Appendix 1

NHS
Leeds
Clinical Commissioning Group

REPORT FOR ADULTS, HEALTH AND ACTIVE LIFESTYLES SCRUTINY BOARD
SAME DAY RESPONSE SERVICES IN LEEDS
UPDATE PAPER SEPTEMBER 2021

Prepared by:
Adam Cole, Senior Manager, Same Day Response
Kirsty Turner, Associate Director Primary Care

1. Background

1.1 Same Day Response (SDR) health and care services continue to be at the forefront of the NHS priorities due to the unprecedented demand on same day services. This has grown year on year due to a number of factors including:

- An increasing ageing population with more complex needs
- SDR services present a confusing variety for the public for example: walk in centres, urgent treatment centres, 111, extended access, same day GP appointments, and the Emergency Department (ED) all of which you can receive care on the same day
- People often perceive that it is difficult to get a GP appointment when required or convenient which potentially drives attendances to other parts of the system
- Services such as NHS 111 are still seen as new to many and we know the vast majority of on day demand is still 'walk in'.
- People trust the A&E brand – they know what to expect and think they get better care
- There is inconsistent triage and assessment across Same Day Response services

1.2 The SDR programme covers several different services including Emergency Departments, Yorkshire Ambulance Service (999 and 111), Urgent Treatment Centres, Same Day Emergency Care (SDEC), Walk in Centres, Extended Access Primary Care services, Single Points of Access, Same Day Primary Care appointments and mental health services.

1.3 The Same Day Response Partnership Group oversees the SDR strategy and longer-term projects. This is a formal group which is chaired by the Associate Director of Integration.
The Stabilisation and Reset group (System Silver) oversees the short term (0-6 month projects). It is chaired by the NHS Leeds CCG Associate Medical Director. Both groups have representation from across the Leeds health and care system. The SDR transformational projects have been developed through a variety of sources, for example the NHS Long Term Plan 2019, Newton Europe Review and through systemwide engagement.

1.4 The already increasing demand on SDR services over previous years has been further exacerbated by the Covid-19 pandemic and the effects of coming out of lockdown where people may not have been/felt able to access the care they want/need at the time it was needed.

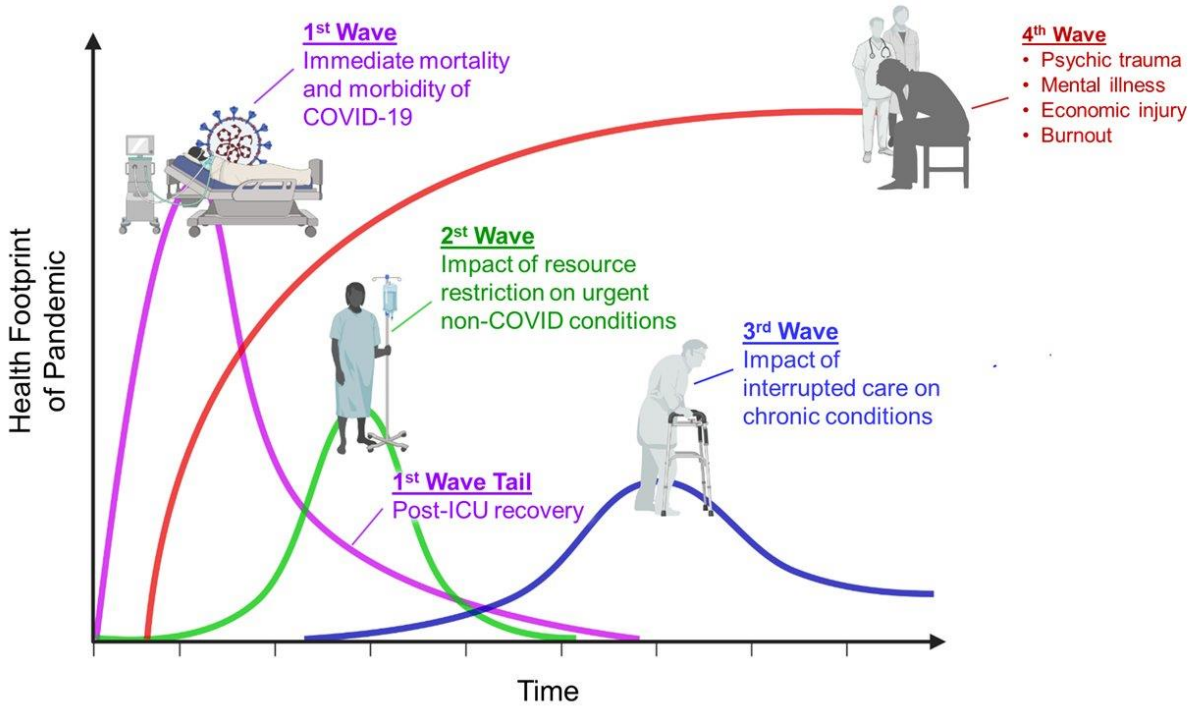
1.5 Covid-19 has had a significant impact on the way patients access services; there have been radical changes in the use of telephone and digital solutions to meet patient needs and ensure people access the most appropriate service based on their needs; whilst also protecting front line clinicians from unnecessary face to face contact (to reduce possible transmission).

