



*Better health and sustainable healthcare for Bristol*

# Urgent Care Strategy 2015 - 2020

## Urgent Care Strategy

<i>Please complete the table below:</i>	
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## Bristol Urgent Care Strategy

The delivery of high quality and accessible urgent care services is an important priority for the Bristol Health and Social Care Economy. Our aim as both commissioners and providers of care is to ensure that urgent care services in the future are delivered in a seamless integrated way to best meet the needs of our local population. This strategy covers all age groups who require urgent care from children to the elderly population.

There are many challenges ahead, but by working as a whole community we can achieve the ambitions outlined in this document. We believe that, by working together, we will be able to deliver benefits for the patients we serve and to improve the working environment of our staff, despite the challenging financial climate in which we are trying to transform services.

Over the coming years, we will see through successful implementation of this strategy:-

- An overall reduction in the number of
  - Ambulance call outs
  - Avoidable emergency hospital attendances, particularly in primary care conditions related presentations.
  - Shortened Lengths of Stay and Exceed Bed Days
- An increase in the use of services such as
  - Pharmacies
  - Urgent Care Centres who will treat patients with a higher level of medical complexity.
- A clinically supported NHS 111 that will link people directly into the service that they need.
- Patients waiting no longer than 4 hours in an Emergency Department (ED)
- Higher level of patient satisfaction with access to General Practice (GPs), with improved evening and weekend capability through an integrated out of hours service
- Fewer emergency admissions
- Shorter lengths of stay following an emergency admission
- Patients discharged from hospital when they are medically fit with community teams assessing their care needs at their residential setting
- No person admitted to acute hospital where their primary need is for care
- Improved out of hours community provision which provide effective response to crisis and delayed transfers of care (DToC) are kept to a minimum
- More patients treated in their own home or closer to home in existing community or general practice facilities
- Higher number of patients with more complex needs treated in community beds.
- No difference in the level of provision or the clinical outcomes delivered regardless of the day of the week
- Overall mortality rates across the health and social care economy will be at or below average and there is no excess mortality for patients admitted at weekends
- All professionals will be able to access, view and contribute to care plans for people with existing conditions in which emergency care is a predictable need, subject to proper information governance, data protection and patient agreement

This strategy for Bristol has been developed through an inclusive partnership between commissioners and providers of health and social care across Bristol. A key strength is that this is not just a commissioning strategy, but also a strategy that supports our priorities for shaping future service development and transformation through 2014/15 and beyond.

**Organisations working together on the development and delivery of this strategy**

- Bristol Clinical Commissioning Group (CCG)
- NHS England (NHSE)
- Bristol City Council (BCC)
- University Hospital Bristol NHS Foundation Trust (UHBristol)
- North Bristol NHS Trust (NBT)
- Bristol Community Health (BCH)
- Avon & Wiltshire Mental Health Partnership (AWP)
- BrisDoc
- South West Ambulance Service Trust (SWASFT)
- NHS 111

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## Executive Summary

This document sets out our vision and details our strategy for the future of urgent care in Bristol. Underpinning the strategy will be a programme for implementation, in order to make the strategy a reality for the local population, and to deliver the required changes. The strategy will run from 2015 until 2020, by which time we will have made a radical difference to the way in which urgent care services are delivered and accessed in Bristol.

In order to deliver our strategy we have agreed three strategic underpinning principles, which align with our ambitions under Better Care Bristol; a programme to deliver improvement in and integration of services across the whole system of adult health and social care, to make a real difference to service users, and to reduce costs to enable more investment in community services. These principles are:-

- Admission prevention and avoidance – Enhance out of hospital urgent care services and focus on routine care so unnecessary emergency admissions can be avoided wherever possible
- Provide the right care, at the right time, in the right place – Give people the best care in the appropriate place within the fastest time possible
- Effective patient flows – Promote rapid discharge to the most appropriate place for recovery in a planned manner, to reduce length of stay and excess bed days

We recognise that the urgent care system in Bristol is complex and the number of different entry points can be confusing to people, at a time when they need it to be simple. We recognise that our role as system leaders and providers is to remove this confusion and present the community with a straightforward set of options that are easy to navigate. This will require us to make changes to the structure of the existing services, including enhancing some services and reducing or stopping others when they are no longer appropriate. We have finite resources available with which to deliver sustainable services. We believe that by delivery of our strategy we will improve services, deliver a more effective system and reduce the current cost.

Bristol, in recent years has seen a pattern of increasing ED attendances, 999 calls, GP appointments and emergency admissions. We have seen some reductions in GP referred emergency admissions delivered by the GP Support Unit service that is located in the Bristol Royal Infirmary; a service that further supports community GPs and their patients to access treatment and diagnostics in the acute hospital without the need for emergency admission, where the patient's condition permits. This service has been in place under different guises for the last 6 years, but a procurement undertaken in 2013 saw the service integrated with Bristol Royal Infirmary Ambulatory Care Unit with dedicated nursing and hospital consultant

support.

We need to make changes for our system to be sustainable and to manage the demographic changes, which show that over the life of this strategy the population aged over 65 is expected to grow by 8%, an additional 4,500 people. [1]. If we don't change the way we provide services and work in a more integrated way, the number of emergency admissions for those aged 75 and over, is likely to increase to more than 11,400 a year by 2020. *(Page 28-32 shows population growth statistics).*



## Chapter 1 – Introduction

### Purpose of the Document

1. This strategy sets out in a single document, our future plans for the urgent care system in Bristol. Whatever the urgent or emergency need is and in whatever location, our aim is to ensure that our community has access to the best care from the right person, in the right place, and at the right time.
2. Quality and safety are at the heart of what we are aiming to deliver. The strategy sets out and defines our shared vision, strategic principles and ambitions for future urgent care in Bristol. The strategy identifies how we will work together across the local health and social economy and respond to the changing needs of our population.
3. Given the complexity of patient flows across different services, this strategy will reflect a ‘whole system’ approach across the acute, primary and community care and social services, recognising the need to develop a truly integrated health and care system to achieve this. In Bristol we have established the Better Care Bristol programme as a collaboration of all the main providers and commissioners across health and social care to work together to deliver integrated and seamless services.
4. Our strategy provides a framework for developing our partnership approach and providing excellent urgent care practices to ensure services are relevant and responsive for those people with urgent needs.

### What is Urgent Care?

We have defined urgent care in this strategy in the following way:-

1. Urgent and emergency care is a range of health services available to people who need medical advice, diagnosis and / or treatment quickly and unexpectedly.
2. People using services and their carers should expect to be able to access essential, high quality, consistent advice, review and treatment 24 hours a day, seven days a week – 24/7.
3. An effective urgent and emergency care system should be:-
  - patient / user focused
  - delivering good clinical outcomes
  - delivering good patient experience
  - timely
  - right the first time

- available 24/7 at a consistent standard

### **Our Vision for Urgent Care**

1. All partners in the Bristol health and social care economy have agreed our vision. It has informed all our work recently, including our Better Care Bristol, Organisational Resilience and Capacity Planning and Organisational Operational Plans.
2. The Bristol Urgent Care vision is:-

Patients can expect high quality care based out of hospital with support from the right people for example GPs, nurses, therapists, social workers, volunteers, and paramedics. When required these staff will have access to specialist advice, investigations and treatment. Where the patient's care is best supported by treatment in hospital this will be consultant led with a clear plan of care. Discharge planning will commence at the time of admission to support safe and timely return to the patient's normal place of residence and if further care is required this will be provided out of hospital. All individuals providing care will have access to the relevant patient information to deliver the most appropriate care.

3. Delivery of our vision will require integration across our urgent care system to transform traditional pathways of care, reduce duplication and improve sharing of relevant information and be cost effective and sustainable.

### **Principles of working together:-**

1. As a health and social care economy, we have established three principles that all partners have signed up to as our guide for service development and transformation across urgent care pathways.
  - **Admission prevention and avoidance:** Enhance out of hospital urgent care services including primary care to avoid emergency admissions wherever possible. To achieve this we will develop effective and simplified alternatives to hospital admission, which will be available seven days a week. This is especially important for patients and their carers with complex needs and those with chronic illness.
  - **Right care, right time, right place:** Treat people with the best care in the right place, as quickly as possible. To achieve this we will simplify our urgent care system to enable patients to access expert diagnosis and assessment in the setting that is most appropriate to their clinical

needs. Senior clinical decision making will take place as early in the patient journey as possible, seven days a week. This will include effective sharing of information and high quality communication.

- **Effective patient flow:** Promote rapid discharge to the most appropriate place for recovery in a planned manner. To achieve this we will focus on planning discharge and supporting patients to leave hospital seven days a week. Effective discharge planning can reduce length of stay and readmission and is therefore a vital element of emergency care. A safe supported discharge relies on the effective integration of primary, community, secondary and social care services, which should be available seven days a week including out of hours periods.

## Strategic Aims

Whilst the principles outline **how** we will work together, the strategic aims will identify **what** we intend to do. These have been identified and agreed by all partners and endorsed by the Health and Wellbeing Board for Bristol.

