

TRANSFORMING URGENT AND EMERGENCY (UEC) CARE

Interventions to reduce risk of harm, and improve
experience and outcomes for winter 2020/21

THE NHS EXECUTIVE BOARD WAS ASKED TO:

- I. **discuss plans to transform the UEC system** to improve outcomes and experience, and mitigate the risks of harm presented by Covid-19 and winter pressures
- II. **discuss** the proposed change to a quality focused measurement system for urgent and emergency care (UEC) services
- III. **consider and identify action** required to enable accelerated delivery of the interventions.

STRATEGIC CONTEXT

A Healthier Wales commitments and design principles:

- A **whole system approach** where seamless support, care or treatment is provided as close to home as possible;
- Services designed around the individual, **based on their unique needs** and what matters to them;
- People will **only go to a general hospital when it is essential**, with hospital services designed to reduce the time spent in hospital;
- A **shift in resources to the community** that enable hospital-based care (when needed) to be accessed more quickly; and
- Using technology to support high quality services.
- Develop **more meaningful measures** and use feedback from patients and staff to measure what matters most to people



6 GOALS FOR UEC





WINTER / COVID-19 CHALLENGE FOR UEC

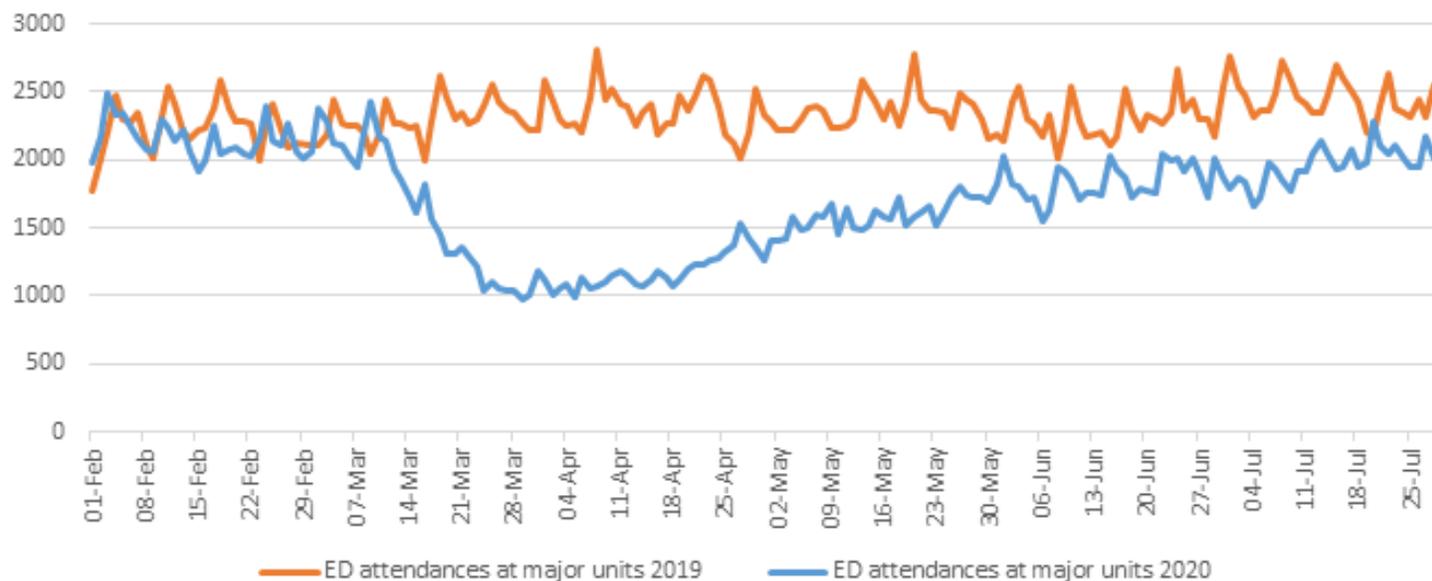


WINTER / COVID-19 CHALLENGE FOR UEC

- Physical capacity > Nosocomial guidance
- Respiratory symptoms (influenza, coughs / colds and Covid-19)
- Delayed presentations e.g. cancer
- Emotional distress /anxiety/ wellbeing issues
- Primary and social care activity over the festive period
- Return to 'normal range' of activity and beyond

