HORIZON HEALTH COMMISSIONING LTD

Urgent Care Challenges

John Rooke

CEO

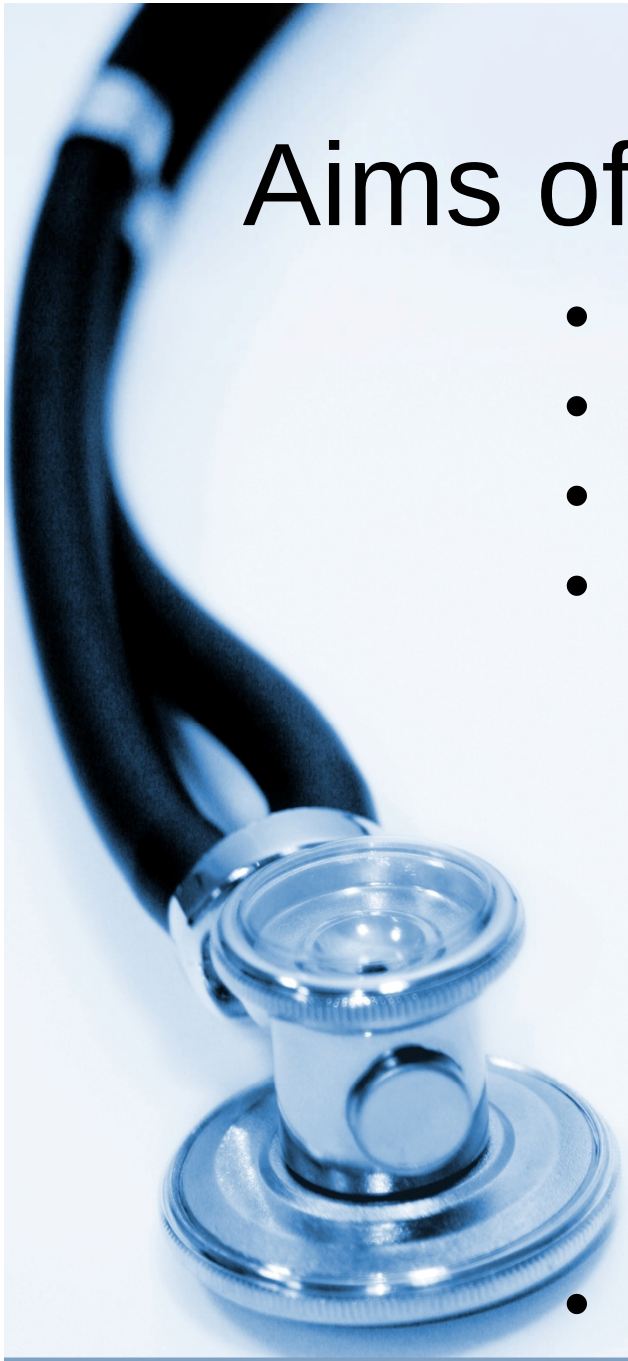
The Challenge

- Improving health outcomes and independence and experience
- ~£26.5m expenditure on non-elective admissions
- £4.6m spent on A&E
- ~30% or 3500 admissions among 65+
- Growing demand in urgent care
- Demographic challenges

Context

- National drivers
- Best practice, evidence based approach
- Locally attuned solutions
  - Demographic challenges
  - Local health needs
  - Service performance
  - Provider landscape
- Economic constraints

Aims of Reform



- Improve health and independence
- Improve satisfaction
- 5-year trajectory based targets
- Year 1 objectives
  - 7% reduction in A&E attendances
  - 6% reduction in non-elective admissions
  - 7% Increase in proportion of non-elective admissions with LOS less than 48hrs
  - 4% reduction in re-admissions among over 65 age group
  - Reducing delayed discharges
- Achievable and realistic

