NHS
Southend
Clinical Commissioning Group

AGENDA ITEM 6

GOVERNING BODY MEETING PART I IN PUBLIC 4TH FEBRUARY 2016
MINORS PATHWAY AT SOUTHEND HOSPITAL

Date of the meeting	4th February 2016
Author	Matt Fassihi, Project Management
Sponsoring Board Member	Robert Shaw, Joint Director of Acute Commissioning and Contracting.
Purpose of Report	To approve the Service Specification and note progress
Recommendation	To approve the Service Specification and note progress.
Reason for inclusion in Part II	N/A
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	Governing Body meeting November 2015

Monitoring and Assurance Summary

This report links to the following Assurance Domains	• Quality • Equality and Diversity • Engagement • Outcomes • Governance • Partnership-Working • Leadership

I confirm that I have considered the implications of this report on each of the matters below, as indicated:	**Yes** [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)			✓
Board Assurance Framework / Risk Register			✓
Budgetary Impact			✓
Legal / Regulatory			✓
People / Staff			✓
Financial / Value for Money / Sustainability			✓
Information Management &Technology			✓
Equality Impact Assessment			✓
Freedom of Information			✓

Initials: MF

1. Purpose of Report

1.1 To update the Governing Body on progress with the developments on Minors Pathway Project

2. Background

2.1 The Clinical Commissioning Groups (CCGs) together with Southend University Hospitals NHS Foundation Trust have established a project board and three work streams to take the project forward into a pilot phase. The GP chairs from both Southend and Castlepoint and Rochford CCGs are part of the project board which is chaired by the joint director of acute commissioning.

2.2 Following the outcome of the consultation the Trust and commissioners have agreed the overall clinical model. Detailed has been taken to describe the detailed service specification which will underpin the delivery of the clinical model.

2.3 Therefore this paper articulates the development of the detailed service specification and update on progress on the project.

3. Report

Service Specification

3.1 The service specification was discussed in detail at the Project Board on 22nd January 2016 and agreement was made on each of the points that the Trust raised with the previous iteration. These changes have been incorporated in appendix one.

Finance and Activity Model

3.2 For the purposes of activity modelling, it was agreed that the year-on-year rise in attendances would be set at 5% as experienced this year. In addition, the proportion of patients that we anticipate attending A&E following closure of St. Luke's WIC was agreed to be the proportion of current WIC attendees classified by the service as "A&E Avoidance". Based on YTD figures, this equates to an additional 478 patients per month or 5736 annually.

3.3 It was agreed by clinical staff at both CCGs and the Trust that the Navigator role should be a clinical person in order to work effectively with the streaming GP and support patients with appropriate re-direction and/or self-management advice. This cost will now be built into the finance and activity model

3.4 The Trust wanted to understand more about the presentations and treatments that sit behind the patient cohort that have been highlighted as potential groups from which re-direction back to Primary Care might occur. We are currently sourcing this information and then a clinical judgement will be made as to the proportion of patients from these groups that could be re-directed. Again this will be built into the finance and activity model.

3.5 Once the finance and activity model contains the above detail and has been agreed, the figures will be placed into the commissioning case. We will present the commissioning case at the March Governing Body meeting.

IT interoperability

3.6 For the Navigator to be effective, they will have access to book patients directly into Primary Care appointments via SystemOne. Decommissioning of the Out Of Hours module was unknowingly underway, however, this has since been halted and therefore the necessary IT infrastructure is now more readily being implemented.

3.7 Following sign up by the Trust as commissioner of the OOH module, there will be a period of work to undertake with practices in order to ensure appointments are available for the Navigator to view and book into.

Recruitment

3.8 We are currently finalising the job description for the Navigator role. This is based upon the role used at Princess Alexandra Hospital.

4.0 Recommendation

4.1 In summary the project board has agreed the clinical model, detailed service specification, first draft activity and financial model. Job descriptions are currently being reviewing for key roles including the navigator, and the implementation of the IT system is being progressed which would support direct booking of patients streamed away from the A&E department.

