

Access to Urgent & Emergency Care – Oldham Locality

What we had in place pre-pandemic...

Oldham UEC History

Historically Oldham had 3 pathways into urgent and emergency care:

1. Primary Care GP's providing same day urgent care where capacity permitted, with access out of hours through NHS111
2. Oldham Walk-in-Centre (WiC), providing urgent primary care without an appointment 8am-8pm.
3. Accident & Emergency at the Royal Oldham Hospital

When patients accessed urgent and emergency care through these points there were limited pathways to direct patients quickly & efficiently to the care they needed, and many were directed to A&E.

Following lengthy consultation in 2017 it was agreed to redesign the WiC and develop a system offering bookable appointments for urgent primary care that met the 'least acute, most appropriate, closer to home' national ambition. However, at the onset of the pandemic in 2020, this discussion was still to be implemented as development work was still ongoing and a review was underway.

Oldham UEC History

The pandemic brought new urgent challenges we needed to address;

- Immediate development of a Covid Assessment Centre
- Closure of all walk-in services
- Maximising acute capacity
- Implementing digital and virtual care
- Supporting Care Homes and the vulnerable.

In response to Covid-19 the WiC was redesigned to provide the Covid Assessment Service and we took the opportunity to implement a digital urgent care offer to support the system and the Urgent Care Hub(UCH) was created.

The WiC budget was utilised to fund the development of the UCH & Covid Assessment Service. It has also funded the Covid Oximetry @ Home service, a nationally required service for patients who are covid positive but remain at home while being monitored.

The GM Clinical Assessment Service (CAS) launched on 9th November 2020, offering clinical 'Hear & Treat' from NHS111 on a GM footprint with the aim of reducing the number of A&E attendances

On 1st December 2020, the national **111 First** initiative was launched, this was part of the national UEC By Appointment programme, requiring localities to offer direct bookable appointments for urgent care, including in A&E departments, Urgent Treatment Centre's and other Primary Care services

What we have in Oldham now...

Our Current Provision



Our Primary Care Led Urgent Care Hub (UCH) based at the ROH with video calls, Face to Face appointments and home visits, with pathways to acute, community and mental health services. The Hub offers direct bookable appointments from Pre-ED, NHS111 & GM CAS and also incorporates:

- UTC Minor Illness Service
- Covid Assessment Service
- Covid Oximetry @ Home Service
- HSCP (Health & Social Care Professional) Direct Line to the UCH with pathways designed for Paramedics, Care Homes, Care at Home, GP's and Community services to access urgent care support.



An Urgent Treatment Centre (UTC) Minor Injury Unit staffed by a team of Emergency Nurse Practitioners in what used to be the fracture clinic at ROH provides a direct pathway from arrival to assessment, diagnostics and treatment.

A Pre-ED Rapid Assessment & Streaming Service, a team of GP's and ANP's that work at the front of A&E, this re-directs patients to the most appropriate service for their needs, bypassing A&E allowing the A&E clinicians to focus on those with more serious life-threatening conditions

Our Current Provision

Community Access to Urgent Care

We have **launched Oldham's 2 hour Urgent Community Response (UCR)**. This is part of ICE T providing a clinical response within 2 hours if someone's health or wellbeing suddenly deteriorates at home to prevent ambulance call outs and hospital admissions



Oldham now has an **Integrated Discharge & Community Response Hub** which supports discharges from the hospital to the best place to meet their needs using the Home First approach and the Discharge Assess referral process, linking in with the community offer of enablement, ICE T and Intermediary Care

We have connected the **Urgent Care Hub** and the **Integrated Crisis & Enablement Team (ICE T)**, which uses the strengths of both services to improve the patient journey and outcomes



Our Current Provision

Ambulance Access to Urgent Care

- An **NWAS & A&E Ambulance Handover Process** has been implemented in A&E to improve ambulance handover times, **If** a patient meets the appropriate criteria, a handover checklist can be completed, and patient can be left with the A&E team to await further assessment. This allows crews to handover patients quicker and be available to respond to other calls sooner.
- **NWAS SDEC (Same Day Emergency Care) Pathways**; there are now direct pathways to SDEC services for patients allowing NWAS crews to directly refer their patients to the Medical SDEC unit, bypassing A&E so they receive an assessment, diagnostics and treatment allowing discharge the same day.
- We have developed an **Acute Frailty Team** within the hospital, the team consists of multi-disciplined clinicians led by a consultant geriatrician. The team have designed a pathway for identifying frail patients at the beginning of their UEC journey to ensure they receive appropriate care in line with their needs to reduce admissions and length of stay.

