

Making Urgent Care Work Better in Sunderland

Presentation to Sunderland City Council
Overview and Scrutiny Committee



October 2018

Presenter

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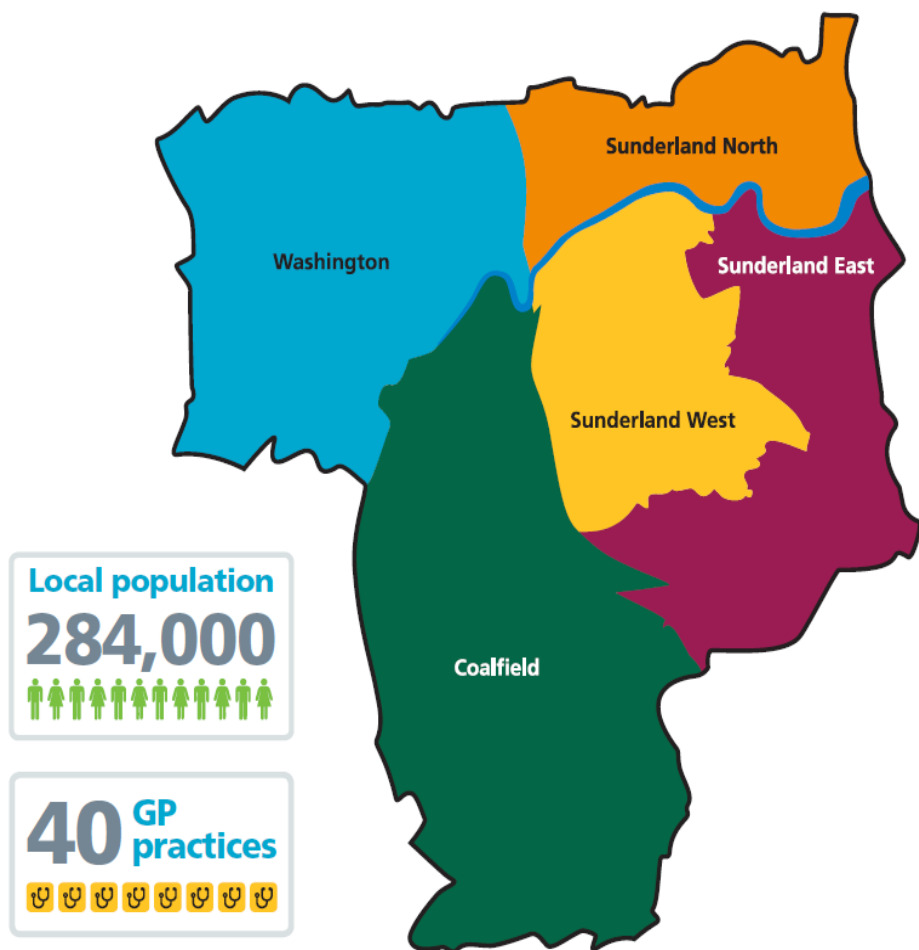
Introduction

- ASV was commissioned by NHS Sunderland Clinical Commissioning Group (CCG) to conduct an independent analysis of a public consultation on urgent care
- Presentation of the analysis will consider:
 - Background and context
 - The proposals for urgent care
 - Locations for the Sunderland Extended Access Service (SEAS)
 - Opening hours for urgent care services
 - Decision making criteria
 - Written, verbal, and other submissions
 - Summary of outcomes

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BACKGROUND AND CONTEXT

The Consultation



- NHS Sunderland CCG's public consultation on urgent care took place between **Wednesday 9 May and Sunday 2 September 2018.**

Urgent care means:

“When you suddenly become unwell and need to see a health professional the same day, **but it is not an emergency.**”

