HEALTH AND WELLBEING BOARD PAPER

STRATEGY MEETING

Report of:	**Peter Moore, Director of Strategy and Integration**
Date:	27th July 2017
Subject:	**Urgent Primary Care**
Author of Report:	**Kate Gleave, 0114 3051183**

Summary:

NHS Sheffield CCG's Strategy for Urgent Care articulated a need to improve Urgent Care services in recognition of the national policy to improve access and because Sheffield residents find the current service arrangements confusing and difficult to use appropriately. In order to achieve this, the Strategy recognised that local urgent primary care and services need to be reorganised.

The CCG has spent recent months considering how this might be achieved with a view to agreeing a set of options for the delivery of services to take to formal consultation in September 2017 with the public.

The purpose of this briefing paper is to summarise the Case for Change and the principles upon which the options have been based and to outline the timescales involved.

Questions for the Health and Wellbeing Board:

- Can the Board confirm that the objectives of the Urgent Primary Care review and redesign are in line with those of the Health and Wellbeing Board?
- Can the Board support and inform the formal public consultation?
- Would the Board support disproportionate re-investment into the areas of greatest need?

Background Papers:

Urgent Care Strategy (Appendix 1)

Which outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

- Health and wellbeing is improving
- Health inequalities are reducing
- People getting the help and support they need and feel is right for them
- The health and wellbeing system is innovative, affordable and provides good value for money

Who have you collaborated with in the writing of this paper?

The work described within this paper has been informed by meetings with existing Sheffield providers, potential providers from outside the city and the engagement undertaken with the Sheffield public and specific deprived communities.

Urgent Primary Care Review and Redesign

1.0 SUMMARY

1.1 In May 2016 NHS Sheffield CCG approved the revised Strategy for Urgent Care (see Appendix 1). This articulated a need to improve Urgent Care services in recognition of the national policy to improve access and because Sheffield residents find the current service arrangements confusing and difficult to use appropriately. The Strategy set out the organisation's vision to ensure that the 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.

1.2 For patients with urgent but non-life threatening needs, highly response, effective and personalised services need to be provided outside hospital and care should be delivered in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. In order to achieve this, the Strategy recognised that local urgent primary care and services need to be reorganised.

1.3 The CCG has spent recent months considering how this might be achieved with a view to agreeing a set of options for the delivery of services to take to formal consultation in September 2017 with the public.

1.4 The purpose of this briefing paper is to summarise the Case for Change and the principles upon which the options have been based and to outline the timescales involved.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

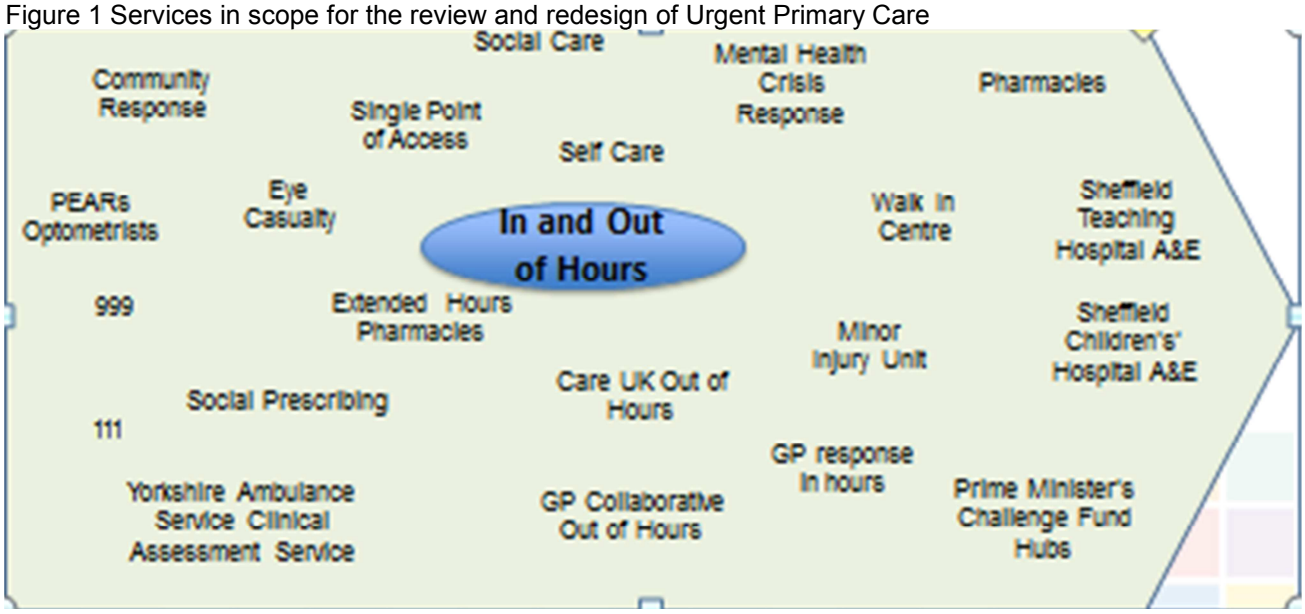
2.1 It is anticipated that by April 2020 Sheffield patients will be able to access highly responsive, effective and personalised urgent primary care with ease.

