Appendix 3

Good Health - Everybody's business

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Urgent Care Strategy

2013-2018

Version	Date	Status	Purpose
Version 3.6	15 May 2014	Draft –work in progress	For DT
Version 3.7	23 May 2014	Final Draft	UC Project Group

CONTENTS

1. Introduction

1.1 NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group (CCG) has produced a 5-year Strategic and 2-Year Operational Plan. This strategy has been developed to underpin these, and sets out a vision for the provision of future urgent care services, which we believe will be better for local people.

1.2 The strategy details the urgent care vision, aims and objectives and sets out a phased approach for the implementation of the proposed future model. Our intention is that over the lifetime of this strategy during 2013 to 2018 we will develop services guided by national guidance and best practice that respond to peoples urgent medical needs.

1.3 The principles for urgent and emergency care in England outline a system that:

- Provides consistently high quality and safe care, across all seven days of the week;
- Is simple and guides good, informed choices by patients, their carers and clinicians;
- Provides access to the right care in the right place, by those with the right skills, the first time; and
- Is efficient and effective in the delivery of care and services for patients

Principles for urgent and emergency care in England - *Transforming urgent and emergency care services in England -Urgent and Emergency Care Review - End of Phase 1 Repor*t- NHS England 2013

2. Vision

2.1 The model for urgent care in Hartlepool and Stockton-On-Tees must be easily understood and accessible. It must provide services than can meet the demand of urgent care conditions in and out of hours, providing timely and appropriate care.

2.2 The overall vision is ***"To commission and develop a simple, accessible, high quality service managing patients at the point they present in a sensitive and person-centred approach, yet robust and resilient way. Reducing the need for urgent care with better management of long term conditions with primary and secondary prevention"***

2.3 The aim is that within 5 years the CCG will have commissioned fully integrated, 24/7, seamless urgent care provision across Hartlepool and Stockton-On-Tees.

2.4 Our vision is simple, for those people with urgent but non-life threatening needs, we must provide highly responsive, effective and personalised services, outside of a hospital environment when clinically appropriate.

These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.

2.5 The urgent care model must provide the highest standard and quality of care based on nationally and locally agreed outcomes. The urgent care model has primary care at the heart of the service; GP's must have ownership accountability and lead the urgent care agenda.

2.6 Urgent care provision must be aligned to changes within primary care, taking into account changes in the GP contract as well as the emerging changes that will be informed by national and local pilots for extending access. The implementation of the Better Care Fund initiatives and schemes driven by all the Clinical Commissioning Groups Workstreams will also contribute to improving urgent care services. The strategy and future model of care cannot be delivered in isolation.

3. National Context

3.1 The patient demand for health care services has increased year on year placing unsustainable pressures on the sustainability, and affordability of services and workforce. At a national level there is increasing desire to integrate services and make services including GP's more accessible to reduce pressure on accident and emergency (A&E) departments by treating patients with minor ailments and injuries in primary care or in the community.

3.2 Nationally the number of emergency admissions in England rose by 11.8% between 2004/05 to 2008/09 – resulting in around 1.35 million extra admissions, demographic changes show a growing population with more complex needs with increasing prevalence of long term conditions increasing demands on general practice and the wider system raises significant challenges. In England, the average number of GP consultations per patient rose from 3.9 to 5.5 per year between 1995 and 2008.

3.3 The inability of emergency departments to meet national waiting time targets in the early months of 2013 reflected the ever greater demands that are being placed on the emergency care system. A&E remains the default option for many patients. The rise in emergency admissions, between 2003/4 and 2010/11 have been attributed to a number of factors including, a rise in the numbers of frail elderly people, increasing morbidities, more treatable illnesses and increased public expectation of healthcare. All of these contribute to ever greater pressure on health and social care services, an increase in short stay admissions and an increase in emergency re admission. Figures show that as many as 21% of people who go to A&E could care for themselves or use alternative services. Based on a minimum A&E tariff of £58 this costs the CCG a minimum of £731,496 per year.

