

Quick Guide

Improving Access to Urgent Treatment Centres using the Directory of Services

NHS England and NHS Improvement



Quick Guide - Improving Access to Urgent Treatment Centres using the Directory of Services

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This document should be read in conjunction with the [Integrated Urgent Care Service Specification](#)

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1. Introduction

This Quick Guide is designed to provide practical information to urgent care Providers, Commissioners, Directory of Services (DoS) Leads and NHS 111 contact centres/Integrated Urgent Care (IUC) services on how they can use the DoS to improve access for patients to Urgent Treatment Centre (UTC) services and other services expected to meet the UTC standards. The document contains practical tips, information, tips lists and case studies.

2. Background

2.1 The legacy ‘confusing mix’

From the outset of NHS England’s review of urgent treatment services in the NHS, our patients and the public told us of the confusing mix of walk-in centres, minor injury units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended services. Within and between these services, there is a confusing variation in opening times, in the types of staff present and what diagnostics may be available. This variation caused confusion to the patient, to the service being able to reflect their provision appropriately on the DoS, and to NHS 111/IUC services feeling confident about the referrals they make.

Since 2019, the commitment to end the confusing mix of services has been refined in the NHS Operational Planning and Contracting Guidance 2019/20¹. Commissioners are required to continue to redesign urgent care services outside of A&E, aiming to designate the majority of Urgent Treatment Centres (UTCs) by December 2019, with any exceptions to be agreed with the Regional Director.

In addition, the NHS Long Term Plan² published in January 2019 set out the ambition to fully implement the Urgent Treatment Centre model by autumn 2020 to ensure all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.

2.2 New ‘principles and standards’

The Urgent Treatment Centre Principles and Standards³ were published in July 2017 – a core set of standards for UTCs to encourage more commonality between them and reduce the confusion experienced by many. By December 2019 patients and the public will, for example:

¹ NHS Operational Planning and Contracting Guidance 2019/20, access here

<https://www.england.nhs.uk/publication/preparing-for-2019-20-operational-planning-and-contracting/>

² NHS Long Term Plan, access here <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

³ Urgent Treatment Centre Principles and Standards, access here <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

- Be able to access UTCs that are open at least 12 hours a day, usually doctor-led, staffed by a multi-disciplinary team, with access to simple diagnostics, e.g. urinalysis, electrocardiogram (ECG) and in some cases x-ray
- Have a consistent route to access urgent appointments offered within 4 hours and booked through NHS 111/IUC, ambulance services and general practice; a walk-in access option will also be retained
- Know that the UTC is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS 111/IUC, local GPs, Emergency Department (ED) services, mental health services and other local Providers.
- Be able to access consistent and high quality urgent care services as an alternative to A&E for patients who do not need to attend hospital

2.3 Benefits to patients and the system

Through adoption of the new principles and standards, we expect inappropriate attendance at – and transfer to – ED to be reduced, as well as improved patient convenience as patients will no longer feel the need to travel and queue at ED. Attendances at UTCs will count towards the four-hour access and waiting times standard.

Where a patient can be provided with an increased level of certainty regarding their onward care, they are more likely to adhere to the advice given at the end of the NHS 111/IUC call, and therefore less likely to default to higher acuity locations of care such as ED. UTCs that facilitate direct booking can play an important part of the IUC system as a whole, by becoming a preferred choice for patients with an urgent or same-day need to be seen.

2.4 GP Access Hubs

Improved access to general practice services will complement the new principles and standards. Patients are now able to access appointments at evenings and weekends across the entire country. This includes ensuring access is available during peak times of demand such as bank holidays and across the Easter, Christmas and New Year periods. This will predominantly be delivered across a geographical locality delivering additional capacity and choice of appointments beyond what is provided at general practice level.

It will mean, in addition to attending an UTC, patients can access a GP Access Hub in their area for appointments with a GP, nurse or other member of the primary care team. These two service offerings will play a key role in delivering face-to-face care as part of the local patient flows available through NHS 111/IUC.

GP Access Hubs will offer the full range of general practice services but provide additional capacity locally and more choice and convenience for patients who cannot get an appointment at their own registered practice. These services will be open to reflect local needs and will offer appointments on weekday evenings and weekends,

as well as delivering additional services during the week where needed. Some of this additional capacity may be offered beyond hubs in UTC.

2.5 Urgent & Emergency Care (UEC) Technical Enablers

The ability to book appointments is a key enabler across the range of services within UEC, specifically from NHS 111/IUC into UTCs as well as into Out of Hours and primary care services. While appointment booking solutions vary between CCGs, depending on the systems in use within local NHS 111/IUC services, UTCs, and GP surgeries/Access Hubs, the objective is the same: to have appointment booking available across these settings.

The DoS is currently used to support patient referrals – with and without appointment booking – from NHS 111/IUC into a range of care settings. It is therefore essential that the resulting patient flows reflect local commissioning intentions, with gaps/duplication/inefficiencies identified and addressed. For example, appointment booking into UTCs may require a different clinical profile on the DoS when local GP Access Hubs are not available, compared to the clinical profile at other times.

In addition, the development of other digital capabilities in UTCs – particularly access to clinical information (including Mental Health Crisis and End of Life plans) – may drive the need to change existing patient flows and should therefore be taken into consideration when profiling the DoS.

3. Standards

New UTC services will be at different stages in their procurements, largely dependent on existing contracts, provisions at any existing service at that facility, and technical abilities of the systems being used. This means that some services operating as a UTC may still be looking to implement particular standards, and this will need to be considered as part of the DoS profiling.

3.1 Access to services

Standards 1-9 of the new Urgent Treatment Centre Principles and Standards relate to the access arrangements for UTCs. This includes:

- Being open at least 12 hours per day 7 days per week (typically 8am-8pm, with some 24/7)
- Offering pre-booked same day and walk-in appointments
- Supporting and promoting self-care management and patient education
- Process to book an appointment in a single phone call to NHS 111/IUC
- Walk-in patients to a UTC being clinically assessed within 15 minutes

- Walk-in patients to a UTC having an appointment slot within 2 hours of arrival
- Pre-booked patients being seen and treated within 30 minutes of appointment
- Managing critically ill and injured patients who arrive unexpectedly.

3.2 Clinical presentations at Urgent Treatment Centres

Standards 10-16 relate to the typical clinical presentations that are expected to be handled by a UTC. Given these are the standards that relate to the outcomes mapped on the DoS, this guide will explore them individually.

3.2.1 Standard 10: Appropriately trained multi-disciplinary clinical workforce

An appropriately trained multidisciplinary clinical workforce will be deployed whenever the UTC is open. The UTC will usually be a doctor-led service, which is under the clinical leadership of a GP. There will be an option for bookable appointments with a doctor or other members of the multi-disciplinary team. Where the centre is co-located with an ED there may be justification for joint clinical leadership from an ED consultant.

There may be periods of time when a skillset within the multi-disciplinary team (e.g. doctor, ANP, radiographer) may not be present. Whether or not particular NHS Pathways outcomes can still be safely directed to services in these circumstances may vary, subject to the provision of the local service and other skillsets available. It is important these scenarios are considered locally and catered for on the DoS.

Local areas are recommended to move any codes which would need 'switching off' if a particular skillset was not present (e.g. the radiographer was sick and therefore not on shift) on to a separate DoS profile, which can then be managed using the capacity status functionality. The groupings in Appendix B can assist DoS Leads identify which codes may need to be moved.

Whilst this does mean a slight increase to the DoS maintenance and set-up workload, it enables the service to accurately reflect its provision at all times. In doing this, it removes the clinical risk of referring certain outcomes during periods that they can't be handled, and conversely ensures these outcomes can be referred there for the entirety of the periods that they can (therefore fully utilising the service's capabilities).

