

Report to: Health Select

Report from: Thirza Sawtell, Director of Strategic Commissioning

Report date: 5th December 2008.

SUBJECT: UPDATE URGENT CARE CENTRE AT CENTRAL MIDDLESEX HOSPITAL

Summary

At its June meeting, the Health Select Committee received a presentation detailing the background to the proposed development of an Urgent Care Centre on the Central Middlesex Hospital site and the actions being taken by NHS Brent to develop the care pathway for people attending the site with urgent care needs. The Health Select Committee asked to be kept updated about the development. This report outlines the current situation in relation to the Urgent Care Centre and the planned timescale for the proposals moving forward.

Background

Central Middlesex Hospital (CMH) is a new PFI building that lies within the borough boundary of the London Borough of Brent. The model of care established at CMH mirrors that of a local hospital and it provides a range of care pathways through BECAD (Brent Emergency Care and Diagnostics) which support improving primary care in local hospital settings. The Accident and Emergency Department is run by the Acute Trust and provides a traditional model of urgent and emergency care.

A pilot Front of House (FoH) service was established in September 2007. The service provided a primary care service for adults presenting with minor conditions. Patients were triaged from the A & E Department to the FoH service which was staffed by a GP, emergency nurse practitioner, and administrator. A full appraisal of the pilot service undertaken in April 2008 concluded that the FoH service was not meeting its agreed objectives, in terms of value for money, averting 4 hour breaches, or activity.

On the basis of national policy emergent London strategies and best practice, and in light of lessons learned from the pilot, it was decided that it was appropriate to develop a new service model for urgent care services provided at CMH.

In preparation for the review a full analysis of activity and demand was undertaken (review of two years A&E activity) to ensure that any new model of

care, met with the demands of the population it would be serving and any pathway was one that has been designed with input from clinicians and staff from across our health organisation and with input from patients.

The desired outcome of the ongoing project is to establish an urgent care centre at Central Middlesex Hospital A&E department, providing a financially sustainable and cost-effective urgent care service for people with minor injuries or illnesses presenting at the A&E department. The service will aim to ensure patients with primary care needs presenting at A&E are treated by primary care clinicians, and are supported to access ongoing primary care in appropriate primary /community settings close to their homes.

Clinical Engagement

NHS Brent has been very keen to ensure that the care pathway and supporting service specification is clinically-led and owned. The PEC Co-Chair has taken a strong lead in shaping the model and gathering wider clinical support via their role as Chair of the Patient Pathway work-stream. Membership of the group has included clinicians from both primary and secondary care.

The work has been supported by Practice Based Commissioners. PBC Leads have been actively involved in developing the pathway and for ensuring dissemination to the wider GP community.

User Engagement

To date user engagement has focussed around satisfaction/dissatisfaction with the existing models of care.

A review has been undertaken of the patient survey results in relation to satisfaction with access to primary care. This showed some dissatisfaction with current access arrangements, particularly over the evenings and weekends.

The review of Out of Hours arrangements demonstrated some dissatisfaction with the current service provider, particularly the location of the Out of House Primary Care Centre which is situated outside Brent and a difficult journey for people from the more deprived southern part of Brent.

To support the review an audit was undertaken of people attending CMH A&E with minor illnesses/injuries. The audit was undertaken over a 2 week period. 82 questionnaires were completed and returned (64% response rate).

Key Findings:

- 25% contacted their GP surgery before coming to A&E
- 17% stated that their GP advised them to come to A&E
- 8% contacted NHS Direct before coming to A&E
- 76% of patients who came to A&E are registered with a GP / 17% stated they were not
- 95% were happy with the care they received

The most commonly mentioned reasons for attending A&E than another service or promotion were:

- Close to work or home
- Not registered with a GP
- Been here before
- I knew it was an emergency
- Passing by
- GP told me to come here
- Found out from a friend / family member who has been before
- No statements were made that the patient could not get an appointment with their own GP

Current Situation in relation to pathway redesign

The following high level outcomes recommended for the Urgent Care Centre are:

- appropriate primary care response to the clinical needs of patients with minor illness / injury
- improved health outcomes
- compliance with the A&E 4 hour waiting time target
- value for money
- support to enable people to register with a GP Practice of their choice

Based upon these outcomes the Clinically-led patient Pathways group has developed a proposed patient pathway for the Urgent Care Centre which is shown at Appendix 1. The pathway is supported by a detailed specification for the service.

The pathway has been presented to a wider group of Practice Based Commissioners at a challenge session involving representatives from providers of existing Urgent Care Centres across London.

Based upon the outcomes of this challenge session the specification is currently being reviewed including options in relation to the:

- hours the service will operate
- Specific modalities appropriate for the Urgent Care Centre.

Next steps

- (1) The revised specification will be tested again by clinicians at a challenge session involving PEC representatives, PBC representatives and clinicians from the Acute Trust. **December 2008**
- (2) PBC representatives have taken responsibility for further disseminating current proposals within their clusters and for co-ordinating feedback. **December / January 2009**
- (3) PBC Clusters will organise user engagement events to consider the proposals./specifications and to recommend changes as identified. **December / January 2009**
- (4) NHS Brent, through its Patient and Public Engagement Group will run an interactive event for users involving representatives from groups who may experience difficulty having their voice heard through existing practice-based forums. **January 2009**
- (5) The feedback from users will be evaluated and incorporated both into the planned pathway for urgent care and the wider primary and community care access and quality strategy development.
- (6) The affordability of the proposals will be assessed, and the business case developed. **January 2009**
- (7) The Business Case for the Urgent Care Centre will be considered by the Board of NHS Brent **January or March 2009**
- (8) The final specification relating to the business case will be 'road-tested' by a group including users, clinicians and managers, prior to procurement commencing.

Conclusion

The development of the Urgent Care Centre at Central Middlesex Hospital is progressing well with full engagement from clinicians within both primary and secondary care. User feedback has been incorporated into the proposals and further actions are planned to ensure that any proposed changes have been fully tested with users and carers.

The emerging model reflects best practice as set out by Healthcare for London and provides the opportunity to enhance access to primary care services across Brent.

The timescale for Board consideration are not yet fixed. This is to allow sufficient time for user involvement and the inclusion of user feedback into the service specification. It is anticipated however that should the Board decide to proceed to procurement the earliest the new service would be in place would be October 2009.

The Health Select Committee is asked to:

1. Note the progress made in relation to the development of an Urgent Care Centre at Central Middlesex Hospital
2. Advise when it would like a further report to be brought forward for consideration

