

Your views matter- Transforming urgent care services

Issues paper

1. FOREWORD

This paper sets out a number of challenges faced by the NHS locally. In East Berkshire we have some exciting opportunities to improve the way that health and care is delivered to residents and want to talk to local people about the changes that could be made. East Berkshire Clinical Commissioning Group (CCG) wants to make sure that any changes are the right thing for people living in East Berkshire.

The CCG will be having a number of conversations with local people. The first in this series of conversations will focus on what happens when you have an urgent health need or concern. Urgent care is for people who urgently need help or advice about their health, but it is not life threatening or life changing. We also want to talk to people about how we ensure that the quality and safety of patients in community beds is maximised. This paper is published to provide information to support people to take part in these conversations.

Our aim is to work with local people to design changes that are right for patients, communities and the taxpayer. We want to ensure our residents receive services at the right time and in the right place. The CCG knows that the population needs and issues are different in each of our localities, so we will have conversations in local areas about what needs to change. We will also talk to those who might be most affected.

Together with our partners in the NHS, local authorities and the voluntary and community sector we want to create a health and care system which allows people to:

- Be involved in and understand their care, enabling them to feel supported and in control
- Have early access to proactive services that work together
- Be able to access and navigate services easily
- Be supported through services if they have complex needs
- Have an improved experience of care

Our strategy is to work better with people to help them lead healthier lives, avoid them becoming ill and maintain their good health for as long as possible. We also want to provide good quality services for people when they need them

The CCG has a good track record of improving local services which impact positively on health outcomes for patients. Examples are;

- commissioning a new stroke service which has improved waiting times for people requiring urgent treatment
- providing weekend and evening GP appointments giving residents greater access to a GP
- commissioning an improved NHS 111 service with more clinical input.

We know things need to change. We expect to deliver more care and support in our local communities with less in hospitals. We will have a greater focus on making sure that services are joined up so that people find it easier to access help and support when they need it.

If we understand your views we can improve the local NHS even more.

GP Leaders and AO

2. ABOUT THIS PAPER

This paper sets out the challenges facing the local and national NHS and our current thinking about how these issues might be addressed. It is published for discussion with local people and is not part of a formal consultation. We want to understand what is important to people when they have an urgent health need or concern or if they or their loved one needs care in a community hospital. If our discussions about the best way to address the issues set out in the paper lead to proposals for major service change, we will of course carry out a formal public consultation on the options available. We are not yet at the stage of knowing whether this will be needed and welcome your views and questions on this Issues Paper.

3. WHAT DO WE MEAN BY URGENT AND EMERGENCY CARE?

Urgent Care

Urgent care services are for people who have a problem that needs attention the same day, but is not life-threatening or life changing. Currently, these services are provided by a number of health professionals, including GPs, nurses, paramedics, pharmacists and others.

Urgent care is suitable for patients with a new illness or new / recent injury that requires assessment or treatment within the next 24 hour period.

Emergency Care

Emergency care services are for people who have a condition that is potentially life threatening or life-changing. These services are usually provided by hospital emergency departments or by an emergency ambulance. It includes care provided by paramedics and ambulance technicians, hospital nurses and doctors. Emergency care is suitable for patients whose life is at immediate risk from severe illness, injury or serious worsening of a condition.

4. EXISTING SERVICES

Primary Care

Primary care is day-to-day care provided by clinicians who act as the first point of contact with the health system. It includes services provided by GPs, practice nurses, pharmacists and others. Primary care is suitable for patients with long term conditions and those with a new condition that requires assessment or treatment. The patient may be seen on the same day or within a few days.

There are 52 general practices in East Berkshire. They provide routine and urgent appointments from 8am to 6.30pm Monday to Friday.

