

Briefing Paper on County Durham Urgent Treatment Centres
**Proposed Changes to Overnight Service Delivery at Peterlee Urgent Treatment
Centre**

Briefing paper for:
Durham Health Overview and Scrutiny Committee – April 2019

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Purpose of Report

1. The purpose of the report is to update the committee on the work undertaken to implement UTCs, advise the committee of the rationale for making changes to the urgent treatment centre bases and staffing model in County Durham and to advise the Committee of the process that was undertaken by North Durham and Durham Dales, Easington and Sedgefield CCGs (the CCGs).

Background and update

2. In July 2017 NHS England published “Urgent Treatment Centres – Principles and Standards” which sets out the 27 standards to be implemented to meet the goals of the Five Year Forward View. A wide variety of Minor Injuries Units, Urgent Care Centres and Walk in Centres currently exist with a confusing variation in opening times, in types of staff present and what diagnostics may be available. These standards will establish as much commonality as possible to reduce the variation in the offer to the public, as well as reducing attendance at and conveyance to A&E.
3. The CCGs have identified implementing these standards as a priority and have been working with CDDFT since January 2018 to implement them. The services have been fully compliant with the Urgent Treatment Centre (UTC) standards since April 2018. The CCG’s approach to service development, in order to meet the key national standards has been endorsed via NHS England and our Local A&E Delivery Board.

What are Urgent Treatment Centres?

4. Urgent Treatment Centres (UTCs) are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through NHS 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.
5. UTCs will also ease the pressure on our hospitals, leaving other parts of the system free to treat the most serious cases. The UTC offer will result in decreased attendance at A&E, or, in co-located services, as well as the opportunity for streaming at the front door. All UTC services will be considered a Type 3 A&E.

Where are our UTCs

- University Hospital of North Durham
- Peterlee Community Hospital
- Bishop Auckland Hospital
- Shotley Bridge Community Hospital

6. These departments within the hospitals are all now named 'Urgent Treatment Centres'.

What conditions do they see?

7. If you have an urgent injury or urgent illness (that has come on suddenly and needs to be seen the same day) that **is not serious, life or limb threatening**, then the nearest Urgent Treatment Centre to you can provide assessment, advice and/or treatment. 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
8. Patients can walk into an Urgent Treatment Centre out of hours after 8pm during the week and 24 hours on a weekend at the moment, however it is always recommended to **Talk before you walk** by calling NHS 111. Where appropriate, a clinical advisor will assess a patient's symptoms, decide what medical help is needed and advise patients where to go. Clinical advisors can arrange an appointment at an Urgent Treatment Centre or a home visit that will best meet the patient's needs.
9. Depending on a patient's symptoms, Urgent Treatment Centres are able to carry out blood tests and x-rays to get a better understanding of what is wrong and, if needed, can prescribe medication and issue prescriptions for some conditions.

What do they not see?

10. **Serious, life or limb threatening emergencies**, patients must continue to dial 999 if you need an emergency ambulance. Symptoms of serious illness include:
 - Life threatening choking
 - Chest pain
 - Stroke
 - Blacking out
 - Severe blood loss
 - Severe breathing difficulty
 - Severe injury

- Broken bones (where the bone sticks out or severe deformity)
- Large/deep cuts
- Stab wounds
- Severe burns

GP Out of Hours Services

- The CCGs are required to commission GP services for twenty four hours a day, seven days a week. In 2004 GPs were given the opportunity to opt out of delivering services in the 'out of hours' period. All GPs in County Durham chose to opt out and since this time the service has been commissioned from County Durham and Darlington Foundation Trust.
- The out of hours period runs from 6.30pm in the evening until 8am on weekdays and covers Saturday and Sunday. In DDES as there are extended primary care access hubs, the out of hours service provides access to GP services from 8pm on weekdays.
- The model of delivery at Bishop Auckland and Peterlee UTCs is shown in the table below.

Weekdays

00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Treatment of illness									Treatment of minor injuries									Treatment of illness					
GP out of hours services																		GP out of hours services					

Weekends

00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0	:0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Treatment of minor injuries																							
Treatment of illness																							
GP out of hours services																							

How did Changes to Urgent Care Centres in 2017 Affect Provision?

- As of 1st April 2017 DDES CCG no longer commissioned day time urgent care services / walk in Services from Peterlee Community Hospital / Bishop Auckland Community Hospital / Seaham Primary Care Centre and Easington Healthworks following public consultation. Shotley Bridge and UHND services remained unchanged.
- In their place, the CCG commissioned 9 Extended Primary Care Services (EPCA) hubs open until 8pm during the week and 8am – 1pm on a weekend. A consultation has recently been undertaken to help to determine the future model of delivery of these hubs.
- The message that has been promoted and is supported by the national campaigns is simple; ring your GP surgery in normal working day hour

Monday - Friday, 8am - 6pm or NHS 111 outside of those times. They will signpost you to the appropriate service first time.

17. Patients who need to be seen urgently on the same day will be offered an appointment either at their own GP surgery or at one of the EPCA hubs.

Why Have We Considered Changing the Overnight Delivery Model?

18. The driver for this piece of work is the ongoing issues with staffing, service sustainability and demand for services. Providing staffing for the out of hours element of the service has been extremely challenging in recent years. Individual UTC sites historically operated independently. In more recent years there has been more collaboration between the four sites which was driven by staffing difficulties and the need to provide cover across the county.
19. Clinical staff within the UTCs, including practitioners and GPs, have been working collaboratively with the CCG to map future models for all services excluding Darlington UTC which is separately commissioned.
20. It is felt that by working together across the CCGs and CDDFT there is scope to improve the service which addresses the current workforce issues that are resulting in patient diversion to other parts of the U&EC system and will provide a service to patients in a better way.

