

BOARD: MEETING IN PUBLIC

DATE: 22nd September 2010

TITLE: Review of the Urgent Care Centre, St Marks Hospital
Maidenhead

SUMMARY

The Maidenhead Urgent Care Centre (UCC) was commissioned from East Berkshire Primary Care Services from 1st April 2010 following a review of the Minor Injuries Unit at St Mark's Hospital by the Trust Board in January 2010.

This paper updates the Board on the development of the new service in its first four months of operation and outlines performance against key service objectives of access, cost and patient experience.

RECOMMENDED ACTION: The Board is asked to:

TO NOTE:

The cost effectiveness of the current model of service is due to meet the £335,000 highlighted in the 2010/11 Operating Plan.

Overall Accident and Emergency and Urgent Care attendances in Berkshire East are down by 2% for the first four months of the year.

Patient activity is planned to meet the 10,000 attendances predicted at the UCC.

70% of patients are seen within 30 minutes of arrival at the UCC.

Continued high patient satisfaction and local support with the current service through patient surveys.

Access to x-rays has been an issue in the first few weeks of service with a number of patient complaints. This has since been rectified in discussions with Heatherwood and Wexham Park Hospitals.

TO SUPPORT:

The continuation of the service and continued assessment to inform the development of urgent care services in NHS Berkshire East as part of the Strategic and Operation Plan processes for 2011/12 and beyond.

Originator Carolyn Finlay Assistant Director of Commissioning and Strategic Lead for Children's Services

Tabled By David Williams Director of Commissioning

Date September 2010

Strategic Goals: this paper relates to (please tick)

<input checked="" type="checkbox"/>	The PCT will commission services to deliver optimum health outcomes for Berkshire East population for every pound we spend
<input checked="" type="checkbox"/>	The PCT will ensure that services that are delivered for our patients are safe and maximise patient experience
<input checked="" type="checkbox"/>	The PCT will commission efficient, evidence-based services and will prioritise those which give most health gain
<input checked="" type="checkbox"/>	The PCT will achieve financial sustainability

Strategic Programmes: this paper relates to (please include initiative)

<input checked="" type="checkbox"/>	Strategic programme	Initiative(s)
	Staying Healthy	
	Access to Services	
<input checked="" type="checkbox"/>	Preventing Crisis, Providing Support	Urgent Care Centre
	Systems Alignment	

Patient / Stakeholder / Clinical involvement: detail the stakeholders who have been involved and engaged in this work

Stakeholder Involvement – Health Panel, Older Peoples Advisory Forum, Maidenhead Community Involvement Group, Royal Borough of Windsor, Ascot and Maidenhead Overview & Scrutiny Panel, Health Panel member on the Quarterly Review Meetings.

Patients Survey conducted during the week 9th -14th August 2010

Has an equality impact assessment been carried out?

	Please tick <input checked="" type="checkbox"/>	Comments
YES	<input checked="" type="checkbox"/>	
NO		

Risks and financial implications: What BAF risks are linked to this paper; include any additional risks.

14. Lack of achievement of reductions on referrals to acute Trusts and demand management schemes
22. Underperformance on national A&E 4 hour wait target

What resources are required, other than those approved within the Operating Plan?

None – resources for the Urgent Care Centre have been agreed in the 2010/11 Operating Plan

1. Introduction

The NHS Berkshire East Board reviewed the Maidenhead Minor Injuries Unit at St Mark's Hospital in January 2010. The service had commenced in September 2008 following recommendations as a result of the 'Right Care, Right Place' public consultation exercise¹. Under the pilot phase, the service was being provided by Heatherwood and Wexham Park Foundation Trust. The Board considered a number of options for the development of the service and agreed to continue the service at St Mark's Hospital under a more cost effective service model with East Berkshire Primary Care as the main provider from April 2010. The service has also been renamed, The Maidenhead Urgent Care Centre.

