

Re-modelling of Walk-in Centres

SUMMARY

This report updates on the progress of Walk-in centre re-modelling and the development of a new enhanced Urgent Care Centre from a single site. We propose to pool resources from the current contracts to fund enhanced treatment to better support the treatment of urgent but non-life threatening conditions. The paper reports on clinical and patient engagement activities to offer assurance that the project is being developed to meet the needs of the local population and that links are being made with the appropriate panels and committees.

REPORT

BACKGROUND

Reason for the work/ programme

Nottingham has two walk-in centre services (London Road) (including the satellite clinic; Clifton Nurse Access Point) and the 8-8 (Upper Parliament Street), both contracts are due to end on 31st March 2015. Annual costs in relation to the WIC are £732,153 and for 8 - 8 are £1.32m, which combined treat over 70,000 patients per year. Both centres offer face-to-face consultation for minor concerns, self-care advice, information on local pharmacy services and signposting services. There is concern that these services are viewed by patients as a drop-in service and an extension of primary care; a survey indicated that most patients would visit their GP if the WIC was not open. In 2011 and 2012, patient and clinical engagement took place around current Walk-in service provision, ahead of the contracts ending. Engagement highlighted confusion around the differing clinical services offered, concern around duplication and uncertainty about how and where to access urgent care.

Based on this feedback, NHS Nottingham City CCG plans to develop a new enhanced service to assess and treat immediate, urgent health concerns. The intention is to continue to commit the same level of funding and continue to provide the 'walk-in' element of the service but remodel provision to assess and treat an extended range of immediate/ urgent but non-life threatening health needs. Patients will have access to the most appropriate service for their needs first time by bringing together walk-in centre services under one roof, extending clinical provision e.g. access to assessment by a GP, nurse, mental health specialist or optometrist and introducing diagnostics with closer links to hospital emergency departments.

In 2013, Sir Bruce Keogh published his report 'Transforming Urgent and Emergency Care Services in England', he sets out his vision that patients with urgent but non-life threatening needs are able to access effective services outside of hospital. The report echoes Nottingham views and in 2014, The NHS Nottingham City CCG Clinical Council supported that concept of pooling Walk-in Centre resources in order to develop a central Urgent Care Centre.

The concept and plans for the engagement and procurement process were presented to the following in order to ensure adherence to robust governance and accountability requirements. Plans will also ensure that the project clinically led and that the voice of the local patient community is heard.

12/02/2014 Clinical Congress

19/02/2014 Clinical Council

04/03/2014 Cll Norris

20/03/2014 People's Council

26/03/2014 Overview and Scrutiny Committee

All meetings agreed pursuing the approach of ending the current Walk-in Centre contracts and re-commissioning a single enhanced Urgent Care service. All groups were supportive of the concept and a reduction in duplication and confusion around which services to access in the event of an immediate health problem.

Engagement

The views of providers, patients and clinicians will shape the new service with close working between the Patient Engagement and Communication teams to gain the views of key stakeholders. A Clinical and Provider Engagement Event took place on 23rd April 2014; representatives included NUH, GPs, existing Walk-in service providers, County CCG commissioner; a Supply2Health notice ensured that any interested providers had the opportunity to attend. The event encouraged discussion around the future service, highlighted issues and generated solutions with an interactive focus on three main questions:

- What should an Urgent Care Centre model include?
- Define good access- location
- Define good access- opening times
- What should the service be called?

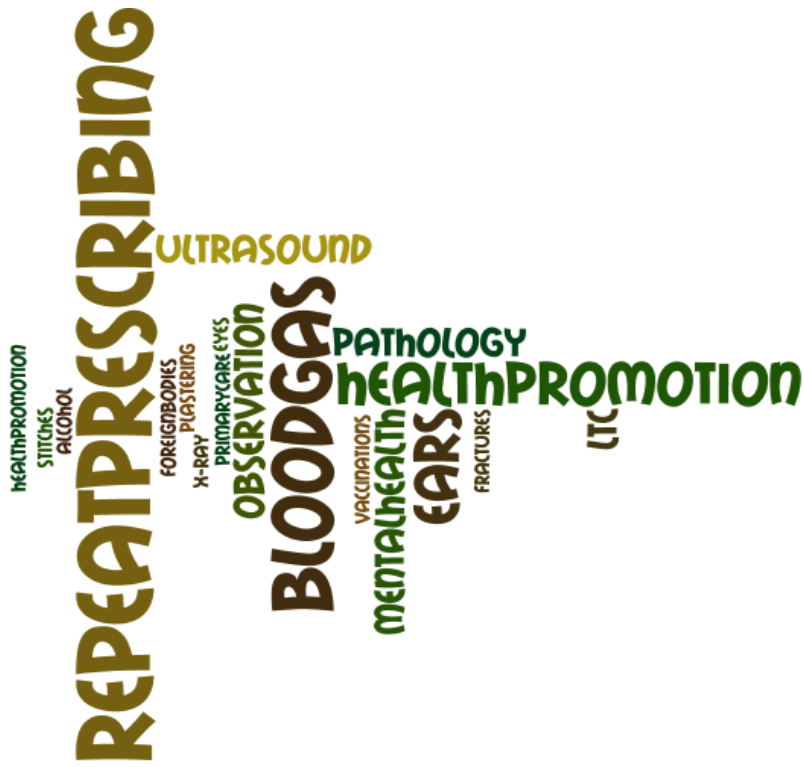
Clinical/ provider feedback:

- Important to assess and treat patients in one visit, reducing the need to refer on to other services.
- Important to keep opening hours consistent to avoid confusion.
- Diagnostics were key, including x-ray, plaster room, eye casualty
- No requirement for repeat prescriptions, health advice (public health) or signposting.
- A general consensus that the service should open 7 days a week, 365 days a year and open at 7/8am and close at 10pm/11pm (some said overnight but noted concern around resource).
- In terms of location, it was suggested that the service is located in the city centre, near a pharmacy with parking and public transport are important with access for drop off/ ambulance transfer being crucial.