Primary Care Enhanced Access

These are appointments booked in advance that are available in the evenings or at weekends. Patients see a GP or practice nurse. Appointments may be available within the patient's own practice. Some practices join together to provide these appointments at another location. If this is the case they are still able to access the patient's medical records. The reason for the patient being seen in an enhanced access appointment will usually be known to the healthcare professional assessing or treating them in advance. Bookings for these appointments is through the patient's own practice and in the future will be accessible by via NHS 111. Primary Care Enhanced Access is provided at a variety of locations across East Berkshire. These are:

Boundary House, Bracknell

St Marks Hospital, Maidenhead

King Edward VII Hospital, Windsor

Bharani Medical Centre, Slough

Farnham Road Surgery, Slough

Langley Medical Centre

Crosby House, Slough

Out of Hours

Out of hours primary care is for when a patient has a new healthcare need and their own practice is closed. Out of Hours primary care operates from 6.30 pm to 8 am and is provided by GPs, nurses and other staff. Care might be provided over the phone or face to face. A patient being cared for by this service will usually be unknown to the healthcare professional assessing or treating them. Out of hours primary care is accessible by phoning NHS 111 and in the future by using NHS 111 Online.

Out of Hours is provided at three locations across East Berkshire and one location in Surrey:

- Bracknell Urgent Care Centre, Brants Bridge, Bracknell
- Outpatients Department, St Mark's Hospital, Maidenhead
- Herschel Medical Centre, Osborne Street, Slough
- Outpatients Department, Frimley Park Hospital, Surrey

NHS 111 (Integrated Urgent Care)

NHS 111 is a telephone number available 24/7. It is free to call. People can use this number to access assessment, treatment and advice. NHS 111 is provided by specially trained call handlers, nurses, mental health professionals, pharmacists and GPs. NHS 111 has access to a range of

primary care and urgent care clinicians, some of which can be spoken with immediately. It can also directly book a same day appointment over the phone where necessary. NHS 111 can direct patients to other services, including emergency care.

NHS 111 is suitable for patients with a new illness or new / recent injury, patients with a long term condition and patients wanting to know where services are in their area.

NHS 111 is provided over the phone. The call centres are based in Bicester, Oxfordshire and Otterbourne, Hampshire. Some clinicians in the service are also based in Wokingham, Berkshire. NHS 111 has access to a database of local services. These three centres are all linked and calls can be answered or passed between them seamlessly

NHS 111 Online will be introduced in East Berkshire in July 2018. NHS 111 Online uses the same triage system that is used to assess callers phoning 111 but allows patients to go through this assessment by themselves. NHS 111 Online will tell patients which service is most appropriate to meet their needs and how quickly they should access that service. It will then tell the patient where the nearest appropriate service for their needs is.

Where NHS 111 Online identifies that a patient would benefit from speaking with a clinician, the patient can be called back from a clinician within the Integrated Urgent Care service. In the future, NHS 111 Online will be able to book an appointment for some services such as Out of Hours primary care.

Urgent Treatment Centres

Urgent Treatment Centre is the new term for Walk In Centres, Minor Injury Units and Urgent Care Centres. These services will need to comply with national standards for Urgent Treatment Centres. These standards are:

- The service should be available at least 12 hours a day, for patients with an urgent care need.
- Urgent Treatment Centres are staffed by GPs, nurses and other staff at strategic locations across East Berkshire that make sure no patient has to travel a long distance for care.
- Care will usually be provided face to face and includes access to x-ray, blood tests, ECGs (to test heart function) and other diagnostics.

Urgent Treatment Centres are suitable for patients with illness and injury, including simple broken bones, wounds that require closing and minor head or eye injuries. A patient being cared for in an Urgent Treatment Centre will usually not already be known to the healthcare professional assessing or treating them.

Patients can walk in to an Urgent Treatment Centre or have an appointment booked for them by phoning NHS 111. In the future, patients will be able to book an appointment by using NHS 111 Online.

Existing services are provided at:

- Bracknell Urgent Care Centre, Brants Bridge, Bracknell
- St Mark's Minor Injury Unit, St Mark's Hospital, Maidenhead
- Slough Walk In Centre, Upton Hospital, Slough

These services do not comply with the expectations of the new national standards.

