

SPECIAL MEETING OF THE HEALTH SCRUTINY COMMITTEE

TUESDAY 8TH APRIL 2014

**AT 6.00 PM
IN COMMITTEE ROOM 2
AT THE COUNCIL HOUSE
DUDLEY**

If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, could you please contact Democratic Services in advance and we will do our best to help you

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Your Ref:

Our Ref:

Please Ask For:

Telephone No:

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Mrs M Johal

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31st March 2014

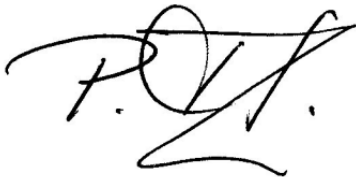
Dear Member

Special Meeting of the Health Scrutiny Committee

You are requested to attend a Special Meeting of the Health Scrutiny Committee to be held on Tuesday 8th April, 2014 at 6.00pm, in Committee Room 2 at the Council House, Dudley to consider the business set out in the agenda below.

The agenda and public reports are available on the Council's Website www.dudley.gov.uk and follow the links to Councillors in Dudley and Committee Management Information System.

Yours sincerely,



Director of Corporate Resources

AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence from the meeting

2. APPOINTMENT OF SUBSTITUTE MEMBERS

To report the appointment of any substitutes for this meeting of the Committee.

3. DECLARATIONS OF INTEREST

4. PUBLIC FORUM

To receive questions from members of the public:-

The Public are reminded that it is inappropriate to raise personal cases, individual details or circumstances at this meeting, and that an alternative mechanism for dealing with such issues is available.

Please note that a time limit of 30 minutes will apply to the asking of questions by members of the public. Each speaker will be limited to a maximum of 5 minutes within the 30 minutes.

5. URGENT CARE CENTRE (UCC) PROCUREMENT AND DRAFT UCC SERVICE SPECIFICATION (VERSION 0.9) (PAGES 1 – 33)

To consider a report of the Chief Accountable Officer, Dudley Clinical Commissioning Group

6. TO ANSWER QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8 (IF ANY)

To:- All Members of the Health Scrutiny Committee, namely

Councillors:-

**Billingham
Jordan
Mrs Rogers**

**Cotterill
Kettle (Vice-Chair)
K Turner**

**Harris
Ridney (Chair)
Mrs Walker**

**Hemingsley
Roberts
Ms Bradbury (Co-
opted Member)**

Health Overview and Scrutiny Committee 8th April 2014

Report of Paul Maubach, Chief Accountable Officer, Dudley CCG

Urgent Care Centre (UCC) Procurement and Draft UCC service specification (Version 0.9)

Purpose of Report

1. This report provides an update on the design and procurement of the new Urgent Care Centre (UCC) agreed at Dudley CCG Board on the 9th January 2014. Continuous consultation and clinical review of the draft UCC Service Specification (See Appendix 1) is key to moving this process forward. Review and comment from the Health Overview and Scrutiny Committee members of the enclosed service specification is essential to developing an UCC that reflects the needs of local people, is safe, affordable and fit for purpose.

The current contracts for the Walk-in-Centre (WiC) and Out-of-Hours (OOH) between Primecare Ltd and Dudley CCG terminate in September 2014. The commissioning of new contracts provides an opportunity for Dudley CCG to adopt national best practice 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 (H&WBB). This process was also approved by the H&WBB on the 28th January 2014.

On the 9th January 2014 the CCG Board agreed to proceed with the design and procurement of the UCC. As a result a draft UCC Service Specification has been developed which is now in its ninth iteration (see Appendix 1, Version Control table Page 2 for details of contributions / changes to date). On the 26th March the draft UCC service specification was received by Dudley Health and Well Being Board for comment and review. A final version of the UCC Service Specification is required for the CCG Board meeting on the 8th May 2014.

2.1 Procurement and commissioning

In March 2014 the CCG issued a Procurement Information Notice (PIN) to Supply to Health. The PIN advertises the intentions of Dudley CCG to tender the UCC contract nationally and provide potential bidders with an early notice of the process.

In conjunction with Central Midlands Commissioning Support Unit the CCG is now developing the other documentation required to offer the service for tender. The current WiC and OOH contracts with Primecare Ltd have now been extended to March 2015, this will ensure a continuation of service for patients until the new UCC is fully mobilised.

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 is tasked with developing detailed modelling around patient flow and treatment at the UCC and provide analysis of specific costs and savings as a result of reducing A&E activity. Dudley Group Foundation Trust (DGFT) is currently in discussion with the CCG on the premises solution for the UCC. Activity assumptions based on the opening of the UCC have been built into the CCG's contract with DGFT for 2014/15 and 2015/16.