4.2 The Governing Body is asked to note this report and approve the Service Specification in Appendix One.

Author's name and Title : Robert Shaw, Joint Director of Acute Commissioning and Contracting.
Date : 28th January 2016

Appendix One

THE SERVICES

A. Service Specifications

Service Specification No.	
Service	**Urgent Care Navigation Service (pilot)**
Commissioner Lead	Robert Shaw, Joint Director of Acute Commissioning and Contracting, NHS Castle Point and Rochford CCG and NHS Southend CCG
Provider Lead	Jon Findlay, Chief Operating Officer, SUHFT
Period	
Date of Review	

1. Population Needs

1.1 National context and evidence base

1.1.1 National Context

This specification is produced at a time of considerable challenge for urgent and emergency care. Over recent years, the number of people attending A&E departments across the country has increased to unprecedented levels, with 'winter pressures' being felt throughout the year in many areas.

The scale of change needed to meet increasing demands on services whilst achieving financial sustainability for future generations is considerable. Over the next five years, the system needs to become more efficient and reduce the number of people who attend or are admitted to hospital when they could be better cared for in the community or at home.

For those patients with urgent but non-life threatening needs, there must be effective and personalised services outside of hospital that can deliver highly responsive care, close to people's homes. For those with life threatening emergency needs, there must be specialist centres and facilities supported with the very best expertise to maximise chances of survival and recovery.

The appropriate use and navigation of urgent and emergency care services is key to ensuring both quality of patient care and financial sustainability.

1.1.2 Evidence Base

The evidence base for this service includes:

- Five Year Forward View (NHS, 2014)
- Transforming Urgent and Emergency Care Services in England (NHSE, 2015)
- Commissioning Standards: Integrated Urgent Care (NHSE, 2015)
- A&E Clinical Quality Indicators (DH, 2011)
- Internal A&E Audit (BCG, 2015)

1.2 Local context

The recently jointly commissioned audit of attendances at A&E clearly indicated the following;

- 6% year-on-year rise in A&E attendances at SUHFT
- Rise in A&E attendances is predominantly minors patients made up of children and working age adults, arriving during normal working hours.
- Planned closure of St Luke's walk in centre
- Perceived lack of availability of primary care appointments

This audit together with the closure of the St Luke's walk in service has necessitated a review and revised model for walk-in patients at the front door of A&E. Following discussions between the Trust and commissioners, the clinical design group has established a revised model which will see relevant patients redirected to appropriate care organisations if they don't clinically require A&E services.
This specification provides the detail of this redesigned service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

- Prompt identification and assessment of patients within 15 minutes of arrival.
- All patients requiring core A&E services or admission will be rerouted within 60 minutes of arrival.
- All patients requiring support in accessing alternative services will receive this from a dedicated member of staff.
- All patients presenting with a complaint that can be self-managed will be supported in doing so.
- Patients, their families and carers will report positively of their experience within the service.
- Attendance and re-attendance rates will be reduced through better and more appropriate use of alternative services, including Primary Care.
- Improved integration of urgent care services across the health economy.

3. Scope

3.1 Aims and objectives of service

The aims of the Urgent Care Navigation Service ('The Service') are to:

- Reduce the number of patients attending the A&E department for Primary Care and other conditions that do not require A&E services
- Improve overall performance against the 4 hour A&E standard.

- Improve patient care by ensuring patients are redirected to the right service.

The objectives of the service are to:

- Ensure that only those patients who need A&E services are seen within core A&E.
- Maximise the use of existing human resources in terms of skills, knowledge and competencies.
- Ensure all patients can access the service and have their clinical episode assessed within 4 hours in line with the national A&E waiting time standard.
- Ensure all patients are streamed by a suitably qualified Clinician and receive a disposition that is appropriate for their clinical need.
- Redirect patients presenting with a minor illness into Primary Care and other services to receive care that is appropriate to their clinical need or support with self-management advice and printed materials where this is clinically appropriate.
- Assist patients presenting with a minor illness to book appointments in Primary Care, access alternative services and/or confidently self-manage their illness.
- Ensure patients and their GP are fully informed of the outcome of their clinical assessment and treatment plan and where clinically appropriate, receive advice on self-care.
- Educate patients on the appropriate use of urgent and emergency care services to encourage and support behaviour change.
- Provide a more cost-effective service for managing those patients who present at the A&E department with a minor illness.
- Connect urgent care services together more effectively to improve navigation of a system that can be complex and confusing to patients.
- Improve the satisfaction of patients presenting with a minor illness by supporting access to alternative treatment options.
- Transform urgent care services in line with current NHS guidance and recommendation (NHSE, 2015).

