

1. Introduction

The **Urgent and Emergency Care (UEC)** review sets an ambition for UEC services so that:

- People with urgent care needs, including mental health crisis, receive a highly responsive service that delivers care close to home, minimising disruption and inconvenience for patients and their families.
- Those with more serious or life-threatening emergency care needs, receive treatment in centres with the best expertise and facilities to maximise the chances of survival and good recovery.

People who are admitted to hospital in an emergency should receive the same high quality care **7 days a week**. Currently, lower staffing levels over the weekend contributes to increases in waiting times and disrupted patient flow.

A set of [10 clinical standards](#) have been developed to improve the quality of care no matter when patients are admitted. Sustainability and Transformation Plans (STPs) should focus on a sub set of four priority standards to ensure patients admitted to hospital in an emergency receive the same quality of assessment, diagnosis, treatment and review throughout the week. Progress on the other six standards is also encouraged as these will be important in enabling delivery of the priority standards.

2. Success in 2020 for urgent and emergency care

i. Provide responsive urgent care services outside of hospital, ensuring care close to home

- More calls to ambulance resolved without conveyance to emergency departments.
- Urgent and emergency care services have greater electronic access to records, including advance care plans through an enhanced summary care record & 'special' patient notes.
- Increased use of frailty units and ambulatory care units, reducing hospital emergency admission rates and length of stay for urgent conditions and frail and/or older people.
- Stronger partnerships with care homes, homecare and housing providers reducing avoidable admissions and delayed transfers of care.
- To succeed, footprints will also need to make progress on other policy areas including developing an enhanced primary care offer and improving community support for long-term condition management.

ii. Single point of access for clinical advice

- A 24/7 integrated urgent care service implemented in each footprint, including a clinical hub that supports 111, 999 and out-of-hours calls from the public and all healthcare professionals.
- Services marketed so patients understand what is available to them.

iii. For people with more serious or life threatening emergency care needs, ensure treatment in centres with the best expertise and facilities

- UEC networks implement plans in all parts of the country to deliver objectives of the review for all ages, for both physical and mental health.
- Consistent pathways defined for UEC with equitable access, including designation of acute services and community urgent care facilities.

3. Success in 2020 for 7 day hospital services

By March 2017, four clinical standards will be implemented to cover 25% of the population, with 100% cover by 2020. All urgent network specialist services (vascular surgery, stroke, major trauma, STEMI heart attack, and children's critical care) will implement the priority standards by autumn 2017.

- **Timely consultant review:** All emergency admissions have a thorough clinical assessment by a suitable consultant as soon as possible, but at the latest within 14 hours of arrival at hospital.
- **Improved access to diagnostics:** Hospital inpatients have scheduled 7 day access to diagnostic services. Consultant-directed diagnostic tests and reporting available 7 days a week: within 1 hour for critical patients; within 12 hours for urgent patients; and, within 24 hours for non-urgent patients.
- **Consultant directed interventions:** Hospital inpatients must have timely 24 hour access, 7 days a week, to consultant-directed interventions.
- **Ongoing review in high dependency areas:** All high dependency patients (including acute medical unit, surgical assessment units and intensive care unit) seen and reviewed by a consultant twice daily, unless it is determined by a senior decision-maker that this would not affect the patient's care pathway; and consultant- directed ward rounds.

4. How are we going to get there for urgent and emergency care?

The UEC programme has established 23 UEC Networks that can offer expert guidance to footprints. Regions have been allocated funding for 2016/17 to establish regional PMOs and determine how best to support their UEC Networks. Additional resource will be established in 2016/17, e.g. to support the implementation of integrated urgent care. Support from UEC network Local and Education Training Board (LETB) leads will be offered regarding workforce. Learning from the UEC Vanguard will be shared to enable rapid spread and adoption.

i. Provide responsive urgent care services outside of hospital, ensuring care close to home

Implement quick-win interventions

- Implement appropriate interventions for both adults and children from [Safer Faster Better](#) and from our [UEC Quick Guides](#).

Provide targeted support for specific groups

- Support people to manage their own health and ensure that care plans include what to do at times of crisis and relevant information for UEC services.
- Ensure community-based 24/7 mental health crisis assessment is available close to home.
- Support self-management for people with LTCs.
- Implement [Facing the Future: Together for Child Health](#) standards for acute care to provide care closer to home for children and young people.

