

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Wednesday 31st October, 2018 at 5.30 pm**

Membership

Cllrs Beck, Cunningham, Davison, D. Dixon, Elliott, Fletcher, Heron, Johnston, Leadbitter, N. MacKnight, McClennan and O'Brien.

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Contact: David Noon Principal Governance Services Officer Tel: 561 1008
Email: david.noon@sunderland.gov.uk

Information contained in this agenda can be made available in other languages and formats on request

6. **Notice of Key Decisions** 268

Report of the Head of Member Support and Community Partnerships (copy attached).

Part C – Health Substantial Variations to Service -

No Items

Part D – CCFA/Members Items/Petitions -

No Items

E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

23rd October, 2018

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 3RD OCTOBER, 2018 at 5.30 p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Davison, Fletcher, Heron, Johnston and O'Brien

Also in attendance:-

Ms Deborah Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group

Ms Andrea Hetherington – Acting Director of Corporate Affairs, South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust

Ms Lorraine Hughes, Consultant in Public Health, Sunderland City Council

Mr Graham King, Head of Integrated Commissioning, Sunderland City Council

Mrs Christine Tilley – Team Leader, Community Governance Services, Sunderland City Council

Mr Tony Walsh, Healthwatch

Mr Scott Watson, Director of Contracting and Informatics, NHS Sunderland
Sunderland Clinical Commissioning Group

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Leadbitter, N. MacKnight and McClennan.

Minutes of the last meeting of the Committee

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 5th September, 2018 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – Commissioning of a Multi-speciality Community Provider (MCP)

Councillor Fletcher made an open declaration as Board member of Sunderland Care and Support.

Item 5 - Managing the Market

Councillor Cunningham declared an interest in the report as a family Member worked at Cherry Tree Gardens.

Councillor Fletcher made an open declaration as Board member of Sunderland Care and Support and withdrew from the meeting at this juncture.

Commissioning of a Multi-speciality Community Provider (MCP)

The Chief Officer, NHS Sunderland CCG submitted a report (copy circulated) providing Members with an update of progress realising the local strategic ambition of a Multi-speciality Community Provider (MCP) leading, developing and delivering an effective integrated 'out of hospital' care model in Sunderland.

(For copy report – see original minutes).

Mr Scott Watson, Director of Contracting and Informatics, NHS Sunderland Sunderland Clinical Commissioning Group briefed the Committee on the background to the decision to secure a multi-speciality community provider collaboration business model via an alliance approach and the aim to have it in place by April 2019.

Mr Watson briefed Members on the development and implementation of the alliance arrangements over three key stages. He advised of the engagement work undertaken within the marketplace and the overarching engagement event held in June 2018, where views had been overwhelmingly supportive of the approach.

Mr Watson briefed the Committee on how the alliance model would work and in doing so referred to diagram 1 of the report. He explained the key features and referred Members to the key next steps in the process to implement the alliance proposals.

Councillor Davison asked how much influence the MCP would have over providers in relation to their terms and conditions and charges for services.

In response, Mr Watson advised that the Alliance would have an oversight of the contractors' standards. There were some key things to look at such as staff terms and conditions which they would need to be aware of and might need to deal with. Providers needed to work within the system and not come back for more money. However it was clear there wasn't any more money and therefore this should not happen. The NHS was free to patients at the point of source and would remain free.

In response to the Chairman, Mr Watson reported that providers covering 90% of the contracts had signed up to the Compact for Collaboration. All Members of the Alliance Executive had signed up excluding General Practice.

Councillor Johnston referred to the vision statement of the alliance and enquired how this could be achieved, in particular the statement 'ensuring people will live longer with better quality of life'.

In response to the Chairman, Mr Watson stated that there was some evidence of people getting a better standard of care and having better outcomes with the alliance approach where a whole raft of services were coordinated.

The Chairman asked who would manage the MCP.

Mr Watson advised that they were going out to appoint a Director to manage the MCP. There was a need for transparency and communications were inherent in everything the CCG was doing. There was recognition that there was a lot of work to be done from how they worked currently to get to the position of working more collaboratively. There would be a lot of decisions made that were not palatable with all providers.

In response to an enquiry from the Chairman as to how the computer systems were interacting with each other, Mr Watson advised that they were making sure key patient systems were able to integrate with each other and access the information needed. NHS England had provided a further grant of £0.5m to the 'Great North Care Record'; the ambition being to join up all the care records in the north. At the moment they were trying to get all those in Sunderland joined up.

Mr Graham King, Head of Integrated Commissioning, Sunderland City Council advised that he sat on the Shadow Board and commented that from a local authority commissioning perspective, the MCP felt like a natural evolution. There was already in the city the 'Better Care' pooled budget and reciprocal arrangements between Council staff and the CCG. The Shadow Board Members would be requesting approval from their respective organisational boards for the All Together Better Alliance Executive Group to approve the terms of reference and Scheme of Delegation at its first formal meeting that month. Sunderland CCG Governing Body and the Council's Cabinet would ratify these in November 2018.

The Chairman asked who looked after the patient's financial 'purse strings'.

Mr King responded by saying things were at an early stage but it was an emerging area. Ultimately the patient would look after their own budget for health services and decide how best it should be spent in consultation with the services and in addition to Direct Payments for Social Care. However, he repeated that this was early days in the deployment.

In response to Councillor O'Brien, Mr King confirmed that Direct Payments were not being got rid of.

The Chairman asked Mr Watson whether he could foresee any delay in having the Alliance in place.

Mr Watson responded to say that the only risk to this was if providers disengaged, however he did not foresee any delay.

The Chairman having commented that he looked forward to receiving an update report and having thanked Mr Watson for his attendance, it was:-

2. RESOLVED that the following recommendations be supported:-
- i) the adoption of the All Together Better Alliance as the title of the MCP alliance in Sunderland; and
 - ii) the work done to date and the ongoing engagement activities underway to develop the alliance arrangements, with the objective of ensuring the alliance is in place by April 2019.

Managing the Market

The Executive Director of People Services, submitted a report (copy circulated) providing information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team with regards to working with and developing a diverse care and support market, and an update on quality and adult safeguarding matters.

(For copy report – see original minutes).

Mr Graham King, Head of Integrated Commissioning briefed the Committee on the report highlighting how the Commissioning Team engaged with the provider markets as set out at paragraph 3.

In response to Councillor O'Brien's enquiry as to whether 19% of homes being rated as 'requires improvement' under the CQC ratings and inspections was high, Mr King advised that this represented 9 homes from 36. He added that Sunderland had one of the highest number of homes i.e. 75% that had an overall rating of 'good'.

Councillor Davison asked that the location of the care homes be included in the report in future.

Councillor Davison commented that it was misleading that on the signage Highcliffe Care Centre had five stars above its name.

Councillor Davison enquired whether a new care home was inspected when it first came into operation in the city to make sure it was giving a good quality service.

Mr King agreed that the five stars Councillor Davison had made reference to above were misleading.

Mr King advised that the breach relating to medicines in respect of Highcliffe Care Centre was in respect of the pharmacy that they were using and not something the Care Centre was doing. The issue relating to working with vulnerable people had now been rectified. Mr King added that the Council was not in control of the inspections the CQC undertook. However Council Officers did go out as a team of commissioners whenever a new home came into the city.

Councillor Heron commented that Paddock Stile Manor still required improvement and she found this very concerning. She referred to the issues raised in relation to staff training and the need for all members of staff who deliver care to people to have an enhanced DBS and Adults barred list check.

Mr King advised that Officers would dig into the inspection to find out what training was needed. In terms of the journey Paddock Stile was on, it had been marked as 'inadequate' and was now rated as 'requires improvement'. This was the recognised process of improvement. Homes did not usually move straight up to being judged as 'good'. Mr King added that in June Paddock Stile had started admitting people again as it was considered to have reached an acceptable level of care once more.

Councillor Johnston enquired as to what was needed in respect of Cherry Tree Gardens and Haddington Vale which had been rated as 'requires improvement'.

Councillor Johnston also asked whether there was any reason why the number of referrals to the independent advocacy service had dropped.

In response to the above, Mr King advised that the Commissioning Team continued to meet with Sunderland Home Care Associates, the care provider, who were working to a new standard in respect of the above care schemes.

In respect of the advocacy service, Mr King advised that the reduction for the quarter in question was linked to the Christmas holiday season and that work had been completed to improve the referral process, raise awareness etc. which had resulted in an increase in referrals for the previous quarter. There had been an increase in the number of advocates and so it was not envisaged that waiting times would go up. Waiting times to access the service had reduced from 54 days and were currently around 28 days.

In response to the Chairman, Mr King advised that care homes were generally very cooperative and engaging when it came to taking advice and making changes following the receipt of a 'requires improvement' rating from CQC as it made sense from both a care and business perspective to do so. The Council was able to use its contractual levers and stop putting people in the care homes in question, however generally there was such a level of engagement that there wasn't any need to resort to this action and the home would put on a voluntary suspension and not take any more customers until the issues were resolved. Good governance was something he had in mind to pick up with the whole of the market as well as issues such as pressure sores. This said, there was so much that was going so well in the city.

The Chairman commented that as a general trend CQC inspections were improving.

Councillor O'Brien commented that it was great to see two care centres in Grindon which are run by Sunderland Care and Support (SCAS) and provide a short break service, doing so well, one of which had achieved an outstanding rating.

Mr King stated that he echoed Councillor O'Brien's comments and added that Grindon Lane Short Break Service was one of the first to get an outstanding rating. There had been one more since however, which was also a short stay scheme run by SCAS.

In line with Members' requests, Mr King advised that the location of the care homes and further analysis of the work of the Independent Advocacy Service would be provided within future reports to the Committee.

The Chairman thanked Mr King for his report and commented that he looked forward to receiving further reports which showed improvement and it was:-

3. RESOLVED that the report be received and noted and that regular updates from the Commissioning Team in relation to the market position, taking into account the above requests for further information, be submitted to the Scrutiny Committee.

Integrated Sexual Health Services

The Director of Public Health submitted a report (copy circulated) providing an opportunity to seek views about future plans for the delivery of sexual health services in Sunderland.

(For copy report – see original minutes).

Ms Lorraine Hughes, Consultant in Public Health, Sunderland City Council presented the report to the Committee drawing attention to the sexual health commissioning responsibilities in place since 2013 which were set out at appendix 1 and commenting that the system was very complicated and provided challenges in terms of the interdependencies currently in place.

Ms Hughes highlighted that Local Authorities were mandated to commission open access sexual health services for everyone present in their area, however it was not set out to what level and how the services have to be provided. They were not a resident based provision and patients had a choice of where to access services.

Ms Hughes advised that the direction of travel nationally was still toward integrated sexual health services.

Ms Hughes referred the Committee to the sexual health outcomes in Sunderland set out at paragraph 4 of the report and the key findings of engagement work set out at paragraph 5. Ms Hughes highlighted the common perception of stigma associated with the Genitourinary Medicine (GUM) clinic set out in the key themes to emerge from the stakeholder interviews, as well as the location of the GUM clinic, which she advised the service provider was aware of.

Ms Hughes briefed Members on the proposed service model to operate from 1 October 2019. The contract would be for five years with the option to extend for two twelve month periods. There would be two routes of provision that were known as the Self Care and Direct Access Pathways. The pathways were interdependent and a service user might access one or both to manage their sexual health.

Ms Hughes advised that NHS England was keen that HIV treatment was maintained in Sunderland and that the service was currently provided by City Hospitals. In terms of access to services in Sunderland, 47% were Sunderland residents, 47% were from Newcastle and a small number were from Durham and other areas. It was the responsibility of NHS England to make adequate provision. Councillor Cunningham referred to the key findings of engagement work and the view that had emerged from that from stakeholders that Chlamydia was seen as 'a badge of honour'. He enquired what work was being done to change this view.

Ms Hughes advised that outreach work into schools and other venues where young people were, worked well. They would also look to do sessions to communicate data and factual information, including the consequences of STIs. Ms Hughes

advised that there was also an enhanced offer in the 0-19 service which had started in July and they would look to include something in there. They would also build something into the approach about tackling attitude and embarrassment.

Councillor O'Brien enquired whether the outreach work would focus on certain communities or age groups such as catholic schools and the gay community.

Ms Hughes advised that they would focus on key groups they knew were at risk, where the case figures were increasing and clients who were accessing other services such as the Substance Misuse Service. Some groups were more challenging to reach, however it was about finding a way to make the service accessible.

The Chairman referred to the reference in the report about using a range of media to provide information about the specialist and non-specialist sexual health services that were available in Sunderland and asked whether this included social media and whether market testing would be carried out to make sure it was getting to the target audience.

Ms Hughes confirmed that it did and that this would be developed with service users.

The Chairman commented that it could be embarrassing for individuals and asked how the service ensured the confidentiality and privacy of service users.

Councillor Cunningham enquired what steps were being taken to try and tackle the stigma related to STIs.

Ms Hughes advised that some of the training would support this. There was still a stigma which acted as a barrier to getting key groups to access the service. It was about being user friendly, gender neutral and making people feel comfortable to disclose and access the services available.

Ms Hughes referred to the key outcomes for sexual health in Sunderland detailed at paragraph 4.2 reporting that between 2015 and 2017 38.2% of HIV diagnoses were made at a late stage of infection, however this compared well to 41.1% in England. She added that the consultants in the GUM service championed the work around HIV and commented that Sunderland was lucky to have the interest and expertise available in the services being provided.

The Chairman asked that feedback on the service be brought back to a future meeting of the Committee to monitor how things were going.

The Chairman having thanked Ms Hughes for her attendance, it was:-

4. RESOLVED that:-

- i) the commissioning responsibilities of the Council for sexual health services, some of which are mandated, be noted; and
- ii) the burden of sexual health on the population of Sunderland be noted.

Annual Work Programme 2018/19

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the current work programme for the Committee's work to be undertaken during the 2018-19 Council year.

(For copy report – see original minutes).

Mr Nigel Cummings, Scrutiny Officer, highlighted that a report on the Urgent Care Consultation was scheduled for the next meeting and the Annual report of Sunderland Care and Support would be submitted to the meeting on 28th November.

The Committee asked Mr Cummings to chase up the Patient Travel and Transport Impact Assessment relating to Urgent Care Services.

5. RESOLVED that the current work programme for the Committee's work to be undertaken during the 2018-19 Council year be noted and endorsed and that emerging issues be incorporated into the plan as they arise throughout the year.

Notice of Key Decisions

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 18th September, 2018.

(For copy report – see original minutes).

Councillor Davison referred to item 180725/274 on the Notice and asked if further information could be provided as to whether this meant the fees for Care and Support at Home for Adults were to increase.

It was therefore:-

6. RESOLVED that the Notice of Key Decisions be received and noted and Mr Cummings make enquiries in relation to the above matter and circulate any response received to the Members of the Scrutiny Committee.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions.

(Signed) D. DIXON,
Chairman.

**MAKING URGENT CARE WORK BETTER IN SUNDERLAND – CONSULTATION
ANALYSIS**

REPORT OF NHS SUNDERLAND CCG

1. Purpose of Report

- 1.1 The report and presentation provide a detailed overview of the feedback from Sunderland CCG's consultation around Urgent Care which was launched on Wednesday 9 May 2018.

2. Background

- 2.1 Urgent care is 'a sudden healthcare problem that needs an appointment within 24 hours with a healthcare professional but is not a life-threatening illness or injury'. This includes urgent care for both mental and physical health.
- 2.2 The consultation was launched on Wednesday 9 May 2018 and ended on Sunday 12 August 2018.

3. Feedback from the Urgent Care Consultation

- 3.1 In summary a total of 2,219 people or organisations participated during the consultation period as patients, members of the public, elected officials, officials of public bodies, trade unions, political parties, and campaigning bodies.
- 3.2 The responses provided to the CCG were independently analysed by ASV Research Limited on behalf of Sunderland CCG. The full feedback report is attached at **Appendix 1** of this report for Members information.
- 3.3 A presentation, also attached at **Appendix 2**, will be provided at the meeting to provide a detailed overview and analysis of the findings from the consultation, this will include:
- 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.

4. Recommendation

- 4.1 The Health and Wellbeing Scrutiny Committee are requested to note the content of the report and presentation.
- 4.2 The Health and Wellbeing Scrutiny Committee is requested to consider the provision of a formal response to Sunderland CCG in response to the public consultation on urgent care services in Sunderland.



Making Urgent Care Work Better in Sunderland

Consultation Analysis Report

October 2018

This draft report presents the public and stakeholders with a further opportunity to comment on the draft findings of the consultation and the proposed next steps.

Comments on the draft report will then be considered in order for the CCG to finalise the draft report and publish a final version.

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Status	Draft
Version	4
Date	10/10/2018

DRAFT

1 EXECUTIVE SUMMARY

Findings in brief

1.1 Background to the consultation

NHS Sunderland Clinical Commissioning Group's (CCG) public consultation on urgent care took place between Wednesday 9 May and Sunday 2 September 2018.

The proposed changes presented for consultation include:

- **Changing where people would go for minor illnesses and injuries:** The urgent care centres (walk-in centres) at Bunny Hill Primary Care Centre, Houghton Primary Care Centre and Washington Primary Care Centre will be replaced with better access to GP appointments, predominantly for minor illnesses.
- **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. This will focus on minor injuries.
- **Changing the way people get urgent GP appointments:** Groups of GP practices are working together to provide the Sunderland Extended Access Service to offer urgent appointments on evenings, weekends, and bank holidays currently in 5 locations across the city.
- **A new improved integrated NHS 111 service:** An improved NHS 111 service starting in the North East in October 2018. 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.
- **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.
- **Improved Recovery at Home service:** housebound patients and those very vulnerable patients with complex needs will be supported to remain at home. This team responds quickly to provide intensive support to those who need more help while they are getting back to normal after a 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. This will increase GP capacity as it will free up GPs to provide additional appointments to patients.

The CCG used five key principles to develop the proposal. These principles were developed to meet national guidance, taking account of feedback from the public and working with their key partners, and were:

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 urgent treatment centre, use the improved NHS 111 service, and have GP appointments available evenings and weekends).

The CCG also stated that the proposal meets the national requirements set by NHS England and it has been reviewed by doctors, nurses, and healthcare professionals in Sunderland.

1.2 The consultation process

The specific methods used as part of the consultation and included in this analysis were:

- A consultation survey which was completed as a face-to-face street survey with a demographically representative sample of Sunderland residents (n=406). This survey used a slight variant of the standard consultation questionnaire to reflect the methodology.
- A consultation survey (n=1,309) which was available electronically or in hard copy. As part of this three events at local supermarket were conducted to disseminate information about the consultation and encourage survey completions (98 of the online/paper survey completions were generated through these events).
- Five focus groups in each of the CCG localities with 32 participants, broadly reflecting the population characteristics of the localities.
- Twenty-four focus groups through Voluntary Community Sector Organisations (VCSOs) with 175 people from protected characteristic groups and those most likely to be affected by the proposal.
- Sixteen public consultation events with 173 attendees.
- Two dedicated online question and answer events, which reached 1,971 people at the live sessions.
- Social media engagement, with a reach of 653,000.
- An online survey with 67 clinicians.
- Stakeholder submissions in written or verbal form from 57 contacts.
- 'Other' responses, such as petitions.

1.3 Responses to the consultation

In total 2,219 people or organisations participated during the consultation period as patients, members of the public, elected officials, officials of public bodies, trade unions, political parties, and campaigning bodies.

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

It is the duty of the CCG to listen to and take due regard of any submissions, in any form, made to the consultation. Our analysis covers all information made available to us by the CCG. The majority of methodologies used for this consultation collected anonymous responses due to recent GDPR requirements. The exception to this was from VCSO focus groups (24 VCSOs took part – see section 8), and through stakeholder submissions (57 submissions received – see section 9), including social media responses (see section 9.8).

1.4 The proposal for urgent care in Sunderland

Just over half of those who took part in the street survey felt the proposal for urgent care in Sunderland fully or slightly would meet their needs, their family's needs, and the needs of anyone that they cared for (53.0%). In contrast, 23.6% felt the proposal would fail or slightly fail to meet their needs, 11.3% felt the proposal would neither meet nor fail to meet their needs and 12.1% did not know or did not provide a response to the question.

