

Presented to:	Governing Body - Public
Date of Meeting:	24 July 2018
For:	Decision

Agenda Reference:	GOV/18/07/12
Title:	Extension to Contract for Salisbury Walk In Centre (SWIC) Services
Executive summary:	
Recommendations:	<p>The Governing Body is asked to approve:</p> <ol style="list-style-type: none"> 1. An extension of the contract with Wilcodoc for SWIC for 18 months from October 2018 until March 2020, with an updated NHS Standard Contract; 2. The relocation of the service to Millstream Medical Practice, Avon Approach, Salisbury (from Central Health Clinic, Avon Approach, Salisbury)
Previously considered by:	<p>Executive Management 11.06.18 Clinical Executive 12.06.18 Governing Body in private 26.06.18</p>
Author(s):	Jo Cullen, Director of Primary and Urgent Care, Group Director West, WCCG
Sponsoring Director / Clinical Lead/ Lay Member:	Jo Cullen, Director of Primary and Urgent Care, Group Director West, WCCG Clinical Executive

Risk and Assurance:	Risk of challenge to extension of contract assessed to be low.
Financial / Resource Implications:	No additional financial implications or requests.
Legal, Policy and Regulatory Requirements:	Procurement and PPM advice from CSU received.
Communications and Engagement:	Internal and external requirements. Narrative on rationale about extension – no change for patient facing service but ensuring resilience and preparedness for winter and maintaining 4 hour ED performance as constitutional standard.
Equality & Diversity Assessment:	x

1. Context:

In December 2017, Wiltshire CCG Governing Body approved an extension to the Contract held with Wilcodoc and agreed to maintain the services at Salisbury Walk in Centre from April 2018 (until at least Sep 18) due to the development of the urgent care and primary care strategies and the models of care to support urgent same day primary care access together with identifying the local requirements for urgent treatment centres.

Improved Access has to be in place by October 2018, commencing as a pilot over 18 months whilst being procured from 2019 for further services from April 2020.

Whilst all this work has still to conclude, it is recognised that within the South of Wiltshire any future implementation would be more robust with the support of an engaged and established local workforce.

The current Walk in Centre service performance is also submitted to Unify to support Salisbury Hospital 4 hour ED performance and the CCG did not wish to jeopardise this position with a change in this service provision without a robust alternative in place.

As part of the 2018/19 winter planning process, the CCG needs to demonstrate resilient and robust capacity across the system to manage the seasonal demand; specifically over the evening and weekend period to provide primary care services to support the Out of Hours service.

2. Current levels of activity:

Patient Count	16/17 Q3	17/18 Q3	Diff	%
Male	1,497	1,674	177	12%
Female	2,299	2,419	120	5%
Total	3,796	4,093	297	8%
SFT A&E Dept Minors	7,262	6,841	(421)	-6%

Age Groups	16/17 Q3	17/18 Q3	Diff	%
0 to 9	775	927	152	20%
10 to 19	481	490	9	2%
20 to 29	728	692	(36)	(5%)
30 to 39	508	583	75	15%
40 to 49	418	429	11	3%
50 to 59	354	408	54	15%
60 to 69	267	293	26	10%
70 to 79	183	182	(1)	(1%)
80+	82	89	7	9%
	3,796	4,093	297	8%

Type	16/17 Q3	17/18 Q3	Diff
Minor Illness	4,023	4,176	153
Minor Injury	242	249	7
	4,265	4,425	160

3. SWIC impact on SFT 4 hr trajectory:

SWIC attendances as a proportion of the local system total attendances vary between 21% to 31%.

SWIC has the impact of adding between 1.1% to 3.6% to the SFT 4Hrs performance.

In October 2017, it was agreed through the Wiltshire A&E Local Delivery Board, in line with A&E Attendances and Emergency Admissions Monthly Return Definitions (NHSE) that as SWIC met the criteria of:

- all types of A&E provision including Type 3 that average more than 200 attendances per month. This average should be calculated over a quarter; and
- Type 3 A&E department / Type 4 A&E department / Urgent Care Centre = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment; and
- currently is not reporting activity to Unify

The activity from SWIC is submitted through Unify and then NHS Digital merges SFT and SWIC separate reports to form the Health System view of performance.

