

**Report for the
Health Scrutiny Committee
PC24 at King's Mill Hospital
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Lucy Dadge

Chief Commissioning Officer
Mansfield and Ashfield Clinical Commissioning Group
Newark and Sherwood Clinical Commissioning Group

1. Introduction

This paper is designed to provide the Health Scrutiny Committee with an up to date overview of the service provision at PC24 (Primary Care 24) which is currently delivered by NEMS.

NEMS Community Benefit Services Limited is a key provider of services across the Mid-Nottinghamshire healthcare system and is part of the Better Together Alliance, attending A&E Delivery Board Meetings and engaging with both day to day service improvements and wider transformation projects. NEMS have also provided Out of Hours (OOH) services in Greater Nottinghamshire since 2008, and before that as Nottingham Emergency Medical Services.

2. Core Commissioned Services

PC24 is co-located with the Emergency Department (ED) at King's Mill Hospital, and as such benefits from access to a variety of on-site diagnostics and wider services, something which is not routinely available to Primary Care services in other healthcare systems. NEMS are commissioned to staff PC24 on a 24/7 basis and the model of delivery in-hours is Nurse led (Advanced Nurse Practitioners and Emergency Nurse Practitioners) while OOH there is a GP presence supported by Nurses. OOH provision also includes home visits when required.

In and out of hours, patients are assessed (triaged by a nurse in ED) and if deemed to have a primary care problem then streamed to NEMS at PC24. This streaming improves the flow of patients through the department and ensures that patients are seen by the right person in the right place at the right time.

During OOH periods, patients are booked into appointment slots at PC24 via 111, where the 111 algorithm provides the relevant disposition (this is a protocol that tells the call handler where the person needs to be seen). If 111 require more clinical advice they contact NEMS who call the patient back and book an appointment.

3. Additional Value for Money Provision

There are currently a number of improvement initiatives taking place at the front door of ED which are resulting in additional activity being provided by NEMS at PC24. The development of Ambulatory Care pathways (ambulatory care is a streamlined way of managing patients, as an outpatient, presenting to hospital who would traditionally be admitted) resulting in more patients being streamed to PC24 as opposed to being treated within another unit in hospital.

The pathways being delivered include a simple DVT (deep vein thrombosis (blood clot)) pathway, Cellulitis (infected skin), Anaemia and some Gynaecology problems. This prevents an admission for the patients; they can have all their tests performed in a more relaxed environment and it ultimately reduces costs. There has also been a recent expansion of PC24 protocols to include additional paediatric activity, which again improves the patient experience, prevents admission and reduced cost. Further work is underway and the simple DVT pathway is currently being expanded into a full DVT pathway. Additional potential Ambulatory Care pathways have been identified and are currently being worked up for addition to streaming protocols.

NEMS are currently also delivering (from the base at PC24) a service to call patients whom 111 may have traditionally sent to ED. This service enables highly skilled clinicians to call patients and obtain a more in-depth clinical history, which has resulted in 1-2 patients per day being given advice over the phone, as opposed to these patients attending ED. This attendance avoidance project was recently assured by an audit which was carried out in August on activity to date.

4. Activity

There is a national target in relation to streaming people to primary care who attend ED. Currently; approximately 22% of patients are streamed to PC24 at King's Mill Hospital, which is above the national target of 20%. This is a result of close working with primary and secondary care.

5. The Future

The publication of the Integrated Urgent Care (IUC) service specification in August 2017 builds on the vision set out by the Five Year Forward View and provides guidance to health economies on the development of an integrated service. Within this ambition there is no differentiation between in and out of hours provision, with the majority of non-critical urgent care pathways beginning with 111.

Plans to deliver the IUC specification are underway across the Nottinghamshire STP footprint and this change offers exciting opportunities to the development of current services. Further details can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

6. Recommendation

The Health Scrutiny Committee has received this paper as an up to date overview of the service provision at PC24 which is currently delivered by NEMS.