

**BOARD PAPER - NHS ENGLAND**

<b>Title:</b> Urgent and Emergency Care Review
<b>Lead Director:</b> Professor Sir Bruce Keogh, National Medical Director.
<b>Purpose of Paper:</b> To inform and update the Board on Urgent and Emergency Care Review progress and the routemap for delivering the Review.
<b>The Board is invited to:</b> Note, and support, the direction of travel set out within the route map for delivering the urgent and emergency care review.

## **Urgent and Emergency Care Review NHS England Board 20 November 2015**

### **1.0 CONTEXT AND BACKGROUND**

- 1.1 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.
- 1.2 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. The 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 urgent care for physical and mental health needs.
- 1.3 Our vision is simple:
- i. Firstly, for those people with urgent but non-life threatening care needs we should provide a highly responsive, effective and personalised service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.
  - ii. 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.
- 1.4 To do this requires change across the urgent and emergency care system by:
- i. Providing better support for people to self-care.
  - ii. Helping people with urgent care needs to get the right advice in the right place, first time.
  - iii. Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E.
  - iv. 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.
  - v. Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.
- 1.5 Since November 2013, we have worked with stakeholders from across the urgent and emergency care system to translate the Review's vision into practical pieces which, when combined, will deliver the objectives of the Review. Our Development Group (formerly the Delivery Group, which includes NHS England, Monitor, the NHS Trust Development Agency, Public Health England and clinical commissioning groups (CCGs)) has been central to the development and revision of these products, whilst the majority of the work has been led directly by NHS England, and the rest by our system partners such as Monitor and Health Education England.

### **2.0 IMPLEMENTATION OF THE REVIEW**

- 2.1 Implementing this vision is not a 'quick fix' but will instead be a transformational change that will take several years to effect. Delivering safe and effective urgent and emergency care cannot be done from within organisational or commissioning silos. It requires cooperation between and within numerous organisations and services, and collaboration between clinicians and supporting staff who place patient care at the centre of all they do. We recognise that this transformation will be occurring in the face of significant demand pressure in general practice, primary care and across the wider health and social care system.

- 2.2 The establishment of urgent and emergency care networks, which give strategic oversight of urgent and emergency care and connect all services within the urgent care system, is a key enabler for delivering the objectives of the Review. Twenty-four networks have now been agreed and are meeting for the first time, bringing together representatives of their constituent system resilience groups (SRGs), CCGs, acute receiving hospitals, ambulance services, NHS 111, mental health, community healthcare, local authorities, community pharmacy, Local Education and Training Boards and other key stakeholders.
- 2.3 We have developed a route map that outlines high-level expectations to support networks and system resilience groups in prioritising their delivery of the Review. This route map (Annex A) signals the supporting products on offer from NHS England and our partners alongside the expectations on networks and SRGs. This route map has been widely shared through the regions for feedback, and will be supported by a detailed implementation plan. As an initial step in the routemap, a stocktake of urgency and emergency care services will be undertaken to understand:
- all urgent and emergency care services that are available in the network;
  - the commissioning and service arrangements for these services; and
  - operational hours, casemix and facilities.
- 2.4 Through the summer, a series of regional roadshows have been held to support the nascent networks in their establishment. These have offered focused discussion and sharing of best practice for attendees from across health and social care on key topics including integrated urgent care and the revised commissioning standards, mental health, children and young people, payment reform, information sharing and the enhanced summary care record, and system assurance.
- 2.5 New commissioning standards for integrated urgent care, published on 15.10.15, have been developed in widespread consultation with commissioners and providers, and have taken account of the public feedback received during the earlier stages of the Review. They are intended to support commissioners in delivering this fundamental redesign of the NHS urgent care 'front door'. The standards are built on evidence and what is known to be best practice; however it is envisaged that as integrated urgent care services evolve and become more established then these standards will be further enhanced and revised on an annual basis. Supporting the standards will be additional guidance on procurement, a new payment model, financial modelling and metrics.
- 2.6 Eight urgent and emergency care (UEC) vanguards were selected following applications from 49 health economies. Two UEC network and six SRG vanguards have been asked to accelerate delivery of the objectives of the UEC review, acting as test beds for new UEC initiatives including clinical decision support hubs, a focus on liaison psychiatry, implementing a new payment model and testing new systemic outcome indicators. Following a launch event on 27.08.15, the vanguards are developing their local implementation objectives, priorities and timescales, and through detailed site visits and consultation held in October the support requirements for each site are being established. The eight vanguards are:
- South Nottingham System Resilience Group.
  - Cambridgeshire and Peterborough Clinical Commissioning Group.
  - Barking and Dagenham, Havering and Redbridge System Resilience Group.
  - Leicester, Leicestershire & Rutland System Resilience Group.
  - Solihull Together for Better Lives.
  - South Devon and Torbay System Resilience Group.
  - North East Urgent Care Network.
  - West Yorkshire Urgent Emergency Care Network.
- 2.7 NHS England and Monitor have published *Urgent and emergency care: a potential new payment model*, which sets out potential payment options and provides detailed guidance on how a new payment approach might be implemented in practice. This will be tested in

