



## Cambridgeshire and Peterborough

### Urgent and Emergency Care (UEC) Vanguard Programme

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#### 1. What are Vanguard sites?

Vanguard sites are part of the national New Care Models programme that will lead on developing new ways of delivering sustainable local health care and services which provide safer, faster and better care for patients. The New Care Models programme is one of the first steps towards delivering the [NHS Five Year Forward View](#).

There are 50 Vanguard sites that are helping to shape the future of health and care services across England. The aim is for the Vanguard sites to develop and test new ways of working that can be replicated nationally and adapted locally to ensure we have a sustainable, safe, and effective health system that is fit for the future.

There are five types of Vanguard sites: urgent and emergency care; integrated primary and acute care systems; enhanced health in care homes; multispecialty community providers; and acute care collaborations.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was selected to be one of the eight Urgent and Emergency Care (UEC) Vanguard sites.

#### 2. How is the Cambridgeshire and Peterborough health and care system involved?

In July 2015 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was chosen to be one of eight national Urgent and Emergency Care (UEC) Vanguard sites. The UEC Vanguard was formally launched on 29 August 2015.

The CCG is now working with local health partners and providers as part of the Cambridgeshire and Peterborough UEC Vanguard Programme to develop and improve local urgent and emergency health and care services. It will support people to keep well and it will help home care, mental health, community and GP, ambulance, and hospital services to work more closely together.

### **3. Who is part of the Cambridgeshire and Peterborough UEC Vanguard Programme?**

The Cambridgeshire and Peterborough UEC Vanguard Programme is hosted by Cambridgeshire and Peterborough CCG but is a programme working with, and involving, all local hospitals, community services, and voluntary and community partners including:

- Cambridge University Hospitals NHS Foundation Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Hinchingsbrooke Health Care NHS Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust
- Papworth Hospital NHS Foundation Trust
- Herts Urgent Care
- East of England Ambulance Service NHS Trust
- Cambridgeshire County Council
- Peterborough City Council
- Cambridgeshire Crisis Care Concordat Board
- Voluntary and community sector partners
- Healthwatch Cambridgeshire
- Healthwatch Peterborough

Representatives from all of the above organisations are now part of a Strategic System Resilience Group (SSRG) that will oversee and deliver the changes to local health and care services.

### **4. Why do local urgent and emergency care services need to change?**

The Cambridgeshire and Peterborough health and care system faces a number of significant challenges over the next five years. Our population is both ageing and growing. This is putting significant pressures on all aspects of local health services, particularly our urgent and emergency care services such as local GPs and A&E.

Local services are struggling to meet current demand for care. If they do not change they will not cope with the increased demand predicted over the next five years. It is critical for the future of our local emergency and urgent care services to make sure that we have the right services in place and that we make the best use of the resources available.

### **5. What are Urgent and Emergency Care Vanguard sites expected to deliver?**

The Urgent and Emergency Care Vanguard sites relate to recommendations set out in the [Keogh review](#) to provide safer, faster, better care for patients. Key recommendations from the review include:

1. to provide better support for self-care
2. to help people with urgent care needs get the right advice in the right place, first time
3. to provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E

4. to ensure that those people with 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
5. to connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

It is believed that, through these recommendations, the NHS will be able join up the often confusing range of A&E, GP out of hours, minor injuries clinics, ambulance services, and NHS 111 so that patients know where they can get urgent or emergency help easily and effectively, seven days a week.

The Cambridgeshire and Peterborough UEC Vanguard Programme aims to deliver the Keogh recommendations in full.

#### **6. What will this mean for patients and the public?**

The Cambridgeshire and Peterborough UEC Vanguard Programme will improve local urgent and emergency health and care services. It will support people to keep well and help hospital, community, and social care services to work more closely together to provide patients with safer, faster, and better care seven days a week.

- **For patients with urgent, but non-life threatening, needs:** patients will receive highly responsive, effective, and personalised services outside of hospital. Care will be delivered in, or as close to, people's homes as possible, minimising disruption and inconvenience for patients and their families.
- **For patients with more serious or life threatening emergency needs:** patients will be treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.

#### **7. Which areas/services are involved in the Cambridgeshire and Peterborough UEC Vanguard Programme?**

The Cambridgeshire and Peterborough UEC Vanguard Programme has been split into five areas of work that will be led by local medical professionals such as consultants, GPs, and nurses. The areas of work are as follows:

1. Integrated Urgent Care
2. Admission avoidance/community access
3. In hospital emergency care
4. Post hospital discharge
5. UEC mental health

##### **Integrated Urgent Care**

To provide members of the public and medical professionals with access to one freephone number (NHS 111) that will help them to find the right NHS service for their illness or condition. The single access point will allow members of the public and medical professionals to access a range of services and will provide seamless care for patients.

