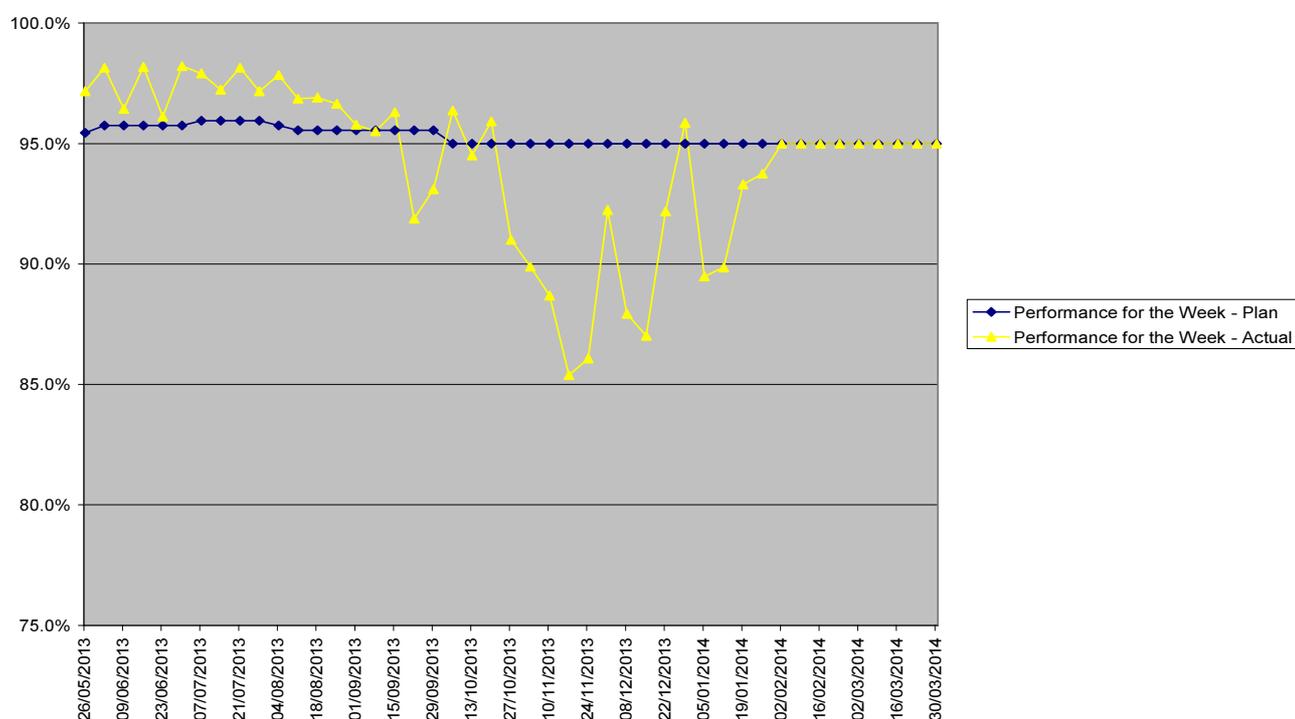


URGENT AND EMERGENCY CARE

Update for Joint Overview and Scrutiny Committee
Dara Coppel
11 February 2014

1. Context Setting

1.1 Despite ongoing investments and actions, performance in recent weeks against the four hour target standard (patients being seen and discharged within 4 hours) in the Emergency Department (ED) at Nottingham University Hospitals (NUH) has been poor.



1.2 In order to address the recent poor performance and mitigate the risks over the remainder of the winter, the Clinical Commissioning Groups (CCGs) are working closely with NUH to implement a Recovery Plan for both the hospital and community providers who support the urgent care pathway. Examples of work that is being prioritised within this plan include:

- Ensuring there is an overnight ED consultant
- Deep dive into root causes of breaches in minors area
- Increased use of Geriatricians and multi disciplinary teams to support appropriate discharges
- Development of a daily dashboard to better understand capacity and demand across the system.
- NUH alerts to GPs and other community providers when NUH is under pressure.

1.3 With the support of NHS England, the CCGs have also invested additional non-recurrent money to support the urgent care system over the winter period:

- Increased capacity in the ED majors area
- Further increase in capacity in the Primary Care Service in ED
- Opening of additional medical beds at QMC and City Hospital
- Increased capacity in the team that supports the discharge process to health and social care services in the community
- Increased capacity to community home provision
- Increased support to EMAS to reduce the proportion of patients conveyed to hospital (GP to work with ambulance crews and increased dedicated falls service).

2. Accountability for Emergency Care

2.1 The two key groups who are responsible for overseeing the implementation of the Recovery Plan and Improvement Plan are the Collaborative Commissioning Congress and the Urgent Care Working Group (UCWG).

2.2 The establishment of a senior strategic level group – the Urgent Care Working Group (UCWG) - aims to optimise the delivery of the improvement plan and recovery plan and is accountable directly to the Collaborative Commissioning Congress. Five subgroups now operate beneath the UCWG covering 1) Primary Care Access 2) Frail Older People 3) Performance Oversight 4) Provider delivery and 5) Local System Resilience.

2.3 The UCB submitted an improvement plan to Nottinghamshire and Derbyshire Area Team and NHS England Midlands and East in October and were informed that we are “fully assured”. The most recent Recovery Plan against the four hour target was submitted on 27 January 2014 and we are awaiting further feedback.

3. Conclusion

3.1 There is a lack of clarity with respect to what exactly is driving this recent and continued episode of poor performance. Greater Nottingham has adopted much of the evidence based practice that currently exists yet it is still struggling to compete with the growing demand on emergency and urgent care. Understanding actual capacity and demand, and recruiting appropriate staff in to vital roles (ED consultants, paramedics, Acute Physicians) remain key challenges to the current local system.

For further details, or copies of the Recovery Plan or Improvement Plan please contact:

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