

Local Members' Interest
n/a

## **Health and Care Overview and Scrutiny Committee - Monday 20<sup>th</sup> September 2021**

### **Transforming Urgent and Emergency Care (UEC) update**

#### **1 Recommendations**

- 1.1 To receive the update around the Transforming Urgent and Emergency Care programme and the engagement plan which will enable us to sense check the clinical model of care.
- 1.2 To review the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken.

### **Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs)**

#### **2 Summary**

- 2.1 As part of the Together We're Better Partnership, Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) undertook engagement activity in summer 2019 with patients, public and members of the workforce.
- 2.2 Due to COVID-19, we recognise that there have been changes to the way the NHS has been able to deliver services and see patients and this may have affected the way people feel about or changed their experience of the services.
- 2.3 As a result, the CCGs want to re-engage with service users, carers, staff and partners to understand whether there is anything new we should consider since the conclusion of the initial engagement in 2019/20.

#### **3 Background**

- 3.1 As part of the Together We're Better Partnership that brings together the health and social care partners, the STP undertook engagement activity in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care that was included in the options appraisal process which took place from November 2019 through to February 2020. A full report of the feedback compiled from these engagement events was shared with commissioners and providers to inform the future models of care. However, before work could progress further, the associated transformation programmes were placed on hold in response to the COVID-19 pandemic.
- 3.2 In March 2020, in response to the COVID-19 pandemic and phase one guidance there were temporary changes to our services to support the wider system.
- 3.3 There are a number of challenges in our local urgent and emergency care services:

- **Workforce** – There is a shortage of specialist clinicians, middle-grade doctors and nursing staff to work in urgent and emergency care – locally and across the UK. There is a shortage of consultants (the most senior doctors) in emergency departments, acute medicine and intensive care.
  - **Confusion between ‘urgent’ and ‘emergency’** – Many people who attend emergency departments have minor illnesses or injuries which might be urgent, but could be seen by other services. **A mix of locations, run by different organisations, offering varying services** – There is confusion over where to go which is made worse by some places offering different levels of service even if they are called the same thing.
  - The emergency departments at Royal Stoke University Hospital (a major trauma centre for the area) and Queen’s Hospital in Burton are open 24/7 for patients of all ages. However, the emergency department at County Hospital in Stafford is open to adults only, it is not open 24/7, it is not able to treat patients with suspected heart attack or strokes and there is no emergency surgery service at site.
  - The walk-in centres and minor injuries units across Staffordshire and Stoke-on-Trent have differing opening times, and do not all offer the same tests, such as X-ray.
  - **Longer waiting times** – Patients are waiting longer than we would want in emergency departments to be seen and treated.
  - **Rising demand** – Nationally the number of patients attending emergency departments has risen by 40% over the last 15 years. Demand for urgent care advice is also rising across GP services, NHS 111 as well as the other urgent care settings.
  - **Varying health of our population** – Across Staffordshire and Stoke-on-Trent, people have different levels of health and healthy life expectancy. Whilst there have been improvements in recent years, the health of people in Stoke-on-Trent is generally worse than the England average. Some areas have much higher levels of deprivation which can be linked to poorer health and fitness, and increased rates of smoking. The wellbeing of older people living in more rural areas can be impacted by feelings of loneliness and isolation.
  - **COVID-19** – We need to maintain social distancing in our emergency departments and other urgent and emergency care settings, which means we need to reduce the number of people waiting in them.
- 3.4 National guidance: NHS England have developed revised guidance for Urgent Treatment Centres (UTCs), to make urgent and emergency care services easier to understand. We need to deliver this locally to design an approach that meets Staffordshire and Stoke-on-Trent’s needs.
- 3.5 During the pandemic, we needed to work differently to keep staff and patients safe. COVID-19 is still with us and we’re still having to use our workforce in a different way to help deliver safe services for all.
- 3.6 We’ve also seen improvements and innovative working through the pandemic that are delivering better care. We don’t want to lose this energy or innovation. We want to take forward the best practice to offer fair and quality services for all.
- 3.7 Now that COVID-19 restrictions are easing, it is the right time to continue our ongoing conversation on urgent and emergency services that started in 2019. We knew then that we needed to develop UTCs in-line with the NHS Long Term Plan and national standards.

