

Urgent and Emergency Care Network



Urgent Care
designation process

*Please note this presentation needs to
be viewed in colour*



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A partnership of NHS providers and Clinical
Commissioning Groups serving the boroughs
of Bexley, Bromley, Greenwich, Lambeth,
Lewisham and Southwark, with NHS England

London Urgent & Emergency Care (U&EC) Facilities Specifications

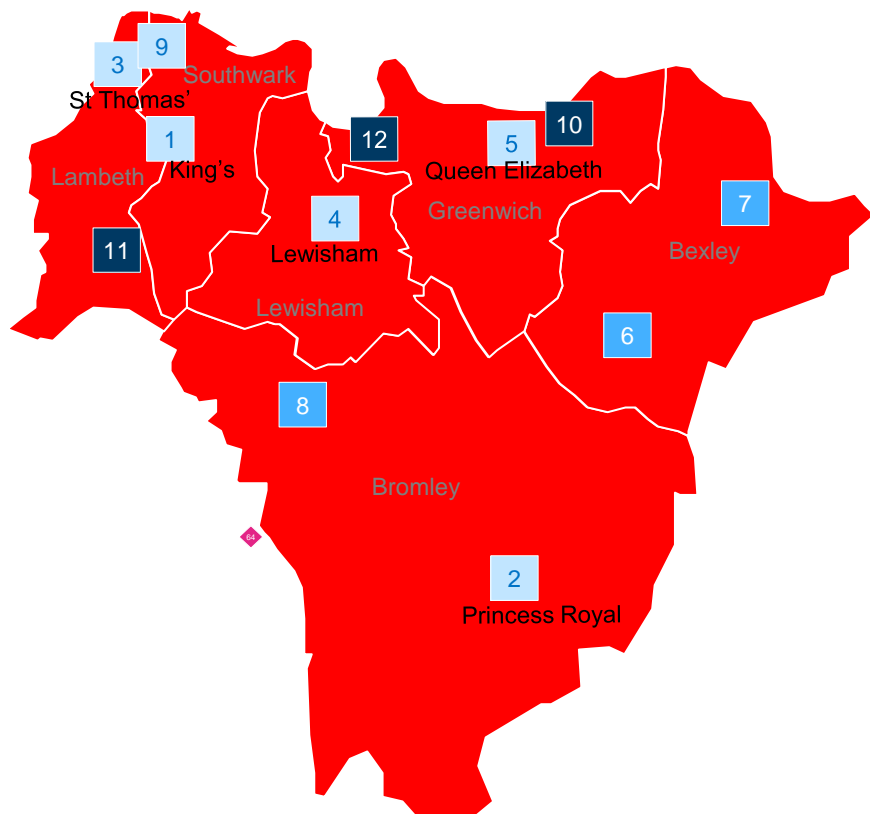
- Working with a broad range of stakeholders and building on draft national guidance, tailored facilities specifications for London were developed by the London U&EC Clinical Leadership Group. Following endorsement from the London Transformation Group, these were published in November 2015. The specifications are based on the London Quality Standards as well as additional sets of agreed standards and specifications detailed in the table below.



Urgent care centres (UCC)	Emergency Centres (EC)	Emergency Centres with specialist services (ECSS)
London Quality Standards – Urgent Care Centres	<ul style="list-style-type: none"> London Quality Standards London service inter-dependency framework Inter-hospital transfer standards London crisis care standards 	As per EC plus the London specifications for one or more of: <ul style="list-style-type: none"> Major Trauma Centre (MTC) Hyper Acute Stroke Unit (HASU) Heart Attack Centre (HAC) Vascular Centre (VC)

- The facilities specifications are intended to provide a **coordinated, consistent and clear** U&EC offering for the public in London. This is important in supporting the London Quality Standards and is something that patients and the public have asked for during London-wide engagement. (More details and information on this can be found at: <https://www.myhealth.london.nhs.uk/healthy-london/news/urgent-and-emergency-care>)
- The specifications apply to all services able to offer U&EC care that patients can walk-in to, arrive by ambulance without an appointment and with an undifferentiated health need, or via direct referrals/ bookings from NHS 111 and other health and social care professionals. This includes both co-located and standalone centres.
- Each individual U&EC network (in line with constituent CCG decision-making arrangements and emerging Sustainability and Transformation Plans (STP) governance) will lead on and be responsible for the designation of U&EC facilities within their region based on these specifications.

