

APPENDIX 1

WIRRAL URGENT CARE TRANSFORMATION BUSINESS CASE

Table of Contents

1. Overview	4
1.1 Background	4
1.2 The Case for Change	4
1.3 Scope	5
1.4 Pre-Consultation Process and Considerations	5
1.5 Location of Urgent Treatment Centre	7
1.6 Wider Considerations Informing Option for Consultation	7
1.7 Final Options for Consultation	9
1.8 NHS England Service Assurance Process	10
2. Consultation Process	11
2.1 Public Consultation	11
2.2 Key Messages from Consultation Analysis and Public Feedback	11
2.3 Childrens (0-19) Service	13
3. Clinical Senate Review	13
3.1 An Independent Review	13
3.2 Options Appraisal	14
3.3 Equality Impact Assessments	17
4. Financial Analysis	17
4.1 Financial Envelope	17
4.2 Summary of Costs	17
4.3 Urgent Treatment Centre Costs	18
4.4 Community Offer Costs	19
4.5 Methodology for Calculating the Numbers of Appointments	20
4.6 The Calculation of Whole Time Equivalent (WTE)	21
4.7 The Calculation of the Enhancements	21
4.8 Consumables	21
4.9 Estates	22
4.10 Staffing Implications	22
4.11 24-hour versus 15-hour Urgent Treatment Centre	22

5. Final Recommendations	23
5.1 A 24-hour UTC at the Arrowe Park site	23
5.2 All Age Walk-in Access	23
5.3 Changes to the Minor Injuries Units	24
5.4 Dressings	25
5.5 Areas of High Deprivation	25
6. Risks	25
7. Conclusion	26
8. Supporting Documentation	28

1. OVERVIEW

1.1 Background

1.1.1. The NHS Long Term Plan outlines the ambition to ensure patients get the care they need urgently and alongside this, relieve pressures on Accident and Emergency department (A&E). It is recognised nationally that there is unnecessary pressure on Accident and Emergency departments and other parts of the urgent and emergency care system. Wirral is not immune to these issues.

1.1.2. The introduction of nationally mandated Urgent Treatment Centres (UTCs) will address the following key elements of urgent and emergency care:

- A&E 4 hour standard (95% of patients should be admitted, transferred or discharged within 4 hours of arrival to A&E). There is acknowledgment that across the system, performance against 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, leading to delays for patients in need of emergency interventions
- Ambulance turnaround delays increasing delays for patients in community awaiting an ambulance.
- Variation in the local offer supporting the delivery of urgent care.

1.2. The Case for Change

1.2.1. 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. Our Case for Change evidences that almost 50% of Arrowe Park A&E attendances in 2016/17 were classified as minor cases. (<http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for-change.pdf>)

1.2.2. 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 the issues below were considered:

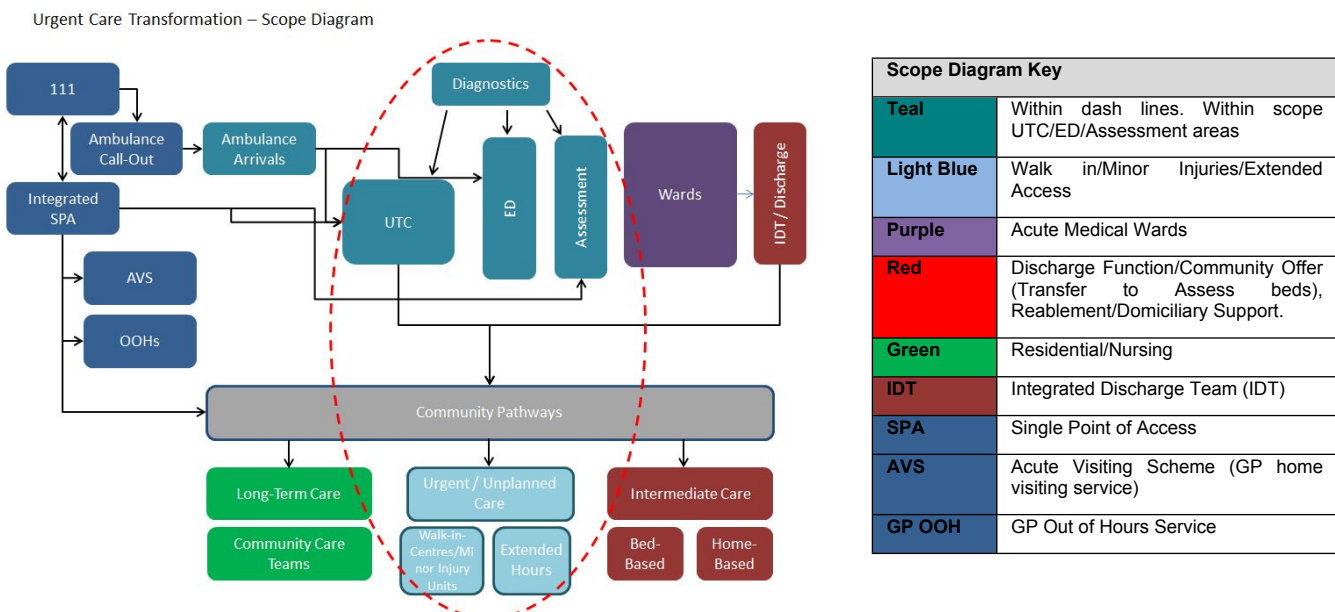
- Variation - Wirral residents recognised the need for change. The Listening Exercise, conducted in February quantified the previous engagement and this helped to inform the options development for consultation.

