

# 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.

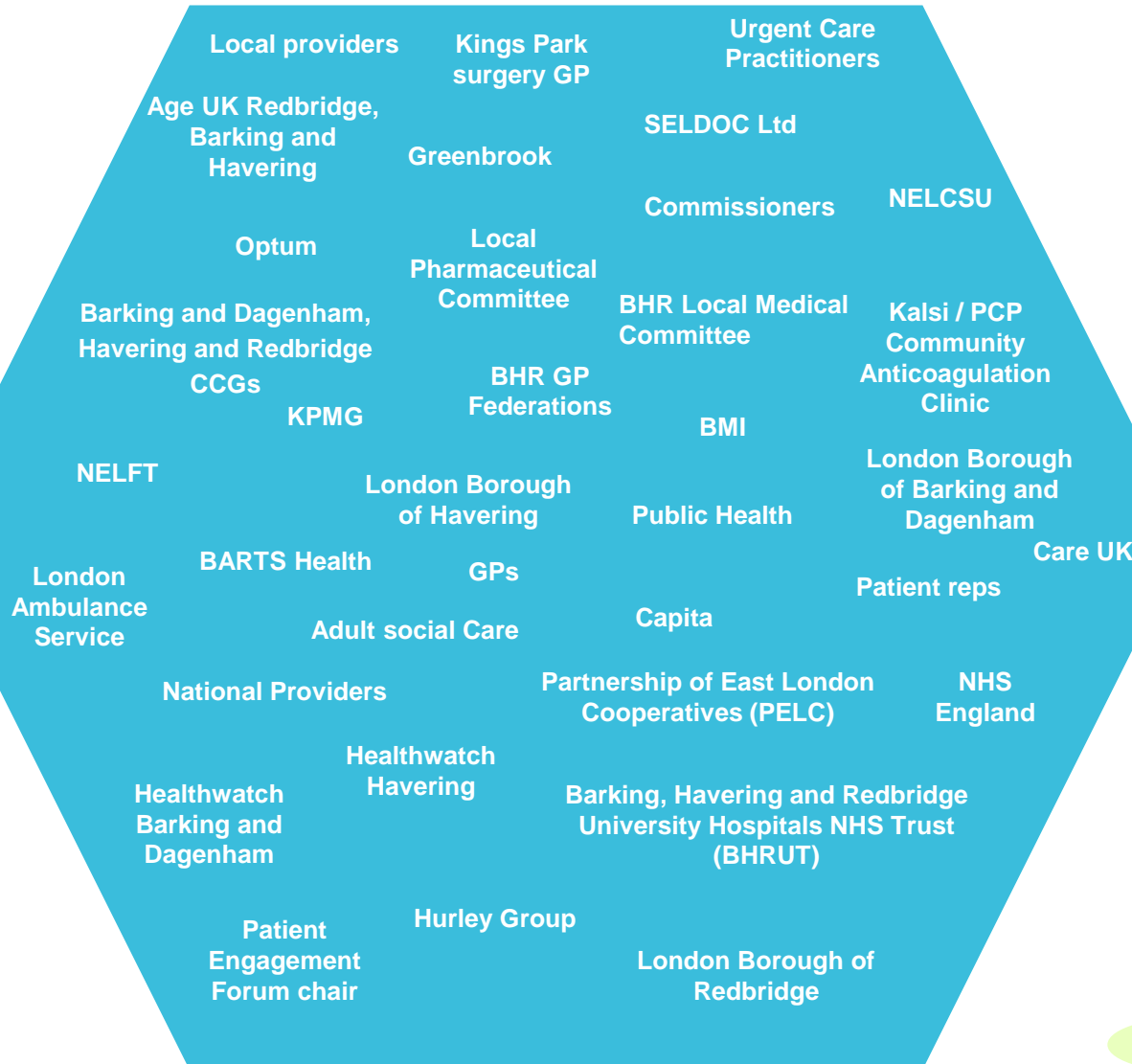


A key aim is to really challenge ourselves about what the future should hold for urgent care across our three boroughs.