1.6 There has also been a shift in the way services are delivered with many elements of healthcare moving towards a triage and assessment model as the first point of contact for patients including in General Practice, Urgent Treatment Centres, Walk in Centre and through the 111 First campaign. This has seen the expansion and rapid progression of long-term strategic initiatives like the West Yorkshire wide Clinical Hub moving to operate as a 24/7 Clinical Assessment Service (CAS).

1.7 The CAS has driven some of the change in activity we have seen across same day response and primary care services and has provided many benefits to the Leeds system in terms of patient convenience and experience. The CAS enables approximately 70% of calls to be closed on the first call through telephone assessment. For those patients who do need to be seen, they are directed to the correct place ensuring patients get the right access first time.

1.8 There has always been a Public Health "footprint of a pandemic", drawn from learning from previous pandemic experiences across the world. The illustration illustrates the four waves the pandemic will work through. In the below illustration, a wave is a phase of the pandemic and should not be confused with the waves of incidence of infection.

1.9 The first wave in the illustration represents the immediate mortality and morbidity of Covid. Wave 2 on the illustration is created by the inevitable impact on resource restriction on urgent non-Covid conditions. Both of these waves align well with each of the waves of incidence we have been through with Covid-19. The illustration shows the long-term effects of Wave 4 starting typically including psychological trauma; mental illness, economic injury and burnout. Wave 3 is the last of those described in the illustration and starts after Wave 4 – this is the impact of interrupted care and we need to consider these each of these waves when we review the current system demand.



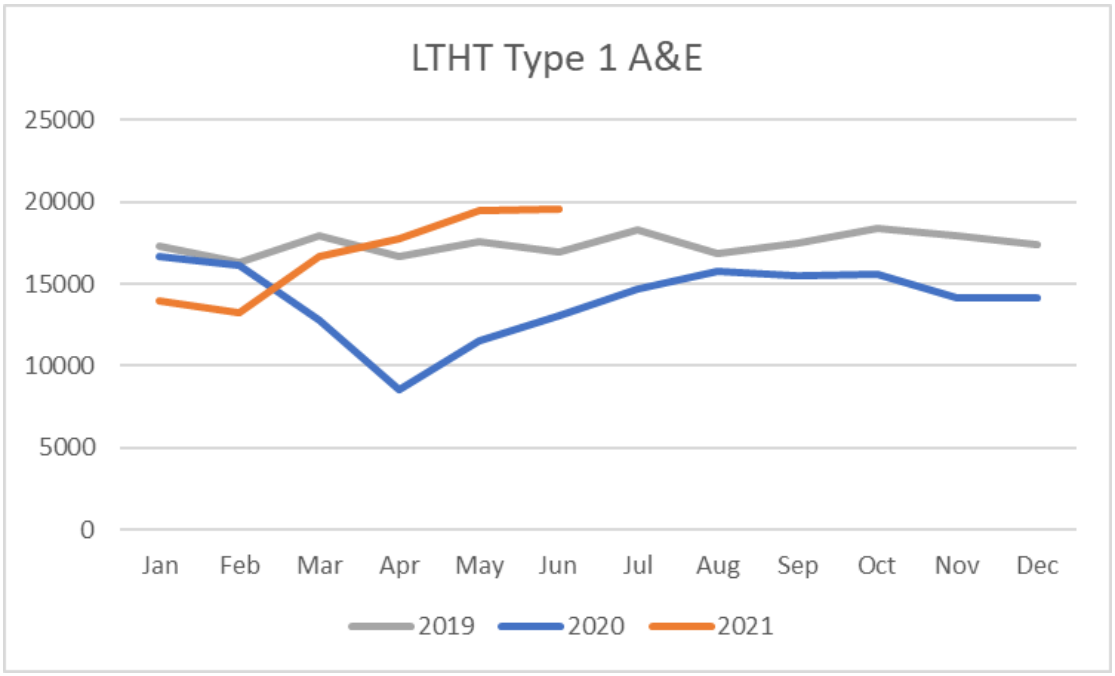
2. Urgent and Emergency Care – Current Situation

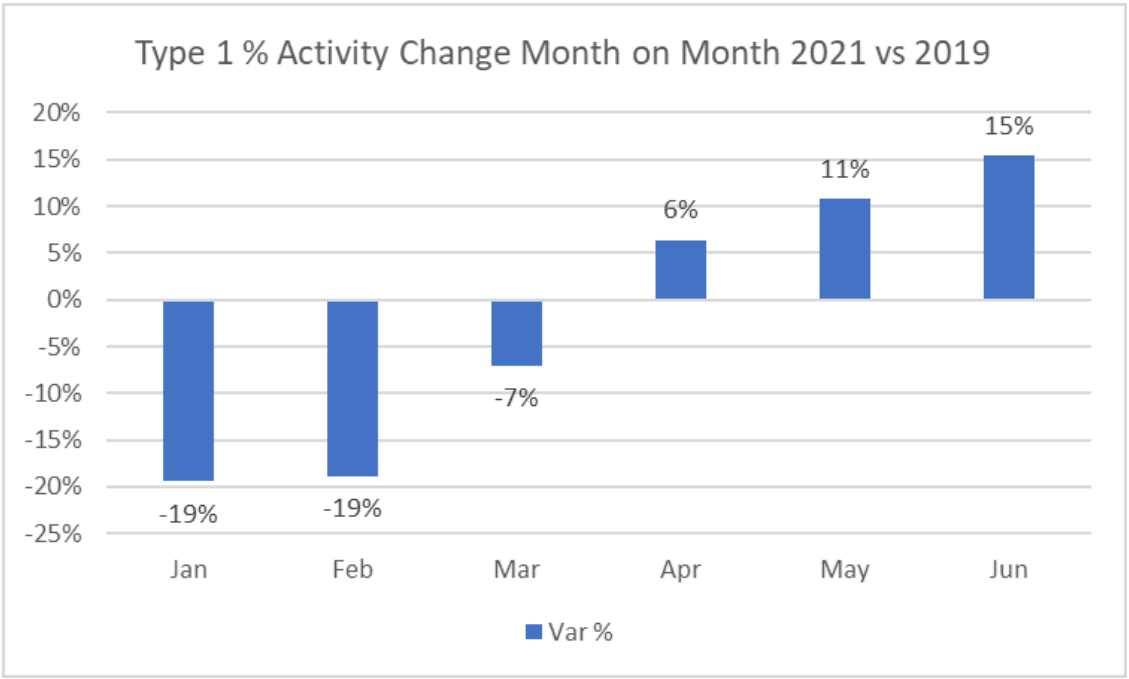
2.1 There has been significant pressure on SDR services since March 2021 particularly in Urgent and Emergency Care settings e.g. ED, 111

