

**28<sup>th</sup> June 2018**

**8.**

**CHANGES TO URGENT CARE SERVICES**

**Ward(s)**                      All

**Executive Summary:**

NHS Walsall CCG carried out a formal public consultation on the future of Urgent Care Services from 14<sup>th</sup> August to 22<sup>nd</sup> September 2017, and presented the findings to the Overview and Scrutiny Committee on 28 November 2017. Members observed that a common theme was that residents stated they were unable to secure a GP appointment and stressed the importance of addressing this issue before amending access to urgent care services.

This report summarises the arrangements put in place by the CCG for enhanced access to primary care appointments, and the outcome of a West Midland Senate Clinical Review of Urgent Care Services that was conducted in January/February 2018.

**Reason for scrutiny:**

To provide an update on the CCG plans for the future of urgent care services.

**Recommendations:**

That the Overview and Scrutiny Committee notes the additional arrangements for enhanced access to primary care services and the outcome of the West Midland Clinical Senate Review in support of changes to urgent care services.

**Background papers:**

OSC report 20 July 2017 “Big Conversation – Public Engagement outcome and next steps”

OSC report 28 November 2017 “Outcome of Consultation on the Future of Urgent Care Services”

**Resource and legal considerations:**

The CCG has invested additional resources to expand the availability of GP appointments in to the evenings and week-ends.

**Citizen impact:**

The expansion of access to primary care in the evenings and week-ends has made it easier for citizens of Walsall to arrange a same day GP appointment.

**Environmental impact:**

There is no direct impact upon the environment of this decision.

**Performance management:**

Urgent care services are an important feature of urgent and emergency care services in Walsall. Walsall is currently not achieving the national 4 hour waiting time standard in A&E.

**Equality Implications:**


An Equality Impact Assessment has been conducted as part of the formal public consultation process.


**Consultation:**

A formal consultation on the future of urgent care services in Walsall was conducted from 14<sup>th</sup> August to 22<sup>nd</sup> September 2017 and reported to Overview and Scrutiny Committee on 28 November 2017.

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## **CHANGES TO URGENT CARE SERVICES**

### **1.0 Background**

1.1 During 2014, Walsall CCG undertook a review of urgent care services, including a full option appraisal and formal public consultation. In November 2014 the CCG Governing Body considered the outcome of the review and agreed:

- 1. The longer term plan should be for a single urgent and emergency care centre on the Manor Hospital site.*
- 2. As an interim plan, to relocate the walk in centre to a new town centre location and change the function of the service to an Urgent Care Centre (UCC), excluding from the specification activity that would normally fall within the scope of the national contract for GP services.*

1.2 The CCG proposition is to bring forward the longer term plan for the agreed strategy of co-locating all services on the Manor Hospital site, by closing the town centre UCC before the end of the current 5 year contract and transferring some of the resources to the UCC at the Manor site to realise greater benefits that we would achieve from maintaining the status quo.

1.3 A formal public consultation on the future of Urgent Care Services was conducted from 14<sup>th</sup> August to 22<sup>nd</sup> September 2017, and the findings were presented to the Overview and Scrutiny Committee on 28 November 2017. It was agreed that one of the key issues to be considered would be access to primary care and the potential impact of additional demand on primary care services if the Urgent Care Centre (UCC) in the town centre was to be closed.

1.2 It was also reported that an NHSE Assurance process would be agreed during December 2017, and this took the form of a West Midland Senate Clinical Review of Urgent Care Services which was conducted in January/February 2018.

1.2 This report is to provide an update for Overview and Scrutiny Committee on the arrangements put in place by the CCG for enhanced access to primary care, and the outcome of the Clinical Senate Review.