- The cost envelope for delivering urgent care in Wirral remains the same. The UTC 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 deliver both the UTC and community offer within the existing cost envelope. The only new funding for increasing access to care is linked to the £2.2 million for investment in extended access to primary care, offering additional GP and Nurse appointments during evenings and weekends (8am-8pm, 7 days per week).
- 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.
- Baseline Activity Data -The table below demonstrates the annual activity for urgent care services across Wirral in 2017/18 across the Walk-in Centres and MIUs. This indicates the demand across these services.

Site	Activity 17-18
Victoria Central Hospital Walk-In Centre	39,318
Arrowe Park Hospital Walk-In Centre	32,021
Eastham Walk-In Centre	12,967
Miriam Minor Injury Unit	17,211
Moreton Minor Injury Unit	4,464
Parkfield Minor Injury Unit	3,755
Total	109,736

1.3. Scope

1.3.1 The following diagram shows the overall scope of the Urgent Care System of which there is a wider transformation programme which includes all the areas in the diagram below (Please see Appendix 1 Operational Plan). The areas within the dashed lines illustrate what was within the scope of the transformation programme. It is important to recognise that whilst this is our clear priority, any transformation has to be seen within the wider urgent care system.



1.4. Pre- Consultation Process and Considerations

1.4.1. Engagement in relation to urgent care services commenced as early as 2009 and continued until the completion of Value Stream Analysis (VSA) workshops in 2016 which signaled the commencement of the transformation programme. The previous engagement activity 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.

1.4.2. 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.

1.4.3. In February 2018, we sought to supplement earlier engagement by opening a pre consultation Listening Exercise. This included an online 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 session with the Joint Overview and Scrutiny Committee – Wirral Council (Adults and Childrens) (12th November, 2018) as well as attendance at the Joint Overview and Scrutiny Committee - Cheshire West and Chester (11th December 2018). The purpose of this session was to present the Case for Change (see Appendix 2) and to seek views to inform the options development. (<http://www.wirralurgentcare.co.uk/>)

1.4.4. This methodology was replicated with colleagues from primary, community and secondary care including Practice Managers, Dentists, Optometrists and Pharmacists. The results of the Listening Exercise were published on the NHS Wirral CCG website.

1.5. Location of the Urgent Treatment Centre

1.5.1. The recommendation to locate the Urgent Treatment Centre for Wirral at Arrowe Park Hospital by developing the existing Walk in Centre was approved by NHS Wirral CCG Governing Body in February 2018. (<https://www.wirralccg.nhs.uk/media/4218/governing-body-meeting-pack-060218.pdf>). The decision to co-locate the UTC at the Arrowe Park site means that patients who present themselves and deteriorate rapidly can be immediately transferred to A&E to receive emergency interventions.

1.6. Wider considerations informing options for consultation

1.6.1. It was acknowledged that the UTC needed to be complemented by additional lower acuity level Community Urgent Care services.

Dressings	<p>Planned dressing services account for 24% of Walk in Centre and Minor Injury Units activity. It was recognised that an element of this provision is for planned dressings for which there is a clear need.</p> <p>Commissioners therefore recommended in their final 2 options a bookable dressings service acknowledging that the majority of dressings were of a planned nature and should not be subject to typical walk in waiting times on a sometimes daily basis</p>
Location	<p>Locations were considered as part of the activity analysis, considering cost envelope 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.</p>

<p>Care Seeking</p>	<p>Activity data evidences that almost 50% of people presenting to A&E, do so with a minor condition that could be treated elsewhere (http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for-change.pdf). Commissioners acknowledge the trend in how the public seek care and the need to embed cultural change over a period of time. Due consideration needs to be given to changing the public mindset of often defaulting to A&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&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 Site 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. Detail of these assumptions is evidenced in Appendix 3.</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. Further detail is located within Appendix 4.</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. The breakdown of this is attached in Appendix 5.</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 and Chester Council and NHS West Cheshire 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 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. Please see Appendix 6 for heat maps used to inform discussion. Heat maps present a physical map of a locality highlighting the 'hot' areas that require attention or highlight a particular issue relating to travel times. The maps are colour-coded red, amber, green with red relating to areas of highest travel time/distance to/from certain areas outlined on the maps.</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>
<p>Estates</p>	<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>

1.7. Final Options for Consultation

1.7.1. In determining the final options for consultation, commissioners considered the positives and negatives of each of the 5 options. See Appendix 7 for discounted options. Sustainably, both financially and in terms of workforce and activity were key drivers in determining the recommendations.

