Key Findings from Visit to Widnes and Runcorn Urgent Care Centres

Friday 9th September 2016

Present: Cllrs. A. Burford (Joint Chair), G. Dakin (Joint Chair), J. Cadwallader, R. Sloan,

Co-optees: D. Beechey, B. Parnaby

In attendance: K. Subramanian, R. Thomson, D. Moseley, F. Bottrill

The model for the Urgent Care Centres at Widnes and Runcorn were developed:

- In response to the increase in attendance at the 2 A&E departments which were located outside the local area
- To provide access to urgent care services closer to home
- To respond to identified need and to improve the wellbeing of the local community through the Healthy Town programme.

It had been recognised that attending an A&E department was not always necessary – and that there could be better ways of meeting patients' needs. The example was given of frail elderly patients. Where these attend A&E many are admitted. When discharged 30% would have improved, 30% would be about the same as before admission and 40% could be worse from a functional perspective.

The Urgent Care Centres opened in 2015 and while they both work to the same service model the setting is different. Previously there had been a Minor Injuries Unit at Runcorn and a Walk In Centre at Widnes.

- **Widnes UCC**: Based in a community setting in the same building at 3 GP practices and the GP out of hours service. The service is commissioned by Halton CCG and provided through the Community health provider, Bridgewater Community Healthcare NHS Foundation Trust
- **Runcorn UCC:** Based in a hospital setting and is provided by an Acute Trust, Warrington and Halton Hospitals NHS Foundation Trust.

Both UCCS are open from 8.00am – 10.00pm and provide diagnostic services. If a patient needs to be seen by a specialist they are referred directly to that department so they do not have to go through A&E.

The medical and nursing teams working at the UCCs are

Band	WTE Runcorn	WTE Widnes
Doctor		
Nurse Manager Band 8a	1.0	1.0
Nurse Clinician Band 8a	2.0	2.0
Nurse Co-ordinator Band 7	5.0	5.0
Clinical Nurse Band 6	7.0	7.0
Clinical Nurse RSCN Band 6	3.5	3.5
Clinical Nurse Development Band 5	3.5	3.5
Health Care Assistant Band 3	3.5	3.5
Administration Staff Band 3	7.0	7.0

The target is to initially clinically assess patients on arrival within 15 minutes using the Manchester Triage guidelines. Patients are triaged as Green (seen in 4 hours) Yellow (seen in 1 hour) Orange (seen in 10 minutes) Red patients – the UCCs do not see many Red patients but are trained to identify patients who require immediate acute care. The example was given at Runcorn UCC where a patient with vascular issues was transferred by helicopter to the acute service. 85% -95 % of patients at Widnes are triaged within the 15 minutes. It was discussed that when the service is quiet that a full triage may not seem necessary. Patients may be seen and treated during the initial assessment.

It was recognised that seeing all patients in 15 minutes provides reassurance for the patients and complies with clinical safety when the waiting time is longer. The average time from booking in to discharge is currently 54 minutes at Runcorn and 58 minutes at Widnes.

The service works to the A&E target that patients should be seen, treated and discharged / admitted within 4 hours. The target is to see 95% of patients within 4 hours. It was reported at Widnes that 99.2% of patients were seen within 4 hours. At Widnes 2.9 – 3.1% of patients are referred from the UCC to the acute hospital. It was commented that this is the same rate of transfer as the previous minor injuries unit – but many of these patients would have been referred for x-ray which can now be provided at the UCC. The type of patient now referred to the hospital are more acute.

Both sites have the equipment and staff to take x-rays and blood samples. Some blood samples are taxied to the pathology service and the result returned within 90 minutes of receipt. There are some Point of Care testing available on site.

Both sites have observational bays where adults or children can be observed for up to 4 hours. Runcorn UCC has a separate paediatric area with a waiting area and 2 observation bays. The aim of the observation bays is to ensure that a patient's condition does not deteriorate and if it does an appropriate referral can be made. This has reduced the number of zero hour admissions at A&E.

Neither site has direct access to bed provision. Intermediate care referrals are made through the Local Authority RARS process and referrals to hospital services are made through existing pathways.

The UCCs do not provide obstetrics or gynaecology services on site – patients would be referred on. However, there is a pathway for women who have a bleed early in their pregnancy who come to the UCC. If a woman went into labour at the UCC the ambulance would be called and the patient would be transferred or the paramedics are trained in delivery.

