

Urgent Care Transformation Update

Joint Overview and Scrutiny Committee

Tuesday 11th December 2018

1. Background and National Context

The “Next Steps on the NHS Five Year Forward View (5YFV)” was published on 31 March 2017. This plan explains how the 5YFV’s goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the NHS’ main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients. One element of the UEC section of the FYFV is the roll-out of standardised new ‘Urgent Treatment Centres’ to address some key elements of urgent and emergency care;

- Acknowledgement that across the system, the 4 hour standard is suffering which negatively impacts on patient experience
- Overcrowded A&E departments with many people attending inappropriately when they could be treated in a less acute environment
- Ambulance turnaround delays which has an impact locally
- Variation in the local offer supporting the delivery of urgent care

Wirral is not immune to these issues. We know that almost half of the patients that attend A&E could have been treated elsewhere. This puts undue pressure on A&E and causes overcrowding, meaning that those patients who are very poorly and in need of emergency interventions, may not be seen as timely as they could be. We also know that we are not meeting the required performance (4 hour) standard locally within A&E which impacts negatively on a range of concerns, most notably patient care.

NHS England set out to conduct a full review of urgent treatment services in the NHS, with the findings evidencing that patients and the public told of the confusing mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service. Within and between these services, there is a confusing variation in opening times, in the types of staff present and what diagnostics may be available: *“Patients tell us that the range of alternatives available can be confusing – Walk In Centres, Urgent Care Centres, Minor Injury Units and others with local names and all with differing levels of service”* **NHS England, Urgent Treatment Centres ‘Why Change?’** – please refer to the Frequently Asked Questions section of the Urgent Care website (www.wirralurgentcare.nhs.uk)

As a result of this review, NHS England issued a national mandate for the implementation of standardised urgent treatment centres, setting out a core set of standards to establish as much commonality as possible. (Please refer to the Frequently Asked Questions section of the Urgent Care

website -www.wirralurgentcare.nhs.uk). Although this is a national mandate, we needed to understand the local context in order to ensure that this one opportunity to improve urgent care was focused on addressing the needs particular to Wirral.

Wirral is not unique in facing these issues and NHS England has mandated a number of new service developments which include an improved NHS 111 service and the introduction of Urgent Treatment Centre's across the country. These national developments will help to make urgent care services work better for patients and to ensure that Accident and Emergency Departments deal with the most poorly and vulnerable people. It is our intention to locate the Urgent Treatment Centre (UTC) for Wirral at Arrowe Park Hospital by developing the existing Walk in Centre. This location provides the best clinical model for patients as the UTC will be located adjacent to the Accident and Emergency Department and will provide a single 'front door' to access urgent care on the Arrowe Park site, so that our A & E staff can concentrate their clinical skills on emergency care.

2. The Drivers for Change

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

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

Almost half of patients who went to Arrowe Park Hospital's A&E last year had an illness or injury that could have been treated elsewhere. This puts undue pressure on Wirral's only A&E, and means that some of the most vulnerable and poorly people in Wirral are experiencing long waits for the care they need. As well as this we had to consider other issues:

- Variation - Wirral residents recognised the need for change. Following our engagement with the Wirral public it became apparent that there was definite confusion amongst people regarding the options available to access urgent care currently.
- The cost envelope for delivering urgent care in Wirral remains the same. The urgent treatment centre is mandated, with its 27 standards having to be consistently implemented to improve the overall offer of urgent and emergency care. This means that we have to use our financial resources more efficiently and look at how we can deliver both the UTC and community offer within the existing cost envelope. Whilst there is no expected cost reduction from the transformation work, the only new funding is linked to the £1.8m for investment in extended access to primary care meaning that we will offer GP or Nurse appointments during evenings and weekends (8am-8pm, 7 days per week).
- NHS 111 - Enhance **NHS 111** by increasing the proportion of 111 calls receiving clinical assessment, so that only patients who genuinely need to attend A&E or use the ambulance service are advised to do this. GP out of hours and 111 services will increasingly be combined. By 2019, NHS 111 will be able to book people into urgent face to face

appointments where this is needed. NHS 111 improvements include e-prescribing and NHS 111 online which will allow people to enter specific symptoms and receive tailored advice on management.