Option 1

- **A&E** - 24 hours
- **Urgent Treatment Centre – 24 hours** at the Arrowe Park site. Walk-in and bookable appointments. Led by GPs with a team of healthcare professionals. Access to X-Ray. Access to A&E Consultant/ Service
- **Community:** In your local area, there will be **urgent bookable appointments via NHS 111/your GP:**
 - GP or nurse appointments - **within 24 hours (8am-8pm)**
 - Access to same day urgent care for children (0-19yrs) – **available up to 8 hours a day (walk in also available)**
 - Access to dressings (wound care) – **available up to 8 hours per day.**

Option 2

- **A&E** - 24 hours
- **Urgent Treatment Centre – 15 hours** at the Arrowe Park site. Walk-in and bookable appointments. Led by GPs with a team of healthcare professionals. Access to X-Ray. Access to A&E Consultant/ Service
- **Community:** In your local area, there will be **urgent bookable appointments via NHS 111/your GP:**
 - GP or nurse appointments - **within 24 hours (8am-8pm)**
 - Access to same day urgent care for children (0-19yrs) – **available up to 12 hours a day (walk in also available)**
 - Access to dressings (wound care) – **available up to 12 hours per day.**

- **Option 1** was based on a 24-hour UTC which would mean an 8 hour per day community offer
- **Option 2** presented a 15-hour UTC which would result in a 12 hour per day community offer.

The positives and negatives of each of these options were clearly articulated in our formal consultation document (Appendix 8 – Urgent Care consultation document).

1.8. NHS England Service Assurance Process

1.8.1. Commissioners have worked closely with NHS England to ensure due assurance throughout the process. The Service Change Assurance Process commenced on the 7th May 2018 and was inclusive of regular updates throughout the pre-consultation period until formal approval was obtained to consult on our proposals for urgent care by the NHSE Regional Management Team on 27th July 2018.

1.8.2. Assurance is required to secure consistency across the NHS commissioning system in respect of:

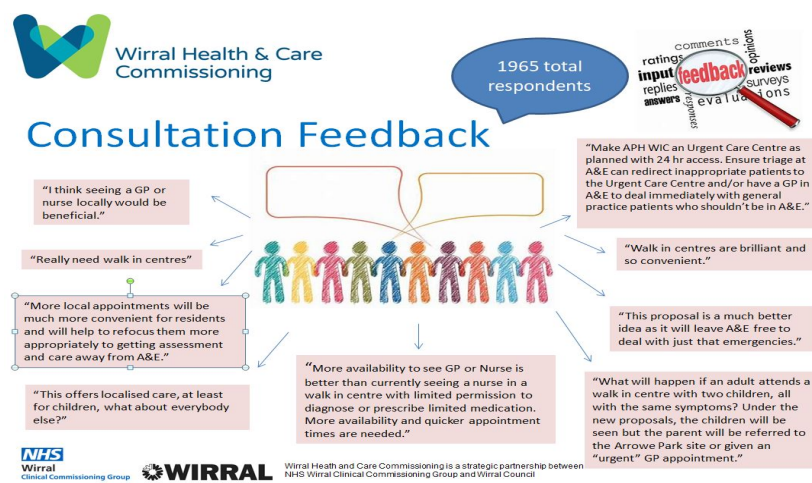
- The government and NHS England's key tests that should underpin service change proposals
- The strength of pre consultation business cases, clinical evidence and public involvement
- Proposals having regard to relevant national guidance and complying with legislation
- The programme management that underpins the planning and delivery of schemes
- Deliverability on the grounds of affordability.

2. CONSULTATION PROCESS

2.1. Public Consultation

- 2.1.1. A public consultation was undertaken from 20th September 2018 until 12th December 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, including lead clinicians and local elected members, prior to the launch of the consultation. The consultation has been undertaken in accordance with the NHS Wirral CCG’s statutory duties for public and patient engagement.
- 2.1.2. During this consultation we engaged with the public at a range of events and roadshows (in excess of 80 individual events) across Wirral (See Appendix 9 - Engagement Timeline). 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 has also included visits to shopping centres and social media posting on Facebook and Twitter.
- 2.1.3. There were 1,965 responders to the public consultation survey, 98% of whom identified themselves as residents of Wirral. Respondents were presented with the two options for urgent care (see below) with option 1 being the most popular option (66.5%) particularly for carers (77.1%).
- 2.1.4. We engaged an independent organisation to undertake external analysis of public feedback from the consultation (for a full breakdown of this analysis, please see Appendix 10 - HITCH Marketing report).

2.2. Key Messages from Consultation Analysis and Public Feedback



What respondents liked about the consulted options:

- UTC will provide greater diagnostics - WICs lack diagnostic tools so can only treat minor illness
- GP led UTC at the Arrowe Park Hospital site 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 the Arrowe Park Hospital site (travel; cost & parking)
- Resources at the Arrowe Park Hospital site already stretched; lack of belief that sufficient GPs appointments will be provided within the extended access in a time of GP shortage
- Pressure on the Arrowe Park Hospital site where not able to make appointments on the day for wound care and dressings and would therefore present at A&E

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

- Distance from home (32.2%)
- Accessible by public transport (23%)
- Flexible and convenient appointments (23%)
- Parking
- Accessible for people with mobility requirements

2.2.2. Distance from home was the factor most often cited as the most important with access on public transport (23%) and convenient timing of appointments the next most common (23%).

