



Urgent Treatment Centres in Havering

Meeting name: **Havering Health Overview Scrutiny Committee**
Presenters: **Chad Witton, Interim Chief Executive Officer – PELC;**
Dr Sarfaraz Munshi – Integrated Urgent Care (IUC) Clinical Lead - PELC

Date: 14 July 2021

Barking and Dagenham, Havering and Redbridge

Background

- Following extensive consultation in 2018, BHR CCGs commissioned a new urgent care pathway. This included establishing four Urgent Treatment Centres (UTCs) across BHR - including Queen's Hospital and Harold Wood Community sites.
- The new contract was awarded in January 2020 to the BHR Integrated Healthcare Alliance operated by PELC in collaboration with NELFT and mobilised from 1st July 2020 Harold Wood UTC mobilised on the 1st of July 2020
- It was a significant achievement for PELC and NELFT to have mobilised four UTCs across BHR during the COVID response given the pressures that this brought for all NHS providers and their staff.
- BHRUT host the UTC at Queen's Hospital and the Hurley Group continues to provide the GP practice, phlebotomy and wound care services at Harold Wood.
- The BHR Integrated Alliance also provide services at KGH and Barking.



UTCs – How they work

- UTCs offer a GP led service, supported by nurses (Urgent Care Practitioners) and other health professionals.
- The main pathway is as follows:
 - Patients are assessed on arrival or 'streamed'
 - Most patients (65% or over) arriving with illness or minor injury will then be directed to treatment in the UTC. Where needed they will be booked in for X-rays, ECG or Blood tests.
 - However, if they have a more serious condition they will be directed straight through to Emergency Department or for specialty treatment such as Paediatrics.
 - Some patients may be re-directed to GP appointments if available or other appropriate care such as pharmacies.
- UTCs are contracted to ensure that a minimum of 98% of patients have to wait no more than four hours for their treatment to be completed but the aim is for no patients to wait that long.
- When numbers attending the UTC are high patients may have to queue to be streamed. When this happens UTC staff will monitor the queue to ensure that any patients who may be at risk are identified and seen by a clinician as a priority.
- PELC uses an Operational Performance Escalation Levels system (OPEL) to monitor and respond to surges in activity to ensure patient safety is protected at all times.



Activity

- Queen's UTC is open 24 hours, 365 days a year and Harold Wood is open from 8am to 10pm 365 days per year with patients being accepted up to 9.00pm.
- The Contract Activity Plan was:
 - Queens – 9,970 patients walking in per month of which 6,481 would be treated in the UTC
 - Harold Wood – 2,497 walking in per month, all of which would expect to be treated in the UTC.

- Activity has increase from April to June 2021:

| | Plan | April | May | June |
|--------|-------|-------|------|------|
| Queens | 6,481 | 5784 | 6650 | 6973 |
| HW | 2,497 | 2625 | 2825 | 2838 |

Challenges

- COVID restrictions presented considerable challenges in mobilising the contract.
- However, through COVID activity was lower than in previous years and under the contract plan which enabled the UTCs to meet the waiting times target.
- Since April, however, although many COVID restrictions are still in place for the service, patient activity has increased back to pre-COVID levels. For example there was a 20% increase in patients seen in Queen's UTC between April and June. We expect growth to continue.
- This has resulted in queues before streaming and longer waits for patients. In June up to 10% of patients at Queens and 5% of patients at Harold Wood waited more than four hours to complete treatment.



How we are reducing waits

- With the support of the CCG we are taking urgent action across all our sites to restore the quality of our services and improve our patients experience as follows:
 - More streamers, particularly at times of peak activity, to reduce waiting times
 - Increase in clinical capacity in the UTCs
 - Close monitoring of waits to be able to prioritise those who have been waiting a long time
 - Streamlining our pathways to ensure any diagnostic tests are booked at the earliest opportunity to reduce waiting and treatment times
 - More effective assessment to ensure patients who need ED treatment or whose condition deteriorates do not spend any unnecessary time in UTC
 - The assessment will also enable patients who do not need the UTC to be redirected to pharmacy/ self care
 - Where pre-streaming queues build up ensuring patients have good information about what is happening and when they will be streamed, and to ensure if they need support (for example a wheelchair) that it is made available.
- We are also working very closely with our partners (NELFT and BHRUT) to ensure that our services are as seamless as possible and that patients get to the right care setting as quickly as possible.



Supporting patients

- *Booked patients* - we know primary care and the UEC system is under massive pressure with COVID, through 111 we are trying to offer patients a time to arrive to see a GP or Urgent Care Practitioner (UCP) on our sites. These patients will benefit from shorter time spent in our waiting rooms.
- *Using digital technology* - we are looking into enabling pre-registration and speed up the patient pathway through streaming
- *Better patient information* - We are now getting much better real time information on treatment waiting times and are looking to see how we can make available at UTC sites and on our website so that patients can assess their best option.
- We will supplement this with guidance on the best times to attend and how to get care from other appropriate options such as primary care, pharmacies or 111.



Working in Partnership

- PELC is a Co-operative society with a remit to provide healthcare for the benefit of the local community.
- It has recently held an AGM at which a new Council was confirmed with six GP Directors and five Employee Directors.
- The Council is very keen to strengthen its links with localities and appointed a Council Director to take a lead role in working with local organisations such as Healthwatch to increase local and, particularly, patient involvement and ideas into our work.
- We are also seeking to integrate our services better with primary care and local services using our GP contracts and the input of new roles such as social prescribers to ensure patients make the best use of our UTC services.
- We would be very keen to secure the support and engagement of the London Borough of Havering in pursuing this ambition.



Questions?

