

Report to: SINGLE COMMISSIONING BOARD

Date: 14 March 2017

Reporting Officer of Single Commissioning Board Clare Watson, Director of Commissioning

Subject: A&E STREAMING AT THE FRONT DOOR

Report Summary: The report proposes the introduction of A&E Streaming at the Integrated Care Foundation Trust (ICFT) within 2017/18.

This service is in response to the national and Greater Manchester (GM) mandate for A&E Streaming services but builds on this to ensure locally commissioned outcomes are also achieved.

The A&E Streaming service will complement the development of Integrated Neighbourhoods, the Extensivist service and also start the transformation process for a new Urgent Primary Care system across Tameside and Glossop.

Recommendations:

1. The Single Commissioning Board approves the acceleration of the process of redesigning Urgent Primary Care by commissioning from the ICFT, an A&E Streaming service ideally to be in place by 1 October 2017. The service will be expected to achieve nationally and GM mandated levels of service as well as ensuring delivery of locally commissioned outcomes.
2. The ICFT are requested to respond in June 2017 with a proposed model to achieve the desired outcomes. The model will need to be flexible to accommodate differing activity levels, be cognisant of the significant financial pressures in Year 1 (2017/18) and identify what, if any, capital is required to ensure the model is operational by winter. The SCB would expect the proposed model to have support from the Tameside and Glossop A&E Delivery Board and the Integrated Neighbourhood clinical leads.
3. SCB should note that the contract for the current Walk-in Centre (WiC) element of the APMS contract expires on 31 August 2017. There is also a need to ensure economy wide compliance with Primary Care Extended Access, the General Practice Forward View (GPFV) and implement and embed the local priority of integrated neighbourhood teams. These initiatives together provide an opportunity to discuss with residents of Tameside and Glossop options for the redesign of primary care services in line with the vision of accessible, high quality and financially sustainable services.
4. SCB therefore to request a Primary Care Strategy to for discussion in June 2017. This is to include how the economy will ensure national, GM and local commissioning objectives are delivered as well as identifying the development of options for Urgent Primary Care and an Equality Impact Assessment. Subject to the content of this, SCB may determine a public consultation is required, provisionally to take place summer/autumn 2017.

5. Due to wishing to explore options with the public, SCB is requested to facilitate discussions with Go-To-Doc regarding an extension to the WiC aspect of the APMS current contract and should this continue to offer a safe service and be affordable, to commission this extension for a time limited period to enable effective consultation.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

It is recognised that if the contract for the walk-in-centre is extended beyond its natural end, then a financial pressure for the CCG will materialise as this has not been planned for. We must however keep within the overall financial envelope for primary care to ensure this remains an affordable proposition and therefore options for achieving this will have to be considered.

Legal Implications:

(Authorised by the Borough Solicitor)

This appears to be an in principle decision as the proposed modelling of the service in response to the national and Greater Manchester (GM) mandate for A&E Streaming services is yet to be devised. Further comment will be necessary once the model has been drafted to ensure it complies with that mandate, and that if any local solutions are advocated, they complement the mandate, and if they deviate there is a clear and lawful rationale for any such exception. Additionally, there needs to be a clear engagement and consultation process with the public regarding any changes to service delivery. There needs to be clarity about service delivery post the cessation of the contract for the Walk-in-Centre as this will require consultation and engagement with the public.

How do proposals align with Health & Wellbeing Strategy?

The Health and Wellbeing strategy requests equitable and accessible services which deliver high quality care as close to home as possible. Determining how primary care can deliver this effectively as well as ensuring a financially sustainable economy is key to successful implementation of the strategy.

As an initial step, A&E Streaming at the front door combined with close liaison with enhanced primary care and Integrated Neighbourhoods will ensure appropriate care for those presenting at A&E with a wide variety conditions.

How do proposals align with Locality Plan?

The delivery of the GP Forward View and all other primary care initiatives will be developed as part of the Primary Care Strategy and Urgent Primary Care Commissioning plan requested for discussion in June 2017.

How do proposals align with the Commissioning Strategy?

