NHS Portsmouth

Case for Change

1) Is there clarity about the need for change (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)?

The use of the Emergency Department services is significantly higher in Portsmouth and South East Hampshire than England as a whole. Consequently, there is great pressure on the secondary care facilities and a significant financial burden for the system which must be addressed.

Portsmouth Hospitals Trust Emergency Department (PHT ED) is overused relative to the population it serves because there are a number of patients attending the department who could be treated elsewhere in primary and community care services.

The system underperformed against the 98% 4 hour wait target in 2009/10.

The proposed front door model will develop a consistent and integrated urgent care service by bringing services together and improving convenience, appropriateness and quality of care provision. Through a single point of access for patients, the new urgent care service model will channel patients to the right place and service to meet their needs first time. This will also, in turn, reduce Emergency Department (ED) attendances and minimise costs.

2) Has the impact of the change on service users, their carers and the public been assessed?

General practitioners have been involved throughout the consultation process and have put forward their concerns regarding the general public. These concerns included redirecting patients to the wrong service, giving too much autonomy to receptionists on point of arrival and maintaining consistency.

3) Are supporting local health needs assessments or health equity audits available?

4) Do these include:

a) Demographic considerations

Portsmouth is generally an area of demographic inequality which levels of deprivation throughout the city – there are higher than the national average levels of teenage pregnancy, alcohol dependency and smoking. This has been considered when building the business case for the new front door model.

b) Changes in morbidity or incidence of a particular condition

c) Health equality considerations

d) Potential reductions in care needs (e.g. falling birth rates)

e) Comparative performance

5) Has the evidence base supporting the change proposed been defined? This should cover both with national service improvement programmes (e.g. NSFs, modernisation agenda) and the development of clinical best practice, to enhance service quality or the patient experience.

The recent White Paper *'Equity and Excellence: Liberating the NHS'*, published July 2010, has outlined the new Coalition Government's plans for long term development of the NHS. The Paper cites the need for "…coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their care. This will incorporate GP out-of-hours services and provide urgent medical care…". In terms of national service improvement, NHS Portsmouth and NHS Hampshire aim to adhere to these guidelines to maximise the development of clinical best practice. Moreover, the single point of access of the new model will enhance patient experience as it is convenient and appropriate for patients.

6) Have the clinicians affected contributed to the development of the proposal?

General practitioners working within Portsmouth and Hampshire have been involved in the proposal's developments and are aware of the proposed changes and how they will affect both them and their staff. Service managers who have a heavy presence in the developments and discussions are also giving and receiving feedback and updates from their clinical staff members.

7) Is any aspect of the proposal contested by the clinicians affected?

The GPs involved in discussion of the proposal have raised issues with the role of the ED receptionists being able to redirect patients – giving them too much autonomy is risky and ultimately receptionists cannot be expected to take on a clinical triage role. This will be left to the emergency nurse practitioners who have the clinical background and knowledge to make these decisions.

Impact on Services Users

8) Will there be changes in access to services as a result of the changes proposed?

The out-of-hours service will be located at QAH (Queen Alexandra Hospital) ED and not Drayton. This will be advertised alongside the ongoing Choose Well campaign. There is more focus on the 'front door' of QAH ED as the main point of entry for urgent care.

9) Can these be defined in terms of:

a) waiting times

Waiting times in QAH ED will be reduced as patients with primary care needs are redirected elsewhere for their care. QAH ED will therefore only see patients facing serious illnesses or urgent life-threatening conditions.

b) transport (public and private)

The OOH (Out-of-Hours) service will be relocated from Drayton to QAH, and with this in mind there will be some transportation issues to contend with, especially for those who are close to Drayton. QAH is located on a main bus route (bus number 23) and is also a short 5-10 minute walk from the nearest train station (Cosham).

c) travel time

Travel time is of course dependent on where the patient is travelling from. QAH ED is roughly ten minutes by car from the Drayton Surgery, and twenty minutes on foot.

10) Has the impact on vulnerable people using these services now and in the future been assessed (as a minimum this should include an impact assessment in line with the Race (Amendment) Act 2000)?

