

WEST YORKSHIRE URGENT AND EMERGENCY CARE NETWORK

Briefing paper for the Calderdale and Kirklees Joint Overview and Scrutiny Committee

Background

1. The review in 2013 into emergency services led by NHS England's Medical Director Sir Bruce Keogh – *Transforming Urgent and emergency care services in England* – recommended that the NHS make changes to the current way in which services are offered to people with urgent health needs in primary care, in community settings and in hospitals. One follow up action has been the creation of 24 Urgent and Emergency Care Networks in England, charged with progressing the recommendations of the Keogh review, including one in West Yorkshire covering Bradford, Calderdale, Kirklees, Leeds and Wakefield as well as the Craven and Harrogate districts in North Yorkshire. The West Yorkshire Urgent and Emergency Care Network was awarded Vanguard status by NHS England in 2015. This means that the West Yorkshire network is expected to develop approaches that if possible can be repeated at scale in the rest of the country. The network is composed of representatives of Clinical Commissioning Groups, NHS Trusts, NHS Foundation Trusts, local authorities, Healthwatch and other agencies such as NHS England, Health Education England and the Yorkshire and Humber Academic Health Science Network.

Keogh review

2. The Keogh Review made five overall recommendations:
 - Provide better support for people to look after their own health, supported by improved care planning and giving people better information
 - Helping people with urgent care needs to get the right advice in the right place, first time: developing the 111 service to help with this
 - Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E: general practice, pharmacies and ambulance service have a greater role to play here
 - 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
 - Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts.
3. This has been supplemented by a more detailed route map (a copy is annexed to this paper) that under 28 sub-headings sets out a range of actions to be delivered by NHS organisations both nationally and locally, working with their local partners.

4. The first action in the route map is the establishment of an Urgent and Emergency Care (UEC) Network. These build on the work done already by System Resilience Groups (SRGs) that bring together providers, CCGs, councils and other partners to progress work locally to improve urgent and emergency and develop services. The network's purpose is to improve the consistency and quality of UEC within the area that it covers, working with SRGs and local organisations. There will be challenges in the urgent and emergency care system that are difficult for single SRGs to address in isolation. This will include coordinating, integrating and overseeing care and setting shared objectives for the Network where there is clear advantage in achieving a common approach for delivery of efficient patient care (e.g. ambulance protocols, NHS 111 services, clinical decision support and access protocols to specialist services such as those for heart attack, stroke, major trauma, vascular surgery and critically ill children).

Development of the West Yorkshire Urgent and Emergency Care Network

5. Since 2013 the 11 CCGs in West Yorkshire and Harrogate have been working together under the banner of "Healthy Futures" on issues such as urgent care, cancer, stroke and paediatric services. In 2014 an Urgent and Emergency Care Network was formed in response to the Keogh review and it started work, including commissioning a report from the York Health Economics Consortium of the current provision of emergency services. In 2015 with the announcement of the New Models of Care, or Vanguard, programme in support of the NHS *Five Year Forward View* the Network made a successful bid for Vanguard status.
6. The network was at that time recast with a Leadership Team created with representation from the NHS and local government as well as Healthwatch and external organisations. The current membership of the network's leadership team is annexed to this paper.
7. In addition to the Leadership Team the network comprises a Clinical Forum, a regular meeting of the five SRG chairs, the Vanguard programme and meetings of the wider network. 35 organisations are currently invited to be members of the network with people from those organisations involved in the work streams of the vanguard programme or the meetings of the wider network on specific topics.
8. As a requirement of its Vanguard status the Network has developed a "Value Proposition" for NHS England which is the business case to seek a share of the development funding available for Vanguards and also doubles as the delivery plan for 2016/17 for the Network.

Programme for the Urgent and Emergency Care Network Vanguard for 2016/17

9. The Network's Vanguard programme has four work streams:
 - Primary care

- Hear, See and Treat (ambulance services, 111 services and treatment outside of hospital)
- Mental Health
- Acute care

10. These are supported by six enablers:

- System leadership
- New payment models
- West Yorkshire Care Record
- Workforces
- Intelligence for setting priorities
- Engagement and consultation

11. In 2016/17 the proposed deliverables within the Vanguard programme, which are subject to the outcome of NHS England’s consideration of the Value Proposition, are set out in the following table. The ability of the Vanguard programme to progress all of these issues within 2016/17 will be dependent on the funding that is provided to it.

