Healthy Wirral

Urgent Care
Value Stream Analysis (VSA)

Update for CCG Operational Group

6th December 2016

NHS WIRRAL

Working in partnership:
Wirral Clinical Commissioning Group
Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

Context – Current System

- Complex system with multiple entry points means the default is often the easiest point of access i.e. A&E or 999
- Multiple access points offering subtly different services – can lead to duplication
  - patients can often access more than one service during a single episode
  - poor journey for the patient and costs more
- Increasing demand and rising costs – services need to transform to meet the needs of a changing demographic

Context – Drivers for Change

- Better care, better health, better value
- Feedback from the public and patients demonstrates confusion
- Ongoing and consistent failure to achieve the A&E standard (95% of patients being seen and admitted or discharged within 4 hours)
- Delayed ambulance handovers at Arrowe Park
- Direction of travel – 'Five Year Forward View' – New Care Models
- Emergency Care Improvement Programme (ECIP) – action plan identifies improvements required in:
  - hospital patient flow
  - assessment prior to admission
  - effective assessment outside of the hospital setting at discharge

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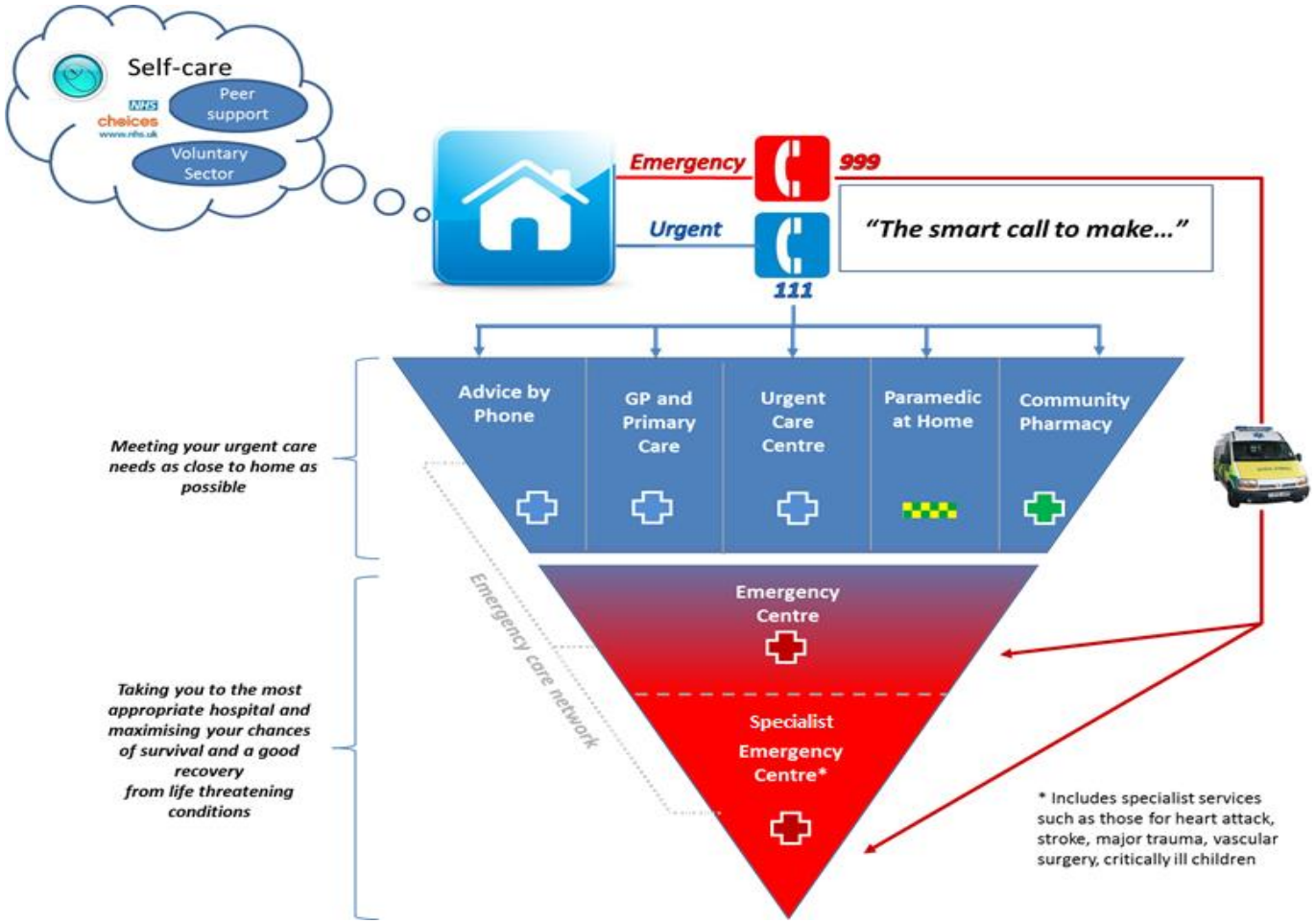
Context – National Review



