



Briefing for City of York Health Overview and Scrutiny Committee on proposals to create an urgent care centre

Executive summary

It is often the case that people are unsure of where they should go to access healthcare, particularly if they have a minor illness or injury, or become ill outside of normal working hours.

An Emergency and Urgent Care Board has been established comprising expert representatives from across the York healthcare community with the aim of designing and delivering an integrated urgent care centre for the York area.

The proposed urgent care centre, which will be located at York Hospital adjacent to the emergency department, will create a single point for people to access care for minor illness or injury.

Under the current system, this group of patients attend the NHS walk in centre on Monkgate, the emergency department at York Hospital, or the GP out of hours service. By integrating these services into a single centre, and relocating the walk in centre from Monkgate to the emergency department at York Hospital, patients will be able to access the right care from the right healthcare professional at the right time. If needed, they will also be able to access the range of specialist support services at the hospital. Health services will also benefit from more streamlined patient pathways, and by separating minor illness and injury from the main emergency department, the emergency department staff will be able to focus their efforts on the most seriously ill patients.

A significant amount of work has been undertaken to design an improved service that will best meet patients' needs, whilst offering the most effective use of the resources available. Through a programme of patient and public engagement work, the views of people who use the service have been sought throughout the project and have been key to designing how such care will be delivered in the future.

The proposals for the redesign have also been supported by commissioners (NHS North Yorkshire and York and Vale of York Clinical Commissioning Group) and local patient representatives including Foundation Trust governors and York Local Involvement Network (LINK) members.

This paper outlines the rationale for creating an urgent care centre, how key stakeholders have been fully engaged in developing the proposals, and how the relocation of the walk in centre will be communicated to patients and the public. It also includes information about the current service provision at both the walk in centre and the emergency department, as well as clinical evidence to support the proposals.

The purpose of this paper is to provide the Overview and Scrutiny Committee with information about the proposals and the planned engagement and communication work. The Emergency and Urgent Care Board would like the Overview and Scrutiny Committee to note the plans for the integrated urgent care centre and to approve the plans for communicating the changes to patients and the public.

1. Introduction

The multi-agency Emergency and Urgent Care Board has been established to look at how a fully-integrated unscheduled and urgent care service can be delivered in York. The aim of the project is the integration of urgent care services and the redesign of the way minor illness and injury are treated in the emergency department in order to continue to improve the quality and delivery of emergency care to patients in the York community.

A key part of this work is the proposal to relocate the NHS walk in centre from Monkgate to York Hospital's emergency department. This would provide the important first step in a programme of work to deliver integrated urgent and unscheduled care.

The purpose of this paper is to provide the Health Overview and Scrutiny Committee with information about the project and the work completed to date, and to give the Committee assurance in relation to the planned programme of focused public engagement and communications around the relocation of the walk in centre.

2. Background

The NHS offers a wide variety of services and knowing how and where to access the most appropriate care can often be confusing for patients, especially when they become unwell outside of usual working hours.

It has long been thought that the organisation of urgent care services in York could be improved, and that fragmentation of care under the current system should be addressed. This requires the adoption of a 'whole systems approach' to ensure the integration of services.

Currently, patients can access the following services for advice and treatment:

- Their GP practice
- The GP out of hours service
- NHS Direct
- NHS walk in centre at Monkgate
- York Hospital's emergency department
- 999 ambulance services

Discussions have been ongoing with NHS North Yorkshire and York (the commissioners of these services) since January 2011 to deliver a fully integrated unscheduled care service for patients with minor injury and illness who attend York Hospital's emergency department.

Under Transforming Community Services, the management of the walk in centre on Monkgate in York was transferred to Harrogate and District NHS Foundation Trust. Local agreement was reached to consult staff at the NHS walk in centre on transferring their employment to York Teaching Hospital NHS Foundation Trust, with a view to relocating the walk in centre to the York Hospital site in the longer term.

At present, patients in York Hospital's emergency department with minor illness and injury are seen and treated in the same space and by the same team as the 'major' patients (i.e. those with a serious medical condition or serious injury). By streaming patients with minor illness and injury to an urgent care centre within the emergency department, the space in the main emergency department will be used solely by the 'major' patients. This will enable the emergency department team to better co-ordinate care and concentrate resources for these patients which will help reduce waits and improve patient experience for this group.

In addition, the new national quality indicators for the emergency department place a greater focus on the importance of early, meaningful assessment by a clinical decision maker, and on improving the experience for all patients attending the department.

The delivery of an urgent care centre will have an impact on the flow and experience of patients in the 'major' side of the emergency department, as well as providing a more streamlined service for patients with minor illness and injury.

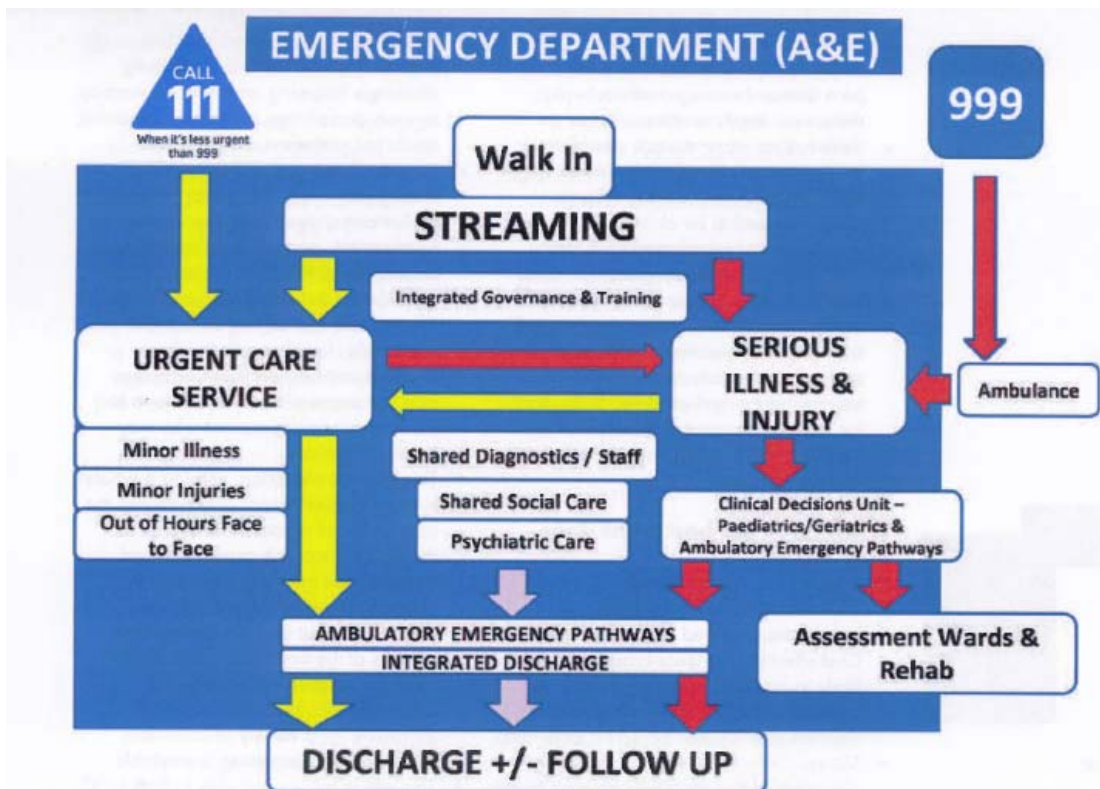
Two steering groups (major and minor) were set up as sub-groups of the Emergency and Urgent Care Board. The minor steering group considered a number of options for how the urgent care centre could be delivered and agreed a proposal to develop a model of care incorporating the walk in centre function, that would be delivered from the York emergency department to form an integrated urgent care service co-located with primary care out of hours services.