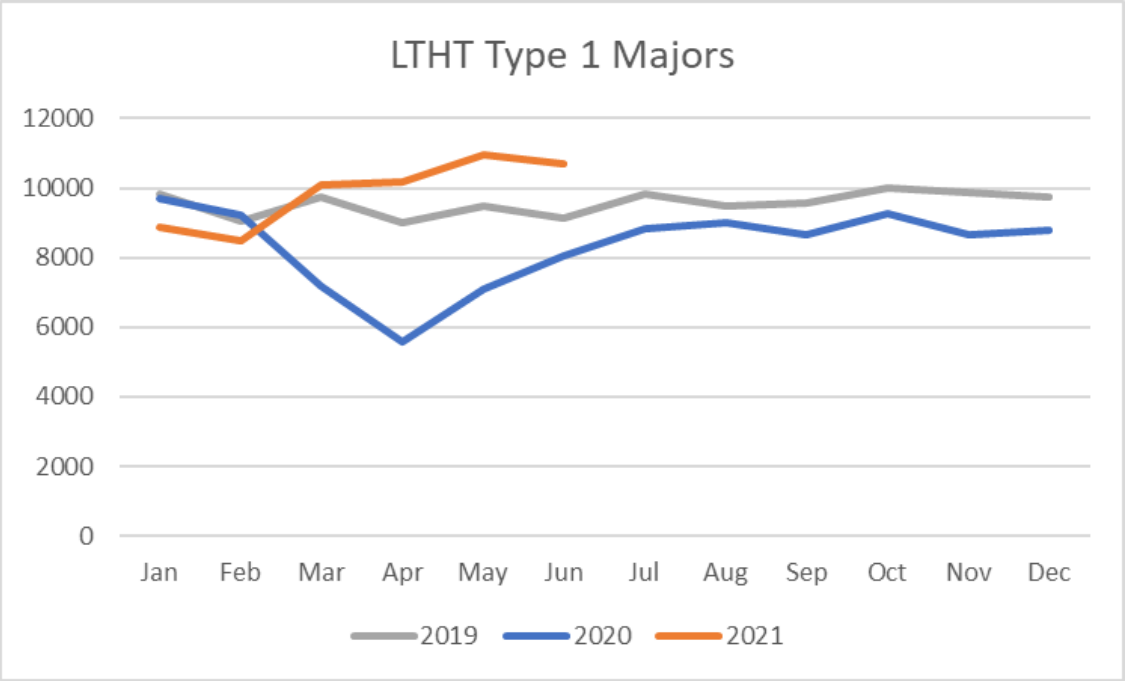
2.2 Both EDs have seen increasing numbers of patients particularly those attending with a lower acuity presentation which could have been treated by a different service. The LGI site has seen its highest ever attendances on a number of occasions between June and July. This has been

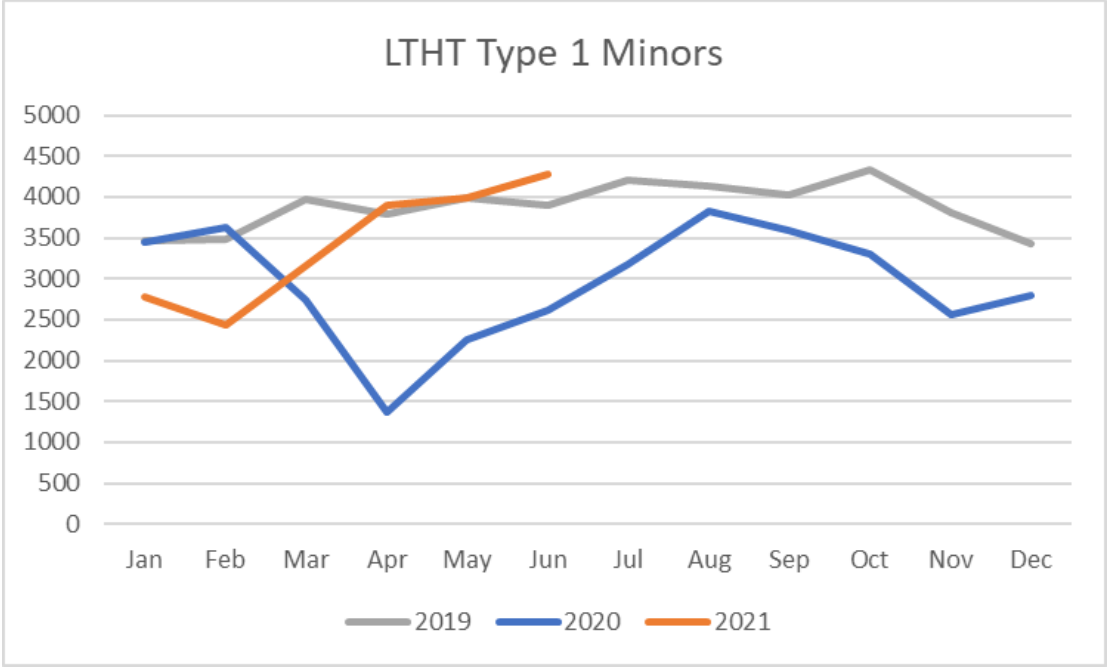
coupled with social distancing requirements and has led to physical overcrowding in the departments and impacted patient and staff experience.

