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Swale Clinical Commissioning Group Urgent Care Update

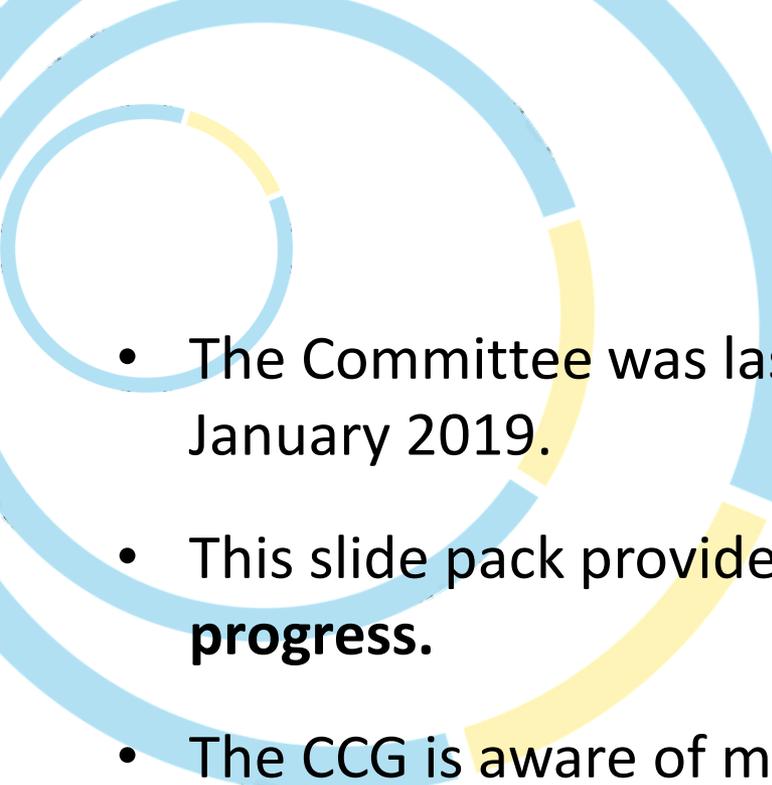
Review of Available Data to Inform Clinical Model Options

Kent Health Overview Scrutiny Committee

19th September 2019

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Clinical Chair of NHS Swale CCG

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West Kent CCGs



Purpose

- The Committee was last provided with a written update in January 2019.
 - This slide pack provides the Committee with an **update on progress.**
 - The CCG is aware of media reports about the shortages of GPs in Swale. This **review is primarily about urgent care services,** but we appreciate the implications GP numbers may have for primary and local care services in Swale.
 - The **urgent care review is not taking place in isolation.** The wider NHS landscape is also changing to ensure patients can more easily access primary and local care.
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What is urgent care?



By urgent care, we mean **care to treat illnesses or injuries that are not life-threatening but that require an urgent clinical assessment or treatment on the same day.**

What is urgent care?

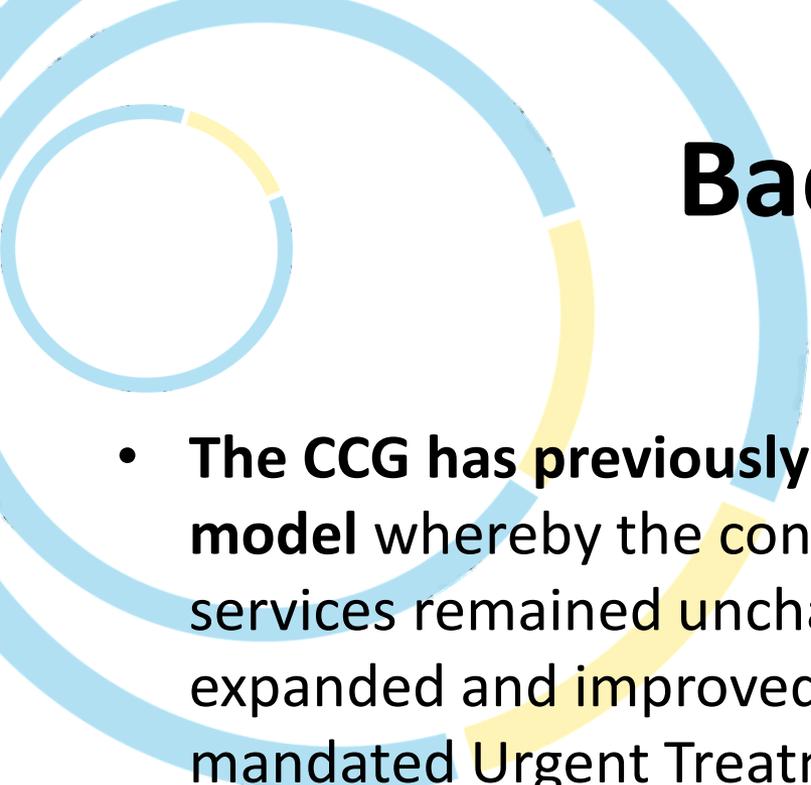
Some conditions that may require urgent treatment if they get worse and you cannot be seen by your local GP or pharmacist are:

- minor illnesses
- bites and stings
- ear and throat infections
- minor skin infections / rashes
- minor eye conditions / infections
- stomach pains
- sickness and diarrhoea
- emergency contraception

Some conditions that should be taken directly to an Urgent Treatment Centre are:

- suspected broken bones
- cuts and grazes
- minor scalds and burns
- strains and sprains
- DIY mishaps
- minor head injuries
- worsening fevers





Background

- **The CCG has previously explored a ‘minimal change’ clinical model** whereby the configuration of current urgent care services remained unchanged, but each service would be expanded and improved to meet NHS England’s nationally mandated Urgent Treatment Centre 27 national standards
 - Procurement for this model was discontinued in November 2018 without award as **the range of urgent care services specified was found to be unaffordable**
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Why might the clinical model have been unaffordable?

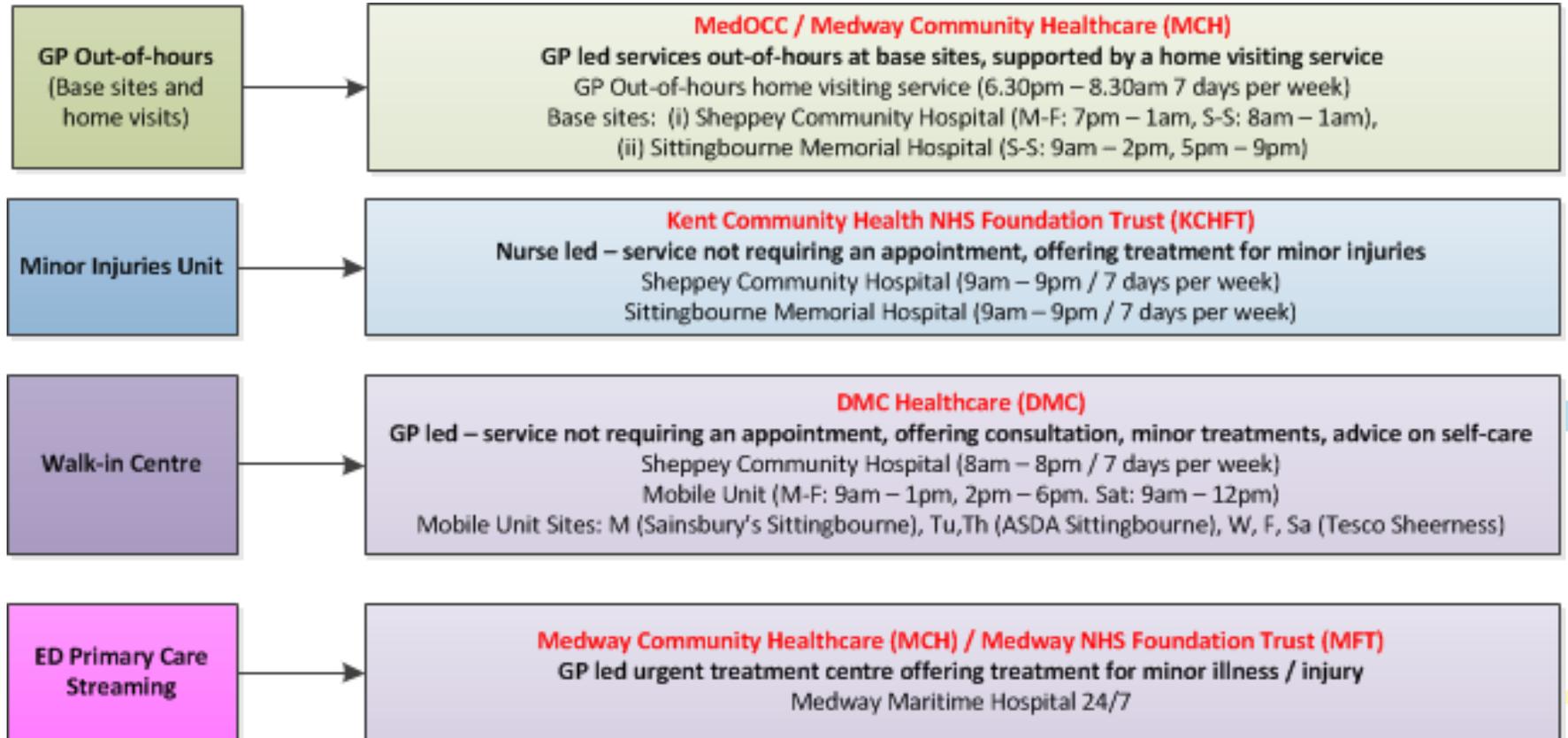
Urgent care provision across neighbouring CCGs