Assessment of attendances shows that a significant proportion of patients with minor illness or injury can equally be managed by primary or secondary care. By integrating existing services and redesigning urgent care functions the aim is to provide services that are best placed to meet patients' needs within the resources available to the healthcare community.

3. What would the proposed new service look like?

The Emergency and Urgent Care Board has several sub-groups that have worked to develop proposals for how the urgent care centre would operate. The detail of the proposed model was finalised at a rapid improvement event held between 10-13 October 2011.

The recently published guidance document from the GP Centre for Commissioning: Guidance for commissioning integrated urgent and emergency care - A whole system approach (Author: Dr Agnelo Fernandes) includes the following diagram illustrating patient flow in the proposed new system:



(Patient flow diagram taken from **Guidance for commissioning integrated urgent and emergency care - A whole system approach**, p.71)

The proposed pathway for the York urgent care centre is in appendix A. This will include the cohort of patients that currently attend the walk in centre. Patients from the walk in centre and the emergency department minor injury and illness patients will be the cohort of patients who will access the newly-formed urgent care centre. The outcome of the rapid improvement event was to agree the flow of patients through the urgent care centre. The approach will be measured and reviewed, testing the flow.

Space to accommodate the urgent care centre will be made available through the relocation of the orthopaedic outpatient clinic, adjacent to the emergency department. The orthopaedic outpatient clinic has relocated as part of the launch of the Musculoskeletal Clinical Assessment, Triage and Treatment Service.

4. The impact on patients now and in the future

The urgent care centre will provide quality care for patients with minor injury and illness by offering access to the right health care professional, in the right setting, at the right time. It will be flexible to adapt to future needs.

It is not always clear to patients which service they should choose. A single access service for the walk in centre and the emergency department will enable patients who have emergency and urgent care needs to access the

service in a single place and the service will then enable to patients to be directed to the right pathway to meet their needs. This will happen at the point that patients access the service, rather than in separate locations as is currently the case. Being sited at York Hospital gives better access to support such as X-ray and other diagnostic services, providing a more streamlined service for patients.

Under the current system, some patients are transferred from the walk in centre to another service, including the emergency department.

The urgent care centre has been designed with improving the patient experience at the centre of the model, and patients' views have been sought throughout the process.

The diagram in appendix B shows the areas that patients value and find important. This information was collated through an observation study in the emergency department, the standpoint questionnaire in the waiting area, and queries to the patient advice and liaison service and complaints. Key areas include:

- A single point of access for minor injury and illness in York's emergency department
- To be seen by the right person, at the right time and in the right setting to meet patients' needs

York Hospital has increased the availability of parking on site following the opening of the multi-storey car park, and is served by good public transport links.

This model also provides the opportunity to make much-needed improvements to the environment, which will be of benefit to both patients and staff.

5. Clinical evidence to support the proposals

The proposals have been developed by doctors and other clinicians from across the local health community, including York Hospital, GP out of hours service, Yorkshire Ambulance Service and GPs from the local clinical commissioning group.

The walk in centre has previously been located in the emergency department during bank holiday periods, giving an indication of how this might work on a more permanent basis. This has demonstrated that patients and local residents can cope with this change even when there is relatively low-key publicity, and when the relocation is only for a short period.

Allowing the service to be fully integrated into an urgent care centre would help streamline these patients and ensure they are directed to the most appropriate pathway for their needs.

A pilot has been carried out to test the impact of having a GP working within the emergency department. The project ran on weekdays for five weeks and a total of 604 patients were seen (an average of three patients per hour). This is the same throughput as the walk in centre, where nurses see and treat a similar cohort of presenting conditions.

The GP pilot demonstrated that patients' needs can be met in a 'see and treat' model where a senior decision maker with the right skills to see the patients is at the front of the service.

The clinical evidence for a fully integrated model was further supported by the publication in August 2011 of the GP Centre for Commissioning document: Guidance for commissioning integrated urgent and emergency care - A whole system approach (Author: Dr Agnelo Fernandes). The document states that: "Several benefits are associated with integrated ED (A and E) and UCC, including the ability to serve a complex itinerant inner-city population; better management of demand from patients who "vote with their feet" and utilise the secondary care facilities as their walk in centre; and a more flexible utilisation of workforce across the services to match risk and demand." (Guidance for commissioning integrated urgent and emergency care - A whole system approach, p. 69).

The rationale for the drive to develop an urgent care centre was also confirmed by the rapid improvement event, as follows:

- There is currently a duplication of services
- There is duplication in the skills of staff working in the services
- Patients with 'minor' complaints are seen in a poor environment in the emergency department
- Some steps in the current processes do not add value for patients
- The lack of space creates issues of privacy, dignity and confidentiality
- Often long waiting times
- Lack of space has prevented the redesign of services
- Problems in the minors service impact on the majors service
- The environment for children does not meet the standard we aspire to

The rapid improvement event also demonstrated a consensus that the clinicians with the right skills to see and diagnose patients presenting with minor injury and illness were emergency nurse practitioners or walk in centre nurse practitioners, GPs, or emergency department medics (either a consultant, middle grade, or registrar).

