



The Urgent and Emergency Care Improvement Collaborative: *Connect, Empower, Support*

Frequently Asked Questions

1. What is an improvement collaborative?

An improvement collaborative involves groups of health and care staff, managers and commissioners coming together to learn from and motivate each other to improve the quality of health services.

2. Why do we need an improvement collaborative?

Most people will need some kind of urgent or emergency care and support in their lifetime. This is best addressed when our system is coordinated, consistent, clear and focussed on recovery and renewed independence.

Following the publication of the [Five Year Forward View Next Steps](#) report in March 2017, NHS England (London), London's Clinical Commissioning Groups (CCGs), NHS Improvement (London) and The Association of Directors of Adult Social Services (ADASS) have considered their support to local systems in order to achieve the ambitious urgent and emergency care priorities set out in the report.

The Urgent and Emergency Care (UEC) Improvement Collaborative (IC) programme has been launched by Healthy London Partnership and ADASS to catalyse our collective delivery of this agenda across London. The IC brings together colleagues across the system to explore best practice around their priorities, identify the barriers that prevent best practice being implemented, test responses to those barriers, and then improve.

3. Will taking part in the collaborative mean extra work?

Being part of the Improvement Collaborative doesn't require any significant additional work. It's about taking a particular approach to the change work already underway across the system and being more purposeful about identifying barriers to adopting good practice and testing solutions to those barriers. It is about being willing and able to adapt should those solutions prove not to work and then sharing best practice about new models of care and about improvement. It is also about building capability and capacity for the future.

4. Who is a member of the collaborative?

Anyone who is working in urgent and emergency care from health and social care in London is part of the Improvement Collaborative. The Improvement Collaborative will only make an impact if

everyone comes together to learn from and motivate each other to improve the quality of health services. If you want more information visit the [HLP website](#).

5. Are there any collaborative events to participate in?

Yes, come along to one of our forthcoming 'Learning Sessions' which are being held on:

- Wednesday, 13 June 2018
- Wednesday, 12 September 2018
- Wednesday, 5 December 2018

6. How do I get involved?

Along with attending one of our Learning Sessions you are also welcome to join any of the specific work stream events or your local improvement activities. Details of all of these can be found on the [HLP website](#). For things to do with care closer to home please contact carecloser2home@nhs.net for further questions or if you would like some bespoke involvement.

7. Do I have to get involved?

No, the Improvement Collaborative is a voluntary activity. However, this methodology has proven impact on key national priorities, including supporting people not to go into hospital and to come home as soon as possible. Given the pressure to deliver you may want to engage with the Collaborative as part of the work you are doing to relieve that pressure.

8. How will I know if it's making a difference?

Ultimately the Collaborative needs to show impact on the key metrics and deliverables set nationally, including delayed discharges in acute and mental health, the 4 hour wait target, the percentage of patients remaining at home 91 days after discharge, and patients who die in their place of choice.

However, the lag between system change and metric movement is often relatively long term (particularly given the need to see impact for winter '17). We are therefore working with our own data experts as well as representatives from North West London Collaboration for Leadership in Applied Health Research and Care (CLAHR NWL) to develop bespoke data inputs for the Improvement Collaborative.

9. How is this related to NHS England London work?

London is working towards achieving the priorities set out in the NHS ['Five Year Forward View'](#)

10. How long is it around for?

The Improvement Collaborative is being set up for a minimum of 18 months.

11. How much money is there and where does it come from?

Funding has been provided for as part of the NHS England ['Five Year Forward View – next steps'](#).

12. What is the regional resource?

There are six improvement managers that are supporting building capacity and capability in the system. This is being delivered through a combination of ways, including delivery of a variety of work streams at a pan London level (acute discharge, frailty, ED and UTC interface, Ambulatory Care, Mental Health in ED, Monday Surge, Enhanced health in care homes, End of Life Care, MH DTOC). Other support will be provided through supporting diagnosis (Day of Care Surveys), improvement planning, site visits, a bespoke QI tool, clinical faculty to support local facilitation, learning events and bespoke sessions.

