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# Adult Care and Health Overview and Scrutiny Committee

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| **Date:** | **Wednesday, 26 June 2019** |
| **Time:** | **6.00 p.m.** |
| **Venue:** | Committee Room 1 - Wallasey Town Hall |

This meeting will be webcast at
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# AGENDA

**1. APOLOGIES FOR ABSENCE**

**2. DECLARATIONS OF INTEREST**

**3. APPOINTMENT OF VICE-CHAIR**

**4. MINUTES (Pages 1 - 18)**

To approve the accuracy of the minutes of the Adult Care and Health Overview and Scrutiny Committee meeting held on 19 March 2019.

To receive the draft minutes of the Wirral and Cheshire West and Chester Joint Overview and Scrutiny Committee meeting held on 18 December 2018.

**5. JOINT HEALTH SCRUTINY - NOMINATIONS**

The Committee is requested to provide nominations and confirm the appointment of 3 members (2 Labour : 1 Conservative) to the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee.

**6. WIRRAL UNIVERSITY TEACHING HOSPITAL CQC INSPECTION**

Verbal update.

CQC Inspection documentation may be found here.

**7. WIRRAL EVOLUTIONS ANNUAL UPDATE (Pages 19 - 24)**

**8. NHS 111 OFFER (Pages 25 - 34)**

**9. URGENT CARE REVIEW - OUTCOME OF CONSULTATION (Pages 35 - 226)**

**10. PHLEBOTOMY SERVICE UPDATE (Pages 227 - 230)**

**11. 2018/19 QUARTER 4 AND YEAR END WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE (Pages 231 - 266)**

**12. REPORT OF HEALTH AND CARE PERFORMANCE PANEL (Pages 267 - 274)**

**13. ESTABLISHMENT OF THE HEALTH AND CARE PERFORMANCE WORKING GROUP 2019/20 (Pages 275 - 278)**

**14. ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE REPORT (Pages 279 - 286)**

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# ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 19 March 2019

Present: Councillor J McManus (Chair)

Councillors S Jones, B Berry, W Clements, G Ellis, S Frost, P Gilchrist, M Jordan, M McLaughlin, C Muspratt, T Norbury, L Rennie, J Walsh, I Williams

## 57 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Tony Cottier and Karen Prior (Chief Officer, Healthwatch Wirral).

## 58 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Committee were requested to declare whether they had any disclosable pecuniary interests and/or any other relevant interest in the item on this agenda and, if so, to declare it and state the nature of such interest.

Members were reminded that they should also declare whether they were subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

The following declarations were made.

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| Councillor Sharon Jones | Personal interest by virtue of her employment within the NHS. |
| Councillor Christina Muspratt | Personal interest by virtue of her daughters' employment within the NHS and as a GP. |
| Councillor Tony Norbury | Personal interest by virtue of his daughter's employment within Adult Social Services. |
| Councillor Joe Walsh | Personal interest by virtue of his daughter's employment within the NHS. |
| Councillor Phil Gilchrist | Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board. |

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| Councillor Mary Jordan | Personal – by virtue of employment within the NHS; and involvement in Incubabies, a charity raising funds for the neonatal unit at Arrowe Park; and her son's employment as a GP. |

59 **MINUTES**

The Committee was requested to approve the accuracy of the minutes of the meeting of 29 January 2019.

**Resolved – That the minutes of the meeting of 29 January 2019, be approved.**

60 **PHLEBOTOMY SERVICE UPDATE**

Wirral Community NHS Foundation Trust (WCFT) Officers David Hammond, Assistant Director for Partnerships and Strategy and Mark Greatrex, Chief Finance Officer introduced their report that provided information on the Trust's decision to give notice on its phlebotomy subcontracts with 22 GP surgeries.

The report informed that WCFT had provided phlebotomy services since 2011. The most recent service model, running until 30 June 2018, focused activity for 42 of Wirral's 51 practices at four hub sites plus appointments at Marine Lake Medical Practice in West Wirral and provision for housebound patients. The hub model was a response to high volumes of activity and a desire to provide an efficient service to minimise waiting times. This service had been contracted with WCFT directly by Wirral CCG.

In 2017, Wirral CCG decided to provide phlebotomy services differently, dividing budgets amongst practices. Since 1 July 2018, with the introduction of a new specification, each practice held an individual contract with Wirral CCG to provide phlebotomy and WCFT's direct contract with Wirral CCG for phlebotomy services ended at the same time.

The Assistant Director for Partnerships and Strategy informed that waiting times and staffing under the new arrangements had been monitored and actions taken to redeploy staff, but despite this waiting times for appointments were longer than anticipated and had not reduced significantly. The WCFT believed this was not acceptable and had not provided a good service to patients.

The Assistant Director for Partnerships and Strategy further informed that following development of proposals for an alternative model to improve capacity, and agreement (in principle) with 20 of the 22 contracting practices, the new model was presented to the Wirral Primary Care Co-commissioning Committee (PCCC) in January 2019.

Members noted that despite the proposed model not being supported by the PCCC, the WCFT to the decision to serve notice on its contracts to cease services on 30 June 2019, in the belief that without changes to the model, the Trust would net be able to provide a sufficiently high quality of service to patients.

Members questioned the WCFT Officers, expressing concern over the service, questioning whether patients had been consulted and sought assurances on the adequacy of future services.

The Chief Finance Officer responded, explaining that GP Practices were currently deciding on how they would offer phlebotomy services to their patients from 1 July 2019.

The Assistant Director for Partnerships and Strategy informed that the position was clear as to why the change was required and that 7 models of service delivery were currently in operation.

Members sought reassurance from the WCFT and the Wirral Clinical Commissioning Group (CCG) about the future provision of the service and asked if contingency plans were in place. Simon Banks, Wirral CCG informed that both organisations were working together to ensure an acceptable solution could be found, but this also required the co-operation of Wirral's 2 GP Federations.

Members sought further reassurances concerning staff, noting that the WCFT had placed the dedicated and hardworking phlebotomy staff on redundancy notice.

The Assistant Director for Partnerships and Strategy informed that formal process had commenced, and that the WCFT were keeping staff informed in addition to discussions with GP Practices who may wish to employ phlebotomists from 1 July 2019.

Members requested that they be kept apprised on this matter, and if it were possible to receive information via email. Mr Banks informed that the PCCC would be meeting on (in public) on 14 May 2019.

**Resolved – That the report be noted.**

61 **FINANCIAL MONITORING REPORT QUARTER 3 2018/19**

Matthew Gotts, Principal Accountant introduced the report of the Director of Finance and Investment (S151) that set out the financial monitoring information for the Adult Care and Health Overview and Scrutiny Committee. The report provided Members with detail to scrutinise budget performance for

this area of activity. The financial information covered the period as at the close of Quarter 3 2018/19.

The report had been drawn from the relevant sections of the most recent Cabinet financial monitoring reports and had been combined with additional service information to produce a bespoke report on areas falling under the responsibility of the Overview and Scrutiny Committee. The report included information on performance against the revenue budget (including savings, and performance against the capital budget.

The Principal Accountant apprised Members of key points in relation to the budget, namely:

- Adult Health and Care is still forecast to balance its budget by year-end, with no significant changes to the forecast position from Quarter 2;

- Additional financial pressures on the service anticipated at £2.5 million, comprised of two elements:

  (i) £0.7 million part-year effect of increased demand for services in 2018/19 – to be fully mitigated through continued delivery of the agreed savings plan; and

  (ii) £1.8 million additional demand anticipated over the winter period – predominantly in the home care market. This will be mitigated by Wirral's allocation of the Chancellor's announced £650 million extra funding for social care in 2019/20, of which £240 million is specifically ring-fenced for adult social care.

- Pooled funding – of which Adult Health and Care is a contributor, was currently forecasting a deficit position due to increased demand for services. Work is ongoing between the Council and Wirral CCG to manage this, including income generation and cost reduction. However, there was potential risk that a pooled fund deficit at year end could result in a liability to the Council of £0.5 million.

Overall, the Principal Accountant further highlighted that the cost pressures associated with fee rate increases, demographic growth, pre-agreed savings and the loss of Adult Social Care Grant and reduced ILF Grant had resulted in a predicted net budget gap of £5 million (equivalent to 3%-5% of the overall budget). He informed that Members and Officers were looking at this significant challenge, and that £3 million savings had already been identified with a further £2 million expected in consequential / follow on savings.

Members questioned the Principal Accountant on matters relating to the budget pressures, the management of pooled funding and requested that a

summary report on the year-end figures be brought back to the Committee in June.

The Principal Accountant and the Director of Adult Care and Health responded, detailing the arrangements for pooled funding (as covered under a Section 75 agreement) and how the Council was working to help individuals become more independent, by the delivery of appropriate care packages. The Director of Adult Care and Health informed that in this fashion savings could be made without impacting on individuals care. He added that it was incumbent on the Council to provide appropriate care first, and the overall budget (although extensively planned for) was demand-led.

**Resolved – That the report and appendices be noted.**

62 **2018/19 QUARTER 3 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE**

The Director of Adult Care and Health introduced his report that provided the 2018/19 Quarter 3 (October – December 2018) performance for the Wirral Plan pledges under the remint of the Adult Care and Health Overview and Scrutiny Committee. The report provided an overview on progress in Quarter 3 and available data in relation to a range of outcome indicators and supporting measures. The report also included further performance information that had been requested by Members to enable effective scrutiny.

The report summary provided information on the following key areas:

- Neighbourhood leadership teams – established across 9 areas of Wirral, led by GP coordinator to work proactively with partner organisations to support people with their health and care needs;
- Age UK event to help reduce isolation, and encourage new circles of support to assist people to maintain independence;
- Ensuring people with disabilities have stable and appropriate accommodation;
- Provision of 4 extra care homes schemes to provide 75 units of extra care by the end of 2019/20;
- Merseyside Jobcentre Plus had increased the number of employers signed up to being Disability Confident;
- Wirral Zero Tolerance towards Domestic Abuse Conference and launch of website www.ltsneverokwirral.org ;and
- MARAC cases continued to rise, and the Family Safety Unit was now fully staffed to deal with demand of new cases.

The Director extended apologies from Mark Cambourne, Lead Commissioner Community Services & Resilience (Safer Wirral Service) who was unable to attend the meeting to answer questions on Domestic Violence, but informed

Members that an in-depth session on the subject was proposed for a future date.

A Members welcomed the opportunity to discuss this matter in detail at a workshop or future meeting of the Committee but expressed concerns that this topic had been an area of great concern for a considerable length of time. The Director concurred and informed that the service continued to work hard on this matter and regular reporting to the Healthcare Performance Panel had confirmed consistent improvement and continued investment. He added that the involvement of Elected Members and other partners, had led to more open and transparent debate on the subject. The Director further informed Members that issues surrounding domestic abuse (including highlighting attacks on grandparents) were also being tackled using safeguarding legislation.

Members debated the issue of inadequate care homes, and what actions the Council was taking to address this matter, and the positive benefits of Member visits and training. Members also highlighted the difficulty of putting CQC ratings into perspective without such visits taking place.

The Chair informed the Committee that the Healthcare Performance Panel had placed requests to have sight of published CQC reports relating to Wirral Care Homes. She added that she also would pick up the matter of Member Training (delivered by Healthwatch).

**Resolved – That the report be noted.**

63 **EXTRA CARE HOUSING DELIVERY**

Simon Garner, Lead Commissioner - All Age Independence introduced his report that informed how Extra Care Housing provided opportunities for older people, and older people with learning disabilities, to have greater choice and control to live as independently as possible. His report informed that Extra Care Housing wasn't simply about providing a home with the right support and care, but also how it provided a lifestyle and a place that was integrated in its community, thereby reducing isolation and increasing participation.

The report further informed that Extra Care Housing provided an improved quality of life for individuals compared with living in residential care, and set out the key national policy drivers, the needs of the population of Wirral, and how the Council was approaching the challenge to meet needs.

The Lead Commissioner - All Age Independence apprised Members of how a significant delay on the Government decision regarding funding for Extra Care schemes as part of its review into supported housing schemes had caused a delay in delivery of Wirral's plans. Mr Garner explained that despite this, the plan expected to deliver 300 additional units of Extra Care Housing by 2020

(exceeding Wirral's original target). The Committee was further advised that the delivery of services did not follow a uniform solution pattern and used varied partners in this regard.

Members questioned the Lead Commissioner – All Age Independence on a number of proposed schemes listed in the report, on the style of buildings, interior layouts (number of rooms, kitchen, etc) and whether adequate access to urgent medical care, GPs and dentists had also been taken into account.

Mr Garner provided Members with assurances on these key points.

The Chair suggested that Members would welcome a site visit to the completed scheme(s), and congratulated Mr Garner for his work on delivering this project.

**Resolved – That the report be noted, and the approach taken with regard to Extra Care Housing be endorsed.**

64 **CONTINUING HEALTHCARE SCRUTINY REVIEW ACTION PLAN FOLLOW UP**

Lorna Quigley, Director of Quality and Safety – Wirral Health and Care Commissioning introduced her report that informed the Adult Care and Health Overview and Scrutiny Committee on progress that had been made following recommendations from the May 2018 'Continuing Healthcare Scrutiny Review'.

The Director of Quality and Safety – Wirral Health and Care Commissioning further informed the Committee of progress against the individual recommendations as listed in the report appendix. These covered:

- Consistency of application of the CHC framework by training;
- Communication;
- Dynamic Purchasing System (DPS);
- End of Life Care;
- Learning Disabilities;
- All-age Disabilities: transition of young people; and
- Cost of Administration.

Thanking Ms Quigley for her report, the Chair also moved that Members endorse the addition of a future review to the work programme to explore the experience of young people moving into adulthood. Duly seconded it was:

**Resolved – That**

**(1) the progress made to date in relation to the Continuing Healthcare Scrutiny Review, be noted; and**

**(2) the addition of a future review to their work programme, to explore the experience of young people moving into adulthood, be confirmed.**

65 **REVIEW OF DRAFT QUALITY ACCOUNTS 2018/19**

The Chair introduced her report that informed that providers of NHS healthcare services in England, including the independent sector, were required to publish an annual Quality Account. The Quality Account provides information on performance across the year and identifies the priorities for improvement during the forthcoming year. The purpose of Quality Accounts was to ensure providers were assessing the quality of service they provide and working to continuously improve this, focussing particularly on:

- Patient Experience;
- Safety; and
- Clinical Effectiveness.

The report further informed that for those Trusts providing services within the geographical area of a local authority, Health Overview and Scrutiny Committees were given the opportunity to comment on the Trusts' draft Quality Accounts prior to publication of the final document.

The Chair confirmed that a Task and Finish Group had been established, comprising the Chair and Party Spokespersons of the Committee and that an initial meeting date had been set for 7 May 2019.

**Resolved – That**

**(1) the Task and Finish Group, comprising the Chair and Party Spokespersons review the draft Quality Accounts of the local health partners;**

**(2) the Task and Finish Group Chair be authorised to approve the final wording of the responses to the Health Trusts.**

66 **REPORT OF THE HEALTH AND CARE PERFORMANCE PANEL**

The Chair introduced her report that provided an overview of the Health and Care Performance Panel meeting held on 4 February 2019. The report provided feedback to members of the Adult Care and Health Overview and Scrutiny Committee.

The report included details of the following key discussions and areas of interest, namely:

- Infection Control;
- Better Care Fund – Priorities and Performance 2018/19;
- Domiciliary Care; and
- Red Bag Scheme Update

The Chair thanked Members for their involvement and engagement with the activities of the Health and Care Performance Panel.

**Resolved – That the report be noted.**

67 **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE**

The Chair introduced her report that provided an update regarding progress made since the last Committee meeting held on 29 January 2019. The report informed that the current work programme was made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. The report provided the Committee with an opportunity to plan, review and evaluate its work across the municipal year. The work programme for the Adult Care and Health Overview and Scrutiny Committee for the 2018/19 Municipal Year was attached as Appendix 1 to the report. The report provided an update regarding progress made since the last Committee meeting held on 29th January 2019 and informed that the current work programme was made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports.

The report also included a summary report of an Adult Care and Health Scrutiny Member visit to Wirral Evolutions – Pensby Wood Day Centre.

A Member commented on the excellent standard of care delivered at the Day Centre, and informed other Committee Members on details of the facility, interactive activities and how the staff made visitors very welcome. She added that the Day Centre had a very 'positive' feel and helped provide a better quality of life for those attending. Another Member expressed support for the team at Wirral Evolutions, praising their attention to detail.

**Resolved – That the report be noted.**

Being the last meeting of the Municipal Year, the Chair expressed thanks to Members, Officers and Health Providers who had been involved in the work of the Adult Care and Health Overview and Scrutiny Committee, and took the opportunity to wish Dr Sue Wells a happy retirement.

In turn, Members also thanked the Chair for her hard work over the past year.

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# WIRRAL & CHESHIRE WEST AND CHESTER JOINT HEALTH SCRUTINY COMMITTEE

Tuesday, 11 December 2018

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| Present: | Councillor | J McManus (Chair) - Wirral | | |
| | Councillors | W Clements | - | Wirral |
| | | S Jones | - | Wirral |
| | | V Armstrong | - | Cheshire West and Chester |
| | | M Parker | - | Cheshire West and Chester |
| | | B Powell | - | Cheshire West and Chester |
| | Visiting Members | C Carubia | - | Wirral (Eastham Ward) |
| | | P Gilchrist | - | Wirral (Eastham Ward) |

## 1 APPOINTMENT OF CHAIR

The Acting Senior Manager Legal and Committee Services and Deputy Monitoring Officer (Wirral) invited nominations for the appointment of the Chair.

On a motion moved by Councillor Wendy Clements and seconded by Councillor Val Armstrong, it was –

**RESOLVED (unanimously) – That Councillor Julie McManus be appointed Chair for the Joint Scrutiny of the Wirral / Cheshire West Urgent Care Review.**

**(Councillor McManus in the Chair)**

## 2 DECLARATIONS OF INTEREST

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

Members were reminded that they should also declare whether they were subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

Councillor Sharon Jones declared a personal interest in the item under consideration by virtue of her employment within the NHS.

Councillor Ben Powell declared a personal interest by virtue of his forthcoming employment with the Hospital Consultants and Specialists Association (to commence in January 2019).

3 **JOINT OSC PROTOCOL**

The Chair introduced the protocol that had been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allowed for:

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

Members noted that the protocol provided a framework for health scrutiny arrangements which operate on a joint basis only.

**Resolved – That the protocol for the operation of joint health scrutiny arrangements (Cheshire and Merseyside) be noted.**

4 **URGENT CARE REVIEW**

**Chair's Opening Remarks.**

The Chair welcomed Members, Officers and members of the public to the meeting. With the agreement of the Committee the Chair then invited visiting Councillor Phil Gilchrist and Councillor Chris Carubia to the table. She informed the meeting that as Ward Councillors for Eastham Ward (the boundary of Wirral and Cheshire West and Chester) they had a detailed understanding of access to healthcare in that location and could provide the Committee with information on issues that may affect residents as a result of the proposal for the redesign of urgent care. It was noted that the visiting Councillors would not be entitled to a vote during the meetings proceedings.

**Key Witnesses.**

- Mr Simon Banks – Chief Officer, Wirral Clinical Commissioning Group (CCG)
- Dr Paula Cowan, G.P. Eastham Group Practice and Clinical Lead for Urgent Care for Wirral CCG
- Ms Jacqui Evans – Assistant Director Planned Services, Wirral CCG
- Mr Graham Hodkinson – Director for (Adult) Care and Health (Wirral)
- Ms Laura Marsh – Director of Commissioning, NHS West Cheshire CCG
- Dr Sue Wells - Chair, Wirral CCG

**Opening Presentation.**

Doctor Paula Cowan and Ms Jacqui Evans provided the Committee with an overview of the proposals to alter the method by which patients would access urgent care treatment. Members noted that the proposals had been open to public consultation from 20 September 2018 to 12 December 2018. Following which, feedback received during the consultation period and other evidence would be reviewed by the NHS Wirral CCG Governing Body before a final decision on a future model of care was taken

Doctor Cowan and Ms Evans' report informed that Wirral was not unique in the issues of people not always being able to get an urgent appointment at their own GP practice and how confusion about alternative services resulted in many people choosing to go to Wirral's only Accident and Emergency (A&E) Department at Arrowe Park Hospital.

Members were apprised that 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. The national developments aimed to make urgent care services work better for patients and to ensure that Accident and Emergency (A&E) Departments dealt with the most poorly and vulnerable people. Members were informed that it was Wirral CCG's intention to locate the Urgent Treatment Centre (UTC) for Wirral at Arrowe Park Hospital by developing the existing Walk in Centre. This location was believed to provide the best clinical model for patients as the UTC would be located adjacent to the Accident and Emergency Department and would provide a single 'front door' to access urgent care on the Arrowe Park site - to ensure A&E staff could concentrate their clinical skills on emergency care.

Doctor Cowan and Ms Evans' report informed that the UTC would offer bookable appointments and a walk-in facility and, as part of this consultation, the CCG was asking for people's views on how many hours the UTC should be open.

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

**Committee debate.**

The Chair invited Members to present their questions and concerns, and for visiting Members to provide additional insight on matters of public transport and the impact of recent (temporary) changes to the operating hours of the Eastham Walk-In Centre.

Representatives of the Wirral CCG informed that the key message in respect of the consultation was that the services were being redesigned with clinicians to improve patient safety and advice, provide the treatment needed when it was needed and give the people of Wirral the best value for money by offering simpler options closer to home. The Joint Committee was informed that Arrowe Park Hospital's A&E was not closing and was not part of the consultation. Members were informed that the current system was confusing, there was a need to ease pressure on A&E, and it was important to have more health and care services delivered closer to where people live.

Mr Simon Banks Chief Officer, Wirral CCG informed the Joint Committee that under the Gunning Principles, when proposals were still at a formative stage, public bodies needed to have an open mind during a consultation and not already made the decision, but must have some ideas about the proposals, and that sufficient reason must exist for proposals to permit 'intelligent consideration' i.e. people involved in the consultation need to have enough information to make an intelligent choice and input in the process.

Doctor Sue Wells Chair, Wirral CCG also informed that the consultation documentation could not (and was not allowed to) present any options that could not be delivered.

Doctor Paula McGowan re-iterated that the NHS and the CCG were always mindful of funding services and that bearing in mind demographics and geography, current delivery of services across the Wirral was not equitable. All CCG representatives were in agreement that the current service provision was not good enough and doing nothing was not an option.

The Chair provided the Joint Committee with examples of the impact on residents where lack of local provision compounded by a lack of public transport resulted in some, of those least able to afford it, having to use taxis to access medical treatments.

A Member pointed out that even though A&E was under extreme pressure, people would still go there because they knew they would ultimately receive treatment (after a wait). She expressed concerns that the proposed UTC would also become an overloaded mini A&E. Mr Banks responded, explaining that UTC would become the 'front door' and act as a triage to other service

areas. Doctor Wells added that service changes would need significant timely communications.

A Member expressed the view that it was unlikely that individual's attitude to using A&E would change and was the result of lack of access to GP appointments. He added that if additional funding was to be provided for additional appointments, as proposed, why could the current Walk-In Centres be retained rather than establish a new UTC? Ms Evans responded highlighting that this would not address the issue of patients attending A&E when they could be helped in pharmacies or by GPs and would ultimately result in an overprovision of services.

Members then questioned whether the proposed model for Wirral would impact on the West Cheshire GP services and what level of consultation had been undertaken with West Cheshire residents and service providers. Ms Evans informed that West Cheshire CCG operated a different model of service provision, but had been consulted and a number of consultation presentations had taken place. Both Wirral CCG and West Cheshire CCG worked closely together on a number of collaborative projects, and it was clear that residents from both areas accessed Walk-In services across the boundary e.g. attending Walk-In Centres or A&E if taken unwell at work for example, or as a result of their proximity to services

Discussion continued on a range of key issues that included:

- Digital access to appointments.
- Would the proposed additional GP appointments be sufficient.
- Urgent / non urgent appointments.
- Appointment hours / access.
- Staff training and retention for existing and proposed services.
- Access to Public Transport, areas with none, and service timings for those that do.
- Health inequalities between geographical areas.
- Impact on Ambulance Services – A&E waits and inappropriate use
- How UTC triage would work.
- Admissions and Discharge – Bed Blocking.
- Proposed UTC opening times.

**Outstanding concerns.**

During the course of the discussion Members highlighted a number of key areas of concern, seeking clarity on the following. The Joint Scrutiny Committee believed that:

Consultation was flawed by not being open about all the options – e.g. an earlier option to have a 12 hour UTC at Arrowe Park and retain the other

Walk-In Centres. This should have been one of the options. I addition, the financial case hasn't been clearly set out.

The impression was that the CCG had already made its mind up - it was not consultation about whether to have a single UTC but merely about its opening hours.

The changes must meet the needs of the population – Members were not convinced that they did. There were many people in the community who were anxious at the changes and the CCG must take their views into account (30,000 petition opposing changes).

The proposal did not take into account the needs of deprived communities which the evidence confirmed were major users of A&E. These areas were some distance from Arrowe Park and the availability and cost of transport was a real issue. This alone could increase the use of ambulance services and put consequent pressure on A&E

The evidence presented in the background reports was inconclusive and in places contradictory. National and research figures/reports have been used on occasions which don't really back up the Wirral case for pressure on A&E.

If a key part of the plan was to use GPs to reduce the pressure on Arrowe Park why can't we keep the existing centres and extend the GP hours? What assurances can we have that there will be sufficient capacity to extend the GP hours and what will those hours be?

CW&C and Wirral have different approaches e.g. CW&C an early adopter of the hub and spoke model. What will be the impact on Cheshire's GPs? Concern that Wirral CCG hasn't discusses the impact on Cheshire with West Cheshire CCG.

When will the CCG consider the feedback and be ready to come back with how it plans to respond to the comments made?

Request for a draft timetable/programme which includes sufficient plans for mobilisation and transformation.

What happens when an adult with an urgent illness presents at a Children's Walk-In Centre? Would they be told to go to their GP?

Communication was key in trying to alter the mind-set of people to use GPs instead of Walk-In Centres.

Members weren't convinced that the proposals will much reduce the numbers of older people using A&E. Wirral has a high population of older people and inevitably many will be too frail or ill to use Walk-In Centres or the UTC. The

Equality Impact Assessments do not consider the impact of the closure of the existing services and only cover the two UTC options.

**Chair's Summary Statement and Joint Committee Resolution.**

This Joint Health Scrutiny Committee has been established by Wirral Borough Council and Cheshire West and Chester Council to consider and scrutinise the proposals put forward for statutory consultation by the NHS Wirral Clinical Commissioning Group in relation to Urgent Care Services. It is the view of both local authorities and the Joint Health Scrutiny Committee that the proposals amount to a substantial development or variation to the health service in their local area. The Joint Health Scrutiny Committee notes that the consultation period is due to end on 12 December 2018.

The Joint Health Scrutiny Committee has considered the following documentation provided by the CCG:

The Urgent Care Consultation report presented to the Wirral Adult Care & Health Overview & Scrutiny Committee on 12 November 2018 together with appendices:

Appendix1 - NHS Wirral CCG Urgent Care Consultation Document
Appendix 2 – NHS Wirral CCG Case for Change
Appendix 3 – Consultation Presentation
Appendix 4 – Activity Suite

The Joint Health Scrutiny Committee has also listened to oral submissions made to the Committee by the following people:

Jacqui Evans - Assistant Director, Unplanned Care and Community Care Market Commissioning
Dr Paula Cowan – Medical Director NHS Wirral Clinical Commissioning Group
Simon Banks – Chief Officer Wirral CCG
Dr Sue Wells – Chair of Wirral CCG Board

The Joint Health Scrutiny Committee has scrutinised the proposals put forward, and the consultation exercise undertaken, by the Wirral CCG in relation to Urgent Care Services and invites the CCG to reflect carefully upon the responses it receives from all stakeholders, and in particular, to formally take into account the views and comments of the Joint Health Scrutiny Committee set out below when making a final decision.

It is the view of the Joint Health Scrutiny Committee that it will be necessary to hold a further meeting of the Joint Committee in February 2019 (date to be confirmed) to consider:

a. The Wirral CCG's final proposals and any measures the CCG proposes to take to address concerns raised during the consultation and reasons for the same.

b. Whether the Joint Health Scrutiny Committee is satisfied the consultation has been adequate.

c. Whether the Joint Health Scrutiny Committee considers the final proposal of the Wirral CCG would be in the interests of the health service in its area

d. Whether or not a referral should be made to the Secretary of State.

**Resolved - That**

**(1) A further meeting of the Joint Committee be held to consider pre-decision the outcome of the consultation, how that has been addressed by the CCG and any new or final proposals arising from the consultation. (probably mid-February 2019);**

**(2) The committee seeks re-assurance that the proposals will meet the health and wellbeing needs of the people in Wirral and Cheshire and in particular do not disadvantage the area's most deprived communities or residents who need treatment which cannot be provided by pharmacist or NHS 111;**

**(3) The committee requests that discussions take place urgently between the Wirral and West Cheshire CCGs on the model of service that best meets the needs of Wirral and Cheshire residents and that the outcome of those discussions are reported to the Joint Committee at its next meeting;**

**(4) The committee requests further evidence that all options have been fully explored, including those which preserve an adult walk in facility and the reasons why those options have not been offered for consultation; and**

**(5) The committee requests further information on the location and operation of the proposed wellbeing centres.**

WIRRAL

**ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**26TH JUNE 2019**

| | |
|---|---|
| **REPORT TITLE** | Wirral Evolutions Ltd – 'Our Priorities' |
| **REPORT OF** | Jean Stephens, Managing Director, Mike Naden, Chairman |

## REPORT SUMMARY

### 1. Purpose of the report

The purpose of this report is to provide an update for members on the priorities and future direction of Wirral Evolutions Ltd. The report is based on the below guiding principles to ensure that the:

- People we support are at the heart of everything we do
- Service delivery is of the highest quality, enabling greater outcomes and benefits for the people we support
- Strong engagement and partnership working with the people we support, families, carers, stakeholders and communities
- The business operates in an efficient and effective manner raising standards
- Governance Standards and Principles are maintained and adhered to the highest level
- Our Strategic Framework is aligned to Wirral Council 2020/30 Pledges and Healthy Wirral Plan

### 2. Where are we now?

Through effective engagement and consultation with the people we support, their families and carers, wider stakeholders, shareholder and partnerships, Wirral Evolutions Ltd co-designed a 'Strategic Framework'[1] which provides a clear focus and commitment to our work for the next five years. Our purpose, vision, mission, values and contributory benefits are brought to life through the table below: -

| | | | | |
|---|---|---|---|---|
| Benefits ⇨ | Mental & Physical Health | Enjoyment, Self-Esteem, Happiness, Feel Good, Friendship | Confidence, Choice, Exercise Control, Resilience, Life Skills, Communications, Self- Awareness | Volunteering, Employment, Education & Training, Social Connectivity |
| Outcomes ⇨ | Lives Enriched | Wellbeing Improved | Individual Developed | Community Integrated |
| | | | | |
| Purpose | We enrich the lives and opportunities of people with learning and physical disabilities through maximising their personal potential | | | |
| Vision | To enable the people we support to have choice and exercise control over their own lives | | | |
| Mission | Working together to inspire lives, remove barriers and widen horizons for the people we support | | | |
| Values | 1. Personal – 'Person centred'<br>2. Integrity – Doing the right things for the right reasons'<br>3. Quality – Being outstanding in everything we do'<br>4. Openness – Willingness to listen' and 'honesty'<br>5. Accountable – Responsible for your own actions'<br>6. Collaborative – Working with others to deliver best outcomes' | | | |
| Strapline | #OneLifeLetsLiveIt | | | |

[1] Wirral Evolutions Ltd - Strategic Framework 2024

## 3. Where do we want to be?

Providing high quality provision to the people we support is fundamental. Enabling choice and exercising control over their own lives, what matters to them and their individual strengths, needs and preferences is where we want to be. As illustrated in chart above (point 2), Wirral Evolutions Ltd outcomes will ensure the people we support are seen as a whole person within the context of their life, creating valuable life skills and experiences through appropriate pathways in and with the community – and in doing so enhance the opportunities for independence.

To inspire lives, remove barriers and widen horizons for the people we support, we recognise we need a whole company approach to the way we think, act and interact through our objectives which are illustrated below: -

| Themes | Objectives |
|---|---|
| People | To provide high quality provision to all the people we support |
| | To supply a qualified and motivated workforce |
| | To embed a culture of volunteering, reward and recognition |
| Place | To deliver opportunities to widen horizons to all the people we support |
| Profile | To be the provider of choice |
| Partnership Working | To have strong partnerships that are aligned to our company vision, mission and values |

## 4. How we get there?

Wirral Evolutions Ltd is developing a comprehensive balanced scorecard in place to monitor, review and evaluate its performance, both qualitatively and quantitively using several metrics aligned to the success inputs and outcomes below: -

### PEOPLE

The **people** we support will have: -

- An outcome focused personal plan in place
- Their wellbeing enhanced through innovative activities
- Choice of independent advocacy support accessed
- Opportunities to feedback and shape service provision provided

Our **workforce** will have: -

- A performance, review and development plan contributing to company vision in place
- High quality training standards maintained
- Opportunities to enhance their physical and mental health offered
- Options to feedback and shape provision provided

Our **volunteers** will have: -

- Opportunities to feedback and shape the service provided
- A wide range of diverse skills and experiences in place
- Training, support and community involvement accessed
- Reward and recognition celebrated and shared

### PLACE

The **people** we support will have: -

- The appropriate pathways in and with the community offered / accessed through volunteering, education, training and employment to enhance independency

### PROFILE

We will have: -

- Industry recognised standards achieved and maintained
- Reputation and presence perceived positively
- High performing, efficient and effective business model in place

### PARTNERSHIP WORKING

We will have: -

- Key partnerships and stakeholders identified, engaged and embedded
- Co-design and co-production embraced
- A culture of working in partnership fostered
- Significant relationships including families, friends and carer in place

As we look forward and delivering against our vision – *'to enable the people we support to have choice and exercise control of their own lives*' it's good to take a moment to reflect and acknowledge the team behind the people we support. Highlights included: -

- Working in close partnership with Together All Are Able, the local Self Advocacy Service to co-develop ways of gauging the experiences and opinions of the people we support, their families and carers
- Shaping 'Making It Real' framework in collaboration with like-minded organisations nationally as part of the Think Local, Act Personal and the Coalition for Collaborative Care – see how we implemented the principles of MIR through the recruitment process of our Managing Director
- Active participation with our workforce, volunteers, people we support, families, carers, charities, shareholders and commissioner in the development of Wirral Evolutions Ltd strategic framework 2024
- Significant investment towards facility improvements at Royden, Dale Farm and Pensby Wood
- Driving up quality standards through improvement, training, skills and meaningful service provision
- Fostering a culture of partnership working and community integration to promote life skills with the people we support, maximising their full potential
- Strengthening the Governance Arrangements by recruiting four independent Non-Executive Directors who bring high levels of expertise, skills and experiences from across social care, finance and business

- ✓ **407** people we support took part in **544,200*** hours of enrichment activities and therapies during 2018-2019
- ✓ **210,000**** hours of community activity completed by the people we support

(Source: * Wirral Evolutions activity monitors 2721 x 4 hours x 50 weeks
**Wirral Evolutions activity monitors average number of community activities delivered daily, average no: of people we support taking part (range from 2 - 10) average of hours ( morning or all day various) x number of locations


- ✓ **70** Volunteers gave **465** hours* per week equating to approx. **14,000** hours per year valued at **£109,620** for activities for the people we support
- ✓ **38** volunteers undertook **114** hours of training and development in emergency first aid and health & safety

(Source: *155 sessions x 3 hours each week x 30 weeks per year x national minimum wage of £7.83)

**SNAP SHOT CASE STUDY**

'NV' - Oakenholt

**THE CHALLENGE**
**(Why was it needed)**

- NV is 29 years of age and was referred in September 2018
- NV has several medical conditions including Mucolipodosis type 3 and this causes a lot of pain
- NV was referred as she was socially isolated and lacked confidence.
- NV had become withdrawn and had low self-esteem
- NV requested support and encouragement to enable her to engage in activities and improve her confidence to do things independently such as travel

**OUR ROLE**
**(What actions did we take?)**

- Facilitated visit to the setting and meeting with staff
- Provided information about referral process
- Gave NV opportunity for taster sessions to enable her to make an informed decision
- Used coaching and mentoring methods to improve NV's belief in her abilities – through praising achievements and encouraging her to take part in new activities.
- Staff used different methods with NV including role play, verbal support and discussions.
- Encouragement and support from staff in collaboration with NV's family to enable NV to travel independently
- Encouraged to join groups where she can have her voice heard.
- Supporting NV and her family to make steps for NV to live independently

**THE DIFFERENCE WE MADE**

(0utcomes achieved and the benefits to the people we support)

- Wellbeing Improved:
  - NV has been able to go on more outings and enjoy more social activities and interaction. She is now less isolated
- Individual Developed:
  - NV's confidence has improved
  - NV now travels independently in her local community
  - NV has been able to articulate and share her views and has attended meetings with people we support. She has been part of the Making It Real group
  - NV has been able to express herself through singing and has a lovely singing voice. She has been encouraged to audition for X-Factor, which has been a dream of hers. She is going to audition again next year
  - NV has expressed interest in living independently. Staff are working with NV and her family to provide information and support to see if this would be possible
- Community Integrated:
  - NV has commenced a voluntary placement assisting local art classes and supporting young people express themselves through art

**QUOTE**

"The sky is the limit reach for the stars and you can achieve you dreams" NV

Whist the list above is not exhaustive, we have made great strides but also recognise we are embracing the challenges presented, only to see further opportunities and exciting times ahead.

## 6. Concluding points to consider: -

1. The work of Wirral Evolutions Ltd can reach all Wards within the Borough and its Strategic Framework 2024 underpins Wirral Plan 2020 pledges, specifically: -
   - People with disabilities live independently
   - Greater Job opportunities in Wirral
   - Wirral residents live healthier lives
   - Leisure and cultural opportunities for all

2. This report is not for a key decision and is not required to be considered in a private session

## 7. RECOMMENDATION/S

Wirral Evolutions Ltd would like to make the following recommendations to Members: -

1. **Acknowledge** the progress and successes contained within this report by Wirral Evolutions Ltd
2. **Promote** the impact of the work delivered by Wirral Evolutions Ltd
3. **Support** with accessing other resources to enable Wirral Evolutions Ltd to deliver a high quality, outcome led service for people with learning and physical disabilities
4. **Visit** and witness the people we support learning and developing life skills
5. **Connect** Wirral Evolutions Ltd with likeminded organisations to provide life skill opportunities for the people we support

## SUPPORTING INFORMATION

## 8.0 BACKGROUND INFORMATION

The Wirral Plan[2], published in June 2015, set out a series of 20 pledges which the Council and its partners will work to achieve by 2020, focusing on three key themes:

- Protecting the most vulnerable
- Driving economic growth
- Improving the local environment

In response, Wirral Evolutions Ltd[3] was established in May 2015 as a private company limited by shares,[4] trading as a Local Authority Trading Company (LATCo)[5] – this strategic and innovative approach to delivering day services and opportunities for adults with disabilities, was one of the first in the North West of England. Its aims were to ensure the people we support have access to a: -

- High standard of personalised care
- Sustainable service model that is flexible, responsive and enriching
- Culture where relationships are a priority

Wirral Evolutions Ltd provides support services for 407 adults with a wide range of learning and physical disabilities. The size of the adult population in Wirral with a learning disability aged 18 and over is estimated at 5,914 (2016) with a slight predicted increase to 6042 by 2030[6]. There is a noticeable trend of people with learning and physical disabilities living longer with more complex care needs and a relative decrease in the 18-25-year olds in the Wirral[7] as a percentage of the overall population. National research also indicates that people with learning disabilities die 15-20 years earlier than the general population[8].

Alongside these trends, the support for more personalised choice for people is set to continue for the foreseeable future. In response, the NHS long term plan[9]: Universal Personalised Care comprehensive model[10] seeks to improve the care for people with learning disabilities and autism by:

- Shared decision making
- Personalised care and support planning
- Enabling choice, including legal rights to choose
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets

To respond to the wide range of needs of the people we support, Wirral Evolutions Ltd provides services that enable positive outcomes ensuring that: -

- Lives are enriched (physical and mental health)
- Wellbeing is improved (enjoyment, self-esteem, happiness, feel good and friendship)
- Life skills are developed (confidence, choice, exercising control, communications and self-awareness)

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[2] Wirral Plan 2020
[3] Companies House - 09589553
[4] Articles of Association
[5] Local Authority Trading Company Model
[6] Wirral Learning Disabilities Data and Intelligence (July 2016)
[7] Wirral Learning Disabilities Data and Intelligence (July 2016)
[8] University of Bristol Norah Fry Centre (2018), The Learning Disabilities Mortality Review (LeDeR) Programme: Annual report 2017. Available online: http://www.bristol.ac.uk/university/media/press/2018/leder-annual-report-final.pdf (accessed 2 June 2018)
[9] https://www.england.nhs.uk/long-term-plan/
[10] https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/

- Community integration is a way of life (volunteering, employment, education & training, social connectivity)

This is achieved through a wide range of people centred services and activities across ten locations[11] in Wirral. These are illustrated below: -

- Creative expression (arts, pottery, crafts, music)
- Physical wellbeing (sport and leisure)
- Hospitality and catering
- Horticulture, conservation and woodwork
- Beauty, sensory and relaxation
- Information Technology
- Vocational qualifications
- Education and learning
- Community engagement (volunteering & employment)
- Advisory and advocacy support (travel, health, housing)

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## APPENDICES

## BACKGROUND PAPERS

## SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|---|---|
| | |

[11] Wirral Evolutions Ltd - Overview

WIRRAL

# ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

## 26TH JUNE 2019

| | |
|---|---|
| **REPORT TITLE** | NHS 111 Update |
| **REPORT OF** | Jacqui Evans – Assistant Director, Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning |


**REPORT SUMMARY**

This report outlines the developments in NHS 111, a telephone service that patients can use to access urgent care.

This report is for information, and no decisions are required.

This matter affects all Wards within the Borough.


**RECOMMENDATION/S**

- To note the contents of this report and raise any feedback regarding the NHS 111 Service

## SUPPORTING INFORMATION

## 1.0 REASON/S FOR RECOMMENDATION/S

Not applicable

## 2.0 OTHER OPTIONS CONSIDERED

Not applicable

## 3.0 BACKGROUND INFORMATION

### 3.1. Introduction

In 2017, NHS England published the Integrated Urgent Care Service Specification, which outlines consistent urgent care services to be delivered by all CCGs.

NHS England Mandates:

- NHS 111 is a free number for patients to phone when they have an urgent healthcare need, 24 hours a day, 365 days a year.
- Calls are answered by Health Advisors who use an algorithm called NHS Pathways to ask patients a series of questions and determine how their need should be met.
- NHS 111 uses a Directory of Services to identify the nearest appropriate service to the patient.
- Patient's accessing 111 should receive a **complete episode of care** that ends in either:
  - Clinical advice that resolves their problem
  - A prescription
  - An appointment directly booked by NHS 111 (for example with a GP in or out of hours, at an Urgent Treatment Centre, or another appropriate service
- This is a change from the previous NHS 111 model of assessing and referring.

### 3.1.1. NHS 111 in Wirral

NHS 111 is provided by Northwest Ambulance Service NHS Foundation Trust (NWAS) for all the CCGs in the Northwest, including Wirral CCG.

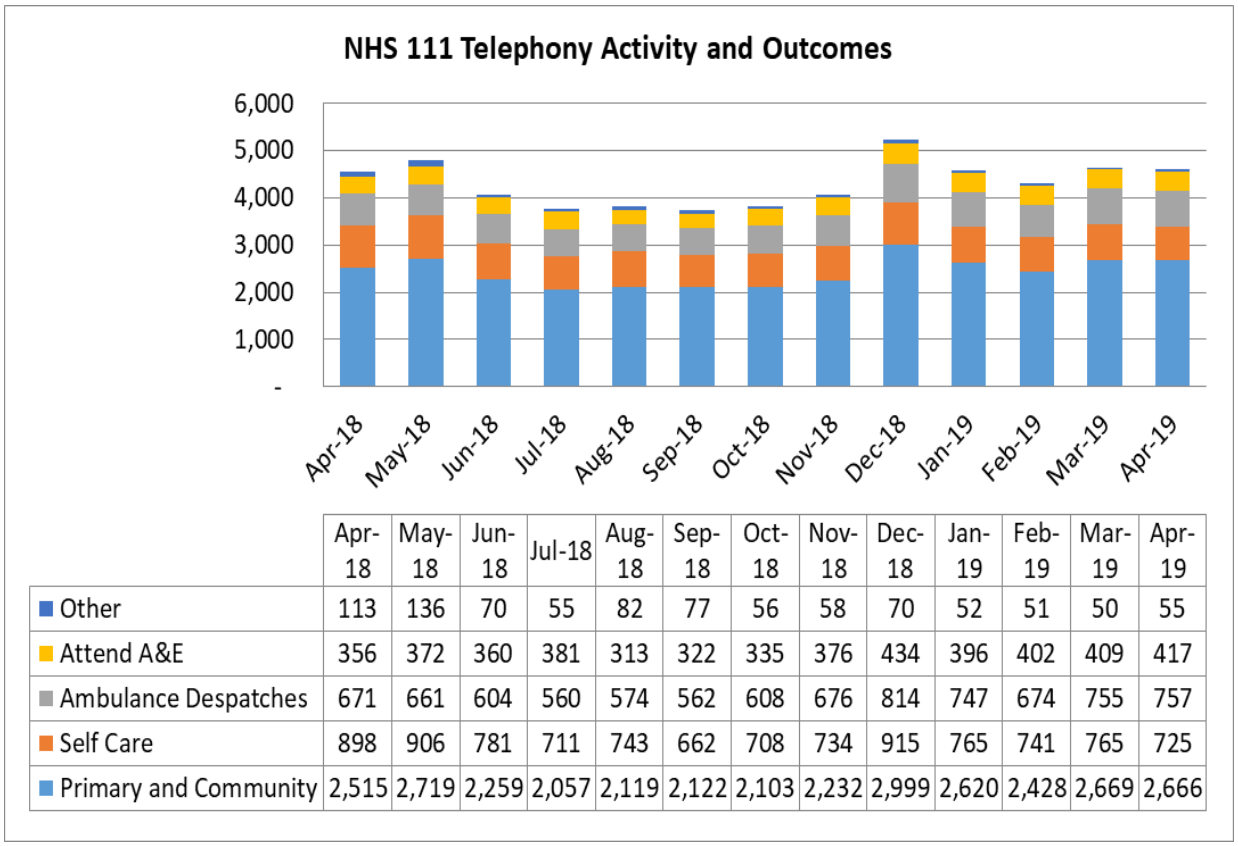
Contract management and governance arrangements are done on a Northwest basis in order to avoid duplication. Wirral CCG is part of the Cheshire/Warrington/Wirral County Governance Group; which feeds into the Northwest Strategic Partnership Board; which manages the contract.

In Wirral there has been mixed feedback from patients on their experiences of using NHS 111. This paper outlines improvements that have been made, and future initiatives planned.

### 3.2. Current NHS 111 Telephone Service

3.2.1 Activity and Outcomes

The graph below shows monthly NHS 111 activity and outcomes for Wirral patients from April 2018 to April 2019. Activity is generally higher in winter and spring, and reduces in summer.




| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Other | 113 | 136 | 70 | 55 | 82 | 77 | 56 | 58 | 70 | 52 | 51 | 50 | 55 |
| Attend A&E | 356 | 372 | 360 | 381 | 313 | 322 | 335 | 376 | 434 | 396 | 402 | 409 | 417 |
| Ambulance Despatches | 671 | 661 | 604 | 560 | 574 | 562 | 608 | 676 | 814 | 747 | 674 | 755 | 757 |
| Self Care | 898 | 906 | 781 | 711 | 743 | 662 | 708 | 734 | 915 | 765 | 741 | 765 | 725 |
| Primary and Community | 2,515 | 2,719 | 2,259 | 2,057 | 2,119 | 2,122 | 2,103 | 2,232 | 2,999 | 2,620 | 2,428 | 2,669 | 2,666 |

The table below shows the outcome of calls from Wirral patients to NHS 111 (April 2018 – April 2019), along with examples of each category. The most frequent outcome is Primary and Community Care, followed by Self Care.

Table 1. NHS 111 Telephony Outcomes (April 2018- April 2019)

| **Outcome** | **Example/ Explanation** | **Percentage** |
|---|---|---|
| Primary and Community | Patient advised to contact own GP practice or attend a Walk in Centre, or contact a dental service | 56% |
| Self Care | Patient given advice on how to look after themselves at home | 18% |
| Ambulance Dispatches | 111 staff arrange an ambulance for the patient. | 15% |
| A&E | Patient is either directed to attend A&E or offered an urgent phone call from a GP within 20 minutes (for some conditions) | 9% |
| Other | Other services include signposting to voluntary services | 2% |

3.2.2 Key Performance Indicators

All NHS 111 Services report Key Performance Indicators (KPI). The table below shows performance against the five primary indicators in April 2019, compared to April 2018.

Significant improvements have been made in the percentage of calls answered within 60 seconds, and a reduction in calls abandoned. Performance against calls 'warm transferred' and call backs within 10 minutes has improved, but continues to be challenging. (Warm transfer is when patient's call is transferred to a nurse within NHS 111 while the patient is still on the line, instead of a receiving a call back from the nurse). This performance is consistent with other NHS 111 services across the country.

The Clinical intervention KPI (speaking to a nurse or doctor) continues to be consistently met.

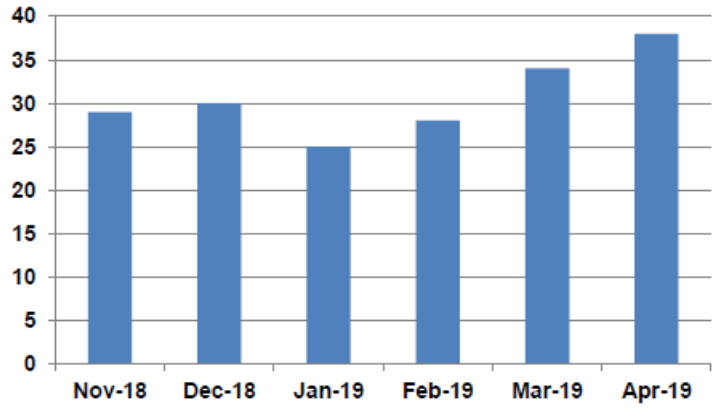
Performance against the full set of KPIs for all NHS 111 services is publicly available on the NHS England website: https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/nhs-111-minimum-data-set-2019-20/

Table 2: NHS 111 Key Performance Indicators, April 2019 compared to April 2018

| KPI Description | Target | Actual April 2019 | Actual April 2018 |
|---|---|---|---|
| Calls abandoned | Less than 5% | 2.40% | 6.19% |
| Calls answered in 60 seconds | 95% or more | 87.30% | 77.83% |
| Calls warm transferred | 75% or more | 33.08% | 22.20% |
| Call backs within 10 minutes | 75% or more | 57.00% | 41.58% |
| Clinical Intervention (speaking to a doctor or nurse) | 50% or more | 50.11% | 51.60% |

3.2.3. Complaints

The graph below shows numbers of complaints and concerns raised over the last six months for the whole of the Northwest. The figure of 38 for April represents 0.028% of calls received. The most common themes were staff attitude (8), General complaint (6), and inadequate information given (5).



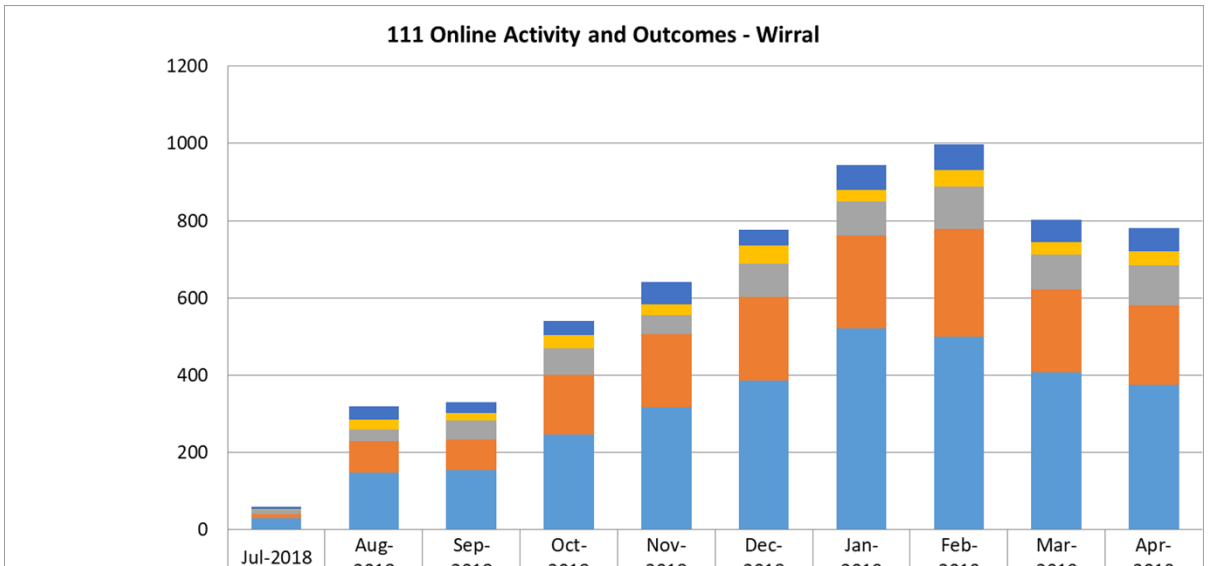
### 3.3. New Developments

#### 3.3.1 NHS App and 111 Online

NHS England has mandated roll-out of 111 Online and the NHS App. The Northwest has the highest uptake of 111 online.

- 111 online went live in July 2018 in Wirral. It can be accessed at 111.nhs.uk or through the new NHS App. 111 online has been provided by NHS Digital and is not funded by CCGs.
- Patients can enter their symptoms, answer a series of multiple choice questions and arrive at an outcome. Patients may be:
  - Given self-care advice and signposted to relevant information
  - Called back by a nurse from the Northwest NHS 111 Service
  - Advised to contact a pharmacy and given details of the nearest one
  - Advised to contact their own GP practice
  - Advised to attend A&E or call 999
- 111 online is quicker to complete than phoning, and will reduce demand on the NHS 111 telephony service, which means shorter waiting times for patients that choose to phone.

The graph below shows monthly 111 Online activity and outcomes from commencement on 24th July 2018 to April 2019. It can be seen that activity steadily increased until February, and then reduced in March and April. This pattern of lower demand in spring compared to winter is consistent with the NHS 111 telephony service.




| | Jul-2018 | Aug-2018 | Sep-2018 | Oct-2018 | Nov-2018 | Dec-2018 | Jan-2019 | Feb-2019 | Mar-2019 | Apr-2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| Other | 7 | 35 | 28 | 36 | 60 | 42 | 63 | 66 | 58 | 60 |
| Dental | 2 | 26 | 19 | 34 | 26 | 46 | 31 | 43 | 33 | 36 |
| Self Care | 10 | 30 | 50 | 70 | 51 | 87 | 87 | 110 | 90 | 104 |
| Urgent & Emergency | 11 | 81 | 79 | 154 | 189 | 216 | 241 | 278 | 216 | 206 |
| Primary Care | 29 | 147 | 154 | 246 | 316 | 386 | 521 | 500 | 406 | 374 |

The table below shows the outcomes of 111 online consultations, the most common being Primary Care, followed by Urgent & Emergency Care, Self Care and finally Dental. Please note that the outcome categories for 111 Online are slightly different to the 111 Telephone Service Categories presented in Table 1. Explanations of the categories are included below

Table 3. 111 Online Outcomes (July 2018- April 2019)

| Outcome | Example/ Explanation | Percentage |
|---|---|---|
| Primary Care | Patient advised to contact own GP practice or attend a Walk in Centre | 50% |
| Urgent & Emergency (Ambulance and A&E) | Ambulance - 111 staff arrange an ambulance for the patient.<br><br>A&E - Patient is either directed to attend A&E or offered an urgent phone call from a GP within 20 minutes (for some conditions) | 27% |
| Self Care | Patient given advice on how to look after themselves at home | 11% |
| Dental | Patient referred to a dental service | 5% |
| Other | Other services include signposting to voluntary services | 7% |

3.3.2. Improved NHS 111 Offer for Wirral

The table below outlines initiatives that aim to improve patients' experience of using NHS 111 and ensure that patients receive the most appropriate treatment. This means ensuring fast access to care for patients who require it; and means ensuring that patients are given the right advice to care for themselves.

| Initiative | Status | Comment |
|---|---|---|
| Increase clinical advice over the phone | Implemented | Achieving target of 50% of people needing clinical advice receive it over the phone and do not need to attend a face to face service |

| | | |
|---|---|---|
| Faster clinical advice for children | Implemented | Parents calling 111 for children under five years old are put straight through to a nurse and do not go through the call handling algorithm |
| Direct Appointment Booking into GP Out of Hours | Implemented | NHS 111 can directly book appointments in GP Out of Hours, for patients who need a face to face appointment.<br><br>This means patients do not need to wait for a phone call from GP Out of Hours to book an appointment |
| 111 Online | Implemented | 111 Online went live in Wirral in July 2018. The northwest has seen the biggest uptake in 111 Online use nationally |
| NHS App | Implemented | The NHS App went live in Wirral in May 2019. In addition to accessing 111 online, it allows patients to:<br>• book and manage appointments at their GP practice<br>• order repeat prescriptions<br>• securely view their GP medical record<br>• register to be an organ donor<br>• choose how the NHS uses their data |
| Urgent Repeat Prescriptions from NHS 111 (telephone) | Implemented | Patients requiring an urgent repeat prescription can now collect it from their local pharmacy, who will receive the prescription electronically from NHS 111.<br><br>Prior to this, patients would need to be referred to GP Out of Hours to get a repeat prescription. |
| Local Urgent GP Advice for patients as an alternative to A&E | Implemented | Patients with certain conditions receive a phone call from an experienced GP within 20 minutes, as an alternative to attending A&E. The GP can give advice or offer an urgent appointment.<br><br>This pathway is also available to patients who have called 999, where appropriate |
| Urgent Repeat Prescriptions from 111 Online | In Progress | Testing is underway to replicate the prescription service for 111 Online as well as telephone. Estimated to be available from July 2019. |
| Urgent **New** Prescriptions | In Progress | A pathway is being developed for a range of minor illnesses that will mean medicines can be prescribed by pharmacists, instead of patients being referred to GP Out of Hours, for a limited range of minor conditions.<br>Timescales are to be confirmed, dependent on guidance from NHS England |

| | | |
|---|---|---|
| Direct Appointment Booking into In-hours General Practice | In Progress | NHS 111 will be able to book into General Practice. This is dependent on a national software solution, which NHS Digital are responsible for. Timescales are yet to be confirmed.<br><br>However, in the meantime, patients can use the NHS App to book appointments at their own GP Practice |
| NHS Service Finder Tool for health and social care professionals | In Progress | An online tool called Service Finder has been developed based on the NHS 111 Directory of Services.<br><br>It provides a comprehensive and user friendly directory for health and social care professionals to search for local services to direct patients to.<br><br>Service finder will be rolled out during 2019. |

## 4.0 FINANCIAL IMPLICATIONS

There are no financial implications arising from this report

## 5.0 LEGAL IMPLICATIONS

There are no legal implications arising from this report

## 6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no resource implications arising from this report

## 7.0 RELEVANT RISKS

No relevant risks have been identified as part of this report

## 8.0 ENGAGEMENT/CONSULTATION

A marketing campaign to promote the NHS 111 online platform will launch across the North West on Monday, 3 June, 2019 and run until Sunday, 16 June, 2019. It will include radio advertising and digital media advertising online.

## 9.0 EQUALITY IMPLICATIONS

No equality implications have been identified as part of this report.
(b. because there is no relevance to equality)

**REPORT AUTHOR:** ***Jacqui Evans***
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**SUBJECT HISTORY (last 3 years)**

| Council Meeting | Date |
|---|---|
| **N/A** | |

WIRRAL

**ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**26 JUNE 2019**

| | |
|---|---|
| **REPORT TITLE** | Wirral Urgent Care Transformation |
| **REPORT OF** | Wirral Health and Care Commissioning, Nesta Hawker, Director of Commissioning and Transformation |


## REPORT SUMMARY

This report outlines the current position of the urgent care transformation work by providing an update with regards to consultation and engagement feedback and next steps.

This report is for information, and no decisions are required.

This matter affects all Wards within the Borough.


## RECOMMENDATION/S

- To note the contents of the report
- Request OSC provide any final recommendations or comment by 5pm Friday 5th July to provide feedback for commissioners to consider prior to final recommendations to CCG Governing Body on 9th July.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

N/A

### 2.0 OTHER OPTIONS CONSIDERED

N/A

### 3.0 BACKGROUND INFORMATION

N/A

### 4.0 FINANCIAL IMPLICATIONS

There are no financial implications arising from this report

### 5.0 LEGAL IMPLICATIONS

There are no legal implications arising from this report

### 6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no resource implications arising from this report

### 7.0 RELEVANT RISKS

No relevant risks have been identified as part of this report

### 8.0 ENGAGEMENT/CONSULTATION

This report provides feedback on the 12-week consultation and engagement process

### 9.0 EQUALITY IMPLICATIONS

No equality implications have been identified as part of this report.

(b) No because there is no relevance to equality.

## 1. Background Information

1.1. The NHS Long Term Plan outlines the aim to ensure patients get the care they need fast and to relieve pressure on Accident and Emergency Departments (A&E). It is recognised nationally that there is unnecessary pressure on A&E and other parts of the urgent and emergency care system. Wirral is not immune to these issues. Analysis of data shows that half of the patients that attend A&E could have been treated in a more appropriate setting to deliver the same outcome, e.g. community health venues, pharmacies. This additional pressure means 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.

1.2. NHS England issued a national mandate for the implementation of standardised urgent treatment centres (UTC), setting out a core set of standards to establish as much commonality as possible. 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. ***The aim of these national developments is to improve urgent care services for patients and to ensure that Accident and Emergency Departments have the capacity to treat people with the greatest need.***

1.3. Engagement in relation to urgent care services in Wirral 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.

1.4. 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.

1.5. 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.

1.6. The decision to locate the UTC on the Arrowe Park Site was formally approved by NHS Wirral CCG Governing Body in February 2018.

1.7. In determining the final options for consultation, commissioners considered the pros and cons of each of the options. Sustainably, both financially and in terms of workforce and activity were key drivers in determining the recommendations.

This resulted in the discounting of several options. Following this, commissioners therefore put forward the following 2 options with which to formally consult.

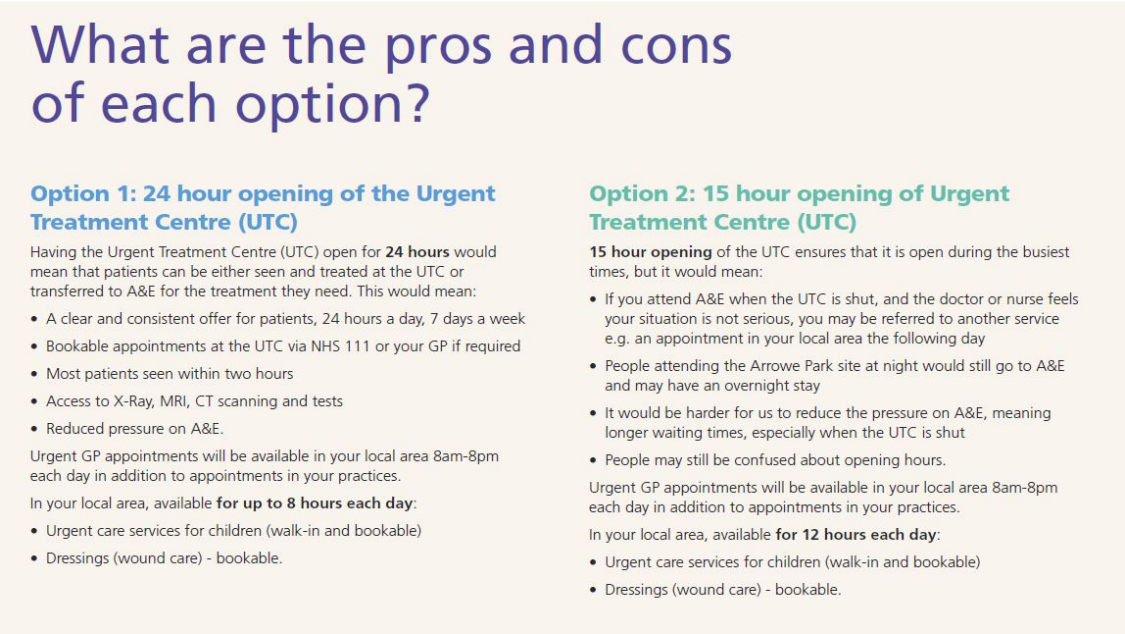
1.8. These final two options for consultation were supported by the provision of urgent (same day) access to GP/nurse appointments within local areas along with planned dressings (wound care) service and a retained walk in service for children. We presented 2 options to the public during formal consultation:

1.8.1. Option one proposed a 24-hour Urgent Treatment Centre with up to 8 hour per day urgent community offer in each of the 4 localities across Wirral.

1.8.2. Option 2 proposed a 15-hour Urgent Treatment Centre with up to 12 hour per day urgent community offer, in each of the 4 localities across Wirral.

1.8.3. National guidance (from NHS England) requires us to open to Urgent Treatment Centre for a minimum of 12 hours per day, but we are proposing to extend this to 15 hours or 24 hours a day to provide more access for patients.