The service is expected to have additional benefits which include;

- Improving access for patients requiring emergency treatment through the reduction of people being treated inappropriately for minor illnesses in A&E.
- Improving the integration of primary, community, Out-of-Hours (OOH), secondary and mental health services in the local area and streamline care pathways.
- Improving patient satisfaction for all patients presenting at the A&E department.
- Facilitating the registration of unregistered patients with a GP Practice.
- Identifying GP practices where access is difficult, enabling the local CCGs to direct resources/assistance.

3.2 Service model

For the purposes of this service specification Accident & Emergency is the term used to describe the whole department and incorporates the following elements;

- Reception
- The Urgent Care Navigation Service ('The Service')
- Core A&E Services (Resus, Majors/Minors, Paediatrics)

This service specification details the Urgent Care Navigation Service. The other elements of the A&E department are commissioned outside of this specification.

The service model (Appendix 1) is designed to ensure patients are safely and effectively assessed within A&E by a suitably qualified Clinician, with the ability to stream into core A&E services, other services outside the hospital or discharge the patient as their clinical need dictates.

The service design supports new and emerging models of urgent care through its focus on

early assessment, care proportional to need, support in navigating the urgent care system, interoperability and integration between the Trust, Primary Care and other providers. Providers should be aware of their wider role within the urgent care system and adaptable to emerging models of care.

In providing Clinicians and Navigators to stream out and support minor illness patients attending A&E to access more appropriate provision, the service will help support patient flows through the department and the wider hospital during its busiest periods. It will also benefit all patients by supporting those who do not need to be in A&E to access alternative services and recognising very poorly patients who need to be fast-tracked into core A&E services early.

Educating patients about the appropriate use of healthcare services will be an important part of the service model and will be a consistent theme as patients move through the pathway. This will include, for example, helping unregistered patients register with a GP Practice or providing leaflets to patients on local pharmacy or dental services.

The service will not provide clinical advice over the telephone to patients. Patients calling the service will be advised to contact their GP Practice or NHS 111.

The service will not provide pre-booked first appointments to patients. Use of the service by patients as an alternative to Primary Care should be actively discouraged by the Provider as part of the education of patients, rather the service will facilitate access by the patient of their usual GP or an alternative GP who has agreed to see patients urgently who are not on their registered list.

There will not be a “see and treat’’ model (i.e. seeing patients when they arrive, assessing their needs, and providing treatment), although “see and advise” (e.g. “you need to see a dentist”) is within the scope of the service.

3.3 Service Description
3.3.1 Registration

The registration process is not part of the Urgent Care Navigation Service and therefore sits outside of this service specification. Patients arriving at SUHFT A&E will register on arrival at the reception following pre-existing protocols.

3.3.2 Streaming

The purpose of streaming will be to identify and direct patients to the right place for the right care and also identify any potential emergencies, keeping the patient safe at all times.

All walk-in patients arriving at A&E and those deemed appropriate following ambulance assessment and transport to the department, will have an assessment completed by a suitably qualified Clinician to understand the nature of their presentation (injury or illness) and to determine a NEWS score. Staff undertaking the Streaming Clinician role will be a combination of GPs and experienced nurses who will have the skill and experience to quickly and accurately assess a patient’s clinical need and have the authority and confidence to direct patients to alternative services where clinically safe to do so.

Following the assessment, Patients presenting with any injury or an illness with NEWS score >1 will be streamed directly into core A&E services and be appropriately managed under pre-existing protocols. Patients presenting with an illness with NEWS score ≤1 will be directed to the Navigator for support in accessing other services.

