The Royal College of Emergency Medicine

2019/20 RCEM Urgent Treatment Centre Survey Report

Service Design and Configuration Committee

December 2020

Contents

Background

In England, the Next Steps on the NHS Five Year Forward View (FYFV) document was published in March 2017[1]. As part of the Urgent and Emergency Care strategy was an objective to roll out standardised Urgent Treatment Centres. This was a response to patient and public feedback regarding the confusion surrounding the roles and functions of variably named walk-in centres, minor injuries units and urgent care centres. In July 2017 NHSE published a set of core standards for Urgent Treatment Centres (UTCs) and gave a deadline of December 2019 for patients in all areas of England to have access to a UTC[2]. Such a facility would provide:

- At least 12 hours per day access
- A service that is GP led, staffed by GPs, nurses and other clinicians
- Access to diagnostics e.g. Urinalysis, ECG and in some cases X-ray
- Urgent appointments within 4 hours, booked via NHS111, ambulance services and general practice, as well as walk in services
- Services that are part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers

In addition to this service specification NHSE stated their expectation that there would be "reduced attendance and conveyance to A&E as a result of this standardisation and simplified access, as well as improved patient convenience as patients will no longer feel the need to travel and queue at A&E".

Following the publication of the UTC Principles and Standards document many commissioners in England have started to apply, or in some cases have fully adopted, these principles in delivering local services. In addition, RCEM has been made aware that in some localities in Scotland, Wales and Northern Ireland there have been moves towards implementation of similar services. However, despite the declared deadline of December 2019, RCEM Members and Fellows had raised questions about how this policy was developing throughout the country. Although there was clear evidence of implementation against the declared standards in some areas, in other areas progress towards this goal appeared to be slower and the standards potentially more variably applied. In addition, some concerns had been raised about how the UTC links to the Emergency Department and potential implications for Emergency Medicine training if minor injuries care is provided by another provider. RCEM therefore decided to carry out a survey of Clinical Leads in Emergency Medicine in order to establish a more representative national picture of Urgent Treatment Centres presence, location and functioning and the challenges and opportunities that they might provide. The survey was carried out in the autumn of 2019 and was performed using the Survey Monkey platform. The results are provided below.

Results

1. Demographics

95% of the 117 respondents described a UTC in England. There were a small number of other UTCs described:

Wales	3
Scotland	2
Northern Ireland	1

This was not surprising as the UTC standards were produced by NHSE to apply to the health service in England.

The average annual attendance of EDs that responded to the survey was 126,000. Unfortunately, it is not clear whether this number includes the UTC attendances for those co-located with the ED so we are unable to draw any conclusions from the fact that this is a relatively high number of annual ED attendances.

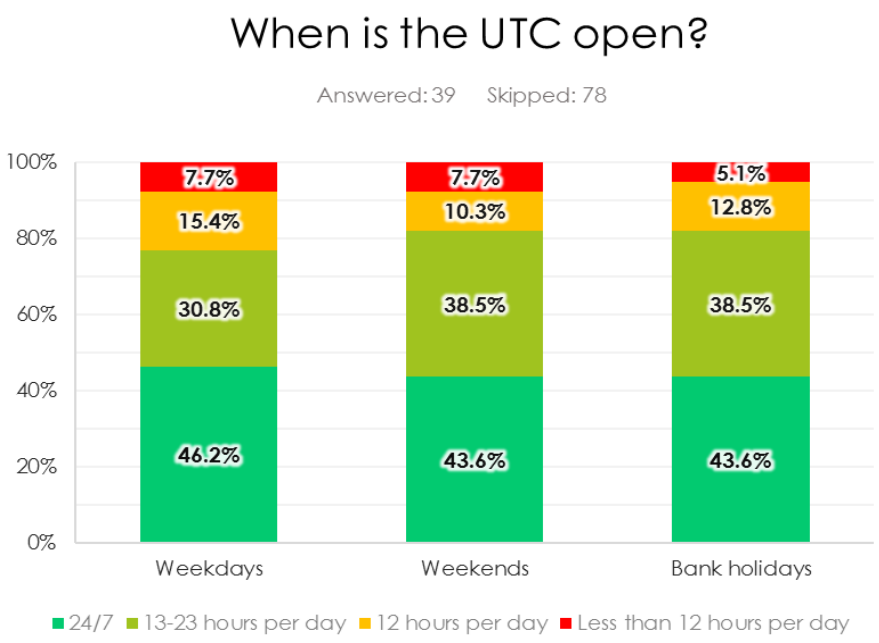
In terms of the number and location of UTCs in each area served by a reporting ED, approximately 1/3 had no UTC, 1/3 had one UTC and 1/3 had greater than one UTC.

