



## Urgent Care and Walk-in Service Review

A summary of the pre consultation business case



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## 1. What is in this report?

This report is about our review of urgent care and walk-in services for Nuneaton & Bedworth Borough & North Warwickshire Borough, to improve urgent care services so that we can ensure that patients have the right urgent care, in the right place, first time, every time.

We are NHS Warwickshire North Clinical Commissioning Group and our role is to plan and pay for many NHS services in our area, including urgent care services and a walk-in service.

We believe there is a need to change, so that we can start to make local urgent care look like what patients and the public have told us they need, not what we have historically offered.

The document outlines the current urgent care services and the local challenges we face to commission urgent care that meets the needs of our population.

It also sets out our objectives for commissioning the future urgent and walk-in service to:

- deliver a better urgent care service of consistently high quality which improves outcomes for our patients
- ensure the urgent care workforce has the appropriate experience, skills, and access to equipment to best meet patients' needs
- reduce inappropriate demand on A&E services
- maximise effective and efficient use of a scarce clinical workforce
- ensure when patients need an urgent consultation and cannot access their usual service, it is easy to know how to get this.

It also explains what we have done so far to develop and test our plans for urgent care, in line with our legal duties and national guidelines.

We have done this in order to take stock of the proposals developed with patients and the public in 2013, in the light of the latest patient demand for urgent and emergency care.

This report presents our case for change and a recommendation that we launch a public consultation on the two options for the future delivery of walk-in services as part of our urgent care system.

We need urgent care services that the population understand and finds easy to access, which work together with good co-ordination and communication between services. We know people find the current range of urgent care services confusing.

We understand that when people have an urgent care need and they don't feel community pharmacy can help, cannot access their own GP for a same-day appointment, or are dissatisfied with access to their own GP, they are more likely to go to A&E. We also understand that turning people away from A&E and referring them to alternative services is not an option. Therefore we need to provide an appropriate response that meets patients' needs, using the right workforce to respond to their needs at the place they go for treatment.

We also want to ensure we use every pound of taxpayer's money to best effect.

At the end of this report we set out a recommendation for change to improve local services for those living in our area, and a recommendation to consult with the public on two options.

## **2. The purpose of the business case**

Any change to services must be based on evidence of the need for that change. The purpose of the pre consultation business case is to set out the rationale and evidence for change. The business case also sets out the national context, local imperatives and priorities for urgent care.

The document outlines all that we have considered in exploring a case for change and recommends a way forward.

In it we set out how we have taken stock of our 2013 proposal to implement a single site urgent care centre on the same site as the A&E unit at the George Eliot Hospital, Nuneaton. We also outline the way we objectively scrutinised the options and then shortlisted a range of potential scenarios to commission a walk-in service.

Furthermore, we show you how we undertook public, stakeholder and member engagement to test our plans.

This document sets out the shortlisted options which we are recommending for public consultation.

## **3. The background**

Ensuring people have quick and reliable access to safe, high quality care when they need it urgently is one of the most important tasks of the NHS.

People with urgent or emergency care needs may need to access immediate information and advice provided by a local pharmacy, the NHS 111 helpline, a same day appointment at their GP practice, or GP-led walk-in service, or, if their condition is more serious, they may need to be seen at A&E and, in the most serious cases, be admitted to hospital.

Over the past few years there has been a relentless increase in demand for urgent care services, locally and nationally. The *Patient Audit and Pathway report*

(completed at George Eliot Hospital in 2012) demonstrated that up to 40% of the patients attending the local A&E department at George Eliot Hospital could have been treated elsewhere.

During 2013 we engaged with the public and stakeholders to explore and understand their views formed by day-to-day experiences in urgent and emergency care. This told us that a number of key improvements were needed. We used these insights to develop our *Vision for Quality: A framework for action*, which outlined where we might go and what we would need to do to achieve improvements. One of its key proposals was to simplify urgent care by commissioning a single-site Urgent Care Centre located with A&E at the George Eliot Hospital.