Further guidance can be provided by the NHS England National DoS team. It is important that instances when these codes are 'switched off' are logged, and under regular review by both Provider and Commissioner.

3.2.1.1 Allergic reactions

Use of the NHS Pathways algorithm will exclude patients whose allergic conditions have resulted in significant symptomatology e.g. breathing difficulties, swollen mouth or throat, difficulty swallowing etc. Those referred for management in UTCs may suffer from lesser symptoms without a sudden onset such as wheeze, skin rashes,

urticaria and tingling mouth. They may benefit from clinical assessment, antihistamines, oral steroids, nebulization, observation and further long-term management.

3.2.1.2 Constricting objects

Pathways outcomes in this group will include tight wedding rings on swollen fingers and injuries from bindings and plaster casts. Cases which have resulted in change of colour of a more major limb (i.e. pallor of an arm or leg) will be excluded by the NHS Pathways triage and directed to ED. It is envisaged that UTC will have access to suitable ring cutters and other tools.

3.2.1.3 Limb pain and swelling not resulting from injury

Limb pain and swelling which results in colour change in the limb will be excluded by the NHS Pathways algorithm and directed to ED. Potential exclusions should therefore include obvious deep vein thrombosis (DVT) and arterial thrombus, although it is recognised that some UTCs may have the ability to receive potential DVTs, in which case the local DoS profile should be adapted accordingly. Cases referred to UTC may include lesser degrees of swelling resulting from infection, superficial venous thrombosis, or lymphedema.

3.2.1.4 Other illnesses

Other illnesses have been included since after NHS Pathways triage it represents a group of non-life-threatening illness (i.e. not acute injuries) which cannot be otherwise classified and which require further clinical contact for elucidation. They will be of a type usually managed in primary care within 2-24 hours, and may have either been directed by an NHS 111 Health Advisor, or after telephone consultation with a clinician in the IUC Clinical Assessment Service (CAS).

3.2.1.5 Other injuries

Module 0 of NHS Pathways identifies, amongst other severe conditions, major injuries which are potentially an immediate threat to life and result in a 999 outcome for the patient. Other major injuries with significant risk are identified by further NHS Pathways triage in module 1. They too will be directed to ED, often by emergency ambulance, or to the IUC CAS. Some injuries of a lesser nature such as bruising, swelling, stiffness of a limb etc. will be suitable for UTC management.

3.2.1.6 Referrals from an Integrated Urgent Care Clinical Assessment Service

Referrals to UTC in this category will be made by clinicians working in the local IUC CAS. These clinicians will have spoken to the patient or carer directly and with their local knowledge augmented with their use of the DoS, recognised that their local UTC will be capable of managing the case.

3.2.2 Standard 11: Scope of practice

The scope of practice in UTCs must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.

3.2.2.1 Minor illness

Includes those minor illnesses most usually managed in general practice/primary care by primary care clinicians.

3.2.2.2 Wound closure

NHS Pathways triage will have excluded complex wounds, or where specialist surgical wounds are better treated by hospital clinicians. Those referred to UTC will be less severe and of a type most usually managed in general practice involving superficial stitching, adhesion or taping, blisters, management of dressings and plaster casts.

3.2.2.3 Removal of foreign bodies

Cases referred to UTC will include thorns or minor foreign bodies. More major exclusions as a result of NHS Pathways triage will be directed to ED, locally commissioned eye services (where these exist) or to specialist eye units.

3.2.2.4 Minor head and eye injuries

Cases which have resulted in loss of consciousness, loss of vision or injury to the head or eye will be directed to ED. Cases referred to UTC will be less severe cases where there have been no major symptoms or injury.

3.2.2.5 Viral haemorrhagic fever (VHF)

This is a code which is only switched on when there is risk to the population and where a UTC has been asked to assist with a high case-load. Cases referred to UTC may be non-symptomatic and unlikely to have VHF but who still require assessment, advice and reassurance. Some areas may need to consider any isolation requirements, or wish these cases to be directed to their IUC CAS in the first instance.

3.2.3 Standard 12: Primary care investigations and clinical assessments

All UTCs should have access to investigations including swabs, pregnancy tests, urine dipstick and culture. Near patient blood testing, such as glucose, haemoglobin, d-dimer and electrolytes should be available. ECG should be available, and in some UTCs near-patient troponin testing could also be considered.

UTCs are expected to be able to provide access to a range of investigations as detailed in the specification, as well as conducting face-to-face assessments for suspected conditions. Where access to appropriate investigations is specifically required, this is most likely to be identified by clinicians in the IUC CAS.

3.2.4 Standard 13: Patients potentially requiring x-ray

Bedside diagnostics and plain x-ray facilities, particularly of the chest and limbs, are desirable and considerably increase the assessment capability of a UTC, particularly where not co-located with ED. Where facilities are not available on site, clear access

protocols should be in place. Commissioners will need to consider patient throughput in their cost benefit analysis where capital investment will be required.

Provision of x-ray is 'desirable' but not a 'must have' within the specification. This is another set of codes likely to be used by clinicians in an IUC CAS after telephone consultation with a patient. As not having access to x-ray is likely to be the exception, the codes relating to limb injuries are included in the national template, but identified as such in Appendix B of this document should local Commissioners need to consider alternative referral pathways for these outcomes.

Where codes alluding to the possibility of an x-ray are included on a DoS profile, it is important the name of the service on DoS and associated instructions to the patient do not raise expectations that an x-ray will be conducted. It may be on assessment by the UTC that a clinician concludes an x-ray does not add value to the consultation.

The instructions should also contain explicit information on alternative pathways for x-ray, for instance if they are available during restricted times, or if x-rays are referred to a separate service. It is important this information is available on DoS.

3.2.5 Standard 14: Prescribing capability

All UTCs should be able to issue prescriptions and e-prescriptions (e-prescribing should be in place in all sites by June 2019). Several NHS Pathways outcomes identify the likelihood of prescription medication being required to treat the patient's symptoms.

This subset of codes has been included in the national template. Repeat prescription outcomes are covered in section 4.2 of this document.

3.2.6 Standard 15: Emergency contraception

All UTCs should be able to provide emergency contraception. This relates to access to emergency contraception and other related advice as usually provided in primary care. If alternative local protocols are in place (e.g. via community pharmacy), these codes may not be included on the UTC DoS profile.

3.2.7 Standard 16: Mental health outcomes

All UTCs must have direct access to local mental health advice and services. This could be through the on-site provision of 'core' liaison mental health services where services are co-located with acute trusts, or links to community-based crisis services.

The standards expect that UTCs will be able to provide, or will have access to, a wide range of services for a variety of mental health conditions. NHS Pathways triage will have excluded suicidal patients who have both means and plan, and those acutely intoxicated, who will be attended by police and ambulance.

3.3 Interoperability with other services and systems

Standards 17-25 relate to the interoperability capabilities that a UTC will need. This includes:

- Accessing an up-to-date electronic patient care record (e.g. Summary Care Record) and the referral notes sent from NHS 111/IUC
- Ability for other services to electronically book an appointment e.g. NHS 111/IUC
- Notification of patient encounters sent to their GP via Post Event Message
- Adherence to defined interoperability/data standards e.g. SNOMED-CT
- As close to real-time capacity and waiting time data being made available
- Alignment with the Integrated Urgent Care Technical Standards
- Provision of health and wellbeing advice and signposting to local services
- Collection of contemporaneous quantitative and qualitative data.

Where DoS profiles already exist with interoperability links established and tested, it is preferable to convert/adapt these profiles with any symptom code or service type changes, instead of creating new profiles, so as not to break the interoperability links. More information on interoperability and DoS is available from the National IUC DoS Operations Team.

