

Appendix 2: Alternative Suggestions

The following summaries detail the outputs of the work done to review the alternative suggestions made in the consultation, including workshops held with providers and commissioners and the urgent care public reference group.

For the provider and commissioner workshops the suggestions were grouped under common themes, as several of the suggestions were similar and likely to have the same advantages and disadvantages. A summary has been produced for each group and details of which suggestions the group includes are included in the heading. As no details were provided for any of the suggestions, the summaries also set out how the CCG interpreted the way each suggestion would work.

Although consideration has been given to whether these could potentially be viable approaches, the main focus has been on understanding the potential benefits and consequences and whether these should be explored further. The conclusions for six of the 17 suggestions were presented to PCCC in August and these are the summaries for the remaining suggestions, which detail the conclusions reached under the following categories:

- Sustainable activity levels - whether numbers of patients will mean services are to be too small to be economically viable or too large to be delivered safely
- Right Thing First Time – whether the approach would enable patients to get the care they need at the first place they go
- Logistical Feasibility – including staffing requirements, compliance with national guidance, and building capacity
- Benefits
- Disadvantages
- View – the conclusion reached by the CCG about each suggestion

UTC at Northern General, plus additional service in city centre

Suggestion 1 - Keep the Walk In Centre open (and shut the Minor Injuries Unit)

Suggestion 2 - Keep the Minor Injuries Unit open (and shut the Walk In Centre)

This is based on having an adult UTC at NGH, children being seen at SC(NHS)FT and **the continuation of one of the centrally located minor illness or injury services in its current form.**

The GP Collaborative service would be decommissioned and the functions incorporated into or co-located with the NGH UTC in line with the Integrated Urgent Care specification.

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen in a practice within their locality. A minority of adults and children with minor illness symptoms and all those with minor injuries would be seen at their respective UTC during core hours, evenings and weekends. Overnight, adults and children with minor illness symptoms would only be seen via an appointment booked through 111 at the NGH Urgent Treatment Centre. Any patients requiring treatment for minor injuries overnight would be seen in the relevant ED.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen in a practice within their locality (service also provides planned care)	Patients seen in a practice within their locality (service also provides planned care)	Adults and children with illness symptoms seen within NGH Urgent Treatment Centre booked appointments only
Patients who do not need continuity of care seen within their practice or neighbourhood			
Adults at NGH UTC (illness symptoms and minor injuries)	Adults at NGH UTC (illness symptoms and minor injuries)	Adults at NGH UTC (illness symptoms and minor injuries)	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	
Adult minor injury service in a central location OR	Adult minor injury service in a central location OR	Adult minor injury service in a central location OR	
Adult minor illness service in a central location	Adult minor illness service in a central location	Adult minor illness service in a central location	
Key	Minor Illness Service ■	Minor Injury Service ■	Minor Illness & Injury Service ■
Option Viability Assessment			
Sustainable Activity Levels	<ul style="list-style-type: none"> Initial indication is that that activity levels sustainable for a UTC and one of the current services, however full feasibility modelling required 		
Right Thing First Time	<ul style="list-style-type: none"> UTC and co-location with A&E allows patients to receive the most appropriate care expediently. However, would not eliminate confusion over which service to use 		
Logistical Feasibility	<ul style="list-style-type: none"> Complies with national UTC guidance 		
Benefits	<ul style="list-style-type: none"> Provides a secondary point of access in city centre negating some concerns about access to NGH site Retains a city centre service, which was highlighted as desirable in consultation feedback 		
Disadvantages	<ul style="list-style-type: none"> Concerns raised re access to both Broad Lane (transport) and RHH sites (parking) Duplication of services/resource, especially for minor illness Could present with emergency complaint that requires transfer to A&E Will not release (as much) money to reinvest in primary care Lose opportunity to encourage continuity of care through GP 		
View	Could be benefits in retaining a service for injuries – less benefit in retaining illness service as preferable to provide in Practices		

UTC at Northern General, plus additional service in city centre

Suggestion 12 - Provide an enhanced minor ailments Walk In Centre staffed by prescribing nurses and prescribing pharmacists at the Wicker Pharmacy and Mobility shop

This consists of an adult UTC at NGH **plus a minor ailments service somewhere central**. The ailments service would be staffed by prescribing pharmacists and prescribing nurses but would not include GPs and would not have any diagnostic facilities. Children would be seen at SC(NHS)FT.

The GP Collaborative service would be decommissioned and the functions incorporated into or co-located with the NGH UTC in line with the Integrated Urgent Care specification.

