Wolverhampton City
Clinical Commissioning Group

South East Staffordshire & Seisdon Peninsula
Clinical Commissioning Group

Development of a Joint Urgent Care Strategy for Wolverhampton City

The Future Vision for Urgent & Emergency Care for patients using services in Wolverhampton and the Development of Strategic Options

"Improving & Simplifying Arrangements for Urgent & Emergency Care"

Please help us to shape the future

March 2013

Document Control

Purpose of this document
The purpose of this document is to provide key information on the options for the future Urgent Care System in Wolverhampton. This will enable our stakeholders requirements to be more clearly understood and included in the final Urgent Care Strategy Document expected in May 2013.

Version History

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Sign Off

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1. Introduction

This paper has been developed to provide an understanding of the current thinking for the future urgent and emergency care system. We would welcome input into the 7 strategic options that have been developed to result in the high level system changes needed to support a new urgent care system.

- The final Urgent and Emergency Care Strategy will describe the arrangements for the future urgent care system in Wolverhampton.
- The short to medium term solutions are being developed alongside the strategy and are currently being implemented.
- The final strategy will sit side by side the planned care, intermediate care and long term conditions strategies to ensure that the patient journey is as seamless as possible.
- This is by no way the final strategy document.

We understand that some of the options contained below may come with initial concerns however we do ask that you consider the ***constraints*** within the current Urgent Care System.

A joint programme board has been developed to take this work forward and the project team would like to engage with our local partners and patients at an early stage to shape the strategy.

"Please help us to shape the future"

This is important work to ensure that we develop an affordable and sustainable urgent care system for all of our patients.

2. Background

Wolverhampton City Clinical Commissioning Group (WCCCG), South East Staffordshire & Seisdon Peninsula Clinical Commissioning Group (SES&SPCCG) and The Royal Wolverhampton NHS Trust (RWT) have joined together to develop a Joint Urgent & Emergency Care Strategy that will also include patients who live outside of Wolverhampton but who access urgent healthcare services within the city.

Increased activity, increased costs, a need to provide services within available resources, together with an uncoordinated approach to Urgent Care has resulted in a need to develop a new strategy for Urgent and Emergency Care.

We must do things differently

3. The National Vision for Urgent and Emergency Care

The Department of Health's vision for urgent and emergency care is of universal, continuous access to high quality urgent and emergency care services. In practice, this will mean that whatever our urgent or emergency care need, whatever our location, we get the best care from the best person, in the best place and at the best time (DoH, 2012).

The Department of Health in England has issued a definition for urgent care:

'Urgent care is the range of responses that health and care services provide to people who require–or who perceive the need for–urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need'. *Source: RCGP, Urgent and Emergency Care Clinical Audit Toolkit 30/03/11.*

This 24/7 vision of a coherent Urgent Care Service should have the following key aims:

- **Greater consistency** - Consistent, high quality integrated care led by Clinical Commissioning Groups delivering the best outcomes and experience 24/7, with no noticeable differences during or out of normal office hours.
- **Improved quality and safety** - Services which are clearly focused on meeting the clinical needs of the patient, with less variation across the country and ingrained in a culture of continuous improvement.
- **Improved patient experience** - A simply designed and rationalised system supported by easy telephone and web access, with a greater focus on patient feedback.
- **Greater integration** - Services working together to provide a seamless service, irrespective of the provider organisations which operate them.
- **Better value** - Reducing inappropriate use of NHS services, to deliver better value for the taxpayer. (RCGP, Aug 2011).

4. What is Urgent and Emergency Care?

There is often confusion about the terminology used by providers, commissioners and users of urgent and emergency care. Terms such as unscheduled care, unplanned care, emergency care and urgent care are used interchangeably. The Department of Health's guidance on telephone access to out of hours sought to clarify commonly used terms:

- **Emergency Care =** immediate response to time critical healthcare need.
- **Unscheduled Care** = services that are available for the public to access without prior arrangement where there is an urgent actual or perceived need for intervention by a health or social care professional.
- **Urgent Care** = a response before the next in–hours or routine (primary care) service is available.

