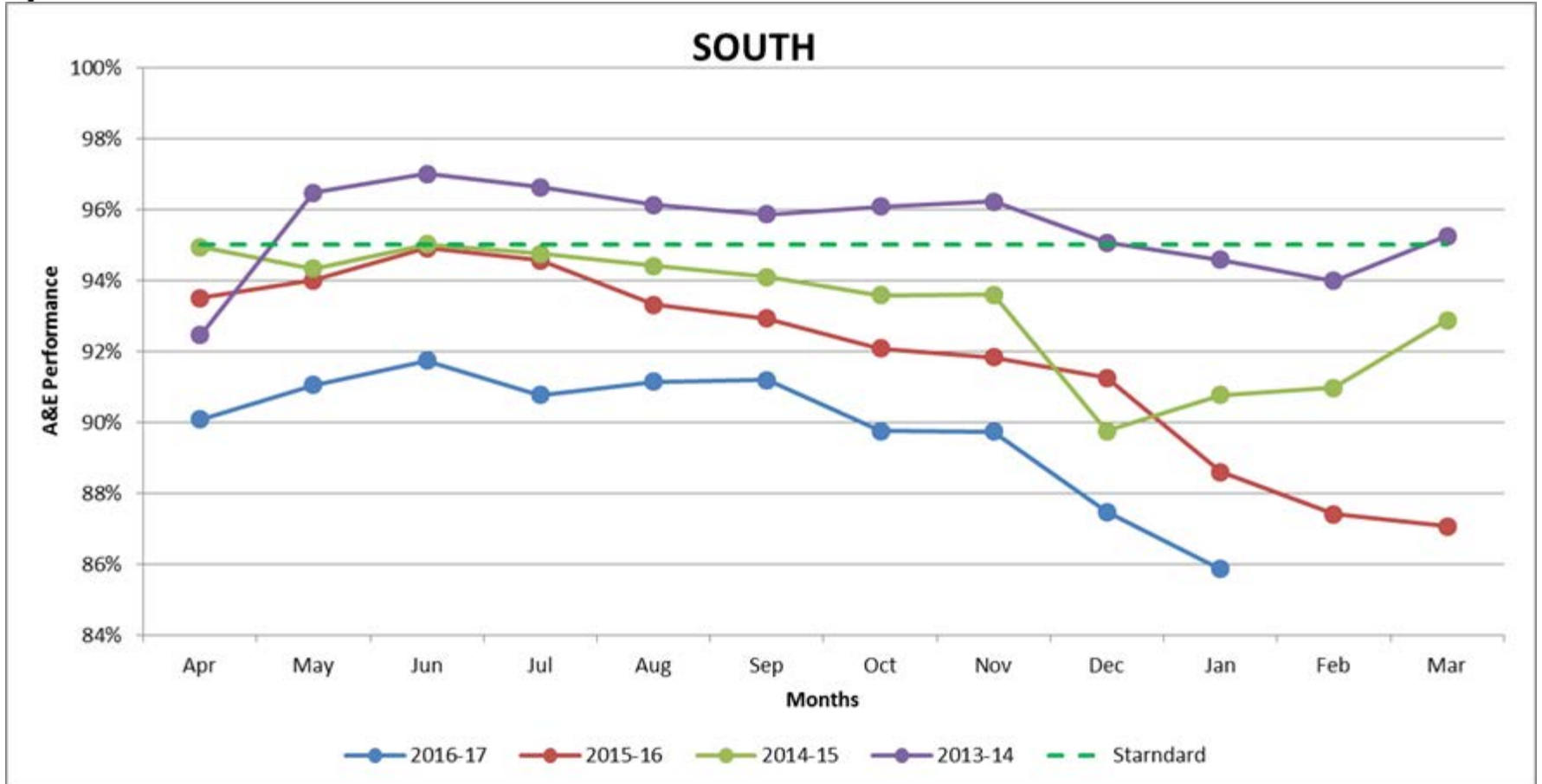


# Urgent and Emergency Care Summit

21 March 2017

# Reflections on the year

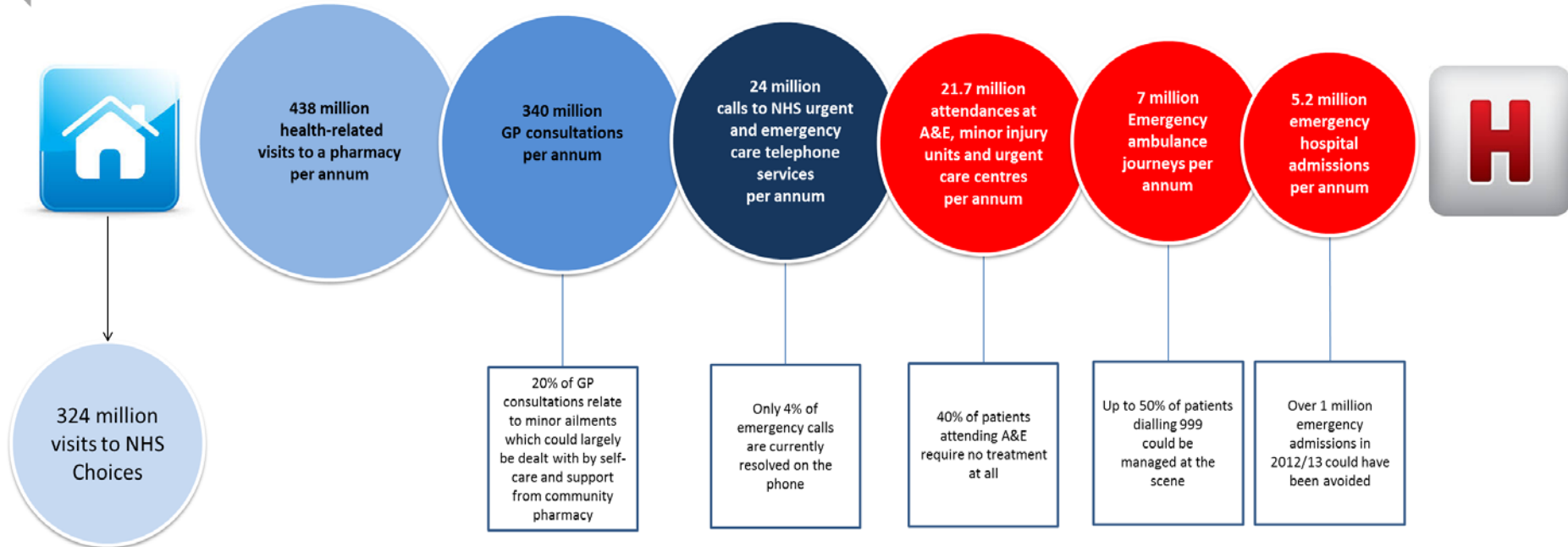


# 5 year forward view



# Channel Shift

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



# 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

|   |  |   |  |
|---|--|---|--|
|  <p><b>NHS 111 Online</b></p> <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• Online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional</li> <li>• Services closely connected to NHS 111 calls (and other services including Primary Care over time)</li> <li>• Offer an increasingly personalised experience to patients</li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• Pilot the service in 4 areas from February 2017 onwards</li> <li>• Complete evaluation by July 2017</li> <li>• Roll out to 5 or 6 111 areas per month by December 2017</li> <li>• Introduction of intelligent personalised triage by March 2019</li> </ul> |  <p><b>NHS 111 Calls</b></p> <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• Increase the percentage of calls transferred to a clinician when a patient calls the NHS111 service</li> <li>• The service will better support the number of patients who can be dealt with as 'self-care'</li> <li>• Where applicable patients will be referred on to an appropriate point of care</li> <li>• 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</li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• 30% of 111 calls transferred to a clinician by March 2017, rising to 50+% by March 2018</li> <li>• Operational readiness for Care home Line by