



**WIRRAL & CHESHIRE WEST AND CHESTER  
JOINT HEALTH SCRUTINY COMMITTEE**

**1 JULY 2019**

<b>REPORT TITLE</b>	Wirral Urgent Care Transformation
<b>REPORT OF</b>	Wirral Health and Care Commissioning, Nesta Hawker, Director of Commissioning and Transformation

**REPORT SUMMARY**

This report outlines the current position of the urgent care transformation work by providing an update with regards to consultation and engagement feedback and next steps.

This report is for information, and no decisions are required.

This matter affects all Wards within the Borough.

**RECOMMENDATION/S**

- To note the contents of the report
- Request OSC provide any final recommendations or comment by 5pm Friday 5<sup>th</sup> July to provide feedback for commissioners to consider prior to final recommendations to CCG Governing Body on 9<sup>th</sup> July.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

N/A

### **2.0 OTHER OPTIONS CONSIDERED**

N/A

### **3.0 BACKGROUND INFORMATION**

N/A

### **4.0 FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report

### **5.0 LEGAL IMPLICATIONS**

There are no legal implications arising from this report

### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

There are no resource implications arising from this report

### **7.0 RELEVANT RISKS**

No relevant risks have been identified as part of this report

### **8.0 ENGAGEMENT/CONSULTATION**

This report provides feedback on the 12-week consultation and engagement process

### **9.0 EQUALITY IMPLICATIONS**

No equality implications have been identified as part of this report.

(b) No because there is no relevance to equality.

## 1. Background Information

- 1.1. The NHS Long Term Plan outlines the aim to ensure patients get the care they need fast and to relieve pressure on Accident and Emergency Departments (A&E). It is recognised nationally that there is unnecessary pressure on A&E and other parts of the urgent and emergency care system. Wirral is not immune to these issues. Analysis of data shows that half of the patients that attend A&E could have been treated in a more appropriate setting to deliver the same outcome, e.g. community health venues, pharmacies. This additional pressure means 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.
- 1.2. NHS England issued a national mandate for the implementation of standardised urgent treatment centres (UTC), setting out a core set of standards to establish as much commonality as possible. 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. ***The aim of these national developments is to improve urgent care services for patients and to ensure that Accident and Emergency Departments have the capacity to treat people with the greatest need.***
- 1.3. Engagement in relation to urgent care services in Wirral 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.
- 1.4. 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.
- 1.5. 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.
- 1.6. The decision to locate the UTC on the Arrowe Park Site was formally approved by NHS Wirral CCG Governing Body in February 2018.
- 1.7. In determining the final options for consultation, commissioners considered the pros and cons of each of the options. Sustainably, both financially and in terms of workforce and activity were key drivers in determining the recommendations.

This resulted in the discounting of several options. Following this, commissioners therefore put forward the following 2 options with which to formally consult.

1.8. These final two options for consultation were supported by the provision of urgent (same day) access to GP/nurse appointments within local areas along with planned dressings (wound care) service and a retained walk in service for children. We presented 2 options to the public during formal consultation:

1.8.1. Option one proposed a 24-hour Urgent Treatment Centre with up to 8 hour per day urgent community offer in each of the 4 localities across Wirral.

1.8.2. Option 2 proposed a 15-hour Urgent Treatment Centre with up to 12 hour per day urgent community offer, in each of the 4 localities across Wirral.

1.8.3. National guidance (from NHS England) requires us to open to Urgent Treatment Centre for a minimum of 12 hours per day, but we are proposing to extend this to 15 hours or 24 hours a day to provide more access for patients.

1.9. The below diagram illustrates the pros and cons of each option:

**What are the pros and cons of each option?**

**Option 1: 24 hour opening of the Urgent Treatment Centre (UTC)**

Having the Urgent Treatment Centre (UTC) open for **24 hours** would mean that patients can be either seen and treated at the UTC or transferred to A&E for the treatment they need. This would mean:

- A clear and consistent offer for patients, 24 hours a day, 7 days a week
- Bookable appointments at the UTC via NHS 111 or your GP if required
- Most patients seen within two hours
- Access to X-Ray, MRI, CT scanning and tests
- Reduced pressure on A&E.

