

Urgent Care Programme

Collaborative approach to the co-design of the
future urgent and emergency care system

1 July 2015

What is urgent and emergency care?

Urgent care services provide help, advice and treatment when you need to see a nurse or doctor quickly (urgently) for a minor illness or injury, or if you have a serious illness or injury (an emergency)

What is urgent care?

Urgent care services offer advice and treatment for **minor illnesses or injuries** where you **cannot wait for a routine appointment with your GP**.

Some of the services that provide urgent care are:

- **NHS 111**
- **GP practice (urgent appointments)**
- **GP out of hours**
- **Walk-in centres**

What is emergency care?

Emergency care services provide treatment for **life threatening conditions**, this could be a serious illness or injury such as chest pain, severe loss of blood or choking.

Some of the services that provide emergency care are:

- **Ambulance service**
- **A&E**
- **Emergency admissions**

Why are we reviewing services?

- Urgent and emergency care services in Sandwell and West Birmingham have **evolved over time**
- **Previous commissioning strategies** have **focussed on diverting** activity away from A&E
- Current system is **complex with multiple connections and complex** patient flows
- We need to develop a **comprehensive approach to manage urgent and emergency care** locally
- Consider the impact and community support required for **Midland Met Hospital**
- Important to note that **no decisions on the future system have been made**



The urgent and emergency care system locally

- **101 GP practices** excluding branch and satellite practices (March 2015)
- **2 GP services in A&E**
- **1 ambulance service**
- **1 NHS 111 provider**
- **2 urgent care centres** (Summerfield and Parsonage Street)
- **2 GP out of hours providers**
- **2 Mental health providers**
- **3 hospital sites** – Sandwell, City and Rowley hospitals (SWBH)
- **2 community providers.**



National context

In 2013 a national consultation was undertaken, led by **Sir Bruce Keogh** (NHS England's National Medical Director).

The national guidance says that **all urgent care systems** should:

- Provide **better support** for people to **self-care**
- Help people with urgent care needs to get the **right advice** in **the right place, first time**
- Provide **highly responsive urgent care services outside of hospital** so people no longer choose to queue in A&E
- Ensure that those **people with more serious or life threatening emergency needs** receive **treatment in centres with the right facilities and expertise** in order to maximise chances of survival and a good recovery
- **Connect urgent and emergency care services** so the overall system becomes **more than just the sum of its parts.**

Listening exercise 9 February- 20 March 2015

- **28** community meetings
- **2** public meetings
- **7000** booklets distributed
- Webpage hits **537**
- Twitter reach of **242,000**
- **276** surveys returned
- **Thank you** to everyone who took part



Patient feedback (what works well)

- Patients find local pharmacies useful
- Patients have a really good experience of GP practices
- They appreciate the walk-in and urgent care centres and would like more of them e.g. Finch Road
- Overall good patient experience at the emergency departments, the Ambulance Service and NHS 111
- Most patients continue to use their GP practice to find out information about their health condition.



Patient feedback: How can we improve urgent and emergency care services?

- Improving access to primary care was the clearest message from patients
- Local health centres for urgent care appointments
- Better information on what service to use and when
- More information on the GP out of hours service
- Increase the range of services offered at A&E e.g. access to adult social care.



