

REPORT TO:	Health Policy & Performance Board
DATE:	26 th February 2019
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Development of Urgent Treatment Centres & Standardisation of GP hours
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

To update the Board on the development of the boroughs two Urgent Care Centres into Urgent Treatment Centres.

2.0 RECOMMENDATION: That:

- i. The Board to note the outcomes of the pre-consultation engagement
- ii. To consider the new model for Halton's Urgent Treatment Centres including the proposal to reduce the opening hours
- iii. To note the procurement timetable
- iv. To note the impact of standardised GP cover in the Urgent Care Centres

3.0 SUPPORTING INFORMATION

3.1 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 Clinical Commissioning Group (CCG) commissioned the provision of two Urgent Care Centres (UCC) in 2015. The clinical review of the current UCC model states that neither UCC is fully compliant with NHSE expectations for Urgent Treatment Centres (UTCs), due to the facts that:

- Both UCCs employ GPs but the service is not GP led.
- There is no formal appointment system or ability for other services e.g. 111, ambulance to book appointments.
- The IT infrastructure that would support UTC provision is not yet in place.

3.2 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 by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. bloods urinalysis, ECG and in some cases X-ray.

- f. **Comfort** - Healthwatch Halton advised that patients wanted improved amenities, one respondent also commented that current facilities in the UCC, such as seating wasn't comfortable for pregnant women.
- g. **Customer Care** - There were several comments relating to improvements in customer care that patients felt were needed. More 'compassion' from staff was mentioned several times.
- h. **Families** - Families accessing the UCC need to be taken into consideration more. There were some experiences shared of when families had accessed the centres and had poor experiences i.e. separate triaging.
- i. **Additional services** - There were several suggestions for additional services that should be in the UTC, which were:
 - Diagnostics
 - Blood Tests
 - X-rays
 - Paediatric services
 - Mental health services

Four out of the five additional services suggested are services that should be available in the current UCC provision.

- j. **Promotion and awareness** - Respondents reported some confusion about what services were available locally.

3.5 **Opening Hours**

Respondents were asked if the reduction in opening hours would impact them or their family. There was a minority of respondents that stated there would be no impact if alternatives were available (17.8%) and 11% who were unsure. The largest number of comments stated there would be an impact, with 10 comments stating they felt the centres should be open longer than the 15 hours and potentially should be 24 hours.

- 3.6 Following this pre-consultation period, a formal eight week public consultation commenced on Monday 7th January 2019 until Sunday 3rd March 2019. The consultation will formally seek views on the proposal to reduce the opening hours of the two centres from 15 hours a day to 13 hours a day. The consultation will also take the draft model of Halton's Urgent Treatment Centres back out to engagement to ensure the population it will meet their needs and their feedback from the pre-consultation has been taken into account.

- 3.7 Whilst the change of hours is a change to service, the new model in terms of Urgent Treatment Centres is an enhancement of current service provided through the Urgent Care Centres. Whilst the proposed change in service is not significant, should not impact a significant portion of the population and there are alternative services available there is still a legitimate expectation of the public to be consulted on the changes.

- 3.8 To ensure that Halton residents have every opportunity to express their views, the consultation is supported by a comprehensive engagement and

communications plan, including media coverage, on line and digital advertising in addition to a wide range of events and meetings. Staff will attend both UCCs to speak to patients accessing both services. Public stands have also been organised at Runcorn Shopping City to seek the views of the public.

The engagement will also include processes to ensure that any protected characteristic or vulnerable group are involved through targeted communication and engagement. A copy of the full consultation plan is available on request.

- 3.9 Following the pre-consultation and in-line with the national model, the draft model has the following localised core standardised:
- a. Patients being triaged within 15 minutes.
 - b. The new model will be a GP led service. This will improve and increase the current GP Provision of six hours a day. The service specification will include the need for both GP provision and Advanced Nurse Practitioners being available for the full opening hours.
 - c. There will be specific mental health trained nurses to ensure all patients can access the most appropriate level of care.
 - d. The new model will ensure that clinicians communicate more effectively with one another. Patients will be kept fully informed of their medical care, helping to reduce Unnecessary anxiety or delays in treatment. There are also plans to improve the current waiting areas in both sites, making a visit to a UTC a more pleasant experience for patients and the public.
 - e. Full details of the consultation are to be recorded onto a patient information systems, which meet national standards and will work effectively with their own GP IT system.
 - f. Treatment slot given to patients needing treatment, based on assessed clinical need, within 2 hours of arrival. This enables patients to come back for treatment if easier.
- 3.10 Other improvements will include:
- Improved signage
 - Amenities will be considered with the development of the new model
 - Urgent care staff will be required to undertake comprehensive customer care training to support them in their role.
 - Better awareness of what is available within the new UTC model and what services are available locally. NHS Halton CCG aims to provide better awareness of urgent care services, including how to self-care for minor injuries and illnesses.
- 3.11 Regarding the CCG's preferred opening hours of 13 hours a day, the vision is to offer a service which compliments primary care offer between the hours of 8am and 9pm for none life threatening conditions. Outside of these hours, patients can still access NHS 111 for advice or the GP Out of Hours Service for treatment. For life threatening or emergency situations then patients should still use A&E.

