Item 11

NHS Board Meeting
25th August 2021

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk

SUBJECT: REDESIGN OF URGENT CARE

1. PURPOSE

The purpose of this paper is to invite Board Members to note and gain assurance on the continuing implementation of patient pathways for Urgent Care, and to agree to receive further reports on the outcomes of this work relative to the stated objectives of the programme.

For approval	☐	For Assurance	☒	For Information	☐

2. ROUTE TO THE BOARD

This paper has been prepared by the NHSL Urgent Care Redesign Programme Board.

3. SUMMARY OF KEY ISSUES

3.1 Revised Urgent Care Pathways

Scottish Government Health & Social Care Directorate (SGH&SCD), NHS Lanarkshire, and all other territorial boards continue to implement and refine the revised model of urgent care. This is to provide 24/7 patient pathways through the single point of access NHS24/111 and with all local access for clinical services now navigated through the local Flow Navigation Centre (FNC).

Principally, the redesign to date supports urgent care in the right place with the right team at the right time, first time and is navigated with the following key elements:

- An established emergency care system that benefits everyone
- Care is delivered as close to home as possible minimising unnecessary face-to-face contact and maximising access to senior decision makers
- Ensures patients are seen in the most appropriate clinical environment to minimise the risk of harm
- It safely delivers a whole-system, multi-agency, multi-disciplinary, person-centred approach to support right care, right, place, right time, first time
- Strong public messaging progresses to support any changes to care and to allow the public to use the system responsibly ensuring it is linked to self-care management and healthier life choices
- It is maximising and building on digital solutions such as NHS near me, and virtual wards
- It has established a single national access route which delivers simple, clear, and effective access to patients

The patient population in scope for the Programme continues to focus on those self-presenting to the three Emergency Departments (ED). The new pathway helps to manage flow through the EDs by supporting their referral need in alternate ways, if appropriate and allowing the scheduling of an ED attendance. In doing so, NHS24 and the Flow Navigation Centre are better equipped to direct patients to the appropriate services. This model allows a safer clinical environment in hospitals and reduces the incidence for crowding in waiting rooms.

This new single point of access has been in place since Tuesday December 1st 2020. Whole-system working across NHS Lanarkshire and North & South Partnerships was pivotal in enabling the implementation of the new service model.

Whilst aspects of the FNC function are new, and whilst the bulk of urgent care is managed in primary care the principles for General Practice and other primary care referrals to FNC remain unchanged. Similarly access for emergency care continues (i.e. 999).

The initial stages of redesign were to provide:

- Access to urgent care for the cohort of self-presenters to ED who are not emergencies will be available through a national Single Point of Access though NHS24/111.
- Access 24/7 for urgent care.
- A Flow Navigation Centre that directly receives clinical referrals from NHS24 and offers rapid access to a senior clinical decision maker
- The use of Digital health where possible in clinical consultation and signposting to available local services, e.g. minor injuries units if required
- Face to face consultation when required, are scheduled, where possible
- Continuum for General Practice as the principal access route for urgent care in hours.
- A Redesign of Urgent Care that did not alter the way emergency care is accessed

The Re-design has been in place since 1st December 2020 delivering key pathways of care.
Whilst these pathways are standardised across Scotland (as much as is possible) they align with local service provision. The pathways continue to be reviewed ensuring they are maintained to current and necessary requirements.

The pathways since the last update now include the referral from NHS24 to the FNC for children under the age of 12 years. A robust readiness assessment was completed to assure the safe and effective pathways for all child referrals. Primarily the change mirrors the current adult pathway with NHS24 presenting the referral to the Flow Navigation Centre, however the disposition and response is within two hours and not four as is the case for the adult pathway. As intimated by SGH&SCD the Paediatric pathway went live in June 2021.

3.2 Objectives and Initial Impact

The measurable objective of the redesign is to:

- Reduce non-emergency self-presented attendances at the ED,
- Provide necessary face to face assessments in a scheduled way thus supporting capacity and demand management within the ED
- Provide senior decision making with professional to professional access thus supporting alternative care management
- Support primary care interventions for Covid Pathways thus enhance specialist interventions and support within the community, where appropriate
- Enable access with mental health and health and social care liaison to support right care in the right place and reduce the incidence of attendance at the ED

Despite the objective to reduce self-presentations not requiring emergency treatment, the self-presenting attendances to all three ED's have continued, in so much in June there was a significant increase. Earlier in the year reduced attendance had been noted, however this was in part influenced national lockdown measures and covid pathways and not specific to redesign. Whilst increased attendances are noted, activity from NHS24 111 and the FNC has influenced much attendance avoidance. Likewise, there has been a decrease to conversion to admission with much of the ED increase attributable to self-presentations.

Appendix 1 demonstrates all activity for NHS24, FNC and ED patient attendances.

