

## Central UTC

### 9 Set up a minor illness service alongside the Minor Injuries Unit at RHH

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen in a practice within their locality.

Adults with minor illness symptoms or minor injuries would be seen at the relevant illness or injury services at RHH during core hours, evenings and weekends. Children would be seen at SC(NHS)FT. Overnight, adults and children with minor illness symptoms would only be seen via an appointment booked through 111 at the overnight illness service. **Further consideration would be needed to decide whether to keep this service sited at the NGH or move it to RHH.** Any patients requiring treatment for minor injuries overnight would be seen in the relevant ED.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen within a locality setting (service also provides planned care)	Patients seen within a locality setting (service also provides planned care)	Adults and children with illness symptoms at <b>RHH</b> (booked appointments only) <b>OR Leave location at NGH</b>
Patients who do not need continuity of care seen within their practice or neighbourhood			
<b>Adult minor illness service at RHH</b>	<b>Adult minor illness service at RHH</b>	<b>Adult minor illness service at RHH</b>	
<b>Adults seen at an injury service at RHH</b>	<b>Adults seen at an injury service at RHH</b>	<b>Adults seen at an injury service at RHH</b>	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	
<b>Key</b>	Minor Illness Service <span style="color: green;">■</span>	Minor Injury Service <span style="color: red;">■</span>	Minor Illness & Injury Service <span style="color: orange;">■</span>
Option Viability Assessment			
<b>Sustainable Activity Levels</b>			
<b>Right Thing First Time</b>	Patients may choose 'wrong' door first time and need to be sent next door for 'right' service		
<b>Logistical Feasibility</b>	Would not be the most efficient use of workforce Does not comply with national guidance on UTCs		
<b>Recommendation</b>	Not viable		

## Central UTC

### 10 - Develop an urgent care village where all aspects of urgent care could be provided (for both adults and children)

This option emerged from the consultation and proposes commissioning an “Urgent Care Village” in a central location which would include the combination of a minor injuries service, a minor illness service and the EEC. **The Urgent Care Village would see both adults and children.**

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen in a practice within their locality.

Adults and children with minor illness symptoms and all those with minor injuries would be seen at the Urgent Care Village during core hours, evenings and weekends. Overnight, adults and children with minor illness symptoms would only be seen via an appointment booked through 111 at the overnight illness service. **Further consideration would be needed to decide whether to keep this service sited at the NGH or move it to Urgent Care Village.** Any patients requiring treatment for minor injuries overnight would be seen in the relevant ED.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen within a locality setting (service also provides planned care)	Patients seen within a locality setting (service also provides planned care)	Adults and children at <b>central Urgent Care Village</b> (illness symptoms and booked appointments only) <b>OR Leave location at NGH</b>
Patients who do not need continuity of care seen within their practice or neighbourhood			
<b>Adults &amp; Children at Urgent Care Village (Illness &amp; Injury)</b>	<b>Adults &amp; Children at Urgent Care Village (Illness &amp; Injury)</b>	<b>Adults &amp; Children at Urgent Care Village (Illness &amp; Injury)</b>	<b>Adults and children with injury symptoms seen within their respective EDs (walk in only)</b>
Key	Minor Illness Service <span style="color: green;">■</span>	Minor Injury Service <span style="color: red;">■</span>	Minor Illness & Injury Service <span style="color: orange;">■</span>
Option Viability Assessment			
<b>Sustainable Activity Levels</b>			
<b>Right Thing First Time</b>	Strong consultation feedback that adult and paediatric care should be separated		
<b>Logistical Feasibility</b>	Lack of specialist paediatric staff (drs and nurses) to cover 2 separate locations Recognition that the strong SC(NHS)FT brand is always going to encourages pts to attend SC(NHS)FT ED		
<b>Recommendation</b>	Not viable		

## Other Options

### 14 - Have 4 urgent treatment centre hubs in primary care 13 – Keep all “primary care urgent activity” in primary care rather than establishing it at a secondary care provider site

These options were suggested via the consultation feedback and would require the CCG to expand the offer of the current minor illness service provided by the extended access hubs. Adult minor injury would be seen within A&E at NGH. Children would also have the option of being seen at SC(NHS)FT.

