

NHS EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP MINOR INJURIES SERVICES REVIEW

1. Introduction

East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) has completed a review of Minor Injuries Services (MIS) commissioned and accessed by our local population. At the moment local minor injury and illness services in East Leicestershire and Rutland differ in effectiveness and in what they offer from place to place, and their opening times are confusing for patients and clinicians alike. We believe that there is significant room for improvement

Consequently, ELR CCG is planning to consult the public on future options, recommending a 'see and treat' service model of integrated primary care led minor injury and minor illness services, aligned to the broader range of urgent care services.

2. Background

MIS across ELR are currently delivered within a variety of settings (including both Minor Injury and Minor Illness Units and primary care), at different hours of the day and days of week, and through multiple service models, as shown below.

Location	Opening times
Rutland Memorial Hospital Minor Injuries and Minor Illness Unit, Oakham	Minor Illness (Nurse led), Monday to Friday 8.30am to 6pm Minor Injuries, 9am to 5pm No services at weekend or bank/public holidays
Market Harborough District Hospital - Minor Injuries and Minor Illness Unit	7 days a week, 9am to 9pm
Melton Mowbray Hospital - Minor Injuries and Minor Illness Unit	Weekends and bank holidays, 9.30am to 1.30pm
Latham House, Melton Mowbray – Minor Injuries Services	Monday to Friday, 8.30am to 6.30pm
Primary Care – across ELR – Minor Injuries Services	Monday to Friday, 8.30am to 6.30pm
The following service is temporarily suspended due to staffing problems:	
Fielding Palmer Hospital, Lutterworth - Minor Injuries and Minor Illness Unit	7 days a week , 9am to 9pm

The MIS review has been undertaken to ensure that ELR CCG commissions safe, timely, effective and value for money minor injuries services that meet the needs of local people. It is set in the context of supporting the CCG's priorities in relation to emergency and urgent care, particularly by:

- Improving access to more appropriate settings of care for people with emergency and urgent care needs;
- Improving quality of care by reducing variation in primary care, developing more responsive community based services and improving the quality of patient services and experience; and,

- Reflecting the Leicester, Leicestershire and Rutland (LLR) Emergency Care left shift strategy by ensuring that patients access the right care in the right place, by those with the right skills, the first time.

The review has also coincided with plans to improve out of hours services for the CCG and the review's recommendations are aligned to these plans.

3. The Minor Injuries Services Review

3.1. Approach

The MIS review was progressed based on the following principles:

- There should be access to appropriate emergency, urgent and minor injury care throughout the county;
- Services should be fit for purpose, with the same standards of care in any setting, delivered through a standard specification;
- Patients and clinicians should understand where to access minor injuries services;
- Services should be available within a reasonable time and distance for local people.

The review approach to date has included:

- Analysis of current minor injuries services, based on detailed analysis of 2011/12 activity and commissioning costs, reviewed against 2012/13 outturn;
- Assessment of need for minor injuries services across ELRCCG, including the interface with minor illness provision;
- Review of the evidence base for minor injuries services, nationally and locally;
- Initial patient engagement;
- Development of a suggested clinical model in line with the Leicester Leicestershire and Rutland (LLR) urgent care pathway;
- Identification of the service model options that best fit with local health needs, aligned to other strategic developments.

Initial patient engagement was undertaken in Spring 2012 to assist the CCG to identify the services local people want delivered from their local community hospitals and MIUs. Responses indicated:

- Support for the provision of minor injury services but that people find the opening times confusing;
- Services should be provided locally, such as in GP surgeries or community hospitals, and good transport links and parking are really important

The review has also benefited from the involvement of Healthwatch representatives (formerly LINKs) and the results of the patient engagement have informed the development of the potential options.

