

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

NHS "NORTH OF TYNE" URGENT CARE STRATEGY

<b>Report Purpose:</b>	<input type="checkbox"/>
<b>Decision / Approval</b>	<input type="checkbox"/>
<b>Discussion</b>	<input checked="" type="checkbox"/>
<b>Information</b>	<input type="checkbox"/>

**Brief description of the item and any significant issues:**

This paper describes the key elements of the Urgent Care Strategy which has just been issued for consultation by the Primary Care Organisations which constitute NHS "North of Tyne" and describes the potential implications for the Trust.

It is proposed that a sub-group of Governors be convened to assist in the development of the Trust's response to the consultation.

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1. INTRODUCTION

This paper provides an update of the current position in relation to developments relating to Urgent Care and more specifically the recent presentation of the draft NHS "*North of Tyne*" (NoT) Urgent Care Strategy submitted to the Newcastle Primary Care Trust Board in March 2008.

The draft strategy was endorsed for public consultation by Newcastle PCT Board. Formal consultation with NHS organisations has just commenced and the document is attached. This paper highlights key areas of note which require debate and may be of some concern to the Trust in terms of future service continuity and provision within the Trust.

Also attached is a paper describing consultation on proposals to establish new GP practices in and around Newcastle upon Tyne.

2. NHS "NORTH OF TYNE" URGENT CARE STRATEGY

The key elements of the strategy are:

**Triage and Assessment**

- A common approach to, and standards for, triage and assessment across all service providers.
  - Urgent care will be defined by a series of agreed patient pathways and provided by the right service, in the right place at the right time.
  - Care will be accessed via a single telephone number and determined using a quality triage system. Until the advent of a single telephone number a common triage entry system will be required.
  - This system will work to common criteria and standards, preventing the current differences in triage that result in varied user end points.
  - This approach will apply across all areas of both primary and secondary care, both in and out of hours. It will be expected that any other providers, including the independent sector will work within the same criteria.

**Primary Care**

- Delivery of the majority of urgent minor illness (and some minor injuries) within primary care, with performance monitored against existing Carson Standards.
  - To this end it is proposed to introduce, and monitor, quality indicators for the delivery of in-hours urgent primary care. Out of hours urgent primary care is already subject to monitoring against these standards.

- Minor injuries units will largely be managed by Primary Care Organisations, with GP practices being given the option to provide a minor injuries service.
- *Currently Newcastle Hospitals provide care for patients with minor illnesses and injuries from Newcastle General Hospital Accident & Emergency Department; Westgate Walk-In Centre; and the Royal Victoria Infirmary Minor Injuries Unit. Based on 2008/09 service levels agreements, 'minor' activity in the region of to 35,000 attendances annually at a tariff of £56.00 per attendance with an income stream of £1.96million. A loss of between 50 -75% of minor activity could result in an income loss of between £1.0m and £1.5m.*

## **Secondary Care**

The strategy states that there will be a “small number” of patients who will require management and intervention beyond the scope of the community setting.

The key elements of this are as follows:

- A number of strategically located major trauma/illness centres (Emergency departments) will be developed to deal exclusively with major injury/illness, with benefits gained from the ability to focus on this work in the absence of more minor work. These centres will deal with all urgent care work beyond the scope of a walk in centre or primary care.
  - *In addition to Newcastle Hospitals, the document indicates the aspiration of Northumbria Healthcare NHS Foundation Trust to develop such a centre – believed to be off the A1 at Cramlington.*
- Rapid assessment and initiation of treatment for those patients requiring admission. Hospital Emergency departments, medical admissions and rapid assessment medical units with the potential for pluripotential clinical decision units should be explored.
- Clinical pathways for rapid access to critical care and other specialist provision across a network (e.g. stroke units, coronary care).
- Preferred pathways of care across streams for the most common conditions.
  - *Newcastle Hospitals have a number of direct patient pathways that streamline patient assessment and admission for specific emergency conditions. This offers an effective mechanism for providing rapid assessment and initiation of treatment. Further development of such pathways to include a wider sphere of clinical conditions will require detailed planning particularly around capacity modelling.*
- Developing better services for older people to prevent unnecessary admission to acute hospital wards, and to expedite discharge. Timely rehabilitation and discharge planning with appropriate involvement of community health and social care provision.
  - *The document makes reference to 'long term condition' and 'intermediate care' strategies with the suggestion that further work is required. As a provider of both acute and rehabilitation/intermediate inpatient care, this is a key area of interest. Changes in non-acute*

*service configurations affect the ability of acute provider services to support appropriate admission avoidance strategies and effectively discharge patients following an acute care episode.*

## **Walk In Centres**

- The intention is to model a number of demographic and socio-economic characteristics alongside A&E rates and ambulance use in order to assist decision making for the need and potential location of any future walk in centres.

The strategy indicates that current thinking for the provision of walk in centres which may act as a base for community urgent nursing, mental health, emergency duty social services etc, is as follows:

- Newcastle Central walk-in centre with a commuter focus, near Central Station
- Molineux Street Health Centre, Byker, complete with a minor injuries unit from March 2008
- One in the West of the city, currently provided by the NGH Walk in centre
- Possibly one alongside A&E in the RVI new build
- Potential for North Tyneside residents to share Newcastle facilities or use the Shiremoor Health Resource Centre
  - In the context of the proposal that minor illness/injury services will be predominantly delivered within primary care, the Trust is either:
    - placed in a strong position as the main provider of this level of minor illness/injury services in Newcastle with the appropriate workforce and infrastructure to support further development, or
    - Will be exclusive of Walk-In centre provision as services are steered towards existing providers of Primary care

### **3. KEY IMPLICATIONS FOR NEWCASTLE HOSPITALS**

The key concerns have been outlined above and are summarised as follows:

- Advocacy that the delivery of the majority of urgent minor illness (and some minor injuries) will take place within Primary care,
- Minor injuries units will largely be managed by Primary Care Trusts, with GP practices being given the option to provide a minor injuries service.
- The potential development of a second major trauma centre strategically located outside of Newcastle City centre, although within the Northumberland, Tyne and Wear geographical area with the potential to provide a range of specialist services.

The strategy proposes that the emphasis for delivery of urgent care is on quality and consistency rather than patient choice. The removal of the element of patient choice in seeking minor illness/injury services is particularly emphasised and will require a comprehensive public education and awareness campaign if service users are to become compliant with strategic thinking.

It is very much apparent that NHS "North of Tyne" continues to advocate PCO providers, which is of fundamental concern.

4. RECOMMENDATION

To i) acknowledge that there are far-reaching implications for the Newcastle Hospitals which require rapid assessment in readiness for an informed critique in response to the public consultation ii) to consider establishing a Governors sub-group to review the strategy document and assist in the development of the Trust's response and iii) to consider a response to the consultation on new GP practices in Newcastle upon Tyne.

**Mrs M Hornett**  
**Nursing and Patient Services Director**  
**8<sup>th</sup> May 2008**