

REPORT TO: Health Policy and Performance Board
DATE: 4 June 2013
REPORTING OFFICER: Strategic Director - Communities
PORTFOLIO: Health and Adults
SUBJECT: Urgent Care – Options Appraisal
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 As part of the consultation process, present Members of the Board with details of the options being considered to develop a local response to Urgent Care.

2.0 RECOMMENDATION: That the Board Note the contents of the report.

3.0 SUPPORTING INFORMATION

Background

3.1 A Business Case was prepared for the development of an Urgent Care Centre on the Halton Hospital site, and was submitted to the Clinical Commissioning Committee in September 2010.

It was anticipated that the development of an Urgent Care Centre at Halton would provide the following benefits:

- Equity of access across Runcorn and Widnes;
- More clinically appropriate services available within the community; and
- Reduce the overall admission rates through the development of alternative local provision.

3.2 The original business case proposed a new centre, operating between 8am and 10pm, 365 days per year. The service would work in partnership between Halton Clinical Commissioning Group, Halton Health, Warrington and Halton Hospital Foundation Trust, North West Ambulance Service (NWAS), Halton Borough Council (HBC) and community providers to provide a seamless urgent care experience for the local population.

3.3 As part of NHS Halton Clinical Commissioning Group's (HCCG) commissioning intentions for 2012/13, a review of the original business case along with a current winter pressures Accident and Emergency Department (AED) audit was completed to inform an options appraisal and to reflect the health care system changes within urgent care that have taken place during the last 2 years, which includes increased demand/pressures on capacity and innovation within partner organisations such as NWAS-community plans, kite marks for Urgent Care Centre's/Walk in Centre's and Paramedic pathfinders.

3.4 There is a raft of national evidence that exists in terms of how to reduce admissions and re-

admissions. In addition to this, details are also available of the urgent care services currently available to the residents of Halton along with information about how they are currently used. All this information, along with the outcome of the AED audit (headline messages outlined below) were considered as part of the work to develop options for the delivery of an urgent care model at a local level :-

- Total number of questionnaires completed: 212 (96%), with 9 (4%) being partially completed
- 52% were self-referral
- 20% of patients felt their condition could have been managed elsewhere
- 29% of patients attempted to go elsewhere (GP/WIC etc.)
- 29% attended AED following advice from a healthcare professional
- 25% of patients felt AED was most appropriate for their condition
- 15% felt it was the only option available
- 19% of patients had attended other services within a 7 day period
- 19% of patients needed an X ray
- 8% of patients had a soft tissue injury
- 26% of patients were admitted with 66% of patients being discharged
- Excluding those admitted, 56% of patients could have been managed elsewhere within current service provision
- 41 patients received X rays - of which 76% (31) could have been managed elsewhere
- With a change in local facilities, 15% could have been managed within the community

Identified care pathways to support a local model of care

3.5 In “Delivering Care Closer to Home” it is acknowledged that “Acute services will still be an absolutely vital part of the pathway, but it will be possible, and for many people preferable, for an increasingly large proportion of the care pathway to be situated outside of an Acute hospital setting, making greater use of community urgent care services and of ambulance services, whose potential as a hub and a connector has not yet been fully realised. The potential for new technology, with its mobility, flexibility and rapid transfer of information to support far greater levels of service in home and community settings is real and immense, as we are already starting to see in telecare services, and in the transfer of diagnostic services into the community” (Department of Health, 2008).

3.5.1 Taking this and other considerations into account, pathways that could be developed locally include:-

- X ray facility
- Ultra sound/Doppler scan provision
- Bloods/redressings/sutures
- Paediatric specialist nursing provision- including cold room
- Deep Venous Thrombosis pathway
- Direct referral in outpatient facilities i.e. ophthalmology
- Direct referral into mental health AED liaison
- Acute warfarin initiation
- ECG
- Atrial Fibrillation clinic

3.5.2 The key benefits of service redesign include the :-

- Provision of a service that meets with patient needs, either through immediate treatment or by arranging future appointments with the appropriate service;
- Provision of an urgent care service that is accessible for the local population;
- Provision of a service that caters for both minor injury and illness;
- Improvement of performance by streaming patients into the appropriate service (e.g. reduction in A&E attendances);
- Ensuring that where people require urgent care this is received in an effective and timely manner;
- Provision of a service that is safe and of high quality; and
- Provision of access to harder to reach groups of people (e.g.: working men aged 18 -49, teenagers requiring sexual health advice)

Proposed Options for Reconfiguration

3.6 Three options have been considered for the delivery of an urgent care model within Halton, these are summarised below, with details in terms of each option's associated pathways being outlined in **Appendix 1** :-

- **Option 1**- Creation of an additional Walk in Centre plus a Clinical Decision Unit at Halton Hospital Site; Maintain Walk in Centre at Widnes
- **Option 2** - Creation of an additional Walk in Centre at Halton Hospital Site
- **Option 3** - Development of a Clinical Decision Unit at Halton Hospital Site – plus extended primary care hours to provide Walk in provision within primary care localities

3.7 These options have been presented to both Halton's Urgent Care Partnership Board and HCCG's Governing Body and the preferred option supported by both Groups for further consideration was **Option 1**.

