

REPORT TO: Health Policy & Performance Board
DATE: 20th June 2017
REPORTING OFFICER: Strategic Director - People
PORTFOLIO: Health and Wellbeing
SUBJECT: Halton Urgent Care Centres : Update
WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with an update report in relation to Halton's Urgent Care Centres.

2.0 **RECOMMENDATION**

RECOMMENDED: That the Board

i) Note contents of the report and associated appendix.

3.0 **SUPPORTING INFORMATION**

3.1 **Background/Context**

The two Urgent Care Centres (UCCs) in Halton opened in February 2015 in Runcorn and in October 2015 in Widnes.

The overall aim/objectives of the UCCs include:-

- Making care easier to access and closer to home;
- Avoiding patients making unnecessary visits to A&E;
- Avoiding any unnecessary delays, transfers of care, and duplication in care; and
- Supporting patients to effectively manage their own health and wellbeing;

3.2 The Centres are staffed by a team of on-site integrated healthcare professional and operate 7 days a week from 7am – 10.30pm (accepting patients up until 10 pm), 365 days a year. Both UCCs are now 'Kite Marked' with the Ambulance Service and are able to accept patients (both chair and stretchered patients) in line with their Paramedic Pathfinder protocol from 8am – 8pm, 7 days a week.

3.3 In addition to being able to assess/treat minor illnesses and injuries the UCCs are able to provide care to those presenting at the Centres with a range of other conditions, through the development of the necessary competencies of the staff team and clinical pathways.

Attached at **Appendix 1** is a list of clinical pathways in use at the UCCs. Since the UCCs opened additional pathways have been developed and at the time of writing this report an additional 2 paediatric pathways are being progressed through appropriate governance arrangements, with a further adults pathway being in development.

3.4 Diagnostic facilities are available at both UCCs as outlined below:-

- Pathology – The UCCs have access to a range of tests (some at Point of Care) and arrangements are in place with Halton and Warrington Pathology labs to provide results of tests within 90 minutes of receipt, 365 days of the year.
- X-Ray – X-ray provision at both UCCs is available from 8am – 10pm, 365 days of the year.
- Ultrasound – The Ultrasound Service is available from 9am – 5pm, Monday to Friday. Saturday/Sunday/Bank Holidays cover is provided at either Warrington or Whiston Hospitals.

3.5 **Utilisation of the UCCs**

3.5.1 **Runcorn UCC**

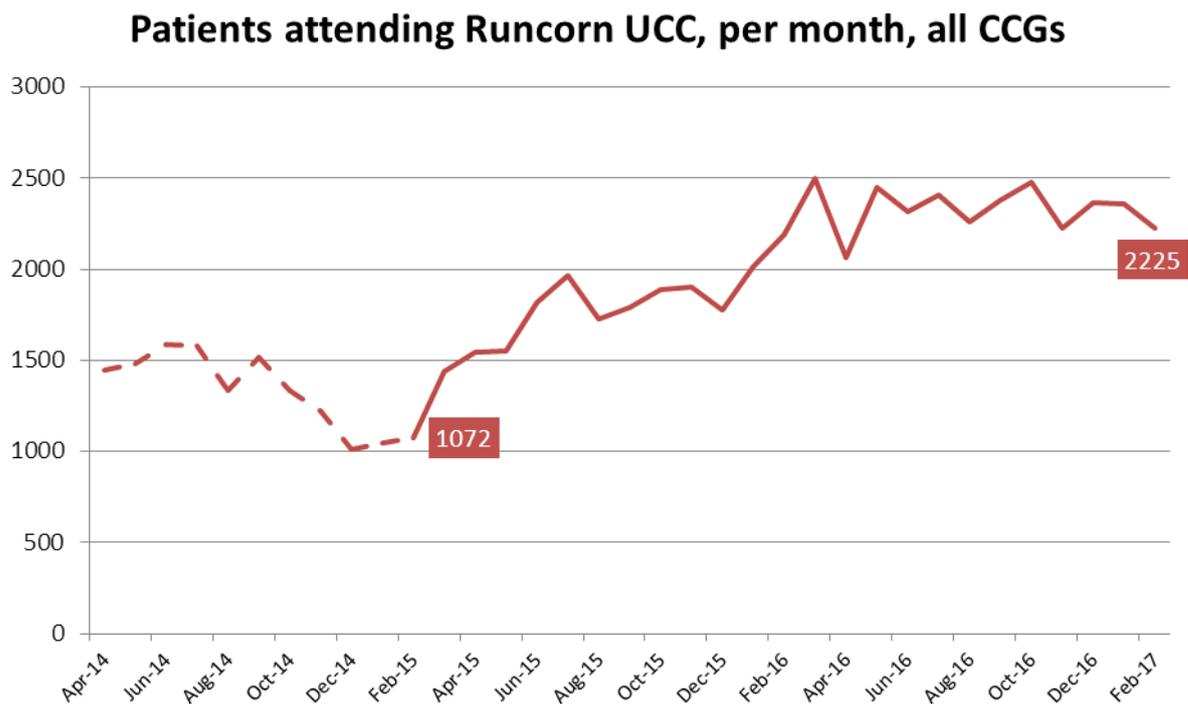


Figure One: Patients attending Runcorn UCC, April 2014 - February 2017

Figure One (above), shows the number of patients attending the Runcorn UCC each month from April 2014 to February 2017.