6. Overview of the services

Emergency department, York Hospital:

The emergency department in York has around 73,000 attendances per year (around 200 per day). Of this total attendance, 52,000 are classified and minor injury or illness (24,000 attendances are for minor illness and 28,000 are for minor injury). Attendances are increasing by 3 per cent each year, mainly in the injury and illness category.

The department is open 24 hours a day, seven days a week. It is staffed by a mix of nurses and nurse practitioners, medical staff, occupational therapists, physiotherapists, social workers (Rapid Assessment Team), healthcare assistants, reception and admin staff, and is supported by access to other specialists within the hospital.

Performance is consistently above the national quality indicator of 95 per cent of patients seen, treated and discharged or admitted within four hours.

Walk in centre, Monkgate:

The walk in centre sees 18,500 patients per year. This figure is reducing by 1,000 attendances per year.

It is a nurse-led service running from 8am – 6pm, seven days a week. The nursing staff are minor illness and injury trained and there are twelve nurse prescribers. Patients are seen in chronological order of arrival other than those indicated by 'red flag' conditions.

The breakdown of attendances and the age profile of patients for both the walk in centre and the emergency department are included in appendix C.

7. Communications and engagement:

a. How walk in centre and emergency department staff have been involved

Staff from the emergency department and the walk in centre have been involved in the work throughout the project.

Nursing and administration staff from the emergency department and the walk in centre are members of the minors steering group and have been involved in shaping the progress of work. These representatives also attended the rapid improvement event.

Other staff in the emergency department receive feedback via the morning meetings, the senior staff meeting, the senior nurse meeting, and the emergency department directorate meeting. There are also posters outlining

the redesign proposals in the emergency department staff room and on the poster board in the emergency department seminar room. Staff are able to contribute via a suggestion box in the emergency department staff room.

Walk in centre staff receive updates and information via the walk in centre representatives and at staff meetings. The emergency department directorate manager has also attended meetings at the walk in centre to share information about the project. Posters outlining the redesign proposals are displayed in the walk in centre staff room.

Other stakeholders who will be affected by the work are also represented on the Emergency and Urgent Care Board and in the sub-groups. These include GP out of hours, Vale of York Clinical Commissioning Group, Yorkshire Ambulance Service, PCT commissioners, and mental health services. A list of Emergency and Urgent Care Board members is included in appendix D.

b. Outcome of consultation with walk in centre staff

The walk in centre staff transferred their employment to York Teaching Hospital NHS Foundation Trust on 1 November 2011 following a formal consultation exercise. Part of this consultation included discussions around the potential relocation of the walk in centre.

c. Patient and public engagement

A communications and engagement plan has been developed (see appendix E).

A significant programme of patient and public involvement work has already been undertaken.

There is a dedicated sub-group of the Emergency and Urgent Care Board leading on communications and engagement, consisting of communications leads and patient and public involvement leads and representatives from the partner organisations represented on the Board. A further group has been working specifically on patient and public involvement, developing plans and carrying out projects including observations in the emergency department and focus groups. Representatives from York Hospital's Council of Governors and members of York LINK are included in this group.

An electronic survey point was installed in the waiting area of the emergency department to capture patients' experience.

Local LINK members and Foundation Trust governors carried out observations in the emergency department using a specially-designed

observation tool. The tool was developed using an experience-based design approach.

People who had recently visited the emergency department were also recruited to take part in focus groups.

Key feedback from all of these approaches was around the environment (including the reception area), and information about waiting times.

An example of where the input of LINks and Governors has directly affected the redesign plans is around changes to the design and location of the reception area, with the changes that are being proposed reflecting feedback gathered through the observation work.

The full feedback from all of these approaches has been fed into the design of the urgent care centre and the redesign of the emergency department environment. A focus group approach and discussions with stakeholders will take place over the plans to relocate the walk in centre in order to identify and address any issues.

The communications activity will be delivered in two phases. The first phase will centre on informing and engaging people on the walk in centre relocation.

The second phase will be a broader piece of work to give people the knowledge to make informed choices when accessing services. A social marketing campaign will be developed, both to inform public about the urgent care centre and also to direct people to most appropriate service for their needs in a bid to address the increasing trend of attendances to the emergency department and to improve the use of primary care facilities.

This will help to manage the pressure facing the emergency department and will also improve services for patients. It will draw on existing campaigns (e.g. Choose Well) and will employ a social marketing approach to help influence behaviour change.

d. Assurance of plans

The Emergency and Urgent Care Board is assured that a robust communications and engagement plan is in place, and that the relocation of the walk in centre does not constitute a significant change in service so as to warrant full formal public consultation, and that any delay to potential improvements would be detrimental to the service.

As the plans are to relocate the service, the 'walk in' facility for people with minor illness and injury will continue to be provided, and the service will be enhanced through its integration into an urgent care centre.

In terms of access, the centre would be located a similar distance from the city centre, and less than a mile from its current location on Monkgate. There is ample parking available for patients on the York Hospital site, and free parking is available for people attending the emergency department.

NHS North of England (the Strategic Health Authority) is aware of the proposals and the communications and engagement plans.

Foundation Trust governors and members of the York LINK have been involved in the observation work. Governors can continue to play a key role in this engagement as they have a link role between the Trust and its communities. A supporting statement from York LINK is at appendix F.

The York LINK members and Foundation Trust Governors who carried out the observation study asked at their last meeting to return once the new urgent care service is in place in order to carry out a similar study.

GPs have been involved throughout the work and are supportive of the proposals, as are the main service commissioners (NHS North Yorkshire and York). The Vale of York Clinical Commissioning Group has been represented on the Board and in the sub-groups and has had a key role in shaping the design of the service. A supporting letter from the group is at appendix G. A supporting statement from the York Local Medical Committee is at appendix H.

8. Potential issues

As well as the walk in centre, the building on Monkgate houses a number of public facing and administrative services and teams.

This includes:

- The district nurse referral team (an admin team that handles calls/enquiries for the district nurses)
- The GP out of hours call centre
- Dental
- Sexual health
- Fast response
- Minster Health
- PMS Homeless service
- Smoking cessation (external service)
- TB Clinic (external service)

The plans to relocate the walk in centre do not affect any of these services, and they will continue to operate from their current location.

There is also a potential issue around car parking. Access and availability are much better on the hospital site than at the current Monkgate site, however the way the spaces directly outside the emergency department are used was raised as an issue by the focus groups. This issue, including giving permits to people who are using the emergency department so that they can park free of charge, will be addressed as part of the redesign work.

