

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 14th September 2022
Report for: Information
Report of: Naomi Ledwith – Director of Commissioning, NHS Greater Manchester (Trafford)
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Report Title

Altrincham Minor Injuries Unit Update

Summary

This paper outlines the background and current position in relation to the Minor Injuries Unit (MIU) service delivered from Altrincham General Hospital and the plans to reopen the service. The paper also highlights the standing of the service in relation to the wider urgent care and health priorities across Trafford that the AMIU may impact. The details within this paper outline proposals moving forward to ensure the urgent care offers within Trafford are consistent with National guidelines and expectations, and meet the needs of the population.

Recommendation(s)

- 1) Note the contents of this report in terms of Urgent Care needs and the impact the stand down of Altrincham (MIU)
- 2) Advise on the proposal for stand up of the Altrincham MIU.
- 3) Support the undertaking system review of urgent care to understand need, access, demand /capacity, workforce available and financial flows, by December 2022.
- 4) Support that future strategic and operational recommendations will be made to Locality Board, Greater Manchester which are co-produced with population of Trafford which ensure resources are aligned based on need, access is simplified, variation and duplication are minimized whilst ensuring services are consistent with the national agenda in relation to the priorities for urgent care provision.

Contact person for access to background papers and further information:

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Altrincham Minor Injuries Unit Update

September 2022

1.0 Introduction and Background

- 1.1 This paper outlines the background and current position in relation to the Minor Injuries Unit (MIU) service delivered from Altrincham General Hospital. The paper also highlights the standing up of the service in relation to the wider urgent care and health priorities across Trafford that the AMIU may impact.
- 1.2 Altrincham Minor Injuries Unit (AMIU) treats minor injuries including broken limbs, simple wounds, bites, minor burns, cuts and lacerations. It is unable to accept patients who present with illness such as coughs, colds, headaches, allergies and sore throats.
- 1.3 General opening hours for the MIU are 08:00 – 20:00 from Monday to Friday and 10:00 – 18:00 at weekends. It is closed for public holidays.
- 1.4 The decision was taken to stand down AMIU in response to the Covid pandemic on 1st April 2020, allowing the workforce to support the Covid response. The unit was stood back up with reduced hours of delivery on 24th June 2021.
- 1.5 Due to challenges in providing adequate levels of workforce to safely staff the AMIU the decision was taken to stand the unit down again from the 28th of July 2021. The service has remained suspended since this date. During this time the Emergency Nurse Practitioner (ENP) staff who were based at the unit were redeployed to work and provide additional support at the Wythenshawe Emergency Department.
- 1.6 A briefing was shared with the system in November 2021 outlining the challenges with the ongoing suspension of the service and scrutiny were advised in June 2022 of the continued suspension due to staffing challenges. It was agreed that a further update would be provided in autumn 2022.
- 1.7 For 2019/20, urgent care attendance at Altrincham MIU was 12,269, representing 13.5% of the total urgent care attendance in that period. This is the second lowest utilisation (Salford lowest) in the borough amongst the monitored sites which may reflect an issue of capacity, public awareness or duplication of services offered elsewhere.

