

How can we improve 'Unscheduled Care'?

Unscheduled care is care that is not planned or pre-booked with your GP or hospital, such as urgent GP appointments, minor injuries or visits to the Emergency Department (A&E).

The NHS trusts across Hampshire, Southampton, Portsmouth and the Isle of Wight have been working together with the South Central Strategic Health Authority (SHA) to set out a vision for what unscheduled care services could look like in the future.

This vision for unscheduled care has been shaped in recognition of patient needs and to improve services for patients.

This document outlines the current situation, why things need to be improved for patients and a proposal for how unscheduled care services could be delivered in the future, based on feedback from patients, doctors, social services and the public.

We are keen to hear your feedback about these initial ideas. This will help to inform our plan to take forward locally.

Please send any comments, views or questions to yourviewscount@hampshire.nhs.uk by September 24, 2010.

A system out of balance

Unscheduled care across Southampton, Hampshire, Isle of Wight and Portsmouth is currently a system out of balance.

Why?

- The numbers of people using unscheduled care services is increasing each year
- Unscheduled care services are delivered differently across Hampshire and the Isle of Wight due to different local developments at different times
- All of this is taking place at a time of financial uncertainty.

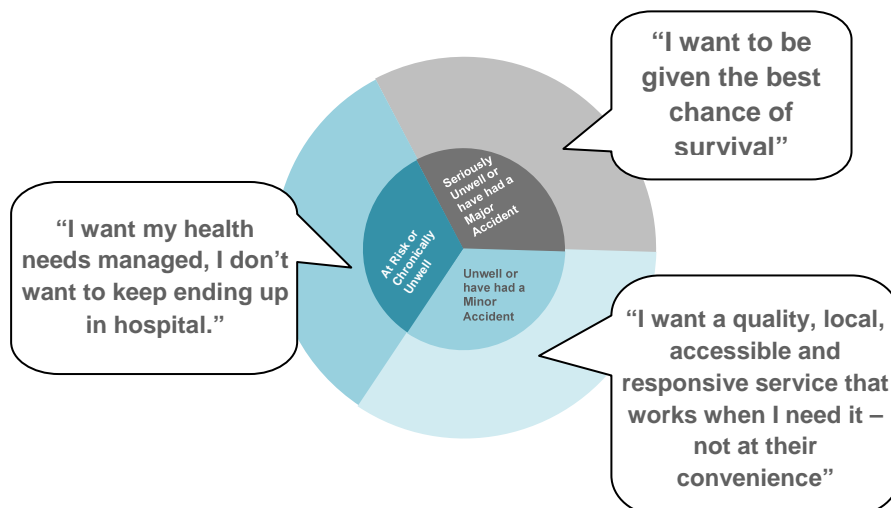
What have patients and the public told us?

In our proposal, we have looked at the system from a patient's perspective and have split the population into three main groups:

- 1) Those who are unwell or have had a minor accident, such as a cut hand or a minor illness such as a chest infection
- 2) Those who are at risk or chronically unwell, such as people with chronic bronchitis, the elderly and those with mental ill health
- 3) Those who are seriously unwell or have had a major accident, such as people who have had a heart attack or an accident with multiple injuries.

Patients have told us that:

- They are confused and do not know where to go for the right treatment
- They want local, accessible services that open at convenient times so they do not need to travel
- They want their health needs to be managed so they don't end up in hospital if they don't need to and they want to resume normal life as soon as possible.



Principles of the proposed models

This strategy is designed to build on work already taking place to deliver a three to five year plan. The aim is to develop a coherent, co-ordinated system of care that works seven days a week, and where possible 24 hours a day, in line with patient expectations.

Each group of patients deserves the highest quality of care, but their needs are different.

This forms the basis for our proposals. The principles are as follows:

- Simpler to use for patients with access to unscheduled care services through the national single access phone number '111' as well as '999'
- Consistency of unscheduled care services within each area
- Ambulance services treating more people at the scene rather than automatically taking everyone to hospital when not necessary
- More treatment closer to home delivered by your GP
- Teams working together to deliver co-ordinated services e.g. GPs, hospitals, social care, pastoral care, befriending and neighbouring schemes all linking together
- Identifying patients who are most at risk, to help avoid repeated unplanned hospital visits by managing their conditions better
- Some centralisation of services to ensure highly skilled, practised teams of consultants are available for patients who need intensive care after a serious accident, including rehabilitation.

