TRANSFORMING URGENT CARE

Examples of improvement from OOH multidisciplinary & collaborative working

Dr Rebecca Green, Dr Ross Stewart, Edmund Witkowski

INTRODUCTION:

In 2015 a national review of primary care out-of-hours (OOH) services was commissioned by the Scottish Government to examine the challenges of the safe delivery of services during the out-of-hours period. In the report *'Pulling together, transforming urgent care for the people of Scotland'* recommendations were made for a new multi-disciplinary model that includes doctors, nurses and allied professionals from health and social care, rather than relying on a medical workforce of general practitioners which are becoming increasingly harder to recruit.

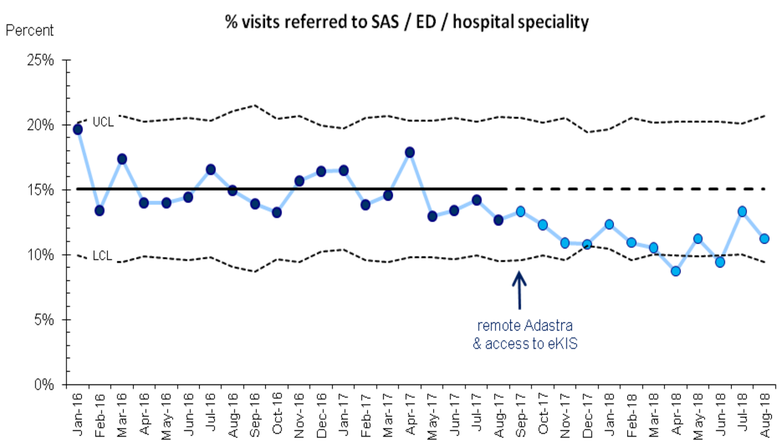
Borders Emergency Care Service (BECS) delivers urgent primary care (assessment & treatment of acute illness, palliative care and acute nursing care) during the out-of-hours period for the 114,040 population of the Scottish Borders, seeing/treating about 18,000 patients per year, historically by doctors and nurses. Transformation was therefore needed to develop a more sustainable workforce and model of urgent care delivery.

AIMS & OBJECTIVES:

As the need and demand for patient care in the community or a homely setting increases, we aimed to develop a sustainable urgent care multidisciplinary workforce by facilitating & empowering already established links between historically separate services & partners, working collaboratively to respond to the needs of our local population and provide person-centred, effective & resource-efficient clinical care at home/in the community whenever safe and feasible to do so, in line with the Scottish Government's 2020 Vision.

METHOD: In line with priorities for local implementation agreed by the Integrated Joint Board, we focussed on collaborative working to improve pathways of care, and workforce redesign.

OUTCOMES:



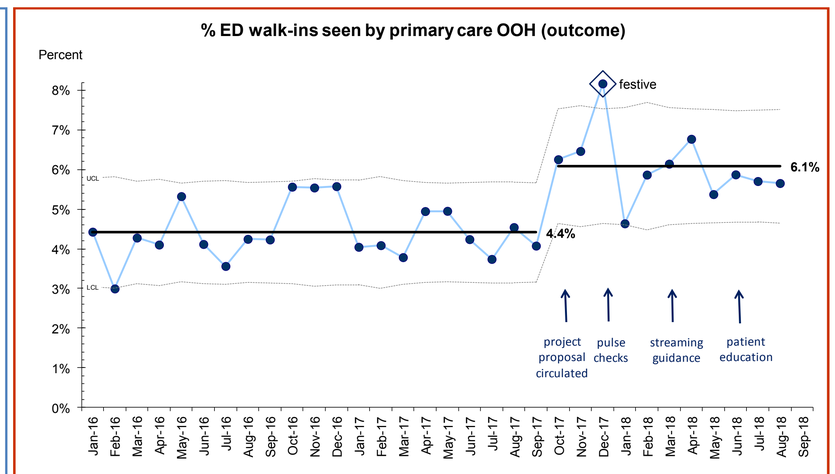
Preventing admissions in frail elderly:

- Increased numbers of **OOH Nurse** prescribers mean that patients can receive medications more quickly
- Adastra Aremote software/hardware to allow nurses to remotely access notes, triage info, and the ECS/eKIS
- Access to EMIS-web so that clinicians have up-to-date palliative and community nursing information to make informed decisions
- Improved ACPs: OOH GP quality improvement project working across primary-secondary care interface
- Direct phone access for palliative patients avoids wait for NHS24 triage and allows help to be provided more quickly
- Working with Social Work to respond to uninjured fallers over-night. Lifting equipment have been purchased to support this, and **Drivers retrained as Healthcare Support Workers**

The addition of OOH **Advanced Nurse Practitioners (ANPs)** offers a real opportunity to transform the model of care, optimise available resources and develop a more robust & resilient service that is fit to withstand future GP workforce challenges. The project objectives were therefore to:

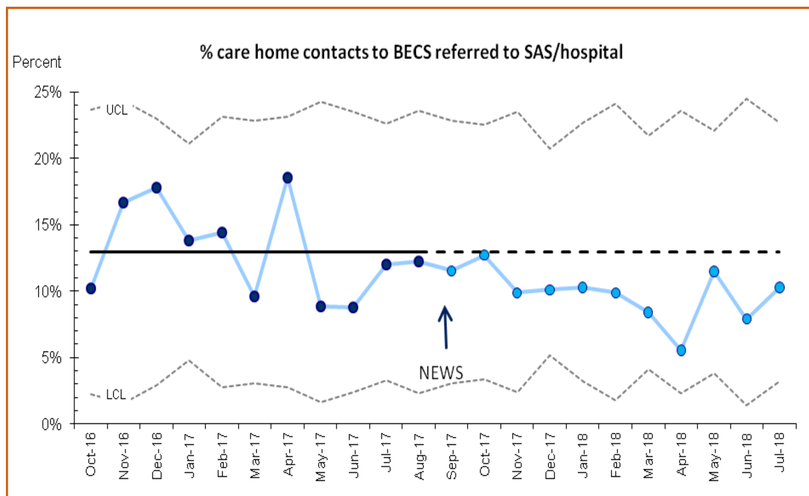
- To reduce reliance on GP-led care, by developing a multidisciplinary workforce, increasing service resilience and reducing overall costs.
- To develop the Advanced Nursing role, in line with national and local strategy, focusing on autonomous practice in the assessment and management of patients requiring urgent care.
- To promote a safe, patient-centred and quality-assured clinical environment, by introducing Advanced Nurse Practitioners (ANP) in a planned and structured way.

ANPs had 3-6 months supernumerary supervised practice before re-placing GP hours during weekday backshifts and daytime weekends, on a 3:2 basis to allow for longer consultation times.

