

**Paper for Overview and Scrutiny Committee
21st October 2009**

The Development of Unscheduled Care Services in Haringey

Executive Summary

This paper describes unscheduled care services as any unplanned contact with the NHS by a person requiring or seeking help, care or advice. Unscheduled care includes Urgent Care and Emergency Care as well as primary care services such as walk in, extended hours and out of hours services. It addresses the option for re-designing unscheduled care services with a particular focus on the east of the borough and set in the context of the development of an unscheduled care strategy for Haringey.

It describes current service provision in terms of primary care both in hours and out of hours, pharmacy, NHS Direct, North Middlesex Walk in Centre, the emergency departments at North Middlesex and Whittington Hospitals. It sets out a case for change to these services as being a high rate of emergency departments across the borough, resultant pressure on emergency services, inequalities in access, fragmentation of the system causing confusion to both service users and staff and leading to a reduced quality of care.

It describes over arching aims for the improvement of unscheduled care services as

- To ensure that when an individual has a need for unscheduled care or advice, he or she (or a parent or carer) knows who to contact or where to go, receives a prompt and rigorous assessment of their needs and receives the right response to meet it.
- To better meet patients' urgent care needs, improve access and choice through more convenient options for care and help to make services more cohesive so that care is better co-ordinated and the system of care is less complex.

The paper describes a preferred model of care arising from the newly formed Partnership Forum as the establishment of a primary care led urgent care centre as the 'front door' to the emergency department at North Middlesex Hospital also outlining other options of service delivery.

In describing the review of services, consultation and stakeholder engagement to date, NHS Haringey asks the Overview and Scrutiny Committee for advice on further required engagement.

1. Background

Unscheduled care services can be defined as any unplanned contact with the NHS by a person requiring or seeking help, care or advice. It follows that such demand can occur at any time and that services must be available to meet this demand 24 hours a day. Unscheduled care includes Urgent Care and Emergency Care as well as primary care services such as walk in, extended hours and out of hours services.

This paper addresses the option for re-designing unscheduled care services with a particular focus on the east of the borough and set in the context of the termination of both the current out of hours and North Middlesex Walk in Centre (NMWIC) contracts as well as the new build at North Middlesex University Hospital (NMUH).

2. Current Unscheduled Care Service Provision in Haringey

a. GP Practices

Haringey's GP surgeries offer a wide range of services which include advice on health problems, physical examinations, diagnosis of symptoms and prescribing medication and also other treatments. The doctor will usually be supported by a team of nurses, health visitors and midwives, as well as other specialists, including physiotherapists and occupational therapists.

b. GP Out of Hours (OOH) Service

Camidoc, an organisation set up by local GPs, provides unscheduled primary medical care out of hours, Mon-Fri from 18.30 to 08.00 and all hours during weekends and bank holidays for Haringey registered patients from the Laurels and the Whittington Hospital. Camidoc also provides full cover on Wed, Thur and Fri from 1pm for those practices which close for a half-day.

c. Pharmacists

Pharmacists offer advice and treatment for many conditions, including ear infections, coughs, colds, diarrhoea and headaches, on the high street, for all patients. They provide free advice and if appropriate will supply medicine.

d. NHS Direct

NHS Direct is a phone service staffed by nurses and professional advisors, giving confidential healthcare advice and information 24 hours a day. The service provides information to patients and carers regarding illness, on particular health conditions and regarding local health services.

e. Walk in Centre

The Walk in Centre on the North Middlesex hospital site provides nurse led primary care services between 8.00am and 10.00pm Mon –Fri, 8.30 am – 10.00pm weekends and bank holidays.

f. Emergency Department

Haringey residents access emergency services at the NMUH and Whittington Hospitals. These services currently provide a range of care for conditions from mild presentations through to emergency care.

g. Neighbourhood Health Centres

Neighbourhood health centres at Hornsey Central, The Laurels and Lordship Lane Health Centre will be offering extended hour and walk in services between 8.00am and 8.00pm seven days each week.

