Appendix 2

Brighton and Hove
Clinical Commissioning Group

Update for HWOSC – May 2013

The purpose of this paper is to provide an update to the HWOSC regarding work currently underway to support improvements in the local urgent care system. In particular, it describes progress in the workstreams delivered by the wider system partners and is intended to be complimentary to the update provided by BSUH.

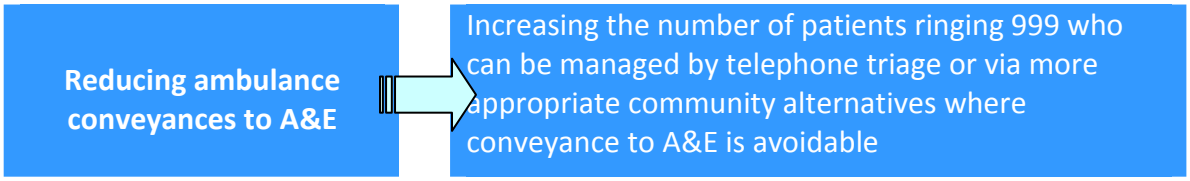
The wider system workstreams focus on 4 key areas:

Anticipatory Care → Primary and community care working together to provide coordinated and structured preventive care for older people and people with complex needs.

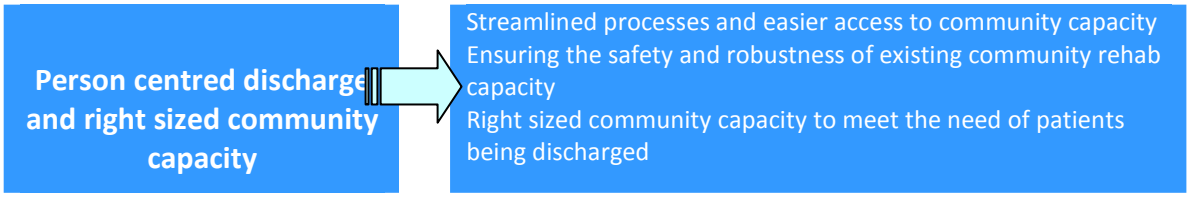
- The new end of life service started in April with single point of access, a greater focus on proactive care, 7 day a week community support and 24/7 access to consultant advice
- 12 extra posts have been agreed for the Integrated Primary Care Teams which provide care for older people and those with long term conditions around 11 groups of practices withtin the city
- Improved links have been made with mental health services and IPCTs including direct referral pathways and training and education for IPCT staff
- A standardised approach to joint IPCT/GP practice meetings is being developed including use a computer based risk stratification tool which identified which patients are at the highest risk of admission to hospital

Preventing admission in crisis → To prevent avoidable admissions to hospital and facilitate discharge from A&E through rapid assessment, diagnosis and intervention in the community .

- Activity levels are increasing for community services that prevent admission e.g. Community Rapid Response Service (CRRS) and Rapid Access Clinic for Older People
- An agreement is in place to the fund additional staffing to enable the transfer of IV/catheter activity from the IPCTs to the CRRS team
- The Professional Support Line (for GP urgent referrals - previously HERMES) is functioning well following the transfer to NHS 111 and is now available to BSUH clinicians to support discharge
- The Hospital Rapid Discharge Team (HRDT) now has dedicated capacity in A&E to prevent avoidable admissions – an estimated 65 possible admissions are being prevented in A&E per week



- The number of patients being managed by telephone triage e.g. hear and treat above expected levels at 14%
- Further work is required to increase use of alternative pathways but there has not been an increase locally in conveyances to A&E due to NHS 111
- An improvement plan is being agreed with SECAMB which includes:
  - A GP in the control room to support crews on the ground to use alternative community services
  - Additional support for care homes to access alternatives to ringing 999
  - The roll out of proactive care plans for key patient groups who are are frequent callers of 999 and at risk of admission to hospital



- There has been a significant drop in the number of patients whose discharge is delayed from BSUH (as of 08/05/13 only 3 Brighton and Hove patients were delayed transfers of care in BSUH)

- There has also been a drop in the number of patients waiting to be discharged from BSUH and admitted to community rehabilitation beds e.g. there are currently 2 patients waiting as opposed to 16 on the 16th April
- Additional homecare capacity has been secured to enable more patients to receive rehabilitation in their own home
- We have seen an increased number of patients going home with support rather than to bed based rehabilitation (this is linked to Workstream 5 in the BSUH report and the result of additional resource in the hospital rapid discharge team (HRDT) in A&E, fewer admissions and better discharge planning on admission to BSUH)
- Knoll House, one of sites from which community rehabilitation beds are delivered, remains partially closed but an improvement plan is well underway

A range of community system measures have been developed which sit alongside those produced by BSUH to provide assurance regarding delivery of the improvement plan.

The CCG Chief of Clinical Leadership, Dr Naz Khan has also established an Urgent Care Clinical Forum which will bring together senior clinicians and practitioners from primary, secondary and community services and adult social responsible for delivering urgent care services.