Reporting to:	**Trust Board - 25 September 2014**
Title	Progress Report on the Relocation of the Shrewsbury Walk-In Centre to Royal Shrewsbury Hospital
Sponsoring Director	Debbie Kadum, Chief Operating Officer
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Previously considered by	Hospital Executive Committee, Tuesday 23rd September 2014
Executive Summary	The development of Urgent Care Centres co-located with Emergency Departments has been identified nationally as a priority as part of the National Urgent and Emergency Care Review. It has also been agreed as a strategic objective for the Trust in 2014/15. In July the Board supported the proposal to relocate the Shrewsbury Walk-In Centre to the Royal Shrewsbury Hospital. This short paper provides an update on the progress of this proposal which is due for presentation to Shropshire's Clinical Commissioning Group on 24th September for approval to progress to implementation.
Strategic Priorities 1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	☒ To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 ☒ To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 ☐ To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	☐ Complete and embed the successful reconfiguration of Women and Children's services ☒ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	☐ Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy ☐ Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	☒ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☒ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☐ Well led
☐ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** **The Trust Board is requested to RECEIVED and NOTE the progress of the proposal for the re-location of the Shrewsbury Walk-in Service (Monkmoor) to the Emergency Department at the Royal Shrewsbury Hospital as the first phase of the development of an Urgent Care Centre.**

The Shrewsbury and Telford Hospital NHS
NHS Trust

Paper 7

PROGRESS REPORT ON THE PROPOSAL TO RELOCATE THE SHREWSBURY WALK-IN CENTRE (MONKMOOR) TO THE EMERGENCY DEPARTMENT OF ROYAL SHREWSBURY HOSPITAL

Debbie Kadum, Chief Operating Officer
September 2014

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1. Background

1.1 At July's Trust Board meeting the Board received a proposal to relocate the Shrewsbury Walk-In Centre (Monkmoor) to the Emergency Department of the Royal Shrewsbury Hospital (RSH).

1.2 The Board supported the proposal, with the following anticipated benefits:

- Improved patient flow through the hospital – reduce internal waits;
- "Right Patient, Right Place";
- Improved performance against patients' safety targets;
- Improved performance against the ED Quality Indicators;
- Reduction in the number of ED breaches;
- Improved patient clinical outcomes;
- Increased patient satisfaction.

1.3 The relocation of the Shrewsbury Walk-In Centre is the first phase in the development of an Urgent Care Centre at RSH.

1.4 July's paper is enclosed in the Trust Board Information Pack for reference.

2. Progress to Date

2.1 Over the past 2 months Shropshire Clinical Commissioning Group has held a series of engagement events with the public and other interested parties on the proposed relocation of the Shrewsbury Walk-In Centre. The proposal seeking approval to proceed to implementation is being presented to Shropshire CCG's Board meeting on 24th September 2014.

2.2 An equality impact assessment has been included within the engagement work. As would be expected, the views of the public and other interested parties are varied and include a flavour of responses. The main concerns raised by the public were largely about lack of parking, the cost of parking and concerns around limited public transport. One of the positive outputs from the engagement exercise was the consistent high satisfaction rates reported from those that had used the Walk-In Centre. There was also recognition of the potential benefits of having different specialists working together and having access to more diagnostic treatments at a hospital location as compared to the current Walk-In service site.

2.3 The proposal is supported by Shropshire CCG, SaTH, and Malling Health who run the Shropshire Walk-In Centre as well as the patient representatives on the Urgent Care Centre Project Group.

2.4 The multi-stakeholder project team which was established at the end of April has defined and agreed the clinical model and governance arrangements for the prototype for the Urgent Care Centre model, namely the relocation of the Shrewsbury Walk-In service.

