

Rural Urgent Care Centre Solutions

Sub –group report

Version 2.0
24th September 2015

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Editorial Note

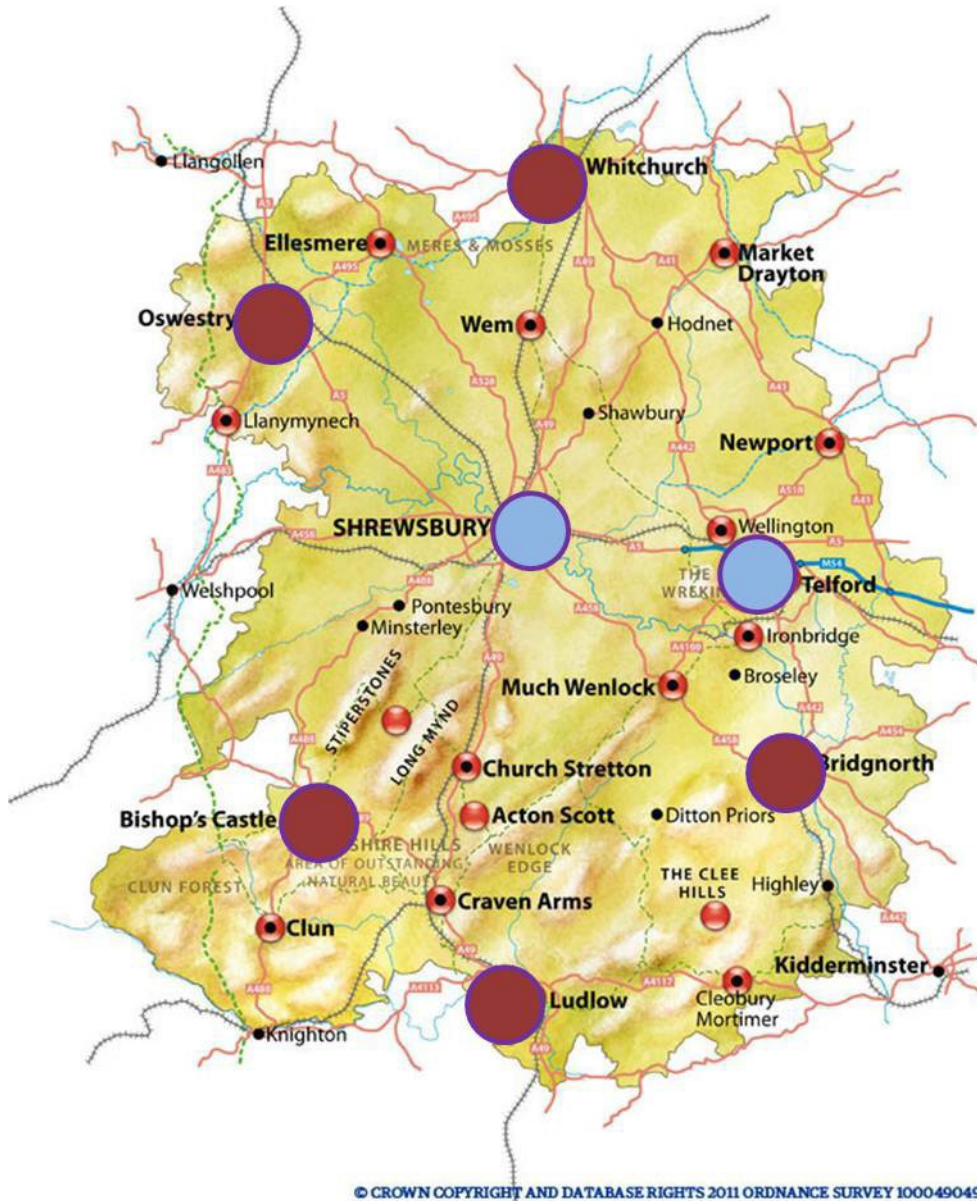
As members of the Rural Urgent Care Centre Sub group, representatives of Healthwatch Telford & Wrekin and Healthwatch Shropshire have requested that it is made clear that they have significant reservations regarding the proposal to exclude the number and location of rural urgent care centres from the formal public consultation on Future Fit.

Introduction

In the spring of 2015, the Future Fit programme board agreed that there was a pressing piece of work to be completed in order to inform the decision regarding the number and location of rural urgent care centres to be located in Shropshire. These rural urgent care centres would be in addition to the two urban urgent care centres which are included in the overarching Future Fit Clinical Model and will be located on the current Shrewsbury and Telford hospital sites.

A rural urgent care centre sub-group was established, to report into the Future Fit programme team. The sub group were tasked with making a recommendation to the programme team regarding the number and location of rural urgent care centres by September 2015.

Figure 1 Potential Configuration of an Urgent Care Network



The sub-group undertook a variety of activities in order to inform their recommendations, these are all summarised in the pages that follow and where available full reports of the work are included as appendices.

1. Summary of key findings

- Local people and stakeholders are passionate that they do not want to lose any of the existing services provided in their area
- There is very strong support for maximising urgent care provision in each area.
- There is a clear view that integrating health and associated services within a locality will have positive benefits for patients.
- Local people are very anxious that failure to secure an Urgent Care centre in their local facility may mean current service provision (including community hospitals and MIUs) will be eroded and eventually lost.
- It is striking that when the public and patients were asked where they would travel to if there was no local access to rural urgent care, there was an overwhelming view that the urban urgent care centres at Shrewsbury and Telford would be their destination of choice for urgent care, rather than a rural urgent care centre in another town.
- There was a view that it is better to start small and grow progressively rather than start at scale and potentially fail to achieve the necessary throughput resulting in a negative evaluation and potential withdrawal.
- There was also a view that UCC services should not be considered separately, but considered as a component of the overall delivery of health and care services from a rural location with the use of shared resources wherever possible.
- The majority of the elements within the specification were supported, elements that were questioned generally focused on items that were thought to be available as part of the overall site. For example, waiting space for children.
- There were some items identified that were not included in the specification that came up in discussions specifically; staff trained to deal with mental health, social workers, health care assistants and other support staff, car parking.
- The GP community did not have a single view about the nature of Urgent Care Centres or the model of an Urgent Care Network, there was some concern from General Practice and patients that strong Urgent Care Centres could undermine the long term viability of rural practices. Careful consideration will need to be given to the relationship between services and potential unintended consequences of developing a network.

2. Recommendations from the rural urgent care sub-group

The sub-groups has reviewed all of the evidence and below are some initial recommendations to help inform ongoing locality discussions.

- 2.1 There has been insufficient attention to date on urban urgent care centres. This has been beyond the remit of the current sub-group but there is a clear and pressing need to learn lessons from the prototypes that have been in place and to describe in full the role and activity of the urban centres. This will in turn inform the ongoing rural urgent care centre discussions.
- 2.2 Our engagement work has clearly demonstrated that there is a lack of understanding of the clinical model and in particular the potential range of services that could be on offer through urgent care centres. It is essential to set out as clearly as possible what will be offered at the two urban urgent care centres and to share the core requirements in a format that the general public can understand.

