

# **THE *FORWARD VIEW* INTO ACTION:**

**Registering interest to join the  
Urgent and Emergency Care  
Vanguard**

# Forward View into Action

## Registering interest to join the New Care Models Programme: Urgent and Emergency Care (UEC) Vanguard

### 1. *Background*

The *Five Year Forward View* identified a number of new care models that will help transform the way in which care is delivered across the NHS.

29 areas have now been selected as vanguard sites for three of these models:

- Multispecialty community providers (MCPs);
- Integrated primary and acute care systems (PACS);
- Models of enhanced health in care homes;

A fourth group – new models of acute care collaboration – is being established and has gone out for expressions of interest.

Expressions of interest are now also being invited for organisations and partnerships to become vanguard sites for a further new care model focusing on urgent and emergency care (UEC). The successful applicants will form the fifth group within the overall New Care Models Programme.

### 2. *Vision*

Through the Urgent and Emergency Care Review there is a clear vision for the future:

- for those people with urgent care needs, including people experiencing mental health crisis, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families;
- for those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

Such a system will:

- provide better support for people to self-care;
- help people with urgent care needs to get the right advice in the right place, first time;
- provide responsive, urgent health and social care services outside of hospital every day of the week, so people no longer choose to queue in Accident & Emergency (A&E);

- ensure that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise chances of survival and a good recovery;
- connect all urgent and emergency care services together so the overall health and social care system becomes more than just the sum of its parts.

Implementation of this vision will ensure that:

- there is improved efficiency, with patients reaching the right service first time, and with consequential financial savings being realised;
- there is a reduction in the mortality rate where services such as stroke, cardiac and major trauma are provided round the clock in dedicated centres;
- there are improvements in patient experience, and where patients find the new system intuitive rather than confusing;
- where services are configured in such a way to deal with growing demand and an ageing population.

The New Care Models Programme will be the main vehicle through which Monitor, the NHS Trust Development Authority and NHS England now support the sector to take forward the initial design and implementation of these arrangements.

### **3. *The UEC Vanguard***

Urgent and emergency care networks that cover the whole country are now implementing the review, at pace. To complement this work, the Chief Executives of the NHS arms' length bodies have decided to establish a UEC vanguard under the joint New Care Model Programme.

The Vanguard will be expected to:

- create and implement, as rapidly as possible, scalable and replicable urgent and emergency care models. They will be expected to commit to increasing their ambition and accelerating their intended pace of change;
- do the 'right things right', based on the Keogh Review's 'Safer, Faster, Better' good practice guide, no reinventing wheels or embarking on 'quick fixes' or 'easy wins' that are only likely to make marginal quality improvements. There will be explicit requirements on implementing best practice and national policy expectations, for example on implementing integrated 111 and out of hours services;
- support and empower their System Resilience Groups (SRGs) and Urgent and Emergency Care Networks to set standards and establish new ways of working that cut across traditional organisational boundaries. They will be fully committed to the recently issued NHS England guidance for UEC networks;

- develop and test new system-wide outcome indicators, drawing on the established work of the UEC review;
- work as a group, to learn from each other.

Through the programme, Monitor, NHS Trust Development Authority and NHS England will support providers of urgent and emergency services to develop new models that can be replicated across England at scale to improve quality, productivity and efficiency.

The UEC Vanguard group will:

- comprise a small number of enthusiastic and energetic participating systems, drawn from across different geographies, working as a group;
- receive early access to tools and guidance developed through the UEC review;
- have a strong focus on unblocking current system constraints and national barriers to change, e.g. information sharing and payment methods;
- enjoy clear commitment and sponsorship from the national NHS bodies and their CEOs;
- benefit from direct practical support, through an expanded role for ECIST working under the aegis of the new care models programme. Professor Sir Bruce Keogh and Professor Keith Willett will provide clinical leadership for the UEC Vanguard programme;
- access to transformation funding.

The programme will deliberately focus on leading-edge systems that are making the strongest progress and those local health systems experiencing the very greatest operational challenges, e.g. on the A&E 4 hour standard.