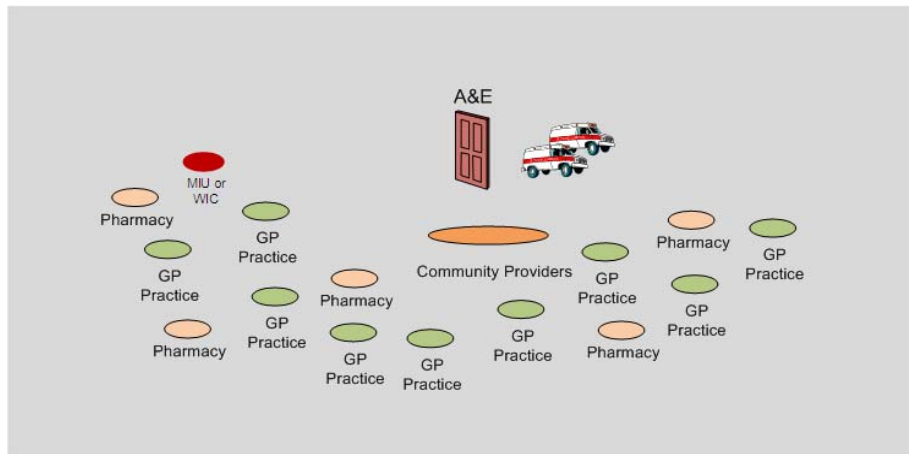
A proposed model for those who are unwell or have minor injuries

This model proposes that services are moved closer to the patient including:

- Access to care closer to home provided by groups of primary care practices working closely with Out of Hours providers
- Greater access to radiology and ultrasound locally to allow diagnoses more quickly
- Primary care services to provide more treatment
- Primary care to be located on the same site as the Emergency Department in some places
- A network of providers for emergency surgery and children's services to ensure consistent high quality care seven days a week.

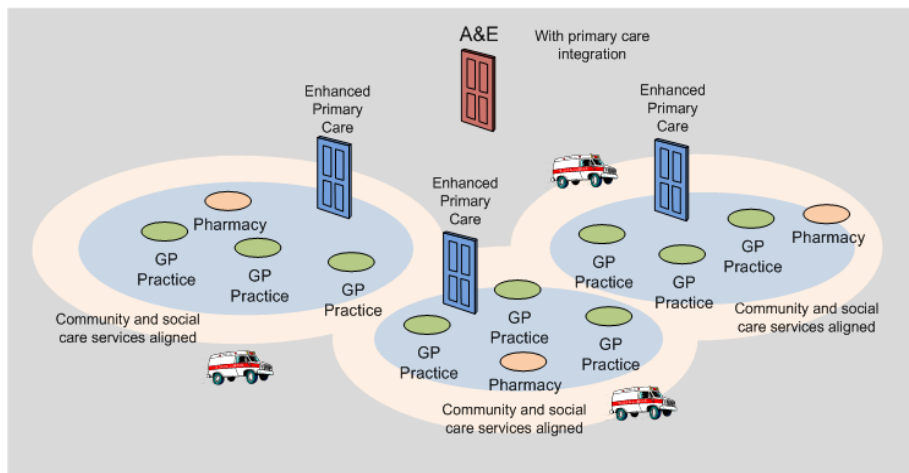
Day Time Models

Current



Currently there are a range of services providing different levels of care that are not necessarily linked up. Different areas will also have different types of services available at different times, causing confusion for patients.

Proposed



It is therefore proposed that groups of GPs work together with their local pharmacy to provide a similar set of services to patients across Hampshire and the Isle of Wight, with more enhanced services being provided closer to home through primary care. Social and community services will also link in better and primary care will be available at some Emergency Departments to avoid people having to go into hospital unnecessarily.

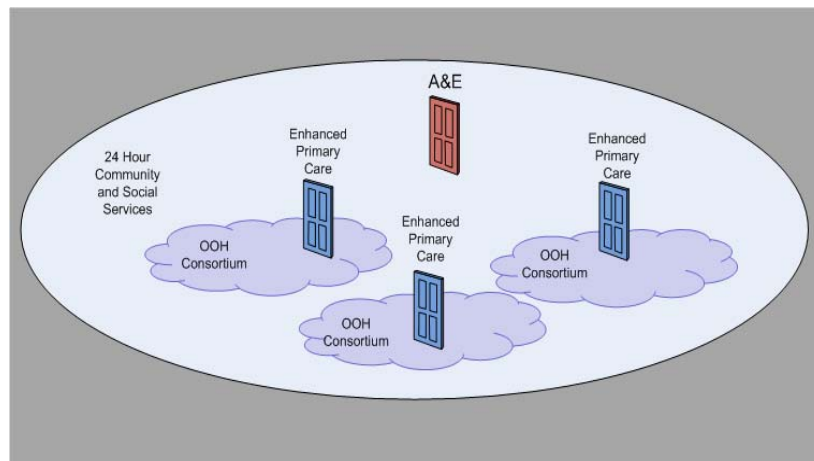
Night Time Models

Current



There are currently different services available at night, for different levels of care needed. Not all night time services are available 24/7 and they do not necessarily link up with each other, resulting in confusion for people as to where to go. Therefore, many people end up in the Emergency Department.

