

## The future of urgent and emergency care

The landscape of urgent and emergency care has changed over the past decade, with many variations on services being made available in addition to the traditional family GP and Emergency Department (ED). The increased range of services and nomenclature has made it confusing for patients to get the right care, in the right place first time. In parallel, the demand on these services has grown significantly.

Growth in demand and changing patterns of disease is set to continue as people live longer with increasingly complex, and often multiple, long-term conditions. The current model is unsustainable and there is need to redesign and tailor services to meet current and future needs. National recognition of these issues has resulted in a comprehensive review being carried out.

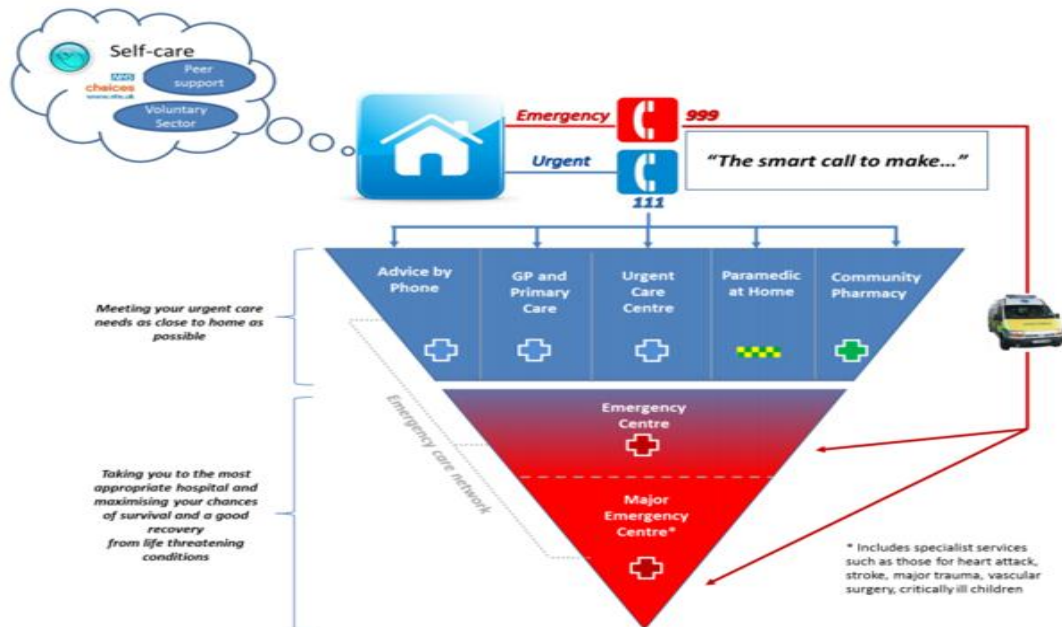
The Keogh/Willets review ('Transforming urgent and emergency care services in England: Urgent and Emergency Care Review End of Phase 1 Report') was published in November 2013, setting out the case for change and proposals for the future of urgent and emergency care in England. This has recently been followed up with a guide for local health and social care communities which was published in August 2015.

The vision is that for those people with urgent but non-life threatening needs there will be responsive, effective and personalised services outside of hospital, delivering care in or as close to people's homes as possible. For those with more serious or life threatening emergency needs, treatment will be available in centres with the very best expertise and facilities in order to reduce risk and maximise chances of survival and a good recovery.

The key principles behind this are to streamline services (see diagram 1) and deliver five key elements of change:

- provide better support for people to self-care – NHS 111, pharmacies
- help people with urgent care needs to get the right advice in the right place, first time – NHS 111
- provide highly responsive urgent care services outside of hospital, other than ED – same day access to GPs, NHS 111, pharmacies
- ensure that those 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 - ED, major trauma centres
- connect urgent and emergency care services so the overall system becomes more than just the sum of its parts – urgent care networks incorporating all urgent care services in primary care, community care and secondary care

Diagram 1: proposed new streamlined system (Keogh Willet phase 1 report)



The starting point is to equip as many people as we can with the skills, knowledge and support needed to self-care. This is by far the most responsive way of meeting people’s urgent but non-life threatening care needs. Research shows that where patients are properly informed, empowered and supported they are quite capable of managing many problems themselves. The NHS needs to promote and support self-care and provide readily accessible, reliable advice to help people take responsibility for their own health.

Community pharmacies are currently an under-used resource. Many are now open 100 hours a week with a qualified pharmacist on hand to advise on a wide range of minor illness, medication queries and other problems in the privacy of a consultation room if required. Pharmacies can reduce pressure on general practice and enhance patient safety, thus creating headroom for management of patients with more serious problems elsewhere in the system. There is a need to capitalise on the untapped potential, and convenience, that community pharmacies can offer with their wide range of skills and expertise, close to home.

NHS111 will be the single point of access for non-emergency but urgent care requirements. The 111 service, already well established, will be further strengthened including them having improved access to relevant patient records, history and care plans, increased clinical support and advice and direct booking into primary care.

The majority of urgent care presentations are in general practice. Primary care clinicians have more interactions with patients than any other part of the NHS. Effective and timely responses can avoid unwell adults and children being driven to use emergency departments and other urgent care services. Achieving this is difficult due to rising demand and stretched resources, however practices are able to deliver high quality urgent care by adopting some good-practice principles. These include offering and promoting a range of options for same-day access and extended hours, prioritising (through rapid assessment) urgent home visits and ensuring

continuity of care for certain patient groups (e.g. elderly and vulnerable patients, and those with long-term conditions).

Community healthcare services (such as community nursing, rapid response, early supported discharge) should work with providers to turn urgent care into planned care by developing a range of models which include support for self-management, facilitating connections with voluntary organisations, supporting carers, personalised care and planning, falls prevention, crisis care planning, supporting nursing and residential homes, etc. aligned with the Better Care Fund.