

Report Title	Urgent Care Transformation – ‘Intention to Review’ Publication
Lead Officer	Nesta Hawker, Director of Commissioning
Recommendations	<ol style="list-style-type: none"> 1. Note the update for the Urgent Care Transformation plans. 2. Discuss and approve the rationale for Urgent Treatment Centre location

1. INTRODUCTION

- 1.1 A paper was presented to the Governing Body on 6th December 2017 regarding Urgent Care Consultation Postponement.
- 1.2 The paper described the national and local context in relation to Urgent Care Transformation (UCT) and the process to date including key messages in the case for change, pre-consultation engagement activity and development of proposals. It also highlighted the benefits, risks and mitigations to postpone the consultation. The recommendations in the paper (copied below) were approved.

Box 1: Recommendations approved on 06.12.17 *(Excerpt from Governing Body Papers 06.12.17)*

The CCG Governing Body is asked to:

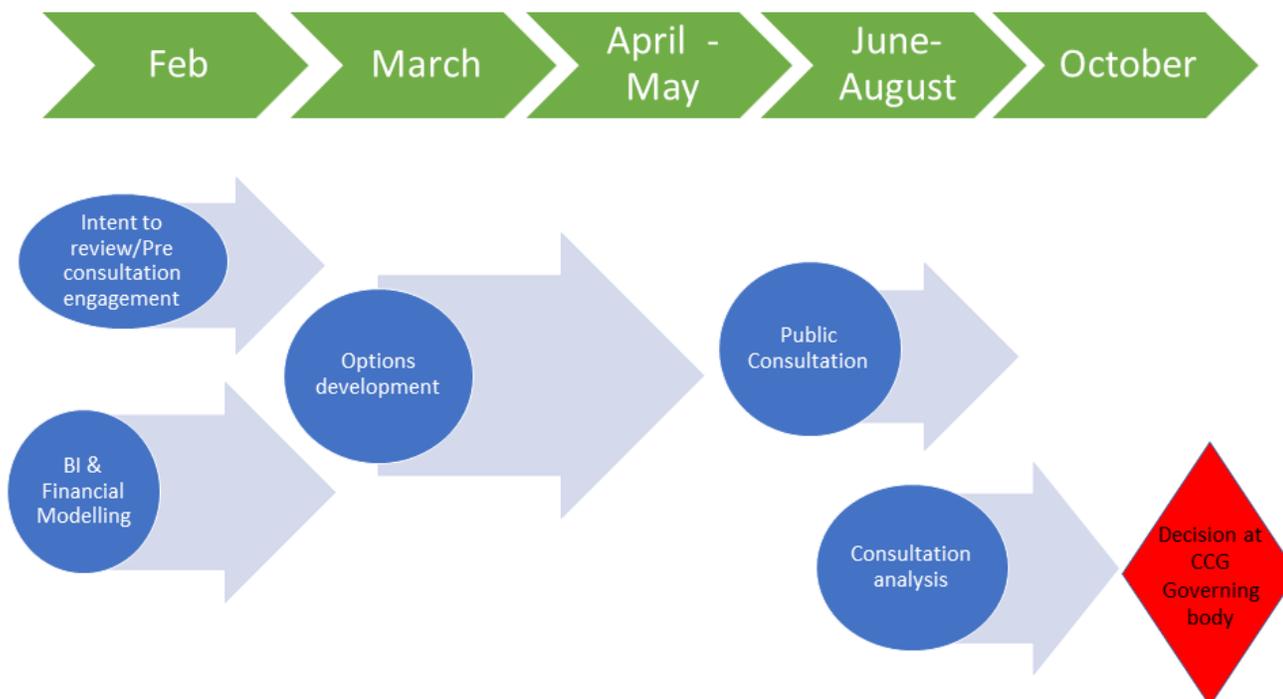
1. Note the NHS England requirements for Urgent Treatment Centre, Primary Care Extended Access and Integrated Urgent Care Service Specification.
2. Note the process undertaken to develop proposals
3. Review benefits and considerations to postpone the consultation from 27th November-5th March to 4th June-3rd August.
4. Approve recommendation to postpone the consultation start date to 4th June and implement mitigation actions as described in table 2.
5. Approval to progress the estate developments and potential staffing model of the Urgent Treatment Centre

- 1.3 This paper provides an update on the revised timescales and the rationale for the location of the Urgent Treatment Centre to be at Arrowe Park.

2. KEY ISSUES / MESSAGES

- 2.1 Timeline** - the timeline below shows the activity over the coming months to enable us to use public insight and activity, workforce and financial data regarding the use of urgent care services to further develop options to propose to the public in summer 2018. The analysis of the consultation will lead to recommendations to be presented at the Governing Body on 2nd October 2018.

Figure 1: Timeline for Urgent Care Proposal Development



2.2 Intention to Review – Listening Exercise: At this point we are publishing our intention to review Urgent Care Services and whilst we know a lot about people’s experiences from both a national and Wirral perspective we want to provide people with a further opportunity to tell us about their use of current Urgent Care Services. This will help us develop options which will then be subject to a public consultation in the summer of 2018. This listening exercise will run from 7th February 2018 to 28th February 2018. The engagement activity includes a public event and series of focus groups, a face to face listening roadshow, website and social media and printed documents. There are also specific events with elected council members and primary care.

