



Transforming health and care for
Staffordshire & Stoke-on-Trent

Improving urgent and emergency care services in Staffordshire and Stoke-on-Trent

September 2021





Since forming in 2016, Together We're Better, the local health and care partnership, has been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work. We have a lot to be proud of in health and social care, with a strong focus on quality, use of new technology and investment in new services. However, we know there is more that can still be done to make services better.

From listening to local people, we know that you can find the urgent and emergency care services confusing. We want to help people who are seriously ill or at risk of becoming seriously ill, to access high-quality care locally, at the right time and by the right professional.

Across England, local areas need to set up a network of urgent treatment centres (UTCs) which will replace the services currently provided by walk-in centres and minor injuries units. Walk-in centres and minor injuries units will then cease to exist. These UTCs aim to reduce confusion for people who need treatment quickly, usually within 24 hours, but do not need an emergency department (ED). We need to design our local approach to this national guidance and decide how many UTCs we should create to meet the needs of residents in Staffordshire and Stoke-on-Trent.

We started this conversation in 2019 to understand what was working well and what could be improved in our urgent and emergency care services. We spoke to over 2,000 people, and their comments were being used by our clinicians and staff to inform proposals for future services.

[You can read our report of findings on our website.](#)



Due to the COVID-19 pandemic, we had to pause this work. It is now the right time for us to restart this conversation. We recognise that there may be new information that we need to consider, because:

- COVID-19 has had a big impact on all our services and your experiences may have changed, for example by using phone appointments
- some communities have had temporary service changes, for example the closure of Leek and Cannock minor injuries units. Whilst Leek has re-opened on reduced hours, Cannock remains temporarily closed
- our services have evolved, for example offering timeslots in our emergency departments through NHS 111
- there is new national guidance available that will need to be reviewed as we develop our future services.



During autumn 2021, we want to hear from you to understand:

- your experiences of urgent and emergency care services during COVID-19
- any new information that we should consider as we develop UTCs and review our urgent and emergency care services locally
- if there is anything new we should consider when agreeing our desirable criteria.

We will use your comments to help inform the development of future proposals. At this point no decisions have been made. You can read more about the process we will follow in this booklet.

