NHS Board Meeting
24 February 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 provide Board Members with

For approval	☐	For Assurance	☒	For Information	☐

The Board is asked to

1. Note 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.

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 have implemented a revised model of urgent care to provide 24/7 patient pathways through a single point of access: NHS24/111 and with all local access for clinical services now directed by the local Flow Navigation Centre (FNC). NHS Lanarkshire successfully established the FNC through the expansion of the former Emergency Response Centre (ERC). Principally, the redesign has been introduced to support urgent care in the right place with the right team at the right time, first time. The key elements are:

- Establish an emergency care system that benefits everyone;
- Deliver care as close to home as possible by minimising unnecessary face-to-face contact and maximising access to a senior decision;
- Make sure patients are seen in the most appropriate clinical environment to minimise the risk of harm and ensure;
- Safely deliver a whole-system, multi-agency, multi-disciplinary, person-centred approach that ensures right care, right, place, right time, first time;
- Deliver strong public messaging to support any changes to care to allow the public to use the system responsibly and ensure that it is linked to self-care and management and healthier life choices;
- Maximise and build upon digital solutions such as NHS near me, and virtual wards; and
- Establish a single national access route which delivers simple, clear, and effective access to patients

The patient population in scope for the programme are 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 appointments. 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 successfully went live on Tuesday December 1st 2020. Whole-system working across NHS Lanarkshire and North & South Partnerships was essential to enable 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).

Initial stages of redesign were:

- 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 will be available 24/7 for urgent care
- Local Boards will implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access to a senior clinical decision maker
- Digital health will be optimised where possible in clinical consultation and signposting to available local services, such as MIU, AEC, and ED if required
- Face to face consultation when required should be in as scheduled an approach as possible
- General Practice will remain the principal access route for urgent care in hours
- Redesign of Urgent Care will not alter the way emergency care is accessed

Going live on 1st December 2020 required the development of key pathways of care. These are standardised across Scotland (as much as was possible given the timescale to implement). Future planning will, however, review all pathways thus ensuring these are maintained to current and necessary local requirements.

Pathways of care through FNC include:

- Minor injuries virtual assessment
- Mental health and social work liaison
- Clinical Senior Decision making, with professional-to-professional advice
- Face-to-face consultation delivered in a scheduled way
- Ambulatory assessment and same day emergency care
- Primary Care referral access to acute specialty advice and/or clinic assessment

The pathways currently have not included children under the age of 16yrs who will be directed to ED, although this will be reviewed nationally as the system and pathways mature.

An example of the referral routes into and the disposition routes out of the FNC can be seen in Appendix 1.

3.2 Objectives and Initial Impact

The measurable objective of redesign is to:

- Reduce non-emergency self-presented attendances at the ED, through the delivery of assessment and subsequent care via both NHS 24 111 triage and FNC triage to self-care and or virtual alternatives in the home setting
- Reduce incidence of crowding within the ED with the scheduling of all FNC referrals for necessary face to face assessments
- Provide senior decision making with professional to professional access
- Increase primary care interventions via an enhanced Covid Pathway supporting specialist interventions and support within the community, where appropriate
- Enable access to health and social care rapid response within the flow navigation centre reducing incidence of attendance at the ED

It is important to note that a key objective of urgent care redesign is to reduce attendances to EDs. However, the significant reduction in ED attendances we have seen over the winter period may be attributable in part to the Covid lockdown rather than being purely a consequence of the new 111 pathways.

Appendix 2 provides relevant graphs to demonstrate activity managed via the FNC.

Since 1st December 2020 the FNC has managed the referral routes of over 11,000 cases, this equates to approximately 50% NHS 24 referred and 50% Primary Care referred. Additionally, over 500 senior decision making interactions have taken place and 400 patients avoided from attending ED.

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. 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:

- Expand specialties inclusion into the Professional to Professional Consultant Connect senior decision making process and enable video assessment potential.
- Develop Realistic Medicine principles, ensuring shared decision making is fundamental to patient treatment outcomes.
- Build on existing primary care pathways to enhance professional to professional scheduled care, such as dental, pharmacy, and optometry, nurse practitioners and ambulance service.
- Further develop the Partnership Locality pathways thus enhancing the transitional step for FNC navigation of care to 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 and funding received to cover all aspects as projected. The table demonstrates forecast cost at month nine.

