

**Updated Briefing Paper on County Durham Urgent Treatment
Centres**

**Proposed Changes to Overnight Service Delivery at Peterlee Urgent
Treatment Centre**

**Briefing paper for:
DDES and North Durham Joint Executive Committee
DDES and North Durham Governing body
Durham Adults Wellbeing and Health Overview and Scrutiny Committee**

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Purpose of Report

1. The purpose of the report is to update the Adults Wellbeing and Health Overview and Scrutiny Committee (the Committee) on the work undertaken at the Committee's request by North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (the CCGs) between April 2019 and July 2019.
2. The work between April and July 2019 was requested by the Committee following the presentation of the attached report (see appendix one) to:
 - a) Ensure the CCGs gave the public/patient population the opportunity to voice any concerns and to understand their views.
 - b) Recheck the patient activity data used by managers and clinicians to design the service model.
 - c) Show how NHS111 are directing patients between the hours of 12midnight and 8am and demonstrate there has been no deliberate reduction in activity at Peterlee Urgent Treatment Centre between the hours of 12midnight and 8am as was suggested by the Councillors in addition no increase. The activity at this site **has** always been low overnight which has driven the service redesign.
 - d) Provide the clinical skill mix of the service model.

Additional Work - April to July 2019

Ensure the CCGs gave the public/patient population the opportunity to voice any concerns and to understand their views.

Where we went and what we did

3. The CCGs carried out a four week period of engagement in June 2019. Over the four week period a number of events and venues were targeted to reach the general public.
4. The patient activity data showed that there wasn't any specific age group or group in the community that was using this service more than any other. Therefore the engagement was aimed at a cross section of the local population, with the intention of speaking to as many people as possible to raise awareness of the survey and encourage completion. Through face to face conversations and those who completed the survey, which was offered online and on paper, we gathered rich qualitative data and details of real patient experience.

5. We developed a stakeholder briefing which was emailed to key stakeholders on June 3rd 2019. We wanted to work with local councillors to advise us on where the best places were to visit to meet their constituents. We also wrote and delivered an engagement action plan (below) which detailed where we would visit, who we wanted to speak to and what dates.
6. We also had support from East Durham Trust who kindly distributed the survey to members of their existing groups such as knit and natter groups and coffee mornings to name a few.

Activity	Venue	Date planned	Activity
Targeted engagement	Community Hospital, Peterlee	6 June 19 14 June 19 17 June 19 27 June 19 28 June 19	Discussions with people using Peterlee Urgent Treatment Centre
Face to face engagement	AAP – East Durham	12 June 19	Area Action Partnership
Face to face engagement	Share & Support Health Event, Blackhall Community Centre, Heselden Road Blackhall TS27 4LG	5 June 2019	Community event
Face to face engagement with targeted audiences based on data	East Durham Trust health network meeting	12 June 2019	Discussions with members of the public
PRGs members speaking to patients (face to face)	GP practices in the East Durham area	June 2019	PRG members spoke to patients when they were in the practice
Face to face engagement	Peterlee Town Centre	7 June 19 10 June 19 21 June 19	Discussions with members of the public
Face to face engagement	Dalton Park, Murton	13 June 19 19 June 19	Discussions with members of the public
Face to face engagement	Healthworks, Easington	5 June 19 12 June 19 18 June 19	Discussions with members of the public

Activity	Venue	Date planned	Activity
Meetings with Easington Cllrs	Email sent 07/06/19 with offer to meet	No dates booked	Stakeholder briefing and survey sent
Meetings with Sedgefield Cllrs	Email sent 07/06/19	No dates booked	Stakeholder briefing and survey sent
Letter response to Helen Goodman MP	Correspondence with offer to meet and request for help to engage constituents	Offer to meet not accepted	Helen Goodman MP suggested a full page advert in Teesdale Mercury newspaper as felt everyone in that area reads that paper. Numerous articles have been printed.
Telephone call	Cllr Angela Surtees	29 June 19	Obtain recommendations on where to go to speak to people, how their local meetings are set up and support Cllr Surtees could offer
Face to face meeting	Attended the Thornley Village Centre, High Street, DH6 3EL	25 June 19	Lindsay Fox attended the coffee morning to discuss the proposals and gained views
Face to face meeting	Attending Peterlee parish Council	10 June 19	Clair White attended to discuss proposals and gain views
Face to face engagement	Asda Seaham and Peterlee	June 2019	No response to emails / phone calls

Social Media

- Over the four week period the UTC engagement and the survey were mentioned on twelve Facebook and twelve Twitter posts. The NHS Durham Dales, Easington and Sedgefield CCG Facebook page has 767 followers and Twitter feed has 847 followers.