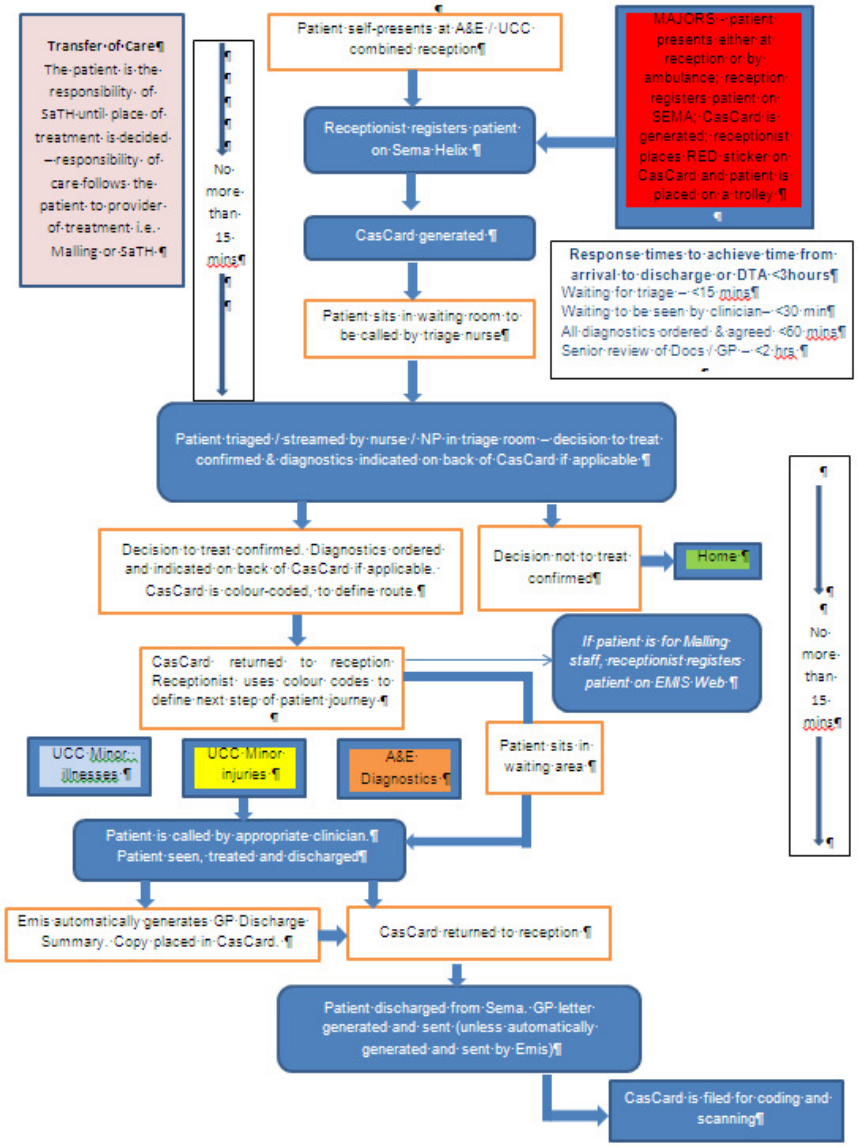
2.5 The pre-tender cost of the refurbishment of facilities alongside the Emergency Department at the Royal Shrewsbury Hospital site has been received. The expected costs of refurbishment are £216k + VAT and are included in the Trust Capital Programme for 2014/15.

2.6 Agreement has been reached that the running costs of the prototype Urgent Care Centre will be revenue-neutral to all parties. The detail of how this will work in practice is currently being worked through. This will enable the prototype Urgent Care Centre [UCC] to be established and the learning from prototyping the integration of the activity and workforce to be captured.

3. The New Clinical Model

3.1 The specification for the current Walk-In service would not be changed, so it will continue to see patients presenting with minor illnesses without an appointment. The opening hours will remain as they are currently 8am – 8pm, 365 days/year. The service will also utilise the current mix of staff with clinical services provided by GPs and nurse practitioners supported by healthcare assistants and administrative and clerical staff.

3.2 Patients presenting to the front door of A&E (other than those attending by ambulance and taken directly to the 'majors' side of A&E) would register at a combined reception desk and would be streamed to the most appropriate service (walk in service or A&E minors) by a nurse/nurse practitioner. The nurses undertaking the streaming role would be drawn from both the A&E department and the walk in service. A service level agreement between Malling Health and SaTH will ensure that operational process and clinical governance arrangements are in place to ensure effective and safe collaborative working in the delivery of services to patients. The proposed Patient Pathway, describing the flow of patients from presentation to discharge, is described below.



3.3 The clinical model was approved by Clinical Advisory Panel (CAP) on 2nd July 2014. A joint clinical governance framework has been agreed through the Project Team including a joint accountability schedule. The clinical governance arrangements will be signed off through each respective organisation's governance processes. A weekly joint governance meeting will underpin the implementation of this framework once the service is operational.

