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Wirral & Cheshire West and Chester Joint Health Scrutiny Committee

Date:	**Tuesday, 11 December 2018**
Time:	**6.00 p.m.**
Venue:	Committee Room 3 - Wallasey Town Hall

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AGENDA

1. APPOINTMENT OF CHAIR

Appointment of Chair of the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee, for this meeting.

2. JOINT OSC PROTOCOL (Pages 1 - 10)

The Joint Committee is requested to note the attached Protocol for the establishment and arrangements for Joint Scrutiny in Cheshire and Merseyside.

3. URGENT CARE REVIEW (Pages 11 - 242)

At the request of the Cheshire West and Chester (CWAC) People Overview and Scrutiny Committee - a Joint Scrutiny Meeting has been convened to consider the impact of the Wirral Clinical Commissioning Group proposals for Urgent Care Services. CWAC have determined the proposed changes to urgent care to be a substantial development / substantial variation to the health service.

Report Papers and Minutes of the meeting of the Wirral Adult Health and Care (meeting jointly with Members of the Children and Families Overview and Scrutiny Committee) (Minute 28, 12 November) **attached**. **(Pages 11 – 164)**

Urgent Care Transformation Update - additional background briefing papers, circulated to all Wirral Councillors 6 November 2018, **also attached**. **(Pages 165 – 242)**

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PROTOCOL FOR ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS FOR CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 revising existing legislation regarding health scrutiny.

2.2 In summary, the revised statutory framework authorises local authorities to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.

2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the

proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

3. PURPOSE OF THE PROTOCOL

3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

a) an NHS body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;

b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service

3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;

- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;

- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,

- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

5.1.1 All relevant NHS bodies and providers of NHS-funded services[1] are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.

5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.

5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.

5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.

5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities

[1] This includes the NHS England, any Clinical Commissioning Group providing services to the residents of Cheshire and Merseyside, an NHS Trust, an NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

that have deemed the proposed change to be "substantial" and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be "substantial".

5.2 Process for considering proposals for a substantial development/variation

5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the NHS body/ provider of NHS-funded service is required to:

- Provide the proposed date by which it requires comments on the proposals
- Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
- Publish the dates specified above
- Inform the local authority if the dates change[2]

5.2.3 NHS bodies and local health service providers are not required to consult with local authorities where certain 'emergency' decisions have been taken. All exemptions to consult are set out within regulations.[3]

5.2.4 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.

- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.

- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.

- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

[2] Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
[3] Section 24 *ibid*

5.2.5. This criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is “substantial” or not. In making the decision, each authority will focus on how the proposals impacts on its own area/ residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority, following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an ‘emergency’ decision that removes the need for formal consultation with health scrutiny are adequate

- it does not consider that the proposal would be in the interests of the health service in its area

6.2.3 Where a committee has made a recommendation to a NHS body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- There has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,
- Provided indication to the NHS body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.3 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 Each participating local authority should ensure that those Councillors it nominates to a joint health overview and scrutiny committee reflect its own political balance.[4] However, overall political balance requirements may be waived with the agreement of all participating local authorities.

[4] Localism Act 2011, Schedule 2 9FA, 6 (b)

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members

- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

  (Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	**No' of elected members to be nominated from each authority**
4 or more	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities arrange for delegated decision making arrangements to be put in place to deal with such nominations at the earliest opportunity.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one quarter of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The

application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting. It might be expected that consideration would be given to the chair being nominated from the representative(s) from the lead authority.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
    - the number of sessions required to consider the proposal; and,
    - the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health – which should be in advance of the proposed date by which the NHS body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and

- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised
- A summary of the evidence considered
- A list of the participants involved in the review
- An explanation of any recommendations on the matter reviewed or scrutinised

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.

7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.

7.3 Any such committee will have the power to:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations

7.4 A discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health.

7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.

7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

8. CONCLUSION

8.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.

8.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health.

MINUTE EXTRACT
ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE
12 NOVEMBER 2018

28 URGENT CARE REVIEW

The Chair invited Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group and Eastham GP and Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning to provide an overview of the Urgent Care Consultation.

Dr Cowan explained that the meeting would provide an opportunity for interested parties to receive an update on progress so far, key messages and the consultation as it stood at this moment in time. She hoped that the meeting would also inform Councillors, and dispel some of the myths being propagated in social media and the press.

Assistant Director Unplanned Care and Community Care Market Commissioning introduced a presentation that set out the background to the Urgent Care Review and methodology of the consultation process. She informed the Committee of the key messages and proposals to help alleviate pressures on the Accident and Emergency (A&E) Service at Arrowe Park and provide a better patient experience both for A&E users, Urgent Care Treatments, and generally to help provide a consistent offer of access to NHS treatment across Wirral utilising a GP led service.

Ms Evans explained how the key drivers for change included pressures on A&E, leading to unacceptable waiting times, and the need to re-configure services as detailed in the consultation options, taking into account locality demographics and needs.

The Overview and Scrutiny Committees were apprised that one of the common themes from the CCG's engagement activities since 2009 was the view that people were confused about the range of urgent care services available due to different service offerings and opening times - further explored during focus groups and visits to urgent care venues completed in February 2018. It was highlighted that people could not always obtain an urgent appointment at their own GP practice and this, combined with the confusion about alternative services, resulted in many people choosing to attend Wirral's only A&E Department at Arrowe Park. Members were informed that Wirral was not unique in facing these issues and NHS England had mandated a number of new service developments which included an improved NHS 111 service and the introduction of Urgent Treatment Centre's across the country.

Ms Evans' presentation provided further information on a wide range of issues that included:

- NHS change assurance and scrutiny of work to date;

- Internal Governance arrangements, providing oversight and information on progress;
- Independent review and EIA (equality impact assessment); and
- Meaningful consultation utilising workshops, online consultation survey, public meetings, postcard drops and information posters in GP surgeries.

The Overview and Scrutiny Committees were also provided an update on how additional independent challenge had been embedded in the process recognising points of view and comments from Healthwatch Wirral, Medical Professionals and Workforce including GP Federations.

A broad selection of statistical evidence underpinning the consultation was provided to Members as part of the presentation and associated agenda papers.

The Chair invited questions from both Overview and Scrutiny Committees. Points raised included:

- Possible issues faced through the implementation of a GP led service, given recent statements in the local media concerning GP retention;
- Transportation Issues – primarily public transport, given the relatively low number of car owners on Wirral due to high incidence of deprivation, no rail services to the Wirral University Teaching Hospital (Arrowe Park) site, and the reliance on (privatised/commercial) bus services;
- Parking issues at Arrowe Park for those who did have access to cars;
- Not being able to use bus or taxi services if a patient was bleeding, thereby relying on already pressured ambulance services;
- Limited options presented as part of the consultation;
- Clarification on the number of additionally funded GP appointments and where / how they were to be allocated;
- The need for effective communication on how people can currently access healthcare advice / treatment from pharmacies and GP surgeries – which in itself would alleviate existing pressures on A&E without the need for service re-design; and
- Existing pressures on GP surgeries and difficulty in obtaining same day appointments.

Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group and Eastham GP and Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning responded to the points raised, detailing the current situation and how the consultation process underway had already generated dialogue within the NHS and other bodies including the Council and transport service providers i.e. Merseytravel.

Dr Mark Fraser (Primary Care Wirral GP Federation), Ms Natalie Young-Calvert, Dr Abhi Mantgani (GPW Federation), and patient groups representatives Mr Alan Grice and Mrs Elizabeth Hodgson addressed the Overview and Scrutiny Committee in turn providing additional information and challenge to the proposals each stating their continued support to the NHS but explaining that the current A&E waiting times were

unacceptable and that the system, as it was, was not working. Views were presented on:

- A&E waiting times, and reasons;
- Siege mentality, stress and pressures on staff;
- Consistent use of trolleys and ambulances as an urgent care 'overflow';
- Limited resources and staffing;
- The need for more GPs and GP appointments;
- A hope that this was to be a meaningful consultation.

Positive comments were also expressed about NHS staff and the existing arrangements for the sharing of patient records between GP surgeries.

Dr Mantgani challenged the CCG view that patients did not know exactly where to go for treatment, explaining that very effective NHS Walk-In Services existed already in local areas, as demonstrated by statistics showing how pressures on A&E services reduced dramatically when the Walk-In centres were open. Both he and Dr Fraser agreed that there was a need for a universal service, and that without the support of community-based services the Urgent Treatment proposals would fail too. A request was made that the Overview and Scrutiny Committee support proposals for the CCG to engage with, and have meaningful conversation with, professional groups i.e. GPs, GP Federations and Staff.

Dr Fraser provided a detailed summary of some 'myths' surrounding the NHS, and how sub-contracting, contract delivery (funding and limitations on service provision) and the knock on effects across departments when things go wrong.

Overview and Scrutiny Committee Members questioned the speakers further, on points raised, noting the inequalities across Wirral e.g. when talking about 'saving' Walk-In Centres, not all areas had such a provision.

A Member pointed out that on the face of it, spending (funding) appeared to be the same, but under both options being consulted upon, was being re-directed to Arrowe Park. She requested that an EIA be presented for the proposals under consultation, expressing a view that the proposals would result in a 2 tier service based on where a person lived.

At this point the Chair suggested a short break in proceedings. After a ten minute break, the meeting was re-convened and the Chair invited further witnesses to present information to the Overview and Scrutiny Committees.

Val McGee, Chief Operating Officer Wirral Community Trust introduced a prepared statement on her organisations role and pledged a commitment to work together with all interested parties regarding the consultation, and to provide as much information and advice as practical.

Anthony Middleton, Chief Operating Officer Wirral University Teaching Hospital informed the Overview and Scrutiny Members that he supported the clinical view of the co-location of Urgent Care Treatment at the Arrowe Park site, working alongside A&E. He welcomed the proposal stating that he viewed the Urgent Care Treatment

Centre as an opportunity to bridge the gap between Arrowe Park's existing Walk-In Centre and A&E. He believed that it would help patient flow through the hospital, and provided a balanced risk, would redeploy staff to tackle need, helping to reduce ambulance queues, and improve patient care.

The Chair informed the Overview and Scrutiny Committees that Members would now hear summations from the CCG and be given the opportunity to ask further questions of the relevant Officers.

Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group thanked the Chair for the opportunity to set out the consultation proposals before Members, with a view to helping to shape future services. She agreed with previous speakers that services should be situated where people live or could have easy access. In this regard she explained that a series of hubs / clinical wellness centres should complement the proposed Urgent Care Treatment, and that discrepancies across the borough should also be addressed. She informed that the CCG was more than happy to hear more proposals, concepts or ideas from individuals and/or organisations. Dr Cowan confirmed that other issues regarding such matters as Nursing Shortages and Transport also need to be tackled. The priority for the CCG was the need to deliver an equitable service.

Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning provided additional summary of statistical information arising from earlier questioning about redirection of patients to A&E, reduced numbers of patients attending Walk-In Centres and how the expansion of GP and Nurse-led services, bookable appointments and additional same-day appointments would help improve patient access to appropriate services closer to home. Ms Evans added that the CCG continued to work with others to understand and tackle the pressures faced by the NHS and its workforce.

Simon Banks, Chief Officer Wirral CCG thanked Members for the opportunity to discuss this important issue and to help others to understand the difficult decisions faced at this time. He informed the Committees that the consultation process (running until 12 December 2018) enabled the CCG to receive alternative suggestions to the proposals, but that the present situation was unsustainable. The Urgent Care Treatment plans were nationally driven by NHS England and local planning was constrained by fixed funding (albeit with an additional £1.8million for extra GP appointment provisions).

Mr Banks informed that polarised views had been expressed by the GP Federations and that further meaningful dialogue was needed. He added that there were also other undefined issues relating to patient care and funding that also needed to be addressed e.g. Urgent Access to Mental Health Services and Management of Long-Term Conditions. Mr Banks re-iterated that consultation and information gathering regarding the Urgent Care Treatment proposals was scheduled to run until 12 December 2018.

Members of the Overview and Scrutiny Committees questioned the CCG officers further on topics that included:

- Recruitment and retention of Staff;
- Horizon scanning for sustainability of services;
- Engagement with GP Federations;
- Pressures faced by the NHS in terms of patient need and funding;
- Whether the proposed additional GP / Nurse appointments would be guaranteed to meet demand;
- Why GPs appeared to be against the UCT proposals; and
- Whether additional or improved public transport could be guaranteed.

The Assistant Director Unplanned Care and Community Care Market Commissioning informed that every effort was being made to address the points raised, and that statistical analysis indicated that the additional planned appointments would meet demand. Communications with organisations such as Merseytravel would continue, although the guarantees asked of the CCG in terms of transportation were outside of their control.

At this point the Chair suggested a short break in proceedings to enable legal advice to be sought. After a short break, and having consulted with the Council's Solicitor and the Director Adult Care and Health, the Chair reconvened the meeting and invited Members to continue their deliberations.

Councillor Samantha Frost moved and Councillor Tony Cottier seconded the following Motion:

"That the Adult Care and Health Overview and Scrutiny Committee re-affirm the Council resolution of 15 October 2018 that:

(1) This Council notes the public consultation on urgent care which Wirral CCG launched on 20th September.

(2) Council is totally opposed to any outcome which would see the closure of existing walk-in facilities and minor injury and illness facilities at current urgent care locations in Wirral. Council recognises that the existing provision was developed to meet the specific needs in local communities and fill recognised and identified gaps in services. In the case of Eastham Walk-In Centre and Clinic, following the reinstatement of the opening hours, the average monthly attendance rose to 1070 visits between May and July 2018. Prior to the restoration of the hours, the average monthly attendance was 732 between January and April 2018. Council, therefore, wishes to know how any planned replacement services can genuinely meet the pattern of local usage, especially as the services assist people from Cheshire.

(3) Council believes that any new model of urgent care should enhance existing facilities rather than result in closures or reductions in services. Council notes the geographical distribution of the GPs' weekend and extended hours services established in September 2018. Council believes that new services have to be fully accessible to residents, that public transport links are a major concern, especially as weekend and evening services may not match daytime services and calls for the locations of services to be genuinely convenient and accessible throughout the hours of provision.

(4) Council supports the objectives of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on Accident and Emergency Departments, but not with the introduction of any private healthcare provider or any of their shell companies to provide any type of service within Wirral, including walk-in provision.

(5) Council encourages residents to have their say on the model proposed by the CCG and welcomes the CCG's offer to attend relevant Council scrutiny committees during the consultation period to allow detailed scrutiny of their proposals by members.

(6) Any funding bids need to be scrutinised within the scrutiny process. Council also notes that on page 75 of the case for change document that a capital funding bid has commenced for an Urgent Treatment Centre. Council rejects this approach as it undermines the consultation process and believes it would have been better to have waited until the consultation is finished and the results known.

(7) This Council is opposed to all forms of privatisation in the NHS and totally opposes the introduction of any privateers into our local health service be they based in the UK, America or domiciled elsewhere.

(8) This Council is opposed to NHS staff being transferred to the private sector and will work to ensure that all NHS workers are employed by the NHS with their wages and conditions negotiated through collective bargaining with their employer, the NHS, and the trade unions. No contract should be signed with the CCG that leads to private, none-NHS organisations running NHS services or leads to a reduction in services at each current location.

(9) Council believes that all health care should be free at the point of need and all services should be delivered and administered by the NHS.

In addition, the Adult Care and Health Overview and Scrutiny Committee requests that:

(10) The Wirral Clinical Commissioning Group (CCG) cease the existing consultation process; and

(11) The CCG come back to clinicians and patient group to discuss meaningful and open proposals to retain the existing community-based services and improve the services, <u>not</u> at the cost of them being subsumed into a new Urgent Treatment Centre (UTC) at Arrowe Park Hospital."

Councillor Phil Gilchrist moved and Councillor Wendy Clements seconded the following amendment:

delete the paragraphs "The Wirral Clinical Commissioning Group (CCG) cease the existing consultation….." *and* "The CCG come back to clinicians……." *and replace with:*

"At this stage of the process, this Committee:

(1) Having considered the advice and information offered by the CCG understands the organisational and medical reasons for the location of the Urgent Treatment Centre (UTC) at Arrowe Park.

(2) However, based on the information and planning outlined to date, remains unconvinced that the cessation of services at the VCH, Morton, Miriam, Parkfield and Eastham Sites, can properly be replaced by the additional GP and Nurse appointments at surgeries currently suggested.

(3) Further consideration that, as the locations of replacement services for children remain unknown, the Committee cannot yet be assured that the replacement services are as good as or better than the present arrangements.

(4) Committee has received some assurances that the additional funding of £1.8million is being planned to provide more appointments in the localities but remains concerned that potential patients should actually be able to get through the system to secure them.

(5) Believes that confusion is likely to arise at locations that may be developed to serve the 0-19 age groups if services are not readily available at convenient locations for other age groups and neighbourhood services are not yet in place.

(6) Requests that the CCG provide updated information for members as their work progresses with the aim of addressing the concerns outlined."

The amendment was put and lost (5:8) (One abstention).

The original motion was then put and carried (8:5) (One abstention).

Resolved (8:5) One Abstention – That the Adult Care and Health Overview and Scrutiny Committee re-affirm the Council resolution of 15 October 2018 that:

(1) This Council notes the public consultation on urgent care which Wirral CCG launched on 20th September.

(2) Council is totally opposed to any outcome which would see the closure of existing walk-in facilities and minor injury and illness facilities at current urgent care locations in Wirral. Council recognises that the existing provision was developed to meet the specific needs in local communities and fill recognised and identified gaps in services. In the case of Eastham Walk-In Centre and Clinic, following the reinstatement of the opening hours, the average monthly attendance rose to 1070 visits between May and July 2018. Prior to the restoration of the hours, the average monthly attendance was 732 between January and April 2018. Council, therefore, wishes to know how any planned replacement

services can genuinely meet the pattern of local usage, especially as the services assist people from Cheshire.

(3) Council believes that any new model of urgent care should enhance existing facilities rather than result in closures or reductions in services. Council notes the geographical distribution of the GPs' weekend and extended hours services established in September 2018. Council believes that new services have to be fully accessible to residents, that public transport links are a major concern, especially as weekend and evening services may not match daytime services and calls for the locations of services to be genuinely convenient and accessible throughout the hours of provision.

(4) Council supports the objectives of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on Accident and Emergency Departments, but not with the introduction of any private healthcare provider or any of their shell companies to provide any type of service within Wirral, including walk-in provision.

(5) Council encourages residents to have their say on the model proposed by the CCG and welcomes the CCG's offer to attend relevant Council scrutiny committees during the consultation period to allow detailed scrutiny of their proposals by members.

(6) Any funding bids need to be scrutinised within the scrutiny process. Council also notes that on page 75 of the case for change document that a capital funding bid has commenced for an Urgent Treatment Centre. Council rejects this approach as it undermines the consultation process and believes it would have been better to have waited until the consultation is finished and the results known.

(7) This Council is opposed to all forms of privatisation in the NHS and totally opposes the introduction of any privateers into our local health service be they based in the UK, America or domiciled elsewhere.

(8) This Council is opposed to NHS staff being transferred to the private sector and will work to ensure that all NHS workers are employed by the NHS with their wages and conditions negotiated through collective bargaining with their employer, the NHS, and the trade unions. No contract should be signed with the CCG that leads to private, none-NHS organisations running NHS services or leads to a reduction in services at each current location.

(9) Council believes that all health care should be free at the point of need and all services should be delivered and administered by the NHS.

In addition, the Adult Care and Health Overview and Scrutiny Committee requests that:

(10) The Wirral Clinical Commissioning Group (CCG) cease the existing consultation process; and

(11) The CCG come back to clinicians and patient group to discuss meaningful and open proposals to retain the existing community-based services and improve the services, <u>not</u> at the cost of them being subsumed into a new Urgent Treatment Centre (UTC) at Arrowe Park Hospital.

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WIRRAL

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

12 NOVEMBER 2018

REPORT TITLE	Urgent Care Consultation
REPORT OF	Jacqui Evans

REPORT SUMMARY

Over the last two years we have been doing a lot of work to understand how urgent care services in Wirral are used.

We believe there is a more efficient way to provide urgent care services, which is better for patients. The proposed model will enhance patient safety and improve patient outcomes through the delivery of a clear and consistent model of urgent care in Wirral, with closer integrated working between the health and care partners involved in delivering urgent care.

We have been engaging with local stakeholders and service users about urgent care for the last 9 years and in February 2018 we sought to further quantify engagement activities that had been completed since 2009 as summarised in the Case for Change document. This included an on line survey and targeted focus groups with specific services users based on our knowledge of urgent care usage. During the Listening Exercise all urgent care venues in Wirral were visited to talk to service users about their views and use of urgent care in Wirral.

One of the common themes from our engagement activity since 2009 was the view that people are confused about the range of urgent care services available due to different service offerings and opening times. This was further explored during focus groups and visits to urgent care venues completed in February 2018.

The confusion experienced by patients is not unique to Wirral and is also summarised as one the principle reasons for NHS England to transform Urgent Care services in England. https://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf

This has also been cited by The Kings Fund in their analysis of A & E waiting times: https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters

We also know that people cannot always get an urgent appointment at their own GP practice and this combined with the confusion about alternative services results in many people choosing to go to our only Accident and Emergency Department.

Wirral is not unique in facing these issues and NHS England has mandated a number of new service developments which include an improved NHS 111 service and the introduction of Urgent Treatment Centre's across the country. These national developments will help to make urgent care services work better for patients and to ensure

that Accident and Emergency Departments deal with the most poorly and vulnerable people. It is our intention to locate the Urgent Treatment Centre (UTC) for Wirral at Arrowe Park Hospital by developing the existing Walk in Centre. This location provides the best clinical model for patients as the UTC will be located adjacent to the Accident and Emergency Department and will provide a single 'front door' to access urgent care on the Arrowe Park site, so that our A & E staff can concentrate their clinical skills on emergency care.

The UTC will offer bookable appointments and a walk-in facility and as part of this consultation we are asking for people's views on how many hours the UTC should be open.

We also want to simplify our local urgent care services to make it easy for people to make the right choice when they need care and treatment. This primarily involves improving local access to GP appointments to ensure that everyone who needs an urgent appointment can get one within 24 hours, usually on the same day. We are also proposing a new local urgent care service for children and better access to bookable appointments for wound care/dressings, these services would be delivered in four locations across Wirral (aligned to the current Wirral parliamentary constituencies). This proposal would mean that the current walk-in facilities across Wirral would be replaced by the provision of these new local services and more urgent GP appointments.

The consultation document explains our proposal in full and also includes a number of patient stories that demonstrate the new model of care.

The consultation runs from 20 September 2018 to 12 December 2018. Following this, we will consider the feedback received during the consultation period and other evidence before the NHS Wirral CCG Governing Body make a final decision on a future model of care.

Full consultation material can be viewed at www.wirralurgentcare.co.uk which includes Frequently Asked Questions.

Please find attached previously circulated:

- Consultation document
- Case for change

The case for change document includes activity data, engagement details and options development. We will be providing a background document which support members with a further description of the process undertaken, to assist understanding of the approach and considerations.

We will cover key points from this background paper during OSC on the 12th as part of the introductory presentation.

Please also find attached:

- Suite of activity and financial data, which has been part of our considerations. This is contained high level within the case for change.
- Consultation Presentation, which has been used at the public meetings

SUPPORTING INFORMATION

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Assistant Director, Unplanned Care and Community Care Market commissioning
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email: jacquievans@wirral.gov.uk

APPENDICES

Appendix 1 – NHS Wirral CCG Urgent Care Consultation Document

Appendix 2 – NHS Wirral CCG Case for Change

Appendix 3 – Consultation Presentation

Appendix 4 – Activity Suite

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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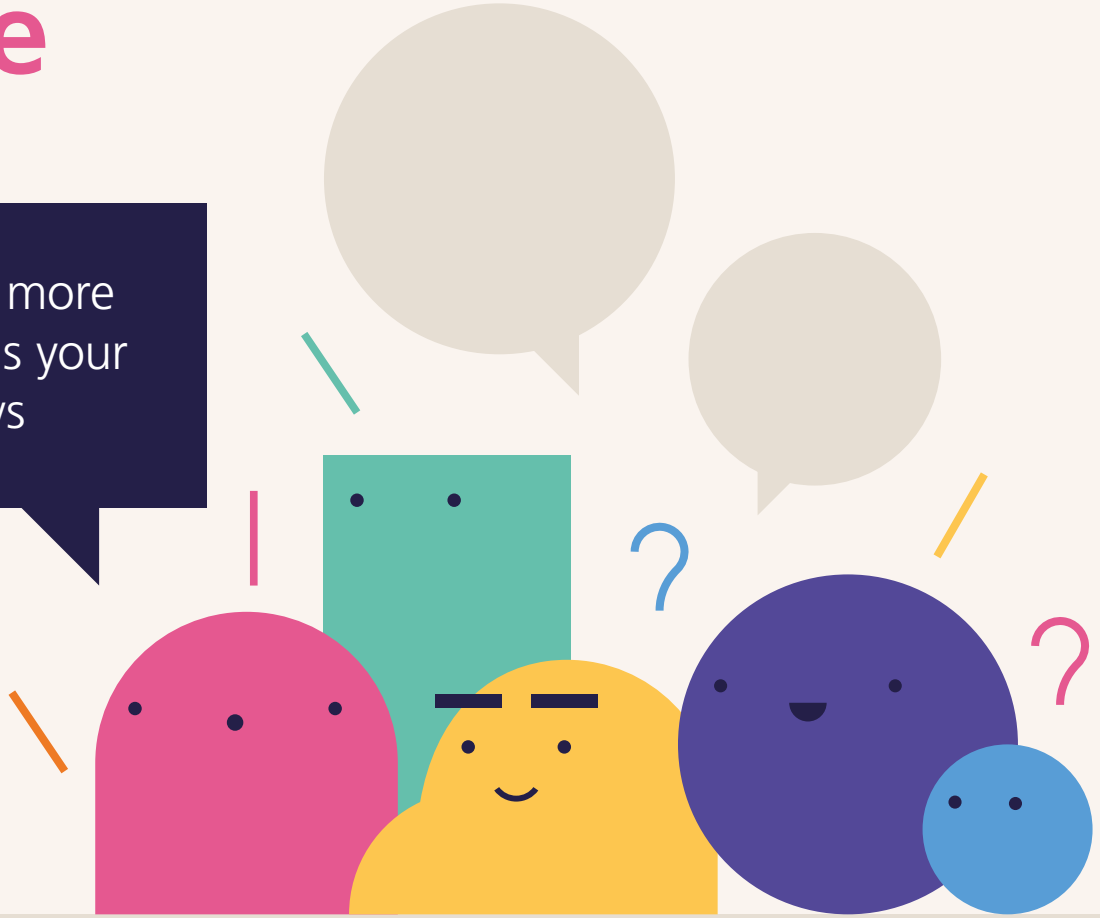
NHS
Wirral
Clinical Commissioning Group

Making it easier to access **urgent care** in Wirral

Find out more and tell us your views



Welcome

On behalf of NHS Wirral Clinical Commissioning Group, we would like to thank you for taking the time to read this booklet, which provides you with an opportunity to have your say about some important changes we want to make to urgent care services in Wirral.

At some point, we all need to know where to go when we need healthcare quickly; we call this **urgent care**. By this we mean those illnesses or injuries that are not life threatening but that require an urgent clinical assessment or treatment.

Over the past two years, we have been doing a lot of work to understand how urgent care services in Wirral are used and we are now ready to propose a new way in which people can access urgent care in future.

We believe there is a more effective way to provide urgent care services, which is better for patients. The proposed model will enhance patient safety and improve patient outcomes through delivery of a clearer, consistent model of urgent care in Wirral, with closer integrated working between organisations involved in delivering urgent care.

In February 2018, we asked for people's views on these services and we were told that our current system is confusing and often people don't know which service to use and when. This is because we have a range of venues which offer different services and opening hours.

We also know that people cannot always get an urgent appointment at their own GP practice and this, combined with the confusion about alternative services, results in many people choosing to go to our only Accident and Emergency Department at Arrowe Park Hospital.

Wirral is not unique in facing these issues. A lot of work is taking place across the country to make urgent care services work better for the benefit of patients and to ensure Accident and Emergency Departments deal with the most poorly and vulnerable people.

To change this, we want to simplify services and make it as easy as possible for you to make the right choice when you need care or treatment. We also want to improve access to GP appointments to ensure that everyone who needs an urgent appointment can get one within 24 hours, mostly on the same day. This will help to make sure people can get urgent care as close to their homes as possible.

In order to progress this further we would like your views on what we are proposing, which we believe will help people to make the right choice and therefore receive the right care when they need it. The views of people across Wirral are very important to us, and this document explains the changes we are proposing to make and why.

There are lots of ways in which you can have your say, which are also included within this document. The closing date for comments is **midnight on 12th December 2018**, and no decisions will be made until we have reviewed all the feedback after the consultation. We look forward to hearing from you.

Dr Sue Wells
Chair,
NHS Wirral Clinical Commissioning Group

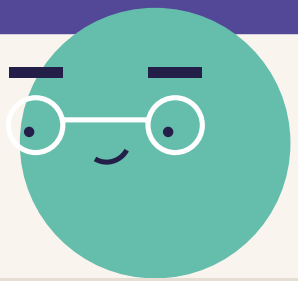
Simon Banks
Chief Officer,
NHS Wirral Clinical Commissioning Group

Contents

This consultation is about **urgent care** – this means illnesses or injuries that are **not life threatening**, but where you need an **urgent clinical opinion.**

Things you need to know

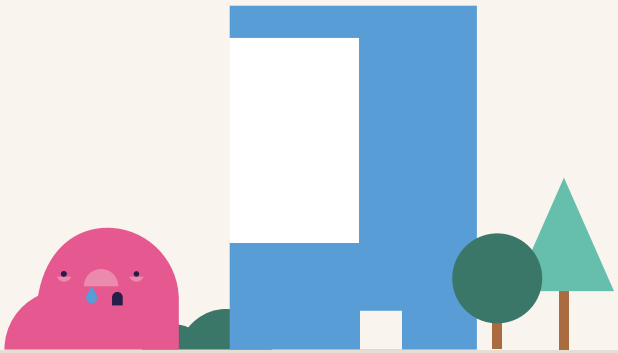
- Services are being redesigned with clinicians to:
  - improve patient safety and experience
  - get you the treatment you need when you need it
  - give the people of Wirral the best value for money
- Our proposals aim to offer simpler options closer to home, including urgent bookable appointments within 24 hours, a specific urgent care service for children, a dressings (wound care) service and an Urgent Treatment Centre on the Arrowe Park site.
- Arrowe Park's A&E is **not** closing, and is **not** part of this consultation
- We want to deliver more local services based on your needs, ensuring you receive the care, support and treatment that matters to you.



Why things need to change

We all need an urgent clinical opinion at some point, so it's important to make sure Wirral's healthcare services, for urgent but non-life-threatening illnesses or injuries meet your needs.

We also need to make some changes to local services to fit in with national requirements and changes to urgent care.



Our current system is confusing

We previously surveyed local residents, and one of the main things we discovered was that some people were confused about where to go to get help with urgent care in Wirral.

Some people go to Accident and Emergency (A&E) when they need help because they're not sure where to go, or because they can't get an appointment anywhere else. A&E isn't always the right place.

We need to ease the pressure on A&E

A&E departments are under more pressure than ever. More people are living longer with conditions, which if not managed, require emergency treatment or admission to hospital.

We also know that many people who use urgent care services are seeking treatment for less serious conditions that can easily be treated with over the counter medications or by asking their local pharmacist for advice.

Almost half of patients who went to Arrowe Park Hospital's A&E last year had an illness or injury that could have been treated elsewhere.

This puts undue pressure on Wirral's only A&E, and means that some of the most vulnerable and poorly people in Wirral are experiencing long waits for the care they need.

We need to look at services in Wirral that offer help with urgent but non-life-threatening illnesses, to keep our A&E department for those that need it most.

Moving care closer to home

We want to have more health and care services delivered closer to where people live. This will mean that in future, services will be more joined up and relevant to the needs of people, with an increased focus on helping people to stay well and healthy.

Our vision is to introduce four health and wellbeing centres in Wirral where we can provide more services in a location that is recognised and valued by the people who use them. The staff in these centres would work together in neighbourhood teams to help people and would include NHS staff as well as colleagues from social care, therapies and have links with charitable and voluntary organisations.

Our proposal for urgent care services is the first step to introducing the health and wellbeing centres which will take time as we review services across Wirral.

We need to meet changing healthcare needs

In Wirral, just like across the rest of the country, there is a rising need for healthcare.

There are many reasons for this, including people living longer, and people requiring complex care and treatment for conditions such as diabetes. Wirral has an older population compared with the rest of the country, so there is a greater need to care for people as they get older.

What's happening nationally?

New national changes are also having an effect on how we organise ourselves locally.

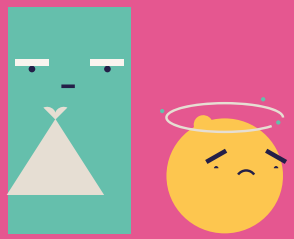
These include:

An improved **NHS 111** service **www.nhs.uk**

More routine appointments with GPs From **8am to 8pm, 7 days a week**.

Throughout the country, there'll be more **local pharmacists** who are able to prescribe simple medications to patients.

An **Urgent Treatment Centre (UTC)** for injuries and illnesses that require urgent care, but that are not life threatening.



And there'll be **Advanced Paramedics**, able to assess and treat people in their own homes (often preventing them having to go to hospital).

How do things look now?

Currently, choices for urgent care in Wirral are varied.

GPs

GPs provide many urgent care services to patients every day. We know that different GP practices have different systems for booking appointments, and that you can't always get an urgent appointment.

NHS 111

The NHS 111 service is available 24 hours a day, 7 days a week (telephone and online), offering advice and directing patients to local services when necessary.

GP Out-of-Hours

Wirral GP Out-of-Hours service is accessed through NHS 111. It provides urgent clinical help and advice outside of GP opening hours for patients who are unable to wait for their GP practice to re-open.

Pharmacies

Your local pharmacists are trained in helping people with less serious illnesses and injuries. They can assess symptoms and recommend the best course of treatment or simply provide reassurance - for instance, when a less serious illness will get better on its own with a few days' rest. And if symptoms suggest it's something more serious, they have the right clinical training to ensure you get the help you need. By using our pharmacists, more people can receive advice and treatment in their own community, and we can help keep A&E free for the most serious cases.

Walk-in Centres

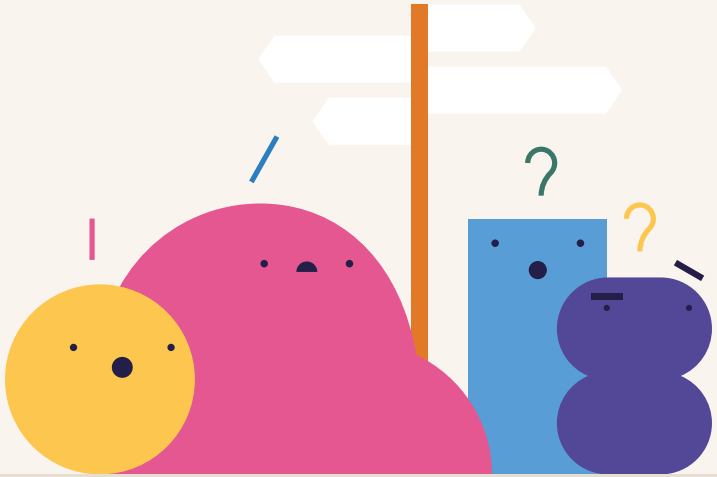
There are three Walk-in Centres in Wirral. These are located at Arrowe Park Hospital, Victoria Central in Wallasey and the Eastham Clinic. They have varied opening hours, are nurse-led, and offer a range of services to treat less serious illnesses and injuries.

Minor Injuries/Illness Units

These are drop-in, nurse-led services which are sometimes supported by GPs. They are based at Moreton, Miriam Health Centre (Birkenhead) and Parkfield Medical Centre (New Ferry). They have varied opening hours and can treat a range of illnesses and injuries.

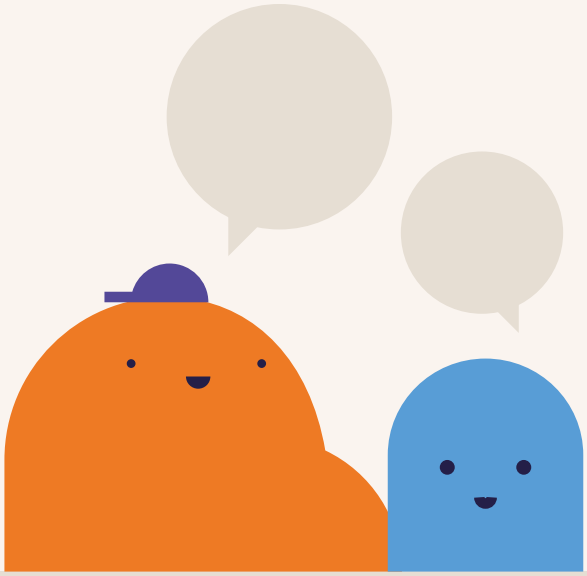
Accident and Emergency (A&E)

Based at Arrowe Park Hospital, the A&E department is open 24 hours a day, 7 days a week, and treats patients with wide ranging clinical needs from life-threatening conditions such as a stroke, to patients who could have sought advice and treatment elsewhere or self cared, e.g. sore throat or flu-like symptoms.



What we've been told

Earlier this year we listened to people's views about how Urgent Care services work in Wirral.



80% of people that gave a view agreed that change was needed.

People told us that they wanted clearer healthcare choices and better access to GP appointments. They also told us that waiting times at A&E and Walk-in Centres were a concern and they wanted to see a reduction in the number of people using A&E unnecessarily.

- The three most important things for improving urgent care services in Wirral were:
  - Access to care in an emergency
  - Urgent care services that are easy to get to and use
  - Knowing where to go or who to contact when you need care, treatment or advice
- People also told us that they understand the pressures that A&E staff are under at Arrowe Park.

We were also told that urgent care services are important to those people with a mental health condition. **We are not proposing to change how mental health services are accessed as part of this consultation.**

Taking into account what we know, and what people have told us, we're proposing a new system for Wirral. It includes national changes and looks at the way people in Wirral use urgent care services, to help them make the right choice.

You can find a summary of the results of our listening exercise, key facts and figures, and our full case for change on our website **www.wirralurgentcare.co.uk**

Our proposals to make urgent care services better

Our vision for Wirral's urgent care services is for a responsive, reliable and efficient system that fulfils these **7 principles** which have been developed following conversations with local people, local NHS staff and other stakeholders.

1. **Standardised and simplified access:** knowing where to go and who to contact. Receiving the same standard of care wherever you go
2. **Services that take into account your physical, mental, social and wellbeing needs at every step of treatment.** We want patients to feel supported, to understand their treatment, and feel comfortable to discuss any wider needs they may have
3. **Convenience:** easy to find services close to home, where you're treated quickly and effectively
4. **Achieving the 4 hour waiting standard** in Wirral's only A&E. Ensuring that A&E staff can focus on the most poorly and vulnerable patients
5. **Staff who have the right information about their patients, helping them to deliver appropriate care and reassurance**
6. **NHS partners working together**, providing a more efficient service that uses tax payers' money wisely
7. **Services which staff are proud to be part of**, where they feel empowered to deliver high quality care.

Combining national requirements and local need, this is how we propose to achieve it:

More promotion of self-care – 'helping you to look after yourself'

In Wirral, we'll be promoting self-care across the community.

Self-care is about:

- keeping fit and healthy
- understanding when you can look after yourself
- understanding when a pharmacist can help
- when to get advice from your GP or other healthcare professional.

If you have a long-term condition, it's also about understanding that condition and how to manage it.

Pharmacists who are able to help you more

More pharmacists will be able to prescribe simple medications to patients, so you don't always have to go to another service.

Making more GP appointments available

GP practices across Wirral provide the vast majority of healthcare for people, and we are **not** proposing to change the way in which people access a GP.

However, we recognise that for many people, their GP is their first contact point when they feel unwell, so we've thought about how we can make more urgent appointments available to people who need them.

An improved NHS 111 service

NHS 111 is changing to offer more **clinical assessments by doctors and nurses over the telephone and online**. You may receive advice or a prescription, and will not have to wait for a call back. For many people, this will be the only contact they need.

NHS 111 will also continue to act as the point of contact for people who need to use the GP Out of Hours service and they will also be able to book urgent appointments with a GP or experienced nurse.

An Urgent Treatment Centre

The introduction of an Urgent Treatment Centre (UTC) is a national requirement. It will provide a higher and more consistent level of clinical service than the current Walk-in Centres and Minor Illness/Injury Units. The UTC will be led by GPs and will provide access to a range of healthcare staff.

It is our intention to locate a UTC for Wirral on the Arrowe Park hospital site by developing the existing Walk-in Centre located next to the A&E department.

Having the UTC located on the Arrowe Park site means that patients arriving for urgent care will be assessed and directed to either A&E or the UTC to be seen by a GP or experienced nurse. This is called clinical streaming.

We have considered whether other existing sites in Wirral including Walk-in Centres and Minor Injury/Illness Units could provide UTC facilities.

Whilst they could deliver these services with some development work, we do not believe that they offer the same benefits to patients.

Also, if we have the UTC as well as our other current services then the amount we spend on Urgent Care would be exceeded and we would have insufficient clinical staff to cover

all services. This proposal is not about saving money and we won't be spending any less on Urgent Care but we must ensure that the delivery of a UTC and our proposed model of care is within the amount we have available to spend. Keeping our services as they are would also continue to confuse people about the choices available to them.

Benefits of the UTC on the Arrowe Park site:

- Patients who become very unwell when attending the UTC at Arrowe Park will benefit from a quick transfer to the A&E department to be cared for by specialist doctors and nurses. Having a UTC located elsewhere would rely on ambulance transport and could present a risk to patients, given the time it would take to get them to A&E. Many serious conditions such as stroke and heart attacks require rapid assessment and treatment to achieve the best outcomes for patients.
- Having the UTC at the Arrowe Park site means that patients can benefit from the full range of diagnostic facilities including MRI and CT scanning. These facilities are not available at other sites.

Therefore, our proposed model of care and options for consultation are based on our intention to locate the UTC on the Arrowe Park site. This is because we want to achieve the best clinical care for patients and to provide clear choices when patients have an urgent care need.

Patients may also be offered bookable appointments at the UTC via NHS 111 or their GP if required.

Extending urgent appointments to those who need them

We also need to think about our other existing services in the community, including Walk-in Centres and Minor Injury/Illness Units.

We are proposing that, **as well as** your usual GP service and NHS 111, we make urgent appointments available within 24 hours (usually on the same day) to anyone who needs them, in local areas across Wirral.

This appointment would be provided at another GP practice and we will also be able to offer an appointment at the Urgent Treatment Centre (UTC) at Arrowe Park Hospital. This means that you won't have to wait for an unspecified amount of time, and you can try and fit your appointment around your day.

We know that over 50% of all people using Walk-in Centres and Minor Injury/Illness Units are attending for dressings (wound care - for example if you are having regular dressings for ulcerated legs or need a wound redressed following an injury) or are parents seeking help when their child is unwell. We are proposing to have a specific urgent care service for children which can be accessed via a bookable appointment or walk-in option. We are also proposing a dressings (wound care) service which would be accessed via a bookable appointment.

These services would be located at an NHS clinical site in each of the following areas in Wirral:

- South Wirral
- West Wirral
- Birkenhead
- Wallasey

We haven't decided on the exact locations yet and we would like people's views on what is important to them before we make any decisions. These would include the following:

- Accessible by public transport
- Distance from home
- Accessible for people with mobility requirements
- Parking
- Flexible and convenient appointments

The **consultation questionnaire** provides more detail on these and your feedback will help us decide on the most appropriate venue in each area.

As a result of this proposal, we would no longer have routine walk-in facilities at our current urgent care locations as follows:

Walk-in facility	Minor Injuries/Illness unit
Eastham Clinic	Miriam Medical Centre Birkenhead
Victoria Central Wallasey	Parkfield Medical Centre New Ferry
	Moreton Medical Centre

IMPORTANT – All other clinical services provided at these locations would not be affected by these changes (for example blood tests at these venues).

The only routine walk-in facility for Wirral will be at the UTC located at the Arrowe Park site. Children will also be able access an urgent walk-in service locally.

What your services could look like

Urgent appointment within 24 hours, mostly on the same day in your local area, across Wirral. Bookable via your GP or NHS 111.

Urgent care service for children 0-19 years (walk-in or bookable) and dressings (wound care).
Locations for these services will be decided at a later date.

UTC
Urgent Treatment Centre
(Walk-in or bookable appointments)

A&E
Arrowe Park A&E

What will my options be under the new proposals?

I feel unwell or have injured myself. What are my options?

Self-care or advice and treatment from a pharmacist

Contact your GP Practice

- Clinical assessment by phone
- Face to face appointment with a GP or healthcare professional
- Home visit by GP or healthcare professional
- Bookable urgent appointment within 24 hours (usually same day) with a GP or nurse in your local area or at the UTC

or

NHS 111 (phone/online)

- Clinical assessment by GP or Nurse (telephone/ online)
- Advice and prescription if required
- Home visit by GP or healthcare professional
- Bookable urgent appointment within 24 hours (usually same day) with a GP or nurse in your local area or at the UTC

- Local walk-in and bookable urgent care service for children (0-19) e.g. temperature, cough, vomiting and diarrhoea
- Bookable dressing and wound care service

Urgent Treatment Centre at Arrowe Park. For urgent illnesses/injuries needing a fuller clinical assessment. Bookable via NHS 111/GP Practice or walk-in

- Advice on self-care or directed to another service
- Clinical assessment and treatment by GP or Nurse
- X-Ray and other diagnostic services
- Transfer to A&E if condition worsens

A&E at Arrowe Park is for complex or potentially life-threatening illnesses and injuries only

We need your views on our proposals

If this overall model of care was adopted, we'd have to think about the resources we have available.

National guidance requires us to open the Urgent Treatment Centre (UTC) for **a minimum of 12 hours**, but we'd like to extend this to **15 hours** or **24 hours a day** to provide more access for patients. Extending the opening hours of the Urgent Treatment Centre would impact on how long we can provide the urgent care service for children as well as a dressings (wound care) service each day.

We want your views on this.

This is what it would look like:

Option 1

- **A&E** - 24 hours
- **Urgent Treatment Centre – 24 hours** at the Arrowe Park site. Walk-in and bookable appointments. Led by GPs with a team of healthcare professionals. Access to X-Ray. Access to A&E Consultant/ Service
- **Community:** In your local area, there will be **urgent bookable appointments via NHS 111/your GP**:
  - GP or nurse appointments - **within 24 hours (8am-8pm)**
  - Access to same day urgent care for children (0-19yrs) – **available up to 8 hours a day (walk in also available)**
  - Access to dressings (wound care) – **available up to 8 hours per day**.

Option 2

- **A&E** - 24 hours
- **Urgent Treatment Centre – 15 hours** at the Arrowe Park site. Walk-in and bookable appointments. Led by GPs with a team of healthcare professionals. Access to X-Ray. Access to A&E Consultant/ Service
- **Community:** In your local area, there will be **urgent bookable appointments via NHS 111/your GP**:
  - GP or nurse appointments - **within 24 hours (8am-8pm)**
  - Access to same day urgent care for children (0-19yrs) – **available up to 12 hours a day (walk in also available)**
  - Access to dressings (wound care) – **available up to 12 hours per day**.

Both options would be supported by:

- Improved NHS 111 service (telephone and online) with assessments by doctors and nurses, including ability to prescribe
- Local pharmacists
- More promotion of self-care – 'helping you to look after yourself'.

What are the pros and cons of each option?

Option 1: 24 hour opening of the Urgent Treatment Centre (UTC)

Having the Urgent Treatment Centre (UTC) open for **24 hours** would mean that patients can be either seen and treated at the UTC or transferred to A&E for the treatment they need. This would mean:

- A clear and consistent offer for patients, 24 hours a day, 7 days a week
- Bookable appointments at the UTC via NHS 111 or your GP if required
- Most patients seen within two hours
- Access to X-Ray, MRI, CT scanning and tests
- Reduced pressure on A&E.

Urgent GP appointments will be available in your local area 8am-8pm each day in addition to appointments in your practices.

In your local area, available **for up to 8 hours each day**:

- Urgent care services for children (walk-in and bookable)
- Dressings (wound care) - bookable.

Option 2: 15 hour opening of Urgent Treatment Centre (UTC)

15 hour opening of the UTC ensures that it is open during the busiest times, but it would mean:

- If you attend A&E when the UTC is shut, and the doctor or nurse feels your situation is not serious, you may be referred to another service e.g. an appointment in your local area the following day
- People attending the Arrowe Park site at night would still go to A&E and may have an overnight stay
- It would be harder for us to reduce the pressure on A&E, meaning longer waiting times, especially when the UTC is shut
- People may still be confused about opening hours.

Urgent GP appointments will be available in your local area 8am-8pm each day in addition to appointments in your practices.

In your local area, available **for 12 hours each day**:

- Urgent care services for children (walk-in and bookable)
- Dressings (wound care) - bookable.

What we're asking in this consultation

We would like your views on the following:

1 **How long do you think the new Urgent Treatment Centre (UTC) should be open (24 hours or 15 hours)?**

National guidance requires us to open the Urgent Treatment Centre for a **minimum of 12 hours**, but we'd like to extend this to **15 hours** or **24 hours a day**.

2 **What do you think about having an urgent appointment in your local area which you can book, instead of a walk-in option?**

Bookable appointments mean you won't have to wait for an unspecified amount of time, and you can fit your appointment around your day. The Urgent Treatment Centre will provide a walk-in facility as well as bookable appointments. Everybody that needs urgent care will still get it.

3 **What do you think of a local walk-in option for children with symptoms such as a temperature, in addition to bookable urgent appointments?**

Aimed at children between 0-19 years with minor injuries and ailments, including high temperature, vomiting, diarrhoea, small cuts and bruises, coughs/colds, sprains and strains.

4 **What is important to you when thinking about where the Children's Urgent Care and Dressings (wound care) service should be located?**

We want to hear your views on things like parking, convenience and accessibility to help us decide on the best locations for these services.

5 **Do you think that the model we are proposing improves on what we have now?**

We want to create a model of care that is easy to understand, that gives you more options closer to home, and that meets your changing healthcare needs.

Better urgent care services can also help reduce pressure on Wirral's only A&E.

Patient stories

Here are some examples of how people in Wirral would access urgent care under the new model:

Lizzy and Michelle

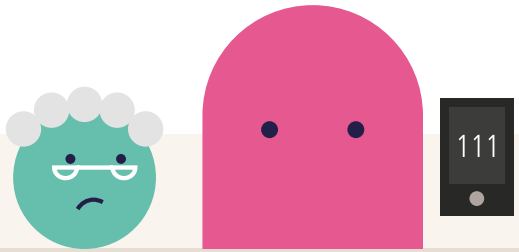
Lizzy is 75 and lives on her own. She has some difficulty with mobility.

Lizzy's daughter Michelle is worried when she notices that Lizzy is a bit confused, has a slight temperature and is complaining of pain in her tummy. Lizzy doesn't want to go into hospital, as last time she became very confused and distressed.

Lizzy's GP practice can't offer her an urgent appointment, but they can offer her a 1.30pm appointment with another GP local to her.

Lizzy is diagnosed with a urinary infection and is given appropriate medication and advice by the GP.

The GP also gives Lizzy some information on social groups in the local area that can help with her general wellbeing, and help keep her as active as possible.



Jenny and Lois

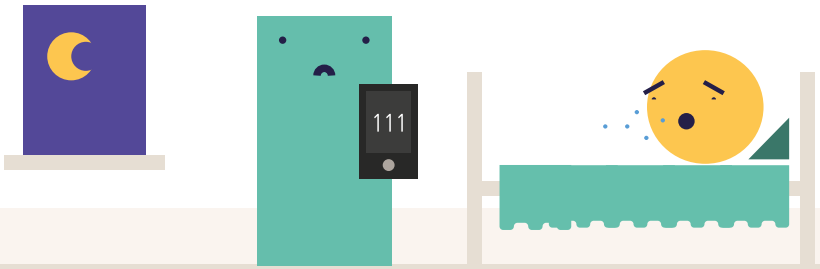
Jenny's 3-year-old daughter, Lois, has been coughing throughout the day, and by teatime it is getting worse. Lois also has a high temperature.

Jenny gives Lois medicine before bed, but her cough worsens, and Lois becomes upset.

By 9.00pm, Jenny is worried, and doesn't want to wait until the morning to seek help.

Jenny rings NHS 111, and speaks directly with a GP, who gives a clinical assessment over the phone. The GP gives Jenny advice about what to look out for should Lois's symptoms get worse, and also offers her an appointment in her local area first thing in the morning.

This is ideal for Jenny, as she can still get to work after the appointment.



Steve

Steve has spent the weekend gardening.

He wakes up on Sunday morning with back pain.

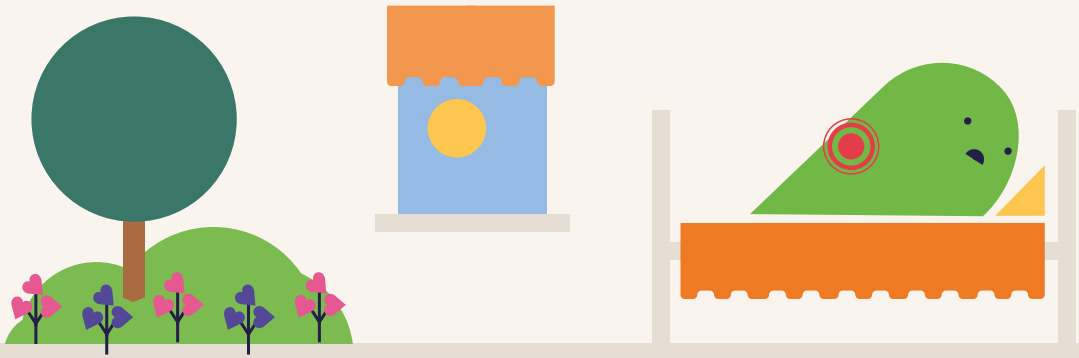
He decides to use the walk in facility at the Urgent Treatment Centre, as he is not sure whether he needs an X-Ray.

Steve is seen within an hour at the Urgent Treatment Centre.

If his only option had been A&E, he may have had a much longer wait.

Steve is assessed by an experienced nurse, who reassures him he does not need an X-Ray.

The nurse gives him advice and information on pain relief.



What happens next?

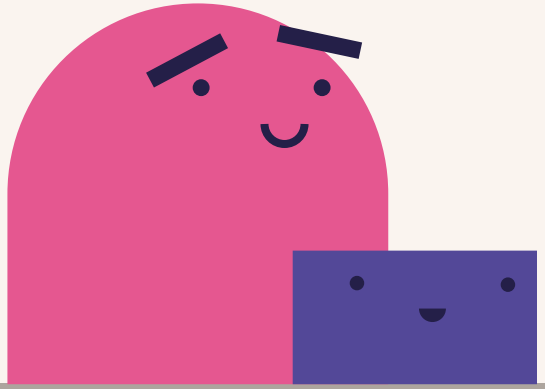
How will we use your comments?

Our consultation runs from **Thursday 20th September** to **Wednesday 12th December.**

At the end of the consultation, we will analyse your feedback and write a report. In February 2019, the NHS Wirral Clinical Commissioning Group Governing Body will meet in public to consider the consultation responses as well as other information before making a decision.

We will share the decision publicly, and make sure it is available on our website. We will also share news of its publication on our facebook and twitter accounts.

Find out more and share your views



Visit our website: www.wirralurgentcare.co.uk

- to share your views and fill in an online survey
- for more information including: Frequently Asked Questions, Case for Change, Quality Impact Assessment and Equality Impact Assessment.
- for a summary of our listening exercise
- to view animations of typical patient experiences under the proposed model.

You can:

Meet us face to face across Wirral at shopping centres, health facilities and community locations (details on our website).

