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NHS
Northumberland
Clinical Commissioning Group

Strategic Direction for Urgent Care in Northumberland 2019 - 2022

Document Version Control

Version	Changes	Author	Date Issued	Status
0.1	Draft document to begin discussions with partners	Ailsa Nokes	18/6/19	Draft
0.2	Diagrams for STB governance and outcome metrics made clearer	Ailsa Nokes	27/6/19	Draft
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1. Introduction

Northumberland CCG's (NCCG) Vision is:

To ensure that the highest quality integrated care is provided, in the most efficient and sustainable way, by the most appropriate professional to meet the needs of the people in Northumberland.

The four strategic objectives that support the achievement of the vision are to:

- Ensure that the CCG makes best use of all available resources
- Ensure the delivery of safe, high quality services that deliver the best outcomes
- Create joined up pathways within and across organisations to deliver seamless care
- Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.

This draft Strategic Direction for Urgent Care in Northumberland has been developed in the context of this overarching vision and strategic objectives. It sets out a vision for a future model of urgent care, which will better meet the needs of the local population, helping reduce some of the complexity and confusion our residents have told us is inherent within the current model. Furthermore it outlines the process that will guide the development of this future model for Urgent Care provision across the county. Central to this is a commitment to collaborative working with stakeholders from across our system in order design the optimal model for urgent care delivery.

In this document urgent care (UC) means:

A range of health services that people access when they need medical care that cannot wait for a routine appointment with a GP but is not so serious or life-threatening that they require emergency care from the Accident and Emergency (A&E) Department.

Examples of UC services:

- NHS 111
- Community Pharmacy
- GP Out of Hours
- Clinical Hub (Clinical Assessment Service)
- Urgent Care Centres and Minor Injuries Units

Accident and Emergency (A&E) also known as the Emergency Department (ED) is not included in this definition as it is a service for immediate or life threatening conditions, or serious injuries or illnesses.

2. Development of the Urgent Care Strategic Direction

NCCG will develop and implement its UC Strategic Direction by working jointly with its system stakeholders. Within this definition we are referring to; individuals and organisations who may be affected by changes which may emerge from the implementation of this strategy. This includes both patients and professionals working in health and social care across the county.

The development and implementation of the Strategic Direction will be clinically led throughout. In particular we will ensure that it aligns with the commissioning strategy for General Practice and the emerging development of Primary Care Networks across the county.

The following organisations have been, and will continue to be, involved in the development of this draft UC Strategic Direction:

- Northumberland CCG
- Northumbria Healthcare NHS Foundation Trust
- Newcastle Hospitals NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust (inc NHS 111 & CAS service)
- Vocare
- Northumberland County Council
- GP Practices in Northumberland
- Health Watch
- North Tyneside CCG
- North Tyneside Council
- Newcastle Gateshead CCG
- North of England Commissioning Support (inc DOS team)
- NHS England / Improvement

The CCG will continue to engage with these stakeholders individually and formally as part of the following boards:

- Northumberland Health and Well Being Board
- Northumberland System Transformation Board
- Northumberland and North Tyneside Local A&E Delivery Board

The Strategic Direction will also continue to be developed in line with relevant national guidance and best practice.

Due consideration will continue to be given to the various interdependencies with additional local strategies and programmes, which as an example include:

- Northumberland CCG's Operational Plan 2019/20
- Northumberland Joint Health and Well Being Strategy 2018-2028
- Northumberland System Transformation Board Health and Care Strategy 2019/20

3. National Context and Drivers for Change

Across the NHS, staff work 24/7 to deliver the best possible care to more patients than ever before, however, the urgent and emergency care (UEC) system is under real pressure as demand continues to rise. Over recent years there have been a number of national publications re the future direction of UEC in an attempt to help relieve current pressures. All publications have encouraged a move towards simplifying models for UEC in order to reduce confusion inherent within current models. They advocate a move towards responsive and flexible services which are available seven days a week and ensure people who need care get to the right place at the right time.

NHS 'Five Year Forward View' (NHSE, 2014)[1]

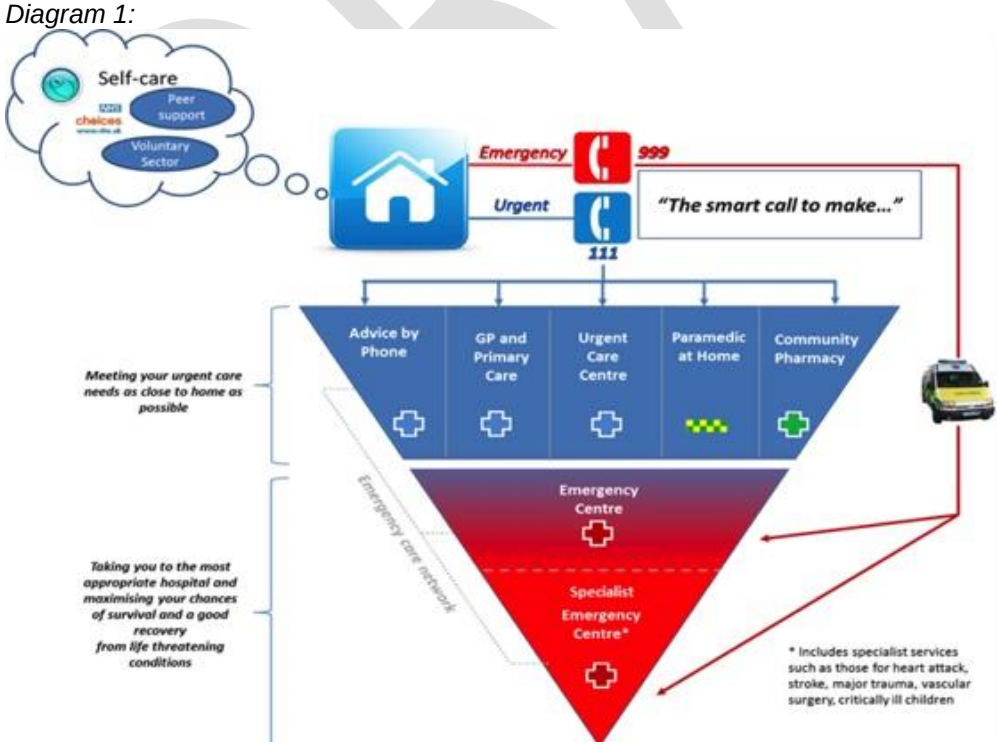
This set out the need to re-design urgent care services:

For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families

The Five Year Forward View vision was for NHS 111 to be embedded within the UC system, providing access to telephone, primary, and community care services which meet peoples' UC needs as close to home as possible. Most UC will be provided by out of hospital and general practice services, including evening and weekend access to GPs or nurses working from community bases. Services will be integrated and patient centred.

Diagram 1 sets out the national shape and structure for a future urgent and emergency care system:

Diagram 1:



[1] NHS Five Year Forward View. NHS England October 2014

Safer, faster, better: good practice document (2015)[2]
This publication developed the Five Year Forward View making the following distinction:

- For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.
- For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery.