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Context - Healthy Wirral 5 year Strategic Plan

Enabling Strategies

Patient insight & engagement / Clinical insight & engagement / Wirral Care Record / Digital Map / I.T. / Workforce / Programme Management Office

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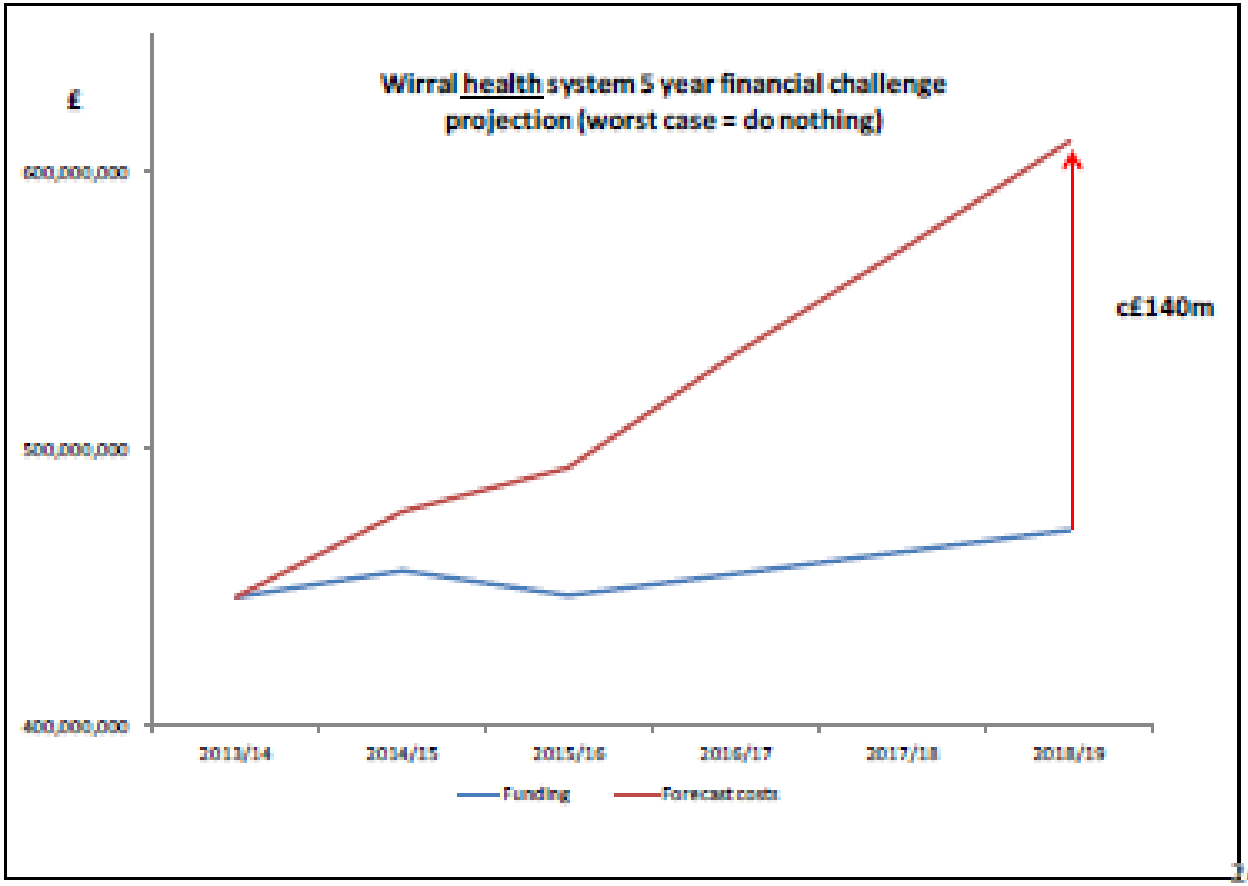
Financial Challenge