3.0 Definition and Scope

3.1 Urgent Primary Care has been defined as
'any patient contact requiring an appointment within 24 hours with a GP or Community service as defined by the patient'.
This includes care for mental as well as physical health and minor injuries as well as minor illness.

3.2 The scope of the service reorganisation is all of the services that provide first line urgent care in and out of hours. This includes all of the services listed below.

Figure 1 Services in scope for the review and redesign of Urgent Primary Care



3.3 It should be noted that only the urgent primary care activity seen within the adult and paediatric A&E Departments is included within scope. Emergency activity (defined as serious or life threatening or needing an immediate response) is outside the scope of this reorganisation. Dental care has also been excluded from the scope of the review. This is because NHS England (who commission all dental care) are currently undertaking a review of urgent dental care across South Yorkshire. The SCCG team are in dialogue with NHS England colleagues to make sure that each organisation is sighted on the potential impact and outcome of the other organisation's work.

4. Summary of the Strategic Context

4.1 The Keogh review of urgent and emergency care aimed to ensure that patients nationally have access to integrated 24/7 urgent care services. The Urgent and Emergency Care Delivery Plan (April 2017) set out a number of components that all Urgent and Emergency Care Systems must implement over the next 2 years.

4.2 Several of these requirements (listed below) impact on the design of the revised urgent primary care part of the system. NHS Sheffield CCG has considered what services and configurations are best for Sheffield and then incorporated the national requirements into these.

- The need to standardise walk in centres, minor injury units and urgent care centres into Urgent Treatment Centres which offer consistent high quality services and are less confusing for patients to access.
- Fully integrate urgent care services combining NHS 111 and GP out of hours services to deliver high quality clinical assessment, advice and treatment with shared standards and processes.
- The requirement to implement front door clinical streaming at Emergency Departments. Patients presenting at Emergency Departments with Urgent Primary Care needs will be diverted from the Emergency Department to a primary care service located on the same physical site.

- Deliver the requirements of the GP Forward View with regard to rolling out pre-bookable and same day evening and weekend GP appointments.

4.3 Several of the other components will support the urgent primary care part of the system but can be considered as peripheral enablers rather than part of the reorganisation consultation e.g. the Ambulance Recovery Programme which changes the way ambulance staff respond to particular types of calls.

4.4 Urgent care is highlighted as a priority within the local Sustainability and Transformation Plan with the overarching aim of simplifying urgent and emergency care and making it easier or patients to access the right services closer to home. This is supported by the local UECN and West Yorkshire Emergency Care Network Vanguard which are focussed on delivering the key elements of the national strategy at pace.

5. Summary of the patient engagement feedback

5.1 The team undertook significant amounts of engagement with the public whilst developing the Strategy for Urgent Care. Further work has just been completed with vulnerable groups to understand whether their needs and views vary from that of the wider population. The key findings from all of this engagement can be summarised as:

- Access to and variability of GP services across the city
- Patients confused as to what services to use and when and need education/ signposting
- System not working cohesively or communicating. Needs to be joined up and integrated across health and social care
- Inequalities – differing experience and knowledge of services depending on where you live in Sheffield
- Desire for alternative services available in the community/closer to home – transport is an issue
- Senior staff members working with vulnerable communities are finding a way to make the system work to meet people's needs, sometimes using creative ways to ensure people receive care.
- The cost of travel on public transport is a barrier, as are language issues.
- Anecdotally, access to mobile phones is an issue. For those people who do own a phone, they may not be able to afford credit.
- Specialised services for vulnerable people tend to be based in the city centre, and are offered on a drop-in basis.
- People are unlikely to arrive at other services (including the WIC, pharmacies, Minor Injuries, etc.) unless they have been told to attend by a person in authority (including case/project workers, receptionists, etc.).

