

## READING HEALTH AND WELLBEING BOARD

<b>Date of Meeting</b>	11 October 2024
<b>Title</b>	Reading Urgent Care Centre Pilot Evaluation
<b>Purpose of the report</b>	To note the report for information
<b>Report author</b>	James Montgomery
<b>Job title</b>	Head of Programmes (Berkshire West)
<b>Organisation</b>	Buckinghamshire, Oxfordshire and Berkshire West ICB
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. That the report is noted by the Board as providing an update on the pilot's activity.</li> <li>2. That, where applicable, the conclusions are endorsed by the Board.</li> </ol>

### 1. Executive Summary

- 1.1. This paper sets out a high-level summary of the evaluation of the Urgent Care Centre (UCC) pilot which was commissioned by Buckinghamshire, Oxfordshire and Berkshire West ICB (BOB ICB).
- 1.2. Demand across NHS urgent care services has consistently increased in recent years, resulting in significant pressure on our local system, particularly in emergency and primary care. Several actions were taken across Buckinghamshire, Oxfordshire and Berkshire West to ease pressures over the winter of 2021/22, including commissioning additional capacity in primary care and trialling primary care overflow hubs with the ability to divert patients from Royal Berkshire NHS Foundation Trust (RBFT) Emergency Department (ED). However, these initiatives, although helpful for a small number of patients, did not have a significant impact on levels of ED demand related to minor illness presentations.
- 1.3. Subsequently BOB ICB agreed in July 2022 to pilot a primary care-led UCC until the end of March 2024 that allowed appropriate Berkshire West and non-Berkshire West patients to be diverted from ED, provided additional appointments for GP practices when reaching capacity and allowed patients to self-present to the service. A procurement process was undertaken through which HCRG Care Services Ltd was identified as the preferred provider.
- 1.4. The UCC opened on 5<sup>th</sup> December 2022 and HCRG were contracted to provide the service until March 2024. The contract has subsequently been extended until March 2025 to enable the procurement of a further pilot, responding to and incorporating the findings of the evaluation.

### 2. Evaluation

- 2.1. The UCC was commissioned to help manage public demand for GP appointments and the high ED attendance rates at RBH associated with minor illness/low acuity presentations that did not necessitate ED involvement. It provided a primary care led same day offer to patients for whom minor illness management would be more appropriate as an alternative to attending ED. The UCC has use of the patient record to help resolve their treatment needs, preventing the need for further follow-up with their registered GP. When patients

self-present the opportunity is also taken to support GP registration of unregistered patients and provide patient education on appropriate use of services. Primary care appointments are available to be booked by GP practices and ED to support resilience and as an ED divert to enable the ED to concentrate resource on those patients needing ED services. To support utilisation of all the appointments available, the Clinical Assessment Service (CAS) has also been able to book appointments since 12 June 2023.

- 2.2. Over a 12-month period, the following activity was recorded, with an average number of 74 appointments being booked per day:

Type	Total appointments available	Total number booked	% booked
Total	37,352	26,970	72%
GP	7,284	5,669	78%
ED	11,421	5,174	45%
Self-present	17,872	15,807	88%
CAS*	775	320	41%

\*CAS is Clinical Assessment Service – i.e. a route to book primary care appointments.

Key conclusions to note:

#### Capacity:

Of available capacity, 72% of UCC appointments were booked and 69% used. The best use of appointments was by self-presenting patients, while highest DNA (Did Not Attend) rates were seen in ED patients. Overall, there was good use of appointments, however 100% utilisation of the daily capacity of 100 appointments available was unlikely due to varying referral/booking volumes and inability of the model to arrange backfill of unused capacity.

#### Impact on RBFT Emergency Department:

Appendix 1 shows the trend in ED attendance and non-urgent ED attendances since the UCC was established. Generally high attendance rates in ED equated to high attendance rates in UCC. No significant improvement regarding 4-hour emergency performance was seen following the opening of the UCC.