March 2017 with roll out from April 2017</li> </ul> |  <p><b>GP</b></p> <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• By March 2019 the public will have enhanced access to evening &amp; weekend appointments with general practice</li> <li>• In delivering this we will secure:             <ul style="list-style-type: none"> <li>➢ Transformation in general practice,</li> <li>➢ Step change in use of digital technologies</li> <li>➢ The foundations for a model of more integrated services</li> </ul> </li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• Coverage of enhanced access will reach:             <ul style="list-style-type: none"> <li>➢ 50% of the population by March 2018</li> <li>➢ 100% of the population by March 2019</li> </ul> </li> <li>• Invest £138M in 2017/18 and £258M in 2018/19</li> </ul> |  <p><b>Urgent Treatment Centres</b></p> <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• Urgent Treatment Centres across the country will be:             <ul style="list-style-type: none"> <li>➢ Open 12 hours a day</li> <li>➢ Will be staffed by doctors and nurses</li> <li>➢ May have access to X-Ray facilities</li> <li>➢ Patients will be able to either book an appointment via NHS 111, their own GP, or walk in</li> <li>➢ If they need a prescription, they will be given one</li> </ul> </li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• These services will be in place as follows:             <ul style="list-style-type: none"> <li>➢ 25% of facilities by March 2018</li> <li>➢ 50% of facilities by March 2019</li> <li>➢ 100% of facilities by December 2019</li> </ul> </li> </ul> |
|---|--|---|--|

