

<b>Reporting to:</b>	<b>Trust Board – 30 October 2014</b>
<b>Title</b>	Transforming urgent and emergency care services in England
<b>Sponsoring Director</b>	Dr Edwin Borman, Medical Director
<b>Author(s)</b>	Adrian Osborne, Communications Director and Dr Edwin Borman, Medical Director
<b>Previously considered by</b>	Not applicable
<b>Executive Summary</b>	<p>This paper provides an update on the NHS England Urgent and Emergency Care Review, including the implications for the Trust and the relationship with the NHS Future Fit review.</p> <p>It recommends that pending further information about the designation of Emergency Centres in England, the Trust should consider seeking designation as a Specialist Emergency Centre within the proposed model for Urgent and Emergency Care in England.</p>
<p><b>Strategic Priorities</b></p> <p>1. Quality and Safety</p> <p>2a) Healthcare Standards: Operational Performance Standards</p> <p>2b) Healthcare Standards: Service Reconfiguration</p> <p>3. People and Innovation</p> <p>4 Community and Partnership</p> <p>5 Financial Strength: Sustainable Future</p>	<p><input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy</p> <p><input checked="" type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15</p> <p><input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15</p> <p><input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</p> <p><input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services</p> <p><input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme</p> <p><input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy</p> <p><input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)</p> <p><input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy</p> <p><input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</p>

<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	<b>Recommendation</b> <b>The Trust Board is asked to NOTE the update on Transforming Urgent and Emergency Care Services in England and APPROVE the direction of travel towards designation of Specialist Emergency Centre status.</b>

## Transforming Urgent and Emergency Care Services in England

### National Review of Urgent and Emergency Care Services

NHS England has published an update report on the review of urgent and emergency care in England ("Transforming urgent and emergency care services in England", NHS England, August 2014, gateway reference 02132).

This describes how the future urgent and emergency care system will be streamlined to better meet the needs of patients and communities.

The system envisages local care in or as close to people's homes as possible for urgent but non-life threatening needs – including GP services, Urgent Care Centres, telephone advice, pharmacy and paramedic services.