However, the proportion who felt that the proposal would meet their needs was notably lower in the online/paper survey with just 27.8% perceiving that the proposal would fully or slightly meet their needs. In contrast, 58.4% felt that the proposal would fail or slightly fail to meet their needs (7.3% felt the proposal would neither meet nor fail to meet their needs whilst 6.6% were unsure or did not respond to the question).

For the larger sample who completed the online/paper survey, statistical analysis revealed that those from Sunderland East, Sunderland West and Sunderland North (48.4%, 39.4% & 31.5%, respectively) were significantly more likely to indicate that the proposal would fully or slightly meet their needs compared to those who lived in Coalfields and Washington (19.9% & 15.6%, respectively).

Furthermore, among the clinicians who took part in the clinical survey, 37.3% felt that the proposal would fully or slightly meet the clinical needs of the people using the service, whilst 17.9% perceived that it would fail or slightly fail to meet their needs and 6.0% that it would neither meet nor fail to meet needs. It must be noted however, that a large proportion of the clinicians who completed the online survey did not respond to the question (34.3% - 23 respondents).

For the other response methodologies there was no strong consensus on whether or not the proposals would meet the needs of Sunderland residents.

It became apparent that there was a large amount of uncertainty with regards to the proposal in terms of exactly how services will be delivered as well as concerns about the lack of specific detail about the locations of services and opening hours. This resulted in many being unable to decide for or against the proposal with a suggestion that more information will help people feel more confident in deciding whether or not this proposal addresses the needs of all residents in Sunderland.

Across the consultation response methods, there is recognition that the proposal does have many benefits, with themes relating to:

- 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.

However, these were balanced by a number of strong overarching concerns emerging from all the consultation response methods. In summary these were:

- The closure of local urgent care centres and the move to delivery of an urgent treatment centre at Pallion Health Centre may favour those that live in close proximity to this location, at the detriment of those who live in outlying areas, particularly Washington and Coalfields. Strong concerns were raised about the health impact that this would have on those that would be unable to travel to this location.
- People felt the proposal would have a significant negative impact on vulnerable groups notably the elderly, families with young children, people with disabilities, people with mental health issues as well as those on low incomes through additional requirements to travel, when they may not be able to or afford to.
- There was widespread concern that people will be disadvantaged in terms of access, travel time and cost by the requirement for additional travel to the urgent treatment centre and/or the extended access service. This was particularly felt to be the case for those from vulnerable groups, those on a low

income and those living in outlying areas, and there was a concern that some people might not be able to get access to the care they need. Also, in relation to this was:

- Concern about the high level of deprivation and low car ownership across the city of Sunderland;
- Access will be further limited by public transport operating hours; and
- Increased travel time and the negative impact that this could have on an individual's condition.
- Travel and transport was the largest concern among those who took part in the VCSO focus groups. To compound this issue further, participants were worried that the distinction between services is unclear (i.e. what constitutes 'urgent' and what is 'an emergency'?) which may result in people travelling further between services.
- The ability of one urgent treatment centre at Pallion Health Centre to cope with the increased demand that will be created as a result of the closure of three urgent care centres. Concerns related to the infrastructure in terms of the building, waiting areas, parking and congestion as well as the impact on waiting times and quality of care (parking is already considered a significant problem at Pallion Health Centre).
- The capacity and ability of GP practices to support the proposal with specific concerns relating to:
 - GP practices already struggling with demand with patients finding it difficult to make appointments at their GP practice;
 - Shortage of GPs in Sunderland and the ability of GP practices to provide 42,000 extra appointments each year with the same number of staff; and
 - The ability of practices to provide cover for the Sunderland Extended Access Service.
- Capacity and ability of the NHS 111 service to support the proposal with specific concerns relating to:
 - Negative patient experiences may cloud judgement / prevent people from contacting the service;
 - The limitations of telephone assessment and triage; and
 - Whether the service is equipped and able to cope with the additional demand that will be placed on it.
- Increased demand that will be placed on other healthcare services i.e. the Emergency Department (ED) and the ambulance service, as people may be unable to travel / access care and/or prefer the familiarity of a service that they know.
- The waste of public resources investing in and developing the walk-in centres only for them to be closed.

1.5 Locations for the Sunderland Extended Access Service

There was a consensus in the response methodologies that:

- 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.

Individuals who responded in the street and online/paper survey as well as clinicians in the online survey were asked to indicate whether they thought the following suggestions for an extended access service in Sunderland West and Sunderland East were suitable:

- 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%.

The only 'other' location that received a significant number of suggestions across the different response methods was Grindon Lane Primary Care Centre (65 of the 75 suggestions made for the Sunderland West area in the online/paper survey cited this location). This location was perceived to have better parking facilities than Pallion, have facilities readily available and be more centrally located to the west.

For the other localities, when given different options for the location of an extended access service, there was agreement in the street, online/paper and clinical survey on the preferred location for two of the three localities:

- 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%.

However, for Washington, the preferred location in this locality for those responding to the street survey was Victoria Road Health Centre (15.5%), whilst those responding to the online/paper survey and the clinical survey expressed a greater preference for Washington Primary Care Centre (48.0% and 34.3%, respectively).

1.6 Options for the Sunderland Extended Access Services in Pallion

The urgent treatment centre would be located on the ground floor of Pallion Health Centre, with an option to have an extended access service also located on this site.

Results from the street survey showed a greater preference for having these two services joined up at Pallion (45.6%) as opposed to keeping the two services separate and having this extended access service located elsewhere in Sunderland (20.2%). Just under a third did not know or had no opinion (32.3%) and 2% did not respond to the question or preferred to not say.

In contrast, results from the online/paper survey showed very near equal responses between those who felt the urgent treatment centre and the Sunderland Extended Access Service should be and should not be joined up (joined up – 39.6% & not joined up 38.0%). 14.0% were unsure or had no opinion and 8.4% did not respond to the question or preferred not to say. Respondents to the online/paper survey from Sunderland East and Sunderland West showed a significantly greater preference for the services being joined (63.1% & 56.5% respectively) compared to those from other areas (Sunderland North 42.9%, Coalfields 30.4% and Washington 23.9%).

Although, a large proportion of the clinicians who completed the clinical survey did not respond to this question in the survey (43.3% - 29 respondents), 43.3% felt that they should be joined and just 7.5% that they should not be (the remaining 6.0% were unsure or preferred not to say).

Opinion from the other response methodologies was mixed with individuals identifying the positives and negatives of each.

1.6.1 Support for a joined up service

The reasons offered to support respondents' backing for a joined up service with the urgent treatment centre located at Pallion, were in summary:

- A joined up solution offers a 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;
- 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.

1.6.2 Support for keeping the services separate

The reasons offered to support respondents' views that a joined up service with the urgent treatment centre located at Pallion was not a good idea, were in summary:

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

1.7 Opening hours for urgent care services

1.7.1 Urgent treatment centre

People were told how the current opening times for the urgent treatment centre were between 10am-10pm Monday to Friday and between 8am-10pm on weekends and bank holidays.

Most individuals who responded to the street survey indicated that these opening times would meet their needs:

- 86.2% stated that the proposed weekday opening times would meet their needs; and
- 90.4% felt the proposed weekend and bank holiday opening times would meet their needs.

Although smaller proportions, the majority of those who responded to the online/paper survey also felt these opening times would meet their needs:

- 41.3% stated that the proposed weekday opening times would meet their needs; and
- 55.5% felt the proposed weekend and bank holiday opening times would meet their needs.

1.7.2 Sunderland Extended Access Service

People were told how the current opening times for the Sunderland Extended Access Service were between 6pm-8.30pm on weekdays, between 9am-5.30pm on weekends and between 10am-2pm on bank holidays.

Most individuals who responded to the street survey indicated that these opening times would meet their needs:

- 80.5% stated that the proposed weekday opening times would meet their needs;
- 85.2% felt the proposed weekend opening times would meet their needs; and
- 67.7% said the proposed bank holiday opening times would meet their needs.

Again, although smaller proportions, the majority of those who responded to the online/paper survey felt the proposed weekday and weekend opening times would meet their needs:

- 40.6% stated that the proposed weekday opening times would meet their needs; and
- 43.9% felt the proposed weekend opening times would meet their needs.

However, when considering the proposed bank holiday opening times (10am-2pm) most online/paper survey respondents felt that these times would not meet their needs (42.5%) with just over a quarter indicating that the times did meet their needs (26.8%).

The finding of general agreement with the proposed opening times was consistent throughout the different response methodologies, however a general theme emerged in terms of having greater consistency in the opening times of the services throughout the week, weekends and bank holidays, to make it easier for those who need to access them. Frequent suggestions were also made with regard to using current capacity and demand information to inform decisions, having the services open longer (including 24 hour provision) and co-ordinating opening times with other services (e.g. pharmacy).

1.8 Being referred to other services

Those who responded to the street and online/paper survey were asked how happy they would be if they were re-directed to a more appropriate urgent care service for their needs. The majority of those responding in the two surveys indicated that they would be very or fairly happy (45.8% of those who responded in the street survey and 38.9% in the online/paper survey).

1.9 Decision making criteria

Comments made with regard to the decision making criteria used by the CCG to develop the proposal strongly emphasised the importance of principle 3 'ensure appropriate access to treatment as close to home as possible'. Other principles that were felt to be important were:

- 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.

1.10 Other considerations

Numerous considerations were raised for the CCG in all of the different response methods, the most frequent of which are presented here:

- Consideration must be made to the demographic profile of different areas.
- It needs to be made clear that appointments with the Sunderland Extended Access Service might not be with the patient's own GP.
- Good communication is essential to inform the public of any changes:

- They must be clear and simple and provide an explanation of why change is needed;
- They must target every household in Sunderland;
- They must promote where services are and how they can be accessed; and
- They must help to improve the level of understanding surrounding urgent care services (i.e. clarify concepts of what urgent care is, differences between urgent and emergency care).

1.11 Final observations

Based on a review of the responses received, the online/paper survey tended to be less representative of the views of the younger population in Sunderland:

- 10.4% of respondents were under 35 years of age – the 2016 mid-year population estimate is 27.9%.

The online/paper responses are also less representative of the population in terms of responses from ethnic minority groups:

- The mid-year estimate (2016) is 4.1% for the minority ethnic population of Sunderland, with the online/paper survey gaining opinion from less than one percent of this population.

However, in recognition of this:

- A street survey was undertaken with a population representative sample of residents and people who live and work in Sunderland, 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 (the sample for the street survey was 406, with a 95% confidence level and a confidence interval of 5); and
- Qualitative discussions were undertaken directly with protected characteristic groups and those most likely to be impacted by the changes, convened by the local voluntary and community sector. This included groups organised specifically to listen to the views of younger people. Apart from children and young people these groups sought opinion from or on:
 - Age – older people
 - Age – younger 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.

We are not able to state conclusively that this consultation is fully representative of the views of the entire population of Sunderland but the mechanisms employed sought to include a wide range of opinion, which is reported on in the full analysis text.

We also note comment of thanks provided to us by the consultors, NHS Sunderland CCG (and NHS North of England Commissioning Support who supported the CCG with the consultation), to all consultees who took part:

Sunderland CCG would like to thank all those who took part in the consultation. Your input and feedback have proved invaluable and will help the CCG to decide how urgent care services can best meet the needs of local people in the future.

2 INTRODUCTION: ABOUT THE CONSULTATION

Background and Context

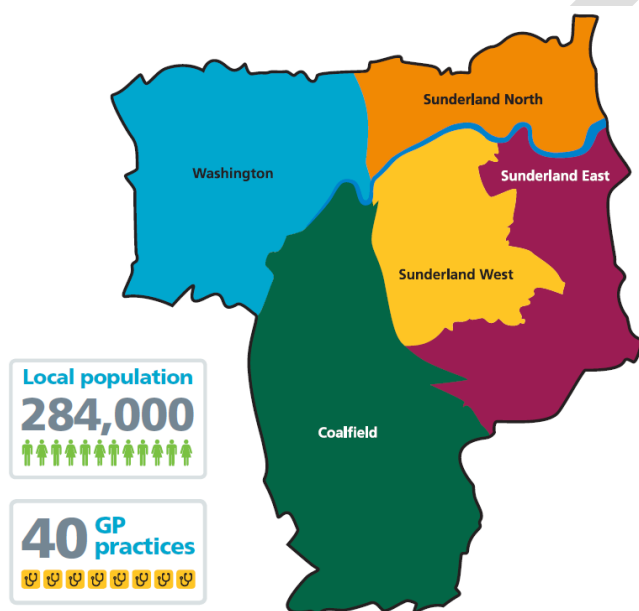
2.1 Background to the consultation

NHS Sunderland Clinical Commissioning Group's (CCG) 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."

Sunderland CCG has five localities, as shown in the graphic below, covering a population of 284,000 people through 40 GP practices. The consultation was open to all members of the public, stakeholders and professionals who are affected or likely to be affected by the changes.



The CCG stated in all related publicity that the consultation:

- Was not about closing buildings.
- Was about proposed changes to urgent care services, which included:
 - No longer providing walk-in (urgent care) services in Houghton, Bunny Hill and Washington;
 - Replacing these with appointments in Sunderland CCG's existing 40 GP practices and Sunderland Extended Access Service;
 - An urgent treatment centre (UTC) located at Pallion Health Centre.
- Home visiting service for vulnerable or housebound patients.
- Will not affect other services that are currently based in these buildings.
- Most people will be treated closer to home; and that this is part of a wider range of changes (Sunderland Extended Access Service, home visiting, enhanced NHS 111 and 42,000 extra GP appointments per year).

- Patients will only have to remember to call their own practice or the 111 number

The proposed changes presented for consultation were:

- **Changing where people would go for minor illnesses and injuries:** The urgent care centres (walk-in centres) at Bunny Hill Primary Care Centre, Houghton Primary Care Centre and Washington Primary Care Centre will be replaced with better access to GP appointments, predominantly for minor illnesses.
- **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. This will focus on minor injuries.
- **Changing the way people get urgent GP appointments:** Groups of GP practices are working together to provide the Sunderland Extended Access Service to offer urgent appointments on evenings, weekends, and bank holidays currently in 5 locations across the city.
- **A new improved integrated NHS 111 service:** An improved NHS 111 service starting in the North East in October 2018. 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.
- **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.
- **Improved Recovery at Home service:** housebound patients and those very vulnerable patients with complex needs will be supported to remain at home. This team responds quickly to provide intensive support to those who need more help while they are getting back to normal after a 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. This will increase GP capacity as it will free up GPs to provide additional appointments to patients.

The CCG used five key principles to develop the proposal. These principles were developed to meet national guidance, taking account of feedback from the public and working with their key partners, and were:

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 CCG also stated that the proposal meets the national requirements set by NHS England and it has also been reviewed by doctors, nurses, and healthcare professionals in Sunderland.

2.2 The consultation process

The specific methods used as part of the consultation and included in this analysis were:

- A consultation survey which was completed as a face-to-face street survey with a demographically representative sample of Sunderland residents (n=406). This survey used a slight variant of the standard consultation questionnaire to reflect the methodology.
- A consultation survey which was available electronically or in hard copy (n=1,309).
- Three events at local supermarket to disseminate information about the consultation and encourage survey completions (98 of the online/paper survey completions were generated through these events).
- Five focus groups in each of the CCG localities with 32 participants, broadly reflecting the population characteristics of the localities.
- Twenty-four focus groups through Voluntary Community Sector Organisations (VCSOs) with 175 people from protected characteristic groups.
- Sixteen public consultation events with 173 attendees.
- An online survey with 67 clinicians.
- Two dedicated online question and answer events, which reached 1,971 people at the live sessions.
- Social media engagement, with a reach of 653,000.
- Stakeholder submissions in written or verbal form from 57 contacts.
- 'Other' responses, such as petitions.

It is the duty of the CCG to listen to and take due regard of any submissions, in any form, made to the consultation. Our analysis covers all information made available to us by the CCG. In many cases we were unaware of the identity of the person making submissions due to recent GDPR requirements.

2.3 The response to the consultation

In total 2,219 people or organisations participated during the consultation period as members of the public, patients, carers, elected officials, officials of public bodies, trade unions, political parties, and campaigning bodies. A summary of responses is included in the table below.

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

A detailed breakdown of the responses by demographic characteristics, where available, for each are included in Appendix Two of this report.

2.4 Analysing the responses

ASV¹ was commissioned to provide an independent analysis of the consultation. The specific methods applied to analyse the findings were:

- **Quantitative Analysis:** the findings from the survey-based consultation approaches (online and postal consultation surveys, and street survey) were each analysed separately to recognise the differences² in the respondents and sampling approach.

The closed responses were analysed using industry standard proprietary statistical analysis software³ with manual thematic coding used for the free text responses to group them into themes reflective of the sentiment expressed.

- **Qualitative Analysis:** the findings from the focus group discussion-based consultation approaches are constructed on an approach where the data from the session notes is analysed and responses grouped into themes that most closely represent the views expressed. This allows us to report the findings based on an accurate reflection of the sentiments expressed. Qualitative data does not allow for commentary on the specific number of times comments are made within these coded themes.

The communications to promote the consultation and the methods used were designed to promote maximum participation, allowing all to contribute. It is important to note, however:

- Respondents to the 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 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

¹ ASV is a trading style of ASV Research Ltd

² Online and postal are treated as one category with similar aims and response mechanisms.

³ SPSS

opinion from the entire population. This is very important opinion but cannot be treated as being statistically reliable.

- 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.

Where quantitative results are presented in this report, the narrative refers to percentages of responses, the supporting tables provide the number of responses as well as percentages as well as the base used to calculate them.

This report presents the result of that independent analysis and is intended to inform decision makers of the views of consultees and to provide them with a summary of additional evidence which they wish them to take into conscientious consideration.

3 STREET SURVEY

Population level sample of opinion

3.1 Introduction

The CCG commissioned a street survey with Sunderland residents as part of the consultation, to develop an understanding of local opinion on the proposal for change to urgent care services. A target of 400 completed surveys was set, demographically mapped to be representative of the Sunderland population. In total, 406 surveys were completed.

The interviews were conducted by ASV's field force against a standard questionnaire agreed by the CCG, a slight variant of the standard online/paper consultation questionnaire to reflect the methodological need to achieve interviews in the street.

The street survey is representative of the Sunderland population and considers the views of all irrespective of current service use. This is a statistically reliable response but does not necessarily reflect the views of services users. The sample of 406 interviews achieved a confidence level of 95% with a confidence interval of 4.86. In other words, if we were able to achieve interviews with every resident in Sunderland, we are 95% confident that these results would be replicated to a level of plus/minus 4.86. This level of confidence does not apply to sub samples such as gender, race or location.

Unless specified percentages have been calculated as proportion of all survey respondents. This is indicated in the bottom of each table 'number of respondents'.

NB: Detailed demographic characteristics of the respondent sample are provided in Appendix Two of this report.

3.2 The survey sample

3.2.1 Survey quota

Details of the quota set for fieldworker interviewers are shown below, showing the number of surveys set, by age, gender and ethnicity compared to the number of surveys completed.

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

In addition to the quotas set for age, gender, and ethnicity, an even number of surveys were to be collected from the five locality areas. The actual versus quota is shown below.

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

From this sample of respondents:

- More than two thirds (72.7%) of respondents reported that they live in Sunderland;
- Just over a quarter (26.6%) lived and worked in Sunderland; and
- the remainder (0.7%) reported working in Sunderland.

	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	

3.3 The proposal for urgent care in Sunderland

Respondents were asked three broad questions to gauge their views on the proposal for change to urgent care in Sunderland:

- The extent to which the proposal met their needs, their family's needs or the needs of anyone they cared for;
- What they like about the proposal; and
- What they don't like about the proposal.

Each of these are discussed in turn on the following pages.

3.3.1 The extent the proposal meets people's needs

The majority of respondents (53.0%) felt the proposal slightly met or fully met their needs. A quarter (23.6%) felt the proposal would fail or slightly fail to meet their needs. Over one in ten respondents (11.3%) felt the proposal neither meets nor fails to meet their needs. The remainder (12.1%) did not know or provided no response to this question.

	No.	%
Fully meets needs	166	40.9%
Slightly meets needs	49	12.1%
Neither meets nor fails to meet needs	46	11.3%
Slightly fails to meet needs	13	3.2%
Fails to meet needs	83	20.4%
Don't know	45	11.1%
No response	4	1.0%
No. of respondents	406	

3.3.2 What respondents like about the proposal

Respondents were asked to provide an open response to the question "What do you like about this proposal?" Responses from those that answered this question were thematically coded to reflect the sentiment expressed. As per all other open questions within the survey, it is important to note that some respondents gave a response that was assigned to more than one code. Therefore, the number of responses may exceed the number of people answering the question.

