Dear Governing Body member

Transforming urgent and emergency care services in BHR – our Vanguard programme

We wanted to update you on progress with our plans to change the way people access urgent and emergency care in Barking and Dagenham, Havering and Redbridge (BHR). As you know, we want to radically transform local services, removing barriers between health and social care and between organisations.

We know that locally, as nationally, people can be confused by the various urgent and emergency care (UEC) services available to them – A&E, walk-in centre, urgent care centre, GPs, pharmacists, out-of-hours services.

We know that the money we spend on urgent and emergency care will increase significantly over the next few years if nothing is done to change these services, while the money available to us will not.

This is an ambitious scheme for changing the way people access urgent care locally. If we can make those changes work here, we believe they could then be replicated elsewhere in the country, and that’s one of the aims of the ‘vanguard’ programme – to develop new models of care in one place that can then be adopted elsewhere.

Vanguard itself is just a word, a badge that means we can get extra support and freedoms from NHS England to make changes to urgent care services more quickly. If we hadn’t been awarded vanguard status last summer, we’d still have made planned changes to these services locally, because we need to. So let’s not get too hung up on ‘vanguard’ – it’s the work to transform services that we have to focus on.

We believe we can do this here in BHR – even with the challenges outlined above - because we already have a solid track record of effective partnership working which has led to improvements for our local population. Our community treatment, joint assessment and discharge and hospitals’ psychiatric liaison teams are just three examples of what we can deliver when we work closely together. We now want to build on this successful collaborative working to deliver integrated UEC services and the payment models that will be needed to do that.

This will help us ensure that, as demand for services increases – as we all know it will – that our health and social care economy will be sustainable and able to cope. Leaving things as they are now simply will not work because, with the predicted rapid growth in our diverse and transient population, we cannot afford to do nothing. We do not have the resources to continue to do things as we do at the moment.

So how do we radically transform local urgent and emergency care services?

So far we have set out our top-level aspirations for a new UEC service model which:
1. Is simple for people to use.
2. Provides consistent services, no matter where people use them.
3. Provides services that are integrated and seamless.
4. Delivers equal emphasis on physical, mental and social care.
5. Uses the latest technology.
6. Includes care records that are accessible to patients and clinicians.

The message to people will be to click or call before you come in and this will result in shorter time spent in waiting rooms and being seen by the right person first time. This ‘click’, ‘call’ or ‘come in’ system has a smart digital platform at its heart that will recognise you – in exactly the same was as your internet bank, favourite online shop or airline does already. If Amazon can do it, so can we.

The digital platform will also allow health and social care professionals to share access and update patient care records, regardless of which setting they are seen in.

The detail of this model is being co-designed with patients and staff and there will be lots of opportunities for you to get involved and help us. We need your input as you know best what works well and what doesn’t work so well on the frontline.

Work has already begun, with support from NHS England (the vanguard bit), to help us identify what we’ll need to deliver our plans in terms of technology, workforce and co-design of the model, as well as identifying how it will help us make those necessary efficiencies and how we will communicate effectively with all of our stakeholders, including staff and the public.

We have the ambition and the vision to transform UEC services and a track record of collaboration locally which provides a great foundation. Now we need to make the transformation.

The next steps are to co-design and refine the model and to secure the further national support and funding for the years ahead to make it a reality. Work will then begin on looking at how we improve the system and how services could work together in future.

Patients will be at the heart of what we will do, but we know that our staff will also have ideas and experiences that will help us shape the future. With that in mind, there will be lots of opportunities for local people and for those who work in health and social care services across BHR to be involved.

We are working together with partner organisations’ communication leads to help share news and information through their usual channels (websites, staff intranets, newsletters, events and briefings etc). Our programme team will also look at what else we can do to reach as many people as we can.

Regards

Alan Steward, Chair, Urgent and Emergency Care Programme Board, BHR Partnership