

**UPDATE AND PROGRESS ON THE DEVELOPMENT OF THE MINOR INJURY
UNITS IN EAST CAMBS & FENLAND**

To: **Health Committee**

Meeting Date: **23 May 2019**

From: **Matthew Smith, Senior Responsible Officer, Urgent &
Emergency Care, Cambridgeshire & Peterborough CCG**

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

Forward Plan ref: **n/a** *Key decision:* **No**

Purpose: **This paper provides an update and progress report on the
development of the three Minor Injury Units within East
Cambridgeshire and the Fens.**

Recommendation: **The Committee is asked to note the contents of this report**

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1. BACKGROUND

1.1 There are three Minor Injury Units (MIUs) within East Cambridgeshire and Fenland; at Ely; Doddington; and Wisbech.

The CCG has been piloting models of care within the Ely and Wisbech MIUs that help to support the delivery of the national Urgent Treatment Centre developments. The pilots provide GP support to the MIUs using different models. The models are designed to increase the scope of conditions that can be managed within the MIUs and therefore provide an expanded urgent care service.

The new expanded services are called the Local Urgent Care Service (LUCS).

There is a national policy expectation that MIUs will need to meet national standards and a consistent service specification for 'Urgent Treatment Centres'. At the same time, the CCG has been working with all local providers on a programme to transform all out of hospital urgent care across Cambs & Peterborough, sometimes referred to as the 'roundtable' process. The aims of the programme are to simplify the current services and create a clear 24/7 out of hospital urgent care offer for patients, making more effective use of workforce and reducing demand on acute hospital emergency services.

2. MAIN ISSUES

2.1 LUCS Model

The LUCS provides an extended local, more accessible urgent care service for the population of East Cambridgeshire and Fenland, meaning that they do not have to travel a longer distance to the nearest hospital A/E department.

There is evidence that the LUCS model is containing growth in A/E attends, reducing Non-Elective hospital admissions and is also supporting 111 clinical validations, which in turn is reducing A/E attends. There is also evidence of high levels of patient satisfaction with the service.

The CCG is obligated to ensure that all urgent care services such as the Fenland and East Cambs MIUs meet the National criteria for UTCs. Currently the East Cambridgeshire and Fenland MIUs do not meet the criteria, but the LUCS pilot has given an opportunity to test a variety of models to help the MIUs to meet the criteria for UTCs.

2.2 Ely LUCS

The LUCS at Ely started in May 2017 and is also providing GP expertise to validate 111 calls that have resulted in a recommendation for the patient to attend an A/E department. 111 decides how a patient should be managed by the use of algorithms. However, it is widely recognised that these algorithms are likely to recommend more people to attend an A/E than is necessary. For this reason, using an experienced GP to check these referrals to A/E significantly reduces the number of 111 referrals to A/E.

2.3 Wisbech LUCS

The Wisbech LUCS commenced in January 2019, and is testing a model of GP support provided by the North Brink practice, directly supporting the MIU Nurse Practitioners.

2.4 Doddington MIU

The CCG is working on an alternative model for the Doddington LUCS, exploring the potential to add a telemedicine or digital service. This offers an opportunity to develop a new and innovative option for Urgent Care services in the South Fenland area, which (if successful) could be rolled out more widely.

2.5 Out of Hospital Urgent Care ('roundtable') Programme

The Out of Hospital Urgent Care ('roundtable') programme is due to complete its design phase in June 2019, with a view to piloting more integrated services from October 2019. In this context, funding for the LUCS pilots has been agreed for 6 months to fit in with this programme. Currently the CCG commissions A&Es; MIUs; GP Streaming in A&Es; the Ambulance Service who can 'see & treat', extended access for GPs, GPs to undertake minor injury treatment in their practices; GP out of hours; 111 and additional clinical support to 111. There is general agreement that with limited workforce availability this needs to be reviewed with a view to also making it clearer to patients about where to go to get advice and treatment.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The following bullet points set out details of implications identified by officers:

- The service will provide a local extended urgent care service that delivers an alternative to travelling to a hospital A/E department. This delivers benefit to the local population by reducing the distance they need to travel to access urgent care
- The rest of the local health services will have another means to manage patients in the locality
- Fewer journeys create less environmental impacts
- Ambulances have access to a local urgent care service thereby offering an alternative to a conveyance to a more distant hospital
- The LUCS model is containing growth in A/E attends, reducing Non-Elective hospital admissions and is also supporting 111 clinical validations, which in turn is reducing A/E attends. This releases resource currently spent in acute district hospitals

3.2 Helping people live healthy and independent lives

The following bullet points set out details of implications identified by officers:

- The service will provide a local extended urgent care service that delivers an alternative to travelling to a hospital A/E department.
- People will be able to access an extended range of locally provided urgent care services
- Local urgent care services will be more accessible

3.3 Supporting and protecting vulnerable people

The following bullet points set out details of implications identified by officers:

- An expanded local urgent care services is more accessible than distant A/E departments
- Vulnerable people will be able to access a local, smaller and less crowded service than those of an A/E department in a busy district hospital

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The Out of Hospital Urgent Care ('roundtable') programme is due to complete its design phase in June 2019, with a view to piloting more integrated services from October 2019. In this context, funding for the LUCS pilots has been agreed for 6 months to fit in with this programme.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

The report above sets out details of significant implications in section 3.2 and 3.3. The service is open to all of the population and this is not dependent upon any aspect of diversity

4.5 Engagement and Communications Implications

The LUCS pilots have involved members of the public / patients in their development. Healthwatch have supported development of a patient questionnaire. There will be further engagement and reports relating to the wider Out of Hospital Urgent Care Programme.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.