Urgent Care Briefing
for
Oxfordshire Health Overview and Scrutiny Committee
February 2014

On behalf of NHS partners in Oxfordshire

"Previously we have tried to deal with increasing demand by developing new facilities. Although well-conceived and well-intentioned, these have created additional complexity and confusion, not just for patients but also for those working in the NHS.
Starting from scratch, nobody would design the current array of alternatives and their configuration. A short history of the last 30 years reveals that we have opened 'walk-in centres', 'minor injury units', 'urgent care centres' and a vast range of similarly named facilities that all offer slightly different services, at slightly different times, in different places. A telephone service, NHS Direct, was introduced in 1998, and last year was replaced by NHS 111. Even the simple task of ringing a GP practice to request an appointment can result in a frustrating assault course on a telephone keypad.
All the public want to know is that if an urgent care problem ever arises, they can access a service that will ensure they get the right care when they need it. They do not want to decide whether they should go to an MIU, a WIC or A&E, or whether they should ring their GP, 111 or 999. We shouldn't expect people to make informed, rational decisions at a crisis point in their lives: the system should be intuitive, and should help people to make the right decision. We have created a complicated system which in itself has contributed to increasing demand by sending people around various services, confused about who to call and where to go."

Sir Bruce Keogh, Urgent and Emergency Care Review , End of Phase 1 Report, November 2013

1. Introduction

Sir Bruce Keogh's Phase 1 review of urgent and emergency care services published in November 2013 highlighted the complexity of current urgent and emergency care services and made a number of recommendations for improvement (see Appendix 1). This paper sets out to explain the local system, highlights current issues and shows how well organisations are meeting national standards. The report also demonstrates how local initiatives reflect the direction of travel set out in the Urgent and Emergency Care Review.

2. Urgent and Emergency Services

Patient and public engagement exercises consistently show that urgent and emergency care mean different things to different people.

In general:

(a) 'Urgent care' provides the assessment and management of common problems where the patient thinks there is moderate degree of urgency. Much of this care is delivered as part of day to day general practice and high street pharmacies. Over recent years, other services have also been established: NHS 111, Walk-in Centres, Minor Injury Units and First Aid Units.

(b) 'Emergency care' is the assessment and management of illness and injury where the patient or the clinician thinks there is a need for immediate assessment and care of their problem. This care is provided mainly by Accident and Emergency Departments (A&E) and Ambulance Services.

Services in Oxfordshire include:

- Accident & Emergency - A&Es, which are known in Oxfordshire as 'Emergency Departments' or 'EDs' are provided by Oxford University Hospitals NHS Trust (OUHT) at the John Radcliffe Hospital in Oxford and the Horton Hospital in Banbury
- Ambulance Services - provided by South Central Ambulance Services NHS Foundation Trust (SCAS)
- Emergency Multi-disciplinary Units - provided by primary care, OUHT and Oxford Health Foundation NHS Trust (OHFT)
- NHS 111 - including GP out of hours provided by OHFT and SCAS
- Minor Injury Units - provided by OHFT)
- First Aid Units - provided by SCAS (Chipping Norton) and OHFT (Bicester and Wallingford)

3. Accident & Emergency performance in Oxfordshire

The following sets out how well Oxfordshire's A&E service achieve the national four hour standard within which 95% of patients should be seen, treated or moved to the next stage of their care.

Emergency Departments (OUH)

Trends in demand for the service and performance of the service (4 hour wait target):

A&E 4 hour standard trend performance 2012/13 to 2013/14

	2012/13			2013/14		
	Total Attendance	4 hours Breach	Perf %	Total Attendance	4 hrs Breach	Perf %
Quarter 1	31905	3208	89.95%	32956	2463	92.53%
Quarter 2	31836	1259	96.05%	33571	1468	95.63%
Quarter 3	32619	1350	95.86%	33429	1988	94.05%
Quarter 4	31633	3268	89.67%	12020	1287	89.29%
Year Totals	**127993**	**9085**	**92.90%**	**111976**	**7206**	**93.56%**

NB: Q4 data to week ending 2/2/14

As can be seen from the table above, activity has been higher in Q1, Q2 and Q3 this year compared to 2012/13. The forecast for Q4 is approximately 32,000 giving a year-end total of 131,956 which represents an increase of just under 4,000 attendances in 2013/14 compared to 2012/13.

