Urgent and Emergency Care Summit
21 March 2017
Reflections on the year
A&E performance 2013/14 – 2016/17
5 year forward view
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 per annum
- 340 million GP consultations per annum
- 24 million calls to NHS urgent and emergency care telephone services per annum
- 21.7 million attendances at A&E, minor injury units and urgent care centres per annum
- 7 million Emergency ambulance journeys per annum
- 5.2 million emergency hospital admissions per annum

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 on the phone
- 40% of patients attending A&E require no treatment at all
- Up to 50% of patients dialling 999 could be managed at the scene
- Over 1 million emergency admissions in 2012/13 could have been avoided
Purpose of event

To bring together the south system leaders to explore:

- UEC delivery objectives 2017-19
- How we are going to deliver in the South
- Packages of support to enable delivery
Transforming Urgent and Emergency Care
Current areas of focus

**Increased National Grip on year end delivery**

- Delivery of IUC and management of the scale and pace of the roll out across the Region
- Delivery of 30% of NHS111 calls transferred to a clinical advisor
- Delivery of 7 day services and the specialist UEC network 7ds standards
- Report to national Director of Operations weekly on all of the above
- Refocus on Urgent and Emergency Care transformation
## UEC Delivery Plan

### NHS 111 Online

**The offer**
- Online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional.
- Services closely connected to NHS 111 calls (and other services including Primary Care over time).
- Offer an increasingly personalised experience to patients.

**The plan**
- Pilot the service in 4 areas from February 2017 onwards.
- Roll out to 5 or 6 111 areas per month by December 2017.

### NHS 111 Calls

**The offer**
- Increase the percentage of calls transferred to a clinician when a patient calls the NHS111 service.
- The service will better support the number of patients who can be dealt with as ‘self-care’.
- Where applicable patients will be referred on to an appropriate point of care.
- NHS 111 Care Home Line will enable dedicated access for healthcare professionals (starting with care home staff) to get urgent advice from a GP out of hours.

**The plan**
- 30% of 111 calls transferred to a clinician by March 2017, rising to 50% by March 2018.
- Operational readiness for Care home Line by March 2017 with roll out from April 2017.

### GP

**The offer**
- By March 2019 the public will have enhanced access to evening & weekend appointments with general practice.
- In delivering this we will secure:
  - Transformation in general practice,
  - Step change in use of digital technologies
  - The foundations for a model of more integrated services.

**The plan**
- Coverage of enhanced access will reach:
  - 50% of the population by March 2018.
  - 100% of the population by March 2019.
- Invest £138M in 2017/18 and £258M in 2018/19.

### Urgent Treatment Centres

**The offer**
- Urgent Treatment Centres across the country will be:
  - Open 12 hours a day.
  - Will be staffed by doctors and nurses.
  - May have access to X-Ray facilities.
  - Patients will be able to either book an appointment via NHS 111, their own GP, or walk in.
  - If they need a prescription, they will be given one.

**The plan**
- These services will be in place as follows:
  - 25% of facilities by March 2018.
  - 50% of facilities by March 2019.
  - 100% of facilities by December 2019.
# UEC Delivery Plan

<table>
<thead>
<tr>
<th>Ambulances</th>
<th>Hospitals</th>
<th>Hospital to Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The offer</strong></td>
<td><strong>The offer</strong></td>
<td><strong>The offer</strong></td>
</tr>
<tr>
<td>• More clinically focused response for patients</td>
<td>• Highly skilled emergency department workforce to deliver life-saving care for our most sick patients</td>
<td>• Provide comprehensive packages of health and social care</td>
</tr>
<tr>
<td>• Quicker recognition of life threatening conditions</td>
<td>• Variation between hospitals will be reduced</td>
<td>• Fewer than 3 in 20 NHS Continuing Healthcare assessments (CHC) take place in an acute setting</td>
</tr>
<tr>
<td>• Telephone advice, treatment on scene or conveyance to hospital</td>
<td>• Patients streamed by a highly trained clinician to the most appropriate service</td>
<td>• Patients only stay in hospital for as long as they have been clinically assessed as requiring treatment</td>
</tr>
<tr>
<td>• End to long waits for an ambulance and handover delays at hospitals</td>
<td>• Rapid, intensive support to those patients at highest risk of admission</td>
<td>• Coordinated and timely transfer of care from hospital to the most appropriate setting</td>
</tr>
<tr>
<td><strong>The plan</strong></td>
<td><strong>The plan</strong></td>
<td><strong>The plan</strong></td>
</tr>
<tr>
<td>• Planning for rollout of the Ambulance Response programme complete by end March 2017</td>
<td>• Use of a wide range of ambulatory care services</td>
<td>• Implement Discharge to Assess by March 2017</td>
</tr>
<tr>
<td>• Implement enhanced Hear &amp; Treat and See and Treat by March 2018</td>
<td>• Effective metrics used in oversight of hospitals</td>
<td>• Reduce national DToC rates 4.1% by September 2017</td>
</tr>
<tr>
<td>• STPs offer integrated model of urgent care, with clear referral pathways offering alternatives to conveyance to A&amp;E by March 2018</td>
<td>• Front-door ED streaming models in all UEC systems by September 2017</td>
<td>• Implement changes to CHC framework by April 2018</td>
</tr>
<tr>
<td>• Development of ambulance workforce, to December 2018</td>
<td>• Establish Frailty Assessment processes and Frailty Units</td>
<td>• Roll out Nursing Home Vanguard model by March 2019</td>
</tr>
</tbody>
</table>