	Forecast Cost £000's 20-21
Emergency Response Flow Hub	0.855
ARICs	3.222
Mental Health Hub	0.887
	4.964

Whilst redesign remains as phase one non funding issues are identified. Progression for phase two does not yet anticipate any financial implications however as before any risks to indicate otherwise would be addressed as part of future planning.

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 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.

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

In progress and submitted to Hina Sheikh for review.

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 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

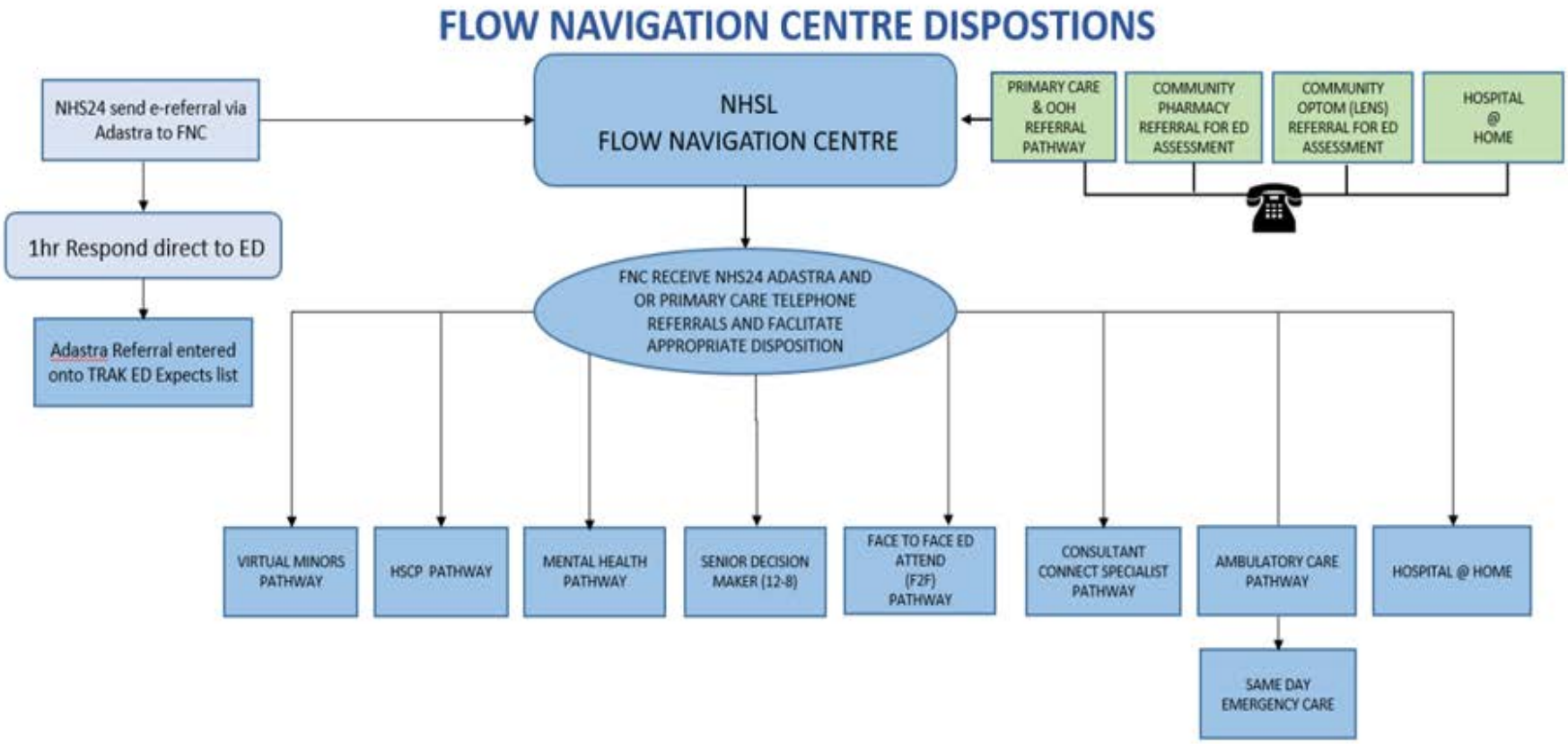
For further information about any aspect of this paper, please contact