South East London U&EC Network current U&EC services

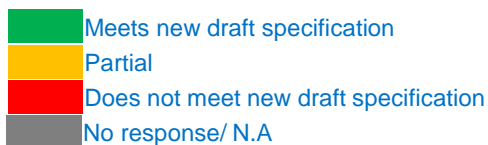


5 Emergency departments (ED)	5 Co-located Urgent Care Centres (UCC)	4 Standalone UCCs	2 Walk-in Centres (WIC)	1 GP-led health centre
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1	King's College Hospital	Co-located UCC and ED with MTC, HASU & HAC
2	Princess Royal University Hospital	Co-located UCC and ED with HASU
3	St Thomas' Hospital	Co-located UCC and ED with HAC and VC
4	Lewisham Hospital	Co-located UCC and ED
5	Queen Elizabeth Hospital	Co-located UCC and ED
6	Queen Mary's Hospital	Standalone UCC
7	Erith Hospital	Standalone UCC
8	Beckenham Beacon	Standalone UCC
9	Guy's Hospital	Standalone UCC
10	Clover Health Centre	WIC
11	Gracefield Gardens	WIC
12	New Cross, Waldron Health Centre	GP-led health centre

MTC – Major Trauma Centre, **HASU** – Hyper-Acute Stroke Unit, **HAC** – Heart Attack Centre, **VC** – Vascular Centre

South East London Urgent Care Services stocktake against the specification



Draft new specification

5 Co-located UCCs

5 Standalone UCCs

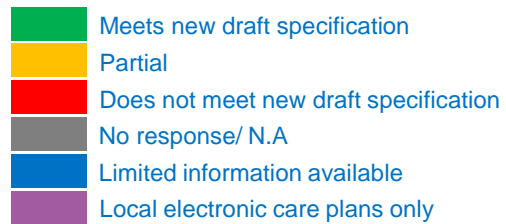
2 Walk-in-centres

1 GP led health centre

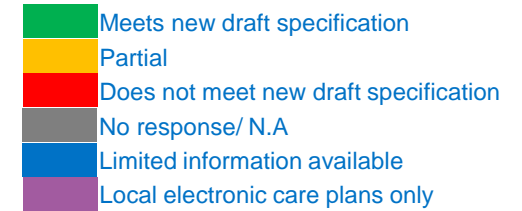
			5 Co-located UCCs	5 Standalone UCCs	2 Walk-in-centres	1 GP led health centre
Opening hours	Weekday	Open a minimum 16 hours/ day	<ul style="list-style-type: none"> Most more than 16 hours, one open for 14 hours 	<ul style="list-style-type: none"> 3x open 12hrs 1x open 14hrs 1x open 24 hrs 	<ul style="list-style-type: none"> 2x Open 12 hours 8:00 to 20:00 	<ul style="list-style-type: none"> 1x opens for 12hrs
	Weekend		<ul style="list-style-type: none"> No change from weekday operation 	<ul style="list-style-type: none"> No change from weekday 	<ul style="list-style-type: none"> Similar to weekdays 	<ul style="list-style-type: none"> 1x same as weekdays
Medical cover	Weekday	1 registered Medical practitioner & 1 other Healthcare practitioner	<ul style="list-style-type: none"> GP led with consultant support 2 GPs Full ED cover 	<ul style="list-style-type: none"> x 1 GP rising 2 @ peak times Appropriately trained clinicians 	<ul style="list-style-type: none"> 1 X GPs 	<ul style="list-style-type: none"> GP available on site for all operational hours
	Weekend		<ul style="list-style-type: none"> No change from weekdays 	<ul style="list-style-type: none"> No change from weekdays 	<ul style="list-style-type: none"> 1 X GPs 	<ul style="list-style-type: none"> Same as weekdays
Access to x-ray & blood testing	Weekday	Access to plain film x-ray and blood testing	<ul style="list-style-type: none"> Full – access to X-ray 	<ul style="list-style-type: none"> 3x access to X-rays 2x limited access 	<ul style="list-style-type: none"> Imaging referred to acute hospital, No access to diagnostics 	<ul style="list-style-type: none"> No access to x-ray
	Weekend		<ul style="list-style-type: none"> No change from weekdays 	<ul style="list-style-type: none"> Same as week days 	<ul style="list-style-type: none"> Imaging referred to acute hospital, No access to diagnostics 	<ul style="list-style-type: none"> No access to x-ray

