



Adult Care and Health Overview and Scrutiny Committee

Date:	Wednesday, 24 July 2019
Time:	5.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**
3. **URGENT CARE TRANSFORMATION (Pages 1 - 50)**

The Adult Care and Health Overview and Scrutiny Committee's views are requested.

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SPECIAL MEETING OF THE ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

24 JULY 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 with regards to the outcome of the NHS Wirral CCG Governing Body decision which was taken at the Joint Strategic Commissioning Board in public on Tuesday 9th July 2019.

NHS Wirral CCG Governing Body approved the recommendation as follows:

1. Implementation of a 24-hour Urgent Treatment Centre at the Arrowe Park Hospital Site

- 1.1. The placement of the Urgent Treatment Centre at the Arrowe Park Hospital site was previously approved in public at the NHS Wirral CCG Governing Body on the 6th February 2018.

2. All-age walk in access in each community hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 2 hours from current provision
- South Wirral – Eastham Clinic (12pm-8pm) no change from current provision
- West Wirral – UTC at the Arrowe Park site (24-hours) increase of 10 hours from current provision

Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit to be replaced by additional GP/Nurse appointments as part of the GP extended access scheme. This will be further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

This report is to inform members of the decision taken by NHS Wirral CCG Governing Body, to support their scrutiny role and function.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

- To note the contents of the report to inform scrutiny function

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

NHS Wirral CCG Governing Body undertook a consultation and engagement exercise to determine final recommendations to improve urgent care services in Wirral, including the introduction of an Urgent Treatment Centre (UTC). The paper outlines the decision making process and final approved model of care.

2.0 OTHER OPTIONS CONSIDERED

These are outlined in the report and detailed in appendix 1

3.0 BACKGROUND INFORMATION

- 3.1. A 'Case for Change' document was developed by commissioners in 2018 and this was published at the commencement of a pre consultation 'Listening Exercise' in February 2018. The Listening Exercise was an opportunity to talk to service users, stakeholders and staff about current services and this quantified the early scoping work undertaken by commissioners.
- 3.2. Options modelling and preparatory work for a formal consultation commenced in April 2018, this proceeded through the NHS England Service Change Assurance Process.
- 3.3. The mandated requirement for an UTC was considered by the NHS Wirral Governing Body in February 2018 and having reviewed the evidence and rationale, the intent to locate the UTC at Arrowe Park site adjacent to Accident and Emergency (A&E), creating a single front door, was approved. This decision was central to the development of the final options for consultation.
- 3.4. The final options for consultation proposed either a 24-hour or 15- hour UTC supported by the provision of urgent access to GP/nurse appointments within local areas along with a dressings (wound care) service and a retained walk in facility for children. The proposals included the replacing of adult walk in facilities across five locations in Wirral with the provision of same day urgent GP/Nurse appointments meaning that people would still be able to access urgent health care close to home. The proposal also included the retention of the existing Walk-in facility located at the Arrowe Park site which would be developed into the UTC.

- 3.5. Throughout the formal consultation process, commissioners have ensured that due process has been adhered to in line with both our internal commissioning requirements and the statutory public duties relating to consultation and engagement.
- 3.6. Consultation commenced on 12th September 2018 and concluded on 20th December 2018. This included an extensive range of engagement activity across Wirral with both the public and stakeholders. Sylvia Cheater, Lay Member for Patient and Public Engagement commented:
- 3.7. “I commend the CCG Senior Teams and Communications Team who did what I think was an excellent consultation over a long period of time and important to note how many people did respond and that is because people feel passionately about the local NHS and indeed the national NHS and I think it is fantastic that people respond as indifference is the enemy of democracy”.
- 3.8. “The option being put forward is based on data of the services used by the different sections of the population in different parts of Wirral. Clinical input has been huge. Need to rely on clinicians as they are at the forefront dealing with unhappy residents where they haven’t got the services they want, when they want it”.
- 3.9. Statutory scrutiny requirements were met by attendance at a joint scrutiny committee of Wirral Council and Cheshire West and Chester Council on 11th December 2018. In addition to this we also attended a special meeting of the Wirral Adult Care and Health Overview and Scrutiny Committee on 12th November, 2018.
- 3.10. The Clinical Senate for Greater Manchester, Lancashire and South Cumbria visited Wirral during the consultation period to provide an independent clinical view of the proposals. Members of the senate visited urgent care locations and spoke with staff about services and their views on the current urgent care system as well as the proposed new model of care. The resulting recommendations have been considered as part of the post consultation analysis.
- 3.11. The consultation attracted a significant amount of campaigning activity, centred specifically in the Wallasey, Birkenhead North and Eastham areas.
- 3.12. An independent analysis of the consultation commenced in early 2019 and this identified key feedback:

- 3.13. Respondents most favoured the option of having a 24-hour UTC rather than 15-hours
- 3.14. Significant amount of opposition to the proposals, especially in relation to the proposed changes to adult walk in facilities across Wirral. The public voice was particularly strong around the location of these facilities with a focus on Wallasey (Victoria Central Hospital), South Wirral (Eastham Clinic) and the Birkenhead locality.
- 3.15. A number of alternative proposals were also submitted during the consultation period which received due consideration and assessment.
- 3.16. After consideration of all the available evidence, a final recommendation was developed which considered public and stakeholder feedback but also minimised the risk of over provision across the local urgent care system.

4. FINANCIAL IMPLICATIONS

The 2018/19 contractual values for each commissioned area within the scope of the review was identified as £4.2m. The redesigned Urgent Care proposal will also cost £4.2m and is broken down as follows:

Summary of costs	£
Urgent Treatment Centre	2,176,986
Community offer	1,608,001
Re-design costs	412,891
Total	4,197,878

The UTC costs were based on the model determined to deliver the capacity required i.e. those patients currently attending the Arrowe Park Walk-in Centre, plus the patients attending A&E with minor illnesses and ailments. An additional 6% has been built into the capacity of the UTC appointments to manage increasing population numbers.

The Community offer has been calculated similarly by determining current and expected demand and using the actual provider costs.

5. LEGAL IMPLICATIONS

The consultation has been undertaken in accordance with NHS Wirral CCG's statutory duties for public and patient engagement.

6. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Capital, estate and workforce requirements resulting from the decision to implement the recommended model of care are being fully considered and worked through with system stakeholders as we develop the detailed clinical model. Any impacts for workforce changes will be minimised.

7. RELEVANT RISKS

A full implementation plan with supporting communication and engagement strategy will be developed with key stakeholders, to mitigate any risks associated with changes to service provision. A phased approach will be adopted.

8. ENGAGEMENT/CONSULTATION

A 12 week consultation and engagement process was completed. The findings have previously been shared. Final recommendations resulting from this process are detailed in the report.

9. EQUALITY IMPLICATIONS

A full Equality and Quality Impact Assessment has been undertaken and fully considered as part of the process and are available in Appendix 2.

1. INTRODUCTION

- 1.1. The transformation of Urgent Care in Wirral has been a priority for commissioners for some time and following preparatory work a formal transformation programme was commenced in 2016.
- 1.2. This programme sought to ensure that any review of the Wirral Urgent Care system met the needs of patients now and in the future, provided excellence in clinical quality and was able to meet the NHS constitutional standards through sustainable services.
- 1.3. Most urgent cases are dealt with on the same day through appointments that are provided during standard opening times of GP practices and pharmacies in Wirral. This review did not include these services
- 1.4. The scope for the review included the urgent care services known as Walk in Centres (WIC) and MIUs.
- 1.5. Whilst these venues are locally valued and recognised by communities, they do not provide consistency in service provision with differing names and opening hours and as a result many patients default to using the Accident and Emergency (A&E) Department at Arrowe Park Hospital.
- 1.6. NHS England, having commenced a national programme to transform urgent care services, published requirements for the introduction of new mandated UTC across England in 2017. This is in addition to wider improvements to urgent care services including NHS 111 and the further expansion and provision of additional appointments with GP practices outside of normal opening hours.
- 1.7. During the consultation period there was strong opposition with regard to the proposed changes to the current walk-in facilities. Therefore, the decision made is responsive to the feedback received and demonstrates willingness by commissioners to listen and reflect the views of the public.
- 1.8. The NHS Wirral CCG Governing Body took the decision in public at the Joint Strategic Commissioning Board on Tuesday 9th July 2019 to approve the recommended model of care as follows:

A) Implementation of a 24-hour Urgent Treatment Centre at the Arrowe Park Hospital Site

B) All-age walk in access in each Community Hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 2 hours from current provision
- South Wirral – Eastham Clinic (12pm-8pm) no change from current provision
- West Wirral – UTC at the Arrowe Park site (24-hours) increase of 10 hours from current provision

C) Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit (MIU) to be replaced by additional GP/Nurse appointments as part of the GP extended access scheme.

