

Report to: Health Scrutiny Committee
Date: 18th January 2022
Report for: Information/Discussion
Report of: Cathy O’Driscoll Associate Director of Transformation and Delivery NHS Greater Manchester Integrated Care and Eleanor Roaf, Director of Public Health, Trafford Council

Report Title

Trafford Locality Urgent Care Review

Summary

This report updates Health Scrutiny Committee on progress made on the Trafford Locality Urgent Care Review.

This review has been undertaken as part of the Trafford locality plan into consideration of services to Trafford patients. It should also be noted that with the recent development of the NHS Greater Manchester Integrated Care Partnership the newly formed organisation now takes statutory responsibility for developments around healthcare across the 10 localities within Greater Manchester including within the Trafford locality.

This report is the output of the first stage of the review process and outlines a needs assessment of the population of Trafford and the outputs of the critical appraisal of the current urgent care services being offered in Trafford. In addition to this the iterative report will be developed further with supplementary information following the public survey that is planned to commence during January 2023 to compliment the needs assessment and critical appraisal elements of this review.

Recommendation(s)

1) Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: James Gray, Head of Unscheduled Care (Trafford), NHS Greater Manchester

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1.0 Introduction

- 1.1 Urgent care is the diagnosis and treatment of medical conditions which are serious or acute but pose no immediate threat to life or limb or health but which requires medical attention within 24 hours.
- 1.2 A simple to navigate, joined up Urgent Care offer which meets the needs of all of the population has been a long-standing ambition in our Locality Plan. Therefore the full scope of this review will be to assess whether this is in place for Trafford and ultimately will be that integrated Urgent Care access is available to all residents of the borough based on the needs of the population and health inequalities.
- 1.3 This review also considers whether the urgent care services are in line with national guidance and can be delivered in a sustainable manner within the staffing and financial resources available.

2.0 Background

- 2.1 The following document describes the elements that have been considered in assessing the urgent care needs of the people of Trafford. Urgent care is defined as the need for health care within 24 hours, but does not include emergency care, which is treatment for life or limb-threatening conditions. It includes diagnosis and treatment required to meet urgent health care needs – this could be for injuries such as fractures and sprains, or for people presenting with illnesses or conditions such as fevers, urinary tract infections, or breathing difficulties.
- 2.2 Urgent care is delivered in a number of settings, including by GPs and pharmacists, as well as in hospital A&E departments and bespoke urgent care services. Some of these services operate within working hours only, others have extended hours or are available 24/7. Urgent care advice can also be sought online and by phone, either by calling NHS 111, or dialling 999.
- 2.3 The primary purpose of this review is to ensure that in Trafford we have a simple to navigate, joined up Urgent Care offer which meets the needs of all of the population. Taking into account the current and future projected needs in correlation to the services on offer. The scope of this review will be to consider individual urgent care services rather than sites or hospitals specifically.

**Note the contents of this report are in relation to the Trafford locality and Trafford patients only.

3.0 Outcome Priorities and Objectives

1. Services provide consistently high quality and safe care
2. The system is simple and supports good, informed choices by patients, their carers and clinicians
3. The system provides easy access to the right care delivered by those with the appropriate skills
4. Services are efficient and effective in the delivery of care for patients.
5. The service offer reduces inequalities and meets the needs of all

6. The service offers ensure equity of spend

- 3.1 Need for urgent care varies by a number of factors such as age, deprivation, and prevalence of underlying conditions. This document outlines the factors that have been considered in the needs assessment and comments on how well these needs are currently met in Trafford.
- 3.2 To understand the significance of urgent care, it is worth noting the following, bearing in mind that there are 237,600 people living in Trafford.
- On average there are over 295,000 Urgent Care attendances/calls per year for Trafford residents
 - Ambulance Service dealt with 41,000 patients either through see and treat or see and convey
 - 63,000 ED attendances across 5 sites
 - 19,000 Primary Care Out of Hours calls or visits
 - 5,500 Same Day Emergency Care appointments at Wythenshawe
 - 44,000 patients were supported through NHS 111 either online or via the telephone
 - 30,000 patients were supported through children's community nursing teams
 - 67,000 patients seen across Urgent Treatment Centres
 - 12,000 patients seen at the Minor Injuries Unit (19/20)
 - 1,400 Mental Health Crisis Responses
 - 3,000 referrals to our GM Clinical Assessment Service
 - 3,000 referrals from NAWAS to our Alternative to Transfer Service
 - 3,000 Urgent Eye Care Service Appointments
 - 1,000 Crisis Café attendances
 - In addition to this were also 414,640 same day primary care appointments during 21/22 and a total of 881,000 primary care appointments across the year

4.0 Key Messages of the Needs Assessment and Critical Appraisal

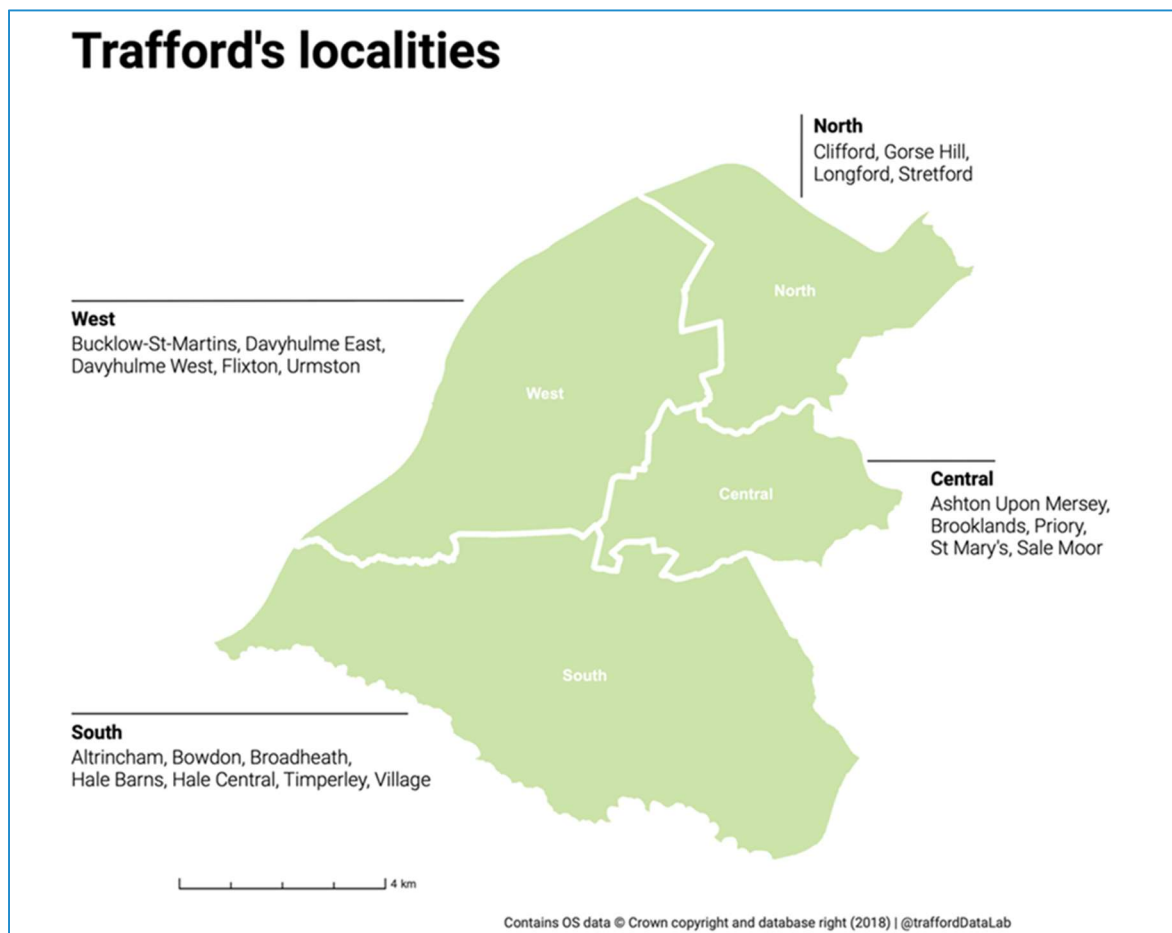
- Overall, attendances for urgent care dropped in Trafford between 2019/20 and 2021/22 (mainly due to the impact of the Covid pandemic, but we are starting to see levels return to pre-pandemic activity),
- In general, in the UK, more deprived areas have higher rates of urgent care service usage, and this is the pattern seen in Trafford
- Rates of attendance at urgent care services are highest in older people, and this increase starts at a younger age in the North than the South of the borough.
- Most people use urgent care between 8am – 8pm, with highest attendances on Mondays and lowest on Saturdays, and to a lesser extent, Sundays.
- Wythenshawe is the most commonly used site, but also tends to be used more by our less deprived population.
- Rates of attendance in children are higher in North and West Trafford, and the attendances in both children and older people were lower in the South. This is likely to be explained by the lower rate of deprivation in the South.
- Most of Trafford's population has good access to urgent care sites, either through good public transport links or because of high rates of car ownership.
- Trafford has the second-best rate of access to hospitals in GM based on public transport or walking with 88.4% of the population within 30 minutes by public transport of a hospital site.

- People tend to go to the urgent care site that is closest to them, but the proportion of people who live within 2 miles of the site they attended varies greatly, as some sites cater for a much wider geographic area.
- GP activity has increased sharply since the pandemic, with a substantial increase in the number of people having same day appointments.
- Use of the NHS 111 service fluctuates considerably over time, but all four neighbourhoods show the same pattern of fluctuation, although usage is much higher in North and West Trafford than in Central or South.
- We would expect to see higher *rates* of attendance among people living in more deprived areas, and those with older people, and higher *numbers* of attendances from people in more densely populated areas.
- There are three services within Trafford that do not currently meet national guidelines or requirements

5.0 Trafford locality & Current Services

Trafford consists of 4 neighbourhoods and 21 wards.

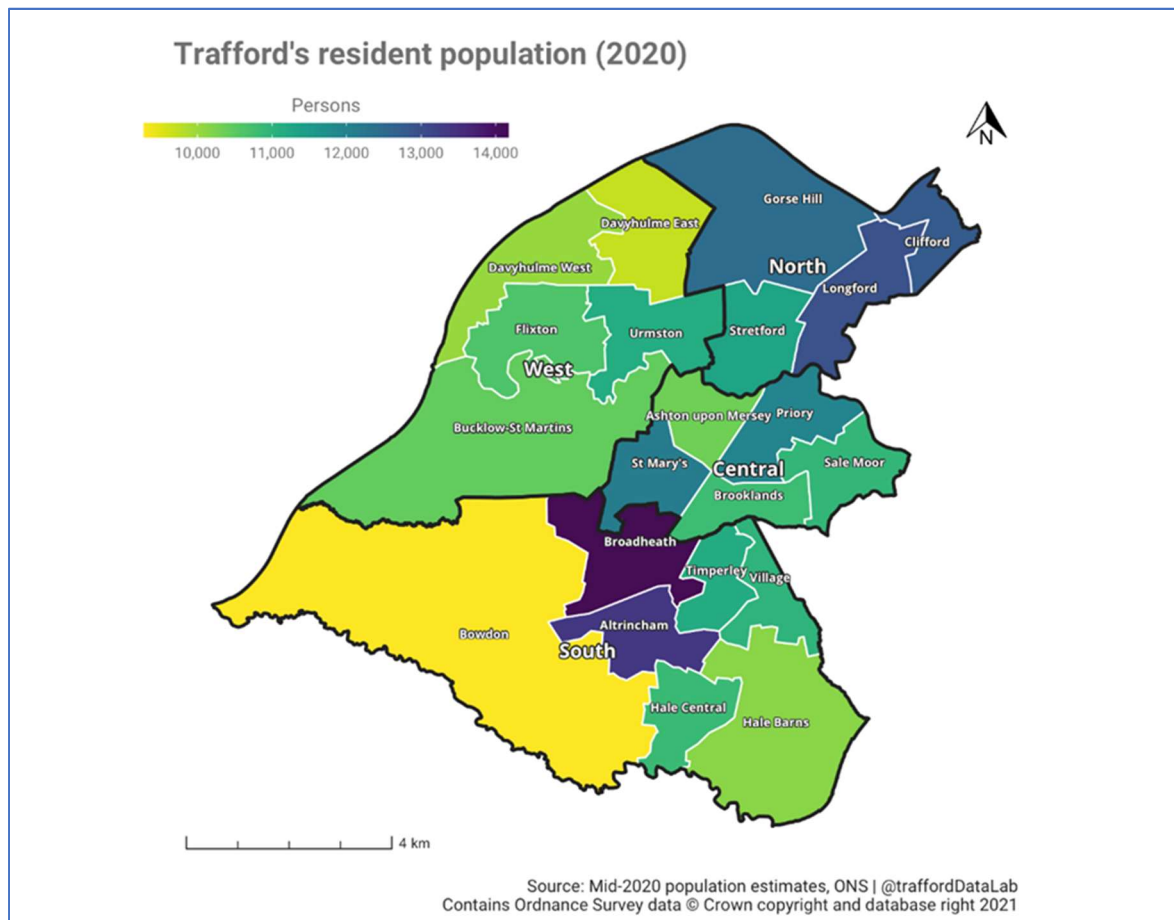
Map 1: showing the four Trafford Neighbourhoods



5.1 Map 2 below shows the population distribution in Trafford, the higher the population density the darker the colouring. The most densely populated areas are in the South

neighbourhood in Broadheath (6% of the Trafford population) and Altrincham (5.6%) and in the North neighbourhood in Longford (5.4%) and Clifford (5.4%).

Map 2: Showing the population density by Trafford



5.2 As part of the critical appraisal element of the review the information below describes those services within scope of the review, including the services, location and provider. The appraisal considers those services which are required within a locality and that meet the required expectations and standards for those services. The appraisal also outlines where there are services that may not meet current guidelines for service delivery, or may be additional provision to support the locality.

- 16 types of service are in scope of the review that provide urgent care provision across Trafford
- Most of the services will have a physical presence or site-based provision
- Some services may operate from multiple sites
- Some services may operate digitally or have no physical presence in the borough or operate through a visiting model
- Each of the services were mapped against national guidance/requirements or standards to understand the requirements for those services
- The NHS Long Term Plan outlines and articulates the expectations for many of the services identified within this review as the most recent NHS guidelines and standards for delivery.

5.3 Table 1 below outlines the different services available within Trafford or that are regularly accessed by Trafford patients. The table outlines the service, provider, hours of delivery, and average daily levels of activity and whether the service is in line with national guidelines, expectations and standards.

Urgent Care Services within Trafford/accessible to Trafford patients

Table 1: Outlining the key urgent care services accessible within or to Trafford patients

	Service	Location	Provider	Hours of Delivery	Daily Average	National Requirement/Guidance compliant
1	Ambulance	Borough Wide	NWAS	24/7	112	Y
2	Emergency Departments	Wythenshawe	MFT	24/7	113	Y
		MRI	MFT	24/7	26	Y
		Salford	SRFT	24/7	20	Y
		NMGH	MFT	24/7	<1	Y
		RMCH	MFT	24/7	10	Y
3	Urgent Treatment Centre	MRI	MFT	08:00-22:00	5	Y
		Wythenshawe	MFT/Master call	08:00-22:00	4	Y
		Trafford,	Mastercall TPAS/UTC	08:00-20:00	130	N (TPAS element additional provision)
		Trafford,	MFT UTC	08:00-20:00	44	Y
		NMGH	MFT	08:00-22:00	0	Y
4	Minor Injuries Unit	Altrincham Hospital	MFT	08:00-20:00 M-F and 10:00-18:00 S/S	33	N (Not compliant with UEC/UTC guidance)
5	Same Day Emergency Care (SDEC)	Wythenshawe	MFT	08:00-22:00	15	Y
		MRI	MFT	08:00-22:00	TBC	Y
6	Crisis Response	Borough Wide	TLCO	08:00-22:00	TBC	Y

7	GP Enhanced Access	Borough Wide	Primary Care Networks	18:30-20:00 M-F 08:00-18:30 S/S	TBC	Y
8	Same Day Primary Care Access	Borough Wide	Core GP/Pharmacy/Dentistry	08:00-18:30	1,136 Core GP (same day)	Y
9	Children's Community Nursing	Borough Wide	MFT	08:30-22:30	82	Y
10	Crisis Café	Borough Wide	Blusci	19:00-02:00 M-F & 17:00-02:00 S/S	2	Y
11	NHS 111 (Telephone/Online)	Borough Wide	North West Ambulance Service	24/7	121	Y
12	Greater Manchester Clinical Assessment Service	Borough Wide	OOHA	24/7	9	Y
13	Alternative to Transfer (ATT)/+	Borough Wide	Mastercall Healthcare	24/7	8	N (additional resource to support ambulance deflection)
14	Primary Care Out of Hours	Borough Wide	Mastercall Healthcare	18:30-08:00 M-F & 18:30 F-08:00 M	53	Y
15	Mental Health Crisis Response	Borough Wide	GMMH	24/7	4	Y
16	CUES - Urgent Eyecare Service	Borough Wide	Various	Dependent on service	9	Y

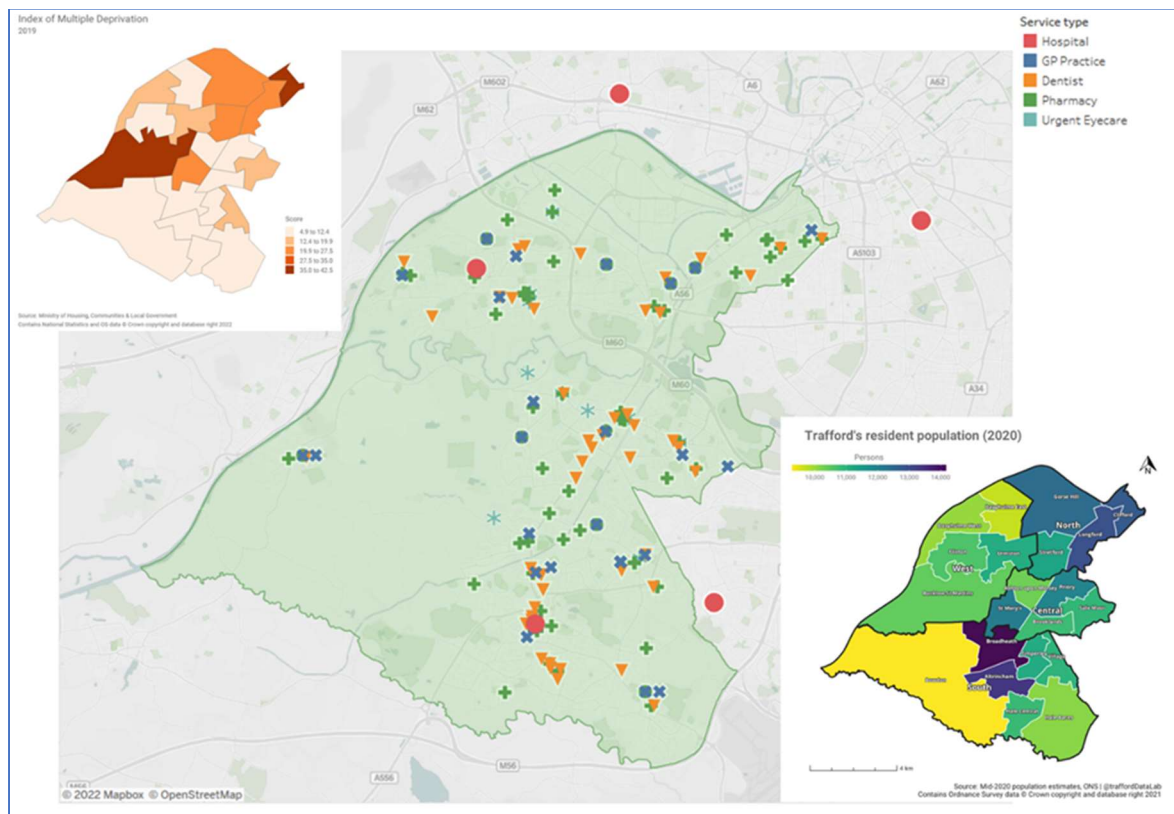
5.4 Table 1 identifies three services within Trafford that do not currently meet national guidelines or requirements and the rationale for this is outlined further on in this document. Map 3 details the physical presence for services located in and around the Trafford locality that provide some element of urgent care provision. This includes services within Manchester and Salford that are frequently accessed by Trafford patients.

5.5 Map 3 details the locations of GP Practices (blue circles), Dental Practices (orange triangles), Pharmacies (green crosses), Urgent Eye Care Services (CUES) (blue asterisk) delivered via Optometrists, as well as the 5 main sites (large red circles) including: -

- Trafford General Hospital
- Oxford Road campus
- Altrincham General Hospital
- Wythenshawe Hospital
- Salford Royal Foundation Trust

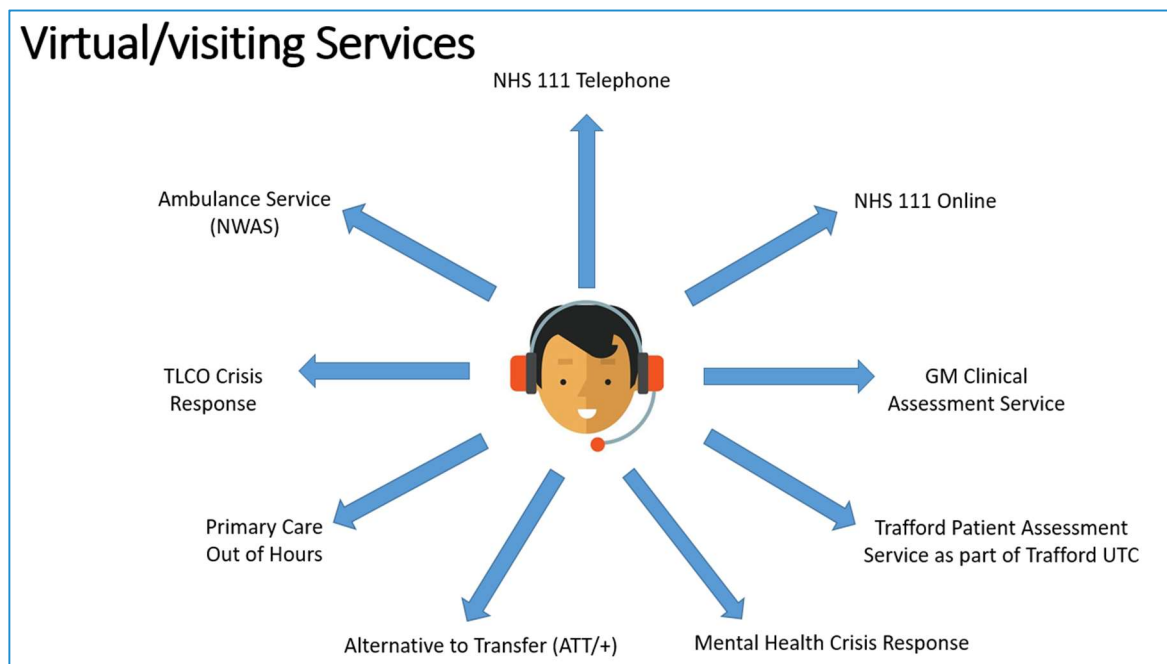
Map 3: Outlining the current physical sites of urgent care services provided across Trafford

Source: Secondary uses service



5.6 Diagram 1 outlines the virtual and visiting services that are available within the Trafford locality for patients. These services often do not have a physical site for patients to attend but often provide digital, telephone or community/domiciliary services for patients. Some of these services may be provided or based from some of the physical sites outlined in the previous map.

Diagram 1: outlining the current virtual and visiting services available to Trafford patients



5.7 Within the scope of this exercise are all urgent or same day health care services that are provided within Trafford or accessed by Trafford residents

- These services were considered based on National Guidance and requirements outlined within various documents such as the NHS Long-Term Plan or 5 year Forward View.
- The services were considered against the national guidance and it has been identified where they may not meet the required standards, expectations or deliverables
- Consideration has also been given to the levels of activity and costs however, cost of the services are not currently in scope of this document and will be excluded from consideration at present
- The services were considered in terms of activity levels, trends and averages and where there have been significant shifts in activity this has also been outlined.

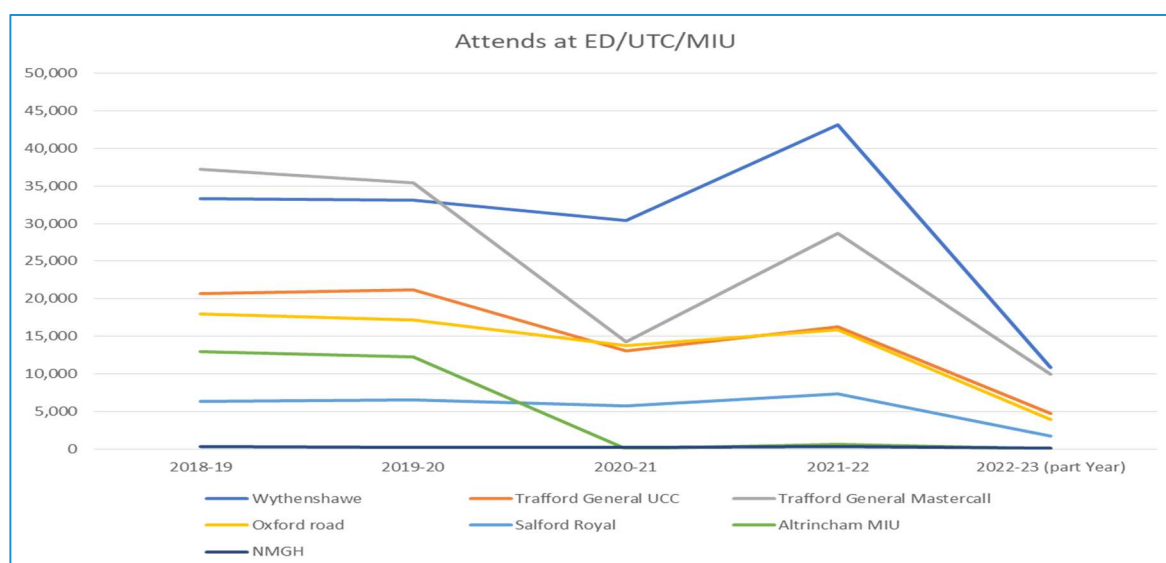
6.0 Changes in Activity over time

6.1 The 5 main Urgent and Emergency Care sites available for Trafford residents are detailed in the Table 2. Note TGH is one service provided through provider collaboration and the figures for 2021/22 for AMIU are due to the service being reopened for 1 month.

