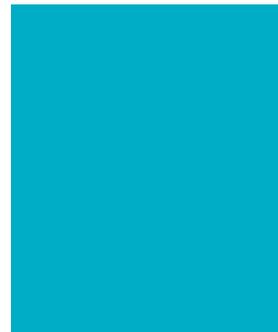
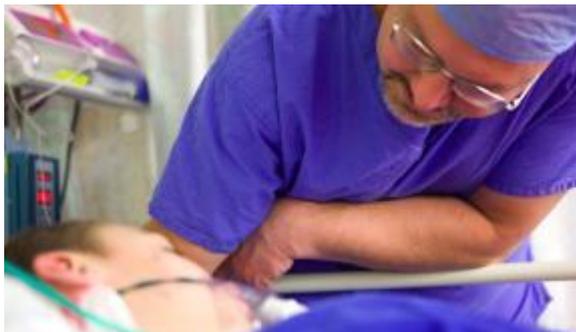


High quality care for all, now and for future generations: transforming urgent and emergency care services in England.

Emerging Principles from the Urgent and Emergency Care Review



June 2013



# Structure of this document

Through the development of the evidence base for improving urgent and emergency care, the Urgent and Emergency Care Steering Group has identified four emerging principles for an improved urgent and emergency care system in England.

From these principles 12 'system design objectives' have been outlined – these are the suggested outcomes which should be delivered by any future urgent and emergency care system.

The Urgent and Emergency Care Steering Group has also identified illustrative implementation options to show the types of solutions that Phase 2 of the Review may develop.

**These are not agreed solutions at this stage**, but have been presented to help explain what any future urgent and emergency care system might look like to stimulate debate.

# Urgent and Emergency Care Review

Emerging principles for urgent and emergency care in England outline a system that:

1. Provides **consistently** high **quality** and **safe** care, across all seven days of the week;
2. Is **simple** and guides good choices by patients and clinicians;
3. Provides the **right care** in the **right place**, by those with the **right skills**, the **first time**;
4. Is **efficient** in the delivery of care and services.

# System design objectives (1):

1. Make it simpler for me or my family/carer to access and navigate urgent and emergency care services and advice.
2. Increase my or my family/carer's awareness of early detection and options for self-care and support me to manage my acute or long term physical or mental condition.
3. Increase my or my family/carer's awareness of and publicise the benefits of 'phone before you go'.
4. If my need is urgent, provide me with guaranteed same day access to a primary care team that is integrated with my GP practice and my hospital specialist team.
5. Improve my care, experience and outcome by ensuring early senior clinical input in the urgent and emergency care pathway.
6. Wherever appropriate, manage me where I present (including at home and over the telephone).

## System design objectives (2):

7. If it's not appropriate to manage me where I present (including at home and over the telephone), take or direct me to a place of definitive treatment within a safe amount of time; ensure I have rapid access to a highly specialist centre if needed.
8. Ensure all urgent and emergency care facilities are capable of transferring me urgently and that the mode of transport is capable, appropriate and authorised.
9. Information, critical for my care, is available to all those treating me.
10. Where I need wider support for my mental, physical and social needs ensure it is available.
11. Each of my clinical experiences should be part of programme to develop and train the clinical staff and ensure their competence and the future quality of the service are constantly developed.
12. The quality of my care should be measured in a way that reflects the urgency and complexity of my illness.

# 1. Provides consistently high quality and safe care, across all seven days of the week (1)

System design objective	Possible implementation options:
<p>(4) If my need is urgent, provide me with guaranteed same day access to a primary care team that is integrated with my GP practice and my hospital specialist team.</p>	<ul style="list-style-type: none"> <li>• Same day, every-day telephone, web or email contact to a primary care team integrated with patient's own GP practice</li> <li>• A same-day, every-day appointment system for urgent care facilities</li> <li>• Direct access to community nurse specialists and hospital specialist teams for patients with long term conditions</li> <li>• GPs/Out-of-Hours teams to have easy direct access to same day opinion from hospital specialists 7/7</li> </ul>
<p>(5) Improve my care, experience and outcomes by ensuring early senior clinical input in the urgent and emergency care pathway.</p>	<ul style="list-style-type: none"> <li>• 111 (advice and triage) services with greater clinical input , such as senior clinical input in telephone triage where hospital transfer is recommended or for complex enquiries</li> <li>• Urgent Care Centres staffed with a multi-disciplinary team with support of at least one GP or other registered medical practitioner</li> <li>• Senior emergency physicians present in all 999 ambulance receiving Emergency departments to ensure presence until midnight, and beyond this where acuity and patient numbers justify this</li> <li>• Ensure working patterns/careers are sustainable - rested, alert and safe practitioners ready to provide high quality care</li> <li>• Utilise specialist nurses, paramedics and other allied health practitioners at key decision points in care to optimise patient outcomes and experience</li> <li>• Specify clinical service modules of care for different patient groups (e.g. ill child, mental health, limb injuries, etc.) that are capable of assessing and either treating or transferring. These could be combined to create bespoke local emergency facilities based on a community's needs</li> </ul>

