

**Select Committee on Health and Adult Social Care - 27<sup>th</sup> January 2011**

**Report of the Director of Community Engagement and Primary Care**

**Urgent and emergency Care in Dudley**

**1.0 Purpose of Report**

- 1.1 The aim of this paper is to inform members of the progress made with urgent care in the borough and to receive comment on this direction of travel.

**2.0 Background**

- 2.1 Nationally, there has been an increase in demand for urgent and emergency care. This has been reflected in Dudley borough, posing pressures on a range of services including Accident and Emergency, the Ambulance Service and a range of other services.
- 2.2 There has been particular pressures within Dudley Group of Hospitals and in 2008/09 Dudley did not meet the target of 98% of patients not waiting more than 4 hours in Accident and Emergency. Dudley Group of Hospitals met this target in 2009/10 and are currently exceeding it this year to date.
- 2.3 Recognising that a lot of these issues impacted across the whole health economy and co-ordinated action was required from all partners, an Urgent Care Programme Board was set up with representation from NHS Dudley, Dudley Group of Hospitals, Dudley Metropolitan Borough Council, West Midlands Ambulance Service, Dudley Community Services and chaired by a local GP. This group has led a number of pieces of work looking at a range of issues from nursing home attendances to hospital; at potential alternatives to ambulances going to hospital; at processes within Russell's Hall Hospital; at the way patients are moved on in the community to aid discharge; mental health services, and patient readmissions.
- 2.4 This work has now moved onto looking at a New Model of Care and to a revised Urgent Care Strategy (**Appendix 1**).

**3.0 Urgent Care Model**

- 3.1 There was work done with a range of stakeholders to help map out the existing model. The model highlights the range of services that are available but also that patients will tend to default to Russell's Hall Hospital.

From this earlier work a range of projects are currently in hand these are:

### **Virtual Ward**

A Virtual Ward is based on work done in other areas such as Croydon, where a Practice or group of Practices will work with a defined list of patients (identified by a risk stratification tool) to support these patients safely in the community. This has been piloted in one Practice and initial indications were that patients on the Virtual Ward did not use hospital services as much. This is now being piloted across the borough and the results will be closely monitored. There are some patients that are not appropriate for example chemotherapy patients who use hospital services but where it is necessary and unless there are other reasons to support these patients. This service is closely linked to Practices and there are regular meeting with GPs to discuss on going issues and care. This project started a phased roll out of teams from September that will be complete in early January.

### **Intermediate Care**

This project is looking at developing community based and later community bed based services that will support patients to be discharged sooner to services that are integrated with local authority services and will help to ensure that patients are supported in their on going care. This project will be phased over a number of months from the start in September to the spring of this year.

### **Mental Health**

This project will be provide a quicker service to mental health services for those patients attending the emergency department at Russell's Hall Hospital and attending the walk in centre. Discussions on developing this model are progressing.

### **Single Point of Access**

This project recognised that there was need to support patients to access the right care at the right time but also that there is national work on areas such as the 111 number for non urgent health needs rather than 999 for urgent health needs. This work was initially focused on developing a local data base for professionals initially and later for the public. This is being reviewed in light of work being done by West Midlands Ambulance Service to develop a regional database that could be used by the ambulance service but also to assist in future developments such as 111 (but be in a standard format across the West Midlands). The Urgent Care Programme Board will be considering the future direction in January.

### **Front End of the Emergency Department**

This project is looking at supplementing the staffing at the Emergency Department at Russell's Hall in the late afternoon until approximately 10pm. This project is looking to reduce the number of admissions to hospital where there may be suitable alternatives. The additional staffing includes a medical consultant as well as therapists and social work support.

- 3.2 There will be further work to develop a clinically agreed model for the front of house emergency services between GPs and Consultants that will help refine this model further.

We will build on those goals to deliver a truly integrated model of urgent care services that is clear about the most appropriate modes of access, assessment and care delivery for people whose needs are for advice, support and treatment. The model will:-

- ensure patients have the right information to inform how and when they access services
- present opportunities and support for people to 'self care'
- open up access to primary and community based urgent care available 24/7
- open up telephone access for urgent advice, support and sign-posting
- improve the urgent care pathway through the 'see, assess, sign-post and treat' stages of care

We will aim to have a proposal for this aspirant model of care ready for consultation by late Spring 2011.

3.3 This is a brief summary of work that is on going linked to the overall direction of the strategy and comments from the overview and scrutiny committee are welcome as part of the development of this work.

### **3.0 Finance**

3.1 There are no financial issues arising from this report

### **4.0 Law**

4.1 There are no legal issues arising from this report.

### **5.0 Equality Impact**

5.1 Equality impacts arising from service changes are considered through Equality Impact Assessments and also include consideration of the need to engage different communities in fulfilment of the statutory Duty to Involve under s242 NHS Act 2006

### **6.0 Recommendation**

6.1 The Overview and Scrutiny Committee are asked to note and comment on the report and to receive future reports if necessary.



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