NHS Board Meeting
26th May 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 continuing implementation of 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 NHS Lanarkshire 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 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).

Principally, the redesign is 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
- 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

- 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 has been in place since Tuesday December 1st 2020. Whole-system working across NHS Lanarkshire and North & South Health & Social Care 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:

- 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
- To implement a Flow Navigation Centre that directly receives clinical referrals from NHS24 and offers rapid access to a senior clinical decision maker
- Digital health is optimised 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
- General Practice remains the principal access route for urgent care in hours
- Redesign of Urgent Care will not alter the way emergency care is accessed

Since 1st December 2020 key pathways of care have developed. These pathways are standardised across Scotland (as far as is possible). Pathways continue to be reviewed thus ensuring these are maintained to current and necessary local requirements.

The pathways currently have not included children under the age of 16yrs, who currently are directed to ED.

This pathway is currently in review and all Boards are in the process of readiness assessments. Primarily the change will mirror the current adult pathway with NHS24 presenting the referral to the Flow Navigation Centre, however the disposition and response will be within two hours and not four as is the case for the adult pathway. SGH&SCD has intimated the paediatric pathway to go live in June 2021, albeit this is reliant on all Boards being compliant in readiness.

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, attendances to the ED have varied over the months. Whilst earlier in the year reduced attendance had been noted, this was in part influenced national lockdown measures and Covid pathways and not specific to redesign. Activity from NHS24/111 and the FNC has influenced much attendance avoidance yet ED attendances have increased. Whilst much of the ED increase is attributable to self-presentations acuity has also increased impacting on conversion for admission.

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

An important factor in supporting people to access the right care in the right way is key messaging and communication. Whilst locally urgent care access via 111 has been communicated, the national messaging to further enhance this was delayed due to other national commitments, thus restricting the impact public messaging can have.

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 29,000 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, 68% 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 services 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 unscheduled 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 HSCP (South) Partnership operational manager has been in post since March of this year. This role continues to develop and has the potential 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. The ARIC is a stand-alone 6 bedded unit in Hamilton, which aims to operate 24/7 and is staffed by sessional GPs, Advanced Nurse Practitioners (ANPs) and Health Care Support Workers (HCSW). The patient pathway assesses both paediatric and adult patients. Whilst the majority of patients are managed safely within the community a small number of acutely unwell patients require to be transferred to Emergency Department for further assessment and often hospital admission.

Despite having a robust mitigation plan to maintain a 24hour clinical service model, on some occasions lack of clinical cover and safe staffing levels results in either a partial or full redirection of patients, who require a face to face assessment, being sent to EDs. However, the number of patients presenting during redirections should be small, as it is usually evenings and overnight when the pathway has the lowest number of patients contacting the service.

The 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.

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, however whilst milestones have been suggested we await the national timescale thus adaption of the path is likely. 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:

- Prepare for the introduction of Paediatric Pathway into the FNC
- Establish a Senior decision making Governance Group to support evolving SDM role into workforce job planning and to ensure standard operating procedures
- Expand specialties inclusion into the Professional to Professional Consultant Connect
- Introduce Near Me into SDM consultations
- 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
- ARIC work is ongoing both nationally and will be progressed with stakeholders locally over the next month. 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 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 recruitment thus 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.

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**

Whilst redesign remains no funding issues are currently 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 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.

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 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.

