Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
20th September 2017

Report of: **Peter Moore, Director of Strategy and Integration, SCCG**

Subject: **Reviewing Urgent Primary Care Across Sheffield – Public Consultation**

Author of Report: **Kate Gleave, Deputy Director of Strategy and Integration, SCCG**

Summary:
The purpose of this paper is to outline the process undertaken to develop the Urgent Primary Care options to be taken out to formal public consultation and to describe the options for service reconfiguration to be included within the consultation. The draft plan for the public consultation is included as Appendix 2 and the Overview and Scrutiny Committee is asked to comment on this.

The paper has been submitted following the presentation the CCG made to the Committee in April. That meeting requested that an update on the progress of the development of the Urgent Primary Care Review was brought to the September meeting. In April, it was anticipated that the formal public consultation would be nearing its mid point in September. However, the purdah arising from the General Election delayed these timescales. As set out in the paper, the formal public consultation is now expected to commence on 26th September.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	**Yes**
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

- Note the update on progress with the review
- Consider the options proposed for the formal public consultation
- Comment on the draft consultation plan

Background Papers:
Presentation made to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 12th April 2017

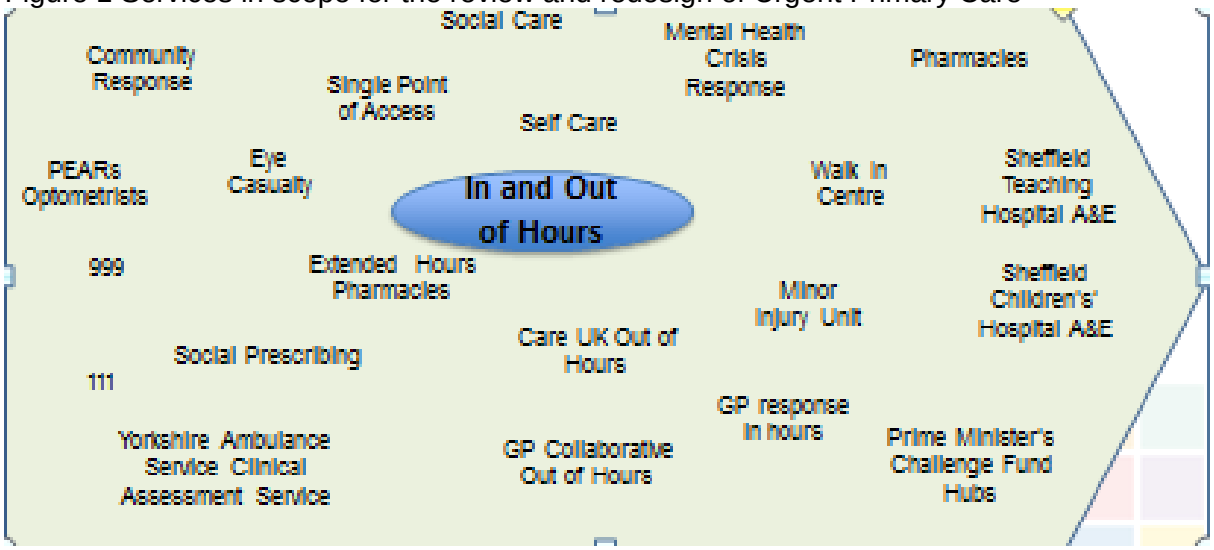
Category of Report: CLOSED until 18th Sept

1. Introduction

1.1. The purpose of this paper is to update the Committee on the progress or the review of Urgent Primary Care services within Sheffield, to provide an overview of the options proposed to be taken to formal public consultations and to share the draft consultation plan for comment. The CCG will consider approving these options and the consultation plan at a meeting on 25th September.

1.2. As previously explained, Urgent Primary Care refers to a health problem that the patient think needs to be looked at by a Health Care Professional within the next 24 hours. It includes both mental and physical health needs and minor injuries as well as minor illness. This includes all of the services listed below. It does not mean an illness/injury that is serious, life or sight threatening or needs an immeadiate response where you would call 999 or drive to A&E. This type of care is known as Emergency Care and is outside the scope of this reorganisation.