1.9. This will be further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

1.10. The rationale for this decision is as follows:

1.11. The demand for Gladstone MIU (75 patients/ week) can be met by extended access appointments provided within the immediate locality (82/week)

1.12. We are confident that the provision of extended access appointments will provide more than the current demand for appointments at Gladstone MIU within the New Ferry, Rock Ferry and Tranmere areas.

1.13. Dr Simon Delaney commented:

“As a GP in New Ferry, I am aware of the poverty and problems the population face so anything that can improve the health outcomes of the population you need to have a look at quite closely. I find it reassuring that there are more GP appointments which outweigh the reduction in the walk-in centre appointments leading to better outcomes for the population of New Ferry, Rock Ferry and Tranmere”

1.14. The demand on Moreton MIU (90 patients/week – of which 41 are dressings) can be met by a combination of extended access appointments within immediate locality (64 /week) and planned dressings appointments. We are working with the newly established Primary Care Networks to develop a specific planned/bookable dressing service within the West Wirral/Moreton area to manage the high demand for dressings (46%) and therefor ensure continuity of service for residents.

1.15. Residents will also be able to access retained walk in facilities at the following locations:

- Eastham Clinic
- Victoria Central Hospital
- Miriam Medical Centre

1.16. The extended GP access appointments will enhance the level of service available to patients. GPs will have full access to patient records, reducing the need for duplication and potentially improving overall health outcomes. Dr Simon Delaney commented:

1.17. “They (patients) are seeing GPs rather than nurses who usually staff walk-in centres and GPs have full access to their health records whereas walk-in centres have quite limited access therefore should lead to better outcomes.”

1.18. The tables below demonstrate the travel and distance times from the locality of Moreton and Gladstone (formerly Parkfield) Minor Injury/Illness Units to alternative urgent care facilities across Wirral:

Moreton Minor Injury/Illness Unit

Proposed Alternative Service	Distance (driving)from Moreton	Distance (public transport)
Urgent Treatment Centre, Arrowe Park Hospital	6 Minutes	21 minute bus journey
Birkenhead Medical Centre	7 Minutes	16 minute bus journey
Victoria Central Hospital	9 Minutes	29 minute bus journey
Eastham Clinic	14 Minutes	1 hour 6 minute bus journey

Gladstone (formerly Parkfield) Minor Injury/Illness Unit

Proposed Alternative Service	Distance (driving) from Gladstone	Distance (public transport)
Eastham Clinic	9 Minutes	17 Minute bus journey
Victoria Central Hospital	12 Minutes	40 Minute bus journey
Urgent Treatment Centre, Arrowe Park Hospital	12 Minutes	45 Minute bus journey
Birkenhead Medical Centre	9 Minutes	38 Minute bus journey

- 1.19. The average number of appointments per day for Gladstone MIU is 14 per day over the 4 hour daily opening period, seeing an average of 3-4 people per hour. This does not vary significantly per opening days of the week nor throughout the months of the year showing a relatively consistent level.
- 1.20. The average number of appointments per day for Moreton MIU is 18 per day, seeing an average of 2-3 people per hour. This does not vary significantly per opening days of the week nor throughout the months of the year showing a relatively consistent level.
- 1.21. When looking at the reason for attendance at Gladstone (formerly Parkfield) MIU, we are confident that the GP extended access appointments will be sufficient to deal with these cases. The table below illustrate the reasons people currently attend these services:

Parkfield-Top 10 treatment categories	Activity	Percentage
Sore Throat/Cough	619	16%
Skin Problems/Infections/Rash	545	15%
Redressing/ROS	342	9%
Ear Pain/Infection	314	8%
Urinary tract infection	284	8%
Chest Infection	257	7%
Infection/Generally unwell	224	6%
Limb Problems	179	5%
Eye problems	122	3%
Cuts/Graze/Laceration	100	3%
Total	2,985	80%

- 1.22. When looking at the reasons for attendance at Moreton MIU, 44% attendances were for dressings/wound care. This is reflective in the final approved model of care which outlines a specific dressing and wound care service in the Moreton area to meet the local demand.

The table below illustrates the reasons people currently attend these services:

Moreton Health Centre-Top 10 treatment categories	Activity	Percentage
Wound Check/Dressings	1,959	44%
Sore throat/ Cough	566	13%
Skin Problems/Infection/Rash	460	10%
Urinary tract infection	351	8%
Ear Pain/Infection	256	6%
Advice/ Generally unwell/ Minor Illness	180	4%
Chest Infection	110	2%
Bites/Stings	96	2%
Limb Problems	82	2%
Unprotected Sexual Intercourse	25	1%
Total	4,085	92%

- 1.23. In addition to GP extended access appointments, we have also considered the use of local pharmacies within the Moreton and Gladstone areas to treat minor ailments. There are 4 pharmacies within 1 mile of the location of Moreton MIU and there are 5 within 1 mile of Gladstone MIU.
- 1.24. In reaching the decision for the above recommendations, full Quality and Equality impact assessments have been completed which provide full details of our considerations and mitigations – see appendix 2.
- 1.25. Data shows that patients using the MIUs in Moreton and Gladstone (formerly Parkfield) were attending mainly because they could not get a GP appointment with a large proportion requiring dressings. The extended access GP appointments and a specific dressing service in the Moreton area will mean that people in these areas will still have the ability to access they type of urgent care they need locally to them.

2. KEY CONSIDERATIONS

Options Development

- 2.1. The options process undertaken during the consultation was outlined in our Case for Change which has previously been provided to the Overview and Scrutiny Committee as well as being available in the public domain during the consultation.

Peer Review

- 2.2. Our consultation process (including our options modelling) was subject to the NHS England Service Change Assurance Process as well as the Greater Manchester, Lancashire and South Cumbria Clinical Senate who undertook a full review of our consultation and process during the consultation period.
- 2.3. The Service Change Assurance Process is a regional, strategic assurance process which seeks to ensure any new proposals for change are tested through independent review and assurance by NHS England.
- 2.4. All service change should be assured against four tests:
 - Strong public and patient engagement.
 - Consistency with current and prospective need for patient choice.
 - A clear, clinical evidence base.
 - Support for proposals from clinical commissioners.
- 2.5. Prior to public consultation NHS England were assured that the proposals for service change met the above guidance and we received regional approval to proceed with the consultation.
- 2.6. For a further breakdown of our options including our shortlist, please refer to Appendix 1 Options Shortlist.

Transport Implications

- 2.7. NHS Wirral CCG recognises the importance of public transport and its role in ensuring that people can access locally commissioned health services. Throughout the Urgent Care Transformation programme we have sought to understand and mitigate for any identified transport issues and have worked in partnership with Wirral Council and Merseytravel in this regard. Our new model of urgent care approved at the NHS Wirral CCG Governing Body ensures that retained walk in facilities will mean that there is very limited impact from a transport perspective.
- 2.8. For those facilities that are being replaced by GP Extended Access appointments, we believe there is sufficient provision in these local areas to minimise the need for any additional travelling for patients. However, patients may choose to attend a different location or attend the Urgent Treatment Centre.
- 2.9. As an NHS commissioning organisation we are limited to the extent to which we can influence local public transport which is commissioned by Wirral Council and Merseytravel and provided by private commercial operators.

