

Wiltshire Primary Care Trust

Urgent Care Strategy (draft)

Executive Summary

2007 - 2010

1. Introduction & Background

- 1.1 The urgent care strategy for Wiltshire has been produced in line with national policy for urgent care and with reference to the local drivers for improvement. It was also important to consider its alignment with strategic plans for urgent care set by neighbouring organisations within the health economy across Bath, Swindon & Wiltshire (BSW)
- 1.2 The establishment of a strategic commissioning network for urgent care across BSW will make an important contribution to shaping and improving local services for the future and meeting national targets.
- 1.3 The current strategic plans across the health economy vary in style from being commissioning focussed to more operational. These are at varying stages of implementation and will continue to be monitored, evaluated and developed.
- 1.4 Wiltshire's Primary Care Trust and Practice Based Commissioning Consortia are establishing this urgent care strategy to ensure that urgent care services for its population are primary care led and meet local need.
- 1.5 The strategy focuses on key principles to be applied in meeting urgent care needs and highlights a number of areas with plans for change. All service areas including those not specifically mentioned should have a continuous improvement programme based on the key principles set out in the strategy.

2. Aims of the strategy

- 2.1 Current delivery of urgent care services is reported and perceived as disjointed and confusing for the public and for health and social care professionals who often need to direct people to appropriate services. There are many access points into the service, with an inconsistency in response across those access points. Patients have to repeat their story each time they are passed from or move between one service provider and another. There are poor information flows across service providers leading to both gaps and duplication in service delivery and

increased hospital admission (which are avoidable), particularly for the elderly. These features contribute to an inappropriate use of acute hospital capacity and unacceptably high levels of delayed transfers in care. There are number of improvement initiatives already underway and local examples of good practice.

- 2.2 In order to address these issues the strategy outlines a twenty-four hour, seven days a week model of urgent care. Building on what already works well in urgent care the future model will improve direct access for the public & patients with urgent health care needs. It will also simplify access by health & social care professionals who in turn need to make sure their patients/clients can get urgent care as their health needs dictate.
- 2.3 Access points for patients & the public will be recognisable and well publicised. There will be consistency in the assessment and treatment outcomes across service providers.
Access for health & social care professionals will be well publicised and patients will receive timely and consistent assessment and treatment outcomes from the appropriate service provider
This model of service for the public, patients and health & social care professionals will remove the perceived gap between 'in hours' (weekdays, 8.30 am – 6.30pm) and 'out of hours' (weekday evenings, 6.30pm – 8.30am, all day and night Saturdays, Sundays and Bank Holidays).
- 2.4 In line with the national and local vision to provide more services to people at home, or as close to home as possible, we expect implementation of the strategy to achieve:
- 40% reduction in attendances to emergency departments by March, 2009
 - 30% reduction in non elective admissions by March 2010.
- 2.5 The following key areas of service have been identified as a priority within this strategy in order to achieve the most in terms of service efficiency and effectiveness and improve the patient experience of urgent care.
- Patient self-care
 - Primary Care Services
 - Urgent Care Access Centre
 - Access to emergency departments
 - Minor injury units
 - Long Term conditions
 - Falls Services
 - Residential and Nursing Homes
 - Mental Health

2.6 To do nothing is not an option as the local health economy is consistently failing to meet national targets and service is not effectively aligned to meet patients urgent care needs. Change will need to be supported by :

- Service providers working in partnership
- Accurate and substantial data and information systems are vital
- Clinical engagement and ownership in leading service development
- A robust marketing strategy to support people in choosing the appropriate service for their health need.
- Business cases for key development areas which demonstrate both affordability and value for patients, commissioners and service providers.

3. Next steps

3.1 The strategy is distributed for comment by stakeholders and will be finalised in July 2007 along with priorities for change, which in turn will need to be commissioned from existing or new service providers.