



Partnership of the Clinical Commissioning Groups for East Berkshire, Surrey Heath and North East Hampshire and Farnham

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Briefing Summary

- This briefing sets out our local ambition for urgent care in Bracknell Forest.
- It sets out in detail some of the changes which have taken place locally since March 2020, some of these as a direct response to Covid-19, others in response to National NHS Policy.
- It also provides some information on the range of services available for our community and some insights into their use of urgent care services.



Context

During 2020 several significant changes have been made to the way urgent care services are provided locally. These have included:

- A move away from walk-in access to bookable only services in response to the need to maintain robust infection control procedures as a result of covid-19, these will continue to be required going forward.
- The provision of a dedicated minor injuries service at Brants Bridge.
- A new integrated urgent care service which offers a range of clinics across the week, with specialist staff working alongside primary care.
- The roll out of 111 First via telephone & online.
- A move to a triage and virtual assessment model in Primary Care.

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What our residents told us about urgent care services

Through engagement with our communities pre-covid we know:

- Most people are confused by multiple entry points to care.
- Our residents are confused by the variation in existing services, including the level of care provided and differential opening times.
- The majority of patients want to access urgent care through their own GP practice, however their experience of access to primary care is variable.





Our local Vision for Urgent Care

- Our residents will be able to access the care they need as close to home as possible.
- Primary Care in and out of hours will remain the principle point of access for our communities for urgent care.
- We will use online and digital tools to support helping people to navigate when and how to access services.
- 111 is the default front door of the NHS when people don't know where to go.
- Our Emergency Care departments remain open for those with emergency or acute care needs and 999 is only used for emergencies.

Our Strategy: to address urgent care demand and enable timely access to services when needed by:-

- We will reduce demand for urgent and crisis services by supporting our communities to live well and access support when needed at the earliest opportunity.
- We will simplify how to access urgent and emergency care: Primary Care, 111, 999, and Emergency Departments (ED).
- We will develop local health and care services that use digital technology and are right sized to be able to respond in a timely way to the urgent physical and mental health needs of our communities.
- We will work with our partners across the system on pathways of care for those with emergency or acute care needs.

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Local Services Currently available



Our local community has access to a range of urgent care and crisis services within Bracknell and the surrounding area including:

- Local GP practices including home visiting and Clinics
- · High street Pharmacies
- NHS 111
- GP Out of Hours
- · End of life services
- · Mental Health services
- Minor injury pathway

Due to the continued risk of continued infection and transmission of Covid-19 (particularly new variants), we will promote a 'total triage' model of virtual assessment and treatment (telephone and online) before face to face care, where clinically appropriate and relevant to patient needs.

Local Services - Developed in 2020 (1)

Frimley Collaborative of Clinical Commissioning Group:

During 2020 we have developed further local services, building on changes implemented due to the pandemic and improvements in the NHS111 offer. These are:

Integrated Urgent Care Pathway (IUC)

- Co-designed with Bracknell Forest Primary Care Networks, Berkshire Primary Care and One Medical Group. Includes Ascot practices.
- Enables patients to access same day urgent care within the community.
- Provides enhanced capacity for Primary Care to support patients with urgent on the day needs, and offers home visiting where needed and a dedicated paediatric clinic.
- The clinics are operating from Crowthorne and Skimped Hill, Monday to Friday 08:00-20:00.
- Booking into these clinics is via the patient's own GP now and shortly will include via 111 following clinical triage.

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Local Services – Developed in 2020 (2)



Minor Injury Pathway

- Minor Injury care is available at Brants Bridge. Access is via 111 and booked appointment only.
- The service is available 8am 8pm weekdays.
- The service offers video consultation in addition to face to face care.
- From May the service will expand to include Sundays (this reflects weekend day of highest demand and preparation for the reopening of activities as we come out of lockdown)
- The service will soon be available to Paramedics on the ground with the aim of avoiding unnecessary conveyance to the Emergency Department, as well as providing stronger links from clinicians within the 111 service.

111 First - National Development

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An enhanced 111 service launched locally in November 2020 with increased multi-disciplinary clinical capacity available.

All patients that may require attendance at an Emergency Department or an urgent (but not life-threatening) ambulance are reviewed by a clinician within the 111 service.

Patients referred to an Emergency Department can have an arrival time booked for them and their details sent to ED, so the staff know they are coming and the reasons why.

111 can also book into a wide range of local Primary care and Community services, helping people to be cared for close to home.

Arrangements will not change for people with life-threatening illnesses or injuries who should continue to dial 999 and anyone who arrives at A&E without calling NHS 111 will still receive medical care, with those needing emergency treatment prioritised.