#### Patient Attendance:

The top 10 practices patients were seen from were mostly in central and south Reading, with one Wokingham practice in the top ten (also the practice within the most 'DNA' patients). There were no West Berkshire practices. This suggests that the UCC mainly benefited patients registered with central and south Reading practices.

There was also some activity by Oxfordshire (328) and Buckinghamshire (52) patients, while 1,317 unregistered patients attended the UCC and 2,531 patients outside of BOB used the service. The UCC was sited in a shopping mall in the centre of Reading with good public transport links. The UCC's opening times being outside of the mall's shopping hours made access to the UCC in the evening difficult. Peak times in appointment usage was between 10-11am and 3-6pm.

### 3. Next steps

- 3.1. The UCC was commissioned on a pilot basis. Although not delivering all of the intended benefits, the data shows that a primary care orientated service was used by a large number of patients.
- 3.2. Conclusions drawn note the following:

- A significant majority of practices with the highest utilisation of registered patients were within central and south Reading which suggests a Reading location will best meet need.
  - The highest DNA rates reported were for those patients booked in by the RBH ED which would indicate the redirection of patients was not having the desired impact on ED demand. A model of co-location at RBH would both improve the volume of attendances from ED patients while also increasing the possibility of reaching 100% utilisation and meet the need from those registered with central and south Reading practices
  - It is likely that the large number of patients accessing the service who are registered outside of BOB ICS will reduce if the service is co-located on the RBH site. While a balance should be sought, a number of those patients accessed this service for ease and alternative models of same day access are available within their host localities. It is important that the needs of the Reading population is met.
  - Co-location at the RBH will better support access outside of the shopping mall's core hours.
- 3.3. BOB ICB's position following the analysis of the pilot, allied with a commitment to improving access to emergency and primary care health services for the local population, is to progress the work underway to commission a service that responds to the evaluation outcome and delivers an improved offer to patients to be co-located at the RBH site.

