

# Support Tools Designed by Clinicians, for Clinicians: Solutions to Ensure High Quality and Safer Patient Care

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# Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



# Unique oversight of care



- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

23,215 adult social care services  
138 NHS acute hospital trusts  
294 independent acute hospitals  
83 community health providers or locations  
10 NHS ambulance trusts  
129 Independent ambulance services  
199 hospices  
49 NHS mental health trusts  
227 independent mental health locations  
10,944 dental practices  
6,430 GP practices  
165 Urgent care and out of hours

# Patient FIRST

**F** low

**I** nfection control and social distancing

**R** educed number of patients in ED

**S** taffing

**T** reatment

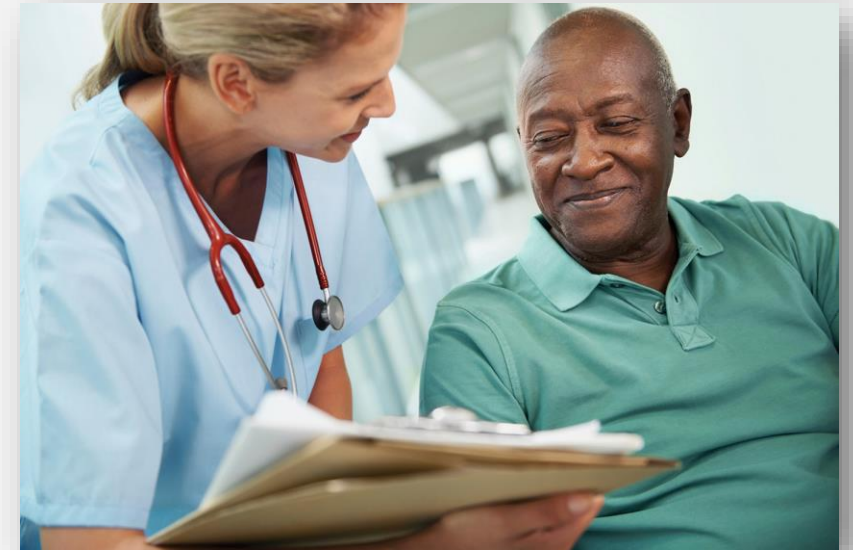
A guidance document by clinicians, for clinicians, with solutions to issues faced.

Designed for clinicians, wider hospital, trust executives and the system.



# Patient FIRST - Principles

- Patients must come first and safety cannot be compromised.
- Emergency Departments must focus on their core function of rapid assessment and emergency stabilisation of the critically ill and injured patients.
- Staff in Emergency Departments must have the authority to move people from the department after their initial assessment to a more appropriate pathway of care outside of the ED.
- Patients must have access to other services outside hospital to help ensure Emergency Departments are not the default pathway.
- Delivering good quality urgent and emergency care must have the support of all services inside and outside hospital.



# What followed

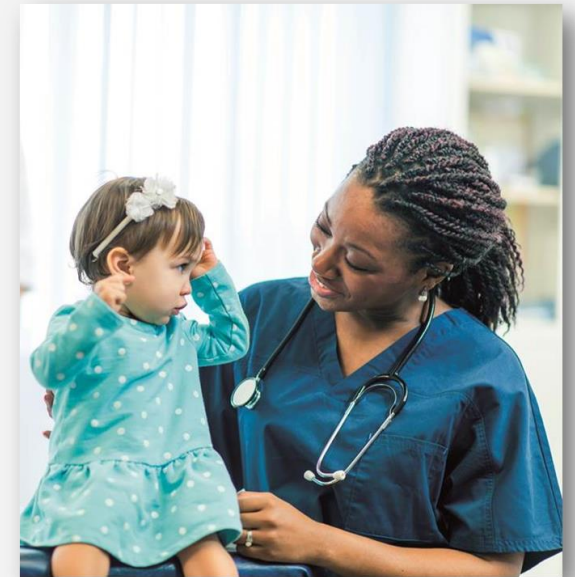
- Jan – April 2022. Undertook a program of coordinated inspection activity across 10 systems
- May 2022 – Workshop with over 250 people including clinicians and leaders from across health and care.
- A system in crisis demonstrated by Margarets story, which can be viewed [here](#)
- 21 September 2022 – Launch of PEOPLE FIRST

<http://www.cqc.org.uk/publications/people-first>



# PEOPLE FIRST

1. Build collaborative leadership and a strong, open and honest culture
2. Share the risk across and within hospitals and the whole health and social care system
3. Optimise flow and pathways
4. Work to retain experienced and valued staff



# PEOPLE FIRST

The PEOPLE FIRST tool identifies the unscheduled care pathway as a continuum, with solutions required across this artificial divide in primary, community, social care and secondary care services. The solutions proposed tackle three questions:

1. How do we ensure people stay well at home and what services are required to support this?
2. When a person has a new identified health or care need, what services are required to ensure timely review by the right people, in the right place and at the right time?
3. After a hospital admission, how can we safely discharge people in a timely manner with appropriate support in the community?



The goal of **PEOPLE FIRST** is to support person-centred urgent and emergency care service design and innovation across the system. It covers these key areas:

**P**revention

**E**scalation

**O**ptimising **P**athways

**L**eadership

**E**quality

**F**low

**I**nnovation, information and technology

**R**isk sharing

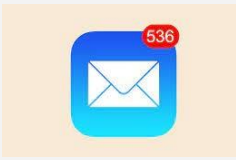
**S**taffing and **T**raining



**“It has been clear for a long time that the crisis in emergency care cannot be solved by that part of the service alone. Change is required throughout health and social care services. Patients cannot wait until the gaps in staffing have been addressed when there is not even a national workforce strategy in place. They will not get the safe treatment and care they need unless the staff we now have are given all the support they need. Our hospitals will not regain the capacity they need to cope with increased demands without new ways of working.**

**The time to act on many of the recommendations in this paper is now. Patients like Margaret are entitled to no less.”**

Sir Robert Francis, KC  
Chair, Healthwatch England



## Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



## Social

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<https://cqc.citizenlab.co/en-GB/>  
or Search: Citizenlab CQC



## Podcasts

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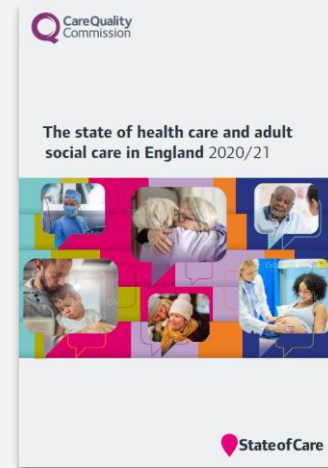
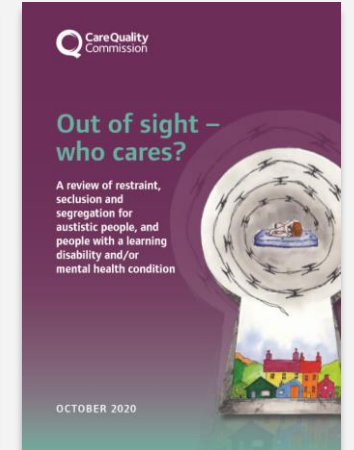


## Blogs

<https://medium.com/@CareQualityComm>  
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## Publications

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