	West Kent	Medway	DGS	Swale
Population Served	498,000	301,652	271,000	114,000 (2011 census – 40,300 (35%) Sheppey residents)
Number of UTCs	2 UTC planned (1 per 249,000 pop.)	1 UTC (1 per 301,652 pop.)	1 UTC planned (1 per 271,000 pop.)	2 UTCs + mobile unit (>1 per 57,000 pop.)
Location(s)	<ul style="list-style-type: none"> Tunbridge Wells Hospital Maidstone Hospital 	<ul style="list-style-type: none"> Medway Maritime Hospital 	<ul style="list-style-type: none"> Site yet to be determined 	<ul style="list-style-type: none"> Sheppey Community Hospital Sittingbourne Memorial Hospital Supported by mobile unit

Clinical Model Review

- As a result, a **full service specification/clinical model review has been deemed necessary**
- Available **data regarding current services continues to be analysed** so that we can:
 - Better **understand the ways in which current urgent care services are used**
 - Discuss how this understanding might **impact on the future urgent care clinical model** (including **clinical model alignment** with Medway CCG)
 - Understand any **implications for primary and local care**

Swale Urgent Care Services



Data Analysis

- Whilst some clinical analysis is still underway, an analysis of available data so far has **helped us better understand:**
 - **the reasons urgent care services are accessed**
 - **the urgent care needs of the local population**
- **Quantitative data (that can be counted) and qualitative data (that is descriptive – opinion/experience) have been considered** incl. activity figures, patient responses to surveys, clinical audit findings, and interviews with key stakeholders
- The CCG has invested in a **travel modelling exercise to better understand the access challenges** facing the local population

Walk-in Centre (WIC)

Sheppey Community Hospital

7 days per week / 12 hours per day
(8am – 8pm)

84 hours operating time per week

Mobile Unit

5.5 days per week / 8 hours per weekday / 3 weekend hours

M-F (9am – 1pm / 2pm – 6pm) / Sa (9am – 12pm)

43 hours operating time per week

M (Sainsbury's Sittingbourne), Tu, Th (ASDA Sittingbourne), W, F, Sa (Tesco Sheerness)

Reasons for attending the Walk-in Centre

In 2017/18 and 2018/19 data shows:

