

Overview and Scrutiny Committee Report

Trafford Urgent Care Centre

1. Background

The New Health Deal for Trafford always envisaged that the Urgent Care Centre (UCC) would move to becoming a nurse led centre within two years. Central Manchester NHS Foundation Trust has worked closely with Trafford CCG to identify when it was appropriate to commence planning this change.

The CCG brought together all key stakeholders within the health economy to develop the potential new model. The clinical teams across the health economy reviewed records of patients who had previously attended the Urgent Care Centre, to ascertain if the attendance and clinical needs could be managed within a nurse led model. With this information, a resilient nurse-led model has been designed and is currently being implemented.

The original modelling had projected that the attendances would reduce to circa 29,000 pa following the move from an Accident and Emergency Service to an Urgent Care service. The figures for actual activity demonstrated this forecast to be accurate, with attendances just below 30,000 pa. The original modelling had also forecast that the subsequent move to a nurse-led model could be expected to cause a further 9,000 attendances to divert to other facilities. This would have had a major impact on the performance of surrounding hospitals and emergency services.

The CCG were very conscious of the need to retain the 9,000 attendances at the Trafford site. The service already had a robust transfer policy in place to manage people who needed the care of an emergency department. In order to avoid the transfer of 9,000 patients to other sites, the team were aware that the Trafford service needed to be robust and resilient and that the service needed to attract and retain key nursing and allied health professional staff.

2. Update

- **Implementation**

During the planning phase it was also agreed that an integrated service delivery with the Walk In Centre would be beneficial to the health economy. This would enable closer working and development of joint pathways to maintain the patients attending Trafford General on the site. Due to pressing external circumstances, it was agreed that the service would be implemented with two weeks' notice on 3 October 2016.

Alterations to the estate have been undertaken in stages. The first phase was the creation of walk in centre clinical rooms, which were ready for 3 October. Phase 2 was the redesign of the waiting room and reception, which is due to be completed shortly. This enables the two teams to work within the original Urgent Care Centre footprint.

The service commenced on 3 October 2016 and Mastercall moved into the premises on 4 October 2016.

- **Staffing**

In line with the original plan we have been successful in recruiting to the Nurse Consultant post. We are still actively recruiting to the Advanced Nurse Practitioners. To support the management of the minor injuries stream we are successfully utilising the skills of the extended scope Physiotherapists. We have reviewed the staffing model with the knowledge we have gained since

the changes. We continue to be supported by medical staffing until all training and competencies are completed.

