

## **Joint Health Overview and Scrutiny Panel**

**1 July 2015**

### **Urgent and emergency care programme update**

#### **1. Summary**

The Sandwell and West Birmingham CCG urgent and emergency care programme has been established to oversee the development of a sustainable system-wide approach to urgent and emergency care. This involves supporting patients to access the most appropriate care, wherever possible within the community instead of A&E.

In December 2014, the CCG's Governing Body and the Joint Health Overview and Scrutiny Committee endorsed the approach to engage with patients to shape the future urgent care system. As a result, a listening exercise was launched on 9 February 2015 to seek views from the public and stakeholders on what works well and what could be improved in the future.

Following feedback from partners the programme approach has been amended to extend the period of engagement, to support the co-design of a future model with providers.

This paper aims to update the Joint Health Overview and Scrutiny Committee on the programme's progress, including the findings of the recent listening exercise.

#### **2. Programme overview**

The CCG believes that urgent and emergency care services will be more effective and easier to access if they are provided closer to home, where appropriate, are accessible to patients and delivered in clinically- appropriate settings. The future model of urgent and emergency care will ensure that the system is simple to use, efficient and brings together services to improve quality, patient experience and outcomes.

The programme has been developed to review the existing urgent and emergency care system, to bring together existing workstreams and to determine the future model of urgent and emergency care for the local health system. The views of patients and stakeholders are fundamental in shaping the development of a future five year Urgent and Emergency Care Strategy. The programme will ensure that any future proposals work seamlessly and enhance the patient pathway.

The programme is clinically led by the CCG's urgent and emergency care GP leads, Dr Manir Aslam and Dr Sirjit Bath.

In addition to the listening exercise, the urgent and emergency care programme is focussing on the following key areas that support the development of a future model:

- Understanding baseline activity - how existing services are currently used
- Understanding national and local drivers for change including the impact of the national Sir Bruce Keogh Review, the Five Year Forward View and the Monitor review of walk-in centres
- Understanding the local population demographics and impact of the existing urgent and emergency care system on protected characteristic groups
- Considering the Right Care Right Here principles and the Midland Met Hospital business case to support the development of the future strategy and urgent and emergency care model
- Understanding the existing primary care offer, including current GP practice opening hours and the opportunity to create additional GP appointments
- Understanding what our patients and stakeholders think about the existing system – what works well and what improvements could be made through a listening exercise
- Developing proposed model(s) to improve access to urgent and emergency care, both in the community and hospital settings, including minimising unnecessary duplication of pathways
- Understanding what our patients and stakeholders think of the final proposal(s) through a public consultation, if appropriate
- Developing a five-year Urgent and Emergency Care Strategy for Sandwell and West Birmingham.

### **3. Listening exercise update**

A six-week listening exercise was carried out from February to March 2015 to ensure patients and stakeholders were effectively engaged in helping the CCG to reach the right decision for their local populations.

At least 9,415 people were reached through electronic/ postal mailings and the distribution of materials within local communities. Discussions took place across 49 engagement activities with approximately 1,105 attendees.

276 survey responses were received and further anecdotal feedback was captured during wider discussions at the various meetings attended.

Feedback from the surveys and engagement events and meetings revealed:

- Ambulance and pharmacy services were highly rated for their efficiency and competent staff
- Seeing the right health professional was more important than a convenient place, time or seeing somebody quickly
- Most people thought they knew enough about where to go when they needed urgent and emergency care. This is positive but it must be built on with good signposting

services and education on how to get the most out of urgent and emergency services for the communities who need services most

- We should invest in information and education but target different communities with different methods, for example, more information in GP practices in areas where there are older generations and more use of new technologies in areas with younger populations
- Patients wanted improved access to primary care services
- Patients wanted somewhere that was local, open and that they could drop into, not an A&E service, but a large health centre or a walk-in centre
- Patients are open to the use of new technologies, especially younger age groups
- Not enough local people are aware of the Right Care Right Here vision
- Patients asked for better trained and more senior staff
- We should build on any work we have already carried out locally as well as national intelligence, for example, Keogh review
- Patients want better integration between health and social care.

### **3.1 Listening exercise conclusion**

- It is clear that patients want an expanded primary care offer, including longer opening hours and increased access
- Patients would appreciate more local health services similar to the walk-in centre offer. These could be provided in existing healthcare buildings
- There should be better education and more accessible information on urgent and emergency care services; efforts should be taken to reach all age groups and communities in Sandwell and West Birmingham
- People have asked for an increase in urgent and emergency care services with more staff and less waiting times
- Ambulance and pharmacies were rated the best services by patients with GP out-of-hours the least well rated service
- Some patients are open to using new technologies, especially the young and those of working age; these could be piloted with relevant practices
- A communications and engagement strategy for urgent and emergency care services that considers the different needs of age groups and communities is recommended
- The results of the listening exercise report should be shared to inform any future engagement events, service specifications and key performance indicators for urgent and emergency care services.

## **4. Co-design approach**

As part of the listening exercise, an urgent care provider stakeholder forum was held on 25 March 2015. Providers highlighted an appetite for greater involvement in the co-design of the future system. The Right Care Right Here Board in March 2015 supported the collaborative approach.

We believe that a collaborative co-designed model will be the best way forward to deliver more effective and sustainable outcomes and an improved experience for all involved. If the co-design events do not result in a satisfactory outcome, the programme will revert to the original programme plan of developing an options appraisal.

#### **4.1 Co-design events**

A co-design event is being planned for the 30 June 2015, in collaboration with partners, local providers and the voluntary sector.

A planning event took place on Wednesday 22 April 2015 with senior officers from partnership organisations. Partners have been involved in the design, planning and information requirements for the urgent care co-design event in June. The planning and timing of the co-design event will be critical to ensure that the programme keeps momentum.

