REPORT TO:	Health Policy & Performance Board
DATE:	September 2020
REPORTING OFFICER:	Chief Commissioner, NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Halton Urgent Treatment Centres
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the designation and mobilisation of the Urgent Treatment Centres (UTCs)

2.0 RECOMMENDATION: That:

i) Members are asked to note the progress towards re classifying both Urgent Care Centres to become Urgent Treatment centres as of October 2020.

ii) Members are also asked to note the risks identified with the national contracting arrangements and the contract variations as noted in the body of the paper.

iii) Members are also asked to note the progress made to date and support the Chief Commissioner in advancing the UTC specification and national requirements.

3.0 SUPPORTING INFORMATION

3.1 With the recovery, restoration and reset plans well underway and the winter planning and phase 3 planning letter dated 31st July it is critical that our 2 Urgent Care Centres are fully operational and designated as Urgent Treatment Centres (UTCs) by the beginning of October 2020.

The steps as agreed with NHSE/I were that we will work on varying in the UTC specification within the contract with effect from the 1st August. This will include any associated quality schedules, key performance Indicators, Service Development Improvement Plans and sub-contracting agreements as previously agreed. The Financial Schedules have been subject to the regional review of prospective service changes to reflect this position.

Local agreements between commissioners and providers have

progressed but as part of the NHS response to COVID 19, current contracting arrangements comprise nationally-set block contracts between NHS providers and commissioners, with retrospective top-up funding issued by NHSE/I directly to organisations to support delivery of breakeven positions. The latest guidance 'Third Phase Response' confirms that written contracts with NHS providers for the remainder of 2020/21 **will not be required.** Any service transfers would need to be managed through this arrangement.

3.2 **Risks**

Due to the block contract arrangements described above, any reductions in the number of A&E attendances, Non-elective admissions etc as a result of operational UTCs will not have the financial impact assumed in the business case that supported the level of planned investment. This represents a financial risk to the CCG.

3.3 **Progress to date**

Due to Covid 19 both UTC's have been operating a total triage system, booking patients in where necessary and continuing to offer telephone and video conferencing appointments as and when clinically appropriate. They have been seeing patients face to face as and when possible and have managed to safely cohort patients to maintain all safety measures during the pandemic. As part of the recovery plan Runcorn UTC has now fully operationalised the walk in facility whilst Widnes has a phased approach. Contract variations, specifications, quality schedules and KPI's have all been agreed. Local sub-contracting arrangements have progressed between STHK and BCHCT and internal clinical governance and operational delivery plans are being finalised for mobilisation during August and September. 90% of the criteria for the 27 core standards agreed by all parties are being met.

The core set of standards for urgent treatment centres (UTC) cover areas such as:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
d. Urgent treatment centre to be part of locally integrated urgent

and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

e. Urgent treatment centres, and NHS 111, should support patients to self-care and use community pharmacy whenever it is appropriate to do so.
f. Patients who “walk-in” to an urgent treatment centre should be clinically assessed within 15 minutes of arrival, but should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary. Following clinical assessment, patients will be given an appointment slot, which will not be more than two hours after the time of arrival.
g. Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.
h. All urgent treatment centres should have access to investigations including swabs, pregnancy tests and urine dipstick and culture. Near patient blood testing, such as glucose, haemoglobin, d-dimer and electrolytes should be available. Electrocardiograms (ECG) should be available, and in some urgent treatment centres near-patient troponin testing could also be considered.
i. Bedside diagnostics and plain x-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of an urgent treatment centre, particularly where not co-located with A&E. Where facilities are not available on site, clear access protocols should be in place. Commissioners will need to consider patient throughput in their cost benefit analysis where capital investment will be required.
j. All urgent treatment centres should be able to issue prescriptions, including repeat prescriptions and e-prescriptions

With the core 27 standards being met we also expect to see reduced attendances and conveyances to A&E as a result of this standardisation and simplified access, as well as improved patient conveniences and patient experience as patients will no longer feel the need to travel and queue at A&E. Attendances at the urgent treatment centres will count towards the four hour access and waiting times standard and should improve waiting times and overall patient satisfaction and outcomes.