vanguard sites and developed further as we learn from this work, including how the proposed UEC payment approach will work alongside other payment models such as capitation.

- 2.8 We are working with Health Education England to review the UEC workforce and make sure that it is fit for purpose and there is a clear supply of staff to meet future demands. This includes describing and ensuring the supply of a trained alternative workforce out of hospital and on the interface with emergency departments to support the urgent and emergency care agenda. This involves the development and promotion of roles such as: physician associates, paramedics, pharmacists, and advanced clinical practitioners. We are working to enhance the role of paramedics to support the ambulance service as a treatment service, in line with the paramedic evidence-based education project (PEEP) report. A new single accredited curriculum for paramedics is in development., which academic institutions will begin to deliver from 2016 and will markedly enhance skills for paramedics to 'hear and treat', 'see and treat', as well as to work independently and in wider urgent care, such as primary care, as an alternative to A&E and ambulance conveyance. HEE are working closely with NHS England, RCGP and BMA on the 10 point plan for primary care which is equally important in increasing the workforce capacity of not just general practice but the wider primary and community care workforce and the implications of this in supporting the urgent care agenda.

### **3.0 SUPPORT PRODUCTS**

- 3.1 To support networks and SRGs, a range of enablers have been, or are being, developed and widely shared throughout development, which include:
- i. *Safer, Faster, Better: good practice in delivering urgent and emergency care* (published September 2015).
  - ii. *Guidance for Commissioners regarding Urgent Care Centres, Emergency Centres and Emergency Centres with specialist services.*
  - iii. *Integrated Urgent Care Commissioning Standards* (published October 2015)
  - iv. *Ambulance service: new clinical models.*
  - v. *Improving referral pathways between urgent and emergency services in England.*
  - vi. New system-wide indicators and measures.
  - vii. *Urgent and emergency care: a potential new payment model* (published August 2015).
  - viii. Standards for commissioning of 24/7 mental health crisis services
  - ix. Information technology that supports patients and clinicians to access the right care.
  - x. *Urgent and emergency care: financial modelling methodology.*
  - xi. Local capacity planning tool.
  - xii. Self-care initiatives.

### **4.0 THE PATIENT OFFER FOR 2020**

- 4.1 Establishing a networked approach to delivering urgent care, led by local commissioners and providers and supported by is fundamental to delivering the patient offer below:
- i. A single number – NHS 111 – for all your urgent health needs.
  - ii. Be able to speak to a clinician if needed.
  - iii. That your health records are always available to clinicians treating you wherever you are (111, 999, community, hospital).
  - iv. To be booked into right service for you when convenient to you.
  - v. Care close to home (at home) unless need a specialist service.
  - vi. Provide specialist decision support and care through a network.

### **5.0 RECOMMENDATION**

- 5.1 The Board is asked to note, and support, the direction of travel set out within the routemap for delivering the Urgent and Emergency Care Review.