13. Where else has this been done? How do you know if this approach works?

Improvement collaboratives have been around for about ten years across the NHS. They are a proven method for initiating improvements system-wide.

We are working with the team who supported Scotland in their collaborative. This took them from a similar 4 hour performance target to that in England, to an improved and sustained performance now ranking significantly better than the other three home countries. The key priorities for Scotland included optimising non-admitted flow, including the UCC and ED interface with the aim of managing patients safely and efficiently and stabilising ED performance. Another priority includes shifting the discharge curve to the left, creating more in day capacity to support the patients that have more complex support needs.

14. Who is involved at a regional level?

At the regional level the programme is being led by: Grainne Siggins, London Health Lead for the Association of Directors of Adult Social Services and Director of Adult Social Services and Children's Services, Newham Council; Oliver Shanley, London Regional Chief Nurse; Vin Dawakar, London Regional Medical Director; Jen Leonard, Director of Improvement Delivery, NHS Improvement; Sarah Blow, Accountable Officer for NHS Kingston, Merton, Richmond and Wandsworth CCG.

15. What is in and out of scope?

The Collaborative covers all aspects of the patient journey that relate to unscheduled urgent care, except those relating to 111 and ambulance services - whilst these are related they are not core to the programme. The Collaborative has two domains each with specific areas of focus:

Domain 1: Care Closer to Home

- 8 high impact changes for hospital to home
- Continuing Health Care assessments
- End of Life Care
- Mental Health DTOC
- Modelling demand and capacity
- Utilising digital tools and approaches
- Planning and supporting our workforce

Domain 2: High quality emergency care when needed

- Emergency Department

- Clinical streaming and redirection
- Urgent Treatment Centres
- Ambulance handovers
- Ambulance direct access to UTCs
- Emergency Department systems and flow
- Ambulatory emergency care
- Optimising patient flow
- Consistent services
- Managing complex patients (including frail elderly and those with co-morbid mental and physical health issues)

16. What is the Healthy London Partnership?

Healthy London Partnership (HLP) was formed in April 2015. It has been working across health and social care, and with the Greater London Authority, Public Health England, NHS England, London's councils, clinical commissioning groups, and Health Education England. We have united to amplify the efforts of a growing community of people and organisations that believe it is possible to achieve a healthier, more liveable global city by 2020.

17. How are patients involved?

Healthy London Partnership has an Urgent and Emergency Care Patient and Public Network. This network then reaches out into the wider community to ensure that the voice of patients is paramount in the Improvement Collaborative and wider Urgent and Emergency Care work of HLP. The network is involved in the design and delivery of the Collaborative and the objectives of the individual work streams. Members of the network sit on the two governing groups: The Urgent and Emergency Care Transformation Board and The Care Closer to Home Board.

18. What is the link with primary care?

The Improvement Collaborative works closely with primary care colleagues. At a HLP level we are closely engaged with our Primary Care transformation colleagues. GP colleagues are involved at a local level on a work stream by work stream basis.

19. How is the programme governed?

The Collaborative has two domains:

- **Domain 1: Care Closer to Home:** There is a dedicated Healthy London Partnership Care Closer to Home Transformation Delivery Board chaired by Grainne Siggins, London Health Lead for the Association of Directors of Adult Social Services and Director of Adult Social Services, Newham Council; Oliver Shanley, London Regional Chief Nurse. This board then reports into the Healthy London Partnership Local Transformation Group and the ADASS London Branch meeting.
- **Domain 2: High quality emergency care when needed:** This domain reports into the Healthy London Partnership Urgent and Emergency Care Transformation Delivery Board chaired by Vin Dawakar, London Regional Medical Director; Andrew Hines London Regional Chief Operating Officer, NHS Improvement and Sarah Blow, Kingston CCG Accountable Officer. The UEC TDB in turn reports into the Healthy London Partnership Local Transformation Group.