Emergency Department

This service is available 24 hours a day, every day of the week, for patients with an emergency care need. Emergency Departments are suitable for patients with severe and life-threatening/ life changing illness and injury, including resuscitation, complex broken bones and treatment of significant wounds. A patient being cared for in an Emergency Department will usually not already be known to the healthcare professional assessing or treating them.

Patients can walk in to an Emergency Department, be referred by NHS 111 or their own GP or be transferred by emergency ambulance. Emergency Departments are located at a variety of locations in and surrounding East Berkshire. These are:

- Wexham Park Hospital, Slough
- Royal Berkshire Hospital, Reading
- Frimley Park Hospital, Surrey

4.1 COMMUNITY HOSPITAL BEDS

NHS funded community beds are provided at St Marks Hospital in Maidenhead (?? Beds) and Upton Hospital in Slough (?? Beds). These beds provide care when a person does not need to be in an acute hospital bed, e.g. at Wexham Park, but their care needs cannot be met at home. A person may require a community bed to prevent them from having to be admitted to an acute hospital bed or to help them recover after being in an acute hospital.

5. WHAT WE HAVE ALREADY HEARD FROM LOCAL PEOPLE

The three CCGs in East Berkshire engaged with local people/ people using services on a range of topics between 2013 and 2017. These are some of the things we heard that are relevant to urgent care:

- People do not always understand or know how to navigate the urgent care system.
- People often revert to the Emergency Department because they feel they have nowhere else to go or other services fail to respond.
- Sometimes patients and carers do not understand what is being explained to them
- Patients and their families/carers want to be involved with their care.
- The biggest barrier to service change or change of location would be accessible transport.
- People find it particularly important to be able to book same day appointments as well as appointments in advance.
- People want more access to GP services e.g. evening and weekend appointments.

- People would like to be able to have more choice of how they book appointments e.g. access to online appointments.
- People have told us that they would be open to accessing GP services in different ways, e.g via Skype, digital apps, group consultations but wouldn't want this to replace traditional methods.

We have already used some of this feedback to shape services, e.g. extended hours.

A copy of the full report can be found on our website.

6. WHY THINGS NEED TO CHANGE

There are 5 reasons why the local NHS needs to change:

3.1 Quality of Care: All patients should get the best possible care. The standard of local services is generally high but the quality of our services varies.

We have heard from local people that they sometimes find it difficult to know which services to go to if they have an urgent care need or concern. Those with complex needs find it difficult to navigate all of the information and services they need. We have also heard that people have difficulties in accessing appointments at their GP surgery, both in normal hours and during evenings and weekends.

We want East Berkshire to lead the way in delivering national standards for urgent and emergency care, including waiting times in the Emergency Department and for ambulances

New national specifications for urgent treatment centres, out of hours primary care and 111 were published in 2017. We will make sure our local services meet these new requirements.

Mental health is equally as important as physical health, but it hasn't had the attention that other services have historically had. We want to be able to provide care for people in mental health crisis in a timely manner and in the most appropriate place.

We know that recruiting nurses, carers and other health professionals is becoming increasingly challenging and that low staffing can lead to poor quality of care and patient safety issues. Single wards on separate sites offers significantly less resilience than wards co-located on one site.

3.2 Changes in the needs of our population:.

Advances in medicine and public health mean that people live longer than they used to, but living longer means that people are also living with a number of long term conditions (e.g. diabetes, heart disease and dementia) and become increasingly frail as they enter very old age. 1 in 3 people are living with one or more long term illness. One in four adults will experience a mental illness at some point each year in the UK. This means that demands on health services are greater than ever and that the way we deliver services has to reflect the changing needs. As people live longer they also tend to become more socially isolated. The effect of loneliness and isolation on people's health is

similar to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking.

Of course there will always be people who require specialist care in hospital but many people can stay in their home environment, where they can be supported to recover more quickly. National evidence shows that patients who stay for a long period in hospital, particularly those who are elderly, begin to lose some of their independence and usual levels of fitness and health. We want to offer services in the community, to support people to remain in their home where it is clinically appropriate to do so.