Karen Morrow, Unscheduled Care Programme Manager, University Hospital Hairmyres

Colin Lauder, Director of Planning, Property & Performance

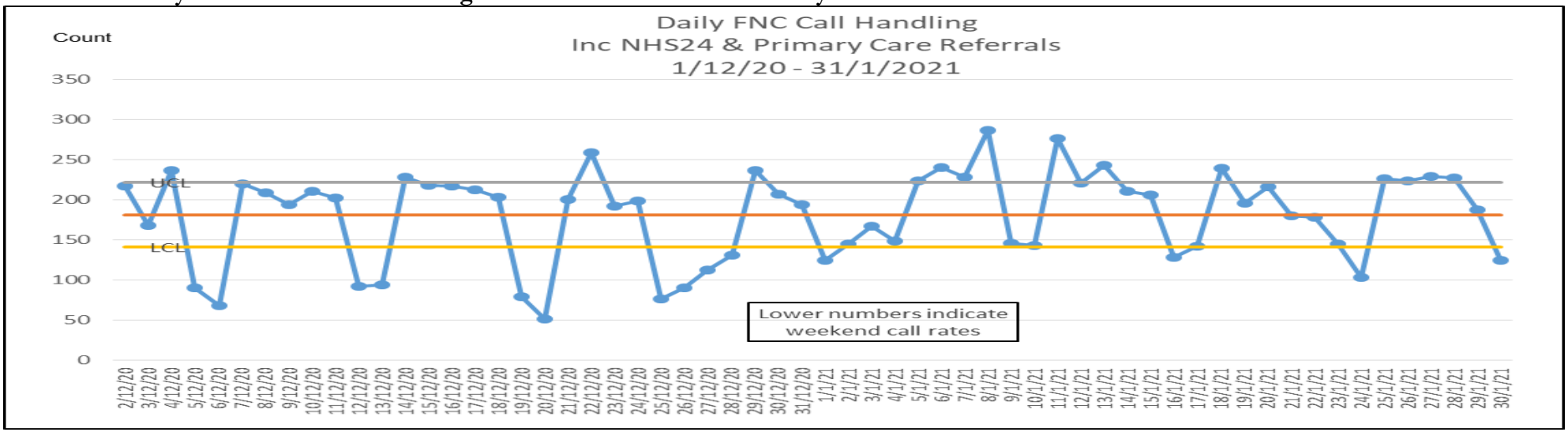
February 2021

Appendix 1

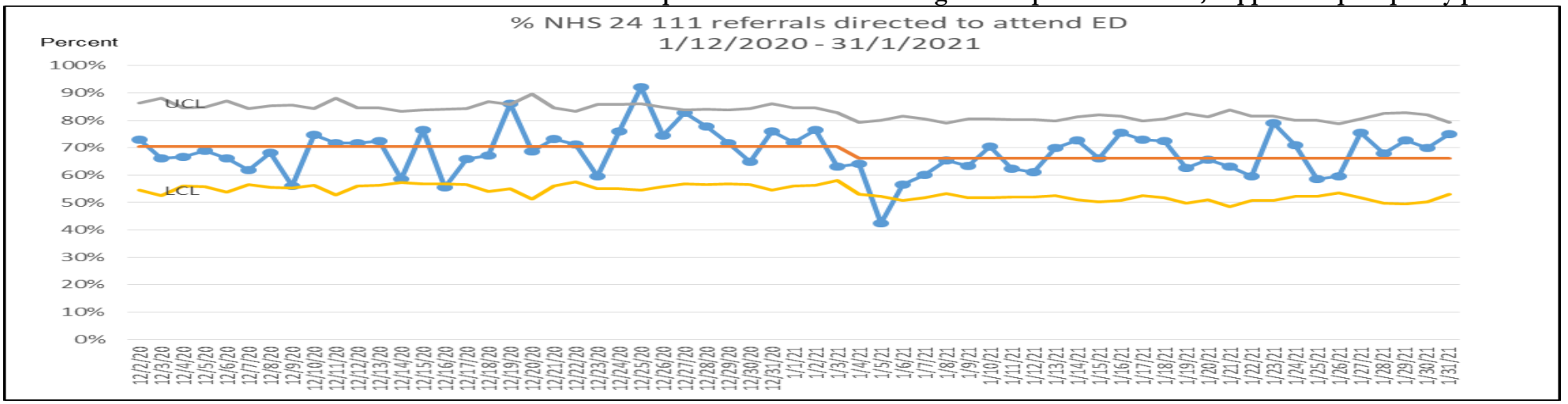

FLOW NAVIGATION CENTRE DISPOSTIONS
NHS24 send e-referral via Adastra to FNC
NHSL
FLOW NAVIGATION CENTRE
PRIMARY CARE & OOH REFERRAL PATHWAY
COMMUNITY PHARMACY REFERRAL FOR ED ASSESSMENT
COMMUNITY OPTOM (LENS) REFERRAL FOR ED ASSESSMENT
HOSPITAL @ HOME
1hr Respond direct to ED
