

HEALTH SCRUTINY PANEL

Tuesday, 16 September 2014 at 7.00 p.m.

Committee Room 1, 1st Floor, Town Hall, Mulberry Place, 5 Clove
Crescent, London, E14 2BG

This meeting is open to the public to attend.

Members:

Chair: Councillor Asma Begum
Vice-Chair: Councillor David Edgar

Councillor Danny Hassell, Councillor Suluk Ahmed, Councillor Denise Jones, Councillor Mahbub Alam and Councillor Craig Aston

Deputies:

Councillor Sirajul Islam, Councillor Abdul Mukit MBE, Councillor Rachael Saunders, Councillor Chris Chapman, Councillor Julia Dockerill, Councillor Peter Golds, Councillor Shah Alam, Councillor Gulam Kibria Choudhury and Councillor Md. Maium Miah

Co-opted Members:

David Burbridge (Healthwatch Tower Hamlets Representative)
Dr Sharmin Shajahan (PhD) (Healthwatch Tower Hamlets)

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Antonella Burgio, Democratic Services
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG
Tel: 020 7364 4881
E-mail: Antonella.Burgio@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

Scan this code for
an electronic
agenda



Public Information

Attendance at meetings.

The public are welcome to attend meetings of the Committee. However seating is limited and offered on a first come first served basis.

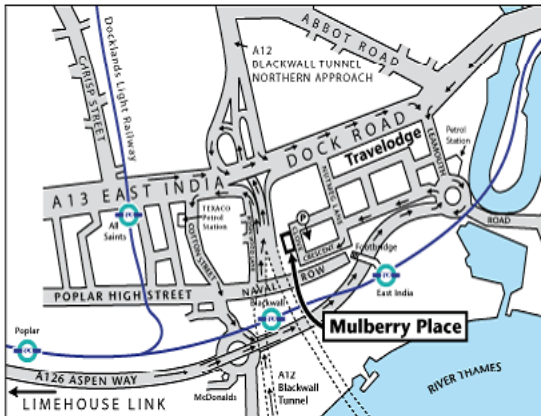
Audio/Visual recording of meetings.

Should you wish to film the meeting, please contact the Committee Officer shown on the agenda front page.

Mobile telephones

Please switch your mobile telephone on to silent mode whilst in the meeting.

Access information for the Town Hall, Mulberry Place.



Bus: Routes: 15, 277, 108, D6, D7, D8 all stop near the Town Hall.

Docklands Light Railway: Nearest stations are East India: Head across the bridge and then through the complex to the Town Hall, Mulberry Place

Blackwall station: Across the bus station then turn right to the back of the Town Hall complex, through the gates and archway to the Town Hall.

Tube: The closest tube stations are Canning Town and Canary Wharf

Car Parking: There is limited visitor pay and

display parking at the Town Hall (free from 6pm)

If you are viewing this on line:(http://www.towerhamlets.gov.uk/content_pages/contact_us.aspx)

Meeting access/special requirements.

The Town Hall is accessible to people with special needs. There are accessible toilets, lifts to venues. Disabled parking bays and an induction loop system for people with hearing difficulties are available. Documents can be made available in large print, Braille or audio version. For further information, contact the Officers shown on the front of the agenda



Fire alarm

If the fire alarm sounds please leave the building immediately by the nearest available fire exit without deviating to collect belongings. Fire wardens will direct you to the exits and to the fire assembly point. If you are unable to use the stairs, a member of staff will direct you to a safe area. The meeting will reconvene if it is safe to do so, otherwise it will stand adjourned.

Electronic agendas reports and minutes.

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click www.towerhamlets.gov.uk/committee and search for the relevant committee and meeting date.

Agendas are available at the Town Hall, Libraries, Idea Centres and One Stop Shops and on the Mod.Gov, iPad and Android apps.



QR code for smart phone users.

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

1 - 4

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

2. MINUTES OF THE PREVIOUS MEETING(S)

To follow.

3. TO CONSIDER THE START TIME OF FUTURE HEALTH SCRUTINY PANELS DURING THE MUNICIPAL YEAR

4. REPORTS FOR CONSIDERATION

4 .1 Community Health Services (CHS) review (verbal update)

To receive an update from CCG

4 .2 Transforming Services, Changing Lives

5 - 26

To receive a report and presentation from TSCL.

4 .3 Modernising In-patient Assessment Services for Older Adults with a Functional Mental Health Problem in Tower Hamlets, City of London & Hackney

To receive a report from East London NHS Foundation Trust.