An important factor to support people in accessing the right care in the right way is key messaging and communication. Locally messaging was in place however required the backdrop of the national message which had been in delay due to other national commitments. The national messaging campaign began in July and locally we have revamped our messaging to align with this whilst meeting with local messaging needs. There has been significant media messaging to support people in accessing care in the right way.

Despite increasing ED attendances the FNC activity has increased thus the options to support care in alternate ways has been possible. Since 1st December 2020 the FNC has managed the referral routes of over cases, this equates to approximately 50% NHS 24 referred and 50% Primary Care referred.
The initial concept to redesign urgent care considered that approximately 20% of patients who self-present at ED could be helped to access more appropriate services for their needs and often care that is closer to home. Whilst many NHS24 referrals do require to attend a face to face assessment in ED, of those not requiring ED, the senior clinical decision maker (SDM) has navigated 30% for care to be managed away from the hospital setting. Likewise, 75% of primary care interactions with consultant connect secondary specialists have avoided on the day ED attendance. This has been possible with advice and or specialist clinic support.

Similarly, Mental Health have seen greatly reduced waiting times spent within ED departments through community police triage direct to mental health services. Community Police Triage figures show that in 2019 officers used CPT for 28%, in 2020 for 47% and so far for 2021 62.5% of the incidents where further medical assistance was required in relation to mental health / addiction issues / suicidal thoughts as opposed to attending hospital. The figures demonstrated in **Appendix 2** are for the period of commencement of the FNC in December 2020 until end of March 2021 as part of the un-scheduled care project. Mental health staff have been active in the triage calls OOH for some time now, and the FNC is a replica of this service in hours. The figures demonstrate an increasing use of this service and anticipate this figure to rise in conjunction with national messaging and the promotion of NHS24 111 and FNC usage.

The Health and Social Care Partnership (HSCP) operational manager (South) has been in post since March of this year. This role continues to develop and potential exists to expand with North partnership linkages. This expansion will enable increased liaison links with all localities and other agencies. This role has been pivotal in supporting referrals that can be managed through a health and social care approach. To date supportive pathways of care have been navigated with Hospital @ Home, FNC direct referral, primary care and ED. This intervention with partnership liaison supported safe and effective care to continue in the homely setting and or alternative compared to that of a hospital admission and subsequent hospital social worker input.

A separate Covid-19 Pathway in the community has been in operation since 23 March 2020. The pathway was established to enable safe and timely assessment, alongside reducing Covid-19-related demand on frontline general practice and Emergency Departments. The Acute Respiratory Investigation Centre (ARIC, previously Covid-19 Assessment Centre, CAC) was set up in Lanarkshire to provide a single point of care for those patients who could not be managed by NHS 24 (111), nor subsequent further telephone assessment by NHSL clinicians in the Triage hub. As services start to commence their recovery planning work has commenced with ARIC to establish referral routes via the FNC.

The ARIC pathway is recognised as having been successful in reducing suspected Covid-19 footfall within General Practice, and in providing an alternative patient pathway to allow for flow streaming and separation from Emergency Departments. Despite having a robust mitigation plan to maintain a 24hour clinical service model, on some occasions lack of clinical cover and safe staffing levels resulted in either a partial or full redirection of patients, who require a face to face assessment, being sent to the Emergency Departments.

This revised /recovery referral route will become operational when the ARIC service is to cease, and consultation with GP colleagues is underway regarding this. An ARIC/FNC short life working group has been established to ensure a robust alternate referral route is devised. The revised patient pathway for the majority of patients will continue to support and manage their care safely within the community, recognising that a small number of acutely unwell patients may require to be transferred to Emergency Department for further assessment and often hospital admission. When the ARIC route is no longer operational the sessional GPs, Advanced Nurse Practitioners (ANPs) and Health Care Support Workers (HCSW) will revert to their substantive place of work.

Full data extracts to demonstrate outcomes can be seen in Appendix 2 including that of ARIC specific data for NHS24, Triage Hub and assessment centres (23rd March 20 – 27th April 21)

3.3 Next Steps

Continued success however is reliant on ongoing planning and engagement. With this in mind the Redesign Programme Board will continue to oversee project planning and future aspirations. A critical path has been developed to support timely management and progress and encompasses the vision for phase two. The critical path can be seen within **Appendix 3**. This board will as before, report to NHSL Board, Corporate Management and to the Unscheduled Care Board. NHSL vision for 2021/22 aligns with nationally projected aims and locally the focus is to:

- Enhance the SDM role to support evolving SDM into workforce and job planning and to ensure standard operating procedures
- Expand specialties inclusion into the Professional to Professional Consultant Connect
- Introduce SAS role within FNC to support conveyance and non-conveyance with professional to professional links
- Develop Realistic Medicine principles, ensuring shared decision making is fundamental to patient treatment outcomes.
- Develop a revised ARIC pathway via FNC. As the incidence of Covid in the community falls, population vaccination and the knowledge that many who present through the Community Covid Pathways do not have Covid, there is a move to look at how the Community Covid pathways can be stepped down (with plans to step up if needed).
- Align urgent care redesign pathways to include High Resource User Project thus further support alternate care needs with the link coordinator role

- Build on existing primary care pathways as part of phase two to enhance professional to professional scheduled care, such as dental, pharmacy, and optometry, nurse practitioners and ambulance service.
- Further develop the Partnership Locality pathways with North Partnership, enhancing the transitional step for FNC navigation of care to all locality response teams.
- Further develop mental health pathways
- Expand multi-disciplinary team and family/carer inclusion into virtual discharge planning thus enhance the planned day of discharge process.
- Enhance patient/carer information to reflect redesigned services and use of virtual technology
- Align with planned care recovery to enhance urgent 'hot clinic' and specialty clinic pathways.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☐
Government directive	☒	Statutory requirement	☒	AHF/local policy	☐
Urgent operational issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

The FNC pathways have the potential to deliver a range of patient and service benefits, including: Improved access to the right services first-time for urgent care;

- Improved patient outcomes and experience
- Safe clinical environment in EDs;
- Stable ED performance with shorter waits;
- Reduced self-presenting ED attendances; and
- Reduced Emergency Admissions.

7. FINANCIAL IMPLICATIONS

The costing model for the range of service changes were fully supported by Scottish Government and funding received to cover all aspects as projected. The table below demonstrates the year end position for 20/21.

Financial Year 2020-21

	Planned Expenditure £m	Revised Budget £m	Actual Spend £m	Variance £m
Flow Navigation centre	0.855	0.642	0.642	**0**
ARICs	3.266	2.671	2.671	**0**
Mental Health Hubs	0.355	0.846	0.846	**0**
Total	**4.476**	**4.159**	**4.159**	**0**

The allocation of funding for 21/22 is £1.227m. This funding is reliant on the following key deliverables.

• As we move to recovery there is a need to review systems and process in place that support flow through acute system building on basic principles of the 6 Essential Actions.
• Visible leadership and management, monitoring and robust whole system escalation process and triggers should be in place across all core sites.
• Keeping care as close to home as possible by providing rapid assessment and support, ensuring referrals are effective, efficient and timely.
• Enhance Professional-to-Professional referral and clinical triage approach that manages demand to capacity and schedules where possible.
• Deliver early access to senior decision makers that aims to reduce length of stay to zero - 72 hours aiming for a home first approach.
• Supporting front line staff to optimise pathways and explore the role of technology as an enabler to avoid admissions through early front door discharge and consider opportunities for discharge.
• Improve diagnostics and assessment across 7 days by enhancing workforce capacity and capability.
• Implement early Discharge Planning that enables all teams to work to a planned date of discharge on point of admission supported by a multi-disciplinary approach.
• Overall reduction in length of stay and minimise delayed transfers of care.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Whilst there are a range of potential benefits as described above, there are also significant potential risks. Primarily, there is a risk of unintended consequences as a product of a rapid, and significant change affecting a large number of patient pathways across Lanarkshire, notwithstanding the continuing impact with Covid 19.

This risk is being mitigated locally through the work of the Urgent Care Redesign Programme Board. This Board is led by our most experienced clinical leaders and supported by a wide range of managerial supports. The Board links actively with the services included in primary and secondary care, and continues to link with national sub-groups.

Nationally, Redesign Improvement remains a focus and currently provides fortnightly updates and networking. This enables the opportunity for board sharing on progression and further enables the address and solution to mitigate potential risk. The first stage evaluation carried out by the Urgent Care Redesign Programme Board can be found in Appendix 4.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance Management	☐	Equality	☐
Sustainability Management	☒				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

EQIA completed.

11. CONSULTATION AND ENGAGEMENT

This redesign was carried out under SGH&SCD direction and was not the subject to local or national consultation. Engagement and communication with local stakeholders is a key element of the work of the Project Board.

