

Submission for the Urgent Care Category Acorn Award 2011

Urgent Care: Bringing Urgent Care into the Social Inclusion Agenda

Analysis by the Cabinet Office Social Exclusion Task Force and the Department of Health into the primary health care needs of socially excluded groups highlight the poor health outcomes, life expectancy and morbidity these groups face. Health professionals find health intervention difficult and fragmented whilst the patient, regrettably, encounters multiple and complex problems, and enduring disadvantage. It comes as no surprise, therefore, that the demand for urgent care from this small population is high. Homeless people consume an estimated eight times more hospital inpatient services than an average person of similar age, and their secondary care costs around £85 million in total per year. Compared to the general public, they are 40 times more likely not to be registered with a GP and have about five times the utilisation of A&E. 81% of GPs interviewed by Crisis thought that it was more difficult for a homeless person to register than the average person.ⁱ

Mastercall Healthcare, a social enterprise organisation, provides urgent unscheduled care to Stockport Manchester and Trafford PCTs covering a patient population of 540,000 with a diversity of health needs. Founded, managed and delivered by local NHS professionals since 2004 we commit to a patient centered high quality primary care service. However, the management team in their discussions with commissioners became aware that the standard urgent care model was not working for these harder to reach groups and we required a more flexible, coordinated and innovative response. In October 2009 the team, with the assistance of a PCT nurse who had immense experience working with local homeless community set up an urgent care clinic for approximately 2 hours on a Tuesday and Thursday based at the Wellspringsⁱⁱ: a drop in center for vulnerable adults who face drug and alcohol addiction and are often homeless. Wellsprings is a well-known and trusted venue amongst the homeless community; where they can get a hot meal, access a library of books and learning resources and chat to the voluntary workers and others. It was hoped that the addition of an urgent care clinic within this trusted environment would be better utilised by those whose otherwise chaotic lifestyles can make it difficult to access and navigate health and social services.

Careful consideration was taken in the appointment of the GP who would deliver the service as awareness, skills and training to cope effectively with the most excluded was essential. There is great benefit of having one clinician that people learn to trust and welcome into their lives and it is pleasing to see how well Dr Mian, our appointed GP, is respected and trusted at the center and now viewed as a champion and advocate of providing care to vulnerable groups within our local health care community.

Those patients who are not currently registered with a GP are encouraged to register with the clinic to ensure continuity of care and support recovery and sustained behaviour change rather than just focusing on treating the immediate presenting symptoms. The Wellsprings is listed as the proof of address and acts as a secure or regular postal address for written health communication, such as

hospital appointments. We have arranged a system for safe prescribing of medication without secure accommodation, such as daily pick ups and minimisation of medication that has street value for selling on and we liaise with the local pharmacies if required regarding prescription status. We also offer alternatives for form-filling, easy to complete forms and information to simplify the registration process as well as good interpretation arrangements for the many patients who are unable to speak English as a first language.

Wellsprings is geographically situated only 2 miles from the primary care center and the GP travels there in an out of hours vehicle well equipped with medical provision and a tough book computer allowing access to Aadastra, the urgent care IT system. However, as with any remote site, Information Governance was critical and required new policies, procedures and a staff training update.

Communication is essential to success and preventing patients from “falling through the net”. An invitation was sent out to all practices that have registered patients who use the Wellspring to meet with the Mastercall Organisational Medical Director and discuss integrated working, focusing on optimising treatment for vulnerable patients, such as double appointments in surgery, leniency in allowing them to remain registered even if they have no fixed abode or are sofa surfing and to accept them onto their lists when they once again fall into this category. For those who attend Wellspring and are registered with a local GP, patient consultations are clearly marked as a Wellspring review when sent to the registered GP the following morning via Aadastra. Aadastra also allows the team to access **Electronic Health Records** for patients and local practices have been encouraged to sign up for this service which has been very useful in confirming recent investigations and more importantly current medication and when last issued.

Dr Mian has also successfully undertaken an annual **Vulnerable Adult Health Check** with a **Personal Care Plan** for all patients. This health check, aims to provide a full range of preventive services including immunisation, sexual health services, screening, smoking cessation and alcohol and drug misuse advice and also to develop a plan to engage them in services and treatments as appropriate.

Mastercall then provide performance and evidence based reporting to NHS Stockport, for example on the numbers of patients who commenced treatment with mental health, drug and alcohol services and the number of drug users tested for Hepatitis B and numbers offered and taken up Hepatitis B immunisation.

An average week sees 5-7 patients attend the medical clinic with the main presenting conditions being associated with alcohol and drug misuse and related psychological conditions. During the period April –June 2011 96 patents were seen, 10 appointments were made with the Community Alcohol Team, 9 to the Mental Health Team and 7 patients were signposted to smoking cessation. Feedback from clients is extremely positive. A patient experience survey suggested that 100% of patients found the service useful.

The service is continually evolving and the Mastercall and Wellsprings team meet each Thursday afternoon to discuss any issues arising in that week and if required set up a case conference with other services. For example, patients had commented on having to wait for prolonged periods when other Wellspring patients were having a vulnerable health check which can take half an hour or more and were often leaving before they were called. In order to improve the service, we have set up an appointment system for patients to request a 15-30 minute appointment prior to our acute walk-in surgery allowing complicated issues to be addressed and the health check can be completed with no impact on the acute clinic. In addition to the day to day running of the clinic Wellsprings and Dr Mian raised sufficient funds to buy a **blood test machine** which measures the deterioration of the liver and gives the results in minutes so patients can see how alcohol is damaging their health. This has been extremely beneficial to motivate patients to reduce their alcohol intake.

Overall, our success comes from our motivated team; a personalised and tailored approach based on an understanding and empathy for vulnerable groups and a culture of continuous evaluation, review, adjustment and improvement. The impact on local health economy has been positive with the wellsprings patients taking up the service and **presenting less at the local A&E department**. However meeting the needs of people with the most complex health needs remains a considerable challenge. We know from our North West contacts that this service is unique and we feel confident in sharing our knowledge with our neighboring social enterprise providers in the hope that this service can be reproduced. The service is relatively cost effective as it is essentially a remote site and setup costs for IT and administration are minimal.

ⁱ Improving the way we meet the primary health care needs of the socially excluded, Social Exclusion Task Force, published March 2010

ⁱⁱ <http://www.thewellspring.btck.co.uk>