This paper provides a description of the model of service and an initial analysis taking into account patient activity, a financial analysis and patient satisfaction in the first four months of operation.

2. Service Aims

- 2.1. The aims of the service are to provide an efficient and effective walk-in service for patients minor ailments and injuries in the Maidenhead area.
- To prevent inappropriate attendance at A&E department.
 - To avert hospital admissions for minor ailments or minor injury.
 - To support low waiting times at A&E .
 - To deliver holistic care to patients.
 - To ensure access and signpost patients to other health and social care services.
 - To improve integration with local GP's to ensure appropriate care for the <2 year olds.
 - To interface closely with local GP's & social services.
 - To provide a Nurse Prescribing service

3. Service Description

The service provided is a nurse-led walk-in service for patients with minor ailments and minor injuries. The most common referral route is patient self referral.

¹ Right Care, Right Place Consultation and Response, 2008

Opening Hours	Monday-Friday 8am-5pm and Saturday and Sunday 9am-1pm
Service Provision	Nurse prescriber-led service for patients with minor ailments and minor conditions including minor fractures
Links with other Health Services	Service will work along side outpatients, x-ray and the out of hours primary care service. South central ambulance has a Front line ambulance or rapid response car on site.
Access to the service	Walk-In or telephone Telephone Triage assessment and treatment Referrals/appointments made GP notified of attendance and outcome
Target Population	It is expected that 10,000 patient will access the service in 2010/11. The target population shall primarily be Maidenhead residents but the service shall be open to all that require care.
Waiting times	Patients will be seen within 30 minutes of attendance
Clinical Governance	The service specification outlines the responsibilities of the provider in terms of patient safety outlining performance and quality monitoring information required and competency and standards of healthcare professionals providing the service.

On arrival at the centre the patient is triaged, assessed, treated or referred to an appropriate alternative place of care. (A&E, GP practice).

The service provides stabilisation of minor fractures of the hand/wrist and foot/ankle with onward referral to a secondary fracture clinic.

Following attendance the patients GP Practice is notified of attendance.

The service has integrated clinical and operational systems with East Berkshire Primary Care, the primary care out of hours provider for patients in NHS Berkshire East.

Improved integration with local GP's facilitates management of inappropriate attendances.

The model of care excludes treatment of chest pain, amputations, multiple injuries, other fractures that are more appropriate for a fully operational Accident and Emergency service.

4. Target Population

- 4.1 Maidenhead has a population estimated to be of approximately 52,051. The largest proportion within the population is adults between the age of 30 and 49 years. This constitutes 30.4 % of the total population, followed by children and young people up to the age of 19 years (24.7 % of the total population). Fewer older people (15.5 % of the total population) in the 65 + age category reside in Maidenhead compared with other age bands.

The target population for the UCC is primarily SL6. The expected attendance numbers are 10,000 or 192 patients per week.

5. Service Review

5.1 Activity Analysis

The following table provides overall activity for the service from April-July 2010 split between minor injury and minor illness. The minor illness category accounts for nearly 20 % of the activity and some examples of symptoms presented are diarrhoea, vomiting, allergies, febrile conditions. Minor Injuries examples of symptoms presenting are sprains, strains and potential fractures.

Taking the first four months activity the service is forecast to treat 10,000 planned in 2010/11 taking into account an estimated increase in attendance as the service becomes more well known throughout the year.

