

Briefing on Shaping Our Future urgent care work stream progress

1. Purpose

The purpose of this paper is to describe, update and clarify on the Cornwall and the Isles of Scilly's Shaping Our Future urgent care work stream, the purpose of which is to describe a new model for urgent and emergency care that achieves the three aims of Shaping Our Future:

- a. Improve the health and well-being of our population
- b. Improve the quality of local health and care services
- c. Deliver financial stability in the local health and care system

The paper will also describe the status of the NHS England Urgent Treatment Centre designation process.

There is a commitment to be completely transparent about the progress of the Shaping Our Future urgent care work stream. An update on progress will be provided at every co-production event. The February wave 3 co-production events will focus on the urgent care work stream.

2. Re-capping: What did the Shaping Our Future plan say about transforming urgent and emergency care in December 2016?

The Taking Control, Shaping Our Future Cornwall and the Isles of Scilly Health and Social Care Plan 2016 to 2021 was published in December 2016. It contains a section, transforming urgent and emergency care, which includes a priority action for 'smartly placed urgent care centres that offer better and more consistent services on fewer sites'. It also states "we want to have one provider of urgent care centres, with high quality clinicians and consistent services so that people have confidence in the care on offer. This will probably mean changing the minor injury unit service into urgent care centres, but on fewer sites. An Urgent Care Centre is better than a Minor Injury Unit mainly because it has more senior clinicians and a greater range of services.

If we want to improve the level of services at urgent care centres, increase access to senior clinicians out of hours and offer more GP appointments at the weekend, we won't be able to afford services or provide staff at 14 locations. We want to engage people of the Urgent Care Centre approach and the difference this will make'.

3. Developments since the publication of Taking Control, Shaping our Future in December 2016

3.1 NHS England published a national specification for an Urgent Treatment Centre (UTC) in 2017, with an expectation they will provide care closer to home, relieve pressure on acute hospitals and create ambulance capacity by reducing patient journey times. A national commitment was made that there will be around 150 sites in the UK meeting the national UTC standards by the end of March 2018. Locally, the term Urgent Treatment Centre, has replaced previous references to urgent care centres.

3.2 Learning from co-production workshops:

There have been two waves of co-production workshops in localities with staff members and key stakeholders. The wave 2 events discussed the hypothesis ‘what if we were to replace minor injury units with fewer strategically placed urgent treatment centres. Would it allow more people to receive the care they need without going to an acute hospital?’

The feedback from this session has helped shaped understanding about both the challenges and potential solutions for the future provision of urgent treatment centres. Key learning included points are summarised below:

- The key challenge facing our emergency departments is not too many people walking in with minor injuries and illnesses as these people can be seen relatively easily and quickly, but too many people arriving, often by ambulance, with complex health needs requiring an assessment in a hospital. Therefore, this is the cohort of people we should be trying to support to receive care closer to home in a more local urgent treatment centre. For patients this will mean shorter travel times to receive care for more serious conditions currently only available in acute hospitals. This should reduce system costs and pressure, for example by reducing ambulance journeys and releasing valuable crew and vehicle capacity to be able to respond more quickly to people calling 999 with life-threatening and urgent needs. There are many more services than just minor injury units providing minor injury and illness services and these include:
 - Pharmacies, a number of which provide minor ailments; emergency supplies and extended hours services.
 - GPs: there are 25 GP practices in Cornwall and the Isles of Scilly that offer minor injury services as a Locally Enhanced Service (LES). The LES was established to provide a MIU-type service to patients in GP

practices that were more than three miles away from a MIU or Emergency Department. They are primarily there to serve their registered patients, rather than walk-ins, although some accept temporary residents, such as holiday makers. The Stennack Surgery in St Ives offers this service to both registered and temporary patients and was established several years ago to replace a minor injury unit service provided at the Edward Hain Hospital in St Ives.

