

<b>Reporting to:</b>	<b>Trust Board, 31 July 2014</b>
<b>Title</b>	Relocation of Shrewsbury Walk-In Centre to RSH, and Urgent Care Centre Proposal Update
<b>Sponsoring Director</b>	Debbie Kadum, Chief Operating Officer
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<b>Previously considered by</b>	
<b>Executive Summary</b>	<p>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.</p> <p>It has also been agreed as a strategic objective for the Trust in 2014/15.</p> <p>An opportunity has arisen to co-locate the Walk-In service from Monkmoor, Shrewsbury, to the Emergency Department at the Royal Shrewsbury Hospital (RSH) site. This would be the first phase in establishing an Urgent Care Centre at RSH.</p> <p>This proposal by Shropshire Clinical Commissioning Group (CCG) has received agreement in principle from Shropshire's Health and Adult Social Care Scrutiny Committee that a formal 12 week consultation period is not required. Engagement with the public on this development has commenced led by the CCG. Pending the outcome of this engagement exercise the proposal may change.</p> <p>This paper summarises the key elements of the proposal and is brought to the Board for information as this proposal is now in the public domain.</p> <p>The full business case for this development will be brought to a future Board meeting.</p>
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input type="checkbox"/> 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	<input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services
3. People and Innovation	<input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	<b>Recommendation</b> <b>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.</b>

**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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We Value **Respect**  
Together We **Achieve**

## **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 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”.*

- 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 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 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 14<sup>th</sup> 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*