

# Developing an Integrated Urgent Care Service

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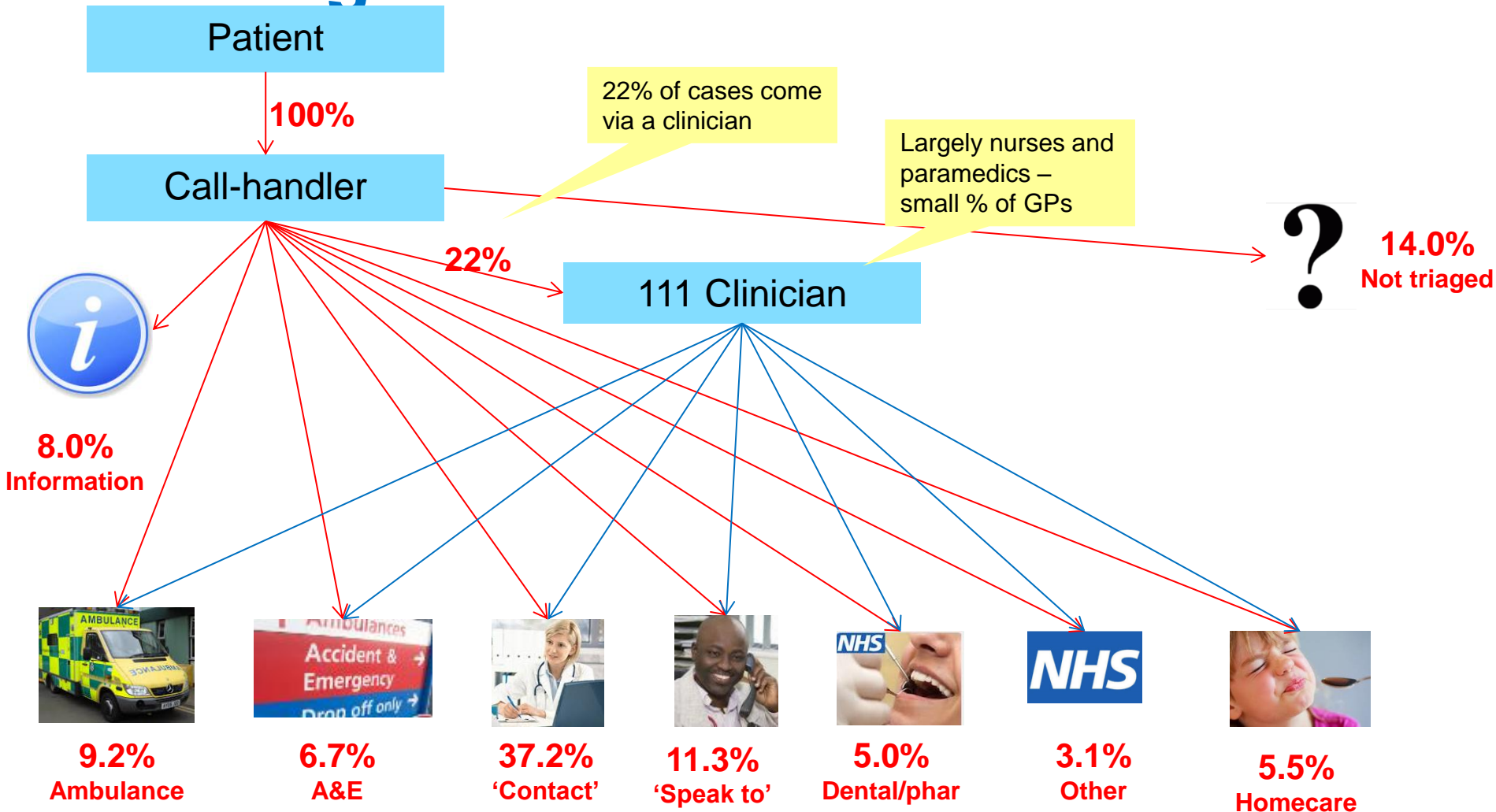
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# Confusing (and piecemeal?) system



# Existing NHS111 Service

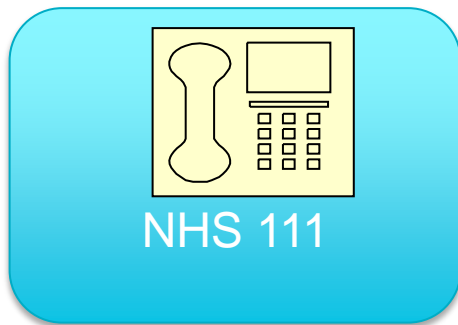


# The Drivers for change:

## Prompted by:

- Urgent & Emergency Care Review
- Five Year Forward View
- Patient Insight
- Phase 1 Pilots
- Commissioners
- NAO Report on GP OOH

