

THE BIG CONVERSATION

Transforming urgent care services



ISSUES PAPER

THE BIG CONVERSATION

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1. FOREWORD

In East Berkshire we have some exciting opportunities to improve the way that health and care is delivered. NHS East Berkshire Clinical Commissioning Group (CCG) wants local people to influence any changes to ensure that the changes improve outcomes for the population.

Our strategy is to work better with people to help them lead healthier lives, avoid illness and maintain good health for as long as possible. We want to provide good quality services for people when they need them.

In order to achieve this, we know things need to change. We expect to deliver better care and support in our local communities with lower numbers in hospitals, and have a greater focus on making sure that services are joined up so that people find it easier to access help and support when they need it.

The first in a series of discussions with local people will focus on what is important to you if you have an urgent health need or concern. The next conversation will be about how we ensure that the quality and safety of patients in community hospital beds is maximised. This paper is published to provide information to support you to take part in the conversations about urgent care and sets out a number of challenges faced by the NHS locally. A further paper will be published to support the conversations about community hospital beds.

Our aim is to work with local people to design changes that make sense for patients, communities and the taxpayer. The CCG knows that the population needs and issues are different in each of our localities, so we will have conversations in local areas about what needs to change. We will also specifically talk with those who might be most affected to understand their views.

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2. WHAT DO WE MEAN BY URGENT CARE?



A condition/ illness needing attention the same day, but that is not life-threatening or changing e.g. a sprain or minor broken bone. Currently, these services are provided by a range of professionals and through a number of access points. You can read more about existing urgent care services in Appendix 1.

Urgent care is NOT emergency care. Emergency care is suitable for people whose life is at immediate risk from severe illness, injury or serious worsening of a condition. Emergency services are usually provided by hospital emergency departments or by an emergency ambulance. Emergency care is not included in these discussions about urgent care.

3. WHY DO WE NEED THIS CONVERSATION?

We want to provide good quality services for people when they need them. Together with our partners across the NHS, local authorities and the voluntary and community sector, we want to create a health and care system which allows people to:

- Be involved in and understand their health needs, enabling them to feel supported and in control
- Have early access to proactive services that work together
- Access and navigate services easily
- Be supported through services if they have complex needs
- Have an improved experience of health and care services

In order to achieve this, we need to talk to local people about their needs and priorities when they have an urgent health need or concern.

The conversation is not part of a formal consultation. If our discussions about the best way to address the issues set out in the paper lead to proposals for major service change, we will carry out a formal public consultation on the options available.

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4. THE DECISIONS WE WILL HAVE TO MAKE

We will have to make decisions about the type and location of urgent care services in the future (not the Emergency Department). There is a description of services in Appendix 1.

We will have to agree the service models that will serve our population in the future and how community buildings can best meet these needs.

We will be using what we have heard from our conversations to inform our thinking about next steps and whether we need to proceed to formal consultation before making these decisions.



5. OUR AIMS

Our aims are for urgent care services to:

be available for at least 12 hours a day seven days a week, including bank holidays

help patients to self-care, providing health information and education

provide both pre-booked same day and "walk-in" appointments, with an emphasis on patients contacting 111 for a booked appointment

be staffed by a range of healthcare professionals, including GPs, nurses and others

provide a range of testing (such as blood tests and ECGs) and access to x-ray

issue prescriptions where clinically appropriate

have access to mental health services

be able to offer British sign language, interpretation and translation services

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6. WHY THINGS NEED TO CHANGE

There are five overarching reasons why the local NHS needs to change:

1. Quality of Care



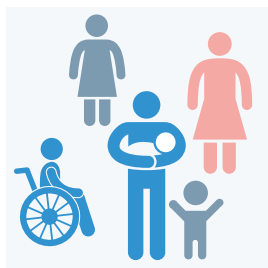
We want East Berkshire to lead the way in delivering national standards for urgent and emergency care, including waiting times in the Emergency Department and for ambulances. We do not always achieve our constitutional standards for example 4 hour wait in the Emergency Department which can impact on the quality of care and patient experience. We want to ensure that the sickest and most injured patients are able to access emergency care quickly and that all patients are able to be cared for on the same day, if their clinical need requires it.