3.4 In November 2013 NHS England's national medical director, Sir Bruce Keogh, published the first stage of his review of urgent and emergency care in England. This was developed after an extensive engagement exercise and it proposed a new blueprint for local services across the country that aims to make services more responsive and personal for patients, as well as deliver even better clinical outcomes and enhanced safety. The report highlighted the current system is under 'intense, growing and unsustainable pressure'. This is driven by rising demand from a population that is getting older, a confusing and inconsistent array of services outside hospital, and high public trust in the A&E brand. He advocated a system-wide transformation over the next three to five years.

3.5 For those people with urgent but non-life threatening needs there must be highly responsive, effective and personalised services outside of hospital. He said these services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.

3.6 The Government have recently announced a national series of new schemes through a £50 million fund which will see more than 1,000 GP practices trialing 24-hour telephone access and weekend surgeries. The 'Extended Access' national pilot will run alongside the Proactive Care Program, a series of plans for how GP's will keep vulnerable older people out of hospital, this includes the named GP scheme.

4. Local Context

4.1 The urgent care infrastructure in Hartlepool and Stockton-On-Tees is supported by primary care, GP out of hours, healthy living pharmacies, Minor Injuries Unit, 111 telephone advice and navigation tool and Walk in Centres. To meet the additional patient demands 7 days a week the Department of Health nationally funded a number of walk in health centres and there are two in the CCG area. These walk in centres (sometimes referred to as Darzi centres) provide 8.00am to 8.00pm services, improving access to GP's. The centres were funded for 5 years 2009-2014.

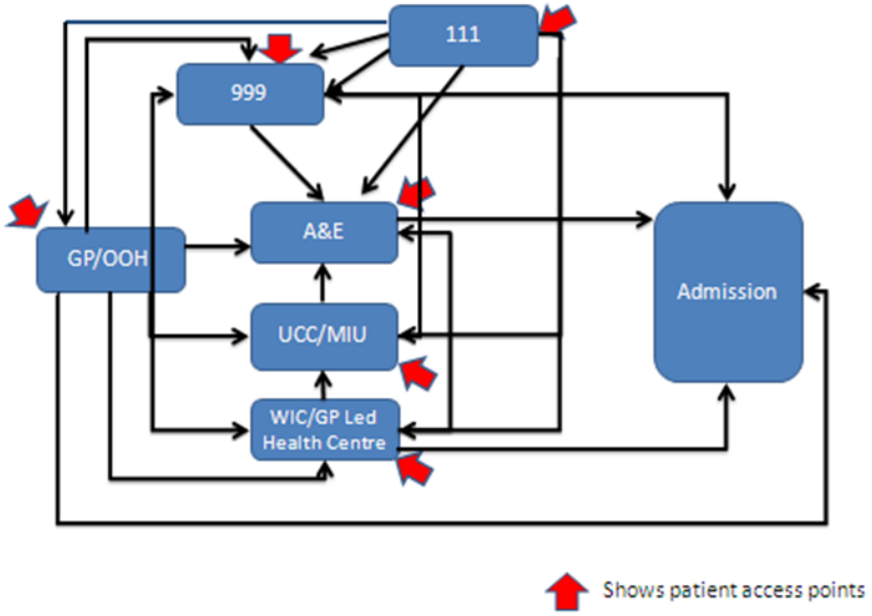
4.2 A gap analysis has been undertaken of the way urgent care services are currently provided for patients across Hartlepool and Stockton-On-Tees, and we know that it can be confusing, services are not joined up, and overall fragmentation of the system means that many patients may not be able to access the most appropriate urgent or emergency care service to suit their needs, leading to duplication and over-use of the most expensive services, at significant cost to the NHS.

4.3 In Hartlepool and Stockton-On-Tees we provide urgent care in a number of health care settings including A&E, GP surgeries, pharmacies, a minor injuries unit and two walk in centres, one of which is on the same site as

the minor injuries unit. As well as being in a number of different settings, the urgent care services provide different services, and are open for differing hours and days of the week.

4.4 The diagram in Figure 1 demonstrates the different access points for accessing services.

Figure1: Current access points



4.5 As shown in table 1 below for the financial year 2012/13 North Tees & Hartlepool NHS Foundation Trust had 60,021 attendances to the Accident and Emergency Department. Patients who attended with minor injuries made up 46% of the total attendances (27,979 patients).