Whilst the four hour standard has not been achieved in three out of the four quarters in 2013/14, overall performance represents an improvement on last year of 0.66% at 93.56%.

Factors impacting this and the impact on other hospital services:

Investment by the OUHT has resulted in a significant improvement in the quality of services provided to patients during the past year. These include:

- increasing the number of permanent beds across the hospital wards by 86;
- enhanced seven day working across various clinical services;
- an increase in senior clinical decision makers in the Emergency Departments and the Emergency Assessment Unit throughout the week.

However, failing to achieve the four hour standard is a major disappointment and impacts on the standard of service. The major challenge during the year has been to maintain flow across the health and social care system. The failure to ensure patients are cared for in the most appropriate environment to their care needs has been the most significant factor in missing the four hour standard. In particular high levels of delayed transfers of care throughout the year are a major concern especially as the number of patients delayed continues to rise, with levels reaching 165 for the week ending the 12 February 2014.

In order to maintain flow across the OUH 60 patients a day need to be discharged from the acute medical, gerontology and trauma beds at the John Radcliffe and Horton General Hospital. This level of discharge has only been achieved on a few days during the winter period with discharges on many days being as low as between 20 and 30 patients.

Whilst managing increased attendances in A&E, poor patient flow and high levels of delays in discharging patients have caused undoubted pressure within the OUH, these pressures are not directly linked to the challenges the Trust has faced in meeting elective standards. A key factor has been a significant increase in referrals and the Trust is forecasting elective activity to be approximately 6,000 higher this year compared to 2012/13

4. Ambulance Services

South Central Ambulance Service (SCAS) achieved the required performance standard for 'Red' calls, both corporately and at Clinical Commissioning Group (CCG) level. A 'Red' call is a call that is classified as immediately life threatening and requires an emergency response (with blue lights). The target is to arrive at these patients within eight minutes in 75% of cases. Examples include: cardiac arrest or life-threatening traumatic injuries or serious breathing difficulties or suspected stroke with serious symptoms.

This standard was achieved at the Oxfordshire CCG level. Whilst not commissioned to achieve this standard at any geographical level below "Cluster", SCAS continues to work closely with individual CCGs and their associated health and social care economies to consider and introduce methods and processes to improve our ability to respond quickly to our patients irrespective of where they are across our whole geography.

The table below shows SCAS response performance, by year, for Oxfordshire County Area as a whole and by individual Oxfordshire District Council areas.

	2010/11			2011/12			2012/13		2013/14		
	Red 8	Red 19	Growth	Red 8	Red 19	Growth	Red 8	Red 19	Red 8	Red 19	Growth
Oxon	77.24%	93.85%	4.70%	77.69%	95.29%	5.30%	76.84%	95.15%	74.54%	95.21%	7.42%
Cherwell	83.85%	96.55%	6.80%	84.12%	96.87%	8.50%	84,45%	97.48%	82.58%	96.13%	11.90%
Ox City	89.58%	99.72%	2.30%	90.04%	99.04%	7.10%	91.18%	99.24%	91.61%	99.18%	16.49%
S Ox	65.99%	90.57%	1.40%	60.87%	93.26%	6.20%	57.25%	90.65%	52.55%	91.46%	1.44%
VoWH	72.40%	92.59%	9.80%	71.42%	93.58%	5.70%	69.22%	92.46%	67.96%	94.02%	17.54%
West Ox	61.86%	84.59%	5.60%	70.48%	90.62%	14.10%	66.45%	91.42%	52.38%	89.43%	-17.13%

Year to date in Oxfordshire, demand has risen by 7%. The increase of acuity of 'Red' calls has risen from 24% to 28%. Both of these factors demonstrate significant pressure on performance delivery. The 17% reduction in growth seen in West Oxfordshire 2013/14 is explained by a change in reporting methods as agreed with Oxfordshire PCT where patients treated at the Chipping Norton first aid unit are excluded from the overall figures unless an ambulance is called to that location. Despite this West Oxfordshire saw 13%

increase in demand. Oxford, Cherwell and Oxford City Districts performed well, however the increase in demand has shown itself in a reduction in performance in South Oxfordshire, West Oxfordshire and Vale of White Horse. Although increased resources have been put into these areas further progress is still required.