12. ACTIONS FOR THE BOARD

Approve	☐	Accept the assurance provided	☐	Note the information provided	☒

The Board is asked to

1. Note and gain assurance on the implementation of the revised patient pathways for Urgent Care; and

2. Agree to receive further reports on the outcomes of this work relative to the stated objectives of the programme.

13. FURTHER INFORMATION

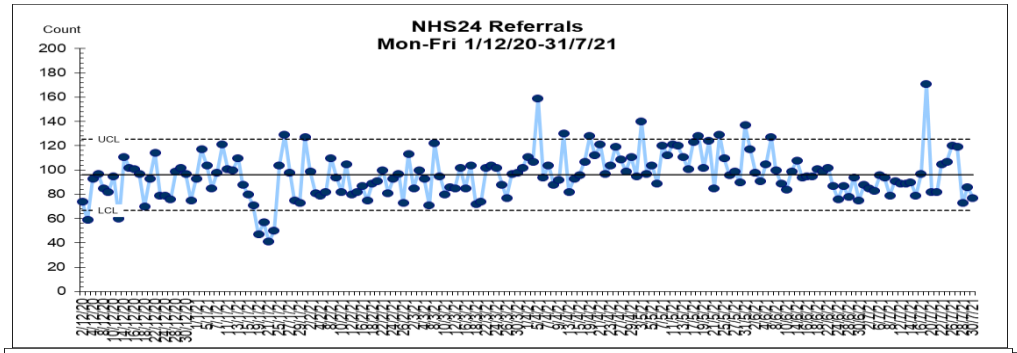
For further information about any aspect of this paper, please contact

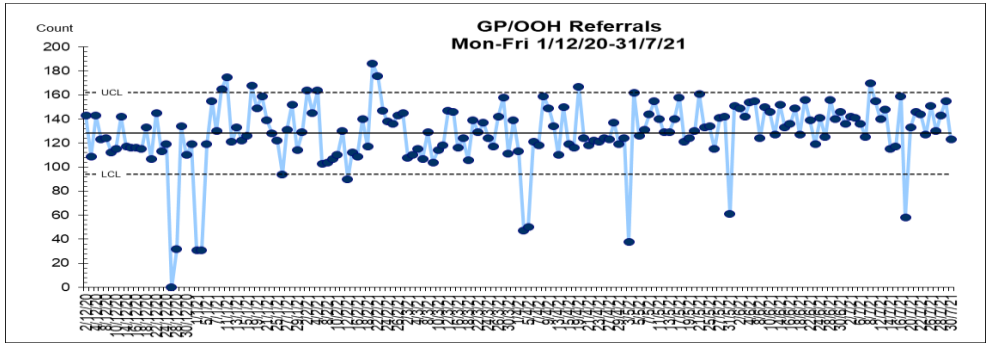
Jennifer Allan, Interim Unscheduled Care Programme Manager, Monklands Hospital, Tel; 01698 753356

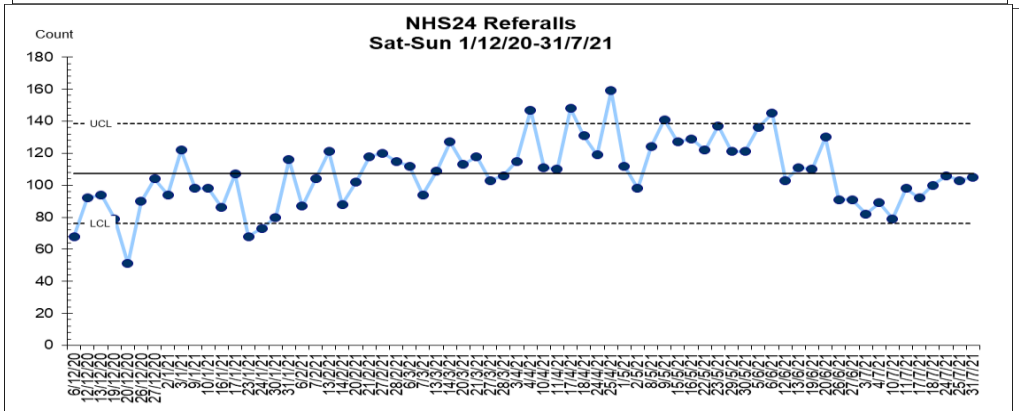
Colin Lauder, Director of Planning, Property & Performance
12th August 2021