Purpose & Outputs – Day 1

- Understand the 'current state'
  - Data review (activity and finance)
  - Current pathway mapping and review
- Identify waste and value added intervention
- Identify opportunities and challenges
- Identify quick wins and bigger ideas
- Overarching theme ……

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All Day health Centre Walk-in-Centre?

Practice Nurse?

District Nurse?

One Stop Shop?

Ambulance?

Birkenhead Minor Injury and Illness Unit?

All Day Health Centre?

Health Visitor?

Moreton Minor Injury and Illness Unit?

VCH Walk-in-Centre?

Eastham Walk-in-Centre?

VCH Minor Injury Unit?

999?

Pharmacy?

GP?

Parkfield Minor Injury and Illness Unit?

GP Out-of-Hours?

Home Treatment Team?

A&E?

111?

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999

A&E

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Outputs From Day 1 – Quick Wins and Bigger Ideas

Area	Progress
Quick Win – New Intermediate Care Model / Out of Hospital pathways	New model devised – on track for implementation prior to winter (Oct / Nov 16)
Quick Win – GP follow up appointments after contact with GPOOH	'Golden Ticket' pilot implemented
Bigger Idea – New model for unplanned care	Focus for afternoon session of Day 2 VSA
Bigger Idea – Communication Strategy	To be developed in conjunction with development of new model

Purpose – Day 2

- Evolve thinking from the 'current state' of day 1 - imagine what could be possible
- Shape ideas to begin to build a transformed service
- Develop options for wider stakeholder / public consultation
- Not about making a decision on the day about what the new system will look like

Revised Vision (Agreed Day 2)

- By 2018 our urgent and unplanned care system will be:
  - **Responsive**: Quick access to the very best advice and care, delivered as close to home as possible
  - **Reliable**: Right care, first time – with consistent delivery across service providers
  - **Efficient**: Improved quality and effectiveness whilst reducing cost

Key Themes (Day 2)

- Use of technology
  - Advice & Self-help
  - Apps
  - Phone/ live chats / internet
  - Access to Directory of Services
- One contact point for anything
- Co-ordinated approach to care
- Promote self-care/self-management
- ‘Speedy’ access to services
- Consider wider Health and Social Care system – not just health in building the solution
- Join the dots across the whole system including the third sector

Common Outputs from Day 2 (across all groups)

