NHS Grampian

Unscheduled Care Programme update 13th March 2025

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Unscheduled Care Improvement Team

Key updates

- Following receipt of the CfSD report of their visit in December, a stakeholder workshop was run (20/02/2025) to sense check the findings of the report, identify work already underway and to agree priority areas of work to progress. Four stakeholder groups discussed the recommendations and change ideas for progressing.
- In parallel, a workshop was held to conduct a Grampian-wide Needs Assessment of the recommendations of the national Discharge without Delay collaborative.
- Four key change themes have been identified and next steps is to establish clinically led Delivery Groups to define a ‘future state’, and design specific projects (considering scope, timeline, risks, resource, impacts & benefits).
- Delivery Groups will report to the USC Programme Board which retains overall accountability, leadership and responsibility for setting the vision and strategy.
- Key to success is the Change being clinically driven and led, with specialist resource (from all parts of the system and corporate services) available to support the Delivery Groups and project teams.
- Important to consider the programme in the short, medium and longer term. Some change ideas can, and should, be progressed immediately whilst the more complex ones are being designed.
- The aim is to foster a culture of ‘ground up’ improvement, ensuring we have continually developing improvement opportunities which can be taken forward at the appropriate time.

Workshop Group 1 - Reducing occupancy in acute services to improve flow

Initial priorities identified

- Explore SAS direct-to-specialty pathways for agreed conditions / presentations
- Explore options and agree best use of ED overspill area which enables quicker turnover
- Agree more localised aims such as 65% ED occupancy and related aims in other specialties
- Review Frailty model and options to change to better support flow
- Expand ambulatory pathways with appropriate increase in resource (physical space and staffing)

Key enablers

- Integrated decision making across NHSG and HSCPs
- Review of community hospitals and associated SOPs
- Cross-specialty meetings - to plan and develop, rather than being reactive
- Data to set specialty-level aims and inform priorities
- Support services e.g. Pharmacy, supporting timely discharge
- Involvement in DwD Collaborative and opportunity to learn from other boards

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Workshop Group 2 - Reducing unwarranted variation in clinical pathways

Initial priorities identified

- Explore feasibility of establishing a Rapid Emergency Assessment Care Team (REACT model)
- Explore opportunities for a single front door assessment unit for patients requiring further differentiation
- Agree approach for patients with surgical presentation/diagnosis who are not suitable for surgery
- Implement recommendations for pathway for supporting people with substance use issues
- Review of General Medicine definition and future approach

Key enablers

- Improved IT processes e.g. links between Trak and HEPMA
- Agreed process to determine most appropriate specialty which does not place onus on referrer
- Defined path for frail "general" medical patients
- Root Cause Analysis of common variations
- Data on variation in pathways used by GP practices

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Workshop Group 3 - Reducing admissions through expanded use of alternative pathways

Initial priorities identified

- Establish an Urgent Care Hub - need to consider scope, inclusions / exclusions, stakeholders
- Review and optimise existing FNC pathways
- Expand FNC pathway options using data to prioritise
- Review FNC rota to improve sustainability
- Continue/complete review of NHS24 1 hour cases

Key enablers

- Data on presentations
- Data on FNC utilisation
- Current FNC workforce model data and costings
- Increased resource allocated to FNC rota
- Project support

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Workshop Group 4 – Governance requirements and supporting teams to change

Key actions identified

Identity and vision

- Development of shared vision for Unscheduled Care which links to Plan for the Future and uses recognised themes of People, Places and Pathways
- Development of strategy which outlines how vision will be achieved
- Development of suite of measures which will used to track progress against delivery of the strategy and vision

Relationships, connections and trust

- Review of governance arrangements for Unscheduled Care Improvement Programme and position within wider organisational context
- Consideration of other structures and workstreams which the programme should increase linkages with
- Improve communication regarding decisions making, celebrating success, acknowledging where change has not led to improvement, and goals and priorities

Change methods

- Agreed approach to improvement within Unscheduled Care which links to vision, strategy and aims, and includes:
  - Established set of tools
  - Scheme of delegation with appropriate boundaries
  - Details of support available from USC Improvement Team and others
- Establish and publish programme priorities and develop mechanism for review and amendment
- Increasing the use and reliability of data for performance and improvement, acknowledging overlaps and conflicts

