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Trafford New Health Deal

Joint Health Overview and Scrutiny Committee

11 October 2016

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Clinical Commissioning Group

Presentation Outline

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- Background/Context
- Recap and actions from the last ICRB
- The Model Progress
  - Model Description
  - Model/Triage process
  - What this means for patients.
  - Highlights of the joint clinical audit
  - Highlights of the Healthwatch Audit
  - Audit of patients at other sites.
  - Recommended Opening Time-Project Team
  - Options appraisal Opening Times (3 scenarios)
  - Costs
- Mental Health 136 suite consideration
- Risks
- Next Steps
- Timescales including lead in time.

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Background Context

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- In April 2012 Trafford General was acquired by Central Manchester Foundation Trust (CMFT)
- A comprehensive public consultation was done and in November 2013 the following changes were made
- A&E department changed to an Urgent Care Centre (UCC)
- Hours of the new UCC were 8.00am –Midnight
- Other site wide changes included removal of emergency surgery and change from High Dependency from Level 3 to level 2.
- The consultation also outlined that the UCC would change to a nurse led minor injuries and illness model on a 2-3 year timescale

Original Models from Consultation

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Model Number	Outline Description
1	Do Nothing. Assume all services remain constant on TGH site. Assume demand does not increase and that patient flows remain as 10/11
2(a)	Implement proposed model for Elective Orthopaedic Centre, Day Case Elective Surgery, IP Elective Surgery, Level 2 HDU and Outpatients. Urgent Care Centre open 8am-8pm with ability to admit to Medical receiving unit on TGH site (where appropriate). NE medical admissions of specified acuity, NE surgical admissions and Paediatric admissions divert to alternative acute provider.
2(b)	Implement proposed model for Elective Orthopaedic Centre, Day Case Elective Surgery, IP Elective Surgery, Level 2 HDU and Outpatients. Urgent Care Centre open 8am-midnight with ability to admit to Medical receiving unit on TGH site (where appropriate). NE medical admissions of specified acuity, NE surgical admissions and Paediatric admissions divert to alternative acute provider.
3	Implement proposed model for Elective Orthopaedic Centre, Day Case Elective Surgery, IP Elective Surgery, Level 2 HDU and Outpatients. Minor Illness/Injuries Unit open 8am-8pm. Medical receiving unit able to take admissions from GP/community referrals. NE medical admissions of specified acuity, NE surgical admissions and Paediatric admissions divert to alternative acute provider.
4	Implement proposed model for Elective Orthopaedic Centre, Day Case Elective Surgery, IP Elective Surgery, Level 2 HDU and Outpatients. Minor Illness/Injuries Unit open 8am-8pm. NE medical admissions, NE surgical admissions and paediatric admissions divert to alternative acute provider. Appropriate medical/anaesthetic support needed to provide support to Elective Orthopaedic Centre

Recap from ICRB 19th July

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- The Two models were presented to ICRB for consideration on the 19th July.
- Model 1 is a basic nurse led minor illness and minor injury as set out in the consultation process. Model 2 is more of an enhanced model using extended nursing roles and an integrated approach to delivery with the WIC.
- The agreement from ICRB was to proceed with model 2 pending further work up around costs and opening times.
- Model 2 meant that all activity would remain on site, the 9000 patients as scoped in the modeling would not be displaced elsewhere in the wider system.
- A number of actions were agreed for the Project group to undertake and these are outlined in the next slide.
- This presentation will address the actions tasked to the Project Team.