However, this report demonstrates that we have been mindful of and responsive to the transport implications of our proposals and subsequent decision. Dr Simon Delaney commented:

- 2.10. “Whilst transport is clearly a concern you would expect the patient to live closer to their GP than the walk-in centre which are in the local community which might be some distance away from where the patient lives”.
- 2.11. It is also important to note that whilst we will be continuing to consider transport implications, we are not anticipating a significant increase in activity up to the Arrowse Park site. It is our intention that the majority of patients previously seen in the community will continue to do so via either the remaining walk in facilities, planned dressings clinics or extended access appointments. Patients attending the UTC overnight are likely to have been seen previously on site by either GP Out of Hours or A&E.

Consultation Feedback

- 2.12. Commissioners have listened to feedback throughout the consultation period; in particular the consultation questionnaire and 8 petitions received. There were 1965 respondents to the survey with 98% identifying themselves as residents of Wirral. 45,095 residents signed petitions. The subjects of the petitions and their totals are shown below in table 1:

Table 1 – Urgent Care Review Petitions

Petition Subject	Total Respondents
Urgent Care Consultation: Closure of Minor Injury-Illness Services	23,092
Request for Wirral CCG to immediately withdraw the proposal to reduce Wirral's NHS walk in facilities and Minor Injuries and Illness Units.	5606
Withdraw the proposal to reduce Wirral's NHS walk in facilities and minor injuries/ illness units	941
Residents deeply concerned about the forthcoming closure of Miriam Minor Injury and Illness Service	7928
Save our Wirral Walk in Centres	1866
Enhance our South Wirral NHS Walk in Centre	1016
Save our Walk in Centres – no closures	1862
Campaign to save Mill Lane (VCH) Walk in Centre	2784

- 2.13. Our original proposals recommended the replacement of 5 adult walk in facilities, instead offering more same day GP appointments in addition to the UTC.

- 2.14. We have listened to this feedback and been responsive as a Strategic Commissioner and as a result of this, our proposals and the subsequent decision by the NHS Wirral CCG Governing Body, are reflective of the feedback received.
- 2.15. The placement of the UTC at the Arrowe Park Hospital site was approved in public at the NHS Wirral CCG Governing Body in February 2018
- 2.16. The UTC at the Arrowe Park site will provide:
- a higher and more consistent level of clinical service than the existing Walk in Centres and Minor Injury/Illness Units
 - GP led service which is under the clinical leadership of a GP
 - improved access to diagnostic tests (MRI, CT) and emergency interventions if required following significant deterioration

Dr Simon Delaney, Medical Director - NHS Wirral CCG, commented that:

“The Urgent Treatment Centre does give the people of Wirral an enhanced offer”

- 2.17. Having an Urgent Treatment Centre 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. Sylvia Cheater, Lay Member for Patient and Public Engagement commented:

“Opening an Urgent Treatment Centre that will be open 24 hours a day is a huge improvement for all Wirral residents and the data would support that it will reduce some of the pressure on Accident and Emergency Services”.

- 2.18. For the full breakdown and clinical rationale behind this decision please refer to Appendix 3 Urgent Treatment Centre Clinical Rationale and Discounted Options.

Community Urgent Care Provision

- 2.19. We remain focused on fulfilling the principle of local and accessible care. In addition to the UTC, we also propose to have same day access to GP and Nurse appointments within localities as well as a dressing and wound care service to meet local demand within a specific geographic footprint. This decision is acknowledged by clinicians as something that needs to happen. Dr Laxman Ariaraj, GP Lead Planned Care - Wirral CCG, commented:

“By adding the GP appointments in the first place who are able to arrange diagnose and able to prescribe this is an enhancement”.

2.20. By providing same day access to a GP or Nurse appointment locally, we are hoping to limit the amount of people who would need to travel to the UTC. A key part of our consultation and subsequent modelling work has focused on inclusivity and ensuring the health needs of particularly vulnerable or disadvantaged communities have been met and as such the approved model of care outlines an increased provision of all age walk in access in the most deprived areas.

2.21. To address the issues of deprivation across Wirral , the approved model of care includes:

- Extending the hours of operation for all ages access provision within the Birkenhead area (8am – 8pm which is an increase of 2 hours from the existing provision). This is based on activity data analysis and reflects the local demand.
- Retaining all age walk in access in Victoria Central Hospital in Wallasey to address the public voice that this facility is valued as an urgent care location and very much part of the local community.
- The 24 hour Urgent Treatment Centre at the Arrowe Park Hospital site supports the higher level of frailty in the West Wirral locality who are more likely to attend the Arrowe Park site.

2.22. The recommendation to standardise Urgent Care community hours of access to 12 hours per day for the Birkenhead Medical Building and Victoria Central Hospital has been based on:

- Birkenhead and Wallasey constituencies having a similar patient population level in each constituency- 96,000- 97,000
- Birkenhead and Wallasey patients having a similar level of use of combined minor Accident and Emergency, Walk in Centre and Minor Injury and Illness use- 40,000 per year each.

2.23. Additional considerations have been:

- Patients from Birkenhead constituency have the highest level of use for minor Accident and Emergency activity.
- Birkenhead constituency having a higher rate of smaller areas classified within the 1% most deprived areas in England. With 8 of these within Birkenhead Constituency and 2 within Wallasey constituency. (As per the Indices of deprivation 2015 review)

- 2.24. The provision of extended access GP appointments will mean that people who may be isolated due to age, frailty or geography will not have to travel long distances to received urgent health care.
- 2.25. We are further exploring digital advancements to bring technology and healthcare together to reach those patients in remote areas or for those that are frail and would benefit from these advancements with the relevant support available to enable use.

Aligning to Place Based Care and Neighbourhoods

- 2.26. Over the past year, the initial focus of work for the developing neighbourhoods was addressing the health and care needs of frail individuals. This has had a positive impact on their lives, reducing hospital admissions and exacerbations of their clinical conditions
- 2.27. The provision of extended access appointments will mean that people can receive urgent health and care in their local communities. As advised to the members of the Wirral and Cheshire West and Chester Joint Health Scrutiny Committee on 1st July 2019, it is our intention to take a multi-disciplinary approach to the delivery of extended access appointments by utilising the wider workforce such as nurses and other health care professionals.

Workforce and GP Capacity

- 2.28. The evolving role of the 'Physician's Assistant' is a new role in collaboration with Wirral University Teaching Hospital Foundation Trust (WUTH) and as it evolves will act in much the same way as an Allied Health Professional, supporting doctors and nurses in the delivery of care for the residents of Wirral.
- 2.29. As advised at the Joint Scrutiny Committee, Wirral are not facing the same GP recruitment and retention issues as many other areas. We have a major teaching hospital (WUTH) and many training GP practices. This means that we are able to recruit, train and retain GPs and other healthcare professionals.
- 2.30. One of the benefits of being an integrated commissioner (Wirral Health and Care Commissioning) is the ability to consider all aspects of health and care planning and part of this is engaging with housing colleagues at Wirral Borough Council to ensure we are appropriately exploring and addressing key issues surrounding new housing developments and the impact this may have on future demand.

- 2.31. We are also reviewing the wider delivery of urgent health and care. A key element of this is the GP Out of Hours service and how the future provision of this is delivered in conjunction with the overall urgent care provision.
- 2.32. We have engaged with the Wirral and Joint Scrutiny Committees throughout the review process both pre-consultation and during the consultation itself to keep committees updated of any key issues.

Community Locations

2.33. A key part of the consultation was to obtain feedback from the Wirral public on what was important to them concerning the location of community urgent care provision. We asked the public what the most important factors were when considering the locations of future urgent care and following this feedback, commissioners were responsive in their proposal (and subsequent approved model) to site local urgent care facilities in the following locations:

- Wallasey – Victoria Central Hospital
- Birkenhead – Birkenhead Medical Centre
- South Wirral – Eastham Clinic
- West Wirral – UTC at the Arrowe Park site

3. DECISION MAKING

- 3.1. Our final recommendation was presented to the Governing Body of the NHS Wirral CCG on 9th July 2019, as part of the Joint Strategic Commissioning Board meeting. This meeting was held in public at Birkenhead Town Hall. The papers for this meeting have been available on the NHS Wirral CCG and Wirral Council websites from the 28th June 2019.
- 3.2. Following the decision to approve our recommended model of care and our attendance at this Overview and Scrutiny Committee (Wirral), the decision will be further scrutinised at the Joint Adult Care and Health Overview and Scrutiny Committee (Wirral, Cheshire West and Chester) at a date to be agreed. Here we will outline the nature of the decision made.
- 3.3. Post decision we are developing a robust implementation and mobilisation plan which will include timeframes for any changes in service. In addition to this we will also be developing a communications and engagement strategy which will address how we will be engaging with the public in a clear and straightforward way regarding these changes and what it means for them.