It is therefore proposed that business cases are developed for Option 1 to ensure its financial viability. These business cases along with the results of public consultation will be presented to the following forums for further consideration :-

- Urgent Care Partnership Board
- HCCG Senior Management Team (SMT)
- HCCG Governing Body
- HBC's Executive Board
- Relevant Trust Executive Directors: Bridgewater, St Helens & Knowsley Teaching Hospital and Warrington Halton Hospital Foundation Trust.

Current Activities

3.8 A number of activities are planned over the next few months to support developments, these include :-

- Business cases to be developed for Option 1 prior to public consultation;
- Development of St Helens & Knowsley, Warrington Halton Hospital Foundation Trust and Bridgewater NHS Community Trust implementation plans directed at Option 1, including procurement timetable if appropriate and interim arrangements for

- implementation of a Clinical Decisions Unit within Halton Hospital Site; and
- Development of a Service Specification and Mobilisation Plan for Option 1.

3.9 In addition to the activities outlined above, extensive work is taking place on the development of processes to support the formal consultation process which needs to take place.

It is anticipated that formal consultation will commence from 1st June 2013 and run until 31st August 2013. (The presentation of the options to the Health Policy and Performance Board form part of this consultation process).

The activities being undertaken include the development of a Communications and Engagement Strategy with a supporting Action Plan, which will address issues such as how to identify those that are 'hard to reach' or 'less likely to engage' and outline the tools and methodologies which will be used to target these individuals.

Other activities include the development/adoption of a range of tools and methodologies to support the patient and public engagement process e.g. use of an electronic, web based consultation tool.

4.0 POLICY IMPLICATIONS

4.1 None identified at this stage.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The current minor injuries unit and Widnes Walk-in Centre cost approximately £2.2m.

5.2 It should be noted that 'back room' costs are not included in this report, but will significantly increase the overall cost of the programme these include, XRays/ Doppler/ Ultrasound, including agreed pathways that may be redirected into the Clinical Decisions Unit, all of which will be developed and included in the business case that is being developed for Option 1.

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 None identified at this stage.

8.0 EQUALITY AND DIVERSITY ISSUES

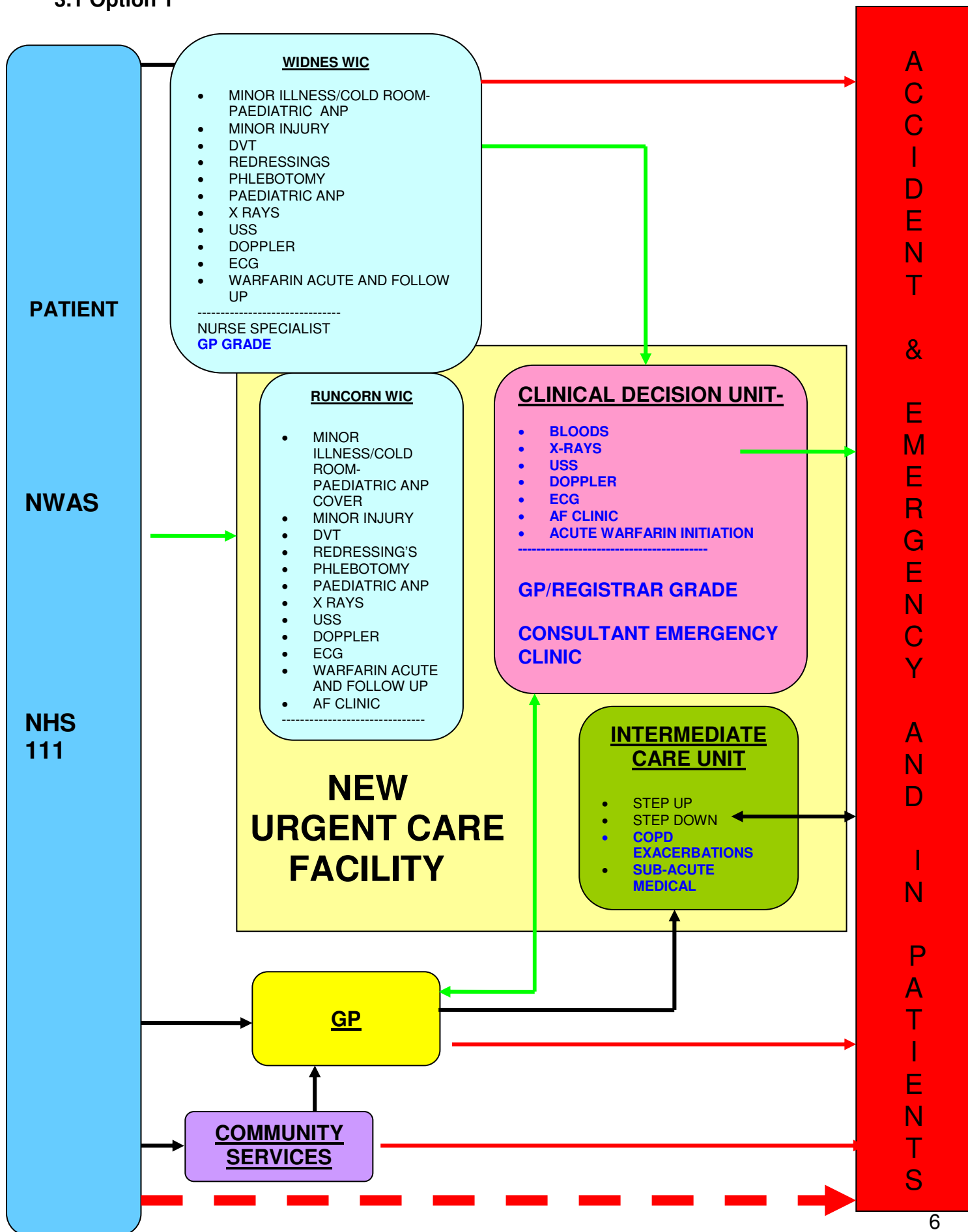
8.1 None identified.