Description of The Model

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- One front door for Urgent Care Centre (UCC) and Walk-in Centre (WIC).
- Joint service with safe responsibility, with a safe system. Behind the scenes this will be delivered by 2 providers
- This is a model using extended nursing roles and an integrated approach to delivery with the WIC.
- It is an illness and minor injury model.
- All patients will be triaged by nurses to make sure that they are treated by the right skill mix.
- All injury attendances will be supported by UCC ENP's or ESP's (Physiotherapy).
- All illness attendances will be supported by a skill mix of staff across both services these are: GP's, ANPs, ENP's , Minor Illness Nurses and Mental Health. Mental Health patients will be triaged to ensure that the patient receives medical treatment if needed.
- Integrated working between GP's , ANPs and the rest of the workforce means that all the illness patients currently attending the UCC will be able to be treated.
- This model is an enhanced offer to the consultation Model nurse led minor illness and minor injury model.
- There is opportunity for UCC/WIC staff to speak to AMU colleagues for advice on patients that might need to be transferred to AMU.

Children less than 12 months old would be seen by a GP following triage.

Detail of the patient pathways and clinical triage

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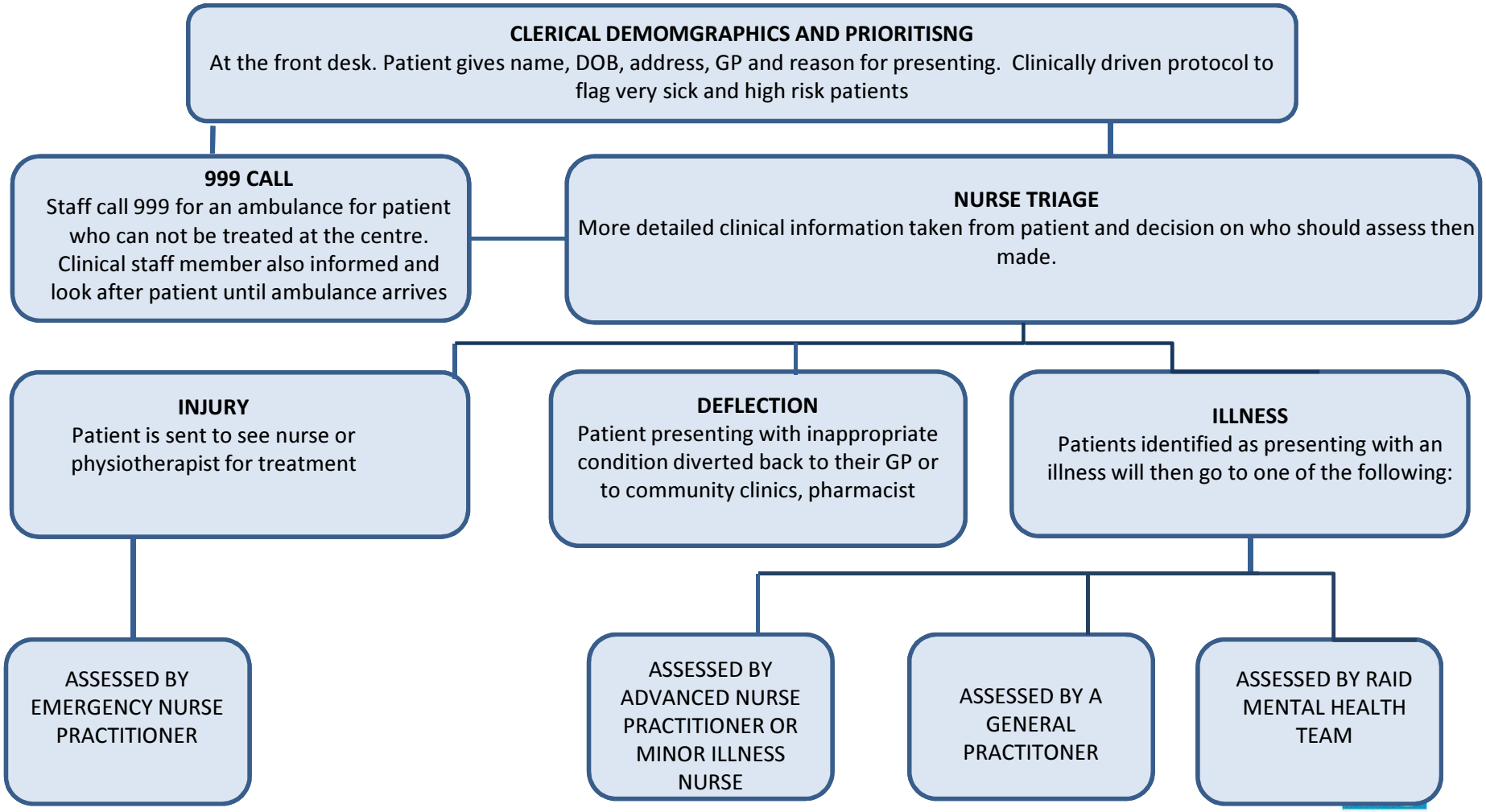

