Networks will be the cornerstone for urgent care change – Professor Jonathan Benger

Professor Jonathan Benger, National Clinical Director for Urgent Care for NHS England, updates on the Urgent and Emergency Care Review:

We are changing the way we work to prevent the NHS from being overwhelmed, and to help our patients.

The current system is unsustainable and urgent care desperately needs an overhaul; a concept now widely accepted by patients, healthcare staff and the professions.

Today I want to talk a little about the new Urgent Care Networks that will pull the urgent care community together and meet this challenge.

After Sir Bruce Keogh's announcement about the findings of the emergency care review in November last year, we began putting in place a series of proposals and recommendations for the networks that will be the cornerstone of change.

To organise the new system-wide transformation, two types of network are being developed, strategic and operational, with differing but complimentary functions.

Strategic Urgent Care Networks will be relatively large and will commission and coordinate urgent and emergency care services across a wide geographical area.

They will have a set of clear objectives (to be fully outlined in the coming months) bringing together all relevant stakeholders to plan, assure and monitor network performance.

Certain standards will be set as a baseline for these networks, and we will expect them to begin designation in 2015/16.

Several operational networks will exist within one strategic network, and will facilitate clinical interactions on a more local level, bridging the gaps between primary and secondary care. What we are talking about here are communities of clinicians who are working together to get the best outcomes for patients, and ensure services are provided in the most appropriate and effective way.

Under the newly proposed system, Strategic Urgent Care Networks will designate two types of emergency receiving hospital: Emergency Centres and Major (or Specialist) Emergency Centres.

Emergency Centres will assess and initiate treatment for all patients (meaning both adults and children with physical and/or mental health needs) and safely transfer them when necessary. Major, or Specialist, Emergency Centres will tend to be larger units, capable of assessing and initiating treatment as well as providing a range of complimentary highly specialist services.

We anticipate that there will be around 40-70 Major or Specialist Emergency Centres across the country and the number of Emergency Centres – including Major Emergency Centres – carrying the red and white sign will be broadly equal to the current number of hospitals with A&E departments.

However, this distinction between Centres isn't one that will be apparent to the public, and they won't need to worry about the difference when they are accessing care. Emergency Centres and Major Emergency Centres will be visually the same, and all will have their own A&E Department; the important point is that they all provide a consistent, high-quality service and through the efficient functioning of the network, will ensure that every patient accesses the care they need in a timely way.

And for those people who need urgent care, but not necessarily in an emergency, we want to make the system much clearer. Currently, services are inconsistent and patients can be unsure where and how to access the right care.

Urgent Care Centres will bridge this gap. They will encompass all existing urgent care facilities which are not Emergency Departments such as Walk-in Centres, Minor Injuries Units and "Darzi" Centres.

There will be clear standards for all Urgent Care Centres, for example in relation to opening hours and staffing, and an expectation that they will work within the Urgent Care Network to broaden their role in providing timely access to services, which is something everyone will welcome. And all Emergency Departments should have a co-located Urgent Care Centre, wherever possible.

This will create a much clearer, consistent offer to the public.

Part of the remit of Urgent Care Centres will be to ensure that smaller, more rural and remote communities have local high quality facilities. Stand-alone urgent care centres will be more common and important in remote and rural communities, and our aim is to strengthen the urgent care provision there.

We are engineering a huge change for the NHS and to make it work we need our workforce to understand it, and work alongside us to deliver it. Much of this operational work will soon be in the hands of the new Networks, and we look forward to being ready to disseminate this challenge.

While it is absolutely imperative that we change urgent care in secondary settings, primary care evolution is also crucial. GPs will play a pivotal role in the new system, and significant changes in this area must precede an overhaul in secondary care. If the provision of primary and community services is not addressed, secondary care transformation will never realise its true potential.

We are working now with GPs on this. For example, the Prime Minister's Challenge Fund launched last month, with pilot schemes funded across the country to look at

new ways of innovative working.

In the coming months more information in these blogs will detail the work of the Urgent and Emergency Care Delivery Group's eight work streams, and provide updates on the formation and progress of the networks.