

Urgent and Emergency Care



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BUILDING THE NHS OF THE FIVE YEAR FORWARD VIEW

The NHS England Business Plan 2015-2016



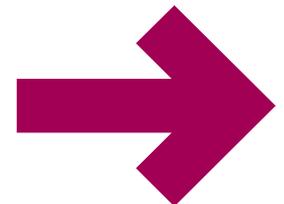
End of Life Care: Challenges and Solutions

End of Life Care: Challenges

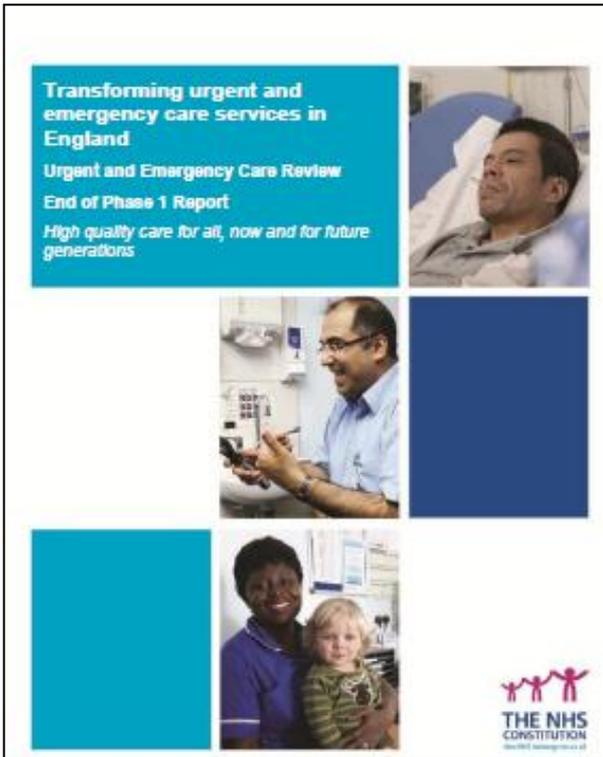
End of life patients enter the urgent care system when:

1. Their support package fails
and/or
2. A sudden event (expected or unexpected) occurs

How can we prevent this from happening?



UEC Review Vision



For those people with **urgent but non-life threatening** needs:

- **We must provide highly responsive, effective and personalised services outside of hospital, and**
- **Deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families**

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**

Mental and physical health

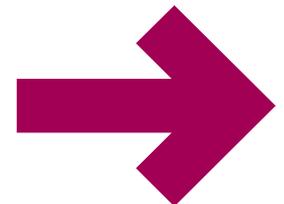
End of Life Care: Solutions

The system works well when:

1. There is a clear plan in place
and
2. All those involved have access to the plan, 24/7
and
3. Family, carers, healthcare staff are supported and empowered to enact the plan

Responsiveness and timeliness are critical to success

Senior decision-makers must be involved and available



Provide personalised care as close to, or in, the patients home as possible

End of life services

Community nursing

EoL patient at home
Are their needs met?
Are they safe?
Do they need treatment?