1.9. The below diagram illustrates the pros and cons of each option:




1.10. Our full formal consultation document documents have previously been shared with OSC members.

## 2. Consultation Process

2.1. A 12-week consultation process 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.

2.2. During consultation, we engaged with the public at a range of events and roadshows (in excess of 80 individual events) across Wirral. These included focus groups, public meetings, stakeholder engagement meetings and visits to current urgent care locations. Local and regional media were utilised to highlight the consultation and a

household postcard drop was also completed. Engagement activity also included visits to shopping centres and social media posting on Facebook and Twitter.

2.2.1. Part of this engagement included attendance at the Joint Overview and Scrutiny Committee (Adults and Children) on 12th November 2018 and the Joint Overview and Scrutiny Committee with Cheshire West and Chester on 11th Dec 2018.

2.2.2. We recognise that independent review is a key part of this process. On advice from NHS England we invited the NHS England Clinical Senate to review our process and proposals and this took place in parallel with the consultation. The aim of this was 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.

2.2.3. 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 reviewed a range of aspects including our approach to communications and engagement, key findings from engagement events, our overall process and approach, the design phase and discounted options. A site visit was conducted on Monday 26th November 2018 to the intended location of the Urgent Treatment Centre at the Arrowe Park site as well as visiting existing urgent care sites.

2.2.4. The panel were convinced that there is a very great and compelling need for the current model of care to change. The main drivers for change being:

- A large number of services across a number of providers, each with a differing offer and differing / varying opening times. This has caused confusion amongst the local population as to where to go and when for their pertinent health needs
- A mandated requirement to implement a Urgent Treatment Centre in Wirral within the existing funding envelope
- The Arrowe Park Hospital A&E and Walk-in Centre front door is currently confusing, illogical and lacks robust documentation at first contact
- Confusing service landscape across Wirral for the public and patients which can lead to them defaulting to ED when it is not always the most appropriate option

2.2.5. The Senate were of the opinion that the future Urgent Treatment Centre and community provision ought to be tackled as part of a bigger plan. If the workforce capacity allows it, the panel recommended a stepped approach to any changes rather than whole scale change at once. We will take this advice into consideration when developing our overall implementation plan.

2.1.6. The Senate devised a number of key recommendations of which we are currently exploring, the main issues being:

- Further combinations of service should be modelled

- The Emergency Department requiring capital investment to make the proposed models effective
- Effective communication of plans is needed to staff, partners and the public
- Consider providing services / clinics in the community hubs and/or neighbourhood centres as practicable
- Future UTC and community provision ought to be tackled as part of a bigger plan
- An “innovations day” for clinical staff across the organisations should be held to allow sharing of current innovations and ideas about future innovations. This was held in May 2019.

2.1.7. As part of the consultation process, we invited any alternative proposals, a number of which were received and considered and assessed.

2.1.8. Post consultation and considering the Clinical Senate recommendations, WCCG considered 25 options, including a combination of opening hours and locations based on feedback from public, providers and clinical senate including some blended options of multiple proposals.

2.1.9. Commissioners used the following scoring matrix to evaluate the proposals and identify a short list of 8 options.

| Criteria and Weightings | | | | | |
|---|---|---|---|---|---|
| Within Financial Envelope | Quality | Deprivation | Access and treatment close to home | Sustainability | Consistent Offer |
| 25% | 40% | 10% | 10% | 10% | 5% |

**Key**

**Quality** - The overall clinical offer and how it supports both the Emergency Department and the local offer

**Deprivation** - Does the offer meet the needs of deprived communities?

**Access and Treatment Close to Home** - Does the offer provide local access to urgent care services?

**Sustainability** - Can it be maintained in future years?

**Consistent Offer** - Does the offer provide equitable and consistent access and provision across each of the constituencies?

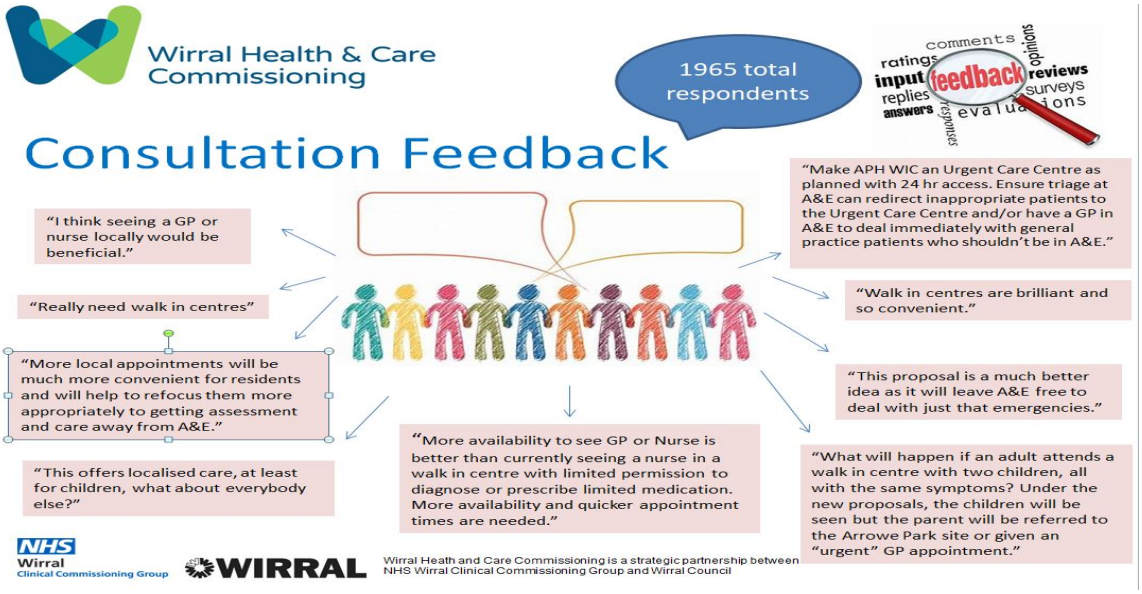
## 3. Consultation Findings

3.1. A key element of the consultation was to get the public’s view on urgent care services and consider their feedback prior to any decisions being made.

3.2. In order to ensure transparency, we engaged an independent organisation to undertake external analysis of public feedback from the consultation.

3.3. There were 1,965 responders to the survey, 98% of whom identified themselves as residents of Wirral. Respondents were presented with the two options for urgent care (see 1.9) with option 1 being the most popular option (66.5%) particularly for carers (77.1%). Option 1 was the proposal to have a 24-hour UTC sited at Arrowe Park, which could reduce the pressure at Arrowe Park Hospital's accident and emergency department.

3.4. The public voice was very strong in terms of what they felt was important:




**What participants liked about the proposed options:**

- UTC will provide greater diagnostics - WICs lack diagnostic tools so can only treat minor illness
- GP led UTC at APH is good
- Extended access to bookable GP appointments
- Convenience associated with bookable appointments across different locations;
- A uniform, standardised approach to wound care and dressing

**What respondents disliked about the consulted options:**

- Closures of MIUs and WICs in local communities
- Access to UTC at APH (travel; cost & parking)
- Resources at APH already stretched; lack of believe that sufficient GPs appointments will be provided within the extended access in a time of GP shortage
- Pressure on APH where not able to make appointments on the day for wound care and dressings and would therefore present at A&E

3.5. The proposal to offer extended GP capacity and lose some of the current Walk-In Centres was not popular, with 28.7% of respondents agreeing and 62.8% disagreeing.

3.6. When considering where services may be located, we asked the public what their most important factors were:

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

**Summary of analysis:**

- Distance from home was the factor most often cited as the most important (32.2%)
- Access on public transport and convenient timing of appointments the next most common (each 23%)
- Parking was most commonly ranked as 4th most important (by 26% and only ranked as most important by 10%).
- It was suggested by a number of participants that Walk-in Centre's should not be discounted but rather utilised in the implementation of the extended access service.

3.7. When considering the locations for the community hubs, we will take account of the following feedback:

| | |
|---|---|
| Wallasey | Strong public support to retain VCH, data supports the rationale that it diverts people away from the APH site. The site itself is already fit for purpose and a very valued service within the community |
| Birkenhead | Very strong public support to retain 'community offer' at Birkenhead medical centre, lower estate costs, good access to parking and transport links (consultation feedback) |
| South Wirral | Very strong public support to retain Eastham as a 'community offer' for South Wirral both from general public feedback during the consultation and from the consultation questionnaire. This is also the community walk in which is accessed most by CWAC residents. |
| West Wirral | West Wirral currently does not have a dedicated walk-in facility, so more difficult to comment for local residents. |

3.8. Dressings

Planned dressings services account for 24% of the WIC/MIU activity. It was recognised that an element of the WIC and MIU service provision is for planned dressings, for which there is a need. Commissioners will consider this in determining the final recommendation.

3.9. Children's 0-19

Whilst there was a lot of support for the proposed changes in urgent care for children, the public voice centred around concern over the adult walk-in provision:

> *"What will happen if an adult attends a walk- in centre with two children, all with the same symptoms? Under the new proposals, the children will be seen but the parent will be referred to the Arrowe Park site or given an "urgent" GP appointment."*
>
> *"This offers localised care, at least for children, what about everybody else?"*
>
> This was considered prohibitive in that previously both patients could be treated locally at a Walk-in Centre, whereas the new services could result in either both needing to access Arrowe Park Hospital Site or making one journey to a walk-in service for children and another to Arrowe Park to the Urgent Treatment Centre.

The proposal to change children's urgent care services was:

- Supported by 52.8% of respondents (814/1543)
- 33.1% disagreeing
- 14.1% neither agreeing nor disagreeing
- 21.5% did not answer

## 4 Next Steps

4.1. As part of the overall decision-making process, we have a number of wider considerations:

| | |
|---|---|
| Dressings | Planned dressings services account for 24% of the WIC/MIU activity. It was recognised that an element of the WIC and MIU service provision is for planned dressings, for which there is a need. Commissioners will consider this in determining the final recommendation. |
| Location | Locations were considered as part of the activity analysis, considering funding and the ambition to ensure equity and consistency. The intention was to have a community urgent care hub in each of the 4 localities across Wirral, aiming to support the Neighbourhood model. |
| Care Seeking | Activity data evidences that almost 50% of people presenting to ED, do so with a minor condition that could be treated elsewhere (http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for- |

| | |
|---|---|
| | change.pdf). Commissioners acknowledge the trend in public behaviour and the need to embed cultural change over a period of time. Due consideration needs to be given to changing the public mind-set of often defaulting to A&E as a trusted mechanism to receive urgent care. |
| Childrens (0-19) Service | Activity data shows that almost 50% of attendances to Children's A&E present with minor issues that could be treated elsewhere and are discharged within 2 hours.<br><br>26% of Walk in and Minor Injury presentations were from the 0-19 age range. |
| Arrowe Park Hospital Footfall | Due consideration of our proposals and the impact it would have on Arrowe Park footfall revealed in a worst case scenario the additional numbers would be 30 people day for a 24 hour UTC and an 8 hour community offer and 20 people per day for a 15 hour UTC with a 12 hour community offer. |
| Extended Access to Primary Care | Since the national development to extend access to primary care was announced this has been an important element of our considerations and how we improved access for same day, urgent appointments.<br><br>As of 2018/19 38,654 additional GP appointments per year were made available via extended access. As part of our initial considerations, the proposal to remove adult walk-in access would be replaced by same day primary care access within the community.<br><br>Since the commencement of formal consultation, our assumptions surrounding GP Extended Access appointments has significantly changed. Prior to consultation we had based our projections on the assumption that GP Extended Access would see the creation of an additional 1440 appointments per week. However, we recognise that the emerging Primary care Networks may have an impact on this, and we will continue to work with primary care. |
| Cheshire West and Chester Residents | As illustrated in the Case for Change, there is clear evidence of Cheshire West and Chester residents utilising urgent care services across Wirral, notably in the South Wirral area.<br><br>The activity was taken into account with ongoing engagement with both West Cheshire Commissioners and Primary Care colleagues to ensure full consideration and minimal negative impact for Cheshire West resident when considering the options for consultation.<br><br>There has been ongoing engagement with Cheshire West Council and CCG throughout the consultation process |

| | |
|---|---|
| Transport | As part of our ongoing considerations for the redesign of urgent care we have worked collaboratively with local Councillors, Council Transport officers and Transport providers to duly consider public transport access to both the Arrowe Park site and the community locations. The intention being to identify any specific transport issues and seek resolution/solutions.<br><br>This intelligence data has also been shared with our primary care colleagues for due consideration as part of the extended access rollout. |
| Estates | Consideration was given to suitable venues for the delivery of community urgent care offer. The decision was taken to seek views from the public during the formal consultation with regard to the factors that were most important to them. This would then be used to inform the most appropriate estate choices. |
| NHS England Timeframes | We are working towards timeframe of December 2019 for the implementation of an Urgent Treatment Centre. However, we continue our conversation with NHSE regarding timeframes. |

## 5 Decision Making

5.1. The final recommendation will be presented to the Governing Body of the CCG on 9th July 2019, meeting as part of the Joint Strategic Commissioning Board. This meeting will be held in public at Birkenhead Town Hall. The papers for this meeting are available on the NHS Wirral CCG and Wirral Council websites from the 24th June 2019.

5.2. Following the decision being made, there will be a further scrutiny session with the joint OSC. This will include the full rationale for the final decision, the considerations made by the Governing Body and an outline implementation plan.

No decision will commence implementation until the scrutiny process has been completed in full.

5.3. Members of the committee are asked to consider the contents of this report, the consultation process undertaken, and provide any final comments or recommendations for consideration by 5pm Friday 5th July. This will ensure that the Governing Body have the opportunity to consider the committee's feedback as part of their decision-making process.

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**APPENDICES**

| |
|---|
| 1. Clinical Senate Report |
| 2. Hitch urgent care review and consultation report |

**REFERENCE MATERIAL**

**SUBJECT HISTORY (last 3 years)**

| **Council Meeting** | **Date** |
|---|---|
| N/A | |

# Clinical Senate Review: Proposals for the Future Delivery of Urgent and Emergency Care Services in Wirral

**Written for:**
**Wirral CCG by**
**Greater Manchester, Lancashire & South Cumbria Clinical Senate**

**December 2018**

## Chair's Foreword

Wirral Clinical Commissioning Group (CCG) commissioned Greater Manchester, Lancashire & South Cumbria (GMLSC) Clinical Senate to undertake an independent clinical review of the proposed plans for urgent and emergency care services delivered in Wirral.

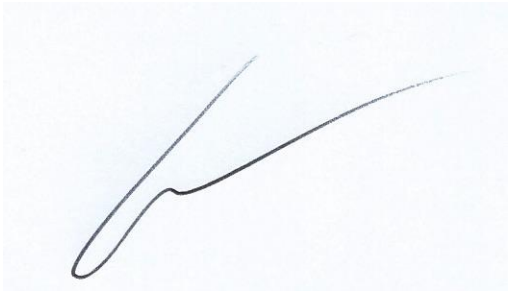
From the paperwork received and the conversations held during the review visit, it is clear that a lot of hard work has taken place, and is still taking place, to provide the best possible urgent and emergency care services for the population of Wirral. All partners are clearly united in the desire to achieve this, despite differences of opinion about how this can be achieved.

Colleagues across all parties should be congratulated on sowing the seeds of a cultural shift away from working in silos and towards collaborative working. However, as they themselves recognise, there is much work to be done to see this shift spread through all levels of the workforce.

The Clinical Senate gives its advice and recommendations with a caveat that there are interdependencies, out of scope of this review, that need to be urgently addressed if the proposals are to achieve the overall aims of providing the best possible emergency and urgent care in the area.

I would like to thank the clinicians and managers in Wirral who have contributed to this review. Also my sincere thanks to the review panel team who provided their time and advice freely.

This report sets out the methodology and findings of the review, and is presented with the offer of continued assistance should it be needed. The clinical advice and recommendations are given in good faith and with the intention of supporting commissioners.



**Dr Gareth Wallis**
**Review Panel Chair**
**Greater Manchester, Lancashire & South Cumbria Senate**

## Contents

## 1. Introduction

1.1. NHS Wirral Clinical Commissioning Group (CCG) is responsible for the planning and commissioning of health care services in Wirral and ensuring services deliver high standards of sustainable care and represent value for money.

1.2. This review of Urgent and Emergency Care (UEC) Services in Wirral is being conducted in partnership with Wirral Council, working closely with the members of "Healthy Wirral". Healthy Wirral is a partnership between 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 the area.

1.3. As with many health and care systems, Wirral is facing a number of significant challenges that affect the provision of UEC services, including:

- Changing population demographics
- Increasing emergency admissions
- Delayed discharges from hospital and transfers of care
- Health inequalities and conditions caused by unhealthy lifestyles
- Limited workforce
- Unwarranted variation in standards
- Confusion amongst the public about what service is the most appropriate when people need help
- Rising attendances at the Accident and Emergency department.

1.4. The aim of this review was to undertake an independent clinical review of the proposed plans for UEC services delivered in Wirral, in line with the NHS England Stage 2 assurance process.

1.5. The Terms of Reference for the review contain the following objectives:

1.5.1. Have all potential alternative options to the preferred model been considered (including co-operation and collaboration with other sites and/or organisations)?

1.5.2. Is this the optimal model for the Wirral population?

1.5.3. Does the preferred model's clinical case fit with national best practice?

1.5.4. Have innovations to practise been fully explored?

1.5.5. Have all the clinical interdependencies been considered?

1.5.6. Do the proposals make the most effective use of the workforce for service delivery?

1.5.7. Have future workforce implications been considered?

1.5.8. Have innovative workforce models been considered?

1.5.9. Have all stakeholders, including staff, third sector organisations, public and service users, been properly engaged in developing the proposed changes?

1.6. A copy of the full Terms of Reference can be seen in Appendix 1.

1.7. The Clinical Senate Review Team members were:

**Clinical Senate Review Chair:**

- Dr Gareth Wallis, Deputy Medical Director, NHS England North (Lancashire and South Cumbria) and GP

**Citizen Representative:**

- Ray Murphy, Cheshire & Merseyside Clinical Senate Council Member

**Clinical Senate Review Team Members:**

- Dr Mark Holland, Consultant in Acute Medicine at Salford Royal NHS FT
- Gill Johnson, Nurse Consultant, Central Manchester University NHS FT
- Dr Patrick Macdowall, Consultant Nephrologist, Lancs Teaching Hospital NHS FT
- Phil McEvoy, Managing Director, Six Degrees Social Enterprise
- Dr Andrew Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS FT

**Clinical Senate Review Team Members (not in attendance at site visit):**

- Damian Nolan, Divisional Manager at Halton Borough Council

**Managerial and business support to the panel**:

- Caroline Baines (Manager, NW Clinical Senates)
- Pamela Bailey (Project Manager, NW Clinical Senates)
- Becky Brown (Business Support, NW Clinical Senates)

## 2. Background

2.1 It is evident from the pressures facing Wirral, and many other areas (described in paragraph 1.3), that the NHS needs to review the current provision of UEC across the Emergency Department (ED) department and community locations.

2.2 In March 2018, the National Institute for Health and Care Excellence (NICE) published guidance titled *Emergency and acute medical care over 16s: service delivery and organisation in the community and in hospital*. This guidance aims to reduce the need for hospital admissions and providing community alternatives to hospital care. It also promotes good-quality care in hospital and joint working between health and social services.

2.3 A number of publications by NHS England set out guidance to support commissioners in undertaking this challenging, but vital, service transformation:

2.3.1 *General Practice Forward View (April 2016*)
This publication describes the 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.

2.3.2 *Next Steps on the NHS Five Year Forward View (March 2017)*
This publication sets out the mandate to standardise existing Walk in Centres (WIC) and Minor Injuries Units (MIU) through the implementation of Urgent Treatment Centres (UTC), open a minimum of 12 hours a day, seven days a week and integrated with local urgent care services. Within this publication is an expectation that 150 UTCs would be operational by December 2017 with any remaining transformational work, in respect of current WIC/MIU, being completed by December 2019.

2.3.3 *Integrated Urgent Care Service Specification (August 2017)*
This specification describes the requirement for CCGs to ensure delivery, by March 2019, of an IUC which includes a 24/7 Clinical Advice Service (CAS). This CAS must be fully integrated with NHS111 and be directly bookable both in, and out of, hours.

2.4 It is within this context, with increasing pressures and national strategic drivers for change, which Wirral CCG and partners are working to transform how UEC is delivered to the population of Wirral. The aim is to provide easily accessible, safe and effective services, as appropriate to clinical need.

2.5 UEC services in Wirral are currently commissioned across a number of footprints. NHS 111 and ambulance services are commissioned across the North West, primary care by NHS England's Cheshire & Merseyside team, whilst secondary care and community based services are commissioned locally by Wirral CCG.

2.6 Locally commissioned services currently include:

- Category 1 (major) ED department at Arrowe Park Hospital (APH), provided by Wirral University Teaching Hospital Trust (WUTH)
- Three WIC at Victoria Central Hospital (VCH), APH and Eastham Clinic
- Three MIUs at Moreton Health Clinic, Miriam Medical Centre and Parkfield Medical Centre
- NHS 111 provides triage services for the GP Out Of Hours (GPOOH) service which is provided by Wirral Community NHS Foundation Trust

2.7 Intelligence suggests a number of issues that commissioners of UEC services in Wirral must consider, in addition to the pressures and national strategic requirements already described. These include:

2.7.1 Confusion amongst the public about the range of UEC services available (other than A&E).

2.7.2 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.

2.7.3 In 2016/17, almost 50% of A&E patients presented at APH with low level ailments such as skin rash, cough, back pain and abdominal pain.

2.7.4 Over half (57%) of emergency admissions via A&E are admitted and discharged between 0-2 days.

2.7.5 A&E attendances peak amongst age groups 0-4 years, 20-24 years and 80+ years.

2.7.6 Attendance rates in those aged 90+ years are more than double those of 0-4 year olds.

2.7.7 WICs and MIUs see a high proportion of patients with infections and wound care needs, which could be dealt with in primary care.

2.8 Performance within the Wirral UEC system is generally poor compared to other areas in Cheshire & Merseyside, and is deteriorating across a number of operational, financial and clinical measures. Most notably this includes ongoing and consistent failure to achieve the A&E standard (95% of patients being seen and admitted or discharged within 4 hours) and delayed ambulance response times and handovers.

2.9 Commissioners proposed a draft model of care (Appendix 2), with a proposal to implement this via one of three short-listed options:

- **Option 1: 8-hour Community Offer**
  This option provides the maximum UTC offer of 24 hours 7 day a week care, with up to 8 hours per day community offer.
- **Option 2: 12-hour Community Offer**
  This option provides a 15 hours 7 day a week UTC offer, whilst increasing the community offer up to 12 hours per day.
- **Option 3: 15-hour Community Offer**
  This option provides the minimum mandated requirement of a 12 hour UTC offer, whilst increasing the community offer up to 15 hours per day.

2.10 The table in Appendix 3 summarises the offer under each of the options.

2.11 Option 3 was later discounted for a number of reasons, including failing to meet patient need by providing the mandated minimum service at APH UTC which would not provide consistent support to the APH ED as all minor injuries and ailments would need to present to the ED outside of the UTC hours.

2.12 This leaves two options that are being consulted on: Options 1 and 2.

## 3. Methodology

3.1 A number of teleconferences and meetings took place between the Clinical Senate and Wirral CCG from May 2018 to develop, iterate and agree the Terms of Reference for the review (Appendix 1).

3.2 Provisional review information was provided by Wirral CCG in the week beginning 22nd October 2018. Panel members reviewed these and discussed in a teleconference on 7th November 2018, and consequently made a number of requests for additional information.

3.3 This additional information was received on 23rd November 2018.

3.4 The review panel visited Wirral on 26th November 2018 (see Appendix 4 for full itinerary). The panel travelled to Arrowe Park Hospital, and during the day split into two groups: Group one visited Miriam MIU and APH WIC whilst Group 2 visited VCH MIU and WIC. Throughout the day, panel members met key colleagues to gain an in-depth understanding of the challenges faced, the opportunities for improving patient care and services, and to hear a range of views and thoughts.

3.5 The panel met with representatives from the commissioner and provider organisations at the end of the visit, and fed back their initial thoughts.

3.6 A draft report was sent to commissioners for accuracy checks on 12th December 2018 with feedback received by 16th December 2018. The final report was ratified at the GMLSC Senate Council on 17th December 2018 and sent to Wirral CCG on 18th December 2018.

## 4. Issues/Views expressed during review

4.1 This section is intended to highlight the significant issues/views expressed during the review. It is not intended to give an extensive record of the wide ranging and very helpful discussions which took place in each of the planned sessions. Further discussion of the panel's response to these views, and in line with the review's objectives, is contained within Section 5.

## 4.2 Key Issues/Views – NHS Wirral CCG

4.2.1 Wirral CCG commissioned this review because they were keen to gain independent clinical advice as to whether the proposed model for urgent care services within the area is safe and robust. The CCG's requirements are captured within the aims and objectives of the review, as detailed in Sections 1.4 and 1.5).

4.2.2 It was apparent that there is a genuine desire within the CCG to provide the best services possible, to listen to the public's views and to simplify the complex contracting and provider models of UEC in Wirral.

4.2.3 Commissioners articulated during the review visit that this is only part of a wider piece of work being undertaken through the Urgent Care Recovery Plan, which includes approaches across the spectrum of care from promoting self-care (e.g. pharmacies) to ensuring adequate access to community services (e.g. GP appointments), through to blockages within the patient flows into hospital beds and out (e.g. social care packages).

4.2.4 There was an acknowledgment from the CCG, which was reiterated by their partners, that Wirral has a culture of organisational silo working. A shift in that culture has started over the last 18 months but far more work is needed. It was recognised by Executive Teams across the organisations that there is a need for them to consistently model these behaviours, and to ensure they filter through all levels of all organisations.

4.2.5 There is a clear commitment amongst commissioners to work collaboratively across the commissioner and provider organisations to provide a single view of clinical governance and to enable the workforce to work together. A Memorandum of Understanding between the Healthy Wirral partners, has recently been signed, within which they agree to work collaboratively to deliver seamless services for patients and the public.

4.2.6 The CCG repeatedly stated that the current proposals are not finalised, that they are out to consultation, and that they are happy to hear any alternative models and ideas that could deliver the services needed. They have undertaken a broad range of patient and public engagement work to date over a number of years and continue to listen to the population through the current consultation exercise.

## 4.3 Key Issues/Views – Wirral University Teaching Hospital

WUTH are the lead providers for the APH A&E department.

### 4.3.1 Clinical Teams

4.3.1.1 Clinical teams at APH described a very complex, and confusing, system of UEC provision across community and hospital services in Wirral, and at the hospital "front door". The terms "fragmented" and "silos" were used on numerous occasions. The reasons for this were explained as being due to:

- Different services and systems being developed over time in a fragmented manner
- A large number of provider organisations
- A highly politicised environment.

4.3.1.2 There were clear frustrations expressed regarding the multiple front of hospital pathways. Streaming is provided by WCT colleagues who operate the WIC next door. Concerns were expressed regarding this current pathway for patients, which leads to some patients (6%) being inappropriately streamed to the WIC and diverted to A&E, at which point their "clock" starts again.

4.3.1.3 Hospital clinical teams expressed that they have had very little input to service design, and when they have been consulted, they do not feel as though their views have been listened to. For example: Their suggestion to locate the OOH GP in A&E was rejected. Additionally, the assertions from A&E colleagues that the main problems facing them and their team on a daily basis relate to the flow of sick patients into the hospital, and not the waiting room numbers, did not appear to be being heard on the day. These views seemed to be shared among other clinical specialties, and were compounded by the apparent lack of acute beds. Staffing issues, most notably a lack of middle grades and four consultant vacancies in the Acute Medical Unit (AMU) / Ambulatory Care Unit, are also compounding factors.

4.3.1.4 Lead clinicians made positive suggestions about what could and should be done to improve the services for patients and the workforce, summarising that the new model should meet the following criteria:

- Be seamless
- Have diagnostics for all
- Be one organisation
- Have one governance structure

4.3.1.5 There are three different IT systems across WUTH ED, WCT WIC/MIU and the GP Federation WIC/MIU. This further compounds communication and care co-ordination issues. Although results can be seen via the Health Information Exchange, clinicians are unable to see patients' notes, even of those being sent to APH A&E from APH WIC.

### 4.3.2 Executive Team

4.3.2.1 The WUTH Executive Team articulated a view that the proposals would help with the 4-hour A&E waiting time target as a significant number of breaches are amongst patients who do not need to be seen in A&E. They suggested that alterative pathways that enabled patients to be seen in different settings would ease the demands on A&E. This was somewhat at odds with the clinical teams who articulated that it was the poor patient flow through the hospital that led to the breaches.

4.3.2.2 Executive team members expressed optimism that system working across organisations was improving across Wirral, as evidenced by their winter planning being commended for its system approach. This view was echoed by executive team members in other organisations. As previously described, that view was not evident among the clinical teams.

## 4.4 Key Issues/Views – Wirral Community NHS Trust

4.4.1 WCT is the lead provider for the WIC/MIU at APH, VCH and Eastham Clinic.

4.4.2 A member of the WCT team working in VCH MIU/WIC expressed a view that "the CCG's intention is the right thing for patients". This was with respect to the proposal to have a UTC at APH plus four other community hubs. The view was that this would provide an optimum of accessibility to the public whilst concentrating the currently diluted spread of workforce. The current model provides a lot of choice to a relatively small population / geography. The variation in provision across sites leads to confusion about where to access services and when, and this has been evidenced through local engagement with patients. Consequently many patients default to ED as they know they will ultimately be seen there.

4.4.3 It was of interest to note that when the Eastham WIC was temporarily closed in 2017, the expected increased footfall at APH WIC and VCH WIC did not materialise. This demonstrates that these patients found alternative ways of dealing with their health concerns, although there was no evidence presented to identify what they were, and as such whether they were "appropriate" (e.g. pharmacy advice and support, GP appointment) or "inappropriate" (e.g. A&E, not seeking advice and support).

4.4.4 WCT colleagues echoed the views of CCG and WUTH colleagues that there has been some progress in organisations working together, e.g. through work looking at extended access and streaming, but there was still a long way to go.

4.4.5 There is strong support from the community for the WIC at VCH.

## 4.5 Key Issues / Views – GP Federations

4.5.1 Only one of the two Wirral GP Federations, GP Wirral (GPW), attended the Clinical Senate site visit, so it must be noted that the views heard can only be attributed to them. GPW represent approximately half of the GP practices in Wirral and are the lead providers for the Miriam and Parkfield MIUs.

4.5.2 GPW supports the proposal to have the Wirral UTC based at APH. However, there is a lack of consensus between them, the CCG and other partner organisations as to the best community service models. They expressed the view that any closures of existing community venues would lead to increased footfall at APH, which is already a struggling site / service. This contradicts the evidence from the temporary closure of Eastham Clinic when the anticipated increased attendances at other centres did not materialise.

4.5.3 Consequently, GPW colleagues articulated that community services should be strengthened rather than reduced, along with education for the public as to the right service to access for their particular health needs.

4.5.4 There is strong support from the community for the MIU at Miriam Medical Centre. They have instigated their own engagement exercise amongst their patients and fellow GP practices which demonstrates this, along with a live online petition against a closure.

## 5 Discussion

The sub-sections below contain analysis and discussion relating to the objectives described in the introduction and in the Terms of Reference (Appendix 1). Key recommendations are highlighted in bold and summarised in Section 6.

The panel is convinced that there is a very great and compelling need for the current model of care to change. The main drivers for change being:

- A large number of services across a number of providers, each with a differing offer and differing / varying opening times. This has caused confusion amongst the local population as to where to go and when for their pertinent health needs.
- A mandated requirement to implement a UTC in Wirral within the existing financial envelope.
- The APH A&E and WIC front door is currently confusing, illogical and lacks robust documentation at first contact.
- Numerous IT systems that necessitate patients having to rebook, even if they are referred to APH A&E from the APH WIC.
- Initial streaming is not currently controlled by the A&E department since 5th November 2018. This may well cause inefficiencies. The proposed UTC will address this system, but will not impact on hospital flow.
- Problems with patient flow within the hospital with patients waiting in A&E or AMU for beds in the hospital, with problems relating to monitoring or staffing. These areas will have a significant impact on the proposed UTC's functioning and need to be addressed but are outside the scope of this review.
- Confusing service landscape across Wirral for the public and patients which can lead to them defaulting to ED when it is not always the most appropriate option.
- Reconfiguration of the community WIC/MIU services. This will not have a significant impact on the hospital flow, 4 hour wait or admissions.

### 5.1 Have all potential alternative options to the preferred model been considered (including co-operation and collaboration with other sites and/or organisations)?

There is evidence of how seven original options were scored using weighted criteria including quality, sustainability and whether the option was deliverable within the available financial envelope. From this process the number of options was reduced to three. The CCG's Urgent Care Options Paper contains narrative regarding why the other options were discounted. This paper also describes how these three options were further reduced to two.

However, there is no evidence as to whether a longer list of options than the seven was considered. Consequently the panel are unable to comment on the process and its robustness.

**The panel therefore recommends that other combinations of service be modelled. In particular there should be further exploration with regards to maintaining a walk-in facility**

**in at least one of the areas to the east of the M53 corridor serving populations of higher derivation, such as Wallasey or Birkenhead**. The rationale for this being that there are high levels of deprivation in these areas, and the existing services appear to be well used and liked by patients. The panel were very impressed with the range and quality of service seen at VCH WIC with access to diagnostics, provision of a wide range of treatment options and lengthy opening hours. The panel is of the view that such a facility is definitely an asset to the community it serves which is, in part, one that experiences high levels of deprivation.

An option for consideration and modelling could be 24 hours UTC plus 12 hours (or even 15 hours) community in one of the most deprived areas with the other three centres opening for 8 hours a day. Whilst this may cost more, that may be outweighed by the advantages in the quality, access and deprivation criteria.

Whilst beyond the strict scope of this review, the panel wish to stress that they do not believe that either of the options being consulted on will resolve all of the problems currently being experienced in A&E.

## 5.2 Is this the optimal model for the Wirral population?

Wirral colleagues were aware of, and open in acknowledging, the currently convoluted approach to the commissioning and provision of services, the numerous issues that have arisen as a result (as previously documented) and the need to address them. Some of these issues would be resolved from the models presented, such as addressing the significant variation in what is provided across the different WICs/MIUs. The proposed model(s) would help to rationalise what is on offer, simplify service choices for patients, and ensure a consistent offer for the residents of Wirral.

Additionally **the panel agrees that co-siting the UTC with the ED at APH will have clear benefits** that cannot be attained by siting in any other location, due to the key clinical interdependencies, such as diagnostics and AMU. However, the **ED requires capital investment to reconfigure to make this model effective.**

Siting the UTC at APH will necessitate mitigation of the effects of bringing additional patient flow to an already busy hospital site. The panel understands that consideration is being made as to public transport provision and redesigning the site infrastructure at APH. This includes widening thoroughfares and building a multi-storey car park. However, many of the colleagues spoken with during the panel's visit did not seem aware of these plans. **Consequently the panel recommends effective communication of these plans to staff, partners and the public.**

To offset some of the increased flow to the APH site, and bring some services closer to people's homes, the panel recommends **consideration of the provision of services / clinics in the community hubs and/or neighbourhood centres as practicable.** These could include secondary care, extended hours primary care, dressings, and mental health services. It is acknowledged that this recommendation is strictly beyond the scope of this review.

The panel is very clear that the proposals will not solve all of the issues affecting the current system, such as flow through the A&E, multiple IT systems and a fragmented hospital front door. Again, whilst beyond the scope of this review, the success of the implementation of the models is inherently dependent upon these issues being addressed.

**The panel is of the opinion that the future UTC and community provision ought to be tackled as part of a bigger plan,** which is apparently in place but of which they were not sighted. It is not clear to the panel how primary care will support the future urgent care system in Wirral. There are some gaps in the knowledge base, which are explicitly acknowledged within the case for change, such as GP appointment capacity, that could be pivotal to the success of the implementation of the chosen model. Consequently, **if the workforce capacity allows it, the panel recommends a stepped approach to any changes rather than whole scale change at once.** This would avoid the UTC being overwhelmed at the point it opens and community walk-in services close, and allow evaluation of the impacts and outcomes of each change to be undertaken, with swift identification and mitigation of unforeseen consequences. It would be advantageous to consider the timing of this transition in line with the commencement of services at the nine neighbourhood centres.

Some of the evidence presented in the case for change is contradictory, and does not seem to support the proposed solution. For example, there is a suggestion that community WICs reduce ED attendances amongst their local population, but that the areas around some of the community WICs can have higher than average attendances at ED. It is recommended that more analysis is undertaken to look at which WICs are reducing ED attendances, and which are not, and looking to learn from that intelligence and apply it to the future model.

In conclusion, based on the information provided to the panel, they are not confident that the best model has yet been defined and offered as an option.

## 5.3 Does the preferred model's clinical case fit with national best practice?

The panel agree that a UTC with a full list of facilities and services as suggested in the preferred options document appears to fit with current best practice, including guidance from NHS England and the Five Year Forward View. Streaming from the front of the ED also fits. However, according to NHS England, NHS Improvement and the Royal College of Emergency Medicine (RCEM), **this should be managed by the Acute Trust[1].**

The panel were not clear as to whether national best practice fits with the population needs and health economy of Wirral, and noted that national best practice is an outline of what can be used to achieve the right goals. The meeting of best practice guidance should not be the reason to reconfigure services in a way that may be detrimental to patient care. **Clarity regarding the aims and objectives of the proposals, including modelled improvements of outcomes, are needed to identify whether this model is in fact the best one for Wirral.**

[1] Gateway 06842 July 2017 https://www.england.nhs.uk/wp-content/uploads/2017/07/principles-for-clinical-streaming-ae-department.pdf Accessed 18:15, 27/11/18

The panel's view was that some groups, particularly those opposing the proposals, may not accept compliance with national best practice as a valid rationale for change. It has been evidenced in numerous other areas that local people often want to retain the services they have regardless of whether or not it meets national standards. Robustly modelled outcomes may be a more compelling way to get people to see the benefits.

Mental health services are a national priority, and are highlighted as a local priority in both the case for change and during the panel's visit. The current model can result in patients waiting for some time for assessment/ admission in ED, GP practice and community, often in environments that are less than ideal. There was no evidence of how solutions to these issues have been explored within the new UEC proposals.

## 5.4 Have innovations to practise been fully explored?

Within individual organisations there appear to have been some innovations and solutions found by frontline staff. These include the DVT service providing Doppler scans in the community and a telemedicine service into nursing and care homes.

However, there does not appear to be sharing of innovation outside of organisational silos. Nor is there evidence of innovative solutions across organisational boundaries to find robust solutions to the problems a small and distinct population has in accessing appropriate urgent care. This has a direct effect on the ability of the acute trust to provide emergency care to the sickest patients. **The panel recommends an "innovations day" for clinical staff across the organisations might be a good starting point.**

In particular, there does not seem to be any evidence of innovative solutions for mental health patients presenting acutely out of hours at ED with a range of problems. It appears that the only option for these people is being brought to the ED but for many this is likely to be an unsuitable environment. **Engagement with Cheshire & Wirral Partnership Trust (CWP) is essential to find solutions** for this group of patients. Additionally **the panel recommends the provision of an acute assessment area, provided by CWP, in appropriate surroundings for patients presenting with acute mental health problems including detention on section 136.**

The panel were told that new innovations would not being considered until a final proposal was approved. The panel rejects this as a plausible rationale and feels it is illogical as innovative approaches and ideas can be an enabler to alternative solutions. This includes both clinical and workforce innovations as discussed in section 5.8.

Many innovations have been tried and tested in other areas, and so wholly unique innovations may not be a reasonable expectation. However, the panel was disappointed with the lack of evidence of utilising innovation from other areas. For example, an Emergency Village co-located in ED for acute admissions, is a model worth considering for Wirral.

## 5.5 Have all the clinical interdependencies been considered?

The panel is not convinced that all clinical interdependencies have been considered adequately. This is a complex UEC system with many multiple providers and interdependencies. Consequently it is confusing, difficult to understand, and as a result not optimised in terms of quality or cost.

The proposals address some key interdependencies at the frontline to some extent. However there is plenty of evidence to suggest that there is a considerable amount of work to be done to overcome the current silo working and lack of collaboration between organisations. **The partners need to work together to consider patient care pathways rather than just services and to allow pressured frontline staff to develop in as stress free an environment as possible.**

**Interdependencies with primary care, patient streaming and flow within the hospital** have already been discussed in this report. Although these services are beyond the scope of this review, the quality and effectiveness of them has a direct impact on the in-scope services and proposals, and **must therefore be considered and addressed**.

From a practical perspective, these proposals will only be successful if the **ED, UTC and any remaining WIC are managed under a single line of clinical governance.** This includes acute assessment facilities (e.g. acute admissions and surgical admissions). This may mean crossing historic and, in many cases, meaningless organisational boundaries, but could be regarded as being truly innovative in NHS terms.

The most important interdependency for the ED and the four hour target is the Acute Medical Unit (AMU). The proposals will remove some patients from the front of house to the UTC and whilst this may reduce attendances and have some impact on the four hour target, it will not reduce the stress and pressure on the ED staff. To do this the **AMU needs to be fully staffed as a priority**. In addition **a fully resourced expansion of the bed base is required** (it should be noted that this is not the same as increasing the number of beds with the same staff) and must be a priority for both the acute trust and the commissioners. At the time of writing, a Royal College of Physicians assessment of the ED and assessment areas was awaited.

The panel is particularly concerned about the lack of recognition of interdependencies with mental health services and social care provision. The interdependencies with mental health are covered in section 5.4. **Earlier access to Liaison Psychiatry for suitable mental health patients is an option for consideration.**

In terms of social care a strengths-based approach connected to a future UEC model may assist in reducing demand. This can be delivered through the independent and voluntary sectors as well as mainstream social care. The panel acknowledges that commissioners may envisage this being delivered through the community hubs,.

The lack of a shared IT system further compounds the problems. Whilst a single system would help, it is far from the main solution needed.

## 5.6 Do the proposals make the most effective use of the workforce for service delivery?

The panel does not feel that workforce issues have been adequately explored and consequently recommends that **a workforce review is needed to gain an accurate picture of the current workforce, their preferences for working across the system, and how this maps to the proposals.**

Whilst it is difficult, from the limited information available, to gauge how effectively the current resources are being use, there clearly must be some duplication at present. The panel note that there was no increased uptake in other WIC/MIU when the Eastham Clinic as temporarily closed. This indicates that it is highly likely that there is some inefficiency in the current workforce system. The proposals will certainly make more effective use of the workforce assuming silo working is removed. This is essential if high quality and efficient care is to be provided.

It is not clear whether the required workforce to deliver the proposed models is available. Wirral is highly fortunate to have a loyal workforce, particularly in nursing and other non-medical supporting professions. Partners all seemed confident that they would be able to recruit any staff needed to deliver the future model of care. However the panel did not see any evidence to support that confidence, particularly when they are carrying vacancies in AMU and middle grades, as an example.

The number of substantive vacancies in AMU is a concern and a risk for the proposals. The expansion of ambulatory activity without senior staff is not sustainable. Existing gaps in middle grade staff in other departments is a concern and has led to inefficiencies with consultants having to cover middle grade shifts.

The panel had concerns about the use of the term “Advanced Nurse Practitioner” (ANP) in the local workforce when they do not all have the Clinical MSc in Advanced Practice. There was evidence that local “ANPs” at APH and Miriam WIC have only undertaken modules in clinical examination skills an independent prescribing. This is not broadly recognised as an ANP qualification. Even with the MSc, ANPs would be expected to also have ongoing support and mentoring from experienced clinicians. The panel is concerned that a workforce is being assembled in numbers, but not in skills and experience, and this could jeopardise quality of care under future proposals.

The plethora of staff in some WIC, and services across Wirral, could be creating a demand culture in some areas where there is not an actual clinical need.

The plan to increase GP provision is welcomed.

## 5.7 Have future workforce implications been considered?

This has been discussed to some extent in the previous section. The panel does not think that the implications and impact of the proposals on the workforce have been fully understood or articulated.

There is very little information regarding relationships with training organisations including Health Education England and universities to ensure workforce sustainability over the coming years. **The aforementioned workforce review, which is required, needs to ensure a sustainable workforce both through an understanding of planned future retirements, and for developing a future workforce through training places. These need to be modelled against a clear workforce plan of what the proposed workforce structure needs to be to deliver the future model of care.**

The panel feels that not all staff are fully sighted on the proposals and/or did not understand the impact of the proposals upon themselves.

Whilst the proposals to increase GP and primary care provision are welcomed, there is no visible strategy regarding how this will happen.

## 5.8 Have innovative workforce models been considered?

The panel's view is that there is a very traditional model of health care in Wirral. The proposals do not clearly articulate if and how innovative models will be used to change this and deliver transformation of the UEC system as part of the proposals.

As discussed in section 5.4 of this report regarding clinical innovations, the panel were told that innovations (clinical and workforce) were not being considered until a final proposal was approved. The panel's view is that this is illogical, as innovative approaches and ideas can be an enabler to alternative solutions.

The panel feels that clinicians may be able to suggest innovative ways of working utilising the workforce effectively in the future. However this is stifled by organisational silo working.

## 5.9 Have all stakeholders, including staff, third sector organisations, public and service users, been properly engaged in developing the proposed changes?

Gunning Principles are the gold standard for public consultation and consist of four criteria that should be met by all public consultations, including NHS. CCG colleagues were convincing in their assertions that the current consultation is a genuine listening exercise and that no decisions have been made about the future plans for UEC services. They were also convincing in their assertions that they welcome alternative service model ideas and suggestions to those being consulted on, and those that have already been considered and discounted for the reasons specified.

The panel was satisfied that a great deal of work has gone into engaging the public and catering to a range of demography. They were provided with a very comprehensive "September 2018 Engagement Plan" and an "Engagement Strategy" spreadsheet which covered the dates, their audiences and attendees. Audiences included a wide range of individual stakeholders and organisations such as staff, the general public, GPs, MPs and Councillors. The CCG clearly anticipated challenges from some stakeholders and included within the plan comprehensive messages of mitigation.

The dedicated microsite includes animations and a translation service, and provided assurance that the CCG has invested time, effort and consideration in ensuring that the consultation is accessible to people for whom English is not their first language and for those with learning disabilities.

Evidence was apparent in the online presentation "*Review of Urgent and Emergency Care Services in Wirral"* as to how the considerable engagement had informed the plans to reach the proposals that were being consulted.

It was clear that there is passionate support for the current services in the community, and some work in the background to demonstrate this support (for example, Miriam MIU/WIC has an ongoing petition). Whilst there may never be a full agreement about the future of these services, full engagement amongst this population might have been expected to mollify matters somewhat.

The evidence to support effective staff engagement was less apparent to the panel than that for public engagement. Whilst the executive teams and most senior clinical leads talked about working together, our visit suggested staff working in the departments were less aware of this intention, or had not been engaged with to bring this to the fore.

Certainly the impression given by the clinical teams was that they did not appear or feel engaged and involved in the current service provision models, being seemingly unclear on what other parts of the service provide and how they function. A meaningful engagement of staff would have resulted in them having more understanding of the current state as well as the final proposed model. The people the panel met were mainly senior clinical staff, who might be expected to have been more engaged than their more junior colleagues. Consequently it is likely that lower grade staff have been even less engaged.

**The panel recommends that opportunities for engagement and interactions between staff of different organisations are actively promoted and encouraged to help develop joint working, in order to work towards new models.**

The panel found it difficult to find evidence regarding how proposals have been shaped via patient, carer, or staff engagement.

## 6. Conclusions

To summarise, the review panel concludes as follows:

6.1 There is a clear need for change in the UEC system in Wirral.

6.2 They do not believe that either of the options being consulted on will resolve the numerous problems currently being experienced, such as flow through the A&E, multiple IT systems and a fragmented hospital front door.

6.3 Co-siting the UTC with the ED at APH will have clear benefits that cannot be attained by siting in any other location.

6.4 Other service configurations should be modelled as alternatives to the recommended models.

6.5 There is scope for more innovation across clinical and workforce considerations.

6.6 Further consideration of clinical interdependencies is needed.

6.7 Workforce issues have not been adequately explored.

6.8 The current consultation is a genuine listening exercise and no decisions have been made about the future plans for UEC services

6.9 A great deal of work has gone into engaging the public and catering to a range of demography

6.10 The evidence to support effective staff engagement was less apparent to the panel than that for public engagement.

## 7 Recommendations

The panel makes the following recommendations (below), which are intended to be supportive and constructive:

7.1 Other combinations of service should be modelled. In particular there should be further exploration with regards to maintaining a walk-in facility in at least one of the areas to the east of the M53 corridor.

7.2 ED requires capital investment to reconfigure to make the proposed models effective.

7.3 Effective communication of plans to offset the effects of additional patient flow to APH is needed to staff, partners and the public.

7.4 Consider providing services / clinics in the community hubs and/or neighbourhood centres as practicable. These could include secondary care, extended hours primary care, dressings, and mental health services.

7.5 Future UTC and community provision ought to be tackled as part of a bigger plan.

7.6 If the workforce capacity allows it, undertake a stepped approach to any changes.

7.7 Streaming at the hospital front door should be managed by the Acute Trust.

7.8 Clarity is needed regarding the aims and objectives of the proposals, including modelled improvements of outcomes.

7.9 An “innovations day” for clinical staff across the organisations should be held to allow sharing of current innovations and ideas about future innovations.

7.10 Engagement with CWP is needed to find solutions for people presenting acutely out of hours with a range of mental health issues.

7.11 An acute assessment area in appropriate surroundings for patients presenting with acute mental health problems including detention on section 136, needs to be provided.

7.12 Partners need to work together to consider patient care pathways rather than just services and to allow pressured frontline staff to develop in as stress free an environment as possible.

7.13 Interdependencies with primary care, patient streaming and flow within the hospital must be considered and addressed.

7.14 ED, UTC and any remaining WIC must be managed under a single line of clinical governance.

7.15 AMU needs to be fully staffed as a priority.

7.16 A fully resourced expansion of the bed base is required.

7.17 Consider a model with earlier access to Liaison Psychiatry for suitable mental health patients.

7.18 A workforce review is needed to:

- Gain an accurate picture of the current workforce, their preferences for working across the system, and how this maps to the proposals.
- Ensure a sustainable workforce both through an understanding of planned future retirements, and for developing a future workforce through training places.
- Model a clear workforce plan of what the proposed workforce structure needs to be to deliver the future model of care.

7.19 Opportunities for engagement and interactions between staff of different organisations are actively promoted and encouraged to help develop joint working, in order to work towards new models.

# Appendices

## Appendix 1 - Terms of Reference

**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 (including 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 (complete)
d. Review Team WebEx/Teleconference - w/c 5th November 2018 (complete)
e. Requests for clarification and/or further information from Commissioners w/c 12th November 2018 (complete)
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 December 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

## 8. FUNCTIONS, RESPONSIBILITIES & ROLES

<u>The sponsoring organisation will:</u>

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.

<u>Clinical senate council and the sponsoring organisation will:</u>

V. Agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

<u>Clinical Senate council will:</u>

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

<u>Clinical review team will:</u>

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.

<u>Clinical review team members will undertake to:</u>

XV. Commit fully to the review and attend all briefings, meetings, interviews, and 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 or the content of the draft or final report with anyone not immediately involved in it.

## Appendix 2: Draft Model of Care


- Integrated Urgent Care Clinical Assessment Service (further described below) provides 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.
- 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.
- The next layer the model of care is the Urgent Treatment Centre (UTC) (further described below) which would provide a single front door for patients walking into A&E or the UTC and will triage and clinically assessed within 15minutes of arrival, and given an appointment slot within 2hrs 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 green layer of the model, (described further below) proposes; the Healthcare and Advice Centres would provide senior nurse appointments. These centres could also provide some intermediate care services such as a child and family offer and utilise technology to enable rapid access to diagnostics and advice from specialist e.g. such as Consultant Connect. They would have a wellbeing approach to the delivery utilizing a health coach model to promote self-care and access to other health and social care services such as voluntary sector & social care information, advice & guidance and a pharmacy onsite.
- The blue layer represents the Primary and Community Care offer; including GP practices, community nursing and other community services that much of the population access close to home. This proposal does not propose changes to this layer of care but does

acknowledge that there will be additional appointments available with extended opening hours in some GP Practices, meaning that GP appointments will be available 8am-8pm 7 days a week. This will likely to be provided in a cluster/hub basis across 9 localities. It is proposed that some of these hubs would be integrated and co-located with the Healthcare and Advice Centres and urgent treatment centre. 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. There is also planned education programme to develop skills in health coaching to enable self-care which complements the approach within the Healthcare and Advice Centres.

- The wellbeing, education and community support layer includes access to schools, voluntary organisations, pharmacies and technology that can support prevention of ill health and promotion of self-care. This layer of support will be promoted throughout the model of care, technology will enable up to date signposting and tools for self-care.

<u>Urgent Treatment Centre based at APH</u>

It is proposed that one Urgent Treatment Centre will be required for Wirral. This centre will be on the Arrowe Park site 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 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. There is evidence base 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.

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. We are also anticipating that fewer patients will require an admission. 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.

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'

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
- Triage 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
- Electronic prescription
- Self-help information delivered to the patient
- 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.

## Appendix 3 – Summary of Service Offer Under Three Options*

| | Option 1 8 hour community offer | Option 2 12 hour community offer | Option 3 15 hour community offer | Urgent Treatment Centre |
|---|---|---|---|---|
| Bookable appointments | ✓ | ✓ | ✓ | ✓ |
| Walk in (dressings/wound care & non-urgent Paeds) | ✓ | ✓ | ✓ | ✓ |
| GP led (with MDT Team) | ✓ | ✓ | ✓ | ✓ |
| Access to A&E Consultants | X | X | X | ✓ |
| Access to same day X-Ray referral (at a designated X-Ray site) | ✓ | ✓ | ✓ | ✓ |
| Treatment of Minor Injuries | ✓ | ✓ | ✓ | ✓ |
| Treatment of minor Illnesses | ✓ | ✓ | ✓ | ✓ |
| Prescribing | ✓ | ✓ | ✓ | ✓ |
| Simple diagnostics (bloods, urinalysis, ECG) | ✓ | ✓ | ✓ | ✓ |
| Dressing service/wound Care | ✓ (8 hrs) | ✓ (10 hrs) | ✓ (15 hrs) | ✓ |
| Routine phlebotomy | X | X | X | ✓ |
| Specialist Paediatric Service (walk in / GP referral) | ✓ (8 hrs) | ✓ (10 hrs) | ✓ (15 hrs) | Paediatric A&E Dept. |
| MDT Offer | ✓ | ✓ | ✓ | ✓ |

* Option 3 has been discounted.

## Appendix 4 - Programme for visit on 26th November 2018

| Time | Item | Details |
|---|---|---|
| **9:00am – 9.45am** | Arrival at : Arrowe Park Hospital | Review Panel meet for initial discussions prior to the start of the review<br>Venue: Executive Room, Trust Headquarters, APH |
| **9.45am – 10.15am** | Meet & Greet | WUTH Clinical Team Representation |
| **10.15am - 11.15am** | Walking tour of Arrowe Park Hospital / Opportunity to speak to clinical teams / nursing staff / patients & carers etc | |
| **11.15am – 12.15pm** | **Group 1** tour of APH WIC & lunch | Tour of Arrowe Park Walk in Centre. Lunch at the centre at 12 noon |
| **11.15am – 11.45am** | **Group 2** travel to VCH WIC | Travel by car to Victoria Central Hospital (Walk in Centre and Minor Injury Unit) |
| **11.45am – 12.45pm** | **Group 2** Arrival at VCH Walk in Centre & lunch | Clinical Team Representation - Meet & Greet. Lunch at the centre at 12 noon. |
| **12.45pm – 1.45pm** | **Group 2** Walking tour of VCH Walk in Centre & MIU / Opportunity to speak to clinical teams / nursing staff / | |
| **12.15pm - 12.45pm** | **Group 1** travel to Miriam Minor Injury Unit | |
| **12.45pm - 1.45pm** | **Group 1** visit at Miriam MIU | Walking tour of MIU / Opportunity to speak to clinical teams / nursing staff |
| **1.45pm - 2.15pm** | **Group 1** travel back to WUTH (from Miriam) | |
| **1.45pm - 2.15pm** | **Group 2** travel back to WUTH (from VCH) | |
| **2.15pm – 3.00pm** | Review Panel Discussion and Reflections | Venue: Executive Room, Trust Headquarters, APH |
| **3.00pm – 3.45pm** | Discussion & QA Session | WCCG, WUTH & WCT Exec Teams |
| **3.45pm – 4.15pm** | Discussion & QA Session | WCCG, WUTH & WCT Clinical Teams |

NHS
Wirral
Clinical Commissioning Group

# Urgent Care Review & Consultation Report

April 2019

Report by:

hitch
BEHAVIOUR CHANGED

# 01 EXECUTIVE SUMMARY:

### 1.1 BACKGROUND TO THE CONSULTATION

Urgent Care (UC) refers to same-day medical need for urgent, but non-life threatening, illnesses or injuries. The introduction of a new Urgent Treatment Centre (UTC) on Wirral is a national requirement. It will provide a higher and more consistent level of clinical service than the current Walk-in Centres (WICs) and Minor Injuries/Illness Units (MIUs) and will be led by GPs. It is the intention to locate the UTC for Wirral on the Arrowe Park Hospital (APH) site by developing the existing Walk-in Centre located next to the A&E department.

NHS Wirral Clinical Commissioning Group's (CCG) public consultation on Urgent Care took place between 20th September and 12th December 2018. The consultation was completed as part of a wider transformation programme in relation to urgent care services in Wirral and reflected mandated requirements from NHS England including the introduction of Urgent Treatment Centres across England.

### 1.2 THE PROPOSAL FOR URGENT CARE ON WIRRAL

The Wirral CCG proposal can be summarised as below:

- **Introduction of an Urgent Treatment Centre:** The Walk in Centre based on the Arrowe Park Hospital site will be developed into an Urgent Treatment Centre for Wirral in line with national policy.
- **An improved Integrated NHS 111 service:** The NHS 111 service is being developed to offer more clinical assessments by doctors and nurses. NHS 111 will 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 nurse.
- **More promotion of self-care, 'helping people to look after themselves':** Giving people more information and help about their own healthcare needs to give them the skills and knowledge to manage minor healthcare issues themselves.
- **Making more GP appointments available:** GP practices across Wirral provide the vast majority of healthcare to people. The GP practice is often the first point of contact when someone is unwell, therefore more urgent GP and nurse appointments would be available for people who need them.
- **Making more use of Pharmacists:** More pharmacists will be able to prescribe simple medication to patients as well as offering advice and information.
- **Changing where adults go to for minor illnesses and injuries:** The current walk in centres and minor injuries units would be replaced with more access to GP and nurse appointments.
- **A dedicated walk in service for children (0-19) in South Wirral, West Wirral, Birkenhead and Wallasey.**
- **A dressings (wound care) service accessed by a booked appointment in South Wirral, West Wirral, Birkenhead and Wallasey.**

Two options for how the UTC will operate in Wirral were presented for wider public consultation:

**Option 1** will offer a UTC that is open 24 hours a day, seven days a week, giving help to people all the time.

This means the ability to offer same day (including walk-in) urgent care for children (0-19-yrs) and a bookable dressings (wound care) service for up to 8 hours a day in four different places across Wirral.

**Option 2** is that the UTC would be available for 15 hours, (for example 7am-10pm or 8am-11pm), seven days a week.

When the UTC is closed, patients would need to go to A&E, where they would be seen within four hours. However, during busier times, waiting times may be longer.

This means the ability to offer same-day (including walk-in) urgent care for children (0-19-yrs) and a bookable dressings (wound care) service for up to 12 hours a day in four different places across Wirral.

### 1.3 THE CONSULTATION PROCESS

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.

In February 2018, the CCG sought to quantify earlier engagement by opening a pre consultation Listening Exercise. This included an online survey, focus groups, stakeholder engagement meetings, and visits to urgent care locations to speak with people using services during this period. Stakeholder engagement included a dedicated briefing session with councillors from Wirral Council and attended by councillors and officers from Cheshire West and Chester Council. 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 stakeholder group has included representation from Healthwatch Wirral and the CCG lay member for Patient Engagement. 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.

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.

The specific methods used for engagement during the consultation period are as follows:

- A consultation survey outlining the main proposals; this was provided online and was also available in paper format. Easy read versions were also provided;
- A consultation document which detailed the context for the consultation, the current position of urgent care services in Wirral and the proposed options for consultation. This also included patient stories to demonstrate the new model of care;
- A dedicated website for the consultation which included all consultation resources and the online survey;
- Animated 'explainer' videos to describe the current situation and the proposed model of care;
- Social media boosting to raise awareness and participation;

- Proactive media with regional TV and local radio;
- Proactive media with local online and published publications;
- A 'postcard' drop to every household in Wirral to highlight the consultation;
- Public meetings in all constituency areas which also included out of area meetings in Ellesmere Port and Neston;
- Visits to supermarkets and shopping centres;
- Visits to further education colleges;
- Visits to NHS locations including all current urgent care locations;
- Staff meetings with all current NHS providers;
- Professional group meetings including the Local Medical Committee and Local Pharmaceutical Committee;
- Meetings with GP members and practice managers;
- Focus groups with people with protected characteristics including the Wirral Multicultural Organisation, Together all are Able (Learning Disability self-advocacy group), Wirral Ways to Recovery, Wirral Change, and Tomorrows Women;
- Statutory meeting with the Wirral Council Overview and Scrutiny Committee (combined Adult Care and Health and Children's); and
- Statutory Joint Overview and Scrutiny Committee between Wirral Council and Chester and Cheshire West Council.

### 1.4 SUMMARY OF FINDINGS

Many of the findings, likes and dislikes about the proposals were mirrored across the range of sample groups. In this section we will focus on the public and healthcare professionals and highlight, where relevant, any additional key findings.

**Public survey**

There were 1965 responders to the survey, 98% of whom identified themselves as residents of Wirral. Respondents were presented with the two Options for urgent care as described above. Option 1 was the most popular option (66.5%) particularly for carers (77.1%). There was a clear geographic difference in preference, with Birkenhead residents the least likely to prefer Option 1 (56.9%). Residents of West and South Wirral were more likely to favour Option 1 (75.1%).

The proposal to offer extended GP capacity and lose some of the current Walk-In Centres (WICs) (Q4) was not popular, with 28.7% of respondents agreeing and 62.8% disagreeing. Healthcare workers (HCW) were significantly more likely to agree with this proposal (38.8%). Residents of Birkenhead and Wallasey were significantly less likely to agree with the proposal to lose some WIC facilities.

**Responses about the overall proposal (general public and HCW):**

What participants liked about the proposed options:

- Improved access to GP appointments was the most common advantage stated;
- Access to a GP was also considered advantageous over treatment by a Nurse Practitioner (NP) at a MIU or WIC;
- Extended access to bookable GP appointments was also a common benefit to the proposals;

- This would offer local treatment with the same GP who knows their medical history; and
- An increase in the number of available GP appointments would, in turn, reduce the pressure on Arrowe Park Hospital (APH) A&E department and reduce waiting times.

What participants disliked about the proposed options:

- Closures of MIU and WICs in local communities (relieves stress on A&E);
- Centralisation at APH;
- Access to UTC at APH (distance to travel; cost of travel and parking; poor public transport networks; poor parking opportunities; impacts for elderly, those with disabilities and those in areas of deprivation);
- Resources at APH already stretched; mistrust of likelihood of enough GPs to service the extended access in a time of GP shortage;
- Scepticism regarding the motivations behind the proposals (cost-cutting; mandated by austerity government; improve waiting time figures at APH); and
- Impacts on disadvantaged of having to travel further for services currently in their community.

**Responses about the Children's services proposals (general public and HCW)**

The proposal to change children's urgent care services was supported (agreed with) by 52.8% of respondents. Again, HCW were more likely to agree with this proposal than average (62.7%). As above, although there was more support generally, residents of Birkenhead and Wallasey were significantly less likely to agree with the proposal for children's urgent care (43.8% compared with 65.5% in West & South Wirral.

What participants liked about the proposed options:

- It is an improvement on the current offering for children's services;
- It could reduce pressure on A&E;
- It could reduce pressure on traffic and parking at APH;
- It can help avoid children's visits to the A&E waiting room that can be 'uncomfortable' for children;
- It offers local (and hopefully equitable) distribution of services for children;
- The potential for 24 hour access; and
- Direct access to specialist children's clinicians.

**What participants disliked about the proposed options:**

- The services being offered are available already via MIU/WICs ;
- A lack of information about the locations of these services (are they equitable) to aid decision making; and
- There is no mention of children's mental health services.

**Responses about the proposed changes to wound care and dressing appointments (general public and HCW)**

The proposal to change wound care was agreed with by 46.8% of respondents. HCW were more likely to agree (59.2%) and carers less likely (35.4%). Residents of Birkenhead and Wallasey were significantly less likely to agree with the proposal for wound care compared with those in West & South Wirral.

What participants liked about the proposed options:

- Convenience associated with bookable appointments across different locations;
- A good (and more efficient) utilisation of resources as the service will be coordinated and staffed by more specialist staff in a more appropriate way; and
- A more uniform, standardised approach to wound care and dressing.

What participants disliked about the proposed options:

- A general sense of being unsure of the potential impacts of service change;
- Potential to create additional pressure on GP surgeries and force those currently not registered at one to do so;
- Concern that these appointments would book up quickly, resulting in them being unable to access an appointment when needed;
- Long waiting lists for appointments, as well as long waiting times at the sites, were also predicted;
- The accessibility of the sites for these services was also considered problematic, especially for certain groups (particularly the elderly and those living in deprivation) should these not be local to the patient;
- Participants also believed that this model of wound care would result in more pressure on APH. It was thought that those with a minor cuts, grazes or burns would be unable to make an appointment on the day for care or access a WIC and would therefore present at A&E;
- Participants questioned what the CCG's motives were in re-organising these services, particularly given that they felt a lack of information had been provided and that many believe the current provision works well;
- A desire to maintain MIU and WIC services in the local community;
- Access issues, depending on where services were to be located (difficult to make a decision based on current information); and
- Confusion as to why these services can't be provided at GP surgeries or by District Nurses, participants also felt that maintaining MIU and WIC services relieves pressure on A&E.

