

BOARD PAPER - NHS ENGLAND

Title: Urgent and Emergency Care Review: Progress and Implementation Plan

Clearance: Professor Sir Bruce Keogh, National Medical Director

Purpose of paper:

To inform and update the Board on Urgent and Emergency Care Review progress and plans for the implementation phase.

Actions required by the Board:

- The Board is asked to consider implementation plans for the next phase of the Urgent and Emergency Care Review and assess the assurance provided.

Urgent and Emergency Care Review: Progress and Implementation Plan

Context and background

- Urgent and emergency care is one of the new models of care set out in the Five Year Forward View (FYFV). The Urgent and Emergency Care Review (Review) proposes a fundamental shift in the way urgent and emergency care services are provided, and will be the first major practical demonstration of these new models of care.
- In November 2013 we set out our vision for a future system which is safer, sustainable and capable of delivering care closer to home, helping to avoid unnecessary journeys to, or stays in hospital unless clinically appropriate. In line with the FYFV, the Urgent and Emergency Care Review is harnessing an approach of developing urgent and emergency care networks which will rely on different parts of the system working together to create a completely new approach to delivering care.
- Our vision is simple:
 - Firstly, for those people with urgent care needs 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;
 - Secondly, 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.
- To do this requires change across 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;
 - ensuring that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery; and
 - connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

Progress to date

- Since November 2013 we have been working with stakeholders from across the urgent and emergency care system to translate the Review vision into practical pieces which, when combined, will deliver the objectives of the Review. We are doing this through a Delivery Group (which includes NHS England, Monitor, Trust Development Agency, Public Health England and CCGs), the majority of the work being led directly by NHS England, and the rest by our system partners such as Monitor and Health Education England.

- In August 2014, we published an update report on the Review describing those areas where significant progress has been made, and we have continued to make progress since this date:
 - Published, with Monitor, proposals for new payment mechanisms for urgent and emergency care services (both for 15/16, and beyond);
 - Delivered a series of roadshows with stakeholders from across the urgent and emergency care system, to publicise the Review's vision and gather comments to inform our thinking, fulfilling our commitment to build the review in public;
 - Published 'Community Pharmacy - helping provide better quality and resilient urgent care';
 - Launched 'Feeling under the weather?', a campaign to reduce pressure on the NHS urgent and emergency care system during winter 2014/15; and
 - Released revised NHS 111 commissioning standards which reflect the Review's vision and we continue to work on piloting arrangements to further develop clinical input in the service.
- We know that there are significant pressures right across the NHS and social and community care, and that A&E is particularly vulnerable from winter pressures and increasing numbers of patients. We understand the need for urgent action to address this, but we are also conscious of the need to ensure that significant change is managed properly. Providing highly responsive urgent care services outside of hospital will mean:
 - putting in place faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs;
 - harnessing the skills, experience and accessibility of community pharmacists; and
 - developing our 999 ambulance service into a mobile urgent treatment service.

Implementation Plan

- The next phase of the Review (Implementation) will be fundamental to its success. NHS England will establish arrangements through its regional and sub-regional fieldforce to support commissioners, providers and System Resilience Group members to understand the implications of the Review, both in terms of what is being developed nationally, and how they might need to organise themselves locally. Essential to the success of implementation will be a model of assurance that tracks progress, whilst ensuring that local areas are engaged and central to the design.
- The forthcoming planning guidance will set out our expectations of commissioners and providers in relation to urgent and emergency care, including the formation and operation of urgent and emergency care networks which will build upon existing system resilience groups.
- Efficiencies that could arise from the review include:
 - enhanced Ambulance See and Treat and Hear and Treat – with potential for savings to be generated through fewer ambulance conveyances and attendances at A&E.