## 4. Transformation programme

- 4.1 We are dedicated to designing consistent services and bringing clarity to our service users on what to expect within Emergency Departments (EDs) and UTCs.
- 4.2 The NHS national Long-Term Plan asks all systems to create UTCs. This will enable us to review the current services provided by Walk-in Centres (WICs) and Minor Injury Units (MIUs) in order to deliver consistent and simplified urgent and emergency care services. We want to involve local service users, as we design these centres based on local needs in Staffordshire and Stoke-on-Trent.
- 4.3 Nationally and locally, we have a shortage of specialist UEC clinicians and staff; we need to design these centres to maximise our workforce and help people be seen in the right place, at the right time, by the right clinician.
- 4.4 We want to protect our Emergency Departments for those with the most serious life-threatening conditions and offer shorter wait times for those whose need is urgent but not life threatening.
- 4.5 **Urgent care** is for an illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services in Staffordshire and Stoke-on-Trent include NHS 111, pharmacies, out-of-hours GP appointments, a walk-in centre, minor injuries units and an urgent care centre.
- 4.6 **Emergency care** is treatment for life-threatening conditions where your health condition requires time-critical care. For example: chest pain, a serious road accident, severe loss of blood, breathing difficulties, stroke, and severe allergic reactions. This is provided at an emergency department (currently and often referred to as A&E).
- 4.7 The involvement activity will inform the development of proposals for UTCs and EDs in the county. It is recognised there are interdependencies with the primary care offer. Although there is the opportunity for comments on the urgent primary care model, these will be fed into the wider primary care programme and separate involvement programme.
- 4.8 In Staffordshire and Stoke-on-Trent, we have a range of different urgent and emergency care services, including Emergency Departments, Minor Injury Units and Walk-in Centres. These operate at different times of the day and offer different levels of service.
- 4.9 We know there is a lot of inconsistency and that the names of our centres can be confusing. We want to follow national guidance and offer a fair offer across the county, which is easier for people to understand where to go.
- 4.10 The national specification for UTCs aims to make this process easier by replacing WICs and MIUs with an enhanced offer. The national standards say urgent treatment centres have to:
  - Be open at least 12 hours a day, 365 days a year
  - Usually be led by GPs
  - Be staffed by GPs, nurses and other staff with access to simple tests, such as heart monitors and X-ray
  - Provide a consistent route for urgent appointments (booked through NHS 111, ambulance services and GP practices)
  - Direct access to local mental health services for crisis support
  - Still offer walk-in access.
- 4.11 The benefits include:
  - Offering more services and treating more complex cases than walk-in centres or minor injuries units – equivalent to those found in smaller accident and emergency departments
  - Consistent services delivered across different sites

- Simplifying the choice of services and reducing duplication
- Allowing our workforce to work more flexibly
- Reducing unnecessary attendances to emergency departments
- Improved patient experience through bookable appointments and more services available out of hospital.

4.12 In developing UTCs it means we also need to consider the interdependencies with the wider urgent and emergency care system, including developing our primary care urgent care offer to support areas which will not have a UTC. It also clearly distinguishes the role of emergency departments, known usually as A&Es, to provide more specialist treatment for life-threatening, major illnesses and injuries as opposed to managing high levels of 'non-emergency' care. We need to design our local approach to meet this national guidance and importantly meet local needs, maximise the use of our workforce and offer value for money.

4.13 Our commitment to deliver urgent treatment centres and emergency departments focuses on defining the difference between urgent and emergency care and making sure that what is on offer is consistent and simplified across our geography.

## 5. COVID-19

5.1 The COVID-19 pandemic meant a lot of services had to work differently to keep staff and patients safe. The following temporary changes were put in place to support the system response to COVID-19 and to maintain safe staffing levels:

- **Cases of minor injuries** were transferred from Royal Stoke Emergency Department to the Haywood Walk-in Centre. Hours and clinical support were expanded at the Haywood.
- **Leek Minor Injuries Unit** was temporarily closed. It reopened in May 2021, but with reduced hours due to workforce pressures.
- **Cannock Hospital's MIU** remains temporarily closed due to the workforce still needed in other critical services, such as the emergency department.

5.2 All providers completed their respective trust's Quality Impact Assessments (QIAs) for the temporary changes that had been put in place.