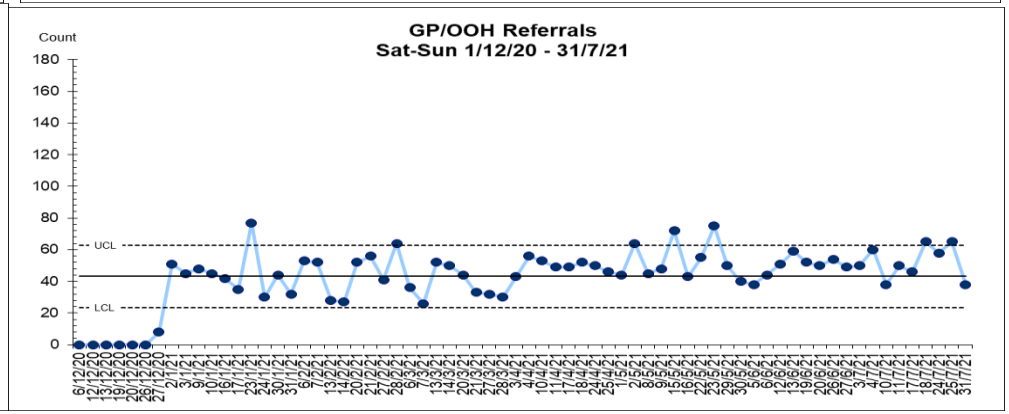
Appendix 1

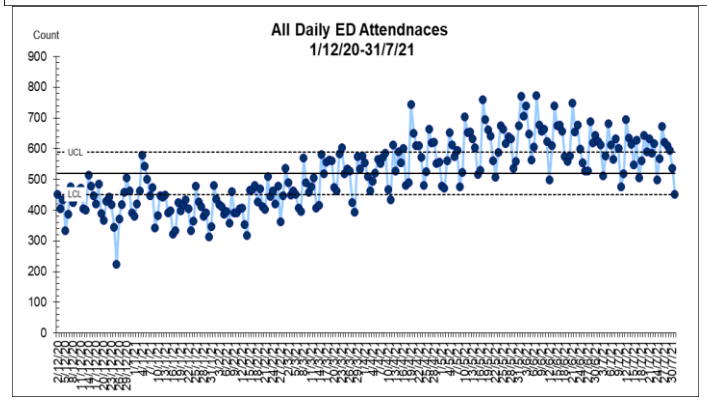
NHS 24 & Primary Care - FNC / ED activity graphs