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



1.3. It should be noted that only the urgent primary care activity seen within the adult and paediatric A&E Departments is included within scope. 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.

1.4. As outlined in the presentation to the Committee on 12th April, the review of urgent primary care services is one of the 4 work streams in the CCG's Urgent Care Strategy (May 2016).

1.5. The review has been undertaken over the last 8 months, led by an internal Working Group comprising GPs, Locality Manager representatives and members of the Urgent Care, Mental Health, Children and Young People, Active Support and Recovery and

Engagement and Communications teams. This has been overseen by an Urgent Primary Care Programme Board (which includes Sheffield Providers and NHS England) and is accountable to the Urgent and Emergency Care Transformation Delivery Board (A&E Delivery Board as was).

2. Why is the redesign needed?

2.1. The Working Group reviewed a number of factors when considering why Urgent Primary Care should be redesigned and what issues the redesign needed to address. These included:

- The national and local context and strategic direction
- The need and demand for Urgent Primary Care services in Sheffield
- Feedback from the engagement with Patients, Public, Primary Care and providers
- The current configuration of services
- The national requirements and best practice for urgent care and how Sheffield measures against these.

2.2. The main reasons for redesigning Urgent Primary Care and the objectives that need to be achieved from the redesign are set out below.

Table 1 Reasons and objectives for Urgent Primary Care redesign

Main reasons for redesigning Urgent Primary Care	**Objectives of redesign**
Patient feedback said the current system is confusing and hard to navigate and patients are not always treated in the most appropriate service. The range and location of services also creates confusion and duplication	Reduce duplication and simplify access
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, and interpreter requirements.	Reduce inequalities
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.	Improve access to urgent care provided by GP practices (without increasing waiting times for planned care)
The increase in demand for GP appointments is not sustainable from workforce and financial perspectives	Support a sustainably resourced primary 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.	Encourage and support self-care

The CCG has a duty to ensure that it buys services which provide value for money (spending less, spending well and spending wisely).	Provide value for money
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.	Deliver care locally and appropriately
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.	Reduce pressure in Emergency Departments
The system has to incorporate a number of national requirements into the services provided within Sheffield; including the need to provide urgent treatment centres.	Contribute to or enable delivery of the national requirements

3. Engagement findings

3.1. Extensive engagement has been carried out, as outlined in the previous presentation. This included work with Healthwatch Sheffield to understand the experiences of people who utilise urgent care services in the city and further work at the start of this year to ensure the CCG heard from groups that had not been well represented so far. The groups included:

- Homeless people
- People dependent on drugs and alcohol
- People living in deprived communities
- Vulnerable people (e.g. asylum seekers, people being trafficked, those with failed asylum, those who have fled domestic violence etc.)
- City Workers
- Students

3.2. 289 community members shared their views and semi-structured interviews were conducted with staff from the health, social care and the charity sector, to enable exploration of ideas and themes that emerge from daily contact with community members. A copy of the report is included at Appendix 1 but the key themes and trends are summarised below:

- Access to mobile phones was described as an issue by staff working in specialist health services with 13 out of 164 people (8%) not having access to a phone
- The cost of travel on public transport was described as a barrier particularly for people with no or low income
- Specialised support teams are pivotal in navigating the system with and on behalf of people.
- Based on the self-reported information, all communities reported that the service they had used most in the last year was pharmacy, other than the substance misuse community.

3.3. A number of meetings have been held with providers (both current and potential), GPs and Localities and with local representative committees. These meetings and the feedback from the public engagement exercises have been used to help shape the development and refinement of the options to be taken out to consultation.

