



Health Scrutiny Panel

7 November 2013

Report Title	A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Wolverhampton Clinical Commissioning Group and the Royal Wolverhampton NHS Trust	
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Recommendation(s) for action or decision:

The Health Scrutiny is recommended to:

1. Support the proposals set out in the strategy document;
2. Supports the consultation document and engagement plan.

Recommendations for noting:

3. Accept the recommendations from the Health and Well Being Board on 6 November 2013 (a verbal update will be provided at the meeting);
4. The limitations for the consultation process.

Purpose

- 1.1 To provide the Health Scrutiny Panel with the draft Urgent and Emergency Care Strategy for Wolverhampton. The strategy will be presented to the Health and Well Being Board for approval on 6 November 2013 and a verbal update following the meeting will be provided at the Health Scrutiny Panel on 7 November 2013.
- 1.2 The Urgent and Emergency Care Strategy has been developed for the city of Wolverhampton and for patients who reside elsewhere but who use our services. The strategy describes a cohesive response to the significant pressures seen within the urgent and emergency care system to ensure that the future system can flex to manage surges in activity, is high quality and affordable for the local health economy.
- 1.3 The existing system was not designed to cope with the levels of activity being seen at urgent and emergency care services across the city and can be confusing and complex for patients to navigate. Doing nothing is not an option.
- 1.4 In anticipation of the Health Scrutiny Panel's support for the strategy and the limitations on possible dates for consultation, a communication plan has been developed together with a consultation document to prepare for the consultation process. Patients have helped us to develop these documents.

2.0 Background

- 2.1 Wolverhampton Clinical Commissioning Group (WCCG) and the Royal Wolverhampton NHS Trust (RWT) are wholly committed to improving the health and wellbeing of our population. We have worked with our health and social care partners to develop a joint urgent and emergency care strategy for patients from Wolverhampton and for those who use our services.
- 2.2 The pressure seen by the urgent and emergency care system in Wolverhampton is unsustainable. Performance on a number of important indicators has worsened over the winter period in 2012 and has continued into 2013. Indicators including how quickly patients are seen, discharged or admitted at the Emergency Department (ED) are particularly affected. This deterioration is also reflected in the experience and quality of care patients receive.
- 2.3 This strategy is centred on improving service provision by examining the whole urgent and emergency care system and describing the proposed arrangements for the future system in Wolverhampton until 2016/17. The strategy focuses on urgent and emergency care however it is interlinked with other strategies being developed for the city such as primary care, long term conditions, mental health, end of life care, health inequalities and intermediate care amongst others. Short to medium term solutions are being developed alongside the strategy and will be delivered in 2013/14.

2.4 This strategy intends to improve quality and translates local and national policy into action, outlines the local context, current activity and defines how the vision for urgent and emergency care will be delivered through a simplified, proactive and flexible system that directs patients to the right service in the right place at the right time.

2.5 There are 4 phases to the delivery of the strategy including:

Phase 1 – Consult (Dec 13- Dec 14)

- Publish strategy and consult to understand patient & stakeholder views
- Work with patients and local partners to develop regular and consistent communication methods & promotional campaigns
- Work with equality leads to undertake an equality impact assessment
- Include the outcomes of the consultation to develop an implementation plan

Phase 2 – IMPROVING PRIMARY CARE (Nov 13 - Dec 16)

- Work with our patients and partners to make changes in Primary Care including a GP home visiting scheme and improving timely access to GP practices
- Improve the quality and integration of out of hours services into the new Urgent Care Centre in 2016
- Develop the required primary care provision required at the front door of ED, test and embed the model working towards 2016
- Develop improved high quality, integrated pathways of care across primary and secondary care supported by telephone access through NHS 111 and Wolverhampton Urgent. Care Triage and Access Service
- Undertake focused work on over 65 years (including care homes) and 0-5 years

Phase 3 – IMPROVING SECONDARY CARE (Nov 13-Dec 16)

- Work with our patients and partners to make changes in secondary care including service provision and improving timely access
- Work together to develop the new ED
- Develop standards of care including senior decision makers at the start of the patients journey from ED
- Work with local authority partners to improve rapid access to social care and seamless service provision across health and social care including care homes
- Work with mental health partners to improve urgent and emergency care provision and response times for patients in crisis

Phase 4 – REVIEW and AMEND (On-going)

- On-going review of system capacity during changes in phases one to three and identify additional changes required to respond to surges in activity
- On-going review of efficiencies and reinvest finances to manage future growth
- Continually develop the IT systems and information sharing required ensuring data is accurate, timely and routinely used

- Monitor activity to identify negative impacts on services further to changes being implemented
- Work with other commissioning areas to develop the urgent care elements of strategies (mental health, social care, end of life, public health, etc) to prevent ED attendance and emergency admissions
- Continue to work with partners and providers such as public health and West Midlands Ambulance Service(WMAS) to deliver improvements in the quality of service provision for patients

2.6 A consultation plan and supporting patient consultation document has been developed with patients, for patients. The timescales for the consultation are not yet confirmed however are expected to start in December 2013. The consultation process must end before the Councils 'Purdah'¹ period begins, this is likely to be at the beginning of May 2014. It is envisaged that once the public consultation is complete, a feedback report will be available to update the public on any changes to our plans.

