

Adapted MIUs & UTC Model in Response to Covid

1.0 Executive Summary

- 1.1 This paper aims to
- Give a brief overview of the adapted service model within Minor Injury Units (MIUs) and the Weymouth Urgent Treatment Centre (UTC) implemented in March 2020 in response to Covid.
 - Set out the rationale for these changes
 - Indicate, when and how the units will be reinstated as lockdown is lifted.
- 1.2 Specifically, these changes relate to the temporary closure of Sherborne, Blandford and Portland MIU and the introduction of a 'booked appointments' system.

2.0 Context

- 2.1 Dorset HealthCare (DHC) provides seven minor injuries units (MIUs) and one Urgent Treatment Centre (UTC) in Weymouth, as shown below.

<u>MIU/UTC</u>	<u>Hours Monday - Friday</u>	<u>Hours Saturday, Sunday and BHs</u>
Weymouth	08.00 - 20.00	08.00 - 20.00
Portland	09.00 - 17.00	Closed
Bridport	09.00 - 18.00	10.00 - 16.00
Blandford	09.00 - 18.00	10.00 - 16.00
Sherborne	09.00 - 18.00	10.00 - 16.00
Shaftesbury	09.00 - 18.00	10.00 - 16.00
Wimborne	08.30 - 16.30	Closed
Swanage	08.00 - 20.00	08.00- 20.00

- 2.2.1 The pre the service operated on a walk in and wait basis.
- 2.2.2 Activity varied across units, ranging from an average of 10 up to 28 patients / day in MIUs to 100 patients/day in the UTC. There is a large seasonal effect in seaside towns of Bridport, Swanage, Weymouth, with high levels of out of area patients using these units in the summer.

2.0 Changes to Service Provision Since March 2020

- 2.1 Two main changes were made in March 2020 in response to the pandemic and national guidance as outlined in Table 1;

Table 1: Changes to Service Provision

Change	Rational	Comments
<p>A pre booked appointments system was introduced, asking the public to call 111 or their local MIU/UTC for a telephone assessment and booked appointment where needed rather than walking in and waiting in a public waiting area.</p>	<p>Action taken to reduce the spread of infection in line with national guidance:</p>	<p>There remained a number of ways for the public to access the MIUs/UTC;</p> <ul style="list-style-type: none"> - Telephone calls a local unit enabling first line telephone assessment then bookable face to face appointments if required; - Soft transfer from 111 and booking into MIUs/UTC; <p>Whilst a Booked appointment model was introduced - any walk ins at the units were seen as follows:</p> <ul style="list-style-type: none"> - Urgent walk ins are triaged at the door, then seen immediately; - Non-emergency walk ins are triaged at the door and then booked an appointment. - If a patient walks into a unit with an urgent presentation, and no booked appointment, they are still seen. <p>There have been no infection outbreaks in any unit and the booked appointments approach continues to be in line with the national model of no waiting rooms to reduce the spread of infection.</p>
<p>Temporary closure of the smaller MIUs (Portland, Sherborne and Blandford), with lower activity and a small staff team. Redeployment of these staff to Wimborne, Swanage and Shaftesbury. Extension of opening times 8am-8pm 7 days/week at Wimborne and Shaftesbury to ensure robust and consistent</p>	<p>Action taken in line with national guidance to plan for a high level of staff absences and the need to maintain a reliable and consistent offer to the public.</p> <p>The three units temporarily closed had the lowest daily activity and a small staff team with little</p>	<p>There has been no closures of the remaining MIUs despite absences and particularly a sharp increase in absence at the beginning of Covid (Feb – May). There would have been impact on service provision had teams not been consolidated.</p> <p>Under the new arrangement a consistent model has been offered throughout the pandemic.</p> <p>This remains the case, with no</p>

offer to the public.	resilience. These units occasionally experienced unplanned closures due to staff absences during 'normal times'.	unplanned closures being necessary
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- 2.2 Since the initial introduction of the 'booked appointments system', all calls have now been centralised to Weymouth UTC as the central telephone point of contact for the public. They undertake all telephone and video assessments, electronic prescribing to a local pharmacy, and where needed, this is followed up with a face to face appointment in the local MIU/UTC nearest to the patient's home via booked appointments. The next stage of this development during 21/22 will be to channel calls through 111 in line with NHS 111.
- 2.3 These changes were made in response to the pandemic and in line with national guidance. These changes were publicised through a press release widely reported in the local media and given prominence on the front of the Dorset HealthCare website, as well as through our social media channels. This messaging was shared by and amplified by local public sector partners and regularly repeated in the months that followed, particularly during the summer period and in the run-up to Bank Holiday dates.

3.0 Next Steps

- 3.1 In December 2020, NHSE published '*Transformation of urgent and emergency care: models of care and measurements*'. This documents sets out the ambition to

'improved ways of accessing care online and on the phone from NHS 111, at home from a paramedic, and provide booked time slots for care in an emergency department. Through changing the way that the urgent and emergency care system is both perceived and accessed by the patient, we will improve services and reduce the risk to patients by minimising unnecessary healthcare contacts.'

*'..enhance the approach to remote clinical triage with the goal of directing patients to the service that best meets their needs and enables a booked time slot to be made whenever possible, including in Emergency Departments, **Urgent Treatment Centres and primary and community care**'*

- 3.2 In March 2021, NHSE published the 2021/22 Priorities and operational planning guidance, which states that '*systems should promote the use of NHS 111 as a primary route into all urgent care services*' and '*maximise the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services*'.

- 3.3 There has been considerable learning both nationally and locally over the past year and it is recognised that a booked appointments system offers multiple benefits and improvements including:
- Telephone triage service has ensured patients are seen at the most appropriate place
 - Remote prescriptions have been very well received and reduced the need for unnecessary attendance
 - Booked appointments help to manage patient flow and unit workload
 - Reduction in patient waiting times
 - Patients feel safe not sitting and waiting in a room full of patients with no idea on how long they will wait
 - Ability to manage spread of potential illness, not only COVID-19, but also flu, respiratory illness and gastroenteritis, ensuring safety particularly for those vulnerable groups
- 3.4 As the government sets out its road map for coming out of lock down over the coming months, it is proposed to reinstate the smaller MIUs that have been temporarily closed when lock down ceases.
- 3.5 However, in line with the national planning guidance MIUs/UTC will continue to be accessible on a 'booked appointments' basis. This will also help prevent any spread of infection / surge in covid, offering an improved and more efficient service for the public and reflecting the national direction set out in 'Transformation of Urgent and Emergency Care'.
- 3.6 These arrangements have been considered and endorsed by the system Urgent and Emergency Care Board on the 10th March 2021.