1. **Aim:** To create a system which is straightforward for patients to know which option is the right one to choose in an urgent care situation.
  - **What does this mean:** We will ensure patients and their carers know which option is the right one for their condition and that they are then able to access that option easily to help reduce pressure on our emergency departments. Recent national studies have suggested that between 15-40% of patients who attend A&E departments were discharged requiring no treatment and could have been treated in the community rather than as an emergency case in hospital [2]. Despite the inconsistency in the findings, these results are useful as an opportunity to design services fit for the future. Of the 15%, the largest subgroup was young children presenting with symptoms of minor illness. Also, the A&E brand is so strong that it is seen by many as the first port of call before an out of hours GP service, urgent care centre or a minor injury unit outside general practice opening hours. 40% of attendances by children in A&E in 2013-2014 resulted in no treatment or dispensing of medicine [3].
  - **What we will do:**
    - Design a simplified system with fewer access points, greater co-ordination across pathways and between providers supported by more effective information sharing
    - Empower and facilitate patients and their carers to self-care and to take control of their own healthcare management by improved access to information and relevant services

- Work with appropriate support groups, target community wide education and information campaigns to raise awareness
- Obtain feedback following inappropriate use of services to share learning and inform changes. This will include enabling individuals to understand the choices they made and the alternative options available to them

- **What will success look like:**

- An overall reduction in the number of unnecessary ambulance call outs and ED attendances, particularly those that are considered inappropriate or from people presenting with primary care manageable conditions
- An increase in the use of services such as pharmacies and walk-in centres and urgent care centres which will treat patients with a higher level of medical complexity. A clinically supported NHS 111 service will link people directly into the service/care that they need.

**2. Aim:** To put primary care at the heart of urgent care provision

- **What does this mean:** General practice, supported by effective community services, provides the majority of urgent care. General practice will lead the coordination of care for the majority of patients. Small changes to improve access to primary care supplemented by an investment in integrated community services will have a significant effect on ED attendances, hospital admissions, length of stay, discharge and readmission rates. Access to primary care, particularly GP services, will need to be improved through a more integrated approach with out of hours services.

- **What we will do:**

- Provide more primary and community care closer to home
- Have integrated service models to provide seamless care for patients and their carers that are led by primary care and supported by hospital based specialists

- **What will success look like:**

- Joined up care for patients
- Reduction in unnecessary hospital admissions

3. **Aim:** To ensure that patients are only admitted to hospital when necessary and only stay in hospital as long as is clinically appropriate

- **What does this mean:** Providing appropriate access to admission avoidance support for ambulance paramedics, emergency department doctors and general practitioners will help to ensure that patients and their carers can be directed to the right treatment or support immediately, rather than travelling through the whole urgent care pathway before ending up in the correct place.
  
- **What we will do:**
  - Expand provision of telephone specialist advice for GPs and other healthcare professionals through a single point of access supported by shared understanding and risk sharing
  - Invest in community services such as rehabilitation, enhanced care teams, and other community based admission avoidance schemes
  - Ensure early consultant assessment and interventions take place to ensure that patients start on the right pathway of care as soon as possible
  - Ensure there are 7 day consultant reviews to support rapid discharge
  - Implement effective discharge planning at the point of admission
  - Improve automation of discharge processes including pharmacy, patient transport bookings and communication
  - Ensure effective sharing of information and improved communication
  
- **What will success look like:**
  - Fewer emergency admissions, more emergency adult patients on planned ambulatory care pathways being managed safely and efficiently on the same day avoiding admission to a hospital bed, shorter lengths of stay following an emergency admission and fewer patients waiting to be discharged when their medical care is complete
  - More appropriate community service in place during out of hours, providing an effective response to a crisis in health or provision of care
  - Delayed transfers of care kept to a minimum

4. **Aim:** Enhance and transform urgent care pathways, including better use of the full range of community and social care services.

- **What does this mean:** Effective community and social care services working with primary care and the ambulance service will ensure that patients and their carers are supported in their own home, or as close to home as possible.
  
- **What we will do: -**
  - As a system, support the ambulance service to deliver their vision to be an emergency healthcare provider, supporting increased use of “hear and treat” and “see and treat” options as an alternative to taking a patient to hospital
  - Improve access to information and care plans and improve communication between the professionals involved in care
  - Improve access to diagnostics and specialist advice to support an appropriate decision to admit to hospital rather than “admit to investigate”
  - Implement “discharge to assess” through ensuring that patients who are unable to readily return to their normal place of residence and who require an ongoing assessment and rehabilitation are transferred to an appropriate community setting for their assessment rather than receiving that assessment whilst in an acute hospital bed
  - Develop community medical leadership that supports delivery of a sub-acute model and safely enables patients with a higher level of clinical risk to be managed in a community setting
  - As part of the Better Care Bristol programme we will work to deliver real whole system change for our health and social care economy to provide an appropriate level of care in community settings, enabling us to keep people in their own homes for as long as possible. This means, for example, focussing on avoiding inappropriate admissions or long term placements, minimising length of stay and providing effective care co-ordination
  
- **What will success look like:**
  - All complex or frail patients will have a care plan that is easily accessible to the patients themselves and all those involved in their care
  - More patients treated in their own home or closer to home in community facilities
  - Higher numbers of patients with more complex needs will be managed in community beds
  - Community teams are enabled to assess patients’ further needs in

the most appropriate place for recovery following an admission to hospital to support timely discharge

**5. Aim:** Ensure seven day service provision with equitable outcomes

- **What does this mean:** Nationally, it is recognised that we need to improve equitable outcomes and delivery. To support this, the NHS needs to move towards a system of seven day services and the priority should be improving diagnostics (e.g. X-rays and blood tests) and securing robust, high quality urgent and emergency care.
- **What we will do: -**
  - Implement a whole system approach to ensure access to all essential services consistently over the course of a week
  - Enhance seven day provision in primary care and improve access to urgent primary care appointments including improved integration with out of hours primary care
  - Consultant and middle grade doctor cover in key hospital speciality areas over the seven-day week
  - Ensure that there are daily medical ward rounds as standard across all bedded units and, where appropriate, multiple day ward rounds to facilitate timely discharges
  - Provide seven day access to health and social care assessments
  - Ensure that access to care homes and transitional care is available seven days per week
- **What will success look like:**
  - No difference in the clinical outcomes for patients delivered in emergency and urgent care, regardless of the day of the week
  - Overall trust mortality rates at or below the national average
  - No excess mortality for patients admitted at weekends

**6. Aim:** Share information more effectively to support improved patient care

- **What does this mean:** Ensuring that relevant information is shared by all professionals involved in the care of a patient is critical to effective and safe service delivery. This is reliant on consistent electronic clinical data recording and better integrated IT systems so that patients are not repeatedly being asked for the same information by different organisations.
- **What we will do: -**
  - Introduce a system to integrate existing emergency care records and ensure that all relevant professionals can see all necessary




- records when emergency care is required
- Implement a consistent IT strategy across all GP practices in Bristol and ensure that appropriate access to the records held in primary care is available to other practitioners who will legitimately require access to provide high quality safe care
- Build on opportunities created to join up information through the “Connecting Care Programme”, to deliver a detailed, local shared patient record that pulls together health and social care information providing a holistic view to facilitate improved care provision and clinical decision-making
- Ensure that care plans can be accessed by all appropriate practitioners so all can see what actions should be implemented during predictable urgent care episodes
- Ensure that discharge summaries following an emergency episode are accurate, timely and relevant from hospitals to the patient’s own GP

• **What will success look like:**

- Where necessary ED, ambulance and enhanced care team staff can view essential records on GP systems as part of their routine treatment.
- All professionals will be able to access and view care plans for people with existing conditions in which emergency care is a predictable need.

**Successful Delivery of these aims**










1. Successful delivery of these aims will underpin the three steps to better urgent care, and in turn deliver the agreed vision for the health and social care economy. The table below maps out the link between our aims and three principles.

<b>Mapping of strategic aims to three principles</b>	<b>Avoid Admission</b>	<b>Right Place, Right Time</b>	<b>Improved Patient Flow</b>
<b>Create a system which is simple for patients and their carers to know which option is the right one to choose in an urgent care situation</b>			
Design simplified systems with fewer access points, greater co-ordination across pathways and between providers supported by more effective information sharing			



Improve awareness and access to preventative and self-care services in the community, particularly for the elderly and people with mental health needs	✓	✓	
Work with appropriate support groups, target community wide education and information campaigns to raise awareness		✓	
Obtain feedback following inappropriate use of services to share learning and inform changes		✓	
<b>Put primary care at the heart of urgent care provision</b>			
Provide more primary and community care closer to home	✓	✓	✓
Have integrated service models to provide seamless care for patients and their carers that are led by primary care and supported by hospital based specialists	✓	✓	✓
<b>Ensure that patients are only admitted when necessary and only stay as long as is clinically appropriate</b>			
Expand provision of telephone specialist advice for GPs and other health care professionals through a single point of access	✓	✓	
Invest in community services such as rehabilitation, enhanced care teams, step up facilities and other admission avoidance schemes	✓	✓	✓
Ensure early consultant assessment and interventions to ensure that patients start on the right pathway of care as soon as possible	✓	✓	✓
Ensure seven day consultant reviews to support rapid discharge	✓	✓	✓
Implement effective discharge planning in advance			✓
Improve automation of discharge processes including pharmacy; patient transport bookings and communication			✓
<b>Enhance and transform urgent care pathways, including better use of the full range of community and social care services</b>			
As a system, support the ambulance service to deliver their vision to be an emergency healthcare provider, supporting	✓	✓	✓

increased use of “hear and treat” and “see and treat” options as an alternative to taking the patient to hospital			
Improve access to diagnostics and specialist advice to support an appropriate decision to admit rather than “admit to investigate”	✓	✓	✓
Implement “discharge to assess” through ensuring that patients who are unable to readily return to their normal place of residence and who require an ongoing assessment and rehabilitation are transferred to an appropriate community setting for their assessment rather than receiving that assessment whilst in an acute hospital bed			✓
Develop community medical leadership that supports delivery of a sub-acute model and safely enables patients with a higher level of clinical risk to be managed in a community setting		✓	✓
Working jointly to review and redesign adult health and social care to more effectively support the urgent care system	✓	✓	✓
<b>Seven day service provision with equitable outcomes</b>			
Implement a whole system approach to access all essential services consistently over the course of a week	✓	✓	✓
Enhance seven day provision in primary care and extend access to urgent primary care appointments	✓	✓	
Deliver consultant and middle grade doctor cover over a seven day period in key speciality areas		✓	✓
Ensure that there are daily medical ward rounds as standard across all bedded units and where appropriate multiple day ward rounds are undertaken to facilitate timely discharges			✓
Provide seven day access to health and social care assessments	✓		✓
Ensure that access to care homes and transitional care is available 7 days per week	✓		✓

<b>Share information more effectively to support improved patient care</b>			
Introduce a system to integrate existing emergency care records and ensure that all relevant professionals can see all necessary records when emergency care is administered			
Implement a consistent IT strategy across all GP practices in Bristol and ensure that appropriate access to the records held in primary care is available to other practitioners who will legitimately require access to provide high quality safe care			
Build on opportunities created to join up information through "Connecting Care Programme"			
Ensure that care plans can be accessed by all appropriate practitioners so all can see what actions should be implemented during predictable emergency			
Ensure that discharge summaries following an emergency episode are accurate, timely and relevant from hospitals to the patient's own GP			

## Chapter 2 –Current Urgent Care System

### Urgent care in Bristol

1. The Bristol urgent care system is complex and contains a number of different services, which operate at different times. We recognise that this needs to be simplified to ensure that users can make an informed choice regarding the best service for them or their families. A key component of our strategy is to help ensure that this is delivered.

