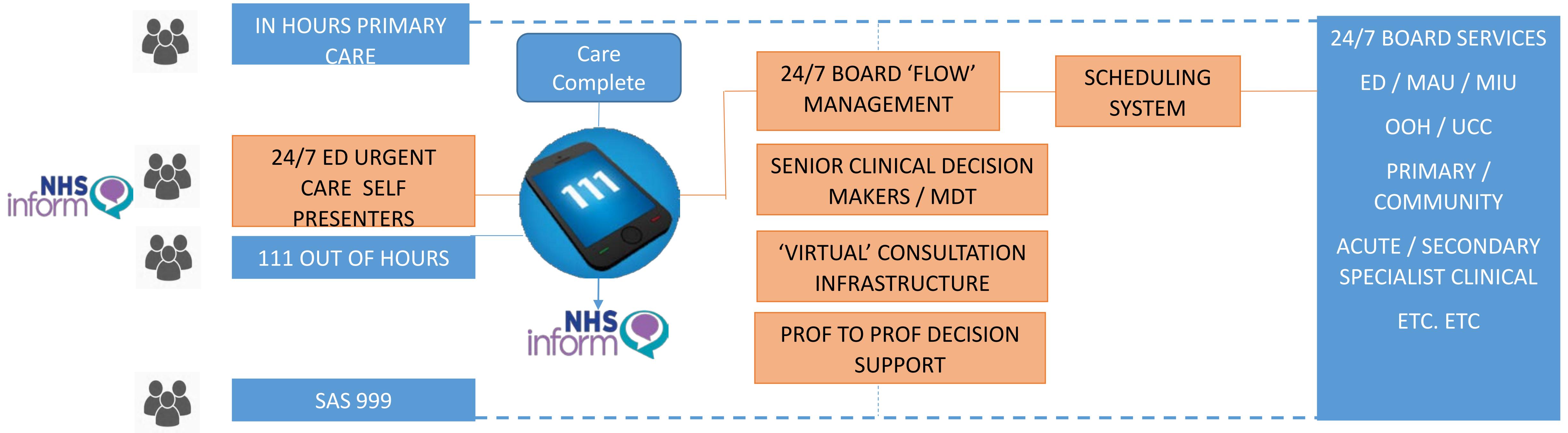
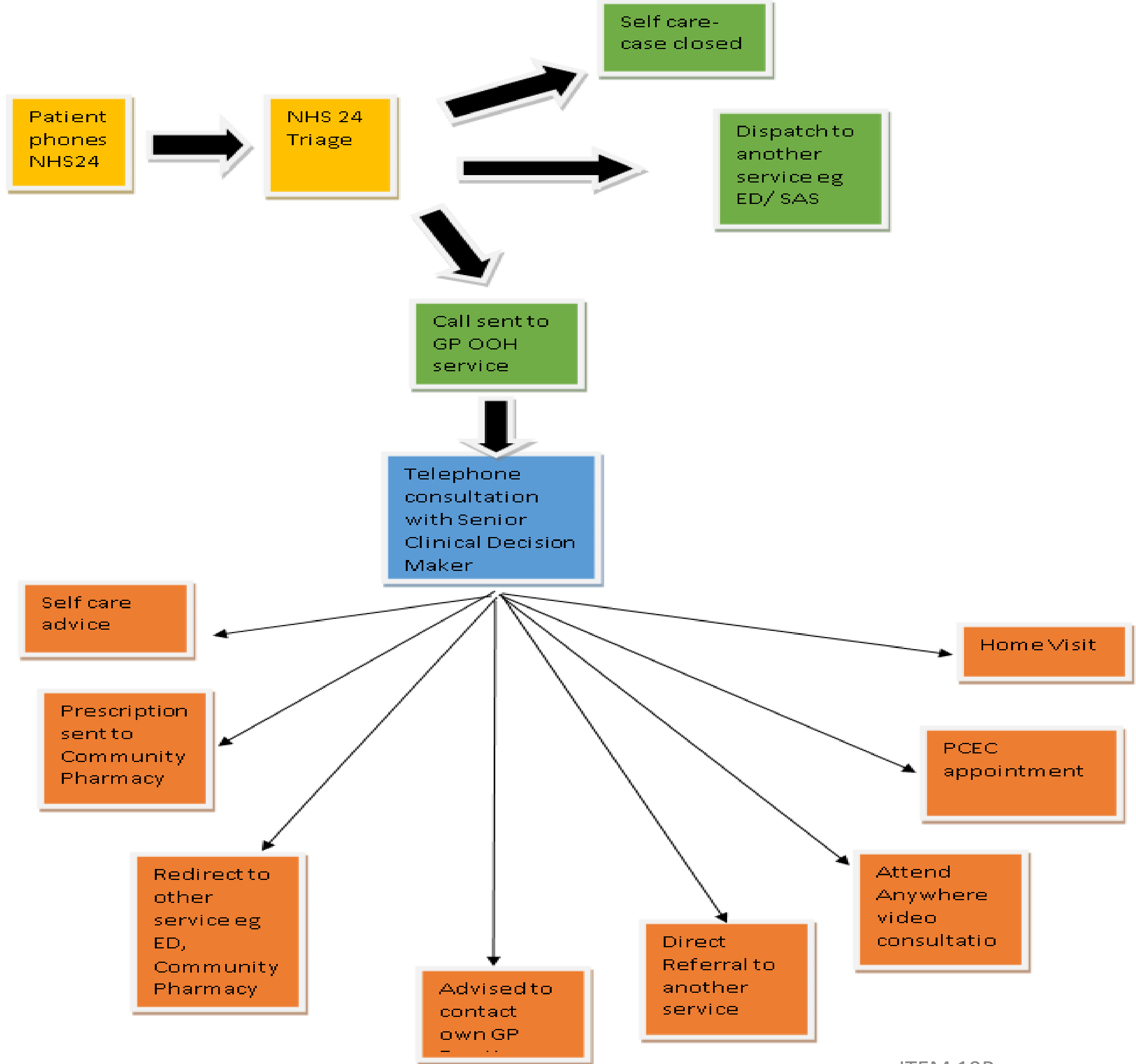
Alternative Access Routes to Urgent Care