Oldham's Urgent and Emergency Care System



Greater Manchester
Integrated Care

Access Points

Self Presentation

NHS111

999

GP Referral

Health & Social Care Professional Referral

Oldham Urgent Care Hub

24hr Urgent Primary Care Same/Next Day

Direct Bookable Appointments (NHS111/GM CAS/Pre-ED)

2hr Urgent Community Response (ICET)

Community Same Day Emergency Care

PCNs & Neighbourhoods

Covid Assessment Service

Direct Referrals to acute care

Urgent Treatment Centre

HCSP Direct Line

Minor Ailment (ICC)

Minor Injury (ROH ED)

Accident & Emergency Royal Oldham Hospital

A&E

Same Day Emergency Care or Admission Discharge

How patients can access Urgent and Emergency Care in Oldham...

Ringling NHS 111 or using NHS 111 online

NHS 111 has direct access to all the services mentioned earlier

On average *per month*:

3696 Oldham patients ring NHS 111

4130 Oldham patients use NHS 111 online



Via GP or self referral

Patients can refer themselves directly to the Community Response Hub, NHS 111, 999 and A&E

A patient can access the Urgent Care Hub by triage through NHS 111

Via other Health and/or Social Care professionals

Care Homes, paramedics, social care professionals, health visitors, voluntary sector workers etc can

all use the direct phone line into the Oldham Urgent Care Hub to refer a patient.

All calls should be managed within 30 minutes or less in order to support the professionals who

are with the patient

Royal Oldham's A&E department

The 2 Door Model:

On entering A&E, patients are directed to the appropriate place after answering simple red flag questions. They will either be directed straight into A&E, or to the Pre-ED Rapid Assessment & Streaming Service.



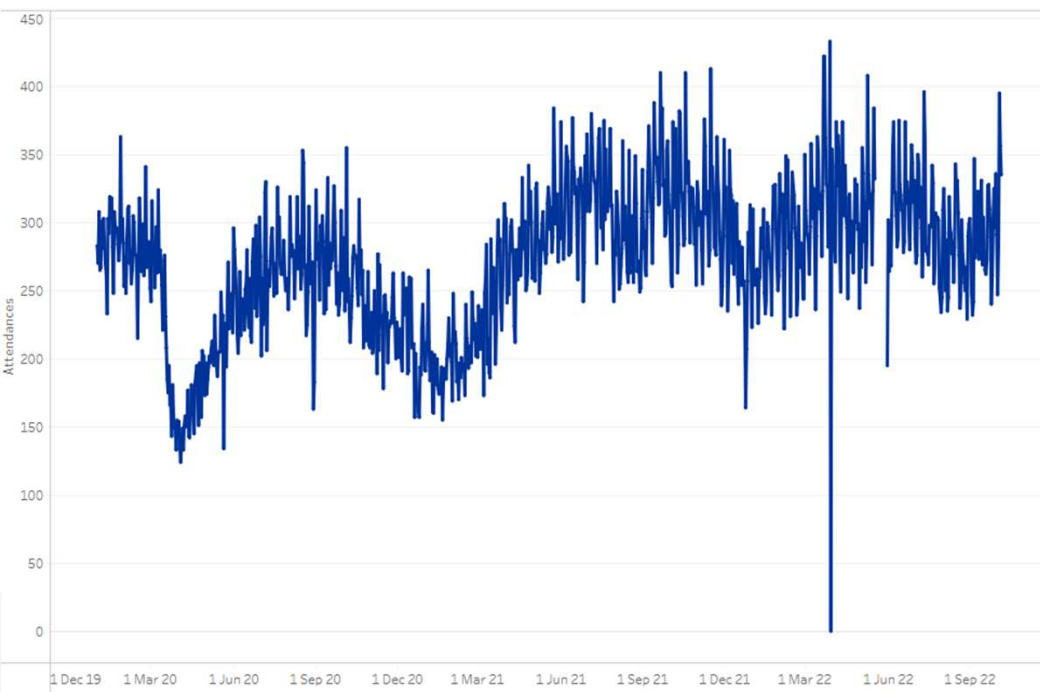
The Blue Door is our Pre-ED Rapid Assessment & Streaming Service;

