

Appendix D

Summary of financial and activity modelling

Current services (Minor Injuries Unit (MIU), Walk-in Centre (WIC), Darent Valley Hospital A&E (DVH A&E))

Current Services (Minor Injuries Unit (MIU), Walk-in Centre (WIC), Darent Valley Hospital A&E (DVH A&E))							
Current system Urgent Care Flows							
Site		2020/21	2021/22	2022/23	2023/24	2024/25	Five Year Total
DVH A&E	Activity	80,291	80,887	81,488	82,096	82,710	407,472
Hurley Clinic	Activity	11,546	11,681	11,818	11,956	12,096	59,097
GCH	Activity	24,443	25,920	27,486	29,145	30,906	137,900
WIC	Activity	30,248	28,736	27,299	25,934	24,637	136,854
	Activity	146,528	147,224	148,091	149,131	150,349	741,323
DVH A&E	£	12,293,825	12,480,251	12,724,006	12,915,116	13,164,723	63,577,921
Hurley Clinic	£	932,190	952,521	973,328	994,539	1,016,254	4,868,832
GCH	£	1,513,833	1,602,060	1,695,167	1,793,319	1,896,979	8,501,357
WIC	£	1,400,000	1,409,820	1,419,678	1,429,613	1,439,603	7,098,713
	£	16,139,848	16,444,652	16,812,179	17,132,586	17,517,559	84,046,824

Based on current services, £84m cost is projected over 5 years.

The following modelling assumptions were applied to the current services model

Modelling Assumptions		
	Pre-Consultation Business Case	Decision Making Business Case
Current Activity Modelling Assumptions	<p>Modelling uses 2016/17, 2017/18 actuals and activity assumptions for 2018/19 based on a M6 extrapolation*:</p> <ul style="list-style-type: none"> There has been an average of 5% reduction year on year in WIC activity which is assumed to continue A&E Type 1 activity has been set at a 1% increase MIU has been increased by 6%. <p>*NB: Analysis of M10 A&E Type 1 actuals shows 3% over-projection in activity (2,374 fewer attendances than anticipated at M6). This is not considered significant and modelling has not been adjusted.</p>	Unchanged
Costing Model	Modelling looks at options based on a cost per case basis. Assumptions have been made on a current cost per case basis.	Unchanged
Impact of NHS 111 and Clinical Advice Service	Modelling has not assumed any changing shifts based on developments involving NHS 111 and Clinical Advice Service as there is not yet firm evidence upon which to base assumptions. The modelling therefore reflects the 'worst case scenario' whereby these improvements do not result in reduced face-to-face attendances in any of the options.	Unchanged

<p>UTC Tariff</p>	<p>In determining the tariff for UTC activity, the following guidance has been received from NHSE:</p> <p>“UTCs are classified as a type three A&E service (NHS Data Dictionary). Under the current rules of the national tariff payment system (NTPS) activity for type three services should be reimbursed according to the national price specified (£73 for 2019/20).</p> <p>The NTPS does allow for local variations to national prices. For UTCs this means activity in a UTC may be reimbursed at a different level or on a non-episodic basis if there is local agreement. Full guidance on the principles to follow when agreeing local variations are set out in the ‘Locally determined prices’ section’ of the NTPS document.”</p> <p>GCH Site Option - The modelling, and sensitivity analysis carried out, uses £100 per attendance where it is a standalone UTC with the capability of receiving redirected patients from an ED environment. £73 is used where the site is either part of an urgent care networked model of care that does not have an ED on site.</p> <p>DVH Site Option – Under this site option it is thought that a significant number of patients would be redirected away from the ED to an UTC. The modelling, and sensitivity analysis carried out, recognises the likely increased complexity of cases and uses £100 per attendance as a tariff based on the mid-point between the £73 per attendance as the lowest potential tariff point and the current ED average tariff of £150 per attendance.</p>	<p>Unchanged</p>
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