

Re-modelling of Walk-in Centres

SUMMARY

This report updates on the progress of Walk-in centre re-modelling and the plans to pool resources from the current 'Walk-in Centre' and '8-8 Health Centre' contracts to fund an enhanced Urgent Care Centre from a single city-centre location. The new service will continue to offer 'walk-in' provision for minor illness and injury and introduce enhanced support to treat immediate or urgent but non-life threatening conditions. The paper also reports on the progress of procurement plans, the development of the service specification and how clinical and patient views have helped shape the new service.

The report aims 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

In 2013, Sir Bruce Keogh published his report 'Transforming Urgent and Emergency Care Services in England'¹, which suggests the need to reduce the level of duplication and confusion caused by the range of current services (e.g. walk-in centres, minor injury units and minor illness services), all of which have differing configurations. The report sets out the vision that patients with urgent but non-life threatening needs are able to access effective services outside of hospital and as close to home as possible and supports the co-location of community-based urgent care services in coordinated Urgent Care Centres.

Nottingham has two 'walk-in centre' services, the 'Walk-in Centre' on London Road (including the satellite clinic; Clifton Nurse Access Point) and the '8-8 Health Centre' on Upper Parliament Street, both contracts are due to end on 31st March 2015.

Reason for the work/ programme

Both centres offer walk-in provision of face-to-face consultation for minor illness and injury and provide self-care advice, information and signposting services that are highly rated by patients. In 2011/12, ahead of the contract end dates we surveyed patients and engaged with clinicians to review the current services. A GP clinical engagement event was held in December 2011, where concerns were raised about duplication in resources between the 'Walk-in Centre', GP Practices and '8-8 Health Centre' and it was highlighted that the two walk-in centre contracts differ in both opening times and clinical provision; the 'Walk-in Centre' is nurse led, whilst the '8-8 Health Centre' offers GP assessment and some pre-bookable appointments. Whilst both services are highly rated by patients and perform well, clinicians and patients stated that two services running differently has led to confusion. A similar concern was raised through patient engagement in relation to the re-procurement of the Out of Hours service; the engagement report highlighted that future provision needs to support a clear, consistent approach, with simple information to allow for an informed choice². The 2011 clinical engagement event looked at an options appraisal in relation to the two walk-in centre contracts and considered the following options:

¹ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

² Nottingham City and Nottinghamshire County South Clinical Commissioning Groups. 'Out of Hours Patient & Public Engagement Report, Phase 2: Focus Groups'. November 2012 – January 2013.

- Re-commission the same services
- Merge/ re-commission something different
- De-commission services

Clinicians were in favour of re-commissioning something different and agreed to committing the same level of funding and continuing to provide the 'walk-in' element of the service but remodelling provision to treat an extended range of urgent, non-life threatening health needs.

In line with this approach NHS Nottingham City CCG's Clinical Council supported the concept of pooling walk-in centre resources in order to develop a central Urgent Care Centre with extended clinical provision and diagnostics and closer links to the hospital emergency department. The concept was developed through previous patient feedback and in line with national and local clinical views but it has been crucial to carry out robust and wide engagement on the detail of the specification. The views of providers, patients and clinicians has shaped the development of the new Urgent Care Centre service model and close working with the CCG Patient Engagement and Communication teams will continue as we move into the procurement and implementation stages. We have ensured that our engagement activities adhere to the recommendations set out by Monitor in their publication 'Walk-in Centre review: final report and recommendations'³.

Phase 1 Clinical & Public Engagement

During the last 7 months we have undertaken robust and wide ranging engagement activities to ensure that that the project is clinically led and that the voice of the local patient community is heard. A Clinical and Provider Engagement Event took place on 23rd April 2014 with representation from NUH, GPs, existing providers and County CCG commissioners. 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, in particular X-ray
- No requirement for repeat prescriptions and limited need for 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/

³ Monitor. Walk-in Centre Review Final Report and Recommendations. Feb 2014.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

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. It was highlighted that access for drop off and ambulance transfer is crucial.

Public Engagement has taken place in planned phases; with the support of the CCG Patient Engagement Team and Healthwatch Nottingham we have aimed to ensure that we engage broadly, meaningfully and purposefully with the public and ensure that the views of all patient groups are heard.

The broad engagement of phase 1 began with a patient survey, which was disseminated on websites, via email and post to over 100 third sector organisations, patient groups and City and County GP Practices. The survey was also publicised at patient engagement road shows, held at each of the four Joint Service Centres, Hyson Green, Bulwell, Clifton and St Ann's; the meetings encouraged completion of the survey but also offered the opportunity for focused discussion with small groups of patients. We have had over 600 responses to the survey, allowing 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.

A 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 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, with some noting the existing confusion and duplication within the system.

A report on phase 1 patient engagement highlighted the following key themes, many of which mirror the feedback received from our local clinicians:

- 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, to include x-ray.
- Patients identified the need for strong mental health support
- Patients were keen to keep links with other services, including urgent dental services
- 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.

In order to ensure adherence to robust governance and accountability requirements, the results of initial clinical and public engagement and the proposal to commission an Urgent Care Centre were presented to key health and local authority committees including the NHS Nottingham City CCG Clinical Council and People's Council, Clinical Congress and the Overview and Scrutiny Committee. All meetings were supportive of the approach taken to engagement and the proposal to re-commission a single enhanced Urgent Care Centre following the end of the current Walk-in Centre contracts.

