

Report to HEALTH SCRUTINY BOARD

Urgent Care Review

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Purpose of the Report

The report was requested by Health Scrutiny following a number of changes made to services within urgent care as a result of the Covid-19 Pandemic. This report seeks to assure members that provision of urgent health care in the community has been maintained, and the offer to Oldham residents is improved. It also highlights the national mandates which have created the need to redesign some services and it sets out our intention to engage with residents when possible.

Executive Summary

Covid-19 is the single most disruptive event facing global healthcare economies, and as such remains at the top of the UK Governments National Risk Register (NHSE 2020). The World Health Organisation has declared we are in a pandemic.

All systems are revising operating frameworks for managing the current global healthcare crisis. The frail and elderly with an underlying condition are at the greatest risk and remain the top risk of the UK Cabinet Office and NHS England. Fears of the virus are especially well-founded when it comes to this high risk group.

The national mandate required us to prevent all walk-in's to primary healthcare settings and open a Covid Assessment Centre. Oldham was one of the first in the nation to set up the Covid Assessment Centre. We did this by redesigning the Walk-in-Centre and using the workforce from this and other parts of the Urgent Care system.

A digital element was also implemented at the same time which meant that the service could support care home residents by offering clinical consultations using equipment provided to them. The IT infrastructure set up allows for access to a patient's GP record, which means a patient receives more holistic care.

Oldham is redesigning the unscheduled care strategy in partnership with our Health and Social Care colleagues, and is still under development.

Recommendations

Oldham CCG are presenting this report in order to inform and update members of the work taken place in order to best support our residents and patients throughout the pandemic. Scrutiny is asked to note work undertaken so far, the future direction of travel and plans to involve the public.

Urgent Care Update

1 Background

1.1 Walk in Service Consultation

The Walk in Service at the Integrated Care Centre opened in November 2009, to provide additional urgent primary care access and stop patients going to the Emergency Department (ED) who could be better cared for outside hospital.

In October 2017 a consultation took place with Oldham residents to better understand what the population would want to see if the Walk in Service at the Integrated Care Centre (ICC) were to close. The consultation highlighted the following points:

- It appears to have generated ‘new’ demand – i.e. patients who would otherwise have self-managed their minor ailments at home, seen their local pharmacist or waited to see their own GP have decided to go to the Walk in Service instead
- It attracts a significant number of patients who live outside the borough of Oldham.
- It is used disproportionately by patients who live near the town centre or who are registered with a GP practice based in or near to the Integrated Care Centre - disadvantaging patients living further away.
- A lack of bookable appointments and, at times, long waits to be seen.
- It is not linked into the clinical systems of either patients’ own GPs or the hospital, leading to fragmented care and the need to repeatedly take medical histories.
- A lack of access to diagnostic systems such as x-rays and blood tests, and additional support such as community services, mental health teams, the voluntary sector, housing etc.
- And perhaps most importantly it has not solved the issues it set out to fix – many patients still have difficulty seeing a GP urgently and ED continues to be used by patients who could have been treated in primary care.”

The outcome of the consultation, decided by the CCG Governing Body in January 2018 was to move forward with the closure of the Walk In Centre and instead move forward with a new system offering bookable appointments for urgent primary care closer to home.

However, at the onset of the pandemic, this decision was still to be implemented as development work was still ongoing and a review was underway.

2 Current Position

2.1 Response to Covid-19 Pandemic

In response to the Covid-19 pandemic, health & social care organisations were required to rapidly develop services to support their residents in accessing and receiving the right care whilst the nation was learning to manage in a new and changing environment.

CCG’s were mandated in many areas of their response to Covid-19; one of which was the instruction to immediately set up a Covid Assessment Centre (“hot” site), and to stop walk-in primary care facilities. Also in response to Covid there was a need for the hospital to have as much space in ED as possible. At the hospital’s request, we moved

the Out of Hours service out of the hospital and into the ICC and relocated the GP working in ED into the Covid Assessment Centre. We were required to cease walk-in appointments at the WiC and so used the same workforce plus extra from IGP Cares in the Covid Assessment Centre.

2.2 Redesign of the Walk in Centre (WiC)

On March 29th 2020 the WiC was closed and the Covid Assessment Centre was opened in its place – just moved to the lower ground floor of the ICC in order to meet Infection Prevention Control (IPC) requirements. The Centre needed to be able to respond to the patients who were ill with Covid-19 symptoms but did not need to be in hospital.

Because of social distancing requirements and lock-down measures, video consultation was needed to protect vulnerable patients who were shielded and face to face consultations were only offered where necessary. Consultations were only available by appointment, but these appointments were offered within 2 hours of referral to the centre.

