Overview

Our system is changing – we will describe how and why.
• Our hypothesis is that we do not have sufficient grip on our management of urgent care.
• We know that the better management of Long Term Conditions will reduce demand for urgent care.
• Our presentation will take you through how urgent care pathways operate at present, how we spend money to deliver care along these pathways and what we think needs to change.
• We want to explore with you how our system could work better through applying a different approach to
  – Clinical leadership
  – Patient involvement
  – Developing a responsive and enabling management infrastructure
A Place of Contrasts
Primary care in England
Strengths and challenges

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
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<tr>
<td>✅ Millions of contacts with patients each year</td>
<td>Services that don’t always fit together &amp; can be confusing to navigate</td>
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<td>✅ Personal continuity of care &amp; strong ties to local communities</td>
<td>People want more involvement in their health and care</td>
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<td>✅ Professional ethos and high levels of patient trust</td>
<td>Unwarranted variability in quality and access to services</td>
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<tr>
<td>✅ Improvements in quality of care, e.g. for people with long term conditions</td>
<td>Changing public expectations, demographics and nature of disease</td>
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Access to GP services

- 99% of public registered with a GP practice
- Average person visits a GP 4 times a year
- Over 15% of population see their GP in any 2 week period
- 85% of population generally satisfied with access to GP services:

The new NHS system

Department of Health

NHS

- NHS Commissioning Board
- GP commissioning consortia

Providers

Social care

- Monitor (economic regulator)
- CQC (quality regulator)

Public Health England

- (part of DH)
- (Local health improvement in LAs)

Local authorities (via health & wellbeing boards)
NEW NHS SYSTEM

• PRIMARY CARE PHYSICIANS WILL CONTROL 80% OF NHS EXPENDITURE

The urgent and emergency care pathway in Calderdale

Multiple patient entry points
Out-of-hours primary care challenge in Calderdale

Awareness of GP Out of Hours (OOH) Services 2008/09, by PCT, Yorkshire

Speed of care received from GP Out of Hours (OOH) Services 2008/09, by PCT, Yorkshire

Satisfaction of care received from GP Out of Hours (OOH) Services 2008/09, by PCT, Yorkshire

Convenience of care received from GP Out of Hours (OOH) Services 2008/09, by PCT, Yorkshire

Reducing emergency admissions through effective primary care

Strong relationship between emergency admissions across Y&H explained by smoking prevalence of those with long term conditions

National average performance is 95.00. All but 1 of PCTs in Yorkshire and Humber have a poorer performance than the average.
The urgent and emergency care challenge in Calderdale

- Year on year 4.3% increase hospital cost
- 6.6% increase in hospital activity
- 12.5% increase in 0 days length of stay
- Total Hospital cost of £42 million (420 million Kr)
- 12% of our total expenditure

The urgent and emergency care challenge in Calderdale

- High and increasing em admissions, A&E activity, walk-in centre visits
- High rate of NHSD calls - and low proportion ‘closed’
- Low awareness of GP OOH, and low patient satisfaction ratings
- Low spend on OOH
- GP quality overall OK - but wide variations
- Readmissions quite high (incl. FnoF)
DO YOU RECOGNISE THESE ISSUES / CHALLENGES

How do you:

- Manage demand in your system
- Improve the management of Long Term Conditions in primary care?
- Raise awareness of pathways?
- Move resources and capacity in the system?

THE FUTURE URGENT & EMERGENCY CARE PATHWAY

Source of referral 2010/11
Self Referral = 65%
Parent = 15%
GP Referral = 3%
Other Referral = 10%
Reg. = Police, LCD, Nursing Home, Walk in establishment
Cost = £444,000

Signposting to alternative services e.g. preventative/community etc.
Our conclusions

- Our system incentivises Activity
- Little success in changing patient behaviours for urgent care
- Management led change is not enough (Macro level) -
  - Clinicians not properly engaged

Opportunities

- System wide health and social care arrangements are changing
- Develop the capability of the microsystems to deliver improvement
- Develop Clinical Leadership
- Establish integrated metrics across the (macro to micro) system
Our question / Our offer

• How can we transform the urgent care system using microsystems across the primary / secondary and social care interface
• Partnership in our journey to develop and share the learning.
• Build on our history to deliver the long term vision for Calderdale