2.3 Implementation of mandated Urgent Treatment Centre

- 2.3.1** As described in the Governing Body paper on 6th December 2017, the mandated elements that NHS England have specified are the ‘must haves’ for delivery of urgent and emergency services which include the introduction of Urgent Treatment Centres (UTC), extended access to GP services and a more joined up approach to services including NHS 111 and GP Out of Hours by the end of 2019.
- 2.3.2** Further work has been undertaken to clarify the rationale for the location of the Urgent Treatment Centre. Due consideration of all of the data and statutory requirements have been taken and it is our recommendation that the Urgent Treatment Centre is based on the Arrowe park site, by the development of the walk in centre on site .
- 2.3.3** The rationale will be shared during the Listening exercise and views will be sought on the impact that this will have on patients and public. These views will feed into the draft Quality Impact Assessments which are in development with the CCG quality team. The rationale is further detailed below.

Rationale for location of Urgent Treatment Centre

- 2.3.4 It meets population need:** the Case for Change highlighted that due to the size of the population, geography of Wirral and demand for urgent care services one centre would meet the population need
- 2.3.5 It aligns to public behaviour trends:** the Case for Change highlighted that even with a range of alternative urgent care facilities in the community the public continue to attend the Arrowe park site for urgent care needs. Changing behaviour is challenging and we have recognized that by providing a robust outward facing community front door at the Arrowe Park site this works with behaviour trends rather than against.
- 2.3.6 It meets NHS England standards:** one of the National Standards includes the requirement to have protocols in place to manage critically ill and injured adults and children and the benefits of a joint leadership role of an A&E Consultant. These standards would be best achieved on the Arrowe park site. (Standard 9 Source 'Urgent Treatment Centre's Principles and Standards' July 2017).
- 2.3.7 It would provide a more streamlined pathway of care and improved health outcomes for patients:** the Urgent Treatment Centre would provide a single front door at the Arrowe Park Site for patients with an urgent care need, this would be a more seamless pathway for patients, who would be seen by the most appropriate clinician in a timely manner (including psychiatric liaison access). It would also provide access to more timely diagnostic tests and results. This would also improve patients health outcomes.
'There is more support for urgent care services co-located within emergency departments (Royal College of Paediatrics and Child Health 2014). Co-located services can stream patients through one 'front door' and thus reduce A&E attendances.' Source: Nuffield Trust *Shifting the Balance of Care: Great Expectations' (March 2017)*
- 2.3.8 It would provide an integrated outward facing community offer spanning physical and mental health:** having the UTC at Arrowe Park would provide a strong primary and community offer for patients, with the opportunity to support patients during the urgent care episode and support/referral to community interventions. Psychiatric Liaison and Dementia Nurses are already onsite, by co-locating the UTC at Arrowe Park this would improve access to mental health support (building on the development to meet core 24 standards).
- 2.3.9 It would enable a more integrated, safe and flexible workforce:** Provides the opportunity to increase the interdependency and mutual support of primary and secondary care practitioners, with a gradual transfer of skills, knowledge and shared competencies creating a more integrated, safe, effective and flexible workforce over time. From a quality – patient safety perspective this could include possibility for rotation across the A& E and UTC to include reciprocal clinical supervision, and primary and secondary care placement opportunities, this would be easier to establish on the same site. This would also enable the possibility to develop joint robust clinical governance arrangements with consistent standards across A&E and UTC (secondary and primary care).
- 2.3.10 It would provide improved system flexibility and resilience:** having both the UTC and A&E on the same site would give greater flexibility (i.e. staff/patients could possibly be redirected between UTC and A&E to meet demands) and ability to respond to a major incident.
- 2.3.11 It would enable implementation within cost envelope:** If the Urgent Treatment Centre is not located at the Arrowe Park site there will be an additional cost to the system. If the Urgent Treatment Centre is delivered elsewhere (where possible utilizing existing estates within the health and social care economy), Clinical streaming and a walk in centre would still be required at the Arrowe Park site. By redesigning the urgent care services at the Arrowe Park site this would enable the best use of the financial envelope.

3. IMPLICATIONS

3.1 FINANCIAL IMPLICATIONS

If the Urgent Treatment Centre is not located at the Arrowe Park site there will be an additional cost to the system. If the Urgent Treatment Centre is delivered elsewhere (where possible utilising existing estates within the health and social care economy), Clinical streaming and a walk in centre would still be required at the Arrowe Park site. By redesigning the urgent care services at the Arrowe Park site this would enable the best use of the financial envelope.

RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

As part of the Urgent Care Transformation Programme the CCG is setting up working groups to work collaboratively across primary, community, acute and social care colleagues to design the staffing model and plan the estates and ICT requirements.

3.3 RELEVANT RISKS

- 3.3.1 One issue we are already aware of is transport links to the Arrowe park site so we have a working group set up to start to address these issues.
- 3.3.2 The Urgent Treatment Centre will be GP led, therefore having access to primary care IT systems in an acute hospital site will be required. EMIS remote will need to be utilised for this and this is already used for the Extended access service based at Arrowe Park. IT issues will be addressed by the working group described in section 3.3.

3.4 ENGAGEMENT/CONSULTATION

Described in section 2

3.6 EQUALITY IMPLICATIONS

The equality impact assessments that have been undertaken have highlighted some protected characteristic groups which have been included in the communications and engagement activity plan.

4 CONCLUSION

The CCG Governing Body is asked to:

1. Note the update for the Urgent Care Transformation plans.
2. Discuss and approve the rationale for Urgent Treatment Centre location

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REFERENCE MATERIAL

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

5 APPENDICES (Must be copied below or available on request – do not embed)

No.	Title of Appendix