Unscheduled Care Coordination Hubs (UCCHs) provide access to timely unscheduled care in the community for patients who have immediate care needs and are at risk of ambulance transfer to hospital. UCCHs provide the potential for more timely and appropriate care in or close to the patients' home, avoiding unnecessary conveyance to hospital, with the benefits of reducing ambulance wait times and avoidable admission.

Project summary

Since 2019, NHS England's Emergency Care Improvement Support Team (ECIST) have worked with a number of healthcare systems to develop Unscheduled Care Coordination Hubs (UCCHs). UCCHs are an innovative community care model, building on existing provision of unscheduled community care in systems, and incorporating additional key principles and features to provide a fast-tracked, comprehensive response for patients who are not seriously ill but are at immediate risk of attending hospital.

The UCCH model was initially piloted in three urgent and emergency care (UEC) systems (Wolverhampton, Plymouth and Staffordshire). This provided an excellent opportunity for a rigorous evaluation of impact in these pilot sites. The UCCH model was also rolled out in a number of new sites using a 'test of change' approach (set out in NHS England's handbook, Single Point of Access to Urgent Integrated Care Co-ordination), which allowed detailed evaluation of this implementation approach to provide rapid insights about effective implementation of the models in other Integrated Care Systems (ICSs).

We undertook a mixed methods evaluation of the three pilot sites using quantitative and qualitative approaches to examine service design and utilisation, acceptability and sustainability, integration with and impact on the UEC system.

Alongside this we also undertook an evaluation of the implementation of unscheduled care coordination hubs, using 'tests of change' as an implementation strategy and rapid qualitative assessment as an evaluation tool of this process.

Addressing health inequalities

While the UCCH service was not specifically designed to address health inequalities, it was hypothesised that the model could address disproportionate use of hospital services by the most deprived groups in the population, by providing better access to community care services for those in these groups.

The evaluation of UCCH aimed to collect a quantitative measure of deprivation of the care hub users, as well as other key data such as ethnicity, presenting complaint and age. We also aimed to capture qualitative data to understand whether any particular patient groups were underusing the hubs.

"I think we've been able to keep more patients having treatment closer to home, which obviously is something that is part of the NHS plan.'

'I think [we're] preventing patients from going to hospital, patients are getting better experiences and better outcomes."

Clinicians from the care hub sites

Outcomes

We present unique evidence for a novel UCCH model, addressing the research gap around how to best implement UCCHs, their ongoing development and future evaluation.

Key findings are:

1 Care hubs are serving as an alternative point of access for unscheduled urgent care demand from a range of settings, including the ambulance service and intelligently redistributing cases in the community leading to better experience for patients and services.

2 There is not a 'one size fits all' UCCH, as the model needs to respond to local needs and expertise within systems; key features of the model can be described, such as a multi-disciplinary team with expertise to manage patients' immediate and ongoing care closer to home.

3 'Tests of change' have demonstrated the potential for UCCH to reduce 999 call wait times.

Further work is required to develop UCCH engagement and integration with the ambulance service, evaluate its impact on reducing ambulance dispatches for patients not requiring hospital care but diversion through the hub to alternative care, and understand the return on investment of the UCCH model.

Implications for service improvement

Implementation of the hub requires collaboration among many different UEC services stakeholders. Engagement with key stakeholders over a period of months and developing a shared narrative and goal for the hub and its impact on the system is a key first step for service planning and preparation of the UCCH.

Support of system leaders and key operational staff is necessary for implementing UCCH. At an Integrated Care Board level, the impact would be prioritisation and support for an integrated approach to UEC that provides holistic and person-centred care.

Once stakeholders are engaged sufficiently, the 'test of change' approach to implementation, involving each of the key system stakeholders, is a viable approach to implementation of the UCCH and other complex models of care.

Further tests of change and ongoing collaboration and communication between UEC services needs is required for ongoing UCCH development. Adaptability of the UCCH is key, but the pace of change needs to be realistic and take into account complexities of service development.

Policy makers should not mandate the UCCH model in systems. Rather policy makers should focus on facilitating ICSs to implement commissioning packages that support the system changes that the hubs are looking to implement.

| Next steps

The UCCH model has wide applicability nationally but is a complex intervention to implement and evaluate. We recommend new sites develop their own business case based on the 'test of change' implementation process. Further tests of change can occur over a period of months to further develop and adapt the model.

Ideally implementation of the hub model should be at the ICS level to ensure scalability, involving all key system stakeholders and particularly the ambulance service. Planning and implementation of the hubs at ICS level should address key challenges involved with integrating UEC care such as ownership, governance, staffing and commissioning frameworks.

Engagement and integration of the ambulance service with the UCCH is crucial for long-term sustainability of the UCCH innovation, incorporating key features of integration such as hub access to the 999 call stack.

Data systems must be put in place to monitor and evaluate UCCH activity and outcomes across systems.

Resources

A handbook and video explaining the UCCH model and a guide to its implementation is available from the project website.

Key partners

- NHS England's Emergency Care Improvement Support Team

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The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.

More information

Health Innovation Yorkshire & Humber

🌐 www.healthinnovationyh.org.uk

@ info@yhahsn.com

ARC Yorkshire and Humber

🌐 www.arc-yh.nihr.ac.uk

@ YHARC@bthft.nhs.uk

Care settings

✔ STP/ICS ✔ Ambulance ✔ Community
✔ Academia ✔ Urgent and emergency

Clinical areas

✔ Injuries and emergency

Cross-cutting themes

✔ Quality improvement and culture

Solution themes

✔ Monitoring ✔ Treatment ✔ Operations or logistics

Innovation types

✔ Service ✔ Complex intervention

Innovation status

✔ Pilot