3.3.3 Navigation

Patients assessed as not requiring the services of the core A&E department will be redirected to Primary Care or other services more appropriate for their clinical need. The Navigator will provide direct support and assistance to patients in accessing such services which may involve booking appointments for the patient, providing local knowledge of the services available and also assisting unregistered patients to register with a GP Practice.

At the outset there will be six "redirection" pathway options:

- GP Practice (own GP practice or a GP practice that is commissioned to provide services to patients who are unregistered or registered elsewhere)
- Primary Care Hubs
- Pharmacy
- Out of Hours (OOH)
- Dental Practice
- Self-management

The streaming and redirection aspect of the model described here will be used at service commencement. However it is anticipated that this will be the subject of on-going scrutiny and will expand to provide a broader range of treatment and patient support options, in order to ensure the best possible outcomes for patients, the Provider and the Commissioner.

The Navigator is a crucial role in supporting patients who are identified for redirection by the streaming process and will be undertaken by a clinical member of the team. In order to fulfil this role effectively, the Navigator will not only have up-to-date and detailed knowledge of local health services but an ability to build and maintain strong local partnerships with these and other key services such as; welfare rights advice, social services, drug and alcohol advice services, virtual wards and voluntary services.

The Navigator will also assist patients in self-managing their condition through direct non-clinical advice to the patient or carer, offering printed materials and sign-posting to various sources of on-going support including patient education programmes, support groups and internet-based information e.g. NHS Choices.

The Navigator will be responsible for recording details of all help and advice they provide. In particular they will be responsible for recording details (e.g. time, date, name, age, presenting complaint, GP Practice, the reason why a GP Practice appointment could not be made) of all successful and unsuccessful attempts to book a GP Practice appointment. These details will be collated on a monthly basis and fed back to the Commissioner.

3.3.4 Discharge

On each occasion that a patient is discharged directly from the service or redirected to more appropriate provision, the service will be responsible, where IT systems permit, for providing relevant information (for example, the need for the GP to follow up with the patient and/or prescribe medication) and detail of the attendance to the patient's own GP Practice by 8am the next day if time of arrival is before 23:00.

In the case of self-management, patients should also be provided with printed materials relating to their specific condition. If a patient has any questions once they have been discharged from the service they should call their own GP Practice or NHS 111. The patient will be advised on discharge of what to do if their symptoms persist beyond the time that they were advised to expect resolution, or worsen.

3.4 Service Delivery

The 'streaming' element of the service will be in place from 8:00 – 23:00, 365 days a year.

Outside of these hours, patients will follow the same pathway but with streaming taking place within the core A&E services. The 'navigation' element of the service will be available from 08:00 until 00:00, 365 days a year.

3.4.1 Staffing

The Provider's staffing model for the service will reflect the need for a strong understanding of services available in Primary Care, from the Clinicians completing assessments, to the Navigator providing advice and redirecting to primary and community services.

All clinical and non-clinical staff shall have appropriate line management, professional development and supervision arrangements in place. Appropriate records must be kept of all staff registration including, membership of professional bodies which are appropriate to their disciplines and evidence of annual life support training.

Staff involved in the service must be able to demonstrate a good knowledge of local health services and local health and care strategy and be aware of local issues and need.

3.4.2 Specific Patient Groups

3.4.2(i) Mental Health

The assessment carried out by the Streaming Clinician will inform the prioritisation of mental health patients. In such cases that it is known or suspected that the patient is presenting with a mental health problem, the patient will be directed into core A&E services where the Seeing Clinician will use the Mental Health Risk Assessment Matrix to assess the patient in more detail before deciding whether referral to the Liaison Psychiatry team (RAID) is required.

3.4.2(ii) Unregistered Patients

All patients will be asked at their assessment if they are registered with a GP Practice. Any unregistered patients will be encouraged by the Navigator to contact relevant authorities, such as Healthwatch, who will support the patient to register with a GP Practice.

Unregistered patients from outside the Southend CCG and Castle Point & Rochford CCG localities will be asked to contact the registration department of their CCG.

3.4.2(iii) Out of Area Patients

Patients attending A&E from out of area will be supported by the Navigator to book an appointment with their own GP or will be supported to access a local GP accepting temporary residents / OOH services as required.