The main co-design event will take place on 30 June 2015 and will involve relevant senior stakeholders from partner organisations, Monitor and the national urgent care lead. This will be led by an external facilitator, to support collaborative discussions around:

- **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, for example, Midland Met Hospital.

A process has been developed to ensure that where the co-design events do not result in a model(s) that can be used for the future system, the programme can revert to the original process. Appendix one outlines the process flow for the 'co-design' approach. Appendix two outlines the process flow for the original urgent and emergency care programme.

#### **5. Future communications and engagement**

Over the next few months we will be continuing to share the feedback from the listening exercise and keep patients, public and partners informed of the programme.

The co-design approach will identify the future model for urgent and emergency care in Sandwell and West Birmingham. This will inform the CCG's approach to engagement. If significant change is planned, the CCG will want to undertake further engagement activity (potentially in the autumn) to seek views on any proposed changes.

#### **6. Summary**

The urgent and emergency care programme board has reached a recommendation to support the co-design event and extend the period of engagement to ensure that partners and stakeholders are involved robustly in shaping the future system.

The programme plan has been revised to support the co-design phase and the programme board will reach a decision in July 2015 on the outputs of the co-design phase. In the event that the co-design phase does not result in an outcome that can be used to design the future urgent and emergency care system, the urgent and emergency care programme board will seek to continue with the original optional appraisal process highlighted in appendix two. The information developed as part of the co-design event phase will be used to develop the short-list of options.

This work will inform the future model and approach to engagement. If significant change is identified, the CCG is committed to undertaking further engagement with the local population.

## **7. Recommendations**

Members of the Joint Overview and Scrutiny Committee are asked to:

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

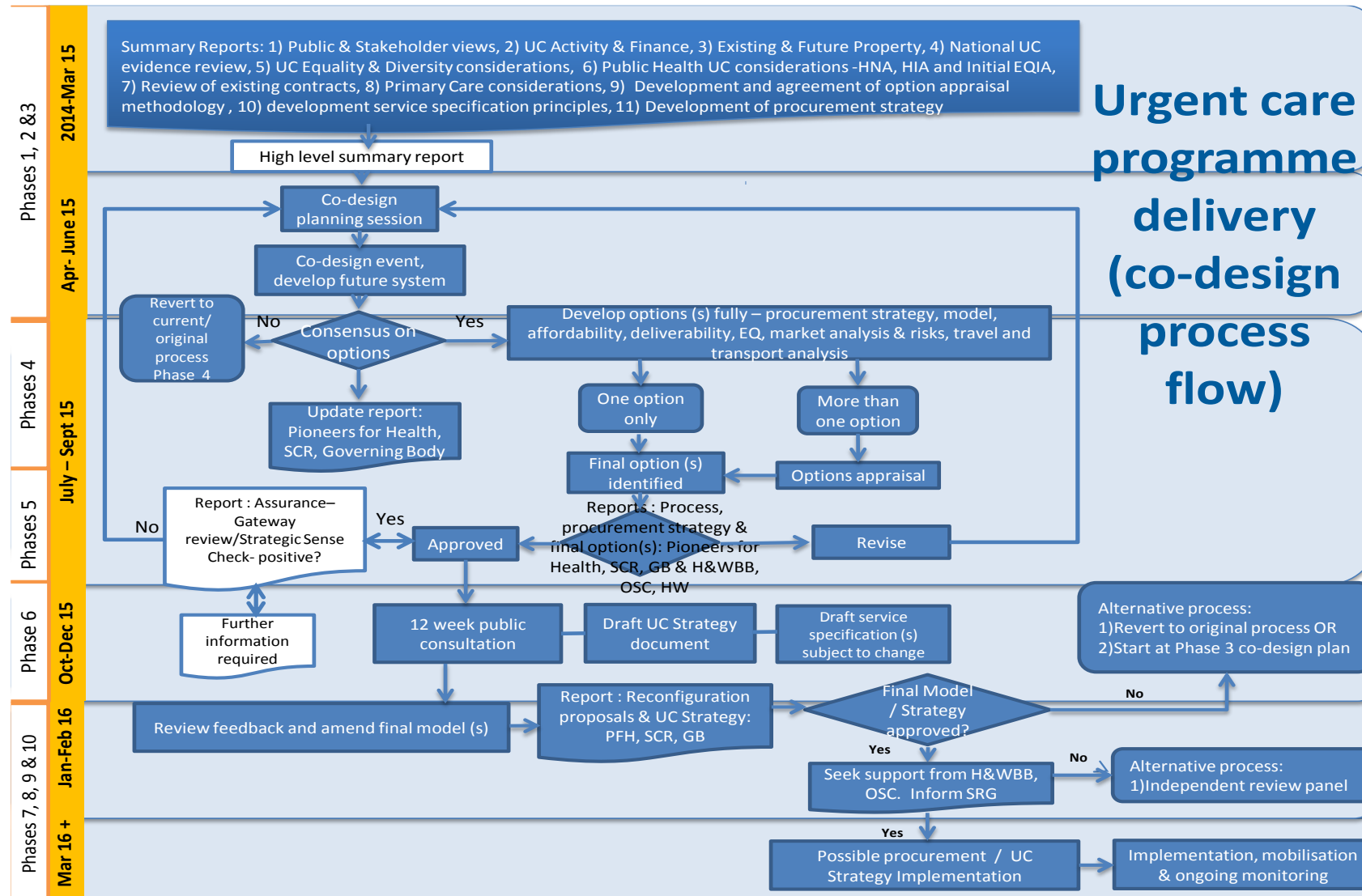
## **8. Paper presented by:**

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## Appendix one: urgent care programme, co-design process flow diagram



## Appendix two: urgent care programme, current process flow diagram

