

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# BHR Urgent Care Conference Summary of outputs



#bhrurgentcare

1 July 2015

# The aim of the day



To gather views on how we can transform urgent care services over the next 5-10 years. We know that urgent care is an issue nationally and locally with too many people confused about where to go and waiting far too long.



A key aim is to really challenge ourselves about what the future should hold for urgent care across our three boroughs.

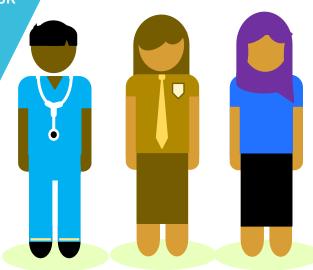


The outcome of the day formed a basis for our urgent care strategy and roadmap for the upcoming years

# Who was there?

**Urgent Care Local providers Kings Park Practitioners** surgery GP Age UK Redbridge. **SELDOC Ltd Barking and** Greenbrook Havering NELCSU **Commissioners** Local **Optum Pharmaceutical** Committee **BHR Local Medical** Barking and Dagenham, Kalsi / PCP Committee Community **Havering and Redbridge Anticoagulation** BHR GP CCGs Clinic **Federations KPMG** BMI **London Borough NELFT** London Borough of Barking and of Havering **Public Health** Dagenham Care UK **BARTS Health GPs** London **Patient reps Ambulance** Capita **Adult social Care** Service NHS **Partnership of East London National Providers Cooperatives (PELC) England** Healthwatch Havering Healthwatch Barking, Havering and Redbridge **University Hospitals NHS Trust Barking and** Dagenham (BHRUT) **Hurley Group Patient London Borough of Engagement** Forum chair Redbridge

Invitations were sent to the wider NHS and non NHS stakeholders; patient reps, clinicians, external and local providers and CCG members.



# Currently Urgent Care is...

On arrival at the conference, delegates were asked to complete this sentence:

Please complete the following sentence with two words: Currently urgent care is \_\_\_\_\_



# Vision from the workshop groups – key themes









## Vision from the workshop groups



#### **CHILDREN**

#### **Main Themes**

There is a need for greater integration and to reduce the current level of fragmentation

#### Vision for 2017-2020:

#### Changing the skill mix of workforce:

- upskilling professionals, including pharmacists, health visitors, nurses as well as those in the third sector
- integrated education approach across all of these people, including the voluntary/third sector
- coordinated education of staff on how to educate patients and carers about managing their own health care and how to navigate the system.

#### Digital access to information:

- "Click & Call' model: create a web site endorsed by both professionals and patients as a first port of call
- A telephone triage centre as the next step which could signpost to appropriate services.



#### **OLDER PEOPLE**

#### Main Themes

Bringing in the patient perspective (through patient reps). Being more transformational, rather than transactional.

#### Vision for 2017-2020:

- There was consensus that each provider brings in different cultures which creates organisational boundaries and hurdles
- Agreed that the pathway would benefit from having one single (lead) provider
- Idea to commission the pathway for frail elderly as a whole, not each separate organisation, was supported
- Keen to involve nursing homes and ambulance services much more
- End of Life care was left untouched, but it was recognised as a key next step.

## Vision from the workshop groups

# MINOR ILLNESSES / INJURIES



#### Main Themes

Recognition that urgent care can't be looked at in isolation, and any changes need to be considered in the broader context.

#### Vision for 2017-2020:

- Removing some of the duplication in the system
- There was general agreement that at the moment, there are multiple options for people with minor injuries and that this is causing both confusion (what to access, when) and duplication of roles
- Need for better communication both with the public and with NHS staff
- Upskill staff to know the most appropriate place to send people.