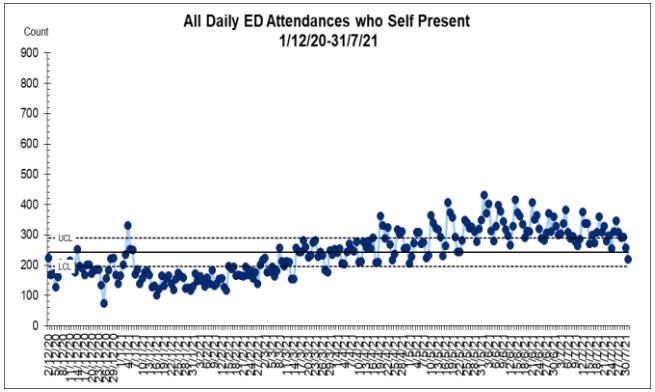


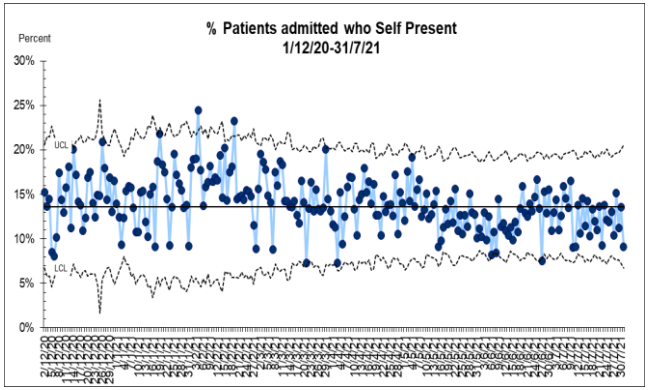






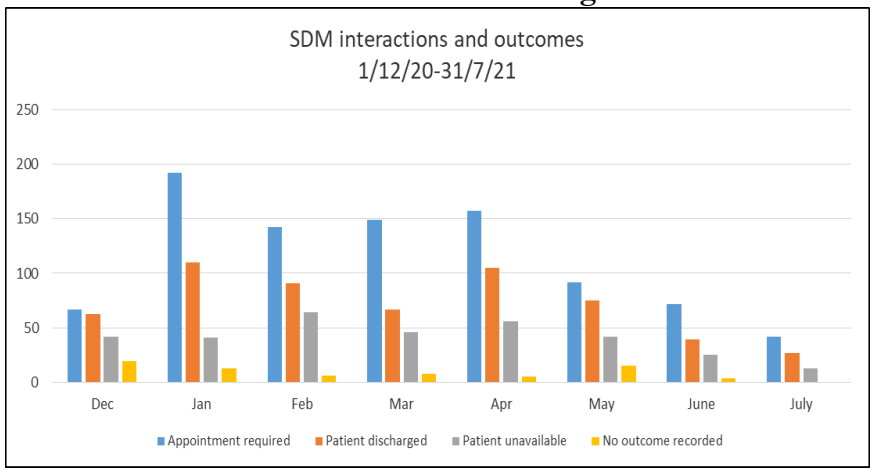




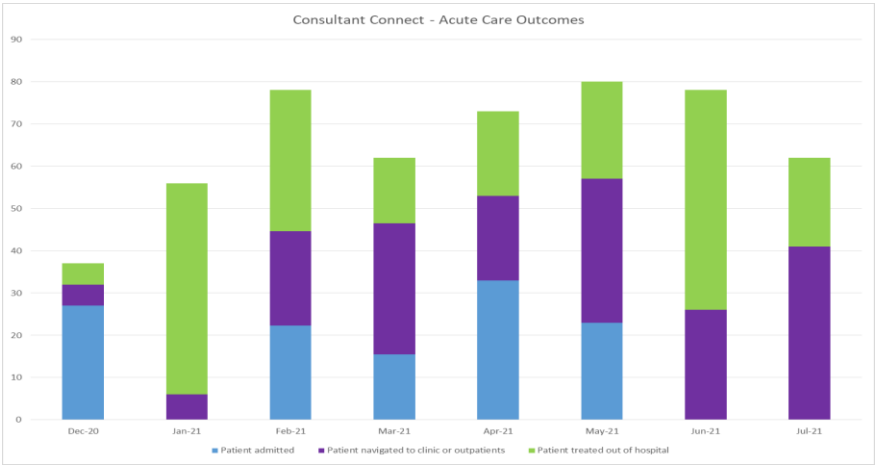


Appendix 2 Redesign Outcomes

Senior Decision Making



Professional to Professional – Consultant Connect



HSCP

SOURCE	OUTCOME
FNC	Increased service and commode given to prevent admission admitted the following day due to reduced mobility worked with physio on ward returned home with steady and bed no medical reason for admission
FNC	Brought up to ACU visited discharged home two hours later extra support from ICST and McMillan
ED	Admitted to Canderavon House IC bed not admitted
ED	Admitted to Canderavon House IC bed not admitted
FNC	Failed discharge brought to ED and admitted to Canderavon House not admitted
Hospital at Home	POC sourced prevented admission
Hospital at Home	Brought to ED and returned home, no additional service needed capacity issue
FNC	Wife admitted to Hospital arranged bed at Lornebank GP then requested admission due to UTI discharged to Respite on PDD

MENTAL HEALTH

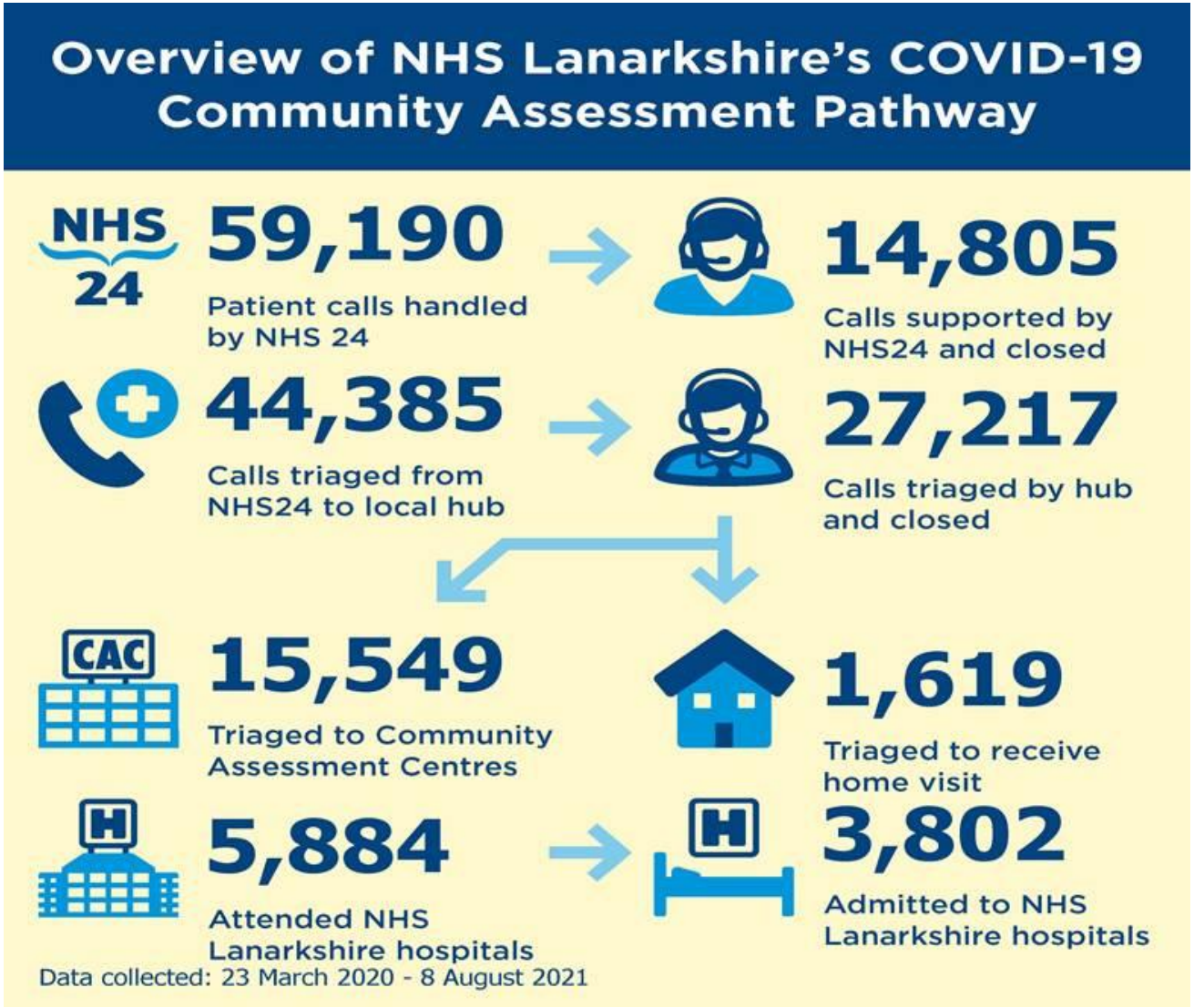
MONTH	TOTAL FLOW NAVIGATION CENTRE (FNC) CALLS	SOURCE	TOTAL OUT OF HOURS (OOH) CALLS	COMBINED TOTAL TRIAGE CALLS
December 2020	18	Not recorded	152	170
January 2021	36	8 NHS24 / 28 CPT	184	220
February 2021	23	4 NHS24 / 19 CPT	170	193
March 2021	38	9 NHS24 / 29 CPT	189	227
April 2021	45	13 NHS24 / 30 CPT/ 2 SAS	199	244