It highlighted five changes to deliver the Five Year Forward View:

- Providing better support for people and their families to self-care or care for their dependants
- Helping people who need urgent care to get the right advice in the right place, first time
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments
- Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery
- Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts

Integrated Urgent Care Commissioning Standards (2015)[3]
This sets out the requirements to deliver Integrated Urgent Care (IUC) aiming to:

- Deliver a functionally integrated 24/7 urgent care service that is the 'front door' of the NHS and which provides the public with access to both treatment and clinical advice. This will include NHS 111 providers and GP Out of Hours services, community services, ambulance services, emergency departments and social care"
- For patients unable to access their own GP, because the practice is closed or they are away from home for example, NHS 111 will be the primary route to UC services.
- The Directory of Service (DoS) for NHS 111 will hold accurate information across all commissioned acute, primary care and community services and be expanded to include social care. The DoS should reflect locally commissioned schemes and services, especially those intended to utilise independent contractors such as community pharmacists as appropriate alternatives for minor ailments and urgent repeat medication. Health advisers need to be confident in referring or signposting callers to these services, where available.

[2] Transforming urgent and emergency care services in England Safer, faster, better: good practice in delivering urgent and emergency care A guide for local health and social care communities. NHS England 2015
[3] Commissioning Standards Integrated Urgent Care. NHS England 2015

- IUC will have a 'Clinical Hub'[4] offering patients who require it access to generalist and specialist clinicians. It will also offer advice to community health professionals including paramedics, so that no decision is taken in isolation.
- The Clinical Hub will be able to access patients' clinical records. Over time IT system interoperability will support direct appointment booking into other services.

Next Steps on the NHS Five Year Forward View (2017)[5]

This publication directed the roll out of new Urgent Treatment Centres (UTCs) as an integral part of local urgent care services. The overarching aim of the new UTCs was to standardise the confusing range of options available to the public such as: Walk in Centres, Urgent Care Centres, Minor Injury Units which all have differing levels of service, and simplify the system so that the public and patients are clear on which service is best suits their needs.

Since its publication the NHS has:

- Rolled out evening and weekend GP appointments nationally, ahead of schedule, so that accessing primary care is easier and more convenient for all patients
- Enhanced NHS 111, so over 50% of people calling the service now receive a clinical assessment and can be offered immediate advice or referred to the right clinician for a face-to-face consultation
- Achieved 100% of the population now able to access urgent and emergency care advice through the NHS 111 online service
- Begun rolling out UTCs across the country, offering a consistent service to patients at 110 locations and introducing the ability to book appointments in UTCs through

The Long Term Plan (LTP) (2019)

This plan sets a target for full implementation of the UTC model by Autumn 2020, so that all localities have a consistent offer for out-of-hospital urgent care. This model will include the option of appointments being booked directly through NHS 111. UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

At the same time the LTP maintains investment in primary care, aimed at promoting sustainability in general practice and improving patient care and access. CCGs will continue to commission extra capacity to ensure that everyone has access to GP services, including sufficient pre-bookable and same day appointments at evenings and weekends to meet locally determined demand, as well as access to urgent primary care when GP surgeries are closed.

[4] In the North East region the 'Clinical Hub' is referred to as the 'Clinical Assessment Service' (CAS)

[5] Next steps on the NHS Five year forward view. NHS England March 2017

4. Regional Context and Drivers for Change

Regionally, implementation of the relevant elements of the Five Year Forward View have been taken forward via the Cumbria and North East (CNE) Urgent and Emergency Care Network (UECN).

The Network has 4 strategic aims:

- System leadership, with an overarching framework to address fragmentation
- Promoting self-care among patients
- Improving general practice access through GP bookings
- Improvements and integration to out-of-hospital care

Key areas of focus over the last three years include:

- Clinical hub development, including:
    - clinical advice to members of the public calling NHS 111
    - clinical support to paramedics and emergency technicians
    - clinical support to other health and social care professionals
- Digital Care (Information Sharing & Information Governance), including:
    - sharing patient care records through the Medical Interoperability Gateway (MIG)
    - deploying Information Sharing Gateway tool regionally
- GP Direct Booking through NHS 111:
    - direct booking of GP appointments from NHS 111
    - accessing general practice data from GP practices to identify trends in illness
- Supporting Self-Care for under 5's:
    - develop a smart device application targeted at parents of children aged under five featuring a body map where users can click parts of the body to reveal a list of symptoms relating to that area and information about common childhood illnesses and the recommended actions signposts parents to the most appropriate health service
    - includes a list of NHS services which will be geo-targeted to the user.
- Region Wide Communications Plan
    - development of a system wide social marketing approach
    - developing activities aimed at changing or maintaining people's behaviour
    - identifying what the public perceive to be key issues around urgent and emergency care
    - insight into the experiences of those who have recently accessed specific health services
    - understanding the behaviours and motivations which govern how and why people use specific services

5. Local Context and drivers for change

Population Need

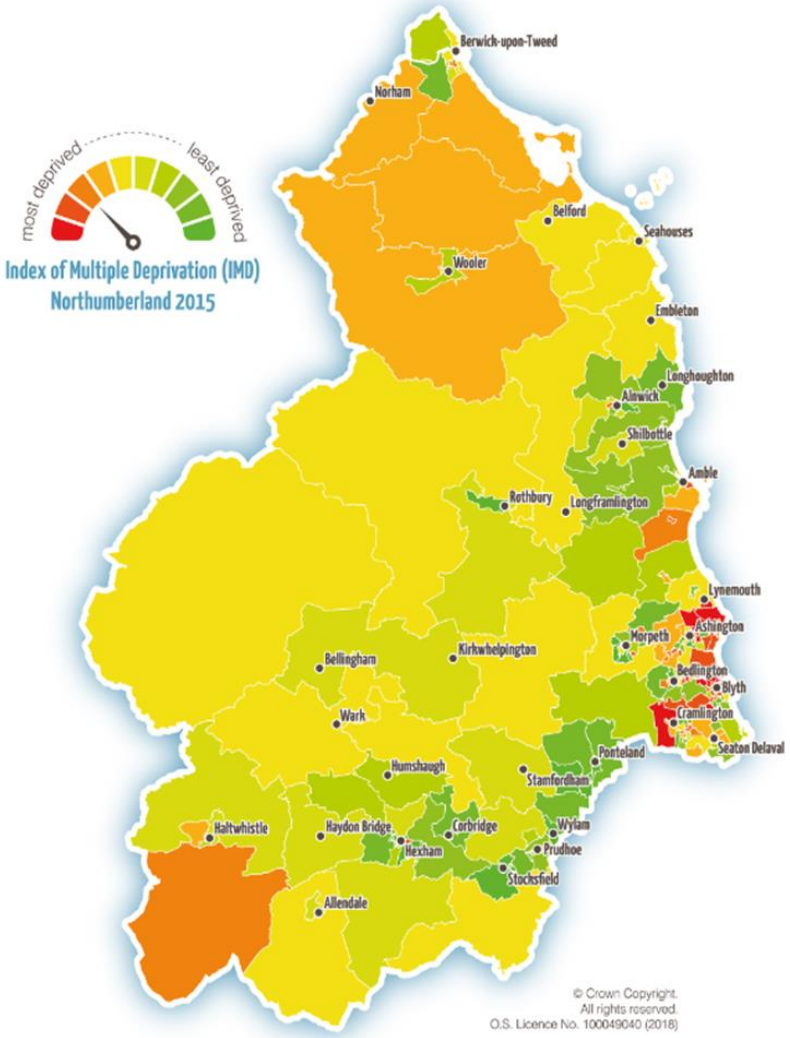
Northumberland's population is approximately 319,000 (Mid-2017 population estimate, Northumberland County Council JSNA).

The map in Diagram 2 below shows the Index of multiple deprivation in Northumberland which includes income, employment, crime, education skills and training, health and disability, barriers to housing and services, living environment.