- 2.3 The ambulance service has commented on initial findings of the sub-group and indicated a willingness to be involved in further discussions regarding both urban and rural centres. They have provided specific comments regarding the need for consistently skilled staff within each centre. We suggest regular check points with the ambulance service as the work progresses to enable them to input on matters such as the core requirements, workforce competencies, geographical location and activity of urban and rural urgent care centres.
- 2.4 The activity level data used to date is under developed. Further work need to be done both from an analytical perspective but also with local communities to ensure that whatever urgent care services are provided within their localities are appropriately utilised to ensure the best use of tax payers money.
- 2.5 It has been acknowledged that the assumptions used to inform rural urgent care centre activity levels to date are high level, and the analysts have suggested using the MIU data which they now hold to refine some of the assumptions. Localities should consider more detailed analysis and local knowledge to inform their local offer.
- 2.6 Consideration should be given to how rural urgent care services are configured, with due regard to potential unintended consequences, for example protection of GP practice viability.
- 2.7 Further work needs to be done to understand when the related piece of work being undertaken nationally regarding workforce requirements for urgent care centres will report. Future Fit may review, through the Future Fit workforce steering group implications of a minimum workforce service requirements for urgent care centre staff , assess skill levels of existing staff against these requirements and to test the applicability of the requirements against the revised core offer.
- 2.8 Taking into account the feedback received to date, we have suggested some amendments to the core offer. A suggested revised urgent care centre core offer is included at Appendix 2. Primarily the changes suggested are :
- Common opening times were regarded as an essential element of the requirements to give a consistent offer across the county. It was highlighted that some places might have longer opening times than the core requirement, and some areas may experience low utilisation, particularly in the early hours of the morning.
 - Exclude ultrasound services from the list of core requirement. Where ultrasound services are available, there was no suggestion they should be removed, but not counted as core.
 - Access to X-ray services was considered essential but not for the whole opening times of the services, some suggestion that urgent care centres should have x-ray services available 4 hours per day, some discussion of on-call facility. There was lack of agreement regarding whether this should be consistent times across all centres and 7 days per week.
 - Consider flexible use of facilities wherever possible, for example is a separate therapy assessment area necessary if there are suitable obstacles within the building. There was less clear-cut opinion regarding the need for separate children's' assessment / waiting areas and mental health assessment areas.
- 2.9 Mandate rotation of staff through urban and rural centres and potentially other services to maximise networking, staff satisfaction, clinical skills training and other development opportunities.
- 2.10 Further refine the core staffing requirement and make necessary adjustments to staffing

costs by site, against current baseline staffing.

- 2.11 A well-communicated, consistent offer is required to minimise the current confusion about what the different names for services like 'walk in centres', 'UCC', 'MIU' and others. This creates a situation where people are more likely to default to the A&E or turn up to an MIU when it is not open or their condition cannot be treated there.
- 2.12 Communications messaging to patients needs to be carefully considered; need to minimise risk of patients who have conditions requiring immediate Emergency Centre treatment delaying by accessing their local rural urgent care provision initially.
- 2.13 Mental health came out very strongly in discussions and the need to ensure clear pathways are in place are available, through co-location of services, to enable on site access to mental health services. NB analytical work required to assess actual numbers of patients versus perceived need. Some expressed the view that current urgent access to mental health treatments was not meeting patient need.
- 2.14 The estates work completed to date is very high level and in the next phase more detailed consideration should be given to the consequences of allocating community hospital space to urgent care work, whether this displaces outpatient or other planned care work which currently operates from the same clinical space. Existing staffing and asset base should be factored in.
- 2.15 There is ongoing uncertainty regarding the extent to which patients from Powys should be considered when making decisions regarding rural urgent care provision. The latest update from Powys is as follows:
- In Powys, Welshpool MIU currently offers some urgent care services (though not at the level of a UCC). Some urgent care needs from Powys are addressed by Shropshire services. Strategically, Powys tHB is working to bring back as much activity into Powys as possible and is currently reviewing its service model. It is not yet in a position to confirm its preferred delivery model or the preferred location for urgent care services.*
- 2.16 Further work needs to be done with primary care localities involving all local stakeholders to better understand the local appetite and potential for creating rural urgent care services.

3 Next steps

The sub-group has been advised that the Future Fit programme board believe that the current plan to submit a final decision on number and location of rural UCCs would limit full exploration with local communities on how to best invest healthcare funding locally. The board favours instead a wider discussion with clinicians, patients and the public on rural urgent care provision, which will continue over the coming months.

Shropshire and Telford & Wrekin CCGs are, therefore, proposing that

- The potential for rural urgent care provision is fully developed with local communities across Shropshire and Telford;
- The scope and scale of the two proposed urban urgent care centres is reviewed following an accelerated process, to report prior to consultation.
- The governance structure for this work, reporting into the Future Fit programme board, chaired by commissioners and with a revised membership and terms of reference.

The CCG have suggested that the following areas will need to be explored, and fully understood, to ensure that a local sustainable model is created:

- Drawing on the local expertise of all stakeholders, including patients, GPs and representatives of all the other affected workforce groups, to determine whether their population will be best served by a UCC or a different investment in current community services ;
- Creating a clear understanding of how local clinicians and others will use this service and how it will align with their current service provision;
- Understanding what role local GPs will have within a UCC whether this be directly offering services or having a supportive /advisory role; and
- Ensuring all providers of health, care and associated services are able to understand what impact a local UCC could have on their business both in relation to benefits and risks.

This work will also:

Build on all the outputs from the current sub-group work;
Review the experience of current prototypes at RSH and PRH; and
Gather evidence of good practice from comparable rural areas.

Table 1 The timetable proposed by CCGs for next phase of urgent care centre work

	Local Clinical Work	Wider Engagement
Sept	<ul style="list-style-type: none"> Sub-group completes report and submits to Board. 	
Oct	<ul style="list-style-type: none"> Initial workshop for all localities together to brief on work to date and set the task 	<ul style="list-style-type: none"> Publish sub-group report.
End Oct	<ul style="list-style-type: none"> Agree specification for urban urgent care centres 	
Nov	<ul style="list-style-type: none"> Detailed work to be undertaken through series of locally led meetings focusing on services on 5 potential UCC sites 	<ul style="list-style-type: none"> Plans to be developed for engagement activities around sub-group work, feeding in to final locality proposals
Dec		
Jan		
Feb	<ul style="list-style-type: none"> Second workshop for all localities to present draft local proposals, enabling peer review and sharing of ideas. Local areas to finalise proposals 	
Mar	<ul style="list-style-type: none"> CCG Board to consider proposals 	<ul style="list-style-type: none"> Communication of final proposals

4 Summary of findings by site

The following pages take each of the sites in alphabetical order and collate the key findings from this phase of work. The table below illustrates the source evidence for the comments in each of the sections. Full versions of the source documentation are included in the appendix.