Since then we have seen increased demand on A&E particularly over winter. From October 2014 we implemented one of the other proposals in our Vision for Quality a GP-led service for patients attending A&E at George Eliot Hospital who need urgent primary care. This helped in some degree to meet the challenges of increased demand over the winter of 2014/15.

We also have a walk-in service as part of a GP-led Health Centre in Ramsden Avenue, Camp Hill, Nuneaton. The contract to operate this centre has undergone recent changes. In early 2015 NHS England awarded the core contract to a new GP practice, but the walk-in service was not included in these arrangements. The CCG has continued the walk-in service under an interim agreement with the new provider, while we complete a review of urgent and walk-in services for our area.

#### 4. The national picture

Although there has never been as many services available for people to access, over the last few years there has been a growing and relentless demand for urgent and emergency care. We are seeing changes in the way some people want to access services, and we know that some people are not aware of all the services they might choose. We have also seen a change in clinical need within the general population. People are living longer with one or more diseases or long-term conditions, leading to more demand and dependency on health and social care services. Winters have seen more people using A&E, with many units struggling to cope. A&E units are also the most expensive way of treating people who need urgent care, but do not require emergency care.

The national *Urgent and Emergency Care Review* by Professor Sir Bruce Keogh in 2013 stressed the need for a fundamental change in urgent care. It outlined a national framework to build a safe, more efficient system, available 24 hours a day, seven days a week, with the right care in the right place, delivered by those with the right skills, the first time. It must also be efficient and simple for people and clinicians to use.

The College of Emergency Medicine has highlighted how locating urgent care centres and primary care services within emergency departments, as in some parts of the country, can divert 15% to 30% of existing A&E attendances.

## 5. The local picture

Our area has a growing and ageing population, many with multiple health conditions, so our urgent care service needs to adapt to meet their needs as well as the healthcare needs of the population as a whole.

In North Warwickshire the population aged over 65 is expected to grow by 60% by 2030. In Nuneaton and Bedworth the growth is projected at 43% over the same period.

In Nuneaton and Bedworth there is a growing population of young families with children under five, who may frequently need A&E and urgent care services. Many young families face deprivation and poverty. Child development during the early years lays the foundation for later health and development, so children must be given the best possible start in life.

There is a difference of 11 years life expectancy for men and seven years life expectancy for women between the most affluent and deprived areas.

Added to this, our population is spread across a large and diverse area covering rural villages as well as towns, served by too few GPs and walk-in and urgent care services

- Walk-in Service at Camp Hill – c 6,200 walk-in patients, April 2014 - March 2015
- George Eliot Hospital urgent care – growing numbers with 926 in the month of March 2015
- George Eliot Hospital A&E attendances from the boroughs of North Warwickshire, Nuneaton and Bedworth rising – 45,649 in 2013, 47,233 in 2014.

## 6. What people have told us

During 2013 we carried out patient and public engagement to understand what local people wanted from urgent and emergency services. People highlighted a number of issues with urgent care services:

- the need for appropriate access to services
- longer opening hours for services
- they preferred face-to-face consultations
- they were not aware of, or not confident with, telephone advice
- they did not know some services were available or which service to choose.

Public feedback has constantly told us that patients find the current system of urgent care services confusing and difficult to navigate.

## 7. The current local urgent care system

**7.1 GP practices** are responsible for the needs of their registered patients, including urgent care needs between 8:00am to 6:30pm, Monday to Friday (excluding bank holidays). There is however no set requirement regarding opening hours. We have 28 GP practices in our area. 18 practices choose to offer extended opening hours meaning that 65% of our area's population have access to extended hours but 35% do not.

**7.2 NHS 111** is the free NHS non-emergency helpline service available 24 hours a day, 365 days a year. It is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They assess callers' symptoms, then either provide healthcare advice over the phone or direct the caller to a local service which best suits their needs. That could be A&E, an out-of-hours doctor, an urgent care centre, a community nurse, an emergency dentist or a pharmacist.