**Importance of factors being considered in siting new services**

When asked to rank the importance of 5 factors (and one 'other' free text option) to consider when siting new children's and wound urgent care services, Distance from home was the factor most often cited as the most important (32.2%), with Access on public transport and Convenient timing of appointments the next most common (each 23%).

**Medical & Healthcare professionals**

Many of the comments and views were shared across all the sample groups, regardless of role or profession. Feedback from these health and care professionals centred on the following main areas:

- Access and transport services to APH and the impacts on patient access;
- Resourcing for new and additional services;
- Issues around staffing, training, concerns for jobs and staff mobility and funding of new roles that may be required; and
- Concerns about the pre-consultation/consultation process itself.

What participants liked about the proposals:

- Change to UC is required - patients are currently at clinical risk;
- Overall concept of UTC is good - however with the suggestion that it is done alongside maintaining other services;
- 15 or 24 hr opening times for UTC received some support - with some concern about costs;
- Introduction of UTC will allow ED staff to focus on emergencies - removing minor injuries from ED;
- GP led UTC at APH is good; and
- WICs lack diagnostic tools so can only treat minor illness - UTC will provide greater diagnostic.

What participants disliked about the proposed options:

- Access / transport / location: there were major concerns about current and future access to APH and the impacts on some members of society of in relocating services to APH;
- Parking: Parking at APH is already a key concern, mentioned throughout the qualitative data sets, even without the introduction of the UTC on the site;
- Long patient journeys;
- Costs associated with journeys;
- Poor Public Transport schedules and links;
- Negative impacts on the disadvantaged;
- Parents and children accessing different services and locations (same illness/ issue would have to go to different centres);
- Concerns about inappropriate use of ambulances as a result of patients inability to travel to APH easily;
- Current status quo offers Wirral wide service;
- Resources: concerns about how the new services would be staffed, by whom; and what the associated impacts might be on staff themselves and other health services, notably: Who will deliver on the increased demand when WICs close; and Staffing 24 hr UTC will be difficult for GPs;
- Concern that removal of WICs would result in extra workload for (already stretched) GP practices: Dearth of GPs currently and GPs not wanting to work additional hours; Additional GP appointments seen as unrealistic - will it actually happen;
- Concerns about jobs (relocation, shift patterns, training required); and
- Consultation: health professionals, most notably GP Practices, also highlighted their concerns with the consultation and pre-consultation.

**Representatives from VCSOs, Statutory bodies and elected Members** (via engagement with local communities and constituencies raised many similar concerns to those highlighted by both the general public and healthcare professionals.

Main issues raised included:

- Negative impacts on the most deprived communities by the closures of MIU/ WICs;
- Access issues associated with lengthy journeys to APH, concerns over public transport;
- The capacity of APH to absorb high numbers of patients;
- Positive experiences associated with current MIU/WIC provision;
- The convenience of access via community based services.

In addition, some highlighted concerns and scepticism about the motivation behind the changes, citing:

- References to the current political climate being a driver;
- The decline and possible future privatisation of the NHS; and
- The CCG's efforts to communicate the consultation were poor.

Opposing campaign activity
The feedback gathered by the campaign group was presented to Wirral CCG as their submission to the urgent care consultation. This campaign raised a number of concerns about the proposals. These included:

- Requests for further information about the proposals, including for greater detail on the breakdown of costs and activity figures for A&E at APH;
- The proposals had not been carefully considered, having only been based on a pre-consultation of 405 people, and that they fail to properly address the needs of the majority of Wirral's population;

- Patients are, in fact, not confused about urgent care access, a fundamental tenet of the case for change;

The campaign also highlighted similar issues to those raised by other groups of the potential impacts of the proposals on:

- Access to APH (transport etc.);
- The case for MIUs and WICs in terms of lessening impacts on APH;
- A great deal of scepticism around the extended access to GP appointments element of the proposal; and
- Impacts on the most vulnerable in society.

# 02 LIST OF ABBREVIATIONS

In order of appearance within the document:

| ABBREVIATION | DESCRIPTION |
|---|---|
| CCG | Clinical Commissioning Group |
| UC | Urgent Care |
| UTC | Urgent Treatment Centre |
| WIC(s) | Walk-in-Centre(s) |
| MIU(s) | Minor Injuries/Illness Unit(s) |
| GP(s) | General Practitioner(s) |
| APH | Arrowe Park Hospital |
| A&E | Accident & Emergency |
| CSV | Comma Separated Values |
| GDPR | General Data Protection Regulations |
| HCW | Health Care Workers |
| NP | Nurse Practitioner |
| CIC | Community Interest Companies |
| AED | Accident and Emergency Department |
| YP | Young People |
| PN | Practice Nurse |
| ED | Emergency Department |
| PDF | Portable document File |
| BMEG | Black & Minority Ethnic Groups |
| BSL | British Sign Language |
| ANP | Advanced Nurse Practitioner |
| ENP | Emergency Nurse Practitioner |
| LPC | Local Pharmacy Committee |
| LDC | Local Dental Committee |
| OOH | Out of Hours |
| NHSE NC&M | National Health Service England North Cheshire & Merseyside |
| VCSO | Voluntary and Community Sector Organisations |
| WUTH | Wirral University Teaching Hospital (Arrowe Park) |
| SCH | St Catherine's Health Centre |
| MP | Member of Parliament |
| Cllr | Councillor |
| VCH | Victoria Central Hospital/Health Centre |
| SMS | Short Message Service |
| GWP | |
| CT | |

# 03 INTRODUCTION: ABOUT THE CONSULTATION

### 3.1 BACKGROUND TO THE CONSULTATION

Urgent Care (UC) refers to same-day medical need for urgent, but non-life threatening, illnesses or injuries.

NHS Wirral Clinical Commissioning Group's (CCG) public consultation on Urgent Care took place between 20th September and 12th December 2018.

The consultation was completed as part of a wider transformation programme in relation to urgent care services in Wirral and reflected mandated requirements from NHS England including the introduction of Urgent Treatment Centres across England.

The proposal presented for consultation was:

- **Introduction of an Urgent Treatment Centre:** The Walk in Centre based on the Arrowe Park Hospital site will be developed into an Urgent Treatment Centre for Wirral in line with national policy;
- **An improved Integrated NHS 111 service:** The NHS 111 service is being developed to offer more clinical assessments by doctors and nurses. NHS 111 will 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 nurse;
- **More promotion of self-care, 'helping people to look after themselves':** Giving people more information and help about their own healthcare needs to give them the skills and knowledge to manage minor healthcare issues themselves;
- **Making more GP appointments available:** GP practices across Wirral provide the vast majority of healthcare to people. The GP practice is often the first point of contact when someone is unwell so more urgent GP and nurse appointments would be available for people who need them;
- **Making more use of Pharmacists:** More pharmacists will be able to prescribe simple medication to patients as well as offering advice and information;
- **Changing where adults go to for minor illnesses and injuries:** The current walk in centres and minor injuries units would be replaced with more access to GP and nurse appointments;
- **A dedicated walk in service for children (0-19) in South Wirral, West Wirral, Birkenhead and Wallasey; and**
- **A dressings (wound care) service accessed by a booked appointment in South Wirral, West Wirral, Birkenhead and Wallasey.**

The CCG based its proposal on 7 principles, these were developed following conversations with local people, local NHS staff and other stakeholders, and were:

1. **Standardised and simplified access.**
2. **Services that take into account physical, mental, social and wellbeing needs at every step of treatment.**
3. **Convenience.**
4. **Achieving the 4-hour waiting standard in Wirral's only A&E.**
5. **Staff who have the right information about their patients, helping them to deliver appropriate care and reassurance.**
6. **NHS partners working together.**
7. **Services that staff are proud to be part of.**

### 3.2 THE PROPOSAL FOR URGENT CARE ON WIRRAL

The introduction of a new Urgent Treatment Centre (UTC) on Wirral is a national requirement. It will provide a higher and more consistent level of clinical service than the current Walk-in Centres (WICs) and Minor Injuries/Illness Units (MIUs) and will be led by GPs. It is the intention to locate the UTC for Wirral on the Arrowe Park Hospital (APH) site by developing the existing Walk-in Centre located next to the A&E department.

Wirral CCG have looked at whether other sites on the Wirral, including WIC and MIU sites, could run the UTC. Whilst they could deliver these services with some development work, the CCG do not believe that they offer the same benefits to patients. The biggest benefit of having the UTC at Arrowe Park is that it will be next door to the A&E department. This means that, should anyone's needs be or become serious, they can be moved straight away to the A&E department.

The UTC will offer a walk-in service, as well as pre-bookable urgent appointments through GP surgeries or NHS 111. The UTC will be the 'front door' to all urgent care services at the Arrowe Park site. This means that anyone requiring urgent help will be seen by a GP or experienced nurse. People will be treated within two hours at the UTC or transferred to A&E if appropriate. The UTC will also offer full access to X-Ray and other tests.

Two options for how the UTC will operate in Wirral were presented for wider public consultation:

#### 3.2.1 Option 1

Option 1 will offer a UTC that is open 24 hours a day, seven days a week, giving help to people all the time.

This means the ability to offer same day (including walk-in) urgent care for children (0-19-yrs) and a bookable, dressings (wound care) service for up to 8 hours a day in four different places across Wirral.

#### 3.2.2 Option 2

Alternatively, option 2 is that the UTC would be available for 15 hours, (for example 7am-10pm or 8am-11pm), seven days a week.

When the UTC is closed, patients would need to go to A&E, where they would be seen within four hours. However, during busier times, waiting times may be longer.

This means the ability to offer same-day (including walk-in) urgent care for children (0-19-yrs) and a bookable, dressings (wound care) service for up to 12 hours a day in four different places across Wirral.

### 3.3 THE CONSULTATION PROCESS

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 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.

In February 2018, the CCG sought to quantify earlier engagement by opening a pre-

consultation Listening Exercise. This included an online 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 also 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 stakeholder group has included representation from Healthwatch Wirral and the CCG lay member for Patient Engagement. 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.

The specific methods used for engagement during the consultation period are as follows:

- A consultation survey outlining the main proposals, this was provided online and was also available in paper format. Easy read versions were also provided;
- A consultation document which detailed the context for the consultation, the current position of urgent care services in Wirral and the proposed options for consultation. This also included patient stories to demonstrate the new model of care;
- A dedicated website for the consultation which included all consultation resources and the online survey;
- Animated 'explainer' videos to describe the current situation and the proposed model of care;
- Social media boosting to raise awareness and participation;
- Proactive media with regional TV and local radio;
- Proactive media with local online and published publications;
- A 'postcard' drop to every household in Wirral to highlight the consultation;
- Public meetings in all constituency areas which also included out of area meetings in Ellesmere Port and Neston;
- Visits to supermarkets and shopping centres;
- Visits to further education colleges;
- Visits to NHS locations including all current urgent care locations;
- Staff meetings with all current NHS providers;
- Professional group meetings including the Local Medical Committee and Local Pharmaceutical Committee;
- Meetings with GP members and practice managers;

- Focus groups with people with protected characteristics including the Wirral Multicultural Organisation, Together All are Able (Learning Disability self-advocacy group), Wirral Ways to Recovery, Wirral Change and Tomorrows Women;
- Statutory meeting with the Wirral Council Overview and Scrutiny Committee (combined Adult Care and Health and Children's); and
- Statutory Joint Overview and Scrutiny Committee between Wirral Council and Chester and Cheshire West Council.

The CCG was responsive to feedback and expanded engagement activity throughout the consultation period.

The following table highlights the pre-transformation activities, listening exercise and consultation undertaken as part of the engagement process:

**PRE-TRANSFORMATION ACTIVITY**

| Date | Engagement activity |
|---|---|
| 2009 | Focus groups with parents who had used A&E on behalf of their children |
| 2014 | Qualitative research with patients and professionals |
| 2014 | Surveys of Minor Ailments service users at Miriam and Parkfield Medical Centres |
| 2015 | Surveys of Urgent Care service users |
| September 2015 | Survey of Wirral residents |
| 2015 | Survey of Walk-In Centre (WIC) and A&E users |
| January 2016 | Workshops for the public |
| 2016 | Workshops for public and professionals on Urgent Care |

**ENGAGEMENT ACTIVITY - LISTENING EXERCISE**

| Date | Engagement activity |
|---|---|
| Friday 9th February 2018 | Older People's Parliament |
| Thursday 15th February 2018 | Roadshow - Moreton Health Clinic |
| Monday 19th February 2018 | Roadshow- Arrowe Park Main Reception |
| Tuesday 20th February 2018 | Roadshow - Victoria Central |
| Wednesday 21st February 2018 | Roadshow - Arrowe Park Hospital Walk In Centre |
| Thursday 22 February 2018 | Workshop – homeless representatives (with some mental health representatives also in attendance) |
| Friday 23rd February 2018 | Workshop – mental health |
| Friday 23rd February 2018 | Roadshow – Miriam Health Centre |
| Monday 26th February 2018 | Roadshow - Eastham Clinic |

| | |
|---|---|
| Monday 26th February 2018 | Roadshow - Wirral Ways to Recovery Birkenhead |
| Monday 26th February 2018 | Workshop - Youth Voice |
| 2nd/3rd March 2018 | Workshop |

**ENGAGEMENT ACTIVITY – CONSULTATION**
**September 2018**

| Date | Engagement |
|---|---|
| Thurs 13th (pre-consultation) | 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. |
| Wed 19th | Councillor briefing |
| Thurs 20th | Councillor briefing |
| Thurs 20th | Arrowe Park Hospital Ophthalmology group members meeting |
| Tuesday 25th September | Liscard Shopping Centre (Well On Wirral) general public roadshow |
| Wednesday 26th September | Age UK - Meadowcroft Community Hub in Bromborough roadshow |
| Thursday 27th September | Safeguarding Learning Day, New Brighton Floral Hall roadshow |

**October 2018**

| Date | Engagement |
|---|---|
| Mon 1st | LMC members meeting |
| Tues 2nd | Eastham Clinic roadshow for public and staff |
| Weds 3rd | Wirral Met Conway Park Campus staff and students roadshow |
| Weds 3rd | How Are You Marriss House? Roadshow with staff |
| Thurs 4th | Public Question Time Birkenhead Council Chamber |
| Thurs 4th | West Wirral Constituency Meeting |
| Fri 5th | Meeting with Angela Eagle - Marris House |
| Mon 8th | Wirral Met Twelve Keys Campus roadshow for students and staff |
| Tues 9th | Wirral Multicultural Organisation presentation |
| Weds 10th | Wirral Met The Oval Campus roadshow for staff and students |
| Weds 10th | Arrowe Park Walk in Centre/A&E general public and staff roadshow |
| Weds 10th | GP Meeting - 6th floor Marris House |
| Fri 12th | Parkfield Minor Injuries Unit Roadshow – general public, service users and staff |
| Mon 15th | Magenta Living: Young Mums Group roadshow |
| Mon 15th | Youth Voice Group consultation event |
| Tues 16th | Wirral Multicultural Organisation - Bengali group consultation event |

| | |
|---|---|
| Tues 16th | Joint Strategic Commissioning Board meeting |
| Tues 16th | A&E Delivery Board meeting |
| Wed 17th | Moreton Clinic Staff meeting |
| Weds 17th | GP Members Meeting - Thornton Hall presentation and meeting |
| Thurs 18th | WHCC Staff Briefing |
| Thurs 18th | Miriam Medical Centre 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) meeting |
| Sat 20th | Pyramids Shopping Centre Birkenhead general public roadshow |
| Tues 23rd | Victoria Central Hospital Walk In general public and staff roadshow |
| Weds 24th | Moreton Clinic general public and staff roadshow |
| Weds 24th | GPW Federation meeting |
| Thurs 25th | Wirral Ways to Recovery Forum - Tranmere Rovers roadshow |
| Thurs 25th | Wirral Integrated Provider Partnership - St Catherine's meeting |
| Fri 26th | Wirral Ways to Recovery (Wallasey Hub) service user and staff roadshow |
| Mon 29th | Arrowe Park main foyer general public and staff roadshow |
| Tue 30th | Spider Project service user and staff roadshow |
| Tue 30th | Urgent Care Public Meeting: Eastham - Eastham St David's Church |
| Wed 31st | Wirral Met - Wirral Waters Campus students and staff roadshow |

**November 2018**

| Date | Engagement |
|---|---|
| Thursday 1st | Ellesmere Port & Neston and locality District GP meeting, 1829 Building, Countess Park, Rooms A&B meeting |
| Thursday 1st | Special OSC meeting |
| Wednesday 7th | Mecca Bingo Birkenhead general public and staff roadshow |
| Thursday 8th | West Wirral Urgent Care Public Meeting: Heswall Hall public meeting |
| Friday 9th | Wirral Multicultural Organisation - Polish Group consultation session |
| Monday 12th | Homeless organisation representatives (YMCA) consultation session |
| Monday 12th | OSC meeting |
| Monday 12th | Dental Group - Greasby Dental Practice meeting |
| Monday 12th | Sainsbury's Upton |
| Tuesday 13th | Birkenhead Urgent Care Public Meeting: |
| | Birkenhead Cricket Club public meeting |
| Wednesday 14th | Health and Wellbeing Board meeting |
| Wednesday 14th | Tomorrow's Women roadshow |
| Wednesday 14th | VCH Clinic Staff meeting |
| Thursday 15th | Patient and Public Advisory Group meeting |

| | |
|---|---|
| Thursday 15th | Ellesmere Port Urgent Care Public Meeting<br>- Ellesmere Port Civic Hall public meeting |
| Friday 16th | Older People's Parliament exec meeting - Wallasey Town Hall |
| Monday 19th | Neston Urgent Care Public Meeting - Neston Civic Hall public meeting |
| Tuesday 20th | A&E Delivery Board meeting |
| Tuesday 20th | Together All Are Able consultation workshop session |
| Wednesday 21st | PCW Federation Meeting |
| Wednesday 21st | GP session – Marriss House |
| Friday 23rd | MP Meeting - Angela Eagle |
| Friday 23rd | MP Meeting - Frank Field |
| Tuesday 27th | GP session – Albert Lodge VCH |
| Tuesday 27th | Eastham Walk in Centre (second date) roadshow |
| Wednesday 28th | Wirral Carers Association - Wallasey Town Hall meeting |
| Wednesday 28th | LPC meeting |
| Thursday 29th | Victoria Central Walk in (second date) roadshow |
| Friday 30th | MP Meeting - Alison McGovern |

*All WIPP Providers meeting to be arranged in November

**December 2018**

| Date | Engagement |
|---|---|
| Monday 3rd | Eastham Walk in Centre Clinic staff meeting |
| Tuesday 4th | Joint Strategic Commissioning Board (JSCB) meeting |
| Tuesday 4th | Arrowe Park Walk in centre staff meeting |
| Tuesday 4th | Nurse practitioners/ANP/ENP urgent care workshop<br>- dining room at APH (SESSION 1) |
| Tuesday 4th | Asda Bromborough general public roadshow |
| Tuesday 4th | Phoenix Futures consultation workshop |
| Thursday 6th | Asda Liscard general public roadshow |
| Thursday 6th | Arrowe Park Hospital foyer (second date) general public,<br>service user and staff roadshow |
| Thursday 6th | Wallasey Urgent care Public meeting<br>– Wallasey Town Hall public meeting |
| Friday 7th | Wirral Change consultation session |
| Friday 7th | Mental health consultation session consultation session |
| Monday 10th | Nurse Practitioner/ANP/ENP (SESSION 2) - VCH Albert Lodge board room |
| Friday 14th | MP Meeting – Margaret Greenwood |

Notes:

- The CCG also offered all community stakeholders the opportunity to hold specific sessions/roadshows at their locations.
- Libraries, One Stop Shops, Leisure Centres, and other key community locations received mailing featuring posters and booklets.
- Wirral Pharmacies received a mailing with posters and fliers, and information for their e-bulletin.
- All GP Practices, Walk in Centres and Minor Injury Units received initial mailing with consultation materials and note that more are available on request. Second batch of materials distributed at PLT/Practice Manager Quarterly Forum or dropped off with note that more are available on request.
- All GP Practices received content for practice screens and social media.
- All GP Practices received poster and social media content with dates of public meetings.
- Community stakeholders received poster and social media content (images and text) to share across their platforms (including dates of public meetings).
- Regular advertising of the consultation and public meetings has been placed in the Wirral Globe and Ellesmere Port and Neston Leader.
- Targeted Wirral Social media advertising.
- Comms leads at CT, WUTH, CWP were briefed beforehand and sent video content for screens and asked to share content on social media.

Materials distributed included:

- 3000 consultation booklets.
- 1000 Easy read consultation/survey booklets.
- 3000 hard copy surveys.
- 4000 flyers – call to action.
- 1000 flyers – GP extended access flyers.
- Postcard drop to every household in Wirral. The effective coverage recall response was just under 80% (78.32%) for the distribution which commenced on the 17th October and took approx. 10 days to complete.

Media activity included:

- BBC North West Today/Tonight interview with Dr Paula Cowan.
- Radio Merseyside interviews x 2 with Dr Paula Cowan.
- Wirral Globe/Wirral Echo interview with Dr Paula Cowan.
- Radio Merseyside phone in – 29th November with Dr Paula Cowan and Jacqui Evans.

### 3.4 ANALYSING THE RESPONSES

This section covers the process by which both the quantitative and qualitative data were analysed when producing this report.

#### 3.4.1 Quantitative Analysis

Quantitative data from the consultation surveys was provided to Hitch in a CSV/Excel file format for analysis. The quantitative survey data was interrogated through a process of hypothesis generation and testing as outlined in the following sections. In addition to descriptive overviews of the dataset (e.g. frequencies of a particular data item, demographic spread of respondents, etc), the generation of hypotheses is a tool with which to gain insight alongside information. Hypotheses are then tested through multiple cross-tabulations of the available fields, using tests for statistical significance where relevant or where possible.

In brief, on receiving the dataset, our experienced data manager audited each of the fields to determine what (if any) cleaning is required (i.e. categorisation of missing data, consolidation of data item descriptions, transformation of continuous variables to categorical if necessary). Once the data was cleaned, high level descriptive statistics were used to begin the process of hypothesis generation. This was combined with team experience and insight of the healthcare system, the behaviour of people in public consultations and the issues of most importance for the services involved.

As hypotheses were generated and tested, there was an iterative transformation of raw data into variables that could be effectively analysed at a population and/or sub-group level. A key aspect of our analysis was to study and describe perspectives and behaviours by relevant sub-group, specifically geographical or similar important characteristic cohorts for this project. Following the full examination of the data in this way, we drew on our sector experience to report the key findings of most significance to the research questions of interest, intercalated with the qualitative themes generated.

Almost all quantitative analysis and reporting includes the requirement for caveating findings. For self-completed surveys without rigorous quota completion, it is highly unlikely that the cohort completing surveys will perfectly match the underlying population. This can introduce bias into the analysis and sub-group sample sizes that cannot always (statistically) support robust conclusions. Any potential bias and caveats to the conclusions will be clearly stated in full and summary sections of our reports to guard against misunderstanding or misrepresentation of the data analysis.

#### 3.4.2 Qualitative Analysis

Qualitative data was provided to *Hitch* in a variety of formats, including online survey open-ended responses, emails and letters, reply slips, and comments from petitions. Thematic Content Analysis and Grounded Theory were then used to analyse the qualitative data. Thematic Content Analysis is one of the most common forms of analysis in qualitative research and focuses on examining themes within data. This method emphasises organisation and rich description of the data set. Thematic analysis goes beyond simply counting phrases or words in a text and moves on to identifying implicit and explicit ideas within the data.

Grounded Theory is a systematic methodology in the social sciences involving the construction of theories through methodical gathering and analysis of data. Grounded theory is a research methodology which operates inductively, in contrast to the hypothetico-deductive approach. A study using grounded theory is likely to begin with a question, or even just with the collection of qualitative data. As researchers review the data collected, repeated ideas, concepts or elements become apparent, and are 'tagged' and extracted from the data. As more data is collected, and re-reviewed, tags can be grouped into concepts, and then into categories. These categories

may become the basis for new theory. Thus, grounded theory is quite different from the traditional model of research, where the researcher chooses an existing theoretical framework, and only then collects data to show how the theory does or does not apply to the phenomenon under study.

In most cases, the qualitative summaries and data did not attribute comments to individual members of the groups, therefore it was generally not possible to analyse the qualitative data by demographic type (age, ethnicity, gender etc.). Qualitative data is, therefore, reported in terms of overarching themes from each community organisation or, where similar findings spanned a majority or all community groups, as an overarching theme.

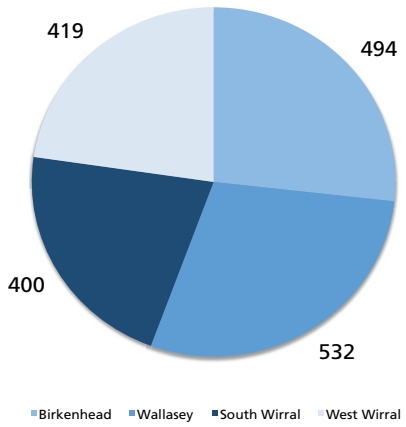
Qualitative data is not representative of the population as a whole but reflects the responses of those that took part in the engagement process. Where 'verbatim' quotes have been presented these are not attributable to individuals and, in some cases, have been drawn from meeting minutes where it is not possible to infer if the text is a direct quote or a summary sentence collated by a note taker. However, in all cases these have been included in italics and attributed to a job role or respondent feature (GP, nurse, meeting group etc). Public verbatims have not been attributed.

### 3.4.3 Data Protection

*Hitch* adheres to all GDPR requirements, designed to protect personal data stored on computers and in hard copies. All personal data is password protected and all passwords are only to be shared via encrypted channels. Hitch adheres to the Cyber Essentials scheme that has been developed by the Government and provides hygiene measures designed to protect systems, technologies, processes and networks and data from cybercrimes. We have also proved our data protection measures via external audit.

# 04 ONLINE PUBLIC & EASY READ SURVEYS

Figure 1: Locality of residence for survey respondents supplying a postcode (n=1845)




## 4.1 ONLINE PUBLIC SURVEY

### 4.1.1 Respondent characteristics

There were 1965 responders to the survey, 98% of whom identified themselves as residents of Wirral. Most of the 30 respondents (70%, 21/30) who stated they were non-residents were healthcare workers (health or social care, HCW) working on the Wirral. 13 (43%, 13/30) individuals reporting as non-residents also gave Wirral postcodes in the survey.

There were too few non-residents to provide stratified analysis and analysis therefore largely focused on Wirral residents (n=1924). Of the Wirral residents who supplied postcodes, Birkenhead and Wallasey were the localities most represented (56%, 1026/1845), but distribution of respondents was similar across the four localities (Figure 1).

Respondents most commonly heard about the survey from a postcard delivered through their door (24.2%, 476/1965) or by word of mouth (20.2%, 397/1965) (Figure 2).

Respondents from West Wirral in particular cited postcards as the most common method (39.4%, 165/419), with word of mouth cited for respondents from Birkenhead (27.9%, 138/494). Less than 10% of respondents heard about the survey digitally, either through social media or a website. There were 100 respondents (5.1%) who heard about the survey through a roadshow or public meeting.

Figure 2: Source of information for respondents about the survey and urgent care proposals (n=1965)

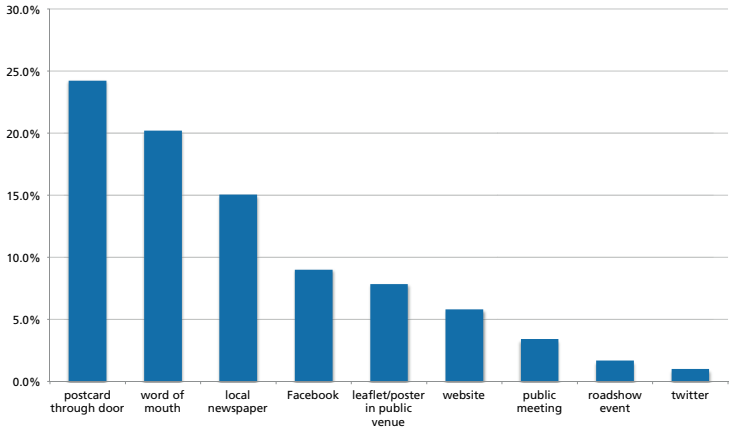
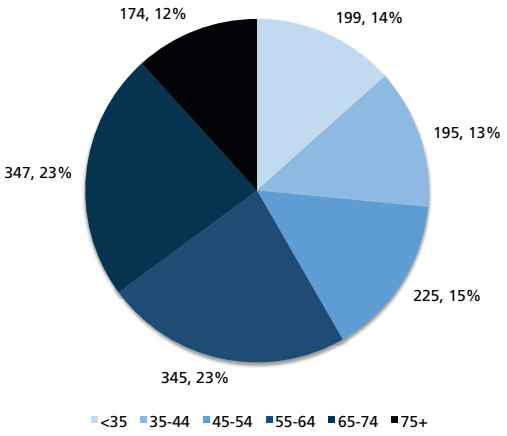


Figure 3: Age distribution of respondents (n=1485). NB: 480 respondents (24%) did not give an age




Men and women were equally likely to respond to the survey (49.7% female, 956/1924) and nearly three quarters of respondents were 45 years old or older (73.5%, 1091/1485) (Figure 3). There were 33 (2.2%) respondents under the age of 25 years and 27 (1.8%) over the age of 85 years. 278 respondents (19.3%, n=1444) identified themselves as having a disability.

Information about ethnicity was supplied by 71.5% (1404/1965) of respondents. The majority of respondents identified themselves as White British (92.4%, 1297/1404); the largest other specified groups were Irish (3.1%, 44/1404) and Asian British Chinese (1.2%, 17/1404) respondents. 13 respondents (0.9%, n=1404) identified themselves as of South Asian ethnicity (Indian, Pakistani or Bangladeshi) and 16 (1.1%, n=1404) as Black African, Black Caribbean or of mixed Black ethnicity.

Information about sexuality was supplied by 61.2% (1203/1965) of respondents, the majority (96.4%, 1160/1203) of which identified as heterosexual. There were 22 (1.8%, n=1203) respondents who identified themselves as a gay man or lesbian woman and 16 respondents (1.3%, n=1203) identifying themselves as bisexual. Religious faith was the least completed demographic field, with 52.1% (1023/1965) supplying any information. Religion other than Christianity was identified by 28 (2.6%, n=1080) respondents and atheism or agnosticism was identified by 199 (18.4%, n=1080) respondents.

Figure 4: Preference for the two options offered, showing overall (n=1625) and sub-categories of Wirral residents (residents only, residents who are also HCW and residents who are also carers). 17.3% (340/1625) of respondents did not give a preference

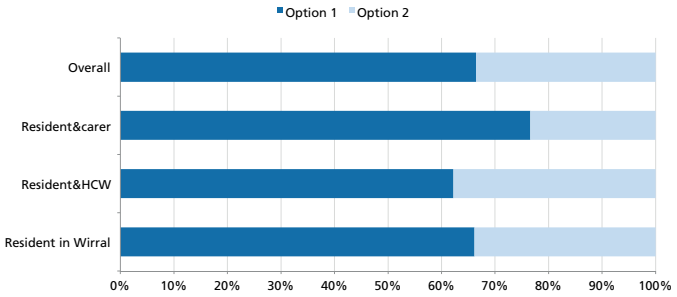



Figure 5: Preference for the two options offered, showing overall (n=1541) and by locality of residence (where a postcode was supplied)

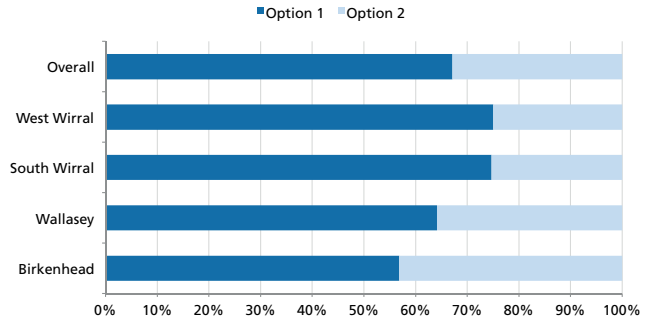
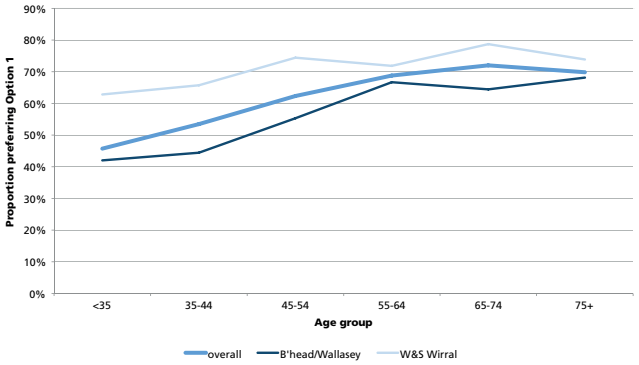



Figure 6: Preference for Option 1 by age group, showing overall (n=1321) and by combined localities of residence (where a postcode was supplied): Birkenhead & Wallasey (n=684) and West & South Wirral (n=570)




### 4.1.2 Preference of Urgent Care proposed options

Respondents were presented with the two Options for urgent care as described in section 3.2. Option 1 was the most popular option (66.5%, 1080/1625) (Figure 4), and this was particularly true amongst carers (77.1%, 74/116) (chi-sq, p=0.023), regardless of residence in Wirral.

There was a clear geographic difference in preference, with Birkenhead residents (n=494, matched to postcode) the least likely to prefer Option 1 (56.9% compared with 67.2% overall, chi-sq, p<0.001). Residents of West and South Wirral were more likely to favour Option 1 (75.1% and 74.7% respectively, chi-sq, p<0.001) (Figure 5). Distribution of carers was similar between localities but HCW respondents were most likely to live in West Wirral.

Other statistically significant differences in preference were found for men (59.4%, 276/465 preferred Option 1, chi-sq p=0.012) and any category of Asian or Black ethnicity (38.5%, 15/39 preferred Option 1, chi-sq p<0.001). Full demographic preference data can be found in Appendix Four. There was also evidence that preference was associated with age group, with younger age groups preferring Option 2 (Figure 6). However, when preference by age was analysed by locality, the influence of age on preference was stronger for Birkenhead and Wallasey than for West and South Wirral (Figure 6).

Full regression analysis was out of scope for this report, but examination of preference by age strata (Appendix Five) showed that this trend in preference for Option 1 with increasing age was only statistically significant among respondents from Birkenhead (28.2% for <35s to 73.0% for 75+ preferring Option 1, chi-sq p<0.001). The trend of preference with age was not statistically significant in other localities. In addition, preference for Option 2 was only different between Birkenhead and other localities for those under 54 years old. For those 55 years and above, respondents from Birkenhead were as likely as respondents from other localities to prefer Option 1.

To investigate the context of this specific preference for Option 2 amongst younger respondents from Birkenhead, other factors associated with Birkenhead respondents were analysed. The following associations were observed:

Figure 7: Agreement with Q4, showing overall (n=1595) and sub-categories of Wirral residents (residents only, residents who are also HCW and residents who are also carers)

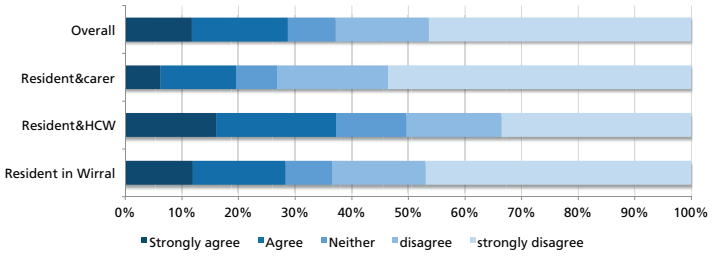
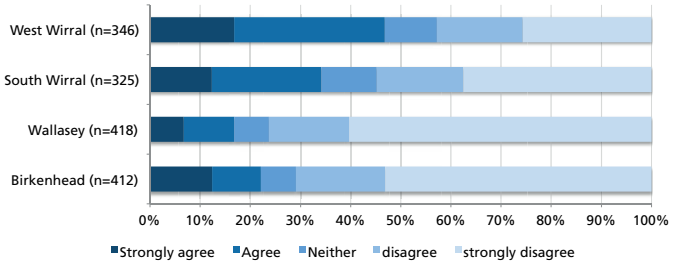



Figure 8: Agreement with Q4, showing response by locality of residence (where a postcode was supplied)




- Respondents from Birkenhead were much more likely than other localities to have heard about the survey by word of mouth (27.9%, 138/494 compared with 17.6%, 238/1351: chi-sq p<0.001), whereas other means of hearing were similar between localities;

- Those hearing by word of mouth in Birkenhead were much more likely to be under 54 years old than the equivalent group in other localities (72.7% compared with 46.7%, chi-sq p<0.001) and much more likely to prefer Option 2 (78.5% compared with 44.5%, chi-sq p<0.001);

- Preference of option was similar between Birkenhead and other localities for all other means of hearing about the survey, suggesting that the preference for Option 2 amongst younger respondents from Birkenhead is largely accounted for by those hearing about the campaign/survey by word of mouth.

The proposal to offer extended GP capacity and lose some of the current Walk-In Centres (WICs) (Q4) was not popular, with 28.7% (458/1595) of respondents agreeing and 62.8% (1002/1595) disagreeing and 8.5% (135/1595) neither agreeing or disagreeing (18.8%, 370/1965 did not answer). HCW were significantly more likely to agree with this proposal (38.8%, 59/152) (chi-sq, p=0.003) (Figure 7). Though agreement was still below 40%. Carers were less likely to agree (20.0%, 20/100) but this difference was not statistically significant (chi-sq p=0.087).

Residents of Birkenhead and Wallasey were significantly less likely to agree with the proposal to lose some WIC facilities (19.4% compared with 40.7% in West & South Wirral, chi-sq p<0.001), with at least 50% of respondents in both localities strongly disagreeing (Figure 8).

4.1.2.1 What participants liked about the proposed options

For those Birkenhead, Wallasey and Eastham residents who indicated their support to either option, improved access to GP appointments was the most common advantage stated. This was due to participants' understanding that this element of the proposal would be an improvement on the current system, and would allow treatment in a familiar, local setting with consistent access to known clinicians:

***"I agree it would be better to have access to our GP."***

***"You should be able to see a doctor at your local gp the same day."***

***"More availability to see GP or Nurse is better than currently seeing a nurse in a walk in centre with limited permission to diagnose or prescribe limited medication eg pain management then have to go and see your own GP and wait days for an appointment. More availability and quicker appointment times are needed."***

Access to a GP was also considered advantageous over treatment by a Nurse Practitioner (NP) at an MIU or WIC. It was also felt that the proposal would positively impact resources at APH A&E and would improve waiting times generally:

***"This proposal is a much better idea as it will leave A&E free to deal with just that emergencies."***

***"Access to services would be made clearer in the locality. A&E would be made more efficient for real emergencies. People would be able to plan their care better for the non-emergency cases where there is still some urgency."***

For some, their support was qualified, in that it was only being given if GP access was guaranteed, staffing resources improved and transport links to APH from these areas were revised.

For residents of other areas in the borough, extended access to bookable GP appointments was also the most common benefit to the proposals, with a smaller degree of scepticism regarding the feasibility of this expressed by these residents in the comments (there was still some concern, however):

***"I prefer an appointment with my GP at my local surgery."***

***"I think seeing a GP or nurse locally would be beneficial."***

***"Opening more GP appointment will take the pressure away from the hospitals/ walk in centres."***

***"The most convenient place to be seen by most people is at their GP practice, access to my practice is poor with routine waits up to 4 weeks which is unacceptable( I'm a retired GP) If this is improved that would be a good thing."***

***"This proposal sounds fine for me, as long as the same day appts will be definitely be available I think it sounds like a good idea."***

For these residents, this would offer local treatment with the same GP who knows their medical history, which was considered advantageous and would allow for continuity of care:

***"More local appointments will be much more convenient for residents and will help to refocus them more appropriately to getting assessment and care away from A&E."***

***"People know their GP and staff. They would feel more confident in their own surgery."***

***"Medical care with your own doctor's surgery is always preferential for continuity of care."***

***"If done properly, having access to urgent care closer to home and from a practitioner that knows the patient seems a much better option."***

This was considered more convenient, particularly for those who work, who need later appointments. Seeing your own GP would also mean less travel to and from APH. Available medical attention all days of the week was considered an important element of urgent care, one which these participants believe is fulfilled in these proposals.

It was thought that an increase in the number of available GP appointments would, in turn, reduce the pressure on APH A&E department, particularly if all traffic is triaged through a single door at the UTC on the site:

***"This proposal is a much better idea as it will leave A&E free to deal with just that emergencies."***

*"people would still go to A&E. Having an UTC is better as people can be assessed and have than shorter ways to A&E."*

*"A lot of people will go to Arrowesmith [sic] park anyway and I believe a one door access would screen those requiring different care best and relieve the pressure on A&e as well as give the best access for patients."*

These residents believed that this has the potential to reduce waiting times. Furthermore, some residents, from these areas who commented, regarded the centralisation of care at APH positively, as it was considered a more sensible and equitable approach:

*"Much fairer and effective to centralise services"*

*"we need to make the NHS more eficient [sic]. A central point which is easily accesible [sic] for all via exisiting [sic] public transport is the best option…"*

Unlike those from other areas, some of these participants felt that the current system is confusing and that the new proposals would improve these by simplifying care options.

For some, their close proximity to APH, and an existing lack of WIC facilities in West Wirral, meant that new proposals were seen as an improvement on current provision:

*"Living close to APH if a GP appointment is not available then UTC or walk in is acceptable."*

*"It would be good for me living so close to Arrowe Park hospital."*

Some of the comments received from these residents were also qualified, in that, despite their positive nature, there were still concerns, particularly regarding access to APH and parking capacity at the site:

*"Proposals will hopefully reduce pressure on the utc at arrowe park. Arrowe park is not easily accessible from all parts of wirral. Parking is difficult at arrowe park."*

*"Understand the need to maximise resources and equipment when placing the utc at arrowe park but seriously concenred about the amount of traffic and lack of parking at that site."*

*"It would work well for majority of residents but I have reservations that if the urgent care Centre is at APH it could be difficult for some vulnerable residents who don't drive to access easily."*

It was also felt that these proposals would only be successful if the resources to staff the entire system were available, the wellbeing hubs developed appropriately and NHS 111 improved sufficiently. In addition, concern was also voiced regarding being unable to make an appointment on a day when care is needed, because of insufficient numbers being available. It should also be noted that no comments of support for the proposals were made by those who selected neither option and were a resident at any Wirral postcode.

For carers, extended access to GP appointments was considered a benefit to the proposals, as long as they were easily accessible. In some cases, this was directly stated as preferable to attending WICs.

Those General Practitioners (GPs) who were in agreement with the proposals felt that the new model would be a more efficient, cost-effective means of providing patient care in the community:

*"Having an urgent care centra [sic] and A and E close by is by far the most effective way to provide a high quality efficient, cost effective service. It allows the right patients to access the right health care professionals quickly . We have limited funds , we cannot afford to run multiple sites offering a duplication of services ."*

*"I think it will reduce A+E waiting times and take pressure off acute services but also provide a good service for patients if delivered in the way it is expected to."*

*"Currently, pts are seen by nurses in peripheral sites who see and assess but are often unable to treat and have to send to APH OOH with extended tortuous pt journeys and also inefficiency of service with multiple clinicians involved. Having doctors closer to pts would be beneficial though some groups will struggle with the appt model eg drugs and alcohol affected pts etc."*

Other HCWs, where support was indicated, also felt

that local appointments would be more cost-efficient and would fulfil the existing patient need for GP-led care. The proposals were also regarded, by those who indicated their approval, as a less-confusing means of streamlining patients into the appropriate care required.

#### 4.1.2.2 What participants disliked about the proposed options

The comments from non-professionals regarding what they considered were the more negative aspects of the urgent care proposals share common themes and will be discussed below with the themes bullet-pointed for clarity.

**Support for Minor Injury Unit and Walk-In Centres services**

For a great deal of participants, particularly those from the Birkenhead, Wallasey and Eastham areas, the fact that proposed changes to urgent care would result in MIU and WIC closures was considered unacceptable:

***"Really need walk in centres"***

***"Walk in centres are brilliant and so convenient."***

***"The walk in centres work well."***

***"This (the proposed changes to urgent care) will lead to services at our walk in centres being reduced or stoped. These services are much needed by the people of wirral."***

***"i disagree with closing the walk in centres"***

***"The walk in centres across the Wirral are very useful. Centralising them in an already overcrowded location shows a poor understanding of the needs requirements of the people of Wirral."***

Comments were frequently made in opposition to centralisation at APH and participants shared their preference for treatment at MIUs and WICs as they currently exist. Many stated that they, therefore, would prefer no changes be made to urgent care. These comments were particularly common amongst those who did not state their preference to either proposed option.

It was felt that these services are of great value to the communities in which they stand, as they are effective services which are local to the people in need of them:

***"…walk in centres are based within communities where people who do not drive are able to reach them. Remember that these people are also unwell!"***

***"Loss of walk in centres local to where people live will be a huge negative to the community. People will have to travel much further for urgent care…"***

***"…What we need us better services WITHIN the community that are accessible and provide services to local residents…"***

***"Having used the walk in centres, I feel they are a much needed resource to support the whole community and they direct the public away from Arrowe Park Hospital allowing the use of that facility for people who need it urgently."***

For residents of the Birkenhead and Wallasey especially, it was felt that these services are not only placed appropriately due to the deprivation levels in these communities, but their removal and the subsequent centralisation of services at APH has the potential to therefore impact some of the most deprived residents of the Wirral:

***"Both options represent a movement of Walk-In Centres away from areas of deprivation (such as Birkenhead) where they are MOST needed."***

***"Travel to Arrowe Park for an urgent out of hours GP is exceptionally difficult for those on a limited income."***

***"People will have to travel much further for urgent care, where will everyone park at arrowe park? Some people cannot afford travel- these people are more likely to need to use the urgent care centre. This is especially true in Birkenhead where the population is significantly deprived."***

***"The current facilities is vital to these areas which are in the mist deprived areas of the Borough."***

***"Closing walk in centres will deprive socially deprived patients access to non urgent care. Lack of transport and the ability to pay bus/taxi fares will put care of minor ailments out of reach."***

*"Arrowe Park is too far away for Wallasey people. One hour on bus, £10 in taxi fare. Everyone will be calling more ambulances."*

As well as being convenient in their position close to home, participants felt that having these services nearby provides peace of mind and are a benefit to the community around them. Positive past experiences with these services were also offered as rationale for their continuation:

*"It was my walk-in who gave me a thorough check and provisionally (and correctly) diagnosed a severe meniscus tear until my GP (reluctantly) sent me for an MRI. The staff at the walk in have always been caring and thorough and although there can be a significant wait, it's worth it to be seen out of hours."*

*"As a sepsis survivor Eastham walk in centre contributed to my survival if it wasn't local and I had to travel to hospital instead I wouldn't have gone to be checked out or treated at hospital but I did go to the walk in centre and luckily this option was available. "*

*"…M wife had her life saved by the staff at the walk in centre Wallasey. I used to be on security at Mill Lane and it was always full..."*

Furthermore, it was also believed that MIUs and WICs relieve congestion from A&E at APH and that the centralisation of these services has the potential to do the opposite.

Some participants expressed that they preferred to receive treatment at WICs rather than at their own GP:

*"because its all well and good saying more gp appointments but you only need a gp to be off or no locum cover and there are no clinics running. PREFER WALK IN's."*

*"…I would rather go to a minor injuries drop in than call my own GP surgery as I work and I can drop in when needed."*

There was also concern expressed regarding the impact of these proposals on those who are not registered at a GP surgery.

Whilst some did welcome the proposal for a UTC at APH, for many this was could not be welcomed if its development came at the cost of MIUs and WIC closures:

*"I think there is a requirement for Urgent Care services however there is also a requirement for local minor injury services such as Mill Lane & Miriam Walk In. There should be an additional Urgent Care service not one or the other but both!"*

*"…By all means open an Urgent Treatment Centre at Arrowe Park, but it makes no sense to close the current walk in centres that have proved so beneficial…"*

*"You provide a choice of two options at the start of this survey.You should also list as an option ,open Urgent care centre at Arrowe but keep existing walk in centres open."*

Similarly, whilst extended access to GP appointments was regarded positively, participants felt this should be in addition to, not at the expense of, WIC services:

*"More urgent GP appointments can only be a positive but walk in centres are still needed for when urgent appointments are not available."*

*"I feel the need for more Dr appointments are necessary to run alongside each other. I am in ill health and use Dr's apps and wall-in as I dont [sic] drive or live near my local hospital."*

It was suggested by a number of participants that WICs should not be discounted but rather utilised in the implementation of the extended access service. Many also felt that, instead of closing these services, they should be expanded, either in terms of numbers or to include more services.

### > Access to the Urgent Treatment Centre at Arrowe Park Hospital

For many participants, across all areas, it was thought that the implementation of the urgent care proposals would result in supplementary journeys to the UTC at APH, as opposed to accessing a nearby MIU or WIC:

*"People need services close to where they live, this reduces patient choice and once closed these services will never be able to be reinstated. For example why should someone who badly cuts themselves in Wallasey have to travel to A&E when the wound could be sutured at VCH? Please listen."*

*"THEY (WICs) ARE LOCAL AND EASY TO REACH BY PUBLIC TRANSPORT OR CAR WITH GOOD PARKING FACILITIES. PEOPLE WOULD RATHER KEEP THESE THAN LOOSE WALK IN FACILITIES TO A.PARK."*
*"With a new born babyu [sic] and no car access it would take me one hour two buses if it was moved to Arrowe Park. Miriam is convenient local and very helpful to have in the local community for people like myself who would struggle to get to Arrowe Park."*

*"For example I can WALK to the centre in Eastham Rake, I have no car, no transport to Arrowe Park. I am 82 in Nov…"*

These journeys were considered inconvenient and, in some cases, prohibitive to accessing urgent care. Residents of the Birkenhead, Wallasey and Eastham areas argued that these trips would be particularly difficult and lengthy, especially as they would consist of 2 separate bus journeys to the UTC:

*"Public transport to Arrowe Park is poor, no buses from my area of a weekend. And long journey times."*

*"LOCAL - WALK IN CENTRES ARE MORE CONVENIENT. I EVEN HAVE TO GO BY BUS TO THE TREETOPS CLINIC. BUSES ONLY RUN EVERY HOUR. USED TO BE AN HALF-HOURLY SERVICE…"*

*"Access from mine by public transport involves a 15 min walk and 2 buses or a train and a bus, both options taking over 55 mins. By car it would take me 10 minutes, however parking is shocking currently…"*

*"I'm concerned that people will have to travel further, in many cases without a car and possibly with disabilities/small children to access health care which needs to be local. Arrowe Park can involve 2 buses from here."*

Furthermore, it was argued that, as well as being time consuming, poor bus services (in general but particularly on evenings and weekends) from certain areas such as Birkenhead, Wallasey, Eastham and Noctorum mean that those who cannot drive may not be able to access care urgently at APH. The cost of this and taxis in particular was also thought to be prohibitive:

*"I agree that the system needs improving but think having no urgent care/walk in facility in South Wirral is very short sighted as access to Arrowe Park by public transport is very limited and the cost of a taxi from South Wirral to Arrowe Park is excessive…"*

*"As a non driver and possibly no access to a car I would rely on taxis or public transport. If really unwell the latter option would be impossible. Taxis expensive!"*

*"Families who have no car or no spare money to use public transport will be left high and dry unless they can access health services locally. Universal credit leaves the most vulnerable for at least 4 - 6 weeks with no money. How will they get to health centres."*

This was thought to be an especially pertinent issue to those in areas of high deprivation (Birkenhead and Wallasey namely) where MIU and WIC services currently stand.

For those with cars, access to APH was also considered problematic. The capacity for parking at APH as it currently stands was thought to be inadequate, especially for blue badge holders:

*"…The car parks are bad enough now and if this proposal goes through they will be much worse. I have a blue badge which is pretty useless there as the disabled spaces are usually full..."*

*"Parking at Arrowe Park hospital is a nightmare and bus services to Arrowe Park are a problem for me as I am disabled also."*

*"There are very few disabled parking bays in Mill Lane and APH. A medical place should have adequate parking for disabled people."*

Participants anticipated that this would only worsen should a UTC be opened and MIUs and WICs close, as this could create an additional influx of cars. It was felt that this increase in traffic also has the potential to worsen congestion in the area and impact the environment negatively.

The impact of supplementary travel to the UTC at APH on specific groups was also referenced, particularly on more vulnerable patients:

*"It seems there would be much more pressure on individuals to get the help they need if the Walk in centres are taken away from the local communities. I feel this would impact on those who have mental*

*health problems who would not bother travelling to A&E due to depression anxiety etc. so the individual would suffer even more."*

*"Your FAQ's claim this is not about saving money, but if it is not about saving money then why make life harder for some of the Wirral's most vulnerable residents by making non-appointment based urgent healthcare services less accessible and closing down or devaluing centres in some of our most deprived and geographically isolated communities."*

*"My concern is the UTC being accessible to those with social or mobility issues, as currently elderly people with no means of transport just call 999. Will there be a transport service available?"*

*"For people who are old, infirm, vulnerable and do not have good transport facilities, it is vital that more services are provided locally."*

Travelling to the UTC at APH, especially on public transport, whilst unwell, injured or with an unwell child was also considered a disadvantage of needing to access the site under the new proposals.

### > Negative perceptions of Arrowe Park Hospital

As well as the apprehension expressed toward accessing APH, participants from all areas also spoke of their negative perceptions of, and experiences with, the hospital. A great deal of concern was expressed regarding the resources of both the hospital site and A&E:

*"Keep new services away from Arrowe Park. The site is congested overused and not easily accessible to many on the Wirral."*

*"I can't see Arrowe Park coping with this…parking is shocking currently and if there are no other options to access healthcare other than at Arrowe Park for everyone on the Wirral then it's only going to get worse. Wirral has a population of 322,796, how can just one hospital look after the whole population…it's going to collapse under the volume."*

*"Moving everything to APH as an UTC will not solve the problem of waiting.It will overburden staff who are already overworked."*

*"Do not overload Arrow Park hospital any more..."*

Many participants felt that these resources are already overstretched, and that the proposed changes to urgent care will only exacerbate this. In terms of A&E specifically, it was felt that staff were already overburdened and waiting times are high. It was felt that, should there not be sufficient appointments made available either with GPs or for wound care and children and no WICs, A&E would experience an increase in patient traffic, which would only worsen the difficulties documented:

*"If the drop in centres closed I strongly believe that even further strain will be put on the A&E which is already at breaking point."*

*"Closing the Walk-in Centre will lead to overloading A&E and local GPs Local residents will find it very difficult to obtain help within their locality and this could lead to conditions not receiving the treatment required quickly."*

*"I object strongly to closing the existing walk in centres, this is just moving the problem from one place to another and will result in longer waits at an already stretched and dirty Arrowe Park."*

*"The less urgent patients who use the walk in centres will all go to a&e instead, which will cause massive queues and stretch the staff."*

It was argued, however, that if people were effectively triaged at A&E then this would reduce the pressure on the department and hospital. Some argued that if this was put in place, it would eliminate the need to close MIUs and WICs.

There was confusion as to why the CCG had chosen in their proposals to centralise at APH, given the factors noted above and the potential for poorer infection control with a UTC and A&E on the same site. It was felt that all of these factors have the potential to result in a deterioration of patient care and that this is therefore not preferential to maintaining MIUs and WICs or developing the UTC elsewhere as some suggested.

### > Scepticism regarding the motivations behind the proposals

Some participants, particularly from those in the Birkenhead and Wallasey areas and those who did not state their preference to either option, expressed their scepticism regarding the CCG's motivations for making changes to urgent care. Some felt that the consultation was not a true democratic exercise as they believed decisions have already been made. Others were apprehensive as to how the plans would work given they had been given no proof of their viability. Others were apprehensive because of negative experiences with previous service change, namely the centralisation of phlebotomy services.

Some, contrary to the CCG's assertion, feel there is no confusion as to how to access urgent care under the current system:

***"I was not confused by the original walk in centres...I knew where to go!"***

***"I understand that over 80,000 people use Walk-in Centres - these people cannot be confused."***

***"I am more confused by the proposals than I was before."***

***"I dont [sic] believe local people are confused about the services. Local people cant use the local services as they were meant to be due to lack of GP appointments."***

Others felt that the fact that 50% of WIC presentations were said to be for wound management or children's care does not negate the needs and preferences of the other 50% who are accessing care there; neither should this support their closure. Furthermore, scepticism regarding the CCG's ability to adequately staff and resource the proposed changes was also expressed:

***"The proposal does not include any extra funding, so how will this improve an service which is already under strain ?"***

***"I would like to know where the GPs and nurses are coming from to staff these extra appointments?. How local are they going to be?."***

***"I believe staffing will be a huge issue."***

***"It's rubbish the A&E at Arrowe Park is already at breaking point through lack of quality staff due to government cutbacks. By taking this option you are going to increase their already stretched workload beyond breaking point…"***

A number of participants felt that the actual motivation behind the proposals was related to cost-cutting, which has been mandated by an austerity government. Given the difficulties experienced with accessing APH, it was also thought that the plans were a deliberate ploy to keep patients away from APH and thereby improve waiting-time figures.

Participants also believed that the CCG were not in touch with their communities and their wants and needs:

***"Complete nonsense - money before health again. Give people what they want not what you have been told by accountants that they want."***

***"We need these and more local walk-in centres. People cannot (the elderly especially), and will not go to arrowe park for something that is non urgent. So they will suffer at home, rather than make a very long and costly journey to one place. The thought of going on a long journey whilst not feeling to good will put a lot of people off from going. But I guess that would save you money and look good on the waiting time figures."***

***"As a wallasey [sic] resident this is ludicrous - although i own a car there are many other people who don't [sic] and public transport to Arrowe Park from Wallasey area is really poor. This isn't [sic] a consultation as you have already decided on the sites you just want peole [sic] to decide the opening hours. Very poor and inconsiderate for people who don't [sic] live in Birkenhead [sic] or areas on Arrowe Parks doorstep."***

It was believed that this has resulted in proposals which are not suitable to specific communities' needs, particularly those of high levels of deprivation such as Birkenhead and Wallasey. Some also felt that the proposals are deliberately downgrading the value of these communities, by removing valuable MIUs and WICs, particularly in Birkenhead and Wallasey:

***"…The fire station is closing VC original hospital closed and now for the 3rd time you are trying to***

*close Mill Lane. This will leave Wallasey with no F.S Station and no hospitals…"*

*"Miriam minor injuries is a vital service to the people of Birkenhead. How many more things are you going to take away from our local community" Phoenix Futures*

For some outer boroughs (such as Eastham and Neston), their need for local urgent care (due to access being especially difficult from these areas) was felt to be discounted by the proposals, as well as feeling this generally. It was also felt that the potential impact on vulnerable people should not be ignored by the CCG.

### > Resources

Some participants (across all areas) expressed their disbelief regarding the viability of the extended access to GP element of the proposals. It was felt that GPs are already overstretched:

*"I think resources are stretched already and I can't see GP surgeries having lots of spare appointments for people not at their surgery."*

*"GPs already stretched, inadequate resources to cope…"*

*"My GP practice is in chaos at the moment. Impossible to get an appointment unless you're at death's door, where are all these GPs coming from that are going to run this new service?..."*

*Furthermore, a number of participants spoke of their understanding of the current GP shortage:*

*"…At present there doesn't seem to be enough GPs already!"*

*"If GPS are willing to do more hours, then great. But you need more of them. There is a recruitment problem, I understand."*

*"I have spoken to 3 GPs and they can't see how you can offer more GP appointments. Do you intend to employ more GPs on the wirral [sic] or increase the current GPs work load."*

*"…The above proposal assumes that there are enough GP practices and GPs - this is simply not the case."*

*"The reason there's long wait times and lack of GP appointments is due to a lack of staff."*

These factors resulted in scepticism regarding the GP-led element of the proposals and a negative perception of the consequences of this, namely needing to access care at APH.

### > Potential consequences of the proposals

As previously discussed, some participants felt that the proposed changes could result in the deterioration of care at APH. Concern was also expressed regarding a child needing urgent care at the same time as their parent or guardian:

*"What will happen if an adult attends a walk-in centre with two children, all with the same symptoms? Under the new proposals, the children will be seen but the parent will be referred to the Arrowe Park site or given an "urgent" GP appointment."*

*"I use Miriam walk in centre. I have a young baby - if we were both ill we would have to be seen in different places. Stressful for a parent and confusing. Miriam is an excellent service."*

This was considered prohibitive in that previously both patients could be treated locally at a WIC, whereas the new services could result in either both needing to access APH or making one journey to a walk-in service for children and another to APH to the UTC. Concern was also raised regarding the possibility of not being able to access an appointment:

*"The booking system for 'bookable appointments' concerns me. I would hate to see a repeat of the system currently [sic] in place at Tree Tops surgery, Eastham. i.e. you have to ring at 8am to book an appointment that day but you cant get through beause [sic] the lines are busy and by the time you get through all appointments have gone."*

*"I'd have to be convinced that an early appointment would actually be made available. I'm worried that might not be the case and mean time the Walk In option has been closed"*

*"More urgent GP appointments can only be a positive but walk in centres are still needed for when urgent appointments are not available."*

*"If patients cannot get an urgent GP appointment at their own GP, they may have to travel miles for a GP who can, after much delay and frustration in making phone calls etc to oversubscribed lines, and even then may end up having to travel to Arrowe Park either to the proposed Urgent Treatment Centre or A&E. This is much more confusing and difficult than "go to your nearest walk-in/minor injuries unit if you can't get a GPs appointment.""*

As well as the impact of having to travel to another GP surgery for an appointment, which may be difficult, costly or lengthy.

The potential negative impact of this on specific groups, particularly the elderly, disabled and those with chronic conditions was also discussed, as well as the potential impact on these groups generally:

*"For older people in Birkenhead are Miriam WIC is accessible. I think people would wait longer and become more unwell because they dont want to travel to Arrowe Park."*

*"…People will be dependent on public transport which is poor at best and for those on low incomes, costly. It discriminates against many of those in disadvantaged groups through poverty and temporary or permanent mobility problems for example. It will also probably increase the pressure on Ambulance services. It increases the time for people before they get proper attention and will increase the pressures on A and E."*

*"As a disabled person I am unable to access other places easily and the walk in is close by. I cannot use public transport and cannot afford to pay taxi to get to other places. The walk in is easily accessible for me and not having that facility would put me at more risk."*

*"Miriam SHOULD STAY OPEN BECAUSE IT IS LOCAL TO ME AND MY FAMILY BEING DIABETIC I NEED TO BE CLOSE TO THE CLINIC IN CASE OF AN EMERGENCY PLUS THE STAFF ARE ALL WONDERFUL."*

There was also concern expressed regarding the appointment-based aspect of the proposals given that, it was argued, illness doesn't always present to an appointment schedule and can worsen while waiting for one to become available.

These themes were consistent with the comments received from carers. In terms of the potential impacts of the proposals on carers when specifically discussed, it was felt by some that the removal of WIC services would impact negatively:

*"As a carer I find that these proposals would only add to the stress that carers already have to cope with."*

*"I think people really rely on the walk-in centres and I know as a parent it will be a huge mistake. I am also a carer so rely on these places."*

It was argued that, as regular users of these services, centralisation at APH would represent a decline in the service offer and cause additional difficulties with access. As described, although a relatively small group of survey respondents (n=116), carers were less likely than average to agree with this WIC proposal.