CPT – Community Police Triage

SAS – Scottish Ambulance Service

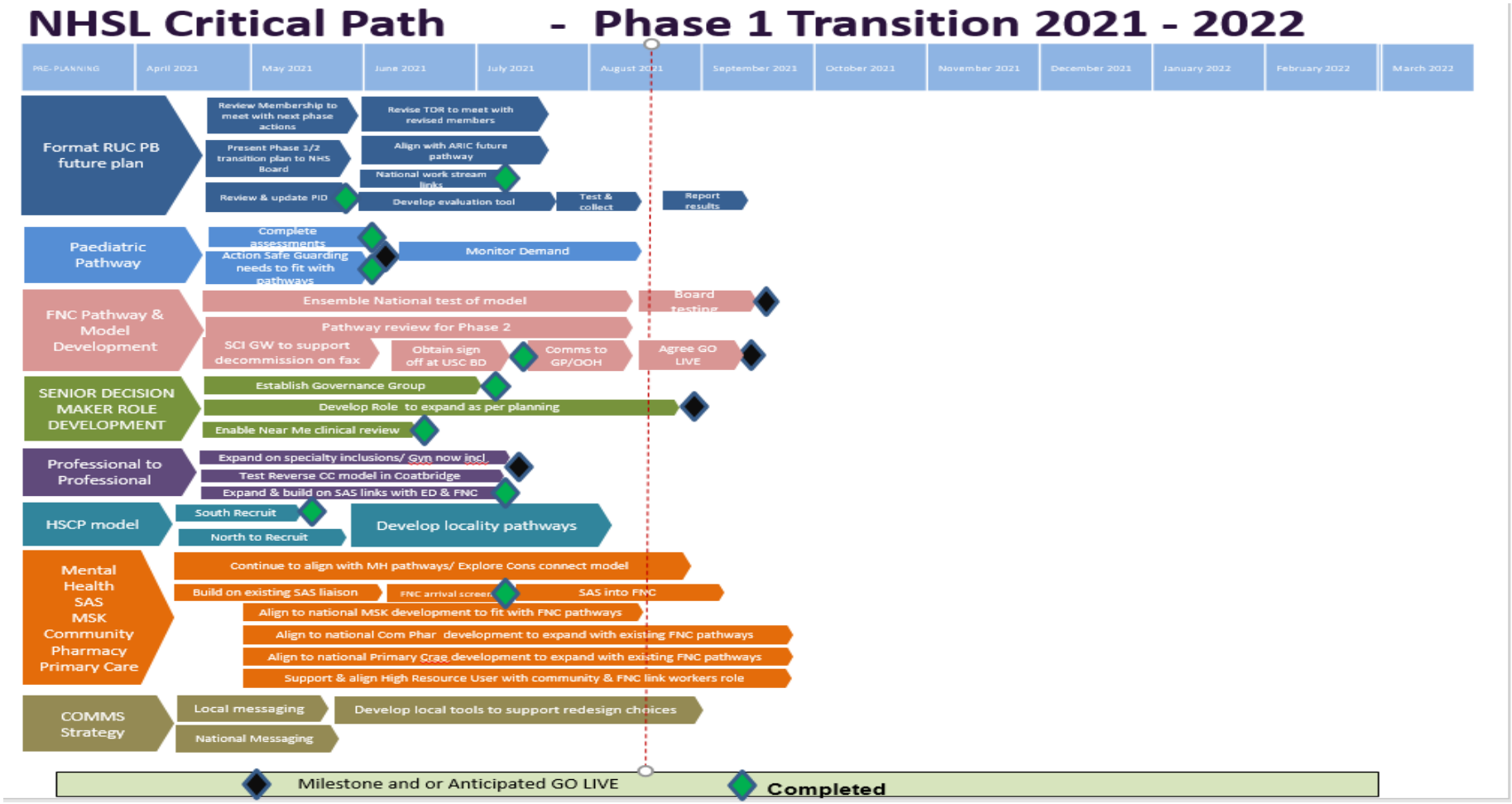
NHS 24 – National Health service 24hours