96.7% of the Northumberland geography is classified as rural. Nationally, only about 19% of the population live in areas classified as rural, nearly 50% in Northumberland live in areas classified as rural. Conversely, the other 50% of the population are in the 3% of the geography in the south east corner.

Disproportionately the older population are more likely to live in rural communities. Rurality can affect safe staffing models, recruitment, costs, access; and time and location sensitive care.

Diagram 2: Index of Multiple Deprivation in Northumberland



Northumberland CCG and its partners through the Health and Well Being Board have continually demonstrated the ability to overcome traditional barriers between organisations and use innovative approaches to improve the quality of care. We want to get to a position where people in Northumberland are living independently for as long as possible with the best health possible, not because that may make our health and care system sustainable, but because it's the right thing to do for our residents. Over the last few years though there has been an unprecedented increase in the demand on health and social care. Here are a few key facts:

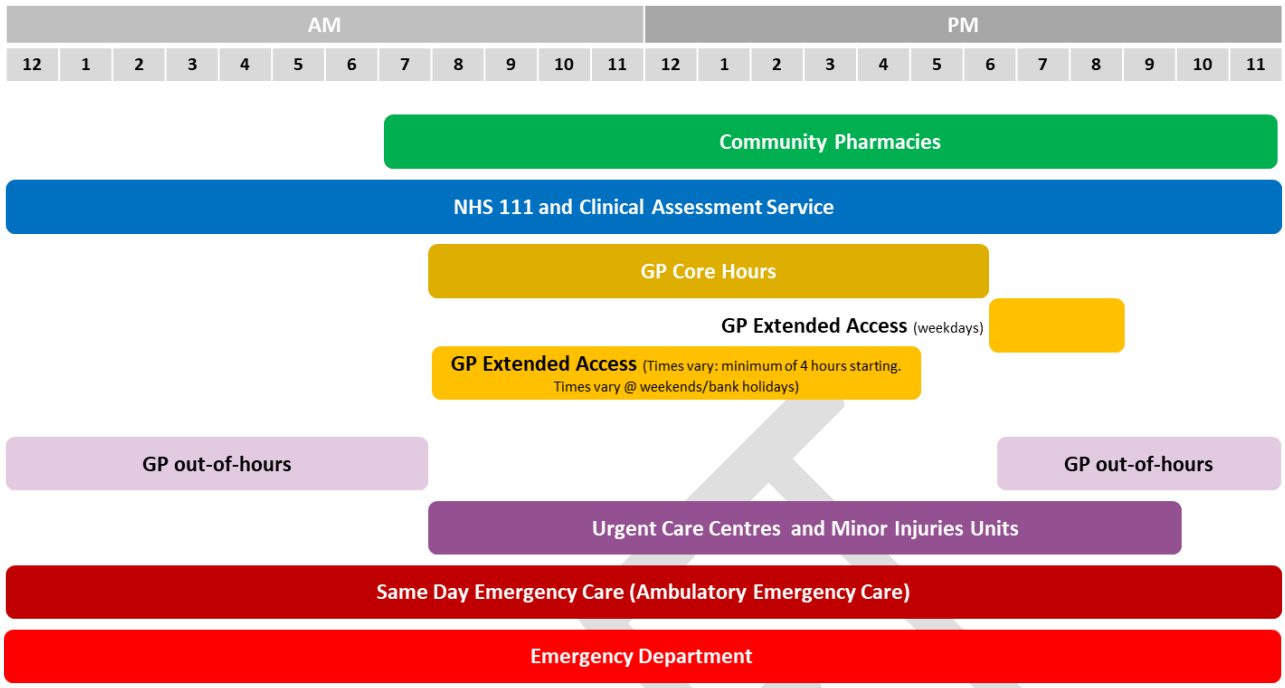
- There were almost 114,000 hospital admissions for NHS Northumberland CCG patients in 2018/19
- Northumberland County Council currently provides services to 3170 people aged 18-64 years of age and 8175 people 65 years of age or older.
- People living in the least deprived areas of Northumberland can expect to spend 16.6 years longer living in good health than people living in the most deprived areas.
- Smoking continues to be the biggest cause of preventable ill health but although smoking prevalence in Northumberland is the lowest in the North East, 30% of adults in routine and manual occupations (25.5% in England) and 37.1% of adults with serious mental illness (40.5% in England) still smoke. And 12.9% of pregnant women were reported to be still smoking at time of delivery during 2016/17
- Both the rate of hospital admissions for alcohol-related conditions and the total volume of alcohol sold (off-trade) per adult are significantly higher in Northumberland than in England
- More than two-thirds (69.8%) of adults living in Northumberland are overweight or obese (2013-15) compared to 64.8% in England; in 2015/16, a third of children in year 6 (10-11 years of age) were overweight or obese.
- A quarter (24.3%) of adults in Northumberland are inactive, compared to 22.3% in England.

Current Urgent Care Provision

Within Northumberland patients with urgent and emergency care needs can currently access support through a range of services including: NHS 111 and its Clinical Hub (the Clinical Assessment Service (CAS)), two UCCs, four MIUs, the Emergency Department (ED) at Northumbria Specialist Emergency Care Hospital (NSECH), 41 GP practices, Extended Hours in Primary Care, GP Out of Hours service, and 75 community pharmacies.

Diagram 3 highlights the spectrum of current provision across

Diagram 3: Current services accessed for Urgent and Emergency care needs in Northumberland



Community Pharmacies

There are 75 pharmacies in Northumberland, including six 100 hour pharmacies and one internet/distance selling pharmacy. Access to community pharmacies across Northumberland is well provided for Monday to Friday, 9am to 5pm. Hexham, Morpeth and Ashington have an over-provision of pharmacies during these hours; however, this provides additional patient choice, and extra capacity to provide enhanced services.

NHS 111 and Clinical Assessment Service

The NHS 111 and Clinical Assessment Service (CAS) for Northumberland is part of a regionally commissioned service for the CCGs in the North East. Patients calling NHS 111 who need clinical input can now be transferred to the CAS and speak directly to a clinician who will seek to complete the call there and then without the need to transfer the patient elsewhere. The aim is for NHS 111 and the CAS team to be able to directly book patients into an appointment at an Urgent Treatment Centre if needed, following a clinical assessment over the phone. This service also has the opportunity to direct to self-care if clinically appropriate. Work is currently underway to implement SystmOne within the two existing UCCs in Northumberland, which will enable pre-bookable appointments into these services. This is a nationally specified requirement of any future UTC.

General Practice

Northumberland has 41 practices in four localities (East, West, North and Central) that are also now forming into 6 Primary Care Networks across the county. NCCG, as the direct commissioner of general practice, has agreed a strategy to enable the sustainability and transformation of general practice and this aligns with the NHS GP Five Year Forward View and NHS Long Term Plan.

NCCG also commissions locality based Extended Hours in Primary Care which aims to improve seven day access to general practice. Extended Hours in Primary Care offers additional appointments with GPs during the evenings and at weekends and the service is delivered on a locality basis from one location on behalf of a number of practices in that locality. Whilst Extended Hours appointments are aimed at patients requiring routine care, the availability of increased numbers of appointments and the potential to be seen either the same day or within a 24 hour period can often avoid people self-presenting at ED because they have been unable to secure such an appointment.

