

NHS Innovation Accelerator 2017 | Challenge 2: Urgent & Emergency Care

Why urgent and emergency care?

“When in doubt, frightened or worried, I’d use A&E.” Patient¹

We all want an NHS that will be there for us and our families when we need it the most. However, the rising demand for A&E services alongside delayed hospital discharges mean some urgent care services are understandably struggling to cope.

The Urgent and Emergency Care (UEC) review²³ set out a clear ambition for UEC and five key elements of change, applicable to all patients, regardless of age, location, co-morbidities or needs:

- Provide **better support** for people to **self-care**
- Help people with urgent care needs to get the **right advice in the right place, first time**
- Provide **highly responsive urgent care services outside of hospital** so people no longer choose to queue in A&E
- Ensure that those **people with more serious or life threatening emergency needs** receive **treatment in centres with the right facilities and expertise**
- **Connect urgent and emergency care services**

Innovations exist to improve UEC services, however they are not always used; for example, targeted self-care solutions for those at risk of exacerbations, new partnerships with providers (e.g. care homes, community pharmacies), new clinical and workforce models.

Improving UEC is a priority within every one of the country’s 44 Sustainability and Transformation Plans⁴ and is identified as one of the three main 2017/18 national service improvement priorities for the NHS in the Next Steps of the Five Year Forward View⁵.

What ‘Urgent & Emergency Care’ innovations are we seeking for the NHS Innovation Accelerator 2017?

We are seeking evidence-based innovations that will help provide highly responsive, effective and personalised solutions for people with or at risk of developing urgent and emergency care needs.

Your innovation will need to:

- Enable the delivery of one or more of the five UEC key elements of change.
- Have been co-designed with users, be accessible to a diverse population and focus on delivering the most significant benefit in terms of outcomes and cost savings.

Your innovation can be a device, digital app or platform, a service, process, pathway or model of care, or workforce.

What impact does your innovation need to demonstrate?

An application for this category will require evidence on:

- **Health impact** e.g. reduced exacerbations and avoidable emergency presentations, increased % of emergency patients treated, admitted or transferred within four hours.
- **Utility** e.g. feedback from patients and professionals on accessibility and experience.
- **Cost savings** e.g. reduced attendances and admissions, care in lower cost settings.

KEY FACTS

110 million urgent same-day contacts in the NHS each year

40% of patients attending A&E are discharged requiring **no treatment**

Up to 3 million people who come to A&E each year **could have their needs addressed elsewhere**

Up to 50% of 999 calls requiring an ambulance to be dispatched **could be managed at the scene**

Over **1 million avoidable emergency hospital admissions** last year

Information from the Urgent and Emergency Care Review

¹ <http://www.patients-association.org.uk/wp-content/uploads/2015/06/rcem-pa-report-time-to-act.pdf>

² <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

³ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/uecreviewupdate.FV.pdf>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-aide-memoire-uec-7dhs.pdf>

⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>