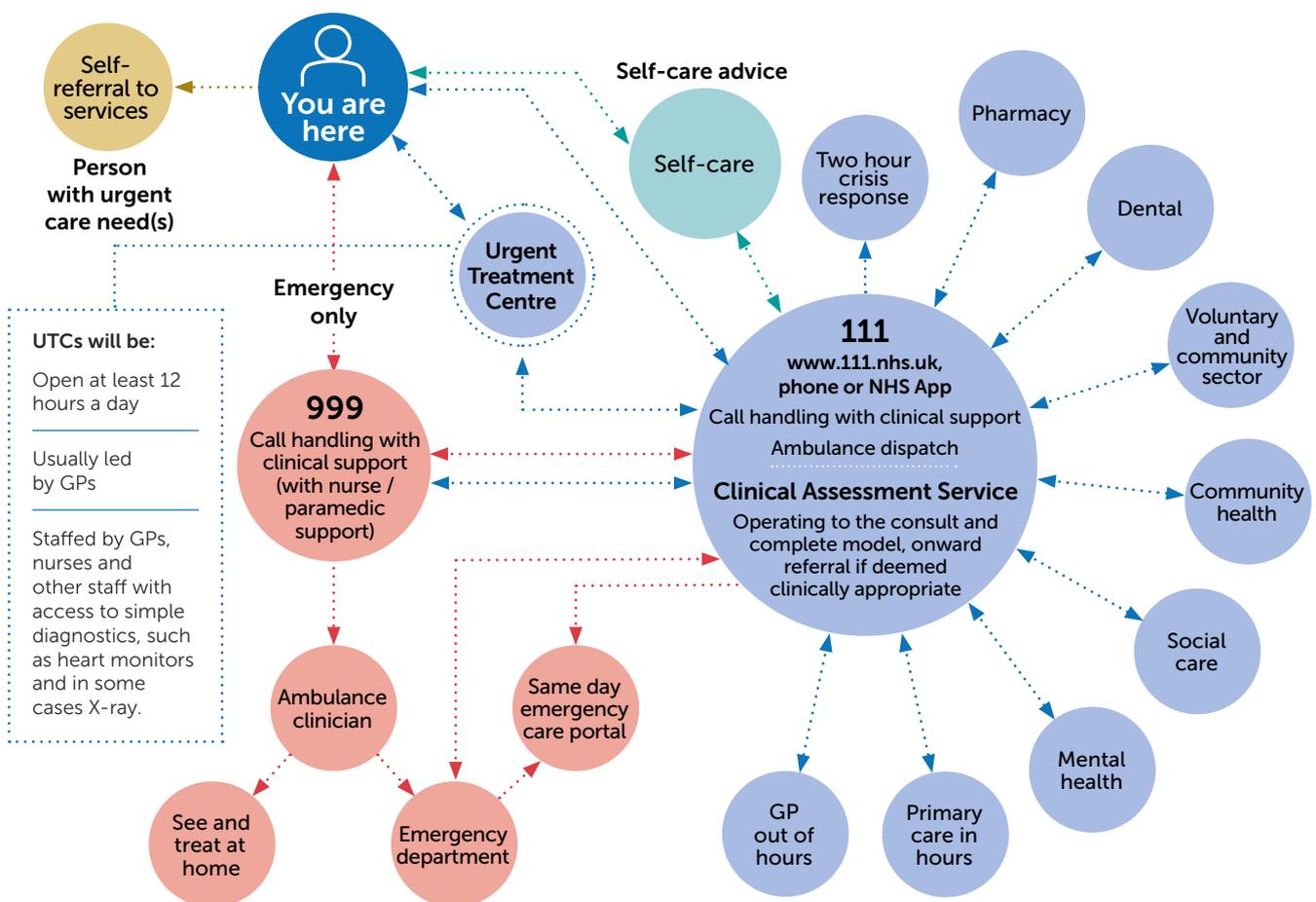


What is urgent and emergency care?

Urgent care is for an illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services in Staffordshire and Stoke-on-Trent include NHS 111, pharmacies, out-of-hours GP appointments, a walk-in centre, and minor injuries units.

Emergency care is treatment for life-threatening conditions where your health condition requires time-critical care. For example: chest pain, a serious road accident, severe loss of blood, breathing difficulties, stroke, and severe allergic reactions. This is provided at an emergency department (also known as A&E).

There are a range of options available to you when you need urgent or emergency care. If you're unsure where to go, NHS 111 can advise and connect you with a range of services. This diagram also shows how new urgent treatment centres will help provide simpler and more consistent care.



Why do we need to work differently?

We know our urgent and emergency care system is confusing, and we want to simplify it for the future.

Challenges

In 2019, we shared the challenges our local urgent and emergency care services face. We still face these challenges in 2021, alongside the additional pressures of responding to COVID-19.



Thanks to our staff, we are confident that our local services are safe – however we believe we could deliver better care for you that will meet the national standards.

Our challenges include:



Workforce

There is a national shortage of specialist clinicians, doctors and nursing staff. We also have a limited number of radiographers (X-ray) and other specialists who support urgent and emergency care. Many are approaching retirement or leaving due to work pressures, and not enough people are coming forward to be trained.



“Our urgent and emergency care services have developed in a bit of a patchwork through the evolution of different types of services. What we need to achieve is a consistent and understandable offer for our population.”

Dr Steve Fawcett,
GP and Medical
Director for North Staffordshire CCG and Stoke-on-Trent CCG



A mix of locations, run by different organisations, offering varying services

- The emergency departments at Royal Stoke University Hospital (a major trauma centre for the area) and Queen's Hospital in Burton are open 24/7 for all ages. However, the ED at County Hospital in Stafford is open to adults only, it is not open 24/7, and there are no cardiac, stroke or emergency surgery facilities on site.
- Local walk-in centres and minor injuries units delivering urgent care have different opening times, and do not offer the same tests, such as X-ray.