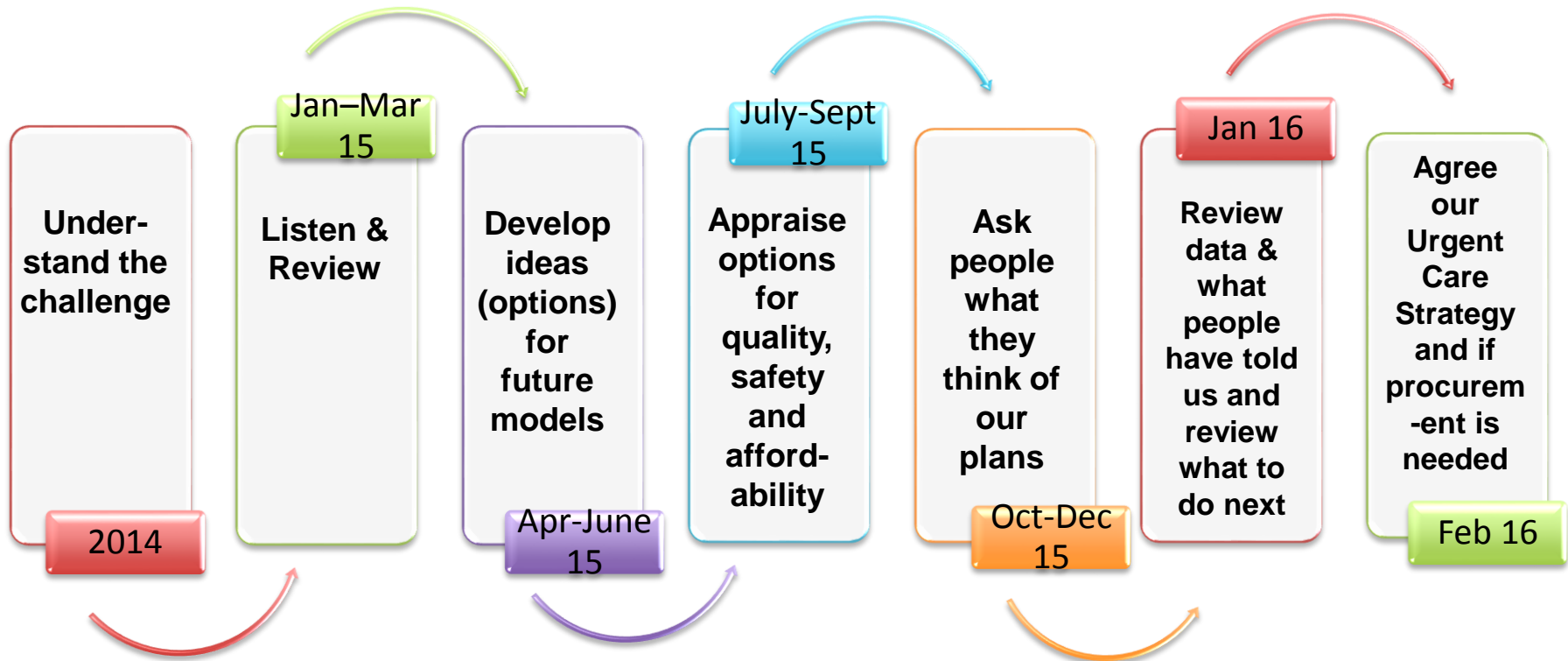
**when it's less
urgent than 999**

Listening exercise recommendations

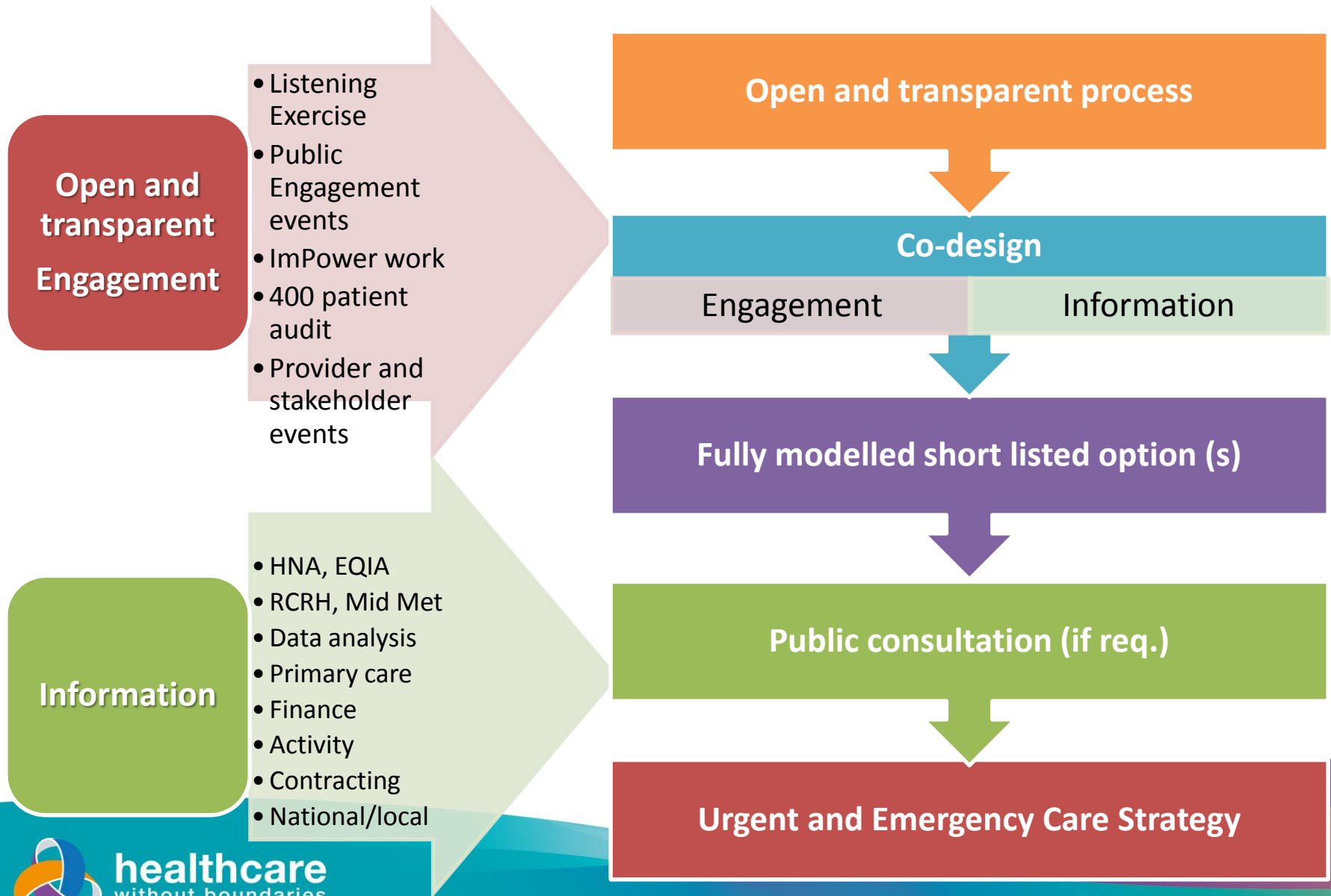
In co-designing the urgent and emergency care system for the future we need to consider patient feedback:

- Improve access at a primary care level
- Make the best use of existing local health centres
- Inform patients of what services to use and when
- Invest in technology to meet the changing needs of patients.