# 1. Provides consistently high quality and safe care, across all seven days of the week (2)

System design objective	Possible implementation options:
<p>(6) Wherever appropriate, manage me where I present (including at home and over the telephone).</p>	<ul style="list-style-type: none"> <li>• Identify and commission joint primary and specialist care of complex patient groups in the community (e.g. diabetics)</li> <li>• Mobilisation of the appropriate level of decision making for the call/enquiry, and where appropriate, decision maker is sent to the home rather than taking the patient to the decision maker</li> <li>• Remote/rural areas to be supported by higher specification on-scene treatment options by paramedics, nurse specialists or doctors</li> <li>• Telemedicine support and on scene/home diagnostic testing</li> <li>• Direct referral of patients to responsive community support teams</li> </ul>
<p>(7) If it's not appropriate to manage me where I present (including at home and over the telephone), take or direct me to a place of definitive treatment within a safe amount of time; ensure I have rapid access to a highly specialist centre if needed.</p>	<ul style="list-style-type: none"> <li>• All urgent and emergency care facilities to be in formal networks</li> <li>• Each facility to have immediately available and capably skilled staff and plans for the safe care and/or transfer of all patient types</li> <li>• Bypass some Emergency facilities to specialist centres for stroke, heart attack, major trauma and specialist children's services; those centres to have consistent network pathways and concentrate expertise to improve patient outcomes and efficiency</li> <li>• Inpatient service support for Emergency facilities is always available</li> <li>• Remote and rural areas to have intermediate facilities capable of stabilisation prior to transfer if network journey times are too lengthy</li> </ul>
<p>(8) Ensure all urgent and emergency care facilities are capable of transferring me urgently and that the mode of transport is capable, appropriate and authorised.</p>	<ul style="list-style-type: none"> <li>• Establish a code of conduct for non-NHS urgent and emergency care operators to ensure alignment with NHS operational and clinical governance and provide clarity of corporate responsibilities</li> <li>• Commission appropriate transportation for those in mental health crisis, which is sensitive to their holistic needs</li> </ul>

## 2. Is simple and guides good choices by patients and clinicians

System design objective	Possible implementation options:
(1) Make it simpler for me or my family/carer to access and navigate urgent and emergency care services and advice.	<ul style="list-style-type: none"> <li>• Simplified and standardised access points to the urgent and emergency care network and facilities</li> <li>• A single urgent and emergency care system for the public, but with a supporting, responsive, tiered clinical structure behind</li> <li>• Decision support from a patient's own GP practice and hospital specialist nurse/team, seven days a week</li> </ul>
(2) Increase my or my family/carer's awareness of early detection and options for self-care and support me to manage my acute or long term physical or mental condition.	<ul style="list-style-type: none"> <li>• Increased patient, family/carer education to self-care and self-manage</li> <li>• 7 day continuity of care from a patient's GP practice</li> <li>• 7 day access to community, mental health and hospital nurse specialists</li> <li>• 111 service fosters communication and co-ordination between different elements of the urgent care community, whilst developing an effective and expanding directory of services in every locality</li> <li>• 111 website and NHS Choices better linked to charity and other support groups and their information</li> <li>• Improve status and use of pharmacists</li> </ul>
(3) Increase my or my family/carer's awareness of and publicise the benefits of 'phone before you go'.	<ul style="list-style-type: none"> <li>• 111 service to have greater medical input - senior clinical input in telephone triage and advice</li> <li>• GP telephone consultations both in and out-of-hours</li> </ul>
(12) The quality of my care should be measured in a way that reflects the urgency and complexity of my illness.	<ul style="list-style-type: none"> <li>• Process and outcome measures and commissioning requirements should be sensitive to, and appropriate for the casemix, linked to the outcome and relate to the episode of care</li> </ul>