3.2. Current Limitations and Evidence for Change

The assessment of current service provision reflects issues identified in national research:

- Minor injury services are inconsistent in their scope and how they are used;
- Patients are confused about where to go for what service;
- There is little evidence of the impact of minor injuries services on the use of A&E provision, but limited local evidence does indicate that there is a lower increase in patients accessing A&E where services are well utilised;
- Walk-in centres and MIUs improve access for some groups including young adults, have shorter waits than A&E and are highly valued by patients;
- 48% of MIU cases would have gone to A&E if the MIU had not been there¹;
- There is variation in access to out of hours primary care, minor injury and minor illness services, with predictable demand during core hours, evenings and weekends;
- National evidence reviews² have identified that 'restricted case mix urgent care centres' are fragmented, generate confusion and are dependent on patients and staff knowing that they exist. They identified concerns in terms of clinical governance, including patient follow up, access to care information, variable staff competence and multiple 'hand offs' (patients needing to see multiple clinicians in one visit). The national evidence review set out a principle that patients should have guaranteed same day access to a primary care team integrated with their GP practice and hospital specialist team;
- Nationally, only 1 in 5 patients are able to get a same day appointment in general practice – 9% of these went to A&E, impacting disproportionately due to numbers. However, it should be noted that none of the ELR CCG practices are failing against the core contract requirements that patients need to be seen within 24 hours by a nurse or 48 hours by a GP;
- Delivery within primary care has a disproportionately beneficial impact on emergency pressures and models should be developed which are more integrated with primary and social care³.

In 2011/12, there were nearly 30,000 attendances for minor injuries and minor illness within ELR CCG commissioned services. Of these 56% attended MIUs and 44% attended GP minor injury services. However, there were about 60,000 attendances by ELR patients across all urgent care providers within LLR and neighbouring areas for minor injury related services.

The local review identified that:

- MIS activity is predictable, both through MIUs and within urgent/emergency care:
 - Monday, then Sunday being the most used;
 - Highest levels of attendance in the morning;
 - Minimal attendance at 24/7 services from midnight to 6am; and,
 - 44% patients self-attend A&E for minor injuries within GP core hours;
- Local service provision facilitates access for people who are least able to travel. The greatest use of MIUs is by young people (0-19) and there is limited use of Oakham MIU or Leicester and Loughborough UCCs by patients over 70 years old;

¹ Liverpool Public Health Observatory evidence review (2009)

² Evidence Base from the Urgent and Emergency Care Review (NHS England, 2013)

³ Kings Fund report on Urgent and Emergency Care (2013)

- The cost per attendance falls within benchmark costs for MIS elsewhere; however, ELR costs are based on both minor injury and minor illness activity. However, there is currently double funding of minor illness services.

The identifiable total commissioning budget for ELR minor injuries services in 2013/14 was £1,098,710. The projected commissioning cost of the proposed new model is within 10% of the identifiable commissioning budget.

3.3. Option Appraisal

A full option appraisal was completed by the Project Board (including clinical and patient representatives); this is now subject to review by the National Clinical Assessment Team (NCAT). Their resulting report is imminent and will inform the detail of the public consultation; therefore, the public consultation document will be forthcoming and subject to separate provision to the Overview and Scrutiny Committee.

4. Consultation and Engagement

ELR CCG plans to undertake robust consultation process in line with the CCG's commitment to involving patients, partner organisations and clinicians in decision making and the need to ensure the CCG meets its legal obligations to consult appropriately on any major service change.

The CCG will present options to the public, highlighting the preferred pre-consultation model, and giving opportunity for feedback.

Both clinical and patient/public engagement are critical success factors for this project. There is recognition that whichever option is finally recommended, clinical, patient and public awareness of how, where and when to access services is key and communications and engagement work will underpin future implementation.

5. Next Steps

Public views will be analysed and used to form a recommendation on the future of the services. This will go before the ELR CCG Governing Body during the coming winter for approval. If approved, any necessary procurement of services will begin and, if needed, changes in existing provider contracts will be negotiated. The new arrangements for minor injuries and illness will begin in 2015.