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen in a practice within their locality. A minority of adults and children with minor illness symptoms and all those with minor injuries would be seen at their respective UTC during core hours, evenings and weekends. Overnight, adults and children with minor illness symptoms would only be seen via an appointment booked through 111 at the NGH Urgent Treatment Centre. Any patients requiring treatment for minor injuries overnight would be seen in the relevant ED.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen in a practice within their locality (service also provides planned care)	Patients seen in a practice within their locality (service also provides planned care)	Adults and children with illness symptoms seen within NGH Urgent Treatment Centre (booked appointments only)
Patients who do not need continuity of care seen within their practice or neighbourhood			
Adults at NGH UTC (illness symptoms and minor injuries)	Adults at NGH UTC (illness symptoms and minor injuries)	Adults at NGH UTC (illness symptoms and minor injuries)	
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Adult minor ailments service somewhere central	Adult minor ailments service somewhere central	Adult minor ailments service somewhere central	
Key	Minor Illness Service ■	Minor Injury Service ■	Minor Illness & Injury Service ■
Option Viability Assessment			
Sustainable Activity Levels	<ul style="list-style-type: none"> Further work required to assess whether minor ailment activity levels sustainable 		
Right Thing First Time	<ul style="list-style-type: none"> UTC treating both minor illness and minor injury, plus co-location with A&E, allows most patients to receive the most appropriate care expediently However, likely to create confusion over which service to use / when to use minor ailments service 		
Logistical Feasibility	<ul style="list-style-type: none"> Complies with national UTC guidance 		
Benefits	<ul style="list-style-type: none"> Provides a secondary point of access in city centre negating some concerns about access to NGH site Use knowledge and skills of pharmacists 		
Disadvantages	<ul style="list-style-type: none"> Not able to cover all minor illness and minor injuries Unlikely to be seen as an alternative to WIC or MIU by public Poor parking 		
View	Unlikely to add sufficient value to justify cost. Work already taking place to consider development of minor ailments services in city so may be progressed through that if there is found to be a need.		

One Central UTC

Suggestion 5 - Site the UTC at the Walk In Centre (instead of NGH)
Suggestion 7 - Site the UTC at the Royal Hallamshire Hospital (instead of NGH)

This proposes commissioning 1 adult UTC for the city **somewhere central** that would provide a minor illness and injury service to adults. Children would be seen at SC(NHS)FT.

The GP Collaborative service would be decommissioned and would either be combined into any UTC service specification (minor illness service overnight) based in the central location. Otherwise a new service would be commissioned and based in the current location at NGH.

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen in a practice within their locality. A minority of adults and children with minor illness symptoms and all those with minor injuries would be seen at their respective UTC during core hours, evenings and weekends. Overnight, adults and children with minor illness symptoms would only be seen via an appointment booked through 111 at the overnight illness service. **Further consideration would be needed to decide whether to keep this service sited at the NGH or move it to the central UTC** Any patients requiring treatment for minor injuries overnight would be seen in the relevant ED.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen in a practice within their locality (service also provides planned care)	Patients seen in a practice within their locality (service also provides planned care)	Adults and children at central Urgent Treatment Centre (illness symptoms and booked appointments only) OR Leave location at NGH
Patients who do not need continuity of care seen within their practice or neighbourhood			
Adults at centrally located UTC (illness symptoms and minor injuries)	Adults at centrally located UTC (illness symptoms and minor injuries)	Adults at centrally located UTC (illness symptoms and minor injuries)	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	
Key Minor Illness Service ■ Minor Injury Service ■ Minor Illness & Injury Service ■			
Option Viability Assessment			
Sustainable Activity Levels	<ul style="list-style-type: none"> Activity levels sustainable (based on pre-consultation modelling) 		
Right Thing First Time	<ul style="list-style-type: none"> Combines minor injuries and illness so more people will get right care first time. However not co-located with A&E so risk of needing to travel if more complex care required. 		
Logistical Feasibility	<ul style="list-style-type: none"> Complies with national UTC guidance Would require further assessment to determine whether there is sufficient space to create a UTC in current MIU area 		
Benefits	<ul style="list-style-type: none"> More central location allows for easier access by public transport Would be more accessible for people living in the south of the city 		
Disadvantages	<ul style="list-style-type: none"> Not co-located with A&E so people presenting with emergency needs will have to be transferred Concerns raised re access to both Broad Lane (public transport) and RHH sites (parking) Limits the no of staff that could be redeployed into primary care/ED Splits urgent and emergency care expertise across 2 sites Negative impact on ability to staff other primary care services May encourage duplication re minor illness Loss of opportunity to encourage continuity of care through GP 		
View	Needs to be fully modelled to determine costs and workforce implications. Need to determine potential impact on reducing inequalities and if this and other benefits outweigh the benefits of co-location with A&E.		

2 UTCs - 1 at NGH plus 1 somewhere central

Suggestion 6 - Have a UTC in the south as well as one in the north

Suggestion 8 - Option 1 plus a second UTC at the RHH

This would require the CCG to commission 2 adults UTCs, one at the Northern General site and one somewhere central. Both services would see adults with minor illness and injury symptoms. Children would be seen at SC(NHS)FT.