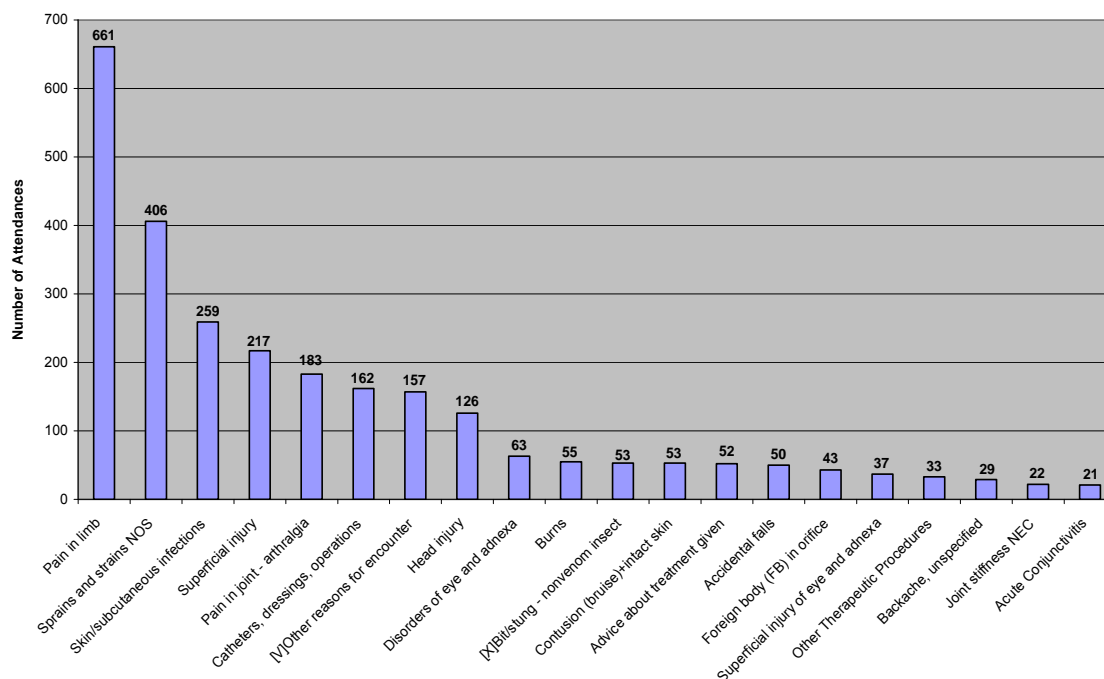
Table 1 – Total Attendances - Minor Illness & Minor Injuries

Month	Minor Illness	Minor Injury	Total
April	158	781	939
May	129	647	776
June	94	643	737
July	139	591	730
Total	520	2662	3182

The following table provides a breakdown of the top 20 clinical code descriptions for the service.

Table 2 – Top 20 Clinical Code reason for attendance.

St Mark's Urgent Care Centre Attendances between 01/04/2010 and 31/07/2010
Top 20 of Clinical Code Description



The UCC by its nature as a walk-in service will have a number of patients that are more appropriate for patients to be seen by their GP and A&E. The service has been working with local practices and educating patients since its inception. As a consequence the number of general practice and A&E cases (injuries over 4+ hours, dressings, referrals to GP, A&E) have reduced since April 2010.

