Transforming urgent and emergency care services in England

Update on the Urgent and Emergency Care Review

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Publications Gateway Reference:	**02132**
Document Purpose	---
Document Name	Transforming urgent and emergency care services in England - Update on the Urgent and Emergency Care Review
Author	NHS England Urgent and Emergency Care Review Team
Publication Date	15th August 2014
Target Audience	CCG Clinical Leads, CCG Accountable Officers, CSU Managing Directors, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, NHS England Regional Directors, NHS England Area Directors, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's Services, NHS Trust CEs, All NHS England Employees
Additional Circulation List	
Description	This document is an Update on progress with the Urgent and Emergency Care Review
Cross Reference	Gateway Documents 00691 to 00694
Superseded Docs (if applicable)	N/A
Action Required	To note
Timing / Deadlines (if applicable)	
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Document Status

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Transforming urgent and emergency care services in England

Update on the Urgent and Emergency Care Review

First published: 19 August 2014

Prepared by: Urgent and Emergency Care Review Team

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Introduction from Professor Keith Willett

Last November Sir Bruce Keogh and I presented NHS England's future vision for urgent and emergency care in 'Transforming urgent and emergency care services in England: Urgent and Emergency Care Review End of Phase 1 Report'.

As we had hoped, our report generated considerable interest (and positive reaction) from the general public, NHS staff, patients, politicians and the media. We sought this reaction because the subject matter of our End of Phase 1 Report was so important.

I believe that what we published was an honest appraisal of the stresses that the current system faces. We described an urgent and emergency care system that was stretched and fragmented, but importantly we also put forward our case for change. In our End of Phase 1 Report we undertook to update on progress with our Review, and this document delivers against that commitment.

In my role as Director for Acute Episodes of Care for NHS England I regularly travel up and down the country meeting patients and the people who run and manage our health and social care services. From the conversations I have had I know that there is great consensus about the problems with the current urgent and emergency care system, and throughout this Review we have heard many ideas about 'what' needs to change. But crucially I believe we are now close to achieving the same degree of consensus on 'how' this change might be practically delivered - which I consider to be a real breakthrough.

I hope you find this update useful in terms of describing how we are working with the Delivery Group of patients, partners and stakeholders which has been established to help deliver the vision we set out last November. Further updates will follow as the Review progresses.

Due to the hard work and dedication of NHS staff the urgent and emergency care system performed better than expected last winter. But we must not be fooled into thinking change isn't necessary. The pressures we highlighted last November still exist, and the challenges that the health and social care system faces in delivering urgent and emergency care remain.

We must continue to keep up momentum to deliver the system transformation that is needed.

Professor Keith Willett FRCS
Director for Acute Episodes of Care, NHS England

Introduction from Dr Caron Morton

In the new NHS landscape Clinical Commissioning Groups (CCGs) play a key role in the planning and purchasing of health care services, and are entrusted with spending wisely the majority of the NHS budget.

Across the country Accountable Officers, like myself, are working alongside their CCG colleagues with NHS England, who commission highly specialist services and primary care services, and other partners (such as Local Authorities and patient groups), to ensure that the public money we spend is focussed on delivering better care in a joined up way for the people we serve. This process of collaboration and

integration is being replicated across England, and I believe that we are all intent on making a real impact.

As was strikingly highlighted in Sir Bruce's Keogh's report on the first phase of this Review, the current system for delivering urgent and emergency care is under pressure. The causes of this pressure are reasonably well understood and have been well rehearsed elsewhere. The more challenging issue is how we go about tackling them.

I was delighted to be asked to co-chair a working group of the NHS Commissioning Assembly which has played an important role in helping this Review develop some solutions to the problems we currently face in urgent and emergency care. This update report represents an important first step in explaining what progress has been made to date but, as Keith recognises, there is clearly much more to do.

I have been pleased with the open recognition throughout this Review that there isn't a "one size fits all" solution that can be applied across the country, and that CCGs need to be supported and encouraged to develop local bespoke solutions for their populations. I commend the way that the Review team has recognised that the work they are doing needs to tread a careful balance between setting a national direction for change, but in a way which does not stifle or impair local innovation.

Integration of services and collaboration between partners features strongly in the Review, as does the need to enable CCGs to share best practice through local and national learning forums and toolkits.

The delivery of urgent and emergency care services is a very good example of how all parties from across the health and social care system need to work together with the public we all serve, to deliver high quality care for all. CCGs will be central in ensuring that a national vision can be translated into local action, and I look forward to helping make this a reality.