45% of UTCs were co-located with the ED (shared front door), 17.5% were on the same site (but different access) and 37% were situated off site.

2. UTC Operating Model

Despite the NHSE document on standardisation of service delivery there remains variability on how UTC services are delivered.

A) Opening times



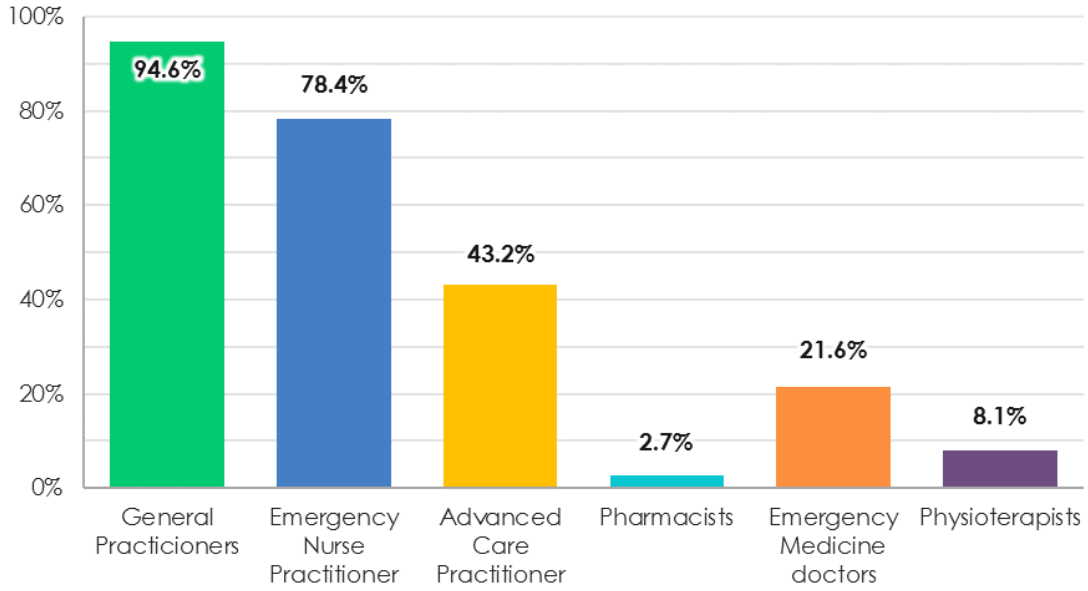
NHS 111 direct booking was reported as happening in 54% of UTCs

B) UTC provider

Interestingly, greater than 50% of UTCs in the survey were reported as being provided by the Acute Trust, with 21.6% by a GP consortium and 32% by an independent provider.

