Thinking Differently

NHS
Dudley
Clinical Commissioning Group

Dudley
Metropolitan Borough Council

Agenda Item No. 7

Dudley Health and Wellbeing Board 26th March 2014

Report of Paul Maubach, Chief Officer, Dudley CCG

Urgent Care Centre (UCC) Procurement and Draft UCC service specification (Version 0.6)

Purpose of Report

1. This report provides an update on the design and procurement of the new Urgent Care Centre (UCC) proposed and agreed at the CCG Board on the 9th January 2014. Dudley Health and Wellbeing Board is a key strategic partner in the endorsement and design of the UCC. Consultation on the draft Urgent Care Centre (UCC) Service Specification is essential to move this process forward. It is acknowledged that review and comment from Health and Wellbeing Board members will be invaluable to developing an UCC that reflects the needs of local people, is safe, affordable and fit for purpose.

Background

2. The current contracts for the Walk-in-Centre and Out-of-Hours between Primecare Ltd and Dudley CCG come to an end in September 2014. The commissioning of new contracts provides an opportunity for Dudley CCG to adopt national guidance, deliver the CCG's Primary Care Strategy and respond to the needs of local patients, by re-designing these services into a simpler and more cost effective urgent care pathway. The redesign of urgent care is a core component of the CCG's Primary Care Strategy 2014/15 and also a focus of Dudley Health and Wellbeing Board. In June 2013 the first 'Spotlight Event' was held with the Health and Wellbeing Board on 'urgent and emergency care'. Outcomes from the event included agreement on a set of key principles relating to what a future urgent care system might include. The principles were as follows:

- A joined up, coordinated and seamless system, fluid- no 'bottle necks'
- A simple system-no confusion for the public (or professionals) of what to do, who to call or where to go
- Safe, responsive and high quality

One of the solutions the event delegates identified was to work to simplify the urgent care system, reduce duplication and develop a system which responded to patients' 'default behaviour.'

Specific proposals from the event included "co-locating the walk in centre, with the emergency department."

On the 9th January 2014 the CCG Board agreed to proceed with the design and procurement of the UCC. As a result the draft UCC Service Specification is being developed which is now in its six version (see Appendix 1, Version Control table Page 2 for details of these changes to date). A final version of the UCC Service Specification is required for the CCG Board meeting on the 4th April 2014. This process was also approved by the H&WBB on the 28th January 2014.

2.1 Procurement and commissioning

In March 2014 the CCG will issue a Procurement Information Notice (PIN) to Supply to Health. The PIN will advertise the intentions of Dudley CCG to tender the UCC contract nationally and provide potential bidders with an early notice of the process. Midlands Central Commissioning Support Unit are now developing the other documentation required to offer the service for tender once the UCC service specification has been finalised.

2.2 Finance and Premises Solution

Detailed planning on activity and finance is now in development via the weekly CCG UCC Activity and Finance Group. This group will develop modelling around patient flow and treatment at the UCC and provide detailed analysis of costs and savings as a result of reducing A&E activity. Dudley Hospitals Foundation Trust is currently in discussion with the CCG on the short and medium term premises solution for the UCC. Activity assumptions will be built into the CCG's contract with DGFT for 2014/15 and 2015/16.

2.3 Stakeholder engagement and impact

The likely impact and planned response of this proposal on different racial groups, disabled people, men and women and other relevant groups will be undertaken as part of the planning and procurement process.

Extensive public and user engagement has been undertaken on the UCC proposal and the analysis and recommendations of this were received at Dudley CCG Board meeting of the 9th January 2014. The following link will direct to the consultation report and papers: http://www.dudleyccg.nhs.uk/wp-content/uploads/2013/03/PUBLIC-Dudley-CCG-Board-Papers-View-Papers1.pdf

Recommendations

3. Recommendations

It is recommended that:-

- The Health and Wellbeing Board receive the information contained in this report for assurance on the planning and commissioning process of the new UCC.
- The Health and Wellbeing Board review and comment on the draft UCC service specification and feedback responses to the CCG for consideration and inclusion in the final draft version.

……..
Paul Maubach
Chief Officer of Dudley

List of Background Papers

Appendix 1 Draft Urgent Care Centre Service Specification (Version 0.6)

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Appendix 1

SERVICE SPECIFICATION

Dudley Urgent Care Centre

11 March 2014

Version Number: 0.6

Draft Version

Version Control

VERSION	AUTHOR	DATE	COMMENTS
0.1	Jason Evans	13 February 2014	Initial draft completed
0.2	Jason Evans	14 February 2014	Revised draft following 13.02.14 Health and Wellbeing Forum
0.3	Rachel Denning	14 February 2014	Comments marked in red throughout
0.4	Jason Evans	28 February 2014	Comments included from 28.02.14 Urgent Care Centre Reference Group meeting
0.5	Jason Evans	06 March 2014	Comments included from 05.03.14 UCC GP Working Group meeting
0.6	Jason Evans	11 March 2014	Comment worked in from Dr Steve Mann Clinical Lead for Urgent Care.

Document Approval

Dudley Clinical Commissioning Group

Paul Maubach (CRO) Chief Responsible Officer	Signed:	Date
Dr David Hegarty (Chairman)	Signed:	Date

Dudley Group of Hospitals NHS Foundation Trust

Paula Clarke	Signed:	Signed:

West Midlands Ambulance Service

	Signed:	Signed:

Dudley Metropolitan Borough Council

	Signed:	Signed:

Dudley Health and Wellbeing Board

	Signed:	Signed:

Dudley Healthwatch

Dudley and Walsall Mental Health Trust

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1 Document Terminology

The following terminology will be used throughout this document:

Emergency Department (ED) means the Dudley Group Foundation Trust (DGFT) Russells Hall Hospital site (RHH) Accident and Emergency (A&E) department as currently configured (i.e. consisting of majors, resuscitation, minors, paediatrics etc).