3.3 Meeting needs in the most appropriate way: Some health services are duplicated and others fragmented. This means that some residents find it confusing to know which service to go to. Patients often end up in the Emergency Department because they are unclear where they should go, especially out of hours and at weekends. This leads to the Emergency Department being overcrowded, resulting in those needing emergency care waiting longer for critical treatment. People who are admitted to hospital sometimes stay there for longer than they need to because effective arrangements are not in place to get them back home.

Patients with complex needs find the number of services that they need do not always work well enough together to support their needs.

Children and young people too often end up going into hospital for physical and mental health issues, when they could be looked after better in the community. This is often in an emergency or when they are in crisis because they have been unable to get the support they need at an early stage

People with mental health problems are often not supported at an early enough stage which means they end up in crisis and present to urgent or emergency care services.

Demand for general practice is increasing rapidly and we know that people find it difficult to access a GP or nurse when they need one.

More people are using mobile devices to access health care and using health tracker devices to monitor their lifestyles and conditions. Some people also use technology to access assessments of their health and advice on their care. The way that people access everything including booking holidays and ordering shopping is changing and the NHS needs to make the best use of technology used in other aspects of modern life.

Taking all of the above into account, we want services that are convenient and accessible and allow patients to access the level of care that is most clinically appropriate to manage their condition. We know that some people attend the Emergency Department unnecessarily when their treatment could be provided elsewhere. We want to ensure that the sickest and most injured patients are able to access emergency care quickly and that all patients are able to be cared for on the same day, if their clinical need requires it.

3.4 Financial challenges. The cost of providing care is rising at a greater rate than the additional funding the NHS has received and will receive in the future. This is because the NHS is treating more people than ever before, advances in medicine mean that the treatments available have improved and the needs of the population have changed.

We do not have the money or the staff to go on as we are. If we keep doing things the way we are doing them now, the local NHS will not be able to continue to deliver what it is delivering today in five years' time.

We know from our past achievements that doing things differently can get better services for residents within the same or a more affordable budget. Locally, some of our community health service buildings are not suitable for the delivery of modern health services. This means we are spending money on maintaining old buildings, some of which are unused, that we could be spending on services.

If we can remove duplication of some services and better co-ordinate services for people we will drive out some of the inefficiencies.

3.5 Workforce challenges. There is a shortage of qualified staff such as GPs, nurses, paramedics and therapists. It is particularly difficult to attract people to work in East Berkshire due to the high cost of living in our area and there is a lot of competition from London where salaries are higher.

Demand for general practice is increasing rapidly. Nationwide GPs have 330 million consultations a year (a 10% increase in recent years). The high demand for general practice, workload pressures, flexible working patterns and sometimes negative press makes recruitment and retention for general practice very difficult. This means that we need to make the best use of the skills of all NHS staff and ensure that patients see the right person at the right time. There is a national shortage of GPs and primary care nurses, so we need primary care staff such as nurses, pharmacists and GPs to work differently to support patients. Some of our local practices are already grouping together to share skills and provide some services collectively. Community pharmacists are working as part of general practice teams using their specialist training to advise patients on their medications and minor illnesses.

7. We want to design services that make the best use of the clinical resource we have available and support people to offer multi-disciplinary care. We will strive to make East Berkshire an attractive place for skilled healthcare staff to come and work. **WHO MIGHT BE AFFECTED BY THESE ISSUES?**

Anyone might need to use urgent care services. The nature of urgent care is that it cannot be planned. However we do know that there are certain groups of people who tend to use urgent care services more than average or who may not be able to easily access them. These are: xxxxxx

We will be having conversations with these groups during our engagement period.

8. THE DECISIONS WE WILL HAVE TO MAKE

- We will have to make decisions about the type and location of urgent care services in the future (not the Emergency Department).
- We will have to decide how to ensure that the quality and safety of patients in community beds is maximised and to do this we will need to consider the availability of workforce and the appropriateness of the buildings.
- We will have to agree the service models that will serve our population in the future and how community buildings can best meet these needs

We will be using what we have heard from our conversations with you to inform our thinking about the next steps and whether we need to proceed to a formal consultation before making these decisions.

