THE URGENT AND EMERGENCY CARE REVIEW PHASE 1 REPORT: WHAT'S THE BIG DEAL?

WHAT IS IT?

The NHS Medical Director's blueprint for a fundamental shift in provision of urgent care. In January 2013 Professor Sir Bruce Keogh announced a review of urgent and emergency care services in England. The review is being carried out in close consultation with clinicians, patients and the public, and is underpinned by a strong evidence base. This report marks the end of the first phase.

WHAT ARE THE PROPOSED CHANGES?

Sir Bruce's vision is that patients with urgent but non-life threatening needs will receive highly responsive and effective care outside the hospital environment and as close to home as possible. Patients whose needs are more serious or life threatening will be treated in centres with the best expertise and facilities, in order to maximise chances of survival and a good recovery.

Better support for self-care: Better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional; comprehensive and standardised care planning, so that important information about a patient's conditions, their values and future wishes are known to relevant healthcare professionals.

Right advice in the right place, first time: A 'smart call' to an enhanced NHS 111 service, which will have access to patients' medical and medication histories, and allow them to speak directly to a clinician if needed. NHS 111 will be able to directly book appointments with GPs or other urgent emergency care services.

Responsive non-hospital urgent care services: Same-day, every-day access to general practitioners, primary care and community services; an enhanced role for community pharmacists; the development of the ambulance service into a mobile urgent treatment service capable of initiating a wider range of treatment at the scene.

Two levels of hospital emergency department: Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. 40-70 Major Emergency Centres will be much larger units, providing a range of specialist services.

Emergency care networks: Linking Major Emergency Centres and Emergency Centres, and supporting an efficient critical care transfer and retrieval system. Networks will aim to remove boundaries between hospital and community-based services by supporting the free flow of information and specialist expertise.

WHAT'S IT GOT TO DO WITH ME?

Know your stuff: Many patients will have questions about the proposed changes. It's important that trainees understand the report and how it's come about, in order to re-instill confidence lost with the NHS.

Potential changes to training: The curriculum for ACCS and Emergency Medicine training may need to be reviewed, and will need to give careful consideration to how training is delivered across a two-tiered A&E system. The enhanced 111 service will require clinicians who are competent in assessing patients over the phone, a skill that it not traditionally taught.

Critical care transfer medicine comes of age: An enhanced role for critical care transfer and retrieval medicine will require an increased number of clinicians skilled in this area.

WHAT HAPPENS NEXT?

Have your say: The review team will report again in Spring 2014 and has invited clinicians, patients and the public to respond to the report. Trainees can read the full report, review the evidence base and leave comments via NHS Choices. It's crucial that our views are represented.

Faculty of Medical Leadership and Management

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On behalf of the National Medical Director's Clinical Fellows, 2013-14

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