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Agenda Item 10.

Kate Holt
CEO, Healthwatch Northamptonshire
Via email: kateholt@connectedtogether.co.uk

3 April 2019

Dear Kate

Last summer the Prime Minister asked the NHS to undertake a clinical review of current access targets.

The aim of the review is to determine whether updating and supplementing some of the older targets currently in use could better support frontline staff to deliver the highest quality care for patients and save more lives – taking into account advances in clinical practice, and what patients say matters most to them.

Professor Stephen Powis, the NHS National Medical Director, is leading this clinical review with the help of the Academy of Medical Royal Colleges, the Royal College of Surgeons, the Royal College of Physicians and the Royal College of Nursing and other bodies. Healthwatch representatives also sit on the clinical oversight group to ensure patient voices are heard throughout.

Professor Powis published an [interim report](#) of the review on March 11, which contains proposals to carefully test updates to NHS access standards on cancer, mental health, urgent and emergency care and routine (elective) care, in line with best practice and the health needs of today's population.

Kettering General Hospital NHS Foundation Trust and its staff have agreed to be one of the trusts across England to take part in the field testing of the proposed new urgent and emergency care standards, and developing the work of Professor Powis and the oversight group.

Professor Powis's review has recommended testing four revised access standards and one supporting indicator to understand their impact on clinical care, patient experience and the

management of services when compared to the current single four-hour access standard in A&E:

1. Time to initial clinical assessment in Emergency Departments and Urgent Treatment Centres: To ensure timely clinical assessment identifies those in need of immediate treatment and directs patients to those best able to meet their needs at the earliest opportunity.

2. Treatment within the first hour for critically ill and injured patients: To ensure that patients with the most critical conditions, such as stroke, heart attack and sepsis, receive the right treatment rapidly. This will also include those requiring emergency mental health care.

3. Time in A&E (all A&E departments and mental health equivalents): To reduce the risk of patient harm through long waits for admission or inappropriate admission, and reducing very long waits for those who need care, by measuring the average total time in A&E for all patients.

4. Increased utilisation of Same Day Emergency Care: To incentivise avoidance of overnight admission and improve hospital flow.

Supporting Indicator:

5. Call response standards for 111 and 999: Assure a rapid response, and match patients (including mental health patients) to the service that best meets their needs.

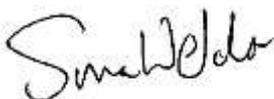
Taken together, it is believed that these improved measures have the potential to improve care and enhance patient safety, and the proposals have received widespread support from NHS staff and patient groups – including Healthwatch England - and charities.

We will now work with Professor Powis and other NHS leaders to develop a field testing system which will operate within Kettering General Hospital NHS Foundation Trust from May.

Quality of care, patient safety and experience will continue to be our number one priority.

I hope this information is helpful; please don't hesitate to get in touch with any further questions you may have. As you would expect, we will be keeping staff, members of the public and other stakeholders up to date as appropriate during the design and testing stages.

Yours sincerely



Simon Weldon



Affiliated Teaching Hospital



Kettering General Hospital
NHS Foundation Trust

Chief Executive



Chairman: Alan Burns
Chief Executive: Simon Weldon