2.2.3. Parking was most commonly ranked as 4th most important (by 26% of respondents) and only ranked as most important by 10%.

2.2.4. 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.

2.3. Children's (0-19) Service

2.3.1. 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?”

2.3.2. 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 UTC. The proposal to change children's urgent care services was supported (agreed with) by 52.8% of respondents (814/1543), with 33.1% disagreeing and 14.1% neither agreeing nor disagreeing (21.5% did not answer).

3. CLINICAL SENATE PROCESS

3.1. An Independent Review

3.1.1. We recognise that independent review is a key part of this process. On advice from NHS England we invited the Clinical Senate for Greater Manchester, Lancashire and South Cumbria 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. The Senate produced a detailed report and recommendations – please see Appendix 11 Clinical Senate Report and Recommendations.

3.1.2. 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 things 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 26th November 2018 to the intended location of the UTC, Arrowe Park Hospital as well as visiting existing urgent care sites.

3.1.3. The panel were convinced that there is a 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

- 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 A&E when it is not always the most appropriate option

3.1.4. The Clinical Senate were of the opinion that the future UTC 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 have taken this advice into consideration when developing our overall implementation plan.

3.1.5. For a full list of all recommendations and mitigations, please see Appendix 12 Clinical Senate Recommendation Mitigations.

3.2. Options Appraisal Post Consultation

3.2.1. Following a review of the shortlisted options and taking into account public feedback surrounding the retention of walk-in facilities for all ages as well as more availability to see a GP or Nurse, we have explored and amended our final proposal.

3.2.2. A number of alternative proposals from providers were received as follows:

- General Practice Wirral Federation submitted multiple proposals of varying levels of service
- Wirral Community Health and Care NHS Foundation Trust submitted their feedback on the consultation via a letter; it was difficult to evaluate this information as detailed financial or workforce information was not provided
- Post consultation and Clinical Senate recommendations NHS Wirral CCG considered 25 options based on combination of opening hours and locations based on feedback from public, providers and clinical senate including some blended options of multiple proposals.

Commissioners used the following scoring matrix, which was developed with clinical input, to evaluate the proposals:

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

KEY:

- **Within Financial Envelope** - Both the UTC and the supporting community urgent care offer, need to be delivered within the £4.2m financial cost envelope.
- **Quality** - The overall clinical offer and how it supports both the A&E and the local offer in line with clinical evidence based best practice.
- **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?

Scoring

5	Fully Meets the criteria
4	Nearly meets the criteria
3	Goes some way to meet criteria
2	Meets some elements of the criteria
1	Meets little of the criteria
0	Meets none of the criteria

- 3.2.3. Consultation feedback showed strong opposition from the public to the loss of all age walk-in facilities across Wirral. Reviewing the alternative proposals in tandem with public feedback post consultation and considering the recommendations from clinical senate we have developed a number of further options, some of which fall into a ‘hybrid category’ utilising elements from a range of proposals (both our own and those of providers).
- 3.2.4. Taking this into consideration we are have explored the potential to retain some element of all age walk in facilities (with caveats in place, such as same cost envelope) as part of the new model of urgent care.
- 3.2.5. Further work has also been undertaken with clinicians around the clinical model post consultation with regular updates and meetings. Stakeholders have had significant input into the proposed model of care.
- 3.2.6. From the proposals considered, consulted and submitted, the following options were shortlisted based on the criteria used for evaluation. Options that scored at least 4.2 out of 5 were then scrutinised.

Options	UTC Hrs	Detailed options	Score	Positives	Negatives
Option 1 - CCG	24hrs	4 constituency based sites. Open 8 hours. Available for planned dressing appointments. And walk in services for 0-19 year olds.	4.8	24hr offer provides continuity for A&E service. Equal access for each area.	Reduced hours in areas of higher deprivation. B'head/Wallasey
Option 2 - CCG	15hrs	15hr UTC supporting A&E. 4 constituency based sites. Open 12 hours. Available for planned dressing appointments. And walk in services for 0-19 year olds.	4.5	Equal access for each area. Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed.
Option 3 - GPW FED	15hrs	15 hr UTC supporting A&E. 4 constituency based sites open 10 hours. Providing walk in services. 5 x 2hr dressings clinics (Moreton, Parkfield, Heswall, St Cath's, & N. Wallasey)	4.35	Equal access for each area. Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. 10 hour offer rather than 12 hour offer in areas of greater deprivation.
Option 4 - GPW FED	15hrs	15hr UTC supporting A&E. 5 constituency based sites (2 in Birkenhead & 3 in other constituencies) open 8 hours each. Providing all age walk in services. 5 x 2hr dressings clinics (Moreton, Parkfield, Heswall, St Cath's, N. Wallasey)	4.4	Equal access for each area. Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. Reduced community hour offer.
Option 5 - GPW FED	24hrs	24hr UTC supporting A&E. 4 constituency based sites open 8 hours each. Providing all age walk in services.	4.5	24hr offer provides continuity for A&E service. Equal access for each area.	Reduced hours in areas of higher deprivation. B'head/Wallasey
Option 6 - CCG	15hr	15hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 2 constituency based sites (Wallasey & Birkenhead) open for 12 hours each. 1 constituency based site (Wirral South) open for 8 hours.	4.2	Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. West Wirral to use the UTC
Option 7 - CCG	15hrs	15hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 3 constituency based sites (Wallasey, Birkenhead & Wirral South) open for 12 hours each.	4.3	Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. West Wirral to use the UTC
Option 8 - CCG	24hrs	24hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 2 constituency based sites (Wallasey & Birkenhead) open for 12 hours each. 1 constituency based site (Wirral South) open for 8 hours.	4.8	24hr offer provides continuity for A&E service. Greater community provision in areas of deprivation.	West Wirral to use the UTC