The following initiatives are described in more detail in the section below:

Initiative	Timescale
NHS 111 clinical advice over the phone	Achieving target
Local Wirral CAS pathways	24 hour CAS pathway live
Direct Appointment Booking	Live in GP OOH from May 2018 Timescale TBC for in-hours GP
111 Online	Live from July 2018
Urgent repeat prescriptions from NHS 111	Live from August 2017
Urgent new prescriptions from NHS 111	Early 2019
NHS App	2019

- Sustainability - We need to ensure that we create a sustainable and future proof urgent care offer for the people of Wirral. We know that the healthcare needs of people are changing, for example increasing number of older, frail people living longer with multiple long term conditions and we need to develop options that are tailored to meeting these evolving needs. By redesigning the way in which we deliver urgent care, we can use our resources more efficiently to create a sustainable and patient centred service.

3. Engagement and Consultation

Engagement in relation to urgent care services had commenced as early as 2009 and continued until the completion of Value Stream Analysis workshops in 2016 which signalled the commencement of the transformation programme. The previous engagement activity (summarised in Appendix 1 – Engagement Timeline) had identified many common themes that are replicated across England and this was used to inform the VSA workshops with providers, stakeholders and patient representatives.

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

The confusion experienced by patients is not unique to Wirral and is also summarised as one the principle reasons for NHS England to transform Urgent Care services in England.

<https://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>

This has also been cited by The Kings Fund in their analysis of A & E waiting times:

<https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>

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

In February 2018, we sought to supplement earlier engagement by opening a pre consultation Listening Exercise. This included an on line survey, focus groups, stakeholder engagement meetings and visits to urgent care locations to speak with people using services during this period. Focus groups were targeted on the basis of the initial equality analysis and activity data. Stakeholder engagement included a dedicated briefing session with councillors from Wirral Council and attended by councillors and officers from Cheshire West and Chester Council. The purpose of this session was to present the Case for Change and to seek views to inform the options development. This methodology was replicated with colleagues from Primary Care including General Practitioners, Practice Managers, Dentists, Optometrists and Pharmacists. The results of the Listening Exercise were published on the CCG website.

During the options development phase and NHS England Service Change Assurance Process a steering group has included representation from Healthwatch Wirral and the CCG lay member for Patient Engagement to allow for challenge and advice. The CCG has an established Patient and Public Advisory Group whose members have been independently appointed and this group received regular briefings on the overall development process, the communications and engagement plan and informed the development of the consultation communication materials. The communication materials for the consultation were tested on a wider virtual group prior to the launch of the consultation.

Consultation engagement commenced on the 20th September 2018, with the issuing of notification letters to stakeholders and the launch of a dedicated website for the consultation materials. Informal briefings were held with principal stakeholders prior to the launch of the consultation.

The engagement is ongoing and includes focus groups, public meetings, stakeholder engagement meetings and visits to current urgent care locations. Local and regional media have been utilised to highlight the consultation and a household postcard drop has been completed. Engagement activity has also included visits to shopping centres and social media posting on Facebook and Twitter. The engagement throughout the consultation period is active and the CCG is responsive to requests for additional activity from stakeholders and groups.

4. NHS England Assurance Process

NHS England have established an 'Assurance Process Gateway' which is a framework designed to provide a consistent and streamlined approach for assuring the processes of schemes designed by commissioners and providers to ensure we are adhering to best practice. Part of this approach is to share with NHSE the process we took in terms of:

- Public and Stakeholder engagement
- Communication Strategy
- Programme governance and structure
- Approach and methodology
- Clinical input and system working

Over a 6 month period we were required to pass through a number of 'assurance gateways' which form the overall toolkit used for this process. The purpose of this was to assure NHS England that the proposals we were putting forward were robust and patient driven, adhering to the best practice guidance set out within the assurance toolkit. NHSE also took a national view in terms of other systems undertaking the same process.

This process included a full review of our proposal, including the approach and methodology used. Our communications and engagement plan were also subject to review and as such we were unable to commence formal consultation with the public until such time that these elements were deemed satisfactory and NHSE were fully assured.

NHSE Regional Management Team final approval of our proposals and intent to commence public consultation was received on Friday 27th July 2018 with an additional requirement for NHSE to approve communications materials which were still under development, prior to the launch of the consultation.

5. Governing Body

On Tuesday 6th February 2018 a paper was formally approved by Wirral CCG's Governing Body which was held in public. This paper highlighted the rationale for locating the Urgent Treatment Centre on the Arrowe Park Hospital site. **(Appendix 2 Governing Body Report).**

A full breakdown of the reasons for this can be found later on in this document.