There has been a continued improvement in the ability to provide patients with the right care first time. This is evidenced through a steady increase in the number of patients handled locally within their primary care setting, rather than inappropriately transferring them into an ED. See and Treat patients (those managed in a Primary Care setting) has continually increased from 34% in 2011/12 to 41% year to date.

An indirect consequence of this is an increase in the “average” job cycle time. This is measured as the time from an ambulance resource being allocated to an emergency, to the time that resource has finished dealing with that patient and is again clear to respond to another emergency. This has increased by 6% this year.

SCAS continue to strive for greater efficiency methodologies and processes.

This includes:

- Introduction of new staff rotas in the light of current demand profiles (using last year’s data)
- Better integration with “primary” and other “out of hospital” care pathways
- Re-mapping areas where community/co-responder schemes may be of use
- Increases in hear and treat with the implementation of NHS Pathways within SCAS Emergency Operations Centre.

The deployment of community first responders (CFRs) across Oxfordshire continues to support front line operations. Whilst these volunteers are no substitute for fully qualified staff they are able to respond to certain time critical life threatening calls within their neighbourhood making a real difference by saving seconds and minutes whilst paramedics are on route which can make the difference to the outcome.

Following joint work this year with the OUHT the number of ambulances queuing at Emergency Departments has reduced compared with 2012/13. West Oxfordshire District Council is in the process of rolling out 24 Public Access Defibrillators across towns and villages within its area with SCAS delivering 2 hour training sessions. This number is expected to increase to 60 with other areas of Oxfordshire expressing a keen interest.

The National Trauma network has become fully established across South Central. This has established a network of “Regional Trauma Centres” (the John Radcliffe site is one). All SCAS clinical staff have received specific training to ensure they are able to correctly apply the new trauma protocols to determine the appropriate destination for patients (which may well now mean bypassing the nearest ED to go straight to a Regional Centre).

SCAS provides (in conjunction with Oxford Health Foundation Trust (OHFT) Oxfordshire’s 111 service. This service has also become established and has greatly enhanced our collective ability to provide “Right Care, First Time”.

5. Emergency Multidisciplinary Units

The award winning Abingdon Emergency Multidisciplinary Unit (EMU) provides treatment for adults with acute care needs as close to the patient’s home as possible.

Treating only patients referred by a GP or other healthcare professional, it provides medical, nursing and therapist treatments that are not bed-based. The team delivers a comprehensive assessment, acute medical diagnosis and treatment with ongoing care to support patients and carers during episodes of acute illness without acute hospital admission.

Based at Abingdon Community Hospital the Unit is open 7 days a week 8.00am till 8.00pm Monday to Friday and 10.00am to 4.00pm Saturday and Sunday. The Unit has been especially valued during the busy Christmas / New Year period - during December 330 people were seen from South West Oxfordshire practices who would otherwise needed to visit or be admitted to the John Radcliffe Hospital. Feedback from practices using the EMU service suggests high satisfaction rates from both patients and clinicians.

Following the success of the EMU in Abingdon, a similar Unit opened at Witney Community Hospital on 30 December 2013. This Unit has been specifically designed to be dementia-friendly (with input from patients and carers thanks to the Alzheimer's Society). It accepts referrals from local GPs and clinicians for any adult who is in imminent risk of acute emergency medical admission (excluding various critical conditions such as stroke or heart attack). The service is staffed by doctors, nurses, therapists and social workers with health care and administrative support. This Unit is currently operating Monday - Friday, although plans are in place to move to seven day / week service as recruitment for doctors, nurses and therapists continues. It currently sees between 5 and 9 patients each day, and we expect these numbers to increase as the service embeds. The majority of patients are taken home with care and support on the same day, whilst some have a short admission into Witney Community Hospital.