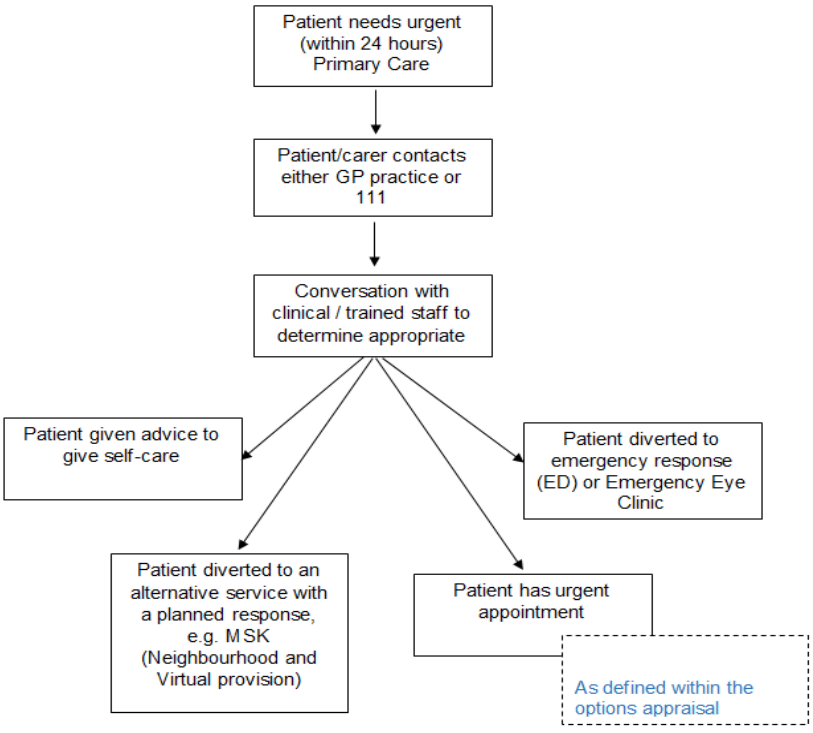
3.4. The Health and Wellbeing Board confirmed that the objectives of the Urgent Primary Care review and redesign (set out in 2.2 above) are in line with those of the Health and Wellbeing Board.

4. Options for consultation

4.1. The Working Group used the objectives and engagement with stakeholders as descried above to develop a revised system pathway (see figure 2 below) a number of potential options for service provision and criteria to assess these. This resulted in a shortlist of 3 minor illness/injury options and 1 option for urgent eye care to take out to consultation.

4.2. The revised system pathway is set out below in Figure 2. Some patients will recognise this pathway as the one they currently follow when they need an urgent appointment but this will now become the pathway that all patients will follow. Key aspects of this revised pathway are detailed below.

Figure 2 – revised system pathway



4.3. When a patient thinks they need urgent primary care, they should contact either their GP practice (in working hours) or 111 (in or out of

working hours). The patient or their carer will speak to a clinician (or trained advisor) who will determine the most appropriate response for the patient. If the patient needs an urgent face to face appointment this will be booked for the patient as part of the conversation and the patient will be seen within 24 hours of making the initial request.

4.4. It should be noted that currently, Pharmacies and Opticians also determine the most appropriate response for patients in some cases and this will continue to happen although they will not be able to book appointments for other services on behalf of the patient.

4.5. A key element of the new pathway is assessing whether patients require continuity of care (approximately 11% of the population) as part of the triage process. Those who do will continue to be seen at their own GP practice in hours, while others will be will be directed to the reconfigured service as set out in the options within the consultation. Continuity of care should be provided when it will positively impact on the outcome of the consultation.

4.6. The location and type of urgent appointment offered will vary depending on the patient's needs as set out below. As well as simplifying the pathway, all options are based around establishing an urgent treatment centre located close to A&E. This will replace the current Walk-in Centre and Minor Injuries Unit and treat both minor illnesses and minor injuries. The differences between the options predominantly relate to where children are treated.

4.7. It is important to note that the consultation will not include the location of the neighbourhood or the locality settings. The CCG will include information in the consultation which describes which General Practices sit within each neighbourhood and this is included at Appendix 3.