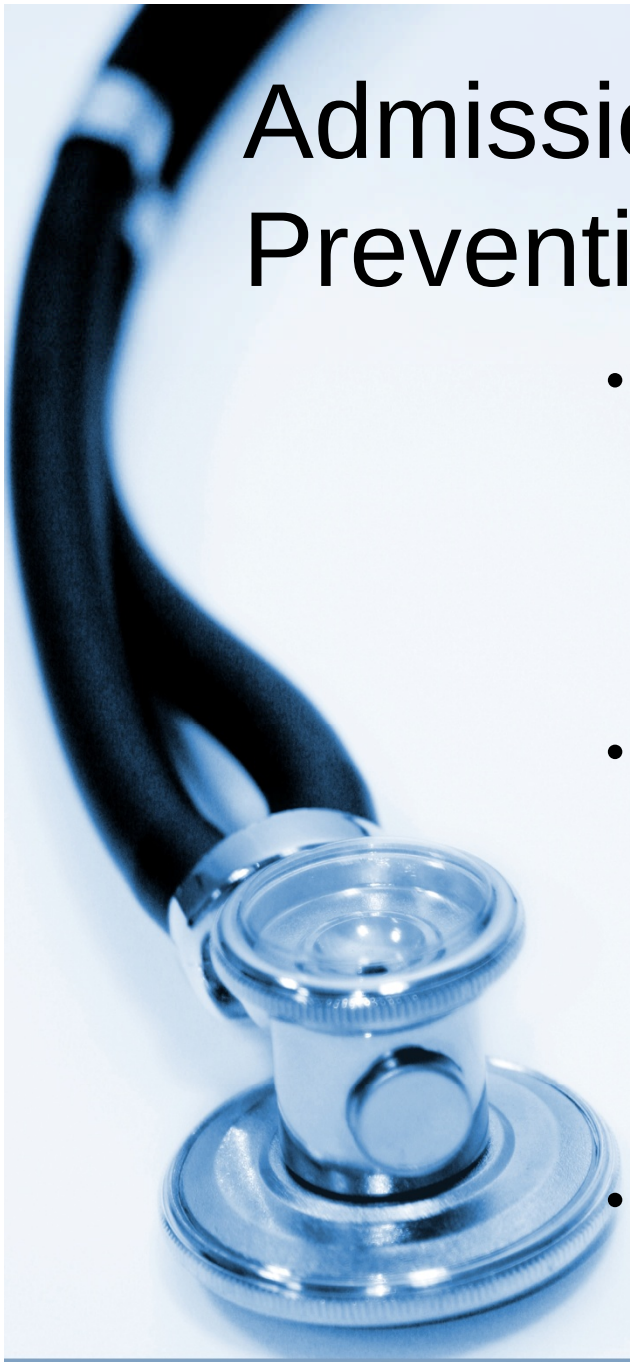
Principles for Change

- Pro-actively seek out people who are at risk of admission
- Packages of care that maintain good health and independence
- Care closer to home where it is safe to do so
- Integration: Joined up care (H&SC)
- Reducing hand-offs between teams
- Consistent approach to assessment, treatment and discharge
- Safe and effective transition between hospital and home

Key Strands

- Urgent Care Strategy
  - Admission prevention
  - Admission alternatives
  - Timely discharge
- Achieved through more integrated, proactive approach

Admission Prevention



- One integrated community team “Gateway Team”
  - Consultant-led community teams
  - Multi-professional approach
  - Case management focus
  - Social care integration
- Function
  - Proactive case finding (PARR)
  - Focus on admission prevention
  - Personalised care plans
  - Seamless provision
  - Single point of contact
  - Care home support
- Hospital presence (managing interface)
  - Discharge planning
  - Short stay wards

