

UPDATE: MINOR INJURIES UNITS IN EAST CAMBRIDGESHIRE AND THE FENS

To: **HEALTH COMMITTEE**

Meeting Date: **11 October 2018**

From: **Matthew Smith, Acting Director, Urgent & Emergency
Care, Cambridgeshire & Peterborough CCG**

Electoral division(s): **East Cambs & Fenland**

Forward Plan ref: **Not applicable**

Purpose: **For Information**

Recommendation: **Members are asked to note this report.**

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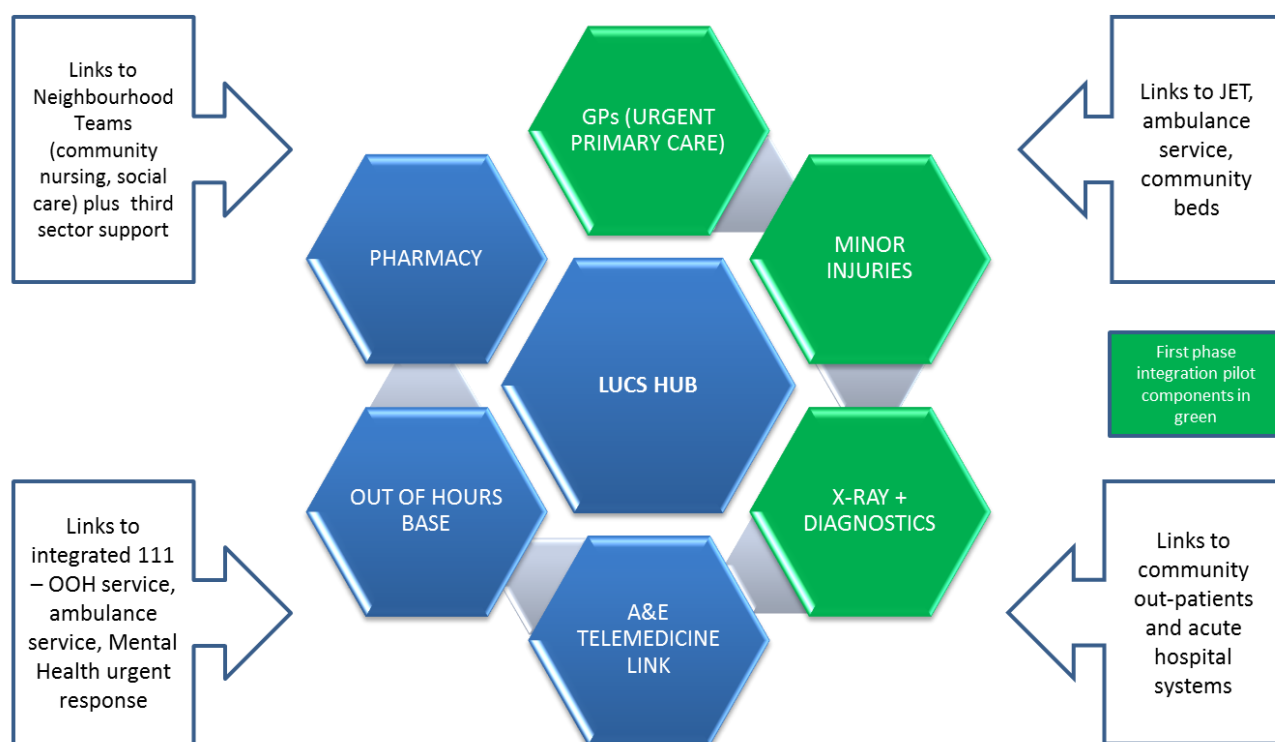
1. BACKGROUND

There are 3 Minor Injuries Units (MIUs) within East Cambridgeshire and Fenland. These are located at Princess of Wales Hospital, Ely; Doddington Hospital; and North Cambridgeshire Hospital, Wisbech.

In February 2017 the CCG agreed a business case to pilot the delivery of an enhanced service known as Local Urgent Care Service (LUCS) hubs at the three MIUs, starting at Ely. This followed the extensive public, patient and stakeholder engagement process conducted in 2016. The LUCS model brings together the services shown in the diagram below, and the first phase involved integrating medical and nursing expertise to broaden the scope of patients who can be seen locally, with GPs supporting Nurse Practitioners to deal with more complex urgent care, prescribing and risk management (green elements in diagram below).

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Local Urgent Care Service (LUCS) Hub Components



2. MAIN ISSUES

2.1 Progress with LUCS Hubs Pilot

The Ely LUCS hub commenced in May 2017, and evaluation in April 2018 found that the pilot delivered the following:

- an increase in LUCS Hub attendances for minor illness and injury in 2017/18 compared to the previous year.
- a reduction in avoidable Ambulatory Care Sensitive Conditions hospital admissions activity, and a small decrease in A&E activity, but due to changes in case mix there was a small increase in the cost of this hospital activity.
- a reduction in the percentage of onward referrals from the LUCS
- an effective use of the skills and capacity of the MIU Nurse Practitioners with them being able to see a wider scope of patients with the support of the LUCS GP
- a contribution to additional primary medical services capacity by reducing the number of referrals back to local GP Practices
- a positive patient experience

However, due to workforce and recruitment challenges in Fenland it was not possible to progress the LUCS hubs for Wisbech and Doddington during 2017/18.

LUCS Hubs 2018/19

In May 2018 the CCG agreed to extend the LUCS pilot for 2018/19 to allow more time for the service to develop, and for the model to be tested in Fenland.

We have now reached agreement in principle to progress the Wisbech LUCS hub with North Brink practice from October 2018, subject to satisfactory mobilisation. This will trial a different approach with rapid GP support via telephone and 'on call' recognising the lower footfall for the Wisbech MIU. The GPs will also work with the Nurse Practitioners to develop the service.

