Urgent Care Strategy

2012 – 2017
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1. **Introduction**

There is evidence across the whole of the health and social care community of increasing demand on hospital, community and primary care services, with members of the public having increased expectations with regard to urgent access to health care.

Halton Clinical Commissioning Group (CCG) and Halton Borough Council (HBC) are responding to this with the production of this Urgent Care Strategy which outlines the strategic direction for the delivery of urgent care in Halton over the next five years.

This Strategy is supported by an associated Urgent Care Response Plan which will ensure the cohesive implementation of the key aspects of this Strategy.

The Strategy and associated Response Plan will enable a common approach to provision and creates a framework within which care providers and commissioners can work to ensure seamless, high quality and appropriate care. It will help ensure that unplanned care becomes better planned and understood by the people of Halton, those responsible for managing urgent care services and the work force required to deliver them.

The focus for all urgent and emergency care services should be on providing high quality, safe, responsive care using a whole system approach. Presently the urgent and emergency care system operates as a network with multiple entry points. There may be a number of reasons why people use a particular entry point; however, it is clear that the pathway for that person from then on will be dependent on their particular clinical needs.

The strategy aims to support the development of an approach that clearly defines the whole pathway and that is easily understood and accessed by the public and that removes duplication, increases efficiency and capitalises on the interdependencies between health, social care, self-care and the third sector to provide an urgent and emergency care system that is more joined up and seamless for patients.

The Strategy aims to produce high quality integrated urgent care services through:

- matching resources to expected flow;
- managing patient experience, safety and outcome;
- measuring quality, outcomes and performance;
- working with delivery partners to maintain an integrated 24/7 system;
- joint working across all health and social care organisations within the health economy;
- scenario-planning for increased activity periods to better plan capacity to meet demand;
- development of robust escalation mechanisms, including clear definition of escalation triggers and processes;
- signposting and educating patients to select health care providers that are appropriate to their needs;
- identifying patient pathways in the emergency department and assessment units which facilitate prompt decision making and timely discharge;
- use of community based beds including intermediate care;
• re-directing resources to enable investment in prevention and early intervention services, including public health improvement/promotion, preventing the exacerbation of Long Term Conditions and thus avoiding unnecessary hospital admissions; and
• discharge processes, including expected date of discharge and delayed transfers of care.
2. Context

2.1 National Context

The Department of Health (DH) defines urgent care as:-

“the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly.” (DH Feb 2011)

The Government’s stated vision for urgent care is “of universal access to high quality urgent and emergency care services 24/7, so that whatever your need, whatever your location you get the best care, from the best person, in the best place at the best time.”

Change is required to meet the urgent care needs of patients with significant illness or injury, which arise regardless of the day of the week. As populations age, demand on the system is rising as patients have increasingly complex multi-system health and social care problems. In response, health and social care commissioning is key to the delivery of a robust health economy across a whole system of care pathways.

There has been much research and evolving national policy supporting the move to more responsive services and the closer working together of Health and Social Care Services to improve the flexibility of organisations in respect of the use of their resources, responsiveness, innovation etc. to enable organisations to offer improved services to people.

The Equity and Excellence: Liberating the NHS White Paper (2010) set out the government’s aim to “simplify and extend the use of power that enable joint working between the NHS and local authorities” in order to make it “easier to adopt partnership arrangements, and adapt them to local circumstances”. The objectives of the White Paper included:

- Putting patients and local communities at the heart of decisions made in the NHS expressed through no decision about me without me;
- Focus relentlessly on outcomes for patients, rather than on measurement of narrow processes, in order to deliver more effective and efficient care;
- Greater local democratic legitimacy, with a new role for local government in joining up health, social care and public health services, and a lead role for councils in health improvement;
- Liberation of professionals at every level to take decisions in the best interests of patients - whether the GP, the community nurse, or hospital manager - through GP Commissioning, a radical extension of social enterprises and the further extension of NHS Foundation Trust freedoms; and
- Cutting bureaucracy and improving efficiency.

High Quality Care for All (2008) outlined a new vision for the NHS which was for a clinically-driven, patient-centred NHS working in partnership to prevent ill health, and support staff to provide high quality care that is personal, effective, safe, fair, responsive and locally accountable.
Most recently there has been the publication of *Caring for our Future: Reforming Care and Support (2012)* White Paper and the *Draft Care and Support Bill (2012)*.

The White Paper outlines an emphasis on organisations working together to provide high quality, integrated services built around the needs of individuals. The aim is to enable local areas to transform their services and to deliver better integrated care that not only saves money across the two systems, for example by supporting people to maintain their independence in the community for as long as possible, but achieves better outcomes for individuals.

The draft Bill published will provide the enabling legislation for the reforms in the White Paper, for example it sets out a duty on Local Authorities (LAs) to promote the integration of services, along similar lines to the duty on the NHS already enacted by the *Health and Social Care Act (2012)*. In addition, it will provide for future duties of co-operation which encourage local partners to work together to improve the wellbeing of local people.

The preceding are only a few examples of national policy drivers. Other drivers for integration/change at a national level do exist e.g. the current *financial climate*.