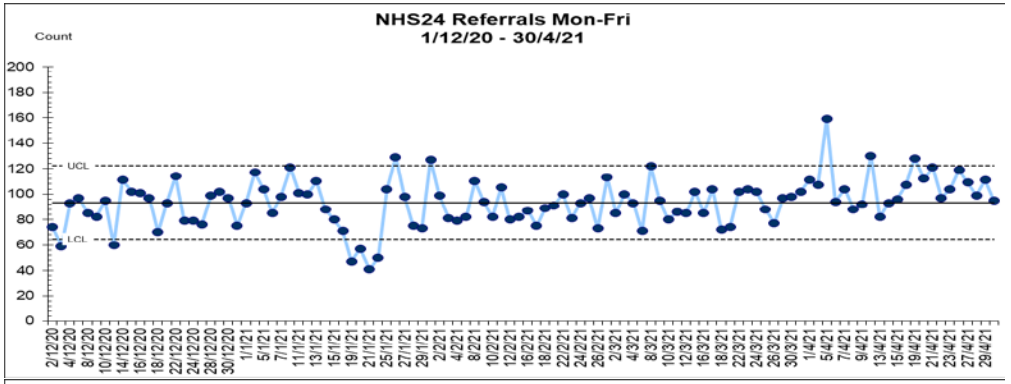
13. FURTHER INFORMATION

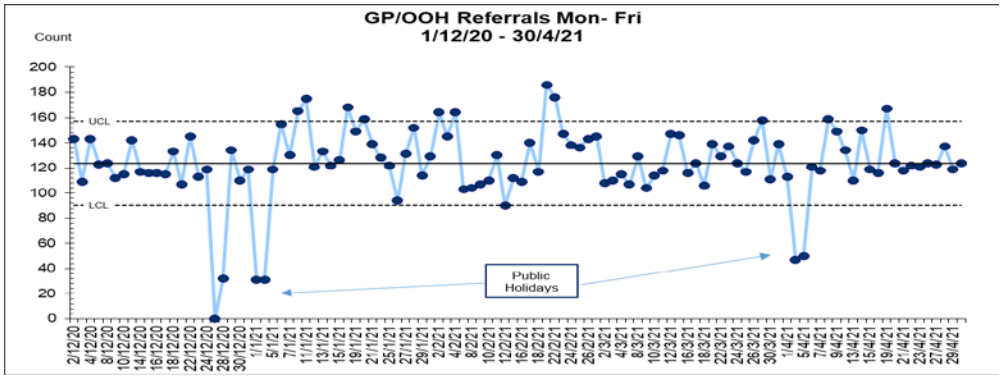
For further information about any aspect of this paper, please contact

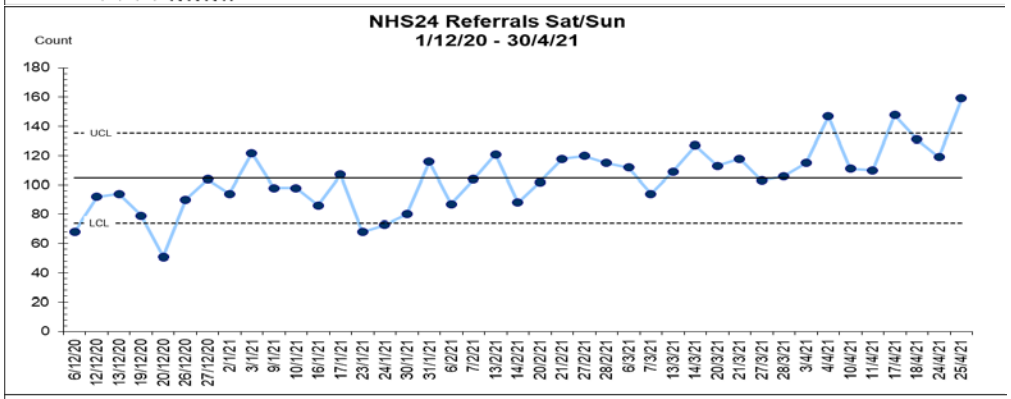
Karen Morrow, Unscheduled Care Programme Manager, Hairmyres Hospital,
Tel; 01355 584006

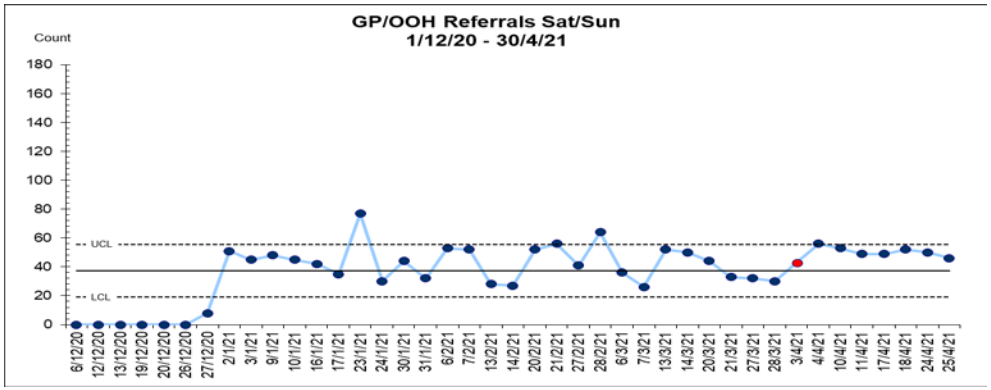
Colin Lauder, Director of Planning, Property & Performance
18th May 2021