### **2.0 Enhanced Access to Primary Care Services**

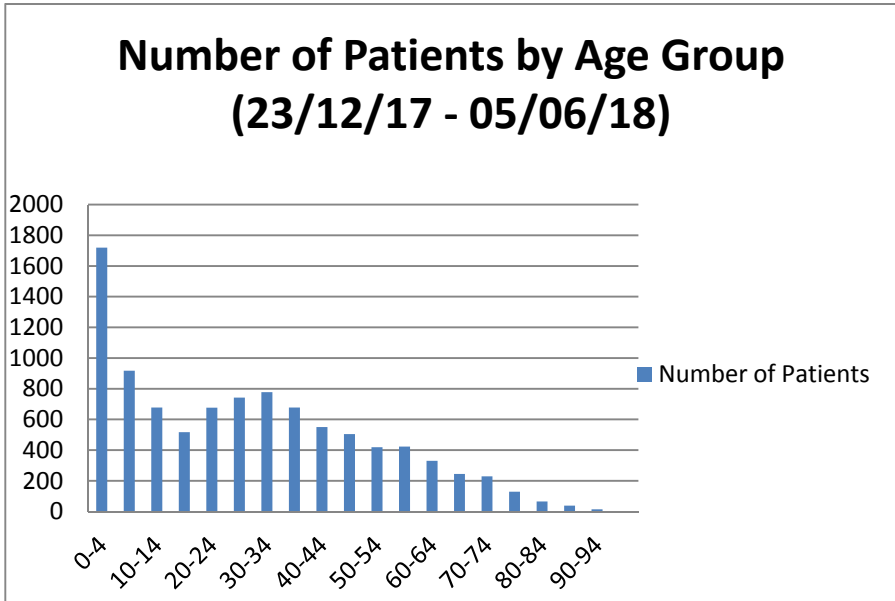
2.1 Walsall CCG commissioned three extended hours primary care hubs at Broadway North, Pelsall and Darlaston from 23 December 2017 as part of the winter plan. This made available 60 appointments per day on week-days between 6.30pm and 9.00pm, and 120 appointments on Saturdays and Sundays between 10.00am and 3.00pm which amounted to a total of 540 additional appointments per week.

2.2 By mid-January the monitoring of take-up of appointments showed that the week-day appointments were at full capacity and so 50 additional week-day appointments were added. By 3 April 2018, further adjustments to balance capacity with demand led to their being 90 appointments per day during week-days and 80 per day during week-days and this is the current situation. This equates to a total of 600 appointments per week or 31,200 per annum.

2.3 Since the 3 April, 91.8% of week-day appointments have been taken up, and 58.2% of week-end appointments (this includes 6.0% which were booked and where the patient did not attend). 95.8% of appointments were self-initiated. There was a wide range of conditions. Out of a total of 10,009 recorded attendances to the end of May 2018, the most common treatment codes were as follows:

Presenting Problems	Number of Instances
Upper respiratory tract infection NOS	232
Acute tonsillitis	201
Viral upper respiratory tract infection NOS	174
Cough	158
Viral illness	144
Chest infection NOS	136
Suspected UTI	133
Sore throat symptom	123
C/O: a rash	92
Otitis media NOS	92
Chesty cough	82
Abdominal pain	78
Low back pain	76
Tonsillitis	55
[D]Rash and other nonspecific skin eruption	54
Ear symptoms	53
Viral gastroenteritis	51
Constipation	50
Otitis externa NOS	49
Urinary tract infection, site not specified	49
<b>Grand Total</b>	<b>2082</b>

The following graph shows the age range of patients treated by the service:



58% were female patients and 42% were male.

- 2.4 The practices from which the highest percentages of patients attended the service were those practices which were nearest to the primary care hub centres at Broadway, Pelsall and Darlaston. **73.4% of patients who attended the service said that they would have attended an Urgent Care Centre if this service was not available.** 18.6% would have waited until they could see their own GP, and 4.2% would have visited A&E.
- 2.5 The CCG has plans in place to continue this service on a permanent basis with a current proposal to increase to four hubs from autumn 2018.

### **3.0 Urgent Care Centre Activity Levels from the Opening of the Primary Care Hubs**

- 3.1 Attendance at the UCC Town centre site decreased by 11.4% in the period between January and April 2018 compared to the same period in 2017, which coincides with the opening of the primary care hubs. There was a reduction in attendance of 5.4% in the twelve month period to end of December 2017 compared to the twelve month period to the end of December 2016 (44,616 compared to 47,196), and this suggests that the opening of the primary care hubs has led to a decrease in the footfall to the UCC town centre site.
- 3.2 Attendance at the UCC Manor site decreased by 6.2% in the period between January and April 2018 compared to the same period in 2017, which coincides with the opening of the primary care hubs. This shows that there has been a lesser impact on the footfall at the UCC Manor site, although activity levels have decreased at this site as well.