- The terms minor injury and minor illness needs to be better defined and there needs to be better understanding about which services each provide.
- The current configuration of all of these different urgent care services is inconsistent and confusing to the public and staff alike. There will need to be a full review of all of these services, and the number and location of these different types of service in each locality. The review will need to include services provided in Devon close to the Cornwall/Devon border and accessed by people in Cornwall and the Isles of Scilly. Public consultation would be required on significant changes.
- Because of Cornwall's geography, it may be necessary to have a mixed model of out of hospital urgent care provision, which might include UTCs, MIUs and GP practices, as well as pharmacies offering an enhanced range of services and online access to advice, for example with services such as NHS 111 online.

3.4 Local urgent treatment centre service specification drafted and endorsed by Clinical Practitioner Cabinet

In December 2016, a range of clinicians and stakeholders completed a local draft service specification for a generic GP-led urgent treatment centre. It was endorsed by the Shaping Our Future Clinical Practitioner Cabinet on 11 January 2018 and the Shaping Our Future Model of Care Delivery Group on 19 January 2018 as a basis for widening engagement and seeking further views. It was shared with the Citizens' Advisory Panel on 9th February and will be presented at co-production workshops in February.

Recognising the specification is draft, has not been costed and subject to further changes, in its current form the local specification currently exceeds the requirements of the national specification in the following ways:

- i) The service will be GP-led and staffed with on-site GPs with enhanced training in acute medicine, whereas the national specification suggests that GPs do not have to be on site.

- (ii) The list of near patient test is more comprehensive and better defined than in the national specification. Near patient testing in UTCs will allow patients to receive investigations and get the results in a clinic quickly so treatment can be started, rather than having to travel, often by ambulance to the Emergency Department for blood tests that are sent on to the laboratory. For example, equipment is now available that quickly tests dehydration and kidney functioning to safely assess lower respiratory tract infection for elderly patients. Quicker access to diagnostics will also serve to exclude serious illness in some cases thus reducing unnecessary admissions
- (iii) There is a proposed requirement for access to a CT scanner. This will enable a wider range of patients to be seen and drive a reduction in demand to acute hospitals. The demand for CT scanning is expected to increase in the future and its inclusion 'future-proofs' the specification. The scanner would also be used by other clinics and services. Further work will now be completed to determine the operational and financial viability of increasing CT provision in the county (iv) The UTC needs access to co-located short stay assessment beds if it is to make a real difference to reducing ambulance journeys to the Emergency Department and ED attendances and/or admissions.

The specification also states that the service is not for walk-in primary care patients who should be seen by local GPs and/or the Cornwall NHS 111 out of hours GP services. The service will be co-located wherever possible with primary care services and there will be transfer protocols in place between the two services.

3.5 Next steps identified to review current services in Cornwall, the Isles of Scilly and Devon.

In order to determine the number and location of future services, it will be necessary to assess each Type 3 A&E facility used by people in Cornwall and the Isles of Scilly for minor injury services to determine its feasibility of converting to an Urgent Treatment Centre. Type 3 A&E facilities include minor injury units, the West Cornwall Urgent Care Centre and the Camborne Redruth Primary Care Centre. The Treliske emergency department will also be included in the review because it provides a 'minors' pathway and by default serves as the minor injury unit for the local population.

In Cornwall, there are 14 sites that will be reviewed: 13 minor injury units and the emergency department at Treliske. The future plans for Devon urgent and emergency care services will also need to be understood.

To start the review process, the project team will use the St Austell Minor Injury Unit site to test the review methodology. This will include an assessment of the building infrastructure and its accessibility in terms of travel time. The final draft report is due for completion in March. Once approved, it will be possible to identify the timescales

for completing remaining reviews and the same approach will be applied to other sites.

A review of the following services will also be required to inform the future number and location of services:

- The 25 GP practices providing a Minor Injury Locally Enhanced Service
- Current pharmacy provision.

The feasibility of enhancing GP and pharmacy provision will be explored so that people have increased local access and only have to travel to another service when absolutely necessary.

