

Development and Review of Options for Urgent Care Services

Taking into account the feedback received from our member practices in DDES CCG and pre engagement consultation work with the public and key stakeholders a number of options for service configuration were considered. Any option proposed would need Any model for urgent care delivery in DDES CCG should be aligned to clearly defined expectations set out both nationally and regionally.

Any future model of care cannot be delivered in isolation. It must be aligned to the future direction of primary care, informed by national and local pilots for extending access over seven days. The future model of delivery will contribute to improving urgent and emergency care service delivery as will other primary care / out of hospital initiatives currently commissioned in the CCG.

Development of Scenarios

Over the past year through existing meetings, DDES CCG management executive, clinical leaders and member practices have been asked to consider future scenarios around the types and mix of models for urgent care services given what is known about current service configuration, future health needs, economic constraints and other relevant dynamics (eg, demographics, service user expectations, technology trends etc).

The commissioners have spoken to staff to understand implications of the changes proposed and to work with those more knowledgeable in the services to come up with ideas and alternative suggestions for a patient centred view/service that will also inform the consultation and give assurance that all eventualities have been considered by the commissioner.

Contributors were asked to consider best practice and the national strategies and standards therefore enabling an informed clinical model proposed. Multiple scenarios have been considered following the pre-engagement work and ongoing discussions and debates by DDES CCG executive members. Six models were considered and three robust models of care have been proposed.

The following section sets out the six options, gives a robust appraisal of each option and sets out the rationale and framework used to select the final three options to be considered by the public as part of the consultation.

Scenario Appraisal

This section gives an appraisal of each of the six options considered.

Option 1 (current model)

This model involves re-procuring the existing services in their current configuration and does not involve any change.




All GP practices
8am – 6pm Monday to
Friday
Saturday 8am-1pm



GP practices providing
minor injuries
8am – 6pm Monday to
Friday



Urgent care service
and MIU
24/7
2 sites – BA & Peterlee







GP out of hours
6pm – 8am Monday to
Friday
6pm Friday to 8am
Monday

When	Where	What
24/7 (X-Ray services open for 12 hours only)	Bishop Auckland and Peterlee	Minor Injury Service
24/7	Bishop Auckland and Peterlee	Urgent care service
8am-6pm to Friday	All GP Practices	Primary care minor injury service
8am-6pm to Friday 8am-1pm Saturday	All GP Practices GP Practice Hubs	GP services for both urgent and non-urgent conditions
6pm-8am Monday to Friday 6pm Friday – 8am Monday	Bishop Auckland and Peterlee	Out of Hours hubs

Advantages	Disadvantages
<ul style="list-style-type: none"> • Patients value the service • Offers patient choice • Offers an alternative to A&E • Provides access to services 24/7 in some parts of DDES • Convenient for people working full time 	<ul style="list-style-type: none"> • Not affordable/financially sustainable • Duplication of payments for services • Service not equitable across DDES localities • Travel distance for some patients • Patients treated for presenting complaint only in UCCs – does not support management and prevention of long term conditions • System is complex and causes confusion for patients • Does not support seven day working in primary care • Limited access to patient records • Does not reflect outcome of ELC exercise • Potential risk of increased activity if services continue as they are

Option 2

Increase the number of minor injury/urgent care/out of hours services to three, retain all other services.

 <p>All GP practices</p> <p>8am – 6pm Monday to Friday Saturday 8am-1pm</p>	 <p>GP hubs</p> <p>6pm – 8pm Monday to Friday Saturday 8am -1pm Sunday 8am – 1pm</p>	 <p>GP practices providing minor injuries Monday – Friday</p>	 <p>Urgent care service and MIU 24/7</p> <p>3 sites BA, Peterlee and Sedgfield</p>	 <p>GP out of hours</p> <p>6pm – 8am Monday to Friday 8pm Friday – 8am Monday</p>
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When	Where	What
24/7 (X-Ray services open for 12 hours only)	Bishop Auckland, Sedgfield and Peterlee	Minor Injury Service
24/7	Bishop Auckland, Sedgfield and Peterlee	Urgent care service
8am-6pm to Friday	All GP Practices	Primary care minor injury service
8am-6pm to Friday 8am-1pm Saturday	All GP Practices GP Practice Hubs	GP services for both urgent and non-urgent conditions
8pm-8am Monday to Friday 8pm Friday – 8am Monday	Bishop Auckland, Sedgfield and Peterlee	Out of Hours hubs

Advantages	Disadvantages
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Advantages	Disadvantages
<ul style="list-style-type: none"> • Offers patient choice • Offers an alternative to A&E • Provides diagnostic in more locations • Less distance to travel for some patients in Sedgefield • Makes localities equitable • Maintains MIU as an alternative to A&E services 	<ul style="list-style-type: none"> • Increases service duplication • Not affordable/financially sustainable • Cost of services is unsustainable • Patients treated for presenting complaint only in UCCs – does not support management and prevention of long term conditions • System is complex and causes confusion for patients • Does not support seven day working in primary care • Limited access to patient records • Recruitment issues • Lack of patient demand for a third service • Potential risk of increased activity patients if not educated properly • Services remain separate and not integrated • Does not reflect outcome of ELC exercise

Option 3


Retain two MIUs for 12 hours per day, retain the number of out of hours hubs, existing primary care services to manage demand for minor ailments during the day.