- **Between 94 - 96% of patients said they attended the Walk-in Centre because they could not access their GP ('no appointment available', 'closed')**
- **Approximately 1% of patients gave 'not registered with a GP' as the reason for their attendance**
- **Less than 1% of patients gave 'convenience', and 'easy access' as the reasons for their attendance**

Reasons for attending the Walk-in Centre

The types of comments we have heard stakeholders say:

- **“People see the service as a GP Drop-In Service”**
 - **“most people don’t think it has anything to do with urgent care, it’s just a way to see a GP or nurse”**
 - **“At the time it was set-up, doctors’ lists were closed and there was no way for unregistered patients to see a doctor locally...it was sold to the public as a GP Drop-In Service”**
 - **“People want to access their own GP at their local practice most of the time, and if they can’t then they want a simple way of seeing a GP somewhere else”**
 - **“Access to GPs is an issue”**
 - **“LED displays in practices show ‘no appointments left – if you need to see a doctor access the Walk-in Centre at Sheppey Community Hospital”**
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How is the Walk-in Centre used?

In 2017/18 and 2018/19:

- There were approximately **51 attendances per day**
 - **84% of patients were seen at the Sheppey Community Hospital site** (approximately 4 patients per operating hour)
 - Approximately 10% more patients attended the Sheppey Community Hospital site for Walk-in Centre services in 2018/19 than in 2017/18
 - **16% of patients were seen on the mobile unit** (approximately 1 patient per operating hour)
- **There was little apparent seasonal variation** in activity

How is the Walk-in Centre used?

The types of comments we have heard stakeholders say:

- **“The site of the mobile unit changes and is not well publicised - people will go where they know they can access services”**
- “Surprised by the attendance figures for average daily attendances at Sheppey Community Hospital as I frequently see the service very busy between 8am - 9am”
- “LED display at Sheppey Community Hospital can state 2 - 4 hour wait first thing in the morning”
- **“Surprised by lack of seasonal variation”**

Who sees patients at the Walk-in Centre?

- In 2017/18 and 2018/19:
 - Approximately **69% of all patients are seen by a doctor**
 - 84% at Sheppey Community Hospital and 2% at the mobile unit
 - Approximately **31% are seen by a nurse**
 - 98% at the mobile unit and 18% at Sheppey Community Hospital)
- The Walk-in Centre at Sheppey Community Hospital is staffed by a GP (8am – 8pm), and the mobile unit is staffed with a nurse (9am – 1pm, 2pm – 6pm)

Walk-in Centre Attendances - Snapshot Clinical Audit (10/12/18)

68 patients seen at the Sheppey Community Hospital site (mobile unit not operating that day):

- **50% (34 patients) could have been seen by their own GPs if appointments had been available** (in line with 'GP Drop In' service)
- **38% (26 patients) required no medical treatment** and could have been treated either by self-help, calling NHS 111, or by consulting a local pharmacist and/or accessing over-the-counter medicines
- **3% (2 patients) could have attended the Minor Injuries Unit and no treatment was required**
- **9% (6 patients) would have potentially been suitable for treatment at an urgent care centre** - illnesses were not life threatening but required some aspect of care not commonly available at a GP surgery

Walk-in Centre Attendances - Snapshot Clinical Audit (12/12/18)

Mobile unit was not open on 10/12/18 – snapshot audit carried out for next operational day 12/12/18

9 patients seen on the mobile unit:

- **33% (3 patients) could have been seen by their own GPs if appointments had been available** (in line with 'GP Drop In' service)
- **67% (6 patients) required no treatment** and could have been treated either by self-help, calling NHS 111, or by consulting a local pharmacist and/or accessing over-the-counter medicines
- **0% of patients (0 patients) would have potentially been suitable for treatment at an urgent care**



Minor Injuries Units (MIUs)

Sheppey Community Hospital

7 days per week / 12 hours per day
(9am – 9pm)

84 hours operating time per week

Sittingbourne Memorial Hospital

7 days per week / 12 hours per day
(9am – 9pm)