South East London Urgent Care Services stocktake against the specification

		5 Co-located UCCs	4 Standalone UCC	2 Walk-in- centres	1 GP led health centre
	<i>Draft new specification</i>				
Mental health	Access to mental health referral	<ul style="list-style-type: none"> Full access to crisis response team 	<ul style="list-style-type: none"> Not provided by UCC but pathway accessible by Oxleas 	<ul style="list-style-type: none"> 1x 24hr mental health crisis team 1x links with Royal Borough Greenwich 	<ul style="list-style-type: none"> As per GP practice
DoS	Access to an electronic Directory of Services (DoS)	<ul style="list-style-type: none"> 1x have access to DoS 	<ul style="list-style-type: none"> 2x access to DoS 2x no access 	<ul style="list-style-type: none"> 1x access to Greenwich DoS Limited or no access 	<ul style="list-style-type: none"> No access to DoS
Care plans	Access to electronic care plans	<ul style="list-style-type: none"> 2x have limited access included end of life 	<ul style="list-style-type: none"> 3x co-ordinate my care 1x KHP & PACs 	<ul style="list-style-type: none"> 1x Adatastra database 	<ul style="list-style-type: none"> No access to care plans



South east London emergency care services stocktake against the specification



5 Emergency Departments

Draft new specification

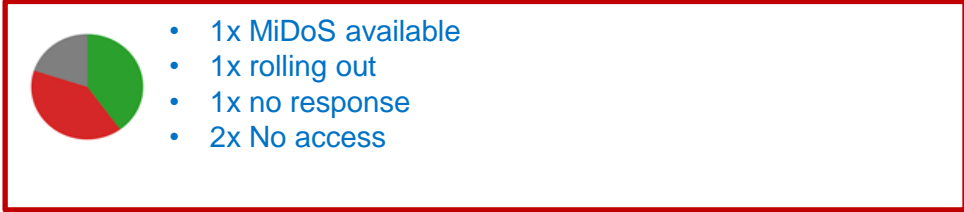
Medical cover
Weekend Weekday

16 hour consultant presence



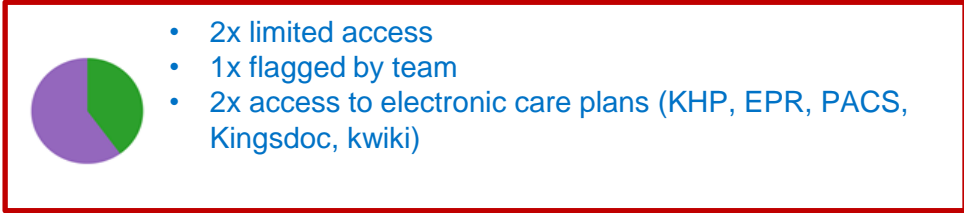
Access to electronic DoS

To have access to an electronic DoS



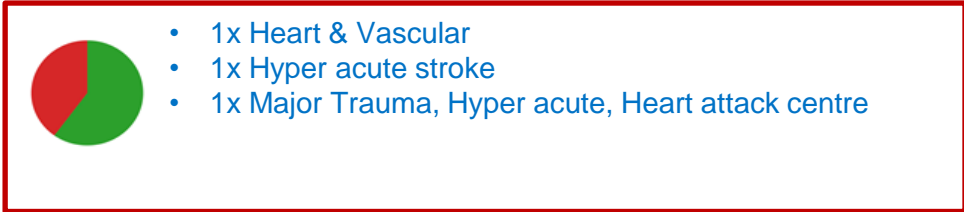
Access to electronic care plans

To have access to care plans



Specialist centre provision

One or more specialist emergency offering



Achieving standards

London Quality Standards

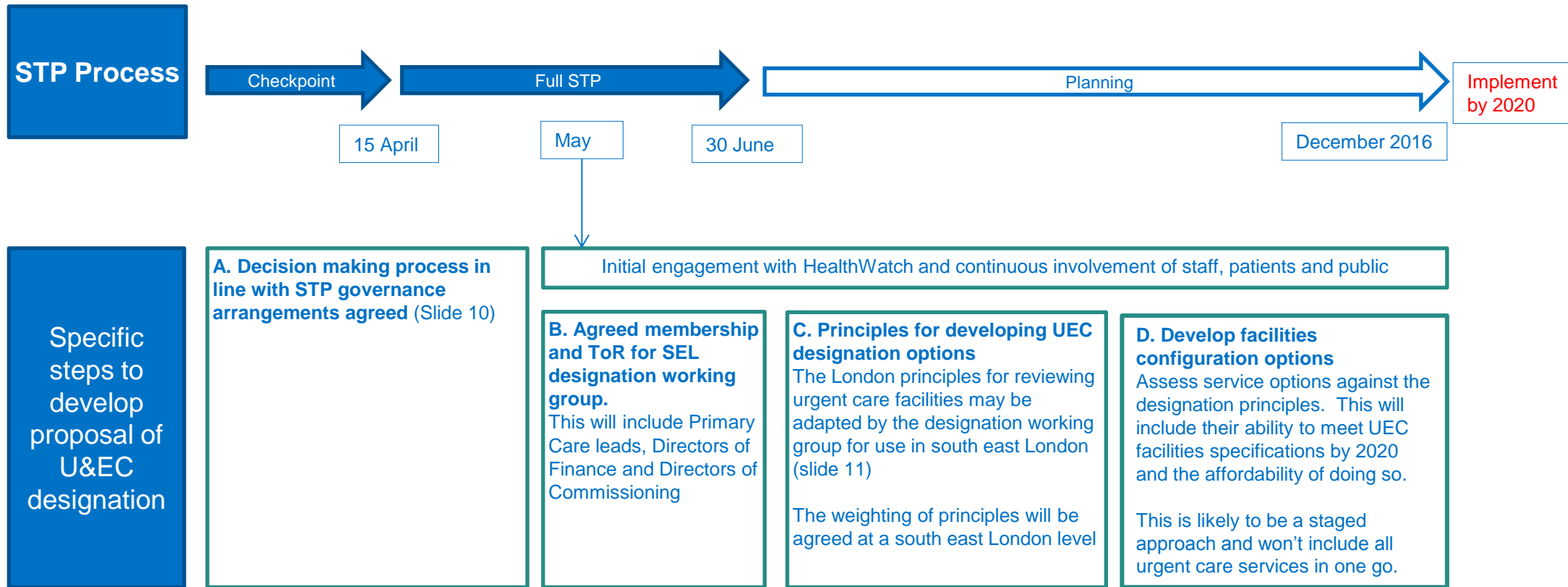
All providers have been asked to report back on progress to date since the last self assessment; what their plans are to achieve the standards not being met; and which will require additional funding.