Findings from the surveys (online and paper)

8. 356 people completed the online survey and we spoke to 76 members of the public face to face, resulting in a total of 432 surveys.
9. The questions we asked were:
 - Have you used the Urgent Treatment Centre at Peterlee?
 - Have you used this service over night (between 12 midnight and 8am)?
 - What was the age range of the patient?
 - Why did you choose to attend overnight? Could this have waited until the morning with the right support?
 - How did you make your appointment?
 - What did you attend the service for?
 - Do you think this condition could have been dealt with at home by a health care professional?
 - If we proposed to carry out these appointments between 12 midnight and 8am at your home instead of an UTC would this be suitable?
 - If we did provide these services via a home visit what would be the most important things for us to consider?
10. Nearly 88% (380) of patients had used the Urgent Treatment Centre (UTC), 12% (52) had not.
11. 50.95% (194) had used the service over night between 12 midnight and 8am. 49.05% (186) had not used the service overnight.
12. The majority of patients 48% (182) who have used the UTC were between 20-65 years of age. 12% (46) of patients were 0-2 years of age, 12% (46) of patients were between 2-5 years of age, 16% (60) were between 6-19 years of age, and 12% (46) were over 65 years of age.

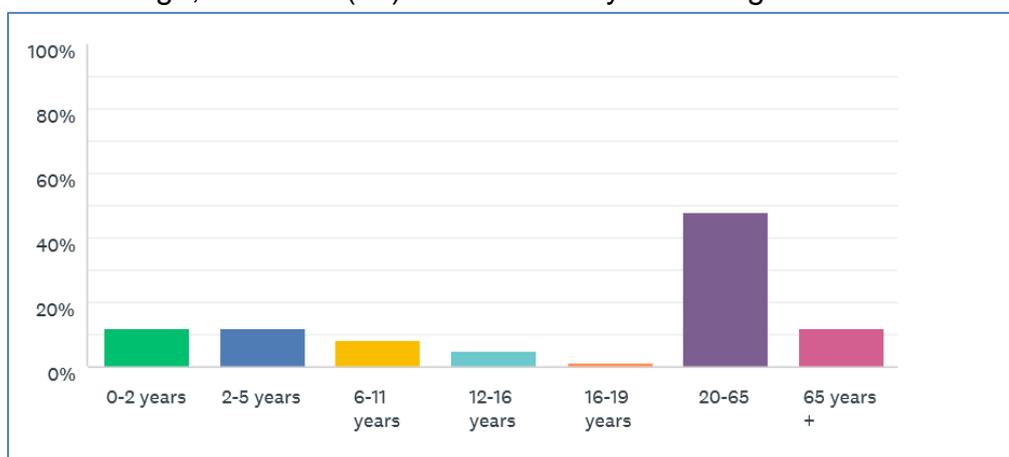


Table 1: age range of respondents

13. On asking people if we did provide these services via a home visit what would be the most important things for us to consider many themes were identified. These themes were:
- The age of the patient
 - Access
 - NHS 111 working correctly
 - Prescribing medicines
 - Capacity
 - People with disabilities such as hearing and sight problems and learning
 - Confidentiality
 - Equipment – will practitioners have the right equipment available
 - Waiting and response times
 - Mental health issues
 - Severity of illness e.g.: heart attack or stroke, would they know what to do?
 - Communication is very important especially via a phone call for reassurance about time it will take and to give advice if it will be a while
 - Proof of identity to those living alone
 - Safety for healthcare professional
 - Expertise of staff
 - To be treated with respect and not as an inconvenience to the health care professional
14. Of the people who went to the UTC, over 56% (213) of patients walked into the UTC without first contacting NHS111, whereas 44% (167) made their appointment through NHS111.
15. Patients attended the UTC for many reasons with the majority 33% (125) being for raised temperature/fever, 12% (46) for urine infections and 24% (92) for other. The other reasons were made up of simple broken bones, wounds/wound infections.

