

UEC Improvement Framework			
Key lines of enquiry (KLOEs)	Implementation Questions	Implementation Answers	National guidance/ Best Practices (Links)
<b>111 Service (IUC)</b>			
Ambition - Patients are signposted to the most appropriate service for their needs every time, all the time.			
IUC -1: Are services within the Directory of Service correctly profiled and what is your assurance process to ensure the right patients are being directed to the right service? Does returns the most appropriate, lowest acuity services, based on time of day, service capacity, and the patient's location. If alternative services to ED are available these should be given higher order and ED should be profiled last			<a href="#">Doc Profiling Evidence</a>
IUC -2: Are 111 services undertaking revalidation of primary care, urgent care, emergency department and ambulance dispositions?			<a href="#">Urgent Care Service Specification</a> <a href="#">Integrated Urgent Care Service Specification addendum: NHS 111 First</a>
IUC 3 - Does 111 service redirect patients to CPCs for community pharmacy needs via online and telephony and what are the total numbers redirected per month?			<a href="http://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/community-pharmacist-coop/2020-04/04/">http://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/community-pharmacist-coop/2020-04/04/</a>
IUC 4 - Can patients make a direct referral to 24/7 MH crisis via NHS 111 (national IVR option) and how many per month?			<a href="#">UK - link to MH helpline page</a>

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<b>Ambulance (AMB)</b>			
<b>Ambition - Patients receive timely emergency and urgent ambulance care and conveyance, with minimal delays.</b>			
AMB - 5. 999 call handling capacity with trajectory in place to achieve consistently a mean call response of less than 10 seconds.			<a href="https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf</a>
AMB - 6. Accessible system-wide capacity with activity to each per month, to reduce unnecessary ambulance conveyance to ED, including an updated Directory of Services for ambulance service referral to e.g. UCR, frailty services, mental health, SDEC and UTCs			<a href="#">Learning to safely reduce avoidable conveyance v4.0.pdf (england.nhs.uk)</a> <a href="#">Reducing avoidable ambulance conveyance in England: interventions and associated evidence</a> <a href="#">Safely Reducing Avoidable Conveyance Programmes - asce.org.uk</a>
AMB - 7. Escalation processes to reduce excessive handover delays (>60) , including the use of Hospital Ambulance Liaison Officers (HALOs) and how are you assured that minimum care standards are provided to any patient delayed in an ambulance?			<a href="#">Reducing ambulance handover delays - key lines of enquiry v1.1.pdf (england.nhs.uk)</a>
AMB - 8. Is current demand / opportunity for clinical capacity being met in EOCs to optimise Hear and Treat rates.			<a href="#">National framework for healthcare professional ambulance responses</a>
AMB - 9. Outline activity per month to enhance current paramedic access to clinical advice to improve See and Treat and time on scene e.g. through Clinical Assessment Service, call before convey and ED virtual consultation models.			<a href="#">Direct ambulance access to acute speciality criteria Final 25th January 2021 Version 1.0 - ECST Network - FutureNHS Collaboration Platform</a>
AMB - 10. Improve the integration of NEPTS as part of discharge planning to reduce the time spent waiting for transport.			<a href="#">NEPTS Review</a>
AMB - 11. Increase awareness of the Healthcare Travel Cost Scheme to support patient discharge.			<a href="#">NEPTS Review</a>
AMB - 12. How does the NEPTS service in the local systems meet the requirements of the NEPTS Review?			<a href="#">NEPTS Review</a>

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<p><b>Alternative Acute and Community Pathways/Services (AAP) - Alternative to ED attendance and hospital admission including direct access from Community and ED</b>                      Ambition - Patients are treated in the right care setting, at the right time, by the right person. This includes access to alternative acute pathways and the appropriate avoidance of attendance to the Emergency Department.</p>			
<p>AAP - 16. Complete a system exercise to ascertain available alternatives to ED attendance and admission eg Alternative to ED and hospital admission tool (AIED and AA) and Missed Opportunities tool.</p>			<p><a href="#">Improving referral pathways between Urgent &amp; Emergency Services</a></p>
<p>AAP - 17. Agreed pathways available to support a safe reduction in ambulance conveyance to ED - improving access to the wider health &amp; social care service, including access to clinical advice, what are the pathways and what is the activity currently versus ambition activity.</p>			<p><a href="#">Planning to safely reduce avoidable conveyance v4.0.pdf (england.nhs.uk)</a>  <a href="#">Reducing avoidable ambulance conveyance in England: interventions and associated evidence</a>  <a href="#">Safely Reducing Avoidable Conveyance Programmes - nase.org.uk</a></p>
<p>AAP - 18. All acute alternative pathways accept direct referrals from system wide healthcare professionals. What is the activity per month per service? And is the access criteria open and in line with the COC Patient First ideology : the patient goes to the right care setting for their need and that ED should not be a default for assessment.</p>			<p><a href="#">Improving referral pathways between Urgent &amp; Emergency Services</a></p>
<p>AAP - 19. ED streamers and triage nurses empowered to stream to all hospital services (eg all SDECS, AMU, SAU, GAU, Ortho, ENT, Paeds etc) and with streaming activity to each of these areas a month outlined.</p>			<p><a href="#">Improving referral pathways between Urgent &amp; Emergency Services</a></p>
<p>AAP - 20. Regularly reviewed Directory of Service in place to support accurate service profiling and re-direction.</p>			<p><a href="#">Directory of Services Profiling Principles</a>  <a href="#">Quick guide - Improving access to UTC using the directory of services</a></p>
<p>AAP - 21. SDEC Services with rapid diagnostic access are operational to meet patient demand profile.</p>			<p><a href="#">SDEC - NHSE</a></p>
<p>AAP - 22. Acute Frailty Services are operational to meet patient demand profile.</p>			<p><a href="#">Acute Frailty - NHSE</a>  <a href="#">Same Day Acute Frailty Services</a></p>
<p>AAP - 23. Hot clinic capacity is aligned to patient demand.</p>			<p><a href="#">Principles and approach to deliver a personalised out-patient model</a></p>
<p>AAP - 24. Virtual wards are operational to support admission avoidance and LOS reduction and are led by a relevant specialist and delivered by the Community.</p>			<p><a href="#">Virtual Wards - NHSE</a>  <a href="#">A guide to setting up technology-enabled virtual wards</a></p>