Dr Caron Morton MRCGP
Accountable Officer, Shropshire CCG

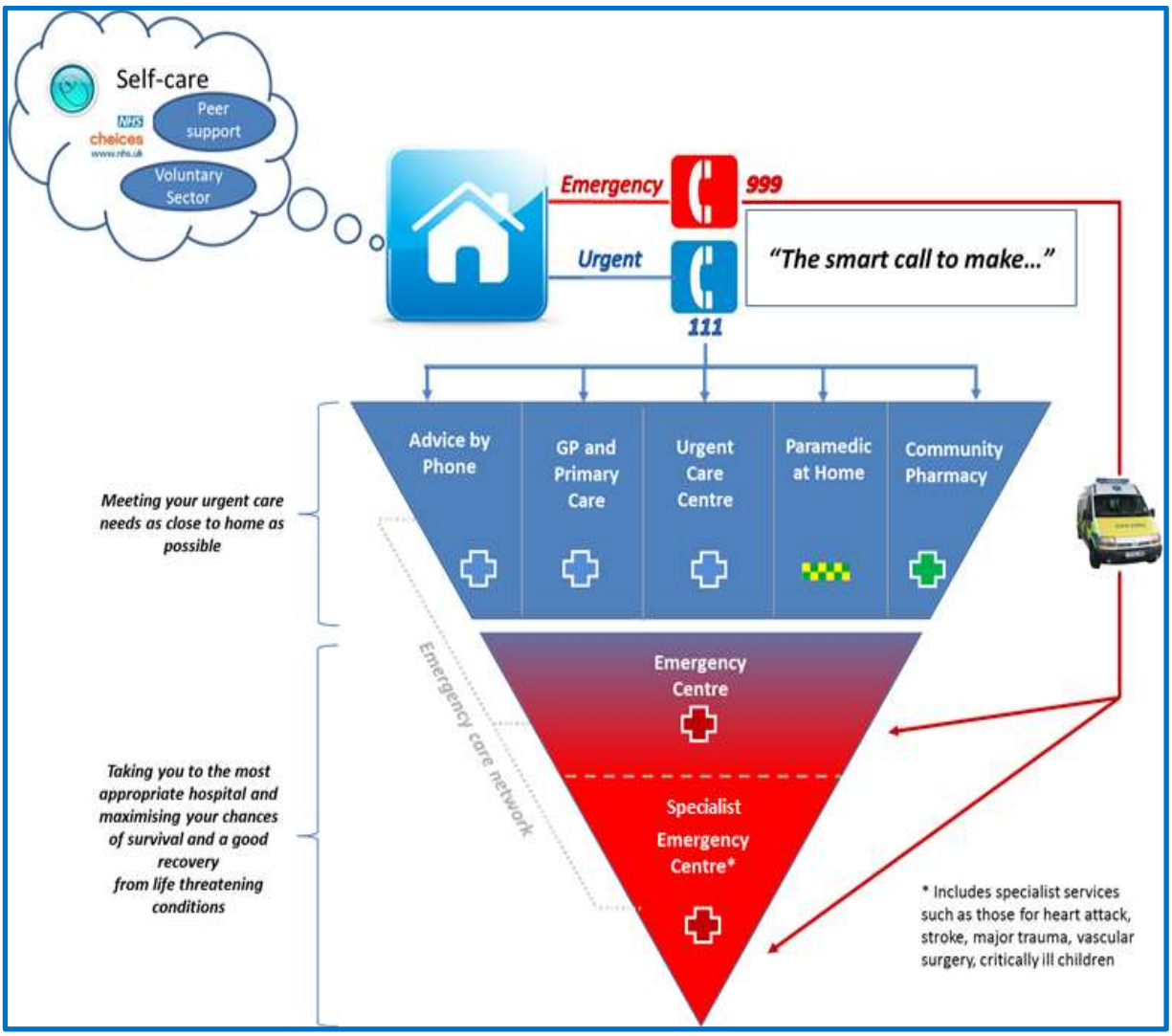
Our vision for urgent and emergency care

1. We set out our vision for change in the End of Phase 1 Report of the Review:

   Firstly, for those people with **urgent but non-life threatening needs** we must **provide highly responsive, effective and personalised services outside of hospital.** These services should deliver **care in or as close to people's homes as possible**, minimising disruption and inconvenience for patients and their families.

   Secondly, 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**.