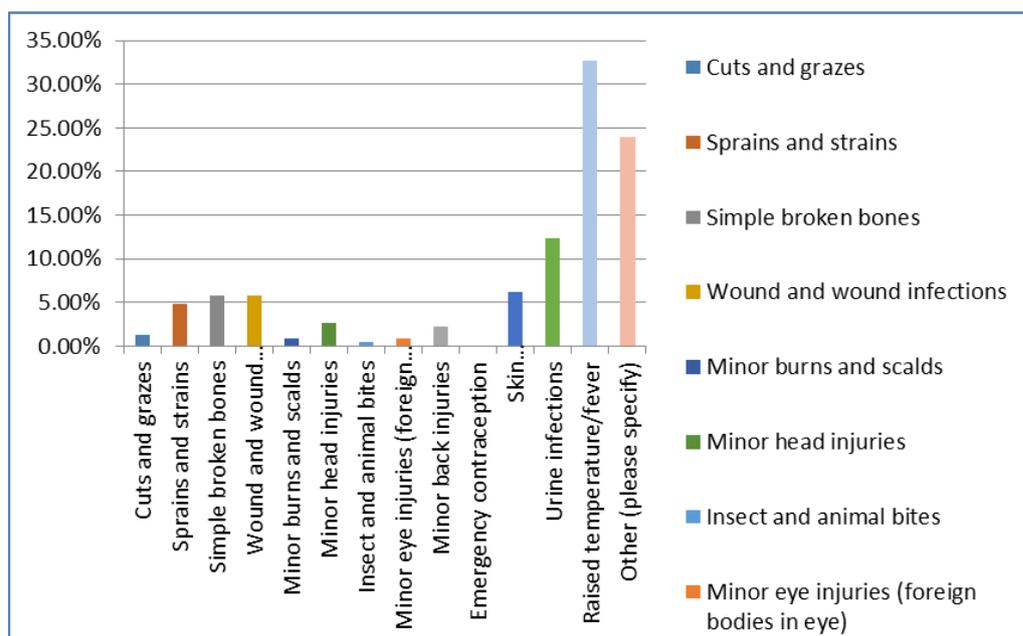


Table 2:
What did you attend the service for?

16. When asked if they think their condition could have been dealt with at home by a health care professional 26% (99) of patients said yes it could whereas 50% (190) said they didn't think it could and 24% (91) said they did not know.
17. 57% (217) of patients said they thought it would be suitable to carry out the UTC appointments out at home between 12 midnight and 8am, 25% (95) said that they thought it would not be suitable and 18% (68) said they did not know.

Qualitative findings

18. We spoke to 76 people face to face over the four week period and 61 of those people had used the Peterlee UTC before. Of the 15 who had never used it 12 of them stated if they were unwell and had to use in the future, they would prefer a home visit. The other three weren't sure and responded as "don't know".
19. Of the 76 people we spoke to, only 15 had used the centre during the period midnight – 8am, 14 of them attending for illness and one for injury who required an x-ray and had to return the next day.
20. On asking how they got to Peterlee UTC and whether it was an appointment booked for them via NHS111 or whether they walked in - 78% of respondents were booked through NHS111 for an illness and 60% of those who walked in were for Minor Injuries.

	Total	Injury	Illness
NHS 111	27	6	21
walked in	35	21	14
not used	14		

21. Over half 65% (40) of respondents felt that their assessments/treatment could have been carried out at home. Of the 35% (21) who felt this couldn't have been dealt with at home, 87% (18) of those assumed the right equipment and treatment wouldn't be available at home.
 - a) As part of the social marketing campaign, which the CCGs will run for 18 months commencing in September 2019, clarification will be given that home visiting is suitable for everything that patients would usually see their GP or attend a primary care service for. The service will have all necessary medication (including emergency and controlled drugs) and equipment required to carry out observations. This includes a nebuliser.

b) As for X-rays, this is not something that could be done in a patient's home. However it is important to highlight that an X-ray service is not available during the 12midnight to 8am time period so even if patients chose to travel to an UTC they could not receive this diagnostic.

22. Out of a total of 76 discussions, 74% (56) of respondents said that they would prefer a home visit during the night, 13% (10) said they would prefer to travel to and be seen in an UTC, with 13% (10) not really having any preference/don't know.

What would you consider to be important if the appointment was carried out at home?	
no comment	23
time to get there/confirm times/response times/make sure definitely come	16
equipment/treatment	6
be good for elderly who live alone	6
X-ray	5
not having to travel when unwell/hurt	5
not having to take kids out/other kids	5
confusing what is open/confident will get seen if go to base	3
if people are fit to drive, they should and free up resource	2
like to know will definitely been seen	1
this is the start of closing it completely	1
needed to hand a sample in	1
will service in this area be thin if mobile and they are further away	1
need to be seen - suspected sepsis	1

Table 3: What would you consider to be important if the appointment was carried out at home?

The reasons why people attended the UTC at Peterlee	
Injury/X-ray	15
Infection/UTI/ear	9
Fall/cut	8
Temp/rash/child	8
Unwell (illness not specified)	7
abdominal pain/condition	4
COPD/Asthma/SOB	4
Headache	2
Slipped disc/bad back	2
dog bite required a tetanus	1
Chest pain	1
? Sepsis	1

Table 4: The reasons why people attended the UTC at Peterlee

(The chest pain patient walked in to the centre and was immediately transferred by NHS funded transport to A&E)

Recheck the patient activity data used by clinicians to design the service model.