THE PROPOSAL		Current	Proposal
Minor injury and illness	Changing where people would go for minor illnesses and injuries:	Urgent care (walk-in) centres: <ul style="list-style-type: none"> Bunny Hill Primary Care Centre Houghton Primary Care Centre Washington Primary Care Pallion 	Replaced with better access to GP appointment. Focus: minor illnesses.
Urgent care	Introduction of an urgent treatment centre	-	The urgent care centre at Pallion Health Centre will change to an urgent treatment centre in-line with national policy. Focus: minor injuries.
Extended access to GPs	Changing the way people get urgent GP appointments	-	Sunderland Extended Access Service - urgent appointments on evenings, weekends, and bank holidays currently in 5 locations across the city.
NHS 111	Patients can use NHS 111 to get advice over the phone from a GP, nurse, consultant, or other healthcare professional. If needed, individuals may be booked an appointment with the most appropriate service.		Improved and integrated NHS 111 service which started in the North East in October 2018
Self care	Supporting more people to look after themselves	-	By giving people information about their own healthcare needs, this will help people develop the knowledge, skills, and confidence to manage minor healthcare issues themselves.
Recovery	Improved Recovery at Home service:	Intensive support to those recovering from short-term illness or injury in their own home, a care home or on discharge from hospital.	The Recovery at Home service will provide some visits on behalf of practices. Freeing up GPs to provide additional appointments to patients

The Consultation

- Proposal developed on five principles:
 1. Be safe, sustainable and provide responsive, high quality care.
 2. Help people to increase self-care (looking after yourself) through access to appropriate clinical advice.
 3. Ensure appropriate access to treatment as close to home as possible.
 4. Simplify access by improving integration (making sure everything is joined up) across health and social care and reducing duplication of services.
 5. Meet national requirements (have an UTC, use the improved NHS 111 service, and have GP appointments available evenings and weekends).

The Consultation

- All submissions considered
- Those received within the consultation timeframe independently analysed

Response method	Number of responses / participants
Street survey responses	406
Paper and online survey responses	1,309
Locality focus groups (5)	32
VCSO focus groups (25)	175
Public consultation events (16)	173
Clinical survey	67
Other submissions	57
Total responses	2,219

- Social media engagement 653,000 reach

The response sample

The Response Sample

Gender and age (2016 MYE)	Sunderland population	%	Quota	Achieved
Male 18-34	31,224	14.0%	56	53
Male 35-54	35,248	15.8%	63	62
Male 55+	40,498	18.2%	73	70
Female 18-34	31,010	13.9%	55	58
Female 35-54	37,727	16.9%	68	72
Female 55+	47,140	21.2%	85	86
Unknown	-	-	-	5
Total			400	406

Ethnicity (2011 Census)	Sunderland population	%	Quota	Achieved
White	142,090	95.9%	383	388
Other ethnic group	6,037	4.1%	17	11
Unknown	-	-	-	7
Total			400	406

Street Survey

The Response Sample

	No.	%
Live in Sunderland	295	72.7%
Work in Sunderland	3	0.7%
Live and work in Sunderland	108	26.6%
No. of respondents	406	

Locality	Quota	Achieved
Coalfields	80	56
Sunderland East	80	62
Sunderland North	80	79
Sunderland West	80	102
Washington	80	96
Other	-	11
Total	400	406

Street Survey

The Response Sample

Age	No.	%
16-17	4	0.3%
18-24	37	2.8%
25-34	113	8.6%
35-44	197	15.0%
45-54	253	19.3%
55-64	258	19.7%
65-74	203	15.5%
75+	59	4.5%
Prefer not to say	167	12.8%
No answer	18	1.4%
Total	1309	
Gender	No.	%
Female	860	65.7%
Male	254	19.4%
Other	1	0.1%
Prefer not to say	24	1.8%
No answer	170	13.0%
Total	1309	100%

The Response Sample

	No.	%
Live in Sunderland	746	57.0%
Work in Sunderland	50	3.8%
Live and work in Sunderland	414	31.6%
Neither	66	5.0%
Rather not say	25	1.9%
No answer	8	0.6%
No. of respondents	1309	

