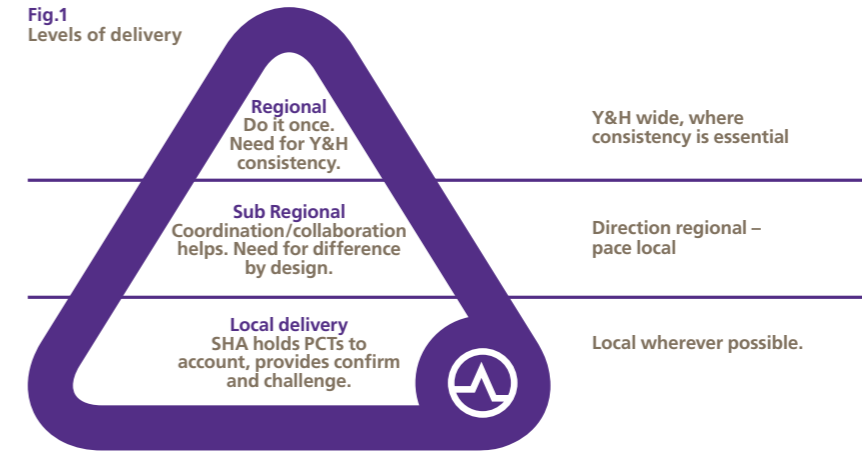




Fig.1  
Levels of delivery



### What did we say in Healthy Ambitions?\*

1  
The Acute Care pathway group recognised that acute care is not consistently provided to the best possible standards in Yorkshire and the Humber. The group identified the need to offer patients better access, especially out of hours and to reduce some of the pressure arising from rising A&E attendances.

### They therefore recommended:

- A wider range of services to avoid having to go to A&E (pharmacies, extended primary care, urgent care centres)
- Better support to look after yourself
- A single telephone number for local urgent care and out of hours care
- New models of care for stroke; heart attack; trauma and for older people.
- Guidance for ambulance services to take people immediately to the best location
- Experienced staff making decisions at the door of all A&E departments.

### Who is taking this work forward?

2  
PCTs across Y&H have worked with the SHA to agree which of the recommendations of the Acute Care pathway should be taken forward locally and which might need action at regional level. This is summarised in fig.2 on the next page.

\*Full details can be found at:  
[http://www.healthyambitions.co.uk/acute\\_episode.html](http://www.healthyambitions.co.uk/acute_episode.html)



# Recommendations & levels of delivery.

Fig.2 Levels of delivery

**KEY**  
 ● Primary Implementation



**Recommendation 1**

**SELF CARE**  
 PCTs should commission a wider range of services in pharmacies and primary care

YH wide implementation

YH wide coordination and collaboration

Pharmacy Reference Groups

Local Delivery

Yes



**Recommendation 2**

**SELF CARE (Continued)**  
 PCTs should commission primary and secondary care providers to work together to target care for particular groups e.g. people with LTCs; care home population to promote self directed care and avoid hospital admissions

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Yes



**Recommendation 3**

**PRIMARY AND COMMUNITY CARE**  
 PCTs should develop, and ensure the delivery of consistent standards for acute care in the community, which apply both in and out of hours

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Yes



**Recommendation 4**

**PRIMARY AND COMMUNITY CARE (Continued)**  
 Extended access to these services should be available, especially in the evenings and at weekends.

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Yes



**Recommendation 5**

**PRIMARY AND COMMUNITY CARE (Continued)**  
 Additional services in pharmacies and other community settings should be developed

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Yes



**Recommendation 6**

**PRIMARY AND COMMUNITY CARE (Continued)**  
 Access to mental health and social care teams should be integrated with urgent care

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Yes



**Recommendation 7**

**PRIMARY AND COMMUNITY CARE (Continued)**  
 A single point of contact with a single telephone number should be introduced for urgent care e.g. 888 as part of an integrated triage and signposting system

