SHIP Unscheduled Care

Executive summary of the strategy for a remodelled system for Southampton, Hampshire, the Isle of Wight and Portsmouth

This strategy will set out the vision and direction for development of unscheduled care services over the next three years and has been produced in collaboration by NHS Southampton, NHS Hampshire, NHS Isle of Wight and NHS Portsmouth (SHIP), working with South Central SHA.

The strategy outlines the current position, the drivers for change, the proposed model of unscheduled care and steps we could take to reach this.

We have identified three major clinical groups of patients that unscheduled care comprises:

- Those with chronic illness such as mental health, elderly care, end of life and long term conditions, especially with co-morbidities, where community health and social care support primary care to provide community based care

- Those who require urgent care such as minor trauma and illnesses e.g. stomach pain, fever or a fractured wrist, who need an experienced primary care response for the initial assessment and treatment

- Those who require emergency care, such as sufferers of a major trauma, heart attack or stroke, who need immediate access to fully staffed hospitals with the senior capability and capacity to provide a rapid effective response

We intend to work with Practice Based Commissioners, provider trusts, social services and the public to create consistent models of unscheduled care. These will include enhanced primary and community services, working together with hospitals to support patients in the community, wherever clinically appropriate, in order to avoid unnecessary stays in hospital.

Demographic changes and expectations in society means models must be consistent seven days a week and take into account what motivates people to access services as they currently do.

Our aim, based on clinical evidence and patient experience, is for urgent care to become more accessible, closer to home, include chronic illness management and be based around primary care consortia. Emergency care models aim to be centralised around major trauma networks for the best outcomes.

We also propose that the ambulance service, often the first port of call, changes its emphasis to a greater clinical role rather then just a conveyance service. This will be supported by a national single telephone number, 111, which will be in addition to 999, to act as an alternative route for unscheduled care that may not be an emergency.

This document describes the vision for unscheduled care about “what” we propose as a good model for improved services. It is not designed to be prescriptive at this stage in determining “how” it should be managed or delivered. We wish discussion around the model to take place to analyse and inform its development.

Informatics tools such as InterQual and Adjusted Clinical Groups (ACG) will use data from hospitals and primary care to help populate and cost the future model.

It will then be for local communities, clinicians and commissioners to determine how best the agreed model should be co-designed and delivered locally.