NHS
Lincolnshire Community Health Services
NHS Trust

Integrated Urgent Care in Lincolnshire

Dr Yvonne Owen MBE
Medical Director
Lincolnshire Community Health Services

Great care, close to home

Urgent Care in Lincolnshire
Where we started from

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- Fragmented services
- Multiple Providers
- Insular approach to Urgent Care
- Multiple OOH bases
- Poor communication
- Limited access to services out of hours
- Not linked with Emergency care (999/A&E)

Changes in 2010

- Consolidation of countywide OOH service
- Dec 2010 – pilot site for NHS 111
- Learning from pilot:

- increase in 999 ambulance dispatches
- slight increase in A&E attendances
- Increase in Primary Care contacts

- 2012 implementation of NHS 111

Development of Clinical Assessment Service (CAS)

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Advantages of Lincolnshire System CAS:

- virtual
- Not confined by decision software
- Experienced Practitioners, ACPs and GPs
- Full knowledge of Lincolnshire system & services
- Can adapt to surge and system pressures
- Linked into patient record for 90% of Lincolnshire patients (System1)
- Flexible and reactive to system needs (e.g. virtual ward; CMDU)

Development of CAS since 2015

In addition to 111 call transfers for clinical advice, direct access for:

- PEOL patients
- Care Homes
- EMAS on scene
- Community HCPs
- ED dispositions
- Selected 999 CAD calls
- Covid virtual ward daily clinical calls
- CMDU triage

Building based Urgent Care

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Transition from:

Out of Hours bases – booked appts

MIUs /Urgent Care Centres

A&E

→

Out of Hours bases/UCCs

A&E X 3 with GP Streaming

→

A&E x 3 with co-located UTC x 2
24/7 UTC x 2
8-8 UTC x 2
OOH x 1

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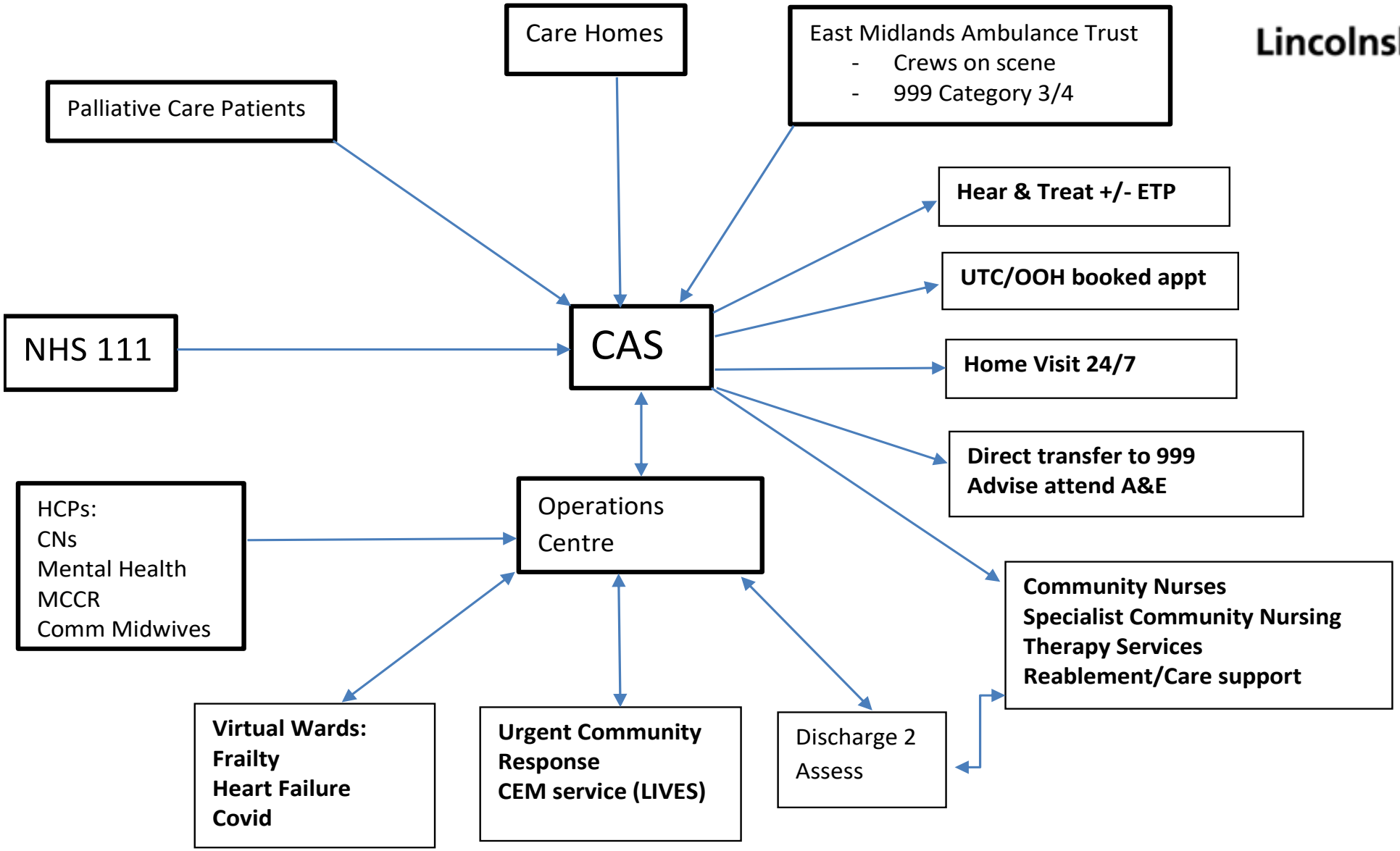
Home visiting services

- Urgent Care 24/7 Home visiting
- Urgent Community Response (admission avoidance)
- CEMS
- Falls Service
- Stroke Rehab Service
- Childrens Respiratory Rapid Response
- Community Nursing
- Marie Curie Rapid Response
- D2A



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Outcomes

February 2022 data:

CAS:

- 9932 cases
- Average call-back: urgent 30 mins; less urgent 55 mins
- 420 ambulance calls – 77% diverted from ED
- 701 ED calls – 83% diverted from ED

UTCs:

- 10,473 attendances
- 40.43% of ED attendances
- Triage – 15 mins 85%; 30 mins 95%
- 4 hour performance 93.5%
- Average departure 108 minutes

Home visits:

600 cases

Overall compliance (2 or 6 hour) 76%

ED diversion 96.5%

Urgent Community Response:

95 cases

2 hour compliance 99%

Admission avoidance 83%

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