



**Healthy London
Partnership**

The interface between Emergency Departments and Urgent Care Centres

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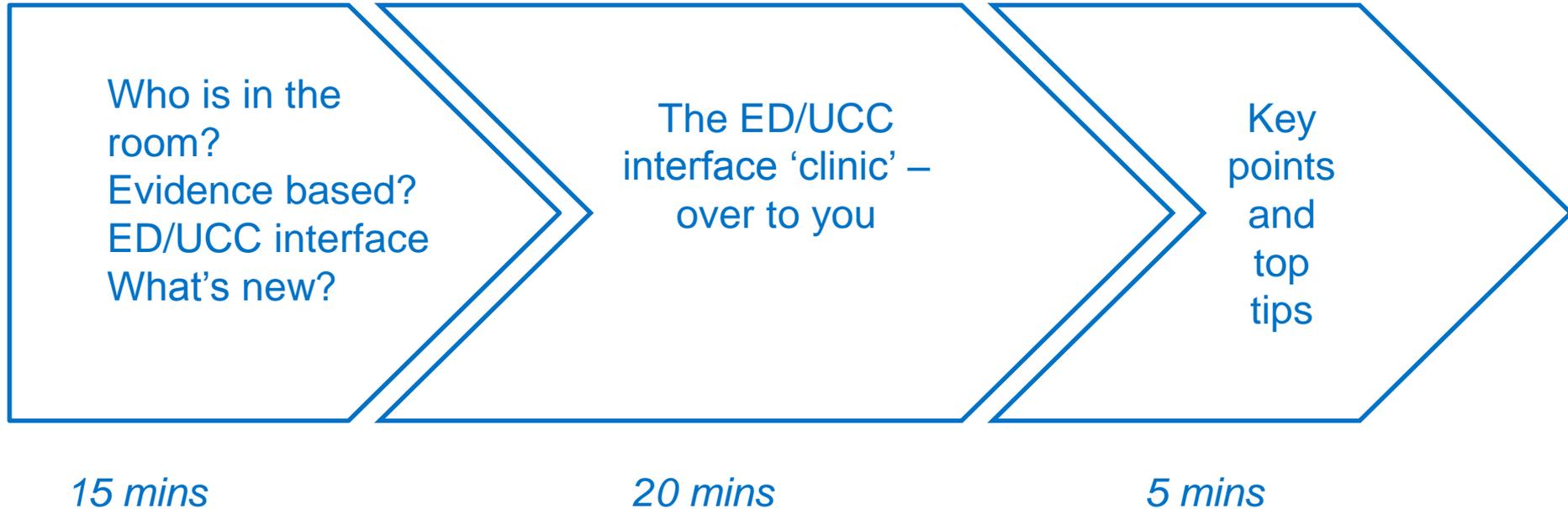
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London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Workshop Scope



Setting the scene

Fiona Wisniacki

- Experience from working alongside private organisation
- Experience from working in a local ED without a UCC
- Experience from working alongside non-private organisation
- Experience from going through bidding process

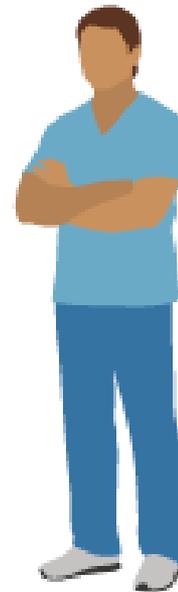
Setting the scene

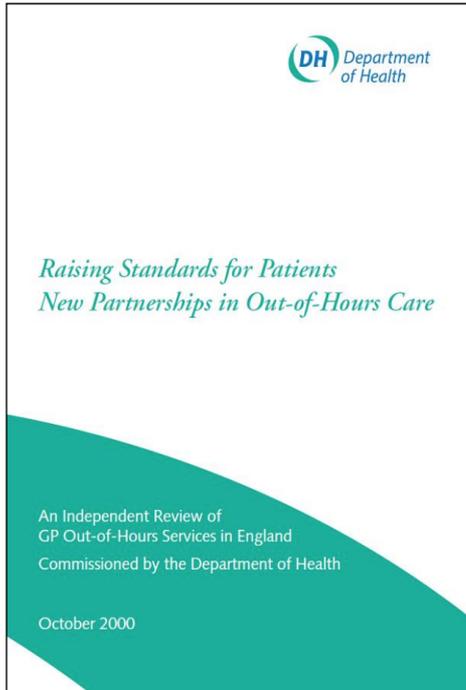
Matthew Cooke

- Professor Of Emergency Medicine
- WHO advisor in emergency care
- Previously National Clinical Director for Urgent and Emergency Care
- Research/evaluations on walk-in centres, urgent care centres, GPs in ED.

Who is in the room?