- further roll out of Personalised Care Planning – could lead to reduced use of ambulance by those patients with Personalised Care Plans as well as lower attendances and admittances at Emergency Centres with the consequent reduction in costs.
 - Emergency Centre/Specialised Emergency Centre – hospitals having network roles in providing specialist services could lead to resultant economies of scale across the network footprint via consolidation of operating costs; and
 - Minor Ailments Scheme: if this is extended to all Community Pharmacies then this could lead to a lower demand for General Practice met instead in Community Pharmacy with their lower unit costs.
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- Our ongoing engagement and collaborative working will also ensure that the Review products will be grounded in reality, have meaning to commissioners and be useful in the commissioning of ‘radically transformed’ urgent and emergency care services. These products are detailed in appendix A.

Recommendation

- The Board is asked to consider implementation plans for the next phase of the Urgent and Emergency Care Review and assess the assurance provided.

Sir Bruce Keogh
National Medical Director

Appendix A: Products to support implementation phase

Self-care

1. Develop self-care resources: We will provide support to local commissioners and providers to improve self-care resources for managing physical and mental health acute and / or long term conditions. We delivered a Self-Care week during Nov 2014, will develop a knowledge portal by Dec 2014 and complete a final draft of a self-management guide for frailty by January 2015.
2. Develop guidance on personalised care planning: We have drawn together experts in personalised care planning to develop a practical delivery guide to support commissioners and health and care practitioners to deliver effective collaborative, personalised care and support planning. This work will be published by January 2015 and will help move towards more personalised, proactive care based on people's own goals, rather than episodic reactive care.

Right advice, right place, first time

3. Guidance on improving referral rights across the UEC system: We will publish guidance to enhance and ensure consistency in the approach to referring patients between healthcare professionals and providers to improve the pathway for the patient as well as avoiding re-triage by the receiving service and improving overall system confidence and efficiency.
4. NHS 111 Commissioning standards: We published a set of standards for NHS 111 earlier this year, which provide local commissioners with evidence based principles on which to base their service procurements locally. This document will be refreshed each year as new service priorities are evidenced from our other programme areas, such as the Learning and Development evaluation programme. The next publication refresh is due in winter 2015 to align with the NHS England business planning cycle.
5. NHS 111 Procurement Guidance: A guidance document on how best to procure NHS 111 and Out of Hours services will be produced and published in the new year. This guidance provides local commissioners with templates, best practice guidance and a check point of activities they can follow in order to support them in their local re-procurement.
6. Directory of Services: We are developing a search tool available on a PC or mobile device, providing clinicians in urgent care settings with access to service information held within the NHS Pathways Directory of Services. This directory is maintained by local commissioners and provides details including referral and eligibility information for locally commissioned services. This tool will be available for use in spring 2015
7. Developing ambulance services: guidance on how Ambulance Services can make a greater contribution to the urgent and emergency care system will be published in the New Year. This will include dealing with more cases on the phone (hear and treat) and at the scene (see and treat) where it is safe and appropriate to do so. A single accredited curriculum for paramedic training will be introduced through work with Health Education England.
8. Workforce development: HEE are leading a number of pieces of work to help Primary Care, Emergency Medicine, and Paramedic workforces to understand the future vision for urgent and emergency care.
 - a. Pharmacy - We will design and implement changes, justified and informed by the findings of a national pilot of pharmacy services in the emergency department.

National project work will build upon innovative pilot work initiated in the West Midlands. This work has explored the value of pharmacy triage, advanced clinical pharmacy training and (clinically) enhanced independent prescribing, within the emergency department.

The national pilot will commence in the spring 2015, with linked projects in non-medical prescribing and advanced clinical practice training. Key outcomes include a positive impact on patient safety, improved patient experience and throughput, expediting safe discharge of patients from hospital and, consequently, an increased capacity in the acute care pathway.

