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Standardising access to urgent and emergency care services – the redesignation of minor injury units/walk-in centres to urgent treatment centres across Surrey Heartlands

1. Purpose of report:

1.1 The purpose of this paper is to brief the Surrey County Council Adults & Health Select Committee on work that is being undertaken across Surrey Heartlands ICS to standardise access to urgent and emergency care services for local people, specifically the redesignation of Minor Injury Units/Walk in Centres (MIU/WiCs) to Urgent Treatment Centres (UTCs). This work responds to recognition – locally and nationally – that the current urgent care ‘offer’ is fragmented and confusing for the public which is front and centre of NHS England’s national strategy to redesignate all MIU/WiCs to UTCs by April 2025.

2. Executive Summary:

2.1 As part of the ICB’s drive to simplify choice and improve access for patients to urgent and emergency care services, Surrey Heartlands has been working with local partners and stakeholders to develop the current MIU and WIC provision into UTCs to standardise and improve the availability of services offered. This improvement in access will help to ensure that patients are able to more easily access same day services, simplifying their pathway and reducing the reliance on acute Emergency Departments (EDs).

2.2 Allied to this strategic desire to improve/simplify access, and in response to the NHS England requirement to designate MIUs and WiCs as UTCs by April 2025, Surrey Heartlands ICS has embarked on a significant programme of work to deliver this ambition. The programme has engaged with all local teams to identify the current state of service delivery in each area and has undertaken a detailed gap analysis of current provision against the anticipated UTC service specification.

2.3 Following this analysis of 'current state', there are several areas where full compliance with the UTC specification has not been possible and as a result, a number of derogations (temporary exemptions) have been sought from NHSE to enable this programme to progress, recognising the need to continue to refine service models locally moving forward.

2.4 The overarching aim of this programme is to deliver a more rapid response and improved clinical support to patients requiring minor injury and minor illness support within local community settings, with increased choice and improved access. At the same time, we are concentrating efforts to improve the overall coordination of care, working with partners such as NHS 111, as well as ensuring there are a range of services outside hospital that patients can access when they need urgent support, cognisant of the need to ensure equal access for those using/not using digital channels.

2.5 Critical to the success of this programme will be a comprehensive and ongoing communications and engagement plan to support patients and the public to better navigate the local health and care system and understand the services on offer. To this end, the ICB is working with partners to start developing a comprehensive and ongoing plan on how best to access same day urgent and emergency care and how to choose the most appropriate services overall, including but not limited to UTCs. This plan will use both digital and non-digital communication channels. It will be important to tailor this plan to reflect any local differences, particularly as we step the new UTC services up (recognising that not all UTCs will be able to offer the full suite of services from 1st April), with the aim of being able to develop more standardised messaging over time.

2.6 Our overall aim will be to support patients to access the most appropriate care pathway first time; with additional support and navigation signposting from NHS 111 and primary care partners (including other initiatives such as Pharmacy First), we are anticipating a direct reduction in the demand on acute Emergency Departments which in turn will lead to a reduction in waiting times for our patients.

2.7 This programme is an ongoing and evolving piece of work and will continue to drive transformational change in partnership with our clinical teams for our communities across Surrey and is a key strategic workstream for the system over the coming year.

3. Introduction:

3.1 NHS England's Urgent and Emergency Care (UEC) recovery plan requires all systems to ensure patients can access a range of early intervention services outside hospital (for unplanned, urgent care) which will reduce unnecessary

attendances at emergency departments (A&Es) and help protect those services for those who really need them.

3.2 At the same time, there is a move to simplify the urgent and emergency care 'offer' to patients by consolidating services such as Walk in Centres and Minor Injury Units into Urgent Treatment Centres that deliver increased minor illness and minor injury clinical provision. This will help standardise services and create a less fragmented system.

3.3 Services such as Walk in Centres and Minor Injury Units have developed over time, often with very different service offers which can be confusing for patients; NHS England is now asking systems to consolidate these services into Urgent Treatment Centres which have a defined and consistent range of services, providing improved care and a more straightforward 'offer'. Surrey Heartlands ICB is committed to moving to this model by the end of this financial year (April 2025).