Admission Alternatives

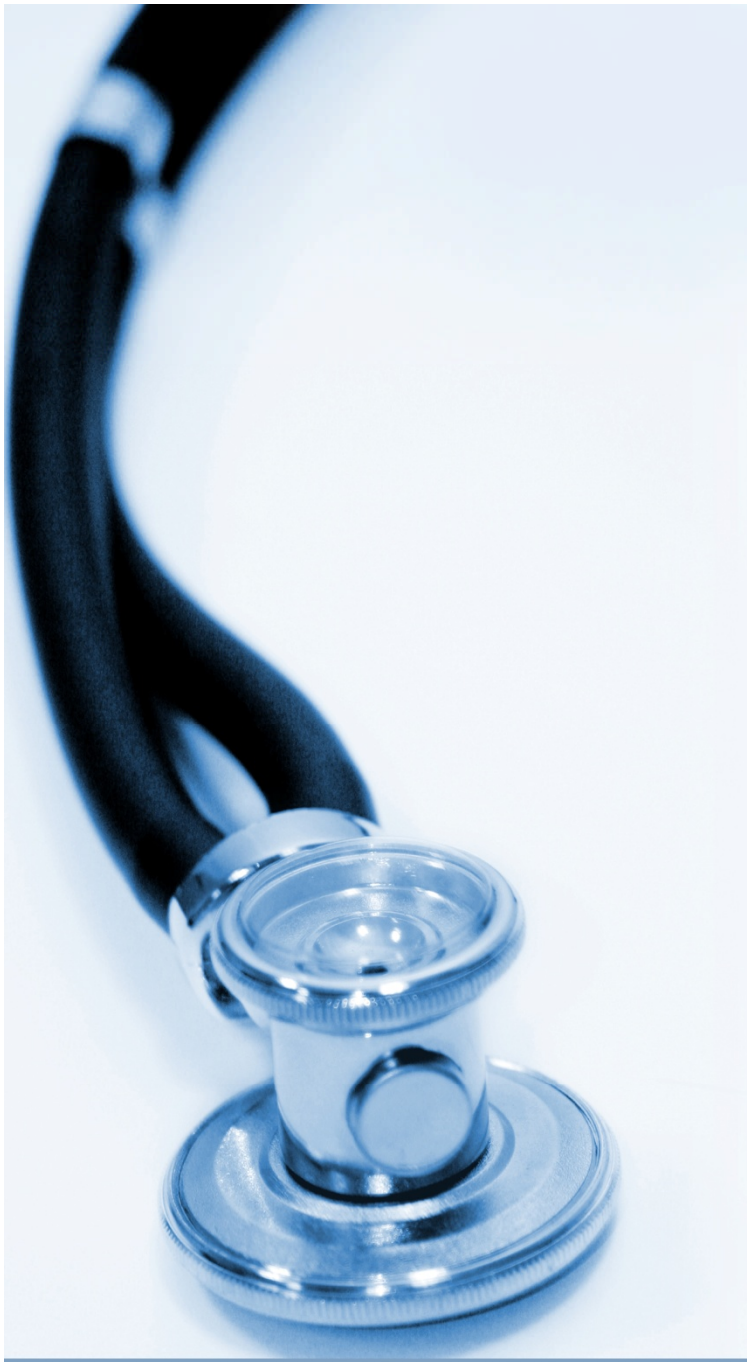
- Primary Care involvement at ‘front door’ and short stay wards
- Step Up bed capacity created from reduced length of stay within community bedded units
- Integrated with the Community Gateway Team
- Creating a ‘pull’ system to community care
- Creating effective interfaces

Timely Discharge

- 1 integrated health and social care discharge team
- An extension of the Community Gateway Team
- ‘pull’ system to community care

Cash Releasing Savings

- £3.5million in Year 1 growing to £7million by Year 5
- Re-investment of savings in community care to yield year-on-year growth in proportion of community based care



HORIZON HEALTH COMMISSIONING LTD

The journey so far

Strategy Development

- Clinician-led draft strategy
  - Series of small, focussed workshops with local stakeholders
- PEC Dec 2008
- Presentation at Bedfordshire County Council OSC Feb 2009 (Recommended Full Public Consultation)
- NHS Bedfordshire Board May 2009
- OSC and PRD June 2009
- SHA Jun 2009
- National Clinical Assessment Team June 2010
- Office of Government Commerce Review July 2010

NCAT response

- Consider working with population to improve understanding of urgent care services i.e. A&E
- Evidence based approach
- Better streaming of patients at A&E should replace the need for a new ‘Urgent Care Centre’

OGC Background

- Initiated by SHA on significant change projects/programmes
- Here to ensure project success
- ‘Critical friend’
- Independent whole life-cycle review
- Forward-looking
- Based on experience and best practice

