



Wirral  
Clinical Commissioning Group

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# Urgent Care Transformation

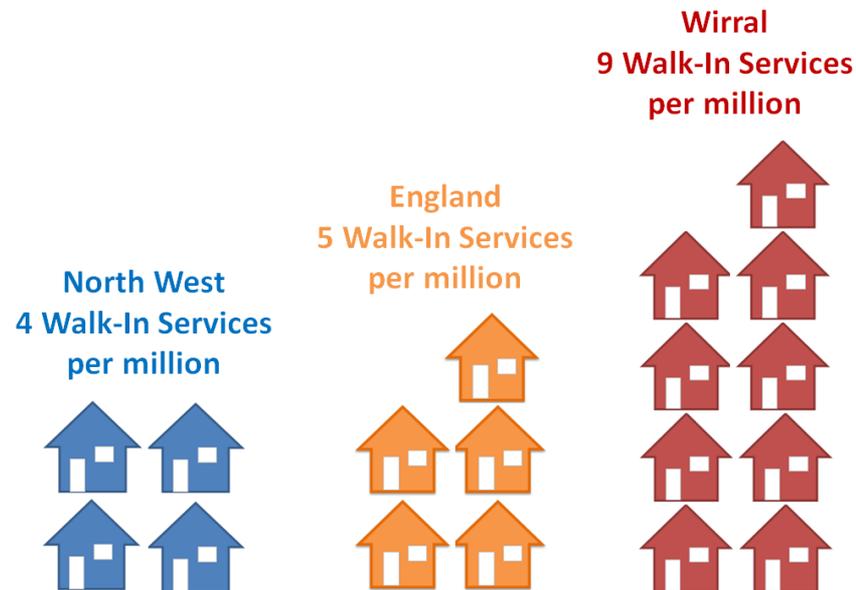
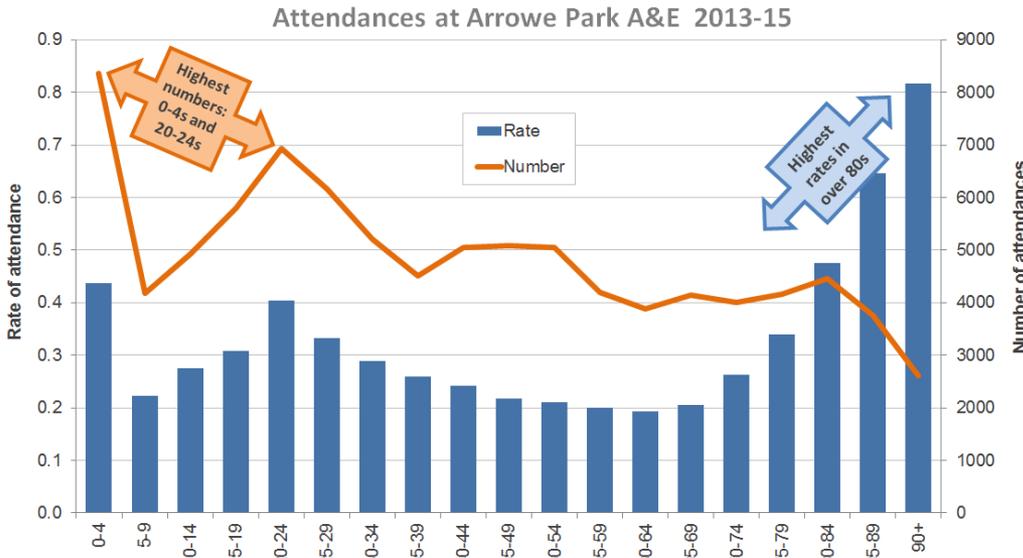
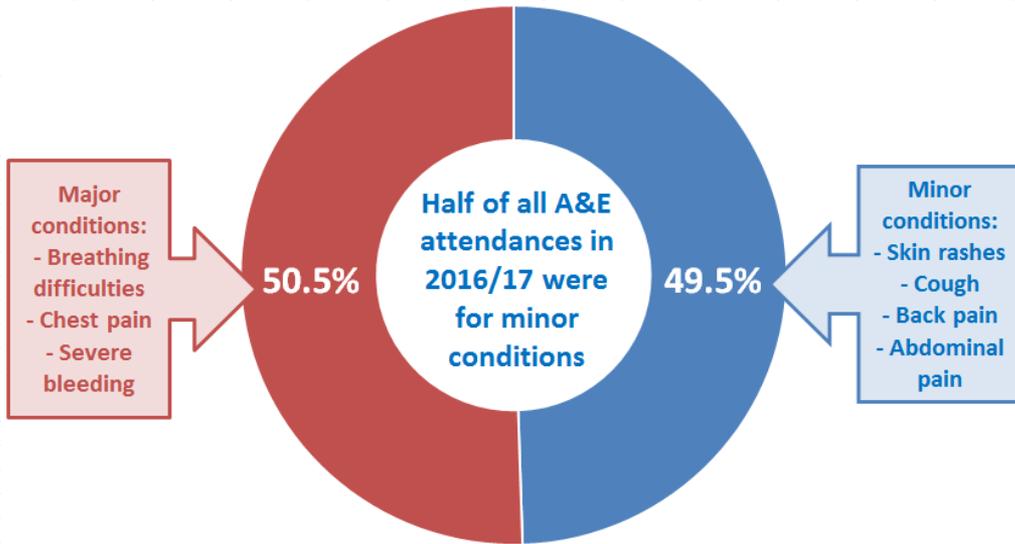
Listening Exercise OPP