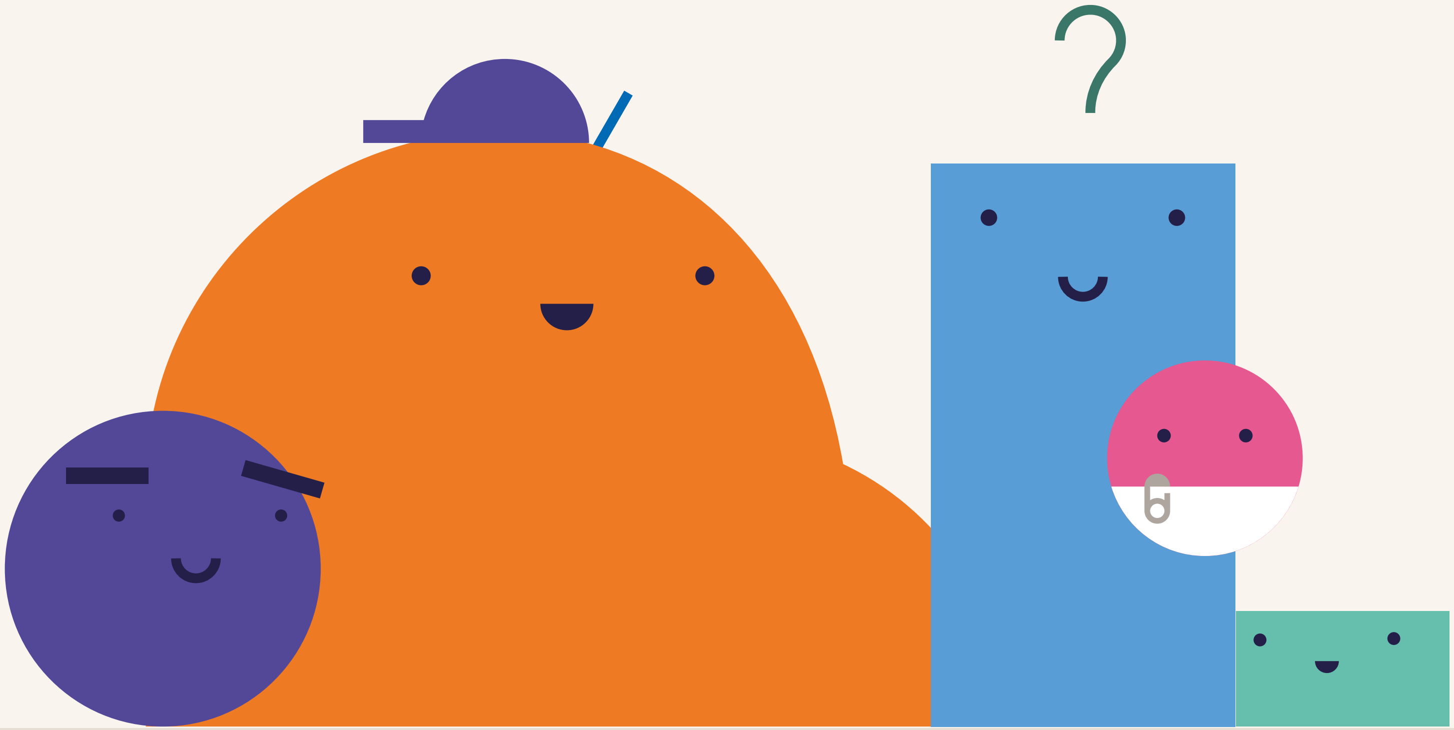
Email us at
wiccg.urgentcarereview@nhs.net

Call us on **0151 541 5416**

Come along to a **Public Question Time** event

Write to us:
Urgent Care Consultation
NHS Wirral CCG
Marriss House
(formerly Old Market House)
Hamilton Street,
Birkenhead
Wirral, CH41 5AL


You can also contact us for a hard copy of the survey, or for alternative formats of our consultation materials.
www.wirralurgentcare.co.uk



www.wirralurgentcare.co.uk

NHS
Wirral
Clinical Commissioning Group

Urgent and Emergency Care Review

'The case for change'

August 2018

Contents

1. Introduction

NHS Wirral Clinical Commissioning Group is responsible for the planning and commissioning of health care services in Wirral. We continually look at what we commission to ensure it delivers a high standard of care whilst recognising that increasingly services need to represent value for money and are sustainable. As part of this on-going work, we have been talking to local people, health and care staff and other stakeholders for a number of years about how we can improve urgent and emergency care. We now plan to go out to public consultation, based on what we have heard, on a new proposed model of care for urgent and emergency services for Wirral.

It has been widely reported that the NHS is under increasing pressure and is struggling to cope with the demands being placed on it for a number of reasons, these include:

- People are living longer which is a good thing but means that they are living with more medical conditions that may require urgent treatment at times.
- An increase in the number of people needing to be admitted from Accident and Emergency Departments to a hospital bed.
- An increase in the number of patients who are medically optimised and could be discharged from hospital as they may be waiting for additional support in the community or their home.
- An increase in the number of people who are living with conditions that can be caused by unhealthy lifestyle choices including alcohol consumption and diet.
- Confusion about what option is best when people need help or a lack of awareness of what services are available in their local area.

Accident and Emergency departments, located on hospital sites have seen a significant increase in people using them over recent years and this is continuing to rise. We believe we can make improvements to urgent and emergency care by considering different ways to deliver urgent and emergency care these services. Our proposals have been developed in partnership with local clinicians and are based on national guidance, clinical evidence about best practice and our conversations with local people

A great deal of work has been done across the NHS as a whole, and locally, to understand how people make their individual choices when they need to use Urgent Care services, these include the following:

- People do not clearly understand the choices available to them and how to access or use them.
- When people are ill or scared, they will tend to use the option that is most familiar and 'safe' to them
- When people choose an Accident and Emergency department they do so based on ease of access even though this is the most costly for the NHS to provide

It is evident that the NHS needs to deliver urgent and emergency care in a different way which not only covers A & E departments but also incorporates other services provided in community locations. The following publications set out NHS England's guidance to enable this transformation:

- **General Practice Forward View (April 2016):** describes requirements to ensure improvements in both 'in hours' and 'out of hours' access to Primary Care as part of a broader Integrated Urgent Care (IUC) offer.

- **Next Steps on the NHS five year forward view (March 2017):** set out the mandate to standardise existing Walk in Centres (WiC) and Minor Injuries units (MIU) through the implementation of Urgent Treatment Centres (UTCs), open 12 hours a day, seven days a week and integrated with local urgent care services by December 2019.

- **Integrated Urgent Care Service Specification (August 2017):** which describes the requirement for CCGs to ensure delivery of an IUC offer which includes a 24/7 clinical advice service (CAS) fully integrated with NHS 111 and direct booking to both in hours and out of hours primary care appointments by March 2019.

Wirral is not immune to the pressures highlighted above and it is within this context that we are intending to transform how Urgent and Emergency Care is delivered in Wirral, based on what we have heard from local people. This proposal is about improving care for Wirral residents, making it easier for people to access a consistent offer, providing safe and effective urgent and emergency services when they need them that are appropriate to their clinical need.

Across Wirral a number of urgent and emergency services are commissioned for local people, including:

- Category 1 (major) A&E department in Arrowe Park Hospital (Wirral University Teaching Hospital Trust)
- 3 Walk-in Centres (WICs) at Victoria Central Hospital, Arrowe Park Hospital and the Eastham Clinic
- 3 Minor Injuries Units - Moreton Health Clinic, Miriam Medical Centre and Oates & Partners Group Practice (Parkfield Medical Centre).
- NHS 111 acts as the triage for the GP out of hours service in Wirral.
- Ambulance services

This document sets out the case for change and includes information that we feel is relevant for people to consider. It describes NHS Wirral CCG's position with regard to the national requirement to ensure the standardisation of Urgent Treatment Centres (UTCs) across the country as part of an integrated urgent care offer, aligning NHS 111, out of hours and GP access with face to face urgent care. It also demonstrates how implementation will be aligned with plans for improving local primary care services. Primary Care is healthcare provided in the community for people making an initial approach to the care system. It is the first point of contact for people who need to access clinical advice, guidance or treatment. Chapter 9 describes a draft model of care and three options in which this model could be delivered, based on the insight described in this document and the NHS England guidance as referenced above. We are being supported by NHS England to develop an urgent care system that is genuinely integrated and one that that will guide the patient to the correct level of care and treatment.

Quality and Equality Impact assessments (QIA/EIAs) have been undertaken for each of the options described in Chapter 9, they have been developed with quality, equality and clinical leads within the CCG. This paper describes the benefits and considerations of each option and

highlights the key issues identified when conducting the quality and equality impact assessments.

This review is being conducted in partnership with the Public Health and Health and Social Care departments at Wirral Council.

2. Understanding Urgent and Emergency Care Services

In this section we describe what Urgent and Emergency Care Services are and how they are provided in Wirral. In England, Urgent and Emergency Care (UEC) is delivered by:

- Accident & Emergency departments (A&E),
- General Practitioners (GPs),
- GP Out of Hours services (GPOOH),
- Minor Injuries Units (MIUs), and Walk-In Centres (WICs)
- There is also the NHS 111 service which provides telephone advice, signposting and triage for patients. In 2018, NHS 111 will become an online service, allowing people to enter specific symptoms and receive tailored advice on clinical management.

The term Urgent Care is used to describe the care you require when it is not an emergency but you still need medical attention on the same day. Emergency Care is when you need immediate medical attention for an accident or injury that cannot wait. This is a situation where you would only attend A&E.

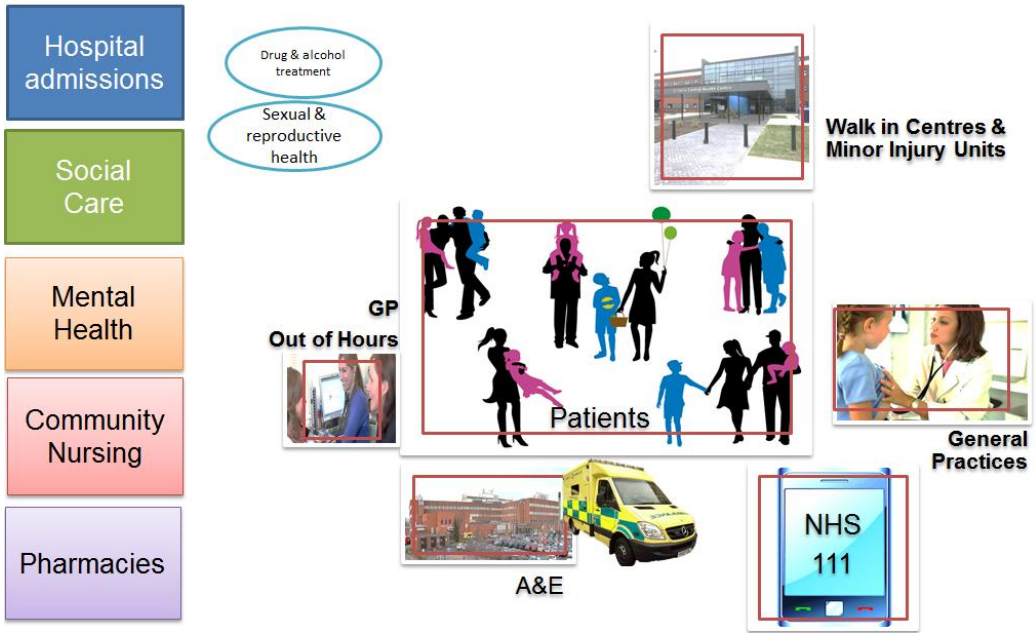
NHS England has announced Urgent and Emergency Care (UEC) as one of the NHS' main priorities for service improvement, with focus on improving national A&E performance whilst making access to services clearer for patients. [1] One element of the UEC improvement is the roll-out of standardised new 'Urgent Treatment Centres' in England. These will be open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics and be integrated with local urgent care services.[2] Therefore, this review is influenced by how the standards for these new Urgent Treatment Centres will be applied in Wirral given the defined specification detailed above.

Wirral currently has

- Category 1 (major) A&E department in Arrowe Park Hospital (Wirral University Teaching Hospital Trust)
- Three WICs at Victoria Central Hospital, Arrowe Park Hospital and the Eastham Clinic
- Minor Injuries Units at the Moreton Health Clinic, Miriam Medical Centre and Oates & Partners Group Practice (Parkfield Medical Centre).
- NHS 111 acts as the triage for the GP out of hours service in Wirral

[1] https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/urgent-and-emergency-care/
[2] NHS England: Urgent Treatment Centres – Principles and Standards

Figure 1: The Urgent Care System



3. Summary

In this section we give a summary of the evidence base that we believe is the driver for the need to change how we delivery urgent care services and outline our proposals.

3.1 Evidence base

This section summarises what we know about urgent and emergency care services in Wirral and the NHS in England. Further detail is given later in the report. We recognise that there are some gaps in our knowledge and these will be explored further during the engagement activity as part of this review, these gaps are summarised in Chapter 4 of this document.

- Evidence (local and national; cited further on in this case for change) does point to some confusion amongst the public about the range of urgent care services available (other than A&E). It may be that people's lack of knowledge about other options (versus the ease and familiarity of accessing A&E), combined with the fear and stress of being ill results in people resorting to the 'default' of A&E - a choice which they perceive to be the easiest, safest and most reassuring option.
- There is evidence (cited further on in this case for change) that Walk-In Centres and other urgent care interventions may increase rather than reduce total demand on the system and some areas are closing their WICs (e.g. Bury).
- Deprivation is a significant factor in driving A&E attendances. Data suggests that people from the most deprived areas are more than twice as likely to have emergency admissions for conditions which could have been managed in outpatient clinics/services.
- Mental health issues are also a factor in A&E attendances. Mental health problems account for around 5% of A&E attendances, 30% of acute inpatient bed occupancy and 30 % of acute readmissions. Well-resourced liaison mental health services provided seven days a week and

24-hour a day will help to prevent people with mental ill health reaching a crisis point and then having to be admitted.

- Performance is deteriorating in many areas across operational, financial and clinical measures.
- There is ongoing and consistent failure to achieve the A&E standard (95% of patients being seen and admitted or discharged within 4 hours. For A&E performance see pg 78)
- There are delayed ambulance response times and handovers at Arrowe Park Hospital
- The rates of A&E attendances have risen in both England and Wirral over the last 7 years. The steepest rate of increase in attendances in Wirral is seen amongst the older age groups, in particular the 90+ age group who are likely to have a large number of co-morbidities.
- The number of A&E attendances in Wirral averaged of 85,000 per annum (average of last 3 years 2014/15, 2015/16 and 2016/17)
- In 2016/17, almost 50% of A&E patients presented at Arrowe Park with minor symptoms such as skin rash, cough, back pain and abdominal pain
- Sundays and Mondays are the peak days of the week for A&E attendances in Wirral
- Attendances at A & E departments peak between 10am and 2pm and between 5pm and 8pm. The first peak is when GP services are open although the second peak is when most GP practices are likely to be closed.
- The age groups in which the number of A&E attendances peak is the 0-4 yrs., 20-24 yrs. and the 80+yrs age bands.
- Attendance rates peak very sharply in the very oldest age group, i.e. 90+ years (due to fewer older people surviving to this age, but they account for a relatively high number of attendances)
- Attendance rates in the 90+ age group are more than double those of the 0-4 yrs.
- Older people have longest A&E waits. Only around one in 10 patients in their 20s wait for more than 4 hours, whereas more than 4 in 10 of patients aged over 90 wait longer than 4 hours (likely to be due to the complexity of their pre-existing medical conditions).
- A&E attendances presenting with a Mental Health problem have increased in Wirral in 2016/17, compared to 2015/16
- In 2016/17, A&E attendances recorded as Self Harm/Suicide increased by 45%, compared to 2015/16
- A&E Liaison Psychiatry referrals peaks in the months between April to July
- In the period 2014/15 to 2016/17 over half (55%) of total emergency admissions to WUTH were via the A&E department
- Over half (57%) of emergency admissions via A&E in WUTH are admitted and discharged between 0-2 days
- VCH is the most commonly used WIC in Wirral, followed by the WIC located at Arrowe Park Hospital and then the Eastham Clinic. WICs appear popular amongst younger people and families, but usage is low in the older population, who appear at A&E and GPOOH in much greater numbers. It is difficult to understand the reasons why this is the case due to the lack of detail available within the data sets.
- Trend data shows a fluctuation in WIC attendances in Wirral, with a rise in 2015/16, followed by a drop in 2016/17. Longer term data is required if more definitive trends are to be determined
- The current rate of Walk-In Centres per head of the Wirral population (based on 3 sites), is 9 per million residents. This is higher than the national average of 5.4 per million people

- Miriam was the busiest Minor Injuries Unit in Wirral in 2016/17 (17,513 attendances)
- We do not have good quality data on diagnosis for people using urgent care in Wirral. The data is focussed mainly around what kind of treatment individuals received, so whether they had diagnostic tests, wound care, etc. For Walk in Centres and Minor Injury Units, a high proportion of patients had infections or wound care needs which could potentially be dealt with in primary care.
- NHS 111 calls triaged and ambulance despatches peak in the month of December (for further detail, refer to pg 60 & 61 of this case for change)
- There appears to be a relationship between the introduction of the NHS 111 service (October 2015) and the reduction in referrals to GP out of hours services year on year
- Much of the evidence around primary care GP services and their impact on A&E attendances are conflicting. On the one hand, some evidence indicates difficulty accessing primary care increases A&E usage (e.g. evidence from the Prime Ministers Challenge Fund pilots that increasing access to primary care can reduce A&E attendances), but other evidence appears to contradict this theory.
- For instance, A&E usage is highest (in Wirral) when most general practices are open, many people will attend A&E despite being offered a same day appointment with their GP, a large proportion of people are actually sent to A&E by primary care, for example NHS 111 out of hours triage service, and local data shows no relationship between satisfaction with general practice opening hours or ability to get a same day appointment and A&E attendances by general practice patients.
- There is a very clear relationship between deprivation at general practice level and the rate of A&E attendances (higher deprivation = higher rate of A&E attendances) for detail please refer to pages 20 and 26, 62 & 63 of this case for change).
- In 2016/17, 79% of calls assessed by the NWAS Respond and Refer service were for residents aged over 65 years, more than half of the calls related to a fall

Key points within Evidence base summary

- Evidence (both local and national) points to confusion amongst the public about the range of urgent care services available (other than Accident and Emergency (A&E)).
- Deprivation is a significant factor in driving A&E attendances. Data suggests that people from the most deprived areas are more than twice as likely to have emergency admissions for conditions which could have been managed in outpatient clinics/services.
- In 2016/17, almost 50% of A&E patients presented at Arrowe Park with a minor case such as skin rash, cough, back pain and abdominal pain
- Over half (57%) of emergency admissions via A&E in WUTH are admitted and discharged between 0-2 days
- The age groups in which the number of A&E attendances peak is the 0-4 yrs, 20-24 yrs and the 80+yrs age bands. Attendance rates in the 90+ age group are more than double those of the 0-4 yrs.
- For Walk in Centres and Minor Injury Units, a high proportion of patients had infections or wound care needs which could potentially be dealt with in primary care.

3.2 Proposal

A new national model of care for urgent and emergency services will be implemented across Wirral by December 2019, as mandated by NHS England. This primarily involves the

introduction of Urgent Treatment Centres across England, integrated with Accident and Emergency Departments, Integrated Urgent Care Clinical Assessment Service (IUC CAS) and the roll out of additional GP appointment provision in Primary Care.

In summary, the proposed model includes certain aspects which are mandated as 'Got to haves' and other elements of urgent care provision in the community that are for local determination. It has been developed with involvement from local clinicians and with input from members of the public. The public consultation aims to inform the public about the mandated elements along with asking for their views on the options we have proposed for the community offer.

Our local clinicians believe there is a more effective way to provide urgent care services, which is better for patients. The proposed model of care includes the following mandated provision;

- The existing A&E department and an Urgent Treatment Centre (UTC) based at Arrowe Park, with the UTC as the single front door for all urgent but non-life-threatening illnesses or conditions. An Urgent Treatment Centre has an enhanced model of care provision when compared with any of the existing Walk in Centres and therefore will require additional resources to introduce.
- This will be supported by an Integrated Urgent Care Clinical Assessment Service, to ensure that people who need urgent treatment or advice are directed to the right service. The service will integrate NHS 111 and GP out of hours services. This will provide a complete episode of care concluding with either: signposting, advice, self-care support, a prescription, or an appointment for further assessment or treatment.
- This will be further enhanced through a new primary care core offer and extended access provision, which will be in addition to existing local GP services, as follows:
  - This is likely to be provided in a cluster/hub basis across nine localities within Wirral and means that patients will be able to make an appointment to see a GP in the evenings and at weekends, but this may be at a site other than their own general practice.
  - Local services will be delivered across Wirral and will also offer a variety of other services accessible in the community, closer to your home, such as a children's urgent care service offering walk-in facilities as well as bookable appointments and a dressing and wound care service offering bookable appointments.
  - The primary care offer will include same day appointments booked via NHS 111 for urgent need and will manage urgent home visits at a time of day appropriate for patients to help to avoid unnecessary admissions to hospital and improve patient experience.

The implementation of a revised model of care will result in changes to existing service delivery, potentially re-locating services and staff and changing the focus of the community offer to a more comprehensive, consistent offer. All possible considerations and impact, positive and negative for the public and stakeholders are considered in this paper. The overriding factor is that a new model of care will improve the patient experience; the local population told us that people do not clearly understand the choices available to them and how to access or use them, and therefore the aim of a new model is to offer consistent, standardised care for patients. It will also ensure that patients are seen in the most appropriate place for their need.

Our clinical leads believe the revised model has the potential to enhance patient safety and improve patient outcomes through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care.

4. Gaps in Knowledge

- **GP appointments:** We do not know Wirral's current capacity in terms of GP appointments, attendances, or how things may have changed over time (e.g. whether there are more or less GP appointments available in Wirral now, compared to 5 or 10 years ago)
- **GP appointments:** We do not know the reasons people have booked a GP appointment - and particularly pertinently to this report - how many appointments are for urgent issues or long-term conditions. Ethics approval needs to be sought via Local Medical Council to access this information (if available) in line with Information Governance rules and Data Protection Act.
- **Ambulance Service:** We do not have the reasons for conveyances to A&E. This is currently being explored with the North West Regional Ambulance Service analytics team.
- **Reasons for A&E attendance:** Many A&E attendances in Wirral are not comprehensively coded unless they are subsequently admitted when a diagnosis code is then usually available. It would be extremely useful to analyse information about those patients who were not admitted for differences and trends.

5. Evidence Base

In this section we present the evidence base that is the driver for the need to change how we provide urgent care services. We cover the national policy context; national insight on urgent care; national evidence on A&E use; Wirral specific A&E insight;

5.1 National Policy Context

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments, and the rest are A&E or minor injuries-type visits.[3] Some estimates suggest that between 1.5 and 3 million people who come to A&E each year could have been seen in other parts of the urgent care system, but attend A&E because they think it is their best or only option.

The rising pressure on A&E departments prompted a review of urgent and emergency care (UEC) which was carried out in 2015 by Sir Bruce Keogh, the medical director for NHS England. This review suggested that each area should establish urgent and emergency care networks (UECNs) if they do not already exist, and produced a report, 'Safer, Faster, Better: good practice in delivering urgent and emergency care.[4] There is a route map with timescales for changes to be made.[5] The review outlined a vision of people in need of urgent care having highly responsive services close to home; alongside more specialist services in fewer centres for those with more serious or life-threatening emergency care needs. A further recommendation was that general practices cluster together to support populations of around 30-50,000 patients in order to jointly deliver a range of primary care services such as Dressings, Vaccinations, Diagnostics and other services such as Minor Illness and Injury support.

The review proposed five key changes to meet this vision;

1. Providing better support for people and their families to self-care or care for dependants
2. Helping people who need urgent care to get the right advice in the right place, first time
3. Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments
4. Ensuring that adults and children with more serious or life-threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery
5. Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts

The review outlined some top-level, evidence based principles;

- Preventing crowding in emergency departments improves patient outcomes and experience and reduces inpatient length of stay
- Getting patients into the right ward first time reduces mortality, harm and length of stay

[3] NHS England: Urgent and emergency care
[4] http://www.nhs.uk/NHSEngland/keogh-review/Documents/safer-faster-better.pdf
[5] http://www.nhs.uk/NHSEngland/keogh-review/Documents/1600505%20UEC%20Routemap%20updated%20FV.pdf

- Patients on the urgent and emergency care pathway should be seen by a senior clinical decision maker[3] as soon as possible, whether this is in primary or secondary care. This improves outcomes and reduces length of stay, hospitalisation rates and cost
- Daily senior review of every patient, in every bed, every day, reduces length of stay and costs of care
- Frail and vulnerable patients, including those with disabilities and mental health problems of all ages, should be managed holistically (to cover medical, psychological, social and functional domains) and their care transferred back into the community as soon as they are medically fit, to avoid deterioration in the ability to self-care. Ambulatory emergency care is a streamlined way of managing patients who present to hospital who would traditionally be admitted:

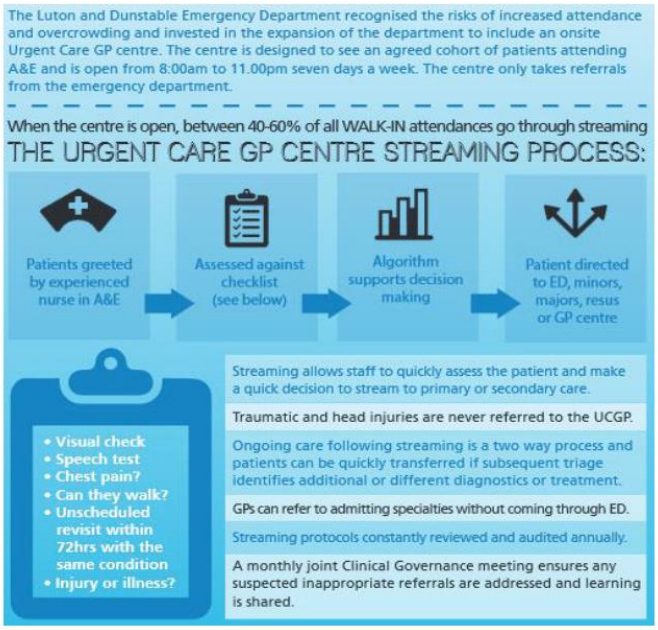
  "Ambulatory care is clinical care which may include diagnosis, observation, treatment and rehabilitation, not provided within the traditional hospital bed base or within the traditional outpatient services and that can be provided across the primary/secondary care interface."

Royal College of Physicians (RCP) Acute Medical Task Force, and endorsed by the College of Emergency Medicine, 2012.

- This approach is clinically safe, reduces unnecessary overnight hospital stays and hospital inpatient bed days
- Acute assessment units enhance patient safety, improve outcomes and reduce length of stay
- Mental health problems account for around five per cent of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions. Mortality and morbidity ratios amongst people with mental illness are much higher than amongst the general population.[6] Well-resourced liaison mental health services provided seven days a week and 24-hour a day are cost effective and an essential part of any urgent and emergency care system.
- Continuity of care is a fundamental principle of safe and effective practice within, and between, all settings. The sharing of and access to key patient information is essential to this
- Getting patients to definitive, specialist hospital care can be more important to outcomes than getting them to the nearest hospital for certain conditions, such as stroke or major trauma.
- Properly resourced intermediate care, linked to general practice and hospital consultants, can prevent admissions, reduce length of stay and enable home based care and assessment, including supporting 'discharge to assess' models
- In March 2017 NHS England mandated the front door clinical streaming in every A&E department.[7] This is based on the Luton & Dunstable model. See Figure 3.

[6] http://www.bjmp.org/content/physical-morbidity-and-mortality-people-mental-illness
[7] http://www.gponline.com/every-a-e-will-gps-front-door-christmas-says-simon-stevens/article/1426992

Figure 2: Luton & Dunstable model of urgent care front door clinical streaming



The below should be considered when doing a baseline/gap analysis to support implementation of a streaming service:

Minimum service requirements

- Service operational from 8am to 11pm (365 days per year)
- ED streaming – 1x band 7 nurse
- GP clinic
- 2 GPs available (for quiet periods this can be 1 GP, and flexed up if required)
- 1 clinical nurse
- 1 HCS

Space requirements

- 2 consulting rooms
- A clinic room (which can also be used as a 3rd consulting room)
- Small waiting area
- No diagnostics

Another development which will impact on future A&E usage is the General Practice Forward View (GPFV)[8]. Clinical Commissioning Groups (CCGs) in England were asked by NHS England to pull together plans by December 2017 to detail how they will translate the aims and key local elements of the GPFV into more detailed local operational plans[9], including as a minimum:

- How access to general practice will be improved
- How funds for practice transformational support will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed
- How requirements to ensure improvements in both 'in hours' and 'out of hours' access to Primary Care as part of a broader Integrated Urgent Care (IUC) offer.

The 'Next Steps on the NHS five year forward view' (March 2017) [10]sets out the mandate to standardise existing Walk in Centres (WiC) and Minor Injuries units (MIU) through the implementation of Urgent Treatment Centres (UTCs), open 12 hours a day, seven days a week and integrated with local urgent care services.

Urgent Treatment Centres need to comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017 The guidance details key components of what an urgent treatment centre must include such as:

- GP led service with other multidisciplinary clinical workforce as locally determined (including prescribing ability)
- Planned and Unplanned (walk in) appointments
- Opening hours - for at least 12 hours a day seven days a week 365 days a year

[8] General Practice Forward View (April 2016) https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
[9] BMA General Practice Forward View information: https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/focus-on-general-practice-forward-view
[10] Next Steps on the NHS five year forward view (March 2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

- Direct booking from NHS 111 and other services, with access to a Directory of Services (DoS)
- Access to simple diagnostics such as swabs, pregnancy tests, urine dipstick and culture, near patient blood testing and electrocardiograms (ECG)
- Access to x-ray facilities, with clear access protocols if not available on site
- Access to ED consultant

Urgent Treatment Centres will deliver a clearer service offer for patients, with directly booked appointments via NHS 111, general practice and ambulance services, in addition to being able to walk-in. Urgent treatment centres will also be required to operate as part of a networked model of care, with referral pathways into emergency departments and specialist services as needed.

All UTC services will be considered Type 3 / 4 A&E and will contribute to a 95% emergency access target locally. It is expected that the standardisation of UTCs will also offer:

a) An improvement in patient and staff experience of a consistent urgent and emergency care service with:
- Reduction in minor attendances at A&E
- Reduction in long waits for treatment (improved performance against 95% target)
- Improvement in patient and staff experience of urgent and emergency care
- Opportunity for co-location and collaboration between services – UTC, Clinical Assessment Services, GP OOH, GP access hubs - and offers patient convenience and professional variety experience, and the opportunity for signposting patients to the appropriate service on initial presentation.
- Offers alternative to conveyance to accident and emergency departments for ambulance services

b) Enhanced clinical quality by offering:
- Access on site or via explicit referral pathways to diagnostics including x-ray
- Electronic access to patient records, diagnostic information and prescribing
- Access to specialised advice through a) clinical assessment service and b) networked approach to UEC
- Increase in patient safety and satisfaction

c) An improvement in the way people access urgent and emergency care with:
- A clear access route – directly booked appointments through NHS 111, general practice, ambulance services and walk-in
- Care delivered in a more convenient setting / closer to home

d) Financial savings by:
- Contributing to modelled savings as part of networked model of care. Once the model is implemented it is likely that connected services such as streaming, GP OOH, extended access to primary care and a reduction in assessment ward usage will be impacted and lead to an efficiency across the system.

The guidance describes an opportunity for commissioning a genuine integrated urgent care service, aligning NHS 111, Urgent Treatment Centres, GP Out of Hours and routine and urgent GP appointments with face to face urgent care.

Urgent Treatment Centres that are co-located with primary care facilities, including GP extended hours/ GP Access Hubs or Integrated Urgent Care Clinical Assessment Services are seen as key to the above with even greater benefits available if they are also located alongside the hospital A&E department and other urgent care services, such as mental health crisis support, community pharmacy, dental, social care and the voluntary sector. A central site that enables access to multiple services will ensure that people quickly get to the service that best serves their need.

The guidance also explains that the Urgent Treatment Centre could be commissioned as an integral part of a service delivery model which contributes towards the GP access commitment which is set in the NHS England Planning Guidance (2018). This requires CCGs to provide extended access to GP services, including at evenings and weekends, including pre-bookable and same day appointments. This can be provided through a hub and spoke model so CCGs could plan a hybrid model where some of the routine access appointments could be delivered in Urgent Treatment Centres to maximise resources and estates.

Following this an Integrated Urgent Care Service Specification (August 2017)[11] was published which describes the requirement for CCGs to ensure delivery of an IUC offer which includes a 24/7 clinical advice service (CAS) fully integrated with NHS 111 and direct booking to both in hours and out of hours primary care appointments by March 2019.

Summary of National Evidence and Policy Context

- The 2015 Keogh review outlined a vision where people in need of urgent care have highly responsive services close to home; alongside more specialist services in fewer centres for those with more serious or life-threatening emergency care needs
- Since September 2017, hospitals are mandated by NHS England to have primary care streaming in A&Es
- The NHS are also implementing a national programme of new 'Urgent Treatment Centres' in England which will open 12 hours a day, seven days a week, integrated with local urgent care services
- A recommendation was that general practices cluster together to support populations of around 30-50,000 patients` in order to jointly deliver a range of primary care Services such as Dressings, Vaccinations, Diagnostics and other services such as Minor Illness and Injury support[12]
- CCGs must (by December 2017) show how they will support the training of care navigators, medical assistants and promote online consultations in primary care
- A new national model of care for urgent and emergency services will be implemented by December 2019, as mandated by NHS England. This primarily involves the introduction of Urgent Treatment Centres across England, along with current Accident and Emergency Departments, Integrated Urgent Care Clinical Assessment Service (IUC CAS).
- Urgent Treatment Centres need to comply with the 27 standards set out by NHS England and will deliver a clearer service offer for patients, with directly booked appointments via NHS 111, general practice and ambulance services, in addition to being able to walk-in.
- Commissioners should align thinking for Urgent Treatment Centres with the core requirements for Extended Access, as well as opportunities with the clinical assessment

[11] Integrated Urgent Care Service Specification (August 2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
[12] Next Steps on the NHS Five Year Forward View. NHS England, March 2017: https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

service that supports NHS 111. There are many opportunities to integrate wider primary care with urgent care, to rationalise the service offer, reduce duplication and flex the workforce to provide urgent and primary care services which meet the needs of the local population

5.2 National Insight on Urgent Care

Behavioural insight is about using evidence from behavioural science to understand human behaviour, make public services more cost effective and enable citizens to make better choices. Behavioural economics is the study of cognitive, social and emotional influences on people's observable economic behaviour. It moves beyond the traditional idea of individuals behaving like rational consumers.[13]

Behavioural insights and behavioural economics are interested in how people make different decisions depending on how choices are presented to them, or the *choice architecture*. In supermarkets for instance, branded products which are more expensive are often placed at eye level because people are more likely to buy them. Behavioural science or 'nudge' theory has been used to attempt to make 'better' choices the default choices, for instance by compelling people opt out of occupational pensions instead of opting in, or in Wales asking people to opt out of organ donation. People are prone to *inertia*, where they stick with the default because deviating involves effort and do not want to be seen to disagree with the norm.[14] 'Nudging people' means positive reinforcement and indirect suggestions to try to achieve non-forced compliance; it is a form of 'liberal paternalism'.

Urgent care is a good example of where behavioural insights can be useful, as people have a range of options, so will choose the option that they believe is easiest to access, quickest, that will give them the best outcome. People who are using urgent care may often be afraid and ill which drives their decision making, as people may be more likely to use options they have used before or that are familiar to them, like A&E, in these circumstances.

A rapid evidence review was carried out for London's A&E Behavioural Insight Project into the use of urgent and emergency services which aimed to change the behaviour of the public to attend primary care instead of A&E. It may be that insights from London are less applicable to areas like Wirral as London has a high proportion of the population who were born in other countries which is one driver of A&E use.[15] This review identified some case studies where there had been a quantifiable reduction in A&E use. There was a large-scale programme through the Prime Minister's Challenge Fund that produced some reductions in A&E use. These schemes were around the country in areas including Warrington, Birmingham and Wakefield and were concerned with increasing access to GPs, through hub and spoke services, and increasing access to telephone appointments. Some of the services were targeted around reducing health inequalities. Up to May 2015 there was a reduction of 29,000 minor self-presenting A&E attendances which represents a 15% reduction. Nationally, there was a 7% reduction in these minor A&E attendances, so this reduction was 8% faster.

In behavioural insight work carried out in London, one A&E consultant said;[16]

[13] http://www.behavioraleconomics.com/BEGuide2015.pdf
[14] Voyer, Benjamin G. (2015) *'Nudging' behaviours in healthcare: insights from behavioural economics.* British Journal of Healthcare Management, 21 (3). pp. 130-135. ISSN 1358-0574
[15] https://www.myhealth.london.nhs.uk/sites/default/files/Rapid%20review%20-%20Behavioural%20insights.pdf
[16] https://www.myhealth.london.nhs.uk/system/files/Nov%202015%20Event%20-%203%20The%20Patient%20Perspective_0.pdf
https://www.myhealth.london.nhs.uk/sites/default/files/Rapid%20review%20-%20Behavioural%20insights.pdf

'A&E is a trusted brand. Open 24/7 with instant access to blood tests and radiology and a doctor with specialty support. Why would people go elsewhere when there are no other one stop shops like A&E?'

This work suggested that for patients who were worried and unwell, going to A&E was a logical decision for them. Many had tried to get GP appointments first, but were unable to. The sum total of logical decisions at an individual level however, can create problems at a population level. The research suggested that to change behaviour, 'an exchange' needs to be provided for the current behaviour. The UK Government's Behavioural Insights Team (BIT) use the acronym EAST; that if we want to encourage a behaviour, make it Easy, Attractive, Social and Timely.[17] The BIT ran an experiment where they sent a letter to people who had an unnecessary attendance at A&E recently, giving them alternative options for care, but found that the letter made no difference to subsequent rates of using A&E unnecessarily. The BIT is currently running a study based on Boston University's Re-engineering Discharge (RED) project which aims to reduce unnecessary re-presentations to hospital for children with fever. In the US pilot, this intervention reduced readmissions from 19% to 10%.[18] There is evidence from the same programme that adults with a self-care plan following hospital discharge reduced readmissions by 30%.[19]

In Kent[20] and North Wales[21] piloting of a smartphone app showing real time waiting times for different services to motivate people to choose different options to A&E have been implemented (awaiting results). In Bury, there has been a decrease year on year in Walk-In Centre activity, resulting in proposals to close Walk-In Centres, replacing them with specific wound care clinics and greater availability of GPs.[22]

Summary of National Urgent Care Insight

- There are several different options for urgent care, which are not easily understood or navigated by patients
- People will choose the option that they *believe to be* the easiest, quickest option that will give them a good outcome
- When people are ill and scared, they tend to use 'default' services that feel familiar and 'safe' to them
- What seem like logical decisions at an individual level however, can create problems at a population level. A&E is the 'easiest' service for the public to access, but the most costly for the NHS to provide
- Prime Minister's Challenge Fund pilots produced reductions in A&E use of around 15%. These schemes were involved increasing access to GPs, often via greater access to telephone appointments, with some services targeted at reducing health inequalities

[17] http://catalyst.nejm.org/applying-behavioral-insights-improve-health-care/
[18] https://www.ncbi.nlm.nih.gov/pubmed/23608528
[19] Jack, B. W., Chetty, V. K., Anthony, D., Greenwald, J. L., Sanchez, G. M., Johnson, A. E., … & Culpepper, L. (2009). A reengineered hospital discharge program to decrease rehospitalisation: A randomized trial.
[20] https://www.kentcht.nhs.uk/2016/12/19/new-app-aims-cut-waiting-times-ae/
[21] http://www.deeside.com/live-ae-wait-time-smartphone-app-launched-north-wales/
[22] http://www.buryccg.nhs.uk/Library/Board_Papers/CCG/2017/18_jan_17/03a_-_Appendix_1.pdf

5.3 National Evidence on Accident & Emergency usage

Nationally, there has been a 26% increase in A&E attendances over the last ten years and new forms of urgent care services, such as Walk-In Centres and urgent care centres have failed to reduce A&E attendances.[23] Many people still find it more convenient to use A&E or use it because they are not registered with a GP. People may use A&E or other urgent care when they are away from home, for instance, working away, at university or on holiday. A&E departments have targets of four hours to either, treat patients and discharge them, or to admit patients to hospital.

In a Healthwatch England survey in 2014, over 20% of people admitted to going to an A&E department with a condition that they knew was not urgent.[24] In a report by the Patients Association / RCEM in May 2015, almost a quarter (23%) of patients attending A&E had already contacted their GP surgery to request an appointment and 45% had been offered an appointment on the same day.

The people who wait longest in A&E are typically older people with complex needs.[25] The main causes of A&E crowding include surges in demand and lack of access to beds in the hospital system due to poor patient flow and high hospital occupancy rates. Where there is a lack of hospital beds, patients may have 'trolley waits'.

Approaches to managing demand in A&E include matching surges in demand (e.g. on a Monday) with appropriate staffing levels, trying to change patient behaviour and/or diverting people to other services and trying to free up beds elsewhere in the hospital. Nationally, A&E attendance rates peak in the summer, but rates of admission through A&E peak in the winter. Many hospitals make a net financial loss on their A&E departments.[26] Hospitals struggle to attract senior medical staff to work in A&E and A&E is not an attractive career choice for many doctors.[27]

It has been suggested that demand for urgent care is partly related to the resilience and availability of community-based services, so if people can access their GP or community nursing then they may be less likely to use A&E. A&E use is also driven by deprivation, with national data suggesting that people from the most deprived areas are more than twice as likely to have emergency admissions for ambulatory care sensitive conditions (conditions where people could have been seen as an outpatient).[28]

If, as research suggests, a proportion of urgent care use is related to mental health crisis, then ease of access to specialist mental health services will inevitably impact on use of urgent care. The 'Crisis Care Concordat' is focussed on improving access for people in mental health crisis, reducing ambulance conveyances and reducing the number of people being detained under Section 136 of the Mental Health Act. Some urgent care use may be down to drug and alcohol problems so having accessible drug and alcohol treatment may reduce demand. Urgent care use may also be related to whether people are confident using, and able to access pharmacy

[23] https://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/urgent-care
[24] http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/final_report_healthwatch_special_inquiry_2015_1.pdf
[25] https://www.kingsfund.org.uk/sites/files/kf/media/alternative-guide-urgent-and-emergency-care-system-apr2014.pdf
[26] https://portal.rcem.ac.uk/LIVE/docs/Policy/RCEM_Essential%20Facts%20for%20England.pdf
[27] https://www.kingsfund.org.uk/sites/files/kf/media/alternative-guide-urgent-and-emergency-care-system-apr2014.pdf
[28] http://www.health.org.uk/publication/qualitywatch-focus-preventable-admissions

services, whether people who need them can access sexual and reproductive health services and whether people can access social care services.

A series of systematic reviews[29] of interventions to reduce unplanned hospital admissions from 2012 found that specialist clinics for heart failure patients (but not asthma or older people) reduced hospital admissions. Evidence was limited for the impact of providing home visits to infants, older people and heart disease patients. Providing patient education in adults with asthma (but not children with asthma) and COPD appeared to reduce unplanned admissions. Exercise-based cardiac rehabilitation for coronary heart disease was effective in reducing unplanned admissions in shorter term studies, while therapy-based rehabilitation targeted towards stroke patients living at home, and falls prevention programmes did not reduce unplanned admissions. Telemedicine reduced unplanned admissions in individuals with heart disease, diabetes, and hypertension and in older people.

An evidence review carried out by Sheffield University in 2014[30] found that attempts to make access easier via services such as Walk-In Centres, NHS Direct and NHS 111 increased expectations and consequently, increased demand. This review suggested that the following elements also need to be understood and considered in relation to their impact on the whole system: access and navigation, direct access to services, media campaigns, workforce and capacity, ambulance services and primary care.

Summary of National Evidence on A&E usage

- Nationally, there has been a 26% in A&E usage in the last 8 years in England (the corresponding increase in Wirral was 4% over the same period)
- A national survey in 2014 found that 20% of patients had attended A&E with a condition that they knew was not urgent, and 23% had previously tried to contact their GP and 45% had been offered a GP appointment on the same day
- Deprivation is a significant factor in driving A&E attendances. Data suggests that people from the most deprived areas are more than twice as likely to have emergency admissions for conditions which could have been managed in outpatient clinics/services
- Mental health issues are also a factor in A&E attendances. Mental health problems account for around 5% of A&E attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions. Well-resourced liaison mental health services provided seven days a week and 24-hour a day are cost effective
- Other interlinked drivers of A&E usage are; older age; long term conditions (mainly related to older age); being unregistered with a GP; young adults starting to navigate the healthcare system independently; drug and alcohol issues and levels of knowledge about other options and/or the perceived complexity of the system
- There is evidence that Walk-In Centres and other urgent care interventions may increase rather than reduce total demand on the system
- Acute assessment units enhance patient safety, improve outcomes and reduce length of stay

5.4 Wirral-specific Urgent Care Insight

Introduction

[29] http://www.apcrc.nhs.uk/library/research_reports/documents/9.pdf
[30] https://www.sheffield.ac.uk/polopoly_fs/1.366353!/file/Whole_System_Solutions_for_Emergency_and_Urgent_Care.pdf

There have been a number of surveys, focus groups, reviews, research and public workshops carried out in Wirral between 2009 and 2016 on the topic of urgent care. This document summarises the insights gained from these events and surveys, from which there were many common themes. A summary of all the insight, with a focus on the recurring themes is presented in the box below.

Summary of insight of use Urgent Care Services in Wirral

- Around one in three of all visits (in those aged 0-16) to any urgent care venue in Wirral are for an infant aged 2 or under
- Parents of children said they would be more likely to use WICs in the future if they knew what services were available (e.g. paediatric skills, required medication was available, nurse or doctor led services, X-ray etc…) and were clear on practicalities such as opening times
- Improved advertising and marketing of what services are available in which settings is seen as key by both parents and frontline urgent care staff, as was having advice or people they can contact to help them discuss the symptoms prior to making a decision about which service to attend
- A recurring theme across multiple Wirral surveys and reviews was patients reporting attending A&E because they could not get an urgent GP appointment. Again, this is not particular to Wirral and is also a national finding
- A large proportion of people attending with conditions which could have been seen elsewhere, reported having been referred directly from primary care. This was echoed by further local research in which Wirral A&E clinicians reported frustration at what they saw as inappropriate referrals from primary care
- Data indicates that high rates of attendance at Victoria Central Hospital WIC in children aged 0-16 appears to divert attendances from A&E, as attendances are low from those wards which surround this WIC (Seacombe, Liscard) despite these wards being fairly deprived, which usually results in high levels of A&E usage
- Walk in Centres and Minor Injury Units were valued in the communities they serve. Over 90% of respondents agreed that they would recommend the service to friends and family
- Patients wanted access to an urgent care facility that would provide an accurate diagnosis and appropriate treatment quickly (within 2 hours of attending) and would prefer extended hours (9am -9pm) or 24 hours a day; most people indicated a preference for 7 day access.

Workshops for public and professionals on Urgent Care: 2016

In 2016, Wirral CCG conducted three Urgent Care Value Stream Analysis[31] events. The events included representatives from local NHS organisations and members of local patient groups. The events looked at the challenges faced locally, as well as information on service usage. The main insights collected from these workshops were as follows:

- People were confused about what is offered and therefore will choose to go to A&E, because they know they will be seen
- There should be a greater use of technology to enable people to make the right choice when they need to access urgent care services
- There should be more coordination in how urgent care is delivered.

[31] Value Stream Analysis is a technique used to document, analyse and improve the steps in a patient's journey and flow of information or material required to produce or improve a service

- There should be a greater emphasis on 'Self Care', meaning that people make every effort to care for themselves before using urgent care services
- Related to the above, there should be an increased focus on promoting health and wellbeing
- There should be consistent availability of urgent access to general practice
- Services should be redesigned to deal with non-urgent issues like wound dressings

Workshops for the public: January 2016

In January 2016, the Healthy Wirral partnership held a series of public workshops[32] on urgent care which asked the question, "What matters to Wirral". A large proportion of responses indicated a preference for A&E over other services (including people's own GP) for various reasons, including:

- Having access to support/treatment the same day (unlike GPs, where urgent appointments or appointments at weekends were unavailable)
- Greater trust in the service provided
- Preferring to take a cautious approach

People also expressed a desire for more joined up services and specifically mentioned concerns such as not to have to tell their story repeatedly, and for services to provide more holistic care, rather than being seen as a set of diseases.

Survey of Walk-In Centre (WIC) and A&E users: 2015

Using the questionnaire used by Wirral CCG (see below 'Survey of Wirral residents 2015), Healthwatch completed face-to-face surveys with patients at WICs and A&E; findings included:

- When asked why they had chosen to use a WIC or A&E, the most common response was that patients could not get a GP appointment, or that patients thought that the service they had chosen was the most appropriate for their condition.
- Almost 2 in 3 patients (65%) said that they would consider using an alternative service if they were aware of an appropriate service available
- The three most highly rated services that patients would recommend to family and friends were Pharmacies (98%), Walk in Centres/Minor Injuries (93.59%) and A&E (81.94%) The lowest rated service was NHS 111 at 38.89%, but it should be noted that this service had the most 'unsure' responses, due to the fact that many of the patients surveyed had not used the service or were unaware of it.

Survey of Wirral residents: 2015

In September 2015, Wirral CCG conducted a survey (as part of the Healthy Wirral programme) to ask at an early stage, the views of residents on urgent care and gauge how residents thought these services could be changed to ensure that urgent care services meet need. There were 443 respondents, key findings included:

- People were unclear about the different urgent care services offered

[32] 'What Matters to Wirral' presentation, Healthy Wirral, 07-03-2016

- People were most likely to feel knowledgeable about A&E (43%), General practice (38%) and pharmacies (36%) compared to other services such as WICs and Minor Ailments/Injuries units
- The most common reason for choosing to attend a WIC or Minor Ailments/Injuries unit was because they were unable to get a GP appointment (46.3%)
- The majority (73.6%) of respondents felt that a reasonable time to wait for an assessment at an urgent care facility was less than 1 hour
- The majority (64.4%) of respondents felt that a reasonable time to wait for treatment at an urgent care facility was less than 2 hours
- A high proportion of respondent felt that urgent care facilities should be open 24hrs a day, 7 days a week; some respondents felt that extended hours for GP appointments would be suitable.
- When asked, 'What matters most to you', in relation to urgent care facilities 'Accuracy of diagnosis' and 'Quality of treatment' were identified as most important by respondents

Surveys of Urgent Care service users: 2015

The findings from reviews carried out by Healthwatch in 2015 with Urgent Care service users[33] found that although in most cases, quality of care was good, there were some recurring themes, see below:

- Waiting times from registration of attendance to treatment was very long
- Patients were on trolleys in corridors often for a considerable time
- Frequent attendees did not receive appropriate referrals to other services which could help them
- Patients with mental health conditions were discharged and referred to services that they had been signposted to many times before, but ended up back at A&E regardless
- Patients did not know what different services (e.g. GP Out of Hours, A&E, WIC) provided, resulting in inappropriate attendances at A&E
- There should be clear, consistent communication about opening times, possibly to include generic opening times to remove confusion
- Clear communication of what each urgent care service offers patients (e.g. whether it is Nurse or Doctor led service, X-ray available)

Surveys of Minor Ailments service users: 2014

Healthwatch undertook several, 'Enter and View' quality reviews of the Minor Injuries services at Miriam and Parkfield medical centres[34] in 2014. Findings included:

- The main reason for choosing to attend the clinic was because respondents were unable to get an appointment with their GP
- If there had been a choice of additional locations, 78% of respondents would attend another minor injuries unit
- Patients were pleased with the care they received and the short waiting time, with the majority of patients rating the experience as 'good' or 'excellent'. All patients surveyed were either 'extremely likely' or 'likely' to recommend the service to family and friends

[33] Healthwatch Wirral: Urgent Care Survey results (2015)

[34] Healthwatch Wirral (2014) Miriam Minor Injuries/Illness Service Survey results

Qualitative research with patients and professionals: 2014

In 2014, in-depth qualitative research was undertaken by Wirral CCG. A total of 25 interviews were undertaken with parents and frontline staff (GPs, receptionists, Nurses, Managers) 12 of the interviews were conducted with parents of children who had visited A&E, the remaining 13 interviews were conducted with front line staff from several healthcare settings; Children's A&E Service, general practices, GP Out of Hours (GPOOH) and Walk In Centres. The key findings from the analysis where:

- General practices were identified as the most appropriate place for parents to take children for non-emergency care. However, there was a perception from both parents and frontline staff that GP access is a problem when parents want to see someone urgently.
- In the majority of cases that have led to an A&E attendance, there was a reported feeling of panic and anxiety from parents about the health of their children. Parents needed re-assurance and felt that A&E staff fulfilled this need. Re-assurance was also seen as key by frontline staff when dealing with worried parents and children
- Whilst Wirral Children's A&E was considered excellent by parents, it was indicated that improved communication around waiting times and discharge procedures could reduce stress and frustration of parents
- It was felt that WICs would be used more often if they had more paediatric skills and required medication available. There was a perception by parents that they might as well go direct to A&E, as they would ultimately have to go there anyway
- It was believed that there is a lack of awareness amongst parents about other health care alternatives available in the health community and what these services can provide
- Advertising and marketing were seen as key by both parents and frontline staff as to the services available and that social media could help facilitate this
- It is important for parents to have advice or people they can contact to help them discuss the symptoms prior to making a decision on which service to use. This can be family, friends, NHS Direct, GP or dedicated websites with advice
- There was a clear belief amongst staff and service users that education and experience combine to help parents self-manage conditions and potentially prevent A&E attendances
- There was a perception among staff that a 24 hour Children's A&E Service would improve the service and care for parents and children
- It was believed that some parents will always choose to go to A&E purely based on location because it is the most convenient place for them

Review of data on children's urgent care usage: 2013

A review of urgent care usage data among children aged 0-16-year olds in Wirral in 2013 found that;

- Children most likely to visit any urgent care venue were those aged under 2 years old. One in three of all visits (33.6%) to any urgent care venue in Wirral in 2012/13 were for a child aged 2 or under
- The peak age for children to attend any urgent care service was age 1
- Boys had a consistently higher number of attendances at A&E (at all ages 0-16)
- In the very youngest children (those aged <2), the GP OOH was more commonly used than A&E (A&E was the second most popular option for the under 2s)

- For all other ages, A&E was the urgent care service most likely to be attended
- There was a second, much shallower peak in attendances to A&E at ages 11 and 12, the age at which children become more independent and go to secondary school
- Deprivation appears to have a marked effect on attendances. High levels of deprivation equalled high rates of attendance (at A&E, GP OOH and Victoria Central Hospital WIC). Eastham WIC appeared unaffected by deprivation
- The wards with the highest rate of both attendances and admissions were the most deprived (e.g. Birkenhead and Tranmere)
- The highest rates of attendance at any venue were seen for children from Seacombe, Wallasey, Liscard and New Brighton using Victoria Central Hospital WIC. These four wards also had correspondingly low rates of usage of other urgent care services
- Proximity appears to have an effect on attendances (at both A&E and WICs), but not admissions (e.g. Upton ward has high rate of attendance, but not admissions).
- The GP OOH service did not seem to be affected by either deprivation or proximity

Focus groups and literature review: 2009

An evidence review of the literature on reasons for urgent attendances, followed by focus groups with parents who had used A&E on behalf of their children, were both carried out by NHS Wirral in 2009[35]. Findings were:

- Self-referrers to A&E were no more likely to be 'inappropriate' than those referred by primary care. A large number of non-urgent A&E cases had been referred by other health services or professionals. This was echoed by more recent research[36] in which A&E clinicians reported frustration at what they felt were inappropriate referrals from primary care (solely to reassure anxious parents)
- Estimates of 'inappropriate' A&E use vary widely. Definitions used, and different population groups affect estimates, making them virtually impossible to quantify
- There are certain population groups more likely to use A&E for non-urgent conditions (e.g. mental health patients, younger people, people living in deprivation)
- Targeting frequent attendees has the potential to reduce a significant proportion of A&E workload, investigation of underlying (medical, psychological or social) conditions may yield positive results
- Alternative services such as WICs and Minor Ailments/Injuries services will have an effect on A&E usage, but it is likely to be small and significantly less than the 55% cited in some studies. In addition, the facilities available at such sites need to be widely publicised (e.g. availability of X-ray)
- The most commonly cited reason for people (classed retrospectively as 'inappropriate') to go to A&E was belief that they need an X-ray
- Use (of A&E) promotes future use, as although waits can be considerable, because A&E was seen as providing safety, reassurance and familiarity at a time of anxiety and crisis

[35] Wirral Public Health Intelligence Team (2009) Evidence briefing on avoidable or non-urgent attendances at A&E.
[36] Experience Led Commissioning: Urgent Care findings (2014)

6. Why Change is required

The focus for all urgent and emergency care services should be on providing high quality, safe, responsive care using a whole system approach. We need to ensure that there are effective and efficient systems in place to meet the urgent care needs of patients with significant illness or injury. In this section we cover insight gained from a series of Healthy Wirral value stream analysis events; urgent and emergency care performance across Cheshire and Merseyside; and performance at a Wirral level.

6.1 Healthy Wirral

Healthy Wirral is the partnership between the organisations that deliver health and social care in Wirral with the aim of transforming the way health and wellbeing services are designed and delivered in Wirral, by putting the people at the centre of everything.

Key benefits:

- Improving health and wellbeing outcomes
- Improving patients' and service users' experience
- Providing efficient, well organised and value for money health and social care service

The value stream analysis events referenced in section 5 identified a range of factors causing an increase in the pressure/demand on services supporting the case for change, overall it was concluded that;

- Urgent care is a complex system with multiple entry points means the default is often the easiest point of access i.e. A&E or 999
- Multiple access points offering subtly different services can lead to duplication
  - patients can often access more than one service during a single episode
  - poor journey across the pathway of care for the patient and costs more
- Increasing demand, rising costs and the challenges to make efficiencies across the health and social care economy. Services need to transform to meet the needs of a changing demographic

Drivers for change:

- Offering better care, better health and better value for residents in Wirral
- Feedback from the public and patients demonstrates confusion about which services to access, when in need of urgent care
- Ongoing and consistent failure to achieve the A&E standard (95% of patients being seen and admitted or discharge within 4 hours)
- Delayed ambulance response times and handovers at Arrowe Park Hospital site
- Direction of travel as set out in the Five Year Forward View and the vision for new care models
- Emergency Care Improvement Programme (ECIP) identifies improvements required in:
  - hospital patient flow
  - assessment prior to admission

- effective assessment outside of the hospital setting at discharge

The final event concluded with all stakeholders in agreement that transformation and redesign was required to deliver a sustainable future for urgent care on Wirral, that the urgent and unplanned care system needed to be;

- **Responsive:** Quick access to the very best advice and care, delivered as close to home as possible
- **Reliable:** Right care, first time with consistent delivery across service providers
- **Efficient:** Improved quality and effectiveness whilst reducing cost

Additional outputs from the events were draft models of care that would enable the delivery of care to meet the above outcomes. These models have been fed into the development of the proposals that are described in Chapter 9.