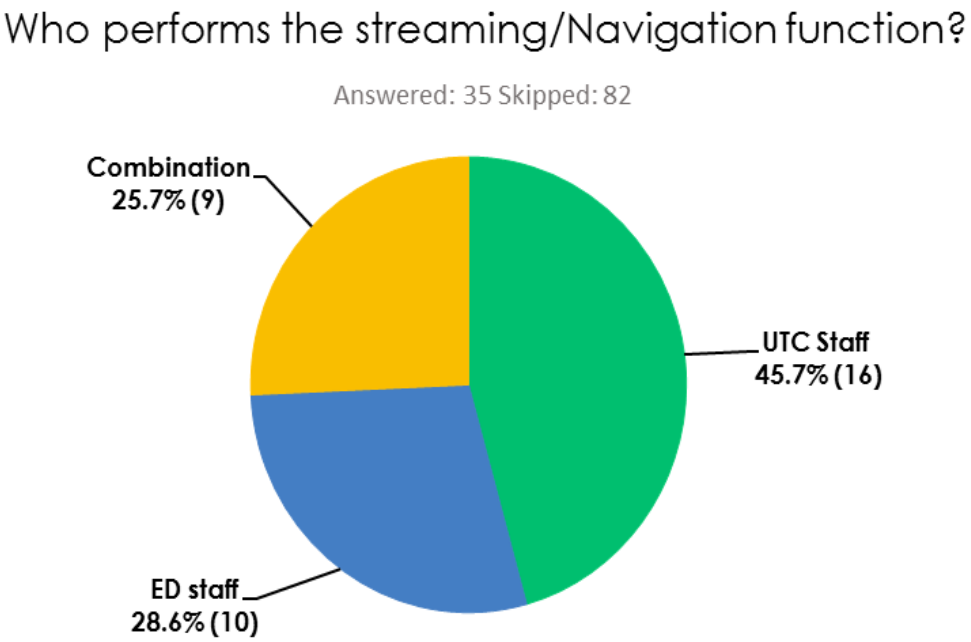
C) Staffing Model

Staffing was mixed throughout, but the vast majority did have GP input as described in the NHSE service specification. ENPs were also common, but EM doctors only made up 21.6% of the reported staffing.



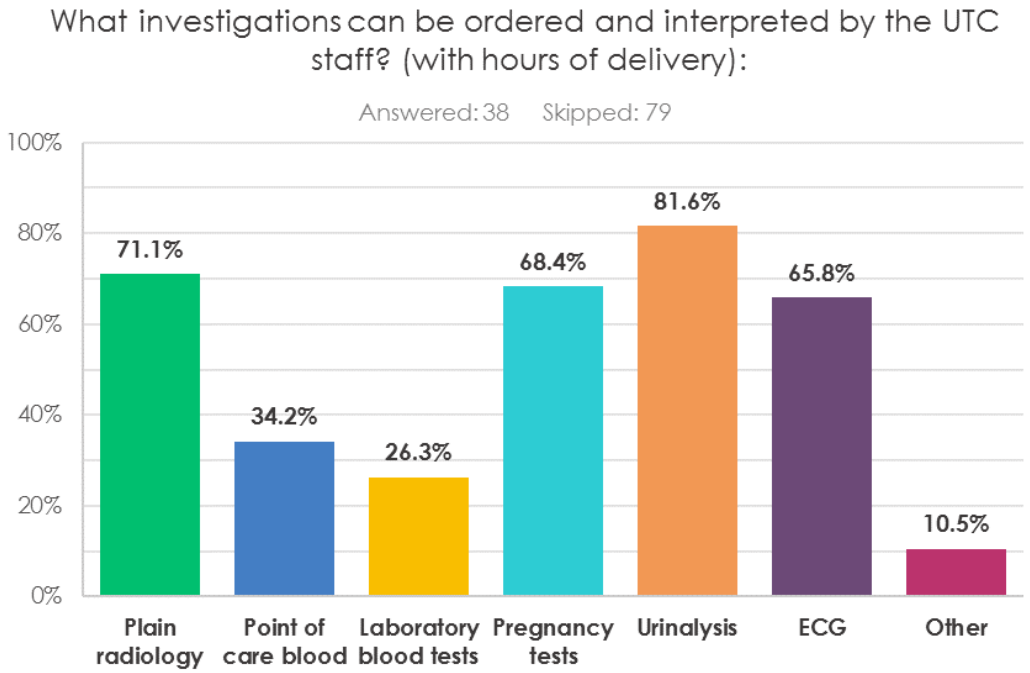
D) Streaming and Navigation

The streaming of walk in patients was provided in a variable way. UTC staff were involved in this function, either alone or combined with ED staff in 71% of cases and it was provided solely by ED staff in 29%.