Although HCW were more positive than the overall group of respondents, some GPs also believed that patients, services and their own practices would experience negative consequences should the proposed changes be enacted:

*"This will destroy services and put pressure on GP, Ambulances and chaos at hospital."*

*"This will afversely [sic] affect our practices from a workload point of view and patients from access and care."*

*"This will lead to poor services in areas like birkenhead [sic]."*

*"This will result in patients being bounced around Wirral with services that cannot cope and GP practices already crumbling under workload. Patient care will deteriorate."*

It was believed by some that the centralisation of services at APH, without the support of MIUs and WICs, would be unsuccessful:

*"Patients will keep knocking on GPs door and in a few years all this will be reversed."*

A lack of resources at APH, as well as poor patient perceptions of the hospital, were thought by some to be the reason for this possibility:

*"Many of the patients who use our walk in center [sic] DO NOT want to go to Arrowe Park. I weekly have to spend a significant part of at least one consultation a week convincing a patient that they need to go to Arrowe due to distate [sic] to go that far for medical care. They will NOT go for minor injuries. Therefore by removing this service from their local area you are creating barriers to health care that could have significant ramifications and cost to the NHS."*

Furthermore, scepticism regarding the resources required for an extended access service were also discussed by some GPs:

*"We have no guarantee that more appointments will be available within primary care as there is no plan to increase funding in primary care. Adding more appointments into the extended access service is not the answer - it is expensive and not good value for money and is also actually taking GPs away from core hours in primary care as it is more lucrative for GPs to work extended hours sessions than core hours."*

*"But where is the resourcing for gp [sic]? How do we ensure that a practice who offers endless urgent appts fit their pts is not penalised when the next practice sends all urgent s to the UTC?"*

Some felt that there is a need, not to reorganise services, but rather to educate patients on treatment options:

*"You suggest a major reason for doing this is patient confusion about where to go. I would suggest this is better and more easily dealt with public health awareness campaigns. The patient's I have spoken to know exactly when to go to a walk in center [sic] and when to go to A+E."*

Other HCWs also expressed their preference for the continuation of MIUs and WICs, in terms of both their clinical need and their need within certain communities, particularly the Birkenhead, Wallasey and Eastham areas:

*"Closing VCH minor injuries is a terrible mistake, the number of minor injuries it deals with has a huge impact on reducing AE attendances - exactly where will all those patients and follow up care be given?"*

*"walk in services are crucial. ALL appointment systems would be filled and there will be nowhere else to access."*

*"I STRONGLY object to having to "prefer" Option 1 or Option 2, and that this might in some way suggest that I support the proposal. Both options represent a movement of Walk-In Centres away from areas of deprivation (such as Birkenhead) where they are MOST needed."*

Some 'other' HCWs were sceptical that the sufficient resources necessary to staff the proposed services would be available:

*"Where are you getting the extra Drs and nurses from?"*

*"I do not believe that we have the right numbers of GP's or Nurses to support this proposal. Its difficult for GP's to recruit Nurses in to their practices because pay is often better on a bank contract, agency arrangement or indeed within an acute setting."*

*"this is fine so long as you can actually find GPs and Advanced nurses to fill the extra hours. At present there doesn't seem to be enough GPs already!"*

*"Given the high numbers of nursing vacancies nationwide how do the CCG plan to staff all these centres and hubs? Will the existing staff be expected to work 24 hours if that is the result of the public consultation . As the public will obviously want a 24 service."*

The perceived consequences of removing MIU and WIC services were also detailed by some (especially those considered a result of potentially insufficient GP appointments) and the possible impact this could have on certain groups:

*"I believe people will still struggle to get a GP appointment and where they would usually go to walk in centre they will go to A&E instead and waiting times in A&E will increase."*

*"GP surgerys [sic] will not be able to triage emergency appointments effectively and those most vulnerable needing appointments will be at risk."*

***"if people can no longer access a local walk in or MIU and not enough appointments are available they will inevitably access the UTC or A&E, which may be very difficult for the elderly, less mobile or people without easy access to transport."***

Much of this concern also related to the accessibility of these proposed services, particularly for those who are living in certain areas; in deprivation; are vulnerable; and/or don't drive and therefore rely on public transport:

***"not enough road access to proposed site. yet more burden will fall onto primary care. not enough parking at Arrowe park. No direct bus routes to the proposed site from Wallasey. This will result in people with no transport calling ambulances and going direct to A+E."***

***"it is also creating inequality in access for people living further away e.g. .Eastham or Wallasey if they are unwell and have to try and get to APH via public transport."***

***"VCH WIC/MIU and Miriam are in densely populated impoverished areas where the majority of patients access these units on foot. These patients do not have access to cars and will find it difficult to afford bus fares or taxi fare to travel to Aph and back."***

It was felt by some HCWs that difficulties accessing APH and/or the sites used for other services could result in an increase calls for ambulances. A review of the transport links to these services and APH was considered imperative should these proposals be enacted.

As well as scepticism expressed regarding resources, HCWs were also sceptical as to the CCG's motives in proposing change to urgent care. Furthermore, some believe that the patient confusion the CCG speaks of is actually due to poor signposting and lack of education:

***"The walk-in centre at APH site is a complementary service to AE now and most of the confusion around the service is because there is no consistent sign posting and single front door policy."***

It was felt by some that, rather than changing services, improved communication with, and education of, patients would be a more cost-effective means of improving services and reducing confusion:

***"my other concern is that public attitude needs to change and I'm unsure how this proposal would do that?"***

***"Patients need to be educated about what services to use and have them readily available by offering GP extended hours and to keep the walk-in centres running 24/7 alongside A and E."***

Moreover, some HCWs believed that these changes have the potential to create further confusion:

***"Changing things again will make them even more confusing, especially for people with memory issues &/or cognitive issues."***

There was also concern about the potential confusion created by the use of the term 'urgent' in the proposals, both in terms of HCWs misunderstanding of the term, as well as the potential for patients to make the same mistake:

***"If treatment is urgent, how can you wait 24 hours for an appt? People will still turn up at A&E."***

***"Firstly the term 'urgent care treatment / care center [sic] is confusing. By its definition it implies problems which are urgent and cant be dealt with by a GP or ANP need to attend .However in the example given in the booklet explaining the options and changes a scenario is used for a patient attends UCC with backache - this is completely inappropriate and should be seen by a GP or advised on pain relief by a pharmacy. when I asked my elderly parents how they would interpretate [sic] this they both said they might go to an urgent care center [sic] if they had a stroke or heart attack! Because that would be an urgent problem…otherwise they might ring the GP. This is the type of confusion that will lead to patients delaying seeking help and treatment."***

Figure 9: Agreement with Q6, showing overall (n=1543) and sub-categories of Wirral residents (residents only, residents who are also HCW and residents who are also carers)

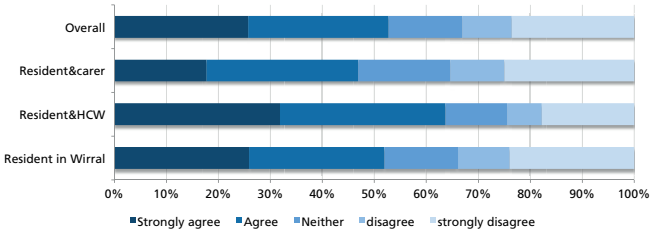
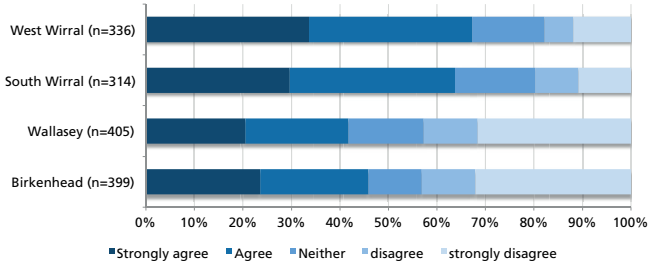



Figure 10: Agreement with Q6, showing response by locality of residence (where a postcode was supplied)




### 4.1.3 PROPOSED CHANGES TO CHILDREN'S SERVICES

The proposal to change children's urgent care services (Q6) was supported (agreed with) by 52.8% of respondents (814/1543), with 33.1% disagreeing and 14.1% neither agreeing or disagreeing (21.5% did not answer). Again, HCW were more likely to agree with this proposal than average (62.7%, 94/150) (chi-sq, p=0.038) and most likely to strongly agree (Figure 9). Carers were less likely than average to strongly agree, although overall agreement was statistically similar to the overall view.

As above, although there was more support, residents of Birkenhead and Wallasey were significantly less likely to agree with the proposal for children's urgent care (43.8% compared with 65.5% in West & South Wirral, chi-sq p<0.001) (Figure 10). Very similar numbers (just over 30%) in Birkenhead and Wallasey strongly disagreed with this proposal.

#### 4.1.3.1 What participants liked about the proposals

Across all areas and option choices, the comments received from non-health professionals regarding the proposed changes to children's services were, whilst mixed, generally more positive than those relating to the offer in general. While many commented that they did not have children and could therefore could not express an informed opinion, respondents (across all areas) felt that the proposals represent an improvement on services for children as they currently stand and could therefore be of benefit to parents:

***"THE PROPOSAL FOR CHILDREN IS BETTER THAN PRESENT."***

***"Excellent idea will improve support for parents and children."***

This could, in turn, mean that presenting at APH could be avoided. This was also considered a positive aspect of the proposals in that it would reduce traffic pressure on the site and mean not having to present at A&E:

***"Anything to reduce the pressures at Arrowe Park would be useful."***

***"I agree because you won't have to wait around for hours at A&E at Arrowe Park. Kids get restless and I***

***always worry about my kids catching something else just whilst we're waiting."***

Particularly, some felt, if the service were 24 hours. Being able to access a child-specific urgent care service away from APH was also considered more suitable because of the inappropriate behaviour children may witness whilst in A&E:

***"A child centred environment would be better for children and also there is gruesome things that happen in hospitals that children shouldn't see."***

***"Young children in particular need to be seen quickly and should not be exposed to waiting in same area as drug addicts & those under the influence of drink who seem to be ever present in eg, A&E."***

Furthermore, it was felt that this keeps services for children in the local area, which makes them more easily accessible for those in certain locations (Birkenhead, Wallasey and Eastham particularly) and/or those who would be affected by the cost implications of travel out of their local area to APH:

***"it is often difficult for parents to travel far with a sick child."***

***"I agree that this proposal would be advantageous. It is distressing enough for parents when a child is sick & feverish, local centres are easier to access for transport."***

Equitable distribution of sites for the service was called for in terms of ease of access. It was felt by some that easier access would make the distressing situation of an unwell child less stressful. Reassurance was also considered of great importance when a child is unwell, and a specialist service appeared to offer this for many:

***"Parents need reassurance at the earliest opportunity when a child is unwell."***

***"Excellent idea as parents often just want reassurance."***

Participants were concerned, however, that the service must be staffed by the appropriate specialist clinicians.

There is a need, it was claimed, for quick treatment when a child becomes unwell, which many felt this proposal would offer:

***"Sick children need to access health services when they need it, and quickly."***

***"Important to make sick children have quick and easy access to services."***

Some felt that this also has the propensity to clear space in APH and GP surgeries for adults who need treatment and will improve infection control by treating children separately in the way the proposals suggest. Many stated that they were in support of this proposal 'for the sake of our next generation' whose urgent care needs should be prioritised.

Less agreement to this element was expressed amongst carers. However, swift access to treatment for children in accessible locations was welcomed by a few, particularly with regard to how this would benefit children with special needs:

***"This is a good proposal as often children, especially with special needs find it hard to wait, especially beneficial for minor ailments."***

It was also felt by carers that the proposal has the potential to reduce the existing pressure on A&E at APH:

***"this may take some of the pressure of Paediatric A&E as quite often the children there do not need to be seen there but again due to lack of GP appts, parents are often forced to go there."***

Comments made by HCWs were generally more positive. GPs believed that the changes would improve access to care for patients:

***"Children need good access and I think this will provide this."***

These practitioners believed that this will be achieved by these proposals as care would be more local and equitably distributed, thereby putting doctors closer to their patients.

Some other HCWs believed that the proposal for specialist children's services has the potential to provide an efficient service, in a more appropriate setting, that could improve waiting times and reduce pressure on A&E:

***"Hopefully better to free up A&E and treat children and YP quicker (also may be of benefit to other people with less children in distress around them)."***

Being able to book appointments with a specialist clinician was also considered advantageous. It was suggested that these benefits could ultimately impact parents, as well as children, positively:

***"Parents these days are told 'stay away from AED' but also 'be aware of the symptoms of sepsis, meningitis etc etc'. I feel it would be beneficial if there was somewhere they could go as a drop in which has a child focus."***

There was concern however that, whilst the proposals appear to be beneficial, they may not work in practice and may be used inappropriately.

#### 4.1.3.2 What participants disliked about the proposals

The comments received from non-professionals either in opposition to, or relating to the negative aspects of, the proposed changes to children's services followed common themes, which will be discussed below. It must be noted that the comments received by those who selected neither proposed option were generally more negative.

**> Walk-in services for all ages**

The most common theme which emerged from this question refers to the belief that walk-in services should be for all ages, not just those aged 0-19 years:

***"Should be available for all ages not just a few."***

***"why just for children, are they the only ones that get sick?"***

***"…Walk in centres should remain open to all ages, not just 0-19 which is ridiculous - do older people not get unwell??"***

***"its ageist - why treat just this age group. this service should be for all ages."***

This was seen especially in the comments from Birkenhead, Wallasey and Eastham residents, but also across other areas of the borough. Participants felt that there should also be walk-in facilities available to the elderly, particularly as there is a ageing population on the Wirral:

***"Without doubt they are very important, but what about the elderly…"***

***"more confusing having different care in different places dependent on age What about elderly?"***

***"Inthinknwe [sic] need a service for age groups more important for middle aged and elderly people."***

***"Children only in an area of a vastly ageing population"***

***"…what about the vulnerable and elderly, surely keeping the elderly out of hospital and a dedicated service is more important as it is these patients that need it most."***

Local access to urgent care for this group was often considered to be as important as that for children.

A number of participants commented that the inclusion of 17-19-year olds in the proposals for these services was confusing:

***"Beneficial for younger children.17 to 19 year olds could have the same service as adults."***

***"Why change a system that works well, as an aside since when are 17/18/19 year olds classed as children."***

***"I don't think a 17 - 19 year old would appreciate this though as they are adults.Adults & children should definitely not be insane waiting room."***

Furthermore, others felt that 17-19-year olds, being adults in their view, have the propensity to act as such. It was argued that this could create the possibility of inappropriate behaviour in front of children, thereby, potentially negating one of the benefits of a child-specific service, in that it is away from potentially inappropriate behaviour at adult A&E.

### > Scepticism regarding the proposed changes to children's services

For many, these services for children already exist at MIUs and WICs and, therefore, there is no need for these changes, as the current system was considered sufficient:

*"There are already walk-in centres, so you are changing nothing except reducing access to adults."*

*"current walk in centres can be accessed by parents. why change a system that works"*

*"The current system appears to work why change it."*

Dismay as to not being given the opportunity to express this opinion in the consultation survey (i.e. a third option) was also noted. As well as a desire to maintain MIU and WIC services for all ages, there was also confusion as to why only some ages could have local drop-in services:

*"Why? Local services still required for ALL ages"*
*"What about adults?"*

*"Why just children up to 19 and not adults?"*

*"Why only children? Adults get similar ailments, many cannot drive so rely on public transport. What happens if they get sick?"*

Furthermore, some participants were unsure as to how this offer was different to that available at present, whilst others felt that GPs should be the first port of call for children's care anyway.

Some felt that not knowing the locations of these services made giving an informed opinion difficult, whilst others were unsure that the proposals would work in practice, despite seeming promising on paper. For some this was directly attributed to a lack of information provided by the CCG. Others also suspected that these changes were simply a cost-reduction exercise.

There was also concern expressed as to whether children would need to be transferred to APH from these localities if care from specialist clinicians were required:

*"We took my stepson to the Walk in Centre last week because he had been punched in the eye at school and the triage nurse suspected a broken bone. He then went to Children's A&E for a stitch and an X ray. I suspect that under the new system we would have followed a similar process but instead of walking from the Arrowe Park walk in centre we would have to drive from somewhere to Arrowe Park. The drive isn't the problem, it is the bureaucracy involved in transferring information between the new centres and A&E."*

*"However if they did need to transfer to AP , will the process be ? Will the parents be directed there and have to wait to be seen again , will there be ambulance transfer available?"*

Negative perceptions of, and experiences with, APH were also discussed, as well as the implications of accessing the site, particularly with regard to travelling on public transport with an unwell child.

Some believed that the waiting times at these services would be long, as well as that the waiting times at APH would be adversely affected:

*"Having had to use the A&E Dept at APH, for both myself and young children, I think that it is busy enough and waiting times are not acceptable. I think these new proposals will only exacerbate the situation."*

*"I strongly disagree with this proposal. I do not believe that improvements in waiting times will be achieved."*

*"This will likely impact the waiting times for people over 19 who work and contribute to society through taxes."*

Finally, the lack of consideration in the proposals regarding children's mental health (and the current difficulties those services are experiencing) was also considered a negative.

### > Perceived consequences of the proposed changes to children's services

Some felt that these changes would increase pressure on an already strained APH. This was attributed to the potential for extra referrals as previously discussed, as well as the additional influx a child and adult being ill at the same time might create. Participants felt that the proposals would mean parents and children would have to access care at different sites if both of them were unwell, as only the child could be seen at a walk-in service locally:

***"What will happen if an adult attends a walk-in centre with two children, all with the same symptoms? Under the new proposals, the children will be seen but the parent will be referred to the Arrowe Park site or given an "urgent" GP appointment."***

***"Makes no sense to divide care by age. What if parent also needs to be seen- would have to travel to a different place, dragging their children with them."***

***"Sometimes adults and children need treatment as a family can be unwell. I wouldn't want to go to one place with my child and have to go to another for myself."***

For those in the Birkenhead, Wallasey and Eastham areas, there was concern as to the potentially negative impact of removing children's services in their local areas in terms of access if their locations are different to the current WICs; it was felt that this has the potential to negatively disadvantage patients in these areas.

These themes and comments were consistent with those received by carers. Many GPs also felt that these services should be made available for the entire population:

***"We dont [sic] need a service for 0-19, if anything we need one for working people and elderly."***

***"for all discriminatory."***

***"It is totally unacceptable to have a two-tier service. Whilst addressing supposed confusion you are creating more confusion and inequity. Service should be accessible to all patients."***

This element of the proposal was considered, by some, inequitable care. GPs also felt that walk-in services for some ages and not others has the potential to create more confusion whilst trying to rectify it. A parent and child being ill at the same time was also thought to be a potentially problematic aspect of the proposals:

***"A 30 year old mother come in to the walk in centre with her two children. All three of them have a bacterial infection of their eye. The mum would not be able to be treated under this proposal and would have to take the whole family to Arrowe Park instead of being seen by their local walk in centre. There are many scenarios like this which show how poorly thought out this has been."***

For other HCWs, this was also a concern. A call for walk-in services for all ages was also a common theme, particularly for the elderly and those with chronic conditions:

***"understandably children are a priority when ill, however the elderly are vulnerable, diabetics, COPD patients need to be seen urgently."***

***"This offers localised care, at least for children, what about everybody else?"***

Patient education was a common theme amongst comments from other HCWs. HCWs offered the reasons they believe parents take their children to A&E for care (sometimes inappropriately), namely a result of anxiety, panic or concern; because of no available GP appointments; or because they believe the child is in need of a specialist clinician. In order for these proposals to be enacted successfully, education would be needed:

***"This will only be beneficial if a significant sum is invested in patient education."***

Figure 11: Agreement with Q8, showing overall (n=1555) and sub-categories of Wirral residents (residents only, residents who are also HCW and residents who are also carers)

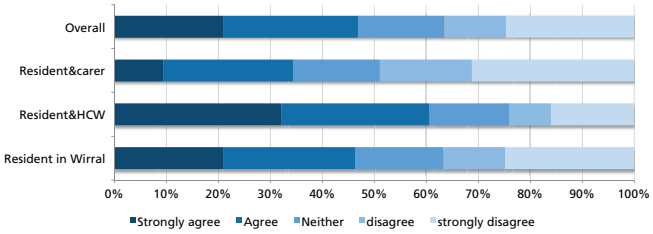
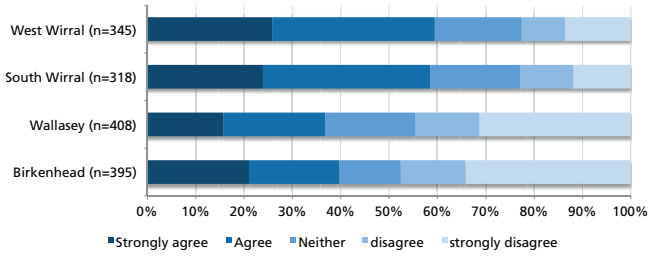



Figure 12 Agreement with Q8, showing response by locality of residence (where a postcode was supplied)




### 4.1.4 Proposed changes to wound care and dressing appointments

The proposal to change wound care (Q8) was agreed with by 46.8% (728/1555) of respondents and disagreed with by 36.5%, with 16.7% neither agreeing or disagreeing (20.9% did not answer). HCW were more likely to agree (59.2%, 90/152) (chi-sq, p=0.005) and carers less likely (35.4%, 35/99) (chi-sq, p=0.027) (Figure 11).

As for the other proposals, residents of Birkenhead and Wallasey were significantly less likely to agree with the proposal for wound care (38.2% compared with 59.0% in West & South Wirral, chi-sq p<0.001) (Figure 12).

4.1.4.1 What participants liked about the proposals

For non-health-professional participants across all areas who chose Option 1 or 2, comments were mixed regarding the proposed changes to wound care and dressing. Many positive comments were made however, which often concentrated on the convenience that bookable appointments across different locations would allow:

***"Different services running at different times at different places are there convenient for peoples [sic] needs, i.e. work, carers etc."***

***Some also felt that the proposed changes would save them time:***

***"It would save time not having to wait as long as the appointments ran to time."***

***"Save time."***

***"This will save time and resources."***

The proposed changes were also considered a good utilisation of resources, as the service will be coordinated and staffed by more specialist staff in a more appropriate way. Specialist staff were also considered a necessity for this service, with many commenting that they felt it must be staffed appropriately to fulfil patient need.

There were also positive comments made regarding the appointment-based nature of the proposed service specifically:

***"...People often feel more comfortable with appointments as it allows them to plan their time and allow medical staff to look at effective care and coatings."***

***"Makes sense to book appointments rather than sit & wait."***

This was considered a more uniform, standardised approach to wound care and dressing. Some considered this to be a clearer system than the current drop-in approach experienced:

***"Would minimise uncertainty and hopefully less hanging around."***

Responses from carers indicate that, for those who are in support of the proposed changes to wound care, the changes have the potential to be a more organised, convenient and time-efficient approach. Some felt that the new service also has the potential to reduce hospital and GP pressures. Some carers also communicated their beliefs on how these proposals could be valuable to both the elderly and carers specifically:

***"I use wound care for my elderly mother and being able to book would reduce the wait."***

***"This would be beneficial to the elderly and carers." The accessibility of the locations for this service were, again, considered important in terms of their suitability for certain groups:***

***"Excellent! Dressing clinics are very much needed. Please consider how patients will access these locations, especially the vulnerable & immobile."***

For HCWs, responses were also mixed. Positive comments from GPs spoke of the advantages of being able to book wound-related appointments, in that were considered more convenient for patients and more efficient than the current system:

***"more convenient, clearer and more equal."***

***"Bookable times for dressings is sensible so people can plan their day and not have long waits for routine treatment."***

It was also felt that the proposals have the potential to reduce pressure on GP practices, unless GP receptionists are expected to book the appointments.

Other HCWs felt that, as well as the same benefits to an appointment-based system discussed by GPs above, local wound care and dressing appointments would be more convenient and accessible for patients, as long as the locations are easily reachable:

***"It makes sense to have these important but routine services in local hubs near to where people live. Just make sure easy transport and parking is suitable for vulnerable people."***

***"A dressing clinic would work as long as the patient is able to travel there easily."***

This also has the potential to reduce pressure on A&E at APH, GP practices and higher-grade clinicians:

***"This would take pressure off A&E..."***

***"Fantastic Idea which will relieve the pressures within GP Practice's for PN's."***

***"That would be a sensible use of a hub, ANP can spend a huge amount of every day doing dressing care that could be managed by a lower grade nurse. This would then allow the ANP to see and treat the more appropriate patients for that grade."***

It was felt that these changes do, however, need to be standardised in order for patient uptake to be maximised:

***"Bookable appointments, at the same place each time will be more beneficial than different services running at different times and places. Needs to be standardised so it becomes 'the norm'."***

4.1.4.2 What participants disliked about the proposals

The negative comments received from non-health-professionals regarding changes to wound care and management followed common themes, which will be discussed below. Again, more negative comments were made regarding the proposal changes from those who specified no option preference.

**> Perceived consequences of proposed changes to wound management**

A number of participants commented that it was difficult to deduce whether the proposed changes would actually work in practice. Others felt that the changes have the potential to create additional pressure on GP surgeries and force those currently not registered at one to do so.

In terms of the appointment-based element of the changes, there was concern that these appointments would book up quickly, resulting in them being unable to access an appointment when needed:

***"Whilst it sounds like a good idea, my concern is that the appointments will be quickly booked up."***

***"Wounds need to be attended to every 4-5 days what will happen if all appointments are booked up?"***

***"On paper it is a great idea having bookable appointments however these will be limited and then those without an appointment will attend A and E or even worse do not attend any service and develop an infection an end up as a standby sepsis…"***

Demand for these appointments was perceived to be potentially quite high. Long waiting lists for appointments, as well as long waiting times at the sites, were also predicted. A lack of available wound management of an evening and/or weekend outside of APH was also considered a disadvantage, as this would currently be accessed locally at MIUs or WICs. Furthermore, not being able to access drop-in wound care was also considered detrimental for those who work as it would result in them having to take time off for an appointment:

***"Pre-booked appointments for dressings is a great idea, however drop in appointments still need to be available for such as burns, falls etc. People who work."***

***"this does not suit people working."***

***"I find the current range of times useful both for those working and not working and those who work shifts."***

The accessibility of the sites for these services was also considered problematic, especially for certain groups (particularly the elderly and those living in deprivation) should these not be local to the patient:

***"It has to be local to patients home."***

***"If your GP is unable to provide this service then it should be accessible locally for the patient."***

***"Travelling across different sites is stressful for the elderly and difficult when different bus routes have to be obtained."***

***"Not catering for old & young who have no transport and cannot afford taxis."***

There was also concern expressed regarding the impact of patients not attending appointments and thoughts as to how this may be sanctioned. Participants also believed that this model of wound care would result in more pressure on APH. It was thought that those with a minor cuts, grazes or burns would be unable to make an appointment on the day for care or access a WIC and would therefore present at A&E:

***"If I cut myself in a minor way it needs to be triaged, so I have to go to Arrowe Park that is an hour minimums ride then book an appointment to get it redressed ? I have been to VCH and been triaged stayed glass removed from my foot and antibiotics prescribed in an hour and a half do you see what I'm getting at."***

***"It depends on what is meant by wound care. I have attended the walk-in when I have cut my finger and needed advice on whether is required stitches. It didn't but did need dressing to keep it free from infection. If this type of injury is now going to mean you have to book an appointment I disagree with the proposal."***

***"Some GPS are impossible to get appointments with which is why walk in centres are useful. They are also useful for cuts and wounds. I don't see people getting***

***appointments for injury when they need them and A +E will be blocked up with those people."***

A number of comments also expressed fear that the redesign of these services would be unsuccessful (as in the case of recent changes to phlebotomy services) and they were therefore sceptical as to their viability and longevity.

**> Scepticism regarding proposed changes to wound management**

As discussed above, some participants felt that there had not been enough information provided (regarding locations and projected demand) to make an informed comment on these proposed changes. Furthermore, recent experiences with phlebotomy service changes resulted in a number of participants being sceptical regarding service changes generally, particularly those that centralise services away from the community.

The centralisation of wound care (in this case, it would seem, away from MIU/WICs and GP surgeries) was not considered favourably:

***"Every attempt to centralise services has resulted in chaos, longer waiting times, poor outcomes. Here we go again, when will you learn."***

***"Why cant [sic] this be offered at GP Practices? why does everyone have to be shepherded into one place. This is just moving the problems from one place to another!"***

Participants questioned what the CCG's motives were in re-organising these services, particularly given that they felt a lack of information had been provided and that many believe the current provision works well:

***"You have not stated where these different places would be so you are not giving people an informed choice, until you do I would suggest you remove this question from your survey."***

***"Keep services the same. Rather than cutting services make savings on cheaper suppliers to the nhs."***

***"This is a cost cutting exercise. The present provision is working well."***

This generally correlated to participants' desire to maintain MIU and WIC services in the local community, which was seen especially from residents in the Birkenhead, Wallasey and Eastham areas. It was believed that WICs could be used for the wound service, if the current provision was expanded:

***"This is a good idea, but could be incorporated into the present system."***

***"It would be a good idea/ However again these can and are regularly done at the current locations. The current places DON'T need to close to set this up. Give the current locations the ability to prebook appts for dressings. But leave it alone so they can still walk in if they want to. To their Local place that they use at the moment."***

Others did make comment however that they consider the current distribution of MIUs and WICs across Wirral inequitable and so this would not favour them specifically. The perceived impact of the redesign of these services also contributed to the scepticism regarding their success in practice, particularly how the system will affect vulnerable individuals and the housebound. Participants' also requested that the CCG consider how those with no, or limited, access to the internet and phone would book wound appointments with NHS 111, particularly the elderly.

Apprehension regarding the resources required to enact the proposals was also conveyed, particularly regarding perceived current GP shortages and the specialist clinicians required to staff the service. Scepticism regarding the efficiency of NHS 111 was also common, either relating to negative past experiences with, or perceptions of, the service:

***"NHS 111 is no good."***

***"INFORMATION FROM 111 NOT ALWAYS SUITABLE MANY MISTAKES HAVE BEEN MADE IN THE PAST…"***

***"Not confident that 111 service would deliver."***

***"im [sic] still waiting on a call from 111 to get back to me and no one called me back!"***

***"I don't think 111 is a good service. I have used it before, been on the phone to them and after 20 minutes they then sent me to A.P.H."***

It was also felt that this would be a waste of NHS 111

resources. Some participants stated that they would prefer to book appointments at the particular service locations.

### > Access considerations

As previously discussed, a preference for local WIC services was common, particularly among residents of the Birkenhead, Wallasey and Eastham areas. Appeals for more equitable services across the Wirral were also given by those in all areas but especially those in West Wirral where it is felt provision is currently poor.

As there was uncertainty as to where the locations for the wound care and management services would be, many were unsure as to their suitability. However, it was clearly stated that there is a need for local services which are easily accessible by all:

***"Local facilities are better if travelling is painful or difficult for patients."***

***"I depend entirely on public transport so local wound care facilities would be preferable."***

***"As long as they can be accessed by public transport."***

***"Im [sic] assuming these places will be easily accessible by public transport and will have FREE parking ."***

It was believed that the proposals have the potential to disadvantage some groups in terms of transport (both ease and cost) if the sites are not easily accessible to them unlike, in some cases, the MIUs and WICs. How the increasingly ageing population of the borough, as well as those with disabilities, are to access this service was also considered potentially problematic:

***"essential that transport for elderly etc is available."***

***"The only issue would be if elderly patients or those who struggle with mobility to attend cannot get to these places. This would therefore impact transport services - for example if an ambulance was required for the appointment."***

***"…Many elderly people have mobility difficulty and wounds will exacerbate this problem. They need easy, local centres."***

***"Travel is difficult when elderly or in pain and keep it local is better."***

To avoid unnecessary travel, some felt that GP surgeries and District Nurses should be used for these services, especially as some already provide this care.

### > General considerations for the wound management service

As well as the confusion as to why these services can't be provided at GP surgeries or by District Nurses, participants also felt that maintaining MIU and WIC services, alongside the proposed changes to wound care, gives the option to book an appointment or drop-in, whichever is more convenient:

***"…I think a mixture of appointments and drop in facilities is better."***

***"Pre-booked appointments for dressings is a great idea, however drop in appointments still need to be available for such as burns, falls etc. People who work."***

There was also concern that receiving treatment of this kind outside your own GP surgery would affect continuity of care for ongoing wound management.

These themes were consistent with those received from carers, with a preference for the continuation of WICs and the inclusion of this service also being common:

***"Provision must include walk-in facilities across the borough. As a carer life is complicated enough without adding yet another layer of bureaucracy to get my father and mother seen to."***

For GPs, there was concern that the proposals would negatively impact their, and others, workloads:

***"GP does not have capacity to absorb this and extended access does not address in hours pressure. So backward step."***

***"GPs do not have capacity to take on any more work. Extended access does not solve day to day issues."***

***"There is no capacity in GP to deliver this, the CCG is deluded in thinking this will happen in reality."***

***"There is no capacity in GP to take on more. They are failing under the burden now."***

This was considered an inappropriate use of GP staffing and resources. Furthermore, as well as the additional demand they believe these changes will create, some GPs were sceptical about the centralisation of services as they believe this leads to poor outcomes:

***"Every attempt to centralise services has resulted in chaos, longer waiting times, poor outcomes. Here we go again, when will you learn."***

For other HCWs, negative perceptions of NHS 111 and a desire to maintain MIU and WICs was also discussed:

***"Have you tried getting 111 to answer the phone now never mind when they have more to take on. There needs to be a drop-in element too for urgent dressings, leaking wounds, worried elderly."***

***"111 are bad at the best of times. This would just cause chaos. Maybe suggest GPs themselves provide more dressings clinics or alternatively attend Miriam MIU as they already do. Most are very happy with the service provided."***

The preference for drop-in services amongst some patients, poor disorganisation of patients and a concern that, because of this, many appointments will be wasted meant that some HCWs disagreed with this change. Furthermore, some commented that some individuals are unable to use telephone booking whatsoever.

There was also scepticism relating to past service changes:

***"I believe this may become like the phlebotomy services across the 4 points on Wirral were waiting times are extremely long. I also believe that some people may struggle to get there and a wound which is easily resolved may become a much bigger issue due to not accessing the service."***

Concerns regarding the potentially negative consequences of the changes were also expressed. A number of HCWs also felt that it would be more appropriate for this service to be delivered at GP surgeries:

***"GP practices do dressings so how would this be different? Can't they be given the funds to do more of this? Why does it need to be separate?"***

***"shouldn't this service be done as part of the GP service?"***

Concerns regarding the adequate staffing resources available to enact these services were also expressed.

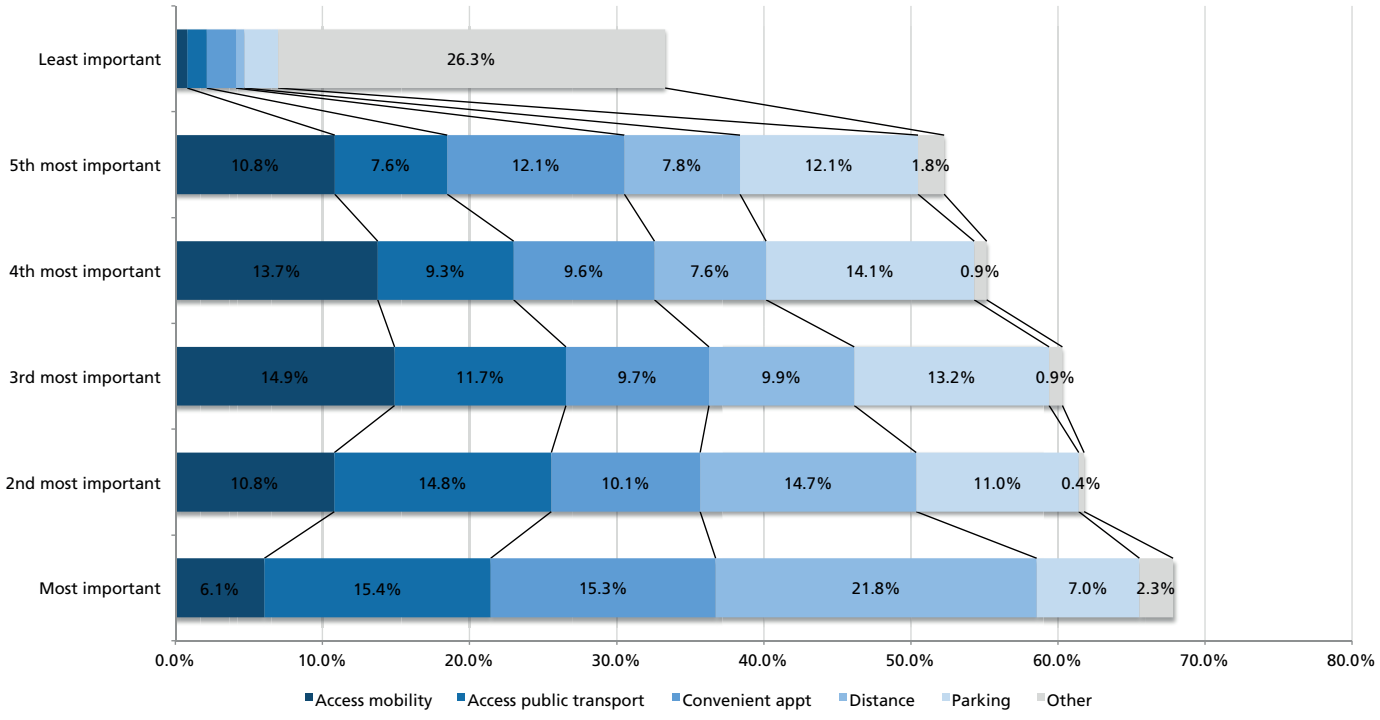
### 4.1.5 Importance of factors being considered in siting new services

When asked to rank the importance of 5 factors (and one 'other' free text option) to consider when siting new children's and wound urgent care services, Distance from home was the factor most often cited as the most important (32.2%, 429/1333), with Access on public transport and Convenient timing of appointments the next most common (each 23%). Up to 1333 respondents (68%) ranked factors but not all these ranked all 6 factors. Missing data are excluded from the following analyses.

Around 25% of respondents ranked Access for those with mobility issues as 3rd and 4th most important (only 9% ranked this as most important). Unsurprisingly, those identifying themselves as having a disability were more likely to rank mobility access as first or second most important, but this was only the case for 15.8% (35/221) and 22.7% (45/198) respectively. Parking was most commonly ranked as 4th most important (by 26% of respondents) and only ranked as most important by 10%) (Figure 13).

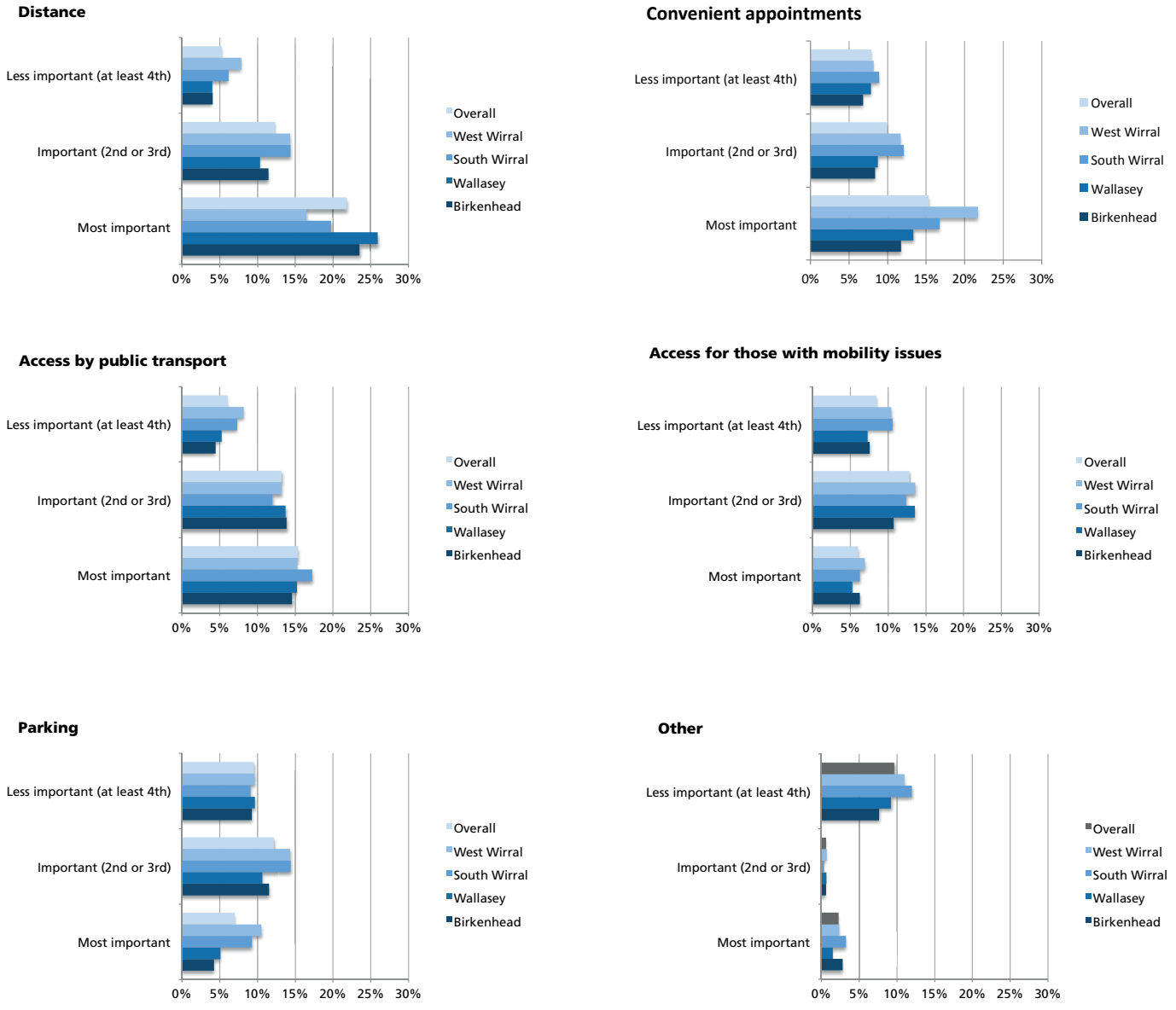
HCW were significantly more likely to consider Convenience of appointments most important (33.8%, 47/139 compared with 22.6% overall: chi-sq p<0.001) and less likely to consider Distance from home important (25.9% compared with 32.2%, non-significant finding). Parking was important to HCW but ranked 2nd (27.8%), much more than 1st (5%). Carers ranked factors similarly to the overall population though perhaps put slightly less importance on Convenience of appointments (31.7% ranking this 5th compared with 23.1% overall, non-significant finding).

Figure 13: Ranked importance of 6 possible factors to consider in siting new children's and wound services (n=1333)



The importance of siting factors was also associated with locality of respondent residence (Figure 14). The most important factor, Distance from home, was significantly more important for residents of Wallasey than overall (25.9% [138/532] compared with 21.8% overall; chi-sq p<0.001). For residents of West Wirral, Distance from home was significantly less important as a factor (chi-sq p=0.026). In contrast, the Convenience of appointments was most frequently cited as the most important to residents of West Wirral (21.7%, 91/419 compared with 15.3% overall; chi-sq p=0.004). Parking was also more frequently cited as most important for residents of West Wirral than elsewhere (10.5% [44/419] compared with 7.0% overall; chi-sq p=0.021). Parking was ranked as most important by significantly fewer residents of Birkenhead (4.3%, chi-sq p=0.008) and Wallasey (5.1%, chi-sq p=0.021). All other differences in ranking between localities were statistically not significant.

Figure 14: Ranked importance of 6 possible factors to consider in siting new children's and wound services, by locality of residence. Statistically significant differences between localities (with 95% confidence) are indicated by *



Open-ended responses for this question from non-professional participants often reflected one of two themes:

- That respondents consider all of these factors of equal importance; or
- That respondents disagreed with proposals generally.

Comments pertaining to accessibility factors (transport and parking difficulties/cost) were also a common theme, particularly relating to accessing APH:

***"What is missing is that a centre should be reachable by some form of public transport from every part of the Wirral."***

***"Parking charges are currently free where the Walk ins/MIUs are. Arrowe Park Charges. Not everyone can afford to and shouldn't have to pay to park when they need medical attention. It's like they are being punished and charged for being sick."***

Many participants, across all locations, stated their preference for local treatment which is close to home and away from APH. Negative perceptions of APH generally were also common. Accessibility was also considered a factor for to the more vulnerable members of the population:

***"What about adults [sic] pensioners and the inferm [sic] wating [sic] for a bus to Arrow [sic] Park that doesn't turn up."***

***"As a disabled person who doesn't drive and bus service is very bad after 6pm, how would I get to Arrowe Park?"***

For those in Birkenhead, Wallasey and Eastham, their preferences for service locations generally reflected a preference for the MIU and WIC localities. However, for those without a MIU or a WIC in their local area, general distance to a treatment centre was still considered an important factor by many.

The comments received often reflected participants' desire to maintain MIU and WIC services, often in terms of how these services could incorporate the proposed new services and thereby expand:

***"Walk-in Centres should be used for this service - staff excellent at Eastham."***

***"Keep current walk-in centres, why waste money developing new ones, but raise their standards as proposed."***

This would mean that services could also remain in their community. The other reason given for participants' desire to continue MIU and WIC service is that they prefer being able to access a drop-in service as well as one which is appointment-based:

***"Must be available as walk in as well as appointments."***

***"Drop in for advice too."***

One theme which emerged again here relates to parents' concerns regarding needing treatment at the same time as their child. With only the children being eligible for treatment at the new wellbeing hubs, parents feared that this would result in additional steps in their treatment journey as a family:

***"What will happen if an adult attends a walk-in centre with two children, all with the same symptoms? Under the new proposals, the children will be seen but the parent will be referred to the Arrowe Park site or given an "urgent" GP appointment."***

This was considered an important factor when planning services for all ages and one which they believe requires further consideration.

Accessibility was considered an important factor for carers, as well as care close to home (preferably at existing MIUs or WICs), longer opening hours, continuity of care and adequate staffing and resources.

Many HCWs also stated that all of the options given for question 10 are of equal importance. Suggestions were also given, which mainly pertained to their desire for equitable distribution of services across Wirral (particularly West Wirral), as well as a need for assurance that future services be staffed appropriately and given adequate resources. Consideration as to how those who rely on public transport, particularly those from the Birkenhead, Wallasey and Eastham areas, will access APH and other proposed services was also requested.

### 4.1.6 Participants' alternative suggestions

Question 12 of the consultation survey allowed participants the opportunity to share any alternate suggestions to the proposed changes. In terms of non-professional participants, many comments received referenced issues regarding the negative aspects of accessing APH and the hospital itself, scepticism regarding the motives behind the proposals and other perceived problems with the proposals which have already been detailed.

In terms of the suggestions received by all residents and carers, the most common theme, amongst all areas of residence, relates to the continuation of MIU and WIC services:

***"Please retain all the walk-in centres."***

***"SIMPLY MAINTAIN THE EXISTING WALK-IN AND MINOR INJURIES SERVICES. IT'S WHAT PATIENTS AND THE MAJORITY [sic] OF WIRRAL GPs WANT, IT'S TIME THE CCG STARTED LISTENING!"***

It was thought that these services work well for most people, are local (and therefore easily accessible) and reduce pressure at APH and its ED department and GP surgeries and should therefore continue. The potential for these services to be expanded (with additional GP and nurses) was also discussed, as well as that of opening an UTC whilst maintaining WIC services:

***"Agree with 24-hour urgent care BUT as an addition to current LOCAL services. Need to retain local services."***

***"YES - make no changes, just designate somewhere (probably A&E at Arrowe Park) as the UTC to meet the regulatory requirement!"***

In terms of suggested service alternatives, the considerations and support needed going forward for particular groups (namely the elderly, those with disabilities, those living in deprivation, children and other vulnerable patients) was a common theme. In some cases this reflected participants' rejection of the centralisation of services at APH as they believed it to be inappropriate, as previously discussed. In terms of how this may constitute alternatives for the elderly, it was felt that their need to access walk-in care should be equal to that of children:

***"Over 65s/75s, could they be treated at the local walk in centres as well as children? They are more vulnerable [sic] and less likely to manage the journey."***

Whilst the service for children was generally favourably received, participants commented that they felt they were gaining this service at the expense of one which would serve the rest of the population, particularly the elderly and disabled. Access to APH for those with disabilities was also discussed, particularly in comparison with the ease of access MIUs and WICs allow. This, it was felt, has the potential to put these groups at risk of poor health outcomes should sufficient support not be put in place or the proposals be reconsidered:

***"If I'm sick & skint, how can I turn up at Arrowe Park with no money to pay for parking? I'm disabled & I can't walk from outside the grounds so if I get sick when I've got no money, I can't go. I'll just get more I'll at home."***

***"A service is required for those with complex issues such as addictions, homelessness and unable to make it to phones and placing triage / nurse facilities across Wirral as drop-ins."***

Some participants also felt that there should be a more equitable spread of services across the Wirral (with requests for services in West Wirral particularly), while others believed that these services should be concentrated in areas where deprivation levels are high and car ownership is low:

***"Keep the existing centres open they are vital to the deprived areas."***

***"Take urgent care centre to less affluent area of Wirral. Make easier access for more vulnerable members of our community. somewhere like the Pyramids in Birkenhead with reasonable transport service. The more affluent members of Wirral will have own transport to access urgent care. The Pyramid site could be used for other services also to provide access to social care needs. Safeguarding access, for example."***

Some comments also suggested that the site at Clatterbridge should be developed in order to make use of the facility and improve access to care in Wirral South:

***"Having centres across the Wirral, not all Arrows [sic] Park centric. Clatterbridge is underused and should be transformed into a centre for emergency care etc. for the south of Wirral."***

Others felt that restoring past treatment options, namely cottage hospitals, would improve patient care, whereas some believed that the standardisation of care the proposals offer would be beneficial to patients. Improved patient record and IT systems across the NHS, more interpreters, free parking at urgent care sites and 24-hour provision were also suggested.

In terms of service suggestions, many commented that more services, not less (as they believe these proposals offer), would improve urgent care. It was felt that longer opening hours, as well as more appointments, GP led-services and staff, would improve urgent care:

***"Regardless of the decision taken about the urgent treatment centre, I think the CCG should arrange for more GP appointments to be provided to avoid patients having to travel around the system to be seen."***

***"If we have more appointments for primary care - GP, nurse etc we hopefully won't have the influx at A&E. That said, this needs to be managed and staffed properly (staff sickness, funding etc) or it will revert back to A&E."***

***"Visits to A&E are generally a nightmare and could be avoided if local GP surgeries were open longer."***

***"GP surgery would provide better service with longer opening hours . Evening & weekend appointments for working people."***

***"…Emply [sic] more staff…"***

***"Give people more local services that are clear about what they can offer. They need to be well funded with adequate staff for when needed…"***

Participants also felt that Practice Nurses should be utilised further at GP surgeries, particularly in terms of their potential as a provider of the wound care and dressing service.

It was felt that should the patients who presented inappropriately at A&E be triaged away (either by A&E staff themselves or those at the UTC), this would reduce pressure on APH and the health service generally. Some believed that this would negate the need to change urgent care altogether. Some acknowledged the need for education in the prevention of inappropriate pathway choices and felt that these proposals need to be communicated carefully in order not to exacerbate this confusion further:

***"We are told that the premise of making a change to the current service for urgent care is that people are confused about how to access it. If this is the case, why not in the first instance make it your job to clarify the current system for all NHS users. We don't need yet more change for no proven reason."***

***"Education is needed about a&e and its services as the same people who feel this service is better and will get themselves seen quicker will continue to attend by passing over services whaat [sic] ever they are named."***

***"Educate people on when to go to a and e and when to use other services. This seems to be a proposal to change everything because some people need educating and when to go to to certain services. Surely education leaflets to every household is cheaper than a full replanting and resourcing of local healthcare."***

***"…Communication and a customer service approach to anything you implement is key PS use social media more."***

***"Once the proposals are agreed it's essential that residents are clearly informed about how the system works and where the various centres are located."***

There was also concern from non-health-professionals regarding the use of the term 'urgent' to refer to care needs of this kind, particularly in terms of the potential confusion this has and could create:

***"Uegent [sic] care should NOT include things like coughs and colds that can be managed by patients parents and pharmacists..ridiculous [sic] that you***

*include these in your plans and may mean you are wasteful of resources...something it would be important to manage surely?"*

*"Although I am aware that 'urgent care' is an NHS England term, I am not convinced that those outside commissioning groups are truly able to distinguish 'urgent' and 'emergency'. I know 'urgent' is same day care and 'emergency' is immediate care but these terms aren't dissimilar enough for the general public… I feel that many would agree that it is not a nuanced enough term and worry that this will impact how these changes are received."*

*"The use of the term Urgent Care is confusing. It comes from America (I've used Urgent Care services in the US) where such centres are based out in the local community well away from hospitals but their health system is entirely different from ours"*

Some felt that in order to reduce this confusion, prolific communication with patients is required:

*"Keep Walk in and Minor Injury Centres but clarify and constantly publicise what this means and what distinguishes Urgent from minor treatment concerns"*

*"…I think re-education is needed to get people to learn to wait when conditions are not urgent."*

*"People need educating about what an emergency ailment is."*

The need for education of patients was a common theme amongst HCWs, both in terms of enacting the proposals and maintaining services as they currently stand:

*"One of the major problems arising out of the confusion of responsibilities is that A&E has become a first port of call for many. This way of thinking is now ingrained into the public psyche [very understandably] and will not be changed by attempts at "educating the public". At the recent public meeting in Heswall, I was encouraged that enforced behavioural change would be determined by placing the new Urget Care Centre as a filter through which walk-in patients would have to pass. For this reason, the service needs to be 24 hrs to continue the "protection" of A&E as a specialist service."*

*"Keeping the service as it is with greater public education of when to access different services is a better use of public money and time."*

*"my other concern is that public attitude needs to change and I'm unsure how this proposal would do that?"*

*"Improve on the advertising of the currently, open and excellently functioning walk in and minor injury centres to help prevent confusion. Closing sites does not stop confusion it stops access and more people could be prevented from getting correct care than they do now. Education of the public will help far more than closures."*

Some GPs called for the sole continuation of MIUs and WICs, whereas others suggested an UTC alongside WIC provision:

*"Use various services at aph to develop the UTC and leave community services alone.- enhance them plus create services where there is a gap."*

It was felt that this would combine the positive aspects of both appointment- and drop-in-based care. Other suggestions related to the promotion of self-care, the utilisation of digital triage systems and the extension of patient record access across all sites.

For other HCWs, providing WIC facilities to all ages was considered an important suggestion, as well as their general continuation:

*"keep the existing centres open. they are convenient, flexible, friendly and not at all confusing."*

*"Keep the WIC at Eastham and Miriam. Extend their hours from 07.00-22.00. Make APH WIC an Urgent Care Centre as planned with 24 hr access. Ensure triage at A&E can redirect inappropriate patients to the Urgent Care Centre and/or have a GP in A&E to deal immediately with general practice patients who shouldn't be in A&E."*

*"Keep walk in centres open. GPs to open additional appointments. Social care to actually get some funding so they can let medically fit patients go home safely."*

Maintaining WICs alongside the UTC was also suggested, as well as the utilisation of pharmacy

services. Sufficient staffing, funding and resources were considered vital factors to urgent care provision, regardless of the service offer, and should be given thorough consideration by the CCG going forward.

There was some support for the promotion of self-care element of the proposals from HCWs:

***"An enhanced focus on the population looking after their own health is the only way the NHS will survive longer term." GP***

***"Make people go home with non urgent cases. Let them see a chemist or GP when available." HCW***

However, some HCWs felt that the self-care element of the proposals is necessary, but that uptake would be poor. Furthermore, it was also felt that this is a conflict with the messages given by HCWs:

***"How do you propose to promote self care when we in the NHS have promoted people access the services for anything and everything"***

#### 4.1.7 Any other comments, concerns or ideas shared

The last open-ended question allowed respondents the opportunity to share any other comments, concerns or ideas. Analysis of the comments from non-professionals revealed six themes. With the exception of comments relating to their scepticism surrounding the proposals, for the following themes, comments made were a duplication of those in previous questions:

- Perceptions of APH;
- The desire to maintain MIU and WIC services;
- Perceived consequences;
- Scepticism regarding CCG motivations and consultation methods;
- The need for improved education and communication; and
- Important factors in receiving urgent care.

These themes will therefore not be discussed in this section as they have already been detailed elsewhere.

The exception to this is to note that respondents added here that they felt the CCG's pre-consultation survey was much too limited in sample size and that this consultation itself was poorly communicated, which had not been stated previously. It should be noted that, whilst these comments are not being discussed, they were made to give emphasis and context to the disagreement expressed regarding the closure of MIUs and WICs and relocation of services to APH, which was a common assertion in the data. Similarly, positive comments were also made here to indicate participants' agreement with the proposed changes. Not detailing these comments does not represent agreement or disagreement where it was not given and is solely an attempt to avoid unnecessary repetition.

### 4.2 EASY-TO-READ SURVEY

The open-ended responses received from the easy-to-read survey were analysed and revealed similar themes to the public survey. These themes will be discussed below in terms of what participants liked and disliked about the proposed options, alongside the findings from the quantitative analysis.

#### 4.2.1 What participants liked about the proposed options

There were a number of elements of the proposals that some of those who responded liked. Firstly, some felt that the proposed changes have the potential to reduce pressure on the ambulance service:

***"This may also eleviate [sic] the finiacial [sic] pressure's on ambulance's and the cost of taxis"***

In terms of the GP element of the proposals, more available GP appointments and longer access times were welcomed, with some believing this to have the potential to reduce pressure on APH:

***"It is very beneficial for everybody in the Wirral. Less stress on Arrowe Park"***

***"I think this would be a good idea, to spot people going to A&E when they don't need to."***

Secondly, this element was considered particularly beneficial given the current struggles experienced with obtaining a GP appointment:

***"This would be more beneficial to gain access for more GP appointments so patients do not have to wait so long. At the moment, if I need to see my own GP, then I can only see my GP on the day if I call from 8am Most of the time I call, I am constantly redialling for 20 mins until my call goes through. And at times, by then, there is no more appointments available."***

***"I believe it is essential that more GP appointments are available. I have had a delay for myself and family due to lack of appointment availability."***

Some thought that treatment with your own GP would allow for continuity of care, particularly for those over 75 years of age and/or those with mental health problems. Some were, however, sceptical as to whether this is achievable. However, it was also felt by some that this proposal would be better for working people.

There was markedly more support for the children's drop-in element of the proposed changes:

***"Good idea to keep children care separate from adults to make more time for each."***

***"This would be a great idea as this could help to get them seen more quickly. This could be a more family friendly environment."***

***"I believe this is great so that children don't have to wait with adults with all sorts of problems. Also there would be Drs that specialise solely on children."***

Some participants believed that these changes would reduce pressure on the children's A&E department at APH. Local children's drop-in services were also considered to be more convenient than accessing care at APH.

Support for the proposed changes to the wound care and dressings service was mixed, but there were a number of elements and benefits some participants liked. As well as having the potential to conserve community nurse resources, a number of participants felt that this service would keep traffic away from A&E and thereby reduce the current pressure on the service:

***"The above will take pressure off A&Es especially if you cant get to the hospital."***

***"…this idea would also ease pressure on A&E"***

***"An essential and crucial service which removes the need to attend A&E, adding to wasting time and congestion at A&E"***

It was also felt that keeping these wounds services local to community need would be paramount. Of the 73 people responding with what would be the most important factors in determining where children and wound services should be sited, 75% said services close to home were important. Women, respondents over 55 years old, those with a disability and residents of Birkenhead were the most likely to mention proximity to home as important to them.

A further 71% said they should at least be easy to access by bus and this was again a view most often held by those over 55 years old and/or by residents of Birkenhead.

In terms of the changes generally, a number of participants did state, however, that whilst they may have indicated their support, particularly to more GP appointments, this was not at the cost of other services, namely WICs:

***"I think it is a good idea if other services aren't compromised."***

***"These would help the communities in those places. But why close the walk ins to do that?"***

***"I would still like to have choice of Drs appointments and still have walk in centre as not everyone can get to Arrowe Park…"***

***"Why not both? Don't close our walk ins. Especially Miriam. It is local and vital for the community."***

**4.2.2 What participants disliked about the proposed options**

The comments from those who completed the easy-to-read survey regarding what they considered were the more negative aspects of the urgent care proposals share common themes and will be discussed below, with the themes bullet-pointed for clarity.

**> Scepticism regarding the proposals**

Some participants felt that no evidence had been presented which would show that the proposed changes will improve services and they were, therefore, sceptical as to their success in practice:

***"…Why not improve the NHS and then expand instead of building something new that might not work?..."***

***"…You (NHS) have not shown how closing walk in centres can improve GP services."***

Furthermore, one participant was sceptical as to the legitimate motivations behind closing MIUs and WICs:

***"An urgent treatment centre should not be available at APH this is blatantly a cost cutting exercise and designed to appease WUTH not for the improvement of care of pts."***

Some comments also stated that they believe the proposed changes to urgent care are based on cost-cutting motivations.

**> Support for Minor Injury Unit and Walk-In Centres**

For a number of participants, the closures of MIUs and WICs which would result from the proposed changes was thought to be unacceptable:

***"I think you should think twice before closing Miriam minor injuries."***

***"Do not close walk in services as things will be far more concerning for all local patients to these facilities."***

***"What we have now is perfect for children AND adults."***

Many called for extended access to GP appointments and MIU and WICs to continue. The centralisation of urgent care services at APH was considered by many to be unfavourable and there was fear expressed regarding not being able to "walk-in" locally for urgent care.

It was thought that these nurse-led services are a reasonable alternative to attending APH, that they relieve pressure on doctors and are an important treatment route for working people. Furthermore, it was felt that these services have resources GP surgeries do not:

***"Unacceptable and ridiculous. Walk-in-Centres are by far the best option. Wallasey Walk-in Centre has access to x-ray and other clinical services which a GP would be unable to provide…"***

Many also stated that they use these services frequently and shared experiences which were, in some cases, considered life-saving:

***"I have used Miriam medical out patients and they need to stay open. I have been admitted to hospital life-saving they need to stay open."***

***"I have used this service many times for my own children and children in my care. I have found this service of great convenience and it is reassuring to get prompt care, assessment and treatment immediately and locally."***

***"I have used minor injuries centre in New Ferry for small wounds. Had to wait about an hour but so much better than making an appointment or going to Arrowe Park. Local local local."***

Many also considered MIUs and WICs to be more convenient and valuable assets to their local communities. Furthermore, some believed that the fact these services are, in their experience, always busy should support their continuation:

***"The walk in centre at Mill Lane is essential. Appointments would be helpful. DO NOT AXE THIS SERVICE (it is always busy)."***

Support for WICs was particularly prevalent amongst respondents from the Wallasey area:

***"Walk-in-Centres are by far the best option. Wallasey Walk-in Centre has access to x-ray and other clinical services which a GP would be unable to provide."***

***"My local Walk-in centre is perfectly adequate, thank you."***

***"Walk in centres are important, working full time I've had to go the walk in centres due to my eye condition and they've really helped."***

Respondents from Birkenhead and other areas also showed support for the walk-in facilities at Miriam Medical Centre. Those in the Neston/Parkgate areas were concerned about their current urgent care provision and how the changes would impact them.

### > Resources

As previously mentioned, some participants were sceptical as to whether the GP-led element of the proposal were possible. This was due to a number of considerations, such as the perception that GP services are already under pressure (and it is therefore already difficult to make an appointment) and that there is a current shortage of GPs in the area:

***"Rubbish. You cannot easily get appointments now."***

***"Doctors are already under massive strain, how can they offer more appointments?"***

***"Having more GP appointments would be greatly welcomed, but GPs already pushed to limits."***

It was also suggested that, as a result of negative experience with booking an appointment, NHS 111 requires improvement before the proposals are enacted.

In terms of MIU and WIC resources, some participants suggested using these facilities to incorporate the wound care and dressing services element of the proposals. A number of participants believed that closing these services would be a waste of effective resources:

***"…the building will go to waste if closed…."***

***"The walk in centres are perfect for this type of need having a service solely to wounds and cuts does not make any sense. Waste of money."***

When asked which option of availability was preferable, 56% chose option 2 (UTC open 15 hours and wound care and walk-in centre for 12 hours) and 44% chose option 1 (24hr UTC and wound care and WIC for 8hrs). Residents of Birkenhead were much more likely (74%) to prefer option 2. Those with disabilities were equally likely to prefer option 1 or 2.

## > Potential consequences of the proposals

Comments from a number of participants described what they believe to be the potential negative consequences of the proposed changes to urgent care. There was concern by some that the closure of MIUs and WICs would result in GP appointments becoming more, not less, difficult to obtain:

***"I think it would make it more difficult to get appointments without walk ins."***

***"I think that getting appointments would be more difficult, if walk in centres close."***

***"what happens if you can't get an appointment?"***

Of the 73 people responding, 64% felt that ease of getting an appointment that suited them was one of the things most important to them in considering where wound or children's services should be sited. Ease of appointment was most important for those under 35yrs.

In terms of the consequences of the changes at APH, some believed that, as well as increased traffic to the site, the hospital itself would become overloaded in terms of the number of patients and resources available:

***"Arrowe Park Hospital is a very busy over stretched hospital - Adding an extra Treatment Centre will put more pressure on the hospital. There are difficulties with parking and waiting times for all services…"***

***"…Can see that having only one Adult Treatment Centre at Arrowe Park will put a strain on services there - even more so than now."***

56% of respondents considered parking to be important to them in deciding where wound and children's services should be sited.

## > Service considerations

Participants offered a number of considerations which they believed to be imperative in the provision of urgent care, either relating to the proposed changes on offer currently or urgent care generally.

In terms of considerations relating to this proposal, whilst some participants acknowledged that the changes were more suitable for those of working age, concerns regarding those who are of retirement age were also expressed:

***"This is good for working age patients. What about designated GPs for over 75s? I prefer to see someone I know, not a complete stranger. Continuity of care."***

***"As long as people not expected to travel distances especially elderly."***

***"More GP appointments will help for elderly and those with minor illness."***

It was also suggested that urgent care ought to offer 24-hour provision, as this would be most suitable for those who work shifts. Others felt that there is a need for improved access to urgent care at the weekend. However, respondents aged 35-54yrs were less likely than average to list ease of making appointments to suit them as an important factor in siting children's or wound services and those under 55yrs were the most likely to choose option 2 (with extended walk-in hours but not including 24 hour urgent care).

Some also believed that drop-in services are sometimes necessary:

***"No one in reality/truth society plans a second by the clock when to be ill. People do not fall ill between the present hours, illnesses are not planned between present hours all illnesses can happen any time. Any time is for all of us."***

***"A walk in service does suit those who would struggle to commit to set times…"***

It was also thought by those in the Wallasey area that two UTCs are needed, one at APH as proposed and one in Wallasey.

Whilst the proposed changes to children's services were spoken of more positively, participants who responded to this survey also voiced their concern regarding the changes. A number of participants believed that local walk-in services should be available for all ages and not just for children. Furthermore, it was felt that there are other vulnerable members of society who require walk-in facilities too:

***"Walk-in-centres are essential for all residents particularly the elderly and infirm. They must be easy to reach, preferably within walking distance."***

***"…but also do consider the elderly who in need too!"***

***"Fine but children are not the only vulnerable group. Local walk-in centres are also very important for people that find travel hard, i.e. learning disability, homeless, physical disabilities."***

***"This is ok in principle but people with LD are just as vulnerable."***

Concerns as to both the child and their carer needing care at the same time were also shared:

***"What would happen if both a child and a parent need treatment for the same problem? Would the parent leave their child and go somewhere else for their treatment?"***

***"Why only children? If I take my 5 year old there while ill myself then I'd have to drag my sick child elsewhere to get treatment. Its ridiculous."***

A number of participants felt that the children's service and/or the children's A&E department at APH should become a 24-hour service:

***"It would be good to have a walk in service or similar service for children which is 24 hour service…"***

***"Brilliant if open 24 hours and staffed properly."***

***"Having the children's A&E open 24 hours would also be helpful."***

***"…why not just open children's A&E 24/7 instead of closing walk in centres."***

With regard to the wound care and dressings service, a number of participants emphasised the importance of local services. Furthermore, a number of participants felt MIUs and WICs should be used for this service:

***"The walk-in centres could provide this service."***

***"Keep this service at the current walk in centres IT WORKS!!"***

***"The walk in centres are perfect for this type of need having a service solely to wounds and cuts does not make any sense. Waste of money."***

Some participants also believed that this service should be offered by GPs.

