

Urgent Care Strategy Northern Staffordshire

2013/14-2018/19

Challenges

- Failed A&E 4 hour target 7 quarters in a row
- Q1 2013/14 v 14/15
 - A&E attendances increased by 10.5%
 - Non-elective admissions increased by 8.9%
 - July – 127 more beds used (71 SoT, NS)
- Admission>discharges=insufficient flow & system silts up
- Not enough step up, which means too much step down
- Over reliance on beds
- Not enough community capacity and primary care
- A&E often 1st choice not last resort

Vision

- “Delivering an urgent care system that delivers high quality care in the right setting by the right professional in a timely manner seven days a week”

Approach

- Consistent, high quality, safe care 7 days/wk
- Right care, right place, 1st time
- Remain at home, care closer to home
- Support for self care
- Sustainable urgent care system
- Discharge planning on day of admission
- Responsive mental health services

Key Deliverables

- Achieve 95% A&E target consistently
- No variation over 7 days
- Acute bed occupancy averages 92%
- Reduce A&E attendances by 40%
- Over 5 years, reduce emergency admissions by 11,900 full year effect
- Improve access to primary care, evenings and weekends
- Max 14 day Length of Stay in community step up
- Acute LoS 60%<2 days, 80%<7 days, 90%<11 days

3 Key Elements

- Pre-hospital/admission avoidance and prevention
 - Keeping people out of hospital and at home or in a community service
- In hospital
 - Right service 1st time, improve flow and reduce length of stay
- Post-hospital/community
 - Improve discharge process, increase number of simple and timely and discharge more people home

Pre-hospital

- Developing primary care at scale
- Promoting self-care to patients to manage their conditions
- Comprehensive community pathways for frail/elderly
- Enhance local pharmacy services
- Improving ambulance performance and integration

Hospital

- Developing effective alternatives to A&E
- Incorporate Primary Care in A&E
- Early senior clinical assessment in A&E
- Responsive acute mental health services
- Development of Ambulatory Emergency Care assessment
- 7 day working

Post-hospital

- Timely discharge to place of residence as soon as clinically appropriate
- Only patients requiring further rehab discharged to a community bed
- Timely and appropriate intermediate & social care intervention
- Timely and appropriate therapy intervention
- Quality assure nursing/care home capacity for those that need it

Questions?