4.6 30-40% of minor ailments and injuries can potentially be diverted from the Accident and Emergency department to primary care. Based on an assessment of the data the conditions that people present with could have been managed in an alternative setting, this coincides with the national estimate. If these patients could be managed in an alternative setting this would help reduce the pressure on A&E as well as providing patients overall with a better experience of emergency care in Hartlepool and Stockton-On-Tees.

Table 1: Number of attendances for 2012/13

Department/unit	Number of attendances	% of attendances that could potentially be treated in primary care
University Hospital North Tees A&E Department	60,021	35%
Hartlepool Minor injury Unit (One Life Hartlepool)	18,361	42%
Stockton-On-Tees Walk-in-Centre (Stockton-On-Tees NHS Healthcare Centre)	45,776	Attendances stated are for HaST and South Tees patients only.
Hartlepool Walk-in-Centre (One Life Hartlepool)	34,920	

4.7 For a more in-depth analysis on attendances, please refer to the data pack provided in appendix 3.

4.8 111 has been successfully implemented locally, however it is not as widely used as it could be as the main point of access for urgent care services.

5. Case for change

5.1 There is already a strong focus on partnership working between the Clinical Commissioning Group and Local Authorities. Momentum: Pathways to Healthcare has been the blueprint within Hartlepool and Stockton-On-Tees for developing services. Working in close partnership with our Providers has helped us to achieve many changes in clinical services which improved quality, safety, and patient experience in the services we commission. We now need to ensure that we continue this and ensure a joined up approach with our social care partners.

5.2 The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. The Fund will provide for £3.8bn worth of funding (nationally) in 2015/16 to be spent locally on health and social care with the aim of driving closer integration and improving outcomes for patients, service users and carers. In 2014/15 a further £200m nationally will transfer to localities to enable them to prepare for the Better Care Fund in 2015/16. The Better Care Fund is therefore seen as a significant step forwards in developing integrated health and social care services. Ensuring we work together to provide better support at home and earlier treatment in the community, through this joint planning we will be able to

reduce the pressures on urgent care and prevent people needing emergency care in hospital or a permanent care home admission.

5.3 This is seen as particularly important in our local economy given the financial constraints that individual organisations are already experiencing. This, coupled with a continuing increase in the needs of our aging population and increased prevalence of long term conditions and a recognition that we have patterns of care and services that will be unsustainable in their current form, means we will need to work differently.

5.4 Services can be better integrated, simplified and provide better continuity and quality of care. We have analysed and assessed all data and information and listened to the concerns of the public and feel that we can develop a better model to make it easier for local people to get the right treatment at the right location at the times.

5.5 We also have a duty to ensure that resources are used wisely, however whilst this is important is not the key driver, but we believe that redesigning the services to work better will deliver improved value for money.

5.6 The approach we have developed is in line with national regional and local strategies. The strategy sets out what we would like to achieve, being more responsive and offering urgent care in the most appropriate setting and this will require a fully integrated approach. At the heart of the strategy is primary care where we will continue to support GP practices to deliver high quality care whilst meeting increased levels of demand and diverse expectations.

5.7 We have identified a series of opportunities including existing contracts coming to an end for some of our current urgent care services and recent development of government policy and initiatives relating to the redesign of services. Improved access to primary care and greater continuity of care for the elderly as well as those with long term conditions will need to be considered over the lifetime of the strategy.

5.8 To enable our proposals to be sustainable and resilient the development of primary care services needs to be addressed. Whilst there needs to be appropriate realignment of investment and development of a workforce model which supports the move to integrated care, this will need to happen over a period of time. We have therefore set out our proposals over the short, medium and long term. This phased approach will enable elements of the strategy being informed by national developments to take effect over the next few years alongside the procurement and implementation of new services.

5.9 This phased approach will see transferring of activity from different parts of the system over the lifetime of the strategy, maximising primary care (general practice, pharmacy, 111) and self-care.

