

Redesigning Urgent Care – the Case for Creating an Urgent Care Centre

Date: 16/11/2012

Healthier, Stronger, Together

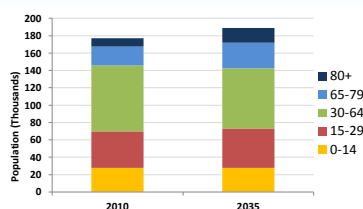
Rationale for service change

- An ageing population
- Increasing demand & expectations
- People living longer with long term conditions
- Finite resources & inequitable use
- Support of local clinicians
- Right treatment, right place & right time
- Clinical evidence & best practice
- Health & Social Care Summit – 14th November

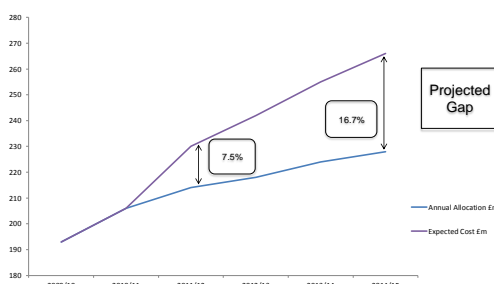


B&NES demographic change

- ONS projects population increase from 176,000 to 198,800 by 2026 – 12% increase
- 80+ population projected to increase by 40% - 9,900 in 2010 to 13,900 in 2026



The uncomfortable truth



Engagement process

- 25th September 2012 to 31st October 2012
- Media briefings
- 7 public meetings – 120 people attended
- 208 questionnaires completed
- Staff meeting
- Health & equalities impact assessment



Addressing key concerns

- GP access
- Vulnerable people, eg homeless
- Visitors & tourists to the city
- Parking & charges at the RUH
- Getting to the RUH
- Convenience
- Quality & customer focussed
- Financial assumptions



Risks of doing nothing

- Wider impact on local population
- Loss of opportunity
- Demand versus capacity
- Fragmented system with poor governance
- Erosion of general practice
- Long term conditions not integrated



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Other key issues considered by CCG

- Re-commissioning services in isolation
- Not an essential service
- GP practices have open lists
- Inequitable funding not based on need
- Emergency department & ambulance service well recognised
- NHS 111
- Not urgent care
- Evidence base



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Next steps

Subject to outcome of Scrutiny Panel:

- Report to Clinical Commissioning Committee – 22nd November
- Recommendation to proceed to PCT Board – 28th November
- Development of specification via Urgent Care Network
- Visits to other Urgent Care Centre sites
- Procurement to begin in February 2013

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Questions & comments



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