Central Manchester University Hospitals NHS
NHS Foundation Trust

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Trafford New Health Deal

Review of Trafford Urgent Care Centre

Central Manchester University Hospitals NHS
NHS Foundation Trust

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Context

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- In summer 2012 a comprehensive public consultation was undertaken on hospital services in Trafford, and in 2013 the changes were approved by the Secretary of State
- 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
  - Discontinuation of emergency surgery
  - Change from Level 3 to level 2 critical care
  - Establishment of Manchester Orthopaedic Centre
- The consultation also outlined that the UCC would change to a nurse led minor injuries and illness model in 2-3 years

Presentation outline

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- Summary of activity modelling originally completed for the consultation and an updated version
- There has been two different approaches used when examining the data:
  - top down approach looking at the original modelling and applying that to 2015 data
  - bottom up audit of Urgent Care Centre records by clinicians, to give a clinical perspective on the patients currently being seen.
- What has changed at Trafford in the Urgent Care Centre since the original work and why?
- What does this tell us about what is required for the future model?
- Next steps

Objectives

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The Project Team has been established with representation from the three key hospital providers, Trafford Council, Pennine Care, Mastercall and Trafford CCG. The group has agreed the following objectives;

- Deliver an operationally safe and sustainable service
- Reduce operating costs across the health economy
- Offer patients one point of access to both the Urgent Care Centre and Walk In Centre on site at Trafford General Hospital
- To deliver on the move to Model 3 set out in the original consultation

Principles

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- To retain the capacity to see patients at the Trafford General Hospital site
- To provide local services which meets the needs of Trafford patients
- To have an efficient and effective workforce

Consultation Models

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- The options that were agreed at consultation were that Model 2b was the preferred model moving to Model 3 on a 2-3 year timescale.
- Model 3 proposed that the Urgent Care Centre would move from a medically led model to a nurse led model
- It was agreed that Integrated Clinical Redesign Board would put forward clinical criteria to be met in order for the changes to take place

Criteria to make the change to Model 3

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Criteria	Input	Outcome
Audit of A and E attendances at UCC in the last 12 months	• CMFT have undertaken 2 audits looking at the UCC patients and where they could be treated. One top down and another bottom up • A multi disciplinary team undertook an audit of UCC patients with representation from hospital providers, primary care and Walk In Centre.	169 patients done and all were suitable for treatment by an nurse with extended skills 300 patients audited and 1 patient needed to be seen by a member of medical staff
Measures of community services in Trafford effectiveness in delivering care out of hospital	Referrals from hospital providers into the services	5518 referrals into CEC 1983 referrals into community matron since December 2013
Define model 3 in detail –reference group led by Trafford CCG across Health economy and potentially use Healthwatch or an expert patient panel to	Project team formed, work stream for clinical model and workshop planned to bring together clinical stakeholders.	Next steps

What the data modelling tells us

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Original Modelling

- Anticipated 38,934 A&E attendances would reduce to **29,876** UCC attendances
- Anticipated attendances for the Model 3 service was **15,718**
- This would have meant 14,158 patients per year displaced into health system

Using Actual 2015 Figures

- **28,357** so modelling was reasonably accurate
- Using 2015 data that modelling would result in **19,118** attendances in the Model 3 service
- This would mean 9,239 patients per year displaced into health system

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Predicted A&E attendances versus actual

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The monitoring of A&E attendances shows that at 2 years after NHDT

- CMFT shows 1446 (3%) over annual predicted plan
- UHSM shows 4100 (53%) under annual predicted plan
- SRFT shows 1349 (4%) under annual predicted plan

The monitoring of Urgent Admissions shows that at 2 years after NHDT

- CMFT shows 4147 (133%) over predicted annual plan
- UHSM shows 8819 (136%) over predicted annual plan
- SRFT shows 1616 (155%) over predicted annual plan

Clinical Audit of UCC Records

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- CMFT staff led an audit completed by senior nurses and a consultant of 2 days of patients attending the UCC in January 2016
- The conclusion was that all 169 patients could be seen safely by a Advanced Nurse Practitioner or a Emergency Nurse Practitioner
- At Integrated Clinical Redesign Board it was recommended that
  - bigger sample was audited
  - A more representational sample pf patients
  - The audit involved other organisations not just CMFT
- An audit took place in March 2016 following ICRB this audit involved clinicians from Primary Care Advanced Nurse Practitioners and GPs and secondary care clinicians. This audit looked at representational sample of patients from the last 12 months, compared the patients presenting conditions with the skill set of the Advanced Nurse Practitioner and the Emergency Nurse Practitioner and looked if they could be seen by one of them instead of a member of the medical team.
- The conclusion was that of the 300 patients audited, 1 patient need to be seen by a medical staff member and the rest could be seen safely by ANP or ENP.

