Urgent Care Strategy

2011 – 2014

November 2011
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| **Consultation**          | NCL Urgent Care stakeholder events – 2010  
                           | NCL stakeholder engagement events - 2011  
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Foreword

We are currently working within a landscape that is rapidly evolving; with the legislation that underpins the delivery of health and social care recently revised and the need to continue to strive to deliver high quality healthcare, maximising the benefit to patients from how resources are used.

The commissioning of high quality and accessible urgent care services continues to be an important priority for NHS Islington, which we aim to ensure best meets the needs of our local and visiting populations. In recent times, there has been increasing pressure placed on urgent care systems as patients seek greater assurance regarding their condition and more rapid responses from services. We are keen that this highly responsive provision remains, but that wherever possible patients are treated in the right place, at the right time and by the right professional. Thus, Urgent care should not be thought of as a stand-alone, discrete service but an integrated philosophy embedded within patient pathways to ensure that our patients receive a joined-up approach to their care, from all agencies involved, ideally in the community where they live.

There have been a number of new developments in Islington since the writing of the last NHS Islington Urgent Care Strategy (2009), which has marked the start of the journey. This has included the opening of an Urgent Care Centre at The Whittington Hospital NHS Trust, a GP led Health Centre in South Islington and the roll out of extended surgery hours in the majority of Islington GP practices. There has also been a significant amount of intelligence gathered, working with key stakeholders across the boroughs of NHS North Central Sector to be able to inform the on-going strategic development.

However, evidence suggest that attendances at Accident and Emergency departments continue to rise, a significant proportion of which could more appropriately have been dealt with by primary and community services. Previous consultation has shown that this is also what patients would prefer. This also would result in better utilisation of specialist A&E skills, and enable more effective relationships between the patient and their primary care clinician in managing their condition.

This refreshed Urgent Care Strategy again aims to continue to improve urgent care provision from hospital emergency and ambulance services, but also strengthen patient access to urgent care from primary and community services.

We have a number of strong ambitions that underpin the services we will develop, borne from this strategic re-evaluation of our current position.

- To take a whole-system approach that has the patient journey and experience at the heart of the planning process.
- To ensure urgent care services are easier to navigate for patients as well as clinicians and those in social care or children’s services, through the implementation of the NHS 111 single point of access.
- To ensure that patient participation and voice, supports the modelling and development and implementation of the strategy
• To ensure that services are streamlined to avoid duplication, utilising the options to co-locate services to drive efficiency and patient safety.

• To make sure we work closely with all our stakeholders to develop an integrated approach, using shared records and IT systems. Ensuring that communication between services is optimised and systems of monitoring are standardised.

• To embed the concept of Urgent care into the Primary Care strategy development, strengthening the role of community-based care, hospital avoidance schemes, and through the development of patient self-management programmes.

• To continue to work in partnership with neighbouring boroughs, to ensure patient care is not compromised by boundary issues.

Nationally we are due to embark upon the roll out of the NHS 111 Programme and the Single Point of Access which will aim to support integration, making it easier for the public to access urgent healthcare and also drive improvements in the way that the NHS delivers the care.

Urgent Care also forms part of the NHS North Central London (NCL) Sector QIPP programme, which sets the challenge of providing high quality care, through the use of innovative pathways of care and programmes of prevention, within a fiscally challenging time.

All of the above is set as the backdrop for the procurement of a new local solution for Out of Hours Care, its integration within Urgent care provision and the broader development of services embedded within the local community.

Finally, it has become clear that the Urgent Care strategy cannot be viewed as a stand-alone direction of travel, for it inevitably cuts across the strategic intent underpinning the Primary Care and Care Closer to Home Strategies and thus needs to be considered in this context.

Dr Josephine Sauvage  
GP Joint Chair for the Islington Clinical Commissioning Group

1. Introduction
1.1 Since the NHS Islington Urgent Care Strategy 2009 - 2014\(^1\) was written, Islington has made significant progress in changing the shape of Urgent Care Services locally. An important development is the implementation of the Urgent Care Centre at The Whittington Hospital NHS Trust, which provides a GP led service co-located at the front end of the Emergency department.

1.2 Despite the positive changes we have made to Urgent Care and access to General Practice, we know there is more to do.

1.3 This strategy focuses on the changes necessary to implement the Islington Clinical Commissioning Group vision for Urgent Care services, the broad term which may include services supporting the range of conditions from suspected serious illness, to more minor conditions, but which are perceived by the patient as being urgent, requiring same day assessment and management.