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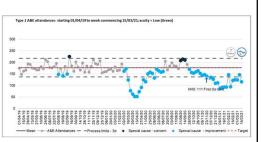
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What the data is telling us ED attendances





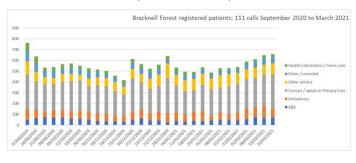
- Prior to the first wave of Covid-19 there were, on average, approximately 500 Emergency Department attendances by Bracknell Forest registered patients each week
- This reduced to fewer than 30 per 1,000 attendances per week, in the period between mid-March to end of May
 2020.
- From June 2020, the overall number of attendances have, on average been similar to the weekly figures seen before COVID-19.
- Much of the reduction has been driven by fewer attendances for 'low acuity' (minor illness and injury) conditions.
- This shift in activity is likely to be contributable to a combination of the impact of lockdown on population behaviours and the development of local urgent care services
- It will be important to track these changes as we move out of lockdown over the coming months to see if they are



Local Insights 111 calls Sept 2020 to March 2021

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- There were an average of 555 calls per week to the 111 service from Bracknell Forest registered patients, between September 2020 and March 2021
- Of these
 - 46% were advised to contact the primary care team;
 - 23% were either told to go to the Emergency Department or had an ambulance called;
 - 16% were referred to other services (e.g. dental or pharmacy)
 - 6% were given health information or advised to self care at home; and
 - 8% were for other reasons (non-clinical or uncoded)



Data are taken from the South Central Ambulance Service (SCAS) 111 call information for the period between September 2020 and March 2021.

Approximately 15% of data do not have a GP recorded, and therefore actual numbers of patients will be slightly higher than stated.

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Minor Injury Pathway - Headlines

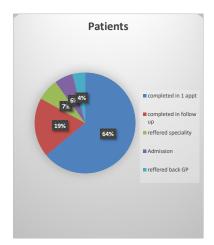
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- From launch until Friday 12th March, 410 patients attended the service.
- 74% of patients have their care completed within the pathway.
- 12% have required onward referral to Virtual Fracture Clinic (consistent with previous UCC provision).
- 6% have been referred directed to specialty avoiding ED.
- 4% have required referral to ED.
- 4% were referred back to NHS111 as inappropriate (illness rather than injury).

Droconting issue	No. of	% of
Presenting issue		
	attendances	attendances
Finger injury	55	13.3%
Ankle injury	53	12.8%
Foot injury	45	10.9%
Arm injury	22	5.3%
Wrist injury	21	5.1%
Animal / human bite	20	4.8%
Foreign body	20	4.8%
Hand injury	17	4.1%
Shoulder injury	16	3.9%
Toe injury	15	3.6%
Burn	13	3.1%
Leg injury	13	3.1%
Back pain	12	2.9%
Knee injury	12	2.9%
Cut	11	2.7%
Head injury	10	2.4%
Abdominal pain	9	2.2%
Infected body part	7	1.7%
Elbow injury	6	1.4%
Eye injury	4	1.0%
Return for second x-ray	4	1.0%

Integrated Urgent Care Pathway Illness headlines

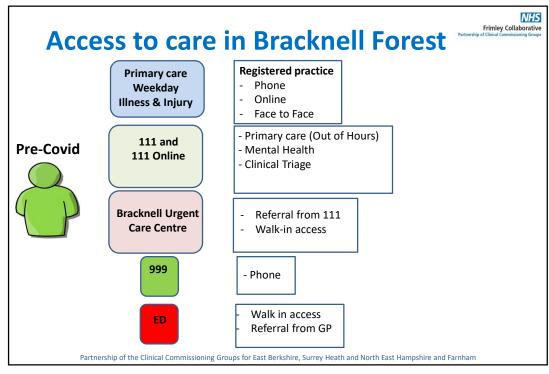


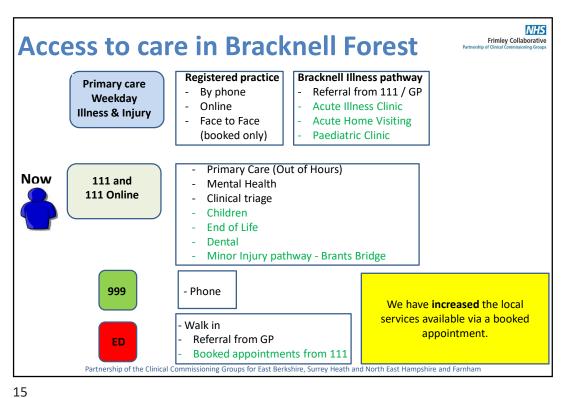


- Referral into the illness, paediatric and home visiting pathways is following clinical triage by the patient's own practice.
- The pathways have been designed to be Covid-19 'secure' with hot (possible Covid) and cold patients being segregated.
- 4,538 patients have been managed in the pathway
- 85% of patients have their care completed within the pathway
- 5.7% are referred on direct to Acute hospital speciality, avoiding ED
- 5% are referred for admission (1% to ED)
- 4.3% needed follow up care with the
- 100% positive patient feedback received (Friends and Family test November to February)

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What Next?

- **Health promotion:** we need to continue to engage with our communities in enabling them to make good choices in how and when to access services, and in promoting self care and prevention.
- Community engagement: We will use insights and intelligence on the needs of our communities and their experiences of services to inform discussions on the impact of the changes we have made and any future local services.
- Service review and development: working with our partners to use the insights about our community and current services to adapt and improve the services available locally.