3.6 Next steps identified to develop a methodology to determine the viable number of Urgent Treatment Centres

During January and February a methodology for determining the number of urgent treatment centres will be developed. This will need to take into consideration operational viability, affordability, transport times and staffing considerations. This will be discussed at the February Wave 3 co-production meetings. It will be informed by two important related pieces of work designed to establish the cost effectiveness of investing in UTCs in terms of the impact of reducing activity and cost in other parts of the system. These are:

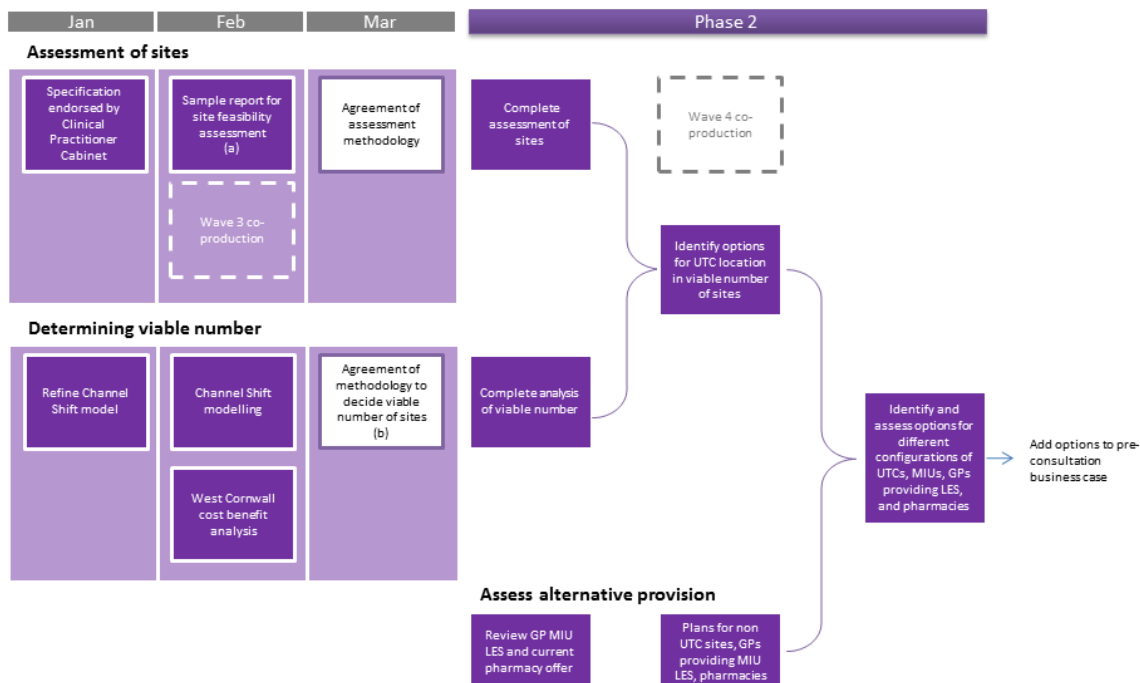
3.6.1 A cost benefit analysis of West Cornwall Hospital which will seek to identify if the current additional investment in the GPs and enhanced diagnostics which set it apart from a nurse-led Minor Injury Unit makes a difference in terms of reducing ambulance journeys and Emergency Department attendances and admissions.

3.6.2 Using a modelling tool known as “Channel Shift” to evidence the impact of national Vanguard systems piloting new ways of delivering service. It has been endorsed by NHS England and the London School of Economics. Essentially, a financial and activity model will be constructed to test the impact of shifting some forms of high cost activity to other care settings. For example, it could examine what impact having weekend x-ray in place in different community settings could have on ambulance journeys and people visiting the Emergency Department in isolation and alongside a series of other changes to identify the consolidated impact of multiple changes.

3.7 Framework for key steps

The actions described in 3.5 and 3.6 have informed the development of the Shaping our Future Urgent Care project ‘critical path’. This is summarised in the diagram below. It is important to note that the identification of the options for the configuration

of urgent care services will be developed with reference to the wider model of care for the system. The options for the entire system model will be articulated in the pre-consultation business case. The plan will be refreshed in April.



