Delivering Integrated Urgent Care in the North East

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NHS organisations and providers across the North East
System leadership to deliver integrated services with seamless pathways for patients

How developing multidisciplinary clinical hubs can ensure patients are referred in a timely manner to the appropriate service

How mobile access to the Mobile Directory of Services (DoS) for front-line ambulance service staff can enable more patients to be treated at the scene

Strategies to reduce delayed transfers of care

Dr Stewart Findlay, Chief Clinical Officer, NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group
The Network

Our vision
To reduce unwarranted variation and improve the quality, safety and equity of urgent and emergency care provision by bringing together SRGs and stakeholders to radically transform the system at a scale and pace which could not be delivered by a single SRG alone.
Our Approach

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North East Urgent and Emergency Care Network
Integrated Urgent Care Commissioning

• Network vision to align commissioning intentions of all CCGs
• Need to look at timing as an opportunity not a constraint
• Working with providers to secure a safe regional service
• Realise opportunities in cost and service through improved collaboration
Integrated Urgent Care – Clinical Hub

• 2015/16 Pilot
  – Green Ambulance enhanced triage

• 2016/17 Pilots
  – Emergency Department clinicians
  – Paramedic ring back
  – Complex elderly
2015/16 Pilot – Green Ambulance

• ‘Green’ ambulance enhanced clinical assessment

• Current impact circa 30% transfer to alternative disposition (some data issues)
2016/17 ED Pilot

- 9 weeks – 638 patients

76% transfer!
Clinical Hub Expansion

**ED consultants**
- Enhanced clinical assessment for ED dispositions
- >85 complex patient assessment
- Paramedic and community health professional support/advice

**Integration of clinical resources; aligning teams and access points/pathways**
- Developing the ‘core skill set,’ focussing on gaps:
  - GPs
  - Pharmacists
  - Advanced practitioners
  - ‘Pooling’ clinical functions:
    - Module 2
    - Re-validation
    - Enhanced clinical assessment
    - Support line for community healthcare professionals
    - Building the network skill set

**Developing functionality**
- Electronic prescribing
- Home visit co-ordination
- Open referral access into community services
- Telehealth integration
- Hospital physician on-call network
- Urgent dental assessments
- NHS Pathways refinement (developing ‘early exit’)
- Defining interface between regional hub and local urgent care services

**Formal implementation**
- Service commissioned to provide services to those CCGs that will have commissioned new urgent care service configurations to commence in April 2017
- 2017/18 will be a transitional year, with further service development and refinement

**Regional implementation**
- Service goes live across the whole North East

**Q1 2018/19: North East IUC Clinical Hub launched**

**Q4 2016/17: Clinical hub commissioned**

**Q3 2016/17: Clinical hub pilot – phase 3**

**Q2 2016/17: Clinical hub pilot – phase 2**

**Q1 2016/17: Clinical hub pilot – phase 1**

**PDSA Continuous Improvement**
The North East IUC Model

North East Integrated Urgent Care Network

Core clinical skill set
- Nurses
- Pharmacists
- Advanced Practitioners
- Doctors
- Hospital Specialist Clinicians
- Pharmacists
- Health Information Team

Key outcomes
- Enhanced access to integrated urgent care
- Improved health outcomes through coordination of care
- Reduced inappropriate out-of-hours prescribing
- Improved patient experience
- Enhanced patient education and support

Key functions
- Support for the patient and family
- Enhanced support for community-based services
- Enhanced support for primary care
- Enhanced support for acute care
- Enhanced support for specialist services
- Enhanced support for mental health services

Network clinical skill set
- Mental health specialists
- Palliative care specialists
- Social work specialists
- Social services
- Medical specialists (e.g., respiratory medicine)
- Local SHPA (e.g., community mental health team)

IUC Clinical Hub

CDSS (layer 1)
- Core clinical skill set
- Key outcomes
- Key functions

CDSS (layer 2)
- Core clinical skill set
- Key outcomes
- Key functions

CDSS (layer 3)
- Core clinical skill set
- Key outcomes
- Key functions

IUC Call Advisor

Access to patient record
"Flags"

DSS (layer 1)
- Core clinical skill set
- Key outcomes
- Key functions

DSS (layer 2)
- Core clinical skill set
- Key outcomes
- Key functions

DSS (layer 3)
- Core clinical skill set
- Key outcomes
- Key functions

Ambulance dispatch

North East Urgent and Emergency Care Network
Integrated Urgent Care - Directory of Services

Ongoing project which involves an overall stocktake of the Directory of Services (DoS)

- Review of all services
- Review of Z Coding for Mobile Directory
- Review of processes and quality assurance
- Review of users and permissions
Review of current DOS

- Review of current DOS revealed in one area three patients per day were being incorrectly directed to ED
- 9 EDs
- 27 patients per day
- 98555 patients per year
Mobile Directory

• Also known as Mobile DoS
• Works on Z Codes
• Aim is to help paramedics and other clinicians when with a patient face to face to refer to the most appropriate place
• Based on diagnostic rather than symptom
• Ranks in order of distance to patient based on appropriateness for the condition described
Delayed Transfers of Care

• 48% of people over 85 die within one year of hospital admission
  *Imminence of death among hospital inpatients: Prevalent cohort study*
  David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Cannon and Christopher Iles, published online 17 March 2014 Palliat Med

  If you had 1000 days left to live how many would you chose to spend in hospital?

• 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80
  - Gill et al (2004) studied the association between bed rest and functional decline over 18 months. They found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity.

Copied from elizabeth.sargeant@nhs.net
Delayed Transfers of Care

- Last winter across the CNE
- 3019 days per month in DTOC
- 11,000 escalation beds opened to meet demand
Regional Approach

- ECIP facilitated regional workshop
- Concordat agreed
- A pledge across the system to improve.
- Jointly agreed actions
- Audit and review
- Hold each other to account through Ops Board
Deliverables

• Implement the SAFER bundle to all wards
• Progress the home first/discharge to assess model through the development of pathways and protocols
• Implement the Trusted Assessor across the system that is 1 person providing the assessment on behalf of all providers and agencies
Improved OOH Model

• Investment in Primary and Community
• True integration
• Small accountable teams
• Responsibility for their budget
• ACO model
• Primary Care Home model in DDES
• Involvement in Frail Elderly - Federations
What else has our Network done?

• Great North Care Record agreement
• Behavioural Analysis
• Under 5 App
• Payment reform working group established
• Mental Health Crisis Scenarios development and training
• Primary Care Changes – 90% GPs
  – Activity data
  – Sharing of information through the MIG
  – 111 Access to their appointment system
    • 1 appnt per 2000 patients
• Concordat on DTOC and Handover Delays
QUESTIONS?