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To: Chief Executives and Chairs of NHS Foundation Trusts and NHS Trusts

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Updated: Selection Criteria and Frequently Asked Questions (FAQs) for Urgent and Emergency Care Vanguard

Introduction

The urgent and emergency care vanguard selection criteria and FAQs have been updated in response to feedback from potential applicants. They now provide more detailed guidance on the application process and the expectations of the submissions.

Important additional requirements

Please state in your proposal whether your submission is for a:

1. Multi-SRG level application covering an entire urgent and emergency care network (a 'Network Vanguard')
2. SRG level application (an 'SRG Vanguard')
3. Other (please describe)

What type of population is covered?

1. Rural (at least 50% of the population is rural or live in hub towns with populations <30,000)
2. Mixed urban/rural (26-49% of population is rural or live in hub towns with populations <30,000)
3. Urban (medium towns and cities, where <26% of the population is rural or live in hub towns with populations <30,000)
4. Major conurbation (large cities)

Selection Criteria for Urgent and Emergency Care Vanguards

1. Number

Between five and seven UEC Vanguards will be selected.

2. Scale

- As a minimum, an UEC Vanguard will cover the footprint of a System Resilience Group (SRG), although partnerships of more than one SRG will be considered.
- At least one Vanguard will be selected representing the whole of one of the new UEC Networks.

3. Geographical cover

We will expect to select at least one Vanguard covering each of the following:

- A SRG covering a densely populated area
- A SRG covering a mixed urban and rural
- A SRG covering an area with a dispersed population
- A Network covering a densely populated area
- A Network covering an area with a dispersed population

4. Characteristics of a successful Vanguard applicant

4.1 Clear sign-up to join the programme, with evidence of a collective commitment to rapidly implement and support the national spread of the key elements of the Keogh Review, from all local partners, including but not restricted to:

- Commissioners
- Acute adult services
- Community services
- Mental Health
- Children's services
- Ambulance service
- NHS 111
- Both In-hours and out-of-hours general practice
- Local government adult and children's social services
- Other non-NHS partners, such as the police, community pharmacy, care homes and the third sector

4.2 A history of successful partnership working across the partners proposing to form a Vanguard, that can be evidenced through the existence of a joint project or programme that many partners associate with.

4.3 An ambitious leadership team that has the confidence of partners and can articulate a shared vision of where the Vanguard aims to be in two years' time.

4.4 Clear evidence that senior clinicians support the Vanguard process as a means of rapidly implementing and spreading new models of UEC and are willing to advocate for it amongst their colleagues. As a minimum, there needs to be evidence of support from:

- Senior doctors
- Senior nurses

- Senior therapists

from acute, primary and community physical and mental health care.

4.5 Support for the application from the relevant regional tripartite directors.

4.6 There is an agreed plan in place to rapidly implement the key concepts from the UEC Review, which is practical, realistic and supported by all partners, focusing on:

- Supporting self-care
- Developing an integrated NHS 111 service and simplifying access routes into the UEC system
- An enhanced network role for the ambulance service
- Altering the balance of care between that provided in hospital and in the community
- Safe and effective physical and mental health care pathways for all ages and best practice in process delivery at network and SRG level.
- Working collaboratively across organisational boundaries clinically and managerially
- Developing efficiencies in care delivery to achieve the objectives of the Five Year Forward View.

This plan should be as concrete as possible, with identified key deliverables and an outline of what will be delivered in the first two years.

4.7 There is a determination to engage intensively with other sites across the country, and with national bodies, in a co-designed and structured programme of support to ensure the rapid spread of learning and the models of care proposed in the Keogh review.

4.8 Real enthusiasm to trial recommendations from the UEC Review including the new payment method and performance measures. **All UEC vanguards will be expected to take part in developing and using a new, standard approach to modelling demand, capacity and activity.**

4.9 Applicants do not rely for success of their programme on untested or unlikely contingencies, such as external financial support or other factors (like long-term workforce developments).

4.10 Applicants demonstrate early insights into how redesigning and integrating the whole system's urgent and emergency care services may quantifiably improve quality and patient responsiveness.

4.11 There is a history of successful public engagement with effective processes in place that can be used to engage patients, the public and carers in the Vanguard.

4.12 There is a commitment to measure and evaluate progress as part of the programme, ideally working with an objective partner (such as an academic health science networks).

4.13 There is evidence that processes to ensure that the Vanguard will work effectively have been considered, including:

- A governance structure
- Processes to secure and deliver collective agreements

4.14 There is an outline of how the programme aims to generate substantial efficiencies, and moderate the rate of increase in emergency hospital bed days per thousand population, in line with the efficiency expectations of the FYFV.

4.15 There is an understanding outlined of current local patterns of emergency and urgent care service usage, and what is driving changes in utilisation.

5. Selection event

Shortlisted applicants will be required to send a team of up to four individuals to a selection event on Friday, 17 July 2015. This will take place between 10.00 and 17.00 and will be at the Grand Connaught Rooms, 61-63 Great Queen St, London WC2B 5DA. The teams will be required to attend all day.