In September 2016, all A&E Delivery Boards and Acute Trusts were nationally mandated to implement A&E streaming at the front door to Ambulatory and Primary Care.

This paper responds to this request and will ensure the ICFT have sufficient time to develop a model for implementation during 2017/18. The model will be expected to be approved at the T&G A&E Delivery Board and through the ICFT Joint Management Team before the Single Commissioning Board to reflect the need for partnership working across the economy.

Recommendations / views of the Professional Reference Group:

PRG has not had an opportunity to comment on this A&E Streaming scoping paper however, the opinion will be sought on the proposed clinical model prior to being commissioned.

The views of PRG will also be of paramount importance in the development of the Primary Care strategy and detailed commissioning plan for Urgent Primary Care.

Public and Patient Implications:

A&E Streaming will help all residents access appropriate levels of care for any presenting condition. This includes being able to access urgent primary care services either at A&E or by urgent referral into Extended hour services or their own GP or local pharmacy. This will consequently improve patient flow in A&E and enhance the overall quality of service.

The wider Primary Care strategy to align related services, improving access and communication and marketing will be key enablers.

Quality Implications:

As above. This section will be expanded once the proposed model for A&E Streaming is understood.

How do the proposals help to reduce health inequalities?

The Streaming service will be available to everyone within Tameside and Glossop and the proposed location is an existing, established site for healthcare provision.

What are the Equality and Diversity implications?

The Streaming service will be available to everyone within Tameside and Glossop and the proposed location is an existing, established site for healthcare provision.

What are the safeguarding implications?

The Streaming service will be available to everyone within Tameside and Glossop and the proposed location is an existing, established site for healthcare provision.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

Ensuring appropriate and safe data sharing will be key in the development of the A&E Streaming service. This aspect will be explored further once there is clarity on the model.

Risk Management:

Risks have been minimised due to introducing the A&E streaming service in advance of any review/redesign of the wider Primary care model. As a minimum, this service will be operational and embedded prior to any future commissioning decisions.

Access to Information :

The background papers relating to this report can be inspected by contacting

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1. INTRODUCTION

- 1.1 In September 2016, all A&E Delivery Boards and Acute Trusts were nationally mandated to implement streaming at the A&E front door to Ambulatory and Primary Care. The aim was to reduce waiting times and improve patient flow in A&E by ensuring that those who could be managed in a primary care setting received or were referred to this and therefore A&E staff could focus on patients with more complex conditions. This requirement has been further refined in Greater Manchester (GM) to be for pre-A&E triage streaming, so that patients who require primary care do not enter the A&E system.
- 1.2 Tameside and Glossop has not previously commissioned or provided a Primary Care Streaming service at A&E due to a variety of alternative primary care services and access points. However, it is fully accepted by the economy that a pre-A&E streaming service with appropriate treatment and diversion services could help manage demand and flow at Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) A&E, improve the quality of service for those requiring more serious urgent care and contribute towards achieving a financially sustainable economy.
- 1.3 How Primary Care responds to the challenges of the health and social care system in Tameside and Glossop is fundamental to whether the economy will achieve its vision. Tameside and Glossop therefore needs a comprehensive primary care strategy to ensure a high quality, well managed and sustainable primary care system which achieves national, GM and locally commissioned outcomes and is aligned to the place based public sector system. The primary care strategy will need to address how Tameside and Glossop responds to the General Practice Forward View, GM Primary Care Quality Standards, national requirements for extended/7 day access, Out of Hours (OOH), the prevention agenda and achieves improved health and social care outcomes for the whole population. In addition, the strategy will need to understand the impact of the contract for the current Walk-In Centre (WiC) expiring on 31 August 2017.
- 1.4 All of the above and welcome developments in primary care present an opportunity to review the whole Primary Care offer. There is similar work also being led at GM Health and Social Care Partnership (GM HSCP) but they have confirmed that this is no barrier to local developments continuing. We will support the emerging GM direction and align our new model accordingly, however, we need to focus on rapidly understanding local requirements especially for Urgent Primary Care and proposed solutions.
- 1.5 This report sets out the proposal for the implementation of A&E Streaming at the front door as an initial step in redesigning urgent primary care, within the overarching new offer for primary care in Tameside and Glossop. Should this be commissioned, it will enable achievement of a national directive as well as improving the quality of patient experience at ICFT A&E and ensuring the population are supported to make appropriate access choices in the future.

