

Agenda Item No: 5

LOCAL URGENT CARE SERVICE HUBS PILOT PROJECT (EAST CAMBS & FENLAND)

To: **HEALTH COMMITTEE**

Meeting Date: **16TH JANUARY 2018**

From: **Associate Chief Officer, C&P CCG**

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

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **The purpose of this report is to update members on the East Cambs and Fenland Local Urgent Care Service pilot project, and a related policy development for Urgent Treatment Centres.**

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

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1. BACKGROUND

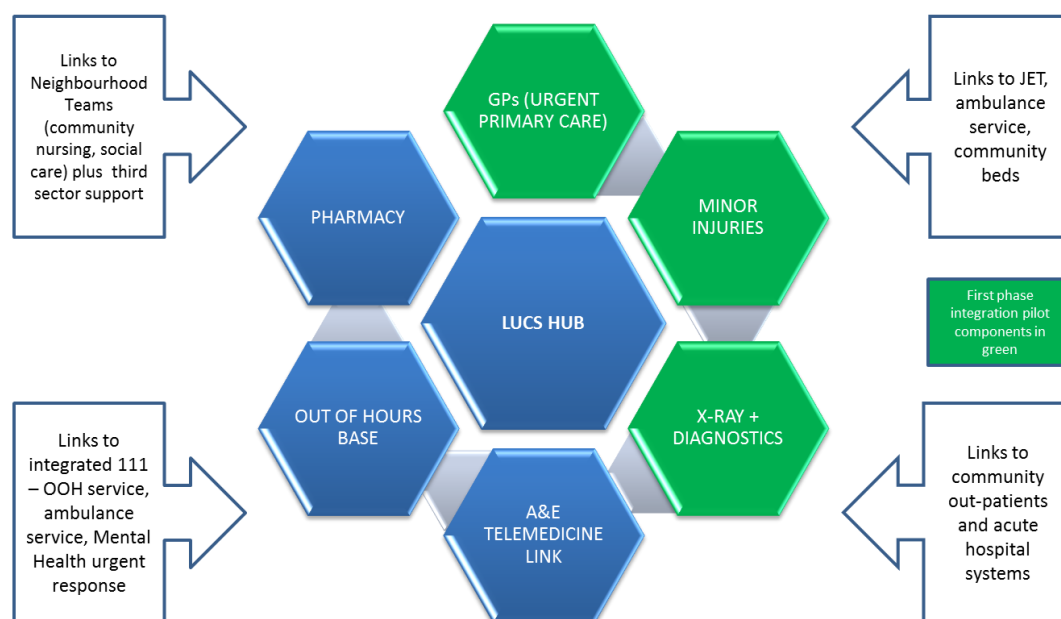
1.1 Local Urgent Care Services pilot development

During 2016, the CCG reviewed the three Minor Injury Units, (MIUs), in East Cambridgeshire and Fenland, and undertook extensive engagement with the public, providers, and other stakeholders on a range of options for the future. Taking this feedback into account, we identified significant opportunities to deliver more joined-up, effective, and efficient local urgent primary care services which reflect the rural geography, deprivation, and demography. The decision was taken to pilot Local Urgent Care Services (LUCS) hubs. The LUCS hubs pilot was designed to deliver the following benefits for improved patient experience:

- A local urgent care service for patients living a significant distance from an acute hospital
- An integrated service that can manage patient need in a more co-ordinated manner reducing the frequency of patients being passed between services
- A one stop local service for those with urgent non-life threatening health issues
- Clarity for patients about the service available – development of a clear brand
- A service with an expanded scope that allows a wider range of patients to receive local urgent care treatment, e.g. children under 2
- Provides a local alternative to an A&E attendance for people with minor illness and injury
- Provide a local alternative to an A&E or Ambulatory Care Department attendance for people with a deterioration in their Ambulatory Care Sensitive conditions (ACSCs) Foundation for local collaborative working in primary care which will support delivery of improved access to primary care via hubs which will be developed to offer extended hours for a range of services

The LUCS hubs will offer a clear local alternative to A&E by bringing together the services shown in the diagram below in a more coherent, better understood service offer.

