

REPORT TO: Executive Board
DATE: 7 April 2016
REPORTING OFFICER: Strategic Director, People & Economy
PORTFOLIO: Health and Wellbeing
SUBJECT: Halton Urgent Care Centres (UCCs)
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the Executive Board with an update in respect of the development of Halton's Urgent Care Centres (UCC) and outline the impact/outcomes that they are having on the people of Halton and the local health economy.

2.0 RECOMMENDATION: That the Board

- 1) Note the contents of the report and associated appendices; and
- 2) Continue to support Halton's investment into the provision of the UCCs as outlined in Halton's current and new Better Care Fund (BCF) Plan; and to request the new BCF Plan be presented to a future Executive Board.

3.0 SUPPORTING INFORMATION

3.1 Background

In 2012/13 NHS Halton Clinical Commissioning Group (CCG) supported by Halton Borough Council (HBC) undertook a review of Urgent Care Services within Halton. This review combined with a winter pressures Accident and Emergency Department (AED) audit helped inform an options appraisal as to how urgent care services within the Borough could potentially be reconfigured to ensure it met local demand and pressures.

3.2 A number of options were considered for the delivery of an urgent care model within Halton. The model chosen, following extensive consultation with both professionals/clinicians and members of the public, was to create two UCCs on the site of the then Minor Injuries Unit at Halton Hospital and at the Walk in Centre at Widnes.

3.3 UCCs are community-based primary care facilities providing access to urgent care to a local population.

The main aims of the Centres are to:

- Make care easier to access and closer to home;
- Avoid patients making unnecessary visits to AEDs;
- Avoid any unnecessary delays, transfers of care, and duplication in care;

- Support patients to effectively manage their own health and wellbeing;
- Extend and standardise primary care provision for Halton residents into the weekend and evening periods;
- Effect a cultural and behavioural change in the population of Halton enabling greater knowledge of, and confidence to utilise, local services; and
- Maximise the utilisation of all available resources.

3.4 Working collaboratively across all key partner organisations including Warrington and Halton Hospitals NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust, Bridgewater Community Healthcare NHS Foundation Trust, North West Ambulance Trust (NWAS) and HBC. Halton now have two UCCs staffed by a team of on-site integrated healthcare professionals, diagnostics facilities and agreed pathways into other community, primary, social and secondary care services.

Operating from 7am – 10pm, 365 days a year, the Runcorn UCC became operational from February 2015 whilst the Widnes UCC went fully operational from October 2015. Both UCCs are able to accept patients from North West Ambulance Service between 8am – 8pm, 7 days a week.

3.5 Outcomes for Patient's Attending the UCCs

In respect of the ongoing performance monitoring into the effectiveness of the UCCs, as part of the UCC Performance Dashboard reported through on a monthly basis to the Halton System Resilience Group, we report on the outcome of the patient's experience whilst at the UCCs as part of the "Friends and Family" test; Patients are asked to complete a short proforma following their attendance/treatment at the UCCs and these are used to generate the "Friends and Family" score.

The Friends and Family scores for both UCCs have been consistently above 90% since becoming operational. For example the average "Friends and Family" score reported across both UCCs for December 2015 was 96.5%

3.6 Other performance information that will be of interest to Board members which demonstrate the intended aims of the Centres are being achieved include :-

- a very small percentage of people decide to leave the UCCs before treatment; an average of 3.2% across both UCCs during December 2015; and
- only a small percentage of Patient's have to be referred for further treatment to the Acute Trusts AED's; 3.8% during December 2015.

3.7 In December 2015, Healthwatch Halton were invited to undertake Patient Surveys within the UCCs and although we are awaiting for the formal report to come through from them, Healthwatch have shared some headline statistics; see **Appendix 1**.

3.8 Impact of Local Health Economy

One of the main aims of the UCCs is to avoid patients making unnecessary visits to AEDs.

Attached at **Appendix 2** are details of performance between April – September 2015 at Warrington and Halton Hospitals NHS Foundation Trusts compared with the same reporting period in 2014.

As the Board can see from the attached information, improvements have been seen in relation to a reduction in the numbers of Halton residents attending A&E and a reduction in non-elective admissions.

Although there are other schemes in play to facilitate this change, the UCCs have made a significant impact in supporting this shift.

Attached at **Appendix 3** is a one page overview which has been produced as an initial evaluation of the effectiveness of the UCCs

3.9 The same shift has not yet been seen at the Widnes UCC, this is due to the Widnes site not being fully operational until October 2015.

