

# PAPER

# Report to the Meeting of the Oxford Health NHS Foundation Trust

# Board of Directors

**Briefing for Information**

**Single Point of Access – Community Services**

**1. Executive Summary**

1.1 This briefing is to update the Oxford Health NHS Foundation Trust Board of Directors on progress relating to the development of a Single Point Access (SPA) into Oxford Health community services.

1.2 The SPA will go live on Monday 30 April 2012.

**2. Context/Background**

2.1 In July 2011 clinical leads and senior executives from Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust, NHS Oxfordshire and Oxfordshire County Council came together to deliver a joint approach to the issues that are facing all sectors of health and social care delivery in Oxfordshire. The Oxfordshire ACE Partnership Programme was formed; ACE standing for “Appropriate Care for Everyone”.

2.2 Following on from this, NHS Oxfordshire outlined a commissioning vision and a set of specific outcomes, in January 2012, for the creation of integrated community services between the two main providers, Oxford Health NHS Foundation Trust and Oxfordshire County Council’s Social and Community Services.

2.3 The Integrated Community Localities Project was subsequently established, with the vision of providing patients, GPs and local acute services with one quick and simple route to well joined up, locality based care that enables patients to stay in their usual place of residence wherever possible, regardless of how many different community based health and social care specialists are involved in providing that patient with care. This was the vision set out by OBMH in their successful tender for CHO.

2.3 The Single Point of Access (SPA) is a key component of the Integrated Community Localities Project. This new service will offer GPs and other healthcare professionals a single point of contact into health and social care community services which will help to avoid admissions and support discharge processes.

2.4 Diagram of the integrated community localities ‘route map’.

****

**3. Core functions of the SPA**

3.1 The single point of access is a patient bureau type service, with the key objective being to ensure the seamless and safe management and referral of patients that would benefit from community service intervention, either to prevent an admission or to support early discharge. The key aim of this service is to support the referring clinician by providing straight forward and simple telephone referrals that would allow the clinician to maximise the amount of time with patients and to match the patient’s needs to an appropriate service in the locality nearest to the patient’s own home. This service will support integration by being one point of contact into all community services and will be supported by a comprehensive directory of services, which will identify all community services capacity and availability by time of day.

3.2 The SPA will be staffed by a team of experienced clinicians and administrators, who will evaluate the patient’s needs and formulate an action plan, based on information from the GP.

3.3 The SPA will hold the role of “care co-ordinator” until the relevant referrals have been made and the SPA Action Plan completed. The patient will then be discharged from SPA and the referrer informed of the outcome.

3.4 The new service will be available 7 days a week, between 8.00 and 20.00 hours, 365 days of the year.

**4. Benefits of introducing a single point of access**

4.1 Benefits to patients:

* Reduce number of inappropriate referrals into services: right care first time.
* Reduced duplication of assessments and visits to patient homes through better care co-ordination
* Facilitate discharge and prevent unnecessary admission

4.2 Benefits to system:

* Alternative referral route for GPs and healthcare professionals.
* Simplified, efficient referral process which includes assessment and planning of care.
* Reduces the time currently spent by the referrer in identifying and arranging appropriate care.
* Improved access to a range of services.
* Communication of agreed plan of care back to referrer and to GP if not the referrer.
* Supports patients to stay at home and minimises the need for admission to hospital.
* Increase activity in community services as a result of GPs referring into SPA rather than admitting patients to the acute
* Increase face to face clinical time.
* Reduces the amount of Delayed Transfers of Care.

4.3 Benefits to Oxford Health NHS FT:

* Improved organisational reputation through delivering a responsive service & providing alternative to acute admissions.
* Contribute to delivery against DTOC CQUIN ( £600K)

**5. Risks**

5.1 Identified Risks include:

* Oxford Health NHS FT reputation if service is not established and meeting planned implementation timelines
* Oxford Health NHS FT reputation if service fails to meet referrer expectations
* SPA does not reduce demand on whole system
* SPA does not create capacity within Oxford Health NHS FT services
* Consultation issues for redeployment of staff

5.2 Risks are being managed by the Integrated Communities Localities Project Board which meets on a fortnightly basis and reports to the Oxford Health NHS FT Integrated Care Programme Board and Oxford Health NHS FT Executive Board.

**6. Progress with implementation**

6.1 The SPA will go live on Monday 30 April 2012 providing a single point of access into Oxford Health Community Services Division Services.

6.2 The SPA will be based at Abingdon Community Hospital and can be accessed by an 0845 telephone number (0845 219 1500).

6.3 Telephone and IT installed.

6.4 The SPA will initially be supported by staff on a secondment basis from other Community Division Teams (staffing has been identified for initial period of operation).

6.5 Plans for sustainable staffing currently being progressed.

6.6 Oxford Health NHS FT and Oxfordshire County Council have established a joint project board for managing the implementation of phase 2 of the SPA project – when OCC will join the SPA.

6.7 Communications Plan has been developed and internal and external briefings and presentations currently progressing.

**7. Next Steps**

7.1 Training SPA staff and testing SPA operating processes being undertaken in lead up to go live.

7.2 SPA goes live 30th April 2012

7.3 OCC join the SPA – Summer 2012

7.4 Older Adult Mental Health join the SPA – Autumn/Winter 2012

**8. Summary**

8.1 The SPA into Oxford Health NHS FT Community services will go live on the 30th April 2012.

8.2 The SPA is one of the priorities agreed by the ACE Programme Board.

8.3 The SPA will introduce consistency and seniority into decision making, provide an open receiving service for all patients at the point of clinical decision making and reduce clinical hand-offs and streamline processes.

**Author and Title:** James Venables, Head of Integrated Care (Programme Manager, Oxford Health NHS Foundation Trust

**Lead Executive Director: David Bradley, Chief Operating Officer, Oxford Health NHS Foundation Trust**