

# An Emergency: Taking Control of the Demand and Access for Urgent Care services

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# Reform over the last 4 years



# Reality



# Lessons from England



# Best Kept Secrets

## Population

### New Zealand

4, 296,756

4 people per sq mile

### Australia

22, 518,752

7.5 people per sq mile

### England

51, 446,000

1021 people per sq mile

## Square Miles

### New Zealand

104, 427 sq miles

### Australia

2, 988,901 sq miles

### England

50, 345 sq miles

# Emergency and Urgent Care

- The origins of the 4 hour target
- The positive and negative impacts of the 4 hour target
- Innovations and developments in urgent care
- Managing demand through a single point of telephone access
- Some pearls of wisdom

# The Scale of the Problem

## A “bottle neck”

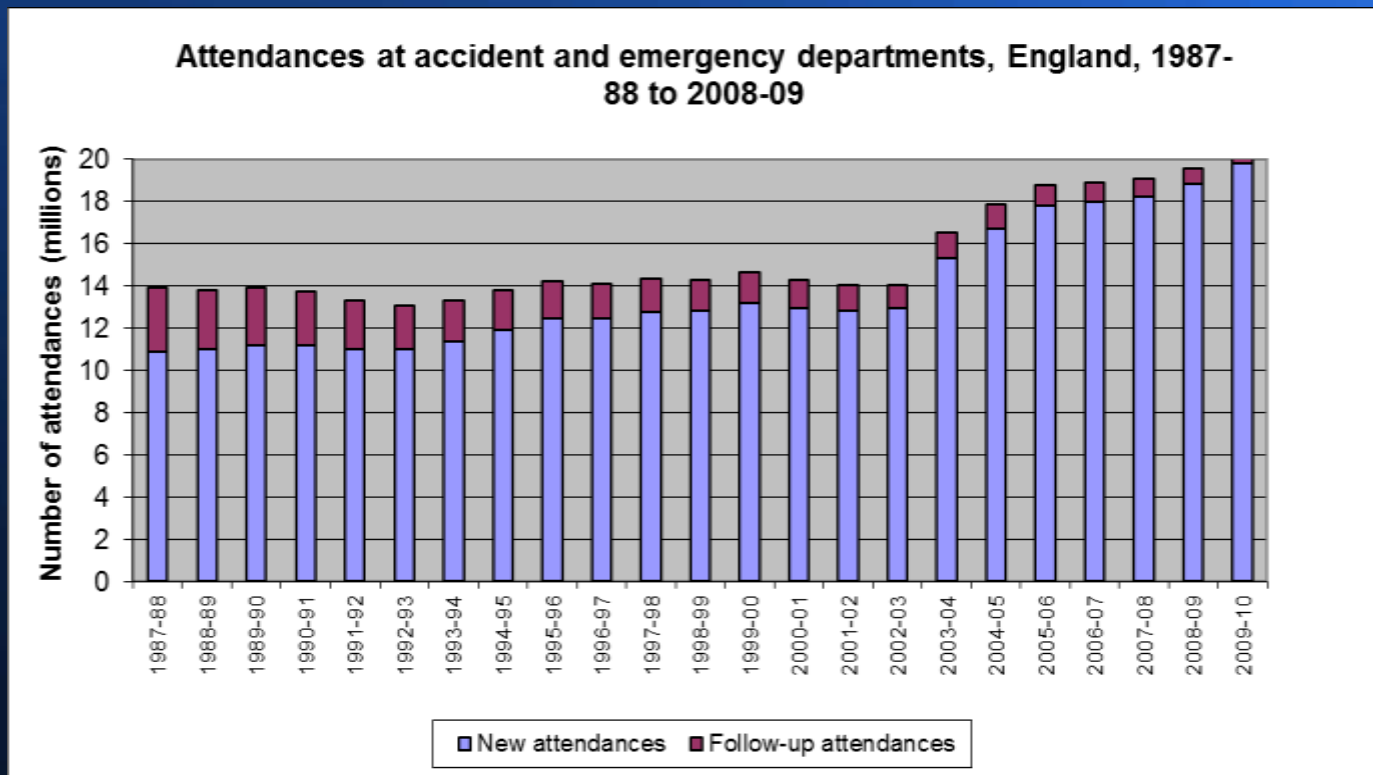


- Increasing attendance
- Unmanaged demand
- Under resourced departments
- Blocked hospital beds
- Unresponsive community services
- Lack of referral opportunities to social and mental health care services

# Policy Initiatives 2000-2005

- The 4 hour target in Emergency Departments
- Reducing ambulance journey times and handover
- Introducing NHS Direct 08454647 & NHS Choices
- Changes in Out of Hours Service provision
- Creation of walk-in-centres, minor injuries units and urgent care centres
- **And the impact?**

