



## **Improving urgent care services in north Bedfordshire and parts of Central Bedfordshire**

### **Introduction**

Horizon Health Commissioning is a Practice Based Commissioning Group serving people registered with a GP in the Bedford area. We comprise of 26 GP Practices and together with NHS Bedfordshire, we are responsible for ensuring healthcare services in North Bedfordshire meet the needs of the local population both now, and for our future.

Urgent care is close to all of our hearts and we see people requiring urgent health care every day. Urgent care can be defined as an unanticipated event or situation where the patient or carer feels attention is needed on the same day, although it may not be an emergency. It is personal to each individual and the circumstances they find themselves in. Locally, urgent care services are accessed at A&E at Bedford Hospital, Putnoe Walk-In Centre, GP Out-of-Hours services, NHS Direct and the GP.

For some time, we have seen increasing demand for these services as people live longer and people increasingly suffer from long term conditions such as diabetes and heart disease. With the population expected to grow in future, the demand for urgent care will continue to rise.

Continuing to deliver care in the way we currently do and always have, may not represent the best model in the future and may become unfeasible for health services to deliver. With emerging technologies, evidence and increasing trend toward keeping people healthy and independent and preventing unnecessary hospital admission, it is time for us to understand how urgent care should be delivered in future.

It is important for us to retain the best of what currently provide and support these services to continue to deliver high quality care for all. This means understanding where excessive pressures exist, for example Ambulance service, A&E or hospital admissions, and how we can relieve that pressure by preventing people getting ill enough to require their services. Changing attention to more community based care will require time, investment and effort.

Our draft urgent care strategy covers the areas served by Bedford Hospital (north Bedfordshire, Bedford town and the more northerly parts of Central Bedfordshire). The strategy calls for better integration and modernisation of services with the aim of keeping our population healthier and independent through a more pro-active approach to care. Through this strategy we aim to prevent deterioration in health rather than just responding to urgent situations as and when they arise albeit our services will continue to perform this necessary function.

### **Strategy development – progress to date**

Our strategy has been in development for over two years. An early draft of the strategy was presented to Bedfordshire County Council OSC in Feb 2009. Following their recommendation

we developed proposals for public consultation which was subsequently presented to both successor OSCs later in 2009. Both OSCs expressed support for the proposals and ambition set out within the strategy.

The strategy reflects our demographic need, local service availability and performance. We have engaged in extensive research and based our proposal on clear clinical evidence where it exists. We have also incorporated national strategies and best practice to ensure the direction of travel represents the best option for us in Bedford.

In developing this strategy, we have engaged with a variety of stakeholders including GPs, local Consultants, community service providers, commissioners and lay people including patients and the public through workshops and meetings.

In May 2010 our strategy was reviewed by National Clinical Assessment Team (NCAT). NCAT reviews are designed to assure that strategies are evidence based and reflect best clinical practice prior to moving on to further steps in the implementation process. We welcomed the review and the recommendations and as a result of the review we have made minor changes to our strategy.

In July 2010 we held an Office of Government Commerce (OGC) Gateway Review (strategic assessment) to obtain an independent assessment of our position and our readiness to move onto the next stage of implementation.

The review process has allowed us to better understand where we need to focus additional energy in order to ensure future success. We will be refreshing the strategy to reflect current provision and examples of service development. The revised document will also be expanded to explain quality outcomes expected and discuss implementation plans for the future. We hope this will bring greater clarity for providers, partners and the public and allow us to engage in more meaningful local debate on urgent care issues

### **Quality, Innovation, Productivity and Prevention (QIPP)**

QIPP is working at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements.

Locally we have been working with our partners in local authorities and across NHS organisations to consider the best methods of improving health outcomes and patient experience while using our resources more wisely. The urgent care workstream of QIPP has identified many of changes proposed in our strategy as the required course of action. This underlines the emphasis we place upon integration of care services and greater emphasis upon proactive identification of people at risk of hospitalisation.

Through the local QIPP programme, we have embarked upon some pilots to improve services for patients and to test our thinking. In March 2010, a Complex Care Team was commissioned by Horizon Health Commissioning as a six-month pilot to assess the clinical and cost benefits of investing in a multidisciplinary team to support patients within local care homes.

The project aimed to identify those at risk of hospitalisation and provide proactive assessment, signposting and treatment to reduce the risk of admission. A mixture of residential and nursing homes were chosen and the selection was primarily based on hospital admissions data collated. Homes with highest volume and cost of admissions were approached and each home

signed up to work with the Complex Care Team. The project has been supported by interested local clinicians including GPs, a Care Homes Pharmacist and Advanced Nurse Practitioners. The project commenced in March 2010 and was due to finish in 2010.

The interim report published in June 2010 reviewed the quantitative findings from the first three months of the project. The findings indicate a 25% reduction in A&E use and a 38% reduction in hospital admissions from participating homes compared with the same period in 2009 delivering directly attributable cost savings. In addition, there appear to be savings from reducing polypharmacy and reviewing medicines being prescribed. The team have also found reductions in use of out-of-hours services as a consequence of improved in-hours support.

The qualitative impact of the pilot is currently being assessed including a 360-degree feedback from patients and relatives, carers, GPs and the Complex Care Team and early indication demonstrates a significant improvement in the experience and confidence of service users, care homes and carers. As a result of the success of the first 6 months the pilot will be extended until March 2011.

A further pilot being developed is the creation of a virtual ward in North Bedfordshire. The aim is to offer alternatives, during the winter period, to hospital admission through the use of community beds and increased support and care in the patients' homes. This pilot is being led by Bedford Hospital Trust and will be communicated to stakeholders prior to the pilot being launched.

### **Making the strategy a reality**

We wish to implement our plans to modernise and better integrate urgent care services to improve and to enjoy the benefits that our pilots have delivered and forecast. Our aim is to build upon the existing local services that offer urgent care solutions to deliver greater choice of care options for our population. The same range of professionals that we currently deploy in the local NHS will be working in a more coordinated with greater emphasis upon identifying and mitigating risk of deterioration in health will support improvement in care for our population. The change for our patients will be a greater range of professionals working to maximise independence and health.

### **Public engagement**

We do not consider that our proposals would constitute a substantial variation in current services, but would ensure more integrated services for the benefit of service users. As such, we would wish to undertake extensive engagement of service users and other key stakeholders to inform any further development and subsequent implementation of the strategy. This targeted engagement would ensure that the views of service users and other stakeholders are gathered and heard without the requirement for a formal public consultation. The outcome of this engagement and how this has influenced any subsequent decisions would be published.