What this means for patients?

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Case Study Examples of How the Service will Work

Below is a list of patient conditions and their pathway through the new service:

Patient A presents at the reception desk with stroke symptoms complaining of loss of sensation on one side and has slurred speech – Reception call 999 and immediately inform a clinical member of team to take responsibility for patient.

Patient B is a 9 month old baby vomiting who is brought in by their mother. The receptionist takes demographic details, patient is then triaged by a nurse and then seen and treated by GP.

Patient C is a patient that has a swollen wrist as a result of a fall. The receptionist takes demographic details and patient is triaged by a nurse to ensure fall is not suspicious and no other cause. If thee is no medical reason for the fall the patient is the treated by an ENP/ESP.

Patient D is a teenager with acute abdominal pain. The receptionist refers patient to triage. Patient is seen by appropriate person ANP or GP.

Patient E is a patient saying they are having suicidal thoughts. The receptionist takes demographic details, the patient is then triage to ensure there is no medical treatment needed. If there is no medical treatment needed, the patient is referred to RAID service.

Opening Hours

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- At the last ICRB Opening Hours were discussed because of the low numbers of attendances between 8pm-12am.
- The board asked the project team to work up the following three scenarios looking at the risks, benefits and costs:
  - Scenario 1: 8am-8pm
  - Scenario 2: 8am-10pm
  - Scenario 3: 8am-12am
- A joint clinical audit was undertaken in January 2016 looking at the age profile and acuity of patients.
- A Healthwatch audit was undertaken to aid this piece of work and took place over 2 weeks from 2nd August-12th August

Attendance Times after 8pm-Data

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- The graph on the following slide shows the average attendances for the UCC and WIC for the financial year of 2015/2016.
- The current WIC closes at 8pm whereas the UCC is open until 12 am.
- Average attendances for the UCC after 8pm as per the 2015/2016 data is:

Time	Average no of patients attending.
8pm-9pm	4
9pm-10pm	3
10pm-11pm	2
11pm-12am	1