YH wide implementation

Encourage national approach

YH wide coordination and collaboration

Local Delivery

PCT/Cluster of PCTs



**Recommendation 8**

**AMBULANCE SERVICES**  
 A single point of contact for urgent care should be introduced

YH wide implementation

Encourage national approach

YH wide coordination and collaboration

Local Delivery

PCT/Cluster of PCTs



**Recommendation 9**

**AMBULANCE SERVICES (Continued)**  
 More options for treatment at scene by skilled staff should become available

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Lead PCT



**Recommendation 10**

**AMBULANCE SERVICES (Continued)**  
 After initial assessment or on face to face contact, a wider range of referrals across the health care system should be available to make best use of all services

YH wide implementation

YH wide coordination and collaboration

Local Delivery

Appropriate clinical networks



# Recommendations & levels of delivery.



**Recommendation 11**  
**AMBULANCE SERVICES (Continued)**  
 Ambulance bypass protocols should be developed to patients with stroke, acute MI, major trauma and paediatric emergencies where or when appropriate to ensure patients have access to the best treatment.  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 -  
Local Delivery  
 Lead PCT



**Recommendation 12**  
**URGENT CARE CENTRES**  
 The CPG recommend that urgent care centres should be introduced alongside major A&E departments  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 Appropriate clinical network  
Local Delivery  
 Yes



**Recommendation 13**  
**URGENT CARE CENTRES (Continued)**  
 A specification for services, staffing, facilities and management arrangements should be agreed based on the recommendations made by the acute CPG.  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 Appropriate clinical network  
Local Delivery  
 Yes



**Recommendation 14**  
**URGENT CARE CENTRES (Continued)**  
 Clear protocols for the movement of patients between UCC and A&E should be agreed  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 Appropriate clinical network  
Local Delivery  
 Yes



**Recommendation 15**  
**A&E**  
 Senior clinical decision makers should always be available at the front door  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 -  
Local Delivery  
 Yes



**Recommendation 16**  
**A&E**  
 There should be extended use of clinical decision units and short stay units  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 -  
Local Delivery  
 Yes



**Recommendation 17**  
**ADMITTED CARE**  
 In hospitals, systems should be improved with the introduction of care-pathway co-coordinators and an emphasis (targets) on discharge  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 -  
Local Delivery  
 Yes



**Recommendation 18**  
**ADMITTED CARE (Continued)**  
 Consultant decisions should be made as early as possible in patient care and no later than 12 hours  
YH wide implementation  
 -  
YH wide coordination and collaboration  
 -  
Local Delivery  
 Yes



**Recommendation 19**  
**ADMITTED CARE (Continued)**  
 New models of care should be developed as detailed in the Acute CPG pathway report for  

- Stroke
- Heart Attack
- Trauma
- Older People

YH wide implementation  
 Stroke/Heart Attack/Trauma - SCG/PCT Collaborative. Strategic direction from SHA  
YH wide coordination and collaboration  
 Stroke/Heart Attack – Cardiac Network  
Local Delivery  
 Yes for Older People



**Recommendation 20**  
**ADMITTED CARE (Continued)**  
 Acute providers should be commissioned to work together to develop integrated networks to support these models.  
YH wide implementation  
 SCG/PCT Collaborative  
YH wide coordination and collaboration  
 -  
Local Delivery  
 Yes

# The CPG recommend that urgent care centres should be introduced alongside major A&E departments





**Recommendation 21**

**GENERIC THEMES**

Current 999 and other urgent call systems should be reviewed to produce consistent signposting of care tailored to local need and provision

**YH wide implementation**

-

**YH wide coordination and collaboration**

-

**Local Delivery**

PCT/Cluster of PCTs



**Recommendation 22**

**GENERIC THEMES (Continued)**

The Y&H IT strategy should address the need for the rapid transfer of patient information in the urgent care setting. NPfIT solutions that allow the transfer of patient information should be accelerated such that it becomes the norm to share records across different parts of the NHS

**YH wide implementation**

Yes

**YH wide coordination and collaboration**

-

**Local Delivery**

Yes



**Recommendation 23**

**GENERIC THEMES (Continued)**

New and changed roles for staff will be needed. Commissioners, Y&H SHA and educational providers should take account of this in workforce planning and in commissioning educational programmes for healthcare staff