1.4 This strategy sets out our vision to create an integrated and responsive Urgent Care system, making it easier for people who live and work in Islington to navigate and timely access the right service when they are in need of it.

1.5 This document provides a stock take of current Urgent Care services, describing the current range of services available locally to provide support and care when needed.

1.6 The department of health’s vision for Urgent Care requires the NHS to deliver continuous access to high quality care, whatever the need, whatever the location and by the best person, in the best place at the best time. This is further emphasised in the NHS White Paper (DH, 2010)\(^2\) where the government has been clear about their aspirations for 24 hour Urgent Care.

1.7 Building on the governments’ vision, this strategy seeks to integrate Urgent Care services so that we remove duplication and increase efficiency, creating an Urgent Care system that is responsive to patient need.

1.8 This strategy has had input from a wide range of NHS professionals across the NHS in North Central London. In addition, the contents of the strategy are informed by a series of patient engagement events where patients told us what they felt needed to change in Islington to improve Urgent Care services.

1.9 This strategy focuses on Urgent Care services and not the wider cohort of services that come under the broader umbrella of Unscheduled Care. However, whilst some patients will receive unscheduled care to meet an Urgent Care need, this access to services in an unplanned manner has an impact on the degree of need for Urgent Care services and therefore the two areas are linked.

To this end, the Urgent Care strategy influences our broader work on improving local services and cuts across other areas of strategic planning including the refresh of our

\(^1\) NHS Islington, Urgent Care Strategy, 2009 – 2014

\(^2\) DH (2010) Equity and Excellence, Liberating the NHS. NHS White Paper

Urgent Care Strategy: 2011 - 2013
Primary Care and Care Closer to Home strategies:

Access to primary care services as part of accessing Unscheduled Care is covered in our Primary Care Strategy, whilst the strategic developments aimed to reduce the need for urgent care, through improved patient self-management, better community-based integrated pathways and timely responsiveness, are addressed in the Care Closer to Home Strategy. The refresh of all three strategies has taken place synchronously.

1.10 The Primary Care Strategy sets out Islington’s vision for Primary Care over the next three years. The vision is summarised as follows:

- Improve access to primary care services
- Peer GP links to help practices support the quality agenda through benchmarking and help to achieve quality markers.
- To develop Primary Care as the fulcrum around which other services pivot. This is particularly relevant to the delivery of a more integrated approach to the management of Long-term conditions, enabling patients to receive the right care at the right time in the right place.

- Prevention of ill-health
- Identify long term conditions and other illnesses earlier, preventing some of the long term consequences
- Increase the number of people who are able to self-manage their health in relation to long term conditions and minor illnesses
- Improve the patient experience
- Ensure the development and training of primary care staff which will also support good recruitment and retention of staff

2. What do we mean by Urgent Care?

2.1 Urgent care is care delivered by healthcare services for people who have an urgent need for medical care/advice or treatment immediately or unexpectedly.

2.2 For patients and members of the public, Urgent care is offered based on their need for an urgent treatment of their healthcare problem.

2.3 There are times when an emergency rather than urgent response is needed, when something critical or life threatening happens, for example a major accident, a deep wound, heavy blood loss or a suspected heart attack. In these cases an immediate response is needed, either via an ambulance or attendance at Accident and Emergency. Immediate and Emergency care are not covered by this strategy and changes to Emergency care pathways are not discussed in detail in this document, although reference is made to them with regard to the whole systems change.
necessary to create a streamlined, easy to navigate, totally integrated system for urgent care.

3. What services exist locally?

3.1 GP Practices

3.2 There are 38 GP practices in Islington, 10 are single handed (have one principal GP) and 28 are group practices (have more than one principal GP) including 1 GP led health centre. The core hours for surgeries are 8.00am - 6.30pm; however, more than 80% (32/38) practices now provide extended hours to their patients’. The extended hours appointments are a mix of booked and unscheduled appointments, therefore, as part of the service offered by practices, patients with an urgent need for healthcare have the ability to access their own GP practice.

3.3 Islington’s GP practices offer a wide range of services, including advice on health problems, physical examinations, diagnosis of symptoms and prescribing medication and other treatments. GPs are usually supported by a team of Practice and District nurses, health visitors and midwives, as well as other specialists, including physiotherapists and occupational therapists. Local GPs also generally provide access to home visits for those unable to attend the practice.

