

Newcastle JSNA: Urgent Care December 2008

Overview

Urgent care has been defined as:

“The range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need.”

Source: [A New Direction of Travel for Urgent Healthcare in Newcastle, North Tyneside and Northumberland - Draft Strategy \(2008\)](#)

What do we know?

Facts and figures

Emergency admissions

- There were almost 33,000 inpatient spells of care in the 2006/07 financial year with an estimated cost of £59.7 million.
- The rate of emergency admissions to hospital in 2006/07 was significantly higher in Newcastle-Upon-Tyne compared to the England average, though lower than the regional average.
 - 51% of emergency admissions were female and 49% male.
 - Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), Stroke and Asthma only accounted for 8% of all emergency admissions to hospital
- More than a third of all emergency admissions are treated in general medicine, 11% in paediatrics and 11% in general surgery. Cardiology treats 9% of all admissions.

Table 1. Percentage of all activity of emergency admissions to hospital for Newcastle-upon-Tyne residents, 2006/07

Activity description	Percentage
Cardiac	14%
Digestive System	14%
Diseases Of Childhood	11%
Musculoskeletal System	11%
Respiratory System	11%
Haematology, Infectious Diseases, Poisoning & Non-Spc	9%
Nervous System	6%
Urinary Tract & Male Repro Sys	6%

Skin, Breast & Burns	5%
Female Reproductive System	3%
Hepato-Biliary & Pancreatic System	3%
Mouth, Head, Neck & Ears	3%
Spinal	2%
Obstetrics & Neonatal Care	1%
Eyes & Periorbita	1%
Endocrine & Metabolic System	1%
Vascular System	1%

Source: NHS Comparators

A&E

- There were 83,168 attendances at A&E departments.
- Data collected in A&E at Newcastle upon Tyne Hospitals NHS Foundation Trust shows approximately 26% of those presenting at A&E have conditions which might be more appropriately seen in primary care.
- A proportion of patients are using urgent care out of hours GP services for non-urgent conditions.
- There are two walk-in centres providing alternative services for minor injuries and illnesses. The centre at Newcastle General Hospital sees approximately 35,000 patients a year.

Ambulance services

In 2006/07 there were 32,751 urgent calls to the North East Ambulance Service.

- 7% of calls were neither serious nor life threatening (Category C) and therefore did not require an ambulance. This number is rising. The average percentage of Category C calls between April 07 and October 07 is 12%, with the period from August to October seeing a significant increase in the proportion of calls being categorised as Category C.
- 70% were serious but non life-threatening (Category B), a proportion of which do not require conveyance by ambulance.
- 23% were life-threatening (Category A)