OOH – Out of Hours


Overview of NHS Lanarkshire's COVID-19 Community Assessment Pathway
NHS 24
59,190
Patient calls handled by NHS 24
14,805
Calls supported by NHS24 and closed
44,385
Calls triaged from NHS24 to local hub
27,217
Calls triaged by hub and closed
CAC
15,549
Triaged to Community Assessment Centres
1,619
Triaged to receive home visit
5,884
Attended NHS Lanarkshire hospitals
3,802
Admitted to NHS Lanarkshire hospitals
Data collected: 23 March 2020 - 8 August 2021

Appendix 3

Critical Path



Appendix 4

RUC First staging evaluation

Flow Navigation Centres	Planned Activities – Response	RAG Status
Ensure effective planning and resource allocation is in place and aligned to peaks and troughs of demand to secure delivery of timely care for patients and carers	Nurse staffing within FNC robust to meet peaks in demand including GP and NHS 24 public holiday.	
Improve communications for patients arriving at ED around their expecting waiting time and ensure this is clearly communicated to the patient	Expected waiting times displayed in all acute Emergency Department waiting room. Patients are advised by both NHS 24 and FNC that ED attendance is not a guaranteed appointment time and that further triage will indicate waiting times	
Maintain regular and robust communications and relationships between NHS 24, SAS and territorial Boards within Scotland to ensure continuous learning at a local and national level	Fortnightly meetings with SAS in place NHS 24 fortnightly Safe Space meetings Programme manager and RUC meetings in place to align national works and learn from other boards	
Formalise/standardise patient experience and staff evaluation approach at local level	Draft evaluation form provided and under review with assurance team	
Ensure feedback mechanism in place for all staff on progress and next steps	Mechanism in place (Partner Feedback Form) for Primary. Secondary and FNC staff Programme Manager raises thematic issues at NHS24 meetings/FNC group	
Ensure robust clinical workforce resilience with a review of the balance of primary and secondary care staffing including links with GP OOH, with robust and agreed escalation processes must be in place	Encompasses ARICs, OOH Service, and SDM in FNC. Resilience of OOH and ARIC staffing under review.	
Ensure strong and visible clinical leadership with clearly defined roles and responsibilities of senior decision maker (SDM) including in-situ and/or remote availability, as dictated by need	SDM rota for FNC not yet robust, NHSL SLWG for ED workforce reviewing staffing models which will encompass capability to ensure robust SDM in FNC rota	

Ensure Clinical Governance arrangements and case reviews are in place and monitored	Established SDM FNC Clinical Governance Group. FNC process for call reviews, Consultant Connect has facility to allow review of individual cases. Primary Care Governance group in place	
Paediatric urgent care pathway	**Planned Activities – Response**	
All Boards must meet the minimum specification for the RUC Paediatric Urgent Care Pathway prior to launch	Delivered on 1st June 2021	GREEN
Monitor impact of redesigned pathway on FNC and ED activities, including clinical governance review at local and national level	Governance in place, Access to on call Paediatrician if required.	
Person-Centred redesign	**Planned Activities – Response**	
Establish a process to collect more standardised locally and centrally available patient experience data	The central collection of patient experience data is being formulated in partnership with the boards and HIS	AMBER
Boards to ensure they have the appropriate privacy statements and DPIAs in place which are clear and transparent about how personal information is used reflecting that patients may be contacted to discuss their experience	In place (DPIA signed off 19th May 2021)	
Ensure processes are in place to continually consult with those likely to experience barriers to care to shape, refine and improve pathways to better meet citizen's needs, mitigate against harm and minimise inequalities locally	EQIA completed. This is reviewed with each additional pathway developed Recognised how to meet citizen needs and mitigate risk	
Public messaging and marketing	**Planned Activities – Response**	
Encourage boards to maintain and step up local communications	NHSL campaign utilising social media outlets, aligned to National Comms timelines	