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Health and Care Partnership

WYUC Service Review Development

History of WYUC

The West Yorkshire Urgent Care (WYUC) Service, provided by Local Care Direct (LCD) began in 2013 and provided primarily face to face primary care provision in the out of hours period. Due to the needs of the System and the developments in remote technologies (many developed during COVID response), the service organically grew. WYUC now encompasses GP Out of Hours (both face to face and remote), Clinical Advice Services and several place-based arrangements including Urgent Treatment Centres, Safe Haven, ED Streaming and GP Practice Learning Time. Further detail on these can be found further in this report. The current contract is worth over £20 million and is due to end March 2024. Although reviews have been carried out against individual service lines over the years, there has not been an overarching West Yorkshire review.

In early 2023 the West Yorkshire Urgent and Emergency Care (UEC) Programme carried out a refresh to establish priorities which reflected both the strategic intention of the West Yorkshire ICB, and national guidance such as the 'Delivery Plan for the Recovery of Urgent and Emergency Services'. One of the identified priorities was to carry out a review of the West Yorkshire Urgent Care Service.

Despite not being mentioned explicitly within the UEC Recovery Plan, the review was identified as an area which directly contributed to achieving the desired ambitions and also met the three tests of Partnership working; working at scale to ensure the best possible health outcomes for people; Sharing good practice across the Partnership; Working together to tackle complex (or 'wicked') issues. It was therefore agreed that the service review would be led at West Yorkshire level.



Review Approach

- The review is being led by the West Yorkshire ICB and the leadership assigned includes Ian Holmes, Director of Strategy and Partnerships ICB, as Senior Responsible Officer (SRO) and Dr Will Robertson, advisory GP to Wakefield place as Clinical Lead
- Leads have also been identified for each of the workstreams within the WYUC Service Review and for individual ICB leads for functions such as finance, contracting, engagement, quality, equality, information governance and safeguarding
- The intended outcome for the service review will be services that are fit and future proof, integrated with both West Yorkshire and local health systems
- The service review will provide an opportunity to explore potential opportunities, improve efficiencies and make changes to benefit local people. Ultimately the result must benefit patient experience in terms of how they access and navigate the urgent care system.



Governance and Accountability

- The WYUC Service Review reports into the Transformation Committee of the ICB Board for decision making
- An ICB led Task and Finish group has been established to provide oversight and support delivery of the review. The meeting is held monthly and is well attended with broad representation from Places and providers (including LCD) and functions as mentioned earlier
- Regular highlight reports are presented to WY Urgent and Emergency Care Programme Board. Place UEC colleagues are asked to socialise this report in their own Place to inform relevant colleagues of progress
- The WYUC Service Review has also engaged with a variety of forums, including but not limited to: Joint Health Oversight and Scrutiny Committee (JHOSC), WY Primary Care Senior Leadership Team, WY Local Medical Council, Place Based Senior Leadership Team (SLT), and various quality, equality and engagement forums

Specification vs SDIP

- Specification Route: A brand new specification covering all in-scope services to be developed and signed off through agreed governance route by 31 March 2024. LCD would then be required to deliver new specification from 1 April 2024, supported by a two-year mobilisation and implementation period
- Service Development and Improvement Plan (SDIP) Route: A detailed SDIP would be developed covering all in-scope services by 31 March and incorporated into any new contract from 1st April 2024.

Following discussions with the SRO and provider, the decision was made by the Task and Finish group to follow a Service Development and Improvement Plan (SDIP) route. It was agreed that the SDIP would allow for a more fluid and collaborative approach to service improvement and give more time for review, development and engagement with partners and our populations.

Identified leads have reviewed each of the services within the WYUC Contract and the findings of these service reviews will form the core of the SDIP.

Workstream 1: GP out of hours

Review Lead(s)	Jon Parnaby
Description of Service	<p>Delivery in West Yorkshire of an Out of Hours (OOH) consultation & treatment service for patients who are referred from the NHS111 Service (90%) and other established pathways (remaining 10%) with an urgent primary medical care need in the OOH period between; 6.30pm to 8am weekdays and all weekends and bank holidays. Providing Virtual Consultations as well as operating 13 Primary Care Centres (for face-to-face appointments).</p> <p>Part of the GP OOH service also includes pathways for pathology lab results, prescriptions and a patient transport offer.</p>
Additional points to note	This element of the WYUC service has seen the most significant change due to processes introduced as a response to Covid



Workstream 2: WY Clinical Advice Services (CAS)

