

Urgent Primary Care Service Model

Update to the HOSC: 5th September 2019

Introduction

In February 2019 Birmingham and Solihull CCG were invited to attend Joint Health Overview and Scrutiny committee to provide an update on Birmingham and Solihull Urgent Treatment Centres (UTC). This presentation included:

- Sharing the thinking with regard to the overall strategy for Primary Urgent Care.
- An overview of the UTC implementation plan including timelines and outcome measures.

The purpose of todays presentation is to provide an update on both areas.

Strategic vision

An improved and sustainable urgent primary care system, which operates 24 hours per day, 7 days per week and ensures that our population receives safe, high-quality and seamless care from easily accessible, appropriate, integrated and responsive services.

The objectives of the urgent primary care service model are to:

- Improve access to primary care services
- Support patients at times of crisis
- Standardise and simplify access for patients
- Support the resilience of general practice.
- Support a reduction in demand on Emergency Departments

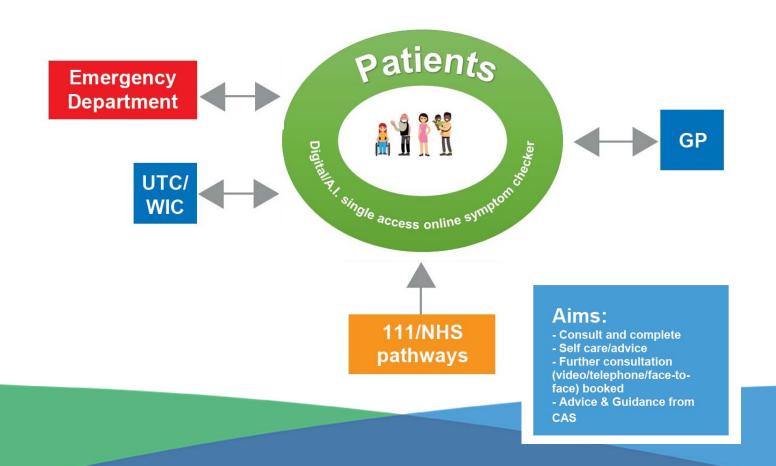
Digital First Urgent Care

Developing the Urgent Primary Care offer has included a series of clinical workshops whereby further opportunities have emerged - namely

- A 'Digital First' approach with a system wide platform operating 24/7 providing a simple single entry point for patients and professionals.
- This includes:
 - Urgent Treatment Centres
 - Birmingham and Solihull Clinical Advice Service –(NHS111 interface)
 - Integrated care pathways

Digital First Urgent Care- simple, single system, which inspires trust and confidence, to access appropriate high-quality care and support at the right time and in the right place.

Digital first - urgent care



Overview UTC service specification

(in line with national UTC principles and standards – July 2017)

- ➤ Provide access to urgent care for a local population of 250 300,000
- Offer advice and treatment for a wide range of minor illnesses and injuries
- Operate from a convenient location that is easy for patients to access
- Open for a minimum of 12 hours per day
- ➤ Be staffed by a GP-led multi-disciplinary team
- ➤ Have access to patient's clinical records
- ➤ Have access to a range of point of care diagnostic investigations
- Offer walk-in consultations without appointment
- Offer booked appointments to patients who have called NHS 111 and require a face to face consultation
- Offer booked appointments to patients who have attended an Emergency Department with a condition that can appropriately be managed within primary care
- Accept ambulance conveyances for agreed conditions

Stabilising UTC to enable transformation

Urgent Treatment Centres need to

- Meet population need and form part of a simplified integrated urgent primary care offer.
- Meet NHS England UTC standard service specification.
- Deliver the NHS Long Term Plan requirement for prehospital urgent care of ensuring a consistent offer for out-of-hospital urgent care.
- Provide improved system flexibility and resilience.
- Provide a more streamlined pathway of care and good health outcomes for patients
- Enable a more integrated, safe and flexible workforce

Urgent Treatment Centre

- **Solihull** designated and operating as an Urgent Treatment Centre since Dec 18.
- Birmingham designation by Dec 2019. Key areas of focus to achieve designation include digital capability and for Birmingham WIC (operating from the Boots City Centre store) being open for a minimum of 12 hours.

Birmingham and Solihull WiCs / UCCs

Warren Farm Urgent Care Centre:

- 8am-8pm
- Nurse led
- Treatment for minor injuries and illnesses

Summerfield Urgent Care Centre:

- 8am-8pm
- GP led
- Treatment for minor injuries and illnesses

Commissioned by SWBCCG

South Birmingham GP Walkin Centre: (Katie Road)

- 8am-8pm
- GP led
- Treatment for minor injuries and illnesses



- GP led
- Treatment for minor injuries and illnesses

Erdington Health and

Washwood Health Urgent Care Centre:

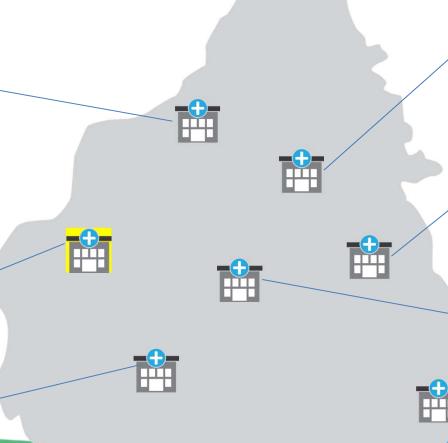
- 9am-9pm
- Nurse led
- Treatment for minor injuries and illnesses

Birmingham NHS Walk-in Centre (Boots)

- Shop hours
- Nurse led
- Treatment for minor injuries and illnesses

Solihull Healthcare and Walk-in Centre: 8am-8pm

- GP led
- Treatment for minor injuries and illnesses



UTC approach

- The CCG has had discussions with NHS England regarding the designation of UTCs and, given the emerging digital innovations, we have requested an exemption to the UTC December 2019 deadline to March 2020.
- The exemption will allow the system to work through the appropriate digital solution to achieve a single digital platform.
- This is currently for four centres Warren Farm,
 Erdington, South Birmingham and Washwood Heath.

Birmingham Walk In Centre (Boots)

- We are currently reviewing the options for the Birmingham Walk in Centre.
- Analysis of the data indicates that the population served is mainly working adults, between the hours of 11 -3pm for 'routine primary care conditions'.
- The top four reasons for attendances are: skin complaints - allergic reactions, rashes, ear syringing, minor cuts and wounds and coughs/colds/ flu like symptoms.
- Our plan is to undertake further consultation regarding the future service requirements including timely access to primary care.

Birmingham and Solihull NHS 111 and the Clinical Advice Service

- An agreement has been reached that will see West Midlands Ambulance Service (WMAS) take over the running of NHS 111 service in the majority of the West Midlands in November 2019 from the current NHS111 provider Care UK.
- The plan will see the NHS111 and 999 services integrated into a single service and will lead to further developments in integration with local services for the benefit of patients.
- In terms of local developments for Birmingham and Solihull, West Midlands Ambulance Service have agreed, via the NHS 111 service, to support the opportunity to work together to develop a BSOL Clinical Advice Service.
- Utilising the call handling 111/999 integrated service routing calls requiring clinical assessment to a local BSOL CAS staffed by local GPs, senior nurses, including mental health, enabling the right solution for the BSOL population and the ability to mobilise alternative pathways.
- This will be a phased development to ensure a safe service delivery and implementation of integrated care pathways.