- Operates 7 days a week 8am – 8pm
- Senior Primary Care clinical decision makers rapidly assess patients within 15 minutes of arrival
- Full access to the patients GP record is available
- Outcomes for patients are;
 - Discharge with advice (*Self management, safety netting, Education on use of 111*)
 - Directly booked to our Primary Care offer for virtual consultation within 30mins and option of Face to Face consultation at our off site Urgent Care Hub if required
 - Referred to a secondary care service SDEC (*ACU, Vascular, Gynae*); Paediatrics (*O&A, Rapid Access Clinic*)
 - Referred to the onsite Mental Health Practitioner
 - Referred to Community Services (*CCNT, ICE T, DN Treatment Room, Minor Eye Conditions Service*)
 - Streamed to A&E
 - Repatriated to local Services (*HMR - Primary Care, UTC, Paediatrics*)

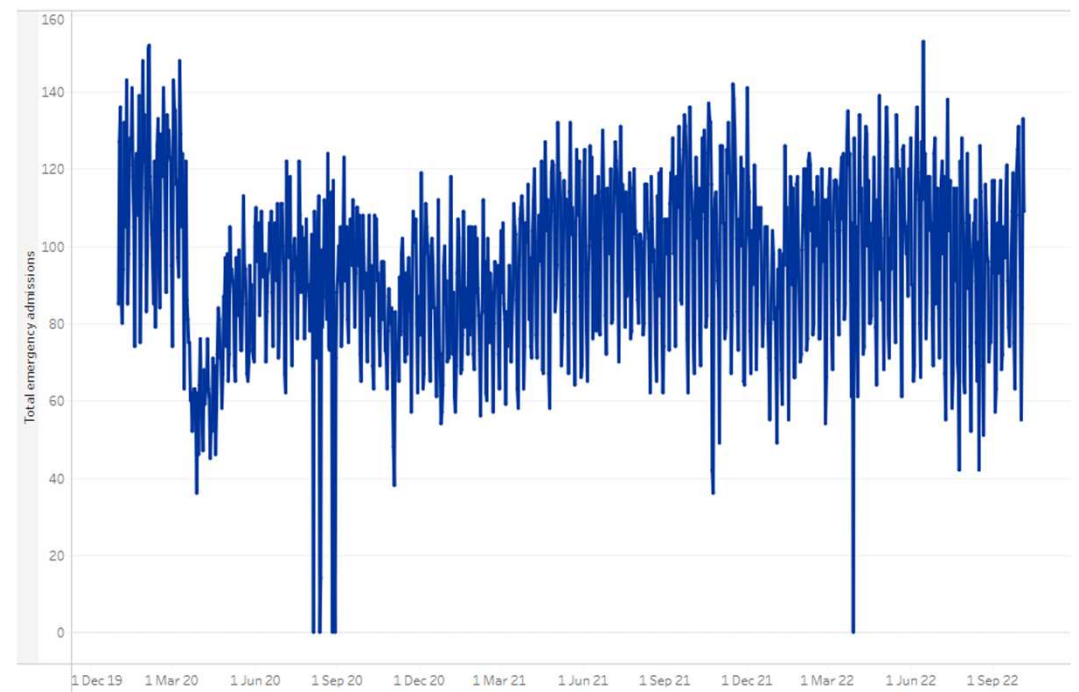
What happens when someone accesses our UEC services

Post Pandemic

UEC Activity levels are now higher than pre-pandemic levels however emergency admissions are lower, partly due to the re-design and development of our UEC system



