WIRRAL

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28TH NOVEMBER 2017

REPORT TITLE	Urgent Care Transformation
REPORT OF	Chief Officer, NHS Wirral CCG and Director for Care and Health, Wirral Council

REPORT SUMMARY

NHS Wirral CCG in partnership with our colleagues at Wirral Council including Health and Wellbeing and the Adult Care and Health together with other stakeholders have undertaken a comprehensive review of local urgent care services. This led to the development of a compelling case to transform urgent care services locally. This builds on Value Stream Analysis workshops that were undertaken by the CCG in September 2016 and involved local stakeholders including Healthwatch Wirral and representatives of the Patient Voice Group.

The vision for urgent care is simple. Firstly, for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. Secondly, for those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery. If we can get the first part right then we will relieve pressure on our hospital based emergency services, which will allow us to focus on delivering the second part of this vision. This vision is supported by NHS England.

Locally, we know from collation of insights that people are confused about what is offered in relation to urgent care, (other than A&E). It may be that people's lack of knowledge about other options (versus the ease and familiarity of accessing A&E), combined with the fear and stress of being ill results in people resorting to the 'default' of A&E. They may perceive this choice to be the easiest, safest and most reassuring option.
Current performance data shows that there are many people attending A&E whose condition could have been treated elsewhere; such as by general practice or in a walk in centre.

The performance of the A&E system in Wirral has not been satisfactory and the CCG has had clinical concerns due to the deteriorating performance against the constitutional target of 4 hour waiting time. Over the past two months, significant whole system progress has been made in the achievement to ensure over 90% of emergency patients are treated, admitted or transferred within 4 hours. However there is still further progress and improvement required to meet the 95% mandated standard. It is important to reach this standard as if a patient is waiting for more than 4hours, it could lead to harm.

Over the past 12 months there has been significant progress in the improvements of urgent care delivery. This has mainly been achieved by the schemes implemented through the Better Care Fund E.g. Admission Avoidance, Clinical Streaming, Transfer to Assess. The next stage is to truly transform urgent care delivery, building on the success of the existing schemes, enabling us to achieve the vision for urgent care.

It is essential to ensure that there is consistent clear and timely access to urgent and emergency care and social care services to enable improvements in the health and social care outcomes of Wirral residents.

A new national model of care for urgent and emergency services will need to be implemented by December 2019, as mandated by NHS England.

This report provides an overview of the services mandated by NHS England along with additional options of urgent care provision in Wirral. It also provides details on the formal consultation process recommended to gather feedback from the public and stakeholders.

As part of a formal consultation, commencing for 14 weeks between 27th November 2017 and 5th March 2018, we propose to inform the public about the mandated services whilst asking for their views on the options we have proposed for the community offer.

A full presentation of the proposals will be provided at the next Overview and Scrutiny Committee on 30th January during the consultation period. This would ensure that Member's views are taken into account in the transformation of urgent care in Wirral.

RECOMMENDATION/S

The Adult Care and Health Overview and Scrutiny Committee are asked to note the contents of this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 A consultation on the urgent care transformation is essential to ensure that public and stakeholder feedback is embedded into the final model of care. It is important for Members to be aware of the consultation to enable full engagement.

1.2 A new national model of care for urgent and emergency services will be implemented by December 2019, as mandated by NHS England.

2.0 OTHER OPTIONS CONSIDERED

Not applicable

3.0 BACKGROUND INFORMATION

3.1 A new national model of care for urgent and emergency services will be implemented by December 2019, as mandated by NHS England. This primarily involves the introduction of Urgent Treatment Centres across England along with current Accident and Emergency Departments and the roll out of additional provision in Primary Care (see section 3.3).

3.2 A comprehensive review of local urgent care services has been undertaken which describes a compelling case to transform urgent care services. It is essential to ensure that there is consistent and clear access to urgent and emergency care and social care services to enable improvements in the health and social care outcomes of Wirral residents. A few key points from the case for change are listed below, the full case for change will be published on NHS Wirral CCG website as part of the formal consultation on 27th November.