Work stream	Deliverables in 20016/17
Primary Care	<p>Create, implement and pilot a potential new care model for roll out across West Yorkshire (including evaluation of existing models)</p> <p>Direct booking in and out of hours</p> <p>Triage for urgent appointments</p> <p>Wider use of community pharmacy for meeting urgent request for repeat medicines, across 44 pharmacies</p>
Hear, See, Treat	<p>Clinical Advisory Service (CAS) to ensure patients in need can access specialist clinical advice</p> <p>111/999 Integration single triage process</p> <p>To set up and implement a Mobile Directory of Service available for staff</p>
Mental Health	<p>Develop a Shared Outcomes Framework across West Yorkshire to minimise the distress and disruption caused to vulnerable people with mental health problems</p> <p>Develop a single operating model approach across providers</p> <p>Stocktake of crisis management services for</p>

	<p>Children and Young People in crisis</p> <p>Reduce S136 detentions</p> <p>Eliminate out of area placements</p>
Acute care	<p>Establish a collaborative arrangement for imaging services</p> <p>Develop a Shared Outcomes Model across West Yorkshire to standardise the approach to navigate urgent and emergency care</p> <p>Clinical Reference Group to develop proposal for models of care</p>
Engagement	Engagement with patients and staff on development of proposals for new models of care
Workforce	<p>Workforce analysis of staff in West Yorkshire</p> <p>Memorandum of Understanding between organisations to enable staff movement and reduce competition for staff</p>
Care Record	Engagement with the implementation and roll out of the West Yorkshire Care record
Intelligence	<p>Working across the system to enable seamlessness in patient pathways, through baseline of all UEC activity in West Yorkshire, including patient flows</p> <p>Economic modelling for demand and capacity assessment</p>
System Leadership	Establish a network approach to delivering urgent and emergency care across West Yorkshire including leadership and full staff engagement
New payment models	Agree approach to new payment models for UEC for testing during 2016/17

12. In addition to the work in the Vanguard programme the West Yorkshire Urgent and Emergency Care Network will be expected to make progress by 2017 on specific tasks within the route map:

- define consistent pathways for urgent care with equitable access identified (linked to the work of the acute care work stream of the Vanguard programme)
- ensuring that local care centres are consistently called Urgent Care Centres and offer a consistent service against national standards

- designation of network urgent and emergency care facilities against national standards supported by consistent care pathways
- progressing the development of seven day services in hospitals to achieve national standards

Connection to local reconfiguration proposals

13. The Network has been developing as a collaborative between 35 organisations, including in the work to progress its Vanguard programme and it is currently agreeing the approach to the designation of services. All local NHS organisations are participants in the West Yorkshire Urgent and Emergency Care Network and within local systems there is work in hand to develop proposals for changes to services, including urgent and emergency care. As the Network develops its approach to the designation of services it will need to take account of local developments.
14. The pace of the development of Urgent Care Centres is not uniform across the country although their development will be informed by national standards, which are currently being finalised. Draft versions of the standards have been shared previously by NHS England. The Network will work with local systems to help progress the development of Urgent Care Centres and the designation of emergency centres against national standards.
15. With regard to the specific proposals currently being consulted upon in Calderdale and Greater Huddersfield the network will be developing a formal response to the proposal and a central feature of this will be a considered view on how the proposals reflect the emerging national standards for Urgent Care Centres and Emergency Care Centres as well as how they contribute to the development of a networked approach to the delivery of urgent and emergency care across West Yorkshire. Senior representatives from the WYUEC Network will be able to attend the April 2016 meeting of the Joint Overview and Scrutiny Committee to give a further update.

Conclusion

16. The West Yorkshire Urgent and Emergency Care Network will continue to provide briefings and updates to Overview and Scrutiny Committees and respond to requests to comment with any consultation exercises undertaken within West Yorkshire.

