

South Yorkshire and Bassetlaw Working together for Urgent and Emergency Care

Urgent and Emergency Care Showcase – For Health and Social Care Professionals

Topic	Summary	Method	Target Audience	Details
W/C 9 October				
111/GP Direct Booking	Integrated Urgent Care spells out major transformation for how patients will access urgent care services. Including the ability to have an appointment directly booked by the 111 service. This WebEx will consider the successful implementation of direct booking within North Tees .		GP practice staff, CCG staff commissioning primary care services, Clinical Leads for primary care commissioning, OOH providers.	9 October 2017 2pm-3pm WebEx Facilitated by Helen Ledger, Regional IUC lead
W/C 16 October				
Perfect Patient Pathway South Yorkshire & Bassetlaw Digital Test Bed Programme	<p>The Sheffield Test Bed Programme provides the opportunity for healthcare professionals and patients to trial innovative and emerging technology to empower individuals to better manage multiple long term conditions.</p> <p>The session will provide an opportunity to learn more about the programme, ask questions and trial the technology.</p>		<p>All Staff. All front line staff working in General Practice, community and acute settings, commissioners of services for long term conditions. Care Home staff.</p> <p>Middle and senior managers interested in digital technology advancements</p>	16 October 1pm-3pm

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W/C 16 October				
Patient Flow - Barnsley Control Centre	<p>This session will provide an opportunity to visit the control centre used in Barnsley to coordinate patient flows in and out of the Trust.</p> <p>It will include an overview of how RightCare Barnsley operates to receive referrals and stream patients to the right place for treatment and the systems used to ensure patients who are medically fit do not remain in an acute trust.</p>		<p>Operational front line staff in acute, community and social care settings involved in patient flow and supporting discharges.</p> <p>Middle and senior managers.</p> <p>Commissioners of hospital services, and patient flows and discharge processes.</p>	<p>17 October 2pm-4pm</p>
NHS 111 Online	<p>Presentations from the providers of NHS 111 Online.</p>		<p>Commissioners involved in developing and designing integrated urgent care. NHS 111 provider staff.</p>	<p>19 October TBC</p>
W/C 23 October				
Sheffield Test Bed Programme	<p>Repeat of the session held on the 16 October</p>		<p>See event details for 16th October</p>	<p>23 October 1pm-3pm</p>



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W/C 23 October				
Patient Flow – Barnsley Control Room	Repeat of the session held on the 17 October 2017	  Talk	See event details of 17 th October.	27 October 10am-12noon

Coming soon:

*Visits to Rotherham’s UEC, Doncaster’s Front Door Assessment Streaming Service and
Frailty Service and YAS emergency operations centre
Trusted Assessor Webinar*

For more information or for details of how to book please email
caitlin.richens@attain.co.uk

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Topic	Summary	Method	Target Audience	Details
Available Anytime				
<p>Care Home Bed State Tool</p>	<p>This WebEx provides an overview of the functions of the care home bed state tool which has recently been procured by NHS England.</p> <p>The tool aims to ensure that patient choice is offered and supported for people who are in hospital and require discharge to a care home. The tool also supports a smoother transition from hospital to care home.</p> <p>This tool is being implemented across South Yorkshire and Bassetlaw. For more information please contact Mandy Philbin, Sheffield CCG: mphilbin@nhs.net</p>		<p>All staff involved in organising patient discharges. Care Home staff.</p>	<p>https://www.youtube.com/channel/UCuaHUd7mTCCu-t0G4ECENRw</p> <p>There is also a demonstration tool, or 'sandbox'. Please access the sandbox via the following URL link:</p> <p>https://carehomes- uat.necsu.nhs.uk/</p>



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A number of **case studies** will be available on Extranet to view. Below are a list of those available so far. For more information or details of how to gain access please contact caitlin.richens@attain.co.uk

Topic	Summary
Rotherham – Care Coordination Centre	The centre manages system capacity, carrying out initial assessment and referral, in order to help avoid hospital admissions and ensure people are in the most appropriate care settings. The service is now being further developed to incorporate mental health, learning disabilities and social care.
Rotherham – Social Prescribing Pilot in Mental Health	The mental health social prescribing pilot was developed to help people with mental health conditions overcome the barriers which prevent discharge from secondary mental health services.
Barnsley – Introduction of an Integrated Respiratory Service	The integrated service comprises 7 day early supported discharge, comprehensive home oxygen assessment and review, specialist multi-disciplinary team support and pulmonary rehabilitation with the aim of improving quality of care and health outcomes and decreasing cost.
Barnsley – My Best Life	My Best Life’ is a relatively new borough-wide social prescribing service for the population of Barnsley. It enables those with social, emotional, or practical needs to access a range of local, non-clinical services
Sheffield – Implementation of Direct Booking	4 Extended Access Hubs in Sheffield have been operational since October 2015, initially as a wave 2 Prime Ministers Challenge Fund scheme, now commissioned by the CCG. Utilisation during the weekday evenings was good with bookings direct from Sheffield GP practices, however weekend utilisation, especially Sundays, was slightly lower. Since direct booking has been introduced, Sunday utilisation has increased by 23%



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The following case studies will be available shortly.

