



**MEETING OF THE WIRRAL & CHESHIRE WEST AND CHESTER JOINT HEALTH
SCRUTINY COMMITTEE**

31 JULY 2019

REPORT TITLE	Wirral Urgent Care Transformation
REPORT OF	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 with regards to the outcome of the NHS Wirral CCG Governing Body decision which was taken at the Joint Strategic Commissioning Board in public on Tuesday 9th July 2019.

NHS Wirral CCG Governing Body approved the recommendation as follows:

1. Implementation of a 24-hour Urgent Treatment Centre at the Arrowe Park Hospital Site

1.1. The placement of the Urgent Treatment Centre at the Arrowe Park Hospital site was previously approved in public at the NHS Wirral CCG Governing Body on the 6th February 2018.

2. All-age walk in access in each community hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 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) increase of 10 hours from current provision

Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit to be replaced by additional GP/Nurse appointments 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.

This report is to inform members of the decision taken by NHS Wirral CCG Governing Body, to support their scrutiny role and function.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

- To note the contents of the report to inform scrutiny function

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

NHS Wirral CCG Governing Body undertook a consultation and engagement exercise to determine final recommendations to improve urgent care services in Wirral, including the introduction of an Urgent Treatment Centre (UTC). The paper outlines the decision making process and final approved model of care.

2.0 OTHER OPTIONS CONSIDERED

These are outlined in the report and detailed in appendix 1

3.0 BACKGROUND INFORMATION

- 3.1. A 'Case for Change' document was developed by commissioners in 2018 and this was published at the commencement of a pre consultation 'Listening Exercise' in February 2018. The Listening Exercise was an opportunity to talk to service users, stakeholders and staff about current services and this quantified the early scoping work undertaken by commissioners.
- 3.2. Options modelling and preparatory work for a formal consultation commenced in April 2018, this proceeded through the NHS England Service Change Assurance Process.
- 3.3. The mandated requirement for an UTC was considered by the NHS Wirral Governing Body in February 2018 and having reviewed the evidence and rationale, the intent to locate the UTC at Arrowe Park site adjacent to Accident and Emergency (A&E), creating a single front door, was approved. This decision was central to the development of the final options for consultation.
- 3.4. The final options for consultation proposed either a 24-hour or 15- hour UTC supported by the provision of urgent access to GP/nurse appointments within local areas along with a dressings (wound care) service and a retained walk in facility for children. The proposals included the replacing of adult walk in facilities across five locations in Wirral with the provision of same day urgent GP/Nurse appointments meaning that people would still be able to access urgent health care close to home. The proposal also included the retention of the existing Walk-in facility located at the Arrowe Park site which would be developed into the UTC.

- 3.5. Throughout the formal consultation process, commissioners have ensured that due process has been adhered to in line with both our internal commissioning requirements and the statutory public duties relating to consultation and engagement.
- 3.6. Consultation commenced on 12th September 2018 and concluded on 20th December 2018. This included an extensive range of engagement activity across Wirral with both the public and stakeholders. Sylvia Cheater, Lay Member for Patient and Public Engagement commented:
- 3.7. “I commend the CCG Senior Teams and Communications Team who did what I think was an excellent consultation over a long period of time and important to note how many people did respond and that is because people feel passionately about the local NHS and indeed the national NHS and I think it is fantastic that people respond as indifference is the enemy of democracy”.
- 3.8. “The option being put forward is based on data of the services used by the different sections of the population in different parts of Wirral. Clinical input has been huge. Need to rely on clinicians as they are at the forefront dealing with unhappy residents where they haven’t got the services they want, when they want it”.
- 3.9. Statutory scrutiny requirements were met by attendance at a joint scrutiny committee of Wirral Council and Cheshire West and Chester Council on 11th December 2018. In addition to this we also attended a special meeting of the Wirral Adult Care and Health Overview and Scrutiny Committee on 12th November, 2018.
- 3.10. The Clinical Senate for Greater Manchester, Lancashire and South Cumbria visited Wirral during the consultation period to provide an independent clinical view of the proposals. Members of the senate visited urgent care locations and spoke with staff about services and their views on the current urgent care system as well as the proposed new model of care. The resulting recommendations have been considered as part of the post consultation analysis.
- 3.11. The consultation attracted a significant amount of campaigning activity, centred specifically in the Wallasey, Birkenhead North and Eastham areas.
- 3.12. An independent analysis of the consultation commenced in early 2019 and this identified key feedback:

- 3.13. Respondents most favoured the option of having a 24-hour UTC rather than 15-hours
- 3.14. Significant amount of opposition to the proposals, especially in relation to the proposed changes to adult walk in facilities across Wirral. The public voice was particularly strong around the location of these facilities with a focus on Wallasey (Victoria Central Hospital), South Wirral (Eastham Clinic) and the Birkenhead locality.
- 3.15. A number of alternative proposals were also submitted during the consultation period which received due consideration and assessment.
- 3.16. After consideration of all the available evidence, a final recommendation was developed which considered public and stakeholder feedback but also minimised the risk of over provision across the local urgent care system.

4. FINANCIAL IMPLICATIONS

The 2018/19 contractual values for each commissioned area within the scope of the review was identified as £4.2m. The redesigned Urgent Care proposal will also cost £4.2m and is broken down as follows:

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

The UTC costs were based on the model determined to deliver the capacity required i.e. those patients currently attending the Arrowe Park Walk-in Centre, plus the patients attending A&E with minor illnesses and ailments. An additional 6% has been built into the capacity of the UTC appointments to manage increasing population numbers.

The Community offer has been calculated similarly by determining current and expected demand and using the actual provider costs.

5. LEGAL IMPLICATIONS

The consultation has been undertaken in accordance with NHS Wirral CCG's statutory duties for public and patient engagement.

6. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Capital, estate and workforce requirements resulting from the decision to implement the recommended model of care are being fully considered and worked through with system stakeholders as we develop the detailed clinical model. Any impacts for workforce changes will be minimised.

7. RELEVANT RISKS

A full implementation plan with supporting communication and engagement strategy will be developed with key stakeholders, to mitigate any risks associated with changes to service provision. A phased approach will be adopted.

8. ENGAGEMENT/CONSULTATION

A 12 week consultation and engagement process was completed. The findings have previously been shared. Final recommendations resulting from this process are detailed in the report.

9. EQUALITY IMPLICATIONS

A full Equality and Quality Impact Assessment has been undertaken and fully considered as part of the process and are available in Appendix 2.

1. INTRODUCTION

- 1.1. The transformation of Urgent Care in Wirral has been a priority for commissioners for some time and following preparatory work a formal transformation programme was commenced in 2016.
- 1.2. This programme sought to ensure that any review of the Wirral Urgent Care system met the needs of patients now and in the future, provided excellence in clinical quality and was able to meet the NHS constitutional standards through sustainable services.
- 1.3. Most urgent cases are dealt with on the same day through appointments that are provided during standard opening times of GP practices and pharmacies in Wirral. This review did not include these services
- 1.4. The scope for the review included the urgent care services known as Walk in Centres (WIC) and MIUs.
- 1.5. Whilst these venues are locally valued and recognised by communities, they do not provide consistency in service provision with differing names and opening hours and as a result many patients default to using the Accident and Emergency (A&E) Department at Arrowe Park Hospital.
- 1.6. NHS England, having commenced a national programme to transform urgent care services, published requirements for the introduction of new mandated UTC across England in 2017. This is in addition to wider improvements to urgent care services including NHS 111 and the further expansion and provision of additional appointments with GP practices outside of normal opening hours.
- 1.7. During the consultation period there was strong opposition with regard to the proposed changes to the current walk-in facilities. Therefore, the decision made is responsive to the feedback received and demonstrates willingness by commissioners to listen and reflect the views of the public.
- 1.8. The NHS Wirral CCG Governing Body took the decision in public at the Joint Strategic Commissioning Board on Tuesday 9th July 2019 to approve the recommended model of care as follows:

A) Implementation of a 24-hour Urgent Treatment Centre at the Arrowe Park Hospital Site

B) All-age walk in access in each Community Hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 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) increase of 10 hours from current provision

C) Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit (MIU) to be replaced by additional GP/Nurse appointments as part of the GP extended access scheme.

1.9. This will be further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

1.10. The rationale for this decision is as follows:

1.11. The demand for Gladstone MIU (75 patients/ week) can be met by extended access appointments provided within the immediate locality (82/week)

1.12. We are confident that the provision of extended access appointments will provide more than the current demand for appointments at Gladstone MIU within the New Ferry, Rock Ferry and Tranmere areas.

