Leeds CITY COUNCIL

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Report of Head of Scrutiny and Member Development

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

Date: 30 April 2014

Subject: Urgent and Emergency Care

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

1 Purpose of this report

1.1 The purpose of this report is to present an update regarding the review of Urgent Care and work of the Urgent Care Board in Leeds.

2 Background

2.1 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 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.

2.2 Urgent and Emergency Care was identified by the Scrutiny Board as one of the general themes for its work over the course of the current municipal year (2013/14). To date, the Scrutiny Board has considered associated matters on three separate occasions – in July, November and December 2013.

July 2013

2.3 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.

2.4 The Scrutiny Board was advised of an A&E Improvement Plan, published by NHS England – setting out a tripartite agreement between NHS England, Monitor and the NHS Trust Development Agency (NTDA) to ensure improvement plans are in place for each A&E.

November 2013

2.5 As part of an overall update on the work of Leeds Health and Social Care Transformation Board, members considered an update on the work around Leeds' Strategic Urgent Care programme – being led by Leeds North Clinical Commissioning Group (CCG).

2.6 It was highlighted the vision was a commitment from all stakeholders (both service users and professionals) to work in unison to design and deliver a system that is consistent with both national guidance (from the Urgent and Emergency Care review) and one that meets the needs and expectations of the local population. As such, the system design principles were that any local urgent care system:

- Provides consistently high quality and safe care, across all seven days of the week
- Is simple and guides good choices by patients and clinicians.
- Provides the right care in the right place, by those with the right skills, the first time.
- Is efficient in the delivery of care and services.
- Urgent care is planned (where possible). For example, where an exacerbation of a long term condition is likely that not only the individual has a plan through IHSC for this event, but that we also plan appropriately responsive urgent care services to meet this need.
- Services are commissioned based on populations of need rather than planning based on the assessment of demand for conventional urgent care services.

2.7 At that meeting, it was also outlined that:

- Plans to develop engagement events for children and young people's experiences of urgent care were underway.

- Urgent care services could be improved by designing services that take into account the following three key principles:
  (1) Care should be well co-ordinated – flexible to the needs of the patients, responsive and integrated
  (2) Continuity and Care - consistent between services and mindful of the whole person, including their mental health needs, their on-going health care needs and reassurance/support during potentially frightening episodes
  (3) Communication – to build trust and understanding and offer choice over the kind of interaction you have (face to face/online/phone etc.)

- Production of a significant Urgent Care Health Needs Assessment was set to be completed in spring 2014.

- Anticipated that the experiences of the 2013/14 winter would prove invaluable in informing the on-going collaborative strategy, including the assessment of the impact of the various schemes being implemented across the city and further afield.

- The Strategic Urgent Care Board would be undertaking an Outcomes Based Accountability exercise in December 2013 to form the means by which progress can be determined.

- The following workstreams had been identified:
  (1) Patient Need and Pathways
  (2) System changes – including process, workforce and infrastructure
  (3) Public and Professional Engagement and Communication

- Workstreams and involvement would begin on a phased basis from November 2013, beginning with further engagement and involvement of the public in raising issues and themes.

- A website was under development to support the local review process and would become the primary source for information about next steps.

<u>December 2013</u>

2.8 The Scrutiny Board considered NHS England's published 'End of phase 1 report' (November 2013), which set out the findings and conclusions following engagement with patients, clinicians and commissioners across the NHS. In that report, the following proposals were put forward in five key areas:

- **Providing better support for people to self-care –** The NHS will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional

- **Helping people with urgent care needs to get the right advice in the right place, first time –** The NHS will enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.

- **Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E -** This will mean: putting in place faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs; harnessing the skills, experience and accessibility of community pharmacists; developing our 999 ambulance service into a mobile urgent treatment service capable of treating more patients at scene so they don't need to be conveyed to hospital to initiate care.

- **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.** Once it has enhanced urgent care services outside hospital, the NHS will introduce two types of hospital emergency department with the current working titles of Emergency Centres and Major Emergency Centres. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. The NHS envisages around 40-70 Major Emergency Centres across the country. It expects the overall number of Emergency Centres – including Major Emergency Centres – carrying the red and white sign to be broadly equal to the current number of A&E departments.

- **Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts.** Building on the success of major trauma networks, the NHS will develop broader emergency care networks. These will dissolve traditional boundaries between hospital and community-based services and support the free flow of information and specialist expertise. They will ensure that no contact between a clinician and a patient takes place in isolation – other specialist expertise will always be at hand.

2.9 At the time of publishing the Phase 1 report, NHS England outlined that Phase 2 of the review – also described as the delivery phase of the review – would turn the ideas developed into reality.

'…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'.

2.10 In order to achieve the objectives of phase 2 of the review, NHS England established a Delivery Group of experts from across the urgent and emergency care system.

2.11 It was highlighted that while Phase 1 of the review set out some principles, there was no simple solution. It was stated that the principles would need to be developed locally to suit varying local circumstances and wishes – with different approaches in metropolitan, rural or remote areas and it may take three to five years to enact the necessary changes, although significant progress in the following areas would be expected over the next six months (i.e. from November 2013):

- Working closely with local commissioners as they develop their five-year strategic and two-year operational plans;
- Identifying and initiating transformational demonstrator sites to trial new models of delivery for urgent and emergency care and seven-day services;
- Developing new payment mechanisms for urgent and emergency care services, in partnership with Monitor;
- Completing new NHS 111 service specification so that the new service – which will go live during 2015/16 – can meet the aspirations of the review;
- Co-producing with clinical commissioning groups the necessary commissioning guidance and specifications over the remainder of 2014/15.

3 Main issues

3.1 At its previous meeting (in December 2013), it was confirmed that:

- The national review of Urgent and Emergency care represented an important piece of work for NHS England.
- The ten (10) Clinical Commissioning Groups across West Yorkshire had collectively confirmed urgent and emergency care as a priority.
- The longer-term aim around 'Phone before you go' was to secure greater public use of the '111' service.
- Work to be done in Leeds included establishing and communicating a clear, rational network of care, that would include work across West Yorkshire.
- Current layers in the local urgent and emergency care system included:
  - GP access
  - Community Pharmacies
  - Walk-in Centres
  - Minor injuries
  - Out-of-hours care
  - Emergency Centres
  - Major Emergency Centres
- Patient flows (i.e. right place, first time) would be critical to the success of re-designing existing systems, as would the role of ambulance services and building on existing protocols.

3.2 Together with the information presented in the background section of this report, the details above provide a summary of the information considered by the Scrutiny Board during the current municipal year.

3.3 Representatives from Leeds North CCG (leading on Leeds' Strategic Urgent Care programme) have been invited to provide a written update on progress and appropriate representatives have been invited to attend the meeting.

3.4 The Scrutiny Board may wish to identify and consider any specific matters in more detail. However, it should be recognised any further consideration of maters is likely to take place in the new municipal year (i.e. 2014/15).

4 Recommendations

4.1 Members of the Scrutiny Board are asked to consider the content of this report and determine any future scrutiny activity.

5 Background papers[1]

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.