

Notes from the UTC Patient Reps Induction

Summary of the Service Being Commissioned

The Urgent Care Service is currently commissioned from Barts NHS Trust. Newham CCG is currently procuring a new model of care and an integrated pathway for the delivery of the Urgent Treatment Centre and Rapid Response service.

The provision of the new model is aimed at reducing the pressure on the Emergency Department activity which has steadfastly increased over the last few years. The Emergency Department is for life threatening emergencies, whilst Urgent Treatment centre is for any major/minor health conditions which need to be seen the same day but are not life threatening. It was set up to reduce the pressure on emergency. There is a 4 hours target for both for patients to be either admitted or discharged.

The CCG is faced with an increased population, including older people who live alone and need reassurance and also a reduced financial envelope to treat people that are unwell. The other challenge is that Newham is very diverse, with many non- English speakers who often rely on family members to translate and this makes it very difficult for people to access health services and also communicate clearly.

In order to ensure that the new model of care is 'fit for purpose' the CCG is working hard to ensure that we get access right so that people can use the services.

The new model will link into the new NHS 111 which will allow patients to directly ring 111 and be clinically assessed by a clinician at the Clinical Advice Service. This service is made up of GPs, Senior Nurses, Dentists etc who will be able to offer patient advice and support and also signpost the patient to the appropriate service for treatment. As part of the fast track process, the Under 5s and also over 65s which have a care plan will also be immediately triaged directly to the Clinical Advice Service and Rapid Response service will be contacted to support these elderly patients which fit the criteria at home. A number of patients would also be supported to self-manage certain conditions and be signposted to their GPs or GP hubs for further treatment. Patients will also be directly booked by the NHS 111 into the (UTC) Urgent Treatment Centre for further assessments and treatment

At the front desk of the Urgent Treatment Centre, the GP Streamer will triage patients to either the Emergency Department or the Urgent Care Centre where they will be either sent for further diagnosis, minor injuries, treatment, or discharged. The UTC will also be able to book patients into slots at their GP Practice which will be held for UTC by the GP.

The UTC will operate a core service which will run 8 am to 3am. Between 3am and 8am patients accessing the UTC will be treated and managed by Unscheduled Primary care for all non-life threatening conditions and all other life threatening conditions will be managed and treated in the Emergency treatment.

The Rapid Response Team will be attached to the UTC in the new system. This will allow the UTC to discharge patients back home where they will receive further treatment and support from the Rapid Response Team for a maximum of three days, to prevent either re-admission or hospital avoidance into hospital.

Patient Feedback/Comments

- There is a problem with educating people on what they should do as opposed to dialling 999
- People call 111 or go to A&E because they can't get an appointment with their GP.
- I have educated an elderly neighbour who has COPD on how to ring 111. He did, and the RRT came out, and he uses 111 now instead of 999. It's getting the message out to people.
- How do you manage risk if someone can't express themselves over the phone, or don't know that they have an underlying health condition?
 - CAS will be staffed by experienced clinicians, who know what symptoms to ask about in order to identify conditions.
- Triage at A&E could be more proactive. Rather than wait until after reception the clinician could come up and meet people at the door. I went to a hospital in Homerton where you were greeted in the door. It felt more proactive, it didn't keep people feeling like they were waiting in a queue with lots of different issues. People don't want to be ignored.
 - Initially the GP streamer was on the floor. They changed it until after reception because it worked better for them. The rationale was they have to have patients biography in front of them – which the receptionist takes before making decisions.

Experiences of using A&E

I had a fall so I went to Newham general Hospital. I was triaged, had an x-ray, was given a walking stick and a referral to a physio therapist. My GP was notified, and they made the referral to the physio therapist. Everyone was told to queue for reception. I was in the queue for a long time before I was triaged. Wasn't sure if the triage person was a Dr or a Nurse.

I woke up in the early morning and my knee was swollen. I rang 111 and they asked loads of questions. They asked if I could walk 4 steps, which I could just about manage so they said I needed to see my GP. I got a cab to the GP, who sent me to A&E. At A&E I had to queue for the receptionist. Once I got through that the process seemed quick. I had an x-ray and was put in the short stay ward to check infection. However by that time it was late and the Newham lab was closed so I had to stay the night, sleeping in my own clothes. I was seen the next day by a clinician who said they would give me medication and crutches and a referral. Someone came with medication but they forgot the crutches. I was told I would be contacted by patient Gateway but I never got an appointment. I tried calling but the phone just rang and rang. I did eventually get an appointment about three months later. I made a complaint to the hospital at the end of April – it's been acknowledged but I've had nothing further.

The Procurement

The Steering Group will meet until the end of July. Its purpose is to deliberate on the model and identify questions for the Senior Responsible Officer to get satisfactory answers for.

The model will go out to tender on the 1st of August. We don't expect have steering group meetings during the tender but we will after the procurement is finished to review.

We want both patient representatives to be part of the evaluation and contribute to assessment. The commissioners will share the dates of the procurement early next week. Patient Representatives will be involved in:

- Developing questions for the section on 'Patient Experience'
- The Pass/Fail Evaluations in October
- The Moderation Meeting to moderate split pass/fail decisions in October
- Evaluation of scored questions in October/November
- Moderation meeting for the scored questions October/November
- Presentation/Interview by all shortlisted bidders and selection of a preferred and reserved bidder. November

Patient Reps will also need to attend a training session before the procurement starts. You will need to have access to a private computer in order to complete the evaluation online.

How CCG and Patient Reps will Work Together.

- The CCG will let the Patient Reps know when they are required so that the Patients Reps can plan.
- The CCG will provide the Patient reps with copies of papers and other necessary information in a timely fashion so that Patient Reps have time to prepare.
- The Patient reps will speak up and share their open and honest views and ideas with the group.
- The process will be transparent and Patient Reps will be able to make their own judgement.
- Patient Reps will consider the needs, access needs, and perspectives of all patients in Newham and will represent them.
- The Procurement leads will be very happy to speak to you if you want to speak to them outside the meetings.
- The Procurement leads will ensure patient feedback is taken on board and escalated if necessary to the Senior Responsible Officer and/or Senior Management Team.

Actions

Action: Abi and Shola to share the numbers of how many people who attend A&E that we would expect to be able to self manage.

Action Shola and Abi: Update Patient Reps on what is discussed at the meeting on the 29th June.

Action: Shola and Abi to email patient representatives governance structures.

Action: Shola to explore getting patients to test the 111 process as secret shippers.

Action: Abi and Shola to send patient representatives the dates and times of the steering group meetings, and the dates and times of procurement activities including the training by the end of next week.

Action: Gbolahan to send Kate his bank details so he can be set up to receive R&R

Action: Kate to send patient reps the template for R&R claims

Action: Abi and Shola to ask Jake if there is funding for provider to advertise/ make information about how the whole system works accessible.