Both the NHS and LAs need to make significant budget savings over the next 3 years. In addition to LAs expected reduction in spending (by 6.5% on average), the NHS needs to make up to £20 billion of efficiency savings by 2015 under the DHs Quality, Innovation, Productivity and Prevention initiative.

These financial pressures will have a significant impact at the same time as the NHS and LAs face transformation and demand for health and social care services rises.

One of the most significant transformational developments within the NHS is the development of CCG’s and the movement of financial responsibility to them. The CCG’s are groups of GPs that will, from April 2013, be responsible for designing local health services in England.

CCG’s will be responsible for commissioning emergency and urgent care, including ambulance services and out-of-hours services, for anyone present in their geographical area. They will also be responsible for commissioning healthcare services to meet the reasonable needs of the local population and these include:-

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2.2 Local Context

As national reforms continue to take shape, work has already taken place locally to look more strategically at improving models for integrated working and this vision has been captured within the Framework for Integrated Commissioning in Halton (2012). The Framework outlines the current strategic landscape of commissioning across Halton and explores national good practice and has translated this into an action plan.

In support of the implementation of the Framework, work is currently progressing in respect of the development of a Section 75 Partnership Agreement between Halton CCG and HBC which will provide robust arrangements within which Partners will be able to facilitate maximum levels of integration in respect of the commissioning of Health and Social Care services in order to address the causes of ill health as well as the consequences. Part of this Agreement will focus on the commissioning of Urgent Care Services.

Within Halton there is an increasing shift to improving the prevention and early intervention services in the Borough, including public health improvement/promotion services. There is evidence from the evaluation of the Partnerships for Older People (POPP) programme that the funding of more prevention and early intervention services has a positive impact on acute services. For example interventions such as intermediate care, rapid response etc. has an impact on the level of hospital/emergency admissions and thus on the overall capacity within the urgent care system.

In addition to this the Joint Health and Wellbeing Strategy has recently been developed by Halton’s Shadow Health and Wellbeing Board. The Strategy outlines the health and wellbeing priorities the Board has set to tackle the needs identified in the Joint Strategic Needs Assessment (JSNA). Informed by the JSNA and in consultation with local residents, strategic partners and other stakeholders, the Board have identified five key priorities to help achieve it’s vision of ’improving the health and wellbeing of Halton people so they live longer, healthier and happier lives’.

The five priorities for action are as follows:-

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions.

The Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them. For example, the Halton CCG have adopted the Strategy as a key document that has influenced the development of their Integrated Plan and associated commissioning intentions in order to make progress against identified priorities.
The outcomes to be achieved via the implementation of the Health and Wellbeing Strategy will have a positive impact on the delivery and focus of urgent care services within Halton.

The following paragraphs outline the local context in which services are currently commissioned and delivered within Halton in respect of population, levels of deprivation and health.

Since 2001, the population of Halton has increased steadily to its current estimate of 125,700 (2011 census). The total local population of older people, age range 65+ in Halton stood at 18,600. The GP registered population for Halton is slightly higher than the population figures, standing at 127,947 and supported by 17 GP surgeries across the borough.

The following population figures form a “baseline” view of what the population dynamics would be in the given areas if recent demographic trends were to continue into the future. It is important to note that these projections are consistent across all LAs in England.

- In the short term (2011-2014) Halton’s population is projected to grow by 1% from 125,700 to 126,800;
- In the medium term (2011-2017) Halton’s population is projected to grow by 2% from 125,700 to 128,000;
- In the long term (2011-2021) Halton’s population is projected to grow by 3% from 125,700 to 129,300. This is still lower than the North West region which is projected to grow by 4% and nationally, which is projected to grow by 9%;
- Younger people (0-15 year olds) population projected to grow by 10% (2011-2021);
- Working age (16-64 year olds) population projected to decline by 5% (2011-2021); and
- Older People (65+) population projected to grow by 33% from 18,600 in 2011 to 24,700 in 2021.

Within the Borough there are a total of 53,300 households, the proportion of Owner Occupied and Private Rented Dwelling stock in Halton (75%) was lower than the regional (81.2%) and national averages (81.8%). At 25% a significantly higher proportion of the population rent housing from a Registered Housing Provider than the regional (12.9%) and national (9.5%) averages.

The Index of Multiple Deprivation (IMD) for 2010 is one of the most comprehensive sources of deprivation indicators, as some 37 different indicators are used. The IMD shows for example, that overall Halton is ranked 27th most deprived borough nationally (a ranking of 1 indicates than an area is the most deprived), which is the third highest on Merseyside, behind Knowsley and Liverpool and 9th highest in the North West. 26% of the total population of Halton currently reside within the top 10% most deprived Lower Super Output Areas nationally, this compares to the national figure of 10%.