Voluntary sector, family and friends

GP
In & OoH

Slippery slope

to

hospital

Knowledge of my needs

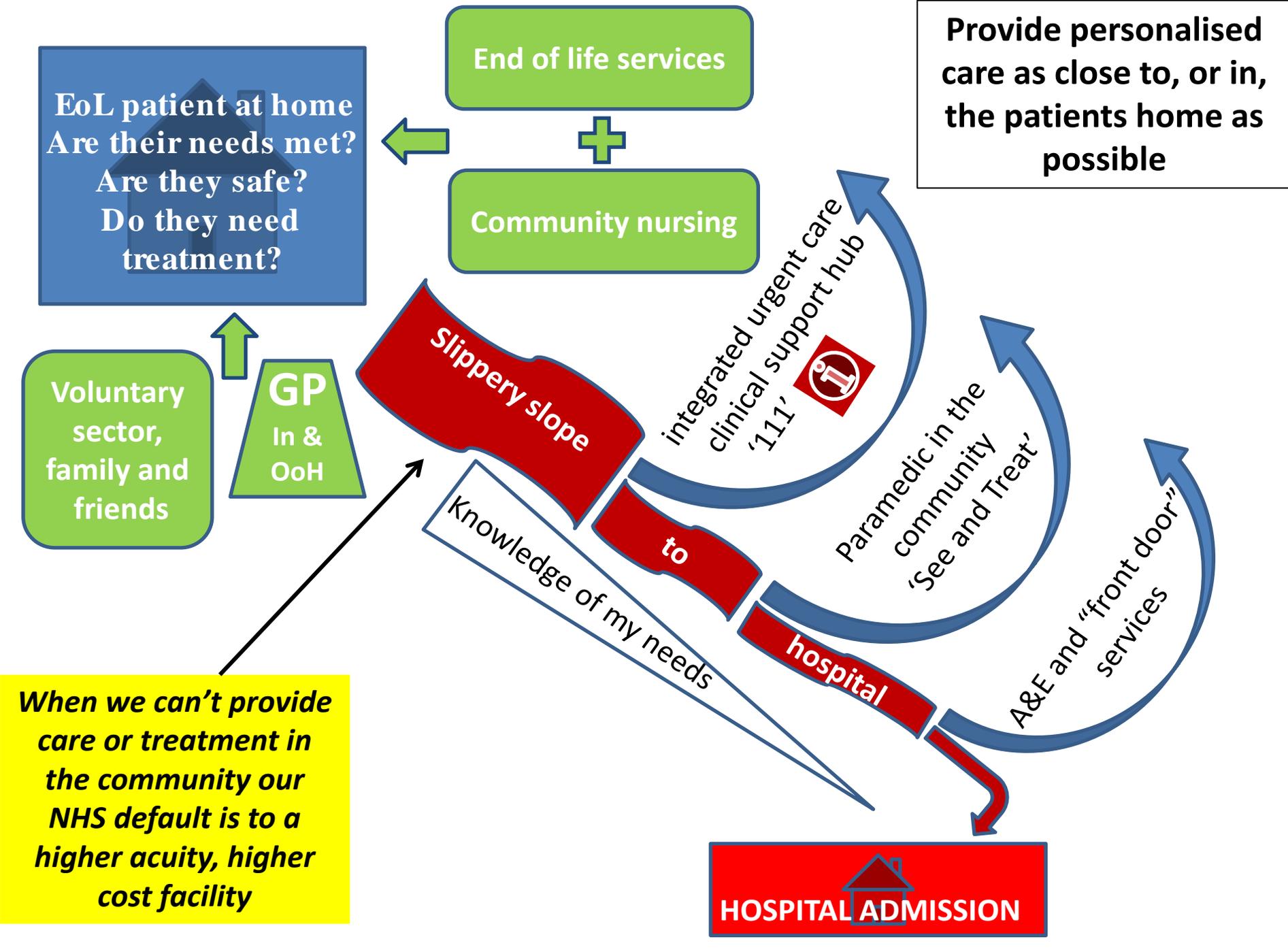
integrated urgent care clinical support hub
'111'

Paramedic in the community
'See and Treat'

A&E and "front door" services

HOSPITAL ADMISSION

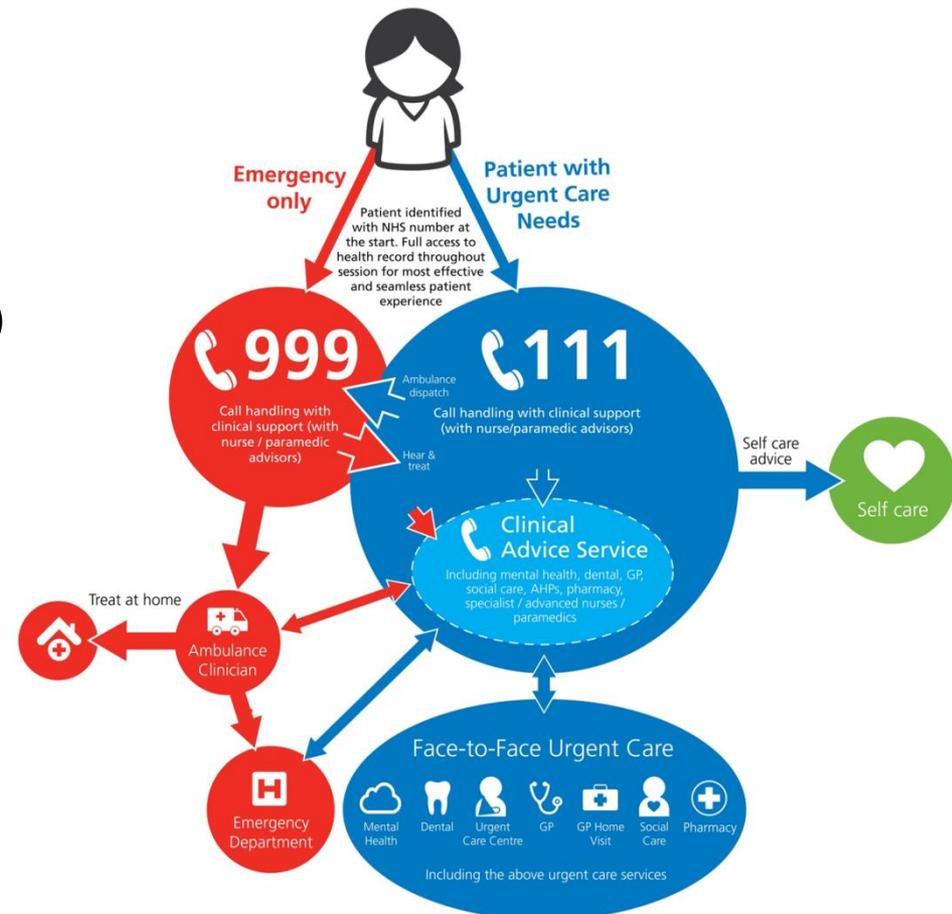
When we can't provide care or treatment in the community our NHS default is to a higher acuity, higher cost facility