**YH wide implementation**

SHA

**YH wide coordination and collaboration**

Appropriate clinical networks

**Local Delivery**

PCT Workforce plans



**Recommendation 24**

**GENERIC THEMES (Continued)**

The need to develop a world class service to acute care leads inevitably to a consideration for further integration of primary and secondary care. The NHS should consider how that can be achieved functionally or consider developing new models of provision

**YH wide implementation**

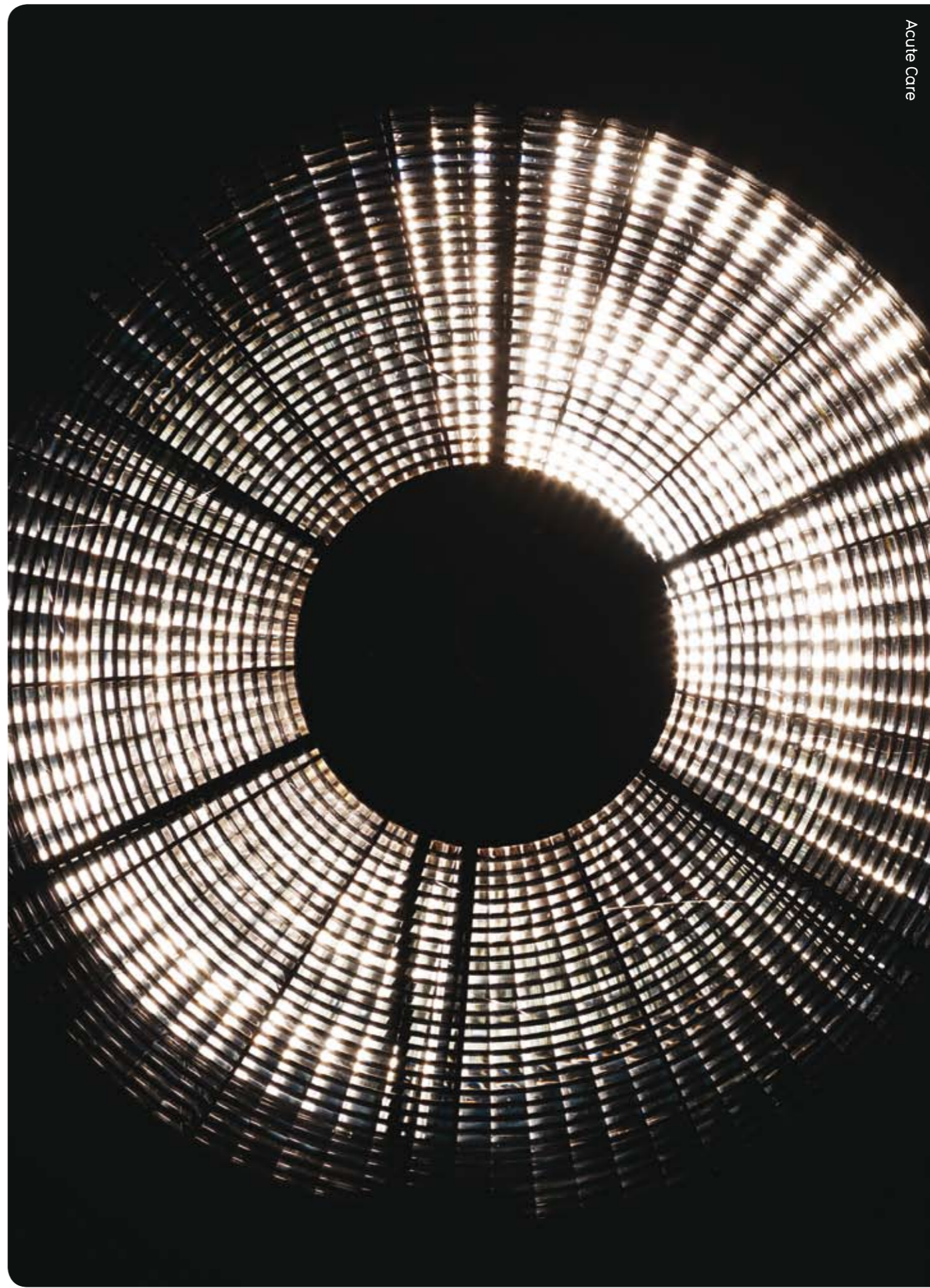
-

**YH wide coordination and collaboration**

-

**Local Delivery**

Yes





When is it happening?