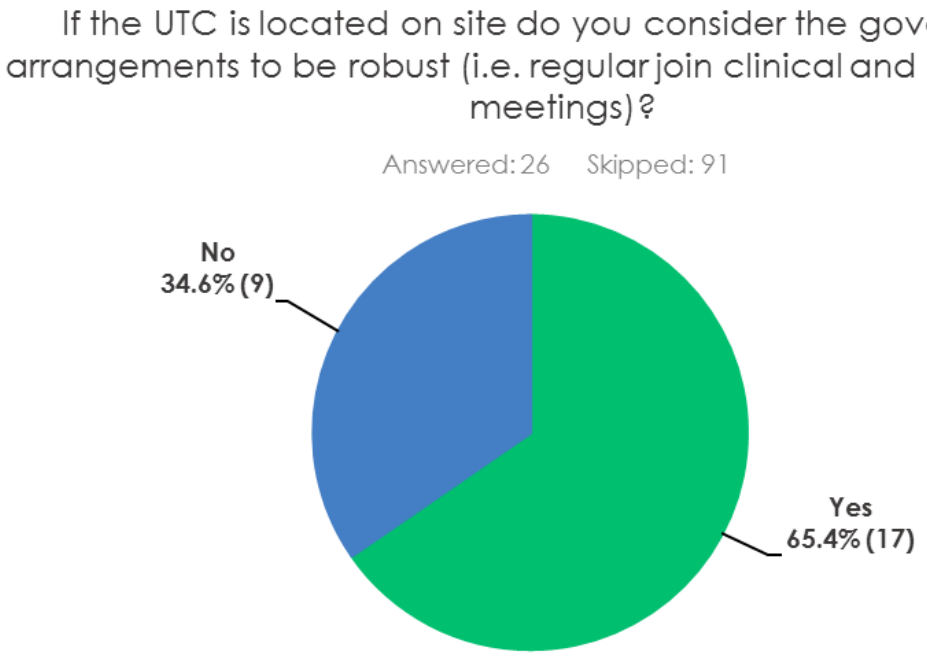
E) Investigations performed in the UTC

The original NHSE UTC service specification was not entirely proscriptive on what investigations must be provided by the UTC. Swabs, pregnancy test, urine dipstick and culture are described as "should haves" as are near patient blood tests and ECGs. The survey results are as follows:



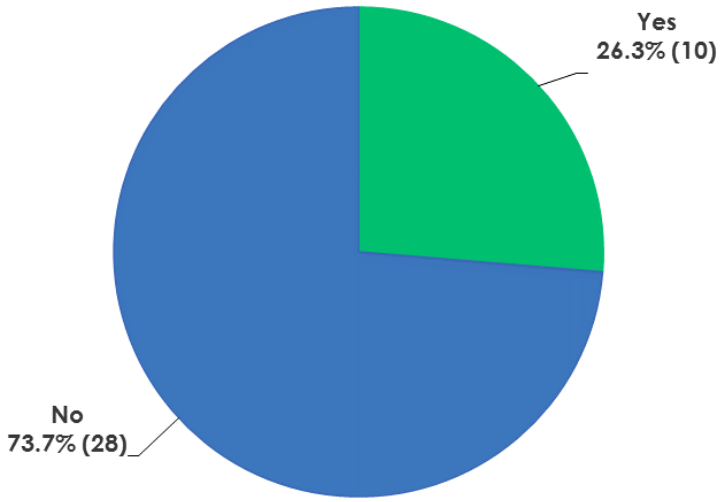
F) Governance and Safety

Anxieties were raised through the survey concerning whether there was a robust process of governance between the UTC and the ED. More than one third of respondents to this question felt that this had not been resolved in their local system:

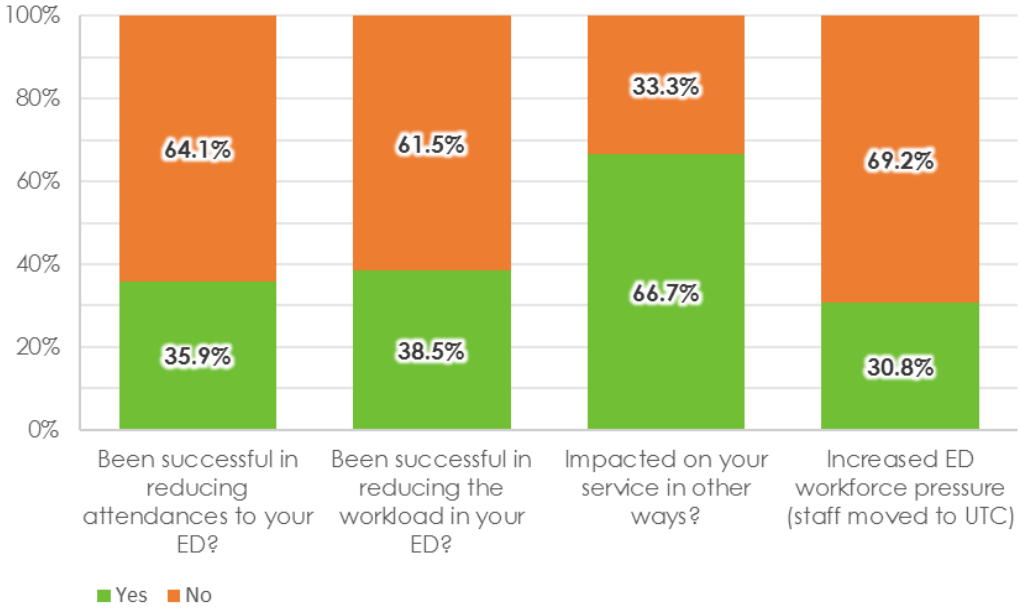


3. Impact of the UTC on the Emergency Department

RCEM members and fellows had raised concerns about the impact of the presence of a UTC dealing with minor injuries and illness presentations on training opportunities for Emergency Medicine trainees, especially if the UTC was provided by an alternative provider and access to their patients by the EM team was impaired by bureaucratic or logistical difficulties. The question asked was whether EM specialty trainees were able to access the UTC for training purposes and the results are as displayed below:



One of the other arguments for setting up standardised UTCs was to attempt to reduce pressure on other emergency care services, especially the Emergency Department by facilitating patients being seen in the UTC and therefore avoiding the need for an ED attendance. Anecdotally there has been a degree of scepticism about this claim from the Emergency Medicine community and the results of the survey are as displayed below:



Perhaps not surprisingly, given the heterogeneity of service that is being delivered and the variability of geographic and patient demographic situations being served, there are

differing views regarding the perceived success or otherwise of the UTC in terms of impact on the ED. Individual comments made are listed below (and more general additional comments in Appendix 1).

#	Comment	Date
1	Again this will change significantly over the next few months. I have a fear that this will require our staff base to run (ENPs and GPs that work as MG in our dept) – it will increase our own attendances as we will be the default It seems current plans are for A&E to triage patients to UTC rather than visa versa (*sic*).	30/10/2019 05:01 PM
2	Its of (*sic*) site and was an ED once	30/09/2019 09:56 AM
3	Our UTC effectively functions as part of the ED. It therefore doesn't reduce attendance because we think of UTC as being part of the whole. It may also legitimise people with primary care problems coming here. However it also gives us flexibility in how we manage them.	19/09/2019 01:56 PM
4	Changed cohort of patients who attend ED. UTC takes all the minor illness leaving ED with the majors. This would have previously gone directly to the specialty teams.	14/04/2019 12:32 PM
5	It is off site but if it isn't there then we would definitely struggle	14/09/2019 10:19 AM
6	Staff shifts to UTC from ED have been minor, but GPs attracted to UTC shifts (pay rates) leaves gaps in community. Single front door creates huge work to stream patients – separate front door and patient choice better. Overall attracts patients to our footprint – due to lack of GP access.	14/09/2019 09:18 AM
7	Difficulties created by the way the UTC and GP OOH service have been commissioned. They operate at different times out of the same building. One service will see walk in primary care patients and one service doesn't. Confusing for pts and means that overnight walk in primary pts default to ED.	13/09/2019 08:34 AM
8	Low numbers of primary care presentations in-hours, much greater demand OOH	05/09/2019 11:06 PM
9	We see 15% approx. on weekdays and 18% weekend when fully staffed. While our general att has increased hence the numbers going to UTc (*sic*)have increased by percentages have remained similar	05/09/2019 01:17 PM
10	Has not reduced attendances but is a useful workforce to have, as such easier to focus on more acutely I'll (*sic*) patients. Although UTC still under care of the consultant in charge in ED	05/09/2019 12:58 PM
11	It's good effective. Issue is when they can't cope and tip patients In late to ED that's screws the ED	27/08/2019 07:53 PM