Title	Description of content
In summary	Sub-group conclusion for that site, having reviewed available evidence.
Projected activity levels	<p>DAART & MIU</p> <p>Where DAART (Diagnostics, Assessment and Access to Rehabilitation and Treatment) and MIU (minor injury units) are in place, current average activity levels as reported by the Community Trust, are included. (DAART) offers patients an assessment and diagnostic service including assessment by a GP with special interest in older people. The Minor Injury Units (MIUs) are staffed by experienced nurses and patients that attend one of the units will be assessed and treated as quickly as possible.</p> <p>X-Ray</p> <p>X-ray services are already operational across all sites except Bishops Castle. A separate piece of work to understand the likely potential shift of x-ray activity from the two main acute trust sites to rural urgent care centres was also commissioned and the key findings are reported by site. Bishops Castle does not currently have facilities or equipment to perform X-rays and so the modelling was done to reflect implication on other rural sites both with and without Bishops Castle as an X-ray site.</p> <p>The X-ray service at Oswestry Minor Injuries Unit is provided by Robert Jones and Agnes Hunt Trust and already provides an X-ray service for GP referrals. Current X-ray activity at Oswestry and potential shift for the other sites is detailed in the appendix.</p>
Travel time modelling	<p>Estimates of where people might travel to access urgent care were made based on travel times to sites. Acknowledging that this may be a flawed approach, a sensitivity analysis was applied to show the numbers of likely attendees if activity was 20% above or 20% below these activity levels. Caveats to be borne in mind when reviewing these numbers are set out in the appendix.</p> <p>An alternative methodology, which estimated likely attendees based on the proximity of the GP practice they are currently registered with, showed another set of activity data.</p>
Estates feasibility study	The Community hospital Assessment was carried out by hospital managers from Shropshire Community Health NHS Trust. The findings were quality assured by the Community Trust business and estate planning leads.
Outline cost estimates	Staffing costs have been prepared which take into account relevant existing staff and estimate the additional costs required to staff a rural urgent care centre to the core staffing requirements. Appendix 9 outlines the work that Future Fit workforce workstream will progress regarding the competencies required for staff working in UCCs.

	<p>CCGs have reviewed their projected financial modelling and Shropshire CCG has identified a recurrent amount of £5.3m which is available to support developments in the community, the exact shape of which will be informed by the ongoing locality discussions around rural urgent care.</p>
<p>Stakeholder workshops round 1</p>	<p>Stakeholder workshops were held during August and September 2015 at each of the five potential locations for rural urgent care centres. The workshops were designed by members of the Future Fit team with external support and guidance from Participate, a social communications agency specialising in public engagement and consultation. Due to the time constraints, the sub-group opted to primarily invite people to the programme who already had some knowledge of the Future Fit programme. In addition, all practices were invited to send representatives. The first round of events consisted of an introduction to the notion of urgent care by a clinician, and facilitated group discussions. Attendees were asked to record their views in individual booklets, which were collated and reported by Participate. Key themes included:</p> <ul style="list-style-type: none"> • Knowledge, Use and Experience of Existing Services <p>Participants from the 5 events were asked to share their experiences of using services and to discuss which services they would use for self-care, ongoing/routine care, urgent and emergency care.</p> <ul style="list-style-type: none"> • Rural urgent care centres <p>The events explored urgent care and what a rural urgent care centre should be like in relation to proposals outlined. Participants were specifically asked about accessibility, staffing, reasons for using UCCs and how they should operate differently and in conjunction with existing services. In addition to the pre-reading material the participants were referred to the minimum system requirements sheet which illustrated facilities, workforce, diagnostics and pharmacy available at the UCCs for 16 hours a day, 7 days a week.</p>
<p>Stakeholder workshops round 2</p>	<p>The second round of events aimed to invite a similar audience, and asked them to consider two questions, through facilitated table discussion:</p> <ul style="list-style-type: none"> • where would you obtain urgent care if you were not successful in getting a rural urgent care centre in their locality. • What elements of the core service offer (minimum system requirements) do you consider to be the most important?

4.1 Bishops Castle

In summary	It is unlikely that Bishops Castle would meet the core requirements as they currently stand, and it may be possible to devise an alternative locally grown solution to meet local urgent care needs. The sub-group notes the enthusiasm and energy of Bishops Castle stakeholders, and in particular the local appetite to create a more innovative urgent care offer around existing primary care services.				
Projected activity levels	<p>DAART & MIU There are no DAART or MIU services currently operating in Bishops Castle.</p> <p>X-Ray X-ray services are not currently operational in Bishops Castle and there is no facility equipped to the required standards. Our analysis shows that there is scope to divert some X-ray activity (up to 867 examinations per year) from Shrewsbury hospital to Bishops Castle, based on patient travel time analysis. As this amounts to fewer than 3 investigations per day, it is unlikely that further work would conclude that the benefits of patient convenience and modest activity levels make consistent daily opening hours viable.</p>				
Travel time modelling	<p>The travel times analysis show low numbers of likely attendees (Just over 100 per year) in the 6am – 9am slot, localities should carefully consider the viability of early morning opening of a stand alone service.</p> <p>Throughout the remainder of the day 9am – 9pm likely attendees average at less than 3 per hour. Careful consideration should be given to co-location of services to ensure staff are fully utilised, workforce skills are maintained and morale is assured to maximise the likelihood that staff will want to stay in post.</p>				
Estates feasibility study	Small hospital with limited facilities/ support services and does not fully meet requirements in any area. This is the only community hospital which currently does not provide a MIU service. There are areas that have been developed to provide outpatients activity and a large meeting room that could be redeveloped. However, to fully meet the requirements additional building would be required				
Outline cost estimates	To be reviewed and locally sensitized taking into account overall locality staffing compliment across a range of services that could be brought together.				
Bishops Castle Stakeholder workshops round 1: Previous experience of NHS services, categories discussed by attendees					
		Ongoing health problems	Self-care	Urgent care	Emergency care
	Examples	Blood pressure Asthma Heart problem Diabetes Mental health	Minor injury (cut, sprain, bruising) Blood pressure Cough/cold Backache Hay fever/ allergies	Fall/accident Head injury Shingles	Stroke symptoms Heart problem Sepsis/Septicaemia Chest pain Breathing problems
	Location	Majority of	Most	Majority of	Majority of

		participants visited GP.	popular locations were GP, Pharmacist and home.	participants visited GP. Other locations included A&E, Shropdoc and Minor Injuries Unit.	participants visited A&E or called an ambulance.
	Comments	GP nearby and easy to get appointment. Established relationship.	No pharmacy in the village for OTC medicines so patients may request prescription meds to save having to travel.	Shropdoc Shrewsbury - First point of contact at the weekend.	Immediate time critical - assessment needed.
Bishops Castle Stakeholder workshops round 1: Main themes from Rural Urgent care Centre discussion					
	Accessibility	Staff	Want to use	Operate differently	Work with existing services
	Opening hours – 24/7 Location – local area Parking Use existing facilities Located with other services	GP Nurse practitioner Radiographer Nurse Paramedic	Location Access to range of services Quality of care Highly-trained staff	Access to range of services Location Located with other services Integration of services Sharing information	Integration of services Located with other services Access to range of services Location Sharing information
Bishops Castle Stakeholder workshops round 2: Summary of discussion ‘if there was no urgent care centre locally, where would you go?’					
	Where would you go	Current provision that want to ensures stays	What additional services are needed		
	Services: GP, A&E, OOH / Shropdoc, MIU, District nurse (calls from GPs), 999 Locations: Shrewsbury, Ludlow, Leominster, Welshpool General: “Same as now” Concerns: Transport, Uncertain what’s on offer at Ludlow, Gap OOH (and	Services: Domiciliary care, Welshpool MIU, Local hospital, Palliative care facility, “Everything”, GPs, GP minor injuries LES, Pharmacies Concerns: Can’t lose any services - already inadequate, Welshpool MIU – access to results become tricky	Acute: First responders based in BC, Better ambulance cover, Lifesaving / first aid skills taught locally, Planned: More planned care (cancer) Diagnostics: More diagnostics, Onsite blood testing at BC practice, Ultrasound (sonographer)		