Table 2: outlining the levels of activity/attends for the main acute urgent care services

Attends at ED/UCC/MIU by Trafford patients					
Provider site	2018-19	2019-20	2020-21	2021-22	2022-23 (Part Year)
Wythenshawe	33,269	33,154	30,451	43,143	10,882
Trafford General UCC	20,697	21,181	13,054	16,250	4,751
Trafford General Mastercall	37,205	35,391	14,302	28,700	9,987
Oxford road (Including RMCH)	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

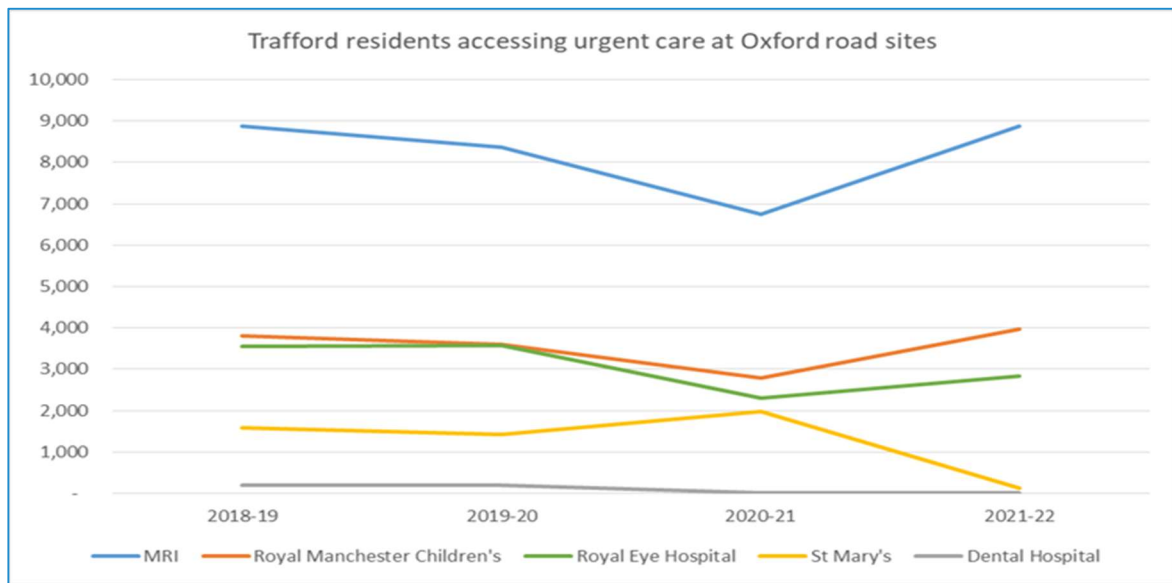
Graph 1: outlining the number of attends at the main ED and UTC Sites across Manchester and Trafford since 2018/19



- The activity outlined on graph 1 covers the last 5 years of activity across the main urgent care services accessed by Trafford patients (a breakdown by service for the Oxford Road site is presented in graph 2 below).
- Consideration needs to be given to the impact of Covid on activity/trends particularly during 2020/21 where a significant drop in activity can be seen.
- It can also be noted that in the majority of sites the levels of activity are below those of pre-pandemic with the exception of Wythenshawe. However, it is also evident from the shift in

correlating activity that the same proportion of Trafford patients that previously attended AMIU are now attending Wythenshawe.

Graph 2: outlining the number of attends at the Oxford Road UTC Sites since 2018/19



- 2021/22 saw levels of activity return to “normal”.
- The increase in activity at Wythenshawe in 2021/22 can be attributed to the proportional shift of patients from AMIU.
- As can be seen from map 3, provision of services outline in addition to the borough wide virtual and visiting services, there is a significant level of service provision available to patients within the borough.
- Of the 16 different service types considered within this review, there are 3 services that either do not meet current guidelines or are services provided above those prescribed by National guidance. These services are outlined in Table 3 along with a rationale as to why they do not meet national requirements.

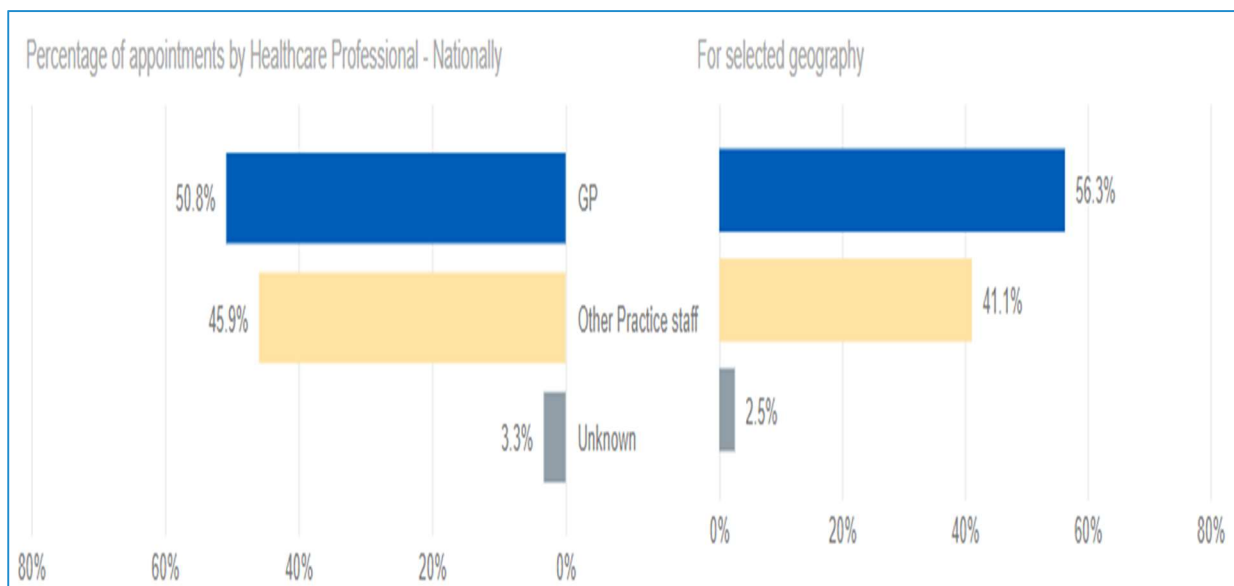
Table 3 showing service and Rationale for being outside of national requirements

Service	Rationale
Altrincham Minor Injuries Unit (AMIU)	National guidance stipulates that Minor Injuries Units should no longer be provided within the NHS as outlined by the NHS Long Term Plan and guidance for Urgent Treatment Centres. UTC guidelines outline that services previously identified as Minor Injuries Units should either be changed to Urgent Treatment Centres, primary care hubs or the ongoing delivery of service reconsidered.
Mastercall TPAS	Whilst it is a requirement for localities to have a clinical assessment service, Trafford commissions a clinical assessment service as part of a GM wide commissioned service and has an additional service called the Trafford Patient Assessment Service to support those patients who would have been referred to the UTC at TGH.
Mastercall ATT	This service has been in place for a number of years and provides alternatives to conveyance for ambulance crews to refer to. This supports the wider urgent care system in reducing the volume of conveyances to ED and whilst not a requirement contributes significantly to the reduction of ED activity.

6.2 The following pages outline the levels of activity across primary care within Trafford. The information contained with these pages has been collated through a new reporting system called GPAD. There are still a number of data quality issues that are being reviewed within the data provided through GPAD but the information provided is indicative of levels of activity across the borough for primary care.

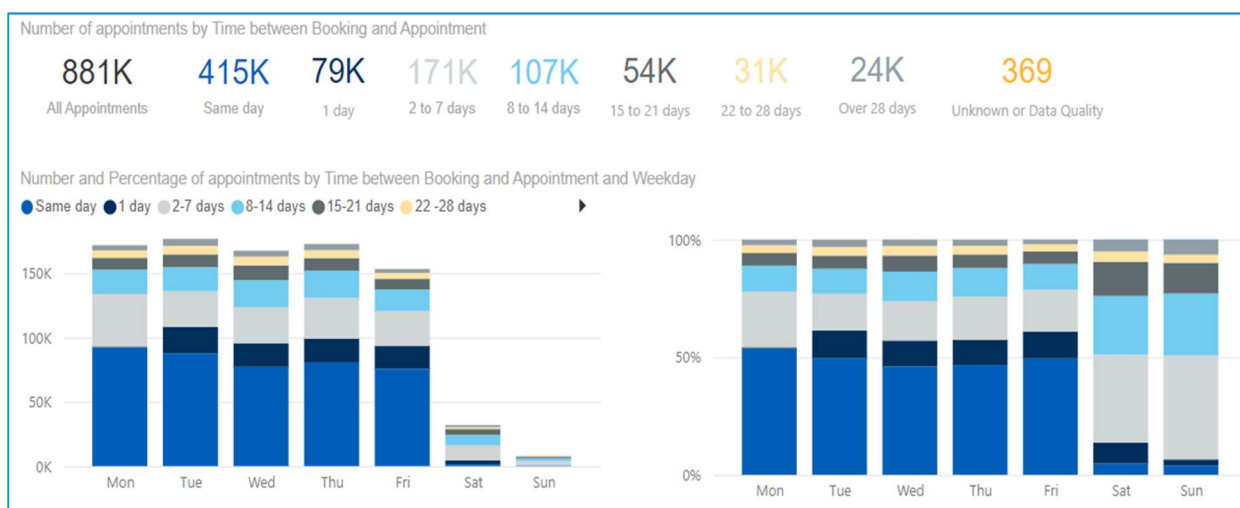
6.3 Graph 3 outlines the percentage of appointments by different professionals within primary care in Trafford compared to nationally and as can be seen Trafford has 5.5% more appointments available with GPs than national comparators.

Graph 3 showing percentage of appointments for healthcare professionals nationally and locally

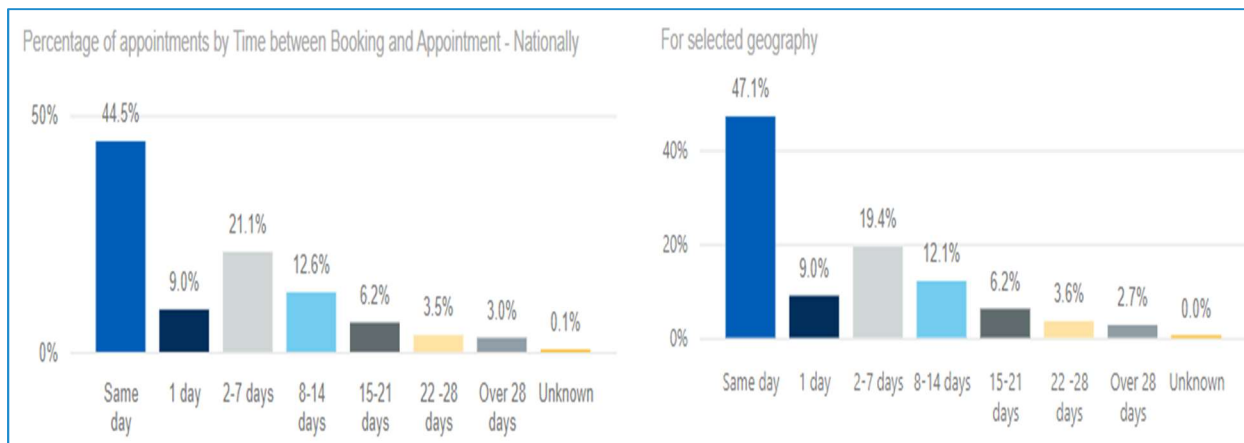


6.4 Graph 4 outlines the levels of activity at that have been undertaken across primary care during 2021/22 within Trafford broken down by duration from booking of appointment to the appointment taking place. This is also provided by day of the week. Graph 5 also outlines that the proportion of appointments for same day is higher within Trafford than national comparators.

Graph 4 showing difference between booking and appointment by weekday across primary care in Trafford 2021-22



Graph 5 showing the difference between booking and appointment time 2021-22 Trafford compared to Nationally

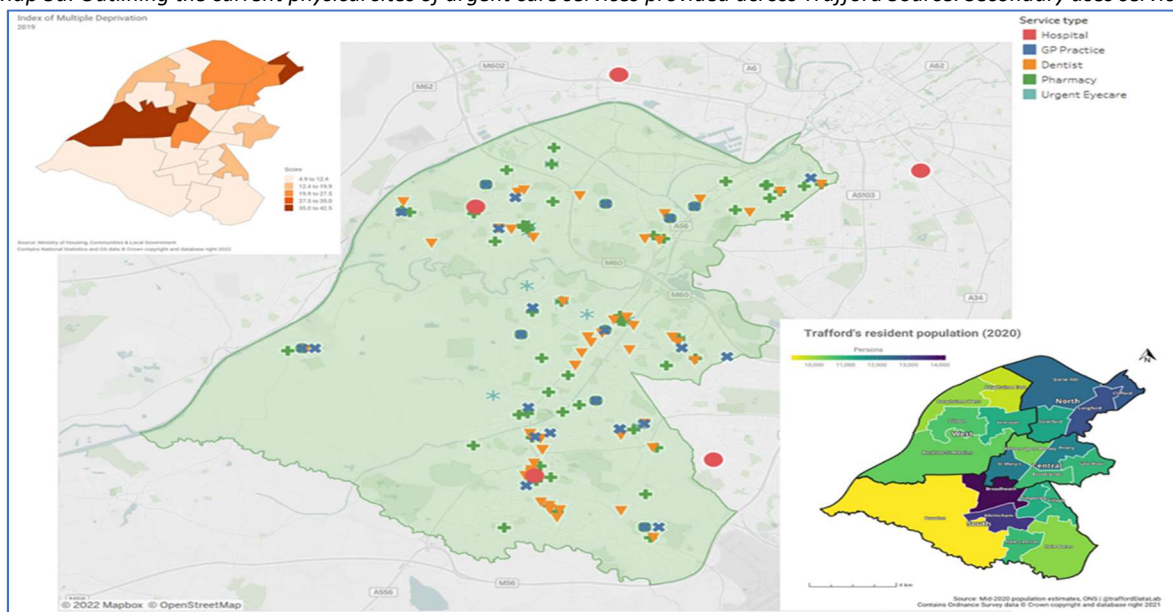


7.0 Mapping of services

7.1 The map below shows Trafford services and the potential level of need. In the top left we have a map of deprivation, the darker the colour the higher the deprivation, and the bottom right population distribution, the darker the colour the higher the population density. All other things being equal, we would expect to see higher *rates* of attendance among people living in more deprived areas, and higher *numbers* of attendances from people in more densely populated areas.

7.2 Trafford undertook a Pharmacy Needs Assessment in July 2022 ([link:https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/docs/Trafford-Pharmaceutical-Needs-Assessment.pdf](https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/docs/Trafford-Pharmaceutical-Needs-Assessment.pdf)). This identified that the people of Trafford had good access to pharmacies in and out of hours with the exception of Partington (Bucklow-St Martins) where there was an identified gap on Saturday afternoons and Sundays however, work is underway to rectify this.

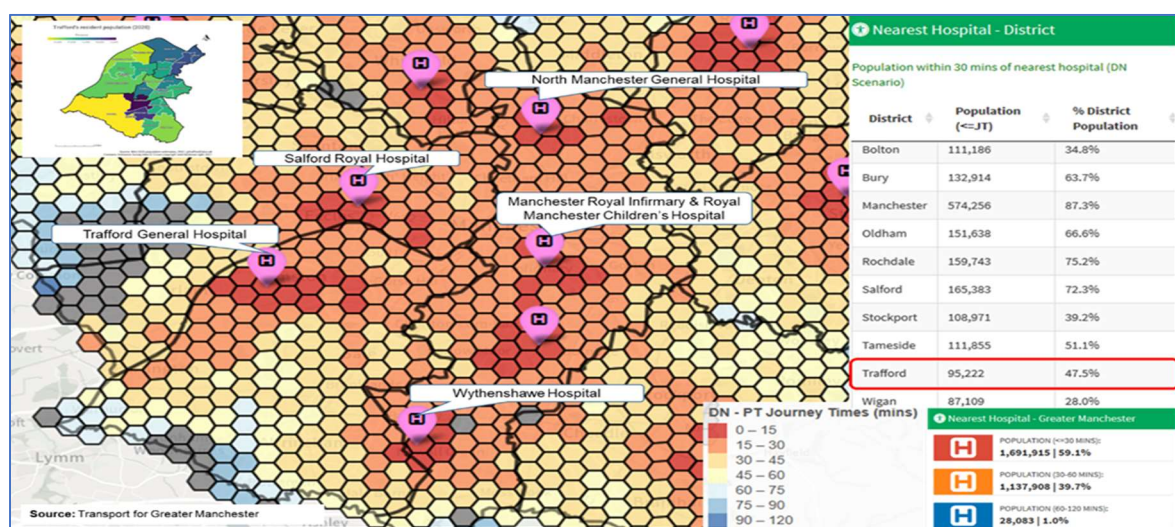
Map 3a: Outlining the current physical sites of urgent care services provided across Trafford Source: Secondary uses service



- 7.3 For other services it is noted from the map that they are more sparse in the less deprived wards of Bowdon, Ashton upon Mersey and Priory; and in the more deprived Bucklow-St Martins, an area at-risk of transport-related social exclusion (this is explored further below), and Gorse Hill. However, all of these areas, with the exception of Buckslow-St Martins, have good access to transport.
- 7.4 While access to GPs and pharmacies is generally good across Trafford, a specific question was raised on the access that people have to hospital and urgent care sites. Maps 4 and 5 show the access to public transport, and also explore car ownership.
- 7.5 Looking first at public transport, Maps 4 and 5 below show journey times to each hospital. Red indicates areas that are 15 minutes or less from a hospital, orange 15-30 minutes, yellow 30-60 minutes and blue over an hour away. The inset map in the top left corner shows population density by ward in order to give an impression of the number of people affected.
- 7.6 Map 4 shows journey times by public transport in 2019/20, when Altrincham Minor Injuries Unit was open. At that point, nearly 90% of our residents could access a hospital site by public transport within 30 minutes). Map 5 shows the situation in 2021/22, when the AMIU service was suspended¹. The table on the right-hand side of each map gives comparative data for Greater Manchester. It can be seen that in 2019/20 Trafford was 2nd of the 10 Greater Manchester boroughs for the proportion of its population within 30 minutes of a hospital/urgent care site by public transport.
- 7.7 With the suspension of the AMIU service in 2021/22, Trafford's relative position fell to 6th in GM, with just under half its population able to reach a site by public transport within 30 minutes. However, it must be noted that the Altrincham site only offered a minor injuries service, so those requiring urgent care for minor illnesses had to go elsewhere, so the change is not as marked as initial impressions from the maps.

Map 4: Public Transport Journey Times to each Hospital (excluding Altrincham Hospital) – 2020-2021 services

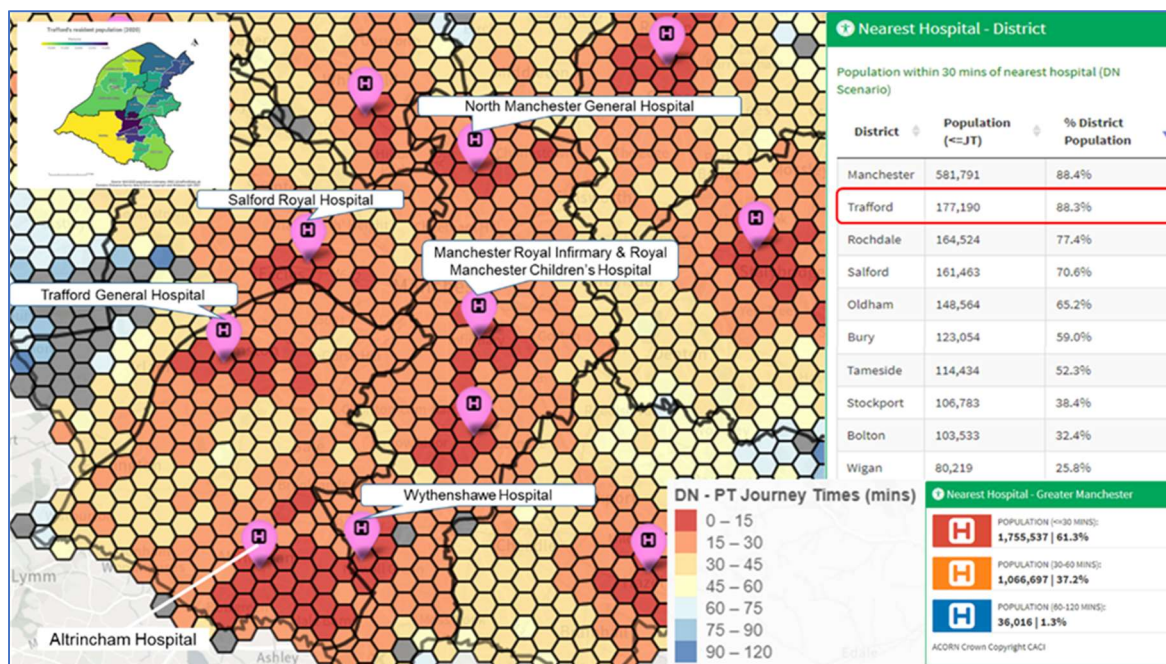
Source: Transport for Greater Manchester



¹ Note this is for hospital sites in their entirety not just urgent care services

Map 5: Public Transport Journey Times to each Hospital (including Altrincham Hospital) – 2022 services

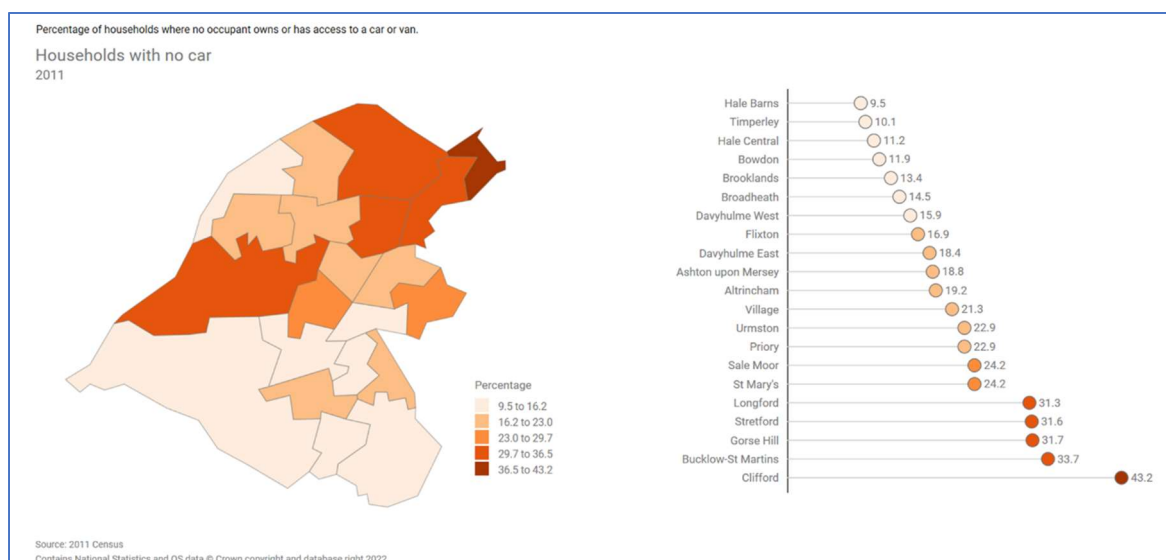
Source: Transport for Greater Manchester



7.8 While accessibility by public transport is very important, many people access hospital services by car. Trafford has a relatively high rates of car ownership, especially in the south of the borough. The map below depicts households with no car, with the darker the colour the higher percentage of households with no car.