2.0 South locality Demographics and Determinants of Health

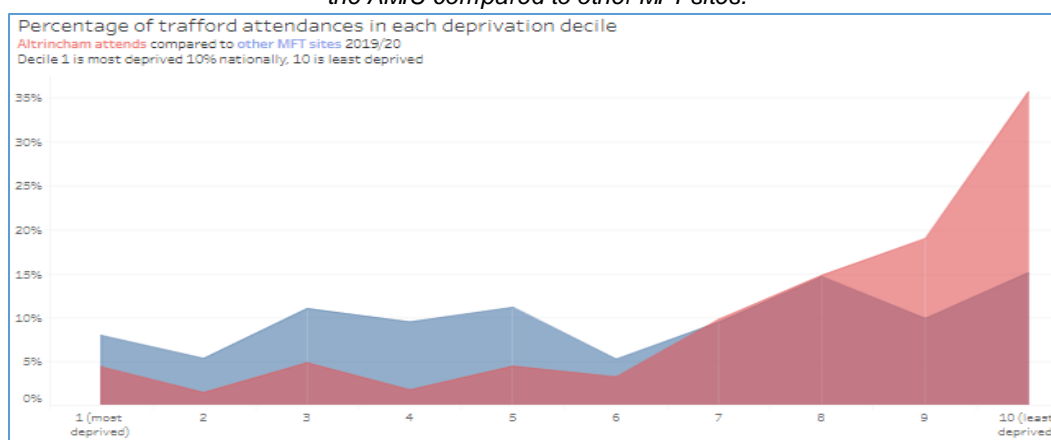
- 2.1 The south locality has the largest proportion of residents over the age of 64 and is Trafford's least deprived locality, containing 4 of the 5 least deprived wards (out of 21) in the borough. While the south of Trafford is more affluent, there are small pockets of higher deprivation in areas of Village, Broadheath, and Altrincham.
- 2.2 Within the context of wider determinants and Health, a relationship occurs between health and deprivation, as we generally see better health outcomes in areas of lower deprivation, as indicated in the south verses the north of Trafford.
- 2.3 Compared to the rest of the South neighbourhood, there are slightly worse child health, mortality, and hospital incidence outcomes in Village and Broadheath wards where we have some small areas of higher deprivation. Despite this, in most cases these wards have similar or better outcomes than the Trafford average.
- 2.4 A boy born in the south locality can expect to live 1.2 years longer than the average Trafford boy. A girl born in the south locality can expect to live 1.2 years longer than the average Trafford girl.

2.5 While the south has a higher proportion of older people, its healthy life expectancy is also higher than the Trafford average, meaning that people are healthier for longer. However, an older population does mean there are likely to be more people with conditions related to ageing in Trafford's south locality.

Table 1 Detailing the average life expectancy across the 4 neighbourhoods in Trafford compared to the Trafford and England Averages

	Male	Female
England	79.7	83.2
Trafford	80.2	83.9
North	77.2	83.1
West	78.7	83.4
Central	81.2	84.3
South	81.4	85.1

Graph 1: Detailing the percentage of Trafford patients from each deprivation decile in relation to attendances at the AMIU compared to other MFT sites.



2.6 Graph 1 and Table 2 shows the % of Altrincham attends in each national deprivation decile in pink, % of other MFT site attends in each decile in blue with 1 to the left of the graph being the most deprived and 10 to the right of the graph being the least deprived. As you can see the levels of attendances from those in less deprived areas is significantly higher than the most deprived areas. .

Table 2: Detailing the Deprivation decile and percentage of attends at AMIU along with non AMIU attends

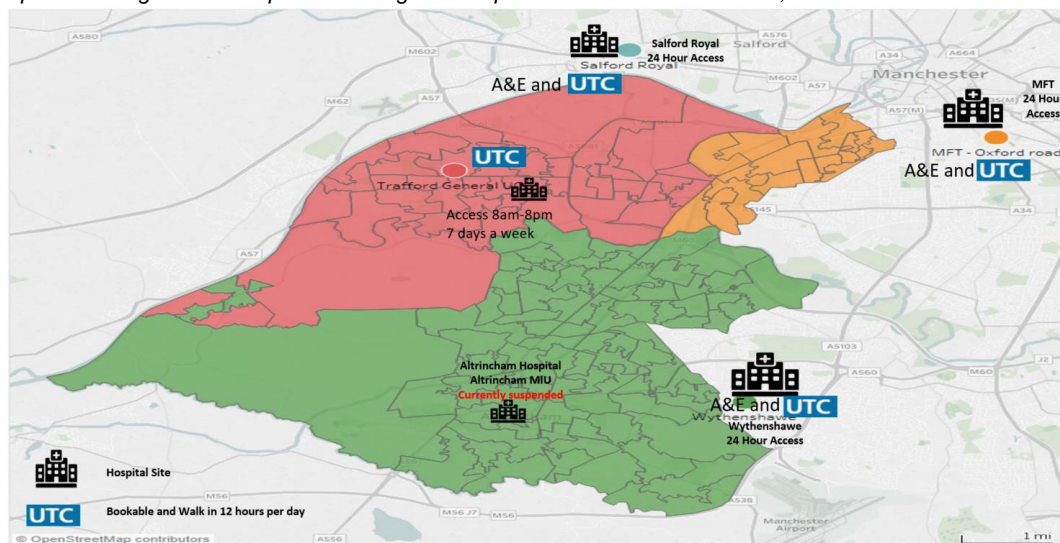
DeprivationDecile	% of altrincham attends	% of non-altrincham attends
1 (most deprived)	4%	8%
2	1%	5%
3	5%	11%
4	2%	10%
5	5%	11%
6	3%	5%
7	10%	10%
8	15%	15%
9	19%	10%
10 (least deprived)	36%	15%

2.7 Graph 1 and Table 2 outlines that the patients attending the AMIU were largely from less deprived areas. The highest proportion of attends at the AMIU were from the least deprived areas.