3.4 The guiding principles are:

- Patient safety will be our foremost priority;
- The focus of care will be centred around the patients at all times;
- Patients will be seen by the most appropriate clinician in the shortest timeframe and with the fewest number of steps through the system as possible;
- To create a truly needs-based system over time.

3.5 There will be no change to the service that patients currently receive in the Emergency Department. However the current Emergency Department workforce will be complemented by the additional Shropshire Walk-In Centre workforce and this will provide patients with the benefit of additional clinicians to provide them with the most appropriate care at their point of use.

3.6 No additional Emergency Department staff will be required, although there may be a requirement to alter their current shift patterns to ensure that the right staff are in the right place at the right time.

3.7 Whilst the specification of the walk in service will not change, its co-location with the Accident & Emergency Department would support enhanced collaboration around the evolution of high quality urgent care. This opportunity lends itself to a prototype methodology. Co-location of the Walk-In Centre service would be the first phase prototype version to test the operational delivery of a GP-led Urgent Care Centre model using an action learning approach to understand the needs of users and develop a service around them. There will be a real opportunity to share knowledge and skills between the Primary and Secondary Care clinical teams, leading to a greater skill mix for both.

4. Accommodation

4.1 The walk in service will be provided from five new clinical consultation rooms, created through the refurbishment of facilities previously used as office accommodation adjacent to the Emergency Department. The current A&E waiting area will more than double in size. The available accommodation will be sufficient to accommodate the predicted volume of activity, including times of surge.

5. Management Structure and Governance Arrangements

5.1 Malling Health and SaTH will continue to manage their respective staff, whilst allowing for operational and clinical needs to be met on a day to day basis, assisting in all areas during periods where one area is busier than another.
The redistribution of resources will be discussed and agreed by the senior clinicians on duty to ensure that the patients receive the best clinical care and the most efficient service possible.

5.2 When a patient's health problem is entirely managed by a single provider, that provider is solely responsible for the management of any complaints and/or incidents relating to that episode of care.

5.3 If a patient's health problem has been managed by both providers (SaTH and Malling Health), the management of the complaint and/or incident will be overseen by the SaTH Emergency Department Nurse Manager.

5.4 Joint monthly clinical governance meetings to review incidents, complaints and the running of the service will be held; initially on a weekly basis, as part of a continuous learning cycle.

6. Staffing

6.1 Malling Health 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. The minimum Malling staffing levels will be 2 appropriately qualified nurses and GP cover 8am-8pm. The existing 4 minor injuries cubicles in A&E will continue to be staffed by SaTH, however, as the prototype develops there is an expectation that the 2 workforces will work in an integrated way and flex across minor illness and injury to optimise the utilisation of the available workforce capacity, skills and competencies particularly during times of surge.

7. Car Parking

7.1 The transfer of Women and Children's services to Princess Royal Hospital will reduce demand for car parking spaces at RSH by at least as much as the transfer of the Walk-In Centre will increase demand. However, parking is not always easily available on the RSH site. Also, the transfer of the walk-in service to RSH would 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 this needs to be weighed against the benefits of the proposed changes.

8. Risks

The key risks and mitigation identified by the project group are outlined below.

1) Risk	2) Impact	3) Risk Mitigation	4) Likelihood after mitigation	5) Consequence after mitigation	6) Mitigating Score
More patients than predicted attending UCC	Too few clinicians / clinical areas to accommodate	Comprehensive demand and capacity profiling has been conducted, including national data	2	3	6
Unexpected patient type begin to use UCC	Incorrect type of clinician available to assist	Comprehensive demand and capacity profiling has been conducted, including national data	2	3	6
Costs increase once accurate figures have been provided	Increased difficulty to secure sufficient funding for project	Initial estimates included financial "contingency"	2	4	8

8.1 Other risk which is subject to mitigation:

a) Increased use of diagnostics. Shropshire Walk-In Centre in Monkmoor does not have access to diagnostic tests and there is concern that the relocation will mean an increase in the number of tests ordered. No additional resources are planned for radiology or pathology. The number of tests requested will be closely monitored and any "inappropriate" tests and/or outlier requests, or increase in demand, will be raised and discussed at the weekly governance meetings.

