

Urgent Care Treatment Briefing Paper Central Bedfordshire OSC

Date: September 2018

Subject: Urgent Pathway Update

Summary

This paper provides a high level update on the emerging changes to urgent care pathway in Bedfordshire and the impact of the new Urgent Treatment Centre.

Options

The OSC members are asked to note the update on Urgent Treatment Centre mobilisation.

Background

The national specification requires Urgent Treatment Centres to be open for at least 12 hours a day seven days a week, including bank holidays, providing both pre-booked same day and "walk-in" appointments. Patients and the public should be actively encouraged to use the telephone or internet to contact NHS111 first whenever an urgent care need arises, with access via NHS111 becoming the default option over time, as walk-in attendances diminish.

The national mandate requires Urgent Treatment Centres, and NHS111, to support patients to self-care and use community pharmacy whenever it is appropriate to do so.

Bedfordshire patients whom are not in the direct vicinity of the hospital are encouraged to contact 111 for their Urgent Treatment who will refer them to the closest Urgent Treatment Centre to their location. As a national initiative, UTC's can be found located at or near most surrounding acute facilities.

Current Progress

The UTC project is on target to deliver from the 1 October 2018 from the Cauldwell Medical Centre on the Bedford Hospital site. (There was discussion on the best location for the UTC within the hospital site however, in order to meet the timeframes available, Cauldwell Medical Centre has been deemed the most appropriate place at this time.)

We have:

- 1) Developed a robust clinical pathway which allows patients to be redirected to the most appropriate service. This also includes access to the following diagnostics:
- swabs,
- urine dips,

- · urine sent for culture
- glucometer glucose
- urine pregnancy tests
- ECG
- Blood tests (analysed via near patient testing, i.e. in area)
- 2) Access to X-Ray facilities will be via the Emergency Department as per existing pathways. Patients will be able to receive prescriptions directly from the UTC.
- 3) Chosen an IT system that provides access to the patient's own notes and allows a real-time update back to their GP. Patients will only have to book into the service once, even if being referred into other services in the hospital
- 4) Recruited a staffing mix of GP's and Advanced Nurse Practitioners (all Nurses are recruited and in place, GP interviews took place w/c 20 August 18 and appointments are due to be made w/c 3 September)
- 5) Developed a flexible contractual framework to encourage collaboration across the healthcare system, ensuring the patient journey is paramount
- 6) Worked with partner organisations to ensure new pathways are implemented collaboratively and efficiently. Partners include (Ambulance, Out of Hours, GP practices, Community Provider and patient groups)
- 7) Conducted two 'Test for Change' days where the clinical model was tested by redirecting patients as if the UTC were already operational. On both occasions, the hospital achieved the 95% 4 hour wait for that day.

Communications plan

- 1. Clinical pathways and the communications plan were tested by patients during a public patient engagement session held in July. Outcomes from that meeting were that patients felt we should inform the public about the new UTC, but direct them to the NHS111 service to ensure patients used the right service, at the right time depending on their medical need.
- 2. Developed a communication plan with key messages for providers and the general public. This will be communicated from September and messages will continue throughout the rest of the year as part of the local NHS winter communications plan.

END