Triage is the process by which patients are assessed by a qualified clinician (at formal registration) when they arrive at the UCC to facilitate the immediate prioritisation of these patients according to their clinical condition.

Assessment means the performing of additional tests, investigations or treatment on appropriate patients after Triage to inform the prioritisation of these patients according to their clinical condition.

Treatment means the treatment a patient receives in any of the appropriate streams found within the UCC after Triage and an Assessment (if appropriate).

2 Executive Summary

- On the 9th January 2014 the Board of Dudley Clinical Commissioning Group (the "Commissioner")[1] agreed to commission a procurement exercise to identify a suitable provider for the new Urgent Care Centre (UCC) on the site RHH, adjacent to the existing ED;
- The commissioning by Dudley CCG of the UCC will also reconfigure and move the existing Dudley Walk-in Centre and Out of Hours service (OHH);
- The Dudley Walk-in Centre (WiC) and OHH service will cease to operate in its current location in Holly Hall Clinic but will instead be integrated with the new UCC;
- The new UCC will be clinically integrated with the RHH ED from 1st March 2015;
- A key feature of the new UCC service model will be the seamless integration with the 111 service and the triaging of all ambulatory and ambulance bound patients on arrival[2]. All GP practices will also offer directions to the UCC via their OOH answer phone message.
- Independent primary care General Practitioners (GP's) and Advanced Nurse Practitioners (ANP's) will be employed to help assess and treat patients, along with a dedicated non-clinical Navigator who will assist patients with none clinical needs i.e. in booking follow-up appointments (GP Practice or other community service etc);
- The Navigator will also help register unregistered patients and generally educate patients about appropriate services available in the community;

[1] See Board Paper 'Dudley CCG Urgent Care Reconfiguration V.8 09.01.14'.

[2] The exception to this being medical emergency conveyances requiring immediate ED care i.e. Resuscitation, Adult and Child majors.

- 95% of all presenting patients at the UCC will be seen and discharged within four hours
- There will be some building reconfiguration work at RHH to integrate the UCC and accommodate a primary care component.
- It is anticipated that the redirection of patients through the UCC will result in reduced attendances at ED and that the independent primary care GPs in the UCC will also help cut admissions, both eventually reducing long term costs to Commissioners.

3 Background

Primecare Ltd currently operates the Dudley Walk-in Centre (WiC) which is geographically located 700 meters from the existing RHH ED Department. Local consultation and national best practice identifies that this configuration for patients can be confusing when they make choices on accessing urgent care and it also promotes inefficiencies in the use of resources to have two services which can treat similar patients operating independently but so geographically close together. Attendances at the existing RHH ED Department continue to rise (combined ED, WiC and OHH attendances are approximately 460 patients per day).

It is estimated that approximately 25-30% of patients currently presenting at the existing RHH ED could be treated in community primary care facilities[2]. It is further estimated that 80-90% of patients presenting at the WiC could be treated in community primary care facilities[3]. This means that when the WiC and OHH is integrated into the UCC, there will be approximately 169,021 patients (c42% of total patient presentations) per year presenting to the UCC, of these approximately (specific figures currently being identified and tested) with primary care treatable conditions.

4 About This Document

This document should be read in conjunction with the following other UCC project documentation:

Document Title	Status	Owner
UCC Business Case	Version 0.8 submitted to the CCG Board meeting on the 09.01.14. Approval given to proceed to procurement.	Dr Steve Mann – CCG Clinical Lead for Urgent Care
UCC Procurement timeline (Delivery Stage)	Produced by the Commissioning Support Unit (CSU) on the 05.02.14	Jason Evans - Commissioning Manager of Urgent Care

[2] Reference evidence.

[3] Reference evidence.

UCC Project Plan	To be developed	
UCC Operational Policy	To be developed	
Triage Guidelines	To be developed	
Estates Design Specification[4]	To be developed	
IT Requirements	To be developed	

The final version of this document will be inserted into Schedule 2 of the main contract between the Commissioner and the Provider.

5 Service Objectives

There has been a historical trend of growth of patient numbers at RHH ED throughout the last few years. There has also been an increase in the number of ambulance conveyances and the complexity of medical admissions via the department. Furthermore the WiC has seen significant levels of growth since it was commissioned. By commissioning the UCC, the Commissioner requires the RHH ED (including the integrated UCC) to operate with a fundamental change in philosophy, culture and mindset about how patients are dealt with when they seek urgent care to avoid this trend continuing. With this in mind, the Commissioner's expected measurable quantitative outcomes from commissioning the UCC service and which will constitute "success" are to:

- Reduce the number of patients attending RHH ED. This will be achieved by treating and / or redirecting non-urgent patients presenting at the new UCC back to primary care and other community services (see Section 7.6 and Appendix ? *Dudley CCG Reconfiguration of Urgent Care v.8*);
- Reduce the number of RRH admissions from the ED. This will be achieved by the different approach to the clinical treatment of patients seen in the UCC by experienced GPs and ANPs (see Section 7.11); and thereby
- Reduce the total cost to the Commissioner of by reducing ED interactions (see Appendix ? *Dudley CCG Reconfiguration of Urgent Care v.8*).