9. Finance

9.1 The service will be provided within current resources other than the capital and set up cost requirements.

9.2 SaTH has agreed that a contract variation will be put in place to ensure that the proposed service improvement can be achieved without significant financial risk to either the Trust or the CCG. This is necessary to maintain income (and hence staffing levels) in the A&E department as it is anticipated that the co-location would result in some current A&E patients being seen by the Walk-In service.

10. Timescales

10.1 The Project Group had hoped to see the launch of the UCC in late autumn. However, it is acknowledged that this is no longer possible due to the many factors affecting the various aspects of the Project. It has been agreed that, as this is a Prototype, it is preferable to launch when ready, rather than too early. It is now expected that the launch will be in December 2014, assuming that all aspects (funding, contracting, etc.) are agreed and that there are no delays in the processes.

11. Post Implementation Review

11.1 The Key Performance Indicators for the combined service are currently being developed. They will include many of the current Emergency Department Quality Indicators, as well as reflecting the change in service provision.

10.2 As the model is a Prototype, there is an expectation that it will change and evolve over time, to better reflect the patient needs and service provision.

12. Action Required

The Trust Board is asked to ***RECEIVE*** and ***NOTE*** the progress on the proposal to relocate the Shrewsbury Walk-in Centre service (Monkmoor) to the Emergency Department of the Royal Shrewsbury Hospital as the first phase in the development of an Urgent Care Centre model.

Debbie Kadum
Chief Operating Officer
September 2014

Paper 7

BRIEFING PAPER ON THE PROPOSAL TO RELOCATE THE SHREWSBURY WALK-IN CENTRE (MONKMOOR) TO THE EMERGENCY DEPARTMENT OF ROYAL SHREWSBURY HOSPITAL

Debbie Kadum, Chief Operating Officer
July 2014

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1. Background

1.1. 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 Centre's:

> *"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".*

1.2 Locally, the Future Fit Programme has concluded that the development of a number of Urgent Care Centres is a key component of the future acute and episodic care model. It is also a key strategic objective as approved by the Board for development in 2014/15. The relocation of the Walk-In service from Monkmoor, Shrewsbury, to the Emergency Department at the Royal Shrewsbury Hospital would be the first phase of establishing an Urgent Care Centre.

2. Current State

2.1 In Shropshire there are two Walk-in Centres. In Telford this is on the Princess Royal Hospital site and in Shrewsbury it is located in Monkmoor, near the town centre. Both Walk-in Centres are run independently by Malling Health who also has a registered GP practice alongside the Walk-in Centre.

2.2 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.

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 Walk-in Centre currently deals with 34,000 walk-in attendances a year.

2.3 A review of patients who attend the Emergency Department (ED) has demonstrated that a significant proportion of patients who attend the ED could have their needs met by seeing a General Practitioner (GP) or other primary care professional.

Early discussions about a possible Urgent Care Centre (UCC) in Shrewsbury involving patient representatives demonstrated the advantage to people needing urgent health care of having a full range of services in one place.

3. Future State

3.1 UCC's are filling an important gap in urgent heath care. There are significant advantages to people needing urgent health care of having a full range of services in one place. People often attend an ED when their healthcare need did not require an ED. 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 being admitted because there isn't an alternative.

3.2 It is acknowledged that GP presence in the ED is likely to prevent admissions. The current GP in ED pilot scheme at RSH is demonstrating locally what is already known in other areas of the UK - that a primary care presence in an ED can prevent admissions and effectively assess patients with less use of investigations. The Warrington GP in A&E project reduced hospital admissions by 8% in 12 months. We know from the Shropshire CCG 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.

An UCC will make best use of urgent care resources.

3.3 An opportunity has arisen which enables the development of an Urgent Care Centre on the Royal Shrewsbury Hospital site this financial year. The Shrewsbury Walk-in Centre (SWIHC) contract, commissioned by Shropshire Clinical Commissioning Group, expires in August 2014 but with an option to extend the contract for up to a further five years. The CCG believes that by co-locating the Walk-In element within the Emergency Department, it will create a better service offer and make best use of Walk-In Centre resources for the people of Shropshire.