	weekends)	<p>at BC practice, X-ray at BC practice, Near patient testing</p> <p>Primary/OOH: More OOH, Shropdoc base, , More district nurses</p> <p>Social: Nursing home, Good care provider</p> <p>Mental Health: More mental healthcare</p> <p>Technology: Better use of telemedicine</p> <p>Palliative care: More palliative care provision</p> <p>Other: More postoperative care, Better facilities, Wider team of professionals, Consultant outposts in the community (plus clinics e.g. falls clinics), Mobile education units, Improved parking facilities, Taxis, Pharmacy</p> <p>Concerns: Transport, Poor internet locally, Patient education needed re access, Funding unknown, More even if not UCC, Staffing difficulties, Concerns about ECC being in Telford, Arrangements of building.</p>													
Bishops Castle Stakeholder workshops round 2: Proposed core service offer discussion	<table border="1"> <thead> <tr> <th data-bbox="427 1496 655 1570"></th> <th data-bbox="655 1496 895 1570">Facilities</th> <th data-bbox="895 1496 1134 1570">Workforce</th> <th data-bbox="1134 1496 1414 1570">Diagnostics and Pharmacy</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 1570 655 1794">Essential</td> <td data-bbox="655 1570 895 1794">Waiting Area (adult) Observation and or assessment unit</td> <td data-bbox="895 1570 1134 1794">Advanced Nurse Practitioners (ANP) GP available for assessments Administration and or Reception</td> <td data-bbox="1134 1570 1414 1794">Plain Film X-ray Ultrasound Point of care testing and blood fridge</td> </tr> <tr> <td data-bbox="427 1794 655 2027">Less likely to be essential</td> <td data-bbox="655 1794 895 2027">Waiting area (children) Consulting and or examination rooms Dirty Treatment and or plaster room</td> <td data-bbox="895 1794 1134 2027">Radiographer*</td> <td data-bbox="1134 1794 1414 2027">Pharmacy – stocked dispensary</td> </tr> </tbody> </table>				Facilities	Workforce	Diagnostics and Pharmacy	Essential	Waiting Area (adult) Observation and or assessment unit	Advanced Nurse Practitioners (ANP) GP available for assessments Administration and or Reception	Plain Film X-ray Ultrasound Point of care testing and blood fridge	Less likely to be essential	Waiting area (children) Consulting and or examination rooms Dirty Treatment and or plaster room	Radiographer*	Pharmacy – stocked dispensary
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	<p>Interview room (mental health) Therapy assessment space Storage for equipment</p> <p>*Radiographer not required for 16 hours</p>
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4.2 Bridgnorth

In summary	There is strong potential to develop a rural urgent care centre in Bridgnorth consistent with the core requirements. Local GPs have expressed a desire to be more significantly involved in urgent care service delivery and this could be explored further through locality discussions.																								
Projected activity levels	<p>DAART & MIU Bridgnorth MIU is open 8am to 9.30pm, 7 days per week. The MIU sees an average of 144 patients per week, representing 32% of the rural MIU activity. The DAART service averages 11 bookings per week.</p> <p>X-Ray X-ray services are currently operational in Bridgnorth, performing 3552 examinations over a recent twelve month period. Our analysis shows that there is scope to divert additional X-ray activity (up to 871 examinations per year) from Shrewsbury & Telford hospitals to Bridgnorth, based on patient travel time analysis. Further work is required to assess whether the benefits of patient convenience combined with additional activity make consistent daily opening hours viable. The hospital also currently has an ultrasound service.</p>																								
Travel time modelling	<p>The travel times analysis show low numbers of likely attendees (158 per year) in the 6am – 9am slot, localities should carefully consider the viability of early morning opening of a stand alone service.</p> <p>A steady flow of patients (very roughly 3 per hour), expected 9am to 9pm, may be sufficient to maintain staff skill and morale. Note recommendation regarding rotation of staff.</p>																								
Estates feasibility study	Of all the community hospitals, Bridgnorth has the most facilities/ services available. There is limited capacity to expand externally but there is potential to redesign areas internally including areas that are currently under-utilised.																								
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		<p>Access to advice, don't expect people to know symptoms.</p> <p>Name of places - MIU (people don't understand).</p> <p>Specialist nurse availability.</p> <p>Confident they know what they are doing.</p> <p>Not joined up care i.e. needing to do bloods and sharing results.</p> <p>Long standing patient, know about my treatment.</p> <p>Confidence in service.</p> <p>Booked in advance to see preferred doctor.</p>	<p>implications of what pharmacies can do).</p> <p>Appointment available after 5pm required so time was not wasted from work.</p> <p>Rang 111 for advice, took ages to go through pathway, said they would ring back.</p> <p>Went to pharmacy, got advice required.</p>	<p>other day access difficult.</p> <p>Timely access most important.</p> <p>Conveying what services are de-jargonise and important.</p> <p>The GP knew the patients history. The availability of the local GP.</p> <p>Advice and reassurance.</p> <p>I was confident of a competent service and pleased I did not have to travel far to be seen straight away and receive treatment.</p> <p>Rang GP for advice, discovered volume of tablets taken so took straight to A&E - safety - keeping my child alive.</p>	<p>but symptoms resembled meningitis.</p>									
	<p>Breathing difficulty</p> <p>Cancer</p>	<p>Eczema/skin problems</p> <p>Arthritis</p> <p>Pain</p> <p>Toothache</p>	<p>Fall/accident</p> <p>Breathing difficulties</p> <p>Scald</p> <p>Chest pain</p> <p>Overdose</p>	<p>RTA</p> <p>Heart problem</p> <p>Fall</p> <p>Meningitis</p> <p>Headaches</p>										
<p>Bridgnorth Stakeholder workshops round 1:</p> <p>Main themes from Rural Urgent care Centre discussion</p>	<table border="1"> <thead> <tr> <th>Accessibility</th> <th>Staff</th> <th>Want to use</th> <th>Operate differently</th> <th>Work with existing services</th> </tr> </thead> <tbody> <tr> <td> <p>Opening hours – 7 days</p> <p>Transport</p> <p>Location – local/ central</p> <p>Parking</p> <p>Communication</p> </td> <td> <p>GP</p> <p>Nurse</p> <p>Mental health</p> <p>Radiographer</p> <p>Social worker</p> </td> <td> <p>Communication</p> <p>Opening hours</p> <p>Quality of care</p> <p>Sharing information</p> <p>Waiting times</p> </td> <td> <p>Located with other services</p> <p>Access to range of services</p> <p>Location</p> <p>Opening</p> </td> <td> <p>Sharing information</p> <p>Communication</p> <p>Integration of services</p> </td> </tr> </tbody> </table>	Accessibility	Staff	Want to use	Operate differently	Work with existing services	<p>Opening hours – 7 days</p> <p>Transport</p> <p>Location – local/ central</p> <p>Parking</p> <p>Communication</p>	<p>GP</p> <p>Nurse</p> <p>Mental health</p> <p>Radiographer</p> <p>Social worker</p>	<p>Communication</p> <p>Opening hours</p> <p>Quality of care</p> <p>Sharing information</p> <p>Waiting times</p>	<p>Located with other services</p> <p>Access to range of services</p> <p>Location</p> <p>Opening</p>	<p>Sharing information</p> <p>Communication</p> <p>Integration of services</p>			
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				hours Use of technology	
<p>Bridgnorth Stakeholder workshops round 2:</p> <p>Summary of discussion 'if there was no urgent care centre locally, where would you go?'</p>	Where would you go Current provision that want to ensures stays What additional services are needed What local assets are there				
	<p>Services: New Cross, GP, Bridgnorth MIU, Russells Hall, Dudley, Kidderminster – MIU</p> <p>Locations: Telford, Shrewsbury, Wolverhampton, Kidderminster, Ludlow, Dudley</p> <p>General: Community cars – network CCG commissioned and voluntary cars for GP Practices</p> <p>Concerns: Very little pharmacy provision in Bridgnorth, would not consider using the MIU for urgent care, Only one ambulance</p>	<p>Services: Day surgery, outpatients, X-ray, Ultrasound, Phlebotomy services, transfusions, beds, diagnostics, Chiropody, physiotherapy, occupational therapy (in hospital & community), diabetes nurse, Specialist – screening & clinic, mental health in GP surgeries, MIU, One shop cystoscopy, PMB, Lithotripsy, Bladder scanner, DAART, Bridgnorth MIU, Bridgnorth hospital, nursing & residential care DART, Plaster room, Community beds especially for rehab, Operating theatre, First response ambulances, Weekend Shropdoc presence, midwife led unit, physio Dept</p> <p>General: everything we have now, Good 'access' to consultant advice for MIU</p>	<p>Acute: More doctor presence at MIU at Bridgnorth Hospital</p> <p>Planned: Develop chemotherapy support services, Increase ambulatory care</p> <p>Diagnostics: Point of care testing, Diagnostics at weekend inc. x-ray, Increase ultra sound</p> <p>Primary/OOH: Shropdoc extended to night times</p> <p>Social: Improved Social Services</p> <p>Mental Health: Improved Mental Health Care</p> <p>Technology: IT to support – WIFI the hospital – integrated to Sath hospitals, Immediate access telemedicine, Develop communication /technology to increase access to decision makers and records</p> <p>Palliative care: better end of life care</p> <p>Other: Extended hours (7 days a week), especially pharmacy, UCC</p>	<p>Services: Hearing tests, Tissue viability clinic, Defibrillators, GP surgery adjunct to community hospital, DARRT, First responders, Plastering facilities, a great GP service, great hospitals, great OOH service, MIU, Passionate rural GP's,</p> <p>Other: Hospital and existing facilities – location/access and car parking all very good ,Large car park, Bathing project, Day care centres, Dementia butterfly café (monthly), Gardening club, Voluntary (e.g. League of friends, Diamond drop-in – Age UK, Good volunteers – especially around Hospital, Good working relationships between key stakeholders</p> <p>Concerns: good range of services; all well used and must not be lost</p>	