- 23. In April 2019 the Committee also asked CCGs to recheck the patient activity data used in the decision making process. Questions were asked over the data in paragraph 28 of the April report which demonstrated that on average 0.6 patients were utilising the service overnight per hour weekdays and 1 patient per hour overnight weekends.
- 24. During June 2019 CDDFT carried out a real time audit of patient activity. The resulting data accurately reflected the data in paragraph 28.
- 25. Throughout June 2019, 171 patients were assessed at Peterlee Urgent Treatment, either face to face or over the telephone.

	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00
Walk in	3	4	4	4	1	4	4	8
Booked	11	6	6	3	2	8	13	12
Telephone	18	10	10	8	4	8	7	5
Home	2	2	0	1	2	0	0	1
Total per hour	34	22	20	16	9	20	24	26

- 26. This shows us that approximately 0.8 patients per hour are assessed by a clinician at Peterlee, overnight, in comparison to the approximate one patient per hour in our previous report.
- 27. Removing the telephone contact information, 0.5 patients per hour were physically seen.

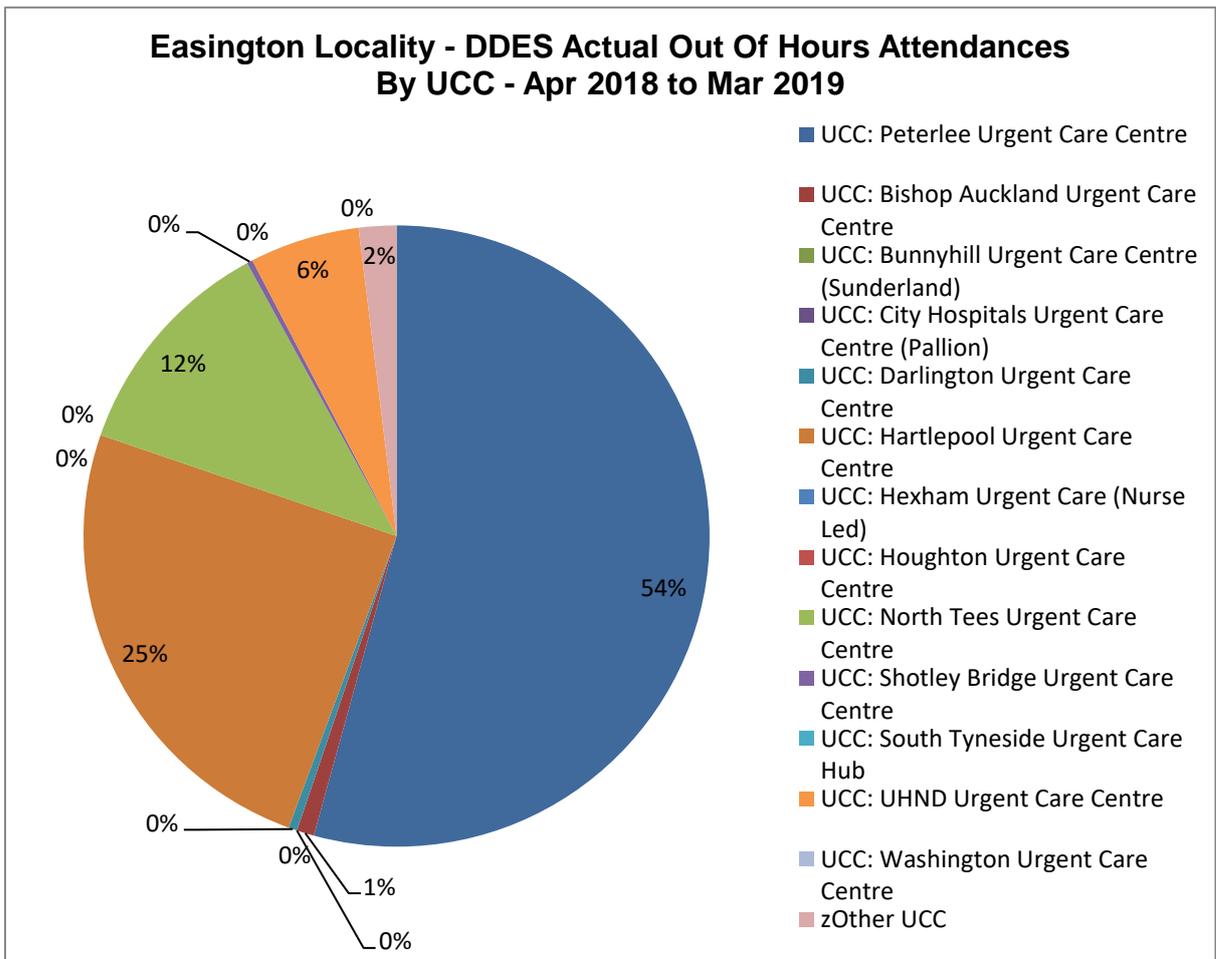
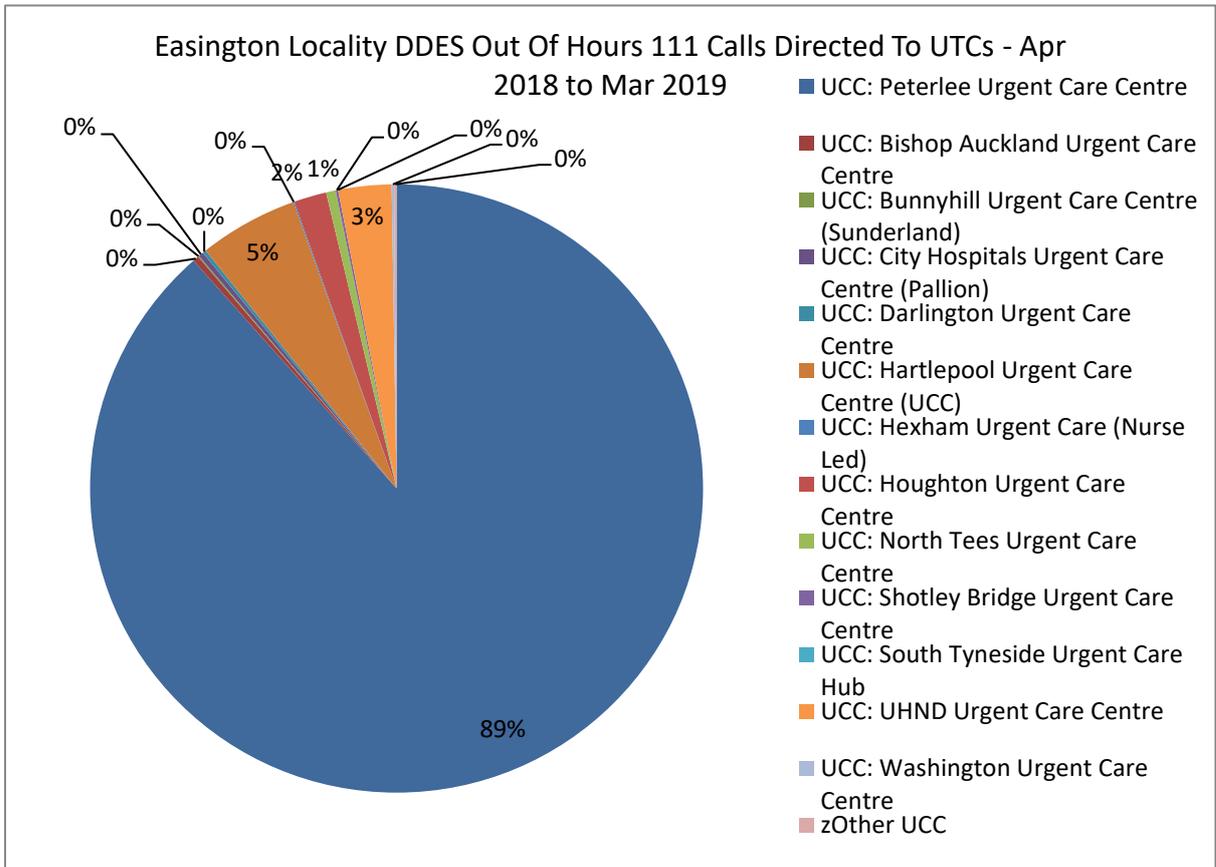
	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00
Total	16	12	10	8	5	12	17	21