The graph demonstrates the increased utilisation of the UCC by local people over this time period, with a significant increase in the number of people attending the centre since it moved from a Minor Injuries Unit to an UCC in February 2015.

Using this data the total number of people who have attended the Runcorn UCC since February 2015 is **50,698**.

3.5.2 Widnes UCC

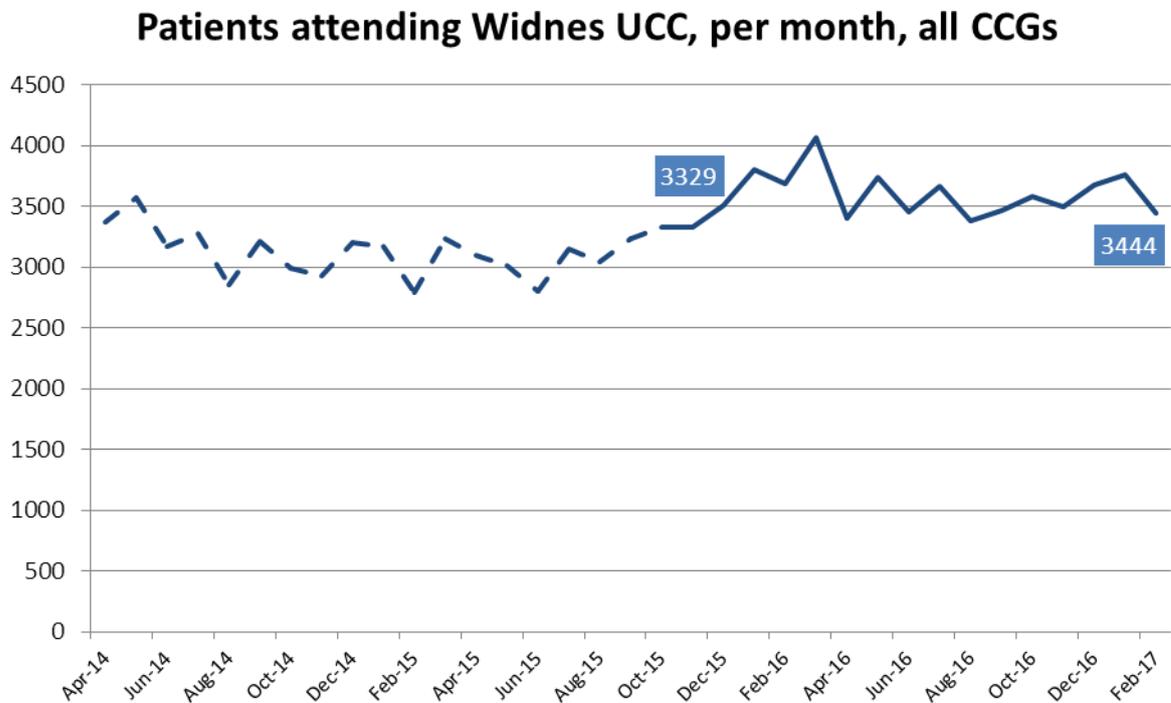


Figure Two: Patients attending Widnes UCC, April 2014-February 2017

Figure Two (above) shows the number of patients attending the Widnes UCC each month from April 2014 to February 2017.

The graph demonstrates an increased utilisation of the UCC by local people over this time period, although less significant than the increase experienced at the Runcorn UCC. This is potentially due to the fact the facility was already a Walk in Centre, the conversion to an UCC has increased the capacity and capability to treat people more locally.

Using this data the total number of people who have attended the Widnes UCC since October 2015 is **60,752**.

The total number of attendances at the UCCs since they opened in February 2015 and October 2015 is therefore **111,450**.

