

## Improving Urgent and Emergency Care Services in Sunderland

Sunderland Clinical Commissioning Group and NHS South of Tyne and Wear (on behalf of Sunderland Teaching Primary Care Trust) are working together to deliver improved urgent and emergency care services for the people of Sunderland.

Our aim is to provide universal access to high quality urgent and emergency care services 24/7, so that whatever the need, whatever the location, people get the best care, from the best person, in the best place at the best time. In order to make this vision a reality, we need to make a number of changes to the way services are currently configured in Sunderland.

### **The proposed changes are as follows:**

1. Relocate the walk-in service from Grindon Lane Primary Care Centre to the newly built Houghton Primary Care Centre where it will be delivered as part of an integrated model of care with acute, primary and community services.
2. The development of a new, integrated urgent care centre at Sunderland Royal Hospital which will deliver primary care and A&E services side-by-side.
  - There is an opportunity to move the GP out-of-hours service from its current location at Grindon Lane Primary Care Centre to Sunderland Royal Hospital to be delivered as part of the new, integrated, urgent care centre.
3. Establish a standard operational model for walk in centres across Sunderland. This work is informed by a growing body of evidence that GP led services are most effective in providing a 'one stop' experience for patients who feel less inclined to then seek a second opinion elsewhere. Overtime all of the walk in centres in Sunderland will become GP led.<sup>1</sup>
4. Consult stakeholders to determine how the vacated space in Grindon Lane MIU site/space could continue to be used to provide access to planned care health services in the future.

Grindon Lane will retain a number of health services including:

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▪ <sup>1</sup> NHS South of Tyne and Wear MIU Service Review (*Audit of patient pathways and experiences of MIU services across NHS SoTW*)

- NHS Stop Smoking Service
- X-ray services
- Chronic disease management services (Available by GP referral only)
- Specialist health management and education services for patients with the following long-term health conditions:
  - Diabetes
  - Heart disease
  - Respiratory conditions
- Ultrasound
- Retinal screening
- Podiatry
- Clinical assessment and treatment service for patients with a musculo-skeletal condition
- Emergency out of hours dental service (appointment only)

### **What services do Walk-in centres provide?**

Walk in centres provide access to health services in the community for people who are suffering from minor illnesses and injuries. The types of conditions seen at these centres range from coughs, colds, bee stings & skin rashes at the minor end of the spectrum to more serious simple bone fractures of lower limbs in which case the patient will receive initial treatment before follow up at the hospital; there are also a range of conditions seen in between. Patients with these types of conditions are also seen in GP practices and in A&E departments.

Although Walk in centres have been successful in improving access for patients with urgent care needs there is no evidence that they have improved health outcomes.

### **Why we are making these changes?**

#### **Financial reality**

One of the differences which we now have to be aware of in these times of financial austerity is the relative costs of urgent care services. For example a patient with a simple chest infection who is seen and treated in a Walk in centre on the new tariff system attracts a cost to the commissioners of £56; the same patient seen in A&E might cost up to £87 where as in GP practice the cost of seeing a patient is £65 for a whole year.

When Walk in centres were first established in Sunderland commissioners paid for Walk in Centre activity by “block” contract which meant they were relatively cost effective and could absorb growing activity without added costs. Changes to the payment arrangements mean this is no longer the case

Our modelling work shows that adding a 4<sup>th</sup> walk in centre to Sunderland health economy without making any other changes will cost an extra £2m per year which is unaffordable as the total costs of Walk in centres across Sunderland would rise to around £7m; by moving services around the system we can contain these costs at around £5 m. This financial modelling does not

include potential pressures on A&E however we know from other areas that these costs are mitigated by developing primary care services at the hospital site to deal with minors' health problems.

### **Best use of A&E services**

Walk-in services were originally designed to provide care closer to home for people with minor ailments and injuries while at the same time reducing demand for A&E services. However, over the past three years our data shows that demand for both walk-in services and A&E in Sunderland have continued to increase.<sup>2</sup>

The ability of Walk in centres to impact positively on the rate of escalating activity within emergency departments depends on their proximity, none of the centres in Sunderland have made a sustained change to emergency department attendances or changed the way in which patient's access urgent care services.

