

Urgent Care Options Briefing

For Urgent Treatment Centre and Community Provision

Following extensive public and stakeholder engagement and Listening Exercise throughout February 2018, we utilised the feedback and commonality amongst themes that arose to inform the development of options for an improved urgent care system for Wirral, to include an Urgent Treatment Centre (UTC) and a standardised community provision. Much of the feedback from the public focused on the level of confusion with regards the existing services in terms of what they were and how and when to access them.

Taking into consideration the existing urgent care offer, some of the proposed options were discounted due to a number of clinical and patient safety/ efficiency issues:

Options

Options for location of Urgent Treatment Centre	Opening Hours/length of day			Access			
	Option 1	Option 2	Option 3	Bookable same day appointments	Routine Walk-in facilities	Improved patient safety due to emergency services onsite	Access to a full range of acute level diagnostics if required
Arrowe Park Hospital	24 hours	15 hours	12 hours	Yes	Yes	Yes	Yes
Victoria Central Hospital				Yes	Yes	No	No
St Catherine's Hospital				Yes	Yes	No	No
Eastham Clinic				Yes	Yes	No	No
Miriam Minor Injury Unit				Yes	Yes	No	No

Moreton Health Clinic				Yes	Yes	No	No
Parkfield Medical Centre				Yes	Yes	No	No
Birkenhead 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	
Wallasey 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	
South Wirral 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	
West Wirral 'local clinic'	8 hours	12 hours	15 hours	Yes	No	N/A	

Option 3 was discounted:

The reasons why Option 3 was discounted were that it:

- Only provides the minimum mandated requirement – it does not meet patient need
- Would add another layer of confusion onto existing urgent care services
- Would provide less than existing Walk in Centre offer
- Does not support the delivery of the 4-hour A&E standard
- Does not provide consistent support to the Emergency Department – all minor injuries and ailments would need to present to the Emergency Department overnight (outside of Urgent Treatment Centre hours)
- At 15-hours, potentially over-provides in the community

Other options considered:

Utilising the existing 51 GP practices across Wirral

- This would not have been a consistent offer for the Wirral public
- Lack of ability to absorb the activity demand

Keeping existing Walk in Centres open, for a reduced amount of hours

- The reduced hours would not have absorbed the demand or been able to support A&E or streaming
- The current cost envelope would not have afforded this option as well as the mandated UTC

Alternative Walk in Centres and Minor Injury Units were discounted for the location of the Urgent Treatment Centre.

The reasons why these options were discounted were that they:

- Do not provide access to the **full suite of acute level diagnostic services** required for rapid access. The alternative locations only offer a very minimal level of diagnostic services (if any) which do not support the clinical benefits of co-locating an Urgent Treatment Centre with an Emergency Department. Clinically the co-located Urgent Treatment Centre would enable an improved patient pathway – we will reduce the risk of potentially having to transfer patients from an off-site location to the Emergency Department. This could be in the event of a rapid deterioration of a patient whereby reliance on an already strained ambulance service could result in unnecessary delays and risk to patient safety. Alternatively a patient presenting at the Urgent Treatment Centre may require additional diagnostics or services that are only available at an acute site, meaning delays in patient care, longer waits and visiting multiple locations (having to either be transferred to the acute site or present themselves). This is not an efficient patient pathway and does not support positive patient experience.
- Do not provide means to improve on local A&E performance access targets. One of the NHS' main national service improvement priorities is to focus on **improving national A&E performance**. This cannot be achieved locally if the Urgent Treatment Centre is based elsewhere (somewhere other than the acute site at Arrowe Park Hospital). The co-location of the Emergency Department and the Urgent Treatment Centre will provide consistent support to the Emergency Department, which will help improve against and maintain the national 4-hour target. Public behaviour is not likely to change with any degree of rapidness and as such, if the Urgent Treatment Centre is located elsewhere we will likely see the same behavioural pattern of patients continuing to present to the Emergency Department, which will not enable us to support the national service improvement priority
- Do not provide a **single front door with effective clinical streaming**. These are recognised as key elements to helping sustain a viable Emergency Department service; by receiving patients via one single front door, they can be clinically assessed and determined if they are appropriate for the Emergency Department. This will reduce the footfall which will have a positive impact on not only the 4-hour target but also the efficiency of the Emergency Department by ensuring those patients in need of emergency care receive it in a timely manner by enabling staff to focus on only the acutely unwell
- Do not maximise benefits to **patient safety**. They do not address concerns regarding a lack of Emergency services available if required. As highlighted above, those patients that either present critically ill or injured or those who rapidly deteriorate will be reliant upon the ambulance service to transport them to the correct facility (Emergency Department). This is placing additional strain on an already stretched service. We recognise that delays in patient care, which in an acute or emergency situation could potentially have life threatening implications.

- Do not provide the **quickest and most efficient transport links** (Based on time, duration, frequency and ease; Arrowe Park Hospital has the most efficient transport links from all other areas of Wirral) and is in a centralised location. The centralised location also supports continuity of access times for urgent patients accessing via the North West Ambulance Service route.
- **Risk aversion** – potential of an Urgent Treatment Centre based elsewhere in the community to divert a higher proportion of patients to the acute site to cover all eventualities
- Would unlikely significantly influence a **change of footfall at the Emergency Department at Arrowe Park**. The largest proportion of patients attend Arrowe Park Hospital because they associate it with A&E/ 24-hour access/ consistent offer/ good transport links both public and highways/ default option – this will not change if a Urgent Treatment Centre is based elsewhere – Patients will still likely present to Arrowe Park site, which will clog up the system, not support the Emergency Department or delivery of the 4-hour target, not support sustainable and generic working to future proof the model, will not support enhanced system resilience and could result in under-utilisation of a Urgent Treatment Centre based elsewhere.
- Did not maximise the opportunities for workforce. By co-locating the Urgent Treatment Centre next to the Emergency Department we have the opportunity to build a **flexible, sustainable and future proof workforce** allowing us to flex our capacity between both the Emergency Department and the Urgent Treatment Centre to appropriately meet demand. Additionally we can up skill and skill mix staff to enable them to cross cover and enhance the variation of their work, leading to a greater feeling of job satisfaction as well as overall system benefits to a more generic workforce. An Urgent Treatment Centre based elsewhere other than Arrowe Park site will not support this model and will not allow us to begin to match capacity with the current level of demand
- Did not maximise the opportunity to improve **system resilience**. The development of a co-located Urgent Treatment Centre would also enhance system resilience in the event of a major incident. During a major incident, the vast majority of footfall will be focused at the acute site – increasing the demand significantly. By having the Urgent Treatment Centre next door to the Emergency Department we will have the additional staff on hand to support major incidents, all focused on the acute site where the demand will be the highest. To base the Urgent Treatment Centre elsewhere will not enable this.