Enhance urgent care services and pathways

- Implement [referral pathways](#) between UEC providers, e.g. paramedic to GP.
- Adopt [new clinical models](#) for ambulance services, such as 'hear and treat' and 'see and treat' and implement recommendations of ambulance response programme (anticipated Q3 2016/17).
- Develop partnership with providers of care homes, homecare and housing (adaptations & extra/supported housing) to implement the improvements outlined in the [Quick Guides](#).
- Improve usage of urgent dental care through implementation of the [quick guide](#), and introduction of findings of urgent dental review (due June 2016) and urgent dental commissioning guide (due 2017).
- Enhance the role of community pharmacy see [Quick Guide: Extending the role of community pharmacy in urgent care](#).

ii. Single point of access for clinical advice	
Establish clinical and virtual hubs <ul style="list-style-type: none"> • Include integrated urgent care clinical advice hub in commissioning specifications. • Review whether hub services can be co-located to improve relationships, dialogue and feedback. • Make arrangements for a virtual care hub, for care expertise which are consulted less frequently. 	Improve emergency triage approach <ul style="list-style-type: none"> • Implement the next generation Clinical Decision Support System, currently NHS Pathways, including online access. Ensure access to electronic records <ul style="list-style-type: none"> • Implement enhanced access to Directory of Services and Summary Care Record (SCR).
Ensure the eight key priorities of delivering Integrating Urgent Care are addressed: <ul style="list-style-type: none"> • A single call to get an appointment out of hours. • Data can be sent between providers. • Capacity for NHS111 and out of hours is jointly planned. • The SCR is available in the hub and elsewhere. • Care plans and patient notes are shared. • Appointments can be made to in-hours GPs. • Joint governance across IUC providers. • There is a Clinical Hub containing GPs and other health care professionals. 	
iii. For those people with more serious or life threatening emergency care needs, ensure treatment in centres with the very best expertise and facilities	
Design and implement improved patient pathways <ul style="list-style-type: none"> • Define consistent pathways between providers within UEC networks, ensuring patients are treated in the right place at the right time. • Implement good practice principles, including those in Quick Guide: Supporting patients' choices, to avoid delayed transfers. Implement new payment systems <ul style="list-style-type: none"> • Take learning from UEC Vanguard to introduce a payment system that best tackles local challenges. 	Upgrade in-hospital emergency services <ul style="list-style-type: none"> • Ensure all A&E and emergency services offer a service in line with standards to be published 16/17. • Establish 24/7 liaison mental health services in all acute hospitals. • Implement seven day services standards across acute hospitals.

5. How are we going to get there for 7 day hospital services?

All STP areas should be planning for, or already implementing, 7 day hospital services. Ten early implementer areas, covering 25% of the population in England, have set an ambition to deliver 7 day hospital services by March 2017. The remaining areas should aim to implement 7 day hospital services standards by 2018 or 2020.

There are a number of enabling steps to achieve the clinical standards set out in the table below:

Getting started	Engagement	Delivery
<ul style="list-style-type: none"> • 7DS Implementation Checklist: to assess readiness for developing a cross-system delivery plan (available shortly). • Identify gaps in care: participate in a six monthly 7DS trust self-assessment survey and use it to establish current position against the priority clinical standards. • Identify variation in outcomes: review benchmarked data on mortality risk, patient experience, readmission rates and length of stay by day of the week, (published on a quarterly or annual basis) to understand the impact of 7DS. Variation in processes and clinical outcomes associated with day of the week should be reported. 	<ul style="list-style-type: none"> • Engage staff: of all grades and roles from the outset to identify solutions to the 7DS implementation challenges. • Engage and understand patients: to gain their support and design services around their needs. A good example of this is a dedicated 7DS website that North West London uses to engage their patients. • Develop innovative workforce approaches: to consider new and extended roles for clinical and non-clinical staff. Examples of innovative approaches for allied healthcare professionals, pharmacists and specialist nurses can be found here. Involve local education and training colleges who can support with training and development of competency based approaches. 	<ul style="list-style-type: none"> • Use network approach to provide capacity: work across trusts to allow smaller hospitals to meet clinical standards without providing all services every weekend. South Yorkshire Partnership have a working arrangement to allow this approach. • Use a service improvement approach to develop systems and processes. An example of delivering a 7 day service to facilitate early diagnosis and treatment can be found here. • Establish information sharing: develop safe and effective information governance to facilitate sharing. Areas with this arrangement have found it easier to implement 7DS. • Develop financial incentives: CQUIN to incentivise system wide achievement of the clinical standards.