4 .4 Work Plan

To be tabled at the meeting.

4 .5 Review Working Group

To consider a topic for review and appoint members to the review working group.

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Next Meeting of the Panel

The next meeting of the Health Scrutiny Panel will be held on Tuesday, 18 November 2014 in Committee Room 1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Agenda Item 1

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-


- Meic Sullivan-Gould, Interim Monitoring Officer, 020 7364 4800
- John Williams, Service Head, Democratic Services, 020 7364 4204

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

This page is intentionally left blank

<p style="text-align: center;">Health and Wellbeing Board 9th September</p>	
<p>Report of: Transforming Services, Changing Lives programme team</p>	<p>Classification: Unrestricted</p>
<p style="text-align: center;">Transforming Services, Changing Lives</p>	

<p>Contact for information</p>	<p>Zoe Hooper, TSCL Communications Manager</p>
---------------------------------------	---

Executive Summary

The Local Clinical Commissioning Groups (CCGs) of Tower Hamlets, Waltham Forest, Newham, Barking and Dagenham, and Redbridge; plus NHS England, Bart's Health and other local providers, have established a clinical transformation programme called Transforming Services, Changing Lives (TSCL). It which will consider how services need to change to provide the best possible health and health care for local residents. **It does not, at this stage, outline any recommendations for change.**

A key element of the programme is to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health hospitals, set in the context of local plans to further develop and improve primary, community and integrated care services.

The work of the programme, which was launched in February 2014, and is expected to run until autumn 2014, will develop a baseline assessment of the drivers for change in the local health economy and support further discussions about the scope, scale and pace of change needed.

Key milestones:

- **9 July:** Interim Case for Change published. Engagement commences to gather feedback to help to inform the final Case for Change and help us determine priorities for the future. This includes events for all Barts Health staff, attendance at public events and a series of patient focus groups.
- **Autumn:** Publication of final Case for Change.
- **After publication of Case for Change:** Explore and agree joint priorities to improve local services. If we think change is required we will work with the public and clinicians to consider a range of potential options to help improve healthcare services.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Provide comment and feedback to the programme team based on their review of the Interim Case for Change. This will be used in the development of the final case for change, which is due to be published in October
2. Consider and confirm requirements and timings for future updates and presentations about the final Case for Change and any future work programmes

1. DETAILS OF REPORT

1.1 Background and Introduction

Local clinicians have been asked to use their own knowledge of national and international best practice to review the quality and performance of East London health services, highlight areas of good practice that should be maintained and developed, and set out if, why, and in what specialties they think there may be a case for change to ensure the very best care for local residents. They are not, at this stage, setting out any recommendations for change.

Their work has been published as an 'Interim Case for Change', which is available to view at www.transformingservices.org.uk.

Key milestones:

- **9 July:** Interim Case for Change published. Engagement commences to gather feedback to help to inform the final Case for Change and help us determine priorities for the future. This includes events for all Barts Health staff, attendance at public events and a series of patient focus groups.
- **Autumn:** Publication of final Case for Change.
- **After publication of Case for Change:** Explore and agree joint priorities to improve local services. If we think change is required we will work with the public and clinicians to consider a range of potential options to help improve healthcare services.

1.2 Governance

The governance arrangements for the programme have been established as follows:

- Programme Board – tasked with providing the strategic oversight for the Programme. To reflect the external decision making requirements, the Programme Board reports to the relevant statutory bodies of CCGs, providers and the NHS England. CCGs ensure a clear link through to HWBBs. Deborah Cohen, London Borough of Tower Hamlets Service Head Commissioning and Strategy, is a member of the programme board and has been asked to nominate a replacement representative upon her departure.
- Clinical Reference Group and Clinical Working Groups – these reflect the key clinical leadership role in exploring and shaping a Case for Change. CCGs,

Barts Health, Homerton Hospital, community and mental health service providers and the London Ambulance service have nominated clinicians and other front-line staff to join clinical working groups. Links are also being established with academic partners. The clinical working groups focus on:

- unplanned care (urgent and emergency care, acute medicine, non-elective surgery)
 - long-term conditions
 - elective surgery
 - maternity and newborn care
 - children and young people, and;
 - clinical support services
- A Public and Patient Reference Group – this group meets on a regular basis to provide ideas and feedback to clinicians leading the TSCL programme and support and advise on public engagement activities. Representatives have been invited from three broad groups:
 - local branches of Healthwatch
 - patient representatives from the CCGs involved in the programme.
 - patient representatives from the providers involved in the programme.