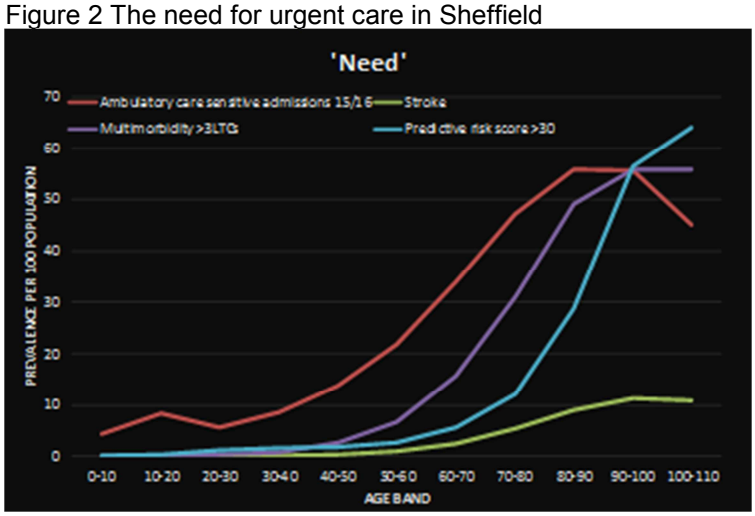
6. Summary of Need, Demand and Activity

6.1 Analysis of urgent care need and demand has been undertaken by Public Health colleagues. This indicates that different services within the city are currently serving

very different population constituencies and that there are inequalities of access based on levels of deprivation.

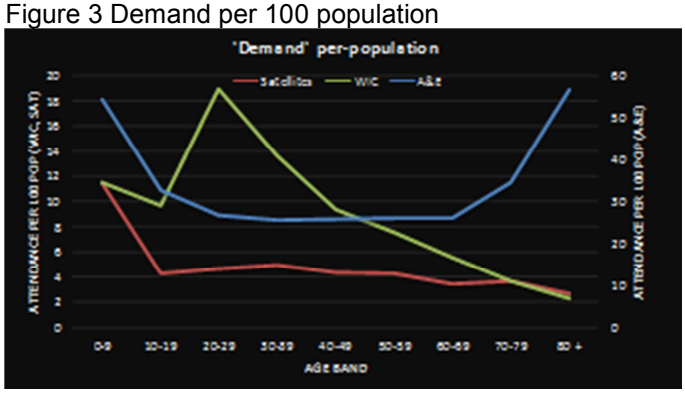
6.2 The need for urgent care is hard to quantify, but when considering the number and age band of patients with multiple long term conditions, ambulatory sensitive care conditions and the risk of being admitted to hospital, it is clear that the older the population is, the greater the need for urgent care.

Figure 2 The need for urgent care in Sheffield



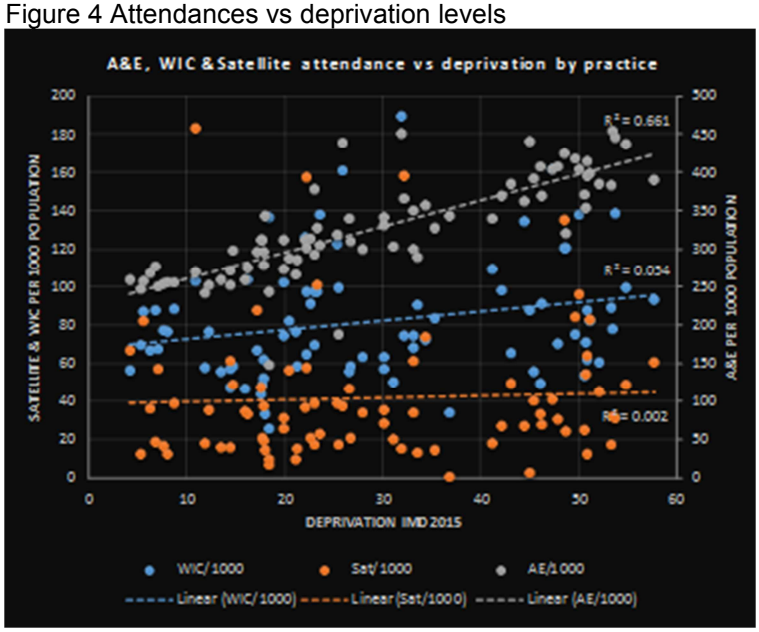
6.3 The demand for urgent care does not however follow the same pattern. The highest level of demand is generated by those under 9 and over 80 attending the Emergency Departments with between 50 and 60 attendances per 100 population. This is followed by the 20-29 age group attending the Walk In Centre with 20 attendances per 100 population and the under 9s attending the Prime Minister's Challenge Fund hubs (satellites) and the Walk In Centre with 9 attendances per 100 population.