- b. District and General Practice Nursing - We will produce recommendations to address staffing levels and develop an educational framework including required competencies and skills that should be achieved. This will support staff in the community to deliver treatment in primary care settings as an alternative to A&E. The recommendations will be published autumn 2015.
- c. Advanced Clinical Practitioners and Physician Associates - A curriculum and national standards for the Advanced Clinical Practitioner in the Emergency Department will be produced in the Spring 2015. Work will continue to increase the number of Physician Associate programmes across England. Working with partners we will design and deliver multi-professional programmes to ensure the supply of a different skill mix for the delivery of emergency medicine in the future.

Highly responsive out of hospital services

9. Developing commissioning incentives: An aligned 2015/16 national CQUIN for urgent and emergency care which aims to incentivise an increase in the number of patients with urgent needs who are managed close to home, rather than in a hospital setting. We will support commissioners to use contracts to enable more effective integration of services around patients' needs. This will be done through making amendments to the NHS standard contract and issuing new contract templates.
10. Successful models for improved primary care: Working with the Academy of Medical Royal Colleges we will publish commissioning guidance to facilitate an increase in direct access to specialist advice from senior hospital specialist clinicians to pre-hospital clinicians including GPs, to reduce A&E attendances and emergency admissions, improve the patient experience by improving care pathways and reducing the time to definitive clinical decision-making. Guidance will be published in summer 2015.
11. Community and Primary Care: Major gains can be realised by keeping people out of hospital, and supporting them to return home safely and sustainably. Further work is required to ensure that the new models of care set out in the Five Year Forward View will be implemented and enable a reduction in pressure in both general practice and acute services. The Review is working closely with colleagues to ensure that the next wave of Prime Minister's Challenge Fund pilots effectively contribute to the UECR agenda.

Specialist centres of expertise

12. Improving patient flow in the system: A tool will be developed to show local patient flows around the whole UEC system and working with the Emergency Care Intensive Support Team (ECIST) we will produce a practical summary of the design principles that local health

communities need to adopt to manage patient flow and deliver better, faster, safer unscheduled care. This will also be available in summer 2015.

Connecting urgent and emergency care services

13. Establishment of Urgent and Emergency Care Networks: advice on the formation and operation of urgent and emergency care networks will be supported by a 'footprint' tool that will allow CCGs to analyse their localities and decide the geographical boundary and composition of their Urgent and Emergency Care Networks. Advice will follow in summer 2015 for those networks to identify those hospitals that have network roles in providing specialist services.
14. Redesign of payment to support a coordinated system: NHS England and Monitor are working closely to develop options for a payment approach that supports new ways of delivering urgent and emergency care as a co-ordinated system. More detail will be published on what a new payment approach might look like in early 2015, which we will ask the NHS to begin testing during 2015/16.
15. Access to patient data: We will make sure that clinicians can share data and information about patients electronically regardless of setting. Integrated Digital Care Records will be achieved through various mechanisms including mandatory use of the NHS Number and ensuring urgent care access to primary care data through the Summary Care Record (SCR) and / or local data sharing initiatives (SCR on track to deliver 1/3 of Ambulance Trusts, 111 and A&E by Dec 2014). Work is also underway on a number of other initiatives looking at the transfer of care information between settings including Community Pharmacy.
16. Outcomes: measures and metrics: To support all of this work we intend to identify a single set of measures about what happens to patients who need urgent and emergency care and how these measures should be used by different people in the urgent and emergency care system, by summer 2015.

Urgent & Emergency Care Review: Programme Timeline – Phase 2 (Delivery) to Phase 3 (Implementation)