6.2 Cheshire and Merseyside Performance

Table 1 below compares the performance of the urgent care system across Cheshire and Merseyside as at March 2016/17. The indicators identify pressures in the urgent care system, such as:

- Longer ambulance (NWAS) response times and turnaround times which are typically indicative of bottlenecks in the emergency department
- Low 4hr A&E performance suggests pressures within emergency department process; whether in seeing patients in a timely manner or delays in processes or capacity in moving patients to assessment areas and wards
- The 4-12hr wait from decision to admit (DTA) indicator may suggest how the emergency department interfaces with the hospital. A high percentage of emergency admissions waiting over 4hrs from a DTA suggest process issues and/or bed availability/capacity issues.
- Bed occupancy suggests internal and back-door pressures on urgent care. High bed occupancy can be a pressure as bed availability is reduced. It is indicative of longer length of stay (LoS)
- Delayed transfers of care highlight bottlenecks in discharge processes from hospital either due to NHS, Social Care or both.

6.3 Wirral Performance

There are national operational standards that Wirral CCG is measured against as a direct result of the Urgent and Emergency Care Review (2013) and its proposal for a radical shift in care to a 24/7 functionally integrated access, assessment, advice and treatment service.

Wirral Urgent Care Performance measures set out in Table 2 identify pressures in the urgent care system on Wirral for the financial year 2016/17, such as:

- 18.13% reduction in ambulance service response to Red Calls 1 – March 2017 (% of patients responded to for life-threatening and serious conditions within 8 minutes)

- 13.19% reduction in ambulance service response to Red Calls 2 – March 2017 (% of patients responded to for life-threatening and serious conditions within 8 minutes)
- 15.80% increase in ambulance average notify to handover time – March 2017 (<15mins)
- 5.43% reduction in walk in centre attendance – April to March 2017
- 85.10% of patients seen within 4 hours against a national target of 95% in the last 12 months
- 0.90% increase in A&E attendances in the last 12 months
- 2.05% increase in emergency admissions in the last 12 months
- 20% reduction on average for Bed occupancy of Intermediate Care/Transitional/Carer Respite Beds – March 2017

Table 1: Cheshire and Merseyside: Urgent Care Summary 2016/17 March

Pressure Indicators	Aintree	Chester	East Cheshire	Mid Cheshire	Royal Liverpool	Southport & Ormskirk	St Helens	Warrington	Wirral	Cheshire and Mersey
NWAS Avg Overall Arrival to Clear Time all Attends	34:06	34:29	28:17	24:53	33:40	34:14	34:23	33:52	37:43	33:52
4hr T1	79.84%	84.68%	82.39%	96.41%	73.56%	78.84%	80.05%	86.17%	75.64%	81.33%
4hr Overall	89.93%	85.99%	83.47%	97.21%	89.65%	88.12%	87.44%	90.74%	81.26%	88.97%
4-12hr waits from DTA % of emergency admissions	17.70%	24.79%	10.33%	0.05%	0.04%	13.60%	6.63%	15.62%	29.62%	13.11%
No of patients over 12hrs - Total	0	0	0	0	1	0	0	0	0	1
%attendances admitted T1	37.82%	25.60%	23.96%	32.24%	30.38%	29.12%	39.70%	38.20%	31.56%	32.79%
Bed Occupancy	93.35%	97.59%	82.94%	85.86%	96.13%	91.03%	91.67%	86.73%	86.04%	90.47%
Mean (avg) Length of stay (includes same day discharges)	4.67	4.28	5.18	3.88	5.07	4.51	3.73	3.53	4.17	4.23
DTOC Days total as % of Occupied bed	3.28%	6.35%	11.91%	6.67%	1.41%	1.65%	3.05%	4.74%	5.74%	5.98%

Source: North West Utilisation Management Unit

Table 2: Wirral Urgent Care Performance Measures 2016/17 March

Measure	Coverage/Area	Reporting Period	Previous Year Activity	Current Performance	Target	% Total Variance
Arrival (Ambulance and NHS 111)						
Ambulance Red 1 - Category A calls within 8 minutes	Wirral	Mar-17	61.90%	61.40%	75%	-18.13%
Ambulance Red 2 - Category A calls within 8 minutes	Wirral	Mar-17	63.20%	65.11%	75%	-13.19%
Ambulance All Reds - Category A calls within 19 minutes	Wirral	Mar-17	87.80%	92.44%	95%	-2.69%
Ambulance Handovers (Minutes)	Wirral	Mar-17	56.00	37.43	33.00	13.42%
Average Notify to Handover Time (<15 mins)	Wirral	Mar-17	30.10	17.37	15.00	15.80%
NHS 111 - Calls Triaged	Wirral	Mar-17		4,756		
NHS 111 - Ambulance Dispatches	Wirral	Mar-17		659		
GP Out of Hours and Walk-in Centres						
GP Out of Hours Attendances YTD	Wirral	Apr-Mar 17	54,241	47,847	54,241	-11.79%
ADHC WIC Attendances YTD	Wirral	Apr-Mar 17	34,426	30,829	34,426	-10.45%
Eastham WIC Attendance YTD	Wirral	Apr-Mar 17	14,005	13,075	14,005	-6.64%
VCH WIC Attendances YTD	Wirral	Apr-Mar 17	39,306	39,066	39,306	-0.61%
Total WIC Attendances	**Wirral**	**Apr-Mar 17**	**87,737**	**82,970**	**87,737**	**-5.43%**
Accident & Emergency						
A&E Attendances (Type 1)	All Providers	Apr-Mar 17	92,834	93,674	92,834	0.90%
A&E % 4 Hour Target YTD (Type 1)	WUTH	Apr-Mar 17	87.44%	85.10%	95.00%	-10.42%
A&E 12 Hour Target YTD (Type 1)	WUTH	Apr-Mar 17	6	0	0	0.00%
Emergency Admissions						
Emergency Admissions	All Providers	Apr-Mar 17	46,429	46,590	45,656	2.05%
Emergency Admissions via GP	WUTH	Apr-Mar 17	14,683	14,431	14,683	-1.72%
Emergency Admissions via A&E Type 1	WUTH	Apr-Mar 17	27,821	27,789	27,821	-0.12%
% of A&E Type 1 attendances admitted (attendance conversion)	WUTH	Apr-Mar 17	29.97%	29.67%	29.97%	-1.01%
Hospital Bed Occupancy & Discharge						
Average bed days lost due to Delayed Transfer of Care (DTOC) per 100,000 population (18+)	Wirral	Mar-17	133	*421.1	118.9	
% of care packages able to commence within 24 hours of initial contact	Wirral	Mar-17	56.00%	64.90%	95.00%	-31.68%
Admissions to residential and nursing care homes per 100,000 population (65+)	Wirral	Mar-17	40	911.3	661.1	37.85%
Average length of stay in weeks (Intermediate Care)	Wirral	Mar-17		4.40	5.00	-12.00%
% Bed Occupancy of Intermediate Care/Transitional Beds	Wirral	Mar-17	82.24%	75.90%	95.00%	-20.11%
% Bed Occupancy of Carer Respite Beds	Wirral	Mar-17		74.80%	95.00%	-21.26%

Source: Wirral Urgent Care Dashboard

***Variance not applied as calculation changed part year in 2016/17 therefore is not comparable year on year

Wirral performance is consistent with the regional picture in that Wirral consistently underperforms across the emergency front-door system and process key performance measures. This suggests that there is pressure on the ambulance service and the emergency department with delays in handing patients over to the emergency department, delays in initial

assessments and decisions due to increased demand or lack of capacity in the emergency department to assess patients. In terms of the 'back-door' (patients leaving hospital) pressures i.e. bed occupancy, average length of stay and delayed transfers of care, Wirral performs average across the region. This suggests that once patients are assessed beds are made available when the decision has been made to admit the patient, although Wirral does experience pressure or delays in discharge processes from hospital either due to NHS, Social Care or both.

Summary of why change is required

- Performance is deteriorating in many areas across operational, financial and clinical measures
- There is variability in performance and clinical outcomes and the opportunity to improve standard and services
- Ongoing and consistent failure to achieve the A&E standard (95% of patients being seen and admitted or discharged within 4 hours)
- Delayed ambulance response times and handovers at Arrowe Park Hospital

7. How Local Services are used

N.B. to ensure data in this section was comparable to previous years and across datasets the data has been updated up to and including the end of the financial year 31st March 2017. Any significant changes to this data have been acknowledged and supplementary data referenced in the appendix.

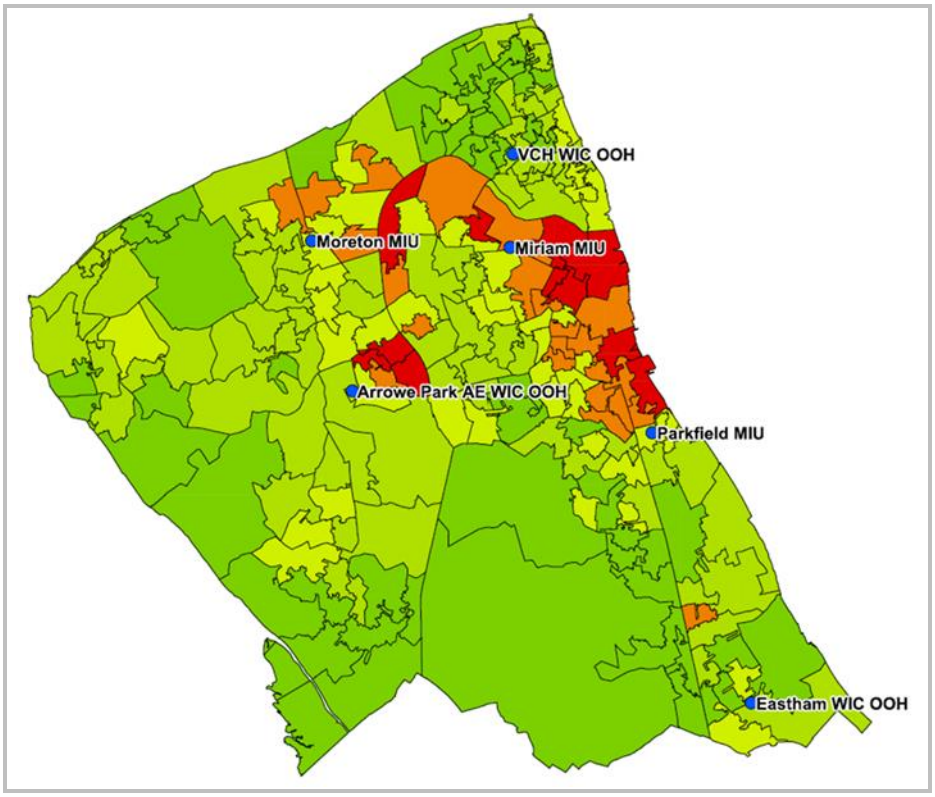
In this section we provide information on how the existing local services are used.

7.1 Analysis of A&E (Emergency Department) data for Wirral

A&E data in Wirral has been analysed by:

- Patient home residence (LSOA)
- Number of attendances
- Trend in rate of attendances by age band (current and trend)
- Attendances by gender, age and month
- Time of arrival, length of wait and 4 hour target

Map 1: A&E activity rate by patient residence (LSOA) 2015/16



The map shows the location of all urgent care venues in Wirral, but only attendances at Arrowe Park A&E have been included in the data. It shows that there is a clear effect of both deprivation and proximity which is driving attendances at Arrowe Park A&E.

Number of A&E attendances

The total numbers of A&E attendances appear to have increased in Wirral over the last 3 financial years. As Table 3 shows, there have been just over a quarter of a million A&E attendances by Wirral patients in the last 3 financial years.

When the 19,992 attendances at A&Es other than Arrowe Park by Wirral residents are included (e.g. people who have visited the Royal Liverpool when visiting Liverpool), the total number of attendances between 2014 and 2017 by Wirral patients is 274,954.

Table 3a: Number of attendances at Arrowe Park A&E, by month, 2014/15 to 2016/17

Month (financial year)	2014/15	2015/16	2016/17	All years
1 (Apr)	7,183	6,767	6,598	20,548
2 (May)	7,427	6,908	7,697	22,032
3 (Jun)	7,181	7,184	7,436	21,801
4 (Jul)	7,420	7,264	7,563	22,247
5 (Aug)	6,666	7,023	7,196	20,885
6 (Sep)	6,996	7,136	7,186	21,318
7 (Oct)	6,867	7,356	7,355	21,578
8 (Nov)	6,584	7,284	7,249	21,117
9 (Dec)	6,722	7,114	7,435	21,271
10 (Jan)	6,307	7,457	7,104	20,868

11 (Feb)	6,009	6,974	6,521	19,504
12 (March	6,692	7,618	7,483	21,793
Total	**82,054**	**86,085**	**86,823**	**254,962**

Table 3b: Average number of attendances at Arrowe Park A&E **per day**, by month, 2014/15 to 2016/17

Month (financial year)	2014/15	2015/16	2016/17	All years
1 (Apr)	239	226	220	228
2 (May)	240	223	248	237
3 (Jun)	239	239	248	242
4 (Jul)	239	234	244	239
5 (Aug)	215	227	232	225
6 (Sep)	233	238	240	237
7 (Oct)	222	237	237	232
8 (Nov)	219	243	242	235
9 (Dec)	217	229	240	229
10 (Jan)	203	241	229	224
11 (Feb)	207	249	225	227
12 (March	216	246	241	234
Average for year	**224**	**236**	**237**	**232**

*averaging number of days in month takes into account varying number of days in each month, leap years etc.

The average number of attendances **per month** for 2016/17 was 7,235, compared to 7,174 in 2015/16 and 6,838 in 2014/15. This gives an average number of attendances **per day** of 224 in 2014/15, 236 in 2015/16 and 237 in 2016/17.

There does not appear to be a clear pattern on why some months are busier than others. For instance, December and January might be assumed to be the busiest months for A&E attendances, but in fact, the Summer months of May, June and particularly July appear most busy (excepting 2015/16 when February and March had the highest average number of attendances per day).

When patients present at A&E they are assigned a classification. This is a system whereby patients are allocated to different flows according to their needs.

Classification examples:

- Minor cases – where patients who require emergency care but are not seriously ill are treated.
- Major cases – where seriously ill patients go to be treated
- Resuscitation (patients with serious illness or injury that need emergency assessment and care)

Table 4 shows almost 50% of Arrowe Park A&E attendances in 2016/17 were classified as minor cases. When you apply this to 2016/17 Arrowe Park attendances this equates to a total of 42,960 attendances classified as Minor cases, averaging 3,580 **per month** or 117 **per day.**

Table 4: A&E attendances at Arrowe Park by patient flow, 2016/17

Stream (Patient Flow)	2016/17 (%)
Minors - Including Staff Nurse Triage	49.48%
Major - Including Initial Major Assessment	27.19%
Children Emergency Department	16.93%
Resuscitation	6.30%
NULL (not coded)	0.09%
Awaiting Stream	0.01%
TOTAL	**100%**

Phase 1 of Clinical Streaming was introduced 4 September 2017 whereby an ED Nurse will stream a patient to one of the following flows:

- Minors:
  - Primary Care GP
  - Primary Care Nurse (ANP)
  - remain in ED if additional diagnostics/ treatment required
- Majors – remain in ED
- Resuscitation - remain in ED

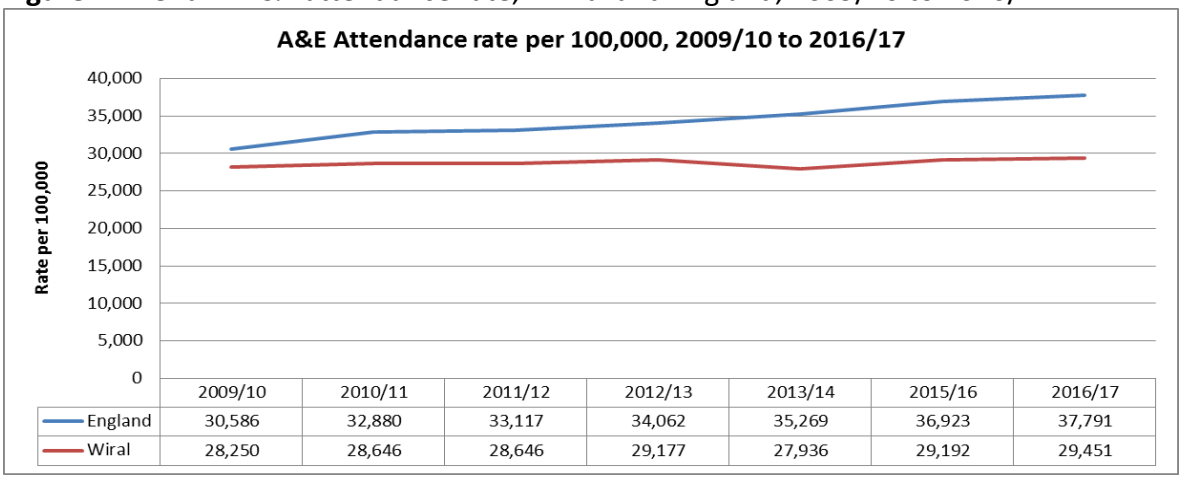
Streaming data for October 2017 demonstrates an average of 30 patients streamed to a primary care clinician each day. As this is a new service, it is anticipated that this may further increase as the service becomes embedded.

Phase 2 is currently in the process of development and will build on the lessons learned during phase 1. It will also look to expand the streaming outcome to include more off site options including patients' own GP, pharmacy, ICCTs, community rapid response service.

Trend in rate of A&E attendances

Longer term trend data from both Wirral and England shows that the rate of A&E attendances is increasing over time, both nationally and locally. Figure 4 below, compares England and Wirral from 2009/10 to 2016/17.

Figure 4: Trend in A&E attendance rate, Wirral and England, 2009/10 to 2016/17

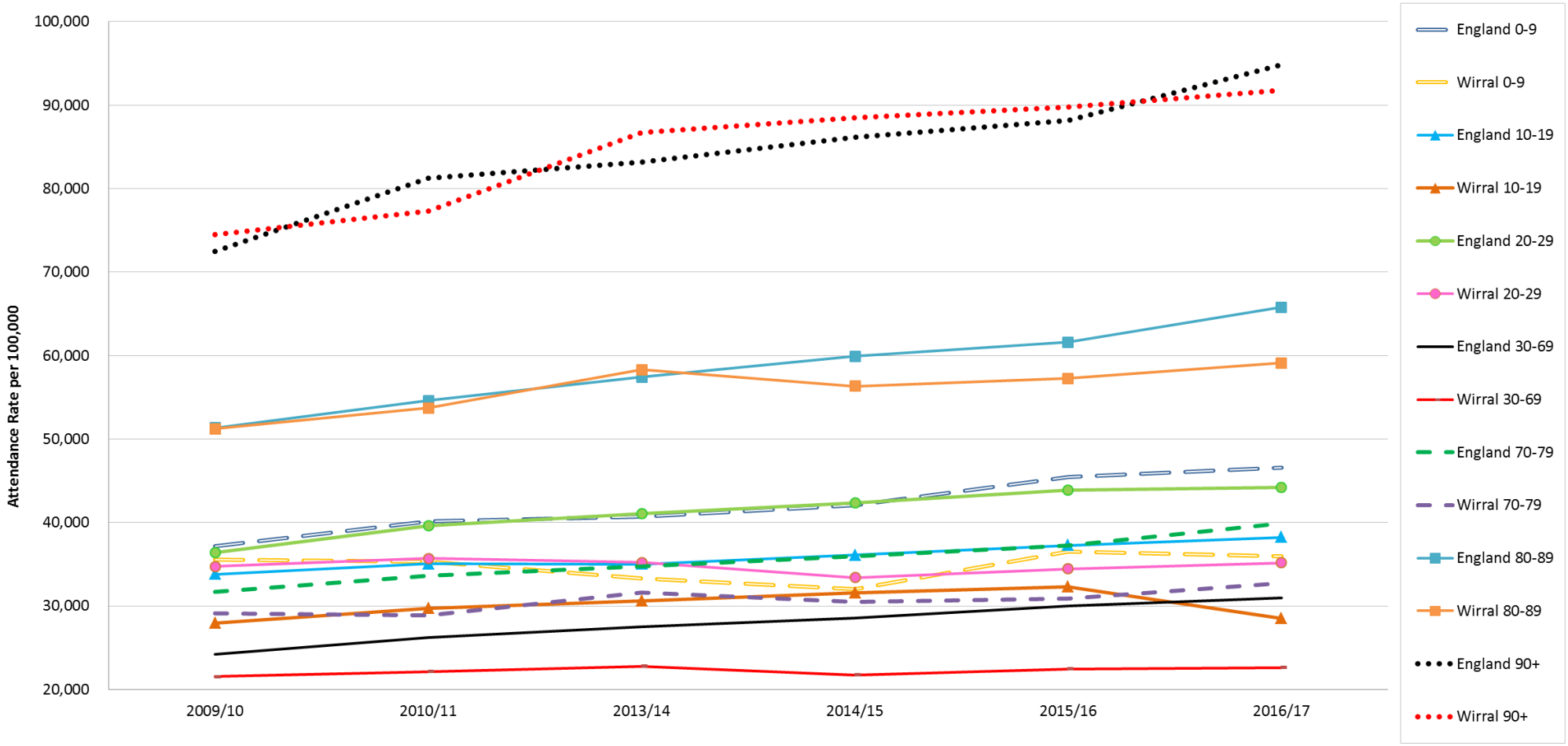


	2009/10	2010/11	2011/12	2012/13	2013/14	2015/16	2016/17
England	30,586	32,880	33,117	34,062	35,269	36,923	37,791
Wiral	28,250	28,646	28,646	29,177	27,936	29,192	29,451

*please note that 2012/13 data is missing from the datasets due to reasons that remain unspecified by NHS Digital. Populations based on ONS/CCG estimates

As the chart shows, rates of A&E attendance have been rising in England over the last 7 years. The rate of increase in England between 2009/10 and 2016/17 was 24% in England. The corresponding figure in Wirral was 4%. It is important to note however, that the steepest rate of increase in attendances is seen amongst the older age groups, in particular the 90+ age group who are likely to have a large number of co-morbidities (see Figure 5 over page). Wirral also has a higher proportion of older people than England overall, meaning that A&E in Wirral is more likely to be dealing with a more complex case mix than areas with younger populations. An indication of the complexity of older patients is demonstrated by the longer waits experienced in A&E. For example, only around one in 10 Wirral patients in their 20s waited for more than 4 hours, whereas more than 4 in 10 of Wirral patients aged over 90 waited longer than 4 hours (see Figure 13). Figure 5 shows the last six years' worth of A&E attendance rate data for both England and Wirral by specific age bands.

Figure 5: Trend in rate of A&E attendances (rate per 100,000), by age band, Wirral and England, 2009/10 to 2016/17



As the chart shows, the highest rates of A&E attendances are in the 90+ age bands, followed by those aged 80-89 – and this is true of both Wirral and England. The age group with consistently the lowest rate of attendances over time is the 30-69 age group. This group is showing a pattern of decreasing attendances in Wirral, compared to a slight increase over time in England. In fact, the most interesting feature of this data is however, that in every single age band, rates in Wirral are lower than those in England.

Figure 6: Percentage of all A&E attendances by 10 year age band, Wirral & England, 2016/17

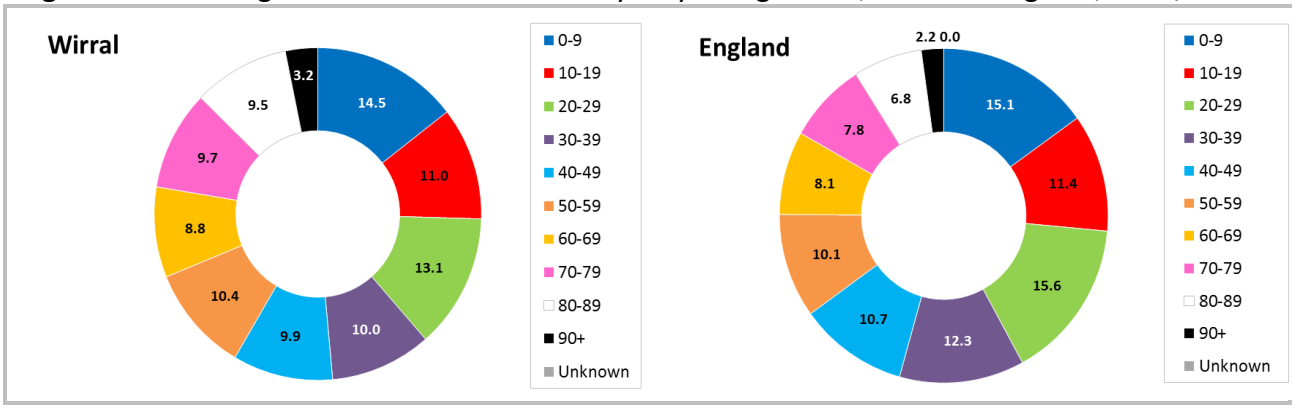
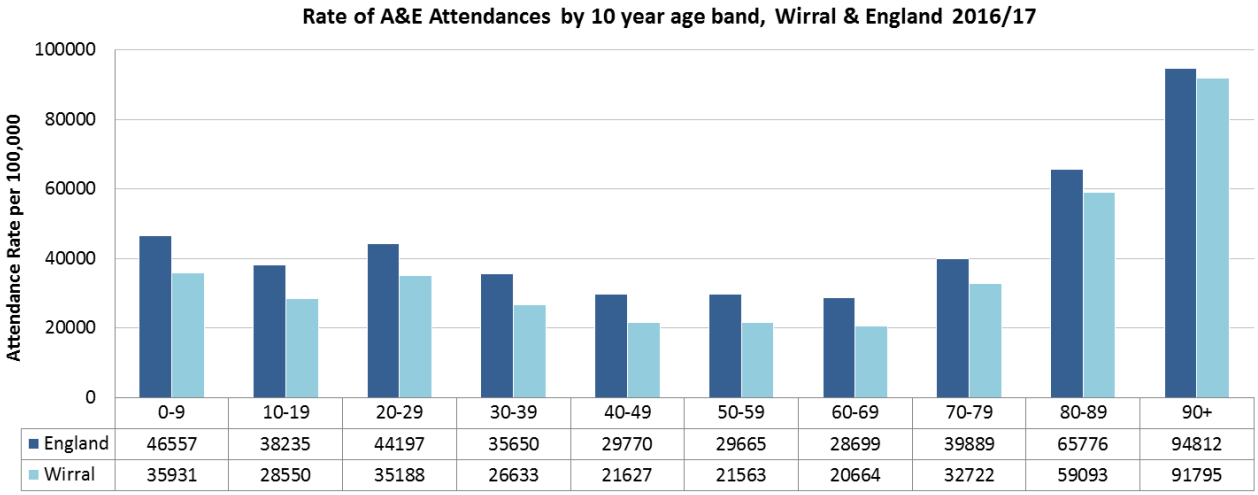


Figure 6 shows some distinct differences between Wirral and England with regard to the percentage of all A&E attendances in each 10 year age band. In England for example, the highest percentage of all attendances are seen in the 20-29 age band, whereas in Wirral, the highest percentage of attendances are in the 0-9s.

The pattern appears to be that Wirral has a lower percentage of all attendances in the younger age bands compared to England, but a higher percentage of attendances in the older age bands compared to England. Given Wirral's older age profile, this is perhaps not too surprising, but it is still an interesting local difference.

Figure 7: Rate (per 100,000) of A&E attendances by 10 year age band, Wirral and England 2016/17

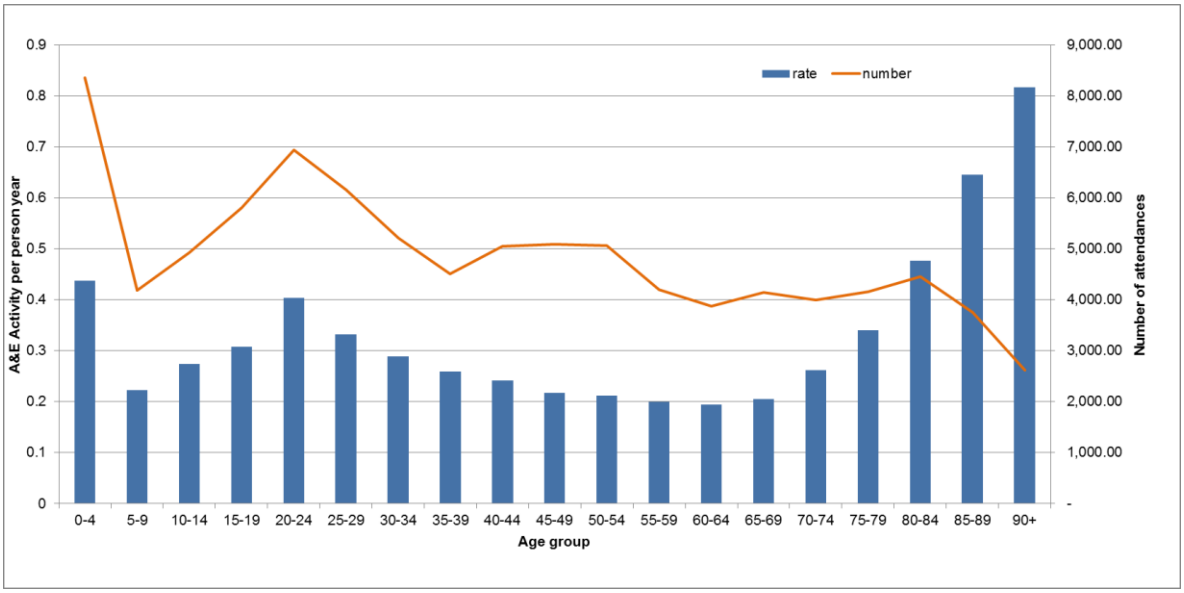


	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
England	46557	38235	44197	35650	29770	29665	28699	39889	65776	94812
Wirral	35931	28550	35188	26633	21627	21563	20664	32722	59093	91795

Figure 7 shows that the highest rate of A&E attendances in both Wirral and England, are in people aged over 90, closely followed by those aged 80-89. Broadly speaking, Wirral mirrors the national picture, with peaks in the 0-9s, people in their twenties, and then fairly low rates until people reach their eighties and nineties.

Figure 8 below shows similar data to that shown above, except age bands are broken down into 5 year age bands, and both numbers and rates are shown on the same chart.

Figure 8: Rate and number of A&E attendances per person in Wirral, by 5 year age band. April 2013-December 2015 (33 months annualised)



The number of A&E presentations in Wirral appears to peak in the 0-4s and 20-24 year olds (shown by red line on the chart). For 0-4 year olds this is likely to be due to new parents being nervous and illnesses, fever and injuries being common in babies and young children.

For 20-24 year olds, the peak may be due to a combination of inexperience in navigating the healthcare system, alcohol- and drug-related causes such as injuries, self-harm, sport-related injuries, road traffic accidents and students not being registered with a GP at all.

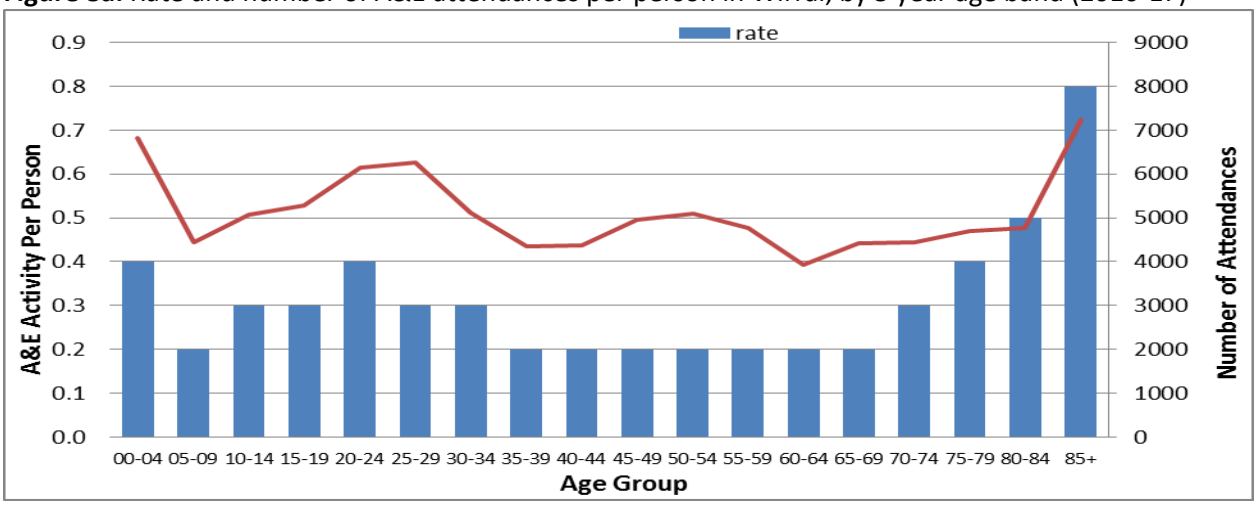
The lowest attendance rates are seen in people aged 5-9, and then those aged 45-69. After the age of 70, rates creep upward again, peaking in people aged 85 and over (the numbers are lower at these older ages, because there are fewer people alive).

In the 90+ age group, attendance rates are more than double those of the 0-4s.

Given that national evidence and local data indicate that older people are much more likely to wait longer to be seen, have higher rates of complex health conditions and are more likely to be admitted, preventing attendances by those in this age group out of A&E should be a priority. This could involve preventing falls, better management of long term conditions and helping community services and residential homes to care for people aged 85 and over.

Figure 8a illustrates the trend is similar when refreshing the data to show 2016\17 only.

Figure 8a: Rate and number of A&E attendances per person in Wirral, by 5 year age band (2016-17)



A&E Attendances by gender, day and month

There appear to be some interesting differences in attendances by gender, and this is shown in Figure 9 below. In children and young people, males have a higher number of attendances than females. Reasons for this are unclear, as there are roughly equal numbers of boys and girls in these age groups in Wirral. In the older age bands of course, there are more attendances in women compared to men, because of their greater longevity.

Figure 9: Number of attendances at Arrowe Park A&E by age and gender, 2014/15 to 2016/17

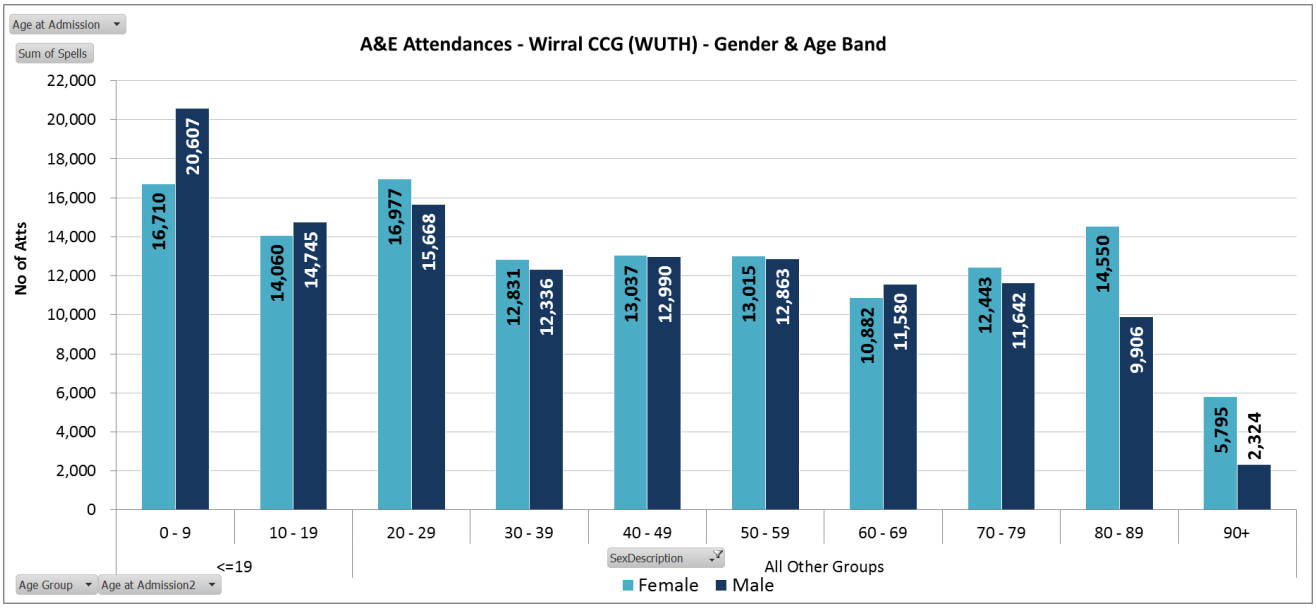
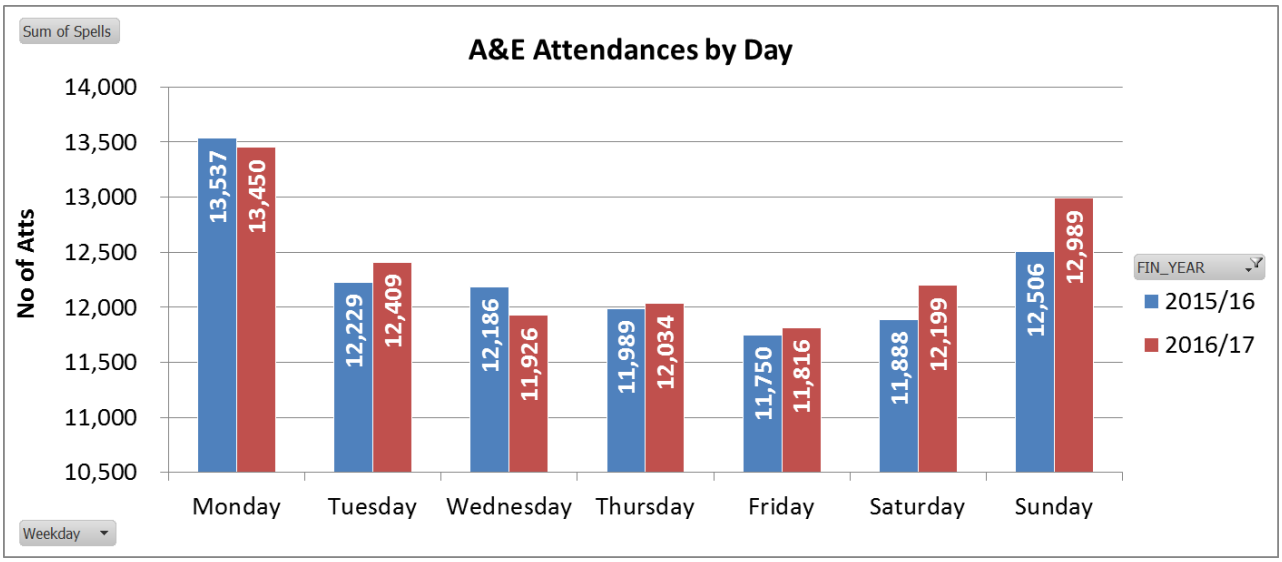
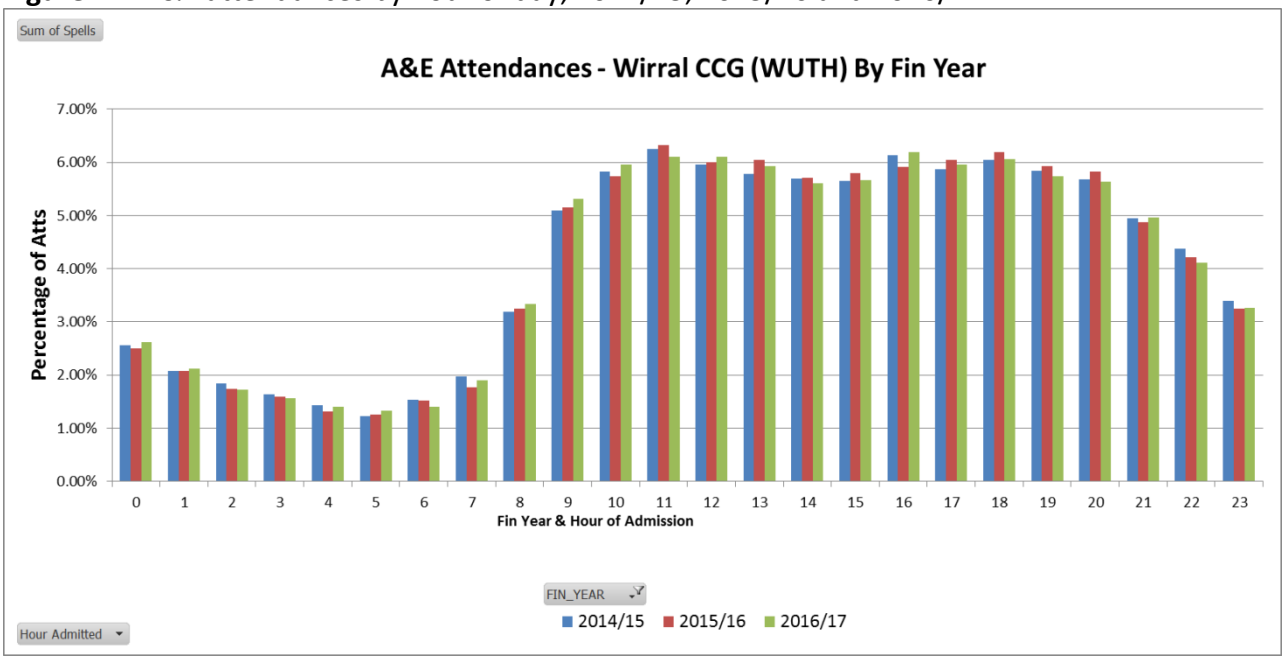


Figure 10: A&E Attendances by day of the week, Wirral, 2015/16 and 2016/17



As Figure 10 shows, A&E attendances peak on Mondays and Sundays. This may indicate use by people who have been unable to access other healthcare services at the weekend.

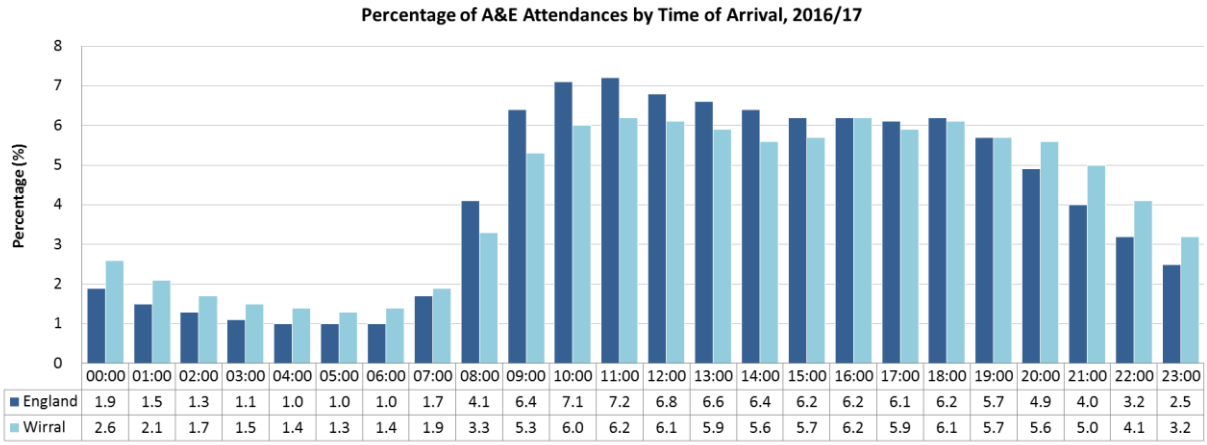
Figure 11: A&E attendances by hour of day, 2014/15, 2015/16 and 2016/17



A&E attendances have peaked between 10am and 2pm and then again between 5pm and 8pm in both of the last three financial years. Although the second peak is when most GPs are likely to be closed, the first peak is when GP services are open. This is interesting and indicates GP opening hours are not the whole story of why people attend A&E.

Figure 12 below, shows the same data as Figure 10 above, except it only shows one year (2015/16) and shows Wirral compared to England.

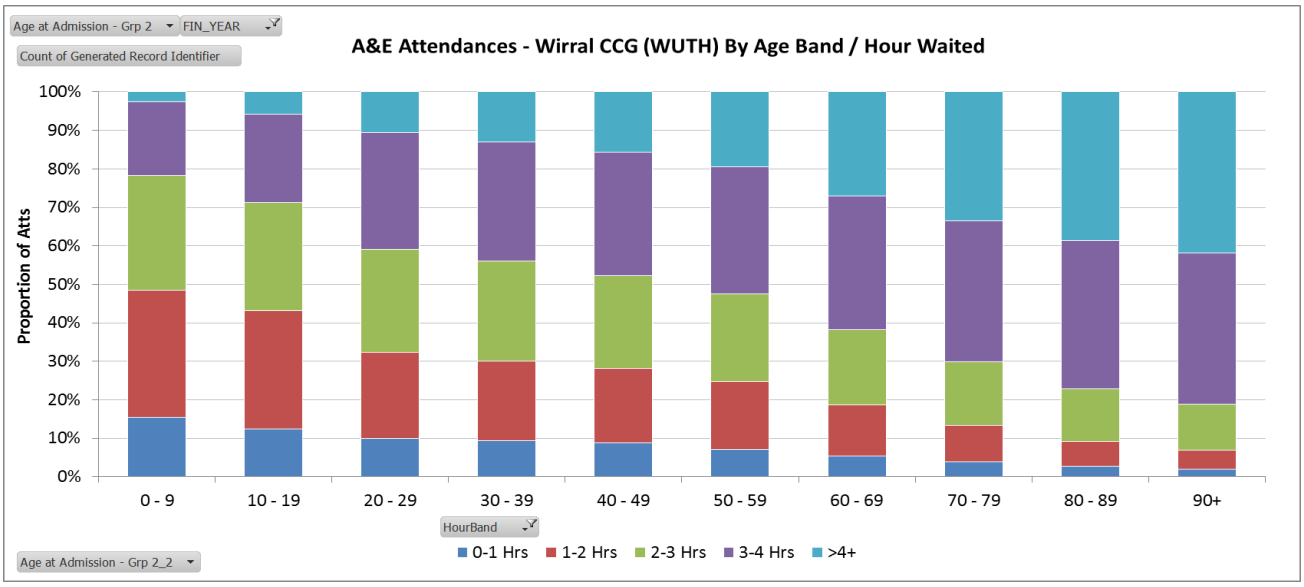
Figure 12: Percentage of A&E attendances by time of arrival, Wirral and England, 2016/17



	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
England	1.9	1.5	1.3	1.1	1.0	1.0	1.0	1.7	4.1	6.4	7.1	7.2	6.8	6.6	6.4	6.2	6.2	6.1	6.2	5.7	4.9	4.0	3.2	2.5
Wirral	2.6	2.1	1.7	1.5	1.4	1.3	1.4	1.9	3.3	5.3	6.0	6.2	6.1	5.9	5.6	5.7	6.2	5.9	6.1	5.7	5.6	5.0	4.1	3.2

Although the chart shows that broadly speaking, Wirral A&E attendances show a similar pattern to England, a notable difference is that a larger percentage of attendances in Wirral occur when other services are closed (e.g. 7pm to 7am) than is the case in England overall. England appears to have a higher percentage (compared to Wirral) of attendances occurring when other services (such as GPs) are open, namely between 9am-6pm. Reasons for this are unclear, but may suggest that messages about using other services where possible and appropriate, have been taken on board more in Wirral than is the case in England overall.

Figure 13: A&E Attendances by length of time waited



As the chart shows, only around one in 10 patients in their 20s wait for more than 4 hours, whereas more than 4 in 10 of patients aged over 90 waited longer than 4 hours. This distinct age effect, with older people more likely to wait longer in A&E is likely be due to older people being more likely to have multiple and complex health needs which are not easily or quickly resolved. This trend has also been noted nationally.[37]

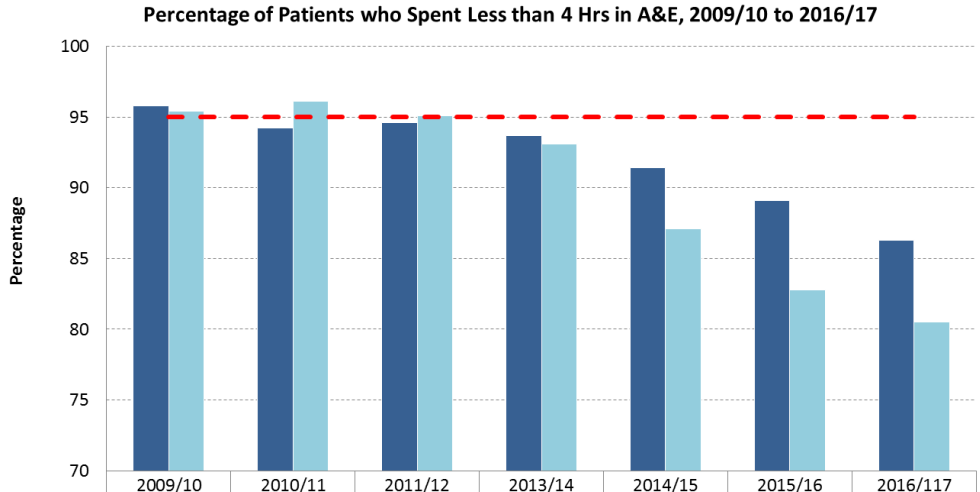
Four hour wait target

The four-hour target for A&E departments was introduced to ensure that by 2004, at least 98% of patients attending an A&E department would be seen, treated, and admitted or discharged in

[37] https://www.kingsfund.org.uk/sites/files/kf/media/alternative-guide-urgent-and-emergency-care-system-apr2014.pdf

under four hours. The target was lowered to 95% in 2010, but by December 2016, just 4 out of 139 hospitals with major type 1 A&E departments were meeting the target.

Figure 14: Trend in percentage of patients who spent less than 4 hours in 2009/10-2016/17



	2009/10	2010/11	2011/12	2013/14	2014/15	2015/16	2016/117
England	95.8	94.2	94.6	93.7	91.4	89.1	86.3
Wirral	95.4	96.1	95.1	93.1	87.1	82.8	80.5
Target	95	95	95	95	95	95	95

As Figure 14 shows, between 2009/10 and 2011/12, achievement of the 4 hour A&E target was higher in Wirral than England for 2 out of the 3 years. From 2013/14 onwards, performance in Wirral has been worse than England – and the trend in both Wirral and England has been a sharp decrease in the percentage of people seen in less than 4 hours. England has not met the target since 2009/10; Wirral has not met the target since 2011/12. Appendix A provides a snapshot of the A&E attendance flow, 2016/17 at Arrowe Park Hospital.

7.2 A&E presentations relating to Mental Health Problems

People with a mental health problem are three times more likely to attend A&E.[38] The following A&E Mental Health data is for presentations at Wirral University Teaching Hospital, Arrowe Park site only for patients aged 18 and over. The recording of these presentations is based on free text 'Presenting Complaint' therefore caution should be used in the interpretation of this analysis as it may not capture the full extent of mental health related issues and the demand on A&E presentations. The data has been analysed by:

- Number of Mental Health related A&E attendances
- Number of Mental Health related attendances conveyed by NWAS
- Number of attendances recorded as Self Harm/Suicide

The total number of A&E attendances presented with a mental health related problem appears to have increased in Wirral over the last 2 financial years. As Figure 14 shows, there have been a total of 1,509 attendances in 2015/16 compared to an increased total of 1,560 attendances in 2016/17. *For patients under 18 there were a further 179 attendances at A&E with a mental health problem recorded in free text, this equates to 10% of the overall activity*.

[38] http://www.nhsconfed.org/news/2016/10/is-mental-health-crisis-care-in-crisis

There does not appear to be a clear pattern on why some months are busier than others. However, similarly to the A&E attendances in Table 3a and 3b, the summer months appear most busy with another peak in October before steadily reducing. The same pattern can be observed for mental health related presentations conveyed by North West Ambulance Service, see Figure 16.

Figure 15: Number of attendances at Arrowe Park A&E with a Mental Health related presentation, by month 2015/16 and 2016/17

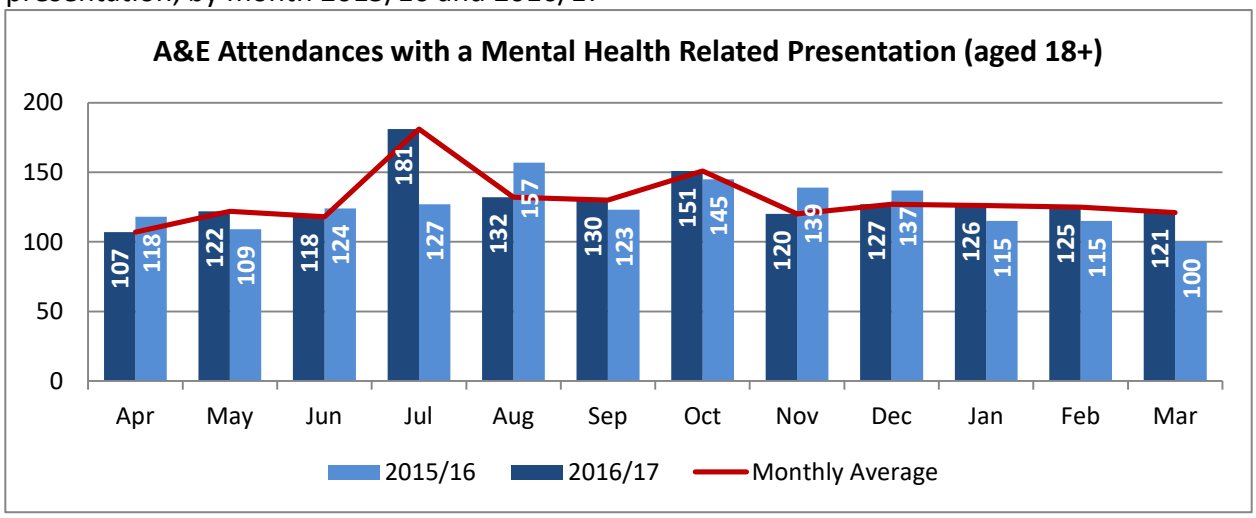


Figure 16: Number of attendances at Arrowe Park A&Ewith a Mental Health related presentation conveyed by ambulance, by month, 2016/17

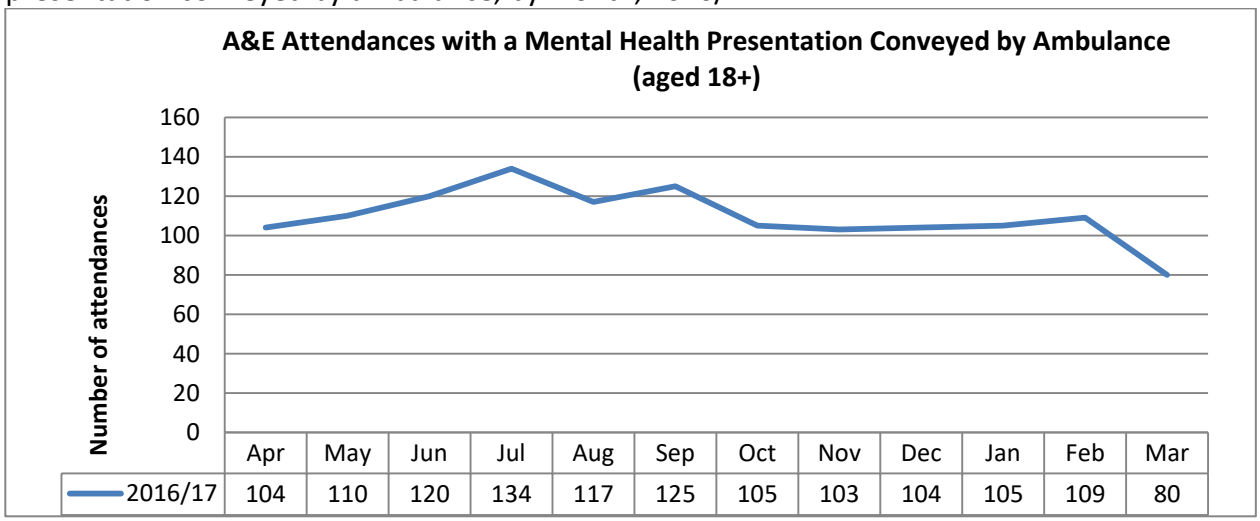
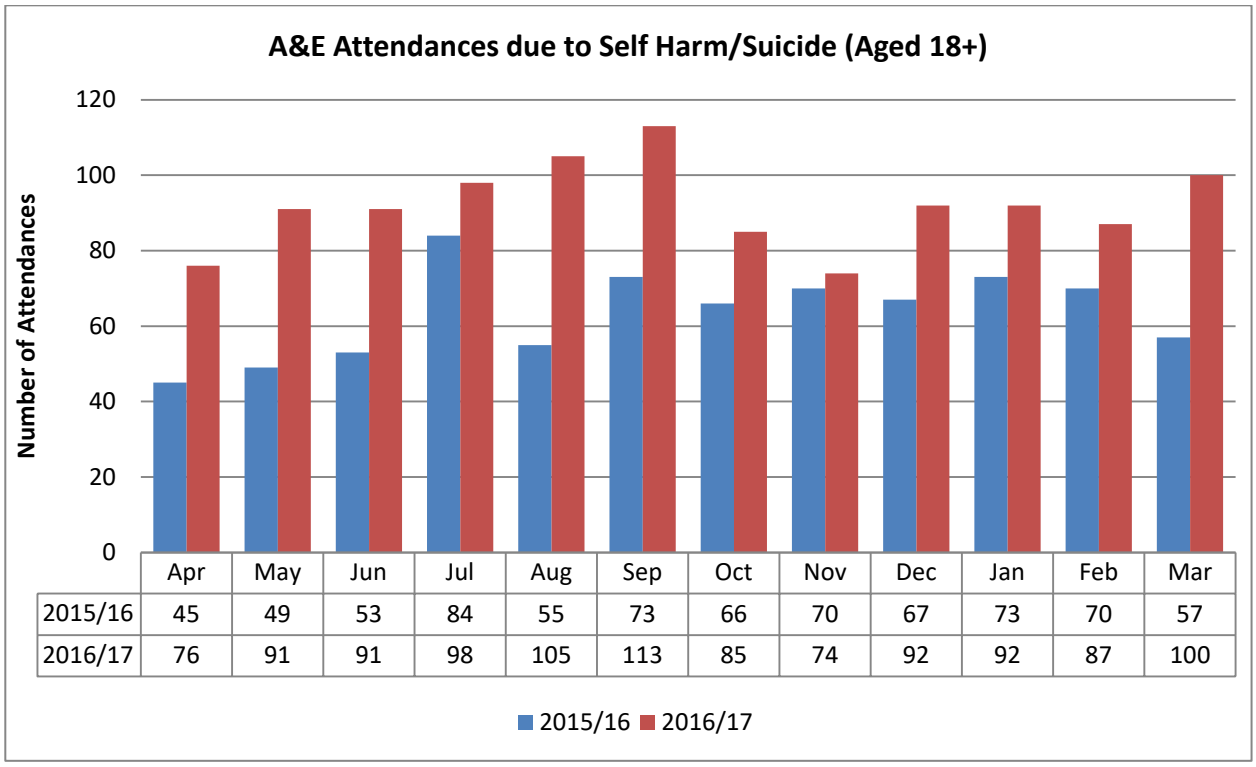


Figure 17 shows you the number of A&E attendances that have been recorded as Self Harm/Suicide by month between 2015 and 2017. The numbers presented with a recording of Self Harm/Suicide appears to have increased by 45% in Wirral over the last financial year.

