

# Urgent and Emergency Care Review

## Terms of Reference

### 1. Introduction

People want to know that they will be able to get urgent medical care quickly and conveniently should they need it.

No one wants to travel long distances or wait an excessively long time to see a healthcare professional.

These are reasonable public expectations and the NHS must try to balance them with its responsibility to provide safe, high-quality care that makes best use of resources.

The NHS cannot do everything, everywhere.

The most serious emergencies require rapid access to highly specialised skills and equipment. Many less serious cases can be treated safely in community settings, meaning patients do not need to go to hospital.

NHS England has established the Urgent and Emergency Care Review to help the NHS make decisions about these complex issues.

The Review will make recommendations to ensure the NHS provides the convenient, safe, effective, fair and sustainable service we all need.

It will look at the current pattern of urgent and emergency care provision, working with patients, the public and healthcare professionals, and will seek to establish the principles that will underpin the design of urgent and emergency care, as well as the key components, in order to build a safe, more efficient and sustainable urgent and emergency care system for the future.

### 2. Aims

The Review will consider the current model of the urgent and emergency care system in England and aims to:

- Put the needs of patients and the public first;
- Create consensus among clinicians on the recommended options for organising care;
- Produce evidence to support the proposed models of care, based on quality, workforce and economic considerations; and
- Help create a climate in which clinical commissioning groups (CCGs) can commission for change in their localities.

### **3. Objectives**

The Review will develop a national framework and associated guidance for Clinical Commissioning Groups (CCGs) in 2015/16 to help them commission consistent, high-quality and safe urgent and emergency care services across the country within the resources available.

In Spring 2013, the principles that should underpin the design of these services will be published. The objectives are to:

- Determine patients' priorities when accessing care;
- Determine the clinical principles by which urgent and emergency care should be organised;
- Clarify the evidence base for these principles and where further evidence is required;
- Build consensus on the key components of the emergency care system; and
- Develop options for possible models that could be used.

Engagement with key stakeholders on the changes needed in access, workforce, data sharing, financial incentives and commissioning levers will then be undertaken.

### **4. Scope**

The Review will:

- Look at options to access self-help for urgent concerns;
- Examine primary care, out-of-hours care, community and pre-hospital models of urgent and emergency care in comparative healthcare systems;
- Ask representatives of CCGs, and professional and patient groups for their views on the most effective models of care;
- Balance the need to provide excellent clinical care in serious, complex cases with the need to maintain or improve access to local services for less serious problems;
- Consider the challenges in remote and rural communities where there may not be the critical mass necessary to maintain a full range of specialist emergency services;
- Examine how to support the need for increased presence of senior clinical staff to make decisions and provide input at critical decision points in care, across all seven days of the week;
- Examine access to 'back up' acute services and the clinical dependencies of these services to ensure appropriate seven day access to quality services for emergency patients needing to be admitted to hospital. This must be based on clinical evidence to improve outcomes for these patients;
- Analyse the cost, benefits and burdens of these services; and,
- Examine the care system from urgent care provision and community-based minor injury units through to major trauma centres. This will look at the links with other parts of the NHS - for example, 999 and NHS 111 services, as well as urgent primary care offered by GPs.

## **5. Parameters**

- Urgent and emergency care in England only will be considered by the Review;
- The Review will create a national framework and guidance for CCGs and define the links with specialised commissioning of emergency services; and,
- Configuration of services will continue to be a local matter for CCGs, which are best placed to determine the appropriate model of services, and the number and location of facilities that best serve their local population.

## **6. Governance**

The Review is led by Professor Keith Willett, the National Director for Acute Episodes of Care, on behalf of Professor Sir Bruce Keogh, the National Medical Director of NHS England.

A Steering Group will develop the principles for urgent and emergency care. It will include clinicians and representatives from key stakeholder bodies, including a patient group. The membership of this group is attached as Annex A.

The group will be expected to challenge assumptions and provide support so that the Review is conducted effectively. It will help provide an evidence base and ensure that the findings of the Review are credible and consistent with that evidence.

NHS England's National Director for Acute Episodes of Care, supported by the newly appointed National Clinical Directors for Urgent Care and Rural and Remote Care, will determine the appropriate governance for Stage 2 of the review.

## **Annex A**

### **Members of the Steering Group**

The Urgent and Emergency Care Steering Group is made up of the following members:

- Keith Willett – National Director for Domain 3: Acute Episodes of Care, NHS England and Senior Responsible Officer (Chair)
- Jonathan Benger – National Clinical Director for Urgent Care and Consultant in Emergency Medicine at Bristol Royal Infirmary and Professor of Emergency Care at the University of the West of England
- Alison Carr – Clinical Advisor, Health Education England
- Mike Clancy – Emergency Medicine Consultant, University Hospital Southampton NHS Foundation Trust, Former President, College of Emergency Medicine
- Matthew Cooke – Associate Medical Director and Head of Clinical Systems Design, Heart of England NHS Foundation Trust, and Professor of Emergency Medicine, Warwick Medical School
- Shaun Danielli – Head of Hospital Service Redesign, NHS England
- Ffion Davis – Consultant in Emergency Medicine, Leicester University Hospitals NHS Trust
- Philip Dyer – Consultant in Acute Medicine, Heart of England NHS Foundation Trust and Society of Acute Medicine
- Patrice Donnelly – Deputy Head of Hospital Service Redesign, NHS England
- Sam Everington – Chair, NHS Tower Hamlets Clinical Commissioning Group
- Agnelo Fernandes – Urgent Care Lead, Royal College of General Practitioners
- David Hughes – Clinical Accountable Officer, North Staffordshire Clinical Commissioning Group
- Esther Kwong – Domain 3 Clinical Fellow, NHS England
- Louise Lumley – General Practitioner, NHS Birmingham CrossCity Clinical Commissioning Group
- Anthony Marsh – Chair, Association of Ambulance Chief Executives
- Joanne Marvell – Specialty Recruitment Manager, Health Education England
- JP Nolan – UK Adviser on Acute, Emergency and Critical Care, Royal College of Nursing
- Dan O'Connor – Domain Team Manager, NHS England
- Emma O'Donnell – Deputy Director for Domain 3: Acute Episodes of Care, NHS England
- Chris Roseveare – President, Society of Acute Medicine
- Jeremy Taylor – Chief Executive, National Voices