4.8. The decision about where patients will be seen within in each neighbourhood will be made after the consultation and will be based on a number of factors including:

- Accessibility –journey times by car and public transport from each practice
- Space available within the location
- How the practices wish to work from a workforce perspective
- The needs of the population in each neighbourhood

4.9. **Preferred option for minor illness/injuries (Option 1)**

8am – 6.30pm Week Days

- Patients who need continuity of care seen within own practice

- Patients who do not need continuity of care seen within a neighbourhood setting (currently 16) or at
- Adults attend Northern General Hospital Urgent Treatment Centre (NGH) (illness symptoms and minor injuries)
- Children attend Sheffield Children's (NHS)Foundation Trust Urgent Treatment Centre (SCH(NHS)FT) (illness symptoms) or SC(NHS)FT ED (minor injuries)

6.30pm - 11pm weekdays and 8am – 11pm weekends

- Patients seen within a locality setting (4 sites location tbc, sites also provide planned care) or
- Adults attend NGH Urgent Treatment Centre (illness symptoms and minor injuries)
- Children attend SC(NHS)FT Urgent Treatment Centre (illness symptoms) or SC(NHS)FT ED (minor injuries)

11pm – 8am 7 days a week

- Adults and children attend NGH Urgent Treatment Centre (illness symptoms and booked appointments only)

4.10. **Option 2**

Option 2 is the same as option 1 except that both Adults and Children are seen at the NGH Urgent Treatment Centre for illness symptoms (instead of Adults being seen at NGH and children being seen at SCH).

4.11. **Option 4**

Option 4 is the same as option 1 except that Adult minor injuries at seen at NGH ED rather than the NGH UTC

4.10.**Option for Adult Urgent Eye Care**

Care is undertaken in the community across a number of sites (maximum 25)

5. Consultation Plan

5.1 We have developed a comprehensive communications and engagement plan to support the formal consultation. This is attached as Appendix 2 and aims to raise awareness of the changes being proposed and give people a wide variety of opportunities to give their views on these. It includes a focus on ensuring we hear from people with protected characteristics and from vulnerable groups or those living in areas of deprivation and draws on the learning from the engagement and pre-consultation phases to ensure it is based on 'what works' for our stakeholders and responds to the needs and preferences they have expressed.

6. What does this mean for the people of Sheffield?

6.1. The public will have an opportunity to engage with and further shape the redesign of Urgent Primary Care services within Sheffield through the 3 month public consultation.

6.2. If one of the proposed options is implemented, the public should see the following outcomes

- Simplified services, making it as easy as possible for people to get the care they need first time, whatever part of the city they are in
- More people (including children and people requiring eye care) cared for in primary care in a timely, more equitable manner – within 24 hours of initial request
- Patients who need continuity of care will be seen by their GP practice with longer length of appointments
- Reduced duplication of services and best use made of local taxpayers' money
- Increased service navigation for patients and booked urgent appointments, less need to 'turn up and wait' for urgent health care
- Patients can see the most appropriate clinician for their needs including Mental Health worker, Physiotherapist or Pharmacist
- Where necessary patients will be receive call back to assess change in condition and jointly agree next steps
- Patients who choose to call 999 or go to an Emergency Department with minor illness symptoms will be diverted to an urgent primary care service

6.3. In addition, implementation would result in

- Compliance with all national commissioning guidance
- Reduced demand for A&E, which will contribute to improved performance of the 4 hour A&E target for patients with life threatening urgent care needs
- A strong and sustainable Primary Care workforce

7. Conclusion

7.1. The CCG has undertaken significant work to review the current configuration of Urgent Primary Care services and to develop options to redesign these which meet all of the stated objectives.

7.2. NHS England considered all of the work at a Strategic Sense Check 2 review on 17th August 2017. The NHS England review team provided positive feedback and the CCG anticipates receiving a recommendation that it can proceed to formally consider the options for consultation.

7.3. On this basis, the CCG will consider the options on 25th September and if approved, commence a 3 month public consultation on 26th September 2017.

8. Recommendations

The Scrutiny Committee is asked to:

- Note the update on progress with the review
- Consider the options proposed for the formal public consultation
- Comment on the draft consultation plan

Appendices

Appendix 1 – Patient Engagement reports


Urgent Care engagement report


201603 Urgent Care survey analysis repo


Urgent Care Report - Final 19052017.docx

Appendix 2 - Draft Consultation Plan


UC Consultation plan for OSC.docx

Appendix 3 – Neighbourhood Map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