## Appendix A

### Data on impact on Royal Berkshire NHS Foundation Trust Emergency Department of UCC activity

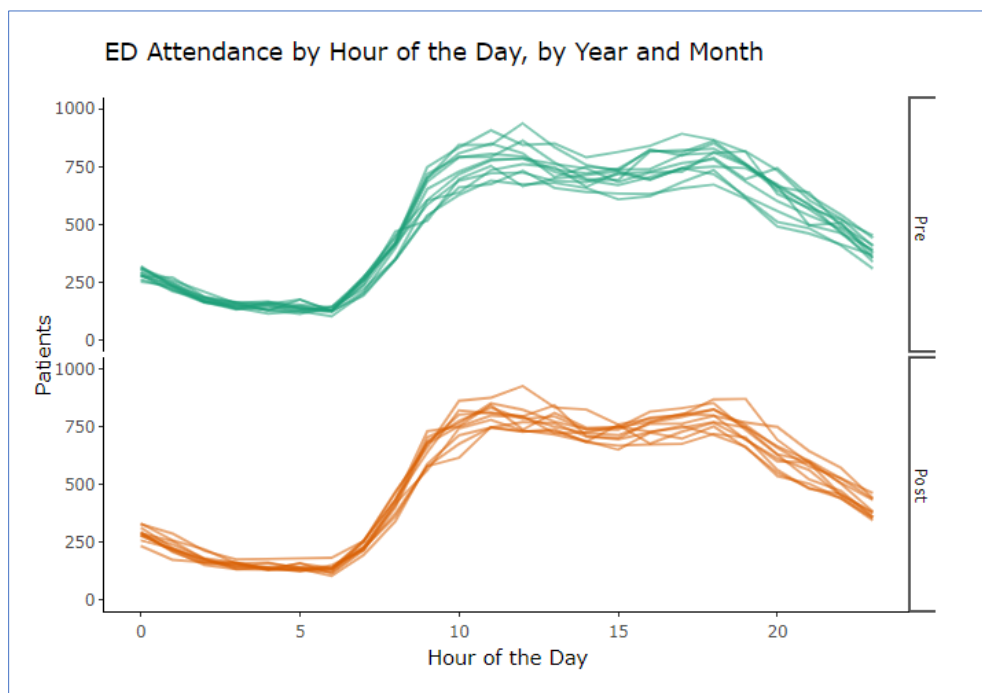


Figure 1 – ED arrivals per hour before and after UCC opening

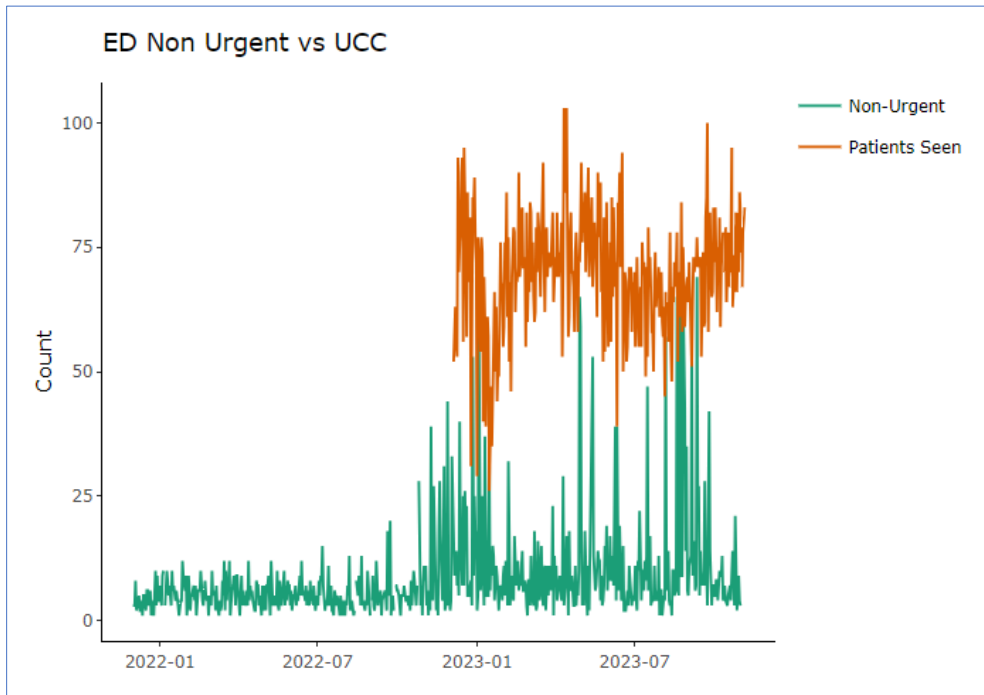


Figure 2 – Patients seen by UCC (orange) and non-urgent patients still attending RBFT ED (green)