**7.3 The out-of-hours primary care service** operates from 6.30pm to 8am Monday to Friday, with a 24-hour service at weekends and Bank Holidays. For the Warwickshire North CCG area, the service operates from a base near the outpatient department at the front of George Eliot Hospital. Patients have to call NHS 111 if they need to see a doctor or nurse urgently between 6.30pm and 8am, Monday to Friday, or any time on a Saturday, Sunday or Bank Holiday, and cannot wait until their GP opens.

**7.4 The GP-led Urgent Care Service at the George Eliot Hospital** operates from 10am to 6.30pm seven days a week. It is for patients attending A&E who can best be assessed and or treated by a GP. It opened in October 2014 and data indicates increasing numbers of patients are treated there, with none referred back to A&E.

**7.5 The walk-in service at Camp Hill**, which operates from 8am to 8pm, seven days a week. This is a GP-led service.

## 8. The challenges we face in tackling urgent care

As a clinical commissioning group, which plans and pays for many local healthcare services, we face a number of challenges, including:

- the changing demand for urgent and emergency care
- the lack of awareness and/or public confidence in alternatives to A&E, such as telephone advice
- a growing population
- an ageing population - people living longer with one or more long-term conditions
- workforce challenges to adequately respond to 24/7 requirements

- the variability in patients' experience of primary care, in and out of hours
- achieving the maximum four-hour wait to be seen at A&E
- underuse of walk-in care services as alternatives to A&E
- up to 49% of A&E attendances of a primary care nature which could be treated by a GP or the out-of-hours service
- some services are difficult to deliver in community centres.

## 9. What we have done so far and what this has told us

**9.1 We confirmed our aim** to take forward urgent care transformation in our operational plan submitted to NHS England (NHSE) on 14 May 2015. This document represented a revision of our two-year business plan.

**9.2 We established a project team** to co-ordinate the urgent care work. Meetings were held regularly to oversee and report progress on the urgent care walk-in service project plan.

**9.3 The urgent care transformation programme**, which includes the review of the walk-in service, was included in Warwickshire North CCG's assurance framework and risk register and we provided regular updates to our Governing Body.

**9.4 Regular meetings have been held** with the Patient Participation Group at Camp Hill, with NHS England and the new GP service provider, to secure service continuity pending the outcome of the CCG's review of urgent care.

**9.5 We have engaged with clinicians and our GP members**, the CCG Executive Group reviewed the data and other information including the feedback from the original patient engagement in 2013. The outcome of this review was an initial set of critical success factors for a future service, and an initial long list of scenarios.

We also had regular two-way dialogue with our wider CCG membership and primary care workforce.

**9.5 A Stakeholder Group** was convened on 15 June 2015 with a further meeting on the 24 June, including stakeholder and patient representatives, commissioners, clinicians – both GP and nursing. The aim was to review, confirm and challenge the critical success factors for urgent care based on emerging data and existing public engagement, to consider a long list of scenarios (see table below) and score them against the agreed list of critical success factors.

The outcome of the Stakeholder Group was a refined set of critical success factors to be applied to the scenarios, plus a recommended shortlist of the available scenarios.

## 10. Long list of possible scenarios for urgent / walk-in services

Scenario	Description	Location	Staffing	Opening Times
<b>One</b>	To retain the current walk-in provision, location, staffing and opening hours.  This scenario would offer the least amount of disruption to current service users.	Camp Hill	GP Led	Current 8am – 8pm 7 days a week
<b>Two</b>	To retain the current walk-in provision, location and staffing but reduce the opening hours of the service.	Camp Hill	GP Led	Reduced Opening Times 7 days a week
<b>Three</b>	To retain the current walk-in provision, location and opening hours, but change the staffing to Advanced Nurse Practitioner (including non-medical prescribing).  This scenario offers sustained access to the service but could impact on the case-mix to be appropriately managed within the service.	Camp Hill	Nurse Led	Current 8am – 8pm 7 days a week
<b>Four</b>	To retain the current walk-in provision and location but change the staffing to Advanced Nurse Practitioner (including non-medical prescribing) and offer reduced opening hours.	Camp Hill	Nurse Led	Reduced Opening times 11am – 7pm 7 days a week
<b>Five</b>	To relocate the walk-in provision and redirect current activity to GP led service co located at GEH.  This scenario would result in patients being streamed to the most appropriate service on presentation rather than having to navigate their own way through the system.	GEH Urgent Care Pathway adjacent to A&E	GP Led	24/7
<b>Six</b>	A GP led walk in service to be provided at another primary care location within Warwickshire North CCG area.	Another Location	GP Led	To be determined