Similar patterns observed to that of the A&E attendances overall and demand on A&E due to Self-Harm/Suicide, with spring and particularly the summer months higher number of patients presenting with Self Harm/Suicide are observed.

Figure 17: Number of A&E attendances at Arrowe Park A&E due to Self-Harm/Suicide by month, 2015/16 and 2016/17



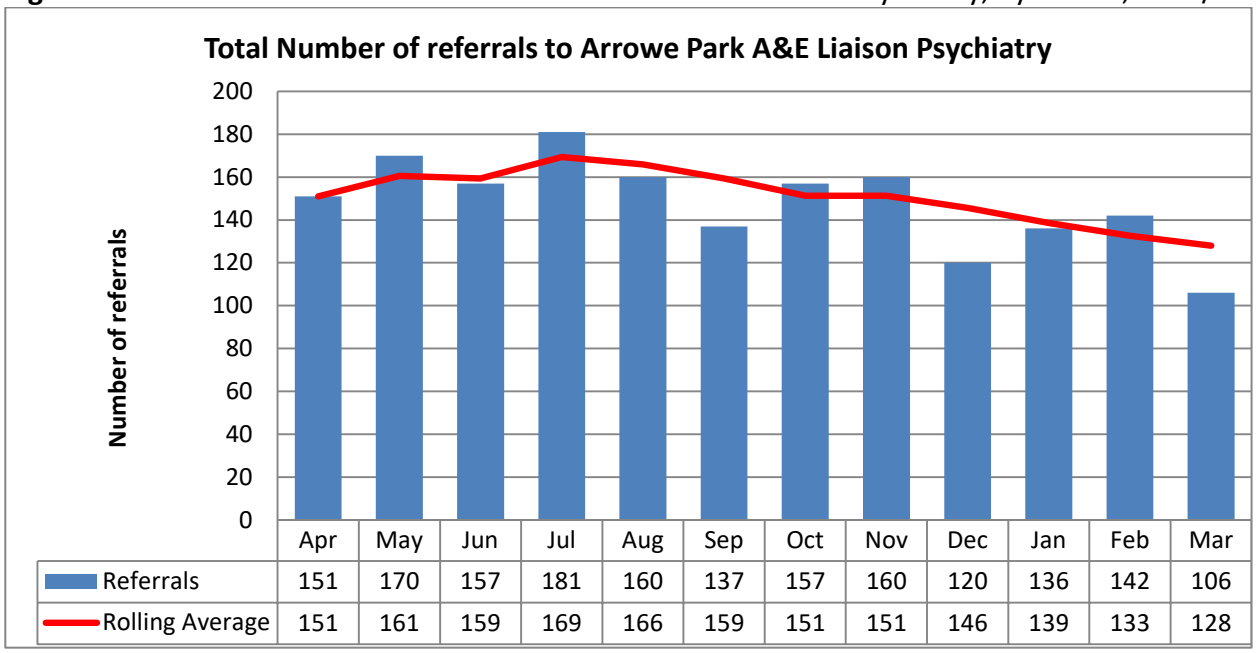
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	45	49	53	84	55	73	66	70	67	73	70	57
2016/17	76	91	91	98	105	113	85	74	92	92	87	100

Liaison Psychiatry Service

The Liaison Psychiatry Service provides mental health assessments to individuals receiving care at A&E who have been referred due to concerns surrounding their mental health and wellbeing. This could include conditions such as anxiety/panic, bipolar affective disorder, dementia, depression, personality disorder and psychosis.

Figure 18 shows the number of referrals to the Liaison Psychiatry Service at Arrowe Park A&E. Referrals are highest in the spring and summer months with the highest peak in the month of July, which is to be expected given this is the busiest time of the year for A&E presentations with a mental health problem.

Figure 18: Total number of referrals to Arrowe Park A&E Liaison Psychiatry, by month, 2016/17



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Referrals	151	170	157	181	160	137	157	160	120	136	142	106
Rolling Average	151	161	159	169	166	159	151	151	146	139	133	128

Source: Cheshire and Wirral Partnership Trust

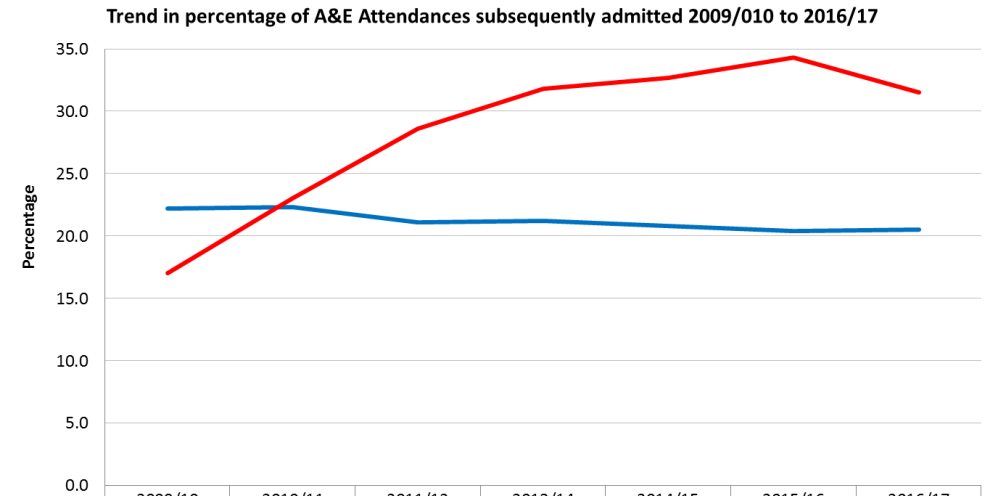
A&E Summary

- The rates of A&E attendances have risen in both England and Wirral over the last 7 years. The steepest rate of increase in attendances on Wirral is seen amongst the older age groups, in particular the 90+ age group who are likely to have a large number of co-morbidities.
- A&E attendances have increased in Wirral for each of the last three financial years – there were over a quarter of a million attendances at Arrowe Park over this period
- There has been an average of 85,100 attendances at A&E for each of the last three financial years. This is an average of 232 per day across the 3 years
- In 2016/17, almost 50% of A&E patients presented at Arrowe Park with a minor case
- Mondays and Sundays are the peak day of the week for attendances
- The summer months of May, June and July are the peak months of the year
- Attendances peak between 10am and 2pm and between 5pm and 8pm. Although the second peak is when most GPs are likely to be closed, the first peak is when GP services are open
- The age groups in which the *number* of attendances peak are the 0-4s, 20-24s and the 80+ age bands
- Attendance *rates* peaks very sharply in the very oldest older people (due to fewer older people surviving to this age, but with a relatively high number of attendances)
- Attendance rates in the 90+ age group are more than double those of the 0-4s
- Older people have longest A&E waits. Only around one in 10 patients in their 20s wait for more than 4 hours, whereas more than 4 in 10 of patients aged over 90 waited longer than 4 hours
- A&E attendances presenting with a Mental Health problem have increased in Wirral in 2016/17, compared to 2015/16
- In 2016/17, A&E attendances recorded as Self Harm/Suicide increased by 45% in Wirral
- A&E Liaison Psychiatry referrals peak in the months between April to July

7.3 Admissions following A&E attendance

The trend in whether patients were admitted following their A&E attendance is shown in Figure 19 below.

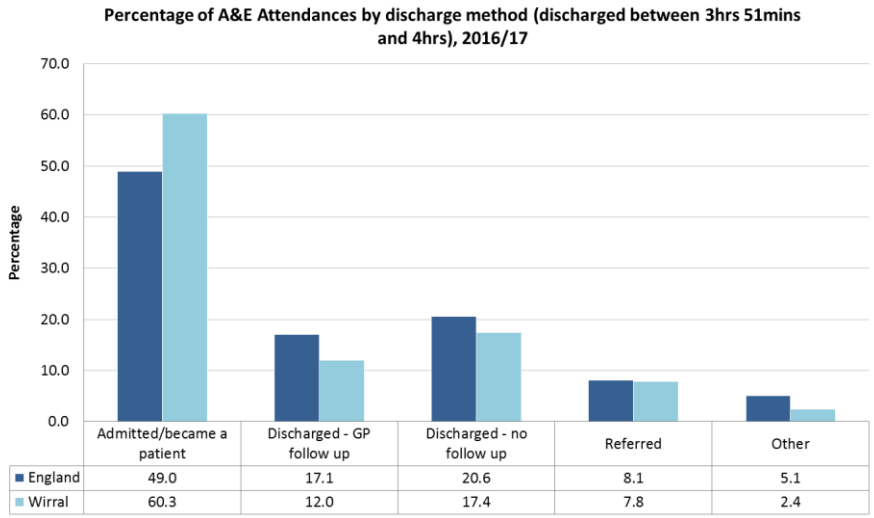
Figure 19: Trend in percentage of A&E attendances subsequently admitted between 2009/10 and 2016/17



	2009/10	2010/11	2011/12	2013/14	2014/15	2015/16	2016/17
England	22.2	22.3	21.1	21.2	20.8	20.4	20.5
Wirral	17.0	23.0	28.6	31.8	32.7	34.3	31.5

Figure 19 shows that for all but one of the time periods shown, a larger percentage of A&E patients in Wirral were admitted compared to England. This difference is considerable and in 2016/17, one in 4 of all A&E patients nationally was admitted (20.5%), compared to almost one in three of all Wirral A&E patients (31.5%).

Figure 20: Percentage of A&E Attendances by discharge method 2016/17



	Admitted/became a patient	Discharged - GP follow up	Discharged - no follow up	Referred	Other
England	49.0	17.1	20.6	8.1	5.1
Wirral	60.3	12.0	17.4	7.8	2.4

Figure 20 shows that compared to England, a much larger proportion of Wirral A&E patients were admitted in the minutes before the 4 hour target (60.3% in Wirral versus 49% in England overall) in 2016/17. A higher proportion of patients in England were discharged compared to Wirral in the time leading up to the 4 hour target (37.7% versus 29.4% in Wirral).

The following figures and tables analyse emergency admissions in Arrowe Park in more detail. Figure 21 shows that the highest proportion of emergency admissions in Wirral between 2014/15 and 2016/17 were admitted via A&E department, comprising just over half (55%) of total emergency admissions. Admissions via GPs have decreased slightly each year since 2014/15.

Figure 21: Number of emergency admissions by admission method, Wirral, 2014/15 to 2016/17

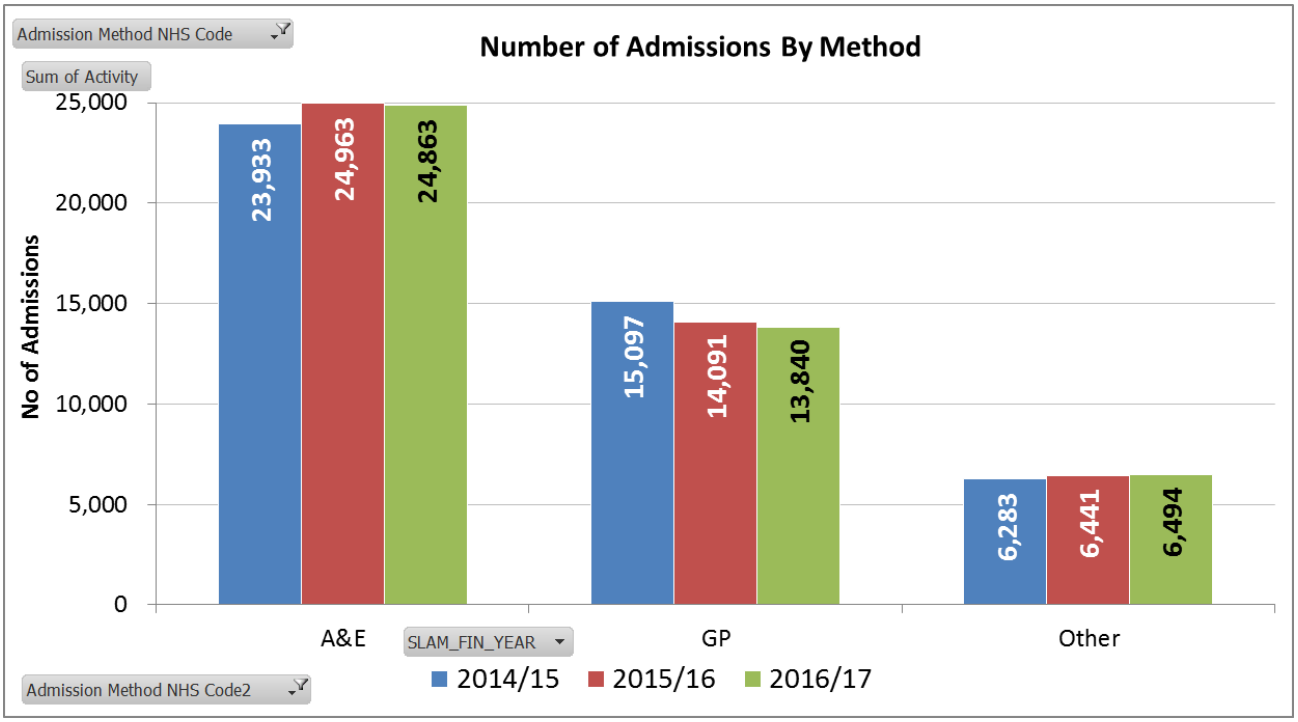
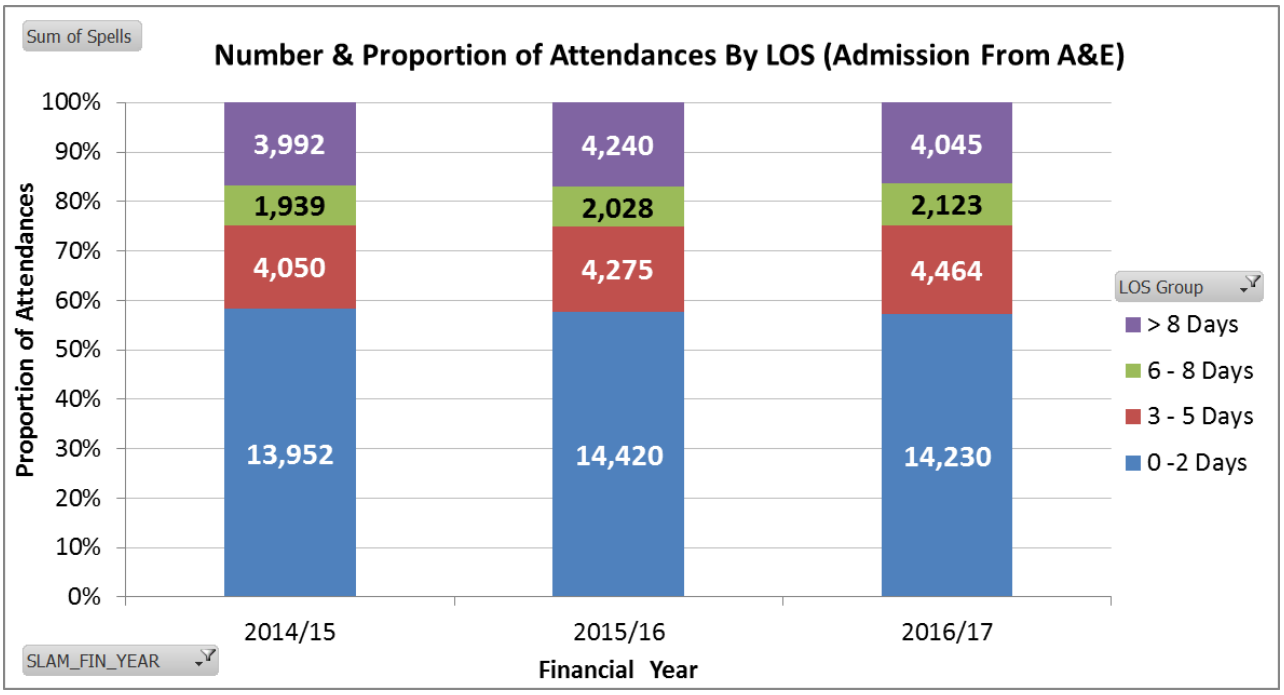


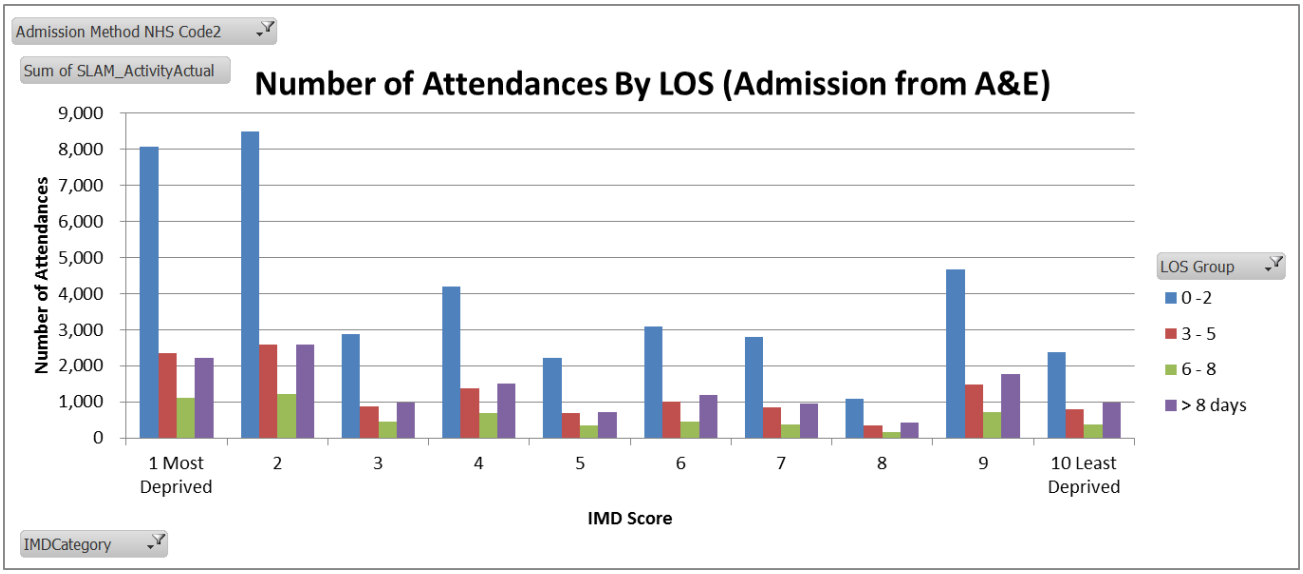
Figure 22 shows that of those emergency admissions via A&E that over half (57%) are admitted and discharged between 0-2 days.

Figure 22: Number and proportion of emergency admissions via A&E by Length of Stay (LOS), Wirral 2014/15 to 2016/17



A high proportion of patients admitted for between 0-2 days in particular, live in the most deprived areas of Wirral, see Figure 23 below.

Figure 23: Number of emergency admissions via A&E, by Length of Stay, by deprivation, Wirral 2014/15 to 2016/17



There are a number of locations/wards that A&E can refer in to that would be considered as an emergency admission via A&E. Figure 24 and Table 5 breaks down the emergency admissions via A&E further by the admission location, length of stay and assessment wards breakdown as follows;

Figure 24: Number of emergency admissions via A&E, by location type and LOS, Wirral 2014/15 to 2016/17

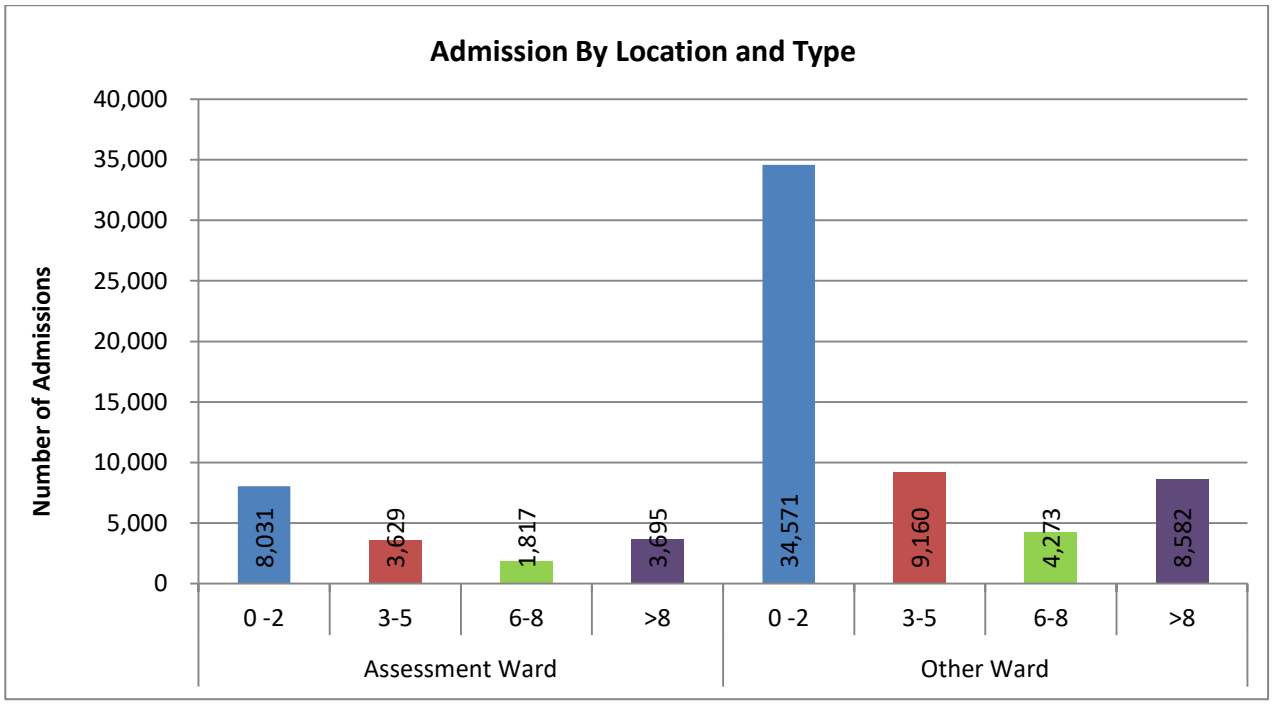


Table 5: % Emergency Admissions via A&E by Admission Location, Wirral 2014/15 to 2016/17

Admission Location	2014/15 (%)	2015/16 (%)	2016/17 (%)
Main Hospital	87.55%	65.83%	65.67%
Acute Assessment Unit	5.32%	15.10%	17.90%
Surgical Assessment Unit	2.81%	7.46%	6.60%
Paediatric Assessment Unit	1.70%	4.86%	4.36%
A&E Observation	1.37%	5.04%	4.47%
Medical Assessment Unit	1.26%	1.70%	1.00%

As the charts above show, the main source of admissions via A&E, particularly for 0-2 days are referred via the a standard ward. Through programme budgeting, emergency admissions via A&E are categorised using primary procedure where available. Almost 40% of activity appears to be for chronic pain, problems of the respiratory system and problems due to trauma and injuries (see Table 6). Nearly half of these admissions are in people from the most deprived areas of Wirral.

Table 6: Description of Emergency Admissions via A&E, based on data from 2014/15 to 2016/17

Description	Number	% of Total
Chronic Pain	8,697	12.53%
Problems of the respiratory system	9,164	13.21%
Problems due to Trauma and Injuries	9,725	14.02%
Neurological	6,518	9.39%
Poisoning	2,629	3.79%
Obstructive Airways Disease	2,234	3.22%
Upper GI	2,340	3.37%
HepatoBiliary	1,555	2.24%
Infectious diseases	2,428	3.50%
Problems of Genito Urinary system	2,744	3.95%
Problems of the gastro intestinal system	1,931	2.78%
Problems of circulation	2,063	2.97%
Problems of the Skin	1,552	2.24%
Cerebrovascular disease	1,856	2.68%
Coronary Heart Disease	1,569	2.26%
Lower GI	1,329	1.92%
Renal problems	1,267	1.83%
Problems of the Musculoskeletal system	1,322	1.91%
Asthma	847	1.22%
Unintended consequences of treatment	1,114	1.61%
Problems of Rhythm	1,238	1.78%
Maternity and Reproductive Health	587	0.85%
Diabetes	470	0.68%
Endocrine, Nutritional and Metabolic pro	530	0.76%
Genital tract problems	603	0.87%

Admissions following A&E Summary

- One in 4 of all A&E patients nationally were admitted (20%), compared to more than one in three of all Wirral A&E patients (34%)
- A much larger proportion of Wirral A&E patients were admitted in the minutes before the 4 hour target, compared to England
- In the period 2014/15 to 2016/17 over half (55%) of total emergency admissions are via the A&E department
- Over half (57%) of emergency admissions via A&E are admitted and discharged between 0-2 days
- A high proportion of patients admitted live in the most deprived areas of Wirral

7.4 Walk-In Centres

The rate of Walk-In Centres (based on 3) in Wirral is 9 per million residents which is higher than the national average of 5.4 per million people (based on Monitor analysis from 2014). If Wirral had two Walk-In Centres instead of three it would be nearer to the national average, with a rate of 6 per million people. But in reality some areas have Walk-In Centres while some areas have none, so they are not equally spread across the population. For the Eastham clinic, around 20%

of activity comes from over the border in West Cheshire CCG. Nationally, 46% of Walk-In Centres are in the most deprived quintile. Victoria Central is in the most deprived 20% of areas nationally, while Arrowe Park and Eastham are not.

Not all areas of England have Walk-In Centres and several have been closed over the last five years. Walk-In Centres are typically located;

- In urban city/town centres such as in a central shopping area or close to a train station
- Within suburban locations, for example, close to or within large residential estates
- Within or on the fringes of commercial/industrial areas, sometimes close to residential estates
- In community hospitals or other community health care hubs; and
- At acute hospital sites, with or without an A&E

In Wirral, the highest proportion of activity is in VCH, followed by the All Day Health Centre at Arrowe Park, with a smaller proportion at Eastham. May appears to be the most common month See Figure 25 below.

Figure 25: Walk-In Centre Activity by Centre and Month, 2016/17

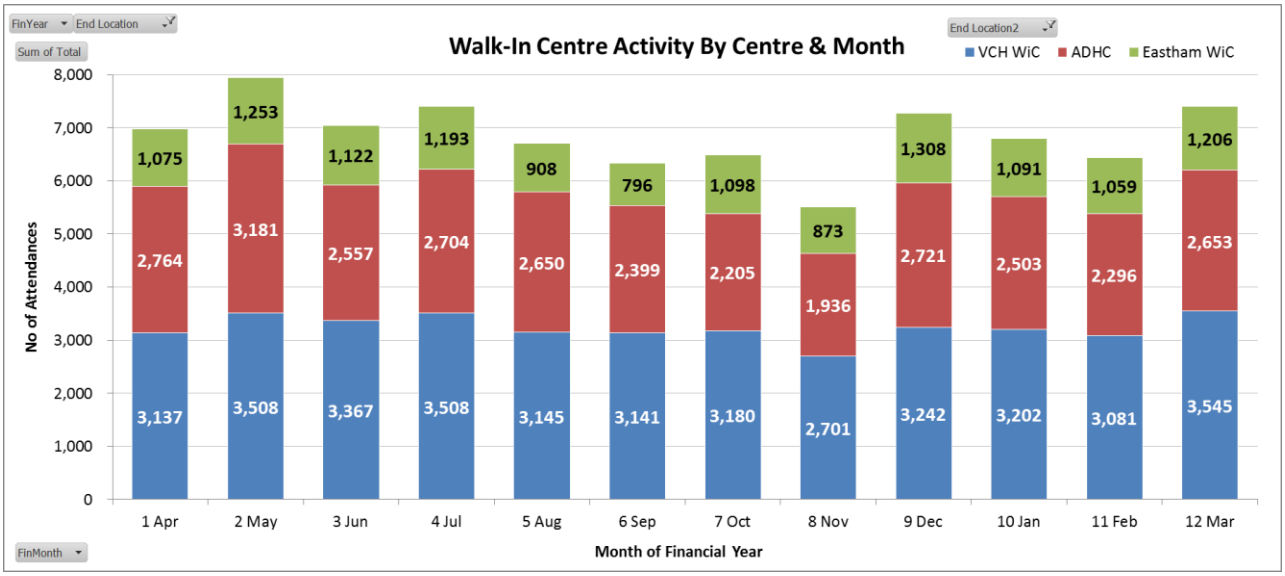
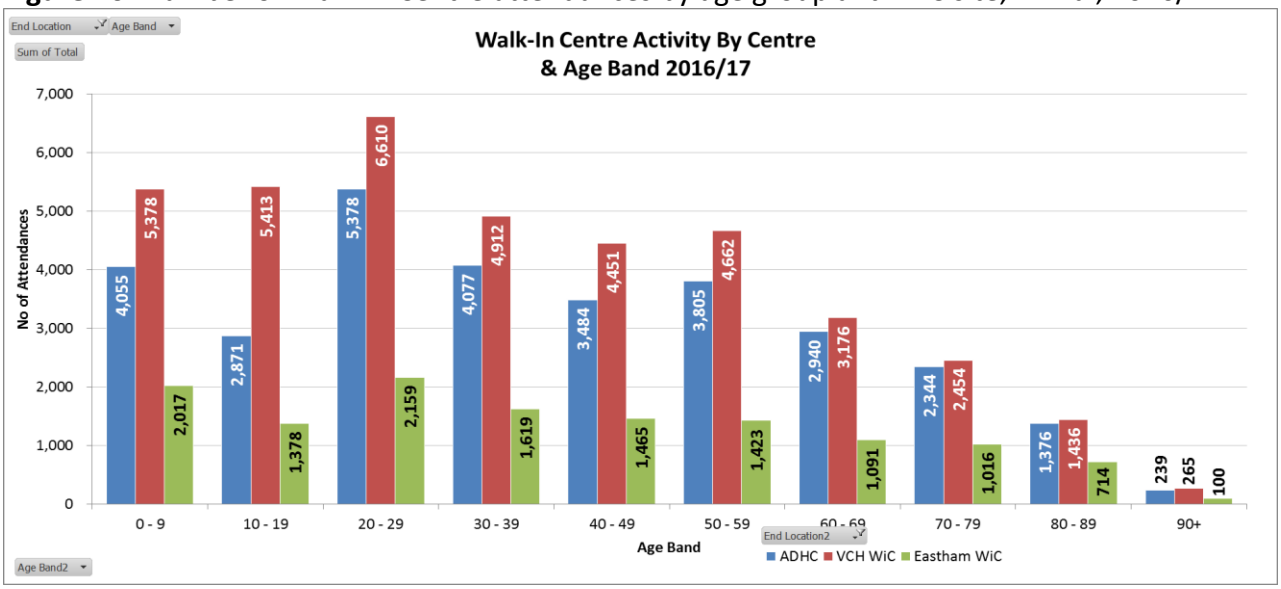
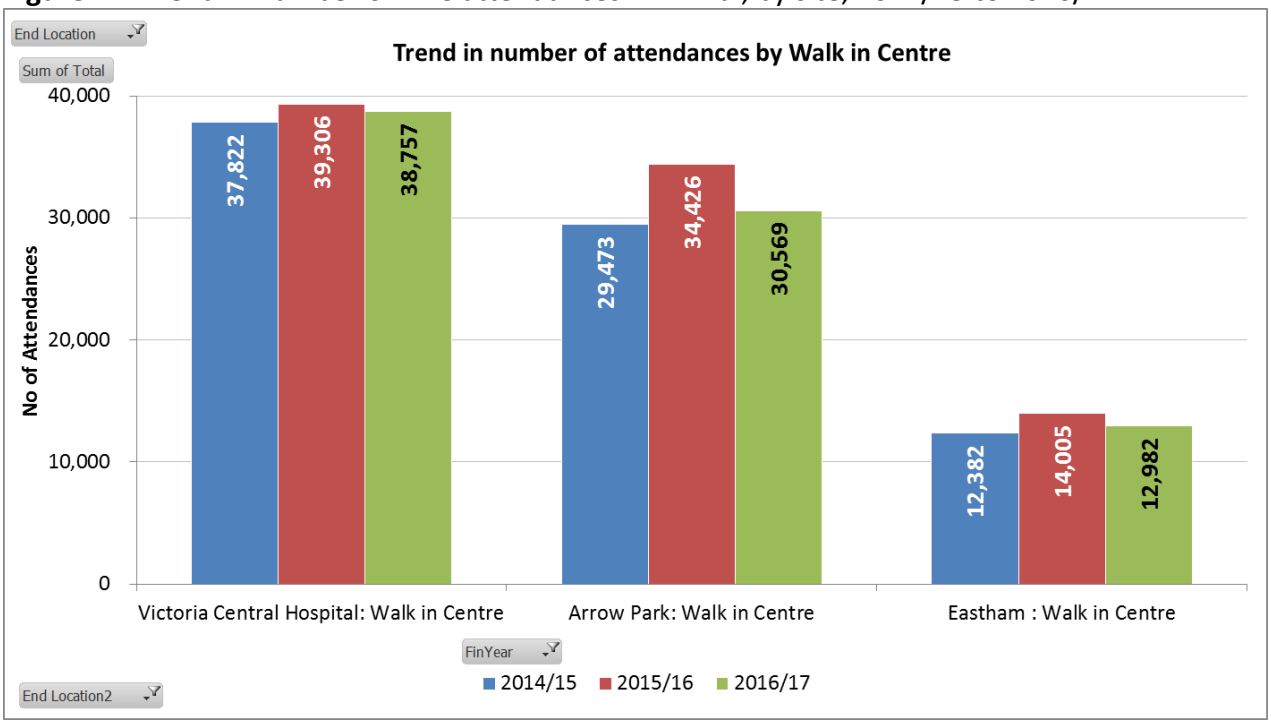


Figure 26: Number of Walk-In Centre attendances by age group and WIC site, Wirral, 2016/17



As Figure 26 shows, similarly to A&E, Walk-In Centre activity appears to peak in younger people aged under 30, particularly those aged 20-29. In contrast to A&E data however, there is no rise in the very oldest old, suggesting usage of WICs are not a popular choice for older people.

Figure 27: Trend in number of WIC attendances in Wirral, by site, 2014/15 to 2016/17



As the chart shows, there is some fluctuation in attendances, with a rise in all three locations in 2015/16, followed by a fall back in 2016/17. Victoria Central Hospital (VCH) is the busiest WIC in Wirral, with 115,885 patient contacts over the 3 year time period shown, compared to 94,468 at Arrowe Park and 39,369 at Eastham.

On average, VCH had an average of 38,600 attendances in each of the last 3 years. Arrowe Park had an average of 31,500 and Eastham WIC had an average of 13,100.

Walk-In Centre activity is coded with a mixture of diagnoses, procedures and other outcomes. A sizable proportion of Walk-In Centre activity appears to be for infections such as sore throats, UTIs, and respiratory infections, as well as wound care (see Table 8).

Table 8: Description of Walk in Centre Activity, based on data from Apr 2014–Jul 2016

Description	Number	% of Total
None recorded	47,532	24.75%
Informed consent for procedure	27,755	14.45%
Advice about treatment given	15,354	7.99%
Dressing of wound	8,516	4.43%
Advice	4,630	2.41%
Upper respiratory infectNOS	4,258	2.22%
Skin/subcutaneous infections	4,257	2.22%
Urinary tract infection	3,872	2.02%
Change of dressing	2,791	1.45%
Acute Tonsillitis	2,700	1.41%
Pain in limb	2,414	1.26%
Has a sore throat	2,384	1.24%
Abdominal pain	1,965	1.02%
Patient walked out	1,915	1.00%
Lower resp tract infection	1,912	1.00%
Disorders of eye and adnexa	1,881	0.98%
Referred - other care	1,679	0.87%
Earache symptoms	1,652	0.86%
Dressing of skin	1,627	0.85%
Viral infection NOS	1,603	0.83%
Otitis media NOS	1,223	0.64%
Patient given advice	1,204	0.63%
Medication given	1,192	0.62%
Knee pain	1,165	0.61%
Backache, unspecified	1,114	0.58%
Rash/nonspec skin eruption	1,105	0.58%
Otitis externa NOS	1,104	0.57%
Cough	962	0.50%
Other skin/subcutinflamdis	960	0.50%

Many of the conditions for which patients attended WICs in Wirral could feasibly have seen their GP or a pharmacist instead (if there was capacity to see them).

Table 9: Walk in Centre Activity by end case type, based on data from Apr 2014–Jul 2016

Case Type	Number	% of total
Nurse Practitioner	98,044	51.1%
WIC Face to Face Triage	40,293	21.0%
Minor Injuries Unit Doctor	25,439	13.2%
All Day Health Centre Doctor	13,724	7.1%
Dressings Clinic	6,424	3.3%
Single Point of Access – Deep Vein Thrombosis	3,967	2.1%
Centre Visit	2,782	1.4%
Single Front Door	888	0.5%
A&E Referral	383	0.2%
X-Ray	47	0.0%
Community Nursing Team	39	0.0%
Other	20	0.0%
Grand Total	**192,050**	**100.0%**

Walk-In Centre (WIC) Summary

- Victoria Central Hospital is the busiest WIC in Wirral, seeing 115,885 patients over the previous 3 years, compared to 94,468 seen at Arrowe Park and 38,369 seen at Eastham Average
- On average, VCH had an average of 38,600 attendances in each of the last 3 years. Arrowe Park had an average of 31,500 and Eastham WIC had an average of 13,100
- Walk-In Centre activity appears to peak in the under 30s, particularly in those aged 20-29 year age groups, in a similar pattern to A&E. In contrast to A&E data however, there is no rise in the very oldest old, where usage of WICs is low
- A sizable proportion of Walk-In Centre activity appears to be for infections such as sore throats, UTIs, respiratory infections and wound care, in other words ailments which could feasibly have been dealt with elsewhere
- The current rate of Walk-In Centres per head of the population (based on 3 sites) in Wirral, is 9 per million residents. This is higher than the national average of 5.4 per million people

7.5 Minor Injury/Illness Services

Minor Injury/Illness services in Wirral are drop-in, nurse-led services, with GP support. Conditions treated at these services include bites, stings, burns, sprains, cuts, chest infections, ear & throat infections, urinary tract infections, minor eye or head injuries. Services can also deal with emergency contraception, dressings and removals of stitches and staples.

Figure 28 below shows the number of attendances per month at each of the three MIUs in Wirral during 2016/17.

Figure 28: Trend in MIU activity by month, year and site, 2013/14 to 2016/17

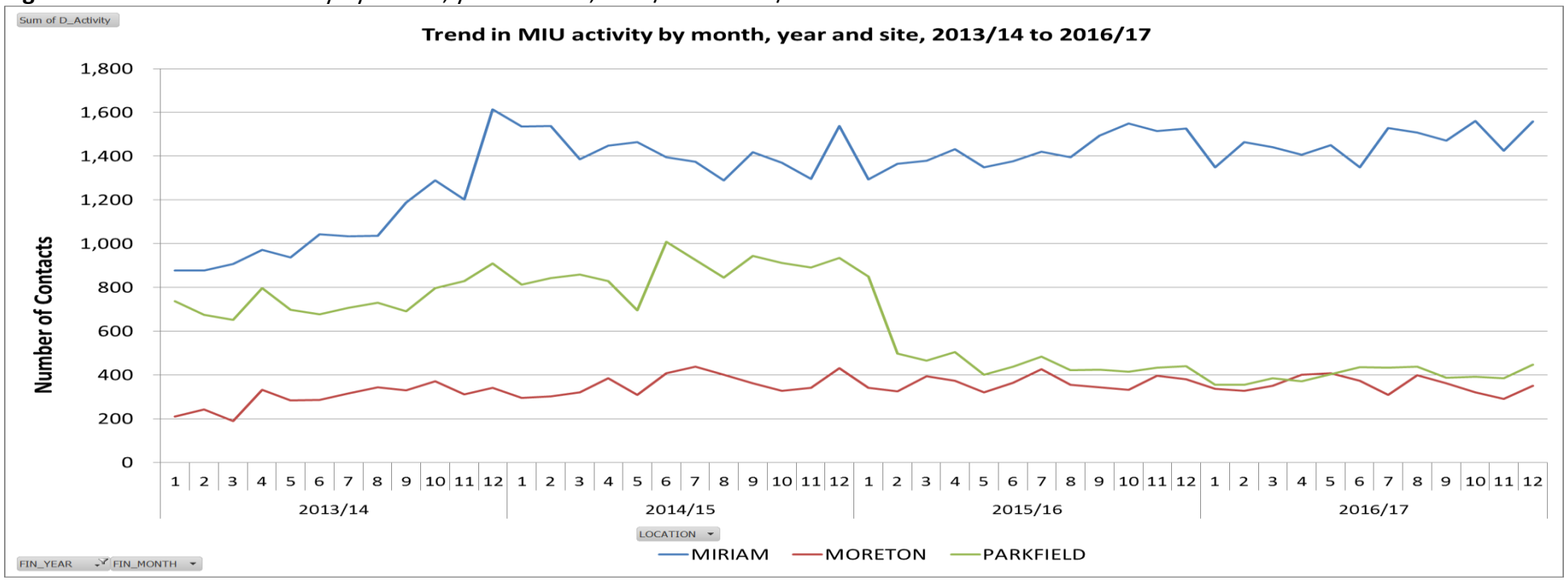


Figure 28 shows that the Wirral MIU with the highest number of attendances is Miriam and this has been consistent over time. In addition, there appears to be an upward trend in usage of Miriam MIU, attendances at Moreton appear fairly stable; Parkfield is showing a downward trend but this is due a reduction in service hours from 48 to 28 hours because of restrictions on space and capacity to operate a 48 hours service.

Table 10 below shows the total number of attendances during 2013/14 to 2016/17 by year and Site

Table 10: Total attendances at Wirral MIUs in 2013/14 to 2016/17, by site

MIU	2013/14	2014/15	2015/16	2016/17	All Years
Parkfield	8,895	10,499	5,772	4,787	29,953
Miriam	12,982	17,052	17,100	17,513	64,647
Moreton	3,556	4,319	4,354	4,231	16,460
Total	**25,433**	**31,870**	**27,226**	**26,531**	**111,060**

Table 11 shows attendances at Wirral MIUs by outcome. Most individuals were discharged without follow up, while 2.1% of patients were redirected to A&E. Of these patients redirected to A&E, the highest number were for limb problems, 'generally unwell', chest pain, eye symptoms, head injury, cough, and back pain. For individuals redirected to VCH, the majority (two thirds) had a diagnosis of 'limb problems' which presumably meant that they needed an X-ray for a potential fracture.

Table 11: Total attendances at Wirral MIUs in 2016/17, by outcome

Outcome	Number	% of total
Discharged	22,853	86.14%
See own GP	1,587	5.98%
Review here	758	2.86%
A&E	577	2.17%
Not Recorded	447	1.68%
VCH	155	0.58%
See own nurse	154	0.58%
Grand Total	**26,531**	**100.00%**

In terms of reason for attending MIUs, the most common reasons were redressing/removal of sutures, sore throat, cough, urinary tract infection, and chest infection (Table 12). Many of these symptoms could be seen in primary care or pharmacy rather than in a specific urgent setting.

Table 12: Total attendances at Wirral MIUs in 2016/17, by reason for attendance

Reason for attendance	Number
Redressing/ROS	4,240
Sore Throat	2,081
Cough	1,915
UTI	1,888
Chest Infection	1,388
Ear Pain	1,372
Rash	1,139
Limb Problems	1,135
Generally Unwell	1,004
Skin Problems	948
Skin Infection	888
Wound Check	835
Eye Symptoms	762
Ear Infection	669
Infection	581
Cuts/Graze/Laceration	543
Removal of Sutures	500
Bites/Stings	492
Minor Illness	468
Advice	459
Back Pain	404
Minor Head Injury	250
Headaches	187
Burns	185
RTA	167
Chest Pain	164
Unprotected Sexual Intercourse	154
Diarrhoea	149
Sore Mouth	131
Fever	127
Foreign Bodies	124
Cyst/Abcess	111
Sprains and Strains	110
Other (less than 100) & Blank	961
Total	**26,531**

Minor Ailments Summary

- Miriam was the busiest MIU in Wirral in 2016/17
- There were over 26,000 attendances to MIUs in Wirral during 2016/17, an average of around 2,212 per month.
- There is no clear seasonality to attendances, except at Miriam, where March has consistently been the busiest month over all 4 years shown. The other 2 MIUs show fairly stable attendances throughout the year
- Most patients were discharged with no additional follow up needed; 2.1% of patients were referred on to A&E
- The most common diagnoses were around wound care and removal of sutures, infections, skin problems, and cuts, grazes and lacerations

7.6 NHS 111

NHS 111 has been in operation since October 2015. Locally, NHS 111 provides triage/assessment of patient symptoms, healthcare advice and/or direction to the most appropriate local service, one of which is the GP OOH service (see section 7.7).

In 2016/17, NHS 111 received 64,171 calls. Figure 28 below shows there were only four months in 2016/17 where calls received fell below 5,000, this was in the months of August, September, February and March. The highest volume of calls was in the month of December, which may reflect Christmas and New Year closures in other services.

Figure 29: NHS 111 Calls Triaged by month, 2016/17

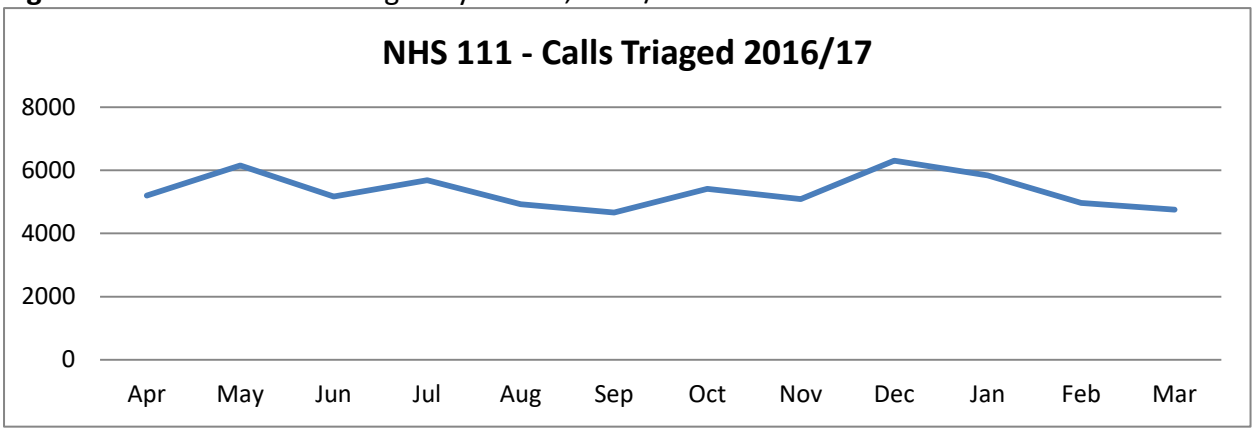
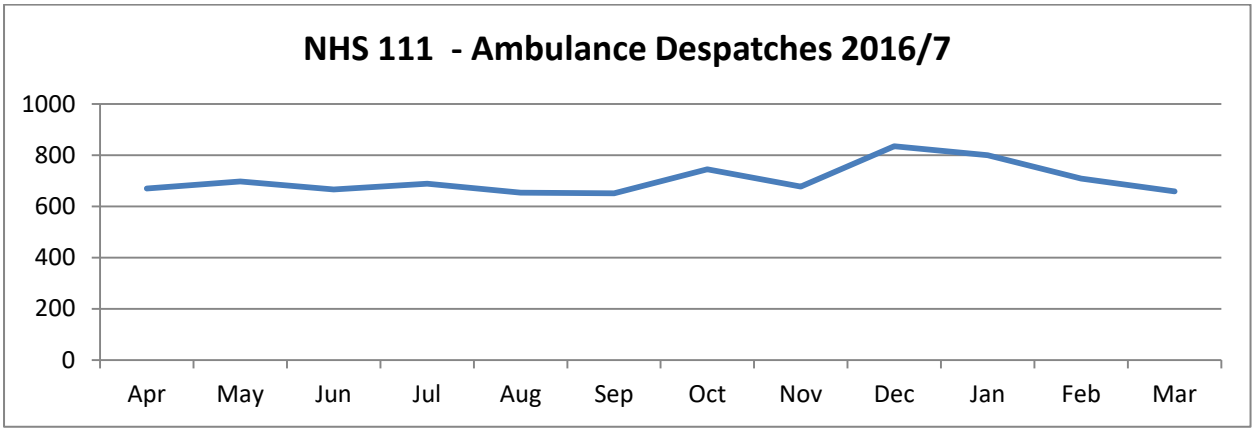


Figure 30 below show NHS 111 ambulance despatches by month in 2016/17. As the chart shows, December and January had the highest number of despatches overall, reflecting the demand particularly in the winter months and at a time when other services may not be available over Christmas and New Year period or out of hours, for example.

Figure 30: NHS 111 Ambulance Despatches by month, 2016/17



NHS 111

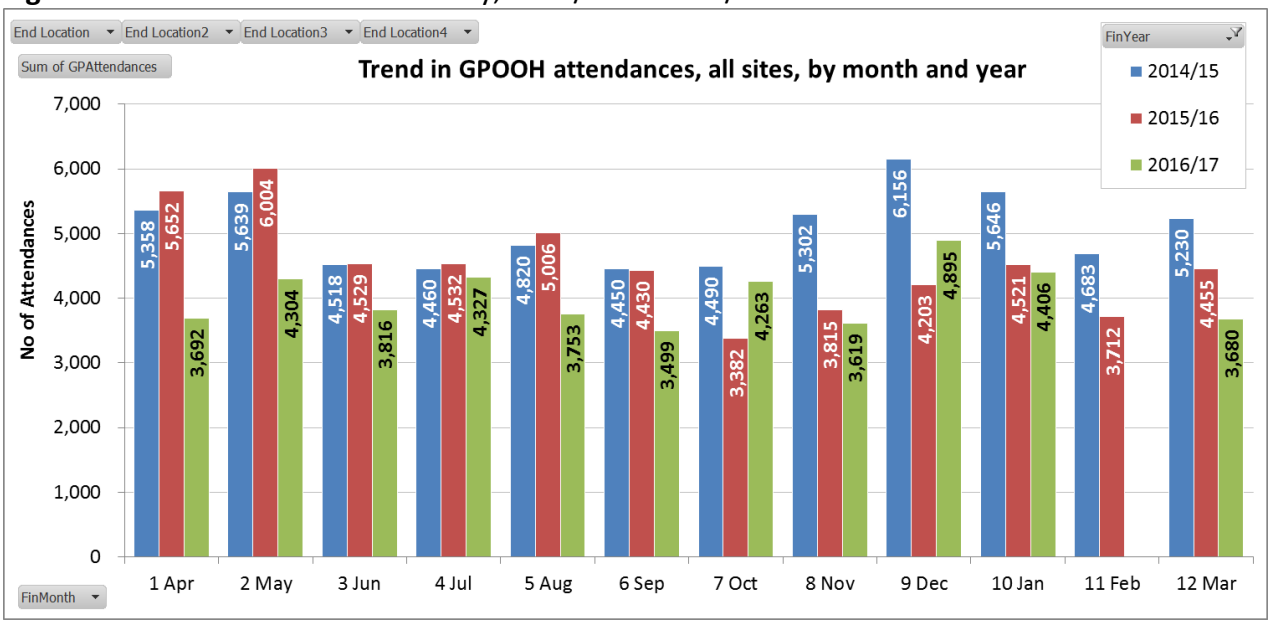
- In 2016/17, calls triaged fell below 5,000 in the months of August, September, February and March. December appears to be the busiest month of the year for calls triaged
- Ambulance despatches via NHS 111 appear to peak in the months of December and January
- There appears to be a relationship between the introduction of the NHS 111 service and the reduction in GPOOHs referrals year on year

7.7 GP Out of Hours (GPOOH)

Wirral GPOOH service is accessed through NHS 111 service and provides urgent medical help and advice for patients outside of usual GP opening hours. GPOOH can include telephone advice, a home visit, or a face-to-face consultation at Arrowe Park. The GPOOH in Wirral operates Mondays to Fridays 6:30pm–8:00am and 24 hours a day on Saturdays, Sundays and Bank Holidays.

Figure 31 below show usage of the GPOOH in Wirral by year and month for the last three financial years.

Figure 31: Trend in all GPOOH activity, 2014/15 to 2016/17



As the charts shows, December and January had the highest number of attendances overall in both 2014/15 and 2016/17 (but not 2015/16), which may reflect Christmas and New Year closures in other services.

Average monthly usage has fallen from 5,500 per month in 2014/15, to 4,500 per month in 2015/16 to 4,000 attendances per month in 2016/17. This appears to relate in part to the introduction of the NHS 111 service that has been in operation since October 2015 where GPOOH referrals have reduced year on year and continues to remain below previous attendance levels.

GPOOH Summary

- Activity has fallen for each of the last three financial years, from 60,800 in 2014/15 to 54,200 in 2015/16 and then 44,300 in 2016/17
- December and January, and to a lesser extent May, appear to be the busiest months of the year
- Average monthly usage has fallen from 5,500 per month in 2014/15, to 4,500 per month in 2015/16 to 4,000 attendances per month in 2016/17

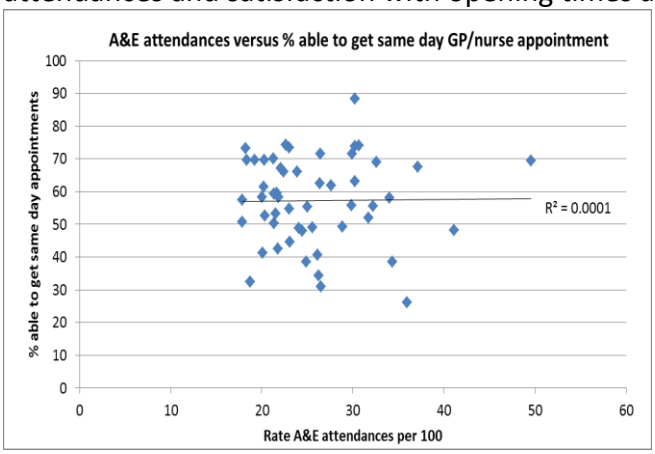
7.8 GP services in Wirral

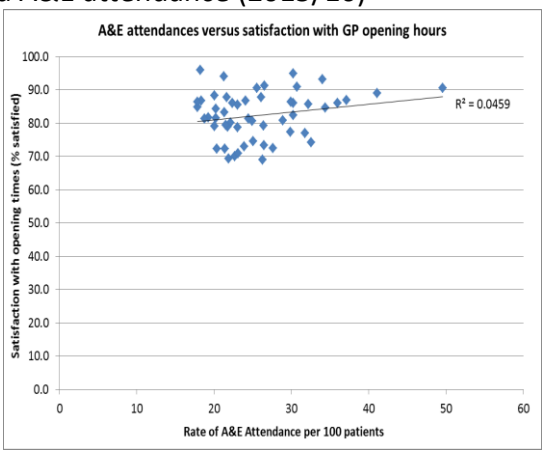
Wirral has a similar rate to England in terms of number of FTE of GPs per patient, but in comparison with other European countries such as Germany, England has more GPs per head of population (although

Germany has a higher rate of hospital beds).[39] The number of Full Time Equivalent (FTE) GPs per head of population in Wirral is around 14% higher in the most deprived areas compared to the least deprived areas[40], but the rate of long term conditions in those aged over 40 is between 1.5 to 2 times higher in deprived areas. This may mean that GPs in deprived areas may have less capacity to deal with urgent care issues.