It is too early to tell the full impact of the opening of the Widnes UCC although it is anticipated that a similar pattern/shift in activity, as seen at Runcorn UCC and Warrington Hospital will be seen.

3.10 In conclusion the opening of the UCCs in Halton is having a positive impact on both the people of Halton and the local health economy by:-

- Providing a service that meets with patient needs, either through immediate treatment or by arranging future appointments with the appropriate service;
- Providing an urgent care service that is accessible for the local population;
- Providing a service that caters for both minor injury and illness;
- Supporting the improvement of performance by streaming patients into the appropriate service (e.g. reduction in A&E attendances);
- Ensuring that where people require urgent care that this is received in an effective and timely manner;
- Provision of a service that is safe and of high quality; and
- Provision of access for harder to reach groups of people.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The Board should note that the financial investment made from the BCF to support the UCCs in Halton has been allocated as a result of NHS Halton CCG's contribution to the BCF.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The Board should note that if the continued commitment and associated funding was not given to support the UCCs, there may be a clear risk that the UCCs may close.

7.2 This would have an adverse effect on patient urgent care provision within Halton and the local health economy as a whole e.g. as patients would have no access to local urgent healthcare provision they would have no alternative but to attend the Acute Trust AEDs and this of course would then has the potential to impact on performance at the local Acute Trusts.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None identified.

**Healthwatch Halton – Patient Survey: Halton Urgent Care Centres
(December 2015)**

Widnes UCC visited on 3rd December 2015

46 people surveyed on the day. 30% of those had brought a family member (mostly a child) for treatment.

For 57% it was their first visit.

48% had sought help elsewhere first, 81% of these had tried their GP first (some had been referred from the GP, most had been unable to get an appointment at their GP on the day)

40% of people would have visited A&E instead if the UCC hadn't been an option.

Treatment

29% of people were treated and discharged within 1 hour.

47% of people were treated and discharged within 1-2 hours

22% of people were treated and discharged within 2-3 hours

2% of people were treated and discharged within 3-4 hours

Satisfaction

92% of people rated their experience as 4 or 5 stars (out of 5).

97% of people said they would be likely or highly likely to recommend the service to friends and family.

Runcorn UCC visited on 8th December 2015

49 people surveyed on the day. 20% of those had brought a family member (mostly a child) for treatment.

For 50% it was their first visit.

31% had sought help elsewhere first, 80% of these had tried their GP first (some had been referred from the GP, most had been unable to get an appointment at their GP on the day)

53% of people would have visited A&E instead if the UCC hadn't been an option.

Treatment

27% of people were treated and discharged within 1 hour.

46% of people were treated and discharged within 1-2 hours

20% of people were treated and discharged within 2-3 hours

5% of people were treated and discharged within 3-4 hours

2% of people were treated and discharged in more than 4 hours

Satisfaction

93% of people rated their experience as 4 or 5 stars (out of 5).

93% of people said they would be likely or highly likely to recommend the service to friends and family.

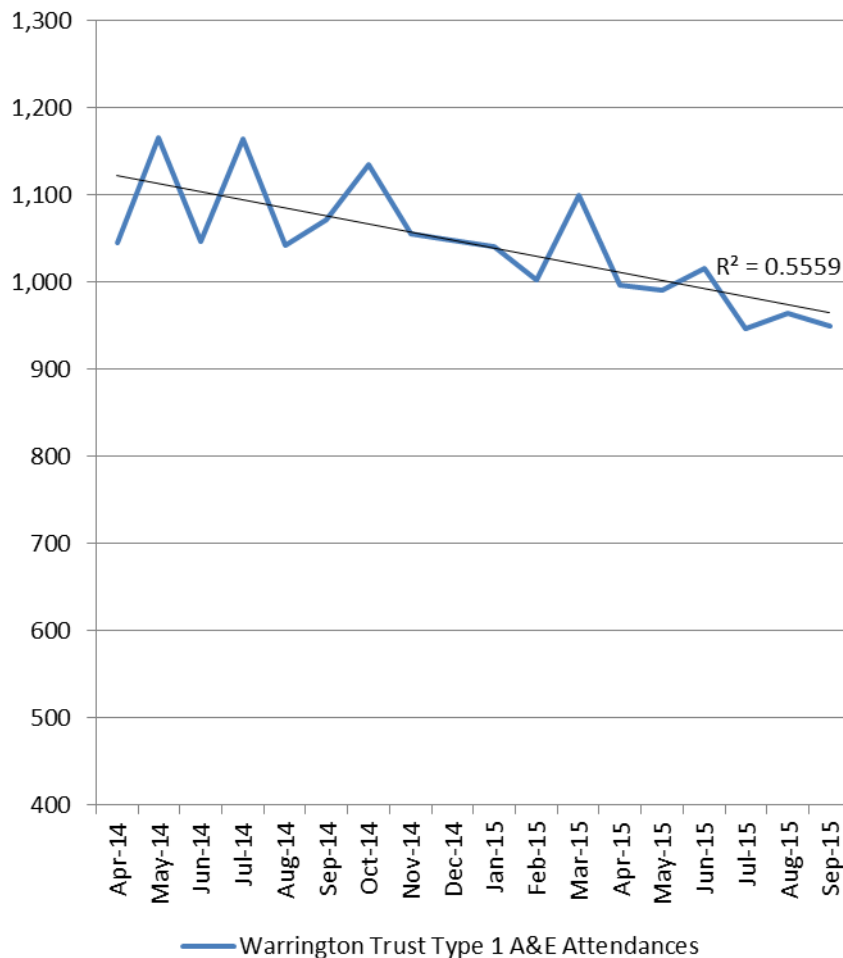
NHS Halton Clinical Commissioning Group: Activity at Warrington & Halton Hospitals NHS Trust