Please hold this date if submitting an application. Applicants will be allowed seven minutes verbally to present their applications (without the use of slides) to a multidisciplinary audience including patient representatives. A short question and answer session will follow. All presentations and Q&As will be filmed. The closing date and time for applications is 09.00 on Wednesday, 15 July 2015. Please note we will not be able to accept applications after this time.

Frequently asked questions

1. What will a strong application look like?

A strong application will reflect the applicant's ambition and ability to accelerate delivery of the principles of the Keogh Urgent and Emergency Care Review.

Strong applications will demonstrate a track record of collaborative partnerships between the organisations involved and support from their regional tripartite directors (Monitor, NHS Trust Development Authority and NHS England). There must be a real willingness to trial and test new payment systems and become involved in the development of new performance metrics and other innovations to reform the system. We will expect all UEC vanguards to take part in developing and using a new, standard approach to modelling demand, capacity and activity.

Submissions that encompass all patient groups across whole systems will be considered the strongest. **Condition or age specific applications, as well as those submitted by independent providers will not fully meet the criteria to become a vanguard but are welcome as part of wider systems submissions.**

2. How should we write the application?

There have been many questions about the length of the expression of interest. It is recommended that the submission:

- Has a clear proposal – what will the vanguard do?
- Includes a compelling narrative – how will you achieve your ambition and what is your track record of working together as a system to deliver change?
- Is written in plain English with no abbreviations so that it is accessible to the wide audience of reviewers, which will include patient representatives and local government.
- Is succinct. Review time is limited and so the challenge is to convey your message with high impact but in fewer words. You are not expected at this time to provide detailed financial or activity modelling.

- Be no longer than 1,200 words, excluding question one of the Expression of Interest proforma.

3. What is the process for shortlisting?

The process will be similar to the one used for the first three vanguard models earlier this year. Expressions of interest must be submitted by **09.00 on 15 July 2015** (although they should be submitted sooner if possible). An evaluation workshop will take place on **17 July 2015**. Applicants must ensure that they can field a small team to attend this event and make a presentation on their application.

4. What are the details of the evaluation workshop on the 17 July?

This workshop will enable a wide range of partners and peers to take part in reviewing and evaluating the submissions, so that recommendations can be made to the board of the seven arm's length bodies who oversee the Five Year Forward View.

If invited to attend, you will be need to put forward a team of up to four people from your system who will attend and present to a wide audience of partners (attendance is required for the whole day). Each presentation will last for seven minutes and be followed by a seven minute questions and answers session. There will be no slides. Each presentation will be videoed and uploaded to the NHS England website at a later date as was the case for the initial vanguard application workshops.

5. What is the overall aim of the urgent and emergency care Vanguard programme?

We are looking for SRGs and Networks to step forward to redesign the experience for patients of all ages needing physical and/or mental health urgent or emergency care. The aim aligns with the ambitions of the Keogh Review: to help people get the right advice and care in the right place, first time.

The new Vanguards will work towards creating a clear and coordinated system, providing a responsive, seven-day service, that is as close to home as possible, for patients of all ages who have urgent physical, mental health or social care needs. A responsive service is needed that means people no longer choose to go to Accident and Emergency (A&E) departments. For people whose condition is serious or life-threatening, they will be treated in centres with the very best expertise to maximise their chances of survival and recovery. For those with minor conditions, there will be better support to enable them to treat their conditions themselves. Around five million people are expected to be covered in the first phase.

6. What do you mean by an urgent and emergency care Vanguard?

There will be two types of UEC vanguard: UEC network vanguards and System Resilience Group (SRG) level Vanguards (see selection criteria).

- Network vanguards will consist of a group of SRGs that together constitute the members of an Urgent and Emergency Care Network. The group will form an alliance that has committed to work collaboratively to develop and implement an effective network model at pace covering a large population.
- SRG level vanguards will be alliances of all local commissioners and providers within an existing SRG, collaborating to develop new models of urgent and emergency care that blur traditional organisational boundaries to put patients at the centre of care. They will focus on the implementation of the priority areas in the Urgent and Emergency Care Review.

7. How many will there be?

It is expected that there will be between five and seven vanguards. Ideally, at least two will be network vanguards. These will be committed to full implementation across all their constituent SRGs at the same time.

8. Are you looking for a whole network approach or can one SRG apply on its own?

We would like to hear from individual SRGs and from networks (where all SRGs in the Network support the application).

9. What do you mean by leading-edge systems – what components do applicants need to demonstrate to be successful?

Leading edge systems will have made strong progress in establishing really effective SRGs or early and good progress in developing networks. They will have mechanisms in place to promote collaboration along patient pathways. They will feature good leadership and clinical engagement as well as effective working relationships with social care, the third sector and patient groups.

10. What types of local health systems are you looking for, high performing or challenged? Are you looking for expressions of interest from specific population mixes/size or geographies?

We are seeking a balanced group of urban, rural and semi-urban vanguards of different sizes. This could come from either high performing or more challenged areas. Health systems that face significant financial and performance challenges may wish to leverage the support and flexibilities that Vanguard status will give to implement more sustainable approaches. A Vanguard's ability to deliver its objectives at pace, and to help support the national spread of the principles of the Keogh Review, will be important considerations during the selection process.