Map 6: outlining Households in Trafford with no car or van access

Source: Trafford Data Lab

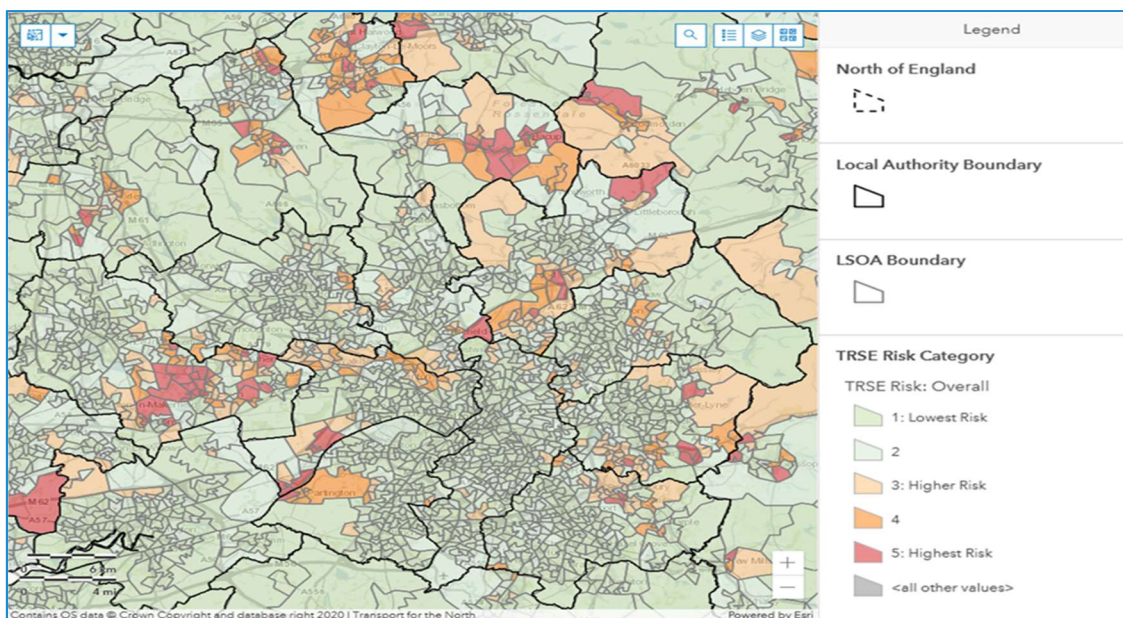


7.9 Transport for the North has developed a tool to evaluate transport-related social exclusion, which is a measure of accessibility to public services combined with vulnerability relating to deprivation and this is shown in map 7 below:

Map 7: Transport-Related Social Exclusion (TRSE) Risk

LSOAs are scored on accessibility to public services and vulnerability relating to deprivation. Those living in LSOAs with a TRSE Risk Category of 3 or higher are considered at high risk of social exclusion because of transport issues.

Source: Transport for the North



- 7.10 Compared to other boroughs in Greater Manchester, Trafford has relatively fewer areas of transport-related social exclusion risk. Areas of concern are Bucklow-St Martin (Partington) where just over a third (34%) of households are car-less, and parts of West St Mary’s which has relatively few cars registered to the area when compared with the rest of Trafford, South Sale Moor and South Altrincham. Broadheath, which as shown on the map above, has limited public transport access to local hospitals has a very low car-less population (14.5%) and has one of the highest number of cars registered per LSOA. Conversely, Clifford ward has low levels of car ownership but good public transport links to hospitals.
- 7.11 Table 3a outlines the range of costs to access the two closest hospitals from each ward within Trafford. The postcodes used for each ward are the closest and furthest away (as the crow flies) from each site, the distance travelled, fuel costs, journey time, and taxi fares calculated using the route travelled as per the RAC. The costs are for petrol, diesel and by taxi.
- 7.12 Considering Table 3a and the first hospitals only that are closest to each ward, we can see from the shaded areas of the table those areas with high costs from either fuel or taxi costs are, Sale Moor (to Wythenshawe Hospital), Bowdon (to Altrincham Hospital) and Bucklow St Martins (to Trafford General Hospital). This is consistent with the information provided in Map 7 in relation to the transport related social exclusions. However it should be noted that whilst we are considering urgent care the instances of use are irregular and ad hoc and therefore the implications of costs should be considered in this context.

Table 3a: Outlining the range of costs to access the two closest hospitals from each ward

Locality	Ward	Ward Postcode	First Hospital	Hospital Postcode	Petrol cost (£/p)	Diesel cost (£/p)	Distance (Miles)	Journey Time (Mins)	Taxi (£/p) Day rate	Taxi (£/p) Night rate	Second Hospital	Hospital Postcode	Petrol cost (£/p)	Diesel cost (£/p)	Distance (Miles)	Journey Time (Mins)	Taxi (£/p) Day rate	Taxi (£/p) Night rate	
Central	Ashton upon Mersey	Minimum distance	M33 5NP	Trafford Hospital	M41 5SL	1.16	1.33	4.54	11	11.22	14.71	Altrincham Hospital	WA14 2RQ	1.04	1.196	4.07	14	10.28	13.48
		Maximum distance	M33 7FX	Trafford Hospital	M41 5SL	1.24	1.43	4.83	12	11.79	15.48	Altrincham Hospital	WA14 2RQ	0.82	0.943	3.21	12	8.61	11.22
Central	Brooklands	Minimum distance	M33 4EL	Altrincham Hospital	WA14 2RQ	0.48	0.55	1.86	8	5.95	7.68	Wythenshawe Hospital	M23 9LT	0.90	1.035	3.5	12	9.17	11.99
		Maximum distance	M33 7LN	Altrincham Hospital	WA14 2RQ	0.74	0.85	2.9	11	8.00	10.41	Wythenshawe Hospital	M23 9LT	0.99	1.139	3.87	12	9.90	12.96
Central	Priory	Minimum distance	M33 3EL	Wythenshawe Hospital	M23 9LT	1.06	1.22	4.12	12	10.39	13.61	Altrincham Hospital	WA14 2RQ	1.1	1.265	4.29	13	10.73	14.05
		Maximum distance	M33 7BL	Trafford Hospital	M41 5SL	1.14	1.31	4.46	11	11.06	14.50	Wythenshawe Hospital	M23 9LT	1.86	1.909	6.49	13	14.99	19.79
Central	Sale Moor	Minimum distance	M33 2XL	Wythenshawe Hospital	M23 9LT	1.15	1.32	4.5	14	11.14	14.61	Altrincham Hospital	WA14 2RQ	1.2	1.38	4.67	15	11.47	15.05
		Maximum distance	M33 2ER	Wythenshawe Hospital	M23 9LT	1.69	1.88	6.2	12	14.48	19.07	Altrincham Hospital	WA14 2RQ	1.31	1.507	5.1	16	12.32	16.18
Central	St Mary's	Minimum distance	M33 4LX	Altrincham Hospital	WA14 2RQ	0.62	0.71	2.41	9	7.03	9.12	Wythenshawe Hospital	M23 9LT	1.04	1.196	4.05	13	10.26	13.43
		Maximum distance	M33 5EY	Altrincham Hospital	WA14 2RQ	0.80	0.92	3.12	12	8.45	10.99	Trafford Hospital	M41 5SL	1.34	1.541	5.23	12	12.67	16.63
North	Clifford	Minimum distance	M15 5PW	Manchester Royal Infirmary	M13 9WL	0.37	0.43	1.43	7	5.11	6.55	Salford Royal Hospital	M6 8HD	1.34	1.541	5.22	16	12.55	16.50
		Maximum distance	M16 5UN	Manchester Royal Infirmary	M13 9WL	0.71	0.82	2.78	12	7.76	10.10	Salford Royal Hospital	M6 8HD	1.03	1.185	4.03	13	10.22	13.38
North	Gorse Hill	Minimum distance	M17 1EQ	Salford Royal Hospital	M6 8HD	0.56	0.64	2.19	9	6.80	8.55	Trafford Hospital	M41 5SL	0.87	1.001	3.38	11	8.94	11.67
		Maximum distance	M32 0DW	Salford Royal Hospital	M6 8HD	1.28	1.47	4.99	16	12.10	15.90	Trafford Hospital	M41 5SL	1.24	1.426	4.85	11	11.83	15.53
North	Longford	Minimum distance	M16 5DP	Manchester Royal Infirmary	M13 9WL	0.60	0.69	2.32	10	6.86	8.89	Salford Royal Hospital	M6 8HD	1.28	1.472	4.99	14	12.10	15.90
		Maximum distance	M32 8PU	Manchester Royal Infirmary	M13 9WL	1.02	1.17	3.98	14	10.12	13.24	Trafford Hospital	M41 5SL	1.23	1.415	4.81	11	11.75	15.42
North	Stretford	Minimum distance	M32 9NB	Trafford Hospital	M41 5SL	0.63	0.72	2.47	9	7.15	9.28	Salford Royal Hospital	M6 8HD	1.13	1.3	4.42	14	10.98	14.40
		Maximum distance	M32 8WF	Trafford Hospital	M41 5SL	1.09	1.25	4.25	11	10.67	13.98	Salford Royal Hospital	M6 8HD	1.54	1.771	6	16	14.09	18.65
South	Altrincham	Minimum distance	WA14 2RA	Altrincham Hospital	WA14 2RQ	0.42	0.48	1.66	4	5.56	7.16	Wythenshawe Hospital	M23 9LT	1.13	1.3	4.4	13	10.94	14.35
		Maximum distance	WA14 4LE	Altrincham Hospital	WA14 2RQ	0.51	0.59	1.99	7	6.21	8.02	Wythenshawe Hospital	M23 9LT	1.06	1.219	4.13	15	10.41	13.64
South	Bowdon	Minimum distance	WA14 2CH	Altrincham Hospital	WA14 2RQ	0.07	0.08	0.28	2	2.85	3.63	Wythenshawe Hospital	M23 9LT	0.90	1.035	3.49	11	9.16	11.96
		Maximum distance	WA15 9SS	Altrincham Hospital	WA14 2RQ	1.50	1.73	5.84	14	13.77	18.13	Trafford Hospital	M41 5SL	1.76	2.024	6.87	18	16.79	20.83
South	Broadheath	Minimum distance	WA15 6BL	Altrincham Hospital	WA14 2RQ	0.27	0.31	1.07	5	4.40	6.61	Wythenshawe Hospital	M23 9LT	0.88	0.782	2.67	9	7.54	9.81
		Maximum distance	WA14 5TB	Altrincham Hospital	WA14 2RQ	0.45	0.52	2.54	10	7.29	9.47	Trafford Hospital	M41 5SL	1.92	2.268	7.49	20	17.01	22.46
South	Hale Bams	Minimum distance	WA15 7TU	Wythenshawe Hospital	M23 9LT	0.14	0.16	0.55	3	3.38	4.24	Altrincham Hospital	WA14 2RQ	0.8	0.92	3.14	8	8.47	11.04
		Maximum distance	WA15 0EP	Altrincham Hospital	WA14 2RQ	0.73	0.84	2.86	9	7.92	10.31	Wythenshawe Hospital	M23 9LT	0.72	0.828	2.8	10	7.80	10.15
South	Hale Central	Minimum distance	WA15 5OC	Altrincham Hospital	WA14 2RQ	0.08	0.09	0.32	2	2.93	3.64	Wythenshawe Hospital	M23 9LT	0.75	0.863	2.93	10	8.06	10.49
		Maximum distance	WA15 0JY	Altrincham Hospital	WA14 2RQ	0.44	0.51	1.73	5	5.70	7.34	Wythenshawe Hospital	M23 9LT	0.42	0.483	1.63	6	5.50	7.08
South	Timperley	Minimum distance	WA15 7DZ	Altrincham Hospital	WA14 2RQ	0.22	0.25	0.88	4	3.99	5.06	Wythenshawe Hospital	M23 9LT	0.64	0.738	2.52	9	7.26	9.41
		Maximum distance	M33 3RZ	Altrincham Hospital	WA14 2RQ	0.94	1.09	3.68	12	8.53	12.48	Wythenshawe Hospital	M23 9LT	0.90	1.035	3.5	12	9.17	11.99
South	Village	Minimum distance	WA15 7HS	Wythenshawe Hospital	M23 9LT	0.53	0.61	2.08	8	6.39	8.28	Altrincham Hospital	WA14 2RQ	0.81	0.932	3.14	9	8.47	11.04
		Maximum distance	M33 3FP	Wythenshawe Hospital	M23 9LT	0.84	0.97	3.28	11	8.74	11.41	Altrincham Hospital	WA14 2RQ	0.89	1.024	3.45	12	9.08	11.85
West	Bucklow-St Martins	Minimum distance	M31 4AD	Trafford Hospital	M41 5SL	0.74	0.85	2.88	9	7.96	10.38	Altrincham Hospital	WA14 2RQ	1.2	1.38	4.67	15	11.47	15.05
		Maximum distance	M31 4BS	Trafford Hospital	M41 5SL	1.38	1.59	5.37	15	12.85	16.89	Altrincham Hospital	WA14 2RQ	1.86	2.139	7.27	18	16.68	21.88
West	Davyhulme East	Minimum distance	M41 7DV	Trafford Hospital	M41 5SL	0.14	0.16	0.53	3	3.34	4.19	Salford Royal Hospital	M6 8HD	1.12	1.288	4.37	14	10.88	14.27
		Maximum distance	M41 7PA	Salford Royal Hospital	M6 8HD	0.82	0.94	3.21	11	8.61	11.22	Trafford Hospital	M41 5SL	0.81	0.702	2.37	9	6.96	9.02
West	Davyhulme West	Minimum distance	M41 3FP	Trafford Hospital	M41 5SL	0.08	0.10	0.37	2	3.03	3.77	Salford Royal Hospital	M6 8HD	1.24	1.426	4.84	14	11.81	15.50
		Maximum distance	M41 6AS	Trafford Hospital	M41 5SL	0.64	0.74	2.48	10	7.17	9.31	Altrincham Hospital	WA14 2RQ	2.05	2.358	8	26	18.01	23.78
West	Flixton	Minimum distance	M41 5SL	Trafford Hospital	M41 5SL	0.11	0.13	0.44	3	3.16	3.95	Salford Royal Hospital	M6 8HD	1.26	1.449	4.91	15	11.94	15.69
		Maximum distance	M41 5GJ	Trafford Hospital	M41 5SL	0.47	0.54	1.84	7	5.91	7.63	Altrincham Hospital	WA14 2RQ	1.53	1.78	5.97	18	14.03	18.47
West	Umston	Minimum distance	M41 5RU	Trafford Hospital	M41 5SL	0.12	0.14	0.47	2	3.22	4.03	Salford Royal Hospital	M6 8HD	1.24	1.426	4.82	15	11.77	15.45
		Maximum distance	M41 9WW	Trafford Hospital	M41 5SL	0.66	0.76	2.59	9	7.39	9.60	Salford Royal Hospital	M6 8HD	1.23	1.415	4.82	15	11.77	15.45

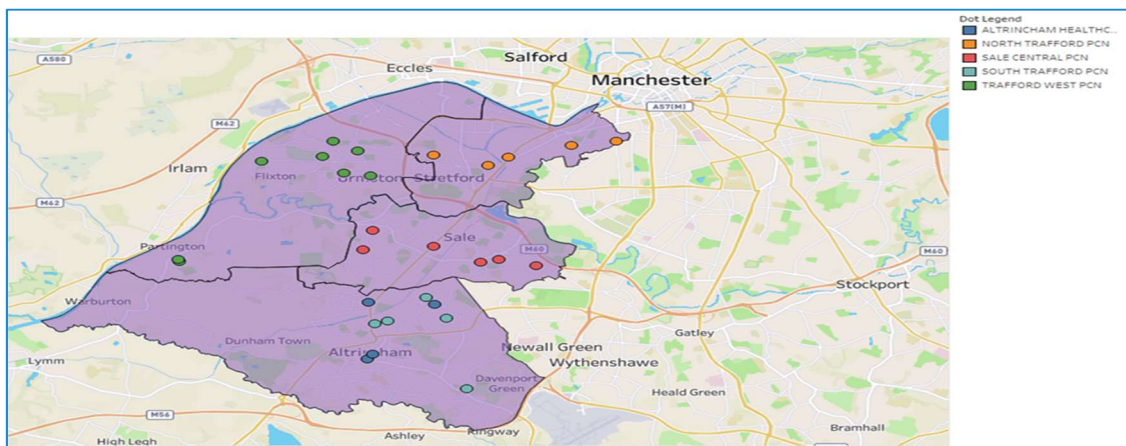
Fuel consumption: 10 km/l latest fuel prices, as of 4 December 2022, are 159.33p for petrol and 183.39p for diesel per litre according to the RAC; Taxi fares according to www.bettertaxi.com – day rate (initial charge, £2.30; price per km, £1.22) night rate (initial charge, £2.80; price per km, £1.63)*Minimum distance calculated as the crow flies but distance, fuel cost, and taxi fare calculated by route of travel.

8.0 Primary and Secondary Care Services

8.1 GP practices in Trafford are distributed between 5 PCNs: Altrincham, North, Sale, South and West Trafford PCNs. A GPs PCN is denoted by the colour of its dot. While the GP Practices in North Central and West are linked relatively clearly to geographically distinct populations, people registered in the South and Altrincham PCNs are spread more evenly across South Trafford. For this reason, the South (light blue dots) and Altrincham (dark blue dots) PCNs GPs are not separated on this map.

Map 8: showing the General Practices by Postcode and PCN

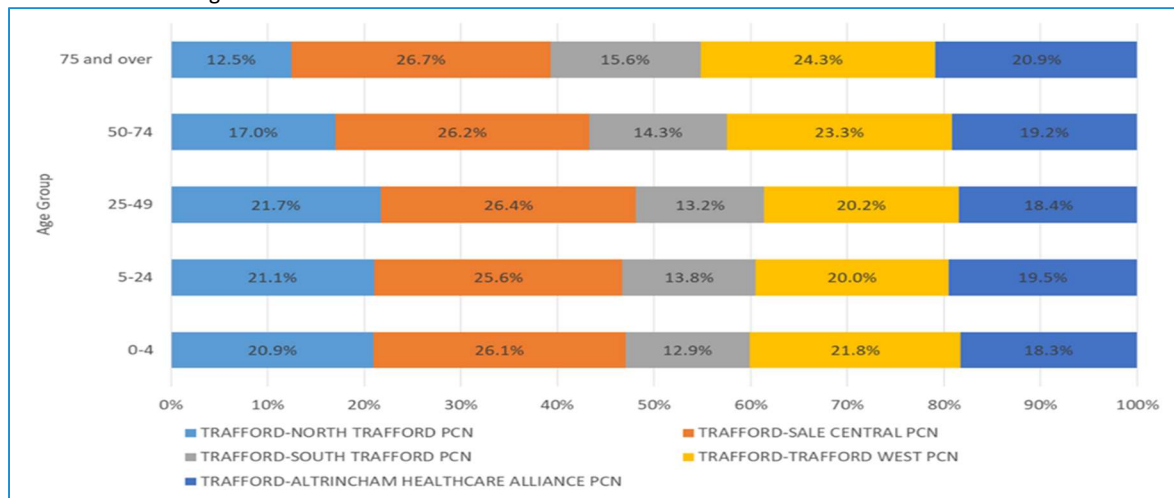
Source: NHS Digital



8.2 Nearly 27% of those aged over 75 years and registered with a Trafford GP are registered with the Central PCN and 24% with the West PCN where most of the Care homes are located. Over a quarter (26%) of those registered with a Trafford PCN aged under 5 years are registered with the Central PCN. The North PCN has considerably fewer people aged 75 and over registered.

Graph 6: showing Distribution of Trafford PCN Population by Age Group and PCN (as of October 2022)

Source: GP Disease Registers



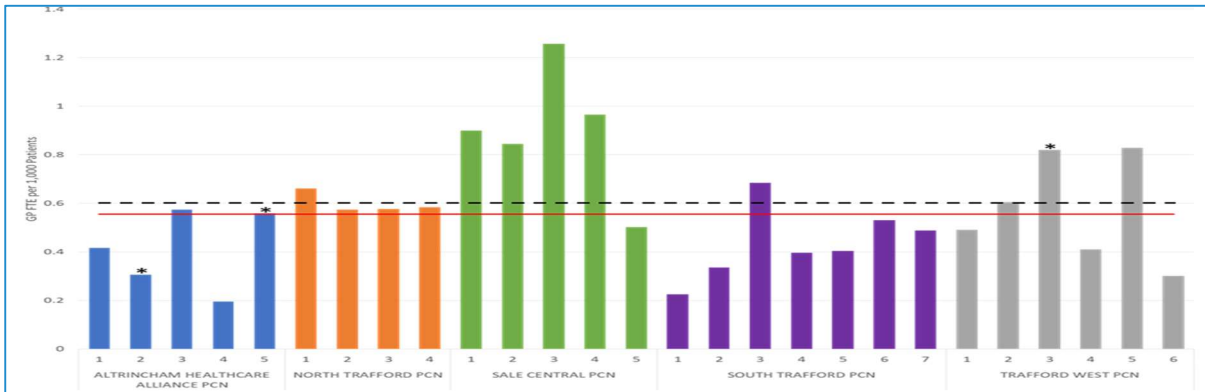
8.3 There is ongoing debate about the number of GPs required per 1,000 population, however, taking a figure of 1 FTE GP per 1,800 patients as a national benchmark, Trafford has 1,200 patients per FTE GP. As a comparator the BMA outlined that in October 2022 nationally there were 0.44 fully qualified GPs per 1,000 patients². It is worth noting that while overall Trafford has slightly more GPs than this, we can see considerable variation across the PCNs and practices in Trafford. Different practice populations also affect the need for GPs, with practices serving more vulnerable patients due to social deprivation and age being more likely to require a higher ratio of GPs to patients. In Trafford, the North and West where we have higher rates of deprivation do not seem to be under doctored from this data. Difficulty in accessing primary care has been given as a reason for people using urgent care services, although there are many other reasons for people to choose hospital sites for urgent care.

² <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>

Graph 7: showing Trafford GPs per 1,000 Patients by General Practice and PCN (as of October 2022).

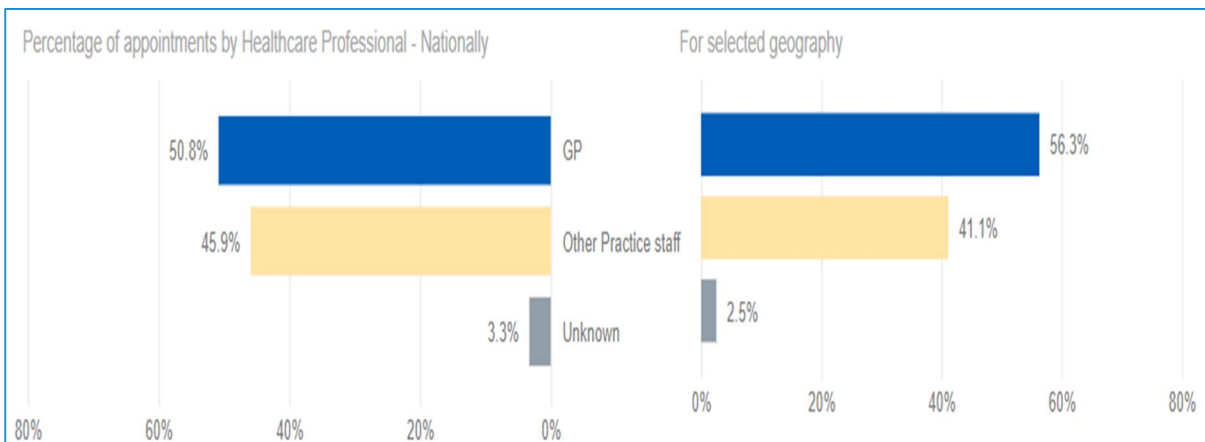
Shows ratio required for 1 FTE GP per 1,800 patients (red line) and Trafford average (black dashed line) *includes FTE estimates

Source: NHS Digital

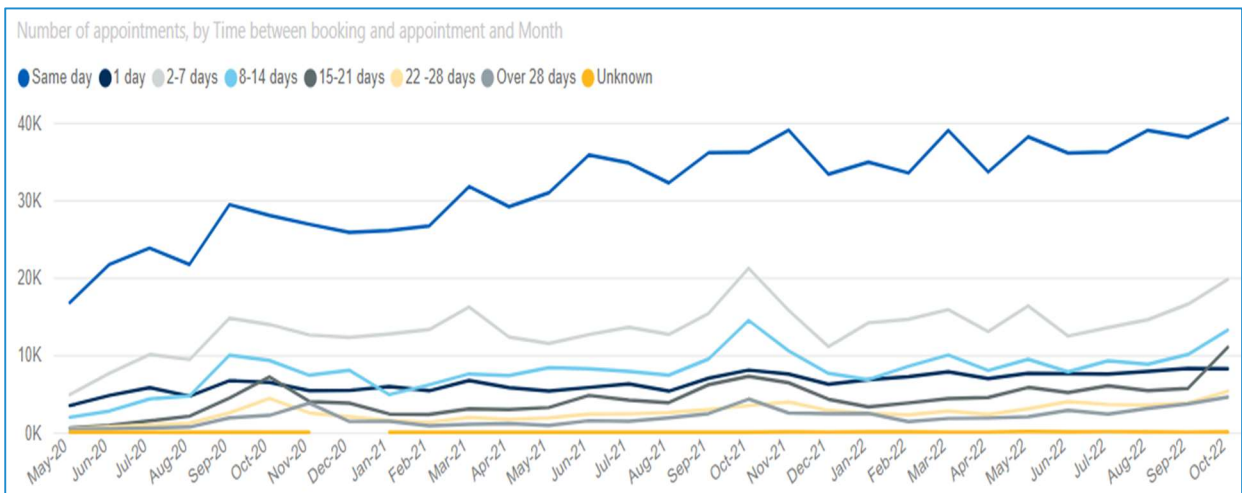


8.4 In Trafford, primary care appointments are slightly more likely to be with a GP rather than another healthcare professional as outlined in Graph 8, compared to the national picture which may be reflective of the slightly higher ratio of GPs in Trafford detailed in graph 7.

