

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Urgent Care – Single Point of Access

1. Introduction

The following paper provides an update on NHS County Durham and Darlington's (NHSCDD) implementation of single point of access, it highlights issues which have arisen from the introduction of the new service and the actions which have been carried out as a result.

In April 2008, the urgent care strategy was approved by both NHS County Durham (NHSCD) and NHS Darlington (NHSD) boards. The strategy has 3 main elements:

- 24/7 urgent care transport
- 24/7 urgent care clinical services
- 24/7 single point of access (SPA)

The following paper concentrates on the third element. The SPA contact centre initially went live for Darlington on the 29 September 2009 to allow us to test out the system prior to going live across County Durham.

The full service went live on the 1 October 2009 incorporating Doctor Piper House, Peterlee, University Hospital North Durham, Bishop Auckland, Shotley Bridge and Seaham. Seaham although live was not open until 1 November 2009:-

- the anticipated call volumes provided to North East Ambulance Service (NEAS) for modelling purposes were approximately 190,000 calls per annum,
- average call duration was based upon eight minutes per call,
- calls are triaged through 'NHS pathways triage algorithm' which is the same process as emergency calls to 999,
- the SPA telephone number (0300 111 0 111) receives calls directly from patients contacting the advertised number or where GP surgeries have diverted their number to SPA during the out of hours period,
- there has been very little publicity regarding the new service to enable the service to manage within reasonable activity levels initially. A communications campaign is now underway to promote the right service for the right patient at the right time.

Document management				
Version	Date	Summary	Owner's Name	Approved
1.0	21/01/2010	Paper presented to Integrated Business Board	Berenice Groves	

2. Implications and risks

- there remains a risk that activity might exceed capacity and contingency arrangements are required to be actioned,
- the call handlers triaging calls during the implementation period have required supervisor support whilst pathways are refined – in the absence of support this could result in an increase in the number of patients being referred to 999 when urgent care would have been appropriate,
- this is a high profile initiative with clinical implications which need to be managed effectively to ensure patient safety. Reputation management will be key along with public engagement,
- funding is only as a pilot for 18 months with assumed savings thereafter,
- limited communication has led to slow changes to patient behaviour during this early phase.

3. Recommendations

The board is asked to:

- consider the update and implementation process.
- note the activity levels to date and the action plans to increase utilisation.

4. Author and sponsor director

Author: Berenice Groves
Title: Director of NHS Flu Resilience

Director: Amanda Hume
Title : Director of Delivery and Performance
Date: January 2010

Purpose of paper	Information sharing <input type="checkbox"/> Development/discussion x Decision/action x
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	Safe, sound patient centred care. Value for money, increase access to safe patient care
Our Vision Our Future workstreams	Long term conditions, staying health, protect planned care, ensure end of life care is delivered, mental health
World class commissioning competencies	Competencies 1,2,3, 4, 5, 6, 10
Standards for better health	All aspects within standards for better health are covered in surge planning and delivery
Use of resources	1.2b, 2.3d,
Targets and Vital signs	4 hour A&E wait, 18 week target, Healthcare acquired infections, quality standards,
NHS Constitution	Right to access NHS services. NHS commitment to provide convenient easy access to services. NHS works in partnership NHS is accountable to the public, communities and patients that it serves
Darzi Principles	N/A
Impact on / Involvement of partners	Inout was received for content of assurance framework from our partners in DCC and DBC
Equality & Diversity	No significant impact
Other policies / Issues	N/A

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Urgent Care – Single Point of Access

1. Purpose of Report

This paper provides an update on NHS County Durham & Darlington's (NHSCDD) implementation of single point of access, it highlights issues which have arisen from the introduction of the new service and the resulting actions.

2. Introduction

In April 2008, the urgent care strategy was approved by both NHS County Durham (NHSCD) and NHS Darlington (NHSD) boards. The strategy has 3 main elements:

- 24/7 urgent care transport
- 24/7 urgent care clinical services
- 24/7 single point of access (SPA)

The paper concentrates on the third element, SPA..

The full service went live on the 1 October 2009 incorporating Doctor Piper House, Peterlee, UHND, Bishop Auckland and Shotley Bridge and Seaham. Seaham although live was not open until 1 November 2009:-

- the anticipated call volumes provided to North East Ambulance Service (NEAS) for modelling purposes were approximately 190,000 calls per annum,
- average call duration was based upon 8 minutes per call,
- calls are triaged through 'NHS Pathways triage algorithm' which is the same process as emergency calls to 999,
- the SPA telephone number (0300 111 0 111) receives calls directly from patients contacting the advertised number or where GP surgeries have diverted their number to SPA during the out of hours period

3. Progress to date

Since the SPA commenced an average of 3,000 calls per week have been received resulting in approximately 1,800 triaged to alternative dispositions, namely away from accident and emergency (A&E). Following implementation, a total of 35,000 calls have

been answered with 19,500 being triaged to alternative dispositions such as urgent care centres. This data suggests that the modelling of activity undertaken developing the urgent care strategy was accurate. This information is shown in appendix 1 in table 1, of the activity reports. Table 2 details what dispositions are available to SPA currently through the directory of services (DoS).