2.3 The graphs below show current attendance numbers together with those of previous years. ED has seen a 15% increase in type 1 presentations when compared to June 2019 (for comparison with a “normal year”). There is a further graphical breakdown into those classed as major presentations and those classed as minor attendances.






LTHT Type 1 Majors
12000
10000
8000
6000
4000
2000
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2019
2020
2021

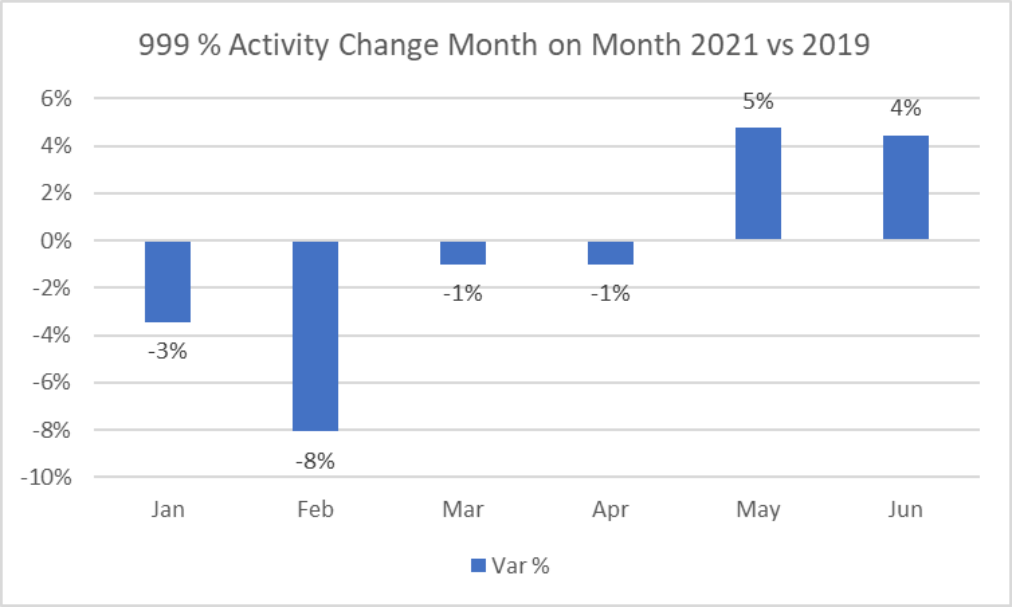

LTHT Type 1 Minors
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2019
2020
2021

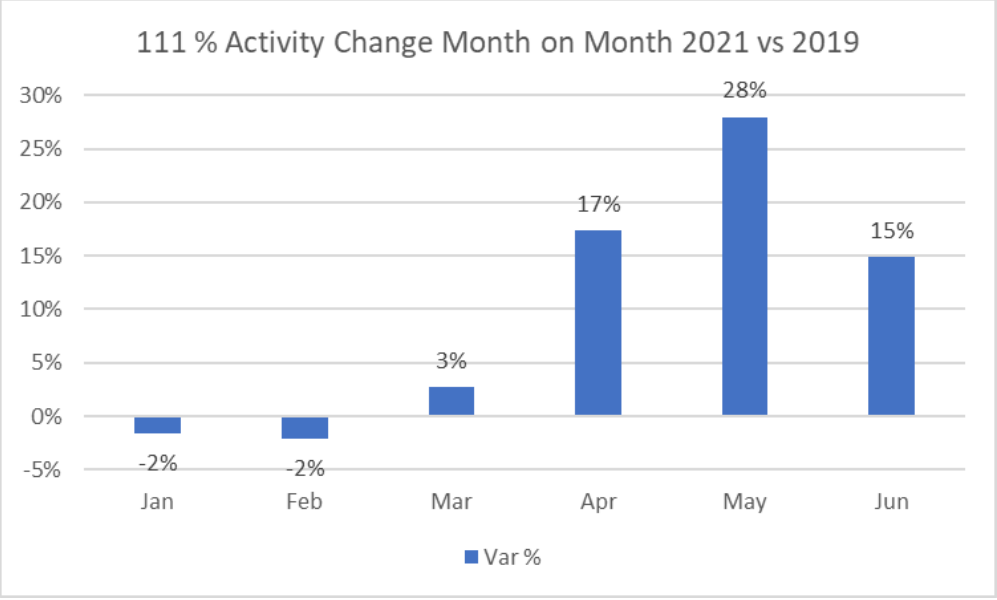
2.4 The graphs above show there has been a 17% increase in major presentations, 10% increase in minor presentations (June 2019 vs. June 2021). NB. This data represents coding by location and therefore this data probably understates how many people have minor presentations as when the minors area is full, people are seen in the majors areas

2.5 There are a growing number of paediatric attendances at emergency departments and more anticipated increases in Respiratory Syncytial Virus across the summer that could lead to further increases at Emergency Departments and inpatient numbers. This has led to a 26% increase in attendances at the Paediatric ED when compared to June 19.