(a) Producing the sample report allows an estimate to be made of the time it will take to do all assessments based on the agreed assessment methodology
 (b) Until the methodology is agreed it is not possible to estimate how long the analysis will take

1.6 Clarifying the NHS England designation process

In autumn 2017, NHS England requested that all systems identify which of its facilities could most easily meet the standards specified in the specification for an Urgent Treatment Centre published in summer 2017. This process is known as designation and it is distinct from our Shaping Our Future project to determine the future number and location of services. This means that whilst a service might be “designated” as meeting the Urgent Treatment Centre specification by NHS England now, it does not mean it will be selected as Urgent Treatment Centre locally following the Shaping our Future review process described above. Equally, nor does it preclude a service not designated as an Urgent Treatment Centre from becoming

one in the future.

On review, NHS Kernow, with agreement from the A&E Delivery Board, identified that the West Cornwall Hospital Urgent Care Centre met nearly all of the standards in the specification. NHS England designated the site as an Urgent Treatment Centre, accepting that the service will remain known as it is now as the West Cornwall Hospital Urgent Care Centre and following the Shaping our Future review of all services, may not be a UTC in the future.

The following sites have been identified as the next closest to a match of the standards in the national specification, but fall some way short of meeting the criteria:

- (i)** Camborne Redruth Community Hospital Primary Care walk-in centre. The rationale here is the service specification requires the presence of a GP from 8am to 10pm and evening and weekend x-ray cover. The service does not comply with the following aspects of the specification:

 - Access to point of care testing facilities
 - Direct booking from NHS 111 or
 - Electronic prescribing
 - Co-located out of hours Primary Care treatment centre.
- (ii)** The minors department at the Treliske Emergency Department. The rationale here is that the service employs GPs on some evenings and weekends to enable front door streaming. There is also round the clock access to x-ray and other diagnostics.

The service cannot support direct booking from NHS 111 nor offer electronic prescribing.

There is no co-located out of hours primary care treatment centre, although this is anticipated in in 2018/19 as part of the new Integrated Urgent Care Service (111 and OOH) operational model which was launched on 30 November and provided by a partnership between RCHT, Kernow CIC and Vocare.

- (iii)** Liskeard Minor Injury Unit (MIU). The rationale here is that it offers one day of weekend x-ray (as does Launceston MIU) and is co-located with an out of hours GP Treatment

Centre. These factors, combined with its modern infrastructure, marginally set it apart from the remaining type nurse-led Minor Injury Unit sites in Cornwall. The service does not comply with the following aspects of the national service specification:

1. GP-led or delivered
2. Evening x-ray
3. Provision of point of care test
4. Direct booking from NHS 111
5. Electronic prescribing

NHS England has classified the above three sites as ‘fast followers’, which means these sites could theoretically be designated as Urgent Treatment Centres with additional investment and development. There are, however, no plans to further develop the Camborne / Redruth and Liskeard sites to meet the national specification because:

- The outcome of the Shaping our Future urgent care work stream, as described above, will be used to determine options for the future location and number of different types of services. Any proposals which significantly change how a service is delivered would be subject to public consultation.
- Additional work and investment is required to bring these sites up to the national specification to ensure they are compliant. It would be premature and disingenuous to invest in any of our sites ahead of the outcome of the above review and public consultation.
- The designation process takes no account of UTCs travel times, which is clearly a key component of decision making locally.

Further work is required to determine whether there would be merit in redesigning services on the Treliske site and redeploying resources so that emergency and urgent patients are managed more appropriately, for example, at a co-located Urgent Treatment Centre. This is a model seen elsewhere in the country. Once this work is complete, it will be possible to say whether this could be achieved within existing resources and independently of the wider Shaping our Future Urgent Care workstream.

The designation process does not, as has been reported online and by various factions of the press and social commentators, mean Cornwall’s minor injury units are under imminent threat of closure. It in no way pre-determines the decision about

the number and location of future treatment sites in Cornwall and the Isles of Scilly. As set out in this paper, current thinking is that it may indeed be necessary to have a mixed model of out of hospital urgent care provision.

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