- 3.4. There will then be a further joint scrutiny session in July which will include the full rationale for the final decision, the considerations made by the NHS Wirral CCG Governing Body.
- 3.5. A full implementation plan with a supporting communication and engagement strategy will be developed with key stakeholders to mitigate any risks associated with changes to service provision.
- 3.6. A phased approach will be adopted, planning to commence in 2020 to ensure all issues and concerns are fully mitigated, allowing commissioners to closely monitor the implementation of service changes.
- 3.7. No decision will commence implementation until the scrutiny process has been completed in full.
- 3.8. Members of the committee are asked to consider the contents of this report, as part of the scrutiny process

APPENDIX

1. Options Shortlist
2. Equality Impact Assessments
3. Urgent Treatment Centre Clinical Rationale and Discounted Options

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Special Meeting, Adult Care and Health Overview and Scrutiny Committee	Monday, 12th November, 2018
Wirral and Cheshire West and Chester Joint Health Scrutiny Committee	Tuesday 11th December, 2018
Adult Care and Health Overview and Scrutiny Committee	Wednesday 26th June, 2019
Wirral and Cheshire West and Chester Joint Health Scrutiny Committee	Monday 1st July, 2019

Options	UTC Hrs	Detailed options	Score	Positives	Negatives
Option 1 - CCG	24hrs	24hr UTC supporting A&E. 4 constituency based sites. Open 8 hours. Available for planned dressing appointments. And walk in services for 0-19 year olds.	4.8	24hr offer provides continuity for A&E service. Equal access for each area.	Reduced hours in areas of higher deprivation. B'head/Wallasey
Option 2 - CCG	15hrs	15hr UTC supporting A&E. 4 constituency based sites. Open 12 hours. Available for planned dressing appointments. And walk in services for 0-19 year olds.	4.5	Equal access for each area. Greater community provision in areas of deprivation.	Would not have 24hr support for A&E department.
Option 3 - GPW FED	15hrs	15 hr UTC supporting A&E. 4 constituency based sites open 10 hours. Providing walk in services. 5 x 2hr dressings clinics (Moreton, Parkfield, Heswall, St Cath's, & N. Wallasey)	4.35	Equal access for each area. Greater community provision in areas of deprivation.	Would not have 24hr support for A&E department. 10 hour offer rather than 12 hour offer in areas of greater deprivation.
Option 4 - GPW FED	15hrs	15hr UTC supporting A&E. 5 constituency based sites (2 in Birkenhead & 3 in other constituencies) open 8 hours each. Providing all age walk in services. 5 x 2hr dressings clinics (Moreton, Parkfield, Heswall, St Cath's, N. Wallasey)	4.4	Equal access for each area. Greater community provision in areas of deprivation.	Would not have 24hr support for A&E department. Reduced community hour offer.
Option 5 - GPW FED	24hrs	24hr UTC supporting A&E. 4 constituency based sites open 8 hours each. Providing all age walk in services.	4.5	24hr offer provides continuity for A&E service. Equal access for each area.	Reduced hours in areas of higher deprivation. B'head/Wallasey
Option 6 - CCG	15hr	15hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 2 constituency based sites (Wallasey & Birkenhead) open for 12 hours each. 1 constituency based site (Wirral South) open for 8 hours.	4.2	Greater community provision in areas of deprivation.	Would not have 24hr support for A&E department. West Wirral to use the UTC
Option 7 - CCG	15hrs	15hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 3 constituency based sites (Wallasey, Birkenhead & Wirral South) open for 12 hours each.	4.3	Greater community provision in areas of deprivation.	Would not have 24hr support for A&E department. West Wirral to use the UTC

<p>Option 8 - CCG</p>	<p>24hrs</p>	<p>24hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings:2 constituency based sites (Wallasey & Birkenhead) open for 12 hours each. 1 constituency based site (Wirral South) open for 8 hours.</p>	<p>4.8</p>	<p>24hr offer provides continuity for A&E service. Greater community provision in areas of deprivation.</p>	<p>West Wirral to use the UTC</p>
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Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

Urgent Care Redesign – Proposed Model of Care



EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES

STAGE 2

ALL SECTIONS – MUST BE COMPLETED
Refer to guidance documents for completing all sections

SECTION 1 - DETAILS OF PROJECT

Organisation:

Wirral CCG

Assessment Lead:

Zoe Delaney

Responsible Director/CCG Board Member for the assessment

Nesta Hawker, Director of Commissioning

Who else will be involved in undertaking the assessment?

Business intelligence and modelling team WCCG, stakeholders
We will continually update as feedback received during consultation.

Date of commencing the assessment: 24.10.2017

Date for completing the assessment:

Latest update: 28.05.19

SECTION 2 - EQUALITY IMPACT ASSESSMENT

Please tick which group(s) this service / project will or may impact upon?	Yes	No	Indirectly
Patients, service users	√		
Carers or family	√		
General Public	√		
Staff	√		
Partner organisations	√		

Background of the service / project being assessed:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of an Urgent Treatment Centre (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community.

An Urgent Treatment Centre will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led 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 centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

In addition to the urgent treatment centre, this option proposes the delivery of urgent care in

the community across the 3 defined Wirral localities (the locations of which will be as follows:

Birkenhead – Birkenhead Medical Centre, 8am-8pm (+2 hrs)

Wallasey – Victoria Central Hospital, 8am-8pm (-2hrs)

South Wirral – Eastham Clinic, 12pm-8pm (no change)

West Wirral – Urgent Treatment Centre at Arrowe Park, 24 hrs (+10 hrs)

The local offer will consist of same day (within 24 hours) access to a GP or Nurse appointment and an all age walk-in service for up to 8 Hours per day, 7 days a week.

The existing Walk-in Centres and Minor Injury Units have inconsistent opening hours and diagnostic services. This proposed model therefore seeks to address these issues, standardising the service offering for the Wirral population at a local level.

This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week (in addition to the existing provision of appointments Monday to Friday 8am - 6pm).

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017. <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

What are the aims and objectives of the service / project being assessed?

The main aims and objectives of the proposed model:

- Ensure delivery of a high quality urgent care offer within Wirral
- Ensure efficient and effective urgent care system
- Streamline urgent care services across Wirral
- Standardise the urgent care pathway ensuring all services meet the required standards
- Provide better, joined up community services
- Provide an enhanced offer in the form of a UTC
- Consider the needs of the all with additional detailed focus on highest users of urgent care including paediatrics, young adults, older people
- Gain feedback from the public in context of our case for change which highlights areas of need in Wirral
- Ensuring fair and equal access to services
- Ensure sustainable workforce across Wirral's urgent care services

The aim of this Impact Assessment is to ensure any potential disadvantages for patients are

identified, explored and mitigated.

Services currently provided in relation to the project:

- Arrowe Park A&E
- Walk in Centre's (Arrowe Park, Victoria Central (VCH) and Eastham)
- Minor ailments (Miriam Medical Centre, Parkfield Medical Centre, Moreton Health Clinic)
- GP services
- GP Out of Hours
- NHS 111

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

The impact assessment has been drafted based on intelligence from our case for change document which draws out impact on protected groups, as well as discussions at a VSA event in September 2016. The models proposed will be subject to a full public consultation which will proactively engage with protected characteristic groups to gain an understanding of the impact this option will have on them and any actions that can be taken to further support their needs. This EIA has been updated following consultation to take into account any issues/concerns raised.

The consultation also included a questionnaire which had a dedicated section on protected characteristics and invited respondents to consider potential impacts.

How will you involve people from equality/protected groups in the decision making related to the project?

The consultation was open for all to input into. We also provided some targeted engagement as part of the consultation with some specific groups including the presenting and discussion with Wirral Multicultural Organisation (WMO), Wirral Older People's Parliament and Youth Parliament. We also visited some specific centres to invite feedback including children's centres, A&E (adults and children's), walk in centres, minor injuries units. Staff have all been informed of the consultation process and were asked to provide feedback. This feedback will feed into our decision making process.

