Appendix G

Summary of financial and activity modelling

Urgent Treatment Centre at Darent Valley Hospital (DVH) co-located with the Emergency Department

Urgent Treatment Centre

Darent Valley Hospital (DVH) co-located with the Emergency Department

DVH site for UTC modelled Urgent Care flows

33% conversion from non-ambulance to UTC

	Site		2020/21	2021/22	2022/23	2023/24	2024/25	Five Year Total
	DVH A&E	Activity	59,344	59,731	60,121	60,515	60,913	300,624
	DVH UTC	Activity	59,820	60,419	61,133	61,960	62,905	306,236
	Hurley Clinic	Activity	10,253	10,373	10,494	10,617	10,741	52,478
	MIU - historical activity flow not assigned	Activity	5,283	5,602	5,940	6,299	6,679	29,803
	WIC - historical activity flow not assigned	Activity	16,102	15,297	14,532	13,806	13,116	72,853
		Activity	**150,802**	**151,421**	**152,220**	**153,196**	**154,354**	**761,994**
UTC price basis		100Finance						
Change Price	DVH A&E	£	9,457,697	9,609,228	9,763,444	9,920,350	10,080,026	48,830,747
	DVH UTC	£	5,981,986	6,041,905	6,113,257	6,195,963	6,290,480	30,623,591
	Hurley Clinic	£	827,785	845,839	864,316	883,151	902,433	4,323,523
	MIU - historical activity flow not assigned	£	389,493	417,149	446,768	478,491	512,465	2,244,367
	WIC - historical activity flow not assigned	£	745,285	750,502	755,755	761,045	766,373	3,778,959
		£	**17,402,246**	**17,664,622**	**17,943,540**	**18,239,000**	**18,551,778**	**89,801,187**
	33% conversion from non-ambulance to UTC	UTC price	£100	**89,801,187**		Unassigned activity reserve £		**6,023,326**
	33% conversion from non-ambulance to UTC	UTC price	£73	**81,532,817**		Unassigned activity reserve £		**6,023,326**
	33% conversion from non-ambulance to UTC	UTC price	£110	**92,863,546**		Unassigned activity reserve £		**6,023,326**

Scenario:

- Incorporation of existing A&E primary care streaming service flows into the UTC
- Provision of a proportion of current Fleet WIC services at DVH UTC
- Provision of a proportion of current GCH MIU services at DVH UTC
- Anticipation of some current urgent care flows to Queen Mary Sidcup Hurley Group Urgent Care Centre being diverted through patient choice to DVH UTC. The modelling for the UTC incorporates financial contingency reserves. These financial reserves are calculated on the basis that not all previous patient activity from the MIU and the WIC will transfer to a new UTC at DVH as patients may choose to access other primary and local care services instead. The financial contingency reserves will enable the CCG to invest additional resources in alternative primary and local care services, if required.

The DVH site option presents the best value UTC model at £90m over 5 years

- The UTC price modelled at £100, however, if the price were £73 to £110 model is £82m and £93m respectively
- There is a financial contingency reserve of £6m held should the CCG wish to invest additional resources in alternative primary and local care services
- The model assumes that 33% of non-ambulance emergency activity could be streamed to a co-located UTC, however, if only 23% could be streamed to UTC (at a tariff of £100); the model price would be £91m. If 43% could be streamed (at a tariff of £100), the model price would decrease to £89m.

Darent Valley Hospital Site	The following points have been assumed in the modelling of this option: • All conveyance activity will be seen by ED and not streamed to the UTC as data is not split by 'blue light' and 'normal conveyance' although it is thought that some conveyances would ultimately be streamed to UTC • WiC attrition set at 60% as assumed majority of patients will choose to access other forms of out-of-hospital care (the last Fy 2018/19, 34% of WiC activity related to patients already registered at the site and the highest number of attendances with known presenting complaints relate to coughs, rashes, sore throats and abdominal pain. It is assumed that the majority of these patients will attend registered GP or access self-care / pharmacies / NHS 111 rather than divert to DVH) • An additional 10% of activity from residential areas close to DVH site has been assumed which reduces WiC attrition to (60% reduction at GCH + 10% 'local' increase from DVH area) • 10% of patients streamed to a co-located UTC are anticipated to 'bounce back' to A&E. This figure is higher than the circa 3-5% figures achieved elsewhere but it is anticipated that it takes time for flows between A&Es and UTCs to work optimally. This presents a worst case scenario. • MIU attrition set at 23.4% (50% of HRGVB11Z – no investigation and no treatment HRGs – it is assumed the other 50% will access other existing primary, local or community care options, or access the NHS 111 service) • Following discussions with Bexley CCG, it has been assumed that some of the DGS patients currently attending the UCC at Queen Mary's Sidcup (provided by The Hurley Group) may decide to access services at DVH if an UTC were co-located with ED. It is assumed that 10% of Hurley Clinic patients would repatriate and be triaged through the UTC.	Unchanged
Clinical Audit assumptions indicating conversion rates from A&E to a UTC	• Following a scoping exercise using SUS data and a clinical audit of A&E activity at DVH, it was estimated that as many as 59% of current A&E activity could theoretically be streamed from A&E to a co-located UTC. • It was recognised that the HRG analysis and the clinical audit undertaken was fairly crude and that the outcome of 60% of total A&E activity being redirected was an overestimation. • It was therefore agreed that for the purposes of activity and financial modelling, a co-located UTC would potentially be streamed 33% of total A&E activity as this was felt to be more in line with what is currently thought to be achievable nationally. • This has also been subject to sensitivity analysis and the modelling has examined a 10% variance on either side of the 33% (i.e. 23% and 43%).	Unchanged