The number of UEC vanguards will depend on the quantity and quality of bids, their scale, and the ability to provide intensive support. We encourage all systems to use the vanguard application process to stimulate conversations about local ambitions to improve urgent and emergency care.

We would like to see one or two whole UEC networks as part of the programme, that are committed to full implementation across all its constituent SRGs at exactly the same time.

However, it is not feasible to provide intensive rapid and effective support to a significant number of whole networks at the same time given their geographical coverage and the scale of change involved. So we also welcome initial applicants from smaller geographies such as exemplar SRGs, where these are backed by their networks. Such subsets of networks will be required to participate fully within their larger UEC network, and as part of the programme, help progress essential wider network objectives such as 111 and out of hours integration, shared ambulance protocols, composite clinical advice hubs and provision of specialist support. They will also need to commit to spreading change within that larger UEC network at the earliest possible time.

#### **4. Application process**

The registration criteria and application process will be similar to that used for the initial three vanguard models in January 2015.

We want to move quickly and so our closing date for applications is Friday 15th July 2015. Shortlisting will be followed by open selection, including peer-based assessment.

At a minimum, applicants are expected to already have in place:

- a clear and ambitious vision of what they want to achieve and of how the new model will help promote the health and well-being of the population, increase the quality and person-centeredness of care for their patients, and improve efficiency for the taxpayer within available resources;
- a commitment to making swift progress in the development of the new model;
- effective managerial and clinical leadership, including leadership for engagement, and the capacity and capability to succeed.

Applicants will also need to show:

- an appetite to engage intensively with other sites across the country, and with national bodies, in a co-designed and structured programme of support aimed at:
  - identifying, prioritising and tackling national barriers experienced locally;
  - developing common rather than unique local solutions that can easily be replicated by subsequent sites; and
  - assessing progress, through a staged development and assurance process.
- a commitment to test local and national metrics and to demonstrate progress against them, including real-time monitoring and evaluation of health and care quality outcomes, the costs of change, and the benefits that accrue;
- a willingness to share data as required to support the development and operation of the new model;
- test new payment models and funding flows; and
- if a subset of a UEC network, the explicit backing of their network.

The registration process is simple, to minimise bureaucratic burden. Interested sites are asked to complete the attached form and send it to the new care models team ([england.newcaremodels@nhs.net](mailto:england.newcaremodels@nhs.net)) by **15th July 2015**. Shortlisting will be followed by open selection, including peer-based assessment and clinical and user assessment, for approval at the NCM Board. The Board will benefit from specific input and advice from Sir Bruce Keogh and Professor Keith Willet as the clinical leaders of the UEC vanguard.

# Forward View into Action

## *Urgent and Emergency Care Vanguard*

### REGISTRATION OF INTEREST FOR UEC VANGUARD

Please keep your completed applications to no more than 4 pages.

#### **Q1. Which network or system is making the application?**

Please list the supporting organisations and, if a subset of a network that is applying, the explicit support of the network. Please also include the name and contact details of a single leader best able to field queries about the application.

#### **Q2. What is your local vision for implementing the UEC review?**

Please also explain how you have been engaging patients and your local community in designing your plans, to demonstrate that they enjoy strong local support.

**Q3. What have you already achieved?**

**Q4. Where could you get to by April 2016 and by April 2017?**

Please describe the changes, realistically, that could be achieved by then – both in your own local system and also what you could do on behalf of the whole wider network.

Please can you refer to how you will be taking forward key tasks, e.g. planning, designating facilities, developing pathways, achieving new standards, ensuring effective patient flow, achieving resilience, addressing workforce needs, implementing new payment models and funding flows, building trust with a focus on relationships rather than structures.

**Q5. What do you want from the structured support programme?**

(Aside from potential investment and recognition: i.e. what other specific support is sought?)

Please send the completed form to [england.newcaremodels@nhs.net](mailto:england.newcaremodels@nhs.net) by **15<sup>th</sup> July 2015**

Kind regards

*Samanta Joshi*