GP Out of Hours Service

The Northumberland GP Out of Hours (OOHs) service is provided by GPs and Advanced Nurse Practitioners/ Emergency Nurse Practitioners, and is accessed outside of normal surgery hours via NHS111. Patients are triaged and provided with advice, which can then be followed up with a home visit or a centre- based visit, where appropriate. Where a centre visit is required, these patients are booked directly into the GP OOHs service following assessment by NHS 111 through the NHS Pathways triage system. The patient is advised of the time and location of their appointment and given advice on what to do should their condition worsen in the intervening period. The GP OOHs service in Northumberland is currently co-located in the two UCCs and Alnwick and Berwick MIUs.

Urgent Care Centres and Minor Injury Units

The urgent care needs of Northumberland residents are served from a number of locations, for the assessment and treatment of minor illness and minor injury. There are two UCCs in Northumberland with diagnostics available at the following sites:

- Hexham General Hospital
- Wansbeck General Hospital

There are also two MIUs with diagnostics available at:

- Alnwick Infirmary
- Berwick Infirmary

Additionally there are two other services that provide minor injury management for walk in patients in:

- Blyth Community Hospital
- Haltwhistle War Memorial Hospital

These two services have reduced opening hours as compared to the UCCs and MIUs, with Blyth also being a weekday service only.

The differing scope of services, naming and designation, and the staffing model for each, has led to confusion for patients.

Same Day Emergency Care

Sometimes called 'ambulatory emergency care', same day emergency care is a transformational change in care delivery similar to that seen in elective day surgery. It is a way of managing a significant proportion of emergency patients on the same day without admission to a hospital bed. Patients are managed in a timely and clinically appropriate way with rapid access to diagnostics and robust clinical assessment.

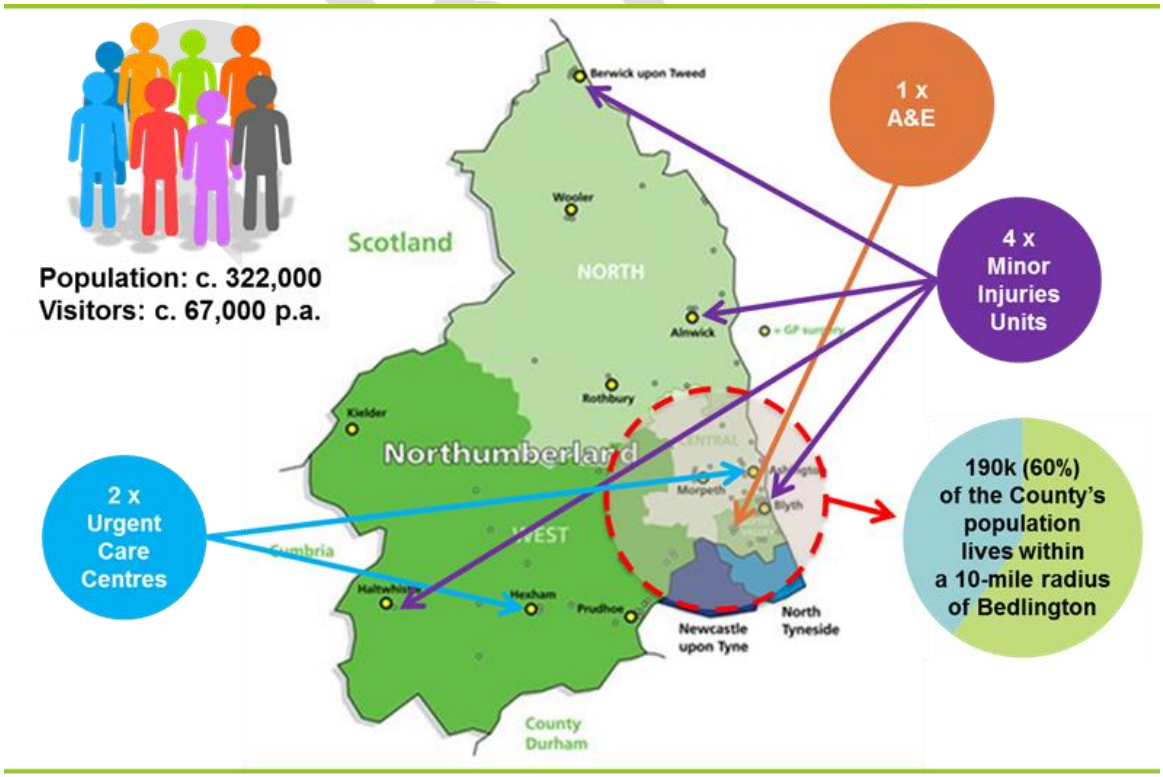
Same day emergency care gives the opportunity to better manage patient flow, improve patient experience and reduce acute hospital admissions. Patients may be referred to SDEC by their GP, A&E or other route. The Northumberland SDEC vision is to facilitate clinical discussion between key partners to ensure appropriate patients access SDEC, with patients receiving the right care, in the right place, at the right time. Currently access to SDEC is within dedicated facilities at NSECH.

Emergency Department

Currently patients are conveyed by Ambulance to A&E (also known as the Emergency Department) at NSECH for their emergency care needs, however, a large number of patients also self-present, which was not the original intention of the department when it was developed. The department does not currently turn away any patients or stream to other facilities and all are treated on site. Analysis has shown that a significant proportion of presenting patients do not have emergency care needs and could be dealt with by primary care, which could be on site or in either a primary care setting or at an alternate urgent care facilities.

Diagram 4 below shows the locations of all the UCCs, MIUs, and the SDEC unit and A&E at NSECH.

Diagram 4: Locations of Urgent Care facilities in Northumberland



Out of Hospital reform
In Northumberland work is ongoing to review clinical pathways to embed prevention, assessment and intervention across the pathway, and to reshape health and community teams to maximise the skills in the workforce, to understand the role of specialists in support of generalist colleagues, and to maximise care provision in community settings, preventing admissions and actively 'pulling' patients out of hospital where admission has been required. New ways of working, and new roles are being explored along with opportunities to use technology to enhance capacity in community integrated care.

In line with the NHS Long Term Plan, additional national investment will flow into primary and community health services in Northumberland from 2019 - 2023 to expand the workforce and fund new services. A key requirement is the establishment of Primary Care Networks (PCNs) of which there will be 6 in Northumberland, bringing together local GP practices with multidisciplinary community teams to support the provision of integrated health and social care in communities. Pharmacists, physios, paramedics, physician associates and social prescribers will form part of these expanded community teams providing tailored care for patients and allowing GPs to focus more on patients with complex needs. These new roles and enhanced teams will also need to consider how they work alongside existing community professionals such as community nursing, therapists and social care staff, plus nurse practitioners and advanced nurse practitioners working in practices and out of hours services.

The new advanced service specification for Community Pharmacists, the NHS Community Pharmacist Consultation Service, aims to connect patients who have a minor illness, or a need for urgent supply of previously prescribed urgent medicines, with a community pharmacy which should rightly be their first port of call. This will begin with referrals from NHS 111 followed by the piloting of expansion to referrals from GP practices, 111 online, UTCs and ED, with aim of appropriately relieving pressure elsewhere in the urgent care system. There is also a need to consider how we expand pathways and support from dentists and optometrists in community settings for specific urgent care needs that can be dealt with more appropriately.

