

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Contact First / Urgent Primary Care Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Dawson, System Director, Hywel Dda University Health Board (HDUHB) and Carmarthenshire County

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper provides the Strategic Development and Operational Delivery Committee (SDODC) with an update on the Health Board's (HB's) implementation of 'Contact First' and Urgent Primary Care 'pathfinder'.

SDODC is requested to acknowledge the position and progress against these Welsh Government (WG) key deliverables of our Urgent and Emergency Care (UEC) programme.

Cefndir / Background

The implementation of 'Contact First' and 'Urgent Primary Care' pathfinder are key deliverables of the Welsh Government (WG) Urgent and Emergency Care (UEC) Policy Goals (PGs). Specifically, they relate to Policy Goal 2 and the provision of the 'Right Place, First Time' (see Figure 1. below)

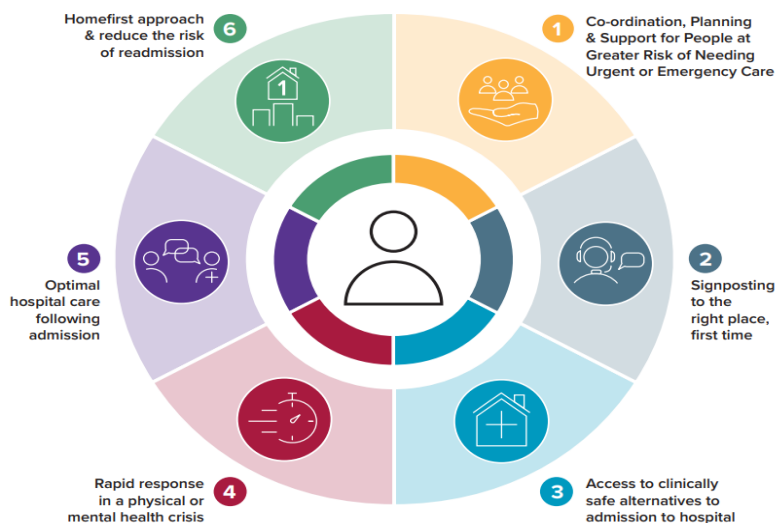


Figure 1. Welsh Government 6 Policy Goals for Urgent and Emergency Care

WG 'Contact First'

The WG 'Contact First' programme aims to ensure that patients with 'urgent care needs' in the community are provided with access to alternative and more appropriate clinical support for their needs while contributing to reducing demand in Emergency Departments (EDs) across Wales. 'Urgent care' in this context is defined nationally as *'Health and wellbeing issues that may result in significant or permanent harm if not managed within the next 8 hours'*.

The 'Contact First' programme has recently been rebranded by WG as 'Think 111 / 111 First' and promotes a refresh of the 'Choose Well' campaign. As part of this programme, patients will be encouraged to contact '111' for health and wellbeing advice prior to self presentation to EDs.

The '111 First' model expects HBs to implement Local 'Streaming' Hubs. These Hubs will be managed by senior clinical assessors who will accept referrals from '111' of patients whose needs could be managed more appropriately by other services. This will also facilitate the scheduling of ED appointments and contribute to the management and staggering of demands across a 24/7 period. The 'Streaming Hub' is also expected to receive referrals from patients who inappropriately present with urgent primary care needs to EDs. Similarly, the Hub will take referrals from the Welsh Ambulance Services NHS Trust (WAST) for patients whose needs do not require conveyance to EDs and could be more appropriately managed in the community. The Hub will also facilitate scheduled appointments for WAST and GP referrals for Same Day Emergency Care (SDEC) to provide a 'safe alternative to hospital admission' as outlined in Figure 1 above and the UEC Policy Goal 3.