Urgent GP appointments will be available in your local area 8am-8pm each day in addition to appointments in your practices.

In your local area, available **for up to 8 hours each day**:

- Urgent care services for children (walk-in and bookable)
- Dressings (wound care) - bookable.

**Option 2: 15 hour opening of Urgent Treatment Centre (UTC)**

**15 hour opening** of the UTC ensures that it is open during the busiest times, but it would mean:

- If you attend A&E when the UTC is shut, and the doctor or nurse feels your situation is not serious, you may be referred to another service e.g. an appointment in your local area the following day
- People attending the Arrowe Park site at night would still go to A&E and may have an overnight stay
- It would be harder for us to reduce the pressure on A&E, meaning longer waiting times, especially when the UTC is shut
- People may still be confused about opening hours.

Urgent GP appointments will be available in your local area 8am-8pm each day in addition to appointments in your practices.

In your local area, available **for 12 hours each day**:

- Urgent care services for children (walk-in and bookable)
- Dressings (wound care) - bookable.

1.10. Our full formal consultation document documents have previously been shared with OSC members.

## 2. Consultation Process

2.1. A 12-week consultation process commenced on the 20<sup>th</sup> 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.

2.2. During consultation, we engaged with the public at a range of events and roadshows (in excess of 80 individual events) across Wirral. These included focus groups, public meetings, stakeholder engagement meetings and visits to current

urgent care locations. Local and regional media were utilised to highlight the consultation and a household postcard drop was also completed. Engagement activity also included visits to shopping centres and social media posting on Facebook and Twitter.

2.2.1. Part of this engagement included attendance at the Joint Overview and Scrutiny Committee (Adults and Children) on 12<sup>th</sup> November 2018 and the Joint Overview and Scrutiny Committee with Cheshire West and Chester on 11<sup>th</sup> Dec 2018.

2.2.2. We recognise that independent review is a key part of this process. On advice from NHS England we invited the NHS England Clinical Senate to review our process and proposals and this took place in parallel with the consultation. The aim of this was to undertake an independent clinical review of the proposed plans for Urgent and Emergency Care services delivered in Wirral, in line with the NHS England Stage 2 Assurance Process.

2.2.3. 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 reviewed a range of aspects including our approach to communications and engagement, key findings from engagement events, our overall process and approach, the design phase and discounted options. A site visit was conducted on Monday 26<sup>th</sup> November 2018 to the intended location of the Urgent Treatment Centre at the Arrowe Park site as well as visiting existing urgent care sites.

2.2.4. The panel were convinced that there is a very great and compelling need for the current model of care to change. The main drivers for change being:

- A large number of services across a number of providers, each with a differing offer and differing / varying opening times. This has caused confusion amongst the local population as to where to go and when for their pertinent health needs
- A mandated requirement to implement a Urgent Treatment Centre in Wirral within the existing funding envelope
- The Arrowe Park Hospital A&E and Walk-in Centre front door is currently confusing, illogical and lacks robust documentation at first contact
- Confusing service landscape across Wirral for the public and patients which can lead to them defaulting to ED when it is not always the most appropriate option

2.2.5. The Senate were of the opinion that the future Urgent Treatment Centre and community provision ought to be tackled as part of a bigger plan. If the workforce capacity allows it, the panel recommended a stepped approach to any changes rather than whole scale change at once. We will take this advice into consideration when developing our overall implementation plan.

2.1.6. The Senate devised a number of key recommendations of which we are currently exploring, the main issues being:

- Further combinations of service should be modelled
- The Emergency Department requiring capital investment to make the proposed models effective
- Effective communication of plans is needed to staff, partners and the public
- Consider providing services / clinics in the community hubs and/or neighbourhood centres as practicable
- Future UTC and community provision ought to be tackled as part of a bigger plan
- An “innovations day” for clinical staff across the organisations should be held to allow sharing of current innovations and ideas about future innovations. This was held in May 2019.