2.6 The two Urgent Treatment Centres in Leeds have seen increased demand with a 2% increase on 2019 figures in St Georges and a 10% increase on 2019 figures at Wharfedale.

2.7 999 and 111 calls are also well above forecasted levels when compared to June 2019





2.8 This is all being managed by a workforce which is having to deal with burnout, staff isolating and unprecedented levels of public abuse and frustrations

3. General Practice – Current Situation and Background

3.1 There are now 93 practices in Leeds serving a registered population of 898,870 all of whom have had to rapidly adopt a different operating model in order to respond to the Covid 19 pandemic.

3.2 In March 2020, specific guidance was issued directing practices to implement the following models:

1. Move to a total triage system (whether by phone or online)
2. Agree locally with your CCG which practice premises and teams should be used to manage essential face-to-face services
3. Undertake all care that can be done remotely via appropriate channels
4. Prepare for the significant increase in home visiting as a result of social distancing, home isolation and the need to discharge all patients who do not need to be in hospital
5. Prioritise support for particular groups of patients at high risk
6. Help staff to stay safe and at work, building cross-practice resilience across primary care networks, and confirming business continuity plans

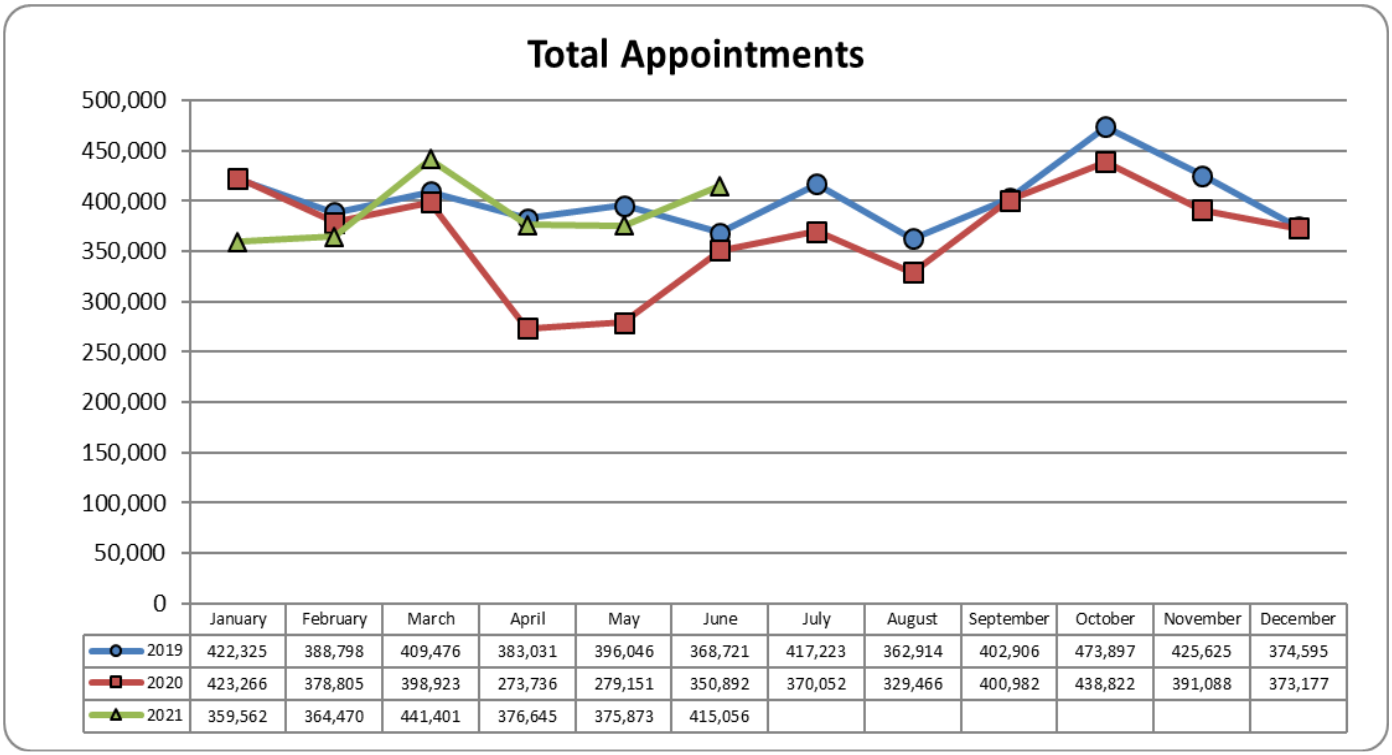
3.3 Additionally, many routine services were suspended for the latter part of 2019/20 and Quarter 1 of 2020/21 to focus clinical resources in managing patients with Covid or to support patient/staff safety.