3.4 The UCC will share urgent care skills, knowledge and expertise. With the walk-in service staff working closely alongside the ED staff, there would be sharing of skills, knowledge and expertise between the GP-led walk-in service and ED staff. This will improve care for patients, as well as increasing the knowledge-base of all clinicians involved.

4. The Proposal

4.1 The CCG have proposed the move of the Walk-In service into vacant accommodation next to the ED at RSH. This would be the first phase in establishing an Urgent Care Centre 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.

4.2 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.

5. Stakeholder Analysis

A multi-stakeholder project team was established at the end of April 2014 to establish the feasibility of the proposal and jointly develop a business case. The Project Team met weekly with clinical and management representatives from Shropshire CCG, Malling Health and SaTH, as well as from local Patient groups. The Project Team confirmed the feasibility of the proposal based on the following:

Accommodation: The project team has examined the waiting area and available space in ED for the walk-in service. The best available data from other areas undertaking similar service transfers indicates that 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.

A transfer of 70% of the current Walk-In activity would require a waiting area that has greater capacity than the current ED seating. This can be achieved by extending the current ED waiting area into two adjacent areas. The available, currently unused, office space is sufficient to create the necessary clinical, office and staff room accommodation. There would also be some adjustments to the current use of space, to accommodate an additional Triage Room.

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 which is predicted to move to RSH will be accompanied by a workforce who has the experience of successfully meeting that demand over the last 5 years. Combining this workforce with the current ED workforce provides the opportunity to direct flow differently behind effective streaming and triage at ED reception. Collaboration between these two workforces will provide opportunities for junior ED clinicians to gain experience of primary care practices and SWIHC clinicians to up-skill with the management of more acute health problems.

Car Parking: It is recognised that the transfer of additional services onto the RSH 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 (W&C) from RSH to the Princess Royal Hospital (PRH). It is predicted that this transfer of W&C 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 the W&C.

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. Furthermore, the more efficient service provided by the UCC is expected to result in the spaces being used for shorter periods of time, freeing them up sooner for the next user.

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 is outweighed by the benefits of the proposed changes.

Costs: The running of the service will be provided within current combined contractual costs.

It has been suggested that this is a cost neutral change to delivery and that SaTH, the CCG and Malling Health do not financially lose out or gain. Until the detail can be completed we are unable to say if this is the outcome. Options that are being looked at are a block contract and Joint Managed Risk Agreement (JMRA). There are, however, capital costs associated with conversion of the office accommodation into suitable clinical accommodation and extension of the current A&E area. The Trust has ring-fenced capital within the Capital Programme for this development but there is a risk that this will be insufficient and will need to be dealt with as part of the full business case.

6. Benefits to Service Delivery at SaTH

It is anticipated that the re-location of the Walk-in Centre will have the following benefits:

- Improved patient flow through the hospital – reduce internal waits;
- "Right Patient, Right Place";
- Improved performance against patients' safety targets;
- Improved performance against the ED Quality Indicators;
- Reduction in the number of ED breaches;
- Improved patient clinical outcomes;
- Increased patient satisfaction.

Key Performance Indicators will be developed and measured monthly. This development will also enable some of the current ED activity to be diverted to the Walk-in Centre and reduce the current demand on the department although it should be noted that experience elsewhere in the country has shown that new services tend to develop their own demand.

7. Process to Approve the Proposal

7.1 A paper was presented to the Shropshire Health and Adult Social Care Scrutiny Committee on 14th July 2014 by Shropshire CCG seeking support for the plans to re-locate the Walk-In component of the Malling Health service to ED at RSH.

Approval in principle was given that there was no need for a formal 12 week consultation period but that engagement with the public needed to commence. Pending the outcome of this engagement exercise the proposal may be amended.

The Executive Team support the development of the Urgent Care Centre at RSH as this is a key strategic objective for this year. The full business case is expected to be received towards the end of August. The planned start date is December 2014 pending approval from Shropshire CCG Board in September.

The full business case will be considered at a future Trust Board meeting.

8. Action Required

The Board is requested to NOTE the progress of the proposal for the re-location of the Shrewsbury Walk-in Service (Monkmoor) to the Emergency Department at the Royal Shrewsbury Hospital as the first phase of the development of an Urgent Care Centre.

Debbie Kadum
Chief Operating Officer
July 2014