3.4.2(iv) Flagged Patients

The Commissioners and other organisations will provide the Provider with a list of "flagged patients" via the IT system (for example, frequent attenders, registered mental health patients, safeguarding, end of life, Special Allocation Scheme, those referred to in alerts in the previous 6 months) along with guidance as to what action should be taken for each flagged patient that presents at the service. At patient registration the IT system will have the ability to flag up these patients and the appropriate action to be taken.

3.4.3 Diagnostics

The Streaming Clinician and Navigator will not require access to diagnostic tests as part of their roles within the service. Any patients where it is felt diagnostic tests are required should be directed to the appropriate core A&E services, or where appropriate, referred to specialty services during the streaming phase.

3.4.4 Supply of Medicines

Medication will not be provided by Clinicians working within the service. Where prescribed medication is indicated, patients will be supported by the Navigator to access an appointment with Primary Care and their GP informed of the recommended course of treatment (see section 3.3.5 Discharge). Where over-the-counter medication is indicated, patients will be advised as to the location of pharmacies that will be most convenient for them to access.

3.4.5 Patient Records

GP and Community patient records will be accessed by the service and read by clinical staff who have been granted access rights.

3.4.6 Communication

Information sharing and systems play a crucial role in the service model. It is essential that information on any patient seen by any Clinician/Practitioner within the model is passed to their registered Practice. There must be the commitment to information sharing with agreed protocols by all professionals involved in this model of care. A record of the patient's presenting need, clinical intervention and follow up requirements, will be communicated to the patient's GP practice by 08.00 the next working day if time of arrival is before 23:00. The Provider is expected to develop a consistent framework for the recording of clinical intervention details and the communication of this to the relevant GP Practice via the IT system.

3.4.7 Data Reporting

The Provider will record, monitor and report activity and performance data with the required level of granularity as described in Appendix 2.

3.4.8 Quality Standards and Clinical Governance

The Commissioner requires that the quality of the service to be provided is of a consistently high standard and all professionals abide by the guidance of their professional self-regulatory body. The Provider will be expected to outline clinical governance mechanisms to be applied when concerns about the quality of the service is raised. The service will be an integrated part of the A&E department and operate within a common framework of standards and governance.

The Provider will comply with all clinical standards, recommendations, policies, procedures and legislation as set out in the Contract. The Provider will implement mechanisms for managing risk, including disaster recovery, contingency and business continuity plans as set out in the Contract. All incidents (both clinical and non-clinical) will be reported by staff (using Datix) and managed appropriately as set out in the Contract.

3.5 Population covered

The population served is all walk-in patients arriving at SUHFT A&E front door, and those deemed appropriate following ambulance assessment and transport to the department.

3.6 Any acceptance and exclusion criteria and thresholds

Exclusion Criteria;

- Patients arriving by ambulance who have any form of injury or an illness with NEWS score >1.

3.7 Interdependence with other services/providers

The service, as part of the wider unscheduled care system, will be expected to develop strong links and referral pathways with existing services, including but not limited to;

- Primary Care
- EEAST
- SEPT Community Nursing
- SEPT Mental Health
- CP&R Hubs
- Essex County Council
- Southend-on-Sea Borough Council
- NHS 111
- Community Geriatrician
- OOH
- IC24
- Dental services
- The voluntary and community sector
- Care Homes Pilot service (Southend CCG)

These close working relationships will support the new service to deliver the required benefits to patients. The provider will be expected to liaise with other service providers on a case management basis where particular individual patients continue to attend inappropriately.

4. Applicable Service Standards

4.1 Applicable standards set out in Guidance and/or issued by a competent body

Title	Description	Target
Time to initial assessment	Total time from arrival to start of full initial assessment.	95th percentile time to assessment <15 minutes
Total time spent in the A&E department	Total time spent in the A&E department.	95th percentile wait <4 hours for admitted patients and the same threshold for non-admitted
Left without being seen	Percentage of people who leave the A&E department without being seen for assessment.	A rate < 5%
Unplanned re-attendance rate	Percentage of unplanned re-attendances at A&E within 7 days of original attendance (including if referred back by another health professional).	A rate < 5%