Tower Hamlets Representation:

Programme Board

Jane Milligan, Tower Hamlets CCG Chief Officer

Sam Everington, Tower Hamlets CCG Chair

Deborah Cohen, LBTH Service Head: Commissioning & Health

Programme Executive

Jane Milligan, Tower Hamlets CCG Chief Officer

John Wardell, Tower Hamlets CCG Deputy Chief Officer

Sam Everington, Tower Hamlets CCG Chair

Clinical Reference Group

Sam Everington, Tower Hamlets CCG Chair

Katherine Gerrans, Tower Hamlets CCG

Clinical Working Groups

Sam Everington, Tower Hamlets CCG Chair

Katherine Gerrans, Tower Hamlets CCG

Victoria Tzortiou-Brown, Tower Hamlets CCG

Mike Fitchett, Tower Hamlets CCG

Neil Douglas, Tower Hamlets CCG

Martha Leigh, Tower Hamlets CCG

1.3 Engagement

Since the programme was launched in February 2014, extensive engagement has taken place with stakeholders across Tower Hamlets, Newham, Waltham Forest, Redbridge and Barking and Dagenham.

Tower Hamlets specific engagement activity includes, but is not limited to:

- Information about the launch of the programme sent in February to the CCG, key contacts at London Borough of Tower Hamlets, including the Chief Executive, Lead Member of Health and Adult Services Select Committee, Health and Wellbeing Board Chair, Council Leader, Corporate Director of Adult and Community Services and Corporate Director of Social Services, Healthwatch, local MPs and London Assembly Members
- Regular meetings of and updates to the TSCL Public and Patient Reference Group. Tower Hamlets members include David Burbidge (Healthwatch Tower Hamlets Co-Chair) and Andrew Wood (Royal London Hospital Patient Panel Chair)
- A series of large engagement events for Barts Health staff
- Key stakeholders from the Tower Hamlets community invited to attend large events about the programme which took place on 4 April and 6 June at Stratford Town Hall. Invitations issued to key contacts at London Borough of Tower Hamlets, Healthwatch, local MPs and Assembly Members.
- Informal briefing to the Inner North East London Joint Overview and Scrutiny Committee
- Press release about the interim case for change sent to wider senior ELFT staff, Council for Voluntary Services, Tower Hamlets Health Overview and Scrutiny Committee and Health and Wellbeing Board, Tower Hamlets College, Docklands and East London Advertiser, East End Life and East End Homes
- Presentation at the Tower Hamlets CCG Governing Body meeting, as well as a follow up discussion at a Governing Body seminar session
- Presentation and attendance at Tower Hamlets Healthwatch Community Event
- Presentation at the Tower Hamlets Locality Chairs Board

Further engagement across the area is planned in order to gather local people's feedback on the interim Case for Change.

- 9th September – Tower Hamlets Health and Wellbeing Board
- 11th September – Inner North East London Joint Overview and Scrutiny Committee
- 16th September – Health Scrutiny Committee
- Mid-September - a series of patient focus groups

1.4 Why have we taken this step?

The five CCGs have a duty to promote a comprehensive health service for their population of around 1.3 million people.

Today, local NHS services face the very real challenge of providing care for a rapidly growing local population, whilst continuing to meet the health needs of some of the most deprived areas seen anywhere in the UK.

The health economy is never static. Change is happening all around the system. In the last year, since the establishment of CCGs, we have seen the introduction of NHS 111, the development of integrated care and soon the launch of personal health budgets. We need to respond to these changes to ensure that benefits are realised and unintended consequences are avoided.

However, we also know that some services simply need to improve to meet local needs. We need to address the areas where we are not so good. We know that the quality of care we provide is inconsistent. We need to work better with providers and with social care to address the challenges we face and decide how we can introduce new and different ways of providing care.

Collectively commissioners have agreed with providers to look at the challenges we face, to ensure we can continue to provide the care our patients need, at the best possible place for them. Organisation boundaries must not and cannot impede the commitment to deliver improvements at scale across the partnership.

We also need to make sure that any changes in the future happen safely and effectively.

In developing their case for change, clinicians will be guided by the principles of the Francis Report to ensure delivering first class care for patients and local populations is the driver for change.