2.3 Stakeholder engagement and impact

Extensive public and user engagement continues to be undertaken on the UCC service specification proposal. An UCC Reference Group meets monthly to oversee the development of the specification and associated work streams. This multiagency group consists of all key stakeholders of the UCC and includes representatives from DGFT, West Midlands Ambulance Service, NHS 111, Dudley and Walsall Mental Health Partnership Trust, Dudley MBC, Healthwatch, Primecare Ltd and Patient Opportunity Group members (see Appendix 2 UCC Reference Group Terms of Reference, February 2014).

On the 8th April Dudley Health Overview and Scrutiny Committee will receive the UCC specification and undertake a 'spotlight' meeting on the initiative and progress to date.

3. CONCLUSION

Work continues on the development of the UCC Service Specification and procurement process. A comprehensive, robust and inclusive clinical and patient led approach to the design of the service is in place. The CCG awaits further input from DGFT on the service model for the triage / streaming element of the UCC. The CCG also awaits confirmation from DGFT on their offer of a premises solution for the UCC.

4. RECOMMENDATION

It is recommended that:-

- The Health Overview and Scrutiny Committee receive the information contained in this report for assurance on progress made in the planning and commissioning of the new UCC.
- The Health Overview and Scrutiny Committee note the extension of the current Walk-in-Centre and Out-of-Hours service contracts with Primecare Ltd. Extending the current service to March 2015 provides continuation of service for patients whilst the UCC is procured.
- The Health Overview and Scrutiny Committee review and comment on the draft UCC service specification (Version 0.9) and feedback responses to Jason Evans, Commissioning Manager for Urgent Care for consideration and inclusion in the final version.
- The Health Overview and Scrutiny Committee note that responses are awaited from DGFT on their input into a finalised model of triage / streaming to be applied within the UCC and a proposal for a viable and affordable premises solution for the UCC.
- The Health Overview and Scrutiny Committee note that a final version of the UCC Service Specification will be received by Dudley CCG Board for sign-off on the 8th May 2014.

5. APPENDICES

1. Draft UCC Service Specification V.09;
2. UCC Reference Group Terms of Reference, February 2014.

Paul Maubach
Chief Accountable Officer, Dudley CCG
28th March 2014

Appendix 1

SERVICE SPECIFICATION

Dudley Urgent Care Centre

27 March 2014

Version Number: 0.9

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.
0.7	Jason Evans	20 March 2014	Comments from UCC Reference Group members. <ul style="list-style-type: none"> • WMAS • Healthwatch • Representatives of Dudley CCG Patients opportunities Panel
0.8	Jason Evans	25 March 2014	Comments from Dudley CCG Clinical Development Committee meeting 19.03.14
0.9	Jason Evans	26 March 2014	Comments from Paul Maubach, Responsible Officer, Dudley CCG

Document Approval

Dudley Clinical Commissioning Group		
Paul Maubach (CRO) Chief Responsible Officer	Signed:	Date
Dr David Hegarty (Chairman)		
Dudley Group of Hospitals NHS Foundation Trust		
Paula Clarke	Signed:	Date
West Midlands Ambulance Service		
	Signed:	Date
Dudley Metropolitan Borough Council		
	Signed:	Date
Dudley Health and Well Being Board		
	Signed:	Date

Dudley Healthwatch		
	Signed:	Date
Dudley and Walsall mental Health Partnership Trust		
	Signed:	Date

DRAFT

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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 major trauma, resuscitation, minor trauma, paediatric emergency care etc).

Triage is the process by which patients are streamed 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. The streaming / registration would be supported by Health Care Assistants (HCA's) trained to undertake these duties.

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 arrival². All GP practices will also offer directions to the UCC via their OOH answer phone message.
- One of the key principles of the UCC will be the ability to facilitate timely turnaround of patient transfers from ambulances to waiting clinical staff. Also that capacity will be in place at the UCC to deal with planned and unplanned surges in ambulance turnarounds.
- Independent primary care General Practitioners (GP's) and senior nursing staff 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 Dudley CCG 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 nationally that approximately 25-30% of patients currently presenting at ED could be treated in community primary care facilities². It is further estimated that 80-90% of patients presenting at WiC facilities could be treated in community primary care facilities³. This means that when the Dudley WiC and OHH is integrated into the UCC, there will be approximately 169,000 patients 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	Design and procurement plan developed.	Jason Evans - Commissioning Manager of Urgent Care
UCC Operational Policy	To be developed	
Triage Guidelines	To be developed	
Estates Design Specification	In development	Matt Hartland – Director of Finance, Dudley CCG
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. There has also been an increase in the number of ambulance conveyances and complexity of emergency admissions via the department. Furthermore the WiC has seen significant levels of growth since it was commissioned by Dudley CCG in 2009.