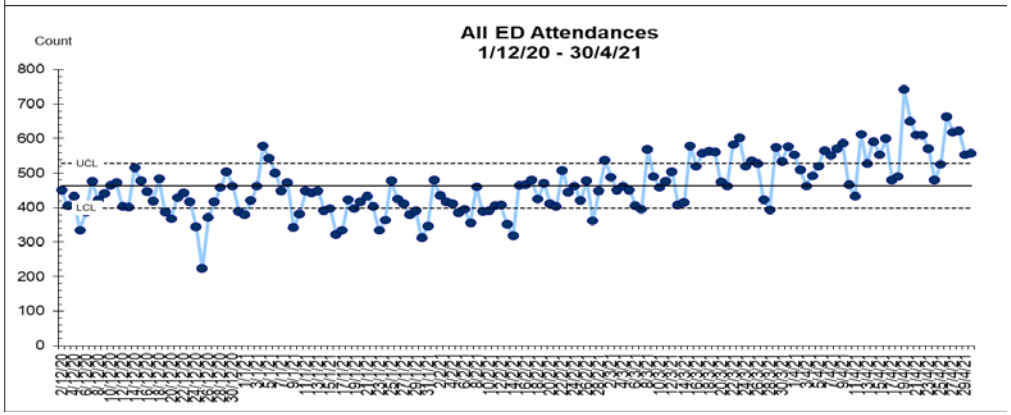
Appendix 1 **NHS 24 & Primary Care - FNC / ED activity graphs**

