

## PAPER 2

### RACU Interim Service Model Options Proposal

#### Background

The Rapid Access Care Unit (RACU) is an ambulatory service that provides integrated, multidisciplinary care with access to 'step up' where a short inpatient stay may be required. The RACU will be led by a Medic whose qualification is that of an Acute Medical Physician and who will work as part of a multidisciplinary team (MDT) comprising a wide range of health and social care professionals.

The recent recruitment drive for substantive RACU medical staffing concluded on 31<sup>st</sup> May 2016 with no applications. Unfortunately this challenge is in line with the national picture for recruiting medical consultants where currently only 52% of all vacancies are filled. The RACU service model remains an innovative and flagship ambulatory model of care which inadvertently adds to the challenge of attracting interest to the RACU medical recruitment. Earlier attempts to recruit a full time locum were also unsuccessful.

#### Interim Options

It must be stressed that the ultimate aim is to have a RACU that can deliver its full service specification at the soonest appointment to the substantive medical post.

In the context of our recruitment difficulties, this paper identifies opportunities, benefits and impacts of potential interim options. Suggested options and timelines take account of lead in time for training of appointed RACU workforce (nursing, therapy, healthcare assistants, administrative assistants etc.) and time for some minor estates adjustments to the first floor space to meet the needs of the service. With all the below options there will be on-going efforts towards recruiting into RACU's medical vacancy to fulfil the full RACU service specification going forward.

**Interim Option A – Do nothing:** service commencement is delayed until the medical vacancy is filled

Benefits	Risks
The service opens with the full permanent team in place offering a full service.	<p>The population on Henley do not benefit from any local community ambulatory services for an unspecified period.</p> <p>Delay in providing patient care, will mean the skills of the MDT team are not optimised causing a challenge in retaining good clinical staff and sustaining competences.</p>

**Interim Option B –Interim Nurse led model** The service opens utilising the RACU MDT (Nursing and Therapy) potentially supported by additional nursing leadership in conjunction with the Integrated Locality Team, Reablement Service and Hospital at Home team to provide some of the service specification.

Recruitment of these staff is nearing completion. Staff competencies will be reviewed and developed whilst minor estates work is completed on the new RACU facilities. Prior to this staff will be developed and supported by a combination of specific training and supervision within the RACOP at Royal Berkshire and the Emergency Multidisciplinary Units (EMUs) within Abingdon and Witney, these units provide a model of medical provision with MDT clinical staff competencies matching that required within the RACU. The aim will be to for this group of staff to be fully competent for go live at the being of September.

The go live in September will be based upon a phased approach (due to the build completion date being towards the end of September) and will take into consideration the need to utilise space within the hospital

that will not at that point be a dedicated RACU space or have access at that point to the full diagnostic equipment.

Benefits	Risks
Increase the accessibility of community services offered to the Henley local residents, especially between the hours of 16:30 to 20:00 (extended hours)	Medical acuity of the patients attending RACU in these proposed interim options will need to be adjusted to a less acute spectrum
Local GPs can refer patients to RACU as a “single-stop shop” in the community for their patients to get further investigations – Reducing acute admissions	Lack of strong medical leadership to shape the service
Opportunities for improving the patient clinical pathways, patients experience and optimise support to local GPs	
OHFT clinicians have access to Witney and Abingdon EMU doctors for medical advice and support.	

This model would provide ECGs, Chest X-rays, Diagnostic Blood Tests, Intravenous Infusions (eg. antibiotics or blood), physiotherapy and occupational therapy and rehabilitation to support Short-term rehabilitative and -restorative care support to maintain independence in patients own home

**Interim Option C – Interim Nurse led model plus sessional locum doctor support:** Employing sessional locum doctors (Acute Medical Physician or General Practitioner with special interests) as an interim to appointing to the permanent RACU Medical Clinical Lead post to work with the RACU Nursing and Therapy team

Benefits	Risks
Increase the accessibility of community services offered to the Henley local residents, especially between the hours of 16:30 to 20:00	This is an expensive option and would be required for an unspecified period of time Locum doctors with the right unique skill sets for RACU can be just as much a challenge to find
Local GPs can refer patients to RACU as a “single-stop shop” in the community for their patients to get further investigations – Reducing acute admissions	
Opportunities for improving the patient clinical pathways, patients experience and optimise support to local GPs	
An increase range of services from the RACU specification can be realised from service commencement	

**Interim Option D: Appoint full time locum doctor to run full service**

Benefits	Risks
The full RACU service specification would be offered from service commencement	<p>This is an expensive option and would be required for an unspecified period of time resulting in a financial risk. If an NHS locum cannot be found, other locum agency costs may be prohibitive.</p> <p>Locum doctors with the right unique skill sets for RACU can be just as much a challenge to find, as evidenced by earlier attempts to find a full time locum. There is a high risk this post would not be filled leading to a further delay in any service start.</p>