3.4 Out of hours

3.5 All practices in Islington are covered by a GP Out Of Hours service. The main provider of Out of Hours services for Islington is Harmoni. The service is commissioned for NHS Islington, NHS Camden, NHS Haringey and NHS City and Hackney. The service operates every day, from 6.30pm - 8.00am and all hours during weekends and bank holidays, which are available to Islington patients, workers, and visitors who happen to be in Islington at the time that they required assistance from our Out of Hours service. Initial contact can be made by telephone and this may be followed by advice over the phone, a face-to-face consultation in local centres, or a home visit.

3.6 GP Led Health Centre

3.7 The development of the GP led health centre was one of the proposals for development identified in the 2009-14 Urgent care strategy. In April 2010, The Angel Medical Centre became a GP led health centre, Angel Medical Centre is open 365 days a year and 12 hours a day, from 8am - 8pm, Monday to Friday and 9am - 6pm at weekends. Our GP Led Health Centre provides a wide range of Urgent Care services
and provides treatment for ailments and minor injuries whilst also providing full general practice and on–site pharmacy services.

3.8 Pharmacists – general

3.9 There are 45 community pharmacists in Islington and although their services are accessible at variable times, their main hours of opening are between 8.00 am -6.00 pm, with one providing extended hours via the ‘100 hour pharmacy’ initiative. In addition, there is a dispensing pharmacy, based in Kings Cross St Pancras that is open until midnight every night. Pharmacies are able to offer advice and treatment for many conditions, including ear infections, coughs, colds, diarrhoea and headaches. As health professionals on the high street, the public do not need an appointment to see them, nor is registration with an Islington GP required.

3.10 Pharmacists – minor ailments scheme

3.11 Since 2005/06, Islington residents have been able to access, through their GP practice, the Minor Ailments Scheme, provided by their chosen pharmacist. 44 of 45 pharmacies provide this scheme, which enables the community pharmacy to provide advice, support and medication to people who have been given a Minor Ailments Scheme voucher from their GP practice. Since its inception, the Minor Ailments scheme’s usage has gradually increased. The average number of consultation per month increased from 586 with an annual total of 7,042 in 05/06 to an average of 1,711 per month and an annual total of 20,541 in 10/11.

3.12 Dentistry – Urgent

3.13 In-hours, Dental open access sessions are commissioned from a dental practice (based in Camden) for those patients who are directed for urgent treatment in-hours following a call to the Out of Hours service. An out-of-hours telephone dental triage service is provided by Harmoni as an add-on to the main GP Out of Hours contract.

3.14 Urgent Care Centre

3.15 The 2009-14 Urgent Care strategy set out the need for an Urgent Care Centre (UCC). This came to fruition in March 2011 when the Urgent Care Centre based at The Whittington Hospital NHS Trust opened. The service is open daily between 8.00am – 10.00pm and is staffed by clinicians from Whittington Health and local GPs, who provide Urgent Care for people living in Islington and West Haringey, or those visiting the area.
3.16 **NHS Direct**

NHS Direct is a telephone service staffed by nurses and professional advisors, giving confidential healthcare advice and information 24 hours a day. The service covers what to do if an individual or a family member feels ill and needs information on particular health conditions. The service is also able to give patients information on local health services (such as GPs, dentists and out-of-hours pharmacies or self-help and support organisations). Over two million people access NHS Direct on a monthly basis, with an average of 1750 calls made by Islington residents.

3.18 **The London Ambulance Service**

The London Ambulance Service provides an accident and emergency rapid response service 24 hours a day across the London. Ambulance staff attend emergencies and are trained to provide care at the scene of an incident and/or transport the patient to the most suitable service, such as the Accident & Emergency Department, Walk in Centre, Minor Injuries Units or Urgent Care Centre.

3.20 **Local A&E services**

Our local hospitals, Whittington NHS Trust, in North Islington, and University College London Hospital, in Camden, provide the main points of access to Accident and Emergency services for Islington residents and those working locally. To the east of the borough, there is limited flow to the Homerton Hospital and to the South East, to the Royal London. To the north-west, there is also limited flow of patients to the Royal Free Hospital.

3.22 The Whittington Hospital Accident & Emergency department is open 24 hours a day; seven days a week, providing treatment for anyone seeking attention for an urgent problem caused by an accident or illness. It has a separate Children’s Accident & Emergency Department.