In addition we know that up to 30% of those people attending A&E in Sunderland have a minor ailment or illness that could have been dealt with in a primary care setting<sup>3</sup>. Inappropriate use of A&E increases waiting times and causes delays for people with more serious conditions and impacts upon the cost of the service; we are duplicating our costs by paying for services twice.

### **Patient experience**

We know that the current range of urgent care and emergency services can be confusing for patients and that they are often unsure about where to go when ill or injured<sup>4</sup>. This can result in people having to be transferred from one location to another before getting the treatment they need. This is inconvenient and frustrating for patients and can lead to poorer clinical outcomes. It is also costly as we have to pay each time a patient attends a service.

As a result, we have considered our approach to urgent and emergency care with a view to developing a service that better meets the needs of patients in Sunderland, is easy to access, and is financially sustainable in the long term.

Evidence from around the UK shows that delivering walk-in services as part of an integrated model of care, for example, alongside A&E, is better for patients and can be a better use of resources<sup>5</sup>.

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<sup>2</sup> Information available from Business Intelligence Team NHS South of Tyne and Wear

<sup>3</sup> Choose Well Campaign Evaluation NHS South of Tyne and Wear 2010

Audits of North East Ambulance Service referrals (*Reviewing NEAS pathways between local MIU and A&E departments*)

<sup>4</sup> Patient and Public Experience audits (Patient involvement regarding their experiences within A&E and local MIUs)

<sup>5</sup> Sunderland MIU Modelling (*Modelling of future services and their impact – options appraisal*)

Stoke, Blackpool and Durham PCT UCC Strategies and Evaluations

GP in A&E Pilots (*Trialling how Primary Care Pathways may work within A&E*)

By locating the primary care services alongside A&E at Sunderland Royal Hospital, it will be easier for people to get the help they need, in one location. We believe it will also help us to reduce the number of people attending A&E for minor conditions. In addition, the integration of services will ensure better use of financial and staff resources.

## **NHS 111**

NHS 111 is a new number which will be available in Sunderland from September 2012. The aim is to make it easier for people to access healthcare services when they need medical help fast, but it's not a life-threatening situation. In future if people need to contact the NHS for urgent care there will only be three numbers: 999 for life-threatening emergencies; their GP surgery; or 111

The NHS 111 will direct the public through the urgent care system offering them the opportunity to telephone first rather than accessing the system by walking in to what they perceive to be the most appropriate or nearest access point.

The NHS 111 service operates to the following core principles:

- Completion of a clinical assessment on the first call without the need for a call back.
- Ability to refer callers to other providers without the caller being re-triaged.
- Ability to transfer clinical assessment data to other providers and book appointments where appropriate.
- Ability to dispatch an ambulance without delay.

In considering the configuration of urgent care services, we have taken into account the introduction of the NHS 111 service which will make it easier for people to access the right level of urgent care services across Sunderland.

## **Proposal in summary**

In summary, we are proposing to reconfigure the urgent and emergency care provision to meet the needs of the people of Sunderland both in terms of the number of access points and their geographical spread across the city. We will also use an integrated model of care to ensure that the services we provide are resource efficient and financially sustainable within the current funding envelope. We are aware that we may need to revisit the configuration of these services in the future as part of an ongoing improvement programme.

## **What are the benefits of service reconfiguration?**

We need an urgent care system that meets the needs of the public and is financially affordable. We believe that our plans will:

- Reduce public confusion about use of services and ensure people are able to access the right service, at the right time.
- Improve patients' experience of urgent care services in Sunderland

- Reduce the need for people to be transferred to different locations to get the care they need
- Ensure that there is equitable access to health services across the city
- Provide a service that is affordable in the long term

### **Why public consultation?**

We will be seeking the views of the public, patients and other stakeholders about these proposed changes as part of a formal consultation process starting from April 2012 with any changes implemented from the autumn.

When the consultation is launched information will be widely available through local health services, including GPs, the local media, and public meetings (consultation document and leaflets etc)

Prior to consultation we are conducting further PPI to support existing findings.

### **Next Steps**

At this stage, no decision has been made about the final shape and nature of urgent and emergency care services in Sunderland, until feedback from the consultation, stakeholder and local OSC is received.

No matter what decision is reached we will ensure there is equitable access to appropriate health services across the city and that the public are able to access GPs, the GP out-of-hour service and A&E department in the normal way.



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