Shropshire Council

Date: Friday, 11 January 2019

Time: 2.00 pm

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Urgent Treatment Centres (Pages 1 - 16)

To receive a briefing on Urgent Treatment Centres - a nationally mandated service that need to be in place by December 2019, and on the Joint Project Group set up by Shropshire CCG and T&W CCG to procure UTCs in Shrewsbury and Telford. Briefing paper *to follow.*

Jon Hart, Senior Project Manager (Secondary Care), Telford and Wrekin CCG, will be at the meeting to present the paper and answer questions

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SHROPSHIRE AND TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 11/01/2019

Urgent Treatment Centre Joint Project Group Briefing Paper

REPORT OF THE T&W NHS CCG SENIOR PROJECT MANAGER

1.0 PURPOSE

1.1 To brief the Scrutiny Committee on Shropshire and Telford & Wrekin CCGs' plan to procure the nationally mandated Urgent Treatment Centres including the CCGs' related plans for communication and engagement activity.

2.0 RECOMMENDATIONS

2.1 That the Committee note the contents of the report and confirm JHOSC support for the level of planned communication and engagement activity associated with this service development.

3.0 INTRODUCTION

3.1 Urgent Treatment Centres (appendix 1)

NHSE published 'Urgent Treatment Centres – Principles and Standards' guidance (appendix 1) in July 2017. The delivery of Urgent Treatment Centres form one element of the "Next Steps on the NHS Five Year Forward View (5YFV)" that was published in March 2017 with the intention of improving A&E performance, a stated national service improvement priority. The national requirement is that UTCs are in place by December 2019.

4.0 KEY INFORMATION

4.1 Current related service provision

There are two Accident and Emergency Centres within Shropshire. One is located at Royal Shrewsbury Hospital (Shrewsbury) and the other at Princess Royal Hospital in Telford.

Each A&E has an adjacent GP led walk-in/GP streaming service which treats patients assessed as not clinically requiring the specialist acute service of the Emergency Department according to local criteria. Each service currently operates to a different specification.

Both current contracts for the existing walk-in/GP streaming service come to an end in 2019 with no option for further extension and therefore the CCGs have agreed that they will be replaced with the nationally mandated Urgent Treatment Centres. This will also end the service inconsistency on each site through a joint procurement under one service specification, one contract and, in line with national policy, with one name.

4.2 National Standards for Urgent Treatment Centres

The CCGs will ensure that the UTC's conform to the following minimum national standards:

1) Open for at least 12 hours a day seven days a week, including bank holidays.
2) GP Led, supported by an appropriately trained multidisciplinary clinical workforce.
3) The scope of practice will include minor illness and minor injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.
4) Provide both pre-booked same day and "walk-in" appointments; however patients and the public will be actively encouraged to use the telephone or internet to contact NHS 111 first whenever an urgent care need arises, with access via NHS 111 becoming the default option over time, as walk-in attendances diminish.
5) Support patients to self-care and use community pharmacy whenever it is appropriate to do so.
6) For patients who require an appointment in the urgent treatment centre this will be booked by a single phone call to NHS 111 or via the Ambulance Service; locally patients will be encouraged to use NHS 111 as the primary route to access an appointment at an urgent treatment centre.
7) Patients who "walk-in" to an urgent treatment centre will receive a rapid initial clinical assessment within 15 minutes of arrival.
8) Following clinical assessment, walk-in patients will be given an appointment slot, which will not be more than two hours after the time of arrival.
9) Patients who have a pre-booked appointment made by NHS 111 will be seen and treated within 30 minutes of their appointment time.
10) Protocols in place to manage critically ill and injured adults and children who arrive at an urgent treatment centre unexpectedly.
11) Access to appropriate investigations to enable safe, effective, high quality clinical assessment and treatment.
12) Be able to issue prescriptions, including e-prescriptions and emergency contraception.
13) Direct access to local mental health advice and services.

4.3 Existing GP Streaming/Walk-In service offer compared to New UTC Service

The UTC Service will offer a similar but enhanced delivery model to the current service offer on both acute hospital sites. There will be no diminution of service offer available to the public as a consequence of procuring an UTC on each acute hospital site (to replace the existing walk-in service/GP streaming service).