Graph 8 showing the percentage of appointments by different professionals within primary care in Trafford compared to nationally

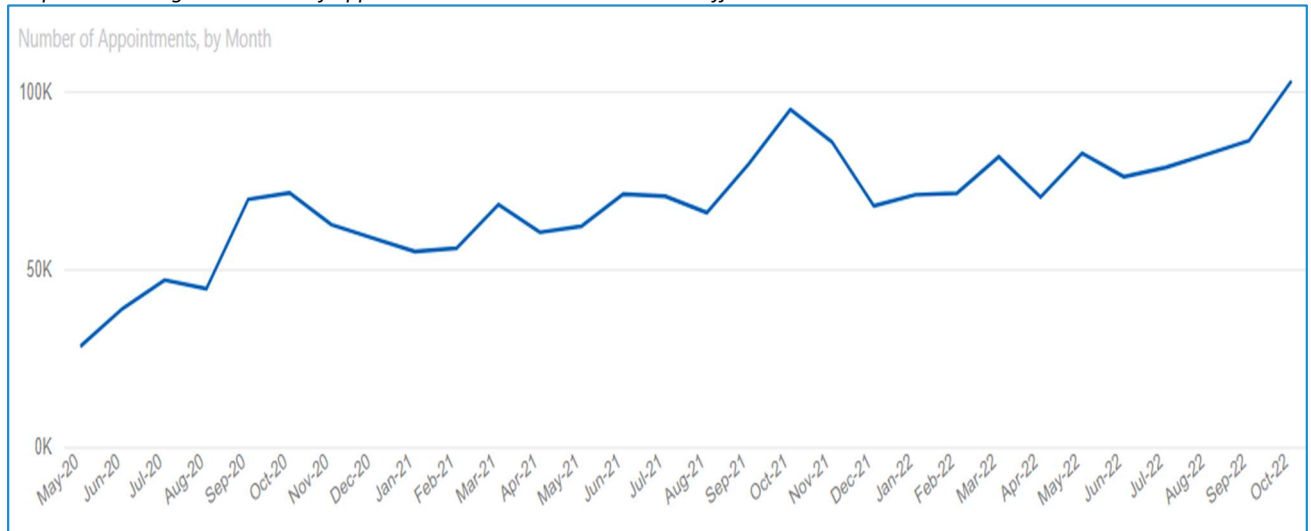


Graph 9 showing the number of and time between booking and appointment including same day appointments



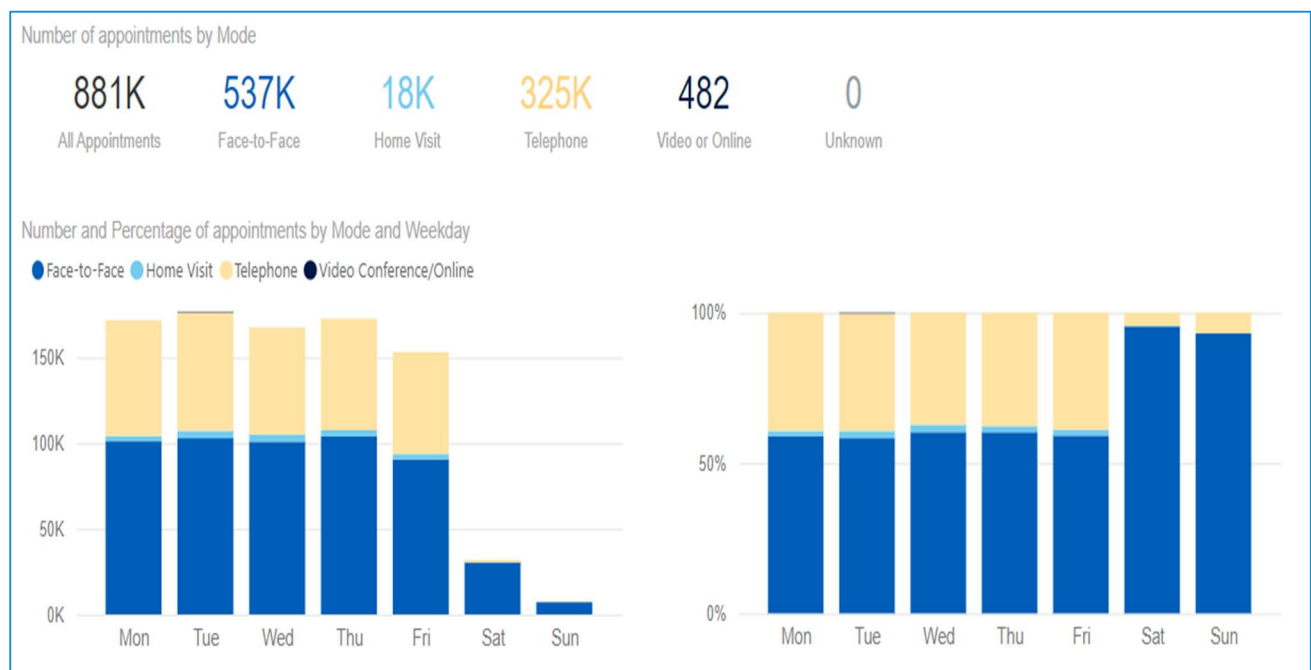
8.5 Graph 9 above outlines the increasing levels of activity across primary care which can be seen to be on an increasing trend with the levels of same day appointments increasing the most, reaching over 40,000 in the month of October 2022 alone. Whilst this is the highest level of same day appointments since May 2020 the total overall levels of activity have also passed their highest point with over 100,000 combined appointments in total for General Practice in October 2022 as detailed in Graph 10.

Graph 10 showing the number of Appointments in General Practice – Trafford

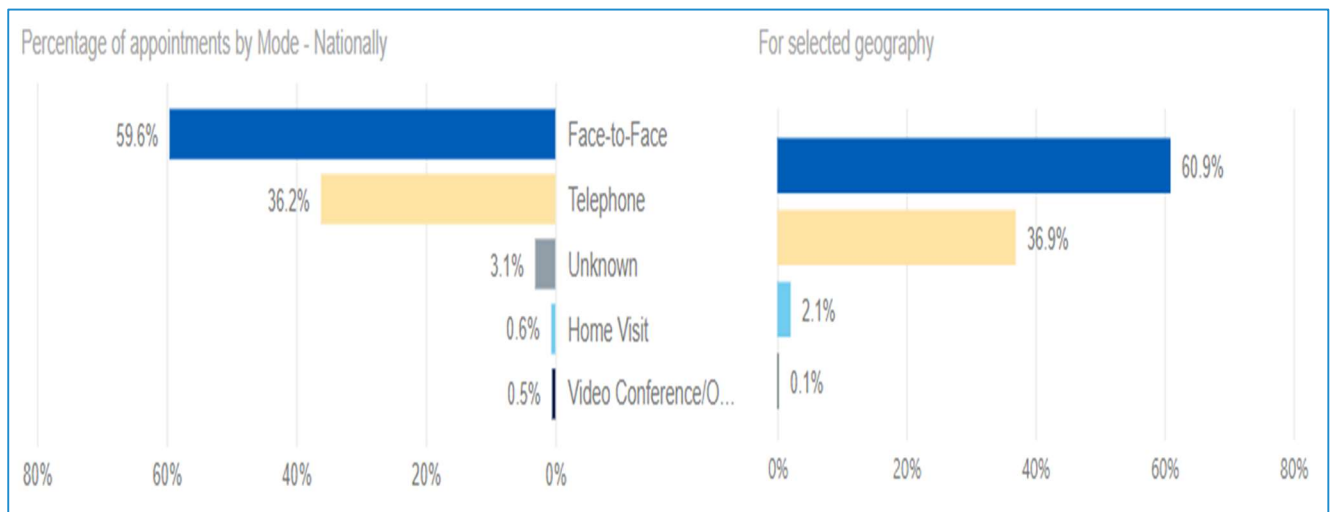


8.6 There are a number of methods of delivery of appointments within primary care including face to face, home visits, telephone, video conferencing and digitally.

Graph 11 showing the number of Appointments 21/22 across primary care and appointment mode



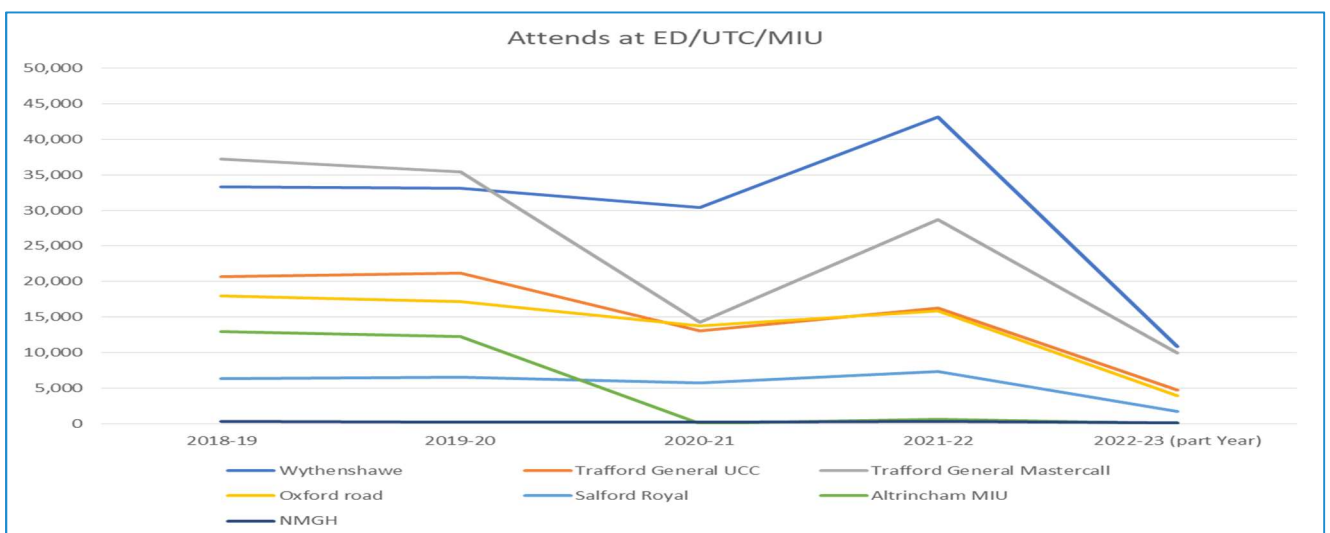
Graph 12 showing the appointment Mode within Trafford compared to nationally



9.0 Use of Urgent Care Services

9.1 Graph 13 below shows the attendances by Trafford residents at the main urgent care sites for Trafford patients over the last 5 years. Covid reduced activity considerably in 2020/21 but this has now returned to 'normal' levels during 2021/22. The increase in activity at Wythenshawe in 21/22 can be attributed to the proportional shift of patients that would have been seen within the AMIU previously.

Graph 13 showing attends at ED/UTC/MIU

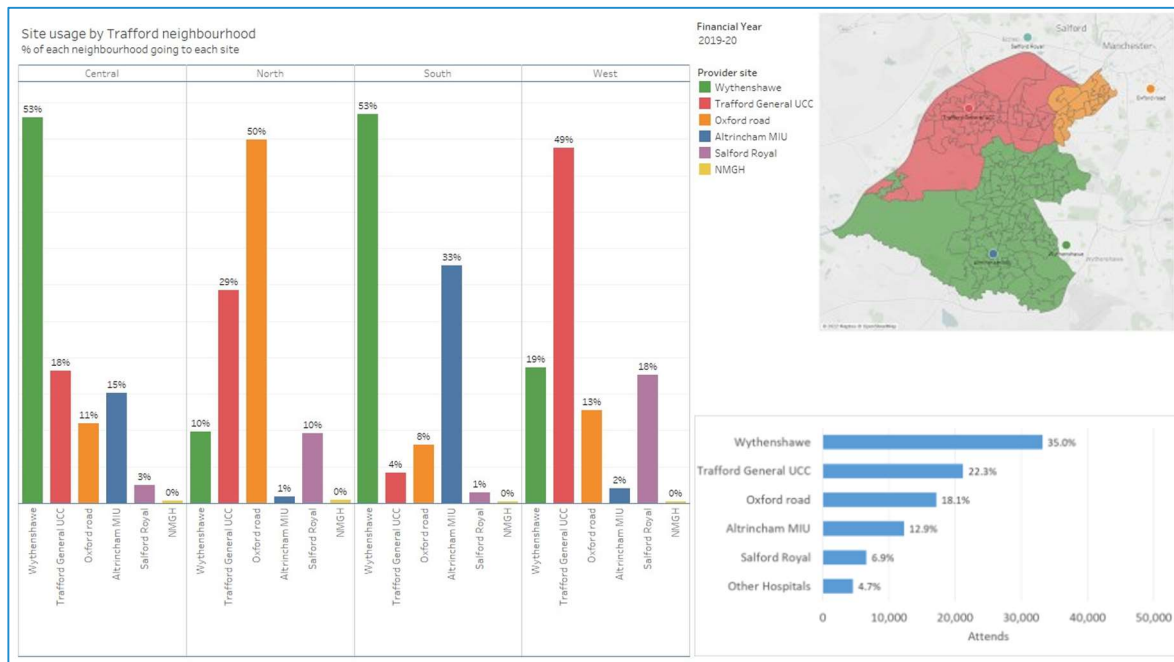


9.2 Graph 14 below shows usage of Urgent Care services by neighbourhood of residence during 2019-20. For all neighbourhoods, residents, as would be expected, usually attended the hospital nearest to them (as seen on the map in the top right), with those in the South and Central neighbourhoods (in the bar chart to the left) making up the largest proportion of those attending Altrincham. Nearly 13% of patients attended Altrincham MIU overall (in the bar chart to the right).

Graph 14: showing the attends at Urgent Care Services by neighbourhood

Percentage of each neighbourhood and overall attending each site during 2019-20

Source: Secondary Uses Service



9.3 Since Altrincham Minor Injuries Unit suspension of provision, in 2021-22, the patients who previously attended the AMIU have migrated to the Wythenshawe Hospital site and the remainder to Salford Royal (as seen in both bar charts). Attendance at Wythenshawe in 2021/22 overall rose from 35% to 49.2%, in Central it went up from 53% to 70% of the population usage and for South up from 53% to 79% when compared with 2019/20. To support the management of these patients it should be noted that the Emergency Nurse Practitioner staff that were based at Altrincham Minor Injuries Unit have been supporting the services at Wythenshawe Hospital ED. This also ensures that with the development of the UTC on the Wythenshawe site that the right staffing mix is in place in the appropriate environment to support patient demand in line with national guidance.

Graph 15: showing Attends at Urgent Care Services by neighbourhood Percentage of each neighbourhood and overall attending each site during 2021-22

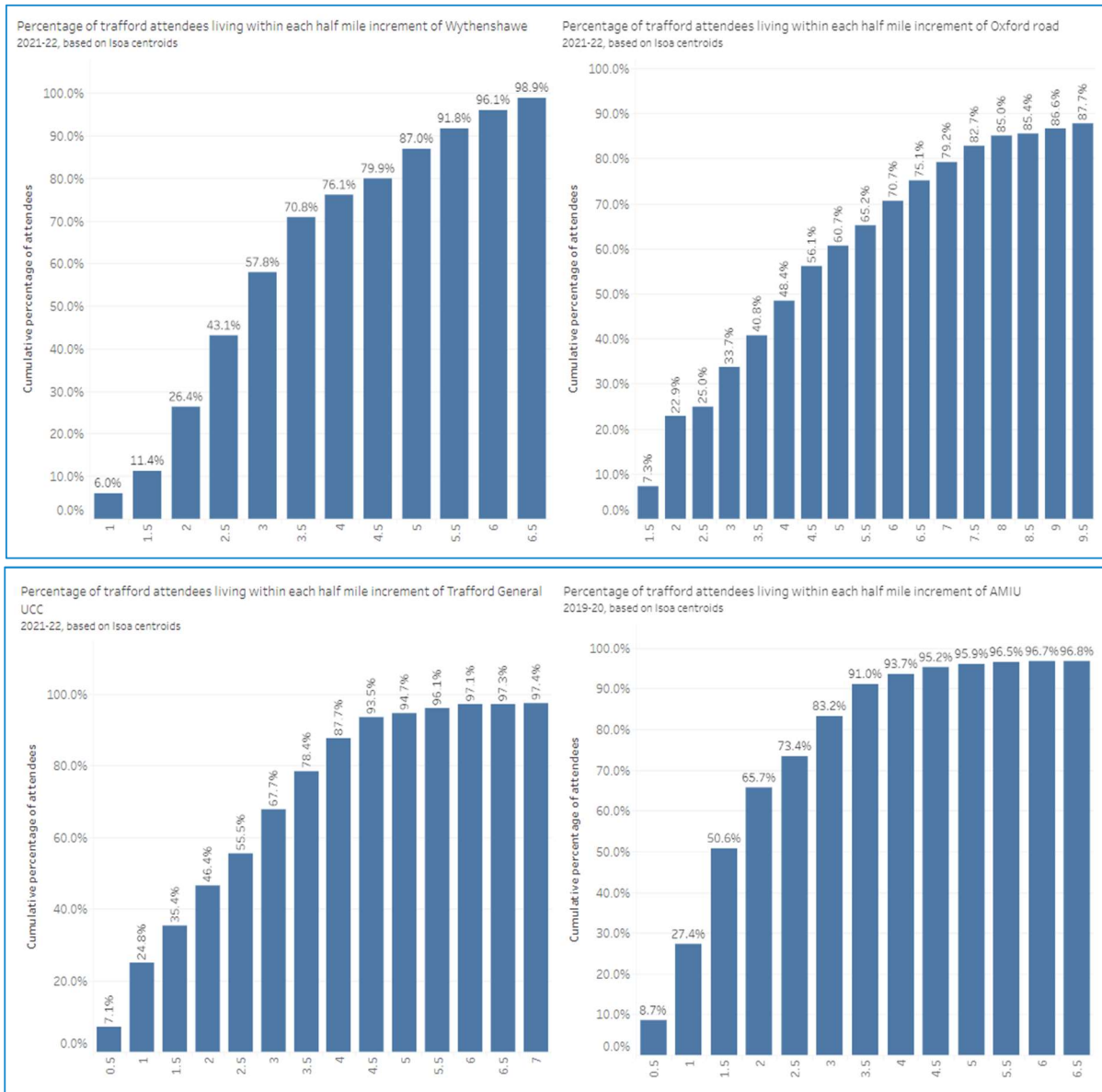
Source: Secondary Uses Service

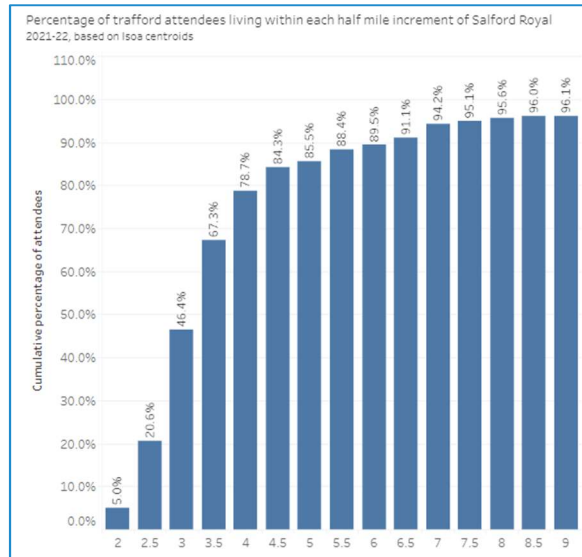


Proximity to site affects usage

- 9.4 The bulk of Trafford’s attendees at AMIU come from within a much smaller radius than they do at other sites. 65% of Trafford patients attending AMIU came from within 2 miles. This is a much higher proportion than we see at Wythenshawe (26%), Oxford Road (23%) or TGH (46%). It should be noted that Wythenshawe Hospital is 3.4 miles from Altrincham General Hospital and that Trafford General Hospital is also 7.1 from Altrincham Hospital (Google maps). Graph 16 outlines the proximity to different sites that Trafford patients use and how the distance from these sites impacts usage.

Graph 16: showing proximity to site affects usage





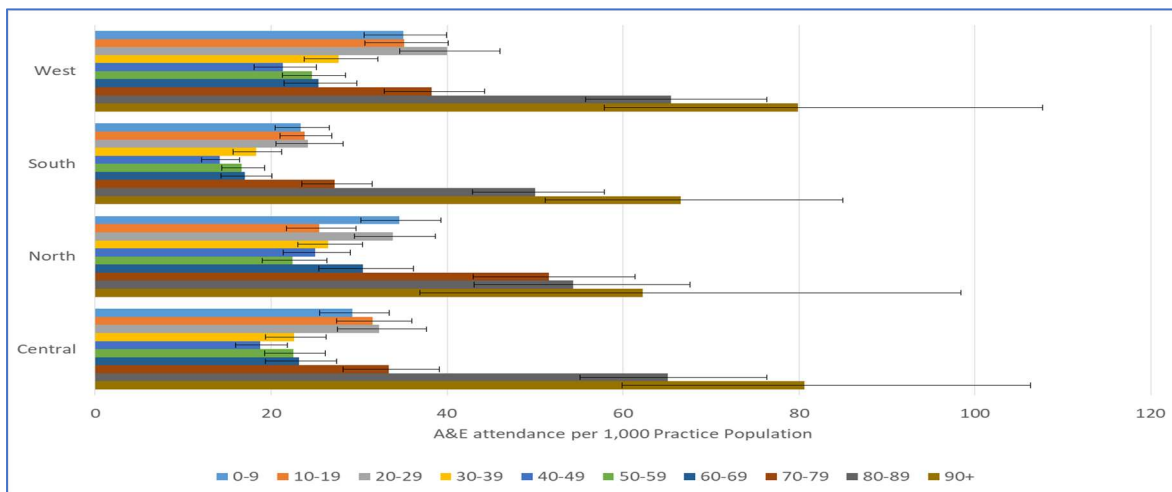
Use of Urgent services by age

9.5 The usage of urgent care services increases sharply among people over 80 years of age in all of Trafford’s neighbourhoods, but in there is a big difference between the North and south of the borough in use of urgent care services among people aged 70-79, with much higher rates of use in the North. As seen above, however, there are considerably fewer people aged 75+ registered in North PCN.

Graph 17: showing age-specific rate of monthly Urgent Care Services attends per 1,000 population by Trafford neighbourhood

3-month average for January-March 2022

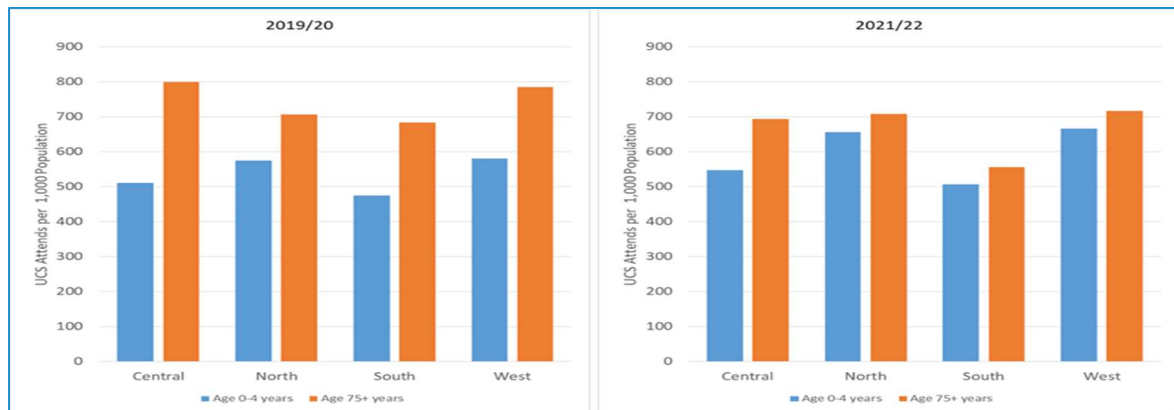
Source: GM Primary Care Provider Board/GM Integrated Care



9.6 As attendance rates tend to be higher in children and in older people (with protocols for children aged under 5 often requiring attendance at an urgent care service), the chart below looks at differences in attendance for children aged under 10, and for people aged 70+ by neighbourhood. Rates of attendance in children are higher in North and West Trafford, and the attendances in both children and older people were lower in the South. This is likely to be explained by the lower rate of deprivation in the South.

Graph 18: showing age-specific rate of annual Urgent Care Services attends per 1,000 population by Trafford neighbourhood for those aged under 5 years and over 75 years

Source: Secondary Uses Service

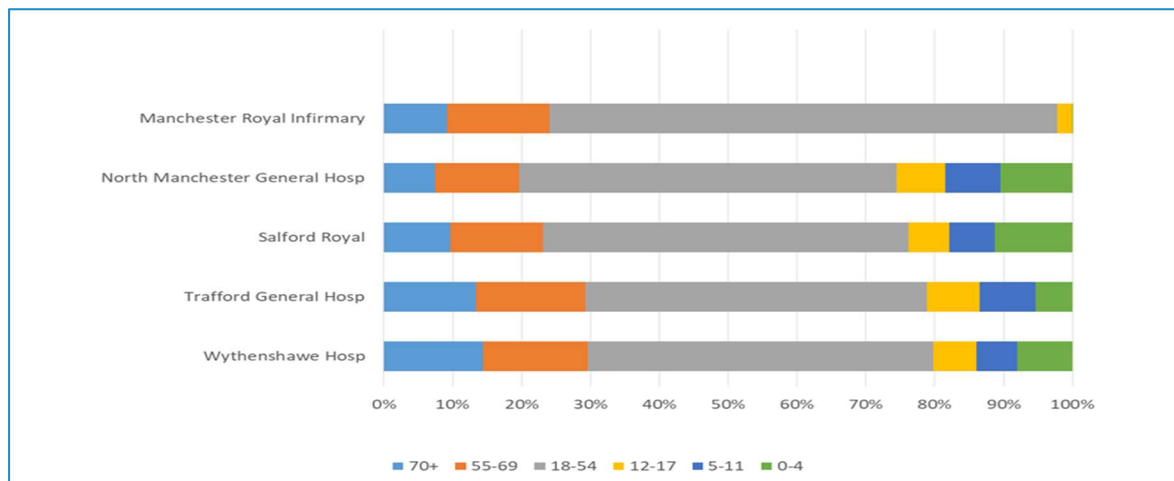


9.7 Graph 19 below shows the age profile of the people attending each site. The age profile of people from Trafford attending Manchester Royal Infirmary is markedly different from those attending other local hospitals, which is probably explained by the younger age profile of the population in North Trafford, who are more likely to use MRI.