Scenario	Description	Location	Staffing	Opening Times
	This scenario could potentially increase access for residents in the agreed Warwickshire North CCG area whilst restricting it for other areas.			
<b>Seven</b>	<p>This scenario is for an Advanced Nurse Practitioner (including non-medical prescribing) led walk-in service to be provided at another location to be confirmed within the Warwickshire North CCG area</p> <p>This scenario could potentially increase access for residents in the agreed Warwickshire North CCG area whilst restricting it for other areas.</p>	Another Location	Nurse Led	To be determined

Under all scenarios the GP primary care service contracted by NHSE, would continue to be provided to registered patients at the Camphill Health Centre.

## 11. Appraising the options

The purpose of the options appraisal was to provide a clear system for considering the advantages and disadvantages of the different scenarios.

### 11.1 Non-financial appraisal

'Critical success factors' for the service were developed from existing feedback from patient and public engagement, considered by the Executive Group and then tested, refined and weighted by the Stakeholder Group. The critical success factors were used as the criteria for scoring the appraisal and the weighting for each factor was negotiated by the Stakeholder Group to reflect its level of importance – again based on feedback from previous engagement on urgent care and issues that commissioners and clinicians told us were important in considering future urgent care services.

This process formed the non-financial options appraisal. The final critical success factors and the weightings agreed by the group are shown below:

No	Weighting	Criteria
1	15	Conditions appropriately managed in an urgent care setting or appropriately redirected
2	15	I will get the right professional with the right skills and competencies to manage my diagnosis / condition (supports sustainable urgent care workforce)
3	15	Relieve pressure on A&E to facilitate best quality experience for our patients
4	10	Improve access by simplifying and making it clearer where to go for urgent care (supports the single point of entry into seamless care)
5	13	Ability to organise / refer patients for diagnostics or deliver on site
6	12	Accessible parking / public transport / direct bus route
7	10	Promote continuity of care with patients own GP
8	5	Promote accessibility for the most vulnerable groups of our population
9	5	Remove duplication of urgent care services

The table below shows the results of the non-financial appraisal:

Scenario	Description	Score
<b>One</b>	To retain the current walk-in provision, location, staffing and opening hours.  This scenario would offer the least amount of disruption to current service users.	<b>4166</b>
<b>Two</b>	To retain the current walk-in provision, location and staffing but reduce the opening hours of the service.	3997
<b>Three</b>	To retain the current walk-in provision, location and opening hours, but change the staffing to Advanced Nurse Practitioner (including non-medical prescribing).  This scenario offers sustained access to the service but could impact on the case-mix to be appropriately managed within the service.	3507

Scenario	Description	Score
<b>Four</b>	To retain the current walk-in provision and location but change the staffing to Advanced Nurse Practitioner (including non-medical prescribing) and offer reduced opening hours.	3403
<b>Five</b>	To relocate the walk-in provision and redirect current activity to GP led service co located at GEH.  This scenario would result in patients being streamed to the most appropriate service on presentation rather than having to navigate their own way through the system.	<b>6460</b>
<b>Six</b>	A GP led walk in service to be provided at another primary care location within Warwickshire North CCG area.  This scenario could potentially increase access for residents in the agreed Warwickshire North CCG area whilst restricting it for other areas.	3509
<b>Seven</b>	This scenario is for an Advanced Nurse Practitioner (including non-medical prescribing) led walk-in service to be provided at another location to be confirmed within the Warwickshire North CCG area.  This scenario could potentially increase access for residents in the agreed Warwickshire North CCG area whilst restricting it for other areas.	2864