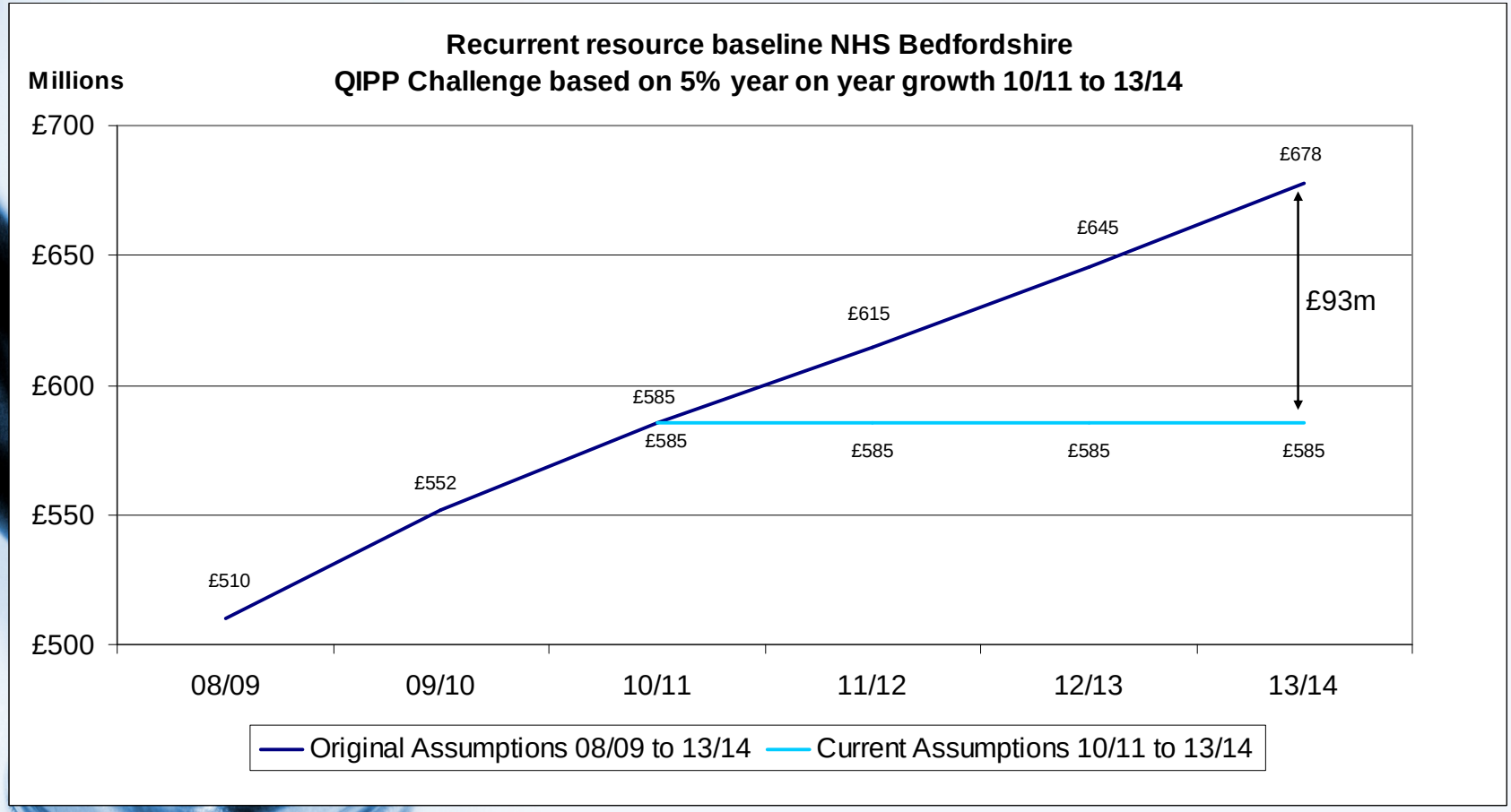
OGC response

- Aims of the strategy widely supported
- Ensure that quality improvements are captured in revised strategy
- Strategy needs to better reflect the issues today i.e. QIPP
- What are you proposing to consult upon? (i.e. Is this just modernisation?)

Strategy Refresh

- The world has caught up
  - Economic drivers
  - Evidence base and best practice
- Local Service Improvement
  - BHT recruitment of Acute Assessment Unit Consultants
  - Complex Care Team pilot
  - Introduction of ‘hot clinics’
  - QIPP and local Projects

QIPP challenge



QIPP project

- Key Project led by Bedford Hospital)
  - cross section of clinical and managerial staff across health and social care
- Staff presented a ‘future state map’ coherent with the urgent care strategy
- Providers are considering how to implement integration of services

Complex Care Team

- Pilot based in North Beds
- More intensive care to patients in nursing and residential homes
- GP, pharmacist & nursing
- Focussing upon care homes with higher than average use of urgent care services
- Proactive care planning and risk identification

Complex Care Team

- 67% of respondents felt more confident in health services (33% slightly more confident)
- 67% of relatives felt that their loved one's health had improved significantly
- 89% felt that the service offered and enhanced form of care

Complex Care Team

HORIZON HEALTH COMMISSIONING LTD

- 25% decrease in A&E attendances
- 38% decrease in hospital admissions
- Demand for OOH services fallen by 53%
- £7,800 savings in medication waste in 3 months

HORIZON HEALTH COMMISSIONING LTD

In a nutshell....

Our proposals

- Better range of and integration between agencies and professionals
- Increase in proactive case management and risk identification
- Same professionals working slightly differently and more collaboratively
- Using single point of contact (eventually national 3 digit number) which is already in place

Who is affected?

- Potentially everyone who accesses urgent care services but..
- Most affected by our proposals will be those at greater risk of hospitalisation (i.e. Care homes and those with long term conditions)

Recommendation

- Proposed intensive targeted user engagement with vulnerable and hard to reach communities
- Update our plans following engagement
- Work with providers and agencies to introduce integrated and collaborative working