In addition to this, a wider stakeholder list has been developed, all of whom received a letter advising of the consultation process and inviting further discussion if desired. We have also established a Stakeholder Group that meets on a monthly basis to address and explore any potential issues around the redesign of urgent care.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES ✓ NO

The CCG will ensure that all service(s) commissioned comply with this standard and make relevant adjustments to support the needs of patients and carers.

In terms of our consultation, information can be made available in alternative formats upon request.

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- **All research evidence base references including NICE guidance and publication— please give full reference**
- **Bring over comments from Stage 1 and prior learning (please append any documents to support this)**

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

S:\Strategic Planning & Outcomes\Urgent Care\Urgent Care Transformation 2017\6.Case for Change and Modelling

ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon ‘your’ compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? (You will need to review how effective these measures have been)
End Unlawful Discrimination?	End Unlawful Discrimination?	End Unlawful Discrimination?
Services are accessible to all.	The Urgent Treatment Centre and community offer will ensure equal access to all. Additional consideration of this	No adverse effects anticipated.

	will be given throughout consultation and service provision will be adapted to ensure equality and reduce health inequalities.	
Promote Equality of Opportunity?	Promote Equality of Opportunity?	Promote Equality of Opportunity?
Equal access/improved access including access for out of Wirral patients, specifically from border with Western Cheshire.	Access – all members of public will have equal access to the UTC and the community offer. Current access levels maintained including access for out of Wirral patients, specifically from border with Western Cheshire.	No adverse effects expected
Foster Good Relations Between People	Foster Good Relations Between People	Foster Good Relations Between People
	The consultation sought to obtain views from public including protected characteristics groups. The CCG is also working to develop and enhance internal patient reference groups to further support developing and embedding service redesign. The consultation ensured the needs of different groups were identified and developed awareness to support commissioning decisions.	Positive impact anticipated

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

The implementation of an Urgent Treatment Centre will enhance the offer as an alternative to A&E. Many patients will automatically default to A&E because they are unsure where else to go or cannot access an appointment elsewhere. Data tells us that almost half of the attendances to A&E were for minor conditions that could have been seen elsewhere (i.e. local pharmacy, own GP, NHS 111 etc.) and were actually inappropriate for A&E. The proposed model of care will see A&E freed up to deal with the most poorly patients whilst ensuring all patients are seen and treated in the most appropriate care setting for their needs.

The public have told us they are confused by the level of variation offered by existing urgent care services. The services provided and opening hours vary, meaning patients often do not know the most appropriate place to go to receive treatment. The development of community hubs will seek to

standardise urgent care services and provide a clear route for patients, ending the current confusion and ensuring easy access to urgent care services across Wirral.

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

KPIs will be developed and monitored regularly to ensure any issues are identified, explored and mitigated. This will identify what is working and also identify any adjustments that need to be made. Through the project steering group we will track the progress of Programme implementation against pre-set targets and objectives. We will routinely collect data on these indicators and compare actual results with targets focusing on clinical efficiency and the use of resources and capacity against demand.

“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”

The responses from the consultation were monitored throughout and at the end of the process, with all comments be reviewed and a thematic analysis undertaken by an independent organisation.

Following implementation of the new service, robust review processes will be followed including analysis of patient feedback (complaints, comments, compliments), and contractual arrangements will be in place to monitor outcomes and quality of service.

EQUALITY IMPACT AND RISK ASSESSMENT

Does the ‘project’ have the potential to:

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
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Age	√	√		<p>Our largest users of the current urgent care services are the 0-4 year olds, 20-24 year olds and over 80 year olds. Therefore it is likely to be this age group most affected by urgent care transformation.</p> <p>The introduction of the Urgent Treatment Centre will support these age groups and reduce their need to attend A&E and ultimately reduce chance of admission where it is avoidable. The Urgent Treatment Centre will have direct access to a range of diagnostics including x-rays and bloods and will be GP led with integration with A&E for access to specialist advice.</p> <p>The current system for Urgent Care is confusing, with inconsistent opening hours and service provision. This can lead patients to default to A&E where there is a guarantee of 24/7 urgent care provision. This may be especially true for older patients who may be less likely to access the internet to look up opening hours and may be less familiar with services such as NHS 111.</p>
Disability	√	√		<p>The positive impact on people with disabilities is easy access with community services being delivered across Wirral and limited travel distance to access these services during their opening hours. Outside of these hours NHS111, GP out of hours or travel to the UTC on the site of A&E would be available, so access is not adversely impacted by the option.</p>
Gender Reassignment			√	No issues identified to date however public consultation will further our understanding
Pregnancy and Maternity			√	No issues identified to date however public consultation will further our understanding
Race			√	No issues identified to date however public consultation will further our understanding
Religion or Belief			√	No issues identified to date however public consultation will further our understanding
Sex (Gender)			√	No issues identified to date however public consultation will further our understanding
Sexual Orientation			√	No issues identified to date however public consultation will further our understanding
Marriage and			√	No issues identified to date however public consultation will

Civil Partnership N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision				further our understanding
Carers			√	No issues identified to date however public consultation will further our understanding
Deprived Communities			√	No issues identified to date however public consultation will further our understanding
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans			√	No issues identified to date however public consultation will further our understanding

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

There may be perceived geographical unfairness. However this can be mitigated through a clear communications strategy that describes the Urgent Care pathway and how Wirral patients can access it. The location of the community hubs will be Victoria Central Hospital (Wallasey), Eastham Health Centre (Eastham) and Birkenhead Medical Centre (Birkenhead) which, may be viewed disadvantaging West Wirral residents. However, there is currently no specific urgent care provision (in the form of a Walk-In Centre) in West Wirral other than that at the Arrowe Park site so there is no actual change to their provision. Residents from West Wirral will have the ability to use the Urgent Treatment Centre at Arrowe Park Hospital (which will replace the walk-in centre there) and is therefore within their geographical footprint.

As part of the consultation we asked patients what their most important factors were in terms of location of urgent care services. Whilst there was a strong public voice to retain an element of walk in facilities currently delivered in Wallasey and Birkenhead; there was no specific feedback regarding West Wirral.

The evidence presented within our case for change document clearly outlines areas of need and steps required to reduce variation and improve equality of access across Wirral.

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

No issues identified

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)? Yes

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?
Yes / No

What is the overall cost of implementing the 'project'?
Please state: Cost & Source(s) of funding:

The new model will need to be delivered within the existing commissioning cost envelope. No additional funds will be available to support this model. We also do not plan to take an efficiency saving from the model. Additional funds may support the wider model e.g. extended GP access.

This model is deliverable within the cost envelope.

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

No issues identified

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	VERY LIKELY 5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
Consequence Score: Likelihood Score:					6

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?

CCG Urgent Care Transformation Group

Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)

Next review: ongoing

Which CCG Committee / person will be responsible for monitoring the action plan progress?

CCG Urgent Care transformation Group

FINAL SECTION SECTION 8

Review date linked to Commissioning Cycle:

Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes / No

Date sent to Equality & Inclusion (E&I) Team for quality check:
25.10.17 and 14.11.17 and 03.05.18

Date quality checked by Equality and Inclusion Business Partner: 25/10/2017, 09/05/2018, 29.05.19

Date of final quality check by Equality and Inclusion Business Partner:

Signature Equality and Inclusion Business Partner: Nicola Griffiths



This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).

To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	Narrative	Outcome	
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	√
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	√
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	√
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	√
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	√
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	√
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	√
		2.3 People report positive experiences of the NHS	√
		2.4 People's complaints about services are handled respectfully and efficiently	√
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	√
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to	√

	lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	use equal pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up and positively evaluated by all staff	√
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	√
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	√
		3.6 Staff report positive experiences of their membership of the workforce	√
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	√
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	√
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	√

Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.