3.0 Usage and Provision of Services

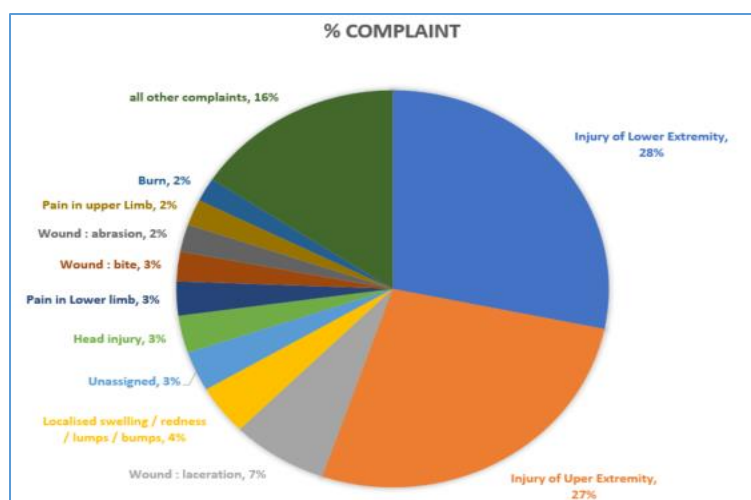
3.1 Across Trafford, patients are able to access a wide range of urgent care services both within Trafford and neighbouring localities such as Manchester and Salford. As shown on Map 1 the usage of the different hospital sites is split across the borough based on locality and proximity to these services the different colours of the map represent the areas within Trafford and the hospital site that is predominantly used by patients. The map shows the hospital which is most visited for urgent/emergency attends by each LSOA. For example there's an orange dot where MFT's Oxford road site is, and all of the LSOA's coloured in orange use Oxford road more than any other ED site. There's a green dot where Wythenshawe Hospital is, and all of the areas coloured in green use Wythenshawe more than any other ED site.

Map 1: Detailing the current position of urgent care provision across Manchester, Trafford and Salford



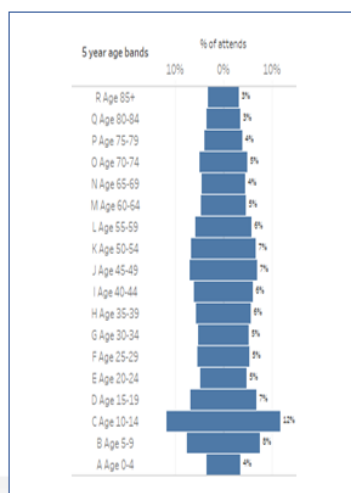
3.2 As detailed within the introduction of this paper the AMIU deals with a range of injuries. Graph 2 outlines the proportional split of those injuries across the patients that attend the unit. The largest number of attendees is for injuries to the lower extremities at 28% followed by the upper extremities at 27%, other injuries accounts for 16% and lacerations 7%.

4.0 Graph 2: Detailing the proportional split of presenting complaints to the AMIU



- 3.3 Graph 3 outlines the age profile of attendees reflects a relatively even split across most ages, but there is a spike in the “Age 5-9” and “Age 10-14” bands.

Graph 3: Detailing the age profile of attendees



- 3.4 Table 2/2a details the split of usage of these services amongst Trafford patients between 2018-2022. Note 2022-23 is only part year April 2022-Present.