*Please see attached maps (Appendix 1 & 2)*

2. We have a wealth of services available to the people of Bristol and these services support the current urgent and emergency care system across the city. These are summarised below:-

- Pharmacies - 98
- General Practices – 55
- Walk In Centre
- GP Out of hours service - accessed through NHS 111
- NHS 111 non-emergency medical advice service
- Minor Injury Unit
- South Bristol Community Hospital Urgent Care Centre
- Social care services
- Ambulance service
- Bristol Royal Infirmary, Bristol Royal Hospital for Children (children only) and Southmead (over 16 only) Accident and Emergency Departments (A&E) and MIU for Children

Service	What it does
<b>Ambulance Based Service</b>	
999 Ambulance Service	Care for people with serious, life threatening injury or illness at the place of illness or injury. Urgent transportation to hospital ED and other departments
Right Care – phases 1 & 2	<p>The Right Care Phase 1 initiative focussed on ensuring that patients receive the best possible care, in the right place, at the right time, delivered through a wide range of developments all aimed at improving the appropriateness of care given to patients.</p> <p>Right Care Phase 2 is based on the Ambulance Trust continuing to deliver an outcome of a reduction in the percentage of patients conveyed to Emergency Departments</p>

	<p>across the South West.</p> <p>The key elements of the Right Care 2 initiative are the following interventions that will be delivered after an appropriate assessment to preserve life, and support a person's clinical condition.</p> <ul style="list-style-type: none"> <li>• Hear and Treat – patient is provided suitable self-care advice and support to manage their needs in the home over telephone advice and appropriate 'signposting' to alternative services to ambulance transport and emergency department</li> <li>• See and Treat – On scene treatment with no onward transport (but with advice and if necessary, appropriate 'signposting' to alternative services)</li> <li>• Treatment and transfer onwards to;             <ul style="list-style-type: none"> <li>○ Primary Care Intervention (e.g. GP, Walk in Centre)</li> <li>○ Other community service as defined as appropriate by the CMS Directory of Services</li> <li>○ Non-Acute facility (e.g. Urgent Care Centres)</li> <li>○ Acute facility (e.g. Emergency Department)</li> </ul> </li> </ul>
<p>Patient Transport Service (PTS)</p>	<p>The PTS service is for non-emergency patients and their escorts who meet the eligibility criteria. These are journeys between their place of residence and healthcare facilities, and between hospitals. The place of residence is defined as any address specified at the time of booking, e.g. home, nursing home, hospice, hospital or treatment centre.</p> <p>PTS is only available for patients with a clear and genuine medical need.</p>
<p><b>Primary Care Based Services</b></p>	
<p>GP practices / Pharmacies / Dentists</p>	<p>Primary health care provides the first point of contact in the health care system. In the NHS, the main source of primary health care is general practice. The aim is to provide an easily accessible route to care, whatever the patient's problem. Primary health care is based on caring for people rather than specific diseases.</p>
<p>Walk In Centre (based in Boots the Chemist at Broadmead)</p>	<p>The walk in centre provides treatment for a range of illnesses and injuries by a team of experienced nurses. The service is available 7 days a week and you can walk in or book appointments. Opening hours vary Monday to Saturday 8am to 8pm and Sundays 11:00 - 15:30.</p>
<p>GP Support Unit for</p>	<p>The GP Support Unit (GPSU) is based in the Bristol Royal</p>

healthcare professionals	Infirmery (BRI). This service is run by GPs and manages patient admissions into the hospital by taking telephone referrals from GPs, ambulance crews and Emergency Department within local Bristol GP Practices who are seeking to admit a medical patient. The team of GPs organise investigations and seek alternative care pathways to provide the best possible patient care. This service is available twelve hours per day five days per week and limited hours during the weekend.
24/7 medical support and advice line for healthcare professionals	BrisDoc Professional Line - GP Support to healthcare professionals with advanced decision making skills to avoid unnecessary conveyance to hospitals.
Out of hours	Urgent primary care outside normal practice hours is accessible through NHS 111. GPs and nurses, who can offer telephone advice, face-to-face consultations, or home visits for patients who are housebound, provide this service. This service is available for treating conditions that cannot wait until your GP surgery reopens. These services are available from 18.30-08.00 weekdays, 24 hours a day over the weekends and Bank Holidays.
NHS 111	NHS 111 is a telephone triage service that makes it easier for the public to access local NHS healthcare services for medical help not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year.
<b>Acute Hospital Based Services</b>	
ED/A&E departments	Assess and treat people requiring immediate medical attention for serious illness or injury.
Medical Assessment Unit	The medical assessment unit is the first point of entry for patients referred to hospital as emergencies by their GP and those requiring admission from the Emergency Department.
Older Person Assessment Unit	This unit is set up to care for frail elderly patients who have specific care needs. It is managed by a multi organisational/multi-disciplinary team approach and aims to deliver high quality medical care and effective early discharge from Hospital.
Surgical & Trauma Assessment Unit	This receives direct GP referrals as well as patients transferred from the Emergency Department.
Eye Hospital Emergency Department	Assess and treat people requiring immediate medical attention for serious injuries or conditions that are specific to eyes.
GP Support Unit	The GP Support Unit (GPSU) is based in the Bristol Royal Infirmary (BRI). This service manages patient admissions into the hospital by taking telephone referrals from

	GPs within local Bristol GP practices who are seeking to admit a medical patient. The team of GPs organise investigations and seek alternative care pathways to provide the best possible patient care. This service is available twelve hours per day five days per week.
Ambulatory Care Unit	Ambulatory emergency care services provided in the Bristol Royal Infirmary based ACU, and in Southmead A&E
Primary Percutaneous Coronary Intervention Unit	This is a centre based in the Heart Institute at University Hospitals Bristol where procedures for the treatment of myocardial infarctions (heart attack) take place.
<b>Community Based Services</b>	
South Bristol Community Hospital	<p>South Bristol Community Hospital has taken on many of the services provided by the old Bristol General Hospital, which closed on 4 April 2012. University Hospitals Bristol is providing a number of services at South Bristol, listed below</p> <ul style="list-style-type: none"> <li>• Day assessment</li> <li>• Day surgery</li> <li>• Homeopathic medicine</li> <li>• Outpatients clinics</li> <li>• Radiology</li> <li>• Rehabilitation</li> <li>• Stroke service</li> <li>• Urgent care services</li> <li>• Dental community based teaching</li> </ul>
Urgent Care Centre (based at South Bristol Community hospital)	The urgent care centre deals with minor injuries and illnesses and is staffed by experienced nurses who can treat both adults and children. X-Ray facilities are available. Patients can visit the urgent care centre without an appointment and it is open 8am-8pm every day of the week.
Equipment Service	This service provides equipment for patients at home or going home and needs to be ordered by qualified staff.
Early supported discharge team	This team works from the stroke wards at both the acute trusts to support early discharge.
Mental Health Crisis Service	This service is available 24 hours a day 7 days a week and can be accessed by anyone via a single telephone number.
Crisis Sanctuary	This service is available from Thursday to Monday 7pm till 2am and provides a safe space out of hours for those who are experiencing high levels of emotional distress or “pre-crisis”. Accessed by self-referral.
Care Home Liaison Team	Group of professionals who work with the care home staff to support them to manage individuals with dementia/functional illness to enable them to stay in their usual place of

	residence. Professional referral.
Assertive Engagement Service	This service is provided by AWP and works with individuals on an outpatient basis. This service aims to support individuals who have chaotic and complex issues including drugs, alcohol and homelessness.
Intermediate Care Rapid Response	Rapid response responds within 30 minutes onwards for individuals over the age of 16 years to support them to remain at home. This is for people who have an acute health crisis that does not required hospital treatment.
Admission Avoidance Beds	The rapid response team accesses these beds to offer alternative support to individuals who require temporary additional support. <ul style="list-style-type: none"> <li>• 3 admission avoidance beds at St Monicas</li> <li>• 4 admission avoidance beds at South Bristol Community Hospital</li> </ul>
Intra Venous(IV) Therapy Service	The IV Service supports patients to receive medication via an IV route up to three times per day for a time limited period. The team will initiate treatment in conjunction with GPs and other medical staff and start treatment. They also support other health professionals to undertake the intervention as prescribed.
Falls Service	A service which will respond to individuals who have fallen and not sustained an injury to help them off the floor. This service can be accessed by the community team and ambulance service.
Night sitting service	Rapid response can access this service to sit with individuals at home.
<b>Social Care Based Services</b>	
Approved Mental Health Professional Service.	Provides urgent mental health assessments during office hours by relevant professional. Direct referral. Out of Hours through Emergency Duty Team (SGCC).
Reablement and Out of Hours Home care	This service provides a 24/7 response to alarm calls generally for individuals who have fallen. It also responds to carers card requests where capacity allows and this may include night sits or scheduled visits to replace carer input if the carer has gone into hospital, for example.
Immediate Response Team	This team provides urgent social care assessments and support planning including day and night support via Care Direct during office hours.

