

# Urgent Treatment Centre Recommendations

South West Clinical Senate meeting 29.01.2020

NHS England and NHS Improvement



# ‘Urgent Treatment Centres – Principles and Standards’, published in July 2017

Consistent offer

Standardised nomenclature (UCC, UTC, MIU etc) less confusing to patients

integrated with the wider primary care offer, with UTCs at the core and with the overall aim of reducing A&E attendances.

Open 12 hours a day, 7 days a week

GP led

Provision of simple diagnostics including x-ray

Directly bookable appointments via NHS 111 and GPs (as well as walk in provision/receiving ambulances)

Delivery deadline of December 2019

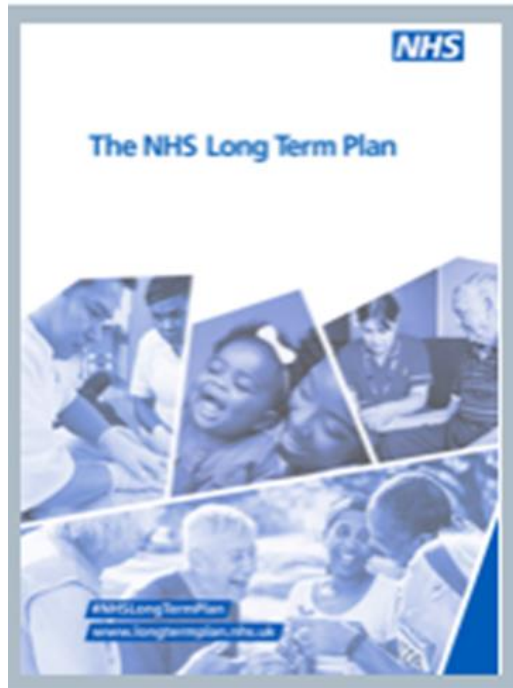


# The Clinical Senate recommendations

South West Clinical Senate issued their recommendations for Urgent Treatment Centre (UTC) delivery on 31 January 2019 following a discussion at their 29 November 2018 meeting – key points summarised below:

- **Delivering ‘GP Led Provision’** – Distinction between ‘GP Led’ and ‘GP provided’. UTCs could have a GP lead but with services provided by a mixed model of competent clinical staff. Strong Clinical Leadership of UTCs is essential
- **Mixed Network Models that include both UTCs and MIUs** – All UTCs should establish a minimum offering consistent with the national standards. Given the rurality of the South West, models where a UTC is networked with successful MIUs should be explored. Consistency of terminology is important. Signposting should be clear.
- **Single Clinical Governance Framework** – There should be a single clinical governance framework for the whole system or pathway of urgent care, embracing services in the community, and in hospitals.
- **One System Workforce** – An urgent care workforce strategy should be developed at a system level
- **Diagnostics** – these should be maximised across a system footprint
- **Access** – Access to digital patient records will be key to integration of services

# NHS Long Term Plan – published January 2019



All localities will have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.

UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

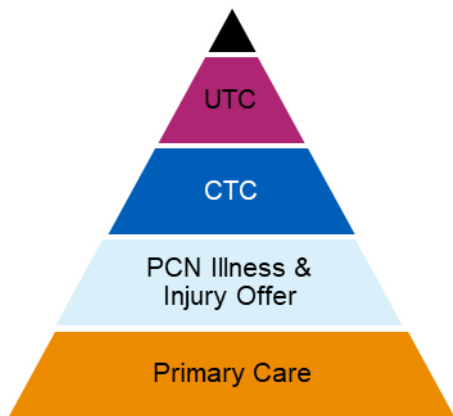
# Shared Design Principles

- 16 October 2019, facilitated discussion with SW clinical and commissioner leads on UTC delivery where system colleagues initiated and agreed a set of shared design principles for a 3-tier model for community urgent care with a commitment to develop these services **collaboratively, incrementally, safely, affordably and sustainably**, and to meet the national ambition of:
  1. How clinical care is improved;
  2. How confusion is reduced;
  3. How service offer is improved;
  4. How patient flow is improved.

With emphasis also on:

5. How the service offer ensures there is consistency of service provision in line with expected standards; and
  6. Consistent and fail-safe access protocols are in place where required – e.g. referral and reporting process for X-ray if this is not on site.
- Proposed ‘working title’ of Community Treatment Centres (CTCs)
  - Believe that ‘CTC’ brand also allows for wider community provision beyond ‘just’ urgent care within the service offer, potentially creating centralised ‘community hubs’ and stronger integration with e.g. Ageing Well programme.

# Emerging South West Clinical Model



## Urgent Treatment Centres

- GP-led
- Open 12 hours, 7 days
- Direct booking from 111
- Access to care records
- E-prescribing ability
- Access to simple diagnostics
- Access to X-ray facilities

## CTC

- Old MIU Sites
- Community Treatment Centres
- Networked model
- Direct booking from 111
- Clinical Model – Nurse-led with GP leadership

## PCN – Illness with Injury Offer

- Within PCN area
- Booked and walk-in
- Name tbc
- Could utilise existing site or co-locate with practices
- Clinical Model – Nurse-led with GP leadership