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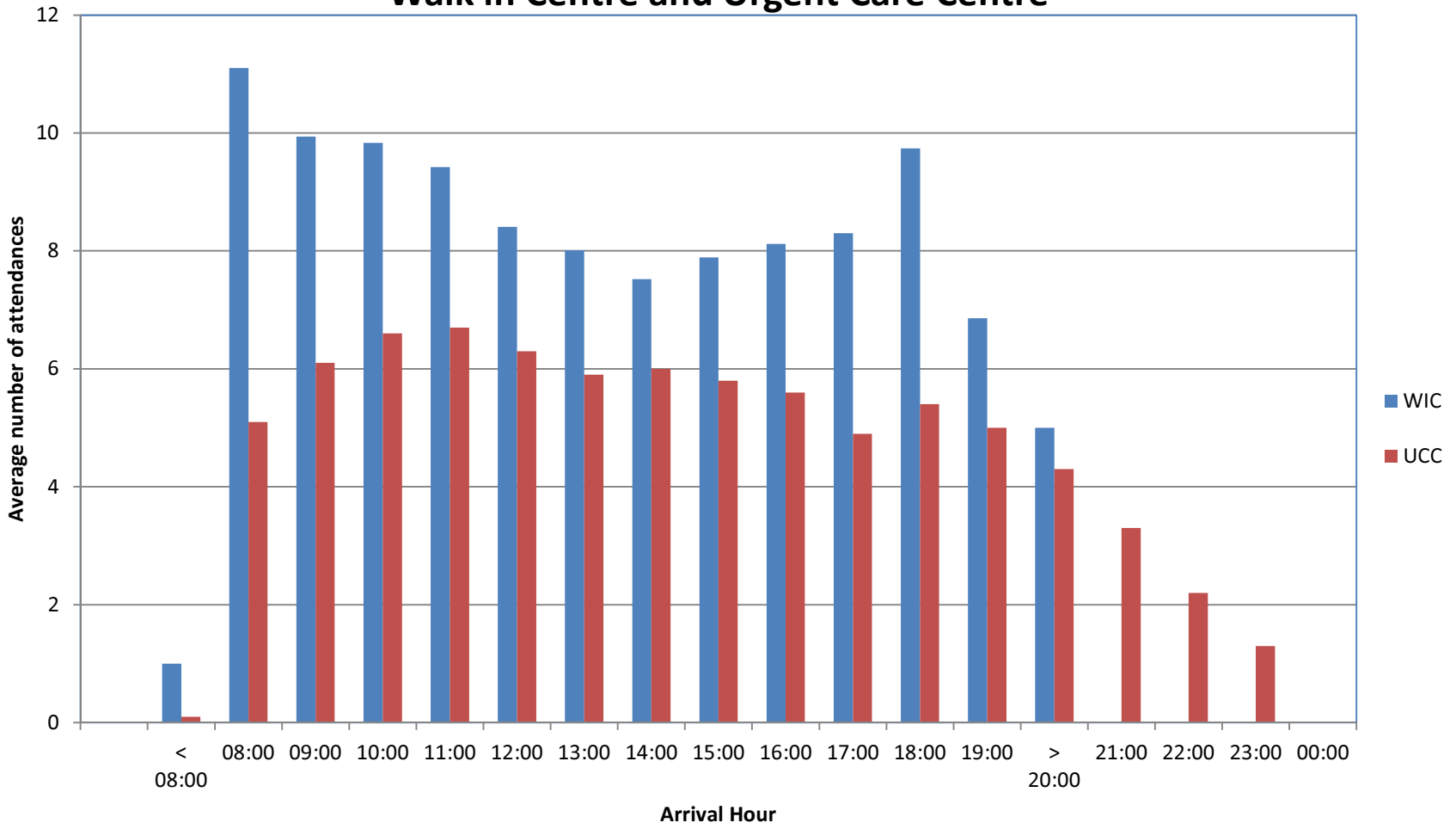
Average number of attendances by hour 2015/2016
Walk in Centre and Urgent Care Centre



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Opening hours-Joint Clinical Audit January 2016

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- An audit was undertaken in January 2016 of patients attending after 8pm (over the calendar year 2015).
- This audit showed small percentages of patients are **admitted** and patients **attending** after 8pm have less acute needs
- The clinicians undertaking the audit felt the majority of cases would be able to wait until morning.
- From the audit information on average there are 3-4 patients attending per hour after 8pm
- The consequence of a department operating until midnight results in the shift for staff finishing at 2am

Clinical audit-Highlights of ‘after 8pm’ patient profile.

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- Approximately 12-16 patients a day attending between 8pm and midnight for the calendar year of 2015
- When looking at the profiling of these patients there is no significant difference before or after 8pm in terms of ethnicity, postcode etc.
- The main difference is the age profile. 249 of the patients attending were over 60 years old. This means that only 26% of the patients attending were over 60, indicating that the population coming into the UCC after 8pm are not predominantly the vulnerable and elderly. This is compared to 38% of patients over 60 using the service before 8pm.
- The younger age- groups were the main age range using the service after 8pm the biggest user group being between the ages of 20-29.
- The majority of patients (688 patients or 72%) were categorised as being less complex.

