

**REPORT TO:** Health Policy & Performance Board

**DATE:** 18<sup>th</sup> September 2018

**REPORTING OFFICER:** Chief Commissioner, NHS Halton CCG

**PORTFOLIO:** Healthcare Commissioning

**SUBJECT:** Urgent Care Centres

**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an update on the Review of the 2 Urgent Care Centres and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs) as part of the One Halton transformation of health provision in Halton.

## 2.0 RECOMMENDATIONS

- i) The Board notes the initial findings of the review
- ii) Notes the progress and timeline associated with the procurement process towards UTC's.
- iii) The Board note and agree the proposal to improve the consistency of GP cover at both sites rationalising the medical cover to a specified number of hours during the times where we see peak demand.

## 3.0 SUPPORTING INFORMATION

3.1 The *“Next Steps on the NHS Five Year Forward View (5YFV)”* published on 31 March 2017 describes how the 5YFV's goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the national service improvement priorities. One element of the UEC section of the FYFV is the *“Roll-out of standardised new ‘Urgent Treatment Centre specification’*. NHS Halton CCG commissioned the provision of two Urgent Care Centres (UCC) in 2015. Currently the services are provided by Bridgewater Community Foundation Trust (Widnes UCC) and Warrington & Halton Foundation Trust ( Runcorn UCC). Both providers have been delivering services based on a draft service specification and it was agreed by the CCG to re specify the services required to meet the national requirements of the proposed Urgent Care Treatment Centre Guidance and undertake a number of actions.

3.1.1 The actions agreed by the CCG are as follows;

1. Undertake an immediate desk top review of the two Urgent Care Centres (UCC's);
2. To commission an independent review of the services provided;
3. To serve notice on the current draft specification and providers and re procure both centres;
4. To work as part of One Halton with local GP's and clinical colleagues from Bridgewater, St Helens and Knowsley Trust & Warrington and Halton Foundation Trust to ensure the future model is fit for the population of Halton and is consistent with the aspirations of the One Halton health and wellbeing transformation model.
5. To review and implement an interim safe and consistent medical provision (GP's) within a reduced set of hours (yet to be determined)

### 3.2 **National UTC Standards**

A set of core standards for urgent treatment centres (UTC) was published in July 2017 to establish as much commonality as possible. The requirements are that Halton residents will:

- a. Be able to access urgent treatment centres that are open at least 12 hours a day, 7 days a week, clinically led staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. bloods urinalysis, ECG and in some cases X-ray.
- b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in, on the day access option will also be retained.
- c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
- d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

### 3.3 **Case for change**

The marked difference between the current UCC specification and the proposed UTC specification is the pre bookable appointments and the opportunity to have an integrated primary and secondary care model which enables patients to access same day urgent health care. The Urgent Treatment Centres will be the cornerstone of integrated urgent care delivery and ensure 24/7 community urgent care. The development of the UTC model will deliver a standardisation approach to urgent unplanned care and simplify access, as well as improved patient care and increasing the level of convenience as patients will no longer feel the need to travel and queue at A&E and or travel out of Borough.

### 3.4 **Interim arrangements from 1.10.2018 – 1.03.2019**

Interim arrangements are to standardise GP medical cover for a set period of time (yet to be determined) 7 days a week. This will ensure a high level of consistency and service level provision.

3.4.1 Patients attending during the hours when a GP is not on site will be seen by an Advanced Nurse Practitioner (ANP) who can prescribe medication, request diagnostics and treat as appropriate. The GP medical cover will support decision making and to allow interpretation of the diagnostic results and to confirm on going treatment requirements. The GP provides additional clinical support to the ANP as and when required. The GP will also see and treat appropriate patients and if the ANP is unable to conclude the patient's treatment there is the facility for the ANP to book an appointment later on that day with the GP.

3.4.2 The GP standardised hours still allows for patient demand to be met and offers the equivalent of an additional 50 GP appointments per day for Halton patient

### 3.5 **Findings from the initial desk top review**

The initial desk top review of both the Widnes and Runcorn UCC's, was to provide a deeper, richer, data-driven understanding of the challenges and opportunities for the management and delivery of urgent care within Halton. The outcomes from this work enabled the CCG to make an informed decision to expand the review and commission an independent review of the current service provision and provide evidence and recommendations to take forward as part of its commissioning priorities.

3.6 The two UCC's provide high-quality assets to both the Widnes and Runcorn communities, and appear to be highly valued by the local population, as demonstrated by the Friends and Family test (FFT) scores.

3.7 The UCC's have high quality estate and facilities, including advanced diagnostics, ambulance bays and clinical observation areas.

3.8 However, the review found the purpose of the centres was unclear and lacked clarity on the specification and service delivery. Patients, professionals and commissioners described their purpose differently.

Are they a Walk In Centre?

A drop in centre or a UCC?

Are they "an extension to primary care" to alleviate pressure in this area?

Do they just contribute to "AED attendance and admission avoidance"?

