County Durham and Darlington

NHS COUNTY DURHAM AND DARLINGTON
Emergency Department/Urgent Care Centre Integration and Overnight Closure of Doctor Piper House UCC Update

1. Emergency Department/ Urgent Care Integration

Following public and stakeholder consultation NHS County Durham and Darlington (NHS CDD) published *Our Strategy for Urgent Care Services* (2008). This paper summarised the consultation and clearly showed the need to commission an urgent care service that is truly seamless and reflects the needs of patients and carers. This was supported by the Healthcare Commission review *Not just a matter of time: A review of urgent and emergency care services in England* that found that patients and the public find accessing healthcare services difficult and confusing and they don't know who to call or which services to use. This review also highlighted the need for an appropriate initial response to identify the patient's needs as people often do not know the severity or urgency of their need.

The strategy identified key areas to be addressed including:

- Single point of contact for patients, carers and professionals to urgent care services
- Ensure prompt advice, assessment and treatment
- Provide care as conveniently as possible
- Integrated services

With the introduction of the urgent care centres across County Durham and Darlington, the Durham and Darlington Urgent Care Transport Service and the Single Point of Access, which is now NHS 111, many of the identified areas have been addressed. However there was the intention, to reduce confusion and duplication, that urgent care centres would be integrated with existing emergency departments. During the contract negotiations 2010/11 it was also agreed that the service configurations for the delivery of urgent care would be reviewed to ensure that following Transforming Community Services that we would receive value for money.

County Durham and Darlington Foundation Trust had provided NHS CDD with a few iterations of the business case which described to commissioners how both the integrated service would be implemented and also what the stand alone urgent care provision would be in place. Unfortunately the detail that was required to allow the

commissioners to approve the business case was not entirely included and it was felt that there needed to be further input from the new clinical commissioners (CCG leads). An event was organised at the Excel centre in Newton Aycliffe 13th June and GP representatives were invited to attend and discuss what they would see as appropriate for the future model of the service. Following this event all actions were circulated to the members who had attended to ensure we had captured all information and it was requested that CDDFT updated their business case and produce the final draft 30th June for CCG sign off. The document was received on 12th July and circulated immediately to clinicians for comments, it was identified that a number of the updates had not been included and therefore as commissioners we had to ask for the business case to be updated.

The final draft has been received on the 10th August and we have received a request to present the case and describe the model at each clinical group (to ensure that all clinicians are sighted the document) and each formal CCG for sign off.
Key dates:
Dales Clinical Group – 16th August
North Durham CCG Board – 28th August
Darlington Urgent Care Board – 31st August
North Durham Clinical Team – 4th September
Darlington CCG Board – 4th September
Durham Dales CCG – 25th September
Commissioning Executive Team – 4th October.

The paper has been shared with our head of Estates to progress discussion and come to agreement with CDDFT regarding plans and if any funding can be allocated to support the changes. The initial finance meeting has been held and it is evident that the preferred option would be to provide a block payment for the Emergency Centre rather than paying per activity entering the service, further meetings have been arranged to agree the detail of this proposal.

Both Darlington and Durham Health & Partnerships Scrutiny Committees will be kept updated with progress.

2. Closure of Doctor Piper House Urgent Care Centre (DPH UCC) overnight.

As an interim arrangement to ensure that the resource which is provided for unscheduled care is well utilised in the overnight period it was agreed that we would close the DPH UCC overnight. A full risk assessment was carried out and all actions implemented prior to the change which ranged from provision of appropriate security to diversion of phones. It was felt that there would be little impact on patients as walk in activity is very low and most arrange an appointment by contacting NHS 111 therefore they would be instructed that the location to be seen was on the Darlington Hospital Grounds.

The overnight GP service commences at 11pm until 7am at DMH however the service at DPH UCC remains staff to ensure that any late appointments are dealt with and the building is secure. The phones are diverted to DMH to ensure that anyone contacting the service is not aware of the change but are able to access clinicians if required.

Clear communications were cascaded in the form of letters and posters to GP practices, the local media were also informed of the changes and a notice was displayed clearly outside DPH UCC informing any person who attended the service expecting it to be open

Poster A3.pdf

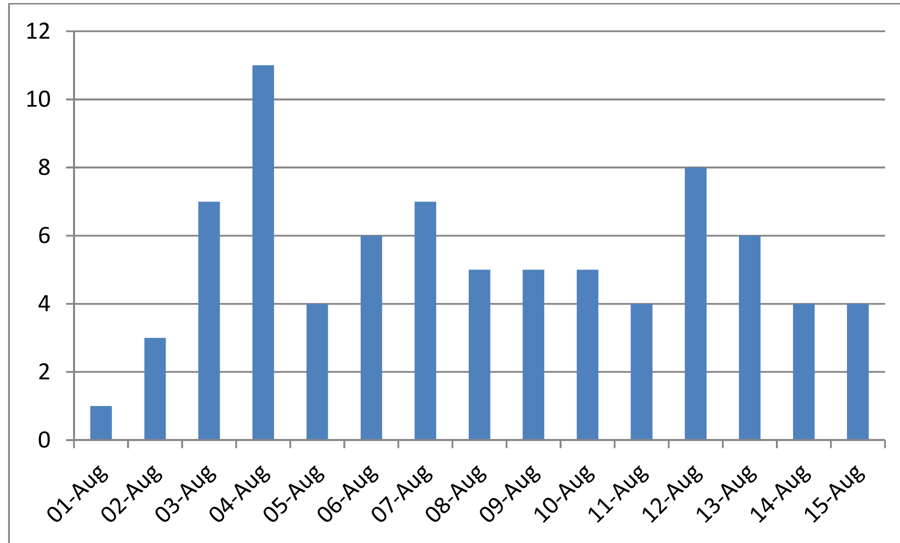
UCC OOH.pdf

Progress so far, there have been no issues reported with regards to service provision either from patients directly, via the emergency department, other providers (e.g. District Nursing, NHS 111), the transport provision has been well supported.

Attached is the data which demonstrates the activity which has attended the Urgent Care Service at DMH and also in comparison the recent emergency department data. It has been acknowledge that the cross working of GP/ ECP in the Urgent Care Service treating patients who access the department via A&E is a benefit and improving relationships between the two services.

Attendances between 11pm – 7am since 1st August Urgent Care

01-Aug	02-Aug	03-Aug	04-Aug	05-Aug	06-Aug	07-Aug	08-Aug	09-Aug	10-Aug	11-Aug	12-Aug	13-Aug	14-Aug	15-Aug	Total
1	3	7	11	4	6	7	5	5	5	4	8	6	4	4	**80**



Activity - Emergency Department

	DMH	
Date	**Total Daily Attends**	**between 00:00 & 08:00**
01/08/2012	131	16
02/08/2012	143	19
03/08/2012	140	21
04/08/2012	168	30
05/08/2012	152	18
06/08/2012	182	28
07/08/2012	155	16
08/08/2012	153	16
09/08/2012	145	12
10/08/2012	140	16
11/08/2012	145	16
12/08/2012	169	28
13/08/2012	196	24
14/08/2012	161	13
15/08/2012	147	18
16/08/2012	160	15
Totals	**2487**	**306**

As expected the greatest activity presents on a Friday and Saturday over night in both services. We will continue to monitor the activity and feedback any issues with regards to the overnight arrangements.

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