The themes developed from this coding are shown in the table below.

Theme	No.	%
Improved access to see a health professional / treatment	106	26.1%
Nothing	82	20.2%
Don't know	37	9.1%
Extended opening hours	34	8.4%
Improved NHS 111	28	6.9%
Provision of an UTC	25	6.2%
Other	21	5.2%
Easy to travel to Pallion Health Centre / not too far away	21	5.2%
Dependent on location of services	12	3.0%
Ok / good	11	2.7%
Negative comment	10	2.5%
Supporting self-care	3	0.7%
No. of respondents	406	

Comments provided by respondents around what they liked about the proposal that led to these themes are shown below:

- Improved access to see a health professional / treatment

"It might be better to get an appointment"

"Getting appointment on same day"

"Handy as no appointments at moment so if better that's good"

"If get seen to straight away, quicker, would be better - quicker service is needed"

- Extended opening hours (evenings, weekends and bank holidays)

"Good if you can get somewhere bank holidays and weekends and get treatment as well"

"People take normal hour appointment during the day and I'm unable to be able to get one so more accessible late appointments is much better"

- Improved NHS 111 service

"111 advice and phone"

"111 service giving people knowledge and advice"

- Provision of an UTC

"Prefer to go to one place"

"One place with everything there sounds more efficient"

- Easy to travel to Pallion Health Centre / not too far away

"If it's at Pallion Health Centre that's good, as it's my local doctors"

"Urgent care in Pallion, easy access, my doctors are there"

- Dependent on the location of services

"No problem if centre is nearby"

"Be good if nearby"

3.3.3 What respondents did not like about the proposal

When asked “What don’t you like about this proposal?” and applying the same coding techniques the themes shown in the table below emerged.

	No.	%
Nothing	103	25.4%
Travel / access issues	84	20.7%
Don't know	35	8.6%
Closure of local walk-in centre	33	8.1%
Dependent on location of services	28	6.9%
Other	26	6.4%
Concern about the ability to make an appointment	19	4.7%
Demand placed on one UTC	18	4.4%
Poor experience / reputation of NHS 111	15	3.7%
Reduction in local service provision / Local health services needed	12	3.0%
No. of respondents	406	

Comments provided by respondents around what they did not like about the proposal that led to these themes are shown below:

- Travel / access issues

“Out of the way too far to travel for me”

“If it’s further to get to may cause a problem to some people”

“If it’s out of town and you have to travel - how do elderly get there?”

“Travelling further afield could be a problem for some people”

“Wheelchair and in a home, bad news for me as could be further to go”

- Closure of local walk-in centres

“I like and prefer walk-in centres”

“Closing the local centres”

“Bunny Hill shutting? It’s local to me – not good news”

- Dependent on the location of services

“Not sure where it would be”

“Will they be in town centre?”

“Depends on where it is”

- Concern about the ability to make an appointment (considering current difficulties)

“Could be worse than it is now to get appointments”

“No good having appointment systems, rang 111 and got no help whatsoever”

- Demand placed on one UTC (i.e. waiting times, congestion, parking)

“Not sure how it will all work, too much going on in one place”

“Longer waiting times if there’s just one place, bad enough now”

- Poor experience / reputation of NHS 111

“111 service - every time you use it, all they ever do is refer you to hospital which puts strain on hospital so it’s a waste of the service”

“Don’t think 111 service will be any better – it never worked”

- Reduction in local service provision / local health services needed.

“Urgent care needs to be local”

“Some people at the minute do need walk-in centres and Houghton Care Centre is desperately needed for that area”

3.4 Locations for the Sunderland Extended Access Service

In response to the question “Which locations do you think would be good for a Sunderland Extended Access Service?” respondents were given twelve options:

1. (Washington) Galleries Health Centre, NE38 7NQ
2. (Washington) Victoria Road Health Centre, NE37 2PU
3. (Washington) Washington Primary Care Centre (current Urgent Care Centre)
4. (Coalfields) Houghton Health Centre, DH4 4DN
5. (Coalfields) Houghton Primary Care Centre (current Urgent Care Centre)
6. (Sunderland North) Southwick Health Centre, SR5 2LT
7. (Sunderland North) Bunny Hill Primary Care Centre (current Urgent Care Centre)
8. (Sunderland West) Pallion Health Centre, SR4 7XF
9. (Sunderland East) Riverview Health Centre, SR1 1XW
10. None of the above
11. Don’t know
12. Other (please specify)

Ranking of these options produced the results shown in the table below.

	No.	%
Sunderland West		
Pallion Health Centre	114	28.1%
Sunderland East		
Riverview Health Centre	317	24.2%
Sunderland North		
Bunny Hill Primary Care Centre	95	23.4%
Southwick Health Centre	20	4.9%
Washington		
Victoria Road Health Centre	63	15.5%
Galleries Health Centre	50	12.3%
Washington Primary Care Centre	19	4.7%
Coalfields		
Houghton Primary Care Centre	52	12.8%
Houghton Health Centre	15	3.7%
Other responses		
Other	10	2.5%
Don't know	9	2.2%
None of the above	3	0.7%
No. of respondents	406	

When looking preferences from those from different localities:

	Coalfields (N=56)	Sunderland East (N=62)	Sunderland North (N=79)	Sunderland West (N=102)	Washington (N=96)
Galleries Health Centre	16.1%	0%	1.3%	4.9%	34.4%
Victoria Road Health Centre	1.8%	0%	1.3%	1.0%	60.4%
Washington Primary Care Centre	7.1%	4.8%	1.3%	1.0%	10.4%
Houghton Health Centre	19.6%	3.2%	0%	2.0%	0%
Houghton Primary Care Centre	73.2%	1.6%	2.5%	5.9%	0%
Southwick Health Centre	1.8%	1.6%	2.5%	12.7%	3.1%
Bunny Hill Primary Care Centre	5.4%	19.4%	81.0%	13.7%	0%
Pallion Health Centre	10.7%	46.8%	2.5%	72.5%	0%
Riverview Health Centre	1.8%	19.4%	0%	2.0%	0%

Calculations based on the number of respondents from each locality (column totals) – responses do not equate to 100% due to multiple responses made by respondents

The preferred location for the Sunderland extended access service in each locality were:

- **Sunderland West:** 28.1% selected Pallion Health Centre, the only one offered in this location. 72.5% of residents from Sunderland West opted for this location.
- **Sunderland East:** 24.2% opted for Riverview Health Centre, the only one offered in this location. 19.4% of those from Sunderland East opted for this location.
- **Sunderland North:** 23.4% preferred the location of Bunny Hill Primary Care Centre as opposed to 4.9% that selected Southwick Health Centre. 81.0% of residents from Sunderland North preferred the location of Bunny Hill Primary Care Centre.
- **Washington:** the highest proportion selected Victoria Road Health Centre (15.5%) as their preferred location in Washington with 60.4% of residents from Washington opting for this location.
- **Coalfields:** 12.8% selected Houghton Primary Care Centre as opposed to 3.7% that selected Coalfields. 73.2% of residents from Coalfields opted for this location.

Those providing an alternative location - although small in number - suggested the following very broad locations:

'Other'	No.	%
Hendon	9	2.2%
Grindon Lane	8	2.0%
Town centre location	5	1.2%
Sandhill	2	0.5%
Hetton	2	0.5%
Pennywell	1	0.3%
Sunderland West	1	0.3%
Sunderland East	1	0.3%
No. of respondents	406	

3.5 Options for the Sunderland Extended Access Services in Pallion

Respondents were provided with a description of the Sunderland Extended Access Service and the potential for this being delivered as a joined up service with the UTC at Pallion Health Centre. They were then asked...

"Considering the points for and against the urgent treatment centre and the Sunderland Extended Access Service being joined together or kept as two separate services, do you think they should be joined up?"

The majority of respondents (45.6%) thought the two services should be joined up. Over a third of respondents (34.3%) did not know, did not have an opinion, said they preferred not to say or did not provide an answer. A fifth of respondents (20.2%) did not think the services should be joined up.

	No.	%
I do think the two services should be joined up	185	45.6%
I do not think the two services should be joined up	82	20.2%
Don't know / no opinion	131	32.3%
Rather not say	6	1.5%
No answer	2	0.5%
No. of respondents	406	

3.5.1 Reasons for keeping the services separate

The main reasons provided by respondents, following thematic analysis, for preferring a service that was not joined up were as shown in the table below.

Theme	No.	%
Separate services improve access and provides greater choice	32	39.0%
Greater travel / access issues if services are joined	29	35.4%
Too great a demand on one UTC	22	26.8%
Cost-cutting initiative	3	3.7%
Other	4	4.9%
Leave services as they are	2	2.4%
Parking at Pallion Health Centre	2	2.4%
No. of respondents	82	

Comments provided by respondents that led to these themes are shown below:

- Separate services improve access and provides greater choice

“Offers people more and different place to go”

“Then people can have two places to go”

- Greater travel / access issues if services are joined

“Might be difficult for people to get there if don’t drive”

“It’s not going to suit everyone. It’s got to be out the ways for some people”

- Too great a demand on one UTC i.e. long waiting times, difficulty in making appointments, congestion.

“Too many trying to get treatment and answers to what is wrong when ill”

“It would be too much for one place, you wouldn’t get quicker appointments”

3.5.2 Reasons for joined up service

The main reasons provided by respondents, following thematic analysis, for preferring a service that was joined up were as shown in the table below.

- The significantly most frequently cited was 'all in one place' (63.8%);
- The next was 'easy access' (25.4%).

	No.	%
All services under one roof	118	63.8%
Improves access / easier to travel to one location rather than travel to different services	47	25.4%
Other	19	10.3%
Allows patients to access care outside of normal working hours	5	2.7%
Negative comment about being joined	2	1.1%
Avoids patients accessing inappropriate services	3	1.6%
Walk-in centres do not work currently	2	1.1%
No. of respondents	185	

Comments provided by respondents that led to these themes included:

- All services under one roof - offers a more efficient service through access to doctors & nurses, communication, continuity of care, quicker treatment & easier referrals

"Better for community if all services in one place"

"When go to doctors do not get enough help, get them all together, better service more efficient"

- Improves access / easier to travel to one location rather than travel to different services

"Travel and distance to outlying areas is a bad thing, far better in one place"

"More central to get to"

"Easy access for people to get to one place"

- Allows patients to access care outside of normal working hours

"Help to have more appointments available at different times"

"GPs would be available longer hours"

- Avoids patients accessing inappropriate services

“Works out better with all services together will then not go to wrong one”

- Walk-in centres do not work currently

“It makes more sense, the walk-in centres never worked”

- Negative comment about services being joined up.

“It would mean longer waiting times and probably out of the area”

3.6 Opening hours for urgent care services

Respondents were also asked their views on a range of opening times for:

- Weekday opening times for the UTC;
- Weekend and bank holiday opening times for the UTC;
- Weekday opening times for the Sunderland Extended Access Service;
- Weekend opening times for the Sunderland Extended Access Service; and
- Bank holiday opening times for the Sunderland Extended Access Service.

The responses to each are discussed in turn below.

3.6.1 Urgent treatment centre – weekday opening times

In response to the question “If the urgent treatment centre was open between 10am and 10pm Monday to Friday, would this meet your needs?”

- The majority of respondents (86.2%) felt that these times met their needs;
- A minority (8.9%) felt they would not;
- The remainder (4.9%) either didn’t know or provided no answer.

	No.	%
Yes	350	86.2%
No	36	8.9%
Don’t know	16	3.9%
No answer	4	1%
No. of respondents	406	

3.6.2 Alternative opening times

Those who felt that the times didn't meet their needs and suggested different opening and closing times are discussed below. It must be noted that not all of those who said that the opening times did not meet their needs provided an alternative suggestion. For these questions, percentages are calculated as a proportion of those that indicated the opening times did not meet their needs.

From the 8.9% of respondents (36 respondents) who said the proposed opening times did not meet their needs, the majority felt the UTC should be open 24 hours (36.1%) or open from 8/8.30am on weekdays (33.3%). Full responses are shown in the table below.

	No.	%
24 hours	13	36.1%
8/8.30am	12	33.3%
9am	3	8.3%
7am	2	5.6%
6am	1	2.8%
10am	1	2.8%
Other comment	4	11.1%
No. of respondents	36	

From the same respondent base (36 respondents) the respondents suggested that the UTC should close on weekdays at the following (in rank order):

- 24 hours 36.1%;
- Midnight 8.3%; and
- 8pm 8.3%.

	No.	%
24 hours	13	36.1%
Midnight	3	8.3%
8pm	3	8.3%
10.30pm	1	2.8%
11.30pm	1	2.8%
7pm	1	2.8%
Other comment	4	11.1%
No. of respondents	36	

3.6.3 Urgent treatment centre – weekend and bank holiday opening times

When asked if the proposed UTC weekend and bank holiday opening times between 8am and 10pm met their needs:

- A very large majority (90.4%) said it would;
- 4.9% did not think they would; and
- 4.6% did not know or provided no answer.

	No.	%
Yes	367	90.4%
No	20	4.9%
Don't know	18	4.4%
No answer	1	0.2%
No. of respondents	406	

3.6.4 Alternative opening times

From the minority (20 respondents) who felt the opening times did not meet their needs, the majority (75.0%) felt the UTC should be open 24 hours on weekends and bank holidays.

	No.	%
24 hours	15	75.0%
7am	1	5.0%
Other comment	2	10.0%
No. of respondents	20	

From the same minority sample (20 respondents), the majority (75.0%) suggested that the UTC is open 24 hours a day on weekends and bank holidays.

	No.	%
24 hours	15	75.0%
Midnight	1	5.0%
8pm	1	5.0%
Other comment	2	10.0%
No. of respondents	20	

3.6.5 Sunderland Extended Access Service – weekday opening times

The majority (80.5%) of respondents felt the proposed opening times of between 6pm and 8:30pm for the Sunderland Extended Access Service on weekdays, would meet their needs.

- 11% did not know or provided no answer;
- A minority (8.4%) felt this would not meet their needs.

	No.	%
Yes	327	80.5%
Don't know	42	10.3%
No	34	8.4%
No answer	3	0.7%
No. of respondents	406	

3.6.6 Alternative opening times

From the small minority of respondents (34 respondents) who said the proposed opening times did not meet their needs:

- 23.5% said it should be open 24 hours;
- 11.8% said it should open between 6-8am; and
- 8.8% said it should open between 9-10am.

	No.	%
24 hours	8	23.5%
6-8am	4	11.8%
9-10am	3	8.8%
2-4pm	2	5.9%
5/5.30pm	3	8.8%
Other comment	7	20.6%
No. of respondents	34	

From the same small sample (34 respondents), the majority suggested that the Sunderland Extended Access Service should be open until 10/10.30pm (35.3%) or open 24 hours a day (23.5%).

	No.	%
24 hours	8	23.5%
7pm	1	2.9%
8pm	3	8.8%
9pm	1	2.9%
10/10.30pm	12	35.3%
11pm	2	5.9%
12pm	2	5.9%
Other comment	2	5.9%
No. of respondents	34	

3.6.7 Sunderland Extended Access Service – weekend opening times

The majority (85.2%) of respondents felt the proposed opening times of between 9am and 5:30pm for the Sunderland Extended Access Service on weekends, would meet their needs.

- 8.1% did not know or provided no answer; and
- A minority (6.7%) felt this would not meet their needs.

	No.	%
Yes	346	85.2%
Don't know	31	7.6%
No	27	6.7%
No answer	2	0.5%
No. of respondents	406	

3.6.8 Alternative opening times

From the small minority of respondents (27 respondents) who said the proposed opening times did not meet their needs:

- The majority (33.3%) suggested it should open between 8/8.30am; and
- 14.8% wanted it open 24 hours a day.

	No.	%
24 hours	4	14.8%
6am	1	3.7%
7am	1	3.7%
8/8.30am	9	33.3%
9am	2	7.4%
Other comment	1	3.7%
No. of respondents	27	

From the same small sample (27 responses):

- 29.6% felt the service be open until 10pm;
- 18.5% felt the service should close between 7 and 7.30pm; and
- 14.8% felt the service should be open 24 hours a day.

	No.	%
24 hours	4	14.8%
7/7.30pm	5	18.5%
8pm	5	18.5%
9/9.30pm	2	7.4%
10pm	8	29.6%
12pm	1	3.7%
Other comment	1	3.7%
No. of respondents	27	

3.6.9 Sunderland Extended Access Service – bank holiday opening times

The majority (67.7%) of respondents felt the proposed opening times of between 10am and 2pm for the Sunderland Extended Access Service on bank holidays, would meet their needs.

- 20.4% of respondents felt this would not meet their needs; and
- 11.8% did not know.

	No.	%
Yes	275	67.7%
No	83	20.4%
Don't know	48	11.8%
No. of respondents	406	

3.6.10 Alternative opening times

Respondents were more likely to suggest alternative opening hours for Sunderland extended access service appointments on a bank holiday. In total, 83 people provided an alternative time. The below summarises the alternative opening times suggested by respondents:

- 31.3% felt the Sunderland Extended Access Service should open at 8am on bank holidays;
- 20.5% felt a 9am opening time was appropriate; and
- 8.4% wanted a 24-hour opening.

	No.	%
8am	26	31.3%
9am	17	20.5%
24 hours	7	8.4%
10am	5	6.0%
Other comment	3	3.6%
6am	1	1.2%
7am	1	1.2%
11am	1	1.2%
No. of respondents	83	

Of those who suggested alternative close times, it was suggested that the Sunderland Extended Access Service should close on bank holidays at the following times (in ranked order):

- 6pm 24.1%
- 5/5.30pm 19.3%
- 7/7.30pm 13.3%
- 24 hours 9.6%
- 8pm 7.2%

	No.	%
6pm	20	24.1%
5/5.30pm	16	19.3%
7/7.30pm	11	13.3%
24 hours	8	9.6%
8pm	6	7.2%
10pm	5	6.0%
4/4.30pm	3	3.6%
Other comment	3	3.6%
9pm	2	2.4%
11pm	1	1.2%
12pm	1	1.2%
No. of respondents	83	

3.7 Being referred to other services

Respondents were asked if they attended a healthcare service, would they be happy to be redirected to another, more appropriate service for their needs (e.g. example, if someone went to the Emergency Department (ED) and were redirected to the UTC).

The majority of respondents indicated that they would be happy if they were redirected to a more appropriate urgent care service for their needs (45.8%).

- Just over a third (36.7%) stated that they would be unhappy;
- 9.6% stated that they were neither happy nor unhappy;
- 7.4% were unsure; and
- 0.5% did not provide a response to the question.

	No.	%
Very happy	111	27.3%
Fairly happy	75	18.5%
Neither happy or unhappy	39	9.6%
Fairly unhappy	41	10.1%
Very unhappy	108	26.6%
Don't know	30	7.4%
No answer	2	0.5%
No. of respondents	406	

3.8 Decision making criteria

In response to the question “Do you think there are any other principles we should include when making decisions about urgent care services in Sunderland?” coding of the responses produced the themes as shown in the table below.

	No.	%
Nothing	159	39.2%
Accessibility	63	15.5%
Don't know	52	12.8%
Availability of services, waiting times and appointments	28	6.9%
The ability to redirect people between services	25	6.2%
Other	16	3.9%
Staffing at services	7	1.7%
Patient education	4	1%
Need specialist services	4	1%
Ambulance services	4	1%
Need to see what happens	3	0.7%
Cost-cutting	3	0.7%
NHS 111	2	0.5%
No. of respondents	406	

Comments that informed the development of the major themes are shown below.

- Accessibility – concern about access for those who don't drive (rely on public transport), elderly, disabled, vulnerable & those with children

“Need to take into account transport for people who don't have a car”

“Travel would need looking into depending where new centres are based”

“Travelling distance, people want local services”

- Availability of services, waiting times and appointments

“Should be able to get it when you need it – available 24 hours”

“What happens out-of-hours?”

“Need access to your GP with longer appointments”

- The ability to redirect patients between services.

“Standing in queues then sent elsewhere to another queue it's not acceptable”

"You want as quick a service as you can if poorly and don't want to be sent elsewhere"

3.9 Other considerations

In response to the question "Is there anything else you think should be considered when making decisions about urgent care services in Sunderland?" the coded responses are shown in the table below.