14 March 2016

Annex – West Yorkshire Urgent and Emergency Care Network Vanguard Leadership Team

Team role	Name	Title	Organisation
Network and Vanguard programme chair	Chris Dowse (until 31.3.2016)	Chief Officer	North Kirklees CCG
	Dr Adam Sheppard (from 1.4.2016)	Assistant Clinical Chair	Wakefield CCG
Clinical lead/SRG chair/ Primary care work stream	Dr Andrew Withers	Chair	Bradford Districts CCG
SRG chair/Hear See and Treat workstream	Dr Adam Sheppard	Assistant Clinical Chair	Wakefield CCG
Executive Lead/ SRG chair/Workforce enabler	Nigel Gray	Chief Officer	Leeds North CCG
Executive Lead/ Hear See and Treat work stream	Jo Webster	Chief Officer	Wakefield CCG
SRG chair	Amanda Bloor	Chief Officer	Harrogate and Rural District CCG
Primary care work stream/SRG representative	Carol McKenna	Chief Officer	Greater Huddersfield CCG
Mental Health Trusts/Mental Health work stream	Simon Large	Chief Executive	Bradford District Care Trust NHSFT
Acute Trusts	Dr Clive Kay	Chief Executive	Bradford Teaching Hospitals NHSFT
Acute Trusts	Julian Hartley	Chief Executive	Leeds Teaching Hospitals NHS Trust
Ambulance Trust/111 provider	Rod Barnes	Chief Executive	Yorkshire Ambulance Service NHS trust
Hear See and Treat enabler	Dr Philip Foster	Associate Medical Director	Yorkshire Ambulance Service NHS trust
Local authority representative	Merran McRae	Chief Executive	Calderdale Council
Finance Director/New Payment Models enabler	Martin Wright	Chief Finance Officer	Leeds North CCG
Public representative/ Engagement enabler	Rory Deighton	Chief Officer	Kirklees Healthwatch
Academic Health Science Network/Intelligence enabler	Dawn Lawson	Chief Operating Officer	Yorkshire and Humber Academic Health Science Network
West Yorkshire Association of Acute Trusts/Acute work stream	Robert Harrison	Chief Operating Officer	Harrogate and District NHSFT
West Yorkshire Association of Acute Trusts/Acute work stream	Stacey Hunter	Director of Operations	Airedale NHSFT
Informatics Director/Care Record enabler	Alastair Cartwright	Director of Informatics	Leeds CCGs

Supported by: Colin McIlwain (interim Network Director) and Eric Davies (Vanguard Programme Director)

Urgent and Emergency Care Route Map (1)

1	System Architecture	Deliverable	Supporting product publication	Timescale for implementation
	Establishing U&EC Networks	<ul style="list-style-type: none"> Principles of governance to support membership structure and ToRs Stocktake of U&EC services by networks. Support for overarching network U&EC plan agreed with regions; Networks to develop plans. Networks to define consistent pathways for urgent care with equitable access 	<ul style="list-style-type: none"> Safer Faster Better published 	<ul style="list-style-type: none"> August 2015 Nov 2015 Jan 2016 Dec 2016
	Identifying and piloting system wide outcome metrics	<ul style="list-style-type: none"> Development of a single framework for measuring and reporting on system outcomes (nationally, with local trial) Toolkit to support measurement 	<ul style="list-style-type: none"> 2016 2016 	<ul style="list-style-type: none"> 2017
	Develop a new payment system	<ul style="list-style-type: none"> Local payment model for pilot sites, taking into account mental health outcomes (Monitor) Roll-out of shadow testing model in pilot areas / vanguards Implementation nationally 	<ul style="list-style-type: none"> August 2015 – Local payment example produced by Monitor Sites to be confirmed as part of vanguards 	<ul style="list-style-type: none"> April 2016 April 2018
	Enhanced summary care record	<ul style="list-style-type: none"> Urgent and emergency care services to have greater electronic access to records including summary care record, end of life care records, special patient notes and mental health crisis plans (including patient held plans) 		<ul style="list-style-type: none"> June 2016
	Workforce	<ul style="list-style-type: none"> Underpinning work programme with Health Education England 		<ul style="list-style-type: none"> Ongoing
Accessing the UEC system				
2	Accessing the UEC System	<ul style="list-style-type: none"> Align or novate existing NHS111 and OOH contracts to deliver a more functionally integrated Urgent Care Access, Treatment and Clinical Advice Service model or plan for migration to full integration when contracts allow New NHS 111 commissioning standards published nationally Guidance on the establishment of clinical hubs (within standards) Guidance on specialist advice (within standards) Clinical triage of green ambulance calls established (within standards) Development of Access to Service Information (next generation of the DoS) for timely access to service information and the technical links with ERS to support booking across the urgent care system.. Deliver the Clinical Triage Platform (next generation of clinical decision support) to reflect an integrated urgent care system NHS 111 online platform integrated into NHS Choices, with a clear expectation of digital first 	<ul style="list-style-type: none"> Oct 2015 Oct 2015 Oct 2015 Oct 2015 OBC March 2016 OBC March 2016 OBC March 2016 	<ul style="list-style-type: none"> Nov 2015 TBD in local plans TBD in local plans TBD in local plans June 2018 June 2018 December 2016