3.4 Child protection and vulnerable adults

Standards 26-27 are for the management of cases relating to safeguarding children, vulnerable and older adults, and identification/management of child protection issues. Cases where patients are currently at immediate risk are identified by NHS Pathways triage and will receive appropriate care elsewhere. Cases in the groups referred to the UTC are likely to have been assessed by the local IUC CAS, and will be where the clinician considers that there are professionals in the UTC who can contribute to the situation. It may also assume a co-ordinating role for the UTC, who would follow their local policies and protocols for such instances.

Please note that at the time of publication, there is currently an issue with age range information, which can and is in some cases be mitigated via a local workaround. The issue relates to misalignment between the age range information entered on the DoS and how it is stored/searched for. As a result, for example, a UTC commissioned to deal with patients aged 3 and older may receive a small number of referrals for 1 and 2-year-olds for a short time. No serious incidents have been reported as linked to this issue and it is no longer possible to profile misaligned age ranges on the DoS.

4. Out of scope

4.1 Speak To dispositions

Speak To dispositions in the NHS Pathways triage process are cases that require further assessment by a Healthcare Professional via telephone initially, with the potential for a subsequent face-to-face appointment. These outcomes are more likely to be suitable for an IUC CAS, unless the UTC is specifically set up to provide telephone advice or is providing services as part of the IUC CAS.

The UTC specification does not currently include a 'speak-to' role and so the template excludes these dispositions. However, some Commissioners may wish to include this role and there may be cases where patients who have previously been managed in the UTC wish to get back in touch. These options should be discussed locally.

4.2 Repeat prescription requests

Whilst the UTC standards state that repeat prescriptions and e-prescriptions can be dealt with by UTC services, it is unlikely NHS 111/IUC would explicitly direct patients for such outcomes, unless the alternatives were unavailable.

Commissioned services may be available from a community pharmacy (e.g. NHS Urgent Medicines Supply Advanced Service – NUMSAS; or local equivalent) or a Pharmacist in the IUC CAS. Controlled drugs would not be identified by the NHS 111 Health Advisor, and so if the community pharmacy was not able to complete the referral, they would make the necessary arrangements for the patient to consult a practitioner.

For routine repeat prescriptions during the in-hours period, it would be expected that the patient would be advised by NHS 111/IUC to contact their own GP surgery or one of the commissioned services. During the out-of-hours period requests would usually be referred to a commissioned service, where available, or a GP OOH service. The UTC Commissioner may profile these outcomes at a lower ranking preference to the more suitable services.

4.3 Sexual assault

These codes are not currently anticipated to be directed to UTC. They are more likely to be assessed in the IUC CAS and referred to a Sexual Assault Referral Centre (SARC) or ED.

5. Ranking

To encourage uptake and selection of the new UTC services, particularly for cases that would otherwise be sent to ED, Commissioners are expected to rank them accordingly compared to their other commissioned alternatives.

ED services are typically ranked as low (the 4th of 5 priority orders), and so UTCs are likely to at least be ranked as normal (3rd) or high (2nd).

DoS Leads and NHS 111 contact centres/IUC services should investigate cases where the UTC has been presented to the patient as a preferable option, but they have rejected the service and opted to attend elsewhere, to understand if there is anything in the ranking or DoS profiling that could have facilitated the patient accepting.

6. Co-located services

In the context of IUC, co-location of services implies that two or more commissioned services are not simply closely located in a physical sense, but also that they are able to freely refer between themselves and to share the clinical care of patients, whichever party is consulted first. This relationship will be facilitated by shared clinical records, direct booking arrangements and by effective triage at the point of entry to care. The services should also have some degree of shared clinical governance.

In England currently, UTCs are most commonly co-located with EDs. This arrangement allows for a shared reception, initial assessment and triage into the most appropriate care setting. When an IUC CAS is available through NHS 111, IUC CAS clinicians can also be used to determine the most clinically sensible patient journey. Such associations, some of which are described in the case studies, have enabled the DoS teams and NHS Pathways authors to understand the most appropriate changes to DoS listings that will not only direct lower acuity dispositions to UTCs rather than EDs, but also ensure that clinical risk is avoided. The symptom groups appropriate for diversion from ED into UTC appear in the appendices. There are other service co-locations with midwifery, ophthalmology, mental health, pharmaceutical and dentistry services.

The close availability of professionals with skills appropriate to these services will extend further still the range of symptom groups and dispositions that can be managed within the suite. Local DoS Leads and NHS Pathways authors should be consulted regarding how best to reflect these on the DoS.

Not all co-locations are available 24/7. Local DoS Leads will also be able to advise how subsets of services offered can be switched on and off at the most appropriate time on DoS.

7. Adapting the template(s) for local use

The NHS Pathways codes which have been suggested here provide guidance for DoS profiling in line with the national UTC service specification; however DoS clinical templates must be reviewed and agreed as part of the local clinical governance processes. This will typically be led by the local DoS Lead and involve review and agreement between both the Commissioner and Provider for the service, before the service is made 'active' to receive live Pathways referrals from NHS 111/IUC via the DoS. There is, as always, a balance to be struck between ensuring the content of the profiling reflects local requirements, and ensuring the profiling is conducted in a consistent manner nationally, given the DoS is accessed nationally by NHS 111/IUC contact centres.

Consideration should be given to having separate DoS Profiles for different elements of the service if it is available at certain times, or for contingency planning in case an element of the service becomes unavailable. There may be elements of the service that are implemented at different times, so the profiling timescales may need to be considered to effectively utilise these services as and when they become available.

There should be processes in place for on-going review and amendment of the DoS profile as required; for instance due to commissioning or pathway changes or feedback regarding referrals to the service.

In addition to NHS Pathways profiling, local areas may also consider how clinicians may refer in to the service using a mobile search tool such as Service Finder, which would require additional profiling using Z-Codes.

8. Case studies

Prior to the advent of UTCs, some DoS teams worked with Providers and Commissioners of candidate services (Minor Injury Units, Primary Care Centres, Urgent Care Centres and Walk-In Centres) and other stakeholders to improve effectiveness of referrals to these units; namely:

- Increase the clinical profile i.e. the number of symptom and disposition codes that the service will accept, including ED level outcomes
- Standardise profiles across CCGs
- Manage differences in referrals based on skillset and diagnostic availability
- Review DoS rejections in NHS 111/IUC
- More recently, implement new functionality to promote or limit individual services based on the geography they cover, or have them only return whilst they are open, more information of which can be sought from the National IUC DoS Operations Team.

8.1 North East

Changes to DoS profiles for these services in the North East demonstrated a diversion of seven patients per CCG per day (on average) that would have otherwise been referred to ED services, and resultant cost benefits to CCGs.

The clinical profiles of these services have been made more clinically robust through negotiation and agreement with service Providers and the DoS team. This included the addition of symptom group and discriminator combinations, a significant proportion of which were previously profiled against ED services only. All three ED disposition timeframes (1 hour, 4 hours and 12 hours) were also added. There have been no adverse patient outcomes following any of the amendments within the North East.

Several services in the North East have multiple profiles to reflect whether the service is doctor-led or practitioner-led. This is self-managed within the service as they have been trained to make amendments to specified opening hours on their service's DoS profiles to reflect live, up-to-date clinical staffing capability.

8.2 Witney

In 2015, Witney MIU and local DoS Leads worked with NHS Pathways clinical authors and stakeholders to identify a number of ED-level symptom combinations they felt could be safely added to the services' profile, based on:

- the provision of x-ray facilities
- availability of a plaster room
- ability to deal with bites, stings and burns by their clinical staff
- protocols to manage more acute presentations

The codes were piloted for three months in Witney with no adverse patient outcomes and reduced referral rates to the corresponding ED.

8.3 Surrey

The codes used in Witney were added with consultation to three services in Surrey as a further pilot. Providers reacted positively to the variance of clinical presentations, and the changes contributed to an overall 20% potential reduction in ED referrals from NHS 111 in the area.