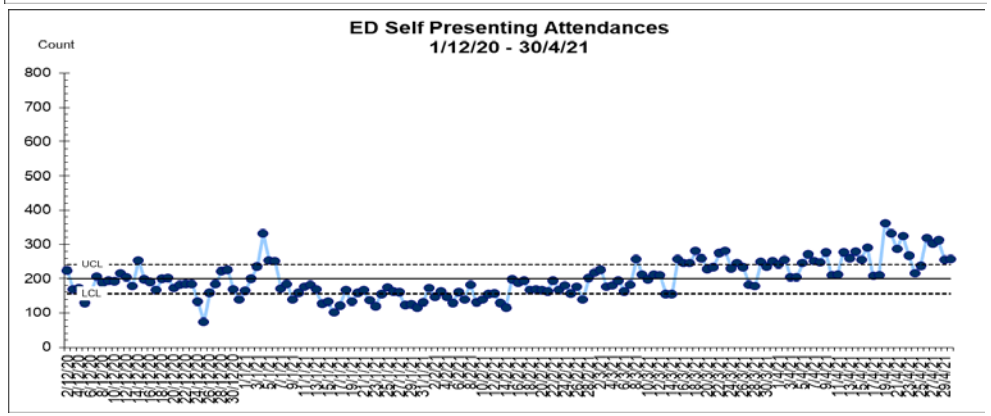






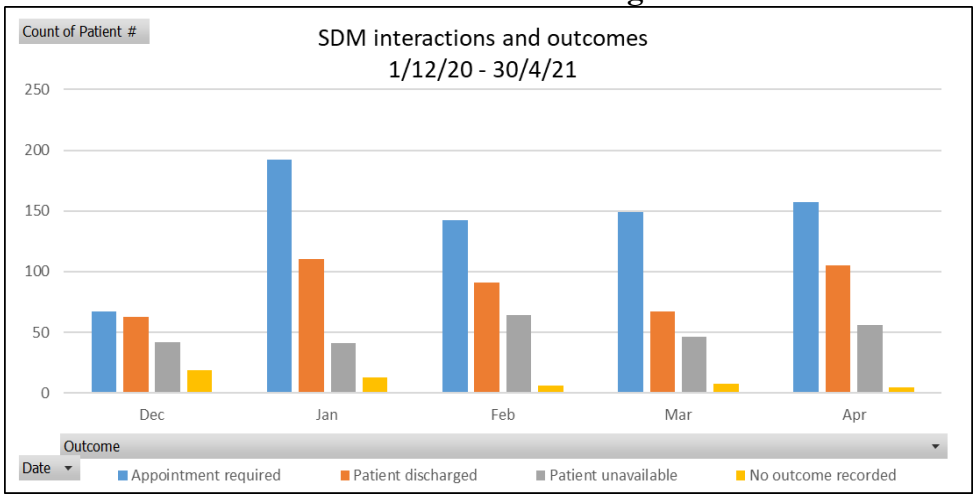




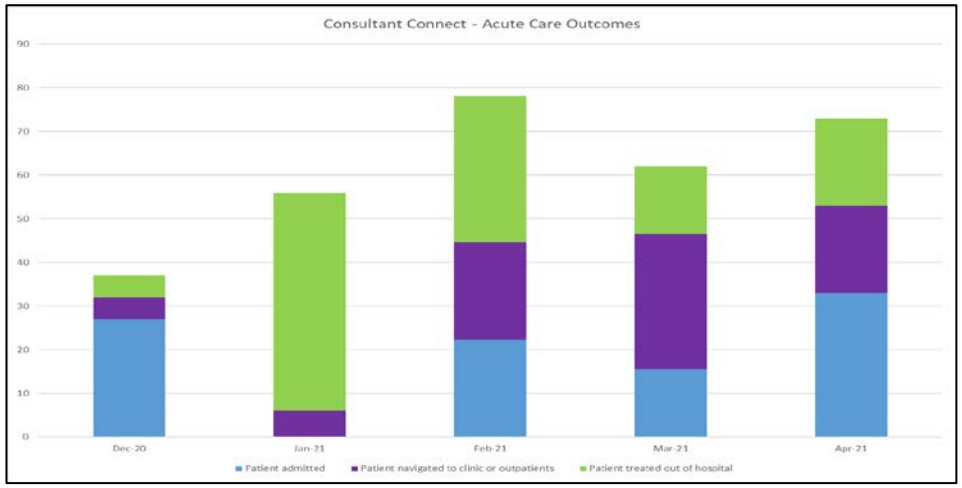


Appendix 2 Redesign Outcomes

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

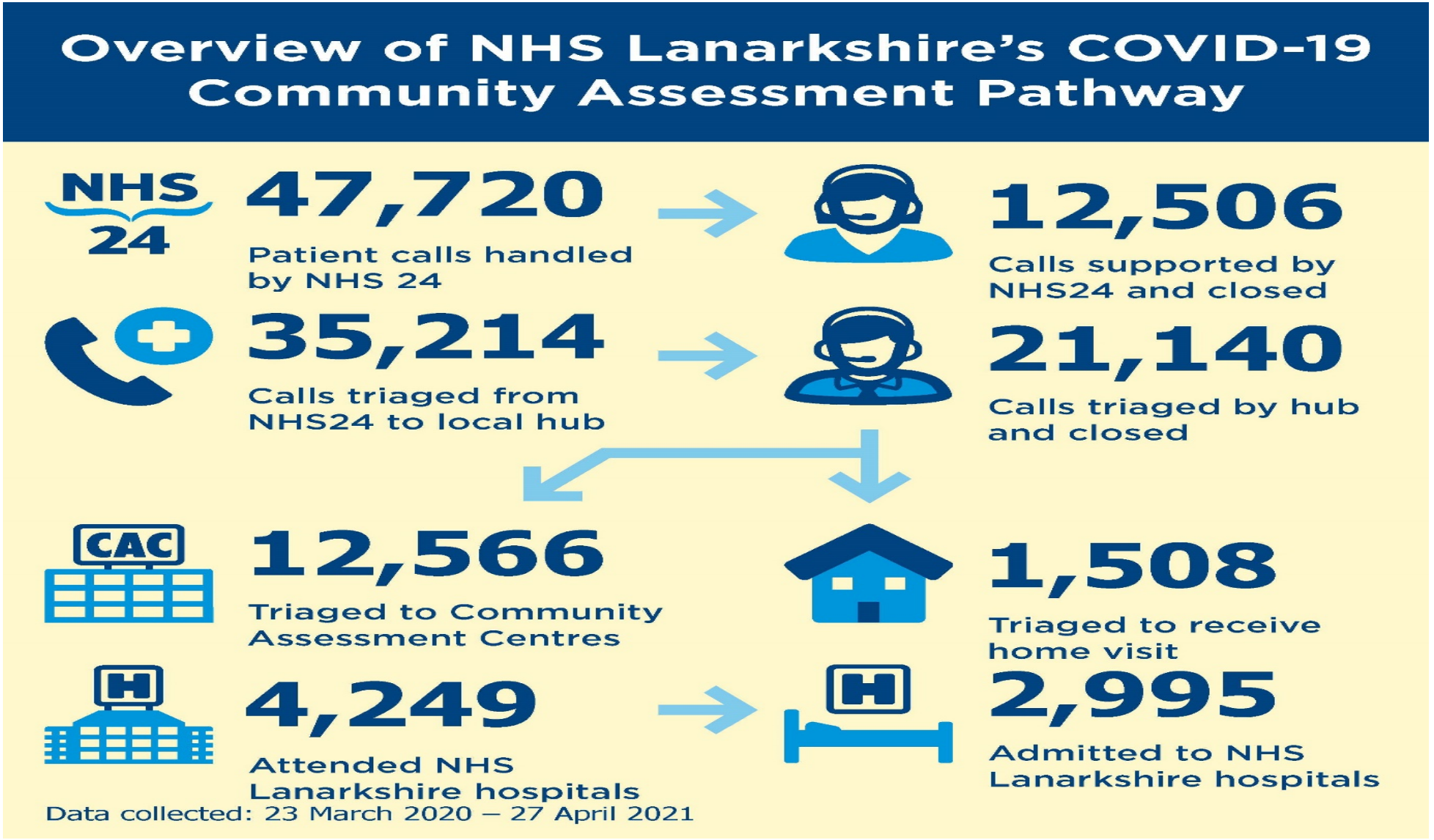
MONTH	TOTAL FLOW NAVIGATION CENTRE (FNC) CALLS	SOURCE	TOTAL OUT OF HOURS (OOH) CALLS	COMBINED TOTAL TRIAGE CALLS
December 2020	18	Not recorded	152	170
January 2021	36	8 NHS24 / 28 CPT	184	220
February 2021	23	4 NHS24 / 19 CPT	170	193
March 2021	38	9 NHS24 / 29 CPT	189	227
April 2021	45	13 NHS24 / 30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