Urgent and Emergency Care Route Map (2)

3	UEC Centres	Deliverable	Supporting product publication	Timescale for delivery
	Direct booking from 111 to urgent care centres	<ul style="list-style-type: none"> SRG to drive adoption of and greater provision of direct appointment booking into UCC, ED and primary care. National support, local delivery 		<ul style="list-style-type: none"> Ongoing
	Local Directory of Services (DoS)	<ul style="list-style-type: none"> Networks / SRGs to ensure maintenance of local DoS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Ongoing
	Ensure UCCs provide a consistent service	<ul style="list-style-type: none"> Specification to support move to ensure local care centres are consistently called Urgent Care Centres and offer consistent service 	<ul style="list-style-type: none"> Q4 2015/16 – Spec for UCC and Emergency Centres 	<ul style="list-style-type: none"> 2016 – 2020 in line with local plans
4	Paramedic at Home			
	More patients more appropriately dealt with at home by paramedics	<ul style="list-style-type: none"> Clinical models to support increase in proportion of calls to 999 dealt with via 'see and treat' Referral pathways set between paramedics and other providers 	<ul style="list-style-type: none"> Guidance on clinical models – Q3 2015 /16 Guidance on referral pathways –Q3 2015 /16 	<ul style="list-style-type: none"> In line with local implementation plans
	Ensure a clinically appropriate response by ambulance services to 999	<ul style="list-style-type: none"> Ambulance dispatch on disposition evaluated and national standards reviewed Implementation of recommendations 	<ul style="list-style-type: none"> Final recommendations by Autumn 2016 	<ul style="list-style-type: none"> Autumn 16 – Spring 17
5	Emergency Centres and Specialist Services			
	Analytical activity	<ul style="list-style-type: none"> Analysis of non-elective activity and capacity 	<ul style="list-style-type: none"> Capacity and demand tool Aug-Dec 2015 	<ul style="list-style-type: none"> Aug- Dec 2015
	Hospitals providing 7 day services across ten identified specialties	<ul style="list-style-type: none"> Compliant with 7DS clinical standards as per NHS Standard Contract All urgent network specialist services compliant with four mortality clinical standards on every day of the week 	<ul style="list-style-type: none"> Standard Contract 	<ul style="list-style-type: none"> Ongoing
	Discharge from hospital	<ul style="list-style-type: none"> DTOC plans submitted Support packages for CCGs and SRGs 	<ul style="list-style-type: none"> 7DS standards to include discharge planning and consultant review of patients. 	<ul style="list-style-type: none"> 2017
	Ensure patients are treated in the right networked facilities	<ul style="list-style-type: none"> Facility specifications and advice to support designation of network facilities and definition of consistent care pathways 	<ul style="list-style-type: none"> Q4 2015/16 – Spec for UCC and Emergency Centres 	<ul style="list-style-type: none"> 2017

Urgent and Emergency Care Route Map (3)