Ethnicity	No.	%
Asian/British Asian: Bangladeshi	3	0.2%
Asian/British Asian: Pakistani	3	0.2%
White: British	1043	79.7%
White: European	18	1.4%
White: Irish	6	0.5%
Another race or ethnicity	6	0.5%
Prefer not to say	40	3.1%
No answer	190	14.5%
Total	1309	

Consultation Survey

The Response Sample

Age	No.	%
16-17	5	2.9%
18-24	21	12.1%
25-34	22	12.7%
35-44	16	9.2%
45-54	21	12.1%
55-64	24	13.9%
65-74	38	22.0%
75+	25	14.5%
Prefer not to say	1	0.6%
No answer	0	0.0%
Total	173	

Gender	No.	%
Female	120	69.4%
Male	53	30.6%
Total	173	

VCSSO Focus Groups

The Response Sample

Ethnicity	No.	%
Asian/British Asian: Bangladeshi	9	5.2%
Asian/British Asian: Chinese	1	0.6%
Asian/British Asian: Indian	2	1.2%
Asian/British Asian: Pakistani	4	2.3%
Black/British Black: African	9	5.2%
Mixed race: Asian & White	1	0.6%
White: British	114	65.9%
White: European	16	9.2%
Another race or ethnicity:	8	4.6%
Prefer not to say	1	0.6%
No answer	8	4.6%
Total	173	

VCSSO Focus Groups

The Sample

- The street survey of Sunderland residents is representative at the Sunderland population level, considering the views of all irrespective of current service use.
 - This is the only statistically reliable response in the consultation
 - But it does not necessarily reflect the views of services users.

The Sample

- Online, postal, and face-to-face surveys are self-selecting, generally representing the views of those who are aware of and engaged in the topic area.
 - This is very important opinion but cannot be treated as being statistically reliable.
 - This is more likely to include the views of service users, carers, staff, and others with a direct interest in the services, but cannot be said to represent opinion from the entire population.

The Sample

- Locality focus groups represent opinions of the general public in the localities
- VCSO focus groups represent opinion from protected characteristic groups and those most likely to be affected by the proposal
- Public consultation events with 173 attendees open to all who wished to attend

Petitions

- In total, four petitions were received by Sunderland CCG
 - Save Bunny Hill Urgent Care Services: 859 signatures;
 - Save Houghton Urgent Care Services: 3,986 signatures; and
 - Save Washington Urgent Care Services: 2,697 signatures.
 - Keep our NHS Public (KONP): approximately 6,500 signatures
- The petition received by KONP will be included in the final report.
- This petition, along with other comments received during this feedback phase will be included for intelligent consideration by the CCG.
- The public have until 28 October 2018 to comment on the draft findings of the consultation.
- The CCG will publish the final version of the consultation analysis report in November 2018.

The proposal for urgent care in Sunderland

Meet needs?

- 53.0% of street survey respondents felt the proposal met needs;
- 27.8% of consultation survey respondents felt the same
 - By geography:

More likely:

- | | |
|--------------------|-------|
| ■ Sunderland East | 48.4% |
| ■ Sunderland West | 39.4% |
| ■ Sunderland North | 31.5% |

Less likely:

- | | |
|------------|-------|
| Coalfields | 19.9% |
| Washington | 15.6% |

- 37.3% of clinicians felt the proposals met need; and
- No consensus other methods

Other considerations?

Benefits of the proposals

- Improving access to primary care (GPs);
- Extended hours provision;
- An improved NHS 111 service in terms of more clinical input and assessment;
- Supporting more people to self-care;
- Provision of an urgent treatment centre at Pallion Health Centre;
- Streamlining of services and reduced duplication;
- Acknowledgement of flaws in the current system; and
- Efficiencies in service through joined up delivery and workflows, supported by improved communications.

Other considerations?