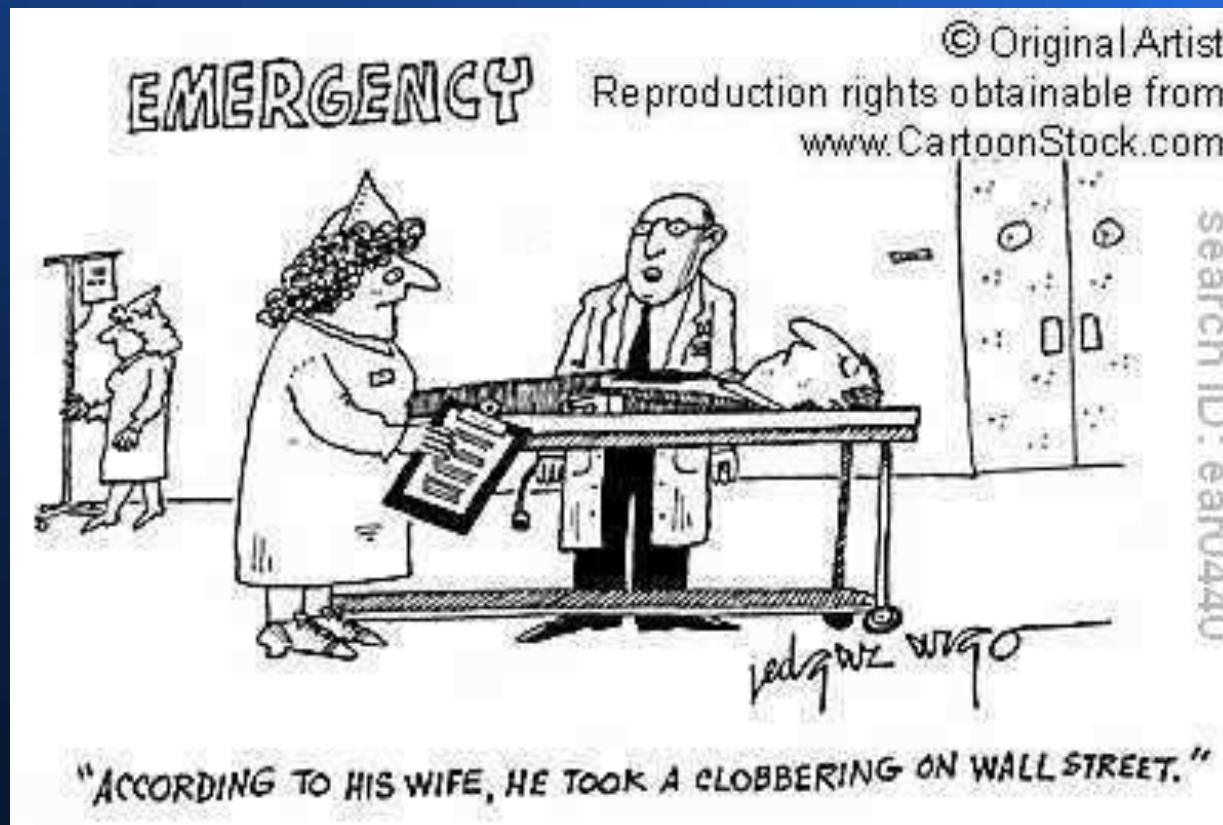
# Attendance continues to rise. Why?



# Probable Causes

- Considerable publicity about the achievements of the 98% target and 4 hour wait
- Target for seeing a GP in 48 hours
- Public perception, preference and choice
- Increase in the population
- Changes in demographics
- Conflicting incentives within the GP contract

# So what next?



# Radical Reform under a Coalition Government May 2010

- Massive financial and economic challenge-  
£20bn (\$32bn) efficiency savings expected out  
of a total budget of approximately £90bn  
(\$144bn) over the next 3 years
- Major organisational reconfiguration
- GP Commissioning Consortia
- Health and Well Being Boards

# Practical Next Steps

1. Continue with the 4 hour target
2. Create better access to local urgent care services
3. Undertake visual clinical assessment on arrival at the Emergency Department
4. Improve access to GP services
5. Develop demand management through NHS 111

# The 4 hour target

- Relaxation of the 98% target?
- Continue escalation procedures during periods of increased demand
- Visual clinical assessment prior to triage
- Prepare for predictable demand
- Flexible work force rotas
- New ways of working for ambulance services



# Modernisation of Urgent Care Services

- Urgent care is defined as “patients requiring prompt attention to their immediate needs”.
- 60% of patients attending ED are in the wrong place
- The vast majority of patients attending ED do so during GP practice opening hours
- Use of 999 far exceeds the need for immediate attention
- Ambulances are not taxis

The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font, set against a blue rectangular background.

# Diversification



# Kingston Hospital- SW London

102,000 attendances at ED  
2009



## Service Reform Agenda

- ❖ Continue to meet the 4 hour target of 98%
- ❖ Continue to sustain low hospital admission rates
- ❖ Ensure patients with urgent and non-urgent needs are seen by the most appropriate clinician
- ❖ Develop a fully integrated emergency and urgent care team-the ultimate challenge!

