Reviewing Urgent Primary Care across Sheffield

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Definitions

Urgent Care – urgent but non-life threatening

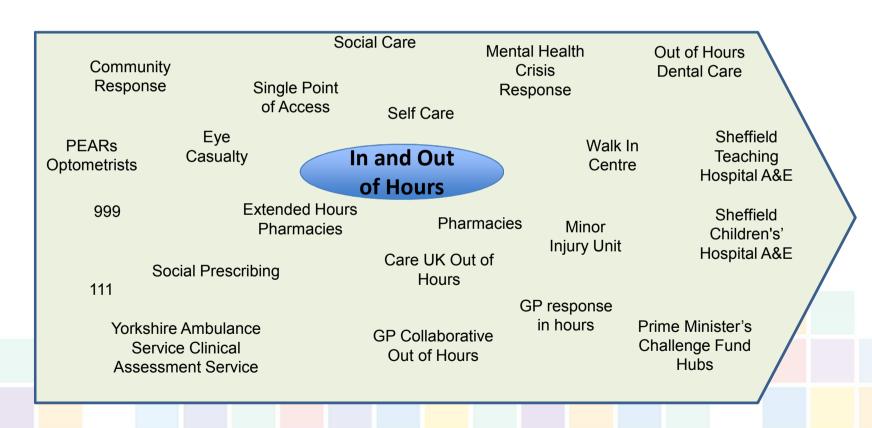
Emergency Care – serious and life threatening needs/ needs an immediate response time

Urgent Primary Care – any patient contact requiring a same day appointment with GP/ Community service as defined by the patient





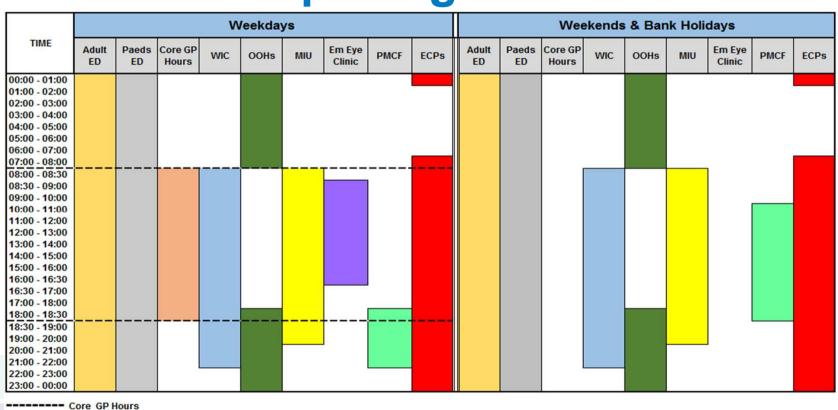
Urgent Primary Care in Sheffield: current overview