Integrated Urgent Care

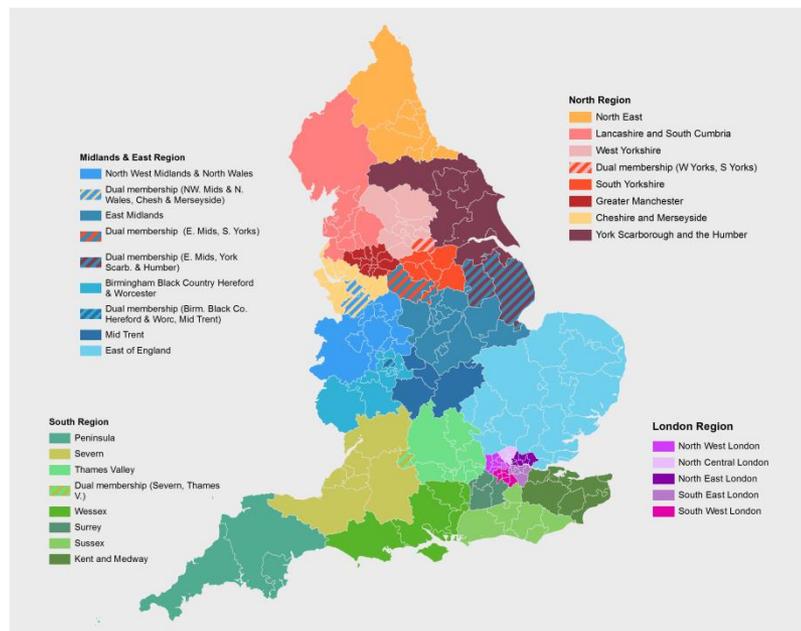
- **Right advice or treatment first time:** enhanced NHS111 the “**smart call**” to make:
- **Improve patient information** for call responders (ESCR, care plan)
- **Comprehensive Directory of Services** (mobile application)
- **Greater levels of clinical input** (paramedic, pharmacist, GP) ‘decision support hub’
- **Booking systems** GPs, UCCs, pharmacy

“Click, Call, Come In”



23 Urgent and Emergency Care Networks

- **Based on geographies** required to give **strategic oversight** of urgent and emergency care on a regional footprint
- **1 - 5million population** based on population rurality, local services



To improve consistency of quality, access and set objectives for UEC by **bringing together STP/CCG members and other stakeholders** to address challenges that are greater than a single LHE can solve in isolation

Integrated (NHS 111 + OoH) service
Clinical decision support hub
Stocktake / designation

Access to specialist services
Four (of ten) 7DS standards
Effective provision of EoLC

- Four regional PMOs
- Allocation of capital funding to enable implementation
- Develop and test a new payment system
- Develop UEC network delivery plans
- Enhanced SCR, including access to GP information
- New system-wide outcome measures for networks, including care planning and death in place of choice
- HEE workforce development programme



A new clear and consistent offer to the public:

- **A common 24/7 access: NHS111 for all your urgent health needs**
- **Be able to speak to a clinician if needed (integrated urgent care)**
- **That your e-health records are always available to clinicians wherever you are (GP, 111, 999, community, or hospital)**
- **To be booked into the right service that is convenient to you**
- **Give care close to home whenever possible**
- **A '999' ambulance response based on need (clinical, conveyance)**
- **Provide specialist decision support and care through a network**

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Questions and Discussion