Royal Oldham Hospital A&E Attendances



Royal Oldham Hospital Emergency Admissions

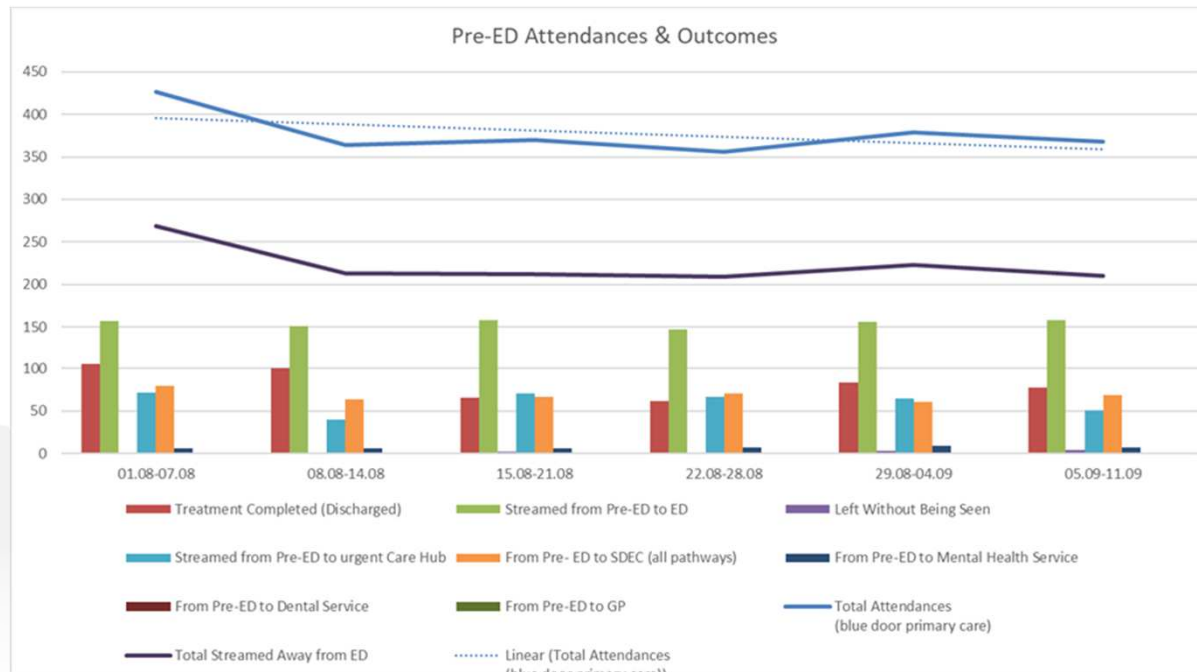
Pre-ED rapid assessment and streaming journey

Pre-ED aims to assess and stream patients within 15mins of arrival

63% of patients who are assessed by the Pre-ED Rapid Assessment service are re-directed and treated in a more appropriate place than A&E (Feb22-Sep22)

20% of patients assessed by the Pre-ED service were discharged with no further input from other services (Feb22-Sep22)

18-20% of **ALL** patients who self presented at A&E (Red & Blue door patients) are re-directed and treated away from A&E 7 days a week.



Urgent Care Hub journey

The UCH (Urgent Care Hub) takes on average per month:

- **1575 referrals** from NHS111 & GM CAS
- **353 referrals** from HSC professionals inc. care homes, paramedics, GP's
- **424 referrals** from Pre-ED

Plus referrals from other sources

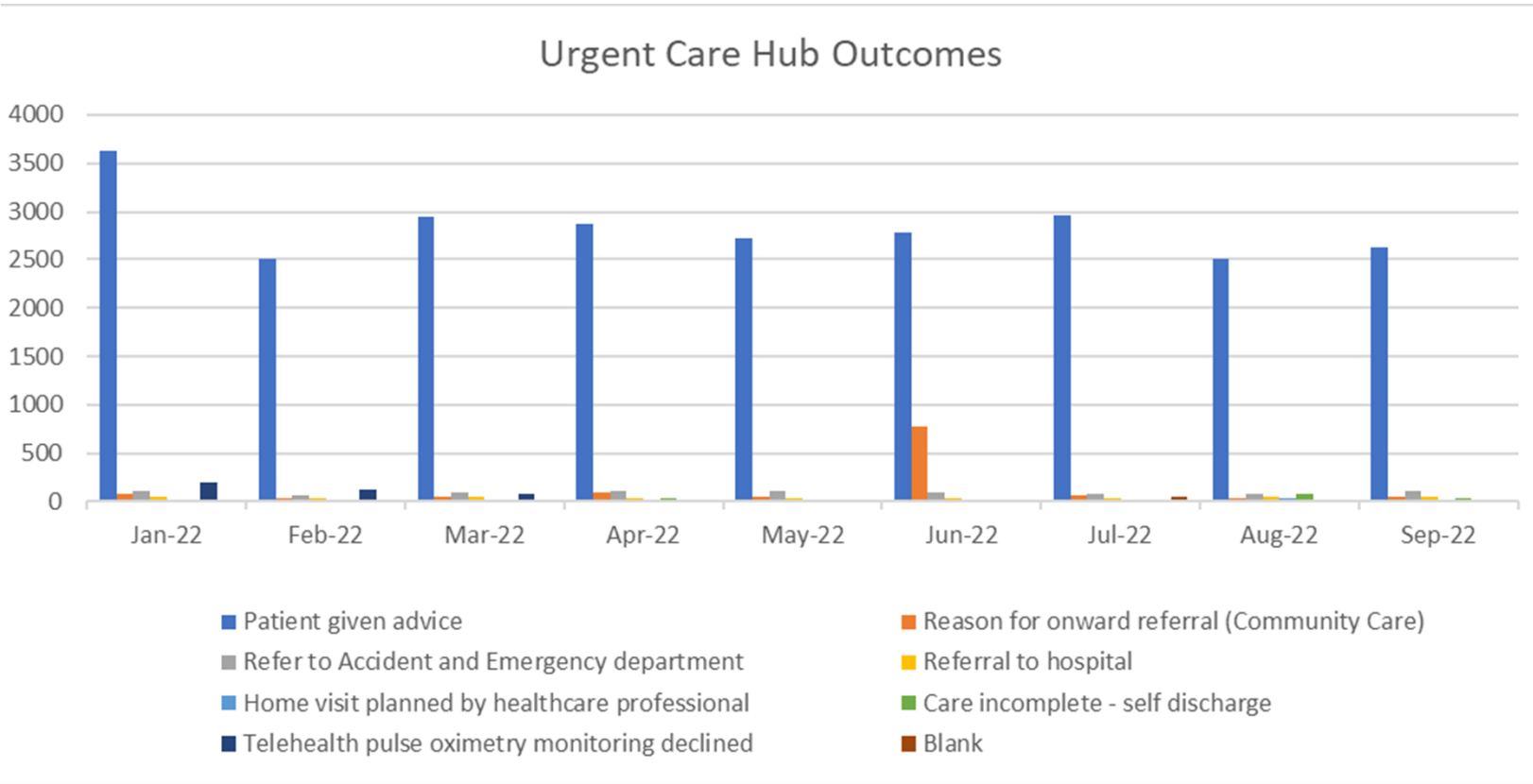
Response Times - The UCH will respond to:

- NWAS crews within 20mins of their call
- HSC professionals within 30mins.
- NHS111 & GM CAS within 1-12hrs dependent on the clinical need of the patient

Patients referred from Pre-ED to the UCH will receive a clinical assessment from the hub within 30mins to 4hrs dependent on their clinical need

Where a face-to-face assessment is required following a virtual consultation this is in line with the urgent 2hr and non urgent (clinically determined) timeframes.

Urgent Care Hub Outcomes



- 88% of patients referred to the hub are treated and given advice with no further input from other services
- 4% are referred on to community services for further care & support
- 3% are sent to A&E
- 1% are referred direct to speciality at the hospital for further care

What we have planned next for urgent and emergency care in Oldham...

Recent developments

We have developed an Oldham Directory of Pathways for Urgent & Emergency Care which includes pathways to community, acute and HMR services.

We have created videos to support the locality to access urgent care via the Urgent Care Hub:

- Video for Care Homes: <https://youtu.be/SGrWb3TubkQ>
- Main urgent care hub video: <https://youtu.be/9hhoAf5sHbA>
- Video for NWS crews: https://youtu.be/l_KEaimvqxY

Ongoing Developments

SDEC (Same Day Emergency Care)

We have developed pathways into many acute specialties allowing patients to be seen and treated the same day for many different complaints reducing the need to admit patients to the hospital.

Existing SDEC Pathways	Developing SDEC Pathways
Medical	Gastroenterology
General Surgical	Orthopaedics
Gynaecology	Vascular
Paediatrics	Frailty

Virtual Wards

We are developing our Virtual Ward's to include more specialties and to include both step down from hospital and step up from community. These will mean patients can receive hospital-level care in their own beds.

Existing Virtual Ward	Developing Virtual Ward
Frailty	Sepsis
Respiratory	Paediatric
	Cardiology

Ongoing Developments



Greater Manchester
Integrated Care

- **Winter Planning** - We are currently building our system Winter Plan which includes implementing additional capacity schemes to meet the anticipated demands:
- **Falls service** - We are reviewing and mapping our current falls services to identify any areas for improvement and looking to support care homes when falls occur.
- **Care Home A&E attendance audit** - We are doing an audit of residents from care homes who have attended A&E to better understand our response to urgent needs that arise in care homes and to identify any area where we can improve our support. This is a large project where care homes records, GP records and A&E records will all be scrutinized in order to draft an improvement plan.

Summary

Due to the last few years of the pandemic, it is difficult to accurately predict the demand this winter, however, it is anticipated that this winter will see unprecedented demands on our UEC system.

