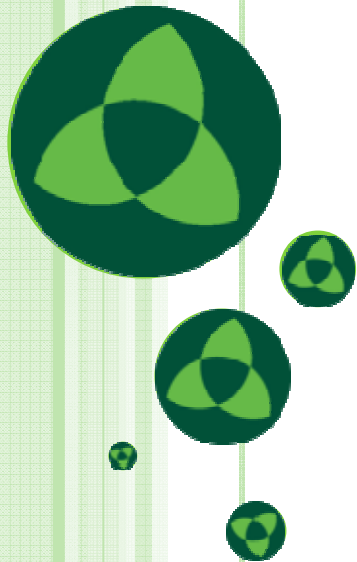


# nhsalliance

## QUALITY, PRODUCTIVITY & URGENT CARE



**Rick Stern**

**Urgent Care Lead for the NHS Alliance Primary  
& Director, Primary Care Foundation**

**NHS Alliance Annual Conference, Bournemouth**

**19<sup>th</sup> November 2010**

# Focus on national agenda & two initiatives for improving quality & productivity

- 24/7 integrated urgent care:

identifying a national agenda and key initiatives

1. A process for rapid learning:

a new initiative for sharing experience when things go wrong in out of hours services

2. The national out of hours benchmark:

lessons from the 3<sup>rd</sup> round



# New Leadership Group for Urgent Primary Care

<b>Dr Albert Benjamin</b>	Clinical Director	Waldoc CBS (Waldoc Ltd)
<b>Anita Dixon</b>	Chief Executive	Central Nottinghamshire Clinical Services
<b>Alan Franey</b>	Chief Executive	Barndoc Healthcare Ltd
<b>Eddie Jahn</b>	Managing Director	Harmoni
<b>Dr Darren Mansfield</b>	GP Clinical Lead in Urgent Care	NHS Bolton
<b>Lesley McCourt</b>	Chief Executive	Partnership of East London Co-operatives
<b>Alison McWilliam</b>	General Manager	Nottingham Emergency Medical Services Limited (NEMS CBS)
<b>Dr Ray Montague</b>	Medical Director	Brisdoc Healthcare Services
<b>Dr Russell Muirhead</b>	Chairman	Shropshire Doctors Cooperative Ltd
<b>Diane Ridgeway</b>	Chief Executive	East Lancashire Medical Services Ltd
<b>Gilly Wilford</b>	Director of Finance & Contracts	South East Health
<b>Nigel Wylie</b>	Chief Executive	Urgent Care 24

# Our Current Priorities for Urgent Care

1. Patient Safety
2. Integrated Urgent Care
3. Demonstrating quality
4. 'Rebranding' Out of hours



# National Agenda for Urgent Care: developing integrated 24/7 urgent care

- Integrated 24/7 care is about greater coherence
- Patients will be free to choose how and when to access care - meeting needs not re-educating
- Simpler routes into the system – 999, 111 & web based self assessment
- Consistency in clinical assessment – not redirecting



# Key initiatives:

## developing integrated 24/7 urgent care

- New metrics for urgent care – quality indicators and standards – starting with A&E, but across pathway
- New role for GP commissioners
- Crucial role of general practice as the main provider
- Developing a single point of access - 111
- Clarity about the separate parts of the system – should ‘do what it says on the tin’
- Realigning incentives
- New technologies – especially telecare
- Role of QIPP in prioritising urgent care



# A Process for rapid learning

*sharing experience when things go wrong in out of hours services*

- Out of hours services have been under heavy scrutiny
- Review of TCN highlighted organisation slow to learn from mistakes
- Conference in April on Patient Safety highlighted even slower to learn across organisations
- Reviews focus on commissioning and ‘rules’
- Say less about prevailing culture where few errors are reported



# Testing out this approach

- Learning from others – experience of aviation & maritime sectors
- Initial discussions and trial within the Leadership Group for urgent primary care
- Meeting of national stakeholders including DH, RCGP, CQC, QIPP, NPSA and MPS



# What does it look like?

- Developing an extended 3-month pilot with 12 OOH providers
- Simple format – ‘What Happened’, ‘What did you do to address it?’, and ‘What did you learn?’
- Access a secure part of one of the providers website to submit and access reports
- No individuals or organisations are identified
- Commitment to share reports and support learning
- Review of key themes after three months
- Seek to change culture within and across organisations, improving patient safety



# Next Steps

- Finding solutions to practical issues e.g.
  - Exploring the detailed process for receiving & circulating information
  - How do individuals and organisations use this information?
- Is this an effective process for developing learning organisations in out of hours?
- focus on out of hours providers, but a view to shaping 24/7 urgent care
- Seeking funding