Highlights of Healthwatch audit of patients 8pm-12am.

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- An audit was undertaken by Healthwatch of patients attending the UCC between the hours of 8pm-12am. This audit took place over the period of August 2nd – 12th 2016.
- For the purposes of this project patients were asked
  - Did you consider using any other services before coming here?; If yes, where did you consider?
  - Why did you choose to come here?
  - Where have you travelled here from?

Highlights of Healthwatch Audit Patients attending 8pm-12am.

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Number of patients attending after 8pm

- A Total number of 114 patients attended over the 11 day period 2nd August-12th August (inclusive).
- The average number attendances during the audit period to inform the opening time scenarios for patients that might be displaced elsewhere after 8pm are:
  - **10pm-12am= 4**
  - **8pm-12am= 10**
- This can be further broken down by hour:
- The average number of patients attending 8-9 is 4
- The average number of patients attending 9-10 is 3
- The average number of patients attending 10-11 is 3
- The average number of patients attending 11-12am is <1

Highlights of Healthwatch audit of patients 8pm-12am.

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- No of Patients by Date and Time at the UCC

Date	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Total
8-9pm	4	4	4	0	5	4	6	5	5	4	6	47
9-10pm	4	3	6	4	1	1	1	3	3	2	5	33
10-11pm	3	2	3	2	4	1	5	2	2	2	2	28
11-12mn	1	0	0	0	1	2	0	0	2	0	0	6

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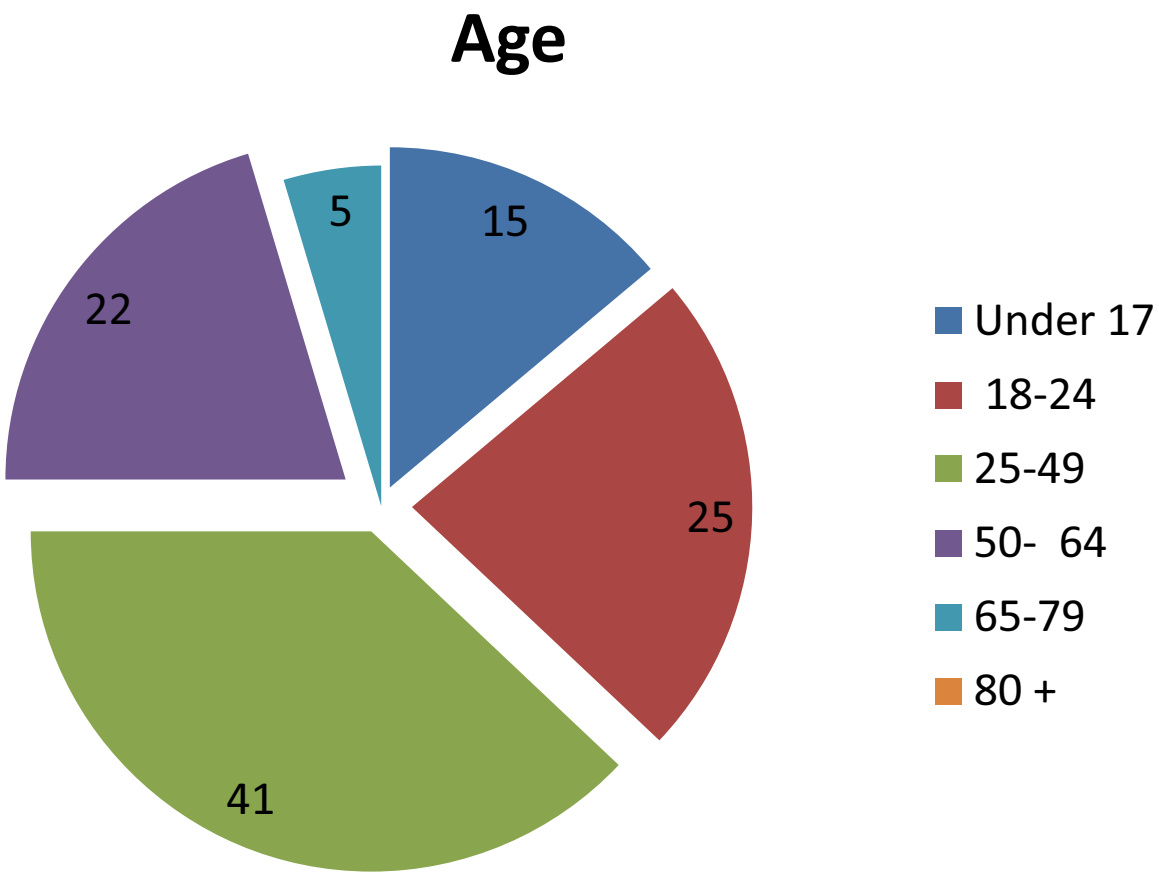