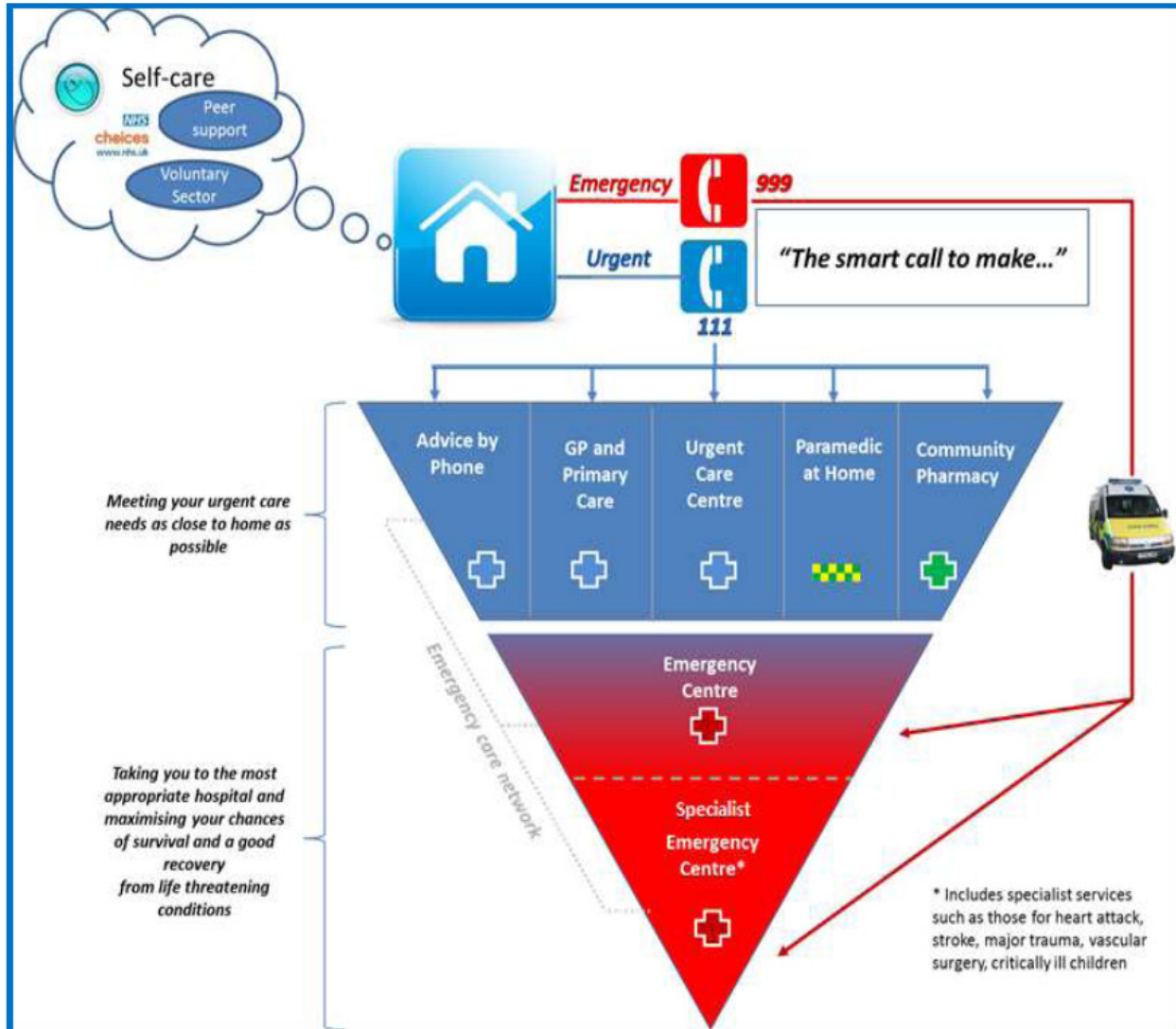


Figure 1: Representation of the future urgent and emergency care system in England (source: "Transforming urgent and emergency care services in England", *ibid.*)

It also envisages centres with the very best expertise and facilities for the more serious or life threatening emergency needs – in Emergency Centres and Specialist Emergency Centres. More detailed guidance on the new system is expected in the New Year.

Potentially this means that hospitals currently providing urgent and emergency care services could consider future service delivery models based on one or more of the following:

- Urgent Care Centre
- Emergency Centre

- Specialist Emergency Centre

It is important for the Trust to consider how this emerging guidance fits with our own strategic aspirations and those of the wider health system.

### Context of NHS Future Fit Programme

Work is under way through the NHS Future Fit programme for local clinicians to develop a new clinical model of care that will best meet the needs of both urban and rural communities across Shropshire, Telford & Wrekin and mid Wales. Local clinicians have proposed that the best way to provide urgent and emergency care in the future will be through **a network of Urgent Care Centres supported by a single Emergency Centre.**

### Options for The Shrewsbury and Telford Hospital NHS Trust

Possible options for the Trust include the following:

Urgent Care Centre	<p>Urgent Care Centres will provide highly responsive and effective services for urgent but non-life threatening needs.</p> <p>The Shrewsbury and Telford Hospital NHS Trust already provides a range of services for people with more serious or life threatening emergency needs and therefore should discount options in which the Trust does not seek designation as an Emergency Centre or Specialist Emergency Centre.</p>
Emergency Centre	<p>Emergency Centres will provide care for people with serious or life threatening emergency needs. People will be taken to the more appropriate hospital to maximise their chances of survival and a good recovery from life-threatening conditions, and therefore people with more serious conditions should be taken to a Specialist Emergency Centre.</p> <p>The Shrewsbury and Telford Hospital NHS Trust already provides a range of specialist emergency services (see below), and therefore designation as an Emergency Centre is not preferred.</p>
Specialist Emergency Centre	<p>Specialist Emergency Centres will provide care for people with more serious life-threatening injuries, bringing together the best expertise and facilities in order to maximise their chances of survival and recovery.</p> <p>Whilst the service specification has not yet been published for Specialist Emergency Centres we anticipate that designation may include services such as: trauma unit, major trauma centre, acute &amp; vascular surgery, neurosurgery, plastics, heart &amp; chest surgery, level three intensive care, paediatric intensive care, hyper-acute stroke services, primary PCI for heart attacks, emergency diagnostics. Specifically, we anticipate that hospitals can be designated as Specialist Emergency Centres for a <i>subset</i> of these services, working in networks with other hospitals to provide the full range of specialist emergency care.</p> <p>Within The Shrewsbury and Telford Hospital NHS Trust we already provide a considerable range of these specialist services – including trauma unit, acute &amp; vascular surgery, level three intensive care, hyper-acute stroke services, emergency diagnostics to support the delivery of these services.</p> <p>We believe that our strategic aspiration should be to maintain these services within the county for urban and rural communities we serve across Shropshire, Telford &amp; Wrekin and mid Wales. However, maintaining these services will be contingent on a robust plan for safety and sustainability of hospital services that is being developed through the NHS Future Fit programme, and will also require continued strengthening of our networks with neighbouring hospitals (e.g. through the region-wide trauma network).</p>

