

## Appendix C

### Summary of Somerset Reduction in Emergency Admissions Initiatives

**Somerset Primary Link (SPL)** provides a single point of access across Somerset for the coordination of urgent and unscheduled (non-emergency) care referrals and the transfer of service users from acute to community hospitals. Somerset Primary Link is also a key coordination point for planned ambulatory care referrals e.g. blood transfusions and links with relevant assessment beds sites and ambulatory care. They also coordinate the requests for Rapid Response.

**Rapid Response** service aims to reduce admissions and LOS related to frailty (falls and confusion) through Rapid Response which is a multi-agency service supporting GPs and ambulance crews with a credible alternative to A&E. The service also accepts referrals from Frailty Units and A&E Departments within Musgrove Park Hospital, Yeovil District Hospital, Weston General Hospital and Royal United Hospitals in Bath.

**Consultant Connect** is a very simple CCG funded, advice and guidance initiative that provides GPs with immediate access to telephone based advice from local hospital consultants. This service was designed to be used for the 'grey area' cases, where perhaps waiting for a response from any other forms of A&G (e.g. e-RS or letters) may take too long.

GP calls connect directly to teams of local consultants by either using their unique surgery landline number (distributed to Practice Managers) or via their mobile phone through the free Consultant Connect App. Each consultant is given around 25 seconds to answer the call before it automatically forwards on to the next consultant. The order in which consultants receive calls is based on a rota of consultant availability which the hospitals maintain and where typically the 'consultant of the day' will feature at the top of the rota. At the end of each call GPs are asked to stay on the line for a few seconds to rank the outcome – this gives the CCG a broad view to the effectiveness of the system.

The Consultant Connect service is available to GP practices between 8.30am and 6.00pm, Monday to Friday, although exact hours can vary for specific hospitals and specialties. GPs are however made aware that call connection rates tend to be higher between the hours of 9.00am and 5.00pm. Calls made outside of available hours will not connect to any consultant mobile phones.

In conjunction with this service and providing additional support and capacity to GPs and local Trust teams is the National Consultant Network (NCN). The NCN broadens the specialty offering to include specialties where local teams are yet to participate, enabling GPs to get advice & guidance from local and/or out-of-area specialists by telephone.

**SWASFT Right Care<sup>2</sup>** aims to provide care that meets the clinical need, is delivered by the most appropriate clinician and is provided at a location that is most suitable to the needs of the patient and of the wider health community. Clinicians at the heart of Right Care<sup>2</sup> have access to a wide range of referral pathways, including Minor Injury Units, Urgent Care Centres, ambulatory care units and MAUs; admission to an ED is for patients who really do require emergency assessment.

**Assessment beds** are sited in Frome, Monday to Friday. The role of the assessment bed is to be able to carry out a planned comprehensive GP led assessment and point of care testing for people with urgent care needs, which avoids an attendance or admission to an acute hospital, and supports the person to return home. Typically this may be someone with an ambulatory care sensitive condition, including frailty, or infection. Referrals may come from SWAST, GPs, or other local healthcare staff.

**GP 999 car scheme** acts as a mobile treatment service where GPs provide Primary Care support to Paramedics, Specialist Paramedics and other Ambulance Clinicians to manage patients at home and

thus avoid admissions to hospital unless clinically appropriate. The service runs for 10 hours per day, one car operating 7 days a week and a second car operating on a Saturday, Sunday and Bank Holidays. The GP 999 resource is dispatched by the South Western Ambulance Service Foundation Trust Clinical Hub.

**ED Streaming** involves a front of house Primary Care streaming service in EDs. The aim of this model is to ensure that patients are managed by the service most appropriate for their need e.g. primary care, secondary care or referred back to their own GP practice. It is estimated that a quarter of patients presenting at ED could be streamed to a Primary Care clinician.

**Single Point of Access (SPOA)** is part of the Integrated Urgent Care service. This provides a single point of access for health and social care professionals to access advice and guidance in relation to alternative services/pathways. Ambulance Crews and Care Home Staff have immediate access to this service.

**Emergency Admissions** Practices will have responsibility for reviewing emergency admissions and developing plans to address and reduce, where possible, unwarranted variation. The CCG can provide additional data upon request to support development of action plans.

**Intermediate Care** In March 2020, at the onset of the Covid pandemic, the Somerset System agreed a new model for Intermediate Care. This built on the Home First Model that had been operating in Somerset since 2016 and brought under one umbrella all intermediate care discharge support from hospital, as well as services to prevent admissions. At its foundation is a strong collective ambition across health and care organisations in Somerset; to maximise people's independence and support people to remain at home as far is possible.

The new model was expanded over winter 20/21 to provide more capacity to prevent acute admissions and to support more people to return straight home from hospital, as well as additional Pathway 3 beds for gradual rehab. The revised model ensured that:

- Supported discharge decision making was removed from the hospital wards and instead made by a multidisciplinary team within a discharge lounge.
- Responsibility for managing the supported discharge pathways was separated from the acute discharge function and instead managed out in the community.
- A central Somerset Hub for Coordinating Care was set up to provide a single point for coordinating and managing capacity across all the intermediate care options.
- All community beds, including Home First Pathway beds, community hospital beds and interim beds, act as one bed base with a defined hierarchy of use and are coordinated and monitored from one place.
- The previous Home First reablement pathway (Pathway 1) is converted to a discharge to assess model, introducing a period of assessment at home to determine ongoing reablement or support needs.
- A Head of Intermediate Care was appointed to act as a senior responsible contact for discharge across the county and is a jointly managed post between Somerset Foundation Trust and Somerset County Council.