5.10 We have separate contracts for the different urgent care services and these are coming to end in the next couple of years. Having separate contracts isn't the most cost effective way of commissioning, and there is no evidence to suggest that the existing arrangements encourage better health. Patients often do not understand where they need to go and can get passed from one service to another.

5.11 This is a particular issue for patients who are managing or being helped to manage long term conditions, and improving the health related quality of life of people in Hartlepool and Stockton-On-Tees with one or more long term condition including mental health is a key ambition for the CCG.

5.12 Currently there is duplication in the provision of ailment services 'in hours. These are provided by General Practice and the Walk in Centres. There is an increasing focus on urgent ailments being managed by general practice for continuity of care by their registered practice. By continuing to provide walk in centres and minor injuries units available during the day is discouraging patients from seeing their own GP or registering with a practice.

5.13 Some patients using the walk in centre and the minor injuries units suggest that a key factor in using these services is that they have difficulty being seen by their GP's. Provision of appointments 'in hours' is variable and the length of time patients have to wait for an appointment is often mentioned by patients who choose to use other services. Some people say they are unable to book an urgent appointment when they need one with a GP, especially at weekends and in the evenings; however most patients visit the walk in centres and minor injuries units when their own GP surgery is open.

6. Future service model

6.1 The CCG wants to avoid unnecessary hospital admission, A&E attendances and ambulance dispatch and move more care to the community where appropriate. The future model is based on understanding the interdependencies within the system and includes improving the care of people with long-term conditions. This in turn places general practice at the heart of urgent care and implies a need for "primary care 24/7".

6.2 For urgent care, we need to look at the patient journey and patient experience, and more importantly "service experience" along the whole urgent and emergency care pathway and not just focus on A&E, an ambulance response or GP out of hours services.

6.3 The CCG proposes an integrated urgent care model as presented in Figure 2 that combines provision of minor ailments services, minor injuries services and GP Out Of Hours Services within Urgent Care Centres. There will be consistent primary and community services, access to

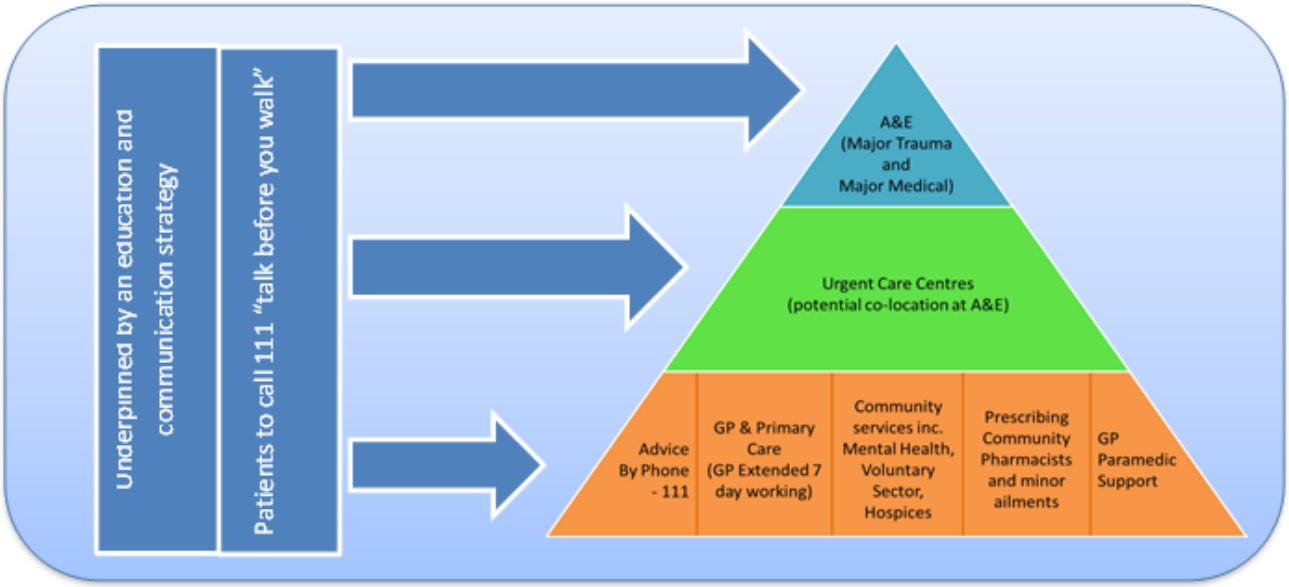
services/advice via 111 and other commissioned services with clear pathways of care defined.

