



NHS Pathways CMS

Integrating urgent and emergency care

Integrating Urgent and Emergency Care

The Coalition Agreement that stated **“We will develop a 24/7 urgent care service in every area of England, including GP out-of-hours services, and ensure every patient can access a local GP. We will make care more accessible by introducing a single number for every kind of urgent care”**

But what's the problem with urgent care now?

Ask any patient – urgent and emergency care is fragmented. PCT's go to great lengths to set up a wide range of services to meet a variety of different urgent care needs; walk in centres, minor injury units, 24/7 nursing teams, district nursing teams, urgent care centres, poly clinics, not to mention GP out of hours services and the ambulance service.

But at 3am, most people simply want to know which of these services is right for them. Is the baby's crying indicative of an emergency, should we 'bother the doctor', is the walk in centre still open – does it deal with crying babies?

Lack of awareness of the different services, lack of knowledge of the numbers to call, lack of understanding of what different services offer means people frequently contact the 'wrong' service.

But is there any such thing as contact the wrong service?

Patients contact either the service they feel is right for them, or the service they can most conveniently contact. That those services are unable to then link them to the right service for their needs is not the patient's fault. Patients contact the NHS, not the 'wrong service'.

Why don't patients get referred on to the right service?

Apart from the technical interoperability challenges, seamless cross referral between different services is most helpful to the patient if they do not have to repeat all their details and re-tell the history of the symptoms.

At present, a patient contacting GP Out of Hours who actually needs a 999 ambulance will be transferred to the Ambulance control room, to repeat the address, and then be re-triaged.

Similarly a patient dialling 999 for a primary care need will probably be:

- a) Prioritised as needing a low priority response.
- b) Placed in a queue, to be re-triaged by a clinician within the ambulance service, before being referred to a local primary care service.
- c) Contacted for further reassessment before treatment can begin. For example referral to the GP out of hours service will necessitate further telephone triage by a nurse or a GP, and possibly both.

All of this is necessary because the different service types use different clinical approaches. The ambulance service aims to prioritise, while GP out of hours, for example, use a wide range of different clinical assessment tools to support telephone triage. There are no common clinical standards that allow seamless transfer from any point of access to any point of care.

NHS Pathways CMS – Common Clinical Standards for Common Clinical Assessment

NHS Pathways Capacity Management System (CMS) has been specifically designed to enable common clinical assessment in any setting taking calls from the public – 999, GP out of hours, NHS Direct and in the future 111.

Developed by NHS clinicians, NHS Pathways addresses two fundamental characteristics of an efficient and seamless integrated Urgent and Emergency Care services:

- Consistent assessment regardless of which service is contacted
- Referral to appropriate care on the first point of call, regardless which service is contacted.

NHS Pathways includes over 700 symptom-based clinical assessment flows, where every question and every answer option is based on at least three pieces of evidence, dated in the last five years, graded for quality and preferably UK-based where possible.

National Clinical Governance

As a set of national clinical standards for assessment of urgent and emergency calls, it is appropriate that the clinical governance is provided by the national clinical community.

The NHS Pathways National Clinical Governance Group is therefore an independent group, chaired by the Royal College of General Practitioners (RCGP), and with membership of all the Royal Colleges and Professional bodies that have a relevance to urgent and emergency care delivery.

The group considers performance statistics about clinical sorting, and reviews any issues raised, complaints or requests for change. Where changes are proposed, the relevant experts provide a view of the consolidated evidence to inform the group's discussions on agreeing any changes to be made.

Minimising the cost of consistent clinical assessment

NHS Pathways CMS sought to limit the cost of providing access to appropriate care by supporting trained lay call handlers to use the system to gather accurate relevant clinical information and enable referral to appropriate care during the first call wherever appropriate. An integrated clinician module supports transfer of complex calls to a clinician to complete triage and referral.

National interoperability standards provide a single technical interface against which suppliers can develop the means to interface with other systems in the health economy. This supports transfer of both the patient details and the summary of the assessment completed to date, reducing the need for patient repetition.

After consistent assessment – the referral to definitive care

NHS Pathways CMS is the only clinical assessment system with an integrated directory of clinical skills. The directory is populated via a web front end, by all the services in a given area providing urgent or emergency care

A clever two part approach enables any individual patient to be matched with a service in their local area that is open, and has the skills to meet their needs:

- a) The clinical assessment enables identification of the clinical skills needed by any given individual, and the timeframe within which they are clinically required.

- b) An automatic search on the integrated directory, seeks all services that are open within the required timescale, and have the skills to meet the patient needs.

This approach means that callers to 999 or 111 who need to see the GP out of hours can be assessed, and booked an appointment in the first call. No delay, no ring back, no repetition of details.

A Gap Analysis enables commissioners to identify all searches for which no match is found – helping identify clinical skills needed, by post code, by time of day and providing evidence of actual demands to inform future commissioning decisions.

Single Point of Access - Delivering the promise

