

## NHS Barnet CCG QIPP Outline Business Case Document

Include sufficient detail for the Chief Finance Officer / Director of Transformation to approve further scoping and development of a Full Business Case

Project Title	<b>Urgent Care Centre - Royal Free Hospital</b>
Project Manager	
Director lead	
Clinical Lead	
Date	<b>20 January 2014</b>

Please confirm the following (if applicable)

<p>Have you identified the impact on support services:</p> <p>Finance - Yes  Informatics - Yes  Public Health – N/A  Other –</p>
<p>Is clinical consultation or public consultation required? No</p>
<p>Will the project result in net savings, improved quality, both or neither?  Quality and Savings</p>

If you have answered yes to the questions above please expand when completing the outline below.

Outline/summary description and rationale for the proposed initiative including what will be achieved and key benefits:

<p>1. Case for Change – what is the driver for this project? How does it meet BCCG's objectives?</p>
<p>There is currently not a target for the number of patients that are seen within the RFH UCC during it opening hours. The Proposal is to set a target of 40% of all patients; a higher target of 50% has been set for BCF UCC. The target will ensure delivery of care by the right clinician, right time right place and will support better value for money spent on management of routine/non-urgent care in the A&amp;E</p>
<p>2. QIPP – What is the clinical impact of the project? How will this benefit local population needs and improve patient experience?</p>
<ul style="list-style-type: none"> <li>• Reduces pressure on the ED department for management of genuine urgent/emergency patients,</li> <li>• Supports the delivery of the 4 hour A&amp;E target and improved flow through the A&amp;E.</li> <li>• Reduction in diagnostic testing as patients are seen by a primary care clinician and managed in the same way had they attended a GP practice</li> <li>• Opportunity for patient education.</li> <li>• Improved interface between SC and Primary Care teams</li> </ul>
<p>3. Finance – What is the estimated financial impact of the project? Investment and savings.</p>
<p><b>Saving of £200k tbc</b> if 40% of all A&amp;E patients seen between the hours of 9-9pm 7 days a week, are managed within the UCC on a Band 5 tariff.</p>

<p>No allowance has been made for additional investment within the UCC, as it's the same number of patients coming through the A&amp;E door, but a different skill mix is required to manage the patients. Expectation is that the Trust reviews its workforce to deliver treatment within the UCC.</p>
<p>4. Resource – what is the estimate of time required to develop and implement and who needs to be involved?</p>
<ul style="list-style-type: none"> <li>• Project Management time to oversee agreement with Trust</li> <li>• Information team has already modelled 40% UCC activity, but may need refining</li> <li>• Data collection method to be defined – SUS currently does not record UCC activity.</li> <li>• Finance team will be required to review activity and cost assumptions.</li> <li>• Negotiation with RFH as part of 14/15 contract discussions</li> <li>• Lead GP Clinical time to attend negotiation meetings</li> </ul>
<p>5. Capacity and deliverability – What interdependencies are there between this and other services or projects?</p>
<p>This project links with</p> <ul style="list-style-type: none"> <li>• The development of GP Networks and their ability to manage primary care demand on the day.</li> <li>• Interface between EMIS web and A&amp;E IT systems</li> <li>• Review of Walk-in-Centres and the streamlining of unscheduled care services</li> <li>• The development of ambulatory care pathways</li> <li>• Increased use of OOH services</li> <li>• Integrated community services</li> <li>• RFH/BCF Acquisition</li> </ul>
<p>6. Stakeholder engagement – Who will the key project stakeholders be and what is the plan for engaging them?</p>
<ul style="list-style-type: none"> <li>• Director of Operations RFH</li> <li>• Director of A&amp;E RFH</li> <li>• Haverstock Health (current provider)</li> <li>• Camden CCG</li> <li>• NELCSU Contracts Team</li> </ul>
<p>7. Risks and Assumptions – What risks are associated with doing/ not doing the project at this stage? What assumptions have been taken.</p>
<ul style="list-style-type: none"> <li>• The RFH will agree to a target, but not that all activity seen will be paid at Band 5</li> <li>• Agreeing a Band 5 for all activity will be a cost pressure for the RFH and will not be accepted without investment from the CCG</li> <li>• Ability to collect UCC data via SUS is currently not possible, but contracts team are reviewing how to implement for 14/15</li> <li>• Improved management of patients who attend A&amp;E with minor conditions reduces pressure on the ED department and 4 hour target</li> <li>• Anecdotal between 35-40% of A&amp;E activity is already taking place within the UCC, but not backed by data as the RFH does not submit separate data on UCC activity</li> </ul>
<p>8. Options – What alternatives have been considered?</p>
<p>None</p>

# **RECOMMENDED ACTION:**

The Programme Steering Group is asked to:

Approve the proposal that 40% of all A&E patients are seen within the opening hours of the RFH UCC (9am-9pm) and are paid for on a PBR band 5 tariff.