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## Getting involved in the Urgent and Emergency Care System locally

### Pharmacists need to get involved with System Resilience Groups, Urgent and Emergency Care Networks and Clinical Advice Hubs

On January 18 2013 NHS Medical Director Professor Sir Bruce Keogh announced a comprehensive review of the NHS urgent and emergency care system in England. On November 13 2013, NHS England published its vision for [urgent and emergency care](#), which was developed based on the previous engagement exercises. This document highlights five key elements for change:

1. To provide better support for self-care.
2. To help people with urgent care needs get the right advice in the right place, first time.
3. To provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E.
4. To ensure that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.
5. To connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

In order to ensure this comes to fruition at a local level System Resilience Groups (SRGs) and Urgent and Emergency Care Networks (UECN) have been developed and are key to local implementation and delivery of the urgent and emergency care review.

## System Resilience Groups (SRGs)

Currently there are around 145 SRGs across England with responsibility for local delivery of Urgent and Emergency (U&E) care and to help facilitate local innovation. They are an operational network and consist of partners, drawn from across the whole system, working to improve the provision of urgent (non-elective) and elective care services. The members of the SRG enter a collaborative arrangement under which they work together to deliver system resilience in an integrated way. They are the forum where both capacity planning and operational delivery across the health and social care system is coordinated. Bringing together both elements within one planning process underlines the importance of whole system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients. It is imperative for the NHS that resilience is delivered while maintaining financial balance. The broad focus of an SRG should be to:

- Determine service needs within a geographical footprint;
- Initiate the local changes needed; and
- Address the issues that have previously hindered whole system improvements

SRGs are not statutory and do not themselves have responsibility for delivering elective and non-elective care and have no formal binding decision making role. They do though have the responsibility for reviewing drivers of system pressures and generating solutions to these. SRGs are responsible for the co-ordination of capacity planning and operational delivery. They advise and recommend to commissioners what should be commissioned at a local level to support the resilience system. SRGs are about developing resilience in the service and a consensus about how the members can support each other to make the system more resilient.

SRGs work to:

- empower and support individuals to manage their own health and well-being at all times
- improve access to the right care, at the right time
- improve the quality and safety of services
- improve patient flow
- build on existing strong relationships between all members of the Urgent Care Partnership
- eliminate waste
- exploit opportunities for improvement

## **Urgent and Emergency Care Networks (UECN):**

SRGs come together in an area to form UECNs which form a wider network that considers more strategic issues including planning, oversight and governance of regional or sub-regional urgent care systems. They are seen as a strategic network and will provide a whole systems approach to urgent and emergency care.

### **Clinical Advice hubs:**

Clinical advice hubs are just starting to form. They will support all aspects of U&E care such as NHS 111, ambulance services and community healthcare. They will provide consistent access to clinical and subject expertise, offering both generalist and specialist advice.

#### **EXAMPLE IN PRACTICE**

Having community pharmacy representation on an SRG is important if we are to see the more effective use of community pharmacy as an integral part of the urgent and emergency care system. In West Yorkshire there are four SRGs and one UECN. Through community pharmacy representation on two of the SRGs and the UECN the profile of pharmacy has been raised significantly, with local services being commissioned that allow pharmacy teams to more effectively support patients with urgent care needs. Membership of the SRG was directly responsible for the commissioning of the Pharmacy First Service (minor ailments), Pharmacy Urgent Repeat Medicines Service (PURM) and helped to make the case for flu vaccination services from pharmacy.

### **Tips to make it happen locally**

- Get in touch with your Local Pharmacy Network (LPN), Local Pharmaceutical Committee (LPC) or Local Practice Forum (LPF) to see if they are involved in the local resilience systems. We do not want SRGs to receive a number of uncoordinated approaches from individual pharmacists so it is best to go via the LPN, LPF or LPC.
- Where there is involvement of pharmacy we would encourage outward communication to contractors about what the local UECN and SRG are doing and how the LPN and LPC are working with them

**Our vision is that all SRGS will have pharmacist representation and see the benefit of involving pharmacy in wider resilience planning.**