6	Mental Health Crisis	Deliverable	Supporting product publication	Timescale for delivery
	An access and waiting time standard will be introduced for 24/7 crisis assessment	<ul style="list-style-type: none"> • Access and waiting time standard for 24/7 crisis assessment response (community based) • Improving access to health-based places of safety following Section 136 	<ul style="list-style-type: none"> • Introduced 16/17 • Prepared in 15/16 	<ul style="list-style-type: none"> • 2017/18 implementation • 16/17 introduction
	An access/ waiting time standard will be introduced for liaison mental health services in A&E	<ul style="list-style-type: none"> • Access and waiting time standard for assessment by liaison mental health services in A&E (as per 7DS standard) 	<ul style="list-style-type: none"> • Introduced 16/17 	<ul style="list-style-type: none"> • 2017/18 implementation
	An assessment standard for those with Mental Health needs	<ul style="list-style-type: none"> • A next generation clinical assessment system specifically designed to support mental health needs and crisis. This will cover Multi – channel access; i.e. voice, face to face/ telephone and online. 	<ul style="list-style-type: none"> • Prepared in 16/17 	<ul style="list-style-type: none"> • 2017/18 implementation
7	Supporting Self Care			
	Personalised care and support planning	<ul style="list-style-type: none"> • People who are most at risk of needing emergency care, including mental health crisis care, will have the option of a person centred care and support plan 	<ul style="list-style-type: none"> • Guidance published January 2015 	<ul style="list-style-type: none"> • 2017
	Support for self-management	<ul style="list-style-type: none"> • Supported self-management guide published with Age UK based on 11 principal risk factors associated with functional decline in older people living at home • Consensus statement and practical guidance to support commissioners and Fire and Rescue Services to use the 670k home visits carried out annually by the FRS to keep people 'safe and well' • Tools to support implementation of key approaches, including self-management education and peer support e.g. commissioning tool / economic model underpinned by a clear evidence base • A series of innovative tools / training packages to support culture change for health and care professionals • An overview and assessment of the levers, barriers and enablers of person-centred care – and a set of recommendations for the future 	<ul style="list-style-type: none"> • Published January 2015. Revision in October 2015 • October 2015 • Beta versions from Spring 2016 • Final products to be developed nationally Autumn 2016 	<ul style="list-style-type: none"> • 2015/16 publication. 2016/17 integration within frailty pathway approach • Implementation support from 2015/16 • Implementation in line with local plans 2016 / 2017
	Personalised Health Budgets	<ul style="list-style-type: none"> • CCGs are developing their local personal health budgets offer and will be introducing PHBs beyond NHS continuing healthcare in line with the 2015/16 planning guidance. 	<ul style="list-style-type: none"> • National roll out from April 2015 	<ul style="list-style-type: none"> • Implementation in line with local plans 2017

Urgent and Emergency Care Route Map (4)

8	Independent Care Sector	Deliverable	Supporting product publication	Timescale for delivery
	Local Commissioning Practice	<ul style="list-style-type: none"> Guidance to CCGs and LAs on working with the ICS, including encouraging joint winter and future capacity planning Clarification guidance to be made available on Continuing Healthcare processes – within Quick Guide: Improving Hospital Discharge Guidance for acute trusts on how to support self-funders (choice protocols) 	<ul style="list-style-type: none"> Guidance published Q3 2015/16 Guidance published Q3 2015/16 Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 – Q4 2015/16 Q3 – Q4 2015/16 Q3 – Q4 2015/16
	Better use of care homes	<ul style="list-style-type: none"> Guidance for best practice clinical input required for care homes: <ul style="list-style-type: none"> Quick Guide: Clinical input into care homes Phase II – long term models including cost benefit analysis Quick Guide: Identifying local care home placements Quick Guide: Technology in care homes 	Guidance published: <ul style="list-style-type: none"> Q3 2015/16 2016/17 Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 2015/16 – Q4 2016/17 Q3 – 2015/16
	Improving Hospital Discharge	<ul style="list-style-type: none"> Quick Guide: Improving Hospital Discharge to the care sector Quick Guide: Sharing Patient Information 	<ul style="list-style-type: none"> Q3 2015/16 	<ul style="list-style-type: none"> Q3 2015/16
	Better use of care at home	<ul style="list-style-type: none"> Quick Guide: Better use of care at home 	<ul style="list-style-type: none"> Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 – Q4 2015/16
9	Primary Care			
	Improved access to primary care	<ul style="list-style-type: none"> 18 million people will have access to weekend and weekday appointments, and/or different modes of accessing general practice Routine access to GP appointments at evenings and weekends 	<ul style="list-style-type: none"> Phase 2 PMCF Primary Care Infrastructure Fund 	<ul style="list-style-type: none"> March 2016 2020
	Increased role for pharmacy in urgent care	<ul style="list-style-type: none"> Pharmacy access to Summary Care Record Seasonal Influenza Vaccination Advanced Service for community pharmacy Quick Guide: Extending the role of Community Pharmacy in UEC 	<ul style="list-style-type: none"> Refreshed guidance Autumn 2015 Q3 2015/16 	<ul style="list-style-type: none"> Autumn 2015-17 Autumn 2015 Q3 – 2015/16
	Improving oral and dental health	<ul style="list-style-type: none"> Quick Guide: Best use of unscheduled dental care services 	<ul style="list-style-type: none"> Guidance published Q3 2015/16 	<ul style="list-style-type: none"> Q3 – 2015/16