PLANNING GUIDANCE RELEASED

	July – Dec 2014	Jan – June 2015	July – Dec 2015	2016
<p>OBJECTIVE</p> <p>1. Provide better support for people to self-care</p>	<p>Self-Care Knowledge Portal Released</p> <p>NHS England's contribution to Self-Care Week Delivered</p> <p>'Feeling under the Weather' Campaign</p>	<p>Integrated H&SC Personal Commissioning Programme Commences</p> <p>Final Draft Self Management Guide for Frailty Released</p> <p>Personal Care Planning Guidance Released</p> <p>Continuation of Age UK and British Red Cross Pilots with National Tripartite around supported discharge from A&E</p>	<p>'Realising the Value' self-care programme</p> <p>Patient Activation Programme Pilots and Evaluation</p> <p>Development work on extension of Personal Health Budgets</p>	<p>KEY</p> <ul style="list-style-type: none"> Product Released Product Development Pilots /Engagement Finance and Benefits work Planned/anticipated future work
<p>OBJECTIVE</p> <p>2. Help people with urgent care needs to get the right advice in the right place, first time</p>	<p>NHS 111 Futures Phase 1 Pilots Learning and Development Evaluation Complete</p> <p>Revised NHS 111 Commissioning Standards (with UECR enhancements) Released</p> <p>Revised Pharmacy Training courses (aligned to new Competency Framework) procured by HEE</p>	<p>'Pharmacist in Emergency Departments' Pilots (West Midlands)</p> <p>DoS Search Tool Developed (subject to agreement with HSCIC)</p> <p>NHS 111 Futures Phase 2 Pilots</p> <p>Guidance on Referral Rights across the UEC system released</p>	<p>UPDATED NHS 111 Commissioning Standards</p> <p>Reprocurement window for new NHS111 Services</p>	
<p>OBJECTIVE</p> <p>3. Provide highly responsive urgent care services outside of hospital</p>	<p>Engagement on Clinical Models for Ambulance Services Advice (through UECR Regional Roadshows)</p> <p>Five Year Forward View published, including new models of care</p> <p>ECR input (via Primary Care Strategies) into GP Contract Enhanced Service: GP Advice to Ambulance Services and A&E</p> <p>Position statement on provision of hospital specialist advice to other parts of the UEC system agreed</p>	<p>New Paramedic Training Curriculum Modelled and Costed by HEE</p> <p>Clinical Models for Ambulance Services Advice Released</p> <p>Advanced Clinical Practitioner Competency Framework Published</p> <p>Educational Framework for General Practice Nurses and District Nurses developed</p>	<p>Guidance/case studies on provision of hospital specialist advice published</p> <p>Advice for networks to identify hospitals that have network roles in providing specialist services</p> <p>Release of guidance for Urgent Care Centres</p> <p>New Paramedic Training Curriculum developed by HEE</p> <p>Physician Associate Role marketed by LETBs</p>	
<p>OBJECTIVE</p> <p>4. Ensure those with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise to maximise survival and recovery</p>	<p>Engagement on UEC Networks Advice (through UECR Regional Roadshows)</p>	<p>UEC Networks Establishment Advice Released</p>	<p>Best practice models and guidance produced with ECIST on management of patient flow through Emergency Departments</p> <p>Advice/toolkit on UEC Networks Governance Released</p> <p>Release of guidance for Emergency Centres and Specialist Emergency Centres</p> <p>Development / Implementation of UEC Networks</p>	
<p>OBJECTIVE</p> <p>5. Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts</p>	<p>Monitor Engagement on 15/16 Tariff System</p> <p>Publication of engagement document on Long-Term reforms to pricing system</p> <p>Flow model developed to assess growth in demand for key services developed to assist in UEC Review costings work</p>	<p>Go-live on co-development sites for testing of Long-Term payment reforms</p> <p>Payment system examples for testing in 15/16 released</p> <p>Patient Flow Footprint Tool</p> <p>Summary Care Record Pharmacy Access Project Established</p> <p>Lessons Learned Report from London Interoperability Pilot Published</p>	<p>Enhanced Summary Care Record Content Available</p> <p>Testing period for Long-Term payment reforms</p> <p>Development work on revised Outcomes Measures and other Metrics for UEC System</p>	
				<p>Go-live for new configuration of UEC Network facilities (2016/17)</p> <p>New Long-Term payment regime commences (2016/17)</p>