Graph 19: showing Attends at Urgent Care Services by Age Group

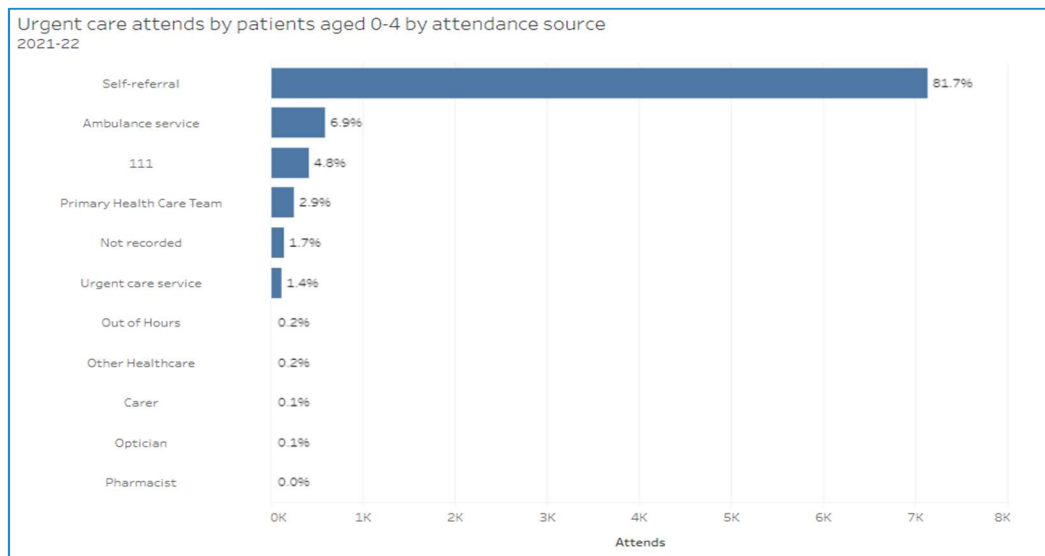
Percentage of each age group attending each site during April 2021 to March 2022. Please note most children attending the Oxford Road site attend the Royal Manchester Children’s hospital on the site instead of Manchester Royal Infirmary.

Source: Secondary Uses Service



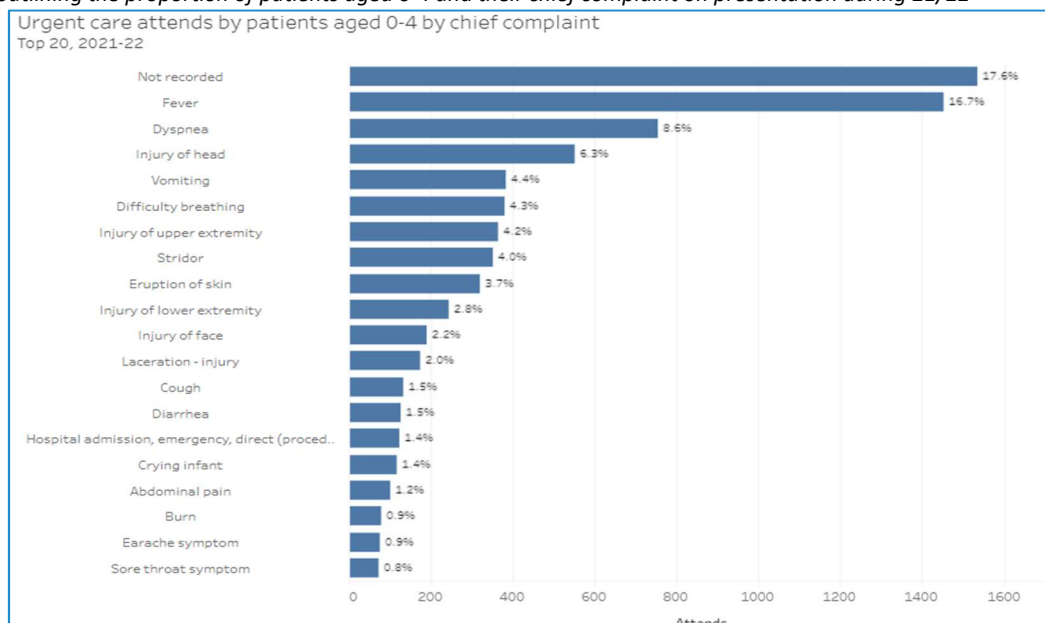
9.8 Graph 19a outlines the proportion of 0-4 year old patients attending urgent care services and their method of presentation. The highest proportion of presentations is by self-referral at 81.7% followed by ambulance at 6.9% and 111 referral at 4.8%. 2.9% of patients are referred to urgent care services via primary care.

Graph 19a: outlining the proportion of patients aged 0-4 and their presentation categorisation at an urgent care service during 21/22



9.9 Graph 19b outlines the chief complaint for patients presenting at urgent care services aged 0-4 during 21-22. Similarly to other areas there is a high proportion of presentations where the chief complaint is not recorded. The second highest complaint is for patients presenting with a fever at 16.7% followed by Dyspnea (shortness of breath) at 8.6% and injury of the head at 6.2%. To understand these in further detail and the implications clinical records would need to be reviewed to understand their appropriateness for the different urgent care services.

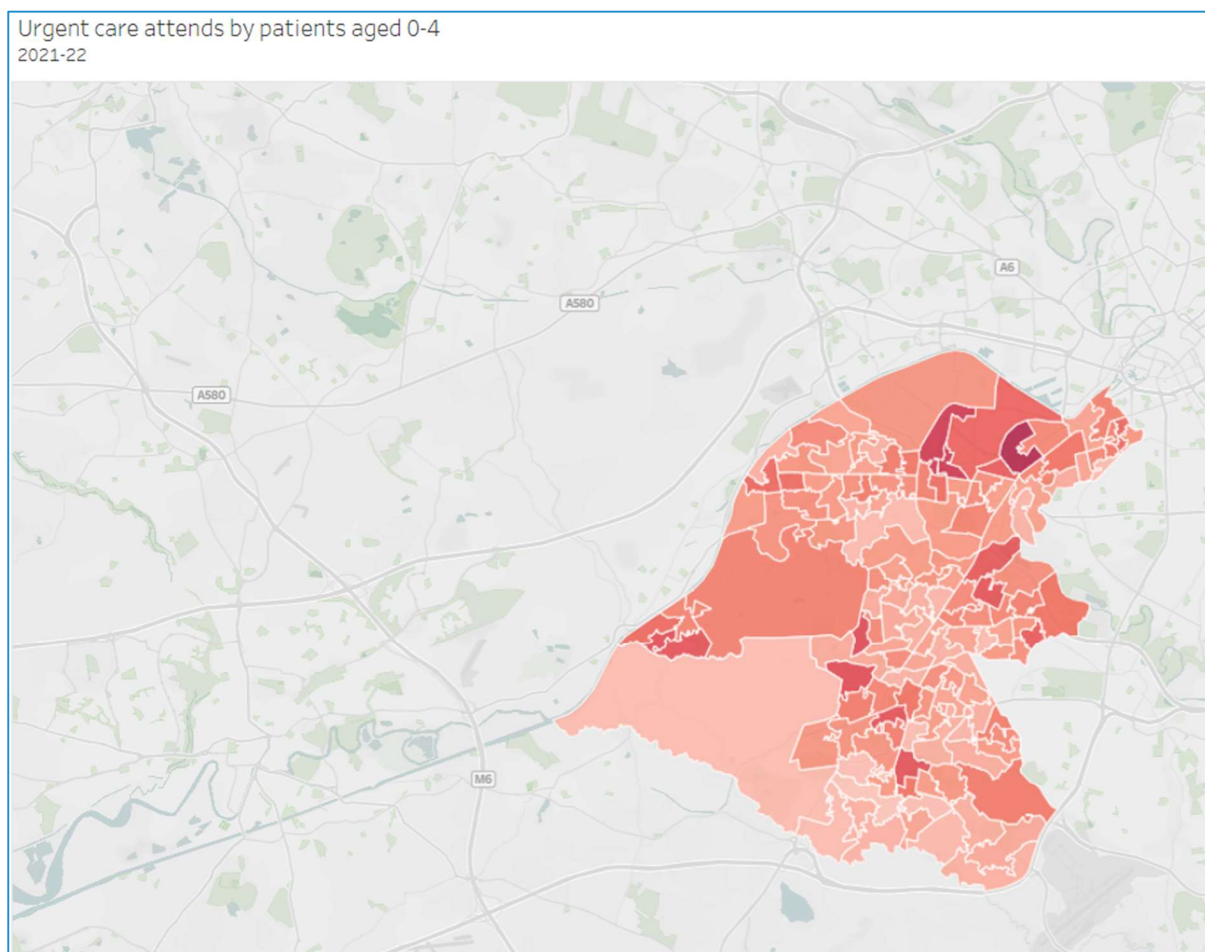
Graph 19b: outlining the proportion of patients aged 0-4 and their chief complaint on presentation during 21/22



9.10 Map 8a outlines the areas of concentration of attends for urgent care services in ages 0-4 by LSOA. There is a concentration to the north of the borough for this age range which may be consistent with other findings in this report in relation to proximity and usage of services.

This may particularly be the case taking into account the proximity of the north of the borough to the RMCH and the Oxford Road campus.

Map 8a: Outlining the areas of high attends at urgent care services by LSOA for 0-4 year olds during 21/22



Use of urgent care by age and deprivation

- 9.11 The following graphs show the usage by Trafford residents of urgent care by site, deprivation and age. This shows that Wythenshawe is the most commonly used site, but also tends to be used more by our less deprived population. The Oxford Road site had the highest proportion of attendances from people in more deprived groups, while attendances at Altrincham MIU were heavily skewed towards the least deprived populations, with a much younger age profile of people attending, including a very high proportion of people aged under 20. This activity appears to have shifted to Wythenshawe in 2021/22.

Table 4: Site usage by Deprivation and age band

Site usage by Deprivation and Age Band - 2019/20

Site usage by Deprivation quintile
% of each deprivation quintile going to each site

Deprivation Quintile	Provider site					
	Wythenshawe	Trafford General UCC	Oxford road	Altrincham MIU	Salford Royal	NMGH
1 (most deprived)	34.5%	19.9%	33.4%	6.5%	5.0%	0.6%
2	31.7%	29.0%	34.3%	4.9%	8.9%	0.4%
3	30.1%	32.6%	27.4%	6.9%	12.6%	0.3%
4	35.7%	27.2%	11.5%	13.8%	7.7%	0.2%
5 (least deprived)	47.4%	12.7%	9.4%	23.5%	3.8%	0.2%

Site usage by Age band
% of each age band going to each site

5 year age bands	Provider site					
	Wythenshawe	Trafford General	Oxford road	Altrincham MIU	Salford Royal	NMGH
A Age 0-4	48.3%	16.6%	24.1%	6.1%	6.7%	0.3%
B Age 5-9	32.2%	23.9%	22.1%	18.9%	2.8%	0.1%
C Age 10-14	25.5%	27.1%	16.4%	12.7%	2.5%	0.1%
D Age 15-19	32.9%	22.4%	18.7%	19.9%	6.3%	0.4%
E Age 20-24	31.9%	24.7%	24.2%	11.8%	6.9%	0.6%
F Age 25-29	32.2%	23.4%	25.0%	11.8%	7.8%	0.8%
G Age 30-34	31.9%	23.3%	26.4%	11.0%	6.9%	0.5%
H Age 35-39	31.8%	23.8%	25.8%	11.3%	6.8%	0.5%
I Age 40-44	33.1%	24.5%	20.9%	14.7%	6.4%	0.5%
J Age 45-49	30.3%	27.0%	18.9%	15.2%	8.1%	0.4%
K Age 50-54	32.5%	28.0%	17.4%	15.2%	5.8%	0.4%
L Age 55-59	33.4%	26.8%	16.9%	14.5%	8.1%	0.2%
M Age 60-64	34.1%	26.9%	18.3%	13.7%	7.1%	0.2%
N Age 65-69	36.0%	25.1%	15.8%	13.3%	8.1%	0.1%
O Age 70-74	39.9%	24.5%	15.1%	11.6%	8.7%	0.2%
P Age 75-79	43.9%	23.2%	11.6%	12.2%	9.1%	0.0%
Q Age 80-84	46.0%	19.8%	11.4%	11.9%	11.3%	0.0%
R Age 85+	57.3%	13.5%	8.1%	8.0%	13.0%	0.1%

9.12 The tables above (in red) show the percentage of Trafford attenders in each group attending each site, each row adds to 100%. The blue tables below show the percentage of Trafford attendees at each site that came from a given group – the columns add to 100%. So for example, the red tables show that if we look at patients aged 0-4, 48.3% of that group attended Wythenshawe.

9.13 Table 5 shows that if we look at all the Trafford patients who attended Wythenshawe, 10.9% of them were aged 0-4. As discussed above, people are likely to attend their most local site, and the deprivation levels of people attending each site reflects this. AMIU has notably higher numbers of attendances from people from the least deprived quintile, also, as a minor injuries unit, it is unsurprising that a much higher proportion of people attending are under 20.

Table 5: showing the levels of usage amongst deprivation quintiles by main urgent care service sites for 2019/2020 & 21/22

Deprivation quintile proportions at each site						
% of attends at each site coming from each deprivation quintile 2019-20						
Deprivation Quintile	Provider site					
	Wythenshawe	Trafford General UCC	Oxford road	Altrincham MIU	Salford Royal	NMGH
1 (most deprived)	11.7%	10.6%	22.1%	6.0%	8.7%	24.8%
2	11.1%	23.8%	34.2%	6.7%	23.2%	27.8%
3	12.6%	21.6%	14.2%	7.8%	26.9%	14.1%
4	26.2%	28.2%	14.9%	24.7%	25.9%	12.2%
5 (least deprived)	38.4%	15.8%	14.5%	54.7%	15.4%	21.1%

Age band proportions at each site						
% of attends at each site coming from each age band 2019-20						
5 year age bands	Provider site					
	Wythenshawe	Trafford General UCC	Oxford road	Altrincham MIU	Salford Royal	NMGH
A Age 0-4	10.9%	5.8%	10.5%	3.1%	6.4%	7.0%
B Age 5-9	4.5%	5.2%	6.0%	7.2%	2.0%	1.8%
C Age 10-14	4.4%	7.4%	5.5%	13.1%	2.2%	2.9%
D Age 15-19	4.8%	5.1%	5.2%	7.6%	4.6%	7.4%
E Age 20-24	4.8%	5.8%	7.0%	4.8%	5.2%	10.7%
F Age 25-29	5.0%	5.8%	7.7%	5.1%	6.3%	14.7%
G Age 30-34	5.0%	5.7%	8.0%	4.7%	5.5%	9.6%
H Age 35-39	5.0%	5.8%	7.8%	4.8%	5.4%	8.8%
I Age 40-44	4.8%	5.5%	5.8%	5.7%	4.6%	8.1%
J Age 45-49	4.5%	6.3%	5.4%	6.1%	6.1%	7.7%
K Age 50-54	4.9%	6.8%	5.1%	6.2%	4.4%	6.8%
L Age 55-59	5.1%	6.4%	5.0%	5.9%	6.2%	4.0%
M Age 60-64	4.4%	5.4%	4.6%	4.8%	4.7%	2.9%
N Age 65-69	4.4%	4.9%	3.6%	4.3%	4.9%	1.5%
O Age 70-74	5.4%	5.2%	4.0%	4.2%	6.0%	3.3%
P Age 75-79	5.7%	4.8%	2.9%	4.3%	6.0%	0.4%
Q Age 80-84	6.4%	4.3%	3.0%	4.3%	7.9%	0.4%
R Age 85+	10.2%	3.7%	2.8%	3.8%	11.6%	2.2%

Deprivation quintile proportions at each site						
% of attends at each site coming from each deprivation quintile 2021-22						
Deprivation Quintile	Provider site					
	Wythenshawe	Trafford General UCC	Oxford road	Salford Royal	Altrincham MIU	NMGH
1 (most deprived)	11.5%	9.4%	23.3%	7.3%	5.6%	26.2%
2	12.4%	21.7%	36.6%	25.6%	8.7%	26.0%
3	13.3%	20.2%	12.6%	28.4%	7.3%	17.2%
4	26.7%	28.3%	14.8%	25.5%	22.7%	14.5%
5 (least deprived)	36.1%	20.4%	12.7%	13.2%	55.6%	16.1%

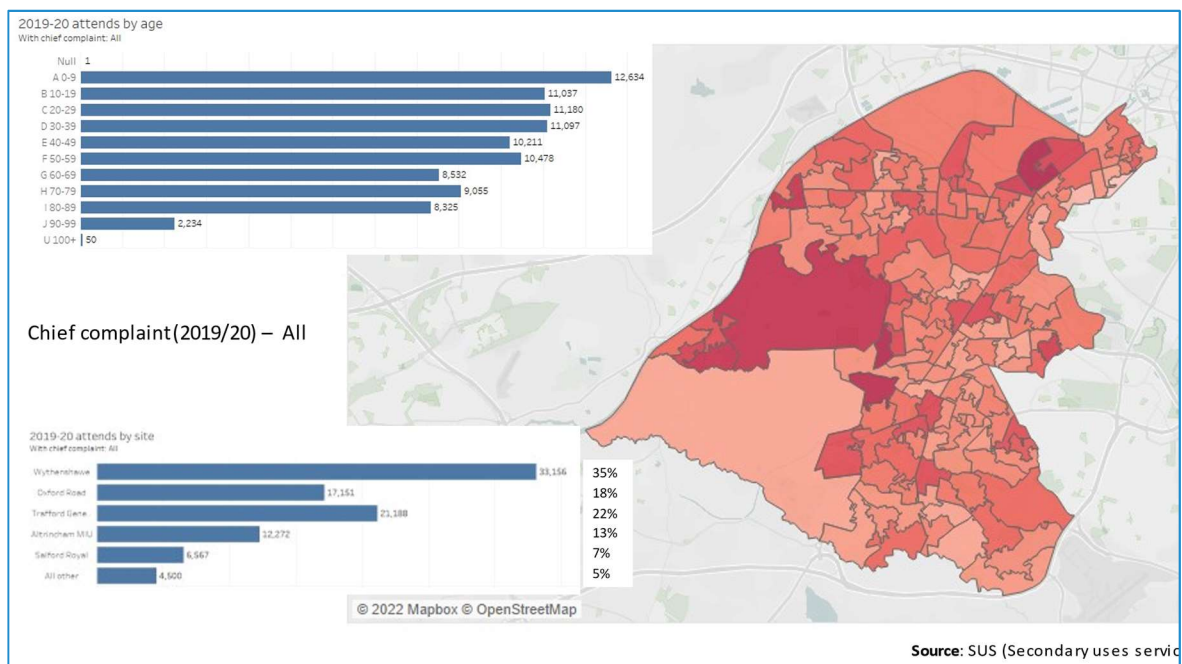
Age band proportions at each site						
% of attends at each site coming from each age band 2021-22						
5 year age bands	Provider site					
	Wythenshawe	Trafford General UCC	Oxford road	Salford Royal	Altrincham MIU	NMGH
A Age 0-4	11.7%	4.0%	13.0%	7.2%	2.9%	2.7%
B Age 5-9	4.7%	5.9%	6.3%	2.1%	7.1%	2.9%
C Age 10-14	5.5%	10.1%	6.1%	2.6%	10.5%	5.1%
D Age 15-19	5.6%	7.0%	5.1%	4.6%	7.4%	9.8%
E Age 20-24	4.6%	5.6%	6.7%	5.8%	3.9%	8.8%
F Age 25-29	5.1%	5.3%	6.4%	5.9%	5.0%	9.8%
G Age 30-34	5.8%	5.9%	6.5%	5.9%	5.6%	11.7%
H Age 35-39	5.6%	6.0%	6.0%	4.9%	4.2%	10.6%
I Age 40-44	5.1%	5.9%	5.8%	4.6%	7.7%	12.2%
J Age 45-49	4.5%	5.8%	5.4%	5.7%	7.9%	9.0%
K Age 50-54	5.0%	7.1%	5.5%	5.1%	6.1%	2.7%
L Age 55-59	5.3%	6.4%	5.3%	5.9%	6.2%	3.5%
M Age 60-64	4.4%	5.1%	4.9%	6.2%	4.7%	4.0%
N Age 65-69	3.8%	4.1%	3.9%	4.0%	5.3%	1.1%
O Age 70-74	4.8%	4.7%	4.6%	5.9%	4.1%	3.2%
P Age 75-79	5.2%	4.0%	3.0%	6.3%	3.8%	0.8%
Q Age 80-84	5.3%	3.8%	2.7%	6.8%	4.2%	0.8%
R Age 85+	8.1%	3.2%	2.8%	10.4%	3.2%	1.3%

Reason for attendance

- 9.14 The highest rates of attendance at Urgent Care Services in 2019/20 for all complaints (denoted by the darker shading on the map) were from Urmston, Broadheath, Buckslow-St Martins and St Mary’s. Lowest attendances were seen from Davyhulme East, Bowdon and Hale Central. Of the 94,834 Trafford residents who attended an Urgent Care Centre in 2019/20, 12,272 (13%) attended at Altrincham. The least frequently used site was Salford Royal, with 6,568 attendances.

Map 9: showing distribution of Trafford attendee LSOA, age of attendees and which Urgent Care Service Site attended for all complaints – 2019/20 and 2021/22

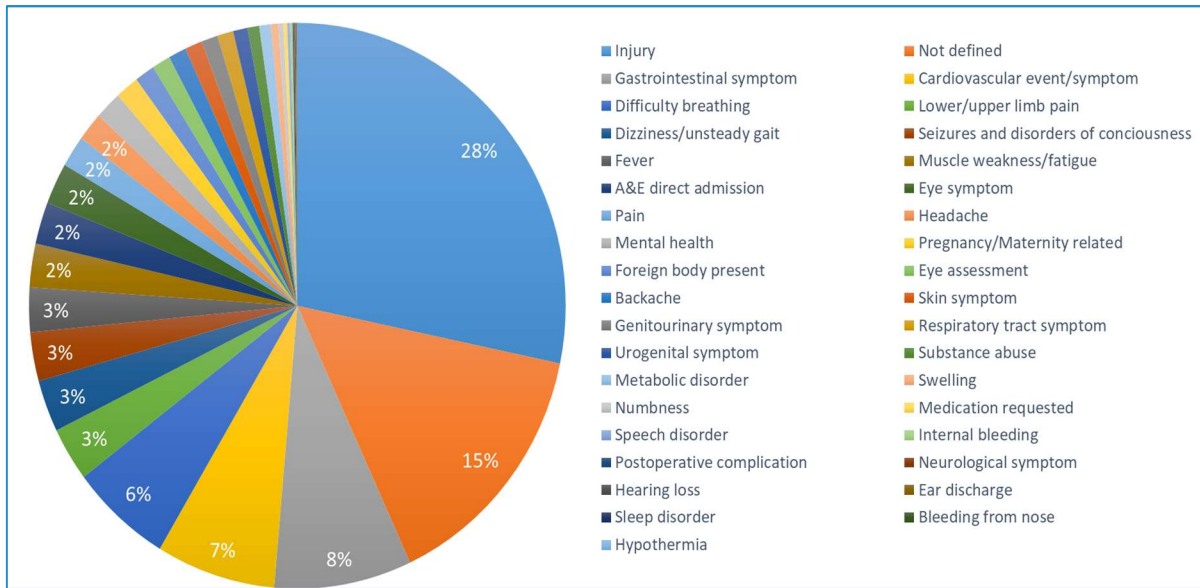
Source: Secondary Uses Service



- 9.15 The symptoms and conditions that people display when attending urgent care services vary widely, as can be seen in the pie chart below. Urgent care services are often very busy, and some symptoms could be a sign of several different underlying conditions. The coding of people’s chief complaint / reason to attend may therefore be affected by the person undertaking the coding or the way that the patient presents. In a significant number of cases, no chief complaint was recorded.

- 9.16 The single largest reason for Trafford residents to attend urgent care service in 2019/20 were coded as injury (28%) followed by *not defined*, and then cardiovascular events/symptoms (including cardiac arrest, chest pain, limb ischemia and palpitation), gastrointestinal symptoms and difficulty breathing.