As a locality we have responded successfully to the challenges covid presented and to the regional & national priorities making our urgent & emergency care easy to access and efficient.

The newly designed UEC services and pathways along with the continued development will contribute to stemming the flow of demand this winter by ensuring patients can access the care they need in the least acute setting, closest to home and away from our hospital.

Real Oldham patient stories who experienced our
Urgent and Emergency Care provision...

Pre-ED Rapid Assessment & Streaming - Patient Experience



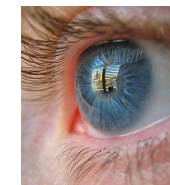
Gentleman presented at ED with a 2 day history of a sore elbow; Directed to the Pre-ED service; clinician rapidly assessed him with full access to his GP records, identified patient could be managed within Primary Care, recorded his observations and the assessment in his GP records and booked the patient into the Oldham Urgent Care Hub. The Hub could see his observations and the Pre-ED assessment, he received a video consultation from a clinician within 30 minutes of referral, an infection was diagnosed and a prescription was generated for collection at his local pharmacy using EPS. He was given self management information, safety net advice and educated on the use of 111. The patient was assessed, diagnosed and treatment organised within 46 minutes of arrival at ED without going through ED

48yr old ♂; presented to ED with suicidal ideation. Directed to Pre-ED Rapid Assessment Service; was seen within 8 minutes of arrival, clinician had full access to GP medical records, streamed by clinician to the Mental Health practitioner on site via pathway; Patients was assessed by a Mental Health practitioner within 21 minutes of arrival and did not go through ED



Patient presented at ED with earache & headache symptoms; Had presented to ED with same symptoms 4 times over past few weeks. Rapidly assessed by Pre-ED service, full access to GP medical records and clinician utilised SDEC pathway and booked patient direct to ACU. The patient left the department within 25 minutes of arrival and did not go through ED

66yr old ♀ presented to ED with altered sensation to her eye, 7 day self management with no change. Directed to Pre-ED Rapid Assessment Service; underwent 5min assessment; no red flags. Clinician booked her an appointment with the Community Minor Eye Conditions Service for 2:30pm that day. Patient was delighted not to have to wait in the ED



Same Day Emergency Care – Patient Stories



Patient presented at ED with earache & headache symptoms; Had presented to ED with same symptoms 4 times over past few weeks. Rapidly assessed by Pre-ED service, full access to GP medical records and clinician utilised SDEC pathway and booked patient direct to ACU. The patient left the department within 25 minutes of arrival and did not go through ED

A 15yr old girl attended ED with her older sister at 9 weeks pregnant with a PV bleed. Normally a patient of this age would be too young for the GAU SEDC pathway and would be admitted to the children's ward. However, due to the circumstances and following discussions with the patient, the Pre-ED clinician felt it was not in the girl best interest to go to the children's ward. Using the positive relationships built with the clinicians on both GAU & Paediatrics they arranged for the patient to access the GAU pathway for same day emergency care with an agreement that should she need to be admitted the paediatricians would accept her post investigations. Unfortunately the patient had miscarried but did not require admission and she was treated and discharged the same day. She and her family were very appreciative of the sensitivity and empathy shown to them and for the speed in which they were cared for without an having to be admitted.

(all safeguarding requirements were explored)



A 5yr old child had a foreign body in his eye. His mother was advised by their neighbour to take him to ED. The mother was very keen to avoid ED and called NHS111. The child was referred to Oldham's Urgent Care Hub for a clinical consultation, following this the hub referred the child direct to ophthalmology who provided a same day appointment. The child was seen direct by the speciality and proceeded to have emergency eye surgery the same day and recovering well. The child's mother was delighted that they had avoided ED and received appropriate and swift care.

Minor Injury UTC – NHS111 Direct Booking



Janine had had an accident in her kitchen and cut her hand, she felt it needed to be looked at but wasn't a life threatening emergency so she rang NHS111 for advice.



The NHS111 operator triaged her needs and identified that she could be cared for in a UTC. She was directly booked into Oldham UTC Minor Injury service at the ROH and given an appointment time to arrive.

The ENP working in the UTS Minor Injury service assessed Janine's injury and determined it was not serious and there was no risk of a foreign object. However the wound did require skin closure.