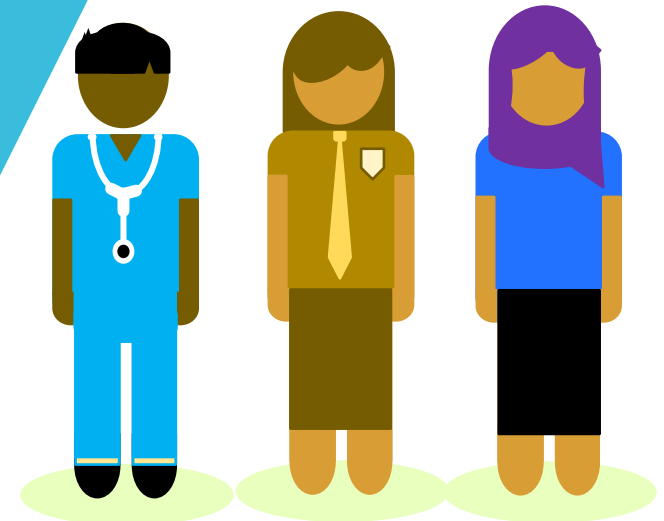


The outcome of the day formed a basis for our urgent care strategy and roadmap for the upcoming years

# Who was there?



**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



Minor illness and injury

Single point of access



Mental Health

Self care and preventative



Children

Trial IT solutions / apps with this IT savvy group



