

Leicester, Leicestershire and Rutland Urgent and Emergency Care Transformation Plan

Introduction

1. The Leicester, Leicestershire and Rutland Urgency and Emergency Care vision is to create a health and care system that provides responsive, accessible person-centred services as close to home as possible. It will be a model in which services will wrap care around the individual, promoting self-care and independence, enhancing recovery and reablement through integrated health and social care services that exploit innovation and promote care in the right setting at the right time. Patients and staff will be supported by responsive technology. As well as acute care and community services, Primary Care Networks (PCNs) and general practice have a pivotal role to play in this ambition.
2. In order to meet important and significant targets and deliver safe, high quality, cost effective care for patients in Leicester, Leicestershire and Rutland (LLR), local health and social care partners have agreed an Urgent and Emergency Care Transformation Plan. This sets out plans to deliver our LLR vision for Urgent and Emergency Care. Within this we have set our priorities into the following key work programme areas:
 - Integrated Urgent Care
 - Ambulance
 - Urgent Treatment Centres
 - Hospitals
 - Reduce Length of Stay
 - Digital.

Integrated Urgent Care

3. Key national priorities to be delivered in 2019/20 for Integrated Urgent Care are to ensure that more than 50% of patients who call NHS111 receive clinical input into their call, for example speaking to a nurse, and that at least 40% of patients who need a face to face consultation are electronically booked into an appointment.
4. Local priorities are to deliver increased clinical assessment of low acuity 999 calls, and to develop a consistent specification and offer across the LLR Integrated Urgent and Emergency Care tiers of care model to deliver consistent access to Same Day Emergency Care (SDEC).

Ambulance

5. National priorities for this year related to ambulances are to deliver a safe reduction in ambulance conveyances, increase sharing of patient information and improve efficient handover of care. Patient information will be electronically shared when patients are transferred to hospital, ensuring that ambulance crews are able to transfer patients into a hospital setting and provide the information to hospital staff within 30 mins of the ambulance arriving at the hospital.

Urgent Treatment Centres (UTC)

6. There is a national priority for Urgent Treatment Centres to meet a number of standards set by NHS England. These currently apply to three sites in LLR.
 - Loughborough Urgent Care Centre
 - Oadby Urgent Care Centre
 - Merlyn Vaz Health and Social Care Centre.
7. Urgent treatment centres (UTCs) are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for. It is anticipated that UTCs will also ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases.

Hospitals

8. In 2019/20 it is expected that for hospitals a frailty service will be provided 70 hours a week, and that all trusts will provide Same Day Emergency Care (SDEC) services 12 hours a day/7 days a week. SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
9. Local priorities include reducing readmissions, and carrying out “perfect ward” multiagency discharge events. These are where a number of partners are involved, bringing a team together to manage a day and capture lessons learnt, implementing the required improvements and sharing information across the teams.

Reduce Length of Stay

10. The key national priorities to be delivered in 2019/20 are for a care home bed state tracker to be in place, delivery of reduced delayed transfer of care (DTC), and delivering a 40% reduction in hospital long stays.
11. The local priorities are to enhance health in care homes, increase the number of assessments that are carried out to discharge patients efficiently, increase the use of the *Discharge to Assess* home pathway, ensure multidisciplinary/multi-agency discharge teams are in place to embed culture and behaviour, have in place appropriate systems to monitor patient flow, and deliver early discharge planning.

Digital

12. Key this year is the requirement for Urgent Treatment Centres to have the capability to book patients into other services. Others include the requirement for increased numbers of patients to be sharing extended summary care records (e-SCR), and A&E pharmacies to have access to either the Summary Care Record or local care records.
13. Local priorities to be delivered include NHS 111 booking into face to face appointments, record sharing between health and social care, digitisation of care homes, and East Midlands Ambulance Service (EMAS) having the ability to be able to share patients' records electronically.

14. A further six priority areas were identified through LLR system-wide Multi-Agency Admission Avoidance (MAAD) events carried out in February and March 2019.
15. The MAAD events helped provide an understanding of the level and type of demand that is coming into LLR emergency services. From this we have pinpointed particular areas of pressure where focussed actions are required to improve performance.
16. Through this process a number of actions were identified, some of which were short term and some that require a longer term focus. LLR will aim to support accelerated implementation of the highest priority scheme, based upon achievability and impact. These have been incorporated into the LLR Transformation Plan.
17. The six key areas are:
 - Primary Care (part of demand management work)
 - Reduce A&E attends, particularly the 18-25 age group
 - Mental Health: use of Clinical Navigation Hub will provide an improved clinical assessment for patients accessing the urgent care system via 111 and 999, to support telephone triage and assessment, access into crisis team and frequent attenders)
 - Reducing readmissions: Post Discharge Support role (Care coordinator) and frequent flyers
 - Redirection of ambulance conveyance into alternative pathways: same day access into chest pain clinic, mandated conveyances to LUCC, Implement pathways to redirect conveyance straight to CDU, Access to Service Information (MiDos)
 - Reducing care home admissions: Accelerate Health in Care homes plan, frequent flyers.