Table 3 – Attendance by Type**ACTIVITY**

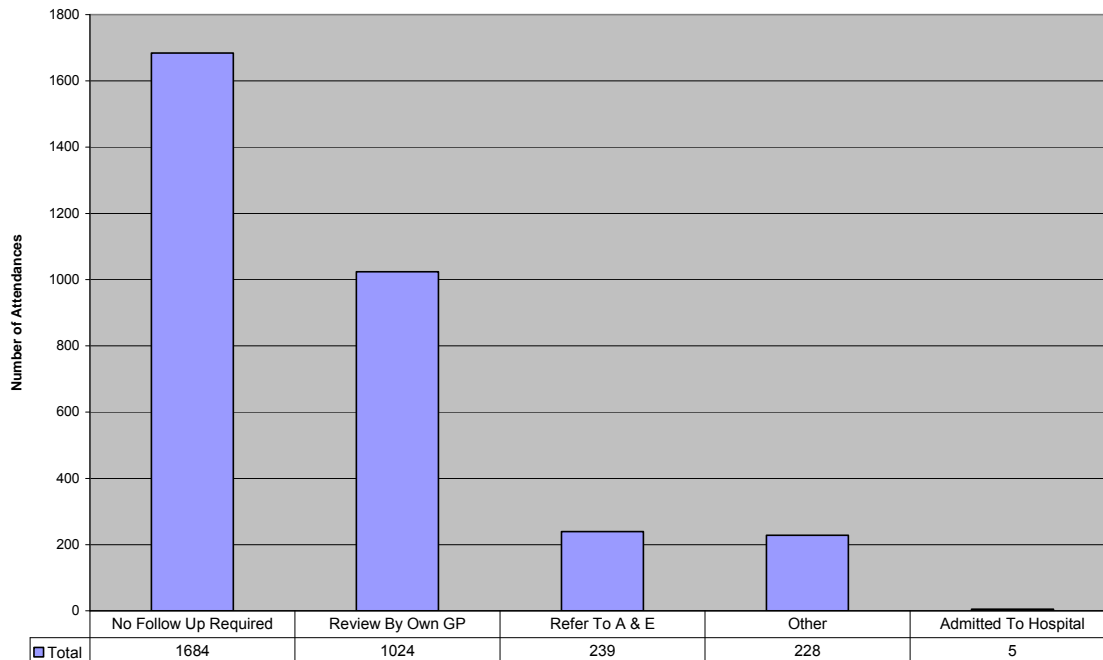
Month	Urgent Care Appropriate	Primary Care or A&E	Total
April	696	275	971
May	628	161	789
June	587	165	752
July	640	100	740
Total	2551	701	3252²

A high proportion of patients required no further follow up treatment indicating the effectiveness of the primary intervention.

² Please note that due to the way Adastra database is structured clinicians on re-opening and closing a case are questioned whether the case is appropriate or not. The totals below explain that several cases have been reopened and hence show a higher total than the above spreadsheet, Minor Illness & Minor Injuries.

Figure 1

**St Mark's Urgent Care Centre Attendances between 01/04/2010 and 31/07/2010
Outcomes**



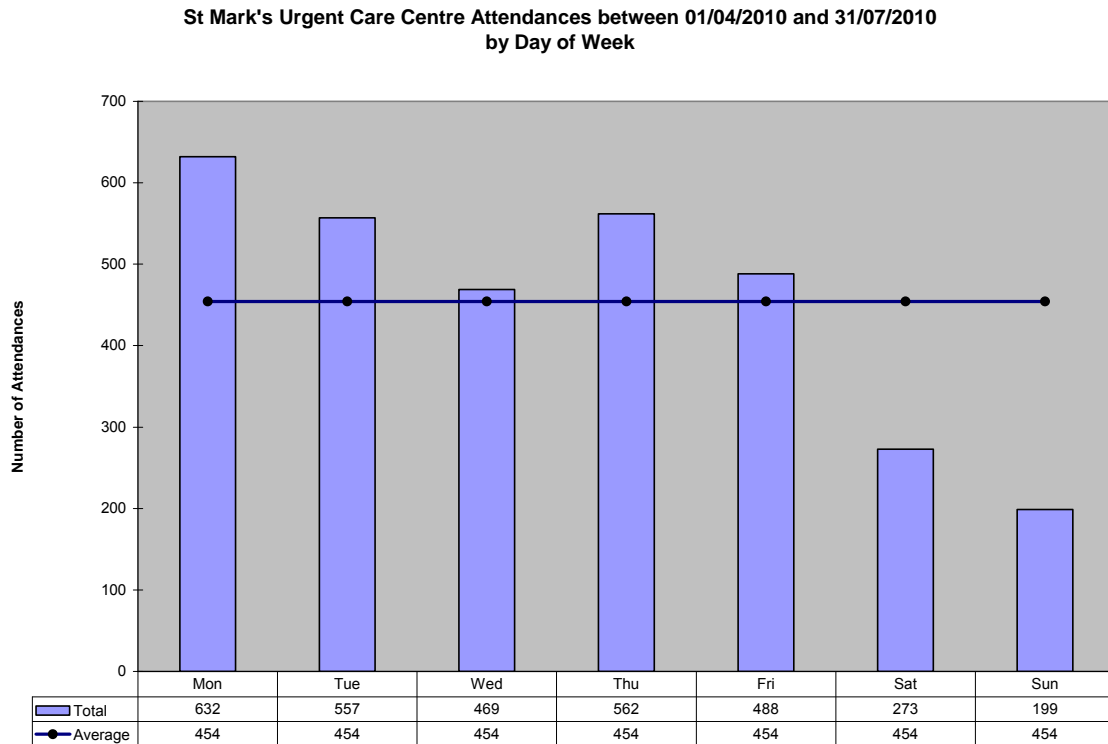
The service experienced a number of operational issues around access to x-rays in the first few months. However, there have been resolved as indicated by the increase in numbers shown below.