As the designated “hot site” it was required to see suspected/confirmed Covid Primary Care patients face to face when the guidance was to keep GP practices as “cold sites”. The development was clinically led both from a CCG perspective and from within the service itself ensuring that pathways and facilities were effective and in line with national guidance.

Oldham was one of the first areas in the country to open their Covid Assessment Centre, which was acknowledged in national and local press, and reflects the speed in which we worked.

2.3 Addition of the digital element

At the same time as setting up the Covid Assessment Centre, the digital aspect of the centre was also created. This was originally part of the CCG’s commissioning intentions, but was in early stage of planning when Covid arrived.

Oldham has historically had a high number of care home residents who attend the ED compared to other areas, plus a high number of frail elderly patients who re-attend and get re-admitted repeatedly. The intention before Covid was to provide a digital service which could offer clinical assessment and treatment to residents easily, quickly and link into other services in order to prevent the resident going into hospital or having to leave their home. It is well evidenced that a frail person going into hospital can suffer further (ie becoming weaker, dementia progression, falls etc) than if they had stayed in their own home.

The digital aspect needed to be accelerated in order to support Care Homes, Primary Care and other HCP’s – it was vital that the centre had access to the necessary digital technology and patient records.

The digital element was introduced extremely quickly alongside the Covid Assessment Centre and the two were set up at the same time, using the same workforce, estates and IT systems. The multidisciplinary workforce flexed between the two services according to demand.

As part of the digital offer, care homes were provided with smart phones in order to conduct AccuRX (video) consultations with the clinicians and their residents. These

phones were also used for AccuRX consultations with the residents' GP practice when needed. Pulse oximeters, blood pressure monitors and urinalysis sticks were also provided for care homes to use during consultations. Weekly webinars are held with CCG clinical directors and care homes in order to support them to use the equipment and access support for their residents.

2.3 Covid Assessment Centre and Digital element merge into "Oldham Clinical Digital Hub"

The Covid Assessment Centre now sees any patient face to face – not just those who have Covid symptoms (any digital Health Care Professional referrals that need to be seen face to face, patients attending ED for a non-emergency complaint etc) therefore we have re-named the centre in the ICC as the "Oldham Clinical Digital Hub" for the time being – which includes the Covid Assessment Centre.

2.4 The Oldham Digital Clinical Hub benefits

The Oldham Digital Clinical Hub offers a multidisciplinary workforce including GP's, nurses and allied health professionals. The Oldham Clinical Frailty Lead is based within the hub and liaises with the hospital discharge hub, care homes and community health and social care in order to best support or frail population.

The digital hub has direct links with community health and social care services, End of Life services and ED. We have provided smart phones to secondary care (ED, ACU, paediatrics, Dr Kershaw's Hospice, and urgent urology) to enable hub clinicians to access specialist advice and guidance from a secondary care clinician if they need it, and also enable the secondary care clinicians to join video conference calls via AccuRX with the patient and hub clinician should it be required.

The IT infrastructure that has been mobilised in the lower ground floor of the ICC also means the clinicians are able to access a patient's GP records, which wasn't available to them in the WiC. This gives the patient a much better experience and enables a consultation with a clinician to be more efficient and effective.

2.5 Accessing the Oldham Digital Clinical Hub

To access the hub, a patient needs to be referred to the hub by either their GP, another health or social care professional, or ED. We are working with the provider and NHS 111 to enable patients who contact 111 to be able to be booked into the hub if an appointment at their own GP practice isn't available.

An appointment will be provided to the patient within 2 hours. At present, the hub sees Oldham patients only, which allows them to respond quickly.

A direct number has been provided to care homes in order for them to access support for their residents easily.

3 **Key Issues for Overview and Scrutiny to Discuss**

3.1 NHS ambition - care closest to home

The NHS Long Term Plan sets out plans to provide care closer to home and identifies specific requirements around urgent (2-hour) response in the community to prevent unnecessary emergency hospital admissions and speed up discharges from hospital. Community rapid response within 2 hours will be fundamental to supporting the Urgent

and Emergency Care by Appointment model (see 3.2), facilitating access to urgent care closer to home.

The Oldham Clinical Digital Hub meets the care closer to home requirement by:

- offering video consultations with patients in their own home or a community setting at a time convenient to them
- For patients who cannot or do not want to access care this way, a telephone or face to face visit in the hub based at the ICC is available.
- Care homes have been provided with smart phones and equipment to enable them to access clinical care for their residents without moving them from their home.
- The IT infrastructure in the hub means that a clinician can see a patients' GP record, write in the record and GP's can flag to the hub if they have any patients they are concerned about out of GP hours.
- The IT will also enable the hub to book patients directly back into their GP practice, and ED will be able to book patients who attend inappropriately into their GP practice or the Digital Hub.

