



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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REVIEW OF URGENT AND EMERGENCY CARE SERVICES IN NORTHERN IRELAND

EXECUTIVE SUMMARY

16 MARCH 2022

REVIEW OF URGENT AND EMERGENCY CARE SERVICES

My vision for the future is to ensure that all citizens in Northern Ireland have equal access to safe urgent and emergency care services, tailored to their specific needs at the right time and in the right place.

Minister for Health, Robin Swann MLA

Introduction

Urgent and emergency care services have been under significant, and increasing, pressure for at least the past decade, with the additional pressures of responding to the COVID-19 pandemic. A Review of the services has been in development since 2018 but with a necessary pause in the work as a result of the pandemic.

This work was re-established in autumn 2021 and the Department of Health (DoH) remains of the view that the Review Team Report (2020) continues to be relevant and that the strategic direction, as set out in the main consultation report, provides an appropriate response to the longstanding issues. This Review also continues the strategic direction set out in the No More Silos Action Plan¹ and the Intermediate Care Project².

Co-production has been key to the work of the Review and this consultation report has been informed by input from over 1400 key stakeholders who have been involved through a range of co-production, involvement and engagement methodologies. Stakeholders include: service users; carers; clinical professionals; the third sector; and health and social care staff. Pre-consultation also played an important part in the development of the consultation report, testing the content with specific stakeholder groups who have an interest in and experience of urgent and emergency care services.

¹ The No More Silos Action Plan sets out ten key actions to an integrated urgent and emergency care system that operates across professional and administrative boundaries in primary, secondary, intermediate and social care. It is available on the Department's website: <https://www.health-ni.gov.uk/NoMoreSilos>

² The Intermediate Care Project is developing a regional approach to intermediate care, such as hospital at home. The components of the project are explained in more detail in the main consultation report.

Review themes

During the course of the Review, a number of key themes emerged that should guide transformation of the urgent and emergency care model. These are set out below.

- ✚ Accessibility
- ✚ Co-ordination
- ✚ Standardisation
- ✚ Silos, barriers and poor communication
- ✚ Workforce and Training
- ✚ Capacity and Flow
- ✚ An Inefficient System
- ✚ Building on good practice
- ✚ Digital Solutions
- ✚ Mental Health
- ✚ Paediatric Services
- ✚ Discharge

The purpose of this stage of the Review is to set out and consult on a new approach to urgent and emergency care services across Northern Ireland. The ambition is to improve the service, and improve the service user experience, by ensuring greater accessibility to services and by making it easier to access the most appropriate service as quickly as possible. Access should be in a location most suited to the service user, without necessarily having to attend an Emergency Department. This builds on the experience gained in relation to new service models, through implementation of the No More Silos programme.

The changes outlined in the consultation report highlight the plans to protect access to emergency care, whilst providing alternative services/pathways for urgent but not life threatening conditions. This will have implications for service users. It is important that these are understood and these have been outlined in the main consultation report.

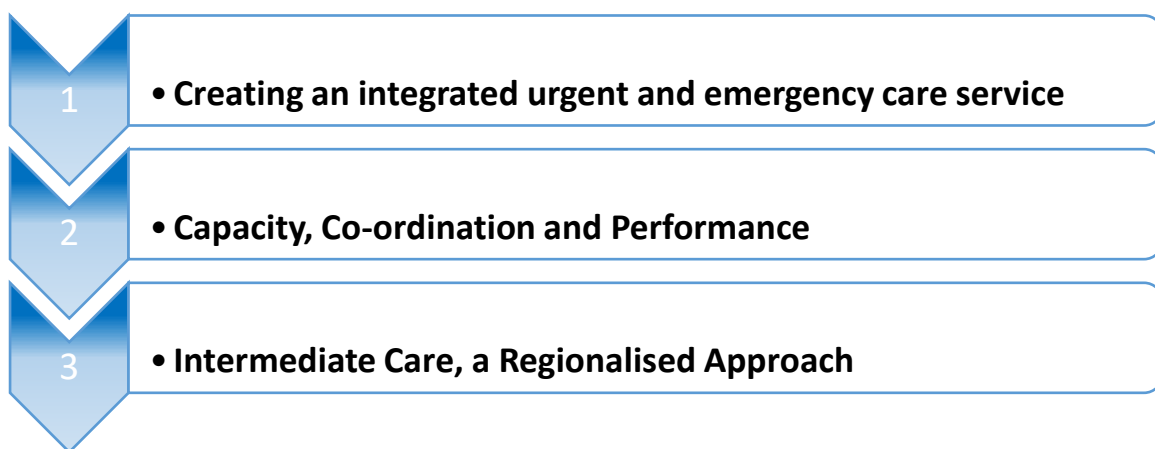
There should be no doubt that the proposals in the consultation report will take considerable time to implement in full and will require significant additional strategic funding. Once the public consultation has concluded, proposals will be finalised and an investment and implementation plan will be developed for Ministerial consideration and will be published in due course.