6.4 Services will be developed based on best practice and clinical evidence that is proven to work.

6.5 The objectives of the new model are:

- Encourage patients to use their GP as their first point of contact for urgent care
- Deliver an evidence based approach to commissioning services
- That there is no confusion of what to do, who to call and where to go
- Services will be joined up, seamless and co-ordinated
- Services will be safe, responsive and a high quality
- Increased self-care, prevention, anticipatory care and patient empowerment
- Reduce variation in care which will lead to increased productivity and improved care for patients
- Active involvement of patients and public when designing new services or changing current services
- Monitor the effectiveness and outcomes of urgent and emergency care services
- Urgent care services delivered 24 hours a day, 7 days a week where appropriate
- 111 will be the central point of access for advice and triage – 'talk before you walk'
- Manage patients at the point in which they present
- Produce better continuity of care
- Increased awareness of early detection of illness and options for self-care
- Contribute to an IT strategy that results in greater convergence of clinical systems ensuring information will be available to all urgent care providers in a timely manner and accessible format
- Improve intelligence on spend and service provision and development of metrics. Having clear outcomes that need to be delivered by future providers with specific and measureable Key Performance Indicators.
- Agree better plans with social and healthcare providers for people leaving hospital to prevent avoidable readmissions
- Integrate mental, physical and social care services

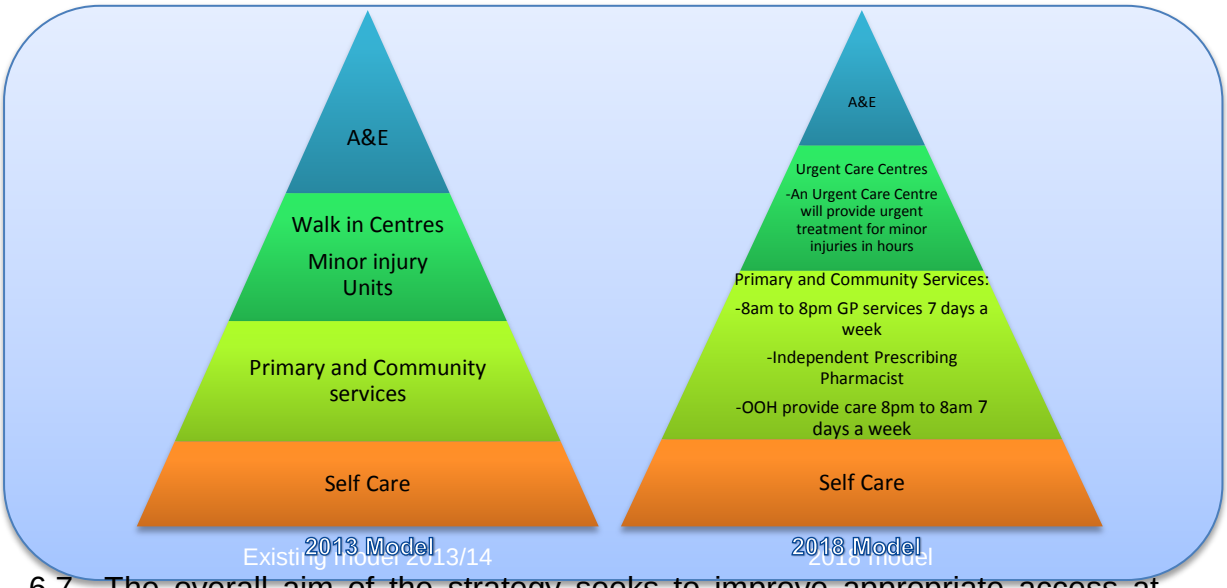
Figure 2: An integrated model of urgent care that the CCGs aim to commission by April 2016



Note: UCC co-located with A&E where possible otherwise stand alone with clear pathways of care into secondary care

6.6 Figure 3 shows that the intention is to reduce the number of patients attending an Emergency Department (Level 4) with more people being managed within at level 3 within an Urgent Care Centre. Primary and community services (Level 2) will manage more people with an increase in opening times and greater proactive managing of patients as well as a shift of care from secondary care in line with the Better Care Fund plans and improving community service provision. Although the CCG will always encourage and promote self-care this level is not easily measured and it is not always possible get people to self-manage their condition when there are alternative services still available.

