NHS
Camden

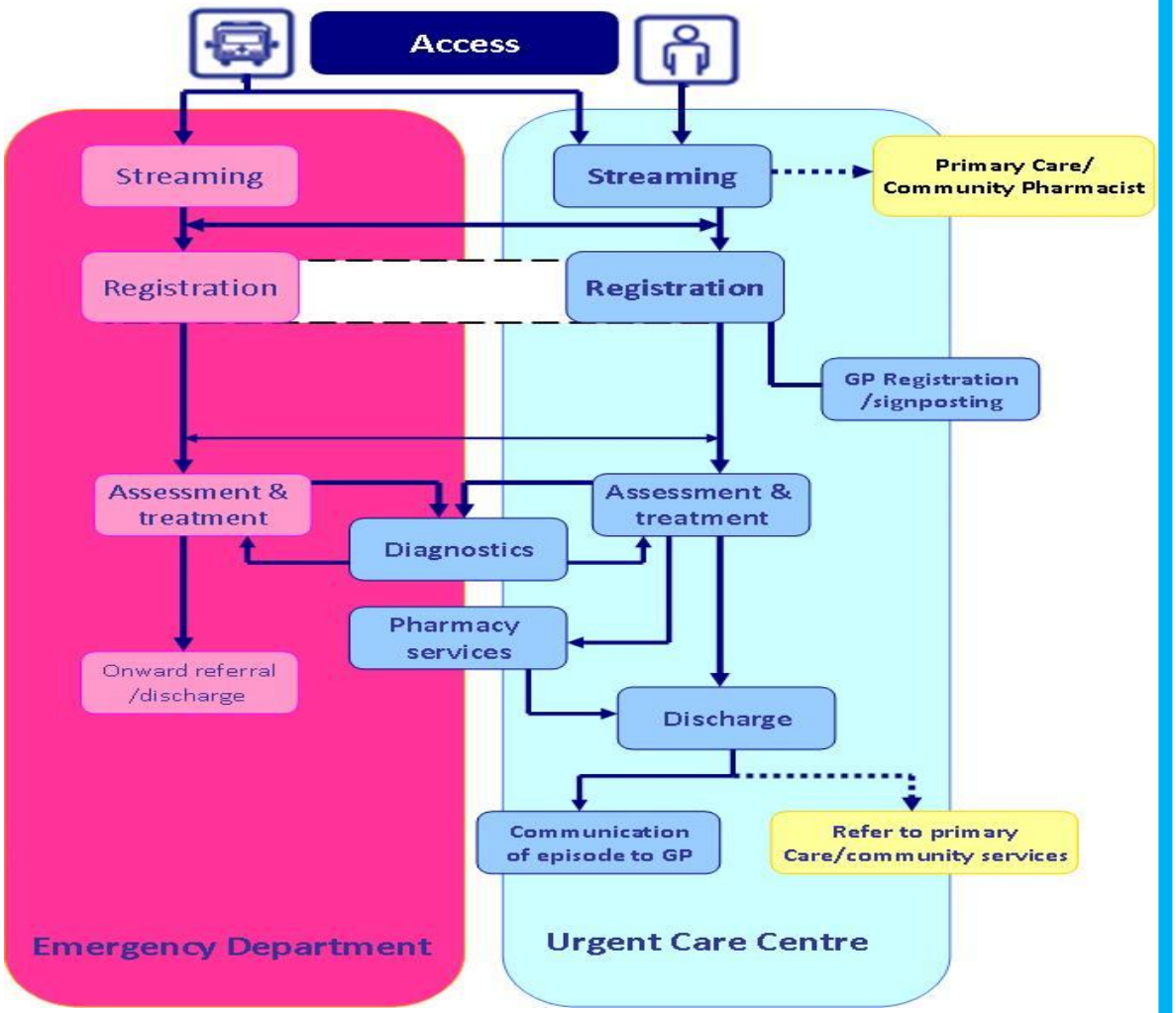
Co-location of primary care led urgent care centres

Liz Wise, CEO NHS Camden

Service model

NHS Camden

- Based on Healthcare for London delivery model
- Emphasis on primary care: GP led/community referrals
- Adjusted to fit local needs (LTCs, frequent attendees to ED etc.)



Commissioning Model

NHS Camden

- **Driven by national and local policy:**
  - DH: 'Our Health, Our Care, Our Say', 'Equity & Excellence: Liberating the NHS';
  - Healthcare for London: 'Commissioning a new delivery model for UC in London', 'A service delivery model for UCCs'

- **Patient centered, outcome driven:**
  - Accessible, integrated, high quality, cost effective and consistent urgent care closer to home
  - Increased patient awareness of available community-based services – reduced number of acute exacerbations of LTCs/emergency admissions
  - Reduction in number of ED presentations
  - Development of cross-cutting skill-sets for primary and secondary workforces
  - Greater communication between primary and secondary care services

UCC pilot at RFH: lessons

NHS Camden

- **Service model**:

Collaborative approach with primary & secondary care clinicians

- **Patient satisfaction:**

Provide consistent service to maintain high levels of patient satisfaction (e.g. Opening times, service name)

- **Paediatric pathways:**

Joined-up approach with ED and acute paediatrics on development of exclusion criteria and pathway; consideration to safeguarding responsibilities

- **GP registration/patient re-direction:**

Low/no levels initially - numbers improving as model evolves & workforce confidence increases

- **Workforce**:

Nurse practitioner skills gap (Emergency & Primary Care)

Workforce Competencies

NHS Camden

- **Collaborative approach with ED leads essential**

- **UCC (GP) lead competencies:**

Min of 5 years in general practice, have or working towards GPSI

- **Nurse practitioners:**

Additional training for primary care and emergency nurse practitioners to enhance illness/injury skills (to ensure cost-effective service)

- **SHO's:**

Essential minors training – ensure access to practice is available

Costs, activity & savings

NHS Camden

- ***Approx 3m A&E attendances pan-London 2009 – 10;**
- ***Estimated cost over £250m**

- **A&E attendance could be reduced by 50%:**
  - 40% seen in UCCs (minors)
  - 10% (minimum) diverted to community-based primary care

- ***Estimated savings of circa £1m per unit, p.a.**

(based on existing A&E activity (80 – 100k patients) using PBR 09/10 tariffs vs. CSL projected costing, treating 'Minor' and 'Standard' tariff patients only)

**Source: Commissioning Support for London*

Direction of Travel

NHS Camden

Integrated unscheduled care:

Greater cohesion of services and more joined-up approach to all unscheduled care - scoping underway in North Central London sector

111 single point of telephone access:

- DH pilots: County Durham & Darlington (Nottingham, Lincolnshire & Luton pending)
- Pan-London directory of services in development for use by LAS