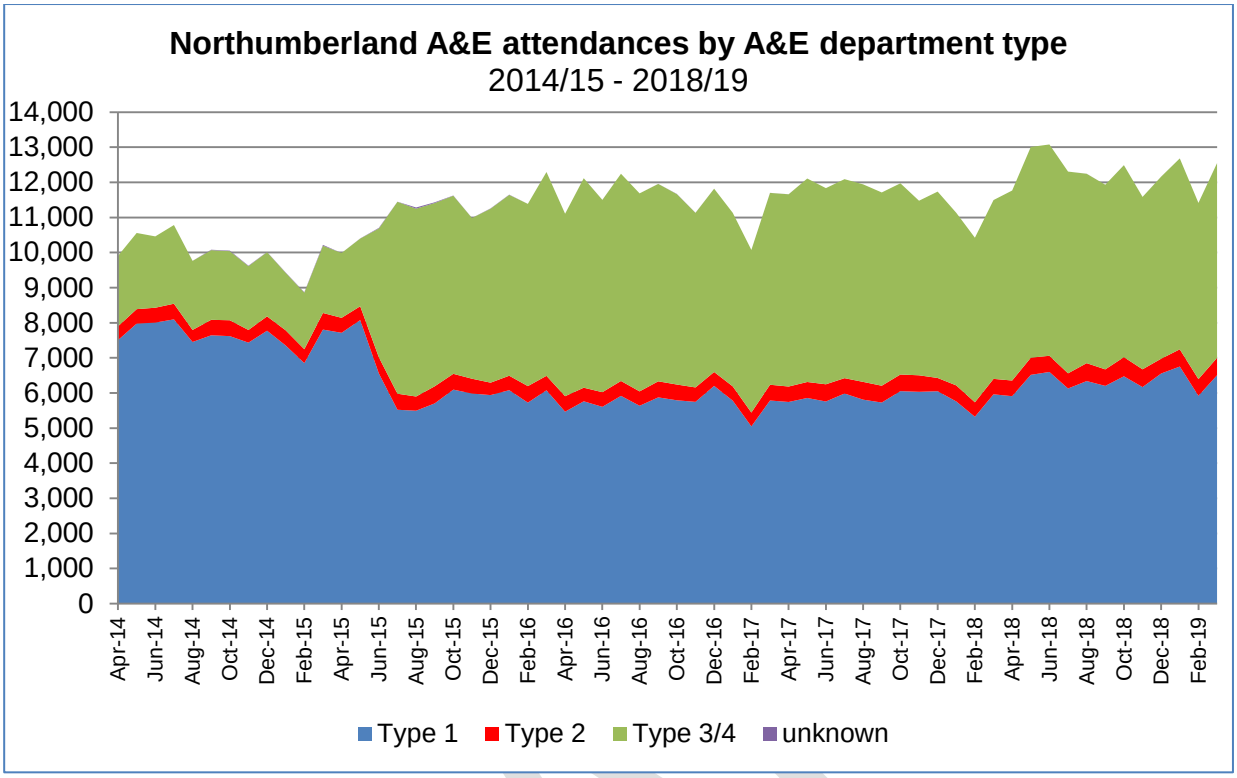
In Northumberland, partners under the auspices of the System Transformation Board are considering the opportunities to introduce these new roles in the community taking into account the full health and care system, so that the workforce needs and interdependencies across all pathways and services are acknowledged, including those of the urgent care system.

Why local urgent care services need to change
A gap analysis has been undertaken on the way urgent care services are currently provided for patients across Northumberland. Feedback from patients tells us that it can be confusing due to the different settings, variable service offers and opening times. We know from discussions with professionals that services are not as joined up as they could be, and the overall fragmentation of the system means that many patients may not be able to access the most appropriate urgent care service to suit their needs. This can lead to duplication and over-use of the most expensive services, at significant cost to the NHS.

As shown in the diagram 5 below from 2014 to 2019 we have seen an overall increasing trend in A&E activity year on year (Type 1 – 4). There has been an increase

by 23% when comparing the activity overall between 2014/15 with 2018/19. This data includes patients presenting at the ED at NESCH along with the UCCs and MIUs

Diagram 5: A&E activity 2014 - 2019



A Type 1 A&E department is a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients. Type 2 is the same but for specialist patients such as ophthalmology or dental.

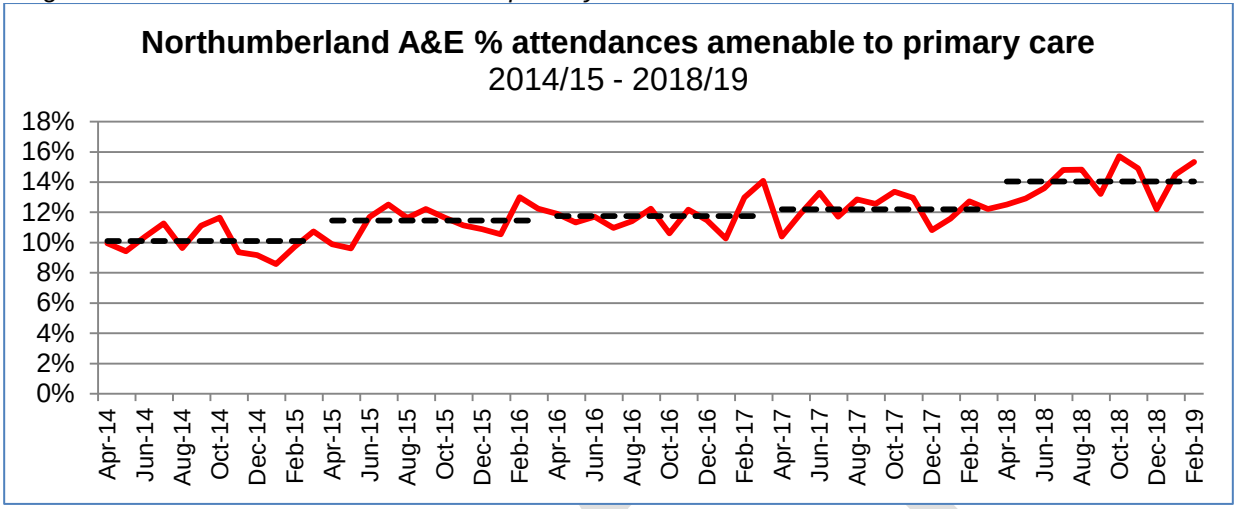
A Type 3 and Type 4 A&E department could be any other type of A&E, Urgent Care Centre and Minor Injuries Unit / Walk in Centre which can be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment.

On average there were 8,042 Types 1 and 2 patients seen per month in 2014/15 compared with 6,818 in 2018/19, although in recent years there has been a steady increase in activity since a low point in 2016/17 of a monthly average of 6,138. Types 3 and 4 have seen a more significant increase per month. An average of 1,932 patients per month seen during 2014/15 compared with 5,450 per month in 2018/19.

UCCs were originally envisaged as more appropriate care provision than ED for people accessing ED for non-life-threatening care. It was originally hypothesised that patients would access UCCs instead of ED resulting in less people overall accessing ED however we can see that this is not the case as attendances at ED have increased year on year despite the additional activity seen in the UCCs.

The graph in Diagram 6 shows the A&E attendances that were amenable to primary care, with a year on year increase in attendances amenable to primary care and a 4% increase over period (2014/15 (10.1%) to 2018/19 (14.1%)).

Diagram 6: A&E attendances amenable to primary care



This correlates with national research which found that of first time attendances to EDs, 15.1% were defined as non-urgent. The study also found that non-urgent attendances were significantly more likely to present out of hours than in hours and odds of a non-urgent attendance were significantly higher for younger patients (aged 16–44) compared to those aged 45–64 and the over 65's.[6]

Across the North East health economy the proportion of ambulance turnarounds conducted within 30 minutes has also deteriorated between 2014/15 and 2018/19.. The average in 2014/15 was 90.3% compared to 39.4% in 2018/19 although data collection has improved significantly during this period.