All GP practices
8am – 6pm Monday to Friday



GP hubs
6pm – 8pm Monday to Friday
Saturday 8am -1pm
Sunday 8am – 1pm



MI 8am – 8pm Monday to Sunday
2 sites – BA & Peterlee



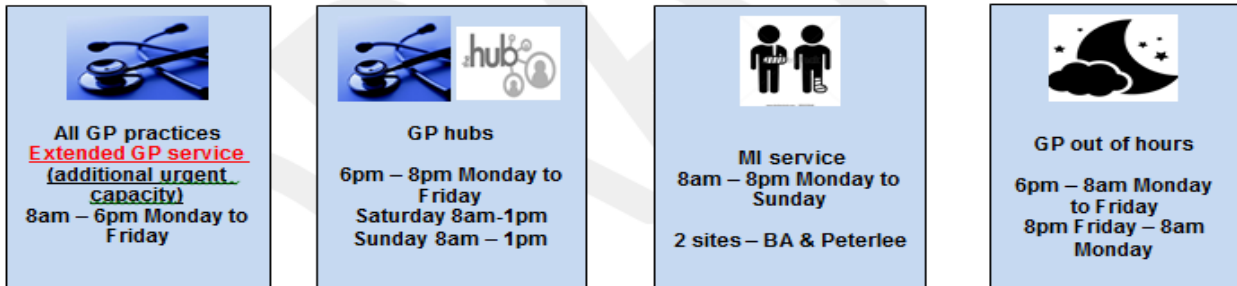
GP out of hours
6pm – 8am Monday to Friday
8pm Friday – 8am Monday

When	Where	What
8am-8pm, Monday to Sunday	Bishop Auckland and Peterlee	Minor Injury Service
8am-6pm 6pm – 8pm Extended opening via hubs 8am-1pm (via hubs) Saturday to Sunday	Normal GP service GP extended opening via hubs GP extended opening via hubs	Services for urgent ailments
8pm-8am Monday to Friday	Bishop Auckland and Peterlee	Out of Hours hubs
8pm Friday – 8am Monday		

Advantages	Disadvantages
<ul style="list-style-type: none"> • Maintains MIU as an alternative to A&E services • Provides diagnostics in two locations • Reduces duplication of services • Reduces duplication of payments for similar services • Cost effective/financially sustainable • Patients treated in primary care will be treated more holistically • Primary care services are better for treating patients with long term conditions • Reflects outcome of ELC exercise • Releases significant savings that could be invested in other healthcare priorities • Ease of access to full patient record in primary care • Provides care closer to home – reduced travel time • Promotes opportunities to educate patients 	<ul style="list-style-type: none"> • Not equitable for all localities • Potential increased activity at A&E if patients are not educated properly • Primary care may not be able to meet patient demand with existing capacity • Minor injury unit could be used for minor ailments • Impact on A&E performance target

Option 4

Retain two MIUs for 12 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day.




When	Where	What
8am-8pm, Monday to Sunday	Bishop Auckland and Peterlee	Minor Injury Service
8am-6pm 6pm – 8pm Extended opening via hubs 8am-1pm (via hubs) Saturday to Sunday	Extended GP service GP extended opening via hubs GP extended opening via hubs	Services for urgent ailments
8pm-8am Monday to Friday 8pm Friday – 8am Monday	Bishop Auckland and Peterlee	Out of Hours hubs

Advantages	Disadvantages
<ul style="list-style-type: none"> • Maintains MIU as an alternative to A&E services • Provides diagnostics in two locations • Reduces duplication of services • Reduces duplication of payments for similar services • Cost effective/financially sustainable • Patients treated in primary care will be treated more holistically • Primary care services are better for treating patients with long term conditions • Provides additional capacity in primary care • Reflects outcome of ELC exercise • Releases savings that could be invested in other healthcare priorities • Ease of access to full patient record in primary care • Provides care closer to home – reduced travel time • Familiar service for patients • Reflects outcome of ELC exercise • Promotes opportunities to educate patients • Patients have alternative service in place which will be delivered from across a number of Extended Hours GP Centres across more locations • Convenient for people working full time (patient-centred) • Increased choice of working pattern for GPs 	<ul style="list-style-type: none"> • Not equitable for all localities • Potential increased activity at A&E if patients are not educated properly • Minor injury unit could be used for minor ailments • Impact on A&E performance target • More expensive than option 3

Option 5


Retain two MIUs for 24 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day.



