NHS Birmingham CrossCity Clinical Commissioning Group

Urgent care in Birmingham

Birmingham Health, Wellbeing and Environment Overview and Scrutiny Committee – 9 August 2016

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What is urgent care?

If your illness or injury is urgent

This means...not life threatening and requiring an A&E visit

But, it can't wait for a routine GP appointment

- Sprains and strains
- Broken bones
- Wound infections
- Minor burns and scalds
- Minor head injuries

- Insect and animal bites
- Minor eye injuries
- Mild breathing difficulties
- Skin irritation and rashes

The current Urgent Care Centre landscape:

- 8 Urgent Care Centres
- The majority of these are open 8am-8pm but not all
- Some of the centres are nurse led and others are GP led
- Provide treatment for minor injuries and illnesses

For example:

Our urgent care strategy...

We are committed to an integrated and coherent solution for urgent and emergency care

Our key objectives are to:

- Simplify the urgent care system so patients can always access the right service, the first time;
- Provide 24/7 access to medical advice, support and care where needed;
- Have streamlined, integrated services which avoid unnecessary hospital admissions, enable timely discharge and support people at a time of crisis; and
- Support patients to use the most appropriate NHS service.

Current walk-in and urgent care centre provision

<u>UCC/Walk-in</u> <u>Centre</u>	<u>Opening hours</u>	<u>Staffing model</u>	<u>Annual</u> <u>attendances</u>
Warren Farm	8.00am – 8.00pm	Nurse-led	29,548
Washwood Heath	9.00am – 9.00pm	Nurse-led	31,670
City Centre	M-F: 8.00am – 7.00pm Sat: 9.00am – 6.00pm Sun: 1.00am – 4.00pm	Nurse-led	37,738
Erdington	8.00am – 8.00pm	GP-led	31,119
South Birmingham	8.00am – 8.00pm	GP-led	64,012
The Hill	8.00am – 8.00pm	Nurse-led	26,634
Summerfield	8.00am – 8.00pm	GP-led	52,593
Solihull	8.00am – 8.00pm	GP-led	48,744
			322,058

National direction...

The Urgent and Emergency Care Review

Published: November 2013 (the Keogh Review)

Proposed: A fundamental change in the way urgent and emergency care services are provided

Aims: To improve our out of hospital services with more care delivered closer to home and reducing hospital attendances and admissions

