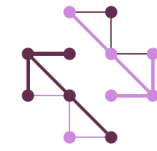
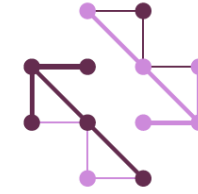


Citizens' Senate Meeting no 21 10.00am to 3.30pm 23rd April 2019



10.00	Welcome, introductions and overview of objectives
10.30	Our relationship with NIA
10.45	Primary Care Networks
11.00	Supporting Carers in Primary Care
11.15	Comfort break
11.30	Cancer – prevention & early diagnosis
12.00	Q & A
12.15	Pre hospital emergency medicine records
12.30	Update on Participatory Appraisal project
13.00	Lunch
13.45	Low Carb Program
14.45	Comfort break
15.00	Waitless app update

Patient & Public Involvement (PPI)



*Health & Social Care Act 2012 (ch7, pt5)
This places a duty to provide a greater voice for
patients*

*The Act strengthens the collective voice of patients
and must be reflected in all levels of the system*

13H relates to involving patients in decisions about their own care

13Q relates to involving patients in planning/developing services

14Z2 (CCGs) Duty to make arrangements for public involvement in commissioning

We now have the opportunity to make a difference

What is the NHS Innovation Accelerator(NIA)?

Accelerated Access Review recommendations (2013)

Partnership with AHSNs

Created to deliver on the commitment of the NHS Long term Plan

Create conditions for cultural change to adopt innovations at pace and scale

Strict criteria to address the commitments in the Long Term Plan

Several stages of scrutiny, interviews and evidence

Support the Fellows to develop, learn and share innovations

What is the NHS Innovation Accelerator(NIA)

July 2015 - 17 Fellows were selected

2019 - 49 Fellows representing 52 innovations

1,806 NHS sites now using NIA innovations

£81.5m secured in external funding

339 jobs created

81 awards won

24 NIA innovations selling internationally

Patient & Public Voice (PPV) in NIA

Screening process

Assessment process

Interviews & selection

Panel discussions

Operations and Advisory Groups

Promote adoption to scale-up



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East of England Citizens Senate

@EastSenate

Our purpose of the EoE Citizens' Senate is to be the patient and carer voice for strategic health care in the East of England

Joined March 2019

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Bringing together health services, industry, and academia to drive economic growth, improve health and bring new approaches to healthcare.



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@NHSLeadership
Our purpose is to develop outstanding leadership in health, to improve people's health and their experience of the NHS.



HEE East of England
@HEE_EoE
We're Health Education England (@NHS_HealthEdEng), working across the east of England, and are responsible for healthcare education and training.



Karen Bloomfield
@KarenBloomfiel1 Follows you
Head of Leadership East of England Leadership Academy Nursing career from Jan1979 Have cycled length+walked width of UK.NHS...



East of England Leadership ...
@eoeleadership Follows you
East of England NHS Leadership Academy, Working to support and develop leaders and inclusive leadership capability to deliver compassionate care.



Thurrock CCG
@ThurrockCCG
We buy healthcare services for the people of Thurrock. This account is monitored during office hours only.



