

PILOT PROJECT INTRODUCING A SYSTEM OF 'CLINICAL NAVIGATION' AT THE ALEXANDRA HOSPITAL

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to consider a pilot project to introduce a system of clinical navigation at the Alexandra Hospital in Redditch.

2. Representatives from NHS Redditch and Bromsgrove Clinical Commissioning Group have been invited to the meeting.

Introduction

3. For 2014/15, NHS Redditch and Bromsgrove Clinical Commissioning Group (NHS RBCCG) has a key strategic priority for Urgent Care and a number of initiatives will contribute towards the transformation of Urgent Care services locally.

4. One of the main areas of NHS RBCCG service transformation is to introduce a pilot for a system of 'Clinical Navigation' at the Front Door of the Emergency Department at the Alexandra Hospital. By introducing a system of 'Clinical Navigation', patients will receive a rapid and robust assessment which directs them to the correct clinical area.

5. In terms of overarching benefits, the following is anticipated as a result of the changes:

- patients will be seen by the right clinician at the right time;
- enhanced patient experience will be achieved with a key focus on self-care and patient education;
- significant reductions in unnecessary acute admissions and attendances;
- improvements in the National 4 hour A&E performance.

6. It should be noted that the 'Clinical Navigation' pilot is an NHS RBCCG strategic priority to improve and enhance current systems within the Emergency Department (ED).

Background

7. Emergency Departments provide a convenient access point for patients and has created a demand as a result of this. The importance of appropriately managing this demand is nationally recognised and is one of the key aims of the 'Clinical Navigation' pilot – by introducing rapid clinical assessment and re-direction to other local services, where appropriate.

8. A number of national examples of 'Clinical Navigation' systems have been considered to inform the NHS RBCCG

Key Issues for Consideration

pilot plans and in the development of a comprehensive service specification. 'Clinical Navigation' systems suggest an average achievable reduction of circa 30% of unnecessary ED attendances and improved patient experience in terms of accessing the right service, at the right time.

9. Currently, Care UK provides the Out of Hours (OOHs) service to the patients of Worcestershire. The OOHs service operates separately to the ED Department elsewhere within the Alexandra Hospital currently. Patients accessing the ED Department are currently triaged by an Emergency Nurse Practitioner (ENP) and then managed in the ED Department.

10. Care UK has agreed to extend current OOHs arrangements in order to deliver the requirements within the 'Clinical Navigation' Service Specification as agreed with NHS RBCCG and NHS Worcestershire Acute Hospital Trust (NHS WAHT).

11. Care UK has demonstrable experience in terms of establishing successful 'Clinical Navigation' systems and a track record of successfully mobilising a pilot within a 6 – 8 week timescale. The aim is to introduce the 'Clinical Navigation' pilot at the Alexandra Hospital from 1st September 2014.

12. The pilot period will also allow for the re-integration of OOHs into the Front Door of ED, which will secure a 24/7 'Clinical Navigation' solution.

13. 'Task and Finish' project governance arrangements have been agreed and are progressing with key stakeholders in order to move the pilot project forward at pace and introduce the service within ambitious timescales.

'Clinical Navigation' Pilot

Aims and Scope:

14. To effectively facilitate introduce 'Clinical Navigation' and integrate into the local healthcare community, 'Clinical Navigation' will ensure that the majority of clinical hours are fulfilled by locally practicing clinicians who have sound local knowledge and the ability to support and educate patients as to the range of available local services.

Reception Plan:

15. Patients will access the 'Clinical Navigation' system via a single reception point. The clinical systems will be populated as necessary and the 'Clinical Navigation' system will not result in an additional booking-in process for the patient.