	No.	%
Nothing	148	36.5%
Location & access	34	8.4%
Improved appointment system	25	6.2%
Other	20	4.9%
Improved staffing at services	11	2.7%
Keep services local / consider local needs	9	2.2%
Don't know	8	2.0%
Patient education required about what urgent care is	3	0.7%
Availability of pharmacists to support opening hours of the UTC	2	0.5%
See children straight away	2	0.5%
No. of respondents	406	

Comments that informed the development of the major themes are shown below.

- Location and access

"Keep local centres"

"A bus service here to Pallion, low cost, would have to get 3 buses normally"

- Improved appointment system

"More flexible appointments"

"Must be able to get a quicker appointment as shocking at the moment"

"Better appointments are needed you shouldn't have to wait three weeks"

- Improved staffing at services.

"More staff and appointments available, if not able to get appointment we will be worse off"

4 CONSULTATION SURVEY

Online and paper questionnaire returns

4.1 Introduction

During the consultation period the CCG provided an open response channel in the form of an online survey, which asked for opinion on their proposal for urgent care in Sunderland. The CCG also made a hard copy of the survey available for people who did not have access to the internet or preferred to complete their response on paper. A total of 1,309 responses were received to this element of the consultation of which:

- 1,077 were completed online;
- 134 were completed as hard copy paper returns; and
- 98 were collected during shopping centre outreach engagement.

Unless specified percentages have been calculated as proportion of all survey respondents.

Over half of the respondents lived in Sunderland (57.0%), whilst 31.6% indicated that they both lived and worked in Sunderland, and just 3.8% worked in Sunderland.

	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	

The majority of people responded to the survey on behalf of themselves (96.2%), whilst 0.8% responded on behalf of their organisation. The remaining 3.1% preferred not to say or did not answer the question.

Respondents to the 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 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. This is very important opinion but cannot be treated as being statistically reliable.

NB: Detailed demographic characteristics of the respondent sample are provided in Appendix Two of this report.

4.2 The proposal for urgent care in Sunderland

Respondents were asked three broad questions to gauge their views on the proposal for change to urgent care in Sunderland:

- The extent to which the proposal met their needs, their family's needs or the needs of anyone they cared for;
- What they like about the proposal; and
- What they don't like about the proposal.

4.2.1 The proposal for urgent care

Nearly half of respondents (49.8%) stated that the proposal failed to meet their needs, their family's needs and the needs of anyone they cared for, with a further 8.6% indicating that the proposal slightly failed to meet their needs.

In contrast, a significantly smaller proportion (27.8%) felt that the proposal slightly or fully met their needs. Additionally, 7.3% stated that it neither met nor failed to meet their needs whilst the remaining 6.6% were unsure or did not respond to the question.

	No.	%
Fully meets needs	175	13.4%
Slightly meets needs	188	14.4%
Neither meets nor fails to meet needs	95	7.3%
Slightly fails to meet needs	113	8.6%
Fails to meet needs	652	49.8%
Don't know	60	4.6%
No answer	26	2.0%
No. of respondents	1309	

When considered by gender, women were significantly more likely to indicate the proposal meets their needs than men:

- 32.8% of women stated that the proposal fully or slightly met their needs;
- Compared to 17.7% of men.

Those who consider themselves to have a disability were slightly more likely to indicate the proposal does not meet their needs than those who do not, however difference was not found to be statistically significant:

- 60.4% with a disability indicated the proposal fails or slightly fails to meet needs;
- Compared to 55.6% of those without a disability.

Although not statistically significant, those aged 18-24 years are most likely to indicate the proposal fully/slightly meets their needs (43.2%; 37 respondents) compared to other age groups. Caution must be applied to this as there was a much smaller number of respondents in this age group as well as the 75 years + age group, compared to others:

- 25-34 years 35.4% (113 respondents);
- 35-44 years 28.9% (197 respondents);
- 45-54 years 27.3% (253 respondents);
- 55-64 years 28.3% (258 respondents);
- 65-74 years 25.6% (203 respondents);
- 75+ 33.9% (59 respondents).

There are marked differences in the extent to which people living in the different localities in Sunderland felt that the proposal was likely to meet their needs. Those from Sunderland East (48.4%), Sunderland West (39.4%) and Sunderland North (31.5%) were significantly more likely to indicate the proposal fully or slightly met their needs (48.4%) compared to those from Washington (15.6%) and Coalfields (19.9%)

	Coalfields (N=181)	Sunderland East (N=122)	Sunderland North (N=191)	Sunderland West (N=239)	Washington (N=251)
Fully meets needs	7.2%	24.6%	16.8%	24.3%	4.8%
Slightly meets needs	12.7%	23.8%	14.7%	15.1%	10.8%
Neither fails nor meets needs	3.9%	9.8%	8.9%	7.9%	3.6%
Slightly fails to meet needs	6.1%	5.7%	9.4%	8.8%	11.2%
Fails to meet needs	65.2%	31.1%	40.8%	37.2%	66.1%
Don't know	4.4%	2.5%	8.9%	5.4%	2.4%
No answer	0.6%	2.5%	0.5%	1.3%	1.2%

Percentages are based on the number of respondents from each locality (column totals)

4.2.2 What respondents like about the proposal

Respondents were asked to provide free text response to the question “What do you like about this proposal?” The responses have been thematically coded to reflect the sentiment expressed. As per all open questions in this survey, it is important to note that some respondents gave a response that was assigned to more than one code.

The themes developed from this coding are shown in the table below:

Benefit	No.	%
Nothing	252	19.3%
Improved access to see a health professional / treatment	220	16.8%
Extended opening hours (evenings, weekends and bank holidays)	194	14.8%
Negative comment about the proposal	157	12.0%
Improved NHS 111 service	56	4.3%
Other	36	2.8%
Supporting more people to self-care	31	2.4%
Proposal looks Ok / good	23	1.8%
Provision of an UTC	22	1.7%
Streamlining services / less confusion for patients	21	1.6%
Acknowledgement of flaws in current system	14	1.1%
Easy to travel to one location - Pallion Health Centre / location not too far away	13	1.0%
Opinion dependent if the proposal works	12	0.9%
Reduced pressure on ED	9	0.7%
Improved patient choice	5	0.4%
Opinion dependent on the location of services / opening times	4	0.3%
No. of respondents	1309	

Comments made by respondents to support the main themes are as follows:

- Improved access to see a health professional or treatment

“Greater access to more timely appointments”

“Improved access to GPs”

“Access on all days – 365 at Pallion Health Centre”

- Extended opening hours

“Extended access service”

“Late evening and weekend access to GP”

“It would be good to get urgent GP appointments out-of-hours”

- Negative comment about the proposal

“I don’t like the proposal to close the current centres and to be replaced with one urgent care unit”

“I prefer the walk-in centres due to never being able to get a doctor's appointment”

To a lesser degree, respondents commented upon the:

- Improved NHS 111 service (4.3%);
- The proposal's ability to support more people to look after themselves (2.4%); and
- Provision of an UTC (1.7%).

4.2.3 What respondents do not like about the proposal

When asked “What don’t you like about this proposal?” and applying the same coding techniques the themes shown in the table below emerged.

Concern	No	%
Travel / access issues	288	22.0%
Concern about ability to make an appointment considering current difficulties / added pressure on GPs	207	15.8%
Closure of local walk-in centres / reduction in local access to healthcare services	168	12.8%
Demand placed on one UTC (i.e. waiting times, congestion, parking)	138	10.5%
Increased pressure on ED & ambulance service	77	5.9%
Everything / proposal won't work	57	4.4%
Local health services needed	56	4.3%
Waste of investment	50	3.8%
Other	49	3.7%
Poor perception of NHS 111	43	3.3%
Issues with staffing i.e. shortage of GPs	39	3.0%
Nothing	38	2.9%
Opinion dependent on the location & opening times of services / if it works	22	1.7%
Proposal is confusing	21	1.6%
Fails to meet needs / negative health impact	21	1.6%
Cost-cutting proposal	17	1.3%
Leave services as they are	15	1.1%
Issues around supporting people to look after themselves	15	1.1%
Positive comment about proposal	13	1.0%
Issues / questions about facilities offered at Urgent Care Centres, i.e. X-ray	13	1.0%
Face to face contact preferred over phone conversations	12	0.9%
Preference to see own GP	10	0.8%
No. of respondents	1309	

Comments made by respondents to support the main themes documented in the table on the previous page are listed below:

- Travel and access issues

“Too centralised. Difficult for older people/ those without own transport to visit centralised area. Parking difficulties possible for those with cars”

“I do not wish to travel to Pallion Health Centre when there is a perfectly adequate centre in Houghton-le-Spring”

- Concern over ability to make an appointment considering current difficulties / added pressure on GPs

“It's already hard enough to get an appointment with a GP. Every time I have tried to get an appointment, I have been told to go to the urgent care centre, so I fail to see how this proposal will work”

“Not convinced that you will always be able to get appointment”

- Closure of local walk-in centres / reduction in local access to healthcare services

“Concept of closing down the walk-in centres”

“I don't like that the service I seem to use most (albeit due to my GP practice's deficiencies) will be removed”

“Closing of local based walk-in centre in favour of one ‘central’ one is a bad idea”

- Demand placed on one UTC i.e. waiting times, congestion and parking.

“Too centralised on a service aiming to fail. Low parking facilities, people will struggle to get there, longer queues and poor service in a cramped location”

“Too many people to be seen in one place”

Other less frequent concerns related to:

- The increased pressure that will be placed on ED and the ambulance service (5.9%);
- The perception that local health services are needed (4.3%); and
- The waste of public resources investing in and developing the walk-in centres only for them to be closed (3.8%).

4.3 Locations for the Sunderland Extended Access Service

In response to the question “Which locations do you think would be good for a Sunderland Extended Access Service?” respondents were given twelve options:

1. (Washington) Galleries Health Centre, NE38 7NQ
2. (Washington) Victoria Road Health Centre, NE37 2PU
3. (Washington) Washington Primary Care Centre (current Urgent Care Centre)
4. (Coalfields) Houghton Health Centre, DH4 4DN
5. (Coalfields) Houghton Primary Care Centre (current Urgent Care Centre)
6. (Sunderland North) Southwick Health Centre, SR5 2LT
7. (Sunderland North) Bunny Hill Primary Care Centre (current Urgent Care Centre)
8. (Sunderland West) Pallion Health Centre, SR4 7XF
9. (Sunderland East) Riverview Health Centre, SR1 1XW
10. None of the above
11. Don't know
12. Other (please specify)

Ranking of these options produced the results shown in the table below.

	No.	%
Washington		
Washington Primary Care Centre	628	48.0%
Galleries Health Centre	409	31.2%
Victoria Road Health Centre	224	17.1%
Sunderland North		
Bunny Hill Primary Care Centre	601	45.9%
Southwick Health Centre	237	18.1%
Coalfields		
Houghton Primary Care Centre	535	40.9%
Houghton Health Centre	201	15.4%
Sunderland West		
Pallion Health Centre	497	38.0%
Sunderland East		
Riverview Health Centre	317	24.2%
Other responses		
Other	221	16.9%
None of the above	63	4.8%
Don't know	48	3.7%
No. of respondents	1309	

When the same responses are considered by place of residence of the respondents we see the following results.

	Coalfields (N=181)	Sunderland East (N=122)	Sunderland North (N=191)	Sunderland West (N=239)	Washington (N=251)
Galleries Health Centre	28.7%	27.9%	23.0%	30.5%	47.4%
Victoria Road Health Centre	8.3%	8.2%	9.4%	11.3%	39.4%
Washington Primary Care Centre	45.9%	40.2%	37.7%	33.1%	84.1%
Houghton Health Centre	36.5%	14.8%	13.1%	14.6%	5.2%
Houghton Primary Care Centre	85.1%	41.0%	29.8%	40.2%	26.7%
Southwick Health Centre	7.2%	23.8%	48.7%	19.2%	4.8%
Bunny Hill Primary Care Centre	38.7%	49.2%	74.3%	52.3%	29.9%
Pallion Health Centre	26.0%	62.3%	41.9%	69.9%	13.1%
Riverview Health Centre	13.3%	63.1%	28.3%	33.1%	8.4%

Calculations based on the number of respondents from each locality (column totals) – responses do not equate to 100% due to multiple responses made by respondents

Commentary on the results is provided by locality, in narrative form, below.

4.3.1 Washington

Washington Primary Care Centre was considered the best location of all the options in Washington (48.0% compared to 31.2% selecting Galleries Health Centre & 17.1% selecting Victoria Road Health Centre).

Equally, when considered by respondents from Washington, Washington Primary Care Centre was clearly the top choice:

- 84.1% preferred the location of Washington Primary Care Centre;
- 47.4% selected Galleries Health Centre; and
- 39.4% selected Victoria Road Health Centre.

4.3.2 Coalfields

Of the two options in Coalfields, Houghton Primary Care Centre received more support as a location compared to Houghton Health Centre (40.9% & 15.4%, respectively). When we consider responses from people who live in Coalfields, Houghton Primary Care Centre comes out significantly higher:

- 85.1% preferred the location of Houghton Primary Care Centre; and

- 36.5% Houghton Health Centre.

A specific 'other' suggestion made by just two respondents this locality was Hetton Group Practice.

4.3.3 Sunderland North

Bunny Hill Primary Care Centre was favoured over the other Sunderland North option of Southwick Health Centre (45.9% & 18.1%, respectively). Responses from those who live in Sunderland North were again in greater favour of Bunny Hill:

- 74.3% preferred the location of Bunny Hill Primary Care Centre; and
- 49.2% Southwick Health Centre.

Other specific suggestions made for this locality by a small number (two respondents) included: Fulwell Medical Centre and Monkwearmouth Health Centre.

4.3.4 Sunderland West

Given that there was only one option for this locality, 38% of the overall sample felt Pallion Health Centre would be an appropriate location in Sunderland West. When considered by people residing in this locality and in Sunderland East, Pallion Health Centre received the greatest level of support:

- Sunderland West 69.9%; and
- Sunderland East 62.3%.

The largest proportion of 'other' comments were made about this locality, with specific suggestions including:

- Grindon Lane Primary Care Centre (65 of the 75 comments made for this area);
- A town centre / central location (5 of the 75 comments); and
- Springwell Medical Practice (2 of the 75 comments).

4.3.5 Sunderland East

For Sunderland East, 24.2% felt Riverview Health Centre would be an appropriate location. This location was much greater preferred by those from Sunderland East (63.1%) compared to all other locations.

Other specific suggestions made for this locality included:

- Silksworth Health Centre (4 of the 36 comments made for this area); and
- Ryhope Health Centre (2 of the 36 comments made).

4.3.6 'Other' locations

Whilst some respondents suggested 'other' specific locations in each of the locality areas, others made more general comments in relation to:

- Their dissatisfaction with the overall proposal;
- The need for a good spread of locations across Sunderland;
- The need for good access and parking at each of the locations; and
- Use should be made of the facilities already available.

The frequency of occurrence of these broad themes is shown in the following table.

Theme	No.	%
Sunderland West location	75	5.7%
Sunderland East location	36	2.8%
Negative comment made about overall proposal	33	2.5%
Other comment	21	1.6%
As many locations as possible / good spread across Sunderland	19	1.5%
Individual unable to comment on other areas	11	0.8%
Coalfields location	8	0.6%
Comment made about location having adequate parking provision & good transport links	8	0.6%
Make use of the facilities already available	5	0.4%
Sunderland North location	3	0.2%
Washington location	2	0.2%
No. of respondents	1309	

4.4 Options for the Sunderland Extended Access Services in Pallion

Respondents were provided with a description of the Sunderland Extended Access Service and the potential for this being delivered as a joined up service with the UTC at Pallion Health Centre. They were then asked...

“Considering the points for and against the urgent treatment centre and the Sunderland Extended Access Service being joined together or kept as two separate services, do you think they should be joined up?”

There was very near equal responses between those who felt the UTC and the Sunderland Extended Access should be joined up and not joined up:

- Joined up 39.6%; and
- Not joined up 38.0%.

Additionally:

- 14.0% were unsure / had no opinion; and
- 8.4% did not respond to the question or preferred not to say.

	No.	%
Joined up	518	39.6%
Not joined up	498	38.0%
Don't know / no opinion	183	14.0%
Rather not say	38	2.9%
No answer	72	5.5%
No. of respondents	1309	

When considered by gender, women were significantly more likely to prefer a joined up solution than men:

- Preference for a joined up service: Female 43.7%, Male 34.3%;

In contrast, although not significant, men were more likely to prefer a joined up solution (a higher proportion of men indicated that they were unsure / didn't know than females):

- Preference for a service that is not joined up: Male 43.7%, Female 38.6%

Although not significant, those who consider themselves to have a disability are slightly more likely to express a preference for the services to not be joined up than those who do not:

- Preference for a service that is not joined up: Disability 44.2%, no disability 36.3%

Those from Sunderland East and Sunderland West showed a significantly greater preference for the services being joined (63.1% & 56.5%, respectively) compared to those from other areas:

- Sunderland North: 42.9%;
- Coalfields: 30.4%; and
- Washington: 23.9%.

This can be seen in the table +below:

	Coalfields (N=181)	Sunderland East (N=122)	Sunderland North (N=191)	Sunderland West (N=239)	Washington (N=251)
Joined up	30.4%	63.1%	42.9%	56.5%	23.9%
Not joined up	50.8%	27.0%	37.7%	30.1%	51.4%
Don't know / no opinion	13.8%	6.6%	14.1%	10.5%	20.3%
Rather not say	3.3%	1.6%	3.1%	1.3%	2.0%
No answer	1.7%	1.6%	2.1%	1.7%	2.4%

Calculations based on the number of respondents from each area (column totals)

4.4.1 Reasons for keeping the services separate

The main reasons provided by respondents, following thematic analysis, for preferring a service that was not joined up are shown in the table below.

	No.	%
Separate services improve access and provides choice / local services needed	84	16.9%
Greater travel / access issues if services are joined	81	16.3%
Too great a demand on one location	80	16.1%
Pallion is not a suitable location	47	9.4%
Other	37	7.4%
Services should be separate – two different functions	28	5.6%
Negative comment about overall proposal	23	4.6%
No change required - leave services as they are	22	4.4%
Joining up services is a cost cutting initiative	14	2.8%
Patient confusion if services co-located on one site	10	2.0%
No benefit to the patient / does not meet needs	9	1.8%
Comment about difficulty making GP appointments	8	1.6%
Increased demand on ED if all located at Pallion	7	1.4%
Already numerous services located at Sunderland Royal Hospital	5	1.0%
No. of respondents	498	

Comments provided by respondents that led to these themes included:

- Separate services improve access and provides greater choice

“Services should remain in communities”

- Greater travel and access issues if services are joined

“I do not think everything should be in one place it makes it less accessible especially for those who use public transport and are on low incomes.”

- **Too great a demand will be placed on one location** i.e. long waiting times and difficulty in making appointments

“They could not cope with the extra workload services are stretched as it is.”

“Too much to admin, managers need more hands on, more intimate services”

- **Pallion is not a suitable location** – respondents raised concern about parking, congestion on roads, the centre not being fit for purpose as well as access issues for those with a disability and the elderly.

“Too much in a poor location”

4.4.2 Reasons for a joined up service

The main reasons provided by respondents, following thematic analysis, for preferring a service that was joined up were as shown in the table below.

	No.	%
Benefits of centralisation	328	63.3%
Negative comment about proposal / more local access needed	40	7.7%
Easier to access / reduces travel if directed to the other service	38	7.3%
Concern about the location of Pallion Health Centre	25	4.8%
Other	25	4.8%
Avoids patients accessing inappropriate services / simpler system	19	3.7%
Proximity to Sunderland Royal Hospital	17	3.3%
No. of respondents	518	

Comments made by respondents to support the identified themes:

- **Benefits of centralisation** in terms of ‘everything being in one place’, cost-efficiencies, shared facilities and resources, continuity of care / quicker and easier referrals to the other service if required, improved communication and improved access to doctors and nurses.

“It would work better, and it makes more sense for patients and staff”

“Better communication and consistency of care”

“Better utilisation of staff”

“Hopefully better care through better communication”

Other less frequently cited benefits of having the services joined up included;

- Easier to access / reduces travel if directed to the other service (7.3%)
- Avoids patients accessing inappropriate services / simpler system (3.7%)
- Proximity to Sunderland Royal Hospital (3.3%).