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 managed when they seek urgent care to avoid this trend continuing. With this in mind, the Commissioner's expects measurable quantitative outcomes from commissioning the UCC service. Factors which will constitute a "successful" UCC are:

- Reducing 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 *Dudley CCG Reconfiguration of Urgent Care v.8*);
- Reduce the number of RHH 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 Nursing Staff (see Section 7.11); and thereby;
- Provide where applicable educational support to presenting patients to ensure they are registered with a practice, are aware of the range of alternative pathways of care which may have been more appropriate for their needs. When required provide clear information on the appropriate use of urgent and emergency care services;
- Reduce the total cost to the Commissioner of by reducing ED interactions (see *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 and clinically 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).

- o Reduce the proportion of patient handover delays from West Midlands Ambulance Service (WMAS) to RHH.
- 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, Prioritisation, Assessment and Treatment service to all 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. It is proposed the UCC is called ‘Russells Hall Hospital Urgent & Emergency Care Centre.’

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 (standards will be set for transfer and response times between NHS 111 and the UCC). Patients that book an appointment at the UCC via the call handler may find there wait to see a clinician reduced as a result. The process of assigning OOH home visits will be managed by a GP. The GP will contact the patient and discusses their condition in order to determine whether a visit is the most appropriate outcome and if so what priority it should be

given. It is not unusual in the current OOH service that following this GP led process there is deemed to be requirement for a home visit.

If still appropriate a home visit appointment will be arranged. There would be a significantly large number of calls that would come through each month for face to face assessment and a small UCC team will be required to manage this.

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). Appointments within core hours will however be available for unregistered patients and patients who are unable to access their GP and require same day assessment. Patients that are offered an appointment at the UCC can choose to register when they arrive via an electronic kiosk therefore avoiding the need to visit the reception desk. 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. The UCC is designed to stream patients that would normally access ED or onward acute care, assess and treat their urgent need and then if required direct them back to their own registered GP for follow up.

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. Consideration and staffing provision will need to be in place by the provider for increases in UCC activity due to seasonal variation and / or other factors which may affect demands on primary care.

7.5 Triage

All patients arriving at the UCC (either by ambulance or self-presenting walk-in patients) will present for registration and initial Triage⁵. 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 need⁶. 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 (*More detail on this process is currently being developed with DGFT to ensure a fully integration of the UCC services at the hospital front door*).

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).

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 3 minutes 30 seconds. This is to manage the high volume of patient presentations (see Section 13) and avoid queues of patients waiting. The 3 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.

7.5.4 Physical Layout

There will be (*Detailed patient flow modeling is in development*) dedicated stations for Triage/registration for patients arriving by ambulance (Staffed by Advanced Nurse Practitioners) and 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). A sub waiting area for patients referred through to the ED clinical treatment are will also be required.

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”.

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.

7.5.6 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 (hour’s 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 (*Detailed workforce numbers in development*) reception desks. The UCC Reception will be the only place where walk-in and ambulance conveyed patients are triaged/registered. Separate reception areas will however still be maintained for existing admission avoidance services and pathways 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 seen and /or 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. The Provider will be required to provide sufficient administration staff to enable this approach.

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 that present risk or potential risk to staff 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.

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 responsibilities⁷.

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 qualified clinician such as a GP, ANP, paramedic or clinical nurse.

- 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 (*In development*).

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 ED and 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-labeled 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 RHH ED prescriptions.
- c) FP10 prescriptions will also be available to be used in the including UCC.

7.16.2 During RHH Pharmacy Opening Hours

The RHH pharmacy opening hours are as follows:

Pharmacy		Monday – Friday	Saturday	Sunday
Russells	Hall	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.

7.16.3 Outside RHH Pharmacy Opening Hours

Pre-labeled 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 RHH ED prescription written which will be taken to the RHH 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. Plans are also in place for a 24 hour pharmacy to be opened on the RHH site. This development is separate to the UCC but will provide a potential route for UCC patients to gain access to prescription medication out of hours.

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 RHH 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

(Development of this is being considered by partner agencies).

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 *(Currently in development)*. 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 *(in development)*

	Triage / Registration	UCC	Total
Health Care Assistants			
Advanced Nurse Practitioners			
Nurses			
Paramedics			

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

Administration	
Band 4	Tbc
Navigators	
Band 3	Tbc
Total	
	Tbc

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;
- By using the 111 Directory of Service (DOS) leave patients with details of alternative clinical pathways of care.
- Signpost to other non-clinical key services such as welfare rights advice, social services, expert patient programmes, drug and alcohol advice services, virtual wards, 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 (*Appendix 5 in development*).

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 currently in development.

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 long term 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 (*Appendix 3 and 4 in development*), will need to be scheduled and integrated within the broader aim of this capital scheme.

