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Our Ref: ID 1061

Re: Freedom of Information Request

Thank you for your request for information made under the Freedom of Information Act 2000 which was received into this office on 16th March 2018.

You Asked for:

Are there pathways, like for example a DVT pathway, that allows patients to be looked after without needing A&E but having tests organised by general practice that traditionally were done in secondary care?

Is there new community services with support from secondary care (like hospital diabetes staff or mental health staff working within practices premises to allow more patients to be looked after in the primary care setting?

Our Response:

Within Wirral there are a wide variety of community based services that provide patients with care and procedure locally, outside of secondary care, these include diagnostics, physiotherapy, podiatry, ophthalmology, a bowel clinic to name a few.

We have a variety of providers contracted to provide these services, the bulk of these are provided by our key NHS community providers:

- Wirral Community NHS Foundation Trust (WCFT) <http://www.wirralct.nhs.uk/>
- NHS Cheshire & Wirral Partnership NHS Foundation Trust (CWP) <http://www.cwp.nhs.uk/>

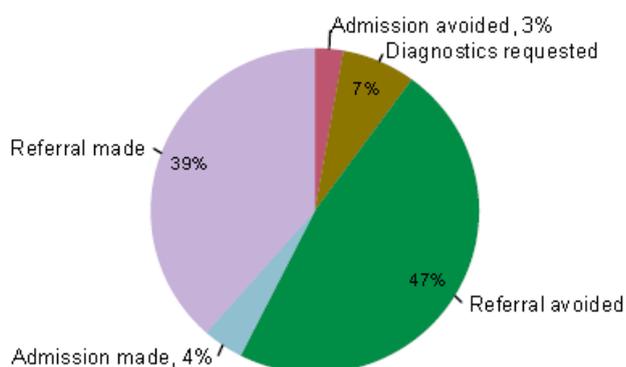
We also have NHS contracts with a large range of providers who provide diverse services from a wide range of settings including GP Clinics, Community hospitals e.g. St Catherine's Hospital, Victoria Central Hospital in Wallasey and also High Street settings:

- Peninsula Health <http://www.virgincare.co.uk/> (Podiatry / Dermatology / Orthopaedics / Rheumatology / Nerve Conduction studies/ physiotherapy)
- SpaMedica <https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=98445> (Cataracts / YAG laser)
- Opicare <https://www.opicare.co.uk/nhs-clinic-locations/wirral/> (appliances)

Many GPs also provide specialist services for all Wirral patients, for example, any Wirral patient may be referred to Greasby Medical Centre for specialist injections rather than referral to secondary care.

NHS Wirral CCG has also established walk-in centres and minor injuries clinics as an alternative to attendance at A&E, these have been complemented further by:

- “Streaming” of patients prior to registration at A & E. The model involves an Emergency Department Nurse undertaking an assessment once a patient enters the Emergency Department. The patient will be assessed and streamed to either Emergency Department or the Walk in Centre (WiC) to be triaged and seen by either an Advanced Nurse Practitioner or a GP.
- I.e. offering patients appropriate alternatives that could include wider provision provided by the walk in clinics, the minor injuries clinic and pharmacies.
- GP Advice & Guidance – a system called Consultant Connect was launched in 2015 for GPs to contact consultants with specific patient queries. The chart below, from January 2018 shows the results of calls made to consultants



All of these services support and link to secondary care, ensuring patients are able to receive care and treatment in a community setting where possible leaving secondary care to focus on urgent and complex needs. A good example of this in ophthalmology where there is a network of 30 community providers supporting secondary care, the community providers assess and treat around 1000 patients episodes per month, only referring around 15% to secondary care.

In respects of access to medicines and testing, there is a locally commissioned service with GP practices for patients as part of shared care arrangements between primary and secondary care; this covers the administration and monitoring of the following drugs ;

- Penicillamine
- Auranofin
- Sulphasalazine
- Methotrexate (including for the treatment of Sarcoidosis and Asthma)
- Sodium Aurothiomalate.
- Leflunamide
- Azathioprine
- Ciclosporin
- Mycophenylate mofetil
- Denosumab injections

NHS Wirral CCG are committed to ensuring that community based services continue to be piloted and offered where appropriate and this is a key aspect when commissioning new services.

For example:

- Tele-triage within care homes utilising I-pads is being rolled out following a successful pilot which evidenced a reduction in secondary care appointments patients and reduced admissions. This service provides the Care Homes with an alternative to calling 111 for same day emergencies and allows patients to be assessed by an experienced nurse practitioner via video conferencing to assist in reducing A&E attendances. Training to Care Home staff is given to assist the nurses by taking patient observations.
- Falls Screening App in Care Homes. Homes that have Tele-triage are able to access an app that allows them to screen their patients regularly for the risk of falls, and after a fall creating an action plan to support any current or future risks. Staff have also been trained by the Falls Prevention Service to undertake the assessments and support the action plans.
- The Urgent Care Transformation Programme, currently under development, aims to reduce acute and A&E admissions as well as inpatient stays by reducing the amount of inappropriate presentations that could potentially have been treated elsewhere in a community setting. The proposed redesign of these pathways blends acute and community provision to allow for more patients to be treated in the community.

We hope this information is useful, however if you require any further information please do not hesitate to contact a member of the Corporate Affairs Team (contact details at the top of this letter)

Yours sincerely

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