- Out of the patients that attended during the audit the majority 38% of the patients were in the 25-49 age bracket.
- The smallest number of attendances 5% were in the 65-79 age bracket.

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Did you consider using another service?
Yes =29 If so where?

- Altrincham MIU = 2
- SRH = 4
- Bolton GH =1
- MRI =5
- Walk in Centre = 6
- RMCH =1
- St Mary's Hosp = 1
- Wythenshawe = 4
- GP = 5

25% of patients considered using another service out of the 114 that attended.

Where Have Patients Travelled From?

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Trafford Local Areas

- DAVYHULME
- FLIXTON
- URMSTON
- STRETFORD

Other Trafford Areas

- SALE
- ALTRINCHAM
- PARTINGTON
- CARRINGTON
- OLD TRAFFORD

Outside of Trafford area

18 of the 114 patients came from outside of the Trafford area this makes up approximately 16% of those attending 8pm-12am during the audit period.

SALFORD AREA: Eccles, Walkden, Irlam, Cadishead, Winton, Prestwich
MANCHESTER AREA: Chorlton, Levenshulme, Whalley Range, Cheadle, Hulme

Comparison of patients at other sites

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- UHSM, SRFT and MRI applied the same criteria to compare those patients attending their sites. The criteria applied the same postcodes, timings and dates the audit took place.

UCC-Trafford General

	Arrival Time			
Arrival Date	8-9pm	9-10pm	10-11pm	11-12am
02/08/2016	4	4	3	1
03/08/2016	4	3	2	0
04/08/2016	4	6	3	0
05/08/2016	0	4	2	0
06/08/2016	5	1	4	1
07/08/2016	4	1	1	2
08/08/2016	6	1	5	0
09/08/2016	5	3	2	0
10/08/2016	5	3	2	2
11/08/2016	4	2	2	0
12/08/2016	6	5	2	0
Grand Total	47	33	28	6

UHSM-Whythenshawe

	Arrival Time			
Arrival Date	8pm-9pm	9pm-10pm	10pm-11p	11pm-12am
02/08/2016	3	2	1	0
03/08/2016	1	0	1	2
04/08/2016	3	1	1	2
05/08/2016	2	2	2	0
06/08/2016	1	2	2	0
07/08/2016	3	2	0	0
08/08/2016	2	3	1	1
09/08/2016	1	1	4	0
10/08/2016	2	3	1	1
11/08/2016	2	0	1	0
12/08/2016	2	1	1	1
Grand Total	22	17	15	7

Comparison of patients at other sites

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SRFT-Salford Royal

	Arrival Time			
Arrival Date	8-9pm	9-10pm	10-11pm	11-12am
02/08/2016	6	7	2	0
03/08/2016	3	3	2	0
04/08/2016	4	2	1	1
05/08/2016	3	2	2	1
06/08/2016	1	4	0	0
07/08/2016	3	2	0	0
08/08/2016	2	5	3	3
09/08/2016	7	2	3	1
10/08/2016	4	4	3	0
11/08/2016	1	1	1	0
12/08/2016	4	2	1	1
Grand Total	**38**	**34**	**18**	**7**