3.2 Urgent and Emergency Care by Appointment

In January 2020, prior to the Covid-19 crisis, the Greater Manchester Urgent and Emergency Care Board were focused on a large programme of work to improve the way that people receive urgent care, advice or treatment, to make sure they got this in the right place at the right time. The final stages of the programme planning were superseded by the Covid 19 crisis response during March.

As the NHS starts to recover, services resume and we begin our long process of living with Covid-19, this work has become a top priority.

Crowded Emergency Departments (EDs) can no longer be the norm, due to the risks this poses of spreading the Covid-19 virus. People who do not need to be there should not be, to help those who do need to, be seen as quickly and safely as possible.

During lockdown there was a significant reduction in emergency department attendances. In Greater Manchester this was around 60% lower than for the same period last year. A national analysis of emergency care data during this time has shown that the reduction was largely down to people with minor issues not turning up.

It is unclear if they sought out other NHS services instead, but there are other services available which can support them more safely than ED or, if they do need to visit an ED, an appointment can be booked to save them waiting.

In Oldham we are working alongside partners as an unscheduled care system to set up the capability to book people time slots to attend urgent and emergency care services, including in EDs, directing them to the correct service to meet their needs. This is both nationally and GM mandated.

3.3. Oldham's Unscheduled Care Strategy

Oldham CCG are currently reviewing the unscheduled care system in Oldham and redesigning it in order to meet national, GM and local standards. The learnings and repercussions for healthcare from Covid-19 will be taken into account within the design. The need for care closer to home at a setting that best suits their need at the most appropriate time is driving this work, but is not completed yet.

4 Key Questions for Health Scrutiny to Consider

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- 4.1 What issues does Scrutiny feel we need to take account of in reviewing unscheduled care?
 - 4.2 Are there any issues specifically pertinent to Oldham's diverse communities that we need to take account of?
 - 4.3 How does Scrutiny wish to be kept informed of developments?

5. **Links to Corporate Outcomes**

5.1 Improved services and outcomes for our population

- Deliver the actions to improve the quality, outcomes and performance of services.
- Commissioning services that meet the needs of the population we serve.

System Reform and Transformation

- Develop our strategy, framework and approach to co-design with the local community.
- Accelerate the pace and scale of delivery of new models of care and transformation.

Engagement, Partnerships and Effectiveness

- Strengthen and embed robust processes to engage with the local community, ensuring that their views and experiences directly influence CCG priorities, plans and delivery.
- Develop and strengthen the partnerships we need to improve health and health services for our population.
- Ensure that the necessary internal systems, processes, constitutional and governance arrangements are in place to enable the CCG to deliver its duties and responsibilities.

6 **Additional Supporting Information**

6.1 Evidence Base

GM frailty charter

Local assessment of GM CAS and response to Covid
JSNA 2020

The Long Term Plan (2019).

NHS Planning Guidance (20/21).

NHS Oldham CCG Operational Plan 2019/20.

Oldham Clinical Commissioning Group Urgent Care Strategy: 2017/18–2020/21.

Deloitte (2020) Global Health Care Outlook

7 **Consultation**

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- When a global pandemic was declared on 12 April 2020, we had to act quickly to ensure new services were put in place and existing services remained safe for patients and staff. In some cases, these temporary changes were put in place virtually immediately in response to national guidance.

This pressing need meant we weren't able to involve local people in decision making as we usually would. Now we are over the initial peak of infections, our thoughts are turning to the future. Some of these temporary changes may revert back to normal at some point,

some may stay as they are now permanently, and some may change again into a completely new arrangement for the future.

Although the future model of unscheduled care in Oldham will have to conform to the national mandates outlined above, there is still considerable scope to 'Oldhamise' it to make sure it works as well as possible for all our communities. For this reason we want to undertake further engagement to build and update on our 2017 Urgent Primary Care Consultation.

Many of the face to face methods used in that consultation are no longer open to use due to Covid. However, we intend to share our ideas and seek views from the public using a mix of video-meetings, a survey and inviting residents to write or call with their thoughts. A synopsis of the comments and a response showing how we have taken them into account in the final design will be published for all to see.

8 Appendices

8.1 Examples of patient journeys and Case Studies using the Oldham Clinical Digital Hub