

New Care Models: supporting the vanguards

Urgent and Emergency Care (UEC) vanguards: summary

New care models programme

1. The new care models programme was launched in January 2015 with individual organisations and partnerships invited to apply to become vanguards, one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services.
2. This summary has been published alongside the document 'New care models: support for the vanguards' which updates the initial support package published in July for the first 29 vanguards, and now reflects the needs of all 50 vanguards across England.

The vanguard story so far

3. More than 380 partnerships during 2015 put forward their ideas to redesign care and in March the first 29 new care model vanguards were chosen. These were selected to develop three new care model types – integrated primary and acute care systems (PACS); enhanced health in care homes; and, multispecialty community provider (MCPs) vanguards.
4. In July 2015, eight urgent and emergency care (UEC) vanguards were announced. This was followed in September with a further 13 vanguards known as acute care collaborations (ACC).
5. The 50 vanguards were selected following a rigorous process, involving workshops and the engagement of key partners and patient representative groups.
6. Each vanguard site is taking the lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. The aim is for the locally-led new care models - built by patients and those affected by change - to be rolled out across England within the next five years.

Update and initial support

7. During April and May 2015, the new care models team carried out two-day visits to each of the first 29 vanguards to understand their aims in more detail. Building on these visits, the team developed thematic reviews, which were shared back with the vanguards. Following their support for these reviews, the key areas for transformation were summarised into eight areas for support that would maximise their chances of success and to enable replicability across the NHS and social care. These enablers formed the basis of the initial programme of support that was published in July 2015.

Extended support

8. The support package has been updated to reflect the needs of the ACC and UEC vanguards. To understand their aims and specific support needs, we held workshops, intensive diagnostic site visits and ongoing discussions. Based on what they told us, a further two areas of support have been added. We have also incorporated the learning to date from the first 29 vanguards.
9. The support package is built on ten key enablers to maximise the vanguards' chances of successful local delivery and enable national spread. They come directly from the issues raised by the vanguards, the thematic reviews arising from the visits and the views of a wide range of stakeholders including patients and clinicians.



10. Our focus is on creating simple, standardised approaches and products, based on best practice and co-produced with vanguards. These are to be designed from the outset to be shared nationally. The intention is that they can be replicated and adapted according to local needs.

11. Four core values underpin the new care models programme and the way we work. Our values are fundamental to the way that the programme has worked to date, the way the support has been developed and the way we will work to deliver it.



12. Building on these core values, four design principles have emerged which frame the support package: we solve problems through joint national and local leadership and working with our wide range of stakeholders and partners; we co-produce simple replicable frameworks, built for sharing and to be replicated; we encourage and support radical innovation; and we work and learn at pace, demonstrating that change is real.

13. The health and care system is looking to the vanguards to create a financially sustainable future that delivers improvements for patients and their communities as quickly as possible.

14. The success of the programme and the value delivered for the taxpayer will not be defined by successful local delivery in the vanguard systems, but the extent to which they have made it easy to spread learning across the NHS and social care. The role of the vanguards and the new care models programme is to develop the simplest possible standard solutions and care models that can be replicated nationally and adapted locally.

15. Our collective task is to support them to do this at the pace of the fastest vanguards, and to develop quick wins along the way.

Accelerating the implementation of the Keogh Review

16. The UEC vanguards are working to improve the coordination of urgent and emergency care as a whole system, ensuring people can access the most appropriate service, first time. The vanguards will deliver the recommendations of the Keogh Urgent and Emergency Care Review¹ faster than the rest of the NHS, developing and sharing common solutions along the way.
17. The UEC vanguards were selected for their ability to make these changes rapidly and sustainably. They will quickly become the exemplars for their peers, helping other UEC systems to make significant strides on the key components of the UEC new care model².
18. The UEC vanguards will:
 - Provide better support for people to care for themselves or dependents;
 - Help people who need urgent care to get the right advice in the right place, first time;
 - Provide responsive, urgent physical and mental health services outside of hospital every day of the week, so people do not have to queue in hospital emergency departments for care that could be equally well provided in their local communities;
 - Ensure people with more serious or life-threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and of making a good recovery;
 - Connect all urgent and emergency care services together so the overall physical, mental health and social care system becomes more than just the sum of its parts; and
 - Reduce inappropriate variation in clinical practice for consistently high standards of care that meets the needs of local communities covering large geographical areas.

Key challenges

19. The UEC vanguards will need to take whole system and networked approaches to design and develop urgent and emergency care services for large and diverse populations. A specific aim is to break down boundaries between physical and mental health so that they can improve access to urgent and emergency care for people of all ages. This includes hard-to-reach groups and people with learning disabilities.

¹ Published August 2015 <http://www.nhs.uk/nhsengland/keogh-review/Pages/urgent-and-emergency-care-review.asp>

² NHS England – Transforming urgent and emergency care services in England. UK, August 2015

20. Urgent care should be delivered in a more integrated way, not just in hospitals but also by GPs, pharmacists, mental health practitioners, community teams, ambulance services, NHS 111, social care, and through people managing their own conditions.
21. A further challenge will be to change the way that organisations work together at scale and across large geographies. At the same time, they need to tackle the issue highlighted in the Keogh Urgent and Emergency Care Review that people too often go to A&E for minor injuries and other ailments, rather than more appropriate and convenient services, such as urgent care centres, community pharmacies, ambulance crews 'see and treat' at the scene or general practice.
22. The UEC vanguards will need to focus on increasing the provision of out-of-hospital care where this is clinically and cost effective. With more care provided in local community health facilities and people's homes, there will be fewer attendances and admissions at major hospitals.