Draft Discussion Models West Region



Phasing: Orange represents priority for winter 2020/21 to be in place by October 2020
Blue is existing mechanisms – medium term opportunities for pathway development, 111 triage outcomes direct referral avoiding ED, SAS 'hear & treat/see and treat' , clinical pathways e.g. mental health, frailty, etc. , NHS Inform, self-care.
Medium / longer-term opportunities for primary / community care, alternatives to hospital

To consider: 24/7 pathway for all those considering self-presenting to ED (Police, continued self-presentations?) – urgent not emergency
Public messaging needs to be aligned to that and unambiguous
Continuation of NHS Inform / non-symptomatic helpline – separate well and unwell
Same day scheduling and planned appointments where appropriate
Workforce – 111 , local board 'flow' management - if not new then from where?
Do we understand current redirection – what are the reasons, where are people going, unintended consequences?



GP OOHs – Potential alternative destinations

existing

existing

New Service Model based on local SCDM input with lessons learned from 2018 NHSL pilot (with NHS24)

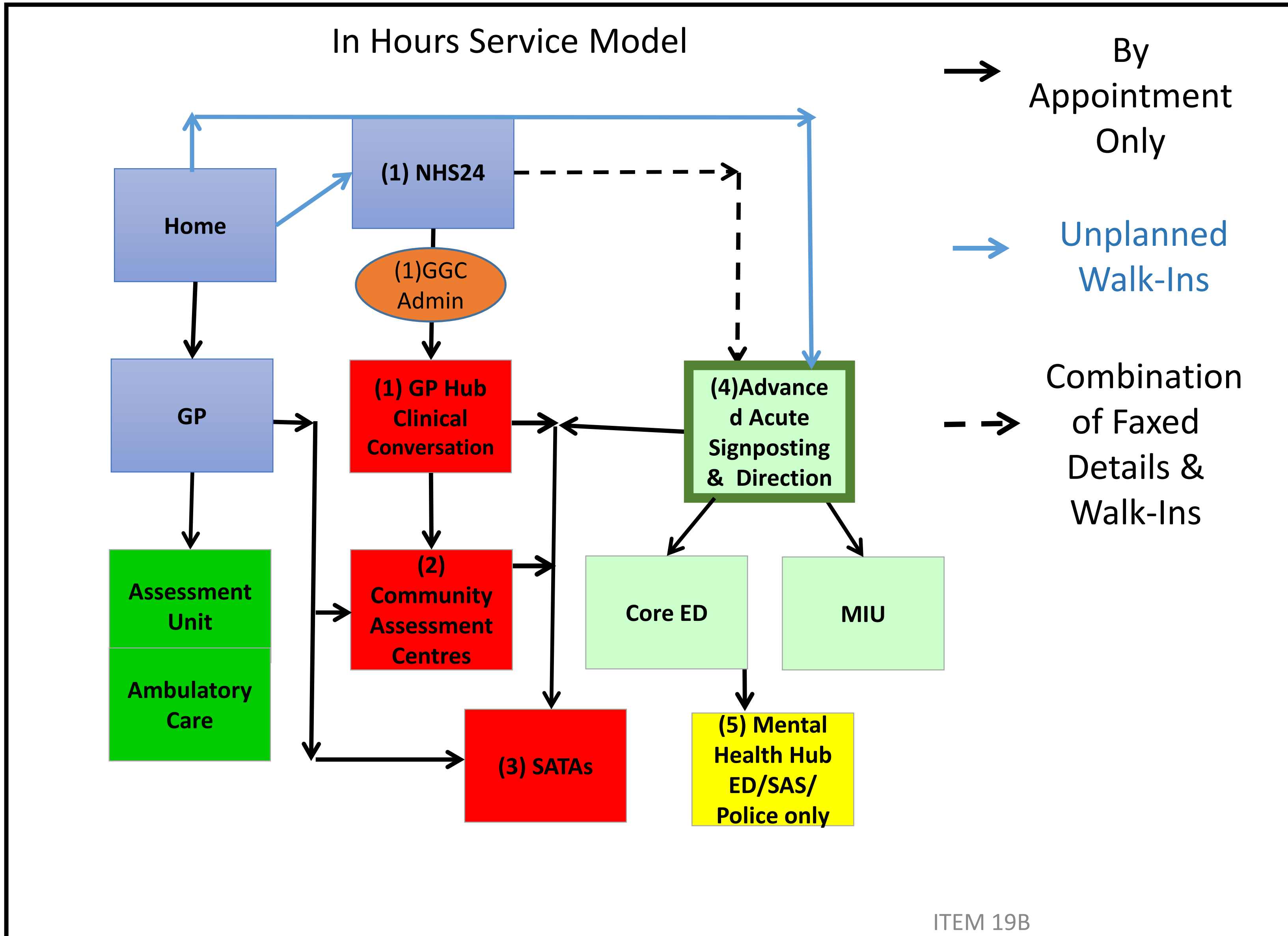
NEW

70-80% did not require F2F

In place but to be expanded

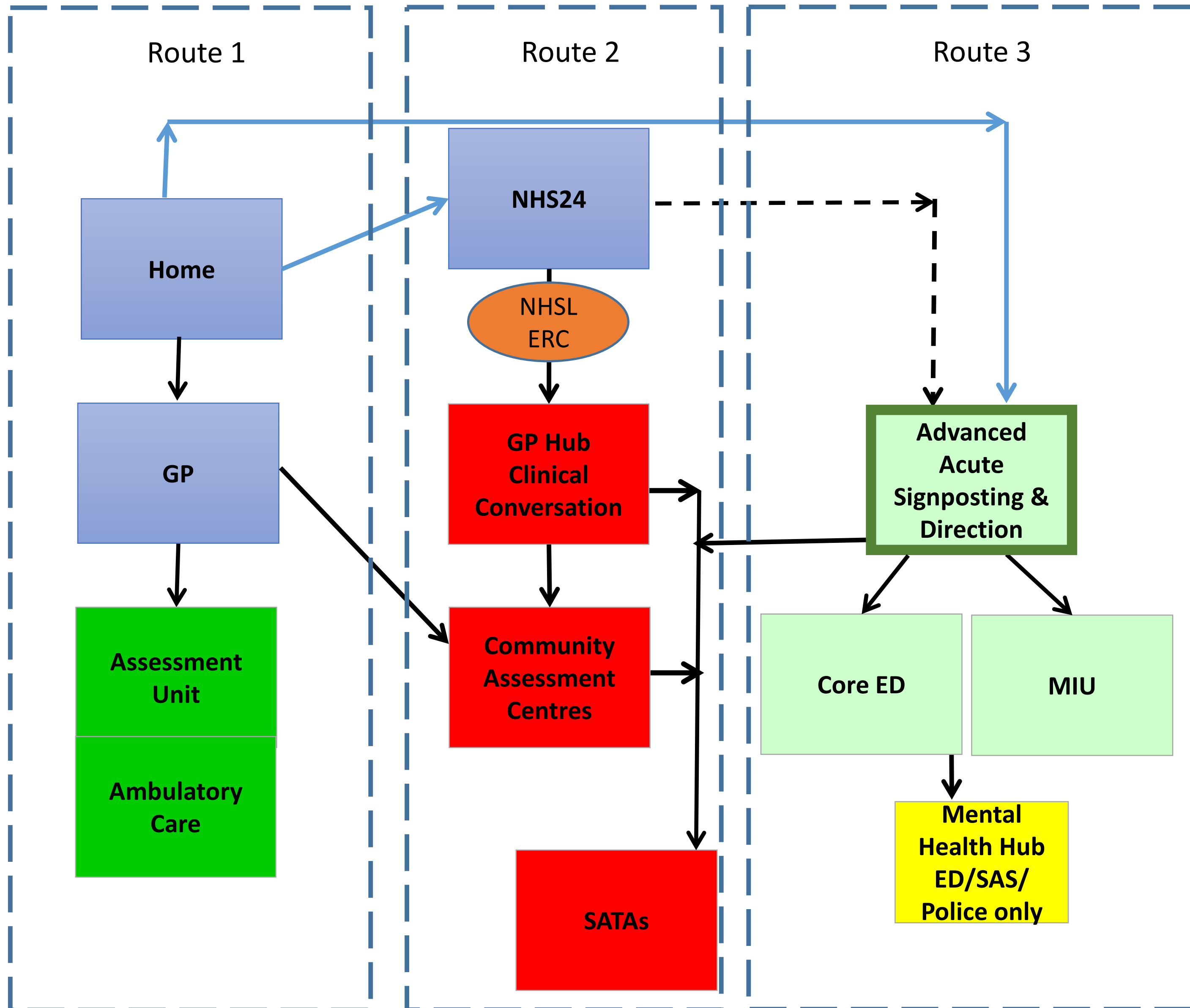
ITEM 19B

Current Service Model: Primary – Secondary routes



'lock in' successful Covid19 Pathway Changes:

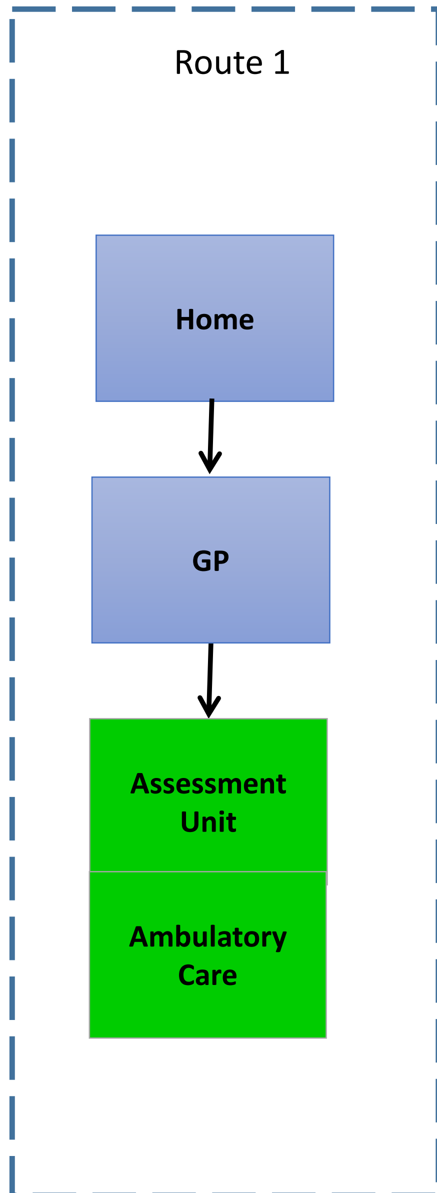
1. Patient and GP clinical conversations facilitated through an NH24 call handler and appointed by a local Board Admin team using existing technology
2. Community Assessment Centres that provide a dedicated route for suspected Covid19/respiratory symptoms
3. 'SATA's within Acute hospitals to provide a dedicate route for suspected Covid19
4. Advanced signposting at core EDs for patients who can be appropriately directed to another health care provider
5. *Mental Health Assessment Units accessible for direct referral from other appropriate service providers*

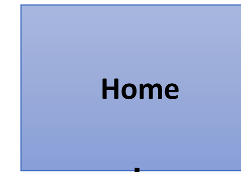


Split into designated access routes 1,2 & 3

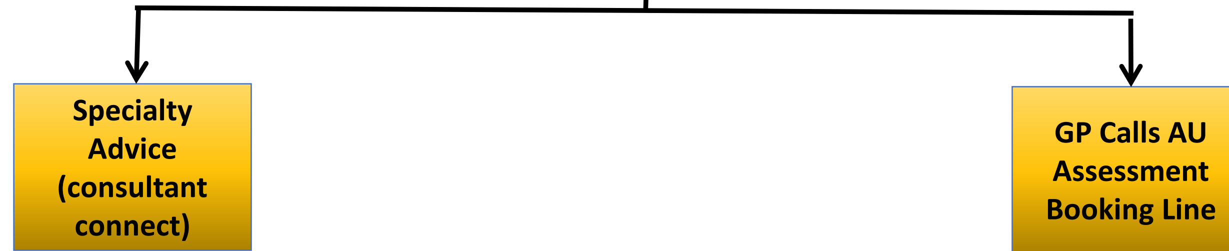
Modelling will expand on each area in turn

Patients Route Into Assessment Units



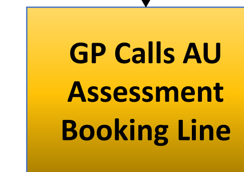


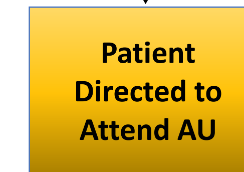
GPs would have two designated routes for their patients to access Assessment Units

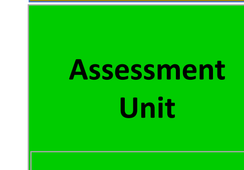


Current:
Inconsistent offer across sites and underutilised

Future:
New route to access specialty advice for patients who need further input but may not need immediate access to the AU on the same day