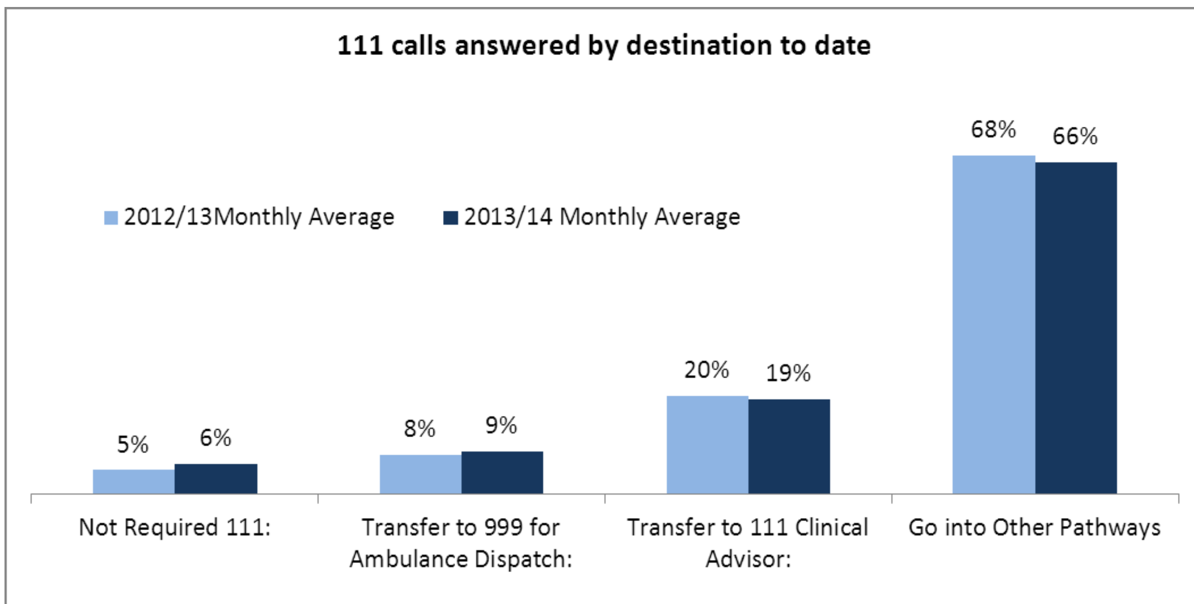
OHFT, OUHT and Oxfordshire County Council are also working together to enhance the emergency multi-disciplinary ambulatory care pathway at the emergency department and emergency admissions unit at the John Radcliffe and Horton hospitals. At both sites the OUH has increased the presence of senior medical staff at the "front door" to increase rapid patient assessment, and increased the nursing skills in the Emergency Department to support GPs in accessing the right care pathway for their patient. This could include telephone advice from an acute consultant, booking a patient into a rapid access clinic or bringing the patient into the Emergency Department for a comprehensive multi-disciplinary assessment, including acute consultant review and diagnostics.

These changes started in mid-December and work will continue to build on these new developments to enhance the emergency multi-disciplinary ambulatory care pathway at the John Radcliffe and Horton.

It is too early to quantify fully yet the impact this will have on the patient's experience and improving flow in the Oxfordshire urgent care pathway. All organisations are working closely with commissioners to maximise and quantify the impact of these enhanced ways of working. This will be supported by the Collaborative Leadership in applied health research and care (CLAHRC) research with Oxford University and Oxford Brooke's University into the impact of these enhanced pathways of patient care.

6. NHS 111

NHS 111 is the free, 24 hour a day, 365 day a year NHS advice line. As described above, the service is currently provides by SCAS. The volume of 111 activity has increased compared with the launch period last year. Compared with the first six months of the service, there has been a slight growth in the proportion of calls transferred to 999 and a small reduction in those transferred to the 111 clinical advisor or going into other pathways. It is too early to establish if this is a symptom of the service bedding in or a significant change in direction.



The improved performance in call answering time has dropped again in December. As a result, the year to date performance is not meeting the target either. It is worth noting that 152,510 calls were received by the 111 service since April and that 94.5% of them were answered in time.