4.2 Applicable local standards

The Provider will need to develop the systems for collecting and reporting the following standards;

- Patients requiring Majors, Minors or Paediatrics will be assessed and rerouted within 15 minutes. Target 95%
- Patients not requiring core A&E services will reach their outcome disposition within 60 minutes of arrival e.g. decision to redirect to primary care. Target 95%.
- Patients requiring support in accessing alternative services will receive this from a dedicated member of staff, including support to book appointments and provision of

written information. Target 100%

- All patients that are unregistered with a GP will be offered support to register with a local GP practice. Target 100%
- A summary of the patient's episode of care will be communicated to their GP Practice by 8am on the next working day if time of arrival is before 23:00. Target 100%
- Provider will collect and report patient experience data specific to the service e.g. where possible, Friends and Family Test (FFT) data specifically for the navigation service separate to A&E.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

See Schedule 4 Parts [A-D]

5.2 Applicable CQUIN goals

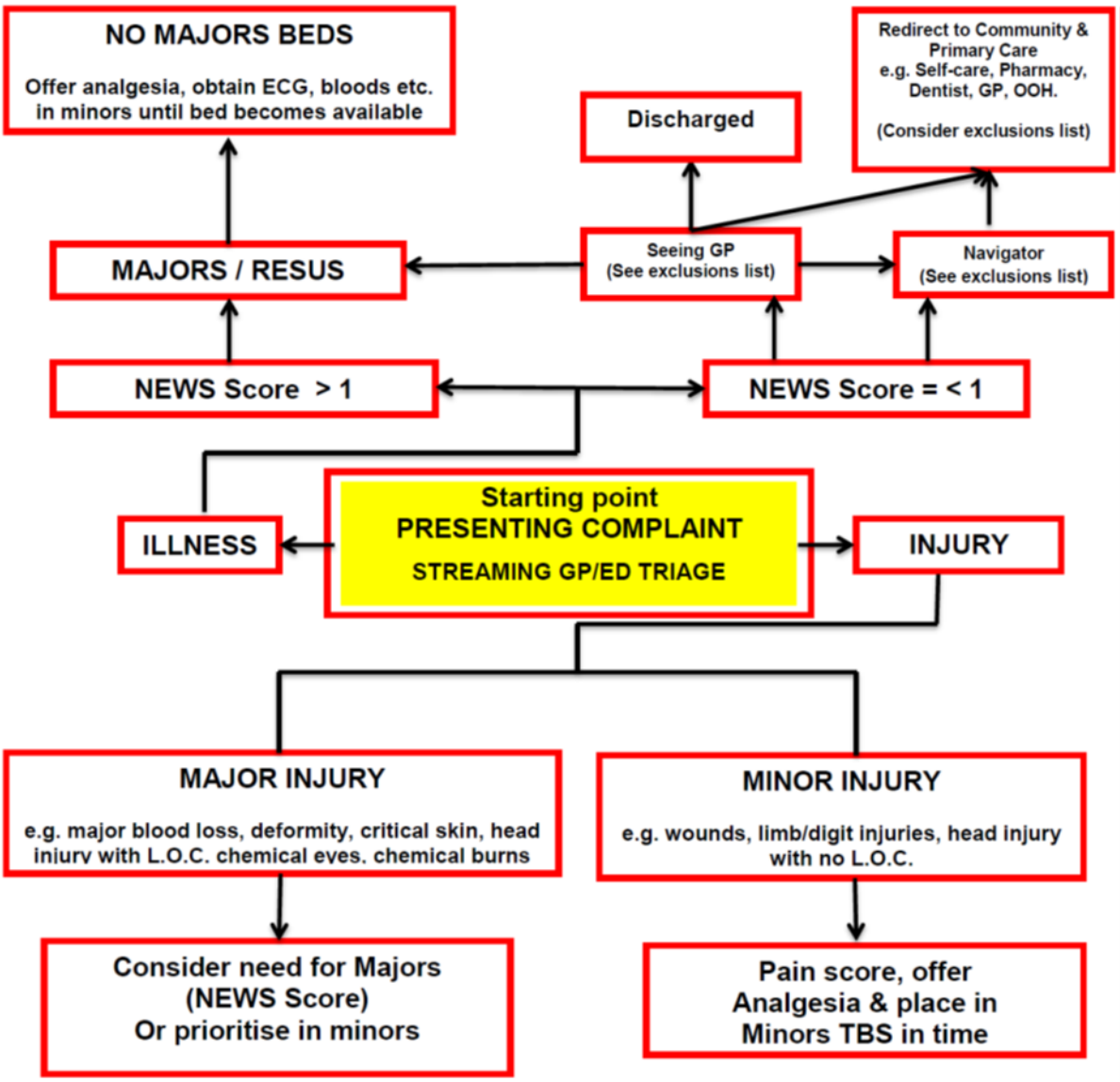
See Schedule 4 Part [E]

