

Two Walk in Centres (WIC)

Stapleford Care Centre - WIC opened July 2006

22,000 patients per year

Run by Nottinghamshire Community Health

Opens 8am-6pm weekdays/8am-4pm weekends

Ashfield Health Village - WIC opened April 2009

15,000 patients per year

Run by Central Nottinghamshire Clinical Services

8am-8pm 7-days a week

The total cost of both centres is about £1.35 million.

Drivers for change

- Rising demand – primary care at Emergency Department (ED)
- GP commissioners intentions for primary care at ED
- Equity
- Public understanding of NHS services ‘right care, first time, right place’
- Value for money

Options

- Option 1 No change
- Option 2 Expand the Walk-in Centres
- Option 3 Integration of the service with ED at King's Mill and Queen's Medical Centre (QMC) (clinically preferred option at outset of consultation)
- Option 4 Walk-in Centre closure
- Option 5 Your suggestions...

Modelling patient flows

- Every option modelled
- Option 3 used 10%, 15% and 30% of all patient attendances as suitable for primary care
- Patient survey and national evidence of 70% choose primary care if no WIC
- Clinical validation of modelling

Modelling - scenarios

Option 1: describes current system

Option 2: assume a proportion of ED patients are attracted to expanded Walk-in Centre

Options 3 and 4, model combinations of **two** changes:

- i. Attendances that were WIC now disperse as patient surveys
- ii. Integrated front-door at ED diverts between 10% and 30% of ED activity to a primary care stream

Assume everything else is constant

Financial Modelling

- Figures updated to reflect latest activity modelling and clinical/managerial confirm and challenge
- Factored in all associated costs – staffing, diagnostics, consumables, lease/accommodation and other costs
- Stepped change in staffing in Options 3i and 3iii driven by stepped change in activity

Financial Modelling

- In April 2011 the ED tariff moves from:
 - 3 bands (£59 - £117)to 5 bands
 - £54, £81, £114, £138, £190
- ED streams 10%, 15% or 30% to primary care

Financial Modelling

- **Stapleford WIC**
 - Workforce plan in place
- Nottingham University Hospitals (NUH) ED primary care stream costs split 50/50 (County/City – inc Derbyshire/City)
- **Ashfield WIC**
 - Workforce plan in place
- Sherwood Forest Hospitals Foundation Trust ED primary care stream is County activity

Finances – Ashfield

- Option 1 = current position
- Option 2 = saves £0.05 million
 - Based on reducing patients who attend ED now
- Option 3
 - (i) = saves £0.57 million
 - (ii) = saves £0.67 million
 - (iii) = saves £0.98 million
- Option 4 = saves £0.21 million
 - Based on no primary care at ED

Finances - Stapleford

- Option 1 = current position
- Option 2 = saves £0.14 million
 - Based on reducing patients who attend ED now
- Option 3
 - (i) = saves £0.47 million
 - (ii) = saves £0.61 million
 - (iii) = saves £0.92 million
- Option 4 = saves £0.06 million

Consultation

- Big Healthy Debate
- 15,000 documents
- Wide range of activity - market stall, newsletters, leaflets, posters, media
- Public events and smaller groups
- Lay advisers and communications professionals
- Schools, colleges
- Councillor and MP briefings
- Overview and Scrutiny Committee
- You said, we did publication



Consultation themes

- Confusion and difficulties with accessing GP urgent appointments
- Access to ED, transport and parking
- Reducing duplication
- Different interpretations of the term 'integration' of WIC with ED
- Maximising the use of NHS estate
- Demands for financial detail



GP urgent appointments

- Action plan developed with one practice to improve access
- GP audit with additional staff recruited
- 2,000 new patients can be taken on by Kirkby Primary Care Centre
- Patients must report access issues so they can be addressed
- Practices are implementing best practice for urgent care

Access to ED; transport/parking

- 70% of people would use local services not ED
- 8 – 15 people a day will use ED
- Both hospitals have travel plans
- Notts County Council are actively commissioning more effective services
- Bus links between current WICs and ED are excellent

Reducing duplication

- Big Healthy Debate
- Communications plan



The term 'integration'

- Clinical agreement pre-consultation
- Trials of primary care streaming
- Integration of the activity under Option 3
 - 10% – 30% modelled



NHS estate

- Stapleford Care Centre – actively pursuing occupants for all the vacant space
 - WIC is only 5% of the 25% vacant
 - Finances assume that WIC space is NOT sub let
- Ashfield – no estates impact as the GP practice will remain

Outcome

- **Option 1** is the preferred option of Stapleford and Ashfield patient and public groups
- **Option 3** is the preferred PBC, clinical and wider Nottinghamshire County public option
- **Option 4** is the preferred NUH and SFHFT option
- **Option 3** provides best value for money as this maximises the primary care stream at ED.
- **Other options:**
 - **Combined clinical model (SFHFT and PBC)**
 - **Weekend WIC opening**
 - **WICs working with City WICs**

Recommendations of Business Case

Based on the non-financial and financial appraisals the following recommendations are made in the Business Case

- That the current patient activity at **Stapleford** WIC is dispersed into local primary care services and a strengthened, integrated, primary care stream at the Emergency Department of QMC, in accordance with the implementation plan
- That the current patient activity at **Kirkby-in-Ashfield** WIC is dispersed into local primary care services and integrated into a primary care stream at the Emergency Department of KMH to deliver a combined clinical model, in accordance with the implementation plan.