2.7 The Health and Well Being Board and Health Scrutiny's support is vital in taking the strategy work forward.

3.0 Progress, options, discussion, etc.

3.1 The Joint Urgent and Emergency Care Board have considered the valued feedback from members of the Health and Well Being Board in July 2013 and work has been undertaken to further develop the joint Urgent and Emergency Care Strategy to incorporate the required changes.

4.0 Financial implications

4.1 The strategy provides the strategic direction for urgent and emergency care in Wolverhampton. Any savings and financial implications of the strategy will be developed within the implementation plan for strategy delivery.

5.0 Legal implications

5.1 Procurement and legal implications will be incorporated as part of the programme planning work and will be included within the implementation plan.

¹ Purdah is the period between the notice of the election and the date of the election. During this period central and local government departments are prevented from making announcements about any new or controversial government initiatives which could either be seen to be advantageous to any candidates or parties in the forthcoming election, or which may commit any incoming new administration to policies which it wouldn't support.

6.0 Equalities implications

- 6.1 The Urgent and Emergency Care Board is fully committed to promoting equality of opportunity, eliminating unlawful and unfair discrimination and valuing diversity, so that we can remove or minimise disadvantages between people who share a protected characteristic and those who do not.

All Urgent and Emergency Care services will ensure that services are appropriate and do not discriminate on the basis of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or beliefs, sex and sexual orientation. Where services are required based on age, the reason will be on the grounds of service provision such as children's services or services aimed specifically at older adults due to the nature of their conditions.

Further details can be found in Appendix 1 of the Draft - A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton document. The rights and pledges contained in the NHS Constitution will be upheld at all stages of the patient journey through Urgent and Emergency Care.

7.0 Environmental implications

- 7.1 Procurement and legal implications will be incorporated as part of the programme planning work and will be included within the implementation plan. The new Emergency Department building will be required as part of the strategy work to support the system changes required.

8.0 Human resources implications

- 8.1 Workforce planning will be part of the individual service changes.

9.0 Schedule of background papers

- 9.1 Version 10 of the Draft - A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton was presented to the Health and Well Being Board in July 2013.
- 9.2 Health Scrutiny Panel - Urgent Care Development of a joint urgent care strategy for Wolverhampton City – 28.3.13

10.0 Key Risks

10.1 Key risks relating to the strategy process

- 10.1.1 The consultation period must start in December due to the limitations on consulting during the Purdah period (dates not yet known);

10.1.2 The development of the business case for the new Urgent and Emergency Centre is required by March 2014 due to the enabling and building works to facilitate the new Urgent and Emergency Centre opening in early 2016. Any delays in the strategy sign off or the consultation process will cause significant consequences to the business case approval and subsequently the building process;

10.1.3 The existing contracts for services such as the walk in centre at Showell Park and the GP Out of Hours service are due to expire in 2014. Decisions must be made by December 2013 to support the future of commissioning of these services.

10.2 Key risks relating to the Strategy:

10.2.1 If change to the system is not delivered, key quality measures are likely to be missed;

10.2.2 Our patients have told us that they are confused about how and where to access urgent and emergency care and are using ED as a default. Without the changes to simplify the system there will continue to be additional pressure over sustained periods of time – patients using the Emergency Department, walk in centres, GP Practices and the West Midlands Ambulance Service will be particularly affected;

10.2.3 Patients are using the ED in the out of hours period rather than accessing the GP out of hours service due to difficulties with accessibility, location and confusion on operating hours and accepted conditions. Existing contracts are limiting changes being made to service provision – this cannot be sustained;

10.2.4 The existing Emergency Department was not designed to cope with the existing level of patients using the service. A new centre is required to reduce risk to patient care due to limited space. The building will also provide the opportunity to bring services together and deliver the national agenda for services to provide a 24/7 urgent and emergency care response to patients using services;

10.2.5 There are significant financial implications for the health economy resulting from the increases in activity and particularly the Emergency Department. The future system must be affordable for the future;

10.2.6 The implications of changes at Mid Staffordshire NHS Trust are not yet known however there is a risk that the existing system in Wolverhampton will not cope with additional activity from neighbouring CCG's unless change is made;

10.2.7 The increased pressures and the onset of winter will result in a further decline in the quality of patient care.