Paper: 011411

BOARD PAPER - NHS ENGLAND

Title: Urgent and Emergency Care Review
Clearance: Sir Bruce Keogh, National Medical Director
Purpose of paper: • To inform the Board of progress with the Urgent and Emergency Care Review
Key issues and recommendations: • Our vision for a new system urgent and emergency care is one that will deliver the right care, in the right setting, first time - both in hospital and, importantly, out in the community so that care can be delivered as close to home as possible. • We are engaging widely to progress the work necessary to deliver a new system, and will continue to need to work collaboratively with our partners to deliver the outcomes needed. • To make sure that we deliver high quality care for all we will also need to test the outputs of the review with patients and the public. • Our proposals to introduce a networked approach to delivering care, and the introduction of two levels of emergency centres, will provoke interest – but we need to apply our learning from advances in stroke, heart attack and trauma care to the wider urgent and emergency care system.
Actions required by Board Members: • To receive and note the progress report and agree the proposed next steps to transform delivery of urgent and emergency care services.

Progress with the Urgent and Emergency Care Review

Purpose

1. This paper updates the Board on progress with NHS England's Urgent and Emergency Care Review.

Background

2. In January 2013 NHS England announced a review into the way the NHS responds to and receives emergency patients, called the Urgent and Emergency Care Review (the Review). A steering group was established to develop an evidence base and some emerging principles for change to current system. An engagement exercise on these took place from June to August 2013.
3. Using the information gained from this exercise we developed proposals to transform the delivery of urgent and emergency care, and we published these in a report on the first, engagement, phase of the Review in November 2013. The Review is now moving into delivery phase.

Case for change and vision

4. The current system of delivery of urgent and emergency care is under intense, growing and unsustainable pressure. This is driven by rising demand from a population that is getting older, a confusing and inconsistent array of services outside hospital, and high public trust in the A&E brand (which means that some patients attend/are sent to A&E facilities when they could and should have been treated elsewhere). The only way to create a sustainable solution to these pressures is to deliver transformational and system wide change.
5. There is compelling evidence that shifting care closer to home (where appropriate) leads to better outcomes for patients and the public. In addition, there are also considerable benefits in terms of system efficiency when some of the features of the current system's performance are considered:
    - 40 per cent of A&E patients are discharged requiring no treatment;
    - Up to one million emergency admissions were avoidable last year;
    - Up to 50 per cent of 999 calls could be managed at the scene.
6. We set out our vision for the changes needed to deliver a better urgent and emergency care system in the recently published End of Phase 1 Report on 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.

How we will deliver

7. We developed our vision by working with patients, clinicians, and delivery partners to translate the outputs from the engagement exercise into tangible areas for reform. Therefore, underneath our vision we plan to make five key changes to the urgent and emergency care system, by:

    - 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 needs 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.

8. No one single body or organisation can deliver a new urgent and emergency care system in isolation. All of the changes we believe are needed require all players in the system to collaborate to deliver. We have established the Review's Delivery Group to ensure that key organisations which have the power and ability to deliver change (e.g. all of NHS England's Directorates, Monitor, Health Education England, etc) are brought together in one place, to work collaboratively to develop the required solutions. The Annex to this paper lists those organisations invited to be part of Delivery Group.

9. The Delivery Group has identified eight key areas where work is needed, and sub groups have been established to carry out the necessary work in each of these areas, drawing in expert advice as required. The eight areas are:

    - Whole system planning and payment, commissioning and accountability;
    - Primary and community care access;
    - 111 (contact first/smart call);
    - Data, information and care planning;
    - Community pharmacy;
    - Emergency departments and emergency care networks;
    - Ambulance treatment service;
    - Workforce.

10. Where there is already work ongoing in relation to the above topics (for instance, through the Primary Care Strategy in terms of Primary and Community care access) the Delivery Group will compliment and not duplicate that existing work, by influencing direction of travel from an urgent and emergency care perspective. However, where there is no such work ongoing (e.g. the development of emergency care networks) the Delivery Group will carry out that specific work itself.

Engagement

11. We are committed to ensuring that the outputs of the Review are robust and fit for purpose. Therefore, we are engaging with clinical commissioning groups (CCGs), regional and area teams through the Commissioning Assembly. As the Review transitions into delivery phase the level of engagement with these groups will expand considerably. The Review's products will include co-produced commissioning guidance and specifications for new ways of delivering urgent and emergency care, underpinned by cost/benefit analyses to aid implementation.

12. We have asked commissioners, through *Everyone Counts: Planning for Patients 2014/15 to 2018/19*, to ensure that their strategic planning is conducted in keeping with the vision set out in our November report.

13. We are also committed to conducting this work in public. We will capitalise on available opportunities to test thinking with NHS staff and patients, to support consensus wherever possible, and to allow people to see the direction of travel and move towards it organically in a measured and phased way. Progress for the Review is being reported through NHS Choices to ensure maximum exposure.

Key issues

14. Media and stakeholder coverage of our November Report was generally positive. However, proposals in the Report to introduce a networked approach to delivery of urgent and emergency care provoked much interest - specifically our proposals to introduce two levels of hospital based emergency centres:

    - **Emergency Centres** (capable of assessing and initiating treatment for all patients);
    - **Major Emergency Centres** (larger units, capable of assessing and initiating treatment for all patients and providing a range of specialist services).

15. We know through advances in stroke, heart attack and trauma care that development of networks with centres of expertise delivers better outcomes. We want to expand upon this learning, and apply it to the wider urgent and emergency care system.

16. However this move shines a light on the illusion that all A&Es are equally able to deal with anything that comes through their doors. A&E departments up and down the country offer very different types and levels of service, yet they all carry the same name. We need to tackle this, and ensure that there is absolute clarity and transparency about what services different facilities offer and direct or convey patients to the service that can best treat their problem.

Next steps

17. The Review's Delivery Group met on 21 January to develop a delivery schedule for the Review. This will form part of an update on progress which we will publish in the Spring.

Sir Bruce Keogh
National Medical Director
January 2014

ANNEX

Urgent and Emergency Care Review Delivery Group: Invited Members

- Patient representatives
- NHS England:
    - Policy Directorate
    - Patients and Information Directorate
    - Operations Directorate
    - Nursing Directorate
    - Medical Directorate
    - Finance Directorate
    - Commissioning Development Directorate
    - Chief Professional Officer representation
- Health Education England
- Academy of Medical Royal Colleges
- College of Emergency Medicine
- Monitor
- Commissioning Assembly
- Foundation Trust Network
- National Trust Development Authority
- Association of Ambulance Chief Executives
- Kings Fund
- NHS Confederation
- NHS Improving Quality
- Local Government Association
- NHS Emergency Care Intensive Support Team
- Royal College of General Practitioners
- South East Coast Ambulance Service
- Norfolk Community Health and Care NHS Trust