The needs of vulnerable people requiring urgent care has been of paramount importance throughout discussions to relocate the OOH service.

11) Does the proposal extend the choice available to the population affected?

The proposed changes will affect those in South East Hampshire and Portsmouth who require unscheduled health care. The choices available will be the same but at different locations.

12) Does the proposal improve the quality of care provided to service users?

Yes; it offers a single point of access for patients which channels them to the right service first time, thus saving waiting time and in turn reducing the number of avoidable admissions to acute care.

Engagement and Involvement

13) Were key stakeholders involved in the development of the proposal?

Yes, the key stakeholders involved in the proposal development included:

- PHT Emergency Department
- Solent Healthcare – especially OOH services and GP in ED service managers
- Hampshire Community Health Care (HCHC)
- Social Services – Portsmouth City Council and Hampshire County Council
- General Practitioners – NHS Portsmouth and NHS Hampshire key GP leads
- PCT Directors – Public Health, Communication and Commissioner leads

14) Is there information regarding the involvement of:

a) Service users, their carers or families

A key component of the proposal is to make use of admission avoidance utilities such as community healthcare and 'hospitals at home'. The service users and their families will be informed of changing community health care provisions.

b) Other service providers in the area affected

Portsmouth City Council and Hampshire County Council are aware of the proposed changes to the urgent care system.

c) The relevant Patient and Public Involvement Forums

d) Staff affected

Senior clinical staff and general practitioners have had thorough involvement in the discussions of the proposal.

e) Other interested parties (please define)

15) Is the proposal supported by the key stakeholders?

There is agreement among the key stakeholders that the urgent care system requires a reform and they have been supportive of the planned changes.

16) Is there any aspect of the proposal that is contested by the stakeholders. If so what action has been taken to resolve this?

There have been no major contestations among stakeholders.

Options for change

17) Were a range of options identified to deliver the intended change?

There were a number of options identified prior to determining the final proposal. These included minor changes such as car parking provision and some major changes such as changing roles of staff.

18) Were the risks and benefits of the options assessed when developing the proposal?

The business case put forward for the proposed urgent care system identified a number of risks and listed strategies to reduce the impact of those risks. Furthermore, the business case identified a list of potential benefits of the development with a more detailed description of each.

19) Have changes in technology, including new drugs been taken into account?

The system ADASTRA will continue to be used but with different algorithms to suit its purpose, these changes have been discussed with the relevant bodies. Provisions will be made to ensure there is a permanent presence of the OOH drugs cupboard.

20) Has the impact of the proposal on other service providers been evaluated?

Current OOH and Emergency Department figures have been analysed to see if the proposed urgent care system will make any significant difference to the current attendances.

21) Has the proposal impact on the wider community affected been evaluated (e.g. transport, housing environment)?

There are ongoing discussions with the HASP team regarding provisions for wider community care.

22) Have the workforce implications associated with the proposal been assessed?

The workforce implications have been discussed and assessed at length and particularly in relation to the role of Emergency Nurse Practitioners (ENPs), receptionist staff and senior clinical staff members.

23) Have the financial implications of the change been assessed in terms of:

a) Capital

There will be no capital required for the proposal as the prerequisites for the changes are already in place.

b) Revenue

NHS Portsmouth experienced clear overheating in April – May 2010 with the majority overspend occurring in standard attendances. It is clear that SAs (minors) need to be addressed as they are the area of greatest overspend. It is anticipated that the new model will enable increased savings to the system through both the re-direction of patients to primary care and also through admission avoidance. There is also an opportunity to develop local tariff and pricing structures.

c) Affordability

d) Risks

As with any proposed changes there is an element of financial risk. There is a risk of incorrect cost estimates but the strategies to reduce this risk include applications of robust cost planning techniques and using standard NHS forms and design guidance to ensure all elements are covered.

24) Will the change contribute to the delivery of national/local targets?

Yes – on both a local and national scale. The national aims such as the 98% target 4-hour wait will be vital to the proposal, as well as local aims such as reducing the number of unnecessary admissions to PHT ED.