3.3. Equality Impact Assessments

3.3.1. Equality Impact and Risk Assessments were carried out for the overall recommendation as well as for the proposed changes to Gladstone (formerly Parkfield) and Moreton Minor Injury Units (see Appendix 13 Equality and Risk Impact Assessments).

Assessment	CSU Approval
Equality Impact and Risk Assessment – Stage 1 & 2	30.05.19
Quality Impact Assessment	30.05.19
Equality Impact and Risk Assessment Gladstone (formerly Parkfield) MIU) – Stage 1 & 2	30.05.19
Quality Impact Assessment Gladstone (formerly Parkfield) MIU)	30.05.19
Equality Impact and Risk Assessment (Moreton MIU) – Stage 1 & 2	30.05.19
Quality Impact Assessment (Moreton MIU)	30.05.19

4. FINANCIAL ANALYSIS

4.1. Financial Envelope

4.1.1. The 2018/19 contractual values for each commissioned area within the scope of the review was identified. This is shown in the table below totaling £4.2million and includes Commissioning for Quality and Innovation (CQUIN) payments of £91,000.

Commissioning Envelope	£
Victoria Central and Eastham Walk in Centres	2,716,945
Arrowe Park Walk-in Centre	1,036,107
Minor Injuries Unit: Birkenhead/ Miriam Medical Centre	261,827
Minor Injuries Unit: Gladstone (formerly Parkfield) Medical Centre	83,000
Minor Injuries Unit: Moreton Health Clinic	100,000
Total	4,197,879

4.2. Summary of Costs

4.2.1. The cost of the redesigned services have been calculated by benchmarking against Hartlepool and Stockton on-Tees CCG, which is similar to the Wirral as they have a similar sized population have comparable levels of deprivation.

4.2.2. North Tees and Hartlepool NHS Foundation Trust implemented a UTC in April 2017 and provided staffing cost breakdowns. Our costings were benchmarked and calculated using their model and the capacity to meet the expected demand for appointments in Wirral.

4.2.3. It is expected that the cost of implementing the urgent care redesign will be cost neutral as summarised below:

Summary of costs	£
Urgent Treatment Centre	2,176,986
Community offer	1,608,001
Re-design costs	412,891
Total	4,197,878

4.3 Urgent Treatment Centre Costs

4.3.1. Using the University Hospital of North Tees and Hartlepool NHS Foundation Trust model and Wirral costs, we were able to determine the cost of the proposed UTC at the Arrowe Park site.

Spend Type	Band	WTE	Gross Cost per WTE £	Subtotal £	*Enhs. For unsocial hrs £	Total Gross Cost £
Pay						
GP		5.51	108,378	597,162		597,162
Advanced Nurse Practitioner	7	8.45	54,613	461,599	72,642	534,241
Nurse (8am-11pm)	6	3.48	46,428	161,584	17,888	179,472
Nurse (11pm-8am)	6	2.09	46,428	96,951	21,240	118,191
Healthcare Assistant	2	3.48	25,908	90,167	15,237	105,403
Reception	3	5.51	25,908	142,804	33,070	175,874
Non-Pay						
Consumables						158,638
Estates						180,822
Overheads						127,182
Total		28.52				2,176,986

*Enhancement payments for evening and weekend working

4.3.2. The UTC staffing costs have been modelled and costed to be able to deliver the capacity required to meet the expected demand for the number of patients currently attending the Arrowe Park WIC plus the patients attending A&E with minor illnesses and ailments. Staffing ratios have been flexed down to reflect reduced night time activity.

4.3.3. The capacity deliverable is shown in the table below and breaks down the appointments that are available by each staff type and shows that a total of 73,664 appointments could be delivered against expected activity of 69,000.

Appointments delivered by staff type	Between 11pm to 8am	Between 8am to 11pm	Total
GP	8,378	15,274	23,652
Band 7 Advanced Nurse Practitioner	0	30,549	30,549
Band 6 Nurse	4,189	7,637	11,826
Band 2 Healthcare Assistant	0	7,637	7,637
Total	12,566	61,098	73,664

Note: Triage built in

4.4 Community Offer Costs

4.4.1. There are two community sites that are being proposed to be open for 12 hours a day are at:

- Victoria Central and
- Birkenhead Medical Centre.