Local Urgent Care Service (LUCS) Hub Components



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2. MAIN ISSUES

2.1 Pilot evaluation criteria

The following criteria are being used to assess the pilot as it develops:

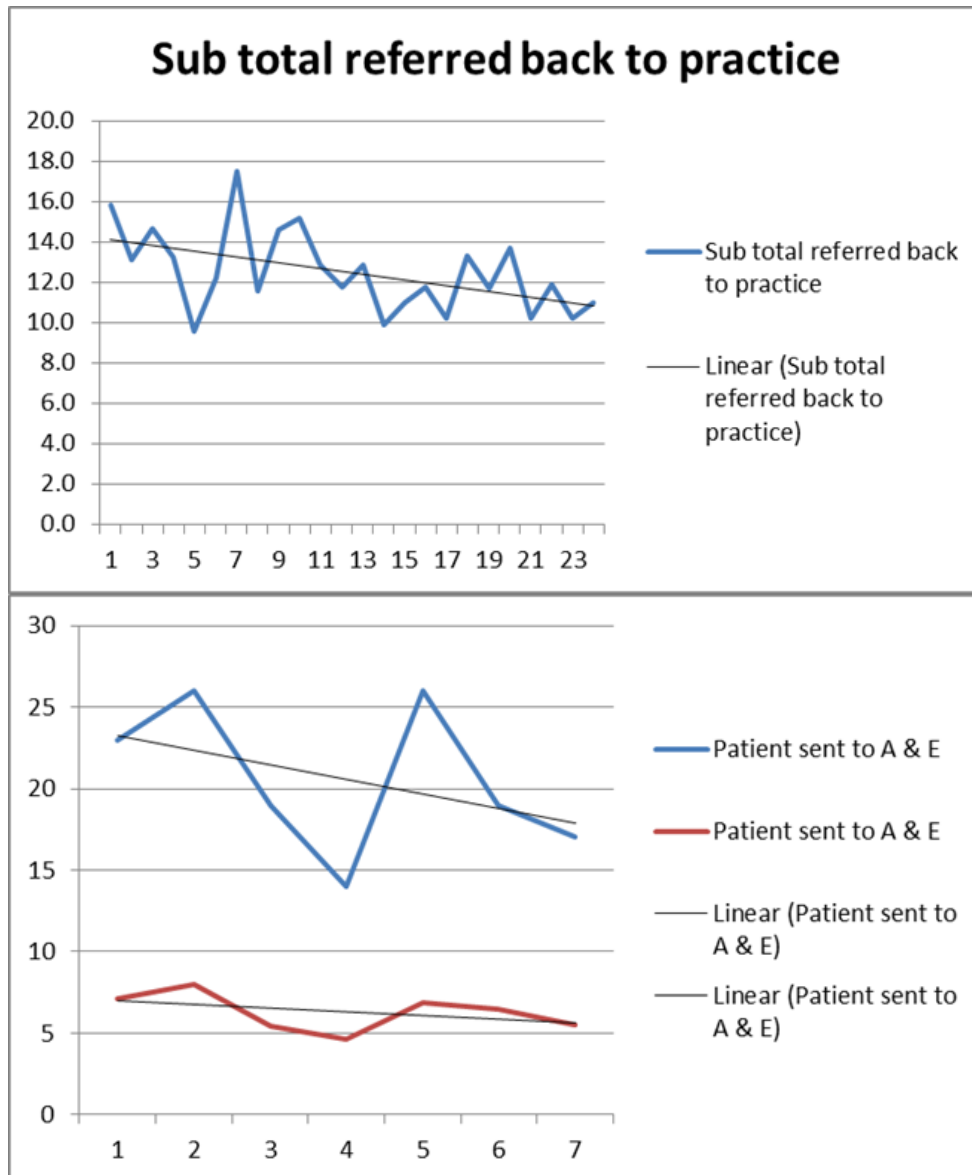
- Increase in LUCS Hub attendances for minor illness and injury;
- Reduction in avoidable Ambulatory Care Sensitive Conditions activity;
- Reduction in the percentage of onward referrals from the hubs;
- Effective use of the skills and capacity of the MIU Nurse Practitioners;
- Extent to which the hubs contribute to additional primary medical services capacity;
- Patient experience;
- Referrer views on the service (GP, 111, ambulance);
- Overall cost.

