

# Urgent and Emergency Care

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# What do we mean by urgent care?

Terms such as *'unscheduled care'* *'unplanned care'* *'emergency care'* and *'urgent care'* are often used interchangeably

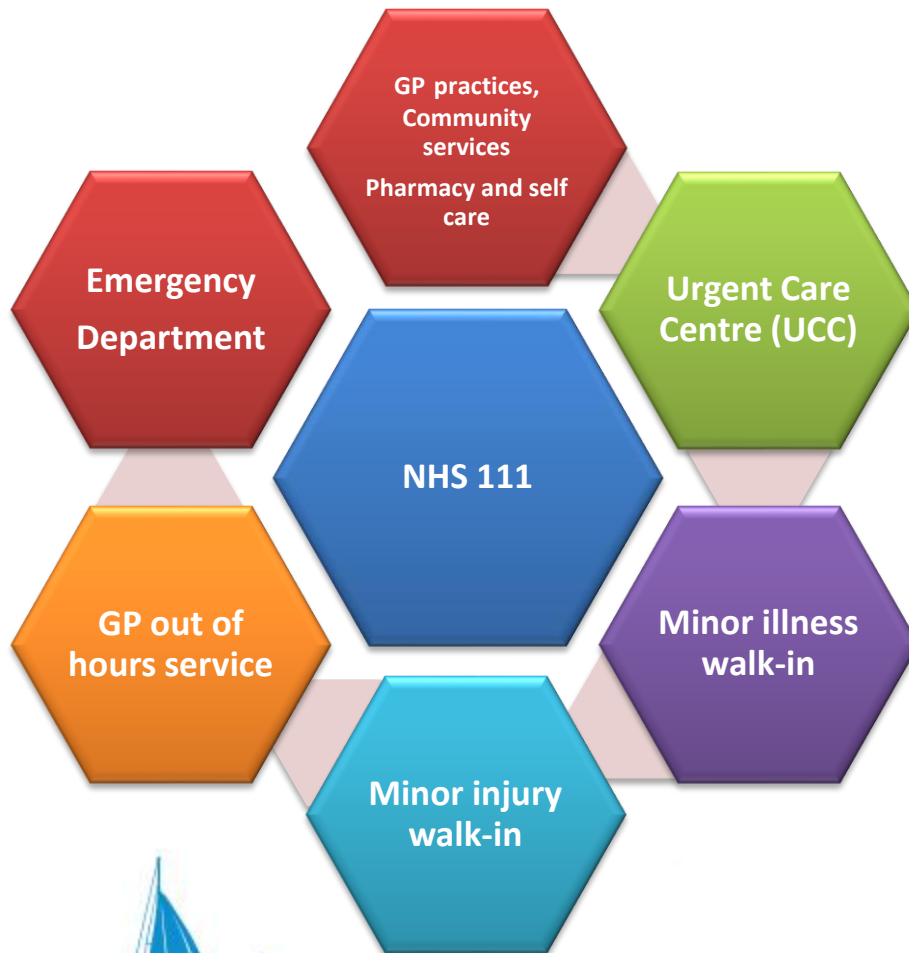
**Emergency care** – is an immediate response to a time critical health care need

**Unscheduled care/urgent care** – involves services available to access without prior arrangement where there is an urgent actual or perceived need for intervention



# What do we have in place now?

Portsmouth & South East Hampshire  
Clinical Commissioning Groups



Variety of routes for patients to access urgent care:

- NHS111
- Community pharmacies
- GP
- OOHs
- Walk in centres/minor injuries and ailments
- Specialist nurses
- Ambulance
- ED (A&E)



# Challenges facing our system

- Rising demand – despite the growth in range of choices
- Ageing population
- Rising expectations
- Public confusion around routes to take means ED becomes default
- Poor sharing of information
- Difficulty meeting ED targets (four hour waits)

*“The pressures in emergency care will not be relieved by focusing on a single aspect of the problem in isolation – it requires a co-ordinated response across the whole health system...”*



# What are local people telling us?

Portsmouth & South East Hampshire  
Clinical Commissioning Groups

## Two examples of recent survey work

### January 2014: Under Pressure, The News

Generated largely quantitative data, rating care options (mostly very satisfied). Some qualitative feedback, suggesting public confusion around what to use and when.

### June-July 2014: Urgent Care Survey

800+ responses. GPs the default for illness. Walk-ins the default for injuries. Awareness of 111 and some other alternatives still low. Conflicting messages about future configuration: 50% would prefer a simpler urgent care system, even if choice was reduced, but... most people feel the current range of urgent care services is “about right”.



# What will good look like?

Portsmouth & South East Hampshire  
Clinical Commissioning Groups

Emerging principles from the national urgent and emergency care review in England outline a system that:

Provides consistently high quality and safe care, across all seven days of the week

Is simple and guides good choices by patients and clinicians

Provides the right care in the right place, by those with the right skills, the first time

Is efficient in the delivery of care and services.



# What's happening locally?

- A **system-wide urgent care working group** now in place led by CE of Portsmouth Hospitals Trust
- **Rapid diagnostic** of the issues around urgent care performance has been undertaken to identify the blockers to driving change and improvements
- Implementation of a **recovery plan** to deliver rapid but sustainable improvements across the system for urgent care



# What the diagnostic told us

Portsmouth & South East Hampshire  
Clinical Commissioning Groups

Demand is predictable (by season, month, week, even hour)

Demand is seasonal – and reduces in winter

Numbers of admitted patients stable – not affected by seasons

Patients stay the same amount of time in ED in all seasons

Admissions lowest at weekend and ED admissions are lowest between 4am and 10am

Age is a factor – older people will stay longer in ED and more likely to be admitted

High number of 31-65 year olds attend ED

18% of beds are occupied by patients ready and awaiting discharge

Discharges peak at 3pm whereas pressure on beds peaks at 1pm

Breaches relate to available beds, clinical speciality review and clinical exceptions

95% of patients leaving PHT return to their own home; of these 15% require care packages established or restarted

# What are we doing?

## Our immediate focus is on:

- Addressing the short and immediate issues to improve ED

## But we plan to:

- Develop a clear vision and approach that simplifies the urgent care pathway and addresses the strategic objective arising from the urgent care review
- Continue to educate patients, carers and the public around appropriate use of services
- Invest a further £4m in further improving and redesigning the system



# Promoting alternatives to ED

Portsmouth & South East Hampshire  
Clinical Commissioning Groups

## Urgent Care guide

- What to know and when to go guide – over 30,000 copies distributed/downloaded from our websites

## Social media campaign

- Regular programme of Tweets and web banners

## Digital media video series

- Developing a series of short animations based on our Urgent Care guide

## Print media

- Media releases and features placed in partner magazines

## National campaign activity

- Supporting ‘Treat yourself better’ and ‘The earlier the better’ campaigns

## Working with Portsmouth University

- Building urgent care campaign projects into their curriculum



# Questions?