In terms of urgent care generally, it was felt that education is needed on how to use urgent care services correctly:

***"…Every person needs to be educated more…"***

***"Advertising the new proposals widely through as many channels as is possible (e.g. buses, trains, local radio, local websites, leaflet drops, notices in surgeries, pharmacies, post offices, supermarkets) is not doubt regarded as being an expensive exercise but must surely eventually save time, effort and money for both the patient and clinicians if the public is more informed as to their choices and the expectation of that choice by the service."***

One participant did feel that, even with this information, it would still be difficult to know where to go for urgent care. Confusion was also expressed regarding the understanding of the term urgent:

***"To me urgent and emergency are the same, and I shall jump in the car and drive to Arrowe Park. An appointment 24 hours away is NOT urgent."***

***"A bus journey can take an hour or more to Arrowe Park so it is inappropriate for "urgent care"."***

Separate crisis centres for those requiring urgent mental health care were also called for, as well as questions relating to the provision of urgent mental health care generally:

***"…Mental health needs its own separate crisis centre with a fast track to see somebody in an emergency…"***

***"I do not understand the statement that 'we are not proposing to change how mental health services are assesses….' Does this mean that they will be better or worse under the new proposals?"***

***"People with mental health issues like to see their own Dr rather than someone they don't know - bear this in mind with the 8-8 appointments as well."***

### > Access considerations

As previously discussed, many participants stated a preference for local services. For many, this preference was as a result of issues with transportation outside of their area and/or to APH:

***"Walk in Centres should stay open. Arrowe Park and Clatterbridge is to far away."***

***"The current walk in centres are well placed. It takes an hour + to get to Arrowe from Eastham - or an expensive taxi ride."***

***"For those using this service could be difficult to access if public transport is as poor as it is presently."***

For those in Wallasey in particular, there was an issue with transport to APH. Travel outside of the area is difficult as a result of the area being an island and the public transport options are considered limited:

***"Wallasey is an island so entering or leaving the town centre can be difficult if there is a problem with the bridges. This is why Wallasey residents objected to building a hospital at Arrowe Park and destroying all our hospitals. I vaguely remember being promised our own new hospital after Arrowe Park had been built. This has still not happened, so the walk-in centre provides a reasonable alternative. The hospital should never have been built at such a difficult location to access."***

***"…ARROWE PARK is not an option. There is no direct public transport now. Route 106 circular and 403 Seacombe to APH have been cancelled. We are virtual prisoners in our own home. We need to use taxis for appointments. Taxi to VCH £7.00 return, to APG almost £18. I rest my case !!"***

Poor public transport links to APH were a common theme across all areas:

***"…Arrowe Park is badly served by public transport, as Birkenhead centre is the only place well served with buses and trains…"***

***"…I am 85 and the bus to Arrowe Pk Hospital only passes every 1/2 hour."***

***"The public transport in this area leaves a lot to be desired by those people unable to fund a car or use taxi services."***

The parking at APH was also considered insufficient. Furthermore, it was thought that the elderly shouldn't have to travel long distances for a centralised service.

In terms of accessibility issues for vulnerable groups, some respondents were concerned with the impact of the changes on these individuals:

***"The walk-in centres should be accessible to these groups too: - learning disability - elderly - homeless - physical disability - Autism - Other"***

***"Older patients both adult and elderly do not always have easy access to central services."***

***"Have it easy for people who are ill and also if have learning difficulties or mental, physical health, old people."***

***"This is obviously a good idea but they will fill up quickly and people with LD often struggle to make appointments. The walk-in centres are much better."***

***"Fine as long as appointment system is accessible."***

It was also thought that those with learning difficulties are reassured by being able to access treatment locally. Furthermore, it was thought that further consideration needs to be given towards accessing care services on the telephone or online, as this is something not all individuals are able to access.

| | Easy on bus | Close to home | Bldngs easy to get to | Parking | Ease of appt | All | Easy on bus | Close to home | Bldngs easy to get to | Parking | Ease of appt |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Female | 33 | 39 | 30 | 28 | 32 | **48** | 69% | 81% | 63% | 58% | 67% |
| Male | 15 | 12 | 9 | 9 | 12 | **19** | 79% | 63% | 47% | 47% | 63% |
| <35yrs | 16 | 13 | 13 | 13 | 18 | **22** | 73% | 59% | 59% | 59% | 82% |
| 35-54yrs | 9 | 13 | 6 | 9 | 7 | **16** | 56% | 81% | 38% | 56% | 44% |
| 55-74yrs | 15 | 16 | 14 | 11 | 13 | **19** | 79% | 84% | 74% | 58% | 68% |
| 75+yrs | 8 | 9 | 6 | 4 | 6 | **10** | 80% | 90% | 60% | 40% | 60% |
| Disability | 15 | 17 | 12 | 12 | 13 | **20** | 75% | 85% | 60% | 60% | 65% |
| Birkenhead | 20 | 23 | 14 | 12 | 12 | **25** | 80% | 92% | 56% | 48% | 48% |
| Wallasey | 8 | 7 | 8 | 5 | 7 | **10** | 80% | 70% | 80% | 50% | 70% |
| South Wirral | 1 | 2 | | 1 | | **3** | 33% | 67% | 0% | 33% | 0% |
| West Wirral | 4 | 5 | 4 | 4 | 5 | **6** | 67% | 83% | 67% | 67% | 83% |
| **Total** | **52** | **55** | **41** | **41** | **47** | **73** | **71%** | **75%** | **56%** | **56%** | **64%** |

Figure 15: Demographic profile of easy-to-read survey respondents

Of the 73 respondents to the easy-to-read survey, 91% were white British/Irish and 95% were heterosexual. Please note that the number of respondents to this survey were too small to analyse in terms of protected characteristics.

# 05 PUBLIC EVENTS, LETTERS & EMAILS

A total of 65 public events were undertaken in total, supplemented by various other activities and local events. The notes from seven of these public events (listed below) were Qualitative data was provided to Hitch in the form of letters and emails which captured the comments from these meetings and events. This data was provided within an Excel file which included attachments in PDF and .msg format.

| LOCATION | DATE |
|---|---|
| Birkenhead Town Hall | 4th October 2018 |
| West Wirral Constituency meeting | 4th October 2018 |
| Eastham | 30th October 2018 |
| Heswall Hall | 8th November 2018 |
| Birkenhead Cricket Club | 13th November 2018 |
| Ellesmere Port | 15th November 2018 |
| Neston | 19th November 2018 |

As the data from the survey (Section 4) indicates, Distance from Home is a key influence on how and where services are accessed.

The comments received via these meetings and the letters and emails sent were strongly reflective of the comments found in the open-ended questions of the public survey. With this in mind, we have not sought to replicate comments in too much depth; instead, we have summarised the overall themes.

### 5.1 WHAT PARTICIPANTS LIKED ABOUT THE PROPOSALS

The qualitative data collected contained very little support for the overall proposals. Any support centred on the need for individuals to focus on self-care and thus reduce the burden on the NHS, rather than any positives associated with the proposals that were presented in the consultation document. There were some comments and areas from public feedback that indicated support:

***"There are two attractive points made regarding: a) closer working with social services...b) the implied extension of advanced paramedics provision…"***

***"The use of Specially trained paramedics is a tool which could be very useful, who trains and employs them?"***

***"The pressure obviously needs to be taken off A&E and an extra Urgent Treatment Centre would provide a necessary and welcome extension to this service for the people of Wirral."***

***"As a user of GP, Walk In and A&E services, I feel that the changes appear to address issues I have experienced and will lead to a better service generally."***

***"The Urgent Treatment Centre at Arrowe Park should be open 24 hrs per day."***

### 5.2 WHAT PARTICIPANTS DISLIKED ABOUT THE PROPOSALS

Across all the data collection formats described above, there was a great deal of agreement as to what were the key concerns and issues associated with the proposals. These have been summarised into a number of thematic areas for this report, these are described below which, ultimately led to concerns about patient care and impacts on personal health and wellbeing.

### > Transport, travel and access to Arrowe Park Hospital

- Locating the UTC at APH;
- APH already seen as problematic for parking;
- Concern about an increase in traffic flow around APH causing further congestion;
- Public transport to APH being viewed as insufficient, long, and costly;
- Public transport does not run 24-hours per day;
- Public transport does not access APH;
- Concerns were expressed about long public transport journeys when feeling ill or with ill children;
- Many felt that these issues would lead them to have to make expensive taxi journeys or would cause an increase in ambulance call-outs:

***"A major concern is whether the retention of only Arrowe Park as a 'serious condition' walk-in centre can be made to work satisfactorily on the already crowded site."***

***"...the provision of all services at this hospital is already running close to maximum capacity for most of the year."***

Personal experience of attending APH for A&E, for appointments or visiting friends/family, has provided evidence, for many, of the problems associated with parking at APH. Respondents were happy to provide these experiences as evidence against the planned location for the UTC:

***"I am strongly opposed to the closing of local urgent care centres and replacing them with one larger unit at Arrowe Park, inaccessible for many and catering for too large numbers."***

***"I have attended Arrowe Park hospital three times recently during the day and parking was extremely difficult. I could not possibly have used public transport or walked any distance due to the nature of my condition [badly cut finger]."***

Some respondents were concerned about missing appointments after failing to park:

***"It is not easy to get to Arrowe Park Hospital by bus and parking there can be a nightmare as well as expensive when you don't know how long you are going to be."***

Alongside the perception that parking problems would increase, some highlighted that this could bring with it an increase in traffic flow around APH. It was thought that this would lead to further congestion, increased travel times to APH, potentially more accidents on the roads, more difficulty for ambulance in accessing the site and, ultimately, could lead to compromises to patient care:

***"The transport system is so bad at peak times, such as when children are being picked up from school…, rush hour…, and on a Sunday afternoon at the Sainsbury's roundabout that the Upton bypass can be extremely backed up and busy....it is highly probable that traffic would come to a complete standstill and nobody (travelling in ambulances, taxis, cars or buses) would be able to access hospital."***

The data also highlighted some concerns for those who would be accessing APH by public transport. Respondents suggested that public transport access was not sufficient, and journeys would be long and costly:

***"Buses along Poulton Road and Breck Road are now circular routes and do not go to Arrowe. The recent change in times means the connection to the 413 to Arrowe in wallasey [sic]Village no longer exists - they just miss one another."***

***"The number 83 bus has stopped running from Birkenhead to Arrowe Park leaving us in Tranmere estate out on a limb."***

***"Furthermore, the planned changes will inevitably mean that many patients will have to travel much longer distances than at present for urgent care and public transport to the hospital from many areas in Wirral is poor…"***

Equally, with the potential intention to run the UTC 24 hours per day, there is a need for public transport to mirror this.

Concerns were expressed about those families that would have to take potentially long public transport journeys whilst feeling unwell. It was felt that this may lead those who are be living in difficult circumstances to using expensive taxis or may lead to an increase in ambulance call-outs.

### > Impact on deprived communities and equity of access with closures of local centres

Linked to the issues highlighted in the earlier section, there were concerns about the impact of locating the UTC at APH whilst also removing community-based access points. Some of the key points raised were:

- One-site location likely to impact on those in situations of deprivation;
- Removal of close-to-home community access points (WICs);
- Clarity on location of hubs compared to current WICs;
- Individuals with complex needs/comorbidities potentially needing to access APH more regularly (greater expense/time of travel).

In line with the findings from the survey (Q10), where residents ranked Distance from Home (32.2%) and Access on Public Transport (23%), comments from meetings, letters and emails highlighted concerns over the impacts of the proposals on those in areas of deprivation and the more vulnerable in society (including the elderly, those with disabilities) or those geographically distant from a UC service.

Responses were concerned that the elderly, those without personal transport and those in deprived communities would face greater difficulties accessing the UTC:

***"Please have a thought for the elderly who live in the location of Eastham walk in centre if you have a thought to changing this to Arrow [sic] Park."***

***"Centralisation is not community friendly. it is an expense and inconvenience to the user."***

***"I am a 71-year-old pensioner and like many other pensioners would find it very difficult to have to travel to Arrowe Park Hospital. As a non-car driver I would find the infrequent bus service a major problem."***

***"As a pensioner in her eighties, without any immediate family, the Walk In clinic in Eastham has proved to be a boon especially out of GP normal hours."***

***"Unless people actually live beside Birkenhead bus station, a trip to Arrowe Park from most parts of Birkenhead/ Tranmere/Rockferry [sic] and Birkenhead North actually requires two bus journeys."***

***"Travel times to APH for those living in Eastham and Wallasey could exceed 45 minutes and the use probably of two buses."***

***"...I had four months of visiting a parent in Arrowe, that too placed strain on my budget."***

Removal of close-to-home community access points, such as WICs was also questioned. It was argued that these services have become well-used in local communities and that local access is very much appreciated, particularly without the need for an appointment:

***"If patients cannot get an urgent appointment with their own GP, they may have to travel miles for a GP who can…"***

For those with children, it was acknowledged that there would be hubs for children's WICs. However, at this point these locations have yet to be confirmed and there was some concern that the children's hubs may be located further away and would, therefore, be more difficult to access:

***"As a father of three, I have lost count of the number of times that we have used local walk in facilities, and it is depressing to see the reduced services now available as a result of moves to implement these proposals."***

The elderly and individuals with complex needs or comorbidities may have to access services at APH more regularly, leading to greater expense and associated time of travel to attend, where they may have attended services more locally in the past and local community-based care was the preference.

***"My elderly parents in law have found Eastham Walk in centre invaluable on several occasions this year and I feel that they would not have attended or received help if it had meant a visit to Arrowe Park Hospital, as they live in Eastham."***

One participant suggested the proposals were, in fact, illegal:

***"My main objection is that I believe that the proposal is illegal under the Equalities Act 2010 and amounts to discrimination against disabled people as it would put them at a significant disadvantage with regard to accessing this service."***

And as such:

***"...would seriously compromise patient safety and patient care."***

Patient care was, for many, an underlying concern driving views:

***"We must not lose sight that despite Government targets, it is the quality of care [including the local touch] and people healed that matters, not the number of patients you process."***

**> Capacity and resources (include perceived consequences)**

Alongside the concerns regarding accessing services at the central APH location, a number of comments expressed concerns about the availability of resources to support the proposed changes. The main issues raised included:

- Poor experiences with booking GPs appointments;
- A current shortage of GPs that are already over-stretched;
- Past experiences of APH have sometimes been negative with packed and busy waiting rooms and intoxicated attendees;
- A current lack of translators and British Sign Language translators already - how will this be remedied.

One of the central tenets of the proposals is extended access to GPs alongside the development of the UTC, as well as GPs being stationed at the UTC. Many respondents reported extreme difficulties in booking GP appointments unless they were booked either days or weeks in advance for non-urgent conditions or by 8 am on the day when urgent care was needed. This current situation has made members of the public cynical about accessing GPs and, therefore, this cynicism has been extended to the new proposals for extended hours GP access.

It was thought that patients would be forced to attend the UTC as they would have no access to a WIC in their local community and no GP appointments available to them:

***"I work and I can not [sic] always get an appointment to see my doctor."***

Furthermore, there was concern over the current perceived lack of GPs available to fulfil the new roles of extended hours and UTC:

***"Closure of the walk-in centres for adults seems dependent on getting more hours out of GP surgeries - How do you propose to make GPs and Nurses available 8am-8pm, 7 days a week?"***

***"How can you promise more local GP appointments 7 days a week when surgeries are unable to cope with their present workloads?"***

Some participants reported negative past experiences associated with attending APH. Respondents discussed packed and busy waiting rooms with attendees who were also drunk. There was a fear that this situation would only worsen with more people attending APH when the UTC is located there.

Respondents recognised that staff within the NHS were already over-stretched and struggling to cope with the numbers of patients currently attending APH. There were concerns over how the new system would work with these

already over-stretched staff:

***"Arrowe Park is at its maximum capacity and you want to increase its workload and traffic. Your idea will increase workload for the ambulance service as a lot of poor and elderly who use the urgent care services have no other option but to ring for an ambulance."***

Those participants who were part of (or represented) specific Black and Minority Ethnic Groups (BMEG), a well as those representing the deaf community, were concerned about the lack of interpreters and BSL translators within the system already. With the increased likelihood of UC services being delivered away from local, trusted and known services (WICs or other GPs via the extended hours system) at the UTC, there were concerns that some patients from these communities might not have access to a translator, leaving them vulnerable or shying away from accessing urgent healthcare entirely.

### > Experiences of current services

A great deal of respondents highlighted that they had received excellent care in their local urgent care centres, in whatever form that may have taken. Below are some examples of their comments:

***"We have had many occasions to go to the Eastham walk in centre for emergencies at their opening times and found it brilliant."***

***"I have used the facilities in the existing centres and found them more convenient and accessible. Their waiting times are sensible and it would cause hardship if they were closed."***

### > Scepticism about CCG motives

The previous sections have discussed the practical impacts that some respondents have associated with the new proposals. There were, in addition, comments raised regarding the drivers for this change, i.e. an overarching scepticism about why the CCG are suggesting the proposed changes. Points raised included:

- Cost-cutting exercise linked to government's austerity measures;
- Privatisation of the NHS.

Underlying the comments received was a level of scepticism as to why the changes were being made. For some there was a perceived political agenda, with cost-cutting and austerity measures suspected to be underpinning the changes and/or the CCG intentionally disadvantaging the already deprived. Other comments focused on privatisation of the NHS:

***"The intention is clear that the long-term centralizing of medical services will allow, facilitate more privatization to take place, piecemeal, until the entire NHS is suddenly to be privatized, and all this through our hard earned wages, in the form of taxes, the NI being a tax under a different name."***

### > Consultation

The consultation, as well as information provided to the public as part of the consultation, raised a number of concerns and questions from some members of the public. For example, for some, the proposals were not clearly defined enough and there was a lack of understanding around some of the language used:

***"It does not surprise me that the public are concerned given the indistinct nature of the consultation document regarding what will be provided at regional centres and when it will be implemented."***

Some questioned the options and premise for some of the decisions:

***"First, I question whether this is a true consultation since you specify the five specific questions for which you want or will receive answers... implies that the new UTC is a fact."***

***"...your survey is biased in one direction - as in previous surveys. There is no point in filling these surveys out as they do not offer an opposing view."***

***"...as I understand it you are only actually providing one option in your survey because BOTH the options you have proposed mean closing***

***existing local walk-in centres and Minor Injuries/Illness units…"***

***"The consultation document makes much of the issue that the present urgent care arrangements are confusing and that the proposed changes will simplify the system. However, any objective view of the 16 point list of future options in the document would demonstrate that the new arrangements will be no less, and possibly even more confusing than the current arrangements."***

***"What was the result of the public consultation that led to the decision on urgent care?"***

***"What exactly is 'Place Based Care?"***

Others questioned the data evidence:

***"The consultation document contains no modelling of the likely patient flows following the changes…"***

Ultimately:

***"If the public response is to oppose the plan, will it be abandoned?"***

# 06 MEDICAL & HEALTHCARE PROFESSIONALS

A number of medical and care professionals across the Wirral, either individually or as part of a GP practice, submitted letters and emails regarding the proposals for urgent care. In addition, a small number of meetings and committees also discussed the proposals prior to submitting minutes or summaries of the meetings. The following is a summary of the comments, thoughts and concerns raised by these professionals. Where relevant, comments state the healthcare role of the individual making the comment.

### 6.1 WHO PROVIDED FEEDBACK?

The table below describes which practices and groups provided feedback:

| GENERAL PRACTICES | | |
|---|---|---|
| Eastham Group Practice | St Catherine's Surgery | St Hilary Group Practice |
| King's Lane Medical Practice | Moreton Health Clinic | Blackheath Medical Centre |
| Cavendish Medical Centre | Parkfield Medical Centre | Townfield Health Centre |
| Holmlands Medical Centre | Field Road Health Centre | Grove Road Surgery |

| COMMITTEES AND GROUPS | | |
|---|---|---|
| Wirral Local Dental Committee | Local Pharmacy Committee | Advanced and Emergency Nurse Practitioner Workshop and Consultation Meeting |
| Wirral Local Medical Committee | Wirral Methodist Housing | Woodheath Nursing Home |

Many of the comments and views were shared across all the sample groups, regardless of role or profession. We have therefore indicated the job role after 'verbatim' quotes. These quotes are not attributable to individuals and, in most cases, are drawn from meeting minutes where it is not possible to infer if the text is a direct quote or a summary sentence. However, in all cases these have been included in italics and attributed to a job role.

Feedback from these health and care professionals centred on the following main areas:

- Access and transport services to APH and the impacts on patient access;
- Resourcing for new and additional services;
- Issues around staffing, training, concerns for jobs and staff mobility and funding of new roles that may be required; and
- Concerns about the pre-consultation/consultation process itself.

The sources for the comments and 'verbatim' quotes comments were drawn from sources outside of any

additional data collection undertaken by the Miriam Save Our Minor Injuries campaign (see Section 6).

It should be noted that for many, the underlying concern was the potential for any negative impacts on patient care and clinical risk - a point that was stressed in the letters from GP Practices and comments from specific meetings.

### 6.2 WHAT PARTICIPANTS LIKED ABOUT THE PROPOSALS

Across the sample there were some elements of the proposals that received support, although in some cases these were caveated with dislikes or additional suggestions for making changes. The key elements that received support included:

- Change to UC is required - patients are currently at clinical risk;
- Overall concept of UTC is good - however suggestion that it is done alongside maintaining other services.

Some respondents accepted that change was required to the UC system in order to improve patient care and access. However, this typically then involved the inclusion of a clause statement that these proposals might/are not the best way to achieve the goals of an improved service (see Section 5.2):

***"The group [meeting] agreed with the concept of the UTC and with the principles of Right Place, Right Time, Right Clinician." ANP/ENP***

***"[We] recognise the need for change." Local Pharmacy Committee***

**> 15 or 24 hr opening times for UTC received some support - with some concern about costs**

In addition, it was noted that urgent care needed to more broadly extend outside of core (9-5) hours, although funding for the longer period was a concern:

***"On the question of opening hours - 15 or 24, we are of the opinion that 24 hours will be a very expensive option." GP***

**> Introduction of UTC will allow ED staff to focus on emergencies - removing minor injuries from ED**

There was also support for a specific UTC and the recognition that the ED and ED staff need to have urgent health issues triaged away from the department to allow them to deal with emergency care; something that a UTC will achieve.

**> GP led UTC at APH is good**

Support from some was also received with regards to making urgent care more clinically-led with the service being led by GPs. It was felt that this would allow greater scope for referring, prescribing and clinical decision making.

***"We do support the idea of a GP-led urgent treatment centre at Arrowe Park Hospital to take primary care patients out of the Accident and Emergency Department." GP***

**> WICs lack diagnostic tools so can only treat minor illness - UTC will provide greater diagnostic**

In addition, it was recognised extensively that urgent care was compromised at WICs due to their lack of diagnostic tools. It was felt that this leads to an increase in the need to refer onwards to other services such as ED. It was hoped that a change to UC would alleviate this problem.

***"Some group members highlighted they would be keen to be part of a comprehensive Minor Illness & Minor Injuries element of a UTC. However lack of appropriate diagnostics with the WIC currently, means that only 'minor illness' can be treated." ANP/ENP***

Overall, although positive comments were limited, there was recognition that UC needs to change, be more clinically supported, and offer a service to draw people away from patient's use of ED as the first option.

### 6.3 WHAT PARTICIPANTS DISLIKED ABOUT THE PROPOSALS

The overarching theme for these professionals was concern about impacts on patient care and equity of access, particularly for the most deprived and vulnerable groups across the Wirral.

**> Access / transport / location**

As with the feedback from members of the public (and other groups) there were major concerns about current and future access to APH and the impacts on some members of society of in relocating services to APH.

**> Parking**

Parking at APH is already a key concern, mentioned throughout the qualitative data sets, even without the introduction of the UTC on the site, despite recognition as to why APH might have been chosen:

***"We understand that the decision to place this (UTC) on the Arrowe Park site has been made and why. However, this will impact badly on patient access and parking, exacerbating an already atrocious situation."***

**> Long patient journeys;**

**> Costs associated with journeys;**

**> Poor Public Transport schedules and links.**

Alongside the concerns about parking, for those with access to a car, it was highlighted that there are many in society that do not have access to private transport. This leads to the need to access services via the use of public transport. For many, this can lead to lengthy and costly journeys:

***"They [patients] feel that the poor transport links and travelling times from Eastham, Bromborough and Bebington disadvantage then in access to services." GP***

***"It is very difficult for many of our patients, who do not own a car, and cannot always take public transport to access services at a centralised place." GP***

***"Our patients are also concerned about costs incurred - we have patients who rely on foodbanks." GP***

***"APH is too far for people in Wallasey to attend they need VCH…[Walk-in at VCH] it is valued in the community and has additional facilities such as X-ray." APH/EPN***

**> Impacts on the disadvantaged**

Respondents then questioned the wider impacts of the need to access APH on certain sectors of the community:

***"Siteing [sic] all our services at one site seems to us to go against the NHS ethos of moving services closer to the patient's home." GP***

***"...many patients in our area of high deprivation lack private transport and [we] worry about the appropriateness of making a long journey to the Arrowe Park site by public transport, especially when feeling unwell." GP***

***"Difficulty in taking disabled or immobile patients to the proposed urgent treatment centre by public transport."***

***"We feel that the proposals actively discriminate against some of the most vulnerable of Wirral residents." GP***

**> Parents and children accessing different services and locations (same illness/ issue would have to go to different centres)**

Furthermore, respondents were unsure as to how this would impact on families with illnesses:

***"...For example, under the proposed scheme a child and adult family member with the same condition would need to make two separate journeys to receive treatment." GP***

**> Concerns about inappropriate use of ambulances as a result of patients inability to travel to APH easily.**

This led to suggestions that lack of easy access might increase the number of 'inappropriate' ambulance call outs:

**> Current status quo offers Wirral wide service**

It was then suggested that the current service available in Wirral removed some of these 'discriminatory' issues by placing services in communities.

***"The minor injuries clinics and WICs have been well-laced in the community for patients to access in emergencies and have reduced the pressure on A&E at Arrowe Park Hospital." GP***

**> Resources**

In terms of resources, some questions and comments highlighted concerns about how the new services would be staffed, by whom and what the associated impacts might be on staff themselves and other health services. The main issues were:

- Who will deliver on the increased demand when WICs close;
- Staffing 24 hr UTC will be difficult for GPs.

Respondents questioned how new services would be staffed particularly if the UTC services extended to 24 hours:

***"We share the concern of many local practitioners that staffing the UTC for 24 hours will put further substantial pressure on primary care when the doctors and nurses required to staff it are no longer available to work in Wirral's general practice surgeries." GP***

**> Concern that removal of WICs would result in extra workload for (already stretched) GP practices**

***"By reducing the access to only one emergency treatment centre for adults which will be based at APH, this will increase the pressure on appointments for Primary Care (between 8.00am and 6:30pm, increase the pressure on A&E, increase inappropriate use of ambulances…." GP***

***"Who will pick up the demand, that closure of the community walk-in centres currently service?" GP***

***"Question around the additional capacity for GP appointments." Pharmacist LPC***

**> Dearth of GPs currently and GPs not wanting to work additional hours;**

**> Additional GP appointments seen as unrealistic - will it actually happen**

Questions were also raised about the lack of GPs available at present to provide services as they currently stand, prior to taking into consideration GP-led UTC services.

***"The promise of extended hours slots at the hospital site does seem rather empty, given the dearth of GPs available at the moment." GP***

***"The issue of increased or enhanced GP hours being made available was queried by some attendees...would like further reassurance that this additional GP support would happen." ANP/ENP***

**> Jobs / staff concerns**

Some staff members, notably ANPs/ENPs, were concerned about how the redesign of services within the new proposals might impact on their jobs, working practices and current skill-sets. This led to a number of questions being raised:

**> Will all staff have to be rota'd for 24-hour?**

For example, the implementation of a 24-hour service raised specific concerns about whether staff would all be expected to work within the 24-hour rota. A small number of ANP/ENP nurses overtly stated that they did not support a 24/7 service as they did not want to work nights or weekends:

***"Working hours - what did the proposal for a 24 hour UTC mean for staff who currently do not work night shifts?" ANP/ENP***

Equally, if WICs are to close and the UTC set up at APH, respondents were concerned that they would have to move location or work at more than one location.

**> Will jobs have to move location?**

***"What does it mean for location of work? Would this change?" ANP/ENP***

Perhaps not unexpectedly, any change to services or design prompted concerns from staff that there would be job losses and cost-cutting.

***"Will there be job losses / cost cutting" ANP/ENP***

**> ENP concerned that is this about training WIC staff to do their jobs**

In addition, some staff were worried that staff currently working in WICs might be trained to undertake more skilled roles at the expense of experienced, and perhaps more expensive, staff members

**> Comprehensive training and support would be needed for staff to support any new roles that would need to be created.**

***"Do they (WIC) need to be staffed with more skilled workers? Do they need further training to avoid sending patients back to A&E or back to their GP?" GP***

***"There was an agreement that a comprehensive training and education strategy would be required to support any new roles which may be required to support the UTC model." ANP/ENP***

***"Some staff train specifically for one role/area and do not want a mixed role/skill mix or rotation around different locations." ANP/ENP***

**> Don't feel they have been consulted with.**

Ultimately, at this stage, and particularly for these staff members, there are a number of unanswered questions about jobs that may have an impact on perceptions of the proposals. This led to a sense of vulnerability.

***"Information has not been cascaded down from management." ANP/ENP***

With this in mind, there was an appetite amongst some professionals for further involvement in a consultation as the proposals progress.

***"There was also support for creation of staff forums as part of the development of any changes." ANP/ENP***

**> Consultation**

As well as offering thoughts on a range of issues and concerns about the current proposals, health professionals, most notably GP Practices, also highlighted their concerns with the consultation and pre-consultation.

**> Initial pre-consultation scope limited (433 responses).**

It was suggested that the depth of the pre-consultation was too limited a base on which to make the suggested changes and, therefore, undermined the CCG findings for the current proposals.

***"It is clear to me that the initial consultation that underpins the proposals is severely limited in scope and as a consequence undermines the conclusions that underpins the current proposal." (GP)***

***"We totally disagree with the statement made by Wirral CCG stating that the current system is 'confusing'" (GP)***

**> Consultation not clearly stating WICs will close.**

There was some suggestion that the proposals did not provide all the information required for the public and health professionals to make decisions.

***"We are concerned that the 'consultation' with the public fails to make clear that the opportunity-cost of the urgent care centre is the loss of walk-in services and the minor injury units." GP***

**> Options are too similar**

It was also argued that the two proposals offered very little difference between them, suggesting that the decisions had already been made and that only limited variations could be influenced.

***"The proposals are near enough the same and seems like a decision has already been made." ANP/ENP***

Other issues were also highlighted regarding the consultation:

- No clarity on location of the four hubs;
- No option to maintain the current status quo;
- The data used is from prior to establishment of GP extended hours;
- Lack of clarity on finance data.

This led some to question whether finance was the key driver behind the proposals.

***"Is this purely a financial decision to close WICs."***

**> Recommendation / comments**

Other health and care professionals (dentists/ pharmacists) generally offered suggestions to be considered when designing new UC services. These included:

**> Lack of element of education for the public about how to use services properly / promotion of selfcare / pharmacists.**

***"The biggest problem is that the vast majority of people are unaware that they can go to a pharmacist for many common ailments and this is taking up resource elsewhere in the urgent care service." Pharmacist LPC***

It was also suggested by the Local Pharmacists Committee that a pharmacy:

***"...needs to play a key role at front door of the UTC." Pharmacist LPC***

The Local Dental Committee (LDC) were also keen to stress the importance of dental care when considering the design of UC services.

***"The LDC shares the CCG's ambition to ensure a fully comprehensive and consistent urgent care service for Wirral residents. This should include urgent dental care..." Wirral LDC***

It was suggested that urgent dental care should be accessible via a free of charge telephone helpline, delivered either at the UTC and or by local dentists and be available 24 hours a day. A case was also made for repatriating funds from NHSE N C&M to recommission the service.

# 07 VOLUNTARY & COMMUNITY SECTOR ORGANISATIONS

Organisations within the Voluntary and Community Sector (VCSO) provided feedback in the form of letters and minutes/summaries from meetings and events. The table below highlights the organisations and sessions at which feedback about the proposal was collected.

### 7.1 WHO PROVIDED FEEDBACK?

| | |
|---|---|
| Healthwatch Wirral | Wirral Carers |
| Older People's Parliament | Wirral Multicultural Organisation (Bengali group, Polish group and Chinese Luncheon Club) |
| Phoenix Futures | Homeless and Assisted Living representatives |
| The Spider Project Roadshow | BeeWirral CIC |
| Wirral Lived Experience volunteers | Youth Voice |

Comments from these organisations have been drawn together where themes overlap, for example where discussing general access and travel to APH. Where specific ideas or thoughts are relevant to an individual organisation, these have been highlighted. It should also be noted that the summaries provided offered little context for many of the comments/notes. Therefore, in some cases we are only able to provide the comment without expending further.

### 7.2 WHAT PARTICIPANTS LIKED ABOUT THE PROPOSALS

As with other groups and individuals who took part in the consultation, a number of these voluntary sector organisations also indicated that they supported some elements of the proposals, or the concepts underpinning the proposals. For example, it was recognised that GP appointments are not easy to access and, therefore, extended hours appointments may be of benefit.

***"GP appointments are difficult to get...the idea of extra GP appointments was good and most agreed that if it was easier to get a GP appointment, they would attend." Youth Voice***

This point was extremely pertinent for the young people who took part in the session, as they felt that they are not treated well within the NHS:

***"...not being treated with respect at ED and this putting people off accessing any kind of urgent care." Youth Voice***

Therefore, making access easier for young people was appreciated. There was also some support for an UTC accessible at any hour of the day or night as it was felt that urgent care is needed at all times.

***"UTC should be open 24 hours." Wirral Lived Experience***

***"15 hours generally felt not to be long enough for UTC opening." Homeless/Assisted living***

In addition, the inclusion of locally-based hubs was seen by one organisation as a positive and an attempt to alleviate stresses in emergency care:

***"...hubs could free up the hospital and reduce waiting times at A&E/Arrowe Park hospital generally." Phoenix Futures***

From the perspective of a third sector organisation with limited resources, using these

resources more efficiently could help them save time and money, while providing a better service for their service users. For example, being able to book dressings appointments was supported by one organisation.

***"Bookable [dressings] appointments would be useful with regards to resource and improving the experience for the service user." Phoenix Futures***

As with many respondents throughout the consultation, however, there was generally a preference for services to be delivered locally:

***"General thought to be a good idea, it however would be best placed within the local community." Wirral Lived Experience***

**7.3 WHAT PARTICIPANTS DISLIKED ABOUT THE PROPOSALS**

**> Transport and access**

As with many of the audiences providing feedback during the consultation, the issue of transport access and parking at APH was a cause for concern and one that is likely to impact on many members of society, particularly the most vulnerable, many of whom these organisations work with on a daily basis.

***"Parking would be a problem at APH." Healthwatch Wirral***

***"Transport and lack of parking at Arrowe Park Hospital." Wirral Carers***

***"Transport to Arrowe Park UTC if walk in is not an option." Wirral Multicultural Organisation***

One organisation representing the homeless highlighted that access to APH is not the only concern. There is the additional concern of discharge and transport away from APH, particularly if there is to be a 24-hour service - this was the first explicit mention of this as a potential issue:

***"Homeless people will often refuse to go to Arrowe Park because they are discharged late at night/early hours and they cannot get home due to no public transport being available." Homeless/Assisted living***

Along with travel as an access issue, there is also an associated cost implication, not only reaching APH but also to extended hours appointments at other GP surgeries:

***"I was offered an appointment with a GP in West Kirby which was at least 10 miles away from my home." Healthwatch Wirral***

These additional Out of Hours (OOH) or extended hours appointments were also considered a potential stumbling block for some members of society who feel less comfortable accessing services that they do not know. For example, it may be confusing:

***"Will this confuse older people, people with dementia?" Homeless/Assisted living***

These concerns for the more deprived members of society were extended further when considering the costs of travel on public transport or by taxi for those without access to a private vehicle:

***"The CCG are not taking into account those people who are on benefits and cannot afford to use public transport, those people who may be frail or disabled, people with learning difficulties or autism and people who may have several small children in tow." Healthwatch Wirral***

***"Homeless people wouldn't necessarily book via 111 or their GP." Homeless/Assisted living***

It was also highlighted that the proposal to locate services at one site was in conflict with the concept of NHS services being delivered closer to home:

***"How will travelling to APH be closer to home for residents in Wallasey and Eastham?" Healthwatch Wirral***

**> Resources and services**

Again, mirroring the wider responses to the consultation, respondents from these VCSO organisations offered some thoughts regarding their concerns for the delivery of the proposed services, notably whether NHS resources were sufficient to support this delivery. GP resources were, again, commonly mentioned in the context of extra appointments. This reflects the universal perception that accessing a GP is very

difficult and, therefore, the difficulty in understanding how additional appointments world be serviced.

***"Concerns about whether there are enough GPs to deliver extra appointments." Older People's Parliament***

This then extended to concerns about having the overall numbers of staff to run the services and whether recruitment would be possible:

***"How would you attract doctors and nurses with Brexit looming?" Wirral Multicultural Organisation***

Language support is important when people use services.

***"Will this be available 24 hours?" Wirral Multicultural Organisation***

***"Concerns about the consistency of interpretation services in general." Wirral Multicultural Organisation***

Organisations also highlighted some apprehensions associated with other elements of urgent care services:

***"Concerns about NHS 111 services." Older People's Parliament***

***"We don't think closing Walk In Centres within the local community is the way forward in addressing pressure on APH A&E." Wirral Lived Experience***

***"Homeless people/people living in chaotic circumstances do still need a walk in option somewhere, ideally locally." Homeless/Assisted living***

**> Process**

Respondents were also keen to gain further clarity on some issues associated with the process of how these services would be delivered. A number of questions were asked. For example, a number of organisations are involved in the management of prescriptions for their client base. With this in mind, it was questioned how prescribing over the phone would work in practice and what medications would NHS 111 be able to prescribe.

One organisation asked about home visits as part of the extended hours service:

***"Will there be more appointments and weekend visits? If you have children you need home visits." Wirral Multicultural Organisation***

One respondent group also wondered how payments would be managed when patients attend extended hours services at a GP practice that isn't their own:

How does this financially work as my GP gets payment for looking after me so who pays the GP in West Kirby?" Healthwatch Wirral

For some respondents, continuity of care was a matter for consideration, as patients would be accessing services at a variety of sites and under a variety of circumstances (potentially chaotic and specialist).

***"How will patient's specific needs be flagged on systems when they need urgent care services?" Wirral Carers***

***"Information in the new model will be key to supporting homeless people. Can the Wirral Care Record be extended to include providers such as drug and alcohol services?" Homeless/Assisted living***

**> Suggestions:**

Alongside the comments regarding the proposals, organisations offered some suggestions for the urgent care system generally, the NHS and for consideration in terms of urgent care redesign.

Education of the public was considered important, with more information about pharmacies and what they can offer being important. More promotion of self-care was also suggested to help ease the burden for the NHS.

***"Educating the community, within the community, about healthy lifestyles." Wirral Lived Experience***

It was also suggested that children's hubs should be located next to a pharmacy open 7-days a week. In addition:

***"Mental health services - hot clinics for users in need of immediate attention." Phoenix Futures***

# 08 STATUTORY BODIES

This section focuses on correspondence received by Wirral CCG from a range of organisations that have been classified as 'public bodies'. The bodies included in this section were:

> Wirral Community NHS Foundation Trust
> Wirral & Cheshire West and Chester Joint Health Scrutiny Committee
> Adult Care and Health Overview and Scrutiny Committee
> West Cheshire Clinical Commissioning Group

Each of the bodies highlighted in the table provided detailed feedback to the consultation. A number of the issues raised centred on requests for further detail about the proposals. The following provides a summary of the issues raised.

### 8.1 WHAT PARTICIPANTS LIKED ABOUT THE PROPOSALS

A number of public bodies were keen to acknowledge and offer support for current urgent care services and the work they do. For example, the Adult Care and Health Overview and Scrutiny Committee offered positive comments about NHS staff and the sharing of patient records between GP surgeries.

There were also a number of additional statements made which supported elements of the current proposals and/or the platform upon which the proposals were based.

***"...agreed a need for a universal service." Adult Care and Health Overview and Scrutiny Committee***

***"...the intention of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on A&E - Adult Care and Health Overview and Scrutiny Committee***

There was also support for the clinical view that the co-location of the UTC, whilst working alongside A&E at APH, would be beneficial:

***"...help patient flow through the hospital, and provided a balanced risk, would redeploy staff to tackle need, helping reduce ambulance queues and improve patient care." Wirral Community Trust***

***"The NHS West Cheshire CCG supports the proposed co-location of an Urgent Treatment Centre at Arrowe Park Hospital." West Cheshire Clinical Commissioning Group***

The West Cheshire Clinical Commissioning Group also supported the inclusion of four hubs across the Wirral offering children's services:

***"From a children's perspective, it appears that children will still be able to access urgent walk-in services locally in Wirral so there will not be a significant or detrimental change." West Cheshire Clinical Commissioning Group***

### 8.2 WHAT PARTICIPANTS DISLIKED ABOUT THE PROPOSALS

It was apparent from the feedback provided by these public bodies however that there were many concerns with, and a number of questions and queries about, the details of the current proposals.

***"We would like, once more, to place on record, our unequivocal opposition to the current CCG plans regarding the 'Urgent Care' Service." Wirral GP Federation Patient Group***

**> Maintaining current services**

The feedback data highlighted some concerns that the new proposals included the closure of services that were being used and are useful within local communities.

***"Closure of WICs and MIUs in current locations - council totally opposed." Adult Care and Health Overview and Scrutiny Committee***

***"...the proposals do not enhance the current existing facilities." Adult Care and Health Overview and Scrutiny Committee***

### > Access and transport

The comments in the previous section were, in part, linked to concerns related to locating the UTC at the APH site and, more specifically, the difficulties this may cause in patients accessing services.

Concerns 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' Adult Care and Health Overview and Scrutiny Committee***

***"The hospital [APH] is certainly not readily accessible from many parts of the Wirral." Wirral GP Federation Patient Group***

***"The current transport system, with an ever reducing bus service, means that WUTH is not ready accessible for many people." Wirral GP Federation Patient Group***

***"Patient groups in Neston, Willaston and Ellesmere Port also raised concerns about the distances vulnerable people may be forced to travel to access care." West Cheshire Clinical Commissioning Group***

This was believed to be further exacerbated by the limited parking facilities at the APH site:

***"We recognise the issues of parking and public transport access that make the APH site hard to use for many." Wirral Community NHS Foundation Trust***

Alongside the worries about general access to the APH, some commented that forcing patients to access the UTC at one site also impacted on the costs of transport and, particularly, on those facing inequalities:

***"...fares are very high on public transport, as are taxi fares." Wirral GP Federation Patient Group***

***"We have been asked to draw your attention to the needs of patients who have hearing, sight impairment, learning difficulties or other problems. Many of them might well find it possible to get to a local centre close to their homes, when journeys on public transport will make a difficult life even more difficult." Wirral GP Federation Patient Group***

### > Consultation

As with some of the other groups included in this consultation report, some of the public bodies also raised concerns over the consultation, the consultation process and how the current proposals came into fruition. Two of the public bodies questioned one of the principle foundations of the proposal that the public do not know where to go for urgent care treatment. Both the Adult Care and Health Overview and Scrutiny Committee and Wirral GP Federation Patient Group suggested that patients were not confused and that they did know where to go, which is WICs.

The Wirral Community NHS Foundation Trust questioned the need to locate the UTC at APH. They stated that there is no national mandate for locating UTC alongside an A&E service. This led to a number of alternative suggestions to the current proposals being offered for consideration. These can be summarised into three main suggestions:

- Develop VCH with minimal investment to satisfy the mandate to have minimum of one UTC within Wirral;
- Develop SCH to UTC standards;
- Increase urgent care resources in areas of greatest use (Birkenhead, Wallasey).

One public body were concerned that the consultation offered only two options ,with no provision for a third option:

***"To offer patients the option of a 24hr or 15hr service, without the alternative***

***or maintaining what they already have, is not a correct balance." Wirral GP Federation Patient Group***

The Wirral Community NHS Foundation Trust concurred, and suggested evidence supported:

***"The opening hours for a UTC are 12 hours a day, rather than 15 or 24 as per the consultation." Wirral Community NHS Foundation Trust***

**> Questions**

The minutes from meetings and other supporting letters and materials indicated that, in order to fully understand the two options, further details and clarifications were needed. For example, requests were made by the Adult Care and Health Overview and Scrutiny Committee for the CCG to provide more detail on the locations of replacement services (hubs), and for assurances that additional funding will provide more appointments.

Requests were also made, by West Cheshire Clinical Commissioning Group, for more detail on the children's walk-in centre provision:

- Will there be access to X-ray facility on site?
- Will it offer self-referrals or bookable appointments only?
- Will it take referrals from GPs or other walk-in centres?
- Who will the child be seen by e.g. an experienced paediatric nurse practitioner?

# 09 ELECTED MEMBERS

This section includes all qualitative data from communications both concerning and received by Wirral Councillors and Members of Parliament (MP).

## 9.1 LOCAL COUNCILLORS

Wirral CCG received a statement letter signed by the following Councillors (Cllr), writing as representatives of their respective constituents:

- Cllr Steve Foulkes, Claughton (Labour);
- Cllr Brian Kenny, Bidston and St. James (Labour);
- Cllr Liz Grey, Bidston and St. James (Labour);
- Cllr George Davies, Deputy Leader of the Council, Cllr for Claughton (Labour);
- Cllr Moira McLaughlin, Rock Ferry (Independent);
- Cllr Julie McManus, Chair of the Adult Care & Health Overview & Scrutiny committee, Cllr for Bidston and St James (Labour);
- Cllr Angela Davies, Prenton (Labour);
- Cllr Samantha Frost, Prenton (Labour);
- Cllr Chris Meaden, Rock Ferry (Independent);
- Cllr Phil Davies, Leader of the Council, Cllr for Birkenhead and Tranmere (Labour);
- Cllr Jean Stapleton, Birkenhead and Tranmere (Labour);
- Cllr Gill Wood, Claughton (Labour).

The letter sets forth the signatories' rejection of the urgent care proposals which will result in the closure of their local MIU, impacting on, they believe, 'some of the most deprived communities on the Wirral'. They call for this closure to be reconsidered and instead ask, in consultation with providers, for this service to be expanded. The letter also points to Wirral Council's (and its Health & Social Care Overview and Scrutiny Committee) rejection of the proposals and calls for a response from the CCG.

On 8th November, Cllr Jo Bird (Bromborough, Labour and Cooperative) wrote to the WCCG to express her dismay that Wirral CCG are consulting on the closure of Eastham WIC once more, especially after the prolific number of contributions from Wirral South constituents following its last closure in September 2017. Cllr Bird also shares her scepticism with regards to Wirral CCG's decision-making ability.

On 3rd December 2018, Cllr Julie McManus wrote to Mr Banks to inform him that the decision from Adult Care & Health Overview & Scrutiny Committee about the urgent care proposals should be considered informal. However, Cllr McManus states the reason for this is not based on any evidence presented, debates or events that followed the Committee meeting where the decision was presented, but rather due to a request for a joint scrutiny meeting with Cheshire West and Chester Council, with whom the council shares a joint protocol in these matters. Cllr McManus also provides Mr Banks with a summary of the evidence which he requested and appeals for future democratic engagement in these matters, with a hope for a 'more collaborative, open and politically engaging approach' going forward.

### 9.2 MEMBERS OF PARLIAMENT

All qualitative data from correspondence relating to Members of Parliament (MPs) is detailed below, including the findings from thematic analysis where appropriate. As part of the consultation process, meetings were arranged with all local MPs to discuss the urgent care proposals.

#### 9.2.1 Angela Eagle MP

On the 26th October 2018, Mr Banks wrote to Angela Eagle MP (Wallasey, Labour) to thank her for her letter dated 21st September 2018. Mr Banks reiterated the outline of the CCG's new proposed model of urgent care, and sought to reassure Ms Eagle that, although the WIC at VCH does face closure, other services provided at the site would still continue. Mr Banks also seeks to reassure Ms Eagle that the access issues have been considered and points to an 'extensive' range of information regarding model of care development which he believes would be valuable to review.

#### 9.2.2 Alison McGovern MP

During a meeting with Mr Banks on 30th November, Alison McGovern MP (Bebington, Labour) requested the national policy and guidance information which influenced the urgent care review. This background context was provided to Ms McGovern in September 2018.

#### 9.2.3 Frank Field MP

This section includes data from correspondence between Frank Field MP (Independent, Birkenhead) and:

- Wirral CCG; and
- His constituents (and vice versa).

On 4th October 2018, Mr Field wrote to Mr Banks in order to provide him with his constituents' initial feedback on the urgent care proposals, as well as to request further information regarding the expected service provision for Birkenhead should these changes be enacted.

Mr Field reports that his constituents reported concerns regarding the following:

- Lengthy travel distances to APH on public transport and lack of affordable parking at the site;
- The capacity of APH to absorb a high number of patients without resulting in the deterioration of care (Mr Field also points out that there have been no assurances by the CCG that APH will be able to cope with this increase in traffic); and
- A desire for the CCG to develop and extend MIUs and WICs in order to continue receiving treatment locally. Mr Field states that, above all, his constituents wish to maintain community services in Birkenhead.

On 28th October 2018, Mr Banks responded to Mr Field's letter, providing him with the information he requested as well as responding directly to the issues raised above and seeking to assure Mr Field that the CCG's proposed changes will improve the quality of patient care for his constituents. In response to the three main areas of concern, Mr Banks said that:

- He is aware of the concern regarding public transport and has formed a transport working group which intends to improve bus services as much as it can;
- The UTC allows for effective clinical streaming which should effectively reduce pressure on A&E at APH;
- Current MIU and WIC venues will not be closing and will continue to provide some services, as well as detailing a wider aim to develop Health and Wellbeing Centres which will serve the community further.

Additional details provided to Mr Field including data regarding the Miriam Medical Centre.

**9.2.3.1 Correspondence and response slips received by Frank Field MP**

This section includes qualitative data from a number of letters and response slips sent to Mr Field in response to a letter he circulated to the residents of his Wirral constituency informing them of the Urgent Care services review and consultation. A copy of the letter can be found in Appendix Six of this report.

In summary, Mr Field's letter expresses his concerns regarding the impact of the urgent care proposals on the residents of his constituency and expresses a desire to maintain community-based services in Birkenhead. Mr Field also requested that constituents, should they share his concerns, do one of the following:

- Correspond, via the appropriate channels, with the CCG (with responses being copied to Mr Field in order that he may follow up on their behalf); or
- Fill in the slip which was enclosed with the letter.

Each of these forms of correspondence will be discussed separately below.

Mr Field received a total of 124 items of correspondence (with a total of 1412 comments), in mainly letter and email form (one statement was received via SMS). These submissions show support of Mr Field's original letter and give thanks for his efforts in bringing the matter to public attention, as well as providing varying levels of the detail as to the context of their concern, namely based on their personal experience. One letter spoke of the writer's experience as a Clinical Director of a local hospital, this item will be discussed separately, following the correspondence from the general public.

The correspondence from the general public to Mr Field was analysed and the following themes were identified:

**> Positive past experiences of MIUs and WICs:**

Positive past experiences with both the MIU Miriam Medical Centre and WICs generally were referenced throughout, with many correspondents being regular users of the services. The Miriam Centre in particular was the subject of a great deal of praise - the service was spoken of as efficient, timely and of a very high standard:

***"I have used both the Miriam and VCH walk-in centres several times and have found them to be very convenient, easy to reach and having staff who are friendly and effective at meeting my needs and with short waiting times."***

***"In recent years I have used the facility at Miriam Health Centre a number of times whilst caring for my grandchildren…the service provided is excellent."***

***"I find Arrowe Park waiting times dangerously long, parking ridiculous, staff under far to [sic] much pressure, dirty and scary . The Miriam Centre is the complete opposite to this, it's a fabulously well run, efficient medical centre."***

Correspondents also considered that MIUs and WICs, being of closer proximity to their homes than APH, are in more convenient locations for them to access:

***"We need these centres to continue for accessibility reasons as much as anything…I would prefer smaller centres in local areas."***

***"I do not drive so to be able to walk for advice at the centre is invaluable."***

***"If you are feeling ill the best place to go (is) closest to your home…"***

***"I like many I'm reliant on public transport and there our [sic] twice as many buses serving the Miriam as there are going to Arrowe Park from the Beechwood."***

Some respondents wrote of specific incidents in which they sought treatment at the Miriam Centre as a result of being unable to book appointments at their own GP, whereas others chose treatment at the unit as they favour the experience over that of APH or because its proximity allowed easier access to treatment. The service at the Miriam Centre was held in high regard and considered

to be a valuable asset in the town and community of Birkenhead:

***"I have had to use the urgent care services in Birkenhead a few times myself, I found the experience very efficient and quick. These local services are key to the well being [sic] of our community and I trust that community care is a priority with those who make these very important decisions."***

***"(The closure of the WIC at Miriam ) is yet another ridicules [sic] idea with no thought to the people and future of Birkenhead…This will attribute hardship and suffering for the elderly and people in ill health in the Birkenhead area."***

**> Perceptions of APH:**

In contrast to the positive descriptions of their experiences with MIUs and WICs, correspondents also described their negative experiences with, and perceptions of, APH. These experiences were often claimed as part of the rationale for the continuation of MIUs and WICs. Long waiting times, difficulties with access and parking (which was considered costly), overstretched staff and resources and experiences with intoxicated individuals in A&E have resulted in a poor perception of APH amongst those who wrote to Mr Field:

***"I find Arrowe Park waiting times dangerously long, parking ridiculous, staff under far too much pressure, dirty and scary at times. The Miriam Centre is the complete opposite to this."***

***"Like most NHS hospital Arrowe Park is already severely under pressure."***

***"Arrows [sic] Park hospital is already overstretched with a long waiting time for any visit made there."***

Other letters/emails also expressed concerns regarding the worsening of these issues when traffic to APH increases as a result of the potential MIU and WIC closures. It was believed that this would result in a decline of care, longer waiting times and increased difficulty parking or accessing the site.

**> Access to APH:**

Difficulties in accessing APH, by all means of transportation, was a theme present throughout the correspondence received by Mr Field. Elderly individuals shared their concerns regarding access:

***"I am an 88 years old lady with several on-going health conditions…My experiences at Arrows [sic] Park A&E are very poor. It is hard to reach, and I have been kept waiting for as long as 7 hours for treatment of a head injury after falling outside my home. Please do not close these local centres which are the best bits of the NHS."***

***"Many old people are no longer able to drive and many would then be unable to access urgent medical care services on their own – they would be forced to call the emergency ambulance service, who are already over stretched."***

***"(Bus services are) expensive for a very modest income."***

Other correspondents were concerned (on their own behalf and that of others) about the cost of travel, particularly taxis and public transport, from areas of high deprivation such as Birkenhead:

***"According to the End Child Poverty coalition children in Birkenhead and Tranmere are most likely to grow up in child poverty with some 40% or more growing up poor. There are families going without heating or electricity and who rely on payday loans and foodbanks to feed their children, They don't have cars nor do they have mobile phoneswith [sic] GPS to direct them to distant GPs. For many riding a bus is a luxury because of the rate bus fares have soared since privitisation [sic] of the service."***

***"There are a large number of poor residents, who do not have transport, and would find public transport extremely inconvenient and expensive. This move would be effectively denying them the care that our NHS is obliged to provide."***

As well as the expense of travel to APH, and the perceived lack of bus routes from where they live, travelling a distance whilst unwell was also considered an issue, whether that be themselves or with unwell children. The journey time, especially in winter, was also considered prohibitive and inconvenient, particularly in comparison to being able to access care at the local Miriam Centre or other WICs or MIUs.

With regard to access to APH by car, parking difficulties and cost implications were detailed, as previously discussed:

***"I have observed that the place (Arrowe Park) is getting more and more busy, until it is starting to seriously struggle for space – both inside and out – especially car parking…"***

***"Firstly, parking at Arrowe Park hospital is not easy. For some, the expense is a worry at a time of high stress anyway."***

***"My main concern is the problems of parking at Arrows [sic] park hospital. Far better to have access to local services which are easier to get to."***

Furthermore, correspondents anticipated increased travel times, congestion, air pollution and accidents, as well as poor ambulance access to APH as a result of the increase in the number cars accessing the UTC at the site.

**> Perceived consequences of the changes:**

The perceived consequences of MIU and WIC closure and the centralisation of urgent care services at APH were a common theme in the correspondence to Mr Field. As well as the potential impact on care and resources at APH as already discussed, the consequences in terms of accessing APH were mentioned frequently. It was felt that, as result of these difficulties, patients may either prolong seeking care or possibly forgo treatment completely:

***"…will actually create expensive problems as patients will defer seeking help because of their difficulties travelling to Arrowe Park."***

***"Arrowe park is already running at full capacity and trying to expand that would encroach on green belt land which is precious enough. Also the parking at Arrowe park is already a nightmare as all car parks are full this would lead to more parking issues and would lead to struggle for patients to try and make appointments on time and could also lead to an increase in the severity of ailment."***

***"A long way to go for some people who may have limited mobility where maybe neighbours would help them locally but resist going to Arrowe where we know parking is a nightmare and costly."***

It was perceived that this could have life-threatening consequences if their conditions worsened as a result. This was also considered a potential consequence of being unable to obtain a GP appointment under the new system. It was also suggested that difficulties in accessing APH for urgent care could result in an increase in calls for ambulances, which would be wasteful to an already over-stretched service. Furthermore, staff and patient wellbeing was thought to also be at risk under the changes, due to added pressure on resources.

The impact on vulnerable groups was also considered:

***"There is also the elderly person or someone who suffers with mental health issues who would be overwhelmed by public transport and a huge hospital."***

***"Many people are apprehensive about entering a large hospital; they will probably 'suffer in silence', and their health problems will exacerbate."***

***"I am very worried that people who are already suffering greatly from the effects of cuts and universal credit would not be able to get to Arrowe Park and May be unable to access treatment for illness and minor injuries… This is a short sighted and mistaken plan in my opinion and I respectfully ask you to reconsider because the consequences will cause those who already suffering***

***intolerable hardship, even more stress, pain and anxiety."***

As well as the impact on those with chronic conditions who need to regularly access services they would previously have accessed at a WIC. Children, who were deemed to be regular users of MIUs and WICs, were also thought to be disadvantaged by these proposals.

**> Scepticism regarding the motivation behind the changes:**

A perceived decline in the NHS and reference to the current political climate was thought, by some, to be the true motivation behind the proposed urgent care changes; namely the decline and possible future privatisation of the NHS. Furthermore, it was thought that implementing urgent care changes was a money-saving (and wasteful) exercise undertaken at the expense of patient care.

There is currently no confusion, it was said, as to urgent care choices, despite the CCG's suggestion to the contrary:

***"The present system works fine. You say that people don't understand it so instead of moving it, try a little more publicity."***

***"Why change what everyone is happy with?"***

***"This whole proposal smacks of panic, lack of planning, lack of asking the right questions…"***

Some also felt that the CCG's efforts to communicate the consultation were poor and that they are intentionally disadvantaging Wirral's deprived residents with these proposed changes as they would benefit the rich minority and not the poor majority. The capability of the CCG, as well as their pay structures, were also mentioned.

As well as concern about 'lumping everything into one basket' at APH, apprehension regarding the proposals was also founded on scepticism regarding extended access to GP appointments and from where the resources for this will be derived:

***"There was a suggestion that GP surgery time could be extended but I thought we were short of GP's and in any case it may not be appropriate to wait for an appointment."***

***"Your vague comments that GPs will have more appointments takes away the Walk-In which is needed… Presumably opening GPs more would cost more money? Is that a different pot of money?"***

Furthermore, former (unsuccessful in their opinion) service changes (namely to phlebotomy services) has resulted in apprehension regarding service change generally. All those who submitted correspondence to Mr Field would prefer MIU and WIC services to remain the same (or be enhanced) where drop-in urgent care can be accessed locally.

One letter, from a Clinical Director of a local hospital, was thematically analysed and showed that their concerns regarding the urgent care proposals were, for the most part, related to how poorly, vulnerable patients and those with no access to phones interact with appointment-based care. The negative impact of the potential additional ED presentations as a result of drop-in services being removed was also discussed:

***"Navigating complex systems can be challenging for some & the safety net is (the) opportunity to 'turn up' with (a) medical problem. Likely to increase pressures on our A&E depts. if not sorted."***

The Director also requested information from Mr Field regarding MIU attendance figures and levels of patient satisfaction, as he felt this may support for the continuation of these services.

A total of 1425 comment slips were received by Mr Field, which indicated individuals' opposition to either or both of the following:

- Closing community services at the Miriam MIU; and
- The Wirral CCG proposals for the closure of MIUs and WICs with a replacement UTC at APH.

Thematic analysis of the comments made on these slips revealed the following themes, with the first four themes covering the reasons

respondents believe support MIU/WIC continuation and the final two themes being other discussions present in the narrative.

**> Local community and area:**

Those who sent their comments to Mr Field expressed their opposition to the closure of MIUs and WICs and the centralisation of urgent care services at APH, as they believed this would take much needed care away from their communities. Throughout the comments, there were repeated expressions of a need for community care services which are in close proximity to the people who are in need of them:

***"These Services are vital to the community and should be maintained for the good of the community not everyone can get to Arrowe Park…"***

***"this plan would be highly inconvenient to the hundreds of residents living in Birkenhead who likely myself do not drive and like anyone else anywhere needs local medical centre providing these services."***

***"the clue is in the name we are a community which is spread the length and breadth of the Wirral the needs of the community are widespread and facilities should not be centralised."***

***"local services for local people."***

***"urgent care should be near the locality of the user not placed for the easing benefit of the provider."***

Furthermore, the MIUs and WICs were considered vital assets to the community in which they currently stand and serve local residents, both in terms of the care they provide and how they contribute positively to the town as a whole:

***"in my opinion the Miriam Health Centre is vital to the community of Birkenhead the staff are second to none and it would be a grave mistake to close it."***

***"the town needs these centres…"***

It was argued that the removal of services at Miriam MIU in particular would further contribute to the deterioration of Birkenhead which has suffered reduced services and closed shops in recent years:

***"the way things are going in Birkenhead could be a ghost town before long…"***

***"why always Birkenhead it's a ghost town now our town our town has been driven into the ground run down no shops."***

***"closing things down Marks and Spencer, camel lead [sic] Vauxhall the ripping the Heart Out of This Town."***

***"do they really want to deprive Birkenhead of everything we suffered enough never seen so much deterioration."***

Respondents felt that residents in certain communities on the Wirral (Birkenhead (Birkenhead North particularly), Wallasey and those living on council estates) would be adversely affected by the closure of MIU and WIC services in particular as these residents are amongst the most deprived, both on the Wirral and in the country as a whole. As a result of these poverty levels, car ownership is low, and residents are unable to afford bus or taxi fares outside of their local area:

***"lots of very poor people in Birkenhead don't own a car."***

***"please stop assuming that people have cars Miriam Medical Centre is on a bus route it's accessible I don't drive and I'm dependent on buses airport is a lot harder to get to and it's really embarrassing feeling crap on a bus short of bus journeys are better."***

***"the presumption is everyone can easily travel around the Wirral bus travel is expensive not always reliable parking at Arrowe Park is an absolute nightmare people need local amenities"***

Furthermore, it was alleged that public transport links to outside of these areas (to APH in particular) are also poor:

***"Beechwood Estate has no buses at all at night time or on Sundays this is a hardship to be able to visit any clinic but Miriam clinic is closer with no parking problems."***

***"I do not have a car I can walk to the Miriam centre or catch a bus that runs every 10 minutes…the unreliable bus service to Harrow [sic] Park is every hour and is constantly under threat of being withdrawn. "***

***"they have just removed our last remaining bus to Arrowe Park Hospital."***

Respondents felt that the combination of these factors would result in residents being overly disadvantaged in terms of access to urgent care if the proposals were enacted and travel to APH became necessary:

***"I agree that living [sic] all Minors care in one place is unnecessary as those who need them most do not have easy access to care without t [sic] good and cheap transport."***

***"I walk to the doctor's I live too far away from APH I cannot get the bus it is too far away I'm only on low income so how do I get to Arrowe Park."***

It was also felt that this would constitute the giving services from the poor to the rich (i.e. West Wirral) of the area. Furthermore, the impact on the high percentage of drug-users in the area was also considered, with community services seen as more accessible to this particular group.

