

Report to Health and Adult Social Care Select Committee: Andover Minor Injury Service / Urgent Treatment Centre

1.0 Purpose

Further to the Andover UTC development briefing provided to this committee in March 2019, West Hampshire CCG (WHCCG) and Hampshire Hospitals Foundation Trust (HHFT) wish to update Hampshire Health and Adult Social Care Select Committee (HASC) on the proposed vision for future urgent care in Andover and request the committees' input and guidance.

To support discussion with HASC this report has been provided to:

- provide the outcome of the co-production work undertaken to develop a viable service model for the delivery of an Urgent Treatment Centre (UTC) in Andover
- describe the key milestones to re-design urgent care services to provide a high quality, consistent service offer to the Andover population, which delivers improved patient experience

2.0 Background

2.1 National Drivers

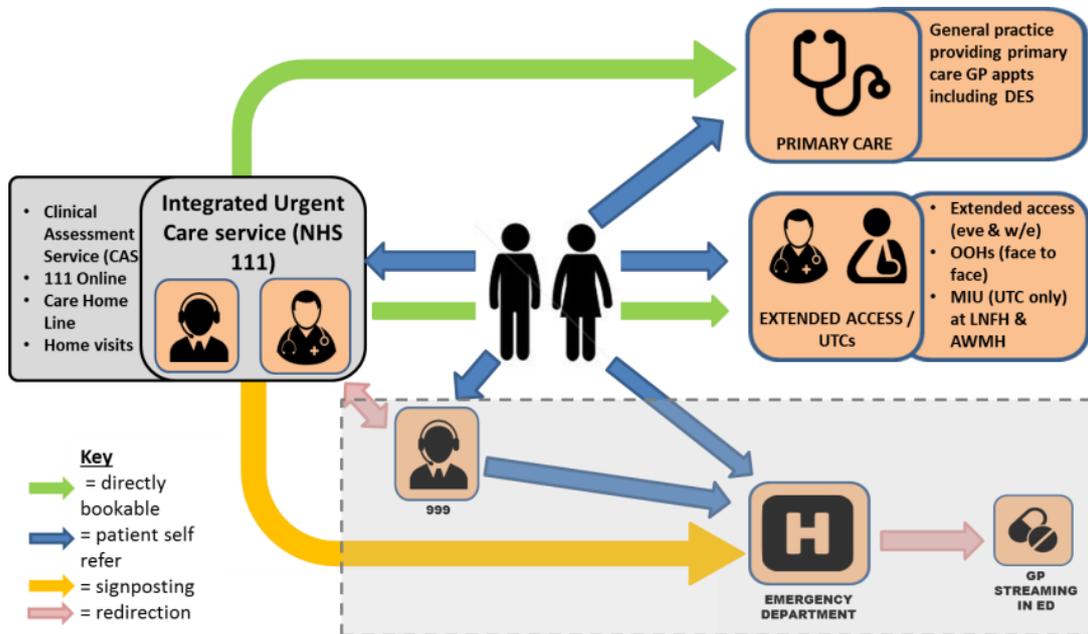
As part of the national Urgent Care Strategy, CCGs are required to redesign urgent care services outside of A&E to provide a consistent and standardised service offer and reduce public confusion on where to access urgent care in their locality. UTCs are GP-led, open 12 hours a day, every day, offering appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments with which people present to A&E. NHSE Core Standards for UTCs ([Urgent Treatment Centres: Principles and Standards](#)) stipulate the main requirements are for centres to:

- consistent opening, ideally 12 hours per day, 7 days a week, including bank holidays
- provide services for minor illness and injury in adults and children of any age
- have access to a range of diagnostics, including (but not limited to): x-ray; swabs; pregnancy tests; urine dipstick and culture; near patient blood testing; and ECG
- provide both pre-booked same day and 'walk-in' appointments, however patients and the public will be actively encouraged to access the service via NHS 111
- deliver a GP-led service staffed by an appropriately trained multidisciplinary clinical workforce
- offer appointments that can be electronically booked directly via NHS 111
- have protocols in place to manage critically ill and injured adults and children who arrive unexpectedly, with onward referral and transport to appropriate acute hospital departments

Where local needs and priorities are evidenced, exceptions to the above can be requested and agreed by NHS England Regional Director. However, this must be balanced with the aim to provide a consistent service offer and recognisable brand for UTCs that enables patient to navigate urgent care pathways.

2.2 Procurement

In line with national policy direction at the time, West Hampshire CCG developed a model for delivering UTCs which integrated Improved Access for Primary Care (evenings and weekends), Out of Hours (OOH) (face to face/base visits) and Minor Injury Units (MIU) at Lyminster and Andover War Memorial (as outlined below).



The Andover UTC service specification was developed in line with this integrated model, however, despite market engagement, no bid was received for the Andover UTC lot and procurement was ceased.