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**Date:** November 2015

# Urgent and Emergency Care Route Map (1)

1

System Architecture	Deliverable	Supporting product publication	Timescale for implementation
<b>Establishing U&amp;EC Networks</b>	<ul style="list-style-type: none"> <li>Principles of governance to support membership structure and ToRs</li> <li>Stocktake of U&amp;EC services by networks.</li> <li>Support for overarching network U&amp;EC plan agreed with regions; Networks to develop plans.</li> <li>Networks to define consistent pathways for urgent care with equitable access</li> </ul>	<ul style="list-style-type: none"> <li>Safer Faster Better published</li> </ul>	<ul style="list-style-type: none"> <li>August 2015</li> <li>Nov 2015</li> <li>Jan 2016</li> <li>Dec 2016</li> </ul>
<b>Identifying and piloting system wide outcome metrics</b>	<ul style="list-style-type: none"> <li>Development of a single framework for measuring and reporting on system outcomes (nationally, with local trial)</li> <li>Toolkit to support measurement</li> </ul>	<ul style="list-style-type: none"> <li>2016</li> <li>2016</li> </ul>	<ul style="list-style-type: none"> <li>2017</li> </ul>
<b>Develop a new payment system</b>	<ul style="list-style-type: none"> <li>Local payment model for pilot sites, taking into account mental health outcomes (Monitor)</li> <li>Roll-out of shadow testing model in pilot areas / vanguards</li> <li>Implementation nationally</li> </ul>	<ul style="list-style-type: none"> <li>August 2015 – Local payment example produced by Monitor</li> <li>Sites to be confirmed as part of vanguards</li> </ul>	<ul style="list-style-type: none"> <li>April 2016</li> <li>April 2018</li> </ul>
<b>Enhanced summary care record</b>	<ul style="list-style-type: none"> <li>Urgent and emergency care services to have greater electronic access to records including summary care record, end of life care records, special patient notes and mental health crisis plans (including patient held plans)</li> </ul>		<ul style="list-style-type: none"> <li>June 2016</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>Underpinning work programme with Health Education England</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing</li> </ul>

## Accessing the UEC system

2

<b>Accessing the UEC System</b>	<ul style="list-style-type: none"> <li>Align or novate existing NHS111 and OOH contracts to deliver a more functionally integrated Urgent Care Access, Treatment and Clinical Advice Service model or plan for migration to full integration when contracts allow</li> <li>New NHS 111 commissioning standards published nationally</li> <li>Guidance on the establishment of clinical hubs (within standards)</li> <li>Guidance on specialist advice (within standards)</li> <li>Clinical triage of green ambulance calls established (within standards)</li> <li>Development of Access to Service Information (next generation of the DoS) for timely access to service information and the technical links with ERS to support booking across the urgent care system..</li> <li>Deliver the Clinical Triage Platform (next generation of clinical decision support) to reflect an integrated urgent care system</li> <li>NHS 111 online platform integrated into NHS Choices, with a clear expectation of digital first</li> </ul>	<ul style="list-style-type: none"> <li>Oct 2015</li> <li>Oct 2015</li> <li>Oct 2015</li> <li>Oct 2015</li> <li>OBC March 2016</li> <li>OBC March 2016</li> <li>OBC March 2016</li> </ul>	<ul style="list-style-type: none"> <li>Nov 2015</li> <li>TBD in local plans</li> <li>TBD in local plans</li> <li>TBD in local plans</li> <li>June 2018</li> <li>June 2018</li> <li>December 2016</li> </ul>
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# Urgent and Emergency Care Route Map (2)

3

UEC Centres	Deliverable	Supporting product publication	Timescale for delivery
Direct booking from 111 to urgent care centres	<ul style="list-style-type: none"> <li>SRG to drive adoption of and greater provision of direct appointment booking into UCC, ED and primary care. National support, local delivery</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
Local Directory of Services (DoS)	<ul style="list-style-type: none"> <li>Networks / SRGs to ensure maintenance of local DoS</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
Ensure UCCs provide a consistent service	<ul style="list-style-type: none"> <li>Specification to support move to ensure local care centres are consistently called Urgent Care Centres and offer consistent service</li> </ul>	<ul style="list-style-type: none"> <li>Q4 2015/16 – Spec for UCC and Emergency Centres</li> </ul>	<ul style="list-style-type: none"> <li>2016 – 2020 in line with local plans</li> </ul>