Table 5 - Referrals to X-ray

Month	
April	
May	
June	149
July	114
Total	365

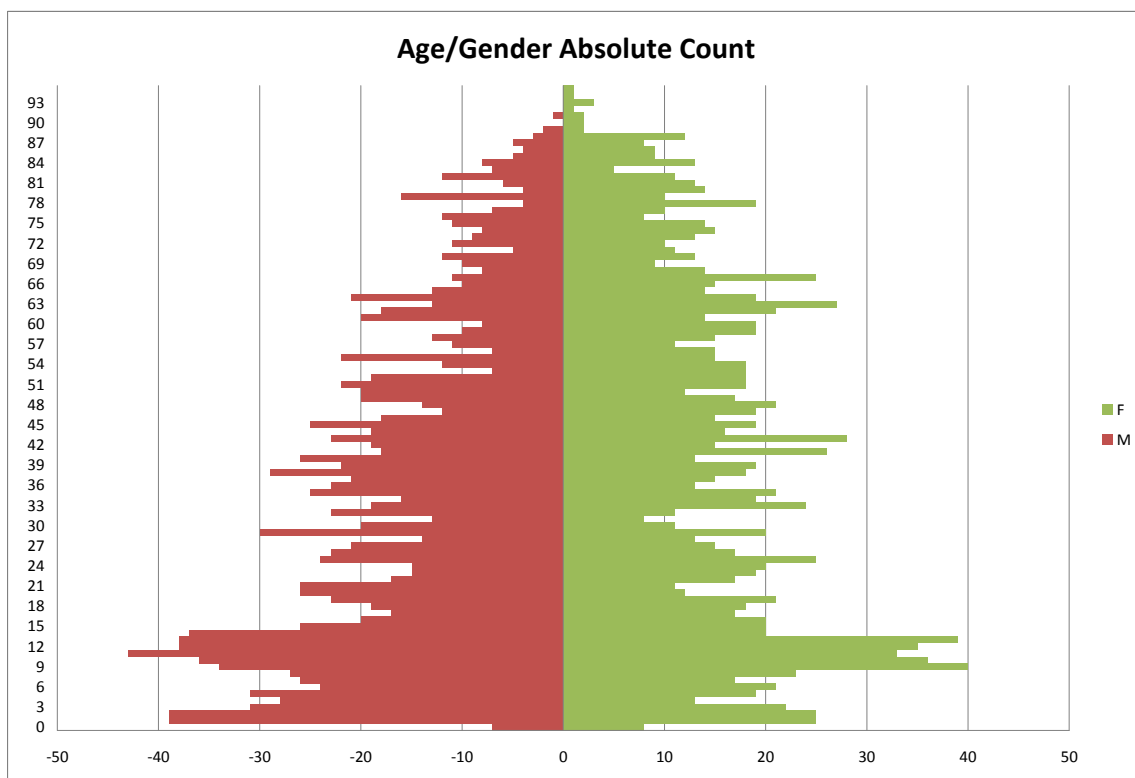
The following data clarifies that Monday appears the busiest day with Thursday and Tuesday being next. The service is open 9-1pm on Saturdays and Sundays. On reviewing access it appears that the busiest time of the day is the beginning of the day up to late morning.