On 28th May 2014, the NHS Nottingham City CCG Governing Body approved the Urgent Care Centre procurement plan and the approach to engagement. It was agreed that GEM Commissioning Support Unit would be contracted to lead and advise the commissioners on the procurement process and that a Procurement Delivery Group (PDG) would be formed to agree the specification, set fair and robust evaluation criteria, address specific challenges and mitigate risk, particularly in relation to conflict of interest. Membership of the PDG includes representatives from quality, governance, clinicians and commissioners from all stakeholder CCGs. Patients will continue to be involved throughout the procurement by the creation of a Patient Procurement Panel and their views will be fed into the PDG meetings for discussion.

Phase 2 Focussed Engagement and Specification Development

Following our broad engagement activities, the phase 1 patient engagement report highlighted the need for focussed patient engagement, particularly within 'seldom heard' patient groups. The success of Walk-in centres in removing barriers to healthcare and improving access to healthcare for the most vulnerable people in society is highlighted in both Sir Bruce Keogh's report and the Monitor recommendations⁴; it is important that particular attention is paid to patients from protected characteristics and vulnerable patients who are frequent attenders of walk-in centre services. Discussion with the CCG Patient Engagement Team and Healthwatch Nottingham has helped us to plan to engage with as many communities as possible. During June and July, the Patient Engagement Team and commissioners have attended meetings with over twenty minority patient groups, which has enabled focused discussion about their views and allowed an opportunity for them to be open about any concerns. Responses from Phase 1 & 2 engagement have been collated and considered in the development of the draft specification and will be discussed in detail by the Patient Procurement Panel. Engagement activities have had the added benefit of raising some cross-cutting concerns in relation to other services, including access to GP Practices and some specialist services, this feedback will be shared with commissioners to be pursued via separate work-streams.

The Procurement Delivery Group has now formally agreed the draft specification, which outlines the minimum clinical, governance and quality standards. The specification fulfils the key themes highlighted by clinical and patient engagement activities; table 1 outlines the feedback received and how this has influenced the specification development:

Table 1 Specification Development

Clinical/ Patient Feedback	Specification/ ITT inclusion
Consistency of opening times	The Urgent Care Centre (UCC) will be open 7 days a week, 365 days a year at the same times each day
Opening hours outside of GP Practice provision	UCC will open from 7am until 9 pm

⁴ Monitor. Walk-in Centre Review Final Report and Recommendations. Feb 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf. NHS England. Transforming urgent and emergency care services in England. <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>. Nov 2013

Initial assessment should be within 15-20 minutes of arrival	The provider will assess patients within 15-30 minutes (within 15 minutes for paediatric patients)
Extended diagnostic and clinical provision	UCC will have X-ray facilities as a minimum An objective of the service will be to provide a tier of care between primary and emergency services.
Patients will be seen and treated in the same visit	This will be a core objective of the new service
Mental Health Support	The specification requires the UCC to have an integrated response to patients who present from vulnerable groups and protocols in place for patients who present with mental health, alcohol and substance misuse issues.
An accessible, city centre location (particularly in terms of public transport and parking)	The UCC will be provided from a City Centre location and providers will be required to demonstrate accessibility of the location.
Patients were keen to see the continuation of 'walk-in appointments'	The UCC will continue this approach
Patients are unsure about the name Urgent Care Centre	The service will need to be called Urgent Care Centre in line with national requirements but we will consider the inclusion of a strap line of 'Walk-in Centre or service'. The Patient Procurement Group will continue to be involved in the publicity of the new service during the implementation phase.

The Urgent Care Centre will be accessible with no appointment needed and offer patients access to a range of health professionals in order to respond to the varied needs of patients across all ages and disabilities. The emphasis will be to assess and treat patients with immediate or urgent health conditions within one visit and will avoid duplication with existing Primary Care services and support access to community and third sector organisations. We will be asking as part of the procurement process that providers identify a system wide approach to delivering the Urgent Care Centre, working with Nottingham University Hospital NHS Trust to relieve pressures across the urgent and emergency care network.

Phase 3 Engagement & Next Steps

Following release of the PQQ documentation and draft specification to potential providers, we are now able to continue engagement activities with clinicians and patients around the specifics of the new service (appendix A. contains the draft specification). The draft service specification will also be shared with the following groups for discussion, feedback and to update on progress:

Chief Operating Officers

Urgent Care Board

CCG Clinical Council

Cluster Boards

Local Area Team

Clinical Congress

People's Council

Other Patient Groups upon request

The Invitation to Tender (ITT) stage of procurement will allow continued scope for clinicians, subject experts (e.g. Medicines Management) and patients to influence the final Urgent Care Centre service by having direct input into the Tender questions and the scoring/weighting of responses. The Procurement Delivery Group and Patient Procurement Panel will meet in August to discuss the responses to the draft specification and agree the questions and scoring for potential providers.

Timeline (*timeline for guidance only, official timescales for procurement will be released by GEM Commissioning Support Unit*):

July/August 2014- Local clinicians and public will continue to shape the final service with engagement on the draft service specification and input into the ITT documents

September 2014- Approval of ITT documents

October- December- ITT stage and scoring

January- March 2015- Publicity about new service

February- April 2015- Implementation phase

April 2015- New Urgent Care Centre is launched.

EXPECTED OUTCOME

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

- Provide a tier of provision between Primary Care and ED, for patients that have urgent but non-life threatening health problems.
- 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
- Patients are informed and supported to access the right service for their health needs