2.1.7. As part of the consultation process, we invited any alternative proposals, a number of which were received and considered and assessed.

2.1.8. Post consultation and considering the Clinical Senate recommendations, WCCG considered 25 options, including a combination of opening hours and locations based on feedback from public, providers and clinical senate including some blended options of multiple proposals.

2.1.9. Commissioners used the following scoring matrix to evaluate the proposals and identify a short list of 8 options.

Criteria and Weightings					
Within Financial Envelope	Quality	Deprivation	Access and treatment close to home	Sustainability	Consistent Offer
25%	40%	10%	10%	10%	5%

## Key

**Quality** - The overall clinical offer and how it supports both the Emergency Department and the local offer

**Deprivation** - Does the offer meet the needs of deprived communities?

**Access and Treatment Close to Home** - Does the offer provide local access to urgent care services?

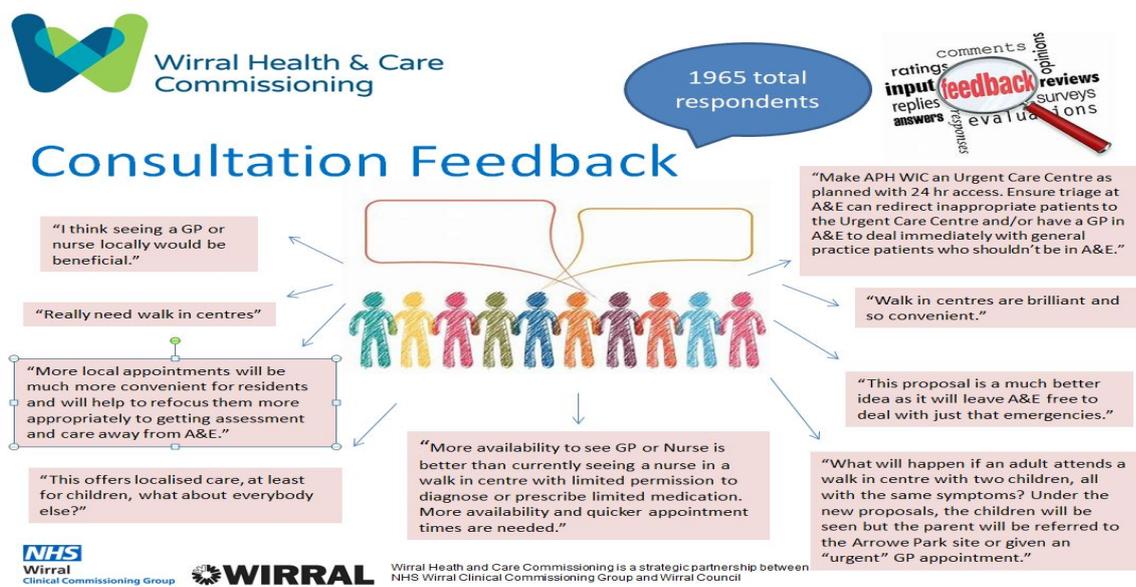
**Sustainability** - Can it be maintained in future years?

**Consistent Offer** - Does the offer provide equitable and consistent access and provision across each of the constituencies?

## 3. Consultation Findings

3.1. A key element of the consultation was to get the public’s view on urgent care services and consider their feedback prior to any decisions being made.