3  
The actions to be taken forward in the first year of implementation for the Acute Care pathway are shown in fig.3.

Local delivery

4  
PCTs have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.

Working with their local partners and providers they have all set out the action that they will take to start to turn the recommendations in Healthy Ambitions into reality in the five year strategic plans. These plans are the main vehicle for the delivery of the recommendations in this pathway.

An example of the action being taken by NHS Kirklees is shown in fig.4.

Fig.3 Acute Care – Timescale

Action	When
<b>Self Care</b>	
Pharmacy Reference Groups – agree extended Terms of Reference	By March 2009
PCTs to target further investment in care closer to home/self care for those with LTCs in plans for 09/10	April 2009 onwards
<b>Primary and Community Care</b>	
PCTs to target further local investment in these services in 09/10	April 2009 onwards
PCTs to agree local integrated urgent care service delivery models	To be agreed with each PCT
Agree with SHA whether there will be a national three digit number and how it will be implemented.	National work underway
Potential for West Yorkshire PCTs on the back of the West Yorkshire Urgent care procedure to be a pilot site for the 3 digit number Delivery Board	To be agreed with DH
Urgent Care Procurement to be a pilot site for the 888 number.	
<b>Ambulance Services</b>	
Bradford PCT as lead for the YAS Consortia to take forward these recommendations.	
<b>Urgent Care Centres</b>	
PCTs to agree local arrangements for Urgent Care Centres and their adjacency to A&E Departments.	April 2009 onward
PCTs to agree how they will get pan Y&H co ordinate clinical advice on urgent care services.	Via Pathway
Develop a strategic framework for use by local PCTs in the development of Urgent Care Centres.	June 2009
<b>Admitted Care</b>	
Facilitate arrangements for the three cardiac networks to agree a pan Y&H framework for Hyper Acute Stroke units and Primary Angioplasty centres and the development of appropriate care pathways.	During 2009/10
Agree framework for obtaining coordinated clinical advice for Trauma Services.	Via Pathway Delivery Boards – see governance chapter
Future network arrangements will be agreed following the Y&H Network Review	2009
<b>Generic Themes</b>	
Revised SCG / Sub Regional Commissioning arrangements to be agreed.	See SCG chapter
Network Review Implementation and development plan (18 month programme)	November 2008 onwards

Fig.4 An example of local action being taken by NHS Kirklees

NHS Kirklees:

- We will integrate a new ‘Access and Assessment’ service for West Yorkshire that will provide consistent information for our service users and a central point for their urgent care needs to be addressed.
- Services that work to deliver urgent care will be fully integrated. This includes OoH services, A&E departments and ambulance services. These services will also work in tandem with GPs, secondary care and social care services.
- We will develop Urgent Care Centres to provide a breadth of high quality and accessible care for individuals as outlined in Healthy Ambitions.



Chris Welsh, SHA Medical Director, will ensure that regional reviews of critical care and vascular surgery take place during 2009/10, with appropriate clinical involvement, and appropriate governance arrangements – in discussion with the Specialised Commissioning Group.

How could you help?

5

Everyone with an interest in improving health and healthcare can play a part in taking forward the recommendations in the acute episode chapter of Healthy Ambitions. In fig.5 we have set out some of the suggestions from staff about how people could help implement the recommendations.

As an NHS publication – this section has just focussed on the roles that NHS Staff could play – but we very much recognise that our partners have a big contribution to make if we are to deliver the recommendations of the acute episode chapter in Healthy Ambitions. We know that local authorities have a big part to play – e.g. in integrating services for older people designed to prevent acute hospital admissions, developing joint working between ambulance and police and in promoting awareness of the need for prompt action e.g. in patients experiencing stroke symptoms.

Who will make sure that this work happens?

6

There are a number of key leadership roles in the delivery of this pathway:

Locally

Each PCT is responsible for working with local providers and partners to ensure the delivery of recommendations in line with their local priorities and their own strategic plans.