3.9 The draft specification does not contain the necessary level of detail to ensure the purpose was delivered or monitored effectively and performance data is varied due to the lack of consistent key performance indicators and requirements within the specification.

3.10 Whilst there are challenges with some of the data, the available data and anecdotal evidence suggests that a significant proportion of patients attending UCC's, attend with "low-level" health challenges that could potentially be dealt with through self-care, or elsewhere in the out of hospital system.

3.11 There appears to be very limited numbers of conveyances by ambulance to the UCC's (available data suggest numbers vary between 0.1% - 0.5% of attendances).

3.12 The balance of nursing staffing due to the acuity of patient conditions appears to be towards the more senior end of the professional scale and excessive for what patients require.

3.13 In short, the UCCs have not lived up to the expectations of the public, commissioners and providers, resulting in concerns raised, due to the inconsistency of provision and ineffective service delivery.

### **3.14 The Independent Review**

NHS Halton CCG commissioned Midlands and Lancashire Commissioning Support Unit (M&LCSU) to undertake a full and proper review of the 2 UCC's. It was to use the initial evidence to support the ground work and to liaise direct with the service providers and health watch. As Health Watch had been observing and interviewing patients for a number of months and the evidence gained was supportive of the re-specification proposal.

- 3.15. This review was to provide an independent view and evidence with recommendations and actions to develop the current specification and to advise the CCG if it is appropriate and right for our population to update the specification and move from a UCC to UTC.

### 3.16 UTC Procurement

Considering all of the above and the requirement to develop a new specification, a six month contractual notice has been served on the current specification to both providers from July 2018 ; this was to inform a new specification and procurement process commenced.

- 3.17 This is to give time to inform a new specification and put in place an effective procurement process.

- 3.18 There is a detailed project plan in relation to the procurement and the process commenced on 27<sup>th</sup> July 2017. The key dates are as follows:

Activity	Date
Market engagement event	18 <sup>th</sup> September 2018
Procurement Process commences	25 <sup>th</sup> September 2018
Procurement process concludes	End of March 2019
Appointment and mobilisation	April 2019
Mobilisation period	July 2019
Contract start date	August 2019

- 3.19 Following the initial review of the UCC's it was considered that there could be a potential risk due to the inconsistent cover of locum GPs provided in both UCC's. The provider had been unable to provide GP cover consistently to the required level. The impact of this was that the service had not been delivered according to the originally agreed model and the contractual obligations have not been met. Through the CCG governance process a decision has been made to standardise the GP hours at the centre. The GP hours will be focussed on those times where the medical cover is most needed based on patient demand.

- 3.20 Provision for the interim period of 8 months commencing 1<sup>st</sup> October 2018 will see standardised GP cover 6 hours a day 7 days a week (times to be confirmed) from within both Widnes and Runcorn sites.

The purpose of the GP will ensure patients with primary medical conditions can be seen, diagnosed and treated for "on the day" urgent care needs. For example high fevers, respiratory conditions and infections.

- 3.21 A robust communication and engagement plan is being developed to support the work around the redesign of the new model of care for UTC's, which will include a number of engagement events to

facilitate the co-design process. This will be informed by the outcome of the Equality Impact Assessment and Quality Impact Assessment.

### **3.22 Integrated Urgent Care**

The CCG as part of the wider One Halton work is fully committed to redesigning the out of hospital model and urgent care pathways to meet the new National Integrated Urgent Care Specification which Urgent Treatment Centres are a cornerstone of delivery. The above decisions are a positive step to implement part of this future model of care. The provision of an integrated 24/7 urgent care access, clinical advice and treatment service which incorporate NHS 111 call-handling and former GP out-of-hours services. The new national specification is just the starting point to revolutionise the way in which urgent care services are provided and accessed to ensure a consistent service. The future vision integrates urgent care services to allow direct booking, creating capacity during periods of demand, taking steps to integrate and promote partnership working to enhance and increase competencies in our workforce by enhancing the quality of our service provision.

### **4.0 POLICY IMPLICATIONS**

4.1 The commissioning of quality, safe and effective health and care services is critical to ensuring improved care and outcomes for residents and supports NHS Halton CCGs Sustainability and Recovery Plan and Better Care Fund.

### **5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 The review of Urgent Care Centres is in line with the most effective use of resource principles for the care and treatment of patients.

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

#### **6.1 Children & Young People in Halton**

Paediatric urgent care will still be provided at the Urgent Care Centres by highly trained and skilled paediatric nurses.

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

None

#### **6.3 A Healthy Halton**

The borough will benefit from two Urgent Care Centres which by August 2019 will be Urgent Treatment Centres. The Urgent Treatment Centres are a cornerstone in delivering integrated urgent care across health and social care to manage urgent care needs of patients as well as promoting self-care and public health advice.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 There is low risk associated with the proposal and an action plan will be in place to mitigate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A full Equality Impact Assessment will be conducted as part of the procurement process for Urgent Treatment Centre.

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

9.1 None under the meaning of the Act.