National support package for UEC vanguards

23. The existing support package has been extended to the UEC vanguards. This includes:

Evaluation and metrics

- The UEC vanguards will be supported to develop robust logic models setting out the benefits of proposed changes in terms of population health, quality of care and overall efficiency.
- The Keogh Review team are working with the UEC vanguards to develop and test a suite of whole system outcome metrics.
- The new care models team will develop and publish an evaluation strategy with the UEC vanguards by the end of January 2016.

Integrated commissioning and provision

- From December 2015, supporting UEC vanguards to develop payment and incentive mechanisms that are built around shared measures of success across different services and organisations. This will also be underpinned by shared UEC quality standards. For instance, 'internal professional standards' (IPS) will be developed on key areas such as response times between clinical teams and departments.

- From February 2016, each UEC vanguard will receive direct support from the emergency care intensive support team (ECIST) to help them achieve the good practice in the NHS England good practice guide: 'Safer, Faster, Better'³. This includes peer-to-peer reviews.
- Expertise will be made available to help the vanguards model and understand the system-wide costs and implications of changing their urgent care systems. This, in turn, will feed into the development of local commissioning strategies for urgent and emergency care as well as whole system escalation plans.
- From December 2015, a working group comprising vanguards, NHS Improvement and the Care Quality Commission will be established to understand and address the range of questions relating to provider regulation for all vanguards.

New payment models and aligning incentives

- From April 2016, we will work with UEC vanguards to design a payment model, developed by the Keogh Review, which contains a mix of elements for all the providers in the network: fixed, volume based and performance based.
- We will help the vanguards explore different options for those UEC vanguards whose contracts for out-of-hours care and provision of NHS 111 services are coming to an end from April 2016. They will be supported to reshape and integrate those services based on the recently published guidance on integrated urgent care commissioning standards⁴.

Changing the way people access services

- From January 2016, practical advice and toolkits will help the vanguards to work in partnership with patients, staff and other local stakeholders to design the new urgent and emergency care systems. This will mean that local communities recognise the changes needed to implement the new care model as they occur.
- Behavioural insight expertise and tools will be provided to help people access the right care at the right time.
- The integrated NHS 111 service should have access to all special patient notes (SPNs) and advanced care plans (ACPs) to influence and direct calls appropriately. From December 2015, UEC vanguards will receive practical

³ Published August 2015, Published August 2015, <https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf>

⁴ Published September 2015, <https://www.england.nhs.uk/ourwork/pe/nhs-111/resources/>

help to develop lawful information sharing, supported by information sharing agreements and guidance on how to manage information governance (IG) risks that enable shared care records across the whole urgent and emergency care system.

- Support to develop clinical advice hubs that integrate NHS 111, ambulance services and out-of-hours GPs should be considered to support clinical review and help patients with self-care advice to ensure that people receive and access the right care. This includes support to develop their service finder or directory which can be used by staff for appropriate referral to services that best meets people's needs.
- Improving access to digital tools and information, such as the NHS Choices website, that help people with self-care advice for themselves and their dependents.

Workforce redesign

- By January 2016, vanguards will be supported to develop local workforce strategies that identify the training needs of existing staff, the new roles they need to create and the number of staff needed with different skills to deliver effective UEC systems.
- The UEC vanguards will receive support with technical and HR issues to enable and attract staff to work flexibly across different settings and organisations. This will include new model employment contracts, actions to address professional indemnity issues and support to manage clinical risk.
- From January 2016, vanguards will be supported to build training and development into local programmes, especially in areas where there are specific shortages such as paramedics and in mental health crisis care services, such as liaison mental health services.
- From December 2015, UEC vanguards will be supported to implement improved models for delivering 24/7 integrated mental health crisis care for people of all ages, including all age liaison mental health services in acute hospitals.

New ways of working

- To deliver exemplar UEC systems, frontline clinical and professional leaders will need to be willing and able to work together across different care settings, sharing their expertise across organisational boundaries. Targeted leadership programmes will commence in January 2016 and will start with a diagnostic to fully capture their specific needs.

- A simple online platform has been launched so that UEC vanguards can share learning and information with others. From early 2016, a more extensive tool will enable this learning and information to be disseminated to all of the NHS and social care as well as support real-time conversations between peers to help solve problems.

Working together

24. In selecting the vanguards and making the support available, we expect all vanguards to think creatively, champion innovation and work together to develop the common approaches and frameworks that will enable the spread of new care models.
25. The support package responds to what the UEC vanguards told us was important for them to succeed. Through our discussions with the vanguards, we have been struck by their level of ambition and willingness to think beyond their own organisations and to work with others in making the best use of their collective resources for the benefit of patients.
26. Rapid progress will be crucial and we look forward to working with each vanguard to deliver their ambitions for transforming health and care services. The UEC vanguards will work together to become sources of expertise, learning and inspiration for others to create a sustainable future. In return, the new care models team will deliver the support they require to achieve this and will continue to share learning and insight across the vanguards, the NHS and social care.

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