



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 November 2020	Agenda Item	3.5
Report Title	Phone first update report		
Report Author	Alison Gallagher-Service Group Manager Patient Flow		
Report Sponsor	Craig Wilson – Deputy COO		
Presented by			
Freedom of Information	Open		
Purpose of the Report	This paper provides the Quality and Safety Committee with an update on progress towards implementation of a local 'Phone first' model. This model is mandated by Welsh Government and is an integral element of the emerging Welsh Access Model for unscheduled care.		
Key Issues	<ul style="list-style-type: none"> • The 'Phone first' model locally will be provided throughout the 24 hour period and will be integrated into existing services including the Acute GP Unit and the GP out of hours' service. • The model is aimed at reducing ED demand by streaming patients to appropriate alternative pathways of care. • The model will be a part of the local unscheduled care system and aligns to the Health Board objectives in terms of unscheduled care delivery, patient safety and performance. • The key risks in relation to the model relate to availability of the GP workforce to enhance the existing services that will adopt the model and the short term funding agreement in place which ends March 2021. • The model will be operational as from December 1st 2020, however it is likely that a soft launch approach will be adopted until 111 recruitment is completed and has a robust workforce to respond to anticipated increased demand. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to note how this new operating model will improve timeliness of care and patient experience, reduce ED demand and improve unscheduled care system resilience locally.		

Swansea Bay University Health Board 'Phone first' progress report.

1. INTRODUCTION

This report sets out the progress towards delivering a local 'Phone first' model. The model will be an integrated element of the local unscheduled care system and is aimed at reducing Emergency Department demand by redirecting patients direct to alternative pathways of care.

2. BACKGROUND

The advent of COVID-19 has interrupted NHS service operating and radically changed the demand profile for unscheduled care services during the outbreak period. However, more latterly the demand pattern is starting to shows signs of recovery similar to the pre-COVID activity, particularly in the Emergency Department, (ED).

The requirement to segregate streams in ED into COVID and non COVID has reduced the overall departmental capacity, furthermore the social distancing legislation reduces the waiting room capacity available. In May 2020, the Royal College of Emergency Medicine published a document, 'COVID-19: Resetting Emergency Department Care'. One of the five fundamental aims set out in the document is to ensure that, 'Emergency Departments do not become overcrowded again'.

In June 2020, the Welsh Government issued a proposed operating framework for Q2 - 4 2020/21 to underpin Urgent and Emergency Care based on the emerging Welsh Access Model. Within these six goals, there are 17 deliverables, one of which is a 'phone first' model for ED.

The concept of a 'phone first for ED' model can only be successful where alternative pathways are established, including access to urgent primary care, ambulatory care, hot clinics, rapid diagnostics thus avoiding attendance at ED. In the absence of these alternative pathways the re-direction opportunities are minimal and are largely limited to scheduling of MIU attendances.

The Health Board have established a 'Phone First' task and finish group to consider and implement the local service model. In addition, the Health Board are represented on the national 'Phone First' group and feeding into the national development of the service.

3. GOVERNANCE AND RISK ISSUES

A table-top review of the busiest day in ED, 7TH October 2019 has been undertaken by the Clinical Lead for Phone first and an ED Consultant. They reviewed the ED records of all attendance on the day and determined which patients may have been redirected from the ED in alternative pathways of care. The review of the 301 attendances demonstrated the following:

- 34% of attendances were deemed appropriate to attend ED
- 20% of the attendances met the MIU eligibility criteria
- 20% of attendances could have been redirected to primary care, a combination of same day urgent primary care, routine primary care and GPooH.
- 15% of attendances could have been admitted via direct access pathways to specialty services in both Singleton and Morriston
- Small numbers of patients could have been redirected into alternative pathways including ACT, urgent mental health services, CAMHS and dental pathways.

In Swansea Bay we have established service models in both the GP out of hours service and the Acute GP Unit based at Singleton Hospital that have expertise in telephone triage of patients. In addition, both of these GP led services work off the ADAstra system which is an electronic clinical system which enables all calls to be recorded, has connectivity with the 111 service via this system and is the clinical system that supports both telephone and face to face consultations. The Acute GP Unit is also using Consultant Connect and further opportunities for its use are being considered as part of the 'Phone first' model. These electronic systems that support the operational models provide a robust governance framework on which to develop the 'Phone First' model.