3.4 Simplifying the options available for patients is seen as a positive step to provide easier patient access to the services they need, and by making access to the most appropriate service easier it is hoped that this will provide more choice for the community whilst easing the ongoing demand on acute ED provision.

3.5 In addition, from April 2025 onwards, emergency care data set (ECDS) reporting will recognise designated UTC activity as a separate entity, which will enable detailed analysis to further identify and develop clinical pathways directly contributing to patient choice, availability of services which ensures that patients are seen as quickly as possible in the most appropriate care setting, whilst also improving the 4-hour performance standard in E.Ds.

3.6 Another key element is the support from community pharmacies. The "pharmacy first" model of care further supports the patient's right to choice to access same day urgent care pathways closer to home (i.e. from community pharmacies for a range of conditions) and without the need to rely on acute care provision.

4. Current Activity

4.1 It is anticipated that there will be an increase in activity across the various UTCs following redesignation and this will go towards supporting the shift of patients away from the acute emergency departments into more local provision.

4.2 The UTCs are likely to see approx. 25% more patients than they do currently, due to the expansion of services on offer. This will equate to an increase of approximately 10 patients per day (from 40 to 50 patients) at Haslemere UTC and a c. 16 patient a day increase (from 63 to 79 patients) at Caterham Dene

UTC. The impact at the Ashford and Woking UTCs is likely to be different than other UTCs as these centres have been providing similar UTC services previously so the increase in activity is expected to be smaller.

4.3 The activity impacts will be monitored closely in the initial phases following the redesignation to ensure that the expected shifts are within the expected levels and to monitor the impact of the communications and engagement work that will have been undertaken ahead of this phase of the programme.

4.4 The ICS priority is to ensure that patients are seen in the correct service and an ongoing review of activity will continue to support our communities to be able to do this effectively every time they need to do so.

5. Broader Urgent Care Strategic Context

5.1 Following the recommendations of the Urgent and Emergency Care Recovery Plan Year 2, Surrey Heartlands is concentrating efforts to improve coordination of care and facilitate the necessary shift from acute to community provision, making it easier for patients to know where to go and in supporting professionals to be able to provide safer care closer to home.

5.2 The ICB is currently developing a range of services to provide an 'At Scale' service offer and to fully coordinate our approach to enable patients to navigate access to appropriate care more easily and deliver a single-entry point for urgent on the day demand where an urgent emergency response is not required. The role of NHS 111 is fundamental to ensuring that patients are supported to access the best care pathway for their specific needs, and where a 24/7 service is created where the patient's experience is the same in hours and out of hours. It is therefore essential that all service changes are reflected in the directory of services held by NHS 111 service providers to allow them to signpost patients to the most appropriate service first time, every time.

5.3 Our ambition is to create a unified and efficient "front door" to health and care services, one that is consistent across all hours of the day, regardless of how patients access care (whether through digital platforms like the NHS app or via phone calls). This model aims to also provide visibility of capacity across providers, better support the ability to triage and clinically assess patient needs which in turn enables onward navigation to the most appropriate service and effectively reducing unheralded activity to Emergency Departments and unnecessary ambulance dispatch.

5.4 Expanding the UTC offer across Surrey Heartlands via the work on the redesignation of Minor Injury Units/Walk in Centres (MIU/WICs), will provide a significant first step to increase the scope of opportunity within our new care navigation model, which supports patient referral to alternatives services outside the acute hospital Emergency Department thus promoting equity of

access and greater standardisation of service delivery.

6. How does a UTC differ from a Minor Injury Unit/Walk-in Centre?

6.1 Currently there are a highly complex range of urgent and emergency care services which can make choosing the most appropriate patient pathway for each individual patient challenging. This results in many people resorting to the option of attending their local Emergency Department instead of a more appropriate urgent care service would provide them with the care they need, along with reduced wait times.

6.2 A core set of national standards for UTCs has been produced to provide as much consistency as possible. UTCs, wherever they are located, should be able to treat patients of all ages for minor ailments and injury, with the required senior clinical leadership.

