

Wirral CCG Urgent Care Transformation

Frequently Asked Questions 20th September 2018

	QUESTION	ANSWER
1.	What is the consultation about?	<p>We need to make some changes to local services to fit in with NHS England’s changes to urgent care.</p> <p>Improving access and clearer choices for urgent care services.</p> <p>We want to improve links with primary care and bring care closer to home.</p>
2.	Why are you intending to locate the UTC at Arrowe Park?	<p>In February 2018, the Governing Body of the CCG met in public to discuss the delivery of a UTC in Wirral by December 2019. Following consideration of a range of factors the GB members supported the intention to progress work to locate the UTC at Arrowe Park Hospital. The decision to locate the UTC at the Arrowe Park site was taken largely to achieve the best clinical care for patients. Should a patient present to the UTC very ill or deteriorate rapidly, they can be transferred immediately to A&E for emergency interventions. This rationale and decision was included in the Urgent Care Listening Exercise during February 2018.</p> <p>Many serious conditions such as stroke and heart attacks require rapid assessment and treatment to achieve the best outcomes for patients.</p> <p>Having the UTC at the Arrowe Park site means that patients can benefit from the full range of diagnostic facilities including MRI and CT scanning. These facilities are not available at other sites</p> <p>Alternative Walk in Centres and Minor Injury Units were discounted for the location of the Urgent Treatment Centre.</p> <p>The reasons why these options were discounted were that they:</p> <ul style="list-style-type: none"> ▪ Do not provide access to the full suite of acute level diagnostic services required for

		<p>rapid access. The alternative locations only offer a very minimal level of diagnostic services (if any) which do not support the clinical benefits of co-locating an Urgent Treatment Centre with an Emergency Department. Clinically the co-located Urgent Treatment Centre would enable an improved patient pathway – we will reduce the risk of potentially having to transfer patients from an off-site location to the Emergency Department. This could be in the event of a rapid deterioration of a patient whereby reliance on an already strained ambulance service could result in unnecessary delays and risk to patient safety. Alternatively a patient presenting at the Urgent Treatment Centre may require additional diagnostics or services that are only available at an acute site, meaning delays in patient care, longer waits and visiting multiple locations (having to either be transferred to the acute site or present themselves). This is not an efficient patient pathway and does not support positive patient experience.</p> <ul style="list-style-type: none">▪ Do not provide means to improve on local A&E performance access targets. One of the NHS’ main national service improvement priorities is to focus on improving national A&E performance. This cannot be achieved locally if the Urgent Treatment Centre is based elsewhere (somewhere other than the acute site at Arrowe Park Hospital). The co-location of the Emergency Department and the Urgent Treatment Centre will provide consistent support to the Emergency Department, which will help improve against and maintain the national 4-hour target. Public behaviour is not likely to change with any degree of rapidness and as such, if the Urgent Treatment Centre is located elsewhere we will likely see the same behavioural pattern of patients continuing to present to the Emergency Department, which will not enable us to support the national service improvement priority▪ Do not provide a single front door with effective clinical streaming. These are
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		<p>recognised as key elements to helping sustain a viable Emergency Department service; by receiving patients via one single front door, they can be clinically assessed and determined if they are appropriate for the Emergency Department. This will reduce the footfall which will have a positive impact on not only the 4-hour target but also the efficiency of the Emergency Department by ensuring those patients in need of emergency care receive it in a timely manner by enabling staff to focus on only the acutely unwell</p> <ul style="list-style-type: none">▪ Do not maximise benefits to patient safety. The do not address concerns regarding a lack of Emergency services available if required. As highlighted above, those patients that either present critically ill or injured or those who rapidly deteriorate will be reliant upon the ambulance service to transport them to the correct facility (Emergency Department). This is placing additional strain on an already stretched service. We recognise that delays in patient care, which in an acute or emergency situation could potentially have life threatening implications.▪ Do not provide the quickest and most efficient transport links (Based on time, duration, frequency and ease; Arrowe Park Hospital has the most efficient transport links from all other areas of Wirral) and is in a centralised location. The centralised location also supports continuity of access times for urgent patients accessing via the North West Ambulance Service route.▪ Risk aversion – potential of an Urgent Treatment Centre based elsewhere in the community to divert a higher proportion of patients to the acute site to cover all eventualities▪ Did not maximise the opportunities for workforce. By co-locating the Urgent Treatment Centre next to the Emergency Department we have the opportunity to build a flexible, sustainable and future proof workforce allowing us to flex our
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		<p>capacity between both the Emergency Department and the Urgent Treatment Centre to appropriately meet demand. Additionally we can up skill and skill mix staff to enable them to cross cover and enhance the variation of their work, leading to a greater feeling of job satisfaction as well as overall system benefits to a more generic workforce. An Urgent Treatment Centre based elsewhere other than Arrowe Park site will not support this model and will not allow us to begin to match capacity with the current level of demand</p> <ul style="list-style-type: none"> ▪ Did not maximise the opportunity to improve system resilience. The development of a co-located Urgent Treatment Centre would also enhance system resilience in the event of a major incident. During a major incident, the vast majority of footfall will be focused at the acute site – increasing the demand significantly. By having the Urgent Treatment Centre next door to the Emergency Department we will have the additional staff on hand to support major incidents, all focused on the acute site where the demand will be the highest. To base the Urgent Treatment Centre elsewhere will not enable this.
<p>3.</p>	<p>Why can't we just stay as things are and have the UTC as well?</p>	<p>If we have the UTC as well as our other current services then the amount we spend on Urgent Care would be exceeded and we would have insufficient clinical staff to cover all services. This proposal is not about saving money and we won't be spending any less on Urgent Care but we must ensure that the delivery of a UTC and our proposed model of care is within the amount we have available to spend. Keeping our services as they are would also continue to confuse people about the choices available to them.</p>
<p>4.</p>	<p>Why are there only 2 options?</p>	<p>Following feedback from the listening exercise, we developed 3 options, each of which offered a different level of service.</p> <p>The reasons why Option 3 was discounted were that it:</p> <ul style="list-style-type: none"> ▪ Only provided the minimum mandated