#### **MENTAL HEALTH**



#### Main Themes

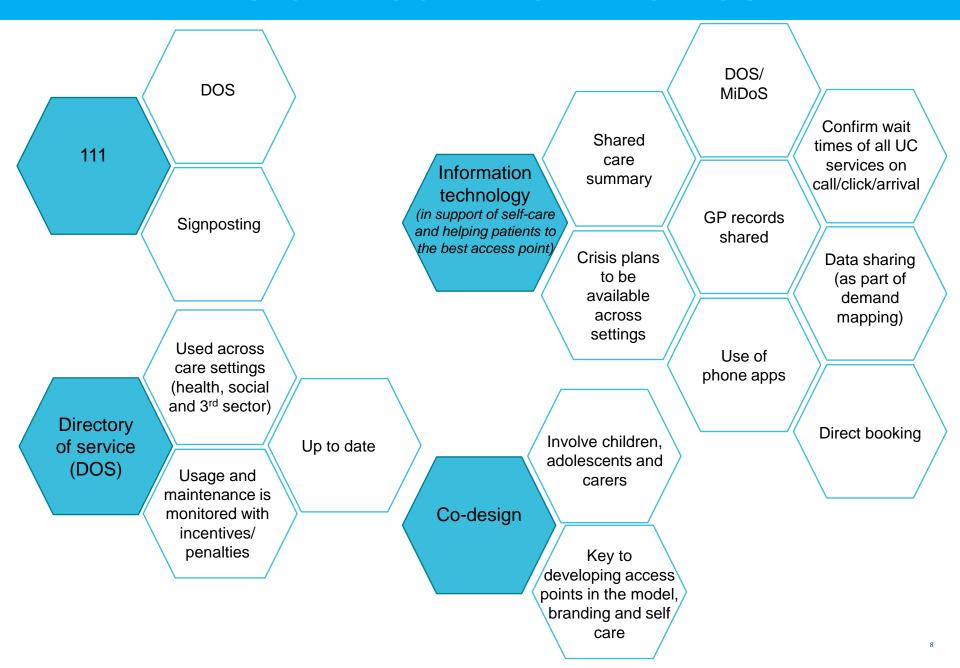
Being clear on the specifics of what services are available, where they are and when a person can access services.

Discussions took place on how providers should respond to that.

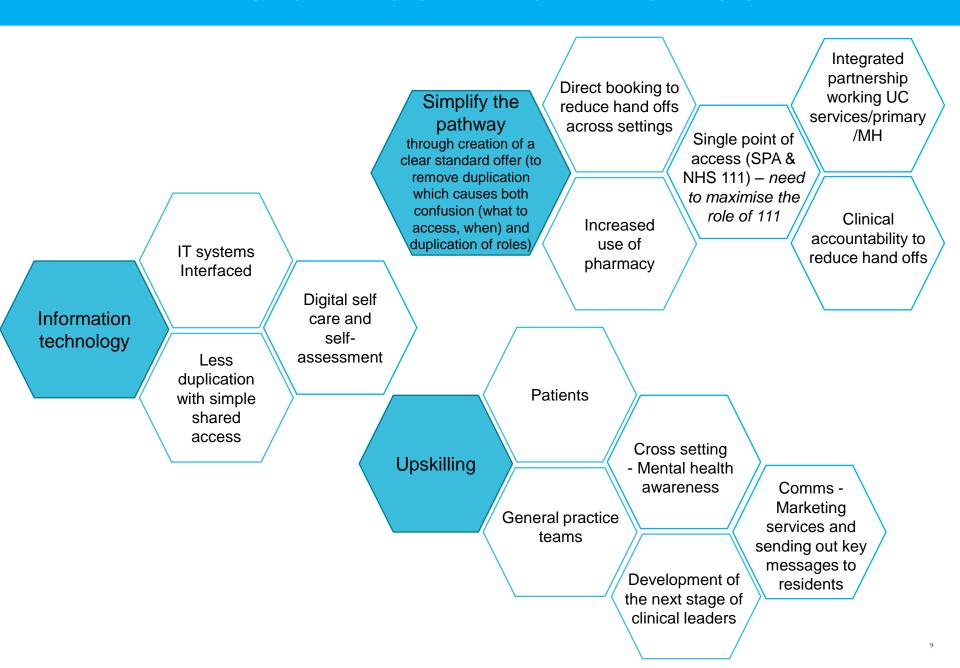
#### Vision for 2017-2020:

- Access, education
- Understanding how MH patients should interact with the urgent care system differently (but in parallel) to other patients
- Developing a clear understanding of what the MH UC pathway actually is. It was clear that this is really lacking.