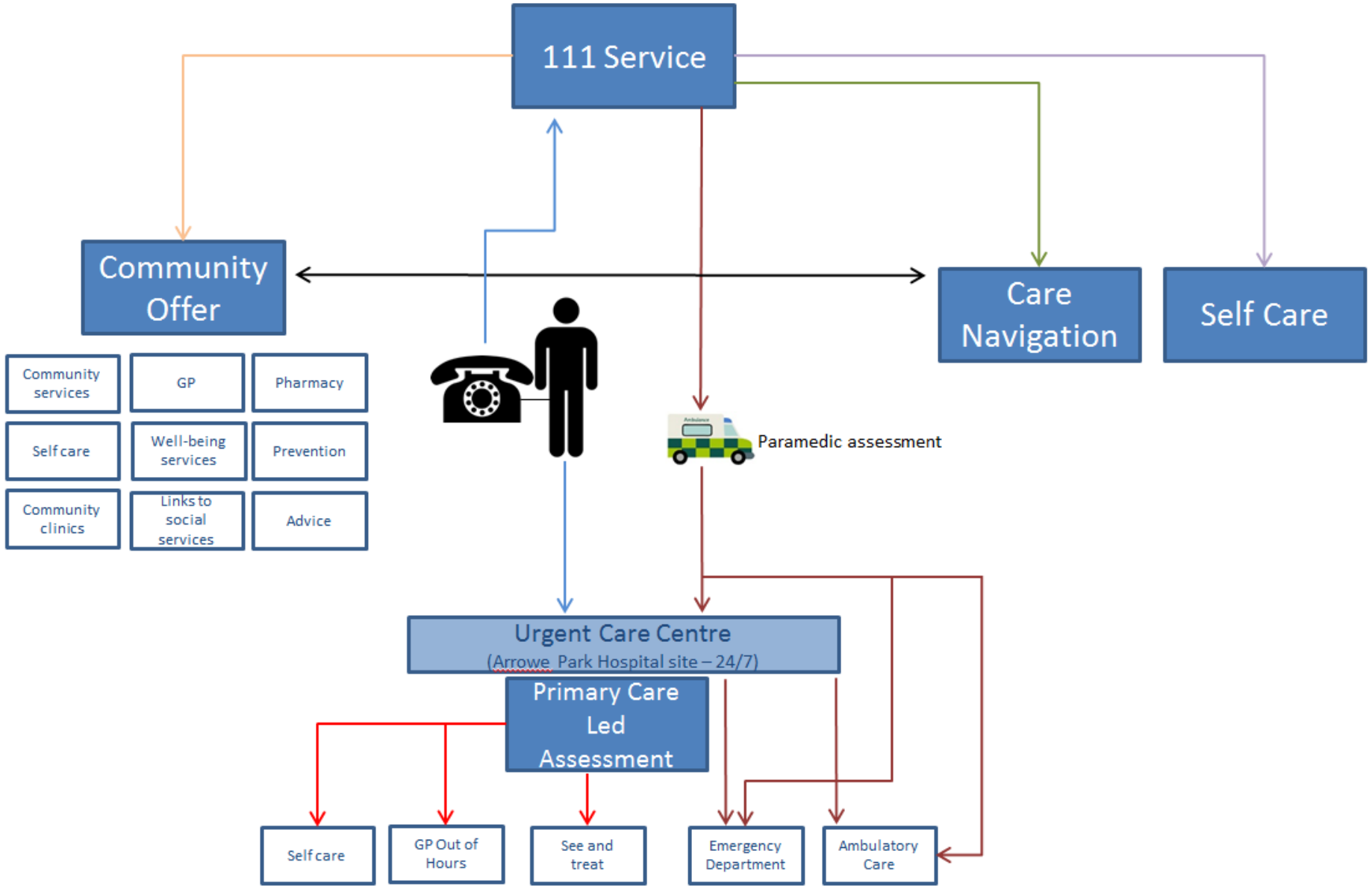
- Common themes included the concept of an 'urgent care centre' to replace existing walk-in facilities
  - Opinion split between whether this should be on the Arrowe Park site or elsewhere in the community
  - 1 group identified the concept of a 'Primary Care Village'
- Acknowledgement that a revised local offer would be required if there was a centralised urgent care centre – this could be:
  - Consistent urgent access to GP practices
  - Redesigned walk-in facilities to deal with non-urgent issues e.g. dressings etc.
  - A focus on wellbeing and advice to prevent crisis

- Consistent agreement that A&E should be an Emergency Department only with an alternative offer for walk-in minor presentations
- Differing views in terms of deflection – view that people will turn up anyway so develop a facility that can cope with the demand – more prevalent opposing view that patients need to be deflected to more appropriate venues to support education and culture change