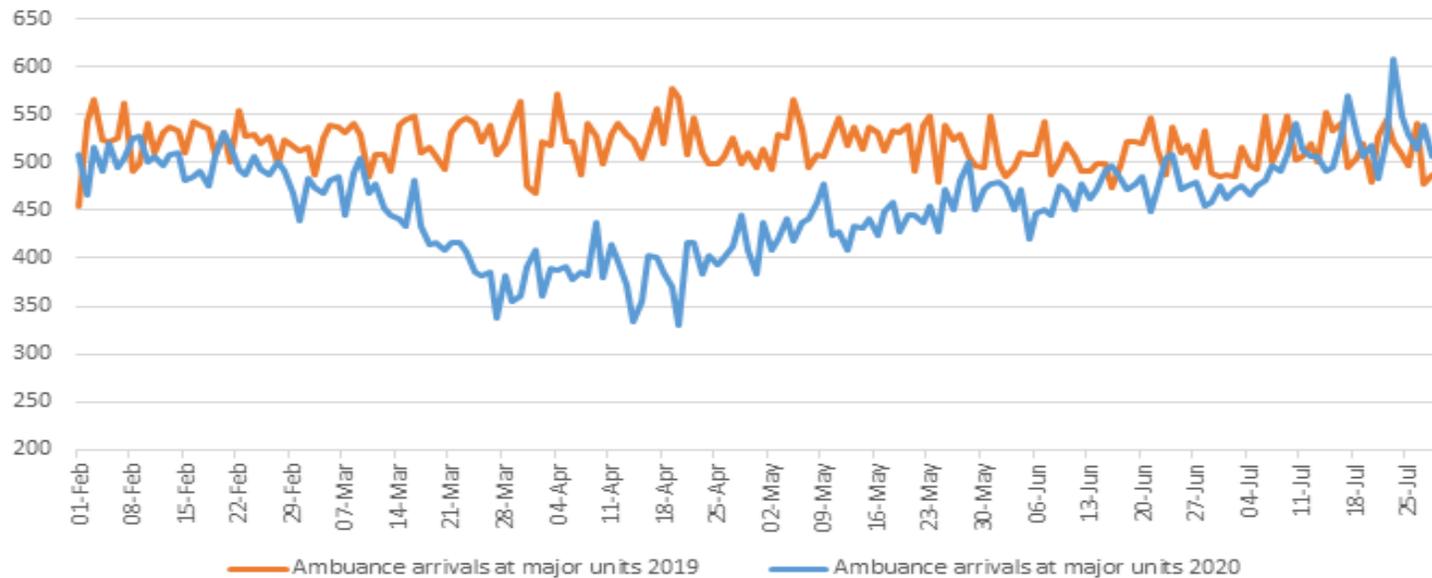
Attendances at major units - 1 Feb - 28 Jul