# UEC Delivery Plan

|  <b>Ambulances</b>   |  <b>Hospitals</b>   |  <b>Hospital to Home</b>   |
|---|--|---|
| <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• More clinically focused response for patients</li> <li>• Quicker recognition of life threatening conditions</li> <li>• Telephone advice, treatment on scene or conveyance to hospital</li> <li>• End to long waits for an ambulance and handover delays at hospitals</li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• Planning for rollout of the Ambulance Response programme complete by end March 2017</li> <li>• Implement enhanced Hear &amp; Treat and See and Treat by March 2018</li> <li>• STPs offer integrated model of urgent care, with clear referral pathways offering alternatives to conveyance to A&amp;E by March 2018</li> <li>• Development of ambulance workforce, to December 2018</li> </ul> | <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• Highly skilled emergency department workforce to deliver life-saving care for our most sick patients</li> <li>• Variation between hospitals will be reduced</li> <li>• Patients streamed by a highly trained clinician to the most appropriate service</li> <li>• Rapid, intensive support to those patients at highest risk of admission</li> <li>• Use of a wide range of ambulatory care services.</li> <li>• Effective metrics used in oversight of hospitals</li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• Front-door ED streaming models in all UEC systems by September 2017</li> <li>• Establish Frailty Assessment processes and Frailty Units</li> <li>• 7-day ambulatory care</li> <li>• Implementation of core best practice on medical wards to facilitate discharge</li> </ul> | <p><u>The offer</u></p> <ul style="list-style-type: none"> <li>• Provide comprehensive packages of health and social care</li> <li>• Fewer than 3 in 20 NHS Continuing Healthcare assessments (CHC) take place in an acute setting</li> <li>• Patients only stay in hospital for as long as they have been clinically assessed as requiring treatment</li> <li>• Coordinated and timely transfer of care from hospital to the most appropriate setting</li> </ul> <p><u>The plan</u></p> <ul style="list-style-type: none"> <li>• Implement Discharge to Assess by March 2017</li> <li>• Reduce national DTOC rates 4.1% by September 2017</li> <li>• Implement changes to CHC framework by April 2018</li> <li>• Roll out Nursing Home Vanguard model by March 2019</li> <li>• Deployment of 200 pharmacy professionals into care homes by March 2018</li> </ul> |