Proposed



This model proposes groups of providers delivering care 24/7 through enhanced primary care services i.e. GP and pharmacy services. This will also link in with 24 hour services from social care. Although the Emergency Department will always be available people should be able to get treated closer to home to avoid a visit to the Emergency Department unless absolutely necessary.

A proposed model for those at risk or chronically unwell

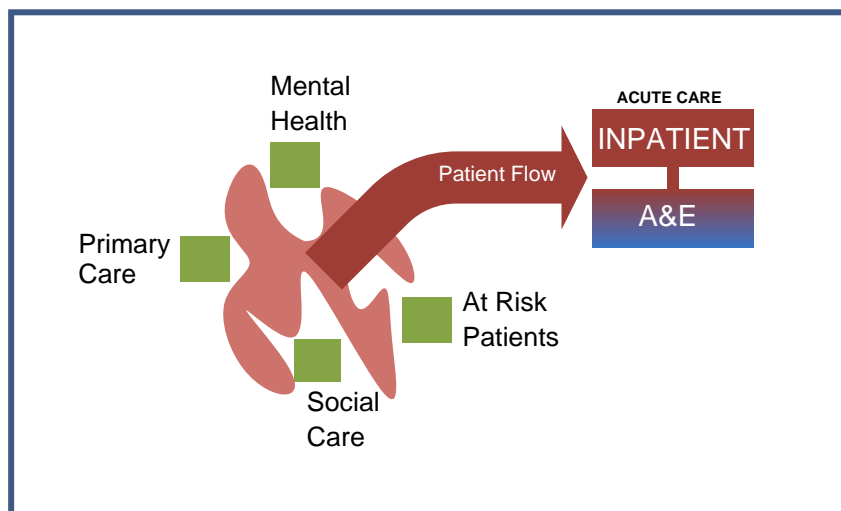
Typically, this group will include:

- Those with chronic conditions (such as chronic obstructive pulmonary disease, coronary heart disease, chronic heart failure, diabetes, asthma etc)
- Those with dementia or other mental health issues
- The frail elderly
- Those people who may be reaching the end of life.

We want to manage more of these patients in the community by co-ordinating services better. This will help ensure their conditions don't progress unnecessarily and should prevent them needing unscheduled care or unnecessary stays in hospital.

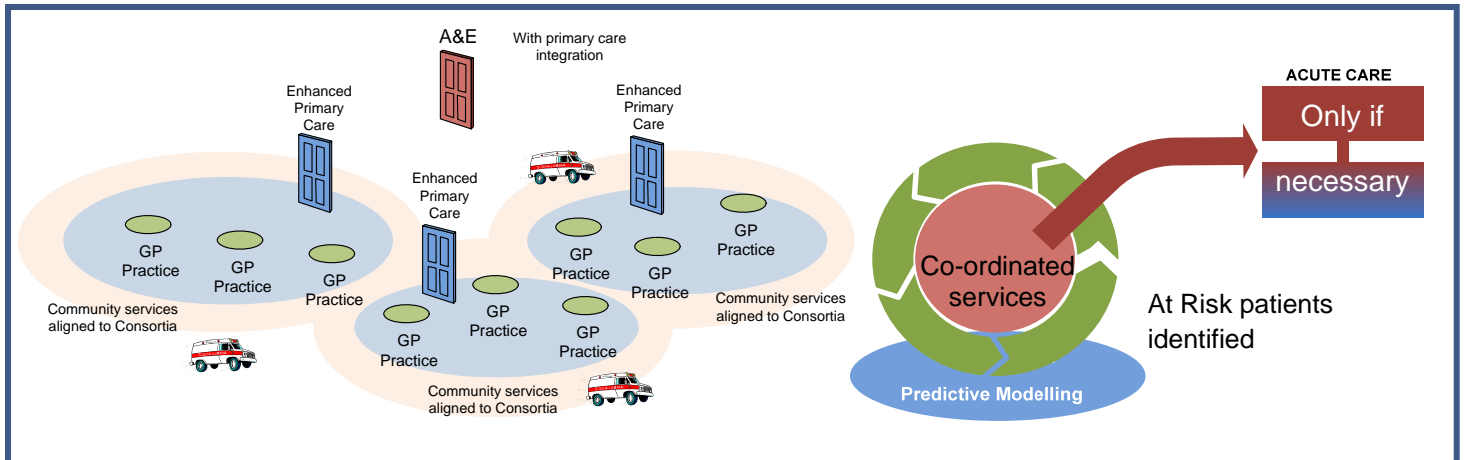
We will also provide the tools to allow GPs to identify and manage patients most at risk before their condition becomes a crisis.