4

Paramedic at Home			
More patients more appropriately dealt with at home by paramedics	<ul style="list-style-type: none"> <li>Clinical models to support increase in proportion of calls to 999 dealt with via 'see and treat'</li> <li>Referral pathways set between paramedics and other providers</li> </ul>	<ul style="list-style-type: none"> <li>Guidance on clinical models – Q3 2015 /16</li> <li>Guidance on referral pathways –Q3 2015 /16</li> </ul>	<ul style="list-style-type: none"> <li>In line with local implementation plans</li> </ul>
Ensure a clinically appropriate response by ambulance services to 999	<ul style="list-style-type: none"> <li>Ambulance dispatch on disposition evaluated and national standards reviewed</li> <li>Implementation of recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Final recommendations by Autumn 2016</li> </ul>	<ul style="list-style-type: none"> <li>Autumn 16 – Spring 17</li> </ul>

5

Emergency Centres and Specialist Services			
Analytical activity	<ul style="list-style-type: none"> <li>Analysis of non-elective activity and capacity</li> </ul>	<ul style="list-style-type: none"> <li>Capacity and demand tool Aug-Dec 2015</li> </ul>	<ul style="list-style-type: none"> <li>Aug- Dec 2015</li> </ul>
Hospitals providing 7 day services across ten identified specialties	<ul style="list-style-type: none"> <li>Compliant with 7DS clinical standards as per NHS Standard Contract</li> <li>All urgent network specialist services compliant with four mortality clinical standards on every day of the week</li> </ul>	<ul style="list-style-type: none"> <li>Standard Contract</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
Discharge from hospital	<ul style="list-style-type: none"> <li>DTOC plans submitted</li> <li>Support packages for CCGs and SRGs</li> </ul>	<ul style="list-style-type: none"> <li>7DS standards to include discharge planning and consultant review of patients.</li> </ul>	<ul style="list-style-type: none"> <li>2017</li> </ul>
Ensure patients are treated in the right networked facilities	<ul style="list-style-type: none"> <li>Facility specifications and advice to support designation of network facilities and definition of consistent care pathways</li> </ul>	<ul style="list-style-type: none"> <li>Q4 2015/16 – Spec for UCC and Emergency Centres</li> </ul>	<ul style="list-style-type: none"> <li>2017</li> </ul>

# Urgent and Emergency Care Route Map (3)

6	Mental Health Crisis	Deliverable	Supporting product publication	Timescale for delivery
	An access and waiting time standard will be introduced for 24/7 crisis assessment	<ul style="list-style-type: none"> <li>• Access and waiting time standard for 24/7 crisis assessment response (community based)</li> <li>• Improving access to health-based places of safety following Section 136</li> </ul>	<ul style="list-style-type: none"> <li>• Introduced 16/17</li> <li>• Prepared in 15/16</li> </ul>	<ul style="list-style-type: none"> <li>• 2017/18 implementation</li> <li>• 16/17 introduction</li> </ul>
	An access/ waiting time standard will be introduced for liaison mental health services in A&E	<ul style="list-style-type: none"> <li>• Access and waiting time standard for assessment by liaison mental health services in A&amp;E (as per 7DS standard)</li> </ul>	<ul style="list-style-type: none"> <li>• Introduced 16/17</li> </ul>	<ul style="list-style-type: none"> <li>• 2017/18 implementation</li> </ul>
	An assessment standard for those with Mental Health needs	<ul style="list-style-type: none"> <li>• A next generation clinical assessment system specifically designed to support mental health needs and crisis. This will cover Multi – channel access; i.e. voice, face to face/ telephone and online.</li> </ul>	<ul style="list-style-type: none"> <li>• Prepared in 16/17</li> </ul>	<ul style="list-style-type: none"> <li>• 2017/18 implementation</li> </ul>
7 Supporting Self Care				
	Personalised care and support planning	<ul style="list-style-type: none"> <li>• People who are most at risk of needing emergency care, including mental health crisis care, will have the option of a person centred care and support plan</li> </ul>	<ul style="list-style-type: none"> <li>• Guidance published January 2015</li> </ul>	<ul style="list-style-type: none"> <li>• 2017</li> </ul>
	Support for self-management	<ul style="list-style-type: none"> <li>• Supported self-management guide published with Age UK based on 11 principal risk factors associated with functional decline in older people living at home</li> <li>• Consensus statement and practical guidance to support commissioners and Fire and Rescue Services to use the 670k home visits carried out annually by the FRS to keep people 'safe and well'</li> <li>• Tools to support implementation of key approaches, including self-management education and peer support e.g. commissioning tool / economic model underpinned by a clear evidence base</li> <li>• A series of innovative tools / training packages to support culture change for health and care professionals</li> <li>• An overview and assessment of the levers, barriers and enablers of person-centred care – and a set of recommendations for the future</li> </ul>	<ul style="list-style-type: none"> <li>• Published January 2015. Revision in October 2015</li> <li>• October 2015</li> <li>• Beta versions from Spring 2016</li> <li>• Final products to be developed nationally Autumn 2016</li> </ul>	<ul style="list-style-type: none"> <li>• 2015/16 publication. 2016/17 integration within frailty pathway approach</li> <li>• Implementation support from 2015/16</li> <li>• Implementation in line with local plans 2016 / 2017</li> </ul>
	Personalised Health Budgets	<ul style="list-style-type: none"> <li>• CCGs are developing their local personal health budgets offer and will be introducing PHBs beyond NHS continuing healthcare in line with the 2015/16 planning guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• National roll out from April 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation in line with local plans 2017</li> </ul>