Applications should take into account the Equality Act 2010 and Health and the Social Care Act 2012 with regard to reducing health inequalities. Service design and communications should be appropriate and accessible to meet the needs of diverse communities and address health inequalities. A statement summarising these requirements must be included in all applications.

11. Can private providers or independent not-for-profit organisations/partnerships apply or be involved?

We expect applications to be made by SRG or Network chairs, supported by all local partners on the SRG or Network, including those from the third and private sectors.

12. If you are already a Vanguard, can you apply again for this new model?

Yes. We welcome expressions of interest from existing Vanguards that would also like to be part of a network Vanguard.

13. How ambitious are you looking for Vanguards to be?

We expect successful applicants to have a high level of ambition based around shared values and a determination to test new initiatives (relationships, workforce, clinical decision support hubs, payment model and performance indicators). Innovative approaches that achieve the objectives of the Vanguard programme in new ways are particularly welcome.

We will expect all UEC vanguards to take part in developing and using a new, standard approach to modelling demand, capacity and activity. Vanguards should also be at the forefront in developing efficiencies in care delivery to achieve the objectives of the Five Year Forward View.

14. Are there specific outcomes you are looking to the Vanguard to deliver?

In broad terms, we would like Vanguard to:

- Implement scalable and replicable models.
- Do the “right things right” – not by reinventing the wheel, but by implementing best practice and national policy expectations systematically with minimal unwarranted variation.
- Develop local and network standards based on best practice and establish new ways of working that cut across traditional organisational boundaries.
- Test new outcome indicators developed by the Urgent and Emergency Care Review.
- Work collectively with other Vanguard and learn from one another.
- Agree outcome metrics/success criteria and monitor and report against these to enable the various schemes to be evaluated in ‘real’ time with benefits shared and risks flagged to help others recalibrate their schemes where necessary.
- Develop scalable approaches to developing efficiencies in the delivery of urgent and emergency care.

15. How quickly are you looking for applicants to deliver change?

We know that change takes time and creating new ways of working is more of an ongoing journey than a fixed destination. Our expectation is that the majority of Vanguard will make substantial progress towards delivery of the objectives of the Urgent and Emergency Care Review within twelve months of going live. Further strong progress during year two and beyond will be expected to fully embed the changes as ‘business as usual’.

16. What performance targets will the new Vanguard be measured against?

We will work with the Vanguard and wider Urgent and Emergency Care Review to establish new outcome measures that are meaningful to patients and motivating to clinicians and managers. Existing reporting requirements may be relaxed if these become impediments to developing new models.

17. When will the models be rolled out across the country?

The Vanguard will be expected to create and implement scalable and replicable urgent and emergency care models as rapidly as possible. We expect new models to emerge over time through a series of rapid improvement cycles. As Vanguard develop and test new approaches, they will share their knowledge and experience of what works practically with networks and SRGs around the country.

18. Do you need to be an area that is already well advanced in changing the system?

No. Providing that there are healthy and constructive local relationships and a real willingness and enthusiasm amongst all partners to work together in a Vanguard, we welcome expressions of interest from any SRG or network.

19. Why has this wave of Vanguard been launched when urgent and emergency care networks are implementing the urgent and emergency care review at pace?

The Vanguard programme will dovetail with the work on implementing the Review. It will add capacity to the Review to innovate and test new approaches in a way that no conventional roll out, irrespective of pace, could easily achieve.

20. Does this mean the UEC Networks are not going fast enough?

The Vanguard programme will help UEC Networks develop more effective models at a faster pace by developing good practice and processes that others can learn from. The Vanguard

will provide a limited number of test beds to develop a quantified demand moderation and efficiency model.

21. What support will urgent and emergency care Vanguards receive?

The Vanguards will receive intensive support. This will include early access to tools and guidance developed through the Urgent and Emergency Care Review, commitment and sponsorship from the arms' length bodies and their chief executives, practical support and clinical leadership from Professor Sir Bruce Keogh and Professor Keith Willett.

22. How much money will the Vanguards receive to accelerate the pace of change?

The overall Vanguard programme will be backed by the £200m Transformation Fund.

23. How is it envisaged patients will benefit from the new Vanguards?

The Urgent and Emergency Care Review has developed proposals that are widely acknowledged as being essential to the delivery of best practice in urgent and emergency care, both locally and across wider population areas. The Vanguard programme will support and help accelerate the implementation of the Review that will greatly benefit patient care.

24. Will unsuccessful applicants receive any support to develop new systems?

Similar to the rest of the new care models programme, all applicants will benefit from the learning from the Vanguards. We will also encourage applicants who are unsuccessful to progress their plans and they may be able to be involved in some of the development activities we agree with the formal Vanguards.

25. If part of a health community is in special measures, will it still be able to apply to become a Vanguard?

We will consider all applications on their merits, taking into account the ability of all partners submitting an application to participate in the programme. Being in special measures will not, in itself, rule out an organisation's ability to participate as part of a Vanguard.

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