The list above is a snapshot of the 27 core standards and demonstrates the improvements made in both centres and the rigorous approach to improve service delivery. The main difference between the 2 sites at present is the digital enabling elements, NHS Digital have agreed that the Widnes UTC could be signed off from a data requirements perspective during August 2020, whilst the digital solutions for Runcorn will not be signed off till September. This does not affect how patients will be seen and treated just that the data and information sharing agreements will be different for a short period of time. With the 111 first implementation this will increase

the usage of the 2 UTC and will support the borough in managing our patients effectively and closer to their homes.

3.4 **Clinical System developments**

Since the establishment of Halton UCC's both Widnes and Runcorn sites have utilised separate clinical systems. In 2017 Halton CCG successfully bid for Estates and Technology transformation funding to implement the Electronic patient record system (EMIS) clinical system within the UCC's. The strategic intention of this project was to create an out of hospital clinical system environment which allowed seamless transfer of patient care between urgent care, community and primary care settings. EMIS Clinical system was chosen as it would allow a direct interface with the Halton EMIS GP clinicals systems which was not possible with other systems. The project was placed on hold in 2019 due to functionality gaps in the EMIS urgent care module to meet the UCC specification, these functionality gaps were then compounded by the release of the revised National UTC specification.

Currently Widnes UCC is using TPP SystmOne provided by Bridgewater Informatics team. This team have made significant progress towards meeting the clinical system requirements for UTC. Further work is required on GP connect to enable bi direction appointment bookings between Halton GP practice EMIS systems and Widnes UTC, however, Bridgewater have been identified as one of the trial sites for this piece by NHS digital.

Runcorn UTC are currently utilising the clinical system Lorenzo which is deployed across WHHFT. This system is designed for use in Acute trusts and AED departments so is not currently compatible with some of the more community/primary care facing digital requirements in the UTC Specification.

Prior to Covid-19 it was agreed based on a clinical audit of current systems available (SystmOne, Lorenzo, EMIS) that the easiest short-term solution would be to migrate Runcorn UTC onto SystmOne as at that time it was the clinical system of choice which met 90% of the UTC digital requirements.

Following this feedback, the UTC IT group were planning to assess the EMIS urgent care module against the UTC requirement and report back to the UTC leader group with the identified risks, required mitigations and potential timescales and resources required for implementation. Unfortunately, this process was interrupted by the arrival of COVID-19 and this work has been placed on hold since.

WHHFT are currently looking into purchasing SystmOne to facilitate

the 111 first initiative. This hybrid system approach will then enable Runcorn UTC and Warrington AED to receive bookings from 111 and book appointments bi-directionally with Halton and Warrington practices. This would be an interim solution to meet the 111 bookings direction, but further work would still be required to identify and implement a long-term solution for Runcorn UTC.

4.0 POLICY IMPLICATIONS

4.1 The designation of the UTCs will all a change in conveyance of patients away from A&E by the ambulance teams, as well as direct book by 111 into clinic slots for patients who have called 111 First.

4.2 System interoperability will allow the sharing of care records across the health care system for patients attending the UTCs

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The current NHS contractual arrangement during the pandemic has all hospitals income fixed until the end of March 2021. Therefore, the financial savings anticipated from the reduction in activity at the A&E sites will not be available to offset the costs of the UTC development and is a cost pressure to the CCG.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton** – expectations are for more children to be able to be assessed and treated at the UTC, rather than attending A&E and usually being admitted to the Paediatric Assessment Unit

6.2 **Employment, Learning & Skills in Halton**

6.3 **A Healthy Halton** – The UTCs are a key component in the provision of care close to peoples communities, offer an urgent and rapid response for diagnostic, assessment and treatment.

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 RISK ANALYSIS

7.1 The key financial risk relates to the current contractual arrangements during the pandemic period.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 No equality and diversity issues have been identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.