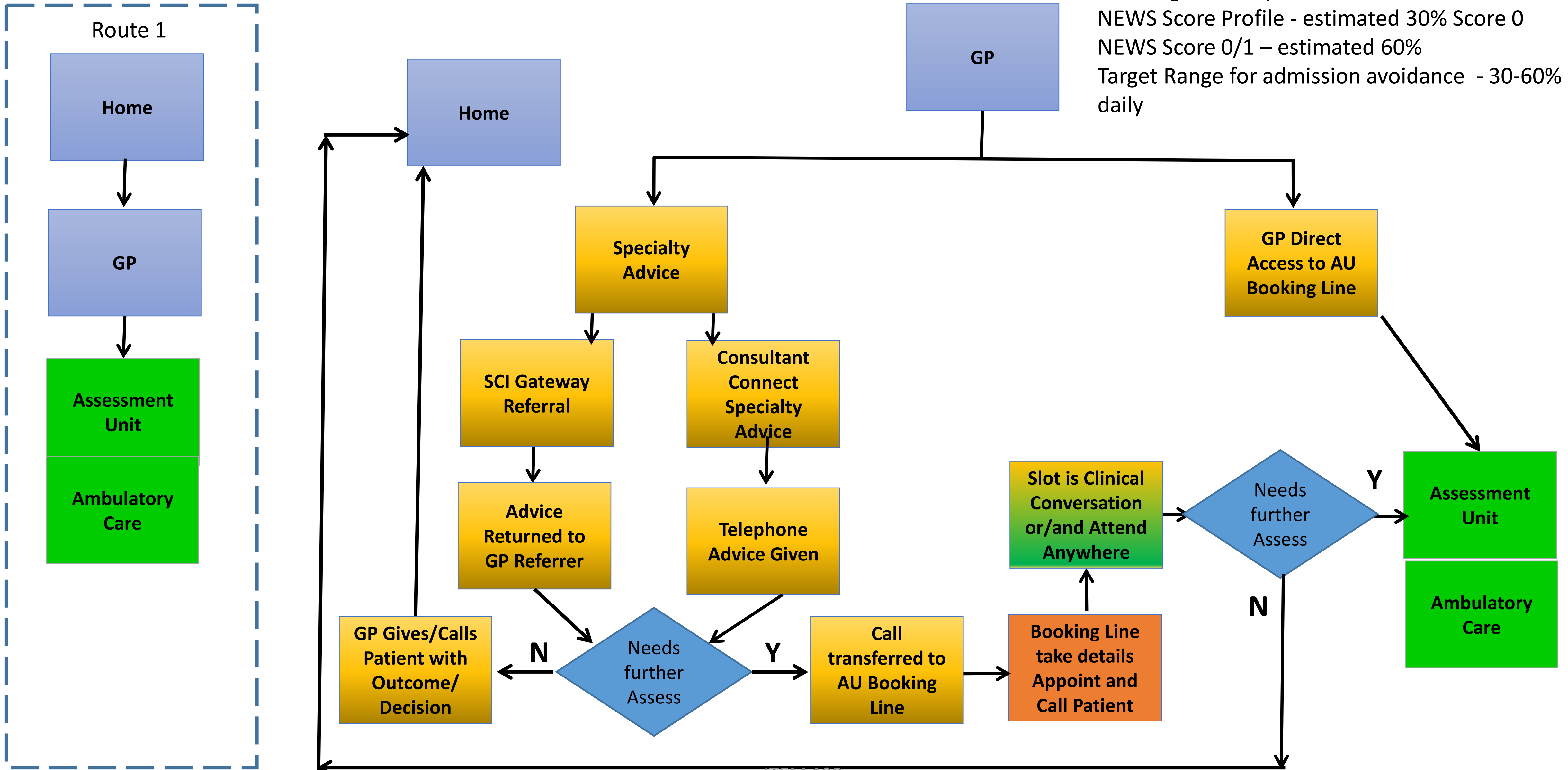


Current:
Direct access for same day GP referral into assessment units

No Change Proposed

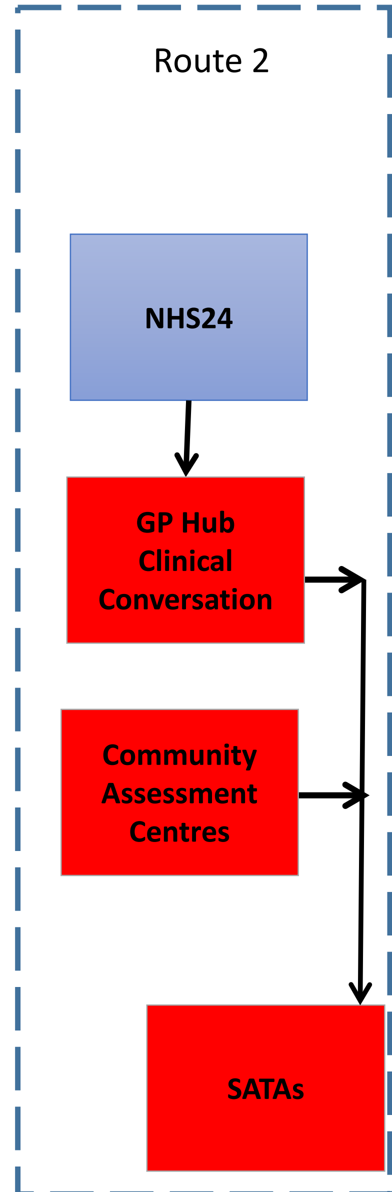
Expanded Routes to Assessment Units