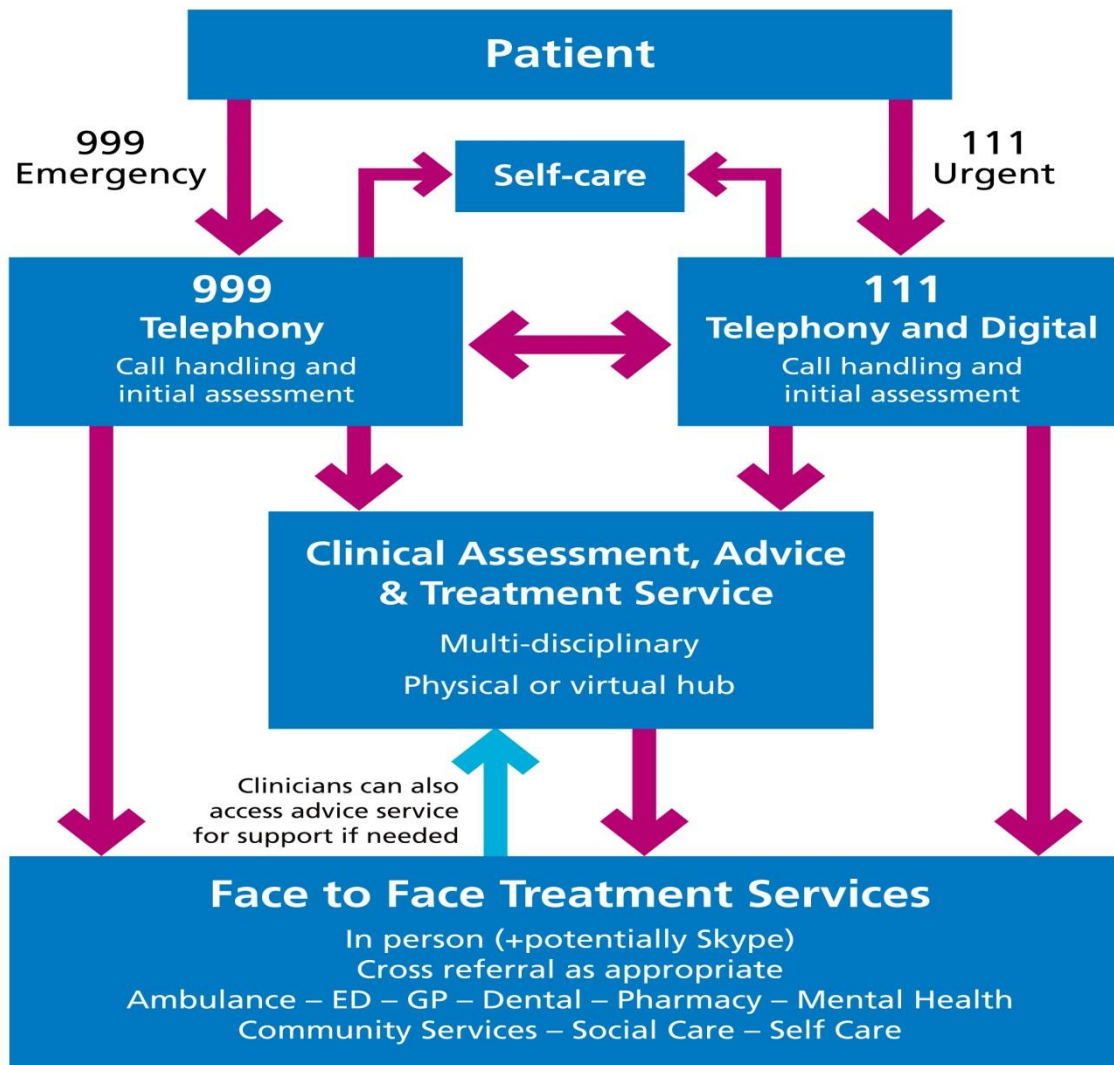
# The vision for a functionally integrated **NHS** *England* 24/7 Urgent Care Access, Advice and Treatment Service