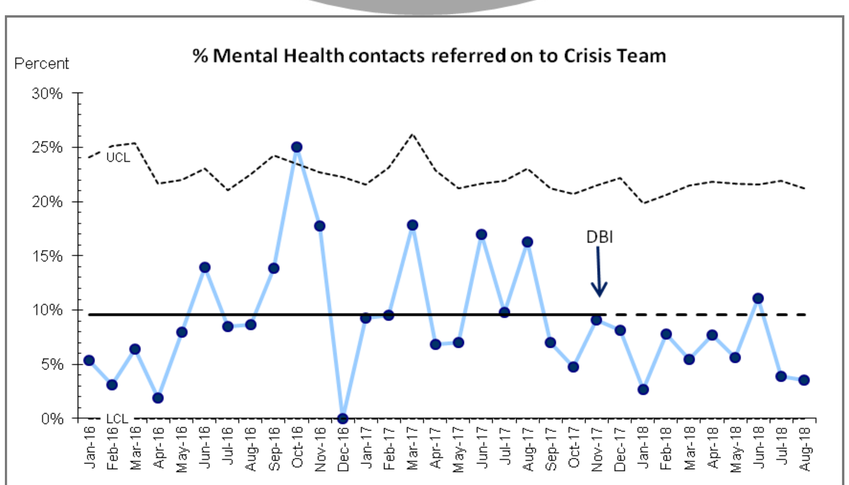


Approximately 15 in every 100 people arriving at the Emergency Department (ED) at the Borders General Hospital have a non-urgent problem that is neither an accident or true emergency. Research suggests that **Primary Care GPs working in/near ED** see patients with minor illness more quickly, do less tests and admit less patients to hospital than standard ED care, without increasing re-attendance rates, reducing pressure on over-crowded Emergency Departments and matching appropriate clinician to patient need.

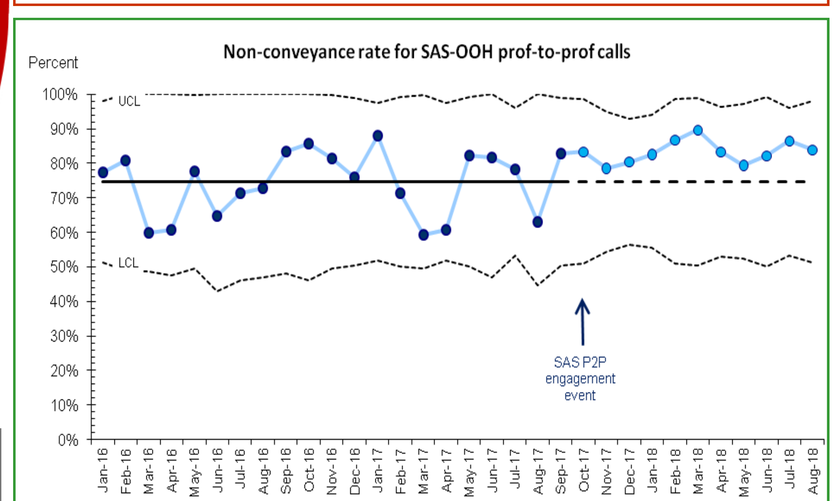
- OOH "Pulse checks" and sharing of activity figures with the ED at peak times to improve inter-departmental collaboration (flow)
- Streaming guidance to facilitate redirection of ambulatory non-injured ED triage category 3/4/5 patients to the co-located Primary Care OOH centre (value-stream, push)
- Patient education with "Meet ED" leaflet for redirected patients



We have been working collaboratively with a NHS Borders project which has introduced NEWS early warning scores to **Care Homes** to aid **recognition of the deteriorating patient**. Care Home staff have been trained to take patient observations, calculate a NEWS score and then escalate appropriately for clinical advice using SBAR communication. BECS provides OOH professional-to-professional support and decision making, and we hope to supplement this soon with the use of "Attend Anywhere" video weblink consultations. So far admissions have been reduced without increasing the overall OOH contact rate.



In Nov 2017 we joined the NHS Borders **Mental Health Distress Brief Interventions** (DBI) pilot. A DBI is a time-limited and supportive problem-solving contact with an individual in distress. It is a two-level approach. DBI level 1 is provided by frontline staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service, which is commissioned and provided by trained third sector staff who would contact the person within 24 hours of referral and provide compassionate community-based problem solving support, wellness, distress management planning and supported connections for up to 14 days.



We have been working closely with the **Scottish Ambulance Service** (SAS) to increase engagement and use of the **professional-to-professional (P2P) advice** via direct access to an OOH clinician, and in particular in relation to the development of a local SAS COPD pathway which will rely on P2P support for access to eKIS special notes information and the provision of medication (antibiotics and steroids) to allow appropriate patients to stay at home and avoid hospital admission when this is safe to do so.

Borders Emergency Care Service (BECS)

Contact: Dr Ross Stewart, GP Clinical Director

ross.stewart@borders.scot.nhs.uk, Tel. 01896 826 996