8.4 Yorkshire

Changes to DoS profiles for services across Yorkshire were made in the summer of 2017 to enable the direction of patients who contact through NHS 111 with injuries that would have attended ED services.

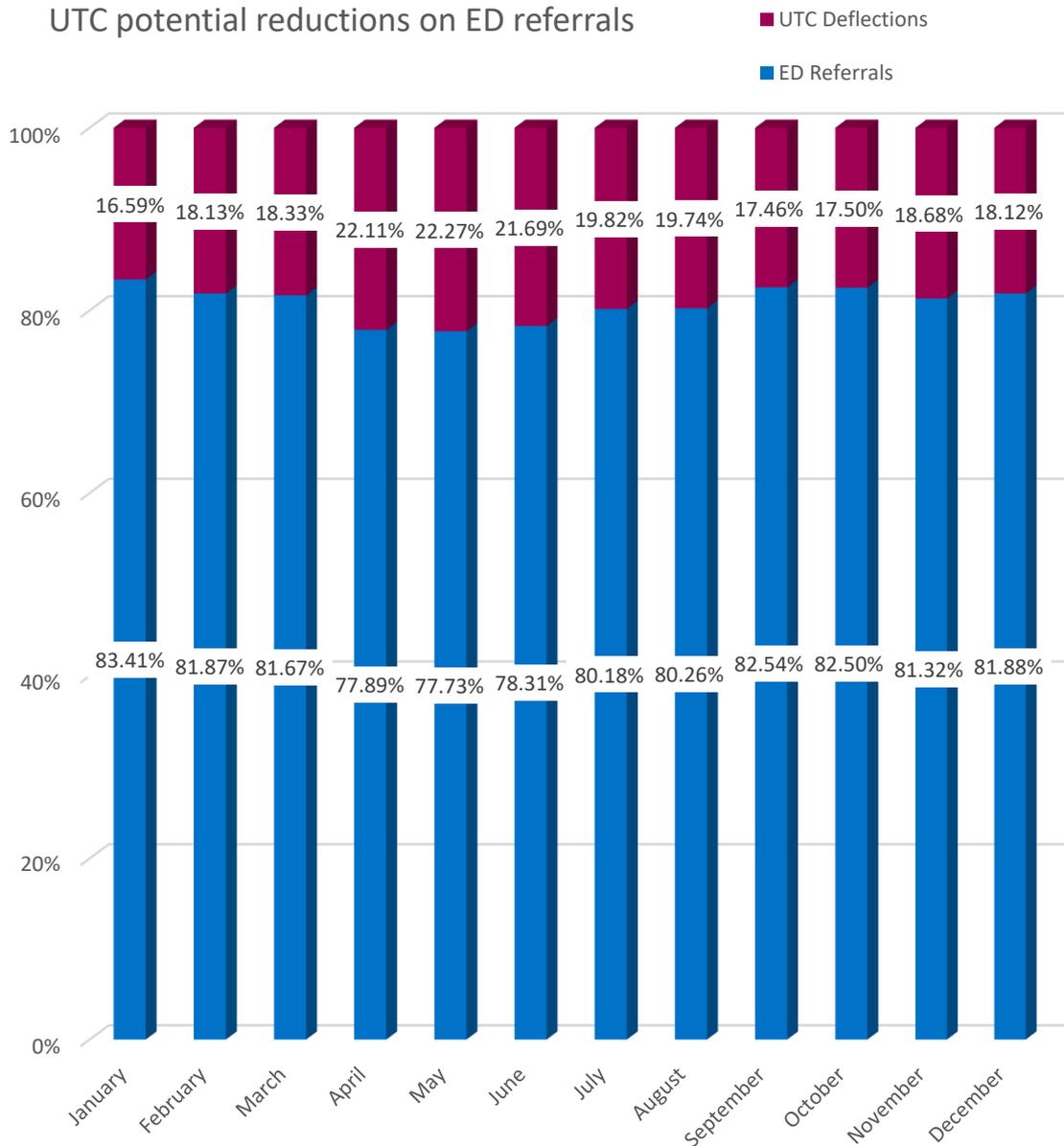
The clinical profiles of these services were made through negotiation and agreement with Commissioners and the DoS team. This included the addition of symptom group and discriminator combinations, a proportion of which were previously profiled against ED services only. All three ED disposition timeframes (1 hour, 4 hours and 12 hours) were included. There have been no adverse patient outcomes following any of the amendments within the Yorkshire region. Minimal direct booking has taken place but there is also a walk-in and streaming element at the front door of the ED, which directs approximately 50% of patients to the UTC for treatment which is a streamlined pathway for patients.

There are multiple profiles to reflect whether the service is doctor-led or practitioner-led which are managed with the clinical capability of staffing within the services.

8.5 North West

In order to understand the potential impact of UTCs, in the North West, an analysis has been completed on the range of outcomes specified in this quick guide. It shows that (if UTCs were rolled out across the North West with an even geographic spread and were true to the IUC Service Specification) UTCs would reduce NHS 111/IUC referrals to traditional ED front doors by an average of 19% (with some seasonal variance).

UTC potential reductions on ED referrals



This analysis has been done by extracting the SG/SD/Dx combinations from the UTC Starter and Stretch templates which are **over and above** those that are in the existing UCC with ED template. These combinations are therefore unique to UTCs and, prior to the roll out of UTCs, would have primarily gone to an ED. These codes have then been applied to all calls taken by NHS 111 in the North West of England in a 12 month period, to create the projections above.

In addition to the above, a number of high-level case studies have been developed by operational UTCs, including details on their service models. (see Appendix B).

9. Designation

As UTCs are stood up across the country up until December 2019, there will be various milestones in their development and these should be accurately reflected on the DoS. UTCs nationally are being designated in five main tranches:

- Tranche 1 – 31st March 2018 – services operational
- Tranche 2 – 30th June 2018 – services operational
- Tranche 3 – 31st December 2018 – services operational
- Tranche 4 – 30th June 2019 (services to be confirmed)
- Tranche 5 – 31st December 2019 (services to be confirmed)

Milestone	Corresponding action on the DoS
Service is designated nationally as a UTC	Grouped in the UTC service type on DoS
New opening times are operational	Demographic profile on DoS is updated
New clinical outcomes are catered for	Clinical profile on DoS is updated
Service accepts appointment booking	Referral instructions on DoS are updated
Re-branded as a UTC (i.e. the name above the door)	Service name on DoS is updated
Local communications about the service	Referral roles on DoS are updated to include sending details to NHS.UK

10. Conclusion

This guide has been written to provide a national steer on the appropriate outcomes from NHS 111/IUC to send to UTCs. In addition, UTCs will support signposting to other Health Care Professionals via search tools such as NHS Service Finder or other third-party applications.

The patient always comes first, and as outlined in 'Next Steps' the NHS' aim over the next two years is to provide patients with the most appropriate care in the right place, at the right time.

The introduction of new UTCs will standardise the current confusing range of options and simplify the system, so patients know where to go and have clarity of which services are on offer where. NHS 111/IUC will in time be the main access route for UTCs and offer booked appointments when required following telephone/online consultation.

The offer will result in decreased attendance at ED, or (in co-located services) the opportunity for streaming at the front door. All UTC services will be considered type 3 EDs and will contribute to the 4-hour access and waiting times target locally. The key

learning from stakeholders from across England is on the importance of working in partnership across the healthcare system to ensure patients get to the right place.

To achieve this, some high-level recommendations for the commissioning of new services are listed below:

- Use forums and local professional networks to identify and support innovation
- Compare service offer between similar services to drive consistency
- Work with wider social care networks, health care professionals and patient groups to coordinate care pathways
- Ensure there is robust local clinical governance in place before adopting any new symptom codes or NHS 111 outcomes, including mechanisms to provide feedback for codes to be added and removed from the national template in future – this is particularly important to ensure the template is not introducing any unintended consequences in the referral pathways.