Other expected qualitative benefits from commissioning the UCC are to:

- Refine the patient flow through the RHH ED which will in turn:
  - Ensure the patient is efficiently prioritised and directed to the right area of RHH and to see the right clinician and receive the right treatment;
  - Improve the patient experience and quality of service provided to patients (see Appendix 6); and

[4] The service specification will be maintained in accordance with current NHS Estates guidance and requirements).

  - Reduce the proportion of patient handover delays from West Midlands Ambulance Service (WMAS).

- Ensure a patient's ongoing healthcare needs are met in the most appropriate setting within the community or primary care (see Appendix 6);
- Improve the integration of primary, community, Out-of-Hours (OOH), secondary and mental health services in the local area and help provide seamless care pathways between different service providers;
- Develop the distinctive culture and approach of a primary care service within the RHH site;
- Use EMIS Web patient record system throughout the UCC which allows staff to read patient GP records (where permitted) (see Section 7.17);
- Maximise the use of existing human resources in terms of skills, knowledge and competencies;
- Facilitate the registration of unregistered patients with a GP Practice;
- Provide health promotion, self-management, education and sign posting of patients to other primary healthcare services in the community;
- Operate as a fully integrated element of urgent care provision on the RHH site with a seamless patient transition from UCC to ED and other parts of the Trust (and vice- versa) where required; and
- Provide a seamless pathway to any further assessment required within RHH, including referral (if necessary) to a hospital specialist.

The UCC will not:

- Be a further access point for routine primary NHS care in the local health economy (these patients will be appropriately and actively navigated back into core primary healthcare services in the community); or
- Duplicate existing service provision by primary care services.

6 Commissioner Service Requirements

The Commissioner requires the Provider to implement and operate a robust patient triage, assessment and treatment streaming model, facilitating and delivering a primary care led UCC which shall:

- Have a service model as described in Section 7;
- Integrate with other healthcare services as described in Section 8;
- Meet the quality and clinical governance standards as described in Section 9;
- Meet the service commencement date as described in Section 10;
- Meet the activity and performance measures as described in Section 11; and
- Utilise the payment model as described in Section 12.

7 Provider Service Model

7.1 Overview

The UCC will provide 24 hours a day 365 days a year:

- A safe and consistent primary care Triage, Assessment and Treatment service to <u>all</u> patients presenting at the UCC; The Provider will adhere to DGH clinical governance and related service policies in delivery of this service.

- A "navigation service" will be available. Once identified as appropriate by a clinician the navigator safely redirects patients away from the UCC to other community based services more appropriate to meet their needs, as well as assisting unregistered patients to register with a GP Practice;
- A central reception that will be the single point of patient registration for all ambulatory, out of hours and ambulance bound patients (With the exception of Major trauma and Resuscitation cases which will go directly to ED); and

7.2 Name

(The New UCC will need careful development in regards to marketing and how it is identified to ensure patients do not use it inappropriately and particularly within GP core opening hours).

7.3 Access

7.3.1 General Principles

Upon presentation at the UCC a Triage clinical receptionist will determine if a patient is seen in the UCC or directed to ED (see Section 7.5). The Provider must contract to supply to all patients with communication difficulties a professional translation service.

Educating patients about the appropriate use of healthcare services will be an important part of the UCC Provider service model and will be a pervasive theme as patients move through the UCC pathway. This will include, for example, the Navigator helping unregistered patients register with a GP Practice or providing leaflets to patients on local pharmacy or dentistry services.

7.3.2 Opening Hours

The UCC will be physically co-located with, and have an integrated pathway to RHH ED. It will therefore be open 24 hours a day 365 days per year.

7.3.3 Telephone Access

The UCC will not provide clinical advice over the telephone to patients. Patients will call NHS 111 and first be call screened by a call handler through the Pathways call triage system. The patient will as a result be either dispatched an emergency ambulance via 999; encouraged to make an appointment with their own GP Practice, directed to the OOH service or to attend the UCC in person. If the patient is to attend the UCC or requires an OHH visit NHS 111 will pass their details to the UCC call handler who will arrange an appointment. (This model is currently subject to review).

7.3.4 Appointments

The UCC will provide pre-booked first appointments to patients outside of GP practice core hours (08:00 – 18:30 weekdays). The use of the UCC by patients as an alternative to primary care should be actively discouraged by the Provider as part of the education of patients. Patients will not be offered or be able to book appointments at the UCC for the follow up of certain conditions. Follow-up treatment must take place via their own GP or identified alternative provider (see Section 7.15).

7.3.5 Registered Patients

The UCC will not be a "traditional GP Practice" in the sense that it will not have a list of registered patients.

7.4 Patient Flow

The high level summary patient flow throughout the new UCC (Including ED) is set out in Appendix 1.

The patient flow described in Appendix 1 (in particular Triage (see Section 7.5) and Redirections (see Section 7.6) will be the subject of ongoing scrutiny and continual refinement to ensure the best possible service model is achieved for patients, the Provider and the Commissioner.

7.5 Triage

All patients arriving at the UCC (either by ambulance or self-presenting walk-in patients) will present for registration and initial Triage[5]. The rationale behind having rapid Triage integrated into the formal registration of a patient is to get a clinical "eye-ball" of the presenting patient as soon as possible. This allows for immediate prioritisation of patients based on clinical need[6]. The Triage will be clinically safe for patients and consistent both in terms of the clinical staff doing it and the time of day when it is done.

7.5.1 Staffing

The staff doing the Triage/Patient Registration will be qualified Clinicians (Health care Assistants) (see Section 7.18.1) who will have sufficient clinical skills and experience, including the confidence to safely redirect patients (see Section 7.6).