3.4 On 14 May 2021, NHS England and NHS Improvement issued a communication to all General Practices setting out specific expectations on the availability of face to face services, providing choice to patients and ensuring that patients can access the building.

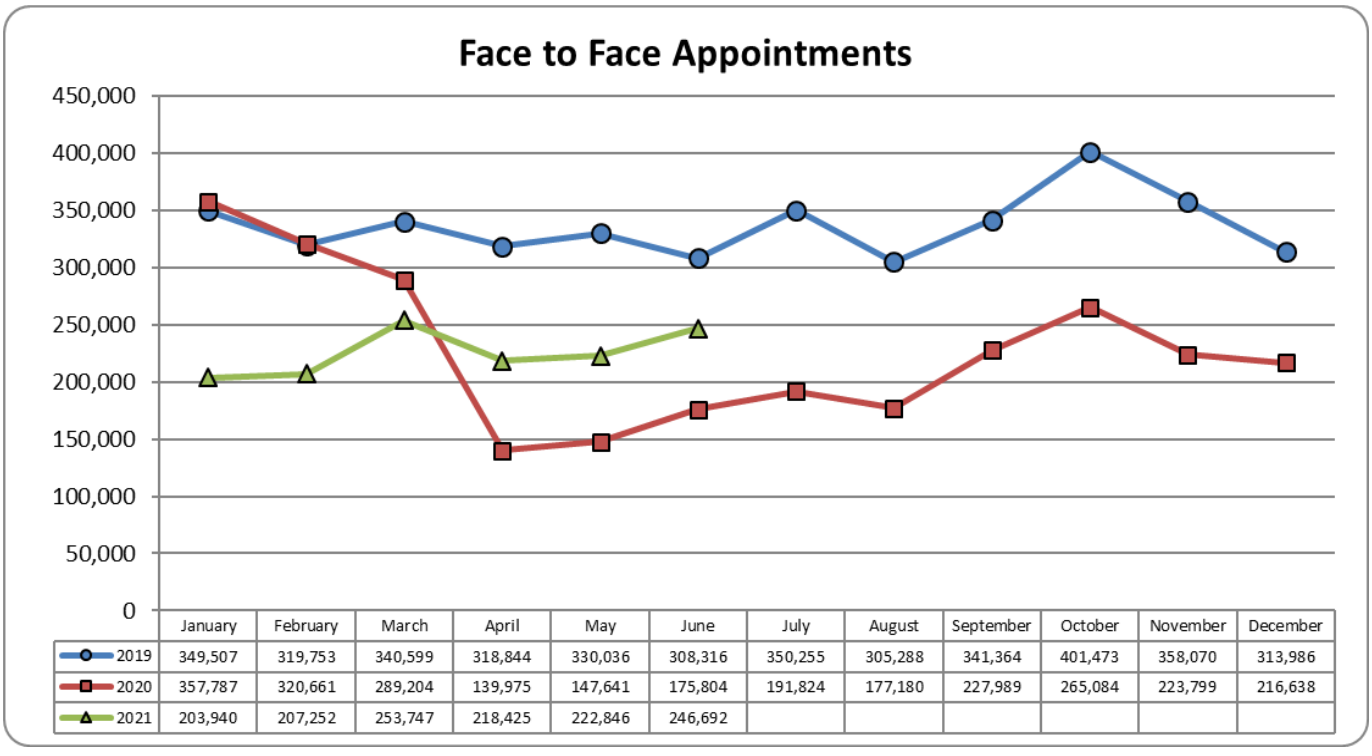
3.5 In Leeds, we have sought assurance on the availability of face to face appointments and recognise that practices have been working within a Standard Operating Procedure which sets out the expectation that practices should provide remote triage first which not only ensures patients needs are supported in the most appropriate way but also reduces the risk of transmission of Covid. All practices following this triage provide a face to face appointment where this is deemed clinically necessary and this is an approach we continue to support.

3.6 The data below shows that the shift in the type of appointments has continued as practices provide remote triage. However, the number of face to face appointments has continued to rise. Some specific points in relation to the most recent data available include:

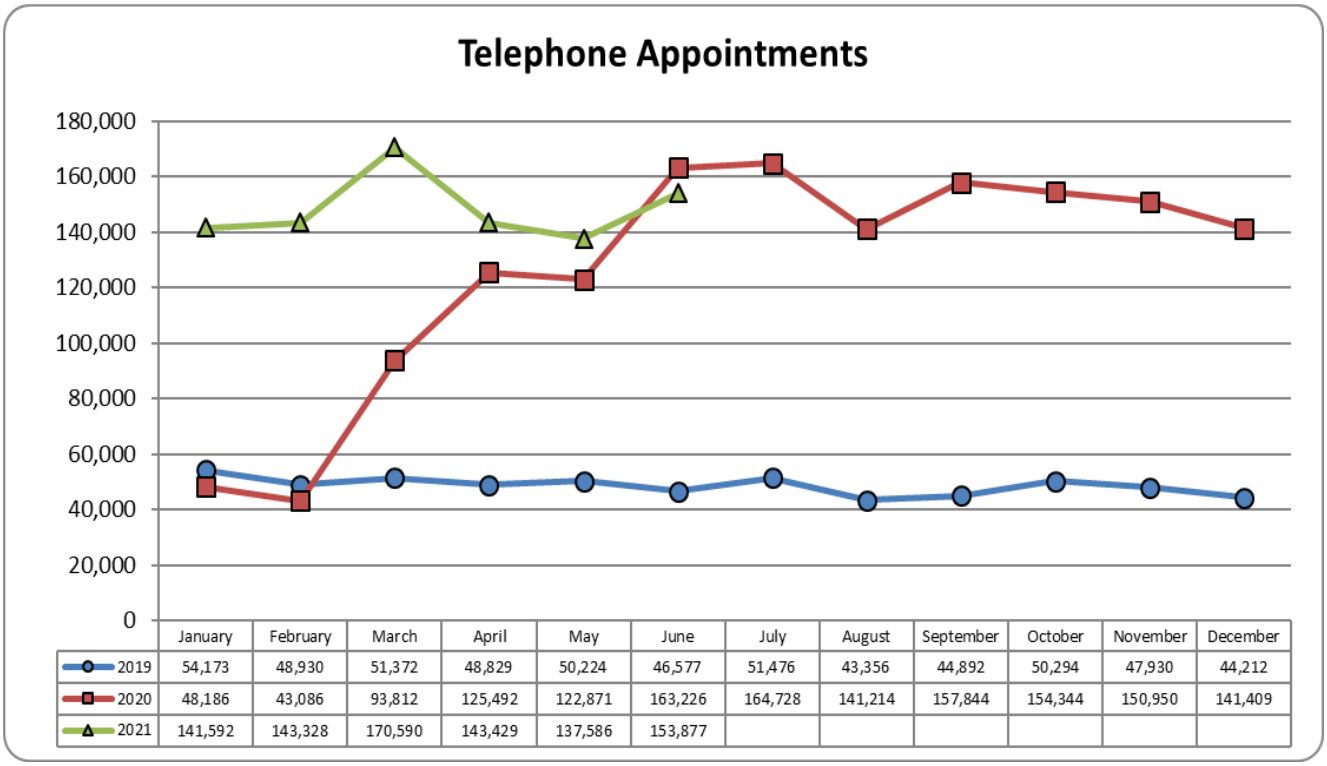
- The increase use of telephone appointments can first be seen in March 2020 where 93,812 appointments were used. This increase has continued throughout 2020 and 2021 with 153,877 telephone appointments in June 2021 which is an increase of 230% compared with the same period in June 2019.
- The total number appointments in June 2021 was 415,056 which is a 12.6% increase on pre-pandemic levels (compared with June 2019).
- There were slight variations in April and May 2021 which could be attributed to the 2 bank holidays in both months.
- There were 246,692 face to face appointments in June 2021 which accounts for 59% of all appointments. Pre-pandemic (2019) face to face appointments accounted for 83% of all appointments and during 2020 this was 50%.



	January	February	March	April	May	June	July	August	September	October	November	December
2019	422,325	388,798	409,476	383,031	396,046	368,721	417,223	362,914	402,906	473,897	425,625	374,595
2020	423,266	378,805	398,923	273,736	279,151	350,892	370,052	329,466	400,982	438,822	391,088	373,177
2021	359,562	364,470	441,401	376,645	375,873	415,056						



	January	February	March	April	May	June	July	August	September	October	November	December
2019	349,507	319,753	340,599	318,844	330,036	308,316	350,255	305,288	341,364	401,473	358,070	313,986
2020	357,787	320,661	289,204	139,975	147,641	175,804	191,824	177,180	227,989	265,084	223,799	216,638
2021	203,940	207,252	253,747	218,425	222,846	246,692						



	January	February	March	April	May	June	July	August	September	October	November	December
2019	54,173	48,930	51,372	48,829	50,224	46,577	51,476	43,356	44,892	50,294	47,930	44,212
2020	48,186	43,086	93,812	125,492	122,871	163,226	164,728	141,214	157,844	154,344	150,950	141,409
2021	141,592	143,328	170,590	143,429	137,586	153,877						

3.7 The CCG will continue to support general practice to improve access through the following longer term priorities identified through the planning guidance:

- support those practices where there are access challenges so that all practices are delivering appropriate pre-pandemic appointment levels.
- continue to support practices to increase significantly the use of online consultations, as part of embedding total triage.
- Support their PCNs to work closely with local communities to address health inequalities. The ongoing effort to tackle the backlog of clinically prioritised long-term condition management reviews, including medication reviews and routine vaccinations (supported via the re-introduction of QOF indicators from April).
- Workforce expansion in general practice.
    - Recruitment of PCN roles to be in place by the end of the financial year, in line with the national target of 26,000 by 2023/24
    - expand the number of GPs and thereby;
    - continue to make progress towards delivering the national target of **50 million** more appointments in general practice by 2024

4 Actions to address current demand in Same Day Response Services

4.1 The Leeds system is working positively together through existing governance structures to address the increase in demand. System silver continues to meet weekly to oversee the implementation of agreed actions and identify opportunities for joint approaches to support partners from across the system.