11. Appendix A – Tips to support stakeholders

These tips are a basis for local discussion and are therefore non-exhaustive.

11.1 Tips for UTC Providers

- Appropriate levels of multi-disciplinary clinical workforce
- Provision of appropriate diagnostic equipment and staff to operate it
- Liaison with your NHS 111 Provider regarding direct bookings
- Ensure that the UTC clinical host system can provide the digital enablers via configuration or upgrade: booking; access to patient records, mental health crisis plans, end-of-life (palliative) care plans and child protection information sharing plans; and ability to use electronic prescription service (EPS) and submit the emergency care data set (ECDS) or has plans in place to deliver this when available
- Preparation of appropriate communication materials for patients, health care professionals and Emergency Services
- Access to the appropriate HCP feedback mechanisms to raise inappropriate referrals and/or patient incidents with the relevant NHS 111/IUC contact centre(s)
- Reporting of patient outcomes as a result of referrals/appointment booking from NHS 111/IUC
- Provision of information for/participation in end-to-end case reviews.

11.2 Tips for UTC Commissioners

- Contractual agreement with UTC Provider with agreed service specification for the service (including diagnostics and direct bookings) and agreement relating to the minimum data set
- Understand the impact of any new UTC service features on other local patient flows and manage appropriately any areas of duplication (e.g. overlap with existing DoS clinical profiles) or clinical risk (e.g. when the UTC is closed)
- Liaison with your NHS 111 contact centre regarding briefings for call handlers and provision of ability to direct book patients into a range of care settings
- Timely engagement with your local DoS Team suitably in advance of the service launching, to ensure reasonable time is allocated to ensure the DoS profile is accurate and able to be tested in advance
- Work closely with Clinical Leads to review the codes/clinical presentations appropriate for UTC, using their own due diligence and clinical governance process
- Sign off and take responsibility for deciding what demand from this guidance will be appropriate to profile to their local UTC
- Continue to ensure the DoS accurately reflects UTC service provision, placing contractual obligations on the Provider to keep their DoS profile(s) up-to-date

and notify Commissioners promptly of any UTC Provider-led changes to information held on the DoS

- Ensure all other stakeholders locally are able to meet the requirements placed upon them.

11.3 Tips for NHS 111 contact centres/IUC services

- Briefings for all call handling staff and other appropriate contact centre staff
- Provide feedback to DoS Leads and Commissioners on referrals to new UTC services
- Liaison with Commissioners regarding HCP feedback from UTC Providers and end-to-end reviews where appropriate.

11.4 Tips for DoS Leads

- Ensure each UTC DoS profile required is developed in conjunction with Clinical and Operational leads at the Provider and Lead Commissioner, including how UTCs are ranked compared to other service types
- Consider the use of optional DoS features, such as whether a service returns only when open, whether it is limited to a commissioning organisation's geographical area, etc.
- Test the impact of any new UTC service features on other local patient flows and inform the Lead Commissioner of any areas of duplication (e.g. overlap with existing DoS clinical profiles) or clinical risk (e.g. when the UTC is closed)
- Use the suite of UTC templates available from NHS Pathways and NHS England as a guide for wider discussion
- Ensure Healthcare Professional feedback mechanisms are in place for advising of any inaccuracies or opportunities for improvement of DoS profiles
- Consider ongoing governance arrangements surrounding ongoing maintenance and refinement of DoS profile(s) and contingency measures.

12. Appendix B – UTC Case Studies⁴

12.1 Royal United Hospital (RUH) Bath

RUH began operating as an Urgent Treatment Centre (UTC) on 1 May 2018 and the service is provided by The Royal United Hospitals Bath NHS Foundation Trust in partnership with Bath and North East Somerset (BaNES) and BaNES Enhanced Medical Services (BEMS). BEMS is the local GP Federation, representing all General Practices in BaNES. The UTC is co-located with an Emergency Department (ED). Prior to being a UTC, RUH was an Urgent Care Centre (UCC).

Core standards:

- Open: Monday -Thursday, 08:00 – 00:00. Friday-Sunday including Bank Holidays: 24/7
- RUH UTC is led by GPs and Practitioners.
- Direct booking is carried out through Adastra. First Net (Cerner Millennium) is used for streaming of walk-in patients.
- Access to: radiology/ diagnostics.

Who runs the UTC?

Clinical Governance is co-chaired by a Lead GP and Lead Nurse. Streaming is undertaken by Nurse/Allied Health Practitioners. Booked appointments are undertaken by GPs and Practitioners. There is also a Lead Emergency Department (ED) Consultant for UTC in place. The workforce comprises of:

- GPs.
- Streaming Nurse Practitioners.
- Nurse/Allied Health Practitioners.
- Healthcare Assistants.
- Reception staff.

Staffing is continually reviewed to ensure staffing levels and service requirements are matched.

Access to the UTC:

The referral routes into RUH UTC is via NHS 111 or Walk-ins. The UTC is located adjacent to the ED and shares the same entrance.

If there is no resource within the UTC then patients will be seen by ED Minors triage nurse or out of hours provider or they will be advised to contact NHS 111 or own GP.

Acutely unwell patients going to ED and anxious / depressed patients are offered an appointment in the UTC. A risk matrix is administered.

What are the best things about the UTC?

Improved relationship between UTC and ED staff.

Streamlined onward referral to ED or specialty teams.

⁴ These case studies were developed in December 2018. The information and data included in this section reflect the UTC services at the time.

12.2 Weymouth Urgent Treatment Centre

Weymouth began operating as an Urgent Treatment Centre (UTC) on 1 November 2017 and the service is provided by Dorset HealthCare, in collaboration with Dorset County Hospital and Two Harbours GP federation. It operated as an Urgent Care Centre (UCC) prior to being designated as an UTC. The UCC was providing a similar service to the current UTC including opening 12 hours a day, 7 days a week.

Core standards:

- Open 12 hours/365 days a year.
- GP led service.
- Direct booking through SystemOne Hybrid module, this includes prescribing and access to records.
- Diagnostics and pathology are accessed through a local secondary care interface called Integrated Clinical Environment (ICE).

Who runs the UTC?

The service has a GP clinical lead and utilises both substantive and bank GPs. There is a close relationship with Dorset County Hospital Emergency Department (ED), with a middle grade post in the UTC, and consultant support on request. On a typical shift, the UTC has:

- Receptionists.
- GP/Advanced Nurse Practitioner.
- 3 Nurse Practitioner.
- Triage nurse
- Health Care Assistants

Staff at Weymouth UTC have direct telephone access and referral rights to a Type 1 A&E.

Access to the UTC:

The majority of users are walk-in patients, with some being directed from ED, pharmacies, 111 and GP practices.

Improved access to general practice sessions also run from the UTC, evenings and weekends, with bookable appointments through local practices.

Dorset HealthCare are providers of local Community Mental Health Teams (CMHT), child and adolescent mental health services (CAMHS), crisis services, and mental health beds. The UTC has close links with these services.

If patients need urgent medical help outside of UTC opening hours, they can access Out of Hours (OOH) medical support in Weymouth and Dorchester and in their own homes.

What are the best things about the UTC?

- Ease of access/choice. Patients can choose to use the UTC or visit their local GP for their urgent primary care needs.
- Integrated working with secondary care, ambulance service and local primary care. This service provides seamless care close to home.
- On site diagnostics.

12.3 Bournemouth Urgent Treatment Centre

Bournemouth began operating as an Urgent Treatment Centre (UTC) in October 2017 and the service is provided by Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Prior to becoming a UTC, the facility was an ambulance trust Out of Hours (OOH) service on an acute site for approximately 10 years. Emergency Department (ED) streaming was integrated with this service and Improved Access to GP Services (IAGPS) was added subsequently.

