The Hill Urgent Care Centre Services

Executive summary

The current provider for The Hill, nurse led urgent care centre has given notice that they will not seek renewal of their contract which terminates on 31st March 2017. The CCGs have used a validated prioritsation tool to demonstrate the service is of low priority in terms of health gain to the local population. Patient access to urgent primary care has been improved substantially through the re-procurement of an improved NHS 111 and GP Out of Hours service in 2016 and the development of local GP extended access 7 day services. The decision has, therefore, been taken, after an equality impact assessment not to re-procure this urgent care centre. The GP practice, run by the same provider on the same site, will be re-procured with extended opening hours. The GP practice is currently out to tender.

1. Introduction

In September 2016 Care UK, the current service provider for The Hill Urgent Care Centre, gave formal notice that they did not intend to continue to provide nurse-led urgent care services operating between 8am and 8pm at this location when their current contract terminated on 31st March 2017.

Following this notice Birmingham South Central CCG in discussion with partner CCGs, (Birmingham CrossCity and Sandwell CCGs), made the decision not to re-procure the urgent care service at this site. This decision was made with regard to the CCGs' intention to review all urgent care provision across the city, the intention being to work towards standardisation of services, improving effectiveness of outcomes and focusing on improvement of primary care services particularly at scale.

In making this decision the CCG undertook a data / clinical review of the patients attending the centre, a quality and safety impact assessment and an equality impact assessment. The service was also subject to scrutiny using the CCG's prioritisation scorecard. The following sections detail the findings from these and include the mitigating actions needed where identified.

2. Data Review

As part of the review of the service the CCG undertook an exercise to understand the demographics of the patient population and the reasons for attending the centre.

Key findings

- 99% of attendances were related to single, self-limiting illnesses which were managed and resolved at the time of attendance. All of the presenting conditions were simple primary care issues which could be effectively managed by other primary care providers or via self-care.

- Referral rates to secondary care and A&E comprised <0.4% even at peak time over the winter period (October – December 2016).
- 74% of patients attending the service were registered with a GP practice within 1.5 mile of the centre. There are currently 31 GP practices within a radius of 1.5 miles of the centre.

It is also worth noting that The Hill Urgent Care Centre has historically had the lowest number of attendances amongst all of the urgent care services in the city. In 2015/16 they saw approximately 29,000 attendances, this figure has consistently fallen from a peak of 34,000 in 2009/10. The other urgent care centres across the city saw approximately 32,000 to 37,000 patients in 2015/16 and one particular centre saw 65,000 patients. Coupled with this, the service is also the most expensive of all current services having a contract value of approximately £1,010,035 per annum.

3. Prioritisation review

In reviewing the effectiveness of and the evidence for the continuation of services the CCG has adopted the use of a prioritisation scorecard and policy which will be utilised across the Birmingham and Solihull area. This scorecard and associated policy has been formally approved by the CCG as a validated tool for making decision on priority for commissioning and investment. This service was reviewed using these tools and an extract from the process and the outcomes from this are outlined below.

Factor	Scale	Reasoning
1 Strength and quality of evidence **Is the evidence base robust (as appropriate for the condition), and does it translate into significant benefit for the patient?**	10 – Low	The service originally commissioned in line with Darzi *Next stage Review (Oct 2007)* which compelled PCT to commission centres. The service potentially supports patients' ability to access to primary care, particularly where there are problems with access to local GP practices; and it may offer opportunity to reach particular groups of people who find it difficult to engage with the traditional model of GP services or whose uptake and interaction with primary care has traditionally been poor. No historical evidence available on commissioning business case, intentions of service delivery & reason for siting of centre. Variations in models commissioned make comparison difficult.
2 Magnitude of Health Improvement benefit **To what extent does this intervention improve the health gain for the patient?**	2 – Very Low	No measures in place in terms of improvement in functionality or quality of life. The service intention is to provide alleviation of single episode illness without onward referral or on-going treatment. Therefore, service would have limited ability to offer improvement in functionality & acute pain only. No co-location with complementary services to support longer-term or chronic illness.
3 Prevention of future illness **Does this intervention support 1º or 2º prevention of future health**	2 – Very low	As above & service specification does not contain provision of, or direct referral to health & wellbeing interventions / preventative healthcare or education.

conditions?		Would expect signposting to services only Similarly management of acute presentations of existing illness only. Follow up for indicated conditions would be return to GP.
4 Supports people with existing health problems **Does this intervention improve the quality of life for the patient with the condition in question?**	2 – Very low	Management of diagnosed conditions & potential for deterioration via referral back to GP. Similar to above no onward-referral pathways or provision for on-going treatment, management or review.
5 Cost effectiveness ratio **What is the cost per QALY of this intervention? If no information, default score =10**	10 – Low	No published QALY or SROI so default score of 10
6 Opportunity costs **What is the cost per head for the population that potentially might benefit from this service development? State whether one-off or recurrent.**	30 – High	Annual expected spend 2016/17 = £1,010,119/26,000 = £37.93 per head of population using the service This is less than £1k per head of population
7 Addresses health inequality or health inequity **Does this service reduce or narrow identified inequalities or inequities in the local population?**	15 - High	Evidence from review that walk-in centres improve patient access to primary care services & particularly for those not otherwise engaged by services. However, equality / quality impact review by CCG shows that alternative services are available & are easily accessed by patient population.
8 Delivers national and/or local requirements/targets **Does this intervention support the CCG in delivering identified national or local requirements or targets?**	10 – Low	Does not meet national requirements or targets. Service model does not dovetail with either GP forward view model of extended access to primary care or the CCG's urgent care strategy aligning extended access, improved diagnostic & health & wellbeing services.

