

4 March 2015**Agenda Item: 5****REPORT OF THE CLINICAL LEAD FOR NHS NOTTINGHAM WEST CCG****URGENT AND EMERGENCY CARE****Purpose of the Report**

1. This report gives background information about the current issues for urgent care to support presentations which will be made to the Board by each of the three Nottinghamshire Planning Units.

Information and Advice

2. Urgent and emergency care refers to healthcare services available to people who need medical advice, diagnosis and or treatment quickly and unexpectedly. This may include accident and emergency (A&E), walk in and minor injury units and illness services.
 3. There were 21.8 million attendances at England's A&E departments in 2013/14. While attendances at major departments have risen only in line with population increases since 2004, attendances at minor departments (e.g. minor injury units) have risen at a faster rate.
 4. Demands on A&E have been increased as a result of an aging population with increasingly complex needs. Many people also present at A&E as a trusted service when they are unsure of and unable to navigate the variety of services provided outside of hospital.
 - Older adults are most likely to attend A&E, and are most likely to arrive by ambulance. Of working age adults, those aged 20-24 have the highest rate of attendance at A&E.
 - Around 40% of patients attending A&E are discharged requiring no treatment at all.
 - Up to 50% of 999 calls requiring an ambulance to be dispatched could be managed at the scene.
 5. A&E is a trusted brand and continues to provide a very responsive service with an average wait for treatment nationally of only 50 minutes with most patients being treated within four hours.
- National Targets**
6. There are a variety of measures of performance for Accident and Emergency in England, including average time to treatment, average time spent in A&E and percentage of patients

spending less than four hours in A&E. The national target is for 95% of patients to be seen within four hours of arriving at A&E.

7. The number and percentage of patients spending over four hours in A&E has risen in recent years. In 2014 there were far higher rates of patients spending over four hours in A&E than in previous years in England. Between October and December 2014 92.6% of patients were seen within 4 hours.
8. Nationally average time from arrival to treatment has remained stable in recent years.

National Reviews

9. There have been a number of national reviews which have been undertaken of urgent and emergency care including the [Keogh Review](#) which was launched in January 2013 to undertake a comprehensive review of the NHS urgent and emergency care system in England. The initial proposals from the review identify five key areas for success:
 - Provide better support for people to self-care
 - Help people with urgent care needs to get the right advice in the first place, first time
 - Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
 - Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery
 - Connect all urgent and emergency care services together so the overall system becomes more than just a sum of its parts.
10. The requirement to redesign urgent care services was reinforced in the NHS Five year Forward View published in 2014. This calls for the introduction of new models of care across a range of services including urgent care.

Current Position

11. Clinical Commissioning Groups are responsible for commissioning urgent and emergency care including A&E and ambulance services. They are accountable to NHS England for the delivery of the associated performance and quality targets.
12. Performance is monitored nationally through reports made to government on a regular basis depending on the level of escalation in each area of the country.
13. Locally Systems Resilience Groups (or equivalent) oversee the performance of the local health and social care system including urgent care. Within Nottinghamshire these are based on the three planning units of South Notts, Mid Notts and Bassetlaw.
14. There has been increasing pressure on emergency care across England recently which has resulted in a number of Trusts declaring major incidents in order to cope with the demands seen over the Christmas period 2014.
15. As a result of these issues there has been increased political and media scrutiny of the NHS urgent care system highlighting issues such as the availability and uptake of alternatives to A&E, like NHS 111, pharmacy GP and social care services.

16. Each planning unit in Nottinghamshire, North (Bassetlaw) Mid and South Nottinghamshire, has been asked to present their position on urgent care and outline local action being taken to address the pressures.

Statutory and Policy Implications

This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

1. That the Board receive the presentations from each of the planning units.

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Constitutional Comments (SLB 19/02/2015)

31. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 20/02/2015)

32. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Divisions and Members Affected

- All