Core standards:

- Open 10:00 – 23:00.
- GP led service.
- Direct booking through SystmOne from NHS111 from January 2017.
- Access to radiology/ diagnostics.

Who runs the UTC?

Bournemouth UTC is led by local GPs and run by a combination of primary care and hospital clinicians and managers. There is guidance and support provided from Dorset East Cluster Board, comprising mainly local GP's representing four localities. The UTC is a department of Royal Bournemouth Hospital (RBH) so follows the governance arrangements of the Trust. The workforce comprises of:

- 2 x GPs.
- 1 x Advance nurse practitioners.
- 1 x Receptionist.
- 1 x Lead Nurse/Manager.
- 1 x Administrator.
- In the process of inducting a pharmacist into the team.
- The leadership team comprises of 1 x Lead GP.

Access to the UTC:

- Direct GP booking from practices through SystmOne.
- Emergency Department (ED) Streaming – patient diverted from ED.
- Walk-in.
- 111 Referrals from December 2018.

From 1st April 2019, the Out of Hours (OOH) service has formally integrated with the current UTC service to offer Clinical Assessment Service for Self and Health Care Professional (HCP) referral.

What are the best things about the UTC?

- Multi professional team underpinned by regular team and education meetings.
- On the ground support for clinicians from experienced clinical professionals.
- Time for the patients when needed.
- It is complementary to the local GP practices and supportive to the ED.
- Opportunity to develop more integrated approach to IT.
- Collaborative shared working across urgent care system.
- Successful recruitment of committed and motivated clinicians.

12.4 Peterlee Community Hospital (PCH)

PCH began operating as an Urgent Treatment Centre (UTC) on 1 October 2018 and the service is provided by County Durham and Darlington NHS Foundation Trust. Prior to being a UTC, PCH was a minor injury unit during weekday daytime hours and a full urgent care centre outside of these times.

PCH did not initially meet all of the UTC standards, and it was acknowledged by the providers and the commissioners that better care could be provided by making minimal changes to their services. The trust and the commissioners wanted to provide a consistent service to patients across County Durham instead of looking at each urgent care facility as an individual service provider. The commissioner and provider are working together to strengthen this model.

Core standards:

- Open 24/7.
- GP led service.
- Direct booking through SystmOne, this includes access to Summary Care Record.
- Access to radiology/ diagnostics.

Who runs the UTC?

PCH is led by GPs. Moreover, GP practices and GP federations give PCH extra GP presence from 08:00-20:00, Monday to Friday.

PCH has a multidisciplinary staff mix which is flexed to match capacity and demand. This include nurse practitioners, advanced nurse practitioners, healthcare assistants, administrators, managers and drivers.

Access to the UTC:

The UTC can see minor illnesses however it is a local decision that any walk-in patients with a minor illness are remotely booked into the Primary Care day time services. Due to this it was decided that all patients will be triaged with the ability to assess and refer on/seek advice. This was needed to support the governance around diverting patients to other services.

The local strategy is to move away from walk in attendances and to direct patients via NHS 111. This has required a culture shift in the system to break down traditional barriers.

PCH has direct access to Primary Care Services across the NHS Durham Dales, Easington and Sedgefield CCG area via the SystmOne urgent care module. The Primary Care Services also have direct access to the minor injury unit allowing patients to be booked into the appropriate services based on need.

What are the best things about the UTC?

- Opens 24/7 to everyone, regardless of age and at any time or day based on patient need.
- Offers access to radiology and associated diagnostics, many patients are saved a needless trip to ED.
- Offers direct booking into primary care services and collaborates with GP hubs.
- Primary care and secondary care now working together to provide more integrated care.

12.5 University Hospital of North Durham (UHND)

UHND began operating as a UTC on 1 October 2018 and the service is provided by County Durham and Darlington NHS Foundation Trust. Prior to being a UTC, UHND was an Urgent Care Centre which opened from 6pm during the week and all weekend.

UHND did not initially meet all of these standards, and it was acknowledged by the providers and the commissioners that better care could be provided by making minimal changes to their services. The trust and the commissioners wanted to provide a consistent service to patients across County Durham, instead of looking at each urgent care facility as an individual service provider.

Core standards:

- Open for 12 hours.
- GP led service.
- Direct booking through SystmOne, from NHS111 this includes access to Summary Care Record.
- Access to radiology/ diagnostics.

Who runs the UTC?

This is a GP led service with joint governance from both Emergency Departments (ED) provided by the Foundation Trust. The Clinical Director for the Care Group holds responsibility for the UTC.

UHND has a multidisciplinary staff mix which is flexed to match capacity and demand. This includes nurse practitioners, advanced nurse practitioners, healthcare assistants, administrators, managers, and drivers. There is access to a GP via Foundation trust and federations when GPs are not present on site.

Access to the UTC:

The UTC can see minor illnesses however it is a local decision that any walk-in patients with a minor illness are remotely booked into the Primary Care day time services. The local strategy is to move away from walk in attendances and to direct patients via NHS 111. This requires a culture shift in the system to break down traditional barriers. The system is also working with NHS 111 to ensure minor illness is profiled to primary care services in the first instance.

County Durham & Darlington NHS Foundation Trust and the GP federations offer a weekend joint home visiting element service based on patient need to reduce inappropriate attendance in A&E departments.

North Durham have not had day time primary care services available outside of GP practices therefore the demand is less.

What are the best things about the UTC?

- UHND provides a service to all age groups and provides emergency contraception to patients.
- Offers access to radiology and associated diagnostics, many patients are saved a needless trip to ED.
- Offers direct booking into primary care services via bypass numbers based on patient need and collaborates with GP hubs.
- Staff development/training needs have been enhanced to meet the UTC standards.

13. Appendix C – DoS ‘Stretch’ template for UTC

These are the symptom group and symptom discriminator combinations that have been initially proposed, over and above those that are included on the NHS Pathways Starter Template for UTCs.

The templates will be iterated over time, and so for the latest complete templates (including disposition codes), please speak to your relevant DoS contact.

13.1 Allergic reactions

Allergic Reaction	1010	ED full ED assessment and management capability	4052
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13.2 Constricting objects

Finger or Thumb Injury, Blunt	1085	ED constricting object, removal required	4014
Finger or Thumb Injury, Penetrating	1086	ED constricting object, removal required	4014
Hand or Wrist Injury, Penetrating	1108	ED constricting object, removal required	4014
Toe Injury, Blunt	1164	ED constricting object, removal required	4014
Toe Pain or Swelling	1166	ED constricting object, removal required	4014
Wrist, Hand or Finger Pain or Swelling	1182	ED constricting object, removal required	4014

13.3 Limb pain and swelling not resulting from injury

Arm, Pain or Swelling	1016	ED full ED assessment and management capability	4052
Knee or Lower Leg Pain or Swelling	1117	ED full ED assessment and management capability	4052
Lower Limb Pain or Swelling	1128	ED full ED assessment and management capability	4052
Wrist, Hand or Finger Pain or Swelling	1182	ED full ED assessment and management capability	4052