Concerns have been raised about security at the Monkgate site once the walk in centre relocates. NHS North Yorkshire and York is carrying out a risk and security review which will include the arrangements at Monkgate.

A further issue is that a small number of people collect their continence products from the walk in centre reception. Arrangements are being made so that these individuals can collect their products from either Clifton Health Centre, Clementhorpe Health Centre, or Tang Hall Clinic (whichever is most convenient for them). Staff collecting continence products for people in residential homes will be able to collect from Cornlands Road Clinic reception.

9. Next steps

The final recommendation to relocate the walk in centre was taken by the Emergency and Urgent Care Board in April 2011.

The Board commissioned the rapid improvement event to detail how the model of an urgent care centre would work, including patient flows and staff working within the centre. This followed six months of intensive data gathering and working with key stakeholders to develop potential clinical models to support the relocation of the walk in centre to the emergency department. This work was lead by the minors steering group.

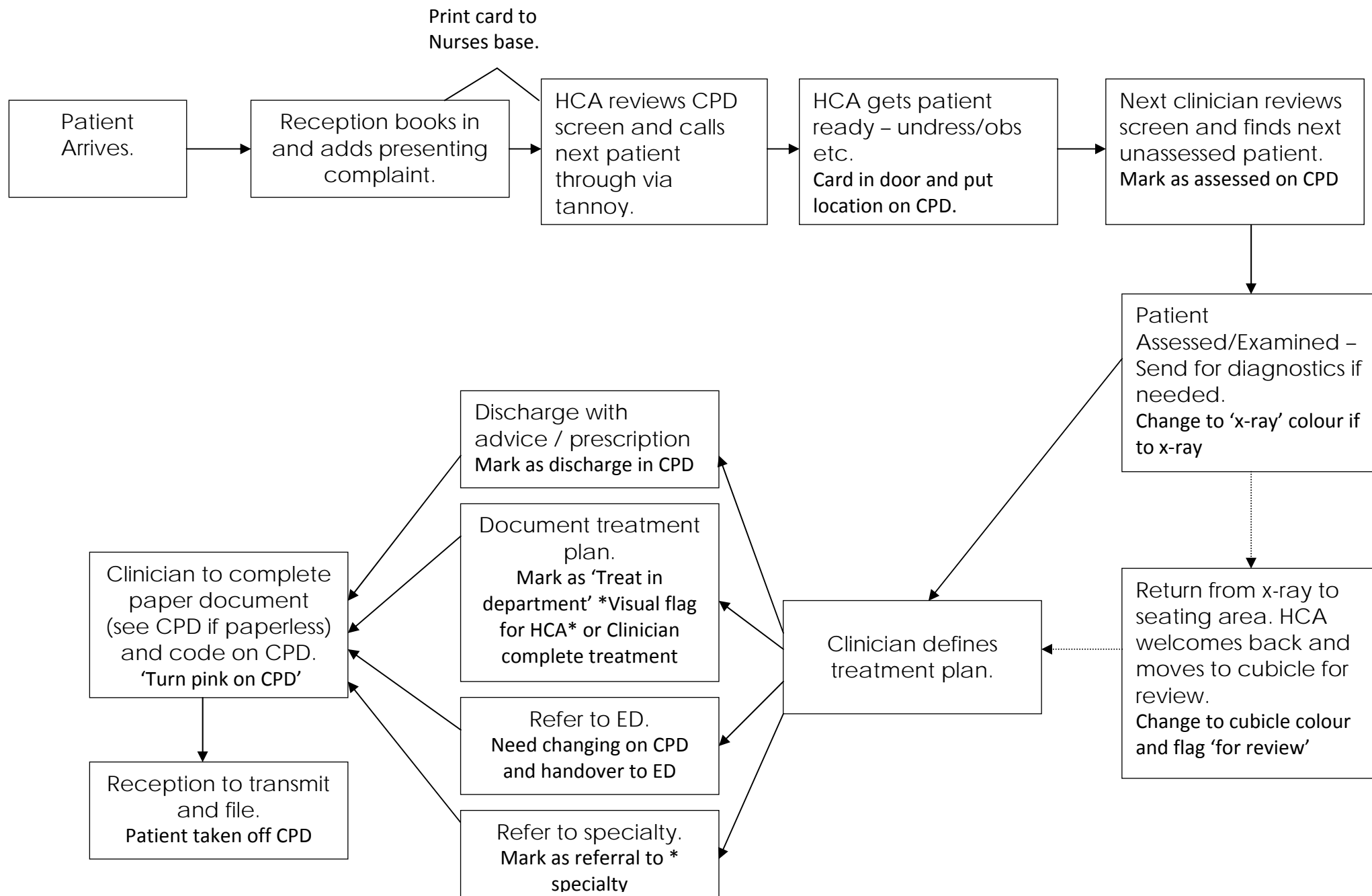
This work and the recommendations were then ratified by the Emergency and Urgent Care Board on 3 November 2011.