2019 vs. 2020



Ambulance arrivals at major units - 1 Feb - 28 Jul

2019 vs. 2020

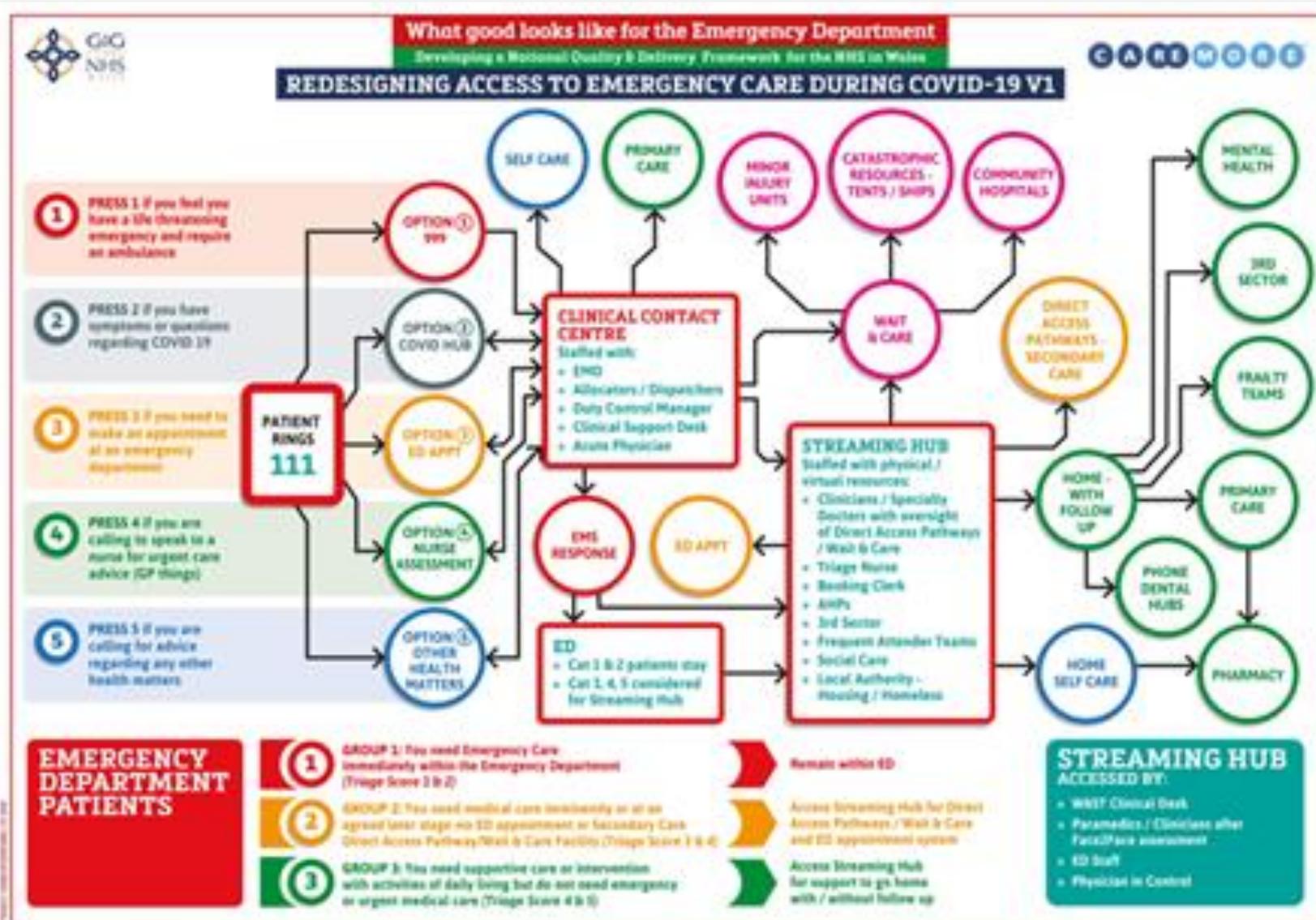


UEC ACTIVITY RETURNING TO NORMAL RANGE

UEC TRANSFORMATION – COVID-19 + OPPORTUNITIES

- A real opportunity to use Covid-19 and the winter to accelerate transformation in UEC, reduce risk, improve outcomes and achieve related aHW commitments
- The pandemic has shown we can do this at pace, if we are focussed on the key issues and with resources
- There is a real appetite for change among key stakeholder groups, Health Boards and NHS Trusts and Once for Wales buy in for transformation from all organisations
- Integrated response essential – social services buy-in for transformation in UEC
- Need progress across all Health Boards and NHS Trusts
- Communications and engagement is really important

TRANSFORMING THE UEC MODEL – THE EMERGING MODEL



NEW UEC MODEL – THE KEY ELEMENTS PHASE I

- **New ‘Phone / Contact First’ model (once for Wales)**
- **Stream 999 and I I I /GPOOH’s**
- **999:**
 - Five step clinical model
 - Shift left
 - Demand and Capacity review and Ministerial Taskforce
- **I I I /GPOOH’s:**
 - Clinical Contact Centre
 - Streaming Hub / Flow Centre
 - Booked Appointments

NEW MODEL FOR UEC – KEY PRE-REQUISITES AND ENABLERS

- The model works best if all health boards and trusts are taking it forward and with an integrated health and social services response
- Agree the scope for phase I ie winter 2020 and implement at pace
- A collaborative approach is essential with a balance between national co-ordination support and direction and the need for local implementation to reflect local circumstances
- Effective and comprehensive communications and engagement – link to winter protection plan communications, patient survey, a balance between national and local communications with consistent messages, pro-active public and professional engagement
- Workforce is a key enabler – close working with HEIW
- Information and data is a key enabler – integrated data, appropriate whole system measures, real time data for operational support (dashboard)
- National bodies to work together and learning from others

REVIEWING UEC + MEASURES TOGETHER

- Measures Advisory Group established on request of Minister
- National clinical engagement events
- What matters to patients and staff - Co-production network
- CEs / MDs / NDs / COOs / DoFs / DoPs consulted
- Interviews with key stakeholders from across the UEC system
- Focus groups on 'what matters' (HB and national)

FINDINGS + WHAT MATTERS?