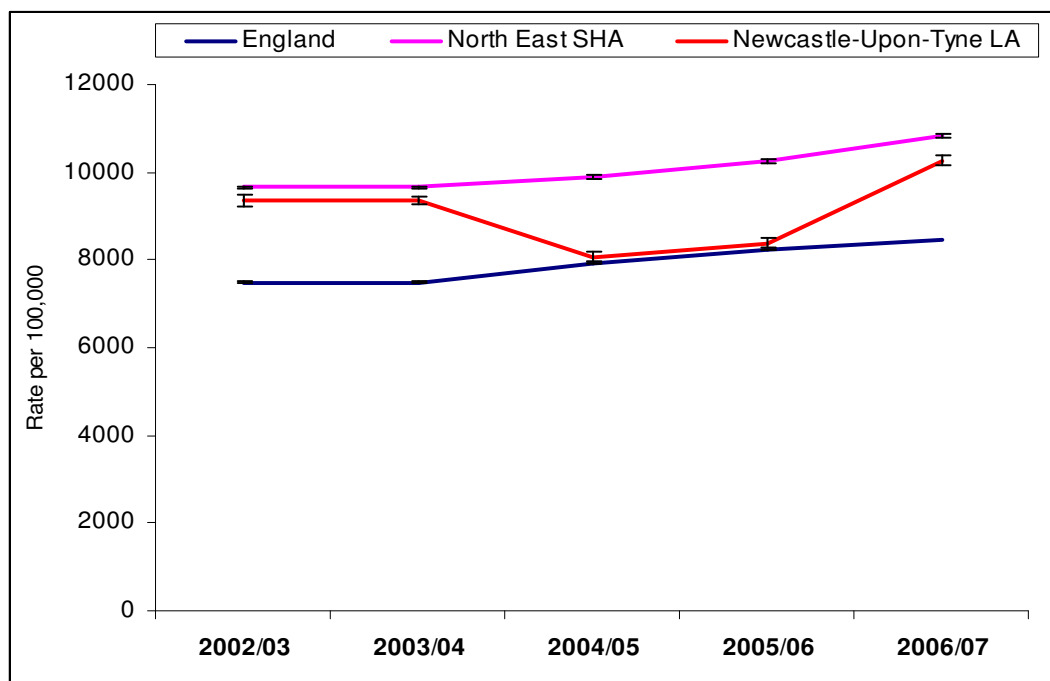
Trends

Newcastle upon Tyne

Emergency admissions

- Figure 1 shows the trend in emergency admissions for Newcastle-upon-Tyne residents from 2002 to 2007. This shows that the rate of admissions has increased in all areas; with Newcastle-upon-Tyne consistently lower than the North East average, but higher than the national average.

Figure 1. Trend in emergency hospital admissions, indirectly standardised rates, 2002/03 to 2006/07



Source: NCHOD, 2008

Table 2 Emergency bed days: actual and trajectory for Newcastle PCT

Financial Year	2003/04	2004/05	2005/06	2006/07	2007/08
Actual	186,617	186,617	200,305	193,621	190,057
Trajectory			183,113	178,448	173,754

Source: North of Tyne Urgent Care Strategy

Table 3 Ambulance Services - All urgent calls (categories A,B & C)

	2004/05:	2006/07	2007/08
Newcastle PCT	30,411	32,751	33,215
North Tyneside PCT	16,687	17,741	18,272
Northumberland Care Trust	24,788	26,527	27,248
North of Tyne	71,886	77,019	78,735

Targets

The national targets for urgent care are:

A&E

National

- 4 hour maximum wait in A&E from arrival to admission, transfer or discharge;

AMBULANCE

National

- thrombolysis 'call to needle' of at least 68 per cent within 60 minutes, where thrombolysis is the preferred local treatment for heart attack (or 20% improvement on 2003/04).
- all ambulance trusts to respond to 75% of Category A calls within 8 minutes or less;
- an ambulance able to transport the patient is expected to arrive at the scene of 95% of Category A calls within 19 minutes or less of the request for transport
- all ambulance trusts to respond to 95% of Category B calls within 19 minutes;

Local

- all ambulance trusts to respond to 95% of Category C calls within 30 minutes
- all GP urgent calls to ambulance services arrive at hospital within 15 minutes of the time stipulated by the GP
- 75% of eligible patients to receive thrombolytic drugs within 30 minutes of arriving at hospital ("door to needle time")
- primary per-cutaneous intervention (PPCI) pathway (all patients with a suspected heart attack are transported directly to The Freeman Hospital for angioplasty). Two indicators being monitored; call to balloon time, 180 minutes, and door to balloon time, 90 minutes. No specific targets have been set yet.

PRIMARY CARE

National

- access to a primary care professional within 24 hours and to a primary care doctor within 48 hours (NHS Operating Framework);

Local

- Details of consultations to practices by 8am
- >95% of urgent calls to have assessment started within 20 minutes
- 95% of non urgent assessments to be started within 60 minutes
- >95% of urgent assessments to be started within 2 hours (Home visits)

- >95% of urgent assessments to be started within 2 hours (Centre visits)
- >95% of non urgent assessments to be started within 6 hours (Home visits)
- >95% of non urgent assessments to be started within 6 hours (Centre visits)

Performance

A&E targets

% of patients who wait no longer than 4 hours in A&E:

2006/07: Newcastle Hospitals - 99.1%

2007/08 year to date: Newcastle Hospitals - 99.0%

Ambulance targets

- 75% of category A calls to be responded to within 8 minutes:
NEAS overall was 90.2% in 2007/08
NEAS for Newcastle-upon-Tyne residents was 78.8% in 2007/08
 - 95% of category A calls to be responded to within 19 minutes:
NEAS overall was 99.8% in 2007/08
NEAS for Newcastle-upon-Tyne residents was 99.7% in 2006/07
 - 95% of category B calls to be responded to within 19 minutes:
NEAS overall was 96.6% in 2007/08
NEAS for Newcastle-upon-Tyne residents was 96.5% in 2006/07
 - deliver a 10% increase per year of eligible patients receiving thrombolytic drugs within 60 minutes of calling for professional help (call to needle time) (Absolute target of 68% or 20% improvement on 2003/4)
2003/4: 56%
2007/08: 71.4%
- (Source: MINAP)
- 95% of GP urgent calls to arrive at hospital within 15 minutes:
NEAS overall was 83% in 2006/07
NEAS for Newcastle-upon-Tyne residents was 82.3% in 2006/07

The Healthcare Commission's [Not just a matter of time - A review of urgent and emergency care services in England](#) looked at A&E, urgent care centres, emergency ambulance services, GP out of hours services and to a lesser extent, urgent GP services delivered in hours along the following three key themes : -

- How services are assessed and delivered.
- Working together to provide effective care.
- How services are managed.

Newcastle was rated in the "best performing" category, generally providing prompt access to services, meeting the needs of most of their patients and working together to provide care and plan services in an integrated way.

AREA	ACCESS & DELIVERY	EFFECTIVENESS & INTEGRATION	MANAGEMENT OF SERVICES	TOTAL FROM 5
Newcastle	4.29	2.85	3.33	3.53

NEWCASTLE

The lowest scores were achieved for 'Effectiveness and Integration' that was due to scores of 1 in:

- quality assurance in A&Es/urgent care centres
- ability to transfer calls and information between services

and scores of 2 in:

- % of face-to-face out of hours GP assessments started within two hours
- % of people who return to A&E within seven days
- % of NHS Direct assessments passed to out of hours services where data was shared electronically.

Regarding 'Management', the lowest scores were for:

- public awareness and understanding of NHS Direct
- level of A&E attendees for conditions which could be avoided or treated in other settings.

Walk-in centres

Analysis of people attending the Walk-in-Centre at Newcastle General Hospital in January 2007 provided a snapshot of service users and highlighted people registered with GPs in South Jesmond, Westgate, Fenham and Elswick as amongst the highest users of the service.

Local views

The **Health Action Network** (HAN) is a citywide network of people from the city council, Newcastle Primary Care Trust and the extensive voluntary and community sector, who work with and represent communities. They come together to discuss issues related to all aspects of health, whether it be identifying gaps in services, putting forward ideas or sharing views and thoughts.

In [May 2008 members responded to the draft Urgent Care strategy](#) produced by the North of Tyne partnership about the future of urgent care in the area. Summarised responses below contain the comments and feedback of the members of the HAN regarding three key questions of the draft urgent care strategy:

1. *Where do you think that the majority of minor illnesses and injuries should be dealt with?*

- HAN members were happy to attend for treatment at GP, walk-in centres or minor injury units but, facilities need to be clearly signposted and to provide adequate car parking areas. However, if GPs are attended for minor injuries,

members were concerned that patients will risk wasting time, effort and expense.

- There needs to be 24/7 availability within primary care to deal with minor illnesses and injuries.
- GP's restricted opening hours make it impossible to access them for anything outside of their opening times.
- For walk-in centres, appointments should not be necessary. Patients should also be clearly advised that advice and treatment details cannot be forwarded to the patient's GP without express permission from the patient
- Hospital/A&E should be accessed as a last resort.
- Transport access by patients should be considered if GP treatment is used.