# Meet, Greet and Decide

## Valuing Clinical Assessment

- ✓ Ambulatory patients have a rapid assessment on arrival at ED by senior nurses with a prescribing qualification
- ✓ Expand to include selected category B and all category C ambulance arrivals
- ✓ Include paediatrics
- ✓ Access to diagnostic tests
- ✓ Evaluation and cost analysis of primary care clinicians in the ED

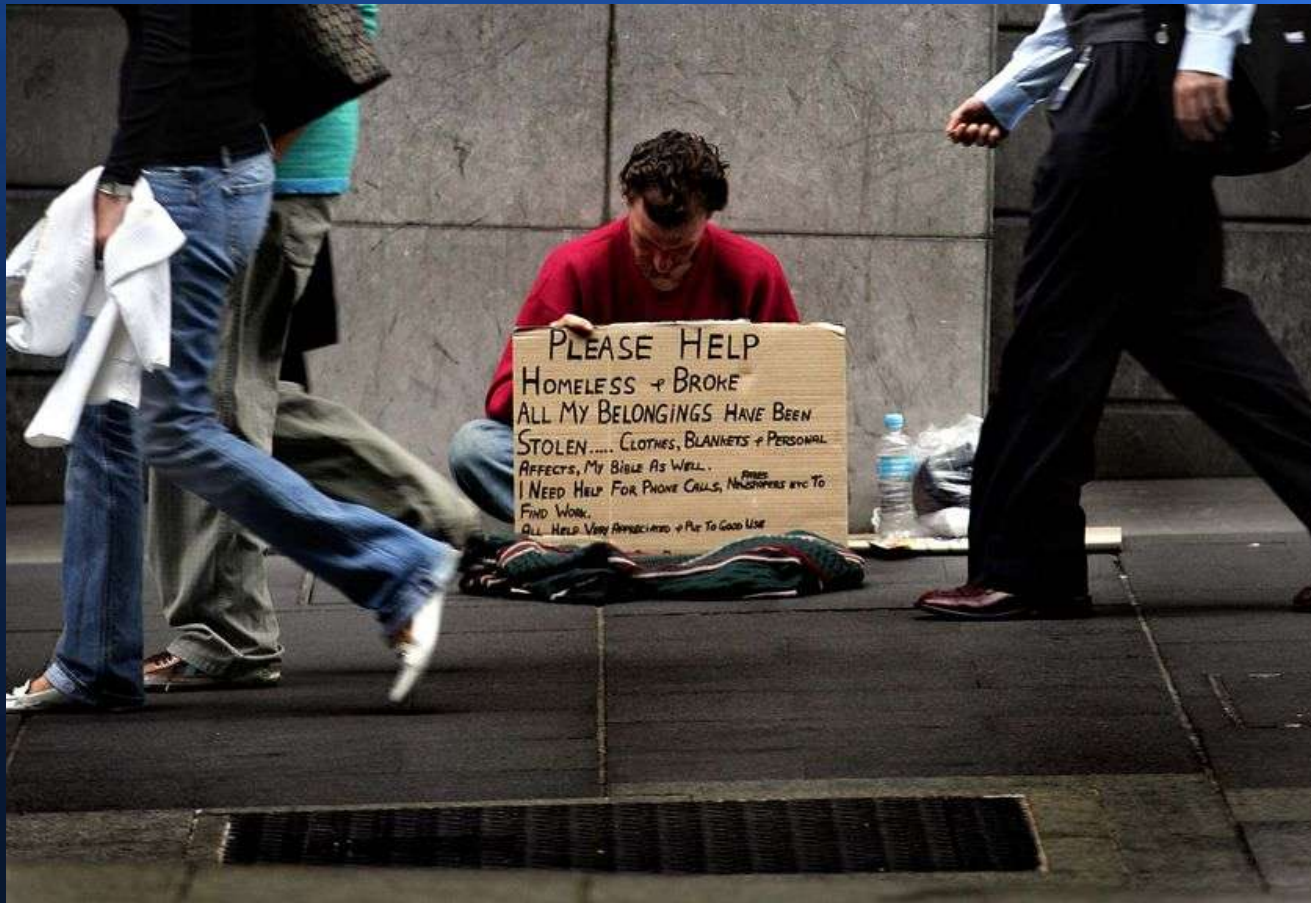
# NHS 111

## “Taking Control of Urgent Care”

- Policy implementation journey since 2005
- Localised projects on single point of access
- Evaluation of first 3 pilot sites will be completed towards the end of 2011
- Massive opportunity to take control of urgent care demand and re-direction to primary care
- NHS Direct, NHS Choices and StartHere

# Homeless and Vulnerable People

Reducing inequalities is on the back burner



# Action List

- ❖ Greater public responsibility for access
- ❖ Strict management of demand and incentives for appropriate access to alternative services
- ❖ NHS 111 to achieves its full potential
- ❖ GPs commission appropriate services for their local populations
- ❖ Best value for money, quality and safety.

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