We have heard that people can find it difficult to know which services to go to when they have an urgent need and often find it difficult to navigate all of the information and services they need. We have also heard that people have difficulties in accessing appointments at their GP surgery, both in normal hours and during evenings and weekends.

Mental health hasn't had the same attention as other services. We want to be able to provide care for people in mental health crisis in a timely manner and in the most appropriate place.

New national specifications for urgent treatment centres, out of hours primary care and NHS 111 were published in 2017. We will have to make sure our local services meet these new requirements.

2. Changes in the needs of our population



Advances in medicine and public health mean that people live longer than they used to, meaning that people also live longer with a number of long term conditions (e.g. diabetes, heart disease and dementia) and become increasingly frail.

Many people require care in hospital but some can stay at home, where they can be supported to recover more quickly. National evidence shows that patients who stay for a long period in hospital lose their independence and usual levels of fitness and health. We want to offer services in the community, to support people to remain in their home where it is clinically appropriate to do so and work better together to identify and respond to those who are at risk of becoming hospitalised.

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3. Meeting needs in the most appropriate way

Some people find it confusing to know which service to go to. Patients often end up in the Emergency Department because they are unclear where else they should go. This leads to the Emergency Department being overcrowded, resulting in those needing emergency care waiting longer for critical treatment. People who are admitted to hospital sometimes stay longer than they need to because effective arrangements are not in place at home.

People are often in an emergency or in crisis because they have been unable to get the support they need at an early stage, including people with a mental health problem

Demand for general practice is increasing rapidly and we know that people find it difficult to access a GP or nurse when they need one.

People are using mobile devices to access advice about their health. Some people also use technology to access assessments of their health. The way that people access everything including booking holidays and ordering shopping is changing and expectations are changing about how the NHS uses technology.

Taking the above into account, we want services that are convenient, accessible and allow patients to access the level of care most clinically appropriate to manage their condition.

If we can remove duplication of some services and better co-ordinate services for people we will drive out some of the inefficiencies we know are in the system.



4. Financial challenges

The cost of providing care is rising because:

- the NHS is treating more people than ever before
- medical advances mean treatments are improving
- the needs of the population are changing

Locally, some of our community health service buildings are not suitable for modern health services. We are spending money on maintaining old buildings, some of which are unused, that we could be spending on services.



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5. Workforce challenges



There is a shortage of qualified staff such as GPs, nurses, paramedics and therapists due to the high cost of living in our area. The age profile of current staff and high turnover rates add to the workforce challenges.

Demand for general practice is increasing rapidly. Nationwide GPs have 330 million consultations a year (a 10% increase in recent years). The high demand for general practice - workload pressures, flexible working patterns, sometimes negative media coverage makes recruitment and retention very difficult. If things stayed the same we would require an additional 81 GPs in East Berkshire

by 2020. There is a national shortage of GPs and practice nurses, so we need primary care staff such as nurses, pharmacists and GPs to work differently to support patients. Some practices are already grouping together to share skills and services collectively e.g. community pharmacists in general practice advising patients on their medications.

We want to design services that make the best use of the clinical resource we have available and provide people with the support they need. We will strive to make East Berkshire an attractive place for skilled healthcare staff to come and work.

7. WHAT WE HAVE ALREADY HEARD FROM LOCAL PEOPLE

The three Clinical Commissioning Groups (CCGs) in East Berkshire (now one East Berkshire CCG) engaged with local people/ people using services on a range of topics between 2013 and 2017. These are some of the things that we have heard which are relevant to urgent care:

- People do not always understand or know how to navigate the urgent care system
- People often revert to the Emergency Department because they feel they have nowhere else to go or other services fail to respond
- Sometimes patients and carers do not understand what is being explained to them
- Patients and their families/carers want to be involved with their care
- The biggest barrier to service change or change of location would be accessible transport
- People find it particularly important to be able to book same day appointments as well as appointments in advance
- People want more access to GP services e.g. evening and weekend appointments
- People would like to be able to have more choice of how they book appointments e.g. access to online appointments
- People have told us that they would be open to accessing GP services in different ways, e.g. via Skype, digital apps, group consultations but wouldn't want this to replace traditional methods

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8. GET INVOLVED

We will be having conversations with local people in June and July. We will be speaking to those who use urgent care and those most likely to be affected by any changes. Anyone might need to use urgent care services, though we recognise there are groups of people who use urgent care services more than average. You can see the groups who use urgent care services more than average at Appendix 2. We will make special provision to have conversations with these groups.