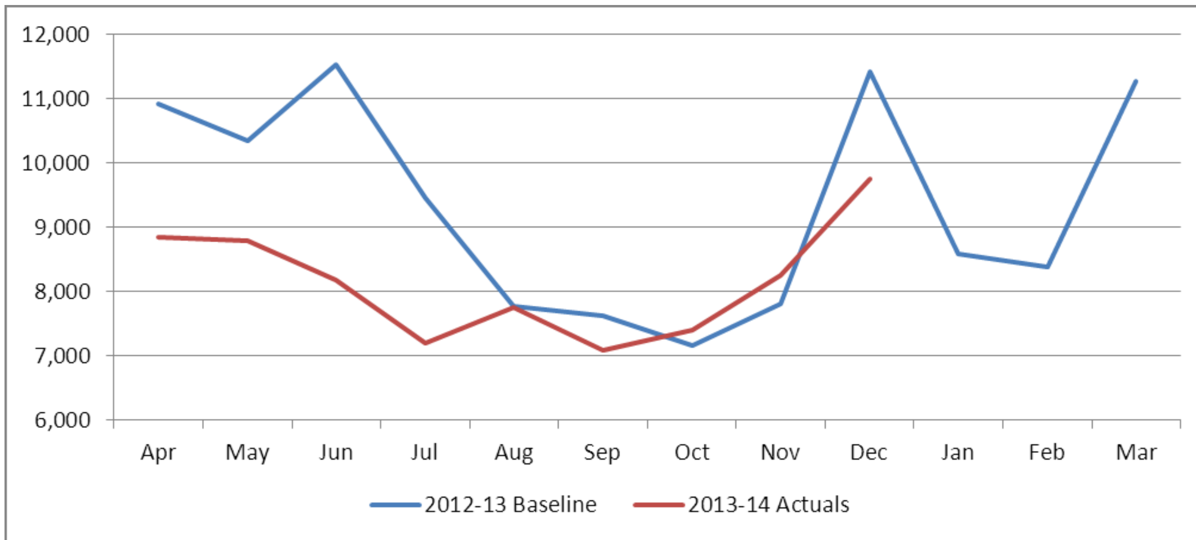
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date performance
2012-13							91.1%	90.0%	82.8%	89.5%	80.6%	78.5%	84.4%
2013-14	90.8%	92.8%	93.2%	97.3%	97.8%	97.0%	98.3%	95.5%	90.0%				94.5%

No telephony incidents have been reported since 9 December 2013. A considerable amount of multi-agency work is being undertaken to tackle issues to which the service is alerted. On occasions this has led to tangible improvements in service. As an example, a patient who was reliant on an electric hoist was stranded during a power cut. As a result of liaison between SCAS, Oxford Health, the CCG Patient Experience Team and the Local Authority spare battery packs are now issued to households in areas prone to power cuts.

Multi-agency working on complaints is also being developed. End-to-end investigation meetings are being held between 111 and services such as GPs, community hospitals, the acute sector, the local authority and the ambulance service. This collaboration is improving the relationship between 111 and other services as well as providing a more robust end-to-end investigation of the case.

7. Out of Hours service

The overall volume of the Out-of Hours Service has reduced by 12.8% compared to last year (10,777 fewer consultations). The chart below shows how the reduction to date is focused in the first four months of the year with activity levels in August and September being similar to last year’s, and activity levels being higher than last year on October and November but dropping below last year’s levels again in December.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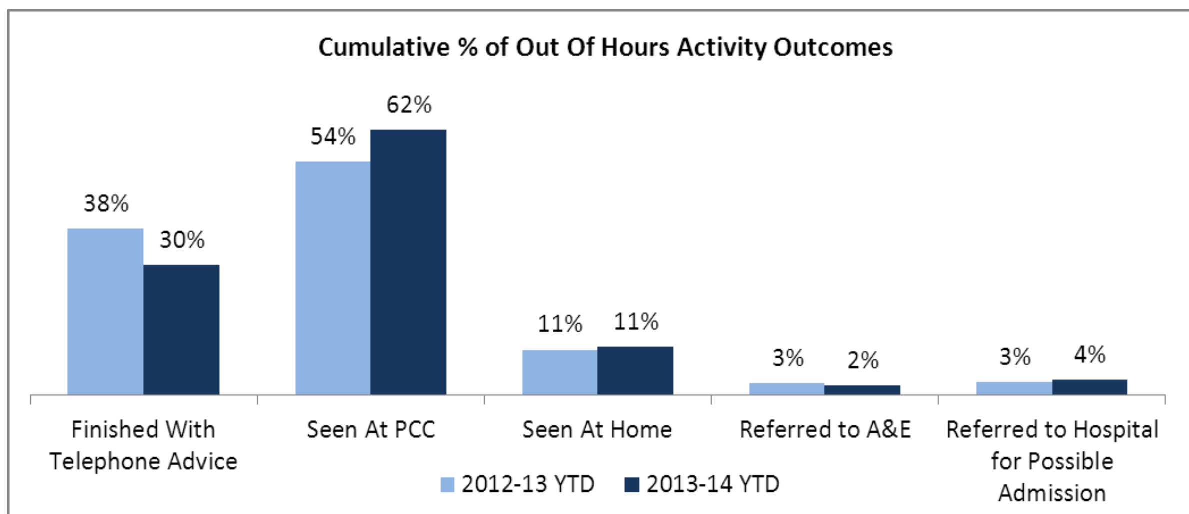
2012-13 Baseline
2013-14 Actuals

