

# Agenda Item 86.

<b>TITLE</b>	<b>Urgent &amp; Emergency Care Review - Progress Report</b>
<b>FOR CONSIDERATION BY</b>	Health & Wellbeing Board on 11 February 2016
<b>WARD</b>	None Specific
<b>DIRECTOR</b>	Dr Cathy Winfield

## **RECOMMENDATION**

1) That the Health and Wellbeing Board notes the report and the action being taken nationally and locally to deliver the objectives of the “Urgent and Emergency Care Review”.

2) The Board is also asked to note how the local health and social care system currently works in partnership to support good patient flow around the system, which is critical to the success of our local urgent and emergency care system.

Maintaining patient flow through hospitals relies on a dynamic equilibrium between admissions and discharges. It is therefore imperative that staff in the Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust and Wokingham Social Care work closely together to prioritise activities aimed at achieving the earliest possible discharge of patients from hospital.

## **SUMMARY OF REPORT**

This report is to inform the Health & Wellbeing Board about the “Urgent and Emergency Care Review” and the action being taken at national and local level in implementing this.

## 1. Introduction

Urgent and emergency care is one of the new models of care set out in the NHS Five Year Forward View (FYFV). “*The Urgent and Emergency Care Review*” (referred to as the *Review*) proposes a fundamental shift in the way urgent and emergency care services are provided, and will be the first major practical demonstration of these new models of care.

“... the NHS will begin joining up the often confusing array of A&E, GP out of hours, minor injuries clinics, ambulance services and 111 so that patients know where they can get urgent help easily and effectively, 7 days a week...”. Simon Stevens, Chief Executive of NHS England.

The patient offer for 2020 will be:

- i. A single number – NHS 111 – for all your urgent health needs
- ii. Be able to speak to a clinician if needed
- iii. That your health records are always available to clinicians treating you wherever you are (111, 999, community, hospital)
- iv. To be booked into right service for you when convenient to you
- v. Care close to home (at home) unless need a specialist service
- vi. Provide specialist decision support and care through a network

## 2. Background

Urgent and emergency care is one of the new models of care set out in the Five Year Forward View. The Urgent and Emergency Care Review proposes a fundamental shift in the way urgent and emergency care services are provided, and will be the first major practical demonstration of these new models of care.

In November 2013 the NHS set out its vision for a future system which is safer, sustainable and capable of delivering care closer to home, helping to avoid unnecessary journeys to, or stays in hospital unless clinically appropriate. The *Review* is harnessing an approach of developing urgent and emergency care networks which rely on different parts of the system working together to create a completely new approach to delivering urgent care for physical and mental health.

The vision is simple:

- Firstly, for those people with urgent care needs we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families;
- Secondly, for those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

To do this requires change across the urgent and emergency care system by:

- Providing better support for people to self-care
- Helping people with urgent care needs to get the right advice in the right place, first time
- Providing highly responsive urgent care services outside of hospital
- Ensuring that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery; and
- Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

### 3. Implementation of the Review

Since November 2013 NHSE has been working with stakeholders from across the urgent and emergency care system to translate the *Review* vision into practical pieces which, when combined, will deliver the objectives of the Review. This is being done through a Delivery Group (which includes NHS England, Monitor, Trust Development Agency, Public Health England and CCGs), the majority of the work being led directly by NHS England, and the rest by system partners such as Monitor and Health Education England.

Implementing this vision is not a 'quick fix' but will instead be a transformational change that will take several years to effect. Delivering safe and effective urgent and emergency care cannot be done from within organisational or commissioning silos. It requires cooperation between and within numerous organisations and services, and collaboration between clinicians and supporting staff who place patient care at the centre of all they do. It is also recognised that this transformation will be occurring in the face of significant demand pressure in general practice, primary care and across the wider health and social care system.

