**Accessibility & Visibility of Urgent Care Pathways**

**in the Emergency Department  
*(or the most appropriate pathway   
to best meet the patients needs)***

* + SCAS is a major first point of contact for patients with a real or perceived need for Urgent & Emergency Care. Our clinical strategy seeks to set out by patient need/condition the best practice pathway allowing us to better tailor our care and support to patients.

The Urgent Care Pathway Programme is split into 4 project streams

* + **Urgent Care Pathways**

*Access to key services across our footprint for our clinicians to refer our patients to directly*

* + **Digital Software Solution**

*Visibility of those services for our mobile clinicians*

* + **Clinical Governance**

*Safety & Consistency of all Urgent Care Pathways across SCAS*

* + **Terrafix Mobile Data Terminal (MDT)**

*Supporting the reporting, data & metrics to understand the patient journey to improve care*

* + At the outset we took a step back to have a look at what is currently being offered and available to our patients across our network. We felt that view of our pathways for our frontline staff can be somewhat disjointed and confusing.
  + SCAS has key roles to play in delivering an integrated, streamlined approach to Urgent Care delivery which fulfils the aspirations and promises in our clinical strategy from where this has been extracted from

**Alternate vs Appropriate**

* We are aiming to re-balance the current disparity between the Emergency and Urgent Care focus. Instead it should be realigned to better reflect the call volume, pathway options available to clinicians and the SCAS Emergency and Urgent Care Directorate.
* Our vision is for the term ‘Alternative Care Pathway’ to become a thing of the past. This phrase has historically been used as a default option when the main disposition was for clinicians to take a patient to Accident & Emergency Department.
* Today’s Ambulance Service has a pivotal role in local care systems to deliver the right care, first time. Our focus should be on ensuring the **appropriate** care should be provided for every patient we see. If the patient doesn’t require conveyance to hospital the available pathways shouldn’t be seen as an alternative, but seen as the most suitable ‘Urgent Care Pathway’
* In conjunction with NHS guidance, our Clinical Strategy, discussions with our Clinicians, a review of our nature of call categories, the final disposition of the patient and our own whole system overview, we have identified specific conditions where alternative urgent care pathways could offer ‘right care, first time’ if they were available.
  + Urgent low acuity medically unwell patients
  + Older patients who are frail, have chronic medical conditions or who are at risk of falls
  + People with Chronic and Acute Respiratory Conditions, including COPD and Asthma
  + Patients requiring urgent surgical assessment
  + People with Mental Health needs or who have caused themselves Deliberate Self Harm
  + Paediatric patients who require a review in an UCC by a GP or in a Hospital by the Paediatric Assessment Team.
  + Residents of Nursing/Care Homes to have access to proactive and reactive Nursing support
* By targeting these groups, and directing them to the most appropriate care pathway to their needs, we believe this would have a significant effect to delivering better care to these patients.

**Digital Software Solution**

* SCAS Operational Dynamics can lead to an element of confusion to our Mobile clinicians who operate across operation border & locations. Add to this the CCGs & Service Providers, who provide a wide range of available services, which may be similar in its function or acceptance criteria but have a different name and different operating hours.
* We need an appropriate digital support solution that provides our staff with a software application that will help deliver improved patient care, reduced ED conveyance and improved access to all Urgent Care Pathways across our network within all our local care systems
* We are utilising ‘MiDoS’, which is an established digital support software solution that will help deliver
  + Improved patient care
  + SCAS clinical strategy and vision
  + Improved cycle time
  + Consistency
  + Future sustainability.

The application, available on smart phones, ePR (Electronic Patient Record) Units and desktop computers, will be able to provide all our clinicians whether they are mobile in the community or based in our CCC, with the referral information to all Urgent Care Pathways across our network within all our local care systems.

* Since the beginning of the programme in June 2019 we have made significant improvement to the access of pathways across the SCAS network. We understand that we have a long way to go still but can only do this with the ongoing support from our partners.
  + Established & improved access to 21 Pathways
  + Reduction in Red RAG Rating by 46
  + Large number of pathways being discussed with our partners
  + 39 pathways currently in pilot phase or need improvement with access, effectiveness & usage

**Clinical Governance**

* We have developed a new Clinical Governance process in conjunction with our internal upward reporting streams to ensure all pathways are safe.
* Patient Safety Group
* Clinical Review Group
* Clinical Governance Schedules will be completed by our local leads, reviewed by the Project Board and approved by either the PSG or CRG as necessary
* All new & existing pathways have a Risk Assessment & Clinical Governance Schedule completed.

**Terrafix MDT**

We are making improvements to the way collate our destination data and metrics so we can understand our patients journey to improve patient care

* Phase 1
  + Amendments to Hospital Destination options
  + Amendments to ‘Clear Scene’ options
  + Live 12th August 2019
* Phase 2/3
  + Functionality changes to Hospital & Community destinations and options
  + Scheduled for November 2019