West Essex CCG
@nhswestessex



NHS Castle Point & Rochf...
@CPRCCG



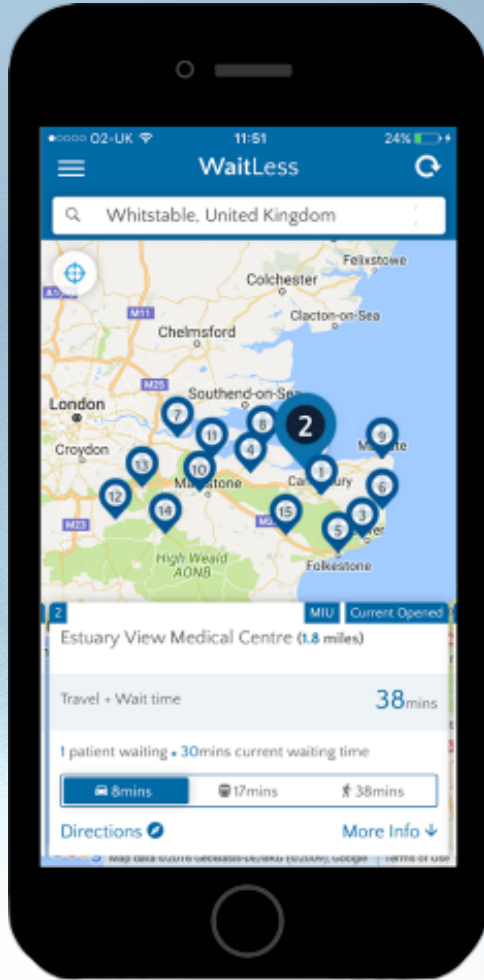
NHS Mid Essex CCG
@MidEssexCCG



@EastSenate

WAITLESS

LIVE WAITING TIME INFORMATION FOR PATIENTS



HOW IT WORKS

WaitLess is an app for patients

It shows the fastest place to access urgent care treatment for minor conditions

It combines real-time waiting times with travel time

It empowers patients, improves experience and takes pressure away from busy A&E departments at peak times

It's designed by patients and clinicians

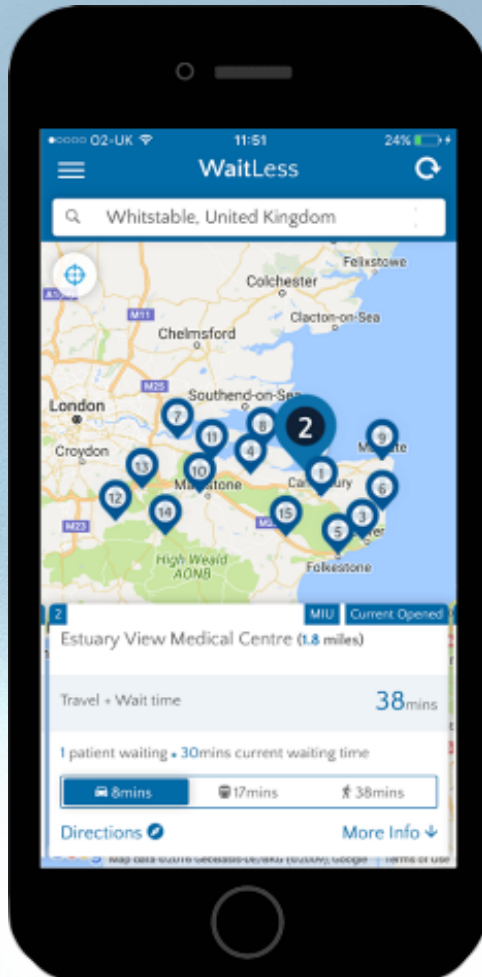
Key Facts:

Benefits:

- Found to reduce minor A&E attendances by 11%
- Disperses pressure across MIUs and A&E during pressured periods
- Deployed quickly (2-4 weeks)
- Benefits tracked in real-time



Key Facts



- The majority of A&E attendances are from self-presenting patients
- A&Es are typically most pressured in the late afternoon / early evenings and at weekends
- There is a confusing array of urgent care services
- UTCs are often better for patients



WAITLESS

LIVE WAITING TIME INFORMATION FOR PATIENTS

- ❖ 11% of people who present to A & E, don't need or want to be at A & E (independently evaluated by the University of Greenwich and Behavioural Insights Team's data science team)
- ❖ A & E costs £85 per episode
- ❖ MIU and UTC cost £65 per episode (saving of £20)
- ❖ CCGs will benefit from an average saving of £165K per year
- ❖ Modelling undertaken by AHSNs
- ❖ One off = £15k / Annual = £25k / Total = £40k
- ❖ Currently Nene and Corby CCGs, East and North Hertfordshire, Herts Valleys and West Essex CCGs, Kettering
- ❖ Northampton & Kettering - since 18 Jan 2019 = 700 users/day

WAITLESS

LIVE WAITING TIME INFORMATION FOR PATIENTS

- ❖ Patients will benefit from being able to choose facilities closer to home with the shortest wait to see a clinician
- ❖ STPs proposes the adoption of a nationally endorsed app that combines geo-location, routing and traffic and travel information with real time A&E and Urgent Treatment Centre waiting times
- ❖ Fully integrate with regional 111
- ❖ NIA & Med Tech Awards - tool to support the delivery of 1st class Urgent & Emergency Care service fit for the 21st century.
- ❖ Patient Safety - A&Es experience pressure when peak arrivals coincide with a lack of bed availability, leading to extended waiting times in A&E and in turn poses a risk to patient safety
- ❖ MIU and UTC facilities are required under license to be open 12 hours a day, 7 days per week, have advanced life support trained staff, adult and paediatric resuscitation services and have co-located X-ray services
- ❖ Waiting times are far lower in MIU and UTC settings, with most facilities reporting a 30min wait time