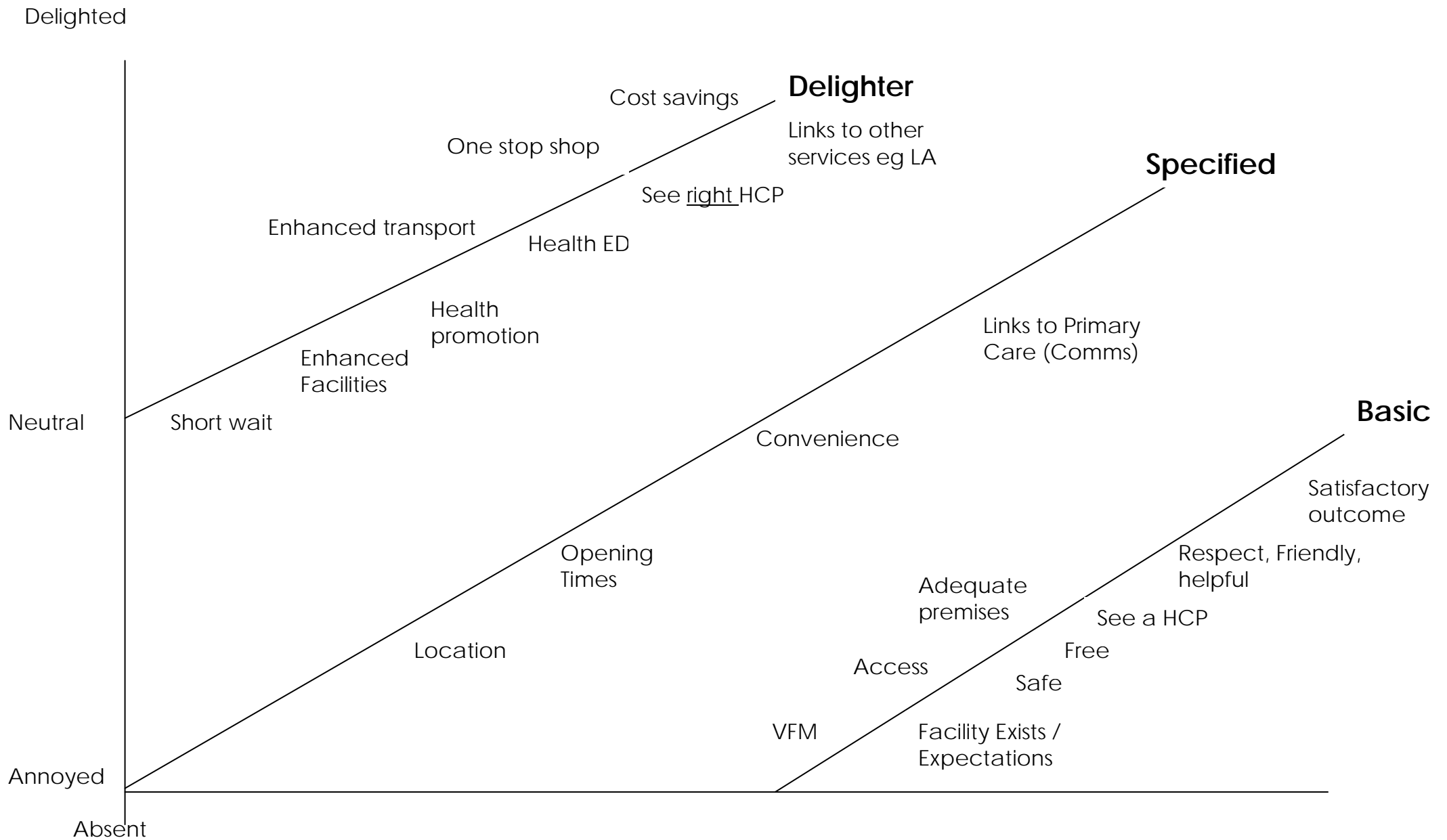
Final approval will be taken to NHS North Yorkshire and York's Board and to Vale of York Clinical Commissioning Group and the York Clinical Steering Board.

The Emergency and Urgent Care Board is satisfied that sufficient plans are in place to engage and inform the relevant stakeholders about the move and how it will affect them. The Board will write to the Health Overview and Scrutiny Committee in six months' time to update them as to progress with the work and any issues around patient and public involvement, and any

feedback gathered during the course of the project. Representatives from the Emergency and Urgent Care Board will attend a future meeting at the Committee's request.

APPENDIX A: Patient pathway for Urgent Care Centre





APPENDIX B: What do patients value and find important?

Appendix C:

Breakdown of attendances (emergency department)

Audit group	Financial year				
	2006/07	2007/08	2008/09	2009/10	2010/11
Gr 1: ED minor illness	46,505	46,265	47,398	49,589	23,639
Gr 2: minor injury	-	-	-	-	28,466
Gr 2: med eld and med paeds ED majors	12,983	13,468	13,029	15,377	14,930
Gr 3; med, eld & med paeds GP referrals admitted via ED	2,622	2,862	3,583	2,879	2,635
Gr 4; all surg specialities	3,417	3,868	4,137	3,374	3,575
Gr 5: clinical exceptions	102	87	139	267	343
Grand total	65,893	70,732	68,316	71,488	73,593

Age profile for attendances (emergency department – all attendances, Jan – Sept 2011)

Count of A&E	Month/Yr									
Age Group	1/2011	2/2011	3/2011	4/2011	5/2011	6/2011	7/2011	8/2011	9/2011	Grand Total
0-4	466	475	475	528	427	430	423	417	418	4,059
5-9	178	198	272	299	258	255	248	234	236	2,178
10-14	309	283	482	336	410	362	377	245	385	3,189
15-19	508	507	571	461	577	447	500	421	503	4,495
20-24	617	593	679	595	692	582	622	564	614	5,558
25-29	380	371	412	381	405	441	442	405	393	3,630
30-34	355	330	334	345	400	334	378	428	336	3,240
35-39	290	284	322	370	326	352	357	369	346	3,016
40-44	397	334	343	354	411	372	373	362	330	3,276
45-49	322	286	366	352	359	369	358	381	366	3,159
50-54	305	259	304	311	319	294	289	326	323	2,730
55-59	256	190	234	271	288	233	253	279	251	2,255
60-64	279	241	285	305	285	316	283	286	279	2,559
65-69	237	194	209	246	211	259	249	228	226	2,059
70-74	207	191	241	232	253	250	231	265	220	2,090
75-79	250	254	270	246	282	230	232	266	250	2,280
80-84	229	233	248	262	282	255	251	260	241	2,261
85-89	266	214	221	209	259	212	225	191	200	1,997
90-94	113	92	113	104	110	103	104	97	103	939
95-99	34	25	26	33	36	32	27	34	36	283
100-104	6	4	9	3	7	8	4	1	4	46
Grand Total	6,004	5,558	6,416	6,243	6,597	6,136	6,226	6,059	6,060	55,299

Age profile for attendances (emergency department – minor injury and illness, Jan – Sept 2011)