3.23 In the south of the borough we also have Moorfield’s Eye Hospital, which has an Accident & Emergency service for eye conditions.

3.24 **Minor Injuries Unit**

3.25 There is no Minor Injuries Unit in Islington; however they are provided by neighbouring PCTs and accessible to Islington residents. The service can treat injuries such as cuts and grazes, broken bones, minor burns and scalds, bites and stings, strains and sprains, minor head injuries, and minor eye or ear problems. It is a walk-in service, so no appointment is needed. Patients are seen in order of urgency. Each Minor Injuries
3.26 **Walk in Centre**

There are no Walk in Centres in Islington; however they are provided by neighbouring PCTs, including Barts and The London NHS Trust in Tower Hamlets. The Walk in Centre at Barts and the London NHS Trust offers treatment for minor illnesses and injuries. Assessment is by an experienced NHS nurse. The Walk in Centre can give advice on how to stay healthy and information on out-of-hours GP and dental services, local pharmacy services and other local health services. No appointment is necessary. Patients are seen on a first come first served basis. Each Walk in Centre has different opening times, but generally they are accessible 8.00 am – 8.00 pm and some offer access later in the evening and at weekends.

3.28 **Mental health**

Adult Mental Health Urgent Care in Islington is provided by Camden and Islington NHS Foundation Trust.

The Adult Mental Health Urgent Care team provide a Crisis Team delivering an intensive visiting support service for adults known to the community mental health teams who are in need of Urgent Care due to a relapse in their mental health condition. This supports people to remain in the community as an alternative to hospital admission.

People presenting at the Whittington Hospital Accident & Emergency Department with urgent mental health care needs are offered a mental health assessment from either the Psychiatric Liaison Team or the Crisis Team (if they arrive out of hours).

Young people with mental health needs who present as an emergency are offered a tailored service depending on whether they are already known to the Child and Adolescent Mental Health team. If they are not currently known to the service, they are seen via their local Accident & Emergency Department.

Young people who present with urgent mental health needs or are referred to Islington Child and Adolescent Mental Health Service (CAMHS) are seen within the community CAMHS service by the Islington Priority One team or the Adolescent Outreach Team (AOT) depending on the presenting need and the severity of the emergency.

The Priority One team provides urgent assessments for young people with a possible psychotic illness or severe self harm. These assessments are completed within two weeks of referral.
3.35 For referrals that are unable to make use of clinic based appointments, the AOT delivers an assertive intervention package for young people with severe mental illness in order to help them to connect with mainstream services.

3.36 Emergency referrals (who need an assessment on the same day) are directed to the local A & E department at the Whittington Hospital and Islington CAMHS will liaise with the hospital liaison team around the on-going care of these patients. The CAMHs Paediatric liaison service delivers CAMHs services to young people admitted in an emergency and offers a mental health assessment and risk management. The urgent care for young people in Islington includes a care pathway access to tier 4 inpatient services as and when appropriate.

3.37 In circumstances that a child presents with acute symptoms of distress out of hours young people are seen via their local Accident & Emergency Department with local community follow-up post discharge. A local Child Psychiatry out-of-hours on-call rota provides access to child psychiatry during this time.

3.38 Intermediate care

3.39 The Intermediate care service comprises of community, secondary care based rehabilitation services for people needing rehabilitation, to promote independence, prevent unnecessary hospital admission and facilitate discharge. The Intermediate Care service is commissioned jointly by NHS Islington and Islington Council. The service provides support at home, or short stay residential support at a local nursing home (Cheverton Lodge). The individual services are resourced by large multi disciplinary teams of clinicians, nurses, therapists’ and social care staff.

3.40 Not all the Intermediate care services provide services for people with urgent needs, but the community based services can provide assessment and support in people’s homes, and are able to prevent patients needing to access Urgent Care services.

3.41 The Islington Social Services’ Emergency Duty Team provides an ‘out of hours’ service for emergencies.

3.42 Sexual health

3.43 A range of Sexual health and contraception services are available from surgeries, community clinics, Accident & Emergency Departments, Out of Hours, Urgent Care Centres, community pharmacies and Walk in Centres, at a range of opening times 7 days a week. There is also a national 24 hour support line provided by Marie Stopes for advice that is accessible for people from Islington.