2.3 Co-production

The three incumbent providers for the Andover area ((HHFT, Mid Hampshire Healthcare (MHH) & Partnering Health Ltd (PHL)) were invited to enter into a process of open dialogue with the CCG to co-produce the service model and contracting arrangement for Andover UTC. Providers highlighted from the offset that a key reason for not tendering for the Andover UTC was based on concerns that the financial and operating model was not sufficient to meet the needs of the local Andover population. Over the last 12 months, providers have worked together to co-produce (led by HHFT & MHH) a number of costed service models to meet the local needs in accordance with national standards.

3.0 Outcome of co-production with incumbent providers

Commissioners have worked with providers to design service models to meet the national standards for UTCs. However, additional costs of these proposed models attributed to increased opening hours and the provision of a GP within the service has made this challenging, with providers and commissioners identifying only one viable potential model to meet the local demand.

3.1 Proposed Service model (Open 10am-8pm, GP provision 5-8pm Mon- Friday and 4 hours on both Saturday & Sunday/Bank holidays)

This option was designed to focus on maintaining 10 hours of provision, however, opening hours have been shifted to prioritise delivery out of hours (proposed change from 8am-6pm to 10am to 8pm). This shift in opening hours is required to meet the demand for the service; the integration of OOH and Improved access would result in the UTC being the only face to face service in the Andover locality out of hours. Opening later in the morning has also been considered as a strategy for the management of minor illness activity from primary care services; GP provision in the evenings enables the service to address demand increases commonly experienced across urgent care services after school hours.

A critical appraisal of this option has highlighted the following areas of concern:

3.1.1 Meeting local needs

- The staffing establishment for the UTC at the weekends, particularly in the afternoons when there would be no onsite GP cover, would be lower than currently provided by all three existing services. However, it is acknowledged that staffing consistently at the current level is a challenge for MIU & OOH, resulting in a reduced service offer at times
- This option would have an impact on Andover patients that currently access OOH GPs at the weekend. Under the new model, 47% (between 8-15 patients a day) of these patients would be required to access alternative services (either OOH at Winchester or Basingstoke sites, Home visits, primary care on Monday morning or A&E).
- Analysis of current activity indicates whilst a maximum of 10 Andover patients could potentially be redirected to Andover UTC (who currently access BNHH & RHCH A&Es) there is a greater local need amongst the Andover population to support patients to manage complex health problems as opposed to minor injury and illness.

3.1.2 Patient Safety

Although the proposed staffing establishment provides safe staffing levels in terms of managing minor illness and minor injury, there are concerns that operating under the nationally recognised brand of UTC could increase the likelihood of more complex patients walking in to the service. It is acknowledged that the UTC service offer targets wider patient groups including children under two and those with minor illness, which is likely to result in an increase in patients with complex medical conditions presenting to the service. Although protocols would be put in place to ensure the service had off site access to advice (both a GP and A&E Consultant) through networked models of care and that staff will be trained and skilled in managing illness and injury, this is recognised as an increased clinical risk that would need to be effectively managed by staff. There are concerns that the proposed staffing levels, particularly in the afternoon at weekends when no GP is present, would not provide sufficient on site medical cover to manage the more complex patients that may present.

3.1.3 Value for Money

- Due to the infrastructure costs of the service and relatively low activity level the average cost of treating a patient at the UTC would be approximately £66.60. This

is comparatively high compared to alternative care settings (i.e. lowest A&E Attendance £63, Lymington UTC £50, average cost of a GP appointment £31 (Curtis & Burn, 2016)).

- Learning from implementing the UTC in Lymington indicates that demand is likely to inflate when operating as a UTC. This aligns with national evidence that stand alone UTCs have the potential to increase costs (Shifting the balance of Care, Great Expectations (Nuffield Trust, 2017)).

3.2 The issues highlighted above raise concerns that the local demand and needs of the Andover population could be met by the principal model developed. The process of both market testing and co-production has therefore concluded that it is not feasible to provide a service offer in Andover to meet the enhanced national UTC standards within available resources.

4.0 Proposal for future Andover urgent care provision

4.1 Short Term

To ensure the continuity of existing service provision for the Andover population existing contracts have been extended until April 2020 and all current services will be maintained by the incumbent providers (MIU, OOH & Improved Access).

4.2 Medium Term

It is proposed that all existing services continue to be provided as currently commissioned until April 2021. This provides an opportunity to consider how the three existing urgent care services can better align with wider service developments such as Integrated Urgent Care model across Hampshire and inclusion of Improved Access Funding with Primary Care Networks from April 2021, both of which have been developments since the decision to procure a UTC in Andover.