Mental health crisis standards

The implications of the crisis care concordat, agreed across all partners, will be considered by the Mental Health (MH) working group. For example, liaison psychiatry services should see service users within 1 hour of emergency department referral. The under18s MH working group will consider the ability to meet the requirements that one of the assessing doctors has CAMHS expertise or that the assessing AMHP has expert knowledge of this age group. Investment in psychiatric liaison will continue to strengthen the local resilience plans.

Designation process and timeline

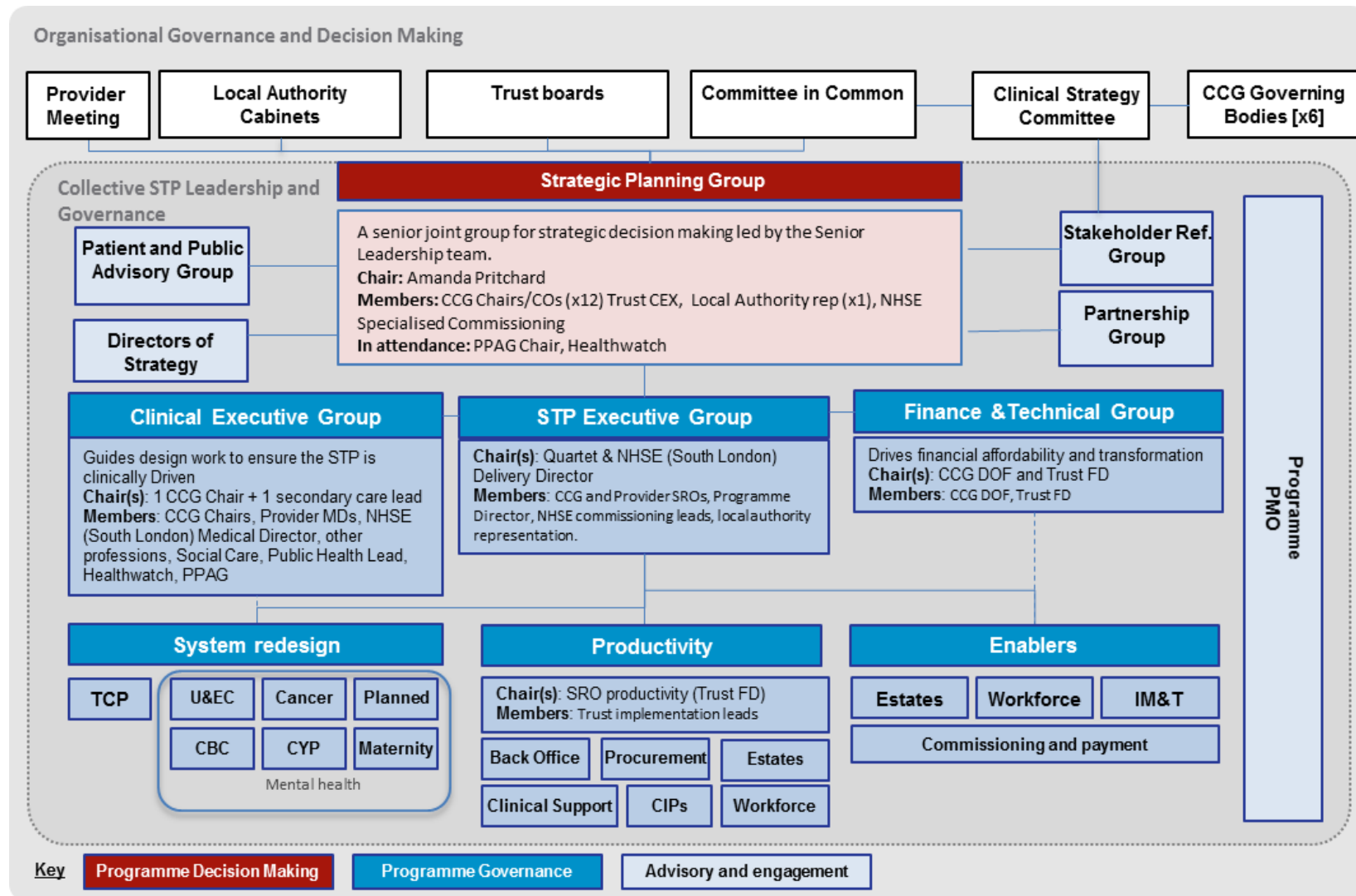
South East London's U&EC network plans, including designation, are part of the umbrella STP plans. Alignment of the designation process and the STP process is outlined below.