Non-Elective Activity

Type 1 A&E Attendances

- Type 1 A&E activity has fallen at Warrington hospital since April 2014, this is especially marked since April 2015.
- When comparing April 15 – September 15 to the same period last year there has been a reduction of 10% in the number of type 1 A&E attendances at Warrington & Halton Hospitals NHS Foundation Trust, this represents 672 fewer type 1 A&E attendances.

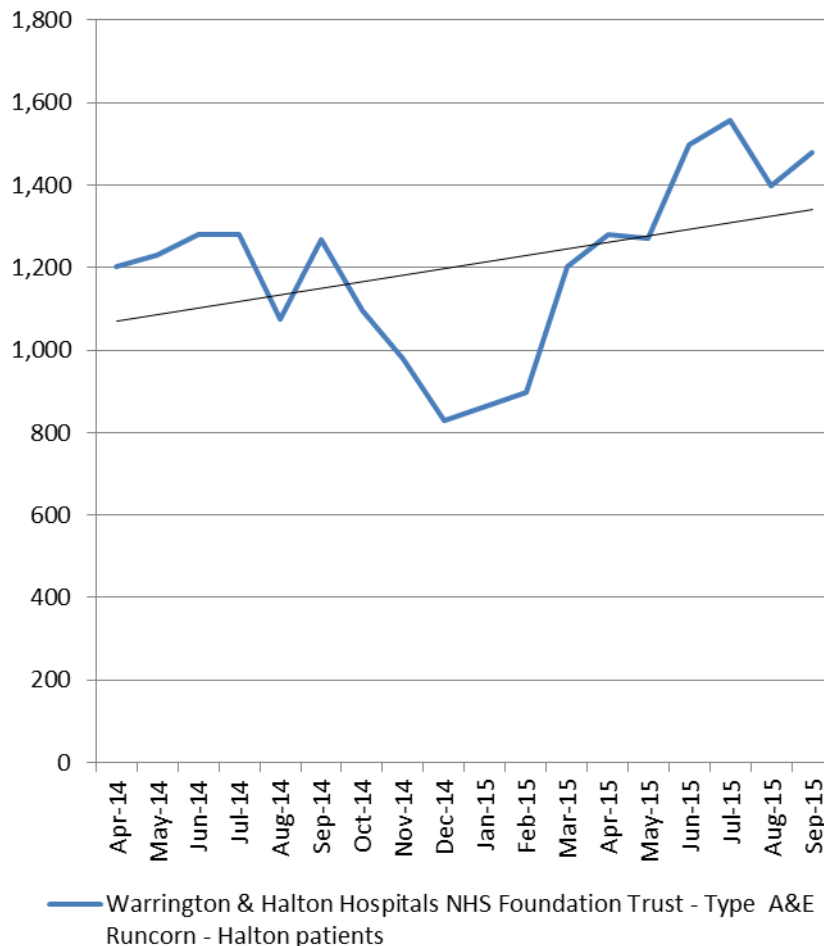
**Warrington & Halton Hospitals NHS
Foundation Trust Type 1 A&E Attendances -
Halton Patients**



Type 3 A&E Activity (Runcorn Site)

- There has been a significant increase in the number Halton patients attending the Runcorn Type 3 Urgent Care Centre. This increase is especially noticeable since March 2015.
- When comparing April 15 to September 15 to the same period in 2014, there has been an increase of 16% in the number of people attending, with 1150 more attendances during this period.
- Increasing numbers of Warrington registered patients are also attending the Runcorn site and are now the largest non-Halton CCG group of patients making up about 10% of total activity.

