

## **NHS North of Tyne Draft Urgent Care Strategy**

Summary

### **Introduction**

This paper provides a summary of the key elements of the NHS North of Tyne (NoT) Draft Urgent Care Strategy which has been issued for a 3 month public consultation period.

The Draft Strategy provides an important opportunity for us to begin to address a number of important issues relating to healthcare in local Community settings across Newcastle, North Tyneside and Northumberland and to examine the best way to provide the best care within available resources to ensure people can easily access care and treatment as and when they need it.

The document has been circulated to our Council of Governors and across the organisation to health care professions, in order to gain a range of viewpoints and provide a considered response to the consultation.

### **Our responsibility of care**

This Draft Strategy is welcomed by management and clinicians in setting out the approach for the delivery of Urgent Care services across North of Tyne over the next five years.

We know this is a challenge – but it is a challenge that we believe can be met through active collaboration and partnership.

### **Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) response**

We have given the contents of this document careful consideration and are committed to working together with the three Primary Care Trusts that make up 'NHS North of Tyne' to support the definitive goal of providing the right service in the right place at the right time, delivered by the right people.

NuTH is the sole provider of acute hospital-based care in Newcastle and has a national and international reputation for high quality services delivered by competent and experienced staff. It is with this background that we offer the following responses to the key aspects of the Draft Strategy.

#### **Access, Triage and Assessment**

The Draft Strategy recommends a common triage system, working to common criteria and standards which would ensure not only consistent high quality provision, but also prevent differences in triage resulting in varied user end points

NuTH agrees that the ultimate goal should be to have a single contact in place for Urgent Care access and triage/assessment, in keeping with national and NHS North East (Strategic Health Authority) visions for acute care. It is likely that this will be a nationally driven initiative and NuTH would be supportive of a North East based pilot.

The service strategy for this initiative must be inclusive of all stakeholders to ensure an open and transparent business process.

In addition to ensuring that best access, triage and assessment are achieved, the right clinical outcome for the patient is also a crucial part of this process and does need to be a primary consideration when choosing the appropriate model.

**The elimination of choice for the public by emphasising quality and consistency rather than patient choice**

Emphasising quality and consistency of Urgent Care Services is most welcome and should be accompanied by transparent performance indicators and management. Removal of patient choice however, contra indicates the aspirations of the proposed NHS constitution which will include a right to choose and notes that “choice is now a normal and natural feature of peoples lives and there is no reason why health services should be any different”.

Choice is noted as “a core feature of a responsive NHS in the 21<sup>st</sup> century”. We would wish choice of urgent care providers for the public to be a continued feature of service provision across the North East.

**Delivery of minor illness activity (and some minor injuries) in Primary Care**

National policy and public expectation outline that services should be consistent, effective and timely. Some services, however, do not achieve these expectations, being unable to complete an effective pathway of care for the patient.

In Newcastle, for example, the current level of service provision for patients requiring minor illness/injury services is multifaceted, including both Primary and Secondary Care.

The quality of service provision can and does vary and this is of a particular concern with regards to the differences in provision of and access to diagnostic and related services. For example, there is immediate access to Radiology services at the Royal Victoria Infirmary and Newcastle General Hospital in stark contrast zero and limited radiology access at the Jury's Inn and Molineux Street Walk-In Centres respectively.

To improve the effectiveness of this system, it is important that the service user be given immediate access to basic imaging facilities and where necessary, other services, to ensure that patients are not being pushed from one sector to another.

All services must be underpinned by staff competent in treating a full range of minor injuries/illnesses.

NuTH has developed an excellent reputation for the care and treatment of patients suffering minor illness and/or minor injuries and it is important not to dismiss the significance of the co-located Walk-In Centre services with Accident and Emergency departments in terms of proven success.

Our experienced staff provide treatment for a complex range of patients in the Westgate Walk-In Centre and Royal Victoria Infirmary Minor Injury Unit. Our services are supported by calibre A&E Consultants and both departments have established collaborative links with community nursing and local authority social services.

**Strategically located Major Trauma/Illness Centres and acute hospital providers**

NuTH is supportive of the concept of a concentration of major trauma/illness services into a strategically located Major Trauma Centre. This is in keeping with the NHS North East vision for acute care, with Newcastle being cited as a successful Major Trauma Centre.

The strategy needs to consider the new 21<sup>st</sup> century Accident & Emergency Department at the Royal Victoria Infirmary which is under construction and will be operational from 2010. This state-of-the-art facility will provide the very best of first class emergency care to the population of Newcastle and beyond. It will include minor injuries and Walk-In facilities and will be complimented by our plans for satellite Walk-In Community Resource Centre in the east and west ends of Newcastle. We would encourage the Commissioners to recognise that this will be a major facility for delivering the urgent care strategy

The new major trauma/A&E centre at the RVI will open in 2009/10 and will include minor injuries and Walk in Facilities as well as a specially designed A&E/Urgent Care facility for children.

To complement these new developments a Walk-In Community Resource Centre (for minor injury/urgent care) and a Primary Care diagnostic unit will open on the Newcastle General site (Brighton Grove).

In the east of the city at Walkergate a Walk-In Community Resource Centre (for minor injury/urgent care) co-located with a GP practice, diagnostic facilities and pharmacy will be in place by 2010.

We hope these developments to be further enhanced in the north of the city following the outcome of the current procurement process for GP practices and health centres.

In addition we know, through consultation with our members and governors that many of them choose to travel to Newcastle for all aspects of their care, particularly those in rural North and West Northumberland.

**Rapid assessment and initiation of care for patients requiring urgent admission to hospital**

The Draft Strategy outlines that there should be rapid and seamless transfer from Urgent Care facilities to enable further management of non-elective episodes.