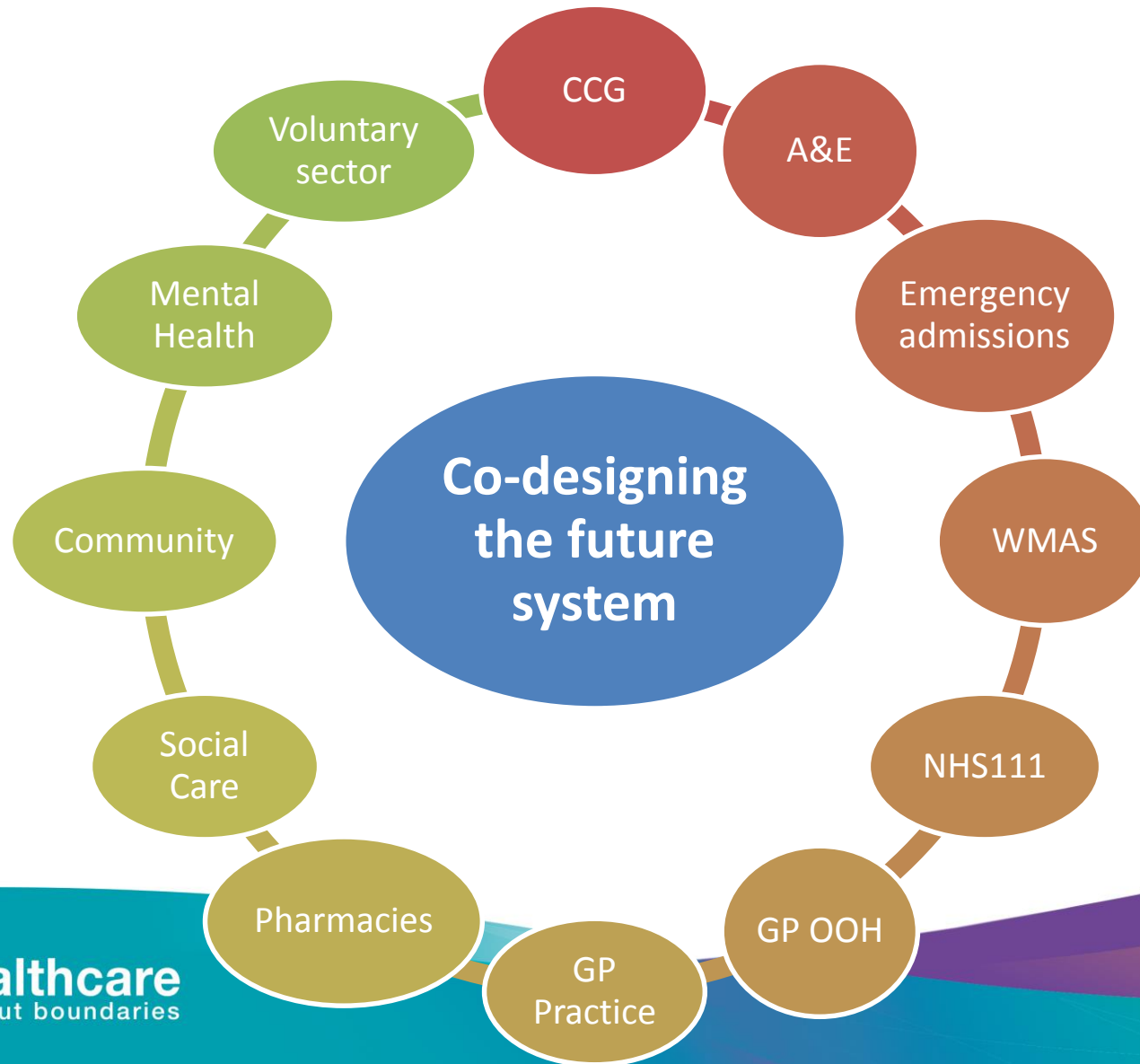
The urgent and emergency care programme



A new approach: co-design



Co-designing the urgent and emergency care system



Co-design event

- Co-design planning event held 22/04/15
- Co-design event 30 June 2015
- Brings together providers, partners, voluntary sector to discuss:
 - **A joint definition of urgent and emergency care** - clarity on what the system defines as urgent and emergency care as this may not be mirrored by our patients – also any difference between perceived and actual need
 - **Fixed points** - what are the fixed points in the system? Each partner organisation to describe this for themselves. The event will aim to reach collaborative agreement on what fixed points already exist and an understanding of the consequence(s), if these change e.g. Midland Met Hospital.

Next steps

- We are continuing to feedback the findings of the listening exercise and keep people informed
- Co-design event to develop a future urgent and emergency model
- Develop the five year Urgent and Emergency Care Strategy
- This work will inform our approach to engagement; if significant change is needed we will want to engage people on any proposals (potentially autumn 2015)

Recommendations

Committee members are asked to:

- Note the contents of the report
- Indicate any timescales for future updates to be presented to the Committee.

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Questions?