12	This is called the Urgent Care Centre and is the downgraded Rochdale Infirmary A&E department. It is very good at managing low accuity (*sic*) patients.	27/08/2019 06:07 PM
13	Although apparently "offloading" the ED, ongoing trouble with variable provider competencies eg "we can't see XXX today as DY says (s)he doesn't do that". Patients handed back to ED to sort after 3 hours wait. Poor differentiation between ED/UTC (run by separate entities) so frustrated patients don't know where to complain.	16/07/2019 10:18 AM

Conclusion: Implications of UTCs on the Emergency Department

This survey was carried out as a snapshot survey of clinical leads in UK Emergency Departments in late 2019. The aim was to ascertain how much progress had been made towards the implementation of a central pillar of the NHS England stated model of urgent and emergency care, namely the Urgent Treatment Centre, and the impact of these centres on the workforce and functioning of Emergency Departments.

The results provide evidence that UTCs have been established across England; although data regarding UTCs from the devolved nations is very sparse (implementation is an NHSE policy). Approximately two-thirds of the UTCs described are located on the same hospital site as the respondents' ED and over 80% are open greater than the 12 hours envisaged in the NHSE document (with 45% open 24/7). Staffing is variable but almost always includes a GP. The majority of on-site UTC streaming is performed either exclusively by or in conjunction with UTC staff. Prevalence of UTC diagnostics is also variable: The majority of services are able to provide plain radiography but only about one third offer point of care blood tests.

One of the main concerns about UTCs is with respect to the interface with the Emergency Department and the impact on ED staff and training opportunities. These concerns appear to have been echoed by this survey as only around a quarter of UTCs were reported as being accessible by Emergency Medicine trainees for education and training purposes. In addition, there remains a degree of scepticism amongst ED staff regarding all the potential benefits of UTCs with respect to reducing pressure on Emergency Departments. A number of respondents raised concerns that the UTC may even be adding to pressure on the service overall.

Urgent Treatment Centres are well established components of the urgent and emergency care landscape in many areas of England. However, they remain heterogenous with respect to staffing models, location, access to diagnostics and impact on the Emergency Department(s) within their geographical area. RCEM has previously supported establishment of co-located services to which appropriate patients can be streamed away from the ED, but there remain concerns about the practicalities and safety of streaming of patients who have presented to the ED to an off-site UTC.

UTCs in the post-COVID world

RCEM is committed to advocating the use of all possible tools to avoid a return to ED crowding in the Covid-19 endemic era. One of these tools is a functional integrated urgent care system in all localities in the UK. The required model of care ensures that all patients with an urgent care need (rather than an emergency care need) are managed by a service that is designed for their needs and is provided separately from the Emergency Department. It would seem appropriate for this service to be co-located with the ED wherever possible, accessed by a booking system that protects against crowding and maintains social distancing, and open as many hours as is practicable to manage demand.

Questions for further work:

- Should all co-located UTCs be fully integrated with an Emergency Department?
- How do we effectively facilitate training of Emergency Medicine medical and nursing staff in the UTC environment (particularly challenging with another provider UTC)?
- Should all UTCs be open 24 hours a day 7 days a week to avoid confusion/variable behaviours at opening/closing times?

About this Document

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Acknowledgments

RCEM Service Design and Configuration Committee

Review

Not subject to review

Conflicts of interest

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Research recommendations

Audit standards

None.

Key words for search

Urgent Treatment Centres, emergency care services,

References

1. https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

2. https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-principles-standards.pdf

Appendix 1: Further comments on functioning of UTC

#	Comment	Date
1	Again this will change significantly over the next few months. I have a fear that this will require our staff base to run (ENPs and GPs that work as MG in our dept) – it will increase our own attendances as we will be the default It seems current plans are for A&E to triage patients to UTC rather than visa versa (*sic*).	30/10/2019 05:01 PM
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14	A	05/09/2019 12:58 PM
15	Would advocate a single provider for both with same t&cs for staff to avoid poaching of staff and improve governance	05/09/2019 12:49 PM

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