9.02.18

# National Context

- In April 2016 NHS England published further guidance in the form of **General Practice Forward View (April 2016)** which describes requirements to ensure improvements in both 'in hours' and 'out of hours' access to Primary Care as part of a broader Integrated Urgent Care (IUC) offer.
- **NHS England Next Steps on the NHS five year forward view (March 2017)**
  - Mandate to standardise existing Walk In Centres (WiC) and Minor Injuries units (MIU) through the implementation of **Urgent Treatment Centres (UTCs)**, open 12 hours a day, seven days a week and integrated with local urgent care services. With the expectation that 150 UTCs would be operational by **December 2017** and any remaining transformation work in respect of current WIC/MIU being complete by **December 2019**.
- In August 2017 NHS England shared the **Integrated Urgent Care Service Specification** with commissioners. A comprehensively detailed document which sets out the requirement for CCGs to ensure delivery of an IUC offer which includes a 24/7 clinical advice service (CAS) fully integrated with NHS111 and direct booking to both in hours and out of hours primary care appointments **by March 2019**.

# What local data tells us



# What local people have told us

People are confused about what is offered and therefore will choose to go to the Emergency Department because they know they will be seen.



There should be a greater use of technology to enable people to make the right choice when they need to access urgent care services.



There should be more coordination in how urgent and emergency care is delivered.



There needs to be consistent urgent access to GP practices.



There needs to be a greater emphasis on 'Self Care', which means that people make every effort to care for themselves before using urgent and emergency care services.



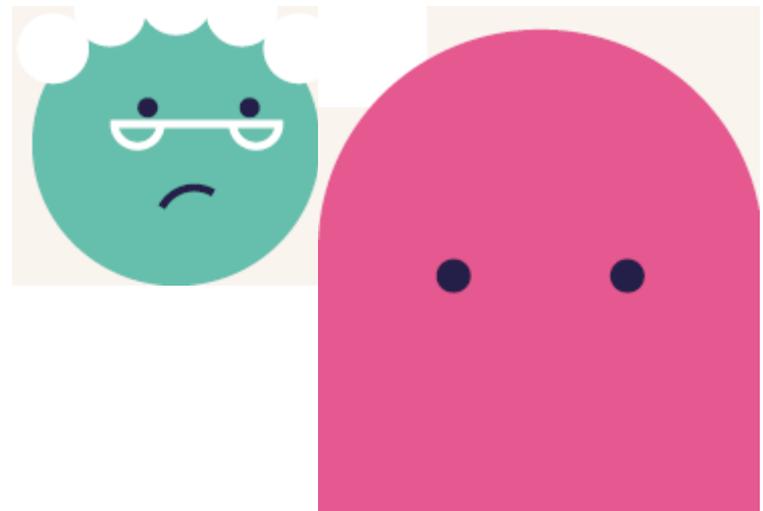
Services should be redesigned to deal with non-urgent issues like wound dressings.