13.4 Other illnesses

Breathing Problems, Breathlessness or Wheeze, Pregnant	1035	ED full ED assessment and management capability	4052
Breathing Problems, Breathlessness or Wheeze	1034	ED full ED assessment and management capability	4052
Cold or Flu, Pregnant	1044	ED full ED assessment and management capability	4052
Cold or Flu	1043	ED full ED assessment and management capability	4052
Constipation, Pregnant	1046	ED full ED assessment and management capability	4052
Constipation	1045	ED full ED assessment and management capability	4052
Cough, Pregnant	1048	ED full ED assessment and management capability	4052
Cough	1047	ED full ED assessment and management capability	4052
Diarrhoea or Vomiting, Pregnant, Over 20 Weeks	1056	ED full ED assessment and management capability	4052
Earache	1064	ED full ED assessment and management capability	4052
Eye, Painful	1072	ED full ED assessment and management capability	4052
Eye, Visual Loss or Disturbance	1076	ED full ED assessment and management capability	4052
Falls Without Injury	1081	ED full ED assessment and management capability	4052
Fever	1084	ED full ED assessment and management capability	4052
Hearing Problems or Blocked Ear	1205	ED full ED assessment and management capability	4052
Nasal Congestion	1130	ED full ED assessment and management capability	4052
Sinusitis	1148	ED full ED assessment and management capability	4052
Skin, Rash	1152	ED full ED assessment and management capability	4052

13.5 Other injuries

Bites or Stings, Insect or Spider	1020	ED full ED assessment and management capability	4052
Bites, Animal	1021	ED full ED assessment and management capability	4052
Bites, Human	1022	ED full ED assessment and management capability	4052
Finger or Thumb Injury, Blunt	1085	ED full ED assessment and management capability	4052
Finger or Thumb Injury, Penetrating	1086	ED full ED assessment and management capability	4052
Nail Injury	1183	ED full ED assessment and management capability	4052
Nail Injury	1183	ED nail avulsion	4126
Skin, Glued	1150	ED full ED assessment and management capability	4052
Stings, Water Creature	1198	ED full ED assessment and management capability	4052
Sunburn	1158	ED full ED assessment and management capability	4052

Toe Injury, Blunt	1164	ED full ED assessment and management capability	4052
Toe Injury, Penetrating	1165	ED full ED assessment and management capability	4052

13.6 Referrals from an Integrated Urgent Care Clinical Assessment Service

NHS Pathways in House Clinician	1206	ED full ED assessment and management capability	4052
NHS Pathways in House Clinician	1206	PC full obstetric assessment and management capability	4112
NHS Pathways in House Clinician	1206	PC Community Healthcare Professional	4316

13.7 Wound closure

Blisters	1024	ED full ED assessment and management capability	4052
Scratches and Grazes	1145	ED full ED assessment and management capability	4052
Scratches and Grazes	1145	ED wound, contaminated	4138
Wound Problems	1181	ED full ED assessment and management capability	4052

13.8 Removal of foreign bodies

Face, Neck Pain or Swelling	1080	ED foreign body, removal required	4022
Foreign Body, Ear	1091	ED full ED assessment and management capability	4052
Foreign Body, Nose	1093	ED full ED assessment and management capability	4052
Genital Injury, Blunt	1097	ED foreign body, vagina	4057
Nasal Congestion	1130	ED foreign body, removal required	4022
Nosebleeds without injury	1131	ED foreign body, removal required	4022
Sexual Problems or Concerns	1146	ED foreign body, removal required	4022
Sexual Problems or Concerns	1146	ED foreign body, skin, small	4081
Sinusitis	1148	ED foreign body, removal required	4022
Skin, Minor Foreign Body	1151	ED full ED assessment and management capability	4052
Vaginal Bleeding	1174	ED foreign body, vagina	4057
Vaginal Discharge	1176	ED foreign body, vagina	4057
Vaginal Itch or Soreness	1177	ED foreign body, vagina	4057

13.9 Suitable head and eye injuries

Eye Injury, Penetrating	1069	ED full ED assessment and management capability	4052
Eye Splash Injury or Minor Foreign Body	1071	ED full ED assessment and management capability	4052
Eye Splash Injury or Minor Foreign Body	1071	ED highly dangerous chemical	4306
Eye splash injury, chemical	1211	ED full ED assessment and management capability	4052

13.10 Viral haemorrhagic fever

Breathing Problems, Breathlessness or Wheeze	1034	ED viral haemorrhagic fever	4403
Breathing Problems, Breathlessness or Wheeze	1034	PC viral haemorrhagic fever	4402
Cold or Flu, Pregnant	1044	PC viral haemorrhagic fever	4402
Cold or Flu	1043	PC viral haemorrhagic fever	4402
Cough	1047	ED viral haemorrhagic fever	4403
Cough	1047	PC viral haemorrhagic fever	4402
Diarrhoea and Vomiting	1055	PC viral haemorrhagic fever	4402
Diarrhoea or Vomiting, Pregnant, Over 20 Weeks	1056	PC viral haemorrhagic fever	4402
Diarrhoea	1054	PC viral haemorrhagic fever	4402
Fever	1084	PC viral haemorrhagic fever	4402
Headache, Pregnant	1113	ED viral haemorrhagic fever	4403
Headache, Pregnant	1113	PC viral haemorrhagic fever	4402
Headache	1112	ED viral haemorrhagic fever	4403
Headache	1112	PC viral haemorrhagic fever	4402
Nasal Congestion	1130	PC viral haemorrhagic fever	4402
Sore Throat and Hoarse Voice	1156	ED viral haemorrhagic fever	4403
Sore Throat and Hoarse Voice	1156	PC viral haemorrhagic fever	4402
Unwell, Under 1 Year Old	1172	PC viral haemorrhagic fever	4402
Vomiting Blood	1180	PC viral haemorrhagic fever	4402
Vomiting	1179	ED viral haemorrhagic fever	4403
Vomiting	1179	PC viral haemorrhagic fever	4402

13.11 Patients potentially requiring x-ray

Ankle or Foot Injury, Blunt	1011	ED full ED assessment and management capability	4052
Ankle or Foot Injury, Penetrating	1012	ED full ED assessment and management capability	4052

Ankle or Foot Pain or Swelling	1013	ED full ED assessment and management capability	4052
Arm Injury, Blunt	1014	ED full ED assessment and management capability	4052
Arm Injury, Penetrating	1015	ED full ED assessment and management capability	4052
Hand or Wrist Injury, Blunt	1107	ED full ED assessment and management capability	4052
Hand or Wrist Injury, Penetrating	1108	ED full ED assessment and management capability	4052
Leg Injury, Blunt	1119	ED full ED assessment and management capability	4052
Leg Injury, Penetrating	1120	ED full ED assessment and management capability	4052
Lower Back Injury, Blunt, Pregnant	1123	ED full ED assessment and management capability	4052
Lower Back Injury, Blunt	1122	ED full ED assessment and management capability	4052
Lower Back Injury, Penetrating, Pregnant	1125	ED full ED assessment and management capability	4052
Lower Back Injury, Penetrating	1124	ED full ED assessment and management capability	4052
Lower Back Pain	1126	ED full ED assessment and management capability	4052

