



Health Scrutiny Committee

Date: Tuesday, 9 March 2021
Time: 2.00 pm
Venue: Virtual Meeting - Webcast at -
<https://vimeo.com/514225697>

This is a **Second Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Advice to the Public

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

Under the provisions of these regulations the location where a meeting is held can include reference to more than one place including electronic, digital or virtual locations such as internet locations, web addresses or conference call telephone numbers.

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Second Supplementary Agenda

- 5. COVID-19 Update** 5 - 6
Report of the Director of Public Health, Manchester City Council and the Medical Director, Manchester Health and Care Commissioning

The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence and a progress report on Operation Eagle. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme building on the update provided in February.

- 8. City Health - Manchester Urgent Primary Care Hub Rebrand Update** 7 - 12
Report of the Medical Director Manchester Health and Care Commissioning

This is an update report following the agreement at the meeting on the 1 December 2020 that the City Health provision, formerly the WiC is rebranded to Manchester Urgent Primary Care Hub and patients are encouraged to call before they attend.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Friday, 5 March 2021** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 March 2021

Subject: COVID-19 Update

Report of: Director of Public Health, Manchester City Council &
Medical Director, Manchester Health and Care Commissioning

Summary

The Director of Public Health (DPH) will deliver a presentation to the Committee with the latest available information on data and intelligence and a progress report on Operation Eagle. The Medical Director (MHCC) will also present the latest on the Manchester Vaccination Programme building on the update provided in February.

Recommendations

The Committee are asked to note the report and receive the presentation.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	This unprecedented national and international crisis impacts on all areas of our city. The ‘Our Manchester’ approach has underpinned the planning and delivery of our response, working in partnership and identifying innovative ways to continue to deliver services and to establish new services as quickly as possible to support the most vulnerable in our city
A highly skilled city: world class and home grown talent sustaining the city’s economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

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Name: Dr Manisha Kumar
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Background documents (available for public inspection):

Not applicable.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 March 2021

Subject: City Health - Manchester Urgent Primary Care Hub Rebrand Update

Report of: Manisha Kumar, Medical Director Manchester Health and Care Commissioning (MHCC)

Summary

This is an update report following the agreement at the meeting on the 1 December 2020 that the City Health provision, formerly the WiC is rebranded to Manchester Urgent Primary Care Hub and patients are encouraged to call before they attend.

A summary of the reasons why the changes were made was sent out to stakeholders via a briefing with the clear message that the service remained open and that the changes being adopted are to maintain patient safety and continuity of service provision to support urgent Primary Care and the wider system.

Recommendations

It is recommended that the agreement of the rebrand remains in place until the end July. Social distancing is still required and Covid infections are still high in the Manchester area. It is envisaged that as a society we will live alongside Covid rather than be able to eliminate it therefore the revised model is still needed to continue to provide patient and staff safety.

Since the rebrand and revised service model the activity at the hub has remained stable from when the figures started to increase back to normal levels in October, even though there has been a national lockdown since the 31st December. This suggests that patients are still accessing the provision at the same level.

A further update will come back to the committee once contractual conversations have been had in terms of the model post end of July.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Care will be provided where appropriate via telephone or online consultation, those patients that need a face o face consultation will be booked into an appointment, therefore less patient travel across the city.
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Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	<p>People who do need urgent primary care in Manchester will be seen and treated more quickly in a less crowded service.</p> <p>There will be a lower risk of contracting infections, including Covid-19. By accessing telephone and online consultation patients that need to be seen face to face will be brought in to the Urgent Primary Care Hub, who will be ready to receive them at a specific appointment time.</p> <p>This will ensure the sustainability of our urgent care systems and offer for the people of Manchester.</p>
A highly skilled city: world class and home grown talent sustaining the city's economic success	The service will continue to sustain the workforce through better integration of healthcare systems and organisations.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Equitable service provision will be maintained and improved through all communities across Manchester, through improved access channels to urgent care in the most appropriate and timely setting for all patients.
A liveable and low carbon city: a destination of choice to live, visit, work	More timely and appropriate settings for urgent treatment will mean less travel to acute hospital sites.
A connected city: world class infrastructure and connectivity to drive growth	This service is in line with the national directive for improved access to Urgent Care and will engender a sustainable model across Greater Manchester.

Contact Officers:

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Background documents (available for public inspection):

Not applicable.

1.0 Introduction

- 1.1 The purpose of this report is to provide an update to the committee following the rebrand of the City Health provision, formerly the WiC is to Manchester Urgent Primary Care Hub and the revised model for patients to call before they attend.
- 1.2 A summary of the reasons why the changes were made was sent out to stakeholders via a briefing with the clear message that the service remained open and that the changes being adopted are to maintain patient safety and continuity of service provision to support urgent Primary Care and the wider system. The provider of the service gtd healthcare did some targeted comms with homeless charities to ensure those homeless patients knew they were still able to access the service without the need to call first.
- 1.3 The changes made were to address concerns around the safety of patients and staff and overcrowding in the waiting area because of COVID-19 restrictions.
- 1.4 The model consists of patients being triaged over the phone, or on-line, and then offered a same day appointment if required. This was to ensure patient queues can be effectively and safely managed, with controlled social distancing within the waiting area.
- 1.5 The change in the name of the service was required because, without it, patients questioned why they cannot walk in and wait in the waiting area as the WIC name suggests.

