

Transformation of urgent and emergency care: models of care and measurement.

Royal Pharmaceutical Society Response

1. Are you aware of the existing Accident and Emergency four-hour standard?

Yes, we are aware of the existence of this standard

2. If yes, what do you understand the existing four-hour standard to mean?

All patients are seen, managed and discharged from ED, referred and admitted to a speciality, referred to an outpatient follow up or admitted into the hospital within 4 hours of arrival.

3. Which would help you understand how well urgent or emergency care is doing: A single measure or a wider range of measures across your urgent or emergency care journey?

Either or both. The understanding of the current metrics is good and the Emergency Care data set is useful to support practice.

4. Please rate how important you think each of the measures are based on a scale of 1-5, where 1 is not important and 5 is extremely important? Please explain your answers.

Service	Measure	
Pre-hospital	Response times for ambulances	5
	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances	5
	Proportion of contacts via NHS 111 that receive clinical input	3
A&E	Percentage of Ambulance Handovers within 15 minutes	4
	Time to Initial Assessment – percentage within 15 minutes	4
	Average (mean) time in Department – non-admitted patients	5
Hospital	Average (mean) time in Department – admitted patients	5
	Clinically Ready to Proceed	3
Whole system	Patients spending more than 12 hours in A&E	4
	Critical Time Standards	3

5. Are there any additional measures that should be included within the bundle?

Patients spending more than 4 hours in ED should be included.

Also, consideration should be given to monitoring unnecessary visits as this could highlight gaps in local provision.

Recent developments of the Community Pharmacy Contractual Framework focus on using community pharmacists' clinical skills to support urgent care and hospital discharge. As part of the wider UEC standards, there is a need to measure NHS 111 referrals to the *Community Pharmacist Consultation Service (CPCS)* and the level of uptake of the soon to be commissioned *Discharge Medication Service (DMS)*. Given the potential of these service to meaningfully impact urgent care, how these services are being utilised should be measured, as a minimum this should be volume of referrals made.

6. To what extent do you agree with the recommendation to replace the current measure with the proposed new bundle of measures?

We partly agree with this recommendation. The four-hour standard should not be removed to simply improve statistics for circulation without improving support available for institutions. Keeping the four-hour standard within the metrics bundle will demonstrate whether overall an improvement has been made.

7. To what extent do you agree that measuring the average time for all patients is a more appropriate or meaningful performance measure than the percentage of patients treated within a pre-determined timeframe?

We partly agree. It will show that hospitals that appear to be performing poorly against the four hour standard actually show better care than those performing well (i.e. if a patient remains in ED >4hrs then the pressure is still on to provide good and expedient care/transfer).

8. To what extent do you agree that the bundle of indicators adequately measures the elements of the Urgent and Emergency Care pathway that are important to you?

We fully agree

9. explain why you think the measures identified are appropriate or not?

They give a more accurate and less punitive indication of performance and care quality.

10. What do you think are the best ways to advise and communicate the proposed new urgent and emergency care measures to patients and visitors to urgent and emergency care departments?

11. What are the key issues/barriers that should be taken into account for implementation of the bundle of measures and establishing thresholds for performance? What additional support might providers need for implementation?

There is no point implementing this change unless it is accompanied by a significant improvement in support available for institutions delivering urgent and emergency care.

12. Do you support the idea of a composite measurement approach to presenting the effectiveness of urgent and emergency care across a system?

Yes.

13. How frequently should this composite be updated and published?

Weekly.