The UCCs work with mental health services. An assessment may be carried out over the phone with the mental health provider, this relies on the skill of the UCC staff. In some cases an assessment can be carried out at the UCC. (The service developed by the Police and CPN team has reduced the number of people sectioned by the Police and who receive a criminal record. The CPNs are in the patrol car with the police and respond to incidents. (This service is jointly funded with the police)

The service closes at 10.00pm so there is a close down procedure. If the service is busy toward the end of the day or patients arrive close to 10.00pm they may be advised to come back in the morning, see the out of hours primary care service or directed to A&E (however this referral route is not used unless necessary)

The decision to close the service at 10.00 was discussed. This was on the basis of the current patterns of the services used and that the existing A&E and Out of Hours services would continue. Providing a night time service also presents issues regarding patients who have consumed alcohol which would be difficult to manage in a small stand-alone unit at Widnes or Runcorn.

There is a recognisable pattern to the attendance at the UCCs. E.g. an increase in sports related injuries for 11-14 year olds in the morning at weekends.

Where a patient from requires transport from the UCC to A&E this would be provided if necessary but where patients could provide their own transport this was encouraged.

There are plans to use the UCCs to train other GPs and nurses in urgent care. This can help them develop a portfolio career and fits with the role of the GP Federation in developing GP providers.

IT

The UCC IT system at the Runcorn site is linked with the A&E/hospital system (Lorenzo) so information can be shared. Whilst System One is used at Widnes. Although GP's use a different IT system, EMIS, electronic discharges have been introduced which enables GPs to have as close to real time access to information about their patients who access the UCC or who are referred there. GPs do not have to wait several weeks for a letter from the hospital to know if the patient required further treatment and if this needs to be followed up in Primary Care.

It is the intention to introduce the same system; EMIS, used by GPs in Halton into both the UCCs.

Impact of UCC on A&E Attendance

A&E attendance has reduced by 8% during the time that the UCCS have been in operation. This is compared to the continued increase in A&E attendance in other areas. While it is difficult in a complex system to directly attribute the reduction in A&E attendance to the UCCs it is noticeable that the reduction in the use of A&E correlates with the increase in attendance at the UCCs.

There have been occasions where the A&E department has been particularly busy and non-emergency patients have been transferred from the A&E to the UCC. This demonstrates the confidence that the A&E staff have in the UCCs.

How the Model of the UCCs was Developed

The model for the UCCs was developed locally by clinicians – it was important the CCG did not develop a service specification and present this to the providers. 11 different organisations were involved in developing the UCCs. The model used to develop the UCCs allowed the clinicians to take ownership of the design and delivery of the model. An example was given of the DVT pathway which previously excluded many patients in the community based facility – under the UCC model the only patients who cannot be assessed are pregnant women.

Staff from the Local Authority and the CCG were co-located. There had been good partnership working before but working at the same site improved this. Both organisations had to recognise that doing things differently did not just apply to the other organisations and that there had to be compromise on both parts. It was important that the public saw that the NHS and local authority were united behind the proposals (see comments later about compromise with public) Developing the service is a difficult process that requires commitment from all the partners. It could fall at a number of stages but once the vision has been agreed it is important that organisations continue to work together and deliver this. It is important that there are the right staff with the right skills to support the development of the service and leadership must be provided right at the top. Local communities put faith in elected members – it is important that they understand and can articulate how and why the service is being developed.

Timescales can be contentious – it can be problematic if the timetable slips.

It was seen that the development of the UCCs would be an opportunity to improve the wider health, wellbeing and resilience of the local communities. It is important to understand where patients go to access services – local geography and community identity is important and needs to be taken into account. When people are referred from Widnes UCC to an A&E they have a clear preference on where they want to go depending on where they live. Both A&Es are about the same distance from the UCC.

The clinical pathway reference group continues to meet bi-monthly to review the data on attendance and patient flow and acuity, the current pathways, clinical skills, new pathways that can be developed.

It was discussed that it was essential to involve the ambulance service in the development of the service model and the pathways of the UCCs.

The UCCs are ‘kite marked’ with the Ambulance Service so paramedics will bring patients who are triaged as Green or Amber. The Ambulance staff would often phone the UCC staff and discuss the case with them to see if it can be managed at the UCC.

It was discussed that the model of General Practice in Primary Care is changing. Individual practices have their own pressures – but how can GPs work together for the whole health and wellbeing of

population. There was a discussion about the role of the GP Federations. All GP practices currently have a wellbeing offer which includes volunteering.

