Whole System Approach

West Sussex

Lorraine Mulroney
Lead Nurse Advisor
Service Project Manager
CYP Urgent Care Pathway
Objectives of the Session

**Overall Objectives**
Focus on Implementing the 3\textsuperscript{RD} edition standards by:
- Sharing Best Practice
- Sharing Tools
- Insight into Family Perspective
- Current Challenges

**Aim of West Sussex Talk**
- Project Background
- Sharing our Whole System Approach
- NHS Institute- Tools
- Family Perspective
- Local Challenges and Successes
West Sussex Landscape

- **183,343** 0-19 year olds
- **5** Hospital sites across **3** Trusts
- **2** Community Trusts
- **94** GP Practices (83% offer extended hrs)
- **3** Clinical Commissioning Groups
- **1** Sussex Wide PCT
- **1** Children's A and E
- **3** A & E area’s for children
- **3** MIU
- **2** UTC

**April to Feb 2012**
W Sussex A and E Attendances- 41,055
33-50% 0-5yrs
Total Cost £3,249,236
What are our roles as Commissioners and Providers?

2. Service planners, commissioners and providers work together to provide safe urgent care for children in a geographical network, taking local needs into account. **Via Sussex Network Work plan**

1. The needs of patients, clinicians, managers, service planners/commissioners and regulators are defined, and used to inform the development of emergency care setting information systems. **Via Standards CYP Outcomes Framework**

2. Acute healthcare providers facilitate additional training in paediatric skills for the nursing staff in the emergency department, and have a long-term strategy for recruitment and retention of registered children’s nurses. **Via Sussex Together & Network**

3. Burns and trauma care such as SCBU and acute injury in children. **Via Sussex Together & Network**

4. Emergency departments work with local community providers to develop care pathways for common conditions to facilitate care closer to home. **Via Pathway project and Network**

7. All providers of urgent and emergency care monitor the care provided for children using nationally defined indicator sets and use this, and additional data, when planning service improvement and proposing further quality indicators. **Via Self Assessment Standards CYP Outcomes Framework**
“A&E convenient & central, fantastic service”

“quick triage, doctor and nurse supportive, empathetic and reassuring”

“I go to A and E because it is difficult to get an appointment with my GP Surgery”

“difficult to get to hospital when have other children to deal with”

“long wait in A&E, communication could have been better”

“busy, needs better environment for children”

NHS ‘friends and family’ test,- A&E of every hospital, asking whether they would want a friend or relative to be treated there.
GP Upskilling

- Adopted NHS Stoke Survey Approach
- 5 Events Total- 490 Primary Care Staff
- Paediatricians and Nurses delivered Case Study sessions
- Built relationships that did not exist
- Need for cyp emergency equipment – Sats monitors
- Got CYP on the Education Agenda & the Delivery Plans
- Recognition that there is further training needs and this alone will not solve everything
Outcomes on what primary care will do next?

- Pathways Use
- Spotting Sick Child Website
- Equipment Purchase

70% Evaluations completed
NHS Employers and the General Practitioners Committee (GPC) have agreed three new Quality and Productivity (QP) indicators which aim to reduce avoidable Accident and Emergency (A&E) attendances.

- **QP12** The practice meets internally to review the data on accident and emergency attendances provided by the PCO no later than 31 July 2012.
- **QP13** The practice participates in an external peer review with other practices to compare its data on accident and emergency attendances, proposals for improvement to access arrangements in the practice in order to reduce avoidable A&E attendances will be required.
- **QP14** The practice implements the improvement plan that aims to reduce avoidable accident and emergency attendances and produces a report of the action taken to the PCO no later than 31 March 2013.
- **Specifically focus should be given to children with minor illness/injury** (patients aged 15 years and under)
Head Injury Audit /Pathway

A and E 1 - Head injuries account for 10-15% of paediatric attendances

- 4.5% Admissions (98/2157)
- 0.8% had CT scan (17/2167) 0.2% abnormal CT scan (4/2167)
- 2% return rate (40/1999)

Parent Perception
- Needed to be checked but would follow leaflet
- Prefer emergency care
- Would prefer somewhere closer to home
- A&E seemed most appropriate
- Head injuries need to go to hospital
- Paramedic friend said A&E quicker
- Needed to be seen just incase

Conclusions
- Majority of head injury presentations are minor
- Few require CT- majority of abnormal scans would not require neurosurgical intervention
- Parents appear concerned about wound management and medical review of child
- 50% patients in survey referred by school/nursery/GP/NHS Direct

Next Steps – Event in Sept
Our CCG Approach for 2012/13

- Patient Parent Public Involvement
- Primary Care Access
- Community Based Management Pathways
- Education
NHS Institute CYP Emergency & Urgent Care Programme has worked with over 50 organisations to:

• Improve experience and outcomes for children, young people (CYP) and families utilising emergency and urgent care
• Transform emergency and urgent care processes for children and young people by ensuring a system approach is adopted across multiple organisational boundaries.
• Sites have:
  1. Created whole system CYP networks (Emergency & Urgent Care)
  2. Addressed the Care closer to home agenda
  3. Created evidence based whole system high volume pathways
  4. Engaged with CYP and families/carers regarding appropriate use of services.
Stakeholders engaged in this work

✓ Children, young people & families
✓ NHS Direct
✓ Health Visitors
✓ Pharmacists
✓ Community Children’s Nursing
✓ GPs
✓ Out of Hours services
✓ Urgent Care Centre Staff
✓ Walk in Centres, Minor Injury/Illness Units
✓ Ambulance Service
✓ A&E
✓ Paediatrics
✓ Local Authorities
✓ Commissioners
Suite of resources

1. Focus
   On publication

2. Step by step guide on how to improve emergency and urgent care for children and young people

3. Tool on how to involve children and young people.

4. Other Useful Guides
   Publications

5. Web based tools, case studies, pathways
   http://www.institute.nhs.uk/quality_and_value/high_volume_care/focus_on%3a_emergency_and_urgent_care_pathway.html
Hyper Links to Reading Materials

Children's Nursing NHS at Home

NHS Institute CYP
• http://www.institute.nhs.uk/quality_and_value/high_volume_care/focus_on%3A_emergency_and_urgent_care_pathway.html

Fundamentals of Children’s Commissioning
• http://www.chimat.org.uk/resource/item.aspx?RID=106744

RCGP Urgent and Emergency Care

Vital Signs
• http://www.rcn.org.uk/__data/assets/pdf_file/0004/114484/003196.pdf

Self Assessment for Practice Nurses

Sir Ian Kennedy Report

Primary Care Today and Tomorrow
http://www.deloitte.com/view/en_GB/uk/research-and-intelligence/deloitte-research-uk/deloitte-uk-centre-for-health-solutions/bb6e38f609817310VqnVCM3000001c56f00aRCRD.htm
Contact Details
Lorraine Mulroney
lorrainemulroney@nhs.net

Kath Evans
Programme Lead - Children & Young People
Emergency Care Pathway
kath.evans@institute.nhs.uk