

Responding to Motion 825: Protecting Gloucestershire Hospitals walk-in services

Developing the Gloucestershire Model of Care for Urgent Treatment Centres

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Motion 825: Protecting Gloucestershire Hospitals' walk-in-services

The Council notes:

- The value communities place upon the Accident and Emergency units in both Gloucester and Cheltenham
- The enormous and varied contributions made by the seven minor injury units spread across Gloucestershire
- The great value that communities across Gloucestershire place upon having hospital facilities close by.

This Council further notes that all Walk in Centres, Urgent Care Centres, and Minor Injury Units will be rebranded as Urgent Treatment Centres by the end of 2019.

- This Council resolves to write to Gloucestershire Clinical Commissioning Group, to appeal in the strongest possible terms, that none of the services currently on offer to walk-in patients at any of the nine hospitals are removed, including that Cheltenham General Hospital must not be further downgraded to an Urgent Treatment Centre from an Accident and Emergency department.

Response

Unable to confirm details of Urgent Treatment Centres at this stage as further work and engagement planned:

- Engagement on NHS Long Term Plan in Gloucestershire (*in partnership with Healthwatch Gloucestershire*) – Spring 2019
- Engagement on 'One Place' (Urgent Care and Centres of Excellence) programme – Summer 2019 (TBC)
- Revise model based on Engagement feedback
- Consultation 'One Place' programme – Autumn/Winter 2019 (TBC)
- Revise model based on Consultation feedback
- Develop full business case for Integrated Care System (ICS)/Organisational Boards
- Implementation (to include evaluation methodology)
- Regular HCOSC updates throughout

Urgent Treatment Centre Model

National requirements

- March 2017 “Next Steps of the NHS Five Year Forward View (5YFV)”
 - Roll out of standardised new Urgent Treatment Centres to eliminate the confusing mix of Walk in Centres, Minor Injury Units and Urgent Care Centres which all offer confusing variation.
- July 2017 NHSE “Principles and Standards”
 - Stipulate standards that will be provided as part of the Urgent Treatment Centre (UTC) roll out.
- NHS Long Term Plan states
- - “We will fully implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111”

Why change?

- The system is confusing for public, patients and staff
- Fragmented pathways with multiple “hand offs”
- Staffing/workforce constraints
- Improving quality of the patient experience
- Limited integration leading to duplication and inefficiency
- Urgent Care to become more “planned” in order to address system ‘surge’



Local work to date:

- Reviewed National guidance and mapped against current services
- Reviewed patient experience feedback
- Workshops involving clinical, managerial, Healthwatch and patient and public (lay) representatives to explore “future state” pathways
- Development of draft Service Specifications, with clinical and lay involvement
- Review of current activity, staffing and finance of existing services
- Exploration of options based upon work to date
- Continue to undertake and review “Test and Learn” PDSAs
- **Still more work to be done and eager to encourage everyone to get involved**

What could change mean to patients?

What would the Urgent Treatment Centre model provide?

Less confusing for public, patients and staff:

- Open at least 12 hours a day 7 days a week
- Provide care for people with minor illness and injury in adults and children of any age
- Support self care management and patient education at all times

More 'planned':

- A largely "bookable" service allowing urgent care to become more 'planned'. "Walk in" services will be retained
- Self assessment and check in
- Access to a variety of diagnostics.

What would the Urgent Treatment Centre model provide?

Less fragmented:

- Will establish strong links to other urgent community services e.g. pharmacists, Mental Health Crisis team, social prescribing and integrate fully with Out of Hours Service.

Best use of staff skills:

- delivered and supported by an appropriately trained multidisciplinary clinical workforce with a wide range of skills and expertise

Will ensure ED is preserved largely for people with “life and limb” threatening conditions

Urgent or Emergency?

Defining Urgent and Emergency Care

- **Urgent care** relates to less serious health problems that generally need to be assessed and attended to on the day of onset. These conditions can be supported by a variety of services including Primary Care, Urgent Treatment Centres and pharmacists.
- **Emergency care** is when you have a life or limb threatening condition and you have to be treated in a major hospital immediately.
- However, the level of urgency is subjective, so we need to build a system whereby people can be easily directed to the most appropriate service dependant upon level of need.