Estate is an enabler for change. It is recognised as part of the Sustainable Transformation Plan. The feedback from many GPs is that they do not want to own buildings and there is an opportunity to bring GPs together with other services.

Finance - Behind the work on the clinical model there is a lot of 'behind the scenes activity'. In developing the UCCs resources were not taken away from A&E. Finances were found from within the system. There was an additional investment of £ 1.2 – 1.3 million.

The view was that patients who attend the UCC needed health care. While some of them could have been seen in primary care it was reported that this was not an issue that needed to be pursued. GPs would have access to the advice, treatment, tests or referral that their patient would have been given. This highlighted the point that the UCC had to be 'primary care facing' as well as facing the A&E departments.

Work has started in developing a guide to developing a UCC – this may be available towards the end of the year.

Staffing

It has been difficult to recruit staff with the right skills for the UCCs. When recruiting nursing staff the requirements were:

- Clinical experience
- Diagnostic skills
- Prescribing (Desirable)
- Paediatrics (These skills are in very short supply)

The services have 'grown their own' staff who have completed further qualifications in Urgent Care, Minor Injuries and Masters qualifications in paediatrics and adult assessment and management.

It has been difficult for the Community Service to recruit GPs for the UCC – the posts have gone out to advert 3 times. The GPs currently providing the services are employed through an agency.

The new Job Description for the GPs at the UCC involves rotation with the Emergency department as well as working within the UCC.

One of the difficulties in 'growing your own staff' is that this takes time and when qualified they are very sought after and may move to another job.

Public consultation, engagement and view of the service

The UCC services have not been formally launched – there has not been a public opening ceremony. The use of the centre has been through word of mouth and the reputation of the service. Information is available on line and supported with posters, radio adverts etc. It was felt that it was important not to raise expectations about the service too much when it started.

It was recognised that for patients the distance to an A&E was important – in Shropshire this would be up to 35 miles. This means that as well as the model for the urban urgent care centres it is important for Telford and Shropshire to consider rural urgent care centres / services as well.

There is a high rate of satisfaction from patients who use the UCCs. Healthwatch has done a user satisfaction report on both UCCs. (see attached)

As well as responding to the concerns of patients and the public it was also important to help them to understand that some compromises would have to be made to achieve a viable service.

The feedback from patients was that a doctor had to be at the UCCs. It was reported that while approximately 5% of patients need to see a GP it was essential that a GP was there and that the diagnostic services were available so that people had confidence in the service. It was very important that people understood that they would not be seen at the UCC and just referred to the A&E.

From a patient perspective they were not particularly interested in the detail of the pathways. They wanted to know: is the service credible and does the treatment help me and make it easier for me to access the care I need.

The local history of the health services was important. When Halton hospital had opened it was anticipated that an A&E department would be provided as a later date on this site. This had not happened and it became clear that this was not going to happen. When people were asked what they wanted from a UCC they were clear that there had to be a doctor on site – if there was no doctor they would go to A&E. It was recognised that while Runcorn and Widnes does not have a rural population the issue of equity between communities is important. There was some resistance to the development of the UCC – change can always be unsettling. Initially one of the issues was that the service was developed at Widnes and people felt that there was nothing at Runcorn. It was stressed that it is important to listen to want the local population are saying and respond to the issues that are important to them.

Parking became a very important issue for the UCCs. There was a commitment to providing free car parking for people accessing the UCCs. This meant that as:

> Runcorn: The hospital operates an automated registration recognition system. Patients going to the UCC here give their registration at reception and this is inputted in the system so not charge is made.
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> Widnes: There was limited parking on the UCC site. It was a very important issue for local people. The Borough Council had a policy that no parking charges would be made in the town centre and this means that the CCG could not generate income from charging for parking. To respond to these concerns the CCG changed its constitution to that it could hold a lease on land and a car park was then developed. Income has been generated from the

electricity substation and the walls around the car park are being used to promote healthy messages through a mural.

Parking can be an issue for local residents – this concern is passed on to ward members.

It was recognised that ‘you can never tell people enough’. It is important that the message about the service and why it is being developed is repeated. Local organisations need to be involved.

The consultation must be as transparent as possible with the public and staff. Where staff are involved in developing a service they take pride in it. Doctors, nurses and ambulance staff can all help get the message across to patients.

Other documents

Report by Durrow (2010) – Providing Acute Care Locally

Healthwatch Reports