Appendix 6 – Urgent & Emergency Care Review (UECR) - Key messages

Current services

The number of GP consultations has risen over recent years and despite rapid expansion and usage of alternative urgent care services, attendances at A&E departments have not reduced. This indicates either unmet demand across the whole system or supply induced demand or increased uptake as a result of increased provision of services. Growth is leading to mounting costs and increased pressure on resources. Overall fragmentation leads to duplication and over-use at significant cost to the NHS.

Patient experience

There is significant variation in patient experience between GP practices. Patient experience of both the NHS Direct telephone service and pilots of NHS 111 has been found positive; however transition from nurse-led triage to calls answered by trained advisors, supported by experienced clinicians has led to some incidences of poor patient experience. The lack of standardisation of services leads to duplication, delay, increased clinical risk and poor patient experience.

Self-care and self-management

Self-care for minor ailments and self-management of long-term conditions are effective at improving quality of life and reducing dependency on urgent and emergency care services; however there is a lack of awareness surrounding how to access self-help. Community pharmacy services can play an important role.

Telephone care

Telephone advice can prevent many unnecessary attendances at NHS facilities. However it is sometimes difficult to accurately triage patients over the phone and without clinical input, call handlers may sometimes over-triage if they cannot rule out a serious condition. However some patients lack confidence in telephone advice and are likely to pursue a second opinion inappropriately, leading to duplication of service provision.

Face-to-face care

Urgent care services across England causes confusion amongst patients and healthcare professionals in terms of services offered. Urgent access to GP appointments across England is variable. Primary care can struggle to manage some patients with long-term conditions effectively, including those with mental health problems. This may lead to avoidable A&E attendances and emergency admissions to hospital. Variation in acceptance and quality of care provided can result in delayed treatment or multiple contacts and a poor experience of care, as well as inefficient use of expertise and resources.

999 emergency services and Accident and Emergency departments

The shortage of emergency medicine trained senior (middle grade and consultant) doctors is a problem for nearly all A&E departments and large variation in consultant 'shop floor' coverage is seen across England. Patients with mental health needs are a key challenge facing A&E departments but access to psychiatric support out-of-hours is poor for the majority of services. To ensure high-quality and safe care in an A&E department, access to inpatient beds and support from other specialties in the hospital or rapid transfer to the right hospital is required.

Emergency admissions to hospital

Growth in the number of emergency admissions to hospital has been associated with a large rise in short or zero stay admissions. This is underpinned by a lack of early senior review and reduced service provision including fewer consultants working at weekends.

Workforce

National workforce analysis highlights that the GP workforce is under with insufficient capacity to meet needs. Many A&E departments do not have the recommended number of emergency medicine consultants or middle grade doctors to support.

Urgent and emergency care networks

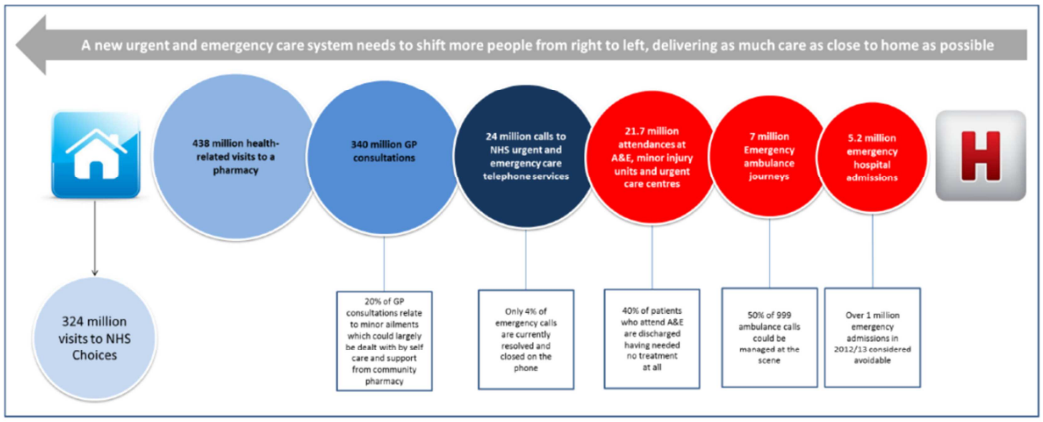
It's recognised that UCN can improve patient outcomes and experience; however there is variation in the organisation, scope and functionality of networks across the country. There are wide variations in the way information is shared

UECR – Emerging Principles

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

- Consistent quality and safe care 7 days a week
- Simple for patients and clinicians
- Right care, right place, by those with the right skills, first time
- Efficient care and services

Figure 1: Opportunities for meeting people's urgent and emergency needs closer to home



UECR – System Design Objectives

- Make it simpler for me or my family/carer to access and navigate urgent and emergency care services and advice
- Increase me 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
- Increase me or my family/carer's awareness of and publicise the benefits of 'phone before you go'
- 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
- Improve my care, experience and outcome by ensuring early senior clinical input in the urgent and emergency care pathway
- Wherever appropriate, manage me where I present (including at home and over the telephone)
- Ensure all urgent and emergency care facilities are capable of transferring me urgently and that the mode of transport is capable, appropriate and authorised
- Information, critical for my care, is available to all those treating me
- Where I need wider support for my mental, physical and social needs ensure it is available

- 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
- The quality of my care should be measured in a way that reflects the urgency and complexity of my illness.