Urgent Primary Care Pathfinder

To support the redirection of patients deemed to have inappropriately presented to EDs or to '111' for advice, WG expects HBs to establish Urgent Primary Care Centres (UPCCs). These UPCCs will triage and provide 'eyes on' assessment of patients whose needs could be managed by primary care – usually Pharmacy and/or General Medical Services (GMS). HBs in urban areas such as Aneurin Bevan, Cardiff and the Vale and Swansea Bay have established UPCCs which also accommodate their 'Local Streaming Hub' providing a 'one stop shop' for 'Think 111 / 111 First'.

Our UPCC pathfinder design reflects our rural geography and considers ease of access to primary care for our population. This design has been considered collaboratively with our GP contractors, community multi-disciplinary teams and responses from the public during our Transforming Clinical Services engagement programme. The latter strongly indicated the need to ensure we deliver access to care, closer to home and confirmed to us that establishing one UPCC could never meet the needs of our whole population.

Our '111 First' and UPC Model

The infographic in Appendix 1 presents our design for '111 First' and the associated 'Streaming Hub' (depicted by an avatar with headphones on a laptop).

To provide ease of access to the 'Streaming Hub' it has been agreed that the clinical assessment would be provided remotely thereby providing triage and advice to all regardless of where the patient lived or presented. Remote Clinical Assessors at the Hub are required to be GPs with a minimum of 5 years' experience and on the Medical Performers List. Each Remote Clinical Assessor is reviewed by the Deputy Medical Director for Primary Care prior to recruitment to a 'Streaming Hub' bank.

In designing the model, our GPs clearly indicated to us that, should their patients inappropriately present to EDs, their preference would be for those patients to be redirected to them on the premise that *'we know our patients best'*. Similarly, any patients approaching WAST or '111' for advice whose needs could be assessed and treated in primary care should also be redirected to the patient's own GP. Our UPCC therefore is 'virtual' in nature i.e., the UPCC will always be the patient's own GP hence providing urgent care 'closer to home'.

The 'Hub' Clinical Assessors will also be responsible for supporting the GP to schedule SDEC appointments for their patients in the acute hospital. Similarly, the 'Hub' Clinical Assessors will also be able to direct patients and their families to community care to support intermediate and palliative care needs.

'Go Live' of the '111 First Streaming Hub' was anticipated in a phased approach following discussions with WAST and the '111' national programme:

- Step One – Redirection of '111' enquiries relating to ED appointments
- Step Two – Redirection of '111' enquiries, ED inappropriate attendances, scheduling of SDEC appointments and WAST conveyance redirection.

WG announced in March 2021 that £25m would be available for HBs in Wales to implement their UEC models. The model and associated investment proposals were duly submitted to WG by the deadline in May 2021.

WG have also articulated the expectation that HBs implement a formal Programme Management structure or UEC Triumvirate to lead the implementation of the UEC improvement programme (including '111 First' and UPCCs).

An updated position on '111 First' and Urgent Primary Care pathfinder is outlined in the Assessment section below. The updated position also includes an overview of the current position for the other components of our HBs UEC programme (Programmes 3, 4, 5 and 6) acknowledging the interdependency between these and the '111 First' and UPC elements.

An update on how we will evaluate outcomes of the service and communication and engagement with our public is also included.

Asesiad / Assessment

UEC Policy Goal / WG Key Deliverables	HDUHB Position	Next Steps
Programme Management Structure – the 'UEC Triumvirate' Focused on delivery of the Six Policy Goals	<ul style="list-style-type: none"> • UEC PMO approved and recruitment in train for Programme Lead, PMs, Analysts, Strategic Clinical leadership • Pending formal confirmation from WG re: funding to support PMO • Teams Channel & associated Project Management infrastructure in place 	<ul style="list-style-type: none"> • UEC Delivery Group inaugural meeting 28th October 2021 • Identify and appointment of Business Change Managers to lead Policy Goal implementation through Expressions of Interest (EOI) internally
PG 1 – Proactive Care, Risk Stratification, Stay Well planning and Early Intervention	<ul style="list-style-type: none"> • Delta Connect and Telehealth • Developing a Risk Stratification Tool • Falls strategy development 	<ul style="list-style-type: none"> • Group agreed with WG colleagues in attendance