Older people

Demand Mapping and build on health and social care integration

# 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



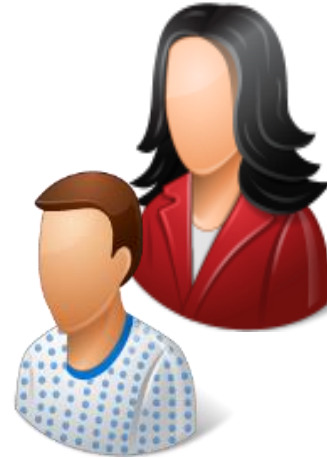
### Main Themes

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



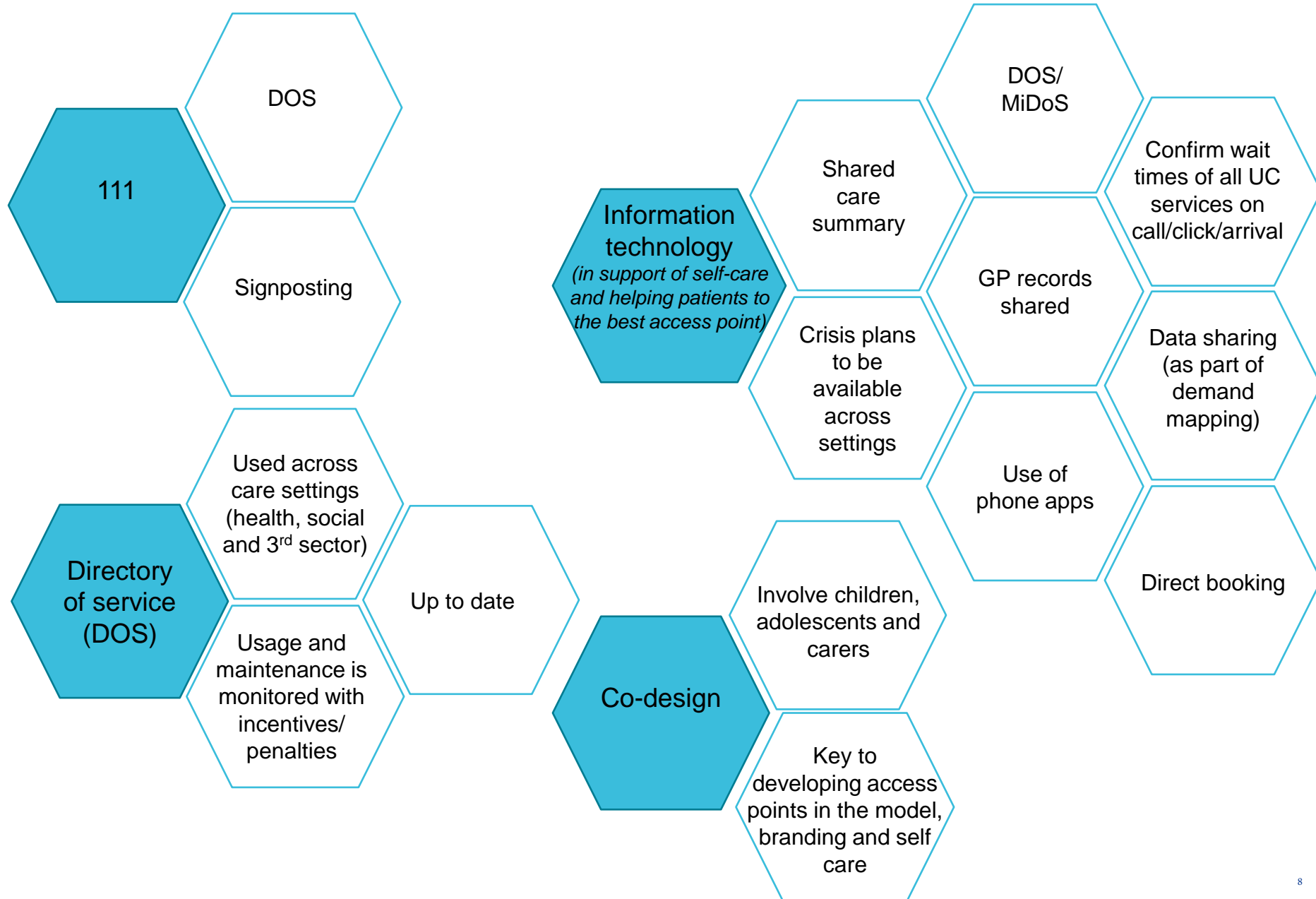
### Main Themes

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:

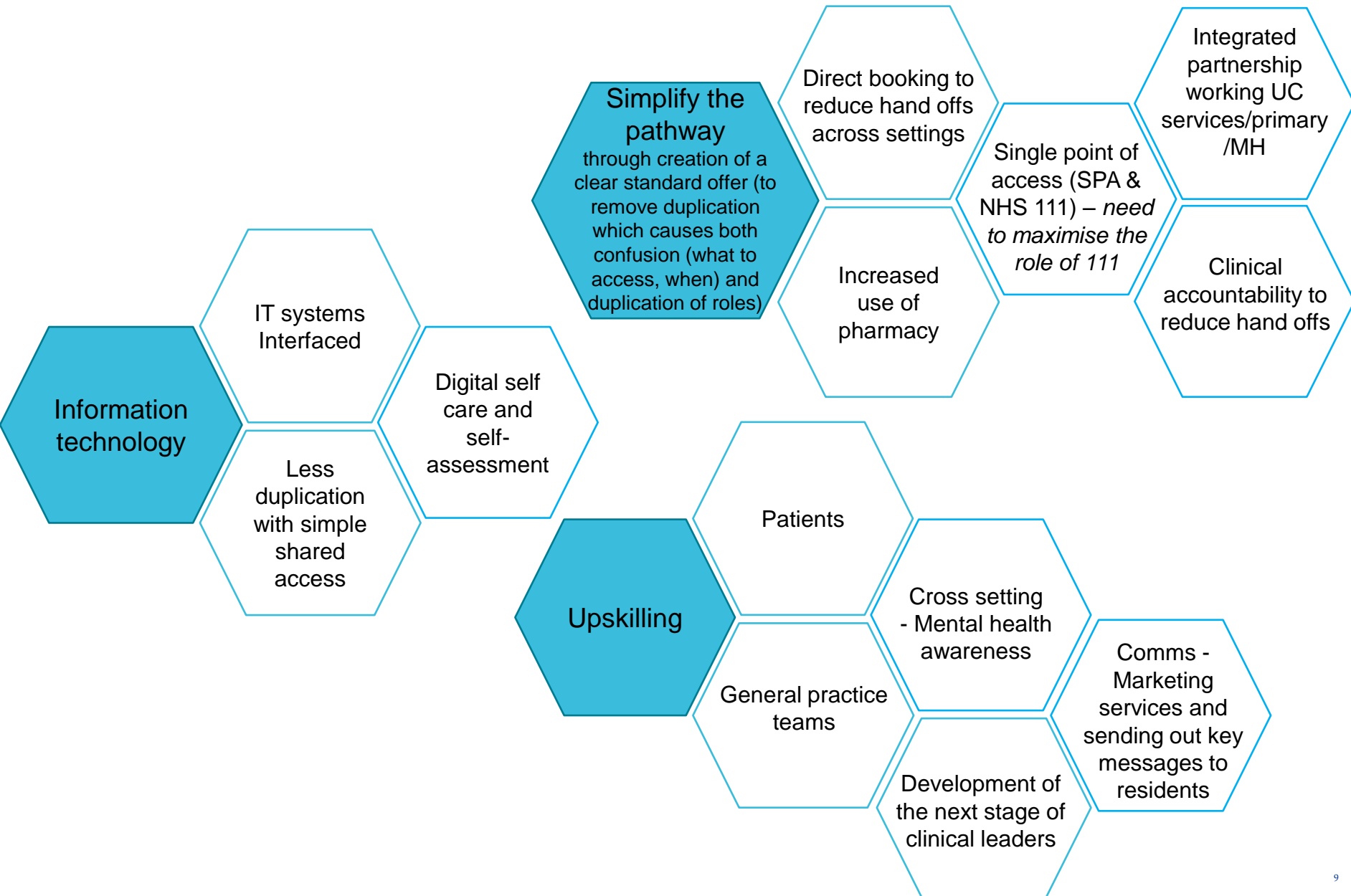
- Access, education
- Understanding how MH patients should interact with the urgent care system differently (but in parallel) to other patients
- Developing a clear understanding of what the MH UC pathway actually is. It was clear that this is really lacking.