## 11.2 Pre consultation engagement

Alongside the work with the Stakeholder Group we also undertook pre consultation engagement to seek further stakeholder, patient, and public views on urgent care. A questionnaire was published to:

- check the key themes from previous engagement were consistent with current stakeholder views
- test out the critical success factors against the available options
- gauge the appetite for urgent care transformation
- advise the CCG whether to go out to formal consultation on the options.

It was widely circulated throughout Warwickshire North in hard copy form to libraries and GP surgeries, we met with key 'seldom-heard groups' such as young parents and older people, and sent an internet link to the questionnaire through local NHS and public sector partners and the voluntary sector.

A briefing note was sent out electronically to a wide range of stakeholders including MPs, Councillors, Healthwatch Warwickshire, parish councils and other stakeholders. Press releases were issued to the Coventry & Nuneaton Telegraph, Nuneaton News, Tamworth Herald and Atherstone & Coleshill Herald on how to have a say.

In total from the pre consultation engagement we received 277 completed questionnaires. These included 64 from parents of children under five.

Our pre consultation engagement was informed by the Healthwatch Warwickshire *Good Engagement Charter*, which the CCG has signed up to. It identifies nine standards for organisations to achieve, when engaging and consulting on service changes.

The outcome of our pre consultation engagement indicated a high degree of consistency in public views on urgent care with previous engagement, with support for the critical success factors we propose should be used to shape our decisions on urgent care services – which were applied to the possible scenarios by the Stakeholder Group. It also indicated an appetite for urgent care transformation with inferred support for provision of urgent care co-located on George Eliot Hospital site.

The survey told us that the following things were important to the public when making decisions about urgent care services:

- being treated in the right place at the right time
- services that take pressure off A&E so only the people who need it use it
- urgent care services working together and more joined up
- access to urgent care without having to make an appointment
- access to a doctor.

### **Sample responses:**

*“GP run service at A&E on GEH would be great help if patients can be triaged down right route.”*

*“Urgent care ‘fragmented and complicated ...Base whole service at George Eliot Hospital make it easy for patients and carers, awareness of a single point of access.”*

*“If walk-in is based on the hospital site, patients can be easily transferred to A&E or admitted more effectively if necessary.”*

*“Need better access to trained staff who know how to deal with urgent care issues such as allergic reactions otherwise end up at A&E.”*

The survey also told us that:

- most people who responded were prepared to travel between 5 and 10 miles and between 20 and 30 minutes to access urgent care
- for a significant number of people public transport was very important while for others parking was very important
- 93% of respondents accessing the GP-led Urgent Care Centre at George Eliot hospital felt the service met their requirements to a good or satisfactory level
- 65% of respondents who had accessed the Camp Hill walk-in service expressed that the service met their requirements to a good or satisfactory level.

**More sample responses:**

*“There should be a walk in service in North Warwickshire. It seems pointless having one in Camp Hill which is only 5 mins away from George Eliot. Camp Hill is a deprived area but then there are also deprived areas in North Warwickshire.”*

*“Service to be more local for patients, based at GP surgeries with access to patients own records and experienced GPs.”*

*“I have used the Camp Hill Walk-in ...was dealt with very quickly with excellent care.”*

*“My experience of the walk-in centre was extremely poor, this has been the case on more than one occasion and I consider it to be a complete waste of NHS funding.”*

*“In an ideal world all urgent care services would be in one place.”*

The survey also told us that when people have an urgent care need they are most likely to seek a same-day urgent care appointment from their registered GP practice. However, we also know that some people have expressed concern about access at their local GP practice.