2.2 Progress to date

Ely LUCS Hub

The first phase involves 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, risk management and children under 2 years old.

The Ely LUCS Hub pilot has been operating with GPs on site Monday - Friday since May with promising results so far. There is evidence that it is providing a one stop service more patients, with the percentage of patients being referred back to their GP or sent on to A&E reducing over time.



More patients have attended the LUCS hub from May – November 2017 compared with the same period in 2016.

The range of conditions which can be dealt with at the Ely LUCS hub has been expanded, and this is reflected in the 111 'Directory of Services' used to send patients to the most appropriate service.

A new pathway has been agreed with the ambulance service, which gives crews the option to ring the LUCS hub GP for clinical advice on whether or not to take patients to A&E, and if appropriate to take them to the LUCS hub for treatment.

Work is also taking place on options to extend the hub hours covered by a GP into weekends.

Hospital activity data shows that there has been a modest decrease in A&E attends for the Ely locality for the period May – September 2017, compared with the same period in 2016, and also a decrease in specific types of admissions (a subset of ambulatory care sensitive conditions identified for the pilot). It is too early to draw definite conclusions from this data.

Whilst there has been positive progress, there have also been a range of challenges which the project team have worked through. For example, the process of securing honorary contracts for the GPs with CPFT needed to be started earlier, a range of clinical and information governance issues have had to be worked through, and IT has at times been problematic. This learning will support development of the other hubs.

Wisbech LUCS Hub

The CCG is continuing to work on development of the Wisbech LUCS hub. However, there has been a delay due to withdrawal of the original GP proposals to support the hub in September 2017, mainly due to GP recruitment and delivery challenges. The CCG worked with all the Wisbech practices and CPFT during September – November to review options for taking the LUCS hub project forward. Further more detailed work and meetings are due to take place in January 2018 with North Brink practice and CPFT.

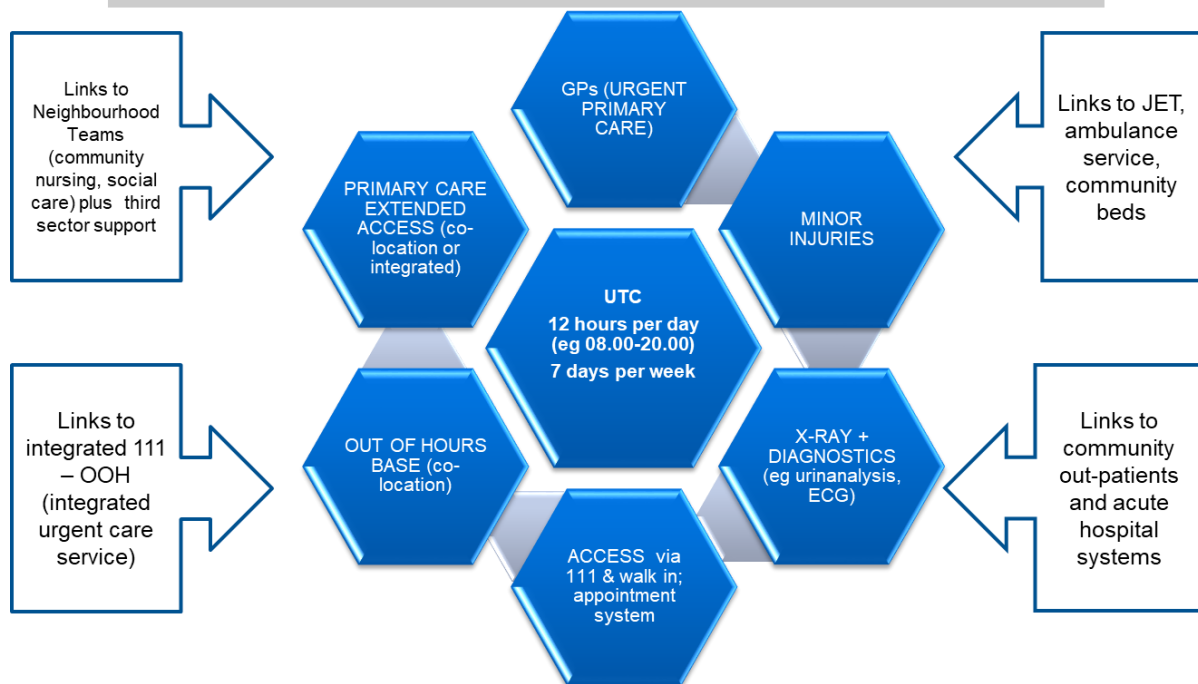
South Fenland (area surrounding Doddington Hospital)