Fig.5 Action checklist

Who	What
Directors of Commissioning could be:	<ul style="list-style-type: none"> <li>Understanding models of care in detail – e.g. urgent care centres, and the model for stroke care in full acute CPG report.</li> <li>Reflecting these models in service specifications and in contracts with providers, using the appropriate quality indicators from the Y&amp;H CQUINs set</li> <li>Commissioning a wider range of services in pharmacies and primary care to support self care, in line with the recommendations of the acute care CPG</li> <li>Examining recommendations on GP availability out of hours and extended hours</li> <li>Aware of the action being taken by sub regional clinical networks, e.g. in relation to stroke care</li> <li>Aware of the regional reviews recommended by the CPG and being taken forward on a regional basis – e.g. the review of vascular services being taken forward by the SCG</li> </ul>
Directors of Performance could be:	<ul style="list-style-type: none"> <li>Monitoring relevant indicators e.g. quality in contracts indicators, WCC outcomes, vital signs etc to ensure progress is being made and take remedial action where necessary</li> </ul>
Medical Directors could be:	<ul style="list-style-type: none"> <li>Understanding models of care in detail – e.g. urgent care centres, and the model for stroke care in full acute CPG report.</li> <li>Providing clinical advice to relevant colleagues to support the implementation of these models (e.g. Dirs of Commissioning)</li> <li>Aware of the action being taken by sub regional clinical networks, e.g. in relation to stroke care</li> <li>Aware of the regional reviews recommended by the CPG and being taken forward on a regional basis – e.g. the review of vascular services being taken forward by the SCG</li> </ul>
A+E consultants could be:	<ul style="list-style-type: none"> <li>Understanding models of care and help implement recommendations e.g. senior decision makers at front door of A+E, urgent care centres</li> </ul>
Cardiologists could be:	<ul style="list-style-type: none"> <li>Aware of and paying regard to the work of the cardiac network and models for stroke services</li> </ul>
Neurologists could be:	<ul style="list-style-type: none"> <li>Aware of emerging models for stroke services</li> </ul>
Stroke consultants could be:	<ul style="list-style-type: none"> <li>Aware of the action being taken by sub regional clinical networks, e.g. in relation to stroke care</li> </ul>
T & O consultants could be:	<ul style="list-style-type: none"> <li>Reviewing current pathways for major trauma and co-operating with commissioners in developing improvements</li> </ul>
Neuro-radiologists could be:	<ul style="list-style-type: none"> <li>Aware of the action being taken by sub regional clinical networks, e.g. in relation to stroke care</li> <li>Aware of emerging models for stroke services</li> </ul>
Ambulance service staff could be:	<ul style="list-style-type: none"> <li>Examining pathway report recommendations.</li> <li>Taking forward specific ambulance recommendations including work on developing bypass protocols and clear pathways for treat and transfer.</li> <li>Developing a greater skill set in first line responders</li> </ul>



Collaboratively and Regionally

Delivery will be overseen by a Pathway Delivery Board – as described in the chapter on governance arrangements.

For Acute Care the chair will be Jane Lewington Chief Executive at North East Lincs CTP who will act as a sponsor within the wider chief executives forum and assist the clinical lead and SHA Director lead to promote implementation of the pathway.

The clinical lead is David Dawson, former Medical Director at Mid-Yorkshire Hospitals Trust, who will oversee progress against the acute care pathway recommendations, act as a champion for the recommendations, advise on delivery processes and encourage regional colleagues to continue to focus and give priority to the acute care recommendations.

A number of regional directors will take responsibility for key areas of the acute pathway.

Chris Welsh, SHA Medical Director, will ensure that regional reviews of critical care and vascular surgery take place during 2009/10, with appropriate clinical involvement, and appropriate governance arrangements – in discussion with the Specialised Commissioning Group where appropriate (i.e. vascular). He will oversee the development of new models of care for primary angioplasty and major trauma services during 2009/10.