Since completing the pre consultation engagement we have held a further meeting of the Stakeholder Group on 14th September 2015. At this meeting the Stakeholder Group revisited the critical success factors and scenarios in light of pre consultation engagement findings. The stakeholder group confirmed that they remained satisfied that the critical success factors reflected the views emerging from the pre consultation engagement report; and that the outcome of the pre consultation engagement did not affect their scoring or the scenarios or options recommended for consultation.

The reconvened Stakeholder Group included additional members from Black and Minority Ethnic (BME) communities and young parents.

The CCC also held an Extra Ordinary Governing Body meeting in public on the 17<sup>th</sup> September to share the work we have been doing on the review; and also held an

engagement session around urgent care with the public as part of our Annual General Meeting (AGM).

### 11.3 Short list of options

Using the critical success factors, the recommended short list emerging from the Stakeholder Group options appraisal was:

1. **Transfer the walk-in service from Camp Hill to the GP-led Urgent Care Service at the George Eliot Hospital.**
2. **Do nothing. Retain the current GP led walk-in service provision based at Camp Hill with the current opening times 8am to 8pm seven days a week.**

### 11.4 Financial Appraisal

The costs associated with the two shortlisted options are outlined in the following table:

*Please note that these figures are provisional and subject to further discussions and agreement.*

Scenario		Walk-in service costs (to the CCG) a year	Savings from current service a year
Option One	Relocation to GEH site	£1.626m	£1m
Option 2 Do Nothing	Camp Hill service	£2.298m	£0.3m

Option 1 may incur additional costs to the CCG in the form of fees charged by NHS Property Services which are incurred if the CCG is unable to re-use the space vacated by the relocation of the walk-in services. These costs are estimated to be c£20k a year and are included in the appraisal. They could be minimised by locating other services into the vacated space. The CCG would not incur similar costs through any vacant space at the GEH site.

The patient usage numbers used in the financial appraisal are those already outlined in the business case.

The 2015/2016 national charges for A&E attendances has been used in the calculation of costs for both scenarios.

The outcome of the financial appraisal confirms that the costs to the CCG of providing the services would be as above. Overall costs for providing the service as per Option 1 would save the CCG £1m based on patients going to the GP-led urgent care service at the George Eliot site rather than A&E.

The 'do nothing' option (Option 2) would save £0.4m for the same realignment.

## 12. Data on patients' use of urgent / walk-in services and what it tells us

We looked at attendances at the Camp Hill Walk-in Centre, contacts with the out-of-hours service and the use of the A&E unit at the George Eliot Hospital. Patient data was gathered over the 10 months from April 2014 to January 2015 in terms of patients registered with GP practices – those near to Camp Hill and those furthest away.

This showed that there was a direct correlation between the proximity of the GP practice and the level of attendance at the walk-in service. However, this is not reflected in the A&E attendances or the out-of-hours attendances. Attendance for these services does not decrease as the distance from Camp Hill increases.

This suggests that, although the walk-in service is used more frequently by patients registered at GP Practices local to the Camp Hill area, patients from these areas also travel to access both A&E and the out-of-hours service.

This is consistent with our recent pre consultation engagement which indicated most respondents are prepared to travel to access urgent care.

We also looked at monthly walk-in attendances at Camp Hill Walk-in Centre in 2011/12, 2012/13, 2013/14 and 2014/15 and found there was increased activity in 2014/2015.

When looking at attendances during January 2015 at the Camp Hill Walk-in Centre we noticed that the service is used more by people under 65 and that there are a high proportion of 0-5-year-old children attending the service.

We were also keen to learn what medical conditions were the most prevalent among the patients using the Camp Hill Walk-in Centre, and found that ear, nose and throat conditions were uppermost, followed by respiratory, stomach problems, skin problems and urinary tract infections. We also looked at the age profile of people needing help with such conditions.

We commissioned an integrated impact assessment to provide evidence of the population need and compared this with the people accessing urgent care services including transport, travel and journey times for people to access the service.