Despite the high levels of deprivation in Halton there has been an improvement in overall health of the local population over the last 10 years. Life expectancy at birth has increased, deaths from circulatory disease and most cancers have decreased. Rates of smoking have decreased and breastfeeding rates are increasing.
However, whilst these improvements are commendable, for most of these factors the England averages have improved at a much greater rate over the same period, which in turn has caused a widening of the gap between the borough and the country as a whole. Closing the gap in life expectancy and health inequalities remains a huge challenge and will be an important aspect of delivering an effective urgent care strategy in Halton.

When we consider the reasons for the gap in life expectancy we can scrutinise some of the key health indicators and see that despite some improvements there are still a number of areas that Halton falls well below the National Average, for example:-

1. **Deprivation** – 48.2% of people in Halton are living in 20% most deprived areas in England, England average 19.8%
2. **Smoking in pregnancy** – 21.8% of mothers smoking in pregnancy, England average 13.7%
3. **Alcohol-specific hospital stays (under 18)** – 153.9 per 100,000, England average 61.8 per 100,000
4. **Adults smoking** – 23.3% adults aged 18 and over, England average 20.7%
5. **Hospital stays for alcohol related harm** – 2,834 per 100,000, England average 1,895 per 100,000
6. **Hip fractures in 65s and over** – 499 per 100,000, England average 452 per 100,000
7. **Smoking related deaths** - 313 per 100,000, England average 211 per 100,000
8. **Early deaths, heart disease and stroke** – 92.7 per 100,000, England average 67.3 per 100,000
9. **Early deaths: cancer** – 159.1 per 100,000, England average 110.1 per 100,000
   *(Source: Network of Public Health Observatories - Halton LA Area Health Profile 2012)*

**2.3 Why change is required**

We need to ensure that there are effective and efficient systems in place to meet the urgent care needs of patients with significant illness or injury, which arise regardless of the day of the week.

There are a range of factors causing a consistent increase in the pressure/demand on services supporting the case for change, examples of which are outlined overleaf:-

- A complex range of access points into the health system, not understood by the public, leading to poor public perception and ‘default’ attendance at A&E departments;
- An increase in the number of patients attending major A&E units which is in part due to people attending with minor ailments, for example at Whiston hospital there has been an increase of 15% of attendances between 2009 and 2012 and of the attendances at A&E during 2012, 27% were for minor ailments *(Source: St Helens and Knowsley Teaching Hospitals NHS Trust - Urgent Care Review 2012)*;
- National developments such as the implementation of NHS 111 urgent care telephone service;
- Escalating costs and the challenges to make efficiencies across the health and social care economy; and
- Clinical safety issues and unacceptable variation is quality, availability and duplication of services.
2.3.1 Patient/Public Involvement

Patient/Carer involvement will be an integral part of the realisation of the aims of the Strategy and we will ensure that formal consultation takes place regarding future options for the delivery of urgent care services, including the completion of associated Equality Impact Assessments linked to any future options.

The contents of this Strategy have been informed by a series of patient engagement events and exercises where patients have told us what they have felt about urgent care services in Halton and how they believe they need to change to improve.

An example of such an exercise was a survey conducted at the A&E Department at Whiston Hospital early in 2012; some of the results are outlined below:-

- 27% of patients had contacted or attempted to contact their GP prior to attending A&E;
- 38% of patients that had contacted their GP surgery had only spoken to or seen the receptionist;
- 36% said that in the right circumstances, they think the problem they had presented with could have been reviewed by a G.P;
- 21% of patients were concerned that the GP appointment would not be available soon enough for their needs, so they didn't try;
- 64% of patients would be happy to attend a GP out of hours appointment instead of A&E;
- 10% of patients attended the Walk in Centre prior to attending A&E;
- 44% of patients attended A&E because they felt that either the GP appointment was not soon enough, could not get an appointment or could not get through to their GP practice on the telephone;
- 38% of patients had seen a GP or a Community Nurse Practitioner previously with their problem on a different occasion prior to attending A&E.

(Source: St Helens and Knowsley Teaching Hospitals HNS Trust - Urgent Care Review 2012)

Other information from patients/members of the public would suggest that in some circumstances, they:-

- Will not cross the bridge for treatment e.g. Some Runcorn patients have stated that they think the Widnes Walk in Centre can only be accessed by Widnes residents;
- Experience difficulty getting GP appointments;
- Don’t know the range of urgent care services that are available to them and how and when they can be accessed;
- Are seeking second opinions as they may not accept the diagnosis that they have been given e.g. May have attended the Walk in Centre with a chest infection wanting antibiotics; chest infection not diagnosed so no medication prescribed and thus moved onto A&E.
3. Vision, Outcomes and Aims of Urgent Care Services in Halton

3.1 Vision

Halton’s vision for Urgent Care within Halton is:-

‘A streamlined urgent and emergency care system which is simple for patients and professionals to access, which delivers high quality and productive care meeting national best practice standards, and supports patients return to health and independence’

3.2 Outcomes

Halton’s vision of a coherent urgent and emergency care system has six central outcomes which include:-

1. **Greater consistency** - Consistent high quality integrated care led by an integrated commissioning board delivering the best possible outcomes and experience 24/7 with no noticeable differences during or out of hours;
2. **Improved quality and safety** - To commission services with a culture of continuous improvement, clearly focused on meeting the clinical needs of the patient;
3. **Improved patient experience** - A simply designed and rationalised system with greater focus on collecting and acting on patient feedback;
4. **Greater Integration** - Services working together to provide a seamless service, irrespective of the provider organisations which operate them;
5. **Better Value** - Reduced levels of inappropriate use of NHS services, delivering better value; and
6. **Integration** – To develop effective partnership working, to sustain and transform patient care and satisfaction.

