Urgent and Emergency Care Review
- time to do it

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Kings Fund
2014

If it’s really serious I want specialist care

Help me to help myself and not bother the NHS

Treat me as close to my home as possible please

If only they could talk to my GP?
UEC Review Vision

For those people with urgent but non-life threatening needs:

• We must provide highly responsive, effective and personalised services outside of hospital, and
• Deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families

For those people with more serious or life threatening emergency needs:

• We should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery
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.

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

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 and closed on the phone
- 40% of patients who attend A&E are discharged having needed no treatment at all
- 50% of 999 ambulance calls could be managed at the scene
- Over 1 million emergency admissions in 2012/13 considered avoidable
Helping people help themselves

Self care:

• Better and easily accessible information about self-treatment options – patient and specialist groups, NHS Choices, pharmacies

• Accelerated development of advance care planning

• Right advice or treatment first time - enhanced NHS 111 - the “smart call” to make:
  • Improve patient information for call responders (SCR, care plan)
  • Comprehensive Directory of Services
  • Improve levels of clinical input (mental health, dental health, paramedic, pharmacist, GP)
  • Booking systems for GPs, into UCC or A&E, dentist, pharmacy
Highly responsive urgent care service close to home, **outside of hospital**

- **Faster, convenient, enhanced service:**
  - **Same day, every day access** to general practitioners, primary care and community services
  - Harness the skills and accessibility of **community pharmacy**
  - **24/7 clinical decision-support** for GPs, paramedics, community teams from (hospital) specialists – **no decision in isolation**
  - Support the **co-location of community-based urgent care services** in Urgent Care Centres and Ambulatory Care centres.
  - Develop 999 ambulances so they become **mobile urgent community treatment services**, not just urgent transport services
The role of pharmacy beyond winter pressures

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Direct professional & self-care
Common Ailment Service
Part of the General Practice team
Supporting 999 dispatch and 111 call centre
Pharmacist in A&E, MAUs, ACS
Part of Network Clinical Advice hub
Transport → Treatment:

- Emphasis on **supported treatment in community settings**
- **Single consistent triage system, DoS and universal referral rights**
- Successful “hear and treat” - closer integration with 111, timely access to relevant patient information and care plans, **support of interdisciplinary clinical hub (current low 3.4% high 10%)**
- “see and treat”, **inter-disciplinary working** across traditional organisational and professional boundaries, with guaranteed timely access to primary care, mental health provision, social care and **specialist clinical advice 24/7 (current low 27.4% high 51.5%)**
- **Development of the ambulance workforce, education programmes** with changes to organisational culture, will be essential to long-term success
From life threatening to local – where is the expertise and facilities?

- **Identify available services in hospital based emergency centres**

- **Urgent Care Centres** – primary care, consistent, access to network

- **Emergency hospital Centres** - capable of assessing and initiating treatment for all patients

- **Specialist Emergency hospital Centres** - capable of assessing and initiating treatment for all patients, and providing specialist services (direct, transfer or bypass) (- estimated 40-70 larger units)

- **Emergency Care Networks**: Strategic and Operational

- **Connecting all services** together into a cohesive network so the overall system becomes more than just the sum of its parts
Shape and structure of the new system and key constituent parts…

Self-care
- Peer support
- Voluntary Sector

Meeting your urgent care needs as close to home as possible

Taking you to the most appropriate hospital and maximising your chances of survival and a good recovery from life threatening conditions

"The smart call to make..."
Progress update

• Continue to “build in public”

• 8 Work Programmes:
  • WHOLE SYSTEM PLANNING AND PAYMENT, COMMISSIONING AND ACCOUNTABILITY
  • PRIMARY CARE ACCESS – NHSE strategy
  • 111 service specification and standards
  • DATA, INFORMATION AND CARE PLANNING
  • COMMUNITY PHARMACIES – Call for Action
  • EMERGENCY DEPARTMENTS and EMERGENCY CARE NETWORKS
  • AMBULANCE TREATMENT SERVICE
  • WORKFORCE (HEE)
UECR: What – Big Tickets

Programme Vision:
- **For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital.**
- **For those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery.**