6. Clinical Senate

We recognise that independent review is a key part of this process. On advice from NHSE we have invited the NHS England Clinical Senate to review our process and proposals and this will take place in parallel with the consultation.

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. As part of this process the senate will review a range of things including our approach to communications and engagement, key findings from engagement events, our overall process and approach, the design phase and discounted options.

The senate have been provided with a suite of information and are also conducting a site visit on Monday 26th November 2018 to the intended location of the UTC, Arrowe Park Hospital. Here they will meet with key members of both the Executive Team as well as a variety of clinical staff to better understand the current context. They will also visit existing urgent care sites and speak to members of staff here.

After the site visit has taken place, the senate will provide detailed feedback and recommendation(s) in the form a final report which will be used to help inform our considerations and final recommendations to Governing Body. Whilst we will be taking the senate's findings (along with a range of other factors) into account when forming a final recommendation, we are not formally bound to accept their recommendation(s). **Appendix 3 Clinical Senate Terms of Reference**

7. Process and Approach (pre-consultation & design phase)

Throughout the design phase our main focus has been to ensure that the proposals and options put forward are derived from an understanding of:

- National drivers for change
- Local drivers for change
- Meeting local demand in Wirral
- Future proof and sustainable services

Stakeholder engagement (**Appendix 1 – Engagement timeline**)

We have conducted a variety of activities to gain feedback and knowledge/understanding of the local context. Much of this was collated during 'Value Stream Analysis' (VSA) events (**Appendix 4. VSA Summary**).

A key part of these events was collaboration, with a variety of stakeholders attending to share joined up thinking and knowledge sharing (**Appendix 5. VSA Attendance Lists**). The purpose of these events was to understand the current state, looking at pathway mapping and identifying waste and value added interventions. Attendees were also asked to identify opportunities and challenges as well as help identify any quick wins and longer term objectives. By the end of the first event a number of quick wins and longer term aims had been identified through a collaborative and system approach to thinking.

8. Governance

There is a governance structure for the transformation programme that enables the steering group report on a regular basis directly to the Executive Management Team. The CCG Governing Body and the Joint Strategic Commissioning Board also received briefings in private.

9. Options Development

Following public and stakeholder engagement and Listening Exercise throughout February 2018 we utilised the feedback and commonality amongst themes that arose to inform the development of options for an improved urgent care system for Wirral, to include an Urgent Treatment Centre and a standardised community provision. **Appendix 6 Listening Exercise Summary.**

A number of options were initially developed which included some later discounted:

1. GP Practices

- This option focused on utilising the existing 51 GP Practices across Wirral to deliver urgent care in addition to the nationally mandated Urgent Treatment Centre.
- This option was deemed inconsistent in terms of the ability for such a large number of practises to offer a stable, consistent service which would meet the needs and demand of the Wirral public.
- Hours that could be delivered by each practice is reduced compared to what is presently provided. Allocation of resource is shared widely and also incurs additional fixed costs by using 51 sites

2. Maintain Existing community Urgent Care Provision with the UTC

- This option would not address the current inconsistent and confusing offer across Wirral
- The current cost envelope would not have afforded this option as well as the mandated UTC without significantly reducing the hours of opening across the Walk in Centres/Minor Injury Units
- Significantly reduced hours would not have absorbed the demand or been able to support A&E or front door clinical streaming

- The hours that could be delivered in the community are reduced compared to what is presently provided.
- 3. UTC minimum 12 hour opening with 4 locality hubs**
- The activity that could be delivered in the community was far greater than present Walk in centre and Minor Injury Unit demand.
 - The reduced Urgent Treatment Centre hours would also minimise the potential to reduce low cost activity at A&E.

For a full breakdown of the reasons for the discounted options, please refer to **appendix 7**.