We will then review everything that we have heard and will use the feedback to develop our proposals going forward. Should we come to the conclusion that we need to develop proposals for major service change we would put these proposals forward for public consultation later in the summer.

Join the conversation:

- Invite us to a community group to discuss your views
- at one of our public meetings

**Please have
your say**

DATE	TIME	VENUE
31 May 2018	1-3pm	Sandhurst Memorial Park, Yortown Road, Sandhurst, Berkshire GU47 9BJ
4 June 2018	6.30-8.30pm	Community Partnership Forum at SportsAble, Braywick Road, Maidenhead, SL6 1BN
12 June 2018	2-4pm	Arbour Park, Stoke Road, Slough SL2 5AY
15 June 2018	1-3pm	Bracknell Open Learning Centre, Rectory Lane, Bracknell, RG12 7GR
15 June 2018	1-3pm	Norden Farm Centre for the Arts, Altwood Road, Maidenhead SL6 4PF
19 June 2018	2.30-4.30pm	Lynwood Care Centre, Lynwood Village, Rise Road, Sunninghill, Berkshire SL5 0FG
29 June 2018	1-3pm	The Firestation, The Old Court, St Leonards Road, Windsor, Berkshire SL4 3BL

We have taken the advice of the Consultation Institute, have worked with local partners and followed NHS advice to ensure our public conversations on these issues follows best practice.

If you require this document in another format or language, please contact us on eastberkscgs.enquiries@nhs.net or call **01753 636 836**. **Please have your say.**

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9. THESE ARE THE THINGS WE WOULD LIKE TO TALK WITH YOU ABOUT

We know from talking to patients that they often find it difficult to know where to go for urgent care or advice. We would like to understand from you:

- Before you read the information in this paper, how would you have decided to use which urgent care service and why?
- If you had an issue that you felt was urgent what would you do?

We want people to have access to the right advice at the right time. Some of the ideas we have for this involve increasing the number of professionals in the general practice team e.g. community pharmacists, paramedics and mental health practitioners.

- If you were asked to see another member of the general practice team such as a paramedic or pharmacist how would you feel about this?
- If you spoke to a doctor other than your own GP what would make you feel confident in taking advice from them?
- If a health care professional assessed you and said your care need was not 'urgent' and could be managed the next day, what would you do?

We want to offer the best care we can within the resources we have.

- How would you feel about services being grouped together?
- Where might be the best/ worst locations if services were grouped together?
- What type of services would it make sense to have together?

We would like to better understand people's experiences of urgent care services.

If you have used NHS 111, a Walk In-Centre, Minor Injury Unit or Urgent Care Centre in the last 12 months:

- What was good about your experience?
- What could have been better about your experience?
- Has anything stopped you from using NHS 111, Walk In Centre, Minor Injury Unit or Urgent Care Centre in the past? If so, please tell us why.
- What is working well in GP services that we can build on?

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We want to help patients identify and access services that are most suitable to their level of need.

- What do you think the benefits and/ or downsides are to using websites or an app for advice about urgent care ?

We want to make sure that people requiring urgent care for mental health issues receive the most appropriate care.

- What do you think is important for people requiring urgent mental health services
- Is there anything else you think is important about how best to provide urgent care?

Please come and talk to us about what you think is important for us to hear. You are very welcome to attend one of the public meetings. If you would like to hear more, please contact eastberksccgs.enquiries@nhs.net or have a look at the CCG website <https://www.eastberkshireccg.nhs.uk/>

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Appendix 1

DESCRIPTION OF EXISTING URGENT AND EMERGENCY CARE SERVICES

There are a range of ways that the public can currently access services for their urgent care needs or concerns. These include:

General Practice

General practice is provided by clinicians who generally act as the first point of contact with the health system. It includes services provided by GPs, practice nurses, pharmacists and others. If a person's health needs require an appointment on the same day this can be arranged.

There are 52 general practices in East Berkshire. They provide routine and urgent appointments from 8am to 6.30pm Monday to Friday.

Extended access general practice

These are GP or practice nurse appointments booked in advance that are available in the evenings or at weekends. Appointments may be available within the patient's own practice or at another location. Bookings for these appointments are normally through the patient's own practice and in the future will be accessible via NHS 111. Extended access general practice is provided at a variety of locations across East Berkshire.

