

# Hunts Patient Congress

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## Integrated Urgent Care (IUC)

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# The IUC model

Procured in July 16/went live Oct 2016

- Sees the coming together of NHS 111 & OOH under a single contract/provider - HUC
- Supported by a clinical hub
  - GPs
  - Pharmacist
  - Dental Practitioner
  - Mental Health (first response service)

**NHS 111 A single number to call for all your urgent care needs.**

# 8 Key National Priorities

- A single call to get an appointment out of hours.
- Data can be sent between providers.
- Capacity for NHS111 and out of hours is jointly planned.
- The SCR is available in the hub and elsewhere.
- Care plans and patient notes are shared. •
- Appointments can be made to in-hours GPs.
- Joint governance across IUC providers.
- There is a Clinical Hub containing GPs and other health care professionals

# Some NHS 111 Stats (NHS in England)

- Last year there were 1.5 million per month (18m pa) an increase of 33% on the previous year
- 70.7% answered within 60 secs
- 13.9% of these were offered a call back
- 35.6% of these were a call back within 10 mins
- Of calls answered 21% transferred to a clinical advisor
- Average length of call 17 mins 40 secs
- Of calls triaged 11% had ambulances dispatched
  - 8% recommended A&E
  - 63% recommended primary care
  - 14% were not recommended any service

# So What Happens when a Patient rings NHS 111?

- You get to speak to a call handler (non clinical)
- They will take your demographic details
- Ask some immediate questions about your needs via a CDSS algorithm (NHS Pathways) – module 0
- Assess whether your situation is life threatening
- If yes = ambulance if no = module 1 of NHS Pathways
- NHS Pathways creates a disposition (dX Code)
- Alternatively talk to a clinical advisor – Nurse/Para

# Types of disposition examples

DX Code	Disposition Term	Explanation
Dx010	Emergency Ambulance Response for Potential Cardiac Arrest (Red 1)	This is used when dispatch of an ambulance needs to reach an individual that has stopped breathing, is choking or fitting. Used for 999, 111 and OOH In OOH the code is used but displayed as “An emergency ambulance is needed now”
Dx012	Emergency Ambulance Response (Green 2)	This is used when dispatch of an ambulance is needed to transport a patient to an Emergency Department for conditions which need to be attended quickly, but which will not deteriorate or suffer with a lightly slower response. Used for 999, 111 and OOH In OOH the code is used but displayed as “An emergency ambulance is needed now”
Dx02	Attend Emergency Treatment Centre within 1 Hour (Green 4)	Some callers should attend the Emergency Treatment Centre straight away to reduce the risk of complications, for example someone who has swallowed something that might be harmful. This is in order to minimise the amount of the substance absorbed into their bloodstream. Used for 999, 111 and OOH This also appears in the Pathways clinician override list Initiates DoS search
Dx05, Dx06, Dx07, Dx08,	To contact a Primary Care Service within 2, 6, 12 Or 24 Hours (Green 4)	The timeframe for Primary Care Service dispositions depends on how urgently a patient needs further assessment. A disposition of “To contact a Primary Care Service within 2 hours” is for situations where it has not been possible to rule out a potentially urgent or serious cause. Less urgent, but still troubling symptoms may need assessment within the next 6 or 12 hours, whereas more minor problems would require assessment within the next 24 or 72 hours. These dispositions often involve a GP but could also involve another primary care practitioner such as a health visitor, nurse practitioner, district nurse or community psychiatric nurse. This is why the wording “Primary Care Service” rather than just “GP” is used. Used for 999, 111 and OOH These also appear in the Pathways clinician override list Initiates DoS search

# In Summary

- A ambulance is dispatched (red/green Dx) emergency or urgent response
- You are advised to go to the ED
- You are advised to see a GP either at an OOH base or home visit
- Or GP in hours (your local practice)
- GP will call you back – advice & guidance
- Contact your dentist
- Contact your pharmacy

