



SBAR – Redesign of Urgent Care – Implementing the National Model in Lothian

<p>Date: 17th September 2020 Completed by: Paul Currie Area: Planning and Performance</p>

<p>Situation</p>	<p>The Scottish Government, as part of its Programme for Government 2020, has initiated a national review of adult urgent care, aiming to deliver in two initial phases, from end October 2020:</p> <ul style="list-style-type: none"> • An “...overall reduction in self-presenters to ED (Emergency Department) where care can be delivered more appropriately” • The “...effective management and scheduling of the flow of self-presenters to ED and local Board services.”
<p>Background</p>	<p>The review reflects and will expand on the work of the Lothian Unscheduled Care Programme Board (LUCPB). This seeks to improve access to urgent care to ensure people receive the right care, in the right place, at the right time and to reduce harm caused by long hospital stays. Members include the four IJB Chief Officers in Lothian. It is chaired by Allister Short, Chief Officer West Lothian IJB.</p> <p>Delivery of improved urgent care is even more pressing in light of COVID-19 and the need to protect staff, patients and the wider public by minimising overcrowding at acute hospital front doors. Care delivered closer to home minimises the need for people to travel outside their local area to access care and ensures the benefit of any face-to-face contact in a healthcare setting outweighs the risk of attendance.</p> <p>A new 24/7 pathway for urgent care, accessed via the NHS 24 operated 111 telephone number, will direct people who are not in need of immediate emergency treatment to a clinical assessment by phone prior to travelling to a Minor Injury Unit (WGH, RIE, SJH) or Emergency Department (RIE, SJH) if indicated or to community (GP or community Pharmacy) services. This will ‘smooth’ demand on the front door. The existing primary care out of hours service (LUCS) and COVID community pathways will continue to be accessed via 111.</p> <p>An expanded and 24/7 Lothian Flow Centre will oversee all NHS24 referrals and will schedule virtual and face-to-face appointments to Lothian services.</p>
<p>Assessment</p>	<p>Around 20% of people who currently access the ED could receive appropriate care at home or closer to home.</p> <p>GP provide most urgent care. To avoid system overload, it is not intended to transfer this activity to 111.</p>
<p>Recommendation</p>	<p>East Lothian IJB is asked to:</p> <ul style="list-style-type: none"> • Note the planned work to direct appropriate activity from the acute hospital front door to other provision utilising NHS24 and the 111 telephone service • Agree to receive regular updates on progress of the redesign programme as phases 1 and 2 begin to deliver.
<p>Further Information</p>	<p>Appendix 1 - Redesign of Urgent Care – Implementing the National Model in Lothian Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 20-21</p>

Appendix 1 - Urgent Care Redesign – Implementing the National Model in Lothian

1. Purpose

- 1.1 This paper provides an update on the national redesign of urgent care programme and its planned delivery across Lothian.

2. Background

- 2.1 Our aims of working across the health and social care system to provide quality care as close to home as possible, promoting independent healthy lives, and reducing unwarranted harm caused by long hospital stays, are now even more important as we seek to reduce the risk of Covid-19 infection to patients and the wider public.
- 2.2 We need to minimise the need for patients to travel outside their local area to access care and ensure the benefit of any face-to-face contact in a healthcare setting outweighs the risk of attendance.
- 2.3 The national redesign of urgent care programme accelerates the work that was being developed through the Lothian Unscheduled Care Programme Board (which includes membership of the four Lothian IJB Chief Officers and is chaired by Allister Short, Chief Officer West Lothian IJB). This Board aims to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.
- 2.4 Scottish Government have set out in their Programme for Government 2020 that the first phase of the redesign of urgent care will be in place by Winter, in order to protect the public, patients and staff by minimising overcrowding at acute hospital front doors. Current access to urgent primary care or emergency care will remain unchanged. However, it is estimated that around 20% of people currently accessing care at acute front doors could receive the care they need at home or closer to home.
- 2.5 A new 24/7 pathway for urgent care, via a national single point of access provided by NHS24 on 111, will encourage people who are not in need of immediate emergency treatment to get a clinical assessment by phone prior to travelling to a Minor Injury Unit or Emergency Department.
- 2.6 For those people that NHS24 determine need further clinical consultation they will refer them to local hubs to provide further assessment by providing virtual or face-to-face consultations in as scheduled a way as possible.

3. Implementation in Lothian

- 3.1 We are taking a phased approach in Lothian working across the acute sites and HSCPs for implementation. A project infrastructure has been established with a project operational delivery group and new project board meeting weekly to enable progress and decisions to take place at pace. The project board reports to the Lothian Unscheduled Care Programme Board. The aims and deliverables of the two phases of the project are described below.

3.2 Phase 1 aims and deliverables – planned ‘go live’ end of October 2020

- Schedule as many adult self-presenters to the acute front doors as possible to smooth demand, reduce overcrowding and reduce Covid infection risk (children are out of scope).

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- Deliver this by a national single point of access through NHS24 (available 24/7 via the 111 telephone service), while continuing to provide existing primary care out of hours service and Covid community pathway also via 111.
- One Lothian interface with NHS24 via an expanded Flow Centre to provide oversight and administration for all NHS24 referrals to Lothian 24/7 – receiving referrals and scheduling virtual and face-to-face appointments to Minor Injury Units (MIUs) and Emergency Departments (EDs) as follows:
 - a. Minor Injuries Assessment (Western General Hospital (WGH) MIU, Royal Infirmary of Edinburgh (RIE) MIU, St John's Hospital (SJH) ED)
 - b. RIE ED
 - c. SJH ED
 - d. Covid Assessment Centre(s) (as per existing mechanism)
 - e. Lothian Unscheduled Care Service (LUCS - as per existing mechanism)

3.3 Phase 2 aims and deliverables – to be implemented from November 2020 with timeline to be determined

- Sustainable urgent care pathways that provide the right care in the right place at the right time – improving patient and professional experience, providing care closer to home and reducing hospital admissions, including:
 - Same day community care services
 - Same day secondary care services
- Enhanced processes for secondary care triage of same day referrals from GPs or other Healthcare Professionals via the Flow Centre
- Access to all referral pathways to SAS clinicians

4. Risks

- 4.1 While this new urgent care model is a welcome development to improve access to unscheduled care services to Lothian residents in a way that provides care closer to home, there are a number of risks that will need to be mitigated through project delivery:
- This model depends on people accessing care firstly via NHS Inform and Pharmacy First, and then via their own GP. Most urgent care is provided by GPs. If a small proportion of those people who would normally contact their own GP call 111 there is a risk that this pathway will be overwhelmed. Rather than reduce demand at the acute front doors this would generate more demand, particularly in the early implementation when alternative pathways are still being developed. Clear national and local public messaging is required to reduce the likelihood of this happening.
 - This model could introduce additional non-value adding steps into the patient journey providing a poor experience, and potentially passing people around the system. For this reason, effective triage and signposting at the NHS24 initial triage stage is crucial.

5. Next steps

- 5.1 Phase 1 project implementation is well underway. Further updates will be provided.