

**MEETING: HUNTINGDONSHIRE OVERVIEW AND SCRUTINY PANEL
(COMMUNITIES AND ENVIRONMENT)**

DATE: 4 JULY 2017

**TITLE: CAMBRIDGESHIRE AND PETERBOROUGH CCG – UEC
VANGUARD UPDATE**

FROM: IAN WELLER, HEAD OF URGENT AND EMERGENCY CARE

FOR: INFORMATION

1.1 Background

Following publication of the NHS Five Year Forward View (FYFV) in October 2014, Cambridgeshire and Peterborough CCG was successful in being awarded national status to become one of eight Urgent and Emergency Care Vanguard sites, under the New Care Models (NCM) programme.

In August 2015 the CCG embarked on an ambitious programme of work to improve Urgent and Emergency Care services for our residents. Initial bids were submitted to NHS England seeking in the region of £7m funding; however due to national funding constraints allocations were limited to £1.3m non-recurrent funding. Whilst disappointing this focused the CCG onto the delivery of two key projects, namely:

1. Integrated Urgent Care (IUC)
2. Mental Health First Response Service (FRS)

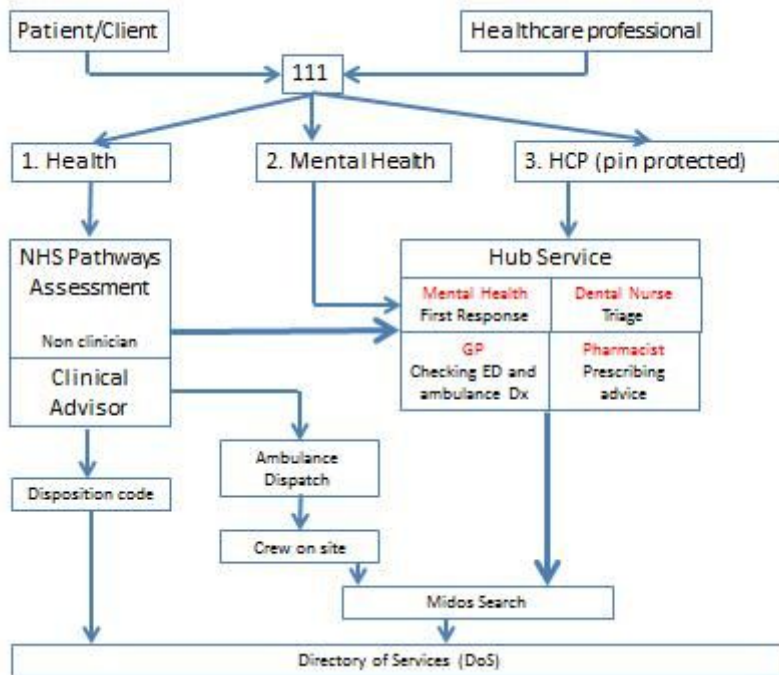
1.2 Integrated Urgent Care (IUC)

The new IUC service sees the coming together of two previously separate services – NHS 111 and Out of Hours (OOH) urgent primary care – under a single provider contract delivered by Herts Urgent Care (HUC). The contract with HUC runs for three years with a potential of a further two years.

The IUC is supported by a clinical hub (see fig. 1) which, following an initial assessment, allows patients to speak directly with a clinician either via a 'warm transfer' or Interactive Voice Recording (IVR). By directing patients to the right clinician or service, this avoids patients having to visit their local A&E department.

NHS 111 is becoming more and more popular as the single number to call for urgent care; last year across the country around 1.5 million people called NHS 111 each month. Locally this was in the region of 15,000 calls. Only a small proportion of these calls, around 8%, requires the patient to attend A&E. The vast majority of calls (more than 60%) are associated with primary care and can be dealt with by IUC.

Fig 1 IUC pathways



1.3 Mental Health First Response Service (FRS)

The FRS, provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), allows patients experiencing a mental health crisis to speak directly to a mental health practitioner by dialling NHS 111 and selecting Option 2. Following an initial telephone assessment, the patient can then be offered a more comprehensive face to face assessment and/or the opportunity to visit the local dedicated Sanctuary, where the patient can discuss their issues and receive support from skilled practitioners working in the voluntary sector, in this case MIND.





Again the approach is to channel service users away from A&E departments, into services better placed to meet their needs. The FRS has been successful in reducing the number of mental health presentations at our A&E departments by around 18% since its launch in September 2016.




Following the success of the FRS, the CCG has approved a business case to continue funding the service. In addition the FRS has now been extended to Children and Young People.