It is often hypothesised that people attend A&E because they cannot get a GP appointment, or at times when their GP practice is closed. However, responses in 2015/16 by Wirral patients to the GP Survey (which is carried out each year and asks questions such as, "How satisfied are you with the hours that your GP surgery is open?" and how long it took to see a GP or Nurse after contacting the Surgery) do not support this theory. Neither of these measures of perceived access to GPs appears to be correlated with the rate of A&E attendances by the practices patients, as the charts below show.

Figure 32a & 32b: Correlation between ability to get same day appointment with a GP/nurse and A&E attendances and satisfaction with opening times and A&E attendance (2015/16)





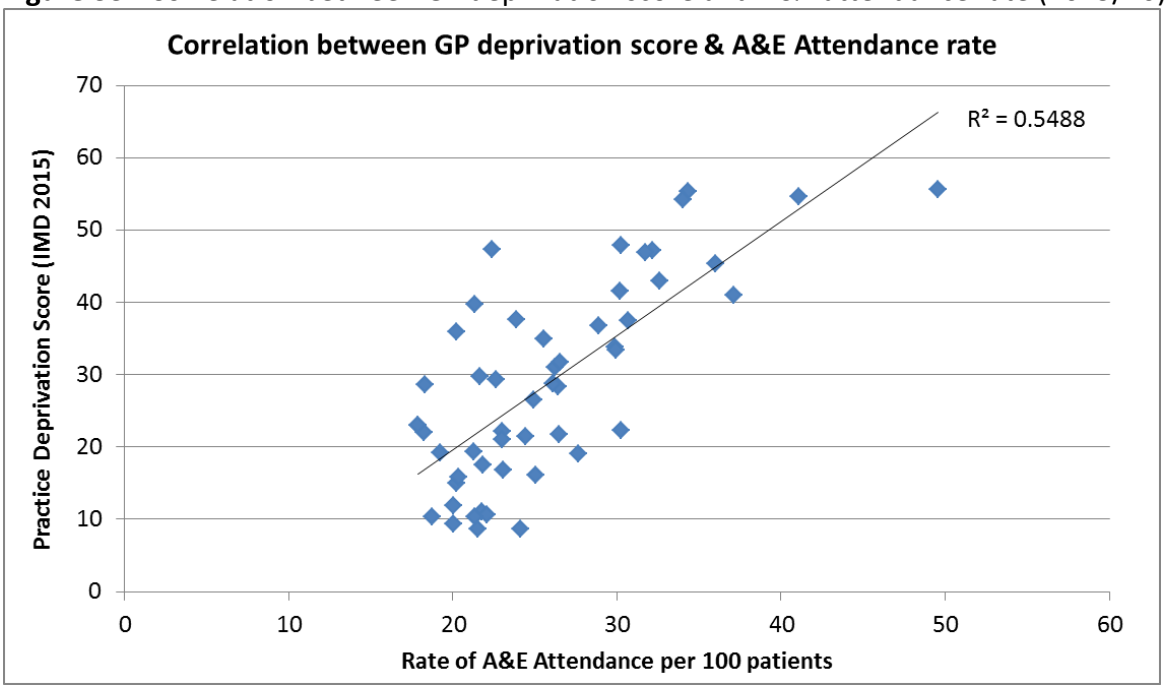
The question in the GP survey the responses shown in Figure 32a refers to was, "Last time you wanted to see or speak to a GP or nurse from your GP surgery: How long after initially contacting the surgery did you actually see or speak to them?" The indicator value is the percentage of people who answered this question with either "On the same day" or "On the next working day". As Figure 32a shows, there is no relationship between the ability to get a same day appointment and the rate of A&E attendances by patients of the practice.

Figure 32b shows the relationship (or lack of it) between A&E attendances and the rate of satisfaction with GP opening hours. There does not appear to be any correlation between these two factors at all. In fact, one of the few strong relationships between A&E attendances and the characteristics of the practice appears to be with GP practice deprivation levels.

Figure 33 below shows the correlation between deprivation score of the GP practice and A&E attendances.

[39] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf p.17
[40] Data from https://www.york.ac.uk/che/research/equity/monitoring/ (GP FTE data is from 2011 so quite dated)

Figure 33: Correlation between GP deprivation score and A&E attendance rate (2015/16)



As Figure 33 shows, there is a very clear relationship between deprivation at GP practice level and the rate of A&E attendances. As deprivation increases, so do A&E attendances.

GP Services Summary

- The number of FTE GPs per head of population in Wirral is around 14% higher in the more deprived areas compared to the least deprived areas
- The rate of long term conditions in those aged over 40 is around double that of the more affluent areas however
- Neither satisfaction with GP opening hours, or ability to get an appointment with a GP in Wirral were correlated with the rate of A&E attendances
- The most striking correlation was between the level of deprivation by GP practice and the rate of A&E attendances (higher deprivation = higher rate of A&E attendance)

7.9 North West Ambulance Service

The North West Ambulance Service (NWAS) Paramedic Emergency Service (PES) provides an accident and emergency rapid response service 24 hours a day across Wirral. Ambulance staff attend emergencies and are trained to provide care at the scene of an incident and/or transport the patient to A&E for serious emergencies. All calls are assessed by the Urgent Care Desk and the most serious will be categorised as Red 1 (8 minute response) or Red 2 (19 minute response) non-life threatening calls are classified as Green 3 & 4 which require a response in 3 or 4 hours respectively.

Through the Better Care Fund a Respond and Refer Service (formerly known as Green Car) is commissioned to respond to lower level acuity care to reduce the conveyance rates to A&E. The aim of this service is to provide treatment and/or signposting to other services rather than a hospital admission. From April 2017, the service is expanding to 16 hours a day, 7 days a week. Ideally this will become the default for patients as the first step in any urgent and emergency care journey that does not require a 999 response.

Table 13: NWAS Respond and Refer Service 2016/17

Referral Information	**2016/17**
Calls received from 999 for Wirral CCG	52,307
Calls received from NHS 111 for Wirral CCG	64,171
Total calls received by NWAS	**116,478**
Calls assessed by Respond and Refer	1,306
Number transferred from NHS 111	113
Number of Respond and Refer patients not conveyed to hospital	570
% of patients who were not conveyed to hospital	**44%**
Number of nursing/care home residences attended by Respond and Refer	72
Number of calls to other residence	1,234
Number of patents attended >65 years	1,038
% over 65 years	**79%**
Number relating to 'Falls'	732
% of call relating to 'Falls'	**56%**
Red calls responded to	44

In 2016/17 ambulance calls peaked in the period between November and January. A target was introduced to ensure that at least 40% of the calls assessed by Respond and Refer were not conveyed to hospital. In 2016/17 four of the twelve months did not meet the target (May, July, September and October). As Table 13 shows, the vast majority of calls assessed by the Respond and Refer service are for residents aged over 65 years (79%) with more than half of the calls relating to falls (56%).

NWAS Respond and Refer Service

- In 2016/17, 79% of calls assessed by the Respond and Refer service are for residents aged over 65 years, more than half of the calls related to a fall

8. Recommendations

The Cheshire and Merseyside Five Year Forward View (FYFV) requires focus on the 'front door' urgent and emergency care services as a priority area. Transforming Urgent and Emergency Care for Cheshire and Merseyside will mean bringing care as close to home as possible.

Urgent and emergency care services need to be responsive to patients changing needs. If the proposals within the consultation are adopted, in the future if a person needs urgent and emergency care they will continue to receive the same comprehensive range of services from the NHS, whether patients access services by walk in, telephone or via the ambulance service. This model of care is in line with the Safer, Faster, Better: *good practice in delivering urgent and emergency care.*[4]

To do this Wirral organisations need to develop a system that is more integrated, making patient care seamless. Following an analysis of the data, a number of key recommendations have been developed, which have been used to shape our proposals. These are described in more detail in section 10.2 but broadly are as follows:

- Ensure that there is simple and convenient access to emergency/urgent care and social care services
- Work with general practices and primary care clinicians to reduce demand on acute care
- Work with NWAS to further reduce the 'conveyance' rate of patients to acute care
- Work with local acute trust, NWAS, primary care and social care to develop a range of responsive integrated community based intermediate care services as alternatives to acute care. To ensure patients are signposted appropriately, supporting improvements in the management of people with long term conditions to reduce demand on acute care, for example.

9. Proposal for future delivery of urgent care

The previous sections of this paper have highlighted the need to transform local urgent care services, not only due to the national mandates, but most importantly to improve the care of Wirral residents by providing effective, seamless care when they need it the most. Therefore this chapter will propose a revised model of care which reflects nationally mandated requirements and the introduction of a revised community offer. Option 1 reflects the current community offer alongside the mandated requirements as outlined earlier in this paper and in section 9.2. In order to provide a more seamless journey for patients, reducing the confusion, we believe a new model of care is needed (section 9.1); options 2 and 3 would enable these improvements in care based on the insight we have gathered. This chapter provides a description of the draft model of care (9.1) along with the benefits and options for consideration (9.2).

9.1 Draft Model of care

Utilising the National guidance, the data in the case for change and the views gathered from local stakeholders, a draft model of care has been designed, led by clinical colleagues and proposed options to deliver this model are detailed below.

As highlighted in the draft model of care the proposal is best considered within the wider health and social care system. This model shows a number of layers of care, with more specialist and acute care at the bottom of the diagram; patients will access varying parts of the model during their lives and some patients may even access care in a number of layers at one time. The care in this model is to be delivered in a person-centered approach with different services working together to enable a seamless patient journey. It describes the care available for the whole of the Wirral population, from babies to the older generations.

As with the existing services provided, the Urgent Treatment Centre and local services will be required to illustrate robust safeguarding and clinical governance policy, procedure and practice with clear responsibility and accountability.

The service model will be supported by extra GP appointments within each area in Wirral, available 8am to 8pm, 7 days a week. This extended access to GPs will be provided through a hub and spoke approach in each of the 9 local areas, with groups of practices providing additional appointments to their populations. It is proposed that where possible this will be integrated and co-located with four Community Hubs. The primary care offer will also include same day appointments booked via NHS 111 for urgent need and will manage urgent domiciliary visits at a time of day appropriate for patients to help to avoid unnecessary admissions to hospital and improve patient experience.

Exact locations for the delivery of local services would be determined following a post consultation decision by the Governing Body and subsequent development of a service specification and potential procurement process. However, proposed localities have been determined through the development process, based on population need. The introduction of a revised model of care would utilise existing estates within the current funding available.

Draft Model of Care

Box 1: Description of the layers in the model of care

- The proposed model is best understood within the wider health and care system. There will be a renewed focus on prevention of ill health and promotion of self-care through a strategy to develop wellbeing, education and community support (the white layer), in partnership with schools, voluntary organisations, pharmacies; and through maximising the opportunities presented by new technologies.
- People will be able to access their usual GP and community services as they normally would when they need them (the blue layer)
- The green layer represents same day urgent appointments for people who are unable to get an urgent same-day appointment with their GP. These appointments will be booked via NHS 111 and will be available in a number of GP practices across Wirral. This service may also provide senior nurse appointments. A specific urgent care service for children as well as a dressing and wound care service will also be available locally.
- Additional GP appointments will also be available in the evenings and at weekends, for people who need them. These will be provided by GP practices working together on a cluster basis and we envisage nine of these clusters across Wirral.
- The next layer the model of care is the Urgent Treatment Centre (UTC) (orange layer) which would provide a single front door for patients walking into the UTC and will triage and clinically assess patients within 15minutes of arrival, and give them an appointment slot within 2 hours of arrival. An urgent treatment centre will be created on the Arrowe Park Hospital site, open a minimum of 12 hours per day 7 days a week. The UTC will be GP led and treat minor illnesses and injuries and will include access to diagnostics (e.g. x-rays, bloods etc.) and will be integrated with A&E to enable consultant advice where required.
- The bottom layer is the **Accident and Emergency** Department located in Arrowe Park which will remain as a Category 1 (major) accident and emergency department.
- **An Integrated Urgent Care Clinical Assessment Service** will provide access to urgent care via NHS 111, either a free-to-call telephone number or online and will provide complete episode of care concluding with either: advice, a prescription, or an appointment for further assessment or treatment.

Urgent Treatment Centre based at Arrowe Park

It is proposed that one Urgent Treatment Centre will be required for Wirral. The existing walk-in centre on the Arrowe Park site will be developed to become the UTC. The reason for basing the UTC at the Arrowe Park site has been taken for the following reasons:

- **It meets population need:** the Case for Change highlighted that due to the size of the population, geography of Wirral and demand for urgent care services, one centre at this location would meet the population need
- **It meets NHS England standards:** one of the National Standards includes having access to an A&E Consultant which would be achievable on the Arrowe park site. There is also the facility in A&E to treat patients who may deteriorate rapidly and require more acute intervention.
- **It would provide a more streamlined pathway of care for patients**: the Urgent Treatment Centre would provide a single point of access at the Arrowe Park Site for patients with an urgent care need. This would be a more seamless pathway for patients, who would be seen by the most appropriate clinician in a timely manner. There is evidence to show the benefits of urgent care services that are co-located within emergency departments, for example co-located services can stream patients through one front door and thus reduce A&E attendances[41].

The Urgent Treatment Centre will meet the national standards along with the additional elements such as the triage of patients and direction to appropriate clinician including access to Psychiatric Liaison for mental health (building on development to meet core 24 standards by 2020/21) as appropriate. It would also offer a wellbeing offer such as voluntary sector information and advice service and a pharmacy onsite and the ability to book appointments directly with some community services e.g. smoking cessation.

Implementation of an Urgent Treatment Centre will enhance patient experience through delivery of additional services, ensuring access to diagnostics to enable more patients to have their needs met without the need to go to A&E. The integration with A&E will provide direct access to the A&E consultants to support decision making within the urgent treatment centre and patients will be seen and treated within a maximum of 2 hours compared to 4 hour A&E standard.

As a result of this proposal, we would no longer have routine walk-in facilities or minor injury services at our current urgent care locations (Walk-in centres and Minor illness/injury units). Our proposed new model of care would see the introduction of an Urgent Treatment Centre, a specific urgent care service for children, a dressing and wound care service as well as an additional 720 routine GP appointments each week.

Integrated NHS 111 and GPOOH service

Alongside the above, Wirral will be developing an Integrated Urgent Care Clinical Assessment Service (IUC CAS) with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017.

[41] Shifting the Balance of Care, Great Expectations Nuffield trust March 2017 https://www.nuffieldtrust.org.uk/research/shifting-the-balance-of-care-great-expectations

The introduction of an IUC CAS will fundamentally change the way patients access health services. The model for an IUC CAS requires the following offer for patients:

- access to urgent care via NHS 111, either a free-to-call telephone number or online;
- calls to NHS 111 to be triaged by a Health Advisor;
- access to GP advice 24/7 with support from a multidisciplinary clinical team
- consultation with a clinician using a Clinical Decision Support System (CDSS) or an agreed clinical protocol to complete the episode on the telephone where possible;
- direct booking post clinical assessment into a face-to-face service where necessary through the NHS 111 service;
- electronic prescription; and
- Self-help information delivered to the patient through the NHS 111 service.
- As many clinically appropriate calls to NHS 111 as possible should be closed following consultation with an appropriate clinician, negating the need for onward secondary care referral or additional signposting.

Benefits of the proposed changes to urgent care

Our clinical leads believe that the proposed model will enhance patient safety and improve patient outcomes through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care. This will reduce risk of any patient safety concerns across the urgent care system and improve health and social care outcomes. As noted above, it will be ensured that the services have robust safeguarding practice in place.

The model will provide consistent, standardised care for patients. It will also ensure patients are seen in the most appropriate place. The urgent treatment centre, as an integrated model with A&E, will undertake clinical streaming. It has been evidenced locally and nationally that clinical streaming is an effective method to enable a streamlined pathway of care for patients. Closer working between partners and consistency across community provision would also facilitate evidence based practice and demonstrate clinical leadership and engagement as well as the delivery a high-quality standard of care.

The proposal aims to deliver clinical and cost-effective care as it directs clinical resource to our areas of highest demand. There is greater demand of areas of social economic deprivation. In addition to this, providing a clearer system will ensure patients access the most appropriate service first time, reducing the number of patients visiting more than one urgent care service for the same condition/incident. This would reduce carbon footprint for patients previously traveling to numerous centres to get their needs met.

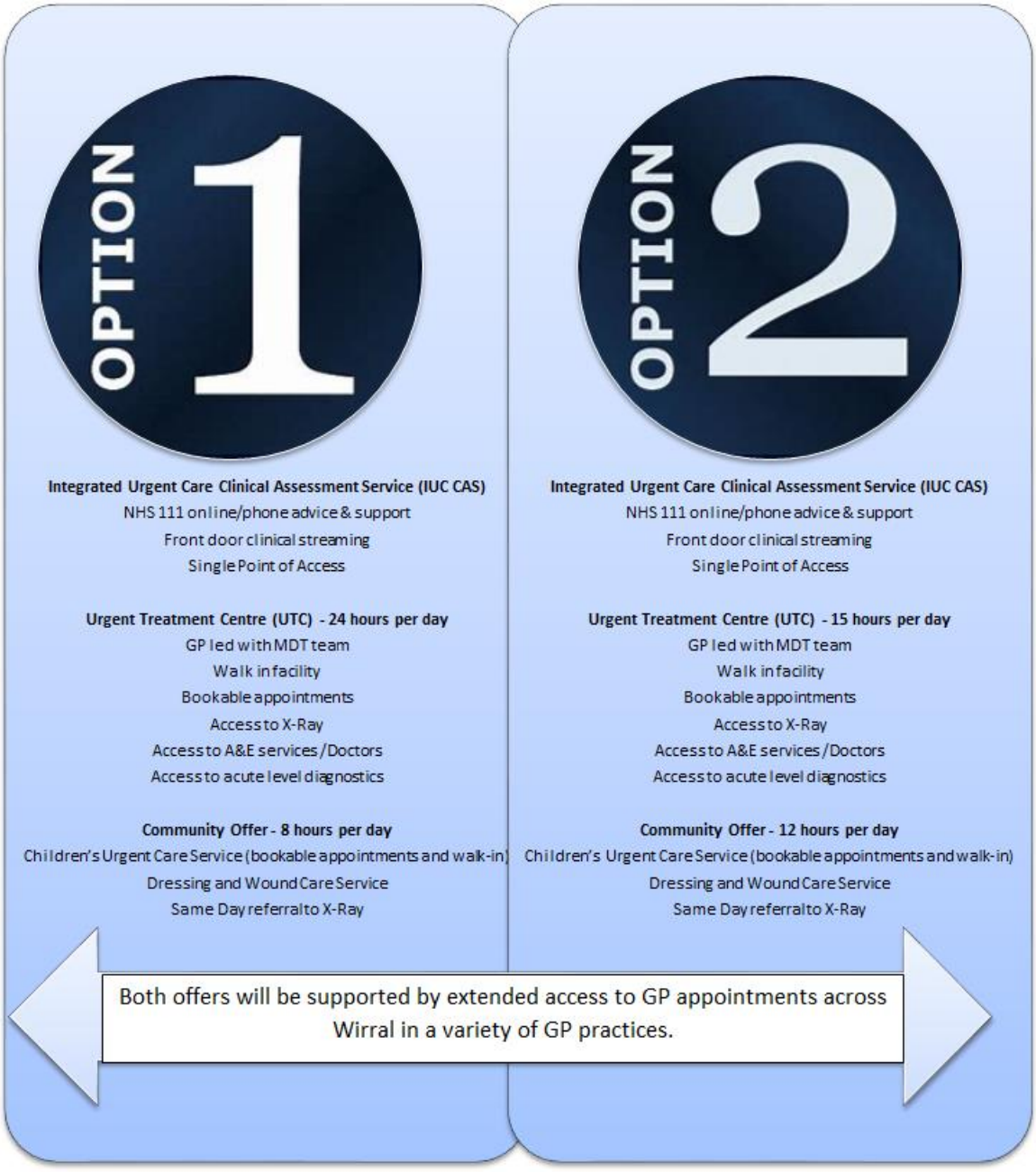
The urgent care model will have enhanced IT access as specified within NHS England's standards referenced above.

Further advantages and disadvantages of each option are described further in the section below.

9.2 Options for consideration

The below table shows the options for the new model of care.

Option Summary - Local services will be delivered across Wirral in line with the place based model which will cover the 9 'neighbourhoods' – see below for further detail.



Place Based Model

The intention to move to placed based care will enable health and care providers to work closely together with a focus on people and improving their health and wellbeing. It will involve bringing together all community based services to provide proactive joined up care as 'One Team', working toward shared outcome goals. Care should be joined up and with a focus upon proactive care in the community which avoids reactive and expensive hospital or long term social care.

To enable delivery of the benefits of place based care, Wirral has been divided into different geographic locations depending on the care needs of that population. These are as below:-

- 51 GP practices
- 9 neighbourhoods
- 4 localities

- 1 Wirral district

Further work has commenced to define these different geographic locations and their role in place based care delivery. The proposed Primary and community care core offer will be via a number of locations serving the 9 neighbourhoods as well as extended access provision; including existing GP provision alongside extended access.

Option 1 would provide the maximum UTC offer of 24 hours 7 day a week care, which would provide an 8 hour per day Community offer. In contrast, option 2 would provide a 15 hours 7 day a week offer, taking the Community offer up to 15 hours per day. However, what must be noted is the impact a reduced Urgent Treatment Centre would have on wider Wirral healthcare issues such as supporting the local A&E Department which is currently under resourced and stretched to capacity.

Provision at existing WIC and MIUs

	Current Provision					
	Victoria Central Walk in Centre and Minor injuries	**All Day Health Centre, Arrowe Park**	**Miriam Minor Injuries and Illnesses Clinic**	**Moreton Health Clinic Minor Injury & Illness Service**	**Parkfield Minor Injury & Illness Service-New Ferry**	**Eastham Walk in Centre (temporarily suspended)**
Opening Hours >12hrs, 7 days	8am-10pm, 7 days	8am-10pm, 7 days	10am-8pm Monday-Thursday, 10am-6.30 pm on Friday and 10am-5 pm at weekends	10am-7pm Mon-Tues, 10am-8pm Wed-Thurs, 10am-6pm Friday	2pm-6pm, Mon-Friday, closed weekends	2pm-10pm Mon-Fri, 9-5pm Weekend
Bookable appointments	✗	✗	✗	✗	✗	✗
Walk in/ unplanned capcity	✓	✓	✓	✓	✓	✓
GP-led (with multi-disciplinary team)	✗	✗	✗	✗	✗	✗
Access to A&E Consultants	✗	✗	✗	✗	✗	✗
Access to X-Ray	✓	✗	✗	✗	✗	✗
Treatment of Minor Injuries	✓	✓	✓	✓	✓	✓
Treatment of Minor Illnesses	✓	✓	✓	✓	✓	✓
Prescribing	✓	✓	✓	✓	✓	✓
Simple diagnostics (bloods, urinalysis, ECG)	✓ ECG and urinalysis	✓ urinalysis	✓ ECG and urinalysis	✓ ECG and urinalysis	✓ urinalysis	✓ urinalysis
Dressings Service/ Wound Care	✓	✓	✓	✓	✓	✓
Routine Phlebotomy	✗	✗	✓	✓	✗	✓

Alongside this:

- Patients have told us that they do not know where to go, the current services are confusing, offering different opening hours and level of services at each site.
- The urgent care data shows us that patient's needs are not being met by the existing service provision and is not achieving responsive, reliable and efficient care.
- The quality impact assessment shows that due to the number of access points with differing provision it does not enable effective partnership working, has multiple access points and issues regarding information flow. This could lead to ineffective multi-disciplinary safeguarding

approaches, variation in care. There is also less opportunity to enable flexible working across the workforce and therefore there are concerns over the sustainability of this workforce model.

- The current offer is not tailored to current health inequalities and population need
- The existing provision, alongside the implementation of the UTC and IUC CAS is not affordable in its current state.

When undertaking a quality impact assessment (QIA) on the current offer, alongside the positive experiences of patient accessing the individual services there were many negative impacts to consider as summarised above. These negative impacts were within all aspects within the impact assessment such as duty of quality, productivity and innovation etc. Alongside negative impacts to patient experience one consideration is the resource impact, as it is mandated to implement an urgent treatment centre this would require additional resources to sustain and would therefore place additional pressure on existing resources. This Case for Change document also highlights why the existing provision does not effectively meet the needs of the population.

This service model will be supported by extra GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week. This extended access to GPs will be provided through a hub and spoke model in each of the 9 local areas, with groups of practices providing additional appointments to their populations. The primary care offer will also include same day appointments booked via NHS 111 for urgent need and will manage urgent domiciliary visits at a time of day appropriate for patients to help to avoid unnecessary admissions to hospital and improve patient experience.

Proposed Future Service Provision

Service Offer	Local services delivered in the community*	Urgent Treatment Centre at Arrowe Park Hospital
Bookable GP appointments (within 24 hours)**	✓	✓
Urgent care service for children (walk in & bookable appointments)	✓	✓
Dressing & Wound Care Service (bookable appointments)	✓	✓
Routine walk in facilities	✗	✓
Access to A&E services and healthcare professionals	✗	✓
Prescribing	✓	✓
Access to same day X-Ray referral (at a designated X-Ray site)	✓	✓
Phlebotomy	✗	✓
MDT approach	✓	✓

** Locations for the delivery of local services have not yet been determined and form part of the public consultation.*
*** GP appointments will be available in a variety of practices across Wirral*

Considerations and mitigations of new service model

Considerations & mitigations	**Travel Distances** Despite the model offering a higher level of service in local neighbourhoods within Wirral, as well as additional service at the Urgent Treatment Centre, it is recognised that for some patients' additional travel may be required. This may cause difficulty for elderly patients and parents with young children who do not drive/have access to a car. Patients with certain disabilities may find public transport more difficult. Carers may also be impacted by the need to travel further to seek the care the patient requires.	**Mitigation** More GP appointments will be available for patients in Wirral from April 2018 - this will include appointments available from 8am to 8pm 7 days a week within each local area. Feedback from our patients has been that they use walk in centres/minor injuries services because they are unable to access a GP appointment. The extra appointments should mean easier access to a GP closer to home for patients. We will ensure the centres are accessible via public transport and located with easy access from neighbouring areas.
	Bus routes We are also aware that the bus routes to the Arrowe Park site from some areas in Wirral, e.g. Eastham, have changed making access to the site more difficult for people relying on public transport.	**Mitigation** We have included the transport providers within our discussions and will work with them to improve access. We will also explore options around voluntary sector transport.
	Patient Choice The provision of local services delivered from locations within the community plus one urgent treatment centre will reduce choice of locations for urgent care in Wirral. It may create additional choice for some of the other services sitting within the hub e.g. child and family offer, x-ray	**Mitigation** The impact in choice of locations for urgent care will be mitigated via additional GP appointments including same day, as described above.
	Walk in facility Some patients may be dissatisfied that the community centres do not offer a walk in option.	**Mitigation** The lack of 'walk in' appointments will be mitigated by the availability of same day appointments that will be bookable via NHS 111 throughout the day. Walk in appointments will also be available in the Urgent Treatment Centre.

9.3 Financial Considerations

The options have been costed and it is proposed that both models can be delivered within the existing financial envelope.

The current commissioning cost envelope inclusive of A&E, Primary Care Extended Access, Paediatrics A&E, Primary Care Front Door, GP Out of Hours, NHS 111, 3 WICs and 3 Minor Injuries/ Ailments units totals £21.8m (table 18).

Table 18: Urgent Care Financial Envelope

Commissioned Area	£000's
A&E & Streaming	12,061
GP Out of Hours and NHS 111	4,511
Walk in centres and Minor Injuries Units	4,194
GP Extended Hours	1,000
Total	**21,766**

The commissioning envelope is based on the 2017/18 contracts together with the additional monies available for extended hours for GPs. It is expected that the revised urgent care model will be funded within the current funds by reconfiguring the way in which the services are provided.

As part of the consultation there will be specific stakeholder engagement to review the financial considerations of each option in more detail. Further detailed costings will need to be undertaken after the end of the consultation process to update/ validate the assumptions made.

Once a revised model of care is approved and implemented it is likely that connected services such as streaming, GPOOH, extended access to primary care and a reduction in assessment ward usage will be impacted and lead to an efficiency across the system.

10. Conclusion

10.1 Case for change

NHS Wirral CCG in partnership with our colleagues at Wirral Council including Public Health and the Directorate of Adults Social Services and other stakeholders have undertaken a comprehensive review of local urgent care services which describes a compelling case to transform urgent care services locally. This builds on Value Stream Analysis workshops that were undertaken by the CCG in Autumn 2016 and involved local stakeholders including Healthwatch Wirral and representatives of the Patient Voice Group.

These workshops along with additional insights have identified that people are confused about what is offered in relation to urgent care, (other than A&E). It may be that people's lack of knowledge about other options (versus the ease and familiarity of accessing A&E), combined with the fear and stress of being ill results in people resorting to the 'default' of A&E - a choice which they perceive to be the easiest, safest and most reassuring option.

Current performance data shows that there are many people attending A&E whose condition could have been treated elsewhere; such as by general practice or in a walk-in centre. The performance of the A&E system in Wirral has not been satisfactory and the CCG has had clinical concerns due to the deteriorating performance against the constitutional target of 4 hour waiting time. Over the past two months, significant whole system progress has been made in the achievement to ensure over 90% of emergency patients are treated, admitted or transferred within 4 hours. However there is still further progress and improvement required to meet the 95% mandated standard.

It is essential to ensure that there is consistent and clear access to urgent and emergency care and social care services to enable improvements in the health and social care outcomes of Wirral residents. A new national model of care for urgent and emergency services will need to be implemented by December 2019, as mandated by NHS England.

10.2 Proposal

Following an analysis of the data, recommendations were developed and used to develop the proposals and one recommendation has been embedded into existing work as described below:

- Ensure that there is simple and convenient access to emergency/urgent care and social care services
- Work with GP practices and primary care clinicians to reduce demand on acute care (see draft model of care section 9.1)
- Work with NWAS to further reduce the 'conveyance' rate of patients to acute care (not covered as part of this proposal but is being actioned as part of the Urgent Care Operational Group)
- Work with local acute trust, mental health services, NWAS, primary care and social care to develop a range of responsive integrated community based intermediate care services as alternatives to acute care. To ensure patients are signposted appropriately, supporting improvements in the management of people with long term conditions and mental health to reduce demand on acute care, for example.

We have described a proposed model of care which has been developed based on local stakeholder, public and clinical insight, using case for change data and NHS England National Guidance.

The implementation of a revised model of care may result in changes to existing service delivery, potentially re-locating services and staff and changing the focus of the community offer to a more comprehensive, consistent offer. All possible considerations and impact, positive and negative for the public and stakeholders have been considered and will be published on the NHS Wirral CCG website for review as part of the consultation.

A new model of care will improve the patient experience; the local population told us that people do not clearly understand the choices available to them and how to access or use them, and therefore the aim of a new model is to offer consistent, standardised care for patients. It will also ensure that patients are seen in the most appropriate place. It has the potential to enhance patient safety and improve patient outcomes through delivery of a clearer, consistent model across urgent care in Wirral driving closer integrated working between organisations delivering urgent care. Furthermore, by having a proactive approach to planned care and focus on self-care and wellbeing, this model will help to shift the focus of care towards prevention of illness and supporting people in relation to the wider determinants of health.

10.3 Public Consultation

The next steps are to undergo a formal consultation process recommended to gather feedback from the public and stakeholders. As part of a formal consultation, commencing for 12 weeks between September and December 2018, we propose to inform the public about the mandated services whilst asking for their views on the options we have proposed for the community offer.

Monitoring of responses during the consultation period

The communications and engagement plan includes commentary relating to the monitoring of responses. The Wirral Intelligence Service will be monitoring responses and will provide a weekly update to the transformation team. This will enable the team to identify any specific gaps or issues raised which can then be managed in a timely manner, this would include being responsive to individuals, groups or stakeholders or targeting any additional engagement activity that cannot be anticipated at this point.

Decision making process

The criteria by which the CCG will base its decision making process on will be focused a number of issues such as; Equality Impact Assessments and Quality Impact Assessments, issues relating to transportation, service quality, patient safety, clinical efficiency. As well as these issues, we will also take into account results of the public survey and any public feedback received as part of this consultation.

Post consultation, survey responses and feedback will be analysed and a formal report will be developed which will take into account survey responses, feedback from any public events, issues raised via other methods such as telephone and post as well as reviewing the initial feedback from the listening exercise and stakeholder engagement activities that took place earlier in the year. We will be applying weighting criteria to a number of key categories concerning both the urgent treatment centre and the local services in the community such as:

- Accessibility
- Distance
- Parking
- Flexible and convenient appointments

We will take into account the above areas as well as looking at the clinical benefits the options present.

Prior to submitting our final proposal to the CCG Governing Body, we will be subject to formal approval via NHS England.

Governance Structure

As part of the decision making process, we are subject to a number of approvals in terms of post consultation decisions. Our own internal governance process dictates that we present our findings and final proposal to our own internal Executive Management Team for information and review purposes.

We will also be subject to review by NHS England who will have sight of our final report and proposal prior to presenting to CCG Governing Body for final approval in February 2019. In line with this we will also present our final proposal to the Joint Strategic Commissioning Board.

Capital Funding Bid

Wirral CCG has tendered a bid to obtain capital funding to support the implementation of a new, fit for purpose Urgent Treatment Centre (UTC) at the Arrowe Park Hospital site. The clinical benefits for basing the UTC at Arrowe Park are referenced within this document, as well as our full consultation materials. The clinical benefits for this decision are linked with our bid for capital funding. Should we be successful in this bid, it would enable our preferred option of a new fit for purpose build which will maximise the efficiency of the UTC.

Options to proceed in the absence of capital funding

Should we be unsuccessful in our bid for capital funding, our preferred location for the Urgent Treatment Centre remains at Arrowe Park for a number of clinical safety and efficiency reasons highlighted in our consultation document and case for change. Whilst the awarding of capital funding would enable our ideal option; in the absence of such funding we will reconfigure the existing walk in centre at Arrowe Park to become the UTC and undertake minimal internal redesign.

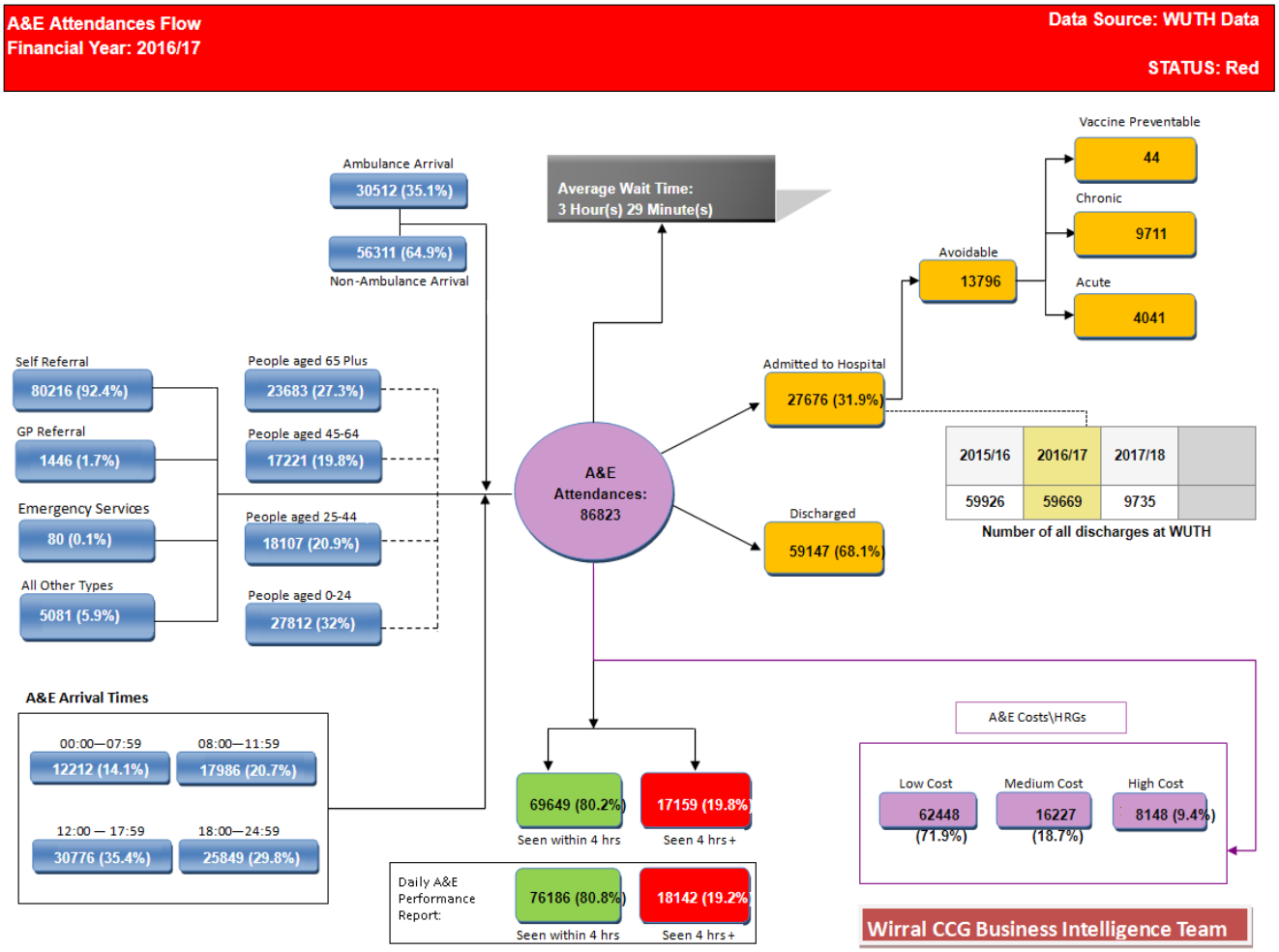
How the service provider for the new care model will be selected

Urgent care services in Wirral are provided by a number of different organisations. Following public consultation and a decision regarding the future service model and location of urgent care services in Wirral, commissioners will work with stakeholders in considering the future provider model and present back to the CCG Governing Body in due course.

11. Appendices

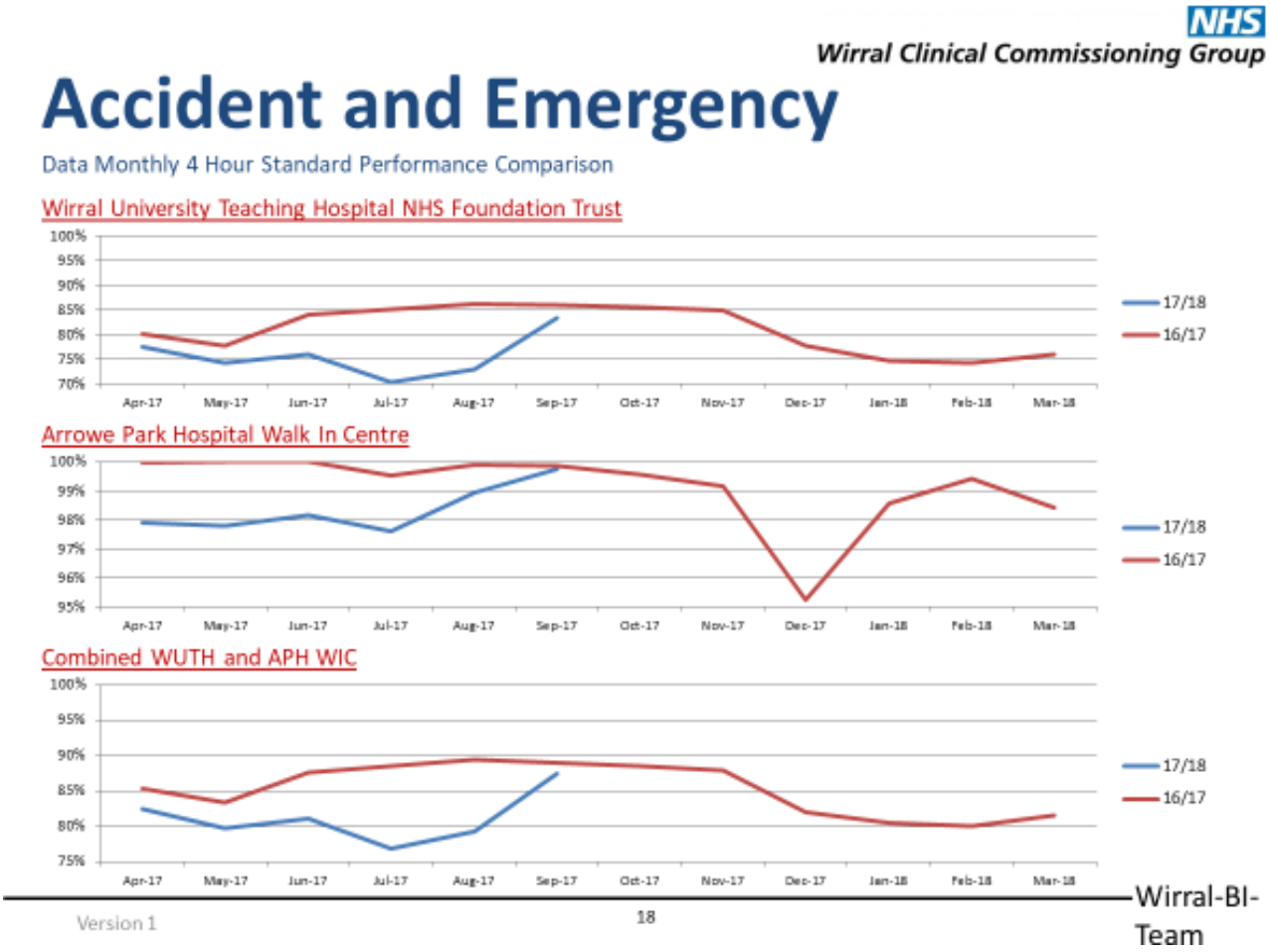
A. A&E attendance flow
B. Supplementary data – A&E performance
C. QIA – Option 1
D. QIA – Option 2
E. EIA – Option 1
F. EIA – Option 2

Appendix A: A&E attendance flow, 2016/17



Appendix B: A&E Performance

The performance of the A&E system in Wirral has not been satisfactory and the CCG has had clinical concerns due to the deteriorating performance against the constitutional standard of 4 hour waiting time target. Since the data has been collected and analysed for this paper, over the past two months, significant whole system progress has been made, evidenced in the Urgent Care plan (see figure below). We have subsequently seen some improvement of stabilisation of the urgent care system. An approximate 10% improvement has been achieved in the 4 hour standard. Whilst there is some daily fluctuation, to be expected, this is being daily monitored. However, there is still further progress and improvement required to meet the 95% mandated standard.



NHS
Wirral
Clinical Commissioning Group

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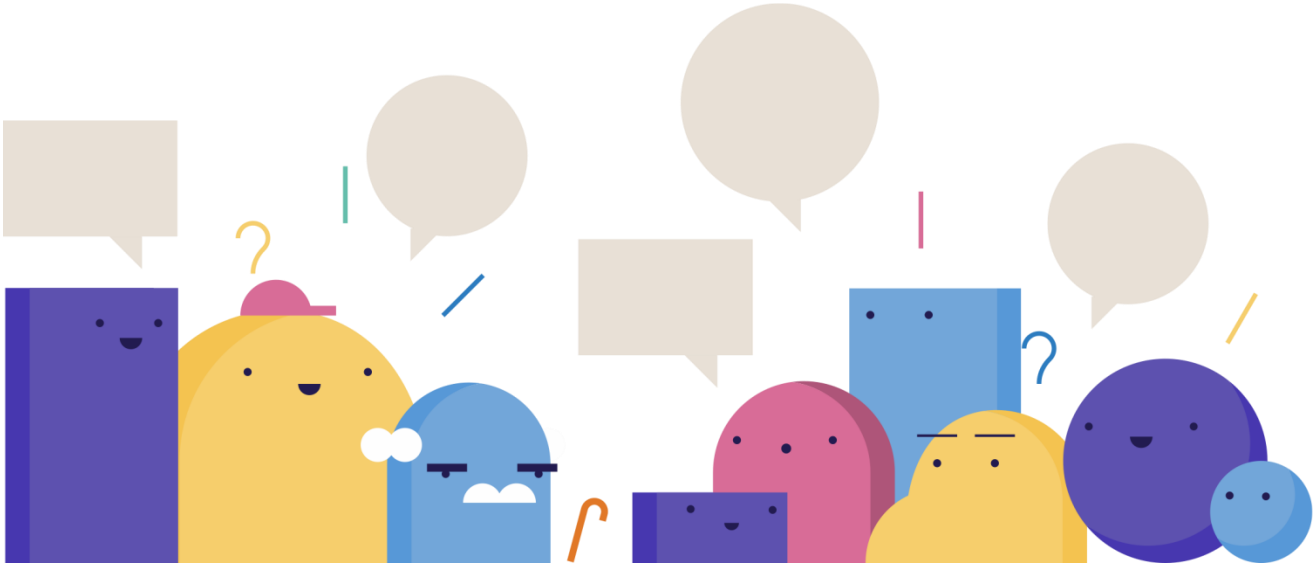
Urgent Care Transformation



Consultation Briefing

October 2018

What are the drivers for change?

We need to make these changes following **national guidance from NHS England to improve urgent and emergency care *"by the roll-out of standardised new Urgent Treatment Centres" and to "end the confusion by establishing as much commonality as possible"***

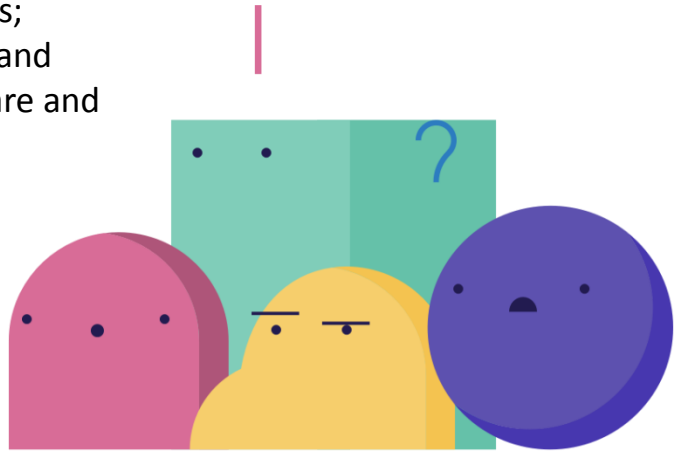
Many people attend Wirral's only A&E because they are unsure where and when to access services. We want to change this and **ease the pressure on A&E.**

People know that they will be seen in A&E, it is viewed as a trusted service.

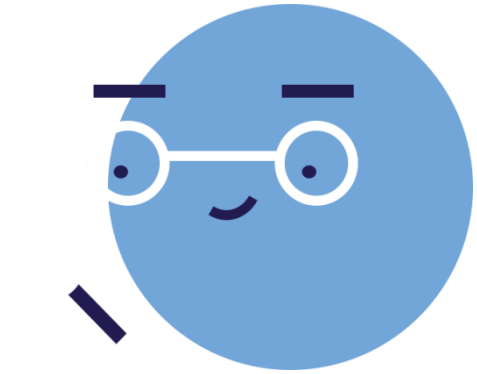
Confusion about Urgent Care services is a common theme across England and has been evident in engagement and research activity in Wirral since 2009.

We want to have more health and care services delivered closer to where people live. This will mean that in future, services will be more joined up and relevant to the needs of people, with an increased focus on **helping people to stay well and healthy.**

We need to meet changing healthcare needs. There are many reasons for this; people living longer and requiring complex care and treatment.



The national picture



The introduction of standardised Urgent and Emergency Care via Urgent Treatment Centre (UTC) for injuries and illnesses that require urgent care, but are not life threatening.

More routine same day GP appointments from 8am-8pm, 7 days per week.

"Patients tell us that the range of alternatives available can be confusing – Walk In Centres, Urgent Care Centres, Minor Injury Units and others with local names and all with differing levels of service"

NHS England, Urgent Treatment Centres 'Why Change?'

An improved NHS 111 Service including e-consultation www.nhs.uk

Local pharmacists who are able to prescribe simple medications to patients.

What we've been told

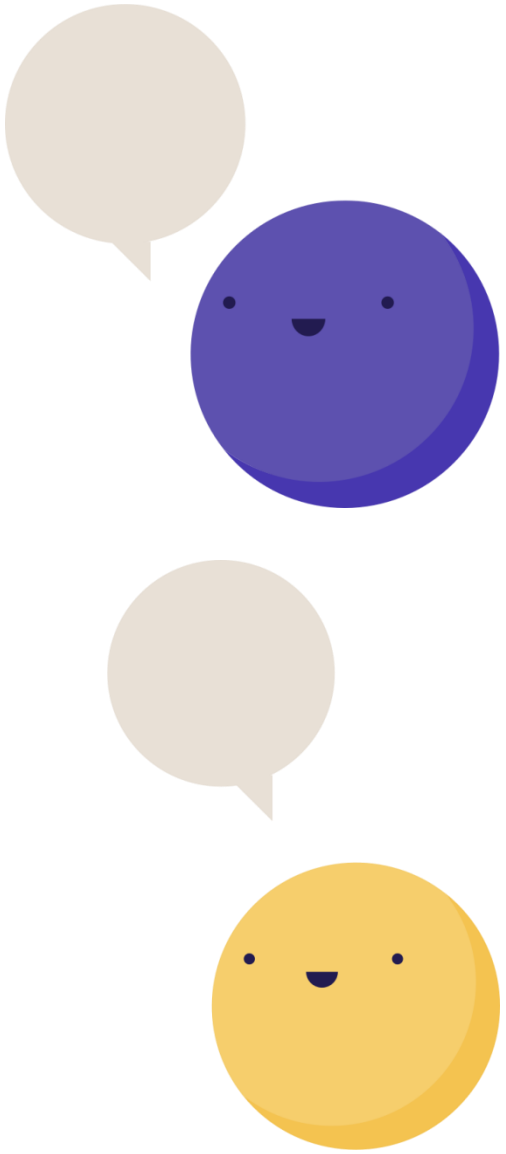
Over the last 18 months we have embarked on an extensive stakeholder engagement strategy, holding a range of events including roadshows, workshops and VSAs and more recently, in February of this year we conducted a 'listening exercise, asking people what they thought of urgent care in Wirral…

80% of people that gave a view during the listening exercise agreed that change was needed

People would like to see a reduction in the number of people using A&E unnecessarily

People want clearer healthcare choices and better access to GP appointments

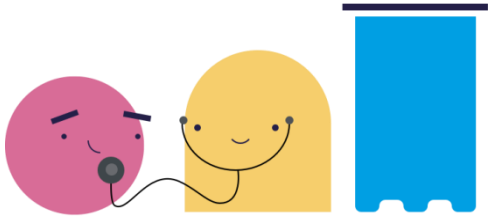
Waiting times at A&E and Walk in Centres were a concern



What we know

Over half of patients who went to Arrowe Park Hospital's A&E last year had an illness or injury that could have been treated elsewhere.

This puts undue pressure on Wirral's only A&E, and means that some of the most vulnerable and poorly people in Wirral are experiencing long waits for the care they need.



More routine GP and Nurse appointments will mean people can be treated closer to home

This is already happening…NHS England have pledged to *"Increase the core hours of GPs so that by March 2019 everyone in England will be able to get an evening and weekend appointment, facilitated by a new GP contract agreement"*

Activity data shows us that almost 50% of attendances to Children's A&E present with minor issues and are discharged within 2 hours

"Some estimates suggest that between 1.5 and 3 million people who come to A&E each year could have their needs addressed in other parts of the urgent care system. They turn to A&E because it seems like the best or only option"

NHS England 'Next Steps on the Five Year Forward View'

Planned dressing services account for 24% of Walk in Centre and Minor Illness and Injury Units activity

For Wirral, we believe that 33% of patients attending A&E in 2017-2018 could have been seen in a less acute setting.

An Urgent Treatment Centre for Wirral

Wirral will have one Urgent Treatment Centre (UTC) which will be based on the Arrowe Park site next to A&E. **This is a national requirement but we would like views on how long it should be open.**

"There are advantages if they can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need"

NHS England, Urgent Treatment Centres – Principles & Standards, July 2017

"GP Led, equipped to diagnose and deal with many of the most common ailments people attend A&E for"

NHS England, 'Urgent Treatment Centres'

24 Hour UTC	15 Hour UTC
Would mean up to **8 hours** per day in each of the 4 community hubs	Would mean up to **12 hours** per day in each of the 4 community hubs

"UTCs will ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases"

NHS England, 'Urgent Treatment Centres'

How we developed the options

Why a UTC at Arrowe Park?

The co-location of the UTC at Arrowe Park means that patients who present themselves and are very ill or, those that deteriorate rapidly can be immediately transferred to A&E to receive emergency interventions.

We know that Wirral's only A&E is under pressure locating the UTC next to A&E will alleviate pressures and keep A&E free for those who really need it.

Having the UTC at the Arrowe Park site means that patients can benefit from the full range of diagnostic facilities including MRI and CT scanning. These facilities are not available at other sites.

Having a UTC located elsewhere would rely on ambulance transport and could present a risk to patients, given the time it would take to get them to A&E.

Many serious conditions such as stroke and heart attacks require **rapid assessment and treatment** to achieve the **best outcomes for patients**

Alternative locations were considered for the UTC such as existing Walk in Centres and Minor Injury Units, however they do not offer the same range of facilities or opportunities to **maximise patient safety**. A more detailed breakdown of other options considered is published and accessible on the urgent care website www.wirralurgentcare.nhs.uk

The Local Offer

The only change for adults in Wirral is booking your appointment instead of walking in.

"Everyone has more convenient and improved access to GP services including sufficient pre-bookable and same day appointments at evenings and weekends to meet locally determined demand"

NHS England 'Urgent Treatment Centres'

Improved access to same day GP or Nurse appointments in your local area

Rapid access (walk in) for children with an urgent care need (0-19 years)

Dressing & Wound Care service (pre-bookable appointments)

No impact on other services provided at existing urgent care locations such as blood tests

Local pharmacies who can offer advice and prescribe medications

As a patient, I won't have to wait for an unspecified amount of time at a walk in centre or minor injury/illness unit to be seen

I will also be able to book my routine dressing appointment or a one off appointment for wound care **in my local area**

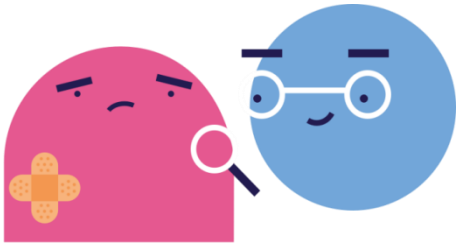
Instead I will be able to **book an appointment with a GP or Nurse** in my local area within 24 hours, usually on the same day

If my child is unwell, I will be able **to rapidly access** a walk in service or, I can pre-book an **appointment at a set time.**

What about Location

Where will local services be delivered from

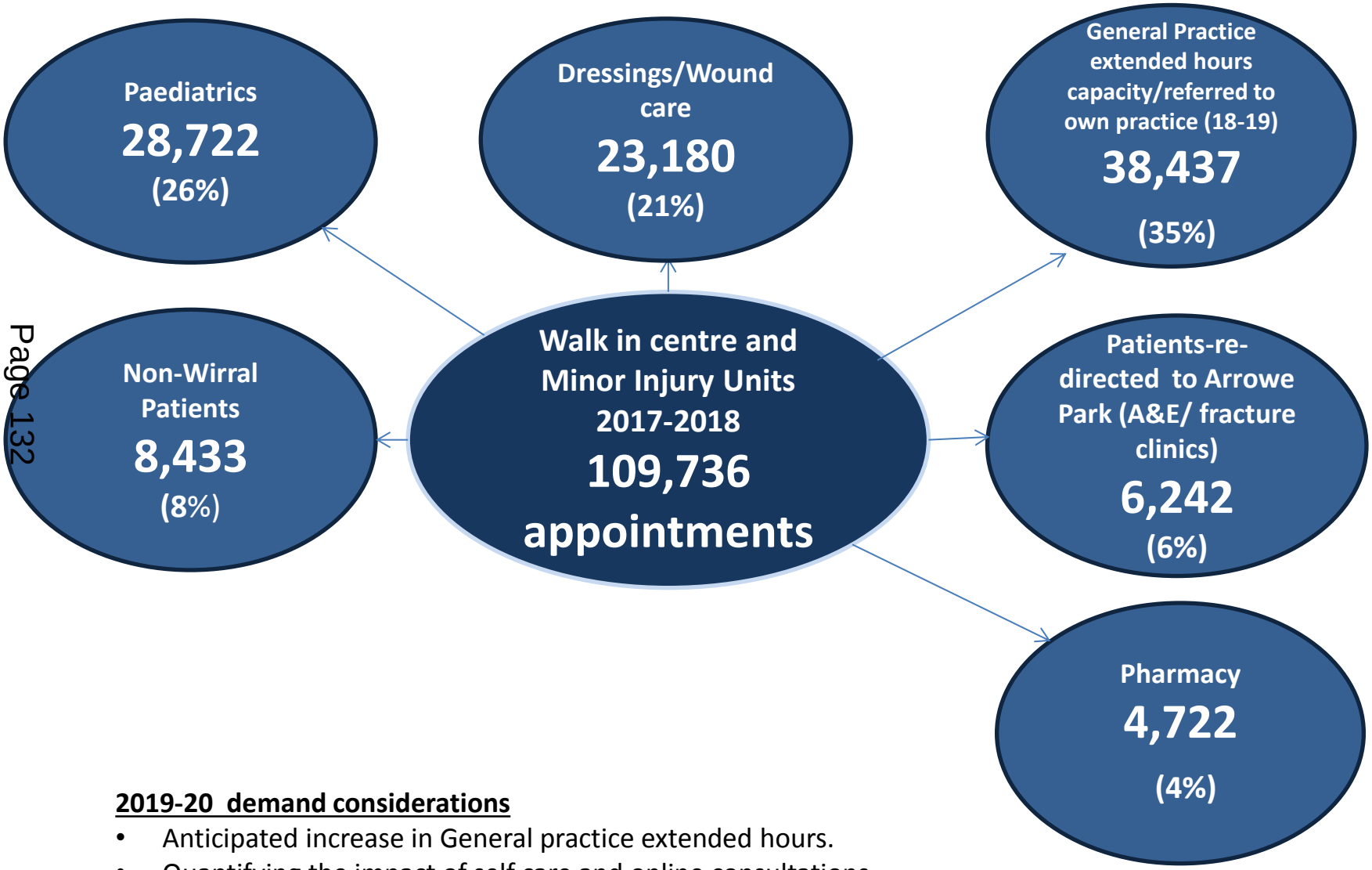
The locations for these services have not been determined, however we envisage them across the 4 locality areas of **Wallasey, Birkenhead, South Wirral** and **West Wirral**. As part of the consultation, we are asking for your views on what is important to you.