To avoid queues of patients waiting for their Triage/Registration the volume of staff doing the Triage/Registration will be sufficient, appropriately scheduled and rapidly scalable up and down to meet patient throughput (see example table below borrowed from a similar UCC service specification JE).

Estimation of number of Triage staff required to meet varying patient volumes:

25	50	75	100	125	Total patient presentations per hour
2.5	2.5	2.5	2.5	2.5	Average Triage time in minutes
63	125	188	250	313	Triage minutes required per hour
1.0	2.1	3.1	4.2	5.2	Number of Triage staff (& Triage spaces) required per hour*

* this is an approximation as obviously patients do not arrive evenly throughout a 1 hour period.

7.5.2 See and Treat

There will never be "see and treat" (i.e. seeing patients when they arrive, assessing their needs, and providing treatment) during the Triage although "see and advise" (e.g. "you need to see a dentist") is within the scope of the Triage. The rationale for this is the sheer volume of patient attendances at the UCC and the queues that would form if the Triage/registration clinicians were also "seeing and treating".

7.5.3 Length of Time

The average target time for Triage/registration will be 2 minutes 30 seconds. This is to manage the high volume of patient presentations (see Section 13) and avoid queues of patients waiting. The 2 minutes 30 seconds is an average target time which will allow for some Triages/Registration to be shorter (less than 1 minute) and some to be longer (e.g. to make a clinically safe redirection decision). The average target time for Triage/Registration will be monitored and adhered to. Integration of the UCC into EMIS Web will make this target achievable for Dudley registered patients.

[5] Ambulance "blue light" and other seriously ill patients requiring immediate emergency treatment will be met at the ambulance entrance to the UCC and escorted straight through to Resuscitation, Adult or Child Majors.

[6] If the process was for patients to first formally register on arrival with a non-clinician before being seen by a clinician, there is the potential for a seriously ill patient to be queuing behind a minor illness patient for some time as they wait to be registered. With the volume of attendances at UCC this process is clinically unacceptable.

7.5.4 Physical Layout

There will be (Number to be confirmed based on patient flow modeling) dedicated stations for Triage/registration for patients arriving by ambulance (Staffed by Advanced Nurse Practitioners) and (Tbc. See comment above) dedicated stations for walk-in patients (Staffed by Health Care Assistants). In addition there will be clinical assessment rooms (number tbc) adjoining the dedicated stations that can be used flexibly (either for further assessment or treatment).

7.5.5 Outcomes

Using the Triage/Registration process will result in a patient being directed one of the following:

1. The Navigator (see Section 7.18.5) for redirecting to other healthcare or social services in the community (see Section 7.6).
2. or a GP or ANP in the UCC;
3. or another service within RHH.
4. or ED;
5. Resuscitation;

Alternatively the patient may be advised no further assistance with treatment can be provided at the UCC; “Immediate Redirection”.

7.5.6 4 Hour Clock

A patient will go through the Triage/Registration process. On completion of this registration the “4 hour clock” will begin for the purposes of recording total patient time spent in the RHH Urgent Care treatment (ED) pathway (see Appendix 6).

7.6 Redirections

There are four “redirection” patient pathway options when a patient is deemed appropriate for redirection outside the UCC:

1. GP Practice redirection (in hours) or when the practice is next open;
2. Social Services / Community Services redirection (hours dependent on individual providers); and
3. Immediate Redirection (Advised no further interaction with the UCC is required).
4. Voluntary sector provider

The redirection model described here will be used at UCC service commencement. However it is anticipated that the redirection model will be the subject of ongoing scrutiny and continual refinement to ensure the best possible service model is achieved for patients, the Provider and the Commissioner.

7.6.1 GP Practice Redirection (in hours)

Appendix 2 describes the detailed patient pathway for redirection to GP Practices from Monday to Friday 08.00 to 18.30.

7.6.2 Community Services (hours dependent on individual community providers)

Appendix 2 describes the detailed patient pathway for redirection to Community Services. Community Services include dentists, optician, pharmacy, social services, expert patient programmes, drug and alcohol services etc.

7.6.3 Immediate Redirection

The patient is advised at Triage that no further assistance can be provided at the UCC.

7.6.3 Voluntary Sector Provider

The patient is advised at of an alternative and appropriate voluntary sector provider and details / information are offered for the patient to pursue this.

7.7 UCC Reception

There will two Reception areas for the UCC within RHH. One reception area will be exclusively for ambulatory / booked in patients and staffed by Health Care Assistants. The second reception waiting area will receive patients conveyed by West Midlands Ambulance Service and staffed by Advanced Nurse Practitioners. An ED waiting area will still be maintained for patients that are triaged and directed through to this service. The UCC Reception will have (Number to be confirmed?) reception desks. The UCC Reception will be the only place where patients are triaged/registered. Separate reception areas will still be maintained for existing admission avoidance services within RHH i.e. Medical Assessment Unit, Paediatric Assessment Unit etc.

7.8 Unregistered Patients

All patients will be asked at their Triage/Registration if they are registered with a GP Practice. Any unregistered patients will be encouraged to register with the assistance of the Navigator if required. The Navigator will contact a GP Practice on behalf of the unregistered patient and arrange a convenient appointment for completion of their preliminary health checks necessary for GP Practice registration. If the patient does not wish to choose a GP Practice while at the UCC, or if the GP Practice of their choice is not accessible, the Navigator will supply the patient with hard-copy information about relevant GP Practices and of the treatment they have received.

Unregistered patients from outside the Dudley Metropolitan Borough will be asked to contact the registration department of NHS England via NHS Choices to obtain a GMS1. The Navigator will then provide them with contact details for NHS Choices registration department.