	<p>seven day provision, Medical cover – having a doctor in the hospital, Laminated A5 card signposting to local services, Better public transport, Better security after 21:00, local rehab, Upskilled staff to manage more complicated care, Increase availability of DAART, Greater access and better links to ‘other’ community health services</p>							
<p>Stakeholder workshops round 2: Proposed core service offer discussion</p>	<table border="1"> <thead> <tr> <th data-bbox="389 887 625 952"></th> <th data-bbox="625 887 890 952">Facilities</th> <th data-bbox="890 887 1139 952">Workforce</th> <th data-bbox="1139 887 1410 952">Diagnostics and Pharmacy</th> </tr> </thead> </table>					Facilities	Workforce	Diagnostics and Pharmacy
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	<p>Essential</p>	<p>Waiting Area (adult) Observation and or assessment unit</p>	<p>Advanced Nurse Practitioners (ANP) Administration and or Reception</p>	<p>Plain Film X-ray Point of care testing and blood fridge</p>				
	<p>Less likely to be essential</p>	<p>Waiting Area (children)** Therapy assessment space (walking and stair access) Storage for equipment such as walking aids etc.</p>	<p>Radiographer*</p>	<p>Pharmacy – stocked dispensary</p>				
		<p>Interview room (mental health)</p>	<p>GP available for assessments Access to Emergency Centre via telephone and or video</p>	<p>Ultrasound</p>				
<p>* Radiographer not required for 16 hours **one table member under 40 disagreed</p>								

4.3 Ludlow

In summary	<p>Ludlow has the potential to meet the core requirements to develop a rural urgent care centre and local discussion could develop discussions regarding co-location of a wider range of health and care services, as well as mechanism to ensure utilisation of those services.</p> <p>The League of Friends of Ludlow Community Hospital also conducted a membership survey regarding Rural Urgent Care centres which is reproduced at Appendix 12.</p>														
Projected activity levels	<p>DAART & MIU Ludlow MIU is open 8am to 8pm, 7 days per week. The MIU sees an average of 87 patients per week, representing 20% of the rural MIU activity. There is no DAART service in operation in Ludlow.</p> <p>X-Ray X-ray services are currently operational in Ludlow, performing 2943 examinations over a recent twelve month period. Our analysis shows that there is scope to divert additional X-ray activity (up to 652 examinations per year) from Shrewsbury hospital to Ludlow, based on patient travel time analysis. Further work is required to assess whether the benefits of patient convenience combined with additional activity make consistent daily opening hours viable. Note: The travel time analysis shows that number of X-ray investigations likely to transfer to Ludlow from Shrewsbury hospital are reduced if there is an X-ray service in Bishops Castle. There will be an ultrasound service in Ludlow from October 2015.</p>														
Travel time modelling	<p>The travel times analysis show low numbers of likely attendees (158 per year) in the 6am – 9am slot, localities should carefully consider the viability of early morning opening of a stand alone service.</p> <p>A steady flow of patients (very roughly 3 per hour), expected 9am to 9pm, may be sufficient to maintain staff skill and morale. Note recommendation regarding rotation of staff.</p>														
Estates feasibility study	<p>Meets the requirements in a number of areas. The current empty ward provides flexibility to move other services into vacated area to release more space adjacent to the MIU area eg outpatient clinics. Broader reconfiguration of hospital needs to be considered to provide clearer entry point this may have implications for urgent care centre location.</p>														
Outline cost estimates	<p>To be reviewed and locally sensitized taking into account overall locality staffing compliment across a range of services that could be brought together.</p>														
Ludlow Stakeholder workshops round 1:	<table border="1"> <thead> <tr> <th></th> <th>Ongoing health problems</th> <th>Self-care</th> <th>Urgent care</th> <th>Emergency care</th> </tr> </thead> <tbody> <tr> <td>Previous experience of NHS services,</td> <td>Diabetes Asthma Blood pressure</td> <td>Minor injury Hayfever/allergies Weight Blood Pressure</td> <td>Cut Sprain/injury Fall/accident Head Injury</td> <td>Pulmonary embolism Sepsis/Septicaemia Stroke symptoms</td> </tr> </tbody> </table>						Ongoing health problems	Self-care	Urgent care	Emergency care	Previous experience of NHS services,	Diabetes Asthma Blood pressure	Minor injury Hayfever/allergies Weight Blood Pressure	Cut Sprain/injury Fall/accident Head Injury	Pulmonary embolism Sepsis/Septicaemia Stroke symptoms
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categories discussed by attendees		Mental health Parkinson's Disease	Cystitis	Cancer	Fracture COPD
	Location	Most popular location was GP.	Most popular location was Pharmacist.	Most popular location was Minor Injuries Unit then GP.	Most popular location was hospital.
	Comments	For rare conditions, important to get care from clinical expert. Some services not available in Shropshire. Some services available but now restricted. Pressure on GPs not to refer to specialist services. Real difficulties Relative was known to surgery. Already was receiving care for other conditions	To self-medicate. Would have gone to GP if not better after 3 days. Just needed antibiotic eye drops because I wore contact lenses. They said I had to go to GP - went to walk in centre who didn't examine me, just took a look from their seat and wrote prescription - why couldn't pharmacy have given me them - undermines confidence in using alternative services. Lack of specialist physio locally - advice/support obtained elsewhere.	Ludlow – MIU. Appropriate level of care and convenient MIU am - Close by, easily accessed and sure of being seen and treated. Shrewsbury Unit - Occurred early morning before GP opened. Urgency of consultation - no other choice. Waited until 9am (GP opened at 8). Very well cared for once seen. Wanted to use nurse practitioner, not wait for GP. Initially advised to go to an appointment in Redditch - 111 didn't	We should have rung 999 ourselves before this. Patients are understandably reluctant to diagnose themselves as having a life threatening condition and therefore DON'T access emergency care appropriately. Issue was diagnosis, not care.

