More light less heat
Delivering integrated urgent care

Dr Nick Roberts
Chief Clinical Officer
Recent experience

• Prime Minister Challenge Fund
  – Responsive, integrated frailty service
• Pioneer
  – Integrated care
• Urgent and Emergency Care Vanguard
  – Well being and self care
  – Integrated 111 services
  – Urgent care centres
  – Mental health
  – Shared care records
• Major community services reconfiguration
• Sustainability and Transformation Plan
Consistent challenges

• Tackling the three gaps
  – Finance
  – Health and wellbeing
  – Quality and care
• Change - improve care by doing things differently
• Maintaining focus - moving at pace
  – Engagement, OSCs, 12 week consultations
• Keeping public support
  – Quality – subjective?
  – Money – perceived driver?
  – Experience: does change = improvement?
  – The unexpected
• Retired clinicians
The paradox of delivering change

• Who doesn’t want to:
  – See improvement?
  – Receive better services?
  – Have more personal care?
  – Only have to tell their story once?
  – Receive joined up patient focused services?

• So why do people appear to:
  – Dislike change?
  – Resist change?
  – Campaign against change?
Raising the temperature

- People tell us they want
  - A consistent offer
  - To tell their story once
  - Care closer to home
  - Better coordination
  - Improved access
  - Clear direction
  - A simpler system

- We talk about
  - PMCF, Pioneer, Keogh, UEC, STP....
  - Overlapping, multiple initiatives
  - Changing what appears to work
    - Reducing A&Es, community hospitals, GP practices
  - Statistics
  - What goes wrong
Stoking public concerns

• Inability to visualise the future?
  – Understand bricks and mortar but health and wellbeing teams?
• Scepticism of authority/professionals?
  – Political cynicism?
  – Failures of the past?
  – Electoral pressures
• Poor track record of delivering change?
  – Lack of transparency
  – Disparity between promises and outcomes
• Social media
• Lack of belief / ‘trust me, I’m a doctor’
Evidence trumped by sentiment

• Current pressures
  – More older people with long-term, complex conditions
  – Differences between rural and urban settings
  – Pressure on A&E, 111, MIUs
  – Shortages of doctors, nurses and other clinical staff
  – Insufficient GPs
  – Reducing finances

• No change is not an option

• Choice
  – No change – less responsive services
  – Landmark buildings or 21st century services

• Don’t close ‘our ?????’
Increasing the light

• Constant engagement and communication
  – Transparency
  – Honesty
  – Relevant information
  – Pilots
  – Celebrate success
• Acknowledgement of current problems
• Co-production
• Focus on attainable benefits
• Deliver promises
• Show that ‘prevention and self care’ doesn’t mean ‘no care’
• Enable people to see outcomes of each initiative
• Acknowledge ‘the money’
• Ref. ‘Engaging local people - A guide for local areas developing Sustainability and Transformation Plans’ - NHSE Sept 2016
Giving a context to change

- Four phases of care

  - Phase 1: Keeping people healthy
    - A population living longer healthier lives, feeling empowered to do so, regardless of their postcode

  - Phase 2: Self-care
    - People feel confident to take responsibility for their condition and supported to do so within their community

  - Phase 3: Locality based community services
    - Accessible and responsive care, single point of contact and co-ordination of holistic care, close to home

  - Phase 4: Safe and sustainable specialist services
    - Networked approach to service delivery, keeping pathways as close to home as possible but ensuring complex services are safe and sustainable
UEC Vanguard goals

• Aim to ensure that those with urgent but non-life-threatening needs can be treated as close to home as possible, allowing emergency departments to concentrate on serious and life threatening conditions.

• Five workstreams:
  – Self care
  – 111/integrated care
  – Urgent care centres
  – Mental health
  – Shared records
Self care

- Building blocks in place
- Social segmentation in use
- Wellbeing toolkit being developed
- Shared plans for activating patients
- System wide buy-in
111/integrated care

- Joint procurement with NEW Devon CCG: integrated urgent care service incorporating 111 telephony, new clinical advice service and GP OOH service (contract go-live date 1 October 2016)
- Patient participation in specification design and bid evaluation
Urgent care centres

– Analysis of patient flows to MIUs and A&E from across South Devon and Torbay
– Enhanced MIU proposal subject to community services consultation (7 MIUs to 3)
– Enhanced radiology funding for Newton Abbot MIU
Mental health

– Enhance alternatives for those in crisis
– Pathway review
– Dementia advisory service
Shared records

- Piloting NHS mail access to care homes ahead of CCG area roll-out
- Ensured care home compliance with IG toolkit
- Providing intermediate care services with access to information via piloting of two GP community clinical systems
Demonstrate to population

- Better support for prevention and self care
- All age mental health support
- Effective access - right advice, first time from 111 clinical hub
- Urgent care services are a reliable A&E alternative
- Recovery prospects for those with serious or life-threatening needs maximised by centres with the right expertise and facilities
- Shared records to help connect urgent and emergency care services will make the system more than the sum of its parts
Applied throughout four phases of care

Aligned with Sustainability and Transformation Plan
Open evaluation

• How do we demonstrate change has worked?
  – Set outcomes to which people can relate
  – Patient stories
  – Numbers of people managing their own care

• Failure part of the process of success
  – Be open
  – Be honest

• Include stakeholders in the process (e.g. Healthwatch)