7.8 Out of Borough Patients

The Commissioner will not provide a payment or tariff to the Provider for patients that are treated at the UCC and not registered with a Dudley CCG GP. Rather, it will be the responsibility of the Provider to identify the patient's registered GP practice and invoice their 'home' CCG for reimbursement of costs. As part of the UCC communication strategy local CCG's will be formally noted of this payment process.

7.9 Flagged Patients

The Commissioners and other organisations will provide the Provider with a list of "flagged patients" (for example, patients within "virtual wards", "frequent flyers", registered mental health patients etc) along with guidance as to what action should be taken for each flagged patient that presents at the UCC. At patient registration the IT system will have the ability to flag up these patients and the appropriate action to be taken. (Are all these IT functionalities factored in to the CCG finance/investment planning?)

7.10 Waiting Areas

The UCC will have a single waiting room area. This waiting area will comply with accepted standards, national and local policies and statutory responsibilities[7].

7.11 Assessment and Treatment

The main assessment / treatment element of the UCC service model will be based in one area and delivered by a GP and / or ANP.

- Patients with minor injury or minor illness;
- Patients that have a problem that may need further investigation, diagnostics or observation, but who are not regarded as requiring their main treatment in ED.
- All patients presenting with trauma will be directed straight to ED.

The UCC principal assessment / treatment area will be similar in style to those provided in primary care, in particular utilising individual consulting rooms to facilitate privacy and confidentiality. The detailed design of the UCC is contained in the *Estates Design Specification* document (to be developed).

[7] For example, the Royal College of Paediatrics and Child Health (2012) Standards for Children and Young People in Emergency Care Settings: Developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings.

7.12 Children

The Provider will need to respect the different needs and approaches to delivering a primary care service to children and respond appropriately. This consideration will be separate to and not replace the existing RHH ED Paediatric Assessment Unit.

7.13 Diagnostics

The UCC will have access to suitably identified diagnostics commensurate with primary care treatment. Any further investigations will be available via established and existing pathways within RHH.

7.14 Discharge

Where the UCC treats a patient, the UCC will pass the patient's details, information of the care provided by the UCC and any further information (for example, the need for the GP to follow up with the patient) by 8am the next day to the patient's own GP Practice (see Appendix 6).

Patients who are directed to another clinical pathway within RHH (for example Medical Assessment Unit) will be provided with a printed summary of their episode of care at the UCC that summarises their presenting condition, diagnosis (if undertaken) and the treatment that was provided (if given). Patients should also be given appropriate printed materials relating to their specific condition.

If a patient has any questions once they have been discharged from the UCC they will be asked to call their own GP Practice.

7.15 Follow Ups

The Provider will not provide a bookable appointment service for following up certain conditions. If further follow-up care is required, the UCC should transfer the patient appropriately (for example: to their own GP, the IMPACT team, a community bed, care at home or other intermediate care services), and will need to agree processes for this to happen.

7.16 Supply of Medicines

7.16.1 Overview

In the UCC, medication will be available to patients via two methods:

a) Patient Group Directions (PGDs). Nurses can supply a range of medicines (pre-labelled pre-packs or single doses) without a prescription under an agreed PGD; or

b) RHH ED prescriptions. Any doctor or independent nurse prescriber working within the UCC can use the RRH ED prescriptions.

c) FP10 prescriptions will also be available to be used in the including UCC.

7.16.2 During RRH Pharmacy Opening Hours

The RRH pharmacy opening hours are as follows:

Pharmacy	Monday – Friday	Saturday	Sunday
Russells Hall Hospital	9am – 7pm	10am – 3pm	10am – 3pm

The patient (or representative) will take the UCC prescription to the RHH outpatient pharmacy to be dispensed. Normal NHS prescription charges will apply. A maximum of one week supply of medication will be provided to patients.

(Front door RHH pharmacy planned but hours and opening date tbc.).

7.16.3 Outside RRH Pharmacy Opening Hours

Pre-labelled pre-packs can be issued by clinicians under a PGD. If clinically necessary a single dose of the medicine can be administered in the UCC and a RRH ED prescription written which will be taken to the RRH outpatient pharmacy the following day. In addition there is an on-call pharmacy service for emergency supply from 8am to midnight 7 days per week.

7.16.4 Formulary

All medicines must be prescribed according to the DGH Formulary and some combination products may be issued as separate constituents as per DGH Formulary.

7.16.5 Private Patients

The RHH ED prescription can be used as a private prescription to enable supply for non-NHS patients. The patient will be charged for these drugs where the normal prescription levy is not applicable. High street pharmacies (chemists) will treat hospital prescriptions as private prescriptions and private prescription charges may vary.

7.16.7 Advice

Advice on medicines is available from the RRH Medicines Information department.

7.17 Patient Records

7.17.1 GP Patient Records

GP patient records will be able to be accessed on a “read only” basis and read by clinical staff (who have been granted access rights) at the UCC through EMIS web.

Where the UCC treats the patient, the relevant GP Practice will need to be informed electronically and by fax about the episode of care (with appropriate details) by 8am the next day.

7.17.2 Community Patient Records

(An ideal would be for UCC staff to be able to electronically identify patients currently receiving care from Social Services and Community Services.)

7.18 Workforce

The Provider’s final staff model for the UCC will reflect the need for a strong primary care presence, from the clinicians doing the Triage/Registration, to the clinicians in the UCC doing the main assessment / treatment, to the Navigator providing advice about alternative primary care services in the community.