The enhancements to the service offer relate to the introduction of some new elements when compared to the current service. The most notable are:

- Increase in opening hours of PRH service (from 11 hours to 12 hours)
- Increased access to diagnostics

- Increased scope of minor injuries to be seen within the UTC
- Pre-bookable appointments through 111/WMAS which means patients can remain at home rather than waiting in A&E (seen and treated within 30 minutes of appointment time rather than potentially waiting for two hours as a self-presentation).
- Provides an appointment being allocated for self-presenting walk in patients within 2 hours of being streamed to the UTC
- UTC patients with a pre-booked appointment will be seen within 30 minutes of their appointment time.

Note: the opening hours at PRH are currently 1100 – 2200. The proposed 12 hour time slot for the UTC will be 0800 – 2000. This is to tie in with OOH and assist A&E with peak patient footfall.

4.4 Expected Outcomes

- More consistent and better quality rapid initial clinical assessment on arrival (streaming)
- Improved patient experience with appointment slots and defined waiting times standard
- More patients managed through the UTC relieving pressure on ED contributing to improved A&E performance
- Provides a consistent service offer on both acute sites
- More integrated and seamless working between acute and GP led service
- Provides a strong base on which the Future Fit model can build when Future Fit moves into operational delivery.

4.5 Relationship to Future Fit Proposals

The CCGs recognise the importance of including in this JHOSC briefing a description of the relationship of this procurement exercise to the Future Fit Transformation Programme and its published service offer proposal of an Urgent Care Centre on both acute sites.

This service development is not aiming to implement the Future Fit model. It is wholly in response to the need to implement nationally mandated policy in 2019 and to replace two contracts which expire (in 2019) to ensure essential service continuity. That said, the CCGs recognise the need to ensure that this procurement exercise delivers an interim solution which provides a sound foundation on which the CCGs can transition to the final Future Fit model when approved. The service specification will specifically reference that the Provider is expected to be open to future innovation and service development as set out in the Future Fit Transformation Programme for Acute Hospitals and focus on offering their own

solutions to further develop and refine the service model in light of that.

NHSE National Guidance on urgent treatment centres is explicit in the nomenclature (Urgent Treatment Centre) to be used for services that meet the core set of standards as described in the NHSE Guidance.

The UTC contract duration to be offered will allow flexibility to enable the transition to the Future Fit agreed model.

4.6 Communication and Engagement Plan

The CCGs propose to undertake communication and engagement activity as part of this procurement exercise. To-date, there has been patient input to the project through the patient reps (from both T&W and Shropshire) who are members of the project group and have been active in the development of the service specification from the outset and there will have been public and patient input at a national level in design of the national UTC principles and standards.

Prior to formal publication of the Invitation to Tender, patient views will further be sought by talking with service users in A&E and the adjoining GP led walk-in/GP streaming service.

Given this is nationally mandated policy, and as there is no diminution to the current service offer through the introduction of Urgent Treatment Centres, the CCGs do not propose to undertake formal consultation but will aim to undertake communication and engagement activity which:

- Explains the nature of the new service offer
- The rationale for doing this ahead of Future Fit
- To involve staff, patient and public representatives and other stakeholders in the development and implementation of Urgent Treatment Centres in Shropshire and Telford and Wrekin
- To inform and engage local stakeholders ensuring they have the opportunity to feedback on UTC proposals

During the communication and engagement activity, the service the CCGs are procuring and seeking views on will be referred to as an ‘Urgent Treatment Centre’. This will allow differentiation with the Future Fit nomenclature (Urgent Care Centre) on which the public have recently been consulted.

The level of communication and engagement has been determined following discussions with both CCGs Communication and Engagement Teams, the Future Fit Comms Team, and the Joint Project Group membership (which includes patient representation).

The proposed level of engagement/involvement with the public is:

- patient representative members on the weekly Joint Project Group
- development of a suite of information resources, including briefings and Q & As, which can be used across numerous communication channels including web sites

and social media. These would also be shared with partners and stakeholders to increase reach and accessibility.