Adastra Referral entered onto TRAK ED Expects list
FNC RECEIVE NHS24 ADASTRA AND OR PRIMARY CARE TELEPHONE REFERRALS AND FACLITATE APPROPRIATE DISPOSITION
VIRTUAL MINORS PATHWAY
HSCP PATHWAY
MENTAL HEALTH PATHWAY
SENIOR DECISION MAKER (12-8)
FACE TO FACE ED ATTEND (F2F) PATHWAY
CONSULTANT CONNECT SPECIALIST PATHWAY
AMBULATORY CARE PATHWAY
HOSPITAL @ HOME
SAME DAY EMERGENCY CARE

Appendix 2 Data to Demonstrate FNC Activity & Outcomes

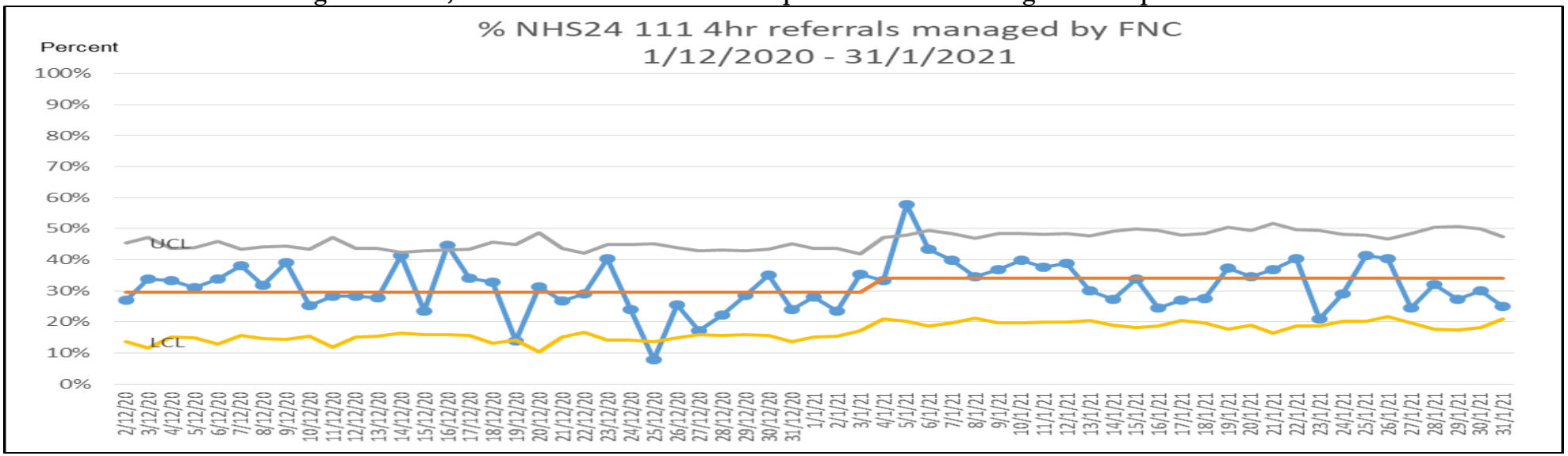
1 The daily total FNC referrals management from NHS 24 and Primary Care