7.18.1 Clinical Staff

The table 2. below sets out the proposed full clinical staffing establishment in the UCC at service commencement of the UCC. The skill mix for clinical staff will be regularly reviewed in light of the UCC mobilisation, development and Winter flexibility (see Section 7.18.2). The UCC will be operated 24 hours a day 365 days a year. As set out in the table 2 the UCC will be staffed by appropriately skilled clinical staff/ nurses / ANP's and GP's.

Table 2. Clinical Staff Establishment in the UCC (to be developed)

	Triage / Registration	UCC	Total
Health Care Assistants			
Advanced Nurse Practitioners			
Nurses			
GP's			

It is also anticipated that the staff skill mix may change and include a wider range of practitioners with varying competencies as the UCC becomes established and protocols are implemented and reviewed. As part of the development of an integrated service the Provider will work closely with partner organisations to develop an appropriate skill mix of staff to ensure patients are seen, treated and redirected back to primary care core services for ongoing care.

7.18.2 General Practitioners

The GP hours will be deployed as set out in Section 7.18.1, however it is recognised that the GPs will need to move fluidly between UCC appointments to meet patient demand and utilise their skills in the best possible way.

7.18.3 Non-Clinical Staff

The table below sets out the proposed non-clinical staffing establishment for the UCC at service commencement. This list does not include the UCC Navigator (see Section 7.18.5).

Non-Clinical Staff Establishment in the UCC

Navigators	
Band 5	?
Band 4	?
Band 3	?
Total	?

As can be seen in the table above there will be no dedicated security staff operating in the New UCC. If security staff are needed they will be provided by the general RHH security services.

7.18.5 Navigator

The Navigator will be employed from Monday to Friday 09.00 to 18.30. The Navigator is a non-clinical role but nevertheless a crucial role in helping patients who are identified for redirection by the Triage/reception clinicians (see Section 7.6). This includes advising and helping:

- Unregistered patients to register at a GP Practice of their choice; Registered

patients book a GP Practice appointment;
- Patients understand how and when to contact their OOH provider;
- All patients to access other community services or resources e.g. dentists, optometrists;
- Signpost other key services such as welfare rights advice, social services, expert patient programmes, drug and alcohol advice services, virtual wards, health telephone numbers (e.g. 111), local authority homeless service and other voluntary agencies etc.

The Navigator will have the required training and information tools to provide the above help and advice and will be responsible for keeping up-to-date details (e.g. opening hours, telephone numbers etc) of all these community based services.

Clinicians doing the Triage/registration and other clinical staff in the UCC will direct patients to the Navigator, if the patient needs help or advice or assistance for any of the above.

The Navigator will be responsible for recording details of all help and advice they provide. In particular they will be responsible for recording details (e.g. time, date, name, age, presenting complaint, GP Practice, the reason why a GP Practice appointment could not be made etc) of all successful and unsuccessful attempts to book a GP Practice appointment. These details will be collated on a monthly basis and fed back to the GP Practices in question (see Appendix 5).

7.18.6 Overall Management of UCC

The overall management of the UCC (including the OHH provision) will be undertaken by the Provider.

7.18.7 Clinical leadership

The Provider will be expected to develop a model for clinical leadership and clinical governance, consistent with the existing DGFT internal clinical governance arrangements. As part of this, a designated Primary Care Clinical Lead (either one of the senior nurses or one of the GPs working in the UCC) will be assigned by the Provider for the UCC. The Primary Care Clinical Lead will take responsibility for all GPs and nurse practitioners working in the UCC that treat patients autonomously. The Primary Care Clinical Lead will also take responsibility for the development, approval and implementation of care pathways and protocols within the UCC. The Primary Care Clinical Lead will hold membership on any clinical governance arrangements identified by DGFT.

7.18.8 Integration, Training and Development

The Provider will need to successfully integrate the UCC staff into the existing DGFT practices and protocols. The Provider will be expected to develop the capacity for staff training for all staff or contractors operating in the UCC.

7.19 Estates and Facilities

This section should be read in conjunction with the Estates Design Specification which is to be developed document.

7.19.1 Wider DGFT capital estates plans

DGFT has identified a major re-design of the ED department as a priority estate projects for the short to medium term. A two year estates plan will be published by DGFT in 2014/15 with a further strategic plan to follow. The site this major capital scheme is expected to be based in or around the footprint of the existing ED Department. The UCC building work, for its proposed location (see Appendix 3 and 4), will need to be scheduled and integrated within the broader aim of this capital scheme.

7.19.2 WiC

The existing WiC (currently based at Holly Hall Clinic) will be physically relocated and seamlessly incorporated into the UCC on the RHH site.

7.19.3 Physical Layout

The proposed layout of the UCC is attached in Appendix 3 (To be developed).

The UCC will have a waiting area for approximately ? people and approximately ? consultation spaces (which will be a mixture of rooms with doors and spaces with curtains).

The detailed design of the UCC is contained in the *Estates Design Specification* Document (To be developed).

7.20 Information Technology

This Section should be read in conjunction with the IT Requirements document (To be developed).
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7.20.1 IT System

The same Integrated Clinical Information Programme software as in place in RHH ED will be used throughout the UCC. This will allow the clinician in charge of the floor to properly monitor patient activity across the whole of the UCC as a fully integrated service area and move doctors around and within as required. It will also mean that patient data is seamless between the UCC and ED (for example, if a patient is transferred between the UCC and ED). This may also be needed for payment purposes (see Section 12).

7.20.2 Training

All staff will need to undergo appropriate IT system training.

8 Integration with Other Services

The UCC, as part of the wider unscheduled care system, will be expected to develop strong links with other stakeholders in the local healthcare economy.