The data helped us understand the usage of the existing walk-in service and informed our options appraisal of potential scenarios for commissioning a future service, which:

- better meets local needs
- is more responsive and co-ordinated
- meets consistently locally and nationally set quality standards

- achieves a service of the right quality, that is sustainable, that can continually improve, and that works seamlessly with other core NHS and social care services.

### 13. The benefits and disadvantages of the two shortlisted options

#### 13.1 Option One:

##### **Transfer the walk-in service from Camp Hill to the GP-led Urgent Care Service at the George Eliot Hospital.**

This scenario would relocate the walk-in service currently provided at Camp Hill to the George Eliot site and redirect walk-in activity to the GP led urgent care service.

The George Eliot site is 2.5 miles away from the existing Camp Hill walk-in service. This scenario would provide urgent care services in one location.

#### 13.2 Benefits

- provides a single point of access where an urgent care consultation is required - which is less confusing for the public
- concentrate the available experience and skilled urgent care workforce in a location with the right equipment and infrastructure to assess and treat patients effectively
- the increased scale and number of patients using the service better supports joint training and development of the urgent care workforce, making the service more sustainable
- the single site offers a better opportunity for integrated working between those working in the walk in service, GP Out of Hours, and A&E
- the George Eliot site is better sign posted than the Camp Hill site
- disabled car parking and access readily available
- accessible to the greatest number of people according to the travel impact assessment
- patients from across our area already access the George Eliot Hospital site – (A&E, out-of-hours or GP-led urgent care data)
- reduces current duplication with other services & relieves pressure on A&E
- consistent with WNCCG's Vision for Quality and emerging findings from the national urgent and emergency care review.

### 13.3 Disadvantages

- people who live nearest to the Camp Hill walk-in- service will have further to travel and this option is less convenient for them
- an additional 6,000 patients attending the GEH site between 8am and 8pm a may lead to pressure on the physical capacity of the UCC service
- waiting times may be extended
- may put pressure on public car park during peak hours when out patients clinics operate.

### 13.4 Activity impact

If the walk-in service were to move to the George Eliot Hospital site the impact on activity is deemed to be minimal.

The average daily attendance at the Camp Hill walk-in centre varies by day of the week, ranging from 10 to 28. There are more than twice as many attendances a day at weekends compared to weekdays (with the exception of Monday). The highest number of patients currently accessing the hospital site is on weekdays as out-patient activity is highest.

### 13.5 Equality impact

We looked at the potential impact on different sections of our population, including their 'protected characteristics' in the Equality Act 2010, that is, age, race, disability, sex, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity, as well as marriage and civil partnership. Our assessment was as follows:

**13.5.1 Gender:** there should be no negative impact apart from for those who have to travel further. However, 12% of attendances are children which could mean that females are more likely to be affected as women are more likely to access primary care for a child.

**13.5.2 Disability:** those with a disability are more likely to be impacted on by a relocated service as travel may cause extra stress.

**13.5.3 Age:** there is an even spread of attendances from ages 16 to 64. There is a significant number of attendances in the 0-5-year-old group so this would indicate a potential impact on non-working mothers.

**13.5.4 Social deprivation:** the impact on the current population would be due to travel, for example, 23% of Camp Hill residents do not have access to a car and there is no direct bus route from Camp Hill to the George Eliot Hospital.

**13.5.5 Carers:** they are likely to be impacted upon due to the change in location and need to travel to access this service.

## 13.6 Travel impact

Warwickshire Public Health undertook a Travel Impact Assessment on behalf of Warwickshire North CCG. The assessment considered the differences in accessibility presented to residents of Atherstone, Bedworth and Camp Hill in Warwickshire, to George Eliot Hospital and the Camp Hill Walk-in Centre.

The outcome showed access to the George Eliot Hospital is quicker and nearer for residents of Bedworth, than the Camp Hill Walk-in Centre. However, access to the Walk-in Centre for Camp Hill and Atherstone residents is quicker and nearer than travelling to George Eliot Hospital.

