

EXTRACT

**MIU Pilot Evaluation and Options for the Future
June 2013**

1 Introduction:

In response to winter pressures, CCG's agreed a QIPP plan to increase the number of minor injuries seen at the RSH MIU to support a corresponding reduction in the attendances at the UHS ED, and the key driver was identified as a mismatch between the availability of Radiology services and the opening hours of the existing nurse-led service. Patients who could clinically have attended the RSH were attending UHS instead in order to have an X-Ray., Furthermore, audits by GP practices in Southampton City identified a cohort of patients who were attending the MIU initially and then being redirected to UHS. The view from practices was that this was not good patient experience. The pilot would also help to flex staffing skills, training and capacity across a wider pool with Solent.

A three month pilot was established to extend the radiology opening hours at the MIU for 5 hours per day from 5pm to 10pm. It was agreed as part of the pilot that UHSFT would deliver the Radiology service and pick up the total MIU activity as Type 3 attendances, with a short-term contractual agreement between commissioners and Solent. The pilot was funded by SC CCG out of winter pressures monies to UHSFT, and by West Hampshire CCG as non-contracted activity under PbR.

Early indications showed success in diverting activity away from UHS as well as reducing the level of people being redirected from the MIU to UHS. The initial evaluation also showed that the revised service was popular with patients and the ambulance service, so it was agreed to extend the pilot to the end of Q1 2013-14 to thoroughly evaluate the benefits in May.

2 Evaluation report

Key findings from the evaluation report were:

- The data from the evaluation period (between Feb – May) has shown that 494 x-rays have been carried out after 5pm. This would produce an assumed annual minimum activity figure of 1482, or approximately 30 per week, although it is clear that activity is increasing the longer the service remains available.
- It is agreed by everyone involved in the evaluation that the patients x-rayed at the MIU would otherwise have attended the UHS ED if this extended radiology service was not available.
- The difference in cost of patients attending the MIU as opposed to ED is £74,100 (full year). The ED cost is £158,574 against the MIU cost of £84,474 – assuming a tariff rate is charged at both
- Patient and staff feedback was positive, including feedback from ambulance crews.

Stakeholders concluded that the continuation of an extended Radiology service as part of the MIU service had proved popular and effective.

3 Options for CCG consideration

The proposed costs (from UHS) to extend the radiology service between 5pm – 10pm for a full year were £76,600 with a one off payment of £20,000 for equipment purchases. Part year, from 1st July the costs would be £57,450. The tariff cost at the same rate of activity for 9 months would be £63,356.

The increase in patient attendances during the pilot had arisen from a limited amount of publicity. If these extended hours were to continue a communications plan would be in place to increase appropriate attendances at MIU.

Procurement advice was clear that the revised service would need to be tendered in due course.

The three options following the MIU Pilot Evaluation are:

Option 1: Stop the extended hours radiology and return to previous arrangements (radiology stopping at 5pm; Solent providing nurse-led MIU)

Option 2: Continue the extended hours service: Request that Solent provides extended hours radiology within its existing MIU contract

Option 3: Continue the extended hours service: Request UHSFT to continue piloting the service for the remainder of the year, while serving notice on the existing Solent contract and going out to tender a comprehensive MIU service to a revised specification

4. Decision

Option 1 has higher risks than Options 2 and 3; Option 3 has slightly lower risk and higher benefits

SMT considered that Option 1 was not preferred and that Option 3 was more favourable than Option 2, in light of risks and benefits.

SMT recommends that the CCG go out to tender for a comprehensive MIU service to start from 1 April 2014, and that UHSFT be asked to continue running the service for the remainder of the year.