- 28. The previous report was based on annual data, so we would expect to see a slightly lower figure in June due to it being a summer season.

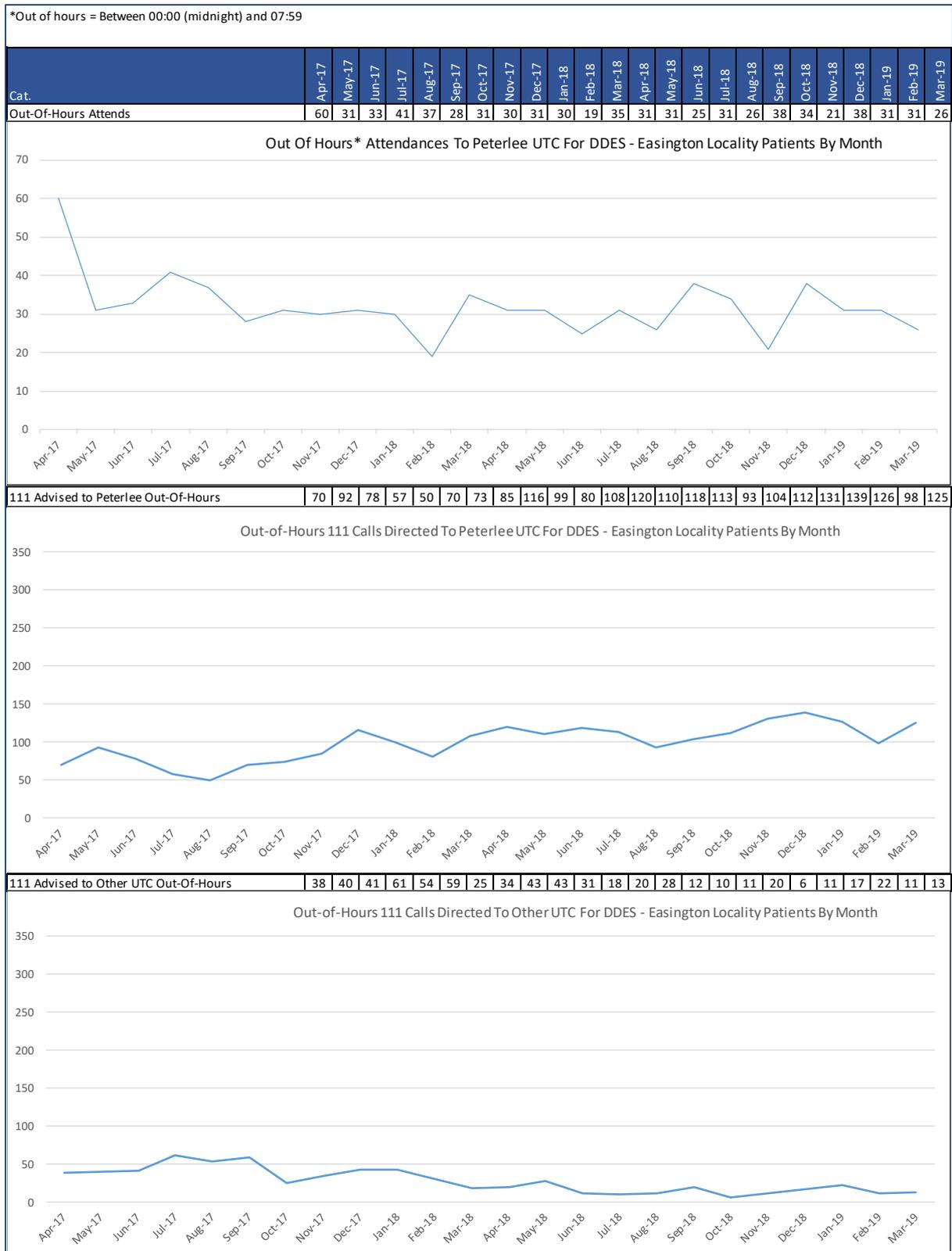
Show how NHS111 are directing patients between the hours of 12midnight and 8am and demonstrate there has been no reduction in activity at Peterlee Urgent Treatment Centre between the hours of 12midnight and 8am as was previously suggested by the Councillors.

29. During our engagement phase concerns were raised around the NHS111 service. Specifically whether NHS111 were booking people into Peterlee Urgent Treatment Centre or redirecting them elsewhere leading us to look further into this. The original proposals were based on activity from 1st April 2017 to 31st March 2018. We obtained NHS111 activity for DDES Easington Locality patients during this period during the hours 12:00am midnight – 8:00am.
30. The report told us that a total 3,852 people telephoned NHS 111 during this period over night with 1,041 of these being directed to Peterlee Urgent Treatment Centre (Please note the total includes all DDES patients, so includes Sedgfield and Durham Dales). *(This is information is based on numbers contacting NHS 111, and not how many of these actually attended).*
31. Of the 2,811 who were redirected elsewhere, only 501 (18%) of these patients lived in the Easington District area. The rest were Sedgfield and Dales meaning on average 1.4 patients per day were advised to attend somewhere other than Peterlee meaning on average one patient per night was directed further than Peterlee.
32. From April 2018 – March 2019 only 11% (181) of 1,570 Easington locality people were advised to attend an alternative UTC.
33. It is important to highlight that NHS111 direct people based on distance to the caller at the time of contact and based on the patient's clinical requirement. Some cases do need to be seen at an alternative UTC co-located with an A&E due to the patient's condition being higher risk.
34. It is also important that the Committee acknowledges that without knowing who these 181 patients are, we are unable to clarify whether this was patient choice, or that they had a clinical need which required they attend an UTC co-located to an A&E due to higher risk.
35. As an example, those patients from the Blackhall area would be likely to 'profile' (come up as an option on the NHS111 system) as Hartlepool over Peterlee.

36. The graphs below demonstrate that the number of patients directed via NHS111 to Peterlee UTC is **higher** than the number of patients choosing to attend.



37. The data below also demonstrates that activity remains static and has not decreased as was suggested in April 2019.



38. The number of Easington locality patients redirected to alternative Urgent Treatment Centres by NHS111, is very low as show above, confirming NHS 111 are utilising Peterlee UTC correctly.