It is proposed that the third site, Eastham, would be open for 8 hours a day. The costs associated with delivering the activity required in the community for Wirral residents are detailed below:

2 Sites open, 12 hrs a day, 7 days a week	Band	WTE	Gross Cost per wte £	Subtotal £	Enh for unsocial hrs £	Total Gross Cost £
Pay						
Nursing	7	8.69	54,613	474,837	53,815	528,652
Nursing	5	6.77	37,513	253,831	36,957	290,788
Admin	3	5.80	25,908	150,171	18,558	168,729
Non-Pay						
Consumables						218,181
Estates & Overheads						151,495
Subtotal 2 Sites Open 12 Hrs 7 days a week						1,357,844
1 Site open, 8 hrs a day, 7 days a week	Band	WTE Required	Gross Cost per wte	Subtotal £	Enh for unsocial hrs £	Total Gross Cost £
Pay						
Nursing	7	1.29	54,613	70,614	6,778	77,393
Nursing	5	1.29	37,513	48,505	4,656	53,161
Admin	3	1.29	25,908	33,499	3,216	36,714
Non-Pay						
Consumables						20,522
Estate & overheads						62,367
Subtotal 1 Site Open 8 Hrs per day 7 days a week						250,157
Total Cost of the Community Offer		25.14				1,608,001

4.4.3. A total of 85,201 appointments could be delivered within the community based on each appointment being 20 minutes long (this is compared to the current demand of 77,715). This is broken down in the table below:

Appointments	1x 8 hour centre	2x 12hour centres	Total
Nursing Band 7	6,104	41,048	47,152
Nursing Band 5	6,104	31,945	38,049
Total appointments	12,208	72,993	85,201

4.5. Methodology for Calculating the Numbers of appointments

- 4.5.1. To ensure staffing levels and costs were reasonable (capacity sufficient to meet expected demand), the number of clinical hours for each site were calculated based on the staffing numbers in each location.
- 4.5.2. Based on the clinical hours the number of appointments deliverable were calculated on each appointment being approximately 20 minutes.
- 4.5.3. A 10% wastage ratio was added to reflect that demand for appointments would not be constant.

4.6. The Calculation of Whole Time Equivalent (WTE)

4.6.1. The number of WTEs required to support each role within the staffing model have been calculated using the following method:

$$\frac{\text{Numbers of hours that a facility (UTC/ Community facility) was open for}}{\text{Number of productive staffing hours}}$$

For example, Productive hours were calculated as follows:

Hub opening hrs 7 days per week, 52 weeks per year	Total hours open	Total productive hours	WTE to staff
Open 8 hours per day	2,922	1,574	1.86
Open 10 hours per day	3,653	1,574	2.32
Open 12 hours per day	4,383	1,574	2.78
Open 15 hours per day	5,479	1,574	3.48
Open 24 hours per day	8,766	1,574	5.57

Total productive hours		Hours
Hours per year	(37.5x52.18 weeks)	1,957
Less Annual leave	(7.5hours x 33 days)	(248)
less Bank Holidays	(7.5hours x 8 days)	(60)
Less sickness	(7.5hours x 10days average)	(75)
Total productive hours per annum		1,574

4.6.2. The sickness levels were taken from national averages and averages present in local provider trusts for staff working in urgent care settings.

4.7. The Calculation of Enhancements

4.7.1. To ensure full costs were accounted for under Agenda for Change, enhanced rates of pay were included for time worked for the following hours:

- **Mon-Friday 8pm-10:30pm,**
- **Saturday 7am to 10:30pm,**
- **Sunday 7am to 10:30pm,**
- **Bank holidays-8 days**

Number of enhanced hours per year (x) hourly rate of staff working enhanced hours (x) enhanced rate

4.8. Consumables

4.8.1. The cost of consumables have been calculated using existing costs for each facility. These costs were provided by the individual organisations managing those facilities.

4.9. Estates

4.9.1. The cost of each estate has been calculated using the actual cost provided by present providers. These are detailed below:

Site	Value £
Victoria Central Walk in Centre	105,409
Eastham Walk in Centre	66,437
Birkenhead Medical Building	37,652
Total	209,498

4.10. Staffing Implications

4.10.1 The WTEs calculated for the model were benchmarked against the information shared by providers. The redesigned models for the UTC and Community offers would require an additional 5.51 WTE GPs and 2.98 WTE fewer nursing staff than at present. Better Care funding and staffing have not been included in this business case as these are non-recurrent.

4.10.2. It is expected that the reduction in numbers of nursing roles would be absorbed by the Wirral health system.

4.11. 24-Hour versus 15-Hour UTC

4.11.1 To underpin the choice of whether a 24-hour or 15-hour UTC would be the most effective on a cost basis, we reviewed the difference in costs between the two options alongside the activity levels that the UTC would need to see from those that presently attend A&E.

A&E activity 2017-2018

Estimated delivery cost	£
24hr UTC	2,176,986
15hr UTC	1,684,566
Difference	492,420

HRGCostType	11pm to 8am	8am to 11pm	Grand Total
High Cost	1,459	6,394	7,853
Medium Cost	3,539	17,057	20,596
Lower Cost	9,900	47,830	57,730
(blank)	79	392	471
Grand Total	14,977	71,673	86,650

4.11.2. Total of 14,977 patients attended A&E between the hours 11pm to 8am in 2017-2018. Of this figure 9,311 were not admitted.