4. How are local services used?
4.1 There were 16,495 emergency admissions in Islington between October 2009 and September 2010, about 300 more than expected compared to the average for England. This resulted in Islington having the seventh highest directly standardised emergency admission rate in London (figure 1); significantly higher than both the London and England averages for emergency admissions.

**Figure 1.**

![Emergency admission rates, London PCTs, Q3 2009/10 to Q2 2010/11](image)

Data source: NHS Comparators

4.2 The rate of emergency admissions has increased in Islington over the past 5 years mirroring the national and London trend, although the rate of increase in Islington appears to be faster over the past year (figure 2).

**Figure 2.**
4.3 There is significant variation in emergency admissions rates by GP practice in Islington, with 23 practices having a rate higher than the average London rate (Appendix 1). Neurological diseases, respiratory diseases, gastro-intestinal problems, and trauma and injuries comprised over half of all emergency admissions in Islington in 2010/11 (figure 3).

Figure 3.
4.5 Ambulatory Care Sensitive (ACS) conditions

4.6 ACS conditions are 19 conditions for which emergency hospital admission in adults may be avoidable by effective management in primary care.

Figure 4.

4.7 In 2009/10 Islington had the highest rate of ACS admissions in London, with a rate of 19.0 ACS admissions per 1,000 population (figure 4). The average London rate was...
13.8, and the England rate was 14.5 ACS admissions per 1,000 populations. The Islington rate was 31% higher that the England average and represented a total of 3,232 ACS admissions in 2009/10 rolling year.

4.8 19 General Practices in Islington had significantly higher rates of ACS admission than the England average, and only one practice had a significantly lower rate (Appendix 2).

4.9 About half of the ACS admissions (where data are available) were admitted to hospital between 8am and 8pm. Influenza, pneumonia and COPD are most common causes of ACS admissions in Islington.

4.10 Accident and Emergency (A&E) attendances

4.11 Overall Islington has the sixth highest rate of A&E attendances in London in 2010/11 (figure 5). However, the rate is marginally lower than the England average and 1309 attendances lower than the expected count, when compared to the national rate.

4.12 The indirectly standardised rate of A&E attendances in Islington has remained virtually unchanged between 2009/10 and 2010/11, being similar to that in England but consistently higher than the London average (Appendix 3).

Figure 5.

![Indirectly standardised rate of A&E attendances per 1,000 population, London PCTs, London and England, Q4 2010 to Q3 2011](image)

Data source: NHS Comparators

4.13 The majority of A&E attendances in the Islington registered population and non-registered residents occurred at the Whittington Hospital and University College London Hospital (Appendix 4). A smaller but still significant number of A&E attendances took place at the Homerton Hospital, Moorfields Eye Hospital and the
Royal Free Hospital. A small number of A&E attendances occurred at other hospitals further away from Islington.

4.14 Most individuals self-refer themselves to A&E services, although others are referred by their GP, the emergency services or NHS Direct (Appendix 5). A&E attendances occur most commonly between 11am and 1am. The majority of patients are discharged, and large proportions do not require any investigations (Appendix 6).

Figure 6.

![Indirectly standardised rate of A&E attendances by tariff type, Islington PCT, 2008/09 to Q4 2010 to Q3 2011](image)

Data source: NHS Comparators

4.15 In 2010/11, 28% of A&E attendances are high tariff type, 39% are minor and 32% are standard. The indirectly standardised rate of A&E attendances by tariff type has remained largely unchanged since 2008/09 (figure 6). The percentage of zero-length stays (emergency admissions discharged home with no overnight stay) in Islington is lower than the London and England averages (Appendix 7).

4.16 Experimental statistics (which therefore need to be treated with caution) on quality of A&E services covering April 2011 and involving 1.4 million attendances included how A&E departments performed in relation to two aspects of quality/patient experience; the percentage of patients who left A&E without being seen and the percentage of patients who re-attended within 7 days of their previous attendance. The table below (table 1) shows these indicators for NHS Islington’s main providers of A&E services. With the exception of Moorfields, all hospitals recorded more patients than the England average leaving without being seen. The Whittington has the highest proportion of patients re-attending within 7 days. Whilst these data are experimental, they suggest there may be scope for improving patient experience of A&E services.
Table 1. Experimental Statistics: Patients leaving A&E without being seen and patients re-attending within 7 days of previous attendance