Programme Objectives:
1. Provide better support for people to self-care
2. Help people with urgent care needs to get the right advice in the right place, first time
3. Provide highly responsive urgent care services outside of hospital
4. Ensure those with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise to maximise survival and recovery
5. Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts

‘Big Tickets’ and Products:
Progress: from design to delivery

• **Implementation phase of the Review**: Aims to convert the work done so far into a national framework to guide commissioning of UEC services: **update report** August 2014

**Delivery Group** own and describe the **key national products** from the Stage 1 Report – **primacy to out-of-hospital**

• Regional roadshows June-Sept 2014

• Working with **System Resilience Groups**, CCG and NHSE Ops Teams as they develop 2 and 5 year operational and strategic plans

• Working through the **NHS Commissioning Assembly** to co-produce **commissioning guidance and specifications** (throughout 2014/15)

• **Release designation guidance, standards and outcome metrics** for commissioners regarding UEC Networks, centres, and clinical models and for Ambulance Services (after 5 year Forward View)
SRGs – key ingredients and why?

• Clinical involvement – broader than clinical leadership – collective responsibility

• Innovation based on experiencing delivery – “the right people in the room”

• Wider than just “urgent care or A&E” - spot the unintended consequences

• The role that patients and Healthwatch play

• The “new kids on the block”
A key role for Urgent and Emergency Care Networks is set out as:

- **Designating the facilities that will operate within the Network once more detailed guidance on this is released**

**Concept of designation** - a way of outlining principles for the whole system and its constituent components.

**Principles describe where patients should be treated for best outcomes**

- Networks should consider:
  - the architecture of urgent health and social care *in their community*
  - the role of the network in describing and securing the pathways that needs to be in place to provide a consistent offer of urgent and emergency services

**Designation will be a process to determine the function of individual services within the overall system and core clinical pathways**
What we are learning locally with SRGs and Networks

- NHS England role nationally and field-force locally
- Workforce – rotation and sharing as an option
- Education and skill mix
- Role of CCGs and pace of primary care commissioning
- NHSIQ mapping support/pilots testing ideas and models (Integration Pioneers, PM Challenge, 111 pilots and 7DS early adopters)
Outcomes, standards and specifications

• Shift in outcome measurement to whole system performance

• Nationally, there is a need to develop standards and specifications to:
  • help describe the networked system
  • to enable commissioners to have the information and support to commission for system-wide outcomes

• This will build upon and align existing resources, standards and clinical quality indicators: NHS 111, ambulance services, out of hours primary care, A&E
  • whilst developing new specifications for community hospitals, Urgent Care Centres, Emergency Centres, Specialist Emergency Centres and other system components.

• These will then be linked to ongoing work to design, develop, test and implement system-wide outcome measures.
Programme update

October: **NHS Five Year Forward View** published.
  - UEC networks identified as one of first new models of care

November:
  - NHS England Chief Executive. authority to move to implementation.
  - Published ‘Community Pharmacy - helping provide better quality and resilient urgent care’
  - Secretary of State Meeting. Positive response, approval for a higher profile and to be accelerated where possible

