Urgent and Emergency Care

Kings Fund

Designing the best solutions locally

27 September 2016
Keith Willett
Medical Director for Acute Care
Provide care as convenient for the patient as complexity of their illness allows, in the lowest acuity setting that is appropriate, and at the lowest cost for the NHS.

A new urgent and emergency care system needs to shift more people from right to left, delivering as much care as close to home as possible.

“CHANNEL SHIFT”

- 438 million health-related visits to a pharmacy per annum
- 340 million GP consultations per annum
- 24 million calls to NHS urgent and emergency care telephone services per annum
- 21.7 million attendances at A&E, minor injury units and urgent care centres per annum
- 7 million Emergency ambulance journeys per annum
- 5.2 million emergency hospital admissions per annum

- 324 million visits to NHS Choices
- 20% of GP consultations relate to minor ailments which could largely be dealt with by self-care and support from community pharmacy
- Only 4% of emergency calls are currently resolved on the phone
- 40% of patients attending A&E require no treatment at all
- Up to 50% of patients dialling 999 could be managed at the scene
- Over 1 million emergency admissions in 2012/13 could have been avoided
Ill patient at home
Can they cope?
Are they safe?
Do they need treatment?

Voluntary sector friend
Falls team

GP In & OoH

When we can’t provide care or treatment in the community our NHS default is to a higher acuity, higher cost facility

Community / mental health nursing
Rapid response care support

Provide personalised care as close to, or in, the patients home as possible

HOSPITAL ADMISSION

20-30% of elderly patient admissions are avoidable and carry risk

Slippery slope
Knowledge of my needs

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Recap – vanguard national priorities

National priorities - progress in year

Mainstreaming - spreading good practice

What next?
Developing of U&EC Network delivery plans 2016-2021 now aligned to the Strategic Transformational Plans

**Established U&EC Networks**
- 2016

**Enhanced acute hospital services**
- Autumn 2017
- 7DS for networked 5 specialties: Stroke, STEMI, V Sx, Trauma, PICU
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- 16-21

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Integrated Urgent Care

• Right advice or treatment first time enhanced NHS111 the “smart call” to make:
  • Improve patient information for call responders (ESCR, care plan)
  • Comprehensive Directory of Services (mobile application)
  • Greater levels of clinical input (mental health, dental health, paramedic, pharmacist, GP) ‘decision support hub’
  • Booking systems ‘GP Connect’ GPs, UCCs, dentists, pharmacy
Recap – national vanguard priorities for 2016/17

• Delivering **eight key elements** that we believe will result a truly integrated urgent care service accessed through 111

• Supporting **detailed modelling work** to understand the impact of **channel shift**, which we’ll be making widely available soon

• Developing **new models of crisis care for young people**

• Trialling **new system wide outcome measures** to understand how the networked system is performing
Progress update - national priorities:
National priorities – integrated urgent care – UEC vanguards plus transformation areas

Background
• Planning guidance set out that 20% of the population should be covered by the new IUC model by March 2017 including vanguards.
• A key part of this new model is to increase the number of calls transferred for clinical advice to 30% by March 2017

Work to date:
• Individual vanguard IUC plans developed to achieve the above
• North East NECS ‘Does the recipe work?’ RAIDR

Next steps:
• Latest IUC assurance indicates 38% of CCGs expect to deliver the 8 key elements of IUC by April 2017 across vanguards and transformation areas, and a number of early implementers
• By 31 March 2020, implemented IUC across the whole of England
National priorities – modelling to understand the impact of key ‘channel shift’

Background:
- Modelling work in 2014 provided estimates of likely costs/savings as a result of the following **ten interventions** as part of the UEC Review:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Change to UEC Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing ambulance conveyance to ED</td>
<td>Increased use of Summary Care Records</td>
</tr>
<tr>
<td>Personalised Care Planning</td>
<td>Extended General Practice opening hours</td>
</tr>
<tr>
<td>Minor Ailments Service (MAS)</td>
<td>Integrated Urgent Care Standards (111/GP out-of-hours and clinical hubs)</td>
</tr>
<tr>
<td>Co-location of Urgent Care Centres with Emergency Departments</td>
<td>Improving referral pathways</td>
</tr>
<tr>
<td>Enhanced Urgent Care Centre standards</td>
<td>Ambulatory Care Interventions</td>
</tr>
</tbody>
</table>

Next steps:
- Following review by NHS England the **final output/toolkit/guidance** from the channel shift programme is planned to be ready by **late 2016**. This will enable us to understand the **impact** channel shift.
UEC Review – Headlines for Crisis & Acute Care

“By 2020, there should be 24-hour access to mental health crisis care, 7 days a week, 365 days a year – a ‘7 Day NHS for people’s mental health’.”