Figure 3: Shift in provision of care between settings to be achieved by 2018



6.7 The overall aim of the strategy seeks to improve appropriate access at each level of care, ensuring that people are seen in the right place, right time, first time. Over time there is an expectation that there will be a transfer of activity between care settings, transferring activity to self-care and primary care and community services, maximising the use of GP's, pharmacy, 111 and urgent care centres where appropriate and decreasing urgent care activity in A&E. Increasing the use of 111 will help facilitate this shift in service provision.

6.8 As an interim measure, prior to developing a GP service that would provide an 8.00am to 8.00pm, 7 day week service, the CCG proposes to develop and procure Urgent Care Centres to provide (in the interim) urgent care for the population of Hartlepool and Stockton-On-Tees. Delivering services for the urgent and immediate needs of patients with minor injuries and ailment the intention is to procure from April 2016 urgent care services which will be available 8.00am to midnight seven days a week, one centre in Stockton-On-Tees and one in Hartlepool offering a high level care from General Practitioners and an advanced nursing team. During opening times the centres will also offer an x-ray and point of blood testing, providing patients with a seamless 'one stop' service for care and treatment.

6.9 The Urgent Care Centre services will be available at times we know they are needed most, they will manage patients presenting with urgent ailments and injuries in the same place, which will improve understanding about where to go, at what time and with what type of condition.

6.10 As well as providing a seamless service the Urgent Care Centres will be able to treat more patients than the current minor injuries unit and the walk in centres. This, in turn will help towards reducing demand for Accident and Emergency attendances provide opportunities to use resources more effectively and ultimately improve patient outcomes and provide better patient experiences.

6.11 An Urgent Care Centre will provide (in the interim) urgent care for the population of Hartlepool and Stockton-On-Tees that includes minor injuries and ailments forming part of the wider community primary care service which will include out of hours GP services.

6.12 Within Stockton-On-Tees co-location of an Urgent Care Centre with the University Hospital of North Tees' A&E department will be explored. Nationally it is recognised that it is advantageous that these services are co-located where possible. Once there is clarity on the location of the hospitals within Hartlepool and Stockton-On-Tees this can be reviewed and a stand-alone Urgent Care Centre will be provided within Stockton-On-Tees as well as the centre at Hartlepool.

6.13 Within Hartlepool an 8am to Midnight GP run Urgent Care Centre will be provided at the One Life Centre, Hartlepool. The Centre will be clinically led with a range of skilled practitioners. Appendix 2 defines an Urgent Care Centre.

6.14 After 8pm the OOH provider will be based in the Centre. After midnight a senior nurse practitioner will provide care for minor injury and ailment with support of the OOH GP. It is envisaged that home visiting will be integral to the service for those patients who need to be seen in their home out of hours.

6.15 Urgent Care Centres will be able to accept patients arriving by ambulance. Any patient seen, treated and discharged from the Urgent Care Centre with non-ambulant issues will be able to receive transport from the patient transport service.

6.16 A&E will continue to provide major trauma and major illness care. A skilled practitioner will navigate patients who present inappropriately to A&E to alternative health care providers if appropriate. If it is possible to co-locate a centre with A&E patients will be assessed prior to registration by a senior member the nursing staff qualified to stream patients to the most appropriate care setting.

6.17 Towards the end of the term of the strategy it is envisaged that GPs will be expected to provide an 8am to 8pm, 7 days a week service. How and when this will be achieved is to be determined over the short to medium term.