Concerns

- Potential to favour close proximity to Pallion Health Centre over outlying areas, particularly Washington and Coalfields.
- Impact on vulnerable groups
- Impact increases in travel time could have on an individual's condition
- High level of deprivation and low car ownership across the city of Sunderland potentially limiting access to services to public transport operating hours
- Unclear distinction between services which may result in people travelling further between services.
- Capacity and ability to support the proposal:
 - GP practices
 - NHS 111 service
 - One urgent treatment centre at Pallion Health Centre
- Public resources invested in and developing the walk-in centres

The location for the Sunderland Extended Access Service

Location - overall consensus

- There needs to be a good spread of locations for the extended access service ensuring that the outlying areas of Sunderland are provided with an alternative to the closing urgent care centres;
- The locations should be identified based on population and demographic need;
- A comprehensive travel and transport review is undertaken, including assessment of access out-of-hours when public transport is limited;
- Parking at each of the locations is considered; and
- The benefits of using purpose-built facilities / those currently providing an urgent care service are recognised.

Location: opinion on the proposal

- Sunderland West – Pallion Health Centre:
 - Street survey – 28.1%;
 - Online/paper survey – 38.0%; and
 - Clinical survey – 38.8%.
- Sunderland East – Riverview Health Centre:
 - Street survey – 24.2%;
 - Online/paper survey – 24.2%; and
 - Clinical survey – 23.9%.

Location: opinion on the proposal

- Sunderland North – Bunny Hill Primary Care Centre:
 - Street survey – 23.4%;
 - Online/paper survey – 45.9%; and
 - Clinical survey – 40.3%.
- Coalfields – Houghton Primary Care Centre
 - Street survey – 12.8%;
 - Online/paper survey – 40.9%; and
 - Clinical survey – 34.3%.

Location: opinion on the proposal

- Washington:
 - Victoria Road Health Centre (15.5%), street survey
 - Washington Primary Care Centre online/paper survey and the clinical survey (48.0% and 34.3%, respectively)

Location: opinion on the proposal

- **Sunderland East:** Riverview, and/or Pallion (Grindon also suggested)
- **Washington:** Washington PCC (Victoria Road also suggested)
- **Coalfields:** Houghton PCC was the preferred public option for
- **Sunderland North:** Bunny Hill was the preferred option(Grindon also suggested)
- **Sunderland West:** Pallion (Grindon also suggested)
 - Pallion has many negatives which need to be addressed.
- **Grindon Lane** identified through several consultation mechanisms in addition to / instead of Pallion (and potentially Riverview):
 - Sunderland East
 - Sunderland North
 - Sunderland West

Extended Access Service at Pallion

Two services joined up at Pallion

- Street survey
 - 45.6% joined
 - 20.2% not joined-up
- Online/paper survey:
 - 39.6% joined up
 - 38.0% not joined up

Two services joined up at Pallion

By geography online and paper survey:

- Sunderland East 63.1%
- Sunderland joined 56.5%
- Sunderland North 42.9%,
- Coalfields 30.4%
- Washington 23.9%.

Two services joined up at Pallion

- Clinicians: joined-up 43%
- Other methods
 - No clear consensus
 - Positive and negative opinion discussed

Pallion SEAS

For joined-up:

- More efficient service through:
 - Better access to doctors and nurses;
 - improved communication;
 - continuity of care;
 - quicker treatment and easier referrals; improved quality of care; and
 - shared facilities and resources.
- Support from services working together.

Pallion SEAS

For joined-up:

- Easier for patients to travel to one location rather than being re-directed from one service to another;
- Reduces patient confusion - avoids patients accessing inappropriate services;
- Proximity to Sunderland Royal Hospital; and
- Beneficial for city centre residents.

For separate service:

- Greater travel and access issues if the services are joined-up;
- Keeping separate services provides better access across Sunderland;
- Avoids demand on Pallion Health Centre;
- Concern about the infrastructure at Pallion: parking, congestion and the centre not being fit for purpose;
- Travel and transport issues to Pallion, particularly for vulnerable groups and those living in outlying communities; and
- Reluctance from some in outlying areas to travel.

Urgent Care Services Opening Hours

Urgent Treatment Centre

10am-10pm Monday to Friday

8am-10pm on weekends and bank holidays.