What has changed and why?

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- The data shows that when the centre was an A&E 55% of patients were classified as Very Urgent or Urgent while not only 35% of patients are in that category.
- Patients being admitted through the A&E/UCC over a year has reduced from 7558 in 2010/11 (A&E department) to 2750 as an Urgent Care Centre
- Original modelling said we would lose a further 13,000 attendances
- 4,000 of these are explained by case mix changes that the more complex patients are not presenting at Trafford General Hospital

System Changes

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Other key services that have been implemented across the Trafford locality since 2013 are the community/primary care services that aim to prevent admission and keep Trafford patients at home, relieving pressure on the hospital system.

- Trafford Walk in Centre WIC)
  - This has experienced a huge increase in activity when looking at non registered WIC attendances activity has significantly grown
    - 2013/14 27,116 attendances
    - 2014/15 35,519 attendances
    - 2015/16 to date 35,427 attendances
- Admission Avoidance
  - Community Enhanced Care Team
  - Enhanced Primary Medical Services
- Right Care, Right Place
  - Pathfinder NWAS
  - Alternative To Transfer +
  - GP Direct Referrals to Trafford Acute Medical Unit

What does this tell us about what is required?

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- The nurse led minor injury and minor illnesses would lead to a considerable number of patients being displaced in the health economy
- This could have a significant impact on other hospitals A&E departments
- The proposal is to look at developing a more comprehensive model with nurses and other practitioners with extended skill to support the current patient case load would continue to be treated at UCC.
- This will mean that the 9,000 patients not accounted for by case mix changes will be able to remain at Trafford UCC.

Opening Hours

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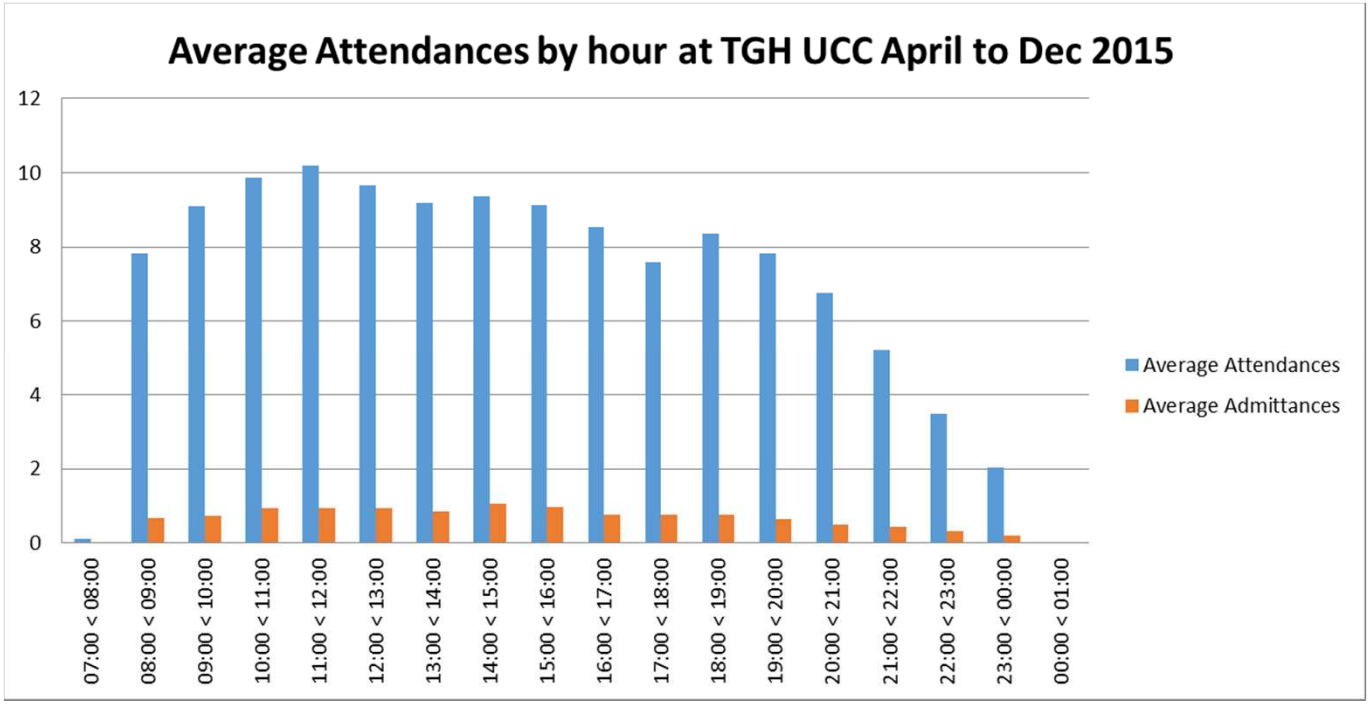
- Opening hours have been considered and small numbers of patients are attending after 8pm



