



Date: Monday, 14 July 2014

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TO FOLLOW REPORT

6 Relocation of Monkmoor Walk-In Service to Accident and Emergency, Royal Shrewsbury Hospital. (Pages 1 - 4)

To receive and consider the report from the Shropshire Clinical Commissioning Group on the proposed relocation of the Monkmoor Walk-in Service to A&E at the Royal Shrewsbury Hospital.

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Paper for approval to Health and Adult Social Care Scrutiny Committee 14th July 2014

Re-location of Walk-In Service (Monkmoor) to A&E, Royal Shrewsbury Hospital

1. Introduction

Shropshire Clinical Commissioning Group (CCG) and NHS England are responsible for commissioning the Shropshire Walk-in Centre and its co-located GP practice in Monkmoor, Shrewsbury. The CCG is responsible for the 'walk-in' element of the contract and NHS England for the registered practice. The purpose of this paper is to seek support for Commissioner plans to re-locate the walk-in component of this service at Accident & Emergency at the Royal Shrewsbury Hospital.

Shropshire PCT introduced the Walk-In Centre at Monkmoor in 2009 in line with national requirements. The centre delivers primary care differently from the traditional GP service with no need to register or to pre-book an appointment to see a GP or nurse and is open for longer hours including evenings and weekends. The option to register as a patient with the practice is also available.

The initial five year period of the Walk-In Centre contract comes to an end later this year and the CCG, working closely with colleagues at Malling Health who run the Walk-in Centre and The Shrewsbury and Telford Hospital NHS Trust, is proposing to move the walk-in element of care from Monkmoor so that it is co-located with the Accident & Emergency department on the Royal Shrewsbury Hospital site to create a GP led Urgent Care Centre (UCC).

The Walk-In Centre currently deals with 34,000 walk-in attendances a year and has a registered practice population of just under 3,000 patients.

2. The case for change

2.1 A significant proportion of patients who go to A&E could have had their needs met by seeing a GP or primary care professional - Moving the walk-in service from Monkmoor to create an Urgent Care Centre within A&E at the Royal Shrewsbury Hospital would mean that people who have a minor injury or ailment that may go to A&E would now be able to be seen by the right health professional first time. Clinicians working in A&E estimate that 60% of current attendances at A&E could have their needs met through the move of the walk-in service to RSH. This would free up A&E staff to see those patients that need more specialist or emergency care

People who have an emergency or life-threatening condition would still be seen in A&E. There would be no change to the A&E service.

2.2 Urgent Care Centres are filling an important gap in urgent health care. There are significant advantages to people needing urgent health care of having a full range of services in one place. People often attend A&E when their health care need didn't require A&E. Conversely, people often attend GPs or Walk-In Centres when they need a more in-depth assessment and increasingly, elderly frail people who need a holistic assessment but not a hospital admission end up as an admission because there isn't an alternative.

2.3 Latest national guidance indicates that “all Emergency Departments should have a co-located Urgent Care Centre, wherever possible”. Last month Professor Jonathan Benger, National Clinical Director for Urgent Care for NHS England published his latest update on the Urgent and Emergency Care Review in which he made the following statement about Urgent Care Centres:

“And for those people who need urgent care, but not necessarily in an emergency, we want to make the system much clearer. Currently, services are inconsistent and patients can be unsure where and how to access the right care.

Urgent Care Centres will bridge this gap. They will encompass all existing urgent care facilities which are not Emergency Departments such as Walk-in Centres, Minor Injuries Units and “Darzi” Centres.....and all Emergency Departments should have a co-located Urgent Care Centre, wherever possible. This will create a much clearer, consistent offer to the public”.

2.4 GP presence in A&E can prevent admissions. The current GP in A&E pilot scheme at RSH is demonstrating locally what is already known in other areas of the UK that a primary care presence in A&E can prevent admissions and effectively assess patients with less use of investigations. The Warrington GP in A&E project reduced hospital admissions by 8% by month 12. We know from our own Frailty project in 2012/13 and the current GP in A&E scheme that some frail elderly patients are better managed without hospital admission as long as they can be assessed rapidly and given the necessary support to enable them to recover at home.

2.5 Making best use of urgent care resources. The Shrewsbury Walk In Centre contract expires in August 2014 but with an option to extend the contract for up to a further five years. We believe that co-locating the walk-in element with A&E will create a better service offer and make best use of walk-in centre resources for the people of Shropshire.

2.6 Sharing of urgent care skills, knowledge and expertise. It would also mean that the walk-in service staff would be able to work closely alongside A&E staff, meaning that there would be sharing of skills, knowledge and expertise between the GP-led walk-in service and A&E staff. We believe this will improve care for patients.

The proposed move of the walk-in service into the vacant accommodation next to A&E would be the first phase in establishing an Urgent Care Centre co-located with the Emergency Department at RSH. The intention is to use a prototype approach and for all the urgent care services to collaborate around the evolution of high quality urgent care.

Service requirements include directing patients to the right clinician first time, educating service users on the most appropriate use of local urgent care services and streaming some patients back to General Practice.

3. Project Management and Feasibility Study

A multi-stakeholder project team was established at the end of April 2014 to establish the feasibility of the proposal and develop a business case. The Project Team meets weekly with clinical and management representatives from the CCG, Mallings Health and SaTH. The Project Team have confirmed the feasibility of this proposal based on the following:-

3.1 Accommodation: The project team has examined the waiting area and available space at A&E for the walk-in service. Best available data from other areas undertaking similar service transfers indicates 70% of current walk-in activity will transfer with the service from Monkmoor. In areas where Walk-In Centre contracts have been allowed to expire, experience shows that 25% of activity transfers to A&E and 50% to GPs.