13.12 Primary care investigations and clinical assessments

Abdominal Pain, Pregnant, Over 20 Weeks	1005	PC full obstetric assessment and management capability	4112
Abdominal Pain, Pregnant, Over 20 Weeks	1005	PC suspected pre-eclampsia	4455
Abdominal Pain, Rectal Bleeding, Pregnant Over 20 Weeks	1184	PC full obstetric assessment and management capability	4112
Abdominal Pain, Rectal Bleeding, Pregnant Over 20 Weeks	1184	PC suspected pre-eclampsia	4455
Ankle or Foot Pain or Swelling	1013	PC suspected pre-eclampsia	4455
Arm, Pain or Swelling	1016	PC suspected pre-eclampsia	4455
Diarrhoea or Vomiting, Pregnant, Over 20 Weeks	1056	PC suspected pre-eclampsia	4455
Falls or Faints Without Injury, Pregnant	1082	PC full obstetric assessment and management capability	4112
Falls or Faints Without Injury	1081	PC full obstetric assessment and management capability	4112
Flank or Side Pain, Pregnant	1090	PC suspected pre-eclampsia	4455
Flank or Side Pain	1089	PC suspected pre-eclampsia	4455
Groin Pain or Groin Swelling	1103	PC suspected pre-eclampsia	4455
Groin Pain or Swelling, Pregnant, Over 20 Weeks	1105	PC full obstetric assessment and management capability	4112
Groin Pain or Swelling, Pregnant, Over 20 Weeks	1105	PC suspected pre-eclampsia	4455
Headache, Pregnant	1113	PC full obstetric assessment and management capability	4112
Headache, Pregnant	1113	PC suspected pre-eclampsia	4455
Headache	1112	PC full obstetric assessment and management capability	4112
Headache	1112	PC suspected pre-eclampsia	4455
Hiccups	1213	PC palliative care service	4143
Knee or Lower Leg Pain or Swelling	1117	PC suspected pre-eclampsia	4455
Labour and Childbirth	1118	PC full obstetric assessment and management capability	4112
Labour and Childbirth	1118	PC suspected pre-eclampsia	4455
Lower Back Pain, Pregnant, Over 20 weeks	1127	PC full obstetric assessment and management capability	4112
Lower Back Pain, Pregnant, Over 20 weeks	1127	PC suspected pre-eclampsia	4455
Reduced Foetal Movements	1201	PC full obstetric assessment and management capability	4112
Sexual Problems or Concerns	1146	PC intrauterine coil displaced and or removal required	4417
Sexual Problems or Concerns	1146	PC intrauterine coil, insertion or removal capability	4308
Sexual Problems or Concerns	1146	PC stress incontinence	4040
Sexual Problems or Concerns	1146	PC support pessary, insertion or removal capability	4309
Tiredness (Fatigue), Pregnant	1163	PC suspected pre-eclampsia	4455
Tube and Drain Problems	1171	PC central venous line management capability	4122
Tube and Drain Problems	1171	PC peritoneal dialysis catheter management capability	4121
Tube and Drain Problems	1171	PC syringe driver management capability	4120
Vaginal Bleeding, Pregnant	1175	PC full obstetric assessment and management capability	4112
Vaginal Bleeding	1174	PC suspected pre-eclampsia	4455
Vaginal Discharge	1176	PC full obstetric assessment and management capability	4112
Vomiting	1179	PC suspected pre-eclampsia	4455
Wrist, Hand or Finger Pain or Swelling	1182	PC suspected pre-eclampsia	4455

13.13 Mental health outcomes

Behaviour Change	1018	ED suicidal, no means nor plan	4245
Drug, solvent, alcohol misuse	1185	ED suicidal, no means nor plan	4245
Headache, Pregnant	1113	ED suicidal, no means nor plan	4245
Headache	1112	ED suicidal, no means nor plan	4245
Hip, Thigh or Buttock Pain or Swelling	1115	ED suicidal, no means nor plan	4245
Mental Health Problem	1203	ED full ED assessment and management capability	4052

Mental Health Problem	1203	ED suicidal, no means nor plan	4245
Sleep Difficulties	1154	ED suicidal, no means nor plan	4245
Tiredness (Fatigue), Pregnant	1163	ED suicidal, no means nor plan	4245
Tiredness (Fatigue)	1162	ED suicidal, no means nor plan	4245
Tremor	1210	ED suicidal, no means nor plan	4245
Worsening known Mental health problem	1186	ED full ED assessment and management capability	4052
Worsening known Mental health problem	1186	ED suicidal, no means nor plan	4245

13.14 Other outcomes

Frequent Caller	1200	PC full Primary Care assessment and prescribing capability	4003
Health and Social Information		PC GP practice, location information	

14. Appendix D – DoS ‘Stretch’ template for UTC co-located with ED

These are the symptom group and symptom discriminator combinations that have been initially set, over and above those that are included on the NHS Pathways Starter and Stretch Templates for UTCs.

The templates will be iterated over time, and so for the latest complete templates (including disposition codes), please speak to your relevant DoS contact.

Abdominal Pain, Rectal Bleeding, Pregnant Over 20 Weeks	1184	ED full ED assessment and management capability	4052
Abdominal Pain	1004	ED full ED assessment and management capability	4052
Abdominal or Flank Injury, Blunt, Pregnant	1001	ED full ED assessment and management capability	4052
Abdominal or Flank Injury, Blunt	1000	ED full ED assessment and management capability	4052
Abdominal or Flank Injury, Penetrating, Pregnant	1003	ED full ED assessment and management capability	4052
Abdominal or Flank Injury, Penetrating	1002	ED full ED assessment and management capability	4052
Abdominal, Flank, Groin or Back Pain or Swelling	1006	ED full ED assessment and management capability	4052
Behaviour Change	1018	ED full ED assessment and management capability	4052
Child Safeguard/Protection or Vulnerable Adult Concern	1042	ED full ED assessment and management capability	4052
Diarrhoea and Vomiting	1055	ED full ED assessment and management capability	4052
Diarrhoea	1054	ED full ED assessment and management capability	4052
Dizziness or Vertigo Pregnant	1060	ED full ED assessment and management capability	4052
Dizziness or Vertigo	1059	ED full ED assessment and management capability	4052
Drug, solvent, alcohol misuse	1185	ED full ED assessment and management capability	4052
Easy or Unexplained Bruising	1065	ED full ED assessment and management capability	4052
Eye Injury, Blunt	1068	ED full ED assessment and management capability	4052
Eye Splash Injury or Minor Foreign Body	1071	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Eye, Painful	1072	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Eye, Red or Irritable	1073	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Eye, Sticky or Watery	1074	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Eye, Visual Loss or Disturbance	1076	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Eyelid Problems	1078	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Face, Neck Pain or Swelling	1080	ED full ED assessment and management capability	4052
Flank or Side Pain	1089	ED full ED assessment and management capability	4052
Groin Pain or Groin Swelling	1103	ED full ED assessment and management capability	4052
Head, Facial or Neck Injury, Blunt	1110	ED full ED assessment and management capability	4052
Head, Facial or Neck Injury, Penetrating	1111	ED full ED assessment and management capability	4052
Headache, Pregnant	1113	ED full ED assessment and management capability	4052
Headache	1112	ED full ED assessment and management capability	4052
Hip, Thigh or Buttock Pain or Swelling	1115	ED full ED assessment and management capability	4052
Nosebleeds without injury	1131	ED full ED assessment and management capability	4052
Numbness or Pins and Needles	1133	ED full ED assessment and management capability	4052
Plaster Cast Problems	1139	ED full ED assessment and management capability	4052
Plaster Cast Problems	1139	ED ischaemia, digit/s	4146
Plaster Cast Problems	1139	ED local infection	4305
Plaster Cast Problems	1139	ED loose/damaged plaster	4141
Plaster Cast Problems	1139	ED tight/painful plaster	4140
Rectal Bleeding	1143	ED full ED assessment and management capability	4052
Sexual Problems or Concerns	1146	ED full ED assessment and management capability	4052
Shoulder Pain	1147	ED full ED assessment and management capability	4052
Sleep Difficulties	1154	ED full ED assessment and management capability	4052
Sore Throat and Hoarse Voice	1156	ED full ED assessment and management capability	4052
Stings, Water Creature	1198	ED Weever Fish, Sea Urchin	4314
Sunburn	1158	ED extended ophthalmic assessment and prescribing capability (MECS)	4312
Tiredness (Fatigue), Pregnant	1163	ED full ED assessment and management capability	4052
Tiredness (Fatigue)	1162	ED full ED assessment and management capability	4052
Toothache After Dental Injury	1168	ED full ED assessment and management capability	4052

Tremor	1210	ED full ED assessment and management capability	4052
Vaginal Discharge	1176	ED full ED assessment and management capability	4052
Vaginal Swelling	1178	ED full ED assessment and management capability	4052