All GP practices
Extended GP
(additional urgent capacity)
 8am – 6pm Monday to Friday



GP hubs
 6pm – 8pm Monday to Friday
 Saturday 8am-1pm
 Sunday 8am – 1pm



MI 24-7
 2 sites – BA & Peterlee




Out of hours
 8pm – 8am Monday to Friday
 1pm Saturday – 8am Monday

When	Where	What
8am-8pm, Monday to Sunday	Bishop Auckland and Peterlee	Minor Injury Service
8am-6pm 6pm – 8pm Extended opening via hubs 8am-1pm (via hubs) Saturday to Sunday	Extended GP service GP extended opening via hubs GP extended opening via hubs	Services for urgent ailments
8pm-8am Monday to Friday 8pm Friday – 8am Monday	Bishop Auckland and Peterlee	Out of Hours hubs

Advantages	Disadvantages
<ul style="list-style-type: none"> • Maintains MIU 24/7 as an alternative to A&E services • Provides diagnostics in two locations • Reduces duplication of services • Reduces duplication of payments for similar services • Cost effective/financially sustainable • Patients treated in primary care will be treated more holistically • Primary care services are better for treating patients with long term conditions • Provides additional capacity in primary care • Reflects outcome of ELC exercise • Releases savings that could be invested in other healthcare priorities • Ease of access to full patient record in primary care • Provides care closer to home – reduced travel time • Familiar service for patients • Reflects outcome of ELC exercise • Promotes opportunities to educate patients • Patients have alternative service in place which will be delivered from across a number of Extended Hours GP Centres across more locations • Convenient for people working full time (patient-centred) • Increased choice of working pattern for GPs 	<ul style="list-style-type: none"> • Not equitable for all localities • Potential increased activity at A&E if patients are not educated properly • Minor injury unit could be used for minor ailments • Impact on A&E performance target • More expensive than options 3 and 4

Option 6

Standard primary care services during the day, no minor injury units, GP out of hours service in two locations.



All GP practices
Normal GP Service

8am – 6pm Monday to Friday



GP hubs

6pm – 8pm Monday to Friday
Saturday 8am-1pm
Sunday 8am – 1pm



Out of hours

8pm – 8am Monday to Friday
8pm Friday – 8am Monday

When	Where	What
8am-6pm 6pm – 8pm Extended opening via hubs 8am-1pm (via hubs) Saturday to Sunday	Normal GP services GP extended opening via hubs GP extended opening via hubs	Services for urgent ailments
8pm-8am Monday to Friday 8pm Friday – 8am Monday	Bishop Auckland and Peterlee	Out of Hours hubs

Advantages	Disadvantages
<ul style="list-style-type: none"> Patients have alternative service in place which will be delivered from across a number of Extended Hours Hubs Convenient for people working full time (patient-centred) Reduces repeat attendees Reducing duplication Ease of access to patient notes 	<ul style="list-style-type: none"> Impact on A&E target achievement Lack of alternative to A&E for minor injuries Not equitable Risk of patients migrating to A&E (although risk reduced with alternative GP seven day working) Increased cost of A&E attendances make this an unaffordable option Reduced access to diagnostic facilities locally Risk associated with identifying an issue and not having facility to treat Impact on A&E target Stretches GP resource

7.3 Evaluation of options

The options were evaluated by the non-conflicted members of the Executive Committee with the following factors used as evaluation criteria:

- Affordability
- Sustainability
- Safety
- Access for Patients

Three options were rules out on that basis as below:

Option	Affordable	Sustainable	Safe	Convenience of Access for Patients	Overall Rating
1	No	No	Yes	Yes	Non-viable
2	No	No	Yes	Yes	Non-viable
3	Yes	Yes	Yes	Yes	Viable
4	Yes	Yes	Yes	Yes	Viable
5	Yes	Yes	Yes	Yes	Viable -Preferred
6	No	No	No	No	Non-viable

Of the three options being considered it was recognise that significant communication and engagement activities would need to take place with patients.

For options 4 and 5 it was recognised that new methods for patients to access primary care services would need to be implemented to ensure that patients are treated in the right service at the right time according to need.

The viable options are based on encouraging patients to seek advice and signposting to the most appropriate service through NHS 111, simplifying the system and enabling the patient to attend the right place, first time. They support primary care and local GP practices in offering enhanced accessibility over seven days which negates the need for walk in centres, reducing duplication and increasing affordability in the system.

In order to deliver a service which is responsive to actual patient need and times of greatest demand, a combined service model is recommended which incorporates GPs in and out of hours as well as minor injury services, with access to diagnostics.

The need for a communication drive and a patient education is not underestimated and a communication strategy for the new service/potential models is in development, which will commence alongside consultation and beyond. The strategy will enable staff to signpost patients as appropriate. All new specifications and contracts will include the need for 111 to predominately manage patients and signpost to appropriate services, and any new service to signpost appropriately.

The options above are preferred because:

- They are affordable and sustainable
- They reduce duplication when GP practices are open
- Patients with illnesses/ailments will be treated by a GP who will treat them holistically rather than for their presenting complaint