Equality Impact and Risk Assessment Checklist	
Scope	Yes/No
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	Yes
Legal	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	Yes
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	Yes
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	Yes
Information	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	Yes
Have I carried out specific consultation with affected groups prior to a final decision being made?	Yes
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	Yes
Have I provided evidence that a range of options or alternatives have been explored?	Yes
Impact	
Do I understand the positive and negative impact this decision may have on all equality groups?	Yes
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	Yes
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	Yes
Am I confident that where applicable we allowed an exception to permit different treatment (i.e. a criteria or condition) to support positive action	Yes
Have I considered the balance between; proposals that have a moderate impact on	Yes

a large number of people against any severe impact on a smaller group.	
*Wider Budgetary Impact (where applicable)	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	Yes
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	Yes
Transparency of decisions	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	Yes
Due regard	
Did I consider all of the above before I made a recommendation/decision?	Yes

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found in the 'Risk Scoring Matrix' tab.

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		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 8 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and overall lead for scheme: Urgent Care Transformation - Proposed Model of Care - Nesta Hawker, Director of Commissioning and Transformation

Brief description of scheme:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of an Urgent Treatment Centre (UTC) (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community.

An UTC will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led 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 centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

In addition to the UTC, this option proposes the delivery of urgent care in the community across the 3 defined Wirral localities (the locations of which will likely be Birkenhead, Wallasey and Eastham with West Wirral utilising the UTC). The local offer will consist of same day (within 24 hours) access to a GP or Nurse appointment and an all age walk-in service for up to 8 Hours per day, 7 days a week. The exact hours of operation for these services is yet to be determined.

The existing Walk-in Centres and Minor Injury Units have inconsistent opening hours and diagnostic services. This proposed model therefore seeks to address these issues, standardising the service offering for the Wirral population at a local level. This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week (in addition to the existing provision of appointments Monday to Friday 8am - 6pm).

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017. <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

The main aims and objectives of the proposed model:

- Ensure delivery of a high quality urgent care offer within Wirral
- Ensure efficient and effective urgent care system
- Streamline urgent care services across Wirral
- Standardise the urgent care pathway ensuring all services meet the required standards
- Provide better, joined up community services
- Provide an enhanced offer in the form of a UTC
- Consider the needs of the all with additional detailed focus on highest users of urgent care including paediatrics, young adults, older people
- Gain feedback from the public in context of our case for change which highlights areas of need in Wirral
- Ensuring fair and equal access to services
- Ensure sustainable workforce across Wirral's urgent care services

Answer positive/negative or not applicable (P/N or N/A) in each area.

If N/A please score the impact and likelihood. If score greater than 8 a full stage 2 assessment will be required.

Area of Quality	Impact question	P/N or N/A	Impact	Likelihood	Score	Full Assessment - Stage 2 to be completed
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	N/A	N/A	N/A	Note: this model of care would provide a clear and standardised pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the A&E target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This option also better addresses the feedback from the Learning events held during 2016/17 providing a clearer pathway for patients accessing Urgent Care.

Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P	N/A	N/A	N/A	Note: this option would provide provide a clear and standardised pathway of care for patients within the community, patients have told us that the current service provision is confusing and difficult to navigate. The perception of service change may be seen positively or negatively by patients who are used to a particular service. A robust Communications strategy will be in place to address this. Patients will not need to be signposted to A&E as the UTC is 24/7 operation.
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P	N/A	N/A	N/A	Note: this option would provide a provide a clear and standardised pathway of care for patients within the community, It brings together agencies for closer MDT working, which should improve issues regarding information flow and safety of patients. This could lead to a more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. Clinical decision making support from A&E to the UTC and community offer supports patient safety.
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	N/A	N/A	N/A	Note: this model of care would provide a provide a clear and standardised pathway of care for patients within the community. The GP led MDT on the Urgent Treatment Centre Hospital site should provide improved clinical engagement between the GPs and A&E clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. The perception of service change may be seen positively or negatively by patients who are used to a particular service. A robust Communications strategy will be in place to address this. Clinical decision making support from A&E to the UTC and community offer supports patient safety and escalation in a 24/7 model.
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	N/A	N/A	N/A	Note: in terms of the current community offer, it isn't consistent across services in relation to self care. Also the current offer does not specifically address health inequalities and population need. This will be monitored by Public Health colleagues who will inform the developing model.
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	N/A	N/A	N/A	Note: this option would provide a clear pathway of care for patients within the community. The GP led MDT on the Urgent Treatment Centre Hospital site should provide for improved clinical engagement between the GPs and A&E clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. It should reduce the number of inappropriate admissions to A&E. The perception of service change may be seen positively or negatively by patients who are used to a particular service. *Note, this option is likely to have a minimal carbon footprint due to 24 hour opening at the UTC and it being co-located with A&E. It should maximize clinical effectiveness having the UTC co-located with the A&E site and enable clinical escalation on a 24/7 basis.
Vacancy Impact	Could the proposal impact positively or negatively as a result of staffing posts lost?	P and N	2	2	4	Note: The impact on staffing will need to be considered in more detail. Due to the number of providers and sites of delivery there may be more opportunity to enable flexible working across the workforce.

Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing	P	N/A	N/A	N/A	Note: this proposal provides a comprehensive UTC offer open 24 hours, 7 days a week and provision of community services for up to 8 Hours, 7 days a week. As there are a number of providers and sites of delivery there is some opportunity to share the overhead costs between agencies.
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Please describe your rationale for any positive impacts here (this is in addition to the narrative within each assessed area):

Duty of Quality: The urgent care system will be supported by an integrated model of urgent care at the Arrowe Park site with integration across the urgent treatment centre and A&E. The model also includes urgent care services in the community delivering from locations within each locality.

Patient Experience
The proposed model will enhance patient experience through delivery of additional services within the urgent treatment centre, 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 less 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. The community Hubs will provide a wide range of services to proactively support patients care to avoid the need for urgent care services such as A&E and urgent treatment centre. It will also include access to same day (within 24 hours) GP and Nurse appointments for more urgent care needs and will be bookable by NHS 111. As the centres would include same day GP referral to X-Ray, along with additional services on site such as pharmacy and voluntary sector information and advice, this would provide a 'one stop shop' approach to delivery of care and reduce the need for multiple journeys. The proposed model will facilitate compassionate and personalised care, this is already an approach fostered by existing staff, however this will be enhanced through holistic support within the Healthcare and Advice Centres as well as enhanced care at urgent treatment centre. The centres will also have access to personalised care plans which they can use and add to. Also, a health coaching model would be implemented to enable staff to have a consistent, person centred approach to appointments. The service model simplifies and standardises the service offering for patients across Wirral.

Patient Safety : This will enhance patient safety through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care. This will reduce risk of harm across the urgent care system. As noted above, we will ensure that the services have robust safeguarding practice in place.

Clinical Effectiveness:
The proposal will provide consistent, standardised care for patients. It will also ensure patients are seen in the most appropriate place. The urgent treatment centre, as an integrated model with A&E, will undertake clinical streaming. Closer working between partners and consistency across community provision will also facilitate evidence based practice and demonstrate clinical leadership and engagement as well as delivery a high quality standard.

Productivity and Innovation: The proposal aims to deliver clinical and cost effective care as it better matches levels of clinical resource to the presenting needs. In addition to this, providing a clearer system will ensure patients access the most appropriate service first time, reducing the number of patients visiting more than one urgent care service for the same condition/incident. This will reduce the carbon footprint for patients previously traveling to numerous centres to get their needs met.

Prevention: The introduction of a new urgent care system provides the opportunity for our services to promote and enable self care. The clinical streaming models will also ensure prevention advice and signposting is also shared with patients.

Vacancy Impact: Existing staffing levels would be maintained. The proposal therefore does not involve reducing staff posts.

Resource Impact: Integrated working between sectors will have an enhanced impact on capacity within the system. Existing estates will be utilised under this option. The Urgent Care model will have enhanced IT access as specified within NHS England's standards referenced above. The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice.

Zoe Delaney	Senior Commissioning Lead	Sep-18
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Stage 2

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
TY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?	This model of care would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.	N/A	N/A	N/A	Additional work would need to be undertaken to enable effective partnership working across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement.
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?		N/A	N/A	N/A	Yes. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?		N/A	N/A	N/A	This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. The co-location of the UTC on the Arrow Park Hospital site should improve the strategic relationship between the secondary care provider and primary care.