Respondents argued that removing services as they stand in their local area and centralising urgent care to an ostensibly inaccessible site could potentially impact the most vulnerable members of Wirral's population the most, resulting in a deterioration of health as well as a wider social cost:

***"I think it's very bad proposal to close the local community services at miriam minor injuries services Birkenhead if you check the service people who have not got the money to travel for the service would be left to suffer don't have to call an ambulance service."***

***"…any short-term savings that might be made will be completely offset as a medical and social cost to patients who cannot access services wearing [sic] when they're easily reached."***

***"once again working class being turned over."***

**> Resources:**

As well as community-specific considerations in relation to the closure of MIUs and WICs, responses also reflected concern regarding NHS resources, both now and if the plans are put into action. Firstly, there was a great deal of scepticism regarding GP resources, which were considered already insufficient to need and over-stretched:

***"…GP's are so overloaded that are referring my own doctor I cannot get an appointment earlier than 7 to 10 days…"***

***"it is bad enough at this time to get appointment at my GP 3 weeks is how long I had to wait to see mine…"***

***"…GP surgeries are stretched impossible to get appointment we need this service."***

More GP appointments under the new urgent care proposals were therefore questioned and the possibility that more would available (because of current insufficient resources) considered unlikely:

***"I totally agree about the problem of what to do if there were no appointments left on the day for designated GP we all know how difficult it is to get appointment with oral [sic] GP's so will this be any different I doubt it somehow…"***

Negative past experience with service change (namely phlebotomy services) added to this scepticism for respondents:

***"this sounds like the transfer of blood testing away from GP surgeries have spent hours and money taking my mother 92 for blood test We need minor injury services especially at Miriam."***

***"this table plan with little longer journey waiting times and condition similar to taking blood testing from local GP's which also resulted in longer journeys and very long wait…"***

***"…the recent scheme of amalgamating the blood clinics and the scheme was very short-lived due to Centre overcrowding Long waiting times etc to the degree that the scheme was scrapped and blood tests reverted local surgeries same thing will***

***happen if this new proposal goes ahead."***

Fear as to further local service removal and the impact this would have on chronic condition management was also expressed.

It was many respondents' belief that APH is in need of expansion and already overburdened with patients; these changes will only serve to increase this burden:

***"…over the last few years attending the hospital for a number of reasons there have been long waiting periods and it is also very very busy closing the minor injury centres will only had two [sic] and hinder the overall situation in the hospital"***

***"I don't believe that shutting down anything that takes a little of the devastating pressure on Arrow [sic] Park will be beneficial…"***

***"I do not feel that hospital has the capacity to treat all members of the public in a single department the waiting times at A&E and gp out of hours are already exceeding national standards…as a former member of the staff at APH accident and emergency I feel that the service there is still underfunded and understaffed and any additional pressure would be detrimental to both the public and staff."***

APH was believed to be already low on resources, not just in terms of staffing (and the pressure they face) but in terms of waiting times and parking facilities:

***"APH has long waiting times to be seen without many more going there."***

***"parking at Arrowe Park Hospital is chronic and this has been made worse by the introduction of charges for parking, dog walkers use free Hospital car park and then taking dog directly to pack waiting times at A&E are already high and even a 10% increase in attendance would cause chaos."***

It was felt that MIUs and WICs relieve some of this pressure on APH and that, were they to be closed and redirected to a UTC on that site, there would be even more pressure and less resources. Respondents also described negative past experiences at APH, which, for some, were particularly unpleasant.

These experiences markedly contrast with those described at MIUs and WICs. Respondents praised the staff at these sites and recalled the excellent, efficient treatment they felt they received there:

***"Over the past couple of years my family and myself have used vch walk in centre rather than a pH [sic] for minor injuries and illness throughout was rapid and couldn't wish for a better caring staff…"***

***"well needed I have been in a few times and was well looked after got well looked after and did not have to wait too long has [sic] would have done in Arrowe Park keep them open please."***

I have used the service rather than arrowe [sic] park. as I find the waiting time is that you could wait for a couple of hours in Arrowe Park walk in/"

These services were considered more convenient (being able to walk in, close to home or around work hours) with shorter waiting times than APH. Familiarity with the clinicians or staff encountered at this service was also an important element of their appeal, particularly for those needing long-term condition management.

There was a contrast in the experiences of those who recounted their treatment at MIUs and WICs, with some using them frequently and others only occasionally:

***"I have used the walk-in service many times when I'm unable to get a doctor's appointment the same day I do not live far away from this centre I'm pleased with the centre the services less waiting times and Q's and no parking charges."***

***"I had a cancer growth removed in minor surgery Miriam followed by aftercare at the minor injury unit I also used it for head injury…"***

In the case of the latter, these experiences were often life-saving, thereby elevating the status of the service in their opinion further.

### > Access to APH:

Comments received regarding public transport, and transport considerations generally, focused mainly on access from home to APH, where urgent care would need to be accessed at the UTC. As previously discussed above, many felt that public transport access to APH is poor in their local area and in many areas of the Wirral, particularly at evenings and weekends (Noctorum and Wallasey were mentioned specifically). This could result in two long journeys whilst unwell and, potentially, with unwell children. It was felt that limited public transport may result in taxi journeys being taken, which would incur additional cost. It was also argued, as previously discussed, that the site at APH is already congested in terms of vehicular traffic. As well as both the able-bodied and disabled being unable to park at the moment due to insufficient space (and the expectation that this would worsen when the new UTC opens), parking at APH was also considered to be expensive. The additional traffic/congestion in the surrounding area and the resulting air pollution (and the impact of that on health) were also considered disadvantages to relocating services to APH.

All of the above considerations were considered especially prohibitive for certain groups, particularly the disabled, the elderly, those with children, the deprived and those with mental health problems:

***"I myself suffer with many disabilities and my wife is my full-time carer it would be far too stressful and difficult for us to travel further as I need treatment regularly Our walk in vital for my care."***

***"…when I cannot be seen by my GP my daughter takes me to appointments can never find a disabled space at hospital she has to drop me off and well and we'll food feel very vulnerable waiting for her to park and return to help me."***

***"we have had occasion to call into the Miriam Centre and found it easier to enter and park the proposal to use the hospital has not been thought through even with new space for parking it is still a nightmare for disabled people."***

***"I am 68 years of age and have COPD and arthritis it would be terrible if it closed as how am I supposed to get to Arrowe Park with my poor health I do not drive or have a car."***

***"so getting to Arrowe Park is not a problem however I am an old lady pushing Zimmer and using the to carry more oxygen therefore Arrow [sic] Park does not have parking and facilities for me and in preference to I would wait rather go to the North End or even Wallasey in preference…"***

***"We are both 81 and 79 we have no care and travelling to help with hospital very exhausting."***

***"I am 70 years old I'm bad on my feet I have to stop and start every few metres have to walk up the street to bus stop then there is the walk from Arrowe Park Hospital bus stop to the walk-in centre too much for me."***

***"residence in Birkenhead… do not have the bus fare taxi fare and in the main a car to travel to help our house for a good many young mother and fathers don't have the family support when there is an emergency…"***

***"keep services local it will be difficult for the elderly people to get to APH and young mums with children and prams also people in wheelchairs and disabled people buses not available at night."***

***"most of the people in the north end of Birkenhead cannot afford to pay bus Fares to hospital it would take them 45 minutes each way Communities like this throughout the Wirral need proper local service."***

***"anxiety and depression which is popular in this day and age people like myself would find it hard to get out never mind getting the bus and coping with waiting for hours at Arrowe Park."***

***"I live in an area with a high percentage of elderly and disabled people it would be very difficult if the majority of these people have to go to Arrowe Park some of these vulnerable people do not have family or friends to help***

***them get their [sic] all the funding for Public Transport or parking."***

It was believed that the cost incurred to access APH (as opposed to a local MIU or WIC) would especially impact those on a low income (unemployed, on low wages, pensioners or young families):

***"my reasons are the cost of people who are already using food banks due to lack of money the rollout of universal credit low income destitution benefit cuts universal credit changes from Old prps [sic] many people have benefits reduced many people actually penniless and do not make money for bus transport fare."***

***"As OAPs we me find this proposal totally unacceptable bus passes start at 9:30 taxis are unaffordable how do we get to these venues when you can get an appointment…"***

For the elderly, cited by some as the most frequent users of MIUs and WICs, it was felt a longer journey may be overwhelming and/or too physically demanding. The same was also argued for those with mental health problems and disabilities of all kinds, and it was felt that travelling to APH for those with prams and in wheelchairs is more difficult than accessing a service which is local to them.

**> Perceived consequences of the changes:**

As well as the perceived impact on specific local communities and areas, respondents also spoke more generally on the impacts of MIU and WIC closure and centralising services at APH. Many respondents felt that the proposed changes would result in unnecessary hardship for many Wirral residents, which would adversely affect their physical and mental health.

In terms of the population generally, respondents argued that the urgent care changes will result in a deterioration of care:

***"If the minor injury centre South Close Arrowe Park Hospital will be uploaded [sic] and just will not be able to cope with either medical help…"***

***"Arrowe Park Hospital hardly Corps [sic] with the work it has a present it would be swamped by any extra work."***

***"Arrow [sic] Park does not have the facilities to cope with extra demands and the poor people in the community will suffer."***

This was mainly stated as a result of scepticism regarding the additional number of GP appointments that will be available under the new system. They believed a lack of GP appointments and MIU/WIC facilities would, in turn, result in APH being overloaded, mainly in terms of parking, traffic surrounding the site and waiting times:

***"…Arrowe Park would be unable to handle Extra People seeking help..."***

***"…congestion of car park at Arrowe Park would become worse."***

***"waiting times in A&E as long as it is but services have stopped or been cut how does this work…"***

***"I live within 2 miles of Arrowe Park Hospital this place is constantly using impossible to imagine them coping with this extra workload let alone the problems that already exist within the infrastructure parking access availability of staff."***

It was also felt that staff would also become overstretched, as the UTC would become the only point of access for urgent care without MIUs and WICs. Some respondents felt that this would result in a life-threatening situation for many as they would be unable to receive care either due to APH being overloaded or as a result of their inability to access the site for a variety of reasons (these will be discussed in the next theme). It was also argued that the ambulance service may also be negatively impacted, due to an increase in calls for ambulances from those without the means to reach APH for urgent care by themselves:

***"…it is difficult to get to Arrowe Park on public transport and therefore people will be using ambulance service mode."***

***"please propose closest will result in more 999 calls ambulances and more paramedics bus services are being cut back…"***

***"I'm a carer for me due to my medical problems I suffer from Louis body dementia which causes double vision and other problems if miriam walk in centre was moved to Arrowe Park I would have to use an ambulance to get there."***

In terms of the elderly, who were cited as the most frequent users of MIUs and WICs, it was thought that they would be either averse to or unable to reach APH, which would mean them potentially not receiving treatment. Similar comments were made regarding those with disabilities. For people with mental health problems, the overwhelming experience of attending a large hospital such as APH could have the potential to unfairly disadvantage them in terms of receiving urgent care (as opposed to presenting at a more familiar, local MIU/WIC) as they may be reluctant to seek treatment.

**> Scepticism regarding the motivation behind the proposed changes:**

Respondents felt that the proposed changes to urgent care showed little regard for patient welfare and must, therefore, be driven by other motivations. Many pointed to the influence of an austerity government and a suspicion that cost-cutting was the 'true' motivation behind the urgent care proposals:

***"once again the poor and underprivileged are forced to bear the Brunt of Tory mismanagement if the NHS was properly funded through Central government this would not be happening shame."***

***"this cause of action was tried at the beginning of the Year with the dire consequences to the off all [sic] the Wirral please put patients first and foremost before money."***

***"despicable tory tricks…"***

***"we need local facilities this proposed proposal is a regressive one benefitting NHS management and not patients."***

Expressions of unfair treatment by a system which many argued they had contributed to all of their working lives were made:

***"it's a long way to Arrowe Park from my home also I think this government is not treating the patients aged and young I worked all my life… don't think we are getting a fair deal."***

***"this does not help people who are elderly incapacitated or unemployed pay taxes for nearly 60 years and do not feel that I should be penalized now I am 76."***

It was also suggested that these changes are another step in the direction of privatisation for the NHS, with many declaring 'save our NHS'. Conjecture as to the cost-cutting (and therefore money-saving) potential of allegedly inflated CCG staff salaries was also mentioned.

Generally, it was considered that the urgent care proposals were not thought through sufficiently by the CCG, who have a duty of care which they are not exercising properly. It was thought by some that residents were not consulted properly; with Birkenhead in particular (and the impact thereon) not having been given the proper consideration such a complex area demands:

***"…so important to keep health services in that area most of it is very deprived without money deprived poor children will suffer a lot…this is a social as well as a health issue."***

***"I feel for the people of Birkenhead many who are in tired and anxious state and will not have spare cash for public transport which is in an appaling [sic] good luck shout for the people and powerless."***

***"dear friend I'm a ex drug user I'm telling you that there has been 6 deaths in 2 weeks Mr Mantgani's surgery and minor injury services needs to be open or there will be more that in Birkenhead."***

It was also claimed that the CCG's lack of experience 'on the ground' in Birkenhead has resulted in proposals that are insufficient to population need. As previously

discussed, deprivation in the local communities (and the perceived impact on the deprived) was referred to a great deal, and there was also an expression of unfair treatment by the CCG from these proposals regarding this issue. Respondents also felt that services are being given from the 'majority to the minority': i.e. from Birkenhead to West Wirral and, thereby, from the poor to the rich:

***"the CCG is obviously only interested in the welfare of patients in West Wirral and to a lesser degree Wirral South but claiming it'll be easier for patients they appear to be ignoring patients in deprived areas such as Birkenhead North etc…"***

***"…spend money on the majority not the minority example golf and consultants."***

***"I believe the best way to respect the health of the people is to have that for those who need it most regardless of income is who they need it most locally."***

***"closed minor injuries would affect the most vulnerable in Ed in Wirral why should they suffer for more affluent areas."***

Furthermore, it was claimed that, as these proposals will supposedly not directly affect their originators, their lack of care in designing them is expected. There were also claims that, with these proposals, the CCG is intentionally trying to discourage attendances to APH and, therefore, are using them as a means of population control. It was also believed that the consultation survey itself should have had more available options (particularly so that residents may show a preference towards retaining MIU and WIC services) and that it should have been communicated more effectively:

***"we absolutely agree with everything you have stated in this letter and like yourself cannot understand where and how and why they have come to this decision before getting in touch with everybody concerned the consultation is until 12th December…"***

In terms of resources, respondents believed that the execution of the urgent care proposals would result in empty buildings (MIU/WIC sites) which would be a waste of money and resources:

***"…the Maryam [sic] centre is a new building cost in millions of pounds not to use its full potential is criminal."***

***"at what cost has this building built reducing the functions of a relatively new building is complete madness to say the least…"***

Furthermore, queries as to whether there would be an expansion of APH (parking facilities and the hospital itself) in order to incorporate the increased patient traffic were also received.

**> Suggestions:**

**- Opposing**

Finally, respondents offered a number of suggestions as to how they believe urgent care should be approached on the Wirral which, mainly, pertained to their wish to keep MIU and WIC services in their communities:

***"we need to open more not close them."***

***"We need these facilities if not more of them."***

***"we need more Community Services not less."***

Rather than executing the proposed changes to urgent care, it was rather suggested that existing services should be developed and expanded, with communication to residents as to what services are available improved. Respondents felt that that this would reduce inappropriate care choices in the future.

In December 2018, Mr Field wrote to Mr Simon Banks, Chief Officer of Wirral CCG, to inform him of all the responses he received regarding the urgent care proposals. Mr Field also included a summary of the content of these responses and expressed his constituents' desire for MIUs and WICs to remain in the communities, not be removed and not centralised at APH.

# 10 OPPOSING CAMPAIGN ACTIVITY

The Miriam Primary Care Group, based in Birkenhead, created a 'Save Our Minor Injury Unit' campaign, which included the gathering of data and support via a number of methods:

- Letters from Wirral GP Federation and GP Practices;
- Letters from Patient Groups;
- Patient and GP surveys;
- Letters and emails from members of the public;
- Petitions:
- Save Minor Injury & Walk in Service;
- Save Miriam Minor Injuries Unit;
- Online iPetitions with comments;
- Postcode analysis of signatories to petitions;
- YouTube video presentations.

The group was also given the opportunity to present to the Adult Care and Health Overview & Scrutiny Committee at Wirral Council. The feedback gathered by the campaign group was presented to Wirral CCG as their submission to the urgent care consultation. The findings from the thematic analysis of these submissions will be discussed by type below.

### 10.1 LETTERS FROM WIRRAL GP FEDERATION AND GP PRACTICES

On 17th October 2018, representatives from Miriam Primary Care Group (which has two sites, one in Wallasey and one in Birkenhead) and Moreton Health Clinic circulated a letter amongst their colleagues, which included:

- Briefing notes on MIU - facts and figures they believe support the continuation of MIUs and WICs;
- Briefing notes (for their GPs and Practice Managers) detailing how they believe the urgent care proposals are flawed and against the wishes of Wirral's population; and
- An activity analysis of Miriam MIU service activity from February to September 2018.

In the briefing notes, the representatives state that patients are not confused, contrary to the CCG's assertion, and that the changes will result in extra pressure on APH and poor outcomes for the most deprived patients in the borough. Furthermore, they believe that difficulty accessing APH (particularly for the elderly and disabled populations), as well as a lack of sufficient parking at the site, could also be worsened should these proposals be put into effect. In terms of resources, it was also claimed that GP resources particularly are already stretched and therefore staffing the extended access service would stretch these resources even further.

The briefing note also points to the 'Save MIU Wirral' Facebook page and an iPetition link for the 'Save Our Walk In and MIUs Wirral' petition, which will be discussed later in this section.

On 11th December 2018, the Miriam Primary Care Group (as primary medical service and MIU providers, as well as on behalf of the Miriam & Earlston Patient Group) provided their formal response to Wirral CCG's urgent care proposals. They expressed their disappointment at not being involved in the discussions regarding the proposals prior to their release and call for an improvement in this communication going forward. The letter also points to the performance and service outcomes of the Miriam MIU, as well as their

history of cooperation with CCG with regard to the urgent care proposals. *

On 17th December 2018, Dr Abhi Mantgani, Senior Executive of the Miriam Primary Care Group, wrote to Simon Banks, Chief Officer of the CCG, on behalf of the Miriam Primary Care Group to request information that they believe should be made public in order that an informed choice can be made regarding the proposals (a formal request made under the "Freedom of Information Policy").

The Group requested the following information in seven separate categories:

- Attendance, cost and activity figures for A&E at APH;
- Breakdowns of activity, contract value and number of patients seen <2 years age at each WIC;
- Breakdowns of activity, contract value and number of patients seen <2 years age at each MIU;
- Breakdown of those patients accessing multiple services and those accessing services inappropriately;
- Any Risk, Impact and Inequality Impact Assessments that have been undertaken thus far;
- Budget allocation and projected activity analysis for the new UTC; and
- Further details regarding GP Extended Access and appointments.

An attached cover letter (addressed to Dr Paula Cowan, the Medical Director of Wirral CCG) sought to arrange a meeting in order to discuss how services may be kept in the community and alternate options be considered.

**10.2 LETTERS FROM PATIENT GROUPS**

On 27th December 2018, Miriam Primary Care Group Patient Participant Group, as representatives of their group's 10,800 registered patients, wrote to Mr Simon Banks and Dr Sue Wells, Chair of Wirral CCG, to register their disagreement with the CCG's urgent care proposals.

The group felt that the proposals had not been carefully considered, having only been based on a pre-consultation of 405 people, and that they fail to properly address the needs of the majority of Wirral's population. It is their belief that if people are confused as the CCG suggests, then the MIU attendance figures would reflect this; they believe, in fact, that these figures suggest the contrary. The group also felt that the MIU service is more cost-effective than both WICs and A&E and therefore feel that the 'radical' changes are in fact punishing and not celebrating what they believe to be an efficient and economically viable service.

It is the belief of the Miriam Patient Participation Group that the issue with MIU services is not, as the CCG suggests, patient confusion but is, rather, due to underfunding, lack of staffing and resources and poor strategic decisions made by the CCG. The letter therefore appeals to the CCG to listen to the population of Wirral, and the clinicians therein, and put an end to these proposals and engage with them going forward.

**10.3 CORRESPONDENCE RECEIVED BY THE 'SAVE OUR MIU' CAMPAIGN**

Six items of correspondence (emails and one letter) were received by the 'Save Our MIU' campaign. Each individual writes to petition against the closure of MIUs and WICs, as well as to express their desire that these services

continue. Analysis of this correspondence identified the following themes:

**> Positive past experiences with MIUs and WICs:**

Every correspondent spoke highly of MIUs and/or WICs, as well as, in some cases, their positive experiences with the service:

***"I have frequently used the service, and feel that the service is a quick and efficient way of receiving medical assistance and support if a doctor's [sic] appointment isn't available."***

The treatment they received was considered, in some cases, life-saving:

***"It was the quick thinking of staff at Mill lane walk in centre who helped save my nephew who was then transferred to Arrow [sic] Park and found to have pneumonia a blood clot on his lung and sepsis. I thought I was taking him there with a bad chest infection."***

Some correspondents also valued these experiences as they felt the treatment received saved their admission to APH.

**> Access to APH:**

In contrast, perceptions of APH itself were negative for those who referred directly to it. Difficulties accessing the APH site were also discussed, particularly the financial implications of the journey:

***"What a nightmare if local people had to travel to APH...not every one [sic] has a carer or someone to drive them at a moments notice and taxi charges £12-£13 pounds, one way."***

***"The service (Miriam MIU) doesn't financially affect us, through travel arrangements. I feel if I had to travel to Arrowe Park Hospital, this would delay treatment."***

The difficulties parking at the site and travelling there whilst unwell or injured and in need of urgent care. These considerations were discussed both to in terms of themselves and on behalf of others in their local area.

**> Community and local services:**

The final theme consists of the value that respondents' felt MIUs and WICs add to their local area:

***"It adds value to our community by providing non-emergency medical care and support outside of GP hours."***

A great deal of emphasis was also given to the close proximity of these services, in that this adds further value for correspondents by negating any accessibility issues or additional expenditure.

**10.4 PETITIONS**

At the NHS Wirral CCG Governing Body Meeting on 11th December 2018, a box and box files were presented, containing a number of petitions. While all presented at once, there were 8 differently-titled petitions within. The petitions consisted of a combination of handwritten and photocopied sheets.

Some presenters submitted petitions with more than one title, in one bundle. The table below categorises who presented petitions, the titles of those petitions, and the number of signatures under each title presented. Whenever possible, this was based on the declarations made on the front of each petition where this was given. When two differently-titled petitions were presented in one bundle (with differently-titled sheets mixed together), these were separated out and counted by CCG administrative staff. One petition (submitted by Ruth Molyneux) did not have an identifiable declaration of number of signatures on the front or anywhere that could be found in the box, so this was counted and verified by CCG administrative staff.

Table 1: Details of the petitions received by Wirral CCG, by name, type of declaration and total number of signatures

| | Brian Kenny | Defend Our NHS | Wallasey Labour branch (Paul Martin) | Steve Foulkes | Socialist Party | Ruth Molyneux | Save our MIU Campaign | Total |
|---|---|---|---|---|---|---|---|---|
| **Urgent Care Consultation: Closure of Minor Injury-Illness Services. As a resident in Wirral, I am deeply concerned about the forthcoming closure of these services. and wish to express my opposition to the closure of these services.** | 2218 (paper) 1635 (online and including comments) | | | 8490 (paper) | | | 10749 | 23092 |
| **We, the undersigned, call upon Wirral Clinical Commissioning group to:**<br><br>**• Immediately withdraw the proposal to close Wirral's NHS walk-in facilities and minor injuries/ illness units; Before 15th December 2018 organise an accessible public meeting in every Wirral Council ward attended by a member of CCG staff and a Wirral Council representative to discuss the views of Wirral residents relating to proposed changes to health and care services.** | | 2482 (paper) | | 3124 (online petition with comments) | | | | 5606 |

| | Brian Kenny | Defend Our NHS | Wallasey Labour branch (Paul Martin) | Steve Foulkes | Socialist Party | Ruth Molyneux | Save our MIU Campaign | Total |
|---|---|---|---|---|---|---|---|---|
| We, the undersigned, call upon Wirral Clinical Commissioning group to immediately withdraw the proposal to reduce Wirral's NHS walk in facilities and minor injuries/ illness units and before 15th December 2018 to organise an accessible public meeting in every Wirral council ward to be attended by a member of CCG staff and a Wirral Council representative to discuss the views of Wirral residents relating to proposed changes to health and care services. | | 85 (paper)<br>856 (paper) | | | | | | 941 |
| As a resident of Wirral, I am deeply concerned about the forthcoming closure of Miriam Minor Injury & Illness service and wish to express my opposition to the closure of Miriam Minor Injuries & Illness Service which is vital for the people of Birkenhead. | | | | 3277 (paper) | | | 4651 (paper) | 7928 |
| SAVE OUR WIRRAL WALK IN CENTRES! We, the undersigned, call upon Wirral Clinical Commissioning Group to: Immediately withdraw its proposals for Wirral's NHS walk-in facilities and minor injuries/illness units; Organise an accessible public meeting in every Wirral council ward attended by a member of CCG staff and a Wirral Council representative to discuss the views of Wirral residents relating to proposed changes to health and care services. | | 1866 (online via change.org) | | | | | | 1866 |

| | Brian Kenny | Defend Our NHS | Wallasey Labour branch (Paul Martin) | Steve Foulkes | Socialist Party | Ruth Molyneux | Save our MIU Campaign | Total |
|---|---|---|---|---|---|---|---|---|
| Enhance our South Wirral NHS Walk in Centre: We oppose Wirral Clinical Commissioning Group's proposal to close Eastham Walk in Centre | | | | | | 1016 (paper) | | 1016 |
| Save our Walk in Centres – no closures. Five Walk in Centres in Wirral face closure, with services being centralised to Arrowe Park Hospital. The five, Eastham, Birkenhead (Miriam Centre), Moreton, New Ferry (Parkfield), and Wallasey (Victoria Central). We oppose the closure of these vital community resources and recognise that it is another cost driven proposal that will reduce the services the NHS offers. We support a mass campaign to save all five Walk-In Centres. | | | | | 1862 (paper) | | | 1862 |
| Wirral Clinical Commissioning Group is currently consulting residents about reducing urgent health care services in Wirral. The proposal is to close walk-in centres and replace this with phone consultations, longer GP opening times (8pm), more pharmacists able to prescribe medications and having ONE Urgent Treatment Centre in Arrowe Park.<br>We the undersigned support the campaign to:<br>• SAVE Mill Lane walk in centre<br>• Have a local NHS service which is accessible to all residents by foot and public transport<br>• Ensure the NHS remains free at the point of delivery and is run by NHS staff<br>• Oppose any privatisation of NHS services<br>We believe that any changes to our services will result in longer waits, longer travelling times, less personal services and a worsening of the quality of the local NHS services currently offered. | | | 2784 (paper) | | | | | 2784 |

A total of 45,095 signatures were received across the eight differently-titled petitions. The comments from the online petitions by Brian Kenny and Steve Foulkes were submitted to Wirral CCG and analysed for this report. The following themes extrapolated:

**> Scepticism regarding the motivation behind the proposed changes:**

There was a great deal of speculation regarding the CCG's actual motivations in proposing to make changes to urgent care services. Many signatories suspected that the true motivation behind the proposals was politically driven (i.e. the result of austerity government mandated cuts):

***"Stop the cut backs and austerity."***

***"Theresa May claim's to have ended austerity (didn't George Osborne do that too?) and says that everyone should be rewarded for their efforts.. .yet this closure, of a vital service, PROVES it is still happening. LET'S STOP YET ANOTHER EXAMPLE OF THIS BRUTAL AUSTERITY NOW!"***

***"That's a Tory government for you…"***

***"Tory cutbacks responsible."***

There were a number of requests as to the financial rationale behind the proposals, as well as for evidence as to how the plans will be successful in actuality. It was believed that front-line NHS staff should plan services such as this, as they have on-the-ground experience the CCG members lack.

In terms of being a cost-cutting exercise, it was also believed that these proposals may be complicit with the privatisation of the NHS:

***"If nhs walk in centres close, private practice will flourish, there will be take over if health care by private companies there will be more long term morbidity, unemployment, depression affecting people from low socio economic group the most."***

***"I will not see our NHS turned into an insurance led American system where people die if they cant afford medical attention, that is taking us back to the times of Charles Dickens and the work house…I will not take one step back and allow our NHS to become fragmented and sold off to the privateers to make money on the back of the sick. The NHS was frequently referred to as "ours" and considered as a service which "we" pay for; one which should, therefore, be provided in accordance with the wishes of those who fund it." (Cllr)***

There were repeated requests, therefore, to 'listen to the people' of the Wirral and their plea to continue MIU and WIC services:

***"Stop ignoring the voices of the people you are supposed to represent. Start being huma [sic]. Listen to hear our collective voices."***

***"Please keep our much needed walk in centres open. They are really needed and I have used them on numerous occasions."***

***"I don't understand why we keep going round in Circles with this belief that we don't need Walk in Centres. It is very obvious that we do need this service for our community and to help take some of the pressures off our Gp practices and our AE services who do a brilliant job and our working under so much pressure!...Please just listen to our plees [sic]!"***

***"Keep miriam walk in open"***

***"Please keep our walk in centre open it's a vital service."***

Another form of scepticism toward Wirral CCG, present amongst the petition comments, related to the giving of services from the poor to the rich (i.e. from Birkenhead and Wallasey to West Wirral):

***"…They just dont [sic] like where they are and want to shift money to west and south wirral from wallasey and birkenhead."***

***"These proposals are completely against the ethos of more local, more efficient health***

***services, and most certainly isolate our most deprived areas even more from the services they need, focussing even more heathcare [sic] provision on the wealthier west side of the M53 corridor. We cannot allow this to happen unopposed!"***

Making urgent care access, therefore, 'for the few not the many' of the borough. Furthermore, it was also suggested that, in making access to urgent care sites (i.e. APH) more difficult for certain groups, this is could be construed as population control. Some signatories were also concerned that the proposals seemed to prioritise children (or those under 19) and thereby ignore the needs of the adult and elderly population.

**> Access to APH:**

There was a great deal of concern in the petition comments as to how certain groups will access APH to attend the UTC, should the urgent care proposals take effect. In terms of vehicular traffic, the expense of, and difficulty with, parking at APH was considered to put the site at a disadvantage (over MIUs and WICs) as a sole source of urgent care treatment. Those who commented envisaged that the difficulty in parking at APH would worsen should MIUs and WICs close and a UTC is opened on the site:

***"Losing the walk-incentres would be a disaster. Arrowe Park Hospital is already ridiculously busy. It cannot ciope [sic] with the current fooffall [sic] of people, let alone adding to the problem, The amount of parking available is ridiculously low and the public transport provision is not good enough."***

***"Closing local walk-in facilities and improve APH to accomodate [sic] the closures would be suicidal. Parking at the hospital is a nightmare all day, everyday. Improvement would be welcome at the hosp but you'd need a multi-storey car park to accomodate [sic] extra traffic and to be honest, it needs one now based on current traffic - imagine the increase if you closed local walk-ins."***

***"…With parking already being a massive probpem [sic] to visitors and patients at arrowe park hospital, this is just going to exacerbate the situation."***

***"Will centralised care add more pressure to the site? Where's the additional parking to cope with increased capacity?"***

Disabled parking at APH was also considered poor as the current facilities stand, which was also expected to worsen under the new proposals. Furthermore, the extra traffic accessing the site would, it was believed, result in congestion and impact negatively on the environment.

However, signatories also appealed to Wirral CCG to consider the impact on those who don't drive:

***"How can people living on the edges of the area be expected to get to Arrows [sic] Park using public transport if they do not drive."***

***"A lot of local people who do not drive such as myself find the unit in Moreton a necessity when needed."***

***"I don't drive. There are no direct buses any more. The whole situation is silly."***

In terms of access by bus, respondents felt that the prospect of travelling on public transport, whilst unwell or injured to APH to present for urgent care, was prohibitive, particularly in comparison to attending a local MIU or WIC. Furthermore, walking from the APH bus stop to the UTC in the same position was also considered problematic.

Bus services themselves were felt to be poor, with comments received suggesting that they are infrequent, unreliable, running on a reduced service (particularly since Avon Buses ceased trading) on poor routes with no buses timetabled to APH off peak from some areas:

***"…Buses are rare on a Sunday.."***

***"Arrowe park hospital is not easily accessible from certain areas due to cuts in bus services."***

***"No buses to arrow e [sic] park at weekend."***

As well as concern as to how APH may be accessed by bus

should it be a time of day when no buses are scheduled, for certain areas of the Wirral (e.g. Eastham and Wallasey) it was suggested that a journey to APH could involve two journeys and take a significant amount of time, which would be worsened by being unwell or injured.

There was particular concern as to the negative impact of these factors on certain groups, namely the elderly, disabled, those with children and those living in deprivation, as well as those who work:

***"We need them as a working non driver single parent I can't afford taxis to Arrowe Park and couldn't manage 2 buses if my family were ill many hundreds of people on Wirral don't drive how on earth could they get to arrow park, with kids and work, don't let it happen…"***

***"Disaster if this happens. The elderly will have no reasonable access to these services, ven [sic] the able bodied without transport will end up doining [sic] without."***

***"Our elderly population and those without cars are going to suffer with these WIC closures."***

***"The minor injuries and walk in services are located in areas of Wirral where people experience greatest deprivation and struggle most to travel to a centralised service."***

For the elderly, disabled and those with children, travel outside of local areas by public transport was considered more difficult and therefore seeking urgent care locally would be more appropriate for these groups. For all groups, but particularly those living in deprivation, the cost (of buses and taxis especially) was considered prohibitive to travel to APH, as financial outlay would significantly increase from the current system:

***"As a non-driver it is virtually impossible for me to get to Arrowe Park without paying a E30 round trip in taxis."***

***"…these centres provide a great local solution. Those of us who do not drive or have access to a vehicle, live alone and are struggling to survive financially, cannot afford to go in a taxi to Arrowe Park…"***

***"It is crucial or our walk in centres to be kept open many are in areas of extreme poverty and people can not afford bus fares etc."***

WICs and MIUs, it was argued, don't involve cost to attend.

**> The case for MIUs and WICs:**

As well as the ease of access that MIUs and WICs afford local residents, there were a number of other common arguments for their continuation amongst the petition comments. For all those concerned, the MIU and WIC services on the Wirral are held in high regard and are considered an essential, much used and valued part of NHS care in the area. They are valued particularly, by the communities in which they are placed. There was a great deal of emphasis on the importance of local services in their communities:

***"These units are needed to be local and easily available..."***

***"These are a valuable part of the community…Also easier to access as in your local community than travelling to Arrow Park."***

***"…we need to be able to access local healthcare. Many people are unable to get to Arrowe Park easily or at all."***

***"We need to keep these open as they are a great help to the local community."***

Signatories appealed to the CCG to reconsider their urgent care proposals and continue these much-revered services. The following arguments for the continuation of MIUs and WICs were the most common amongst petition comments, in that it was felt they:

- Keep traffic from A&E and stop it being overused;
- Reduce long waiting times at APH;
- Act as admission prevention;
- Are needed for when there are no GP appointments (which many felt was frequently); and

- Are frequently attended by children.

Signatories also spoke positively of personal past experiences at MIUs and WICs, either of singular (often life-saving) experiences or as frequent users.

***"VCH saved my husband's life. They spotted that he had pneumonia when gp said it was just a cold. We need to save vch."***

***"Laird Street medical nurse prescribed anti bioctics [sic] which probably save my life, I was shortly diagnosed to have SEPSIS due to a urinary infection."***

***"The Walk-in Centre I went to on a Saturday several months ago turned my life around as it led to me being diagnosed with the medical conditions I had,allowing me to address those issues with my GP. "***

These experiences often also served as justification for these services' survival.

For those concerned, there is no change to urgent care services required, particularly not in terms of centralising services at APH. Signatories stated that there is no confusion as to current care choices, as the CCG claims. Many also believed that MIUs and WICs should be enhanced and expanded, not closed:

***"Need more local centres not less…"***

***"Every satellite walk in centre should be open all day every day, small portable Xray machines are not very expensive and could be used in the walk in centres to check wrist or ankle sprains etc. Instead of the patient having to go to a location that has Xray facilities. It is important to keep non urgent cases away from Arrowe Park A&E."***

Many signatories believed that more units and centres, not less, would serve their (and their communities') needs better than a centralised UTC at APH.

**> Resources:**

Apprehension regarding the feasibility of the urgent care plans further compounded signatories' antipathy to MIU and WIC closures. This was mainly with regard to resources, as well as negative perceptions surrounding APH and NHS 111.

In terms of resources, there was a great deal of scepticism around the extended access to GP appointments element of the proposal:

***"GP services are already overstretched and this will get worse under the proposals."***

***"More pressure on A&E you would not be able to get GP appointments if on duty evening &week ends k end up going to A&E."***

***"We can't cope as it is and to fool people saying there will be more GP appointments is totally misleading."***

Signatories felt that it is already difficult to make a GP appointment (despite current extended access provision in some cases) and that this will not improve under the new proposals as there are not enough GPs to bring this to fruition.

As well as specific concerns regarding NHS 111's involvement in the new urgent care plans, NHS 111 was generally perceived poorly by those who referred to it:

***"Whenever i have asked 111 or local pharmacies for advise they have asked me to go to the minor injury service. Now the CCG is saying all our problems will be dealt with by 111 or pharmacies, which is a lie. So where does it leave the public."***

***"I don't like talking on the phone so wouldn't use 111."***

The concerns centred mainly on accessibility, particularly for those who are either unable to or dislike interacting on the phone (such as those with severe anxiety). The efficiency of over-the-phone diagnoses was also questioned.

**> Perceived consequences of the changes:**

The comments received reflect a great deal of concern regarding the potential consequences of closing MIUs and WICs. This was, for many, this was due to disbelief regarding extended access to GP appointments resulting in urgent care needing to be sought at APH. Generally, signatories believed that the

proposal will result in APH becoming over-stretched and the deterioration of care:

***"We can't have everyone heading for WUTH, the site is busy enough already."***

***"…Arrowe Park is at bursting point already with parking nigh impossible!..."***

***"…This is a short sighted move and will lead to worsening of care."***

There was fear that this would endanger lives, and Wirral CCG is being short-sighted in not considering these repercussions.

Signatories also foresaw that the 80,000 patients who currently attend MIUs and WICs would present at APH and increase waiting times and impact A&E negatively, as it will become patients' safe fall back:

***"The walk in center [sic] at Miriam medical center [sic] needs to be kept going other wise people will have to go to A&E putting more pressure on that unit."***

***"Forcing people to attend Arrowe Park will increase A&E pressures because when people see GP 00H is full and WIC is full they will just move to A&E because they think they'll be seen faster."***

***"Diabolical move to shut walk in centres putting an already under pressure A&E department under more pressure. People will not use the alternatives they will just turn up at A&E ! "***

It was thought that because the staff at APH are already over-stretched, that this increase in patient numbers will result in further deterioration of care:

***"If the walk in centres are closed then Arrowe Park A&E will bear the burden of an already overstretched service."***

***"We desperately need this walk in open as the already strained and stretched A & E department, will get much worse. We don't need minor issues to spill further into the hospitals."***

***"Arrive [sic] park will not cope with the demands. We need to keep the walk in centres or an already overloaded A&E will get worse."***

There was concern that, if waiting times were then increased due to a higher number of patients at APH as a result of the MIU/WIC closure, a long journey on public transport in addition to this could put patient's health at risk (as well being very uncomfortable for them):

***"…Also what about the elderly and other people how are they ment [sic] to travel all that way if there poorly."***

***"Many of us have children and do not drive, losing valuable time when travelling with a poorly child out of the area. Making the situation more distressing for all involved."***

***"Many illnesses will go untreated if people have to travel when they are feeling unwell."***

Furthermore, waiting 24-hours for an appointment, could, it was felt, make a lot of difference to a patient's condition and may even be a case of life-and-death:

***"I go to Miriam because it's local, it's so easy to be seen quickly stopping things get worse. waiting 24hours to be seen could be life or death if it turns out to be sepsis."***

It was also believed that the proposals would put added pressure on GP surgeries and the 999 service, which are already strained.

In terms of 999, difficulty accessing APH would result, it was thought, in increased calls for ambulances, as people might see an ambulance as their only means to reach the hospital:

***"We need walk ins, some people cannot get to arrow park via public transport. This could mean more pressure on 999 service."***

***"Arrowe Park would not be able to cope with the influx of people ambulances will be called unnecessarily and real life needs of an ambulance will not get to people that truly need one. They will treat them like taxis to get help."***

***"A lot of people will not be able to get to Arrowe Park and will then call an ambulance to take them in***

***to hospital. This will cause more stress on the ambulance service."***

***"Failure to provide accessible walk in centres will not reduce a+e [sic] visits as the current walk in centres are all well utilised but may push up calls for ambulances as soon people may feel that is the only way they can get to aph [sic] site yo [sic] be seen."***

Some believed that the elderly, for example, would be unwilling to attend APH altogether, and others asked the CCG to consider the potential impact on other vulnerable people that might also be impacted negatively due to access barriers. Lastly, the impact on carers was considered a negative aspect of centralisation at APH, as attending APH over a local MIU or WIC could be significantly more difficult for them.

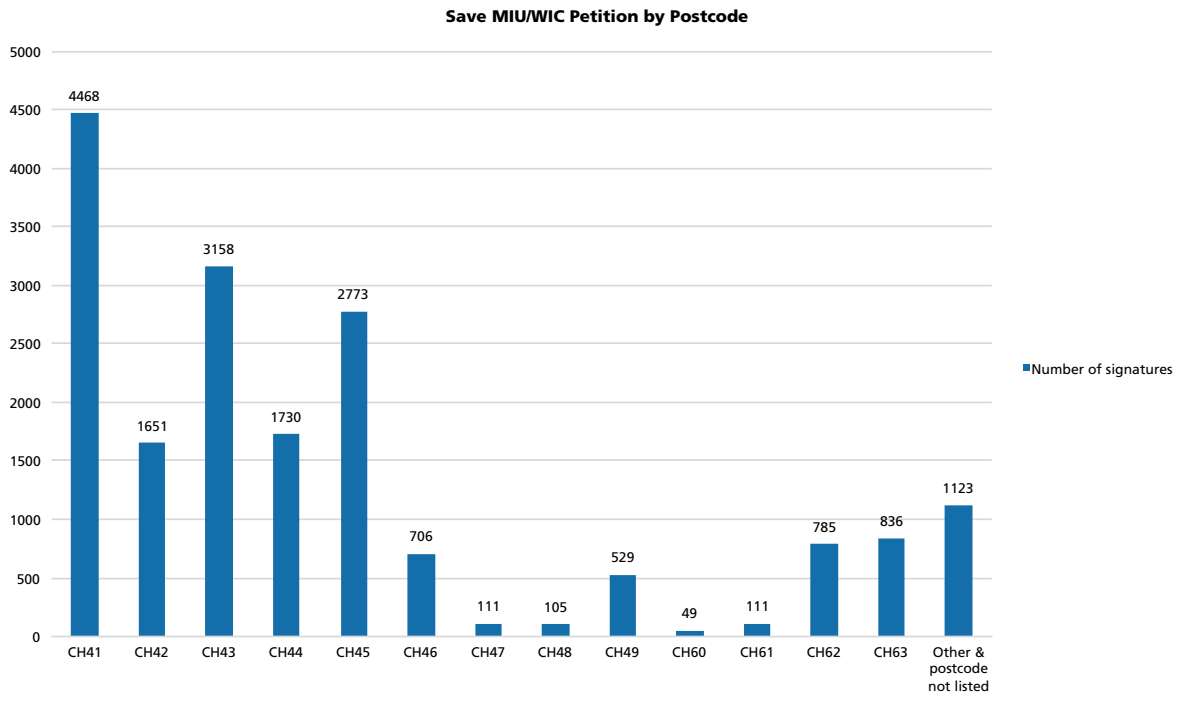
As part of their submission to the urgent care consultation, the 'Save Our MIUs' group also provided a postcode analysis of signatories, as demonstrated in Figure 15 below.

As the graph demonstrates, the majority of signatures received were by individuals in the Birkenhead (CH41, CH42 n=6,119) and Wallasey (CH44, CH45 n=4,503) postal areas, followed by the Prenton area (CH43 n=3158).

## 10.5 YOUTUBE PRESENTATIONS

It should be noted that on the 18th October 2018, a YouTube channel entitled 'Save Our Minor Injuries Unit' was created. The channel includes interviews with various local health care professionals, patients, residents, patient group leaders and elected members, as well as presentations given at the public meeting for the Save Our Minor Injuries Campaign on 8 December 2018. Please note that these presentations are beyond the scope of this report.

Figure 16: Graph depicting the number of signatures received, by postcode prefix (total n=18,135)

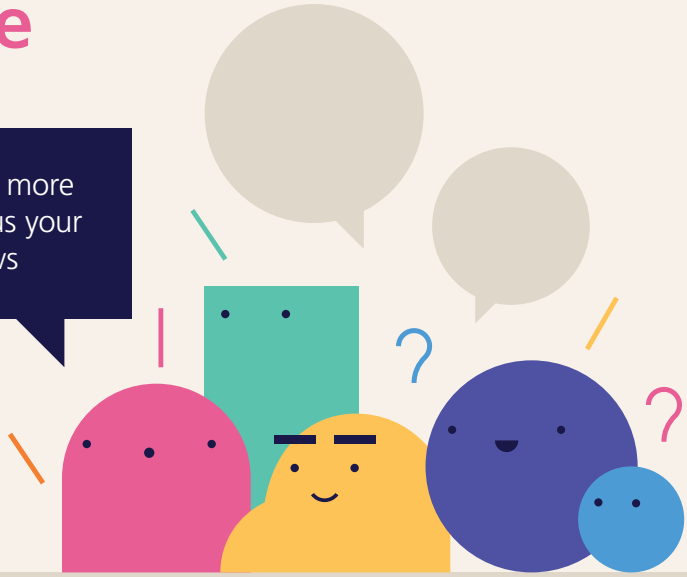


# 11 APPENDIX ONE: CONSULTATION DOCUMENT

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.**

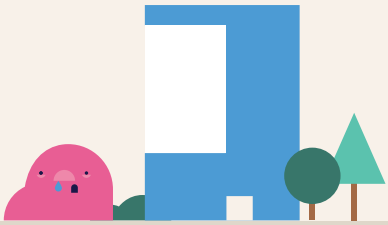
## Things you need to know

- 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.

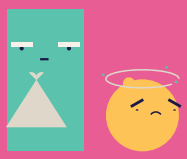
These include:

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

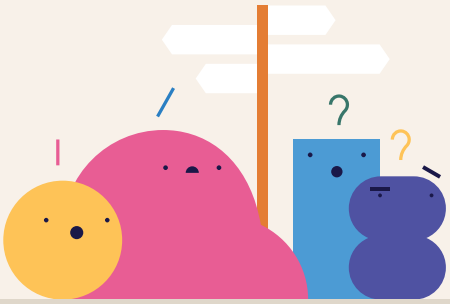
There are three Walk-in Centres in Wirral. These are located at Arrowe Park Hospital, Victoria Central in Wallasey and the Eastham Clinic. They have varied opening hours, are nurse-led, and offer a range of services to treat less serious illnesses and injuries.

### 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.

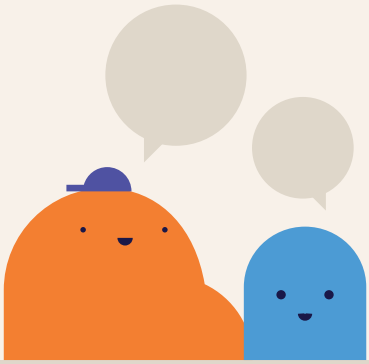
### Accident and Emergency (A&E)

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 Health Clinic |

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

# 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 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**

# 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

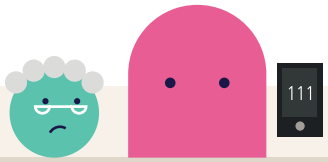
*Lizzy is 75 and lives on her own. She has some difficulty with mobility.*

*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

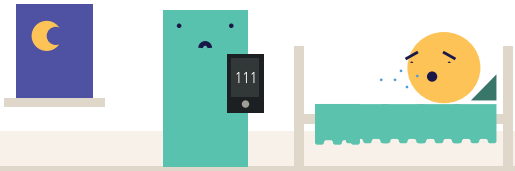
*Jenny's 3-year-old daughter, Lois, has been coughing throughout the day, and by teatime it is getting worse. Lois also has a high temperature.*

*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.*

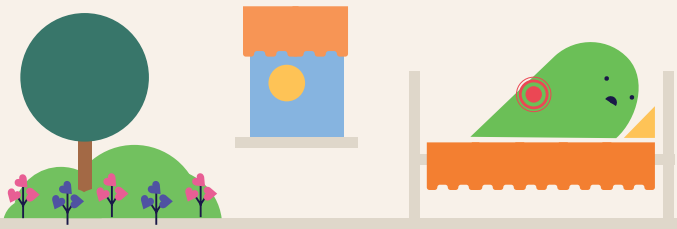
*He decides to use the walk in facility at the Urgent Treatment Centre, as he is not sure whether he needs an X-Ray.*

*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?

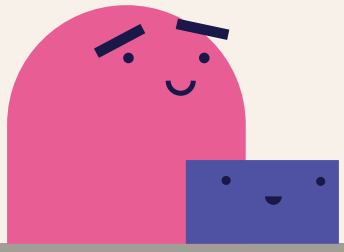
## How will we use your comments?

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:

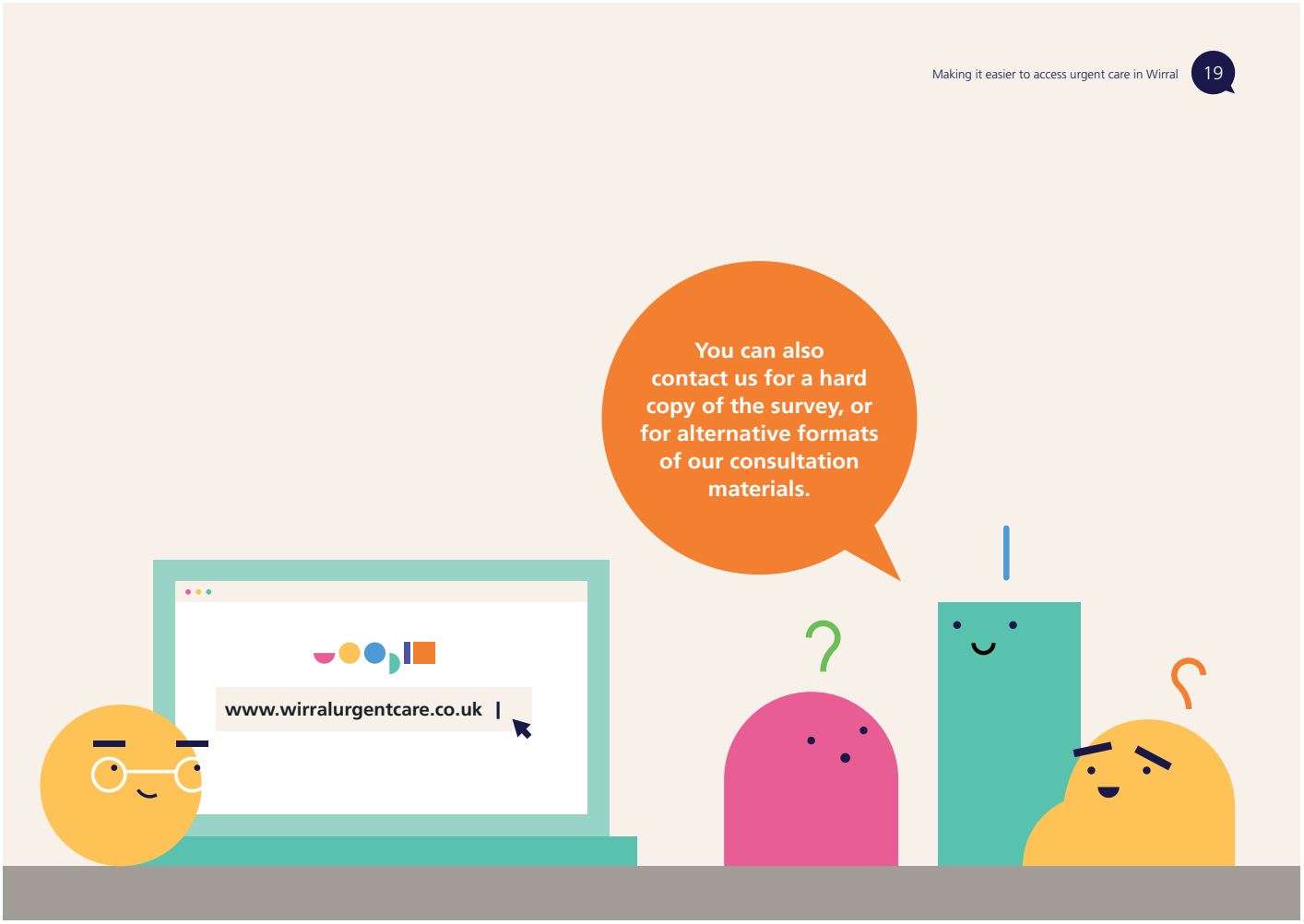
**Meet us face to face across Wirral at shopping centres, health facilities and community locations (details on our website).**

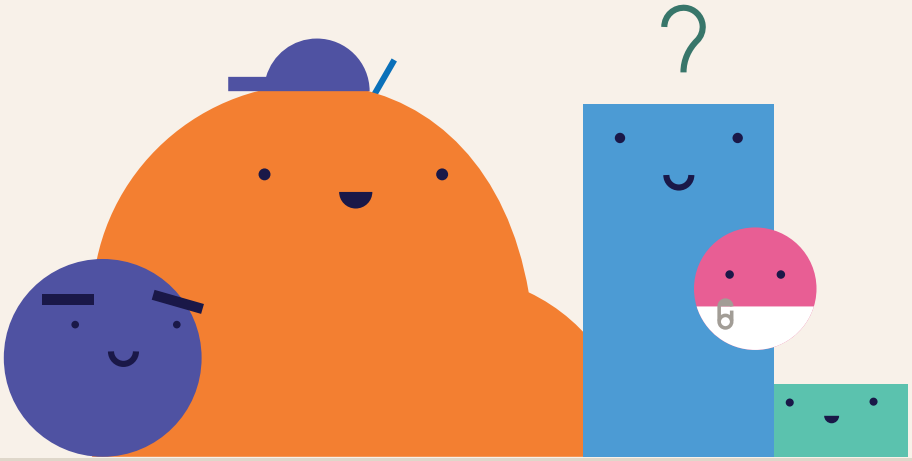
Email us at
wiccg.urgentcarereview@nhs.net

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

# 12 APPENDIX TWO: PUBLIC CONSULTATION QUESTIONNAIRE

NHS
Wirral
Clinical Commissioning Group

## NHS Wirral CCG Urgent Care Consultation

## Share your views

### What is Urgent Care?

This consultation is about urgent care. This means illnesses or injuries that are not life threatening but where you need an urgent clinical opinion (within 24 hours).

### What we know

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. Because of this some people go straight to the Accident and Emergency (A&E) Department, or because they can't get an appointment anywhere else. A&E isn't always the right place and we want to make it easier for you to make the right choice when you need help.These are the things that will be different.

### Urgent Treatment Centre (UTC)

We will have an Urgent Treatment Centre (UTC) in Wirral which is a national requirement. It will provide a higher and more consistent level of clinical service than the current Walk-in Centres and Minor Injuries/Illness Units. The UTC will be led by GPs and it is our intention to locate the UTC for Wirral on the Arrowe Park Hospital site by developing the existing Walk-in Centre located next to the A&E department.

### Why have the UTC at the Arrowe Park site?

We have looked at whether other places in Wirral including Walk-in Centres and Minor Injuries/Illness Units could run the UTC. Whilst they could deliver these services with some development work, we do not believe that they offer the same benefits to patients. The biggest benefit of having the UTC at Arrowe Park is that it will be next door to the A&E department. This means that if anyone's needs are more serious they can be moved straight away to the A&E department.

### A new local offer

It was important for us to understand how people use services when they need help urgently. Most people will contact their own GP practice, although we know that they cannot always get an urgent appointment. We have also looked at why and how people use Walk-in Centres and Minor Injury/Illness Units. This has told us that the most people using these services are receiving help with dressings (wound care) and parents seeking help when their child is unwell.

To make it easier to know where to go when you are ill or have an injury that cannot wait we are thinking about making some changes to help you make the right choice. We are proposing that as well as to your usual GP service and getting in touch with NHS 111, we also offer the following services in your local area:

- **More urgent GP or nurse appointments – (7 days a week, 8am-8pm)**
- **Access to same day urgent care for children (0-19yrs) - walk in also available**
- **Access to bookable dressings (wound care) appointments**

If we make these changes we would no longer have the current walk-in facilities at our existing Walk-in Centres and Minor Injuries/Illness Units. We would have the Urgent Treatment Centre at Arrowe Park Hospital which would provide a walk-in service and urgent appointments with a local GP or nurse, as well as the local services we are proposing. **Everybody that needs urgent care would still get it.**

1

## Please share your views by answering this survey

**1. Please give us your postcode.**

Your postcode will only be used to help us understand what people think in different areas of Wirral and to ensure we get views from as many local people as possible. It will not be used for any other purpose, and we will not contact you again following this consultation. Your responses will remain completely anonymous.

**2. Are you responding as…?** *(please tick all that apply)*

- ☐ A resident in Wirral
- ☐ A carer in Wirral
- ☐ A GP in Wirral
- ☐ A Health or Social Care Professional in Wirral
- ☐ A Health or Social care Professional outside Wirral
- ☐ A representative of an organisation or group

If you are responding on behalf of an organisation please state which one:

.....

## An Urgent Treatment Centre for Wirral

The new Urgent Treatment Centre (UTC) on Wirral is a national requirement. The UTC will offer a walk-in service, and pre-bookable urgent appointments through your GP or NHS 111. The UTC will be the 'front door' to all urgent care services at the Arrowe Park site. This means that anyone turning up for urgent help will be seen by a GP or experienced nurse. People will be treated within two hours at the UTC or transferred to A&E if appropriate. The UTC will also offer full access to X-Ray and other tests.

Anyone who gets really unwell when at the UTC will be moved to the A&E department next door. There are two options for how the UTC will operate in Wirral and we would like to know which you would prefer.

**Option 1**

Option 1 will offer a UTC that is open **24 hours a day**, seven days a week, making sure that we have the same help available to people all the time.

This means we would be able to offer same day (including walk-in) urgent care for children (0-19yrs) and a bookable dressings (wound care) service for **up to 8 hours a day** in four different places across Wirral.

**Option 2**

Alternatively, option 2 is that the UTC would be available for **15 hours**, (for example 7am-10pm **or** 8am-11pm), **seven days a week.**

When the UTC is closed, patients would need to go to A&E where they would be seen within four hours. However, during busier times, you may wait longer.

This means we would be able to offer same day (including walk-in) urgent care for children (0-19yrs) and a bookable dressings (wound care) service for **up to 12 hours a day** in four different places across Wirral.

**3. Would you prefer:**

☐ **Option 1: 24 hours, 7 day a week access to UTC.**

☐ **Option 2: 15 hours, 7 day a week access to UTC. Outside of opening hours, access to urgent care will be via A&E.**

## A new local offer

During our listening exercise in February 2018, people told us that waiting times at A&E and Walk-in Centres were a concern and that they wanted better access to GP appointments.

As a result of what people told us, we want to provide more urgent appointments to see a GP or nurse in your local area, so that you won't have to wait at a walk-in service or at the A&E department at Arrowe Park Hospital when you need urgent care.

If we make these changes we would no longer have the current walk-in facilities at our existing Walk-in Centres and Minor Injuries/Illness Units.

**4. Please tick which statement applies the most to how you feel about this proposal**:

☐ **I strongly agree that this proposal will be beneficial**

☐ **I agree that this proposal will be beneficial**

☐ **I neither agree or disagree that this proposal will have any impact**

☐ **I disagree that this proposal will be beneficial**

☐ **I strongly disagree with this proposal**

**5. Please use this box to explain your answer and tell us what you think about this proposal:**

3

## A new local Urgent Care Service for children

Some parents we interviewed use Walk-in Centres and Minor Injury/Illness Units when their child is unwell as well as using the Children's A&E Department at Arrowe Park Hospital.

We would like to introduce a new urgent care service (including walk-in) for children aged 0-19 years old at four different places across Wirral.

This will be for things like high temperature, vomiting, diarrhoea, small cuts and bruises, coughs and colds, sprains and strains. Bookable appointments will also be available.

The idea behind this is to provide a service for parents to bring their children to when they are unwell and may prevent them having to go to the Children's A&E at Arrowe Park Hospital.

The Children's A & E will not change as a result of this proposal.

**6. Please tick which statement applies the most to how you feel about this proposal:**

- ☐ **I strongly agree that this proposal will be beneficial**
- ☐ **I agree that this proposal will be beneficial**
- ☐ **I neither agree or disagree that this proposal will have any impact**
- ☐ **I disagree that this proposal will be beneficial**
- ☐ **I strongly disagree with this proposal**

**7. Please use this box to explain your answer and tell us what you think about this proposal:**

## Improving access to wound care/dressings appointments.

We would like your opinion on our proposal to make bookable regular dressings (wound care) appointments available in four different places across Wirral rather than the current different services running at different times at different places.

The appointments would be bookable by getting in touch with NHS 111 or your GP.

**8. Please tick which statement applies the most to how you feel about this proposal**:

- ☐ **I strongly agree that this proposal will be beneficial**
- ☐ **I agree that this proposal will be beneficial**
- ☐ **I neither agree or disagree that this proposal will have any impact**
- ☐ **I disagree that this proposal will be beneficial**
- ☐ **I strongly disagree with this proposal**

**9. Please use this box to explain your answer and tell us what you think about this proposal:**

**10. We haven't decided on the exact locations for the dressings (wound care) service and the urgent care service for children (this will be decided at a later date). We would like your views on what is important to you when thinking about where these services are based.**

**Please choose the things that are important to you, ranking them 1 - 6, with 1 being the most important.**

- ☐ **Accesible by public transport**
- ☐ **Distance from home**
- ☐ **Accessible for people with mobilty requirements**
- ☐ **Parking**
- ☐ **Flexible and convenient appointments**
- ☐ **Other**

**11. If you have If you have selected 'other', please tell us what this is in the box below:**

**12. Do you have any alternative suggestions on our proposals?**

**13. Do you have any other comments, concerns or ideas?**

**14. Where did you hear about this consultation?**

- ☐ Postcard through door
- ☐ Local newspaper
- ☐ Website
- ☐ Twitter
- ☐ Facebook
- ☐ Leaflet/poster in public venue
- ☐ Roadshow event
- ☐ Public meeting
- ☐ Word of mouth
- ☐ Other (please state) .....

## About you

**These questions are optional. The information is recorded anonymously and the results will help us understand people's views across Wirral.**

**15. Are you?**

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Other (please specify):

.....

**16. How old are you?**

- ☐ Under 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 to 84 years
- ☐ 85+
- ☐ Prefer not to say

**17. Do you consider yourself to have a disabilty?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Please tell us the type of disability you have:

.....

.....

**18. What is your ethnic background?**

- ☐ White Welsh/English/Scottish/Northern Irish/British
- ☐ Irish
- ☐ White Gypsy or Irish Traveller
- ☐ Asian or Asian British Bangladeshi
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Chinese
- ☐ Asian or Asian British Pakistani
- ☐ Black or Black British African
- ☐ Black or Black British Caribbean
- ☐ Mixed Asian and White
- ☐ Mixed Black African and White
- ☐ Mixed Black Caribbean and White
- ☐ Arab
- ☐ Prefer not to say

If you are from any other ethnic background, please state here:

.....

**19. Which of the following best describes how you would consider yourself?**

- ☐ Heterosexual
- ☐ Bisexual
- ☐ Lesbian woman
- ☐ Gay man
- ☐ Prefer not to say
- ☐ Other (please state):.....

**20. Do you consider yourself to have any religion?**

- ☐ Buddhism
- ☐ Christianity
- ☐ Hinduism
- ☐ Islam
- ☐ Judaisim
- ☐ Sikhism
- ☐ Atheism
- ☐ Prefer not to say
- ☐ Other (please state):

.....

**Thank you for completing this survey**

**Please return to:** Urgent Care Consultation, NHS Wirral CCG, Marriss House (formerly Old Market House) Hamilton Street, Birkenhead, Wirral CH41 5AL.

You can also share your views with us via **wiccg.urgentcarereview@nhs.net** or **0151 541 5416**. Meet us face to face across Wirral at shopping centres, health facilities and community locations (details on our website). Come along to one of our Public Question Time events (details on our website) **www.wirralurgentcare.co.uk**

**If you would like this survey or our consultation materials in an alternative format please contact us using the details above.**

8

# 13 APPENDIX THREE: EASY READY CONSULTATION DOCUMENT

NHS
Wirral
Clinical Commissioning Group

## Making Urgent Care better in Wirral

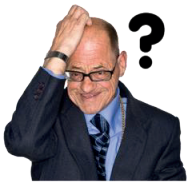
### Have your Say

## About this booklet

Easy Read


**Urgent Care** is things like

- Walk in Centres
- Out of hours GPs
- Minor illness and injury units.



**Urgent Care** needs to change because people don't always know where to go for the right help.

It can also be hard to get appointments.

This means some people go straight to A&E.

This can make waiting times very long in A&E.

We need to make **Urgent Care** better so people only go to A&E when they really need to.

1

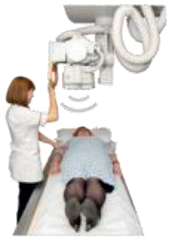
## Urgent Treatment Centre

We need to have a new **Urgent Treatment Centre** in Wirral.

This will be for people who need to see a doctor or nurse quickly but not for an emergency.

You will be able to book appointments at the **Urgent Treatment Centre** so you don't have to wait a long time. It will also have a walk in service.


The **Urgent Treatment Centre** will be next door to A&E at Arrowe Park Hospital.



We think this is the best place because you can have tests and X-Rays if you need them.

You can also go to A&E quickly if you get very ill.

2

## Other plans

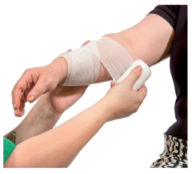

**More GP appointments from 8am – 8pm every day.**

If you can't see your GP then you can book an appointment with a GP or nurse in your local area.