It is expected that the current disparity in the quality of service provision amongst Urgent Care facilities will reflect adversely upon the assessment and appropriate transfer of patients to acute hospital locations.

Appropriate clinical pathways are the key to successful first time treatment and whilst recognising that Newcastle has a high reliance of hospital-based care, the quality of outcomes is reflected by our low re-admission rates.

NuTH looks forward to improving upon and developing further care pathways with partner organisations in order to ensure that patients receive the highest possible quality of care.

### **Developing better services for older people**

We acknowledge that a greater investment and expansion of community and intermediate care services is needed to avoid unnecessary admission to acute hospital wards and to facilitate discharge.

The Trust is concerned however, that the proposed strategy serves to contradict service investment trends such as the reduction in the number of district nurses in rural areas. Furthermore, clear pathways must be developed and agreed for appropriate referrals to the correct acute or intermediate care setting.

If the discharge process is to be improved and streamlined, community resources must be radically refined to accommodate this change. Multi-agency and multi-disciplinary teams will require expansion and up front investment, as will community rehabilitation services.

It is well known that current inequalities exist between local authority social services resource provision which impact upon the ability of hospitals to achieve timely discharge, particularly around the needs of people who require domiciliary, day care or a permanent care placement.

NuTH would welcome open dialogue and a strategy to address current gaps in these services, particularly around the lack of jointly funded health and social care services.

### **Paediatric Urgent Care**

Children are a major user of Urgent Care Services but the Draft Urgent Care Strategy makes limited reference to this important group of patients.

Given that the Darzi – ‘Clinical Pathway Children’s Group’ has recently produced its recommendations for the North East, the Trust would welcome an Urgent Care Strategy which clearly acknowledges the specific needs of children and is aligned to the Darzi recommendations. This needs to be consistent with The Great North Childrens Hospital in Newcastle from 2010 and the Strategic vision of a clinical network of paediatric services across the North East.

It is important that any pathway development should give due consideration to the paediatric vision of Urgent Care in order to ensure that an adult strategy does not detrimentally affect the strategy for Paediatric strategy with detrimental effect.

NuTH is currently liaising with commissioners across the North east and Cumbria regarding its vision for the future of Acute General Paediatric Medical Services. It is important to highlight this during the current consultation phase of the Adult strategy as co-location and working arrangements of Urgent Care facilities are seen as crucial in our vision.

### **Urgent Mental Health**

We acknowledge the reference to the deliberate intention not to address urgent Mental Health within this strategy but would support a cohesive approach to implementing any recommendations arising from the SHA Mental Health group.

## **A comprehensive communication plan**

We fully support the intention to create an extensive communications plan to communicate all aspects of the Draft Strategy and implementation planning.

The SHA Acute Care Group is also planning to establish a network and to this end we would support a singular solution to this important issue and would be keen to play an active role in making this a success.

## **Doing what is best for patients**

It is our strongly held belief that collaborative organisations that are focussed on and responsive to the needs of patients, represent the best option for delivering both improved quality of healthcare and better value for money.

We commend the proposed streamlining of patient pathways away from a dependence on hospital based Urgent Care. However, there is serious doubt that there is an inherent capability within Primary Care services to provide the same level of patient service for minor injuries/illnesses is currently delivered by NuTH.

If the element of patient choice is to be removed, it is essential that the new patient pathways must provide an equal if not better quality of care than those currently available. Diagnostic and treatment resource is of particular concern. Primary Care will require significant investment if patients are to be treated entirely within the Primary/Community Care setting. Without such investment patients will end up having a community based assessment and then being transferred to Acute Hospitals for a raft of ongoing services.

The choice of location for major trauma/illness is also to be scrutinised. NuTH is well established as the Major Trauma Centre for North of Tyne and should, in the public interest, remain so.

Urgent Care across North of Tyne is complex and multifaceted which is acknowledged by the Draft Strategy. Because of this, a large number of very significant issues need to be addressed if changes are to be successfully executed. NuTH supports the proposed changes and is committed to working in collaboration to meet the challenges necessary to realise these. We would advise a cautious and pragmatic approach to the scope and implementation of change. The absence of evidence to demonstrate benefit and added value in promoting the proposal organisational changes and shift of provider focus away from the Newcastle Hospitals is of fundamental concern to us and we feel needs to be challenged accordingly.

## **Summary**

### **The key elements of the strategy are:**

1. A common approach to and standards for triage and assessment across all service providers.

**This is endorsed as part of the national pilot.**

2. The elimination of a choice of service for the public by emphasising quality and consistency rather than patient choice.  
**This is felt to be contrary to current public patterns of access and to Department of Health principles/policy**
3. Delivery of the majority of urgent minor illness (and some minor injuries) activity within Primary Care (which currently happens in the majority of practices), within a clear set of quality standards, performance managed in hours in line with Carson standards for out of hours service.  
**This is endorsed where evidence indicates capacity and capability to manage the demand.**
4. A number of strategically located major trauma/illness centres and acute hospital care providers.  
**Further information to be sought to inform assessment**
5. Rapid assessment and initiation of treatment for those patients requiring urgent admission to a hospital.  
**This is endorsed and needs to focus on minimising the patient journey from point of access to point of care and treatment.**
6. Developing better services for older people to avoid 'unnecessary' admission to acute hospital wards, and to help them get discharged home more quickly, if spending time in hospital could not be avoided. This includes care for people with an unpredicted illness e.g. significant infection, and those living with a long term illness.  
**This is endorsed where there is robust evidence of benefit from a patient perspective.**

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