3. CONTACTS

For further information please contact:

Neil Kennett-Brown	Programme Director	Neil.Kennett-Brown@nelcsu.nhs.uk	020 3688 1222
Zoe Hooper	Communications Manager	Zoe.hooper@nelcsu.nhs.uk	020 3688 1678

4. APPENDICES

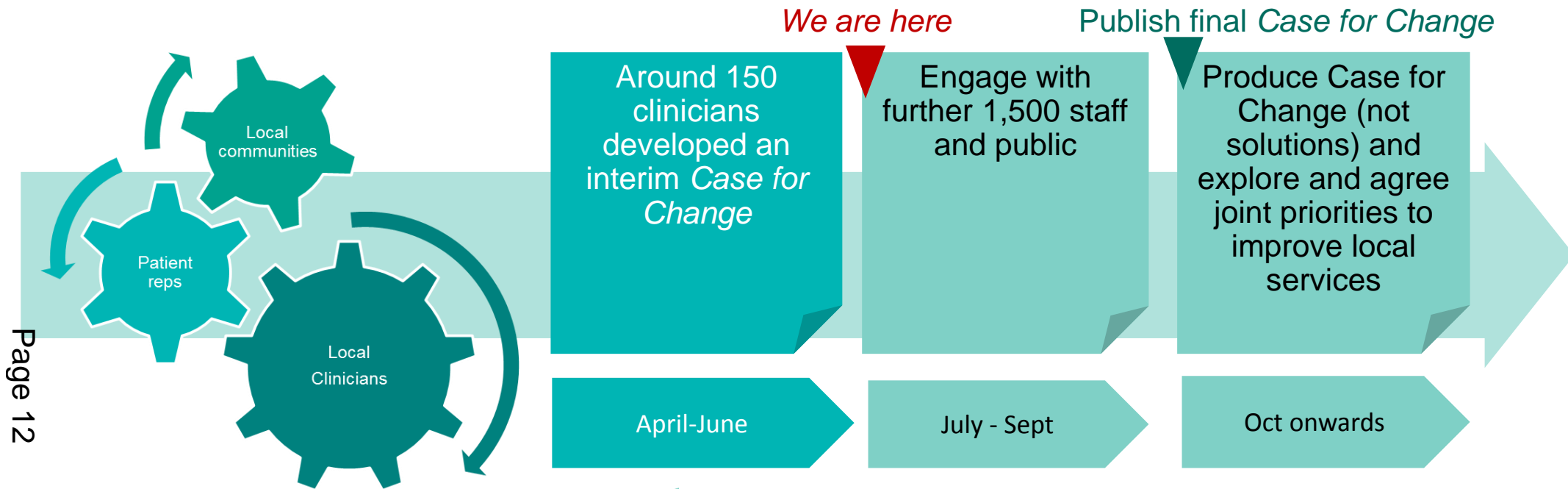
- NONE

This page is intentionally left blank

Transforming Services, Changing Lives

Interim *Case for Change*

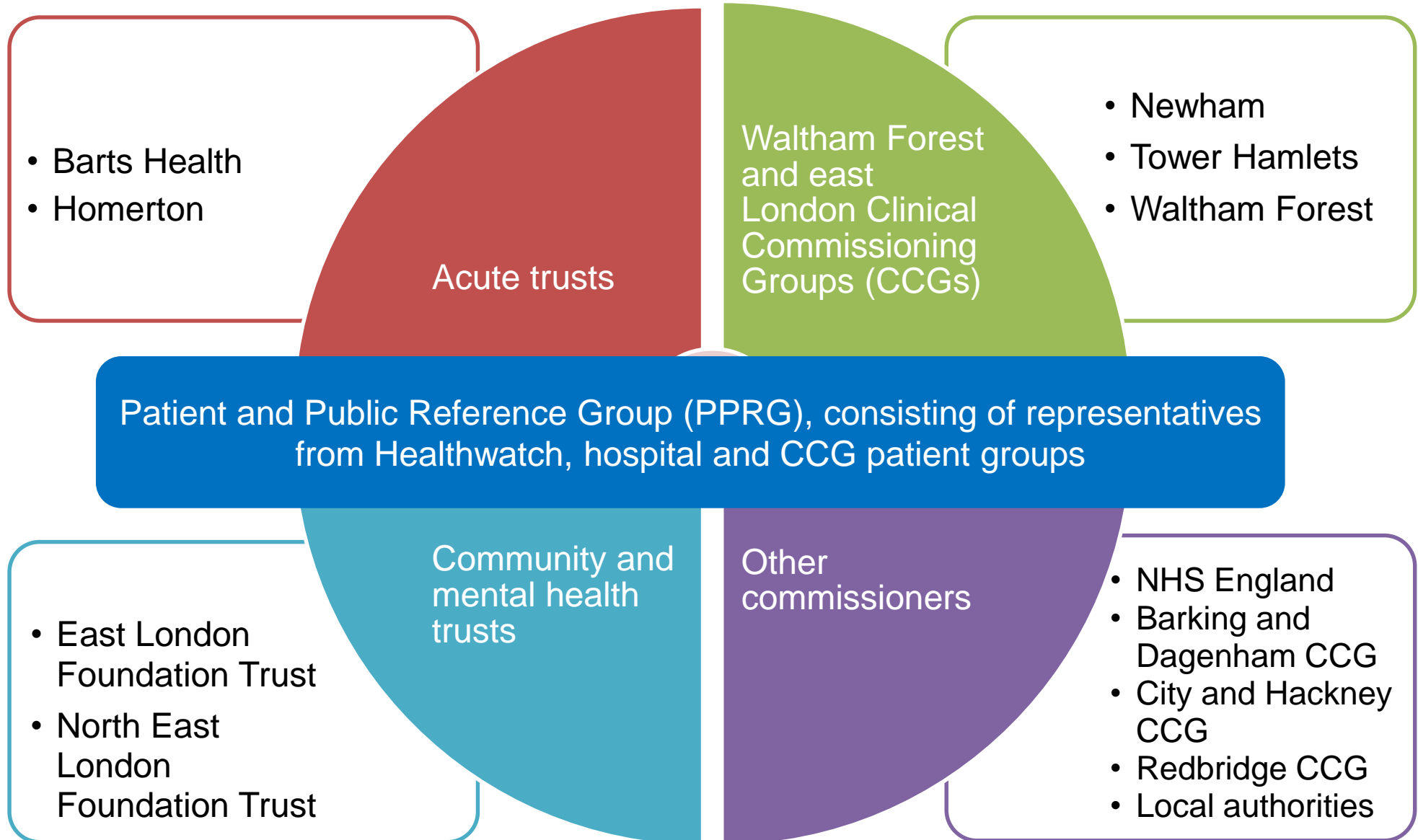
A journey to improve services for the whole community



The programme will:

- describe the current state of services
- identify if change is needed to improve services for patients
- begin to develop a shared vision of how we can improve services

The organisations involved



Barts Health and Homerton

Page 14

Homerton