### 3. Provides the **right care in the right place**, by those with the **right skills, the first time (1)**

System design objective	Possible implementation options:
<p>(5) Improve my care, experience and outcomes by ensuring early senior clinical input in the urgent and emergency care pathway.</p>	<ul style="list-style-type: none"> <li>• 111 (advice and triage) services with greater clinical input , such as senior clinical input in telephone triage where hospital transfer is recommended or for complex enquiries</li> <li>• Urgent Care Centres staffed with a multi-disciplinary team with support of at least one GP or other registered medical practitioner</li> <li>• Senior emergency physicians present in all 999 ambulance receiving Emergency departments to ensure presence until midnight, and beyond this where acuity and patient numbers justify this</li> <li>• Ensure working patterns/careers are sustainable - rested, alert and safe practitioners ready to provide high quality care</li> <li>• Utilise specialist nurses, paramedics and other allied health practitioners at key decision points in care to optimise patient outcomes and experience</li> <li>• Specify clinical service modules of care for different patient groups (e.g. ill child, mental health, limb injuries, etc.) that are capable of assessing and either treating or transferring. These could be combined to create bespoke local emergency facilities based on a community's needs</li> </ul>
<p>(6) Wherever appropriate, treat me where I present – at home, on scene or over the telephone.</p>	<ul style="list-style-type: none"> <li>• Identify and commission joint primary and specialist care of complex patient groups in the community (e.g. diabetics)</li> <li>• Mobilisation of the appropriate level of decision making for the call/enquiry and, where appropriate, decision maker is sent to the home rather than taking the patient to the decision maker</li> <li>• Remote/rural areas to be supported by higher specification on-scene treatment options by paramedics, nurse specialists or doctors</li> <li>• Telemedicine support and on scene/home diagnostic testing</li> <li>• Direct referral of patients to responsive community support teams</li> </ul>

### 3. Provides the **right care in the right place**, by those with the **right skills, the first time** (2)

System design objective	Possible implementation options:
<p>(7) If it's not appropriate to treat me where I present (home, on scene or over the telephone), take or direct me to a place of definitive treatment within a safe amount of time; ensure I have rapid access to a highly specialist centre.</p>	<ul style="list-style-type: none"> <li>• All urgent and emergency care facilities to be in formal networks</li> <li>• Each facility to have immediately available and capably skilled staff and plans for the safe care and/or transfer of all patient types</li> <li>• Bypass some Emergency facilities to specialist centres for stroke, heart attack, major trauma and specialist children's services; those centres to have consistent network pathways and concentrate expertise to improve patient outcomes and efficiency</li> <li>• Inpatient service support for Emergency facilities is always available</li> <li>• Remote and rural areas to have intermediate facilities capable of stabilisation prior to transfer if network journey times are too lengthy</li> </ul>
<p>(10) Where I need wider support for my mental, physical and social needs ensure it is available.</p>	<ul style="list-style-type: none"> <li>• A directory of community and acute services available to all clinicians in the urgent and emergency care pathway, encompassing health and social care services</li> <li>• Rapid access to social care assessment and mental health liaison services</li> </ul>
<p>(11) Each of my clinical experiences should be part of programme to develop and train the clinical staff and ensure their competence and the future quality of the service are constantly developed.</p>	<ul style="list-style-type: none"> <li>• Regular integrated clinical governance meetings involving all contributors to the urgent and emergency care pathway with a focus on final outcomes</li> <li>• Ensure training is delivered effectively and that services are not over-reliant on trainees</li> <li>• Appropriate senior supervision of trainees</li> </ul>

## 4. Is efficient in the delivery of care and services

System design objective	Possible implementation options:
(1) Make it simpler for me or my family/carer to access and navigate urgent and emergency care services and advice.	<ul style="list-style-type: none"> <li>• Simplified and standardised access points to the urgent and emergency care network and facilities</li> <li>• A single urgent and emergency care system for the public, but with a supporting, responsive, tiered clinical structure behind</li> <li>• Decision support from a patient's own GP practice and hospital specialist nurse/team, seven days a week</li> </ul>
(8) Ensure all urgent and emergency care facilities are capable of transferring me urgently and that the mode of transport is capable, appropriate and authorised.	<ul style="list-style-type: none"> <li>• Establish a code of conduct for non-NHS urgent and emergency care operators to ensure alignment with NHS clinical governance and provide clarity of corporate responsibilities</li> </ul>
(9) Information, critical for my care, is to be available to all those treating me.	<ul style="list-style-type: none"> <li>• All patient records are to be accessible and shared amongst all urgent and emergency care providers</li> </ul>