

Warwickshire Health and Wellbeing Board

20<sup>th</sup> January 2014

University Hospital Coventry and Warwickshire- Response to the Keogh Report on Accident and Emergency

**1. Recommendation(s)**

- 1.1 The Warwickshire Health and Wellbeing Board note the response from University Hospital Coventry and Warwickshire (UHCW) in relation to the plans outlined within the Keogh plan for Accident and Emergency Services in England. Furthermore, the Board are asked to note the measures taken by the Trust to continue to provide timely and high quality care to our patients in line with the principles of Getting Emergency Care Right.

**2. Background**

- 2.1 Sir Bruce Keogh published plans for 'Transforming Urgent and Emergency Care Services in England' in November 2013. The plans propose changes to Accident and Emergency Services to make them more responsive and personal for patients, deliver better clinical outcomes and enhance patient safety. Sir Bruce Keogh says that his plans will take five to six years to implement.
- 2.2 In essence, the plans would establish two types of accident and emergency service, with specialist expertise in areas such as stroke and trauma concentrated in fewer hospitals.
- 2.3 The proposed plans aim to ease pressures on Accident and Emergency services by proposing five key areas of change:
- **Providing better support for people to self-care:** The NHS will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional.
  - **Helping people with urgent care needs to get the right advice in the right place, first time:** The NHS will enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.

- **Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in Accident and Emergency:** This will mean: putting in place faster and consistent same day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs; harnessing the skills, experience and accessibility of community pharmacists; developing our 999 ambulance service into a mobile urgent treatment service capable of treating more patients at scene so they do not need to be conveyed to hospital to initiate care.
- **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:** Once it has enhanced urgent care services outside hospital, the NHS will introduce two types of hospital emergency department with the current working titles of Emergency Centres and Major Emergency Centres. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. The NHS envisages around 40-70 Major Emergency Centres across the country. It expects the overall number of Emergency Centres – including Major Emergency Centres – carrying the red and white sign to be broadly equal to the current number of Accident and Emergency departments. 70 to 100 remaining Accident and Emergency departments would become ordinary emergency centres, which will cope with problems requiring less specialised care.
- **Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts:** Building on the success of major trauma networks, the NHS will develop broader emergency care networks. These will dissolve traditional boundaries between hospital and community-based services and support the free flow of information and specialist expertise. They will ensure that no contact between a clinician and a patient takes place in isolation – other specialist expertise will always be at hand.

### 3. Key Issues

- 3.1 The five key areas for change provide a template for the wider health economy to enhance the delivery of Accident and Emergency Services for our local communities, alongside community based services.

3.2 As a major tertiary centre and university teaching hospital, the key area that UHCW have the most ownership over is area four – “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”. However in order to deliver against this element of the Keogh plan, the remaining four areas of the Keogh plan will also need to be successfully moved forward within the wider health economy.

3.3 Getting the emergency care pathway right has been a major priority for UHCW, because it is a key part of ensuring the delivery of safe and effective care for our patients. Our recent strong performance (see Appendix 1) is a testimony to the hard work of clinicians and managers and a number of actions have been critical to that success:

- **Getting Emergency Care Right:** a change management programme of work ‘Getting Emergency Care Right’ is currently underway with the organisation aimed at improving the patient flow in its Accident and Emergency Department.
- **Seven day working:** UHCW is exploring seven day working, ensuring key teams (e.g. in diagnostics and patient discharge) are working seven days per week to maintain patient flow at the weekends.
- **Establishing clinics as an alternative to admission:** 14 alternative pathways went live on 11 November 2013 and offer clinic based best practice care as an alternative to admission to hospital.
- **GP responder trial:** working with West Midlands Ambulance Service NHS Trust and Coventry and Warwickshire NHS Partnership Trust to support GP’s attending to 999 calls in an attempt to appropriately avoid bringing patients to the Accident and Emergency Department.
- **Establishing a Frail Elderly Assessment service:** this service is designed to support frail older people and avoid them being admitted to hospital.

#### 4. Conclusions

4.1 The Warwickshire Health and Well Being Board are asked to note the paper.

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# Appendix 1: Improved Performance in Emergency Care

