

# Urgent Care Update

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# Background

On 1 April, 2017 following extensive public consultation, the following model was introduced across South Tees:

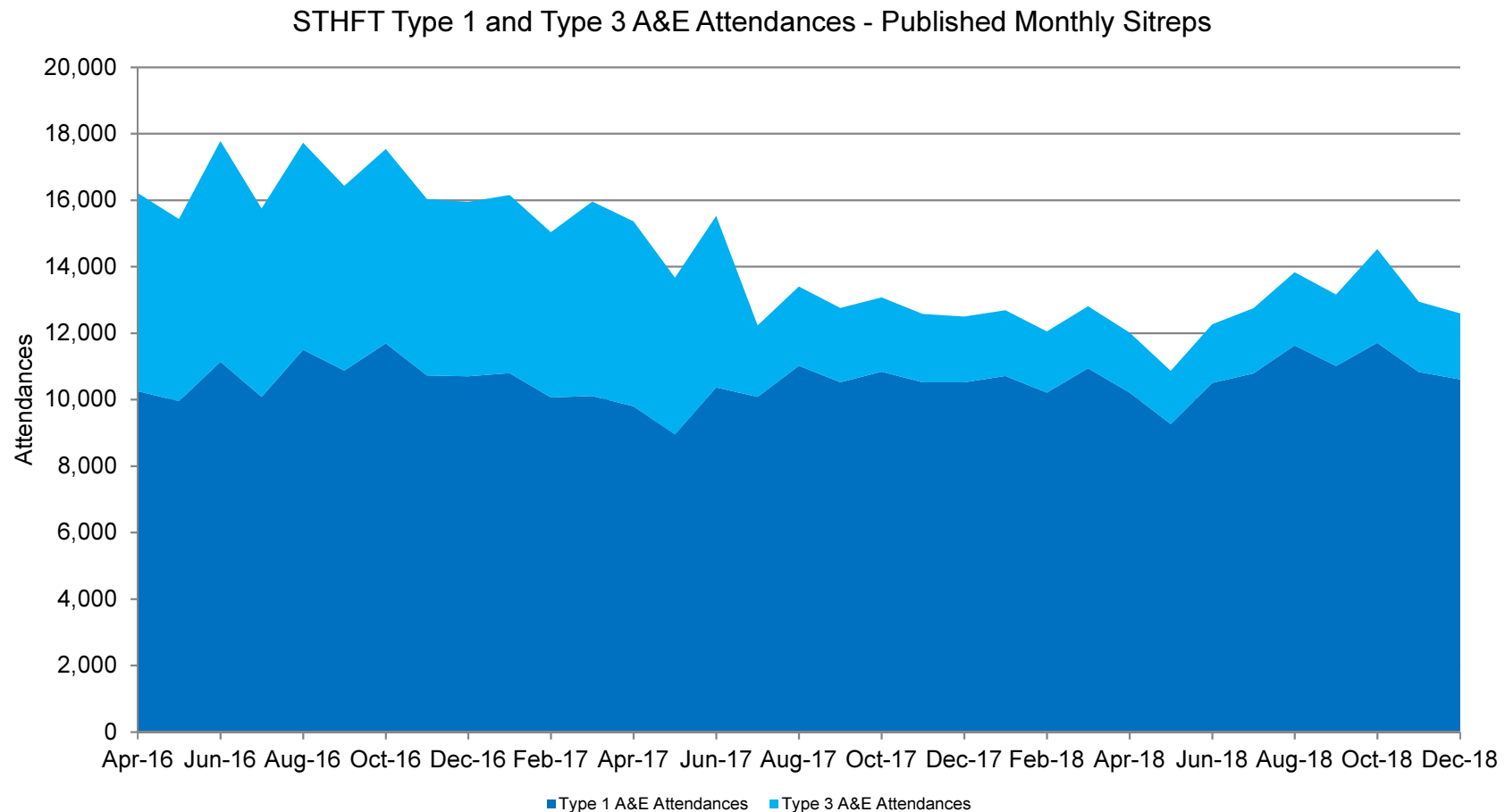
- Closure of the two Walk-in Centre's at North Ormesby and Eston
- Introduction of four extended hours GP centres across South Tees
- Out of hours (OOH) service open from 9.30pm - 8am 7 days a week
- Redcar Minor Injuries Unit (MIU)
- Nurse navigation at A&E and MIU
- Changes to local pharmacy opening hours