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

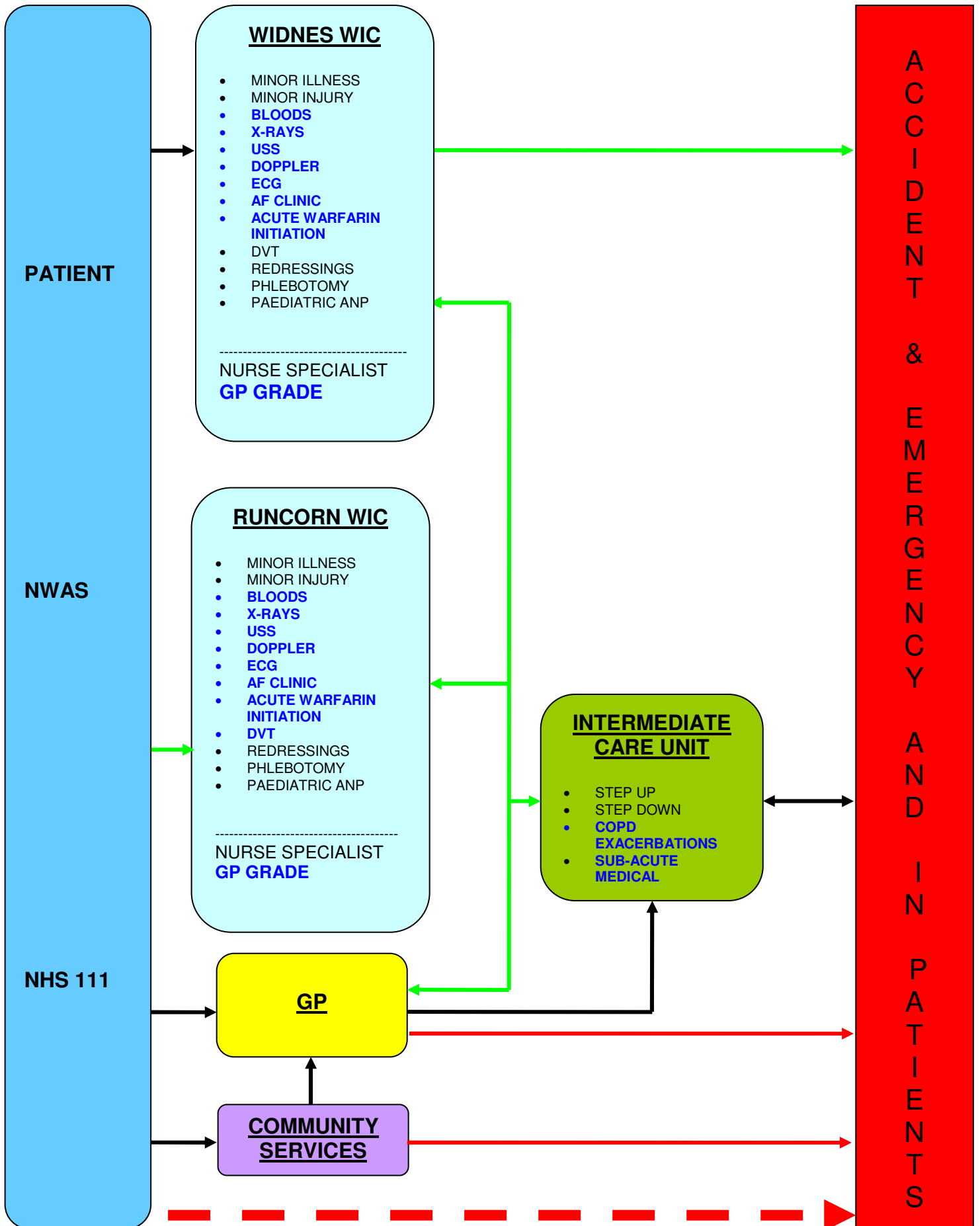
9.1 None under the meaning of the Act.

Urgent Care Model - Pathways

3.1 Option 1



3.2 Option 2



3.3 Option 3