	<ul style="list-style-type: none"> Hywel Dda Pathfinder for WG defining Proactive Care and 'what good should look like' 	
PG 2 – Signposting to the right place, first time	<ul style="list-style-type: none"> Strengthen GMS Urgent Primary Care response On boarded Salaried GPs On boarded UPC / IC GPs to Bank Successful bid to WG (£1.4m) per annum 'recurrent' WG confirmed funding for Streaming Hub 'Go Live' Streaming Hub October 2021 for ED dispositions (phase one) pending Memorandum of Understanding (MOU) sign off by both organisations (WAST and HB) PTAS commenced (soft launch) 	<ul style="list-style-type: none"> Recruiting to UPC resource in GMS Recruit UPC / IC Medical Lead (inc Governance) Anticipated 'Go Live' for phase 2 of Streaming Hub Q4 (pending WAST and 111 readiness) Scoping other pathways to redirect patients presenting at Streaming Hub for when 'Go Live' confirmed for Phase 2 Recruiting additional scheduling and rostering resource for GP OOH who will provide in hours resource for 'Streaming Hub' as part of our 24/7 offer
PG 3 – Access to Clinically Safe Alternatives to Admission	<ul style="list-style-type: none"> SDEC Maturity Matrix Assessment undertaken Enhance SDECs and aligning to frailty assessment and 'community wrap around' Recruitment to enhance SDEC provision commenced Funding Confirmed £1.5m per annum recurrent until 2025 £1.5m non recurrent 2021 / 22 	<ul style="list-style-type: none"> Monitor Impact on live UEC Dashboard Formal Project Management of this Policy Goal commences w/c 18th October 2021
PG4 – Rapid Response to physical and mental health crisis	<ul style="list-style-type: none"> Implemented community best practice Intermediate Care, Palliative Care, Chronic Conditions and Mental Health Crisis pathways 	<ul style="list-style-type: none"> Aligning available community rapid response to the design of our 111 First Streaming Hub to support efficient and effective redirection
PG5 – Optimal Hospital Care following Admission	<ul style="list-style-type: none"> Implement SAFER Frailty Screening at Front Door Baseline Assessment undertaken 	<ul style="list-style-type: none"> County System implement improvement actions identified against baseline assessment Regional Group to implement Frailty Best Practice (includes Dementia and End of Life (EoL))
PG6 – Home First and Reduce Risk Admission	<ul style="list-style-type: none"> Implement D2A and Home First Baseline Assessment undertaken Robust Implementation D2A, Home First £740k Transformation Scaling Funding Enhanced Bridging Service 	<ul style="list-style-type: none"> County System implement improvement actions identified against baseline assessment
Comms & Engagement	<ul style="list-style-type: none"> Draft Plan in place 	<ul style="list-style-type: none"> Comprehensive Communications and Engagement Plan for sign off by Operational Planning Delivery Group 27th October 2021
Performance Outcomes / Framework	<ul style="list-style-type: none"> Time Spent at Home – Reduced 'days lost' across the system (WG Pathfinder) Review of opportunities to recover 'days lost' with UEC programme 	<ul style="list-style-type: none"> National input to Healthy Days at Home working group

- Development of Performance Outcomes dashboard to include performance metrics automated reporting for community (the 'So What')

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- Acknowledge the current position related to the implementation of WG UEC Key Deliverables '111 First' and 'Urgent Primary Care Centre'.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate (PO 5J).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk Number 1027 Inherent Risk score 20 Current Risk Score 16 Target Risk Score 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Welsh Government Winter Planning directives
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Not Applicable
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	All accounted through funding streams outlined above
Ansawdd / Gofal Claf: Quality / Patient Care:	Robust winter plans ensure patient care continues to be provided throughout the winter period.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	There could be significant reputational risks for HDdUHB and partners in the event of major incident.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	The Integrated Winter Plan reflect the needs of the population.

111 First / Urgent Care Model