Volume & Flow

This chart shows how the nature of the service has changed compared with last year. The majority of patients are seen at the Primary Care Centre, and this has increased over the past year.



8. Minor Injuries / First Aid Units

Minor Injuries Units (MIUs) are for injuries, such as deep cuts, eye injuries, broken bones, severe sprains, minor head injury, minor burns and scalds. In EDs, staff must give priority to serious and life-threatening conditions, so patients with a minor injury may have to wait longer to be seen. No appointment is necessary to visit an MIU. They are run by a team of highly qualified nurse practitioners with experience and expertise in the treatment of minor injuries. MIUs can treat a wide variety of problems including cuts and grazes, sprains and strains, scratches, broken bones (fractures), bites and stings, minor eye infections or things stuck in eye.

Oxfordshire has MIUs in Abingdon (open seven days a week, 10.00am to 10.30pm.), Henley (open seven days a week, 9.00am to 8.00pm) and Witney (open seven days a week, 10.00am to 10.30pm).

First Aid Units (FAUs) also offer help with minor injuries but do not have X-Ray support it is best to call prior to attending if you are concerned that an X-Ray may be required.

Oxfordshire has three FAUs in Bicester (open weekdays, 6.00pm- 11.00pm and 8.30am to 11.00pm for weekends and bank holidays), Chipping Norton (open weekday evenings, 5.00pm- 9.00pm and 10.0am to 9.00pm for weekends and bank holidays. This is a drop-in service and you do not need to make an appointment) and Wallingford (open Monday-Friday, excluding bank holidays, 8.30am to 6.30pm). Patients are asked to telephone prior to attending Bicester and Wallingford FAUs.

From 1 April 2013 there were 29,804 attendances at Oxfordshire's MIIUs and FAUs of which 28,042 were new and 1762 were follow ups.

9. Urgent Care Working Group (UCWG)

The Urgent Care Working group includes representatives from Oxfordshire County Council, Oxfordshire Clinical Commissioning Group (OCCG) OUHT, SCAS, OHFT and the area team of NHS England. GPs are also represented.

The UCWG exists to oversee the movement of patients through the health and social care system. A system wide Urgent Care Improvement Plan is in place to ensure support this, especially over winter, with specific focus on Emergency Departments. A key component of the Urgent Care Improvement Plan is the Winter pressures campaign (see below).

10. Winter pressures Campaign

Oxfordshire Clinical Commissioning Group (OCCG) embarked on a winter pressures communications campaign to encourage people in Oxfordshire not to use A&E inappropriately and to look at alternative ways of getting the right treatment for illness or injury.

The national 'Choose well' campaign was selected as the key theme, using existing collateral as well as developing a range of communications tools to reach target audiences. The aim of the campaign was to encourage people to use the various NHS services appropriately and responsibly. By making people aware of the various health services and options available to them, the intention was to dissuade people from using A&E as a default service for their healthcare needs.

To date the winter pressures campaign has included:

- 11,000 leaflets sent to NHS staff in Oxfordshire with their payslips (research shows NHS staff are viewed as reliable sign posters to NHS services, whether or not they are in clinical roles)
- Six week radio advertising campaign on Heart throughout the county
- Four week bus advertising campaign centred in the Cowley area of Oxford
- Three public events at Tesco in Cowley, Sainsbury's at Heyford Hill, and the Templars Square shopping centre to distribute information to the general public
- 100,000 'Choose well' beermats distributed throughout pubs in the county in the run up to Christmas
- Choose well information for GP surgery screens.
- Major newspaper advertising campaign across the county
- Press releases on winter pressures stories including flu and correct use of NHS services.
- Radio interviews
- Posters distributed to 55 key businesses in north and south Cowley including major employers such as Unipart and BMW
- Placed articles in newsletters including all parish councils in the county, OCC Healthwatch and Barton and Wood Farm local newspapers
- A supporting social media campaign using Twitter and Facebook reaching a total of over 5000 followers in Oxfordshire
- Information on the OCCG web site including on home page
- 1,000 fridge magnets, distributed at public road shows
- Production of a leaflet encouraging people to have a flu jab
- Bespoke Choose well section on the website
- Survey to gauge knowledge of Choose well and NHS services + follow up survey to monitor changes
- Production of 1,000 choose well carrier bags