# Key Issues and Challenges

- Workforce
  - Some initial workforce pressures in Extended Hours period, subsequently addressed
- Environment
  - Relocation of the hub based at Onelife, Middlesbrough to Bluebell Medical Centre to address staff and patient safety issues
- Direct Booking
  - ELM introduced this from April 2018
- CQC inspection and actions

# A&E and MIU activity

As at December 2018 STHFT is reporting YTD performance of 96% (against 95% standard)



# Navigation

- Significant and sustained impact at the MIU
- Minimal impact at the JCUH A&E site
- Further work underway to understand causal factors

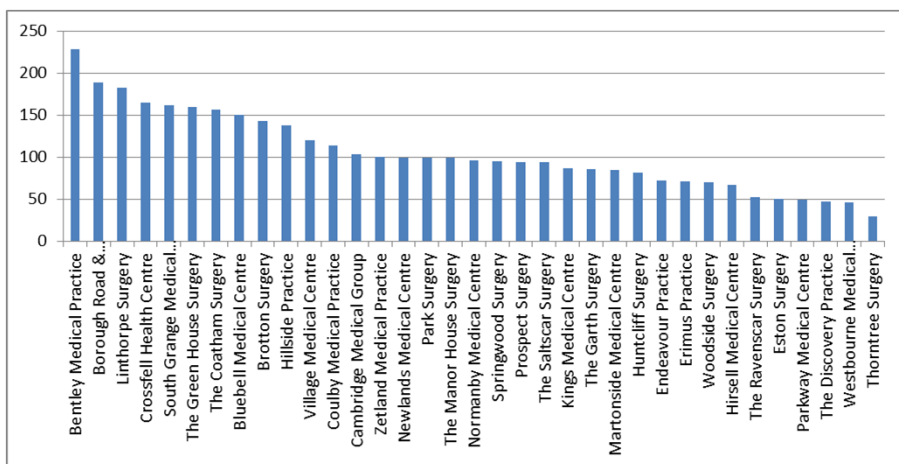
Impact of Navigation;

- A&E 18/19 monthly avg – 166 (from 103 in 17/18)
- MIU 18/19 monthly avg – 619 (from 570 in 17/18)

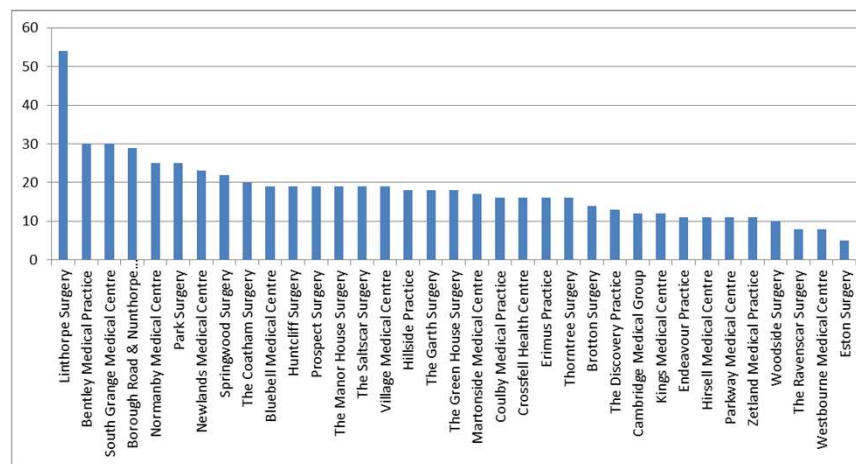
# Extended Hours Utilisation

- GP Practice use of bookable slots has increased;
  - May 2017 3,391
  - May 2018 4,401
- All practices are utilising slots (Extended and OOHs)

Extended Hours - October



Out of Hours (OOH) - October



# Mental Health Services

- Review of street triage – potential redesign to improve integration into wider mental health pathway
- Crisis and Liaison psychiatry services – increased joint working to avoid duplication (particularly in relation to assessment) - alignment with Core 24 initiative (MHFYFV)
- Ensuring wider pathway integration between Crisis and Liaison psychiatry, Primary care and intervention/prevention services



# Summary

- Significant improvements to the extended hours and out of hours service; including introduction of NHS 111 booking and releasing more appointments to primary care
- There has been some increase in A&E activity since April 2017, this is in line with regional and national trends and is lower than expected levels modelled through scenario planning
- Navigation from A&E has not had the anticipated impact
- Due to limitations in the availability of primary care data it has not been possible to determine the impact of the new model on in-hours access to primary care, however anecdotal feedback from GP colleagues is positive
- Work to improve, and enhance integration, of Mental Health crisis services is ongoing