Count of Atts	Month/Yr									
Age Group	1/2011	2/2011	3/2011	4/2011	5/2011	6/2011	7/2011	8/2011	9/2011	Grand Total
0-4	362	383	398	454	375	377	370	348	348	3,415
5-9	155	176	246	281	243	236	220	213	210	1,980
10-14	271	249	438	314	373	335	349	216	358	2,903
15-19	424	445	499	411	508	389	441	369	420	3,906
20-24	499	507	581	510	603	505	542	473	515	4,735
25-29	315	311	358	317	342	380	367	352	336	3,078
30-34	261	250	276	296	324	271	304	357	275	2,614
35-39	214	221	257	289	268	287	279	305	276	2,396
40-44	291	249	255	285	341	298	294	275	253	2,541
45-49	226	203	271	243	267	274	277	290	267	2,318
50-54	217	177	205	218	244	217	201	234	231	1,944
55-59	161	115	157	191	194	159	175	187	173	1,512
60-64	132	131	152	193	197	192	189	179	169	1,534
65-69	108	112	101	145	128	153	128	140	126	1,141
70-74	103	89	116	121	136	125	122	134	108	1,054
75-79	102	104	116	111	130	109	108	135	107	1,022
80-84	66	87	89	93	117	99	105	113	95	864
85-89	81	68	68	77	103	84	81	79	70	711
90-94	30	32	29	41	42	13	30	32	35	284
95-99	7	7	6	12	11	8	6	13	12	82
100-104		1	3	1	2	2				9
Grand Total	4,025	3,917	4,621	4,603	4,948	4,513	4,588	4,444	4,384	40,043

Number of attendances and age profile for attendances (walk in centre – Jan – Oct 2011)

Age Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Grand Total
0-4	133	131	128	143	117	101	104	108	89	121	1175
5-9	34	56	55	62	46	36	59	59	33	60	500
10-14	39	26	35	43	44	39	69	57	34	30	416
15-19	182	215	195	169	174	160	153	180	175	280	1883
20-24	331	296	394	317	353	346	288	305	273	343	3246
25-29	181	163	196	181	175	183	176	159	158	197	1769
30-34	112	92	122	114	110	129	131	137	121	103	1171
35-39	90	80	70	86	85	77	123	93	94	105	903
40-44	84	95	97	137	112	92	115	118	84	94	1028
45-49	79	74	69	92	91	90	96	110	93	85	879
50-54	67	68	58	99	97	58	81	86	76	88	778
55-59	56	39	50	97	65	74	80	68	58	64	651
60-64	60	43	62	69	65	82	93	82	92	61	709
65-69	21	29	35	48	60	59	39	48	54	59	452
70-74	39	26	35	60	45	42	41	44	38	31	401
75-79	13	10	25	31	36	30	35	44	36	32	292
80-84	6	7	9	34	22	19	16	26	25	5	169
85-89	5	5	7	5	8	12	17	19	8	10	96
90-94	1	6	1	4	1		3	7	2	1	26
95-99	1			1		1	1	1			5
100-104					1						1
Unknown		1	2		2	6	1	3		1	16
Grand Total	1534	1462	1645	1792	1709	1636	1721	1754	1543	1770	16566

Appendix D:

Emergency and Urgent Care Board membership

Name	Role/organisation
Andrew Bertram	Director of Finance & Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust (Chair)
Lucy Brown	Head of Communications, York Teaching Hospital NHS Foundation Trust
Dr Steve Crane	Consultant (Emergency Medicine), York Teaching Hospital NHS Foundation Trust
Mr Tony Gibbon	Consultant (Orthopaedics), York Teaching Hospital NHS Foundation Trust
Kaye Grannon	Walk-In Centre Service Manager
Dr David Hayward	GP
Dr Mike Holmes	Clinical Lead, Doctors Out of Hours
Becky Hoskins	Corporate Matron, York Teaching Hospital NHS Foundation Trust
Vince Larvin	Assistant Director of Operations, Yorkshire Ambulance Service
Mandy McGale	Associate Director of Operations, York Teaching Hospital NHS Foundation Trust
Louise Parker	Improvement Manager, York Teaching Hospital NHS Foundation Trust
Rachel Potts	Locality Director, Vale of York, NHS North Yorkshire and York
Steve Reed	Directorate Manager (Emergency Department), York Teaching Hospital NHS Foundation Trust
Dr Donald Richardson	Clinical Director (General & Acute Medicine) York Teaching Hospital NHS Foundation Trust
Sue Rushbrook	Director, Systems and Network

	Services, York Teaching Hospital NHS Foundation Trust
Jill Wilford	Acting Matron (Emergency Department), York Teaching Hospital NHS Foundation Trust
Mr Mike Williams	Clinical Director (Emergency Medicine), York Teaching Hospital NHS Foundation Trust

APPENDIX E

Emergency and Urgent Care Board Communications and engagement strategy

1. Background

Plans are in place to relocate the NHS walk in centre to York Hospital. This is the first step in a programme of work to deliver integrated urgent and unscheduled care. This strategy outlines how an integrated approach to communications will ensure consistency of communication and engagement across all stakeholder groups.

The communications activity will be delivered in two phases.

The first phase will focus on raising awareness of the relocation of the walk in centre. The second phase will be a broad awareness raising/information sharing campaign around which services the urgent care centre will provide and to support people in making informed decisions when accessing care. This will link in with existing campaigns such as Choose Well and the winter health campaign. Alongside this a targeted social marketing campaign will be developed. This will focus specifically on a particular user group, identified through the patient and public involvement work and data analysis of users.

2. Communications objectives

- Ensure appropriate and effective communications and engagement mechanisms are in place to support the work
- Ensure that the key messages are communicated effectively to all stakeholders
- Support the Emergency and Urgent Care Board in gaining buy-in from key opinion formers (e.g. MPs, LINKs, local media)
- Ensure that staff receive timely information about the work, and, where possible, are informed first about changes affecting them
- Proactively manage media relations around the relocation of the walk in centre and the establishment of the urgent care centre
- Ensure the appropriate level of engagement and, where necessary, consultation takes place with relevant stakeholders
- Increase public awareness and understanding of the services that are available and when they should be accessed
- Influence behaviour change among identified groups through a targeted programme of communications activity
- Secure positive and supportive media coverage of the work

- Ensure key messages are aligned with other campaigns (e.g. Choose Well)

3. Key messages

- The walk in centre is moving to the emergency department at York Hospital to form part of the new urgent care centre
- The urgent care centre will provide quality care for patients with minor injury and illness by offering access to the right health care professional, in the right setting, at the right time
- This is an example of local NHS organisations working together to design services that best meet patients' needs whilst offering the most effective use of resources
- This is an important part of our integration with community services and bringing together the separate elements of urgent and unscheduled care
- Feedback from patients, public and staff has been sought throughout the project and their views have influenced the design of the service