Who	What
GPs could be:	<ul style="list-style-type: none"> <li>Examining recommendations on GP availability out of hours, extended hours and availability of urgent care appointments in the day.</li> </ul>
PEC chairs could be:	<ul style="list-style-type: none"> <li>Understanding models of care in detail – e.g. urgent care centres, and the model for stroke care in full acute CPG report and provide clinical advice to relevant colleagues (e.g. Dirs of Commissioning)</li> <li>Supporting PCT colleagues to reflect these models in service specifications and in contracts with providers, using the appropriate quality indicators from the Y&amp;H CQUINs set</li> <li>Supporting PCT colleagues to commission a wider range of services in pharmacies and primary care to support self care, in line with the recommendations of the acute care CPG</li> <li>Examining recommendations on GP availability out of hours and extended hours</li> <li>Aware of and paying regard to the work of the cardiac network and models for stroke services</li> </ul>
Pharmacists could be:	<ul style="list-style-type: none"> <li>Understanding recommendations for improved pharmacy services and supporting self-care and work with their PCTs to take these forward</li> </ul>
Workforce planners could be:	<ul style="list-style-type: none"> <li>Analysing workforce implications of pathway group recommendations and models of care and plan accordingly.</li> </ul>
Dirs of nursing could be:	<ul style="list-style-type: none"> <li>Understanding models of care in detail – e.g. urgent care centres, and the model for stroke care in full acute CPG report.</li> <li>Providing clinical advice to relevant colleagues to support the implementation of these models (e.g. Dirs of Commissioning)</li> <li>Aware of the action being taken by sub regional clinical networks, e.g. in relation to stroke care</li> <li>Aware of the regional reviews recommended by the CPG and being taken forward on a regional basis – e.g. the review of vascular services being taken forward by the SCG</li> </ul>
Directors of Finance could be:	<ul style="list-style-type: none"> <li>Assessing the financial implications of local plans in response to pathway recommendations and ensuring appropriate provision within medium term and operational financial plans. Any impact on providers of changes in care pathways or service provision would need to be appropriately communicated consistent with WCC standards and process and extant contracting arrangements.</li> </ul>
Communications leads could be:	<ul style="list-style-type: none"> <li>Aware of and appropriate participation in social marketing project on awareness of symptoms of Stroke</li> </ul>

This checklist is illustrative and for guidance only.



Our pledge in taking forward this pathway will be to save 600 premature deaths every year with better stroke care.

Annette Laban, SHA Director of Performance and Delivery will oversee the development of a single telephone number for urgent care as part of an integrated triage and signposting system.

Rosamond Roughton, SHA Director of Strategy and System Reform, will oversee the implementation of the stroke pathway set out in Healthy Ambitions

**How will we measure success?**

7

We have developed a "Healthy Ambitions Dashboard" based on a small number of key indicators which taken together can be used to start to measure the success of the Healthy Ambitions programme as a whole. This is underpinned by trajectories which each PCT will set to reflect their local priorities and circumstances. It will show the measurable improvements they are making in each pathway area. This will supplement the "vital signs" indicators and trajectories which support delivery of the targets set out in the NHS Operating Framework and the selection of outcome measures which PCTs have included in their strategic plans. In many cases these measures are one and the same. All of these measures will feature in PCTs annual operating plans to be agreed with the SHA and be the basis for the SHA's performance management regime.

Recognising that the pathway recommendations are many and various we intend to start by tracking progress against the key pathway pledge, which for the acute care pathway is to save 600 premature deaths every year with better stroke care.

We know that this doesn't tackle all the priorities in this chapter. Primary care access, healthcare associated infection rates and stroke outcomes will be tracked through existing routes. Myocardial infarction best practice and NICE standards for reducing stroke morbidity and mortality is a CQUIN measure.

**The key indicators we will therefore track in the "Healthy Ambitions Dashboard" will be:**

- Stroke mortality per 100,000 population
- Stroke and TIA admissions and readmissions per 100,000 population
- Percentage of TIA with high risk of stroke who are treated within 24 hours
- Percentage of patients receiving thrombolysis within 60mins of ambulance call.

Work has been undertaken to establish baselines for the pledge and by the end of March '09 trajectories for improvement will have been agreed between the SHA and PCTs and will be reflected in annual operational plans.\* We intend to publish progress against individual trajectories.

\*More details can be found in the chapter on performance metrics





“Making a difference for patients is what makes general practice so rewarding. The Healthy Ambitions recommendations will improve the quality of care patients receive across the region.”

Lis Rodgers  
GP, Doncaster