- seek the views of existing service users at A&E and GP Streaming/Walk-in services, supported by tailored resources which would not only explain why the service is being changed and its potential benefits but also capture feedback
- Assuring Involvement Committee (sign-off – Telford only)
- Telford Patients First Group (collect feedback)
- Shropshire Patients' Group to be briefed and proposal shared
- Liaise with Healthwatch and seek their input into the planned communications and engagement work with a view to increasing the opportunity for local people to become engaged and informed

4.6 Timeline

The key milestone dates for the procurement are contract award in summer 2019 with new contract start date of 1st October 2019.

5.0 FINANCIAL/VALUE FOR MONEY IMPACT

Both CCGs are currently in the process of working out the financial envelopes for each CCG and the payment mechanism on which the contract will operate.

6.0 LEGAL ISSUES

6.1 Procurement

A procurement exercise is required as current contracts for the delivery of this service (with IMH and Shropdoc) expire next year, and there is no option to further extend. Our Procurement Team have advised that there is sufficient market interest to warrant an open tender exercise and that the risk (of legal challenge) to the CCGs would be significant if they were to directly award the contract to a provider instead of going out to the market.

Report prepared by Jon Hart, Senior Project Manager (T&W CCG) and Emma Pyrah, Head of In-Hospital (SCCG)

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NHS England

Urgent Treatment Centres – Principles and Standards

July 2017

NHS England INFORMATION READER BOX		
Directorate		
Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:	**06861**
Document Purpose	Guidance
Document Name	Urgent Treatment Centres – Principles and Standards
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Publication Date	July 2017
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, Foundation Trust CEs , NHS England Regional Directors, Emergency Care Leads, NHS Trust CEs
Additional Circulation List	NHS England Directors of Commissioning Operations
Description	This document sets out the principles and standards which Sustainability and Transformation Partnerships and local commissioners should achieve when establishing Urgent Treatment Centres as part of their local integrated urgent and emergency care system.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	**N/A**
Contact Details for further information	Urgent and Emergency Care Review Team NHS England Quarry House Leeds LS2 7UE england.urgentcarereview@nhs.net

Document Status

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Urgent Treatment Centres

Principles and Standards

Version number: 1.0

First published: 13 July 2017

Prepared by: NHS England

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.urgentcarereview@nhs.net

What change are we looking to see?

1. The *"Next Steps on the NHS Five Year Forward View (5YFV)"* was published on 31 March 2017. This plan explains how the 5YFV's goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the NHS' main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients.

2. One element of the UEC section of the FYFV is *"Roll-out of standardised new 'Urgent Treatment Centres'".* This document sets out the standards that we want to see implemented by Sustainability and Transformation Partnerships and local commissioners.

3. From the outset of our review of urgent treatment services in the NHS[1], our patients and the public told us of the confusing mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service. Within and between these services, there is a confusing variation in opening times, in the types of staff present and what diagnostics may be available.

4. To end this confusion, we have set out a core set of standards for urgent treatment centres (UTC) to establish as much commonality as possible. By December 2019 patients and the public will:
    a. Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
    b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
    c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
    d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

5. We expect reduced attendance at, and conveyance to, A&E as a result of this standardisation and simplified access, as well as improved patient convenience as patients will no longer feel the need to travel and queue at A&E. Attendances at urgent treatment centres will count towards the four hour access and waiting times standard.

[1] NHS England (2013) Transforming urgent and emergency care services in England - Urgent and Emergency Care Review End of Phase 1 Report

6. In addition, commissioners will wish to consider if, and how, clinicians working in urgent treatment centres can also provide wider clinical assessment services to patients calling NHS 111.

Alignment with primary care and other urgent care services

7. It is the function of the system to:
    a. guide the patient to the correct level of care and treatment.
    b. provide clarity as to which services are provided where, along with providing pathways to access these services reliably 24/7.

    NHS 111 should be that guiding service for most urgent care needs, in addition to provision of treatment through the clinical assessment service.

8. Wherever a patient contacts the healthcare system they will have consistent access to all services and will, if necessary, be referred on to necessary services through a process of direct booking whenever possible. Urgent treatment centres will operate as part of a networked model of urgent care, with referral pathways into emergency departments and specialist services as required. Commissioners should make sure that all services form part of ambulance services referral pathways as an alternative to conveyance to A&E where appropriate.

