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30 August 2018

Dear Sharon,

Thank you for your recent correspondence dated 31 July 2018 regarding the 'making urgent care work better in Sunderland' consultation. Your comments and questions are very much welcomed and will be included as part of the consultation.

As there are a number of questions I will consider each one in turn.

1. **The consultation document has not been updated to account for the extension to the consultation; will the extension change the date the CCG expects to make a decision based on the consultation?**

   We haven't updated the printed consultation document due to the design and print costs. As part of making people aware of the extension we have however paid for advertising in the Sunderland Echo, updated the CCG website, updated information at public events, sent information to the public (registered on MY NHS and those who had left their details about wanting to be kept informed), information sent to stakeholders and with flyers in key parts of Sunderland.

   The decision will be made by the CCG Governing Body in December and when we decided to extend the consultation we reviewed the timescales accordingly. We have also published information on the CCG website which gives information about the next steps after the consultation finishes. This information is available at http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/what-happens-next/

2. **How has the CCG been engaging with local people about urgent care over the last two years?**

   The CCG has been engaging on these issues since 2016, initially with stakeholders and partners via the A&E delivery board, before wider public engagement in November and December 2016 – when the pre-consultation phase started.

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Before this pre-consultation phase, the CCG conducted a desk top review of previously undertaken research and engagement locally, regionally and nationally - the resulting document is available on our website

http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/08/Urgent-Care-in-Sunderland-Desk-Review.pdf

and the information provided a basis to develop the next stages of our engagement.

3. What format did this take and what was the sample of the group of people engaged with?

In November and December 2016, we asked over 800 people how they used urgent care services and what they thought about them.
Methods of involvement included:

- On-street survey
- Online and postal questionnaire
- Briefings with key stakeholders
- An event
- 2 x focus groups
- Via email and social media
- Working with community voluntary sector organisations

A total of 866 people respondend and full report of this is available here.

4. Why weren't politicians informed or involved in this preliminary engagement?

On 4 January 2017 we attended the Sunderland City Council health and wellbeing scrutiny committee to inform and involve them in this process.Subsequent discussions have taken place in committee in October 2017 and March and June 2018. A stakeholder briefing was circulated in May 2018.. As you will be aware, a number of meetings with you and your MP colleagues had to be rearranged resulting in a missed opportunity to discuss this in any detail.

5. Was it made clear why the public might find the current system confusing?

Confusion about how to access services is a theme present in local, regional and national engagement/research activity – with different access points, services open at different times, staffed with different levels of clinical input, sometimes making it difficult to get the right care first time.

It was also shown in pre-engagement insight that people had mixed views on understanding the roles of various healthcare organisations.

We also heard that:

- They want to see their GP first when they have an urgent care need
- If they have a long term condition they want to ensure that they receive the same care from healthcare professionals who know about their needs and health issues
- They want a single point of access
- They want urgent care close to their home or community

The full report is available on http://www.sunderlandccg.nhs.uk/wp-content/uploads/2016/11/Engagement-activity-report-Sunderland-urgent-carev2.pdf

6. **Could this not have been improved in other ways, such as a public campaign explaining the structures to people in newspapers and GP surgeries?**

   The CCG has invested in campaigns to advise people about services and their approriate use but these have had limited success.

   We have learnt from behavioural social marketing that the services need to support a behavioural change, in order for campaigns to be successful.

7. **Is there any evidence to suggest that the current proposals will make it easier to get an urgent appointment with their GP?**

   We are proposing an additional 42,000 appointments via the extended access service, provided in local hubs. These will provide easier access to GPs via the new 111 service and patients' own practices. In addition capacity for additional appointments will be created in practices during normal hours because 111 will triage all requests for urgent appointments, which practice GPs currently do. The enhanced recovery at home service will pick up some of the practices home visiting requirements.

8. **Has any research been done on where people go when they cannot get an urgent appointment with their GP i.e. to an urgent Care centre or to A&E?**

   There is no available data for this. Most feedback is anecdotal from providers, who tell us that patients turn up at urgent care centre reception before they open saying they cannot get a GP appointment.

   We also know that those patients who attend A&E who do not require A&E services are streamed to Pallion.

9. **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 new proposals?**

   The CCG's modelling includes an indicative assessment of people attending A&E in Sunderland and A&Es in the surrounding areas. The following assessments have been made and the CCG are currently working with other local CCGs to understand and model the impact on other Urgent Care Systems as it is not expected that all patients will be seen within A&E i.e. other urgent care centres in surrounding CCGs.

Patients per year from other CCGs attending Sunderland UCCs	**South Tyneside CCG**	**North Durham CCG**	**Durham Dales Easington & Sedgefield**	**Newcastle and Gateshead CCG**
Worst case	6,252	7,738	2,548	3,287
Best case	3,523	4,415	1,537	1,837

10. How many people have participated?

Public meetings	15 public meetings with 165 people attending. (One event remains which is on 28 August, 6-8pm at Castle View Enterprise Academy).
Online	The number of online and paper survey responses are 1,582
Survey in paper format	- [response above]
Calling, writing or emailing	27 emails or calls and 9 letters.
On social media / online events	For the online events and those events which have been live streamed we have had 6,045 video views.