8.1 RRH

The Provider will be expected to agree direct referral pathways from the UCC to additional specialist services and clinics within RHH. Where an admission is required this will be made directly from the UCC to the specialty concerned. Patients will not be referred back to, for example, ED for diagnostics or admission.

8.2 GP Practices

GP Practices in Dudley Metropolitan Borough are critical to the success of the UCC service and in particular its ability to redirect patients (see Section 7.6). GP Practices will need to make sufficient appointments available to patients being redirected from the UCC. A GP Practice engagement plan will be a key part of the external stakeholder engagement plan referred to in Section 16. In addition Dudley CCG is implementing a GP Practice “Access LES” in 2015/16 to facilitate availability of additional appointments.

8.3 OOH

OOH provision will be a seamless component of the UCC. Access to the service out of GP core hours will be via NHS 111, following which an appointment at the UCC or home visit will be offered.

8.4 WMAS

8.4.1 Placements

The Provider will provide a space for the WMAS HALO officer to be based at the UCC if and when required to facilitate delays in ambulance turnaround.

8.4.2 WMAS Handovers

The WMAS "patient handover" process in the new UCC is set out in Appendix 7. There should be a significant reduction in the number of Patient Handover delays as a result of this new process.

8.5 Mental Health

8.5.1 Adults (needs further development and inclusion of Drug and Alcohol services)

Patients with suspected mental health problems who present at the UCC are initially assessed by a nurse using the "Mental Health Risk Assessment Matrix". In most cases the patient is then referred directly to the Liaison Psychiatry team (provided by Dudley and Walsall Mental Health Partnership NHS Trust) based at RHH. Those patients who require a physical assessment in addition to a psychiatric assessment (e.g. where the patient has attended following an overdose) will be assessed by a clinician prior to, or concurrently with referral to the Liaison Psychiatry team. The psychiatric liaison service will operate within the UCC 24 hours a day 365 days per year (is this a correct description of the current service?).

In the UCC, the Triage will inform the sorting and prioritisation of mental health patients. Appropriately qualified staff in the UCC will then use the Mental Health Risk Assessment Matrix to assess the patient in more detail before deciding whether referral to the Liaison Psychiatry team is required.

8.5.2 Children (Needs further development)

The process as described above for adults will also apply to children.

8.6 Community Services

There will be an intranet based service directory for all Local Authority / other services for UCC staff to use to confirm services available and referral systems.

There will be a one step, 24 hour referral process for all Social Work services that will support discharge from the UCC (e.g. community nursing, intermediate care, specialist nurses, community matrons and virtual wards etc). The one step referral process will also support referrals to routine and preventative community health services e.g. falls service, primary care therapy teams etc.

Community staff and matrons from the virtual wards may attend the UCC on a planned basis to facilitate identification of patients suitable for discharge to community services.

Community health staff will provide training on a planned basis for UCC staff to develop improved understanding of community services

9 Quality Standards and Clinical Governance

The Commissioner requires that the quality of the service to be provided is of a consistently high standard and all professionals abide by the guidance of their professional self-regulatory body. The Provider will be expected to outline clinical governance mechanisms to be applied when concerns about the quality of the service is raised. The UCC will be an integrated part of DGFT and operate within a common framework of standards and governance. The Provider will deliver the services in accordance with Good Clinical Practice, Good Healthcare Practice, and will comply with all clinical standards, recommendations, policies, procedures and legislation as set out in the DGFT Acute Contract.

The Provider will implement mechanisms for managing risk, including disaster recovery, contingency and business continuity plans as set out in the DGFT Acute Contract.

All incidents (both clinical and non-clinical) will be reported by staff (using the DGFT Datix system) and managed appropriately as set out in the DGFT Acute Contract.

10 Service Commencement

The target full service commencement date for a fully operational and integrated UCC within the RHH site adjacent to ED is 31st March 2015.

Some indicative high level programme plan options for the UCC are set out in Appendix 4. These are draft and subject to change.

11 Performance Management

11.1 Management Board

It is very important to Commissioners that the service model in the UCC is effectively evaluated and refined over time where necessary.

There will be an operational management team consisting of the responsible managers from the UCC, ED and DGFT. This team will report to an overall Performance Management Board (PMB) chaired by the Commissioner which will meet once a month. The PMB will be responsible for monitoring and managing overall performance and deciding how the UCC service model will develop over time.

11.2 Activity Reporting

The Commissioner requires that there is the ability to separate overall data reporting between the UCC and ED. The activity reporting requirements for the UCC are set out in Appendix 5.

11.3 Performance Measurement

The Commissioner requires that the performance and success of the UCC service will be measured against a series of operational and quality indicators to be reported by the Provider. These are set out in Appendix 6.

12 Payment Model

A summary of the key elements is provided below.

12.1 Trial Period

The payment model described in this section is for a Trial Period from six months of service commencement. After the Trial Period the payment model will be reviewed based on actual activity and performance metrics.

12.2 In Year Operational Payment Model

There shall be one operational payment model for the whole of the UCC which will be used to calculate payments from the Commissioner to the Provider during the Trial Period.

12.3 Payment Ceiling and Floor

There shall be a maximum total payment amount that the Commissioner will pay during the Trial Period (the Payment Ceiling). This is required in order to mitigate the risk to the Commissioner over the volume of redirections and the percentage of activity within each payment band.

The Payment Ceiling shall only be used if the operational payment model results in a payment during the Trial Period by the Commissioner of an amount greater than the Payment Ceiling.