When Janine arrived at the Royal Oldham Hospital ED reception they were aware of her appointment and directed her through to the UTS Minor Injury Team

Her details and the notes from her triage with NHS111 were shared via the Adastra system with ROH UTC



The ENP cleaned, closed and dressed Janine's hand. She gave her advice on care for the wound, and information on how to access further care should need it through her local District Nurse team

Because Janine called NHS111 first she accessed the urgent care she needed by appointment, reducing her waiting time in the UTC, supporting the need to reduce overcrowding in clinical settings and allowing the UTC team to manage their demand more effectively.



Crisis Response - a patient story



Day 1

- An 88 year old lady was discharged home with ICE T support. This consisted of enablement rehab care by 2 staff making 4 calls a day with nursing & therapy interventions also for 5 days.
- The lady's daughter was staying with her to help care for her over night.
- Following her initial assessment by ICE T on the day she was discharged, she received essential equipment and was registered for helpline



Day 2

- Her pain was not under control which caused further reduced mobility and limited ability to transfer from her bed.
- Her GP surgery was contacted and the practice nurse undertook an assessment and increased her pain relief medication



Day 3

- She continued to struggle with pain and her daughter rang 999 as she was concerned about her mum.
- NWAS attended completed their assessment and felt she could remain at home but needed better pain control.
- NWAS used the Crisis Pathway and referred the lady to the Integrated Crisis Enablement Team (ICET)
- ICET attended her home and requested a clinical assessment from the Urgent Care Hub, a face to face assessment took place and her pain relief was increased

Day 4

- ICET attended her home again following a 2nd NWAS attendance requested by the lady's daughter.
- It was established due to all the changes in medication they were confused as to what to take when and therefore hadn't taken any.
- ICET explained how and when pain relief should be taken and also provided written guidance
- The lady's daughter was struggling to manage and wanted to go home, this meant there was a carer breakdown especially overnight/
- The team discussed step up care to IMC and a plan was made to admit her the next day
- Helpline supported her overnight



Day 5

- ICET assessed her at home again and her pain was better controlled, she was now able to sit to stands and transfers
- They ordered a bed and mattress to support safe moving and handling
- She was able to remain at home with ICET input



A Patient Journey from Care Home to Urgent Care Hub....



James is a 73 year old man who lives in a care home. His carers were worried about increased signs of lethargy, a raised temperature and possible UTI symptoms. His carers felt James was deteriorating throughout the day, his own GP practice was now closed so they rang NHS111 and were advised to ring 999 due to his presentation.



The treatment plan was forwarded to the care home via text messaging along with safety net advice and James's Primary Care records were updated. Arrangements were made for James's own GP to follow up on his wellbeing the next day.



A crew was dispatched and arrived on scene. James was unwell but following their assessment the crew did not feel conveying him to A&E was the best outcome for him.



It was agreed to treat James with antibiotics, a prescription was provided electronically which the carers could obtain from their local pharmacy and James remained in his home.



The crew were able to clear the call quickly and safely. With confidence that James and his carers were fully supported, a plan for follow up was in place and safety netting advice was provided in a text message that the carers could revisit.

The crew contacted the Oldham Urgent Care Hub and a virtual video consultation was arranged with a clinician who had full access to James's medical records which showed James had a PMH of Ca Lung, advanced dementia and diabetes.



Through the video consultation with the crew, patient and carers present, clinical observations could be shared, the patient could be visibly assessed and it was established that James could be kept at home with a treatment plan.



James remained in his own environment, his GP reviewed him the next day and found he had responded to the treatment provided. His GP initiated a Oldham One Support Plan and agreed with James and his carers an admissions avoidance plan to ensure James could remain in his home with the support he and his carers needed. Ensuring any future admission to secondary care was avoided.



John's Journey with Community Care input



John lives at home, he had been feeling unwell through the afternoon, his leg was red and swollen and hot to touch. By evening time his family were concerned. His own GP practice was now closed



when it's less urgent than 999

His family felt he need a doctor to see him so they rang NHS111



After triage and assessment by NHS111, John was directly booked into the Oldham UTC Minor Illness service at the UCH



A clinician rang John's wife and arranged a video consultation. He had full access to John's GP records.



A diagnosis of cellulitis was made but John did not want to go to hospital for treatment. Through the established pathways the UTC was able to speak with the Integrated Crisis Enablement (ICE) Team in the community and arrange an urgent visit that evening and a plan was agreed to care for John at home.

Having access to John's full GP record meant that the clinician could see John's medical history, he had a history of diabetes and recurrent cellulitis. The clinician could view John's leg and had pictures of it sent by his family via Accurx.