3.3 Aims

The aims for Halton’s urgent care and emergency system are described as:-

- A clinically led 'Liberated NHS' delivering improved higher quality care in terms of safety, patient experience and clinical outcomes whilst also providing value for money;
- Simplification of a complicated local system;
- Ensuring the local urgent care system works;
- Acknowledge prompt care is good care;
- Focus on all stages of effective urgent/emergency care commissioning;
- Offer clear leadership across the system whilst acknowledging its complexity;
- A patient centered NHS, providing personalised care to meet individual health and social care needs, promoting physical and mental health and well-being, and achieving equality of outcomes;
- Patients in control of their care reflecting 'no decision about me, without me';
- Patients empowered to manage their own health and access a much wider choice of care supported by high quality information;
- Services reorganised to be as efficient as possible to provide the right care, at the right time in the right place, making the best use of the high quality estate; and
- Building care around the patient not existing services.
4. Existing Local Services

4.1 GP Practices

There are 17 GP practices in Halton, one of which is single handed (has one principal GP) and 16 are group practices (have more than one principal GP). Core hours for surgeries are 8.00am to 6.30pm. All practices provide urgent ‘on the day’ appointment and/or telephone consultations plus ‘bookable in advance’ appointments, therefore, as part of the service offered by practices, patients with an urgent need for healthcare should have the ability to access their own GP practice.

Halton’s GP practices offer a wide range of services, including advice on health problems, physical examinations, diagnosis of symptoms, prescribing medication and other treatments. GPs are supported by a team of Practice and District nurses, health visitors and midwives, as well as other specialists, including physiotherapists, occupational therapists and social care staff. Local GPs also provide access to home visits for those unable to attend the practice.

4.2 GP Out of Hours

All practices in Halton are covered by the GP Out of Hours service, provided via Halton Hospital and the Widnes Health Care Resources Centre. The service operates every day, from 6.30pm-8.00am and all hours during weekends and bank holidays, which are available to Halton patients, workers, and visitors who happen to be in Halton at the time that they required assistance from the Out of Hours service. Initial contact can be made by telephone and this may be followed by advice over the phone, a face-to-face consultation in local centres, or a home visit.

4.3 Emergency Departments (A & E)

Our local hospitals, Whiston and Warrington, provide the main points of access to A&E services for Halton residents and those working locally. The A&E Departments are open 24 hours a day; seven days a week, providing treatment for anyone seeking attention for an urgent problem cause by an accident or illness.

Those who live in Widnes predominantly use Whiston in conjunction with the Widnes Walk in Centre, whilst those who live in Runcorn tend to attend Warrington A&E Department in addition to making use of the Halton Minor Injury Unit.

4.4 Walk in Centre - Widnes

The Walk in Centre in Widnes offers people in Halton a service which operates all year round, 7 days a week from 7am-10pm, with no appointment needed. The centre offers advice on self-care and how to stay healthy as well as treatment of minor injuries and illnesses such as:-

- minor cuts or wounds
- sore throats
• rashes and allergic reactions
• bites and stings
• minor burns and scalds
• coughs and colds
• stomach ache, indigestion, constipation, vomiting and diarrhoea
• muscle or joint injuries, such as sprains and strains
• earache
• eye injuries and infections
• emergency contraception
• prescribed medication – subject to assessment and clinical need

4.5    Halton Minor Injury Unit - Runcorn

Providing similar services to those at the Walk in Centre, Widnes (as outlined in paragraph 4.4 above), the Halton Minor Injuries Unit is based at Halton General Hospital and is open from 9am to 10pm, seven days a week and provides treatment for less serious injuries to the residents of Halton.

4.6    NorthWest Ambulance Emergency Response Service

The NorthWest Ambulance Emergency Response Service (NWAS) provides an accident and emergency rapid response service 24 hours a day across Halton. Ambulance staff attend emergencies and are trained to provide care at the scene of an incident and/or transport the patient to the most appropriate A&E Department.

4.7    NHS Direct (including NHS 111 urgent care telephone service)

NHS Direct is a telephone service staffed by nurses and professional advisors, giving confidential healthcare advice and information 24 hours a day. The service covers what to do if an individual or a family member feels ill and needs information on particular health conditions. The service is also able to give patients information on local health services (such as GPs, dentists and out-of-hours pharmacies or self-help and support organisations).

NHS 111 telephone service is a new single point of access for urgent care. Its aim is to improve and simplify access to non-emergency health care by providing a memorable three-digit telephone number that is free to the caller. The caller will be triaged using a clinical call handling system and the patient subsequently signposted to a local service using a local ‘Directory of Services’ to most appropriately meet their need.