Review Lead(s)	Adam Cole & Vicky Annakin
Description of Service	<p>The West Yorkshire Clinical Advice Services (CAS) are defined as:</p> <ul style="list-style-type: none">- 1&2 Hour GP Speak to disposition (as referred by NHS 111) and;- NHS 111 Online Emergency Department (ED) Validation <p>Both services were commissioned with the intention of facilitating remote triage and avoiding unnecessary ED attendance and both have high closure rates with patients being redirected elsewhere or self-care recommended</p>
Days & hours of operation	<p>NHS111 Online ED Validation Service: 24 hours per day, 7 days per week including bank holidays</p> <p>NHS111 GP 1&2 Hours: 08:00 to 18:00 hours Monday to Friday excluding bank holidays.</p>



Workstream 3.1: ED Streaming

Review Lead(s)	Debbie Graham & Jon Parnaby
Description of Service	A streaming service for patients from the Huddersfield Royal Infirmary and Calderdale Royal Hospital A&E departments (where clinically appropriate in accordance with Manchester Pathway) to alternative and appropriate clinical colleagues within A&E
Footprint	Calderdale and Greater Huddersfield
Location(s) of service delivery	Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI)
Days & hours of operation	CRH: Mon-Fri 6.30pm - 10pm, weekends and bank holidays 10am-10pm Mon HRI: Mon-Fri 6.15pm-10.15pm, weekends and bank holidays 9.45am - 10.15pm

Workstream 3.2: Protected Learning Time

Review Lead(s)	Chris Skelton & Kirsty Turner
Description of Service	To provide planned cover for telephone assessment, appropriate advice and / or treatment for registered patients of Calderdale, Kirklees, Leeds and Wakefield during General Practices Protected Learning Time (PLT).
Days & hours of operation	<p>Calderdale: 10 sessions per year - Tuesday or Wednesday</p> <p>Kirklees: 12 sessions per year – Tuesday</p> <p>Leeds North - 10 sessions per year – Thursday</p> <p>Leeds South and East - 10 sessions per year – Tuesday</p> <p>Leeds West, 11 sessions per year - Thursday</p> <p>Wakefield: 10 sessions per year - Wednesday</p>
Additional points to note	<p>PLT allows GP practices to close for half a day to carry out staff training for the whole practice team. Everyone within GP Practices are committed to giving patients the best possible care therefore all staff take part in a number of PLT sessions throughout the year.</p> <p>Airedale and Bradford have separate arrangements for the delivery of PLT</p>

Workstream 3.3: Safe Haven (Special Allocation Scheme (SAS))

Review Lead(s)	Emma Bownas & Jan Giles
Description of Service	The SAS is a scheme to manage patients who are violent or aggressive. SAS provides a stable environment for the patient to receive continuing healthcare, addressing any underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in providing that treatment. The ultimate aim of the scheme is to rehabilitate the patient back into mainstream general practice.
Footprint	Calderdale and Kirklees
Location(s) of service delivery	Calderdale Royal Hospital - 1 face to face clinic per week Batley Health Centre - 1 face to face clinic per week
Days & hours of operation	9am - 5pm Mon - Fri
Additional points to note	Service delivery changed as a response to Covid. A new national specification has been published.



Workstream 3.4: Urgent Treatment Centres (UTC)

Review Lead(s)	Martin Earnshaw
Description of Service	To provide walk-in and direct booking services to individuals of all ages presenting at the Urgent Treatment Units located at St George's Centre and Wharfedale General Hospital, Otley.
Leeds	Leeds
St Georges Wharfedale Hospital	St Georges Wharfedale Hospital
8am-11pm - 7 days	8am-11pm - 7 days
Additional points to note	Ongoing improvement work throughout this element of the Service has been historically undertaken with Leeds commissioners direct with LCD



Service Activity Overview

LCD provide regular contract narrative reports, which are reviewed and discussed at bi-monthly contracting meetings, supported by commissioners.

Monitoring against key performance indicators are also measured here.

