



**Wolverhampton  
Clinical Commissioning Group**

The Royal Wolverhampton   
NHS Trust



**Presentation to the Health Scrutiny Panel**  
7<sup>th</sup> November 2013



# A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17:

# Strategy development

- **Significant challenges** faced within urgent and emergency care;
- **System was not designed to cope** with the levels of activity being seen across the city;
- Patients tell us that it can be **confusing and complex** to navigate – they are not sure where to go;
- The strategy describes the pressures experienced within the existing system and describes the direction of travel for urgent and emergency care for Wolverhampton to 2016/17;
- ***Doing nothing is not an option - we must do things differently.***



# The Journey So Far



# Progress

- H&WBB recommendations incorporated within v13.1;
- Additional engagement undertaken with partners;
- Draft consultation plan developed;
- Draft consultation document developed with patients for patients;
- Patient working group challenge – ‘they said, we answered’;
- Significant limitations on consultation due to ‘purdah’ and new ED build.



2013	2014	2015	2016	2017
<p><b>Phase 1 – CONSULT (Dec 13 – Dec 14)</b></p> <ul style="list-style-type: none"> <li>• Publish strategy &amp; consult to understand patient &amp; stakeholder views</li> <li>• Work with patients &amp; local partners to develop regular &amp; consistent communication methods &amp; promotional campaigns</li> <li>• Work with Equality leads to undertake an equality impact assessment</li> <li>• Include the outcomes of the consultation to develop an implementation plan</li> </ul>		<h1>A phased approach</h1>		
<p><b>Phase 2 – IMPROVING PRIMARY CARE (Nov 13 -Dec 16)</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Improve the quality and integration of out of hours services into the new Urgent Care Centre in 2016</li> <li>• Develop the required primary care provision required at the front door of ED, test and embed the model working towards 2016</li> <li>• Develop improved high quality, integrated pathways of care across primary and secondary care supported by telephone access through NHS 111 and WUCTAS</li> <li>• Undertake focused work on over 65 years (including care homes) and 0-5 years</li> </ul>				
<p><b>Phase 3 – IMPROVING SECONDARY CARE (Nov 13-Dec 16 )</b></p> <ul style="list-style-type: none"> <li>• Work with our patients and partners to make changes in Secondary Care including service provision and improving timely access</li> <li>• Work together to develop the new Emergency Department</li> <li>• Develop standards of care including senior decision makers at the start of the patients journey from ED</li> <li>• Work with local authority partners to improve rapid access to social care and seamless service provision across health and social care including care homes</li> <li>• Work with Mental Health partners to improve urgent and emergency care provision and response times for patients in crisis</li> </ul>				
<p><b>Phase 4 – REVIEW &amp; AMEND (On-going)</b></p> <ul style="list-style-type: none"> <li>• On-going review of system capacity during changes in phases 1-3 &amp; identify additional changes required to respond to surges in activity</li> <li>• On-going review of efficiencies and reinvest finances to manage future growth</li> <li>• Continually develop the IT systems and information sharing required ensuring data is accurate, timely &amp; routinely used</li> <li>• Monitor activity to identify negative impacts on services further to changes being implemented</li> <li>• 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</li> <li>• Continue to work with partners and providers such as public health and WMAS to deliver improvements in the quality of service provision for patients</li> </ul>				

# Expected Benefits of Strategy

The true benefits of this work will emerge over time however the initial aspirations include:

- Better Health Outcomes for all and improved quality of care;
- Improved patient access and experience;
- Empowered engaged and well supported staff ;
- Inclusive leadership at all levels;
- 20% of current ED attendances to be diverted to the new UCC by 2016;
- The sustainable delivery of the 95% ED target will be achieved 98% of the time;
- Reduced Emergency Admissions by 2016;
- Patients who arrive at ED by ambulance will be assessed by a clinician within 15 minutes;
- An increase in GP appointments for urgent requests by 2016/17;
- Improved mental health response times within the ED to improve urgent care provision for patients in crisis by 2016/17.

***Success will result in a reconfigured urgent and emergency care system that is organised, effective and efficient and where our patients can find the right care, at the right time, first time. Communication will be improved and our patients will be empowered to know the right service available for their needs.***