84 hours operating time per week

Medway NHS Foundation Trust

Urgent Care Centre and A&E Department

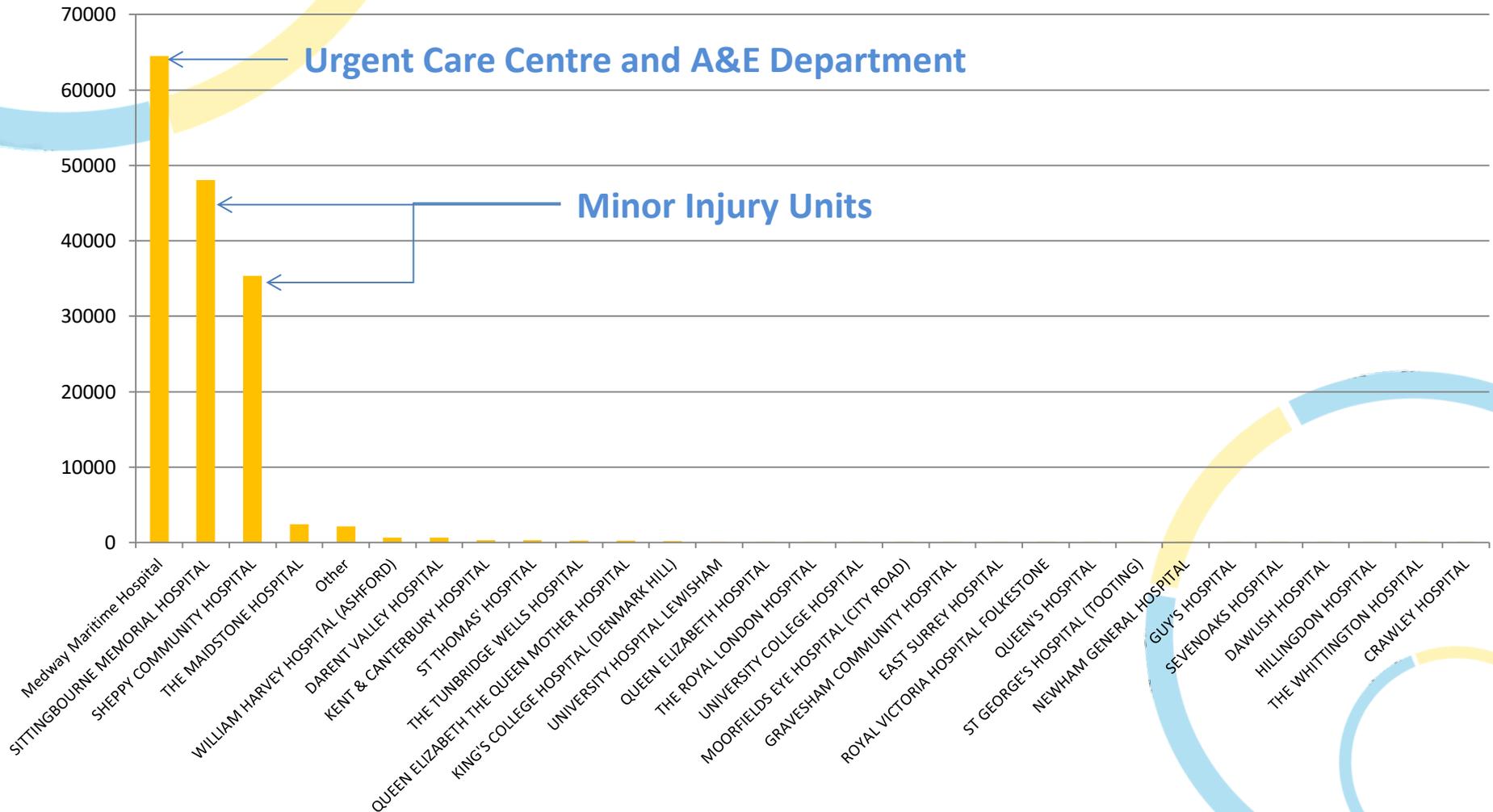
Medway Maritime Hospital

7 days per week / 24 hours per day