4.11.3. For the 24-hour UTC to be cost effective based on the present payment mechanism (payments by results) the UTC would need to see approximately 5,430 of the present lower to medium level A&E patients between the 11pm to 8pm (the additional funded 9 hours) within the year.

5. FINAL RECOMMENDATION OPTION

5.1. A 24-hour UTC on the Arrowe Park site (utilising current WIC footprint)

5.1.1 Our consultation set out the option for either a 15-hour or 24-hour UTC. Post consultation and learning from North Tees and Hartlepool (who have implemented a 24-hour UTC), it is our considered opinion that a 24/7 model would identify the following benefits:

- Provides full support to A&E
- Patients with minor illnesses/injuries only being seen in the UTC and not A&E
- Creation of a true 'single front door' - provides a consistent and clear offer to patients
- Improves system resilience

5.1.2. The 24/7 model would allow for effective staffing in terms of workforce cross cover and skill mix.

5.1.3. North Tees and Hartlepool learning has evidenced that the single most important factor in the success of this model was 24-hour access to Primary Care GPs.

5.2. All age walk-in access within the community (including bookable dressing services based at:

- **Wallasey** – Victoria Central Hospital (8am-8pm) - 2 hours from current provision
- **Birkenhead** - Birkenhead Medical Centre (8am-8pm) + 2 hours from current provision
- **South Wirral** - Eastham Clinic (12pm-8pm) no change from current provision
- **West Wirral** - UTC at the Arrowe Park site (24-hours) + 10 hours from current provision

5.2.1. The all age walk in provision will be carried out from local 'community Hubs' which will be based in Birkenhead, Wallasey and Eastham localities. It is anticipated that patients within West Wirral will be able to access parallel services within the UTC at the Arrowe Park Hospital site and the proposed dressings clinics.

5.2.2. All community hubs will meet the criteria that we consulted with the public over in the form of being accessible by public transport, distance from home, accessible for people with mobility requirements, parking and flexible and convenient appointments.

5.2.3. We know that currently, the public are confused about which services to access due to the variation in opening hours and services provided. The new community hubs will have consistent names and consistent clinical pathways. Commissioners will continue to work with all providers to develop an appropriate and equitable community urgent care offer. The proposed model of care aims to create a more consistent and standardised pathway which will ensure a safe and sustainable workforce. Whilst it is acknowledged there remains an inconsistency in that Wallasey Hub will provide x-ray services, this is due to the feedback from the public during the consultation to continue with this.

5.3. Changes to Minor Injuries and Illness Units

5.3.1. We recommend that the current minor injuries and illness units at the below sites, are replaced with access to urgent GP/Nurse appointments in local GP practices as part of the GP extended access scheme. This will be further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

- Gladstone (formerly Parkfield) Minor Injury Unit, New Ferry
- Moreton Minor Injury Unit, Moreton Health Clinic, Moreton

The rationale for this recommendation is as follows:

5.3.2. The attendances in 2018/19 (pro-rata from month 9 onwards) demonstrate that both MIUs witnessed the least number of attendances across all minor injury and walk-in centre sites.

5.3.3. On review of the current number of people attending Gladstone (formerly Parkfield), this activity can now be provided by additional GP appointments. The Extended Access appointments within the Gladstone (formerly Parkfield) locality equate to an additional 104 appointments per week from April 2019. There are approximately 75 attendances per week currently in the Gladstone (formerly Parkfield) MIU. The majority of additional extended access appointments (82 per week) will be still be delivered from the immediate locality.

5.3.4. Within the Moreton locality the Extended Access appointments will equate to an additional 64 appointments per week from April 2019. There are approximately 90 attendances per week currently in the Moreton MIU. However; a high proportion of this activity (74%) is delivered to patients based in practices close to Moreton Health Clinic (practices located less than half a mile from Moreton Health Clinic) – these patients may be encouraged to use their own GP instead (as well as other services such as NHS 111, self-care or utilise local pharmacies). Further services for these patients are also outlined in 5.4 below.

5.3.5. In terms of local pharmacies within the vicinity, there are 3 located less than half a mile from Moreton Health Clinic (with one being on-site). For Gladstone (formerly Parkfield), there are 5 local pharmacies within the locality.

5.3.6. Residents currently using Moreton and Gladstone (formerly Parkfield) will be able to access the Community hubs, located in Birkenhead, Wallasey and Eastham as well as the 24/7 UTC. Distances to alternate urgent care walk in facilities are given below:

- Gladstone (formerly Parkfield) is 3.6 miles to Birkenhead Medical Centre, 4.1 miles to Eastham and 5.1 miles to the UTC at the Arrowe Park site
- Moreton is 2.4 miles to the UTC at the Arrowe Park site and 3.7 miles to Victoria Central

5.4. Dressing Services

5.4.1. We acknowledge the high proportion of dressings activity (46%) delivered from Moreton Minor Injury Unit and are working with the Primary Care Networks to develop a specific planned/bookable dressing service within the West Wirral/Moreton area to ensure continuity of service for residents.