### **4.0 Outcome of the West Midlands Clinical Senate Review**

- 4.1 The review was undertaken by a mixture of clinicians, patient representatives, commissioners of urgent care services, and providers of emergency care from elsewhere in the West Midlands. A full and multi-disciplinary panel sat for 2 days, the morning of day 2 included a very helpful site visit to the Urgent Care Centre in Walsall town and Walsall Hospital Urgent Care Centre. This helped the review team to obtain a good understanding of the current service and the proposal being made. Significant debate occurred particularly over impact on patients who lived in the town centre and the capacity of the A&E department at Walsall Manor.
- 4.2 **The panel considered that the model of a single and co-located service provided from the Manor Hospital site will reduce the extent of duplication and be a clinical enhancement on the current provision.** Walsall CCG should promote the benefits of a co-located Urgent Care Centre as part of the Emergency Department on one site to patients and the public. This should include the availability of diagnostics and treatments (e.g. suturing, timely blood test results), minor injuries and radiology provision.
- 4.3 The panel was in **agreement** with Walsall CCG that the closure of the town centre UCC before the end of the five year contract and transferring some of the resources to the UCC at the Walsall Manor Hospital site has the potential to realise benefits. Namely:
- Enhancing the UCC at the Walsall Manor Site

- Delivering cost savings to the CCG

4.4 The panel considered that the model of a consolidated service aligned with the national direction of travel for Urgent Care Services. The panel identified a risk in terms of space constraints at the Manor Hospital Emergency Department and Urgent Care Centre and recommended that Walsall CCG and Walsall Healthcare Trust develop contingency and mitigation plans to address this risk.

## 5.0 Implementation Plan

5.1 The recent reduction in the level of patient footfall at the UCC Town Centre site means that there are currently around 40,000 people attending each year. Primecare are developing a plan for staffing capacity at the UCC Manor site based upon an assumption that 60% of current UCC Town Centre activity will transfer which would mean an additional 70 patients per day at the UCC Manor site, or 25,550 per annum.

5.2 The plan will reflect the current opening hours of the UCC town centre site where patients are seen between 8.00am to 8.00pm with highest attendance per hour during the morning hours. A majority of those that do attend the UCC Manor site would walk-in directly or be streamed from the ED Reception area to the UCC Manor site. Work is underway in partnership with Walsall Healthcare Trust to ensure that the plan addresses the issues raised by the Clinical Senate regarding capacity at the UCC Manor site.

5.3 Patients attending the UCC Manor site as an alternative to attending the UCC town centre site would need to travel to the hospital site which is half a mile away from the UCC in the town centre.

5.4 Hourly footfall in each of the UCCs is monitored daily by Primecare and is reported to the CCG, so it will be possible to calibrate clinical capacity with the varying rate of footfall during the day. Primecare will be responsible for the staff currently working out of the UCC Town Centre site. Some of the clinical staff currently working at the UCC Town Centre site will transfer to the UCC Manor site.

5.5 A CCG communication and engagement plan will set out how the public will be informed of the changes and of the alternative services available in the run up to closure of the UCC town centre site. Patients will be advised of all the alternatives available including pharmacy, NHS 111, extended access to primary care hubs, appointment with own GP etc. AS NHS 111 becomes more of a single access point for urgent care services with capability to book appointments in the primary care hubs, patients own GP and in the UCC at the Manor site, there will be greater emphasis upon ringing NHS 111 before setting out to visit the UCC at the Manor.

5.6 There will continue to be daily monitoring of the UCC Manor site activity and clinical capacity and this will be particularly the case immediately following the closure of the UCC town centre site with adjustment to account for any higher than planned level of demand. The CCG Communication and Engagement Plan will also set out how all of the other parts of the health and social care system in Walsall will be informed of these changes including primary care, pharmacists, opticians, social care, mental health services, community health services, and the

Manor Hospital. Briefings on alternative services available will be shared with all providers.

## **6.0 Re-designation to Urgent Treatment Centre**

- 6.1 Since October 2015 when the current configuration of services started, national guidance for UCCs has been issued to the effect that they should be co-located within Emergency Departments as part of an integrated urgent care service, and comply with a national service specification for Urgent Treatment Centres.
- 6.2 There is also a new national service specification for the NHS 111 service, and this has been re-commissioned for the West Midlands (including Walsall) from November 2016 with major changes including an enhanced clinical hub with more callers receiving direct clinical advice, and booking appointments for callers within Urgent Treatment Centres as well as the GP Out of Hours Service.
- 6.3 Work is currently underway to enable NHS 111 to book direct appointments for patients who have contacted NHS 111 in the UCC at the Manor, and at this point the service will meet the requirements for re-designation to an Urgent Treatment Centre. The re-designation can take place simultaneously with the closure of the UCC Town Centre site with enhanced signage across the Manor Hospital site to direct more patients to attend directly instead of being re-directed from the Emergency Department Reception.

## **7.0 Conclusion**

- 7.1 Since the Scrutiny Committee in November, the CCG has commissioned enhanced primary care in three hubs spread across the Borough with an additional 31,200 primary care appointments. A Clinical Senate Review has concluded that reconfiguration of urgent care services so that the provision is co-located on the Manor Hospital site is an improved clinical model for patients, and reduces duplication in service provision.

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