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

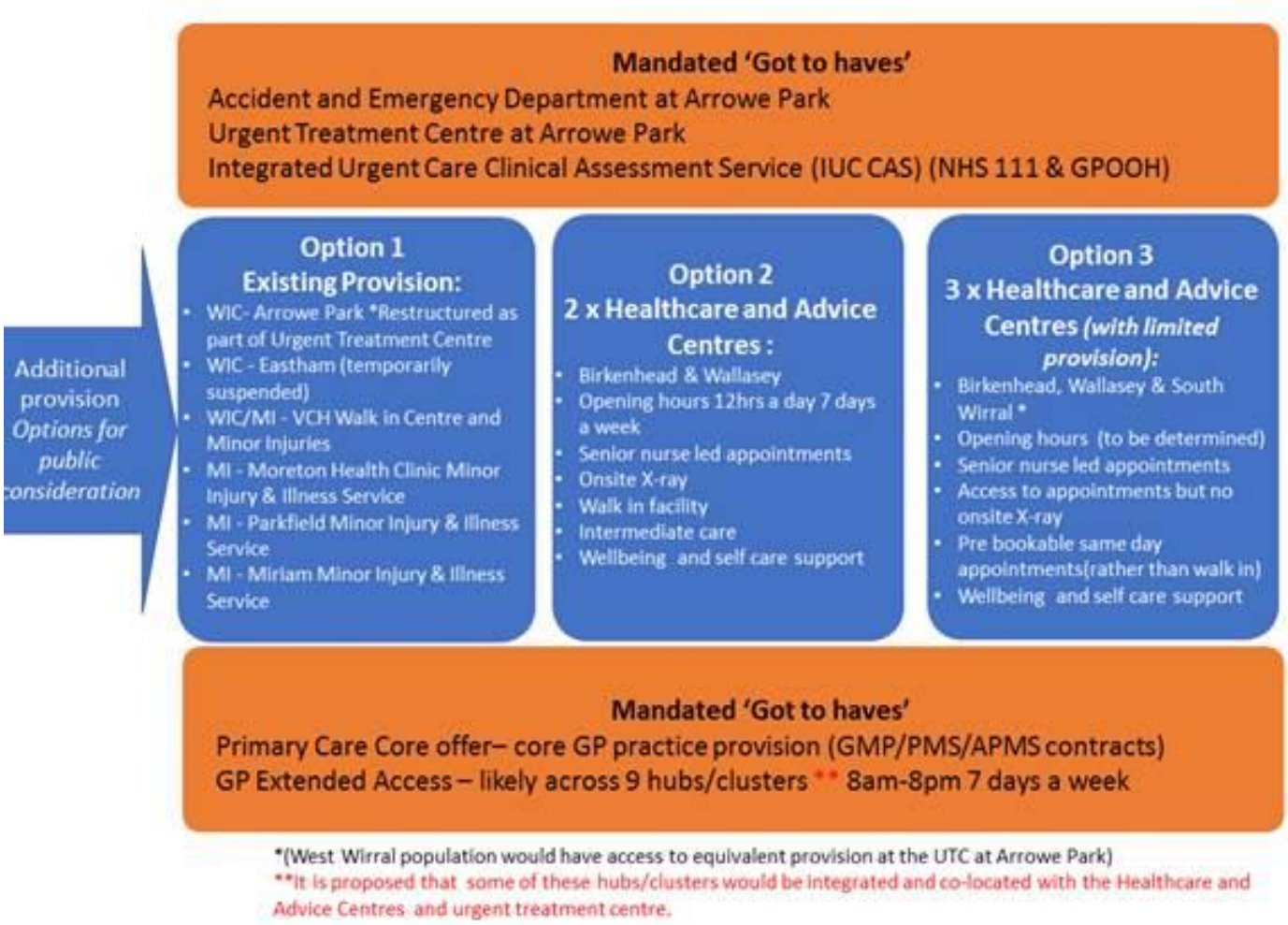
3.3 The data above highlights that people are confused about what is offered in relation to urgent care, (other than A&E). It may be that people's lack of knowledge about other options (versus the ease and familiarity of accessing A&E), combined with the fear and stress of being ill results in people resorting to the 'default' of A&E - a choice which they perceive to be the easiest, safest and most reassuring option. Current performance data shows that there are many people attending A&E whose condition could have been treated elsewhere; such as by general practice or in a walk in centre.

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

3.5 A proposed model of care has been developed which is based on local stakeholder, public and clinical insight, using case for change data and NHS England National Guidance.

3.6 There are certain aspects of the model which are mandated as 'Got to haves' and other elements of urgent care provision in the community that are for local determination. We propose to inform the public about the mandated elements whilst asking for their views on the options we have proposed for the community offer, further described in Figure 1.