	<p>The Trust already has a good track record of strengthening specialist services through the development of single site centres of excellence (e.g. hyperacute stroke services at the Princess Royal Hospital, acute and vascular surgery at the Royal Shrewsbury Hospital). Our strategic plan and the case for change for the NHS Future Fit programme also acknowledge that some services face significant challenges in their current configuration and would be strengthened through the development of a single (specialist) Emergency Centre to ensure that safe and sustainable services remain in the county's hospitals.</p> <p>Our intention, therefore, should be to achieve Specialist Emergency Centre status for the services that we currently offer. This should build on the emerging clinical model for NHS Future Fit which proposes a single Emergency Centre in order to reduce mortality and morbidity, improve recovery and reduce long term disability for patients and communities across Shropshire, Telford &amp; Wrekin and mid Wales. Without the establishment of a single emergency centre we are unlikely to secure designation of Specialist Emergency Centre status and the continued provision of some services within the county would be at risk.</p>
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### **Conclusions**

The current preferred option is therefore to seek designation as a Specialist Emergency Centre, although this remains an indicative direction of travel pending further detail from the national review of Urgent and Emergency Care Services. Designation as a Specialist Emergency Centre would focus initially on the specialist emergency services provided within the Trust, although our longer term development plans should continue to pursue opportunities to bring further services into the county. A Specialist Emergency Centre would operate as part of a model in which a network of Urgent Care Centres supports a single specialist emergency centre.

### **Recommendations**

The Trust Board is asked to NOTE the update on Transforming Urgent and Emergency Care Services in England and APPROVE the direction of travel towards designation of Specialist Emergency Centre status.



**Transforming urgent and emergency  
care services in England**

**Update on the Urgent and Emergency Care Review**

**NHS England INFORMATION READER BOX****Directorate**

<b>Medical</b>	Operations	Patients and Information
Nursing	Policy	Commissioning Development
Finance	Human Resources	

**Publications Gateway Reference: 02132**

<b>Document Purpose</b>	---
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<b>Author</b>	NHS England Urgent and Emergency Care Review Team
<b>Publication Date</b>	15th August 2014
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# **Transforming urgent and emergency care services in England**

## **Update on the Urgent and Emergency Care Review**

First published: 19 August 2014

Prepared by: Urgent and Emergency Care Review Team



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## Introduction from Professor Keith Willett



Last November Sir Bruce Keogh and I presented NHS England's future vision for urgent and emergency care in 'Transforming urgent and emergency care services in England: Urgent and Emergency Care Review End of Phase 1 Report'.

As we had hoped, our report generated considerable interest (and positive reaction) from the general public, NHS staff, patients, politicians and the media. We sought this reaction because the subject matter of our End of Phase 1 Report was so important.

I believe that what we published was an honest appraisal of the stresses that the current system faces. We described an urgent and emergency care system that was stretched and fragmented, but importantly we also put forward our case for change. In our End of Phase 1 Report we undertook to update on progress with our Review, and this document delivers against that commitment.

In my role as Director for Acute Episodes of Care for NHS England I regularly travel up and down the country meeting patients and the people who run and manage our health and social care services. From the conversations I have had I know that there is great consensus about the problems with the current urgent and emergency care system, and throughout this Review we have heard many ideas about 'what' needs to change. But crucially I believe we are now close to achieving the same degree of consensus on 'how' this change might be practically delivered - which I consider to be a real breakthrough.