General hospital (500 beds) with A&E/UCC (79,000 attendances), maternity (5,500 births) plus specialist care in obstetrics, neonatology, fetal medicine, fertility, bariatric surgery and neuro-rehabilitation

Whipps Cross

General hospital (589 beds) with A&E/UCC (112,000 attendances), maternity (4,980 births) plus some specialisms supporting the older population, including hyperbaric services

London Chest

Specialised heart attack centre and cardiovascular and respiratory centre (103 beds).

Newham University Hospital

General hospital (452 beds) with A&E/UCC (87,000 attendances), maternity (6,850 births) plus specialisms in fertility and diabetes

St Bartholomew's

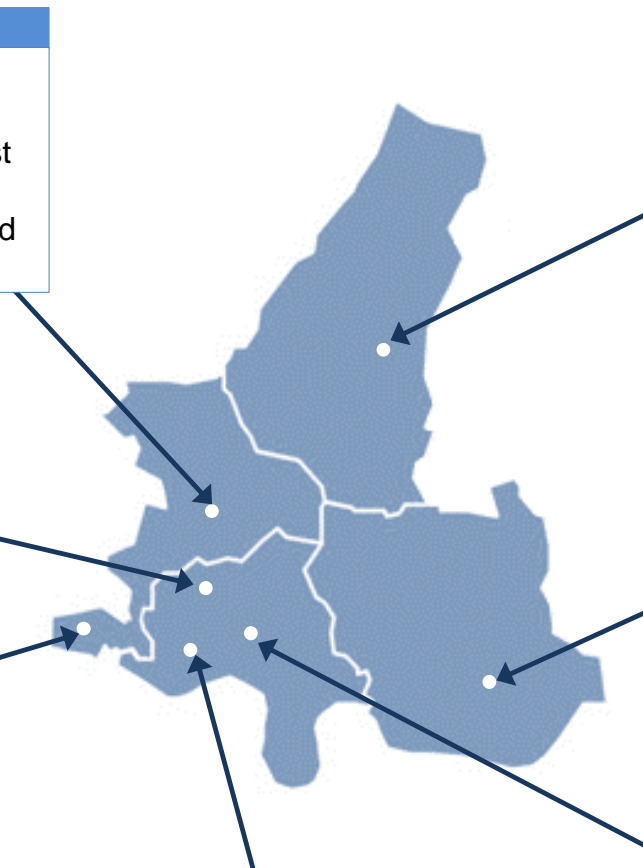
Specialist centre for cancer, cardiovascular disease, fertility and endocrinology (250 beds). Minor injuries unit for non-emergency cases.