There shall be a minimum total payment amount that the Commissioner shall pay during the Trial Period (the Payment Floor). This is required in order to mitigate the risk to the Provider of the redirections policy being extremely successful.

The Payment Floor shall only be used if the operational payment model results in a payment during the Trial Period by the Commissioner of an amount less than the Payment Floor.

The Commissioner will also run a shadow tariff within the first full year of running the UCC to ensure pricing is correct for year two of the contract.

13 Activity

13.1 Payment model and activity

The following table sets out the anticipated patient activity volumes in the UCC by payment band:

Table to be developed. The table should show forecast patient presentations pre and post redirection against the tariff price for each over the next five years of activity.

13.2 By Geography

The following table sets out an example of the potential distribution of patients between the UCC and ED (it should assume that the UCC (excluding redirections) = ED minors + current WiC and OOH activity):

Table to be developed

14 Procurement and Contracting

14.1 Main Contract

There will be a main contract between Dudley CCG (as Lead Commissioner) and a Provider to provide the UCC. As this is considered a significant variation of health care services a formal public procurement process has been undertaken. The contract will be for five years with a negotiable two year extension if required.

14.2 Sub Contract

As part of the main contract there will be a condition that specifies that the Provider has the ability to commission an independent third party to provide any element of the UCC in agreement with the Commissioner. The Department of Health Procurement Guide for Commissioners of NHS-Funded Services (July 2010) will need to be followed in respect of the procurement of this contract.

15 Public Consultation

From 1st October 2013 to 24th December 2013 a formal public consultation took place. The outcome of the public consultation is detailed in the post consultation report received at the Dudley CCG Board meeting on the 9th January 2014.

16 Communication and Stakeholder Engagement

16.1 Provider Internal Stakeholders

As part of the reconfiguration to the UCC there will be a capital development scheme being undertaken within the term of the contract (see Section 7.19). The Provider will therefore need to ensure that internal communications with DGFT are formally kept to ensure they are informed of plans and developments.

16.2 External Stakeholders

The Commissioner and Provider will need to work together to produce an external stakeholder engagement and communication plan.

16.2.1 Media

Communication messages will need to be developed to deal with media interest in the UCC and its ongoing performance and development. It is a requirement of the contract that all media communication regarding the UCC is issued via Dudley CCG Communication Team.

16.2.2 Healthcare Stakeholders

A communication plan for healthcare stakeholders will need to be developed.

Stakeholders that will need to be considered are:

- GP Practices
- Healthwatch
- Other CCGs who have patients that use RRH;
- Dudley Council and Community Services
- Neighbouring Acute Trusts and Local Authorities.

16.2.3 Patients

Throughout the patient experience at the UCC, patients will be educated on other healthcare services in the community and actively encouraged to use their own GP Practice (or register with a GP Practice if they are unregistered).

Once patients do present at the UCC there will be a series of marketing materials (for example on waiting room TV screens) to explain how the UCC operates.

APPENDIX 1: SUMMARY PATIENT FLOWS THROUGH THE UCC

To be developed

APPENDIX 2: REDIRECTION PATIENT PATHWAY OPTIONS

To be developed. The following process diagram would describe the possible outcome options for patients presenting to the UCC with presenting conditions that are suitable and appropriate for direction to the Navigator.

APPENDIX 3: UCC LAYOUT

(to be developed)

APPENDIX 4: PROGRAMME PLAN

To be confirmed.

APPENDIX 5: ACTIVITY REPORTING

National Activity Reporting Requirements

The Provider is required to report UCC activity in line with national DH reporting requirements.

Local Activity Reporting Requirements

The Provider and Commissioner will work together to agree any additional local activity reporting requirements. As a minimum the following local activity reporting will include:

a) Redirections

The Provider shall produce a monthly report which details successful and unsuccessful patient redirection attempts by the Navigator. This shall be in a format suitable to be emailed to local GP Practices. For example, this may include for every GP Practice:

Patient details (name, DOB, presenting condition, GP Practice);
Time and date of redirection attempt by the Navigator during the month;
Outcome of redirection attempt by the Navigator;
If redirection was unsuccessful, the reason for this;
Attempts to register unregistered patients and outcome.

b) GPs and Nursing staff in the UCC

Measuring the value of the GPs and Nursing staff commissioned by the Commissioner to work in the UCC is very important to demonstrate value of money when evaluating the success of the UCC.

The Provider shall produce a monthly report which details activity and performance of the GPs and Nurses in the UCC during the one year trial period.

c) Frequent Flyers

The Provider shall send to Commissioners a list of those patients who attend the UCC more than 3 times in a calendar month, including, as a minimum, the details of their attendances, their name, their address and their GP Practice.

APPENDIX 6: PERFORMANCE MEASUREMENT

The performance and success of the UCC service will be measured against a set of national and local performance indicators set out in the tables below.

National Performance Indicators

Short Title	Full Title

Local Performance Indicators

Origin	Quality Requirement	Threshold	Method of Measurement	Consequence of breach

GP Practice Notification

Origin	Quality Requirement	Threshold	Method of Measurement	Consequence of breach

Other

Origin	Quality Requirement	Threshold	Method of Measurement	Consequence of breach

APPENDIX 7: WMAS HANDOVER

25% to 35% of total patient attendances at the UCC will arrive by ambulance. It is therefore critical to the success of the UCC that these patients are dealt with as efficiently as possible.

Detail definition of 'handover / turnaround'.

Patient Group 1 – " Blue Light" Patients

Patient Group 2 – Patients not able to get off WMAS Trolleys

Patient Group 3 – Other Patients (who are ambulatory)

Any others?