- 7-day ambulatory care
- Implementation of core best practice on medical wards to facilitate discharge
The asks

- A single delivery plan for UEC and A&E Improvement
- A UEC delivery plan for each STP agreed by the end of April
- A plan to deliver A&E streaming by October
- Working together to best effect
- System wide approach
- Reconsider local governance arrangement to maximise delivery
The enablers

• Development of STP delivery plans
• South allocation of UEC transformation funding
• Capital funding for primary care steaming in A&E
• Our people –
  • subject matter expertise
  • Implementation and transformation skills and capacity
• Sharing good practice, sharing lessons learned, not making the same mistakes
• Links to interdependencies and other programmes e.g. Digital
• Our advocacy role with national leadership
• Constitution of a new Regional Board UEC + A&E Improvement
Case for Change
A clinician’s view
## Current provision of urgent and emergency care services

>150 million calls or visits to urgent and emergency services annually:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care and self management</td>
<td>• 450 million health-related visits to pharmacies</td>
</tr>
<tr>
<td>Telephone care</td>
<td>• 24 million calls to NHS</td>
</tr>
<tr>
<td></td>
<td>• urgent and emergency care telephone services</td>
</tr>
<tr>
<td>Face to face care</td>
<td>• 340 million consultations in general practice (2013/14)</td>
</tr>
<tr>
<td>999 services</td>
<td>• 7 million emergency ambulance journeys</td>
</tr>
<tr>
<td>A&amp;E departments</td>
<td>• 16 million attendances at major / specialty A&amp;E</td>
</tr>
<tr>
<td></td>
<td>• 5 million attendances at Minor Injury Units, Walk in Centres etc.</td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>• 5.4 million emergency admissions to England’s hospitals</td>
</tr>
</tbody>
</table>
It’s not A&E attendances, it’s admissions!

A&E attendances and emergency admissions, 13-week rolling average (indexed)
Emergency admissions from A&E have grown for all age groups, especially oldest

Source: HES data, Apr-Sep, each year
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

Mental and physical health
5 Key system changes

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 so people no longer choose to queue in A&E

4. **Ensure that those people with more serious or life threatening emergency needs** receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery

5. **Ensure that the urgent and emergency care system** becomes more than just the sum of its parts through the creation of urgent care
Ill patient at home
Can they cope?
Are they safe?
Do they need treatment?

Voluntary sector friend
GP In & OoHs
Falls team

Community / mental health nursing
Rapid response care support

When we can’t provide care or treatment in the community our NHS default is to a higher acuity, higher cost facility

Hospital admission

20-30% of elderly patient admissions are avoidable and carry risk
Questions
STP Roadmap
Advancing UEC

• Within each STP are a set of ambitious plans for the future of UEC

• STP Leaders
• A&E Delivery Boards
• Urgent and Emergency Care Networks
• NHS England
• NHS Improvement
The asks

• A single delivery plan for UEC and A&E Improvement
• A UEC delivery plan for each STP agreed by the end of April
• A plan to deliver A&E streaming by October
• Working together to best effect
• System wide approach
• Reconsider local governance arrangement to maximise delivery
The enablers

- Development of STP delivery plans
- South allocation of UEC transformation funding
- Capital funding for primary care steaming in A&E
- Our people –
  - subject matter expertise
  - Implementation and transformation skills and capacity
- Sharing good practice, sharing lessons learned, not making the same mistakes
- Links to interdependencies and other programmes e.g. Digital
- Our advocacy role with national leadership
- Constitution of a new Regional Board UEC + A&E Improvement
Questions

In your STP areas work through the following to support your discussions

What opportunities are there to

- Work together to support and enable the UEC elements of STP implementation
- Establish a single shared focus in relation to the transformation of UEC as a part of STP delivery
- Use the development of a STP level UEC delivery plan to establish a future way of working
Questions

In your STP areas work through the following to support your discussions

As a group working to advance UEC in your system(s) area

• How will Clinical Leadership for the UEC agenda be provided
• Describe the help and support would you benefit from, from
  • One another
  • NHS England
  • NHS Improvement
<table>
<thead>
<tr>
<th>Room Number</th>
<th>First session</th>
<th>Second Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary room</td>
<td>Improvement opportunities</td>
<td>STP Plan to Deliver</td>
</tr>
<tr>
<td>7-8</td>
<td>Channel Shift</td>
<td>Channel Shift</td>
</tr>
</tbody>
</table>
Leading Transformation
Thank you