The 7 day standards in the specification are mandated. Urgent care facilities will need to meet these. The timeframe for this is shown to the right.

Phase 1 – March 2017	U&EC Networks - Autumn 2017	Phase 2 – 2018	Phase 3 – 2020
25% of the population will have access to services which meet the 4 clinical standards 7 days a week . North east London is the pilot site for phase 1	100% of the population will have access to the right urgent network specialist services	50% of the population will have access to services which meet the 4 clinical standards 7 days a week	At least 95% of the population will have access to services which meet the 4 clinical standards 7 days a week

- The designation of U&EC facilities will be considered at an individual service and at a network level, with the continuous involvement of staff, patients and the public throughout.
- **Individual service level:** the U&EC facilities specifications set the standard of service provision that UCCs, ECs and ECSSs will provide. Their ability to implement them by 2020 will need to be developed.
- **U&EC Network level:** recommended designation principles have been developed by Healthy London Partnership (HLP) as guidance. They seek to ensure that, across a network, the number and location of U&EC facilities provides optimum coverage in regards to:
 - quality of care
 - access to care
 - deliverability
 - value for money
 - strategic coherence
 - equality impact assessment
- These are intended as a guide and may need to be supplemented with additional considerations for south east London. Any weighting of principles will also need to be agreed locally. See slide 10 for the draft principles.
- **Engagement and communicating patient benefit:** the designation of services will provide demonstrable patient benefit.
- To drive the application of the principles, continuous engagement of patients, the public and staff will be maintained throughout the process.
- The benefit of designation to patients will be articulated and communicated to all stakeholders to support engagement and reassure against any concerns.



The recommended London principles below may be adapted and weighted for use in south east London

Areas	Description	Recommended Principles
Quality of care	Experience and effectiveness maximised	<ul style="list-style-type: none"> • Designation maximises patient experience. • Designation ensures the U&EC system and facilities specifications, including LQS, are fully met.
Access to care	Equity of access and sustainability of activity	<ul style="list-style-type: none"> • Members of the public are able to access all U&EC facilities on public transport. • Designation does not inhibit timeframes for transfer or referral of ongoing care between facilities or other services when required. • Designation does not result in reduced activity to a unsustainable level for a facility. • Designation does not cause an increase in activity for a facility that it does not have planned capacity to manage.
Deliverability	Workforce and estate utilisation maximised	<ul style="list-style-type: none"> • The designated option is deliverable within 3-5 years. • Workforce skill mix and numbers are able to deliver the designated option. • Workforce training is maximised to deliver the designated option. • Integrated Governance is delivered across providers. • Estate utilisation should be sufficient and optimal for designation.
Value for money	Ability to provide optimal access to high quality clinical care whilst providing value for money	<ul style="list-style-type: none"> • Designation provides the best value for money for the overall U&EC Network.
Strategic coherence	Coherence with the U&EC system within a network	<ul style="list-style-type: none"> • Designation considers current agreed acute reconfigurations. • Designation considers primary care and integrated care service changes and developments. • Designation considers digital developments locally and nationally. • Designation supports emergency preparedness requirements.
Equalities Impact Assessment	Does not discriminate against any disadvantaged or vulnerable people	<ul style="list-style-type: none"> • Designations considers and does not discriminate against any disadvantaged or vulnerable people or groups