4.2 Specifically, a plan to support improvements to 'Same Day Services' has been established which aims to bring together a number of actions to address the current pressures being faced. Whilst this plan addresses some immediate terms actions it should be seen as part of the overall transformation of Same Day Response programme of work referred to elsewhere in the paper. A summary of the short-term actions include:

SDR Workstream	Action	Objective/Result/Benefit
Patients can receive timely same day response through increased overall capacity in the system	Increase Primary Care capacity through COVID recovery funding	Increase General Practice capacity to support patients receiving timely access and reduce in call waiting
	Process of 111 Online validation to be tested to support potential avoided ED attendances	Potential reduction of ED attendances.
	Increase capacity within CRISS (Crisis Response and Intensive Support Service) to provide support into the system	Increase number of service users receiving timely access to secondary care MH crisis services
Patients are able to access the right service, at the right time, in the right place that best meets their need	Increase number of practices participating in Community Pharmacy Consultation Service	Improve patient satisfaction through signposting to alternative services
	Test and Develop Minor Illness Offer	Increase streaming from LGI front door with additional capacity to reduce wait times
	Maximising use of Extended Access	Improve patient satisfaction through signposting to other available services
	Develop Care Navigator Role to smooth transition from points of access through to MH Crisis Services	Service Users access the right service
	Increase capacity with third sector crisis support services	Service Users access alternatives to A&E and secondary care MH services
Patients not needing hospital or specialist services are offered suitable alternatives	Response plans for children requiring a same day response	Avoidance of Children's hospital/ED attendances Increase capacity for children's attendances
	Extend community virtual ward offer	Increase daily case load from 40 to 60, increasing opportunity for both step-up and step-down use (NB key assumption in risk section)

4.3 Consistent communication on the availability of services and to encourage citizens to 'Choose Well' are essential. Additionally, we need to ensure we address the growing levels of abuse being reported towards health and care staff who have worked tirelessly throughout the pandemic and continue to do so.

5 Strategic Same Day Response Plan

5.1 The Leeds health and care system has been working together for a number of years to develop the Same Day Response Strategy for Leeds and the programme can be split into the following four areas:

- Develop access to services for people who need a same day response ensuring people are directed to the right place first time for their health and care needs
- Develop the Same Day Response Community and Primary Care offering ensuring people are able to get the most appropriate care in the community 24/7
- Develop an effective Ambulance service
- Develop the Emergency Department and Same Day Emergency Care Models

5.2 A summary of the key longer-term action plan is included in the table below:

SDR Workstream	Action	Objective/Result/Benefit
Develop an efficient and effective 111 service	Maximising the usage of the DOS and service finder for: • single points of access (SPAs) including SPUR/MH SPA/PCAL/CAS. • Primary Care for minor illness • Same Day Emergency Care Services (SDEC) • Urgent Treatment Centres • Emergency Department Increasing the utilisation of direct booking from 111 into SDR services including Pharmacy, General Practice, Urgent Treatment Centres, SDEC and ED Further developing the West Yorkshire Clinical Assessment Service	People are directed to the most clinically appropriate place and treated at the first point of contact where possible.
Create an integrated single point of access (SPA) journey for patients and professionals across all Leeds SPAs	Develop pathways between SPUR, PCAL, MH SPA, CAS, 111 and 999 to create an integrated Single Point of Access offer in Leeds.	A seamlessly integrated service ensuring people get the same access to services wherever they present through the city's SPAs.
Create a 24/7 Primary Care offering	Improve the primary care offer through a quality improvement access programme incorporating general practice, Extended Access, community pharmacy and GP Out of Hours	Facilitates the left shift bringing care closer to populations and improving access to primary care
Develop the Urgent Community Response offer in Leeds	Deliver the national 2-hour and 2-day Urgent Community Response standards by April 2024 through development of virtual wards, improved night care home response, implementing national data sets and guidance and developing clinical.	Prevent admissions through the provision of urgent responses in the community and provide early multi-agency identification of people in need and delivery of timely and holistic personalised care.
Develop Urgent Treatment Centres in Leeds	Ensure that the UTCs meet the extended national UTC standards and develop pathways to facilitate the left shift of services out of hospital and into the UTCs e.g. DVT, potassium pathway etc.	Standardise the urgent care offer across Leeds, reducing the current confusing mix of services while providing an alternative to the Emergency Department for minor injury and illness and supporting General Practice

	Develop the Community Diagnostic Hub pathways in UTCs e.g. x-ray, ultrasound, pathology etc Develop a co-located UTC offering at the LGI site as part of the building the Leeds Way development. Develop a long-term comms strategy focussed on minor injuries (as the biggest opportunity for left shift from ED) and promoting 111 first ensuring people access the right care first time	
Develop Same Day Emergency Care pathways across Leeds	Increase the proportion of Same Day Emergency Care (SDEC) attendances from a fifth of overall ED attendances to a third by maximising the opportunity for SDEC through establishing hubs at the SJUH and LGI sites.	Provide an alternative to ED and improve admission avoidance
Implement new Clinical Review Standards	Work with system partners to implement the Clinical Review Standards when they are released.	Establishes new standardised national measures for Hospital and ED

6 **Summary**

6.1 There is a clear action plan put in place across Same Day Response to transform the series of complex services across a number of interdependent healthcare settings. There is recognition these services need to transform to ensure sustainability for the future and meet the ever growing demand and changing cultural shifts in the public expectations in how they access SDR services. We will continue to focus on the key areas of developing access to services, developing an integrated 24/7 primary care offer, developing an efficient and effective ambulance service alongside regional partners and developing same day emergency care and emergency department services that are able to meet demand and see people appropriately for their needs. We will work with and support providers to redesign the way their services are provided. Increasingly, we will work with the evolving Integrated Commissioning Partnerships at a regional level as well as primary care networks and federations and other SDR providers to look at how services can be provided innovatively and at scale to meet this new demand whilst securing the quality of service offered to the patients of Leeds.