**We asked clinicians and providers;
'What should the new service treat?'**



We asked clinicians and providers;
'What should NOT be treated by the new service treat?'



Public engagement and feedback:

Intensive public engagement is crucial to increase public awareness; a meeting has taken place with HealthWatch and a further update will be provided following publication of the Patient Engagement report in May. Information has been published on the CCG website in line with Monitor recommendations and a media release has been submitted; coverage has been achieved on East Midlands Today and in the Evening Post.

A patient survey has been disseminated online via the CCG, Nottingham City Voices and NCVS websites, social media and email to over 100 third sector organisations and patient groups; the survey has also been sent via the post to City and County GP Practices. The survey asks the public to comment about what services should be dealt with at an Urgent Care Centre and what is important in terms of location and opening time. Nearly 600 responses have been received, a full report on which will be compiled by the Patient & Public Engagement Team; the report will be available by the end of May. Patient engagement road shows have been held at each of the four Joint Service Centres, Hyson Green, Bulwell, Clifton and St Ann's. Road shows were publicised in local GP Practices and surrounding business to raise awareness amongst the local community, the meetings offered the opportunity for focused discussion with small groups of patients.

The Patient Engagement Event took place on 30th April 2014, one week later to the Clinical Engagement event and mirrored the content and interactive sessions. The emphasis was on the public opportunity to 'have their say'; the final say on the proposed model to ensure that the model discussed with the public remains recognisable as the final service that is implemented. Feedback from the clinical event was outlined and there were similarities in support for an enhanced service, that assessment and treatment can take place in one visit and strong support for the continuation of walk in appointments. Patients agreed with suggestion of diagnosis for suspected breaks, treatment of acute eye conditions and the emphasis on accessibility to public transport. Both meetings raised concerns about public understanding of the term 'urgent' and patients expressed nervousness about taking the responsibility to choose the appropriate place for their treatment. Although patients also noted the existing confusion and duplication within the system; patients commented that 'Accident & Emergency' may lead them to visit the Emergency Department for more minor injuries and 'accidents' that could be treated at a new Urgent Care Centre.

Patient feedback:

- Important to assess and treat patients in one visit, reducing the need to refer on to other services.
- Important to keep opening hours consistent to avoid confusion.
- Diagnostics and minor injuries were key, however slightly different to clinicians, to include x-ray, plaster room, blood testing.
- A strong mental health support was identified by the patient group.
- A general consensus that the service should open 7 days a week, 365 days a year, ideally 24 hours, but recognising financial impact, therefore open at 7/ 8am and close at 10pm/
- In terms of location, it was suggested that the service is located in the city centre, the group strongly emphasised access via public transport, disability drop off and some parking.

We asked Patients and the Public,

‘What should the new service treat?’



We asked clinicians and providers;

‘What should NOT be treated by the new service treat?’

Repeat Prescriptions

Sexual advice

Health promotion

Vaccination Screening

Ears

Pregnancy
Shortbreath

Shortnessbreath

Outcome of Engagement and Next steps:

- Ensure that publicity is clear and focused, with a name and strap line that clarifies the purpose of the Urgent Care Centre. Publicity will need to clarify how the new service integrates with other healthcare provision services (GP Practice, Pharmacy, 111 and ED).
- Attend additional patient/ public meetings upon request to allow for more focused discussion and presentation of the Urgent Care Centre service model. Specific consideration is to be made for those who access emergency services frequently, regular users of walk-in centres and those who experience difficulty in accessing main stream primary care services.
- Produce a patient engagement report in May 2014, which outlines the feedback from the survey, road shows and Patient Event. The report and updates regarding progress will be shared with interested parties and made publically available via the CCG website.
- Draft a specification, which outlines clinical requirements, treatments and diagnostics required.
- Develop a working group to discuss the detail of the specification
- Set up a working group during June 2014 to focus on development of the specification and to address specific challenges and to mitigate risk. Membership and content will cover activity

modelling, pathways for diagnostics and specific clinical areas (e.g. ophthalmology, mental health) and also communication/ publicity of the new service.

- Produce a further media release to update on the planned service in June 2014

The results of engagement and proposed specification will be presented to the following for assurance, ratification and engagement:

CCG Governing Body

CCG Risk & Performance Panel

Chief Operating Officers

Health & Well-being Board

Urgent Care Board

Cluster Boards

Overview & Scrutiny Committee

Local Area Team

People's Council

Clinical Congress

Next steps and timeline

May 2014- Report on engagement, specification development and presentation at governance meetings

June 2014- Final specification approved

June 2013- Media release on progress

July/August 2014- Procurement (led by GEM)

December 2014- Successful provider is notified

January- March 2015- Publicity about new service

April 2015- New Urgent Care Centre is launched.

The tender process will be led by GEM to ensure a robust, transparent process is followed. It is anticipated that initial advertisement will take place in June 2014 with shortlisting of potential providers in July 2014. The procurement panel will include clinical and patient representatives.

EXPECTED OUTCOME

** what are the expected changes, when will this happen and how will it be evidenced*

- Provision of high quality assessment, diagnosis and treatment of urgent health conditions within a single, enhanced service.
- Reduction in patient uncertainty around what service to access of urgent health needs
- Increase in the number of patients who are treated for immediate but non-life threatening health conditions outside of secondary care
- Patients are informed and supported to access the right service for their health needs

Outcomes will be evidenced through contract monitoring of the Urgent Care Centre by recording reason for attendance, patient satisfaction and patient reported understanding of how and when to access the service.