6. Location of Provider Premises

The service shall be delivered from the A&E Department at Southend University Hospital NHS Foundation Trust, Prittlewell Chase, Westcliff-on-Sea, Essex, SS0 0RY.

The Model

SOUTHEND EMERGENCY DEPARTMENT TRIAGE



* **EXCLUSIONS**

- Patient in severe pain >7/10 unless over 3 days in duration
- Patient with overdose
- Abdominal pain onset in last 4 hours
- GI bleeding
- PV bleeding who are possible pregnant
- Eye injuries
- Head injury within the last 24 hours
- FAST positive
- Chest pain aged >40

Data Reporting

Activity

- Attendance volumes by presenting condition and patient demographics.
- Attendance time, date and discharge time and date
- Patient destination following streaming, by General Practitioner, presenting condition and time of decision to stream. For example;
    - Core Services (+ Resus, Majors, Minors, Paediatrics)
    - Direct admission (+ Destination)
    - Other (+ Primary Care, OOH, Dental, Self-Management, Pharmacy).
- Volume of patient contacts by Navigator, by presenting condition.
- Volume of non-registered patients supported to register with a GP.
- Identification and attendance summary of frequent attenders (patients attending more than once a month).
- Weekly attendance reports by GP practice of their patients attending the service to be issued to Southend and CP&R practices.

Effectiveness of Care

- Total time in the Urgent Care Navigation Service. The median, 95th percentile and single longest total time spent by patients in the service, for all, redirected, admitted and non-admitted patients.
- Total time in the A&E department: The median, 95th percentile and single longest total time spent by patients in the A&E department, for all, admitted and non-admitted patients.
- Unplanned re-attendance rate: Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional).
- Ambulatory care for emergency conditions: the percentage of A&E attendances for cellulitis and DVT that end in admission.
- Ambulatory care sensitive conditions: the number of admissions for cellulitis and deep vein thrombosis (DVT) per head of weighted population.

Patient Experience

- Proportion of patients who require a Primary Care appointment that are successfully booked into an appointment slot directly by the service, by practitioner and tabulated separately for those booked with their own practice and those booked elsewhere.
- Proportion of unregistered patients from the Southend and Castle Point & Rochford areas that are provided relevant details for registering with a GP Practice.
- Left without being seen: The percentage of people who leave the A&E department without being seen for treatment.
- Service Experience: Qualitative description of what has been done to assess the experience of patients using A&E services, their carers and staff, what the results were, and what has been done to improve services in light of the results. Provider will collect and report patient experience data specific to the service e.g. where possible, Friends and Family Test (FFT) data specifically for the navigation service separate to A&E.

Patient Safety

- Proportion of patients for whom a summary episode of care is communicated to the patient's GP Practice by 8am on the next working day if time or arrival is before 23:00.
- Time to Initial Assessment: The median, 95th percentile and single longest total time spent by patients from arrival to start of full initial assessment.

- Time to Treatment: The median, 95th percentile and single longest total time spent by patients from arrival to the start of definitive treatment.
- Consultant sign-off: The percentage of patients presenting at type 1 and 2 (major) A&E departments in certain high-risk patient groups (adults with non-traumatic chest pain, febrile children less than 1 year old and patients making an unscheduled return visit with the same condition within 72 hours of discharge) who are reviewed by an emergency medicine consultant before being discharged.