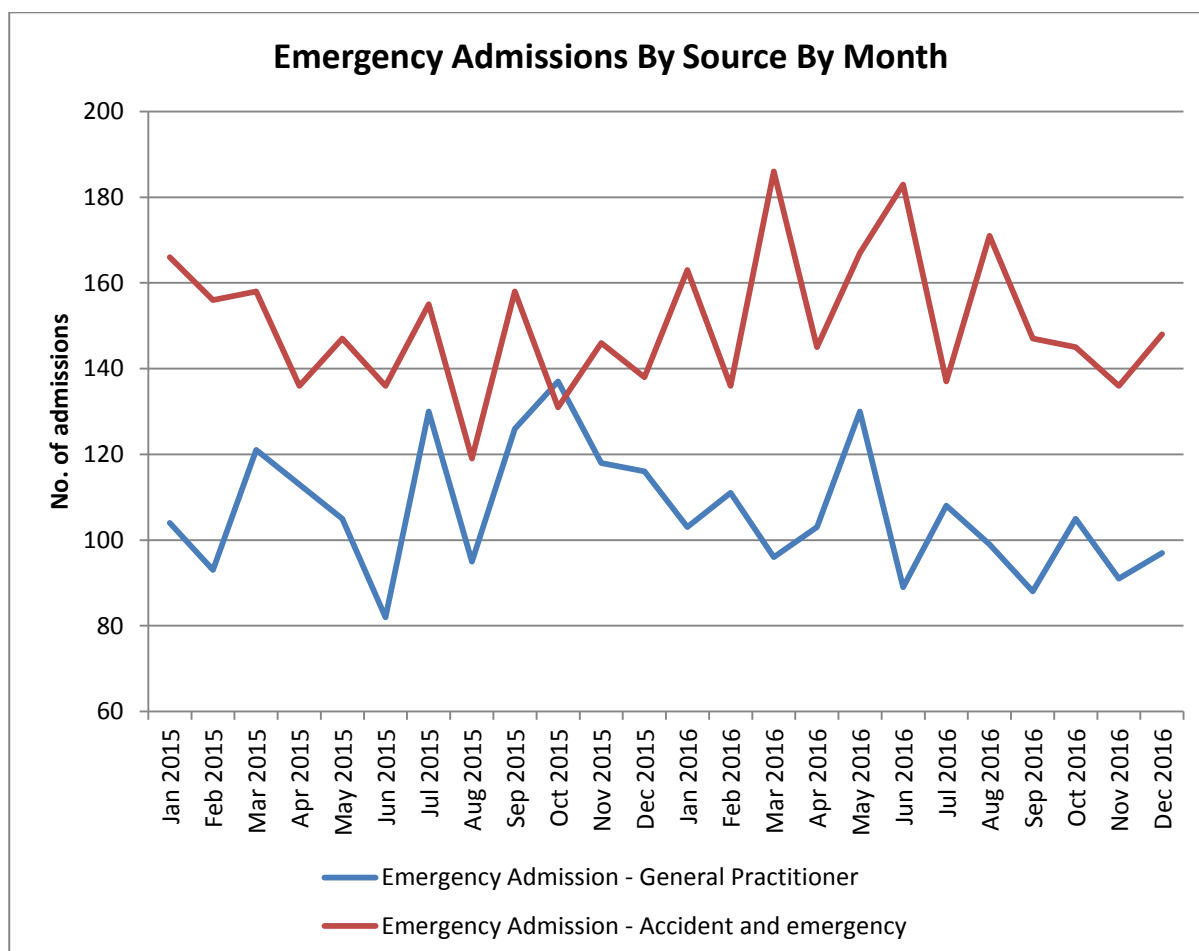
- **Attendances**

The original planning showed some potential movement of the patients between the two services. There is already evidence that patients are self-selecting and choosing the appropriate service they require. Mastercall had anticipated that they would see 60% of the original numbers. The clinical review undertaken as part of the initial model scoping work estimated less than 10% circa 2,000 patients would transfer from the Urgent Care Centre to Mastercall and that approximately 1,800 patients would flow the opposite way.

Month	Monthly Attendances	Transfers to WIC from UCC	Transfers to other Hospitals
October	2,185	107	89
November	2,374	79	81
December	2,267	63	53
January to 15.1.17	1,166	42	36

- **Acute Medical Patients**

It has been identified that the working relationship between Acute Medical Unit (AMU), the UCC and Walk in Centre needs to be further developed. The Trust appointed Helen Hurst, Nurse Consultant for Frail Elderly to Trafford Hospital late last year. Helen is working closely with the Clinical Lead Dr Bourne to enhance our pathways. This includes working with NHSI regarding the new medical model for small hospitals. They are also ensuring that, wherever possible, we are admitting to the AMU at Trafford. We are also embedding the transfer of all suitable medical patients who are Trafford residents, from the MRI to Trafford.



- **Governance**

To ensure we continue to improve the service and demonstrate safe delivery we have implemented additional governance arrangements. These are to ensure that Mastercall and CMFT have clear governance and operational sight of the services. Operational meetings are held every 2 weeks. There are monthly clinical governance meetings held with both organisations present to address complaints, issues and incidents.

- **Incidents since 3rd October 2016**

October – December 2015 55 incidents
October – December 2016 62 incidents*

[*NB: It was agreed to record all instances of patients attending after 8pm as incidents, and the figure of 62 for Oct – Dec 2016 include 27 cases of this sort.]

3. Next Steps

The plan is to:

- Continue the development of the acute medical model within AMU to support UCC
- Continue to work closely with Mastercall to ensure delivery of services
- Revisit the communications and signage regarding closure at 8pm

4. Conclusions

Implementation of planned changes to the Urgent Care Centre at Trafford General has been successful, and the service is working towards a fully nurse-led service, working in close collaboration with the Mastercall Walk In Centre. Activity levels and case mix are close to what was planned and expected, and there have been no material difficulties with the operation of the new service model.