# Vision - common themes

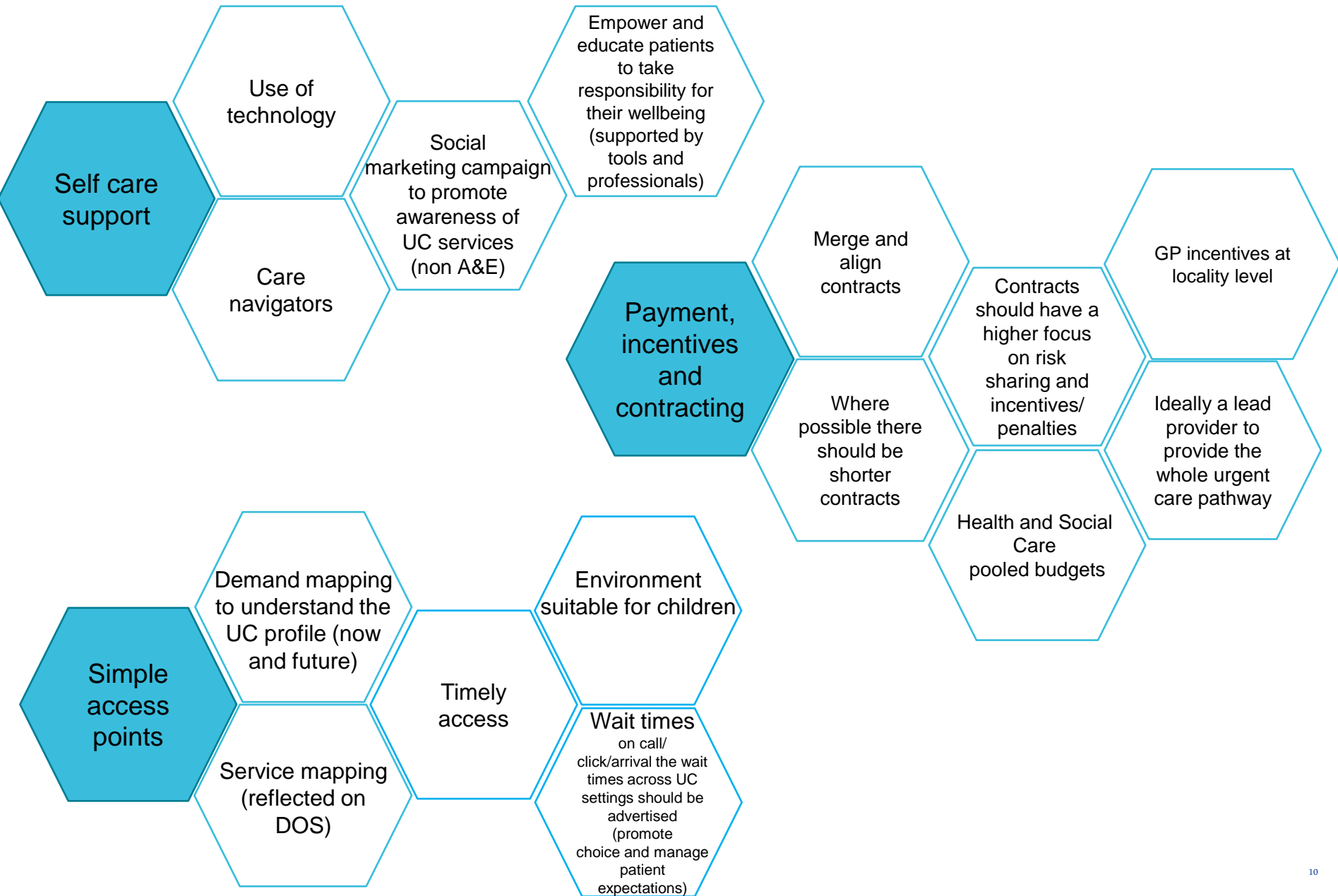




# Vision– common themes

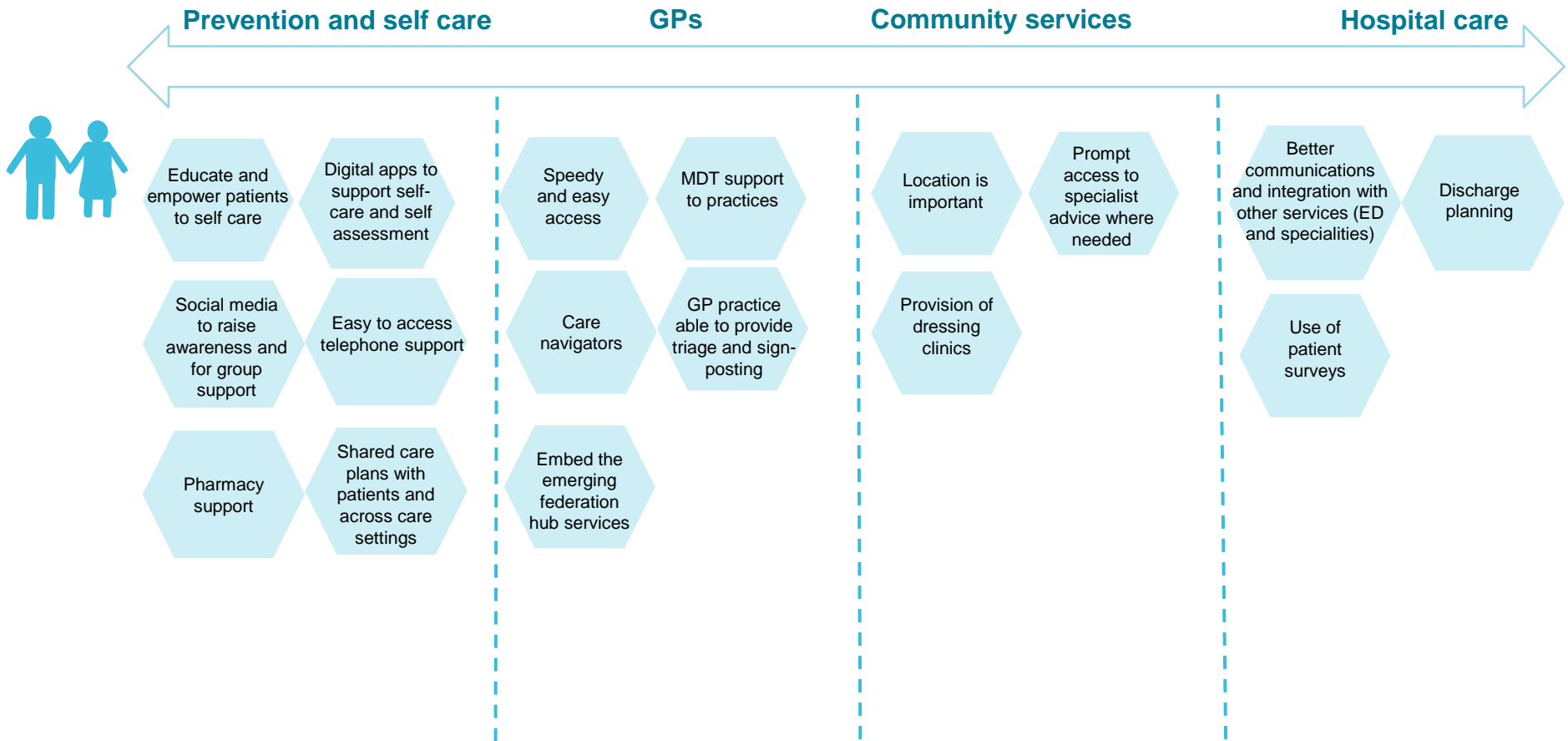


# Vision – common themes



# What do patients need? – common themes

## What URGENT CARE services and how should they be delivered?



### Access

- Urgent care appointments via IT – call or click
- MiDoS
- SPA
- Creating a standard service offering simplified access
- Fast access and easy to know or find out where to go

### IT

- Patient held records (iphone app)
- Use of MiDoS to support an easy way of finding out the most appropriate services.