Rising demand

Nationally the number of people attending emergency departments has risen by 40% over the last 15 years. Demand for urgent care advice is also rising significantly across GP services, NHS 111 and other services.



Ambulance waiting times

We know the demand in our hospitals and shortage of senior clinicians, is delaying ambulance handover of patients. This means there are fewer ambulances in the community to respond quickly to life threatening needs. Some areas (in particular Stoke-on-Trent) have higher numbers of calls to 999.



Longer waiting times

People are waiting longer than we would want to be seen and treated. Our hospitals are struggling to meet the national waiting times standards to be seen within four hours.



Varying health of our population

Across Staffordshire and Stoke-on-Trent, people have different levels of health and healthy life expectancy. Whilst there have been improvements in recent years, people's health in Stoke-on-Trent is generally worse than the England average. We need to plan for a rising demand for services.



COVID-19

We need to keep people safe when working in and using our services. This includes additional cleaning and social distancing measures. We have higher numbers of staff who are off sick due to COVID-19 illness or self-isolation.

All of this causes significant pressure on the whole system, resulting in long waits and a poor experience for people who use and work in our services. We want to understand your experiences and any new challenges from your point of view.

How services changed during the COVID-19 pandemic

To respond to the COVID-19 pandemic meant a lot of services were different to ensure that we kept staff and patients safe.

- **Cases of minor injuries** were transferred from Royal Stoke ED to the Haywood Walk-in Centre. Hours and clinical support were expanded at the Haywood.
- **Leek Minor Injuries Unit** was temporarily closed. It reopened in June 2021, but with reduced hours due to workforce pressures.
- **Cannock Hospital's Minor Injuries Unit** remains temporarily closed due to the workforce still needed in other critical services, such as the emergency department.

We are grateful to the staff who worked tirelessly to keep services running, and to you for being so understanding of the challenging situation. COVID-19 is still with us, and this means that our workforce continues to work in a different way to help deliver safe services for all.

It has been challenging for everyone, and now we want to learn from the changes we have made and learn from this experience so we can continue to provide fair and quality services now and for future generations.



Did you know COVID-19 also gave us the opportunity to work differently and to support people to stay home wherever possible. This included:

- More appointments available **over the phone**
- Greater clinical support available through **NHS 111** (www.111.nhs.uk, phone or through NHS App)
- NHS 111 **booking timeslots** for our emergency departments, minor injuries units and walk-in centres. As well as continuing to deliver directly booked appointments for GP out of hours
- NHS 111 can book timeslots into our Same Day Emergency Care (SDEC) services, available at hospital. SDEC can rapidly assess, diagnose and treat emergencies such as possible blood clots. If safe to do so, you will go home the same day.
- Expanding the **two-hour Community Rapid Intervention Service (CRIS)** which keeps you at home on a 'virtual ward'. Staff can go to your home to deliver care, which is overseen by a consultant at the hospital. Paramedics can refer to this service instead of taking them to hospital.

What do our current services look like now?

Walk-in centres

1. Haywood Hospital, Stoke-on-Trent
Mon-Sun 7am-9.30pm

Minor injuries units (MIU)

2. Leek Moorlands Community Hospital
Reopened 26.06.21 with reduced opening hours
9am-5pm
3. County Hospital Children's MIU, Stafford
Mon-Sun 8am-10pm
4. Cannock Chase Hospital
Mon-Sun
10.30am-6.30pm
(temporarily closed)
5. Samuel Johnson Community Hospital, Lichfield
Mon-Sun 8am-9pm
6. Sir Robert Peel Community Hospital, Tamworth
Mon-Sun 8am-10pm

A&E departments

7. Royal Stoke University Hospital
24 hours
8. County Hospital **ADULTS ONLY**, Stafford
Mon-Sun 8am-10pm
9. Queen's Hospital, Burton
24 hours

Out of area hospitals

10. Macclesfield District General Hospital
11. Leighton Hospital, Crewe
12. Royal Derby Hospital
13. Princess Royal Hospital, Telford
14. New Cross Hospital, Wolverhampton
15. Walsall Manor Hospital
16. Good Hope Hospital, Sutton Coldfield
17. Russells Hall Hospital, Dudley



What will be different?