11. Can you provide an update on the number of people who have shared their views or been in touch with the urgent care review?

As of 13 August 2018, we have engaged with 2,225 people.

12. How are you measuring social media engagement?

We measure this through our social media management platform which provides us with analytical information. Throughout the consultation we have reached 526,000 organically on social media and 81,000 through paid Facebook promotion. We also know by using this platform that we have had 92 comments, 11,000 click throughs on the posts and 1,000 shares.

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

We have carried out research activity that is in line with internationally recognised social research standards and the consultation is being overseen by the independent Consultation Institute.

For this consultation there have been 406 street surveys completed with a random sample of Sunderland residents. The quota for these surveys were designed to be representative of the Sunderland population, in terms of age, gender and ethnicity.In addition to the street survey, the CCG provided people with the opportunity to complete a paper or online survey. To date, over 1,677 completed surveys have been submitted.

We have collected views, thoughts and comments from residents through 15 public events and have collected demographic information on participants to map who has been involved. Two dedicated online events have been held, with an additional public event streamed live. In total, these events have reached 1,971 people. We also streamed the second travel and transport event which reached over 1,000 people.

21 focus groups have also been held so far with a variety of Sunderland residents, using the Voluntary Community Sector organisation to ensure engagement with as many people as possible. This element of the consultation represents the views of protected characteristic groups and those who are seldom heard. We have also reached out to young carers this week following a healthwatch recommendation.

Taking the statistically robust and other approaches employed in this consultation, we are confident that the number of responses we have received, and the variety of methods we have used will collect enough information to be representative of the views of Sunderland's population.

14. How many patients have used a) Washington Primary Care Centre, b) Bunny Hill Primary Care Centre, and c) Houghton Primary Care Centre in last 5 years?

The data we have available is shown in the table below:

Contract Year	*Washington*	*Bunny Hill*	*Houghton*	*Total*
Sep 14 - Aug 15	*24,952*	*26,553*	*16,506*	***68,011***
Sep 15 - Aug 16	*27,733*	*29,055*	*22,417*	***79,205***
Sep 16 - Aug 17	*30,828*	*28,416*	*22,501*	***81,745***
Sep 17 - Aug 18 (estimate)	*31,032*	*27,815*	*21,682*	***80,528***

15. How many patients sought emergency care vs. how many actually needed emergency care when presenting at the Urgent Care Centres over the last five years?

Urgent care services care for patients with urgent needs rather than emergency needs. More people than ever before are using urgent care services and attendances are rising at the accident and emergency department despite all of the current services which were originally put in place to reduce this demand . This is a non-sustainable situation and no change is not an option in terms of quality, workforce or affordability. We have one clinical workforce that is being stretched across several services doing similar things. This current situation of duplication of services has developed over many years but has not reduced demand overall.

Using data from the three UCCs we can see that a very small proportion are streamed to ED or admitted as an emergency. Around 4% to 5% of the UCC attendances each month are subsequently admitted to hospital or advised/sent to ED.

16. Where would patients who usually use Washington, Bunny Hill and Houghton go under the new proposals and how they would receive the same level of service?

The aim of the new service is to ensure that people will get access to the care they need with the right clinician in the right place. This will be supported by the promotion of 'talk before you walk' (via111), so that patients are supported to get to the right place to ensure that their clinical needs are met safely. With the information we hold currently, one in ten people would be expected to be seen by a GP locally. This might be their own GP, or it might be a GP in their locality hub. This is because the majority of people who currently attend urgent Care services attend for minor illness, rather than minor injury. We are seeking views on the best sites for the extended access hubs as part of the consultation.

17. Has the CCG made any assessment on how the proposals will make it easier for patients to access healthcare, particularly those from areas of multiple deprivation?

Impact assessments have been completed and further independent health and equality assessments have been commissioned. These will consider the impact of potential

future service models for all patient groups. The outcome of the assessments will be used in the final decision.

The impact assessments are available through the following link:
http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/key-documents/

18. **Accessibility to the Galleries Health Centre is difficult – has any assessment been made of this? If so, what is the result?**

We have a duty to ensure that all of the services we commisison are accessible to everyone and will make reasonable adjustments to ensure that is the case. If you feel there is something in particular that you are concerned about please let us know and we will look into that for you.

19. **Does the assessment take into consideration the increased levels of physical and mental stress of those requiring urgent care?**

The independent health and equality impact assessment will consider the impact of the proposals on people with any long term condition, both physical and mental.

20. **Does the assessment take into consideration that the GP extended access appointments require people to attend unfamiliar premises?**

This is often the case with new services and will be taken into account during the decision making process, including through the independently produced travel and transport assessment.

21. **If the Galleries are found to be unsuitable, will the CCG consider using either Bunny Hill or Washington Urgent Care to host the extended access service?**

Part of the consultation is about getting views on where these services should be located.