I hope you find this update useful in terms of describing how we are working with the Delivery Group of patients, partners and stakeholders which has been established to help deliver the vision we set out last November. Further updates will follow as the Review progresses.

Due to the hard work and dedication of NHS staff the urgent and emergency care system performed better than expected last winter. But we must not be fooled into thinking change isn't necessary. The pressures we highlighted last November still exist, and the challenges that the health and social care system faces in delivering urgent and emergency care remain.

We must continue to keep up momentum to deliver the system transformation that is needed.



**Professor Keith Willett FRCS**  
**Director for Acute Episodes of Care, NHS England**

## Introduction from Dr Caron Morton



In the new NHS landscape Clinical Commissioning Groups (CCGs) play a key role in the planning and purchasing of health care services, and are entrusted with spending wisely the majority of the NHS budget.

Across the country Accountable Officers, like myself, are working alongside their CCG colleagues with NHS England, who commission highly specialist services and primary care services, and other partners (such as Local Authorities and patient groups), to ensure that the public money we spend is focussed on delivering better care in a joined up way for the people we serve. This process of collaboration and

integration is being replicated across England, and I believe that we are all intent on making a real impact.

As was strikingly highlighted in Sir Bruce's Keogh's report on the first phase of this Review, the current system for delivering urgent and emergency care is under pressure. The causes of this pressure are reasonably well understood and have been well rehearsed elsewhere. The more challenging issue is how we go about tackling them.

I was delighted to be asked to co-chair a working group of the NHS Commissioning Assembly which has played an important role in helping this Review develop some solutions to the problems we currently face in urgent and emergency care. This update report represents an important first step in explaining what progress has been made to date but, as Keith recognises, there is clearly much more to do.

I have been pleased with the open recognition throughout this Review that there isn't a "one size fits all" solution that can be applied across the country, and that CCGs need to be supported and encouraged to develop local bespoke solutions for their populations. I commend the way that the Review team has recognised that the work they are doing needs to tread a careful balance between setting a national direction for change, but in a way which does not stifle or impair local innovation.

Integration of services and collaboration between partners features strongly in the Review, as does the need to enable CCGs to share best practice through local and national learning forums and toolkits.

The delivery of urgent and emergency care services is a very good example of how all parties from across the health and social care system need to work together with the public we all serve, to deliver high quality care for all. CCGs will be central in ensuring that a national vision can be translated into local action, and I look forward to helping make this a reality.