		<p>requirement – it did not meet patient need</p> <ul style="list-style-type: none"> ▪ Would add another layer of confusion onto existing urgent care services ▪ Would provide less than existing Walk in Centre offer ▪ Does not support the delivery of the 4-hour A&E standard ▪ Does not provide consistent support to the Emergency Department – all minor injuries and ailments would need to present to the Emergency Department overnight (outside of Urgent Treatment Centre hours) ▪ At 15-hours, potentially over-provides in the community <p>The rejection of option 3 was less about the affordability (all 3 of them fitted the budget) it was more to do with practicality.</p> <p>For the 15hr clinics we would have been supplying far too many appointments in the community. (Especially considering that we have limited the community offer to paediatrics and wound/dressing care).</p> <p>If the community offer in option 3 was fully utilised then the numbers going through the UTC would be minimal (negating the need for it).</p>
5.	Transport	<p>APH is a centralised location with the quickest and most efficient transport links (based on time/frequency/ease).</p> <p>A working group focusing on transportation issues has been established and will review key issues on an ongoing basis. Merseytravel are also linked in with this piece of work.</p> <p>Our proposed community model and improved access to GP appointments means that you will be able to get a local appointment within 24 hours. However the UTC is also available as a walk in facility.</p>
6.	Parking	<p>There is a 'Carpark Strategy' in place that is reviewing the parking issues at APH and this work is being undertaken in parallel with the consultation.</p>
7.	Footfall at APH	<p>The proposed community offer is based on those cohorts of patients that attend APH in the highest volumes. Enhanced primary care will also divert</p>

		patients from APH.
8.	NHS 111	A redesign of this service will bring improvements such as the ability to book an appointment online.
9.	A&E	There are no changes being made to Wirral's only A&E or Childrens A&E at Arrowe Park Hospital.
10	Services at Eastham/VCH	<p>Eastham District Nursing Phlebotomy Sexual Health</p> <p>VCH Phlebotomy Dental Sexual Health</p>
11	GP Led	The UTC will be GP led, supported by nursing staff. Exactly how the centre will be staffed in terms of numbers is undetermined and is an ongoing piece of work that is running parallel with the consultation.
12	Where do I go for x-ray?	<p>Monday – Friday 8.30am-4.45pm GP patients <u>with a GP referral</u> (for plain film X-Ray) can attend the following as a walk-in:</p> <ul style="list-style-type: none"> • Arrowe Park Hospital • Clatterbridge Hospital • St Catherine's Hospital • Victoria Central Health Centre <p>You will need to have received a referral from your GP to access one of the above services*</p> <p>* These services are not changing as a result of this consultation.</p> <p>You will also be able to attend the UTC as a walk-in patient (or via a bookable appointment through your GP or NHS 111) for an X-Ray.</p>
13	What are the specific urgent care services for children?	<p>The urgent care service proposed for children is specifically designed for the care of children 0 - 19 years with minor injuries and minor ailments, and is available via bookable appointments by your GP or NHS 111 or rapid access via a walk in option (this is a specific walk in facility for children).</p> <p>The types of conditions the children's service will treat include illnesses like minor infections, rashes, stomach upsets, small cuts and bruises, strains and sprains, coughs, colds and flu-like symptoms and</p>

		<p>more.</p> <p>If the child cannot be treated at through the service, they may be referred to the Children’s A&E dept at Arrowe Park Hospital, their own GP, self-care depending on the best way to treat the condition.</p> <p>These services will be delivered from the 4 local areas.</p>
14	What are the dressing and wound care services?	<p>We are proposing to make pre-bookable dressing and wound care appointments available in your local area. For example, if you have a cut or laceration that is urgent but not an emergency, you can access this service via your own GP or NHS 111.</p> <p>You can also use this service for redressing of a wound as part of a follow up care pathway. Follow up appointments will be available locally, with the option to book these yourself.</p>
15	Technology	<p>We have a working group set up to review issues around technology and how we can best utilise advancements in technology alongside healthcare.</p>
16	Clinical Senate	<p>The Clinical Senate are providing an independent review of our process and proposals and this will take place in parallel with the consultation.</p>