The intention remains to progress a similar approach for South Fenland when local practices and the MIU service have the capacity to do so.

In addition, NHS England issued guidance regarding development of 'Urgent Treatment Centres' which meet a consistent set of standards by October 2019. The CCG is working with providers on how to deliver this.

2.2 MIU Staffing Challenges 2018

The NHS is experiencing significant workforce recruitment and retention challenges across most sectors. This can be particularly difficult to manage for relatively small specialist services such as the East Cambs & Fenland MIUs, which has a number of current posts vacant.

Below, this paper outlines the role and function of the Minor Injury Units (MIU), providing context to the recent service level, including two closures in the last 12 months, and outlines future resilience plans to prevent further closures.

Cambridge University Hospitals (CUH) commission Cambridgeshire and Peterborough Foundation Trust (CPFT) to operate the three Minor Injury Units, whilst the x-ray service is commissioned by the CCG and provided by North West Anglia NHS Foundation Trust (NWAFT).

These are open at the following times:

Unit	Monday – Friday	Saturday – Sunday
Doddington	08:30-18:00	09:00-17:00
North Cambridgeshire, Wisbech	08:30-18:00	Closed
Princess of Wales, Ely	08:30-18:00	08:30-18:00 (no x-ray)

The units are staffed by advanced practitioners (nurses and paramedics) with an appropriate qualification. The funded establishment is 18.48 Whole Time Equivalents (WTE).

The position up to the end of August was a total of 5.94 whole time equivalent vacancies (whole team establishment of approximately 18 WTE). CPFT has recruited one Nurse Practitioner and three trainee practitioners who commenced on 3 September. A further experienced Nurse Practitioner has been recruited and will start in early November. This will leave a residual vacancy position of 0.94 WTE which is to be advertised. The rationale for recruiting trainees is that there is a shortage of fully qualified Nurse Practitioners, so the approach is to develop staff locally.

In recent months, staff availability has been compounded by sickness cases and maternity leave.

The unit Clinical Leads mitigate staff shortage where possible, with staff changing geographical location or alternating shifts. In addition, staff will undertake paid excess hours to provide cover or clinicians from other areas of the Trust such as the Joint Emergency Team (JET) transfer to provide cover. Where this is not possible CPFT will access any available agency personnel. In addition, CUH have provided additional practitioner cover to the MIUs subject to availability in times where cross cover or agency cannot be provided.

Closure of an MIU is the last considered option, and is escalated to Chief Executive level to ensure every feasible option has been fully pursued before such a decision is taken. Where staffing is reduced despite all of the above mitigating measures, the service will open and run a reduced service which includes triaging patients, treating where possible but if this is not possible then diverting to other units (this is what occurred on 21 and 22 July 2018).

The need to close MIUs is rare, with only two occasions in the last 12 months.

The Princess of Wales, Ely MIU was closed on 12 and 13 May 2018. Short-term sickness, which occurred with short notice, led to staffing concerns being raised on 11 May 2018. The decision was taken to consolidate staff onto one site over the weekend in order to provide a full service. The decision that staff be relocated to the Doddington MIU was made as the x-ray services are only available on this site at weekends. All patients who attend Ely and require an x-ray at weekends are routinely diverted to Doddington.

The second closure occurred at North Cambridgeshire Hospital, Wisbech MIU on 22 May 2018. On the day (i.e. no notice) short-term sickness meant that only one practitioner was available at the unit. The practitioner was relocated to support Ely who also had staffing issues and patients were diverted to Ely and Doddington, where a full service was operating.

CPFT has undertaken a thorough review of the two temporary closures. In response the following actions have been taken/are underway:

- Revised the current Escalation Tool to ensure all actions are taken to mitigate the risk of closure
- Produced a Decision Tree informing of staffing options, decision points and escalation to CEO for sign-off of any temporary closures
- Developed a framework to support alternative staffing options
- Undertaken a review of the contract
- Worked collaboratively with the system in order to improve opportunity to support with staffing (CUH rotation)
- Internal process developed to access staff from other services (such as JET)
- External collaboration with external stakeholders to improve communication strategy and joint working to maximise resource
- Trust to review policy regarding non-medical prescribers and use of Patient Group Directions for non CPFT staff
- To strengthen assurance around competencies of LUCS medical staff

CPFT has undertaken a comprehensive review of resilience plans in order to ensure patient and staff safety, and to provide assurance to the system. In addition, CUH has undertaken two quality improvement visits to Ely MIU as part of their commissioning role to provide further support and oversight.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

The LUCS pilots are intended to deliver effective use of NHS resources.

3.2 Statutory, Risk and Legal Implications

Not applicable.

3.3 Equality and Diversity Implications

The LUCS hub model is intended to deliver urgent care to meet the needs of the rural / dispersed population in East Cambs and Fenland.

3.4 Engagement and Consultation Implications

The LUCS pilots were developed in response to extensive public and patient engagement.

3.5 Localism and Local Member Involvement

CCG officers have presented updates to East Cambs & Fenland councillors, and to Wisbech Town Councillors. There is patient and local councillor representation on the relevant Steering Group.

3.6 Public Health Implications

A public health led assessment of needs has been developed to inform development of Urgent Treatment Centres.

Contributors:

John Martin, Associate Director of Operations, CPFT

Mark Cooke, Countywide Manager Unplanned Care, CPFT

David Monk, Operations Manager, CUHFT

Also attending to present:

Holly Sutherland, Interim Director of Operations, CUHFT

Source Documents	Location
NHS England guidance on Urgent Treatment Centres	https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/