1.13. Dr Simon Delaney commented:

“As a GP in New Ferry, I am aware of the poverty and problems the population face so anything that can improve the health outcomes of the population you need to have a look at quite closely. I find it reassuring that there are more GP appointments which outweigh the reduction in the walk-in centre appointments leading to better outcomes for the population of New Ferry, Rock Ferry and Tranmere”

1.14. The demand on Moreton MIU (90 patients/week – of which 41 are dressings) can be met by a combination of extended access appointments within immediate locality (64 /week) and planned dressings appointments. We are working with the newly established Primary Care Networks to develop a specific planned/bookable dressing service within the West Wirral/Moreton area to manage the high demand for dressings (46%) and therefor ensure continuity of service for residents.

1.15. Residents will also be able to access retained walk in facilities at the following locations:

- Eastham Clinic
- Victoria Central Hospital
- Miriam Medical Centre

1.16. The extended GP access appointments will enhance the level of service available to patients. GPs will have full access to patient records, reducing the need for duplication and potentially improving overall health outcomes. Dr Simon Delaney commented:

1.17. “They (patients) are seeing GPs rather than nurses who usually staff walk-in centres and GPs have full access to their health records whereas walk-in centres have quite limited access therefore should lead to better outcomes.”

1.18. The tables below demonstrate the travel and distance times from the locality of Moreton and Gladstone (formerly Parkfield) Minor Injury/Illness Units to alternative urgent care facilities across Wirral:

Moreton Minor Injury/Illness Unit

Proposed Alternative Service	Distance (driving)from Moreton	Distance (public transport)
Urgent Treatment Centre, Arrowe Park Hospital	6 Minutes	21 minute bus journey
Birkenhead Medical Centre	7 Minutes	16 minute bus journey
Victoria Central Hospital	9 Minutes	29 minute bus journey
Eastham Clinic	14 Minutes	1 hour 6 minute bus journey

Gladstone (formerly Parkfield) Minor Injury/Illness Unit

Proposed Alternative Service	Distance (driving) from Gladstone	Distance (public transport)
Eastham Clinic	9 Minutes	17 Minute bus journey
Victoria Central Hospital	12 Minutes	40 Minute bus journey
Urgent Treatment Centre, Arrowe Park Hospital	12 Minutes	45 Minute bus journey
Birkenhead Medical Centre	9 Minutes	38 Minute bus journey

- 1.19. The average number of appointments per day for Gladstone MIU is 14 per day over the 4 hour daily opening period, seeing an average of 3-4 people per hour. This does not vary significantly per opening days of the week nor throughout the months of the year showing a relatively consistent level.
- 1.20. The average number of appointments per day for Moreton MIU is 18 per day, seeing an average of 2-3 people per hour. This does not vary significantly per opening days of the week nor throughout the months of the year showing a relatively consistent level.
- 1.21. When looking at the reason for attendance at Gladstone (formerly Parkfield) MIU, we are confident that the GP extended access appointments will be sufficient to deal with these cases. The table below illustrate the reasons people currently attend these services:

Parkfield-Top 10 treatment categories	Activity	Percentage
Sore Throat/Cough	619	16%
Skin Problems/Infections/Rash	545	15%
Redressing/ROS	342	9%
Ear Pain/Infection	314	8%
Urinary tract infection	284	8%
Chest Infection	257	7%
Infection/Generally unwell	224	6%
Limb Problems	179	5%
Eye problems	122	3%
Cuts/Graze/Laceration	100	3%
Total	2,985	80%

- 1.22. When looking at the reasons for attendance at Moreton MIU, 44% attendances were for dressings/wound care. This is reflective in the final approved model of care which outlines a specific dressing and wound care service in the Moreton area to meet the local demand.