- Who are you?
- Where do you work?
- What current set up for urgent care do you have in your organisation?
- Is your urgent care organisation
 - Private
 - Non-private
 - Your own organisation?





“With only a little imagination.. ..it would be possible to develop a model in which all out-of-hours services (whether presently located in the primary or secondary sector) could be reconfigured in such a way that, between them, they would be very much better placed to meet the needs of patients.

Thus, wherever appropriate, Primary Care Centres would be located alongside a local Accident and Emergency Department, with all patients triaged at the door, and referred either to the Primary Care Centre or the Department of Emergency Medicine.”

Carson Report, 2000

2014 walk-in centres replaced with co-located UCCS

Monitor
Making the health sector
work for patients



**Walk-in centre
review:
final report and
recommendations**

2012 Urgent Care Centre Review

We believe a good service is one in which:

- Care is provided promptly
- The patient's urgent needs are met
- The scope of the service is clear
- There is clear governance and management responsibility for improving quality and cost-effectiveness
- The environment is appropriate for provision of good quality care and supports integration with other services
- The process used supports these objectives
- There are mechanisms for capturing and acting on patient experience and other feedback.



**Urgent Care Centres:
What works best?**

NICE 2017 Review of all the literature

“In summary, the current level of evidence is insufficient to permit a recommendation on the internal or external configuration of such units”

Chapter 18 Minor injury unit, urgent care centre or walk-in centre

**Emergency and acute medical care in over 16s: service
delivery and organisation**

NICE guideline <number>

July 2017

Draft for consultation

*Developed by the National Guideline Centre,
hosted by the Royal College of Physicians*

<https://www.nice.org.uk/guidance/gid-cgwave0734/documents/draft-guideline-18>

The London UCC experience: Emergency Care Improvement Programme observations

- Most EDs have a co-located UCC in London
- They are uncommon outside London
- Separated geographically and dedicated staff means flow can continue whatever is happening in ED
- Small percentages are referred to ED
- Anxieties:
 - Blood tests
 - Late referrals
 - 4 hours is too long

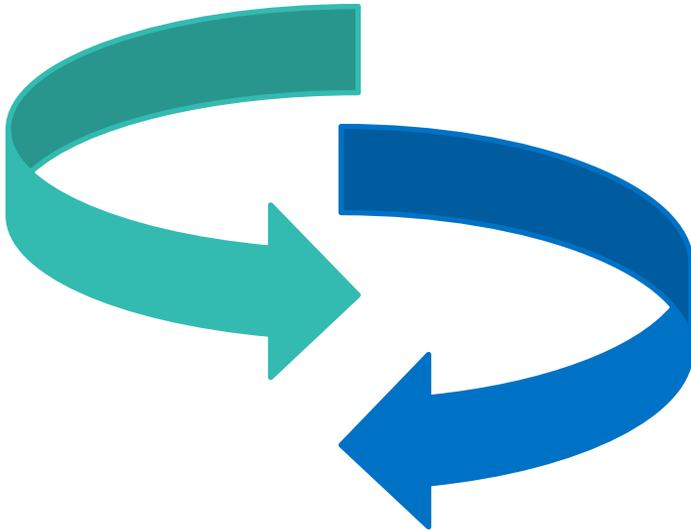
ED Interface

Don't moan!

Don't blame!

Get involved!

Have patient centred conversations



Management and Flow of Urgent Care Patients

Streaming

- Exclusion criteria
- Sit in streaming
- Training and competencies
- Meet the 15 min standard

■ Flow

- Pathways – what can UCC refer directly to?
 - EGAU
 - SAU
 - AECU
- UCC team should be involved from the start

Daily UC/ED Interface

- F2F referral/advice
- ED Safety Huddles
- Escalation

Redirection

Joint Governance

- Daily issues eg late referrals any themes?
- Cases presented
- Incident report and managing

Sort out your data

- Breach analysis
- Late referrals – definition
- Conversion rate

Tender Process

Pre-tender

- Make friends with your CCG
- 'Suggest' what should go into the spec

Bidding process

- If you're a clinician, be involved from the beginning of the process and represent your Trust
 - Help prepare the bid – say what you want and how you will collaborate eg joint training on streaming/first assessment; collaborative training (junior docs and nurses)

Interview

- Be a joint force

What's New for London?

- UTCs
- More integrated with the wider system (eg with accountable care organisation (governance, staffing, joint recruitment))
- New London UTC guidance
 - 111
 - Booking into hubs
 - Near patient testing
 - IT
- Delivering a reduction in demand at the front end of EDs via redirection. UTC can actually book appointments at GP surgeries and GP access hubs
 - Standard's rate = 6 percent

Wish List

- Integrated IT systems
- Transparency
- Break down the 'them and us' culture
- Enable patients to understand who is delivering their care: *'I'm sure she was the equivalent of a doctor'*
- Right place, right time by right person/service



Over to you