

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting	Cabinet
2.	Date	24/07/2013
3.	Title	Urgent Care Centre Consultation
4.	Directorate	Neighbourhood and Adult Services

5. Summary

Rotherham Clinical Commissioning Group (CCG) is consulting on a proposal to transfer the NHS Walk in Centre from the Community Health Centre Greasborough Road to the Rotherham Hospital site. Within this “lift and shift” approach are changes in the way patients will access out of hours unscheduled care, including out of hours GP home visiting and the operation of “walk in”.

The Consultation Documents are attached.

6. Recommendations:

That Cabinet supports the development of an integrated urgent care service in Rotherham that will provide safer emergency care to the people of Rotherham.

That the Director of Public Health should work on behalf of the Council with the CCG to develop a service that reflects the principles outlined in the report.

That the CCG be requested to demonstrate in their final proposals that patients NHS Constitutional Rights are being appropriately safeguarded .

7. Proposals and details

The proposals for a new NHS Urgent Care Centre in Rotherham involve closure of the Town Centre Walk in Centre on Greasborough Road and transfer of the GP out of hours service to a new purpose built Urgent Care Centre on the Hospital site. Patients who currently walk into A+E at the hospital will in future access care through the proposed urgent care centre. This co-incides with the increased use of the NHS111 telephone number as a single point of access to care so that telephone triage will play a greater part in directing patients to urgent or GP care.

The existing General Practice operating on the Greasborough Road site will continue to offer a Town Centre General Practice. Community services operating from Greasborough Road are not affected by this proposal.

The proposal offers the opportunity for co-ordination of the three services, GP out of hours, walk in and non 999 A+E attendances.

Rotherham Health Select Commission (HSC)

The proposal has been discussed in detail in Health Scrutiny and Members supported the clinical case for integration of the services.

Members did raise the following significant concerns:

- The capital costs of the proposals in the light of the current economic climate.
- The current NHS walk-in centre situated at Rawmarsh is a relatively new facility, which is valued, well used and in an easily accessible town centre location.
- Whether there would be adequate car parking at the hospital and the possibility that car parking charges may be imposed upon visitors to the service
- Patient access to the hospital site creating a barrier for citizens to access the care they need.

This report to Cabinet reflects those concerns about transport and parking at the hospital site as well as the practical aspects of telephone triage. The CCG are firmly of the opinion that the benefits and efficiencies to patients from the clinical model far outweigh the capital costs.

Whilst Cabinet is being asked to support the proposal, the Director of Public Health will ensure that the concerns raised by the Health Select Commission will be clearly outlined to the CCG and appropriate assurances sought.

Council Responsibilities

The Council has two statutory responsibilities to consider in relation to the proposal to change the provision of healthcare in the Borough:

- Health Protection – is the proposed framework for the delivery of services safe?
- Health Improvement – will the development benefit the health of the people of Rotherham?

As part of its internal processes for developing a rounded and fully informed response to the statutory consultation the Council will take account of the views of the HSC. Those views are reflected in this report.

Role of Others

The Health and Wellbeing Board also has a key role in influencing the final configuration of services across the Borough. The final proposals should be put before the HWB once formulated.

Patient rights under the NHS Constitution must also be respected. The CCG have the responsibility of demonstrating how they will respect those rights in their final proposals.

Discussion on Health Protection

This proposal will provide safer care and better access to specialist care for those triaged to be seen at the Walk In Centre

Co-ordination with the NHS 111 telephone system, which provides open access to patients for advice, is critical. Co-ordination of triage with 111 is therefore essential and must be addressed in the final proposals.

The focus must be on the needs of the patient. The proposal must avoid the possibility of multiple triage occurring. The CCG should demonstrate the practical implementation of a single triage route followed by a single treatment route.

Two further issues are also critical to ensure that the impact of the Centre on protecting the people of Rotherham is positive.

- The way patients are triaged must be to ensure they get the best, most appropriate and early care.
- Co-ordination of unscheduled care across all settings including social, intermediate and primary care including GP home visits.

Quality measures for the new service must include not just patients triaged to care but also those triaged to alternative provision.

Care of children needs special consideration and the current Royal College of Child

Health standards for emergency care of Children should be met by the Centre. The Clinical Commissioning Group are firmly of the opinion that the benefits and efficiencies to patients from the clinical model far outweigh the capital costs.

Ensuring Health Improvement

Will the proposed changes improve the health of the people of Rotherham?

A+E

This already provides Urgent Care from the Hospital 24 hours a day 7 days a week for all those who attend.

The Rotherham Walk in Centre

This provides easy access to “overflow general practice need” in an accessible town centre setting during the week and at week- ends. The proposals do not address how this expressed need will be met. As defined in the consultation document patients will be “triaged” ¹ to receive “urgent care” for the range of conditions currently seen in A+E and offers patients no improved access to care. Those not assessed as requiring “urgent” care will be referred back to their GP.

The proposals must address how the impact of these “overflow” referrals on GP capacity is to be addressed.

What will the Urgent Care Centre Provide?

The consultation document is not clear on the practical aspects of how the urgent care centre will operate. Patients who ring the new 111 number will be given advice, allocated a GP appointment or referred to the centre or 999 ambulance (111 uses non clinical staff using computer based algorithms to triage patients). Those allocated to the urgent care centre and those who walk in to the centre will be further triaged by a nurse or GP to;

- telephone advice\self care\community pharmacy,
- immediate care, by A+E or urgent care GP,
- GP care, to be visited at home by the GP out of hours service,
- to be seen by appointment at the unscheduled care centre or
- appointed to or told to arrange an appointment at their GP surgery.