How was the Alternative Model Developed

21. The CCGs have held improvement events to map out how the local system could meet the standards, without developing a full new service and in addition propose changes to the staffing models in place due to the ongoing issues around GP cover and the low utilisation rates out of hours and low patient demand.
22. The CCG has held/ led two improvement events to focus on options around staffing models, opportunities and operating times alongside the project team's work.
23. 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, our business intelligence and data team and CDDFT contract manager. The Urgent Care Lead from NHS England also attended both events in an advisory capacity around the standards and the terminology.
24. NHSE have given the CCG assurance that all work to date does support full compliance with UTC standards, also NHSE support the CCGs work around re modelling the service as this will ensure appropriate staffing at all times across all sites working in a more of a systems approach than a centre based approach.

25. 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.
26. A range of options were developed by the group for consideration. These options have been supported by patient activity information and CDDFT have shared the financial information for all options. The model presented is the preferred model and is clinically supported and endorsed by both CCGs, CDDFT and County Durham Local A&E Delivery Board.
27. Options were considered on a system model rather than a site/bases model, the system model supports the low demand and provides better value for money and brings services to patients. The recommended 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.

Current Utilisation of Services

28. The following tables show the average activity per evening, one table covers the activity during the week and the second table covers the weekend and bank holidays.

Utilisation rates from midnight – 8.00am Weekdays

Average patients per day	Peterlee	Bishop Auckland	UHND	Shotley Bridge
Home Visiting	0.2	0.6	0.4	0.7
Seen in UTC (inc walk ins)	4.8	10.7	9.9	5.6
Total	5	11.3	10.3	6.3
Walk ins	1.1	2.6	2.2	2.2
Referred via 111	3.9	8.7	8.1	4.1

Utilisation rates from midnight – 8.00am Weekends

Average patients per day	Peterlee	Bishop Auckland	UHND	Shotley Bridge
Home Visiting	0.4	1.3	1.2	0.7
Seen in UTC (inc walk ins)	7.5	15.9	13.2	7.5
Total	7.9	17.2	14.4	8.2
Walk ins	1.7	3.6	2.3	2.5
Referred via 111	6.2	13.6	12.1	5.7

29. From midnight to 8am during the week, an average of 5 patients attend the Peterlee base with 0.2 pts requiring a home visit. This means 0.6 patients utilising the service per hour.
30. From midnight to 8am at weekends and bank holidays an average 8 patients at Peterlee attend the base with 0.4 patients requiring a home visit. This means 1 patient utilising the service per hour. The caveat is that this is based on averages but it illustrates the utilisation of the resources in place.

Changes Proposed

31. Between midnight and 8am a mobile service will be provided which will be centrally managed and used to determine patient need. This will take services to patients in their own home if appropriate or bring patients into the remaining bases via patient transport. (Patients will not be expected to travel out of their area for example from Peterlee to Bishop Auckland, these patients would be seen in their own home).
32. One site will remain open overnight in the DDES area, based at Bishop Auckland. This service will also offer GP advice to patients, support clinically triaging patients based on their conditions, providing services in a different way.
33. It is acknowledged that a GP is not required for every contact with patients and that an alternative staffing model will reflect this. This was identified following an audit of Out of Hours and home visiting activity. Following the audit, clinical triage was implemented for home visits at all sites which enabled CDDFT to identify the appropriate clinician to meet the patient's needs.
34. Remote/mobile service staffing (seeing patients in their own home where required) means that staff can also support the bases where necessary however are not intended to be based at a site and are intended to work the patch remotely.
35. This option was preferred by clinicians as it provides a flexible service that covers the County as a system rather than duplication of geographical hubs during the quietest periods for the service, ensuring better utilisation of practitioner and GP time. These services would be expected to cross cover and work together as one to best meet patient need.
36. Based on the numbers presented the CCG can manage the flow to these services after midnight via NHS111 by offering a home visit or routing patients to alternative services.
37. The Peterlee site would be closed from midnight to 8am seven days per week. This is proposed as the clinical view is staffing sites with a receptionist for example, to simple divert patients is sending the wrong message and would also raise concerns around clinical safety and staff safety.

38. An equality Impact assessment has been undertaken to ensure there are no negative impacts with regard to equality with any necessary mitigating actions being undertaken if required.
39. Changes will be considered in relation to services in the North of the County linked to any engagement or consultation linked to changes at Shotley Bridge Hospital.

Engagement and Communications

40. The CCG recognise the need for robust communications to local people. The CCG will work closely with CDDFT to ensure people are aware before any proposed changes take place.
41. An engagement and comprehensive communications plan will be developed to ensure that patients understand the changes proposed and the rationale for doing so.

Summary

- The key driver for the review is the ongoing issues with staffing in the out of hours period
- The current delivery model does not make best use of resources
- The activity undertaken at the bases which will be closed is low and an alternative service is being put in place where the service comes to the patient if required
- 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
- To note the options that have been considered and that LADB were supportive of this option.
- 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.
- The specific element that would change under the proposed new model would be between the hours midnight and 8:00 am.
- Consideration would need to be given to changes required in the North of the cut linked to the building re-provision at Shotley Bridge Hospital.
- This option is fully compliant with the Urgent Treatment Centre (UTC) standards.
- 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

- Consider and comment on the proposal to carry out engagement and communication to support the changes