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on strategic partnerships and shared risk?		N/A	N/A	N/A	
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS	An Equality Impact Assessment has been undertaken separately	N/A	N/A	N/A	
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	This model of care would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of safeguarding policies and procedures. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	Will this impact on the organisation's duty to protect children, young people and adults?		N/A	N/A	N/A	
Page 41 PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/ incidents)	This model of care provides a clear pathway of care for patients within the community, patients have told us that it is confusing and difficult to navigate at present. The perception of service change may be seen positively or negatively by patients who are used to a particular service.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies along with an engagement plan to ensure patients are aware of what services they can access. More GP appointments will be available for patients in Wirral from April 2018 - this will include appointments available from 8am to 8pm 7 days a week within each local area. Feedback from our patients has been that they use walk in centres/minor injuries services because they are unable to access a GP appointment. The extra appointments should mean easier access to a GP closer to home for patients. This could be monitored by patient surveys and utilisation of healthwatch reviews of services. A Transportation workstream has been set up to look at alternative parking facilities, given the constraints on the existing Arrowe Park Hospital site.
	How will it impact on choice?	There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies and to implement an engagement plan to ensure the public are aware of what additional services are available to them within the community such as smoking cessation. This could be monitored by patient surveys and utilisation of healthwatch reviews of services.
	Does it support the compassionate and personalised care agenda?	Due to the number of agencies involved, it is possible there may be an inconsistent approach to the compassionate and personalised care agenda. This could include potential difficulties accessing shared care records. Potential for inconsistencies across the pathway, which would require careful monitoring and evaluation.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies to enable a consistent approach to personalise and compassionate care. The roll out of the Wirral Care Record would enable shared care records to be utilised as appropriate. This could be monitored by patient surveys and utilisation of healthwatch reviews of services.
SAFETY	How will it impact on patient safety?	There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently. Clinical engagement should improve	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of high quality clinical care and safeguarding policies and procedures.
	How will it impact on preventable harm?		N/A	N/A	N/A	
	Will it maximise reliability of safety systems?		N/A	N/A	N/A	
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired		N/A	N/A	N/A	

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PATIENTS	What is the impact on clinical workforce capability care and skills?	More efficient. Clinical engagement should improve from the co-location of the UTC with A&E. There should be no adverse impact on preventable harm, risk of acquired infections. The community offer will promote self-care and a wider social offering for patients with LTCs which will help patients stay well.	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	Pathways for the treatment of urgent care should be better aligned with the co-location of the UTC and A&E	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	How will it impact on clinical leadership?	The development of the UTC brings together A&E Consultants and GPs in a closer collaboration delivering the urgent care pathway.	N/A	N/A	N/A	
	Does it support the full adoption of Better care, Better Value metrics?	This option supports the principles of better care, better value with the emphasis of reducing unnecessary hospital admissions and wider urgent care treatment options in the community.	N/A	N/A	N/A	
	Does it reduce/impact on variations in care?	As described above, the option should reduce the variation in care within the community with a standardisation of service offering within the community and a standardised offer at the UTC.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and high quality clinical care.
	Are systems for monitoring clinical quality supported by good information?	Yes - existing systems will continue to be utilised.	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours.
	Does it impact on clinical engagement?	Positive - yes - the benefits of co-locating the UTC on the same site as Arrowe Park A&E should bring about closer working between Primary Care and Secondary Care medical professionals	N/A	N/A	N/A	This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. There is a Digital Wirral Working Group reviewing IT across the board.
PREVENTION	Does it support people to stay well?	Positive - yes - the community offer supports individuals to stay well and provides an emphasis on self-care as part of the offer.	N/A	N/A	N/A	Additional work would need to be undertaken to enable more effective partnership working across agencies to enable self care to be embedded in the patient pathway.
	Does it promote self-care for people with long term conditions?	Positive - The community offer currently does not provide a consistent offer across services in relation to self care. This option introduces a standardised approach.	N/A	N/A	N/A	Existing services would need to explore opportunities to tailor services to meet the health inequalities and population need. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board.
	Does it tackle health inequalities, focusing resources where they are needed most?	The offer is not tailored to current health inequalities and population need. It provides multiple access points and a standardised care offering across the system. Further work will be needed to ensure that the service offering is meeting the identified local needs of patients	N/A	N/A	N/A	
	Does it ensure care is delivered in the most clinically and cost effective way?	This model provides for the greatest cover for Urgent Care at the UTC (24/7 access) with additional Community offer of 8 hours per day).	N/A	N/A	N/A	Clear marketing campaign to help patients navigate the system to ensure they are seen in most appropriate place at most appropriate time.

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
PRODUCTIVITY AND INNOVATION	Does it eliminate inefficiency and waste?	It doesn't eliminate inefficiency and waste however the aspiration behind having an urgent care offer in the community and the UTC is that it will divert patients away from A&E and therefore create efficiencies within the A&E system through reducing inappropriate attendances/ admissions.	N/A	N/A	N/A	As above, plus assurance that the community centres are diverting as much activity from A&E as appropriate
	Does it support low carbon pathways?	Yes - the centralisation of the UTC means that patients across Wirral have equitable access to urgent care (within a c. 20m drive time). Public transportation routes are available and the locality provision across the 4 Wirral localities supports a low carbon pathway	N/A	N/A	N/A	
	Will the service innovation achieve large gains in performance?	The commencement of an urgent treatment centre will enhance performance as will support integrated decision making at ED site and should reduce activity flowing into A&E and ultimately aims to reduce avoidable admissions. The greatest improvement in performance is anticipated to be against 4 hour standard	N/A	N/A	N/A	The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. It is hoped that the establishment of the UTC under this option will help prevent unnecessary admissions/ attendances at A&E which are costly to the health system financially but also in terms of clinical time and patients journeys. There are benefits of consistency of operation of the existing A&E and the UTC on the same 24/7 basis.
	Does it lead to improvements in care pathway(s)?	As noted above, the integration on the Arrowe Park site of the urgent treatment centre and A&E will improve care pathways and provides consistency of operation with A&E (24/7) The standardisation of the community offer should have a positive impact although this option provides for less hours (8 hours/ 7 days) in each locality within the community.	N/A	N/A	N/A	
Page 43						
VACANCY IMPACT	Does the proposal involve reducing staff posts? If so describe the impact this will have	Positive; There is no foreseen impact on the number of posts.	N/A	N/A	N/A	There are no current plans to reduce the staffing levels as a result of this option. As part of the Workforce workstream, we will be addressing issues of recruitment and retention to ensure we effectively guide and support staff through this process.
	Is the loss of posts likely to impact on remaining staff morale?	Positive There is no foreseen impact on the number of posts.	N/A	N/A	N/A	
	Can arrangements be made to prioritise and manage workload effectively?	Due to the number of providers and sites of delivery there is less opportunity to enable flexible working across the workforce and therefore there is concerns over the sustainability of this workforce model.	N/A	N/A	N/A	
	Are vacancies likely to impact on patient experience?	There are no current plans to reduce the staffing levels as a result of this option. A Workforce working group will consider the impact of recruitment and retention issues throughout the implementation of service change	N/A	N/A	N/A	
	Will services be negatively impacted by the loss of posts for a short term, medium term or longer term?	There are no current plans to reduce the staffing levels as a result of this option.	N/A	N/A	N/A	
Describe how this proposal may/will have a resource impact with regard to:						

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
RESOURCE IMPACT Page 44	Estates	Positive (see above description) and negative: due to the number of providers and sites of delivery there is less opportunity to share the overhead costs.	N/A	N/A	N/A	Minimal mitigation options are available. An estates workstream will need to inform the delivery of the option in the most cost effective way.
	IT Resource	Positive (see above description) and negative: IT systems would need to link with services described in mandated elements of the model.	N/A	N/A	N/A	Further work would need to be undertaken to ensure appropriate IT systems are in place within existing services that link with the Urgent Treatment Centre and the new Integrated Urgent Care Clinical Advice Service prior to implementation of the new model. There is a Digital Wirral working group which is considering IT implementation/ systems across the local health system
	Funding streams/income	Option 1 Provides a 24/7 UTC and reduced community model of 8 hours/ 7 days a week offer. The funding arrangements would be implemented within funding available.	N/A	N/A	N/A	Minimal mitigation options are available. The funding arrangements would be implemented within contractual arrangements within funding available.
	Other providers (specify how/what)	Unkown at this stage	N/A	N/A	N/A	This is unknown until after the consultation and a decision has been made in relation to which option will be implemented. Therefore this will be revisited once a decision has been made.
	Social care/voluntary/third sector	Positive (see description above) and Negative: The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice. However this offer would not be embedded into existing services in the community as it is in options 2 and 3.	N/A	N/A	N/A	Further work would be required to provide patients access to the social, voluntary and third sector support, information and advice within existing services.