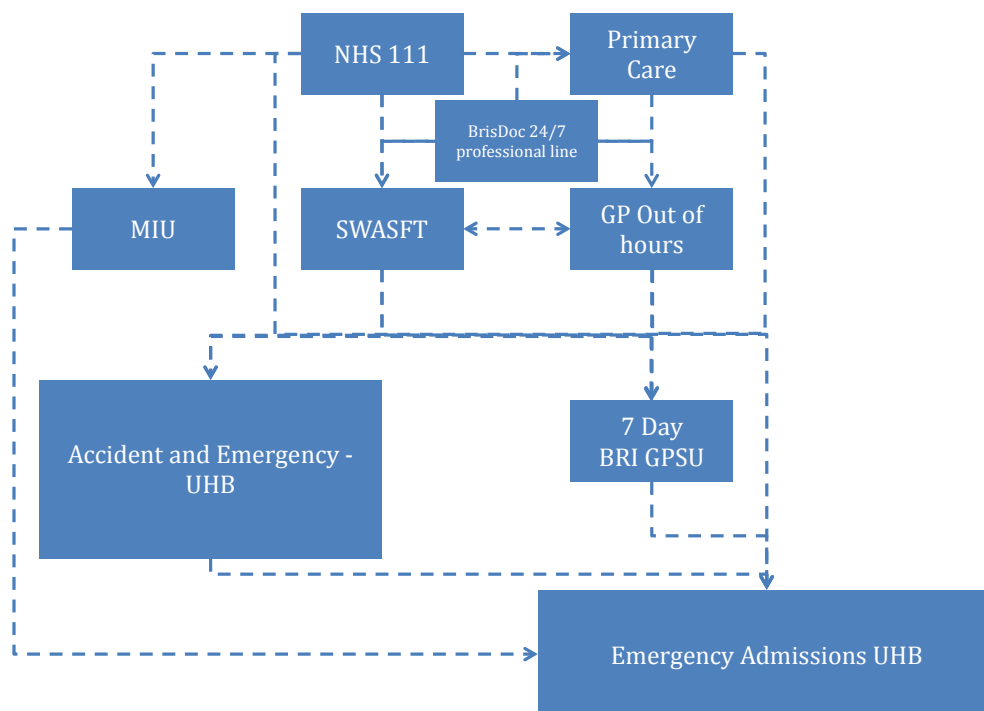


It is clear that there are a number of challenges, which are highlighted in the table of service provision below:

### Service Provision Challenges

- Multiple and often confusing access points in an urgent or emergency situation
- Potential for multiple transfers and ineffective use of some key community facilities
- Poor integration in some areas across, primary, community and acute services, particularly during times of care transition
- Little focus on prevention and self-care alternatives
- Lack of consistent clinical accountability for care on transfer between organisations
- The need for improved pathways of care, not more services

**Figure 1: Bristol urgent care system**



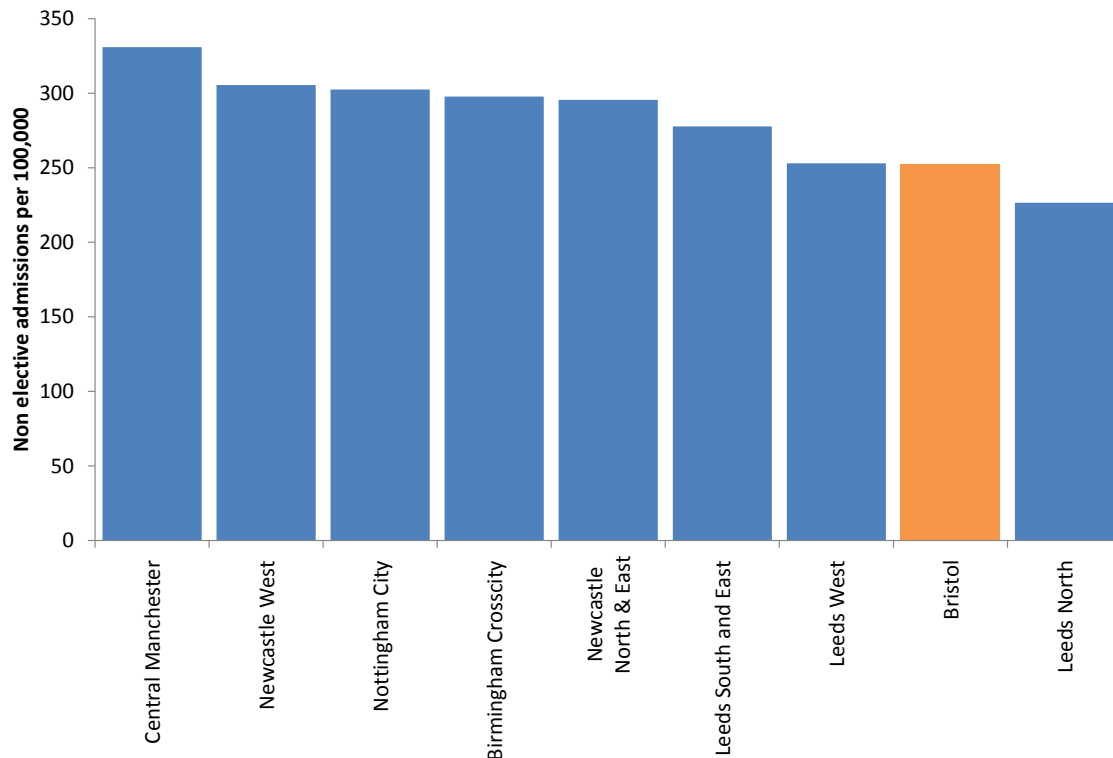
## **Urgent Care Funding**

1. With the development of Better Care Bristol and the drive towards integration, our ambition is to drive a significant shift in the focus of resources on urgent care away from acute hospital based care towards care based in people's home or their local community where it is safe to do so.
2. Acute hospital care will only be used for patients it would not be possible to care for safely and appropriately in a community setting or other environments. Whilst this type of transformation will take many years to achieve, over the life of this strategy we would like to make a significant shift towards this.

## Our Local Population and Activity Trends

1. Overall Bristol has a low level of emergency admissions compared to other parts of the country and the overall number of emergency admissions has not increased as fast as in many other parts of the United Kingdom.

**Figure 1: Non-elective admissions for people aged 65+ per 100,000, 2013-2014**



Source: (Dr Foster Intelligence)

2. However, we have identified particular groups of people that our future model of delivery will need to specifically focus on. These are:-
  - **Younger Age Groups** - 11% (4,343) of emergency admissions for people in Bristol were for patients aged under 16 [1].
  - **Frail and Complex** – Demographic changes will place enormous pressure on the urgent care system in future. Forecasts suggest that there will be a 60% increase in emergency admissions among in the 75+ age group in the next 11 years. Whilst this age group only accounts for 13 % of our population, they account for 37% of our emergency admissions [5].

- **Preventable Admissions** – Almost 20% of emergency admissions are classified as ambulatory care sensitive conditions, which should be treatable without the need for an admission. Bristol has a significantly lower rate of admissions for ambulatory care sensitive conditions compared with the rest of England in 2013-2014 [NHS England].

### **Primary Care**

1. Nationally, the overall primary care consultation rate increased from 3.9 consultations per person per year in 1995/6 to 5.5 in 2008/9. This is projected to hit 6.4 during 2015/16. For a population of 437,000 people this is equivalent to a rise from 1.1m to 2.8m over 20 years – an increase of 156% over 20 years [4].
2. The GP patient survey has indicated a positive association between high satisfaction with practices and lower ED attendance rates and conversely a strong correlation between poor access to general practice and high ED use.

### **Out of Hours**

1. BrisDoc responds to around an average of 10,222 out of hours calls from patients per month. Around 10% of those calls result in a GP visit, 27% advice and guidance and the rest are offered appointments at a primary and community care centre.
2. Improving integration and handover between in-hours, out of hours and other local urgent care services will be a key priority, in particular with regard to the focus on sharing critical information more effectively across the system.

### **Ambulance Service**

1. There was a steady increase in the number of incidents reported to the ambulance service, rising from 60,642 in 2010/2011 to 67,889 in 2013/14, an increase of 6%. This trend has continued in 2014/2015 [5].
2. The proportion of incidents resulting in an emergency response has also risen by 6.38% between 2010/2011 and 2013/2014 [5].