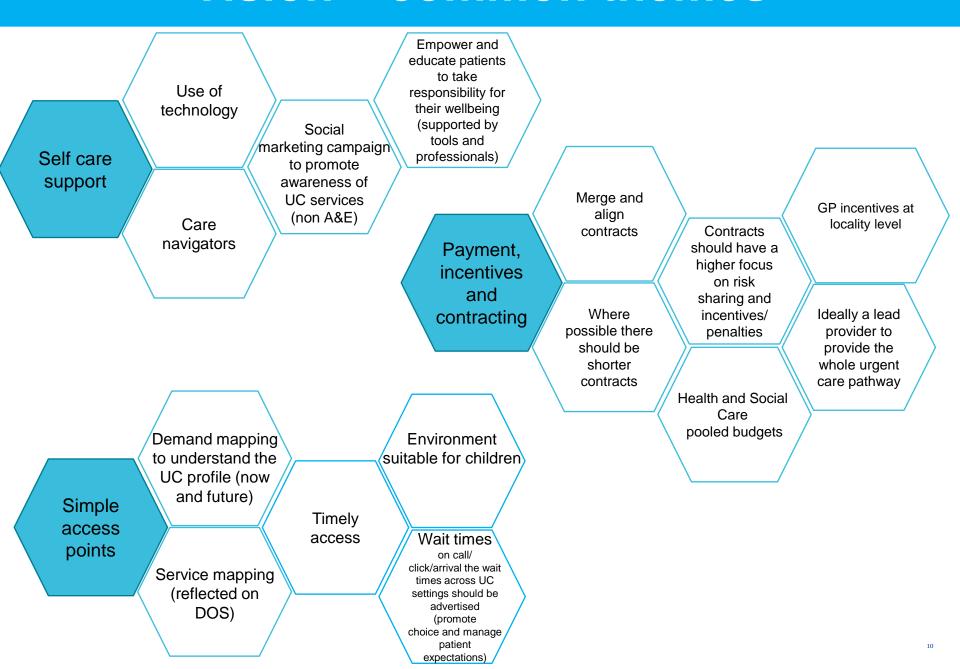
# Vision - common themes



# Vision-common themes



### Vision – common themes



### What do patients need? - common themes

What URGENT CARE services and how should they be delivered?

MiDoS

simplified access

where to go

Creating a standard service offering

Fast access and easy to know or find out

**SPA** 

Prevention and self care **GPs Community services Hospital care** Better Prompt Digital apps to communications Educate and Speedy access to MDT support Location is Discharge support selfand integration with empower patients and easy specialist to practices important care and self other services (ED planning to self care advice where access assessment and specialities) needed Social media GP practice Provision of Easy to access Care to raise able to provide dressing Use of telephone support navigators awareness and triage and signclinics patient for group posting surveys support Shared care Embed the plans with emerging Pharmacy patients and federation support across care hub services settings **Access** IT Multi-Disciplinary teams Personal budgets Urgent care appointments via IT – call or Patient held records (iphone app) for integration and knowledge transfer click Use of MiDoS to support an easy way of

finding out the most appropriate services.

### **Next steps**

#### MINOR ILLNESS AND INJURY



**Future demand analysis** 

Map current service provision



**Robust planning** 

### MENTAL HEALTH



**Current demand and spend analysis** 

**Map current service provision** 

**Develop integrated UC delivery plan** 

#### **CHILDREN**



**Develop a paediatric DoS** 

Complete a needs analysis

Co-design services with patients

Health care apps/records for patients to carry themselves

#### **OLDER PEOPLE**



**Collaborative working** 

Define pathway inbetween prevention and admission

Key to Involve nursing homes and ambulance services

Consider prime provider model

# Roadmap

Based on output of the breakout sessions, pitches and posters, completed with overall views of participants during the conference This is a summary of the themes/ projects/ actions. 2016 2017 Promotion Professional through social Educate and support for self-Digital self marketing empower Self Care care (care care and selfcampaigns Direct booking patients to take and navigators) assessment to reduce hand responsibility for Trial IT prevention their wellbeing offs across solutions / settinas Clinical apps with IT information savvy shared across Merge and Extend use children settings e.g. Carers are a align of DoS and Develop digital Simplify care/crisis plans key resource contracts MiDos support tools for the link into LA self-care and strategies for pathway Information Ideally: Lead carer support professionals Co-design the provider to **Technology** Define the urgent care Develop BHR retention provide the pathway inplans (Inc. care home whole UC model between Build on and domiciliary care pathway prevention existing support workers and admission successful Contracts Maximise the Develop the Develop **Promote** H&SC should have a role of 111 as new and roadmap and BHR as higher focus on integration the urgent care attractive the place risk sharing and plan single point of to work roles incentives/ Map the access penalties current Ensure workforce groups have Co-design appropriate clinical leaders involved Where possible position **Developments** (e.g. MH) there should be / initiatives Urgent care shorter Integrated 111 (e.g. MiDoS) Develop clinical champions Demand contracts services for now and the future Now Payment incentives **Urgent Care Pathway** 

Workforce





and contracting

# In 2020, Urgent Care is...



# Final thoughts and next steps...

How confident are you that we can deliver the vision?



This poster indicates confidence levels at the end of the BHR urgent care conference

#### Next steps after the conference

- Develop the Urgent Care strategy
- CCG Governing Body paper to September's meeting
- Map the current position
- Develop the Urgent Care delivery plan
- Consider submitting an urgent and emergency vanguard application based on the conference outputs.

BHR was successful with bid to become an Urgent and Emergency Care Vanguard!!!

One of only eight in the country and the only Vanguard in London!

Urgent Care is...



Urgent Care will be...