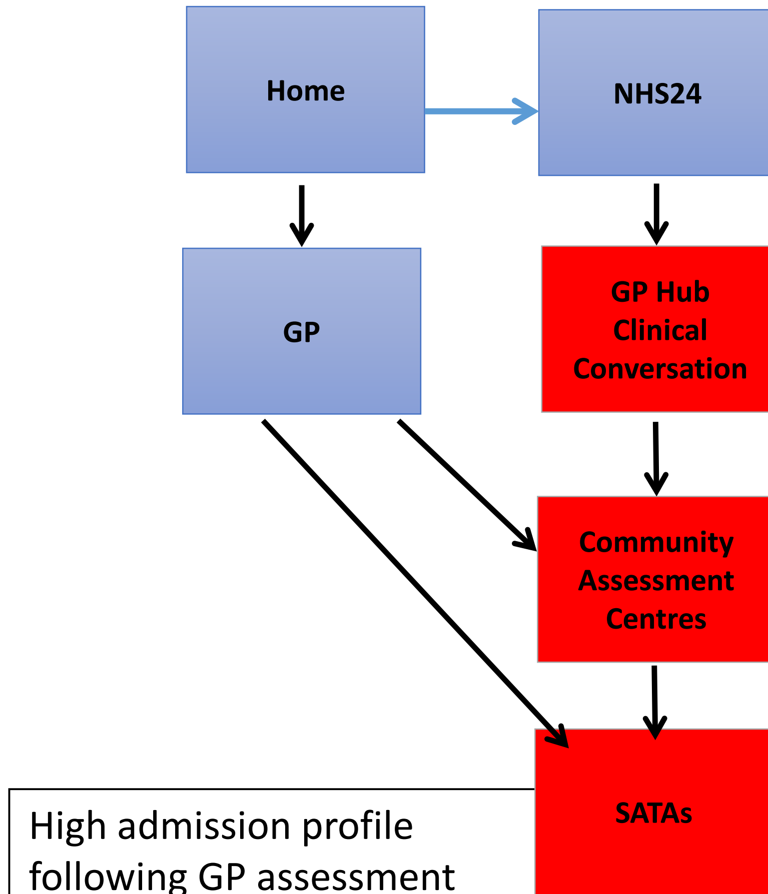
Currently;
Discharge no follow up – 30%
Discharge Primary Care – 8%
NEWS Score Profile - estimated 30% Score 0
NEWS Score 0/1 – estimated 60%
Target Range for admission avoidance - 30-60% daily