6.3 In line with these standards and as a priority, UTCs are expected to:

- a) **open 7 days a week, 12 hours a day** as a minimum
- b) see both **booked and walk-in** patients.
- c) see both **minor injuries and minor ailments**.
- d) see patients of **all ages**
- e) have a named **senior clinical leader** supported by an appropriate workforce multi- disciplinary team
- f) have a **basic consistent investigative/diagnostic** offering on site (with clear protocols if not on site)
- g) accept appropriate **ambulance conveyance**.
- h) have **access to patient records and the ability to send electronic messages**
- i) clearly communicate to the public what the service is for via **consistent urgent treatment centre nomenclature**, to be accessible to all.

6.4 An important element of the service is the ability for patients to have access to pre-booked appointments, this is already supported within existing services and so this function will simply transfer into the UTC at the time the MIUs/WiCs are re-designated into UTCs, thus continuing to ensure booked slots are available within the UTC, bookable via the NHS 111 portal, to meet the national standard.

7. Units in Scope of Transformation

7.1 Below is a list of all the units that are seeking redesignation to UTCs across Surrey Heartlands

- 1) Caterham Dene Minor Injuries Unit
- 2) Haslemere Hospital Minor Injuries Unit

- 3) Ashford Hospital Walk in Centre (WIC)
- 4) Woking Community Hospital Minor Injuries Unit

7.2 These units have all been assessed against the UTC specification and the gap in current provision against the new specification has informed the work plan for the coming year.

8. Gap Analysis

8.1 As already stated, we have a wide variety of Urgent and Emergency service provision across Surrey Heartlands. In order to understand the level of transformation needed for these services to meet the new UTC standards (as outlined above), we have undertaken a gap analysis to benchmark current provision and highlight where we will need to develop/increase the services on offer.

8.2 Although we are working hard to develop services accordingly, we know that we won't be able to fully meet all the UTC standards by April 2025. However, to enable UTC designation to take place within the agreed timescale, we are working with regional NHS England partners to agree a number of derogations (temporary exemptions) against the standards, with further work continuing over the coming financial year (2025/26) to meet the full standards.

8.3 These exemptions include:

a. UTCs are expected to see patients of all ages.

1. The UTC at Ashford, Woking and Haslemere will be unable to see all ages, specifically those patients aged under 2 years from 1/04/24.
2. A derogation is sought for 12 months at Woking and Ashford whilst a programme of work is undertaken to work towards achieving this standard.
3. The Haslemere service will expand to cover higher volumes of minor illness in line with staffing skill-mix changes, including doctors. Children aged 2 and over will be seen in line with the current Royal Surrey Hospital policy, and other local UTCs - children under 2 years will be directed to an appropriate service such as A+E/Paediatric Assessment Unit (PAU) subject to triage in the UTC.

b. UTCs must have access to clinical advice and guidance from a local A+E (on or off-site) within their ICB.

1. Haslemere already has this in place via the Royal Surrey Hospital, and Caterham Dene hospital will be able to access clinical support from the GP service in the A+E at East Surrey Hospital.
 2. The urgent treatment centre must be led and governed by an appropriate named senior clinical lead who will take responsibility for general oversight, governance, audit, staff training and the strategic development of the service.
 3. Haslemere is appointing a senior clinical lead from the emergency department at the Royal Surrey. This will be supported by a joint Multi Professional Leadership role (GP and A+E consultant).
 4. Caterham Dene hospital will have coverage from a GP lead to enable compliance initially, with work continuing to develop a long-term model moving forward.
- c. All urgent treatment centres must have access to point of care testing (POCT), which is a process of enabling access to rapid diagnostic testing for the patient. Investigations including swabs, pregnancy tests, urine dipstick and culture, blood testing, glucose, haemoglobin, and electrolytes must be available. Electrocardiograms (ECG) must also be available.
1. can provide these but are awaiting capital works to be completed and the POCT testing contract to be agreed for equipment use.
 2. Ashford is planning to purchase Point of Care machines and complete staff training for haemoglobin, electrolytes, d-dimer, troponin, and CRP, and this is already in place at Caterham Dene hospital.
- d. East Surrey Place for Caterham Dene is currently working on resolutions for several outstanding issues that need to be agreed with clinical leads and the First Community Health and Care Executive, namely:
1. Plan for management of children of all ages – both minor illness and minor injury,

Once these derogations are agreed with NHS England's regional team a redesignation request will be submitted.

