Minor Injuries Units
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Cabinet Member: N/A
Division and Local Member: All

1. Summary

1.1. There have been for some time significant challenges in maintaining the sustainability and resilience of the Trust’s seven Minor Injury Units (MIUs), resulting in too many instances of unplanned closures of whole units at short notice.

1.2. Reasons for these challenges include increasing demand (3% annually for the past 12 years), recruitment and retention issues (a national shortage of Emergency Nurse Practitioners), and static funding levels.

1.3. Additionally due to the variation in what is provided at the different units at different times of the day, and or days of the week, there is an issue of equity of provision across the County that should also be addressed.

1.4. Over the past year a Project Board within the Trust has reviewed the situation and sought ways to ensure that wherever possible all seven units should remain open, and open for seven days per week.

1.5. The findings of this group were that to ensure the sustainability and resilience of the MIUs, and to improve the quality of that which is provided a move towards more standardised operating hours (08.00-21.00) should be adopted in all MIUs, with the exception of Minehead that would remain a 24 hour service, and Burnham which would move to extended (summer time) hours all year round.

1.6. The new operating hours will significantly improve the clinical and financial viability of this highly regarded service, and are scheduled to become operational in February 2017.

2. Issues for consideration / Recommendations

2.1. The Scrutiny Committee is asked to acknowledge the Trust’s need to act now to ensure the MIU service can continue to deliver the current clinical model from all of its existing units, seven days per week, by adopting more standardised operating hours across the County.

3. Background

3.1. Nationally there are three levels of Emergency Departments. Level one being Regional Major Trauma Units (e.g., Southmead Hospital in Bristol), level 2 being local District General A&E departments (e.g. at Yeovil District General Hospital and Musgrove Park Hospital), and level three being a range of services including...
MIUs, walk in centres, urgent care centres and mobile paramedic services.

3.2. The Trust provides seven MIUs in Somerset, (level three), located at Bridgwater, Burnham on Sea, Chard, Frome, Minehead, Shepton Mallet, and West Mendip.

These seven MIUs see and treat in excess of 100k people per year – broadly comparable to the combined total for the two A&E departments in the County.

97% of patients are seen and treated without being referred on top anywhere else.

99.5% of patients are seen within four hours and the majority are seen within 40 minutes.

When compared to other level three urgent care services nationally Somerset’s MIU service treats more people, with fewer resources at a lower cost, and still sees them in less time than its peers.

However this level of service performance is not sustainable in its current form.

3.3. The MIU service is commissioned to see people with minor injuries and illnesses that would otherwise present at an acute emergency department.

Historically the case mix in the Trust’s MIUs is about 70% injury and 30% primary care, however at evenings and at weekends the case mix changes to 50:50.

Over the last 12 months the primary care picture demand has shifted at times giving a 60/40 split; 60% being primary care presentations. This shift in activity to providing more primary care activity (in addition to urgent care), especially outside of GP core hours, is an increasing trajectory and increases the pressure on the service.

3.4. The service is predominantly provided by Emergency Nurse Practitioners (ENPs) who nationally are a scarce resource. Locally ENPs can secure potentially more attractive positions in primary care, (e.g., more sociable hours at a higher pay band), in emergency departments, (e.g., working within larger teams with swifter access to medical cover), and a range of other employers who desire their specialist skills.

This results in significant recruitment and retention issues for the Trust.

Additionally, the current extended hours of opening for some MIUs mean that rostering becomes problematic, resulting in less than ideal work patterns, e.g., working autonomously until beyond 11pm followed by the same nurse starting the next day’s shift at 7am. From both a staff welfare and a patient safety perspective this is not a desirable position.

Consolidating operating hours into the core hours of 08.00-21.00 will mean that there will be more nursing resources at the peak hours of activity whilst also providing the opportunity to reduce clinical isolation and improve clinical leadership and support – thereby improving the quality of the service provided further.
3.5. Agency workers supplement the existing workforce as required, however this significantly increases the costs of the service, (without any additional funding), and can reduce the consistency of the quality of the patient experience.

