

Enhancing Urgent Care at West Cornwall Hospital

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The current position & our shared challenges

- Casualty provision is not consistent
 - ED Middle Grade doctor recruitment difficulties
- Require regular Casualty doctor provision
 - evening & weekend
 - overnight
- Commissioner concerns
- Deanery concerns
- Local public and political concerns
- Deliver a robust, sustainable solution

Urgent vs Emergency Care

The three types of ED

| Type 1 A&E | Type 2 A&E | Type 3 A&E |
|---|---|---|
| A Consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients | A Consultant led single specialty accident and emergency service (e.g. ophthalmology, dental, children's A&Es) with designated accommodation for the reception of patients. | Other type of A&E/Minor Injury Units/Walk in Centres with designated accommodation for the reception of accident and emergency patients. a) Doctor-Led b) Nurse-Led |



The proposed service would meet the national definitions for a Type 3 Accident & Emergency department, specifically a 'Doctor-Led Minor Injury Unit' (MIU).

How proposed solution would work

- 12 month pilot
 - A new 24/7 “**Urgent Care Centre**” based at WCH
- Bringing together:
- Current ‘Casualty’,
 - 24/7 Doctor cover – Hybrid rota
 - ED doctors plus Urgent Care GPs
 - A new “Acute GP Clinic” (1200-1700)
 - Enhanced on-site diagnostics
 - Enhanced CT provision (0800 – 2300)
 - Foundation for additional clinical services
- Emergency Care and Primary Care through agreed protocols

Benefits of the proposed model -1

- Maintains the current Doctor-Led MIU ('Casualty') function
- Reinstates guaranteed Doctor cover
 - Evenings
 - Weekends
 - Overnight
- Maintains 7 day admissions & discharges
- New Acute GP Clinic - approx 500 patients/year
- State of the art, point of care blood testing
 - Shorter waits
 - Faster treatment times

Benefits of the proposed model -2

- Additional CT scans for 500-700 patients/year
- GPs employed by RCHT not as GPs, but in Urgent Care Physician role
 - Enhanced supervision & support to ward doctors
 - Precedents already set
- Reduction in nos of patients travelling to Treliske
- Reduction in SWAST demand
- Deanery support
- Ward ST Drs to be Senior GP Trainees
 - Experience in GP & ED
 - Plus bespoke training

Delivery of the pilot

- Partnership of KCCCG, RCHT & CIOSPCT
- Clinically led project group
- Clear implementation plan developed
- Delivery of a sustainable service from April 2012
- Monitoring, audit & review

Questions