Urgent and Emergency Care

Creating a whole healthcare economy approach to improving patient outcomes

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Turnaround
Our Highest Priority

Teamwork

Investment
• Buildings
• IT

Processes
• Control Room
• Triggers etc

Constant Review

Rapid Escalation

Range of Streaming Services

Whole System Working

Focus on Discharge

Whole Hospital Ownership

Staffing
L & D Increase in Attendances

- UGPC attendances
- A&E attendances
- Whole site attendances

www.england.nhs.uk
L & D Consistently Delivering National Performance Targets

Percentage of whole site A&E attendance seen within 4 hours

- Combined %<4 hours 2013/14 L&D & GP Led Service
- Combined %<4 hours 2014/15 L&D & GP Led Service
- Combined %<4 hours 2015/16 L&D & GP Led Service
- Target
L & D Case Review, August 2016

Headlines:
• 336 attendances
• 82 patients streamed to GP
• 113 patients streamed to other

So ..... 
• of 336 patients, only 141 would have remained in ED
Urgent and Emergency Care Review

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

* Includes specialist services such as those for heart attack, stroke, major trauma, vascular surgery, critically ill children
The NHS Planning Guidance 2016/17 – 2020/21 expectations for U&EC as part of STPs

• As outlined in the 2016/17 NHS Shared Planning Guidance, every health and care system has been asked to come together to create its own ambitious local blueprint for accelerating its implementation of the Forward View.

• These five year Sustainability and Transformation Plans (STPs) will cover the period between October 2016 and March 2021.

• The Planning Guidance additionally sets out that STPs will be the ‘umbrella plan’, holding underneath it a number of different specific plans, some of which will necessarily be on different geographical footprints.

• Accordingly, Urgent and Emergency Care plans will be an integral part of STPs.
We’ve asked STPs to achieve the following:

1. Provide responsive urgent care services outside of hospital, ensuring care close to home:
   - Greater role for ambulance service
   - Improved access to patient records
   - Increased use of frailty units and ambulatory care units
   - Stronger partnerships with care homes, homecare and housing providers
   - Enhanced primary care offer
     - General Practice Forward View
     - Increased role for community pharmacy
   - Improved community support for long-term condition management.
2. Single point of access for clinical advice:
   • 24/7 integrated urgent care service
     • Clinical hub that supports 111, 999 and out-of-hours calls
     • Supports the public and healthcare professionals.
   • Services marketed to help patients understand the offer

3. For people with more serious or life threatening emergency care needs, ensure treatment in centres with the best expertise and facilities:
   • UEC networks implement plans in all parts of the country to deliver objectives of the review for all ages, for both physical and mental health.
   • Consistent pathways defined for UEC with equitable access including designation of acute services and community urgent care facilities.
Luton, Bedford, Milton Keynes STP

Priority 1
Impactful health improvement and illness prevention and empowering self-management and social capital

Priority 2
High quality, scaled and resilient primary, community and social care services across BLMK

Priority 3
Sustainable secondary care services across BLMK

Priority 4
Forge footprint-wide collective-leadership charged with designing and delivering a BLMK digital programme

Priority 5
Re-engineer the system of demand management, commissioning and health and social care provision in BLMK
Meanwhile
A&E Improvement Plan – 5 Key Workstreams

- A&E streaming at the front door
- Integrated Urgent Care
- Ambulance Response Programme
- Patient flow
- Improving Discharge Processes