The Royal London

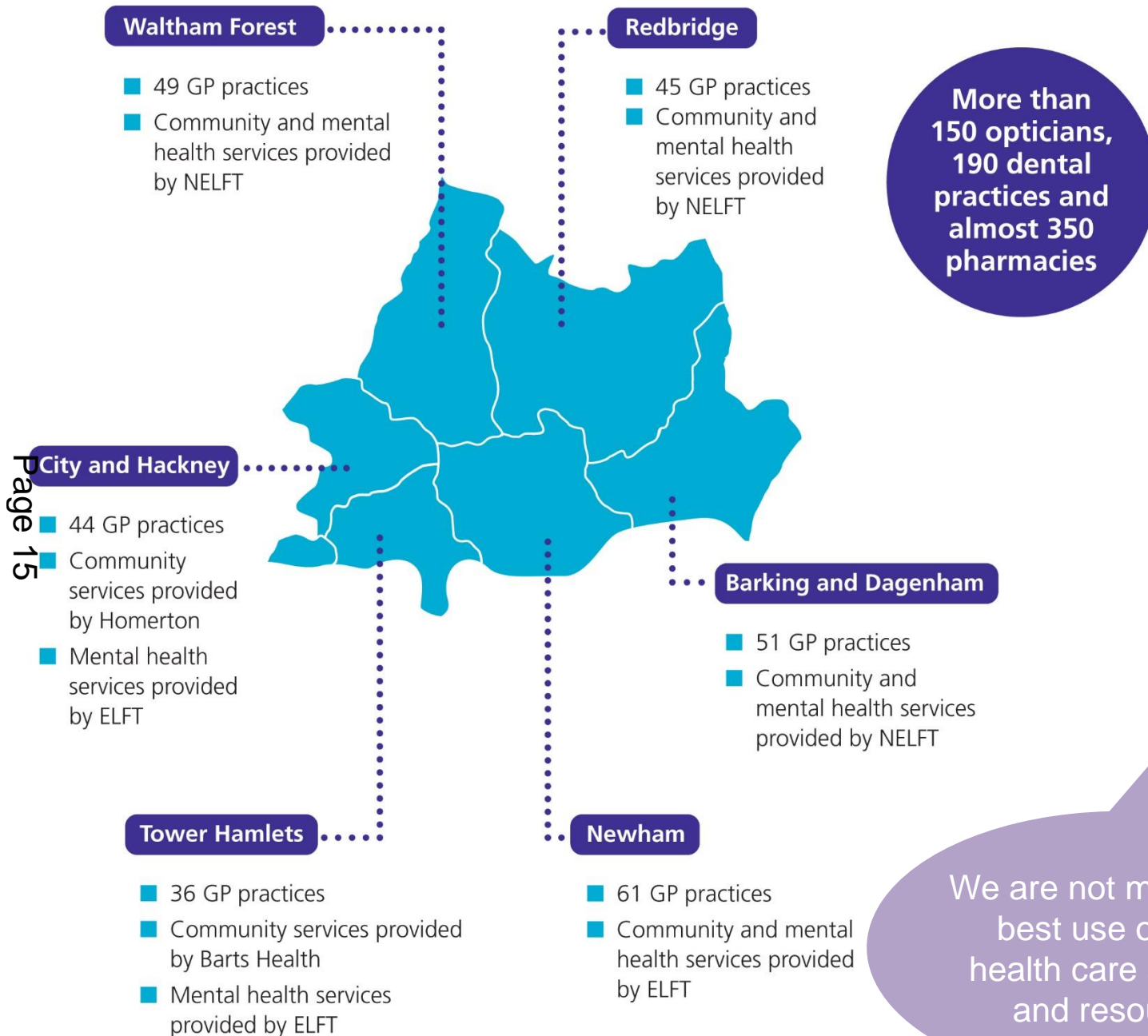
Teaching hospital (747 beds) with a full range of general acute services, A&E/UCC (101,000 attendances), maternity (5,500 births) plus specialist services including paediatrics, obstetrics, neonatal critical care, major trauma, hyper-acute stroke care, cancer, neurosurgery, dental hospital.

