

## HEALTH SCRUTINY AND PERFORMANCE PANEL

11th March 2014

**Update Report  
Development of an  
Urgent and Emergency Care Strategy for Walsall**

**1. Purpose**

To provide the reader with an update on the progress of the development of an Urgent and Emergency Care Strategy for the borough of Walsall, a summary of the outcomes of the Urgent Care Review, the development of a long list of options and to provide an understanding of the options appraisal methodology and tool.

**2. Recommendations**

For the reader to:

- **Note** the outcomes of the Urgent Care Review in appendix 1;
- **Note** the development of the long list of strategic options for the future of urgent and emergency care service provision;
- **Note** that the long list of options have been tested with the GP Locality Boards and the Urgent Care Working Group during February 2014 to ensure no additional options have been missed;
- **Support** the options appraisal tool and methodology which will be presented at the meeting.

**3. Background**

Patient care is our top priority. Urgent and emergency care has been in the media for some time due to the pressures seen locally in Walsall but also nationally. The review of local urgent and emergency care services is essential to improve the quality of care we provide across the borough and is being undertaken in partnership with Public Health and our local authority partners and through active engagement with stakeholders and the public.

The review will help us to understand the existing system, what works well and how people think things could be improved so that we can design an efficient and effective future Urgent and Emergency Care system that the people of Walsall can be proud of.

The chart below describes the progress that is being undertaken to develop the strategy.



#### **4. The outcomes from the Urgent Care Review**

The outcomes from the Urgent Care Review have now been collated and the high level themes captured, please see appendix 1. We have included the outcomes of the market research undertaken at urgent care locations, the data review, the listening exercise and the site visits.

Over 800 patients actively using the services at A&E, the Walk in Centre, the Emergency and Urgent care Centre and the Out of Hours Service gave their views. In addition, over 800 people, both stakeholders and the public, have responded to the listening exercise held in January 2014.

#### **5. Developing a long list of options**

During February 2014, we have been designing a long list of options for the future Urgent and Emergency Care system using all the information that we have gathered from the Urgent Care Review. The long list has been tested with GP Locality Boards and stakeholders at the Joint Urgent Care Working Group to ensure there are no additional options that have not been considered.

Further to the testing of the long list of options with the identified groups, the options will then be taken through an options appraisal process to identify the final option (s) which will be subject to a formal 12 week public consultation process expected in April –June 2014 (if service change is identified).

The options appraisal tool and methodology have been developed by our partners in Public Health and will be shared with Healthwatch, the Local Medical Committee, Health and Well Being Board and Health Scrutiny and Performance Panel to provide some assurance to the robustness of the process being undertaken.

**The options appraisal tool will be circulated at the meeting.**

## 6. Key Risks

1. Delay in reviewing the current arrangements could lead to unsustainable pressure on existing services, in particular the Accident and Emergency Department leading to rising waiting times, risks to quality of care and poorer patient experience;
2. Due to the regeneration of the town centre, the existing location (the building) that houses the walk in centre at 19-20 Digbeth Street in Walsall, has been identified as a location that may be regenerated. Plans to mitigate any risk to service provision are currently being developed by the CCG. The outcomes of the urgent care review will be fundamental in identifying what future service provision is required and the required location;
3. Timescales for delivery of the programme of work are limited to ensure that we have a Strategy that is agreed for implementation prior to next winter.

## 7. Conclusion

Our aim is to improve access and integration across services for people with urgent healthcare needs, by ensuring the system is well communicated and simpler to navigate. We want to ensure that services are available at the right place, the right and first time for all patients using our services.

To do this we have actively engaged and listened to our community, both as patients and stakeholders through the listening exercise, market research and site visits. We have also used data and contracting outcomes to develop a range of options which have been tested with the Locality Boards and the Urgent Care Working Group to ensure we have a wider clinical perspective.

It must be made clear that no decisions have been made on the future of urgent and emergency care in Walsall. We will continue to work with key stakeholders and the public to ensure that we design an urgent and emergency care strategy for patients using services in Walsall (expected August 2014).

Further updates will be provided throughout the programme to both the Health and Well Being Board and the Health Scrutiny and Performance Panel.

For further information, please contact:

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# Appendix 1 – Outcomes of the Urgent Care Review – Feb 14



**Improving Health**  
and Wellbeing for Walsall

## Summary of the outcomes – Urgent Care Review

14.02.14



Walsall Clinical Commissioning Group

### Urgent & Emergency Care Strategy Development inc. Urgent Care Review



## Urgent Care Review:

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Urgent Care Review



## Key messages – Public Health

- % of older people is increasing;
- Ethnic minority groups are increasing;
- Life expectancy is increasing;
- Walsall has a high birth rate and this is increasing;
- Increase in Obesity will in the long term put pressure on the system;
- Mental health continues to be an issue.



# Key messages - overall

- Patients want to see their GP - By far the most positive feedback was on the quality of care patients receive at their GP practice;
- People want GP access to improve/make it easier for them to see their GP;
- Theme for the need primary care at front door of A&E;
- Timeliness to see a healthcare professional is important;
- Managing people's expectations is important;
- People want seamless care;
- High numbers of patients chose to go to services without consulting any other service;
- We need to improve communication (what is available, times, where);
- People want the 'customer service' to be improved through training;
- Access to services is important (people want us to make it easier and simpler for them to access services – in and out of hours);
  - Transport/how people get to services is important to people;
  - Parking and congestion around the Manor is an issue;
  - People who live close to a service are more likely to use it (for ease rather than urgent need);
  - Younger people are more likely to self present;
  - Older people more likely to be ambulance conveyed;



# Themes - Conditions

- Mental health – in and out of hours;
- Pregnancy-related conditions;
- Circulatory, respiratory and digestive diseases;
- Cardiac, UTI's, injuries/poisoning are significant problems for admissions;
- Growth in General Medicine, General Surgery and Gynaecology;
- Paediatric admissions appear to have reduced over time;
- Pneumonia;
- Miscarriages and general abdominal disorders;
- Kidney or urinary tract infection HRGs also appear commonly in emergency spells from all sources and have been rising steadily over time.



# Considerations – Key Messages

- Urgent care is a system;
- Need bold and ambitious plans (Everyone Counts Planning Guidance);
- Very political and national drivers to deliver;
- We need to design a system that provides high quality care;
- Need to encourage self care (use of pharmacies);
- Encourage outside of hospital urgent care;
- 7 day working;
- We can only influence Primary Care Changes;
- We need to design a system that will sustainable in 3-5 years time.