There should be an increased focus on promoting...

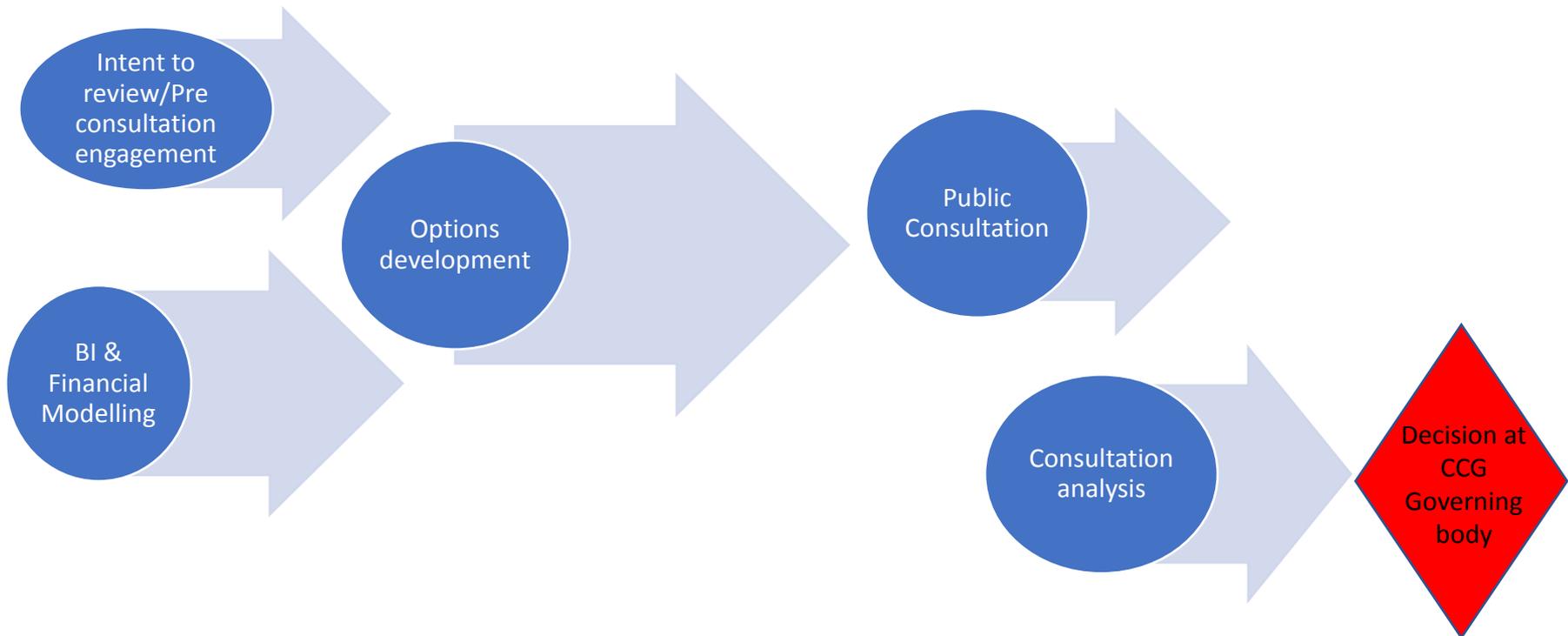
**health and wellbeing**

# Lizzy and Michelle

- Lizzy is 75 and lives on her own. Her daughter Michelle visits her every day. Lizzy has some difficulty with mobility. During a morning visit, Michelle becomes worried when she notices that Lizzy is more confused than usual, and is not eating. Lizzy has also been off her feet. Lizzy doesn't want to go into hospital. Michelle knows that last time Lizzy was in hospital, she became very confused and distressed.
- Michelle rings 111 and is told to expect a call back, but after two hours she has not heard back. Michelle rings her mum's GP, who knows her well, to ask for a home visit. She is told that a GP is not available until later that day.
- In the meantime, Lizzy starts to deteriorate quickly. Michelle rings 111 again and they advise her to call an ambulance. Michelle is now waiting with her mum in A&E on a busy Friday evening.



# Timeline



Wirral Urgent Care Principles	What does it mean to me? (Person Centred Outcome Measures)
1. <b>Standardised and simplified Access</b>	I know where to go or who to contact when I need urgent or emergency care or advice. I receive the same standard of advice and care whichever service I come into contact with.
2. <b>Having urgent care services that are convenient and improve health outcomes and experience.</b>	I have access to urgent care services that are easy to get to and to use. I am confident that I will be seen quickly and my healthcare need will be met.
3. <b>Improved A&amp;E performance against 4hr standard, reduced attendance and conveyance to A&amp;E</b>	If I need an ambulance or treatment at A&E, I am confident that I will be treated to a high standard within a safe timeframe.
4. <b>A more efficient service through NHS and other partners working together</b>	My healthcare information will be available to staff who need it to care for me. Staff and services will work together to deliver efficient, high quality health and social care .
5. <b>Person-centred care, that takes into account wellbeing</b>	When I am seen or treated, I feel that my needs are being met, and I have the opportunity to discuss them. If I am a carer, I feel reassured and confident that the person I care for has a good patient experience, and we can get the support we need.
6. <b>A sustainable workforce that uses information about me to deliver high quality care</b>	I am confident that the staff who see me can give me appropriate advice and treatment based on the information they have about me. I feel reassured, respected and cared for when I access a service.