We are still developing our proposals and do not have all the answers at this stage in our journey. However, our clinicians and staff are using the [national guidance for urgent treatment centres](#), alongside our data, to help design our local approach. We want to hear from you as we work to develop a short-list of proposals.

Developing urgent treatment centres

In-line with the national standards, we want to develop UTCs to bring together the services provided by walk-in-centres and minor injuries units. UTCs can provide access to specialist care, knowledge and advice with the aim of getting you home.

The national standards say UTCs must:

- be open at least 12 hours a day, 365 days a year
- usually be led by GPs
- be staffed by GPs, nurses and other staff with access to simple tests, such as heart monitors (ECG) and X-ray
- provide a consistent route for urgent appointments (booked through NHS 111, ambulance services and GP practices)
- direct access to local mental health services for crisis support
- still offer walk-in access.

The benefits include:

- Offering more services and treating more complex cases than walk-in centres or minor injuries units – equivalent to those found in smaller accident and emergency departments
- Consistent services delivered across different sites
- Simplifying the choice of services and reducing duplication
- Allowing our workforce to work more flexibly
- Reducing unnecessary attendances to emergency departments
- Improved patient experience through bookable appointments and more services available out of hospital.

You can find out more about urgent treatment centres in this short video:



[NHS England » Urgent treatment centres](#)



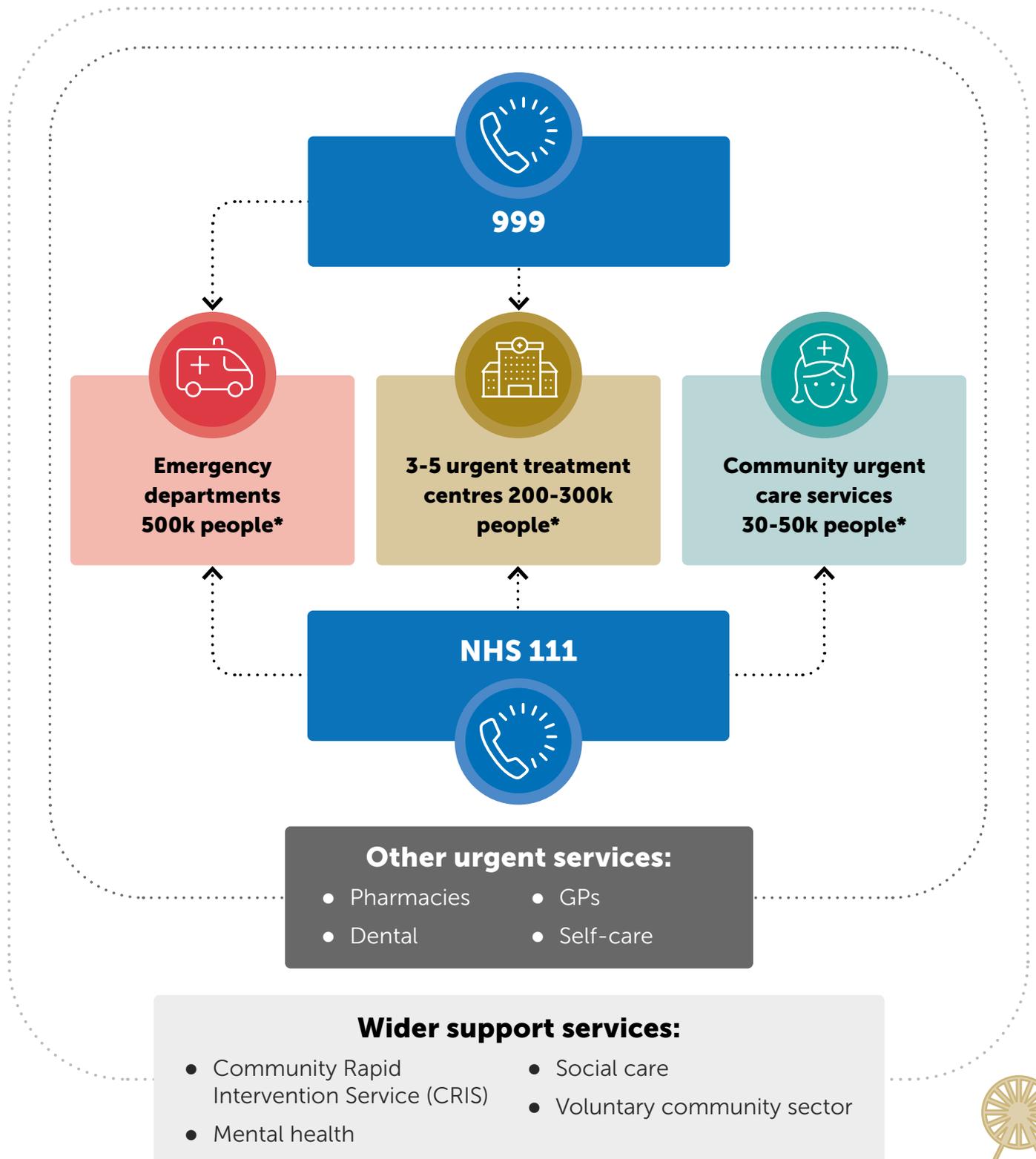
Did you know urgent treatment centres can help with:

- sprains and strains
- suspected broken bones
- abdominal pain
- minor head injuries
- cuts that need stitches
- minor scalds and burns
- ear and throat infections
- skin infections and rashes
- eye problems
- feverish illnesses (in adults and children).

These services are provided by senior clinicians with access to specialist doctors and specialist services. This ensures that you are treated in the right place at the right time and by the right people for your condition.

Looking at the bigger picture

*Population numbers are recommendations and estimated. They will vary at a local level depending on clinical need.



Urgent treatment centres cannot work alone, so we need to develop a range of services that 'wrap around' them, offering the right level of support. They need to work in liaison with our emergency departments, which will have access to the specialist services, including emergency theatres, anaesthetics, cardiac and stroke services.

We know there is not the demand, workforce, or the budgets available to support UTCs in every community. We need to design a whole system approach, which connects all our services, so they work together as a network. This includes an enhanced community urgent care offer, which helps you access urgent care at a local level. We also need to improve access to a range of other services, including mental health and our community teams to offer early support and where appropriate direct referrals into hospital services, bypassing our urgent and emergency care services altogether.



NHS 111

Essential to the development of our UTCs, is the evolution of our NHS 111 service into the 'front door' for urgent and emergency care.

There is a long-term aim nationally and locally, for more people to use www.111.nhs.uk, download the NHS App or phone 111, rather than going direct to an ED or UTC. Our 111 service receives around 332,000 calls a year and demand is rising. To support the evolution, we have invested in additional doctors and nurses at NHS 111. This has increased the number of calls that give clinical advice from 26% to 60%. These doctors and nurses assess your needs, and can book you a **timeslot** for EDs, minor injuries units, walk-in centres or GP out of hours.

During autumn 2021, we have been selected as an early adopter to trial **digital kiosks** in the Royal Stoke and County Hospital's EDs and the Haywood Walk-in Centre.

These kiosks ask similar questions to NHS 111, and over time could help re-direct you to the right place for your needs, rather than a long wait in the ED. On arrival, you will be met by a care navigator who will support you to use the kiosk. You can find out more on our website.



How far did we get in 2019 with designing our UTCs?

We are still in the early stages of developing our proposals. Based on our local data, workforce requirements, population needs and your comments – we developed a set of principles in 2019/20 that will guide us in delivering the national ambitions. This work was paused in March 2020 due to COVID-19.