Mile End Hospital

Community hospital health centre providing a range of inpatient (64 beds) and outpatient services. These include family planning, termination of pregnancy and rehabilitation.



A range of primary, community and mental health services

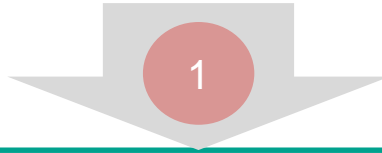


Page 15

- Varying degrees of single-handed practices (6-29%)
- Different models of mental health and community service provision
- More than 150 opticians, approximately 190 dental practices and almost 350 pharmacies.

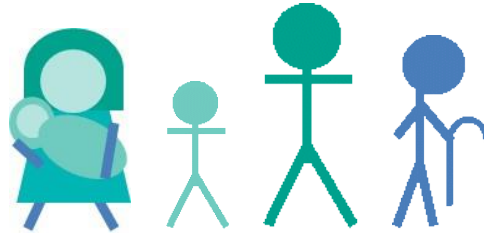
We are not making the best use of local health care services and resources

Our vision for the NHS in East London

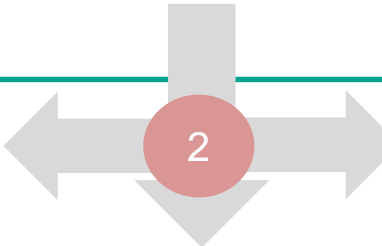


Improves health and prevents need for health services

The NHS working with an active local authority and voluntary sector to improve health, reduce health inequalities and prevent the need for health services



People supported to manage their own health, self-care and use their NHS services appropriately. Back-up by high quality and responsive primary care services



Rare / dangerous / complex needs best treated by a specialist

When need arises, ensures **right care, right time, right place**

Long term conditions which are actively managed with patients to reduce the need for unplanned care

Acute episodes of care treated efficiently according to severity / urgency

Specialised services



Local hospital services



Enhanced primary and community care services



Good health, excellent disease management and a speedy recovery if you become ill is everyone's responsibility

Page 17

Prevention

Patients: behavioural change and self-care

Schools, businesses: health education, health promotion and early identification

Improved health

Local councils and public health: housing, transport, quality of life, environment, health

Clinicians, healthcare assistants, therapists and other staff: advice, early diagnosis and support to self-care

Treatment and management

Our work has identified a number of drivers for change ...



Together we can achieve...

Great health and health outcomes for people in East London, such as:

People supported to manage their long term condition in the community

Patients reporting improvements in their quality of life as a result of health care interventions

More people surviving life threatening events such as stroke, heart attack or major trauma


People supported to die at home where it is their choice to do so

Patients reporting an excellent experience when accessing healthcare


Transforming Services - T: x

www.transformingservices.org.uk

Transforming Services Changing Lives



- Home
- Interim Case for Change**
- Background
- Frequently asked questions
- People involved
- Contact



Help shape the future of east London healthcare services

The Transforming Services, Changing Lives (TSCL) programme is our opportunity to think about what we want our East London NHS services to look like.

Local GPs, surgeons, nurses, patient representatives and public health workers from across East London have all been working together to identify opportunities to improve our healthcare services.

They believe significant change is required in order to create a world-class service. Now we need you to tell us whether you agree so we can start planning for the future.

[Give us your views »](#)

Transforming Services, Changing Lives. Tel: 020 3688 1678 email: TSCL@nelcsu.nhs.uk [Back to top](#)

Interim Case for Change - x

www.transformingservices.org.uk/interim-case-for-change.htm

Transforming Services Changing Lives

NHS

Home Interim Case for Change Background Frequently asked questions People involved Contact

Interim Case for Change

We want to hear your thoughts on the Transforming Services, Changing Lives Interim Case for Change.