5. What is in 'Scope'?

The scope of Urgent and Emergency care is broad and in Wolverhampton includes:

- General Practice (GP) Practices
- Walk in Centres (WiC)
- West Midlands Ambulance Service (WMAS)
- Pharmacists
- Urgent Social Care
- Urgent Mental Health
- Urgent Community Nursing Teams
- NHS Direct
- The New 111 Number
- Wolverhampton Urgent Care Telephone Access Service (WUCTAS)
- Out of Hours Service
- Care Homes (Residential & Nursing)
- Emergency Department (ED)
- Emergency Admissions including:
    - PAU (Paediatric Assessment Unit)
    - AMU (Acute Medical Unit)
    - SAU (Surgical Assessment Unit)

6. Why Is Change Needed?

The existing system has improved and changed over recent years with investment in walk in centres, enhancements to general practice, a new out of hours GP service, changes to the Emergency Department amongst a whole host of other improvements.

It is no secret that funding is a challenge in the public sector and will continue to be so over the next few years. To ensure that services are sustainable, Clinical Commissioning Groups must ensure that savings are made and that a continuous cycle of improvement is undertaken to improve quality for patients.

There are a number of other significant reasons why it is imperative that we develop a future Urgent & Emergency Care system that is sustainable:

- Quality measures are difficult to achieve (inc. waiting times, time in ED, ambulance turnaround);
- Confusion and duplication across the system (too many access points);
- Too many people getting the right care , but not necessarily in the right part of the system;
- Patients health seeking between services (using several services in one episode);
- GP access is variable;
- Services are stretched due to increased activity;
- Increasing costs in the system - funding is a challenge, there is no new money;
- An uncoordinated approach to Urgent Care (Urgent Care is a system);
- Walk in Centres offer an additional layer to the system (GPs offer the same & more than WiC);
- The current activity and finances cannot be sustained in the future – we must do things differently.

Over the years there have been many criticisms and frustrations from local people and healthcare professionals when it comes to having a more responsive urgent care service. In particular it seems clear that if presented with a responsive, reliable and accessible primary and community services then our patients would rather use these for many of their needs instead of going to the Emergency Department.

7. What Do Our Patients Say?

The Joint Urgent & Emergency Care Strategy Board has commissioned a patient engagement project to specifically look at what, how and why our patients access the urgent care services as they do. The findings from this project will feed into the final Urgent Care Strategy but the key findings are noted below:

- Participants displayed uncertainty as to when they should be accessing the different parts of the urgent care system;
- The majority of respondents reported that the following factors would influence their decision on which service to access when they had an urgent need:
    - The ability to book a GP appointment
    - The severity of their condition
    - Time of day (If the surgery closed/Out of Hours)
    - Consideration of busy periods/time of year
    - Waiting times
    - Limited availability of appointments/access (GPs).
    - Panic and anxiety influence the use of ED

Patients report that they are familiar with their GP and the service that their practice provides. They were confident that they would get the answers and treatment that they need quickly.

There is a full report available explaining the outcomes of the patient interviews and focus groups however the overall findings of the report include:

- Urgent Care is confusing for patients and professionals (our patients say that they are unsure where to go for an urgent care need quickly and services are hard to navigate);
- Too many access points (our patients say that they are not always sure which service to go to for different needs – there are additional layers in the system);
- GP appointments are not always available when patients have an urgent need (our patients say that they are using the walk in centres and ED because they cannot get an appointment at their own GP);
- There is significant variability in patient experience;
- Patients want to see their own GP but cannot always get an appointment when it is urgent;
- Patients want to know where to go and what for when they have an urgent need (we need to communicate with patients better);
- There is a recognition that services have to be sustainable;

- There is a strong appetite for patients to be involved in the commissioning of services;
- Access to urgent care should be fast especially for vulnerable e.g. elderly, young people;
- Accessible services such as Walk in Centres receive differing views/criticism e.g. Positives: easy access, superb, positive treatment vs. Negatives: just end up in ED anyway, poor response times.

Urgent Care begins in Primary Care with access to general practice key in supporting our patient's urgent care needs.

- Our patients say that choice and the consistent delivery of high quality services are essential;
- Self-management has a substantial part to play in healthcare.

8. WCCCG, SES&SP CCG and RWT Strategic Priorities

Wolverhampton City Clinical Commissioning Group and The Royal Wolverhampton NHS Trust have both identified Urgent Care as a key priority. In addition, South East Staffordshire & Seisdon Peninsula Clinical Commissioning Group have developed priorities relating to Urgent Care. These priorities are noted below and will form the basis of the Urgent Care Strategy:

- **WCCCG – Urgent Care**
  - Improve and simplify arrangements for Urgent Care;
  - Implement a sustainable model for Urgent Care across the city;
  - Optimising technology;
  - Maximising engagement;
  - Commissioning for quality.