6.18 A prescribing community pharmacist with minor ailments management will be in place across the locality. This service will offer an independent prescribing pharmacist with appropriate training to see and treat patients with minor ailments and minor injuries. This service will reduce GP appointments and Accident and Emergency attendances. This service will be run 7 days a week.

6.19 111 will navigate the public safely to the most appropriate service for their needs. 111 will support the Urgent Care Pathways as they develop. GP practices will provide slots to 111 for patients needing appointments.

7. Enabling Activity

7.1 Clinical leadership

The principal of having clinical leaders at the forefront of progressing the vision provides a strong basis for taking forward the reconfiguration of urgent care services in Hartlepool and Stockton-On-Tees. Service developments need to be based on clinical best practice and learning from national and local reviews.

7.2 Workforce Development

Delivering the strategy is dependent on having suitably competent staff. Extending access in primary care will provide challenges and we will need to ensure there is a sustainable model of care commissioned by the Area Team and CCG in relation to enhanced services. With a phased approach to delivering the proposed model of care the action within year 1 needs to include a review and the development of the workforce which will support the concept of integrated care and increasing provision within primary and community care.

7.3 Utilising Estate

Across the locality we have a number of facilities where services are delivered from. Within year 1 existing estate will be reviewed to ensure we make best use of the available facilities to support the delivery of integrated urgent care provision.

7.4 Patient and Public Engagement

The CCG is committed to engaging with the residents of Hartlepool and Stockton-On-Tees to inform service redesign and development, which includes commissioning urgent care services. We have already undertaken extensive consultation to inform the Momentum Programme of work. To take the urgent care strategy forward we will need to develop a communication and engagement strategy supporting the continued involvement and engagement of patients. By listening to the experiences and views of our patients we can redesign urgent care in line with local needs. A specific focused campaign will be undertaken to encourage the use of 111.

7.5 Procurement

Procurement processes will be followed to commission future services in line with the proposed model of care.

Appendix 3

8. Phased Implementation of Strategy

2013	2014	2015	2016	2017	2018
• Ensuring continued provision of high quality care within the health, public health & social care system over the 2014/15 winter period. The CCG will ensure there are robust, effective and timely plans in place to minimise the disruption and impact on service delivery. • Align the Urgent Care Strategy with other CCG strategies, particularly the Primary Care Strategy that will inform what volume and from what time of day minor ailments care needs to be commissioned within Urgent Care Centres. • Develop a detailed implementation plan to manage the transition from current service provision to a fully integrated service that meets the CCG vision. • Engage with the public to further develop how services can be provided in the future. Undertake market testing with potential service providers to test out the service model and the best way of delivering services in the future and start the procurement process to secure services in line with the strategic vision. • Develop a service specification for an Urgent Care Centre. • Continue to understand service provision using intelligence from 111 outcomes. The Directory of Service that details available service provision and directs people to the appropriate service to meet their needs should be continuously revised as it can identify gaps in service provision and inform future commissioning priorities. • Launch a local 111 campaign "talk before you walk" to increase use of 111. • Implement and evaluate pilot schemes to establish those that are successful and would be beneficial to commission in the longer term (e.g. extended GP access scheme and paramedic support) Work with all agencies to develop different ways of working that will contribute to the reduction in emergency admissions, including the Voluntary and Community Sector. • Develop and implement the Better Care Fund plans that set out the delivery of key outcomes including a significant reduction in emergency admissions. • Proactive Chronic Disease management is effective at promoting self-care and supporting people to live more independently. • Development of community services and support to care homes is key to reducing in appropriate hospital admissions and re-admissions. The implementation of Emergency Health Care Plans and strengthening the links between GP practices, community services and social care is a priority of the CCG. • Develop primary and community care services. Including developing the Prescribing Pharmacist service and Primary Care Enhanced Services that increase capacity in primary care. • A prescribing community pharmacist with minor ailments management will be piloted initially on 2 sites in Stockton-On-Tees and 1 site in Hartlepool.					
			• A small change in general practice can have a significant impact on flows to other parts of the urgent care system. Effective and timely responses in General Practice benefit patients and reduce acute referrals to hospital. Ensuring General Practice develops a rapid and effective response in every practice will be a fundamental element for delivering the strategy (NHS England and the development of locally enhanced services will drive the key changes that will impact on urgent care provision within General Practice). The move to seven day working within General Practice will make it easier for people see their family doctor from 8am to 8pm, seven days a week. It will help those who struggle to find GP appointments that fit in with their family and work life. How and when changes will be implemented is not yet defined. • Urgent Care Centre's that will deliver minor ailment and injury treatment in the interim will be procured from March 2016 with the option of excluding the ailment element of the service 'in hours' once there is consistent service provision within all general practices.		
				• Primary Care services commissioned that provide a consistent and sustainable 7 day a week service. Minor ailment services 'in hours' provided by general practices. • Increase in self-care supported by provision of a fully integrated Urgent Care Centre with seamless pathways into secondary care and other services as appropriate. • 111 as the key access point for accessing urgent care services.	

