system level solutions to make Urgent Care sustainable long term

Reflections from CEO perspective

- If we discharged sufficient patients, we got flow
- WIC / UCC had negligible impact
- Readmissions drive activity (10%+) – what do 7-30 day readmissions tell us about post-acute care in community?
- Block contract – altered our investment pattern but fundamental incentive alignment remained problematic
- Few ‘inappropriate’ admissions, many ‘unqualified’ ones
- Evidence: little need for medical input and IP stay after 3 days

system level solutions to make Urgent Care sustainable long term

Signposts for future

- 5YFV – PAC and MCP and 'integrated UEC systems'
- Dalton – new organisational forms, collaboration at service level eg acute surgery
- Willetts – 3 tiers of ED
- Future Hospital Programme and other – rebalancing of hospital specialist care towards acute general work
- GP's a greater part of 'system working'?

system level solutions to make Urgent Care sustainable long term

Points for discussion

- What do ‘new’ services need to look like to facilitate timely discharge and offer alternatives to admission?
- Does post-acute care need revision – ‘convalescence’ or ‘rehab’?
- What can primary care contribute to UEC system?
- Role of acute hospitals – what is their specific role in UEC?
- How can we align incentives across a health system?