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen within their locality. Overnight, adults and children with minor illness symptoms would only be seen by the overnight illness service via an appointment booked through 111. **Further consideration would have to be given as to the location of this service.**

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen within a locality setting (service also provides planned care)	Patients seen within a locality setting (service also provides planned care)	Adults and children with illness symptoms at overnight illness service (booked appointments only)
Patients who do not need continuity of care seen within their practice or neighbourhood			
Adults with minor injury seen at NGH A&E	Adults with minor injury seen at NGH A&E	Adults with minor injury seen at NGH A&E	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	
<b>Key</b>	Minor Illness Service <span style="color: green;">■</span>	Minor Injury Service <span style="color: red;">■</span>	Minor Illness & Injury Service <span style="color: orange;">■</span>
Option Viability Assessment			
<b>Sustainable Activity Levels</b>			
<b>Right Thing First Time</b>	If minor injuries treated at ED, potential for patients to go to the wrong service		
<b>Logistical Feasibility</b>	<p>Would require significantly increased workforce to staff multiple hubs</p> <p>Would need to significantly upskill staff to treat minor injuries if treated in in hubs</p> <p>Significant, unaffordable capital cost of placing diagnostics in multiple hubs if injuries treated in hubs</p> <p>Doesn't comply with UTC guidance and threatens implementation of national guidance</p>		
<b>Recommendation</b>	Not viable		

## Other Options

### 4 Reinstatement A&E at RHH

This option was suggested via the consultation feedback and would require the CCG to recommission A&E at RHH.

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen within their locality. Overnight, adults and children with minor illness symptoms would only be seen by the overnight illness service via an appointment booked through 111. **Further consideration would have to be given as to the location of this service.**

Adult minor injury would be seen within either A&E department and children would be seen at SC(NHS)FT.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen within a locality setting (service also provides planned care)	Patients seen within a locality setting (service also provides planned care)	Adults and children with illness symptoms at overnight illness service (booked appointments only)
Patients who do not need continuity of care seen within their practice or neighbourhood			
Adults with minor injury seen either at NGH OR RHH A&E	Adults with minor injury seen either at NGH OR RHH A&E	Adults with minor injury seen either at NGH OR RHH A&E	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	
Key	Minor Illness Service <span style="color: green;">■</span>	Minor Injury Service <span style="color: red;">■</span>	Minor Illness & Injury Service <span style="color: yellow;">■</span>
Option Viability Assessment			
<b>Sustainable Activity Levels</b>			
<b>Right Thing First Time</b>	RHH doesn't have the necessary clinical services to support an A&E department		
<b>Logistical Feasibility</b>	Lack of available workforce to staff a 2nd A&E department 2nd ED unaffordable to the system Unlikely to be deemed a trauma centre		
<b>Recommendation</b>	Not viable		

## Other Options

### 3 No change – Status Quo

This option was suggested via the consultation feedback and would see no changes to services. Any services whose contracts were due to expire would be re-procured as per the normal procurement processes.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Adults and children with illness symptoms seen within practices	Patients seen within a locality setting (service also provides planned care)	Patients seen within a locality setting (service also provides planned care)	Adults and children with illness symptoms at overnight illness service (appointments arranged via 111)
Adults and children with illness symptoms seen at WIC	Adults and children with illness symptoms seen at WIC	Adults and children with illness symptoms seen at WIC	
	Adults and children with illness symptoms at Out of Hours service (appointments arranged via 111)	Adults and children with illness symptoms at Out of Hours service (appointments arranged via 111)	
Adults with minor injury seen at MIU	Adults with minor injury seen at MIU	Adults with minor injury seen at MIU	Adults and children with injury or illness symptoms seen within their respective EDs
Adults with minor injury or illness symptoms seen at NGH A&E	Adults with minor injury or illness symptoms seen at NGH A&E	Adults with minor injury or illness symptoms seen at NGH A&E	
Children with minor injury or illness symptoms seen at SCH(NHS)FT ED	Children with minor injury or illness symptoms seen at SCH(NHS)FT ED	Children with minor injury or illness symptoms seen at SCH(NHS)FT ED	
<b>Key</b>	Minor Illness Service <span style="color: green;">■</span>	Minor Injury Service <span style="color: red;">■</span>	Minor Illness & Injury Service <span style="color: orange;">■</span>
Option Viability Assessment			
<b>Sustainable Activity Levels</b>	Activity levels unsustainable without significant changes to service model and increase in workforce		
<b>Right Thing First Time</b>	Continued inefficient use of tax payers money Current barriers to doing right thing first time remain (lack of timely access, confusion, duplication etc)		
<b>Logistical Feasibility</b>	Fails to overcome expected future workforce challenges – not sustainable Does not comply with national guidance on UTCs		
<b>Recommendation</b>	Not viable		

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