Appendix 1: Current service provision

Location	Service available	Opening times	Provider
University Hospital North Tees	Accident and Emergency	24 hours	NT&HFT
GP's	Urgent and non-urgent care	8.00am-6.00pm	40 practices
Hartlepool One Life Minor Injuries Unit	Urgent care	24 hours	NT&HFT
Stockton-On-Tees Tithebarn Walk in Centre	Urgent care	8.00am-8.00pm seven days a week	Virgin Care
Hartlepool One Life Walk in centre	Urgent care	8.00am-8.00pm seven days a week	Virgin Care
Out of hours	Urgent care	6.30pm-8.00am weekdays 24hours weekends	NDUC
Pharmacy	Non- urgent care	11 are 100 hours per week	60 pharmacies

Service	Opening Times	X-Ray Facilities	Blood testing	Pharmacy
Hartlepool one life Walk-in-Centre	8am-8pm Mon-Sun	Yes, in opening times	No	Yes, 8am-8pm Mon-Sat 8am-4pm Sun
Hartlepool one life Minor injury Unit	8am-8pm Mon-Sun	Yes, in opening times	No	Yes, as above
Tithebarn Walk in Centre	8am-8pm Mon-Sun	No	No	No

Appendix 2

Based on best practice a gold standard clinically run Urgent Care Centre will be able to provide seamless urgent care for the population of Hartlepool and Stockton-On-Tees. The Urgent Care Centre will be able to provide an enhanced service for adults and children. Encompassing the models used for the Walk in Centres and Minor Injuries Units the centre can also provide the following:

- A navigator who has knowledge of the whole centre whilst on shift
- A triage nurse that can stream patients
- General Practitioners
- Practice Nurses
- Emergency Nurse Practitioners
- Qualified nurses (adult and paediatric trained)
- Health Care Assistants
- X-Ray and ultrasound capability
- Having X-Ray will help reduce attendance to A&E with minor injuries.
- Point of care Blood Testing on site
- The ability to take blood samples will help towards unnecessary referrals to A&E.
- Plaster and Dressing rooms
- Adult observation area (can stay up to 4hrs)
- A –place for patients to wait for treatment and a result, having the observation area also helps towards the reduction of 24hr A&E admissions.
- Paediatric observation area (can stay up to 4hrs)
- Help reduces the 24hr admissions and reduces cost for paediatrics attending the Children's day unit.
- Health and wellbeing clinics
- Will offer clinics for stop smoking, eat well etc.

The Urgent Care Centre will also be able to see and treat patients that currently the Minor injury Unit and Walk in Centre cannot. The UCCs will be able to treat all the patients currently attending the WiC and MiU as well as the following:

- An observation area for people to wait for test results
- Non-cardiac chest pains
- Allergic reactions
- Minor surgery
- Gynaecological problems
- problems usually dealt with by a GP
- Respiratory conditions that are NOT life threatening
- Children with high temperatures
- Abdominal pain
- New unexplained symptoms
- Worrying or worsening of a long term condition

Evidence based practice shows that having these services help in the reduction of A&E attendances and 24hr admissions, offering this enhanced service will provide state of the art health care for the population of Hartlepool and Stockton-On-Tees.