				understand the demographic of where I lived.	
		Diabetes Asthma Blood pressure Mental health Parkinson's Disease	Minor injury Hayfever/allergies Weight Blood Pressure Cystitis	Cut Sprain/injury Fall/accident Head Injury Cancer	Pulmonary embolism Sepsis/Septicaemia Stroke symptoms Fracture COPD
Ludlow Stakeholder workshops round 1: Main themes from Rural Urgent care Centre discussion	Accessibility	Staff	Want to use	Operate differently	Work with existing services
	Opening hours – 16-24 hours Location – local area Transport Located with other services Parking	Nurse practitioner GP Mental health Social worker Nurse	Location Opening hours Highly-trained staff Access to range of services	Access to range of services Highly-trained staff Opening hours	Integration of services Located with other services Use of technology Communication
Ludlow Stakeholder workshops round 2: Summary of discussion 'if there was no urgent care centre locally, where would you go?'	Where would you go	Current provision that want to ensures stays	What additional services are needed	What local assets are there	
	Services: GP, pharmacies (only open till 6pm), Ludlow MIU, Tenbury – decreased MIU, Shropdoc Locations: Kidderminster, Shrewsbury, Hereford, Bridgnorth, Newtown, Welshpool, Leominster, Tenbury Wells General: public awareness is limited, Access and hours are important, Telford	Services: Shropdoc in Ludlow, LoF donating an ultrasound scanner, Ludlow dialysis centres, X-ray, MIU, ultrasound, MLI, physio, OT, hospital beds - rehab wards, first responders, paramedics SM car, Day surgery, 2 GP practices, PACS links, Links with orthopaedics, Outpatient clinics, Social worker with links to hospital, CPN – community psychiatric nurse, Palliative Care at	Acute: Need a plaster room at Ludlow, Planned: planned care, Ambulatory chemotherapy Diagnostics: bookable x-ray sessions, DVT Scan, Point of care testing, ultrasound provision Primary/OOH: blood transfusions, IV antibiotics locally Social: Mental Health: Mental health	Services: Exercise & referral – Health centre, Help to quit, alcohol – GP, dialysis, soon ultrasound, Station drive surgery (8am to 8pm) Other: LOF, Clun good neighbours/friends, Walking for health, a lot of good work going on. Concerns:	

	<p>difficult to get to, No ambulance based in Ludlow, travel issues</p> <p>Concerns: tried Tenbury but finds inadequate facilities, Difficult to determine what's urgent: what's an emergency, Wouldn't go to GP first because of long delays for an appointment, Can't bear to think of Ludlow without MIU/UCC, Ambulance waits even for urgent cases can be well over two hours, Public Transport is limited.</p>	<p>home, Audiology, Speech Therapy, Podiatry, Falls prevention group – every 3 months, Drug & Alcohol team</p>	<p>assessment</p> <p>Technology: Telemedicine, Video links for MDT, elderly care, ED physics & paed, telehealth and technology</p> <p>Palliative care: Palliative care beds – dedicated</p> <p>Other: pre-med checks before major surgery done locally, one stop shop, Communication to the public, Pharmacy facilities, Links with elderly care physician (use to have), Elderly Care DAART type clinic at present in Shrewsbury, Mayfair Centre, longer opening</p> <p>Concerns: need to be based on evidence, need to recognise challenge of broadband provision.</p>										
<p>Ludlow Stakeholder workshops round 2: Proposed core service offer discussion</p>		<table border="1"> <thead> <tr> <th data-bbox="624 1361 863 1435">Facilities</th> <th data-bbox="863 1361 1118 1435">Workforce</th> <th data-bbox="1118 1361 1396 1435">Diagnostics and Pharmacy</th> </tr> </thead> <tbody> <tr> <td data-bbox="624 1435 863 1760"> <p>Essential</p> <p>Waiting Area (adult) Observation and or assessment unit Consulting and or examination rooms Treatment and or procedure room Dirty Treatment and or plaster room</p> </td> <td data-bbox="863 1435 1118 1760"> <p>Advanced Nurse Practitioners (ANP) GP available for assessments Administration and or Reception Access to Emergency Centre via telephone and or video</p> </td> <td data-bbox="1118 1435 1396 1760"> <p>Point of care testing and blood fridge</p> </td> </tr> <tr> <td data-bbox="624 1760 863 2018"> <p>Less likely to be essential</p> <p>Waiting Area (children) Interview room (mental health) Therapy assessment space (walking and stair access)</p> </td> <td data-bbox="863 1760 1118 2018"> <p>Radiographer*</p> </td> <td data-bbox="1118 1760 1396 2018"> <p>Ultrasound</p> </td> </tr> </tbody> </table>	Facilities	Workforce	Diagnostics and Pharmacy	<p>Essential</p> <p>Waiting Area (adult) Observation and or assessment unit Consulting and or examination rooms Treatment and or procedure room Dirty Treatment and or plaster room</p>	<p>Advanced Nurse Practitioners (ANP) GP available for assessments Administration and or Reception Access to Emergency Centre via telephone and or video</p>	<p>Point of care testing and blood fridge</p>	<p>Less likely to be essential</p> <p>Waiting Area (children) Interview room (mental health) Therapy assessment space (walking and stair access)</p>	<p>Radiographer*</p>	<p>Ultrasound</p>		
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	Storage for equipment such as walking aids etc.
Both	Plain Film X-ray Pharmacy – stocked dispensary