- **SES&SP CCG – Urgent Care**
  - Reducing avoidable emergency hospital admissions and readmissions;
  - Reducing the reliance on nursing and residential care direct from acute care;
  - Improving end of life care so peoples choices are supported;
  - Reducing excess bed days in hospital and delays transfers of care;
  - Supporting Care Homes education and competency to prevent avoidable admissions;
  - Reduction in avoidable WMAS conveyance to secondary care;

- Overarching priority; Improving Quality of care across the health economy.

- **RWT – Urgent Care**
  - Promoting self-care; Treatment in the right place (ambulance arrivals at ED will be assessed within 15 minutes and doctors will aim to see patients within an hour); Working with GPs; Reducing paediatric ED and PAU attends – with closer to home alternatives.
  - Care of the Elderly: with a focus on Falls; Pressure Ulcers; Nutrition; Infections.
  - End of Life Care: Choosing where to die; Improving Access; Supporting families and carers.

9. High Level Strategy for Urgent Care in Wolverhampton

The Urgent and Emergency Care Strategy Board includes healthcare professionals from across Wolverhampton and Seisdon including senior clinicians and managers including medical directors, GPs, clinical leads, directors & senior managers from the clinical commissioning groups, hospital, local authority, community teams and ambulance service.

The Joint Urgent Care Strategy Board have used the Department of Health's vision for Urgent and Emergency Care, to develop a local vision for Urgent and Emergency Care for the future of Urgent and Emergency Care in Wolverhampton:

"Our vision is for an improved, simplified and sustainable 24/7 urgent and emergency care system that supports the right care in the right place at the right time for all of our population. Our patients will receive high quality & seamless care from easily accessible, appropriate, integrated and responsive services.

Self-care will be promoted at all access points across the local health economies and patients will be guided to the right place for their care and their views will be integral to the culture of continuous improvement."

The Urgent and Emergency Care Strategy for 2013-2016 aims to:

* **Ensure improved and simplified arrangements for Urgent & Emergency care -** A simply designed and rationalised system supported by easy telephone and web access
* **Ensuring strong patient-centred leadership in all access points of the urgent care system** - Senior clinical decision makers will be a fundamental part of the system and decisions will be made early & regularly in a patients care pathway. A named clinician will be responsible for the care of each patient in hospital to ensure patients are adequately protected and multi-disciplinary meetings with consultant medical input will be held twice daily for emergency admissions;
* **Provide better value for money and sustainability** - Reducing inappropriate use of NHS services, to deliver better value for the taxpayer, for local organisations and to provide a financially sustainable system for the future;
* **Provide greater consistency and openness, transparency and candour** - Consistently high quality, integrated care led by Clinical Commissioning Groups delivering the best outcomes and experience 24/7, with no noticeable differences out of normal office hours. NHS Quality standards, defined by what patients and public expect and what healthcare professionals believe can be delivered, will be implemented and reported in an open and honest system;
* **Ensure improved quality, safety and standards** - Deliver up-to-date, high quality services which are clearly focused on meeting the clinical needs of the patient and putting the patient's needs first, with less variation across the city and ingrained in a culture of continuous improvement. NHS standards will be applied;
* **Ensure improved patient experience** - ensuring a greater focus on the patient journey, compassionate caring and continuous improvement in response to patient & carer feedback;
* **Provide greater integration & information** - Services working together to provide a seamless service, irrespective of the provider organisations which operate them. Sharing of information and regular reporting of the outcomes of the patient pathway will be ingrained in the system using the latest IT facilities where possible;
* **No blame culture** - The strategy will support a 'No Blame Culture' with clinicians, managers and services working together to improve the services offered to patients. A culture of openness and insight will be developed and action taken where honest concerns about the standards or safety of services are made.

To enable us to deliver such an ambitious vision, a series of options have been developed.

10. Options Development

Working together, WCCCG, SES&SP CCG and RWT have identified a number of strategic options that they would welcome your input on.