The table below illustrates the reasons people currently attend these services:

Moreton Health Centre-Top 10 treatment categories	Activity	Percentage
Wound Check/Dressings	1,959	44%
Sore throat/ Cough	566	13%
Skin Problems/Infection/Rash	460	10%
Urinary tract infection	351	8%
Ear Pain/Infection	256	6%
Advice/ Generally unwell/ Minor Illness	180	4%
Chest Infection	110	2%
Bites/Stings	96	2%
Limb Problems	82	2%
Unprotected Sexual Intercourse	25	1%
Total	4,085	92%

- 1.23. In addition to GP extended access appointments, we have also considered the use of local pharmacies within the Moreton and Gladstone areas to treat minor ailments. There are 4 pharmacies within 1 mile of the location of Moreton MIU and there are 5 within 1 mile of Gladstone MIU.
- 1.24. In reaching the decision for the above recommendations, full Quality and Equality impact assessments have been completed which provide full details of our considerations and mitigations – see appendix 2.
- 1.25. Data shows that patients using the MIUs in Moreton and Gladstone (formerly Parkfield) were attending mainly because they could not get a GP appointment with a large proportion requiring dressings. The extended access GP appointments and a specific dressing service in the Moreton area will mean that people in these areas will still have the ability to access they type of urgent care they need locally to them.

2. KEY CONSIDERATIONS

Options Development

- 2.1. The options process undertaken during the consultation was outlined in our Case for Change which has previously been provided to the Overview and Scrutiny Committee as well as being available in the public domain during the consultation.

Peer Review

- 2.2. Our consultation process (including our options modelling) was subject to the NHS England Service Change Assurance Process as well as the Greater Manchester, Lancashire and South Cumbria Clinical Senate who undertook a full review of our consultation and process during the consultation period.
- 2.3. The Service Change Assurance Process is a regional, strategic assurance process which seeks to ensure any new proposals for change are tested through independent review and assurance by NHS England.
- 2.4. All service change should be assured against four tests:
 - Strong public and patient engagement.
 - Consistency with current and prospective need for patient choice.
 - A clear, clinical evidence base.
 - Support for proposals from clinical commissioners.
- 2.5. Prior to public consultation NHS England were assured that the proposals for service change met the above guidance and we received regional approval to proceed with the consultation.
- 2.6. For a further breakdown of our options including our shortlist, please refer to Appendix 1 Options Shortlist.

Transport Implications

- 2.7. NHS Wirral CCG recognises the importance of public transport and its role in ensuring that people can access locally commissioned health services. Throughout the Urgent Care Transformation programme we have sought to understand and mitigate for any identified transport issues and have worked in partnership with Wirral Council and Merseytravel in this regard. Our new model of urgent care approved at the NHS Wirral CCG Governing Body ensures that retained walk in facilities will mean that there is very limited impact from a transport perspective.
- 2.8. For those facilities that are being replaced by GP Extended Access appointments, we believe there is sufficient provision in these local areas to minimise the need for any additional travelling for patients. However, patients may choose to attend a different location or attend the Urgent Treatment Centre.
- 2.9. As an NHS commissioning organisation we are limited to the extent to which we can influence local public transport which is commissioned by Wirral Council and Merseytravel and provided by private commercial operators.

However, this report demonstrates that we have been mindful of and responsive to the transport implications of our proposals and subsequent decision. Dr Simon Delaney commented:

- 2.10. “Whilst transport is clearly a concern you would expect the patient to live closer to their GP than the walk-in centre which are in the local community which might be some distance away from where the patient lives”.
- 2.11. It is also important to note that whilst we will be continuing to consider transport implications, we are not anticipating a significant increase in activity up to the Arrowse Park site. It is our intention that the majority of patients previously seen in the community will continue to do so via either the remaining walk in facilities, planned dressings clinics or extended access appointments. Patients attending the UTC overnight are likely to have been seen previously on site by either GP Out of Hours or A&E.

Consultation Feedback

- 2.12. Commissioners have listened to feedback throughout the consultation period; in particular the consultation questionnaire and 8 petitions received. There were 1965 respondents to the survey with 98% identifying themselves as residents of Wirral. 45,095 residents signed petitions. The subjects of the petitions and their totals are shown below in table 1:

Table 1 – Urgent Care Review Petitions

Petition Subject	Total Respondents
Urgent Care Consultation: Closure of Minor Injury-Illness Services	23,092
Request for Wirral CCG to immediately withdraw the proposal to reduce Wirral's NHS walk in facilities and Minor Injuries and Illness Units.	5606
Withdraw the proposal to reduce Wirral's NHS walk in facilities and minor injuries/ illness units	941
Residents deeply concerned about the forthcoming closure of Miriam Minor Injury and Illness Service	7928
Save our Wirral Walk in Centres	1866
Enhance our South Wirral NHS Walk in Centre	1016
Save our Walk in Centres – no closures	1862
Campaign to save Mill Lane (VCH) Walk in Centre	2784

- 2.13. Our original proposals recommended the replacement of 5 adult walk in facilities, instead offering more same day GP appointments in addition to the UTC.