# Urgent and Emergency Care Route Map (4)

8

Independent Care Sector	Deliverable	Supporting product publication	Timescale for delivery
<b>Local Commissioning Practice</b>	<ul style="list-style-type: none"> <li>Guidance to CCGs and LAs on working with the ICS, including encouraging joint winter and future capacity planning</li> <li>Clarification guidance to be made available on Continuing Healthcare processes – within Quick Guide: Improving Hospital Discharge</li> <li>Guidance for acute trusts on how to support self-funders (choice protocols)</li> </ul>	<ul style="list-style-type: none"> <li>Guidance published Q3 2015/16</li> <li>Guidance published Q3 2015/16</li> <li>Guidance published Q3 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Q3 – Q4 2015/16</li> <li>Q3 – Q4 2015/16</li> <li>Q3 – Q4 2015/16</li> </ul>
<b>Better use of care homes</b>	<ul style="list-style-type: none"> <li>Guidance for best practice clinical input required for care homes:                             <ul style="list-style-type: none"> <li>Quick Guide: Clinical input into care homes</li> <li>Phase II – long term models including cost benefit analysis</li> </ul> </li> <li>Quick Guide: Identifying local care home placements</li> <li>Quick Guide: Technology in care homes</li> </ul>	Guidance published: <ul style="list-style-type: none"> <li>Q3 2015/16</li> <li>2016/17</li> <li>Guidance published Q3 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Q3 2015/16 – Q4 2016/17</li> <li>Q3 – 2015/16</li> </ul>
<b>Improving Hospital Discharge</b>	<ul style="list-style-type: none"> <li>Quick Guide: Improving Hospital Discharge to the care sector</li> <li>Quick Guide: Sharing Patient Information</li> </ul>	<ul style="list-style-type: none"> <li>Q3 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Q3 2015/16</li> </ul>
<b>Better use of care at home</b>	<ul style="list-style-type: none"> <li>Quick Guide: Better use of care at home</li> </ul>	<ul style="list-style-type: none"> <li>Guidance published Q3 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Q3 – Q4 2015/16</li> </ul>

9

Primary Care			
<b>Improved access to primary care</b>	<ul style="list-style-type: none"> <li>18 million people will have access to weekend and weekday appointments, and/or different modes of accessing general practice</li> <li>Routine access to GP appointments at evenings and weekends</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 PMCF</li> <li>Primary Care Infrastructure Fund</li> </ul>	<ul style="list-style-type: none"> <li>March 2016</li> <li>2020</li> </ul>
<b>Increased role for pharmacy in urgent care</b>	<ul style="list-style-type: none"> <li>Pharmacy access to Summary Care Record</li> <li>Seasonal Influenza Vaccination Advanced Service for community pharmacy</li> <li>Quick Guide: Extending the role of Community Pharmacy in UEC</li> </ul>	<ul style="list-style-type: none"> <li>Refreshed guidance Autumn 2015</li> <li>Q3 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Autumn 2015-17</li> <li>Autumn 2015</li> <li>Q3 – 2015/16</li> </ul>
<b>Improving oral and dental health</b>	<ul style="list-style-type: none"> <li>Quick Guide: Best use of unscheduled dental care services</li> </ul>	<ul style="list-style-type: none"> <li>Guidance published Q3 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Q3 – 2015/16</li> </ul>