##### **Admission avoidance/community access**

To support members of the public, carers, and their families by providing quick and easy access to a range of services within the community. The services will be developed through a coordinated approach across the local health and care system that will help prevent unnecessary and unplanned hospital admissions.

### **In hospital emergency care**

To make sure that urgent and hospital-based emergency services meet the new national standards to deliver the right care, first time, for patients seven days a week. The aim is to standardise treatment for patients so that it is clear to patients and medical professionals where and how they can get urgent help easily and effectively which will enable local services to be more efficient.

### **Hospital and community discharge**

To improve the process of discharging people from hospital and to improve their experience of the NHS. This will be done by planning for discharge earlier, managing patients more efficiently, and improved communication between hospital and health, social care, voluntary sector, and community services. This will help to reduce delays in patients being discharged from hospital and to reduce the length of time patients stay in hospital, which in turn supports patients to maintain their independence for longer.

### **Mental health**

To provide a 24/7 mental health crisis response service within the community, linked via NHS 111, that patients and carers can access directly. This will provide timely access to safe, effective, high quality care outside of a hospital environment for people experiencing a mental health crisis.

## **8. How are local medical professionals such as GPs and nurses involved?**

Involving GPs and medical professionals from across the local system is fundamental to the success of the Cambridgeshire and Peterborough UEC Vanguard Programme. Each area of work will be led by local medical professionals, such as GPs and consultants, and a planned schedule of clinical engagement is being developed.

## **9. How will the UEC Vanguard Programme be funded?**

As a national Vanguard there is an opportunity to bid for funding support, and £200m has been made available this financial year across all the 50 Vanguard programmes in England. Each area of work is required to identify the total funding it needs to deliver the required change it proposes.

For 2015/16 the Cambridgeshire and Peterborough Urgent and Emergency Care (UEC) Vanguard Programme has received £970,000 of funding. Applications for funding for 2016/17 are currently being submitted.

The Cambridgeshire and Peterborough UEC Vanguard Programme will also have access to expertise and support from national medical leads that will bring new cutting edge ideas to help develop local health and care services locally.

## **10. How are you engaging with patients and the public?**

Patient and public engagement is vital to the success of the UEC Vanguard Programme and there will be patient representation on each of the five areas of work.

A considerable amount of patient and public engagement has already been undertaken. Feedback on local urgent and emergency care services has been captured at a number of events including:

- Saturday Cafes in market towns across Cambridgeshire and Peterborough CCG's area

- two rounds of Patient Involvement Assembly sessions (PIAs)
- CCG Patient Reference Group (PRG)

Going forward, a rolling programme of public engagement events will be developed to keep the public informed of any developments and to gather feedback. Engagement with the public is important for two reasons:

- the Programme has to comply with statutory legislation
- it will be the forerunner for any public consultation that may be needed in future.

### **11. How can patients and the public get involved?**

It is important that we involve patients and the public in every step of the process. There are a number of ways you can find out more or become involved with the Cambridgeshire and Peterborough UEC Vanguard Programme. These include:

- visit the UEC Vanguard website pages [HERE](#)
- follow us on Twitter @fitforfuturenhs and Facebook 'Fit for the Future NHS Cambridgeshire and Peterborough'
- invite someone from the UEC Vanguard Programme to talk to your community group meeting
- regularly check the 'Fit for the Future' page on the CCG's website for future planned events
- contact the CCG's Engagement Team on 01223 725304 or email [capccg.engagement@nhs.net](mailto:capccg.engagement@nhs.net)

### **12. How quickly are Vanguard sites expected to deliver change?**

The Cambridgeshire and Peterborough UEC Vanguard Programme has already started to implement change locally that benefits patients. Currently the Vanguard is developing its 2016/17 priorities which will make substantial progress towards delivery of the objectives associated with the Urgent and Emergency Care (Keogh) Review.

### **13. When will the new models be rolled out across the country?**

All UEC Vanguard sites are expected to develop urgent and emergency care models that can be reproduced nationally and adapted locally as quickly as possible.

As the Cambridgeshire and Peterborough UEC Vanguard Programme develops and tests new approaches, we will share knowledge and experience of what works with networks and System Resilience Groups around the country. This process has started and the aim of the national programme will see the implementation of the Keogh recommendations reproduced in full across the NHS over the next three to five years.