

# West Yorkshire Joint Health and Overview Scrutiny Committee

## Urgent and Emergency Care Programme

### Introduction

The purpose of this paper is to provide the West Yorkshire JHOSC with a briefing on the activity taking place through the West Yorkshire & Harrogate Urgent and Emergency Care Programme. This includes a description of the Programme Board and the five A&E Delivery Boards' roles.

### 1. Urgent and Emergency Care Programme

The UEC Programme is run through a network of commissioners and providers of urgent and emergency care services across West Yorkshire and Harrogate (the UEC Programme Board). This also includes the Ambulance Trust (for NHS 111 and 999); GP Out of Hours service, from all five A&E Delivery Boards and NHS England/NHS Improvement. A small team is based within the WY&H Partnership to facilitate delivery. The Programme Board, through member organisations, provides support to A&E Delivery Boards where they identify requirements beyond the local footprint; and where there is advantage in delivering uniformity in the provision of a standard of care across all our places.

The programme currently leads on:

- 100% of the population to have access to an integrated urgent care Clinical Assessment Service by March 2019
- Working with CCGs, the GP Out of Hours Service and NHS 111 to increase the number of patients receiving advice.
- Bookable face to face appointments in Primary Care services through 111 where needed
- A WY&H campaign – 'looking out for your neighbours'
- Identifying and sharing good practice across A&E delivery boards

A "Commissioners only" meeting also takes place monthly to discuss any plans for procurement of WY&H wide UEC services.

### 2. A&E Delivery Boards

- a) NHS England and NHS Improvement hold CCGs and Acute Trust providers to account for the delivery of NHS Constitutional standards around achieving the 4 hour A&E Standard and reductions in Delayed Transfers of Care. Commissioners and Providers across each hospital footprint have formed A&E Delivery Boards which are made up of local urgent and emergency care commissioners and providers alongside NHS England (Bradford & Craven covering 2 hospital trusts; Calderdale and Greater Huddersfield; Harrogate and Rural Districts; Leeds; and Mid-Yorkshire)

- b) Local A&E Delivery Boards oversee responsibility for:
- Leading A&E recovery;
  - Developing plans for winter resilience and ensuring effective system wide surge and escalation processes exist;
  - Supporting whole-system planning (including with local authorities) and ownership of the discharge process;
  - Design and delivery of local urgent and emergency care transformation
- c) The five A&E Delivery Boards as members of the Programme Board maintain responsibility for the operational leadership and coordination of local services, coming together with partners in the West Yorkshire & Harrogate Urgent and Emergency Care Programme Board in order to ensure coordination of the overall NHS urgent and emergency care strategy across the Programme Board area and the wider bordering regional areas.

### 3. Key areas of work within the WY&H UEC programme

a) **100% of the population to have access to an integrated urgent care Clinical Assessment Service by March 2019**

Central to an Integrated Urgent Care service which simplifies access for patients and increases confidence in services is the 'Clinical Assessment Service (Clinical Hub)'. It offers patients access to a wide range of clinicians, both experienced generalists and specialists.

In July 2015, West Yorkshire was one of eight Urgent and Emergency Care (UEC) Vanguards selected by NHS England as part of its New Care Models Programme. The WYUEC Vanguard was a multi-faceted programme in response to challenges faced by the UEC system. In West Yorkshire we used the Vanguard programme to establish the Clinical Assessment Service within NHS111. Over the past year we have worked with our partners in Humber, Coast & Vale and South Yorkshire & Bassetlaw to jointly re-procure the Integrated Urgent Care "Clinical Assessment Service". The programme's role was to ensure that the future specification enabled connectivity to sources of local clinical advice across West Yorkshire and Harrogate. This was built into the specification which was re-procured in 2018 we are now in mobilisation phase for the new service to commence in April 2019, with YAS providing the NHS111 telephony services, call handling and core Clinical Advice Service. We are on track to deliver.

### **b) Working with CCGs, the GP Out of Hours Service and NHS 111 to increase the number of patients receiving advice.**

When a person phones NHS111 and it is identified by the call handler that they would benefit from speaking to a clinician on the phone, there is a requirement from NHS England that by March 2019 50%+ of calls receive clinical assessment (either from the 111 service itself or through locally commissioned services).

The programme has also used transformation monies from NHS England to fund a number of initiatives to improve the levels of clinical advice. This includes:

- Investment in our West Yorkshire GP Out of Hours Service to redesign patient flows and protocols. The West Yorkshire GP Out of Hours Service is run by Local Care Direct and is commissioned by Greater Huddersfield CCG on behalf of all the West Yorkshire CCGs. The management of this contract is out of scope of the Programme Board but commissioners from across all the CCGs are involved in on-going service developments. One example of the work is increasing number of clinicians who triage patients waiting for home visits to reassess their appropriateness for a home visit or referral elsewhere within the Out of Hours service. This began as a pilot in December 2018.
- Investment within the NHS 111 service to increase the number of patients who initially are recommended to attend A&E and ensure a clinician has a direct conversation with the patient to assess if this is the right place for them to go. We have invested with NHS 111 to see an extra 725 patients a week clinically validated over the winter period.

We are estimating that by the end of March 2019 47% of patients who could benefit from clinical advice receive this, either through NHS 111 or other locally commissioned services (against a national target of 50%+). This target is to continue within the **NHS Long Term Plan**.

### **c) Bookable face to face appointments in Primary Care services through 111 where needed**

Two years ago West Yorkshire and Harrogate Health and Care Partnership were involved in a pilot to implement direct booking in to primary care from NHS 111. The pilot has now evolved in to a WY&H project to enable all extended access hubs, out of hours services; urgent treatment centres and some GP practices and is now part of a national drive to increase the availability of direct booking into appointment slots.