# 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:

Self-care and self management

- **450 million** health-related visits to **pharmacies**

Telephone care

- **24 million calls to NHS**
- **urgent and emergency care telephone services**

Face to face care

- **340 million consultations in general practice (2013/14)**

999 services

- **7 million emergency ambulance journeys**

A&E departments

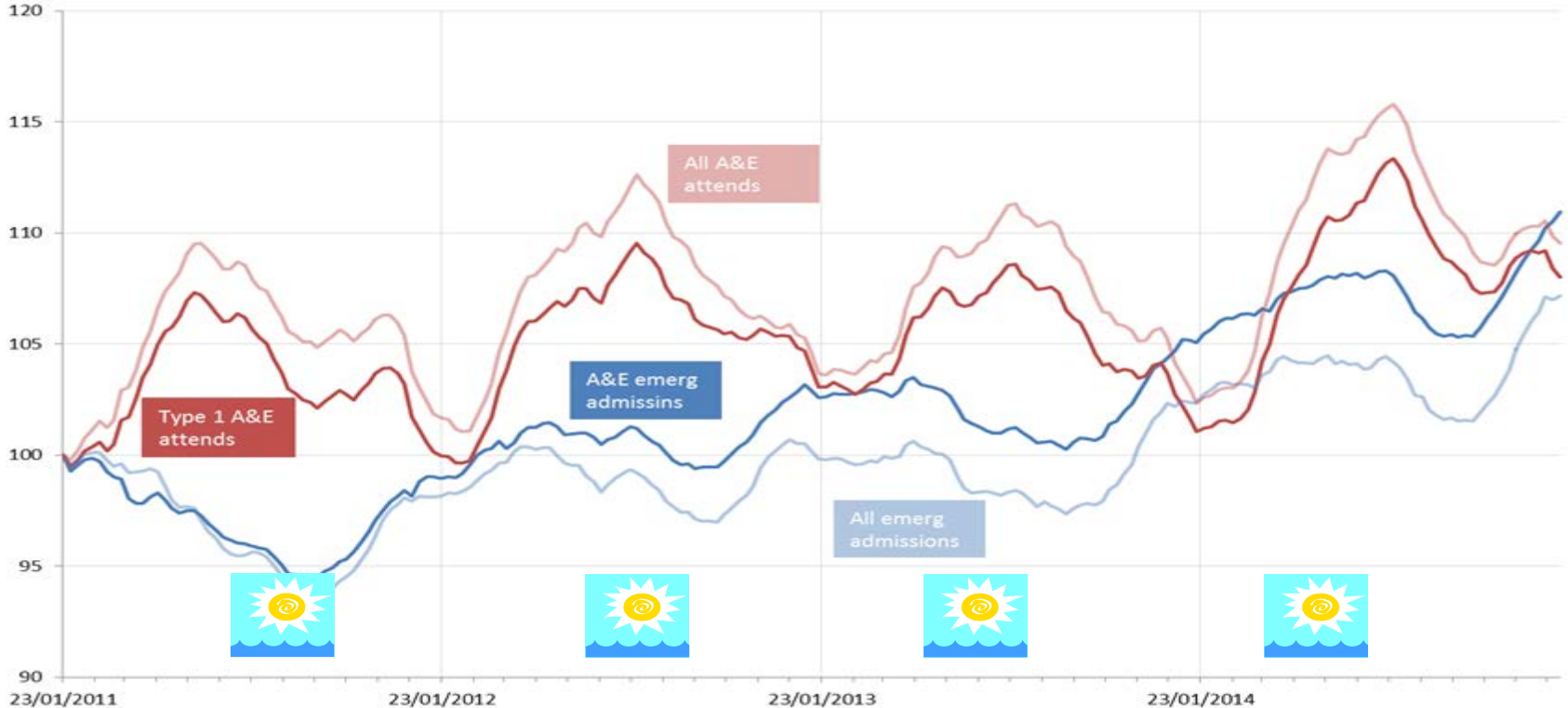
- **16 million attendances at major / specialty A&E**
- 5 million attendances at Minor Injury Units, Walk in Centres etc.