### **Urgent Care Centre**

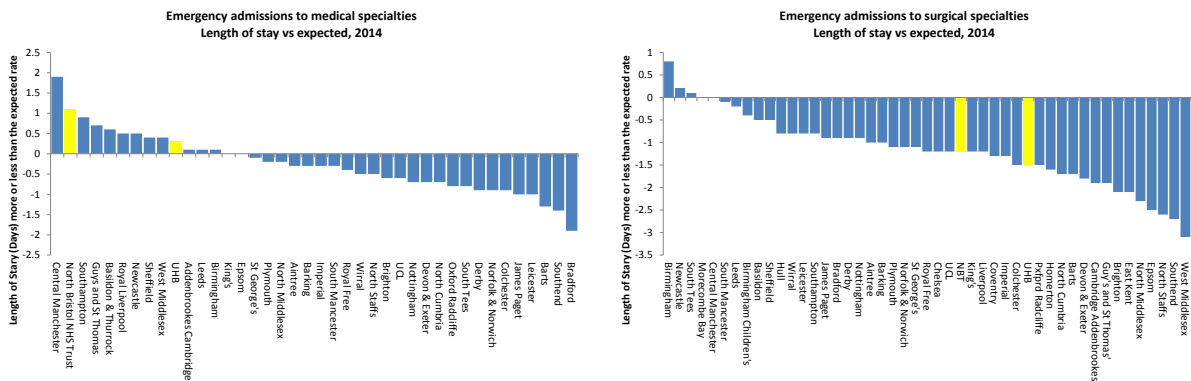
1. Bristol has an urgent care centre operated by Bristol Community Health at the South Bristol Community Hospital. At present it sees an average of 1153

attendances every week<sup>1</sup>. The trend is remaining relatively steady in the past two years.

### Emergency Attendances

1. A&E attendances for patients from the Bristol CCG area have continued to rise in numerical terms, but the rate within the population has declined. In the period between April and October 2014 there were 78,697 attendances for Bristol patients at A&E [5].
2. The figure above is 3.6% higher than the same period in 2013. However this is an increase of only 0.02% as a directly standardised rate for the same period.

### Comparison of lengths of stay for emergency admissions.



These graphs show the difference between expected and actual length of stay for emergency admissions to medical and surgical specialties in university hospitals (i.e. large acute hospitals) between January and December 2014, sourced from the Dr Foster benchmarking tool.

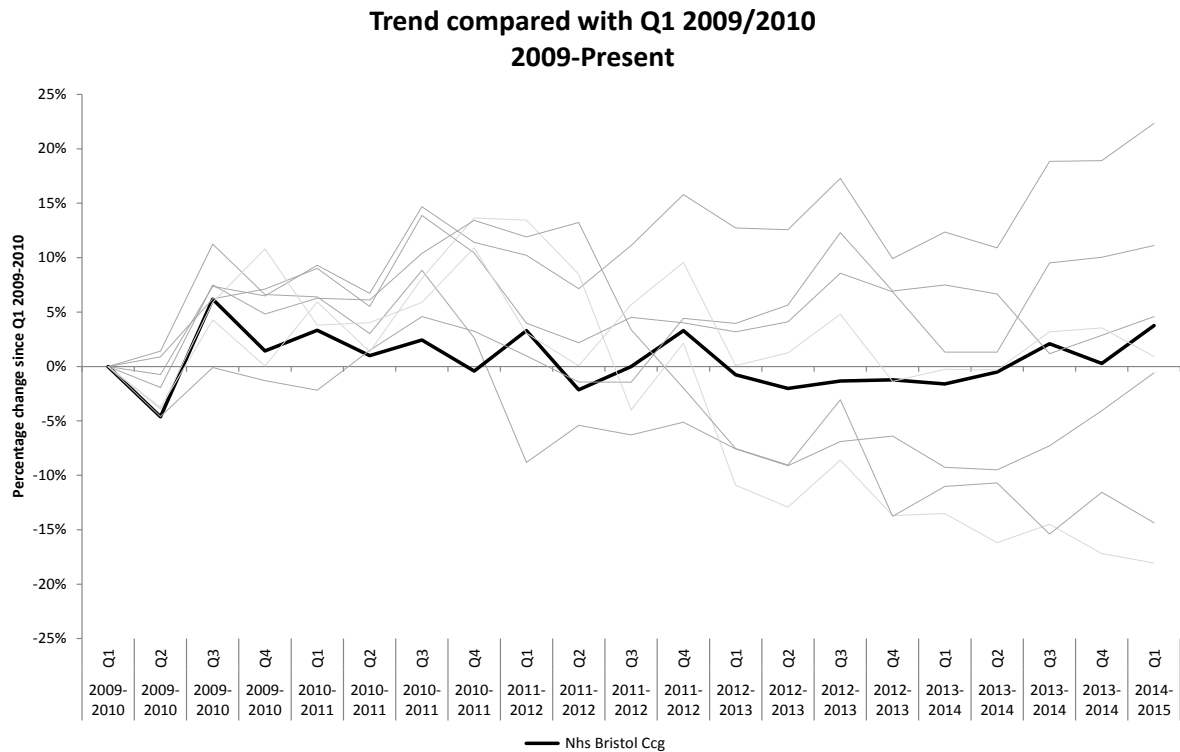
This tool calculates the expected length of stay adjusted for case mix if the rate was the same as it was for all hospitals in England. If a hospital has a length of stay above the axis then the average length of stay is higher than expected. From the data above it can be seen that both of Bristol’s large hospitals (highlighted in yellow) have higher than expected lengths of stay for medical admissions – quite different to other similar hospitals in England. The picture is much better for emergency admissions to surgical specialities with lower than expected lengths of stay in line with most similar hospitals in England. (Dr Foster Intelligence).

<sup>1</sup> Weekly Sitrep data, HSCIC.

## Emergency Admissions

1. According to NHS comparators, the NHS Bristol standardised emergency admission rate is amongst the lowest compared to the NHS core cities in 2012-2013. (NHS England)
2. However there will be key challenges in the future as a result of the changing demography and population growth across the two ED sites (University Hospitals Bristol and Southmead Hospital) where we see around 39,251 emergency admissions per year. (South Central and West CSU)
3. Emergency admissions have increased year on year from 19,680 in the first six months of 2010/2011 to 20,186 in the same period in 2014/15. (South Central and West CSU)

**Figure 2: Emergency admissions for NHS Core cities compared with Q1 2009/2010**



Source: (Dr Foster Intelligence)

4. In the period between April and October 2014 there has been an increase of 1500 additional emergency admissions via A&E [5].

5. While there has been relative stability in emergency admissions for some years, the increasing numbers of older people within Bristol may present a longer term challenge to maintaining Bristol's current low rates.

## Community Services

1. There are 195 community beds across Bristol. University Hospitals Bristol manages 53 of these beds at South Bristol Community Hospital. 131 beds in the community (not including 8 social care interim beds) admitted 651 patients between January and November 2014. These beds are used flexibly especially at times of pressure to support the flow of patients through the whole health and social care system.

<b>Beds</b>	<b>Services</b>
NHS funded out of hospital (OOH) beds	52 NHS funded out of hospital beds. These are for patients who are medically fit for discharge but require continuing discharge planning assessments. There were 171 admissions from January to November 2014 with an average length of stay of 35 days.
Residential Rehab Centre beds	40 rehab beds managed by Bristol City Council and assessed via the Community Discharge Co-ordination Centre. These are for patients who have rehab needs, which can be met in a non-acute setting. There were 182 admissions with an average length of stay of 36 days from January to November 2014.
Nursing Home Rehab beds	13 rehab beds overseen by the Community Discharge Co-ordination Centre. There were 62 admissions with an average length of stay of 57 days from January to November 2014.
End of Life Care community beds	13 End of Life care beds managed by Palliative Care Home Support. These beds are used for patients in receipt of Continuing Healthcare Fast Track funding. There were 85 admissions with an average length of stay of 36 days from January to November 2014.
Admission Avoidance beds	6 beds managed by the Rapid Response team. These are for people in the community who cannot remain at home and require urgent care but



	not in an acute setting. There were 85 admissions with an average length of stay of 10.75 days from January to November 2014.
Social Care Resource beds	10 beds managed by Social Care. This is a council run reablement centre. There were 66 admissions with an average length of stay of 41 days from January to November 2014. There will be an additional 5 beds from January 2015.
Social Care Interim beds	8 beds managed by Bristol City Council.

### What does it mean for Bristol?

1. Bristol CCG is committed to providing high quality and fit for purpose services for its population at all times. To achieve this requires examining our approaches to accommodate a number of key challenges.

These include:

- **Attracting and retaining a qualified and sustainable healthcare workforce in all staff groups.** Creating and supporting the workforce required to delivery future demands will be top of the list of priorities.
- **Ensuring high quality, safe and clinically sustainable services,** which meet required standards of care and are safe 24/7. This means having the appropriate infrastructure to support our new ways of working.
- **Dealing with demography:** While at present Bristol has a relatively young population, compared with local health geographies, the increasing numbers of older people may present a challenge to sustainability in the longer term. In addition, proactive approaches to prevent risk behaviours amongst the large proportion of younger people will be required.
- **Achieving greater integration of care:** We need this to remove the fragmentation of services across primary, community, social and acute care that leads to patients being forced to move between beds, teams and care settings with inadequate communication and information.

- **Developing Transformation Capacity:** Creating the conditions to deliver large-scale system organisational change whilst engaging staff that provide services on a day-to-day basis will be a significant challenge.

## Chapter 3 – The Case for Change

### National Context – The Keogh Review

The inability of emergency departments nationally to meet the 4-hour waiting time target in the early months of 2013 reflected the ever-greater demands that are being placed on the emergency care system.

The problems that have manifested themselves within emergency care cannot be attributed to any one factor within the system and most certainly cannot be attributed to inefficiencies in the emergency departments. Emergency departments are a barometer of the efficient operation of the whole local health and social care economy and are the place where failings in the efficient operations of the whole system materialise very quickly. What has been identified is the broader challenge resulting from the fragmented provision of emergency and urgent care and a structure that is confusing to patients.

Emergency Departments remain the default option for many patients. The rise of 40% in emergency admissions, between 2003/4 and 2010/11 has been attributed to a number of factors including a rise in the number of frail elderly people, increasing morbidities, more treatable illnesses and increased public expectation of healthcare. All of these contribute to ever-greater pressure on health and social care services, an increase in short stay admissions and an increase in emergency re admissions.