As part of this consultation, we would like peoples views on what is important to them. This includes:

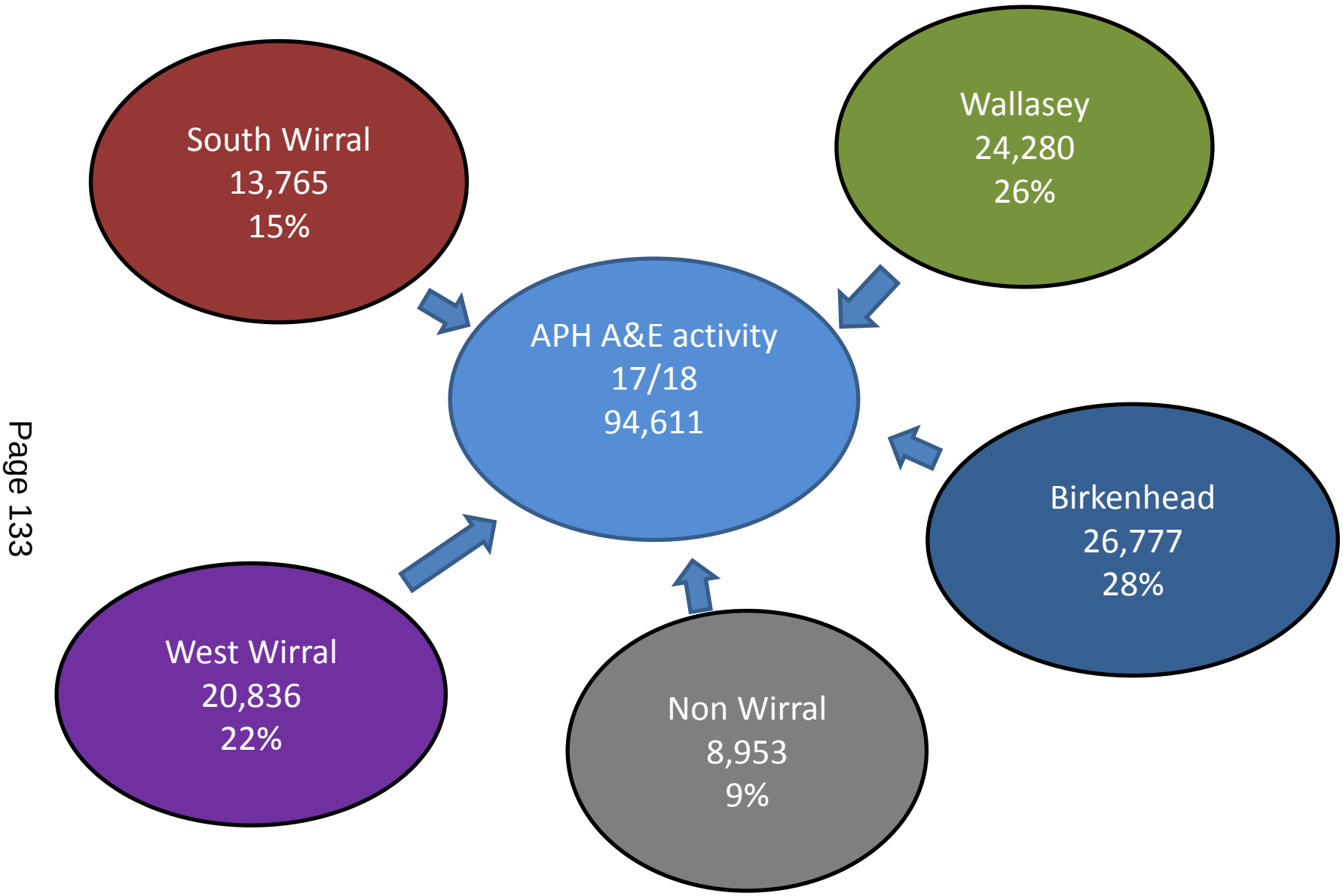
- Flexible and convenient appointments
- people with mobility requirements
- Parking
- Accessible by public transport
- Distance from home

• Meeting **Wirral Wide** demand



2019-20 demand considerations

- Anticipated increase in General practice extended hours.
- Quantifying the impact of self care and online consultations.
- Potential uptake of Think Pharmacy scheme.


South Wirral
13,765
15%
Wallasey
24,280
26%
APH A&E activity
17/18
94,611
Birkenhead
26,777
28%
West Wirral
20,836
22%
Non Wirral
8,953
9%

Transport and Parking

Transport

- We are working with Merseytravel to review the existing travel routes and look at potential improvements to these services
- There is a working group dedicated to addressing key areas of concern around transport and parking which includes representation from local Councillors, Wirral Council, local residents and Merseytravel
- We recognise that there are concerns regarding the bus routes from Eastham to Arrowe Park and we can confirm that Mersey travel intend to improve bus services serving this area from early Nov. For further information and detailed routes, you can visit the Merseytravel website at wwww.merseytravel.gov.uk

Parking

- Because we are proposing more local appointments with a GP or Nurse as well as services for children and dressings/wound care, this means that people could be treated closer to home and may not necessarily need to go to the Arrowe Park site
- We expect that of those being seen at the UTC, this would include people who would have gone to A&E on the Arrowe Park site anyway
- Wirral University Teaching Hospital is also actively engaging with suppliers (independent of the urgent care consultation) to increase parking capacity at Arrowe Park
- There is a 'Carpark Strategy' that is reviewing parking issues at the Arrowe Park site and this is being undertaken in parallel with the urgent care consultation.

Current and proposed model

Current Services	Proposed Model	Increased offer
Self Care	Self Care	Increases focus and educates on caring for yourself
91 Community Pharmacists	91 Community Pharmacists	More advice and prescribing
NHS 111	Improved NHS 111 including e-prescribing, bookable GP appointments and UTC appointments., E-Consultation (currently in testing phase)	Single clinical assessment, from triage to treatment
GP Practices (in hours)	GP Practices	More access to GPs across 21 practices in Wirral
GP Out of Hours	GP Out of Hours	Increased home visit capacity
Walk in Centres x3 Minor Illness and Injury Units x3	GP appointments 8am-8pm, 7 days a week Urgent GP appointments within 24 hours	More access to GPs across 21 practices in Wirral
	Children's Urgent Care service	Located in Health and Wellbeing Hubs
	Dressing & wound care clinics	
	Urgent Treatment Centre	Reduced waits, most people seen within 2 hours Single front door
Accident & Emergency	Accident & Emergency	

Summary of Key Messages

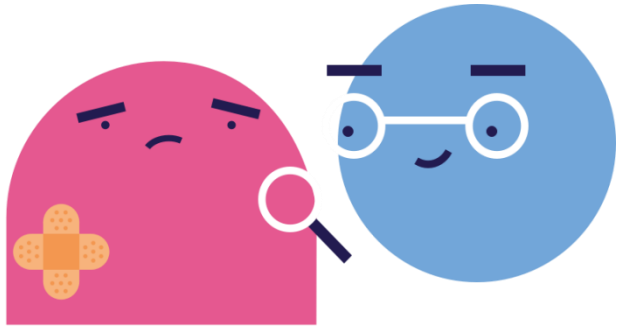
Improving urgent care services across Wirral

No intended job losses

No privatisation of the NHS

No loss of Wirral's only A&E or Childrens A&E

Improved 111 service



Consistent offer across Wirral for urgent care services

Making more use of local pharmacists to offer advice and treatment

Adult Walk in facility is being replaced with bookable appointments and increased access to primary care

Evolving services – long term vision of 'Health and Wellbeing Hubs'

Next Steps

- Consultation runs until **12th December 2018**
- Focuses on improving access to urgent care in Wirral
- We are asking for peoples views on the existing urgent care services as well as some proposals for a new model of care
- We are currently in discussion with Merseytravel regarding public transport routes
- We have events planned throughout the consultation to engage with the public and stakeholders
- CCG Governing Body will consider the feedback and make a final decision early in 2019

How to get in touch

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Hamilton Street
Birkenhead
Wirral
CH41 5AL

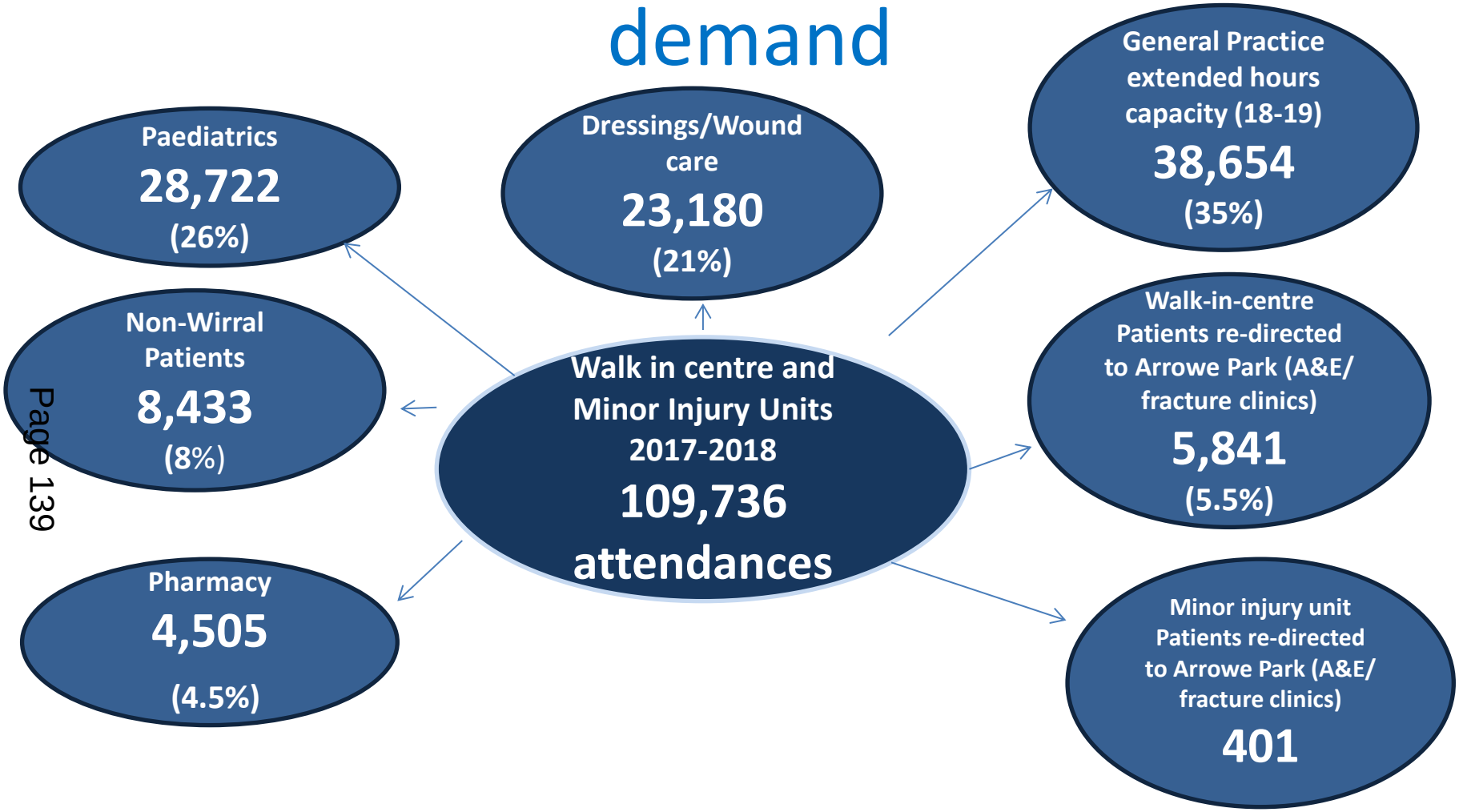
Wiccg.urgentcarereview@nhs.net

0151 541 5416

www.wirralurgentcare.co.uk

Frequently Asked Questions available on the website

• Meeting **Wirral Wide residents** demand

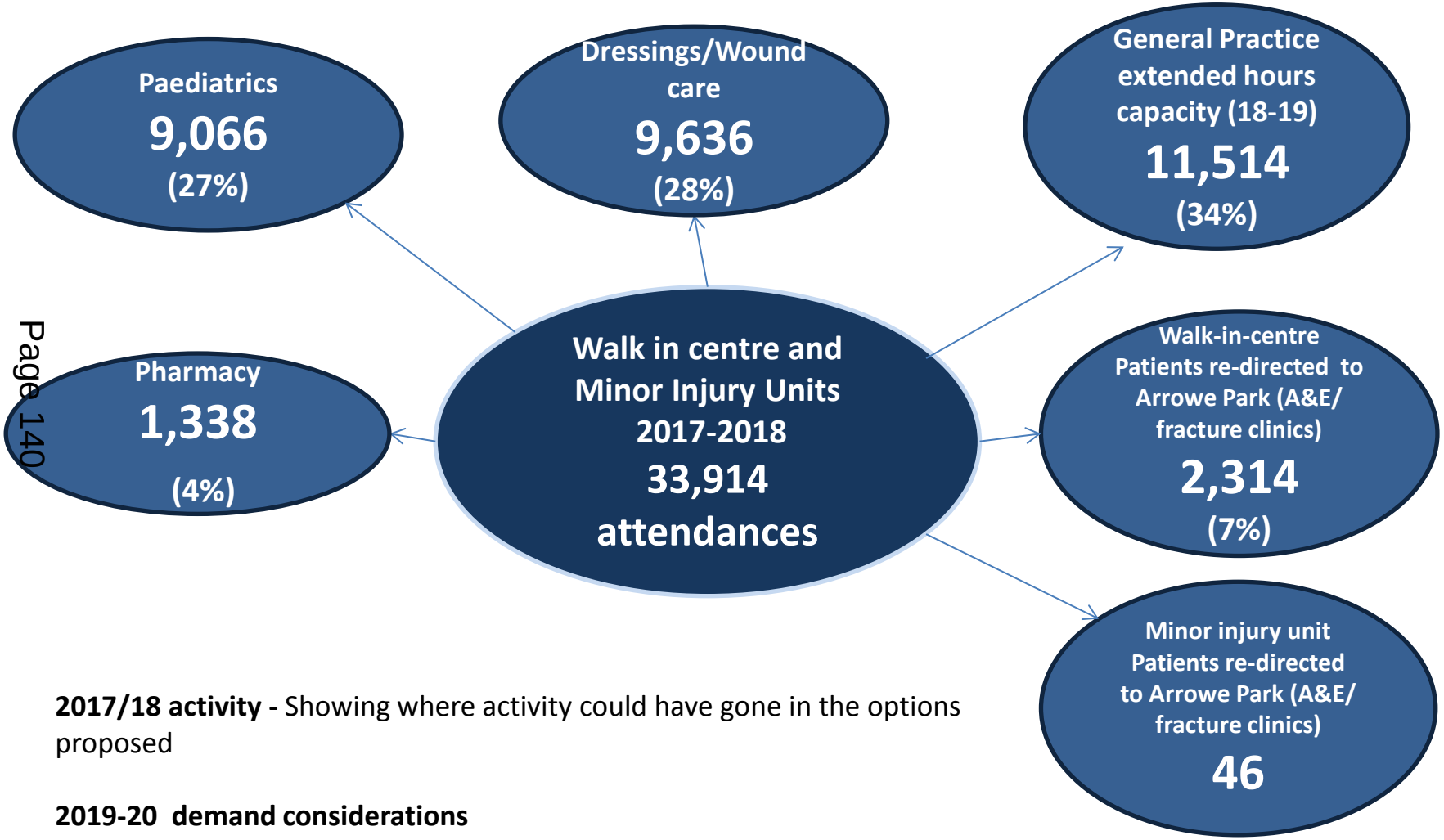


2017/18 activity - Showing where activity could have gone in the options proposed

2019-20 demand considerations

- Anticipated increase in General practice extended hours.
- Quantifying the impact of self care and online consultations.
- Potential uptake of Pharmacy

• Meeting **Wallasey** residents demand

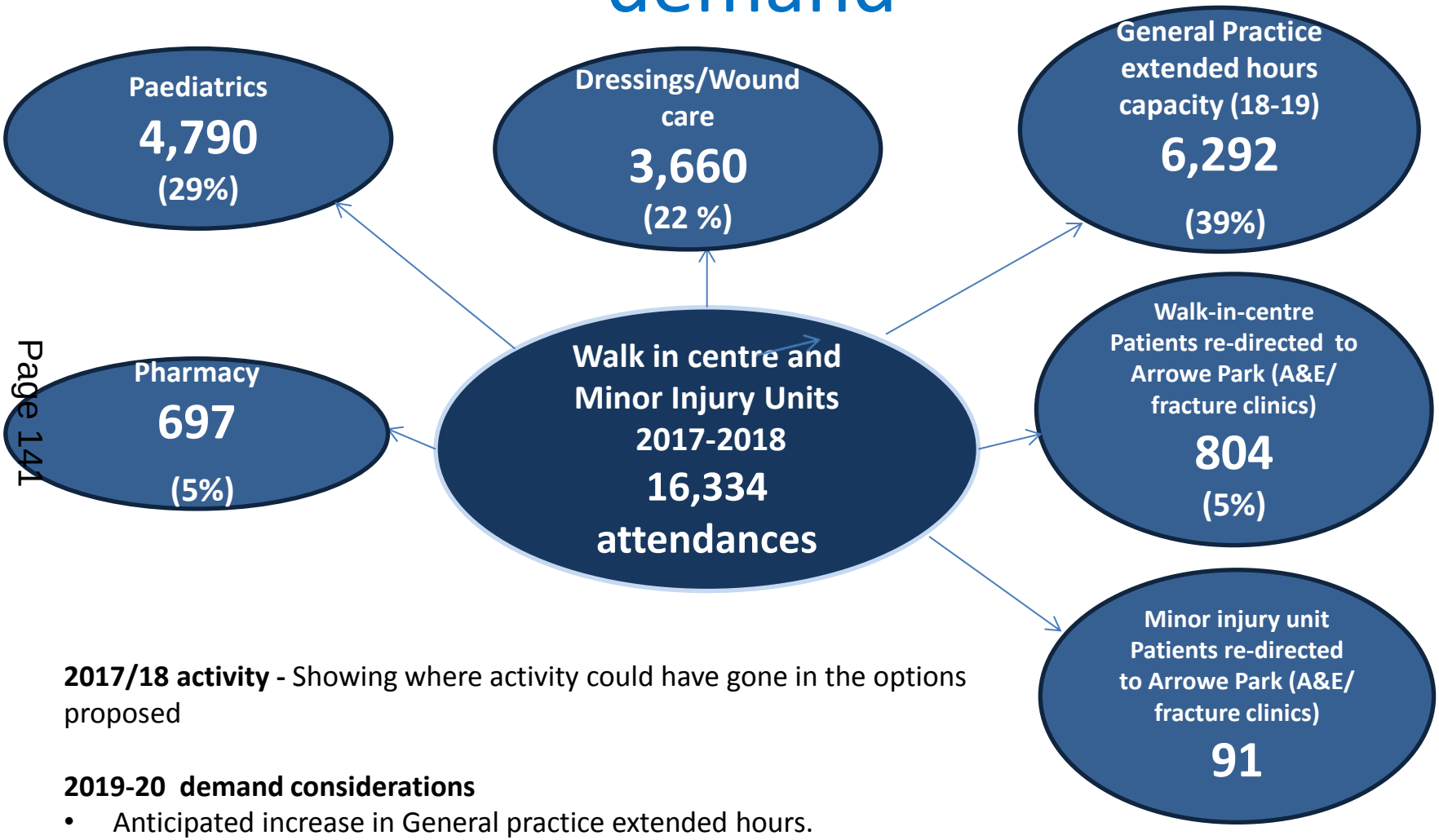


2017/18 activity - Showing where activity could have gone in the options proposed

2019-20 demand considerations

- Anticipated increase in General practice extended hours.
- Quantifying the impact of self care and online consultations.
- Potential uptake of Pharmacy

• Meeting **Wirral South** residents demand

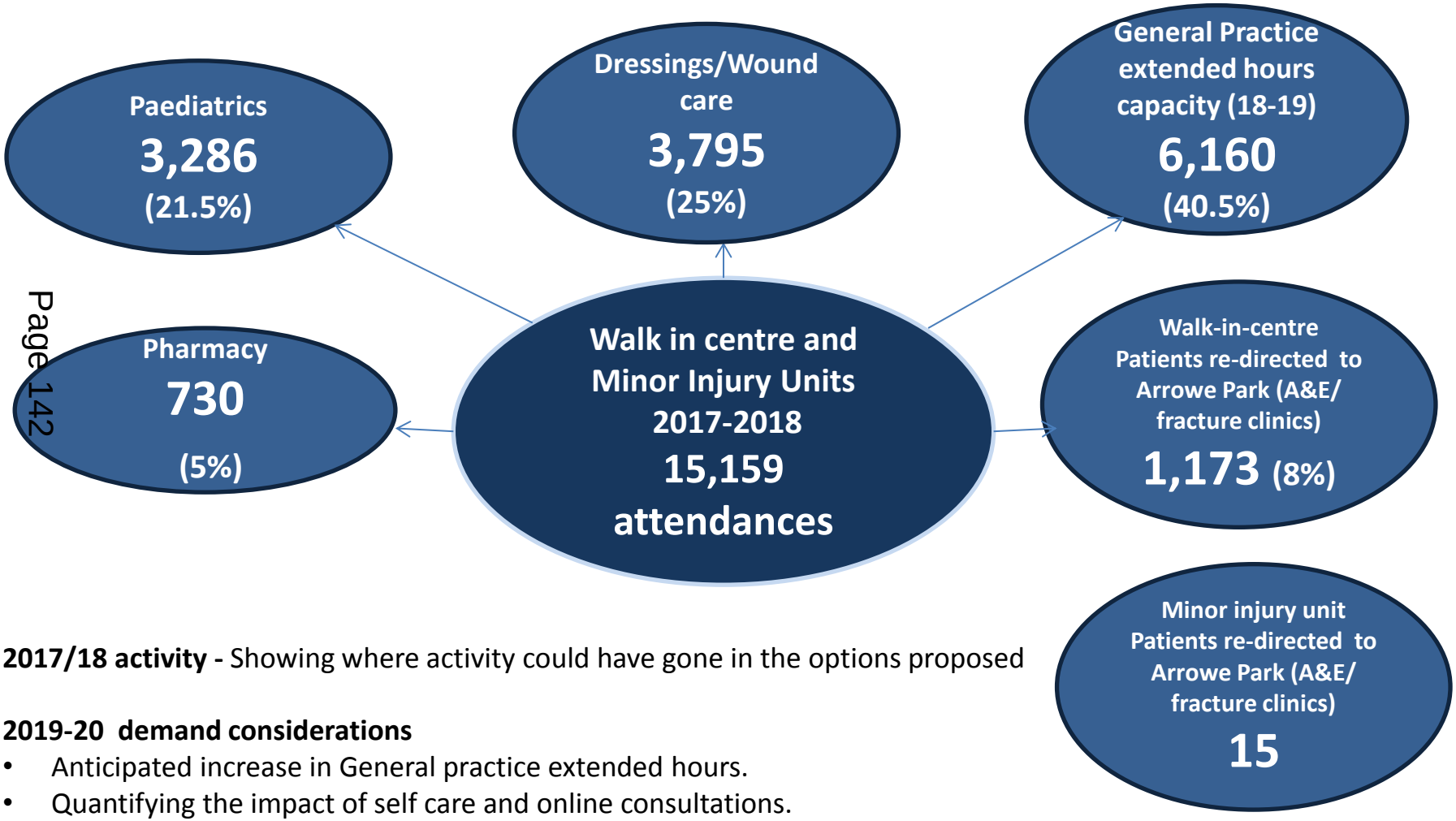


2017/18 activity - Showing where activity could have gone in the options proposed

2019-20 demand considerations

- Anticipated increase in General practice extended hours.
- Quantifying the impact of self care and online consultations.
- Potential uptake of Pharmacy
- Potential use of Countess of Chester

• Meeting **Wirral West** residents demand

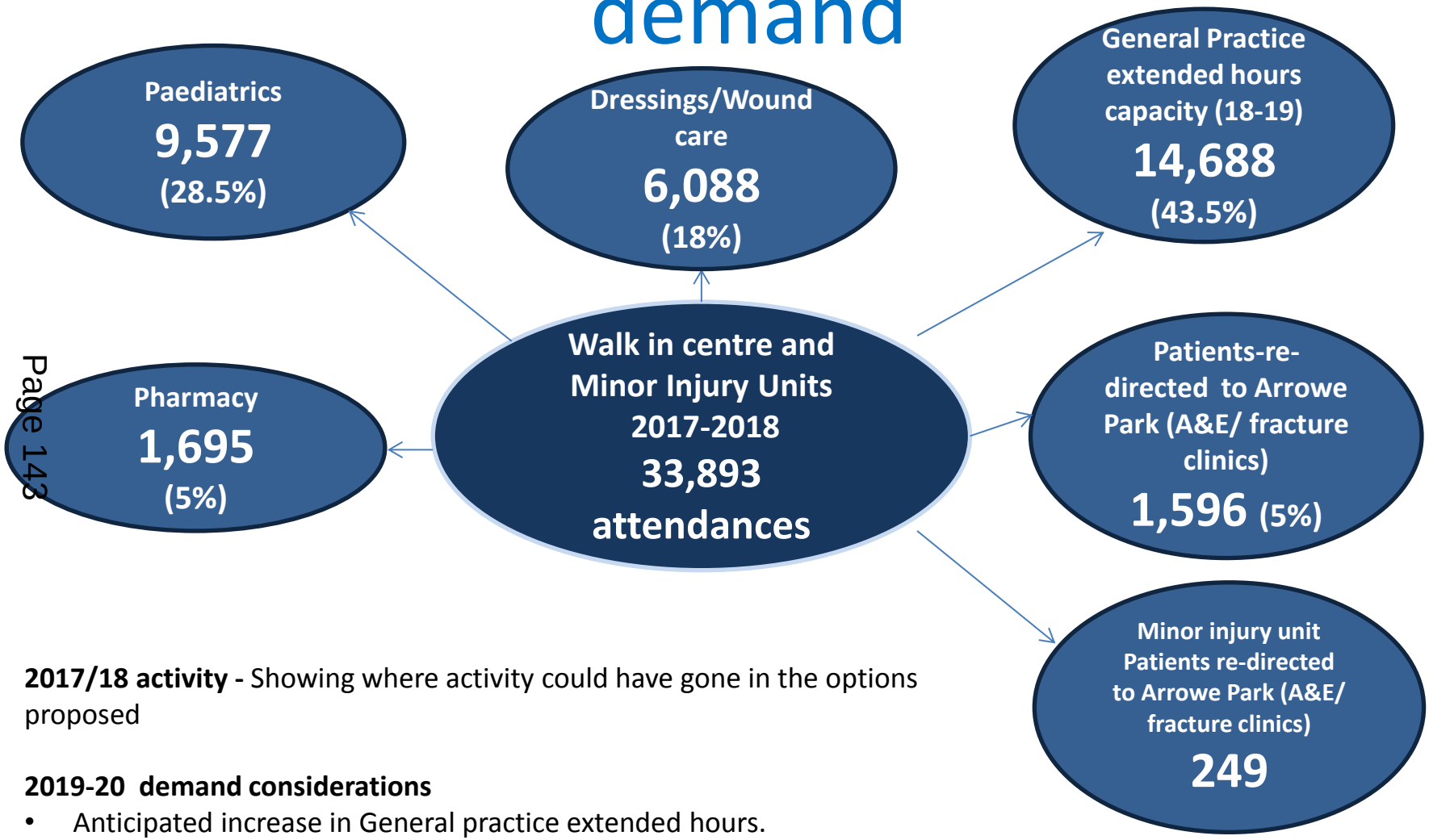


2017/18 activity - Showing where activity could have gone in the options proposed

2019-20 demand considerations

- Anticipated increase in General practice extended hours.
- Quantifying the impact of self care and online consultations.
- Potential uptake of Pharmacy

• Meeting **Birkenhead** residents demand



2017/18 activity - Showing where activity could have gone in the options proposed

2019-20 demand considerations

- Anticipated increase in General practice extended hours.
- Quantifying the impact of self care and online consultations.
- Potential uptake of Pharmacy

• Meeting Out of area demand

2017/18 activity - Showing where activity could have gone in the options proposed

2019-20 demand considerations

- Quantifying the impact of self care and online consultations.
- Potential uptake of Pharmacy
- Potential to use Countess of Chester

Conclusions

- We know that there is an inequity of provision of urgent care across Wirral
- There are variable services with differing costs associated to them
- Despite investing in Walk in Centres and Minor Injury Units, 67% of A&E attendances in 2017/18 were classified as low level
- Our research illustrates that we are not always using NHS resources as efficiently or effectively as possible – for example, GP and Nurses are dealing with concerns that a Pharmacist could actually deal with

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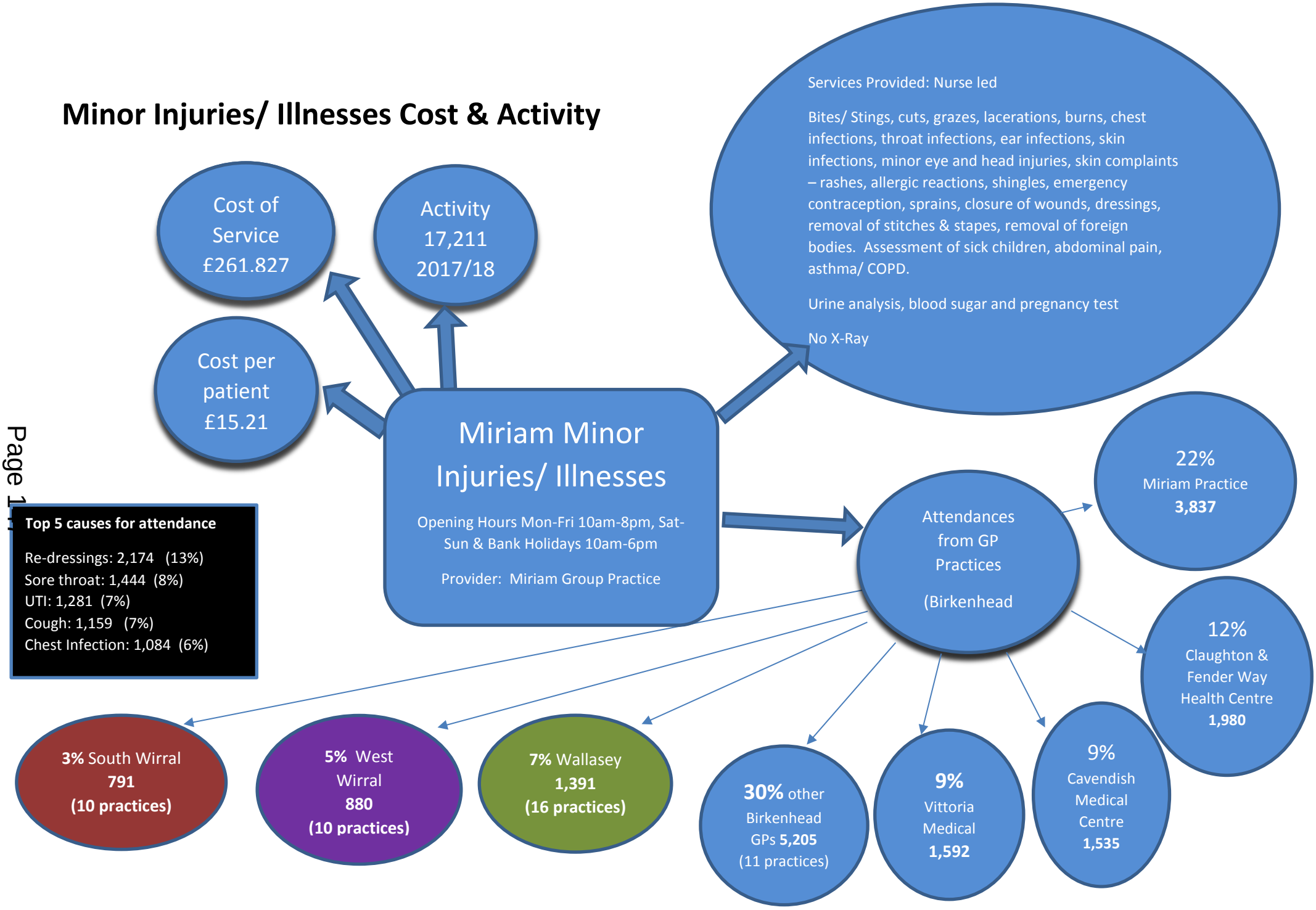
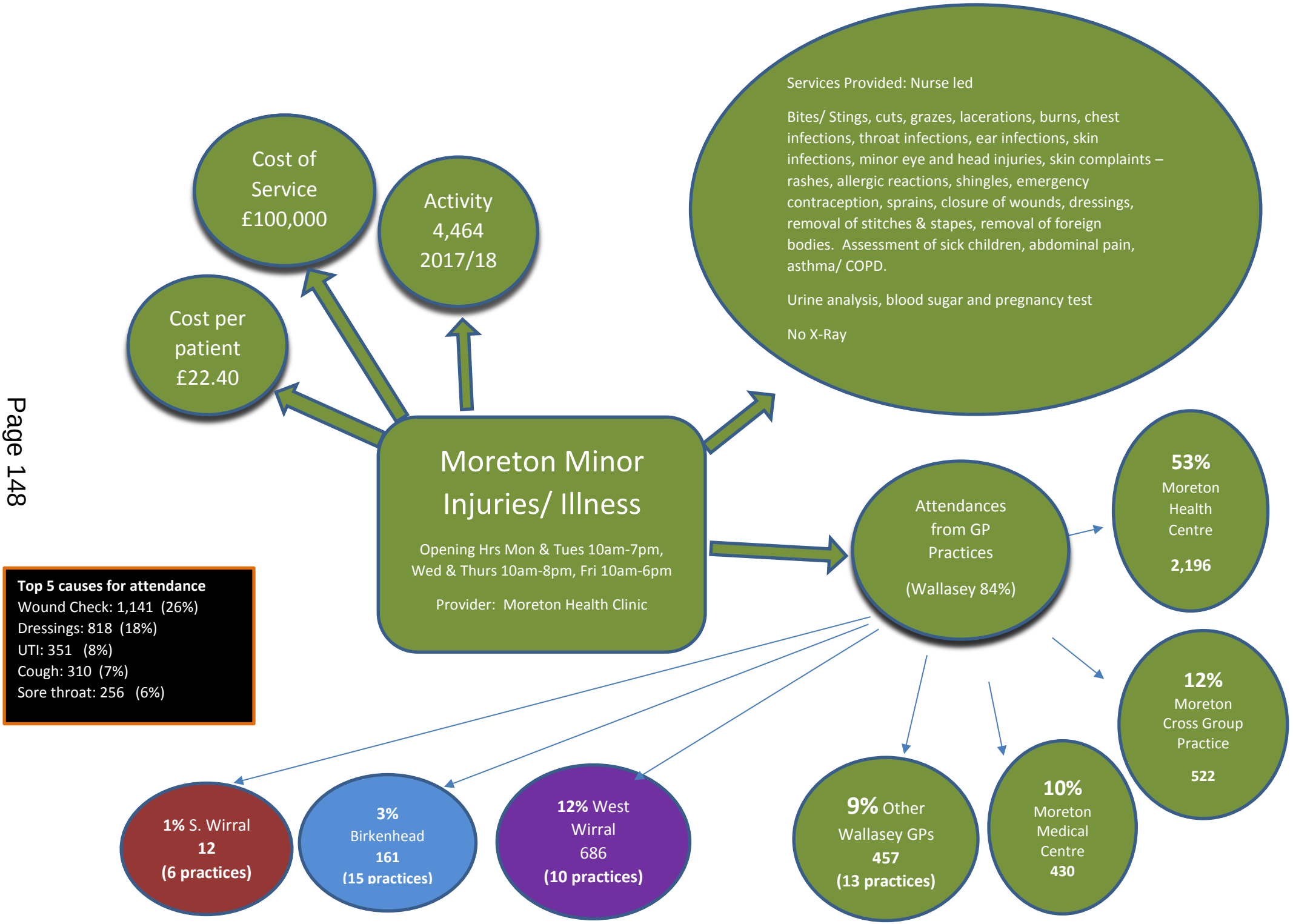
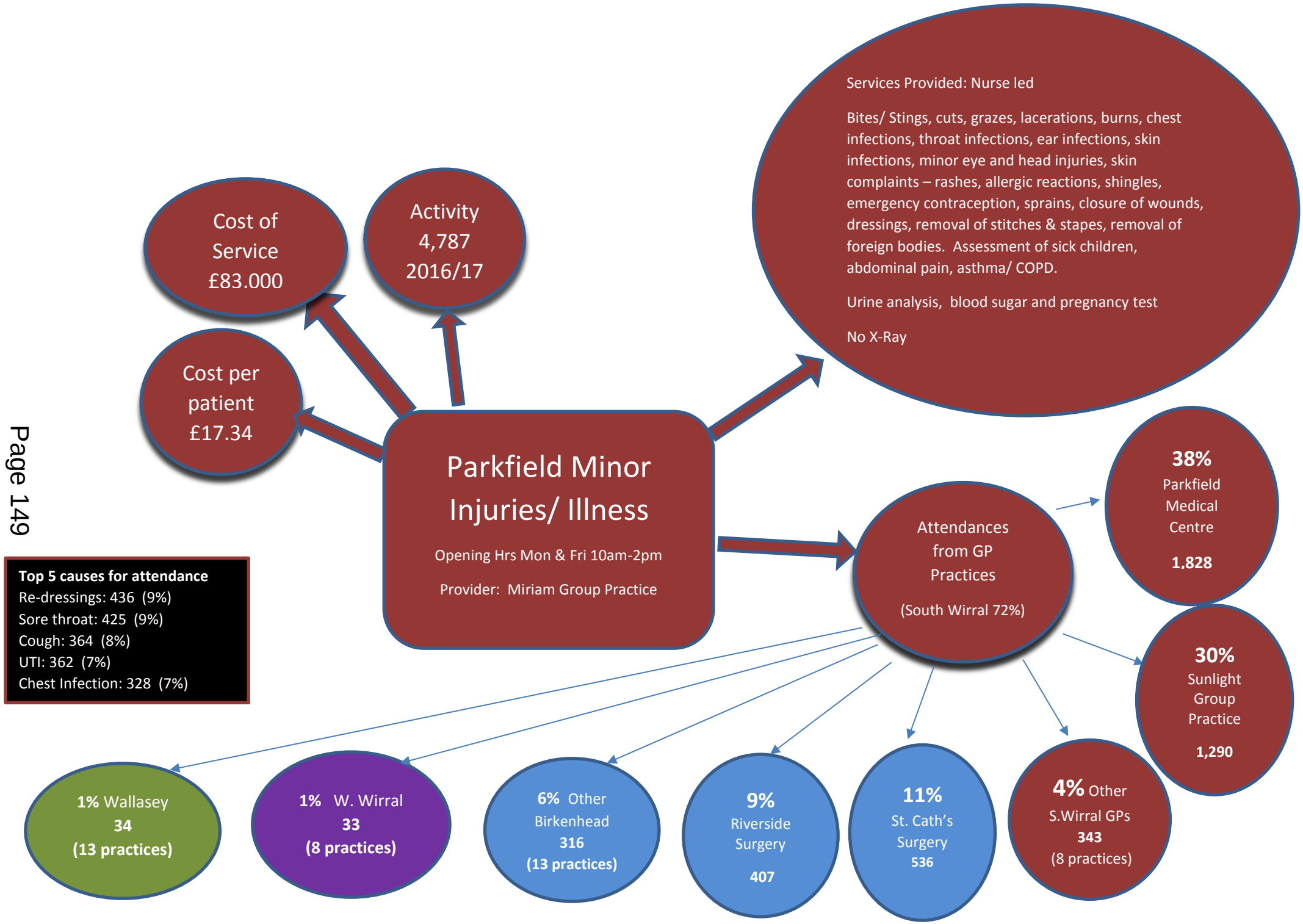
Minor Injuries/ Illnesses Cost & Activity




Cost of Service £100,000
Activity 4,464 2017/18
Cost per patient £22.40
Services Provided: Nurse led
Bites/ Stings, cuts, grazes, lacerations, burns, chest infections, throat infections, ear infections, skin infections, minor eye and head injuries, skin complaints – rashes, allergic reactions, shingles, emergency contraception, sprains, closure of wounds, dressings, removal of stitches & staples, removal of foreign bodies. Assessment of sick children, abdominal pain, asthma/ COPD.
Urine analysis, blood sugar and pregnancy test
No X-Ray
Moreton Minor Injuries/ Illness
Opening Hrs Mon & Tues 10am-7pm, Wed & Thurs 10am-8pm, Fri 10am-6pm
Provider: Moreton Health Clinic
Attendances from GP Practices
(Wallasey 84%)
53% Moreton Health Centre 2,196
12% Moreton Cross Group Practice 522
10% Moreton Medical Centre 430
9% Other Wallasey GPs 457 (13 practices)
12% West Wirral 686 (10 practices)
3% Birkenhead 161 (15 practices)
1% S. Wirral 12 (6 practices)
Top 5 causes for attendance
Wound Check: 1,141 (26%)
Dressings: 818 (18%)
UTI: 351 (8%)
Cough: 310 (7%)
Sore throat: 256 (6%)


Cost of Service £83.000
Activity 4,787 2016/17
Cost per patient £17.34
Services Provided: Nurse led
Bites/ Stings, cuts, grazes, lacerations, burns, chest infections, throat infections, ear infections, skin infections, minor eye and head injuries, skin complaints – rashes, allergic reactions, shingles, emergency contraception, sprains, closure of wounds, dressings, removal of stitches & stapes, removal of foreign bodies. Assessment of sick children, abdominal pain, asthma/ COPD.
Urine analysis, blood sugar and pregnancy test
No X-Ray
Parkfield Minor Injuries/ Illness
Opening Hrs Mon & Fri 10am-2pm
Provider: Miriam Group Practice
Attendances from GP Practices
(South Wirral 72%)
38% Parkfield Medical Centre 1.828
30% Sunlight Group Practice 1,290
4% Other S.Wirral GPs 343 (8 practices)
11% St. Cath's Surgery 536
9% Riverside Surgery 407
6% Other Birkenhead 316 (13 practices)
1% W. Wirral 33 (8 practices)
1% Wallasey 34 (13 practices)
Top 5 causes for attendance
Re-dressings: 436 (9%)
Sore throat: 425 (9%)
Cough: 364 (8%)
UTI: 362 (7%)
Chest Infection: 328 (7%)

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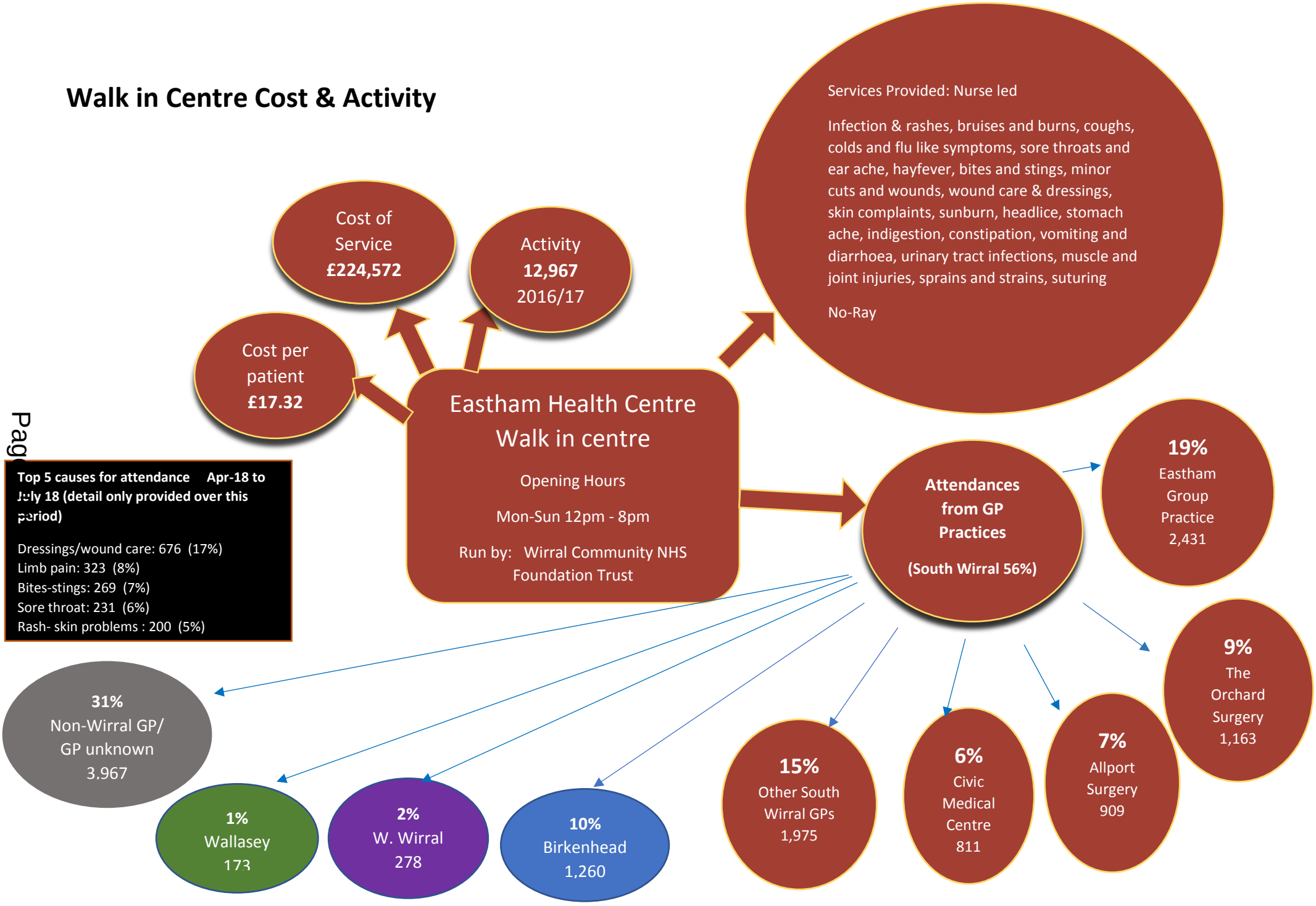
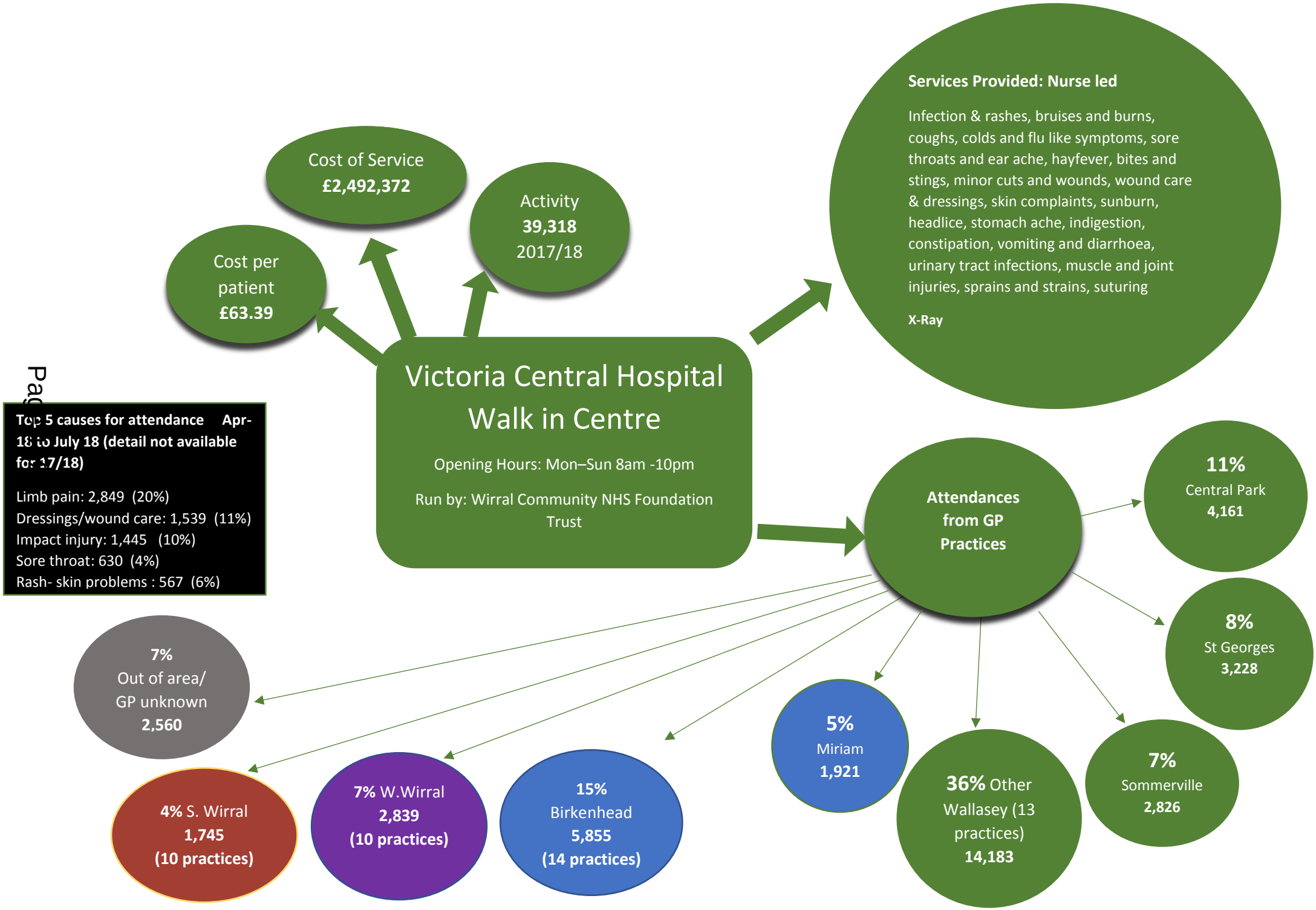
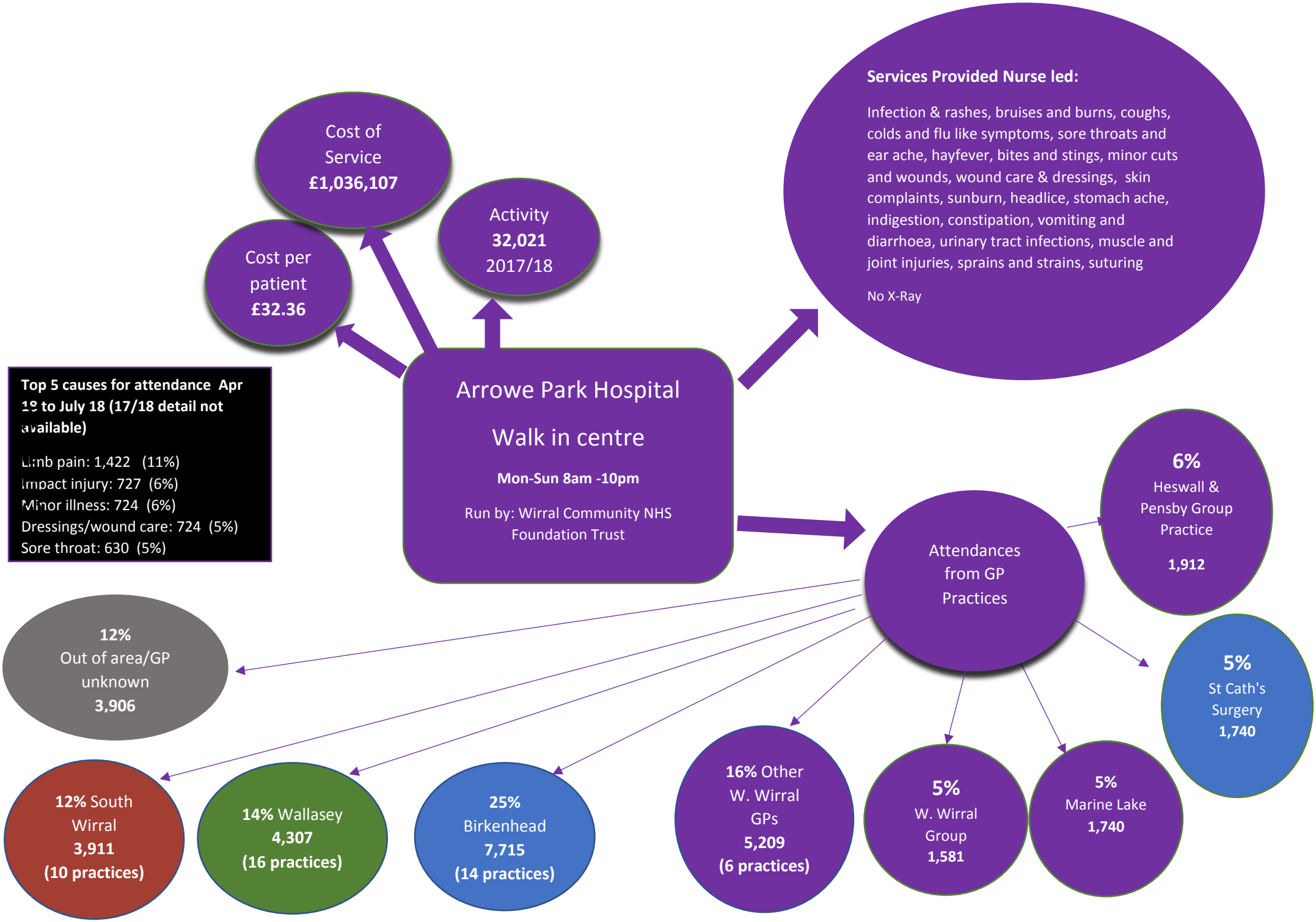
Walk in Centre Cost & Activity




Cost of Service
£2,492,372
Activity
39,318
2017/18
Cost per patient
£63.39
Victoria Central Hospital Walk in Centre
Opening Hours: Mon–Sun 8am -10pm
Run by: Wirral Community NHS Foundation Trust
Services Provided: Nurse led
Infection & rashes, bruises and burns, coughs, colds and flu like symptoms, sore throats and ear ache, hayfever, bites and stings, minor cuts and wounds, wound care & dressings, skin complaints, sunburn, headlice, stomach ache, indigestion, constipation, vomiting and diarrhoea, urinary tract infections, muscle and joint injuries, sprains and strains, suturing
X-Ray
Top 5 causes for attendance Apr-18 to July 18 (detail not available for 17/18)
Limb pain: 2,849 (20%)
Dressings/wound care: 1,539 (11%)
Impact injury: 1,445 (10%)
Sore throat: 630 (4%)
Rash- skin problems : 567 (6%)
Attendances from GP Practices
11% Central Park 4,161
8% St Georges 3,228
7% Sommerville 2,826
36% Other Wallasey (13 practices) 14,183
5% Miriam 1,921
15% Birkenhead 5,855 (14 practices)
7% W.Wirral 2,839 (10 practices)
4% S. Wirral 1,745 (10 practices)
7% Out of area/ GP unknown 2,560


Cost of Service £1,036,107
Activity 32,021 2017/18
Cost per patient £32.36
Services Provided Nurse led:
Infection & rashes, bruises and burns, coughs, colds and flu like symptoms, sore throats and ear ache, hayfever, bites and stings, minor cuts and wounds, wound care & dressings, skin complaints, sunburn, headlice, stomach ache, indigestion, constipation, vomiting and diarrhoea, urinary tract infections, muscle and joint injuries, sprains and strains, suturing
No X-Ray
Top 5 causes for attendance Apr 18 to July 18 (17/18 detail not available)
Limb pain: 1,422 (11%)
Impact injury: 727 (6%)
Minor illness: 724 (6%)
Dressings/wound care: 724 (5%)
Sore throat: 630 (5%)
Arrowe Park Hospital
Walk in centre
Mon-Sun 8am -10pm
Run by: Wirral Community NHS Foundation Trust
Attendances from GP Practices
6% Heswall & Pensby Group Practice 1,912
5% St Cath's Surgery 1,740
5% Marine Lake 1,740
5% W. Wirral Group 1,581
16% Other W. Wirral GPs 5,209 (6 practices)
25% Birkenhead 7,715 (14 practices)
14% Wallasey 4,307 (16 practices)
12% South Wirral 3,911 (10 practices)
12% Out of area/GP unknown 3,906

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Pharmacies across Wirral

£8.08

Unit Cost per patient

20
South Wirral

23
West Wirral

27
Birkenhead

21
Wallasey

Minor Ailments Services Provided using self care medication and advice:

Sore throat, cough, constipation, headache, pain, dental pain, fever, cystitis, eczema, diarrhoea, thrush, haemorrhoids, head lice, impetigo, indigestion, acute bacterial conjunctivitis, allergy, athlete's foot, heartburn, insect bites, migraine, mouth ulcers, nappy rash, nasal congestion, scabies, seasonal allergic rhinitis, threadworm, warts and verrucae.