Although Atherstone and Camp Hill both experience longer journey times (both by car and public transport) to George Eliot Hospital than to the walk-in Centre, the drive times are much less than the public transport journey times. Bedworth residents have a drive time of three minutes quicker to George Eliot Hospital, and a public transport journey which is 20 minutes faster than to Camp Hill.

It is clear that wherever a walk-in service is situated there will be a percentage of our population where patients will be disadvantaged, whether they are travelling by car or public transport. What is important to the CCG is that we provide a good quality service which offers good outcomes and this will not be varied by convenience, but due consideration should and will be given to access.

Therefore, when we make decisions on the location of walk-in service we will need to consider how we might mitigate any negative impact for patients living in areas who will have the greatest travel times to a walk-in service. This work will be undertaken through our Primary Care Strategy and Out of Hospital work programme.

## 13.7 Option Two:

**Do Nothing - Retain the current GP led walk-in service provision based at Camp Hill with the current opening times 8am to 8pm seven days a week.**

This scenario would offer the least amount of disruption to current service users.

Data on the needs of those attending the Walk-in service shows that a significant number of patients may not require a GP, although the paediatric cases are more likely to require one. Therefore this option does offer the opportunity to review skill mix.

## 13.8 Benefits

- retains the same level of access to the service for those who currently access Camp Hill
- less travel for those living nearer to Camp Hill than the George Eliot Hospital
- retains easy access for local population living in Camp Hill area.

### **13.9 Disadvantages**

- the location is not easy to find who do not live locally, and or have not used this Walk-in service
- it is used less frequently than patients from the local camp hill area
- duplication with other out-of-hours services
- duplication with core practice hours
- is not accessible and is therefore not often used by patients who live in some of our localities.

### **13.10 Activity Impact**

We would not expect to see any impact on activity beyond that caused by known population growth.

### **13.11 Equality impact**

We would not expect to see any impact on the population who currently use the walk-in service at Camp Hill, as this is the current position and there would be no anticipated change to the population who represent the nine protected characteristics (as above).

However, from the data analysis we know that the population of eight of our area's GP practices do not access the walk-in service at Camp Hill. We know they have urgent care needs, because they access A&E and out-of-hours services, both located on the George Eliot Hospital site. Therefore there would continue to be a potential constraint of access for this group of patients.

## **14. Our recommendation**

Having reviewed the data available, analysing the pre consultation engagement results, completing the options appraisal process and putting in place an additional confirm-and-challenge process, we are recommending that the Governing Body approves the launch of a public consultation on the two options.

The outcome of the review appears to demonstrate more benefits can be achieved by option one. This option scored highest by the stakeholder group and was supported by the pre consultation engagement. However we now look forward to the public's assessment of our review; and remain committed to open dialogue with the public and stakeholders throughout

## **15. The next steps**

At the Governing Body meeting in public on 24 September 2015 we will consider the recommendation presented in this report to move to a formal consultation, subject to

approval from NHS England. This paper proposes that the consultation focuses around the two options as stated above.

## **16. Closing remark - How this review fits with our other work to improve care**

Our work on urgent care is not being done in isolation. The review of our walk-in service and wider urgent care is inextricably linked with our work on developing responsive, high quality, accessible primary care and bringing services closer to patients by offering more services in local community settings.

We are developing integrated, multi-disciplinary working between the three key sectors of the healthcare system – primary, community and acute services – as well as between health and social care and voluntary sector community services.

We believe that this work will help us to be more responsive to patients' escalating needs and lead to a more preventative approach to providing health and social care for our most vulnerable patients.

We believe that this work will also support us to manage demand for urgent care, working alongside a responsive urgent care service which is available when people do need an urgent care response.

We are also working in new ways with the voluntary and community sector to explore a better range of support for people discharged from hospital, while providing our most vulnerable patients with a helpful 'home-from-hospital support package', which will partly reduce patients' future demand for urgent care.

If you need this information in another language or format, we will do our best to meet your need. Please contact the CCG using the details below.

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