# **Case Study**

# **East Riding CCG – Urgent Care Proposals** August 2016

#### Background

East Riding of Yorkshire Clinical Commissioning Group (ERYCCG) published its revised Urgent Care Strategy in 2016, In line with the strategy the CCG are reviewing their current provision of Minor Injuries Units (MIUs) and community beds across their geography with a view to changing how these services are provided.

The Senate was approached by the CCG and asked to consider:

"Does the Case for Change demonstrate a clear clinical evidence base and is it robust enough to inform the development of the service options for public consultation."

"How can the CCG strengthen their clinical leadership in the absence of a dedicated urgent care lead?"

# The Problem

MIU's offer a varying service in terms of opening hours and access to diagnostic tests which leads to a confusing picture for patients. This is due in part to difficulty with recruitment which has led to the MIUs offering inconsistent services. There is also variable attendance by the public at the strategic check points with NHS England. MIUs which has led to challenges in clinicians not being given the opportunity to maintain their range of skills and competencies.

There is significant variability in the types of community beds that are available - their location, their admission criteria, occupancy rates and quality standards, for example. Commissioners have recognised that there is opportunity to better support patients to be able to go home with appropriate community support

# Our Advice

We agreed that the current model of Minor Injuries Units (MIU) is unsustainable but that there was opportunity for commissioners to improve the Case for Change by:

• Providing more detail on the community bed provision to improve the explanation of their proposals

· Better explaining how the work on community beds and MIUs will link with the wider integrated urgent care system

 Focussing on ensuring the public understand the services being offered to them

 Giving more consideration to the management of patients with long term conditions and mental health issues

We also provided practical suggestions on how commissioners can strengthen their clinical leadership.

### **Our Impact**

The advice helped the CCG to engage with clinicians about the proposed service changes Commissioners have identified that currently the and the clinical case for change. In addition we strengthened the case for change by focusing on how these proposals on MIUs and community beds fitted into the wider urgent care strategy. This strengthened the pre consultation business case and the CCG preparation and evidence for

#### **Testimonial**

"The CCG would like to thank the Yorkshire and Humber Clinical Senate for their support and we will utilise the service again in the future for other programmes of work, we would also recommend the Clinical Senate's services to other NHS organisations."

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