2. NATIONAL CONTEXT

- 2.1 A&E Improvement in 2016/17, Rapid Implementation Guidance for local systems document circulated by NHSI and NHSE in August 2016 stated the following:

“A&E departments need to be able to access the most appropriate services for patients in a timely fashion to prevent delays and crowding of the department. This can be achieved by identifying the main services required and designing them around patient needs. There are several streaming paths for patients including primary care, ambulatory emergency care, out-patient referral, transfer to an assessment unit and transfer to a frailty service.

A well designed streaming service supported by the availability of each of the streams during periods of high demand can reduce crowding and pressure on ED staff leading to an improved patient experience.”

The document included an appendix regarding streaming and section 2.1 states;

“...Trusts should consider developing a primary care stream in the emergency department where this can be justified following a review of patient arrival volumes by type, time/day, 4-hour breach patterns and cost effectiveness. This could be supported by on-site pharmacy services.”

- 2.2 The guidance is at pains to stress that careful design and robust, ongoing evaluation is essential to assess the effectiveness of the service and that the primary care workforce may include a wide range of healthcare professionals.
- 2.3 By December 2016, it was requested that urban acute hospitals (therefore applicable to Tameside and Glossop) should complete an evaluation of the need for a primary care stream based on presentations with minor illness, mental health and chronic disease with an expectation that by March 2017, a primary care practitioner workforce plan to deliver the service would be designed and a service established based on best practice guidance.
- 2.4 Tameside and Glossop support this initiative but accept that more time is required to develop, agree and commission an appropriate model for A&E streaming. There are also limitations within the current hospital estate which will hinder the rapid introduction of the scheme but it is hoped that due to the Spring Budget (8 March 2017) and the announcement of £100M for capital funding to help with the implementation of these schemes that this will be forthcoming in the near future.

3. GREATER MANCHESTER CONTEXT

- 3.1 Although operating as a devolved system, GM has adopted the national plan and created a single overarching GM Urgent and Emergency Care (UEC) Task Force to ensure effective delivery. This reflects arrangements to work with local A&E Delivery Boards through winter and beyond.
- 3.2 The UEC Taskforce aims to monitor local A&E Improvement Plans to deliver on 5 mandated improvement initiatives:
 - Streaming at the front door – to ambulatory and primary care
 - NHS 111 – increasing clinical call handler capacity in advance of winter
 - Ambulances – DoD and code review pilots; HEE increasing workforce
 - Improved flow – ‘must do’s that each Trust should implement to enhance patient flow
 - Discharge – improving discharge from hospital by providing an evidence base of good practice and identify potential national changes.
- 3.3 GM aim to consider the urgent care system in the context of the new care models evolving across localities and want to maximise the impact of the integration in localities and across Trusts. The Tameside and Glossop plans for A&E streaming are in response to this and will continue to ensure alignment with GM emerging models.

4. LOCAL COMMISSIONING OUTCOMES

- 4.1 As well as developing a model to meet the national and GM metrics, the following outcomes and outputs are recommended as locally commissioned metrics for the A&E Streaming service at ICFT;
 - Ensure only those presenting with accident or emergency care need requiring input from A&E professionals enter the A&E Department;
 - Maximise use of Admissions Avoidance services to ensure that only those patients requiring acute input are admitted to an inpatient bed;

- Ensure shared record keeping is available to support the continuation of care and reduced duplication within Integrated Neighbourhoods in line with Information Governance regulations;
- Ensure effective use of Primary Care services within Integrated Neighbourhoods;
- Ensure those presenting at A&E with conditions which could safely be managed in an alternative setting receive the appropriate support to make alternative choices on access in future.

5. RECOMMENDATION

5.1 As set out on the front of the report.