5.3 COVID-19 also gave us the opportunity to work differently and to support patients to stay home wherever possible:

- More appointments were available **over the phone**
- Greater clinical support was available **through NHS 111**
- NHS 111 began to **directly book appointments** into EDs and some Walk-in centres
- Expanded the **two-hour Community Response Intervention Service (CRIS)** which looks to keep patients at home on a 'virtual ward'. Staff can go to patients' homes to deliver care, which is overseen by a consultant at the hospital. Paramedics can refer patients to this service instead of taking them to hospital too, which means patients can stay at home in their own surroundings supported by family and friends.
- You may get a direct appointment into our **Same Day Emergency Care (SDEC)** services in the hospital, for things like possible blood clot symptoms.

5.4 The new normality is resuming, but this is an opportunity to do things differently and continue with changes that have made improvements to patients' experiences and outcomes – rather than just going back to how things used to be. We want to make sure that the services we

provide today will also be able to meet future needs. To do this, we want to understand people's experiences of these temporary changes during COVID-19.

## **6. What are the service changes that have happened?**

6.1 The service changes are outlined within the background information above.

## **7. Material service change**

7.1 There are no proposals at this stage and these will not be developed until the full involvement process is complete.

7.2 All future proposals will include full QIA, Equality Impact Assessment (EIA). Consideration of the financial impact of the proposals will be outlined within the business case.

## **8. Understanding experiences during COVID-19**

8.1 The STP undertook a listening exercise in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care, based on the national specification, that was included in the options appraisal process which took place from November 2019 through to February 2020.

8.2 A full report of the feedback compiled from these events, survey and correspondence was shared with commissioners and providers to inform the future models of care. However, before work could progress further, the Transformation Programme was placed on hold in response to the COVID-19 challenge. The full report can be found at:  
<https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/our-journey/listening-exercise>

8.3 We are keen to keep service users, carers, staff and partners informed and involved at every step of our journey to inform the development of long-term proposals. We recognise the pause in the programme due to COVID-19 and are launching a sense-check involvement phase during Autumn 2021 to understand people's experiences of urgent and emergency care services during COVID-19, including experiences of the temporary service changes. We are also seeking to understand if there is anything new we should consider since 2019/20 to inform the development of proposals. This will enable clinicians and other professionals to recap and sense check the previous involvement work, to understand any potential negative impact of the proposed model of care.

8.4 We are planning a range of activities to help capture this sense-check feedback. This will include holding virtual sense check events in October 2021 to inform our future model of care and proposals. These events will be supported by a short survey, to support anyone who cannot attend the events to take part in the conversation. An Issues Paper and short video are being produced to help explain the model of care to support people to complete the survey. The survey can be completed online or by phoning 0333 150 2155 and will be made available on the Together We're Better website in the coming weeks:  
<https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation>.

8.5 Our Communications and Engagement team is also continuing to contact community and voluntary sector groups to promote ways to get involved, in particular to seldom heard groups.

8.6 The feedback from this event will be shared with clinicians and staff in the trusts and CCGs to inform the development of proposals. The report of findings from this sense check involvement activity will be taken through the relevant governance processes in the trusts and CCGs and published on the Together We're Better website. We will aim to keep the Committee informed

at every stage of this process and as any plans for potential future involvement activity are developed, once the final proposals for service change are developed.

## **9. Summary**

- 9.1 The STP undertook engagement activity in summer 2019 with patients, public and members of the workforce.
- 9.2 Due to COVID-19, we recognise that there have been changes to the way the NHS has been able to deliver services and see patients and this may have affected the way people feel about or changed their experience of the services.
- 9.3 As a result, the CCGs want to re-engage with service users, carers, staff and partners to understand whether there is anything new we should consider since the conclusion of the initial engagement in 2019/20.

## **10. Link to Trust's or Shared Strategic Objectives –**

- 10.1 The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

### ***Our purpose***

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

## **11. Link to Other Overview and Scrutiny Activity**

- 11.1 Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in July 2021.

## **12. Community Impact**

- 12.1 Detailed analysis on travel, population health needs, workforce modelling and service usage will be carried out over the coming months to help inform the development of the Pre-Consultation Business Case. This will inform the level of community impact of any proposed changes and further detail can be shared at this stage in the process.

## **13. Contact Officers**

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