9. Communications and engagement

9.1 Critical to the success of this programme will be a comprehensive and ongoing communications and engagement plan to support patients and the public to better navigate the local health and care system and understand the services on offer. As well as helping people navigate what has been, to date, a fragmented

system, this will also help alleviate pressures felt within other parts of the health system, and in particular our emergency departments but also other parts of the system such as primary care.

9.2 To this end, the ICB is working with partners to start developing a comprehensive and ongoing plan to ensure people understand how best to access urgent and emergency care services and, more widely, how to choose the most appropriate services overall, including but not limited to UTCs.

9.3 It will be important to tailor this plan to reflect any initial local differences in UTC provision as we step these services up (recognising that not all UTCs will be able to offer the full suite of services from 1st April), with the aim of being able to develop more standardised messaging over time. As part of the plan, we will be working proactively with local communities to ensure they are kept informed as services progress and will continue the plan over time to maximise awareness of the intended service improvement and wider navigation.

9.4 There is also an opportunity to evaluate and measure people's behaviour and future behaviour change, work we can undertake via our internal research and insight team. Undertaking some short research will give us a baseline on people's current understanding/frustrations which we can then learn from, adapt messaging accordingly and measure over time.

9.5 We will start to enact our comms and engagement plan immediately, starting with some general messaging around the programme's ambitions and the designation of UTCs which will be followed up with more local, targeted comms and engagement relating to each of the UTCs and their current and future service offer. Any local comms and engagement will need to be cognisant of relevant derogations to avoid raising any unnecessary expectations. Over time as we work through the derogations and towards a more standardised service offer, we will be able to intensify our communication and develop a more comprehensive campaign.

9.6 As we do this, we will ensure we use a range of tactical channels, including digital methodologies (such as social media, production of short films, websites) but importantly recognising that not everyone is able to access digital messaging. Other channels will include leaflets, face to face engagement and roadshow activity, broadcast (radio) and the media (print and online).

9.7 As we work through our communication and engagement plan, we would be very grateful for the support and boosting of local messaging by committee members alongside other partners and stakeholders.

10. Conclusions:

10.1 The introduction of UTCs across Surrey Heartlands will provide greater choice for patients, standardise services and provide improved clinical provision at more sites, helping to reduce the demand placed on Emergency Departments within Surrey.

10.2 The designation of Urgent Treatment Centres is also a central part of NHS England's Urgent and Emergency Care priorities for the coming year, and Surrey Heartlands is working hard to deliver this service development in a way that improves current delivery for local people.

10.3 The standardisation of the services on offer will reduce the complexity of options for patients and make it easier for them to make a more informed choice of how they access same day urgent care locally, and at a time that is convenient to them.

10.4 The designation of UTCs sits alongside a wider plan to provide a more streamlined urgent care service provision to local patients, creating a system that is easier to navigate and where partners are also working closely together to create a unified and consistent 'front door' for patients in or out of hours.

11. Recommendations:

11.1 In light of the required changes being made in response to the NHSE requirements for all MIUs and UTCs to become UTCs by April 2025, it is recommended that the ongoing work be supported.

11.2 Further work is planned across Surrey Heartlands ICS to continue to develop the Urgent Care pathways and to provide the most appropriate and timely care pathways for patients wishing to access "on the day" services and the ICS will continue to work with all partners across the health and care system to deliver the best outcomes for our communities.

12. Next steps:

12.1 In order to progress this service transformation, the ICS will be meeting with our NHS England regional colleagues to agree the full set of service developments and derogations in order to redesignate the current Walk In Centres and Minor Injury Units as UTCs from April 2025, working towards full compliance over the coming financial year.

12.2 This will enable Place-based teams to work with their local providers of services and will provide the mandate for the wider ICS urgent and emergency care team to continue to provide oversight and support to these teams to work towards the full set of compliance requirements in the timeframes agreed with NHS England.

12.3 At the same time we will start to enact our communications and engagement plan, cognisant of the need to ensure local derogations are taken into account in the comms and not raising expectations until they can be fully met.

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