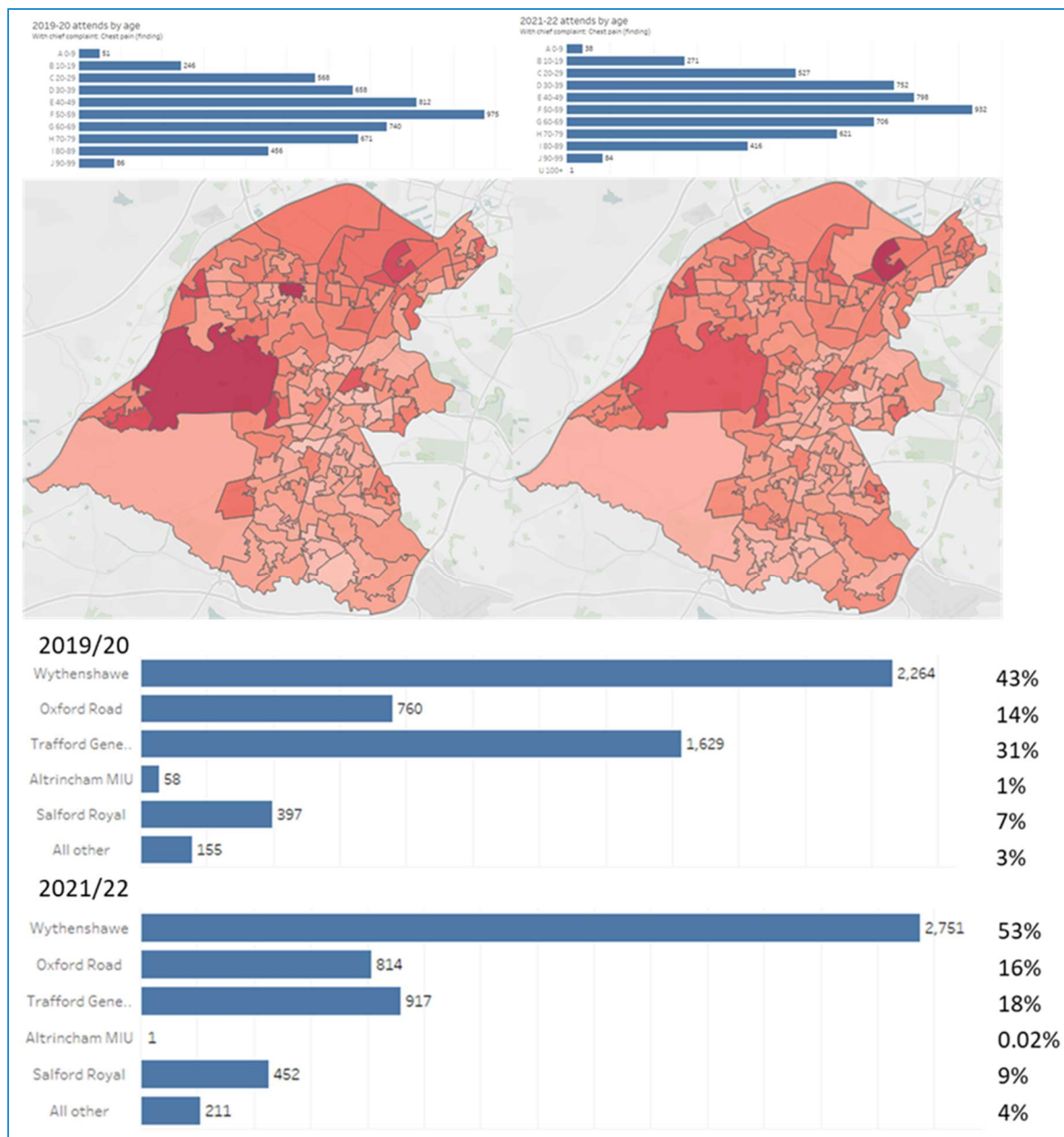
Graph 20: showing the breakdown of all complaints presenting at Urgent Care Services – 2019/20
 Source: Secondary Uses Service



9.17 As the numbers attending for different conditions can quickly become quite small, making understanding any patterns difficult, a more detailed analysis was undertaken of the most common reason, other than injury, for people to attend urgent care. The most common reason was for symptoms such as chest pain or difficulty breathing, which could be signs of a heart attack (but also are common in many less serious conditions). We found that among people presenting with these symptoms in 2019/20, most attended Wythenshawe and Trafford General and there were higher rates from Bucklow-St Martins and Urmston.

Map 10: showing distribution of Trafford attendee LSOA, age of attendees and which Urgent Care Service Site attended for Chest Pain – 2019/20 and 2021/22

Source: Secondary Uses Service



9.18 In 2021/22, more than half, 53% of the 5,146 people with chest pain attended Wythenshawe and attendance at Trafford General fell to around a fifth, 18%.

10.0 When do people attend urgent care services?

10.1 Because urgent care services are open 24/7, there can be an assumption that most activity is undertaken out of hours, but this is not the case. The graph below shows the times that people arrived at the urgent care centre, with most activity being between 8am and 8 pm. Mondays are particularly busy, and Saturdays followed by Sundays are quieter. Most people attend, therefore, at times when public transport is likely to be available. These figures will be affected by the fact the Trafford General Urgent Treatment Centre is open seven days a week, but only 8-8.

Table 6 showing the activity levels across urgent care services broken down by day and time

Attends by Arrival time							
Arrival Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00	208	186	195	227	212	237	229
01	179	168	164	172	164	184	205
02	117	135	127	156	105	165	170
03	126	113	106	123	111	136	133
04	136	100	76	112	102	147	142
05	129	129	125	128	123	154	170
06	113	105	110	95	101	133	101
07	168	137	157	155	163	154	163
08	658	623	605	588	596	527	544
09	890	808	846	847	779	609	672
10	1,010	970	922	977	893	770	796
11	1,069	950	900	968	897	734	802
12	1,044	901	923	969	873	752	864
13	1,003	972	936	990	916	688	842
14	1,014	902	905	936	849	722	830
15	951	913	776	895	821	736	771
16	1,020	877	877	843	849	695	692
17	969	910	874	853	899	661	660
18	852	829	768	769	748	572	579
19	793	714	718	751	679	524	588
20	614	539	551	566	484	449	475
21	450	477	465	493	473	393	407
22	390	350	361	377	351	361	312
23	298	273	272	279	253	259	281

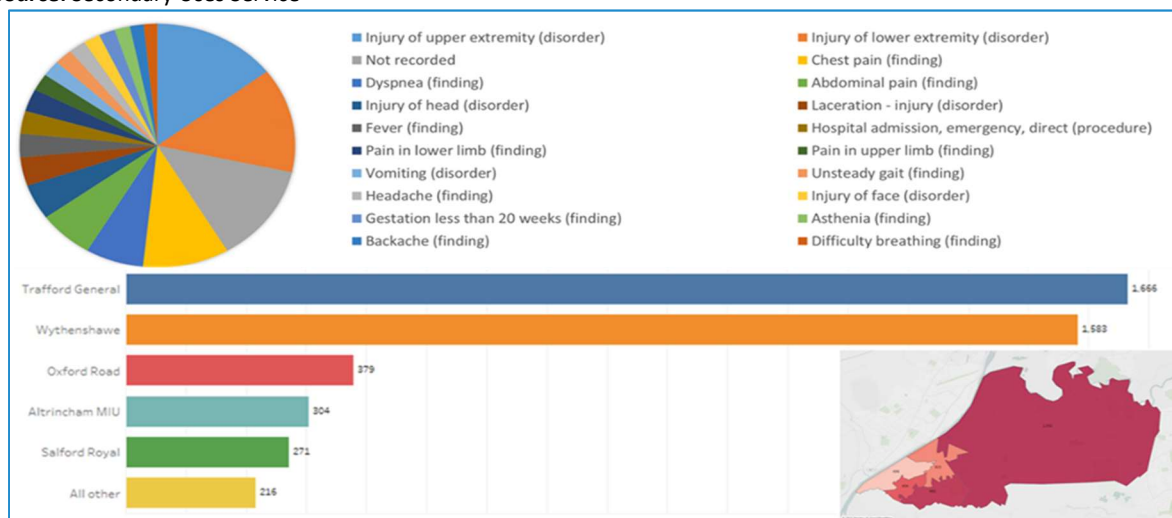
Special Consideration

Partington & Carrington

10.2 Given the data above on the particular needs of Partington, with its high levels of deprivation and risk of transport related social exclusion, we have undertaken some detailed work on urgent care needs and usage for this area. Residents of Partington were most likely to attend either Trafford General or Wythenshawe in 2019/20, with low rates of usage of the other sites.

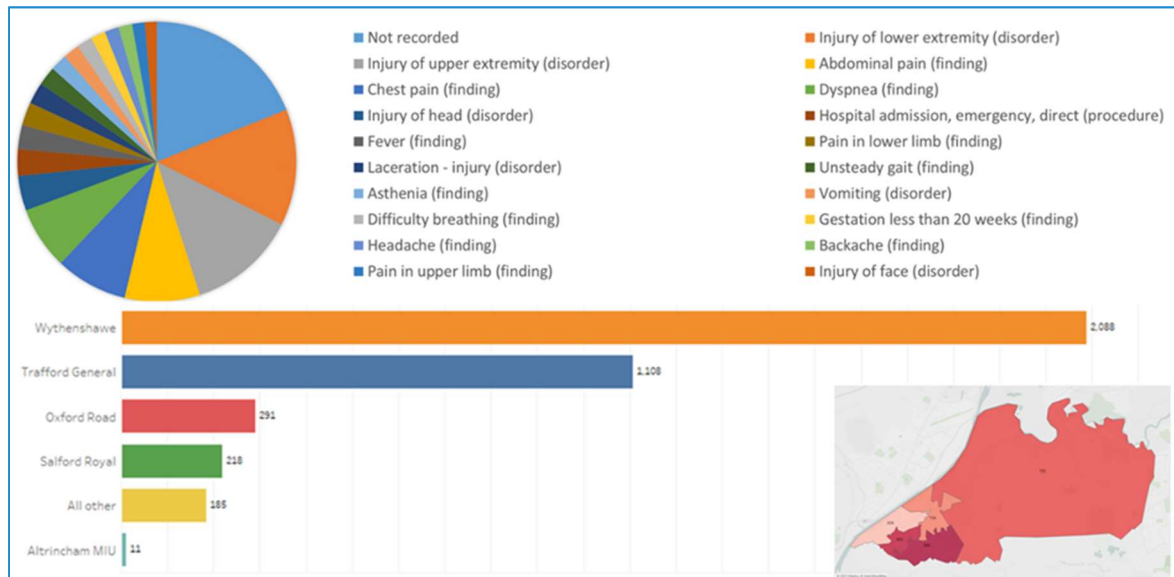
Graph 23 showing Partington & Carrington 2019-20 Attends by LSOA, Site and Chief Complaints

Source: Secondary Uses Service



10.3 However, attendance from Partington residents shifted away from Trafford General and to Wythenshawe in 2021/22, although these two sites continued to be by far the most frequently used.

Graph 24 Partington & Carrington 2021-22 Attends by LSOA, Site and Chief Complaints
 Source: Secondary Uses Service



10.4 As described previously, not all urgent care needs require a trip to a physical site or an examination. People often seek help through going online or calling NHS 111. People in the North and West neighbourhoods are much more likely to call NHS 111 than those in Central or South Trafford. Use of NHS 111 fluctuates widely over time but the patterns of this fluctuation are the same for all areas of Trafford, even though the volume of calls varies by neighbourhood.

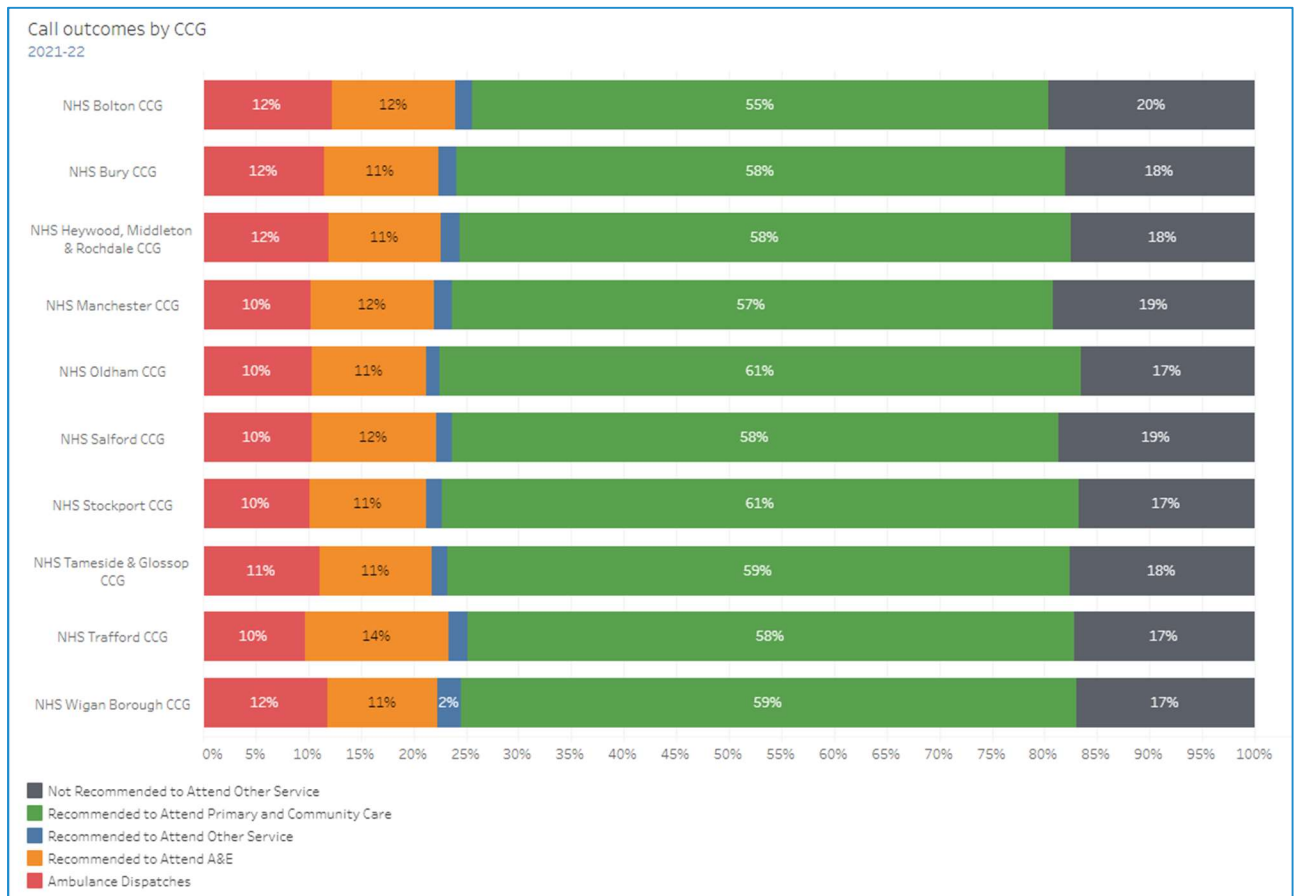
10.5 A quarter of people (25%) from Trafford who ring NHS 111 are recommended to attend A&E (Including ambulance dispatches) compared to 15% of people from Manchester. However, more people from Trafford (17%) are not recommended to access any other service, compared to 11% from Manchester. The age group for whom most calls are made is for the under 10-year-olds across all of Trafford except the North, where the highest number of calls is in respect of 20–29 year-olds, with the next highest being in under 10s, and 30–39-year-olds. The high number of calls regarding children aged under 10 may be because the NHS 111 online service cannot be used for children under 5.

Graph 25 111 calls for the Trafford Neighbourhoods March 2020-September 2022



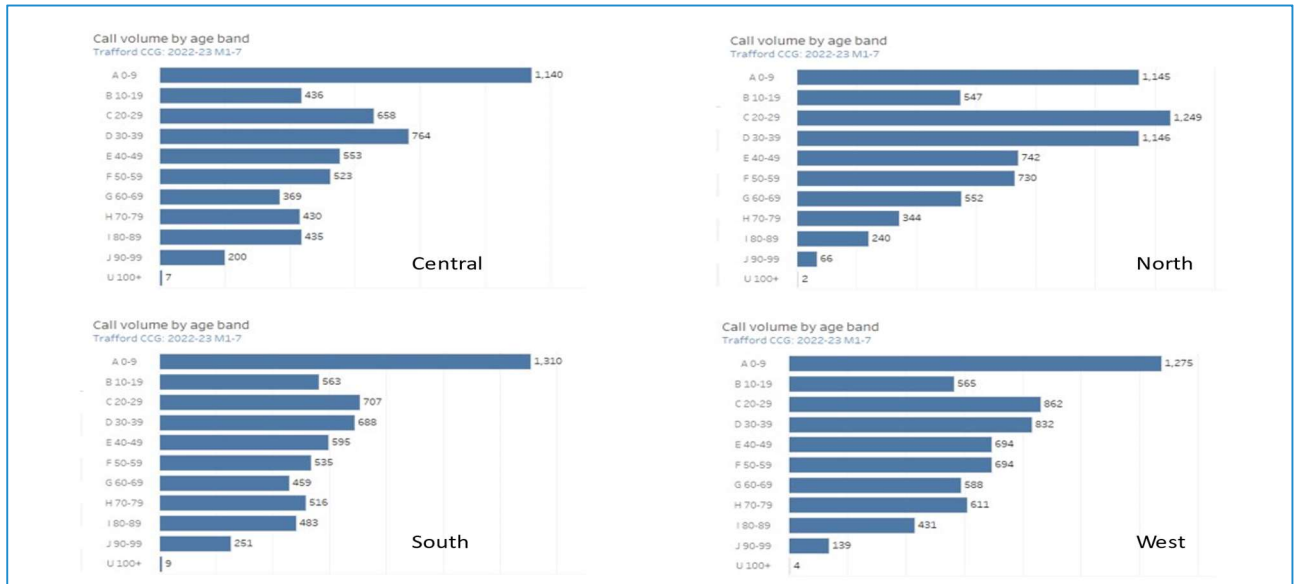
10.6 Trafford Locality usage of 111 services remains one of the lowest across the GM localities however this is consistent with the size of the population when compared to neighbouring localities. There is little variation across Greater Manchester in the outcome of the calls.

Graph 26 showing call outcomes from 111 by GM locality

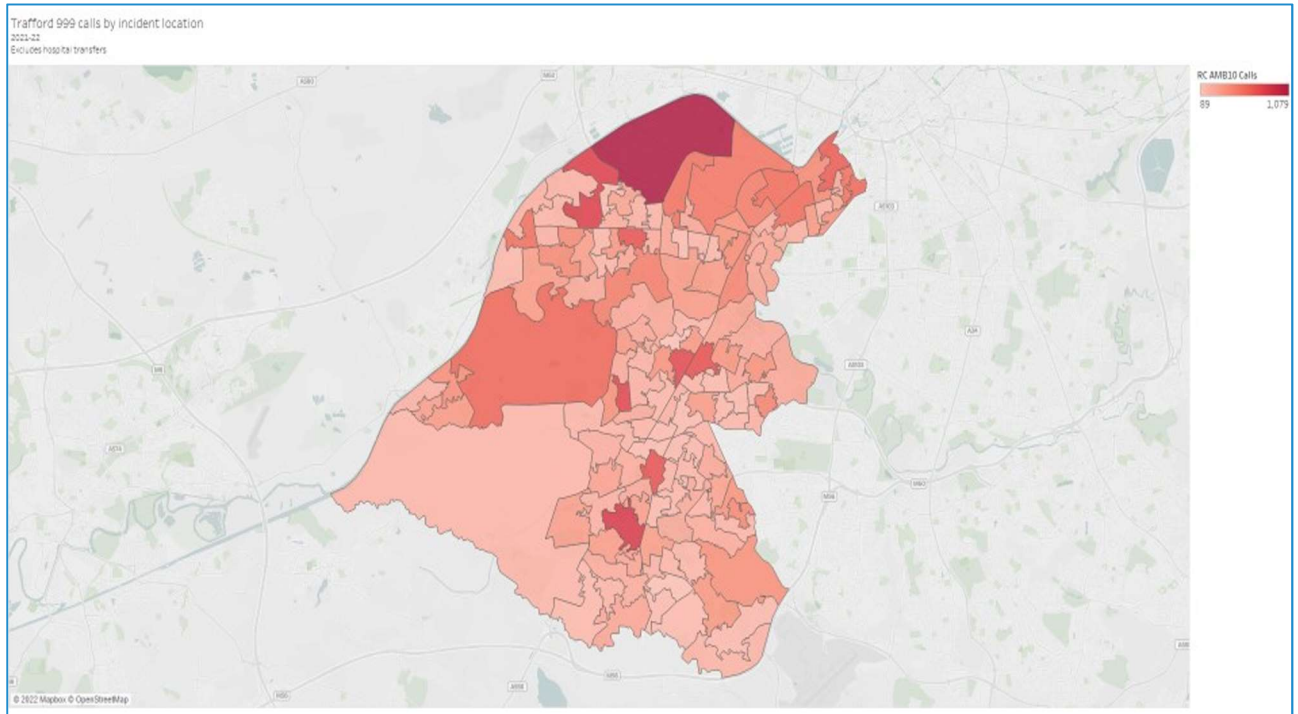


10.7 It should be noted that there is an expectation that the call volume to 111 by the 0–9-year-old could be anticipated to be higher as the 111 online service due to clinical requirements does not allow under 5-year-olds to be triaged through the online service.

Graph 27: 111 calls by age band and neighbourhood

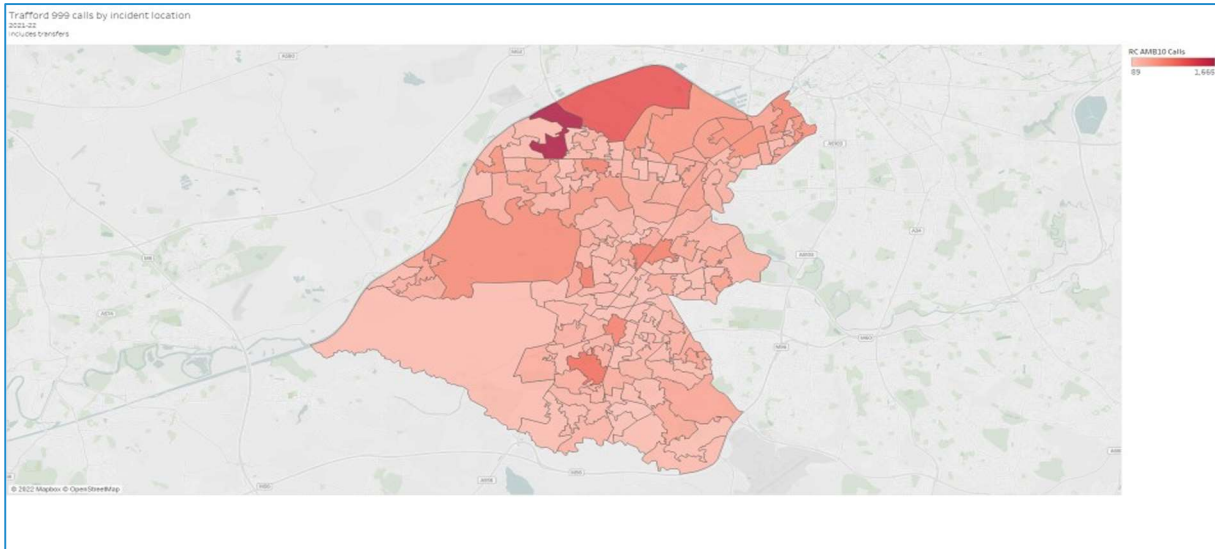


Map 11: Outlining the volume of 999 calls by incident without a hospital transfer

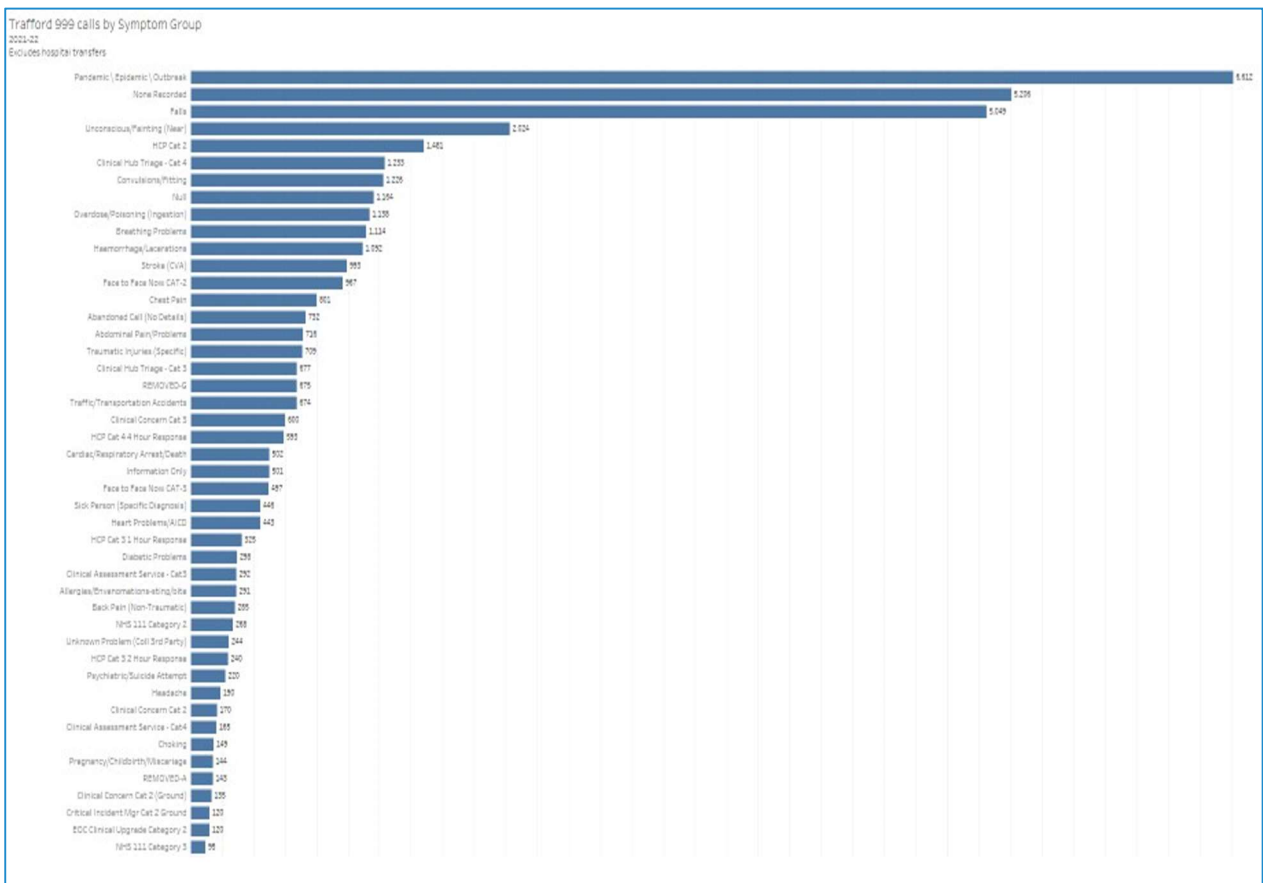


10.8 Map 11 outlines the call volumes for incidents to 999 without a hospital transfer. As can be seen from the map the highest proportion can be identified within the Trafford Park area and could be assumed to be linked to the levels of businesses/industrial facilities in the area. This is also consistent on Map 11a for incidents that involve a transfer to hospital.