A number of issues have been identified during the implementation period, resulting in the development of a robust and comprehensive feedback and clinical governance process. The process which relates to all aspects of urgent care, has proven to be responsive to issues raised.

3.1 Clinical Governance Arrangements

- feedback forms have been developed to capture all issues, clinical and non clinical - forms are sent directly to SPA via safe & secure e mail or safe haven fax,
- a commissioner led clinical governance group has been established meeting on a weekly basis. The group has representatives from all relevant organisations,
- a joint clinical audit is held every Friday afternoon with clinical representation where full call details are reviewed. Any identified actions are taken to the clinical governance meeting for ratification and approval as appropriate,
- a feedback process has also been agreed when clinicians or support staff raise an issue they receive feedback regarding any outcomes or changes,
- organisations are reporting using previously agreed internal reporting mechanisms e.g.
 - NHS County Durham and Darlington
 - quality review group
 - Community Health Services
 - safeguard
 - North East Ambulance Service
 - recorded on risk register
 - complaints process
 - reviewed at NEAS internal SPA meeting
 - formally reported to internal CG committee
 - feedback to incident originator

3.2 Current Situation

Since the establishment of the above process there have been no significant incidents; the feedback forms received have been for both clinical and non clinical issues, such as system issues

A database has been developed to record clinical incidents; of the incidents recorded:-

- one has been reported through NEAS as a SUI,
- one although deemed not a SUI community services wished to report through their safeguard as they had concerns following audit,
- through the joint clinical audit meeting 18 cases have now been fully reviewed with changes being made to NHS pathways and as result improving services,
- one patient complaint which when investigated was a system issue. This occurred on the first weekend of implementation.

In addition, there have been some technical, non clinical issues which through feedback forms have been resolved. For example, if patient allocated to Shotley Bridge, for example, none of the other centres able to view details therefore resulting in UC not being able to operate effectively across the county – this has now been rectified.

3.3 Contingency

NEAS planned for the increase in activity over the festive period. Additional staffing was made available to cope with the predicted increased in demand. All technical systems were covered with IT support and a back up system - SPA live solution is hosted on a Microsoft database engine with mirror configuration. This means that two different servers have a copy of the live database but only one server is live at any one time.

In the event of a system one failure an agreed back up process (transmission by fax) will be actioned immediately.

3.4 Activity

NEAS are able to provide on a daily basis if required in depth data; the PCT has received data from commencement date to week ending 27 December. The data provided shows that calls answered within 60 seconds averages at 91%. The target is 95%, and this quality standard has continually proved difficult to meet since quality requirements were introduced in 2004.

NEAS have also provided details splitting the activity by age range and gender split. The provider can provide this information by Practice Based Commissioning cluster if required to allow us to work closely with PBC on activity flows, make comparisons and target high demand areas

4. Implications and risks

- there remains a risk that activity might exceed capacity and contingency arrangements are required to be actioned,
- the call handlers triaging calls during the implementation period have required supervisor support whilst pathways are refined – in the absence of support this could result in a increase in the number of patients being referred to 999 when urgent care would have been appropriate,
- this is a high profile initiative with clinical implications which need to be managed effectively to ensure patient safety. Reputation management will be key along with public engagement,
- funding is only as a pilot for 18 months with assumed savings thereafter,
- limited communication has led to slow changes to patient behaviour during this early phase.

5. Recommendations

The board is asked to:

- consider the update and implementation process,
- note the activity levels to date and the action plans to increase utilisation.

