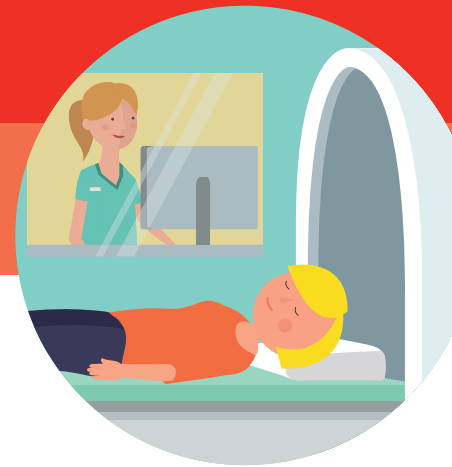


Urgent care

Understanding how integrated care systems are changing urgent and emergency care services



We have an emergency care system under real pressure, but also one in the midst of profound change. New ways of delivering urgent care, such as through urgent treatment centres, are growing and for those that do need hospital care, emergency admissions are increasingly being treated through same-day emergency care without need for an overnight stay.

Urgent treatment centres work alongside other parts of the urgent care network, including primary care, community pharmacists, ambulance and other

community-based services, to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

By reforming urgent and emergency care services, patients can

get the care they need fast, relieve pressure on A&E departments, and better offset winter demand spikes.

Health and care hubs keeping people out of hospital

New NHS and social care hubs, where health, social care, housing, voluntary and community organisations and an urgent care team working side-by-side, are keeping people most at risk well and out of hospital in West Yorkshire.

Once assessed, people referred to the hub could be seen by a nurse, occupational therapist,

physiotherapist, social care worker, voluntary worker, housing officer or mental health worker, depending on their condition. In six months, the hubs have seen almost 2,000 people, including 636 urgent referrals.

Within the hub, a team of social care and health professionals sit together with coordinators in one office and triage referrals to the right place or person. An urgent care team sits with them and can go to any patient needing rapid care, for example providing mobility equipment that day which may prevent them needing to go into hospital.

The hubs are proven to prevent avoidable hospital admissions and help people to be discharged from hospital as soon as they are well enough. They are supported by a Late Visiting Service run by community matrons who see mainly elderly, housebound patients needing an urgent same-day home visit. People get seen sooner in the day, preventing health problems from getting worse which enables the patient to stay at home and avoid a hospital admission.

Community first responders – support ambulance crews

Community first responders are being dispatched to people who have fallen, but who do not have an injury or need a welfare check, to keep people safely in their own

One in three patients admitted to hospital in England as an emergency in 2015/16 had five or more health conditions.



homes. The scheme is making a difference at South Central Ambulance Service which covers Buckinghamshire, Oxfordshire, Berkshire and Hampshire.

On average, South Central Ambulance Service receives 180 calls a day relating to a patient who has fallen – more than 65,000 calls a year.

When the service is extremely busy with emergency cases, getting an ambulance to a patient who has been triaged as a non-injury fall, and who is inside their own home, can take longer. Community first responders are trained volunteers who can be sent to these cases so that people can be safely lifted off the floor and are seen to much more quickly.

Since April 2018, only a quarter of patients who had fallen were taken to hospital, so patients benefit by staying in their own home and ambulance crews are freed up to attend to more emergencies.

In 2016/17, the total annual attendances at A&E departments was 23.37 million - 23.5% higher than a decade earlier.

Rapid assessment of acute medical needs

A new Acute Assessment Unit has been created to help ease the pressure at West Suffolk Hospital's busy emergency department. The state-of-the-art unit will help support some of the 6,000 people who use the emergency department every month.

The unit provides rapid assessment of patients with an acute medical illness and same-day emergency care, allowing patients who don't need to be admitted to hospital to go home, with ongoing clinical follow up as required.

Patients are referred to the unit by their GP or by the emergency department. Once they arrive at the unit, they are assessed by a nurse who usually performs routine investigations and observations. All patients are then seen by an advanced nurse practitioner or junior doctor, before being seen by a consultant who specialises in acute medicine.

Patients should receive a quicker diagnosis and treatment at the unit than in the traditional emergency department set-up and will be attended by a multi-disciplinary team, who all have quick and easy access to other services. In the first three months since opening in November 2018, there have been 3,156 admissions to the unit.

Early intervention vehicle helps keep frail older people out of hospital

Early intervention vehicles which are sent to respond to 999 calls for frail older people are helping to keep people in their own homes in east and north Hertfordshire.

The early intervention team, which normally consists of a senior paramedic and an occupational health professional, physiotherapist or social worker, provide an immediate response to relevant screened 999 calls.

The crew provide medical assessments as well as looking at the patient and carer functions within the home environment to see whether the patient can remain at home with community resources and assistive equipment. Their vehicle is packed full of medical, occupational and physiotherapy equipment which can be used by the team.

The assessments take at least an hour and result in 80% of people staying in their own homes. If the patient does require a visit to hospital, an emergency ambulance will be despatched to take them, leaving the crew free to attend other calls.



An estimated 3 million people who come to A&E each year could have their needs addressed elsewhere in the urgent care system.