



# SHAPING OUR FUTURE

Cornwall and the Isles of Scilly  
Health and Social Care Partnership

## ***DRAFT Service Specification GP-led Urgent Treatment Centre (UTC) Service***

### **Executive summary:**

The Cornwall Sustainability and Transformation Plan known as 'Shaping our Future' will describe a new model of care designed, in part, to reduce demand and relieve pressure on stretched Emergency Departments. The supporting change programme includes an urgent care workstream designed to identify options for the optimum number and location of Urgent Treatment Centres. A critical first step in this process is to define the specification for a generic GP-led Urgent Treatment Centre and this is described below.

It has been developed by a wide range of clinicians and 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. It was shared with the Citizens' Advisory Panel on 9th February. It will be presented at co-production workshops in February as a basis for widening engagement and seeking further views.

Acknowledging 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 further blood tests. 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.

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# **DRAFT Service Specification**

## **GP-led Urgent Treatment Centre (UTC) Service**

### **1. Population Needs**

#### **1.1 National/local context and evidence base**

Growth in the number of people using urgent and emergency care is leading to mounting costs and increased pressure on resources.

In 2013 NHS England performed a review of Urgent and Emergency care and reported that patients consistently reported being confused about where they should access urgent care, with a wide disparity in offerings at services with a wide range of names including Minor Injury Units, Primary Care Centres, Walk-in Centres and Urgent Care Centres.

To simplify the offer, NHS England have now mandated CCGs and STPs develop models of care which include standardized Urgent Treatment Centres by December 2019. NHS England published a national service specification '*Urgent Treatment Centres – Principles and Standards, version 1.0, July 17, Gateway Ref 06861*' in July 2017

In Cornwall, the Shaping our Future plan includes a workstream to implement Urgent Treatment Centres as part of the wider model of care with the purpose of simplifying patient pathways, improving patient outcomes and experience and from a system perspective support a reduction in demand on ambulance and acute hospital services.

At the time of writing, West Cornwall Hospital Urgent Care Centre is the Type 3 A&E site in Cornwall that is most close to meeting the requirements of the national specification and as such it has been designated as an Urgent Treatment Centre. A cost-benefit analysis of the site is planned to provide a local evidence base of the effectiveness of Urgent Treatment Centres.

### **2. Outcomes**

#### **2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	2.3i 2.3ii 2.5ii 2.7
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	3a 3b 3.2 3.5
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	4a 4b 4c 4d 4.2 4.3 4.4i 4.6 4.8 4.9

<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>5a</b> <b>5b</b> <b>5.1</b> <b>5.2</b> <b>5.3</b> <b>5.4</b> <b>5.6</b>
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## 2.2 Local defined outcomes

- People are seen, treated and discharged on the same day in an urgent care service close to their own home
- Greater integration between community urgent care service and services delivered in the community facilitated by the stronger links with primary care practitioners enabling individuals to be referred more rapidly and seamlessly to relevant pathways, and improving access to community-wide responses to people's care needs.
- A reduction in travel times (including 999 journey times) for some patients who will be able to access urgent care close to homes
- Fewer people will need to travel by ambulance to acute hospital Emergency Departments
- Fewer people will need to attend an acute hospital Emergency Department
- Fewer people will be admitted at an acute hospital sites, with more people being admitted to a local short stay assessment bed closer to their home
- Improved ambulance response times; an urgent treatment centre will improve ambulance service capacity, saving unnecessary journeys and freeing up crews and vehicles to respond to urgent cases.
- Greater integration between community urgent care service and services delivered in the community facilitated by the stronger links with primary care practitioners enabling individuals to be referred more rapidly and seamlessly to relevant pathways, and improving access to community-wide responses to people's care needs.
- Increasing the interdependency, networking and mutual support of primary and secondary care practitioners, with a gradual transfer of skills, knowledge and shared competencies creating a more integrated and flexible workforce over time.

## 3. Scope

### 3.1 Aims and objectives of service

The aim of this service is to provide urgent care services to people closer to their homes and in so doing reduce 999 conveyances, Emergency Department attendances and acute hospital admissions through the provision of high quality care.

### 3.2 Service description/care pathway

#### 3.2.1 Opening Times

365 days a year

Opening times to be determined according to local need. As a minimum, this is expected to be 9am until 10pm to replicate current provision at West Cornwall Hospital Urgent Care Centre.

### **3.2.2 Types of patients who will be seen**

A Directory of Service profile will be developed to provide the most detailed description of the types of patients who will be seen. It is expected to replicate the West Cornwall Hospital Urgent Care Centre profile.

All ages.

Emergency Care for the '5 plus 1 conditions' (Cardiac chest pain, acute shortness of breath, FAST-positive strokes, head injury with loss of consciousness, severe abdominal pain and all severely ill children) are excluded and will be delivered at Emergency Departments.