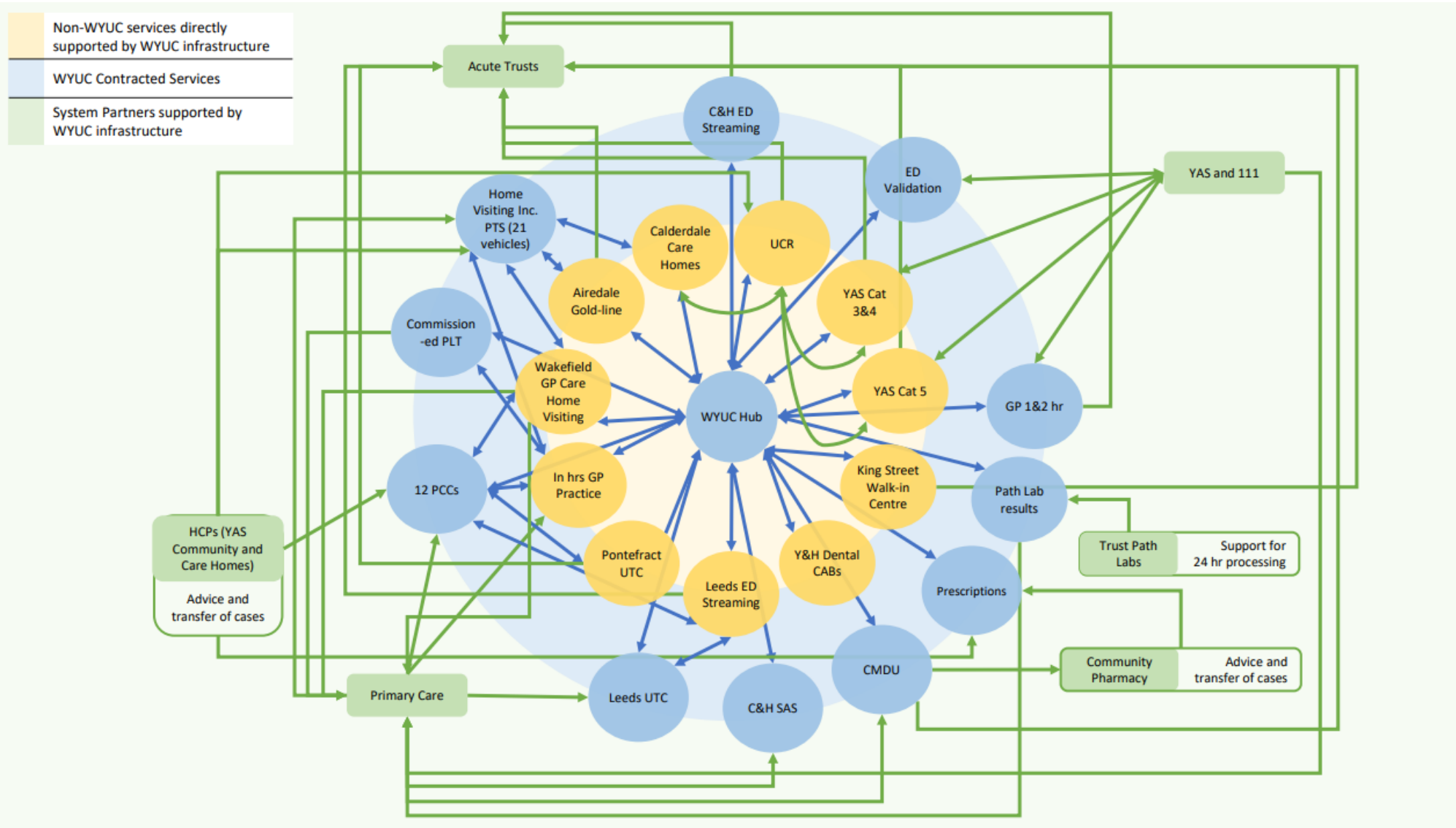
Contract element	Service	22/23 Activity
Core Specification	GP OOH remote/GP OOH F2F	53,997 (38,104 PCC and 15,893 Visit)
Local Specification	Calderdale and Kirklees ED streaming	6568 patients
	SAS Calderdale and Kirklees	2026 contacts
	PLT	3167 sessions
	UTC St George	31,597 patients
	UTC Wharfedale	29,794 patients
	UTC	Admin
WY Local CAS	GP 1&2hr	23,358 contacts
	NHS 111 Online ED Validation	17,405 contacts



Local Care Direct Interoperability



NHS West Yorkshire
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Contract and Finance

- It was agreed by contracting colleagues to award a two-year contract to LCD to cover the implementation of the SDIP
- The Voluntary Ex-Ante Transparency Notice (VEAT) was issued under procurement rules and expired on 26 January with no challenge
- Throughout the review and the development of the SDIP all partners have been aware that the service must be delivered within the current financial envelope (subject to any agreed uplift)
- Opportunities are to be explored within the SDIP process for efficiencies.



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Urgent Care Service Review

Suggested Involvement Approach

Phase 1

What do we know

Who do we need

Review existing involvement intelligence

- National, ICS, ICB and Place
 - What do we know already? What is it telling us? Where are the gaps?
- Review service level data
 - Is it of quality? Can we add value?