Table One

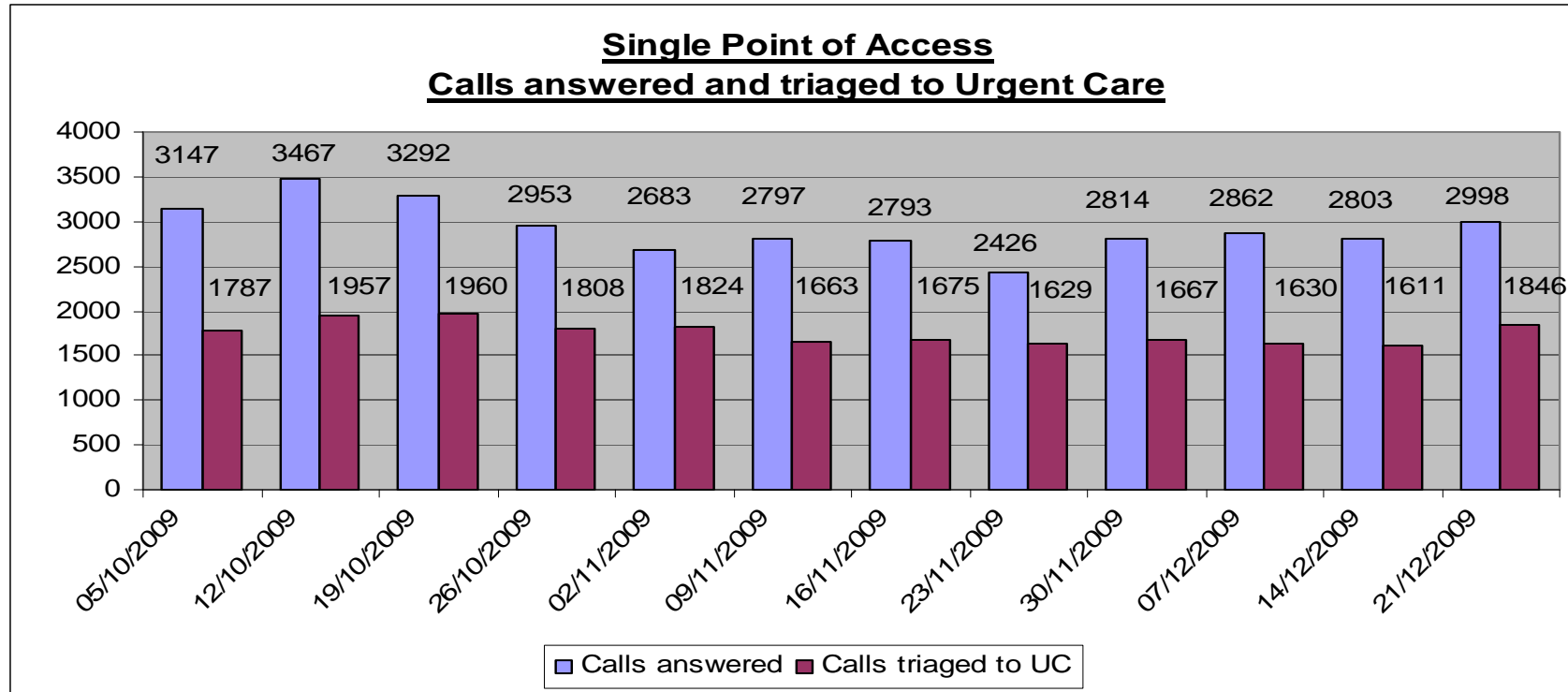


Table Two

Dispositions by type Currently included in the Directory of Service (DoS)
Attend Emergency Department within 1 hour
Attend Emergency Department within 4 hours
Contact Dental Practitioner next routine appointment within 72 hours (3 days from now)
Contact Dental Practitioner within 1 hour
Contact Dental Practitioner within 12 hours
Contact Dental Practitioner within 24 hours
Contact Dental Practitioner within 6 hours
Contact Genito-Urinary Clinic
Contact Optician next routine appointment within 72 hours (3 days from now)
Contact Primary Care Practitioner for a routine appointment within 2 weeks
Contact Primary Care Practitioner within 12 hours
Contact Primary Care Practitioner within 2 hours
Contact Primary Care Practitioner within 24 hours
Contact Primary Care Practitioner within 6 hours
Contact Primary Care Practitioner within 72 hours (3 days from now)
Dispatch 1 hour ambulance
Dispatch 19 minute ambulance
Dispatch 8 minute ambulance
Home Management
No Service Clinician available refer for urgent (20 minutes) primary care clinical assessment
No Service Clinician available refer for urgent (60 minutes) primary care clinical assessment
Refer to a Community Healthcare Professional
Refer to Another Out-Of-Hours Service Provider
Refer to NHS Direct for Health Information
Speak to Midwife or Labour Suite immediately
Speak to Midwife within 1 hour
Speak to Primary Care Practitioner within 1 hour
Speak to Primary Care Practitioner within 12 hours
Speak to Primary Care Practitioner within 2 hours
Speak to Primary Care Practitioner within 24 hours
Speak to Primary Care Practitioner within 6 hours
Speak to Primary Care Practitioner within 72 hours (3 days from now)
The disposition is Direct referral to Primary Care practitioner for assessment
The disposition is Refer to Fluline