- 3.2. In order to ensure transparency, we engaged an independent organisation to undertake external analysis of public feedback from the consultation.
- 3.3. There were 1,965 responders to the survey, 98% of whom identified themselves as residents of Wirral. Respondents were presented with the two options for urgent care (see 1.9) with option 1 being the most popular option (66.5%) particularly for carers (77.1%). Option 1 was the proposal to have a 24-hour UTC sited at Arrowe Park, which could reduce the pressure at Arrowe Park Hospital's accident and emergency department.
- 3.4. The public voice was very strong in terms of what they felt was important:



### What participants liked about the proposed options:

- UTC will provide greater diagnostics - WICs lack diagnostic tools so can only treat minor illness
- GP led UTC at APH is good
- Extended access to bookable GP appointments
- Convenience associated with bookable appointments across different locations;
- A uniform, standardised approach to wound care and dressing

### What respondents disliked about the consulted options:

- Closures of MIUs and WICs in local communities
- Access to UTC at APH (travel; cost & parking)
- Resources at APH already stretched; lack of believe that sufficient GPs appointments will be provided within the extended access in a time of GP shortage
- Pressure on APH where not able to make appointments on the day for wound care and dressings and would therefore present at A&E

3.5. The proposal to offer extended GP capacity and lose some of the current Walk-In Centres was not popular, with 28.7% of respondents agreeing and 62.8% disagreeing.

3.6. When considering where services may be located, we asked the public what their most important factors were:

- Accessible by public transport
- Distance from home
- Accessible for people with mobility requirements
- Parking
- Flexible and convenient appointments

**Summary of analysis:**

- Distance from home was the factor most often cited as the most important (32.2%)
- Access on public transport and convenient timing of appointments the next most common (each 23%)
- Parking was most commonly ranked as 4th most important (by 26% and only ranked as most important by 10%).
- It was suggested by a number of participants that Walk-in Centre’s should not be discounted but rather utilised in the implementation of the extended access service.

3.7. When considering the locations for the community hubs, we will take account of the following feedback:

Wallasey	Strong public support to retain VCH, data supports the rationale that it diverts people away from the APH site. The site itself is already fit for purpose and a very valued service within the community
Birkenhead	Very strong public support to retain 'community offer' at Birkenhead medical centre, lower estate costs, good access to parking and transport links (consultation feedback)
South Wirral	Very strong public support to retain Eastham as a 'community offer' for South Wirral both from general public feedback during the consultation and from the consultation questionnaire. This is also the community walk in which is accessed most by CWAC residents.
West Wirral	West Wirral currently does not have a dedicated walk-in facility, so more difficult to comment for local residents.

### 3.8. Dressings

Planned dressings services account for 24% of the WIC/MIU activity. It was recognised that an element of the WIC and MIU service provision is for planned dressings, for which there is a need. Commissioners will consider this in determining the final recommendation.

### 3.9. Children's 0-19

Whilst there was a lot of support for the proposed changes in urgent care for children, the public voice centred around concern over the adult walk-in provision:

*“What will happen if an adult attends a walk- in centre with two children, all with the same symptoms? Under the new proposals, the children will be seen but the parent will be referred to the Arrowe Park site or given an “urgent” GP appointment.”*

*“This offers localised care, at least for children, what about everybody else?”*

This was considered prohibitive in that previously both patients could be treated locally at a Walk-in Centre, whereas the new services could result in either both needing to access Arrowe Park Hospital Site or making one journey to a walk-in service for children and another to Arrowe Park to the Urgent Treatment Centre.

The proposal to change children's urgent care services was:

- Supported by 52.8% of respondents (814/1543)
- 33.1% disagreeing
- 14.1% neither agreeing nor disagreeing
- 21.5% did not answer

## 4 Next Steps

4.1. As part of the overall decision-making process, we have a number of wider considerations:

Dressings	Planned dressings services account for 24% of the WIC/MIU activity. It was recognised that an element of the WIC and MIU service provision is for planned dressings, for which there is a need. Commissioners will consider this in determining the final recommendation.
Location	Locations were considered as part of the activity analysis, considering funding and the ambition to ensure equity and consistency. The intention was to have a community urgent care hub in each of the 4 localities across Wirral, aiming to support the Neighbourhood model.
Care Seeking	Activity data evidences that almost 50% of people presenting to ED, do so with a minor condition that could be treated elsewhere ( <a href="http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for-">http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for-</a>