“Less places to remember where to find them and could go to one and be referred to the other easier if necessary”

“Saves people extra travel if they need to attend both”

Additionally, although agreeing that the services should be joined up, 4.8% raised concerns with the location of these services at Pallion.

“Must make the car park bigger and more accessible. Also, what is going to happen to the GP surgeries already in Pallion Health Centre?”

“It’s common sense to join these up but the location in Pallion is not the best location for the majority of Sunderland, Houghton and Washington residents”

4.5 Opening times for urgent care services

Respondents were also asked their views on a range of opening times for:

- Weekday opening times for the UTC;
- Weekend and bank holiday opening times for the UTC;
- Weekday opening times for the Sunderland Extended Access Service;
- Weekend opening times for the Sunderland Extended Access Service; and
- Bank holiday opening times for the Sunderland Extended Access Service.

The responses to each are discussed in turn below.

4.5.1 Urgent treatment centre – weekday opening times

In response to the question “If the urgent treatment centre was open between 10am and 10pm Monday to Friday, would this meet your needs?” respondents provided the following;

- The majority of respondents (41.3%) felt the opening times met their needs;
- 36.8% felt that they didn’t;
- 14% were unsure; and
- 7.9% did not respond to the question.

	No.	%
Yes	541	41.3%
No	482	36.8%
Don’t know	183	14.0%
No answer	103	7.9%
No. of respondents	1309	

When considered by gender, although not significant, there was higher agreement among women than men:

- Women 47.2%; and
- Men 38.6%.

Those aged 65-74 years (36.5%; 203 respondents) and those aged 75+ (33.9%; 59 respondents) were less likely to agree with the opening times than younger age

categories. The difference between these older age groups and the smallest (18-24 years) was significant, despite the smaller number of respondents within these groups:

- 18-24 years 64.9% (37 respondents);
- 25-34 years 55.8% (113 respondents);
- 35-44 years 49.2% (197 respondents);
- 45-54 years 43.1% (253 respondents); and
- 55-64 years 45.7% (258 respondents).

Although not significant, greatest agreement was found among those from Sunderland East (50.0%), Sunderland North (49.2%) and Sunderland West (44.8%), compared to those from Coalfields (42.5%) and Washington (40.6%).

4.5.2 Alternative opening times

Those who felt that the times didn't meet their needs and suggested different opening and closing times are discussed below. It must be noted that not all of those who said that the opening times did not meet their needs provided an alternative suggestion. For these questions, percentages are calculated as a proportion of those that indicated the opening times did not meet their needs.

For those that felt that these times don't meet their needs, the most frequent preferred opening times were:

- 8/8.30am 26.6%; and
- 7/7.30am 13.1%.

In addition, just over a quarter of respondents (25.5%) suggested the UTC should be open 24 hours.

	No.	%
6/6.30am	42	8.7%
7/7.30am	63	13.1%
8/8.30am	128	26.6%
9/9.30am	10	2.1%
Earlier than 10am	1	0.2%
24 hours	123	25.5%
Other comment	43	8.9%
No. of respondents	482	

For those that suggested a different time of closure, the most frequently time of closure were:

- Midnight 18.5%; and
- 11/11.30pm 9.3%.

	No.	%
Earlier than 10pm	6	1.2%
10.30pm	4	0.8%
11/11.30pm	45	9.3%
12pm	89	18.5%
Later than 12pm	3	0.6%
Other comment	21	4.4%
No. of respondents	482	

4.5.3 Urgent treatment centre – weekend and bank holiday opening times

The majority of respondents (55.5%) indicated that the UTC opening times of 8am to 10pm on weekends and bank holidays met their needs:

- 21.7% felt that they didn't;
- 14.4% were unsure; and
- 8.4% did not respond to the question.

	No.	%
Yes	727	55.5%
No	284	21.7%
Don't know	188	14.4%
No answer	110	8.4%
No. of respondents	1309	

When considered by gender, although not significant, women were more likely to agree with the proposed opening times than men:

- Women 62.4%; and
- Men 54.3%.

There was a significantly higher agreement with the opening times among those who considered themselves to not have a disability:

- No disability 64.2%; and
- Consider themselves to have a disability 55.4%.

Although not significant, a lowering in the tendency toward agreement was found with increasing age group. Caution must be applied to those results from the 18-24, 25-34 and 75+ age groups due to the smaller numbers of respondents in these age categories.

- 18-24 years 78.4%;
- 25-34 years 69.9%;
- 35-44 years 64.5%;
- 45-54 years 60.5%;
- 55-64 years 58.1%;
- 65-74 years 54.7%; and
- 75+ years 45.8%.

4.5.4 Alternative opening times

For those that felt that these times don't meet their needs, the most frequently suggested opening times were:

- 24 hours 41.5%;
- 7 to 7.30am 10.6%; and
- 6 to 6.30am 10.2%.

	No.	%
6/6.30am	29	10.2%
7/7.30am	30	10.6%
Later than 8am	7	2.5%
24 hours	118	41.5%
Other comment	30	10.6%
No. of respondents	284	

For those that provided a different time of closure, the most respondents suggested that it should close at midnight (19.0%)

	No.	%
Earlier than 10pm	8	2.8%
Later than 10pm	1	0.4%
10.30pm	3	1.1%
11/11.30pm	16	5.6%
12pm	54	19.0%
Later than 12pm	6	2.1%
Other comment	14	4.9%
No. of respondents	284	

4.5.5 Sunderland Extended Access Service – weekday opening times

The majority of respondents (40.6%) felt that the proposed opening times of the Sunderland Extended Access Service on weekdays (6pm-8.30pm) met their needs.

- 31.7% felt that they didn't;
- 18.6% were unsure; and
- 9.1% did not respond to the question.

	No.	%
Yes	531	40.6%
No	415	31.7%
Don't know	244	18.6%
No answer	119	9.1%
No. of respondents	1309	

When considered by gender, women significantly agreed more than men that the proposed opening times met their needs:

- Women 47.6% in agreement; and
- Men 34.6%.

Although not significant, there was a higher agreement with the opening times among those who considered themselves to not have a disability:

- No disability 48.8%.
- Consider themselves to have a disability 40.0%.

Agreement was found to be significantly higher among respondents from Sunderland North (52.9%) compared to those from Washington (37.5%). Results for other areas were as follows:

- Sunderland East (46.7%);
- Sunderland West (47.3%); and
- Coalfields (39.8%).

4.5.6 Alternative opening times

For those that felt that these times don't meet their needs, the most respondents indicated that they should be open 24 hours (16.4%); whilst 12.5% suggested a time earlier than 4pm.

	No.	%
Earlier than 4pm	52	12.5%
Earlier than 6pm	4	1.0%
Later than 6pm	1	0.2%
4/4.30pm	19	4.6%
5/5.30pm	27	6.5%
24 hours	68	16.4%
Other comment	34	8.2%
No. of respondents	415	

For those that suggested a different time of closure, the majority of respondents felt that they should close between 10 and 10.30pm on weekdays (32.5%).

	No.	%
Earlier than 8.30pm	2	0.5%
Later than 8.30pm	5	1.2%
9/9.30pm	19	4.6%
10/10.30pm	135	32.5%
11/11.30pm	14	3.4%
12pm	26	6.3%
Later than 12pm	6	1.4%
Other comment	14	3.4%
No. of respondents	415	

4.5.7 Sunderland Extended Access Service – weekend opening times

When asked about the proposed weekend opening times for the Sunderland Extended Access Service the majority of respondents (43.9%) felt that the opening times of 9am to 5.30pm on weekends met their needs.

- 29.4% felt that they didn't;
- 16.7% were unsure; and
- 10% did not respond to the question.

	No.	%
Yes	575	43.9%
No	385	29.4%
Don't know	218	16.7%
No answer	131	10.0%
No. of respondents	1309	

Significantly higher agreement with the opening times was observed among those who considered themselves to not have a disability:

- No disability 53.3%;
- Consider themselves to have a disability 42.0%.

Although not significant, there was a lowering in the tendency toward agreement with an increase in age group. Caution must be applied to the results of those from the 18-24, 25-34 and 75+ age groups due to the smaller number of respondents in these categories.

- 18-24 years 70.3%;
- 25-34 years 60.2%;
- 35-44 years 53.3%;
- 45-54 years 48.2%;
- 55-64 years 43.4%;
- 65-74 years 41.9%; and
- 75+ years 42.4%.

Again, although not significant, agreement was found to be slightly higher in respondents from Sunderland East (54.9%), Sunderland North (52.9%) and Sunderland West (49.8%) compared to those from Coalfields (45.9%) and Washington (42.6%).

4.5.8 Alternative opening times

For those that felt that these times didn't meet their needs;

- The majority of respondents felt the Sunderland Extended Access Service should open at 8 to 8.30am (22.3%);
- 15.8% suggested they should be open 24 hours; and
- 10.9% suggested an opening time between 7 to 7.30am.

	No.	%
6/6.30am	22	5.7%
7/7.30am	42	10.9%
8/8.30am	86	22.3%
9am	10	2.6%
Earlier than 9.30am	6	1.6%
Later than 9.30am	4	1.0%
24 hours	61	15.8%
Other comment	15	3.9%
No. of respondents	385	

For those that suggested a different time of closure, the most frequently cited option was closure at 10 to 10.30pm (24.7%).

	No.	%
Earlier than 5.30pm	2	0.5%
Later than 5.30pm	7	1.8%
6/6.30pm	11	2.9%
7/7.30pm	15	3.9%
8/8.30pm	36	9.4%
9/9.30pm	16	4.2%
10/10.30pm	95	24.7%
11/11.30pm	18	4.7%
12pm	26	6.8%
Later than 12pm	4	1.0%
Other comment	11	2.9%
No. of respondents	385	

4.5.9 Sunderland Extended Access Service – bank holiday opening times

When asked if the proposed opening times of the Sunderland Extended Access Service on bank holidays (10am-2pm) met their needs, the majority (42.5%) stated that they did not.

- 26.8% indicated that these times met their needs;
- 20.6% were not sure; and
- 10.2% did not respond to the question.

	No.	%
Yes	351	26.8%
No	556	42.5%
Don't know	269	20.6%
No answer	133	10.2%
No. of respondents	1309	

When considered by gender, women tended to agree more than men that the proposed opening times met their needs, although this was not found to be significant:

- Women 31.4% in agreement; and
- Men 24.4%.

There was a significantly higher agreement with the opening times for those who considered themselves to not have a disability:

- No disability 33.9%; and
- Consider themselves to have a disability 25.1%.

Although not significant, agreement was higher among respondents from Sunderland East (35.2%), Sunderland West (33.1%) and Sunderland North (32.5%) compared to those from Coalfields (27.1%) and Washington (23.5%).

4.5.10 Alternative opening times

For those who felt that these times didn't meet their needs:

- The majority (22.1%) felt the Sunderland Extended Access Service should be open from 8 to 8.30am;
- 12.4% felt they should be open 24 hours; and
- 10.1% felt they should be open from 9 to 9.30am on bank holidays.

	No.	%
Earlier than 10am	1	0.2%
6/6.30am	19	3.4%
7/7.30am	30	5.4%
8/8.30am	123	22.1%
9/9.30am	56	10.1%
24 hours	69	12.4%
Other comment	20	3.6%
No. of respondents	556	

For those that suggested a different time of closure:

- The small majority (18.9%) felt they should close between 10 and 10.30pm;
- 11.3% felt they should close between 6 and 6.30pm; and
- 10.8% felt the Sunderland Extended Access Services should close between 5 and 5.30pm on bank holidays.

	No.	%
1pm	1	0.2%
Later than 2pm	2	0.4%
4/4.30pm	26	4.7%
5/5.30pm	60	10.8%
6/6.30pm	63	11.3%
7/7.30pm	10	1.8%
8/8.30pm	48	8.6%
9/9.30pm	7	1.3%
10/10.30pm	105	18.9%
11/11.30pm	14	2.5%
12pm	27	4.9%
Later than 12pm	3	0.5%
Other comment	13	2.3%
No. of respondents	556	

4.6 Being referred to other services

Respondents were asked if they attended a healthcare service, would they be happy to be redirected to another, more appropriate service for their needs (e.g. example, if someone went to the Emergency Department and were redirected to the UTC).

- Just under 40% indicated that they would be happy if they were redirected to a more appropriate urgent care service for their needs (38.9%);
- 28.8% stated that they would be unhappy;
- 17% stated that they were neither happy nor unhappy;
- 5.3% were unsure; and
- 10% did not provide a response to the question.

	No.	%
Very happy	180	13.8%
Fairly happy	329	25.1%
Neither happy nor unhappy	222	17.0%
Fairly unhappy	174	13.3%
Very unhappy	203	15.5%
Don't know	70	5.3%
No answer	131	10.0%
No. of respondents	1309	

When considered by gender, women indicated they would be happier to be redirected than men, this difference was found to be significant:

- Women 47.9% very or fairly happy;
- Men 30.3% very or fairly happy.

Those who did not consider themselves to have a disability were happier to be redirected than those who did, although the difference was found to be not significant:

- 48.1% of those without disability would be very or fairly happy;
- 39.8% of those who consider themselves to have a disability would be very or fairly happy.

Although not significant, those living in Sunderland East (49.2%), Sunderland North (49.2%) and Sunderland West (47.3%) were happier about being redirected compared to those respondents from Coalfields (40.9%) and Washington (36.3%).

4.7 Decision making criteria

In response to the question “Do you think there are any other principles we should include when making decisions about urgent care services in Sunderland?” the most respondents emphasised the importance of accessibility (15.9%) and availability of services (5.7%).

“Waiting times – this is a primary problem”

“How can you ensure you’re getting treatment as close to home as possible...it's contradicting... close Houghton Urgent Care...I live in Houghton...I would therefore have to travel by taxi to Pallion”

“You need to revisit principle 3 re Washington and Houghton in particular”

Additional criteria identified by respondents included services staffed by adequate and appropriately trained staff (2.0%), impact on other services (0.6%), communication (0.4%), the proposal's ability to meet / exceed requirements (0.5%) and transparency (0.2%).

“Quality of care, with staff who have the time to look after you properly”

Furthermore, in response to this question some respondents made more general comments about the proposal. The most frequent being a negative comment about the proposal / the need to keep services as they are (5.4%), the need to consider patient's needs and demographics of areas (4.9%) and the need for simple and clear communication for patients (2.7%).

“The CCG is only looking after their own interests and not the patients”

“This proposal only really caters for those who have cars, the ability to drive, a partner or family member, speak good English and not elderly. Therefore, a huge proportion, if not majority, of people living in Sunderland, which includes Washington by the way, will not find this meets their needs. Why create something that doesn't meet the needs of the disadvantaged?”

“As long as the patient is at the heart of any decision”

“Take into consideration the demographics of the region and the deprivation in some areas”

“Make provision of different services and their location VERY clear, by a marketing campaign, advertising or other. Don't keep changing things....it becomes very confusing”

Suggested Principles	No.	%
Accessibility	208	15.9%
Availability of services –appointments & waiting times	75	5.7%
Negative comment about proposal / leave services as they are	71	5.4%
Need to consider patient's needs and demographics of areas	64	4.9%
Other comment	48	3.7%
Patient education is required – make it simple, clear and stop making constant changes	35	2.7%
Adequate and appropriately trained staff	26	2.0%
Cost-cutting proposal	16	1.2%
Specialist services are needed (i.e. for elderly, mental health, for those with a disability)	15	1.1%
Improvements needed to NHS 111	10	0.8%
Negative comment about consultation process	9	0.7%
Impact of proposal on other services i.e. ED & ambulance service	8	0.6%
Personalised care / familiarity of own GP	7	0.5%
Communication	5	0.4%
Meet / exceed requirements	4	0.5%
Comment made in relation to redirecting patients between services	4	0.3%
Transparency	3	0.2%
No. of respondents	1309	

4.8 Other considerations

In response to the question “Is there anything else you think should be considered when making decisions about urgent care services in Sunderland?” the coded responses are shown in the table below.

Consideration	No.	%
Location & access of services / keep services local and consider individual needs	130	9.9%
Negative comment about proposal	86	6.6%
Consider geography of Sunderland – access issues for those in outlying areas	77	5.9%
Improved accessibility of appointments – booking systems, home visits, out-of-hours appointments, 24-hour access to urgent care	48	3.7%
Other	42	3.2%
Patient education – keep it simple and provide clarity about how patients contact different services and what their purposes are	36	2.8%
Negative comment about consultation process	19	1.5%
Prioritisation for specific cohorts i.e. children, elderly and those with a disability	16	1.2%
Improved staffing at services – adequate and appropriate	15	1.1%
Proposal will lead to added pressure on other healthcare services	13	1.0%
Put people's needs and health first not cost	11	0.8%
Need to plan for the longer-term / sustainability of services	8	0.6%
Waste of money spent on building Urgent Care Centres / buildings stood empty	8	0.6%
Issues with NHS 111 service – access and effectiveness	5	0.4%
Make use of new technology for consultations	4	0.3%
Availability of pharmacy services to support opening hours of UTC / greater signposting	3	0.2%
Address those who are drunk / intoxicated / abuse system	3	0.2%
No. of respondents	1309	

5 CLINICAL SURVEY

The views of clinical staff on the proposal

5.1 Introduction: background and context

A total of 67 staff working in clinical or NHS administration/management roles completed an online survey. Where respondents provided us with their job role, these included⁴:

- | | |
|---|---|
| ▪ Administration | ▪ Nurse Consultant |
| ▪ Assistant Locality Manager | ▪ Operational Lead |
| ▪ Clinical Lead | ▪ Palliative Care Modernisation Facilitator |
| ▪ Emergency Consultant | ▪ Pharmacy manager |
| ▪ Employee Services Officer | ▪ Practice Manager |
| ▪ Employment Support Advisor | ▪ Psychological Therapist |
| ▪ GP | ▪ Receptionist |
| ▪ Healthcare Assistant | ▪ Sunderland Extended Access Service |
| ▪ Junior Sister | ▪ Senior Support Worker |
| ▪ Lead Community Matron | ▪ Sister / Nursing Sister |
| ▪ Living Well Link Co-ordinator | ▪ Senior Primary Care Nurse |
| ▪ Manager/NHS Manager | ▪ Team Leader |
| ▪ Medical Receptionist | ▪ Ward Manager |
| ▪ Nurse / nurse practitioner / practice nurse / staff nurse | |

Where possible, during the analysis, the job role of respondents has been included. However, it must be noted that not all respondents provided their job role and for those that did it was not always appropriate to detail their job role due to a risk of that individual being identified.

5.2 The proposal for urgent care in Sunderland

Staff were asked to indicate how much they felt the proposal will meet the clinical needs of people using the service. It must be noted here, however, that over a third of respondents did not respond to the question (34.3%; 23 respondents).

- 37.3% felt that it would fully or slightly meet the needs;
- 17.9% felt that it would fail or slightly fail to meet needs; and
- 6.0% felt that it would neither meet nor fail to meet needs.

⁴ Duplicate roles have been excluded and identifiable roles anonymised

	No.	%
Fully meets needs	11	16.4%
Slightly meets needs	14	20.9%
Neither fails nor meets needs	4	6.0%
Slightly fails to meet needs	7	10.4%
Fails to meet needs	5	7.5%
Don't know	3	4.5%
No answer	23	34.3%
No. of respondents	67	

5.2.1 What respondents like about the proposal

Staff were asked to comment upon what they like about the proposal as a clinical model. In total, 42 staff provided a comment. Responses were grouped into the themes below and are presented in order of frequency.

NB: Some respondents provided a response that fell within more than one category.