Activity Assumptions and Analysis

- We have looked at services currently provided in Walk in Centres and Minor Injury Units and determined what % of these could be treated by a GP, Nurse or Pharmacist
- Generally, services provided are very similar to those available at local pharmacies and in some cases, the pharmacies are on the same site meaning that patients would not be travelling any further to be seen
- For the Arrowe Park site we have demonstrated that the proposed options would mean for option 1, an additional 37 people per day would present to the site and for option 2, an additional 27 people per day.
- We know that there is an inequity of provision of urgent care across Wirral
- There are variable services with differing costs associated to them
- Despite investing in Walk in Centres and Minor Injury Units, A&E attendances have not reduced
- Our research illustrates that we are not always using NHS resources as efficiently or effectively as possible – for example, GP and Nurses are dealing with concerns that a Pharmacist could actually deal with

Appendix 7a Activity and Finance

10. Bid for Capital Funding

Whilst there are no expected financial savings from the implementation of this scheme, we have been given the opportunity to bid for funding for the new urgent treatment centre. We believe that this scheme will support a shift towards clinical and financial sustainability creating a sustainable model in the existing health economy and provides a platform on which to base our future modelling. Not only does this scheme support public demand for urgent care services, it also underpins the need to invest in local, integrated care in the community as well as providing modern and fit for purpose estate that can clinically support our service models and effectively meet clinical standards. This scheme will not only improve clinical standards but will also support consistent

delivery of service standards by improving patient outcomes and experience as well as supporting the Healthy Wirral System plan. The scheme encompasses the existing A&E department and an Urgent Treatment Centre (UTC) based at Arrowe Park, with the UTC as the single front door for all urgent but non-life-threatening illnesses or conditions. An Integrated Urgent Care Clinical Assessment Service will provide access to urgent care via NHS 111 integrated with GPOOH.

Across Wirral it is recognised that we need to change how we deliver health and care. We have an ageing population, areas of high deprivation and there are pressures being experienced across the health and care system providers. The population outcomes also highlight that we have opportunities to make improvements to benefit the people of Wirral. Locally we need to develop a 7 day community offer that is prepared and resilient for the future to drive sustainable changes and improvements for patients and the population.

At present the current system is organised in a way that is not centred around care pathways or population needs and lacks efficiency in terms of workforce. The proposed model supports more innovative and efficient ways of working, maximising the opportunity that comes with system reconfiguration enabling the system to support a generic workforce, skill mixing staff to promote a blended approach. We believe that this scheme will enable Wirral to meet the A&E 4 hour targets as well as the emergency ambulance response performance standards, including ambulance handover targets.

11. Urgent Treatment Centre Location & Implications

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

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

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

Having a UTC located elsewhere would rely on ambulance transport and could present a risk to patients, given the time it would take to get them to A&E. Many serious conditions such as stroke and heart attacks require **rapid assessment and treatment** to achieve the **best outcomes for patients**.

We know that Wirral’s only A&E is under pressure – locating the UTC next to A&E will alleviate pressures and keep A&E free for those who really need it. Having the UTC at the Arrowe Park site means that patients can benefit from the full range of diagnostic facilities including MRI and CT scanning. These facilities are not available at other sites. Alternative locations were considered for the UTC such as existing Walk in Centres and Minor Injury Units, however they do not offer the same range of facilities or opportunities to **maximise patient safety**.

11.1 Clinical considerations for locating the UTC at Arrowe Park

Co-locating the UTC on the acute site provides enhanced **patient safety**. Those patients that either present critically ill or injured or those who rapidly deteriorate will be reliant upon the ambulance service to transport them to the correct facility (Emergency Department). This is placing additional strain on an already stretched service. We recognise that delays in patient care in an acute or emergency situation could potentially have life threatening implications.

Provide a full suite of **acute level diagnostic services** required for rapid access. The alternative locations only offer a very minimal level of diagnostic services (if any) which do not support the clinical benefits of co-locating an Urgent Treatment Centre with an Emergency Department. Clinically the co-located Urgent Treatment Centre would enable an improved patient pathway – we will reduce the risk of potentially having to transfer patients from an off-site location to the Emergency Department. This could be in the event of a rapid deterioration of a patient whereby reliance on an already strained ambulance service could result in unnecessary delays and risk to patient safety.

Alternatively a patient presenting at the Urgent Treatment Centre may require additional diagnostics or services that are only available at an acute site, meaning delays in patient care, longer waits and visiting multiple locations (having to either be transferred to the acute site or present themselves). This is not an efficient patient pathway and does not support positive patient experience.

Provides a **single front door** for **effective clinical streaming**. These are recognised as key elements to helping sustain a viable Emergency Department service; by receiving patients via one single front door, they can be clinically assessed and determined if they are appropriate for the Emergency Department.