**Dr Caron Morton MRCGP**  
**Accountable Officer, Shropshire CCG**

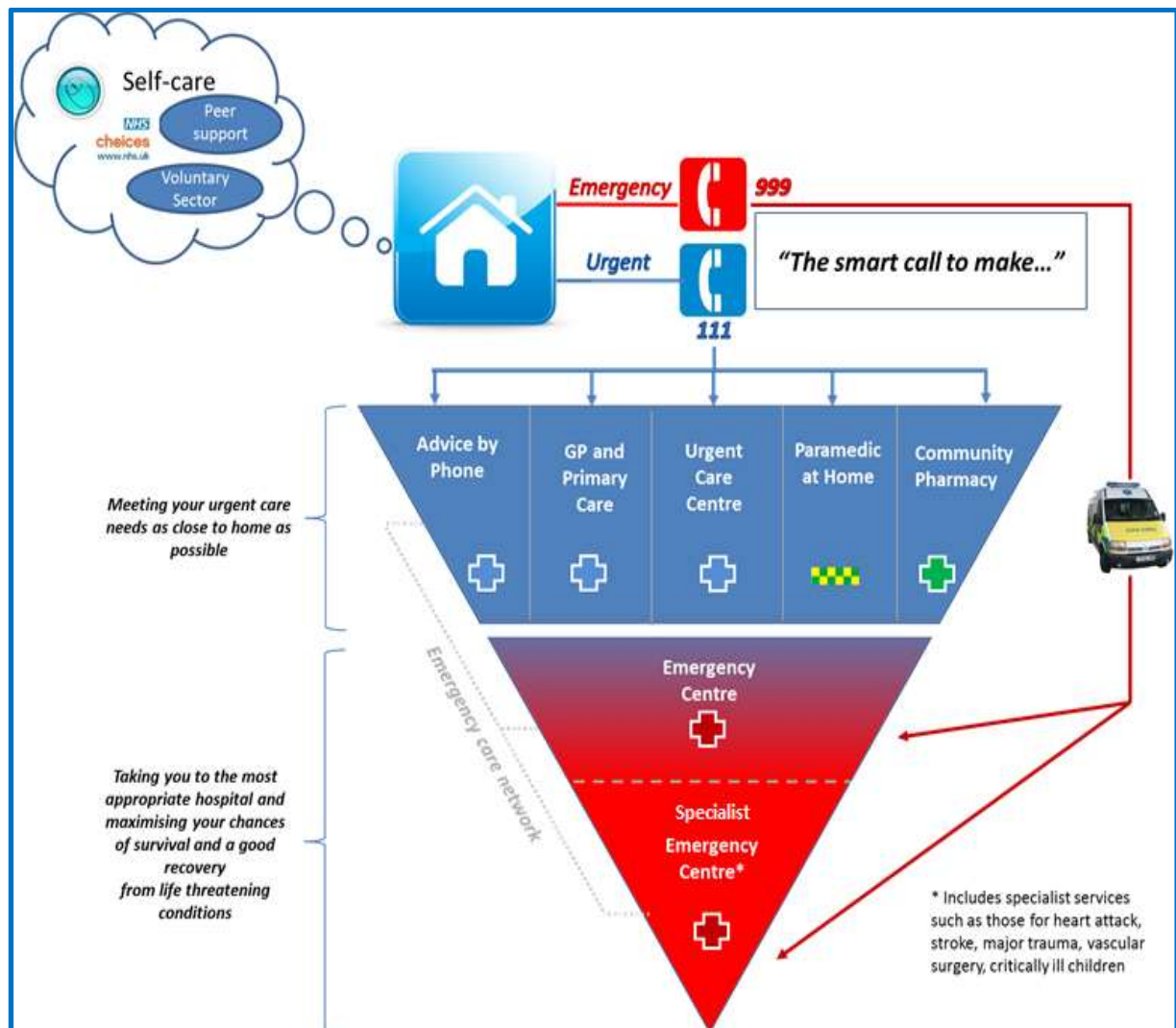
## Our vision for urgent and emergency care

1. We set out our vision for change in the End of Phase 1 Report of 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**.

2. Underneath this vision we described, in visual form, the shape and structure of the future urgent and emergency care system:



3. In order to move from the current to the future system we proposed five key elements of change. These should apply to all patients, regardless of their age, location, co-morbidities or physical and mental health needs:
  - 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**

## Our delivery method

4. Since publication of our End of Phase 1 Report NHS England has been working to deliver the new vision for urgent and emergency care. Primarily we are doing this with the help of the Urgent and Emergency Care Review Delivery Group (the Delivery Group), which is made up of representatives covering the whole spectrum of urgent healthcare and local government, patient representatives, as well as NHS England itself. Details of the organisations invited to be a part of the Delivery Group can be found on the Review's pages on NHS Choices.<sup>1</sup>

## Progress with delivery

5. In our End of Phase 1 Report we recognised the appetite for change but emphasised that there will be no risky “big bangs”. We also committed to build this work “in public”.
6. We highlighted our view that it would take three to five years to enact the major transformational changes set out in the report, but that we expected to make significant progress over the next six months in five specific areas. A summary of progress against each of these is listed below.

## Working closely with local commissioners as they develop their five year strategic and two year operational plans

7. We have made good progress. We ensured that the planning guidance issued to commissioners to support the 2 year and 5 year planning process<sup>2</sup> contained information to stimulate thought as to how they should prepare the way for the

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<sup>1</sup> Accessible at: <http://www.nhs.uk/nhsengland/keogh-review/Pages/urgent-and-emergency-care-review.aspx>

<sup>2</sup> Accessible at: <http://www.england.nhs.uk/ourwork/sop/>

establishment of the urgent and emergency care networks envisaged in our End of Phase 1 Report.