3.6 Waiting Times to Commencement of Treatment

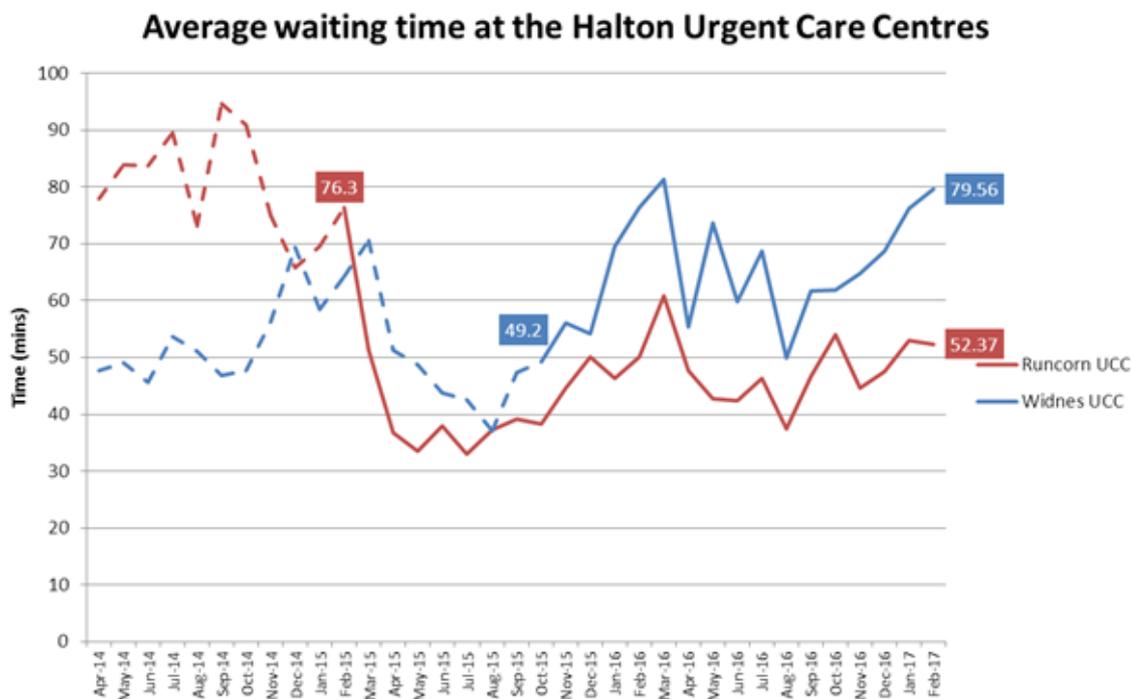


Figure Three: Average waiting times at the Halton UCCs to commencement of treatment, April 2014 – February 2017

The data in Figure Three (above) shows that the average wait at the Runcorn UCC is **52.4 minutes** compared with an average of 76.3 minutes at opening in February 2015.

The average wait at Widnes UCC is **79.6 minutes** compared with an average of 49.2 minutes at opening of the UCC in October 2015.

Both UCCs are well within the A&E 4 hour wait targets, with in excess of 99% of patients receiving treatment within 4 hours.

Note: The average time from arriving at the Runcorn UCC to departing (April 2016 – February 2017) was **107 minutes**, whilst the average time from arriving at the Widnes UCC to departing (April 2016 – February 2017) was **93 minutes**.

3.7 Service User Satisfaction

Each of the UCCs obtain feedback from Service Users via the completion of patient satisfaction questionnaire.

These questionnaires are then used to generate a Friends and Family score for each Centre. The score for both UCCs have been consistently above 90% since opening.

Between December 2015 and December 2016, the average Friends and Family score for the Widnes UCC was 96.8% and for Runcorn UCC was 96.1%.

3.8 **Impact on Local Hospitals**

An analysis on the number of Type 1 A&E attendances was completed which examined the attendance between April 2015 and February 2016, compared with those between April 2016 and February 2017.

Although the population in Halton has increased, Halton has seen a drop of **3%** in attendances compared with an increase in attendance in other Merseyside Clinical Commissioning Group areas.

Table One: A&E (Type 1 sites) attendances (April to February comparisons)

April to February (Year to Date)	2014/15	2015/16	2016/17
Population growth ONS forecast (+0.8%)	28825	29056	29288
Actual observed	28825	27998	27146
Difference from ONS growth forecast		-1058	-2142
Difference from previous year. Actual observed		-827	-852
% difference from actual observed		-2.9%	-3.0%
% cumulative difference (from 2014/15)			-5.8%

Over the last two years A&E attendances to the Type 1 sites, predominantly Warrington General and Whiston, have fallen by 5.8%.