Transfer of 70% of the current Walk-in activity would require a waiting area that has double the current A&E seating. This can be achieved by extending the current A&E waiting area into two adjacent areas and increasing the seating to 72 from the current 32. The available office space is sufficient to create the necessary clinical, office and staff room accommodation.

3.2 Workforce: The Walk-In Service provider has confirmed that they will be able to transfer the required level and capacity of workforce to meet the predicted demand 8am-8pm, 7 days a week. Therefore the activity that will move to the new site will be accompanied by a workforce that is experienced in meeting that demand over the last 5 years. Combining this workforce with the current workforce for A&E minors provides the opportunity to direct flow differently behind effective streaming and triage at A&E reception. Collaboration between these two workforces will provide opportunities for junior A&E clinicians to gain experience for minors and UCC clinicians to up-skill with the management of more acute health problems.

3.3 Car Parking: It is recognised that the transfer of additional services onto the Royal Shrewsbury Hospital site brings additional pressure on car parking which at certain times of the day is currently already at capacity. Subject to necessary approvals, the aim is to make this service transfer in November 2014. This timing coincides with the planned transfer of Women's and Children's Services from RSH to PRH. It is predicted that this transfer of Women and Children's services will reduce demand for car parking spaces at RSH by approximately 18-26 per hour. Demand and capacity profiling indicates that the maximum peak time demand for car parking spaces for the walk-in centre is 5-10 per hour which can be accommodated within the capacity freed up from the transfer of women and children's services. In addition the peak times for car park usage for the general RSH site do not coincide with the peak usage times for the walk-in service.

The transfer of the walk-in service to RSH will result in patients paying for their parking – there are no parking charges at the current Monkmoor site. While it is recognised that this will not be welcomed by patients it is suggested that this disbenefit is outweighed by the benefits of the proposed changes set out in section 2.

3.4 Costs: The service will be provided within current contractual costs. There are capital costs associated with turning the office accommodation into suitable clinical accommodation and extension of the current A&E area.

4. Plans for the Registered Practice remaining at Monkmoor

Since opening in September 2009 the practice list has gradually increased and the number of registered patients at June 2014 is 2,942. The contract requires that essential (GP and nurse appointments/home visits) are provided at appropriate times with opening hours to meet the reasonable needs of patients. Essential services (vaccinations, contraceptive services, child health surveillance, cervical screening and minor surgery) are provided within opening hours as are a range of enhanced services, including minor injury. Some additional and enhanced services are not available to non-registered patients on clinical grounds (eg access to medical records would be required). Under this proposal the general practice service provided to registered patients would remain the responsibility of NHS England and would continue to be provided from the premises in Monkmoor.

Shropshire Walk-in Health Centre has consistently provided good quality services in accordance with the contractual requirements and is very popular with patients who report high levels of satisfaction.

Monitor (health service regulator) published a review of Walk-in Centre's in February 2014 and recommended that NHS England and CCGs work together to make decisions about walk-in centres, both with and without a registered list, to ensure that they take into account the effect on patients across primary and secondary care of any changes in services.

Under the Alternative Provider of Medical Service (APMS) Directions the core opening times for the registered element must be at least 8am-6.30pm Monday to Friday excluding bank holidays). At Monkmoor the highest demand for appointments from registered patients is between 8am – 6.30 pm weekdays; there is a significant fall in demand at the week-ends. To reflect this appointments are currently offered between 8.15am and 6.30pm Monday to Friday; if a patient requests a late appointment then this is accommodated. During the week-end patients generally do not wish to undergo procedures and tend to request appointments for minor ailments or when they have run out of medication. The number of appointments reserved for registered patients over a week-end is matched to demand and 7 appointments are offered on Saturday and 7 on Sunday which is found to be sufficient. Registered patients also make use of the walk-in facility and do not necessarily request appointments this also needs to be reflected in the level of service to be provided in future.

5. Patient and Public Engagement

Patient representation has been part of this project from the outset. Shropshire Patient Group representatives attended the 2 multi-stakeholder workshops in April 2014 where this proposal received support. They have maintained their involvement as members of the weekly Project Implementation Team.

The CCG have begun discussions with patients at the Monkmoor Site during week of 30th June regarding a potential move. This has involved 4 facilitated sessions at different times of the day (morning, evening, afternoon and at a weekend) using a set of interview questions. Hard copy questionnaires were also made available for all users outside of these times.

It is the intention of the Area Team to build upon the patient engagement work already undertaken by the CCG and consult with registered patients about service opening times in order to meet reasonable needs. Involvement of Health Watch and Health and Well-being Boards is also required. When service proposals are agreed the CCG and Area Team will institute a communications plan to inform stakeholders and patients about continued access to these services.

6. Conclusion

The case for change including the clinical benefits for patients of re-locating the current Walk-in Service from Monkmoor to A&E at the Royal Shrewsbury Hospital and the feasibility of doing so have been established and are described above.

7. Recommendation

The Health and Adult Social Care Scrutiny Committee are recommended to support the proposal.

Paul Tulley
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Shropshire Clinical Commissioning Group