

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-being and Adult Social Care)

Date: 18 December 2013

Subject: Urgent and Emergency Care Review

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1 Purpose of this report

- 1.1 The purpose of this report is to present a range of information relevant to the 'Urgent and Emergency Care' identified by the Scrutiny Board as one of the general themes for its work over the course of the municipal year, 2013/14.

2 Background

- 2.1 At its meeting in July 2013, the Scrutiny Board received details associated with NHS England's intentions to review the model of urgent and emergency care as part of plans for more seven-day services, including confirmation that the review, led by Medical Director Sir Bruce Keogh, would set out proposals for the best way of organising care to meet the needs of patients.
- 2.2 The Scrutiny Board was previously advised that NHS England has published an A&E Improvement Plan (now appended to this report) – setting out a tripartite agreement between NHS England, Monitor and the National Trust Development Agency (NTDA) to ensure improvement plans are in place for each A&E.
- 2.3 NHS England has stated that it wants to improve public understanding of the best place to go for care. By helping the public to go to the right place first, both they – and those who have very serious illnesses and injuries – will be seen more quickly by specialist clinical teams with the right qualifications and facilities. In January 2013, NHS England also detailed that:
- Local commissioning will be at the heart of the review, which follows the commitment in the recent planning guidance.

- The review will aim to enable CCGs to shape services for the future and put in place arrangements that meet the needs of patients.
- The review team would work closely with clinical commissioning groups (CCGs) to ensure the views of all those with an interest are taken into account in developing a national framework offer to help ensure high-quality, consistent standards of care across the country.
- As well as seven-day working, the review would aim to help CCGs find the right balance between providing excellent clinical care in serious complex emergencies and maintaining or improving local access to services for less serious problems.
- The review will set out the different levels and definitions of emergency care – ranging from top-level trauma centres at major hospitals to local accident and emergency departments and facilities providing access to expert nurses and GPs for the treatment of more routine but urgent health problems.
- The review will also assess transfer processes between these levels of emergency care.
- The review will take account of the way that emergency care in England works with other areas of the NHS, such as GP surgeries, community care, and the 24-hour NHS 111 advice line.

2.4 As part of the national Urgent and Emergency Care Review, the Scrutiny Board previously considered details associated with the first stage of engagement with both patients and healthcare professionals, which ran 17 June 2013 to 11 August 2013.

3 Main issues

Review of Urgent and Emergency Care in England

- 3.1 The first stage of public engagement associated the national Urgent and Emergency Care Review ran between 17 June 2013 and 11 August 2013. The aim being to make comment and add to the evidence based published at that time.
- 3.2 On 13 November 2013, NHS England published its 'End of phase 1 report', which sets out the findings and conclusions following engagement with patients, clinicians and commissioners across the NHS, and is appended to this report (alongside the associated appendices).
- 3.3 In its report, NHS England outline that Phase 2 of the review will '*...focus on improving these proposals in the light of further public debate, and putting in place mechanisms for realising the ambition of the proposals set out in this report. This will include establishing groups to develop and test: the clinical standards, skills and workforce needs, financial impact and commissioning support that will be required to deliver the new system. An update on progress will be published in Spring 2014*'.
- 3.4 Appropriate representatives from NHS England have been invited to the meeting and will be in attendance to discuss the report and its local implications..

Information from Clinical Commissioning Groups

- 3.5 At its meeting in July 2013, the Scrutiny Board was advised that local CCGs were leading the development of local improvement plans with providers and services to ensure the following:

- a) A Strategic Urgent Care Board is in place by 31st May 2013;
- b) Agreed recovery and improvement plans;
- c) Agreed the use of the 70% funding retained from the excess urgent care tariff by 30 June 2013; and
- d) Preparation of winter plans for completion by November 2013.

3.6 Leeds North CCG is the lead for Strategic Urgent Care for the City and have provided a general update outlining the work of the local NHS and partners in addressing:

- Issues of operational management and delivery of the urgent care system;
- The longer- term strategic transformational work underway to ensure that the city has a sustainable and responsive system for the future.

3.7 The update is appended to this report and appropriate representatives have been invited to attend the meeting to contribute to the Scrutiny Board's consideration of this item.

Future consideration by the Scrutiny Board

3.8 Given the on-going nature of the Urgent and Emergency Care Review, it might be useful for the Scrutiny Board to confirm and consider the local delivery of Phase 2 of the Review, and confirm the respective roles of national, regional and local NHS bodies.

3.9 As a minimum, the Scrutiny Board may wish to consider a further update in Spring 2014. This is currently reflected in the Scrutiny Board's draft work scheduled (presented elsewhere on the agenda).

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the content of this report and its appendices, and identify and agree any specific matters that warrant further and/or more detailed consideration at a future meeting.

5 Background papers¹

5.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.