It is intended that 'Phone first' will be 'bolted' onto these existing services to provide a 24/7 service model locally, with the front end call handling and initial triage being undertaken by the national 111 service. The activity that will be directed to triage either in the Acute GP unit or GPooH are those patients who contact 111 and have a disposition of 'attend ED' or 'attend MIU' following nurse triage. This patient group will be contacted by the GP and will have an advanced triage with the GP and will be streamed to the appropriate pathway to meet with their clinical need.

In addition, a bid has been submitted to support the development of an urgent primary care centre to provide support to patients requiring same day urgent primary care. This proposal fits with the findings of the 'Phone first' table-top exercise locally and this redirection opportunity has been demonstrated in other Heath Board areas. The local model for urgent primary care is a multi-disciplinary centre approach that will serve residents of both Swansea and Neath Port Talbot to access same day urgent primary care where core GMS are unable to meet the need. The team will be made up of General Practitioners, Advanced Practice Practitioners, Mental Health and other professions allied to health.

The overall 'Phone first' progress to date is as follows:

- Establishment of a 'Phone first' task and finish group locally with clinical, managerial, CHC and National Collaborative Commissioning Unit representation
- Compliance with national narrative and data submissions
- Local clinical table-top review of ED activity and opportunities for streaming
- Local MIU data analysis to inform redirection opportunities

- Appointment of a Clinical Lead
- Development of a local directory of direct access pathways to specialties, mental health services, community teams
- Recruitment of key roles in progress to support the triage hub
- Active participation in national meetings and events
- Joint working with the National Care Commissioning Unit to develop model
- Testing of the advanced triage hub and feedback from patients and staff to inform the model going forward

As part of the 'Phone first' task and finish group a risk register has been developed as follows:

Risk ID	Date Added	Risk Owner	Risk Category	Risk Description	Risk Impact	Risk Likelihood	Risk Score	Risk Proximity	Mitigating Action (MA)
1	22/09/2020	AG/SH	Workforce	Funding has been agreed on a fixed term basis and may present a challenge in terms of recruiting a temporary workforce to deliver the service	4	3	12	up to a month	
2	22/09/2020	AG/SH	Service	The current information available in our local IT systems may present a challenge in terms of understanding the demand and the mapping of pathways	3	4	12	up to a month	Using information from various sources to enable understanding of the possible alternative pathways for patients
3	24/09/2020	AG	IT/Digital	The contract for ADAstra is due for renewal in 2021. The revised contract covers 111 and GPoH services, however does not currently cover the Phone First triage hubs	2	3	6	up to a month	CW & R. Bowen have already discussed this at a National Level. Extension of current contract to Oct 2021 to accommodate the new procurement exercise and contract negotiations. Future development changes for the new system are being incorporated into the new system. Noting the description of the service may not be included within the specification. There also may be an additional funding requirement to support the new system to ensure fully technical capabilities.

4. FINANCIAL IMPLICATIONS

The 'Phone first' service is an addition to the existing services provided by GPoH and the Acute GP Unit. In order to manage the anticipated workload, additional resource is required. The financial implications of the 'Phone first' service are set out in **appendix 1**.

A paper setting out the service proposal and the financial implications has been shared with the Chief Ambulance Service Commissioner and funding has been agreed via a national panel with written confirmation received.

5. RECOMMENDATION

The Quality and Safety Committee are asked to note the progress of the 'Phone first' task and finish group.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The redirection of patients away from the Emergency Department direct to appropriate alternative pathways of care will serve to provide the following quality and safety benefits:</p> <ul style="list-style-type: none"> -More timely and appropriate care for patients. -Reduced ED crowding and reduction of the risks associated with an over-crowded ED. -Improved patient experience as the ED pathway step for many patients will be removed. 		
Financial Implications		
<p>The 'Phone first' approach is mandated by the Welsh Government as part of the emerging Welsh Access Model. Funding has been agreed to support the initiative until the end of March 2021 when a national evaluation of the scheme will be undertaken to test value of the investment.</p>		
Legal Implications (including equality and diversity assessment)		
Nil specific		
Staffing Implications		
<p>This proposal and the costs are made up of enhancing existing services to provide the advanced GP triage throughout the 24 hour period. The costs are in the main associated with the increase in GP workforce, with a small investment in nursing and clerical support.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History		
Appendices	Appendix 1	