NHS 111 will provide a more comprehensive service than that provided by the NHS Direct 0845 telephone advice line. The NHS 111 service will be free to call and will be able to provide clinical assessments of callers’ needs at the first point of contact, eliminating, as far as possible, the need for “call backs”. NHS 111 will direct people straightaway to the service that is best able to meet their needs, taking into account their location, the time of day at which they call and the capacity of local services. NHS 111 will be available from 21st March 2013.
4.8 Intermediate Care Services

The Intermediate care service comprises of community, secondary care based rehabilitation services for people needing rehabilitation, to promote independence, prevent unnecessary hospital admission and facilitate discharge. The Intermediate Care service is commissioned jointly by HCCG and HBC. The individual services are resourced by multi-disciplinary teams of clinicians, nurses, therapists’ and social care staff.

Not all the Intermediate care services provide services for people with urgent needs, but the community based services can provide assessment and support in people’s homes, and are able to prevent patients needing to access Urgent Care services.

4.9 Community Alarm Service

The Community Alarm Service is a rapid response alarm service for vulnerable people, available 24 hours a day, and seven days a week. The service is available to anyone aged 18+ who would like to feel safer, more protected and independent in their own home. During March 2012, the service expanded to incorporate the call handling duties of Halton Borough Council, Out of Hours (6pm – 8am weekdays and weekends and Bank Holidays).

4.10 Social Care Services

Adult Social Care Services can be accessed via the Initial Assessment Team between 9am to 5.30pm Monday to Thursday and to 4.40pm on a Friday. Cases will be actioned as appropriate or referred on for action to the relevant service area.

Outside of this time, calls to adult social care will be dealt with by the Emergency Duty Team and dealt with as appropriate.

4.11 Mental Health Services

The large majority of mental health problems are managed in the community by GPs, and the GP surgery should always be the first point of contact for people who are seeking help and support with their mental health needs. A GP will have a range ways of helping people and these will be tailored to each person’s need, and will be able to respond quickly to these needs.

For a relatively small number of people with complex needs and high levels of risk, they may need immediate help and support from a hospital which specialises in working with mental health needs. In Halton this service is provided by the 5Boroughs Partnership, based at the Brooker Unit in Runcorn. Nurses, social workers, psychologists and psychiatrists all work together to provide both immediate and longer-term support for people, and if the situation is acute, then the person will be seen immediately, and either offered support to stay in the community, or offered a bed in one of the inpatient units. The usual referral route into this
service, including for urgent care and support, is through a GP; however people can also be referred through other agencies such as the police and A&E. If a person is already known to the service, however, then they will have a service assigned to them and they, or their family members or friends, can contact that service to discuss urgent issues.

There are some people who are so affected by their mental health condition that they may place themselves or others at risk, and these people may need an assessment for admission to hospital against their will under the Mental Health Act. This will involve doctors and a social worker. This assessment can be requested by a close family member, and this request can be made through the GP, the Brooker Unit or the Adult Social Care Directorate.

4.12 Pharmacies

There are 31 community pharmacies in Halton and their services are accessible at variable times. Pharmacies are able to offer advice and treatment for many conditions, including ear infections, coughs, colds, diarrhoea and headaches. As health professionals on the high street, the public do not need an appointment to see them, nor is registration with a Halton GP required.

4.13 Dentistry - Urgent

The emergency dental service accessible via the St Helens Dental Clinic, College Street, Widnes, provides sessions from 5pm – 9pm weekdays and 9am – 5pm over weekends and bank holidays. The dental service has an on call system with a dedicated call handling service.

4.14 Sexual Health Services

A range of Sexual health and contraception services are available from surgeries, Accident & Emergency Departments, Pharmacists, the Widnes Walk in Centre and at a number of Community Sexual Health Clinics in Halton, at a range of opening times; 7 days a week.
5. How Local Services Are Used

5.1 Halton Patient Flow

The chart below illustrates how some urgent care services are delivered within Halton on a ‘typical day’:-

**Halton Urgent Care**

NOTE: The 74 attendances at the Accident and Emergency Department based at Warrington Hospital, includes attendees at the Halton Minor Injuries Unit.
5.2 GP Out of Hours

The chart below shows the number of Out of Hours contacts made to GP Practices within Halton during 2011/12:-