SFT & SWIC <4Hrs Performance

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
SFT Atts	4251	4111	3986	3851	3949	4197	4640
Breaches	209	477	533	387	404	290	402
SWIC	1157	1862	1491	1352	1678	1597	1509
SWIC Share	21%	31%	27%	26%	30%	28%	25%

<4Hrs

SFT	95.1%	88.4%	86.6%	90.0%	89.8%	93.1%	91.3%
SFT & SWIC	96.1%	92.0%	90.3%	92.6%	92.8%	95.0%	93.5%
SWIC Impact	1.1%	3.6%	3.6%	2.6%	3.1%	1.9%	2.1%

For 2018/19, SFT are planning to achieve 93.1%. This compares to 92.4% last year with a planned 7.8% reduction in annual >4Hr breaches. SFT have planned to achieve at least 91% each month, and 95% in March 2019. SFT are planning monthly improvement in 2018/19 delivery except for Apr-2018 and with March 2019 planned to be 5.2% up on March 2018.

The April 2018 SFT plan was for 91.1% and the actual performance was better than plan at 93.1%.

The submission to NHSE/I re SFT trajectory shows the cliff edge in October if SWIC performance ceases:

2017/18 Monthly SITREP WIC Attendances													
IHAMs 18/19 Growth	2.4%												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Atts	1,601	1,483	1,378	1,537	1,341	1,327	1,426	1,157	1,862	1,491	1,352	1,678	17,633
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Atts	1639	1519	1411	1574	1373	1359	WIC Contract ends 30/9/2018					8,875	
Planning Assumptions													
SWIC monthly attendances will increase by WCCG IHAMs growth of +2.4%													
SWIC contract ends 30/9/2018													
Activity will be picked up in Primary care alternative provision and NOT to SFT.													

4. Relocation:

The Walk in Centre has been provided from Central Health Clinic since it opened. Over the last 3 years the providers Wilcodoc have raised concerns about the restrictions due to capacity with limited space and appropriate consulting rooms. On occasions further clinicians could have been brought in but there has not been space.

Millstream Medical Centre, located within Millstream House offers an ideal solution to increase capacity enable the service to adapt to various NHS/public demand. The problems associated with IT will be addressed and rent costs reduced as only service charges will apply.

The distance between the 2 sites is 7 metres, and both serviced by the same large public car park.

Some adjustments to the premises will be required in order to enhance the security of Millstream Medical Centre to ensure the provision of a safe environment to deliver urgent care such as external signage, video intercom at front entrance, glass frontage at reception to protect staff, CCTV throughout reception, toilet area, corridors and interview room, fire safety release door locks to partition building according to usage and re-patching of walk in centre telephone number to Millstream House; and could be completed within 2 weeks of confirmation.

5. Risks:

- i. Staff currently employed by Wilcodoc
- ii. Public reaction and challenge of no consultation if SWIC closes without robust alternative in place;
- iii. NHSE expectation that CCG is ensuring preparedness for winter 18-19 and additional capacity to enable achievement of 95% A&E 4hr standard from December 2018 to March 2019 inclusive.
- iv. Procurement challenge which is assessed as low noting that the contract has already been extended beyond its permitted term several times without challenge, and work is underway to understand and finalise the Improved Access position from Apr20 onward.

It is therefore recommended that the Contract for the Salisbury Walk in Centre is extended for a further 18 months until March 2020, and the service is relocated to Millstream Medical Practice.

Jo Cullen, Director of Primary Care and Urgent Care, WCCG

18.07.18

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Extension of Salisbury Walk in Centre

For the record

Name of person leading this EIA: Jo Cullen	Date completed: 16.07.18
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Names of people involved in consideration of impact

Name of director signing EIA: Jo Cullen	Date signed: 16.07.18
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What is the proposal? What outcomes/benefits are you hoping to achieve?

This paper requests approval from the Governing Body for an extension to the Contract held by Wilcodoc for the Salisbury Walk in Centre services

Who's it for?

The proposal covers services commissioned from Wilcodoc for a Walk in Centre service in Salisbury open to all patients.

How will this proposal meet the equality duties?

It covers all patients.

What are the barriers to meeting this potential?

None identified.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

All patients can walk in to use this service or be directed through NHS111 via the Directory of Services – activity from Q4 included in the paper.

How can you involve your customers in developing the proposal?

No public engagement is required in order to maintain the services currently offered.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

None at this stage

3 Impact Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

- a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

None identified

What can be done to change this impact?

N/A

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

None identified

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No.

4 So what?

[Link to business planning process](#)

What changes have you made in the course of this EIA?

None have been made

What will you do now and what will be included in future planning?

Continue to monitor the transition and its possible effects.

When will this be reviewed?

Both in-year and at the end of every financial year

How will success be measured?

Various methods of which will be identified through local and nationally mandated measures.