	<p><a href="#">change.pdf</a>). Commissioners acknowledge the trend in public behaviour and the need to embed cultural change over a period of time. Due consideration needs to be given to changing the public mind-set of often defaulting to A&amp;E as a trusted mechanism to receive urgent care.</p>
<p>Childrens (0-19) Service</p>	<p>Activity data shows that almost 50% of attendances to Children’s A&amp;E present with minor issues that could be treated elsewhere and are discharged within 2 hours.</p> <p>26% of Walk in and Minor Injury presentations were from the 0-19 age range.</p>
<p>Arrowe Park Hospital Footfall</p>	<p>Due consideration of our proposals and the impact it would have on Arrowe Park footfall revealed in a worst case scenario the additional numbers would be 30 people day for a 24 hour UTC and an 8 hour community offer and 20 people per day for a 15 hour UTC with a 12 hour community offer.</p>
<p>Extended Access to Primary Care</p>	<p>Since the national development to extend access to primary care was announced this has been an important element of our considerations and how we improved access for same day, urgent appointments.</p> <p>As of 2018/19 38,654 additional GP appointments per year were made available via extended access. As part of our initial considerations, the proposal to remove adult walk-in access would be replaced by same day primary care access within the community.</p> <p>Since the commencement of formal consultation, our assumptions surrounding GP Extended Access appointments has significantly changed. Prior to consultation we had based our projections on the assumption that GP Extended Access would see the creation of an additional 1440 appointments per week. However, we recognise that the emerging Primary care Networks may have an impact on this, and we will continue to work with primary care.</p>
<p>Cheshire West and Chester Residents</p>	<p>As illustrated in the Case for Change, there is clear evidence of Cheshire West and Chester residents utilising urgent care services across Wirral, notably in the South Wirral area.</p> <p>The activity was taken into account with ongoing engagement with both West Cheshire Commissioners and Primary Care colleagues to ensure full consideration and minimal negative impact for Cheshire West resident when considering the options for consultation.</p> <p>There has been ongoing engagement with Cheshire West Council and CCG throughout the consultation process</p>
<p>Transport</p>	<p>As part of our ongoing considerations for the redesign of urgent care we have worked collaboratively with local Councillors, Council Transport officers</p>

	<p>and Transport providers to duly consider public transport access to both the Arrowe Park site and the community locations. The intention being to identify any specific transport issues and seek resolution/solutions.</p> <p>This intelligence data has also been shared with our primary care colleagues for due consideration as part of the extended access rollout.</p>
Estates	<p>Consideration was given to suitable venues for the delivery of community urgent care offer. The decision was taken to seek views from the public during the formal consultation with regard to the factors that were most important to them. This would then be used to inform the most appropriate estate choices.</p>
NHS England Timeframes	<p>We are working towards timeframe of December 2019 for the implementation of an Urgent Treatment Centre. However, we continue our conversation with NHSE regarding timeframes.</p>

## 5 Decision Making

- 5.1. The final recommendation will be presented to the Governing Body of the CCG on 9th July 2019, meeting as part of the Joint Strategic Commissioning Board. This meeting will be held in public at Birkenhead Town Hall. The papers for this meeting are available on the NHS Wirral CCG and Wirral Council websites from the 24th June 2019.
- 5.2. Following the decision being made, there will be a further scrutiny session with the joint OSC. This will include the full rationale for the final decision, the considerations made by the Governing Body and an outline implementation plan.

No decision will commence implementation until the scrutiny process has been completed in full.

- 5.3. Members of the committee are asked to consider the contents of this report, the consultation process undertaken, and provide any final comments or recommendations for consideration by 5pm Friday 5th July. This will ensure that the Governing Body have the opportunity to consider the committee's feedback as part of their decision-making process.

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## APPENDICES

1. Clinical Senate Report
2. Hitch urgent care review and consultation report

## REFERENCE MATERIAL

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	