

Moving Forward Together.



Unscheduled Care Workstream Overview

What is the Unscheduled care Workstream

Unscheduled Care is described under Moving Forward Together as:

Services that are unplanned requiring out of hours urgent appointments, attending a minor injury unit or emergency department or needing an ambulance via 999

It will develop a range of services, new ways of working and work alongside people to ensure they access the right service in the right place at the right time. This will be to improve self-care and anticipate needs to prevent hospital admission and ensure that people only use emergency services when there is a need to do so.



What are our priorities

The Unscheduled Care Workstream is going to initially focus on these areas to transform health and social care services:

1

A range of **Community Alternatives to Emergency Departments** and improving knowledge of and supporting people to use these appropriately and to self-care better

2

Working with care homes to improve the anticipatory care needs of the elderly and interventions to prevent admissions to hospital

3

Comprehensive out of hours hubs with resources to support an enhanced community network in-line with the Out of Hours service review

4

Developing processes to support people appropriately in the community or at home to prevent avoidable attendance at Emergency Departments

We have rising demand at our emergency departments

People often attend ‘**Emergency Departments**’ that don’t need urgent or specialist care. There are often more suitable alternatives in the wider health and social care ‘system’ and we are looking to develop more of these.

The alternatives might be accessed on-line or by telephone and there is a broad range of specialists including community pharmacy, optometrists, nursing and allied health professionals such as physiotherapists. These could be used better. However we know that people make choices based on their experience and information available to them.

Our aim is to therefore develop services alongside the public to ensure that these alternatives are:

- **Easily understood and make sense to the people who might need them**
- **Are easy to access, responsive and there when they’re needed**
- **Delivered by the right health care professional in the right place**



Community Alternatives to Emergency Departments for Urgent Care

We need to develop alternatives to attending Emergency Departments that are local and accessible, and provide alternatives to admission:

- Minor Injuries Units
- Ambulatory hospital care
- Pathways that provide rapid outpatient appointments to 'hot clinic's' that GPs can refer into

For people who are not emergency but 'urgent' i.e. they need specialist attention within 36 to 48 hours, our services are geared up to provide urgent appointments, responsive to these needs – avoiding the long waits that can happen following admission to busy emergency departments who are dealing with life threatening accidents and illness.



Working with care homes

Care Homes are important NHS and Local Authority partners and we enjoy close working relationships to provide the best possible health and social care .

More recently there has been a focus on:

- Ensuring people at risk have **Anticipatory Care Plans**
- Rolling out the **Red Bag** scheme which ensures if a person needs to be admitted, the bag which contains their medication, information on their needs and personal items comes with them, helping the hospital team with their care.
- **'Dashboards'** alerting community health care teams to when a person is in hospital, assisting with co-ordination of discharge

There are more opportunities to support patients within Care Homes reducing the need to be in hospital such as:

- **Upskilling Care home staff**
- **Video link consultations with specialists**

Working in partnership with Care Homes, we will be developing these and other ideas to improve the care of people and avoid unnecessary stays in hospital



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Developing new processes to support people appropriately at home or in the community setting

For many people, emergency admission to hospital follows a period when their health has gradually got worse. This decline in health can often be anticipated and with sensitive monitoring and earlier support at home a hospital admission can be prevented.

We are looking to develop community based networks of health professionals using technology to safely and effectively support people in their homes, working with district nursing, GPs and hospital specialists. For example

- Specialist teams that support people at home with long term conditions such as lung disease or heart failure
- Community based diagnostic facilities in health centres such as Rapid Access Chest Pain clinics



Development of a more streamlined, integrated and efficient provision of Health and Social Care Out of Hours Services

Responding to challenges within our services and a government review of out of hours services there has been a 2 year programme to redesign how a broad range of services should deliver care in the out of hours period.

We held engagement sessions from May to September 2018 to enable a broad range of health and social care staff the opportunity to work through and agree actions and next steps for the proposed new system-wide out of hours service model.

A key output of the sessions was that an **Urgent Care Resource Hub** approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social care out of hours services across the whole GG&C area. This will improve access to:

- **Social Work**
- **Out of Hours Children's Services**
- **Social Work Residential Services**
- **Emergency Dental Services**
- **Emergency Homelessness Services (Glasgow City)**
- **GP Out of Hours**
- **District Nursing**
- **Mental Health Services**
- **Rehabilitation Services**
- **Community Pharmacy and Optometry**
- **Home Care**

The outcomes and enablers

The transformation of unscheduled care services will lead to

- A single point of access for community settings that can co-ordinate support from multiple services based on need
- Triage, signposting or referrals to statutory or non-statutory services, based on need
- A focus on continuity of care and co-ordination of care for individuals with multiple conditions
- Co-ordinated care at crisis or transition points and for those most at risk or with the most complex care needs
- Access to specialist advice by telephone or in other settings if face to face assessments are required
- Rapid escalation of support or clinical care

It will need

- Shared electronic records and Anticipatory Care Plans to support staff to make decisions in the out of hours period



Tell us what you think

What are your thoughts about the 4 priority areas that we have initially chosen to transform Unscheduled Care services?

What areas do you think we need to focus on to transform Unscheduled care services?

How can we better support people to access and use services differently so they don't default to our emergency departments?

Any other feedback or comments