4.4 Oswestry

In summary	There is strong potential to develop a rural urgent care centre in Oswestry consistent with the core requirements. Some local GPs are enthusiastic about the potential to develop urgent care services around the MIU and this presents a strong basis for locality discussions.				
Projected activity levels	<p>DAART & MIU Oswestry MIU is open 8.30am to 6pm, Monday to Friday and 8.30am to 1pm at weekends. Oswestry is the busiest rural MIU seeing an average of 168 patients per week, which is 38% of the rural MIU activity. The DAART service averages 18 bookings per week.</p> <p>X-Ray The X-ray service at Oswestry is provided by staff from RJAH. It is well used and provides 150+ examinations per month for the MIU, and support for GP direct referrals on some days, primarily for the practice co-located in the MIU. The SATH analysis showed potential for some additional patients to be X-rayed at Oswestry rather than Shrewsbury. Further work is required to assess whether the benefits of patient convenience combined with additional activity make consistent daily opening hours viable.</p>				
Travel time modelling	<p>The travel times analysis show low numbers of likely attendees (less than 200 per year) in the 6am – 9am slot, would need to carefully consider the viability of early morning opening.</p> <p>A steady flow of patients (very roughly 4 per hour), expected 9am to 9pm, should be sufficient to maintain staff skill and morale.</p>				
Estates feasibility study	Current facility closely matches requirements for RUCC. There would be some potential to reallocate rooms adjacent to MIU in order to expand. GP practice is in the same building so could allow access to medical advice				
Outline cost estimates	To be reviewed and locally sensitized taking into account overall locality staffing complement across a range of services that could be brought together.				
Oswestry Stakeholder workshops round 1: Previous experience of NHS services, categories discussed by attendees					
		Ongoing health problems	Self-care	Urgent care	Emergency care
Examples	Hearing/ear problem Diabetes Blood pressure Hay fever HRT/menopause	Hayfever/allergies Eye problems Headache Cough, cold Back ache	Ear problem Sprain/injury Head injury Chest infection/ cough Crohn's Disease	Fracture Pneumonia	
Location	Most popular location was GP.	Most popular location was	Minor Injuries Unit	Wrexham Hospital	

			Pharmacist followed by GP.	Walk-in Centre Urgent Care Centre	Telford Hospital Ambulance
Comments	Not urgent - GP knows my history. Didn't consider Urgent enough for MIU Shropdoc.	Visit GP and has a great relationship with them. More people are using pharmacies to obtain antihistamines rather than a prescription. I consult a pharmacist and buy OTC medication. Internet - various sport forum - easily accessible - quick solutions.		Knew it was better to go to MIU than A&E. Was better, seen quickly. Closer to home. Oswestry MIU - had a much better experience than going to A&E. I find it difficult to go to see a nurse due to work, it was convenient on a Sunday to visit a walk in centre. Not registered at GP - quick, convenient. Previous experience - knowledge that MIU exists. Over lunch time, practice closed. UCC open and convenient. Access to medical opinion.	Taken by ambulance. Care was good it was inconvenient for family to visit in Telford. Lack of public transport from Oswestry to Telford. You can get to Wrexham and Shrewsbury from Oswestry.
	Hearing/ear problem Diabetes Blood pressure Hay fever	Hayfever/allergies Eye problems Headache Cough, cold Back ache		Ear problem Sprain/injury Head injury Chest infection/	Fracture Pneumonia

		HRT/menopause		cough Crohn's Disease	
Oswestry Stakeholder workshops round 1: Main themes from Rural Urgent care Centre discussion	Accessibility	Staff	Want to use	Operate differently	Work with existing services
	Opening hours – 24/7 Location – local area Parking Transport	GP Mental health Nurse practitioner Radiographer Pharmacist	Waiting times Location Access to range of services Opening hours	Integration of services Located with other services Access to range of services	Integration of services Located with other services Transport
Oswestry Stakeholder workshops round 2: Summary of discussion ‘if there was no urgent care centre locally, where would you go?’	Where would you go	Current provision that want to ensure stays	What additional services are needed	What local assets are there	
	Services: A&E, Welshpool MIU, GP, Shropdoc Locations: Wrexham, Whitchurch, Shrewsbury General: Oswestry MIU – wouldn't know if open, place depends on time of the day Concerns: Transport big issue as well as costs, MIU is a mis-title	Services: Wrexham A&E, GPs, Oswestry MIU, MIUs, DARRT, Shrop Doc, RJAH, physio, imaging, Shrewsbury Orthopaedic outreaches, Paramedics, X-rays, Ambulance hub, First responders, Pharmacies, Air ambulance, ultrasound, CCT and MRI, lab, Sheldon ward, GP access to diagnostics in RJAH, DAART, 100 hour pharmacy at station General: Everything, Current provision Concerns: lack of transport, cross border issues.	Acute: More doctors in urgent care / MIU Planned: outpatient clinics Diagnostics: Extension of x-ray service, Phlebotomy and lab issue at MIU Primary/OOH: District nurses (twilight nurses) Social: Social care - frailty Mental Health: Derwen College – learning disabilities good practice, Disability access, Mental health support, More mental health provision for CAMHs, Mental health services Technology: Records/data need to be accessible, Telehealth services Palliative care:	Services: Admissions, MIUs, Diagnostics, GP's, Pathology lab, Sheldon ward, Dental / opticians, Mental health service, Shropdoc, Cambrian centre Other: Dial a ride, Red cross / voluntary sector e.g. Diamond drop / Shrop Mind / Alzheimer Society, Designs in Mind, Sure start, youth centres, school nurses, Marches school offers link to counselling, CAB here is very good, Shropshire community directory very helpful, Healthy Shropshire (website), Libraries good source, Leisure centre, Concerns: Bad connection / internet connection so may affect the	

	<p>Other: Parking, Transport, Health hub, Occupational therapy, Extended opening, Consistent opening -consistent facilities if called UCC, Podiatry services and toenail cutting</p> <p>technology side of UCC, MIU and all else in centre have bad parking, need more if possible - so if have a UCC need more parking built in.</p>														
<p>Oswestry Stakeholder workshops round 2: Proposed core service offer discussion</p>	<table border="1"> <thead> <tr> <th data-bbox="395 667 635 730"></th> <th data-bbox="635 667 890 730">Facilities</th> <th data-bbox="890 667 1145 730">Workforce</th> <th data-bbox="1145 667 1404 730">Diagnostics and Pharmacy</th> </tr> </thead> <tbody> <tr> <td data-bbox="395 730 635 1057">Essential</td> <td data-bbox="635 730 890 1057"> Waiting Area (adult) Observation and or assessment unit Consulting and or examination rooms Dirty Treatment and or plaster room Interview room (mental health) </td> <td data-bbox="890 730 1145 1057"> Advanced Nurse Practitioners (ANP) Administration and or Reception Access to Emergency Centre via telephone and or video </td> <td data-bbox="1145 730 1404 1057"> Plain Film X-ray Ultrasound Point of care testing and blood fridge </td> </tr> <tr> <td data-bbox="395 1057 635 1169">Less likely to be essential</td> <td data-bbox="635 1057 890 1169"> Therapy assessment space (walking and stair access) </td> <td data-bbox="890 1057 1145 1169"> Radiographer* </td> <td data-bbox="1145 1057 1404 1169"> Pharmacy – stocked dispensary </td> </tr> </tbody> </table>				Facilities	Workforce	Diagnostics and Pharmacy	Essential	Waiting Area (adult) Observation and or assessment unit Consulting and or examination rooms Dirty Treatment and or plaster room Interview room (mental health)	Advanced Nurse Practitioners (ANP) Administration and or Reception Access to Emergency Centre via telephone and or video	Plain Film X-ray Ultrasound Point of care testing and blood fridge	Less likely to be essential	Therapy assessment space (walking and stair access)	Radiographer*	Pharmacy – stocked dispensary
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4.5 Whitchurch