Opening hours

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- An audit has been undertaken on January 2016 patient attending after 8pm
- This audit shows 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.
- 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

Highlights of after 8pm patient profile

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- Approximately 18 patients a week attended 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. This indicates that the population coming into the UCC after 8pm are not predominantly the vulnerable and elderly.
- The majority of patients (688 patients or 72%) were categorised as being less complex.

Next steps

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We ask the Scrutiny Committee to

- Understand the data which has been presented
- Understand that the next stage of this work will be progressed through the ICRB as the appropriate body to oversee and approve the work of the Project Team
- For the recommendation of the clinical model to be presented to a future JHOSC

Governance Structure for information

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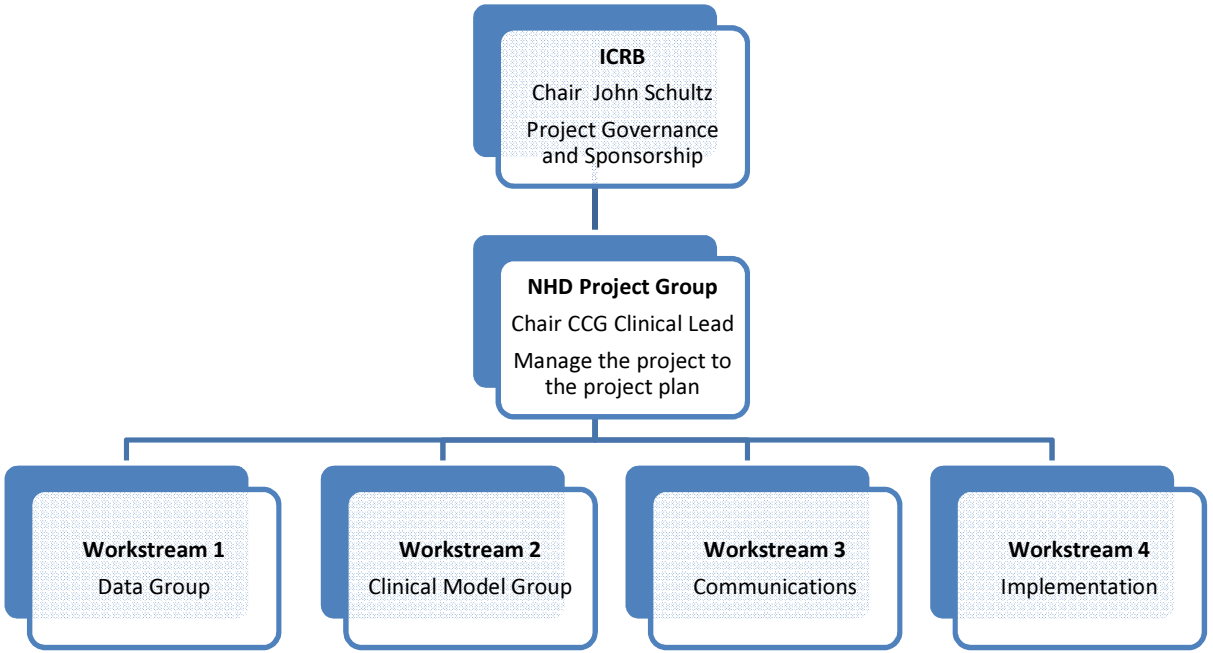

Acknowledgements

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