There are significant workforce and workload challenges in the South Fenland locality. For this reason, the CCG invested in a 'Time to Care' initiative for the local practices, enabling them to apply national best practice on freeing up clinical / practice time. For example, a large number of receptionists have been trained as 'navigators' so that patients can be directed to the right service first time – including a range of community and voluntary services. A second example is a new system which will be introduced for managing correspondence which frees up GP time. The intention is that the Time to Care process will make supporting a LUCS hub more feasible. However, the likely time-scale is now mid 2018.

2.3 Urgent Treatment Centres

New national guidance was issued July 2017 setting out criteria for designation of Urgent Treatment Centres (UTCs). UTCs are community and primary care facilities providing access to urgent care for a local population. They are intended to offer a clear 'brand' for the next tier down from A&E, and to provide a level of service consistency which the current mix of MIUs, walk in centres etc do not. The service elements are shown in the diagram below:

Urgent Treatment Centre (UTC) Components



The CCG has undertaken a process of self-assessment by current providers of potential UTC services, and peer review against the national standards. Work is currently taking place on a business case setting out the service benefits and the costs involved in designating potential UTCs. Working closely with STP partners, the CCG has to submit its final UTC plan to NHS England by March 2018. The NHS England guidance and frequently asked questions can be found at the addresses below:

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-principles-standards.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-faq.pdf>

The three East Cambs & Fenland MIUs / LUCS hub have been assessed against the 27 national criteria. The main areas where development / investment would be needed to achieve the UTC criteria are:

- Extension of opening hours to 12 hours each day
- GP input needed during extra hours and weekends
- Appointment system needed
- Need to extend scope to children under 2 years
- Access to x-ray at weekends

UTCs need to be fully compliant with the national criteria by 2019. If it is not feasible to achieve full UTC status, we can either apply for exceptions (eg on the grounds of rurality), or designate the service as a 'GP access centre'.

3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

There may be scope to extend the LUCS Hub / UTC concept to incorporate wider health and well-being services, working jointly with Local Authorities.

3.3 Supporting and protecting vulnerable people

The national criteria for UTCs cover all standard safeguarding policies and procedures.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are NHS resource implications for development of Urgent Treatment Centres. Cost effectiveness will be a factor in determining the success of the LUCS hubs pilot.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

NHS procurement rules will be applied where appropriate.

4.3 Statutory, Legal and Risk Implications

LUCS hub pilots and UTCs will be delivered within the normal NHS statutory framework.

4.4 Equality and Diversity Implications

The LUCS hub pilot business case included health inequality and inequalities impact assessments. The UTC business case will also include these impact assessments.

4.5 Engagement and Communications Implications

Extensive public and patient engagement was undertaken on the future of the MIUs in East Cambs and Fenland in 2016. Regular stakeholder communications are produced for the LUCS hub project. Engagement regarding the UTC development will be undertaken as appropriate to any changes which may be considered.

4.6 Localism and Local Member Involvement

Local councillors and MPs have been briefed / engaged with in the MIU review work and subsequent LUCS hub development. A briefing session for councillors to update on progress took place on 14th December.

4.7 Public Health Implications

A specific health needs assessment has been drafted to support the UTC business case process. It is currently being finalised.