5.4.2. Commissioners recommend activity warrants a 4 hour per day x 3 days per week planned dressing service at a cost of £19,474. This would ensure delivery of approximately 3000 dressings per year which equates to 58 per week.

5.5. Areas of High Deprivation

5.5.1. Patients from deprived communities have been considered and whilst we have identified that they may find it more difficult to access services further afield due to increased travel time/ potential inability to walk to required service, we have mitigated this by proposing a number of alternative services/methods of treatment:

- Community Hubs offering same day (within 24-hours) access to nurse appointments.
- All age walk-in access delivered from the community hubs
- GP extended access appointments delivered across Wirral including from the locality of Moreton and Gladstone (formerly Parkfield) Minor Injury Units
- A 24-hour UTC located at the Arrowe Park Hospital site
- Pharmacy/NHS 111
- Dressing clinic in Moreton/West Wirral

6. RISKS

6.1. If Governing Body do not agree to the recommendation to transform the urgent care pathway, the risk will be the continuation of an inconsistent offer in the community. The risk of not implementing an Urgent Treatment Centre (UTC) would mean not meeting the national mandate set out by NHS England to implement a UTC to address key elements of urgent and emergency care which would have a number of negative implications:

- 6.1.1. Not meeting the Accident & Emergency (A&E) 4 hour standard (95% of patients should be admitted, transferred or discharged within 4 hours of arrival to A&E)
 - 6.1.2. Overcrowded A&E departments which many people attending inappropriately when they could be treated in a more appropriate setting
 - 6.1.3. Ambulance turnaround delays increasing delays for patients in the community awaiting an ambulance
 - 6.1.4. Variation in the local offer supporting the delivery of urgent care
 - 6.1.5. The current service provision does not provide a consistent offer of urgent care
- 6.2. If Governing Body approve the recommendations the risk associated with implementation will be managed as per the Programme Management approach. This includes the mitigating actions.

7. CONCLUSION

7.1. Based on the evidence from pre and post consultation, commissioners are recommending a blended urgent care delivery model. This incorporates a blend of both views and feedback from the public, alternative proposals received from providers and sustainability considerations.

7.2. Next Steps

The following table outlines our next steps and key milestones.

<p>1.</p>	<p>Implementation, Communication and Engagement Strategy</p>	<p>Commissioners are proposing a phased approach to implementation following Governing Body final decision. The intention being that the new contract arrangements for the community hubs will begin April 2020 meaning any contractual notice periods will be from September 2019.</p> <p>It may be possible to defer the date of the delivery of the UTC. Work is ongoing with NHS England around these timeframes.</p> <p>Part of the overall communication and engagement strategy is the immediate post decision actions and longer-term plan:</p> <p>Immediate Post Decision Actions</p> <ul style="list-style-type: none"> • Managing the rationale for the decision • What this means in terms of the immediate changes aligned to the introduction of the UTC <p>Longer Term Communication Plan</p> <ul style="list-style-type: none"> • Wider communication campaign including how urgent care promotes self-care and aligns with place based care
------------------	---	---

		<ul style="list-style-type: none"> • A clear and active communication plan to promote and educate the public regarding the urgent care offer and where to go to access urgent care.
2.	Clinical Model/ Estates	<p>Parallel estates/capital development and clinical pathways redesign work is ongoing via the Clinical Modelling Working Group to explore and design the final clinical model.</p> <p>Capital funding will continue to be explored.</p>
3.	Contractual and Workforce Implications	<p>The collaboration between the various providers of urgent care in the new proposed pathway is critical to ensure a seamless and consistent pathway for patients. The contract model for the provision of the UTC will require collaboration of the providers and ensure a single governance framework.</p> <p>This should be developed and agreed by the beginning of April 2020.</p> <p>Commissioners intend to work with providers to enable a blended approach to workforce. There are no intended redundancies. Commissioners believe the small shortfall of posts needed to provide the 24-hour UTC and recommended community urgent care offer will be recruited to in time for a gradual implementation from April 2021.</p>
4.	Overview Scrutiny Committee post NHS Wirral CCG Governing Body Decision	<p>Scrutiny of the decisions and recommendations made by NHS Wirral Clinical Commissioning Group Governing Body decision on the 9th of July 2019.</p>

7.3. In conclusion, NHS Wirral CCG Governing Body are asked to:

- Note the process undertaken
- Formally agree to the recommendations
- Note the next steps

8. SUPPORTING DOCUMENTATION

The following supporting documentation can be located on the NHS Wirral CCG website:

<https://www.wirralccg.nhs.uk/get-involved/public-consultations/urgent-care-consultation-update/>

1. Urgent Care Transformation Operational Plan
2. Urgent Care Transformation Case for Change
3. Arrowe Park Hospital Footfall Worst Case Scenario Assumptions
4. Extended Access to Primary Care 2018-2019
5. Cheshire West and Chester Utilisation
6. Transport Heat Maps
7. Discounted Options
8. Urgent Care Consultation Document
9. Communication and Engagement Timeline
10. Hitch Marketing Report
11. Clinical Senate Report and Recommendations
12. Clinical Senate Recommendations and Mitigation Strategy
13. Equality Impact and Risk Assessments