Clinical Navigation:

16. 'Clinical Navigation' will be delivered by experienced Advanced Nurse Practitioners (ANPs). ANPs will be supported by GPs at all times should more senior clinical

decision and support be required. The aim of the service will be to initially review all ambulatory (walk-in) patients attending the Emergency Department (ED) and, through rapid robust assessment, direct patients to the correct clinical stream. The 'Clinical Navigation' system will ensure that patients are seen by the most appropriate clinician, in a timely manner. Patients arriving via ambulance will also be introduced to the 'Clinical Navigation' system at the earliest possible time. Clearly communicated protocols and exclusions will underpin the 'Clinical Navigation' system.

Primary Care 'Hotline':

17. West Midlands Ambulance Service (WMAS) will have access to a Primary Care 'hotline' to support clinical decision making and to ensure that patients access the most appropriate service, by the most appropriate clinician. The ANP or GP will be able to advise WMAS if a patient could be managed via the 'Clinical Navigation' system or where there is a requirement to bypass directly into ED.

Patient Education and Self Care:

18. The service will play a key role in patient education and in particular self-care advice and appropriately accessing acute healthcare thus actively supporting the 'Choose Well' ethos widely recognised. By also educating about the use of NHS 111, the 'Clinical Navigation' pilot will encourage patients to 'Talk before you Walk' which will help standardise the assessment of patients wherever they access healthcare.

Following Initial Assessment:

19. After rapid initial assessment (15 minutes for children and 20 minutes for adults) there will be a group of patients who will be appropriate for immediate advice or treatment. Other patients will be:

- Safely re-directed to other community primary care services including patients' registered GPs by active and facilitated re-direction
or
- Treated by Primary Care 'see and treat' stream (within ED) but with robust patient education
or
- Passed through to the Emergency Department

4 Hour Target/Governance

20. The 'Clinical Navigation' process will have a key responsibility not to cause delays to the 4 hour performance target. From a governance perspective, patients managed via the 'Clinical Navigation' system will be the responsibility of Care UK. Only when patients are handed over to ED following clinical navigation via the Patient First system (NHS WAHT IT system) do they become the responsibility of NHS WAHT. Joint systems and processes underpinning necessary governance arrangements have been agreed between Care UK, NHS WAHT and NHS RBCCG.

21. The Local GP Lead within the 'Clinical Navigation' pilot will assume day to day management responsibility for all Care UK-employed clinicians. Doctors and ANPs will be professionally accountable to the GP Lead and Nurse Lead, respectively.

Patient Care Pathways

22. Potential groups for the management via 'Clinical Navigation':

- Minor illnesses;
- Other illnesses requiring same day treatment e.g. chronic disease exacerbations/concerns;
- Low end minor injuries (e.g. abrasions which would be seen in everyday Primary Care).

23. The 'Clinical Navigation' pilot will establish an integrated approach to the delivery of high quality unscheduled Primary Care and will focus on:

- Directing patients to their own GP practices where safe and appropriate;
- Rapid navigation and direction for patients;
- Management of the 'Front Door' of the ED Department to ensure controlled and appropriate access;
- Improved access to urgent and unscheduled care while ensuring that ongoing healthcare needs are met in the most appropriate setting;
- Not replicating existing services or providing a further access point for routine NHS care;
- Reducing unnecessary diagnostic tests;
- Alignment with NHS 111;
- Robust reporting for commissioners and GP practices;
- Patient education and communication;
- Supporting admission avoidance;
- Maximising the use and potential of other community services;
- Identifying current community-based services (Virtual Ward, POWCH, District Nurses etc.), creating strong links in order to manage patients upstream and downstream to both avoid admission and facilitate discharge.

Patient Information

24. Care UK will have the opportunity to access Primary Care GP records where the patient consents. This will facilitate seamless treatment and provides a significant opportunity for improvements in patient care.

Evaluation

25. Review and evaluation points will be agreed as part of the project governance.

Purpose of Meeting

26. Members are invited to:

- consider and comment on the plans for the pilot

Supporting Information

- determine whether any further action is required.

Presentation Slides will be circulated at the meeting.

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Director of Resources) the following are the background papers relating to the subject matter of this report:

These are all available on the Council's website at:

<http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agendas.aspx>