### **IUC CAS Clinical Validation – low acuity 999 and ED dispositions**

On 1 November 2020 the Somerset Integrated Urgent Care Service (IUCS) went live with IUC Clinical Assessment Serviced (CAS) clinical validations of all NHS 111 dispositions for low acuity (cat 3 and cat 4) 999 dispositions and EDs. Previous to this validations were being undertaken but within the NHS 111 element of the IUCS (delivered by Practice Plus Group). The change to CAS clinicians validating such dispositions outside of NHS Pathways was undertaken in a bid to counter the high number of low acuity 999 and ED dispositions that result from an NHS Pathways assessment: an algorithm that is known to be highly risk averse. The benefits of such CAS clinicians validating

dispositions had previously been demonstrated by Cornwall's IUCS and, following a pilot during October 2020, the CAS clinical validation element for Somerset IUCS went live 1 November 2020. This was further extended to ED dispositions coming out of 111 online assessments, which went live 14 December 2020. Work continues with Devon Doctors Ltd (as Lead IUCS provider in Somerset) to extend this to 111 Online low acuity 999 dispositions.

The beneficial impact of IUC CAS clinical validations on Somerset's UEC system was clearly demonstrated from the outset. In summary this shows that since 1 November 2020 – 12 May 2021, through CAS clinical validation, a total of 5,482 low acuity 999 ambulance dispatches were prevented in Somerset. For ED dispositions, CAS clinical validation prevented a total of 3,368 ED attendances in Somerset during the same period. The IUCS notes that it closes around 40-50% of the cases which are validated within the CAS, meaning that a majority of those cases following non-NHS Pathways clinical validations are either 'closed and completed' on the telephone or remain within the IUCS for face-to-face contact.

### **Think 111 First**

In light of the 2020 coronavirus pandemic, due to social distancing and infection prevention precautions, the space in EDs has reduced. Given this it is even more important to inform the public to make the right healthcare choices and ensure their safety, as well as making sure they get the right treatment in the most appropriate place.

Around 70% of ED attendances (nationally) are made up of walk-in patients, so as patient numbers have increased since the initial lockdown, the NHS seeks to keep patients safe despite the reduced space in ED waiting rooms. Evidence also indicates that a significant proportion of those attending EDs could be seen elsewhere, for example in a primary care facility or at an Urgent Treatment Centre (UTC).

'Think NHS 111 First' is about offering people a different way of accessing and receiving healthcare, including a new way to access Emergency Departments. As a programme it means:

- that NHS 111 or a GP practice are the first places a patient should contact when they experience a health issue that is not immediately life-threatening
- reducing the need for a patient to go to a physical location when accessing healthcare thereby embracing remote assessment and the technology that supports it
- avoiding risk of nosocomial (hospital-acquired) infection by ensuring fewer less urgent patients attend ED waiting rooms
- ensuring patients get clear direction on what they need to do and where they need to go to resolve their health issue
- protecting those most at risk (e.g. people who are extremely clinically vulnerable from COVID-19) by giving them an enhanced service.
- Supporting better patient experience by being seen at the right place at the right time.

To further support Think 111 First Somerset IUCS is now able to book a timed slot for patients that need to be seen in ED, ensuring patients are seen as safely and conveniently as possible. As part of the Think 111 development, which went live nationally 1 December 2020, NHS 111 to ED (and MIU) referral processes (via a web-based platform called EDDI) were put in place in Somerset to ensure EDs and Minor Injury Units (MIUs) can accept ED or MIU booked patients. This enables the departments to plan their day-to-day running of their services and patients benefit from a better experience as they are seen close to their booked timed slot and over time this may have a positive impact along with the IUCS CAS validation on improving ED waiting times for patients.

'Think 111 First' national campaign has the potential to increase calls into IUCS (both to NHS 111 and subsequently to the IUCS CAS). The benefits of the validation work, noted above, in relation to Think 111 First, therefore, is self-evident as is the potential for IUC CAS clinical validation to further support onward referral to alternative UEC services as well as Same Day Emergency Care (SDEC) pathways (see below) where an appropriate acute condition is identified.

## **Same Day Emergency Care (SDEC)**

Same day emergency care (SDEC) is one of the many ways the NHS is working to provide the right care, in the right place, at the right time for patients. It aims to benefit both patients and the healthcare system by reducing waiting times and hospital admissions, where appropriate. SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital (or another appropriate location) with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

Somerset is a regional test site for NHS 111 referrals to Same Day Emergency Care. This worked commenced April 2021 and will take approximately 5/6 months to complete. In addition, conversations are currently taking place to explore how Somerset Primary Link can support SDEC referrals, particularly those made for patients by their own GP. Associated work is taking place nationally to develop SDEC referral methods for ambulance service paramedics. Finally, through the Somerset Think 111 First / SDEC Clinical Group there will be further discussions around expanding SDEC pathways over time as well as exploring community-based SDEC pathways.

## **What practices could do**

- Fully utilise the schemes in place highlighted above
- Review the standardisation dashboard available via Insights Portal
- Discuss emergency admission data by GP at practice meetings
- Discuss emergency admissions data at federation/PCN meetings, sharing good practice
- Undertake an audit to review emergency admissions
- Implement 'House of Care' approach and use the clinical communications document to ensure that all relevant clinicians have access to important basic information about the patient