22. **Has the CCG made any assessment of how the proposed system might work better than the current system?**

The proposed changes are intended to use resources and workforce more efficiently for patients, taking into account the wider range of services now available in the community. As you know, there are pressures on the NHS workforce nationally and we are facing the same challenges locally. These proposals aim to sustain general practices and ensure that urgent and planned care is primary care led .We have developed the Recovery at Home service with a GP working within this at all times from October this year which means that some of the current GP home visits could be done by this new service, thus freeing up time within practices.

23. **Is there any data on why people didn't see their GP in the first place?**

We have no data on this but anecdottaly people say it is because they have been unable to get an appointment with their GP or think that this is the case. Under the proposals, there will be extra capacity in primary care as outlined earlier to cater for this.

24. How will the proposed system ensure that patients will now call 111 or visit an urgent care hub instead of attending A&E?

The new 111 service will be launched nationally and communication strategies are being developed to support this.

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

We are working with our current provider partners to ensure that we work together to try and retain our very skilled workforce in Sunderland. We will also continue to support workforce development to make sure care provision is safe and that the skill mix is appropriate to meet the clinical needs of the patients in the city.

26. What provisions will be made for staff working at urgent care centres?

Part of the workforce strategy will focus on how we work together to use the skills of the teams in other suitable environments, such as recovery at home, or A&E for example.

27. Can you guarantee that the current staff will want to stay?

We are working closely with partners to promote this but we can never guarantee that staff will stay, and individuals always have and always will be free to move as they choose.

28. How will you assure them that their jobs are secure as the number of hours on offer will be significantly less?

There are many clinical vacancies across the city and part of the workforce strategy is to look at how we support people to transition into different roles.

29. Elaborate on how the new 111 service will be improved

There will be a new clinically led 111 service regionally from October 2018. Medical professionals will be part of the future 111/integrated urgent care, and will be making clinical decisions over the phone where it is safe and appropriate.

This service will ensure that patients will receive clinical advice more often and more consistently when they contact the service with an urgent care need**.**

More details will be shared nearer the time of implementation.

30. Is there evidence that it will work for patients?

While we believe this will have a positive impact on our local system, we took a concious decision not to model any impact of this nationally mandated change. We have therefore been working very much on a worst case scenario as far as 111 is concerned.

31. When and how will this system be directed to the public?

Patients will access this service directly online, or by calling 111.

32. How will the 111 service work if 64.7% of patients have no where to go?

We suspect that this figure of 64.7% was based on the precursor to the national 111 system piloted in Co Durham. This predates the original national roll out of 111 and therefore does not take any account of the revised 111 service from October 2018 or the local community based services commisisoned in Sunderland including R@H and extended access.

33. Can you explain how it will go from 11.4% to target of 50% in timely manner?

Within the modelling that has been undertaken as part of the consultation, a review of the future demand and capacity has been completed. As part of this work, we understand that 50% of current demand will not require a face-to-face appointment other than pharmacy or self-care, which will be managed by the new Integrated Urgent Care services (111). This expected 50% reduction is based on evidence from urgent care changes throughout the country but more evidently through previous changes in Sunderland when the Grindon Lane minor injuries unit was closed. Other service reconfigurations across the region including South Tees, Durham and South Tyneside have been reviewed along with changes nationally such as Bath.

34. Is there any evidence that Recovery at Home and GP extended access can absorb this huge percentage?

System transformation has been undertaken in partnership with our providers, including clinicians, using data and information available to us. We are confident in the model which has been developed.

35. When will the CCG be telling people of the Sunderland Extended Access Service?

We have learnt through the consultation that this service in not widely known about and so it is now promoted in practices via posters and TV screens, and now via the consultation. As it isn't a walk in service, appointments are offerered either via 111 or through the patient's practice.

36. 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?

We are confident it is working now as it is an appointment only service as described above. We are expanding the number of GP appointments available in the extended hours services by a further 42,000 per year from September 2018 and it has been running successfully and fully staffed by local GPs already in all 5 areas from September 2017.

37. Your concern highlighting a loss of 176.5 hours of GP hours per week

There are two issues here – hours when the service is accessible and the capacity available. The proposed arrangements will offer additional hours of access through the five extended access hubs evenings and weekends as well as 24/7 minor injuries access at the proposed urgent treatment centre (UTC).

Considering hours of access alone, the urgent care centres currently provide 264 hours a week. The proposed arrangements will provide 337.5 hours and 168 hours a week through extended access and the UTC respectively, which equates to 505 hours a week. All of this is on top of the current opening hours across the 40 practices.

The five extended access hubs are ‘virtual’ practices provided by groups of practices in each locality. We are not therefore proposing reducing the 250 hours a week you describe from five practices.

In addition to opening time access, the key issue that we are currently modelling is the actual capacity that the opening times provide. i.e. two services can be open for say five hours, one with one practitioner and one with ten, the latter providing ten times more appointment slots. We will share this work once it is completed and before we make any decisions.

I’m sorry about the length of this reply but hope that it has adequately addressed the issues you raised in your letter.

Please let me know if you have any further quesries about this work.

Yours sincerely

David Gallagher
Chief Officer