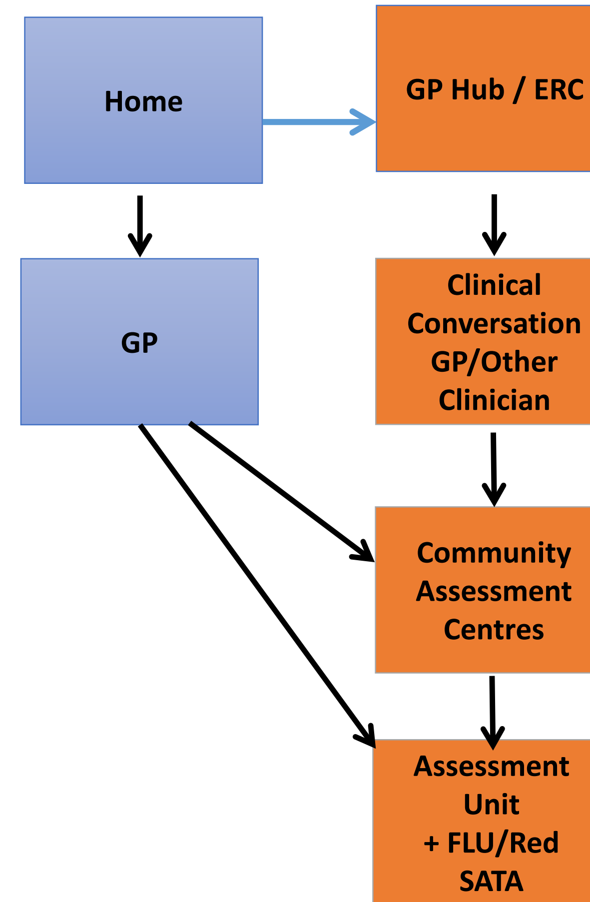
Pathway for Covid-19
As Is

Potential Retaining the CACs and winter 2020/21 provision





High admission profile following GP assessment



80% avoid hospital attendance that day

CAC and SATA remains for patients with respiratory symptoms aligned to Covid19

?Flu Testing to be available in both CACs and SATAs

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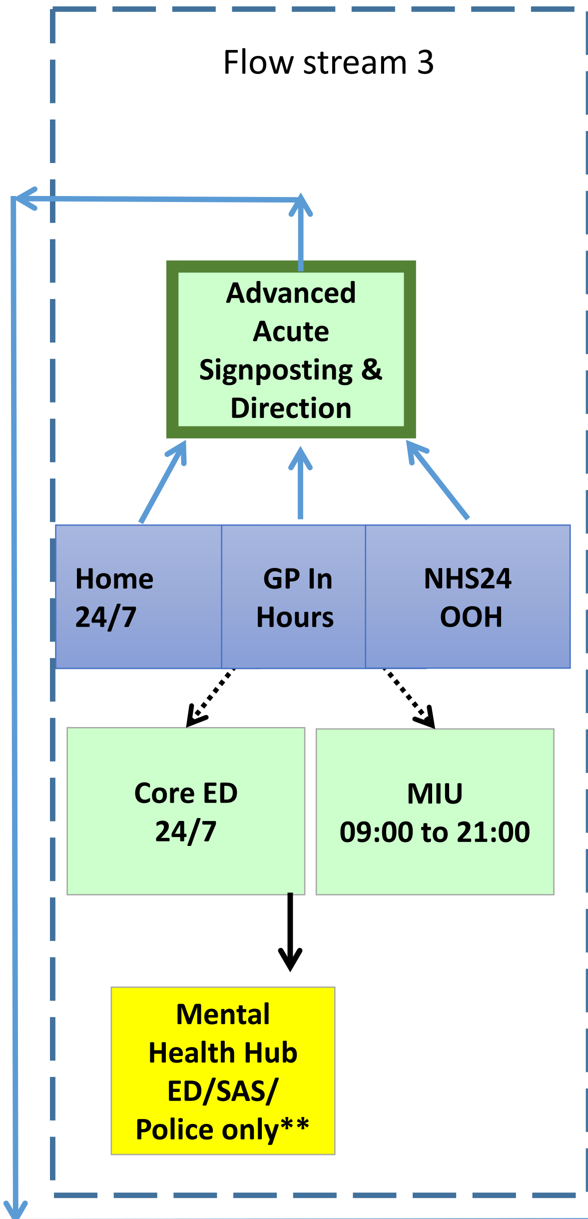
Would need to be reviewed 2021 to assess longevity of model ?

Pathway into EDs and MIUs
Acute Hospitals

Who will the public call and for what; Difficult to define if not National Access Model



To be

As Is

NHS24

Pharmacy First 29th July 2020

Own GP

Dental

Sexual Health

Pharmacy

Optometry

Advanced Acute Signposting & Direction

Core ED 24/7

MIU 09:00 to 21:00

MDT Redirection