Figure 2



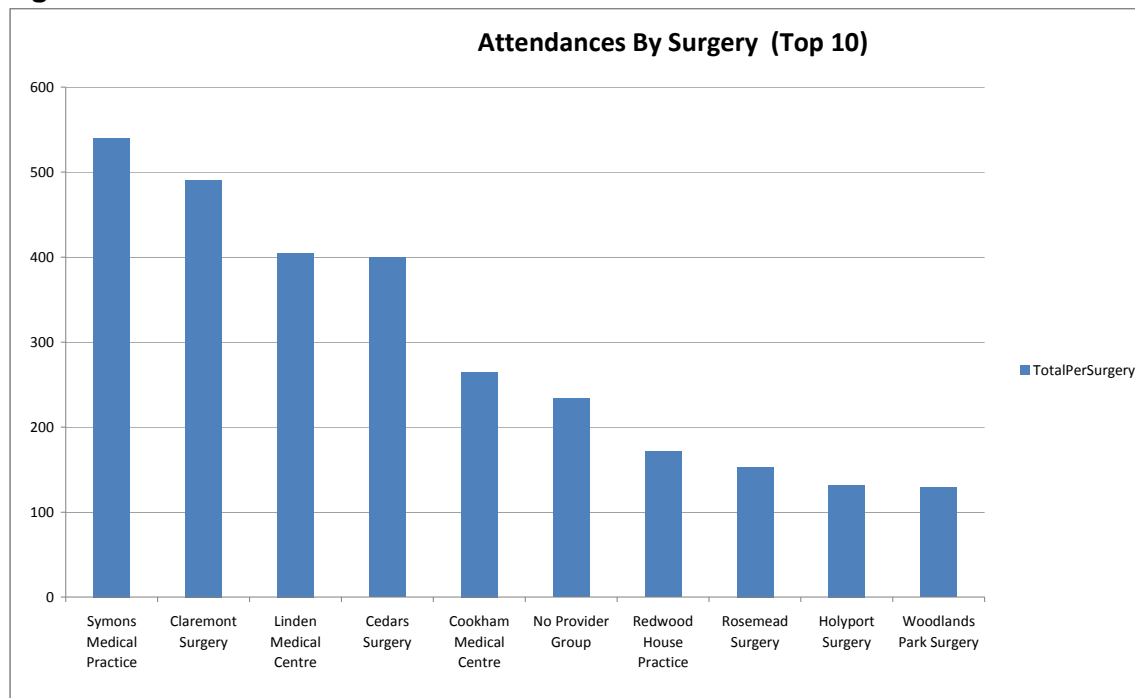
It is interesting to note the proportion of children who are now attending the UCC and especially the < two year olds and this should help to inform the future needs for UCC's for the PCT.

Figure 3



The highest attendees, as per 2009/10, were from the Maidenhead Practices with Symons, Claremont, Linden, Cedars and Cookham patients being the main users. Patients from the top ten practices account for 80% of total attendances.

Figure 4



6. Financial Analysis

Appendix A provides a breakdown of the planned and forecast actual costs of the service in 2010/11 based on the first four months of operation. The service was estimated to make a £335,000 saving to the health economy based on contractual agreements with East Berkshire Primary Care and a comparison of Heatherwood and Wexham Park (HWP) tariff based costs. The predicted efficiencies to the health economy are £345,000 for 2010/11 for 2010/11.

This takes into account a reduction in attendances at HWP which is greater than the switch in activity. It is also interesting to note that A&E and UCC activity is marginally down by 2% compared to last year.