### Services Offered in Each Outlined Interim Options

Interim Options	Services Offered	Services Not Provided
<b>A – Do nothing (Full RACU Service Commence Date Delayed)</b>	None prior to RACU Service Commence	Not Applicable
<b>B – Nurse-Led Model</b>	<p><b>Nursing</b> ECGs, Chest X-rays, Diagnostic Blood Tests, Intravenous Infusions (eg. antibiotics or blood)</p> <p><b>Therapy</b> Physiotherapy Occupational Therapy</p> <p><b>Reablement</b> Short-term rehabilitative and restorative care support to maintain independence in patients own home</p>	<p><b>Medical</b> Consultations for patients with sub-acute conditions on days when there is locum doctors available</p> <p>Act as a specialist point of contact and reference for GPs to discuss complex cases</p> <p>Translates ECGs, Chest X-rays, blood results into diagnostic management and treatment plans</p>
<b>C – Nurse-Led Model with sessional locum doctor</b>	<p><b>Medical</b> Consultations for patients with sub-acute conditions <b>on days when there is locum doctors available</b></p> <p>Act as a specialist point of contact and reference for GPs to discuss complex cases and liaise with GP</p> <p>Translates ECGs, Chest X-rays, blood results into diagnostic management and treatment plan</p> <p><b>Nursing</b> ECGs, Chest X-rays, Diagnostic Blood Tests, Intravenous Infusions (eg. antibiotics or blood)</p> <p><b>Therapy</b> Physiotherapy Occupational Therapy</p> <p><b>Reablement</b> Short-term rehabilitative and restorative care support to maintain independence in patients own home</p>	<p><b>Medical</b> Consultations for patients with sub-acute conditions <b>on days when there is no locum doctor available</b></p> <p>Act as a specialist point of contact and reference for GPs to discuss complex cases</p> <p>Translates ECGs, Chest X-rays, blood results into diagnostic management and treatment plans</p>
<b>D – Appoint Full Time Locum doctor</b>	Medical, nursing, therapy assessment and treatment as per full RACU service	Not applicable

**Our Recommendation - Interim Option C : Interim Nurse led model plus to employ sessional locum doctors (Acute Medical Physician or General Practitioner) as an interim to appointing to the permanent RACU Medical Clinical Lead post to work with the RACU Nursing and Therapy team.**

Adoption of option C will enable a phased service to commence pending appointment to full time medical post. By combining its respective locality workforce and sharing skill sets the teams can look at opportunities for improving the patient clinical pathways, patients experience and optimise support to local GPs with medical leadership and input.

It also offers the RACU MDT workforce a valuable opportunity to build working relationships with local GPs and RBH colleagues to co-produce and establish a working model of this innovative ambulatory care service for the Henley local community. The RACU workforce will have a working platform upon which the team can continue its daily operational and clinical pathways developments whilst the team await the RACU medical vacancy to be permanently filled.

As this is only to be an interim service model, option C is attractive as it would be the least disruptive avenue for RACU to implement some services whilst awaiting recruitment of the substantive medical consultant following the continuing recruitment process. Adoption of Option C does not prevent us from, also continuing to seek a full time NHS locum should one become available.

## Appendix A – Option C Implementation Project Plan

		June				July				August				September				October			
Milestone Narrative	Responsibility	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4
Service Facilities																					
Build Costings and timecales confirmed	NHS PS																				
Contracts reviewed and confirmed with OCCG	OCCG																				
Mobilise on site and commence construction activities	NHS PS																				
Clinical clean and service mobilisation	OHFT																				
Recruitment																					
Shortlist candidates for nursing, therapy & admin roles	OHFT																				
Appoint to nursing, therapy and admin roles	OHFT																				
Advertise locum interface medic role	RBFT																				
Shortlist candidates for locum interface medic role	RBFT																				
Appoint to locum interface medic role	RBFT																				
Re-advertise interface medic role	RBFT																				
Shortlist candidates for interface medic role	RBFT																				
Appoint to interface medic role	RBFT																				
Training																					
Develop Staff induction	OHFT																				
Deliver staff induction	OHFT																				
Clinician Placements (Skill consolidation RACOP/EMU)	OHFT																				
Tem building and Orientation Programme	OHFT																				
Agree L&D training matrix	OHFT																				
Go Live																					
Go Live Plan drafted	OHFT																				
Go Live Approval	OHFT																				
Service Commencement	OHFT																				
Service Promotion and Local Engagement Plan	OHFT																				
Go Live brief circulated	OHFT																				