The GP Collaborative service would be decommissioned and the functions incorporated into or co-located with one of the adult UTCs in line with the Integrated Urgent Care specification

The majority of adults and children with minor illness symptoms would be seen in their own practice or neighbourhood during core hours. During evenings and weekends patients needing urgent same day care (and those needing planned care) would be seen within their locality. Overnight, adults and children with minor illness symptoms would only be seen via an appointment booked through 111. **Further consideration would be needed to decide whether to keep this service sited at the NGH UTC or move it the central Urgent Treatment Centre service.** Insufficient staff are likely to be available to staff the overnight service at 2 UTC locations within the city.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Patients who need continuity of care seen within practice	Patients seen in a practice within their locality (service also provides planned care)	Patients seen in a practice within their locality (service also provides planned care)	Adults and children at NGH Urgent Treatment Centre or at the central UTC location (illness symptoms and booked appointments only)
Patients who do not need continuity of care seen within their practice or neighbourhood			
Adults at NGH UTC OR centrally located UTC (illness symptoms and minor injuries)	Adults at NGH UTC OR centrally located UTC (illness symptoms and minor injuries)	Adults at NGH UTC OR centrally located UTC (illness symptoms and minor injuries)	Adults and children with injury symptoms seen within their respective EDs (walk in only)
Children at SC(NHS)FT	Children at SC(NHS)FT	Children at SC(NHS)FT	
Key	Minor Illness Service ■	Minor Injury Service ■	Minor Illness & Injury Service ■
Option Viability Assessment			
Sustainable Activity Levels	<ul style="list-style-type: none"> Initial indication that activity levels sustainable, requires full feasibility modelling to confirm 		
Right Thing First Time	<ul style="list-style-type: none"> Combining minor illness and minor injury in both services, plus co-location of 1 UTC with A&E, allows more patients to receive the most appropriate care expediently 		
Logistical Feasibility	<ul style="list-style-type: none"> Complies with national UTC guidance Query over workforce sustainability and implications on wider system - need to fully model Would require further assessment to determine whether there is sufficient space to create a UTC in current MIU area 		
Benefits	<ul style="list-style-type: none"> More central location allows for easier access by public transport Improved access for people in South Consistent approach – combines minor illness and minor injury 		
Disadvantages	<ul style="list-style-type: none"> Not support best use of resources Will incur capital costs The south is not the area with the greatest health needs Does not promote GP access / continuity of care 		
View	Needs to be fully modelled to determine costs and workforce implications. Could be opportunity for greater reduction in health inequalities if second UTC sited to support greatest need. Could have implications re investment in primary care / other areas.		

Urgent Eye Care – No Change

Suggestion 15 - Keep the Emergency Eye Clinic open

This would see no changes to the current system with both urgent and emergency eye care being seen via a combination of EEC/ED and PEARs. Eye care overnight would be provided solely within ED.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Urgent eye care seen at EEC/ED/PEARs*	Urgent eye care seen at EEC/ED/PEARs*	Urgent eye care seen at EEC/ED/PEARs*	Urgent eye care seen at ED
Option Viability Assessment			
Sustainable Activity Levels	<ul style="list-style-type: none"> • Current service has sustainable activity volumes 		
Right Thing First Time	<ul style="list-style-type: none"> • No secondary referrals required as all conditions (including sight-threatening) can be treated 		
Logistical Feasibility	<ul style="list-style-type: none"> • Current service is feasible 		
Benefits	<ul style="list-style-type: none"> • Only requires high cost equipment at one site • No variation in quality of care • Good links to central public transport • Is recognised/trusted service 		
Disadvantages	<ul style="list-style-type: none"> • Access inequitable – depends on where people live • Does not use resources to best effect • Does not decrease geographical inequalities • Does not offer care closer to home • Poor parking at RHH 		
View	No change would not deliver the objectives of making more care available closer to home and making best use of resources. However, since the consultation providers have indicated they could now work together to meet these objectives through improved signposting rather than reconfiguring services.		

Urgent Eye Care provided in 'Optometry Cluster Locations'

Suggestion 16 - Scale up the existing PEARs service (to accommodate urgent eye conditions)
 Suggestion 17 - Use optometrists working in clusters similar to neighbourhoods

This is similar to the CCG's proposed community-based option but would instead see optometrists operating in clusters similar to primary care neighbourhoods.

Future State System Summary			
Weekdays 08:00 – 18:30	Weekends 08:00 – 18:30	Twilight 18:30 – 22:00 (7 Days)	Overnight 22:00 – 08:00 (7 Days)
Urgent eye care is undertaken in the community across a number of sites			Urgent eye care seen at ED
Option Viability Assessment			
Sustainable Activity Levels	Based on the modelling for the proposed option, activity levels could be sustainable		
Right Thing First Time	This would be the case for those sent by NHS 111. However, patients self-referring would need to be able to determine whether their condition needed urgent or emergency care which could delay treatment if judgement is incorrect.		
Logistical Feasibility	<ul style="list-style-type: none"> • This is very similar to the proposed option so assumption is that this would be feasible • Potential capital costs for equipment required to set up 		
Benefits	<ul style="list-style-type: none"> • Providing in local areas / closer to home improves ease of access (which is particularly important given age profile and nature of conditions) • Able to influence geographical spread of locations across city to ensure equity of access • Integration of optometry and ophthalmology – city-wide solution • Longer opening hours 		
Disadvantages	<ul style="list-style-type: none"> • Cluster approach is less close to home than proposed dispersed model • Potential risk of service variation 		
View	This is very similar to the option proposed, however offers fewer benefits as would mean services not as close to home if in clusters and would be more complicated to implement		