The ICE Team visited John at home and administered IV antibiotics and assessed his needs holistically ensuring he had adequate care and support



The treatment plan was forwarded to John's family via text messaging along with safety net advice and John's Primary Care records were updated ensuring his own GP was fully informed

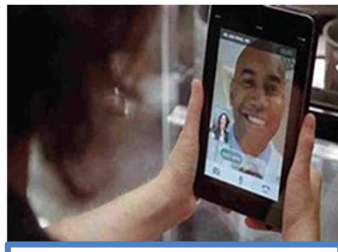


John remained in his own home, where he received the appropriate care he needed. Keeping him safe and out of hospital and his family supported.

Case Studies – Streaming from Hospital Site to the Minor Illness service at the UCH



A 57 year with abdominal pain. 1 month history, worse in the past week with food being a trigger.



Previously had 4 remote consultations with her own GP in the last 5 weeks



Her GP treated her for indigestion and referred her to gastroenterology.



As the treatment had had little effect and despite her referral she wanted a second opinion and attended ED in the evening.

She had a full clinical examination, an acute abdomen was ruled out and she was diagnosed with constipation.



She received a telephone consultation that evening and was brought in for a face to face appointment. She was sent a text message with full instructions and directions to the UCH

She was streamed directly to the Pre-ED Rapid Assessment Service who determined she had an urgent primary care need. Therefore they booked her an appointment with the UCH for that day and she went home to await a telephone consultation from the UTC clinicians.



She was reassured and advised to follow up with her own GP. She was also advised on how best to access urgent care in the future by contacting NHS111 first.

Streaming this patient out of ED to the UCH ensured she received the appropriate care and treatment closest to home with the least acuity and it

Case Study - Pharmacy Integration



Lesley is a 33 year old woman who attended her local pharmacy on a Saturday for advice and treatment for her ears. She had pain and discharge from both ears and wanted ear drops to treat them.



The pharmacist discussed her needs and felt that due to the presence of bilateral discharge she needed to see a clinician who could examine her and prescribe treatment. Given the patients GP was closed they referred the patient to the UCH instead of directing her to ED and Lesley was sent home with an appointment for a virtual consultation.

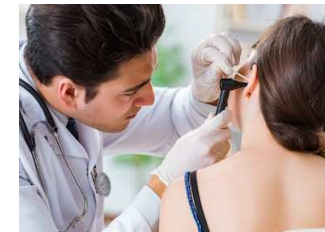


The clinician at the hub conducted a consultation via video with access to her full GP patient records. It was determined she needed to be examined and Lesley was given an appointment to attend the UCH for a face to face examination that day.

By referring Lesley to the UCH she was seen and treated the same day in the community without delay and had follow on care arranged with specialist services. Her Primary Care records were updated ensuring her own GP was fully informed.



Due to the findings from her examination the UCH clinician felt Lesley required a further review by a specialist ENT doctor and arranged an out-patients appointment for 2 days later.



Following her examination Lesley was prescribed antibiotics for an infection in both ears.



Case Studies – Streaming from Hospital Site to UCH– Mental Health



A 39 year old lady presented to ED with symptoms of a sweat rash and concerns about her breast cancer. She was a known regular attender to ED who had high level of health anxieties.



She was streamed directly to the Pre-ED Rapid Assessment Service who determined she had an urgent primary care need. Therefore they booked her an appointment with the UTC for that day and given her levels of anxiety she was given a priority of 1 ensuring she received a call back within 30 mins.

Following a telephone consultation she was given a face to face appointment at the UTC for that morning. She was sent a text message with full instructions and directions to the UTC Minor Illness service.

It was not felt that the lady presented a threat to herself and did not need to be referred to the MH Liaison team. However the clinician discussed the mental health service in Oldham called 'Talking Spaces' and explained this offered drop in face to face sessions which they established the service was holding that day.

She attended the UTC Minor Illness service and was examined and treated for a fungal rash with an electronic prescription. The clinician also discussed her health anxieties and the patient disclosed she was feeling low and had already been referred to the Healthy Minds but was waiting for an appointment.



She was reassured and given the services details both in a leaflet and via text messaging. She was also advised on how best to access urgent care in the future by contacting NHS111 first. The patient told the clinician she was planning on attending Talking Spaces that day.

Streaming this patient out of ED to the UTC ensured she received the appropriate care and treatment for her minor illness and by providing an holistic assessment the team were also able to support the patient with her mental health needs and direct her to appropriate services that they are aware of in the local community.