CPT – Community Police Triage

SAS – Scottish Ambulance Service

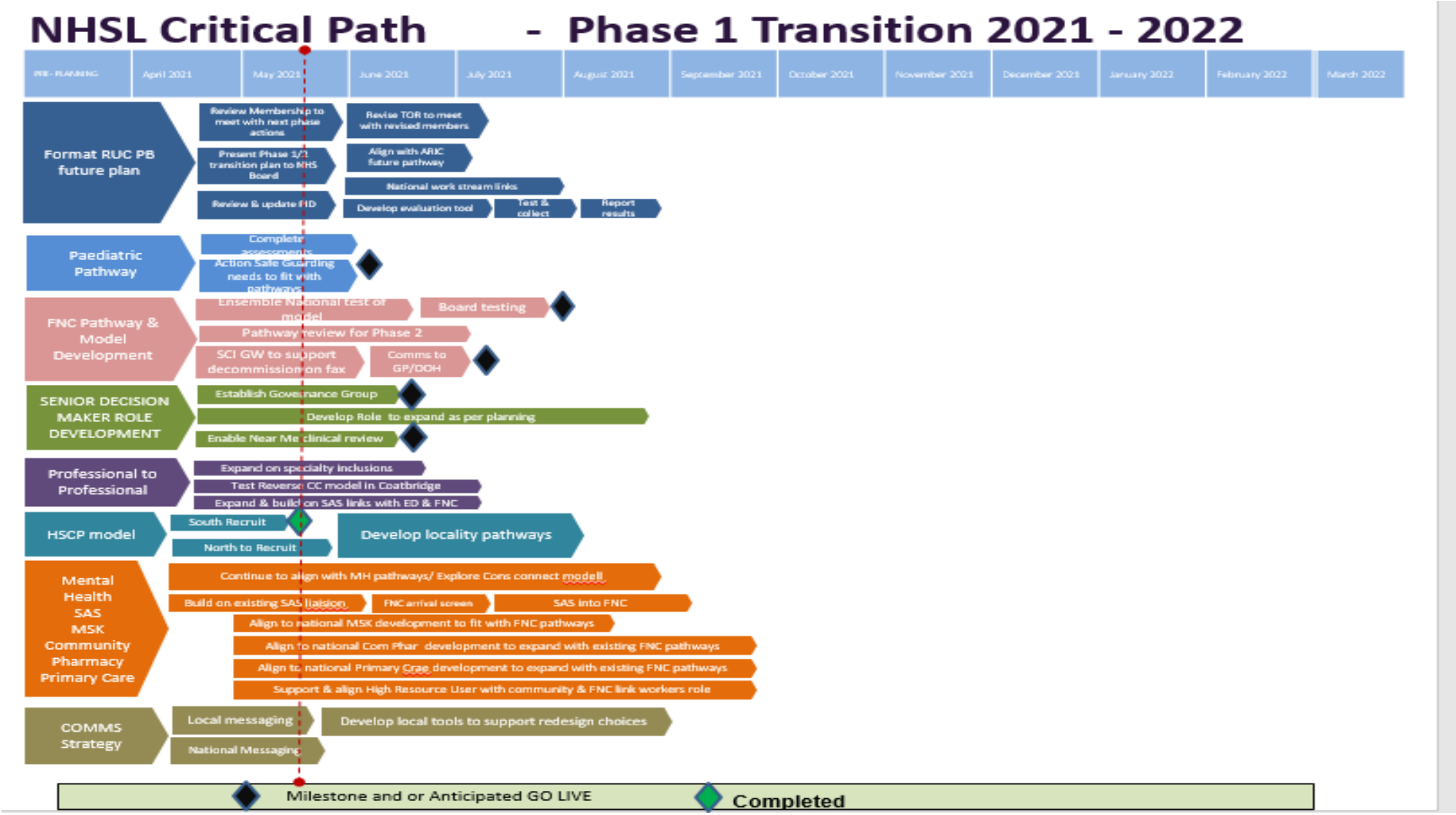
NHS 24 – National Health service 24hours

OOH – Out of Hours


Overview of NHS Lanarkshire's COVID-19 Community Assessment Pathway
NHS 24
47,720
Patient calls handled by NHS 24
12,506
Calls supported by NHS24 and closed
35,214
Calls triaged from NHS24 to local hub
21,140
Calls triaged by hub and closed
CAC
12,566
Triaged to Community Assessment Centres
1,508
Triaged to receive home visit
4,249
Attended NHS Lanarkshire hospitals
2,995
Admitted to NHS Lanarkshire hospitals
Data collected: 23 March 2020 – 27 April 2021

Appendix 3

Critical Path


NHSL Critical Path - Phase 1 Transition 2021 - 2022
PRE - PLANNING
April 2021
May 2021
June 2021
July 2021
August 2021
September 2021
October 2021
November 2021
December 2021
January 2022
February 2022
March 2022
Format RUC PB future plan
Review Membership to meet with next phase actions
Revise TOR to meet with revised members
Present Phase 1/2 transition plan to NHS Board
Align with ARIC future pathway
National work stream links
Review & update PID
Develop evaluation tool
Test & collect
Report results
Paediatric Pathway
Complete assessments
Action Safe Guarding needs to fit with pathways
FNC Pathway & Model Development
Ensemble National test of model
Board testing
Pathway review for Phase 2
SCI GW to support decommission on fax
Comms to GP/OOH
SENIOR DECISION MAKER ROLE DEVELOPMENT
Establish Governance Group
Develop Role to expand as per planning
Enable Near Me clinical review
Professional to Professional
Expand on specialty inclusions
Test Reverse CC model in Coatbridge
Expand & build on SAS links with ED & FNC
HSCP model
South Recruit
North to Recruit
Develop locality pathways
Mental Health SAS MSK Community Pharmacy Primary Care
Continue to align with MH pathways/ Explore Cons connect modell
Build on existing SAS liaison
FNC arrival screen
SAS into FNC
Align to national MSK development to fit with FNC pathways
Align to national Com Phar development to expand with existing FNC pathways
Align to national Primary Care development to expand with existing FNC pathways
Support & align High Resource User with community & FNC link workers role
COMMS Strategy
Local messaging
Develop local tools to support redesign choices
National Messaging
Milestone and or Anticipated GO LIVE
Completed