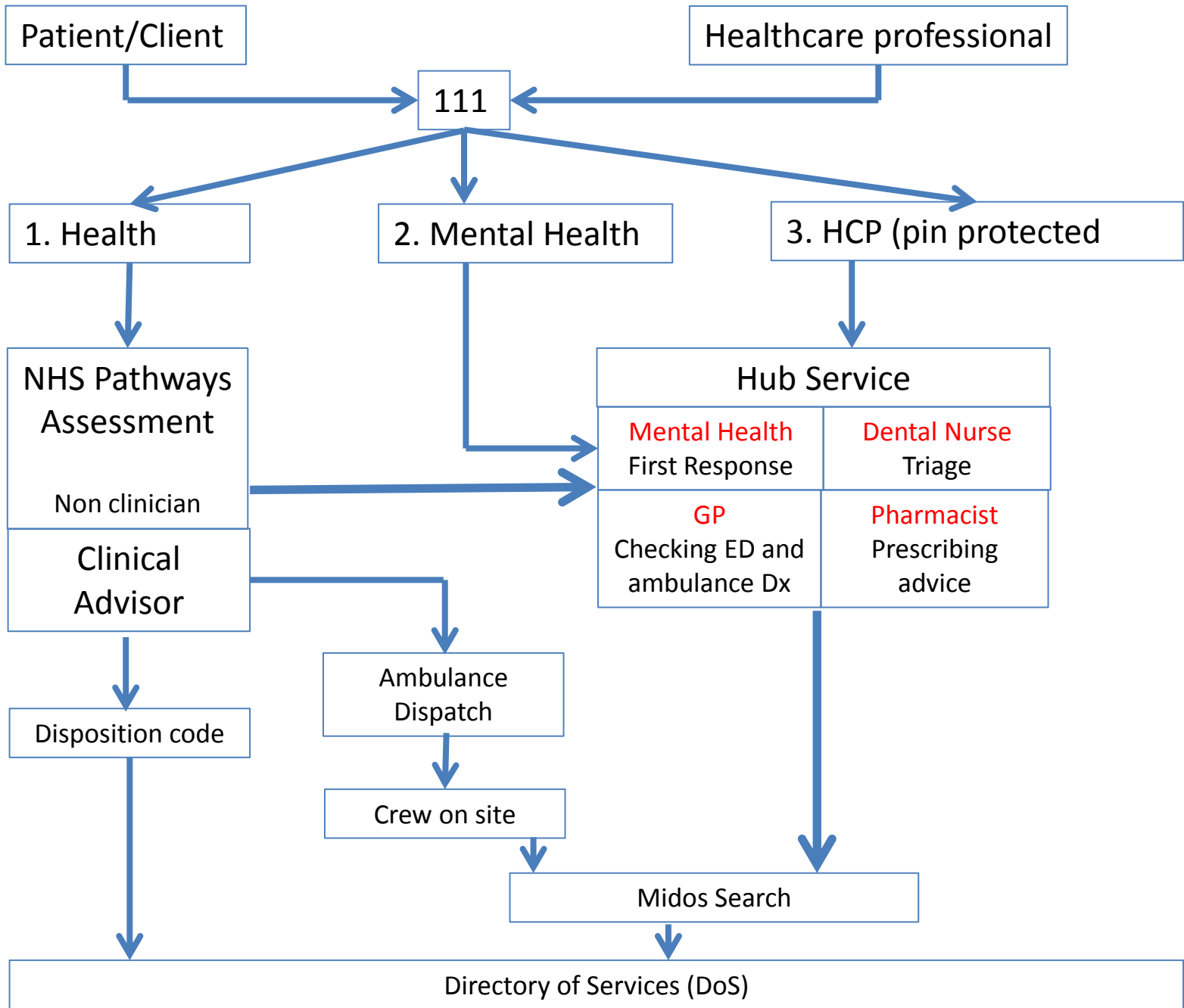
# The Clinical Hub

- Press 1 for Health
- Press 2 for MH crisis first response
- Press 3 for Health professional line – direct to a clinician
- Patients can speak directly to a clinician (care homes/carer) etc
- Speak to a pharmacist – lots drug repeats
- Speak to dental practitioner
- In the future direct bookings



# The National Directory of Services

- At the end of the assessment, if an emergency ambulance is not required, an automatic search is carried out on the integrated Directory of Services to locate an appropriate service
- The Directory of Services is a central directory which can be populated by any care service. It gives access to real-time information about services in order to locate an available service with the right skills.



# IUC is the Future – Plug and Play

- Press 4 for social care (PCC Pilot)
- Press 5 for Diabetes
- Electronic prescribing – direct to pharmacy
- OOH bases to be collocated with Acutes
- Web chat – like insurance sector
- MIDOS – Public/proffesional App
- Home triage – GP Home working

# Questions?