Equality Analysis & Access Demography

- Equalities
 - Are there any particular groups who are more likely or less likely to use the service?
 - Are there any known access or communication barriers
- Review service level data
 - Who is accessing the service? Does the experience data reflect this?
 - Is everyone who should be accessing the service attending the service? If not, we will need to find out why

Phase 2

What do we change

What do we keep

Service Improvement

- Using existing intelligence
 - Are there improvements indicated or issues highlighted?
 - What is the longitudinal direction of results?
 - If any additional involvement required, ensure it continues the conversation rather than duplicates

Additional involvement

- Depending on Phase 1, use co-productive methods to understand issues, and develop improvements

Access Improvement

- Equalities
 - Depending on Phase 1, use existing relationships to understand issues, co-produce solutions.
- Review service level data
 - Depending on Phase 1, use existing relationships to understand issues, co-produce solutions.

Phase 3

What do we decide

What do we do next

Service Specification

- How involvement has influenced
 - Have decision makers had time to consider involvement findings?
 - Is it clear how involvement has effected any changes to the model?
 - Has the difference (or why no change) been feed back?

More formal Involvement

- Significance of change
 - How is the model different following involvement?
 - What is the profile of the change (MP, FoI, PALS etc.)
- Formal Consultation?
 - Which statutory organisation decides to consult? And who leads the consultation?

NB: This decision is generally made at Board level, or appropriate delegated authority committee

Please note

- Each phase heavily depends upon the findings of the previous phase
- Review and decision-making points fall between each phase where results and equalities analysis should be reviewed and updated
- Resource needs be allocated following each review



Urgent Care Service Review

Initial Equalities Assessment - Findings

So far:

We used existing intelligence to produce the existing insight summary to support the SDIP production

Revisited these reports to populate the Equality Impact Assessment, first draft

Intelligence that had been specifically analysed by protected characteristic

Although intelligence about each demography is not from all geographies it gives an indication.

High Level findings

- People with a disability slightly more likely to attend a walk-in
- People with Pakistani Heritage slightly more likely to attend a walk- in
- People who are older more likely to attend multiple times
- Ethnic minorities More likely to attend on advice of 111 or proximity to home
- The opening hours for walk in are more convenient for white people
- Caribbean groups less likely to attend again in future
- People Claiming benefits less likely to call 111
- Ethnic minorities Less likely to use technology except videos
- disabled people are less likely to use technology
- The Trans community seem to have a more varied experience of the existing service
- The LGBT community have a more varied experience of primary care

Please note

- The equality impact assessment process is iterative and the document evolving as the programme progresses
- Information drawn out from similar services and so only provides a partial picture



Patient Feedback

LCD provide WYUC patient feedback on a quarterly basis, which is shared with commissioners. Patient feedback is broken down by both service and place. Demographic data is also captured and reported on.

Patient feedback is used to monitor the quality of the WYUC service and implement continuous improvements.

As demonstrated by the table, LCD consistently receive a high proportion of 'Very Good' or 'Good' responses.

LCD continue to strive to improve on their feedback scores and regularly update commissioners at contract review meeting.

Thinking about urgent primary care, overall how was your experience of our service?	23/24 Q3	23/24 Q2
Very Good	61%	62%
Good	21%	21%
Neither good nor poor	6%	7%
Poor	5%	5%
Very poor	6%	4%
Don't know	1%	0%
Grand Total	712	640



Outcome

- In collaboration with service review leads, the WYUC Task and Finish Group and LCD, a comprehensive SDIP has been developed, covering all areas of the WYUC Contract
- The SDIP identifies approximately 35 lines of improvement/development
- The SDIP also details a timescale and an indication of any cost implications (saving, increases, neutral)
- The structure of the SDIP reflects the established workstream, and also includes an additional 'workstream zero' which identifies improvements and development across the entire contract.



Next Steps/Implementation

- Take the SDIP through agreed governance route for endorsement/ sign off:
 - WY ICS Clinical and Care Professional Forum
 - WY Joint Health Oversight and Scrutiny Committee
 - WY Urgent and Emergency Care Programme Board
 - WY Transformation Committee
 - Place SLTs
- Add the SDIP to the contract as an additional schedule to the contract terms and current specifications
- Progress against the SDIP will be formally monitored by contracting colleagues using agreed contract monitoring forums, with input from commissioning colleagues
- A smaller SDIP implementation task & finish group established to support contracting in this process



WYUC Service Review Timeline



NHS West Yorkshire
Integrated Care Board