- **over £400m for crisis resolution and home treatment teams** (CRHTTs) to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals (over 4 years from 2017/18);

- **£247m for liaison mental health services** in every hospital emergency department (over 4 years from 2017/18);

- **£15m capital funding for Health Based Places of Safety** in 2016-18 (non-recurrent)
National priorities – new models of crisis care for children and young people (CYP)

**Background:**
- The vanguards are testing **enhanced crisis services** and **liaison** to enable areas to meet the four hour standard for A&E for CYP with a **mental health crisis** in 2016/17.
- This will ensure that those presenting with a mental health problem or physical problem receive the **same standard of access** to **expert assessment** and **care planning** as **adults**.

**Work to date:**
- Additional funding was approved in **August 2016** for accelerating development of **CYP Mental Health Care in a Crisis**, totalling **£4.36m** across eight successful bids.
- Vanguards’ CYP mental health leads have agreed **common metrics** to proceed rapidly with **testing models** with support from the central mental health team.

**Next steps:**
- Vanguards are about to mobilise their pilots
- Metrics are to be developed further and vanguards are expected to follow a **core set** provided by the national team.
National priorities - new system wide outcome measures

**Background:**
- Develop a means by which UEC networks and the wider healthcare system can measure and understand the outcomes of the UEC system as a whole in order to inform local strategic planning and drive improvement.

**Work to date:**
- Short list under three domains *(clinical pathway, patient experience and staff experience)*
- Trialled with UEC vanguards between February and May 2016.
- Broad support was expressed during the trialling phase.

**Areas for improvement:**
- Develop a single, simple “dashboard”
- Supporting guidance material in order to make best use of the measures.

**Next steps:**
- Work with UEC vanguards and networks to develop dashboard and supporting guidance.
- Phase 2 trial November – January 2017 to test supporting guidance and dashboard and understand further the impact of the measures.
Mainstreaming
Mainstreaming

• How do we ensure that we sustain the great work from each vanguard and spread it up and down the country?
Established 23 Urgent and Emergency Care Networks – the purpose

- Based on geographies required to give **strategic oversight** of urgent and emergency care on a regional footprint
- **1 - 5million population** based on population rurality, local services

To improve consistency of quality, access and set objectives for UEC by **bringing together STP/SRG members and other stakeholders to address challenges that are greater than a single LHE can solve** in isolation.
A total of **129 urgent care** facilities are currently operating. Of these:

- **12** are **standalone Urgent Care Centres** (standalone UCC)
- **8** are **co-located UCCs with an Emergency Department** (co-located UCC)
- **26** are **Walk in Centres** (WIC)
- **83** are **Minor Injury Units** (MIU)

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**Urgent Care facilities across the South Region**

<table>
<thead>
<tr>
<th>Dataset</th>
<th>Kent &amp; Medway</th>
<th>Peninsula</th>
<th>Severn</th>
<th>Surrey</th>
<th>Sussex</th>
<th>Thames Valley</th>
<th>Wessex</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-located UCC</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Standalone UCC</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>WIC</td>
<td>4</td>
<td>3</td>
<td>5</td>
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<td>MIU</td>
<td>8</td>
<td>35</td>
<td>17</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>83</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>14</strong></td>
<td><strong>43</strong></td>
<td><strong>28</strong></td>
<td><strong>5</strong></td>
<td><strong>12</strong></td>
<td><strong>15</strong></td>
<td><strong>12</strong></td>
<td><strong>129</strong></td>
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Mainstreaming - spread through the system

- We have created the **infrastructure** and **governance** for delivery

- **Four NHS England regional offices** are established and will provide support to **develop plans** and **future delivery**

- They will support vanguards to **disseminate their knowledge in their local region and beyond**.

- **STP footprints** are confirmed and are working to develop **full plans** ahead of October taking into account the **learning from vanguards**

- The 23 **UEC networks** are providing **expert advice** and input into the **UEC element of the plan**, **supported by the NHS England regions**.

- **Transformation areas** will increase the pace, working alongside the vanguards to accelerate the rapid delivery of integrated urgent care in 2016/17 to achieve full **coverage by 2020**.
Over to you…
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