- Extended hours provision (n=10)

"I like the idea that GP practices will be open outside the hours of 9 to 5" (Manager)

"Extended access to GP services is vitally important"

"More access to services out of regular office hours for people who work and care closer to home" (Community Matron)

"More appointments within GP practices for working patients e.g. out-of-hours / weekend appointments rather than having to take time off work to attend for routine appointments"

"Better access to evening appointments" (Nurse)

- Improved GP access (n=9)

"Improved GP access"

"Better access to GP as they know you best" (Assistant Locality Manager)

"Apparent better access to the patients GP" (Pharmacy Manager)

- Improved patient experience (n=8)

"If it means we get better value in terms of improved patient experience (improved access to the right service in a timely fashion, with reduced waiting times) without compromising quality, this can only be good" (Nurse Consultant)

"Will free staff up to deliver a better standard of care" (Employment Support Advisor)

"More flexibility in meeting patients' needs"

"Think it will give patients a clear direction for their treatment" (Receptionist)

"Streamline access for patients; less confusion i.e. walk-in centres which aren't walk-in anymore; urgent care centres; GP extended access. Too many options provided by different sets of clinical staff working for different organisations" (Practice Manager)

- An improved NHS 111 service (n=5)

"...improvement of the 111 service" (Nursing Sister)

"Improves clinical support to 111" (Consultant Emergency Medicine)

"Improving 111 and supporting patients to self-care is a good idea. Getting patients to use those services or self-care will be the issue" (Administrative staff)

"I like that there will be access to further trained staff on the 111 number, whereas now it is really only call handlers and nurses" (Employee Services Officer)

- Efficiency potentials (n=4)

"Improved communication within teams. Reduce the time people will have to wait to be seen" (Sister)

"Appears to be more streamlined and less confusing. The geography of the urgent care centre to the hospital is better for two-way transfer of patients and should improve communication if using the same IT system? Could possibly reduce abuse of both urgent and emergency care centres"

"Far less steps in the pathway appears to be a more integrated model" (Operational Lead)

"Better co-ordination between services to provide joined up care" (Junior Sister)

- Developing a culture of self-care (n=4)

"Supporting people to look after themselves"

"Support people to look after themselves but is that not what we have been doing for years?"

"It supports some people to look after themselves"

- The promise of an improved service (n=2)

“Theoretically a more comprehensive service” (Psychological Therapist)

“Sounds like it will fill a void that is currently there for the public” (Employee Services Officer)

- Other comments (n=5), including:
 - Better signposting between different healthcare settings (Employment Support Advisor);
 - Reduces pressure on ED (Ward Manager);
 - A negative comment regarding the capacity issues for GPs; and
 - A suggestion to use the site at Grindon Primary Care Centre.

5.2.2 What respondents do not like about the proposal

Clinicians were asked what they didn't like about the proposal as a clinical model. In total, 37 staff responded to this question. Responses were grouped into the following themes and are presented in order of frequency. Again, some staff provided a response that fell within more than one category.

- Concerns over demand (n=13) – included in this theme:
 - Capacity of GP practices which are already at full capacity / ability for patients to make a GP appointment within a time that is acceptable to them;
 - Capacity vs demand at one UTC; and
 - Increased demand on other services.

“I feel patients will still struggle to get appointments at GP surgeries as busy practices will not be able to keep up with demand”

“Unless the same or better access to face-to-face appointments can be guaranteed, concern that patients will simply attend the urgent care centre / ED as they do now”

“Pallion Urgent Care Centre does not have capacity to support all patients currently using all walk-in centre services in the area”

“Patients already have maximum access to GP surgeries. Closing urgent care centres/walk-in centres will increase demand on A&E instead” (Administrative staff)

“Would need to ensure access to GP appointments. Walk-in centres are used when people cannot get GP appointments. Some people will go to walk-in centres rather than GP as they do not want to bother their GP, or they do not have confidence in them”

“Pallion Urgent Care Centre currently gets extremely busy with often standing room only available with a long wait to be seen. It does not

have the physical capacity to support hugely increased patient numbers” (Junior Sister)

- Concerns over the impact on Sunderland residents of moving from a local to a centralised service (n=9)

“Sunderland is a geographically large area, 'centralising' urgent care services at the hospital will disadvantage the population of the surrounding areas currently served by the existing urgent care centres” (Junior Sister)

“Too centralised. The patients residing distant from Pallion are losing their urgent care provision which favours the city centre as usual. This causes extra pressure on the GPs too” (GP)

“Reducing the accessibility to patients in their local areas” (Employment Support Advisor)

- Travel and transport issues (n=6) – included in this theme:
 - An inequitable system for those without a car;
 - Issues for those that have disabilities, those with mobility problems and the elderly; and
 - Parking and congestion at Pallion Urgent Care Centre.

“One central urgent care centre may be very difficult for some patients to access e.g. transport issues, disabilities, poor mobility”

“Reduction of access for the elderly disabled who may not have access to transport” (Sister)

“Transport links can be poor and creates inequitable system for those without access to a car” (Consultant)

“Pallion centre has a little car park and patients’ cars are being vandalised when parking on the streets nearby” (Receptionist)

- Uncertainty regarding the effectiveness of the proposal (n=7)

“As the current service is failing to meet the needs, who knows if the suggested changes will make a difference until it is tried and tested”

“It is unlikely that there will be enough alternative out-of-hours provision to prevent ED numbers rising. I am concerned that there will be less out-of-hours provision in the new system” (Consultant)

“Unsure until proposed plans are put into action”

“Not clear how it supports/encourages people to look after themselves”

- Concerns over the ability of existing structures to deliver the proposal (n=3)
-

“Telephone consultations are only as good as the information someone receives from the caller. It does not matter whether the handler is a nurse or doctor if the information is poor. The provider would need to provide stringent and robust guarantees to help reduce the number of adverse events that could occur”

“Times still restricted unless 111 has drastic improvement”

“Needs to be improved governance around GP practices and improved 111 service - often computer driven answers/responses”

- Other comments (n=7), including:
 - Concern over people with minor complaints who could self-manage or attend regular GP appointments abusing the system (Community Matron);
 - Lack of specific measures to justify change or benchmark performance (Nurse Consultant);
 - GPs will be required to work weekends (GP);
 - Access to patient’s records in the Sunderland Extended Access Service; and
 - Query over where people who are housebound / elderly and need ‘urgent’ home visits fit into the model (Nurse Practitioner).

5.3 Locations of the Sunderland Extended Access Service

Clinicians were asked to indicate which locations they felt would be best for a Sunderland Extended Access Service, based on their experience. In total, 39 staff responded to this section of the survey.

The preferred options for each of the localities were as follows:

- **Washington:** Washington Primary Care Centre (34.3%)
- **Coalfields:** Houghton Primary Care Centre (34.3%)
- **Sunderland North:** Bunny Hill Primary Care Centre (40.3%)
- **Sunderland West:** Pallion Health Centre (38.8%; single option)
- **Sunderland East:** Riverview Health Centre (23.9%; single option)

Of those that provided an 'other' location (7 respondents):

- Two suggested Grindon Lane Primary Care Centre;
- One respondent Hetton Health Centre;
- Whilst the others provided more general comments about the importance of good access to the locations (3 respondents).

Location	No.	%
Washington		
Washington Primary Care Centre (current Urgent Care Centre)	23	34.3%
Galleries Health Centre, NE38 7NQ	9	13.4%
Victoria Road Health Centre, NE37 2PU	5	7.5%
Coalfields		
Houghton Primary Care Centre (current Urgent Care Centre)	23	34.3%
Houghton Health Centre, DH4 4DN	7	10.4%
Sunderland North		
Bunny Hill Primary Care Centre (current Urgent Care Centre)	27	40.3%
Southwick Health Centre, SR5 2LT	9	13.4%
Sunderland West		
Pallion Health Centre, SR4 7XF	26	38.8%
Sunderland East		
Riverview Health Centre, SR1 1XW	16	23.9%
None of the above	2	3.0%
Don't know	4	6.0%
Other	7	10.4%
No. of respondents	67	

5.4 Options for the Sunderland Extended Access Services in Pallion

Staff were asked “From your viewpoint as a clinician and considering the points for and against the urgent treatment centre and the Sunderland Extended Access Service being joined together or kept as two separate services, do you think they should be joined up?” It is important to note here that 43.3% (29 respondents) did not provide an answer to the question.

- 43.3% felt that they should be joined up;
- 7.5% felt that the services should not be joined up; and
- 6.0% were unsure or preferred not to say.

	No.	%
I do not think the two services should be joined up	5	7.5%
I do think the two services should be joined up	29	43.3%
Don't know / no opinion	3	4.5%
Rather not say	1	1.5%
No answer	29	43.3%
No. of respondents	67	

5.4.1 Reasons for keeping the services separate

The reasons given by the small number of respondents who felt the services should be separate are detailed below (n=5):

“Because services offered are already confusing enough”

“Pallion is not very accessible for rest of Sunderland, buses, car parking. All at hospital site, so the idea is not to support the patient population but to make things easier for the hospital”

“With finite resources I feel they should be spread across the city rather than lots of services located in and close to the hospital. There should be enough flexibility to move those attending ED and urgent care interchangeably depending on need”

“It would be difficult to prevent the UTC being used as phlebotomy/X-ray service for the extended access GP service, impacting the waiting times for the urgent care centre patients” (Junior Sister)

5.4.2 Reasons for a joined up service

In total, 21 of the 29 staff who felt that the services should be joined up provided a reason for their choice. Responses were grouped into the following themes and are presented in order of frequency. Some respondents provided a response that fell within more than one category.

- Patient benefits (n=11) – included in this theme:
 - Less confusion;
 - Better access;
 - Improved quality of care; and
 - Less assessments.

“Less confusion for the public”

“When patients attend the urgent care centre if there are available gaps in the extended surgery they should be used for non-urgent cases” (Administrative staff)

“Seamless care” (Pharmacy Manager)

“Improves access to a wider range of services out of hours” (Practice Manager)

“Staff can work closely together and provide high quality care” (Employment Support Advisor)

“Like single point of access for multiple problems” (GP)

-
- Helps services at the Pallion/hospital site (n=9) – included in this theme:
 - More integrated / seamless care;
 - Improved communication; and
 - Support from services working together.

“...the nurses in the UTC would benefit from the support of the GP in extended access” (Community Matron)

“Provide a more seamless approach to care, less assessments and quicker clinical decision making”

“It seems a natural partnership and there could be some cross working between health partners” (Assistant Locality Manager)

“To build working relationships and to provide ease of access for patients on the occasion that there will need to be a referral for a follow-up assessment”

“Rationalisation and access to appropriate clinician” (GP)

-
- Shared facilities and resources (n=3)

“Good idea in regard to utilising facilities however not in relation to patients”

“Better use of resources” (Manger)

- Other comment relating to extended hours services.

“Access to GP appointments is the biggest issue for most people who work a 9.00-17.00 job, any service that enables access to GP outside of “office hours” is beneficial” (Manager)

5.5 Opening hours for urgent care services

Clinicians were asked to tell us what time they thought the UTC and Sunderland Extended Access service should be open. It is important to note that a large proportion of clinicians did not respond to this question. In total, up to 23 respondents provided an answer to the different time question. For this reason, calculations are based on the number of staff who responded to each question.

5.5.1 Urgent treatment centre

Currently, the urgent care centres are open Monday to Friday 10am to 10pm and from 8am to 10pm on weekends and bank holidays.

5.5.1.1 Weekday opening times (n=22)

The vast majority (20 respondents out of 22) of clinicians who responded to this question thought the UTC should be open earlier than 10am on weekdays, with the most popular option being between 6.30 and 8am (12 respondents). Two respondents thought it should open later in the afternoon (between 4 and 6.30pm). No-one thought the UTC should open at 10am, which is the current opening time.

	No.
24 hours a day	5
Between 6:30-8am	12
9am	3
Between 4.30-6.30pm	2
No. of respondents	22

5.5.1.2 Weekday closing times (n=20)

The most respondents felt that the UTC should close between 7 and 9pm on weekdays (8 respondents). A slightly lower number agreed with the current closing time of 10pm (5 respondents) whilst three felt that it should close later between 11pm and midnight.

	No.
24 hours a day	3
5pm	1
Between 7-9pm	8
10pm (current closing time)	5
Between 11-12pm	3
No. of respondents	20

5.5.1.3 Weekend opening times (n=23)

The most respondents felt that the UTC should open at 8am at the weekend, which is the current opening time (9 respondents). A slightly smaller number suggested a later time of opening – 9am (5 respondents), whilst seven respondents felt that the UTC should be open 24 hours a day.

	No.
24 hours a day	7
Between 6:30-7:30am	2
8am (current opening time)	9
9am	5
No. of respondents	23

5.5.1.4 Weekend closing times (n=19)

Respondents were asked to tell us what time they thought the UTC should close on a weekend, to which clinicians had a mixed opinion. Seven respondents suggested an earlier time of closing (between 5 and 9pm), with five agreeing that the current closing time of 10pm was appropriate and the same number suggesting that it should be open 24 hours a day.

	No.
24 hours a day	5
Between 5-6pm	4
Between 8-9pm	3
10pm (current closing time)	5
Between 11-12pm	2
No. of respondents	19

5.5.1.5 Bank holiday opening times (n=23)

The most respondents felt that the UTC should open at 8am on bank holidays which is the current opening time (9 respondents). However, five suggested a later time of opening between 9 and 10am and three an earlier time of opening (between 6.30 and 7am). Additionally, six staff felt the UTC should be open 24 hours a day on bank holidays.

	No.
24 hours a day	6
6:30 – 7am	3
8am (current opening time)	9
Between 9-10am	5
No. of respondents	23

5.5.1.6 Bank holiday closing times (n=19)

Clinicians had a mixed opinion with regards to the closing times of the UTC on bank holidays. The most respondents felt that the UTC should close between 5 and 6pm (6 respondents), with a further two respondents suggesting a time between 7 and 8pm. Four respondents agreed with the current closing time of 10pm and the same number that the UTC should be open 24 hours a day.

	No.
24 hours a day	4
Between 5-6pm	6
Between 7-8pm	2
9pm	1
10pm (current closing time)	4
11-12pm	2
No. of respondents	19

Staff were asked to comment on the opening times that they suggested. In total, 23 staff provided a response to this question.

The most respondents felt that the times they suggested worked well with the hospital and would help reduce demand on ED (6 respondents), with a further three indicating that they provide good access for those that work normal working hours.

	No.
Works with the hospital / reduces demand on ED	6
Provides access for those who work 9-5pm	3
24 hours a day provision is required	2
Uncertainty within proposal makes it difficult to suggest an opening time (i.e. locations, what conditions will be treated)	2
Other, including: <ul style="list-style-type: none"> Time when most needed; Provides flexibility; Minor injuries are unpredictable and best treated in a designated unit; Use data on existing services to inform decisions; Provides good cover; and Provides similarity regardless of day of the week. 	10
No. of respondents	23

5.5.2 Extended access service

Clinicians were asked to comment on the proposed opening times for the extended access service. It is important to note that up to 21 staff responded to this section of the survey.

5.5.2.1 Weekday opening times (n=21)

It is proposed that on weekdays the extended access service will be open between 6 and 8.30pm.

A majority of respondents felt that this service should be open much earlier on weekdays - between 7 and 9am (11 respondents). In contrast, a lesser number agreed with the proposed opening time of 6pm (7 respondents), whilst three felt that it should be open 24 hours a day.

	No.
24 hours a day	3
Between 7-9am	11
6pm (proposed opening time)	7
No. of respondents	21

5.5.2.2 Weekday closing times (n=17)

The most respondents suggested that the service should close between 9 and 10pm on weekdays (10 respondents), with no respondents agreeing with the proposed close time of 8.30pm. Furthermore, two respondents suggested an earlier time of between 6 and 8pm and two respondents a later time of between 10.30 and 11pm.

	No.
24 hours a day	2
Between 6-8pm	2
Between 9-10pm	10
Between 10.30-11pm	2
8.30pm (proposed closing time)	0
11am	1
No. of respondents	17

5.5.2.3 Weekend opening times (n=21)

It is proposed that the opening times of the extended access service at the weekend will be between 9am and 5.30pm.

Nine respondents agreed with the proposed opening time of 9am, with a slightly smaller number suggesting an earlier opening time of between 6 and 8am (7 respondents). Four respondents felt this service should be open 24 hours a day at the weekend.

	No.
24 hours a day	4
Between 6-8am	7
9am (proposed opening time)	9
11am	1
No. of respondents	21

5.5.2.4 Weekend closing times (n=21)

Only one respondent agreed with the proposed closing time of the extended access service at weekends as 5.30pm. In contrast, a larger proportion felt that the service should close later either between 6 and 8pm (5 respondents), 8.30-10pm (5 respondents) or 11-12pm (3 respondents).

	No.
24 hours a day	4
5.30pm (proposed closing time)	1
1pm	2
4-5pm	1
6-8pm	5
8.30-10pm	5
11-12pm	3
No. of respondents	21

5.5.2.5 Bank holiday opening times (n=21)

It is proposed that the opening times of the extended access service on bank holidays will be between 10am and 2pm.

The most respondents felt that the service should be open earlier than 10am – opening between 8 and 9am (13 respondents). Only three respondents agreed with the proposed opening time of 10am, whilst four respondents felt that it should be open 24 hours a day.

	No.
24 hours a day	4
10am (proposed opening time)	3
8-9am	13
6pm	1
No. of respondents	21

5.5.2.6 Bank holiday closing times (n=18)

Only one respondent agreed with the suggested closing time of 2pm, with a larger proportion perceiving that the service should be open later, closing between 4 and 5pm (2 respondents), 6 and 8pm (5 respondents) or 8.30 and 11pm (5 respondents).

	No.
24 hours a day	3
1pm	2
2pm (proposed closing time)	1
4-5pm	2
6-8pm	5
8.30-11pm	5
No. of respondents	18

Staff were asked to comment on the opening times that they suggested for the extended access service. In total, 22 staff provided a response to this question.

The most felt that it was important that the opening hours support those that work normal working hours (9 respondents). Furthermore, three respondents indicated that the times suggested help reduce demand on the ED and another three that there should be consistency across the week and at weekends/bank holidays to reduce patient confusion.

	No.
Provides access for those who work 9-5pm	9
Helps to reduce demand on the ED	3
Same times across the week and at weekends to reduce confusion	3
24-hour provision is required	2
Other comments, including: <ul style="list-style-type: none"> Current opening times of urgent care centres work well; Provides good coverage; Usage figures must be reviewed; and Uncertainty about how the service will work makes it difficult for respondent to comment. 	5
No. of respondents	22

5.6 Decision making criteria

Clinicians were asked “Do you think there are any other principles we should include when making decisions about urgent care services in Sunderland?” In total just 11 individuals responded to this question. Responses were grouped into the themes shown in the table below. As can be seen some respondents provided a comment that covered more than one category.

	No.
Patient led / needs of the population	3
Location and accessibility of services	3
Communication between services	2
Other comments; <ul style="list-style-type: none"> Access to patient records; Palliative care to give appropriate urgent care advice; Inform patients if they are misusing the system; Integration of physical and mental health services; and Good access to supporting services to help reduce hospital admissions (e.g. a bespoke integrated crisis and home treatment service for older people with mental health needs). 	5
No. of respondents	11

5.7 Other considerations

Clinicians were asked whether they thought anything had been missed within the proposed options for urgent care services. In total, 12 staff responded to the question.

Responses were grouped into the following themes and are supported by direct quotes:

- This must be a patient focused service, with support and education in maximising the benefit (n=6)

"Patients need clear, concise instructions"

"Patient engagement is essential, especially if you are expecting improvements in self-care. Patients will go to the nearest, easiest place to be seen regardless of where that is"

"If it is not appropriate for a patient to be seen – the patient must be advised to use the pharmacy or other avenue of treatment" (Administrative staff)

"It is imperative that whatever service operates then there has to be a clear indication of what they are for and what they see. Some of the current or past information has been far too vague around what is seen by each service which has clearly led to confusion. Each service has to inform patients at the earliest opportunity if they have accessed the wrong service to avoid patients waiting to be told to go somewhere else or worst-case scenario actually deteriorating rapidly whilst waiting/accessing the wrong service. Would there be a separate children's service for out-of-hours access? (this could be by more appropriate staff)"

"Service needs to be linked together to make it simple for patients to understand where they go, too many different places at present" (Receptionist)

- Appropriate supporting infrastructure and important services must be in place (n=2)

“Transport to and from access points, pharmacy hours near to centres” (Sister)

“Enough car park space...” (Receptionist)

- Other comments (n=4), including:
 - The importance of making a meaningful change;
 - Issues with current staffing levels / shortages in making the proposal work i.e. GPs (GP); and
 - The need to recognise the increasing complexity in the needs of patients (Consultant).

6 PUBLIC CONSULTATION EVENTS

Formal public consultation events

6.1 Introduction: background and context

In total, 16 events were undertaken - a list of these are documented below along with the number of attendees.