8. In addition, with the assistance of our regional colleagues in NHS England, we have held a series of regional events with commissioners, providers, patients, and wider stakeholders in order to update on progress with key areas of the Review. As part of these sessions we have been working through the challenges in establishing urgent and emergency care networks to help inform our work. The regional events have also been an opportunity to showcase to a wider audience innovative methods of delivery of urgent and emergency care, in line with our vision, which have been developing across the country.

### **Identifying and initiating transformational demonstrator sites to trial new models of delivery for urgent and emergency care and 7 day services, supported by NHS Improving Quality (NHSIQ)**

9. We are currently working with NHSIQ to map out the support they are giving to local health economies as part of the Integration Pioneer and 7 day services early adopter programmes, with the purpose of identifying potential sites to test the ideas and models arising from the Review. We intend to make the most of the “on the ground” intelligence that all of these pieces of work are generating, combined with the expertise of the Emergency Care Intensive Support Team (ECIST), whose focus is to support the providers of urgent and emergency care in improving performance and quality.
10. It is our intention to use this process to identify areas of the country to become test beds for the whole system vision described in our End of Phase 1 Report. We will continue further work on this over the summer as the Review progresses.

### **Developing new payment mechanisms for urgent and emergency care services, in partnership with Monitor**

11. NHS England and Monitor have been working in partnership to develop proposals on how the End of Phase 1 Report can be supported to deliver through a redesign of the payment system for urgent and emergency care services. We formally committed to this work in the 2014/15 national tariff supporting documents<sup>3</sup> following wide ranging commentary from stakeholders on the need for reform, to ensure that the payment system can support and encourage the service in implementing our vision.
12. In recently published proposals<sup>4</sup> for changes to the national tariff system for the next financial year, NHS England and Monitor jointly signalled that “*we are proposing that the 2015/16 national tariff would contain policies that underpin moves towards new patterns of care... The payment examples we are proposing to make available cover areas such as enabling person-centred co-ordinated care*”

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<sup>3</sup> Accessible at: <https://www.gov.uk/government/collections/the-nhs-payment-system-regulating-prices-for-nhs-funded-healthcare>

<sup>4</sup> Accessible at: <https://www.gov.uk/government/consultations/nhs-national-tariff-payment-system-201516-engagement-documents>



*for those who are frail, elderly or have multiple long-term conditions, and testing a potential new payment approach (or approaches) to support implementation of recommendations stemming from the review of urgent and emergency care carried out by Sir Bruce Keogh.”*

13. NHS England and Monitor have also developed and published options for engagement on a potential future payment system<sup>5</sup> for urgent and emergency care for delivery in subsequent years, which we will begin to test using the recently announced payment examples during 2015/16.

### **Completion of the new NHS 111 service specification so the revised service (which will go live during 2015/16) can meet the aspirations of this Review**

14. The NHS 111 service is commissioned by CCGs. NHS England’s role is to set the standards by which the service should operate and perform. Since publication of our End of Phase 1 Report NHS England has been working in partnership with commissioners and NHS 111 providers to plan the delivery of an enhanced NHS 111 service.

15. As a result of this work, the revised commissioning standards for the NHS 111 service have been defined and published. These standards describe the core requirements and quality metrics that all NHS 111 services should adhere to from now on. These standards include the key refinements we set out as the vision for NHS 111 in our End of Phase 1 Report.

16. The revised commissioning standards will ensure that:

- clinicians within the NHS 111 service have access to relevant aspects of a patient’s medical and care information (where the patient has consented to this being available), including knowledge about contact history and medical problems; so that the service can help patients make the best decisions
- patients with a specific care plan must be treated according to that plan and, where patients have specific needs, they must be transferred to the appropriate professional or specialist service
- commissioners of the NHS 111 service must consider how increased clinical advice should be secured for their population
- NHS 111 must be able to directly book an appointment with the urgent or emergency care service that can deal with the patient’s problem, as close to their location as possible (which could include a booked call back from a GP, a pharmacist review at a community pharmacy, an appointment at an urgent care centre, an appointment with GP out of hours services, a home visit, or (in due course) an appointment within a hospital emergency department); and

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<sup>5</sup> Accessible at: <https://www.gov.uk/government/consultations/reimbursement-of-urgent-and-emergency-care-options-for-reform>

- NHS 111 must continue to be able to identify potentially life threatening problems and dispatch an ambulance without delay, or re-triage, and support the patient prior to the vehicle arriving

17. NHS England has established a series of pilots and evaluation projects to test out new initiatives that will support our vision for urgent and emergency care. The pilots will inform further development of the commissioning standards and evaluation reports will be available later this year.