In summer 2021, our clinicians and professionals agreed that these principles still remain:

- Best practice suggests UTCs should ideally serve a population of between 200,000 to 300,000 people to maximise our workforce and to offer value for money
- Alongside the above, we recognise the challenges of staffing a network of UTCs, with the wide range of professionals needed, including radiographers, advanced nurses and GPs – our proposals need to be deliverable
- UTCs should help ease demand on EDs, but treat very different conditions from routine GP services. Alongside our UTCs, we need to develop a community/GP offer that supports our local communities
- The Staffordshire and Stoke on Trent Urgent and Emergency Care Clinical Advisory Group is supportive of UTCs being community facilities and therefore the preference is that they should not be located alongside our emergency departments, as there should be a clear distinction between what is a life-threatening condition and what is urgent. Through services such as NHS 111, we need to help people to get to the right place first time.

How many UTCs will there be and where will they be?



Using these principles, our clinicians and staff agreed the ideal number of UTCs for the county is still between three and five. We recognise that some people on our borders will still use UTCs outside of the county, and we will work with these areas to understand their proposals to ensure fair access for all.

At the moment we can't say exactly how many there will be or where they will be located, because we need to do more work to review our data and understand any potential impact for the community, for example by looking at travel times. We need your comments to help inform this work.

What happens next?

The next step in our journey is to develop a short-list of proposals, including refining how many UTCs there should be and where they should be. Back in 2019 we had a long-list of potential solutions. We now need to sense-check our work over the coming months, as we work to develop a short-list. Our clinicians and staff will need to review our original proposals, using the latest data and experiences from COVID-19.

This is an opportunity for us to understand if there is anything new we should consider as we design our UTCs. After this phase of involvement, we will analyse all the comments we have received and produce a report. This will be taken to the Board and the Governing Bodies of the CCGs for a discussion in autumn/winter 2021.

The comments will be shared with our clinicians and professionals and used alongside the detailed analysis and data as they work to refine this longer-list into a refreshed (2021) shorter list of proposals.

As part of this process, they will use a set of criteria to consider all proposals:

- **Hurdle criteria** – all our proposals must be clinically safe, deliver national priorities and meet the needs of the population
- **Desirable criteria** – these are locally determined to help us decide which proposals best meet local needs
- A separate process is carried out to ensure all final proposals are financially achievable.

In January 2020, we held a workshop with local people, building on the comments in the 2019 listening exercise to inform our desirable criteria. You can find out more about this on our website.

Now we want to hear from you, whether there are any new desirable criteria we should consider.

As we develop our short-list of proposals, we will involve service users, seldom-heard groups, staff and other interested groups. This is important, so that our proposals and future services are right.

We have to develop a model that meets the needs of local people, is achievable within the workforce, buildings and land we have, is fit for the future and delivers value for money. This will enable us to provide quality care for all, for generations to come.

Before COVID-19 hit, we were refining these desirable criteria and were working on three overarching principles:



Quality of care



Accessibility



Meets local needs.

Get involved

Healthcare is always evolving, and demands are changing. We are investing in local urgent and emergency care services that are fit for the future. Once we understand people's needs, we can design our local approach to meet this national guidance and then look at the buildings needed to support them.

Rest assured, we have not forgotten your comments in 2019/20 and we will use this, however first we need to sense-check whether anything has changed.

We are listening to the comments from people who use and work in urgent and emergency care services to inform our proposals. We are running a series of events during October 2021 to understand any new context and to inform future proposals. There is also an [online survey](#) open from 1 October until 31 October 2021.

Through this involvement activity, we aim to understand:

- your experiences of urgent and emergency care services during COVID-19
- any new information that we should consider as we develop UTCs and review our urgent and emergency care services locally
- if there is anything new, we should consider when agreeing our desirable criteria to develop our short-list of proposals.

We will aim to keep you informed and involved as we develop our proposals. All the comments we receive will be considered by the Together We're Better partnership, and will also be published on our website.

Contact us



Visit our website:

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