The prioritisation review highlighted that there was very little evidence to support the intended benefits to patients, improvement in health outcomes or delivery of local targets and requirements. Subsequently, the total score of 81 out of a potential maximum score of 270 was deemed to be below the required level to support continuation of this service.

4. Quality, Safety and Equality Impact assessments

The CCG utilised a quality impact assessment tool to determine the impact of the changes proposed on the patient population. The assessment focuses on three key areas for consideration; the impact of safety, effectiveness and experience of care for patients. It also includes sections related to other areas of impact namely; publicity / reputation, financial and corporate level performance.

The CCG also completed an equality impact assessment in order to determine the potential adverse effect for any disadvantaged groups or groups with protected characteristics.

The following is a summary of the impacts recorded and level of risk identified.

Safety

There were two issues identified in relation to this element namely; patients may delay seeking clinical advice for urgent presentations and potential exacerbation of minor illness into major illness.

On reflection the risk of these two issues was deemed to be negligible. This was due to a number of factors; that the presentation of patient conditions in the data review demonstrated that this was at a low, non-acute level of illness and that there were a number of alternative services available to patients locally which were easily accessible and of a comparative standard.

Effectiveness

One issue only was identified in relation to this element; the potential that there may be an increase in patients attending A&E which is less effective than primary care/UCC for primary care conditions.

Again the risk identified was categorised as negligible. This was based on the understanding that there are equally competent services available and accessible from other centres with the same or similar operational hours. There is no evidence that attending an urgent care centre is more effective than GP practice in terms of A&E diversion and NHS 111 and GP Out of Hours services have recently been re-procured with an improved specification. Engagement with secondary care Acute Trusts will form part of the communications and engagement plan.

Experience

Issues identified by the review of this element include; that there is no evidence the current service offers a poor experience and patients report that the service is efficient and meets their needs and expectations. In terms of patient experience it was noted that the withdrawal of an urgent care service from this site might impact on the percentage of the population able to access this particular part of the service easily via private or public transport. However the premises will remain the same for the new extended access GP practice service, and is on major bus routes.

The category of risk for this element was calculated as negligible. Supporting evidence for this includes; the alternative is GP services which is a more appropriate service, patient experience review has shown dissatisfaction with current service model and the limitations of nurse only service and modelling for the urgent care centre redesign programme has shown that 100% of the population would be able to access alternative sites within 20min private transport drive time and 89% within 30 min public transport travel time.

Other

A number of other issues were identified in this component of the review particularly relating to reputational, perceived reduction in service and impacts on wider health system factors.

The risk element was gauged to be minor in relation to this part of the review. Potential mitigation to this includes; a robust communication and engagement plan in place to manage interest from media and other parties, engagement activities with local forum including local authority meetings, population events and drop in meetings at the site and a programme of media release and management, signposting and support being made available from a number of channels including social and digital means. The CCG will also engage with other service providers and support them in managing and monitoring any potential increase in demand relating to the closure of this service.

Equality

The CCG's equality impact assessment review did not highlight any issues relating to the discrimination against particular patient groups nor in relation to any negative impacts of the proposal against each of the 9 protected characteristics.

The review did emphasise that there could be potential for patients with mobility difficulties to be slightly impacted in the withdrawal of a local service. However, as before there are open access services available from other sites which are located within reasonable travel distance and time from the current site. Enhanced access to weekday evening appointments (6:30 to 8:00 pm) and weekend appointments, (Saturday 10:00 am to 4:00 pm and Sunday 10:00 am to 2:00pm) is available to patients registered with 13 practices within a 1.5 mile radius of the centre via the MyHealthcare Hub. Alternative urgent care services are also available to all patients at either Birmingham city centre walk in centre or Washwood Heath walk in centre which are located 3 miles from The Hill site.

One other key finding from the assessment was that there needs to be consideration given to the development of communication methods which will include easy read and key local language content, with due regard to the accessible information standard as part of the engagement and communication plan.

5. Mitigating actions

Whilst all the elements of the reviews undertaken by the CCG indicate there is negligible or minor impact on the patient population from closure of this service we are aware that public and stakeholder perception about this decision might be different and a clear message about alternative services will have to be communicated.

The key actions and messages which form this are detailed in the list below.

- Communication and engagement plan, incorporating; attendance and representation at local forum, multi-media messaging and support to other local providers
- Re-procurement of a new GP practice on site which will offer extended weekday access 8am to 8pm and weekend access 9am - 1pm
- CCG investment in local primary care extended access, enabling patients at local practices to access GP evening and weekend appointments .
- Effective signposting to other alternative services including FAQ and guide to local services to be prepared and made available

- Use and promotion of the re-procured of NHS 111 service and Out of Hours service from November 2016, improved clinical input into service and advice available to patients via freephone telephone number
- Extension to contract until 31st July 2017, to align contract end date with new GP practice provider start date, allow for mobilisation of enhanced local primary care access scheme and full engagement activity with all stakeholders, ensuring no gaps in service provision as a result of the decommissioning of one model and mobilisation of the new GP practice.

6. Conclusion

The CCG believes that the issues raised by the review of the service and the decision to not continue urgent care services at this site through an urgent care centre, but through a new GP practice, can be managed effectively using the actions outlined above. There is little risk that the decision will adversely affect health outcomes or deny access to comparable services for the patient population, indeed the CCG believes it will enhance primary care and urgent access services for the local population.