2.0 Background

- 2.1 City Health Centre (CHC) is a large GP practice providing primary care services during core hours with a registered list size of 13273. The registered population has a high prevalence of mental health and sexual health needs with patient's demographics largely young professionals and students, the average age ranging between 15-42 years of age.
- 2.2 CHC Urgent Primary Care Hub (formerly WiC) provides urgent primary care access, excluding minor injury and is operational 08.00-20.00 7 days per week, 365 days per year. The Manchester Urgent Primary Care Hub delivers urgent primary care to circa 180-220 patients per day circa 65,000 per year on average.
- 2.3 The services are co-located within the 2nd Floor of Boots the Chemist, Market Street, Manchester and are run by gtd healthcare. The services share facilities (entrances, lifts etc.) with the retail store Boots, ophthalmology and dental services. Prior to the service changes patients attending the registered practice or WiC book in at a shared reception and utilise a shared waiting room designed to hold circa 20-25 patients; however, it was common practice to have 30-50 patients with standing room only in the waiting room.

COVID-19 Impact and Service Adjustments

2.4 *March 2020 - June 2020*

During the first wave of COVID-19 and during the national lockdown the WiC continued to operate with an adapted model following NHS England guidance to maintain safe contact.

2.5 Patients were advised to ring the WiC or complete an on-line triage form. Patients were triaged and either provided with self-care advice, sign-posted to other services, virtually assessed, or offered a face to face appointment if deemed safe and clinically appropriate.

2.6 Self-presentations at the WiC were low, and were managed accordingly, but proved to be a challenge as patients presented with COVID-19 symptoms.

2.7 *June 2020 - November 2020*

The adapted model service provision continued to operate during this period. However, when the first national lockdown eased and retail/bars/restaurants began to open, the WiC experienced an increasing number of patients self-presenting. This caused significant challenges with:

- Preserving social distancing;
- Managing public safety due to queuing outside of the retail store to gain access; and
- Guaranteeing safety of the patients and the public inside the facility due to potential COVID-positive patients self-presenting.

28 *December onwards-rebrand*

The service rebranded to Manchester Urgent Primary Care Hub and remained open as an urgent primary care option but with patients triaged over the phone or on-line and then offered a same day appointment. This was so patient queues could be effectively and safely managed, with controlled social distancing within the waiting area. Access to the service is via direct telephone number, direct online triage, and NHS 111.

2.9 This also coincided with the timing of easing of the national lockdown, and Manchester entering Tier 3, when footfall into Manchester City Centre dramatically increased with non-essential shops reopening.

2.10 The service rebrand and revised model was presented to the Health and Scrutiny Committee on the 1st December where it was agreed until the 31st July with the caveat that an update be brought back to a subsequent meeting.

2.11 Data

Table 1: Activity by month

Month	Activity
Apr-20	671
May-20	819
Jun-20	1039
Jul-20	1465
Aug-20	1612
Sep-20	1981
Oct-20	2288
Nov-20	2452
Dec-20	2507
Jan-21	2423
Feb-21	2256

- 2.12 Since the rebrand and revised service model the activity at the hub has remained stable from when the figures started to increase back to normal levels in October, even though there has been a national lockdown since the 31st December. This suggests that patients are still accessing the provision at the same level.

2.13 Vulnerable Patients

The provider has changed their Standard Operating Procedure (SOP) to clearly state that a vulnerable person e.g. homeless, child etc. would not be turned away but either brought into the practice for face to face triage and appropriately safety netted. By preventing those who don't need to self-present gtd can accommodate any vulnerable patients comfortably. Anyone that currently self-presents will go through a brief triage.

- 2.14 The provider also did some targeted comms with known homeless charities in the city centre to ensure those homeless patients knew they were still able to access the service and self-present.

3.0 Recommendations

- 3.1 That the agreement of the rebrand and the revised service model remains in place as until the end of July. Social distancing is still required and Covid infections are still high in the Manchester area. It is envisaged that as a society we will live alongside Covid rather than be able to eliminate it therefore the revised model would continue to provide patient and staff safety.
- 3.2 Since the rebrand and revised service model the activity at the hub has remained stable from when the figures started to increase back to normal levels in October, even though there has been a national lockdown since the 31 December 2020.

- 3.3 Therefore, there are no concerns that patients are not accessing the provision as they were before. A further update will come back to the committee once contractual conversations have been had in terms of the model post end of July.