Figure 1: Overview of options for public consultation



3.7 The proposed model of care includes the following <u>mandated provision;</u>

3.7.1 The existing A&E department and an Urgent Treatment Centre (UTC) based at Arrowe Park, with the UTC as the single front door for all urgent but non-life-threatening illnesses or conditions. An Urgent Treatment Centre has an enhanced model of care provision when compared with any of the existing Walk in Centres and therefore will incur additional resources to introduce. UTCs will need to comply with the 27 standards set out by NHS England ('Urgent Treatment Centre's Principles and Standards' July 2017). One of the National Standards includes to have access to an A&E Consultant which would be achievable on the Arrowe park site, there is also the facility in A&E to treat patients who may deteriorate rapidly and require more acute intervention.

3.7.2 An Integrated Urgent Care Clinical Assessment Service which will provide access to urgent care via NHS 111 integrated with General Practice out of hours (GPOOH). This will provide a complete episode of care concluding with either: signposting, advice, self-care support, a prescription,

or an appointment for further assessment or treatment. This service will need to align to the NHS England Integrated Urgent Care Service Specification (August 2017).

3.7.3 **Primary care core offer and extended access provision.** This includes the existing GP provision within the core contract (Monday to Friday 8am - 6pm), alongside extended access meaning that GP appointments will be available 8am-8pm 7 days a week. This will likely to be provided in a cluster/hub basis across 9 localities. It is proposed that some of these hubs would be integrated and co-located with the healthcare and advice centres and urgent treatment centre. The primary care offer will also include same day appointments booked via NHS 111 for urgent need. Further requirements include management of urgent domiciliary visits at a time of day appropriate for patients to help to avoid unnecessary admissions to hospital and improve patient experience. This provision will need to be consistent with the **General Practice Forward View (April 2016).**

3.8 **The model describes three options that could be delivered in the community alongside the mandated primary care offer:**

3.8.1 **Option 1** would be to continue to provide existing services alongside the introduction of the new mandated requirements; however this would require additional resources beyond that already provided for within the existing Urgent Care financial envelope. The Case for Change document also highlights why the existing provision does not effectively meet the needs of the population (see section 3.2).

3.8.2 **Options 2 and 3** propose the development of healthcare and advice centres providing senior nurse appointments and additional services such as voluntary sector, information and advice service and a pharmacy onsite. The case for change highlights the benefits, considerations and mitigations of each of these options

- Option 2 proposes two centres offering a comprehensive offer.
- Option 3 proposes three centres offering a less comprehensive offer.

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

3.10 A new model of care will improve the patient experience; the local population told us that people do not clearly understand the choices available to them and how to access or use them, and therefore the aim of a new model is to offer consistent, standardised care for patients. It will also ensure that patients are seen in the most appropriate place. It has the potential to enhance patient safety and improve patient outcomes through delivery of a clearer, consistent model across urgent care in

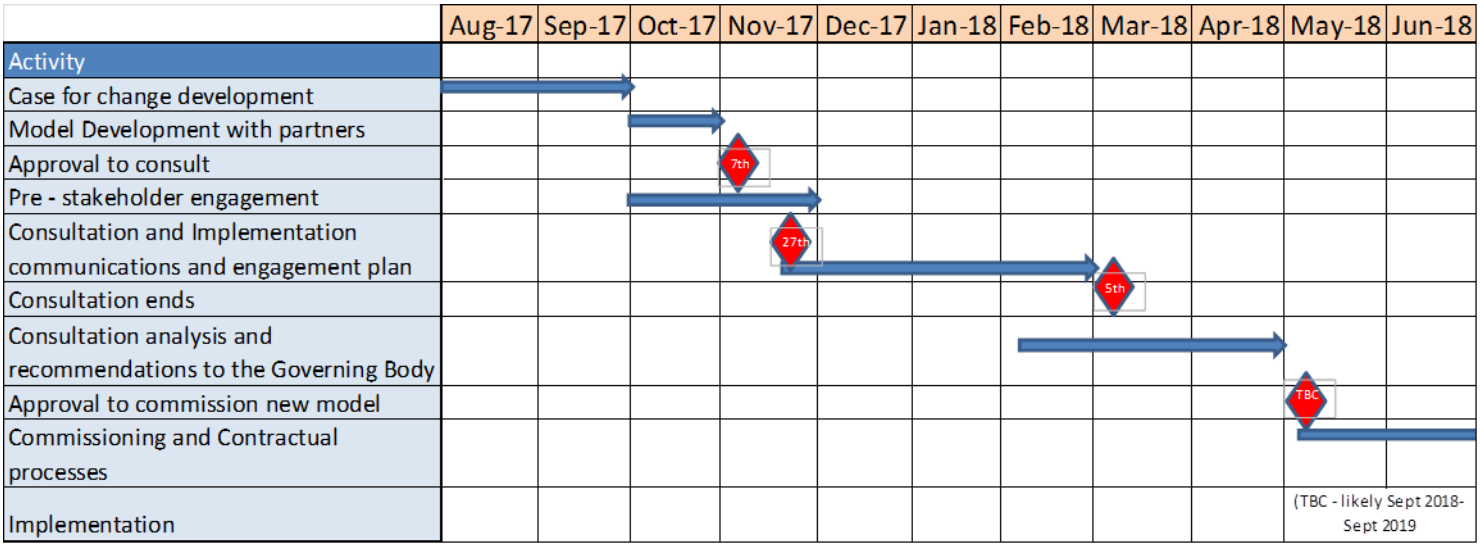
Wirral driving closer integrated working between organisations delivering urgent care. Furthermore, by having a proactive approach to planned care and focus on self-care and wellbeing, this model will help to shift the focus of care towards prevention of illness and supporting people in relation to the wider determinants of health.

