Fit for the Future
Working together to keep people well

Report to STP Board: 14 March 2019

Agenda item:	3.3.1
Title:	Out of Hospital Urgent Care Round Table
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Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	**INFORM**

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	**SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED**	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY

Committees/groups where this has been presented to before *(including date)*
None

Purpose of the paper
To provide an update to the Sustainability and Transformation Partnership (STP) Board with regards to the development of a new out of hospital urgent care service specification

The STP Board is invited to:
Note the update and that the project remains on track to deliver a specification by the end of March 2019.

1. INTRODUCTION / BACKGROUND

There is agreement from all parties that the current out of hospital urgent care provision is sub-optimal and that there is significant opportunity for improvement. Through a series of round table meetings with community partner/provider organisations discussions have taken place to set out and agree the expectations of any new service.

The overarching aim is for the eventual service to provide a local and simple integrated 24/7 urgent care service which delivers effective patient outcomes, that reduces duplication and maximises the workforce.

There is a need to:

- Decrease the inappropriate use of emergency departments;
- Provide timely access to appropriately qualified health & social care professionals;
- Provide patients with a wider “at home” option;
- Improve access to urgent appointment through scheduling non-scheduled care; and
- Improve the availability of information.

The round table discussions have agreed a set of design principles that any new look service would need to adhere too. These design principles are outlined below.

1. That the model will be based on the premise that the only route through to ED will be via ambulance or a central triage service principal (i.e. no self-referral footfall);
2. That we need to take into account a variety of infrastructure support services to enable the model to operate i.e. patient transport;
3. That we build the model around patient case examples to test the thinking and development; and
4. That we include patient engagement as we now shape the model in full detail.

The process to develop the specification and eventual solution will run using previously used ‘Constructive Collaboration’ approach, where the Commissioner will facilitate the parties in working out the solution together and agreeing their role.

The main question is, can we get ‘more’ value and ‘better’ outcomes working with people to get a most capable provider procurement. If the Commissioner, Healthwatch and or the providers at any stage believe it would be in the best interests of the public or better value to return to a traditional procurement route of commissioner created specifications and open tender we will stop the constructive collaboration process.

The timeline for phase 1 of this project is to set out the service specification by the 31 March 2019. This specification will then form the instruction to the providers to set out the solution with the aim to establish a service to run in pilot form by October 2019.

2. BODY OF REPORT

The round table set out to agree the specific cohorts of patients where it felt there was the most scope to case test their current interaction with urgent care in order to identify the ‘must

dos' and 'should dos' in any future specification. There were 10 patient cohorts signalled as requiring an in depth discussion regarding current challenges and constraints

These cohorts were:

Complex conditions Inc. Frequent users
Mental Health
Children and Young People
Socially Isolated
People in their 40's
Transactional e.g. Needing Prescriptions
Falls
Care Homes
Palliative / End of Life
Ambulatory investigation & treatment

Individual workshops, attended by commissioner and out of hospital urgent, primary and community care providers have taken place for each of the 10 patient cohorts outlined above.

There have been some key themes in terms of requirement of any future solution:

- The cohort activity follows service convenience. ED is convenient;
- Require one central point of access that can direct & book patients to any service;
- Will need to funnel all services towards the single point of access;
- Provide multiple way to access primary care services;
- Visibility of patient information across all providers and therefore improve IT integration;
- Need clear agreed clinical agreement on risk appetite when determining the appropriate use of ED;
- Must be prepared to divert away from ED;
- Must provide a way for patients who do not speak English as a first language to engage with other parts of the system other than ED;
- Primary care accessibility needs to be consistent, multi-channelled and 24 hours a day;
- Primary care must be able to deal with the on the day activity;
- Services need to be actively marketed;
- Need to eventually cease the encouragement of all "walk in" services not just ED.
- Provide the capacity where it is needed and schedule unscheduled care; and
- Ambulances need to be able to convey to destinations other than ED.

The actions to be completed in the next month:

- Further stakeholder engagement including patients;
- Refinement of initial requirements;
- Engagement of Secondary Care colleagues to share the design principles for out of hospital care;
- Steering group discussion 11 March 2019;
- Baselining of current services; and
- Drafting the initial specification.

3. RECOMMENDATIONS

The STP Board is asked to note the update and that the project remains on track to deliver a specification by the end of March 2019.

27 February 2019