Map 11a: Outlining the volume of 999 calls by incidents a hospital transfer



Graph 30 showing call symptoms by group via NHS 111 for Trafford patients



11.0 Insight

- 11.1 As part of the review, we have also considered previous research insights and outcomes from those that may have been undertaken across the Manchester and Trafford system or at a Greater Manchester level. This insight will help to provide additional information and detail as to the thoughts, approaches and behaviours of patients in relation to urgent care services and provision.
- 11.2 There are a number of key pieces of existing insight that will be outlined within this review namely:
- The Utilisation Management Unit, GM Wide ED Surveys undertaken at Wythenshawe, Manchester Royal Infirmary, Royal Manchester Childrens Hospital and North Manchester General Hospital in May 2021
 - Healthwatch report – Trafford General Hospital A report looking into the public perception of Trafford General Hospital
 - NHS Greater Manchester Stakeholder interviews with residents across 10 GM localities
 - GM UEC Survey November 2021 – December 2021
- 11.3 This report is the output of the first stage of the review process and outlines a needs assessment of the population of Trafford and the outputs of the critical appraisal of the current urgent care services being offered in Trafford. In addition to this the iterative report will be developed further with supplementary information following a public survey that is planned to commence during January 2023 to compliment the needs assessment and critical appraisal elements of this review. The public survey will also be supported through a range of engagement approaches that will target hard to reach groups and these will be managed through specific focus group engagement.
- 11.4 The survey will focus on a range of questions in relation to patient’s experiences of healthcare and specifically around urgent care, same day care and access. Elements of the survey will focus on how patients access different services and the use of technology to support that access.
- 11.5 Whilst the survey is not in scope of this initial report the outcomes of the survey and any further engagement through focus groups and specific engagement sessions will be incorporated into this paper moving forward.

Table 7: showing Key messages from insight previously undertaken in relation to urgent care

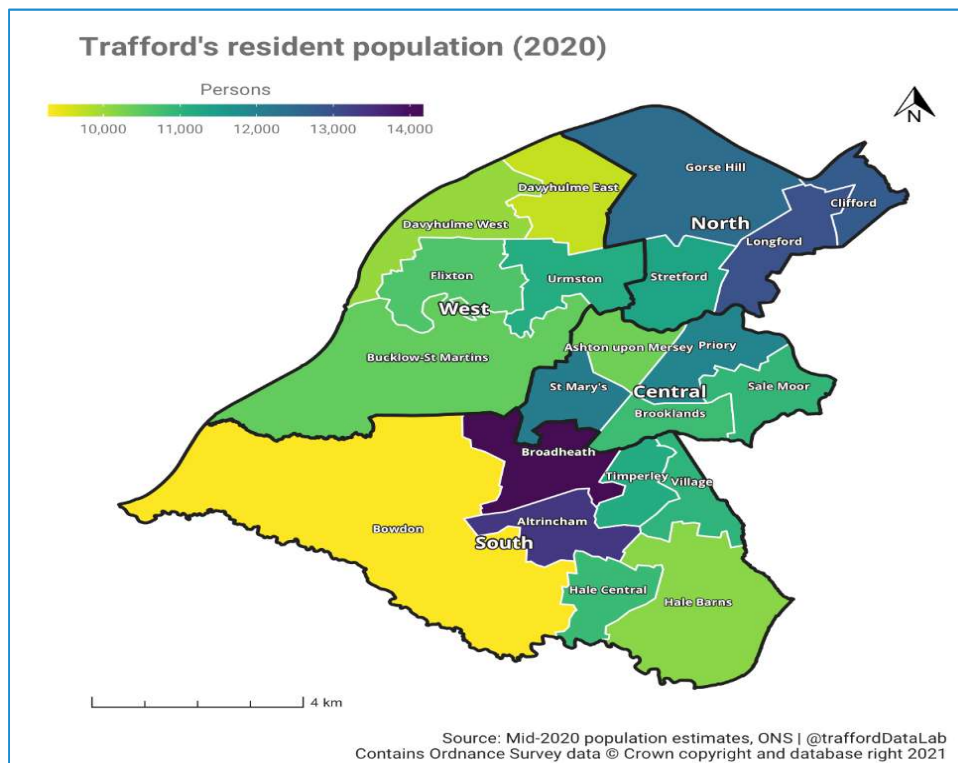
Report	Key Messages from Insight
<i>The Utilisation Management Unit, GM Wide ED Surveys undertaken May 2021</i>	<ul style="list-style-type: none"> • The highest proportion (46%) of patients surveyed attended with injuries. • Of the 779 patients who had contacted a service for advice on the same day as the attendance, 80% had been advised to attend. • It was not within the scope of this survey to triangulate prior advice given with other data sources and therefore the extent to which patients and families followed advice is unknown. • There was a marked contrast between duration of symptoms in adults and children. 24% of adults had symptoms for over one week compared to only 10% of children. • Patients felt that they needed treatment or investigations for urgent or worsening symptoms on the day. This may be the reason why other services were not contacted by 60% of patients prior to

	<p>attendance. 23% of adults and 17% of children had already been seen by a GP or other service for the same problem within the last week.</p> <ul style="list-style-type: none"> • Where prior advice had been sought, access to GP advice or appointment was not identified as a significant problem. Advice was primarily obtained from NHS111 (45% adults and 46% children) which resulted in advice to attend ED in more than 50% of cases.
<p><i>Healthwatch report – Trafford General Hospital A report looking into the public perception of Trafford General Hospital</i></p>	<ul style="list-style-type: none"> • a significant proportion of respondents that believed that they could use services at the hospital that are in fact not available there. • Responses from the survey show us that there is a lot of misunderstanding of what an Urgent Care Centre (UCC) is, how it operates and when it is open. Worryingly, a small percentage when asked the question; “if you or a family member needed urgent care in the middle of the night, what would you do”, have stated they would go to Trafford General Hospital. An A&E is a 24-hour service, whereas the UCC is open from 8am to 8pm • The misunderstanding of what an UCC can deal with could have potentially negative effects on where people choose to go when they are ill or injured. A quarter (25%) did not identify that the opening hours are different, between an A&E and an UCC, 10.6% thought children and babies could not be treated there, 4.7% thought that they were the same just named differently and one respondent thought you needed an appointment for the UCC.
<p><i>NHS Greater Manchester Stakeholder interviews with residents across 10 GM localities</i></p>	<ul style="list-style-type: none"> • GP is embedded in peoples’ consciousness and behaviour, even though getting access is seen as a source of frustration for some • GPs themselves are held up as heroic but the system and infrastructure built around it is heavily criticised • A&E is a default for many and is often seen as the quickest path to treatment regardless of the wait • 111 seen as ineffective and most people claim to have lost patience with it – they’re aware of it, many have used it, but the vast majority wouldn’t be inclined to do so again • the role of pharmacist is unknown – it’s a pretty blank canvas for most people and they see it as a retail platform rather than a clinical one • community nurses were praised by one respondent but no-one else had heard of them • awareness of UTC/walk-in centres (their existence and their location) isn’t high and those who are aware think they are no longer “walk-in”. But with clear direction regarding what to use them for, they’re seen as a really viable alternative to A&E
<p><i>GM UEC Survey November 2021 – December 2021</i></p>	<ul style="list-style-type: none"> • Majority felt access to NHS services had become worse since Covid-19. • A higher percentage of those who have long-term health condition rate access worse than those with no long-term health condition. • One assumption might be that those with long-term health conditions may be better able to compare experiences of NHS services pre-and-’post’ pandemic – and are likely to have accessed the same service on a regular basis. • Approx. 40% of people who indicated that they or a member of their family used A&E, 30% indicated they had not used any other services beforehand. • People who did use another service, contacted their GP, NHS 111 phone and NHS 111 online.

- Over 22% of people felt their attendance was inappropriate or were unsure.
- 24% of people used NHS 111 Online and 29% of people used NHS 111 phonenumber. Just under half reported a positive experience, the rest were split between average to negative.
- For both NHS 111 Online and phone, the most frequent response was advice to attend A&E followed by being advised to book a GP appointment or referred to a GP out-of-hours. The least frequently occurring response was 'chose to attend urgent care centre'.
- 60% of respondents were able to contact their GP via digital technology. 25% were unable to for a number of reasons such as service not offered, no access to technology or a lack of knowledge etc.
- Of the people who could not access due not to knowing how or not having the device or technology, people aged 70 and over are represented more.
- 70% had a poor or fair experience. 30% rated it good or excellent.
- Main issues for poor experience: ability to book appointments withdrawn, closed temporarily, only available at certain times, poor navigation on menus, having to obtain a password in person, limited interaction, limited options and limited responses.
- Positives: Ask My GP rated as easy to use, time-saving, ease of sending pictures, easy to book/order routine services e.g., bloods and prescriptions.

12.0 Trafford Profile

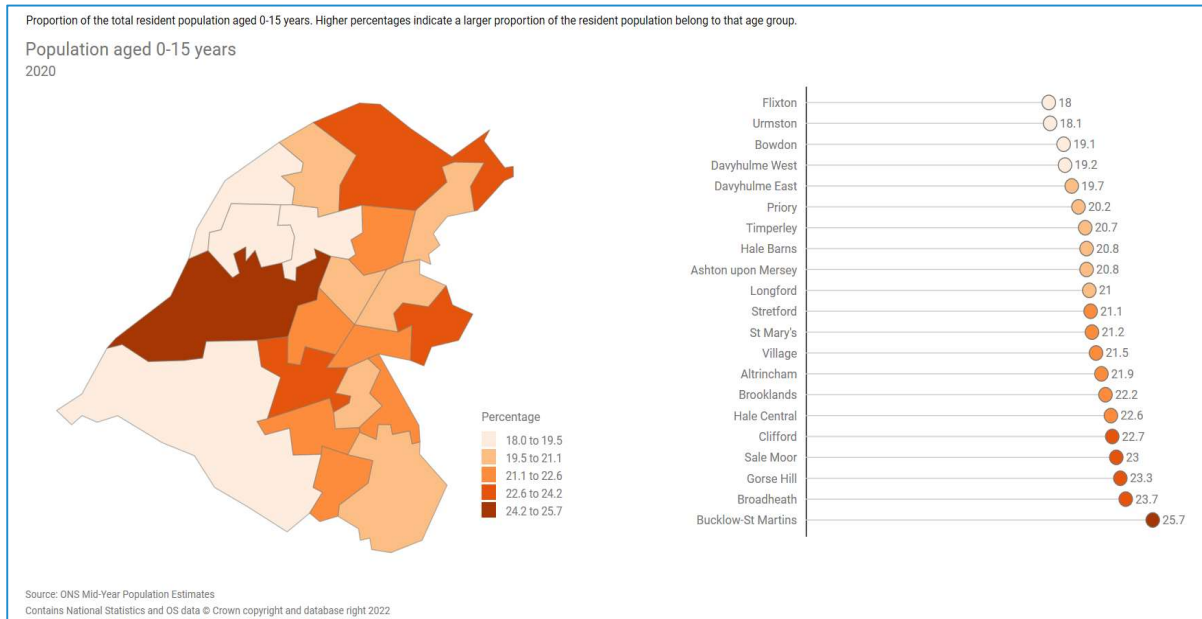
Map 12: outlining the Trafford resident profile by ward for 2020



12.1 The following maps look at age distribution, and it can be seen that this varies considerably by ward. The darker the colour the higher the percentage of the population in the ward having the indicator. Protocols for the care of children under 5 mean that they are particularly likely to need to be seen at urgent care services rather than being given advice online or by phone out of hours. The ward with the highest proportion of those under 15 years old, over a quarter of the population, is Bucklow-St Martins, and the wards with the lowest proportion are Flixton and Urmston, with 18% aged under 15.

Map 13 : showing distribution of Trafford population aged 0-15 years

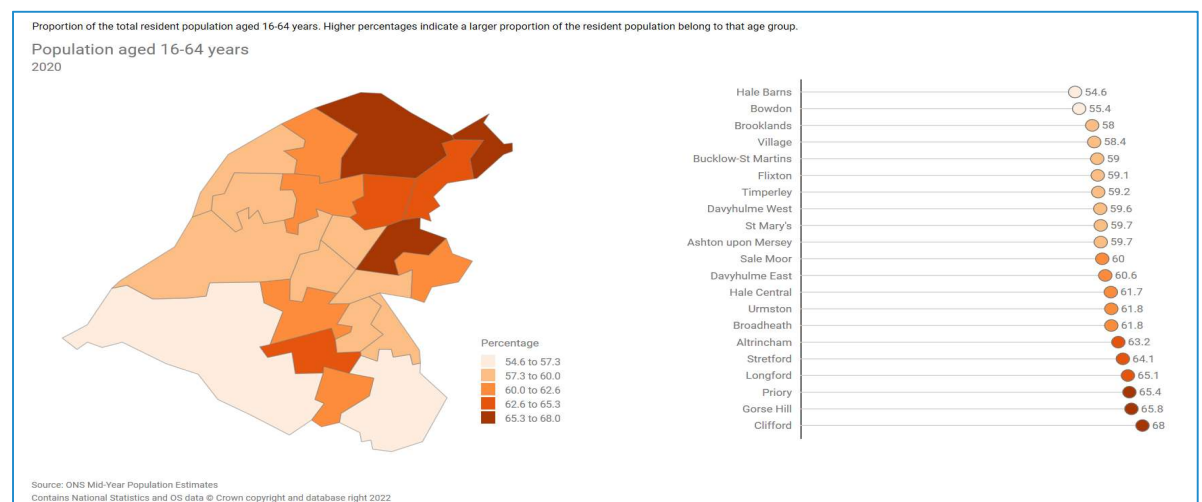
Source: Trafford Data Lab



12.2 The North of the borough has the highest proportion of people of working age with around two-thirds of the populations of Clifford, Gorse Hill, and Priory between the ages of 16 and 64. This compares to around 55% of the populations of Hale Barns and Bowden.

Map 14: showing distribution of Trafford population aged 16-84 years

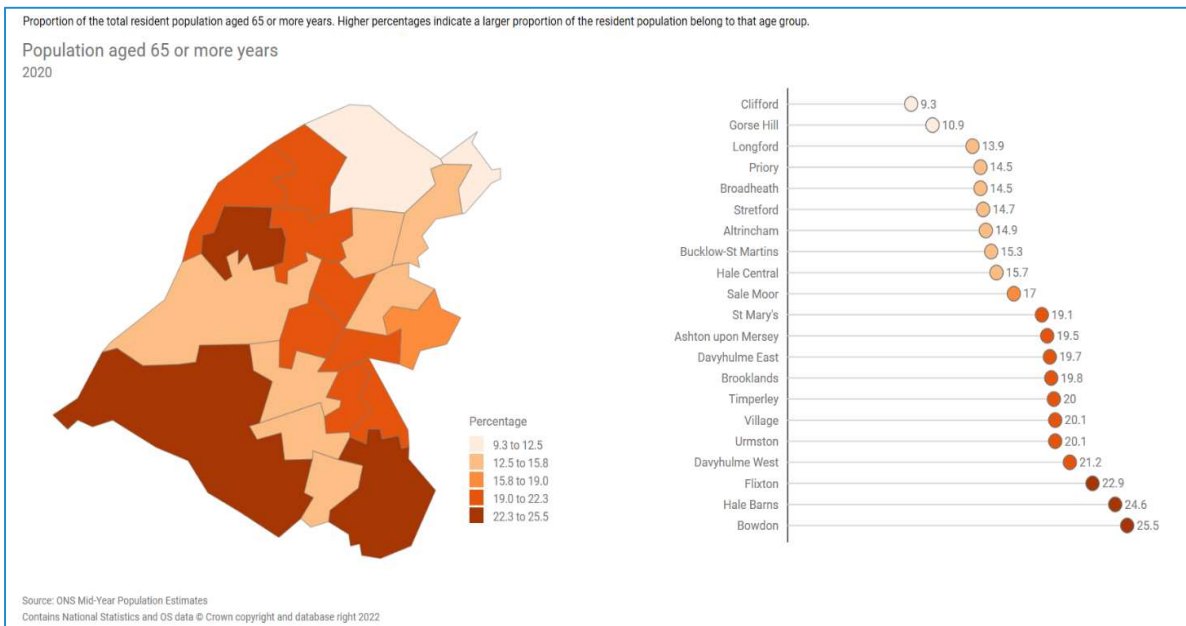
Source: Trafford Data Lab



12.3 There is even greater variation by ward as people get older. Around a quarter of the populations of Bowdon and Hale Barns are over 65, compared to around 10% of the people in both Clifford and Gorse Hill. Older people are disproportionately likely to attend urgent care sites, due to the increased risk of long-term conditions, complex co-morbidity, and the consequences of falls in this population, with the risks from all of these rising sharply in people aged over 75.

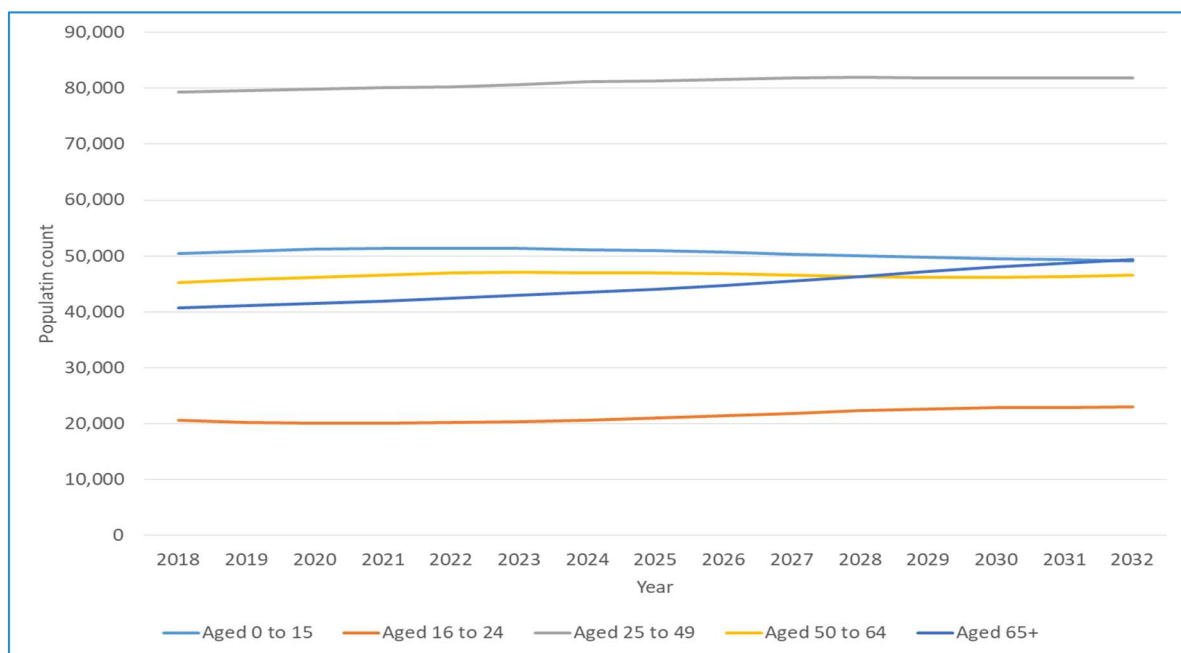
Map 15: showing distribution of Trafford population aged 65 or more years

Source: Trafford Data Lab



Graph 31: showing population projection for Trafford based on assumed levels of future fertility, mortality and migration

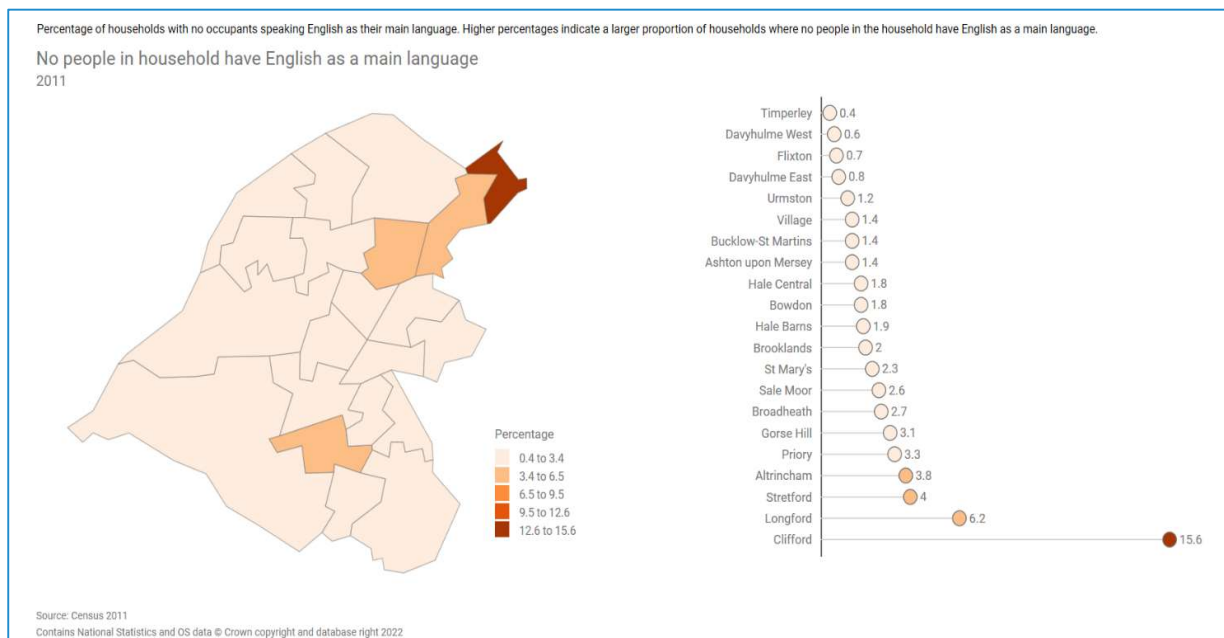
Source: NOMIS



- 12.4 The population of Trafford at the point of the 2021 census was 235,048 (51% female and 49% male). The projection for the population over the next ten years predicts that the population of those over 65 will see the most growth with a 24% increase in those over 80.
- 12.5 There are some characteristics that might be a barrier to residents accessing services. Almost 17% of those living in Clifford do not have English as their main language, which is considerably higher than any other ward in Trafford. This is likely to make communication with health professionals more difficult, but can also mean that the needs for translation services are better understood in this area. People without good English but living in parts of Trafford where almost everyone has English as their main language may find themselves to be more disadvantaged. Ensuring that everyone has the access they need to translation services is an important part of any equality approach.

Map 16: showing distribution of Trafford households with no people in household having English as a main language

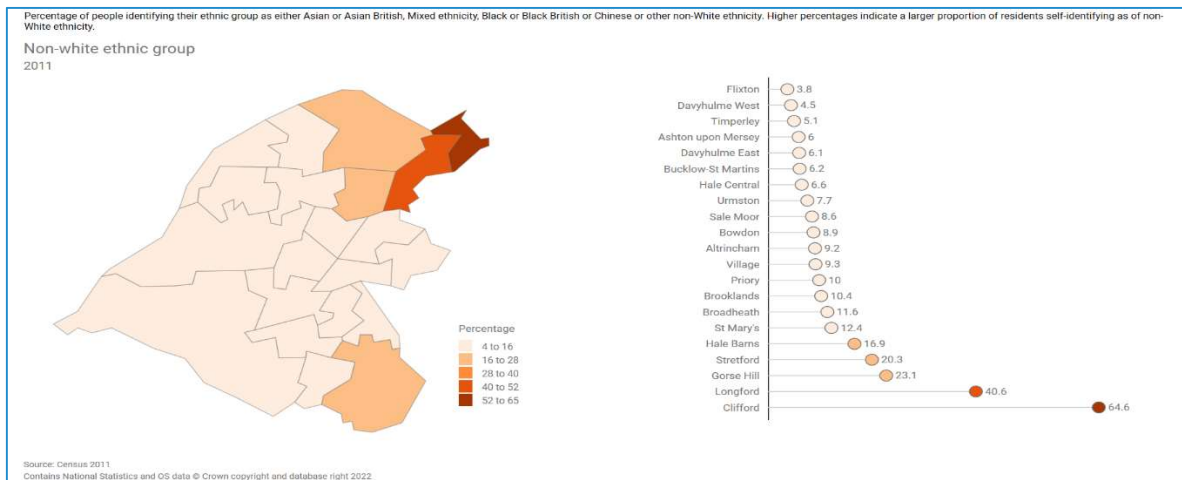
Source: Trafford Data Lab



- 12.6 While overall, 15% of Trafford's population describe themselves as being from non-white ethnic groups, people from non-white ethnic groups predominantly live in the North of the borough, with 65% of Clifford and 41% of Longford residents coming from non-white ethnic groups. Hale Barns, in the South of the borough, is the only ward outside the four wards in the North neighbourhood to have more people from non-white groups than the borough average. In Trafford, certain health conditions disproportionately affect certain ethnic groups e.g. diabetes prevalence in South East Asian men, and there is also strong evidence that people from non-white groups receive worse health care than the white population ([Midlands and Lancashire Commissioning Support Unit, 2020](#)) and this may lead to higher needs for urgent care. This is an area where improving and focussing on preventative and planned care may have a much greater impact on the health system within the locality than simply addressing urgent care needs.