- Current 'silo' approach to UEC measurement does not drive whole system accountability /improvement for patients
- >4 hour target a blunt measure, not person centred, drives perverse behaviours
- Quality of care, experience and frequency of communication matters most to patients when accessing care in ED
- Whole system measurement and fresh approach to measuring UEC pathway matters to staff
- RCEM: *“Now is the time to bite the bullet and change the way we measure emergency care. We need to try a new performance framework unencumbered by the four-hour standard if we are to improve care for our patients.” (July 2020)*

PROPOSAL

- Limitations > unable to link patient level data across the system...yet
- Whole system approach to drive different focus, behaviours and accountability to achieve improvement for patients
- No longer use >4 hour target in ED
- Three new ED KPIs + experience information + upstream and downstream measures:
 - Preventing transport and admission for specific conditions / complaints
 - Timeliness, quality and frequency of assessment in ED
 - Improving flow of patients through hospital to reduce risk of harm
 - Focusing on timely transfer home to reduce risk of harm and improve outcome
- Not perfect and need for greater focus on connecting systems to enable data linkage...however, provides greater context on quality, experience, harm, outcomes

NEXT STEPS

- Final 'lap' of engagement on the options - **August and September.**
- A further '**what matters to me**' **perception survey** at Emergency Departments in **August and September.**
- **Final recommendations** will be set out in a report for and subsequently the Minister for Health and Social Services to include targets or standards for delivery where appropriate – **October**
- Subject to approval, the proposed new measures will be launched over the winter period - **December**

NEW UEC MODEL – INTERVENTIONS AHEAD OF WINTER

- **New ‘Phone / Contact First’ model (once for Wales):**
 - signpost people to the right place or clinician, first time.
 - People with non-life threatening conditions will be able to access clear, professional advice on which service is best suited to meet their needs.
 - Remote assessment by a suitably qualified doctor or a nurse and, depending on the severity of the condition, they may be:
 - I. encouraged to self-care;
 - II. signposted to a more appropriate service in their local community; or
 - III. directly booked in to an appointment in an Emergency Department if they need further assessment and treatment.
 - All UK nations committed to delivering this model.

NEW MODEL FOR UEC – INTERVENTIONS AHEAD OF WINTER

- The NHS Wales 111 **online symptom checker** tool and **bespoke apps**
- **WAST / 111** call handling and telephone advice offer (hear and treat)
- **Health Board - flow centres and hubs**
- **Agree priorities for advice and hubs** – minor illness, respiratory, mental health, falls and urgent dental
- **‘Consultant Connect’** to provide remote /virtual advice to GPs on patients who may previously have automatically been referred to the Emergency Department
- **Discharge to recover and assess** pathways and **right sizing community capacity**
- **Care home support** with access to clinicians in a ‘flow hub’, Consultant Connect or ‘Attend Anywhere’
- **Demand and Capacity** – how are we going to use additional capacity to support UEC this winter

SUMMARY

- Successful delivery of the six goals approach, transformational interventions and their underpinning operational plans will change the ways that patients access UEC.
- This should result in both an improved experience and outcome for patients and reduced risk of nosocomial transmission.
- Greater efficiency and clinical effectiveness through treating patients at the most appropriate care setting for them.
- Currently no additional funding / resources to support operational implementation at national or local level. £450m allocated to UK Government for UEC capital improvements in England.
- Additional resource would enable accelerated delivery.

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REFERENCE MATERIAL

- Welsh Access Model
- Delivery Unit – Right Sizing in the Community
- Benchmarking Audits – Emergency Departments and Intermediate Care
- Maturity Matrix – Phone First Maturity Matrix
- CAV 24-7 presentation
- National programme for Primary Care – 24/7 workstream
- National Unscheduled Care Programme - EDQDF
- Winter Plan – Respiratory Health Implementation Group
- Urgent and Unscheduled care data flow and linkage