17 December: NHS England Public Board Meeting –
  Review progress and implementation plans will be presented.
  - This is significant because it will, if agreed
    - raise profile of the work
    - mark a public commitment to deliver the products that will implement our vision of a new system
<table>
<thead>
<tr>
<th>PLANNING GUIDANCE RELEASED</th>
<th>UECR Phase 2: Product Design &amp; Delivery</th>
<th>UECR Phase 3: Implementation</th>
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<tbody>
<tr>
<td></td>
<td>July – December 2015</td>
<td>2016</td>
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<tr>
<td>Self-Care Knowledge Portal Released</td>
<td>Integrated HSC Personal Commissioning Programmes Commissions</td>
<td>‘Realising the Value’ self-care programme</td>
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<td>‘Feeling under the Weather’ Campaign</td>
<td>Final Draft Self Management Guide for Frailty Released</td>
<td>Patient Activation Programme Pilots and Evaluation</td>
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<td>NHS England’s contribution to Self-Care Week Delivered</td>
<td>Personal Care Planning Guidance Released</td>
<td>Development work on extension of Personal Health Budgets</td>
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<td>Revised Pharmacy Training courses (aligned to new Competency Framework) procured by HEE</td>
<td>‘Pharmacist in Emergency Departments’ Pilots (West Midlands)</td>
<td>Updated NHS 111 Commissioning Standards</td>
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<td>Revised NHS 111 Commissioning Standards (with UECR enhancements) Released</td>
<td>DoS Search Tool Developed (subject to agreement with NHS 111 Future Phase 2 Pilots)</td>
<td>Reprocurement window for new NHS111 Services</td>
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<td>Engagement on Clinical Models for Ambulance Service Advice (through UECR Regional Roadshows)</td>
<td>Guidance on Referral Rights across the UEC system released</td>
<td>Engage on UEC Networks Advice (through UECR Regional Roadshows)</td>
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<td>Five Year Forward View published, including new models of care</td>
<td>New Paramedic Training Curriculum Modelled and Costed by HEE</td>
<td>‘Realising the Value’ self-care programme</td>
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<td>ECR input (via Primary Care Strategies) into GP Contract Enhanced Service: GP Advice to Ambulance Services and A&amp;E</td>
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<td>Monitor Engagement on 15/16 Tariff System</td>
<td>Payment system examples for testing in 15/16 released</td>
<td>‘Realising the Value’ self-care programme</td>
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<td>Publication of engagement document on Long-Term reforms to pricing system</td>
<td>Go-live on co-development sites for testing of Long-Term payment reforms</td>
<td>Patient Activation Programme Pilots and Evaluation</td>
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<td>Flow Robot developed to assess growth in demand for key services developed to UEC Review for Co-operative Long-Term payment reforms</td>
<td>Summary Care Record Pharmacy Access Project Established</td>
<td>Development work on extension of Personal Health Budgets</td>
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<td>Patient Flow Footprint Tool</td>
<td>Enhanced Summary Care Record Content Available</td>
<td>Testing period for Long-Term payment reforms</td>
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<td>Enhanced Summary Care Record Content Available</td>
<td>New Long-Term payment Regimes commences (2016/17)</td>
<td>Development work on revised Outcomes Measures and other Metrics for UEC System</td>
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<td><a href="http://www.england.nhs.uk">www.england.nhs.uk</a></td>
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The greatest challenges

1. Payment system reform
2. Information sharing
2. Workforce and skills shift
Proposed new payment model

- A coordinated and consistent payment approach across all parts of the UEC network
- Making use of three elements:
  - **Capacity - Core**
    - Fixed in-year cost
    - “always on”
  - **Volume**
    - variable
  - future-proofed

**Quality**

- Core – *Facilities and service standards*
- Volume – *Process measures formative not summative*
- Incentives and Sanctions –
  - Patient outcome measures (ToC, PROMs)
  - Patient safety and experience measures
    - (mortality, SAEs, PREMs)
Summary Care Record: Creating the records

- SCR is an electronic record containing key information from the patient’s GP practice.
- As a minimum, SCRs contain medication, allergies, and adverse reactions.
- Improved functionality coming soon to make it easier for GPs to create SCRs with additional information for those patients that need them most.

47m SCRs created (83%)  
Over 1.5m SCRs created last month alone

To find out more or enable SCR: scr.comms@hscic.gov.uk or @NHSSCR
Programme Updates

December/ January 2014:

• **Planning Guidance**
  Will set out our expectations of commissioners and providers in relation to urgent and emergency care, including the formation and operation of networks.

• **Urgent and Emergency Care Networks advice**
  Will outline formation and operation of networks

Spring 2015: **Clinical Models for Ambulance Services**

• Will demonstrate how ambulance services could deliver enhanced rates of hear and treat and see and treat, avoiding unnecessary admissions and ensuring that patients are treated closer to home
Urgent and Emergency Care Review

Ready to go?
DEFINITELY . . . BUT ONLY THROUGH YOU

I’m alive cos I had specialist care really fast

I feel so much better for not having to go all the way to hospital

It’s great to share and learn so much with this group

It’s like everyone knows all about me