The principle behind direct booking is that patients are directly booked in to appointments by call handlers at NHS 111, into the most appropriate service that the 'directory of services' returns, based on the patient's symptoms and where the directory of services prioritises that patient needs to 'speak to' or 'contact' primary care.

The UEC Programme has also included any locally identified GP practices as part of the ongoing project, so as many sites as possible will be available for direct booking, enhancing the patient journey and experience. This has now been included in the **NHS Long Term Plan** published in January 2019, saying that as from 2019, NHS 111 will start direct booking into GP practices across the country. At the week commencing 31st January 2019 there were 43 live GP practices from a total of 233 that can currently be technically enabled (18%), across the region taking direct bookings from NHS 111. There are further GP practices booked in for configuration in the coming weeks so the live numbers should increase steadily.

There have been some complex technical issues that have affected the enablement of extended access services and have also affected GP practices with branch sites. 60% of extended access sites and 31% of GP practices. Currently there is no resolution for this technical issue and we escalated this to NHS England and NHS Digital in autumn 2018 as it requires a national solution to software issues.

Direct booking in to GP out of hours services is live across West Yorkshire and Harrogate. West Yorkshire and Harrogate are currently at 23% against the national target of 30% of patients direct booked in to appointments from NHS 111. This figure should rise steadily in line with the increasing numbers of services being enabled for direct booking, but is hampered by the number of sites which cannot be enabled.

### **d) A WY&H campaign – 'looking out for our neighbours'**

This campaign is supported and funded by West Yorkshire and Harrogate Urgent and Emergency Care Programme Board and covers Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield. The total budget is £60,000. There is no cost to partners and supporters.

We know that not only hospitals and doctors keep people well; a person's life choices are also important. We need to see a change in people's behaviours, built on trust and empowerment, where the benefits of self-care, early help and preventing ill health can flourish. The success of this relies on our employees and communities more than any other stakeholder groups. If we can re-engage communities in looking out for their neighbours by providing local tips for micro wellbeing and social care interventions at a neighbourhood level, then we have

the potential to positively impact on the high and increasing demand on health and care services.

### The main drivers of our campaign are:

To encourage communities to look out for vulnerable people thus reducing demand on health and care services through early help and preventing ill health.

To prevent loneliness in the community and its associated health issues that lead to strains on health and care services.

### Our partners and supporters

Communication and engagement leads across WY&H are supportive of the campaign. This includes hospitals working together (West Yorkshire and Harrogate Association of Acute Trusts) Council and CCG heads of communications; Healthwatch (x6), carers and VCS programme leads. Many other partners and supporters are on board including Yorkshire Ambulance Services, housing organisations; Jo Cox Loneliness Programme. Chairs of Health and Wellbeing Boards have been updated.

### What next?

We are collating a list of resident campaign champions and supporters to help with campaign delivery at a local level. We are working with local engagement leads to identify people / organisations before the campaign goes live. This will help to ensure we make the most of all our networks.

We aim to create an overarching campaign brand born out of our insight findings. We are testing the campaign materials with four communities. From 28 February until 6 March we will undertake further conversations and testing of the materials before refining the resources ready for wider roll out week beginning 15 March.

A further update will be provided in the coming months, including details on how we will continue the campaign in summer if the pilot is a success. There is already interest in phase two, for example working jointly on the Great Get Together and children and young people's loneliness.

We will conduct an evaluation of the campaign in May/June. We will measure opinions against the baseline insight and we will set out to find the difference (if any) the intervention has made in each area drawing upon case studies and anecdotes from the public. The University of Leeds will analyse the interviews so we can provide a more robust report on the impact of the campaign.

### **e) Identifying and sharing good practice across A&E delivery boards**

The UEC programme board is used as a forum for local areas to share good practice and encourage areas to adopt any good practice emerging. For example, we recently shared the work at Bradford Teaching Hospitals NHS Foundation

Trust, who have developed a standardised service intervention with families called the 'Ambulatory Care Experience (ACE).' ACE aims to provide an alternative to a hospital referral or admission for children and young people (CYP) who have become acutely unwell with common childhood illnesses and need a period of observation after initial assessment for up to three days. ACE provides care out of hospital - in a CYP's own home. Consultant Paediatricians take clinical responsibility for these CYP from the point of referral from primary care, ED and the Children's Assessment Unit in a 'virtual ward'. The cost of a hospital admission is ten times the cost of a community nurse home visit.

To the end of April 2018, 107 referrals were made on the first pathway - the 'wheezy child' and saved 105 bed days. York University are providing an independent service evaluation. The ACE programme was subsequently discussed at the West Yorkshire & Harrogate Clinical Forum in January 2019 with support to further develop the good practice across West Yorkshire and links have now been made to the Maternity services programme.

The project was recently crowned winner of the Health Service Journal (HSJ) Improvement in Emergency and Urgent Care Award.

#### **4. Key risks to the UEC Programme**

- 50%+ clinical assessment/advice remains challenging to deliver. Mitigating actions include working NHS 111 and GP Out of Hours to identify where this can be further increased
- National IT issues impede rollout of Direct Booking. Mitigating actions include working with CCGs to ensure extended access services are profiled on the Directory of Services so mobilisation can be expedited as soon as the IT issues are resolved.

#### **5. The NHS Long Term Plan**

Over the coming months we will be working with our local Places to identify where the programme can help deliver the asks around urgent and emergency care. The Long Term Plan seeks to further expand and reform urgent and emergency care services to ensure patients get the care they need fast and relieve pressure on A&E departments. Further development of the Clinical Assessment Service and Direct Booking into Primary Care will be two of the key areas for us to work collaboratively and at scale.

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