Walk in patients therefore could be allocated to a GP appointment and not seen. The only way to access “A+E” will be via 999 or through the urgent care centre triage.

What is urgent care?

¹ Triage was developed in the battlefield setting to deal with the large volume of casualties seen and to prioritise those whose life could be saved, Patients are classified as those with minor injuries that can wait for treatment, those who required life or limb saving intervention and those whose injuries were so severe that they were beyond treatment. In an acute care setting triage is used to direct patients to the most appropriate level of care or waiting time to receive care.

The definition of urgent care in the consultation document simply states the range of illness ideally suited to A+E provision. This is far more restrictive than the DH definition.

“Urgent and emergency care is the range of healthcare services available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly.”²

What patients need is a response to this 'crisis' or significant unplanned event where there is an element of distress or disruption requiring urgent response and prompt appropriate intervention.

Timescales for this prompt intervention should be defined across the triaged categories based on triage.

Urgent care is therefore all unscheduled care and includes, but is not limited to, both daytime and out-of-hours GP visits in the community, as well as emergency 999 ambulance response and the rapid access care described in the consultation. Urgent care should be provided by a range of professionals across all settings and be delivered in a number of different forms. Settings should include primary, secondary, and community-based services including social services delivering care as close to the patients home as possible.

Mental health urgent care requires specific consideration. For example on site liaison psychiatry.

Access

The issue of access is critical and this ranges from car parking at the Centre, through to the availability of GP home visits and access to local community GP services. The proposals must address access for patients in a crisis to unscheduled care out of hours and at week-ends and how unscheduled care will be co-ordinated across all settings including primary care and social care in communities and not simply access to the urgent care centre. Consultation with GP user groups (available in all practices) on access to care is important to establish community concerns about local access to GP urgent care.

The issue of venue needs to be considered. Does Cabinet support or oppose the move?

Principles for ensuring health improvement

Local General Practice is pivotal to any system of urgent care and that service to patients should be central to the system. The consultation is silent on the role of GP's in the future integrated urgent care provision. The Council invites the CCG to explain this more fully and exemplify how patients within communities remote from the Hospital will receive care in a timely way.

The Director of Public Health will work with the CCG to develop a service that:

² Urgent and emergency care definition Feb 2011
www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/index.htm

- **Is based on good clinical outcomes, eg survival, recovery, lack of adverse events and complications.**
- **Demonstrates good patient experience, including ease of access and convenience, particularly for those who are unwell and do not have access to their own transport.**
- **Offers timeliness standards for all contacts.**
- **Offers a pathway integrated with social care.**
- **Operates 24/7 to the same standard.**
- **Addresses all the questions raised in the body of this paper**

8. Rights

Final proposals must demonstrate how the CCG will meet patients NHS Constitution Rights.

You have the right to access NHS services. You will not be refused access on unreasonable grounds.

In the proposed model what is the proposed role of telephone triage and how does this link to 111?

Are patients guaranteed face to face access to urgent care assessment?

What standards will operate for patients triaged to GP care?

You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.

What work has the CCG undertaken to understand the health requirements for urgent care, particularly in outlying communities? What steps is the CCG undertaking to meet those needs in those communities? Reference is made to asking patients what services they would use in an emergency P6 consultation document.

During the working week patients with an urgent care need can access their GP. What access will communities have to GP care in their community at weekends and public holidays?

You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.

Patients currently have a right of access to A+E services within 4 hours what local guarantees will the CCG make to ensure that patients triaged as requiring urgent care will receive care within 4 hours. What standards will the CCG meet for routine appointments triaged from the urgent care centre?

The NHS commits: to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution;

What arrangements will be in place for home visiting and transport?

How will a single centre provide convenient easy access for patients who will have to travel to the centre and then home again? The Walk in Centre is based near to the central bus interchange and town centre car parks. The re-location of the centre to the busy hospital site will mean increased difficulty of access, including the costs of travelling and parking and the need to take two or more bus services from some outlying areas to the Rotherham hospital site.

The adequacy of the existing car parking facilities at the Rotherham hospital is already of concern.

Proposals should address;

- improved access to the hospital site by public transport;
- how the additional vehicles generated by visitors to the urgent care centre will be managed including consideration of free parking.

The NHS commits to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered.

RMBC welcomes the Consultation on the Urgent Care Centre.

9. Finance

Changes to the system of urgent care must be made within proposed budgetary provision for all agencies.

10. Policy and Performance Agenda Implications

11. Background Papers and Consultation

Consultation web address

<http://www.rotherhamccg.nhs.uk/right%20care%20first%20time.htm>

The Royal College of General Practitioners sets out a vision for integrated emergency care <http://www.rcgp.org.uk/policy/rcgp-policy->

[areas/~media/Files/Policy/A-Z%20policy/Urgent_emergency_care_whole_system_approach.ashx](#) . The proposed service should consider the quality standards set out in this framework for example carer re-ablement and elderly care rapid response at the persons home.

Royal College of Child Health standards for emergency care of Children

<http://www.rcpch.ac.uk/news/new-standards-set-emergency-care-children-and-young-people>

12.

Keywords: Urgent Care Centre

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