Table 6 – UCC and A&E attendances April 2009 compared to April 2010

Contract	April-July 2009	April-July 2010	Variance
Heatherwood, Wexham Park, MIU St Mark's (2009 only)	43,452	39,558	-3894
Urgent Care Centre St Mark's	0	3,169	3,169
Walk-In Centre Upton	14,857	14,506	-351
Total	58,309	57,233	-1076

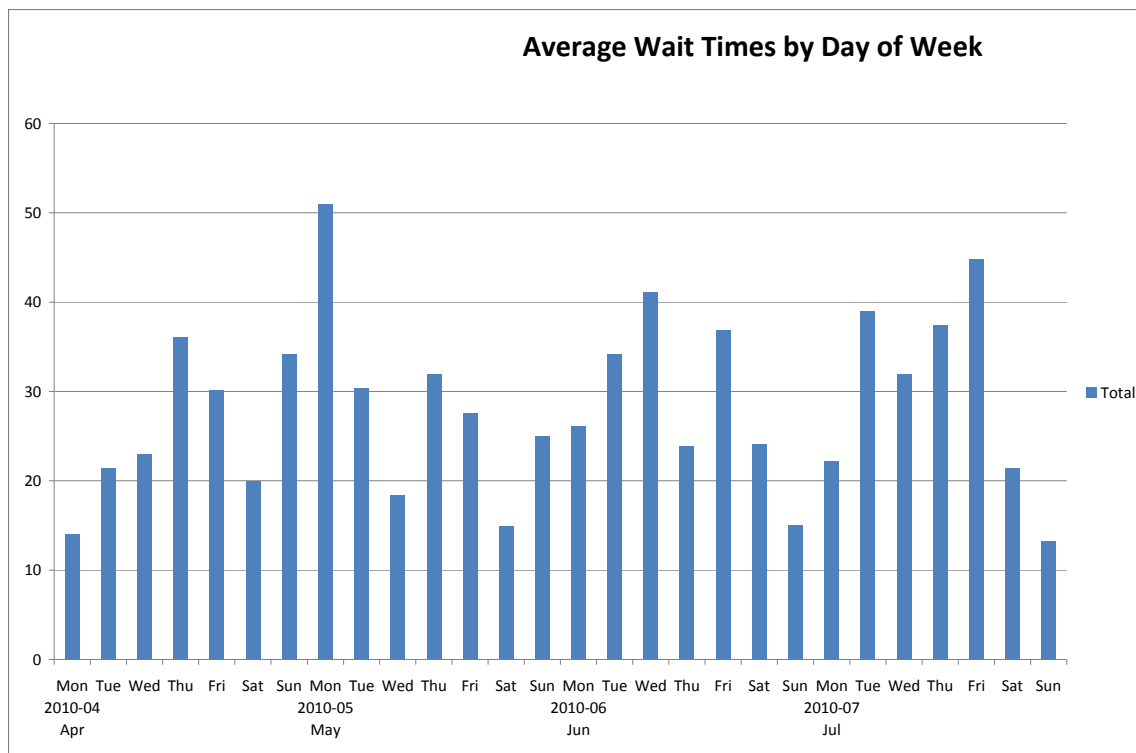
7. Patient Experience

7.1 Waiting Times

The target within the contract is 98% of attendees to be seen within 30 minutes and 95% to be treated within one hour. The graph following provides average wait times and treatment times combined by the day of the week. As stated previously the Adastra reporting mechanism still needs to be refined but, it appears that where longer treatment times are recorded it is due to the X-Ray diagnostic time and return to the UCC for the appropriate care.

70% of patients are being seen within 30 minutes which compares to a maximum of 4 hour wait in A&E and 100% of patients are seen within one hour. The average waiting time is 26 minutes.

Figure 5



7.2 Patient Survey

A Survey was conducted at the UCC during the week commencing 9th August 2010 using Patients Dynamics Limited. 100 surveys were given out with 49 responses.