- 2.14. We have listened to this feedback and been responsive as a Strategic Commissioner and as a result of this, our proposals and the subsequent decision by the NHS Wirral CCG Governing Body, are reflective of the feedback received.
- 2.15. The placement of the UTC at the Arrowe Park Hospital site was approved in public at the NHS Wirral CCG Governing Body in February 2018
- 2.16. The UTC at the Arrowe Park site will provide:
- a higher and more consistent level of clinical service than the existing Walk in Centres and Minor Injury/Illness Units
 - GP led service which is under the clinical leadership of a GP
 - improved access to diagnostic tests (MRI, CT) and emergency interventions if required following significant deterioration

Dr Simon Delaney, Medical Director - NHS Wirral CCG, commented that:

“The Urgent Treatment Centre does give the people of Wirral an enhanced offer”

- 2.17. Having an Urgent Treatment Centre located elsewhere would rely on ambulance transport and could present a risk to patients, given the time it would take to get them to A&E. Sylvia Cheater, Lay Member for Patient and Public Engagement commented:

“Opening an Urgent Treatment Centre that will be open 24 hours a day is a huge improvement for all Wirral residents and the data would support that it will reduce some of the pressure on Accident and Emergency Services”.

- 2.18. For the full breakdown and clinical rationale behind this decision please refer to Appendix 3 Urgent Treatment Centre Clinical Rationale and Discounted Options.

Community Urgent Care Provision

- 2.19. We remain focused on fulfilling the principle of local and accessible care. In addition to the UTC, we also propose to have same day access to GP and Nurse appointments within localities as well as a dressing and wound care service to meet local demand within a specific geographic footprint. This decision is acknowledged by clinicians as something that needs to happen. Dr Laxman Ariaraj, GP Lead Planned Care - Wirral CCG, commented:

“By adding the GP appointments in the first place who are able to arrange diagnose and able to prescribe this is an enhancement”.

2.20. By providing same day access to a GP or Nurse appointment locally, we are hoping to limit the amount of people who would need to travel to the UTC. A key part of our consultation and subsequent modelling work has focused on inclusivity and ensuring the health needs of particularly vulnerable or disadvantaged communities have been met and as such the approved model of care outlines an increased provision of all age walk in access in the most deprived areas.

2.21. To address the issues of deprivation across Wirral , the approved model of care includes:

- Extending the hours of operation for all ages access provision within the Birkenhead area (8am – 8pm which is an increase of 2 hours from the existing provision). This is based on activity data analysis and reflects the local demand.
- Retaining all age walk in access in Victoria Central Hospital in Wallasey to address the public voice that this facility is valued as an urgent care location and very much part of the local community.
- The 24 hour Urgent Treatment Centre at the Arrowe Park Hospital site supports the higher level of frailty in the West Wirral locality who are more likely to attend the Arrowe Park site.

2.22. The recommendation to standardise Urgent Care community hours of access to 12 hours per day for the Birkenhead Medical Building and Victoria Central Hospital has been based on:

- Birkenhead and Wallasey constituencies having a similar patient population level in each constituency- 96,000- 97,000
- Birkenhead and Wallasey patients having a similar level of use of combined minor Accident and Emergency, Walk in Centre and Minor Injury and Illness use- 40,000 per year each.

2.23. Additional considerations have been:

- Patients from Birkenhead constituency have the highest level of use for minor Accident and Emergency activity.
- Birkenhead constituency having a higher rate of smaller areas classified within the 1% most deprived areas in England. With 8 of these within Birkenhead Constituency and 2 within Wallasey constituency. (As per the Indices of deprivation 2015 review)

- 2.24. The provision of extended access GP appointments will mean that people who may be isolated due to age, frailty or geography will not have to travel long distances to received urgent health care.
- 2.25. We are further exploring digital advancements to bring technology and healthcare together to reach those patients in remote areas or for those that are frail and would benefit from these advancements with the relevant support available to enable use.