Figure 3 Demand per 100 population



6.4 The rate of attendance only varies depending on level of deprivation at the Emergency Departments. This suggest that the most deprived populations in Sheffield who are likely to be in more need of urgent care because their health is likely to be worse are not accessing urgent care at the same rate as other parts of the population. This is supported by the geospatial distribution modelling undertaken by the Public Health team. This identified that the greatest volume of attendances at the Prime Minister's Challenge Hubs came from the Townships II Neighbourhood (South east of the city around Woodhouse) area which does not correlate with the most deprived areas of the city.

Figure 4 Attendances vs deprivation levels



7. Summary of the objectives of the reorganisation of Urgent Primary Care

7.1 The review of the strategic context, patient feedback and analysis of patient need, demand and activity indicates that in order to achieve the vision for urgent care, the reorganisation of Urgent Primary Care needs to achieve a number of objectives. These are:

Table 5 Objectives of Urgent Primary Care Review and Redesign

Objective	Rationale
Reduce duplication and simplify access	Patient feedback from Urgent Care Strategy and Vulnerable Groups engagement said this was key as current system is confusing and hard to navigate
Reduce inequalities	Patients are not accessing the current services based on levels of need. Some groups of patients are encountering barriers to access e.g. cost of public transport, access to a phone, interpreter requirements
Improve access to Primary Care services	Several primary care services are currently provided within secondary care. The range of primary care services also creates confusion and duplication
Improve access to urgent care provided by GP practices (without detrimentally affecting waiting times for planned care)	Access to urgent appointments within practices varies significantly across Sheffield, as does the length of wait for a planned appointment. This creates further inequalities across the city.
Support a sustainably resourced primary care	Primary Care within Sheffield needs further investment in order to provide a sustained service. This involves sustaining both the workforce and financial investment into practices
Encourage and support self care	Empowering patients to self care where appropriate encourages them to take responsibility and positive action for their health and wellbeing and reduces

	unnecessary interactions with urgent care services
Provide value for money	The CCG has a duty to ensure that it commissions services which provide value for money (spending less, spending well and spending wisely)
Deliver care locally and appropriately	Patient feedback had indicated that being able to access care locally is important but this has to be balanced to ensure that care is also appropriate for the population
Reduce pressure in Emergency Departments	Over the last year, STHFT have struggled to achieve the four hour A&E target. This is in part because of the volume of attendances, a proportion of which could have been managed within primary care
Contribute to or enable delivery of the national requirements	As stated in section 4 above, the system has to incorporate a number of national requirements into the services provided within Sheffield

7.2 As well as seeking to meet these objectives, the review and redesign has identified several key principles that need to be adhered to.

Table 6 Principles

Consistency of offer	Patients will receive a consistent service offer across the city in relation to the signposting and access to urgent care services. How services are delivered may vary by neighbourhood based on the needs of each population group but what services are delivered and how quickly these can be accessed will be the same
Moving money around the system, not reducing or increasing overall spend	The CCG believes that it can obtain greater value for money by investing appropriately in primary care. This will mean reducing investment in secondary care and/or duplicated services and reinvesting this into primary care, potentially with disproportionate levels of investment based on health inequalities
Continuity of Care	The CCG believes that providing patients with continuity of care is important when this continuity can positively impact on outcomes. Where this is not the case, patients will be seen by the most appropriate clinician for their condition

8. Timescales for development of the proposed options for consultation and implementation

8.1 The timescales for the development of the proposed options and the formal consultation were delayed as a result of the purdah caused by the General Election. The revised timescales are set out below.

Action	**Timescale**

Urgent Care Strategy published	25th May 2016
Urgent Primary Care potential options developed	November 2016 – August 2017
NHS Sheffield Governing Body decision to proceed to formal consultation	7th September 2017
Formal Consultation	8th September – 1st December 2017
NHS Sheffield Governing Body decision to implement the preferred option	2nd February 2018
Mobilisation phase	3rd February 2018 onwards

8.2 It is anticipated that the revised service offer will be fully implemented across Sheffield by the end of March 2020.

9.0 QUESTIONS FOR THE BOARD

9.1 It would be helpful if the Board can address the following questions:

- Can the Board confirm that the objectives of the Urgent Primary Care review and redesign are in line with those of the Health and Wellbeing Board?
- Can the Board support and inform the formal public consultation?
- Would the Board support disproportionate re-investment into the areas of greatest need?

Appendix 1 Urgent Care Strategy

http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Governing%20Body%20Papers/2016/May%2026%202016/PAPER%20E%20Strategy%20for%20Urgent%20Care.pdf

This page is intentionally left blank