	S. Wirral	W. Wirral	Wallasey	Birkenhead
Pharmacies with extended hrs	1	1	1	
Medicines Use Reviews	20	23	20	27
Urgent Medicine Supply	4	6	4	4
Palliative Care	3	3	2	4
IV antibiotics	1	1	1	1
Blood Pressure	6	6	4	8
Flu service	15	22	15	21
Supervised Consumption	20	21	20	27
Needle Exchange	2	2	4	7
Sharps disposal	20	23	21	23
Emergency Contraception	17	14	14	20
Alcohol Brief Intervention	3	3	4	10
Healthy Living Pharmacy	20	22	18	25

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24 hour UTC option

Accident
& Emergency
2017-2018 activity
94, 000

Low cost classified A&E
activity : 31,000 (33%)

Local-community hub offer

8,000 of the low cost A&E activity (Paediatrics and dressings/wound care) suitable to be seen in community (26%)

Urgent Treatment Centre

23,000 of the low cost A&E activity suitable for Urgent Treatment centre (74%)

Potential additional UTC activity

14,000 activity-due to people using Urgent Treatment Centre at Arrowe Park rather than local area capacity of GP extended hours/ paediatrics/dressings

5,000 Non Wirral adult patients previously using VCH and Eastham WICs

Total potential additional footfall at Arrowe Park Hospital **Total 11,000. Extra daily footfall: 30**

14,000 under utilisation of local offer +5,000 Potential out of area patients -8,000 Paediatrics & dressings to be seen in local offer.

15 hour UTC option

Accident & Emergency 2017-2018: activity **94,000**

Low cost classified A&E activity : 26,000 (33%)
(Lower as 15 hour option)

Local-community hub offer
12,000 of the low cost A&E activity (Paediatrics and dressings/wound care) suitable to be seen in community (46%)

Urgent Treatment Centre
14,000 of the low cost A&E activity suitable for Urgent Treatment centre (54%)

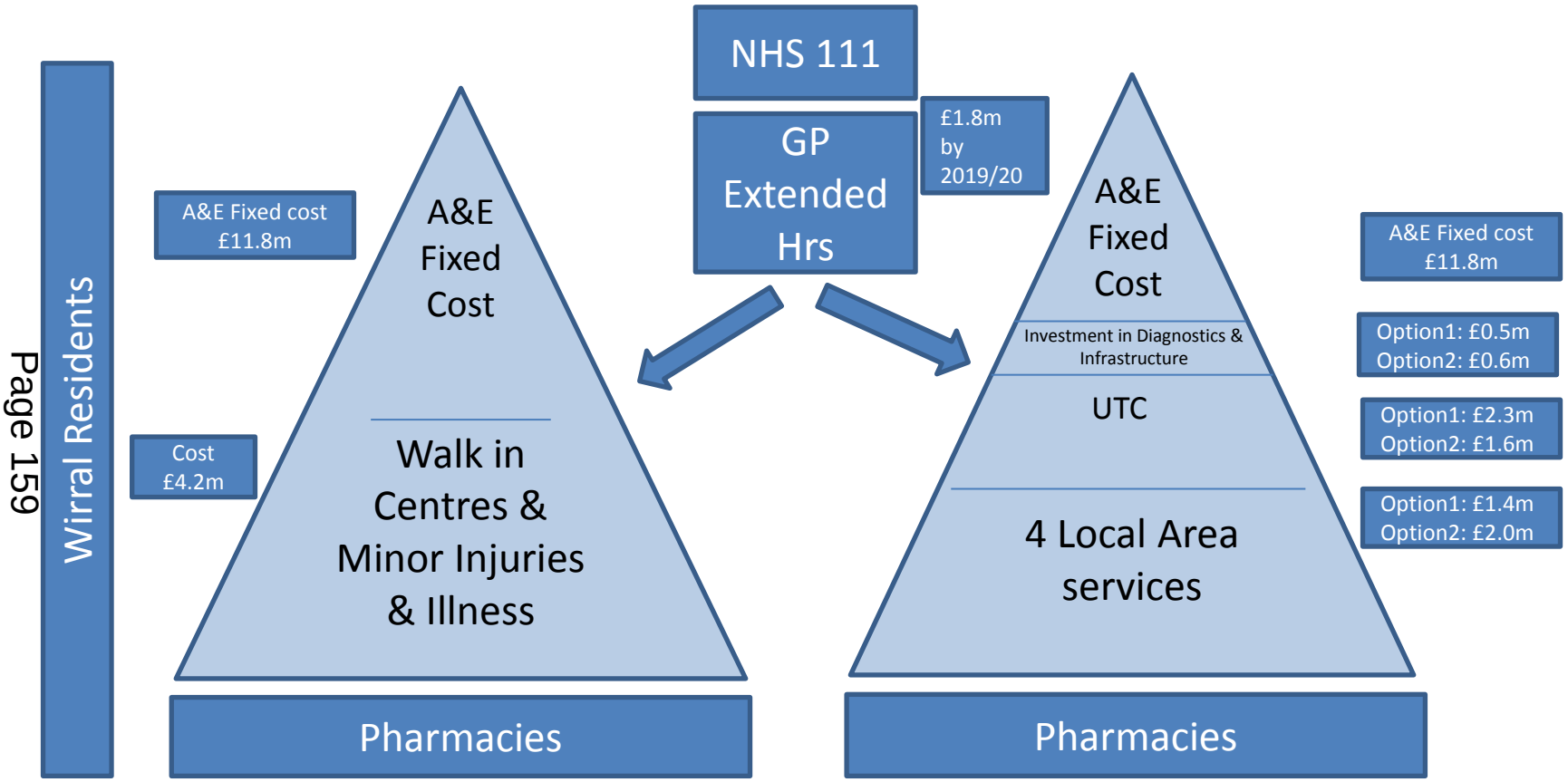
Potential additional UTC activity

14,000 activity-due to people using Urgent Treatment Centre at Arrowe Park rather than local area capacity of GP extended hours/ paediatrics/dressings

5,000 Non Wirral adult patients previously using VCH and Eastham WICs

Total potential additional footfall at Arrowe Park Hospital **Total 7,000. Extra daily footfall: 20**
14,000 under utilisation of local offer +5,000 Potential out of area patients -12,000 Paediatrics & dressings to be seen in local offer.

Current Vs Future Model



Note: Financials are based on draft model that will be revised once the clinical modelling work and consultation exercise has been completed. The future model has an approximate cost for option 1 and option 2 totalling the £4.2m it costs to run the Minor Injuries/ Illness and Walk in centres.

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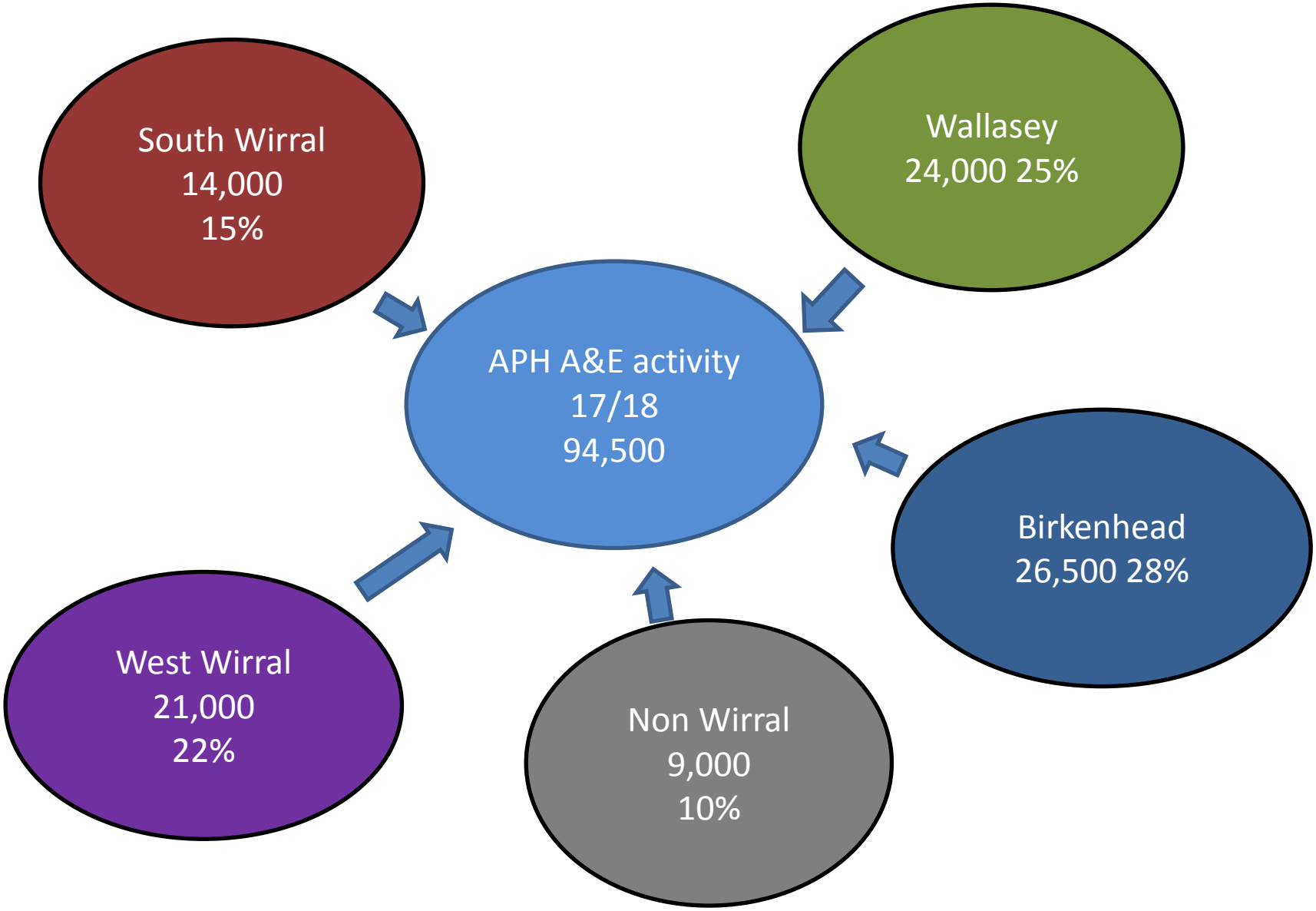
South Wirral
14,000
15%
Wallasey
24,000 25%
APH A&E activity
17/18
94,500
Birkenhead
26,500 28%
West Wirral
21,000
22%
Non Wirral
9,000
10%

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Data and Activity Summary

- The following slides demonstrate the constituency impact on the 4 local areas based on our 2 proposals
- We have looked at services currently provided in Walk in Centres and Minor Injury Units and determined what % of these could be treated by a GP, Nurse or Pharmacist

  Generally, services provided are very similar to those available at local pharmacies and in some cases, the pharmacies are on the same site meaning that patients would not be travelling any further to be seen
- For the Arrowe Park site we have demonstrated that the proposed options would mean for option 1, an additional 37 people per day would present to the site and for option 2, an additional 27 people per day.

Conclusions

- We know that there is an inequity of provision of urgent care across Wirral
- There are variable services with differing costs associated to them
- Despite investing in Walk in Centres and Minor Injury Units, A&E attendances have not reduced
- Our research illustrates that we are not always using NHS resources as efficiently or effectively as possible – for example, GP and Nurses are dealing with concerns that a Pharmacist could actually deal with

Urgent Care Transformation Update

Joint Overview and Scrutiny Committee

Tuesday 11th December 2018

1. Background and National Context

The "Next Steps on the NHS Five Year Forward View (5YFV)" was published on 31 March 2017. This plan explains how the 5YFV's goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the NHS' main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients. One element of the UEC section of the FYFV is the roll-out of standardised new 'Urgent Treatment Centres' to address some key elements of urgent and emergency care;

- Acknowledgement that across the system, the 4 hour standard is suffering which negatively impacts on patient experience
- Overcrowded A&E departments with many people attending inappropriately when they could be treated in a less acute environment
- Ambulance turnaround delays which has an impact locally
- Variation in the local offer supporting the delivery of urgent care

Wirral is not immune to these issues. We know that almost half of the patients that attend A&E could have been treated elsewhere. This puts undue pressure on A&E and causes overcrowding, meaning that those patients who are very poorly and in need of emergency interventions, may not be seen as timely as they could be. We also know that we are not meeting the required performance (4 hour) standard locally within A&E which impacts negatively on a range of concerns, most notably patient care.

NHS England set out to conduct a full review of urgent treatment services in the NHS, with the findings evidencing that patients and the public told of the confusing mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service. 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: *"Patients tell us that the range of alternatives available can be confusing – Walk In Centres, Urgent Care Centres, Minor Injury Units and others with local names and all with differing levels of service"* **NHS England, Urgent Treatment Centres 'Why Change?' –** please refer to the Frequently Asked Questions section of the Urgent Care website (www.wirralurgentcare.nhs.uk)

As a result of this review, NHS England issued a national mandate for the implementation of standardised urgent treatment centres, setting out a core set of standards to establish as much commonality as possible. (Please refer to the Frequently Asked Questions section of the Urgent Care

website -www.wirralurgentcare.nhs.uk). Although this is a national mandate, we needed to understand the local context in order to ensure that this one opportunity to improve urgent care was focused on addressing the needs particular to Wirral.

Wirral is not unique in facing these issues and NHS England has mandated a number of new service developments which include an improved NHS 111 service and the introduction of Urgent Treatment Centre's across the country. These national developments will help to make urgent care services work better for patients and to ensure that Accident and Emergency Departments deal with the most poorly and vulnerable people. It is our intention to locate the Urgent Treatment Centre (UTC) for Wirral at Arrowe Park Hospital by developing the existing Walk in Centre. This location provides the best clinical model for patients as the UTC will be located adjacent to the Accident and Emergency Department and will provide a single 'front door' to access urgent care on the Arrowe Park site, so that our A & E staff can concentrate their clinical skills on emergency care.

2. The Drivers for Change

"Some estimates suggest that between 1.5 and 3 million people who come to A&E each year could have their needs addressed in other parts of the urgent care system. They turn to A&E because it seems like the best or only option"
NHS England 'Next Steps on the Five Year Forward View'

Almost half of patients who went to Arrowe Park Hospital's A&E last year had an illness or injury that could have been treated elsewhere. This puts undue pressure on Wirral's only A&E, and means that some of the most vulnerable and poorly people in Wirral are experiencing long waits for the care they need. As well as this we had to consider other issues:

- Variation - Wirral residents recognised the need for change. Following our engagement with the Wirral public it became apparent that there was definite confusion amongst people regarding the options available to access urgent care currently.

- The cost envelope for delivering urgent care in Wirral remains the same. The urgent treatment centre is mandated, with its 27 standards having to be consistently implemented to improve the overall offer of urgent and emergency care. This means that we have to use our financial resources more efficiently and look at how we can deliver both the UTC and community offer within the existing cost envelope. Whilst there is no expected cost reduction from the transformation work, the only new funding is linked to the £1.8m for investment in extended access to primary care meaning that we will offer GP or Nurse appointments during evenings and weekends (8am-8pm, 7 days per week).

- NHS 111 - Enhance **NHS 111** by increasing the proportion of 111 calls receiving clinical assessment, so that only patients who genuinely need to attend A&E or use the ambulance service are advised to do this. GP out of hours and 111 services will increasingly be combined. By 2019, NHS 111 will be able to book people into urgent face to face

appointments where this is needed. NHS 111 improvements include e-prescribing and NHS 111 online which will allow people to enter specific symptoms and receive tailored advice on management.

The following initiatives are described in more detail in the section below:

Initiative	Timescale
NHS 111 clinical advice over the phone	Achieving target
Local Wirral CAS pathways	24 hour CAS pathway live
Direct Appointment Booking	Live in GP OOH from May 2018 Timescale TBC for in-hours GP
111 Online	Live from July 2018
Urgent repeat prescriptions from NHS 111	Live from August 2017
Urgent new prescriptions from NHS 111	Early 2019
NHS App	2019

- Sustainability - We need to ensure that we create a sustainable and future proof urgent care offer for the people of Wirral. We know that the healthcare needs of people are changing, for example increasing number of older, frail people living longer with multiple long term conditions and we need to develop options that are tailored to meeting these evolving needs. By redesigning the way in which we deliver urgent care, we can use our resources more efficiently to create a sustainable and patient centred service.

3. Engagement and Consultation

Engagement in relation to urgent care services had commenced as early as 2009 and continued until the completion of Value Stream Analysis workshops in 2016 which signalled the commencement of the transformation programme. The previous engagement activity (summarised in Appendix 1 – Engagement Timeline) had identified many common themes that are replicated across England and this was used to inform the VSA workshops with providers, stakeholders and patient representatives.

One of the common themes from the engagement activity since 2009 was the view that people are confused about the range of urgent care services available due to different service offerings and opening times. This was further explored during focus groups and visits to urgent care venues completed in February 2018.

The confusion experienced by patients is not unique to Wirral and is also summarised as one the principle reasons for NHS England to transform Urgent Care services in England.

https://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf

This has also been cited by The Kings Fund in their analysis of A & E waiting times:

https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters

We also know that people cannot always get an urgent appointment at their own GP practice and this combined with the confusion about alternative services results in many people choosing to go to the Accident and Emergency Department at Arrowe Park Hospital.

In February 2018, we sought to supplement earlier engagement by opening a pre consultation Listening Exercise. This included an on line survey, focus groups, stakeholder engagement meetings and visits to urgent care locations to speak with people using services during this period. Focus groups were targeted on the basis of the initial equality analysis and activity data. Stakeholder engagement included a dedicated briefing session with councillors from Wirral Council and attended by councillors and officers from Cheshire West and Chester Council. The purpose of this session was to present the Case for Change and to seek views to inform the options development. This methodology was replicated with colleagues from Primary Care including General Practitioners, Practice Managers, Dentists, Optometrists and Pharmacists. The results of the Listening Exercise were published on the CCG website.

During the options development phase and NHS England Service Change Assurance Process a steering group has included representation from Healthwatch Wirral and the CCG lay member for Patient Engagement to allow for challenge and advice. The CCG has an established Patient and Public Advisory Group whose members have been independently appointed and this group received regular briefings on the overall development process, the communications and engagement plan and informed the development of the consultation communication materials. The communication materials for the consultation were tested on a wider virtual group prior to the launch of the consultation.

Consultation engagement commenced on the 20th September 2018, with the issuing of notification letters to stakeholders and the launch of a dedicated website for the consultation materials. Informal briefings were held with principal stakeholders prior to the launch of the consultation.

The engagement is ongoing and includes focus groups, public meetings, stakeholder engagement meetings and visits to current urgent care locations. Local and regional media have been utilised to highlight the consultation and a household postcard drop has been completed. Engagement activity has also included visits to shopping centres and social media posting on Facebook and Twitter. The engagement throughout the consultation period is active and the CCG is responsive to requests for additional activity from stakeholders and groups.

4. NHS England Assurance Process

NHS England have established an 'Assurance Process Gateway' which is a framework designed to provide a consistent and streamlined approach for assuring the processes of schemes designed by commissioners and providers to ensure we are adhering to best practice. Part of this approach is to share with NHSE the process we took in terms of:

- Public and Stakeholder engagement
- Communication Strategy
- Programme governance and structure
- Approach and methodology
- Clinical input and system working

Over a 6 month period we were required to pass through a number of 'assurance gateways' which form the overall toolkit used for this process. The purpose of this was to assure NHS England that the proposals we were putting forward were robust and patient driven, adhering to the best practice guidance set out within the assurance toolkit. NHSE also took a national view in terms of other systems undertaking the same process.

This process included a full review of our proposal, including the approach and methodology used. Our communications and engagement plan were also subject to review and as such we were unable to commence formal consultation with the public until such time that these elements were deemed satisfactory and NHSE were fully assured.

NHSE Regional Management Team final approval of our proposals and intent to commence public consultation was received on Friday 27th July 2018 with an additional requirement for NHSE to approve communications materials which were still under development, prior to the launch of the consultation.

5. Governing Body

On Tuesday 6th February 2018 a paper was formally approved by Wirral CCG's Governing Body which was held in public. This paper highlighted the rationale for locating the Urgent Treatment Centre on the Arrowe Park Hospital site. **(Appendix 2 Governing Body Report).**

A full breakdown of the reasons for this can be found later on in this document.

6. Clinical Senate

We recognise that independent review is a key part of this process. On advice from NHSE we have invited the NHS England Clinical Senate to review our process and proposals and this will take place in parallel with the consultation.

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. As part of this process the senate will review a range of things including our approach to communications and engagement, key findings from engagement events, our overall process and approach, the design phase and discounted options.

The senate have been provided with a suite of information and are also conducting a site visit on Monday 26th November 2018 to the intended location of the UTC, Arrowe Park Hospital. Here they will meet with key members of both the Executive Team as well as a variety of clinical staff to better understand the current context. They will also visit existing urgent care sites and speak to members of staff here.

After the site visit has taken place, the senate will provide detailed feedback and recommendation(s) in the form a final report which will be used to help inform our considerations and final recommendations to Governing Body. Whilst we will be taking the senate's findings (along with a range of other factors) into account when forming a final recommendation, we are not formally bound to accept their recommendation(s). **Appendix 3 Clinical Senate Terms of Reference**

7. Process and Approach (pre-consultation & design phase)

Throughout the design phase our main focus has been to ensure that the proposals and options put forward are derived from an understanding of:

- National drivers for change
- Local drivers for change
- Meeting local demand in Wirral
- Future proof and sustainable services

Stakeholder engagement **(Appendix 1 – Engagement timeline)**

We have conducted a variety of activities to gain feedback and knowledge/understanding of the local context. Much of this was collated during 'Value Stream Analysis' (VSA) events **(Appendix 4. VSA Summary).**

A key part of these events was collaboration, with a variety of stakeholders attending to share joined up thinking and knowledge sharing **(Appendix 5. VSA Attendance Lists).** The purpose of these events was to understand the current state, looking at pathway mapping and identifying waste and value added interventions. Attendees were also asked to identify opportunities and challenges as well as help identify any quick wins and longer term objectives. By the end of the first event a number of quick wins and longer term aims had been identified through a collaborative and system approach to thinking.

8. Governance

There is a governance structure for the transformation programme that enables the steering group report on a regular basis directly to the Executive Management Team. The CCG Governing Body and the Joint Strategic Commissioning Board also received briefings in private.

9. Options Development

Following public and stakeholder engagement and Listening Exercise throughout February 2018 we utilised the feedback and commonality amongst themes that arose to inform the development of options for an improved urgent care system for Wirral, to include an Urgent Treatment Centre and a standardised community provision. **Appendix 6 Listening Exercise Summary**.

A number of options were initially developed which included some later discounted:

1. GP Practices

- This option focused on utilising the existing 51 GP Practices across Wirral to deliver urgent care in addition to the nationally mandated Urgent Treatment Centre.
- This option was deemed inconsistent in terms of the ability for such a large number of practises to offer a stable, consistent service which would meet the needs and demand of the Wirral public.
- Hours that could be delivered by each practice is reduced compared to what is presently provided. Allocation of resource is shared widely and also incurs additional fixed costs by using 51 sites

2. Maintain Existing community Urgent Care Provision with the UTC

- This option would not address the current inconsistent and confusing offer across Wirral
- The current cost envelope would not have afforded this option as well as the mandated UTC without significantly reducing the hours of opening across the Walk in Centres/Minor Injury Units
- Significantly reduced hours would not have absorbed the demand or been able to support A&E or front door clinical streaming

- The hours that could be delivered in the community are reduced compared to what is presently provided.

3. UTC minimum 12 hour opening with 4 locality hubs

- The activity that could be delivered in the community was far greater than present Walk in centre and Minor Injury Unit demand.
- The reduced Urgent Treatment Centre hours would also minimise the potential to reduce low cost activity at A&E.

For a full breakdown of the reasons for the discounted options, please refer to **appendix 7**.

Activity Assumptions and Analysis

- We have looked at services currently provided in Walk in Centres and Minor Injury Units and determined what % of these could be treated by a GP, Nurse or Pharmacist
- Generally, services provided are very similar to those available at local pharmacies and in some cases, the pharmacies are on the same site meaning that patients would not be travelling any further to be seen
- For the Arrowe Park site we have demonstrated that the proposed options would mean for option 1, an additional 37 people per day would present to the site and for option 2, an additional 27 people per day.
- We know that there is an inequity of provision of urgent care across Wirral
- There are variable services with differing costs associated to them
- Despite investing in Walk in Centres and Minor Injury Units, A&E attendances have not reduced
- Our research illustrates that we are not always using NHS resources as efficiently or effectively as possible – for example, GP and Nurses are dealing with concerns that a Pharmacist could actually deal with

Appendix 7a Activity and Finance

10. Bid for Capital Funding

Whilst there are no expected financial savings from the implementation of this scheme, we have been given the opportunity to bid for funding for the new urgent treatment centre. We believe that this scheme will support a shift towards clinical and financial sustainability creating a sustainable model in the existing health economy and provides a platform on which to base our future modelling. Not only does this scheme support public demand for urgent care services, it also underpins the need to invest in local, integrated care in the community as well as providing modern and fit for purpose estate that can clinically support our service models and effectively meet clinical standards. This scheme will not only improve clinical standards but will also support consistent

delivery of service standards by improving patient outcomes and experience as well as supporting the Healthy Wirral System plan. The scheme encompasses the existing A&E department and an Urgent Treatment Centre (UTC) based at Arrowe Park, with the UTC as the single front door for all urgent but non-life-threatening illnesses or conditions. An Integrated Urgent Care Clinical Assessment Service will provide access to urgent care via NHS 111 integrated with GPOOH.

Across Wirral it is recognised that we need to change how we deliver health and care. We have an ageing population, areas of high deprivation and there are pressures being experienced across the health and care system providers. The population outcomes also highlight that we have opportunities to make improvements to benefit the people of Wirral. Locally we need to develop a 7 day community offer that is prepared and resilient for the future to drive sustainable changes and improvements for patients and the population.

At present the current system is organised in a way that is not centred around care pathways or population needs and lacks efficiency in terms of workforce. The proposed model supports more innovative and efficient ways of working, maximising the opportunity that comes with system reconfiguration enabling the system to support a generic workforce, skill mixing staff to promote a blended approach. We believe that this scheme will enable Wirral to meet the A&E 4 hour targets as well as the emergency ambulance response performance standards, including ambulance handover targets.

11. Urgent Treatment Centre Location & Implications

The co-location of the UTC at Arrowe Park means that patients who present themselves and are very ill or, those that deteriorate rapidly can be immediately transferred to A&E to receive emergency interventions.

"There are advantages if they can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need"
NHS England, Urgent Treatment Centres – Principles & Standards, July 2017

Having a UTC located elsewhere would rely on ambulance transport and could present a risk topatients, given the time it would take to get them to A&E. Many serious conditions such as stroke and heart attacks require **rapid assessment and treatment** to achieve the **best outcomes for patients.**
We know that Wirral's only A&E is under pressure – locating the UTC next to A&E will alleviate pressures and keep A&E free for those who really need it. Having the UTC at the Arrowe Park site means that patients can benefit from the full range of diagnostic facilities including MRI and CT scanning. These facilities are not available at other sites. Alternative locations were considered for the UTC such as existing Walk in Centres and Minor Injury Units, however they do not offer the same range of facilities or opportunities to **maximise patient safety**.

11.1 Clinical considerations for locating the UTC at Arrowe Park

Co-locating the UTC on the acute site provides enhanced **patient safety**. Those patients that either present critically ill or injured or those who rapidly deteriorate will be reliant upon the ambulance service to transport them to the correct facility (Emergency Department). This is placing additional strain on an already stretched service. We recognise that delays in patient care in an acute or emergency situation could potentially have life threatening implications.

Provide a full suite of **acute level diagnostic services** required for rapid access. The alternative locations only offer a very minimal level of diagnostic services (if any) which do not support the clinical benefits of co-locating an Urgent Treatment Centre with an Emergency Department. Clinically the co-located Urgent Treatment Centre would enable an improved patient pathway – we will reduce the risk of potentially having to transfer patients from an off-site location to the Emergency Department. This could be in the event of a rapid deterioration of a patient whereby reliance on an already strained ambulance service could result in unnecessary delays and risk to patient safety.

Alternatively a patient presenting at the Urgent Treatment Centre may require additional diagnostics or services that are only available at an acute site, meaning delays in patient care, longer waits and visiting multiple locations (having to either be transferred to the acute site or present themselves). This is not an efficient patient pathway and does not support positive patient experience.

Provides a **single front door** for **effective clinical streaming**. These are recognised as key elements to helping sustain a viable Emergency Department service; by receiving patients via one single front door, they can be clinically assessed and determined if they are appropriate for the Emergency Department.
This will reduce the footfall which will have a positive impact on not only the 4-hour target but also the efficiency of the Emergency Department by ensuring those patients in need of emergency care receive it in a timely manner by enabling staff to focus on only the acutely unwell

11.2 Non-clinical considerations for locating the UTC at Arrowe Park

Based on time, duration and frequency we know that the Arrowe Park site does provide the **quickest and most efficient transport links** and is in a centralised location. The centralised location also supports continuity of access times for urgent patients accessing via the North West Ambulance Service route.

To base the UTC elsewhere would unlikely significantly influence a **change of footfall at the Emergency Department at Arrowe Park**. The largest proportion of patients attend Arrowe Park Hospital because they associate it with A&E/ 24-hour access/ consistent offer/ good transport links both public and highways/ default option – this will not change if a Urgent Treatment Centre is based elsewhere – Patients will still likely present to Arrowe Park site, which will clog up the system,

not support the Emergency Department or delivery of the 4-hour target, not support sustainable and generic working to future proof the model, will not support enhanced system resilience and could result in under-utilisation of a Urgent Treatment Centre based elsewhere.

Specialist **mental health care in A&Es**: 74 24-hour 'core 24' mental health teams, covering five times more A&Es by March 2019, than now. The service will be available in more than a quarter of acute hospitals by March 2018 and reach nearly half by March 2019, compared with under one-in-ten today.

Maximises the opportunities for workforce. By co-locating the Urgent Treatment Centre next to the Emergency Department we have the opportunity to build a **flexible, sustainable and future proof workforce** allowing us to flex our capacity between both the Emergency Department and the Urgent Treatment Centre to appropriately meet demand. Additionally we can up skill and skill mix staff to enable them to cross cover and enhance the variation of their work, leading to a greater feeling of job satisfaction as well as overall system benefits to a more generic workforce. An Urgent Treatment Centre based elsewhere other than Arrowe Park site will not support this model and will not allow us to begin to match capacity with the current level of demand

Maximise the opportunity to improve **system resilience**. The development of a co-located Urgent Treatment Centre would also enhance system resilience in the event of a major incident. During a major incident, the vast majority of footfall will be focused at the acute site – increasing the demand significantly.
By having the Urgent Treatment Centre next door to the Emergency Department we will have the additional staff on hand to support major incidents, all focused on the acute site where the demand will be the highest. To base the Urgent Treatment Centre elsewhere will not enable this.

We recognise that transport and car parking are key areas of concern across Wirral and can confirm that Wirral University Teaching Hospital is actively engaging with suppliers (independent of the urgent care consultation) to increase capacity at Arrowe Park. There is also a 'Carpark Strategy' that is reviewing the parking issues at Arrowe Park Hospital and this work is being undertaken in parallel with the consultation. In addition to this we are also in discussion with Merseytravel and Wirral Council Commissioners who are currently reviewing services to make proposed improvements to routes and frequency.

12. Post Consultation and Next steps

The public consultation runs from 20th September to 12th December 2018. Upon the consultation closing we will review all feedback received throughout the consultation period including a full analysis of the results from a public survey. We will also take into consideration findings from the Clinical Senate as well as ongoing discussion with NHS England. The final decision will be made by CCG Governing Body at the Joint Strategic Commissioning Board in April 2019.

Following the completion of the consultation, we will work with all providers taking into account feedback regarding the development of the community offer, prior to a final recommendation being made. Following a final decision on our options, we will revisit the Overview and Scrutiny Committee to provide feedback.

Running parallel to the consultation and forward into 2019 are 4 critical working groups:

- Clinical Modelling and Workforce
- Transport
- Estates and Infrastructure
- Paediatrics

These groups will focus on addressing key elements of the proposed service model with one group being solely focused on mapping the future state clinical pathway for urgent care, taking into account the implementation of the new urgent treatment centre and associated clinical model. We will also tackle workforce issues, underpinning the clinical model. The clinical model will also inform the future contracting approach. Commissioners are supporting providers to work collaboratively and in an alliance state to take forward the transformation work.

Appendix

1. Engagement Timeline
2. Governing Body Report
3. Clinical Senate Terms of Reference
4. VSA Summary
5. VSA Attendance List
6. Listening Exercise Summary
7. Urgent Care Option Briefing – discounted options

7a. Activity and Finance data

Pre-transformation Activity

Date	Engagement activity	Type of engagement and attendees
2009	Focus groups	Focus groups with parents who had used A&E on behalf of their children
2014	Qualitative research with patients and professionals	25 interviews undertaken with parents and frontline staff (GPs, receptionists, Nurses, Managers). 12 of the interviews were conducted with parents of children who had visited A&E, the remaining 13 interviews were conducted with front line staff from several healthcare settings; Children's A&E Service, general practices, GP Out of Hours (GPOOH) and Walk In Centres
2014	Surveys of Minor Ailments service users	Healthwatch undertook 'Enter and View' quality reviews of the Minor Injuries services at Miriam and Parkfield Medical Centres
2015	Surveys of Urgent Care service users	Healthwatch undertook surveys of Urgent Care service users
September 2015	Survey of Wirral residents	Wirral CCG conducted a survey (as part of the Healthy Wirral programme) to ask the views of residents on urgent care and gauge how residents thought these services could be changed to ensure that urgent care services meet need. There were 443 respondents
2015	Survey of Walk-In Centre (WIC) and A&E users	Using the questionnaire used by Wirral CCG ('Survey of Wirral residents 2015), Healthwatch completed face-to-face surveys with patients at WICs and A&E
January 2016	Workshops for the public	In January 2016, the Healthy Wirral partnership held a series of public workshops on urgent care which asked the question, "What matters to Wirral".
2016	Workshops for public and professionals on Urgent Care	Wirral CCG conducted three Urgent Care Value Stream Analysis events. The events included representatives from local NHS organisations and members of local patient groups. The events looked at the challenges faced locally, as well as information on service usage.

Engagement Activity - Listening Exercise

Date	Engagement activity	Time	Type of event and attendees
Friday 9th February 2018	Older People's Parliament	10am-1pm	Presentation at meeting to Older People's Parliament members and staff
Thursday 15th February 2018	Roadshow - Moreton Health Clinic	10am-1pm	Public, service users and staff
Monday 19th February 2018	Roadshow- Arrowe Park Main Reception	1pm-4pm	Public, service users and staff
Tuesday 20th February 2018	Roadshow - Victoria Central	10am-1pm	Public, service users and staff
Wednesday 21st February 2018	Roadshow - Arrowe Park Hospital Walk In Centre	1pm-4pm	Public, service users and staff
Thursday 22 February 2018	Workshop – homeless representatives	2pm-4pm	Workshop for staff from YMCA and other homeless organisations (also included some reps from mental health charities/organisations)
Friday 23rd February 2018	Workshop – mental health	2:30pm-4pm	Staff and former/current service users from groups including Wirral Mind, Time to Talk and Wirral Pathfinders
Friday 23rd February 2018	Roadshow – Miriam Health Centre	10am-1pm	Public, service users and staff
Monday 26th February 2018	Roadshow - Eastham Clinic	2pm-5pm	Public, service users and staff
Monday 26th February 2018	Roadshow - Wirral Ways to Recovery Birkenhead	11:30am-2pm	Service users and staff
Monday 26th February 2018	Workshop - Youth Voice	5pm-6:30pm	Young people and youth service staff
2nd/3rd March 2018	Workshop	n/a	Selene Wakerley from Youth Voice replicated the session we did with Youth Voice, and created patient characters with the Looked After Children Group and Young People with Disabilities which was submitted to us

Engagement Activity – Consultation

September 2018			
Date	**Engagement**	**Time**	**Type of event and attendees**
Thurs 13th (pre-consultaion)	Patient and Public Advisory Group meeting – members shown proposed engagement materials for feedback. Members also saw initial draft of materials in August 2018 for comment.	1pm-3pm	Patient and Public Advisory Group Members
Wed 19th	Councillor briefing		Briefing – Phil Davies
Thurs 20th	Councillor briefing	4:15pm	Briefing - Cllr Julie McManus
Thurs 20th	Arrowe Park Hospital Opthalmology group	6:00pm	Group members meeting
Tuesday 25th September	Liscard Shopping Centre (Well On Wirral)	9:30pm-1pm	Roadshow – general public
Wednesday 26th September	Age UK - Meadowcroft Community Hub in Bromborough	1:30pm-4pm	Roadshow – service users and staff, general public
Thursday 27th September	Safeguarding Learning Day, New Brighton Floral Hall	9am-4:30pm	Roadshow – safeguarding staff, representatives from other community partners

October 2018			
Date	**Engagement**	**Time**	**Type of event and attendees**
Mon 1st	LMC	1:15pm	Meeting – LMC members
Tues 2nd	Eastham Clinic	2pm-5pm	Roadshow – general public and staff
Weds 3rd	Wirral Met Conway Park Campus	10am-1pm	Roadshow – students and staff
Weds 3rd	How Are You Marriss House?	10-4	Roadshow stall at health and wellbeing event for CCG staff, University of Chester, and Public Health staff in Marriss House
Thurs 4th	Public Question Time Birkenhead Council	6:30pm-8pm	Public Question Time: Urgent Care –

	Chamber		general public
Thurs 4th	West Wirral Constituency Meeting	7pm-9pm	Meeting – councillors and general public (Cllr Jeff Green)
Fri 5th	Meeting with Angela Eagle - Marris House	4pm	Meeting – MP
Mon 8th	Wirral Met Twelve Keys Campus	1pm-3pm	Roadshow – students and staff
Tues 9th	Wirral Multicultural Organisation	10am-1pm	Roadshow – service users and staff
Weds 10th	Wirral Met The Oval Campus	10am-1pm	Roadshow – students and staff
Weds 10th	Arrowe Park Walk in Centre/A&E	1pm-4pm	Roadshow – general public, service users and staff
Weds 10th	GP Meeting - 6th floor Marris House	6.15pm-7.45pm	Meeting - GPs
Fri 12th	Parkfield Minor Injuries Unit	10am-1pm	Roadshow – general public, service users and staff
Mon 15th	Magenta Living: Young Mums Group	10:30pm-12:30pm	Roadshow – service users and staff
Mon 15th	Youth Voice Group	5pm-6pm	Consultation event/workshop – young people and staff
Tues 16th	Wirral Multicultural Organisation - Bengali group	10.30pm-12.30pm	Consultation event – service users and staff
Tues 16th	Joint Strategic Commissioning Board	2.30pm	Meeting
Tues 16th	A&E Delivery Board	2pm-5pm	Meeting
Wed 17th	Moreton Clinic Staff	11.30-12	Staff Meeting
Weds 17th	GP Members Meeting - Thornton Hall	1:30pm-5:00pm	Meeting/presentation – GPs, Practice Managers and Practice Nurses
Thurs 18th	WHCC Staff Briefing	10am-11am	Staff briefing – WHCC staff
Thurs 18th	Miriam Medical Centre	1:00pm-4:00pm	Roadshow – general public, service users and staff
Thurs 18th	Local Representative Committee (Local Dental Committee, Local Pharmaceutical Committee, Local Optometrist Committee and Local Medical Committee attendees)	Evening	Meeting
Sat 20th	Pyramids Shopping	10am-4pm	Roadshow – general

	Centre Birkenhead		public
Tues 23rd	Victoria Central Hospital Walk In	1:00pm-4:00pm	Roadshow - general public, service users and staff
Weds 24th	Moreton Clinic	1:00pm-4:00pm	Roadshow - general public, service users and staff
Weds 24th	GPW Federation meeting	11:30am	Meeting with lead
Thurs 25th	Wirral Ways to Recovery Recovery Forum - Tranmere Rovers	10:30-3:00pm	Roadshow - service users and staff, partner organisations
Thurs 25th	Wirral Integrated Provider Partnership - St Catherine's	4:30pm	Meeting
Fri 26th	Wirral Ways to Recovery (Wallasey Hub)	11:00-2.00	Roadshow – service users and staff
Mon 29th	Arrowe Park main foyer	1:00pm-4:00pm	Roadshow - general public, service users and staff
Tue 30th	Spider Project	10am-1pm	Roadshow – service users and staff
Tue 30th	Urgent Care Public Meeting: Eastham Eastham St David's Church	6.30pm - 8.30pm	Public Meeting – councillors, general public
Wed 31st	Wirral Met - Wirral Waters Campus	1pm-3pm	Roadshow – students and staff

November 2018			
Date	**Engagement**	**Time**	**Type of event and attendees**
Thursday 1st	Ellesmere Port & Neston and locality District GP meeting, 1829 Building, Countess Park, Rooms A&B	8.30am	Meeting - GPs
Thursday 1st	Special OSC meeting	evening	Meeting
Wednesday 7th	Mecca Bingo Birkenhead	11:00-2:00pm	Roadshow – general public and staff
Thursday 8th	West Wirral Urgent Care Public Meeting: Heswall Hall	6.30pm-8pm	Public meeting – general public
Friday 9th	Wirral Multicultural Organisation - Polish Group	5.15pm	Consultation session with members of Polish community
Monday 12th	Homeless organisation representatives	1:00pm-3:00pm	Consultation session with representatives of homeless

	(YMCA)		organisations and with a view to organising service user sessions
Monday 12th	OSC		Meeting
Monday 12th	Dental Group - Greasby Dental Practice	TBC	Meeting with group members
Tuesday 13th	Birkenhead Urgent Care Public Meeting: Birkenhead Cricket Club	6:30pm-8:30pm	Public meeting – general public
Wednesday 14th	Health and Wellbeing Board	4pm	Meeting
Wednesday 14th	Tomorrow's Women	11am-2pm	Roadshow – service users and staff
Wednesday 14th	Moreton Clinic Staff	11am-12noon	Staff meeting
Thursday 15th	Patient and Public Advisory Group	10am-12noon	Meeting – group members
Thursday 15th	Ellesmere Port Urgent Care Public Meeting - Ellesmere Port Civic Hall	6:30pm-8:30pm	Public meeting
Friday 16th	Older People's Parliament exec meeting - Wallasey Town Hall	Time TBC – 2 hour slot	Meeting
Monday 19th	Neston Urgent Care Public Meeting - Neston Civic Hall	6:30pm-8:30pm	Public Meeting
Tuesday 20th	A&E Delivery Board	2pm-5pm	Meeting
Tuesday 20th	Together All Are Able	PM - TBC	Consultation session/workshop with service users
Wednesday 21st	PCW Federation Meeting	11:30am	Meeting
Wednesday 21st	GP session	6pm-7:30pm	Meeting
Friday 23rd	MP Meeting - Angela Eagle	1pm	Meeting
Friday 23rd	MP Meeting - Frank Field	3pm	Meeting - MP
Tuesday 27th	GP session	12:30pm-2pm	Meeting
Tuesday 27th	Eastham Walk in Centre (second date)	2pm-5pm	Roadshow
Wednesday 28th	Wirral Carers Association - Wallasey Town Hall	10-11:30	Meeting
Thursday 29th	Victoria Central Walk in (second date)	10am-1pm	Roadshow
Friday 30th	MP Meeting - Alison McGovern	12noon	Meeting - MP

***All WIPP Providers meeting to be arranged in November**

December 2018			
Date	**Engagement**	**Time**	**Type of event and attendees**
Tuesday 4th	Joint Strategic Commissioning Board (JSCB)	2:30pm	Meeting
Thursday 6th	Arrowe Park Hospital foyer (second date)	1pm-4pm	Roadshow – general public, service users, staff
Thursday 6th	Wallasey Urgent care Public meeting – Wallasey Town Hall	6:30pm-8:30pm	Meeting – general public
Friday 7th			
Saturday 8th			
Sunday 9th			
Monday 10th			
Tuesday 11th			
Wednesday 12th **CLOSES**			
Friday 14th	MP Meeting – Margaret Greenwood	12noon	Meeting

Engagement activity in progress/currently targeting:

- Supermarkets: Sainsbury's Upton, Asda Bromborough, Asda Liscard
- Children's Centres
- Merseyside Society for Deaf People
- Wirral Society of the Blind and Partially Sighted
- Mencap
- Phoenix Futures 18-24
- Autism Together
- Wirral Change
- Wirral ConnectUs
- Homeless people – to be organised after event on 12th November

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Report Title	Urgent Care Transformation – 'Intention to Review' Publication
Lead Officer	Nesta Hawker, Director of Commissioning
Recommendations	1. Note the update for the Urgent Care Transformation plans. 2. Discuss and approve the rationale for Urgent Treatment Centre location

1. INTRODUCTION

1.1 A paper was presented to the Governing Body on 6th December 2017 regarding Urgent Care Consultation Postponement.

1.2 The paper described the national and local context in relation to Urgent Care Transformation (UCT) and the process to date including key messages in the case for change, pre-consultation engagement activity and development of proposals. It also highlighted the benefits, risks and mitigations to postpone the consultation. The recommendations in the paper (copied below) were approved.

Box 1: Recommendations approved on 06.12.17 *(Excerpt from Governing Body Papers 06.12.17)*

The CCG Governing Body is asked to:

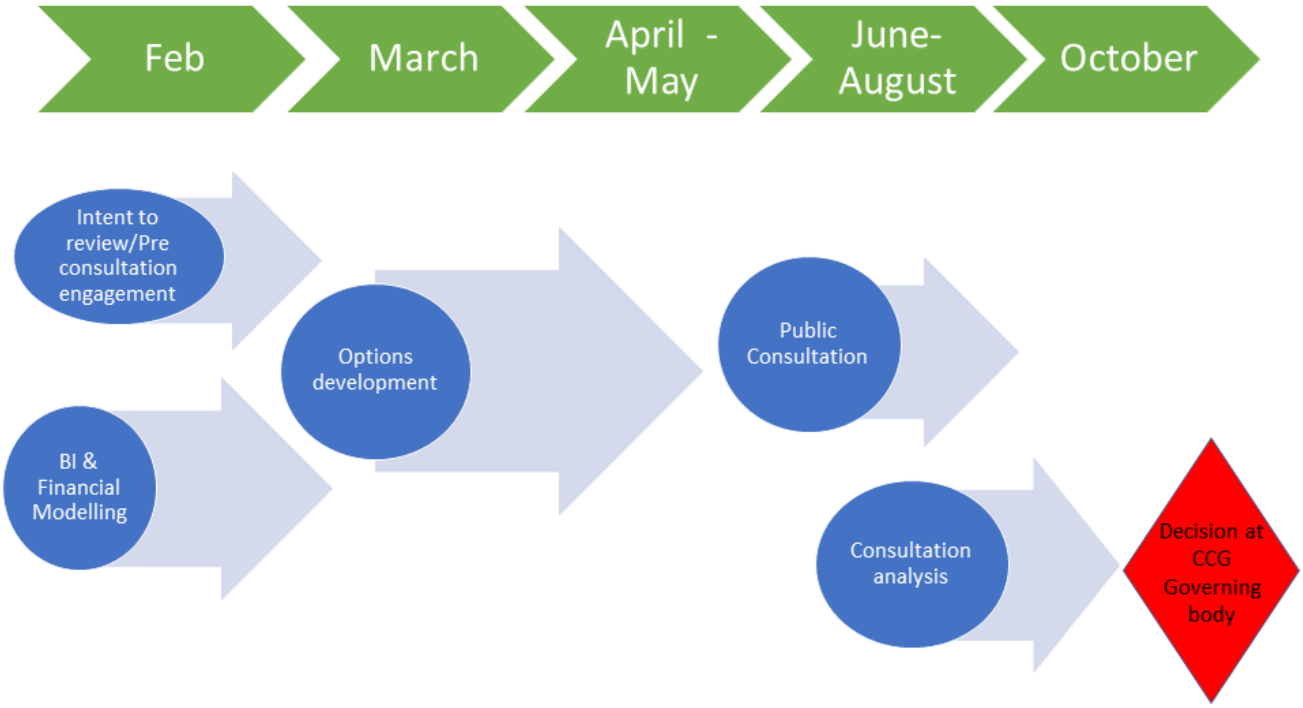
1. Note the NHS England requirements for Urgent Treatment Centre, Primary Care Extended Access and Integrated Urgent Care Service Specification.
2. Note the process undertaken to develop proposals
3. Review benefits and considerations to postpone the consultation from 27th November-5th March to 4th June-3rd August.
4. Approve recommendation to postpone the consultation start date to 4th June and implement mitigation actions as described in table 2.
5. Approval to progress the estate developments and potential staffing model of the Urgent Treatment Centre

1.3 This paper provides an update on the revised timescales and the rationale for the location of the Urgent Treatment Centre to be at Arrowe Park.

2. KEY ISSUES / MESSAGES

2.1 Timeline - the timeline below shows the activity over the coming months to enable us to use public insight and activity, workforce and financial data regarding the use of urgent care services to further develop options to propose to the public in summer 2018. The analysis of the consultation will lead to recommendations to be presented at the Governing Body on 2nd October 2018.

Figure 1: Timeline for Urgent Care Proposal Development



2.2 Intention to Review – Listening Exercise: At this point we are publishing our intention to review Urgent Care Services and whilst we know a lot about people's experiences from both a national and Wirral perspective we want to provide people with a further opportunity to tell us about their use of current Urgent Care Services. This will help us develop options which will then be subject to a public consultation in the summer of 2018. This listening exercise will run from 7th February 2018 to 28th February 2018. The engagement activity includes a public event and series of focus groups, a face to face listening roadshow, website and social media and printed documents. There are also specific events with elected council members and primary care.

2.3 Implementation of mandated Urgent Treatment Centre

2.3.1 As described in the Governing Body paper on 6th December 2017, the mandated elements that NHS England have specified are the 'must haves' for delivery of urgent and emergency services which include the introduction of Urgent Treatment Centres (UTC), extended access to GP services and a more joined up approach to services including NHS 111 and GP Out of Hours by the end of 2019.

2.3.2 Further work has been undertaken to clarify the rationale for the location of the Urgent Treatment Centre. Due consideration of all of the data and statutory requirements have been taken and it is our recommendation that the Urgent Treatment Centre is based on the Arrowe park site, by the development of the walk in centre on site .

2.3.3 The rationale will be shared during the Listening exercise and views will be sought on the impact that this will have on patients and public. These views will feed into the draft Quality Impact Assessments which are in development with the CCG quality team. The rationale is further detailed below.

Rationale for location of Urgent Treatment Centre

2.3.4 **It meets population need:** the Case for Change highlighted that due to the size of the population, geography of Wirral and demand for urgent care services one centre would meet the population need

2.3.5 **It aligns to public behaviour trends:** the Case for Change highlighted that even with a range of alternative urgent care facilities in the community the public continue to attend the Arrowe park site for urgent care needs. Changing behaviour is challenging and we have recognized that by providing a robust outward facing community front door at the Arrowe Park site this works with behaviour trends rather than against.

2.3.6 **It meets NHS England standards:** one of the National Standards includes the requirement to have protocols in place to manage critically ill and injured adults and children and the benefits of a joint leadership role of an A&E Consultant. These standards would be best achieved on the Arrowe park site. (Standard 9 Source 'Urgent Treatment Centre's Principles and Standards' July 2017).

2.3.7 **It would provide a more streamlined pathway of care and improved health outcomes for patients:** the Urgent Treatment Centre would provide a single front door at the Arrowe Park Site for patients with an urgent care need, this would be a more seamless pathway for patients, who would be seen by the most appropriate clinician in a timely manner (including psychiatric liaison access). It would also provide access to more timely diagnostic tests and results. This would also improve patients health outcomes.
'There is more support for urgent care services co-located within emergency departments (Royal College of Paediatrics and Child Health 2014). Co-located services can stream patients through one 'front door' and thus reduce A&E attendances.' Source: Nuffield Trust Shifting the Balance of Care: Great Expectations' (March 2017)

2.3.8 **It would provide an integrated outward facing community offer spanning physical and mental health:** having the UTC at Arrowe Park would provide a strong primary and community offer for patients, with the opportunity to support patients during the urgent care episode and support/referral to community interventions. Psychiatric Liaison and Dementia Nurses are already onsite, by co-locating the UTC at Arrowe Park this would improve access to mental health support (building on the development to meet core 24 standards).

2.3.9 **It would enable a more integrated, safe and flexible workforce:** Provides the opportunity to increase the interdependency and mutual support of primary and secondary care practitioners, with a gradual transfer of skills, knowledge and shared competencies creating a more integrated, safe, effective and flexible workforce over time. From a quality – patient safety perspective this could include possibility for rotation across the A& E and UTC to include reciprocal clinical supervision, and primary and secondary care placement opportunities, this would be easier to establish on the same site. This would also enable the possibility to develop joint robust clinical governance arrangements with consistent standards across A&E and UTC (secondary and primary care).

2.3.10 **It would provide improved system flexibility and resilience:** having both the UTC and A&E on the same site would give greater flexibility (i.e. staff/patients could possibly be redirected between UTC and A&E to meet demands) and ability to respond to a major incident.

2.3.11 **It would enable implementation within cost envelope:** If the Urgent Treatment Centre is not located at the Arrowe Park site there will be an additional cost to the system. If the Urgent Treatment Centre is delivered elsewhere (where possible utilizing existing estates within the health and social care economy), Clinical streaming and a walk in centre would still be required at the Arrowe Park site. By redesigning the urgent care services at the Arrowe Park site this would enable the best use of the financial envelope.

3. IMPLICATIONS

3.1 FINANCIAL IMPLICATIONS

If the Urgent Treatment Centre is not located at the Arrowe Park site there will be an additional cost to the system. If the Urgent Treatment Centre is delivered elsewhere (where possible utilising existing estates within the health and social care economy), Clinical streaming and a walk in centre would still be required at the Arrowe Park site. By redesigning the urgent care services at the Arrowe Park site this would enable the best use of the financial envelope.

RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

As part of the Urgent Care Transformation Programme the CCG is setting up working groups to work collaboratively across primary, community, acute and social care colleagues to design the staffing model and plan the estates and ICT requirements.

3.3 RELEVANT RISKS

3.3.1 One issue we are already aware of is transport links to the Arrowe park site so we have a working group set up to start to address these issues.

3.3.2 The Urgent Treatment Centre will be GP led, therefore having access to primary care IT systems in an acute hospital site will be required. EMIS remote will need to be utilised for this and this is already used for the Extended access service based at Arrowe Park. IT issues will be addressed by the working group described in section 3.3.

3.4 ENGAGEMENT/CONSULTATION

Described in section 2

3.6 EQUALITY IMPLICATIONS

The equality impact assessments that have been undertaken have highlighted some protected characteristic groups which have been included in the communications and engagement activity plan.

4 CONCLUSION

The CCG Governing Body is asked to:

1. Note the update for the Urgent Care Transformation plans.
2. Discuss and approve the rationale for Urgent Treatment Centre location

REPORT AUTHORS:

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Jacqui Evans,
Assistant Director for Integrated Commissioning and Unplanned Care,
NHS Wirral CCG/WBC

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NHS Wirral CCG

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NHS Wirral CCG

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NHS Wirral CCG

Chandra Dodgson
Snr Commissioning & Finance Manager
Strategic Hub – Health and Wellbeing
Wirral Council

REFERENCE MATERIAL

- General Practice Forward View (April 2016) https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
- Next Steps on the NHS five year forward view (March 2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
- Integrated Urgent Care Service Specification (August 2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
- Urgent Treatment Centres, Principles and Guidance https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres–principles-standards.pdf
- Urgent and Emergency Care Review: End of Phase 1 engagement report (2013) https://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf)

5 APPENDICES *(Must be copied below or available on request – do not embed)*

No.	Title of Appendix

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NHS
Greater Manchester, Lancashire and South Cumbria
Clinical Senate

Independent Clinical Review: TERMS OF REFERENCE

1. STAKEHOLDERS

Title: **Wirral Urgent Care Services**

Sponsoring Commissioning Organisation: **Wirral CCG**

Lead Clinical Senate: **GMLSC**

Terms of reference agreed by: **Prof Donal O'Donoghue (Chair, GMLSC Clinical Senate), Dr Paula Cowan (Medical Director, Wirral CCG) and Nesta Hawker (Director of Commissioning, Wirral CCG)**

Date: **June 2018**

Clinical Senate Chair: Prof Donal O'Donoghue

Clinical Senate Review Chair: Dr Gareth Wallis

Citizen Representatives: Ray Murphy

Clinical Senate Review Team Members:

REVIEW PANEL MEMBER
Patrick MacDowall, Consultant Nephrologist, Lancashire Teaching Hospitals NHS Trust
Mamta Buch, Consultant Cardiologist, Manchester University Teaching Hospitals
Phil McEvoy, Managing Director, Six Degrees Social Enterprise
Mark Holland, Consultant in Acute Medicine, Salford Royal NHS Foundation Trust
Damian Nolan, Divisional Manager, Halton Borough Council
Gill Johnson, Nurse Consultant, Central Manchester University NHS Foundation Trust
Andrew Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS Foundation Trust

2. QUESTION & METHODOLOGY

Aim of Review: To undertake an independent clinical review of the proposed plans for urgent and emergency care services delivered in Wirral, in line with the NHS England Stage 2 assurance process.