Reminder: Access to services

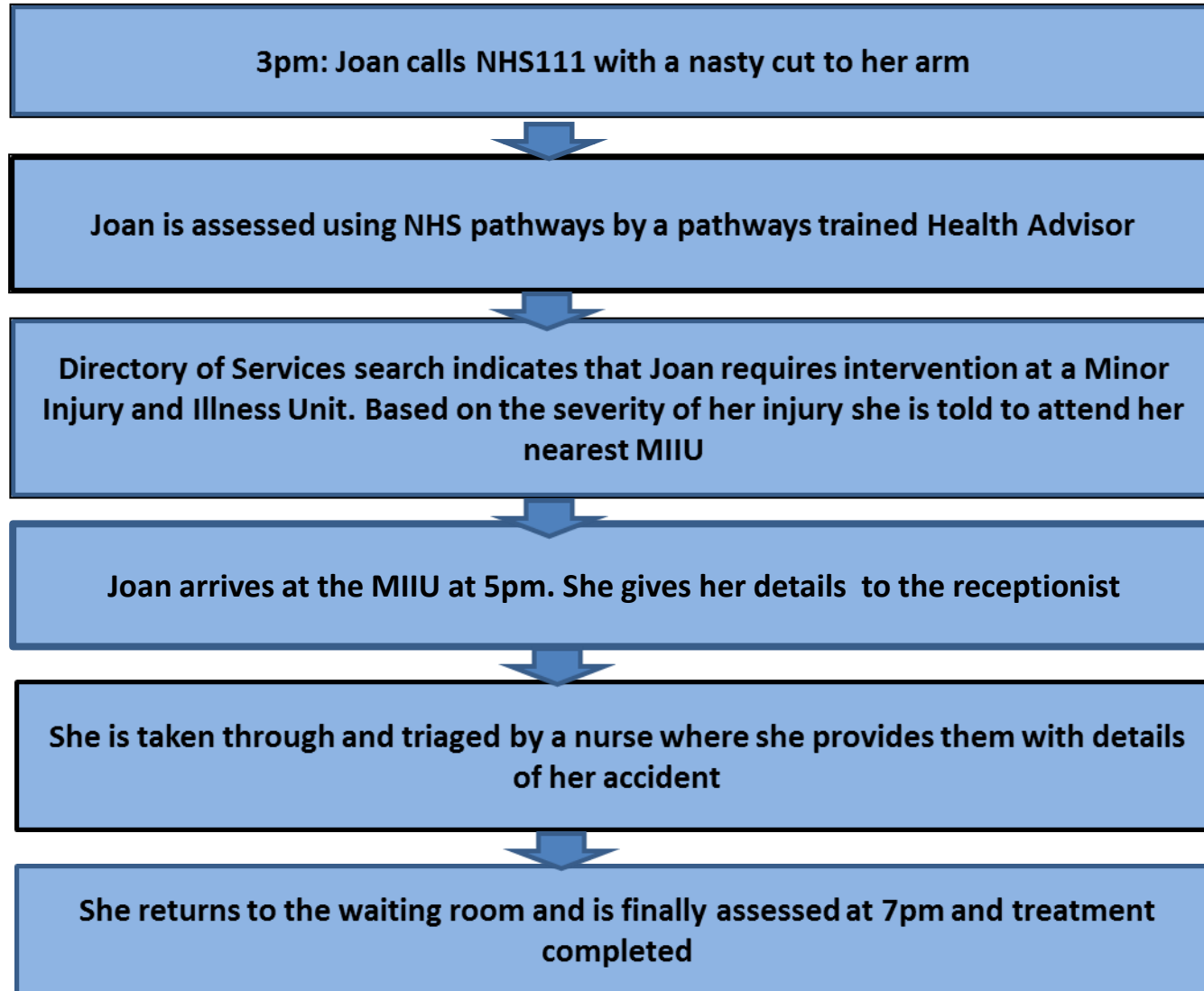
In hours for **urgent** needs patients will be encouraged to call their own GP practice. During the Out of Hours period people with an urgent need will call NHS111. For an **Emergency** people will call 999 no matter time of day.



STOP!
THINK...
Before you go to A&E

-  Visit your Pharmacy for minor ailments and health advice
-  Call your GP surgery if it's an illness that won't go away or an urgent medical need
-  Call NHS 111 when your GP surgery is closed
-  Unsure which service to use? Try the App asapglos.nhs.uk

Current pathway: Joan's story



Future pathway: Joan's story

3pm :Joan calls NHS111 with a nasty cut to her arm

Joan is assessed using NHS pathways by a pathways trained Health Advisor

Directory of Services search indicates that Joan requires intervention at a Urgent Treatment Centre. Based on the severity of her condition she is booked an appointment in her nearby UTC for 4.30pm

Joan arrives at the UTC at 4.15pm. She is directed to the self check in and within 15 mins of her arrival is called through by the nurse and assessed, treated and discharged

Urgent treatment Centre Model “Test and Learns”

What are we testing?

Urgent Treatment Centre Model

- Being managed through a 'Plan, Do, Study, Act' (PDSA) approach that tests changes on a small scale, building from test cycles in a structured way before full-scale implementation.
- Makes change safer and less disruptive to patients and staff and can be scaled up once concepts are robust.
- Nine PDSA activities currently being implemented: that will impact on the development of our UTC model.
- Further PDSA activity planned for Clinical Advice and Assessment, Dental Services and Mental Health.

What are we testing?

Urgent Treatment Centre Model

- PDSA 1: Direct Booking from NHS111 to MIUs.
- PDSA 2: Integrated Reception in rural and urban (CGH) centres.
- PDSA 3: NHS 111 Phone Link in Reception.
- PDSA 4: Booking Screen in Reception.
- PDSA 5: Providing Point-of-Care Testing (range of blood tests) in UTCs.
- PDSA 6: Enhancing integration of clinical teams across Out of Hours and MIUs.
- PDSA 7: Post 5pm “new ways of working” in Gloucestershire Royal Hospital.
- PDSA 8: Reviewing of skill mix to support UTC and radiology developments.
- PDSA 9: providing MIU staff with support via “Cinapsis” (*Consultant telephone advice*).

Thank you

Questions

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