Emergency admissions

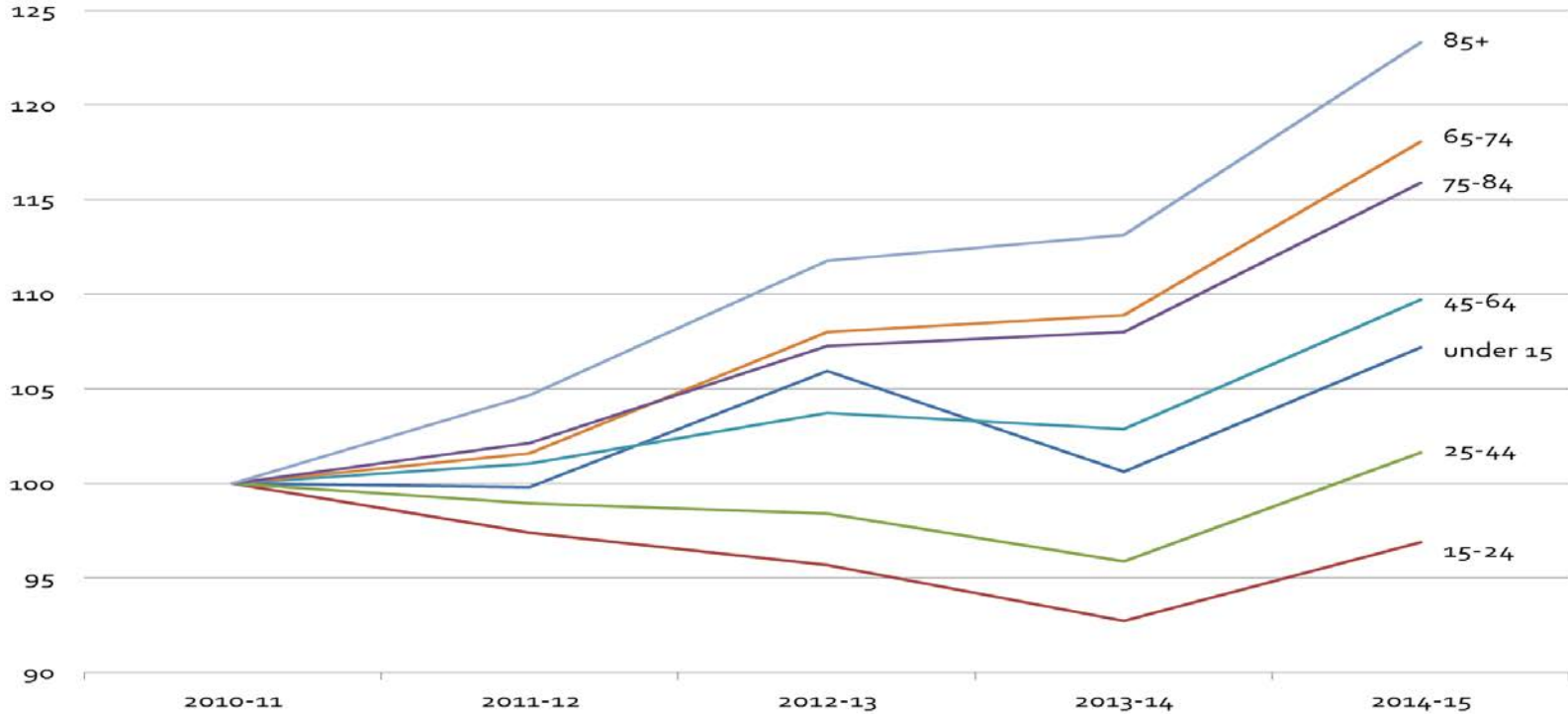
- **5.4 million emergency admissions to England's hospitals**

# It's not A&E attendances, it's admissions!

A&E attendances and emergency admissions, 13-week rolling average (indexed)



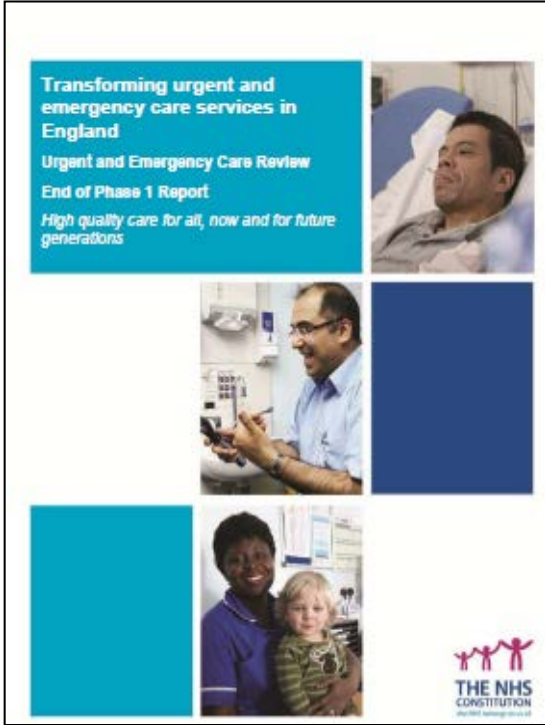
# Emergency admissions from A&E have grown for all age groups, especially oldest