This will reduce the footfall which will have a positive impact on not only the 4-hour target but also the efficiency of the Emergency Department by ensuring those patients in need of emergency care receive it in a timely manner by enabling staff to focus on only the acutely unwell

11.2 Non-clinical considerations for locating the UTC at Arrowe Park

Based on time, duration and frequency we know that the Arrowe Park site does provide the **quickest and most efficient transport links** and is in a centralised location. The centralised location also supports continuity of access times for urgent patients accessing via the North West Ambulance Service route.

To base the UTC elsewhere would unlikely significantly influence a **change of footfall at the Emergency Department at Arrowe Park**. The largest proportion of patients attend Arrowe Park Hospital because they associate it with A&E/ 24-hour access/ consistent offer/ good transport links both public and highways/ default option – this will not change if a Urgent Treatment Centre is based elsewhere – Patients will still likely present to Arrowe Park site, which will clog up the system,

not support the Emergency Department or delivery of the 4-hour target, not support sustainable and generic working to future proof the model, will not support enhanced system resilience and could result in under-utilisation of a Urgent Treatment Centre based elsewhere.

Specialist **mental health care in A&Es**: 74 24-hour 'core 24' mental health teams, covering five times more A&Es by March 2019, than now. The service will be available in more than a quarter of acute hospitals by March 2018 and reach nearly half by March 2019, compared with under one-in-ten today.

Maximises the opportunities for workforce. By co-locating the Urgent Treatment Centre next to the Emergency Department we have the opportunity to build a **flexible, sustainable and future proof workforce** allowing us to flex our capacity between both the Emergency Department and the Urgent Treatment Centre to appropriately meet demand. Additionally we can up skill and skill mix staff to enable them to cross cover and enhance the variation of their work, leading to a greater feeling of job satisfaction as well as overall system benefits to a more generic workforce. An Urgent Treatment Centre based elsewhere other than Arrowe Park site will not support this model and will not allow us to begin to match capacity with the current level of demand

Maximise the opportunity to improve **system resilience**. The development of a co-located Urgent Treatment Centre would also enhance system resilience in the event of a major incident. During a major incident, the vast majority of footfall will be focused at the acute site – increasing the demand significantly.

By having the Urgent Treatment Centre next door to the Emergency Department we will have the additional staff on hand to support major incidents, all focused on the acute site where the demand will be the highest. To base the Urgent Treatment Centre elsewhere will not enable this.

We recognise that transport and car parking are key areas of concern across Wirral and can confirm that Wirral University Teaching Hospital is actively engaging with suppliers (independent of the urgent care consultation) to increase capacity at Arrowe Park. There is also a 'Carpark Strategy' that is reviewing the parking issues at Arrowe Park Hospital and this work is being undertaken in parallel with the consultation. In addition to this we are also in discussion with Merseytravel and Wirral Council Commissioners who are currently reviewing services to make proposed improvements to routes and frequency.

12. Post Consultation and Next steps

The public consultation runs from 20th September to 12th December 2018. Upon the consultation closing we will review all feedback received throughout the consultation period including a full analysis of the results from a public survey. We will also take into consideration findings from the Clinical Senate as well as ongoing discussion with NHS England. The final decision will be made by CCG Governing Body at the Joint Strategic Commissioning Board in April 2019.

Following the completion of the consultation, we will work with all providers taking into account feedback regarding the development of the community offer, prior to a final recommendation being made. Following a final decision on our options, we will revisit the Overview and Scrutiny Committee to provide feedback.

Running parallel to the consultation and forward into 2019 are 4 critical working groups:

- Clinical Modelling and Workforce
- Transport
- Estates and Infrastructure
- Paediatrics

These groups will focus on addressing key elements of the proposed service model with one group being solely focused on mapping the future state clinical pathway for urgent care, taking into account the implementation of the new urgent treatment centre and associated clinical model. We will also tackle workforce issues, underpinning the clinical model. The clinical model will also inform the future contracting approach. Commissioners are supporting providers to work collaboratively and in an alliance state to take forward the transformation work.

Appendix

1. Engagement Timeline
2. Governing Body Report
3. Clinical Senate Terms of Reference
4. VSA Summary
5. VSA Attendance List
6. Listening Exercise Summary
7. Urgent Care Option Briefing – discounted options
- 7a. Activity and Finance data