Area/ topic	Date	Venue	No. of attendees
Launch event	Wednesday 9 th May, 2-4pm	Bede Tower, Sunderland, SR2 7EA	13
Coalfields	Thursday 24 May, 12-2pm	The Hetton Centre, Hetton-le-Hole, DH5 9NE	35
Coalfields	Wednesday 8 August, 6-8pm	The Hetton Centre, Welfare Road, Hetton-le-Hole, DH5 9NE	13
Durham	Monday 2 July, 5-7pm	The Glebe Centre, Sunderland SR7 9BX	6
East	Monday 18 June, 12:30-2:30pm	Sunderland Bangladeshi International Centre, Sunderland SR1 2QD	6
East	Tuesday 7 August, 6-8pm,	Bede Tower, Burdon Road, Sunderland, SR2 7DZ	6
Saturday	Saturday 23 June, 10-12pm	Bede Tower, Sunderland, SR2 7EA	12
South Tyneside	Monday 16 July, 6-8pm	Boldon Community Association, Boldon Colliery NE35 9DS	2 *
Travel & Transport	Monday 6 August, 6-8pm,	The Hetton Centre, Welfare Road, Hetton-le-Hole, DH5 9NE	13
Travel & Transport	Wednesday 23 May, 5-7pm	Bede Tower, Sunderland, SR2 7EA	12
Washington	Tuesday 15 May, 10-12pm	Washington Arts Centre, Washington NE38 8AB	5
Washington	Thursday 12 July, 6-8pm	Washington Arts Centre, Biddick Lane, Washington, NE38 8AB	20
West	Thursday 7 June, 12-2pm	Hope Street Xchange, Sunderland SR1 3QD	8
West	Thursday 19 July, 6-8pm,	Enterprise Suite, Hope Street Xchange, 1 – 3 Hind Street, Sunderland, SR1 3QD	6
North	Wednesday 13 June, 2-4pm	North East Business and Innovation Centre, Sunderland SR5 2TA	8
North	Tuesday 28 August, 6-8pm,	Castle View Enterprise Academy, Cartwright Road, Sunderland, SR5 3DX	8
Total			173

* event stood down as participants had attended previous events so no report

The individual reports of these events are provided on the CCG's consultation website (<http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/people-told-us-far/>).

Questions raised during these events were compiled into a question and answer document which can also be found on the above link.

In addition to the public events, two dedicated online question and answer sessions were held. Links to these can be found at:

Online session 1:

<https://www.facebook.com/1034SunFM/videos/10156652867297160/UzpfSTc3NzUzODY4ODk1MDc5NzoxODU2MTkyMDQ0NDE4Nzg0/>

Online session 2:

<https://www.facebook.com/1034SunFM/videos/10156670602377160/UzpfSTc3NzUzODY4ODk1MDc5NzoxODcwMTExMzY2MzYwMTg1/>

This section provides a summary of the issues that were raised from the discussions at the public events.

Although a discussion guide was developed to ensure consistency throughout all of the events, not all discussions tended to follow this guide as many of the attendees arrived at the events with certain topics areas that they wanted to discuss.

6.2 The proposals for urgent care in Sunderland

6.2.1 What participants like about the proposal

Attendees at the event were asked to identify what they like about the proposal. These are summarised into the following:

- Increasing number of GP appointments;
- Improvement to the NHS 111 service in terms of more clinical input / clinical assessment;
- Extended hours service;
- Supporting more people to self-care;
- Acknowledgment of the issues within the current system;
- Streamlining of services and reduced duplication;
- Proximity of the UTC to the hospital (possibility of special support coming from the hospital to the UTC, rather than the other way around); and
- Improved communication in terms of how often patients need to explain their circumstances (less frustration for patients).

6.2.2 What participants do not like about the proposal

In terms of what event attendees dislike about the proposal, these are summarised into the following:

- Travel and transport issues in terms of accessing the UTC and the extended access service – this includes:
 - Impact on vulnerable people specifically those with no car, the elderly, single parents, those with a disability and those on a low income;

- Access issues as well as cost for those living in outlying communities (attendees stated that it can take 2 buses from Washington / Coalfields to get to Pallion);
- Parking difficulties at Pallion Health Centre as well as associated costs;
- Access limited by operating hours of public transport (limited bus services at night); and
- Increased travel time and the impact this has on people's health.

- Capacity of GP services – this includes:
 - Difficulties in making GP appointments / GPs unable to cope with current demand;
 - Reduced number / shortage of GPs;
 - Concern about how extra appointments will be covered with the same amount of staff; and
 - Will people receive care when they need it?

- Impact on residents living in outlying communities of moving from a local model of care to a more centralised one – this includes:
 - Closure and lack of local access to urgent care centres;
 - Particular concern for those from vulnerable groups;
 - Fear and anxiety of services closing (this was particularly the case in the Washington events where attendees emphasised how services have been repeatedly closed in their area); and
 - Health complications for patients not having their health issues addressed due to problems with access.

- Demand placed on one UTC at Pallion Health Centre – this includes:
 - Staffing;
 - Waiting times;
 - Parking; and
 - Congestion on roads.

- NHS 111 – this includes:
 - Negative past experiences may cloud judgements;
 - Concern that NHS 111 will not manage the triage well;
 - Service is not adequate – call operators ask too many questions / not personal enough;
 - Difficulties of phone assessments – things might be missed; and
 - Capacity of NHS 111 to cope with increased demand.

- Impact on other healthcare services – this includes:
 - The ambulance service, which is currently overstretched, due to people being unable to travel to the UTC / extended access service;

- Lack of local provision and uncertainty may result in people going straight to the ED; and
- Inappropriate service use increases demand.

- Confusion about how the proposal and the new system will work – this includes:
- Lack of awareness of the extended access service / patients are not offered this service (requires significant promotion);
- Confusion with service names and terminology used (i.e. difference between urgent and emergency care);
- Patient uncertainty as to which service to access when ill; and
- Fear of change / the unknown.

- Will it work?
 - Behaviour change is required – people won't change habits;
 - Walk-in has been encouraged, hard to get public to change;
 - How will the proposal help increase care quality? and
 - Reliance on self-care – potential for health conditions to be missed.

The following were also discussed but to a less frequent extent:

- Lack of continuity of care – people want to see their own GP, especially the elderly;
- Access to urgent care services overnight;
- Access to NHS 111 / online systems for elderly / those with no access or who are not 'tech friendly';
- Extra pressure on services from people coming from out of the area;
- Money should be saved through efficiencies not closing services; and
- Concern about the facilities that are available in the walk-in centres (X-ray, blood/urine tests, podiatry, physiotherapy).

6.3 Locations for the Sunderland Extended Access Service

Event attendees discussed generally the positive and negatives of the proposed locations for the Sunderland Extended Access Service.

Some of the most important considerations for the location of services were:

- Transport links – suggested that a review is carried out for each location in terms of how quick and easy people can access the service;
- Good to locate services centrally in localities close to main roads (e.g. East Harrington which is near to Washington Highway);
- Benefits of locating services in purpose-built buildings;
- Using locations of current urgent care centres might reduce patient confusion; and
- Parking at all locations must be considered.

A small number of comments were made about lack of provision in:

- Sunderland West and lower parts of Sunderland East (Ryhope & Silksworth) and Coalfields
- Coalfields – biggest area in Sunderland with major housing developments in Houghton (more people = greater need)

One alternative suggestion that was repeatedly cited during the events, especially the Sunderland East, West and Coalfields events was Grindon Lane Primary Care Centre, which was perceived to offer better parking than Pallion Health Centre, has facilities readily available and is more centrally located to the west.

Comments that were able to be attributed to a specific location are summarised in the table below.

Location	Positives	Negatives
Sunderland West		
Pallion Health Centre	<ul style="list-style-type: none"> ▪ Close to the ED 	<ul style="list-style-type: none"> ▪ Poor parking ▪ Not built as a multipurpose centre ▪ Parking at hospital is expensive and difficult ▪ Lack of seating in waiting area ▪ Walk between the ED and Pallion is not safe
Sunderland East		
Riverview Health Centre		<ul style="list-style-type: none"> ▪ Poor parking ▪ Bus service from East is only half hourly
Sunderland West		
Southwick Health Centre	<ul style="list-style-type: none"> ▪ Mixed opinion on parking ▪ Good public transport 	<ul style="list-style-type: none"> ▪ Mixed opinion on parking ▪ Car park at back can be dark and dangerous
Bunny Hill Primary Care Centre	<ul style="list-style-type: none"> ▪ Mixed opinion on parking 	
Washington		
Victoria Road Health Centre		<ul style="list-style-type: none"> ▪ Poor parking during the day
Galleries Health Centre	<ul style="list-style-type: none"> ▪ Free parking ▪ Good travel links 	<ul style="list-style-type: none"> ▪ Poor parking ▪ Not fit for purpose ▪ Poor disability access ▪ Dark ▪ Too busy / poor seating area
Washington Primary Care Centre	<ul style="list-style-type: none"> ▪ Good parking ▪ Well-lit and secure ▪ Pleasant and open 	<ul style="list-style-type: none"> ▪ Would require significant signposting

	<ul style="list-style-type: none"> ▪ Good access - bus stop outside (but reduced services on evening and weekends) ▪ Current walk-in centre / well known 	
Coalfields		
Houghton Primary Care Centre	<ul style="list-style-type: none"> ▪ Central to Coalfields ▪ Good public transport (bus stop right outside) ▪ Good car parking with disabled spaces ▪ People are aware of the location 	<ul style="list-style-type: none"> ▪ Not well lit
Houghton Health Centre		<ul style="list-style-type: none"> ▪ Tucked away / difficult to find ▪ Poor parking ▪ Too small

6.4 Options for the Sunderland Extended Access Services in Pallion

Event attendees were asked to discuss their thoughts on having the Sunderland Extended Access Service joined up with the UTC at Pallion Health Centre. No clear consensus was found with attendees tending to discuss the advantages and disadvantages of both approaches.

For those in the Sunderland West events, as no consensus was reached, it was suggested that it should be up to clinicians to make the decision.

Comments made by attendees are summarised into the themes presented below.

6.4.1 Reasons for a joined up service

- Proximity to Sunderland Royal Hospital;
- Efficiencies of having all services under one roof;
- Shared workload; and
- Better for city centre residents.

6.4.2 Reasons for keeping the services separate

- Issues with parking at Pallion Health Centre already and on nearby streets;
- Poor disabled access at Pallion Health Centre;
- Transport links to Pallion are poor especially for those who live in outlying communities;
- Reluctance from some in outlying areas to travel;
- Keeping separate services provides better access across Sunderland;
- Pallion Health Centre is already too busy; and
- People don't like change.

6.5 Opening times for urgent care services

Attendees were asked to comment upon the proposed opening times for the UTC and the Sunderland Extended Access Service.

6.5.1 Urgent treatment centre

It is proposed that the UTC will be open between 10am-10pm Monday to Friday and between 8am-10pm on weekends and bank holidays.

In those events where the opening times of the UTC were discussed, attendees were generally happy, however others felt that a 24-hour service would be better as 'accidents happen 24 hours a day'. This would also help address concerns about the lack of out-of-hours provision in the proposal.

6.5.2 Sunderland Extended Access Service

It is proposed that the Sunderland Extended Access Service is open between 6pm-8.30pm on weekdays, between 9.30am-5.30pm on weekends and between 10am-2pm on bank holidays.

Again, whilst most were happy with the proposed opening times, others gave alternative suggestions:

- Opening earlier in the mornings on weekdays would help people going to work, those with children and provide cover outside of GP core hours (opening hours of GPs are not consistent);
- Closing services early evening creates overnight pressure from care homes and is less suitable for those that work 12-hour shifts; and
- Vast difference in opening hours on bank holidays.

Other considerations suggested for the opening times of urgent care services included:

- Use statistics to inform decisions;
- Opening times must be reviewed continuously;
- Co-ordinate opening times with other services (e.g. pharmacy services);
- Concern whether there will be enough appointments available / will appointments be taken up by routine appointments?
- Danger of appointments being used by those who want to go after work;
- Providing consistency with opening times would help to reduce patient confusion; and
- Access to services will be determined by local transport provision.

6.6 Decision making criteria

Attendees were asked whether they felt any other principles should be considered when making decisions about urgent care services in Sunderland.

Whilst some attendees agreed with the principles, others were concerned whether the proposal would meet them. A small number emphasised the important of principle 3 'ensure appropriate access to treatment as close to home as possible'.

Alternative principles suggestions included:

- Ability to meet patient's needs (particularly needs of deprived areas);
- Impact on carers;
- Impact on other services;
- Affordability; and
- Value for money.

6.7 Other considerations

- Patient education is essential.
- Good communication is essential to inform the public of any changes to healthcare services:
 - Must be 'on point' in plain and straightforward English (people are still turning up at Jarrow – messages are not strong enough);
 - Promote how to get to locations and where they are;
 - Every household needs to be informed; and
 - Information to be sent out via GPs, SMS & PPGs.
- Good self-care advice is needed for all services.
- Need to make clear that appointments with the Sunderland Extended Access Service are not with the patient's own GP.
- Pharmacy services must be aligned with opening hours of new services and equipped to support patients with change.
- Travel and transport – this includes:
 - Issues will be exacerbated during the winter season;
 - Explore alternative bus services that patients can use;
 - Drivers of NHS taxis are not medically trained – poses a risk to patients; and
 - Travel and transport document refers to the 2011 census there has been significant growth since then.
- Must be clarified that appointments with the Sunderland Extended Access Service are not with the individual's own GP.
- Greater alignment of GPs with nursing homes is required.
- Needs to be a timeline of changes to ensure patient safety is not compromised.

- All health provisions should be mapped to identify gaps.
- GP education is essential as first point of contact.
- Investment needed to help support GP practices.
- Consider what happened in Teeside regarding hubs not having equipment necessary for urgent care – lack of confidence.
- More GP telephone consultation.
- Alternative suggestion - could there be two UTCs? One in Houghton and one in Pallion? (Easier for older people in small villages to get to Houghton).
- Look at population of outlying areas – Washington has lots of young families, single mums with no access to transport.
- Lack of appropriate access to treatment for specific health conditions i.e. mental health / mental health just as important as physical.
- Concern over consultation process – this includes:
 - Lack of awareness of events;
 - Timings of events not appropriate;
 - Practice staff not aware of consultation; and
 - More information needed within practices.

7 LOCALITY FOCUS GROUPS

Independently moderated discussions in the five CCG localities

7.1 Introduction: background and context

The CCG commissioned focus groups, in each of their five localities, with discussions being held in the following community venues:

- The Bunny Hill Centre;
- Hetton Community Centre;
- Ryhope Community Centre.
- Washington Millennium Centre; and
- West Community Centre.

The groups were recruited to broadly represent the local community and moderated by ASV against a discussion guide that followed the same themes as the online, paper and street questionnaire.

In total there were 32 attendees.

The results are reported as broad themes across all the groups except where there are differences between each of the areas.

7.1.1 Recruitment and respondent demographics

Recruitment for the groups was based on:

- A fifty/fifty gender split with individuals aged over eighteen years;
- No specific quota was set for protected characteristic groups as these are covered separately in the groups commissioned through local VCSOs; and
- Locality based specific profiles to reflect the overall Sunderland CCG priorities.

The attendance and split by gender for each locality is shown below⁵.

Venue	Locality	Number of attendees	Female	Male
Hetton Community Centre	Coalfields	5	3	2
Ryhope Community Centre	East	8	5	3
The Bunny Hill Centre	North	6	3	2
Washington Millennium Centre	Washington	5	2	3
West Community Centre	West	8	5	3
Total		32	18	13

⁵ More detailed demographic information was not collected at the groups.

Locality recruitment targets were as follows:

- Washington: people of working age (18-67) with families;
- Coalfields: older people (55+);
- Sunderland East: younger people (18-54);
- Sunderland West: people of working age (18-67) without families; and
- Sunderland North: a general sample (18+).

7.2 The proposal for urgent care in Sunderland

7.2.1 Views on current services

Despite focusing on the proposal for change there was a common tendency amongst the groups to discuss the issues they face with the current services.

There were consistent complaints about telephones not being answered by NHS services and the ambulance service taking too long to respond.

“All you hear is your call is important to us” (Coalfields)

“They should have someone there all the time to answer the phones and stuff like that” (Coalfields)

“You’d have to wait for five hours for an ambulance, another five hours in the hospital waiting room...” (Sunderland North)

“Last year my grandson bumped his head on the side of the TV cabinet and it was three and a half hours for a paramedic to come out because there was no ambulance available” (Coalfields)

Equally, there was frustration expressed that ‘walk-in centres’ already require an appointment.

“You have to make an appointment to walk to go to the walk-in which is a bit silly if you’ve got children” (Coalfields)

“You’ve got to make an appointment at Grindon now, it’s not a walk-in centre anymore” (Sunderland East)

7.2.2 Is this a cost-effective change?

There was an overwhelming concern about the costs of the changes, with participants in all groups raising concern that the proposal did not discuss the plans for the use of the facilities that would be ‘left behind’ by the move to the new model of urgent care.

“What are they going to do with the building and all the money we’ve spent on it?” (Coalfields)

“They’ve spent so much on these buildings” (Coalfields)

“What would happen to the building if it wasn’t used, it’d be a waste wouldn’t it, complete waste of money” (Washington)

"It's just a waste of money, they've got a building there and they're not using it to its full potential" (Sunderland West)

"Washington is a massive area, we should have our own" (Washington)

7.2.3 Concerns and comments on the geographical targeting

There were very strong negative emotions expressed among all groups that the proposed changes will benefit Sunderland and would ignore the needs of residents in outlying communities, such as Coalfields and Washington.

"Everything is focused on there, so why should everything be focused in Sunderland where you've got the most traffic, the most views, you haven't got the highest population there that's for sure" (Washington)

"So people in Washington will be left with no urgent care centre" (Washington)

"...50% of the council property is here in Washington...people who haven't got transport of cars, they can't get to Sunderland" (Washington)

"Why has it got to be in Sunderland? Everything is focused around Sunderland council, everything is around Sunderland, what's wrong with other districts?" (Coalfields)

"You can't rule the rest of them out and just put one UTC in one place. What if someone needed urgent treatment and they were stuck in Washington, how are they meant to get to Pallion?" (Sunderland West)

"I'd have doubts about some of these geographical areas like Washington, just operating on one place though because they're big areas covering all kinds of places, to Washington you've got estates spread out far and wide" (Sunderland North)

"There's an awful lot more people living outside the centre than in the town centre, they have all got one within reasonable reach – they cover all the areas, and that's why they put them there in the first place. I don't see why they should suddenly push everybody into the town centre" (Sunderland East)

7.2.4 Increased demand

Individuals from all groups felt the proposed changes would be likely to shift demand to the ED rather than reducing pressure on this service. This was particularly the case for people who would struggle accessing the new centres on public transport and those that prefer the familiarity of a service that they know.

“...people will just call 999 due to travel difficulties and not understanding the new system...” (Washington)

“It’s going to make the A&E departments even busier” (Washington)

“We’re not as big as Sunderland but it’s a new city, population wise. I mean if you look statistically at the population, anybody that needs a chest X ray, anybody that has a broken nose, isn’t going to get that from the doctor. They’re going to go to hospital, so they’re going to go to A&E” (Washington)

7.2.5 Education and awareness of the proposed changes

The groups felt that people would be content with the proposed changes “...so long as it’s for the better...” and to make this happen people need to be a lot more aware of the changes. The groups themselves were confused over the definitions of the services to be offered, some understood the concept of urgent care; some were confused with emergency or GP care, and some were unclear about the boundary between urgent and emergency care.

There was agreement that there is a need to educate people in how to use the new service and a concern that people need time to absorb the meaning of the changes for them. There was consensus between the groups that although they largely understood the proposal for change they could not understand the underlying reasons as to why the current system needs changing, and that this also needs communicating simply and clearly.

“It’s got to be communication linked up and if you want people to use the walk-in centre more you need to publicise it. If you want them to use it for different criteria you need to publicise it...” (Washington)

7.2.6 Vulnerable groups

Generally, respondents at all groups voiced concern about the proposal disadvantaging people considered to be vulnerable, specifically, older people, people with young children, people with memory issues, people on a low income and people with autism were cited in discussion.

The issues of the challenges faced by some of these individuals in reaching the UTC were widely discussed.

