

**Urgent and Emergency Care Review**

**Governing Body meeting**

**N**

**4 July 2013**

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Sponsor	Idris Griffiths, Chief Operating Officer
Key messages	
<ul style="list-style-type: none"> <li>• This paper sets out the background to the current review of urgent and emergency care being undertaken by a steering group led by Professor Keith Willett, Director of Acute Episodes of Care</li> <li>• The Governing Body is invited to comment on an evidence base for change and emerging principles.</li> </ul>	
Assurance Framework (AF)	
<p><b>Risk Reference (RR) Number</b> N/A</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b> N/A</p> <p><b>Is this an existing or additional control?</b> N/A</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> N/A</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b> All</p>	
Public and Patient Engagement	
<p>The national survey of urgent and emergency care is intended to ensure engagement with the public.</p>	

## Recommendations

The Governing Body is asked to:

- Note the purpose of the review and the expected outcome
- Note that individuals may wish to contribute on a personal basis rather than representing the CCG.
- Agree that the CCG contribute a formal response and Daniel Mason will produce a draft for approval by CET. The CCG contribution will then be circulated to Governing Body
- Any member wishing to provide any feedback on the questions posed and to contribute to the CCG response should contact [Daniel.mason1@nhs.net](mailto:Daniel.mason1@nhs.net) by Friday 26 July 2013

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#### **1. Purpose**

This paper sets out the background to the current national review of urgent and emergency care being undertaken by a steering group led by Professor Keith Willett, Director of Acute Episodes of Care and invites the Governing Body to comment on an evidence base for change and emerging principles.

#### **2. Background**

In January this year the national Medical Director, Professor Sir Bruce Keogh, announced a review into the way the NHS responds to and receives emergency patients, called the Urgent and Emergency Care Review which was outlined as a priority for NHS England in its planning guidance for clinical commissioning groups called Everyone Counts.

The aim of the review is to develop a national framework to help clinical commissioning groups ensure high-quality, consistent standards of care across the country.

Over the last six months a steering group with representation from a patient and public organisation, provider and commissioning organisations and the wider clinical body, which is chaired by Professor Keith Willett, Director of Acute Episodes of Care, has worked to develop an evidence base for change and emerging principles.

NHS England has stated its commitment to an evidence-based approach to change and the evidence base drafted by the steering group has identified a number of areas for improvement within the current system of urgent and emergency care in England, including:

- More and more people are using the urgent and emergency care system;
- Overall fragmentation of the system means that many patients may not be able to access the most appropriate urgent or emergency care service to suit their needs;
- There is significant variation in patient experience across urgent and emergency care;
- Demographic change in the national population means that more and more patients need support managing long-term conditions;
- Emergency admissions are rising and there is a variation in outcomes for these patients.

Using this evidence base four emerging principles have also been drafted which outline the case for change, for a system that:

- 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.

Using these principles the steering group has developed some system design objectives which any new system should be shaped around, as well as some possible implementation solutions. Both documents can be found at <http://www.england.nhs.uk/uec-england/>

These are not agreed solutions at this stage, but are presented to stimulate debate and help explain what a future system might look like. A revised evidence base and the principles for these services will be published in Autumn 2013.

### **3. Survey**

NHS England is seeking comments, between 17 June and 11 August, to ensure that the evidence base and principles are scrutinised and clinically sound. The review questions are set out in Appendix 1. Comments will be used to develop a national framework for commissioning of urgent and emergency care for clinical commissioning groups in 2015/16 to help them commission consistent, high quality urgent and emergency care services across the country within the resources available.

A formal response to the survey will be made on behalf of the Sheffield CCG Governing Body by early August.

### **4. Recommendation**

The Governing Body is asked to:

- Note the purpose of the review and the expected outcome
- Note that individuals may wish to contribute on a personal basis rather than representing the CCG.
- Agree that the CCG contribute a formal response and Daniel Mason will produce a draft for approval by CET. The CCG contribution will then be circulated to Governing Body
- Any member wishing to provide any feedback on the questions posed and to contribute to the CCG response should contact [Daniel.mason1@nhs.net](mailto:Daniel.mason1@nhs.net) by Friday 26 July, 2013.

Paper prepared by Daniel Mason, Urgent Care Commissioning Lead

On behalf of Idris Griffiths, Chief Operating Officer

19 June 2013

## Appendix 1

### Urgent & Emergency care Review - Survey questions

Do you believe that the current system of urgent and emergency care in England needs to change and improve?

Have you read the full Urgent and Emergency Care Review evidence base?

Do you agree with the evidence base presented for self-care and self-management (section 5 of the evidence base)?

Do you agree with the evidence base presented for telephone care (section 6 of the evidence base)?

Do you agree with the evidence base presented for face to face care (section 7 of the evidence base)?

Do you agree with the evidence base presented for 999 emergency services, accident and emergency departments, and access to back-up services (sections 8 and 9 of the evidence base)?

Do you agree with the evidence base presented for emergency admissions (section 10 of the evidence base)?

Do you agree with the evidence base presented for urgent and emergency care workforce (section 11 of the evidence base)?

Do you agree with the evidence base presented for urgent and emergency care networks (section 12 of the evidence base)?

Do you have any other comments on the evidence base, or is there any further evidence that you would like to offer to support improving the urgent and emergency care system in England?

Have you read the full Urgent and Emergency Care Review emerging principles?

Do you agree that any improvements and changes to the urgent and emergency care system need to be based on the emerging principles?

Do the system design objectives outlined allow the emerging principles for the future delivery of urgent and emergency care to be met?

Do you support the identified possible implementation solutions?

What type of things would help with implementing the possible solutions?

What type of things might prevent implementing the possible solutions?

Do you have any further comments about the emerging principles, system design objectives, or implementation solutions, or are there any other suggestions you would like to make?