Topic	Summary
Direct booking – lessons learnt	Shared learning and good practice from direct booking pilots
I Heart Barnsley	A model of extended-hours Primary Care services.
Integrated Urgent Emergency Care Centre	Rotherham: new UEC centre opened 21.07.17
Front Door Assessment and Signposting Service	Primary Care Streaming Model in Doncaster
Paramedic Pathfinder	Enabling ambulance paramedic staff to determine the most effective referral and treatment options for known patients via the use of individual community care plans.
Falls pilot with YAS and Doncaster	111 Intermediate Care pathways
Integrated Alcohol and MH Liaison service	Implementation of a successful Integrated Alcohol and MH Liaison service
Rapid Assessment Programme Team	RAPT is part of the Trust's Integrated Discharge Team and responsible for the assessment and identification of patients in the Emergency Department who may be able to be discharged home or transferred safely to 'step-up' beds/social care assessment units/MMH avoiding acute admission to hospital.
Ambulatory Care Clinic	Consultant led clinic in which ambulatory care conditions are assessed to avoid admissions
Frailty units	Frailty assessment unit development in Doncaster & Frailty unit in Sheffield
Trusted Assessor	Focussing on the safe discharge of patients from hospital to the most appropriate setting at the earliest opportunity, ensuring that care continues in the community or wherever clinically appropriate by using trusted assessors model.
Care Home electronic bed tool	Bed monitoring system designed by North East Commissioning Support (NECS). This is a free web based tool that has been deployed in Manchester and West Yorkshire. SYB ACS will be the first site to work at such a scale.
Home of choice	Reducing the time taken to discharge patients requiring long term residential care from 14 days to 5 days by working with patients, their families, rightcare Barnsley and care homes.
Clinical utilisation tool (Medworxx)	Bed management and delay monitoring tool
TAPPS	Timed Action Plans for Patients - a way of monitoring and managing delays in patient care and discharge. Collaborative work with Improvement Academy.
Discharge to Assess	Using the pathways of discharge mandated by ADASS, NHS Improvement and NHS England. This will enable people to be discharged from hospital when it is safe to do so and focus on supporting more people to return home, rather than moving to a care home.



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Smart ER	Innovative technology solutions to digitally engage patients before and after healthcare encounters by assessing wellbeing and follow-up issues. Uses patients' 'down time' in the waiting room to gather patient history.
Social Prescribing – Rotherham Model	The Social Prescribing Service helps people with long-term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups in Rotherham. For more information - http://www.rotherhamccg.nhs.uk/social-prescribing.htm
Integrated Respiratory Service - Breathe	A new service in Barnsley which reviews services and pathways to improve access for respiratory patients, transferring patient care from hospital to the wider community nursing services - model developed by a provider alliance
Doncaster Respiratory model	Respiratory pathway work has progressed within both hospital & communities in Doncaster
Breathing Space	Unit for respiratory care in Rotherham
Right-care Barnsley	Alliance between CCG, SWYFT and Acute trust - nurse led and has dual purpose, to avoid hospital admissions by using community services where possible to keep patients out of hospital, and helping patients who in hospital discharge quicker, using rapid response and community and district nursing brokering and co-ordination
Intermediate Care Rapid response	Rapid Response service developed as part of the Intermediate Care Review. Work with YAS and Community care to prevent conveyance and admission.
Care co-ordination centre / SPA	The Care Co-ordination Centre aims to act as a central point of access for health professionals and people into community and hospital based urgent care services. Rotherham are looking to expand the scope to include mental health, voluntary and social care sector services. The CCC has supported meeting targets for emergency admissions, reducing the number of avoidable admissions and ensuring full and appropriate utilisation of community services. It also relieves pressure on GPs by streamlining the referral process
Primary Care Home - Bassetlaw approach	The Primary Care Home is a national pilot supported by NHS England the NAPC and the NHS Confederation and is a form of Multispecialty Community Provider (MCP) model. Moving into 2017/18 two other Primary Care Homes are proposed within Bassetlaw encompassing the Newgate Medical Group practice and the Retford plus surrounding village surgeries respectively.
AGE UK - Reducing Hospital Admissions	A ground-breaking new project helping to prevent unnecessary hospital admissions in Sheffield, in which we are working with GP Practices and Community Nursing teams, was shortlisted for an HSJ award.