Current Urgent Primary Care Opening Hours







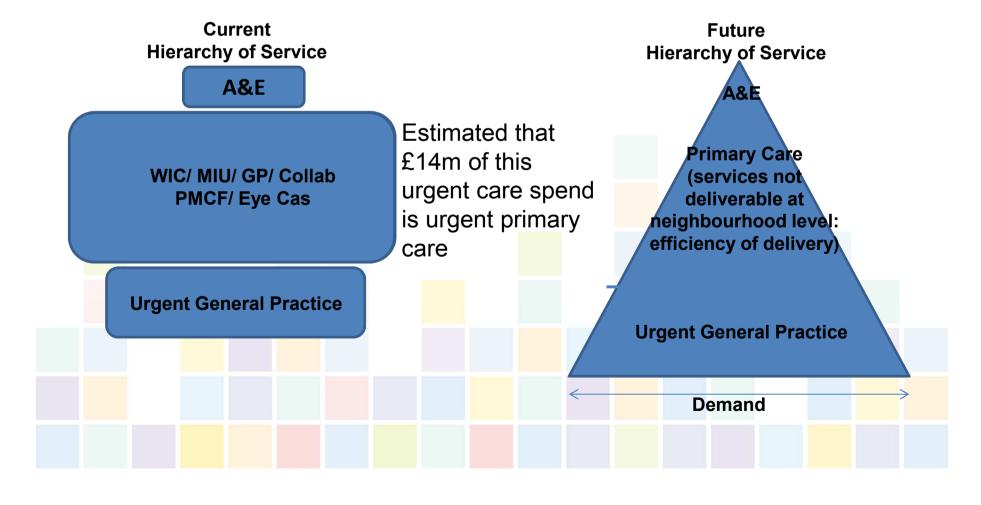
Key issues

- Reduce duplication and simplify access
- Reduce pressure in A&E departments and improve performance
- Reduce inequalities
- National drivers
- Deliver care more locally and appropriately
- Provide value for money and support sustainably resourced primary care





Adjusting investment to meet patient need





What want to achieve

 Our new model of urgent care will provide care where needed in the most appropriate setting that is easy to understand and to access for both patients and clinicians.

 Reduce the number of entry points to services and ensure that they are configured in a way that best meets the population needs.





The Process

Phase 1 – developing urgent care strategy

- Based on engagement with local people to understand their experiences of using urgent care services.
- Set out intention to reorganise local urgent care services to make the system less confusing and easier to use
- Consideration of siting an urgent care centre at A&E for those who continue to attend with non-emergencies.





Phase 2: Developing options

Carrying out additional engagement to inform development of options

- To understand reasons behind current usage and potential impact of any changes to current system, including inequalities
- Focus on specific groups homeless people, people dependent on drugs and alcohol, deprived communities, vulnerable people
- Working with organisations supporting these communities to reach them using questionnaires, individual interviews and focus groups.
- Getting feedback from front-line staff working with these communities...

Work with GPs and neighbourhoods

- To understand patient needs and demands and professionals' views
- Linking into other programmes of work e.g. Active Support and Recovery





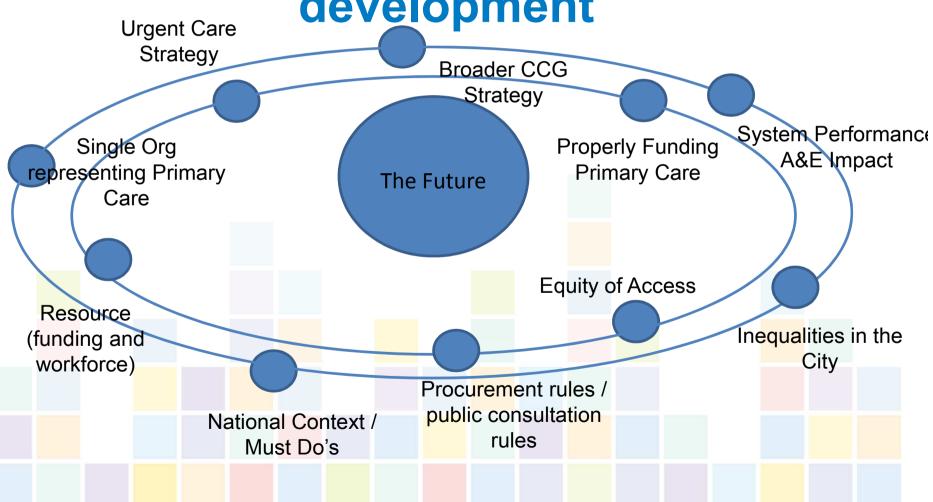
Principles for options

- Based on what we need in 5 years time, not what we have now
- Consider the whole Sheffield population needing/ accessing primary urgent care (for clinical or social reasons)
- Incorporate the national 'must dos'
- Reflect the interdependencies with other SCCG programs and national drivers





Factors contributing to option development







Phase 3: Consultation plans

- Planning to formally consult on options
- Working on basis of June-Sep 14 weeks as over summer holiday period
- Will include extensive range of activities to inform local people of the options and enable them to give their views
- Include focus on reaching 'seldom heard' and vulnerable groups
- Full analysis of feedback to be produced to inform decision-making





Discussion

- Are there any other issues or principles we should be considering?
- Any suggestions for things to build into the consultation plan?
- Working with you

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