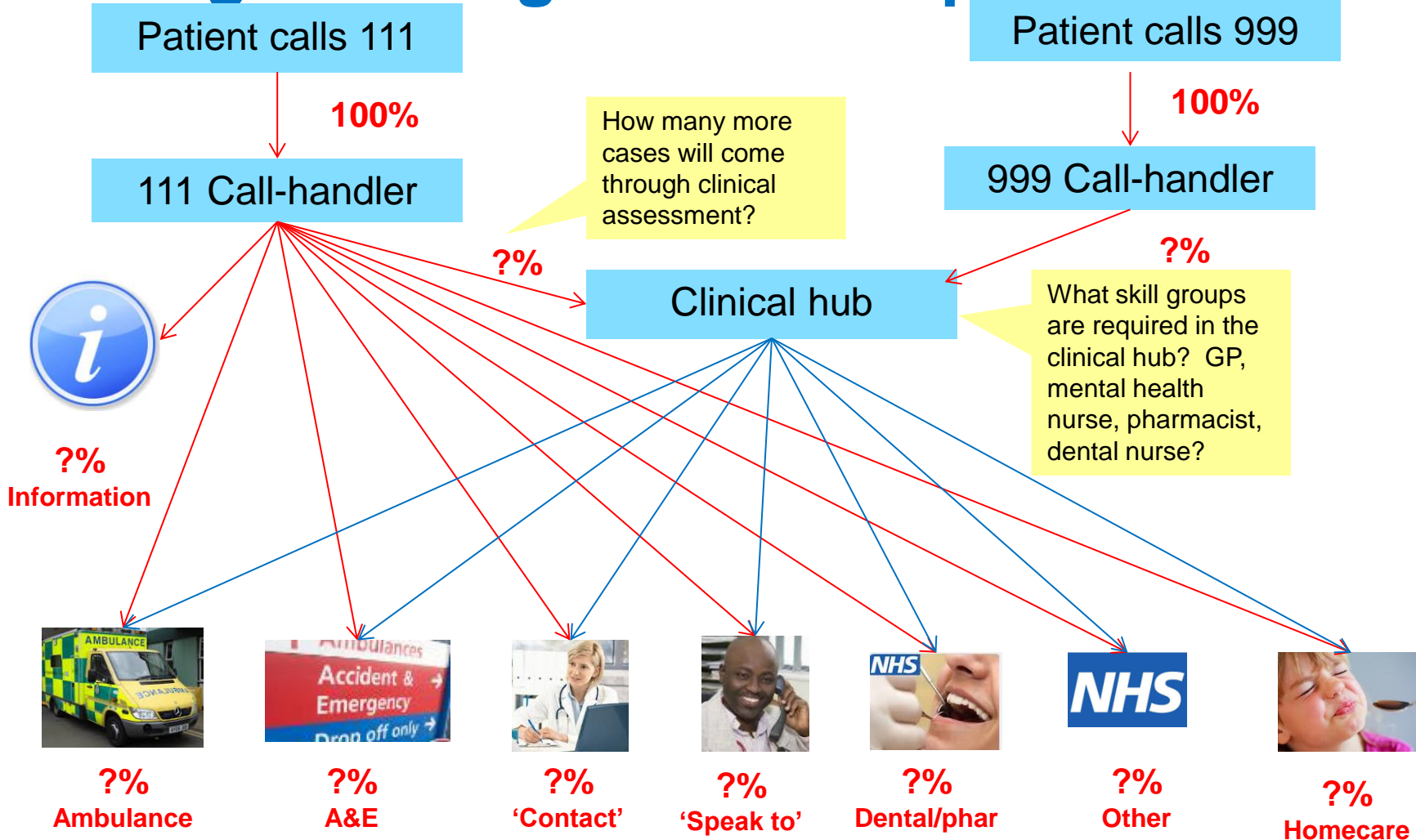
*"If I have an urgent need, I can phone a single number (111) and they will, if necessary, arrange for me to see or speak to a GP or other appropriate health professional – any hour of the day and any day of the week."*

# The four elements of an Integrated Urgent and Emergency care offer

- Multi-Channel Entry (Access)
- Structured Initial Assessment (Advice & Referral)
- Multi-disciplinary Clinical Hub (Further Assessment/Advice/Treatment/Referral)
- Face to Face (Assessment, Advice, Treatment & Referral)



# Integrated Urgent care - Opportunities



And what difference will it make to these percentages?



# Key Enablers of Integration

## **Contractual**

- Shared Metrics
- New payment model
- Urgent and Emergency Care Network Leadership
- Lead Commissioner/Provider?

## **Technology**

- Shared platforms and interoperability
- Access to Records
- Electronic Referral and Booking

## **Workforce**

- Joint Capacity Planning

## **Directory of Services + Mobile DoS**

## **Clinical Governance**

# Not about NHS 111 as a provider



**Thank you for listening .....**

**We need your involvement to  
ensure that we develop this  
new service and  
commissioning standards  
together.**