DRAFT

Unplanned Care Long Term Implementation Plan

Collaborative Programme – [Urgent & Emergency Care]

Bold Ambition

- **People will have access 24/7 to timely and appropriate information that enables the majority of people to self-care for their urgent non life threatening care needs; People with urgent but non-life threatening care needs will access 24/7 highly responsive, effective, compassionate, personalised services that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families; People with more serious or life threatening emergency care needs, will be immediately treated 24/7 if necessary and appropriate or transported to specialised teams of staff, who have the skills and expertise to treat the patient effectively and compassionately in centres that have the very best and comprehensive facilities in order to maximise their chances of survival and a successful recovery**

Anticipated Outcomes (measurable and where possible with the target dates)

- Joined up and coordinated urgent & emergency care (March 2023)
- Access to online digital consultations in primary care (March 2020)
- Increased community & intermediate crisis care response within 2 hours for MH (check with MH programme for timescale)
- Reablement/rehabilitation care provided within 2 days of referral (March 2021)
- Extra recovery, reablement and rehabilitation wrapped around core services to support people in their own homes (March 2022)
- Utilisation of home based and wearable technology to support people in their own home to facilitate early prevention and assessment (March 2022)
- A single multidisciplinary Clinical Assessment Service (CAS) to include NHS111, ambulance dispatch and GPOOH. (March 2020)
- New service channels for out of hospital care – Urgent Treatment Centres (UTC's) available in each place, Same Day Emergency Care (SDEC) in each major A&E (December 2019)
- Timely ambulance responses – skilled paramedics treating at home or appropriate settings outside hospital (March 2020)
- Improved ambulance efficiency aligned to new ambulance response standards (March 2020)
- Increase in discharge on the day from 20% - 33% (March 2021)
- Reduction in overall conveyance, admission, Length of Stay and readmission rates from existing baseline (March 2023)
- Achievement of the emergency care standards for the seriously ill to be consistent 24/7 for the population of Humber Coast & Vale (March 2024)
- Improved quality outcomes for the population having consistent care 24/7 with reduced mortality and morbidity (from existing baseline) (March 2023)

The Case for Change (brief context on the why and local need)

- The urgent & emergency care system is under pressure and an estimated 3 million patients who come to A&E each year (nationally) could have their needs addressed elsewhere in the urgent care system
- 1 in 3 patients admitted to hospital as an emergency had 5 or more health conditions
- In 2016/17 nationally, the total annual attendances at A&E was 23.37 million – 23.5% higher than a decade earlier. In HCV this equates to about 50,000 attendances per month
- Almost 1 in 5 patients now waits longer than 4 hours for a decision to admit, discharge or treatment in A & E across HCV
- Patients attending A & E are increasingly more acute and complex
- Continued shortage of emergency staff to meet the 24/7 rotas expected across the emergency specialties to meet the national emergency standards
- Many of the complex and acutely unwell patients could have been identified earlier and managed without defaulting to high value UEC and A&E services

Anticipated Financial Benefits

- More effective and efficient use of resources that are targeted to need and better outcomes will reduce the proportion (per capita) of ambulance conveyances , admissions to hospital and the reliance on high cost assets .
- The channel shift towards earlier more appropriate care is a more cost effective strategy.
- Reduction in premium staffing costs associated with trying to cover 24/7 rotas across 5 accident & emergency and associated supporting specialties
- Reduction in long term care costs due to timely treatment aiding better recovery
- Reduction in long term dependency on the benefit system
- Allowing people to return to work more rapidly and therefore contribute to the broader economy

Prioritised Objectives	Anticipated year of delivery	Level for delivery (place, sub-system, HCV?)
• Admission Avoidance – to develop processes, pathways and systems to avoid admission to hospital with the aim of reducing admissions by 20% from 19/20 baseline	• 22/23	• HCV (1)
• Care in the A & E department – to develop timely and high quality responses for patients in need of emergency care with the aim of achieving the 95% A&E wait target and adhering to the required clinical standards	• 23/24	• Subsystem (2)
• To develop timely discharge from hospital with the aim of achieving an increase of discharges on the day from 20% to 33%	• 23/24	• Place (3)
• (1 = Admission Avoidance, 2 = In Hospital care, 3 = Discharge/interface)		

Prioritised Projects	Anticipated year of delivery	Level for delivery (place, sub-system, HCV?)
• Same Day Emergency Care for 12 hours a day, 7 days a week (current position 5 days a week)	• 19/20	• Sub system (b)
• An acute frailty service for 70 hours a week in all major A&E depts, working towards assessment within 30 minutes of arrival (current position TBA)	• 19/20	• Sub system (b)
• 100% of patient activity in A & E, Urgent Treatment Centres and Same Day Emergency Care recorded on the Emergency Care Data set (current position TBA)	• 19/20	• HCV (a)
• Engagement with voluntary sector to identify support for admission avoidance	• 19/20	• HCV (a)
• Consolidation of the Integrated Urgent Care Service, including development of Urgent Treatment Centres that meet required standards	• 19/20	• HCV (a)
• Reduction in care home admissions to hospital (including HIU)	• 19/20	• Place (c)
• Full implementation of Trusted assessor to facilitate early discharge	• 20/21	• Place (c)
• Increase in directly bookable appointments	• 20/21	• HCV (a)
• (a = UECN network lead, b = AEDB lead, C = Place lead)		

Key risks to delivery

- Increase in activity through A&E
- Top down focus on performance
- Capacity to develop the alternative system
- Lack of workforce
- Interdependencies with other programmes to achieve national timescales on delivery
- Technology capability

Brief description of governance to support delivery (including identification of interdependencies)

- Urgent & emergency care network part of HCV partnership, this encompasses the A&E delivery boards. Building a link to the PCNs as they develop to engage at Place level
- Interdependencies with all other collaborative programmes for delivery i.e. MH for crisis response
- Acute service reviews need to ensure compliance with national recommendations for urgent & emergency care

Approach to engagement

- Regular workshops across the UEC system in HCV. Clinical engagement through the CAG & A & E delivery boards. Public engagement through the Partnership arrangements
- Communication across a broader range of channels and relationship building activities.
- Develop an education and awareness programme with Comms about use of the urgent & emergency care system

Resource to support delivery

- Each Place has a representative at UEC level which links to the A & E Delivery Boards also.
- A & E Delivery Boards
- Support from the acute service reviews (external)
- IUC leads in each CCG
- Programme Director for UEC