1. Download and review the interim Case for Change
 - Summary (12 pages)
 - Full report excluding appendices (62 pages)
 - Full report including appendices (81 pages)
2. Complete the online survey

Give us your views »

Clinicians talking about the Transforming Services, Changing Lives programme

Public and patient reference group members giving their thoughts on the programme

We want to hear your thoughts

1. Download and read the Interim Case for Change

- Summary (12 pages)
- Full report excluding appendices
- Full report including appendices

Clinicians talking about Transforming Services, Changing Lives



Page 22



Transforming Services, Changing Lives

The interim Case for Change


1

Foreword

We work in East London, one of the most vibrant communities in the world and we feel our population deserves the very best healthcare. This presents many challenges. We have significant deprivation, increasing long term conditions, such as diabetes, population growth and a growing population. There is increasing demand and expectation from patients. Whilst we have examples of excellent healthcare, there are services of variable quality in primary care, in the community and in our hospitals. Recruiting and retaining the skilled workforce we need is not easy and, although we have some of the most modern facilities in the country we also have many older dated facilities. Our organisations face considerable challenges going forward. These need shared action across the whole health and social care system.

The Transforming Services, Changing Lives programme has been established by commissioners and providers to enable us to

Interim Case for Change - x
www.transformingservices.org.uk/interim-case-for-change.htm



Appendices to the interim Case for Change

- ≡ The growing population
- ≡ Health of the population

Unplanned Care

- ≡ Unplanned Care - Emerging case for change (summary slides)
- ≡ Unplanned Care - Interim report (summary of clinical working group discussions so far)
- ≡ Unplanned Care - Overview of policy, quality standards and best practice
- ≡ Unplanned Care - Technical data pack

Maternity and newborn

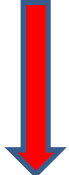
- ≡ Maternity and newborn - Emerging Case for Change (summary slides)
- ≡ Maternity and newborn - Interim report (summary of clinical working group discussions so far)
- ≡ Maternity and newborn - Overview of policy, quality standards and best practice

Children and young people

- ≡ Children and young people - Emerging case for change (summary slides)
- ≡ Children and young people - Interim report (summary of clinical working group discussions so far)
- ≡ Children and young people - Overview of policy, quality standards and best practice
- ≡ Children and young people - Technical data pack

Long term conditions

- ≡ Long term conditions - Emerging case for change (summary slides)



0:00 / 11:15

Appendices to the

- ▾ The growing population
- ▾ Health of the population

Unplanned Care

- ▾ Unplanned Care - Emerg
- ▾ Unplanned Care - Interim
- ▾ Unplanned Care - Overvie
- ▾ Unplanned Care - Technic

Maternity and newborn

- ▾ Maternity and newborn - E
- ▾ Maternity and newborn -
- ▾ Maternity and newborn - C

Children and young pe

- ▾ Children and young peopl
- ▾ Children and young peopl
- ▾ Children and young peopl
- ▾ Children and young peopl

Long term conditions

- ▾ Long term conditions - Em

Page 24



Contents

1. Introduction.....	3
1.1. Context	3
1.2. Purpose of this paper	3
2. Where are we now?	5
2.1. Local context.....	5
2.2. How is the system currently performing?.....	8
Examples of where things are working well.....	11
3. The emerging case for change	13
3.1. Principles for good unplanned care	13
3.2. Principle 1: The future model of unscheduled care should work to promote planned care to prevent unplanned contacts where they are avoidable	14
What does good look like against this principle?	14
What does this mean for patients?	14
How is the system currently performing against this principle?.....	14
3.3. Principle 2: The future model of unscheduled care should support people with urgent care needs to get to the right advice, in the right place, first time	17
What does good look like against this principle?	17
What does this mean for patients?	17
How is the system currently performing against this principle?.....	17
3.4. Principle 3: The future model of unscheduled care should ensure that services for urgent, non-life threatening needs are delivered at or as close to home as possible	21
What does good look like against this principle?	21
What does this mean for patients?	21
How is the system currently performing against this principle?.....	21
3.5. Principle 4: Serious or life threatening needs should be treated in services with the best expertise and facilities to reduce risk, and maximise survival and good recovery	25
What does good look like against this principle?	25
What does this mean for patients?	25
How is the system currently performing against this principle?.....	25
3.6. Principle 5: The future model of unscheduled care should be delivered as a connected model of urgent and emergency care	27
What does good look like against this principle?	27



To know more

If you would like to discuss any elements of this draft case for change, please contact our team on:

Tel: 020 3688 1678

Email: tscl@nelcsu.nhs.uk

www.transformingservices.org.uk

This page is intentionally left blank