

## URGENT CARE BRIEFING FOR CARING PLYMOUTH

Paper prepared by: Sharon Matson, Head of Locality Commissioning  
(Urgent Care and Long Term Conditions)

### Emergency Department Performance

Plymouth Hospitals NHS Trust was in the top half of trusts for performance of the 4 hour access standard for 2012/13. However, PHNT has failed to deliver the national standard for 4 hour access for two consecutive years. This coincides with a national deterioration in performance related to increases in the acuity of patients arriving within emergency departments and an increase in the number of patients needing hospital admission.

In response to this deterioration of performance national recommendations have been devised, supported by the Emergency Care Intensive Support Team (ECIST) that will improve ED performance.

Failure to deliver the 4 hour standard for patients who have arrived within the emergency department can be attributed to three overarching causes

1. Failure to process patients in a timely way
2. Failure to respond to requests of specialist support in a timely way
3. Failure of admission in a timely way (no bed available)

PHNT has therefore devised an action plan for improving ED performance which relates to these three areas of concern which has congruence with the national recommendations.

Actions to address reasons 1 and 2 above are described in **Annex 1** (4 hour access improvement plan). In addition to these actions a Beds Programme has been initiated by the Trust to ensure an appropriate bed base for PHNT's patient flow ensuring the hospital is operating at a manageable occupancy rate.

Operating at a manageable occupancy rate will prevent failure of timely admission from ED due to lack of beds.

In addition, the Trust is working with the health community to devise actions to offer alternatives to hospital referral and admission to alleviate pressure on the emergency department next winter.

Commissioners are assured that ED performance will improve during the remainder of the year.

## **NHS 111**

### **What is NHS 111?**

The new NHS 111 service makes it easier for the public to access healthcare services when they need healthcare help/advice fast, but it's not a life-threatening situation.

The service assesses callers' symptoms, gives them the healthcare advice they need or directs them straightaway to the right local service. NHS 111 is available 24-hours-a-day, seven-days-a-week and is free to call from landlines and mobile phones (except pay as you go which must have at least 1p credit).

NHS 111 can also help to take the pressure off the 999 emergency service and local emergency departments, which many people turn to if they don't know where else to go for the urgent help they need.

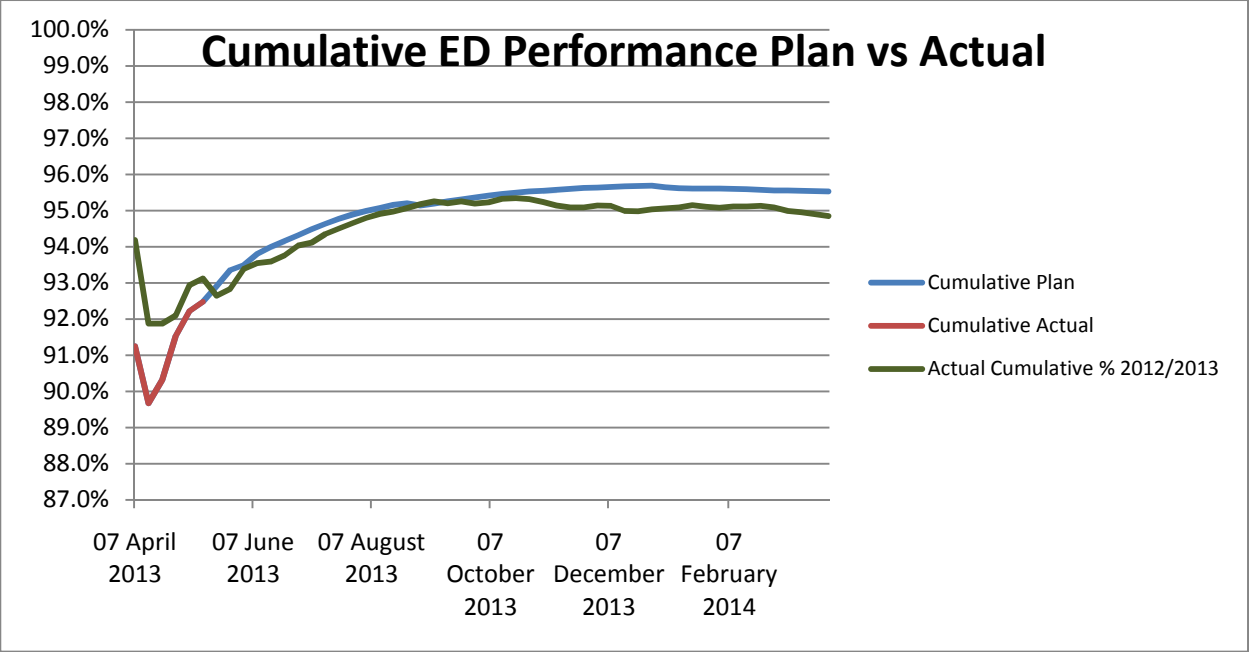
### **NEW Devon CCG's Decision re NHS 111**

NEW Devon Clinical Commissioning Group has taken the decision to delay the start of the NHS 111 service in Devon until September 2013. NHS Direct will continue to provide a service in Devon until 111 goes live.

The CCG is mindful that there have been problems in other parts of the country and has been clear that it wishes to learn from these so that it gets it right for local patients.

Delaying the launch of the service means that the CCG will be able to spend more time learning from other areas that have already gone live and understanding how the new service will impact on the range of primary care and hospital services in the CCG catchment area. This will mean that the CCG can fully scrutinise the services provided locally so that when NHS 111 is launched the system will have been thoroughly tried and tested. By not working to an absolute deadline, the CCG is working to getting it right and taking the time to ensure it offers the best service to patients.

**Annex 1**  
**ED Performance Improvement Plan**



TOPIC	ACTION
Optimised ED and Admissions Process	Development of Upfront Snr Assessment in Majors between 1400-1800
	Development of Enhanced Triage in Minors and Scheduled See and Treat roster
	Introduction of a 1 hour standard of test request to report availability for all diagnostic requests from the ED and Ambulatory Care
	Introduction of a 30 minute standard of referral to review by specialists within the emergency department
	Introduction of a weekly review of ED breaches with oversight by the Care Group Director to ensure strategic and tactical actions are being taken
Improved management and co-ordination of Care	Re-introduction of overnight bed management to increase oversight and support of patient flow OOHs
	Introduction of a Transfer Nurse to improve Assessment Bed availability in Evening
	Introduction of a standard of all patients management plans being reviewed by a consultant every 24 hours. Development of internal gap analysis and change plan as part of the corporate LOS programme

	Relaunch of "Plan for Every Patient" with executive lead changed to Director of Nursing
Improving Simple Discharge Flows	Introduction of a standard of 80% of discharge summaries written before 1300
	Introduction of Electronic prescribing to streamline discharge TTA process
	Expansion of on ward dispensing service
	Provision of weekend wardrounds 52/52 for all medical specialties
	Reduction in the time waiting for transport home from 4 hour window to 2 hour window
Provision of an Appropriate Bed Base	Establishment of the Winter Escalation Ward to be year round
	Expansion of Ambulatory Care to reduce the number of patients managed through the assessment units
	Development of a Short Stay Ward co-located with the MAU to increase the availability of assessment beds
Reduced Readmissions	Improvements in discharge Care Bundles for Respiratory Patients
	Improvements in Follow up for HCE patients discharged with Polypharmacy