Potential Models Identified from Day 2

- 4 groups developed 4 subtly different models:
  - 1. Centralised urgent care centre on the Arrowe Park site with a community offer that included wellbeing centres / dressing clinics
  - 2. Centralised urgent care hub on the Arrowe Park site with primary care front door and scaled down community offer
  - 3. Development of a Primary Care Village (venue to be determined) which would see groups of GP practices working together to deliver a first response for urgent care
  - 4. Close ED to walk-in patients and develop a consistent community offer in each constituency

Group 1 – Urgent Care Centre



Group 2 – Primary & Community Care Hubs (Urgent & Planned Care)

GP Practice (x53)
Unit level GP practice access standards e.g. 75 appointments per 1000 patients per week

Primary & Community Care Hub* Birkenhead

Primary & Community Care Hub* West Wirral

Primary & Community Care Hub* Wallasey

Primary & Community Care Hub* South Wirral

111 (999) Service

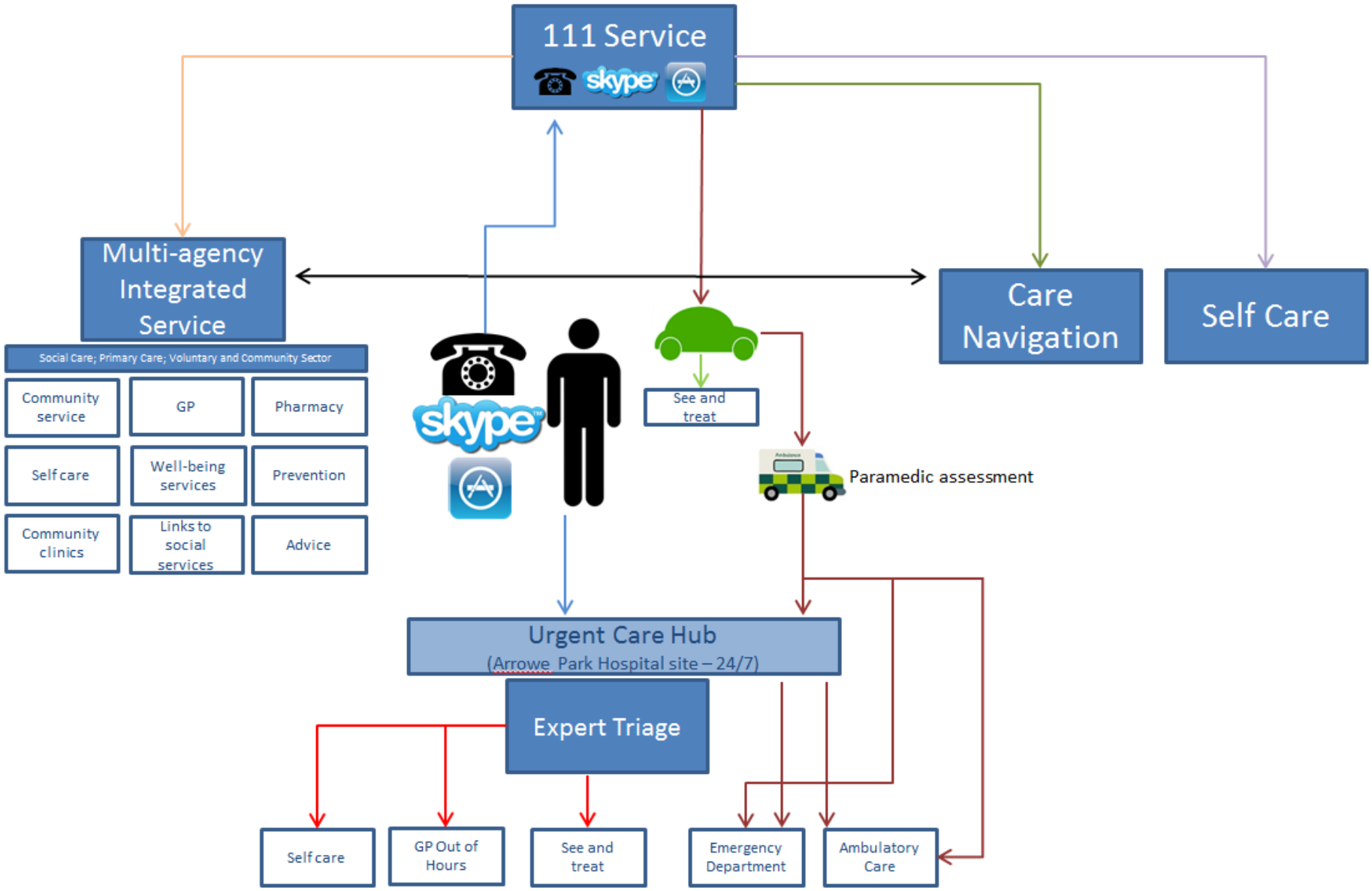
Emergency Department
(no walk-in element)