7. <b>Services which staff are proud to be part of</b>	As a member of staff I feel confident, empowered and supported to provide high quality urgent care and feel that the service I deliver benefits the people of Wirral

# Urgent Treatment Centre requirements

The urgent treatment centre minimum standards are

- GP led service with other multidisciplinary clinical workforce
- Open for at least 12 hours a day, seven days a week, 365 days a year
- Direct booking from NHS 111 and other services
- Access to care records
- E-prescribing ability
- Access to simple diagnostics
- Access to x-ray facilities
- All urgent treatment centres must have direct access to local mental health advice and services.

# Urgent Treatment Centre requirements

## **The Urgent Treatment Centre needs to**

- meet population need
- align to public behaviour trends
- meet NHS England standards
- provide improved system flexibility and resilience
- provide a more streamlined pathway of care and improved health outcomes for patients
- provide an integrated outward facing community offer spanning physical and mental health
- enable a more integrated, safe and flexible workforce
- enable implementation within cost envelope

Based on the above, in our professional opinion the best possible scenario would be have one Urgent Treatment Centre on the Arrowe Park site.

# How to feed in your views...

- **Listening exercise 7<sup>th</sup> – 28<sup>th</sup> February:** the purpose of this will be to publish our 'Intention to review' which will include the publication of our work to date and associated data as well as our expected outcomes for the review and subsequent consultation.

## **How to feed your views in:**

- On Wednesday 7<sup>th</sup> February on CCG website there will be details of the **email address** for people to send their views/feedback to us and an **online survey** to capture views.
- We propose to have an **evening event** for all practices to attend where there will be an opportunity to feed in views – date to follow! This is likely to be hosted by the LMC but open to all GPs and practice staff.
- We will also be attending current urgent care facilities as part of a **roadshow** to capture insights from staff and patients – these dates will also be published.
- Following this engagement we will use the information gathered to inform the next phase of **options development** and the final options will be shared in June during the **formal public consultation** when all stakeholders will get the opportunity to feedback their views.