

## Urgent Care Strategy Delivery Update

### Report of the Chief Officer Sunderland CCG

#### 1. Purpose of Report

- 1.1 The purpose of this report is to update Sunderland Health and Wellbeing Scrutiny Committee (OSC) on the progress of the delivery of the Urgent Care (UC) strategy/reform program in Sunderland.

#### 2. Urgent Care Delivery Update

##### **Recovery at Home (RaH) Service**

- 2.1 From November 2018 the RaH service continues to provide a 24/7 Nurse and GP home visiting across the city with no significant issues reported. The service continues to provide patient care in their own home avoiding hospital admission.

##### **Sunderland Extended Access Service (SEAS)**

- 2.2 The full SEAS service has successfully been in place from the 1<sup>st</sup> August 2019 with the addition of minor injury provision within Houghton and Washington sites.
- 2.3 The service continues to work with local practices across the city to ensure a consistent offer of extended access appointments provided by practices to patients, as well as the 111 service.
- 2.4 Service utilisation rates are regularly monitored to review utilisation across the five hubs including minor injuries. A high-level summary of utilisation rates and those relating to injury are summarised below:
- **Service Utilisation;** The service is currently working towards offering 4,000 GP appointments per month. In January 2020 3,909 appointments were offered across the five locality hubs. From August 2019 the average utilisation of the service is 74%. This is higher on a weekday (89.2%) and lower at weekends (62%), with Sunday being the lowest utilised day. There continues to be issues regarding 'failed to attend' appointments within the service with an average of 250 appointments per month where patients are not attending their allotted appointment.
  - **Injury Utilisation:** Between October 2019 and January 2020 SEAS has reported low levels of minor injury activity across both Houghton and Washington sites. Injuries can include conditions such as bite, sting, strain or sprains.

Based on X-ray utilisation there is an average of three X-rays per week taking place across both Houghton and Washington sites. Please note that on a number of occasions a person may have more than one X-ray at a time, therefore the numbers are potentially less for patient injury activity.

To support minor injury provision at Houghton and Washington hubs, radiographers have been available from August 2019 to support minor injury service provision on both sites. X-ray demand during this period has resulted in 80% underutilisation of radiology capacity at Houghton and 89% at Washington, therefore not the best use of radiology resource across the Sunderland system.

Radiology is a finite resource and based on these findings, Sunderland All Together Better (ATB) Urgent and Intermediate Care Program, approved for this resource to change from 1<sup>st</sup> March 2020. This underutilised resource will now be delivered across a number of services within the Sunderland system, whom are currently experiencing pressures.

From 2<sup>nd</sup> March 2020 SEAS will continue to see minor injury and illness patients; however, those requiring an X-ray following a 111 or GP practice assessment will be directed straight to the UTC, ED and or fracture clinic depending on the type of injury. For those patients whom may access SEAS with an injury that requires an X-ray following assessment, exceptional circumstance, patients will be offered a planned X-ray the next day via the GP radiology open access service or transported to the UTC, ED and or fracture clinic depending upon the type of injury

#### **Urgent Care Centre Configuration**

- 2.5 In line with the UC strategy Houghton and Washington Urgent Care Centers (UCCs) were safely and successfully changed in August 2019 and Bunny Hill on 29<sup>th</sup> November 2019 with no significant issues reported.

#### **Urgent Treatment Centre (UTC) Implementation**

- 2.6 Pallion UCC changed on 29<sup>th</sup> November 2019 with successful delivery of the UTC from 1<sup>st</sup> December 2019 with no significant issues.
- 2.7 The car park continues to provide improved access to patients and as expected initial teething issues have become less and less.
- 2.8 The patient 'walk around' identified positive feedback regarding amends to the building and will continuously be reviewed as the service embeds.
- 2.9 Assessment and treatment rooms were identified by patients to be a good size, well equipped and provide enough space for patients, including those with wheelchairs. An additional two rooms have been secured to support patient flow through the service.
- 2.10 The service currently performs at 96% to see, treat and manage patients within the four-hour standard. This has been a great achievement for the service to ensure successful mobilisation of the new service whilst ensuring patients are seen, treated and managed within the service quality standards.

#### **System Minor Injury and Illness Activity**

- 2.11 Following the change of Houghton and Washington UCCs on the 1st August 2019 and Bunny Hill on the 1<sup>st</sup> December, weekly activity reviews have been in place to monitor patient flow across the city. Activity to date, from 1<sup>st</sup> December 2019, as of 26<sup>th</sup> February 2020 has seen a reduction of minor illness and injury activity (type three) by 50% thus is on trajectory to deliver the predicted activity modelling

identified within the Urgent Care (UC) strategy business case. Notably, type one activity for adults in children over the same time period has shown a 4% reduction.

### **3. Next Steps for Urgent Care Transformation**

- 3.1 Upon delivery of the UTC model on the 1<sup>st</sup> December 2019 at Pallion, the ATB via Program Four (Urgent and Intermediate Care) are working together to continuously improve the urgent and emergency care system across the city.

### **4. Recommendation**

- 4.1 That the Health and Wellbeing Scrutiny Committee notes the update provided within the report and highlight any key areas for consideration within the final stages of the delivery of the Urgent Care strategy.

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