### Multi-Disciplinary teams

- for integration and knowledge transfer

### Personal budgets

# 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

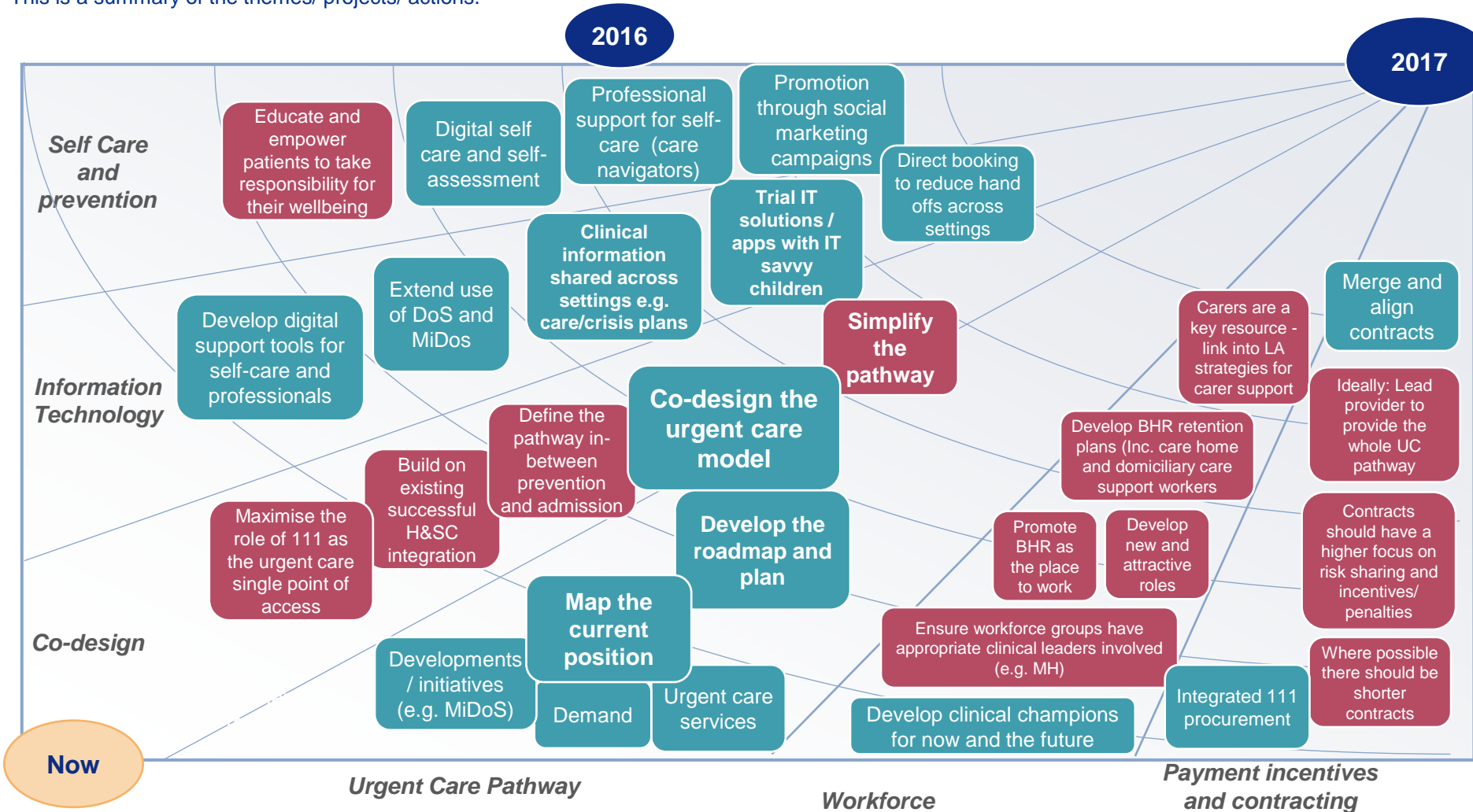
Define pathway inbetween prevention and admission

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.

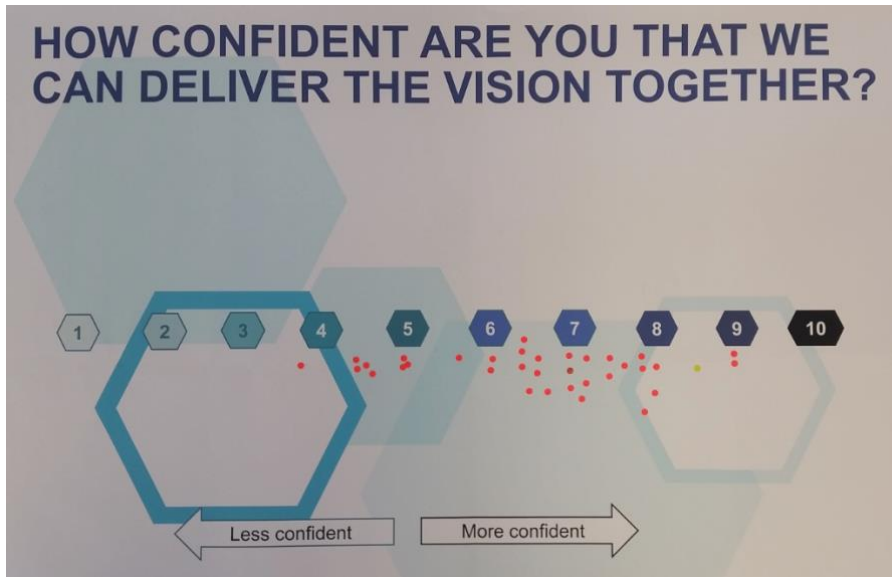


# In 2020, Urgent Care is...



# 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...

Now



Urgent Care will be...

2020