OCCG also collaborated with colleagues at OUHT, OHFT and Oxford Brookes University:

- Website banner for Oxford Brookes
- Roll up display banners for local hospitals
- Leaflets, and posters for county wide distribution
- A suite of Keep Well/Choose Well posters and leaflets

A survey was also launched in October via the Talking Health engagement web site to determine how many people in Oxfordshire were aware of 'Choose well' and appropriate use of NHS services. A similar study will be carried out at the end of winter to see if the campaign has led to a better understanding of which health services to use.

Work is continuing with the production of a Choose well mobile phone ap which is currently in development and the adaptation of a video produced in Buckinghamshire promoting the use of Minor Injuries Units.

February 2014

Produced with input from:
Oxfordshire Clinical Commissioning Group (OCCG)
Oxford University Hospitals (OUHT)
Oxford Health Foundation Trust (OUFT)
South Central Ambulance Service (SCAS)

And support from:
Central Southern Commissioning Support Unit.

Appendix 1

Transforming urgent and emergency care services in England

Urgent and Emergency Care Review
The Future of Urgent & Emergency Care Services in England
NHS England Urgent and Emergency Care Team November 2013

The challenges facing our urgent and emergency care system are clear, as are the opportunities for improvement. We now need to take action. Our report sets out our proposals for the future of urgent and emergency care services in England. There are five key elements, summarised below, all of which must be taken forward to ensure success:

- Firstly, we must provide better support for people to self- care. This is by far the most responsive way of meeting people's urgent but non-life threatening care needs. Millions of people already do this, but millions more could be better supported to take control of their own health. To achieve this, we will need to provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional. We will also need to accelerate the development of comprehensive and standardised care planning, so that important information about a patient's conditions, their values and future wishes are known to relevant healthcare professionals. This way, patients will be better supported to deal with that condition before it deteriorates, or if additional help is required.

- Secondly, we must help people with urgent care needs to get the right advice in the right place, first time. To achieve this, we will greatly enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency are facility can best deal with the problem.

- Thirdly, we must provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E. This will mean providing faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses for patients with urgent care needs. It will also mean harnessing the skills, experience and accessibility of a range of healthcare professionals including community pharmacists and ambulance paramedics. By extending paramedic training and skills, and supporting them with GPs and specialists, we will develop our 999 ambulances into mobile urgent treatment services capable of dealing with more people at scene, and avoiding unnecessary journeys to hospital.

- Fourthly, we must ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery. Once we have enhanced urgent care services outside hospital, we will introduce two levels of

hospital emergency department – under the current working titles of Emergency Centres and Major Emergency Centres. In time, these will replace the inconsistent levels of service provided by A&E Departments. The presence of senior clinicians seven days a week will be important for ensuring the best decisions are taken, reassuring patients and families and making best use of NHS resources. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. These centres will have consistent levels of senior staffing and access to the specialist equipment and expertise needed to deliver the very best outcomes for patients. We envisage there being around 40-70 Major Emergency Centres across the country. We expect the overall number
of Emergency Centres (including Major Emergency Centres) carrying the red and white sign to be broadly equal to the current number of A&E departments.

- Fifthly, we must connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts. Building on the success of major trauma networks, we will develop broader emergency care networks. These networks will dissolve traditional boundaries between hospital and community based services and support the free flow of information and specialist expertise needed to achieve the delivery of patient care in the most appropriate and convenient setting. Major Emergency Centres will have a lead responsibility for the quality of care and operational performance of services across the network they support, including linked Emergency Centres. These networks will also support the introduction of an efficient critical care transfer and retrieval system so that patients requiring specialist help reach the best possible facility in a timely fashion.