The Five Year Forward View

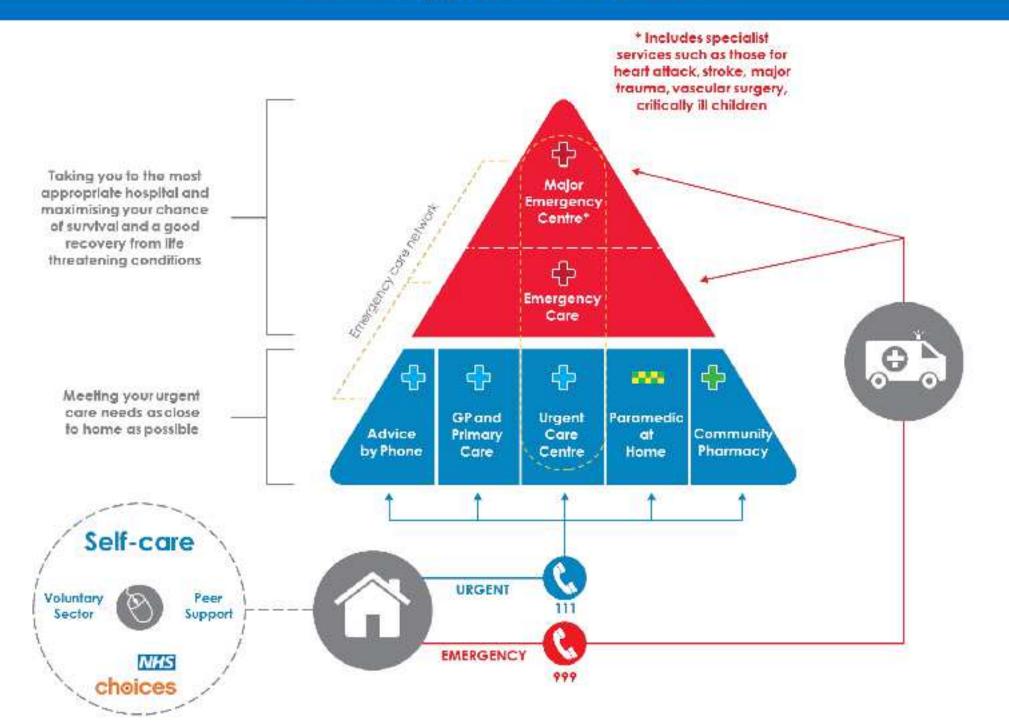
Published: October 2014

Reinforces the Urgent and Emergency Care Review by setting out the need to redesign urgent and emergency care for people of all ages, with physical and mental health problems

Challenges in Birmingham...

- 1. To ensure that we are offering consistently high-quality care to our diverse local population.
- 2. We are experiencing growing levels of demand for urgent and emergency care services.
- 3. General practice is also experiencing increasing demand.
- 4. Currently the urgent and emergency care system is confusing, with multiple points of entry for patients and carers, and different types of services across A&E, walk-in centres, GP out-of-hours centres, urgent care centres and NHS 111.
- 5. In 2015/16, the CCGs spent an extra £11.68m on solutions to try and ease these issues.
- 6. Whilst progress has been made, much more needs to be done to transform our urgent and emergency care services and achieve an appropriate balance and level of services to meet the needs of our population.

An integrated solution...



NHS 111 re-procurement

- This is not just the re-procurement.
- Key differences from the existing NHS 111 service include:
 - Increased clinical presence in the call centre;
 - Integration with the GP out of hours service;
 - Electronic booking of appointments for patients who need to be seen face-toface;
 - Access to shared health records; and
 - Increasing use of technology.
- The announcement of the successful bidder will be made on 1 August.
- A mobilisation board will ensure that the new service goes live on 1 November 2016.
- Once the new service is established, there will be a campaign to promote increased use within the West Midlands.

What *could* an urgent care centre offer?

- 24/7 unscheduled walk in service
- GP on duty 24/7
- Advanced nurse practitioner on duty 24/7
- Routine paediatrics, including after school clinics
- Emergency ambulatory clinics, to avoid patients having to stay in hospital overnight
- Access for patients to be brought by ambulance
- Observation area, for up to four hours
- Diagnostics:
 - Plain film radiology
 - Ultrasound scanning
 - Electrocardiogram (ECG) testing (to check heart rhythm)
 - Deep Vein Thrombosis (DVT) screening
- Pharmacy, including prescriptions

- Minor procedures:
 - Suturing (stitches)
 - Plastering
 - Wound dressing

Scenarios: what could the future look like?

Scenario 3 -Scenario 1 -Scenario 2 -6 centres remain with extended hours and 6 centres remain with **Re-procure the** standardisation plus the existing services at extended hours and enhancement of 1 centre existing locations standardisation to test the enhanced services offering Scenario 4 -Scenario 5 -

2 centres are co-location with A&E's, existing centres remain with extended hours and standardisation

3 Stand alone, 24/7 **Urgent Care Centres** providing enhanced services

Scenario 6 -

3 standardised centres each co-located with an A&E

The process...

- Extensive pre-consultation public engagement in 2014
- Patient reference group established to develop scenarios April 2016
- Further pre-consultation engagement, including multi-agency and patient event July 2016 onwards
- Six scenarios presented to Governing Bodies July 2016
- Integrated Impact Assessment August / September 2016
- Pre-consultation business case , STP and NHS E approval processes
- Formal public consultation October 2016 (tbc)
- Post- consultation business case
- STP / NHSE approval process
- Procurement process circa 12 months