2. Underneath this vision we described, in visual form, the shape and structure of the future urgent and emergency care system:



3. In order to move from the current to the future system we proposed five key elements of change. These should apply to all patients, regardless of their age, location, co-morbidities or physical and mental health needs:

    - 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** so people no longer choose to queue in A&E
    - Ensuring that those **people with more serious or life threatening emergency need**s receive **treatment in centres with the right facilities and expertise** in order to maximise chances of survival and a good recovery
    - **Connecting urgent and emergency care services** so the overall system becomes **more than just the sum of its parts**

Our delivery method

4. Since publication of our End of Phase 1 Report NHS England has been working to deliver the new vision for urgent and emergency care. Primarily we are doing this with the help of the Urgent and Emergency Care Review Delivery Group (the Delivery Group), which is made up of representatives covering the whole spectrum of urgent healthcare and local government, patient representatives, as well as NHS England itself. Details of the organisations invited to be a part of the Delivery Group can be found on the Review's pages on NHS Choices.[1]

Progress with delivery

5. In our End of Phase 1 Report we recognised the appetite for change but emphasised that there will be no risky "big bangs". We also committed to build this work "in public".

6. We highlighted our view that it would take three to five years to enact the major transformational changes set out in the report, but that we expected to make significant progress over the next six months in five specific areas. A summary of progress against each of these is listed below.

Working closely with local commissioners as they develop their five year strategic and two year operational plans

7. We have made good progress. We ensured that the planning guidance issued to commissioners to support the 2 year and 5 year planning process[2] contained information to stimulate thought as to how they should prepare the way for the

[1] Accessible at: http://www.nhs.uk/nhsengland/keogh-review/Pages/urgent-and-emergency-care-review.aspx
[2] Accessible at: http://www.england.nhs.uk/ourwork/sop/

establishment of the urgent and emergency care networks envisaged in our End of Phase 1 Report.

8. In addition, with the assistance of our regional colleagues in NHS England, we have held a series of regional events with commissioners, providers, patients, and wider stakeholders in order to update on progress with key areas of the Review. As part of these sessions we have been working through the challenges in establishing urgent and emergency care networks to help inform our work. The regional events have also been an opportunity to showcase to a wider audience innovative methods of delivery of urgent and emergency care, in line with our vision, which have been developing across the country.

Identifying and initiating transformational demonstrator sites to trial new models of delivery for urgent and emergency care and 7 day services, supported by NHS Improving Quality (NHSIQ)

9. We are currently working with NHSIQ to map out the support they are giving to local health economies as part of the Integration Pioneer and 7 day services early adopter programmes, with the purpose of identifying potential sites to test the ideas and models arising from the Review. We intend to make the most of the "on the ground" intelligence that all of these pieces of work are generating, combined with the expertise of the Emergency Care Intensive Support Team (ECIST), whose focus is to support the providers of urgent and emergency care in improving performance and quality.

10. It is our intention to use this process to identify areas of the country to become test beds for the whole system vision described in our End of Phase 1 Report. We will continue further work on this over the summer as the Review progresses.

Developing new payment mechanisms for urgent and emergency care services, in partnership with Monitor

11. NHS England and Monitor have been working in partnership to develop proposals on how the End of Phase 1 Report can be supported to deliver through a redesign of the payment system for urgent and emergency care services. We formally committed to this work in the 2014/15 national tariff supporting documents[3] following wide ranging commentary from stakeholders on the need for reform, to ensure that the payment system can support and encourage the service in implementing our vision.

12. In recently published proposals[4] for changes to the national tariff system for the next financial year, NHS England and Monitor jointly signalled that "*we are proposing that the 2015/16 national tariff would contain policies that underpin moves towards new patterns of care…The payment examples we are proposing to make available cover areas such as enabling person-centred co-ordinated care*

[3] Accessible at: https://www.gov.uk/government/collections/the-nhs-payment-system-regulating-prices-for-nhs-funded-healthcare

[4] Accessible at: https://www.gov.uk/government/consultations/nhs-national-tariff-payment-system-201516-engagement-documents

for those who are frail, elderly or have multiple long-term conditions, and testing a potential new payment approach (or approaches) to support implementation of recommendations stemming from the review of urgent and emergency care carried out by Sir Bruce Keogh."

13. NHS England and Monitor have also developed and published options for engagement on a potential future payment system[5] for urgent and emergency care for delivery in subsequent years, which we will begin to test using the recently announced payment examples during 2015/16.

Completion of the new NHS 111 service specification so the revised service (which will go live during 2015/16) can meet the aspirations of this Review

14. The NHS 111 service is commissioned by CCGs. NHS England's role is to set the standards by which the service should operate and perform. Since publication of our End of Phase 1 Report NHS England has been working in partnership with commissioners and NHS 111 providers to plan the delivery of an enhanced NHS 111 service.

15. As a result of this work, the revised commissioning standards for the NHS 111 service have been defined and published. These standards describe the core requirements and quality metrics that all NHS 111 services should adhere to from now on. These standards include the key refinements we set out as the vision for NHS 111 in our End of Phase 1 Report.