9. The General Practice Forward View set out a plan for investment of a further £2.4 billion a year by 2020/21, designed to promote sustainability in general practice, improve patient care and access, and invest in new ways of providing primary care. CCGs are already beginning to commission extra capacity to ensure that, by March 2019, everyone has access to GP services, including sufficient pre-bookable and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care.

10. There is an opportunity for commissioning of a genuine integrated urgent care service, aligning NHS 111, urgent treatment centres, GP out-of-hours and routine and urgent GP appointments with face to face urgent care. Commissioners should align thinking for urgent treatment centres with the core requirements for extended access[2], as well as opportunities with the clinical assessment service that supports NHS 111. There are many opportunities to integrate wider primary care with urgent care, to rationalise the service offer, reduce duplication and flex the workforce to provide urgent and primary care services which meet the needs of the local population.

What are we asking of STPs and local commissioners?

11. There will inevitably be variation in what each urgent treatment centre may provide as the needs will be different for different populations and geographies. But in the future, all facilities must have in common the offer of booked urgent appointments, accessed through NHS111, General Practice

[2] Set out in the NHS Planning Guidance 2017-19.

and the ambulance service. Commissioners will need to consider local activity, demand management, and patient flow and throughput in the final specification of commissioned services. This will ensure that patients are directed to the most convenient service available that can provide the treatment they need, that there is consistency of access and that investment is targeted to meet demand.

12. We know that there will be some exceptions where there will be justification for offering a service that does not meet these standards, most likely in more rural or sparsely populated areas. These exceptions should be agreed on a case by case basis working with NHS England and NHS Improvement regional teams.

13. Commissioners, supported by NHS England, should review current provision, impact and local health needs assessments against the below standards and make a plan for each existing facility, alongside current provision and plans for extended GP access, subject to local consultation and following proper procurement process where appropriate. We know that many services will already offer, or be close to offering, this level of service, and others will need local investment to meet the standards. Other services, that will not meet the new standards, may become an alternative new community service; this may be a GP access hub.

Principles and standards for Urgent Treatment Centres

Principles

1) Urgent treatment centres (UTCs) are community and primary care facilities providing access to urgent care for a local population. They encompass current Walk-in Centres, Minor Injuries Units, GP-led Health Centres and all other similar facilities, including the majority of those currently designated as “Type 3 and Type 4 A&E Departments”. Urgent treatment centres will usually be led by general practitioners, and are ideally co-located with primary care facilities, including GP extended hours / GP Access Hubs or Integrated Urgent Care Clinical Assessment Services (formerly known as “GP out of hours” services).

Co-location with other services

2) Co-location with, and strong links to, other community urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector will also be beneficial in providing an effective and integrated service. There are advantages if they can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need but this will be determined by geographic distribution of urgent care sites and patient flows.

Standards for Urgent Treatment Centres

3) Urgent treatment centres must conform to the following minimum standards. STPs and commissioners may also choose to build upon or add to these, according to their requirements.

(1) Urgent treatment centres should be open for at least 12 hours a day seven days a week, including bank holidays, to maximise their ability to receive streamed patients who would otherwise attend an A&E department. Typically this will be an 8-8 service, but commissioners will wish to tailor to local requirements based on locally determined demand.

(2) Urgent treatment centres should provide both pre-booked same day and "walk-in" appointments, however patients and the public should be actively encouraged to use the telephone or internet to contact NHS 111 first whenever an urgent care need arises, with access via NHS 111 becoming the default option over time, as walk-in attendances diminish.

(3) Urgent treatment centres, and NHS 111, should support patients to self-care and use community pharmacy whenever it is appropriate to do so. Urgent treatment centres should promote and record the numbers of patients offered self-care management and patient education.

(4) The urgent treatment centre should ensure that there is an effective and consistent approach to primary prioritisation of "walk-in" and pre-booked appointments, and the allocation of pre-booked routine and same day appointment slots.