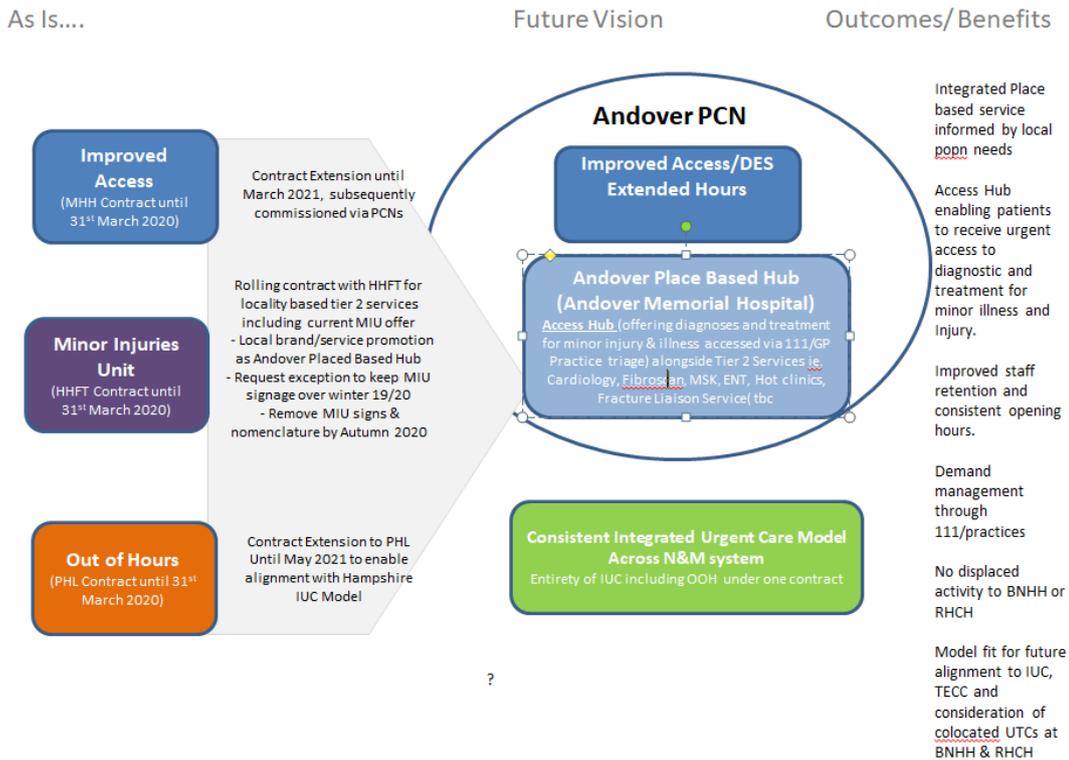
4.3 Longer Term

The proposed vision for Urgent Care in Andover beyond March 2021 will be:

- Improved Access provision within Andover via Andover Primary Care Network (PCN) from April 2021.
- Minor injury provision will be delivered 8am-6pm (as per current hours) as a component of a range of tier 2 services provided by HHFT to the Andover Locality. This Service will be locally branded as part of the 'Andover Integrated Health and Well Being Hub'. Access will be predominately managed and directly booked via NHS 111 or practices, although patients walking in will be seen. There is an intention to dual train staff to manage minor illness and injury so that more patients presenting with minor illnesses can be managed at this service and improve patient experience, however this development will depend on discussions and integration with the PCNs.
- Ambition to integrate the existing minor injury provision with PCN developments to offer patients an Access Hub that enables patients to gain access to diagnostics and treatment for both minor illness and injury within the Andover locality. Discussions will be undertaken over the next 3 months to explore the potential for such a locality Access Hub.

- OOH provision will be maintained via PHL with the intention to align future contracting with the Hampshire IUC Model. From April 2021 (or as IUC pipeline requires), OOH provision would be delivered and contracted as a core element of Hampshire IUC service model. Although this model is not yet finalised, integrating OOH and 111 provision is key to national requirements. This may mean that the majority of access to base visits may continue to occur at Winchester; however provision will be consistent and adequately staffed.

Emerging Vision for Urgent Care in Andover



5 Timeline & Next Steps

- 5.1 Agree contract extensions for MIU, OOH and Improved Access with incumbent providers until 31 March 2021 and discuss opportunities for closer working across providers over next 18 months.
- 5.2 Submit an exemption request to NHS England to continue to use the MIU classification until Autumn 2020 to allow the alternative local service model for 'Andover Integrated Health and Well Being Hub' to be developed and promoted locally.
- 5.3 Undertake a review of UTC standards and agree what would be valuable to incorporate into short term and longer term developments across Improved Access and Andover's Integrated Health & Wellbeing Hub'.
- 5.4 Undertake Equality Impact Assessment on proposed service model and engage with patients and public regarding the decision not to implement the UTC Model within Andover.
- 5.5 Engage with Andover and Rural PCNs, local stakeholders and patients to ensure the needs of staff and patients are understood and incorporated within a sustainable model of access to Andover patients.

5.7 The Health and Adult Social Care Select Committee is asked to:

- Review and comment on the outlined draft proposals for urgent care services in the Andover locality.