Out of area A&E activity

39. As part of our engagement, the CCGs attended the Local Area Action Partnership meeting where Councillors raised a valid question as to whether patients were choosing to walk into A&E instead of ringing NHS111.
40. Patient data shows that the Easington district population choose to attend either North Tees, Sunderland A&E or UHND. All Emergency Departments (ED) provided the CCGs with information on patients that were treated in A&E but could have been seen in an UTC.
41. The numbers were extremely low. A total of 407 DDES patients who walked into one of these A&E's between 1st April 2017 and 31st March 2018, during the hours of midnight to 8:00am. 118 of these patients lived in the Easington District area. This is an average of 0.32 patients per day from the Easington area, and an average of 1.1 patients per day from the full DDES population.

Attendances by Destination from each TAP

	Sunderland Royal Hospital	University Hospital Of North Tees	University Hospital Of North Durham	Total	
TAP	Dales 1	0	2	38	40
	Dales 2	0	5	7	12
	Dales 3	1	1	2	4
	Durham East	0	1	0	1
	Easington 1	0	56	8	64
	Easington 2	0	23	25	48
	Easington 3	0	3	3	6
	Sedgefield 1	0	13	6	19
	Sedgefield 2	0	131	82	213
	Sedgefield 3	0	0	0	0
	Total	1	235	171	407

Provide the clinical skill mix of the service model.

42. The CCG led two improvement events to focus on options around staffing models, opportunities and operating times alongside the project team's work.

43. To gather intelligence from those who know the service best, the group membership included; the staff working within the sites, clinicians - GPs, CCG Urgent Care lead (Dr Jan Panke), CDDFT/CCG managers, CCG business intelligence and data team and CDDFT contract manager. The Urgent Care Lead from NHS England (NHSE) also attended both events in an advisory capacity around the standards and the terminology.
44. Together, some potential staffing options were developed and the group reached an agreement around GP access/leadership, when and where it would be needed but overall agreed GPs do not need to be physically on site in all of the centres except on a Saturday and Sunday 1pm- 10pm. This is due to demand on the services and home visiting; it is also preferable to have a GP on site through the week 8pm – 12pm when the service has the greatest demands.
45. Following this agreement a range of options were developed by the group for consideration. These options have been supported by patient activity data and CDDFT have shared the financial information for all options. The resulting agreement was that the home visiting service will be staffed by two GPs and one Nurse Practitioner. This model, presented in April to the Committee, was, and is still, the preferred model and is clinically supported and endorsed by both CCGs, CDDFT and the County Durham Local A&E Delivery Board.
46. NHSE have given the CCGs assurance that all work to date does support full compliance with UTC standards, also NHSE support the CCGs work around remodelling the service will ensure appropriate staffing at all times across all sites working in an NHS system-wide approach rather than a centre based approach. The model ensures that the system is compliant with the out of hours commissioning standards and is GP led but uses a skill mix of practitioners that is appropriate to actual service demands.
47. The model will utilise the existing GP / practitioner workforce in the out of hours period more effectively. As such CDDFT do not need to recruit to staff the home visiting service.

Social Marketing Campaign

48. The CCGs recognise the need for robust communications to local people so they know what to do when they are unwell. As such we have worked closely with CDDFT and have taken engagement advice from our local councillors and Helen Goodman MP to aid all future work. We have developed a frequently asked questions document which we will add to throughout the process, the current draft can be found as appendix two.

49. Specifically for this work, we will use all of the insight and feedback collected to develop a robust communication strategy and deliver a social marketing campaign to ensure our patient population can make informed choices when accessing healthcare. There will be a focus on:
- Repeating the NHS messages of always “Think GP First” and the importance of contacting NHS111.
 - Ensuring patients know they can’t walk into Peterlee UTC between 12 midnight and 8am.
 - Ensuring patients know that a home visit will offer the same level of diagnosis and treatment as a visit to an UTC between 12 midnight and 8am.
 - If you feel unwell and your GP practice is closed patients must call NHS111 to be signposted to a service appropriate to their clinical need.
50. The Committee is asked to acknowledge that the CCGs have a very limited budget so request the help of the Committee in disseminating information to the local population and for their ideas on how best to communicate with constituents. The CCG will be working very closely with town councillors to disseminate the message and will continue to do so over the coming months.