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<th>Trust/Region</th>
<th>Patients leaving A&amp;E without being seen (%)</th>
<th>Patients re-attending within 7 days of previous attendance (%)</th>
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<tr>
<td>Moorfields Eye Hospital</td>
<td>1.8</td>
<td>5.7</td>
</tr>
<tr>
<td>Royal Free</td>
<td>4.8</td>
<td>7.6</td>
</tr>
<tr>
<td>The Whittington</td>
<td>4.9</td>
<td>8.2</td>
</tr>
<tr>
<td>UCLH</td>
<td>6.8</td>
<td>7.2</td>
</tr>
<tr>
<td>England Average</td>
<td>3.4</td>
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4.18 Urgent Dental treatment

4.19 There were 10,129 urgent courses of dental treatment in Islington in 2010/11 (Appendix 8), which accounted for 10% of all (planned and unplanned) courses of dental treatment. This percentage was slightly lower than the London average (11%), but higher than the England average (9%) for urgent dental treatment (Appendix 9). The number of urgent courses of dental treatment per 100,000 population has decreased in Islington since its peak in 2008/09. This is in contrast to London and England where it has continuously increased, albeit at a slower rate.

5. Why is change required?

5.1 Whilst we know our patient population value Urgent Care services, we also know that they value the services provided by primary care. We are aware that the Urgent Care system cannot be looked at in Isolation and to this end we are working with our primary care colleagues to ensure we have a strategy for primary care that compliments this strategy and enshrines our desire to ensure that wherever possible, patients can access their GP as their first point of contract with the local NHS for urgent care needs.

5.2 Patients continue to use the services of the Emergency department even though they have primarily a Primary Care need. The on-going development and refinement of Urgent Care Centres at the front-end of local Emergency departments will continue to be a priority, to better manage this group of patients, within a consistent primary care context. This will also promote a more horizontal approach to management, feeding into community based pathways.
5.3 In line with the Care Closer to Home Strategy, there is emphasis on the development of more integrated services across health and social care; to improve patient self-management of long term conditions through care-planning to prevent acute deterioration, a more timely response from services to reduce the need to resort to urgent care interventions and the development of admission avoidance schemes, to maintain people in the community.

5.4 Providing a more structured and integrated approach to the management of long term conditions or frail elderly patients, can reduce unnecessary visits to Accident & Emergency and reduce acute admission rates, through shifting urgent and unscheduled care into better planned care.

5.5 Integrated models of care might include the development of better ambulatory care pathways to maintain care within the community or the virtual wards to pro-actively manage more complex patients to prevent deterioration and avoid the need for admission.

5.6 Whilst we have a range of high performing community services, we are aware that we have limited access to these services where patients require an urgent response. With the exception of parts of our specialist and district nursing community teams, urgent or rapid response from community teams is not available in areas where we feel it should be.

5.7 In line with the above Stakeholder consultation, local GPs have recently identified a number of possible community based pathways to better manage certain Urgent Care pathways through better utilisation and development of existing services and skills.

5.8 This strategy comes at a time where national directives mean that we will be implementing a single point of access to urgent care through NHS 111. This change, along with the strategic need to procure an out of hours provider on a substantive basis following the extension of the Harmoni contract, mean that change is required to ensure that we re-align the urgent care system in a way that best meets the needs of our patients and integrates the various components to avoid duplication.

5.9 The incentive underpinning the use of ‘111’ number as a single point of access is to help service users effectively negotiate the available service options when presented with a care need; through the use of an up to date Directory of Services, they will be navigated to the best service option for that health need, thus rationalising the approach to care, through seeing the right person, right time, right place.

Ultimately, ‘111’ will be integrated within the delivery of the OOH and Urgent Care services.

5.10 We are also aware that in some cases patients face unnecessary delays when being transferred between services, out of hours and Urgent Care/ A&E is a good example of this. We are also conscious that having our out of hours and Urgent Care Centre co-located would improve safety.
5.11 There is a need to review the skill mix of staff required to deliver an improved service. This includes the promotion and development of the role of community pharmacies, development of skills for district nurses, as well as the on-going training to develop a workforce which is responsive to the development of the service.

5.12 It is clear from all of the above that there needs to be an integrating IT solution to ensure good communication between all agencies providing care. At present, this is piecemeal and does not deliver what is required.

6. **Taking forward the vision for urgent care in Islington**

6.1 Patients have told us that they want a system that is integrated that does not ask for the same information twice and that responds to their needs without referring to another service. Through integration, we would like to create a seamless patient pathway into urgent care, whether patients access the service by walk in, telephone or via the London Ambulance Service.