**Working through the NHS Commissioning Assembly to develop and co-produce with Clinical Commissioning Groups the necessary commissioning guidance and specifications for new ways of delivering urgent and emergency care (with this process continuing over the remainder of 2014/15)**

18. In the first phase of our Review we established, through the NHS Commissioning Assembly, an urgent and emergency care working group of commissioners (the NHS Commissioning Assembly Working Group). We have subsequently widened the membership of this group, and used it as a sounding board on issues which have arisen during the course of the Review. We will continue to adopt this approach.

19. In our End of Phase 1 Report we identified the need to *“connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.”* We further said that *“[t]hese networks will dissolve traditional boundaries between hospital and community based services and support the free flow of information and specialist expertise needed to achieve the delivery of patient care in the most appropriate and convenient setting.”* With our Delivery and Commissioning Assembly Working Groups, we have developed some draft potential guidance on how the urgent and emergency care networks signalled in our End of Phase 1 Report might be formed and operate. We are continuing to work on the development draft of this guidance, to ensure that it is fit for purpose in terms of explaining our vision and how it might be delivered. As the process of developing this guidance is completed we will release it to the service for use in development of local planning.

20. In tandem with this, we also recognise the need to be able to support the service through the process of moving towards a new system of urgent and emergency care. For example, in the context of supporting a move towards the urgent and emergency care networks we envisage, we are also working closely with commissioners to develop tools to help them better understand the flow of patients within their region, and thus the natural boundaries and optimal configuration of future urgent care networks. Again, as the process of testing these tools is completed we will release them to the service to use.

21. In our End of Phase 1 Report we identified that *“By extending paramedic training and skills, and supporting them with GPs and specialists, we will develop our 999 ambulances into mobile urgent treatment services capable of dealing with more people at scene, and avoiding unnecessary journeys to hospital.”* Accordingly, we

have been working with Health Education England and other stakeholders on supporting work they are leading which will reform the education and training of paramedics. We have also, with the help of our Delivery Group, developed drafts of potential guidance which set out a new specification for how ambulance services could and should be delivered in the future to achieve important elements of our vision. Again, we are continuing to develop this draft guidance and when this process is complete we will release it to the service for use in development of local planning.

## Our next steps

22. Key to the success of the Review is translating ‘what’ needs to be done, in terms of reforms to the urgent and emergency care system, into ‘how’ these changes might be best delivered, and by whom. In the new health and social care landscape we, like our partners elsewhere in the system, need to ensure that the actions we take provide leadership at a national level that helps (and not hinders) commissioners, providers and others to work with patients and local stakeholders to innovate in order to meet the needs of local populations.
23. This update represents a snapshot of the work that the Review team and Delivery Group have been doing since last November. We will continue to deliver more work to implement our vision, and we anticipate the publication of further updates as our progress towards developing specific products for release continues – in line with our intention to deliver this Review in public. We are mindful that we need to ensure that the ideas we are developing are realistic – both in terms of being capable of translation into local action on the ground and being financially affordable - which is why we will continue to work in this way.
24. We also remain mindful of our absolute commitment to ensure that any new system must be responsive to the needs of the most vulnerable people in society who rely on the urgent and emergency care system: people at the extremes of age; people with troublesome long-term health problems; people from deprived and disadvantaged communities, and people experiencing mental health crisis.
25. Equality and diversity are at the heart of NHS England’s values. Throughout the development of this Review we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.
26. The task of delivering a new system of urgent and emergency care has begun in earnest. We have made good progress but there is still much to do. We are indebted to the support of our Delivery Group, commissioning colleagues, patient representatives and wider stakeholders who have willingly given their time and resources to collaborate with us.