Signature: Zoe Delaney	Designation: Senior Commissioning Lead	Date: May 2019
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Appendix 1.

Impact / Consequence score (severity levels) and examples of descriptors				
1	2	3	4	5
Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/ independent review	Gross failure of patient safety if findings not acted on
	Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry
	Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards
	Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on		
	Reduced performance rating if unresolved			
Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
		Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence
		Low staff morale	Loss of key staff	Loss of several key staff
		Poor staff attendance for mandatory/key training	Very low staff morale No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
No or minimal impact on breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory
		Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution
			Improvement notices	Complete systems change
			Low performance rating	Zero performance rating
Rumours	Local media coverage – short-term reduction in public confidence	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget
	Schedule slippage	Schedule slippage	Schedule slippage Key objectives not met	Schedule slippage Key objectives not met

Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget	
	Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million	
Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility	
Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment	
Likelihood score					
	1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently	

Urgent Care Options Briefing

For Urgent Treatment Centre and Community Provision

Following extensive public and stakeholder engagement and Listening Exercise throughout February 2018, we utilised the feedback and commonality amongst themes that arose to inform the development of options for an improved urgent care system for Wirral, to include an Urgent Treatment Centre (UTC) and a standardised community provision. Much of the feedback from the public focused on the level of confusion with regards the existing services in terms of what they were and how and when to access them.

Taking into consideration the existing urgent care offer, some of the proposed options were discounted due to a number of clinical and patient safety/ efficiency issues:

Options

Options for location of Urgent Treatment Centre	Opening Hours/length of day			Access			
	Option 1	Option 2	Option 3	Bookable same day appointments	Routine Walk-in facilities	Improved patient safety due to emergency services onsite	Access to a full range of acute level diagnostics if required
Arrowe Park Hospital	24 hours	15 hours	12 hours	Yes	Yes	Yes	Yes
Victoria Central Hospital				Yes	Yes	No	No
St Catherine's Hospital				Yes	Yes	No	No
Eastham Clinic				Yes	Yes	No	No
Miriam Minor Injury Unit				Yes	Yes	No	No

Moreton Health Clinic				Yes	Yes	No	No
Parkfield Medical Centre				Yes	Yes	No	No
Birkenhead 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	
Wallasey 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	
South Wirral 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	
West Wirral 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	

Option 3 was discounted:

The reasons why Option 3 was discounted were that it:

- Only provides the minimum mandated requirement – it does not meet patient need
- Would add another layer of confusion onto existing urgent care services
- Would provide less than existing Walk in Centre offer
- Does not support the delivery of the 4-hour A&E standard
- Does not provide consistent support to the Emergency Department – all minor injuries and ailments would need to present to the Emergency Department overnight (outside of Urgent Treatment Centre hours)
- At 15-hours, potentially over-provides in the community

Other options considered:

Utilising the existing 51 GP practices across Wirral

- This would not have been a consistent offer for the Wirral public
- Lack of ability to absorb the activity demand

Keeping existing Walk in Centres open, for a reduced amount of hours

- The reduced hours would not have absorbed the demand or been able to support A&E or streaming
- The current cost envelope would not have afforded this option as well as the mandated UTC

Alternative Walk in Centres and Minor Injury Units were discounted for the location of the Urgent Treatment Centre.

The reasons why these options were discounted were that they:

- Do not provide access to the **full suite of acute level diagnostic services** required for rapid access. The alternative locations only offer a very minimal level of diagnostic services (if any) which do not support the clinical benefits of co-locating an Urgent Treatment Centre with an Emergency Department. Clinically the co-located Urgent Treatment Centre would enable an improved patient pathway – we will reduce the risk of potentially having to transfer patients from an off-site location to the Emergency Department. This could be in the event of a rapid deterioration of a patient whereby reliance on an already strained ambulance service could result in unnecessary delays and risk to patient safety. Alternatively a patient presenting at the Urgent Treatment Centre may require additional diagnostics or services that are only available at an acute site, meaning delays in patient care, longer waits and visiting multiple locations (having to either be transferred to the acute site or present themselves). This is not an efficient patient pathway and does not support positive patient experience.
- Do not provide means to improve on local A&E performance access targets. One of the NHS' main national service improvement priorities is to focus on **improving national A&E performance**. This cannot be achieved locally if the Urgent Treatment Centre is based elsewhere (somewhere other than the acute site at Arrowe Park Hospital). The co-location of the Emergency Department and the Urgent Treatment Centre will provide consistent support to the Emergency Department, which will help improve against and maintain the national 4-hour target. Public behaviour is not likely to change with any degree of rapidness and as such, if the Urgent Treatment Centre is located elsewhere we will likely see the same behavioural pattern of patients continuing to present to the Emergency Department, which will not enable us to support the national service improvement priority
- Do not provide a **single front door with effective clinical streaming**. These are recognised as key elements to helping sustain a viable Emergency Department service; by receiving patients via one single front door, they can be clinically assessed and determined if they are appropriate for the Emergency Department. This will reduce the footfall which will have a positive impact on not only the 4-hour target but also the efficiency of the Emergency Department by ensuring those patients in need of emergency care receive it in a timely manner by enabling staff to focus on only the acutely unwell
- Do not maximise benefits to **patient safety**. The do not address concerns regarding a lack of Emergency services available if required. As highlighted above, those patients that either present critically ill or injured or those who rapidly deteriorate will be reliant upon the ambulance service to transport them to the correct facility (Emergency Department). This is placing additional strain on an already stretched service. We recognise that delays in patient care, which in an acute or emergency situation could potentially have life threatening implications.

- Do not provide the **quickest and most efficient transport links** (Based on time, duration, frequency and ease; Arrowe Park Hospital has the most efficient transport links from all other areas of Wirral) and is in a centralised location. The centralised location also supports continuity of access times for urgent patients accessing via the North West Ambulance Service route.
- **Risk aversion** – potential of an Urgent Treatment Centre based elsewhere in the community to divert a higher proportion of patients to the acute site to cover all eventualities
- Would unlikely significantly influence a **change of footfall at the Emergency Department at Arrowe Park**. The largest proportion of patients attend Arrowe Park Hospital because they associate it with A&E/ 24-hour access/ consistent offer/ good transport links both public and highways/ default option – this will not change if a Urgent Treatment Centre is based elsewhere – Patients will still likely present to Arrowe Park site, which will clog up the system, not support the Emergency Department or delivery of the 4-hour target, not support sustainable and generic working to future proof the model, will not support enhanced system resilience and could result in under-utilisation of a Urgent Treatment Centre based elsewhere.
- Did not maximise the opportunities for workforce. By co-locating the Urgent Treatment Centre next to the Emergency Department we have the opportunity to build a **flexible, sustainable and future proof workforce** allowing us to flex our capacity between both the Emergency Department and the Urgent Treatment Centre to appropriately meet demand. Additionally we can up skill and skill mix staff to enable them to cross cover and enhance the variation of their work, leading to a greater feeling of job satisfaction as well as overall system benefits to a more generic workforce. An Urgent Treatment Centre based elsewhere other than Arrowe Park site will not support this model and will not allow us to begin to match capacity with the current level of demand
- Did not maximise the opportunity to improve **system resilience**. The development of a co-located Urgent Treatment Centre would also enhance system resilience in the event of a major incident. During a major incident, the vast majority of footfall will be focused at the acute site – increasing the demand significantly. By having the Urgent Treatment Centre next door to the Emergency Department we will have the additional staff on hand to support major incidents, all focused on the acute site where the demand will be the highest. To base the Urgent Treatment Centre elsewhere will not enable this.