West Midlands
Urgent and Emergency Care
Network
Optometry Workshop

Claire Roberts
Chair, West Midlands Local Eye Health Network

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Objectives of today

West Midlands Urgent and Emergency Care (WM UEC) Network: priorities and work programme

National picture of commissioning for primary eye care

Minor Eye Conditions Service (MECS) and how this fits into the urgent care agenda

Share learning from MECS services already being delivered across the West Midlands

What does a good MECS service look like?

Is there an appetite to develop a regional framework for MECS across WM UEC Network footprint?
What is the Urgent and Emergency Care Network?

“The Keogh review sets out a compelling vision to deliver integrated urgent and emergency care, the West Midlands Network has adopted this completely as the basis for its local vision to deliver a high quality responsive urgent and emergency care system.”

- Role of Network is peer support and expert advice
- A&E Delivery Boards are the delivery vehicle
- Network to undertook an initial review of 9 programme areas to identify SRG and network level priorities
- Work closely with both the urgent care vanguard in Solihull and the MSCP vanguards in Dudley and West Birmingham
- Work closely with partners to feed into the Sustainability and Transformation Plans

- System Leaders providing strategic oversight of urgent and emergency care on a regional footprint
- Ensuring that patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise
- Assuring that individuals can have their urgent care needs met locally by services as close to home as possible
Five Year Forward View
UECN Priority Areas

Urgent and Emergency Care Programmes

**System Architecture**
- Developing Networks - Delivery chain - workforce
- Emergency care governance:
- Priority Assurance
- STP quick wins 18/17
- System wide outcome metrics - socialising
- IT and clinical analytics capabilities
- Reformed payments - pace vs right
- Enhanced S&CR data system
- Workforce - pipeline/recruiting/attrition

**Accessing UEC System**
- Integrated Urgent Care (NHS 111)
  - Clinical hubs in reality - test through vanguards, shifting up paramedics
  - Model public perception of 111
  - Commissioning capacity, market simulation, commission at scale
  - Including AH, providers, supply confidence, rationalising contracts
  - Monitoring performance

**Supporting Self Care**
- Senior leadership, Not independent programmes - LTC - DoC - DH work

**Primary Care**
- Sharing information, workforce understanding activity in primary care

**UC Centres**
- Direct booking from 111
  - DoS - timelines, national spec, hearts and minds
  - Consistent service - Guidance for commissioners - UCC services
  - Designation of services - skills to do this, managing messaging, public perception

**Paramedic and Care at Home**
- Affordability, attrition, paramedic pipeline, affordability, financial modelling
  - Ambulance Response Programme - Public perception proceeding at pace

**Mental Health Crisis**
- Data quality, metrics, payments, benefits realisation, new money
- Assessment, standard clinical triage platform - Digital Team - skilling workforce

**Independent Care Sector**
- Data quality, understanding the jigsaw, DToC, self care

**Hospitals**
- Emergency Centres and specialist services
  - Communications/public perceptions
  - Clinical governance
  - Network responsibility
Provide care as convenient for the patient as complexity of their illness allows, in the lowest acuity setting that is appropriate, and at the lowest cost for the NHS.

A new urgent and emergency care system needs to shift more people from right to left, delivering as much care as close to home as possible.

**“CHANNEL SHIFT”**

- **324 million visits to NHS Choices**
- **13 million NHS funded sight tests 15/16**
- **438 million health-related visits to a pharmacy per annum**
- **340 million GP consultations per annum**
- **24 million calls to NHS urgent and emergency care telephone services per annum**
- **21.7 million attendances at A&E, minor injury units and urgent care centres per annum**
- **7 million Emergency ambulance journeys per annum**
- **5.2 million emergency hospital admissions per annum**

Consultations relate to minor ailments which could largely be dealt with by self-care and support from community pharmacy.

Only 4% of emergency calls are currently resolved on the phone.

40% of patients attending A&E require no treatment at all.

Up to 50% of patients dialling 999 could be managed at the scene.

Over 1 million emergency admissions in 2012/13 could have been avoided.
Benefits of taking a regional perspective

- System leadership
- Efficiencies through commissioning at scale
- Reduced variation & cross border issues
- Collaboration and learning
Framework principles

Key principles
- Delivering better outcomes
- Maintaining quality and safe care
- Reducing variation
- Improving access and choice

Patient managed in the most appropriate service according to risk stratification of the condition and skills of the practitioner

1. Primary Eye Care
   - Glaucoma repeat measures
   - Minor Eye Conditions
   - Cataract pre- and post-op
   - Learning Disabilities (including referral management strategies)

2. Community Ophthalmology
   - Multi-disciplinary teams
   - Targeted case loads
   - Local and convenient for patients
   - Managing need
   - Integrated with other pathways

3. Hospital Eye Service
   - Eye emergencies
   - Cataract
   - Glaucoma
   - AMD
   - Diabetic / medical retina
   - External eye
   - Oculoplastics
   - Orthoptics
   - Low Vision (ECLO)

4. Low Vision Service
   - Accessible services for those who need them
   - Integration with other parts of the pathway
   - Dedicated funding of service model
The value of sharing good practice across boundaries

Knowledge and skills

Learning

Innovation
Celebrating Success in Wolverhampton

Wolverhampton CCG
Shortlisted for HSJ Award - PEARS service
Most effective adoption and diffusion of best practice

Wolverhampton Ophthalmology Team and Local Optical Committee
Winners of Trust Award:
Best Professional Partnership
Working - PEARS Audit
Any Questions?