### **3.2.3 Diagnostics provided**

- X-Ray - As a minimum opening an hour earlier and closing an hour later than GP cover.
- ECG
- CT Scanner (NB – this would also be accessible to other services including TIA clinics) – As a minimum opening an hour earlier and closing an hour later than GP cover. The minimum specification for the scanner would be a 64 slice CT (GE Evo 64) which is cardiac / angio / colonoscopy (software) enabled for future proofing purposes. The optimum solution to future proof the service would be a 128 slice CT scanner. Key areas to consider for installation of the CT are an Uninterrupted Power Supply (UPS) and an IT solution for 3D reconstructions (often referred to as a thin client server).
- Point of Care Testing Equipment
  - Blood gases (e.g for diagnosing acute kidney injury)
  - Sodium
  - Potassium
  - Calcium
  - Haemoglobin
  - Urea
  - Creatinine
  - Full blood count (with 5 part differential)
  - CRP
  - d-dimer
  - Troponin testing
  - Amylase

Results from all diagnostics including point of care testing should sit within a platform that is shared electronically with all healthcare providers including other acute hospitals and GPs. The intention here is to increase productivity, decrease bureaucracy and increase patient safety.

### **3.2.4 –Access to Admission Avoidance Short Stay Assessment Beds**

The service will need access to short stay overnight frailty assessment beds for patients who would only stay for up to a maximum 3 days with the expectation that the majority will be turned around in 24 hours.

There will be a referral pathway from the UTC to the Frailty assessment Beds, with the UTC taking responsibility for completion of all investigations and interpretations and development of clear treatment plan.

### **3.2.5 Recommended Staffing Model**

The service will be GP-led and delivered (meaning GPs will be physically on site), supported by Middle Grade Emergency Department Doctors and other suitably qualified non-medical

staff including those with prescribing and advanced clinical practice skills such as nurse practitioners and pharmacists.

### **3.2.6 Accessing the service**

The service is available to walk-ins and people arriving by ambulance.

In line with national strategy, the service will also accept direct bookings from 111, 999, in-hours primary care and out of hours primary care (who will typically be co-located)

### **3.2.7 Onward referral pathways**

The service will agree direct booking referral pathways with:

- Local in-hours GP practices including arrangements for temporary residents requiring on the day primary care
- Out of Hours GP service (currently via the Health Care Professional Line)
- Mental Health services
- Local pharmacies

### **3.3 Population covered**

This is a walk-in service and therefore accessible to all including non-Cornwall residents.

Costs incurred for any non-Cornwall service users will be referred by the provider to the responsible commissioner under 'Who Pays – Establishing the Responsible Commissioner'.

### **3.4 Any acceptance and exclusion criteria and thresholds**

Urgent Care is an alternative to accident and emergency (A&E) for a range of minor injuries and urgent medical problems.

It is a walk-in service for patients whose condition is urgent enough that they cannot wait for the next GP appointment (usually within 48 hours) but who do not need emergency treatment at A&E.

The service is not designed to see walk-in primary care patients who could be seen at an in-hours GP practice or by the out of hours primary care service (which wherever possible will be co-located).

The service will apply discretion as to whether those who walk-in with a primary care need will be seen, taking into consideration the specific situation, the needs of the patient and the impact on the wider system of turning a patient away. The service's aim is to improve patient outcomes and reduce attendances at local acute hospital. Therefore, this should always be borne in mind when deciding whether to see a patient presenting with a primary care need.

The following are excluded:

- Emergency Care for the '5 plus 1 conditions' (Cardiac chest pain, acute shortness of breath, possible strokes, head injury with loss of consciousness, severe abdominal pain and all severely ill children)
- Major Trauma
- Specialist referrals e.g. Obstetrics, Gynaecology, Renal, Oncology

### **3.5 Interdependence with other services/providers**

- GPs
- Acute Hospital MAU /Eldercare Consultants
- ED Consultants

- Radiology Department
- Pathology Department
- Medical Physicians
- SWASFT
- Cornwall 111 (Including GP Out of Hours services)
- Social care
- Mental Health Crisis Support
- Dental
- Pharmacy
- Voluntary Services

#### **4. Applicable Service Standards**

##### **4.1 Applicable national standards (eg NICE)**

- The national Emergency Department 4 hour standard will apply
- Department of Health A&E Clinical Indicators.
- Applicable Legal Duty – Equality Act 2010 and Reasonable Accessible Information Standard (DCB1605 Accessible Information)
- In line with the Equality Act 2010 the service will make reasonable adjustments to ensure that services are accessible to disabled people along with everyone else. The service will also adhere to The Accessible Information Standard (DCB1605 Accessible Information) to ensure the service meets the communication needs of patients, carers and those with a disability.

The following are from the national spec:

- Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of arrival.
- Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.
- All urgent treatment centres should collect contemporaneous quantitative and qualitative data, including patient experience. From October 2018 all urgent treatment centres must return the data items specified in the Emergency Care Data Set (ECDS). Locally collected data should be used in a process of continuous quality improvement and ongoing refinement of the service.

##### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

Resuscitation Council (UK) 'Quality Standards for cardiopulmonary resuscitation practice and training'.

##### **4.3 Applicable local standards**

#### **5. Applicable quality requirements and CQUIN goals**

##### **5.1 Applicable Quality Requirements (See Schedule 4A-C)**

- Department of Health A&E Clinical Indicators

##### **5.2 Applicable CQUIN goals (See Schedule 4D)**

#### **6. Location of Provider Premises**

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