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.
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
### 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.
**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

- DOS
- Signposting
- Directory of service (DOS)
- 111
- Usage and maintenance is monitored with incentives/penalties
- Used across care settings (health, social and 3rd sector)
- Direct booking
- Up to date
- Information technology (in support of self-care and helping patients to the best access point)
- Co-design
- Involve children, adolescents and carers
- Key to developing access points in the model, branding and self care
- Shared care summary
- Data sharing (as part of demand mapping)
- GP records shared
- Crisis plans to be available across settings
- Use of phone apps
- Confirm wait times of all UC services on call/click/arrival
- Direct booking
- DOS/ MiDoS
- Usage and maintenance is monitored with incentives/penalties
- Used across care settings (health, social and 3rd sector)
Vision – common themes

- **Information technology**: IT systems interfaced, less duplication with simple shared access, digital self-care and self-assessment.
- **Simplify the pathway**: through creation of a clear standard offer (to remove duplication which causes both confusion (what to access, when) and duplication of roles).
- **Patients**: cross setting - mental health awareness, general practice teams, development of the next stage of clinical leaders.
- **Comms - Marketing services and sending out key messages to residents**.
- **Increased use of pharmacy**.
- **Direct booking to reduce hand offs across settings**.
- **Single point of access (SPA & NHS 111) – need to maximise the role of 111**.
- **Clinical accountability to reduce hand offs**.
- **Integrated partnership working UC services/primary/MH**.
Vision – common themes

Self care support

- Use of technology
- Social marketing campaign to promote awareness of UC services (non A&E)
- Care navigators

Empower and educate patients to take responsibility for their wellbeing (supported by tools and professionals)

Payment, incentives and contracting

- Merge and align contracts
- Contracts should have a higher focus on risk sharing and incentives/penalties
- Where possible there should be shorter contracts

Simple access points

- Demand mapping to understand the UC profile (now and future)
- Timely access
- Service mapping (reflected on DOS)

Timely access

Environment suitable for children

Wait times on call/click/arrival the wait times across UC settings should be advertised (promote choice and manage patient expectations)

Health and Social Care pooled budgets

Demand mapping to understand the UC profile (now and future)

- Service mapping (reflected on DOS)
- Wait times on call/click/arrival the wait times across UC settings should be advertised (promote choice and manage patient expectations)

GP incentives at locality level

Ideally a lead provider to provide the whole urgent care pathway
What do patients need? – common themes

What URGENT CARE services and how should they be delivered?

Prevention and self care | GPs | Community services | Hospital care
---|---|---|---
Educate and empower patients to self care | Digital apps to support self-care and self assessment | Speedy and easy access | MDT support to practices | Location is important | Better communications and integration with other services (ED and specialities)
Social media to raise awareness and for group support | Easy to access telephone support | Care navigators | GP practice able to provide triage and sign-posting | Prompt access to specialist advice where needed | Use of patient surveys
Pharmacy support | Shared care plans with patients and across care settings | Embed the emerging federation hub services | | | Discharge planning

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
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.

Self Care and prevention
- Educate and empower patients to take responsibility for their wellbeing
- Develop digital support tools for self-care and professionals
- Develop digital support tools for self-care and professionals
- Maximize the role of 111 as the urgent care single point of access
- Define the pathway in-between prevention and admission
- Develop new and attractive roles
- Develop BHR retention plans (inc. care home and domiciliary care support workers)
- Carers are a key resource - link into LA strategies for carer support
- Merge and align contracts

Information Technology
- Digital self-care and self-assessment
- Extend use of DoS and MiDos
- Clinical information shared across settings e.g. care/crisis plans
- Clinical information shared across settings e.g. care/crisis plans
- Merge and align contracts
- Ideals: Lead provider to provide the whole UC pathway
- Contracts should have a higher focus on risk sharing and incentives/penalties
- Where possible there should be shorter contracts

2016
- Professional support for self-care (care navigators)
- Trial IT solutions/apps with IT savvy children
- Direct booking to reduce hand offs across settings
- Develop BHR as the place to work
- Develop clinical champions for now and the future
- Ensure workforce groups have appropriate clinical leaders involved (e.g. MH)

2017
- Simplify the pathway
- Co-design the urgent care model
- Develop the roadmap and plan
- Develop the roadmap and plan
- Co-design the urgent care model
- Map the current position
- Develop clinical champions for now and the future
- Digital self-care and self-assessment
- Define the pathway in-between prevention and admission
- Develop the roadmap and plan
- Demand
- Urgent care services

Payment incentives and contracting
- Integrated 111 procurement
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Key:
- Action
- Workshop statement
In 2020, Urgent Care is...

One budget
Upskilling
Clear pathways
Shared records
Increase self-care
Better Pharmacy link
Intergrated services

Better access
Linked Third sector
Patient education
Advanced careplans
Empower Parents
Standardisation
Digital solutions
Improved IT
Prevention
Final thoughts and next steps…

How confident are you that we can deliver the vision?

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.

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

_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 _______________
Confusing
Challenged
ED
Inconsistent
Walk-in centre
Inappropriately used
Overstretched
Underdeveloped
Integrated care
Overused

Urgent Care will be... 2020 _______________
One budget
Upskilling
Clear pathways
Patient education
Advanced care plans
Better access
Shared records
Better Pharmacy link
Signposting
Simpler system
Single point access
Digital solutions
Improve IT
Integrated services
Empower parents
Prevention
Link third sector
Parity of esteem
Better communication
Better access to health records
Better communication
Access to specialist services
Simpler system
Co design with patients
Increase self care
Better pharmacy link