Table 2: Detailing the usage of urgent care services by site between 2018-2022 for Trafford patients

Trafford urgent care attendances by site					
Provider site	Financial Year				
	2018-19	2019-20	2020-21	2021-22	2022-23
Wythenshawe	33,269	33,154	30,451	43,143	10,882
Trafford General UCC	20,697	21,181	13,054	16,250	4,751
Oxford road	18,020	17,139	13,803	15,826	3,962
Salford Royal	6,369	6,564	5,790	7,381	1,767
Altrincham MIU	12,949	12,269	2	659	1
NMGH	316	272	202	376	91

Table 2a: Detailing the proportional split of attendances by site 2018-2022 for Trafford patients

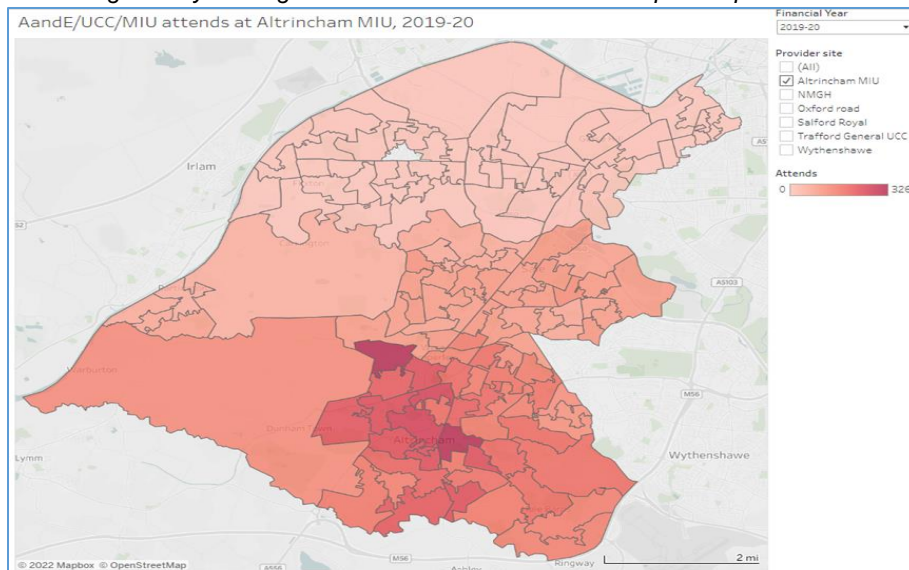
% of trafford urgent care attendances by site					
Provider site	Financial Year				
	2018-19	2019-20	2020-21	2021-22	2022-23
Wythenshawe	36.3%	36.6%	48.1%	51.6%	50.6%
Trafford General UCC	22.6%	23.4%	20.6%	19.4%	22.1%
Oxford road	19.7%	18.9%	21.8%	18.9%	18.4%
Salford Royal	7.0%	7.2%	9.1%	8.8%	8.2%
Altrincham MIU	14.1%	13.5%	0.0%	0.8%	0.0%
NMGH	0.3%	0.3%	0.3%	0.4%	0.4%

- 3.4 Tables 2 and 2a also demonstrate the shift in utilisation amongst patients during the time the AMIU site has been closed. The activity of 12,269 can be represented by a significant increase in attendances at the Wythenshawe site during 21/22 increasing from 33,154 on the site during 2019/20 to 43,143 attendances during 21/22. Note this

activity refers to Trafford patients only (There were 18,244, attendances in total at the AMIU during 2019/20, 5,972 of which were out of area patients¹).

- 3.5 When the AMIU stood down, the proportion of Trafford patients attending Wythenshawe increased. The increase was broadly in line with the proportion of patients previously attending the AMIU. Post 2019/20 ENP staff were temporarily redeployed to work at Wythenshawe ED.
- 3.6 Map 2 demonstrates the density of usage of the AMIU site based on Lower Super Output Areas across Trafford. As can be seen from the map highest density usage of the service is within close proximity to the AMIU. The darker the red LSOA the higher the proportion of usage within that area (the darker areas are Altrincham, Broadheath & Hale). As can be seen from the map there are a high number of areas within the borough that do not use the service, compared to those concentrated within the Altrincham vicinity that has a high rate of usage.