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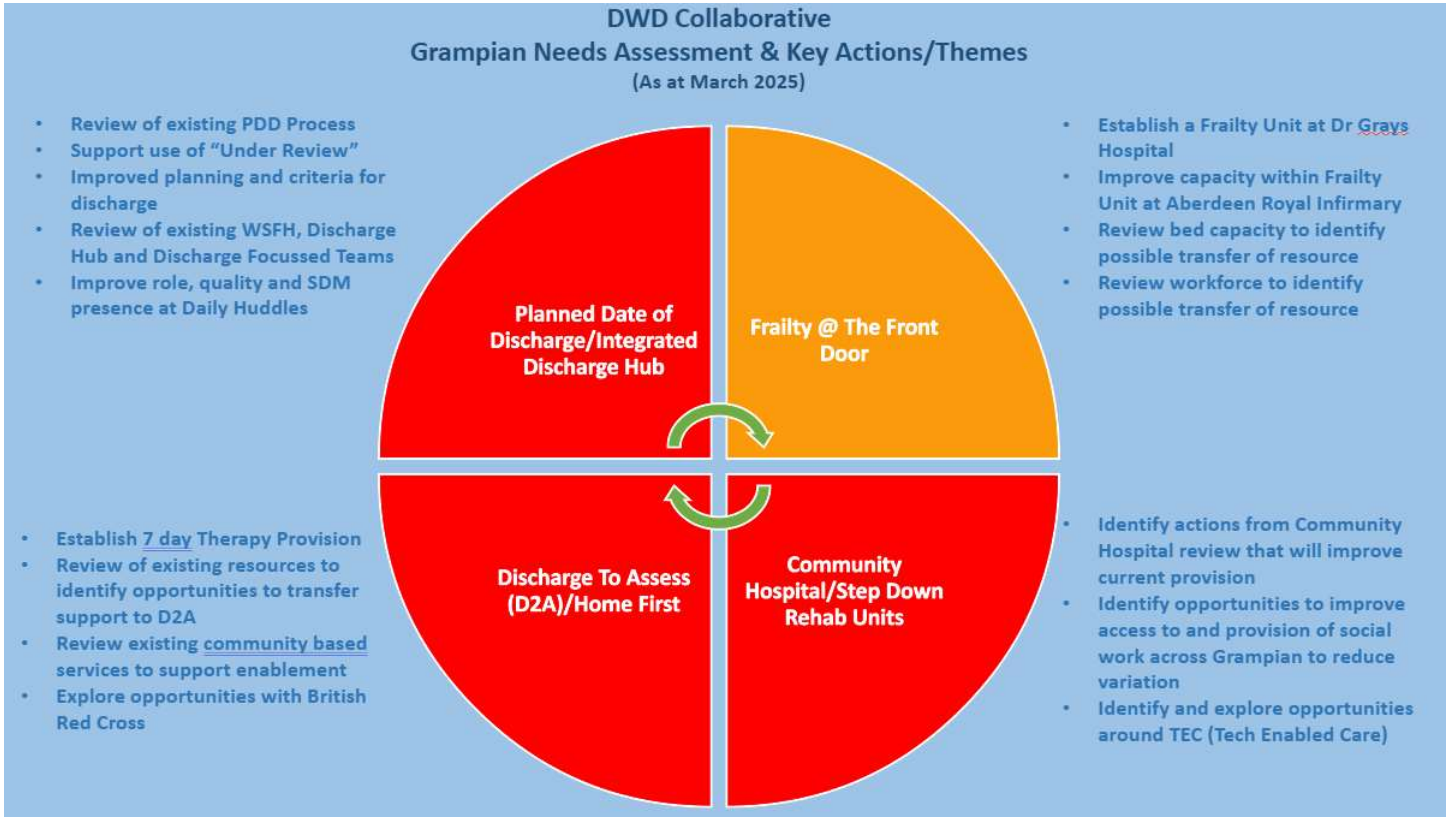
Discharge without Delay Collaborative – Grampian Needs Assessment



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Next steps

- Establish Delivery Groups in the identified priority change themes:
  - Review of processes for front door assessment and differentiation of patients
  - Review of the Flow Navigation Centre and move towards an Urgent Care Hub
  - Reducing Acute occupancy pressure by improving discharge workflows and processes
  - Improving system flow using Discharge without Delay principles
- Develop longer-term vision for Unscheduled Care involving focus groups of key stakeholders including patients/public
- Development of strategy to foster a culture of ‘ground-up’ improvement