4. Key milestones

Milestone	Date
Walk in centre transfers from community and mental health service to Harrogate Foundation Trust	1 April 2011
Emergency and urgent care board established	April 2011
Consultation with walk in centre staff on relocation begins	1 October 2011
Rapid improvement event to finalise pathway and environment redesign proposals	10 – 13 October 2011
Consultation with walk in centre staff ends	1 November 2011
Proposals for urgent care centre approved by Emergency And Urgent Care Board	3 November 2011
Chair and deputy chair of York Health Overview And Scrutiny Committee briefed	3 November 2011
Members of Emergency And Urgent Care Board attend	30 November 2011

Overview And Scrutiny Committee meeting – decision taken on formal public consultation	
Orthopaedic outpatients clinic moves out of emergency department space	7 November 2011 (first clinics held at new location)
Capital works in emergency department completed	Tbc
Walk in centre closes	Tbc (dependent on decision by OSC re formal public consultation)
Urgent care centre becomes operational	Tbc (dependent on decision by OSC re formal public consultation)

5. Stakeholder analysis

A full list of stakeholders is at appendix 1. Different stakeholders require different levels of communication and engagement depending on their level of interest and influence. Not all stakeholders require the same level and frequency of communication so efforts can be focussed in particular priority areas. Identifying and segmenting stakeholders according to their communications needs also helps avoid the risk of inadequate communication, or providing inconsistent communication between stakeholders in the same group.

Stakeholders have been grouped using an influencer matrix (see appendix 2), measuring their communications requirements in terms of both their level of interest in the work and their influence in terms of public opinion. Using this approach, stakeholders have been grouped into four potential categories:

- Key players
- Active consultation
- Keep informed
- Monitor

i. Key players:

These are a priority as they have the most interest in the outcome of the project and the most influence in terms of swaying public opinion about the work. It is important to engage them, give them accurate, timely information and gain their support whilst giving them the mechanisms to ask questions and air concerns.

These have been identified as:

- City of York Council's Health Overview and Scrutiny Committee
- Commissioners (NHS North Yorkshire and York)
- GP commissioners (Vale of York Clinical Commissioning Group)
- GP out of hours (managed by Harrogate and District NHS Foundation Trust)
- LMC
- Staff (emergency department/walk in centre)
- Yorkshire Ambulance Service

ii. Active consultation:

These stakeholders have a high level of influence but may have lower levels of interest. It is essential to engage with them over the process and they need to be proactively kept informed.

These have been identified as:

- Local residents (Near WIC)
- York LINK
- Mental Health Trust (Leeds Partnerships NHS Foundation Trust)
- Foundation Trust Governors

iii. Keep informed:

Due to their role it is important to put in place mechanisms to keep these stakeholders up to date with what is happening. They have low levels of influence and do not require proactive engagement, however they should be monitored and the approach changed should they become influencers or opinion formers.

These have been identified as:

- Patients/general public
- Local authority (including social services and education)
- Local MPs (Nigel Adams – Selby & Ainsty, Hugh Bayley –York Central, Julian Sturdy - York Outer, Ann McIntosh – Thirsk & Malton)
- NHS Yorkshire and the Humber
- Pharmacies (including Healthcare at Home on York Hospital site)
- Trade union representatives
- York Carers' Forum
- Foundation Trust members
- Patient support and advocacy groups (e.g. York Older People's Assembly)
- York Tourist Board
- Local taxi firms who may be booked to take people to walk in centre

iv. Monitor:

This group of stakeholders are not a priority in terms of communication around the work, however they will be kept informed where appropriate through existing communication links.

These have been identified as:

- North Yorkshire Police
- Monitor (Foundation Trust Regulator)
- Care Quality Commission
- Neighbouring NHS Trusts
- York CVS
- Volunteers (Friends of York Hospitals)
- Contractors and suppliers
- York Wheels

6. Overview of tactics

The tactics for communicating with each broad group are outlined in this section. A working 'action plan' giving dates for delivery of each of the elements will be developed, with progress to be monitored by the communications and engagement sub-group of the Emergency and Urgent Care Board and reported back to the Board. Much of the detail, in particular planned completion dates, is yet to be finalised and is dependent on the outcome of the Health Overview and Scrutiny Committee's decision around formal consultation. The activity will also depend on the outcome of the market research which will inform the social media campaign – the specific target audiences need to be determined before the campaign can be designed and implemented.

Media relations:

- Media releases to key local media
- Letter for publication on letters page of local papers
- Radio and TV features – case studies needed (or possible 'day in the life'-type feature)
- Weekly health feature (York Press)
- Launch event/'moving party' media opportunity
- Reactive media handling lines needed

Above the line:

- Advert/advertorial in local paper(s)
- Advert in Local Link magazine (York)
- Consider other advertising opportunities (e.g. bus stops, toilet doors, sides of buses, billboards etc)

Stakeholder engagement:

- Page in Your Voice (City of York Council's residents' newsletter)
- Letter to GP practices
- Core copy for reproducing in stakeholder newsletters
- Briefing to York Health Overview and Scrutiny Committee
- Briefing to York LINK
- Updates to York Hospital's Council of Governors
- Foundation Trust members' newsletter
- Public meetings (attendance when invited to LINK meetings, forums etc, or where appropriate, organising meetings on behalf of the Trust)
- Hotels/B&Bs sent information via York Tourist Board to enable them to signpost tourists to the walk in centre

Patient and public involvement:

- Focus groups with people who have experienced the emergency department
- Observation tool – 24 hour observation of emergency department
- Standpoint questionnaire in emergency department waiting area
- Dedicated information stand at York Trust's open day
- Attendance at local events (e.g. York Fifty Plus festival, freshers week events)
- Attend meetings/give presentations to patient groups/communities of interest (for example the York Older People's Assembly and other voluntary sector groups) to inform them of the plans and ensure they can voice any concerns.

Internal communications and staff engagement:

- Staff briefings
- Posters in staff rooms (walk in centre and emergency department)
- Update in team brief (York trust staff and community-based staff)
- core copy for featuring in staff newsletters
- display in York Hospital main entrance (high footfall: patients, visitors and staff)
- updates on intranet sites
- screensaver

Social marketing:

The tactics used will be dependent on the target audience identified through the analysis of users of the walk in centre and emergency department. Tactics will be chosen that most effectively reach the specific audience.