7.19.2 Existing WiC at Holly Hall Clinic

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 (*In development*).

The UCC will have a waiting area for approximately (*Patient flow and capacity mapping in development*) people and approximately (*in development*) 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 (*Currently in development*).

7.20 Information Technology

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

7.20.1 IT System

The same Integrated Clinical Information Program 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 RHH

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. 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 within core hours with their own GP Practice or directed to attend the OOH service at 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. The process of assigning OOH home visits will be managed by an OOH GP. The GP will contact the patient and discusses their condition in order to determine whether a visit is the most appropriate outcome and if so what priority it should be given. If an OOH appointment is offered it will be the patient's own responsibility to make their way to the UCC; West Midlands Ambulance Service will not transport patients to and from OOH appointments.

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. (*The Psychiatric Liaison team is not currently funded 24/7 and discussions with the CCG on this service are ongoing*).

8.5.2 Children

The current Psychiatric Liaison is an adult service and does not see children. Furthermore there is currently no out of hours CAMHS service for children. (*Both of these issues are under consideration following a full service review commissioned by Dudley CCG which will conclude in April 2014*).

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 program 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 in development and will be set out in Appendix 6).*

A major component of the service will be the requirement for each element of the UCC to meet different performance standards for the three main components of the UCC pathway (Registration, Triage, Assessment and Treatment).

11.4 Audit

A major component of the service will be the requirement for the Provider to undertake systematic audits of patient activity, presenting conditions and reasons for using the UCC. The data from these audits will be used to provide recommendations for improvement of the UCC delivery model and other primary care and acute services.

It is expected that audit will be a key function of the daily service delivery model of the UCC and as a result it will require dedicated staffing and capacity identified for this purpose.

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. A differential tariff will be applied to out of borough patients whose GP practice uses EMIS Web (a reduced charge for these patients will reflect the shorter time the collection of their registration details and medical history summary will take as a result of EMIS Web access).

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

(Detailed flow and cost modeling of the payment structure and tariff is currently in development. The cost modeling will 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):

(Detailed patient flow and presenting condition modelling in development).

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 RHH;
- 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

(Currently in development via weekly patient flow and cost modeling meetings between the CCG and DGFT finance teams)

APPENDIX 2: REDIRECTION PATIENT PATHWAY OPTIONS

(In development, see above).

APPENDIX 3: UCC LAYOUT

(In development).

DRAFT

APENDIX 4: ACTIVITY REPORTING *(In development)*

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 5: PERFORMANCE MEASUREMENT *(In development)*

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 6: WMAS HANDOVER

(In development)

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.

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)

APPENDIX 8: DUDLEY CCG RECONFIGURATION OF URGENT CARE BUSINESS CASE

Appendix 2 Urgent Care Centre Reference Group

Membership and Terms of Reference

February 2014

Members:	Chairing:
Jason Evans - Dudley CCG Beryl Wickstead – Primecare UK Dr Rajan Paw – DGFT Rachel Denning – DGFT Richard Beeken – DGFT Joanne Vaughan – Dudley MBC Joanne Basterfield - DGFT Mark Chapman – WMAS Tracey Morrell – WMAS Rob Dalziel – Health Watch Dudley Jacky O’Sullivan – D&WMH Jan Scott – D&WMH Dawn Fazey – Patient Representative Stuart Steele – Patient Representative Geoff Lawley – Patient Representative	Chair – Jason Evans
Quorum:	Reporting arrangements:
Chair or Vice Chair plus senior level representation from all partner organisations. All members will nominate a representative with delegated authority to deputise in their absence.	Receive progress reports from CCG leads on the design and development of the Urgent Care Centre service specification. Reports and work of the group will be forwarded to the CCG Clinical lead for Urgent Care, CCG Clinical Forum and the CCG Board via checkpoint and exception reports as and when required.
Co-opting:	
The Committee has the power to co-opt, or to require to attend any member of staff as necessary and to commission input from external advisors as agreed by the Chair.	
Exclusions:	
None	
Frequency	
Monthly meetings	
Notification of meetings:	
Agenda to be circulated with papers 3 days before the meeting	
Terms of Reference	
The meeting will:	
Allow stakeholder input into the design of the UCC by:	
<ul style="list-style-type: none"> • Providing a forum for professional and patient scrutiny and input into the development of the UCC service specification. • Providing an environment for considering best practice and integration into local healthcare pathways. • Sponsoring bespoke pieces of work to ensure the specification is designed on best available evidence and data. • Advise and disseminate information through professional and patient communication channels of emergent issues and take action as required. 	
Conflict of Interests	
<i>These will be managed in accordance with partner organisations standing orders. The tendering and procurement of the service will not form part of this group’s terms of reference or scope.</i>	