How do we do this as a modern NHS?

Implementing the Urgent and Emergency Care Review
Establishing Networks – early actions

Early actions to be undertaken by Networks include:

- Developing a membership structure and terms of reference;
- Fostering strong relationships and effective communication across the network, and building trust;
- An immediate initial stocktake of UEC services within the boundary of the Network, and an assessment of access and equity of provision (by deprivation and rurality);
- Agreeing the configuration of the Network and its structural components;
- Beginning to define the consistent pathways of care and equitable access to diagnostics and services across large geographies, for physical and mental health and children.
System Resilience Groups

• Operational leadership of local health and care services

• Responsible for effective delivery of bespoke urgent care in their area in coordination with an overall urgent and emergency care strategy agreed through the regional Urgent and Emergency Care Network

• Where’s there is a problem that is common to SRG’s there may be some sense in having uniformity in the solution across their UEC Network
Key areas of work to help you

- **UEC National Enablers** (Payment, workforce, contracts)
- **National Tripartite Work** including 8 High Impact Interventions
- Implementation of key guidance with Clinical Commissioning Groups

Alignment with **Out of Hospital** program and **Winter Resilience**
- Support SRG delivery of 8 High Impact Interventions

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Key areas of work – national enablers

UEC Review national enablers to include:

- Self-care initiatives e.g. realising the value
- Guidance for acute receiving facilities
- 111 as portal to out-of-hours integrated service
- New system-wide indicators and measures
- Local capacity planning tool

*Transforming urgent and emergency care in England*

- Role & establishment of UECNs, published.
- Safer, Faster Better published
- Clinical models for ambulance service
- Improving referral pathways between urgent and emergency services in England
- Financial modelling methodology
A “route map” for implementation

This will describe:

1. the anticipated changes by 2017 and beyond
2. a timeline for delivery of national enablers
3. the recommended actions at urgent and emergency care network and SRG level
4. an assurance programme for SRGs to support delivery of the objectives of UEC review and winter resilience plans
5. the support offer to SRGs and networks
Good Practice in delivering UEC

- Safer, Faster, Better: Good Practice in Delivering Urgent and Emergency Care: published Summer 2015
- Guidance for front line providers and commissioners of urgent and emergency care
- A practical summary of the design principles that local health communities should adopt to deliver faster, better, safer care
- The guide draws on evidence of what currently works well in the urgent and emergency care system, setting out key design principles to help this good practice to be adopted locally
Clinical Advice Service ‘hub’

- **Right advice or treatment first time** - enhanced NHS111 the “smart call”
  - on a **digital platform as part of NHS Choices** (nhs.uk)

- **Greater levels of clinical input** (mental health, dental health, paramedic, pharmacist, GP, community nurse, **hospital specialists**)

- **Improved patient information** for call responders (**enhanced SCR**)
  - Accelerated development of **advance care planning**, end of life care

- **Comprehensive Directory of Services** (**mobile app**)

- **Single Point of Entry** for community and social care
  - to support 111, ambulance, out-of-hours and in hours GP

- **Booking systems** for GPs, into UCCs, dentists, pharmacy
Integrated Urgent Care “Click, Call, Come In”

User (public – patient – carer)

999 Emergency

Self Care

111 Urgent

999 Telephony

111 Telephony and Digital

Clinical assessment, advice & treatment service
multi-disciplinary
physical or virtual hub

Clinicians can also access advice service

Face-to-Face treatment services
in person (or potentially video consult)
Cross referral as appropriate
community services – Social Care – self care

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UEC Vanguards

- Focus on i) local health systems with strongest network progress and ii) addressing greatest operational challenges
- Accelerate pace of change
- Drive new ways of working across organisation boundaries
- Tripartite support for implementation, help remove barriers
- Test beds for new UEC initiatives (relationships, workforce, clinical decision support hubs, payment model, new indicators)
- Meet explicit requirements on implementing best practice and national policy expectations
The 4 greatest challenges

1. Payment system reform
2. Information sharing
3. System measures
4. 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
  - **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)
- future-proofed
If the existence of clinical and financial variation is unknown, the debate about whether it is unwarranted cannot take place.

**Five Key Ingredients:**

1. Clinical Leadership
2. Indicative Data
3. Clinical Engagement
4. Evidential Data
5. Effective processes
Summary Care Record: Creating the records

- SCR is an electronic record of key information from the patient’s GP practice
- As a minimum contain medication, allergies and adverse reactions
- Improved functionality coming soon with additional information
- GPs will need to consent

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

- 54.8m SCR created (96%)
- > 2.5m contacts in last year 12 secs
Mobile Access to the Directory of Services
Outcomes, standards and specifications

• Shift to outcome measurement for whole system

Nationally there is a need for standards and specifications to:

• help describe the networked system
• to enable commissioners to have the information to commission for system-wide outcomes
• monitor and improve performance

This will build upon and align existing resources, standards and clinical quality indicators
whilst developing new specifications for community hospitals, NHS111, GPs OOHs, ambulance services, Urgent Care Centres, Emergency Centres and other system components.
**Post-CCT (EM) Fellowship**
A 12 month, programme; aimed at providing urgent, emergency and acute care training for GPs. **Objective:** To remove the "safety net" from the ED, back into the community.

**Advanced Practitioners**
Launch of a regionally standardised training course pilot. **Objective:** To inform regional planning. 15-strong cohort – 3 from each of 5 disciplines: nursing, pharmacy, podiatry, physiotherapy, paramedic.

**SAS (EM) Doctors**

**Physician Associate**
1) Supporting the West Midlands re-launch of the role from January 2014.
2) Supporting the national plan for statutory registration.
3) Sharing learning across regional LETBs.

**Non-Medical Prescribing**
Launch of a bespoke course – to up-skill Pharmacists to Independent Prescriber level, with additional skills training in clinical diagnosis / minor injuries & minor ailments. Also for AHPs; physios, paramedics, radiographers, optometrists

**Independent Prescriber Pharmacists**
A UK-first pilot study, investigating the role of clinically-focussed in the ED, across three regional Trusts. Now scaled up to national project, with 53 trusts across 12 LETB areas nationally
A new strong consumer offer to the public:

NHS urgent care starts to look like what the patients tell us they want, not what we have historically offered

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

......... we will change patient and staff behaviour through experiential learning
Urgent and Emergency Care Review

the new offer

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

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 like everyone knows all about me

Ready to go?