The closing date for this consultation is **15 June 2022** and the details of **how to respond** are outlined in the consultation report with a suite of documents.

Strategic Priorities

From the Review, a number of conclusions, aligned with the review themes, were developed for existing services and to improve the provision of urgent and emergency care. It is proposed that these conclusions should be grouped into three overriding strategic priorities listed below, each with its own associated recommendations.

It is critically important to recognise that transformation of our urgent and emergency care system will only succeed if all three strategic priorities are implemented. They are interdependent and all essential for delivery of an improved urgent and emergency care system.



The strategic priorities outlined below are nothing less than whole system transformation, requiring collaboration and co-ordination of care across professional, administrative and geographic boundaries.

STRATEGIC PRIORITY 1 - RECOMMENDATIONS

Integrated Urgent and Emergency Care

- 1. It is recommended that the No More Silos Network should introduce an integrated urgent and emergency care system across all HSC Trusts.**
- 2. This will include a regional 'Phone First' model with a single number for service users requiring non-emergency urgent care. Phone first is a clinical triage advice and guidance service designed to make it easier and quicker for service users with an urgent need to get the right advice or treatment they need.**
 - It will provide advice, guidance and navigation for people who are unwell and considering attending an Emergency Department. It operates all day every day.**
 - At evenings and weekends it also provides access for people who wish to contact the GP Out of Hours services.**
 - Service users requiring emergency response (such as collapse, stroke, heart attack or major trauma) will continue to use 999 as appropriate.**
- 3. The 'Phone First' model will also need to be accompanied by establishment of Urgent Care Centres and rapid access assessment and treatment services in all HSC Trusts.**
- 4. As part of the new model, the current GP OOH service will be reshaped to form part of the wider integrated urgent and emergency care service.**
- 5. In establishing the new system, it is recommended that the No More Silos network should ensure services adhere to the minimum set of standards (Annex A of the consultation report). Providers may also choose to build upon or add to these, according to their requirements.**
- 6. The Department of Health will oversee the development of a regional, multi-professional workforce plan to ensure we have the appropriately skilled staff to deliver the new models of care in Urgent and Emergency Care. This will build on the experience of Urgent Care Centres currently in operation.**

STRATEGIC PRIORITY 2 – RECOMMENDATIONS

Capacity, Co-ordination and Performance Management

- 7. As part of the implementation of the recommendations of this Review, and taking into account the implementation of the strategies highlighted above, it is recommended that the Health and Social Care Board should lead an initial piece of work to establish where additional capacity would have the greatest impact in reducing pressures on urgent and emergency care services.**
- 8. Following the completion of a Getting It Right First Time (GIRFT) Emergency Medicine Report, it is also proposed that an evidence based capacity review will be carried out. Careful consideration will be given as to the scope of this capacity review and to the merits of appointing an independent party to complete it.**
- 9. In the longer term, it is recommended that the Health and Social Care Board work, the GIRFT report and the capacity review should be used to guide additional investment in unscheduled capacity both for in hospital services and also for out of hospital services, across provider organisations.**
- 10. Alongside work to increase capacity, the Health and Social Care Board has established an unscheduled care hub to monitor urgent and emergency pressures. While this will not reduce unscheduled care pressures, it is expected to improve co-ordination across the region.**
- 11. There are already plans in place to significantly increase HSC capacity in key areas such as cancer, elective care, mental health and social care. Provided the necessary levels of investment are available to implement these strategies, this will address some, although not all, of the capacity issues set out in this report.**
- 12. Implementation of the Northern Ireland Ambulance Service Clinical Response Model must be a system priority to ensure equitable access to emergency care for people across Northern Ireland.**
- 13. As part of a strengthened performance management function, the Health and Social Care Board will, informed by a GIRFT report for Northern Ireland:**
 - Agree a small amount of comparable performance parameters for acute sites;**
 - Benchmark and monitor acute performance; and**
 - Agree and monitor delayed discharge information to inform service development in acute and community services; and**
 - Further develop and standardise information available across all elements of the integrated urgent and emergency care system with a particular focus on out of hospital care.**

STRATEGIC PRIORITY 3 – RECOMMENDATIONS

Intermediate Care – ‘A Regionalised Approach’

- 14. It is recommended that a regionalised intermediate care programme should be implemented to ensure equitable provision across Northern Ireland, including in the Care Home sector, to the right intermediate care services, which are responsive, efficient and effective in providing enhanced clinical care in the patient’s own home and supporting hospital flow.**

- 15. Phase one of the project is the development of the full Intermediate Care service framework covering the four areas: Hospital at Home, Bed-Based Intermediate Care, Home Based Intermediate Care and Reablement. Phase two of the project will move to support implementation and equity of provision of these services for the population of Northern Ireland.**