<table>
<thead>
<tr>
<th>Practice</th>
<th>Advice</th>
<th>Home Visit</th>
<th>PCS Appts</th>
<th>Admits to Hospital</th>
<th>Total contacts</th>
<th>List Size at 01-Apr-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appleton Village</td>
<td>337</td>
<td>379</td>
<td>382</td>
<td>34</td>
<td>1098</td>
<td>11114</td>
</tr>
<tr>
<td>Beaconsfield Primary Care</td>
<td>299</td>
<td>373</td>
<td>410</td>
<td>50</td>
<td>1082</td>
<td>11064</td>
</tr>
<tr>
<td>Beeches Medical Centre</td>
<td>333</td>
<td>471</td>
<td>305</td>
<td>69</td>
<td>1109</td>
<td>7906</td>
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<tr>
<td>Newtown Surgery</td>
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<td>327</td>
<td>400</td>
<td>45</td>
<td>1091</td>
<td>8020</td>
</tr>
<tr>
<td>Peelhouse Medical Plaza</td>
<td>341</td>
<td>463</td>
<td>381</td>
<td>72</td>
<td>1185</td>
<td>14171</td>
</tr>
<tr>
<td>Oaks Place Medical Centre</td>
<td>141</td>
<td>139</td>
<td>164</td>
<td>16</td>
<td>444</td>
<td>2942</td>
</tr>
<tr>
<td>Upton Medical Centre</td>
<td>92</td>
<td>73</td>
<td>120</td>
<td>9</td>
<td>285</td>
<td>2888</td>
</tr>
<tr>
<td>Upton Rocks Primary Care</td>
<td>64</td>
<td>42</td>
<td>80</td>
<td>5</td>
<td>186</td>
<td>2790</td>
</tr>
<tr>
<td>West Bank Medical Centre</td>
<td>48</td>
<td>78</td>
<td>68</td>
<td>8</td>
<td>194</td>
<td>2479</td>
</tr>
<tr>
<td>Brookvale Practice</td>
<td>479</td>
<td>320</td>
<td>862</td>
<td>84</td>
<td>1661</td>
<td>8159</td>
</tr>
<tr>
<td>Castlefields Health Centre</td>
<td>580</td>
<td>559</td>
<td>1029</td>
<td>131</td>
<td>2168</td>
<td>11806</td>
</tr>
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<td>Grove House Practice</td>
<td>414</td>
<td>392</td>
<td>726</td>
<td>108</td>
<td>1532</td>
<td>10777</td>
</tr>
<tr>
<td>Heath Road Medical Centre</td>
<td>89</td>
<td>48</td>
<td>210</td>
<td>13</td>
<td>347</td>
<td>2666</td>
</tr>
<tr>
<td>Murdishaw Health Centre</td>
<td>292</td>
<td>239</td>
<td>524</td>
<td>59</td>
<td>1055</td>
<td>7696</td>
</tr>
<tr>
<td>Tower House Practice</td>
<td>561</td>
<td>549</td>
<td>879</td>
<td>125</td>
<td>1989</td>
<td>13055</td>
</tr>
<tr>
<td>Weavervale Practice</td>
<td>445</td>
<td>301</td>
<td>954</td>
<td>105</td>
<td>1700</td>
<td>9205</td>
</tr>
<tr>
<td>Halton Health - Windmill Hill</td>
<td>39</td>
<td>20</td>
<td>109</td>
<td>25</td>
<td>168</td>
<td>1334</td>
</tr>
</tbody>
</table>

4918 | 4773 | 7603 | 958 | 17294 | 128072 |

5.3 Emergency Departments (A&E)

NOTE: A&E attendances are split into 3 categories, as follows:-

- Type 1 – Consultant led with 24/7 resuscitation;
- Type 2 – Mono speciality A&E e.g. eye hospital, Liverpool Women’s Hospital; and
- Type 3 – Minor Injury/Walk in Centres.

Warrington and Whiston A&E Departments are classified as Type 1.

On average there are 114 A&E attendances from Halton – 74 (65%) at Warrington Hospital (including Halton Minor Injuries Unit), 31 (28%) at Whiston Hospital and 9 (7%) at other A&E Hospital Departments.

98% of A&E attendances for Halton patients are first attendances with 2% being follow-up attendances; the majority of A&E attendances being self-referrals. The majority of attendances are aged 16+, with just a quarter of attendances being for children under 16 years of age.

The peak times for arrival are between 9am and 9pm and on average 73 Halton patients per day attend A&E between 8am and 5pm, Monday to Friday. The picture for the weekends changes slightly with on average 109 Halton patients per day attending A&E and the peak time being from 9am through to 8pm.
The chart below shows the patient journey in Halton after arrival at A&E (Apr-Dec 2011):

### 5.4 Emergency Admissions

On average 46 Halton registered patients will be admitted to a hospital bed as an emergency every day, of which 6 will be children under 16 years of age whilst 40 will be over 16. Although over half of Halton emergency admissions occur at Warrington Hospital (52%), with 38% being admitted to Whiston, there has been a minimal shift in activity with a small reduction in emergency admissions to Warrington and a rise at Whiston, which reflects the picture seen for A&E attendances.

### 5.5 Walk in Centre – Widnes

Attendances at the Walk in Centre (WiC) are classified as Type 3 A&E attendances.

There are approximately 119 WiC attendances each day for Halton patients; 92 (78%) first contact/other attendances and 28 (22%) attend for blood work.

The chart below shows attendances at the WiC remained fairly static (Apr 2010–Dec 2011):
99% of WiC attendances for Halton patients attended Widnes WiC, whilst 1% attended the Millennium Walk in Centre in St Helens.

Practices within close proximity of the WiC have tended to have higher attendance rates, whilst there are lower attendance rates from practices within Runcorn.

Attendances tend to occur throughout the day, with high numbers attending each hour through to 9pm at night.