MRI-Manchester Royal Infirmary

	Arrival Time			
Arrival Date	8-9pm	9-10pm	10-11pm	11-12am
02/08/2016	3	6	3	2
03/08/2016	2	5	5	3
04/08/2016	2	3	4	2
05/08/2016	3	2	5	6
06/08/2016	4	3	5	4
07/08/2016	7	2	6	6
08/08/2016	4	3	3	3
09/08/2016	3	2	2	0
10/08/2016	6	6	1	3
11/08/2016	5	4	4	2
12/08/2016	1	3	2	1
Grand Total	**40**	**39**	**40**	**32**

Project Team Recommendation

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- The Project Team recommend scenario 1 8am-8pm with a conclusion of care time being 10pm. This recommendation is based on the data, evidence from the joint clinical audit and the evidence from the Healthwatch audit.
- The clinical audit, Healthwatch audit and the data all show that the number of attendances after 8pm are small. Average numbers of 8pm-12am are 10 patients for the four hour period and 3 patients after 10pm.
- Both the clinical audit and Healthwatch audit demonstrate that it is the younger age groups that are attending after 8pm.
- The clinicians undertaking the audit felt the majority of cases would be able to wait until morning. This is linked to the level of patients complexity. The majority of patients (688 patients or 72%) were categorised as being less complex.
- The proposed opening hours of 8am to 8pm, will support more robust staffing rotas and increase the service resilience.

Interdependency – 136 Suite

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- **Mental Health Suite 136 consideration**.
- The S136 suite will operate as per the UCC/RAID Operational hours. Any S136s after the closing times in out of hours would be as is current practice, this is to be taken to other designated places of safety.
- A designated place of safety can be a hospital or a police station. The police can move patients between places of safety.
- There is presently not a high demand of usage of the suite presently is not at high demand and GMW do not predict this changing. Therefore functionality as place of safety would be maintained.

Next Steps.

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- **Recruitment/Staff training**.
- ***Staff consultation***.
- **Estates work-** start date to be agreed.
- Launch of **communications campaign**-urgent care what is available to Trafford patients?
- **Exploration of one IT system**. Implementation will be phased with the current two systems being used in the interim until one system is resourced. The current two IT systems have interoperability
- **Evaluation and monitoring**
- It will be proposed that the New Health Deal Project Team will oversee the implementation and evaluation of this project. There will be a requirement for regular consistent data to be available and shared. The two providers will have regular management meetings around reporting and shared learning.
- *Suggested data reporting:*
  - *UCC attendances (all streams) to understand the level of demand from implementation.*
  - *Focus on activity at 3 neighbouring acutes and comparison before and after (specifically around any increase in activity after UCC closing time).*
  - *Total time spent in the department, Time waiting in department.*
  - *Audit of 999 calls from the service*
  - *Audit of onward journey*

Acceleration of the Implementation

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- In mid-September, the Health and Social Care Partnership asked the GM system to respond and accelerate any schemes in development could release medical staff
- In response Trafford CCG worked with CMFT and Mastercall to deliver the agreed the New Health Deal model as soon as possible.
- This was presented to the Chairs of the JHOSC
- All partners were in agreement and have worked cohesively and flexibly to achieve a safe system
- Delivered Monday 3rd October 8am – 8pm single front door Integrated Model 2

Letters of Support for the New Model

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Letters of support have been received from:

- Central Manchester CCG
- Central Manchester University Hospital FT
- Greater Manchester West Mental Health NHS FT
- Mastercall Healthcare
- South Manchester CCG
- Salford Royal NHS FT
- Trafford Council / Pennine Care
- University Hospital South Manchester FT

The First Week

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Verbal Update from Dr Mark Jarvis

following the first week working on the new model

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