**Urgent and Emergency Care Networks:** The establishment of Networks, which give strategic oversight of urgent and emergency care and connect all services within the urgent care system, is a key enabler for delivering the objectives of the *Review*. Nationally twenty-four networks have been agreed and are now meeting, bringing together representatives of their constituent system resilience groups (which locally we call the Berkshire West Urgent Care Programme Board), CCGs, acute receiving hospitals, ambulance services, NHS 111, mental health, community healthcare, local authorities, community pharmacy, Local Education and Training Boards and other key stakeholders.

**Urgent and Emergency Care Route Map:** NHSE has developed a route map that outlines high-level expectations to support networks and System Resilience Groups in prioritising their delivery of the Review. This route map (attached as **Appendix A**) signals the supporting products on offer from NHS England and partners alongside the expectations on networks and SRGs. This route map will be supported by a detailed implementation plan.

As an initial step in the route map, a stocktake of urgency and emergency care services has been undertaken by NHSE to understand:

- all urgent and emergency care services that are available in the network;
- the commissioning and service arrangements for these services; and
- Operational hours, case mix and facilities.

**New commissioning standards for integrated urgent care:** Published in October 2015 these support commissioners in delivering a fundamental redesign of the NHS urgent care 'front door'. The standards are built on evidence and what is known to be best practice.

Currently around the country, commissioners have adopted a range of models for the provision of NHS 111, OOH and urgent care services in the community. In most cases, however, there are separate working arrangements between NHS 111 and OOH services, and a lack of interconnectivity with community, emergency departments and ambulance services. This no longer fully meets the needs of patients or health professionals. The new commissioning standards required commissioners to take necessary steps to ensure that functionally integrated 24/7 urgent care access, treatment and clinical advice services are commissioned.

**Urgent and Emergency Care Vanguard:** Nationally eight urgent and emergency care (UEC) vanguards have been selected to accelerate delivery of the objectives of the *Review*, acting as test beds for new urgent and emergency care initiatives including clinical decision support hubs, a focus on liaison psychiatry, implementing a new payment model and testing new systemic outcome indicators.

**Potential New Payment Model:** NHS England and Monitor have published “*Urgent and emergency care: a potential new payment model*”, which sets out potential payment options and provides detailed guidance on how a new payment approach might be implemented in practice. This will be tested in Vanguard sites.

**Workforce:** NHSE is also working with Health Education England to review the UEC workforce and make sure that it is fit for purpose and there is a clear supply of staff to meet future demands. This includes describing and ensuring the supply of a trained alternative workforce out of hospital and on the interface with emergency departments to support the urgent and emergency care agenda. This involves the development and promotion of roles such as: physician associates, paramedics, pharmacists, and advanced clinical practitioners. They are working to enhance the role of paramedics to support the ambulance service as a treatment service, in line with the paramedic evidence-based education project (PEEP) report. A new single accredited curriculum for paramedics is in development., which academic institutions will begin to deliver from 2016 and will markedly enhance skills for paramedics to ‘hear and treat’, ‘see and treat’, as well as to work independently and in wider urgent care, such as primary care, as an alternative to A&E and ambulance conveyance.

**Support Products:** To support Networks and SRGs, a range of enablers have been, or are being, developed. These include:

- *Safer, Faster, Better: good practice in delivering urgent and emergency care* (published September 2015).
- *Guidance for Commissioners regarding Urgent Care Centres, Emergency Centres and Emergency Centres with specialist services.*
- *Integrated Urgent Care Commissioning Standards* (published October 2015)
- *Ambulance service: new clinical models.*
- *Improving referral pathways between urgent and emergency services in England.*
- New system-wide indicators and measures.
- *Urgent and emergency care: a potential new payment model* (published August 2015).
- Standards for commissioning of 24/7 mental health crisis services
- Information technology that supports patients and clinicians to access the right care.
- *Urgent and emergency care: financial modelling methodology.*
- Local capacity planning tool.
- Self-care initiatives.