Aligning to Place Based Care and Neighbourhoods

- 2.26. Over the past year, the initial focus of work for the developing neighbourhoods was addressing the health and care needs of frail individuals. This has had a positive impact on their lives, reducing hospital admissions and exacerbations of their clinical conditions
- 2.27. The provision of extended access appointments will mean that people can receive urgent health and care in their local communities. As advised to the members of the Wirral and Cheshire West and Chester Joint Health Scrutiny Committee on 1st July 2019, it is our intention to take a multi-disciplinary approach to the delivery of extended access appointments by utilising the wider workforce such as nurses and other health care professionals.

Workforce and GP Capacity

- 2.28. The evolving role of the 'Physician's Assistant' is a new role in collaboration with Wirral University Teaching Hospital Foundation Trust (WUTH) and as it evolves will act in much the same way as an Allied Health Professional, supporting doctors and nurses in the delivery of care for the residents of Wirral.
- 2.29. As advised at the Joint Scrutiny Committee, Wirral are not facing the same GP recruitment and retention issues as many other areas. We have a major teaching hospital (WUTH) and many training GP practices. This means that we are able to recruit, train and retain GPs and other healthcare professionals.
- 2.30. One of the benefits of being an integrated commissioner (Wirral Health and Care Commissioning) is the ability to consider all aspects of health and care planning and part of this is engaging with housing colleagues at Wirral Borough Council to ensure we are appropriately exploring and addressing key issues surrounding new housing developments and the impact this may have on future demand.

- 2.31. We are also reviewing the wider delivery of urgent health and care. A key element of this is the GP Out of Hours service and how the future provision of this is delivered in conjunction with the overall urgent care provision.
- 2.32. We have engaged with the Wirral and Joint Scrutiny Committees throughout the review process both pre-consultation and during the consultation itself to keep committees updated of any key issues.

Community Locations

- 2.33. A key part of the consultation was to obtain feedback from the Wirral public on what was important to them concerning the location of community urgent care provision. We asked the public what the most important factors were when considering the locations of future urgent care and following this feedback, commissioners were responsive in their proposal (and subsequent approved model) to site local urgent care facilities in the following locations:
- Wallasey – Victoria Central Hospital
 - Birkenhead – Birkenhead Medical Centre
 - South Wirral – Eastham Clinic
 - West Wirral – UTC at the Arrowe Park site

3. DECISION MAKING

- 3.1. Our final recommendation was presented to the Governing Body of the NHS Wirral CCG on 9th July 2019, as part of the Joint Strategic Commissioning Board meeting. This meeting was held in public at Birkenhead Town Hall. The papers for this meeting have been available on the NHS Wirral CCG and Wirral Council websites from the 28th June 2019.
- 3.2. Following the decision to approve our recommended model of care and our attendance at this Overview and Scrutiny Committee (Wirral), the decision will be further scrutinised at the Joint Adult Care and Health Overview and Scrutiny Committee (Wirral, Cheshire West and Chester) at a date to be agreed. Here we will outline the nature of the decision made.
- 3.3. Post decision we are developing a robust implementation and mobilisation plan which will include timeframes for any changes in service. In addition to this we will also be developing a communications and engagement strategy which will address how we will be engaging with the public in a clear and straightforward way regarding these changes and what it means for them.

- 3.4. There will then be a further joint scrutiny session in July which will include the full rationale for the final decision, the considerations made by the NHS Wirral CCG Governing Body.
- 3.5. A full implementation plan with a supporting communication and engagement strategy will be developed with key stakeholders to mitigate any risks associated with changes to service provision.
- 3.6. A phased approach will be adopted, planning to commence in 2020 to ensure all issues and concerns are fully mitigated, allowing commissioners to closely monitor the implementation of service changes.
- 3.7. No decision will commence implementation until the scrutiny process has been completed in full.
- 3.8. Members of the committee are asked to consider the contents of this report, as part of the scrutiny process

APPENDIX

1. Options Shortlist
2. Equality Impact Assessments
3. Urgent Treatment Centre Clinical Rationale and Discounted Options

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Special Meeting, Adult Care and Health Overview and Scrutiny Committee	Monday, 12th November, 2018
Wirral and Cheshire West and Chester Joint Health Scrutiny Committee	Tuesday 11th December, 2018
Adult Care and Health Overview and Scrutiny Committee	Wednesday 26th June, 2019
Wirral and Cheshire West and Chester Joint Health Scrutiny Committee	Monday 1st July, 2019