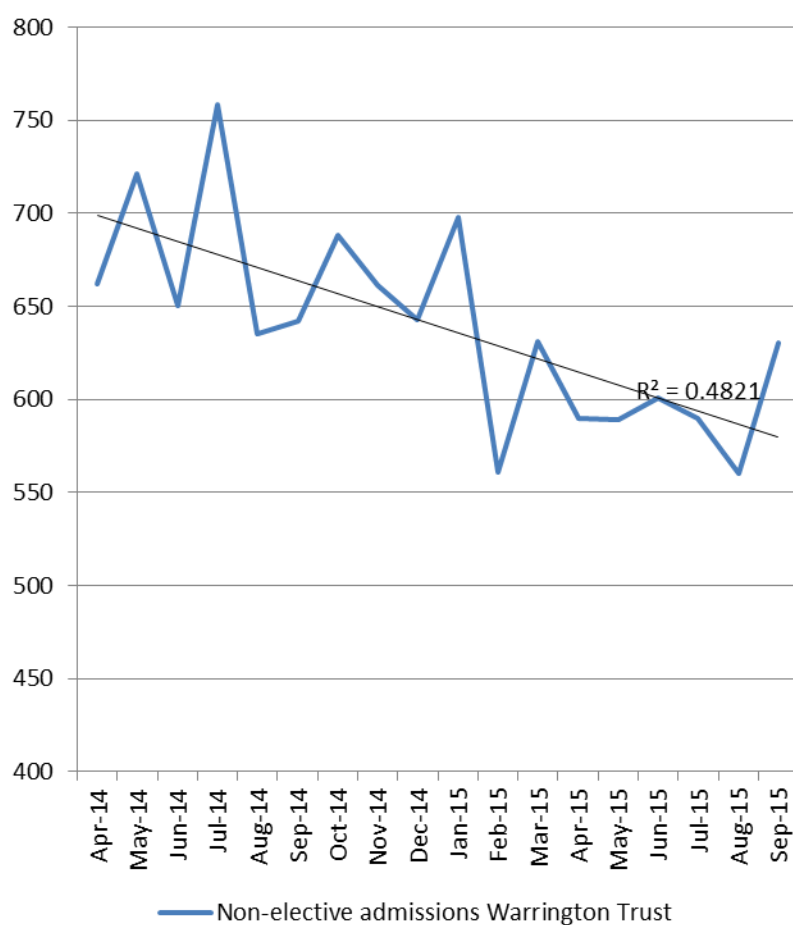
Warrington & Halton Hospitals NHS Foundation Trust - Type A&E Runcorn - Halton patients



Non-elective admissions

- Non elective activity by Halton registered patients has fallen steadily at Warrington Hospital since April 2014.
- When comparing April 15 - September 15 to the same period last year there has been a reduction of 12% in terms on non-elective admissions, this represents 508 fewer Halton registered patients being admitted as an emergency at Warrington Hospital

**Non-elective admissions - Halton Patients -
Warrington & Halton Hospitals NHS Foundation
Trust**



Urgent Care Centres in Halton – An initial evaluation of effectiveness

Measure 1 – Movement of “minor” A&E patients away from Type 1 A&E sites to Type 3 Urgent Care Centre attendances.

Outcome – At the Runcorn site there has been a significant increase in activity which coincides with a reduction in Halton patients attending Warrington.

The reduction in Type 1 A&E attendances at Warrington is in the region of 200 per month, (-18%) at Halton attendances are more seasonal reflecting the historical model of this being the minor injuries unit with increases in the summer months due to sporting injuries, however the increase seen in 2015 is larger than that witnessed in previous years and Runcorn UCC is experiencing its busiest period ever at the same time that the number of Halton patients attending Warrington is at its lowest point ever.

The same story has not happened at the Widnes UCC site, this is due to the Widnes site opening being delayed and this site was not fully operational until October 15. It is too early to tell the full impact of the opening of the Widnes UCC although it is anticipated that a similar pattern of activity will appear.