These are:

- Boundary House, Bracknell
- St Marks Hospital, Maidenhead
- King Edward VII Hospital, Windsor
- Bharani Medical Centre, Slough
- Farnham Road Surgery, Slough
- Langley Medical Centre
- Crosby House, Slough

General practice out of hours

Out of hours general practice is for when a patient has an urgent healthcare need that cannot wait until the following day and their own practice is closed. Out of hours general practice operates from 6.30 pm to 8 am and is provided by GPs, nurses and other staff, over the phone or face to face dependent on the person's need. Out of hours primary care is accessible by phoning NHS 111 and in the future by using NHS 111 Online.

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General practice out of hours is accessible through three locations across East Berkshire and one location in Surrey:

- Bracknell Urgent Care Centre, Brants Bridge, Bracknell
- Outpatients Department, St Mark's Hospital, Maidenhead
- Herschel Medical Centre, Osborne Street, Slough
- Outpatients Department, Frimley Park Hospital, Surrey

NHS 111 (Integrated Urgent Care)

NHS 111 is a free telephone number available 24/7 to be used to access advice, assessment and treatment and is operated by specially trained call handlers who have access to a wide range of health professionals if required. These include nurses, mental health professionals, pharmacists and GPs. NHS 111 can tell people which service is most appropriate to meet their needs (including emergency care) and how quickly. It will tell the person where the nearest appropriate service is.

An online entry point to NHS 111 will be introduced in East Berkshire in July 2018 using the same system that is used to assess callers phoning NHS 111 but allows patients to go through the assessment by themselves. Where NHS 111 Online identifies that a patient would benefit from speaking with a clinician, the patient can be called back from a clinician within the Integrated Urgent Care service.

Urgent Care and Walk In Centres

Patients can walk into an Urgent Care Centre or Walk In Centre or have an appointment booked for them by phoning NHS 111.

Existing services are provided at:

- Bracknell Urgent Care Centre which treats minor injuries and minor illnesses requiring immediate assessment and treatment but do not require care in an Emergency Department. It is a nurse led unit supported by a GP and the service operates from 8am to 8pm, 7 days a week, including bank holidays.
- St Mark's Urgent Care Centre, Maidenhead treats minor injuries and illnesses. It has a weekday x-ray service for minor fractures (e.g. wrists and ankles). It is staffed entirely by specially trained urgent care nurses and is open from 8.30am to 5pm Monday to Friday and 9.30am to 1pm weekends and bank holidays.
- Slough Walk In Centre, Upton Hospital, Slough is for people with minor illnesses and minor injuries that don't require an x-ray. It is staffed by senior nurse practitioners and is available 8am to 8pm, 7 days a week, including bank holidays.

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However, current local services do not comply with the expectations of the new national standards which are.

- be open for at least 12 hours a day seven days a week, including bank holidays
- be staffed by a range of healthcare professionals, including GPs, nurses and others
- provide both pre-booked same day and “walk-in” appointments, with an emphasis on patients contacting 111 for a booked appointment
- help patients to self-care, providing health information and education
- provide a range of testing (such as blood tests and ECGs) and access to x-ray
- issue prescriptions where clinically appropriate
- access to mental health services
- be able to offer British sign language, interpretation and translation services

Emergency Care

Emergency care services are for people who have a condition that is potentially life threatening or life-changing. These services are usually provided by hospital emergency departments or by an emergency ambulance. It includes care provided by paramedics and ambulance technicians, hospital nurses and doctors. Emergency care is suitable for patients whose life is at immediate risk from severe illness, injury or serious worsening of a condition, including resuscitation and treatment of significant wounds. Patients calling 999 will be assessed over the phone to determine if they can be cared for appropriately with advice or referral to a community based service. An ambulance will be sent if it is clinically appropriate. Emergency services are available 24 hours a day, every day of the week, for patients with an emergency care need.



When are current urgent care services available?



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Appendix 2

GROUPS USING URGENT CARE SERVICES MORE THAN AVERAGE

We will make specific provision to get the views from these groups.

- Ethnic Groups – White (other), Pakistani (over represented compared to the population)
- Age groups – 45 to 59 and 65 to 89 (over represented in urgent care services compared to the population)