Summary

- The current delivery model does not make best use of resources (financial or staff skills).
- The CCGs gave the public/patient population the opportunity to voice any concerns and to understand their views during the four week engagement period.
- The CCGs validated the patient activity data used by clinicians to design the service model. County Durham and Darlington NHS Foundation Trust conducted a second audit in June 2019 which evidenced the same, low activity findings and service underutilisation. The original findings were correct.
- The CCGs analysed service data to evidence that NHS111 are directing patients between the hours of 12midnight and 8am appropriately.
- The CCGs analysed service data to evidence that there has been no reduction in activity at Peterlee Urgent Treatment Centre between the hours of 12midnight and 8am as was perceived by the Committee.
- Between the hours of 12midnight and 8am the service will come to the patient (if required) with the provision of a Home Visiting service.
- To note all of the options were considered by the Local A&E Delivery Board (LADB) who were supportive of the preferred option.

- To note the preferred option is fully compliant with the Urgent Treatment Centre (UTC) standards.
- To note that clinical support for the preferred option has been confirmed by Dr Jan Panke CCG clinical lead for Urgent and Emergency Care.
- To note that staff delivering the services have been involved in the development of the alternative delivery model options and the preferred option.
- The key driver for the review is the ongoing issues with staffing in the out of hours period and the low numbers of patients needing a service during the night.
- The specific element that would change under the proposed new model would be between the hours midnight and 8:00 am.
- To note that the new delivery model will be reviewed on an ongoing basis but with particular focus at both three and six months particularly in relation to the staffing model at all sites.
- Acknowledge that a robust communication strategy will be put in place.

Recommendation

The committee is asked to:

- Note the rationale for the proposed changes to service delivery.
- Note the extent of additional work done at the request of the Committee.
- Note that this report is pending CCG governing body approval.
- Consider and comment on the proposal to enable the service changes to move to mobilisation phase.

Appendix One – Report from April OSC



Briefing paper UTC
for OSC v6 FINAL.doc

Appendix Two

Frequently Asked Questions

Changes to Overnight Service Delivery at Peterlee Urgent Treatment Centre

Is the centre closing?

No. Peterlee Urgent Treatment Centre will be open 16 hours per day - 8am to midnight. During the hours of midnight to 8am patients will either receive a home visit or NHS funded transport to an Urgent Treatment Centre co-located with an A&E if their need is higher risk (note that as Peterlee is not co-located with an A&E, high risk patients would not have been directed there by NHS111).

Why are you making a change?

The changes are only during the hours of midnight to 8am. The number of patients attending the Peterlee Urgent Treatment Centre site during the night has always been low - an average of 0.6 patients utilising the service per hour during the week and 1 patient per hour at weekends.

The low number of patients coming to the centre has driven the need for County Durham and Darlington NHS Foundation Trust and the County Durham CCGs to redesign the service.

Do I have to call NHS111 to get an appointment at the Urgent Treatment Centre?

No, but the NHS recommends that you do. You might travel all the way to an Urgent Treatment Centre only to find out your condition can't be treated there or there will be a long wait for the next appointment. **Talk before you walk.**



NHS111 can advise you which Urgent Treatment Centre can best meet your healthcare needs, they can book you an appointment to save you from long waits on arrival and in some circumstances, they can even arrange return NHS funded transport.

What type of things do they treat at Urgent Treatment Centres?

Common conditions that can be treated in an Urgent Treatment Centre are:

- Cuts and grazes
- Sprains and strains
- Simple broken bones
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries (foreign bodies in eye)
- Minor back injuries
- Emergency contraception
- Skin infections/rashes/allergic reactions
- Urine infections
- Raised temperature/fever

Depending on a patient's symptoms, Urgent Treatment Centres are able to carry out blood tests and x-rays (in hours only) to get a better understanding of what is wrong and, if needed, can prescribe medication and issue prescriptions for some conditions.

What area will the mobile team cover?

The mobile team will operate between **12 midnight and 8am** for Easington Locality patients and any patient that would have been previously directed to the site by NHS111.

What happens if everyone starts calling for the UTC and demand increases?

Even if demand increased, the home visiting model would still be more convenient for most patients along with the option of NHS funded return transport for those patients with a higher risk need needing to travel to a site co-located with an A&E.

Ask yourself, would you rather travel to a site during the night (possibly with your family) or have a clinician come to your home to receive the same treatment?

Will the staff have the right equipment and be appropriately qualified

Yes. The home visiting team is GP led and has a mix of practitioners that is appropriate to patient's health needs.

The home visiting team is fully compliant with the National NHS Urgent Treatment Centre Standards. NHS England fully supports the CCG's and CDDFT's work around remodelling the service as it is an NHS system-wide approach rather than a centre based approach.

The home visiting service will operate between 12 midnight and 8am and they have all of the equipment that practitioners working at Peterlee Urgent Treatment Centre between 12 midnight and 8am would have had.

It's important to note that you could not have had an X-ray between 12 midnight and 8am at Peterlee Urgent Treatment Centre prior to these changes.

How long will I wait for my visit?

Patients with the **most urgent need** will wait around an hour for a home visit. Those with an urgent need will wait up to two hours. Those patients with a less urgent need will wait up to six hours.