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Clinical commissioners need clear thinking on urgent care

The Primary Care Foundation has called for greater clarity around urgent care commissioning in a report that highlights wide variations in the services provided.

A review by the Primary Care Foundation found that the term urgent care centre (UCC) covers a wide range of services, causing confusion among the public, patients and even health professionals about which service to use when. The services UCCs offer are inconsistent. Sometimes the same centre can treat patients with different conditions at different times of the day, which further increases the confusion. Some centres are open 24 hours a day but others only 12 to 14 hours a day. Some could treat only routine cases that could be managed in primary care while others had a full range of diagnostic services on offer. Although one of the objectives was to reduce attendance at A&E none was able to demonstrate that savings had been delivered to the taxpayer.

Henry Clay, director of the Primary Care Foundation, says: “The public are confused about the range of terms we use and the lack of consistency across services. It is time to develop a core set of services, minimum standards and a consistent terminology, so that patients can recognise where to go and have greater confidence about the range and level of service they can expect.”

The report highlights the need for clinical commissioners to look at the whole urgent care system – not just its constituent parts.

Henry says: “This report demonstrates the importance of fully joined up commissioning of urgent care rather than commissioning services separately as has sometimes happened in response to centrally driven innovations. There is a need for local commissioners to take a clear strategic view of all their urgent care services and develop an integrated approach that includes primary care.”

The report also highlights how some urgent care centres do not provide a rapid response. While some UCCs clearly had a focus on seeing and treating patients quickly, many allowed significant queues to build up. This was often associated with a process that the report has described as "triage and wait" in which patients wait once to be prioritised and then wait again for a full consultation. The report urges urgent care centres to move to a "see and treat" model that is more effective at providing a rapid response.

Henry comments: "The key factor that is particularly important for patients accessing urgent care is a rapid response. Services need to look carefully at their clinical process, seeing and treating as many patients as quickly as possible and, where possible, avoiding unnecessary assessments or triage. General practice also has an important role to play - the way that patients' conditions are managed and the ease with which care can be accessed can significantly affect the usage of urgent care services. The foundation is working with well over 500 practices supporting them in considering this too."

Notes for editors:

Urgent Care Centres: what works best? A discussion paper from the Primary Care Foundation can be downloaded from www.primarycarefoundation.co.uk

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