It is clear that the system needs to change to ensure that Urgent Care will be sustainable in years to come, that the confusion & duplication is eliminated and that our patients receive high quality care whilst the system is affordable.

To enable this, the Urgent & Emergency Care Strategy Board together with a separate Programme Board for the development of a new Emergency Department at RWT, have developed a range of options which are noted below:

Proposed Options (March 2013)

Option	Description
Option 1 – No Change	• Do nothing – the current system remains
Option 2 – ED Only	• Do Minimum – ED only – the current system remains but a new emergency portal is created with a new 24/7 PC Alongside/Integrated ED, OOH redesign
Option 3 – Improve Primary Care	• Improved Primary Care – reduce the number of attendances at ED by increasing walk in centre capacity and improving GP access, OOH redesign
Option 4 – Primary Care System Change	• Primary Care System Change – Increase walk in centre capacity & improve GP access, a new 24/7 PC Alongside/Integrated with ED to capture 'walk in' activity, OOH redesign
Option 5 – Remove/move Phoenix	• Remove / move - one walk-in centre (Phoenix Centre), new ED portal, new 24/7 PC alongside/integrated ED, improved GP access, OOH service redesign
Option 6 – Remove/Move Showell	• Remove/move - one walk in centre (Showell Park), new ED portal, new 24/7 PC alongside/integrated ED, improved GP access, OOH service redesign
Option 7 – Total System Change	• Total system redesign - remove two walk-in centres (both Showell Park & Phoenix), new ED portal, new PC alongside/integrated ED, improved GP access, OOH service redesign

- **Option 1- Do Nothing**

  This would involve no change to the existing system, services and staffing across Wolverhampton.

  - The Walk In Centres at the Phoenix Centre and Showell Park would remain and provide the current level of service.
  - GP practices, social service and mental health urgent responses would stay the same.

  NB Funding would be unsustainable

  Benefits
  - No change for the City of Wolverhampton or Seisdon.

  Risks/Issues
  - Confusion for patients will remain;
  - Existing financial budgets with increasing activity will result in the system being unsustainable;
  - Activity including attendances and emergency admissions will continue to rise resulting in a lack of capacity across the system (this includes any changes to the wider system resulting in additional activity at RWT);
  - Clinical quality and safety will be affected as a result of capacity and demand not matching;
  - GP access would not be improved;
  - Quality indicators including ‘time to see a clinician’, ambulance response times, 4 hour waits in ED will increase resulting in poor quality of care;
  - Disruption to delivery of clinical services in the short to medium term due to lack of capacity;
  - No opportunity to streamline the workforce to ensure sufficient staffing to support the growing activity/demand;
  - The physical and environmental issues facing the current Emergency Department would remain;
  - The impact of any future changes at Mid-Staffordshire Hospital A&E department (changes to service provision) could increase the demand on services at RWT;
  - Colocation with the Acute Medical Unit and Medical Beds would not be achieved resulting in long and difficult travel distances for patients and staff;
  - No or limited opportunity to improve the patient and staff experience;

- No or limited opportunity to expand diagnostics within the ED department and community setting;
- Financial penalties possible through non-achievement of targets.

- **Option 2 - Do Minimum – ED only**

The current system remains but a new emergency portal is created with a new 24/7 PC Alongside/Integrated ED, OOH redesign.

- NEW 24/7 GP service in the NEW Emergency Department (for patients who urgently need to see a doctor or nurse)
- A redesigned out of hours service
- Better communication across the system
- Wider system will remain the same

NB Savings from ED activity would be required to fund to the Primary Care Alongside/Integrated with ED. Additional costs in the system for the PC alongside ED which could make the service unsustainable.

Benefits

- A new ED including a new primary care centre alongside ED;
- Increased staff at ED/Primary Care centre;
  - Quality indicators including 'time to see a clinician', ambulance response times, 4 hour waits in ED will improve;
- Opportunity to improve the patient and staff experience;
- The new emergency portal will support the patients who really need urgent care;
- The new primary care alongside ED would support patients who arrive at ED and need to be seen quickly by a doctor or nurse;
- The out of hours service will be redesigned to support the new urgent and emergency care system and could include a GP in a car to undertake home visits.