3. Case for Change

- Haringey has a high rate of emergency department attendances and admissions and the number is expected to increase by around 10% year on year; this situation is not sustainable.
- Up to half of people currently accessing the emergency departments at local hospitals could be treated in community settings if alternative pathways were in place; this places pressure on emergency services and means that patients are not necessarily receiving the most appropriate care.
- There are inequalities across the patch in how patients access and use services, and variations in provision e.g. general practice opening hours, access to community diagnostics.
- The current system is confusing and difficult to navigate especially for users with low levels of literacy, learning disabilities or who have English as a second language/do not speak English.
- The current system is fragmented with potential for duplicating work and for poor transfers of care between its component parts.

NHS Haringey is exploring options for the improvement of unscheduled care services with a view to improving access and addressing health inequalities across the patch within a sustainable framework of delivery.

In line with recommendations from Healthcare for London: A Framework for Action (2009), current best practice models are being evaluated including the model for unscheduled care services at Whipps Cross Hospital and Charing Cross and Hammersmith Hospitals. These models, in line with national guidance, support the delivery of primary care led urgent care centres as the 'front door' to hospital emergency departments.

4. Aims of Unscheduled Care Provision in Haringey

- To ensure that when an individual has a need for unscheduled care or advice, he or she (or a parent or carer) knows who to contact or where to go, receives a prompt and rigorous assessment of their needs and receives the right response to meet it.
- To better meet patients' urgent care needs, improve access and choice through more convenient options for care and help to make services more cohesive so that care is better co-ordinated and the system of care is less complex.

5. Objectives

- make planned appointments more accessible to prevent people having to use unscheduled care services unnecessarily;
- provide patients with better access to more care options such as urgent care services in polyclinics, urgent care centres in hospitals, or telephone advice - and be more responsive to patients' needs and expectations;
- make the system less complex and easier to understand and navigate for patients and staff;
- make the unscheduled care system cohesive, with services working more effectively together to co-ordinate care, improve patients' experience, and make better use of skills and resources;
- and improve standards and quality and ensure greater consistency across services.

6. Review of Services, Consultation and Stakeholder Engagement to date

Unscheduled care formed part of the consultation for the Barnet, Enfield and Haringey (BEH) Clinical Strategy, which agreed the development of urgent care centres on NMUH, Chase Farm and Barnet Hospital sites and is now part of the implementation programme for that strategy.

NHS Haringey has undertaken a series of reviews of unscheduled care use (Hosken 2008, Klynman 2009) describing current provision, access and usage across the Borough with a view to developing an unscheduled care strategy for Haringey. The model described in this paper forms part of the delivery of a wider approach to urgent care including out of hours care, extended hours and walk in services.

In developing this strategy, NHS Haringey has formed a Partnership Forum including the local authority, primary care (Enfield and Haringey), managerial and clinical representation from key secondary care providers (NMUH and the Whittington), HealthLINK, the London Ambulance Service, NHS Enfield and NHS Islington. This has met twice and is scheduled to meet again in November. Its function is to provide advice to NHS Haringey regarding models of service delivery. In addition, a Clinical Advisory group has been established including representatives from primary care, emergency (secondary care) services and public health. This group will assist in developing the clinical service specification for new services.

As the strategy and the model continues to develop, NHS Haringey is actively seeking advice from the Overview and Scrutiny Committee on further engagement strategies.

7. Suggested Model

The following model has been shared with members of the Partnership Forum, who have been asked to advise and comment.

It will be offered in the context of the evolving strategy for delivery of urgent care services which will include

- extended hours GP led primary care walk in services for registered and non registered patients at Lordship Lane, the Laurels and Hornsey central Neighbourhood Health Centres
- the development of an urgent care centre proposed for the Whittington site.