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

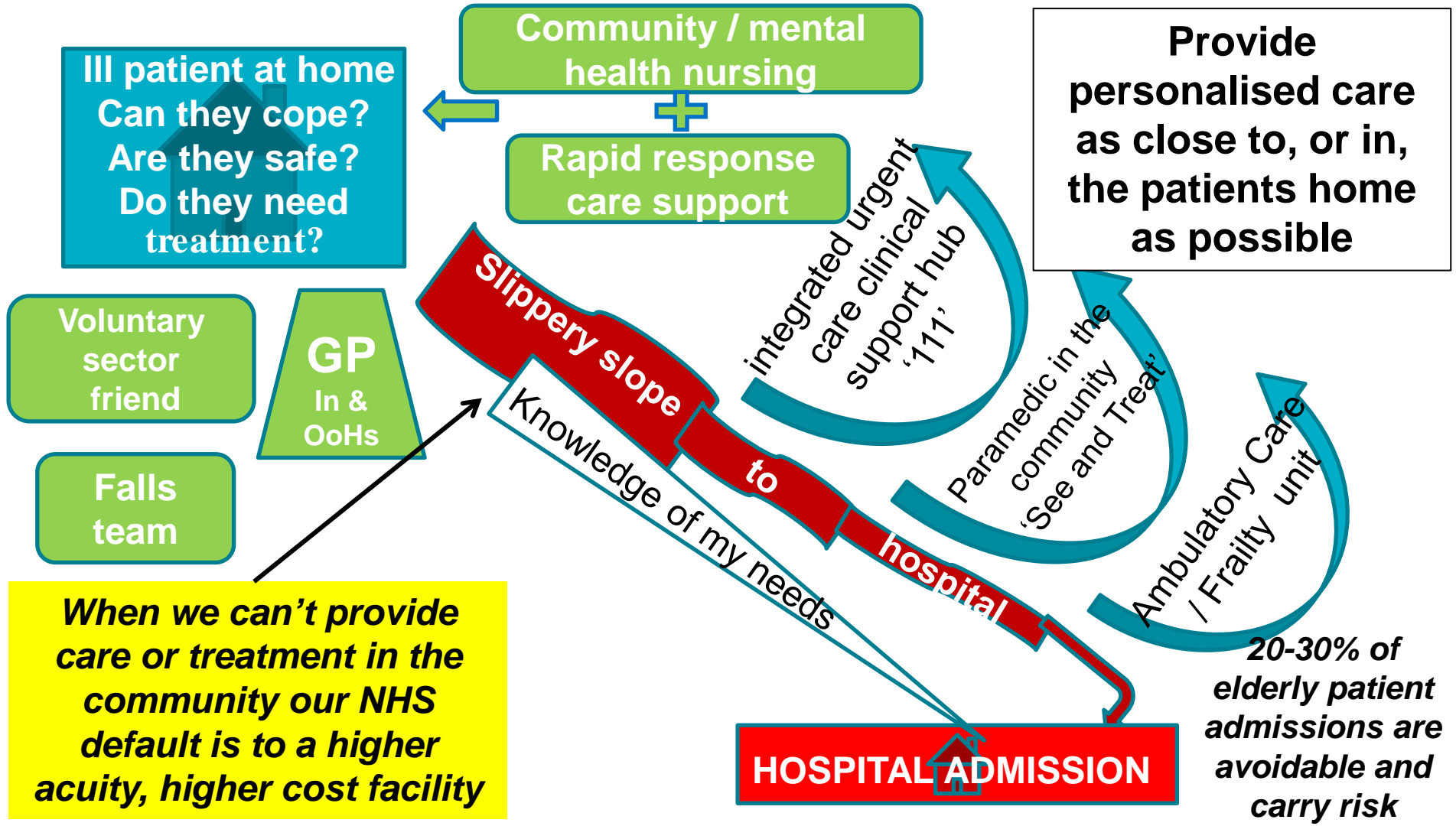
For those people with more **serious or life threatening** emergency needs:

- 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

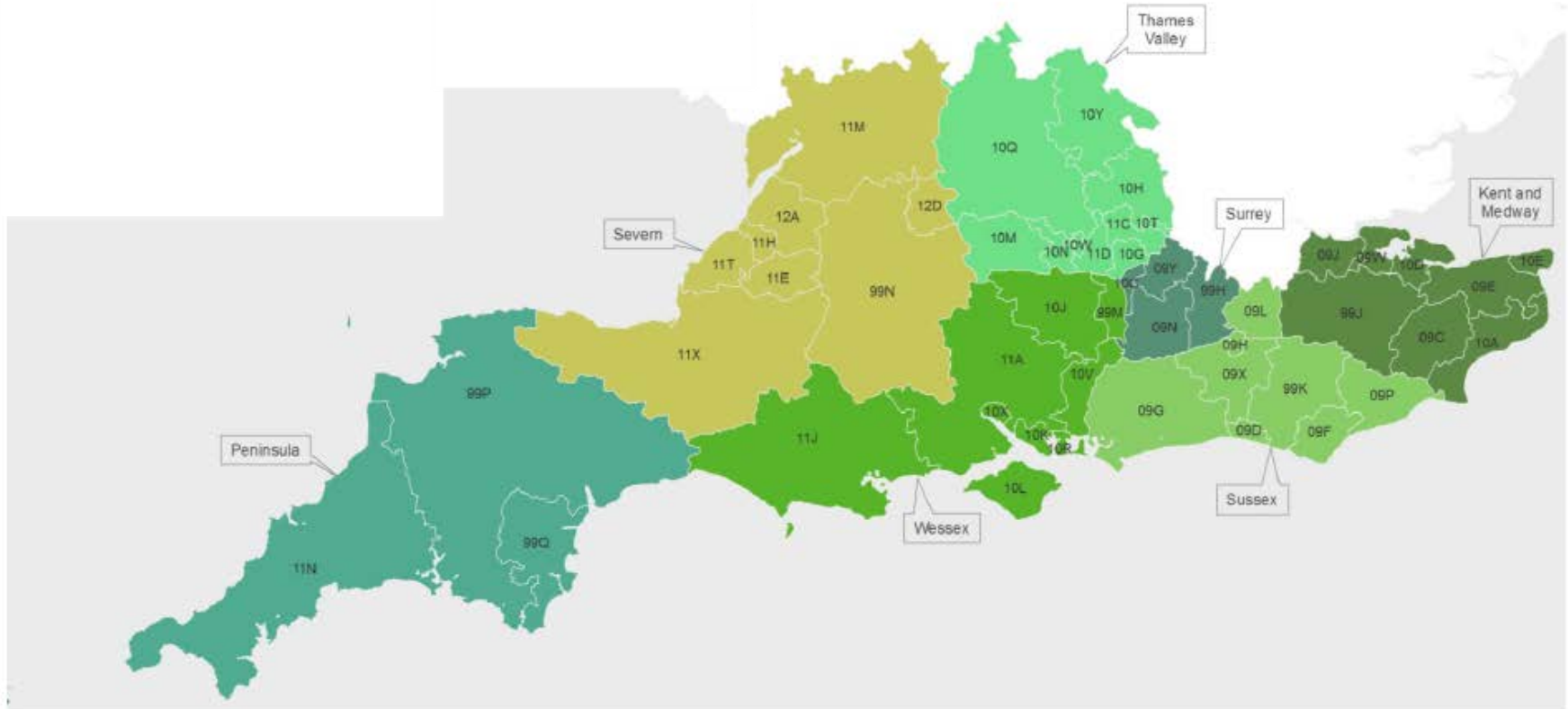
1. Provide better support for people to **self-care**
2. **Help people with urgent care needs to get the right advice** in the right place, first time
3. Provide **highly responsive urgent care services** outside of hospital so people no longer choose to queue in A&E
4. **Ensure that those people with 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



# Questions

# STP Roadmap

# UEC Networks



# 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

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**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

# STP Feedback

| <b>Room Number</b>  | <b>First session<br/>13:00 – 13:45</b> | <b>Second Session<br/>13:55 – 14:40</b> |
|---------------------|--|---|
| <b>Plenary room</b> | <b>Improvement opportunities</b>       | <b>STP Plan to Deliver</b>              |
| <b>7-8</b>          | <b>Channel Shift</b>                   | <b>Channel Shift</b>                    |

# Lunch and Networking

# Leading Transformation

**Thank you**