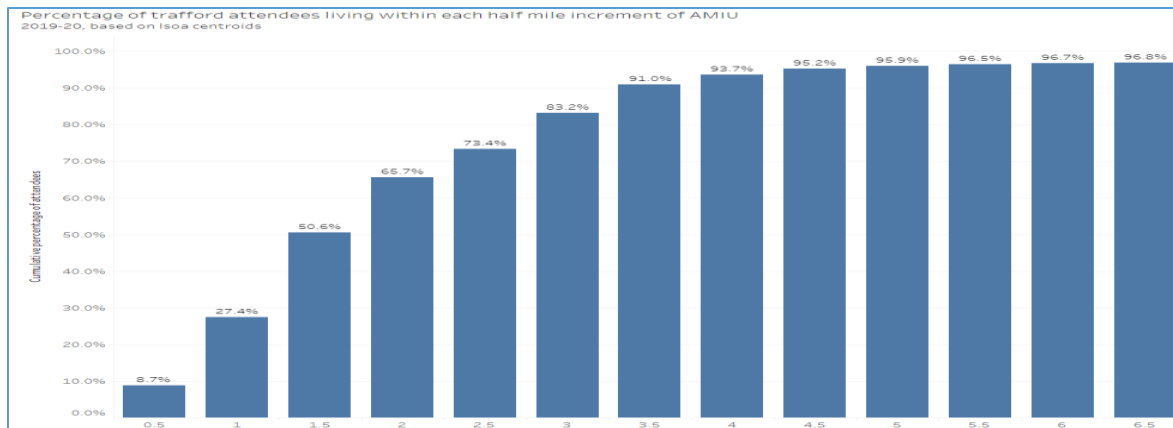
Map 2: Outlining density of usage of the AMIU based on Lower Super Output Area within Trafford



- 3.9 Graph 4 details the proximity in which Trafford patients travel to use the AMIU service. As can be seen from the graph just over 50% of patients travel 1.5 miles to the AMIU and 73% of patient travelled 2.5 miles to the service. Given the geographical make-up of the locality this outlines that the AMIU is actually only being used by a small proportion of the population within close proximity to Altrincham Hospital.

Graph 4: showing the percentage of AMIU attendees within each half mile of the AMIU

¹ 10% Manchester, 6% Warrington, 6% Eastern Cheshire, 3% Stockport, 1% Salford, 4% All other



4.0 National Guidance on Urgent Care Provision

- 4.1 As part of the NHS Long Term Plan, the NHS is changing the way patients access services. Patients have often expressed that they are confused by the range of different services on offer for urgent care and as a result the NHS has outlined their intentions to simplify this through reducing these different service to primary care hubs, Urgent Treatment Centres and Emergency Departments.²
- 4.2 Patients have told us the range of alternatives available can be confusing – Walk in Centres, Urgent Care Centres, Minor Injury Units and others with local names and all with differing levels of service. So A&E is understandably the default choice for many people unsure where to turn when they need urgent care or advice.
- 4.3 This is bad for the NHS because it puts unnecessary pressure on A&E and other parts of the urgent and emergency care system, and it's bad for patients because many are treated in the wrong setting.
- 4.4 The national aim is that commonality of service provision under the UTC name, will increasingly end the current confusing range of options and simplify the system so patients know where to go and have clarity of which services are on offer wherever they are in the country. As well as allowing NHS to better plan for capacity to meet demand.

5.0 Delivery proposal Altrincham Minor Injuries stand up

- 5.1 Proposals moving forward are for a phased approach to standing the AMIU back up. The proposals carry with them significant risk of ongoing suspension of the service due to workforce limitations. The service would still require additional ENPs to the current establishment and face similar challenges whilst not providing the same level of cover as previous delivery.

The proposals are:-

- 2 day delivery model for AMIU from September 2022 – opening Monday and Tuesday 0800 – 16.00
- 4 days delivery model for AMIU from Jan 2023 – opening Monday, Tuesday, Thursday and Friday – 08.00 – 16.00

² <https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>

5.2 To re-open the unit would require moving existing workforce from Trafford Urgent Treatment Centre and/or Wythenshawe Urgent Treatment Centre in order to safely staff Altrincham Minor Injuries.

6.0 Longer Term Proposal

6.1 It is important that the people of Trafford have access to high quality urgent care, which is offered in a way that is simple to navigate and meets the needs of the population, working within resource and making best use of available workforce.

6.2 Therefore we are asking for the support of Health Scrutiny for a system review of urgent care to understand need, access, demand /capacity, workforce available and financial flows, by December 2022.

6.3 So that future strategic and operational recommendations can be made to Locality Board, Greater Manchester and which are co-produced with population of Trafford which ensure resources are aligned based on need, access is simplified, and variation and duplication are minimized whilst ensuring services are consistent with the national agenda in relation to the priorities for urgent care provision.