

BNSSG CCG Governing Body Meeting

Date: Tuesday 4th June 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda number: 6.1

Report title: Integrated Urgent Care Service Update

Report Author: Nick Evans, Senior Performance Improvement Manager

Claire Thompson, Deputy Director of Commissioning

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

To update the governing body post implementation of the new Integrated Urgent Care Service in BNSSG.

2. Recommendations

To note the post mobilisation position of the Integrated Urgent Care Service, including service launch, performance, service development, risks and mitigating actions.

3. Executive Summary

The Integrated Urgent Care Service contract started at midnight on 1st March 2019 and the new service was available to BNSSG patients from 12pm on 2nd April 2019.

The mobilisation process was subject to strict monitoring and governance through the monthly Programme Board and the NHS England Checkpoint Assurance Process which concluded successfully with the post 30 day Checkpoint Assurance meeting on the 23rd May 2019.

4. Financial resource implications

None

5. Legal implications

There are no legal implications

6. Risk implications

There are currently no risks identified but during the development of the IUC, an element of shared risk has been identified as a potential barrier to innovation.

7. Implications for health inequalities

There are no serious implications for health inequalities

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no implications for equalities

9. Implications for Public Involvement

There are no requirements for public consultation but as new pathways are developed, relevant engagement will take place with patient groups and key stakeholders.

Agenda item: 6.1**Report title: Integrated Urgent Care Service Update****1. Background**

BNSSG procured an Integrated Urgent Care (IUC) service provided by BrisDoc and Care UK working together as *Severnside Integrated Urgent Care* and the service mobilised on the 2nd April 2019.

2. Service Launch

The IUC service, through the free-to-call 111 telephone number, provides BNSSG residents with health information and advice and, where a caller has symptoms that require a clinical assessment, will carry out that assessment using a blend of Clinical Decision Support Systems (CDSS) operated by trained operators and clinicians, supplemented by senior clinicians such as General Practitioners and Advanced Nurse Practitioners using their clinical skill.

Additionally the IUC service is a source of support and advice for clinicians in the BNSSG system with dedicated support for ambulance crews on-scene with patients, professionals supporting patients in care homes, and community practitioners.

The IUC service had a smooth launch with the establishment of a CAS (Clinical Assessment Service), an Integrated Governance Framework and the testing of a Business Continuity Plan.

3. Performance Update

A new set of National Integrated Urgent Care Key Performance Indicators have been designed for the IUC service, with April's full set of data due the 1st June 2019.

<https://www.england.nhs.uk/wp-content/uploads/2018/06/integrated-urgent-care-key-performance-indicators-quality-standards.pdf>

Until then, Performance has been measured against the 111 KPI's and April's performance is provided in the Table below:

Area Name	Provider	Calls offered	Abandoned after at least 30 seconds	Calls answered within 60 seconds	Number of calls triaged	Ambulance dispatches ⁴	Recommended to attend A&E
BNSSG	Severnside	21,900	178 (0.8%)	20,021(91.42%)	18,428	2,900(15.7%)	1,889(10.25%)

Whilst Call Answering performance started well at mobilisation, it was under the 95% target, impacted by the Easter Bank Holidays, however, abandonment rates have remained well within the required 5% target.

Referrals to 999 (10% Target) and ED (5% Target) remain above the national 111 target although they are in line with national average performance. Local KPIs include:

50% of calls with an initial category 3 and 4 ambulance dispositions are revalidated

50% of calls with an initial ED Disposition are revalidated.

Sevenside achieved 54.52% for ambulance revalidation in April 2019.

However, Sevenside only achieved 28.32% for ED revalidation in April 2019. Sevenside are addressing the under-performance through detailed understanding of the new clinical revalidation requirements and matching their clinical staffing appropriately.

4. Service Development and Improvement Plan

A comprehensive Service Development and Improvement Plan (SDIP) is due to begin after the initial three month “bedding in” period.

The SDIP for 2019 to 2021 includes:

- Reviewing the ED and 999 Clinical validation data and process to reduce inappropriate conveyances and ED attendances.
- Developing the Over 85's and Under 2's pathway, so that a higher proportion of ED and Ambulance dispositions are reassessed by senior clinicians rather than Clinical Advisers.
- The implementation of NHS Online Phase 3 so patients can be guided to the appropriate treatment online.
- Direct Appointment Booking pilot into Urgent Care Centres to avoid patients walking in to ED's.
- Defining and agreeing a new Mental health pathway in line with the National direction that warm-transfers patients in crisis to receive rapid access to specialist support.
- Pathway development for End of Life patients so they are transferred to the CAS for an assessment, taking their EoL plan into account, as NHS Pathways is not usually appropriate.
- Developing a wider professional workforce for the Health Professional Line to support clinical decision making that provides patients with the right care in the right place and reduces inappropriate conveyances and ED attendances.
- Improving Care Home pathways as due to a lack of understanding, training or skill, care home staff may understandably call 999 instead of 111 for lower acuity patients where a conversation with a GP is the better option as a CAS (Clinical Assessment Service) GP is likely to be able to recommend or book a response that keeps the patient in their place of residence rather than them ending up in an acute setting.
- Reviewing the pathways for the Under 12's to give accelerated access to the CAS.

Although not formally part of the SDIP for the service, through the Healthier Together Urgent & Emergency Care Programme in BNSSG there is a workstream around triage, assessment and routing, chaired by the Medical Lead of Sevenside. The IUC therefore has an opportunity to lead and develop the routing mechanism that will be used across the system. The BNSSG currently uses the Directory of Services (DOS) both as the routing engine for IUC and through its extension to MiDoS which is currently used extensively by SWASFT clinicians.

As the IUC develops and we build a more integrated system where transfer between professional and services is the norm, an element of shared risk is the only way to enable change, and further work on this is being undertaken through the Healthier Together programme.

5. Consultation and Communication including Public Involvement

BNSSG opted for a soft launch of the service to allow the service to develop; however, as new pathways are developed relevant engagement will take place with patient groups and key stakeholders.

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