



Transforming Urgent Care

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We are Pulling Together in Transforming Urgent Care for the People of Scotland

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Chair's Welcome



Lewis Ritchie, Chair of the National Review of Primary Care Out-of-Hours Services

I am delighted to welcome you to this first edition of the Transforming Urgent Care update.

I would like to take this opportunity to express my on-going appreciation and sincere thanks to the various partners whose valued and important contributions, not only

made *Pulling Together* possible, but defined the vision for community based Urgent Care in Scotland, and charted the road ahead. We will continue to work with you and learn from you, and we need to maintain your tremendous enthusiasm to make things work better for everyone.

By *pulling together* that we can empower ourselves, our people and the people of Scotland, all of whom rely on us to deliver resilient, high quality and safe urgent care services.

In this update, we aim to keep you informed of progress with the delivery of the transformation of Urgent Care Services. In this first issue, we aim give you a flavour of progress to achieve the vision. But first, some background.

Reviewing Primary Care Out-of-Hours Services

On 30 November 2015, the Report of the National Review of Primary Care Out-of-Hours Services, *Pulling Together: transforming urgent care for the people of Scotland* was published. This independent review forms part of the Scottish Government's work to transform primary care services, in light of the demands of Scotland's ageing population and the integration of health and social care.

The Review looked at the current out-of-hours delivery landscape and recommended action to ensure primary care out-of-hours services:

- Are person-centred, sustainable, high quality, safe and effective
- Provide access to relevant urgent care when needed
- Deliver the right skill mix of support for patients during the out-of-hours period.

Approach and Recommended Model

The report suggested a whole-system approach to achieve these aims and recommended a model for out of hours urgent care in the community that is clinician-led, but delivered by a multi-disciplinary team, enabling patients to be seen by the most appropriate professional to meet their individual needs, whether a GP, nurse, physiotherapist or care worker. It further recommended that GPs continue to play a key role within urgent care teams, providing clinical leadership and expertise, particularly in complex cases.

Transforming Primary Care

All of this work is being taken forward as part of the wider transformation programme which will see primary care delivered through multi-disciplinary teams, involving the right mix of expertise and services required to ensure that patients are provided with the most appropriate treatment in the most appropriate setting, when they need it, regardless of when this is.

Initial Testing- £1m 2015/16

The Cabinet Secretary for Health Wellbeing and Sport, who launched and welcomed the above Report, committed c. £1m towards initial testing of the new model of urgent care and implementation of some of the short-term recommendations.

We are working with our delivery partners at 8 test sites throughout Scotland in progressing an Initial Testing Programme with this development investment. Results will inform the National Delivery

Plan for Transformation of Urgent Care, which we will publish later this year setting out short, medium and long term measures towards national and local implementation of recommendations.

The 8 sites across Scotland are testing a range of aspects of the recommended new model of care based in Highland, Grampian, Glasgow, Lanarkshire, Tayside, Lothian, Fife and Ayrshire & Arran areas.

Transforming Urgent Care - £10m - 2016/17

A further £10 million is available in 2016/17 to fund the National Delivery Plan, to build upon what worked during the initial testing programme, for both local as well as national initiatives.

Feedback from Test Sites

Whilst it is early days, we are beginning to hear back from test sites on initial progress made. Each test model is looking at different ways of achieving the same aim, which is to ensure improved urgent care for the people in Scotland. Here are a couple of examples:

Good News from Delivery Partners - Example - Ayrshire

Colleagues in Ayrshire are developing Crosshouse Hospital, Kilmarnock, as the national flagship test site for the recommended Urgent Care Resource Hub. This tests the multi-disciplinary team approach to delivering out-of- hours services with pharmacists, nurses, allied health professionals, optometrists, paramedics and the third sector all involved in seeing and supporting a range of people with urgent needs.

Tests of change will include joint assessments, joint visits and co-production of agreed care and support plans for patients, local triage as well as input from on-site Pharmacy. Advanced Nurse Practitioners are currently undertaking autonomous home visits.

The following work has already started and next steps planned:

- **Initial engagement sessions**, attended by a range of disciplines, with staff contributing good ideas and suggestions for a new model of care. Next steps include developing an Ideas in Action Group, led by Organisational Development, where frontline staff (not managers) take forward ideas suggested by staff.
- **An Education Session**, offering opportunities to increase knowledge, access key information and understand each other's roles better will be attended by GPs, Advanced Nurse Practitioners, Social Workers and Mental Health Nurses.
- **A Shadowing Programme** is underway and feedback is positive.
- **A Programme Board** which includes **patient representation** has been established as well as a **Programme Group**, with representation from the main out-of-hours services. Both groups have good representation across all

disciplines. The development of a Directory of Services and a newsletter are being progressed by the Programme Group, who will also benefit from inclusion on the Collaborative Leadership course, which provides group coaching and mentoring.

- **Premises** have been identified which will allow for a multi-disciplinary team working from the same building within the next few months. Next steps include consideration of a small HUB room to be shared by professionals from each service.
- **Data collection and analysis** is well-established and will inform future tests of change. A common data collection tool developed to measure **multi-disciplinary working is proposed**. Next steps include data analysis of completed questionnaires with identification of key themes.

Good News from Delivery Partners - Example -Tayside

Colleagues in Tayside are developing a GP-led community urgent care team in Perthshire, whereby a GP provides the clinical leadership for a multi-disciplinary team working to deliver out-of-hours care in the community. This test is designed to support a 'roving' GP for Perth and Kinross area while the PCEC is closed, to prevent patients travelling from to Dundee and to allow patients to be seen closer to home. Progress thus far:

- Improved co-working as a result of this with the Emergency Department (ED) in Perth Royal Infirmary. Since the test started, there has been an OOH nurse working in the ED, assessing patients who are appropriate for primary care and either discharging, re-directing or appointing patients in the PCEC to be seen by either the 'roving' GP or the OOH nurse.

Prior to the test, no patients were being seen in Perth PCEC outwith the hours of 18:00-23:00 Mon-Fri, and from 13:00-19:30 at weekends. Since this test commenced, there has been an increase in the number of patients being seen in Perth from week 1 (34) to week 2 (51) who would otherwise have needed to travel to Dundee.

eHealth

William Edwards (NHS Fife soon to be NHS Greater Glasgow and Clyde) has been identified to Chair the Information and Management Technology Implementation Board to deliver the eHealth associated recommendations. Its first gathering will take place in June/July when a Terms of Reference and Scope of Work will be considered.