Self Care

Primary & Community Care Hubs
(Urgent and Planned Care)

- Walk-in / not walk-in? – senior clinician triage
- Diagnostics plus point of care testing
- Phlebotomy
- Outpatients e.g. diabetes, respiratory
- Community nursing
- ICCH
- Pharmacy
- Extended primary care team members e.g. pharmacist, physio, community connector
- Extended GP 7 day services
- Social and 3rd sector presence
- *GP Out of Hours – 1 hub only. All other hubs 8am – 8pm

Group 3 – Urgent Care Hub



Group 4 – Primary Care Village

Primary Care Village

Central Location e.g VCH, SCHC or small local cluster of GP Practices & Primary Care Centres

Scale 0-10 for Transformation = 5+

Multi Professional Disciplines

- Primary Care doctor/GP
- Advanced Nurse Practitioners
- Care Navigators
- Health Coaches

Potential Service Offer

- Face to Face/ tele Consultations
- Phlebotomy
- Point of Care testing
- Easy Access Diagnostics
- Counselling
- Health Visitor/Ante Natal Support
- Social Care Services
- Housing & Accommodation Services
- Therapies/OT/Physio
- 3rd Sector CAB & Lifestyle Advice
- Primary Care Mental Health

Pharmacy

GP Out of Hours

Secondary Care

IT & APPS

What needs to happen to realise this vision?

1. Agree the concept model
2. Patient/LA/etc engagement
3. Governance
4. Closure of WiC's/Employment/TUPE
5. Short term -use existing practices to develop future/other services
6. Long term – identify practices and locations
7. Involve LMC

What can you do to help?

1. Take risks/share risks
2. Champion the model
3. Be supportive
4. Good robust project planning and communication
5. System leadership and Partnership working

Key Differences 2016 v 2018

- Primary Care first point of call
- Walk in Centres have closed
- Primary Care Village/UCC Open 8.00 am-10.00pm 7 days a week
- Services tailored to need of locality
- On the day diagnostics e.g Phlebotomy Sit & Wait
- Smart Phone Apps and technology for self-assessment
- More closed episodes of Care
- A never full GP Practice

Checklist

- Meets the vision – Responsive, Reliable and Efficient?
- Better Health, Better Care, Better Value?
- Meets requirements of the national review?
- Reduces confusion in the system?
- Positive impact on A&E standard and ambulance turnaround times?

Outputs from Day 3

- Process undertaken to review advantages, disadvantages and challenges for implementation of the 4 models
- Process identified similarities between models and suggested the 'Primary Care Village' model was more akin to primary care service redesign than a model for urgent care
- Result was 2 distinct models for consultation emerged:
  - Primary Care led Urgent Care Centre based on the Arrowe Park site with revised community offer
  - Emergency Department only at Arrowe Park with all other urgent care provided in 4 constituency hubs

Next Steps (1)

Next steps outlined to the group as follows:

- Produce final consultation document and agree with key stakeholders – December / January 2017
- Financial analysis of agreed models – system approach supported by public health finance – December / January 2017
- Commence consultation – February 2017
- Use consultation insights to agree final option for implementation – May 2017 onwards
- Ongoing involvement of VSA group

Next Steps (2)

- Group expressed significant concern (reiterated by CCG Lay Member) regarding proposed timescales
- Agreed further scoping required to finalise timings of next steps
- Communication plan identified as an essential requirement / next step due to complexity and potentially contentious nature of proposals