Halton patients Type 1 A&E attendances (April to February) year on year comparison

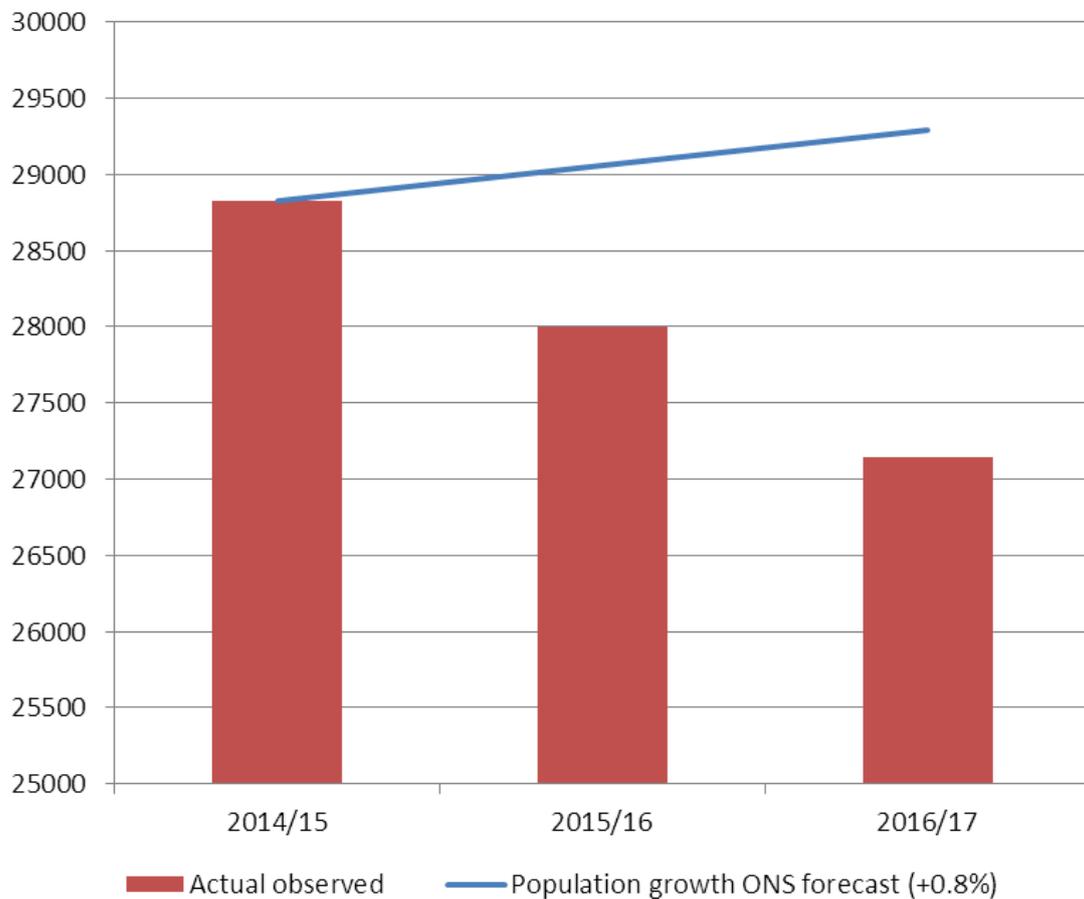


Figure Four: Year on Year Comparison on Type 1 Attendances, April 2014 – February 2017

3.9 **Future Developments**

The UCCs continue to develop for example through the development of additional clinical pathways as outlined earlier in this report.

Other developments include working with our two local Acute Trusts to develop further the paediatric provision currently provided at the UCCs.

4.0 **POLICY IMPLICATIONS**

4.1 As part of the UCC development, work has taken place to operationalise the agreed UCC Service Delivery Model which has meant the need to develop associated Standard Operating Procedures (SOPs) for use within both Centres.

4.2 One of these SOPs is an Escalation Procedure for use within both UCCs which the Centres have developed jointly.

The purpose of this procedure is to provide assurance in quality and consistency for the UCCs during times of increased patient acuity/demand.

The Nurse co-ordinator/senior nurse on shift is responsible for activating the escalation plan if deemed necessary. As part of the escalation procedures, the UCCs have various options open to them to help manage demand, for example contacting NWS to temporarily suspend the accepting of patients from the Ambulance Service. Whenever the escalation policy is initiated, the situation is constantly monitored to ensure that patient safety and wellbeing is maintained at all times.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None associated with this report.

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**

The remit of the Health Policy and Performance Board is directly linked to 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.

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.

Halton Urgent Care Centres: Clinical Pathways

Below is a list of Clinical Pathways (Adults & Paediatric) in use at the Urgent Care Centres:-

Adult Pathways

- Suspected Deep Vein Thrombosis (DVT)
- Suspected Pulmonary Embolism (PE)
- Adult Asthma
- Exacerbation of Chronic Obstructive Pulmonary Disease (COPD)
- Rib Injury
- Diabetic Patients(Hyperglycaemic)
- Diabetic Patients (Hypoglycaemic)
- Headache in Adults
- Abdominal Pain
- Syncope (Collapse)
- Low Risk Cardiac Chest Pain (Non-Pleuritic & Non Traumatic)
- Head Injury

Paediatric Pathways

- Diarrhoea and/or Vomiting
- Asthma
- Febrile
- Urinary Tract Infections (UTI)
- Bronchiolitis
- Head Injury