Engagement

Over the past few years NCCG has engaged with partners and stakeholders across Northumberland, including members of the public, patients, statutory and voluntary organisations and providers of both health and social care.

Some key things that patients and the public have told us include:

- They want us to make it easier to access primary care services
- They sometimes find it difficult to get a same day appointment at their practice
- They find the range of names and terminology for urgent and emergency care confusing
- They are unsure what services and facilities are available at various locations
- They don't think that services are as joined up as they could be and that communication between GPs and hospitals could be improved
- People with long term conditions told us they want tailored advice to manage their condition and easier access to a GP appointment

[6] Characterising non-urgent users of the emergency department (ED): A retrospective analysis of routine ED data, Colin O'Keeffe , Suzanne Mason, Richard Jacques, Jon Nicholl February 23, 2018

From engagement activities we know that:

1. The current system is too complicated to navigate effectively. We know this because:

- In previous engagement exercises the public have said they find the UC system confusing, and they don't know where best to go to get their health care needs met
- Research has found that staff are nearly as confused over the definitions of urgent and emergency care as the public which adds to the overall complexity for patients and the public.
- Patients attending NSECH report feeling unsure about which facilities and testing was available from other services such as, Urgent Care being unable to provide x-rays or blood tests, therefore either being informed by other services or having the perception that NSECH was the only hospital to provide the particular services they needed.

2. The current system does not provide the UC service that the people of Northumberland would prefer. We know this because:

- People attending at NSECH have told us they would prefer to be treated at a location closer to where they live
- Local data shows us that people in Northumberland continue to access ED for nonlife-threatening needs despite the provision of GP led UCCs and nurse led MIUs across the county
- Local data show us that the number of people going into ED has increased year on year
- People have told us that access to primary care is not always easy and therefor the default option is to walk-in to a facility where you know that you will be seen
- Regional research found that services are not as responsive to the needs of people with mental health problems and those with a learning disability.

3. People are not getting their urgent care needs met effectively in the current system. We know this because:

- On average 14% of people attending ED had and ailment or injury that was amenable to treatment in primary care
- Over one fifth of patients who attend ED and UCCs do not require any investigate or significant treatment
- A significant number of patients who call NHS 111 and are referred to a service other than ED or UCC, ultimately end up presenting there
- When people are seen by their GP practice or in primary care hubs, the GP can see their whole medical history, but in ED or the UCCs/MIUs, while they have access to diagnosis, medications and details of hospital admissions and treatments, they don't have access to the whole patient case notes including End of Life care preferences (for example DNACPR, ADRT) and other critical information that will impact on decisions of how to respond during encounters with the treating service.

- Patients and professionals tell us that they are happy for their information to be shared to enable delivery of joined up care but report that this does not often happen
- UCC and MIU providers have issues with recruitment of GPs and Emergency Nurse Practitioners to work in the centres

4. Northumberland residents have an overreliance on hospital care. We know this because:

- The amount of people accessing ED has not reduced despite the provision of two UCCs and 4 MIUs
- A significant proportion of people attending ED in Northumberland leave the department without receiving any treatment or are discharged requiring no follow up or follow up by their GP

National engagement work as part of the 5YFV highlights the need for services to keep pace with societal and technological changes, particularly the use of online services which have led to a culture of immediacy and rising expectations.

Regional behavioural insight work has highlighted that the public are concerned about the potential misuse of urgent and emergency care. Speed of access and quality of service were cited as the main factors that would avoid patients seeking or escalating to another service. Patients felt that if they could get speedy access they would use their surgery as the first port of call, however, participants felt that if access to a GP could not meet the 'speedy' criteria care then patients would access elsewhere as the default position.

6. Vision and Future Service Model

Vision and Design Principles
The model for urgent care in Northumberland must:

- Be easily understood
- Provide services than can meet the demand of urgent care conditions in and out of hours, providing timely, accessible and appropriate care.

Our overall vision is

An integrated urgent care delivery model which is simple for patients and professionals to access, which delivers safe, sustainable, responsive and high quality care meeting national best practice standards, and promotes and supports patients return to health and independence

The aim is that within three years the CCG will have commissioned fully integrated, 24/7, seamless urgent care provision across Northumberland.

Our vision is simple, for those people with urgent but non-life threatening needs, we must provide accessible, responsive, effective and personalised services, outside of a hospital environment when clinically appropriate. These services should deliver care to

the highest standards, and quality of care will be based on nationally and locally agreed outcomes. The urgent care model has primary care at the heart of the service; GP leadership will be central to the development and delivery of this model.

Urgent care provision must be aligned to changes within primary care, taking into account changes in the GP contract as well as the emerging Primary Care Networks (PCNs) and the developing out of hospital agenda.

There is also an ideal opportunity now, both with the start of a new community pharmacy contract, and the development of PCNs to try and extend further the role of community pharmacy in dealing with pressures in the system.

In 2013, NHS England (NHSE)[7] set out the following principles for a new system of urgent and emergency care:

- Provides consistently high quality and safe care, across all seven days of the week
- Is simple and guides good, informed choices by patients, their carers and clinicians
- Provides access to the right care in the right place, by those with the right skills, the first time
- Is efficient and effective in the delivery of care and services for patients.

Taking the learning from national best practice and evidence, and feeding in the key themes from our engagement work; we propose the following five principles to guide the redesign of UC services across Northumberland:

1. ***Increase self-care through access to good quality information and appropriate clinical advice***
2. ***Ensure service delivery is appropriate to needs, accessible and responsive***
3. ***Simplify access by improving integration across health and social care and reducing duplication of services***
4. ***Be safe, sustainable, and provide high quality, care***
5. ***Meet mandated requirements***

Increase self-care through access to good quality information and appropriate clinical advice
What does this mean?
• people will able to access good quality information that enables them to self manage rather than seeking urgent advice when appropriate, and understand the conditions requiring urgent same day attention • people will be able to access clinical advice to meet their needs in a timely way • advice will be tailored to individuals to meet their specific needs • health and social care staff will adopt a realistic medicine approach putting the

[7] Principles for urgent and emergency care in England - Transforming urgent and emergency care services in England -Urgent and Emergency Care Review - End of Phase 1 Report- NHS England 2013

person receiving care at the centre of decisions made about their care
- we will encourage health and social care staff to find out what matters most to you so that the care of your condition fits your needs and situation
- people will not need to attend a service just to be given advice on how to care for themselves

What could success look like?

- people will be empowered to take responsibility for their own minor health needs
- people will know where to go to access evidence based clinical advice
- people will receive consistent evidence based advice
- people will trust the advice, and this will give them confidence
- people will have a greater understanding of what conditions require an urgent response
- people will access the right level of service for their needs
- shared decision making between health and social care staff and patients
- we will ask stakeholders what they want success to look like

Ensure service delivery is appropriate to needs, accessible and responsive

What does this mean?

- for simpler health care requirements people will seek telephone advice first, and use appropriate local services such as pharmacies and general practice
- services that do not need to be provided in a hospital but could not effectively be provided by general practice care, will be provided in either locality primary care hubs or in county wide community services
- we aim to ensure appropriate and accessible locations to reduce travel time for simpler and easy to treat urgent care needs, with people only needing to travel longer distances to access more specialist services
- we will ensure appropriate and accessible transport options are in place
- people will receive timely care where they require it

What could success look like?