**“‘Safer, Faster, Better’: good practice in delivering urgent and emergency care: a guide for local health and social care communities”:**

<https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf>

This important document was published on 1st September. It is one of a suite of documents and tools being produced to support local health systems to implement the recommendations of the Review. It sets out design principles drawn from good practice

which have been tried, tested and successfully delivered by the NHS in local areas across England. It's clear that the guide should not be taken as a list of instructions or new mandatory requirements and that implementation should be prioritised taking into account financial implications and local context.

### **Current position in relation implementation of the *Review* at a local level**

**Thames Valley Urgent and Emergency Care Network:** The Network which is chaired by Dr Annet Gamell, Chief Officer of Chiltern CCG had its inaugural meeting on 21st October 2015. Berkshire West CCGs are represented by Dr Andy Ciecierski, Cathy Winfield and Maureen McCartney. There is also Director of Adult Social Services representation. It meets on a monthly basis and is responsible for delivering key elements of the Urgent and Emergency Care Route Map at **Appendix A**.

**Procurement of a Thames Valley wide Integrated NHS 111/ Urgent Care Service:** In 2014 CCGs in Thames Valley agreed to work together to commission the NHS 111 service. Following publication of the new commissioning standards for integrated urgent care in Oct 2015 it was agreed that this work should move to the commissioning of an integrated NHS 111/Urgent Care Service for Thames Valley. This will offer patients who require it immediate access to a wide range of clinicians, both experienced generalists and specialists. This model will also offer advice to health professionals in our local communities, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation. Within Thames Valley this new integrated service will have access to a wider range of dispositions including, but not limited to, ambulances, 24/7 primary care, pharmacists, mental health professionals and midwives. Clinicians will be supported by the availability of clinical records through IT system interoperability which will support robust clinical decision making and the direct booking of appointments into other services. This work is being led by the Berkshire West CCGs and it is expected that the new service will be in place by April 2017.

**How the local Health and Social Care System works in partnership to support implementation of the *Review* and the earliest possible discharge of patients from hospital :** The Berkshire West Urgent Care Programme Board which has senior level representation from health and social care is responsible for ensuring whole system resilience, the planning and delivery of urgent and emergency care improvement at a local level and delivering the NHS constitutional target that 95% of patient should be admitted, transferred or discharged within 4 hours of their arrival at A&E. There is a system wide strong focus on partnership working to achieve joint discharge planning and timeliness of post-acute transfer with the principle of a "pull" system of discharge.

The Board is supported in its work by an Urgent Care Operational Group made up of key operational managers which meets monthly. Its purpose is to deliver operational improvements and tackle blocks and issues along the urgent care pathway.

Both the Board and the Operational Group have been successful in helping establish and maintain very good working relationships between partner organisations.

The Board has begun the process of assessing where we are as an urgent care system against the best practice listed in "Safer Faster Better" and this was the subject of an Urgent Care Programme Board workshop on 17th December. The outputs of this will also help inform the further development of our local strategy for urgent care services.

Good patient flow around the system is critical to the success of our local urgent and emergency care system. The general principles of good patient flow are described in the document. Maintaining patient flow through hospitals relies on a dynamic equilibrium between admissions and discharges so it is really important that our local health and social care communities prioritise activities aimed to achieve the earliest possible discharge of patients. Numbers of patients on the “*Fit List*”, i.e. those clinically fit to leave the hospital who are awaiting onward health and/or social care are reviewed on a daily basis and are currently the subject of a daily system wide telephone conference call chaired by the CCG Urgent Care Lead/On call Director. The Berkshire West Health and Social Care system has set itself a target that each Local Authority and the Community Health Trust should have no more than 5 patients on the list with each having an average length of stay on the list of no more than 5 days.

The Wokingham locality Integrated Short Term service (WISH) which provides reablement, social care assessment and domiciliary care packages is an important enabler in helping our local system achieve this target. The CCGs have recently provided system resilience funding to support additional capacity in this team and the opening of a 3<sup>rd</sup> ‘step up step down’ flat in order to prevent unnecessary admissions and promote timely discharge thus maximising patients’ independence and reducing reliance on long term care.

## **Appendices**

---

### **Appendix A - Key elements of the Urgent and Emergency Care Route Map**