**A walk-in service for children**

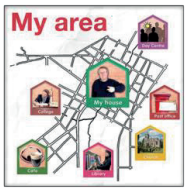
This will be for things like
- high temperature
- sickness
- small cuts and bruises.

You can also book appointments so the children don't have to wait long.



**A special service for wounds and cuts**

This will be for people who need a bandage or to get a cut cleaned. You can book appointments.




These services would be in 4 areas of Wirral:

- South Wirral
- West Wirral
- Birkenhead
- Wallasey


But there would be no walk in centres for **adults** except for the new **Urgent Treatment Centre** at Arrowe Park Hospital.

3

## Tell us what you think

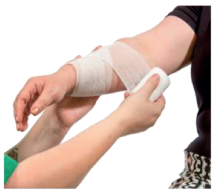
**1. What do you think about having more GP appointments in these 4 areas?**

- Wallasey
- Birkenhead
- South Wirral
- West Wirral


**2. What do you think about having more local appointments instead of walk-in centres?**

**3. What do you think about having a walk-in service for children?**

4



**4. What do you think about having a service for wounds and cuts in these 4 areas:**

- Wallasey
- Birkenhead
- South Wirral
- West Wirral

**5. We haven't decided where to put the walk in services for children or the wounds and cuts service.**

**Please tick the things that are most important to you.**

- ☐ Easy to get to on train or bus
- ☐ Close to home
- ☐ Buildings that are easy to get into
- ☐ Parking
- ☐ Easy to get an appointment when it suits you

**Anything else?**


**6. Which opening times are best?**
**(Please Tick One)**

☐ **Option 1**
The Urgent Treatment Centre is open **24 hours.** Wound care and the walk-in service for children are open **8 hours a day**.

Or

☐ **Option 2**
The Urgent Treatment Centre is open **15 hours.** Wound care and the walk-in service for children are open **12 hours a day**.

**7. Any other comments**

6

## About you

**You don't have to answer these questions if you don't want to. If you do answer them we will not use your information for anything else.**

**1. Are you**

☐ Male ☐ Female ☐ Prefer not to ay

**2. How old are you?**

☐ Under 18 years ☐ 18 to 24 years

☐ 25 to 34 years ☐ 35 to 44 years

☐ 45 to 54 years ☐ 55 to 64 years

☐ 65 to 74 years ☐ 75 to 84 years

☐ 85+ ☐ Prefer not to say

**3. Do you have a disability?**

☐ Yes ☐ No ☐ Prefer not to say

What type of disability do you have?

☐

7

**4. What is your ethnic background?**

- ☐ White Welsh/English/Scottish/Northern Irish/British
- ☐ Irish ☐ White Gypsy or Irish Traveller
- ☐ Asian or Asian British Bangladeshi
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Chinese
- ☐ Asian or Asian British Pakistani
- ☐ Black, or Black British African
- ☐ Black, or Black British Caribbean
- ☐ Mixed Asian and White
- ☐ Mixed Black African and White
- ☐ Mixed Black Caribbean and White
- ☐ Arab ☐ Prefer not to say

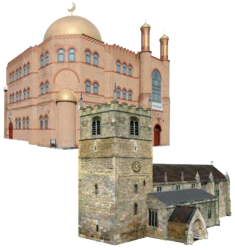
Other

8

**5. What is your sexuality?**

- ☐ Heterosexual/ Straight
- ☐ Bisexual
- ☐ Lesbian woman
- ☐ Gay man
- ☐ Prefer not to say

Other



**6. What is your religion?**

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Muslim
- ☐ Jewish
- ☐ Sikh
- ☐ No Religion
- ☐ Prefer not to say

Other

**7. What is your postcode?**

| C | H | | | | | |
|---|---|---|---|---|---|---|

**Thank you very much**

9

## Send us your answers


Please send your answers to us by **Wednesday 12th December 2018**

Please send to:
**Urgent Care Consultation**
**NHS Wirral CCG**
**Marriss House (Formerly Old Market House)**
**Hamilton Street**
**CH41 5AL**

You can call us on **0151 541 5416**


Or you can come to our next Public Meeting. The time and place will be on our website
www.wirralurgentcare.co.uk

We will also put the days in the Wirral Globe Newspaper.


You can also watch videos about urgent care on our website.

Wirral Mencap helped make this booklet. Pictures by Photosymbols.

10

# 14 APPENDIX FOUR: PREFERENCE FOR OPTION 1 OR 2 BY AVAILABLE DEMOGRAPHIC INFORMATION

| | All localities | | | | | B'head & Wallasey | | | | S&W Wirral | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Row Labels | Option 1 | Option 2 | (blank) | Total | % Opt 1 | Option 1 | Option 2 | Total | % Opt 1 | Option 1 | Option 2 | Total | % Opt 1 |
| Female | 568 | 289 | 99 | 956 | 66.3% | 265 | 174 | 439 | 60.4% | 283 | 94 | 377 | 75.1% |
| Male | 276 | 189 | 73 | 538 | 59.4% | 124 | 117 | 241 | 51.5% | 139 | 62 | 201 | 69.2% |
| prefer not to s | 19 | 9 | 13 | 41 | 67.9% | 10 | 4 | 14 | 71.4% | 8 | 3 | 11 | 72.7% |
| <18 | 1 | 2 | | 3 | 33.3% | | 2 | 2 | 0.0% | 1 | | 1 | 100.0% |
| 18-24 | 14 | 13 | 3 | 30 | 51.9% | 10 | 12 | 22 | 45.5% | 4 | | 4 | 100.0% |
| 25-34 | 70 | 86 | 10 | 166 | 44.9% | 45 | 62 | 107 | 42.1% | 22 | 16 | 38 | 57.9% |
| <35 | 85 | 101 | 13 | 199 | 45.7% | 55 | 76 | 131 | 42.0% | 27 | 16 | 43 | 62.8% |
| 35-44 | 92 | 80 | 23 | 195 | 53.5% | 40 | 50 | 90 | 44.4% | 46 | 24 | 70 | 65.7% |
| 45-54 | 124 | 75 | 26 | 225 | 62.3% | 57 | 46 | 103 | 55.3% | 64 | 22 | 86 | 74.4% |
| 55-64 | 216 | 98 | 31 | 345 | 68.8% | 106 | 53 | 159 | 66.7% | 102 | 40 | 142 | 71.8% |
| 65-74 | 219 | 85 | 43 | 347 | 72.0% | 87 | 48 | 135 | 64.4% | 126 | 34 | 160 | 78.8% |
| 75-84 | 91 | 35 | 21 | 147 | 72.2% | 40 | 15 | 55 | 72.7% | 46 | 15 | 61 | 75.4% |
| 85+ | 11 | 9 | 7 | 27 | 55.0% | 5 | 6 | 11 | 45.5% | 5 | 3 | 8 | 62.5% |
| Prefer not to s | 26 | 8 | 20 | 54 | 76.5% | 10 | 3 | 13 | 76.9% | 15 | 4 | 19 | 78.9% |
| Birkenhead | 232 | 176 | 86 | 494 | 56.9% | | | | | | | | |
| Wallasey | 272 | 152 | 108 | 532 | 64.2% | | | | | | | | |
| South Wirral | 251 | 85 | 64 | 400 | 74.7% | | | | | | | | |
| West Wirral | 280 | 93 | 46 | 419 | 75.1% | | | | | | | | |
| No disability | 657 | 386 | 123 | 1166 | 63.0% | 289 | 238 | 527 | 54.8% | 346 | 125 | 471 | 73.5% |
| Disability | 168 | 76 | 34 | 278 | 68.9% | 85 | 41 | 126 | 67.5% | 73 | 27 | 100 | 73.0% |
| Prefer not to s | 35 | 18 | 27 | 80 | 66.0% | 20 | 10 | 30 | 66.7% | 12 | 5 | 17 | 70.6% |
| white british | 773 | 389 | 135 | 1297 | 66.5% | 348 | 228 | 576 | 60.4% | 395 | 141 | 536 | 73.7% |
| Irish | 9 | 30 | 5 | 44 | 23.1% | 6 | 24 | 30 | 20.0% | 3 | 5 | 8 | 37.5% |
| white other | 8 | 3 | | 11 | 72.7% | 2 | 3 | 5 | 40.0% | 6 | | 6 | 100.0% |
| Asian/Asian Bri | 7 | 3 | 7 | 17 | 70.0% | 6 | 3 | 9 | 66.7% | 1 | | 1 | 100.0% |
| Asian/Asian British Indian | | 6 | 2 | 8 | 0.0% | | 4 | 4 | 0.0% | | 1 | 1 | 0.0% |
| Asian/Asian Bri | 1 | 2 | | 3 | 33.3% | 1 | | 1 | 100.0% | | | 0 | |
| Asian/Asian British Pakistani | | 2 | | 2 | 0.0% | | 2 | 2 | 0.0% | | | 0 | |
| Asian other | 3 | | | 3 | 100.0% | 2 | | 2 | 100.0% | | | 0 | |
| Asian (all) | 11 | 13 | 9 | 33 | 45.8% | 9 | 9 | 18 | 50.0% | 1 | 1 | 2 | 50.0% |
| Mixed Black Ca | 2 | 3 | | 5 | 40.0% | 1 | 3 | 4 | 25.0% | 1 | | 1 | 100.0% |
| Black/Black Brit | 1 | 2 | 1 | 4 | 33.3% | 1 | 2 | 3 | 33.3% | | | 0 | |
| Mixed Black Af | 1 | 3 | | 4 | 25.0% | | 3 | 3 | 0.0% | 1 | | 1 | 100.0% |
| Black/Black British Caribbean | | 3 | | 3 | 0.0% | | 1 | 1 | 0.0% | | | 0 | |
| Black (all) | 4 | 11 | 1 | 16 | 26.7% | 2 | 9 | 11 | 18.2% | 2 | 0 | 2 | 100.0% |
| Gypsy/Irish traveller | | 2 | | 2 | 0.0% | | 2 | 2 | 0.0% | | | 0 | |
| mixed other | 1 | | | 1 | 100.0% | 1 | | 1 | 100.0% | | | 0 | |
| prefer not to s | 55 | 23 | 28 | 106 | 70.5% | 31 | 9 | 40 | 77.5% | 22 | 10 | 32 | 68.8% |
| Heterosexual | 718 | 324 | 118 | 1160 | 68.9% | 326 | 182 | 508 | 64.2% | 368 | 125 | 493 | 74.6% |
| Bisexual | 10 | 6 | | 16 | 62.5% | 5 | 5 | 10 | 50.0% | 5 | 1 | 6 | 83.3% |
| Gay man | 8 | 3 | 2 | 13 | 72.7% | 5 | 2 | 7 | 71.4% | 1 | 1 | 2 | 50.0% |
| Lesbian woma | 8 | 1 | | 9 | 88.9% | 5 | 1 | 6 | 83.3% | 3 | | 3 | 100.0% |
| asexual | 2 | | | 2 | 100.0% | 2 | | 2 | 100.0% | | | 0 | |
| pansexual | 2 | | | 2 | 100.0% | 1 | | 1 | 100.0% | 1 | | 1 | 100.0% |
| trans | | | 1 | 1 | | | | 0 | | | | 0 | |
| Prefer not to s | 99 | 128 | 41 | 268 | 43.6% | 48 | 91 | 139 | 34.5% | 45 | 27 | 72 | 62.5% |
| Christianity | 504 | 222 | 71 | 797 | 69.4% | 220 | 128 | 348 | 63.2% | 262 | 85 | 347 | 75.5% |
| Atheism | 116 | 50 | 19 | 185 | 69.9% | 52 | 22 | 74 | 70.3% | 61 | 26 | 87 | 70.1% |
| Agnostic | 8 | 3 | 3 | 13 | 72.7% | 3 | 1 | 4 | 75.0% | 3 | 2 | 5 | 60.0% |
| Islam | 5 | 3 | | 8 | 62.5% | 5 | 3 | 8 | 62.5% | | | 0 | |
| Other | 6 | | 2 | 8 | 100.0% | 4 | | 4 | 100.0% | 2 | | 2 | 100.0% |
| Buddhism | 4 | | 2 | 6 | 100.0% | 3 | | 3 | 100.0% | 1 | | 1 | 100.0% |
| Judaism | | 2 | 1 | 3 | 0.0% | | | 0 | | | 2 | 2 | 0.0% |
| Hinduism | | 2 | | 2 | 0.0% | | 1 | 1 | 0.0% | | 1 | 1 | 0.0% |
| Sikhism | | 1 | | 1 | 0.0% | | | 0 | | | | 0 | |
| Prefer not to s | 161 | 164 | 53 | 377 | 49.5% | 80 | 119 | 199 | 40.2% | 77 | 34 | 111 | 69.4% |
| Grand Total | 1080 | 545 | 340 | 1965 | 66.5% | 504 | 328 | 832 | 60.6% | 531 | 178 | 709 | 74.9% |

# 15 APPENDIX FIVE: FULL STRATIFIED ANALYSIS OUTPUT OF AGE-RELATED PREFERENCE BY LOCALITY

| locality | Row Labels | Option 1 | Option 2 | Option 1 | Option 2 | Ch-sq P |
|---|---|---|---|---|---|---|
| B'head | <35 | 20 | 51 | 28.2% | 71.8% | |
| | 35-54 | 49 | 56 | 46.7% | 53.3% | |
| | 55-74 | 90 | 46 | 66.2% | 33.8% | |
| | 75+ | 27 | 10 | 73.0% | 27.0% | p<0.0001 |
| | Grand Total | 186 | 163 | 53.3% | 46.7% | |
| other locality | <35 | 62 | 41 | 60.2% | 39.8% | |
| | 35-54 | 158 | 86 | 64.8% | 35.2% | |
| | 55-74 | 331 | 129 | 72.0% | 28.0% | |
| | 75+ | 69 | 29 | 70.4% | 29.6% | p=0.055 |
| | Grand Total | 620 | 285 | 68.5% | 31.5% | |
| <35 | Bhead | 20 | 51 | 28.2% | 71.8% | |
| | Other | 62 | 41 | 60.2% | 39.8% | p<0.0001 |
| | Grand Total | 82 | 92 | 47.1% | 52.9% | |
| 35-54 | Bhead | 49 | 56 | 46.7% | 53.3% | |
| | Other | 158 | 86 | 64.8% | 35.2% | p=0.0016 |
| | Grand Total | 207 | 142 | 59.3% | 40.7% | |
| 55-74 | Bhead | 90 | 46 | 66.2% | 33.8% | |
| | Other | 331 | 129 | 72.0% | 28.0% | p=0.193 |
| | Grand Total | 421 | 175 | 70.6% | 29.4% | |
| 75+ | Bhead | 27 | 10 | 73.0% | 27.0% | |
| | Other | 69 | 29 | 70.4% | 29.6% | p=0.769 |
| | Grand Total | 96 | 39 | 71.1% | 28.9% | |

# 16 APPENDIX SIX: CONSTITUENCY LETTER FROM FRANK FIELD

The Rt Hon Frank Field MP

HOUSE OF COMMONS
LONDON SW1A 0AA

Dear Resident,

**The future of our urgent care services in Birkenhead**

I am writing to you regarding Wirral health bosses' plans to change the way our urgent care services are delivered, as well as what those plans could mean for our access to health services near to where we live. I hold several concerns about the plans in their current form.

A main concern is the prospect of many more Birkenhead residents having to travel lengthy distances, either to Arrowe Park or to GPs that are based far away from where we live, if we can no longer access certain services in our local community. It can be incredibly difficult to get to Arrowe Park and other parts of the borough on public transport. Meanwhile, for drivers, it is often difficult to find affordable parking at the hospital and the named GP could be some distance away.

A second concern is whether Arrowe Park has the capacity to treat a larger number of patients without there being a deterioration in the quality and timeliness of urgent care – particularly when this care could otherwise have been delivered nearer to where we live.

Thirdly, it would be awful to see Birkenhead's existing minor injury centre in the North End go to waste. I would prefer for such facilities to be developed and extended. Keeping this local service running will ease some of the pressure on Arrowe Park and maintain care services close to where we live.

The option, outlined in the health bosses' plans, of retaining some community services on an appointments basis looks inadequate – what if there are no appointments left on a particular day, for example? Above all, I wish for the existing services in our community to be kept available and enhanced. I do not want us to be tricked out of having services in our community.

The consultation on these plans closes on 12 December 2018. If you are concerned, might you please email the authorities on wiccg.urgentcarereview@nhs.net, call 0151 541 5416, or write to Urgent Care Consultation, NHS Wirral CCG, Marriss House, Hamilton Street, Birkenhead, Wirral, CH41 5AL?

If you do send a response, might you please send me a copy so I can follow it up on your behalf? Alternatively, might you like to fill in (and tick the relevant boxes on) the enclosed slip and return it to the Birkenhead Medical Building, 31 Laird Street, Birkenhead, CH41 8DB? I have asked the Miriam Patients Group to set up a box at the Building to collect the responses.

Best wishes,

www.frankfield.co.uk

**ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**26 JUNE 2019**

| | |
|---|---|
| **REPORT TITLE** | Community Phlebotomy Service – Proposed Revised Service Delivery Model |
| **REPORT OF** | Chief Officer, Wirral Health & Care Commissioning |

## REPORT SUMMARY

This report details the proposed revised delivery models for the Community Phlebotomy Service from 22 member GP practices of Primary Care Wirral Federation which will commence on 1 July 2019.

The Community Phlebotomy Service will support the *Healthy Wirral* agenda as part of the Wirral Plan 2020 by helping to support Wirral residents to keep as healthy as possible and reduce health inequalities.

This new service has an impact upon all residents in all Wards within the Borough.

## RECOMMENDATION

The Adult Care and Health Overview and Scrutiny Committee are asked to note the content of this report.

## SUPPORTING INFORMATION

## 1.0 INTRODUCTION

1.1 Wirral Health & Care Commissioning (WH&CC) has contracted with all 51 Wirral GP practices for the provision of the Community Phlebotomy Service on behalf of their patient population. The current service commenced on 1 July 2018.

1.2 The service is currently delivered by; GP Wirral Federation on behalf of its member practices, TCG Medical Group on behalf of its 6 practices, 4 practices are providing it in-house and PCW Federation have co-ordinated a sub-contract approach with Wirral Community NHS Foundation Trust (WCFT) who deliver the service on behalf of their 22 member GP practices.

1.3 Following ongoing issues and concerns raised by patients, PCW federated practices and other stakeholders regarding the delivery of the service, WH&CC intervened where the remaining 22 practices have not provided a service in line with requirement. As a result a revised delivery model was proposed by PCW Federation and WCFT in January 2019. This was presented to an extraordinary Primary Care Co-Commissioning Committee on 22 January 2019. The proposed revised model was not approved by the Committee for the following reasons; specification requirements not met, lack of evidence of patient engagement, non-completion of impact assessments to support a significant reduction in provision from a number of locations, demand management concerns in regards to a significant increase in referrals for domiciliary visits not addressed and lastly it did not support equity of access for all patients across Wirral.

1.4 Subsequently this resulted in WCFT serving notice to all 22 GP practices, as they were unable to provide a sufficiently high quality service for their patients whilst also meeting the service specification. These contracts will cease on 30 June 2019.

1.5 There have been no issues in terms of service delivery with the remaining 29 practices who have been delivering the service without any concerns for near one year.

## 2.0 SERVICE PROVISION

2.1 Due to notice being served by WCFT as subcontractor, WH&CC requested revised delivery plans from the 22 PCW federated practices as to how the service will be provided for their patients from 1 July 2019. WH&CC has supported both individual practices and PCW Federation throughout the development of their revised proposals.

2.2 A range of models have been developed consisting of the majority of practices providing the service in-house, some working as a collaborative and 1 practice sub-contracting to GP Wirral Federation.

2.3 These proposals were submitted to the Primary Care Co-commissioning Committee on 14 May 2019 for approval. All proposals were approved, resulting in the majority of Wirral practices providing the service from their own practice location with greater flexibility to manage demand if required.

2.4 A summary of the approach taken by each practice is as follows;

Practices providing the service independently:

- Marine Lake Medical Practice
- Estuary Medical Practice (previously known as TG Medical Centre)
- Heswall & Pensby Group Practice
- The Warrens Medical Centre
- Greasby Group Practice
- Upton Group Practice
- Paxton Medical Practice (includes Fender Way Health Centre)
- Vittoria Medical Centre (K)
- The Village Medical Centre
- St Georges Medical Centre
- The Manor Health Centre
- Commonfield Road Surgery

Practice collaborating:

- Riverside Surgery - Sunlight Group Practice will undertake domiciliary visits on their behalf
- Somerville Medical Centre & Central Park Medical Centre – all drop-in sessions will be undertaken at Central Park Medical Practice. Phlebotomist staffing resources will be shared as and when required.
- Healthier South Wirral consisting of; Allport Surgery, The Orchard Surgery, Spital Surgery, Eastham Group Practice, Civic Medical Centre and Sunlight Group Practice. Patients will be able to utilise the appointment and drop-in sessions at all practices within this model.

Practices sub-contracting with GP Wirral Federation to deliver the service on their behalf:

- Vittoria Medical Centre (G)
- Whetstone Medical Centre

2.5 Practices have based their service models on historic activity data from WCFT and will manage referral demand accordingly. This will include the appropriate management of domiciliary visit requests to ensure only house bound patients receive a home visit.

2.6 The majority of practices will be providing an in-house provision from 1 July 2019, therefore this will ensure upon Wirral wide access for all patients, either at their own or neighbouring practice. This also provides practices with greater flexibility to meet demand. Practices not delivering an in-house provision will be working with a neighbouring practice to provide the service on their behalf for their patients.

2.7 Patient engagement has been undertaken via practice Patient Participation Groups with all groups welcoming the proposals of the service being in-house from 1 July 2019. Practices will work with WCFT to advise patients and stakeholder regarding the forthcoming changes.

2.8 The 22 GP practices are now progressing with implementation. Service delivery will be closely monitored by WH&CC post 1 July 2019, with practices being held to account where appropriate. Further work with Healthwatch, the laboratories and other relevant

stakeholders will continue to ensure upon a timely and quality service provision to patients.

## 3.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

3.1 In terms of staffing, some practices are utilising their existing staff resources such as health care assistants and practice nurses, whilst also training up other practice staff.

3.2 WCFT staff are being informed of any recruitment opportunities to minimise any potential impact of redundancy, however to date there has been limited interest and uptake by staff.

3.3 In terms of the current redundancy position, consultations and one-to-one discussions have been undertaken between WCFT and its phlebotomy staff with efforts being made to identify other suitable alternative employment. There is a possibility that some staff will unfortunately leave WCFT through redundancy. This position will become clearer over the next few weeks.

## 4.0 RELEVANT RISKS

4.1 As all Wirral GP practices are either delivering the service in-house or working with a local practice, the risk associated with any sub-contract arrangement is significantly reduced.

4.2 Any Transfer of Undertakings (Protection to Employment) regulations (TUPE) and redundancy implications are being considered by WCFT. It is worth noting that in the unfortunate position where some phlebotomy staff redundancies may be inevitable, there may be some impact upon the wider healthcare economy.

## 5.0 EQUALITY IMPLICATIONS

5.1 An Equality Impact Statement (Stage 1) has previously been completed. The revised service provision will enhance equity of access for Wirral patients.

**REPORT AUTHOR:** **Nesta Hawker**
(Director of Commissioning & Transformation, WH&CC)
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**SUBJECT HISTORY (last 3 years)**

| Council Meeting | Date |
|---|---|
| Overview and Scrutiny Committee (verbal update) | 19 March 2019 |
| Overview and Scrutiny Committee | 12 September 2018 |
| Overview and Scrutiny Committee | 20 March 2018 |

WIRRAL

## Adult Care and Health Overview and Scrutiny Committee
## Wednesday, 26 June 2019

| | |
|---|---|
| **REPORT TITLE:** | **2018/19 Quarter 4 and Year End Wirral Plan and Health and Care Performance** |
| **REPORT OF:** | **Director for Health & Care (DASS)** |

### REPORT SUMMARY

This report provides the 2018/19 Quarter 4 (January - March 2019) performance report for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee.

Relevant Wirral Plan 20/20 pledge(s) are:

- Older People Live Well
- People with Disabilities Live Independent Lives
- Zero Tolerance to Domestic Violence

The report, which is included as Appendix 1, provides an overview of the progress in Quarter 4 and available data in relation to a range of outcome indicators and supporting measures.

The Year End closedown report is included as Appendix 2 and provides a summary analysis of performance against measures and Wirral Plan delivery of Pledge strategy actions at year end.

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview is included as Appendix 3. This report has been developed following Member feedback and includes key performance across health and social care.

This matter affects all Wards within the Borough.

### RECOMMENDATION

That the Adult Care and Health Overview and Scrutiny Committee note the content of the report and highlight any areas requiring further clarification or action.

## SUPPORTING INFORMATION

## 1.0 REASON/S FOR RECOMMENDATION/S

1.1 To ensure Members of the Adult Care and Health Overview and Scrutiny Committee have the opportunity to scrutinise the performance of the Council and partners in relation to delivering the Wirral Plan and performance of Adult Health and Care Services.

## 2.0 OTHER OPTIONS CONSIDERED

2.1 This report has been developed in line with the approved performance management framework for the Wirral Plan. As such, no other options were considered.

## 3.0 BACKGROUND INFORMATION

3.1 The Wirral Plan is an outcome-focussed, partnership plan which has 18 supporting strategies that set out how each of the 20 pledges will be delivered. For pledges partnership groups have been established to drive forward delivery of the action plans set out in each of the supporting strategies.

3.2 Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. The Wirral Partnership has a robust approach to performance management to ensure all activity is regularly monitored and reviewed.

3.3 Data for the identified indicators is released at different times during the year. As a result of this, not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis. Annual figures are reported in the quarter they become available against the 2018/19 year end column.

3.4 For each of the indicators, a trend is shown (better, same or worse). In most cases, this is determined by comparing the latest data with the previous reporting period i.e. 2017/18 year end. In some cases, i.e. where data accumulates during the year or is subject to seasonal fluctuations, the trend is shown against the same time the previous year. This is indicated in the key at the end of the report.

3.5 For some indicators, targets have been set. Where this is the case, a RAGB (red, amber, green, blue) rating is provided against the target and tolerance levels set at the start of the reporting period, with blue indicating performance targets being exceeded.

3.6 All Wirral Plan performance reports are published on the performance page of the Council's website. This includes the high-level Wirral Plan overview report and the detailed pledge reports which include updates on progress on

all activities set out in the supporting strategy action plans. The link to this web page is set out below:
https://www.wirral.gov.uk/about-council/council-performance

3.7 Each of the Wirral Plan Pledges has a Lead Commissioner responsible for overseeing effective delivery. The Lead Commissioners for the Pledges in the report at Appendix 1 are as follows:

- Older People Live Ageing Well in Wirral – Julie Webster
- People with Disabilities live Independent Lives – Graham Hodkinson
- Zero Tolerance to Domestic Violence – Mark Camborne

3.8 An additional report is included at Appendix 3 setting out a series of key indicators for the Adult Health and Care. This is in response to Members requesting that Adult Health and Care performance data is provided to the Committee.

## 4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

## 5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

## 6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

## 7.0 RELEVANT RISKS

7.1 The performance management framework is aligned to the Council's risk management strategy and both are regularly reviewed as part of corporate management processes.

## 8.0 ENGAGEMENT/CONSULTATION

8.1 The priorities in the Wirral Plan pledges were informed by a range of consultations carried out in 2015 and 2016 including the Wirral resident survey.

## 9.0 EQUALITY IMPLICATIONS

9.1 (a) Yes and impact review can be found at:
https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief

**REPORT AUTHOR:** *Nancy Clarkson*
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## APPENDICES

Appendix 1: Wirral Plan – 2018/19 Quarter 4 Pledge Report

Appendix 2: Wirral Plan Adult Care and Health 2018/19 Year End Closedown Report

Appendix 3: Adult Care and Health Performance Overview – Quarter 4 2018/19

## BACKGROUND DOCUMENTS

## SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|---|---|
| People Overview and Scrutiny Committee | 8 September 2016 |
| People Overview and Scrutiny Committee | 28 November 2016 |
| People Overview and Scrutiny Committee | 23 March 2017 |
| Adult Care and Health Overview and Scrutiny Committee | 28 June 2017 |
| Adult Care and Health Overview and Scrutiny Committee | 13 September 2017 |
| Adult Care and Health Overview and Scrutiny Committee | 28 November 2017 |
| Adult Care and Health Overview and Scrutiny Committee | 20 March 2018 |
| Adult Care and Health Overview and Scrutiny Committee | 27 June 2018 |
| Adult Care and Health Overview and Scrutiny Committee | 12 September 2018 |
| Adult Care and Health Overview and Scrutiny Committee | 27 November 2018 |
| Adult Care and Health Overview and Scrutiny Committee | 19 March 2019 |

# Appendix 1

# Wirral Plan Adult Health & Care Committee

# 2018-19 Quarter 4 Reports




WIRRAL INTELLIGENCE SERVICE

Wirral Plan 2020

## Older people live well

**Overview from Lead Cabinet Member**

Three Door Knocks took place this year in Heswall, West Kirby and Claughton with positive results. A fourth was unfortunately postponed due to bad weather. In total 1,024 doors were knocked on resulting in 211 conversations and 64 referrals. Themes from conversations and referrals ranged from parking, traffic/speeding, road conditions, more youth clubs for teenagers, carer support, transport support and changes to bus routes and services to interest in increasing the number of social groups.

Closely aligned with the door knock campaigns is the Good Neighbour Scheme (GNS). The GNS aims to reignite community spirit where people feel valued and safe in their neighbourhoods encouraging them to look out for each other and feel part of a friendly, thriving and vibrant neighbourhood. To date a combined total 6,228 of Wirral households, community premises and commercial businesses have opted to demonstrate their pride in where they live by displaying a GNS sticker in their window proclaiming they commitment to be a 'good neighbour'. It is intended that this simple gesture will trigger conversations, bring people together, celebrate good neighbours and, serve as an established recognisable symbol of community spirit.

Community Action Wirral now have registered 126 people aged 50+ on their volunteering portal through maintaining a volunteering presence at community events throughout Wirral, 26 more than our target. Age UK continue to hold events to give older people opportunities to meet up and reduce social isolation including increasing the number of lunch corners to 4 a week.

Due to capacity issues the Mid-life Planning Resource was unfortunately not developed this year. Assurances have been received from partners about additional capacity to undertake this work and the action will be rescheduled to deliver in the 2019-20 action plan.

Funding was secured for a Digital Health Hub pilot at Gautby Road Community Centre. The pilot aims to reach those who are never reached by community assets or indeed statutory and build capability in digital health for people in an environment where they are comfortable and with people they trust. We will continue to support this pilot throughout 2019-20.

| Wirral Plan Indicator | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend (See Key) | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Proportion of residents aged 50+ volunteering on a regular basis | Annual<br>Higher is better | 26%<br>(Oct 2015) | | 26%<br>(Dec 2017) | | | | | | n/a | The proportion of Wirral Residents aged 50 plus who say they volunteer at least once a month remained the same as 26% reported in the previous survey in 2016. |
| Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area | Annual<br>Higher is better | 56%<br>(Oct 2015) | | 57%<br>(Dec 2017) | | | | | | n/a | The percentage of Wirral Residents aged 50 plus stating they are satisfied with the choice of housing in their local area increased from 56% reported in the previous survey in 2016. |
| Healthy Life Expectancy at birth: Males | Annual<br>Higher is better | 59.8<br>(Jan 2011- Dec 2013) | England: 63.3 (Jan 2014 - Dec 2016)<br>North West: 60.9 (Jan 2014 - Dec 2016) | 61.1<br>(Jan 2013 - Dec 2015) | | | | | 61.4<br>(2014-16) | Better | It's encouraging that the healthy life expectancy at birth for males continues to improve on the baseline (Wirral Plan start). This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2014-16. |
| Healthy Life Expectancy at birth: Females | Annual<br>Higher is better | 61.8<br>(Jan 2011- Dec 2013) | England: 63.9 (Jan 2014 - Dec 2016)<br>North West: 62.0 (Jan 2014 - Dec 2016) | 61.7<br>(Jan 2013 - Dec 2015) | | | | | 60.3<br>(2014-16) | Worse | It's disappointing to see that the healthy life expectancy at birth for females has worsened. The healthy life expectancy at birth for females also decreased across the North West and the rest of the Country.<br><br>This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2014-16. |
| **Supporting Measure** | **Indicator** | **Wirral Plan Start** | **Benchmark Data** | **Year End 2017-18** | **2018-19 Q1** | **2018-19 Q2** | **2018-19 Q3** | **2018-19 Q4** | **Year End 2018-19** | **Trend** | **Comment** |
| Percentage of older people (aged 50+) who feel safe when outside in the local area during the day | Annual<br>Higher is better | 88%<br>(Oct 2015) | | 92%<br>(Dec 2017) | | | | | | n/a | The percentage of Wirral Residents aged 50 plus who said they feel safe when outside in the local area during the day increased from 88% reported in the previous survey in 2016. |
| Percentage of older people (aged 50+) who feel safe when out in the local area after dark | Annual<br>Higher is better | 55%<br>(Oct 2015) | | 54%<br>(Dec 2017) | | | | | | n/a | The percentage of Wirral Residents aged 50 plus who said they feel safe when outside in the local area after dark decreased from 55% reported in the previous survey in 2016. |

| Supporting Measure | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of older people (aged 50+) who reported feeling healthy | Annual<br>Higher is better | 65%<br>(Oct 2015) | | 58%<br>(Dec 2017) | | | | | | n/a | The percentage of Wirral Residents aged 50 plus who reported feeling healthy decreased from 65% reported in the previous survey in 2016. |
| Employment rate of people aged 50+ | Quarterly<br>Higher is better | 33.5%<br>(Jun 2015) | England: 42.3% (Jan 2018 - Dec 2018)<br>North West: 40.1% (Jan 2018 - Dec 2018) | 37.0%<br>(Jan - Dec 2017) | 38.4%<br>(Q1 2018-19) | 40.6%<br>(Q2 2018-19) | 39.4%<br>(Q3 2018-19) | 39.6%<br>(Q4 2019-20) | 39.6%<br>(Q4 2019-20) | Better | Latest figures are for Q4 2018-19 and refer to the period January 2018 - December 2018. The latest Employment rate aged 50+ measure from the Office for National Statistics is 39.6%. An increase of 0.2 percentage points from last quarter and 6.1 percentage points higher that at the start of the Wirral Plan. We're performing the same as our North West neighbours (39.4%) and is below the National average (42%). |

## People with disabilities live independent lives

**Overview from Lead Cabinet Member**

The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased to its highest level since the Wirral Plan began (49%) in January to December 2018. It's up 4.9 percentage points since the start of the year and 11.5 percentage points since the start of the plan.

28 new employers signed up to be Disability Confident in Q4. 25 at Level 1 and 3 at Level 2. The total number of Wirral employers signed up to Scheme is now 101 which is a huge improvement on the 37 from the start of the year.
9 less adults but 2 more young people were reported to be in receipt of personal budgets since last quarter. 794 people were reported to be in receipt of personal budgets at the end of 2018-19, 159 more people than when we started in 2016-17 (635).

Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. Whilst the percentage of adults with a learning disability who live in stable and appropriate accommodation has decreased slightly in Q4 to 84.1% (down from 85% last quarter) it's increased by 1.4 [percentage points since the start of the year. There has been an increase in Extra Care schemes throughout the borough, which aims to increase the number of adults with a learning disability who live in stable and appropriate accommodation.

A total of 440 extra care units should be fully completed (subject to planning) by the end of 2021/22 which, whilst delivering more units than our target is behind schedule due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes as part of its review of funding for supported housing schemes.

The percentage of annual health checks undertaken has increased to 58%. There is now a specific delivery plan in place with regular communication with GP practices.

The original Travel Training service plan with HCT has unfortunately been cancelled as costs were prohibitive. Working alongside key organisations (mainly Third Sector) a business case for a consortium approach will now be developed.

| Wirral Plan Indicator | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend (See Key) | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Health related quality of life for people with long term conditions | Annual<br>Higher is better | 0.698<br>(Jul 2014 - Mar 2015) | England: 0.737 (Jan-Mar 2017) | 0.700<br>(Jan-Mar 2017) | | | | | | n/a | Health-related quality of life for people with long-term conditions improved to 0.700 in Jan-Mar 2017 compared to 0.695 the previous period but falls short of the average for the rest of England (0.737).<br><br>This data is captured by NHS England through the GP Patient Survey and reported as part of the NHS Outcomes Framework. |
| Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled | Quarterly<br>Higher is better | 37.5%<br>(Jul 2014 - Jun 2015) | England: 54.1% (Oct 2017 - Sep 2018)<br>North West: 50.4% (Oct 2017 - Sep 2018) | 44.1%<br>(Jan - Dec 2017) | 47.5%<br>(Apr 2017 - Mar 2018) | 48.8%<br>(Jul 2017 - Jun 2018) | 45.8%<br>(Oct 2017 - Sep 2018) | 49.0%<br>(Jan - Dec 2018) | 49.0%<br>(Jan - Dec 2018) | Better | The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased to its highest level since the Wirral Plan began (49%) in January to December 2018. It's up 4.9 percentage points since the start of the year and 11.5 percentage points since the start of the plan. |

| Supporting Measure | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4 | Annual<br>Lower is better | (n/a) | England: 1.11 (2016-17 Acad Year)<br>North West: -1.05 (2016-17 Acad Year) | 1.21<br>(2016-17 Acad Year) | | | | | 0.97<br>(2017-18 Acad Year) | Better | This is the Confirmed 2017-18 Academic Year figure, which is the same as that which was provisionally reported in Q3. |
| Proportion of people with long term conditions who feel supported to manage their condition | Annual<br>Higher is better | 66.7%<br>(Jul 2014 - Mar 2015) | England: 59.6% (Jan-Mar 2018) | 67.2%<br>(Jan-Mar 2017) | | | | | 60.1%<br>(Jan- Mar 2018) | Worse | The proportion of people who are feeling supported to manage their condition is 60.1% for the period January 2018 - March 2018. This has reduced from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. The national average is 59.6%, down from 64% last year. |
| The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets) | Quarterly<br>Higher is better | (n/a) | | 808<br>(2017-18) | 831<br>(Q1 2018-19) | 831<br>(Q2 2018-19) | 801<br>(Q3 2018-19) | 794<br>(Q4 2018-19) | | Worse | 7 less people are in receipt of personal budgets this quarter. 601 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (down from 610 last quarter). 193 young people were in receipt of personal budgets, up from 191 last quarter. |

| Supporting Measure | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Adults with a learning disability who live in stable and appropriate accommodation | Quarterly<br><br>Higher is better | (n/a) | North West: 87.8% (Q2 2018-19) | 82.7% (2017-18) | 82.8% (Q1 2018-19) | 83.5% (Q2 2018-19) | 85.0% (Q3 2018-19) | | | n/a | |

## Zero tolerance to domestic violence

**Overview from Lead Cabinet Member**

Wirral has developed a range of strategies to combat the pernicious effects of domestic abuse including rehabilitating offenders, supporting victims, and helping children to understand and come to terms with the effects of domestic abuse.
The Integrated Offender Management Team intensively manages those offenders most likely to re-offend with a range of enforcement, support and rehabilitative services working with an average of 80 domestic abuse perpetrators each month.
The charity 'Tomorrows Women Wirral' provides a safe environment for women to address their issues to help lead happier, healthier more fulfilled lives. Of the 24,440 visits and 1,910 referrals, 786 women disclosed domestic abuse and 926 women disclosed mental health issues. They received 9,067 volunteer hours, including one of the world's most famous women's advocates, Megan Windsor.

"When you feel desperate and there's no one you can turn to they get you through and are there for you."

The above is the quote from a domestic abuse victim being supported by the Wirral Family Support Unit. Combining a wide range of support and enforcement agencies, the Unit now operates a 7 day a week service in order to contact all referred victims within 24 hours, including offering 1,145 children support to overcome the effects of domestic abuse, including the 'Brave the Rage' anger management programme.

The Early Help service for domestic abuse supports victims whose situation may not be a priority for social care or domestic abuse services, but through combined issues are on the cusp of crisis. Early Help support victims to understand the repercussions of legislation e.g. Domestic Abuse Protection Order and support male victims in league with agencies such as the Paul Lavelle Foundation, a Wirral charity for male domestic abuse to offer support specific to the needs of male victims of domestic abuse.

A newly developed initiative called #GotTheTeeShirt is based on victims gaining support from domestic abuse survivors who have 'been there and come out the other side'. The focus is about the client rediscovering who they were prior to the relationship and helping them move safely forward; back into the community, further education, work self-esteem, parenting support or additional volunteering roles.

| Wirral Plan Indicator | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend (See Key) | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of domestic abuse Wirral MARAC cases per 10,000 adult females (annualised) | Quarterly | 54.0 (2014-15) | Most Similar Force Group: 54.0 (Jan 2017-Dec 2018) National: 38.0 (Jan 2017-Dec 2018) | 52.3 (Apr 2017-Mar 2018) | 52.5 (Jul 2017-Jun 2018) | 59.3 (Oct 2017-Sep 2018) | 63.7 (Jan-Dec 2018) | 52.4 (Q4 2018-19) | 52.4 (2018-19) | n/a | This figure is for Q4 equates to 295 referrals in total. Of these 166 were heard at MARAC; 164 were female, 2 were male. 111 did not meet MARAC threshold and 17 were deleted as errors. |
| Children and young people experiencing domestic abuse (Wirral MARAC cases) | Quarterly | 1,289 (2014-15) | | 1,302 (2017-18) | 334 (Apr-Jun 2018) | 394 (Jul-Sep 2018) | 264 (Oct-Dec 2018) | 200 (Q4 2018-19) | 1,192 (2018-19) | n/a | This includes children of victims and perpetrators eg Perpetrators children who live with another parent but have contact. |
| Percentage of incidents of repeat domestic abuse (Wirral MARAC cases) | Quarterly Lower is better | 16.0% (2014-2015) | Most Similar Force Group: 34.0% (Jan 2017-Dec 2018) National: 28.0% (Jan 2017-Dec 2018) | 28.3% (Apr 2017-Mar 2018) | 26.1% (Jul 2017-Jun 2018) | 32.0% (Oct 2017-Sep 2018) | 32.9% (Jan-Dec 2018) | 27.1% (Q4 2018-19) | 27.1% (2018-19) | Better | Total number of repeats 45 out of 166 cases where repeats at MARAC in Q4. |

| Supporting Measure | Indicator | Wirral Plan Start | Benchmark Data | Year End 2017-18 | 2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4 | Year End 2018-19 | Trend | Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Domestic Abuse cases referred to the Family Safety Unit (FSU) | Quarterly | 949 (2014-15) | | 928 (2017-18) | 276 (Apr-Jun 2018) | 258 (Jul-Sep 2018) | 282 (Oct-Dec 2018) | 295 (Q4 2018-19) | 1,111 (2018-19) | n/a | 295 Total referrals.<br>17 were deleted as errors/duplicates<br>111 did not meet MARAC threshold, assessed as medium risk and signposted/stepped down. |
| % of children and Young People single assessments completed with Domestic Violence (DV) related factors | Quarterly Lower is better | (n/a) | | 33.3% (Apr 2017-Mar 2018) | 35.2% (Apr-Jun 2018) | 32.4% (Apr-Sep 2018) | 28.2% (Apr-Dec 2018) | 27.0% () | 27.0% (2018-19) | Better | |
| Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000 | Quarterly Higher is better | (n/a) | | 21.30 (Apr 2017-Mar 2018) | 3.42 (Apr-Jun 2018) | 6.52 (Apr-Sep 2018) | 9.32 (Apr -Dec 2018) | 12.12 (Jan-Mar 2019) | 12.12 (2018-19) | Better | As of March Merseyside Police have centralised the VPRF's and are taking account of the threshold of need. Previously the Integrated Front Door would get all Domestic Abuse VPRF's and the vast majority would close at Level 1. With the police applying the threshold then, they will only send over what is required for Early Help or MASH. This enhanced scrutiny of VPRFs prior to their being referred may lead to a decrease in referrals. |

**Report Key**

**Trend - Performance is shown as Better, Same or Worse compared with the last reporting period except for:**
**% of children and Young People single assessments authorised with Domestic Violence (DV) related factors,**
**Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000**
**which are compared with same period the previous year.**

**Target - Where targets apply, these are shown as either Blue, Green, Amber, Red based on the agreed tolerance range for individual measures.**

**Action - These are shown as either:**
- **Green (on track to deliver on time)**
- **Amber (off track but action being taken to deliver on time)**
- **Red (off track and won't deliver on time)**

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# Wirral Plan – Adult Health & Care

# 2018-19 Year End Report



## Wirral Plan 2020

# Wirral Plan Year End Report 2018-19 – Adult Health & Care

## ADULT HEALTH & CARE SUMMARY

### OLDER PEOPLE LIVE WELL

- Three Door Knocks took place this year in Heswall, West Kirby and Claughton with positive results. In total 1,024 doors were knocked on resulting in 211 conversations and 64 referrals. Themes from conversations and referrals ranged from parking, traffic/speeding, road conditions, more youth clubs for teenagers, carer support, transport support and changes to bus routes and services to interest in increasing the number of social groups.
- A combined total 6,228 of Wirral households, community premises and commercial businesses have opted to display a Good Neighbour Scheme (GNS) sticker in their window, proclaiming they commitment to be a 'good neighbour'. It is intended that this simple gesture will trigger conversations, bring people together, celebrate good neighbours and, serve as an established recognisable symbol of community spirit.
- Community Action Wirral now have registered 126 people aged 50+ on their volunteering portal through maintaining a volunteering presence at community events throughout Wirral, 26 more than our target. Age UK continue to hold events to give older people opportunities to meet up and reduce social isolation including increasing the number of lunch corners to 4 a week.
- Due to capacity issues the Mid-life Planning Resource was unfortunately not developed this year. Assurances have been received from partners about additional capacity to undertake this work and the action will be rescheduled to deliver in the 2019-20 action plan.

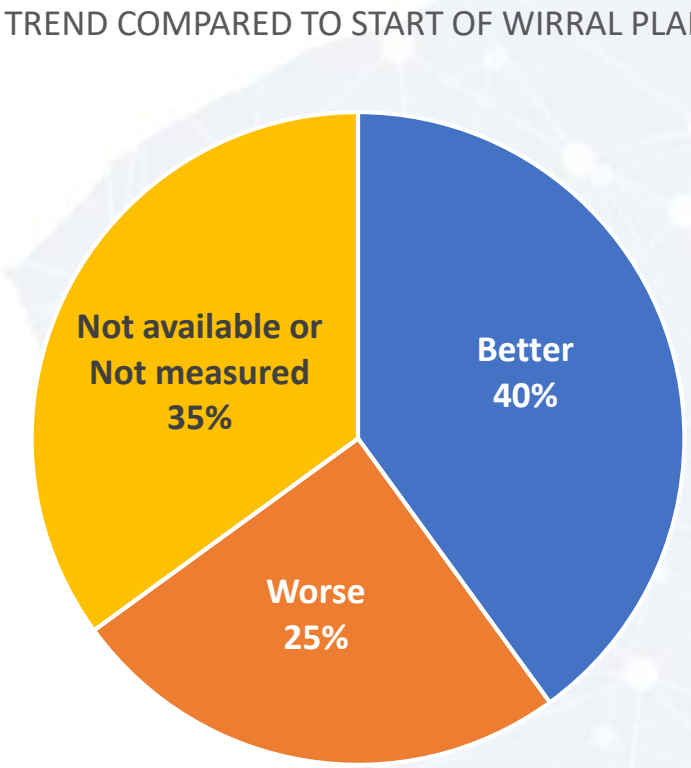
### PEOPLE WITH DISABILITIES LEAD FULL & INDEPENDENT LIVES

- The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased to its highest level since the Wirral Plan began (49%) in January to December 2018. It's up 4.9 percentage points since the start of the year and 11.5 percentage points since the start of the plan.
- The total number of Wirral employers signed up to Disability Confident Scheme is now 101 which is a huge improvement on the 37 from the start of the year.
- 794 people were reported to be in receipt of personal budgets at the end of 2018-19, 159 more people than when we started in 2016-17 (635).
- The percentage of annual health checks undertaken has increased to 58%. There is now a specific delivery plan in place with regular communication with GP practices.
- The proportion of people who feel supported in their long-term condition has dropped by 6.6% to 60.1%, a reduction compared to 66.7% at the start of the Plan.
- The original Travel Training service plan with HCT has unfortunately been cancelled as costs were prohibitive. Working alongside key organisations (mainly Third Sector) a business case for a consortium approach will now be developed.

## ZERO TOLERANCE TO DOMESTIC VIOLENCE

- The charity 'Tomorrows Women Wirral' continues to provide a safe environment for women to make progress towards leading happier, healthier more fulfilled lives. Of the 24,440 visits and 1,910 referrals, 786 women disclosed domestic abuse and 926 women disclosed mental health issues. They received 9,067 volunteer hours, including one of the world's most famous women's advocates, Megan Windsor.
- The Wirral Family Support Unit supports domestic abuse victims by combining a wide range of support and enforcement agencies. The Unit now operates a 7 day a week service in order to contact all referred victims within 24 hours. 1,145 Children have been supported to overcome the effects of domestic abuse, including the 'Brave the Rage' anger management programme. The percentage of Young People assessments completed with DV factors has reduced to 27.0% since the plan start, where the figure stood at 36.7%
- A newly developed initiative called #GotTheTeeShirt is based on victims gaining support from domestic abuse survivors who have 'been there and come out the other side'. The focus is about the client rediscovering who they were prior to the relationship and helping them move safely forward; back into the community, further education, work self-esteem, parenting support or additional volunteering roles.
- The rate of referrals to social care presenting DV issues in adults has dropped to 2.80/100,000 compared to 12.62 at Plan start.

## TREND COMPARED TO WIRRAL PLAN START




| Adult Health & Care Trend Compared to Wirral Plan Start | | |
|---|---|---|
| **Trend** | **Number** | **%** |
| Better | 8 | 40% |
| Worse | 5 | 25% |
| Same | 0 | 0% |
| Not available | 7 | 35% |
| Total | 20 | 100% |

*40% of the Measures and Indicators monitored under the Adult Health & Care theme have improved compared to the start of the Wirral Plan (or the earliest measurable date) and 25% have become worse. Several measures (35%) are taken from the Wirral Residents Survey, and therefore have no updated figures, or in the case of Domestic Abuse, deliberately not measured against a direction of travel in an effort to encourage disclosure of abuse. In these cases, a trend is not reported.*

## OLDER PEOPLE LIVE WELL

| Pledge Name | PI Code | Description | WP Start or earliest available | Q4 2018/19 | YE 2018/19 | Trend | Trend Vs Plan Start or earlliest available. |
|---|---|---|---|---|---|---|---|
| Older people live well | OI01001 | Proportion of residents aged 50+ volunteering on a regular basis | 26.0% | | | N/A | Not Available |
| Older people live well | OI01002 | Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area | 56% | | 57% | ✔ | Better |
| Older people live well | OI01003 | Healthy Life Expectancy at birth: Males | 59.8 | | 61.4 | ✔ | Better |
| Older people live well | OI01004 | Healthy Life Expectancy at birth: Females | 61.8 | | 60.3 | ✖ | Worse |
| Older people live well | SM01502 | Percentage of older people (aged 50+) who feel safe when outside in the local area during the day | 88.0% | | | N/A | Not Available |
| Older people live well | SM01503 | Percentage of older people (aged 50+) who feel safe when out in the local area after dark | 55.0% | | | N/A | Not Available |
| Older people live well | SM01504 | Percentage of older people (aged 50+) who reported feeling healthy | 65.0% | | | N/A | Not Available |
| Older people live well | SM01505 | Employment rate of people aged 50+ | 33.5% | 39.6% | 39.6% | ✔ | Better |

## PEOPLE WITH DISABILITIES LEAD INDEPENDENT LIVES

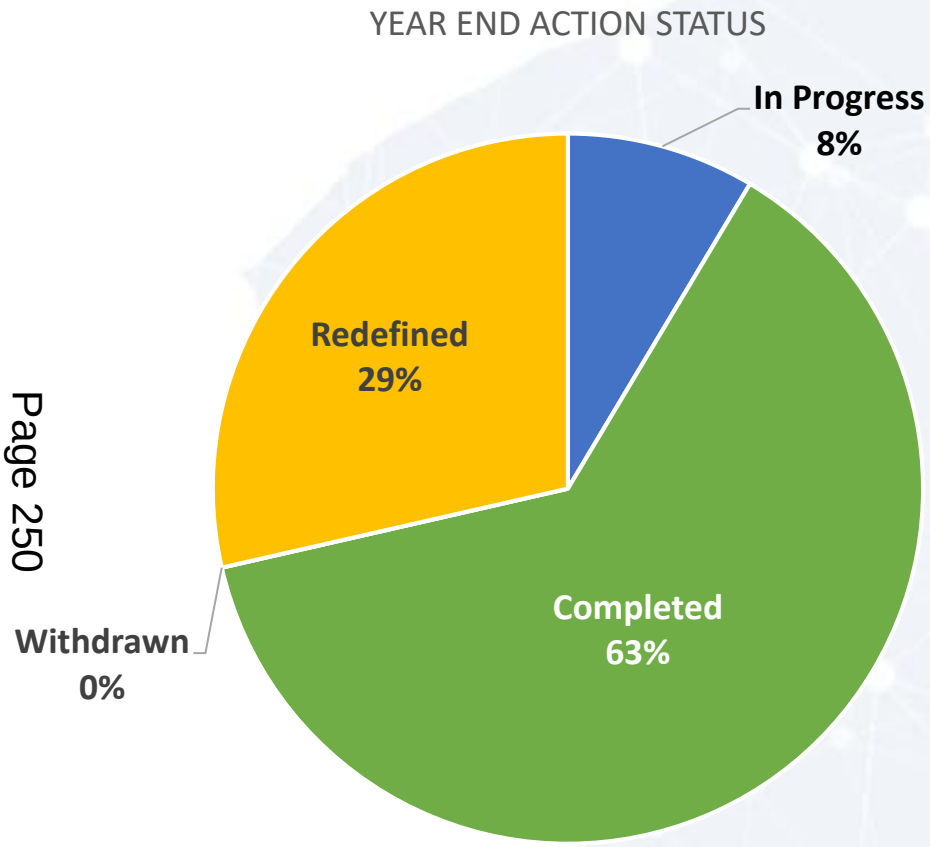
| Pledge Name | PI Code | Description | WP Start or earliest available | Q4 2018/19 | YE 2018/19 | Trend | Trend Vs Plan Start or earlliest available. |
|---|---|---|---|---|---|---|---|
| People with disabilities live independent lives | OI06001 | Health related quality of life for people with long term conditions | 0.698 | | 0.7 | ✓ | Better |
| People with disabilities live independent lives | OI06003 | Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled | 37.5% | | 49.0% | ✓ | Better |
| People with disabilities live independent lives | SM03507 | The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4 | 0.86 | | 0.97 | ✗ | Worse |
| People with disabilities live independent lives | SM06501 | Proportion of people with long term conditions who feel supported to manage their condition | 66.7% | | 60.1% | ✗ | Worse |
| People with disabilities live independent lives | SM06506 | The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets) | 653 | | 797 | ✓ | Better |
| People with disabilities live independent lives | SM06507 | Adults with a learning disability who live in stable and appropriate accommodation | 84% | | 85% | ✓ | Better |

## ZERO TOLERANCE TO DOMESTIC VIOLENCE

| Pledge Name | PI Code | Description | WP Start or earliest available | Q4 2018/19 | YE 2018/19 | Trend | Trend Vs Plan Start or earlliest available. |
|---|---|---|---|---|---|---|---|
| Zero tolerance to domestic violence | OI07001 | Wirral MARAC cases per 10,000 adult females (annualised) | 54 | 52.4 | 52.4 | na | Not Available |
| Zero tolerance to domestic violence | OI07002 | Children and young people experience domestic abuse (Wirral MARAC cases) | 1,287 | 200 | 1192 | n/a | Not Available |
| Zero tolerance to domestic violence | OI07003 | Percentage of incidents of repeat domestic abuse (Wirral MARAC cases) | 16.0% | 27.1% | 27.1% | ✖ | Worse |
| Zero tolerance to domestic violence | SM07501 | Number of Domestic Abuse cases referred to the Family Safety Unit (FSU) | 949 | 295 | 1111 | n/a | Not Available |
| Zero tolerance to domestic violence | SM07502 | % of children and Young People single assessments completed with Domestic Violence (DV) related factors | 36.7% | 27.0% | 27.0% | ✔ | Better |
| Zero tolerance to domestic violence | SM07503 | Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000 | 12.62 | 12.12 | 12.12 | ✖ | Worse |

# Wirral Plan Year End Report 2018-19 – Adult Health & Care

## STATUS OF ACTIONS YEAR END




| Adult Health & Care Year End Action Status | | |
|---|---|---|
| **Trend** | **Number** | **%** |
| In Progress | 3 | 9% |
| Completed | 22 | 63% |
| Withdrawn | 0 | 0% |
| Redefined | 10 | 29% |
| Total | 35 | 100% |

*63% of actions across the Adult Health & Care theme have been completed during 2018-19, whilst 9% continue into 2019-20. 29% of actions have been redefined, either to alter the timescales or reframe wording.*

# Wirral Plan Year End Report 2018-19 – Adult Health & Care

## ADULT HEALTH & CARE – STATUS OF 2018-19 ACTIONS

### PLEDGE 1: OLDER PEOPLE LIVE WELL

| **Priority 01: Being an active part in strong, thriving local communities** | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Coordinate and deliver 4 Volunteers Fairs, in conjunction with future Door Knocks and recruit 100 volunteers. | Apr 2018 - Mar 2019 | Completed | |
| Increase the opportunities for older people to meet up in pubs and cafes throughout Wirral, by introducing Companionship Evening Events at participating venues. | Apr 2018 - Mar 2019 | Completed | |
| Lead the Liverpool City Region work to launch the Age Friendly Programme across the area. | Apr 2018 - Mar 2019 | Redefined | The wording of this action has been made more specific to ensure clarity of delivery |
| Plan and deliver 4 Great Wirral Door Knocks to tackle isolation and support people to feel valued and part of their community. | Apr 2018 - Mar 2019 | Completed | |
| Use our contracting/commissioning influence to increase the number of statutory/community sector partners that demonstrate their commitment to becoming Age Friendly. | Apr 2018 - Mar 2019 | Completed | |

| **Priority 02: Enjoy a happy home life** | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Work with registered providers and private companies to deliver 300 extra care homes. | Jul 2017 - Mar 2020 | In Progress | The wording of this action has been made more specific to ensure clarity of delivery |
| Use intelligence from the residents' survey to identify areas where older people feel unsafe in their homes and target these areas for multi-agency action. | Apr 2018 - Mar 2019 | Redefined | The wording of this action has been made more specific to ensure clarity of delivery |

| Priority 03: Being emotionally and physically healthy | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Deliver the Healthy Wirral Programme and look to join up opportunities for older people to be physically active and maintain their emotional health and wellbeing. | Apr 2018 - Mar 2020 | Redefined | The wording of this action has been made more specific to ensure clarity of delivery |
| Ensure that the delivery of the dementia care pathway supports people with dementia (and their carers) to live well within their own homes and their local communities. | Apr 2018 - Mar 2019 | Completed | |

| Priority 04: Being financially secure | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Develop the Mid-life Planning Resource and promote it to employees and employers through Council and partners channels. | Apr 2018 - Dec 2018 | Redefined | The timescales have been refreshed in line with business priorities and action progress during 2018-19 |

| Priority 05: Having better access to the right information and support | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Improve digital inclusion among older people across Wirral by promoting access to available digital resources. | Apr 2018 - Mar 2019 | Completed | |

# Wirral Plan Year End Report 2018-19 – Adult Health & Care

## PLEDGE 6: PEOPLE WITH DISABILITIES LIVE INDEPENDENT LIVES

| **Priority 01: All People with disabilities are well and live healthy lives** | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Deliver 300 additional Extra Care Homes in Wirral by 2020. | Apr 2017 - Mar 2020 | In Progress | |
| Explore ways to use disability prevalence data with new and existing information to inform service provision in response to need. | Apr 2018 - Mar 2019 | Completed | |
| Increase the uptake of Health Passports and ensure all Annual Health Checks are carried out. | Apr 2018 - Mar 2020 | Redefined | The wording of this action has been made more specific to ensure clarity of delivery |
| Produce a guide on issues facing people moving to supported or extra care housing. | Apr 2018 - Mar 2019 | Redefined | The timescales have been refreshed in line with business priorities and action progress during 2018-19 |
| Support the implementation and evaluate the effectiveness of the All Age Integrated Disability Service in Wirral | Apr 2018 - Mar 2020 | Completed | |

| **Priority 02: Young People and Adults with disabilities have access to employment and are financially resilient** | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Produce a strategy and plan to increase the number of people with a disability having to access work opportunities. | Apr 2018 - Mar 2020 | In Progress | |
| Promote the take up of Disability Confident accreditation (level 3) with all partners and the take up of level 1 accreditation through the commissioning and contracting of service providers and suppliers. | Apr 2018 - Mar 2020 | In Progress | |

| Priority 03: All people with disabilities have choice and control over their lives | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Develop a website which will be the definitive place that provides easy access to information from a variety of agencies and services to people with a disability. | Apr 2018 - Mar 2019 | Redefined | The timescales have been refreshed in line with business priorities and action progress during 2018-19 |
| Produce an inclusive approach to hearing the voices of people with a disability to enable them to have choice and control over their lives. | Apr 2018 - Mar 2019 | Redefined | The timescales have been refreshed in line with business priorities and action progress during 2018-19 |
| We will increase opportunities for the introduction and uptake of Assistive Technology. | Apr 2018 - Mar 2019 | Completed | |
| We will work to develop an all age travel training service and more people will be supported to travel independently to school, college, work or to their chosen activities. | Apr 2018 - Sep 2019 | Redefined | The wording of this action has been made more specific to ensure clarity of delivery |

# Wirral Plan Year End Report 2018-19 – Adult Health & Care

## PLEDGE 7: ZERO TOLERANCE TO DOMESTIC VIOLENCE

| **Priority 01: Prevention and Early Intervention** | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Commission insight work with BAME and LGBT communities on Wirral to identify scale of issue and ensure referral pathways are effective | Apr 2018 - Mar 2019 | Completed | |
| Deliver a coordinated public awareness raising campaign which keeps domestic abuse in the public arena and gives clear messages that Wirral will not tolerate domestic abuse in any form. We will ensure key literature and support materials are accessible by hard to reach groups | Apr 2018 - Mar 2019 | Completed | |
| Develop a Wirral Domestic Abuse Alliance website to support and advise on Domestic Abuse services and pathways | Apr 2018 - Mar 2019 | Completed | |
| Evaluate the most effective model for Domestic Abuse risk identification and ensure all relevant staff are trained in how to use this model to recognise domestic abuse and harmful practices. | Apr 2018 - Mar 2019 | Completed | |

| Priority 02: Provision - Children and Young People at the Heart of our Domestic Abuse Response | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Commission a Young Persons Domestic Abuse Support Service which offers 24/7 support to young people effected by Domestic Abuse and Harmful Practices | Apr 2018 - Jun 2018 | Completed | |
| Establish clear Domestic Abuse Pathways and response / offer for Wirral's children and young people. | Apr 2018 - Mar 2019 | Completed | |
| Review Domestic Abuse support materials currently available to Wirral schools to ensure they are fit for purpose | Apr 2018 - Mar 2019 | Completed | |

| Priority 03: Partnership - A Strong Community Co-ordinated Response | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Encourage businesses and community groups of all sizes across the borough to commit to the Zero Tolerance to Domestic Abuse Pledge, to increase awareness of Domestic Abuse support available | Apr 2018 - Mar 2019 | Completed | |
| Ensure Wirral's Independent Domestic Violence Advocacy (IDVA) service is fit for purpose – targeted and available for periods of high demand and a service that also supports the children and young people of Wirral | Apr 2018 - Mar 2019 | Completed | |
| Increase 3rd Sector Domestic Abuse Peer mentors outreach programme to ensure adequate provision across all high priority areas. | Apr 2018 - Mar 2020 | Redefined | The wording of this action has been made more specific to ensure clarity of delivery<br>The timescales have been refreshed in line with business priorities and action progress during 2018-19 |

| Priority 04: Perpetrators - Make Victims Safer and Reduce Re-offending | | | |
|---|---|---|---|
| **Action** | **Timescale** | **Status** | **Rationale** |
| Commission an independent review of the Integrated Offender Management (IOM) Domestic Abuse Perpetrators Cohort to evaluate its effectiveness on managing Domestic Abuse perpetrators. | Apr 2018 - Dec 2018 | Completed | |
| Develop a Young Persons MARAC process to manage the increasing numbers of young Domestic Abuse perpetrators. | Apr 2018 - Dec 2018 | Completed | |
| Improve working practice between MARAC and MAPPA to manage risk, disrupt offending behaviour and ensure Domestic Abuse offenders (including serial perpetrators) are appropriately supported to change their behaviour or face the consequences of their actions | Apr 2018 - Mar 2019 | Completed | |
| We will work with Liverpool City Region Metro Mayor, Merseyside Police Crime Commissioner, Merseyside Police and other statutory partners to ensure that they fully utilise all statutory tools and powers in combatting Domestic Abuse | Apr 2018 - Mar 2019 | Completed | |

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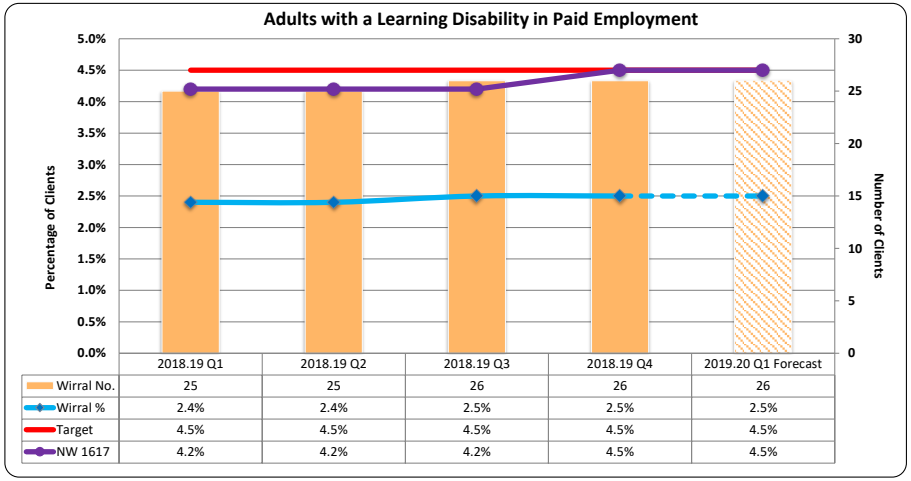
# ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

## 2018/19 QUARTER 4

WIRRAL INTELLIGENCE SERVICE

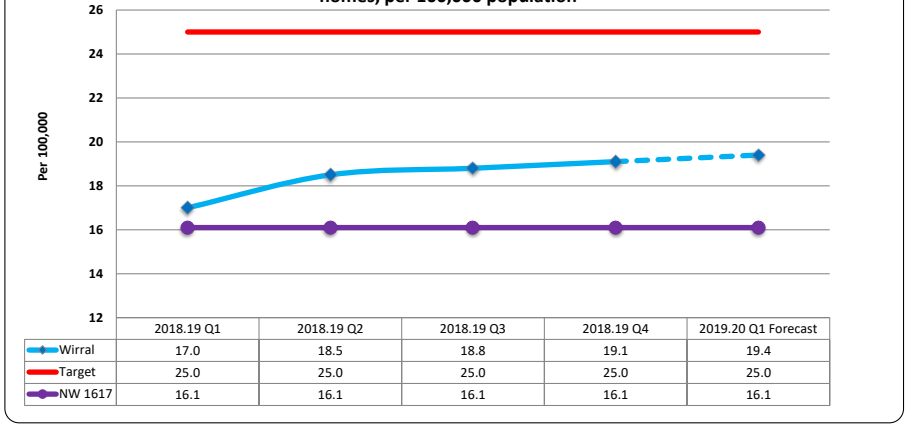
## Adults with a Learning Disability in Paid Employment




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 25 | 25 | 26 | 26 | 26 |
| Wirral % | 2.4% | 2.4% | 2.5% | 2.5% | 2.5% |
| Target | 4.5% | 4.5% | 4.5% | 4.5% | 4.5% |
| NW 1617 | 4.2% | 4.2% | 4.2% | 4.5% | 4.5% |

A total of 26 people (of 1,016) with a learning disability are currently in paid employment. Work is on-going with Wirral Evolutions and other service providers to review the people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment.
The Council has recently been awarded Disability Confident Employer status and is becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is being developed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses.