E-comms/new media/social media:

- information on York Trust, PCT website
- online 'countdown tool' (XX days until the move)

- Choose Well app
- Possible tie-in with local media using twitter

Other tactics to consider:

- Posters to GP practices, walk in centre, emergency department, pharmacies, libraries, gyms, supermarkets, hotels, B&Bs etc
- posters to large local employers for displaying in staff areas
- audit of where information about the walk in centre features (e.g. directories, online and print) – these will need to be systematically updated
- large banner outside walk in centre and emergency department advertising moving date

7. Formal consultation (public/staff)

Formal public consultation will take place when the changes proposed are a substantial development or variation for current service provision or are required by Monitor. Any consultation process will be in line with the legal requirements on NHS bodies to consult with the public, patients, advisory and user groups, health overview and scrutiny committees as detailed in part 242 (formerly section 11 of the Health and Social Care Act 2001) of the consolidated NHS Act 2006.

The City of York Council's Health Overview and Scrutiny Committee will be consulted on the requirement for full public consultation. Informal consultation and public engagement will continue as outlined in this plan.

Governors can play a key role in this informal consultation and engagement as they have a link role between the Trust and its communities.

Staff will be consulted on changes that have a direct, significant impact on them. This consultation would follow HR legislation and guidance.

8. Risks and challenges

If focussed public engagement cannot be demonstrated, then formal public consultation may be required. This will delay the move of the walk in centre, and there will cost implications to carrying out such a consultation exercise.

It is important that the messages around what the urgent care centre is for are carefully thought out in the second phase of the communications activity, to manage public expectation about what the centre will offer.

9. Resources

Communications activity will be delivered by York Teaching Hospital NHS Foundation Trust's communications team, in partnership with communications leads from partner organisations. A budget will need to be identified for materials to support the campaign, for example, graphic design costs, print, and advertising.

10. Evaluation

The effectiveness of the plan will be evaluated to enable the approach to be refined if necessary as the work progresses and to inform future communications activity. Methods will include:

- Patient experience surveys
- Analysis of media coverage
- Web traffic – traffic to site following publicity
- Feedback on NHS Choices
- A change in the 'type' of attendances in the emergency department (fewer inappropriate users)

Appendices:

Appendix 1:

Stakeholder list

- Patients (current and future)
- Public
- Volunteers (our own plus FOYH etc)
- GPs and practice managers
- Current and future staff
- Carers
- Neighbouring NHS Trusts (Harrogate and District NHS Foundation Trust, Yorkshire Ambulance Service)
- Strategic Health Authority (NHS Yorkshire and the Humber)
- Commissioners (NHS North Yorkshire and York, GP commissioning groups)
- Voluntary organisations
- Community Groups
- Local Authority including Social Services and Education
- Local MPs (Anne McIntosh, Julian Sturdy, Hugh Bayley, Nigel Adams)
- Media (key players: York Press, Yorkshire Post, Malton Gazette and Herald, Selby Times, Selby Post, BBC Look North, ITV Calendar, BBC Radio York, Minster FM)
- Trade union representatives
- Foundation Trust Governors
- HYMS
- Universities
- Local schools and colleges
- Contactors and suppliers
- Professional bodies
- Royal Colleges, deaneries
- Overview and Scrutiny Committee (City of York)
- CQC
- Monitor

- FTN/NHS Confederation
- Foundation Trust members (current and future)
- LINKs groups
- Patient support and advocacy groups (York Older People's Assembly)
- Pharmacists
- GP surgeries
- York Tourist Board/B&Bs/hotels

Appendix 2:
Influencer matrix

↑ influence ↑ (Low) (high)	Active consultation	Key players
	Monitor	Keep informed

	(Low) (high)	→	interest	→
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**Appendix F:
Statement of support form York LINK**

Comments from Jane Perger, Vice Chair of York LINK

York Link has welcomed the opportunity to work alongside the governors of York Hospital as representatives of the residents of York on the project.

We welcome the approach of bringing patient representatives and the hospital governors into this early stage of the redesign of the ED and proposed transfer of the Walk-in Centre.

Having spent time observing the staff at work over a period of time, we would like to compliment them highly on how they manage with the current layout. The redesign will enhance patient experience and enable staff to perform their role more efficiently. We understand that integrating the walk-in department and ED will prevent duplication and hopefully provide a more streamlined service.

We look forward to working with the hospital on this project in the future.

APPENDIX G: Letter of support from VOYCCG

Senior Partner
Dr P F Faller

GP Partners
Dr E V Fowler
Dr S Young
Dr D Hayward
Dr W F Laughey
Dr M A Holmes
Dr G M Towler
Dr F S Scott
Dr N J Jackson
Dr K P Anderson
Dr A J Gilmore
Dr S Blades
Dr J R Read



Haxby and Wigginton Health Centre
The Village
Wigginton
YORK YO32 2LL

Tel: 01904 724600
haxby.group@gp-b82026.nhs.uk

Fax: 01904 750168
www.haxbygroup.co.uk

Managing Partner
Mr J J McEvoy

GP Associates
Dr E O Watts
Dr A J Smart
Dr C Dickson
Dr L K Barker
Dr J A Oakland
Dr M Pickard
Dr S Osborne

Head of Nursing
Mrs J M Smith

17th November 2011

Dear Sirs,

I am writing in my capacity as development board member for the Vale of York Clinical Commissioning group (VOYCCg).

OSC will hear the case for the relocation of York Walk in Centre (WIC) to York Hospital Foundation Trust (YHFT) on 30th November 2011.

The relocation of the WIC forms part of a significant reconfiguration of urgent care services in York. We have been involved in this project for the last 8 months. This involves a redesign of part of the Emergency department at York Hospital and the development of a new care pathway which will better meet the needs of local residents.

Part of this pathway will see an experienced Primary Care physician working in the Emergency department in a new Urgent Care Centre. This will enable patients to be seen by an appropriate health care professional at the right time and we feel will offer a more joined up service for patients attending Accident and Emergency.

The development of the Urgent Care Centre is an important part of the PCTs Quality Improvement Prevention and Productivity (QIPP) programme and also is in line with recent

Royal College of General Practitioners guidance on integrating urgent care.

We strongly support the relocation of the WIC to YHFT. It forms a vital part of the new care pathway and we feel gives added value for York residents who need medical care in this setting.

**Yours Sincerely,
Dr David Hayward**

APPENDIX F – Statement of support From The York Local Medical Committee

The Division is generally supportive of the relocation and holds the view that this will improve service to patients. General Practitioners should be an integral part of the team involved in the triage and treatment of patients. Division members expressed this view at a recent informal meeting with Mark Hayes and Rachel Potts.

I have kept this comment brief in view of today's deadline for the report but would be happy to discuss this with you if that would be helpful.

Fred Faller
(Chair Selby and York Division of YORLMC Ltd)