Current model



Currently patients may go through a number of services that are not always aligned to enable conditions to be managed as well as possible. This results in patients needing unscheduled care more often and ending up in hospital.

Proposed model



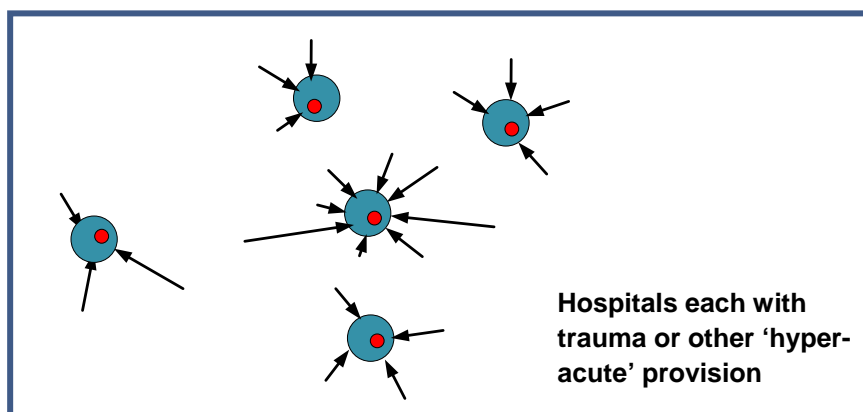
It is therefore proposed that services are developed to be more co-ordinated, tools are provided to identify the most at risk patients and services are delivered closer to home through the enhancement of primary care. This will help avoid unnecessary stays in hospital for those who have long-term conditions or are elderly.

A proposed model for the critically injured and/or ill patient

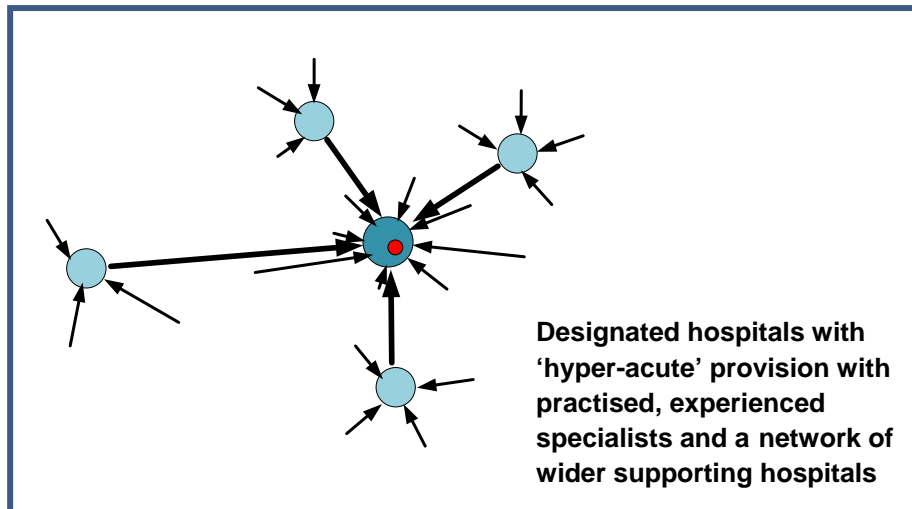
This group represents a small number of patients who require immediate services with a high level of care, such as intensive neuro-surgery or those who have had a major accident.

This work is being led across the south by the South Central SHA. The proposals are for certain hospitals to be chosen as network centres, with a concentration of highly skilled and experienced staff and facilities. Other hospitals will be part of a bigger network concentrating on stabilising/sending and then receiving back local patients when they are out of immediate danger.

Current model



Proposed model – SHA led



In line with future plans for the NHS

The recent NHS White Paper proposes that in the future commissioning will be led by GPs, through GP consortia. Alignment between GP consortia with community and social services will support care in the community especially for those that are considered to be 'at risk'.

These proposals are therefore developed with this in mind and aim to sit within the proposals for how the NHS will be led in the future.

Comments and feedback

We are keen to hear your feedback about these ideas to ensure a final draft of the proposal is developed to reflect local views and comments. This will ensure the best proposal for you.

Please send any comments, views or questions to yourviewscount@hampshire.nhs.uk by September 24, 2010 and we will ensure they are fed back into the final plans.