Nationally, there is high demand in the system, for example last year there were:

- 5.2 million emergency admissions
- 21.7 million attendances at ED departments, MIUs and UCCs
- 6.7 million emergency ambulance journeys
- 24 million calls to NHS urgent and emergency care telephone services

The evidence base from the “Urgent and Emergency Care Review – June 13 sets out to review the urgent and emergency system in England and draws out evidence to illustrate the main challenges it currently faces. Starting with overall patient experience it highlights issues within each part of the urgent and emergency care system in the order of the perceived levels of patient need that it addresses:

- Self-care and self-management
- Telephone care
- Face to face care
- 999 emergency services
- Emergency Departments

The review has identified 12 system design objectives. These are set out below:

- Make it simpler for my family and me / carer to access and navigate urgent and emergency care services and advice
- Increase my or my family / carer's awareness of early detection and options for self-care and support me to manage my acute or long term physical mental condition
- Increase my or my family/carer's awareness of and publicise the benefits of phone before you go
- If my need is urgent, provide me with guaranteed same day access to a primary care team that is integrated with my GP practice and my hospital specialist team
- Improve my care, experience and outcome by ensuring early senior clinical input in the urgent and emergency care pathway
- Wherever appropriate manage me where I present (including at home and over the telephone)
- If it is not appropriate to manage me where I present (including at home and over the phone) take or direct me to a place of definitive treatment within a safe amount of time; ensure I have rapid access to a highly specialist centre if needed
- Ensure all urgent and emergency care facilities are capable of transferring me urgently and that the mode of transport is capable, appropriate and authorised
- Information, critical for my care is available to all those treating me
- Where I need wider support for my mental, physical and social needs ensure it is available
- Each of my clinical experiences should be part of programmes to develop and train the clinical staff and ensure their competence and the future quality of the service is constantly developed
- The quality of my care should be measured in a way that reflects the urgency and complexity of my illness

These are suggested outcomes, which should be delivered in any future urgent, and emergency care system taking a patient- centred focus, which we are fully committed to addressing.

## **Our Local Context**

We are developing our urgent care strategy in an economically challenging environment in which service delivery will significantly change over the next few years. There are a number of external and internal factors, which we explicitly need to take account of, some of which we recognise as risks or threats to our success. These include:

### **Financial Challenge for Bristol**

The financial challenge facing the Bristol health and social care economy is significant. Over the next few years, health and social care commissioners need to release savings from the existing health system to reinvest into more services closer to home and in the community working together.

Bristol CCG's draft financial plan shows that in order to meet our financial targets we need to make efficiency savings of circa £20m during 2015/16.

In 2015/16 this equates to circa £6m in urgent care, which will be achieved in the main by renegotiating some elements of our contracts and reducing emergency admissions, lengths of stay, excess bed days and overall unplanned activity within our hospitals to enable us to invest in more self-care and preventative care in the community.

### **Future of Acute Hospital Services in Bristol**

Commissioning high quality and accessible urgent care services is an important priority for Bristol CCG. Our urgent care focus aims to have the patient seen by the right clinician, at the right time in the right place. This includes providing more services in the community, with appropriate use of secondary care, maximising primary care access and managing patients in the most clinically appropriate cost-effective setting for their urgent care needs.

The NHS England Emergency Care Intensive Support Team (ECIST), invited by University Hospitals Bristol NHS Foundation Trust, undertook a system diagnostic of our urgent care system in the summer of 2014. The key recommendations from this review have been included within this strategy. The Urgent Care strategy will continue to be informed by the outcomes of this review and any other reviews undertaken for urgent care and revised accordingly.

The Care Quality Commission's 2014 inspection identified the need for all parts of the system to work together to improve patient care. This strategy builds on those recommendations.

## **Social Care Transformation**

The changing landscape of social care presents a number of significant threats for delivery of our Urgent Care Strategy in Bristol. The Council has faced real term cuts in social care budgets at a time when demographics suggest that increased funding and access to services is required. To support the efficiency challenge for the Council, the whole system is working jointly as part of our Better Care Bristol programme to ensure that we explore opportunities for more integration, joining up services and to remove duplication in the system and improve joint assessments.

We will look to develop more integration of health and social care where appropriate to support the delivery of an integrated system approach to urgent care. The exact model will be developed as part of the delivery of this strategy and our Better Care Bristol vision and ambitions.

The new Care Act consolidates all existing legislation under which adult social care is delivered and introduces reforms in funding and charging for care and support. The Care Act is to be implemented into two stages. In April 2015 changes in overall duties for wellbeing, assessment and eligibility come into effect. In April 2016 reforms of funding and charging for care will come into effect.

Adult social care will need to transform in order to meet these new statutory duties. Bristol has embarked on a new programme of work to transform social care. This is a major change programme over the next 2/3 years to ensure that the Council continues to offer high quality services that meet the requirement of the Care Bill and other national legislation, and contribute to resolving the Council's financial challenges.

The programme will review and reform all aspects of adult social care. It will result in new models of care that promote health and independence, increase choice and control and reduce the need for long term services by maximising the impact of investment in prevention and recover. This forms part of Better Care Bristol, which is a system wide programme focused around prevention, self-care, supporting people more effectively in the community, improved rehabilitation and reablement to support efficient discharge from hospital and enable people to go home as soon as they are medically fit to do so.

### **What will the future look like?**

#### **Local Context**

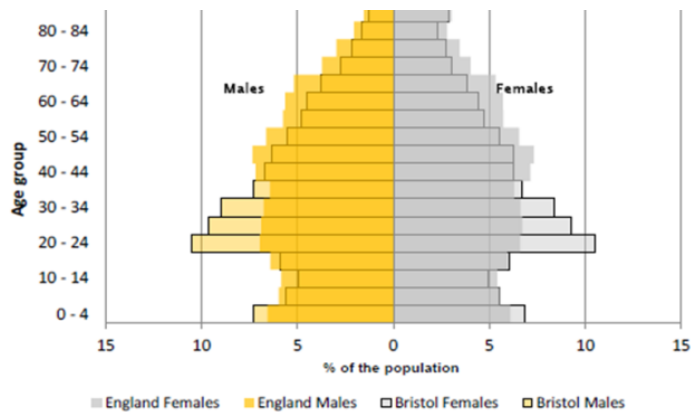
Bristol is the largest city in the South West and the seventh largest in the country. The resident population of Bristol CCG is 432,500 and is considerably larger than the average national CCG footprint of 261,000. This population is served by a total of 56 GP practices. These practices are grouped into 'localities'

with distinct local needs and ambitions.

## Bristol Population

In general, Bristol has worse health outcomes than England overall and much worse outcomes than neighbouring local authorities. Deprivation is higher than the national average. 60,665 people in Bristol live in areas that are amongst the most deprived 10% in England and 1,630 people live in the most deprived 1% of areas in England. 19,700 children live in poverty. Life expectancy at birth for females is similar to the national average but for males it is significantly worse.

Bristol has a resident population of 432,500 (mid 2012 ONS estimate), with 80,700 children under 16 (18.6% of the population), a working age (16-64 year olds) population of 294,600 people (68.1%), and 57,200 older people over 65 (13.2%). This is a significantly younger age profile than the national average.



16% of the Bristol population (68,640) describe their ethnicity as black or minority ethnic (BME), higher than the 14% average for England & Wales, and increased significantly from 8.2% in 2001.

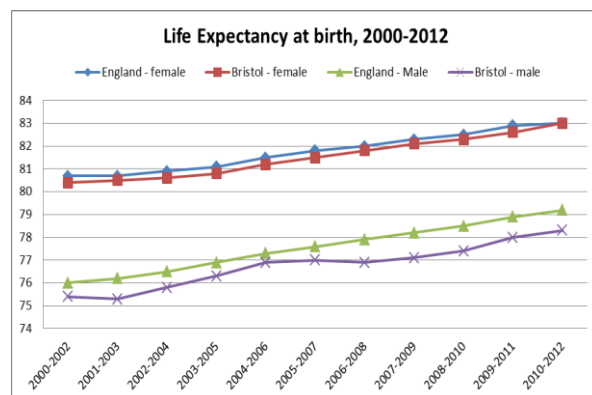
Across the city, by Bristol CCG locality, the BME population ranges from 7.4% in South Bristol and 12.1% in North & West to 30.6% in Inner City & Bristol East locality (shown separately as 21% East & 40% in the Inner City).

Within Bristol's over 65 year old population, only 5.2% (2,930 people) are from BME groups, compared to the all-age average of 16%, and for children (0-15), the Bristol average is 27.8% BME.

## Public Health Outcomes Framework 2013 ([www.phoutcomes.info](http://www.phoutcomes.info))

### Life Expectancy

Life expectancy at birth in Bristol is similar to national levels for females, but significantly worse for males (78.3 years v. 79.2 years). However, both male and female life expectancy does continue to



rise. For healthy life expectancy at birth Bristol's figures are lower than the England average but are not significantly different. There is an 8.4-year gap for males between the most deprived and most affluent areas in Bristol, for females it is 4.9 years.

### **Wider determinants of health**

Compared to England, Bristol does not perform particularly well on these outcomes; in particular many related to childhood – children in poverty, pupil absence, first time entrants to the justice system and 16 – 18 year olds not in education, employment or training.

### **Health Improvement**

Bristol's outcomes are mainly similar to England, however a number of outcomes are significantly worse: breast and cervical cancer screening rates are worse than the England average and are showing no sign of either improving. Bristol performs significantly worse than England for hospital admissions for injuries due to falls – both for people aged 65 – 79 and people aged over 80. Although hospital admissions for falls are high, hip fractures for the same age groups are lower in Bristol than in England as a whole.

### **Health Protection**

Bristol is significantly worse than England for uptake of a number of key vaccinations – Hib/Men C booster in 2 and 5 year olds, MMR, HPV and flu vaccination for at risk individuals. Flu vaccinations for people aged 65yrs+ are significantly better than England.