Key responses show -

- 60.4% attendees were self referrals.
- 42.6% would have attended A&E if no UCC available
- 42.6% would have attended their GP Practice if no UCC available

36.2% had a diagnostic test either X-ray or blood test
95.5% attended the right place
42.6% attended between 9.00am & 12 noon
54.35 were treated within 15minutes
100% were treated with dignity
100% rated the service excellent, very good, or good

In the 2009 Survey when asked the question 'Where would you have gone if there was no MIU' 17% stated 'would have gone nowhere or were not sure' and in the 2010 Survey 6.4% stated not sure. This illustrates how the various methods of choose well communication have delivered choice and improved access.

The PCT wishes to thank the members of the NHS Berkshire East Health Panel and the Older peoples Advisory Forum for RBWM for facilitating the Survey at the UCC.

7.3 Complaints & Compliments

Several verbal compliments have been received about the service and this is supported by the Patient Survey. The compliments are usually related to
'local service , much easier than going to Wexham or Wycombe'
'efficient ,convenient and a good service'
'staff were excellent'

Three complaints have been received and these were linked to access time to the facility and particularly regarding access to X-Ray facilities. These issues have been addressed with the Provider.

8. Recommendations

A review of the Maidenhead Urgent Care Centre in the first four months of operation demonstrates the service is on target to deliver the 10,000 estimated patient attendances for 2011/12 and that the service is more financially cost effective than the previous MIU facility.

The evidence of the patient survey has shown the high regard the local population have for this service in providing local access to minor injuries.

There have been operational problems in the first two months in accessing x-rays for minor fractures these have been ironed out in an agreement with HWP. Although patients are being seen within one hour improvements in ensuring 98% of patients are seen within 30 minutes need to be made.

Appendix A

**UCC St Marks 2010 - 2011
Financial Report Setup and Forecast**

	YTD ACTUALS					FORECAST								Totals
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budget														
OOH Service	24.70	24.70	24.70	24.70	24.70	24.70	24.70	24.70	24.70	24.70	24.70	24.70	24.70	296.39
Fracture Clinic	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	50.00
TOTAL BUDGET	28.87	28.87	28.87	28.87	28.87	28.87	28.87	28.87	28.87	28.87	28.87	28.87	28.87	346.39
Actual/Forecast														
OOH Block Contract Costs Actual	22.62	22.62	22.62	22.62	22.62									113.08
OOH Block Contract Costs Forecast						22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	158.31
Sub Total Block Contract	22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	22.62	271.39
Set up costs and adhoc costs				32.02									0.00	32.02
X-Ray Costs Actual	0.84	1.68	3.69	2.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.03
X ray Costs Forecast	0.00	0.00	0.00	0.00	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	25.97
SubTotal X Ray	0.84	1.68	3.69	2.82	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	35.00
TOTAL ACTUAL/FORECAST	23.46	24.30	26.30	57.45	25.86	25.86	25.86	25.86	25.86	25.86	25.86	25.86	25.86	338.41
Variance	5.41	4.57	2.56	-28.59	3.01	3.00	3.01	3.00	3.00	3.00	3.01	3.00	3.00	7.99
COMPARISON WITH 09/10														
Cost of MIU Activity (PbR Tariff)	56.79	56.79	56.79	56.79	56.79	56.79	56.79	56.79	56.79	56.79	56.79	56.79	56.79	681.44
Planned Savings	27.92	27.92	27.92	27.92	27.92	27.92	27.92	27.92	27.92	27.92	27.92	27.92	27.92	335.05
Actual Savings	33.33	32.49	30.48	-0.67	30.93	30.93	30.93	30.93	30.93	30.93	30.93	30.93	30.93	343.04
Variance	5.41	4.57	2.56	-28.59	3.01	3.00	3.01	3.00	3.00	3.00	3.01	3.00	3.00	7.99

Notes

1 Capital spend £10,000 for replacing Adastral Equipment. Equipment in place in the MIU was owned by HWP.

2 Set Up Costs included above

Staff	18789.00	
Equipment	9306.87	
IT	13919.47	
Less Equipment Capitalised 0910 (note1)	-10000.00	32015.34

3 Cost of X - rays included in original estimate for Fracture Clinic