

<b>Authors</b>	Karen Morrow																																											
<b>Title</b>	Redesign of Urgent Care – December 2020																																											
<b>Date</b>	NHS Lanarkshire Board meeting 16 December 2020																																											
<b>Situation</b>	NHS Lanarkshire Flow Navigation Centre successfully went live on Tuesday 1 <sup>st</sup> December. This was in keeping with the national timeline to go live following the outcomes feedback learned from Ayrshire & Arran path finding. This SBAR is to provide NHS Lanarkshire Board with an update on the progression of Go Live.																																											
<b>Background</b>	<p>The Flow Navigation Centre (previously known as ERC) was formed as part of the National Redesign of Urgent Care (RUC) work. The Redesign of Urgent Care programme has been working over the past seven months to devise a safe and effective navigation route that supports all urgent health and social care at the right time and with the right team and delivered in the right place. The initial focus was on the Emergency Departments (ED) with the aim of reducing self-presentations to Emergency Departments (ED), navigating people to the correct service and where attendance at the ED is necessary that this would be in scheduled way.</p> <p>To enable this the Flow Navigation Centre has been expanded to provide a 24/7 service.</p>																																											
<b>Assessment</b>	<p>Whilst the programme has been progressing at pace over the past seven months the national confirmation to Go Live was received on Monday 30<sup>th</sup> November. Considering a very last minute notification the programme planning and testing enabled NHS Lanarkshire to Go Live at 08.00hrs on December 1<sup>st</sup> 2020.</p> <p>The service has now been in operation for just over a week and whilst teething issues have occurred and were expected, resolution has been managed successfully.</p> <p>The table below demonstrates an example of the number of calls received from NHS24 111 system and the outcomes of these.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>No Referrals (within 1 hour) Directed to ED from NHS 24</th> <th>Total No. Referrals from NH24 to Board FNC</th> <th>FNC Outcome - Planned ED appointment</th> <th>FNC Outcome – Virtual /attendance avoidance</th> </tr> </thead> <tbody> <tr> <td>01/12/2020</td> <td>51</td> <td>64</td> <td>12</td> <td>1</td> </tr> <tr> <td>02/12/2020</td> <td>54</td> <td>74</td> <td>18</td> <td>2</td> </tr> <tr> <td>03/12/2020</td> <td>39</td> <td>59</td> <td>15</td> <td>5</td> </tr> <tr> <td>04/12/2020</td> <td>62</td> <td>93</td> <td>29</td> <td>2</td> </tr> <tr> <td>05/12/2020</td> <td>62</td> <td>90</td> <td>24</td> <td>4</td> </tr> <tr> <td>06/12/2020</td> <td>45</td> <td>68</td> <td>22</td> <td>1</td> </tr> <tr> <td>07/12/2020</td> <td>60</td> <td>97</td> <td>29</td> <td>8</td> </tr> </tbody> </table> <p>Outcomes for patients currently in the main require Emergency Department review, however both NHS 24 and the Flow Navigation Centre (FNC) are in the early stage of change and this will develop with time and experience. Despite this there are significant differences. Patients have a one to one discussion with FNC that enables the right pathway for them and all Emergency Departments have prior notice of patients expected to attend. Having this notice on expected arrivals will support each department in their demand and capacity forecasts. Additional to this is the alternatives to attendance. These include virtual minor assessment, access to psychiatry liaison and consultant senior decision making with future inclusion with Health &amp; Social Care and Mental Health Pathways.</p> <p>It is worth noting that the Primary Care GP referral pathway continues however this now has the advantage of additional access to specialty consultants via consultant connect. Additionally this has expanded to other professionals within primary care and SAS who can now access the FNC for professional advice routes and or support in planning the scheduled attendance to the emergency department.</p>				Date	No Referrals (within 1 hour) Directed to ED from NHS 24	Total No. Referrals from NH24 to Board FNC	FNC Outcome - Planned ED appointment	FNC Outcome – Virtual /attendance avoidance	01/12/2020	51	64	12	1	02/12/2020	54	74	18	2	03/12/2020	39	59	15	5	04/12/2020	62	93	29	2	05/12/2020	62	90	24	4	06/12/2020	45	68	22	1	07/12/2020	60	97	29	8
Date	No Referrals (within 1 hour) Directed to ED from NHS 24	Total No. Referrals from NH24 to Board FNC	FNC Outcome - Planned ED appointment	FNC Outcome – Virtual /attendance avoidance																																								
01/12/2020	51	64	12	1																																								
02/12/2020	54	74	18	2																																								
03/12/2020	39	59	15	5																																								
04/12/2020	62	93	29	2																																								
05/12/2020	62	90	24	4																																								
06/12/2020	45	68	22	1																																								
07/12/2020	60	97	29	8																																								

	<p>Issues raised are reviewed on a daily basis. Supplementary to this is daily meetings occur with national teams and NHS24 thus supporting feedback across the system and the ability to resolve issues quickly.</p> <p>FNC recruitment &amp; training continues to progress towards a fully established complement of staff and whilst not all are in post the FNC functions over the 24 hour period. Despite system teething issues positive feedback has been received from patients. This in particular has been with their ability to retain access to a health professional without the need to attend an emergency department.</p>
<b>Recommendations</b>	<p>Going forward the focus will be to continue with the daily review and to address solutions timely.</p> <p>To receive data asked of NHS24 Lanarkshire dispositions to help inform on population uptake on the new service and on the disposition needs of our public.</p> <p>To continue to refine and adapt data requirements as aligned to national requirements and report on these in an established format.</p> <p>To build on ongoing staffing model and SDM requirements.</p>