- 3.12 The new urgent care model will also support local A&E departments at Whiston Hospital and Warrington Hospital to cope with the surge in demand, during peak periods. Patients with none life threatening conditions can be treated effectively at their local UTC by a GP or Advanced Nurse Practitioner (ANP). This means A&E is freed up to treat those patients with more acute needs.
- 3.13 Alignment of opening hours for Urgent Treatment Centres with Halton primary care services there is an opportunity to support a more robust workforce provision – making sure we can direct appropriate staff to areas of greatest clinical need.
- 3.14 The procurement process commenced on 21st November 2018 with the first stage advertised on the national procurement portal. A summary of the key dates are contained below:
- Selection Questionnaire Moderation meetings – 17th & 18th January 2019
 - Specification Feedback – 28th January to 4th February 2019
 - Bidder dialogue sessions – w/c 11th March 2019
 - Invitation To Tender Moderation meetings – 2nd & 3rd April 2019
 - Bidder interviews – Thursday 16th & 17th May 2019
 - Procurement Outcome report to be presented to NHS Halton CCG governing Body 4th June and subsequent HPPB.

The procurement process is on track as per the above timetable and there are no issues to report with the process.

4.0 Standardisation of GP provision in both Urgent Care Centres

- 4.1 As reported in the previous HPPB briefing (September 2018), interim arrangements for standardised GP provision at both UCC's have been implemented.

From the 1st October 2018, GP-led cover is available at Widnes and Runcorn UCC's for 6 hours per day (12 noon and 6pm, 7 days per week).

When there is no GP available onsite, patients will continue to be seen by an Advanced Nurse Practitioner (ANP) or Emergency Nurse Practitioner (ENP) who can prescribe, request diagnostics such as blood tests, simple x-rays and ultrasound and treat patients appropriately.

Initially clinical staff we're apprehensive about the reduction in GP-led hours. However, it's since been reported that ENP and ANP confidence levels have increased, as clinical staff are utilising their skills and experience to make clinical decisions on less complex cases - without the need to always engage with a GP. .

The Urgent Care Centres undertook a deep dive into the data. Due to the resources and time required to review individual records there has been an initial audit into attendances for the 1st week of each month (Oct,Nov, Dec). The audit has concluded the following:

Out of 2373 patients seen and treated in the UCC, 157 patients were referred to A&E or a speciality in a Trust. 19 of those onward referrals to A&E could have been avoided if a GP was available.

The Providers have recognised that internal processes and standing operating procedures can be improved to allow patients requiring GP intervention to be managed in the community. In the future, if further GP intervention is required, the ENP or ANP can book an appointment for the patient to return to the UCC later that day to see the GP.

The CCG and providers have agreed a consistent minimum data set for both UCCs as part of the ongoing contract monitoring ensuring that we are aware on a monthly basis any issues.

The interim arrangement will be reviewed as part of the CCG's UTC service specification and procurement process due to be concluded later this year.

5.0 POLICY IMPLICATIONS

5.1 None anticipated.

6.0 OTHER/FINANCIAL IMPLICATIONS

6.1 None anticipated.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 **Children & Young People in Halton** – Improved local community offer for children and young people to access local urgent care services.

7.2 **Employment, Learning & Skills in Halton** – none anticipated.

7.3 **A Healthy Halton** – following the development of the Urgent Treatments Centres Halton's residents are expected to be able to access an enhanced service for urgent, same day conditions.

7.4 **A Safer Halton** – none anticipated.

7.5 **Halton's Urban Renewal** – none anticipated.

8.0 RISK ANALYSIS

8.1 The risks to the system for the developments are being managed

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 **Halton UTC** – a full Equality Impact Assessment (EIA) will be available to review on conclusion of the current eight-week public consultation process. Please note, a copy of the pre-consultation EIA is available on request.

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

10.1 None under the meaning of the Act.