Main objectives of the clinical review:

- Clinical Quality:
  - Have all potential alternative options to the preferred model been considered (inc. co-operation and collaboration with other sites and/or organisations)?
  - Is this the optimal model for the Wirral population?
  - Does the preferred model's clinical case fit with national best practice?

  - Have innovations to practise been fully explored?
  - Have all the clinical interdependencies been considered?
- Workforce:
  - Do the proposals make the most effective use of the workforce for service delivery?
  - Have future workforce implications been considered?
  - Have innovative workforce models been considered?

- Engagement
  - Have all stakeholders, including staff, third sector organisations, public and service users, been properly engaged in developing the proposed changes?

Scope of the review:

In scope: Urgent and emergency care services commissioned by Wirral CCG including A&E, walk-in centres, minor injuries centres and GP out of hours

Out of scope: Major trauma, dentistry

Out of scope but key Interdependencies: Pharmacy, NWAS, 111

Outline methodology:

Review panel visit

Timeline: **June - December 2018**

Reporting arrangements

The clinical review team will report to Dr Gareth Wallis, Panel Chair, on behalf of the North Region Clinical Senates, who will consider and agree the report and be accountable for the advice contained in the final report. The report will be given to the sponsoring commissioner and a process for the media handling of the report and subsequent publication of findings will be agreed within 3 months of delivery.

3. KEY PROCESS AND MILESTONES

a. Discussion with Clinical Senate Chair and Medical Director 22nd June (complete)

b. Discussion with Clinical Senate Chair, Commissioner and Review Team Lead to finalise Terms of Reference 22nd June (complete)

c. Information for review submitted by Commissioner and distributed to review team ***– 22nd October 2018***

d. Review Team WebEx/Teleconference - **w/c 5th November 2018**

e. Requests for clarification and/or further information from Commissioners **w/c 12th November 2018**

f. Review Panel Visit – 26th November 2018

g. Panel submit finding for report writing - **28th November 2018**

h. Draft report back to panel for accuracy checks **– 3rd December 2018 Return – 10th December 2018**

i. Final report drafted & sent to commissioners for comment **– 12th December 2018 Return 16th October 2018**

j. Final report produced – 17th December 2018

k. Sign off of final report by Clinical Senate Council **– 17th December 2018**

l. Published to commissioner - 18th December 2018

4. REPORT HANDLING

A draft clinical senate report will be made to the sponsoring organisation for fact checking prior to publication on **18th December 2018**

Comments/ correction from Commissioners received by **16th December;** the final report will be submitted by the Clinical Senate to the sponsoring organisation by **18th December 2018.**

The report will be ratified by the Clinical Senate Council on the **17th December 2018.**

5. COMMUNICATION AND MEDIA HANDLING

The Clinical Senate aims to be open and transparent in the work that it does. The Clinical Senate would request that the sponsoring commissioning organisation publish any clinical advice and recommendations made. The Clinical Senate is aware of the sensitivities related to service change and reconfiguration and so an agreement will be reached in discussion with the sponsoring organisation in relation to the timing and process of publication.

Name of Communication Lead Sponsoring Commissioner:

6. RESOURCES

The clinical senate will provide administrative support to the review team, including setting up the meetings and other duties as appropriate.

The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

7. ACCOUNTABILITY AND GOVERNANCE

The clinical review team is part of the North Region Clinical Senate accountability and governance structure.

The Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring commissioning organisation.

The sponsoring commissioning organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

8. FUNCTIONS, RESPONSIBILITIES & ROLES

The sponsoring organisation will:

I. Provide the clinical review panel relevant information, this may include: with the case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance, service specifications. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions). The sponsoring organisation will provide any other additional background information requested by the clinical review team.

II. Respond within the agreed timescale to the draft report on matter of factual inaccuracy.

III. Undertake not to attempt to unduly influence any members of the clinical review team during the review.

IV. Submit the final report to NHS England for inclusion in its formal service change assurance process.

Clinical senate council and the sponsoring organisation will:

V. Agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical Senate council will:

VI. Appoint a clinical review team, this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a chair or lead member.

VII. Advise on and endorse the terms of reference, timetable and methodology for the review

VIII. Consider the review recommendations and report (and may wish to make further recommendations)

IX. Provide suitable support to the team and

X. Submit the final report to the sponsoring organisation

Clinical review team will:

XI. Undertake its review in line the methodology agreed in the terms of reference

XII. Follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.

XIII. Submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council.

XIV. Keep accurate notes of meetings.

Clinical review team members will undertake to:

XV. Commit fully to the review and attend all briefings, meetings, interviews, panels etc that are part of the review (as defined in methodology).

XVI. Contribute fully to the process and review report

XVII. Ensure that the report accurately represents the consensus of opinion of the clinical review team

XVIII. Comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it.

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Healthy Wirral

Urgent Care
Value Stream Analysis (VSA)

Update for CCG Operational Group

6th December 2016

NHS WIRRAL

Working in partnership:
Wirral Clinical Commissioning Group
Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

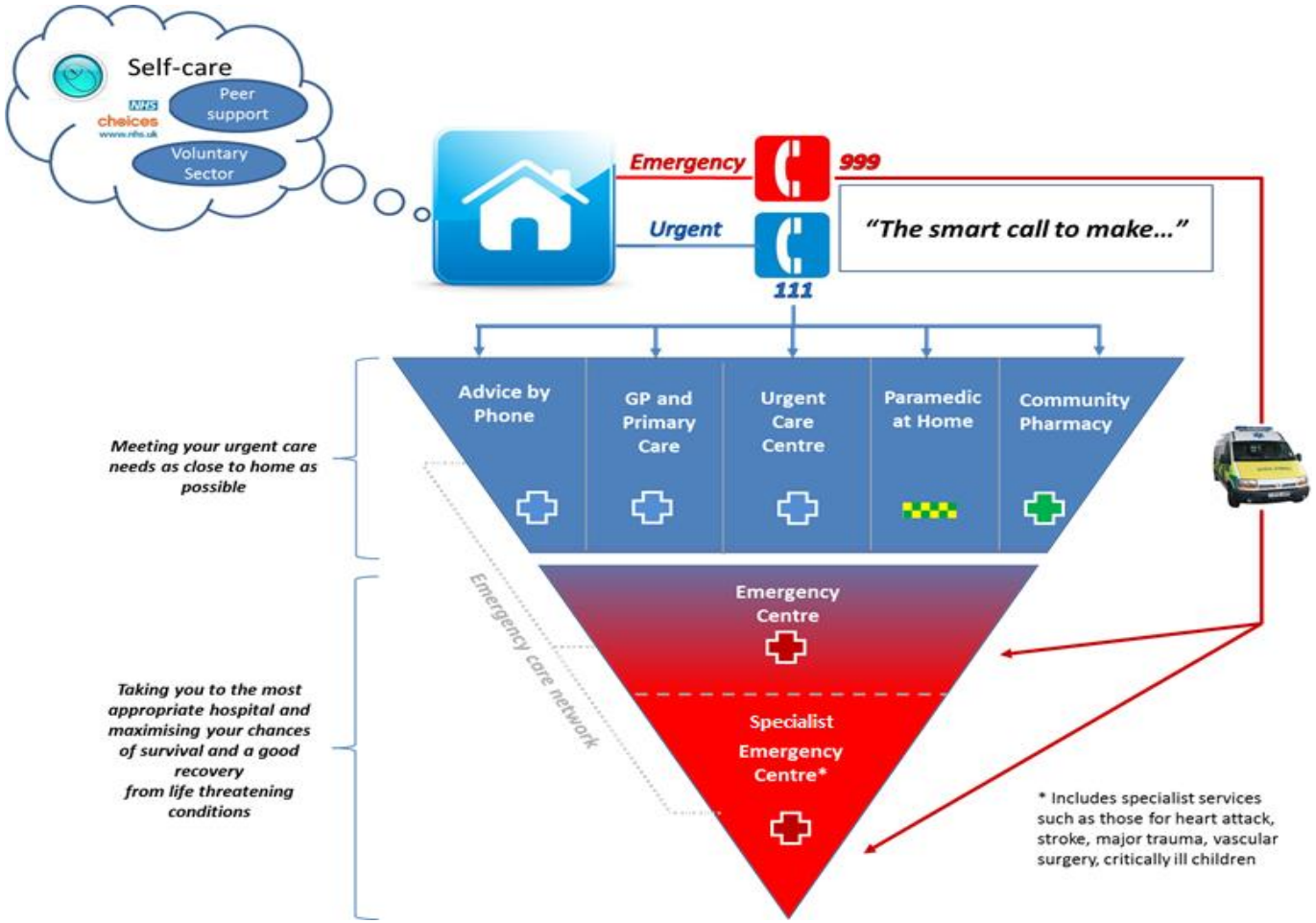
Context – Current System

- Complex system with multiple entry points means the default is often the easiest point of access i.e. A&E or 999
- Multiple access points offering subtly different services – can lead to duplication
  - patients can often access more than one service during a single episode
  - poor journey for the patient and costs more
- Increasing demand and rising costs – services need to transform to meet the needs of a changing demographic

Context – Drivers for Change

- Better care, better health, better value
- Feedback from the public and patients demonstrates confusion
- Ongoing and consistent failure to achieve the A&E standard (95% of patients being seen and admitted or discharged within 4 hours)
- Delayed ambulance handovers at Arrowe Park
- Direction of travel – 'Five Year Forward View' – New Care Models
- Emergency Care Improvement Programme (ECIP) – action plan identifies improvements required in:
  - hospital patient flow
  - assessment prior to admission
  - effective assessment outside of the hospital setting at discharge

Context – National Review



Healthy Wirral

Context - Healthy Wirral 5 year Strategic Plan

Enabling Strategies

Patient insight & engagement / Clinical insight & engagement / Wirral Care Record / Digital Map / I.T. / Workforce / Programme Management Office

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Healthy Wirral

Healthy Wirral

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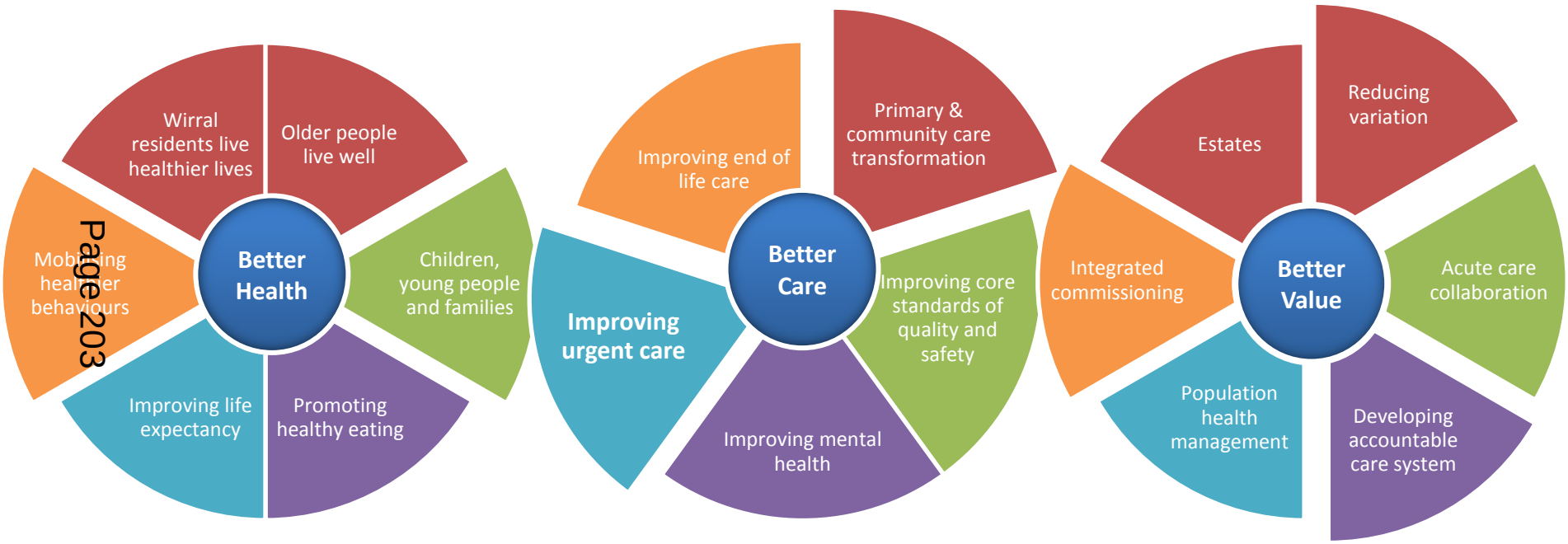
Healthy Wirral

Healthy Wirral



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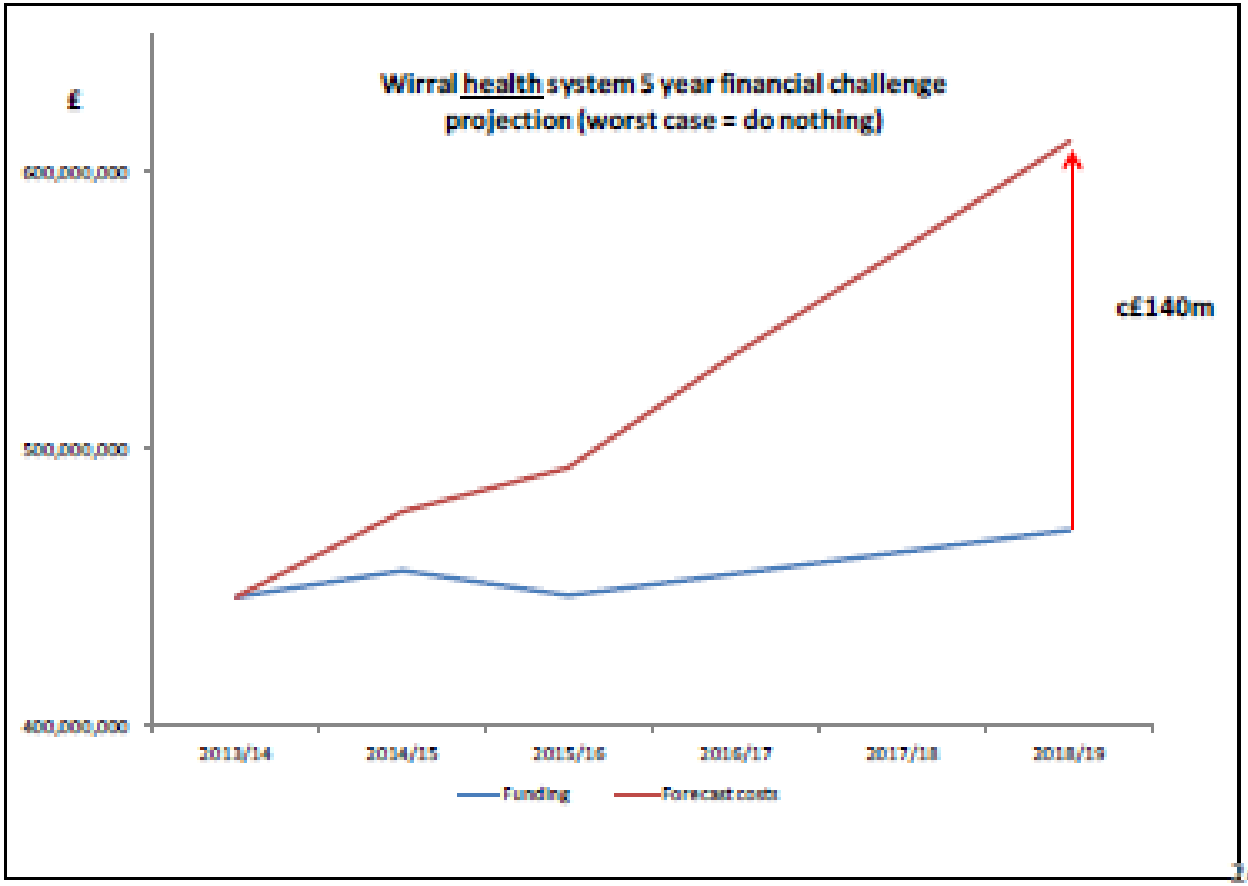
Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

Financial Challenge



Purpose & Outputs – Day 1

- Understand the 'current state'
  - Data review (activity and finance)
  - Current pathway mapping and review
- Identify waste and value added intervention
- Identify opportunities and challenges
- Identify quick wins and bigger ideas
- Overarching theme ……

Healthy Wirral

All Day health Centre Walk-in-Centre?

Practice Nurse?

District Nurse?

One Stop Shop?

Ambulance?

Birkenhead Minor Injury and Illness Unit?

All Day Health Centre?

Health Visitor?

Moreton Minor Injury and Illness Unit?

VCH Walk-in-Centre?

Eastham Walk-in-Centre?

VCH Minor Injury Unit?

999?

Pharmacy?

GP?

Parkfield Minor Injury and Illness Unit?

GP Out-of-Hours?

Home Treatment Team?

A&E?

111?

NHS WIRRAL

Working in partnership:
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Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

Healthy Wirral

999

A&E

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Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

Healthy Wirral

Outputs From Day 1 – Quick Wins and Bigger Ideas

Area	Progress
Quick Win – New Intermediate Care Model / Out of Hospital pathways	New model devised – on track for implementation prior to winter (Oct / Nov 16)
Quick Win – GP follow up appointments after contact with GPOOH	'Golden Ticket' pilot implemented
Bigger Idea – New model for unplanned care	Focus for afternoon session of Day 2 VSA
Bigger Idea – Communication Strategy	To be developed in conjunction with development of new model

Purpose – Day 2

- Evolve thinking from the 'current state' of day 1 - imagine what could be possible
- Shape ideas to begin to build a transformed service
- Develop options for wider stakeholder / public consultation
- Not about making a decision on the day about what the new system will look like

Revised Vision (Agreed Day 2)

- By 2018 our urgent and unplanned care system will be:
  - **Responsive**: Quick access to the very best advice and care, delivered as close to home as possible
  - **Reliable**: Right care, first time – with consistent delivery across service providers
  - **Efficient**: Improved quality and effectiveness whilst reducing cost

Key Themes (Day 2)

- Use of technology
  - Advice & Self-help
  - Apps
  - Phone/ live chats / internet
  - Access to Directory of Services
- One contact point for anything
- Co-ordinated approach to care
- Promote self-care/self-management
- ‘Speedy’ access to services
- Consider wider Health and Social Care system – not just health in building the solution
- Join the dots across the whole system including the third sector

Common Outputs from Day 2 (across all groups)

- Common themes included the concept of an 'urgent care centre' to replace existing walk-in facilities
  - Opinion split between whether this should be on the Arrowe Park site or elsewhere in the community
  - 1 group identified the concept of a 'Primary Care Village'

Acknowledgement that a revised local offer would be required if there was a centralised urgent care centre – this could be:

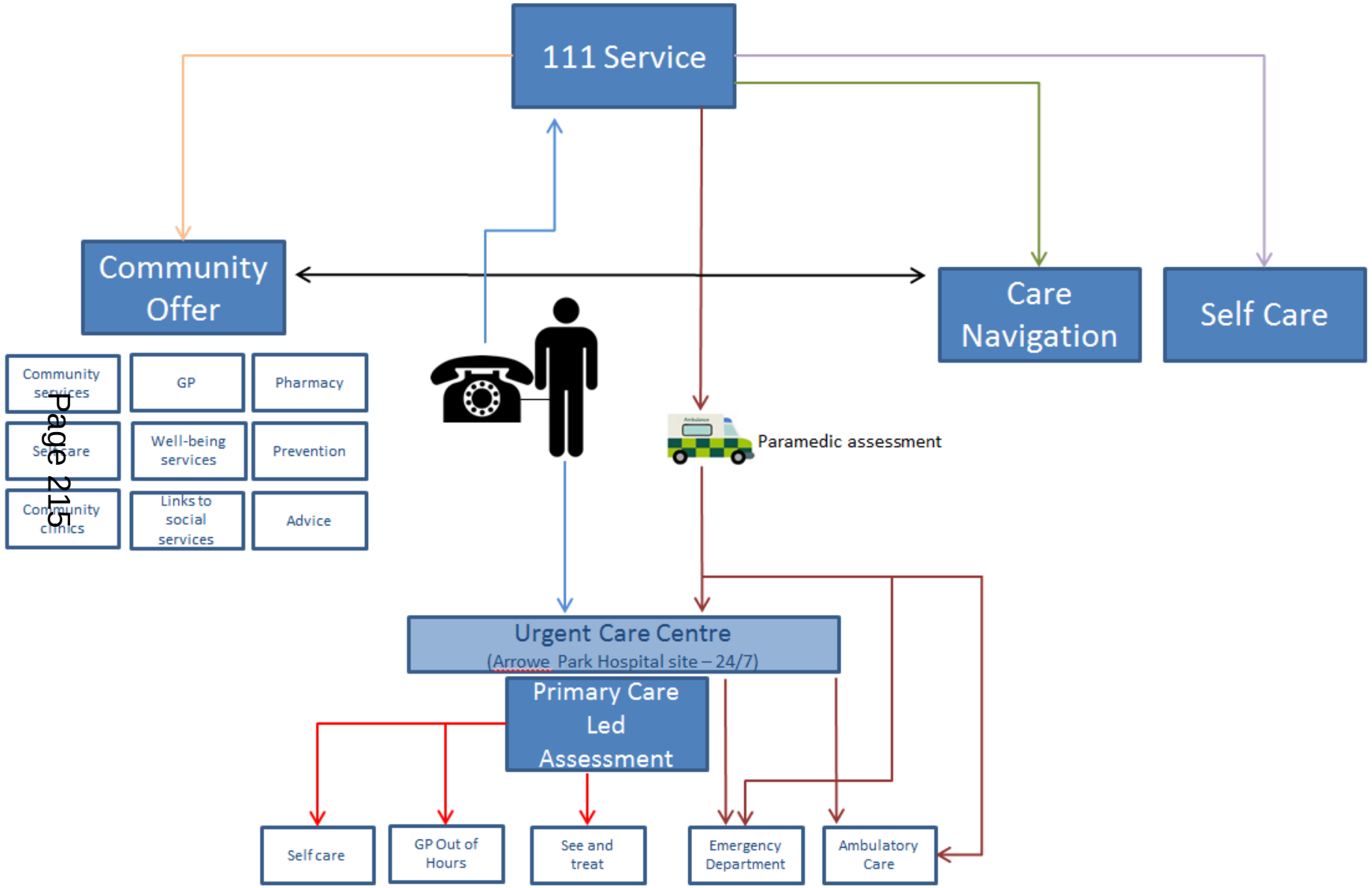
- Consistent urgent access to GP practices
- Redesigned walk-in facilities to deal with non-urgent issues e.g. dressings etc.
- A focus on wellbeing and advice to prevent crisis

- Consistent agreement that A&E should be an Emergency Department only with an alternative offer for walk-in minor presentations
- Differing views in terms of deflection – view that people will turn up anyway so develop a facility that can cope with the demand – more prevalent opposing view that patients need to be deflected to more appropriate venues to support education and culture change

Potential Models Identified from Day 2

- 4 groups developed 4 subtly different models:
  - 1. Centralised urgent care centre on the Arrowe Park site with a community offer that included wellbeing centres / dressing clinics
  - 2. Centralised urgent care hub on the Arrowe Park site with primary care front door and scaled down community offer
  - 3. Development of a Primary Care Village (venue to be determined) which would see groups of GP practices working together to deliver a first response for urgent care
  - 4. Close ED to walk-in patients and develop a consistent community offer in each constituency

Group 1 – Urgent Care Centre



Group 2 – Primary & Community Care Hubs (Urgent & Planned Care)

GP Practice (x53)
Unit level GP practice access standards e.g. 75 appointments per 1000 patients per week

Primary & Community Care Hub* Birkenhead

Primary & Community Care Hub* West Wirral

Primary & Community Care Hub* Wallasey

Primary & Community Care Hub* South Wirral

111 (999) Service

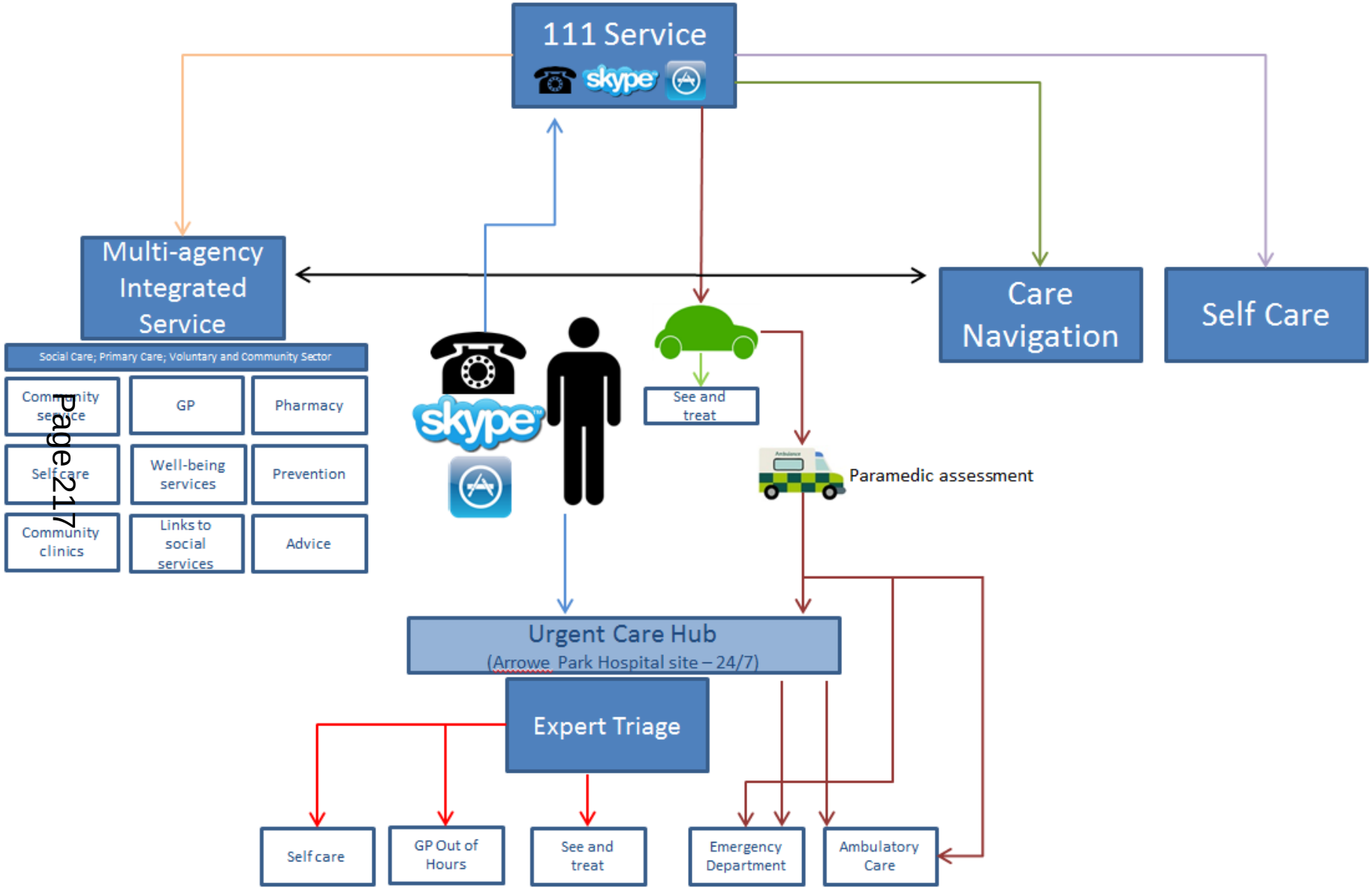
Emergency Department
(no walk-in element)

Self Care

Primary & Community Care Hubs
(Urgent and Planned Care)

- Walk-in / not walk-in? – senior clinician triage
- Diagnostics plus point of care testing
- Phlebotomy
- Outpatients e.g. diabetes, respiratory
- Community nursing
- ICCH
- Pharmacy
- Extended primary care team members e.g. pharmacist, physio, community connector
- Extended GP 7 day services
- Social and 3rd sector presence
- *GP Out of Hours – 1 hub only. All other hubs 8am – 8pm

Group 3 – Urgent Care Hub



Group 4 – Primary Care Village

Primary Care Village

Central Location e.g VCH, SCHC or small local cluster of GP Practices & Primary Care Centres

Scale 0-10 for Transformation = 5+

Multi Professional Disciplines

- Primary Care doctor/GP
- Advanced Nurse Practitioners
- Care Navigators
- Health Coaches

Potential Service Offer

- Face to Face/ tele Consultations
- Phlebotomy
- Point of Care testing
- Easy Access Diagnostics
- Counselling
- Health Visitor/Ante Natal Support
- Social Care Services
- Housing & Accommodation Services
- Therapies/OT/Physio
- 3rd Sector CAB & Lifestyle Advice
- Primary Care Mental Health

Pharmacy

GP Out of Hours

Secondary Care

IT & APPS

What needs to happen to realise this vision?

1. Agree the concept model
2. Patient/LA/etc engagement
3. Governance
4. Closure of WiC's/Employment/TUPE
5. Short term -use existing practices to develop future/other services
6. Long term – identify practices and locations
7. Involve LMC

What can you do to help?

1. Take risks/share risks
2. Champion the model
3. Be supportive
4. Good robust project planning and communication
5. System leadership and Partnership working

Key Differences 2016 v 2018

- Primary Care first point of call
- Walk in Centres have closed
- Primary Care Village/UCC Open 8.00 am-10.00pm 7 days a week
- Services tailored to need of locality
- On the day diagnostics e.g Phlebotomy Sit & Wait
- Smart Phone Apps and technology for self-assessment
- More closed episodes of Care
- A never full GP Practice

Checklist

- Meets the vision – Responsive, Reliable and Efficient?
- Better Health, Better Care, Better Value?
- Meets requirements of the national review?
- Reduces confusion in the system?
- Positive impact on A&E standard and ambulance turnaround times?

Outputs from Day 3

- Process undertaken to review advantages, disadvantages and challenges for implementation of the 4 models
- Process identified similarities between models and suggested the 'Primary Care Village' model was more akin to primary care service redesign than a model for urgent care
- Result was 2 distinct models for consultation emerged:
  - Primary Care led Urgent Care Centre based on the Arrowe Park site with revised community offer
  - Emergency Department only at Arrowe Park with all other urgent care provided in 4 constituency hubs

Next Steps (1)

Next steps outlined to the group as follows:

- Produce final consultation document and agree with key stakeholders – December / January 2017
- Financial analysis of agreed models – system approach supported by public health finance – December / January 2017
- Commence consultation – February 2017
- Use consultation insights to agree final option for implementation – May 2017 onwards
- Ongoing involvement of VSA group

Next Steps (2)

- Group expressed significant concern (reiterated by CCG Lay Member) regarding proposed timescales
- Agreed further scoping required to finalise timings of next steps
- Communication plan identified as an essential requirement / next step due to complexity and potentially contentious nature of proposals

Urgent Care - Va

First Name	Surname
Karen	Milnes
Karen	Thomas
Margaret	de Wolf
Martyn	Kent
Melanie	Carrol
Mike	Treharne
Nadine	Armitage
Nesta	Hawker
Norma	Currie
Pam	Gilfoyle
Paul	McGovern
Paul	Walton
Paula	Cowan
Phil	Clow
Philomena	Potts
Renj	Mehra
Richard	Boyce
Sarah	Jones
Stephanie	Gallard
Suzanne	Edwards
Tracey	Dakin
Tracey	Orr
Tricia	Clitheroe
Will	Ivatt
Abhi	Mantgani
Alina	McColville
Amanda	Kelly
Andrew	Cooper
Anna	Coyle
Anna	Rigby
Anne	Barlow
Barbara	Dunton
Brian	Knight
Claire	Thomson
Dawn	Harvey
Debbie	Mallett
Elaine	Evans
Ewen	Sim
Fiona	Harle
Graeme	Hancock

Graham	Jones
Helen	Brislen
Helen	Morris
Iain	Stewart
Jacqui	Evans
James	Kay
Jan	Brown
Janet	Waring
Tracy	Rees
Sue	Borrington
Nicola	Phillips
Paul	Walton
S	Bernie
S	Albright
Chandra	Dodgson

alue Stream Analysis Workshop
12th July 2016

Organisation

Wirral Community NHS Trust
Department of Adult Social Services
Patient Representative
NHS Wirral CCG
Wirral Local Pharmaceutical Committee
NHS Wirral CCG
Wirral University Teaching Hospital NHS Foundation Trust
NHS Wirral CCG
NHS Wirral CCG
Patient Representative
NHS Wirral CCG
NWAS
GP
Wirral Community NHS Trust
Walk-in-Centre
Wirral University Teaching Hospital NHS Foundation Trust
NHS Wirral CCG
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Community NHS Trust
Cheshire & Wirral Partnership NHS Foundation Trust
NHS Wirral CCG
Wirral Community NHS Trust
NHS Wirral CCG
Wirral University Teaching Hospital NHS Foundation Trust
GP
Wirral Community NHS Trust
Department of Adult Social Services
NHS Wirral CCG
NHS Wirral CCG
NHS Wirral CCG
Department of Adult Social Services
NHS Wirral CCG
Patient Representative
Age UK Wirral
Cheshire & Wirral Partnership NHS Foundation Trust
NWAS
Healthwatch Wirral
Wirral Community NHS Trust
Practice Manager
NHS Wirral CCG

Cheshire & Wirral Partnership NHS Foundation Trust
Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
NHS Wirral CCG
Department of Adult Social Services
NHS Wirral CCG
Age UK Wirral
NHS Wirral CCG
Wirral Community NHS Trust
NHS Wirral CCG
NHS Wirral CCG
NWAS

Wirral Borough Council

NHS
Wirral
Clinical Commissioning Group

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Urgent Care Transformation

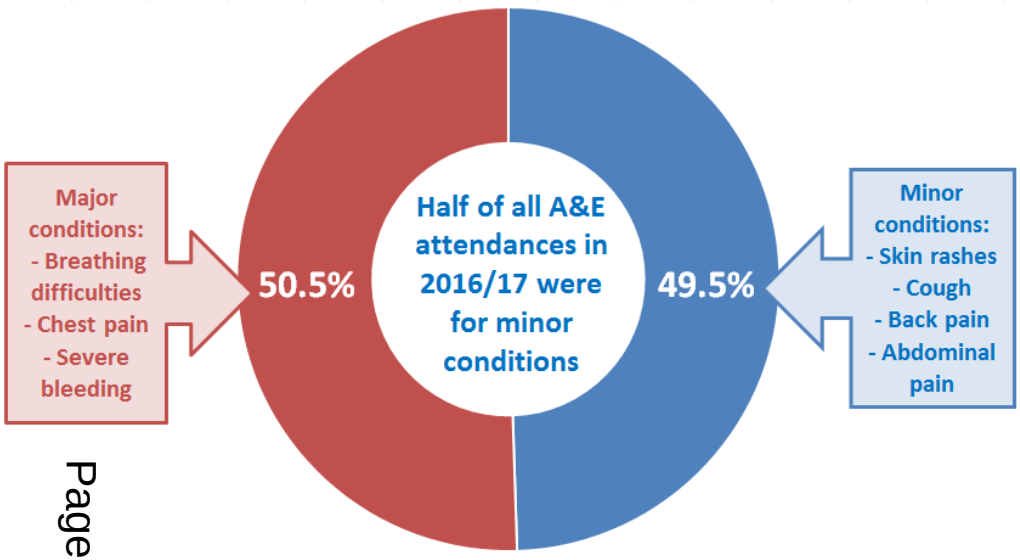
Listening Exercise OPP

9.02.18

National Context

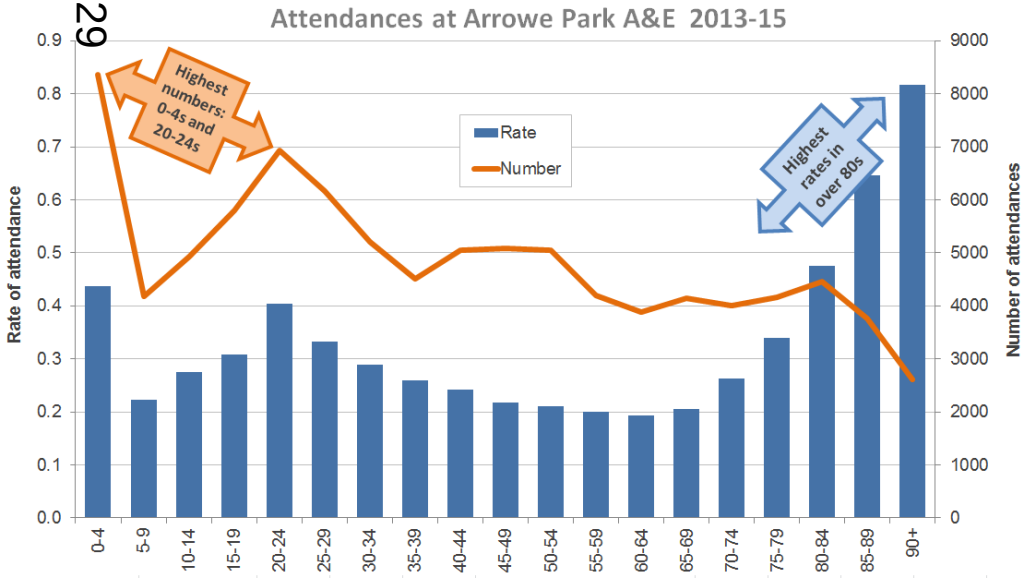
- In April 2016 NHS England published further guidance in the form of **General Practice Forward View (April 2016)** which describes requirements to ensure improvements in both 'in hours' and 'out of hours' access to Primary Care as part of a broader Integrated Urgent Care (IUC) offer.
- **NHS England Next Steps on the NHS five year forward view (March 2017)**
  - Mandate to standardise existing Walk In Centres (WiC) and Minor Injuries units (MIU) through the implementation of **Urgent Treatment Centres** (UTCs), open 12 hours a day, seven days a week and integrated with local urgent care services. With the expectation that 150 UTCs would be operational by **December 2017** and any remaining transformation work in respect of current WIC/MIU being complete by **December 2019.**
- In August 2017 NHS England shared the **Integrated Urgent Care Service Specification** with commissioners. A comprehensively detailed document which sets out the requirement for CCGs to ensure delivery of an IUC offer which includes a 24/7 clinical advice service (CAS) fully integrated with NHS111 and direct booking to both in hours and out of hours primary care appointments **by March 2019.**

What local data tells us



3 in 5 attendances* at Wirral WICs were for sore throats, skin, urinary and respiratory infections and wound care/dressings

*where coded in 2014-16



North West
4 Walk-In Services per million

England
5 Walk-In Services per million

Wirral
9 Walk-In Services per million

What local people have told us

People are confused about what is offered and therefore will choose to go to the Emergency Department because they know they will be seen.

There should be a greater use of technology to enable people to make the right choice when they need to access urgent care services.

There should be more coordination in how urgent and emergency care is delivered.

There needs to be consistent urgent access to GP practices.

There needs to be a greater emphasis on 'Self Care', which means that people make every effort to care for themselves before using urgent and emergency care services.

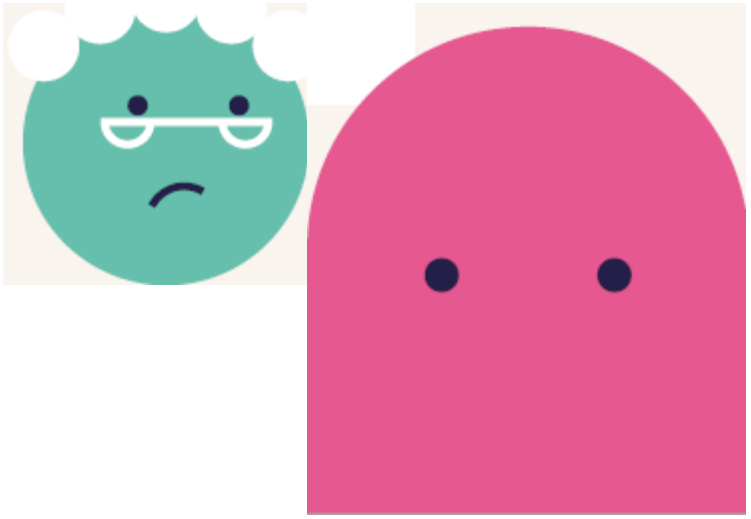
There should be an increased focus on promoting...

health and wellbeing

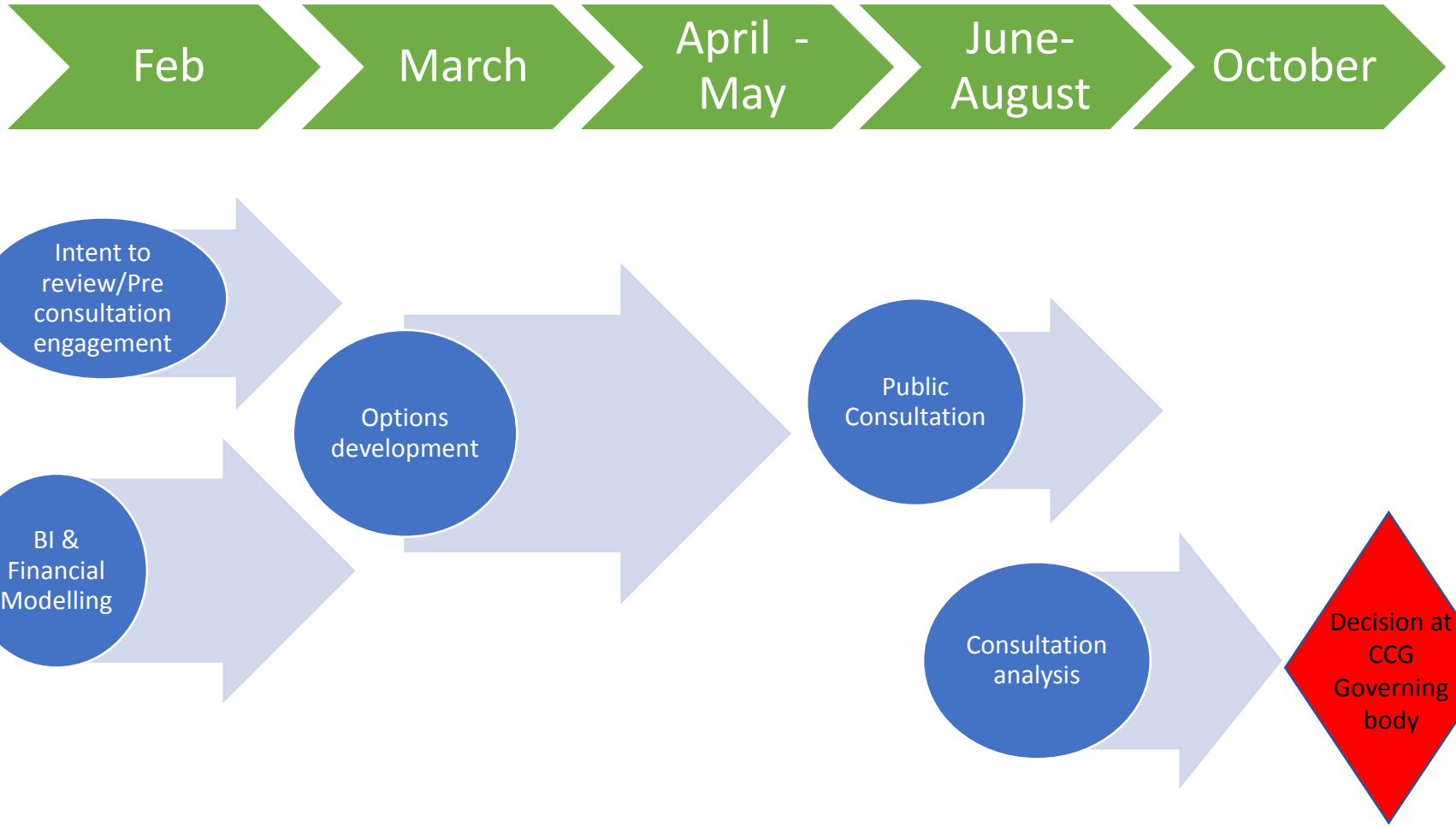
Services should be redesigned to deal with non-urgent issues like wound dressings.

Lizzy and Michelle

- Lizzy is 75 and lives on her own. Her daughter Michelle visits her every day. Lizzy has some difficulty with mobility. During a morning visit, Michelle becomes worried when she notices that Lizzy is more confused than usual, and is not eating. Lizzy has also been off her feet. Lizzy doesn't want to go into hospital. Michelle knows that last time Lizzy was in hospital, she became very confused and distressed.
- Michelle rings 111 and is told to expect a call back, but after two hours she has not heard back. Michelle rings her mum's GP, who knows her well, to ask for a home visit. She is told that a GP is not available until later that day.
- In the meantime, Lizzy starts to deteriorate quickly. Michelle rings 111 again and they advise her to call an ambulance. Michelle is now waiting with her mum in A&E on a busy Friday evening.



Timeline


Feb
March
April - May
June- August
October
Intent to review/Pre consultation engagement
BI & Financial Modelling
Options development
Public Consultation
Consultation analysis
Decision at CCG Governing body

Wirral Urgent Care Principles	What does it mean to me? (Person Centred Outcome Measures)
1. Standardised and simplified Access	I know where to go or who to contact when I need urgent or emergency care or advice. I receive the same standard of advice and care whichever service I come into contact with.
2. Having urgent care services that are convenient and improve health outcomes and experience.	I have access to urgent care services that are easy to get to and to use. I am confident that I will be seen quickly and my healthcare need will be met.
3. Improved A&E performance against 4hr standard, reduced attendance and conveyance to A&E	If I need an ambulance or treatment at A&E, I am confident that I will be treated to a high standard within a safe timeframe.
4. A more efficient service through NHS and other partners working together	My healthcare information will be available to staff who need it to care for me. Staff and services will work together to deliver efficient, high quality health and social care .
5. Person-centred care, that takes into account wellbeing	When I am seen or treated, I feel that my needs are being met, and I have the opportunity to discuss them. If I am a carer, I feel reassured and confident that the person I care for has a good patient experience, and we can get the support we need.
6. A sustainable workforce that uses information about me to deliver high quality care	I am confident that the staff who see me can give me appropriate advice and treatment based on the information they have about me. I feel reassured, respected and cared for when I access a service.
7. Services which staff are proud to be part of	As a member of staff I feel confident, empowered and supported to provide high quality urgent care and feel that the service I deliver benefits the people of Wirral

Urgent Treatment Centre requirements

The urgent treatment centre minimum standards are

- GP led service with other multidisciplinary clinical workforce
- Open for at least 12 hours a day, seven days a week, 365 days a year
- Direct booking from NHS 111 and other services
- Access to care records
- E-prescribing ability
- Access to simple diagnostics
- Access to x-ray facilities
- All urgent treatment centres must have direct access to local mental health advice and services.

Urgent Treatment Centre requirements

The Urgent Treatment Centre needs to

- meet population need
- align to public behaviour trends
- meet NHS England standards
- provide improved system flexibility and resilience
- provide a more streamlined pathway of care and improved health outcomes for patients
- provide an integrated outward facing community offer spanning physical and mental health
- enable a more integrated, safe and flexible workforce
- enable implementation within cost envelope

Based on the above, in our professional opinion the best possible scenario would be have one Urgent Treatment Centre on the Arrowe Park site.

How to feed in your views…

- **Listening exercise 7th – 28th February:** the purpose of this will be to publish our 'Intention to review' which will include the publication of our work to date and associated data as well as our expected outcomes for the review and subsequent consultation.

How to feed your views in:

- On Wednesday 7th February on CCG website there will be details of the **email address** for people to send their views/feedback to us and an **online survey** to capture views.
- We propose to have an **evening event** for all practices to attend where there will be an opportunity to feed in views – date to follow! This is likely to be hosted by the LMC but open to all GPs and practice staff.
- We will also be attending current urgent care facilities as part of a **roadshow** to capture insights from staff and patients – these dates will also be published.

- Following this engagement we will use the information gathered to inform the next phase of **options development** and the final options will be shared in June during the **formal public consultation** when all stakeholders will get the opportunity to feedback their views.

Urgent Care
Options Briefing

For
Urgent Treatment Centre and Community Provision

Following extensive public and stakeholder engagement and Listening Exercise throughout February 2018, we utilised the feedback and commonality amongst themes that arose to inform the development of options for an improved urgent care system for Wirral, to include an Urgent Treatment Centre (UTC) and a standardised community provision. Much of the feedback from the public focused on the level of confusion with regards the existing services in terms of what they were and how and when to access them.

Taking into consideration the existing urgent care offer, some of the proposed options were discounted due to a number of clinical and patient safety/ efficiency issues:

Options

Options for location of Urgent Treatment Centre	Opening Hours/length of day			Access			
	Option 1	Option 2	*Option 3*	Bookable same day appointments	Routine Walk-in facilities	Improved patient safety due to emergency services onsite	Access to a full range of acute level diagnostics if required
Arrowe Park Hospital	**24 hours**	**15 hours**	***12 hours***	**Yes**	**Yes**	**Yes**	**Yes**
Victoria Central Hospital				**Yes**	**Yes**	**No**	**No**
St Catherine's Hospital				**Yes**	**Yes**	**No**	**No**
Eastham Clinic				**Yes**	**Yes**	**No**	**No**
Miriam Minor Injury Unit				**Yes**	**Yes**	**No**	**No**

Moreton Health Clinic				**Yes**	**Yes**	**No**	**No**
Parkfield Medical Centre				**Yes**	**Yes**	**No**	**No**
Birkenhead 'local clinic'	8 hours	12 hours	*15 hours*	**Yes**	**No**	**N/A**	
Wallasey 'local clinic'	8 hours	12 hours	*15 hours*	**Yes**	**No**	**N/A**	
South Wirral 'local clinic'	8 hours	12 hours	*15 hours*	**Yes**	**No**	**N/A**	
West Wirral 'local clinic'	8 hours	12 hours	*15 hours*	**Yes**	**No**	**N/A**	

Option 3 was discounted:

The reasons why Option 3 was discounted were that it:

- Only provides the minimum mandated requirement – it does not meet patient need
- Would add another layer of confusion onto existing urgent care services
- Would provide less than existing Walk in Centre offer
- Does not support the delivery of the 4-hour A&E standard
- Does not provide consistent support to the Emergency Department – all minor injuries and ailments would need to present to the Emergency Department overnight (outside of Urgent Treatment Centre hours)
- At 15-hours, potentially over-provides in the community

Other options considered:

Utilising the existing 51 GP practices across Wirral

- This would not have been a consistent offer for the Wirral public
- Lack of ability to absorb the activity demand

Keeping existing Walk in Centres open, for a reduced amount of hours

- The reduced hours would not have absorbed the demand or been able to support A&E or streaming
- The current cost envelope would not have afforded this option as well as the mandated UTC

Alternative Walk in Centres and Minor Injury Units were discounted for the location of the Urgent Treatment Centre.

The reasons why these options were discounted were that they:

- Do not provide access to the **full suite of acute level diagnostic services** required for rapid access. The alternative locations only offer a very minimal level of diagnostic services (if any) which do not support the clinical benefits of co-locating an Urgent Treatment Centre with an Emergency Department. Clinically the co-located Urgent Treatment Centre would enable an improved patient pathway – we will reduce the risk of potentially having to transfer patients from an off-site location to the Emergency Department. This could be in the event of a rapid deterioration of a patient whereby reliance on an already strained ambulance service could result in unnecessary delays and risk to patient safety. Alternatively a patient presenting at the Urgent Treatment Centre may require additional diagnostics or services that are only available at an acute site, meaning delays in patient care, longer waits and visiting multiple locations (having to either be transferred to the acute site or present themselves). This is not an efficient patient pathway and does not support positive patient experience.

- Do not provide means to improve on local A&E performance access targets. One of the NHS' main national service improvement priorities is to focus on **improving national A&E performance**. This cannot be achieved locally if the Urgent Treatment Centre is based elsewhere (somewhere other than the acute site at Arrowe Park Hospital). The co-location of the Emergency Department and the Urgent Treatment Centre will provide consistent support to the Emergency Department, which will help improve against and maintain the national 4-hour target. Public behaviour is not likely to change with any degree of rapidness and as such, if the Urgent Treatment Centre is located elsewhere we will likely see the same behavioural pattern of patients continuing to present to the Emergency Department, which will not enable us to support the national service improvement priority

- Do not provide a **single front door** with **effective clinical streaming**. These are recognised as key elements to helping sustain a viable Emergency Department service; by receiving patients via one single front door, they can be clinically assessed and determined if they are appropriate for the Emergency Department. This will reduce the footfall which will have a positive impact on not only the 4-hour target but also the efficiency of the Emergency Department by ensuring those patients in need of emergency care receive it in a timely manner by enabling staff to focus on only the acutely unwell

- Do not maximise benefits to **patient safety.** The do not address concerns regarding a lack of Emergency services available if required. As highlighted above, those patients that either present critically ill or injured or those who rapidly deteriorate will be reliant upon the ambulance service to transport them to the correct facility (Emergency Department). This is placing additional strain on an already stretched service. We recognise that delays in patient care, which in an acute or emergency situation could potentially have life threatening implications.

- Do not provide the **quickest and most efficient transport links** (Based on time, duration, frequency and ease; Arrowe Park Hospital has the most efficient transport links from all other areas of Wirral) and is in a centralised location. The centralised location also supports continuity of access times for urgent patients accessing via the North West Ambulance Service route.

- **Risk aversion** – potential of an Urgent Treatment Centre based elsewhere in the community to divert a higher proportion of patients to the acute site to cover all eventualities

- Would unlikely significantly influence a **change of footfall at the Emergency Department at Arrowe Park**. The largest proportion of patients attend Arrowe Park Hospital because they associate it with A&E/ 24-hour access/ consistent offer/ good transport links both public and highways/ default option – this will not change if a Urgent Treatment Centre is based elsewhere – Patients will still likely present to Arrowe Park site, which will clog up the system, not support the Emergency Department or delivery of the 4-hour target, not support sustainable and generic working to future proof the model, will not support enhanced system resilience and could result in under-utilisation of a Urgent Treatment Centre based elsewhere.

- Did not maximise the opportunities for workforce. By co-locating the Urgent Treatment Centre next to the Emergency Department we have the opportunity to build a **flexible, sustainable and future proof workforce** allowing us to flex our capacity between both the Emergency Department and the Urgent Treatment Centre to appropriately meet demand. Additionally we can up skill and skill mix staff to enable them to cross cover and enhance the variation of their work, leading to a greater feeling of job satisfaction as well as overall system benefits to a more generic workforce. An Urgent Treatment Centre based elsewhere other than Arrowe Park site will not support this model and will not allow us to begin to match capacity with the current level of demand

- Did not maximise the opportunity to improve **system resilience**. The development of a co-located Urgent Treatment Centre would also enhance system resilience in the event of a major incident. During a major incident, the vast majority of footfall will be focused at the acute site – increasing the demand significantly. By having the Urgent Treatment Centre next door to the Emergency Department we will have the additional staff on hand to support major incidents, all focused on the acute site where the demand will be the highest. To base the Urgent Treatment Centre elsewhere will not enable this.

Urgent care financial and activity options

Option 1: Utilising the existing 51 GP Practices across Wirral to deliver urgent care in addition to the nationally mandated Urgent Treatment Centre (UTC).
Option 2: Maintain Existing community urgent care provision with the Urgent Treatment Centre (UTC) on a reduced hour basis.
Option 3: Urgent Treatment Centre minimum 12 hour opening with 4 locality area settings delivering urgent care.

Option 1	Option 2	Option 3
24hr Urgent Treatment Centre- residual funding to 51 GPs Or 15hr Urgent Treatment Centre- residual funding to 51 GPs.	24hr Urgent Treatment Centre- residual funding to Walk in Centres and minor in services Or 15hr Urgent Treatment Centre- residual funding to Walk in Centres and minor in services.	12hr Urgent Treatment Centre and 15hr community offer in the 4 local areas.
Finance & Activity Funding per practice (51) per UTC opening hours would be £27k (24hr UTC) or £39k (15hr UTC). Hours available for urgent care per practice per day per option would be 2.8 or 4 hrs.	**Finance & Activity** Funding available post UTC cost: £1.4m (24hr UTC) £2m (15hr UTC). Opening hours would reduce by 47% to 53% compared to present hour with funding that remains.	**Finance & Activity** £2.97m available for community offer. Community capacity from this would be 135,000 appointments.

Conclusion

Potential inconsistent offer.

Hours that could be delivered by each practice is reduced compared to what is presently provided

Allocation of resource is shared widely and also incurs additional fixed costs by using 51 sites.

Conclusion

This option would not address the current inconsistent offer across Wirral.

Significantly reduced hours would not have absorbed the demand or been able to support A&E or front door clinical streaming The hours that could be delivered in the community are significantly reduced compared to what is presently provided.

Conclusion

The activity that could be delivered in the community was greater than present Walk in centre and Minor Injury Unit demand.

The reduced Urgent Treatment Centre hours would also minimise the potential to reduce low cost activity at A&E

Present opening hours of Walk in Centres and Minor Injury-illness services.

VCH	Mon–Sun 8am -10pm
APH	Mon-Sun 8am -10pm
Eastham	Mon-Sun 12pm - 8pm
Miriam	Mon-Fri 10am-8pm, Sat-Sun & Bank Holidays 10am-6pm
Moreton	Mon & Tues 10am-7pm, Wed & Thurs 10am-8pm, Fri 10am-6pm
Parkfield	Mon & Fri 10am-2pm