9. YOUR VIEWS

These are the things that we would like to talk to you about:

We know from talking to patients that they often find it difficult to know where to go for urgent care or advice. We would like to understand from you:

- How do you decide to use which service and why?
- If you had an issue that you felt was urgent what would you do?

We want people to have access to the right advice at the right time. Some of the ideas we have for this involve increasing the number of professionals in the general practice team e.g. community pharmacists, paramedics and mental health practitioners.

- If you were asked to see another member of the team such as a paramedic or pharmacist and it would get you the quickest access to the care or advice you were looking for, would you see them or wait longer for a different health care professional?
- If you spoke to a doctor other than your own GP what would make you feel confident in taking advice from them?
- If a health care professional assessed you and said your care need was not 'urgent' and could be managed the next day, would you follow this advice?
 - If you would not follow this advice, what would you do?

We want to offer the best care we can within the resources we have.

- Would you support us grouping services together in fewer places, if we could offer better care to patients by allowing staff to work more flexibly and support each other better?
- What is important to you about where urgent care services are located?

We want to learn from the experiences people have had from urgent care services in the past.

If you have used NHS 111, Walk In-Centre, Minor Injury Unit or Urgent Care Centre in the last 12 months we would like to understand:

- What was good about your experience?
- What could have been better about your experience?
- Has anything stopped you from using NHS 111, Walk In Centre or Urgent Care Centre in the past? If so, please tell us why.
- What is working well in GP services that we can build on?

The way that people access health care and advice has changed. We want to help patients identify and access services that are most suitable to their level of need.

- Would you support us in new ways of working such as using technology to improve the care available to patients?

We want to make sure that people requiring urgent care for mental health issues receive the most appropriate care.

- What do you think is important for people requiring urgent mental health services

National requirements for urgent care services can be found at Appendix 1. There are no additional funds to meet these standards.

- Do you have ideas about how we can meet the new standards and make sure everyone has appropriate access to services?
- Is there anything else you think is important when we are thinking about how best to provide urgent care?

We want to ensure that the care provided in community hospital beds is a safe and as high quality as possible.

- What do you think is important when people need care in a community hospital bed?

GET INVOLVED

We will be having conversations with local people in June and July. We will be speaking to those who use urgent care and those most likely to be affected by any changes. We will then review everything that we have heard and will use the feedback to develop our proposals going forward. Should we come to the conclusion that we need to develop proposals for major service change we would put these proposals forward for public consultation later in the summer.

Join the debate:

- at one of our public meetings (details to be inserted)
- complete our online survey at
- Invite us to a community group to discuss your views

We have taken the advice of the Consultation Institute, have worked with local partners and followed NHS advice to ensure our public conversations on these issues follows best practice.

If you require this document in another format or language, please contact us on.

Please have your say

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Appendix 1

National Standards

New principles and standards for Urgent Treatment Centres were published by NHS England in 2017, which should:

- be open for at least 12 hours a day seven days a week, including bank holidays
- be staffed by a range of healthcare professionals, including GPs, nurses and others
- provide both pre-booked same day and “walk-in” appointments, with an emphasis on patients contacting 111 for a booked appointment
- help patients to self-care, providing health information and education
- provide a range of testing (such as blood tests and ECGs) and access to x-ray
- issue prescriptions where clinically appropriate and have access to mental health services
- be able to offer British sign language, interpretation and translation services

New standards for Integrated Urgent Care (111 and out of hours primary care) were published by NHS England in 2017, which should:

- allow patients dialling 111 to speak to a wide range of clinicians where clinically appropriate, including nurses, mental health professionals, pharmacists and GPs
- enable booking of appointments in Out of Hours services and Urgent Treatment Centres, where clinically appropriate
- issue prescriptions where clinically appropriate
- be able to offer British sign language, interpretation and translation services
- send details of the patient’s contact with 111 to a range of other services if required, to avoid the patient having to repeat information unnecessarily