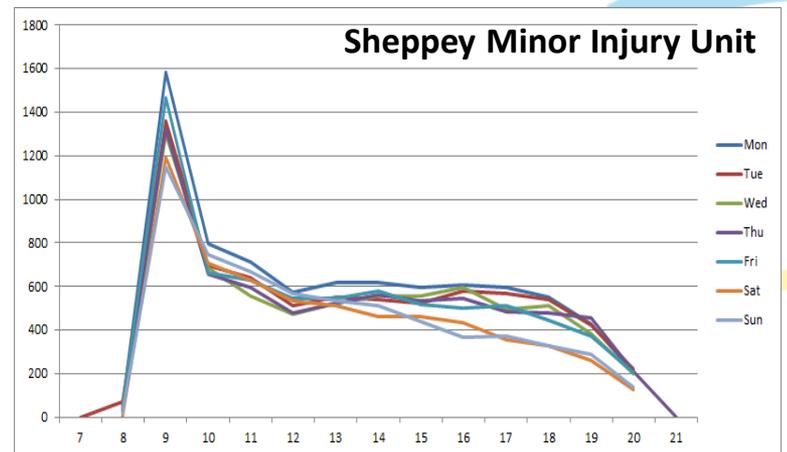
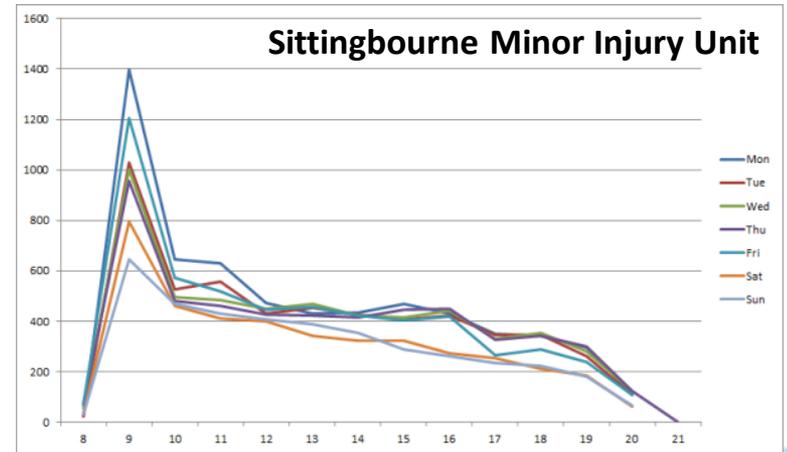
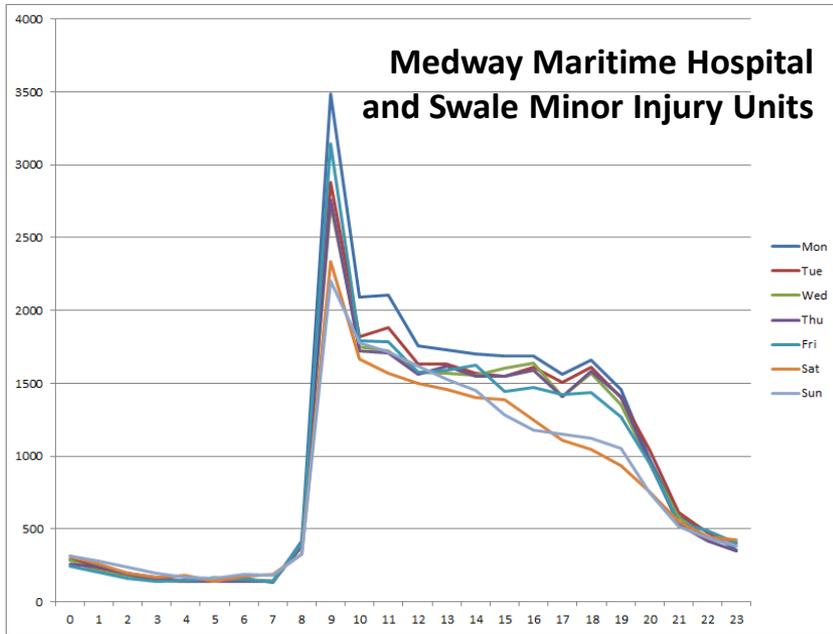


Where do patients go to access urgent and emergency care services?