3.11 We will maximise all possible communication and engagement channels to allow people and stakeholders to make a contribution to the consultation and express their views. The consultation will run for a 90 day period with an additional 2 weeks to allow for the Christmas and New Year period. The proposed dates for consultation are 27th November 2017 – 5th March 2018. (Please see appendix 1 for the Communications and Engagement Framework)

3.12 It is proposed that a full presentation of the proposals are provided at the next Overview and Scrutiny Committee on 30th January during the consultation period. This would ensure that Member's views are taken into account in the transformation of urgent care in Wirral.

3.13 In order to maximise opportunity to include Local Authority officers and Elected members in discussions, the CCG have proposed to choose an alternate date for Governing body to receive the final recommendations so to avoid the Purdah period.

3.14 The proposed high level timeline and critical dates for governance are below:



Key Dates	
Pre - Consultation Stakeholder Workshop	18th October 2017
GP Members Meeting	18th October 2017
CCG Ops meeting - Approve	7th November 2017
Pre - Consultation Stakeholder Workshop (part 2)	15th November 2017
GP Members Meeting	16th November 2017
Consultation commences	27th November 2017
Overview and Scrutiny Committee (outline)	28th November 2017
CCG Quality and Performance Committee - Note Process	28th November 2017
CCG Governing Body - Informed	7th December 2017
Overview and Scrutiny Committee (full presentation)	30th January 2018
Consultation ends	5th March 2018
CCG Governing Body - Approval of Model	15th/22nd May 2018 (TBC)

4.0 FINANCIAL IMPLICATIONS

The above options have been costed and it is proposed that options 2 and 3 can be delivered within the existing financial envelope. The current commissioning cost envelope inclusive of A&E, Primary Care Extended Access, Paediatrics A&E ,Primary Care Front Door, GP Out of Hours, NHS 111, 3 WICs and 3 Minor Injuries/ Ailments units totals £21.8m.

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

5.0 LEGAL IMPLICATIONS

Overall findings and recommendations following the consultation will be presented at the CCG Governing Body for a decision in May 2018. Following this the next steps and implementation plan will be shared with the public and stakeholders. Legal advice and guidance would be obtained as appropriate prior to the implementation of any model of care.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

As described above options 2 and 3 would be delivered through existing resources. However depending on the feedback during the consultation and any other options that are proposed, it would be necessary to review the resource implications as they arise.

7.0 RELEVANT RISKS

Impact assessments have been developed and will be published on the CCG website on 27th November, the impact assessments will continue to be refreshed to support this work.

8.0 ENGAGEMENT/CONSULTATION

We will maximise all possible communication and engagement channels to allow people and stakeholders to make a contribution to the consultation and express their views. The consultation will run for a 90 day period with an additional 2 weeks to allow for the Christmas and New Year period. The proposed dates for consultation are 27th November

2017 – 5th March 2018. (Please see appendix 1 for the Communications and Engagement Framework)

In order to maximise opportunity to include Local Authority officers and Elected members in discussions, the CCG have proposed to choose an alternate date for Governing body to receive the final recommendations so to avoid the Purdah period.

9.0 EQUALITY IMPLICATIONS

Equality Impact Assessments have been undertaken and will be published on the CCG website on 27th November, the impact assessments will continue to be refreshed to support this work. The development of arrangements for urgent care transformation will:

- Give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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APPENDICES

Communication and Engagement Framework

REFERENCE MATERIAL

- General Practice Forward View (April 2016) https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
- Next Steps on the NHS five year forward view (March 2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
- Integrated Urgent Care Service Specification (August 2017) https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
- Urgent Treatment Centres, Principles and Guidance https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres–principles-standards.pdf
- Urgent and Emergency Care Review: End of Phase 1 engagement report (2013) https://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date