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David Gallagher
Chief Officer
Pemberton House
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31 July 2018

Dear Mr Gallagher,

Thank you for taking the time to meet with Bridget Phillipson MP and I recently. I appreciated the time you and Anne took to address our concerns. During the meeting, I promised that I would write to you to further express these concerns. Please find these below.

Extension of consultation

Firstly, I appreciate that the public consultation has now been extended to Sunday 2nd September. This will allow more people to participate in the consultation, which I think is the best thing to do to allow for fair representations to be made by the public.

However, to my knowledge, the consultation document has not been updated to account for this extension. I therefore wonder if this extension will change the date the CCG expect to make a decision based on the consultation?

Public consultations

Previous consultations

In the consultation document, it says, "Over the past two years, we have talked to hundreds of local people about urgent care". Please can I ask about how the CCG has been engaging with local people about urgent care over the past two years? What format did this take (e.g. surveys, focus groups)? What was the sample of this group of people engaged with? May I also please ask why politicians weren't informed or involved in this preliminary engagement?

In the consultation document it also says that people "find the current system confusing and are not always sure where to go to get the care they need". Was it made clear why the public might find the current system confusing? Could this not have been improved in other ways, such as a public campaign explaining the structures to people in newspapers and in GPs surgeries?

The consultation document goes on to say that, "many people have also told us that they find it hard to get an urgent appointment with their GP or feel they have to wait too long". Is there any evidence to suggest that the current proposals will make it easier to get an urgent



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appointment with their GP? Has any research been done on where people go when they can't get an urgent appointment with their GP, i.e. to an Urgent Care Centre or to A&E? Has any assessment been made on the impact the new proposals will have on the number of people attending A&E in the future under these proposals?

Current consultation

It would be useful to know how many people have already participated in the consultation. I would appreciate if you could please tell me how many people have participated via the below formats, in order to get a breakdown of participation:

- a) Public meetings
- b) Online
- c) Survey in paper format
- d) Calling, writing or emailing
- e) On social media / online events

During our meeting, you said that 1,700 people have shared their views or been in touch with the urgent care review. Can you please provide an update on this figure? Are you also able to provide monthly updates on this please?

How are you measuring social media engagement? As I am aware that 'hits' and 'views' on videos may be collected after just a few seconds, even though someone may not actually engage with or view the whole video.

Are you confident that for a city with a population of over 280,000 people that this consultation will be representative of the public?

Usage of the centres

I would appreciate if you could provide evidence to the following questions:

- How many patients have used a) Washington Primary Care Centre; b) Bunny Hill Primary Care Centre and c) Houghton Primary Care Centre in the last five years?
- How many patients would have sought emergency care vs how many actually needed emergency care when presenting at the Urgent Care Centres over the last five years?
- Where patients who usually use a) Washington Primary Care Centre; b) Bunny Hill Primary Care Centre and c) Houghton Primary Care Centre would go under the new proposals, and how they would receive the same level of service?



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Accessibility

As I understand it, the principle of the proposed changes to urgent care in Sunderland is to provide more access to GP led care closer to home. However, this will not be the case for patients who live close to Bunny Hill, Washington and Houghton Primary Care Centres, and will now have to travel further to access the care that they need. This will be extremely difficult for some patients, who may have disabilities or no access to transport. Has the CCG therefore made any assessment on how the proposal will make it easier for patients to access healthcare, particularly those from areas of multiple deprivation?

Accessibility to the Galleries Health Centre is also difficult for the elderly or those with disabilities. Has any assessment been made of this? If so, what is the result? Does the assessment take into consideration the increased levels of physical and mental stress of those requiring urgent care? Does the assessment take into consideration that the GP Extended Access appointments require people to attend unfamiliar premises? If the Galleries is found to be unsuitable, will the CCG consider using either the Bunny Hill or Washington Urgent Care Centre to host the extended access service?

NHS Pressures

Our NHS is under huge pressures, but it is important not to take it for granted. I am therefore immensely grateful for everyone who works within the NHS.

In the consultation document it says "Urgent care centres were designed to take the strain away from accident and emergency (A&E) but this is not working." Has the CCG made any assessment of how the proposed system might work better than the current system?

The document also says that "two in three people who go to A&E, either don't need treatment or are transferred back to their GP." Is there any data on why they didn't see their GP in the first place? How will the proposed system ensure that patients will now call 111 or visit an urgent hub instead of attending A&E?

As the NHS is under such pressure, coupled with changes to structures, how will the CCG focus on retaining current staff?

If the Urgent Care Centres do close, what provisions will be made for the staff working there? If the health centres remain open, as you say the buildings are not due to close, and the extended access hub offer is based there, can you guarantee that the current staff will want to stay, and how will you assure them that their jobs are secure as the number of hours on offer will be significantly less?



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NHS 111

I appreciate that these proposals include an 'improved' NHS 111 service. Please can you elaborate on how this will improve the service? Is there any evidence that it will work for patients? Is this how patients want to receive their care (i.e. over the phone)? When and how will this new system be directed to the public?

A study in 2012 by Brown et. Al titled "patient views of single number access to urgent care services" evaluated the County Durham and Darlington 111 service. The study found that operators overwhelmingly directed patients to Urgent Care (64.7%). Only 11.4% of calls were closed with reassurance and self-care only with no referral to Urgent Care, A&E, home visit or similar. This contrasts starkly with the proposed 'improved' 111 services' 50% 'consult and complete' target. How will the 111 service work if 64.7% of their patients have nowhere to go? Can you explain how it will go from 11.4% to your target of 50% in a timely manner? Is there any evidence that Recovery at Home and GP Extended Access can absorb this huge percentage?

Sunderland Extended Access service

During our meeting, you said that the Extended Access service had not yet been widely publicised. When will the CCG be telling people of this service? How can the CCG be confident that the service works, if it is not yet working to capacity, as hardly anyone in Sunderland knows about it?

Further to this, the opening hours of the five GP practices, without taking into account the Extended Access Hubs, total 50 hours each per week, totalling 250 hours across the five GP services that are within the remit of this consultation. Together with the Urgent Care Centres, which are each open 88 hours per week, totalling 264 hours over the three Urgent Care Centres under review in this proposal, the current total access hours are 514 hours per week.

This is in stark contrast to the opening hours under the proposals, which will take away the 88 hours from each of the Urgent Care Centres, and replace them with an Extended Access Hub system at the 5 GP practices, which at 67 ½ hours per week over 5 Hubs will total 337.50.

This therefore means that under the proposals, 176 ½ access hours will be lost per week. These proposals therefore vastly cut down the hours of accessibility, rather than increasing them. Can you therefore explain how this will provide a better service for my constituents when the hard facts speak volumes? At 10 minutes per appointment there will be 1,059 fewer appointments each week available than at present, and for urgent care there will be the choice of the A&E or Pallion Urgent Care Centre, which are adjacent to each other, and both



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involve a significant journey for all of my constituents compared to their access to urgent care at present. So again, a vastly worse offer than at present.

Once again, I thank you for taking the time to meet with me recently, and I would appreciate if you could address my further concerns as detailed above.

I look forward to hearing from you soon.

Yours sincerely,

A handwritten signature in black ink that reads "Sharon Hodgson".

Mrs Sharon Hodgson MP

Member of Parliament for Washington & Sunderland West Constituency
Shadow Minister for Public Health

Cc.

Bridget Phillipson MP

Cllr Dr. Geoffrey Walker, Portfolio for Health and Social Care.