The preferred option is to establish a Primary Care Led Urgent Care Centre at the NMUH site.

Benefits

- This model will divert minor and some standard activity from the Emergency Department at NMUH reducing pressure on the emergency resource and ensuring that it is used more appropriately to support complex patients.
- Patient experience will improve through shorter waiting times and fewer handoffs.
- The model would continue to support local understanding and access to the healthcare system through the hospital site, helping service users with learning and literacy difficulties or difficulties in using the telephone to access healthcare.
- There will be improvements in the management of patients who use the Emergency Department as point of access for long term or minor conditions, ensuring that they are able to access appropriate primary care services such as screening either on site or more locally.
- There will be increased opportunities for assisting unregistered or other patients to access the full range of scheduled primary and social care services which will better support their long term health and well being.

- This model will support changes in clinical practice which will help to deliver care closer to home, reducing unnecessary referrals and admissions to secondary care.
- It will provide an integrated unscheduled care model including OoH care which will benefit patients and reduce safeguarding risks through improved communications between primary and secondary care.
- This model has already been through consultation as part of the BEH clinical strategy and is supported by both this and HfL modelling assumptions. It is supported by both policy directives and emerging best practice.
- It provides a basis for sustainable service delivery within the current financial climate.

Risks

- Relies on appropriate accommodation being made available within the new build at NMUH.
- This model is based on the assumption that some of the existing walk in centre activity will be diverted to the existing or new primary care extended hours practices.
- Clinicians from both primary and secondary care will need to adopt new ways of working and there will need to be a clear interface between the two which appears seamless to the public supported by comprehensive IT.
- The urgent care centre will also need to have a clear interface with primary care services across the patch; this will also require comprehensive IT links.

8. Other Options

Other options presented to the Partnership Forum included a 'do minimum' and also the development of urgent care centres across Haringey.

Option 1: Do minimum.

This option describes the continuation of the existing model of care with no re-provision of primary care services on the NMUH site. An assumption has therefore been made that current walk in centre activity will be distributed between extended hour and walk in primary care centres at the neighbourhood health centres and the planned emergency department.

Benefits

- Clinical outcomes will remain unchanged.
- The model would continue to support local understanding and access to the healthcare system.

Risks

- This model will increase activity in the Emergency Department at NMUH above that planned for through the BEH Clinical Strategy implementation. This will increase pressure on the emergency resource.
- Patients will wait longer for treatments.
- Unplanned increased activity will lead to longer waiting times, possibly in excess of 4 hours.
- There will be no improvements in the management of patients who use the Emergency Department as point of access for long term or minor conditions.
- There will be reduced opportunities for assisting unregistered or other patients to access the full range of scheduled primary and social care services which will better support their long term health and well being.
- Poor communications between teams may affect patient care or experience and lead to increased risks around safeguarding.
- This model is not sustainable in light of the present financial climate.

Option 2 Urgent Care Centre/s developed across Haringey.

Benefits

- This model will divert some minor and some standard activity from the Emergency Department at NMUH.
- There will be a reduced risk of breaching the four hour waiting times target compared to option one but not compared to option two.
- Patient access/experience will be improved through providing care closer to home.
- There will be some opportunities for assisting unregistered or other patients to access the full range of scheduled primary and social care services which will better support their long term health and well being.
- This model will support some changes in clinical practice which will help to deliver care closer to home, reducing unnecessary referrals and admissions to secondary care.
- It provides a basis for sustainable service delivery within the current financial climate.

Risks

- Patients will continue to use hospital as 'first point of contact'; the model would require changes to local understanding and access to the healthcare system.
- There will be limited opportunities to improve the management of patients who use the Emergency Department as point of access for long term or minor conditions.
- Clear protocols will be required to ensure patients are directed to right services in order to avoid duplication
- Requires comprehensive and shared IT system to support transfers of care
- Poor communications between teams may affect patient care or experience and lead to increased risks around safeguarding.

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