Risks/Issues

- Confusion for patients will remain – PC would be an additional layer in the system;
- Without changing the rest of the system the new service would not support the wider urgent and emergency care's growth in demand making the system unsustainable both in activity and finance;
- Possibility of recruitment issues for the new primary care centre;

- A new building might attract additional activity which is unaffordable and unsustainable;
- Activity including attendances and emergency admissions will continue to rise resulting in a lack of capacity across the system (this includes any changes to the wider system resulting in additional activity at RWT);
- Clinical quality and safety will be affected as a result of capacity and demand not matching;
- GP access would not be improved;
- Activity including attendances and emergency admissions will continue to rise;
- Without changing the rest of the system, financial penalties are possible through non-achievement of targets.
- Clinicians, managers and patients will need to work together to manage the process;
- Sufficient clinical leadership will be vital.

- **Option 3 - Increase Primary Care**

Reduce the number of attendances at ED by increasing walk in centre capacity and improve GP access, OOH redesign.

- Improved GP access (more appointments, walk in or telephone support in urgent situations)
- Increased walk in centre opening times and capacity
- A redesigned out of hours service
- Better communication across the system
- ED contract value would reduce.

NB Funding would be achieved through ED contract reduction for Wolverhampton / Seisdon activity.

Benefits

- Patients will get to see a GP in their own practice;
- Walk in centre opening times would be extended;
- Costs & activity at ED would reduce;
- OOH services would be redesigned to support the primary care system
- Turnaround times at ED would be supported;
- ED targets would improve due to reduced activity.

Risks/Issues

- Confusion for patients will remain;
- Financially the ED will still require sufficient funding (activity) to be sustainable;
- Patients will continue to use several services during one episode of care resulting in the existing duplication of activity (patients using Walk in centres then ED);
- There will be limited investment in ED in the future due to activity and therefore contract value reducing;
- Activity including attendances and emergency admissions will continue to rise resulting in a lack of capacity across the system (this includes any changes to the wider system resulting in additional activity at RWT);
- Disruption to delivery of clinical services in the short to medium term due to lack of capacity at RWT;
- The physical and environmental issues facing the current Emergency Department would remain;
- The impact of any future changes at Mid-Staffordshire Hospital A&E department (changes to service provision) could increase the demand on services at RWT;
- Colocation with the Acute Medical Unit and Medical Beds would not be achieved resulting in long and difficult travel distances for patients and staff;
- No or limited opportunity to improve the patient and staff experience at RWT;
- No or limited opportunity to expand diagnostics within the ED department and community setting;
- Clinicians, managers and patients will need to work together to manage the process;
- Sufficient clinical leadership will be vital.

- **Option 4 - Primary Care System Change**

  Improved GP access, increased walk in centre capacity, a new 24/7 PC Alongside/Integrated with ED to capture 'walk in' activity (additional Walk in Centre), OOH redesign.

  - Include improved GP access (more appointments, walk in or telephone support in urgent situations);
  - New 24/7 GP service in the new Emergency Department (for patients who urgently need to see a doctor or nurse) – this would be a new walk in centre;
  - Extended Walk in Centre opening times and capacity;
  - A redesigned out of hours service;
  - Better communication across the system.

NB This option would require **additional funding**. Savings from ED activity would be required to fund to the Primary Care Alongside/Integrated with ED

Benefits

- Increased capacity across the system;
- Improved access for patients to services;
- Quality indicators including 'time to see a clinician', ambulance response times, 4 hour waits in ED will improve;
- Improved quality of care;
- Opportunity to improve the patient and staff experience;
- Patient waiting times will improve;
- No financial penalties possible through non-achievement of targets;
- The new emergency portal will support the patients who really need urgent care;
- Waiting times will be reduced especially at ED;
- The new primary care alongside ED would support patients who arrive at ED and need to be seen quickly by a doctor or nurse;
- The out of hours service will be redesigned to support the new urgent and emergency care system and will include a GP in a car to undertake home visits;

Risks/Issues

- **Unaffordable due to the additional funding required to support the service at ED without the redesign of other services;**
- Increased capacity will increase demand;
- Reducing financial budgets will result in the system being unsustainable;
- Activity including emergency admissions will continue to rise;
- Clinical quality and safety will be affected due to limited budgets;
- Confusion for patients will remain;
- Financially the ED will still require sufficient funding (activity) to be sustainable;
- Patients will continue to use several services during one episode of care resulting in the existing duplication of activity (patients using Walk in centres then ED);
- Clinicians, managers and patients will need to work together to manage the process;
- Patients and the public engagement will need to be significant;
- Sufficient clinical leadership will be vital.