- patients present appropriately at the right place ensuring their health needs are met in a timely way, thus improving their longer term health outcomes which will support long term system sustainability
- people self-present to ED only when they have life threatening conditions
- people who require advice are able to access alternatives to attending at urgent and emergency care services
- general practices are supported by their local primary care hub
- we will ask stakeholders what they want success to look like

Simplify access by improving integration across health and social care and reducing duplication of services

What does this mean?

- there will be fewer, but more improved, ways of accessing UC services
- NHS 111 will be integrated with UC services
- seamless pathways across services and transfer of information to support patient care

What could success look like?
• people will know who to contact to get their health needs met • people will access the appropriate service for their needs • people will get their needs met at the service they access • people who require it (for example people with long term conditions) will receive continuity of care • people with complex needs will have agreed care plans in place to meet all their health needs including UC • we will ask stakeholders what they want success to look like

Be safe, sustainable, and provide high quality, care
What does this mean?
• our aim is that there are no serious incidents • all clinicians and services meet required quality standards of care • services meet best practice and are evidence based • patients are asked about their experience of services, and any concerns are listened to and where possible acted upon • resources are used to maximise the health of the population
What could success look like?
• patients receive high quality care • people live longer and with more years of good health • people value the system and their behaviour reflects this • patients are seen as partners in their care • we will ask stakeholders what they want success to look like

Meet mandated requirements
What does this mean?
• access to clinical advice as appropriate via NHS 111 • 24 hours/7 days a week access to appropriate services via NHS 111 • 7 day extended access to General Practice (evenings and weekends) • access to community pharmacy consultation services via NHS 111 and other professional referrals • implementation of national UTC specification • consistent use of regional DoS profiles to ensure equity of access • rebranding of UC facilities to A&E, UTC or primary care hubs
What could success look like?
• people will be empowered to manage self-limiting health needs • people access the most appropriate service for their needs by phoning NHS 111 • people will be able to access General Practice in a timely way • only people who need specialist care will need to access the ED • we will ask stakeholders what they want success to look like

What will the future UC model in Northumberland look like?

There is a need for the CCG to review existing urgent care provision in light of national policy, and the regional and local context and drivers for change, in order to set out the changes that need to be made to ensure high quality urgent care can be delivered to meet local needs whilst making best use of existing resources.

This UC Strategic Direction is the start of a work programme to develop the Northumberland wide UC model. The future UC model has not yet been defined as we wish to co-produce this with patients and partners across the county.

Further documents will be produced by NCCG as this work develops.

The following draft objectives of the new model have been developed in light of our engagement and review work to date which will be tested as part of our further engagement work:

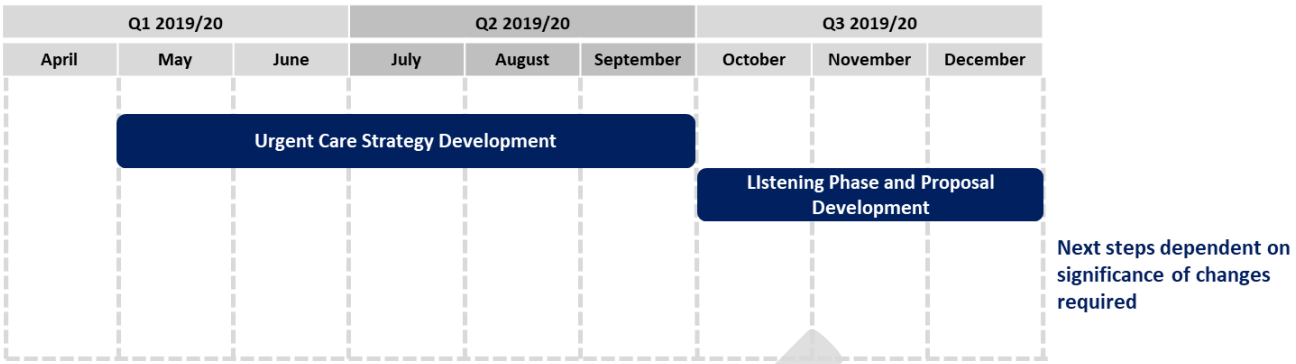
- ***The public will have access to good quality information and guidance in the event of them needing urgent or emergency care***
- ***Patients will be encouraged to use NHS 111 as the central point of access for urgent care advice and triage so that patients can 'talk before they walk'***
- ***Patients will be seen at the right time, in the right place, by a person with the appropriate skills to manage their needs***
- ***Only patients requiring emergency care will navigate into our emergency care services***
- ***Urgent care services will be accessible and responsive***
- ***We will ensure an evidence based approach to commissioning services***
- ***Services will be joined up, seamless and co-ordinated***
- ***Services will be safe, responsive and a high quality***
- ***Real time information, essential to patient care, will be available to professionals involved in a patients care***
- ***We will monitor the quality and experience of urgent care services and ensure continuing improvement***

The next step is to continue with our engagement programme with patients and partners, to further understand what matters to local people, what the evidence and partners tell us works well and areas for improvement.

We are developing a 'Listening Document' based on the strategic direction, which incorporates the views and evidence from this first stage, and we will use this to undertake further engagement and 'listening', holding open and honest conversations, explaining the challenges the CCG has around urgent care and asking a series of questions the CCG would like to explore. Following consideration of the views heard in the engagement and listening phases, we aim to co-produce proposals for future service configuration in each locality.

The results of the above will inform the CCG's urgent care commissioning intentions and any subsequent procurement required. An outline timeline for is provided in Diagram 7 below.

Diagram 7: Outline timeline for engagement and proposal development



7. Enablers and Interdependencies

Enablers

Clinical leadership

The principal of having clinical leaders at the forefront of progressing the vision provides a strong basis for taking forward the reconfiguration of urgent care services in Northumberland. Service developments that arise from the Strategic Direction will be based on clinical best practice and learning from national and local reviews.

Patient and Public Engagement

The CCG is committed to engaging with the residents of Northumberland to inform service redesign and development, which includes commissioning urgent care services. To take the urgent care strategy forward we will need to develop a communication and engagement strategy supporting the continued involvement and engagement of patients. By listening to the experiences and views of our patients we can redesign urgent care in line with local needs.

Workforce Development

Delivering the Strategic Direction is dependent on having suitably competent staff. Development of a workforce strategy to support the new delivery models will be key to our success and linking this to the developing Primary Care Strategy for Northumberland. The requirements for UTCs to be GP led will place increasing pressure on the GP workforce and as such implementation will look to utilise an increasing skill mix through the inclusion of other professionals such as; Emergency Care Practitioners and Community Paramedics

Data and Digital Technology

Better use of data and digital technology has the power to support people to live healthier lives and use care services less. This may be through using technology to improve access to services such as through NHS 111 or online patient consultations; to support patients to manage their own condition; enabling care to be patient-centric, not limited by care settings and organisational boundaries and enabling shared access to the patient care record. Key is direct booking into ED, SDEC, UTCs and primary care hubs, from NHS 111 and between service providers to improve patient flow. Implementation of this Strategic Direction will embed shared access to data and use of digital technology as key components of future service requirements.

Utilising Estate
Urgent care services are delivered from a number of facilities and locations across the county. Within this process our estates provision will be reviewed to ensure we make best use of the available facilities to support the delivery of urgent care provision and that these are appropriate and fit for purpose to meet the requirement of national and local service specifications.