2. *What information do people need about the urgent care services that are available and in what format should the information be given?*

- There is a need for more knowledge regarding the definition of "urgent care" "minor illnesses and injury" and "emergency".
- People need to know what services are and where and when to go to them.
- The difference between a walk-in centre and a minor injury unit needs to be clearly explained.
- People need to know what treatment can be received from a nurse-led facility, in particular what medicines can be prescribed.
- Information should be presented in a variety of formats, including word-of-mouth. Whatever information is supplied it should be clear and in a format that people can easily retain and put in a place where they will be able to easily find it in when needed.

3. *What do you think about the proposed urgent care phone number?*

- A single point of contact was thought to be attractive, but majority of HAN members did not see the need for a new single urgent care phone number but, instead felt that additional funding should be invested into NHS Direct, which would then act as a telephone advice line and a single access point for urgent care. NHS Direct is also set up for those for whom English is not their first language. It was also felt that the public will switch off to another new number.
- Concern was expressed about the quality of assessment/diagnosis that can be achieved from being triaged by phone.

National and local policies

National

[Reforming Emergency Care](#) (2001) provided the blueprint for the major overhaul of emergency services.

[Taking Healthcare to the Patient – Transforming Ambulance Services](#) (2005) detailed the five year strategic direction for ambulance services.

[Our Health, Our Care, Our Say](#) (2006) set out the Government's vision of more effective health and social care services outside hospitals. To deliver this, it identifies five clear areas for change:

- more personalised care
- services closer to people's homes
- better co-ordination with local councils
- increased patient choice
- focus on prevention as much as cure.

It states that communities require targeted, innovative and culturally sensitive responses to service development and provision. This is to be achieved through consultation and pushing decision-making and services closer to people's homes. To achieve this there is acknowledgment that work must be done in breaking down organisational barriers to provide relevant services on the ground and that it is important to align resources and planning with Local Area Agreements.

Local

[Our vision, our future, our North East NHS](#) sets out the agenda for transforming the NHS in the north east to ensure services are fair, personalised, effective and safe. Eight workstreams were identified including acute care, with actions arising including:

- we will integrate all out of hospital acute care services e.g. GPs, out of hours community services, ambulance, NHS Direct, pharmacy etc
- we want to act as a national pilot for a single access telephone number for urgent health and social care

[A New Direction of Travel for Urgent Healthcare in Newcastle, North Tyneside and Northumberland Draft Strategy](#)

This draft strategy outlines the proposed strategic direction for the delivery of urgent care in the North of Tyne over the next five years.

The key elements of the strategy are:

- A common approach to and standards for triage and assessment across all service providers.
- Delivery of the majority of urgent minor illness (and some minor injuries) activity within primary care (which currently happens in the majority of practices), within a clear set of quality standards, performance managed in hours in line with Carson standards for out of hours service.
- A number of strategically located major trauma/illness centres and acute hospital care providers.

- Rapid assessment and initiation of treatment for those patients requiring urgent admission to a hospital.
- Developing better services for older people to avoid unnecessary admission to acute hospital wards, and to help them get discharged home more quickly. This includes care for people with an unpredicted illness e.g. significant infection, and those living with a long term illness.

Current activity and service provision (What are we doing now?)

Current services are categorised into types:

Type 1: departments which are consultant led providing 24 hour services with full resuscitation – Newcastle General Hospital

Type 2: departments which are single specialty – Royal Victoria Infirmary eye casualty

Type 3: departments which are doctor or nurse led with designated accommodation for the reception of accident and emergency patients. The defining characteristic of a Type 3 service is that in treating minor injuries and/or illnesses, services can be accessed without an appointment.

- [Newcastle Central NHS Walk-in Centre](#) offers a range of services, including health information, advice and treatment for a range of illnesses and minor injuries without having to make an appointment. The Centre is run by a team of experienced nurses, an emergency care practitioner and two GPs and is operated by Care UK.
- The Walk-in-Centre at the [Newcastle General Hospital](#) (NGH) is a nurse-led unit for patients with minor injuries and illnesses and is staffed by specially trained nurse practitioners, staff nurses and healthcare assistants. No doctors work on this unit, but they are close by, if required, as the Accident & Emergency Department is next door.
- The [Molineux Street Medical Centre](#) provides NHS services in Byker, Newcastle upon Tyne

[North East Ambulance Service](#) (NEAS) is piloting 'NHS Pathways', which allows call handlers to agree an alternative disposition to an ambulance with the caller where appropriate.