- **Option 5 - Remove / move - one walk-in centre (service at the Phoenix Centre)**

  Remove / move - one walk-in centre (service at the Phoenix Centre), new ED portal, new 24/7 PC Alongside/Integrated ED, improved GP access, OOH service redesign.

  - The removal or moving of one walk in centre service at the Phoenix Centre
  - Improved GP access (more appointments, walk in or telephone support in urgent situations),
  - NEW 24/7 GP service in the new Emergency Department (for patients who urgently need to see a doctor or nurse) – this would be the moved current Nurse led walk in service or a newly commissioned walk in centre
  - A redesigned out of hours service
  - Better communication across the system;
  - New community services will be based out of the Phoenix Centre bringing care closer to home.

  NB Funding would be achieved through redesign/removal of the walk in centre service however additional funding would be required to support the inclusion of GP's in the PC service at ED.

  Benefits
  - Move or removal of an element of the extra layer in the urgent care system that confuses patients on where to go for their urgent care need;
  - Improved access to patients GP practice. Patient would be able to access their own GP practice rather than the service at the Phoenix Centre (this is what patients say they want);
  - Financial savings to reinvest in the remaining services to improve quality, responsiveness and efficiency;
  - Nurses from the Phoenix Centre walk in service could be re-deployed to support ED;
  - Activity for patients who use the WiC due to location only would disappear (reducing the existing activity levels);
  - Waiting times will be reduced especially at ED;
  - Further to the walk in centre moving out of the Phoenix Centre, there will be an ability to bring services out of the hospital closer to patients home;
  - The new emergency portal will support the patients who really need urgent care;
  - The new primary care alongside ED would support patients who arrive at ED and need to be seen quickly by a doctor or nurse;

- The out of hours service will be redesigned to support the new urgent and emergency care system and could include a GP in a car to undertake home visits;
- Ambulance turnaround at ED will be improved;
- Patient satisfaction could be improved;
- Rising activity will be managed in a different way ensuring the system is sustainable;
- The system will be improved and simplified.

Risks/Issues

- The service at the Phoenix Centre is a nurse led service and therefore additional funding would be required to recruit GPs should the service be moved to ED;
- The Phoenix Centre walk in centre supports a deprived part of the city of Wolverhampton and therefore if GP access doesn't improve rapidly enough, patients will end up at the new PC service at ED;
- Clinicians, managers and patients will need to work together to manage the process;
- Patients and the public engagement will need to be significant;
- Sufficient clinical leadership will be vital.

- **Option 6 - Remove/move - one walk in centre (at Showell Park)**

Remove / move - one walk-in centre (service at Showell Park), new ED portal, new 24/7 PC alongside/integrated ED, improved GP access, OOH service redesign.

- Includes the removal or moving of one walk in centre at Showell Park
- Improved GP access (more appointments, walk in or telephone support in urgent situations),
- NEW 24/7 GP service in the new Emergency Department (for patients who urgently need to see a doctor or nurse) – this would be the moved GP service from Showell Park walk in service or a newly commissioned walk in centre
- A redesigned out of hours service
- Better communication across the system
- New community services will be based out of Showell Park bringing care closer to home.

NB Funding would be achieved through redesign/removal of the walk in centre.

Benefits

- Move or removal of an element of the extra layer in the urgent care system that confuses patients on where to go for their urgent care need;
- GPs could be re-deployed to support the primary care service alongside ED without any additional cost;
- Financial savings to reinvest in the remaining services to improve quality, responsiveness and efficiency;
- Patients who use Showell Park also use ED (they cover the same area) therefore by moving or removing this service, the duplication would be removed;
- Activity for patients who use the WiC due to location only would disappear (reducing the existing activity levels);
- Patient would be able to access their own GP practice rather than Showell Park (this is what patients say they want);
- Waiting times will be reduced especially at ED;
- The new emergency portal will support the patients who really need urgent care;
- The new primary care alongside ED would support patients who arrive at ED and need to be seen quickly by a doctor or nurse;
- The out of hours service will be redesigned to support the new urgent and emergency care system and could include a GP in a car to undertake home visits;
- Ambulance turnaround at ED will be improved;
- Patient satisfaction will be improved;
- Rising activity will be managed in a different way ensuring the system is sustainable;
- The system will be improved and simplified.