- **Street survey meet need:**
 - 86.2% weekday
 - 90.4% weekend/bank holiday
- **Online/paper survey meet need:**
 - 41.3% weekday
 - 55.5% weekend/bank holiday

- Street survey meet need:
 - 80.5% weekday
 - 85.2% weekend
 - 67.7% bank holiday
- Online/paper survey meet need:
 - 40.6% weekday
 - 43.9% weekend
 - 26.8% bank holiday (42.5% would not)

■ Other methodologies

- General agreement with the proposed opening times;
- Emerging theme: greater consistency in the opening times of the services to make it easier for those who need to access them.
- Use current capacity and demand information to inform decisions, having the services open longer (including 24 hour provision).
- Co-ordinating opening times with other services (e.g. pharmacy).

Referral to other services

Redirection to other services

How happy would you be if re-directed to a more appropriate urgent care service for your needs:

- Street survey 45.8% happy (very/fairly)
- Online/paper survey 38.9% happy (very/fairly)

Decision Making Criteria

Decision Making Criteria

- Highest ranked of CCG's criteria by respondents is principle three:
 1. Be safe, sustainable and provide responsive, high quality care.
 2. Help people to increase self-care (looking after yourself) through access to appropriate clinical advice.
 3. **Ensure appropriate access to treatment as close to home as possible.**
 4. Simplify access by improving integration (making sure everything is joined up) across health and social care and reducing duplication of services.
 5. Meet national requirements (have an UTC, use the improved NHS 111 service, and have GP appointments available evenings and weekends).

Decision Making Criteria

- Additional criteria for consideration:
 - Ability to meet patient's needs (particularly the needs of those from vulnerable groups, those from deprived areas and those living in outlying communities);
 - Availability of services (i.e. waiting times and opening times);
 - Services staffed by adequate and appropriately trained health professionals;
 - Impact on other healthcare services (i.e. the ambulance service & ED);
 - Communication between services; and
 - Affordability / value for money.

Other Considerations

Other Considerations

- Consideration of different area's demographic profile.
- Clarity that SEAS appointment might not be with the patient's own GP.
- Good communication is essential:
 - Clear, simple, providing explanation of why change is needed;
 - Target every household in Sunderland;
 - Promote services locations and how they can be accessed; and
 - Improve understanding of urgent care services; i.e. :
 - Defining urgent care;
 - Explaining the difference between urgent and emergency care.

Final Observations

Opinion Balance

- Online/paper survey tended to be less representative of the views of the younger population and ethnic minority groups in Sunderland:
 - 10.4% of respondents were under 35 years of age – the 2016 mid-year population estimate is 27.9%.
 - The mid-year estimate (2016) is 4.1% for the minority ethnic population online/paper survey 0.7%
- A street survey population representative sample of Sunderland residents who may not have experience of the service but are potential users at any time.
 - This balances opinion of any bias inherent in the online/paper sample
 - Street survey sample (406) = , 95% confidence level confidence interval of 5

Opinion Balance

- Protected characteristic groups discussions were undertaken directly with and those most likely to be impacted by the changes, convened by the local voluntary and community sector.
 - Age – younger people
 - Age – older people
 - Disability – mental
 - Disability – physical
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
 - Armed forces
 - Carers
 - Deprivation.



Thank you...
...keep in touch.

Giving us your feedback

You can write to us at:

Sunderland Clinical Commissioning Group,
Pemberton House,
Colima Avenue,
Sunderland
SR5 3XB

Call us on: 0191 2172670

Or email us at: SUNCCG.sccg@nhs.net

Next steps: key dates

Draft report, easy read, audio and summary on CCG website

Milestone	Deadline
Feedback available from the consultation	15 October to 28 October 2018
Draft report shared Health and Well-being Scrutiny Committee	End October
Improved NHS 111 service goes live (region wide)	1 October 2018
24/7 Home Visiting Service goes live	1 October 2018
Decision made by Sunderland CCG Governing Body	29 January 2019
New urgent care system goes live	1 April 2019