NHS Direct is a Department of Health commissioned service. It operates a 24-hour nurse advice and health information service that can be accessed by phone or on-line, providing confidential information to callers on:

- What to do if they or a member of their family are feeling ill
- Information about particular health conditions
- Local healthcare services, such as doctors, dentists or late night opening pharmacies
- Self help and support organisations.

‘What is this telling us’?

What are the key inequalities?

There may be inequalities in access to services based on social and environmental factors but the information is not available at present to access data at ward level. This is being investigated and will be hopefully be available shortly.

What are the key gaps in knowledge / services?

It is estimated that a quarter of people attending A&E could be more appropriately seen in primary care

Local consultation provided much information about people’s views on accessing services and the potential for a single phone number. Clear and accessible information, transport and access for rural communities were highlighted as areas for improvement. However, this may not include the views of most deprived groups.

What are the risks of not delivering our targets?

Pressure on services

If Newcastle upon Tyne were to fail to continue to meet targets there would be increased pressure on other services.

Cost

If the number of Category C calls to NEAS continue to increase, the cost of providing ambulances to situations where they are not required will increase

Is what we are doing working?

Newcastle upon Tyne appears to be meeting or exceeding most of the targets for urgent care. However, non-elective hospital admissions remain higher than national average.

Urgent and emergency care services across Newcastle upon Tyne were categorised as ‘best performing’ by the Healthcare Commission.

What is coming on the horizon?

The draft strategy suggests that the future urgent care in the North of Tyne as a whole will be defined by a series of agreed patient pathways. Care will be provided by the right service, in the right place and at the right time as defined by the pathways. The majority of urgent minor illness will be dealt with by primary care services in and out of hours, and performance in hours may be monitored

against similar standards to The Carson Standards for out of hours services. Minor injuries units could largely be managed by PCTs. GP practices may opt into providing a minor injuries treatment service.

[Our vision, Our future, Our North East NHS \(2008\)](#) indicates that the North East SHA wants to act as a national pilot for a single access telephone number for urgent health and social care that may involve Newcastle upon Tyne.

What should we be doing next?

1. Implement the North of Tyne urgent care strategy which includes;
 - Introduce a single three digit number for access to all urgent care
 - Ensure that the majority of urgent minor illness and some minor injuries activity are delivered within primary care within a clear set of quality standards, performance managed in hours in line with Carson standards for out of hour's service.
 - Develop a number of strategically located major trauma/illness centre's and acute hospital care providers.
 - Ensure rapid assessment and initiation of treatment for those patients requiring urgent admission to a hospital.
 - Develop better services for older people to avoid unnecessary admission to acute hospital wards and to help them get discharged home more quickly.
2. Develop a North of Tyne urgent care network
3. Continue to develop new approaches to managing and offering emergency care.

References

[A New Direction of Travel for Urgent Healthcare in Newcastle, North Tyneside and Northumberland - Draft Strategy \(2008\)](#)

[Not just a matter of time - A review of urgent and emergency care services in England](#)

[Health Action Network response to the draft Urgent Care strategy](#)

[Reforming Emergency Care Department of Health \(2001\)](#)

[Department of Health \(2000\) Raising Standards for Patients: New Partnerships in Out-of-Hours Care](#)

[Taking Healthcare to the Patient – Transforming Ambulance Services Department of Health \(2005\)](#)

[Our Health, Our Care, Our Say Department of Health \(2006\)](#)

[Our vision, our future, our North East NHS, Strategic Health Authority](#)

[A New Direction of Travel for Urgent Healthcare in Newcastle, North Tyneside and Northumberland Draft Strategy](#)