Interdependencies
Throughout the development and delivery of this Strategic Direction due consideration will continue to be given to the various interdependencies with other local strategies and programmes, including:

- Northumberland CCG's Operational Plan 2019/20
- Northumberland Joint Health and Well Being Strategy 2018-2028
- Northumberland System Transformation Board Health and Care Strategy 2019/20

Specifically the Strategic Direction will take into account the synergies and interdependencies with the following system transformation workstreams:

- Whole Systems Approach to Improving Health and Care
- Children and Young People
- Mental Health, Learning Disabilities and Autism
- Primary Care and Community Services
- Elective Care and Outpatients

8. Leadership and Governance Arrangements

Northumberland CCG is both responsible and accountable for urgent care services for the local population and anyone present in Northumberland. However the CCG recognises that urgent care cannot be commissioned or delivered in isolation and is therefore working with system partners through the following Boards to discharge their statutory responsibilities with regards to urgent care:

- Northumberland Health and Wellbeing Board
- Northumberland System Transformation Board
- Northumberland and North Tyneside Local A&E Delivery Board

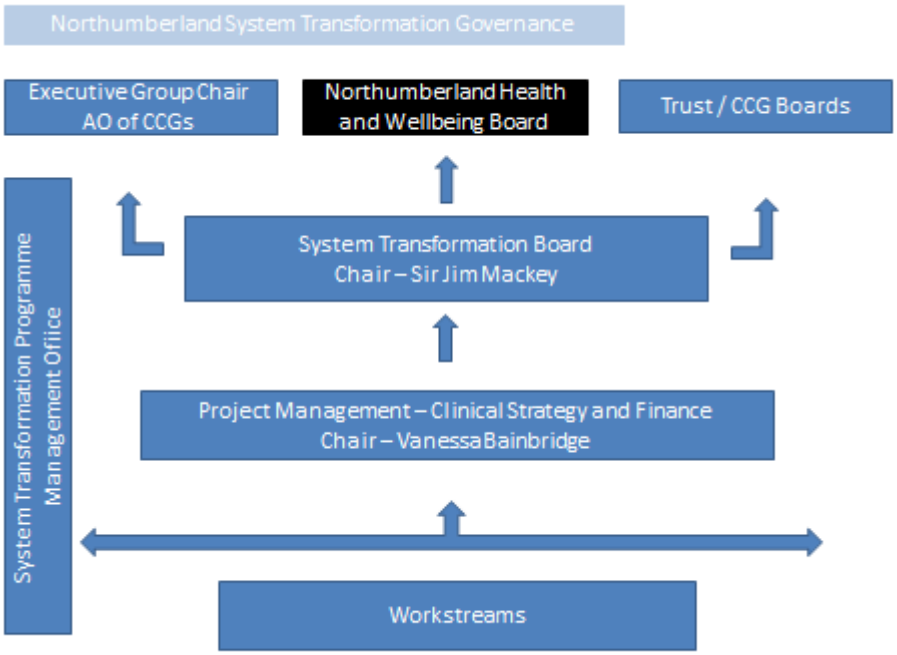
Specifically the Health and Wellbeing Board (HWBB) aims to transform the way health and social care services are commissioned and provided to promote integration, improve the health and wellbeing of the population of Northumberland and reduce health inequalities. This Strategic Direction will be aligned to the Joint Health and Wellbeing Strategy 2018-2028.

The System Transformation Board (STB) is responsible for leading and enabling the delivery of clinically and financially stable care services across Northumberland, connecting the health and social care system to deliver care focused on an outcomes

framework, and enabling a shift from secondary to primary and community care, in the best interests of the person.

This Strategic Direction will be aligned to the aims and underpinning principles of the STB and sits within the Urgent and Emergency Care workstream of the STB. The Board will oversee the development and implementation of the Strategic Direction, receiving progress reports on progress of the transformation work and ensuring that implementation takes into account synergies and interdependencies across all system transformation workstreams. On overview of the supporting governance structure is shown in Diagram 6 below.

Diagram 6: Northumberland System Transformation Governance



The Local A&E Delivery Board (LADB) covering Northumberland and North Tyneside has a number of key roles in relation to leading and overseeing system planning and resilience in relation to UEC and specifically delivering national, regional and local UEC Strategy. The LADB will support delivery of specific actions arising from the development of the Strategic Direction as determined by the STB.

Throughout the process of developing this Strategic Direction, Northumberland Overview and Scrutiny Committee (OSC) and NHS England will be informed of the ongoing process regarding the significance of any emerging proposals for service reconfiguration. Consideration as to the needs for a formal consultation process will be given in collaboration with both of the above.

9. Performance Management Framework

The CCG is currently monitored nationally against the following Key Performance Indicators (KPIs) that relate to the provision of UEC.

- A&E performance against the 4 hour target for patients to be either treated or admitted from arrival within the department,
- GP Extended access – to ensure that there are appointments available outside normal hours of GP surgery opening
- Provision of access to online consultations
- Ambulance response time performance
- Proportion of ambulance calls that are managed through hear and treat, see and treat or transported to an alternative site other than an A&E department.
- Emergency hospital admissions activity along with average length of stay.
- Turnaround times for ambulance measuring the time spent from arrival with a patient to being clear to respond to another call. (This is a local measure however is a valuable indicator as to the performance of UEC system)

The CCG with its partners on the System Transformation Board (STB) are developing an Outcomes Framework that will support the delivery of the ambition and strategy of the local system to which this Urgent Care Strategic Direction is aligned. Diagram 7 shows outcomes and metrics being considered by the STB which relate to UEC:

Diagram 7: STB UEC Outcome Measures

A1: The health and care system works to improve the overall health of the population

Priority	Indicator
First Order	Excess Winter Deaths (persons)
Second Order	Mortality rate from causes considered preventable (persons)

A2: People are supported to lead healthy lifestyle and are protected from illness

Priority	Indicator
First Order	Smoking Prevalence (adults)
Second Order	Alcohol related hospital admissions (persons)

A3: The health and care system works with others

Priority	Indicator
First Order	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (persons)
Second Order	Social isolation: proportion of people who use services who reported that they had as much social contact as they would like

B4: People have access to services when they need them

Priority	Indicator
First Order	The ability to get an appointment or speak to someone in primary care
Second Order	Common surgical procedure rates

B5: The health and care system works to reduce unplanned hospital admissions and the time people spend in hospital

Priority	Indicator
First Order	Inequity in avoidable emergency admissions / for urgent care sensitive conditions
Second Order	Emergency admissions for acute conditions that should not usually require hospital admission (persons)

B6: people are supported to recover from illness or injury and stay healthy after treatment

Priority	Indicator
First Order	One year survival from all cancers (persons)
Second Order	Leaving hospital, did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

B7: People receive services which are coordinated and person-centred

Priority	Indicator
First Order	Were you involved as much as you wanted to be in decisions about your care and treatment
Second Order	Delayed transfers of care

B8: People are supported to maintain their independence and manage their own health

Priority	Indicator
First Order	Long term support needs met by admission to residential and nursing care homes (age 65 and over)
Second Order	Proportion of people who use services have control over their daily life

10. Conclusion

Like many areas, the current model for UC in Northumberland is made up of a number of different services, provided from different locations providing differing levels of care. As such, the system can be confusing for patients to navigate and is failing to have the desired impact of freeing up capacity at A&E to respond to the most complex patients with the highest emergency needs.

This Strategic Direction document outlines the start of a journey for Northumberland, moving towards a more cohesive, simplified model for UC for our residents.

We are committed to achieving this not in isolation but through a collaborative approach whereby our system partners, most importantly the residents of Northumberland, co-produce the new model.

By doing this we will ensure best use of the Northumberland pound but most importantly we will ensure urgent care services enable people to be seen in the right place by the right person, first time and every time.