Risks/Issues

- Showell Park walk in centre supports a deprived part of the city of Wolverhampton and therefore if GP access doesn't improve rapidly enough, patients will end up at the new PC service at ED;
- Clinicians, managers and patients will need to work together to manage the process;
- Patients and the public engagement will need to be significant;
- Sufficient clinical leadership will be vital.

- **Option 7 - Total system redesign**

  Remove two walk-in centres (both Showell Park & Phoenix), new ED portal, new PC alongside/integrated ED, improved GP access, OOH service redesign.

  - Includes the removal of both walk in centres (at the Phoenix Centre & Showell Park)
  - Improved GP access (more appointments, walk in or telephone support in urgent situations)
  - NEW 24/7 GP service in the new Emergency Department (for patients who urgently need to see a doctor or nurse) – this would be a new walk in centre
  - A redesigned out of hours service
  - Better communication across the system
  - The two walk in centres would be removed

  NB Funding would be achieved through redesign of the system to reinvest funds in the new services.

  Benefits

  - Removal of an element of the extra layer in the urgent care system that confuses patients on where to go for their urgent care need;
  - Financial savings to reinvest in the remaining services to improve quality, responsiveness and efficiency;
  - Duplication in the system will be removed;
  - Activity for patients who use the WiC due to location only would disappear (reducing the existing activity levels);
  - Patient would be able to access their own GP practice rather than walk in centres (this is what patients say they want). GP practice will be supported to implement changes for urgent needs including telephone support and walk in sessions;
  - The new emergency portal will support the patients who really need urgent care;
  - The new primary care alongside ED would support patients who arrive at ED and need to be seen quickly by a doctor or nurse (effectively a new walk in centre);
  - Quality indicators will improve especially at ED;
  - Ambulance turnaround at ED will be improved;
  - Patient satisfaction will be improved;
  - Rising activity will be managed in a different way ensuring the system is sustainable;
  - The system will be improved and simplified;

- Improved patient and staff experience.

Issues/Risks

- The Phoenix Centre & Showell Park walk in centres support deprived parts of the city of Wolverhampton and therefore if GP access doesn't improve rapidly enough, patients will end up at the new PC service at ED. However Showell Park and ED activity cover the same location therefore it would less impact on the Showell Park activity.
- Brave decisions will be needed;
- Walk in Centres will need to de-commissioned to reinvest funding;
- Clinicians, managers and patients will need to work together;
- Patients and the public engagement will need to be significant;
- Significant changes will be need to managed well;
- Clinical leadership will be vital.

11. We Need Your Views

The Urgent and Emergency Care Strategy Board would welcome your support in identifying the best option to take forward.

To help with the process of deciding upon the best option to take forward, the project team have developed a matrix that we would welcome you completing and returning to us.

- It has been developed using the agreed Strategic Aims and the options described earlier in this presentation;

- The results of the completed matrix will be collated together to result in a final model that all stakeholders have inputted in and will be included in the draft Urgent & Emergency Care Strategy.

NHS
Wolverhampton City
Clinical Commissioning Group

NHS
South East Staffordshire & Seisdon Peninsula
Clinical Commissioning Group

The Royal Wolverhampton NHS
NHS Trust

Strategic Aims Matrix

	Improved & Simplified	Strong patient centred leadership	Value for money/ sustainable	Greater Consistency, openness, transparency & Candour	Improved quality, safety & standards	Improved patient experience	Greater integration & information	No Blame culture
	Reduce access points, better access, reduced confusion and a simply designed & rationalised system	Strong leadership, Senior clinical decision makers a fundamental part of the system	Reduce inappropriate use of UC, better value & financial sustainability	Consistent high quality integrated care, 24/7 with no noticeable difference in and out of hours	Focus on the clinical needs of the patient with less variation & culture of continuous improvement	Greater focus on the patient journey and feedback	Services working together to provide a seamless service	Clinicians and managers working together to improve the services offered to patients
Option 1 No Change								
Option 2 ED Only								
Option 3 Increase Primary Care								
Option 4 Primary Care System Change								
Option 5 Remove/move Phoenix								
Option 6 Remove/Move Showell								
Option 7 Total System Change								

Thank you for helping us to shape the future.