6.2 We will work within Primary Care to ensure that we are able to optimise access for patients with Urgent Care needs within their registering practices. We will also work to ensure that we support patient registration with a GP practice, whenever a patient is unregistered. We will work with other Primary Care colleagues such as pharmacists and dentists, to ensure that they are pivotal to the delivery of urgent care services.

6.3 We will work collaboratively with other key stakeholders, such as London Ambulance Services to ensure that the services developed work in synergy.

6.4 We will be ensure that the strategic development of services within Islington, dovetails with developments in the neighbouring boroughs of NCL and complements that NCL Urgent Care Strategy, to ensure that patients are not compromised by boundary issues.

6.5 To achieve our aim of integrating services, we will ensure that our Out of Hours and Urgent Care Centre provision is co-located so that patients receive an integrated service that can respond quickly and appropriately to their needs. This will mean that patients will not need to attend two different sites before their need is met, they will have their need met by the best person, at the best location and at the best time for them. To achieve this, we will seek to rationalise the number of sites that services are delivered from. By doing this, we are able to ensure that we have an optimised pool of staff, able to meet patient’s needs in a single location, avoiding the need for our patients to travel twice to have their need met. This will also improve patient safety.

6.6 We have an urgent care centre based at The Whittington Hospital and will seek to expand the model of co-located A&E and Urgent Care Centre for the South of the Borough at UCLH. We will continue to review and refine the services delivered at the Urgent Care Centres to ensure they deliver high quality, cost effective services.

6.7 We will strive to create a system that supports patients to return home safely through the support of our community nursing, therapies and GP services. This will mean that we will re-look at our specifications for existing community services to ensure that our
services in-reach into Accident and Emergency and Urgent Care departments to support our patients to be discharged safely back into their own homes. We will work with local stakeholders to develop more integrated, responsive and co-ordinated care pathways. This includes working with Mental Health and Social Care services. We will explore other models of care to optimise Care Closer to home along key pathways, including better ambulatory care of certain conditions, or the use of virtual wards, to reduce risk of admission.

6.8 We want to create an Urgent Care system where all providers can communicate in a way that makes patient care seamless, both within the system and out of the system, communicating back into the community. In order to achieve this we will work with local providers to ensure that where appropriate and secure, we can have IT systems that can help health professionals to share information in a manner that upholds patient confidentiality and our Caldicott requirements.

6.9 Greater patient engagement and awareness is crucial and is one of the core messages that came out of our patient engagement work. Our patients have told us that they are not aware of all of the services that are available to them and therefore they access services at local Accident and Emergency Department. We will ensure that along with our GP colleagues we raise awareness of what services patients can access and when they can access them.

6.10 One of our main goals, one which addresses some of our desire for integration and which will help patients to navigate our Urgent Care system, is to have a central point of access to Urgent Care. We will work with our Clinical Commissioning Group colleagues across NHS North Central London to implement a single telephone number for access to Urgent Care (NHS 111). This will mean that patients can ring 111 for Urgent Care needs and will be triaged to the most appropriate service to treat their need.

6.11 Our focus when writing this strategy is to improve urgent care services for our population. This will include the emerging need amongst the population also. We will use tools to help us risk stratify our population so that patients have access to services sooner and avoid the need to access urgent care.

6.12 We will need to ensure that we make effective use of information to monitor and improve the emerging services, developing whole system measures that are comparable across the system. This will be vital to ensure we continue to provide high quality services that make best use of available resources.

6.13 Our Urgent Care Providers will:

- Do not discriminate between Patients on the grounds of age, sex, sexuality, ethnicity, disability, or any other non medical characteristics;
- Implement Royal National Institute for the Blind and Royal National Institute for the Deaf guidance as amended from time to time to ensure Patients who have
relevant disabilities and/or communications difficulties are able to receive the Services;

- Provide a dedicated telephone number for text phone users who have hearing difficulties to enable them to access the Services;

- Supply to all non English speaking users professional translation services during all consultations and translations of materials describing procedures and clinical prognosis for the languages recommended by the PCT as being the most common languages spoken by Patients who are likely to use the Services.

- Ensure that reasonable adjustments are made under the Disability Discrimination Act 1995 to facilitate access to services for people with disabilities including people with learning disabilities