1.4 Next steps

Both services are now embedded within the CCG's contractual arrangements with providers and can be considered as 'business as usual'. Furthermore NHS England has recently issued the national Urgent and Emergency Care Delivery Plan which builds on the success of the UEC Vanguard pilots providing clear guidance, objectives, and milestones on how the UEC system should work in the future to improve care for patients (see fig. 2)

Fig 2 UEC Delivery Plan objectives

 <p>NHS 111 Online</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional • Services closely connected to NHS 111 calls (and other services including Primary Care over time) • Offer an increasingly personalised experience to patients <p><u>The plan</u></p> <ul style="list-style-type: none"> • Pilot the service in 4 areas from February 2017 onwards • Complete evaluation by July 2017 • Roll out to 5 or 6 111 areas per month by December 2017 • Introduction of intelligent personalised triage by March 2019 	 <p>NHS 111 Calls</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Increase the percentage of calls transferred to a clinician when a patient calls the NHS111 service • The service will better support the number of patients who can be dealt with as 'self-care' • Where applicable patients will be referred on to an appropriate point of care • NHS 111 Care Home Line will enable dedicated access for healthcare professionals (starting with care home staff) to get urgent advice from a GP out of hours <p><u>The plan</u></p> <ul style="list-style-type: none"> • 30% of 111 calls transferred to a clinician by March 2017, rising to 50+% by March 2018 • Operational readiness for Care home Line by March 2017 with roll out from April 2017 	 <p>GP</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • By March 2019 the public will have enhanced access to evening & weekend appointments with general practice • In delivering this we will secure: <ul style="list-style-type: none"> ➢ Transformation in general practice, ➢ Step change in use of digital technologies ➢ The foundations for a model of more integrated services <p><u>The plan</u></p> <ul style="list-style-type: none"> • Coverage of enhanced access will reach: <ul style="list-style-type: none"> ➢ 50% of the population by March 2018 ➢ 100% of the population by March 2019 • Invest £138M in 2017/18 and £258M in 2018/19 	 <p>Urgent Treatment Centres</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Urgent Treatment Centres across the country will be: <ul style="list-style-type: none"> ➢ Open 12 hours a day ➢ Will be staffed by doctors and nurses ➢ May have access to X-Ray facilities ➢ Patients will be able to either book an appointment via NHS 111, their own GP, or walk in ➢ If they need a prescription, they will be given one <p><u>The plan</u></p> <ul style="list-style-type: none"> • These services will be in place as follows: <ul style="list-style-type: none"> ➢ 25% of facilities by March 2018 ➢ 50% of facilities by March 2019 ➢ 100% of facilities by December 2019
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 <p>Ambulances</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • More clinically focused response for patients • Quicker recognition of life threatening conditions • Telephone advice, treatment on scene or conveyance to hospital • End to long waits for an ambulance and handover delays at hospitals <p><u>The plan</u></p> <ul style="list-style-type: none"> • Planning for rollout of the Ambulance Response programme complete by end March 2017 • Implement enhanced Hear & Treat and See and Treat by March 2018 • STPs offer integrated model of urgent care, with clear referral pathways offering alternatives to conveyance to A&E by March 2018 • Development of ambulance workforce, to December 2018 	 <p>Hospitals</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Highly skilled emergency department workforce to deliver life-saving care for our most sick patients • Variation between hospitals will be reduced • Patients streamed by a highly trained clinician to the most appropriate service • Rapid, intensive support to those patients at highest risk of admission • Use of a wide range of ambulatory care services. • Effective metrics used in oversight of hospitals <p><u>The plan</u></p> <ul style="list-style-type: none"> • Front-door ED streaming models in all UEC systems by September 2017 • Establish Frailty Assessment processes and Frailty Units • 7-day ambulatory care • Implementation of core best practice on medical wards to facilitate discharge 	 <p>Hospital to Home</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Provide comprehensive packages of health and social care • Fewer than 3 in 20 NHS Continuing Healthcare assessments (CHC) take place in an acute setting • Patients only stay in hospital for as long as they have been clinically assessed as requiring treatment • Coordinated and timely transfer of care from hospital to the most appropriate setting <p><u>The plan</u></p> <ul style="list-style-type: none"> • Implement Discharge to Assess by March 2017 • Reduce national DToC rates 4.1% by September 2017 • Implement changes to CHC framework by April 2018 • Roll out Nursing Home Vanguard model by March 2019 • Deployment of 200 pharmacy professionals into care homes by March 2018
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1.5 Conclusion

As a direct result of the UEC Vanguard, both the IUC and FRS services are operating successfully despite some operational issues; particularly in reference to the availability of suitably qualified and experienced staff, in and out of hours.

The next phase is for the CCG, in collaboration with NHS providers, to develop robust plans to deliver the above objectives. Further updates on this can be provided to the Panel as plans develop.

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June 2017