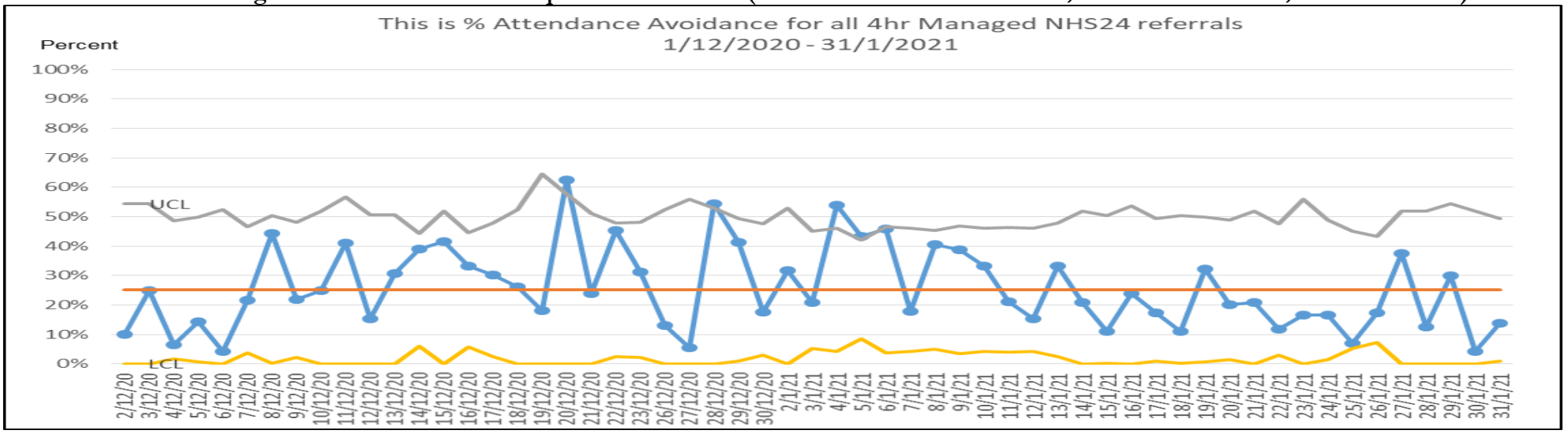
2 % NHS24 Direct to ED referrals- scheduled on ED expected lists thus informing ED on potential arrival, supports dept capacity plans



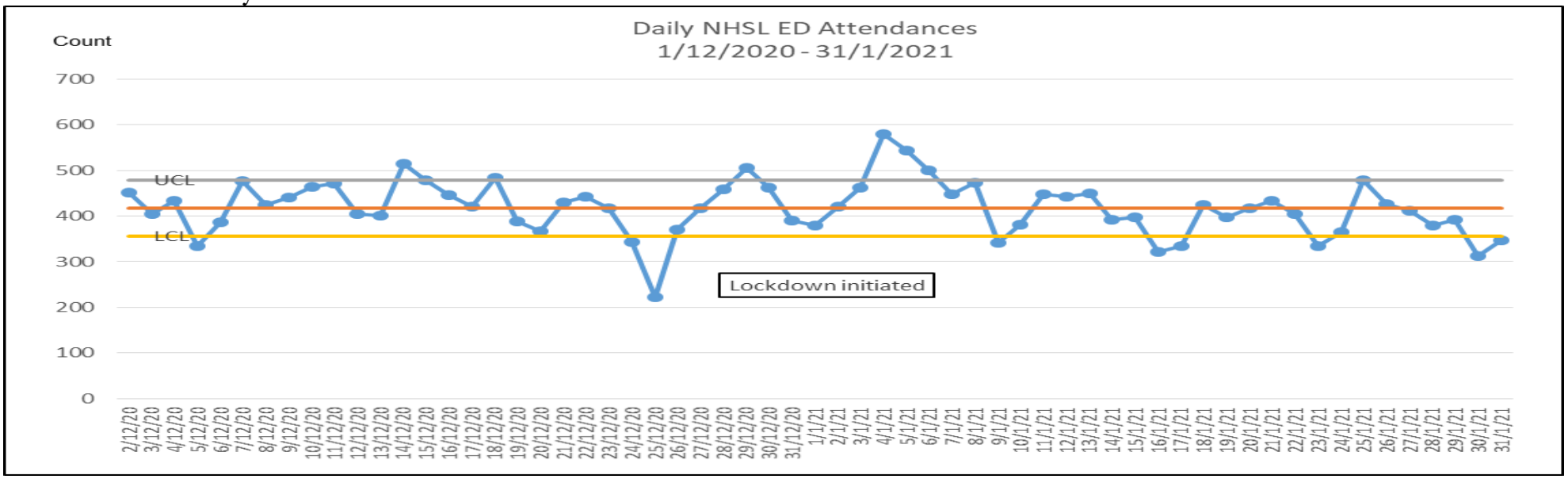
3 % NHS24 FNC managed referrals, these are the identified 4hr response from NHS 24 algorithm – potential alternative to ED attend



4 % of FNC managed referrals who do not require to attend ED (Senior Decision intervention, Virtual Assessment, Liaison referral)



5 NHSL ED daily attendances



6 % Attendances who continue to self-present without using NHS 24 111