16. The revised commissioning standards will ensure that:

- clinicians within the NHS 111 service have access to relevant aspects of a patient's medical and care information (where the patient has consented to this being available), including knowledge about contact history and medical problems; so that the service can help patients make the best decisions

- patients with a specific care plan must be treated according to that plan and, where patients have specific needs, they must be transferred to the appropriate professional or specialist service

- commissioners of the NHS 111 service must consider how increased clinical advice should be secured for their population

- NHS 111 must be able to directly book an appointment with the urgent or emergency care service that can deal with the patient's problem, as close to their location as possible (which could include a booked call back from a GP, a pharmacist review at a community pharmacy, an appointment at an urgent care centre, an appointment with GP out of hours services, a home visit, or (in due course) an appointment within a hospital emergency department); and

[5] Accessible at: https://www.gov.uk/government/consultations/reimbursement-of-urgent-and-emergency-care-options-for-reform

- NHS 111 must continue to be able to identify potentially life threatening problems and dispatch an ambulance without delay, or re-triage, and support the patient prior to the vehicle arriving

17. NHS England has established a series of pilots and evaluation projects to test out new initiatives that will support our vision for urgent and emergency care. The pilots will inform further development of the commissioning standards and evaluation reports will be available later this year.

Working through the NHS Commissioning Assembly to develop and co-produce with Clinical Commissioning Groups the necessary commissioning guidance and specifications for new ways of delivering urgent and emergency care (with this process continuing over the remainder of 2014/15)

18. In the first phase of our Review we established, through the NHS Commissioning Assembly, an urgent and emergency care working group of commissioners (the NHS Commissioning Assembly Working Group). We have subsequently widened the membership of this group, and used it as a sounding board on issues which have arisen during the course of the Review. We will continue to adopt this approach.

19. In our End of Phase 1 Report we identified the need to *"connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts."* We further said that *"[t]hese networks will dissolve traditional boundaries between hospital and community based services and support the free flow of information and specialist expertise needed to achieve the delivery of patient care in the most appropriate and convenient setting."* With our Delivery and Commissioning Assembly Working Groups, we have developed some draft potential guidance on how the urgent and emergency care networks signalled in our End of Phase 1 Report might be formed and operate. We are continuing to work on the development draft of this guidance, to ensure that it is fit for purpose in terms of explaining our vision and how it might be delivered. As the process of developing this guidance is completed we will release it to the service for use in development of local planning.

20. In tandem with this, we also recognise the need to be able to support the service through the process of moving towards a new system of urgent and emergency care. For example, in the context of supporting a move towards the urgent and emergency care networks we envisage, we are also working closely with commissioners to develop tools to help them better understand the flow of patients within their region, and thus the natural boundaries and optimal configuration of future urgent care networks. Again, as the process of testing these tools is completed we will release them to the service to use.

21. In our End of Phase 1 Report we identified that *"By extending paramedic training and skills, and supporting them with GPs and specialists, we will develop our 999 ambulances into mobile urgent treatment services capable of dealing with more people at scene, and avoiding unnecessary journeys to hospital."* Accordingly, we

have been working with Health Education England and other stakeholders on supporting work they are leading which will reform the education and training of paramedics. We have also, with the help of our Delivery Group, developed drafts of potential guidance which set out a new specification for how ambulance services could and should be delivered in the future to achieve important elements of our vision. Again, we are continuing to develop this draft guidance and when this process is complete we will release it to the service for use in development of local planning.

Our next steps

22. Key to the success of the Review is translating 'what' needs to be done, in terms of reforms to the urgent and emergency care system, into 'how' these changes might be best delivered, and by whom. In the new health and social care landscape we, like our partners elsewhere in the system, need to ensure that the actions we take provide leadership at a national level that helps (and not hinders) commissioners, providers and others to work with patients and local stakeholders to innovate in order to meet the needs of local populations.

23. This update represents a snapshot of the work that the Review team and Delivery Group have been doing since last November. We will continue to deliver more work to implement our vision, and we anticipate the publication of further updates as our progress towards developing specific products for release continues – in line with our intention to deliver this Review in public. We are mindful that we need to ensure that the ideas we are developing are realistic – both in terms of being capable of translation into local action on the ground and being financially affordable - which is why we will continue to work in this way.

24. We also remain mindful of our absolute commitment to ensure that any new system must be responsive to the needs of the most vulnerable people in society who rely on the urgent and emergency care system: people at the extremes of age; people with troublesome long-term health problems; people from deprived and disadvantaged communities, and people experiencing mental health crisis.

25. Equality and diversity are at the heart of NHS England's values. Throughout the development of this Review we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

26. The task of delivering a new system of urgent and emergency care has begun in earnest. We have made good progress but there is still much to do. We are indebted to the support of our Delivery Group, commissioning colleagues, patient representatives and wider stakeholders who have willingly given their time and resources to collaborate with us.