5.6 Halton Minor Injury Units – Runcorn

Attendances at the Halton Minor Injury Unit are also classified as Type 3 A&E attendances.

The majority of those attending the Unit are living in the Runcorn area and are registered with Runcorn practices.

There is a higher proportion of children who attend the Unit than attend Warrington Hospital A&E Department.

The chart below outlines the A&E attendances at Warrington Hospital and the Minor Injuries Unit at Halton Hospital between April and December 2011:

5.7 NorthWest Ambulance Emergency Response Service

There are approximately 15,800 emergency ambulance responses annually, equating to approximately 44 a day for Halton patients.

Over a quarter of Halton patients arrive at A&E via ambulance and this equates to 11,700 per year or 32 per day. Approximately 60% of patients arriving by ambulance are admitted to the respective trusts.
During the period April 2011 and January 2012, there was no significant change in terms of number of responses made, however the number of patients arriving at hospital via ambulance is rising; 6% between 2010 and 2011.

(Source: Urgent Care Patient Flows for Halton CCG – March 2012: Sections 5.1 – 5.7)

5.8 Community Alarm Service

During 2011/12, the Community Alarm Service attended 7,193 callouts. All but approximately 4% (301) of calls were dealt with by the service.

4% of calls were progressed to a third party such as the service user’s next of kin, emergency services e.g. ambulance service, housing services etc.
6. Taking forward the vision for urgent care services in Halton

6.1 Introduction

Patients have told us that they want a system that is responsive to their needs. Through integration we aim to create seamless patient pathways into urgent care, whether patients access services by walk in, telephone or via the Ambulance Service. Key Stakeholders across the Health and Social Care economy are working collaboratively to ensure that the services developed work effectively together.

We will ensure that the strategic development of Services within Halton dovetails with developments in neighbouring boroughs to ensure that patient care is not compromised by boundary issues. We will also ensure that a system is in place that supports patients to return home safely through the support of community services, supported by more integrated, responsive and co-ordinated care pathways. We aim to create an Urgent Care system where all providers can communicate in a way that makes patient care seamless.

Greater patient engagement and awareness is crucial and is one of the core messages that has come out of our patient engagement work. Our patients have told us that they are not aware of all the services that are available to them and we will therefore ensure that we raise awareness of what services patients can access and when they can access them.

6.2 Implementation of the Strategy

The strategy’s aims will be implemented via Halton’s Urgent Care Partnership Response Plan which outlines a clear approach to the redesign and improvement of urgent care services within Halton through the development of eight distinct work programmes. These work programmes have clearly established key objectives, been developed collaboratively, have identified lead officers and timescales for delivery.

The work programmes being progressed to support the re-design of urgency and emergency care systems to a more integrated approach can be summarised into the following four areas:

1. Ensure that there is simple and convenient access to emergency/urgent care and social care services;

2. Work with GP practices and primary care clinicians to reduce demand on acute care;

3. Work with the NWAS to reduce the ‘conveyance’ rate of patients to acute care by developing alternative clinical pathways; and

4. Work with local acute trusts, NWAS, primary care and social care services to develop a range of responsive integrated community based intermediate care services as alternatives to acute care and ensure that associated processes are in place so that professionals can easily access them and signpost patients to community/voluntary sector services as appropriate, thus supporting improvements in the management of people with long terms conditions etc. to reduce demand on acute care.
Successful delivery of this Strategy and associated Response Plan will result in a clinically-led NHS working in partnership with HBC and other provider organisations to deliver improved, higher quality care in terms of safety, patient experience and clinical outcomes whilst also providing value for money. It will also result in a more community based health and social care system, where improvements in productivity, reductions in demand and care closer to home have been established.

Implementation of the Strategy and associated Response Plan will be monitored via the Urgent Care Strategic Partnership Board; further details of which are outlined in Section 7 of this Strategy.
6.3 Integrated Model of Access to Urgent/Emergency Care

The diagram below outlines the ‘whole system approach’ to Urgent Care Services within Halton, which this Strategy and associated Response plan aim to develop, thus ensuring a more joined-up and seamless service for patients.

**INTEGRATED MODEL OF ACCESS TO URGENT/EMERGENCY CARE**

Individual (or their carer) identifies an urgent problem and either:-

- Calls 999
- Calls NHS Direct/NHS 111
- Calls or visits GP Practice/GP Out of Hours Service
- Visits local A&E Dept
- Visits Walk-in Centre/Minor Injuries Unit
- Visits pharmacy
- Visits local Mental Health services
- Calls Social Care (incl. Community Alarm Service)
- Calls or visits Dentist
- Visits local Sexual Health Services

Patients are assessed using national Clinical/Social Care assessment and management systems. As a result of this consistent assessment they are referred either to the service best placed to meet their needs to receive treatment or advised to manage the problem themselves.

**NOTE:** Regardless of the route taken, anyone who is identified as acutely unwell will be immediately referred to Secondary Care.