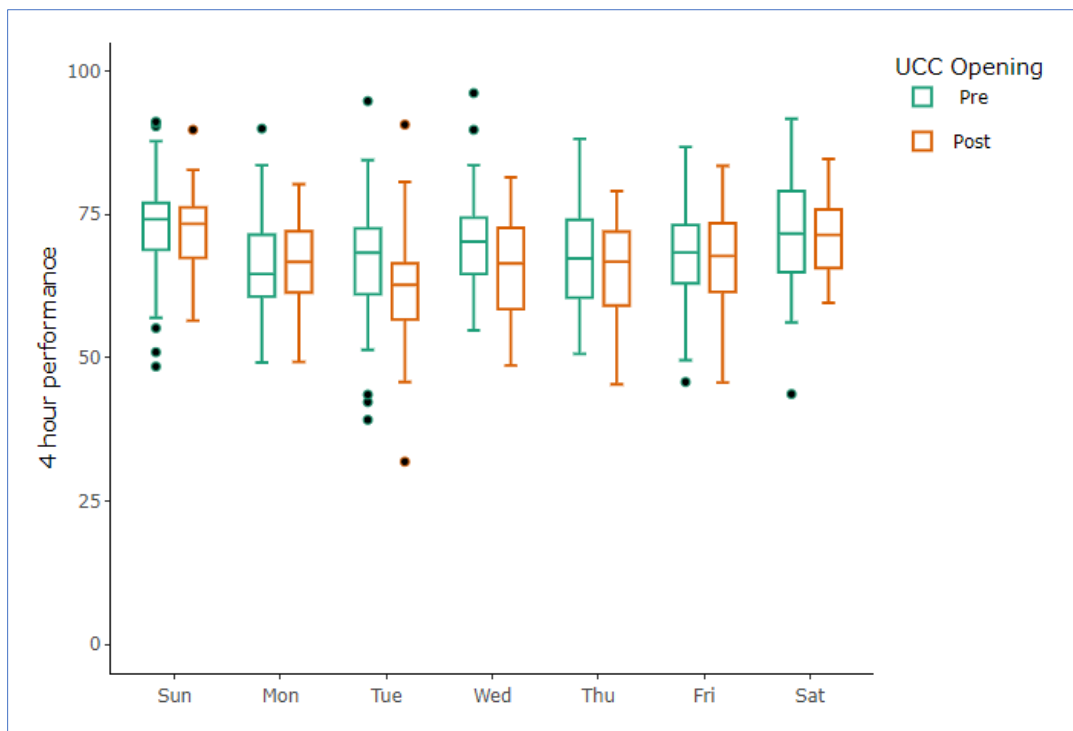


Figure 3 – Daily four hour performance at RBFT ED

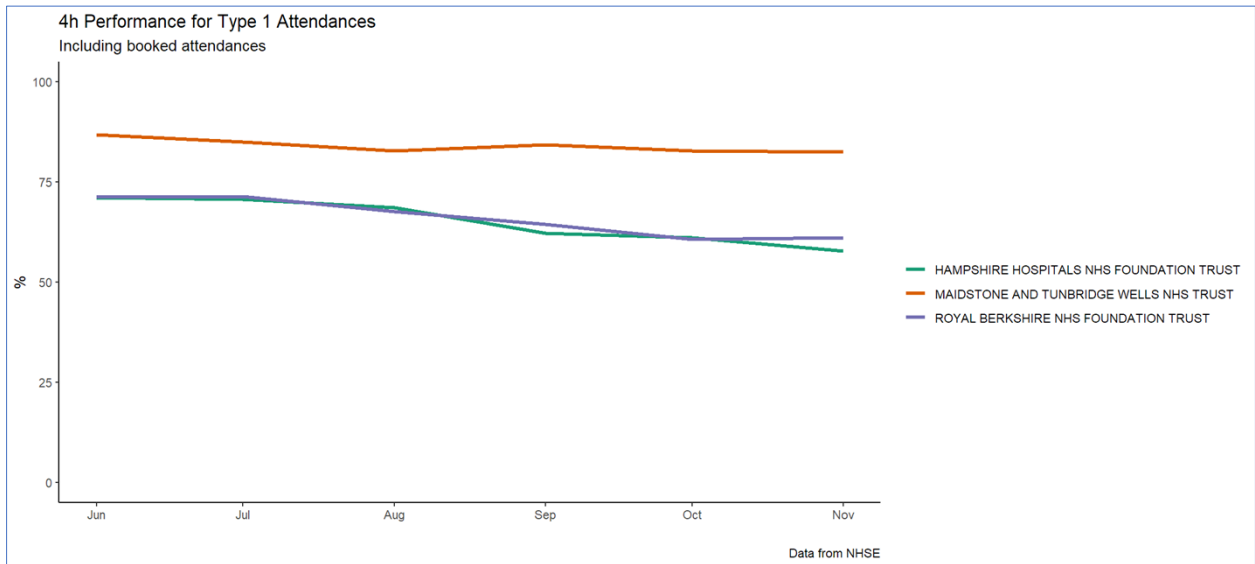


Figure 4 – Examples of four hour performance in areas with UCC co-located with ED.