Table Three

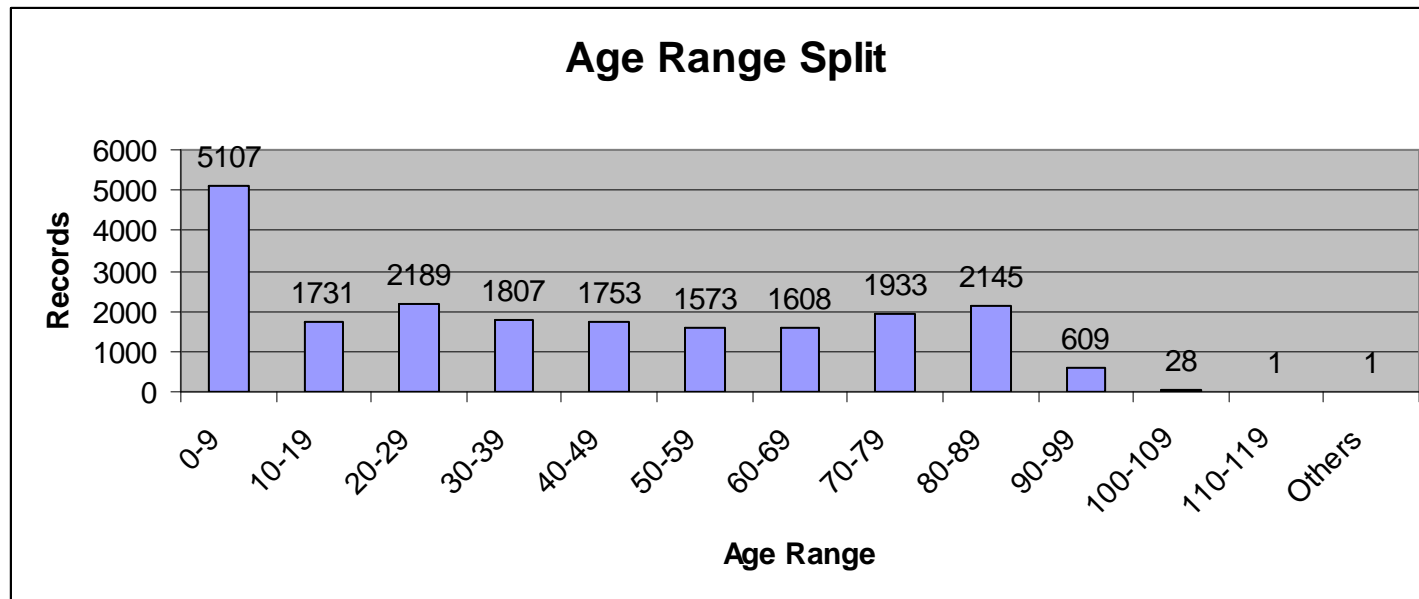


Table Four

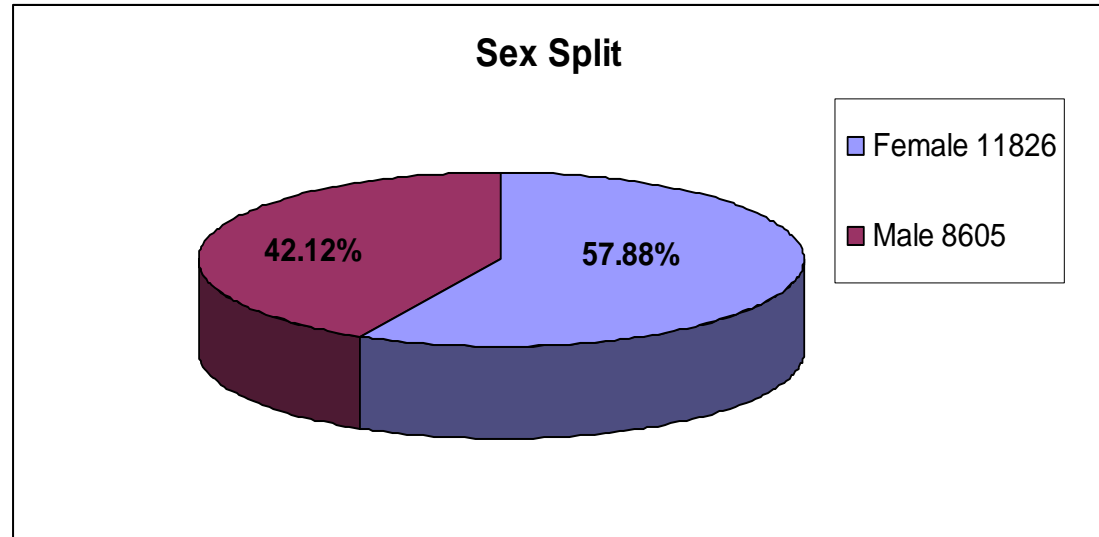


Table Five