**Urgent Primary Care response**
- Self-care
- GP/GP Out of Hours
- Pharmacist
- Dentist

**Urgent Community Health and Social Care response**
- Clinical Connection Point
- Initial Assessment/Emergency Duty Teams
- Community Alarm Service
- Walk-in Centre
- Minor Injuries Unit
- Bridgewater NHS Trust
- Sexual Health Services

**Urgent Secondary Care Response**
- Type 1 (A&E):- A&E Departments at Whiston & Warrington
- Type 2 (A&E):- Specialist Hospital e.g. Liverpool Women’s Hospital
- Mental Health Services: Brooker Unit

**SPECIALIST CARE**

**Emergency Ambulance Response (NWAS)**
7. Governance Arrangements and Performance Management Framework

7.1 Governance Arrangements

Halton CCG is both responsible and accountable for urgent care services for the local population and anyone present in Halton. However the CCG recognises that urgent care cannot be commissioned or delivered in isolation and is therefore working in partnership with HBC and neighbouring CCGs, acute trusts, community health and social care providers, to discharge their statutory responsibilities with regards to urgent care.

To support this, the CCG and HBC have established an integrated governance structure which focuses on the need to produce high quality integrated services, which will reach its target population and reduce duplication/fragmentation whilst maintaining and improving patient care and experience.

The **Urgent Care Strategic Partnership Board** will be responsible for overseeing all significant service changes required to deliver urgent care across the Halton health community, including both workforce and financial implications.

The Board will be responsible for agreeing the strategic direction of urgent care services in Halton as well as any subsequent and related strategic reviews.

The Board holds delegated responsibility to:-

- provide strategic direction and guidance in the delivery of urgent care;
- exercise functional and financial authority to support strategic development of urgent care;
- receive regular reports from providers on performance and emerging issues;
- provide a planned and effective approach to achieving performance targets related to urgent care in Halton;
- ensure patient experience, quality, equity and cost effectiveness are the underlying principles; and
- develop and oversee implementation of the identified work programmes within the Urgent Care Strategy and associated Action Plan.

The Urgent Care Strategic Partnership Board will report to:-

- HBC Communities Directorate Senior Management Team (SMT) and Halton CCG SMT; and
- Halton CCG’s Quality Board and Integrated Governance Committee and, in exceptional circumstances, Halton CCG’s Governing Body.
7.2 Performance Management Framework

A Performance Management Framework has been developed by the CCG and HBC, which reflects the requirements of the NHS and Social Care Outcomes Frameworks.

The associated Urgent Care Dashboard will be presented to the Board on a monthly basis for consideration, in order to monitor the effects the changes delivered through the Strategy and Action Plan are having.

Key strategic metrics which will be measured to assess success of the Strategy are as follows:-

- Accident and Emergency Attendances;
- Non Elective Admissions for Adults and Older People;
- Re-admissions within 30 days for Adults and Older People; and
- Re-admissions within 90 days for Adults and Older People.

As a basis for this strategy the following themes will be considered to ensure the success of approach to the delivery of urgent care within Halton:-

- strong leadership within commissioning and provider organisations that empowers individual staff to take responsibility;
- ensuring a delivered change of behaviours and culture within internal and external stakeholders across primary and secondary healthcare, social care, the voluntary and independent sectors;
• the commitment of all stakeholders, from front line staff in primary, secondary and community care to executive teams, to implementing the strategy;
• the commitment of the public in general to implementing the strategy;
• ensuring frontline staff have the skills and resources required to deliver the services;
• ensure information is shared across the system to meet both patient and clinician/professional need; and
• effective information management systems reflecting a whole systems approach.
8. **Conclusion**

This strategy outlines the overarching vision and approach to the delivery of urgent care services within Halton over the next five years.

Urgent Care services will feel different for patients in the following ways:

- seamless care pathways;
- improved outcomes;
- easier access to urgent care services through one point of access;
- service provision closer to home;
- more responsive services 7 days a week;
- right care, in the right place, by the right service, at the right time; and
- improved experience for both patients and their carers.

We will achieve this by:

- moving more care which is currently provided within the secondary care sector into appropriate community settings. This is more than simply increasing capacity within primary and community services. It requires a partnership and integrated approach across Halton CCG, HBC and provider organisations, investment in prevention and early intervention community and primary care services and in training and support to health and social care teams;
- developing appropriate primary and secondary care pathways ensuring needs are met by the right health and social care professional, at the right time and in the right place; and
- acknowledging, sharing and collaborating to manage risks and meet the challenges involved for all stakeholders. Taking a whole system approach, with ‘money following the patient’, e.g. through the development of integrated care pathways, through local enhanced primary care services and pharmacy services and through the contracts with secondary care.

It is acknowledged that the strategy sets a number of challenges. However, Halton CCG and HBC believe the strategy’s principles and associated key developments will best meet the urgent care needs of patients within Halton.
9. References

1. Equity and Excellence: Liberating the NHS White Paper (DH 2010)

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   http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/

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   http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

5. High Quality Care for All (DH 2008)


7. National Evaluation of Partnerships for Older People Projects: Final report


10. Urgent Care Patient Flows for Halton CCG (March 2012)