In summary	Whitchurch has the potential to meet the core requirements to develop a rural urgent care centre and local discussion could develop discussions regarding co-location of a wider range of health and care services, as well as mechanism to ensure utilisation of those services.				
Projected activity levels	<p>DAART & MIU Whitchurch MIU is open 9am to 5pm Monday to Friday and is closed at weekends. The MIU sees an average of 46 patients per week, representing 10% of the rural MIU activity. There is no DAART service at Whitchurch.</p> <p>X-ray X-ray services are currently operational in Whitchurch, performing 3093 examinations over a recent twelve month period. Our analysis shows that there is scope to divert additional X-ray activity (up to 1784 examinations per year) from Shrewsbury & Telford hospitals to Whitchurch, based on patient travel time analysis. Further work is required to assess whether the benefits of patient convenience combined with additional activity make consistent daily opening hours viable.</p>				
Travel time modelling	<p>The travel times analysis show low numbers of likely attendees (less than 200 per year) in the 6am – 9am slot, would need to carefully consider the viability of early morning opening.</p> <p>A steady flow of patients (very roughly 4 per hour), expected 9am to 9pm, should be sufficient to maintain staff skill and morale.</p>				
Estates feasibility study	Plans are progressing for developing a primary care facility within the hospital, utilising the disused Beech Ward and part of the outpatients' area. This limits the options for development of an Urgent Care Centre within existing space; added to that, the current MIU is very small.				
Outline cost estimates	To be reviewed and locally sensitized taking into account overall locality staffing compliment across a range of services that could be brought together.				
Whitchurch Stakeholder workshops round 1:					
Previous experience of NHS services, categories discussed by attendees		Ongoing health problems	Self-care	Urgent care	Emergency care
	Examples	Diabetes Blood Pressure Asthma Insomnia Thyroid problem	Cough, cold Backache Hay fever/ allergies Weight Eczema/skin problems	Fall/accident Cut Sprain/injury Ear problem Urine infection	Heart problem Sepsis/Septicaemia Hip Fall
	Location	Most popular location was GP.	Most popular location was Pharmacist.	Most popular location was GP.	Shropdoc 999 Alder Hay Hospital Ambulance
	Comments	Expertise. GP knowledgeable about medication and sympathetic.	I could get advice about the best produce and buy it.	MIU at Whitchurch not open OOH. GP lunch	Emergency care required Saturday, wanted to get quick D+R to get home.

		Relationship good with GP, I knew I would get blood tests if necessary.		time - to get an urgent opinion and signposting if necessary. No GP appointment available on day required. Not severe enough for A&E. Attended MIU - completed care.	No joy with DGH - presented to specialist centre. Unaware who other than ambulance team able to help patient to safer place and needed assessment and rehab.										
		Diabetes Blood Pressure Asthma Insomnia Thyroid problem	Cough, cold Backache Hay fever/allergies Weight Eczema/skin problems	Fall/accident Cut Sprain/injury Ear problem Urine infection	Heart problem Sepsis/Septicaemia Hip Fall										
Whitchurch Stakeholder workshops round 1:	<table border="1"> <thead> <tr> <th>Accessibility</th> <th>Staff</th> <th>Want to use</th> <th>Operate differently</th> <th>Work with existing services</th> </tr> </thead> <tbody> <tr> <td>Opening hours – 7 days Location – local area Parking Use existing facilities</td> <td>GP Radiographer Nurse Pharmacist Nurse practitioner</td> <td>Location Waiting times Access to range of services Communication Highly-trained staff</td> <td>Opening hours Increase catchment area Access to range of services Communication</td> <td>Communication Integration of services Use of technology Sharing information Located with other services</td> </tr> </tbody> </table>					Accessibility	Staff	Want to use	Operate differently	Work with existing services	Opening hours – 7 days Location – local area Parking Use existing facilities	GP Radiographer Nurse Pharmacist Nurse practitioner	Location Waiting times Access to range of services Communication Highly-trained staff	Opening hours Increase catchment area Access to range of services Communication	Communication Integration of services Use of technology Sharing information Located with other services
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Summary of discussion ‘if there was no urgent care centre locally, where would you															

go?'	<p>Concerns: Lack of knowledge what Whitchurch can offer, Transport makes it difficult, Traffic issues from Market Drayton (Whitchurch) to Whitchurch, No public transport to Whitchurch, Whitchurch MIU closed at weekends, Whitchurch no plaster room, Whitchurch not well signposted</p> <p>Concerns: services</p> <p>Mental Health: Mental health</p> <p>Technology:</p> <p>Palliative care:</p> <p>Other: More nurses (qualifications), Transport improvements, Patient education, More parking at Whitchurch, One stop shop, Information hub, Resurrection of community hospital</p> <p>Concerns: People would not travel to a RUCC in Oswestry – road appalling</p>																		
<p>Market Drayton (Whitchurch)</p> <p>Stakeholder workshops round 2: Proposed core service offer discussion</p>	<table border="1"> <thead> <tr> <th data-bbox="370 884 624 952"></th> <th data-bbox="624 884 874 952">Facilities</th> <th data-bbox="874 884 1125 952">Workforce</th> <th data-bbox="1125 884 1367 952">Diagnostics and Pharmacy</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 952 624 1243">Essential</td> <td data-bbox="624 952 874 1243">Waiting Area (adult) Observation and or assessment unit Consulting and or examination rooms Treatment and or procedure room Dirty Treatment and or plaster room</td> <td data-bbox="874 952 1125 1243">Advanced Nurse Practitioners (ANP) Administration and or Reception Access to Emergency Centre via telephone and or video</td> <td data-bbox="1125 952 1367 1243">Plain Film X-ray Ultrasound Point of care testing and blood fridge</td> </tr> <tr> <td data-bbox="370 1243 624 1444">Less likely to be essential</td> <td data-bbox="624 1243 874 1444">Waiting area (children) Interview room (mental health) Therapy assessment space</td> <td data-bbox="874 1243 1125 1444">Radiographer*</td> <td data-bbox="1125 1243 1367 1444">Pharmacy – stocked dispensary</td> </tr> <tr> <td data-bbox="370 1444 624 1507">Both</td> <td colspan="3" data-bbox="624 1444 1367 1507">GP available for assessments</td> </tr> </tbody> </table>				Facilities	Workforce	Diagnostics and Pharmacy	Essential	Waiting Area (adult) Observation and or assessment unit Consulting and or examination rooms Treatment and or procedure room Dirty Treatment and or plaster room	Advanced Nurse Practitioners (ANP) Administration and or Reception Access to Emergency Centre via telephone and or video	Plain Film X-ray Ultrasound Point of care testing and blood fridge	Less likely to be essential	Waiting area (children) Interview room (mental health) Therapy assessment space	Radiographer*	Pharmacy – stocked dispensary	Both	GP available for assessments		
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