4. Consultations undertaken

4.1. The clinical teams within the MIU service have been engaged in the review process and support the proposed changes.

4.2. Numerous individual meetings and discussions have been held with key partners in the delivery of the urgent care pathway and presentations were given to the multi agency Urgent Care Board and A&E Delivery Board, the membership of which include, the respective leads from the following agencies.

- Musgrove Park and Yeovil District general Hospitals
- South West Ambulance Service
- Vocare (out of hours)
- GPs
- The 111 service
- Somerset CCG
- Somerset CC

4.3. Patients and carers were engaged in a process of surveying their views and reasons for attending the respective MIU service (rather than other services) and this was analysed by unit, day of the week and time of the day.

The key findings of this analysis was that a significant number of people came to the unit due to difficulty in gaining a same day GPs appointment and although they liked the access of extended opening hours at the beginning and end of the working day this did not extend into the later evening.

5. Implications

5.1. It is expected that the changes to the operating hours of the MIU service will ensure the:

- Ongoing sustainability and resilience of the MIU service across all seven units, seven days per week;
- Preservation of the existing clinical model;
- Reduction in the need for and incidence of unplanned closures at short notice;
- Improvement in the quality and consistency of the service provided and patient experience in core hours;
- Reduction in the variation in service provision across the county and the provision of a more equitable service;
- Improvement in recruitment and retention opportunities in the service.

5.2. Some units will be open for more hours than at present and other units will reduce the number of hours they are open. The majority of units will adopt a thirteen-hour operating day (08.00-21.00), seven days per week.

The exceptions are Minehead, which will remain a 24-hour service, albeit with
extended paramedic cover overnight from 21.00-08.00, and Burnham on Sea, which will maintain its extended summer hours throughout the year.

5.3. An analysis of attendances for six months for each unit by day of week and time of day, linked to population size, was undertaken. The findings of this analysis were that the net impact of the changes in operating hours trust wide was 1.4 patients per day.

The change in operating hours by unit, linked to the numbers of patients impacted upon, is represented in the table below. In most instances the majority of those patients impacted upon are likely to still attend the same unit albeit earlier or later on the same day – and still be seen and treated quicker than they would if accessing a GP’s surgery or an A&E department.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Current Hours (start-end)</th>
<th>New Hours of operation (start-end)</th>
<th>Change</th>
<th># pts affected per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgewater</td>
<td>07.00 - 23.00</td>
<td>08.00 – 21.00</td>
<td>Reduction in 3 hours each day (1 hour am 2 hours pm)</td>
<td>-6</td>
</tr>
<tr>
<td>Burnham on Sea</td>
<td>10.00 -18.00 (Apr to Oct)</td>
<td>Standard summer hours throughout the year 10.00-18.00</td>
<td>Increase of 4 hours each day in winter, no change to summer</td>
<td>+8.4</td>
</tr>
<tr>
<td>Chard</td>
<td>09.00 – 21.00</td>
<td>08.00-21.00</td>
<td>Increase in 1 hour (am) each day</td>
<td>+2</td>
</tr>
<tr>
<td>Frome</td>
<td>08.00 –23.00</td>
<td>08.00-21.00</td>
<td>Reduction in 2 hours each day (pm)</td>
<td>-2</td>
</tr>
<tr>
<td>Minehead</td>
<td>24/7 (paramedics 23.00 – 07.00)</td>
<td>24/7 (paramedics 21.00 – 08.00)</td>
<td>No change in operating hours, though configuration of MIU/Paramedic support adjusted</td>
<td>No Change</td>
</tr>
<tr>
<td>Shepton Mallet</td>
<td>08.00 – 20.00</td>
<td>08.00 – 21.00</td>
<td>Increase in 1 hour (pm) each day</td>
<td>+1.1</td>
</tr>
<tr>
<td>West Mendip</td>
<td>07.00 - 23.00</td>
<td>08.00 – 21.00</td>
<td>Reduction in 3 hours each day (1 hour am 2 hours pm)</td>
<td>-4.8</td>
</tr>
</tbody>
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NET TOTAL (per day Trust wide) -1.4

6. Background papers