(5) For patients who require an appointment in the urgent treatment centre this should be booked by a single phone call to NHS 111; locally patients should be encouraged to use NHS 111 as the primary route to access an appointment at an urgent treatment centre.

(6) Patients who "walk-in" to an urgent treatment centre should be clinically assessed within 15 minutes of arrival, but should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary.

(7) Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of arrival.

(8) Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.

(9) Protocols should be in place to manage critically ill and injured adults and children who arrive at an urgent treatment centre unexpectedly. These will usually rely on support from the ambulance service for transport to the correct facility. A full resuscitation trolley and drugs, to include those items which the Resuscitation Council (UK) recommends as being immediately available in its guidance '*Quality standards for cardiopulmonary resuscitation practice and*

training'[3]*, should be immediately available.* At least one member of staff trained in adult and paediatric resuscitation present in the urgent treatment centre at all times. This should all be part of an approach of 'design for the usual, and plan for the unusual'.

(10) An appropriately trained multidisciplinary clinical workforce will be deployed whenever the urgent treatment centre is open. The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. There will be an option for bookable appointments with a GP or other members of the multi-disciplinary team. Where the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.

(11) The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.

(12) All urgent treatment centres should have access to investigations including swabs, pregnancy tests and urine dipstick and culture. Near patient blood testing, such as glucose, haemoglobin, d-dimer and electrolytes should be available. Electrocardiograms (ECG) should be available, and in some urgent treatment centres near-patient troponin testing could also be considered.

(13) Bedside diagnostics and plain x-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of an urgent treatment centre, particularly where not co-located with A&E. Where facilities are not available on site, clear access protocols should be in place. Commissioners will need to consider patient throughput in their cost benefit analysis where capital investment will be required.

(14) All urgent treatment centres should be able to issue prescriptions, including repeat prescriptions and e-prescriptions (e-prescribing should be in place in all sites by June 2019).

(15) All urgent treatment centres should be able to provide emergency contraception, where requested.

(16) All urgent treatment centres must have direct access to local mental health advice and services, such as through the on-site provision of 'core' liaison mental health services where services are co-located with acute trusts or links to community-based crisis services.

(17) All urgent treatment centres should have arrangements in place for staff to access an up-to-date electronic patient care record; this may be a summary care record or local equivalent. This access will be based on prior patient consent, confirmed where possible at the time of access, or in the patient's

[3] https://www.resus.org.uk/quality-standards/acute-care-equipment-and-drug-lists/

best interests in an emergency situation where the patient lacks capacity to consent.

(18) There must be the ability for other services (such as NHS 111) to electronically book appointments at the urgent treatment centre directly, and relevant flags or crisis data should be made available for patients.

(19) A patient's registered GP should always be notified about the clinical outcome of a patient's encounter with an urgent treatment centre via a Post Event Message (PEM), accompanied by a real-time update of the electronic patient care record locally. For children the episode of care should also be communicated to their health visitor or school nurse, where known, within two working days.

(20) Where available, systems interoperability should make use of nationally-defined interoperability and data standards; clinical information recorded within local patient care records should make use of clinical terminology (SNOMED-CT) and nationally-defined record structures.

(21) Urgent treatment centres should make capacity and waiting time data available to the local health economy in as close to real-time as is possible for the purposes of system-wide capacity management; relevant real-time capacity information should also be made available for use across Integrated Urgent Care nationally.

(22) Urgent treatment centres should refer to and align with the Integrated Urgent Care Technical Standards to ensure effective service and technical interoperability.

(23) Urgent treatment centres should provide the necessary range of services to enable people with communication challenges to access British Sign Language, interpretation and translation services.

(24) Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting to local community and social care services where they can self-refer (for example, smoking cessation services and sexual health, alcohol and drug services).

(25) 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.

(26) All healthcare practitioners working in urgent treatment centres should receive training in the principles of safeguarding children, vulnerable and older adults and identification and management of child protection issues.

(27) All urgent treatment centres to ensure that Child Protection Information Sharing system is in use to identify vulnerable children on a child protection plan (CPP), Looked After Child (LAC) or in utero. This will ensure that information is shared with social care and other NHS colleagues to enable appropriate action to safeguard the child.