### **Healthcare and premature mortality**

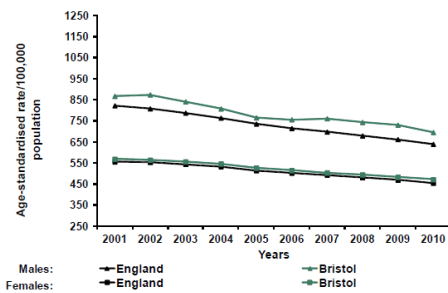
Bristol's premature mortality (under 75s) is worse than England for some causes, although overall premature mortality is falling. Premature cancer mortality, in particular for males, is significantly worse than England and shows no sign of catching up with the national average. Also premature mortality due to liver disease, in particular in males, is significantly worse than England.



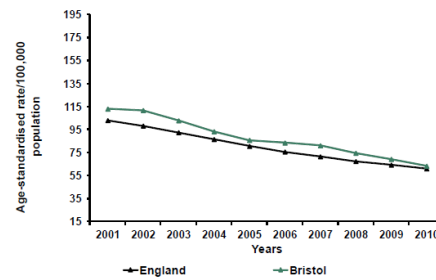
**Public Health England Health Profile 2013 ([www.healthprofiles.info](http://www.healthprofiles.info))**

All age all-cause mortality is falling, however, the gap between Bristol and England has not narrowed. Premature mortality for CVD has fallen and the gap between Bristol and England has almost closed. Premature cancer mortality has fallen slightly over the last ten years but the gap has not narrowed and Bristol is significantly worse than England.

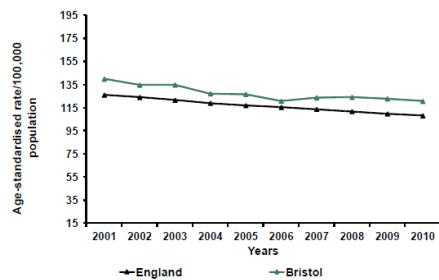
**Trend 1:**  
All age, all cause mortality



**Trend 2:**  
Early death rates from heart disease and stroke



**Trend 3:**  
Early death rates from cancer



Of the 32 indicators in the 2013 PHE Health Profile, Bristol is significantly worse than England on 13 of them (41%). Bristol is significantly better on 7 indicators (22%). The main areas of poor performance are hospital stays for self-harm, hospital stays for alcohol related harm (still rising), drug misuse, male life expectancy, smoking related mortality and premature cancer mortality (the main causes are lung cancer, breast, pancreas and oesophageal).

We know the current system is fragmented and difficult to navigate. The public's perception is that the Accident & Emergency Department can do everything and is the easiest way to access care. There is poor understanding of urgent care centres, out of hospital services and walk-in-centres, and this has led the public to feel confused about where to access the right services in a time of urgent need. It is our intention in Bristol to rationalise the myriad of options down to a lower number of easy to understand, and more importantly easy to navigate emergency care access points.

We know that sharing of patient information is poor as they move between different providers and this creates a significant challenge in providing care in an emergency resulting in patients often waiting longer, having repeated assessments and diagnostics and unnecessary duplication of care. Sometimes important information such as drug histories are simply not accessible at the time of urgent treatment. As well as creating delays and inefficiencies it also has a significant impact on the quality of care. It is our intention to ensure that all professionals that have a role to play in someone's care, can easily access all of the relevant information and medical history to enable effective provision of that care.

After several years of above inflation growth, supplemented with historically high levels of year on year growth, the NHS is now in its third year of limited growth. The Comprehensive Spending Review for 2015/16-2017/18 has confirmed that this funding freeze will continue into the medium term and that the level of 'challenge' involved will be proportionally bigger. This is particularly relevant for urgent care, which not only consumes a large proportion of health care sources, but because of the rapid increase in demand and expenditure. It is our intention in this strategy to maximise value for money within a high quality care system by reducing, changing or even closing and re-providing services in a different way to ensure sustainability for those services that are considered core to the delivery of urgent care.

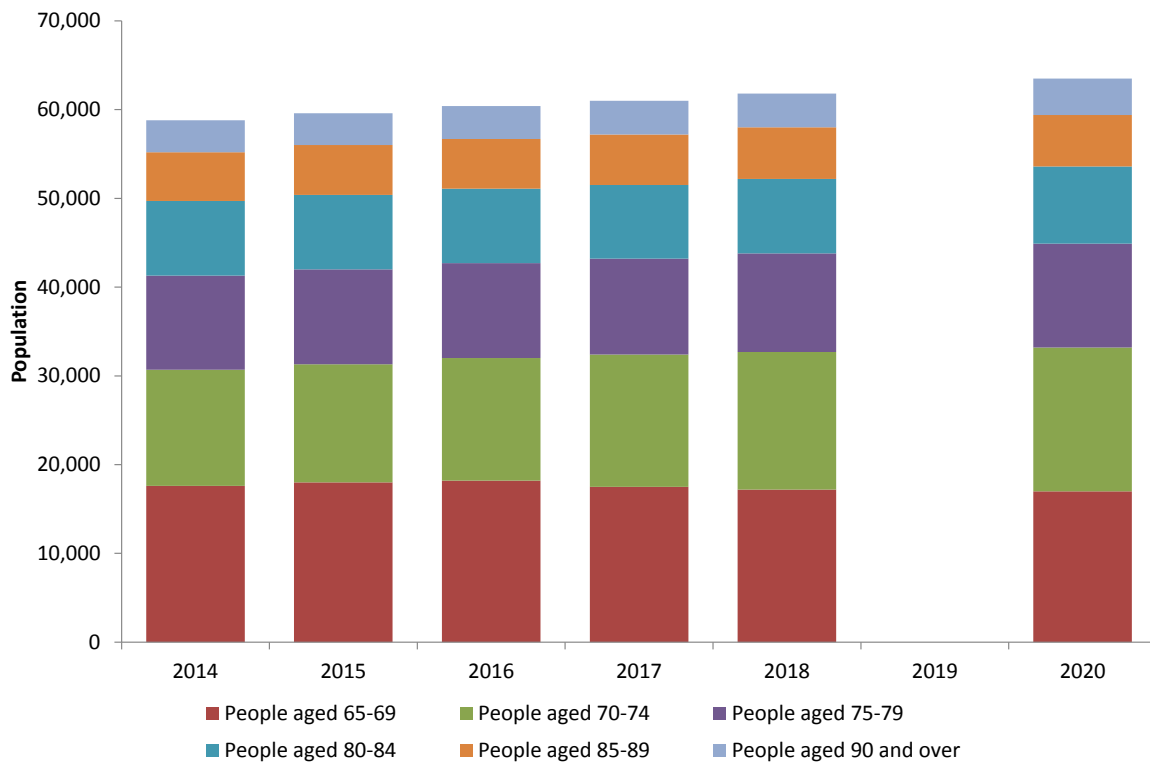
Quality of patient care and experience is often influenced by the number and seniority of the clinical staff available, which can often depend on the time of day or day of the week. This prompts patients to avoid these services and go directly to hospital A&E, where the workforce is often influenced by these working practices. This has resulted in difficulty filling key positions across the system to manage demand effectively and recruit and retain staff in key services. It is our intention to ensure that we deploy staffing resources across the urgent care system as effectively as possible and to ensure that all partners play an active role in changing the way they plan services and roster staff in order to achieve this.

The current system is not joined up or co-ordinated to support many frail and complex patients, especially those with long term conditions with urgent and emergency care needs so the default solution is an ambulance journey, attendance at A&E and possible hospital admission. With an expected growth in the number of people over 75years old by 2021, our challenge is embedding more self-

management and out of hospital care alternatives to support people alongside our health and social care partners. It is our intention, through the development of the Better Care Bristol programme and through the Social Care Transformation programme to radically transform the way in which urgent care services for the frail and elderly are designed and provided in Bristol.

These trends, projects and challenges are complex and as a health and social care economy we have not yet defined the true impact of these factors and how we will respond to them across the whole system. We will develop a demand and capacity model, which is system wide and supported by all partners to inform future decisions that we need to take around urgent care.

**Figure 3: Projected population growth in the City of Bristol, 2014 - 2020**



**Source: Poppi**

## **Chapter 4 – Managing the transition**

### **Governance Arrangements**

The Urgent Care Steering Group will take ultimate responsibility for the development of our strategy and will hold partners accountable for delivering the actions outlined in this strategy. The CCG Clinical Lead chairs the Urgent Care Steering Group for Urgent Care with senior managers across all commissioning partner organisations represented.

A System Resilience Group has been established, which covers Bristol, North Somerset and South Gloucestershire area (BNSSG) and they will work with partners to agree intentions where these are wider than Bristol CCG & Bristol City Council boundaries.

Bristol CCG and Bristol City Council are responsible to the Health & Wellbeing Board which will hold the commissioners and providers accountable for delivery.

### **Programme Management**

The foundations for effective delivery of our urgent care strategy are grounded in principles we have established as partners and set out clearly in the Better Care Fund Guidance, where commissioners and providers will work together to achieve whole system change and are jointly responsible.