Swale CCG Patients Emergency Medicine Attendances Split by Site - 2016-2018/19



Urgent and Emergency Attendances by Day of Week and Hour of Day



In 2017/18 and 2018/19 attendances at **Swale Minor Injury Units** peak between **8am – 9am** and then begin to fall and level out from approximately 10am onwards

How are the Minor Injury Units used?

In 2017/18 and 2018/19:

- There were approximately **77 attendances per day**
 - **44% of patients (34) were seen at the Sheppey Community Hospital Minor Injuries Unit** (same site as the Walk-in Centre)
 - Approximately 3 patients per hour
 - **56% of patients (43) were seen at the Sittingbourne Memorial Minor Injuries Unit**
 - Approximately 4 patients per hour

How are the Minor Injuries Units used?

The types of comments we have heard stakeholders say:

- **“The Minor Injuries Unit is not as well understood as the GP Drop-In at Sheppey”**
- “There have been issues with early closures, or only one unit opening. People may have decided to go to Medway first”
- “Most people with sprains or broken limbs would go to Medway Maritime Hospital”
- **“Wound care is a local issue”**
- “Sittingbourne needs a Walk-in Centre as well – like Sheppey has, to address expected growth in the area”

How are other urgent and emergency care services used?

In 2017/18 and 2018/19:

- There were approximately **60 Swale patient attendances per day at Medway Maritime Hospital** (incl. approx. 4 Swale patients directed from NHS111)
- Approximately **10% of Swale patient attendances were at other services:**
 - Maidstone Hospital (2017/18 – 845, 2018/19 – 1,901)
 - William Harvey Hospital (2017/18 – 224, 2018/19 – 516)
- **34% of Swale patients accessing urgent and emergency care services receive 'no investigation with no significant treatment'** (based on Healthcare Resource Group analysis)

Minor Injuries Unit Attendances - Snapshot Clinical Audit (10/12/18)

124 patients seen across the two Minor Injuries Units in Swale:

- **40% of patients (49) were seen at Sheppey Community Hospital** (approximately 4 patients per hour)
 - **49% of these patients were suitable for treatment at an urgent treatment centre** (approximately 2 patients per hour)
- **60% of patients (75) were seen at Sittingbourne Memorial Hospital** (approximately 6 patients per hour)
 - **40% of these patients were suitable for treatment at an urgent treatment centre** (approximately 2-3 patients per hour)
- **10% (13) of all attendances could have been seen by their own GPs if appointments had been available**



**What are the implications
for the future urgent care
clinical model?**



Clinical Model Options

The CCG has not yet identified the clinical model options, but we are committed, not only to address the national requirements for NHS urgent care services, but most importantly, to **ensure that any clinical model options considered, meet the clinical needs of Swale residents** and to ensure that Swale community hospitals continue to be the focal points of locally delivered health services in Swale

A detailed clinical review of available data from our urgent and emergency care services is underway - findings are expected in September/October 2019

- This work is important as it will identify the clinical needs of Swale patients currently accessing the Walk-in Centre and Minor Injuries Units and propose model options for consideration

Clinical Model Options

Any clinical model options will need to:

- **comply with the NHS national requirements for consistency across urgent care services**, and this means that the Walk-in Centre and Minor Injuries Units will undergo some change
 - **address the primary care needs of patients** currently accessing urgent care services because they feel they cannot access services through their local GP, whilst recognising the need to support local GPs and practice teams
 - **consider travel issues** to ensure services are accessible
 - **reflect the CCG's commitment to the future development and support of Swale's community hospitals**
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What will happen next?

- The in-depth **independent clinical review of data will be completed**
- Identify and fully explore the possible clinical model options that address the issues identified within the analysis
- Liaise with this Committee regarding the options and the CCG's **communications and engagement plans**
- The NHS Long Term Plan requires that urgent care proposals are in place by **autumn 2020**