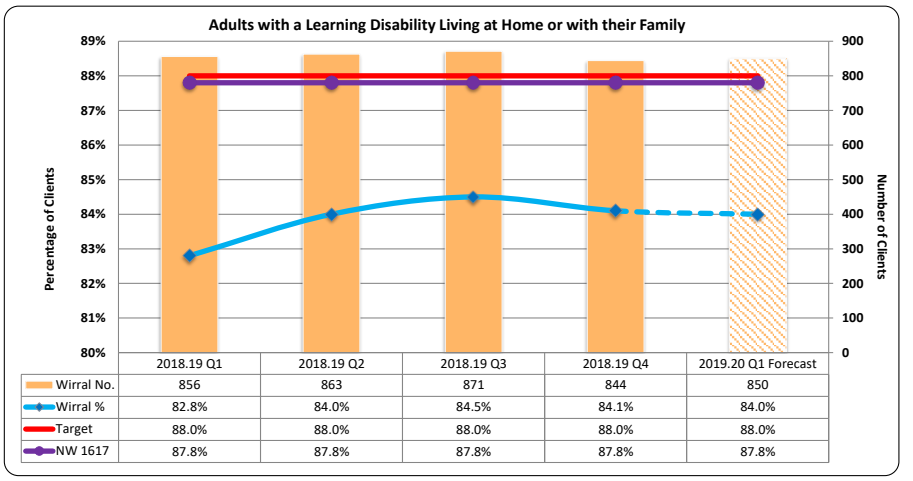
## Permanent admissions of younger adults (18-64) to residential and nursing care homes, per 100,000 population




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral | 17.0 | 18.5 | 18.8 | 19.1 | 19.4 |
| Target | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 |
| NW 1617 | 16.1 | 16.1 | 16.1 | 16.1 | 16.1 |

Wirral continue to focus on providing support to people in their own homes. A small number of working age adults have such complex needs that they require care home provision where we cannot meet their needs in a community setting. We continue to develop services to support people to remain in their own homes including a broader range of supported housing.

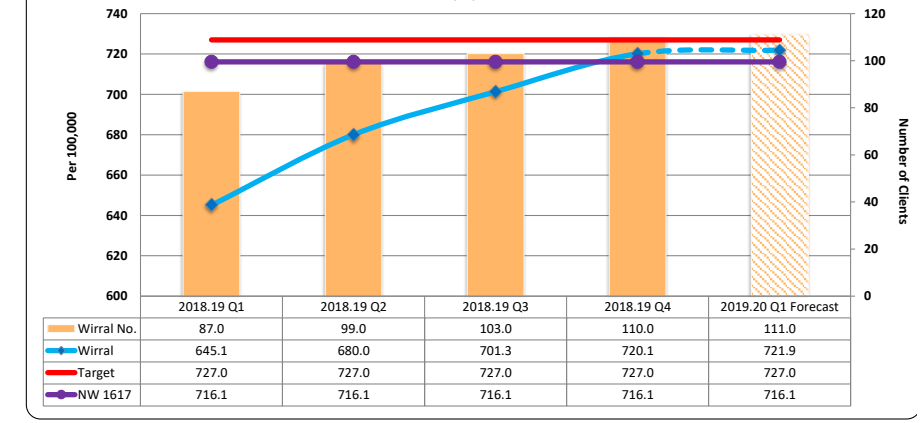
## Adults with a Learning Disability Living at Home or with their Family




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 856 | 863 | 871 | 844 | 850 |
| Wirral % | 82.8% | 84.0% | 84.5% | 84.1% | 84.0% |
| Target | 88.0% | 88.0% | 88.0% | 88.0% | 88.0% |
| NW 1617 | 87.8% | 87.8% | 87.8% | 87.8% | 87.8% |

There has been a slight reduction since the last quarter. The plan to develop further extra care units for people with a learning disability will support the continued improvement on this indicator. Work is under way with delivery partners to ensure that people's accommodation status is correctly recorded in all cases.

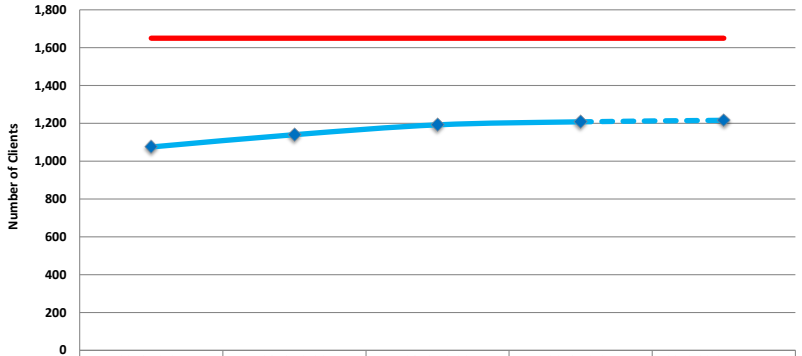
## Permanent admissions of older people (65+) to residential and nursing care homes per 100,000 population




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 87.0 | 99.0 | 103.0 | 110.0 | 111.0 |
| Wirral | 645.1 | 680.0 | 701.3 | 720.1 | 721.9 |
| Target | 727.0 | 727.0 | 727.0 | 727.0 | 727.0 |
| NW 1617 | 716.1 | 716.1 | 716.1 | 716.1 | 716.1 |

The council is promoting independent living increasingly, however there ha been an increase over recent months which correlates with high levels of demand for all provision. We continue to invest in intermediate and reablement services to maximise individual opportunities to return home. We continue to perform well and are meeting the target..

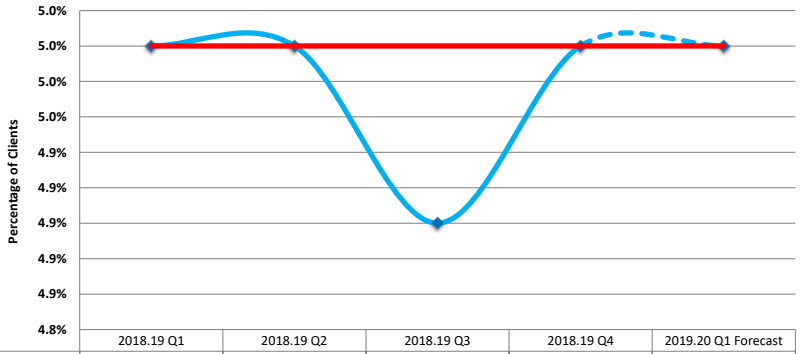
## Number of People placed in a long term residential / nursing home bed (Aged 65+)




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral | 1075 | 1140 | 1192 | 1208 | 1216 |
| Target | 1650 | 1650 | 1650 | 1650 | 1650 |

Wirral continues to focus on supporting people to remain in their own homes. Perfomance demonstrates a consistent picture of older people being supported in the community and fewer placements into long term care homes.

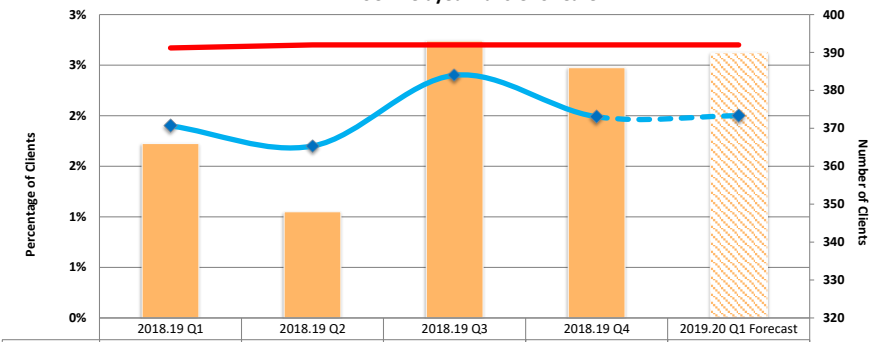
## Proportion of new requests for support resulting in long term services




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral % | 5.0% | 5.0% | 4.9% | 5.0% | 5.0% |
| Target | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% |

The service continues to perform well and is supporting the majority of people making a new request for support with information and advice, preventative and reablement services and short term care for the time that it is needed.

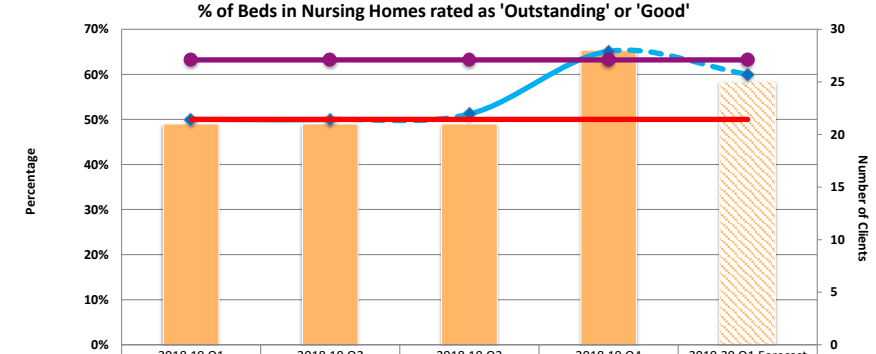
## DToC - Delayed Transfer of Care




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 366 | 348 | 393 | 386 | 390 |
| Wirral % | 1.9% | 1.7% | 2.4% | 2.0% | 2.0% |
| Target | 2.7% | 2.7% | 2.7% | 2.7% | 2.7% |

High levels of demand through the winter period can have a significant affect on DTocs. Local teams have maintained excellent performance within the upper quartile nationally during this period however it is likely that as pressures increase ther will be a small shift upwards, however it is highly likely that the target will be met.

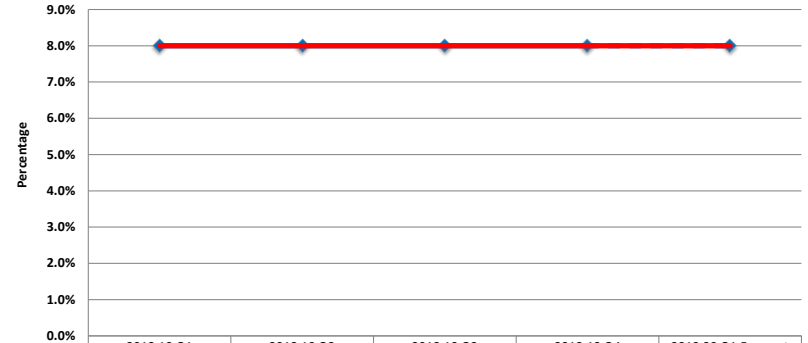
## % of Beds in Nursing Homes rated as 'Outstanding' or 'Good'




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 21 | 21 | 21 | 28 | 25 |
| Wirral % | 50.0% | 50.0% | 51.2% | 65.1% | 60.0% |
| Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% |
| NW 1718 | 63.2% | 63.2% | 63.2% | 63.2% | 63.2% |

CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with providers who require improvement and are performing to target with a sustained improvement across the sector. We have seen an improvement in quality ratings of Wirral nursing care homes.

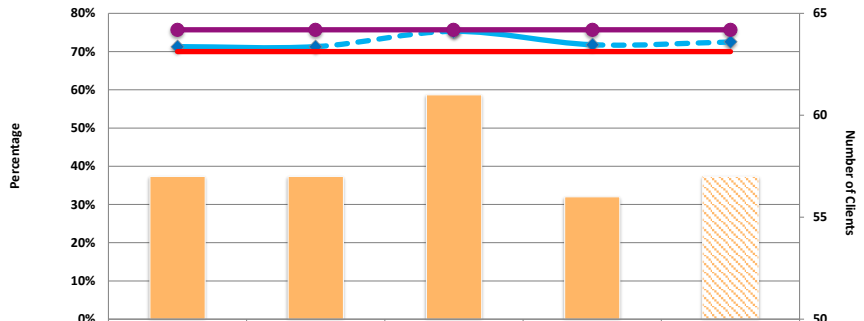
## % of Beds available in Residential and Nursing Homes




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral % | 8.0% | 8.0% | 8.0% | 8.0% | 8.0% |
| Target | 8.0% | 8.0% | 8.0% | 8.0% | 8.0% |

There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficientto allow private establishments to remanin as functioning organisations. Vacancy rates of exclusiveblock commissions for intermediate provision are available.

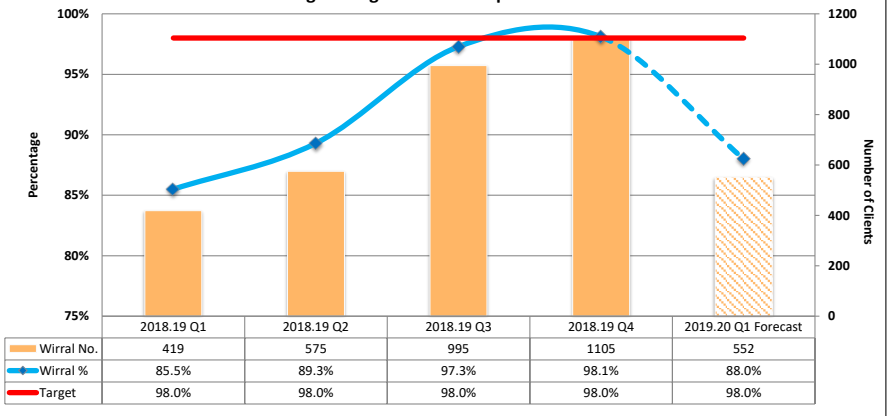
## % of Beds in Residential Homes rated as 'Outstanding' or 'Good'




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 57 | 57 | 61 | 56 | 57 |
| Wirral % | 71.3% | 71.3% | 75.3% | 71.8% | 72.5% |
| Target | 70.0% | 70.0% | 70.0% | 70.0% | 70.0% |
| NW 1718 | 75.7% | 75.7% | 75.7% | 75.7% | 75.7% |

CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with care homes in the sector to improve quality ratings.

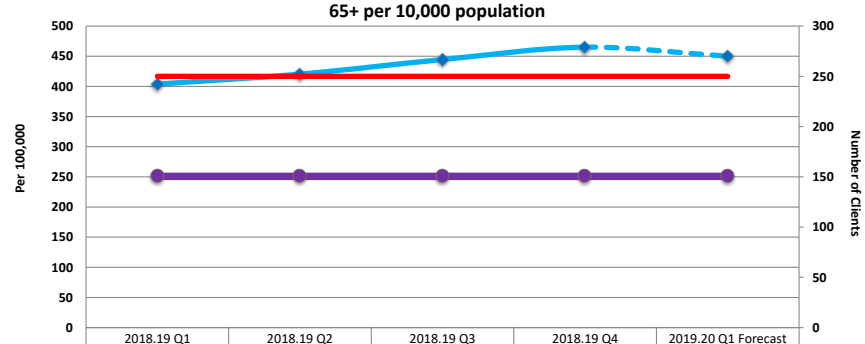
## % of Safeguarding Contacts Completed within 24 Hours




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 419 | 575 | 995 | 1105 | 552 |
| Wirral % | 85.5% | 89.3% | 97.3% | 98.1% | 88.0% |
| Target | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% |

Significant work ahas been undertaken within Wirral Community NHS Foundation Trust to improve data recording. This has the effect of raising the perormance towards achieving target. Work is underway with LCR partners to consider referral routes f or safeguarding and the handling arrangements for safeguarding concerns.

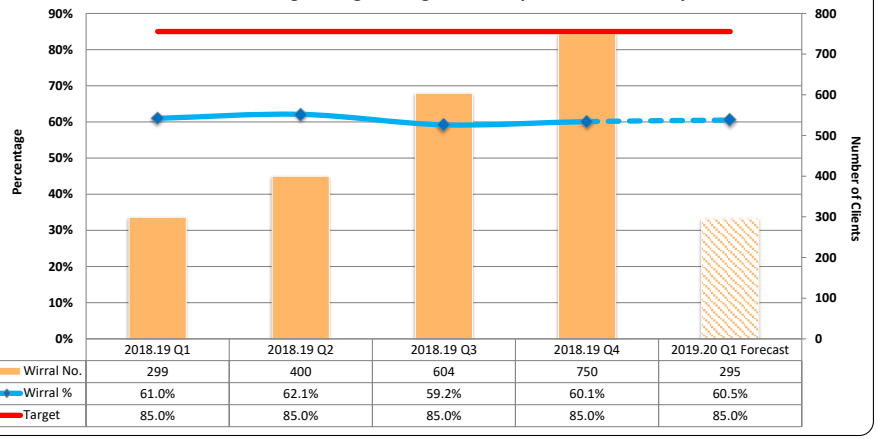
## Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral | 403.8 | 420.3 | 444.5 | 465.0 | 450.0 |
| NW 1617 | 250.8 | 250.8 | 250.8 | 250.8 | 250.8 |
| Target | 250.0 | 250.0 | 250.0 | 250.0 | 250.0 |

Wirral are performing significantly better than the North West average. Capacity of home based reablement has been affected by pres sures within the domiciliary care market and in order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase the retainer paid linked to hospital admissions from 48 hrs to 7 days. Whilst capacity and thr oughput remain as pressures, the continuing positive outcomes of individuals who receive reablement should be noted. Revised pathways are in place to ensure individuals have access to home or bed based reablement or intermediate care services for both admission avoidance and discha rge.

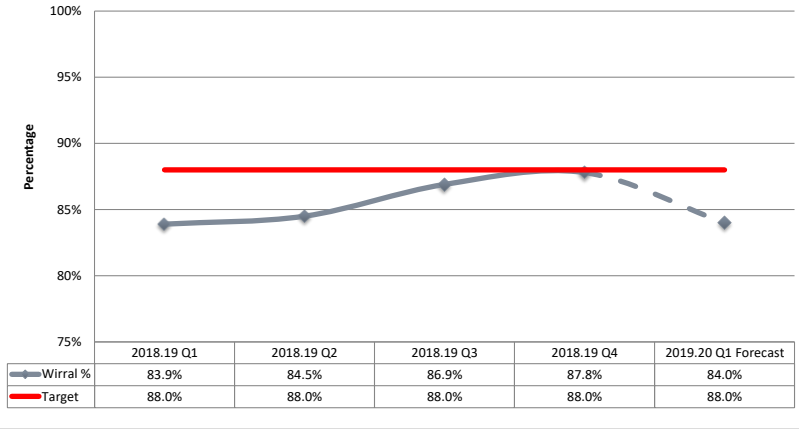
## % of Safeguarding Investigations completed within 28 days




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 299 | 400 | 604 | 750 | 295 |
| Wirral % | 61.0% | 62.1% | 59.2% | 60.1% | 60.5% |
| Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% |

There is incremental improvement in the number of safeguarding investigations concluded within 28 days. This is mainly due to the f ocussed work on improving Social Work practice in this area. Safeguarding investigations can take longer than 28 days due to external fact ors such as police investigations.

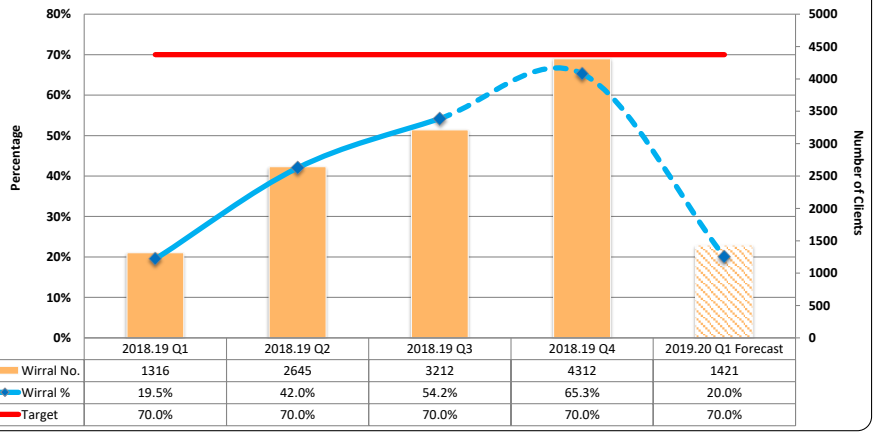
## % of New Assessments Completed within 28 days




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral % | 83.9% | 84.5% | 86.9% | 87.8% | 84.0% |
| Target | 88.0% | 88.0% | 88.0% | 88.0% | 88.0% |

The percentage of assessments completed within 28 days continues to increase. Focussed work in this area continues to ensure a good standard of service delivery.

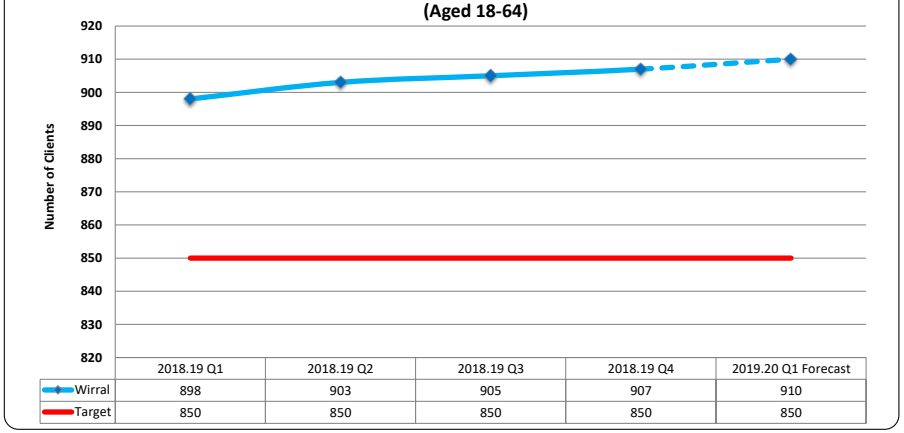
## % of Annual Reviews Completed




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral No. | 1316 | 2645 | 3212 | 4312 | 1421 |
| Wirral % | 19.5% | 42.0% | 54.2% | 65.3% | 20.0% |
| Target | 70.0% | 70.0% | 70.0% | 70.0% | 70.0% |

This performance measure demonstrates good practice in reviewing the majority of cases. The measure builds throoughout the year as the numbers of reviews undertaken accumulates. Care has been taken to ensure that out of area care home reviews are undertaken.

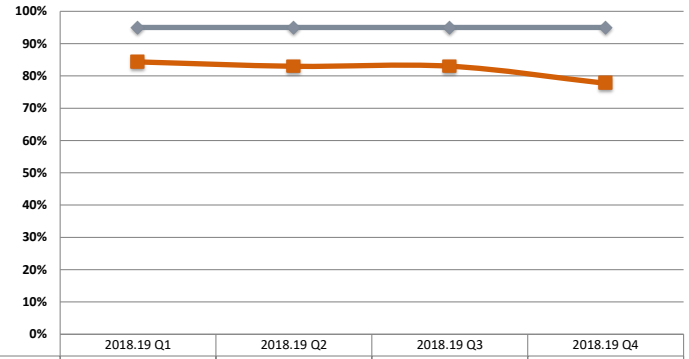
## Number of People with a Learning Disability who receive a community provision (Aged 18-64)




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 | 2019.20 Q1 Forecast |
|---|---|---|---|---|---|
| Wirral | 898 | 903 | 905 | 907 | 910 |
| Target | 850 | 850 | 850 | 850 | 850 |

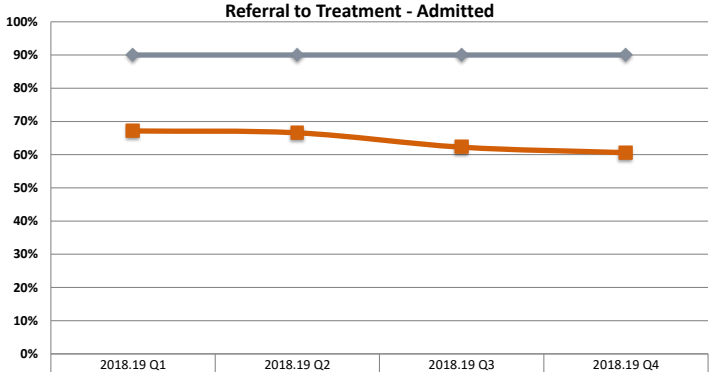
The number of people with learning disabilities who are receiving a community provision has increased, resulting in less pres sure being put on residential and nursing homes, thereby reducing costs to the council. This also increases independent living, a key cornerstone of current council policy.

## Referral to Treatment - Non Admitted



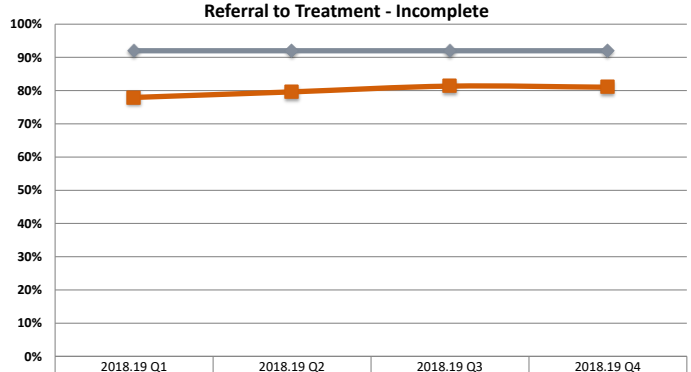

| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 |
|---|---|---|---|---|
| RTT Non Admitted | 84.3% | 82.98% | 83.00% | 77.70% |
| RTT Non Admitted Target (National) | 95.0% | 95.0% | 95.0% | 95.0% |

## Referral to Treatment - Admitted




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 |
|---|---|---|---|---|
| RTT Admitted | 67.1% | 66.56% | 62.24% | 60.59% |
| RTT Admitted Target (National) | 90.0% | 90.0% | 90.0% | 90.0% |

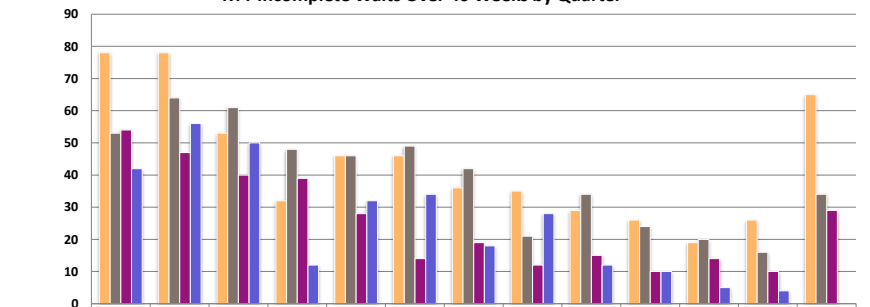
## Referral to Treatment - Incomplete




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 |
|---|---|---|---|---|
| RTT Incomplete | 77.9% | 79.62% | 81.35% | 81.02% |
| RTT Incomplete (National) | 92.0% | 92.0% | 92.0% | 92.0% |

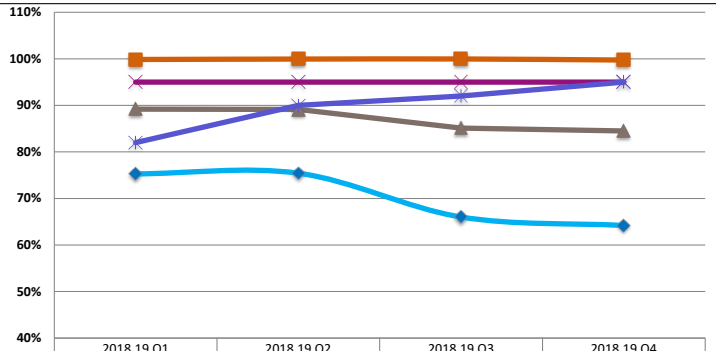
No Local SDIP trajectory for 2017-18. 2018-19 trajectory shown.

## RTT Incomplete Waits Over 40 Weeks by Quarter




| | 40 to 41 Wks | 41 to 42 Wks | 42 to 43 Wks | 43 to 44 Wks | 44 to 45 Wks | 45 to 46Wks | 46 to 47 Wks | 47 to 48 Wks | 48 to 49 Wks | 49 to 50 Wks | 50 to 51 Wks | 51 to 52 Whks | >52 Wks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018.19 Q1 | 78 | 78 | 53 | 32 | 46 | 46 | 36 | 35 | 29 | 26 | 19 | 26 | 65 |
| 2018.19 Q2 | 53 | 64 | 61 | 48 | 46 | 49 | 42 | 21 | 34 | 24 | 20 | 16 | 34 |
| 2018.19 Q3 | 54 | 47 | 40 | 39 | 28 | 14 | 19 | 12 | 15 | 10 | 14 | 10 | 29 |
| 2018.19 Q4 | 42 | 56 | 50 | 12 | 32 | 34 | 18 | 28 | 12 | 10 | 5 | 4 | 0 |

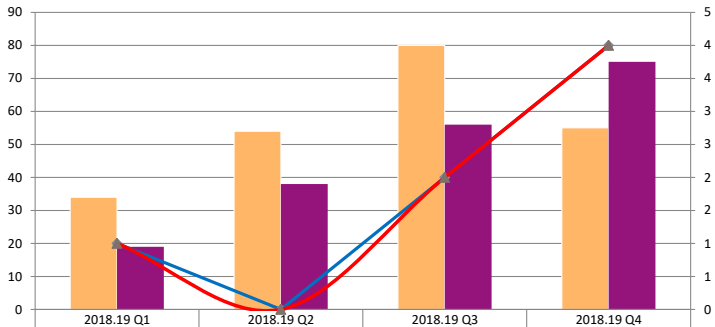
## A&E Waiting Times




| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 |
|---|---|---|---|---|
| Arrowe Park A&E | 75.28% | 75.42% | 66.01% | 64.19% |
| Arrowe park WIC | 99.86% | 99.95% | 99.97% | 99.74% |
| Total A&E, MIC and WIC | 89.19% | 89.14% | 85.13% | 84.50% |
| National Target | 95.00% | 95.00% | 95.00% | 95.00% |
| Locally Agreed Plan | 82.00% | 90.00% | 92.00% | 95.00% |

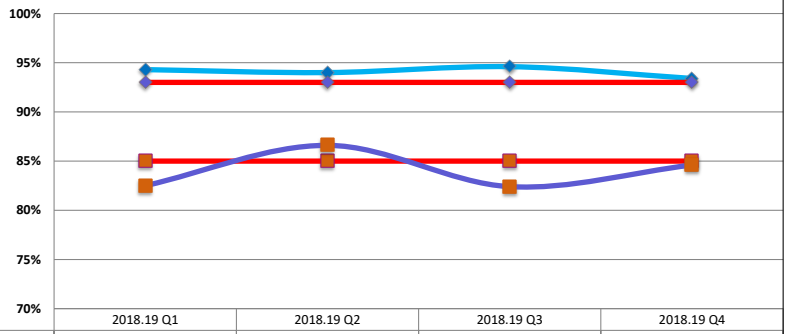
Significant focus to deliver 4 hour stranded as a system, revised trajectory for target set by NHSI. Systems expected to deliver 95% by March 19. Wirral has seen broadly a 5% improvement during Q4/Q1

## HealthCare Acquired Infections



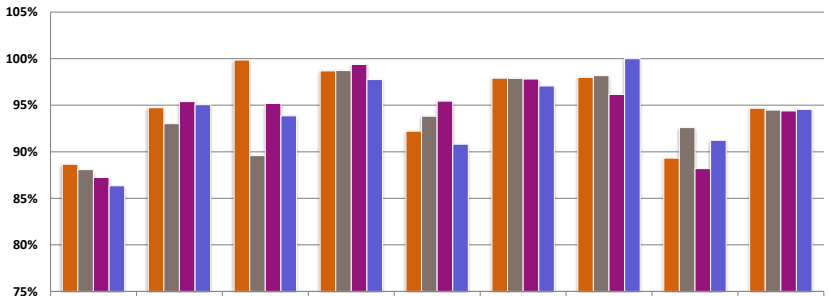

| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 |
|---|---|---|---|---|
| Cdifficile Cumulative | 34 | 54 | 80 | 55 |
| Cdifficile Cumlative target | 19 | 38 | 56 | 75 |
| MRSA Cumlative target | 0 | 0 | 0 | 0 |
| MRSA Cumlative | 1 | 0 | 2 | 4 |

## Cancer



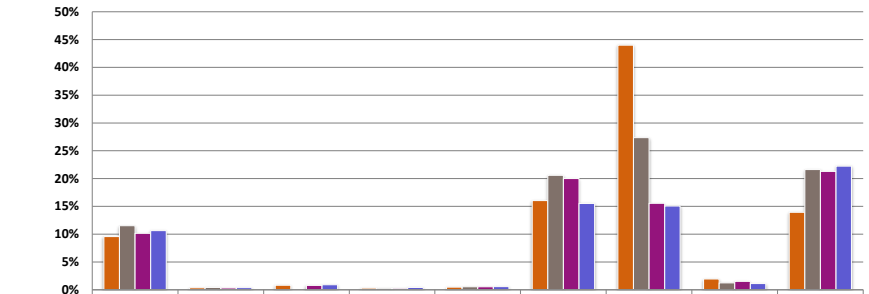

| | 2018.19 Q1 | 2018.19 Q2 | 2018.19 Q3 | 2018.19 Q4 |
|---|---|---|---|---|
| 2 Week Wait | 94.3% | 94.0% | 94.6% | 93.4% |
| 62 Day Wait Target | 85.0% | 85.0% | 85.0% | 85.0% |
| 62 Day Wait | 82.5% | 86.6% | 82.4% | 84.6% |
| 2 Week Wait Target | 93.0% | 93.0% | 93.0% | 93.0% |

## Friends and Family Test Net Promoter Scores



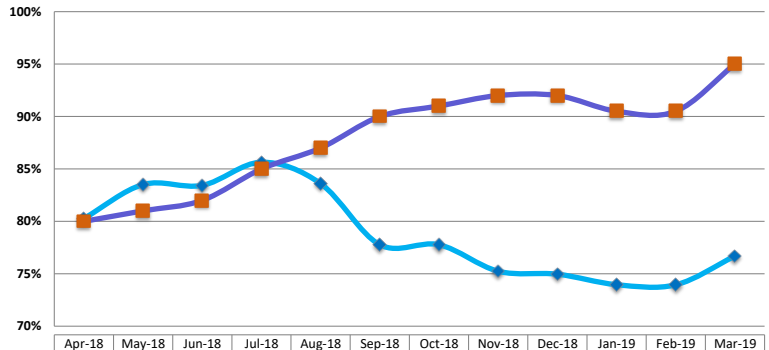

| | A&E | Ambulance | Community | Dental | GP | Inpatient | Maternity - Birth | Mental Health | Outpatient |
|---|---|---|---|---|---|---|---|---|---|
| 2018.19 Q1 | 88.7% | 94.7% | 99.9% | 98.7% | 92.2% | 97.9% | 98.0% | 89.3% | 94.7% |
| 2018.19 Q2 | 88.1% | 93.0% | 89.6% | 98.7% | 93.8% | 97.9% | 98.2% | 92.6% | 94.5% |
| 2018.19 Q3 | 87.2% | 95.4% | 95.2% | 99.4% | 95.4% | 97.8% | 96.2% | 88.2% | 94.4% |
| 2018.19 Q4 | 86.4% | 95.1% | 93.9% | 97.8% | 90.8% | 97.1% | 100.0% | 91.2% | 94.5% |

## Friends and Family Test Response Rates



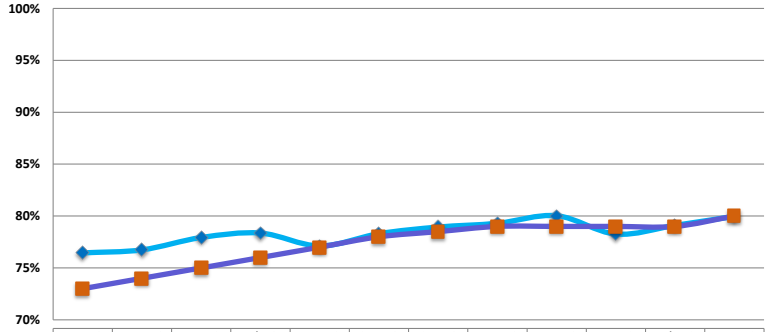

| | A&E | Ambulance | Community | Dental | GP | Inpatient | Maternity - Birth | Mental Health | Outpatient |
|---|---|---|---|---|---|---|---|---|---|
| 2018.19 Q1 | 9.56% | 0.35% | 0.82% | 0.29% | 0.49% | 16.06% | 44.01% | 1.95% | 13.94% |
| 2018.19 Q2 | 11.53% | 0.41% | 0.00% | 0.28% | 0.54% | 20.58% | 27.38% | 1.23% | 21.64% |
| 2018.19 Q3 | 10.16% | 0.34% | 0.77% | 0.26% | 0.53% | 20.00% | 15.55% | 1.52% | 21.28% |
| 2018.19 Q4 | 10.64% | 0.39% | 0.90% | 0.40% | 0.56% | 15.51% | 15.06% | 1.13% | 22.24% |

## A & E - Local Service Delivery Improvement Programme - WUTH only




| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Arrowe Park Site | 80.3% | 83.5% | 83.4% | 85.6% | 83.6% | 77.8% | 77.8% | 75.2% | 75.0% | 74.0% | 74.0% | 76.7% |
| RTT Incomplete Target (SDIP) | 80.0% | 81.0% | 82.0% | 85.0% | 87.0% | 90.0% | 91.0% | 92.0% | 92.0% | 90.5% | 90.5% | 95.0% |

## Referral to Treatment - Local Service Delivery Improvement Programme - WUTH only




| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT Incomplete | 76.5% | 76.7% | 77.9% | 78.4% | 77.1% | 78.3% | 78.9% | 79.3% | 80.0% | 78.3% | 79.1% | 80.0% |
| RTT Incomplete Target (SDIP) | 73.0% | 74.0% | 75.0% | 76.0% | 77.0% | 78.0% | 78.5% | 79.0% | 79.0% | 79.0% | 79.0% | 80.0% |

WIRRAL

**Adult Care and Health Overview and Scrutiny Committee**
**Wednesday 26th June 2019**

| | |
|---|---|
| **REPORT TITLE:** | **REPORT OF HEALTH AND CARE PERFORMANCE PANEL** |
| **REPORT OF:** | **Head of Intelligence (Scrutiny Team Manager) Business Services** |

**REPORT SUMMARY**

This report provides an overview of the Health and Care Performance Panel meeting held on 11th March 2019. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

**RECOMMENDATION/S**

Members are requested to:

- Note the contents of the report of the Health and Care Performance Panel.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of outcomes from the Health and Care Performance Panel.

### 2.0 OTHER OPTIONS CONSIDERED

Not Applicable

### 3.0 ATTENDEES

**Members**

Councillor Julie McManus (Chair)
Councillor Wendy Clements (Vice-Chair)
Councillor Bruce Berry
Councillor Phil Gilchrist
Councillor Sharon Jones

**Other Attendees**

Karen Prior (Chief Officer, Healthwatch Wirral)
Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)
Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)
Alex Davidson (Scrutiny Officer, Wirral Council)

**Visitors**

Paula Simpson (Director of Nursing, Wirral Community Trust)
Claire Wedge (Deputy Director of Nursing, Wirral Community Trust)
Paul Moore (Director of Quality and Governance, Wirral University Teaching Hospital)

**Apologies**

Councillor Tony Cottier
Councillor Christina Muspratt

### 4.0 ACTIONS FROM THE PREVIOUS PANEL MEETING ON 4th FEBRUARY 2019

4.1 The Panel agreed the actions of the last meeting. The update on the NHS 111 offer in Wirral will be assigned to the work programme of the Adult Care and Health Overview & Scrutiny Committee for consideration at the first meeting of the 2019/20 municipal year.

### 5.0 CQC IMPROVEMENT PLAN UPDATE – WIRRAL COMMUNITY TRUST

5.1 Paula Simpson, Director of Nursing, introduced her presentation covering a number of key points of the Trust's comprehensive improvement plan, following its CQC inspection and subsequent 'requires improvement' rating 12 months

ago. The 14 ‘must do’ actions set out by the CQC resulted in 100 tasks, 92 of which have now been completed to a rigorous standard with robust evidence– with the Trust on track to fully achieve their action plan by the end of the 2018/19 financial year. The Trust stated that their overarching goal has been to embed a culture of continuing improvement; with a particular focus on strengthening clinical and professional leadership within sexual health and community nursing. In addition, the implementation of a business intelligence system has improved risk management, and internal and external governance arrangements have also been reviewed - with initial monthly CQC assurance meetings now bi-monthly to reflect the progress made by the Trust so far.

5.2 Members were advised that there has been significant progress in reducing the number of avoidable pressure ulcers reported – with a 50% reduction in 2018/19 and an aim to achieve a zero-tolerance position in the next year. Members questioned whether the Trust included pressure ulcers that have developed at home or within a wider community setting within this aim. The Director of Nursing gave the response that the Trust do place focus on those that are under the responsibility of the Trust’s care, but also look at methods of prevention as a priority, such as effective nutrition and hydration. The Panel were also apprised on the progress made within sexual health services, with the area identified as needing improvement within the CQC report. Immediate action was taken to develop the IT system used within the service, which is now sound and tested frequently. Risk factors in this area were quickly identified and there is now consistency of service provision, with continual monitoring to ensure ongoing quality.

5.3 Members commended the Director of Nursing on the initiatives implemented to develop staff engagement. Across the Trust, there are staff working from 80 locations, so it was appreciated that there has been difficulty in ensuring effective communication, particularly between those staff members working in the community. The Panel questioned how the assumed improvement in staff morale would be evidenced. The Trust admitted that culture change would take time, but that it is surveying staff more frequently than before rather than relying on the annual NHS Staff Survey. In addition, there is a leadership forum in place, with a ‘buddying’ system between successful leaders and those staff in need of further development. The Director of Nursing assured Members that these initiatives have started to rectify the disconnect between staff and senior management stated in the CQC report.

5.4 Overall, Members expressed satisfaction with the Trust’s direction of travel and its dedication to improving services, culture and experiences for its patients. In addition, officers were thanked for providing updates to the Panel throughout the year, and for engaging effectively with scrutiny. Members were assured that the Trust were making sufficient progress in developing quality improvement measures across the organisation.

## 6.0 CQC IMPROVEMENT PLAN UPDATE – WIRRAL UNIVERSITY TEACHING HOSPITAL

6.1 The Panel were provided with an update from Paul Moore, Director of Quality and Governance, on progress made at the Trust relating to its CQC Improvement and Action Plan. Members were informed that significant developments have been made at the Trust since the first update to the Panel in September 2018, with all CQC 'must do' and 'should do' recommendations addressed as part of its action plan. By the Trust's own admission, the previous governance structure was poorly co-ordinated and required reorganisation to ensure that it was fit for purpose. The Panel were informed that this has now been completed, with the new arrangements firmly established within all levels of the organisation. In addition, gaps identified in National Institute for Health and Care Excellence (NICE) guidelines have been addressed to ensure policies and procedures are workable, and a performance dashboard has been developed. This dashboard has been condensed from its previous format to ensure that quality indicators that need attention are made more clearly identifiable. There has also been a focus on incident reporting at the Trust, with a 75% reduction in serious incidents since the publication of the CQC report.

6.2 The Director of Quality and Governance advised the Panel that the Trust are now looking to ensure that quality improvements go beyond the 'must do' and 'should do' actions listed by the CQC and as a result, have established a quality strategy to ensure that excellence is embedded within the organisation. Alongside this, there have been a number of initiatives introduced to encourage competition and breed improvements – such as the use of the 'Perfect Ward' app. This innovative measure allows clinical and managerial teams to view real-time audit results, which in turn allows for learning and continual quality improvements.

6.3 Members were keen to be provided with further detail around the safe staffing aspect of the 'must do' action included in the report. Assurance was sought that there were appropriate numbers of medical and nursing staff available at all times, and that sufficient monitoring was in place to ensure this. The Panel were informed that staffing was closely monitored by the operations team. The team assess demand hour by hour and implement any necessary actions – on some occasions this can result in 3 to 4 actions per day to ensure that staffing is satisfactory.

6.4 Members of the Panel thanked the Trust for its engagement with scrutiny and for enabling open and transparent conversations around its improvement plans and exception reports over the last year. The Panel noted that there was still work to do, for example within medication storage and management, but that there had been substantial progress made to improve the quality of services following the disappointing CQC inspection rating. Members were adequately assured that the Trust's board were making strides in developing quality improvement measures across the organisation.

## 7.0 OPTIONS FOR IMPROVING PERFORMANCE AND CONTRACT COMPLIANCE IN CARE HOMES

7.1 Amanda Parry-Mateo, Integrated Senior Manager Quality and Safeguarding, introduced a report setting out a number of options that were considered as part of a drive to improve care quality across Wirral. Members were informed that commissioners are currently part way through a continuing journey of improvement for care homes and, although providers generally work well with quality improvement teams, there were a small number refusing to engage. As a result, a proposal has now been agreed in order to strengthen current arrangements and to encourage tougher action on those unwilling to improve. Commissioners are now able to permanently suspend all care homes that have had three 'requires improvement' or 'inadequate' ratings over a two-year period. This suspension remains in place until the home returns to a 'good' rating, or until there are evidence sustained improvements.

7.2 Members questioned how implementation of this option aligned with the CQC schedule of inspection and any consequent action they might take. Commissioners advised the Panel that they work in close partnership with the CQC to ensure that homes are of the best quality, but often it can take time for resulting action to be enforced by the CQC. This option ensures that continual monitoring is in place at a local level for those homes which are consistently failing to meet required standards.

7.3 Discussion took place around the level of influence that the authority holds in order to be able to force improvement plan engagement on poorly performing providers. Although commissioners have a contractual right of entry to the home, a service can choose not to actively participate in quality improvements. Members were informed that a stream of officers, social workers and healthcare staff enter care homes regularly meaning that there is a variety of intelligence available regarding safety. Ultimately, commissioners do have the power to close the home, but the suspension option will allow residents to remain in a home whilst tangible improvements are made. It was also noted that it is a very small minority of homes that do not engage effectively in improvements.

7.4 The Panel asked whether better performing care homes help to improve the worst performing, in terms of peer support. As the homes are private enterprises, this hasn't historically been a provision that has been in place. However, recently a 'best practice' registered manager's network has been set up and has become the largest network nationally. An example of recent benefits of this support group includes the 'outstanding' rated Birkenhead Court sharing experiences with other homes of their move away from monitored dosage systems. Members speculated whether poorly performing services would participate in these kinds of networks and were informed that, although they are less likely to be involved, their attendance can be monitored.

7.5 Following a query regarding homes with Transfer to Assess beds, Members were informed that these intermediate beds could potentially be affected by any home suspensions. Depending on the arrangements at the care home, however, often T2A beds can be operated separately to ensure they are protected. Members were advised that there was a deliberate focus on keeping the new contractual

arrangements as broad as possible, so that care can be delivered according to need without limiting factors or contract restrictions.

7.6 The Panel were impressed with the work that had been carried out by the team, and adequately assured by the focus on improvement to quality of care. Members offered their thanks to officers for the continual effort given to raising standards and suggested that this great work should be promoted and celebrated more – this feedback was welcomed. Members will look to work closely with Healthwatch to arrange further 'Enter and View' visits to homes across the Borough.

## 8.0 REVIEW OF HEALTH AND CARE PROVIDERS

8.1 Jason Oxley, AD Health and Care Outcomes, provided an overview of the health and care service providers currently commissioned within the Borough. This was a follow up to a request by Members at a previous meeting of the Health and Care Performance Panel. Members were informed that there are currently just under 400 providers of health and care services in Wirral, with additional providers under the remit of Continuing Healthcare and Primary Care – some with larger contracts and some providing 'one-off' services. The comprehensive list was circulated to Members outside of the meeting.

## 9.0 SUMMARY OF ACTIONS

The following actions arose from the meeting;

- Members requested that they be provided with a copy of communication sent to care home providers regarding the updated proposals for compliance arrangements.
- Members requested that commissioners provide the Panel with a list of best and worst performing care homes in Wirral – to be circulated outside of the meeting.

## 10.0 FINANCIAL IMPLICATIONS

Not Applicable

## 11.0 LEGAL IMPLICATIONS

Not Applicable

## 12.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The delivery of the Panel work programme will be met from within existing resources.

## 13.0 RELEVANT RISKS

Not Applicable

## 14.0 ENGAGEMENT/CONSULTATION

Not Applicable

## 15.0 EQUALITY IMPLICATIONS

This report is for information to Members and there are no direct equality implications.

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**APPENDICES**

**BACKGROUND PAPERS**

**SUBJECT HISTORY (last 3 years)**

| Council Meeting | Date |
|---|---|
| **Adult Care and Health Overview & Scrutiny Committee** | **27th June 2018** |
| **Adult Care and Health Overview & Scrutiny Committee** | **27th November 2018** |
| **Adult Care and Health Overview & Scrutiny Committee** | **29th January 2019** |
| **Adult Care and Health Overview & Scrutiny Committee** | **19th March 2019** |

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WIRRAL

**Adult Care and Health Overview & Scrutiny Committee**
**Wednesday 26th June 2019**

| | |
|---|---|
| **REPORT TITLE:** | **Establishment of the Health and Care Performance Working Group 2019/20** |
| **REPORT OF:** | **Head of Intelligence (Scrutiny Team Manager) Business Services** |


**REPORT SUMMARY**

This report seeks approval to establish a Health and Care Performance Working Group for the municipal year 2019/20.


**RECOMMENDATION/S**

That the Committee:

(a) Agrees to establish a cross party Health and Care Performance Working Group for the current municipal year; and

(b) Appoints members to the Working Group, or agrees that nominations be confirmed by the Chair and Party Spokespersons of the Adult Care and Health Overview & Scrutiny Committee at the earliest available opportunity.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

The recommendations will ensure that Committee Members continue to fulfil their statutory health scrutiny role.

### 2.0 OTHER OPTIONS CONSIDERED

Not Applicable

### 3.0 BACKGROUND INFORMATION

3.1 A Health and Care Performance Panel was previously established in the 2018/19 municipal year as a sub-committee of the Adult Care and Health Performance Panel.

3.2 It is proposed that the Health and Care Performance Panel be re-established as a working group in 2019/20 in order to further examine, evaluate and monitor the performance of health and social care providers in Wirral.

### 4.0 PURPOSE AND FUNCTION

4.1 The Health and Care Performance Working Group will support the Adult Care and Health Overview & Scrutiny Committee by monitoring health and social care performance issues and themes across the Borough and beyond (as is considered appropriate).

4.2 The working group's work programme will primarily comprise of items that require detailed examination, either by means of pieces of work that are tasked to the working group through the Adult Care and Health Overview & Scrutiny Committee agenda setting meetings, or by the group's own discretion. Members of the working group have the authority to collectively propose any areas of interest relating to health and social care that they may wish to explore.

4.3 The working group shall report its findings and make recommendations to the Adult Care and Health Overview & Scrutiny Committee as it considers necessary and appropriate, by way of a written report presented by the Chair and/or Members of the Panel.

4.4 The working group shall also undertake such other work/tasks as are allocated to it by the Adult Care and Health Overview & Scrutiny Committee.

### 5.0 MEMBERSHIP

5.1 The working group shall consist of a cross-party group of seven elected Members drawn from the current membership of the Adult Care and Health Overview & Scrutiny Committee.

5.2 The Chair of the working group will be agreed by the group at its first meeting. The appointment of the Chair shall be for the duration of the 2019/20 municipal year, unless otherwise changed by the working group. The Chair will be responsible for reporting the working group's findings to the Adult Care and Health Overview & Scrutiny Committee.

5.3 In all cases, should a member of the working group be unable to attend a meeting, a deputy may attend in his/her place.

5.4 Other key members of, and contributors to the Panel will include representatives from:

- Wirral Clinical Commissioning Group (CCG)
- Department of Adult Social Services (DASS)
- Wirral Healthwatch
- Public Health

5.5 The working group will also engage appropriately with other partners across the Health & Social Care sector, and be supported by officers from the Council and Partner agencies as and when required.

## 6.0 REMIT OF THE WORKING GROUP

6.1 The Health and Care Performance working group will provide oversight, support and challenge to the activities of Wirral Council and its partners. In order to deliver this function, the group will:

- Scrutinise the draft Quality Accounts of health service providers; this will include reviewing evidence that priorities are being delivered and offering feedback to providers.
- Oversee CQC Ratings across Wirral and determine the need for follow up enquiries and actions.
- Examine quality framework and performance measures for the health sector in Wirral.
- Scrutinise the general performance of NHS Providers, escalating issues to the Adult Care and Health Overview & Scrutiny Committee as appropriate.
- Establish an effective flow of information and identify health service indicators alongside other bodies, such as Wirral Healthwatch and Wirral CCG.
- Review the performance of social care providers as appropriate.
- Report to the Adult Care and Health Overview & Scrutiny Committee following each meeting in order to inform the Committee of key issues, discussions and relevant recommendations.

## 7.0 FREQUENCY OF MEETINGS

7.1 Working group meetings will take place approximately every 8 weeks. Additional meetings may be scheduled as and when required by the working group.

## 8.0 FINANCIAL IMPLICATIONS

Not Applicable

## 9.0 LEGAL IMPLICATIONS

Not Applicable

## 10.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The delivery of the Health and Care Performance working group work programme will be met from within existing resources.

## 11.0 RELEVANT RISKS

Not Applicable

## 12.0 ENGAGEMENT/CONSULTATION

Not Applicable

## 13.0 EQUALITY IMPLICATIONS

This report is for information to Members and there are no direct equality implications.

**REPORT AUTHOR:** **Alexandra Davidson**
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## APPENDICES

## BACKGROUND PAPERS

## SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|---|---|
| | |

WIRRAL

## Adult Care and Health Overview and Scrutiny Committee
## Wednesday 26th June 2019

| | |
|---|---|
| **REPORT TITLE:** | **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT** |
| **REPORT OF:** | **HEAD OF INTELLIGENCE (SCRUTINY TEAM MANAGER) BUSINESS SERVICES** |

### REPORT SUMMARY

The Adult Care and Health Overview & Scrutiny Committee, in co-operation with the other three Overview & Scrutiny Committees, is responsible for proposing and delivering an annual scrutiny work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of scrutiny reviews, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. Some initial ideas for a work programme are attached as an appendix to this report, based on issues which were of interest to members of the Adult Care and Health Overview & Scrutiny Committee in the municipal year 2018/19.

### RECOMMENDATION/S

Members are requested to:

1. Approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2019/20, making any required amendments.

2. Support a proposal for a dedicated work programme planning session to be convened for the Chair, Vice-Chair and Party Spokespersons to give further detailed consideration to the Committee's work programme prior to the next scheduled Committee meeting in September.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

To ensure members of the Adult Care and Health Overview & Scrutiny Committee have the opportunity to contribute to the delivery of the annual work programme.

### 2.0 OTHER OPTIONS CONSIDERED

Not Applicable

### 3.0 BACKGROUND INFORMATION

### 3.1 THE SCRUTINY WORK PROGRAMME AND THE WIRRAL PLAN

The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Wirral Plan pledges
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Cabinet / Council

The specific Wirral Plan pledges and associated strategies of particular relevance to the Adult Care and Health Overview & Scrutiny Committee are:

| Pledge | Strategies |
|---|---|
| Older People Live Well | Ageing Well in Wirral https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Ageing%20Well%20Strategy.pdf |
| People with Disabilities Live Independently | All age disability strategy: People with disabilities live independently https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/All%20Age%20Disability%20Strategy.pdf |
| Zero Tolerance to Domestic Violence | Zero tolerance to domestic abuse https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Domestic%20Abuse%20%20Strategy.pdf |

In addition, members of the Adult Care and Health Overview & Scrutiny Committee will also want to consider how best to undertake their health scrutiny role.

## 3.2 PRINCIPLES FOR PRIORITISATION

Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. Members may find the following criteria helpful in providing a guideline towards ensuring that the most significant topics are prioritised:

| **Principles for Prioritisation** | |
|---|---|
| Wirral Plan | Does the topic have a direct link with one of the 2020 pledges? |
| | Will the review lead to improved outcomes for Wirral residents? |
| Public Interest | Does the topic have particular importance for Wirral Residents? |
| Transformation | Will the review support the transformation of the Council? |
| Financial Significance | Is the subject matter an area of significant spend or potential saving? |
| | Will the review support the Council in achieving its savings targets? |
| Timeliness / Effectiveness | Is this the most appropriate time for this topic to be scrutinised? |
| | Will the review be a good use of Council resources? |

By assessing prospective topics using these criteria, the Committee can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

## 3.3 DELIVERING THE WORK PROGRAMME

It is anticipated that the work programme will be delivered through a combination of:

- Scrutiny reviews undertaken by task & finish groups
- Evidence days and workshops
- Committee reports provided by officers
- Standing committee agenda items, for example, performance monitoring and financial monitoring
- Spotlight sessions
- Standing panels or working groups (where deemed necessary)

As some of the selected topics may well cut across the Wirral Plan themes, it is anticipated that some of the scrutiny topics may be of interest to members of more than one committee. In these circumstances, opportunities for members of more than one committee to work jointly on an item of scrutiny work will be explored.

Regular work programme update reports will provide the Committee with an opportunity to plan and regularly review its work across the municipal year.

## 3.4 SCRUTINY WORK PROGRAMME ITEMS

## 3.5 Update on Completed Scrutiny Work Programme Items

The following work programme items have recently been concluded. Members may wish to note the following in particular:

Quality Accounts
Providers of NHS healthcare services in England are required to publish an annual Quality Account, which provides information on performance across the year and identifies priorities for future improvement. The Adult Care and Health Overview & Scrutiny Committee established a task & finish group in May 2019 in order to review the draft Quality Accounts and were given the chance to formally respond to the reports of the following NHS Trusts:

- Wirral Community NHS Foundation Trust;
- Cheshire & Wirral Partnership NHS Foundation Trust;
- Clatterbridge Cancer Centre NHS Foundation Trust;
- Wirral University Teaching Hospital NHS Foundation Trust;

It is expected that the Committee's formal responses will be included in the final versions of each Trust's Quality Account for 2018/19.

Health and Care Performance Panel
In 2018/19, the Health and Care Performance Panel was established in order to examine, evaluate and monitor health and social care performance issues and themes across the Borough. Over the course of the year, Members of the Panel looked in detail at a number of issues including; Wirral NHS Trust improvement plans, compliance and quality within the care sector, infection control and domiciliary care.

## 3.6 Forthcoming Activities

NHS Long Term Plan Workshop
It is proposed that Wirral Health and Care Commissioning lead a workshop session for Members to provide a detailed overview of the Healthy Wirral response to the recently published NHS Long Term Plan. The session will focus on the development of the Healthy Wirral 5 year system plan, and provide an opportunity for Members to engage with commissioners. It is suggested that this workshop take place later in the municipal year.

Reality Check Visits
Following a successful Member visit to the Pensby Wood Day Centre in the last municipal year, it was suggested that Members of the Adult Care and Health Overview & Scrutiny Committee may find value in visiting other local services, such as Seacombe Birthing Centre and Arrowe Park Hospital. It is proposed that these visits are co-ordinated by Healthwatch, with training for interested Members planned for later in the municipal year.

**3.7 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME**

In line with the remit of the Committee and the principles for prioritisation, as described above, Members are requested to suggest possible topics for inclusion in the work programme. Committee Members should also consider how best to further develop the work programme in advance of the next scheduled Committee meeting in September. This could be achieved by Committee providing delegated authority to the Chair and Party Spokespersons to provide further detailed input to the work programme's development.

**4.0 FINANCIAL IMPLICATIONS**

Not Applicable

**5.0 LEGAL IMPLICATIONS**

Not Applicable

**6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

The delivery of the scrutiny work programme will be met from within existing resources.

**7.0 RELEVANT RISKS**

Not Applicable

**8.0 ENGAGEMENT/CONSULTATION**

Not Applicable

**9.0 EQUALITY IMPLICATIONS**

This report is for information to Members and there are no direct equality implications.

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**APPENDICES**

**Appendix 1:** Adult Care and Health Overview & Scrutiny Committee – Work Programme

**BACKGROUND PAPERS**

**SUBJECT HISTORY (last 3 years)**

| Council Meeting | Date |
|---|---|
| | |

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**ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE**
**WORK PROGRAMME**

**PROPOSED AGENDA ITEMS – Wednesday 26th June 2019**

| Item | Format | Officer |
|---|---|---|
| Minutes from Adult Care & Health OSC (19th March) | Minutes | |
| Wirral University Teaching Hospital CQC Inspection Update | Verbal Update | Paul Moore (WUTH) |
| Financial Monitoring - 2018/19 Q4 | Report | Mathew Gotts |
| Wirral Evolutions Annual Update | Report | Jean Stephens/ Mike Naden (Wirral Evolutions) |
| NHS 111 Offer | Report | Jacqui Evans |
| Urgent Care Review – Outcomes Overview | Report | Jacqui Evans |
| Phlebotomy Service Update | Report | Simon Banks (Wirral CCG) |
| Performance Monitoring – 2018/19 Q4 | Report | Graham Hodkinson |
| Report of the Health and Care Performance Panel | Report | Report of the Chair of the HCPP |
| Establishment of the Health and Care Performance Working Group | Report | Report of the Chair |
| Adult Care and Health Overview & Scrutiny Work Programme Update | Report | Report of the Chair |
| Deadline for reports to be with Committee Services: Tuesday 4th June 2019 | | |

**ADDITIONAL FUTURE AGENDA ITEMS TO BE SCHEDULED**

| Item | Format | Approximate timescale | Lead Departmental Officer |
|---|---|---|---|
| Domestic Abuse Reporting | To be agreed | To be agreed | Mark Camborne |
| Care Home Scrutiny Review – Follow Up | Report | To be agreed | Lorna Quigley |
| North West Ambulance Service – Forward Plan | Report | To be agreed | Madeline Edgar (NWAS) |

**WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE**

| Item | Format | Timescale | Officer | Progress / Comments |
|---|---|---|---|---|
| Spotlight sessions / workshops | | | | |
| The NHS Long Term Plan | Workshop | To be agreed | Graham Hodkinson/Simon Banks | |
| Joint Scrutiny with Cheshire West and Chester – Urgent Care Review | Committee meeting | To be agreed | Jacqui Evans/Simon Banks | |
| Pooled Fund Arrangements 2020/21 | To be agreed | October 2019 | Graham Hodkinson | Joint workshop with Children & Families OSC |
| Urgent Care - Housing & Population Growth | Spotlight Session | To be agreed | Mike Chantler (Wirral CCG) | |
| All Age Disability – Experience of young people moving into adulthood | Scrutiny Review | To be agreed | Lorna Quigley | |
| Quality Accounts 2019/20 | Scrutiny Review | May 2020 | | |
| Corporate scrutiny / Other | | | | |
| Member Visit – Arrowe Park Hospital (WUTH) | Member Visit | 2019/20 | Janelle Holmes (WUTH) | Co-ordinated through Healthwatch Wirral |
| Member Visit – Seacombe Birthing Centre (WUTH) | Member Visit | 2019/20 | Janelle Holmes (WUTH) | Co-ordinated through Healthwatch Wirral |
| Member Visit – Extra Care Housing | Member Visit | 2019/20 | Simon Garner | |
| Transformation Programme | To be agreed | As and when | Tim Games | |
| Clinical Senate Reporting | Report | As and when | Caroline Baines (NWCS) | |