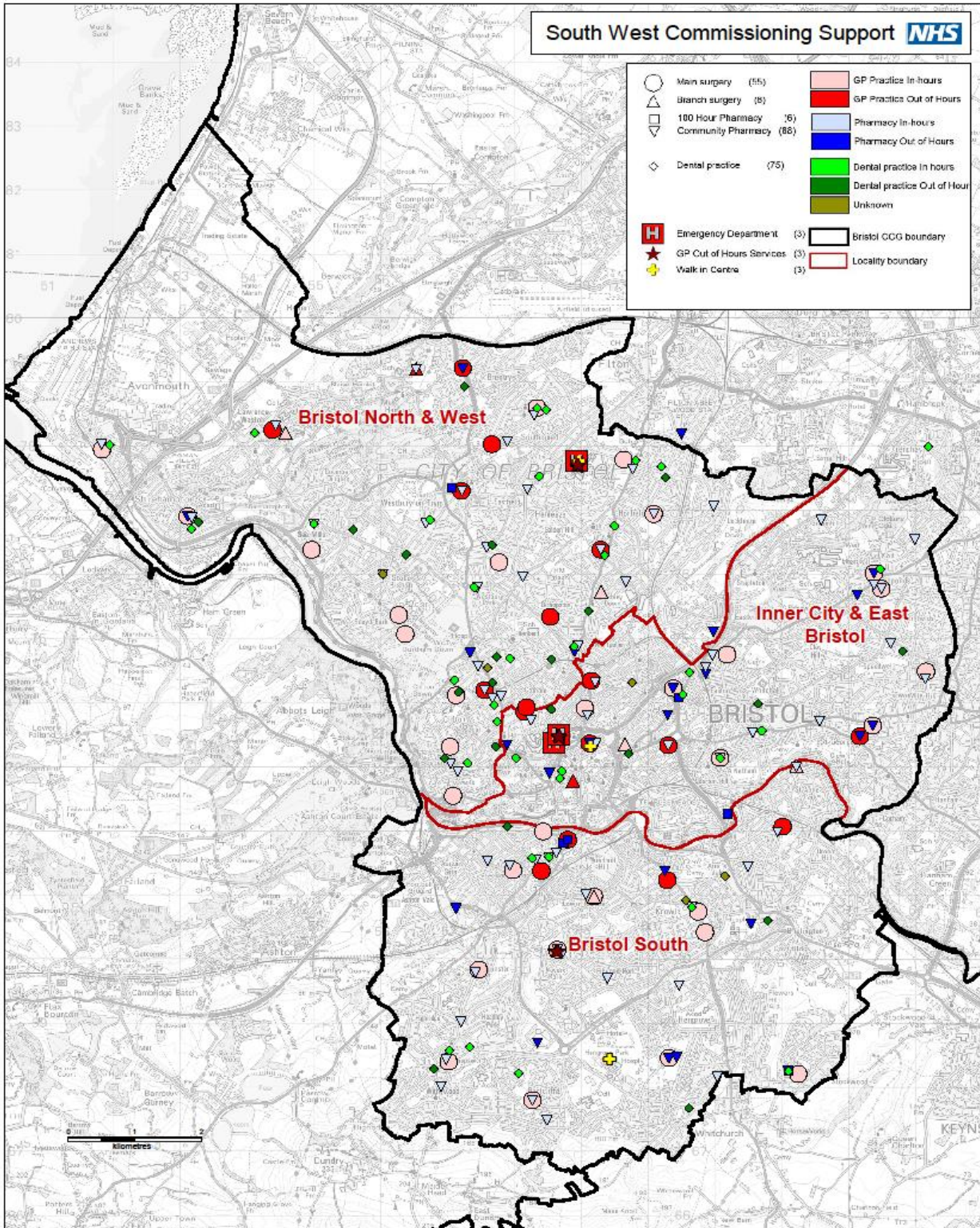
We have set up an Urgent Care Transformation Programme Board and will develop together a joint programme of work, setting out the key projects to be delivered and their timescales. These will be reviewed regularly in terms of focus, scope, pace and outcome delivery against our intentions set out in this document. We will use a programme management approach for delivery of all projects across the system.

## Monitor and Measuring Impact

The measure of success that we will use to monitor the successful implementation of our strategy is:

<b>Impact Areas – Aligned to Strategic Principles</b>	<b>Measures</b>
<p>Avoid Acute Hospital Emergency Admissions</p>	<ol style="list-style-type: none"> <li>1. Reduced number of 999 Calls</li> <li>2. Reduced number of Emergency Department attendances</li> <li>3. Reduced number of emergency admissions overall</li> <li>4. Reduce / prevent number of unnecessary or avoidable emergency admissions from care homes</li> <li>5. Increased number of acute ambulatory care sensitive treatments without admission</li> <li>6. Reduced number of inpatient hospital infections</li> </ol>
<p>Treat with the Best care in the Best Place in the Fastest Time</p>	<ol style="list-style-type: none"> <li>1. Consistent delivery of improved performance against the 95% standard</li> <li>2. Increased number of Minor Injury Units and Urgent Care Centres</li> <li>3. Improved performance on ambulance response times</li> <li>4. Increased number of “admissions” to virtual wards or referrals to community teams</li> <li>5. Reduced ambulance conveyance rate</li> <li>6. Increased number of urgent care centre attendances</li> <li>7. Reduced number of cancelled elective admissions</li> <li>8. Reduced number of readmissions &lt; 30 days of discharge</li> <li>9. Achievement of 100% stroke</li> </ol>

	<p>performance</p> <p>10. Reduced number of ambulance turnaround breaches</p> <p>11. Reduced trolley waits over 8 hours in ED</p>
<p>Discharge from Acute Settings As Soon As Possible- Improved Patient Flow</p>	<ol style="list-style-type: none"> <li>1. Reduced number of patients in acute hospitals that no longer require acute hospital care</li> <li>2. Reduced average length of stay following an emergency admission</li> <li>3. Reduced average patient time in ED</li> <li>4. Reduced delayed discharges from secondary care</li> <li>5. Increase timeliness of discharge to other care settings</li> <li>6. Increased proportion of discharges directly back to normal place of residence</li> </ol>

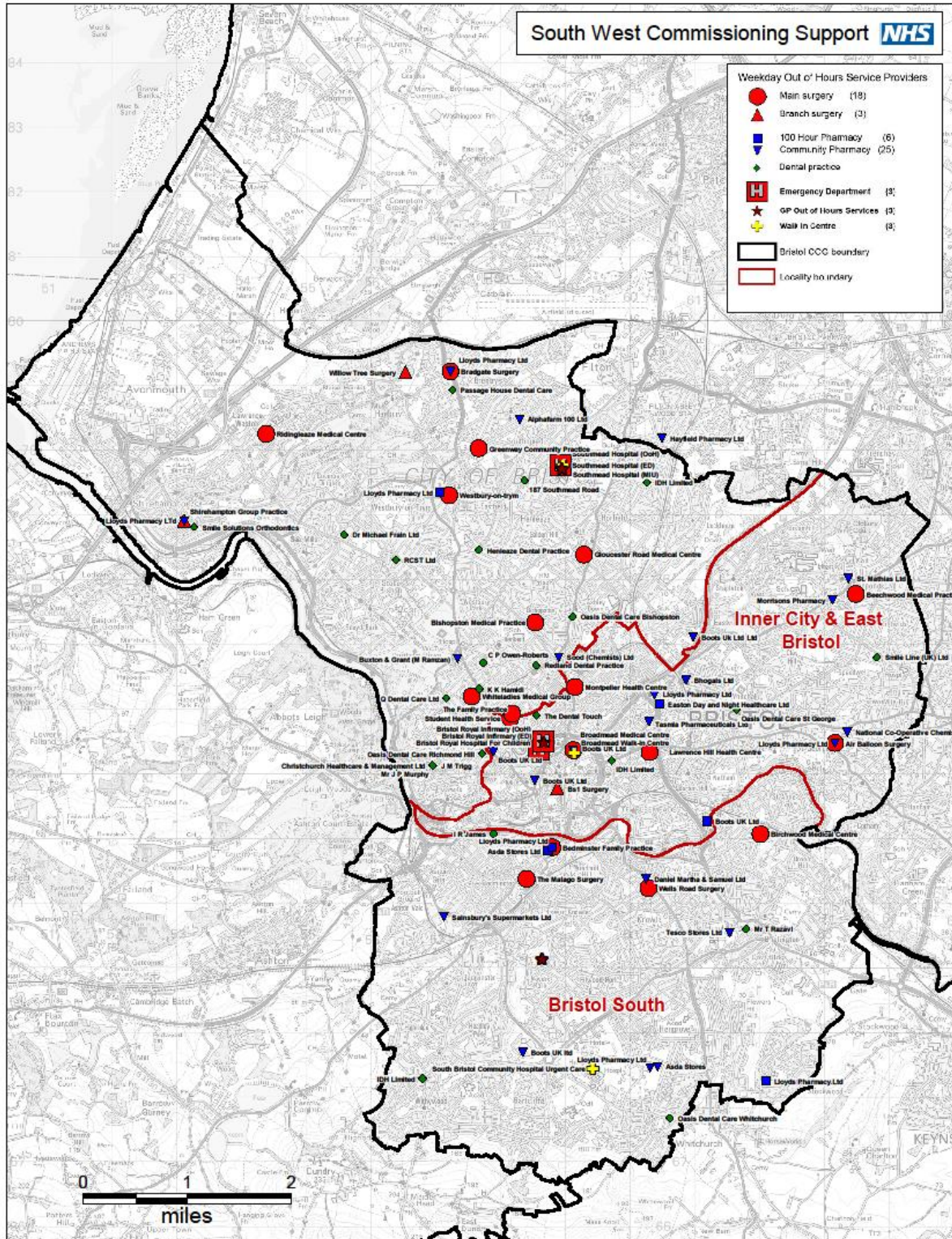


**Bristol CCG Urgent Care Strategy**

GP Practice, Pharmacy and Dental Practice and other Out of Hours Providers:  
 In-hours (8:30am - 6:30pm) and Out of Hours (6:30pm - 8:30am)

**South West Commissioning Support NHS**

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**Bristol CCG Urgent Care Strategy**

GP Practice, Pharmacy and Dental Practice and other Out of Hours Providers:  
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