Map 17: showing distribution of Trafford households which are of a non-white ethnic group

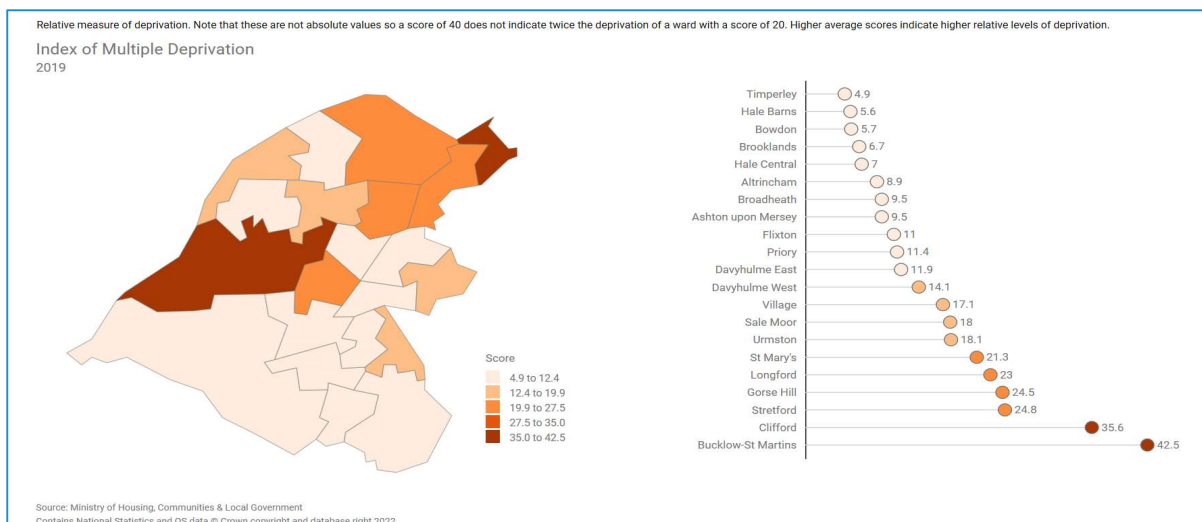
Source: Trafford Data Lab



12.7 The usual method of assessing deprivation is to use the Index of Multiple Deprivation (IMD), which combines measures in 7 domains including Income, Employment, Education, Health, Crime, Barriers to Housing and Services and Living Environment. This then provides a ranking for England of the relative deprivation when comparing all Lower Super Output Areas (LSOAs), which are small areas of ~1,000 population. In Trafford, Clifford and Bucklow-St Martins are the most deprived wards followed by other wards in the North, and St Mary's. Bucklow-St Martins contains one of the most deprived LSOAs in Trafford ranking 490 out of 32,844 LSOAs in England. Looking at the individual domains, again both Clifford and Bucklow-St Martins, followed by other wards in the North and St Mary's have the highest income, employment and child deprivation. Clifford also has a very high proportion (41%) of older people living in an income deprived household, this is followed again by Bucklow-St Martins, and Northern wards Longford and Stretford. Health deprivation and disability are highest in Bucklow-St Martins followed by Clifford. Only the IMD map is included here as the maps for the individual domains in Trafford are very similar to this. The remaining maps are available at [Trafford Data Lab](#)

Map 18: showing level of deprivation by ward measured using the Index of Multiple Deprivation

Source: Trafford Data Lab

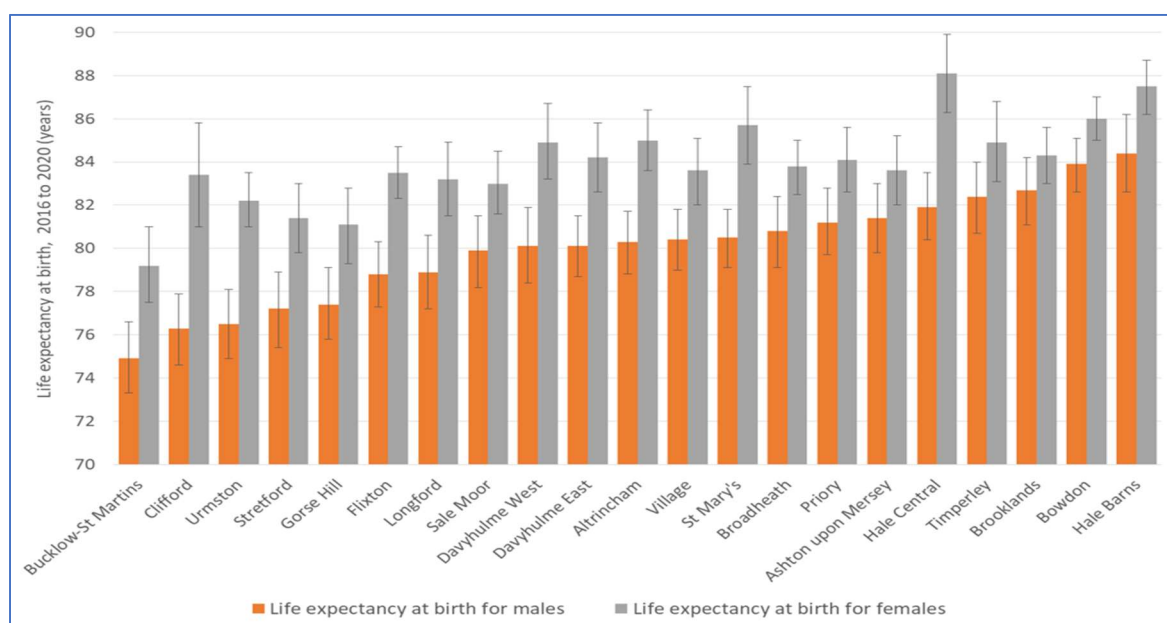


The Health of Trafford's population

- 12.8 While health outcomes in Trafford are generally good, especially compared to other boroughs in Greater Manchester, this masks considerable variation across the borough. Overall, people in the North, and Bucklow St Martins, have worse health than those in the South. This is more marked for males than females.

Graph 32: showing life expectancy at birth for males and females 2016-2020

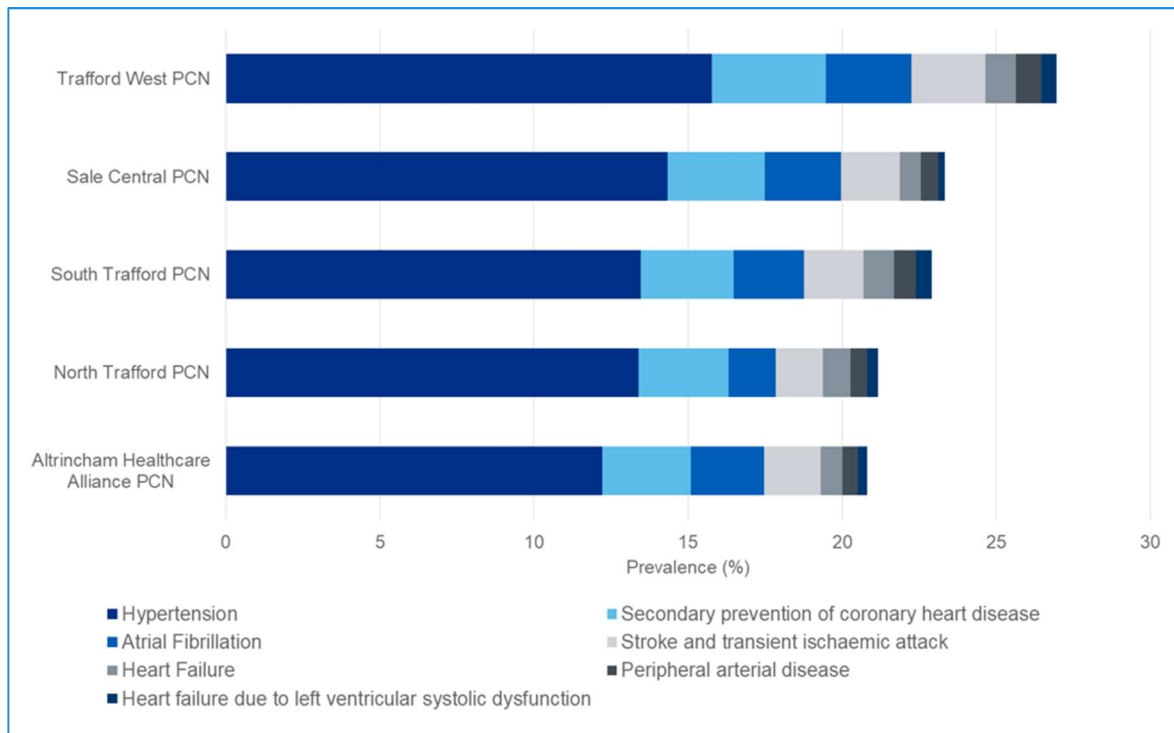
Source: Office for Health Improvement and Disparities



- 12.9 The top causes for reduced life expectancy in England in those who are the most deprived when compared with those who are the least deprived include cardiovascular disease (heart disease and stroke), cancer and respiratory disorders (Public Health England, 2018). The table below shows variations in the prevalence of these and other common conditions by PCN and by ward (based on the location of the general practice). Some conditions have a clear link to deprivation, with higher disease prevalence evident in the population of the West PCN, but this is not always the case. For example, cancer prevalence is highest in Hale Barns, one of our least deprived wards, and lowest in Clifford, one of our most deprived. This is largely explained by the different age profiles in those wards. Cancer rates go up considerably as people get older, and Hale Barns has much higher rates of older people than Clifford. In addition, cancer survival rates are generally higher in less deprived populations. Hypertension and heart failure also become more common as people get older. Many of these conditions, if well managed, should not require frequent attendance at urgent care services.

Graph 33: showing disease prevalence by PCN: Risk factors for cardiovascular event

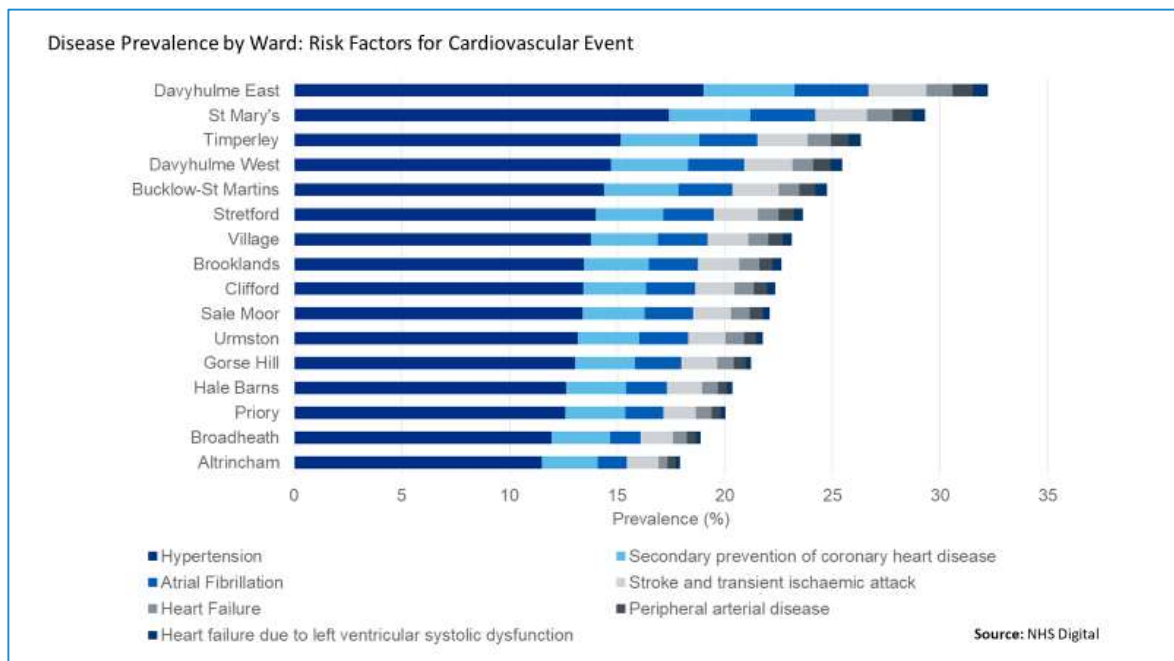
Source: NHS Digital



Graph 34: showing disease prevalence by Ward of GP: Risk factors for cardiovascular event

Please note that this presents data from GPs located in the ward and that not all wards have a GP located in them.

Source: NHS Digital



levels return to pre pandemic activity), but the main symptoms for which people present are similar, as are the patterns of usage by area (with a slight fall in the relative rate of attends from Bucklow St Martins.)

- 13.2 In general, more deprived areas have higher rates of urgent care centre usage, and this is the pattern seen in Trafford, where overall, rates of attendance at urgent care services are lower among people in the South neighbourhood. Rates of attendance at urgent care services is highest in older people, and this increase starts at a younger age in the North than the South of the borough.
- 13.3 Most people use urgent care between 8am – 8pm, with highest attendances on Mondays and lowest on Saturdays, and to a lesser extent, Sundays. Therefore, most attendances are at times when public transport is available. However, it is not thought that the availability of public transport is the reason for attending at these times but this is more in line with the availability of services such as the UTC at TGH.
- 13.4 Most of Trafford’s population has good access to urgent care sites, either through good public transport links or because of high rates of car ownership. There is a concern about access from Partington (Bucklow St Martins) and this is exacerbated by the current lack of pharmacy services on Saturday afternoons and Sundays in that area. Parts of West St Mary’s, South Sale Moor and South Altrincham are also at transport related risk of social exclusion.
- 13.5 Unsurprisingly, people tend to go to the urgent care site that is closest to them, but the proportion of people who live within 2 miles of the site they attended varies greatly. Almost two thirds (65%) of people using Altrincham MIU live within 2 miles of it, whereas just under half (46%) of people using Trafford General and around a quarter of those using Wythenshawe and MRI/Oxford Rd (26% and 23% respectively) lived within 2 miles of their chosen site. Most of the people who had gone to Altrincham in 2019/20 went to Wythenshawe in 21/22.
- 13.6 GP activity has increased sharply since the pandemic, with a substantial increase in the number of people having same day appointments. Trafford patients are slightly more likely to see a GP rather than another health care professional when visiting general practice than the national picture, and have a similar proportion of face-to-face consultations. The rate of home visits made by GPs is substantially higher in Trafford than nationally.
- 13.7 Use of the NHS 111 services fluctuates considerably over time, but all four neighbourhoods show the same pattern of fluctuation, although usage is much higher in North and West Trafford than in Central or South. In all of Trafford except the North, the age group for whom most calls were made was for children under 10. In the North, the most frequent age group was people aged 20-29, followed by children under 10 and those aged 30-39.
- 13.8 All other things being equal, we would expect to see higher *rates* of attendance among people living in more deprived areas, and those with more older people, and higher *numbers* of attendances from people in more densely populated areas. Identifying where sites are best placed requires careful balancing of these factors.

13.9 Needs for urgent care can be highly influenced by the quality and quantity of planned and preventative care provision, and building up community and primary health care services, and reducing inequalities in access to these, should reduce urgent care needs and improve population health.

14.0 Key Findings

14.1 Key Messages from the Review are: -

- Overall, attendances for urgent care dropped in Trafford between 2019/20 and 2021/22 (mainly due to the impact of the Covid pandemic, but we are starting to see levels return to pre-pandemic activity),
- In general, in the UK, more deprived areas have higher rates of urgent care service usage, and this is the pattern seen in Trafford
- Rates of attendance at urgent care services are highest in older people, and this increase starts at a younger age in the North than the South of the borough.
- Most people use urgent care between 8am – 8pm, with highest attendances on Mondays and lowest on Saturdays, and to a lesser extent, Sundays.
- Wythenshawe is the most commonly used site, but also tends to be used more by our less deprived population.
- Rates of attendance in children are higher in North and West Trafford, and the attendances in both children and older people were lower in the South. This is likely to be explained by the lower rate of deprivation in the South.
- Most of Trafford’s population has good access to urgent care sites, either through good public transport links or because of high rates of car ownership.
- Trafford has the second-best rate of access to hospitals in GM based on public transport or walking with 88.4% of the population within 30 minutes by public transport of a hospital site.
- People tend to go to the urgent care site that is closest to them, but the proportion of people who live within 2 miles of the site they attended varies greatly, as some sites cater for a much wider geographic area.
- GP activity has increased sharply since the pandemic, with a substantial increase in the number of people having same day appointments.
- Use of the NHS 111 service fluctuates considerably over time, but all four neighbourhoods show the same pattern of fluctuation, although usage is much higher in North and West Trafford than in Central or South.
- We would expect to see higher *rates* of attendance among people living in more deprived areas, and those with more older people, and higher *numbers* of attendances from people in more densely populated areas.
- There are three services within Trafford that do not currently meet national guidelines or requirements

15.0 Recommendations

- 1) To note the content of this report and progress to date

16.0 Glossary

Abbreviation	Description
ED/A&E	Emergency Department/Accident and Emergency
OOH	Out of Hours
SDEC	Same Day Emergency Care
GP	General Practitioner
NHS	National Health Service
MFT	Manchester University NHS Foundation Trust
TLCO	Trafford Local Care Organisation
MIU	Minor Injuries Unit
UTC	Urgent Treatment Centre
LCAS	Local Clinical Assessment Service
ATT	Alternative to Transfer
CUES	Urgent Eye care Services
GMMH	Greater Manchester Mental Health
NHS 111	Telephone/Online
NMGH	North Manchester General Hospital
RMCH	Royal Manchester Children's Hospital
TPAS	Trafford Patient Assessment Service
UCC	Urgent Care Centre
TGH	Trafford General Hospital
ICB	Integrated Care Board
GM	Greater Manchester

17.0 Appendices

Appendix A - outlining current services and description of services

Service	Location/s	Provider/s	Description
Ambulance	Borough Wide	NWAS	Ambulance Services traditionally attend patients on scene and convey to ED however over recent years this has changed considerably and now patients are treated by skilled paramedics in their own home, given advice over the telephone or taken to a more appropriate setting outside hospital in addition to the traditional ED conveyance.
Same Day Emergency Care (SDEC)	Wythenshawe	MFT	SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. The national SDEC model builds on previous improvement work in ambulatory emergency care (AEC) services across the NHS, with the aim of providing a consistent approach to patient pathways.
	MRI	MFT	
Crisis Response	Borough Wide	TLCO	urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and hydrated. 2 hour crisis response is Currently provided by CEC nurses in Trafford.
GP Extended Access	Borough Wide	Primary Care Networks	everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.
Primary Care Access in general	Borough Wide	Core GP/Pharmacy/Dentistry/Optom	GP Practices provide urgent and on the day appointments - embargoed slots that are released on the day (or after the end of the previous working day). May be directly patient bookable or reserved for practice use following triage. Pharmacies provide urgent services for walk in patients who can access pharmacies for advice, guidance and support as a point of contact and urgent prescriptions where needed. Urgent Dental provision is provided by patients own dental services however where this cannot be accessed Mastercall provides urgent dental provision for trauma, facial swelling, uncontrolled bleeding or pain that is persistent and is not being controlled by pain relief. A network of Optometrists in Manchester and Trafford has been working with Manchester Royal Eye Hospital to create a service which allows Optometrists in the community to assess and treat patients (CUES).
Children's Community Nursing	Borough Wide	MFT	Providing leadership and case management, Delivering nursing care and support to children, young people and families across the life course, Assessing, planning, implementing and evaluating, evidence based care interventions within the community Setting. Contributing to the assessment of health needs of children and monitor the effectiveness of safe care packages Working in partnership parents/carers and families to provide nursing care and support to meet the individual child's needs over a 24 hour period.
Crisis Café	Borough Wide	Blusci	An out of hours friendly and supportive community space open to anyone from Manchester, Bolton, Salford and Trafford, experiencing a mental health crisis. The aim is to offer support and advice from qualified Mental Health Practitioners and support staff in a relaxed and comfortable environment, avoiding long waits in Emergency Departments.

Service	Location/s	Provider/s	Description
Urgent Treatment Centre	MRI	MFT	Urgent treatment centres (UTCs) are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.
	Wythenshawe,	MFT/Mastercall	
	Trafford,	MFT/Mastercall	
	NMGH	MFT	
Minor Injuries Unit	Altrincham Hospital	MFT	Minor injuries units deal with non life or limb threatening injuries such as broken bones, sprains, bruises and wounds. bites – human, animal and insect. burns and scalds. abscesses and wound infections.
Emergency Departments	Wythenshawe	MFT	A&E department (also known as emergency department or casualty) deals with genuine life-threatening emergencies, such as: loss of consciousness a sudden confused state fits that are not stopping chest pain breathing difficulties severe bleeding that cannot be stopped severe allergic reactions (anaphylaxis) severe burns or scalds stroke major trauma such as a road traffic collision feelings of self-harm or suicide Less severe injuries can be treated in urgent treatment centres (walk-in centres or minor injury units). A&E departments offer access 24 hours a day, 365 days a year. A&E staff includes emergency medicine doctors, nurses, diagnostic radiographers, reception staff, porters and healthcare assistants. Medical staff are highly trained in all aspects of emergency medicine.
	MRI	MFT	
	Salford	SRFT	
	NMGH	MFT	
	RMCH	MFT	

Service	Location/s	Provider/s	Description
NHS 111 (Telephone/Online)	Borough Wide	North West Ambulance Service	NHS 111 helps people get the right advice and treatment when they urgently need it. Clinicians, such as nurses, doctors, pharmacists and paramedics now play an important role in NHS 111. In fact, over 50% of people who call 111 speak to someone in one of these roles. In many cases NHS 111 clinicians and call advisors can give patients the advice they need without using another service such as their GP or A&E. If needed, NHS 111 can book patients in to be seen at their local A&E / emergency department or an urgent treatment centre, emergency dental services, pharmacy or another more appropriate local service – as well as send an ambulance should the patient's condition be serious or life-threatening. NHS 111 is here to make it easier and quicker for patients to get the right advice or treatment they need, be that for their physical or mental health. 24 hours a day, 7 days a week.
Trafford Patients Assessment Service (TPAS)	Borough Wide	Mastercall Healthcare	A clinical assessment service (CAS) is an intermediate service that allows for a greater level of clinical expertise in assessing a patient than would normally be expected of a referring clinician (such as a GP). This expertise should be used to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway. The TPAS is for patients who have contacted 111 and had an outcome of attend Trafford General Hospital UTC. The patient will receive a secondary clinical assessment unless they are booked an appointment directly with the UTC by 111 depending on the outcome of the discussion with the 111 call handler.
Greater Manchester Clinical Assessment Service	Borough Wide	OOHA	A clinical assessment service (CAS) is an intermediate service that allows for a greater level of clinical expertise in assessing a patient than would normally be expected of a referring clinician (such as a GP). This expertise should be used to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway. The GMCAS is for patients who have contacted either 111 or 999 and had an ED and their outcome has been appropriate for referral to the CAS for a secondary clinical assessment.
Alternative to Transfer (ATT)/+	Borough Wide	Mastercall Healthcare	Patients can be referred into the service via 999/111/NWAS pathways, GMCAS and Care homes directly. The service is available 24 hrs a day 365 days a year including Bank Holidays. •The ATT service triages all referrals and offer an appropriate response to the presenting issue. This may entail management digitally or through a face to face visit, verbal treatment advice, reassurance, or signposting. •Urgent Medical care resolution- potential follow up with Primary Care within the 2 hour response time •All age all conditions Minimal exclusions •short-term assessments and interventions for people in their own homes or place or residence/on scene resolution (to be left in place of safety i.e. in a building) •All ages in Trafford (no under 2 unless red refusal); any Trafford resident or Out of Area patient within the locality on scene •GPs supported by wider MDT consisting of ACP/CP/TN/Pharmacist (meds management team) •ATT/+ is Paramedic and Care Home referral 24/7. Referrals are also accepted from GMCAS and LCAS directly booked.
Primary Care Out of Hours	Borough Wide	Mastercall Healthcare	The out-of-hours period is from 6.30pm to 8am on weekdays and all day at weekends and on bank holidays. However, some GP surgeries offer evening and weekend appointments. GPs can choose whether to provide 24-hour care for their patients or to transfer responsibility for out-of-hours services to NHS England. OOH services generally consist of healthcare professionals making home visits after a detailed clinical assessment.