# Transforming Urgent and Emergency Care in Wycombe

## Delivering peace of mind for the public within NHS England guidance

Steve Baker MP, 22 Jan 2015

#### The Issues

- The public continues to demand the return of A&E stridently but despondently.
- It is a call for peace of mind through comprehensive, local urgent and emergency care.
- We are among over 20 areas where a similar DGH has lost A&E and consultant-led maternity.
- Nationally, 50% of 999 calls could be managed at the scene and 40% of A&E patients needed no treatment (they may have needed diagnostics).
- The present local settlement is not satisfactory: a recent press release sought to manage demand for A&E by redirecting people to the MIIU, GPs, pharmacists and NHS 111.
- The set of services demanded within about 20 minutes of home by car is clearly understood<sup>1</sup>: these services should be delivered in Wycombe.
- Effective use must be made of our PFI hospitals, whose contracts will endure.
- The Trust continues to improve after special measures.
- Funding pressures will remain indefinitely under any government.
- The site is in need of renovation.

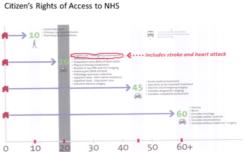


Figure 1 - Services needed within 20 min by car

## A solution within NHS England guidance: an Urgent Care Centre in our hospital

- The public and the NHS are united in a desire for care closer to home, "minimizing disruption and inconvenience for patients and their families"<sup>2</sup>.
- There are four principles for urgent and emergency care in England as a system that<sup>3</sup>:
  - 1. Provides consistently high quality and safe care, across all seven days of the week;
  - 2. Is simple and guides good, informed choices by patients, their carers and clinicians;
  - 3. Provides access to the right care in the right place, by those with the right skills, the first time:
  - 4. Is efficient and effective in the delivery of care and services for patients.
- NHS England has given an unambiguous model for urgent and emergency care<sup>4</sup>:
  - Self care,
  - 999 emergency care via ambulance to (Major) Emergency Centres,

<sup>&</sup>lt;sup>1</sup> Renaissance of the local A&E Department, Durrow, 2014

<sup>&</sup>lt;sup>2</sup> Update on the Urgent and Emergency Care Review, NHS England, August 2014

<sup>&</sup>lt;sup>3</sup> Ibid, Appendix 2

<sup>&</sup>lt;sup>4</sup> Transforming urgent and emergency care services in England, NHS England, Nov 2013

- Urgent care close to home: NHS 111 advice,
   GPs and primary care, urgent care centres,
   paramedics at home and pharmacies.
- The NHS Five Year Forward View<sup>5</sup> provides relevant new models of care:
  - A Multispecialty Community Provider (MCP)
    would bring together primary care
    practitioners including GPs, nurses,
    therapists and others to deliver a wider
    scope of services than traditional GP
    surgeries. These might take over district
    general hospitals.

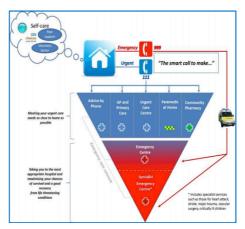


Figure 2 - NHS England's urgent and emergency care model

- Primary and Acute Care Systems (PACS) are a
  new variant of integrated care, allowing single organisations to provide NHS listbased GP and hospital services, together with mental health and community
  care services. Hospitals will be permitted to open their own GP services.
- Urgent and Emergency Care Networks with linked hospitals, seven-day services, integrated mental health services and strengthened clinical triage and advice.
- Viable smaller hospitals through three sets of actions: revised funding arrangements, new models of staffing and new organisational models. In particular, "a local acute hospital and its local primary and community services could form an integrated provider."
- The direction of travel established by NHS England is compatible with independent thinking from health consultants Durrow, refined in the report I commissioned<sup>6</sup>.

### **Recommendations**

- Our hospital must be open for 24 hours, 365 days per year delivering confidence-inspiring care close to home in an NHS *Urgent Care Centre* integrated with the heart and stroke units.
  - A minority of patients would be transferred by ambulance to centres delivering specialist care. The experience of Haverstock Healthcare indicates that over 80% of patients might be treated locally.
  - o Co-location of all blue-light services should be explored.
- The Centre should be staffed and organized in line with the new care models described in the NHS Five Year Forward View.
  - My preference would be for our NHS Trust to employ GPs and deliver the service directly as a PACS. In due course, the Trust should become a Foundation Trust, delivering various enhancements and opening the way to local mutual control.
- Through excellent services and superb communications, the public must be given at least the confidence and peace of mind which would come from having an old-style A&E department.

Steve Baker MP

steve.baker.mp@parliament.uk

<sup>&</sup>lt;sup>5</sup> NHS Five Year Forward View, NHS England, October 2014

<sup>&</sup>lt;sup>6</sup> A better future for Wycombe hospital, Durrow, 2014