

**Borough of Halton  
POLICY & PERFORMANCE BOARD**

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**Subject: NHS Walk-in-Centre based at Widnes for the Borough of Halton**

***Executive Summary***

The purpose of this paper is to inform the Policy and Performance Board of the proposals for the opening of a NHS Walk-in- Centre, based at the Health Care Resource Centre, Widnes.

The overall aim of the Walk-in-Centre is to ensure an appropriate response to patient's clinical needs can be organised and delivered, preferably within a primary care or community setting.

**1 Background**

**1.1 Historic Context**

In 2002, Halton and St Helens PCT (formerly Halton PCT) developed plans for the development of two walk-in-centres (WiC) to serve the populations of Widnes and Runcorn. One to be integrated within the planned Widnes Health Care Resource Centre (HCRC) and the other to be developed in Runcorn, co-located within the grounds of Halton General Hospital.

Limited funding was successfully secured from the Department of Health to contribute to the WiC development. This was insufficient to support the vision of the two-centre development. The PCT, therefore, decided to pursue the development of the Widnes WiC proposal in the first instance, with the Runcorn option to be considered at a later date.

A business case was developed in 2004 for the Widnes WiC to be sited within the new Health Care Resource Centre that was to be completed by spring 2006. However, this did not receive approval from the PCT Executive Team, owing to the lack of recurrent revenue that the PCT could identify for the scheme. No further progress was made.

**1.2 Reviewing the Case for Halton WiC**

The significant acute and chronic health needs of the Halton population that have been identified in the *public health annual reports* continue to be relevant, therefore the service need for a local WiC is strong and further supported by the strategic objectives that have since been identified within national policies such as *Delivering a Patient Led NHS, Transforming Emergency Care, Supporting*

*People with Long Term Conditions, Our Health, Our Care, Our Say* and the discussion document *Direction of Travel for Urgent Care*.

The PCT has committed to reviewing the need, and opportunity, to commission a WiC, in line with previous aspirations. The WiC will reflect the strategic priorities and plans to deliver local schemes to address urgent care demands and needs.

During 2007/08, the National Patient Survey results were published, the results indicated poor access for the residents of Widnes, and with the increasing demand on existing urgent care services across the PCT, implementation of the WiC will reduce pressure in the system and improve local access targets for the PCT.

The WiC will be co-located within the HCRC and will be open in June 2008. The HCRC provides a wide range of primary care and community health services, as well as a number of joint services in partnership with Halton Borough Council, therefore there is scope for services to be enhanced and developed to provide flexibility in access and choice for local people

## **2 Service Benefits**

### **2.1 Primary Care Services**

The PCT has already demonstrated a commitment to the development of services that provide flexible and direct access to care for minor illnesses within community settings, and as such have already developed two successful Primary Care Access Centres in Halton and a WiC in St Helens. These centres are nurse led and would form, with the development of the WiC, a network of primary care driven, urgent care services and facilities that could collectively support efficient care pathways and assure effective and sustainable governance arrangements.

The development of the WiC at the HCRC has the potential to deliver significant benefits in access, health gain and efficiency for urgent care across the LHC. It will integrate with the GP Out of Hours Service, (already operational from the HCRC) and will work collaboratively with the two access centres and the Halton Urgent Care Centre which is being developed later this year.

Collaborative and/or integrated working between all urgent care services across the PCT will avoid duplication of service delivery and funding, and will ensure a quality service that provides 24/7 access to primary care services across the PCT.

The WiC will be operational from 07.00 – 22.00 hours, seven days a week, 365 days per year.

The WiC will support and increase access to services across Halton and will provide 24/48 hour access to a Health Professional.

The WiC will also provide an alternative to local A&E departments. Halton patients who currently present at A&E with minor illness/ ailments will be informed of the availability of the new service. This will be an ongoing communication, in addition to the initial marketing campaign prior to launch. The PCTs plans to develop Single Point of Access services to navigate patients to the most appropriate health setting will also be used.

The second phase for the development of the WiC will look at providing the management and treatment of admission avoidance schemes e.g. IV therapy, DVT services

The WiC will also support the principles contained in the public consultation document titled the *Direction of Travel for urgent care* published by the Department of Health in 2006.

This document identified six principles of urgent care that are defined from the point of view of a person using services or their carer. These principles will provide the framework for development of the WiC:

One	My <b>voice</b> as a service user or carer is clearly heard and acted on.
Two	I <b>know</b> how to access services if I have an urgent need
Three	If I have an urgent need I can access care <b>quickly and simply</b>
Four	My <b>safety</b> is paramount to everyone who cares for me
Five am	I can <b>rely</b> on getting the right care <b>whenever</b> I need it and <b>whoever</b> I am
Six <b>the</b>	The care I receive meets my needs <b>appropriately, taking account of the urgency and value for money</b>

### 3 Clinical Governance arrangements

A Clinical Governance Group, which will include PCT Medical and Clinical membership, will be established to confirm that the new arrangements are robust and safe for patients.

### 4 Performance Standards

4.1 In line with national policy, attendance at the Walk-in-Centre will meet the 4 hour A&E target.

## **5 Implementation**

5.2 A significant amount of work is being undertaken with the Halton GP Out of Hours Service and other PCT provider services to ensure the services are seamless and compliment one another.

5.3 This development forms part of a wider piece of work to introduce a 'Single Point of Access' to enable health and social care professionals to access alternatives to hospital admission.

5.4 A communication strategy has been developed which includes a stakeholder event. This will be rolled out over the next few weeks prior to the introduction of the new service

## **6 Recommendations**

6.1 Members are asked to:

- Receive the update on the WiC within the Health Care Resource Centre and the official opening of June 2008.

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