“It’s going to cause a lot of trouble between the young and the old” (Coalfields)

“And people with mental health issues, if that means travelling on public transport, it’s not always possible” (Sunderland West)

“If you’ve got children and you want to bring a child through to Sunderland...it becomes hard at night because they probably should be in bed” (Sunderland West)

“...how many kids are there, and they need somewhere and they need somewhere quickly for their families or whoever trying to take them. Not everybody is going to have a car or be able to afford a taxi. I seriously would be worried about looking after my two” (Washington)

7.2.7 What participants like about the proposal

When asked to consider the benefits the groups saw from the proposed changes, there were not enough responses to develop thematic analysis, so in summary individual benefits were identified as:

- There will be no changes to the pharmacy services;
- People in Sunderland will benefit from this (less so in outlying localities);
- More self-care can be good, it prevents time wasting if people can be independent;
- The proposal to be given an appointment and know when/where you have to be out-of-hours is good;
- A guaranteed same day appointment is good, which will mean not sitting waiting at the walk-in centre;
- Some people will be closer to an extended access centre than they are to the existing walk-in centres; and
- The service offering home visits is a good thing, we need this now.

7.2.8 What participants do not like about the proposal

7.2.8.1 Making people aware

One of the key issues the groups felt was a challenge to the proposal was that of publicising the changes particularly as that the people present in the focus groups “didn’t get it” despite the explanations. Specific concerns cited were:

- Self-care – people will be worried they are not doing it right, won’t want responsibility, will they remember what they are told?
- Resistance to self-diagnosis and self-care – confidence in diagnosis is an issue

In summary people need re-assurance that the system works which the groups felt “...needs really great publicity for people to use it properly...”

7.2.8.2 Capacity in the system

One of the most significant debates was around the challenges faced by the overall system in coping with the changes, specifically, but not exclusively:

- Is there capacity in A&E?
- Will there be enough appointments?
- Will the services be able to cope?

- Will there be enough staff?
- Will staff work unsocial hours?
- Will they get experienced staff given doctors work longer – or will the service all be newly qualified staff?
- How long will we be waiting for a nurse to be free?
- Will there be more GPs to staff the extended access service?

“It sounds like you would need more staff to do it than what you’ve got at present, that’s what it sounds like” (Sunderland North)

“Will they be able to cope? This new one, if you’re closing all these?” (Sunderland North)

“If you can’t get the doctors you’re not going to get the cover” (Sunderland East)

Equally, the groups felt there were some infrastructure issues in terms of system capacity, namely:

- Getting an efficient system that provides a prompt return of test results is important – will the GP based extended access service be able to do this?
- Service resilience e.g. IT problems or norovirus

7.2.8.3 An improved 111 service?

There were specific concerns over the proposed improved 111 service, these included:

- Current poor reputation of the service i.e. length of waiting times;
- Effectiveness of telephone diagnosis; and
- More use of telephone triage requires better training of call centre staff.

“It sounds like it’s just any call centre, the people you talk to just don’t sound very knowledgeable, they sound like they’re reading from a script. Obviously, they’ve got to cover their own backs, because of liability and stuff like that...” (Washington)

“You wait ages for an answer with that 111, I know it’s a non-emergency one, but you still wait ages” (Sunderland West)

“The waiting time as well, it could be a small child, it could be an elderly person” (Sunderland East)

7.2.8.4 Vulnerable groups

There was consensus that the proposal particularly disadvantages the elderly, people with children, people with mental health difficulties and those with underlying conditions. There were also concerns that the accessibility of GP surgeries and extended access venues need to be assessed for people with mobility problems under the changed arrangements.

“There will be elderly people over a certain age with memory problems and they won’t know where to go” (Washington)

“The elderly will suffer because they won’t know anybody with a car to bring them through and then get buses, and it’s not accessible for all of the North East” (Sunderland West)

7.2.9 Travel and transport

The issues of travel and transport was a hotly debated topic in all of the groups.

7.2.9.1 Issues with buses

The groups felt that people dependent on public transport, specifically the local bus service, would be disadvantaged by the changes, particularly those accessing the UTC at Pallion during the night and at weekends.

“It’d take more than an hour to get there on the bus because you’d have to take two buses” (Washington)

“And do you really want a kid on a bus spewing everywhere when you’re trying to get somewhere?” (Washington)

“You’ve got to think that not everybody has got a car and we’ve got to get to them places and the buses don’t run that regular on a weekend” (Coalfields)

7.2.9.2 Vulnerable people, the very young and the elderly

The requirements for additional travel to Pallion UTC were felt to specifically disadvantage vulnerable groups; the elderly, families with children (especially people needing to bring multiple children), people with mobility issues and people with mental health issues were felt to be especially affected:

“...you can’t get to some of these centres, you can’t get to Pallion and places like that, people with children and the elderly, we’re going to have to look after ourselves in the end” (Coalfields)

“A lot of these places have got a lot of elderly people there, especially in Horton because of the pit houses there, retired pitting, just different people, they would struggle so they probably say they’d wait until tomorrow, and they could have a heart attack the next morning” (Sunderland West)

“You’ve got your disabled people, your elderly, people who are autistic as well, they don’t like a lot of noise and things like that, so the hustle and bustle of putting them through the town” (Sunderland East)

7.2.9.3 Cost

The groups felt that no consideration had been given to the additional cost of getting to the new service locations, which some felt could be considerable, particularly for those on low incomes, those reliant on public transport or those just living a long way away from Pallion:

“You can’t afford public transport sometimes” (Coalfields)

*“...if you’re coming from Washington or Horton you’re probably talking £10-15 in a taxi, and if you haven’t got that money, or even don’t have the cash, you might not be well enough to do it”
(Sunderland West)*

*“The likes of myself, I don’t drive, so if I’ve got to get there it’s two buses or it’s a taxi. And it could be the day before pay day, where I’ve got nothing – how am I meant to get all the way over there?”
(Sunderland East)*

7.2.9.4 Arriving at Pallion

For those who have access to a car and would be able to make the journey on their own to the UTC at Pallion, the feeling was that the infrastructure would not be able to cope with the additional traffic. Many commented that the hospital is unable to cope with current demand let alone more cars arriving.

“The car parking isn’t suitable” (Sunderland West)

“The car park is small” (Sunderland East)

“I can’t get in there most days” (Sunderland East)

“What is going to happen about parking? Because when you go the hospital it is disgraceful” (Sunderland East)

7.2.9.5 Knock on impact of additional travelling and difficulties in transit

There were also concerns over the impact the additional transit times, particularly for those reliant on public transport. Specifically, the concern centred on the ability of the service to be flexible enough to cope with this or will people simply miss their appointment and waste what has already been a stressful journey?

“...if each person is spending an extra hour travelling to the Pallion they’re losing an extra hour of time and the cost” (Washington)

7.2.10 Anticipated impacts

The groups were asked to provide their views of the positive and negative impacts on themselves, their immediate social circle and others. The responses are shown below.

7.2.10.1 Anticipated positive impacts

In discussions of the positive impacts for participants or people they knew, in summary the main benefit identified was:

- People will be glad to have an appointment at night.

7.2.10.2 Anticipated negative personal impacts

Participants were more likely to identify negative impacts for themselves or people they knew, these included:

- Being asked to do something new: in terms of self-care people would be worried whether they are doing the right thing;
- Rapid response: “If I fall ill, I need someone to call” - the walk-in centres are viewed as being very efficient and the concern is that the speed of getting medical care may reduce. Overall people in the groups felt that there is still a need to have somewhere to go for care without an appointment, which they feel is missing in the current explanation of the proposals;
- Children and vulnerable groups: the groups felt that vulnerable groups have not been fully considered in the proposal and this will lead to specific challenges for them in the new service. Examples cited included:
 - Pre-school children who have accidents require nearby urgent care for peace of mind; and
 - People with memory problems will find it hard to find out about something new.

Suggested ways of mitigating these negative impacts included:

- Better integration with 24-hour pharmacies so people don’t have to make extra journeys or wait for prescriptions.

7.3 Locations for the Sunderland Extended Access Service

The groups discussed the locations of the Sunderland Extended Access Service generally in terms of the importance of ensuring that they are accessible by both car and public transport, with adequate parking provision.

The groups were concerned about the appropriateness of the proposed service locations perceiving that they disadvantage a number of people around:

- Care is better in local centres that have X-ray, physio etc. available;
- Pallion not being a nice area at night;
- Elderly people need somewhere close – it’s more re-assuring;
- Not enough locations in the Coalfield and Washington areas – villages have special problems; and
- There will be additional impacts of the closures at South Shields, has this been considered?

There was strong agreement that the locations needed to provide good coverage for the whole of Sunderland, including outlying communities.

On a more general note, there were also specific concerns raised about accessing the services at night, with many talking of the difficulties faced in areas after dark. The issue of travel to the proposed centres, particularly for those reliant on public transport, were also cited as difficulties.

“Hendon [in Sunderland East] is not a good place for an extended access centre (...travel and unsavoury at night)” (Sunderland East)

“I know where you mean [Hendon] it’s an awful place” (Sunderland East)

“It’s not a very nice area to go to at night” (Sunderland East)

7.3.1 Variation by locality – Sunderland West

Respondents from Sunderland West felt that there needed to be good coverage across the area with less focus on the city.

“One between them two, like three individual ones, would work for all the surrounding areas” (Sunderland West)

“Grindon is a more convenient location than Pallion” (Sunderland West)

7.3.2 Variation by locality – Sunderland East

Respondents from Sunderland East recognised the benefits of the location of the UTC and extended access service at Pallion to them, perceiving that this was based on population size:

“I know we’ve got a smaller area...but Sunderland is quite concentrated with actual people...”

This extended to consideration of the needs of other localities in the CCG’s area:

“...we’re lucky because of where we live, and the consideration has to be for other people in Sunderland...”

Suggested locations included:

“...Grindon should be opened up again...”

“...Houghton and Hetton...”

7.3.3 Variation by locality – Sunderland North

Participants were generally in favour of the proposal for the service to run from Bunny Hill, however, they also felt there was a need for service in Grindon as well.

“...Grindon Mill...”

“...Southwick, but Bunny Hill is needed...”

However, the group felt that due to proximity they were as likely to go to Gateshead as use the extended access service.

“...Gateshead Queen Elizabeth is just as close, people will go there...”

7.3.4 Variation by locality – Coalfields

Houghton was felt to be the less favourable as a location, because it was difficult to travel to.

“...it’s awkward to get to unless you were in Houghton which is next to where the bus is...”

The group felt that people from the Coalfields area were as likely to go to Peterlee as they were to the proposed locations.

“...go to Peterlee because that’s close enough, that’s what my sister is doing, going to Peterlee...”

7.3.5 Variation by locality – Washington

Participants in Washington felt that the proposal did not offer enough opportunity for people to receive service locally, and the options meant travelling. Their focus of discussion was on the UTC proposal rather than the extended access service.

“...Washington is a massive area...we should have our own”

“...it’s either Pallion or QE...”

However, from the general discussions it was clear that there were general concerns over accessing services out-of-hours for people in Washington.

7.4 Options for the Sunderland Extended Access Services in Pallion

Each of the groups were asked to discuss whether one of the extended access services should be located at Pallion Health Centre along with the UTC, or not), in summary the responses from each of the groups were:

- **Bunny Hill Centre (Sunderland North):** all who expressed an opinion preferred a joined-up service, because it was seen as being more efficient, saving time and money, and delivering faster care.

- **Hetton Community Centre (Coalfields):** the group were not interested in making a choice and chose to discuss how both the hospital and UTC in Pallion benefits Sunderland more than other areas.
- **Ryhope Community Centre (Sunderland East):** the group were not interested in making a choice, preferring to talk about the need for a walk-in centre in Ryhope.
- **Washington Millennium Centre (Washington):** all who expressed an opinion preferred a joined-up service because it is seen as offering the option of being seen more quickly; it would be more efficient; and introduces less conflict between services.
- **West Community Centre (Sunderland West):** all who expressed an opinion preferred the services to be joined up, as both services were seen as working towards the same outcomes and that it would deliver a better service.

7.5 Opening times for urgent care services

When asked for their preferred opening times there were a range of opinion, from 24 hours a day to being happy with the proposed times as shown below.

7.5.1 Weekday

The groups put forward a range of opinion:

- 24 hours – people wake up ill
- 7am-10pm – kids get ill until 10pm; better for working people who can use when they first wake up, many start work at 8am and want to be able to ring before work to get a same day appointment.
- Alternative view that 12hours at Houghton 12 hours Pallion sounds fair
- Happy with existing hours if can book appointments up to 8pm
- Early morning opening because strokes etc. occur about 5am in the morning

7.5.2 Weekends/bank holidays

There was consensus amongst the groups that weekend and bank holiday opening should be the same as weekdays, because:

- Its “just another day” no one knows when they are going to be ill;
- Late night opening is needed on Friday / Saturday as most accidents occur when people are drunk.
- People playing sport need it.
- Simplicity of opening to avoid people being confused.

7.6 Differences by locality

The following documents the differences that were identified in terms of participant locality.

Bunny Hill Centre (North):

- Universal credit will mean people have no money to get to the hospital or Pallion – costs £16 to get to hospital in a taxi.

- Pallion is 2 buses and a nightmare to park.

Hetton Community Centre (Coalfields):

- How do I get somewhere like Pallion at 12 at night when I don't have a car?
- What if someone with a suspected contagious disease gets on a bus.
- Only 1 bus an hour to hospital which takes 45 minutes.

Ryhope Community Centre (East):

- Will need 2 buses or a taxi.
- Changing buses is a big issue – some people would get confused and not make it to the centre.

Washington Millennium Centre (Washington):

- People in Washington go to QE hospital in Gateshead because it's nearer.
- Want 24-hour coverage in Washington.

West Community Centre (West):

- A town centre location would be better for other parts of Sunderland.
- Houghton etc should be open after 8.30pm as older people will struggle to get to Pallion.
- A lot of discussion was around understanding the proposals and what they meant for other people. In this context, transport emerged as the big issue.

7.7 Other considerations

The group suggested a range of alternatives solutions for consideration:

- Have a pharmacist open next to the extended access service locations
- Keep walk-in centres / urgent care centres open (possibility of 24/7 opening)
- First aid classes in school to support self-care / teach self-care
- Educate people to spot signs and symptoms
- Have home visits available
- Town centre mobile unit for revellers to relieve pressure on A&E
- Spend more on staff, less on management salaries
- Re-open Grindon as an urgent care centre
- Have a separate area for children
- Extended access services need the same facilities as the UTC
- Use "The Spire" hospital in Washington and extend opening times there
- Keep walk-in centres and use the extended access service for the night time service
- Can the UTC use the hospital's transport vans?

7.8 Summary of findings

While the conversation was not intended to cover the current urgent care system in Sunderland, the natural tendency in all of the groups was to discuss it.

A significant overall concern was the extent to which the proposals will have most impact on those least able to cope, in terms of access, travel, and cost. Vulnerable groups identified in discussions were:

- The elderly;
- Families with children (especially people needing to bring multiple children);
- People with mobility issues;
- People on low incomes; and
- People with mental health issues.

There was a universal concern over the ability of a UTC located in Pallion to serve the entire Sunderland area, feeling residents of Washington and Coalfields will be most adversely affected. Conversely - and as recognised by participants resident in the city – those living near Pallion will get more than they had before. The same group of respondents were also concerned that the service will be inaccessible to people from other localities in Sunderland.

Travel and transport to the proposed UTC at Pallion was also identified as a major concern, with feeling that this will have most impact on those from vulnerable groups. This is compounded by the view that the proposals will have biggest impact in terms of time and cost for residents in areas in Washington and Coalfields, with the recognition of high levels of deprivation and low car ownership right across the city. Additionally, it was recognised that there are already significant parking issues at Pallion.

There was some recognition of the benefits of the proposal, but these were outweighed by the groups' concerns around:

- Increased demand on A&E because people will use this as the default safe option;
- The need to raise awareness and educate people of the benefits of the proposal, including self-care to make it work;
- A recurring concern over the impact on the vulnerable;
- A lack of confidence in the capacity of the system to cope, coupled with a feeling the proposal is 'too vague' to provide certainty.

Where a preference was expressed, having a joined-up service at Pallion (an extended access service and UTC) was favoured, however, the groups all spent a considerable amount of time discussing the impact of the proposal locally, with many perceiving that the only area to benefit was the city.

8 VCSO FOCUS GROUPS

Independently moderated discussions with those most likely to be affected

8.1 Introduction: background and context

To ensure that as inclusive opinion as possible was considered during the consultation the CCG invited local VCSOs to build on their existing network of protected characteristic groups and those most likely to be affected by the proposal.

Discussions in each group followed the same discussion script as the CCG focus groups, with the option to conduct a simplified one-to-one interview with people whose needs meant they would not be able to take part in a group discussion to ensure inclusive representation of opinion.

NB: For the purposes of this analysis, one-to-one discussions with Anchor are Homes residents and Washington Mind participants have been collated as though conducted in a single focus group.

The organisations that agreed to take part in this important element of the consultation were:

- | | |
|--|---|
| ▪ Age UK Sunderland | ▪ LGBT Federation |
| ▪ Anchor Care Homes** | ▪ LGBT Pride* |
| ▪ B Active N B Fit | ▪ Maternity group* |
| ▪ Black and minority ethnic (BME) group* | ▪ Pallion Action Group |
| ▪ British Polio Fellowship | ▪ Patient and Carer Cancer Group St Luke's community association*** |
| ▪ Friends of the Drop In (FODI)*** | ▪ Sunderland Carers Centre |
| ▪ Gentoo Sunderland | ▪ Sunderland Headlight |
| ▪ Healing Opportunities Provision (HOPs) Wellbeing Service | ▪ Sunderland Mind |
| ▪ International Community Organisation Sunderland (ICOS) | ▪ Together for Children |
| | ▪ Washington Mind** |
| | ▪ Young Asian Voices |
| | ▪ Young People* |

*In order to ensure the consultation engaged with as many protected characteristic groups as possible, an independent contractor was commissioned to carry out additional focus groups with VCSOs.

**A number of one-to-ones were undertaken instead of a focus group.

*** This organisation held two focus groups

The discussions included representatives from all the protected characteristic groups.
The specific interests and groups represented were:

- Age – older people;
- Age – younger people;
- Disability – mental;
- Disability – physical;
- Gender reassignment;
- Marriage and civil partnership;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex;
- Sexual orientation;
- Armed forces;
- Carers; and
- Deprivation.

The table below shows the protected characteristic groups that each focus group covered:

Organisation	Age	Disability – mental	Disability - physical	Gender reassignment	Marriage and civil partnership	Pregnancy and maternity	Race	Religion or belief	Sex	Sexual orientation	Armed forces	Carers	Deprivation	Other
Age UK Sunderland	x													
Anchor Care Homes	x											x	x	
B Active N B fit	x												x	
British Polio Fellowship	x		x											
FODI							x	x						
Gentoo Sunderland													x	x
HOPs Wellbeing Service		x										x		x
ICOS							x	x						
BME*							x	x						
LGBT Pride*										x				
Maternity*						x								
Young*	x													
LGBT				x						x				
Pallion Action Group	x													x
Patient and Carer Cancer Group			x									x		
St Luke's Community Association	x						x	x	x					
Sunderland Carers Centre	x	x	x									x		
Sunderland Headlight		x												
Sunderland Mind		x										x		
Young Asian Voices	x						x	x						

*Focus groups undertaken by an independent contractor.

8.2 The proposal for urgent care in Sunderland

Each group was given the opportunity to examine the proposal before being asked whether they thought, overall, that the proposal for future urgent care would meet the needs of people in Sunderland. They were then asked to identify parts of the proposal they liked, parts they disliked, and anything that might be missing.

It should be noted that not every group directly answered this question but some gave overall negative responses or queried multiple issues with the proposal; a small number gave no conclusive opinion either way.

The outcome is as follows:

Will the proposal meet needs?	No. of groups	Which groups?	Protected characteristic
Yes (general group agreement)	8	<ul style="list-style-type: none"> LGBT Pride Maternity Young People Headlight Healthwatch ICOS Sunderland Mind Young Asian Voices. 	<ul style="list-style-type: none"> Age – younger people Carers Disability – mental health Disability – physical health Gender reassignment Pregnancy and maternity Race Religion or belief Sexual orientation.
No (general group agreement)	5	<ul style="list-style-type: none"> Sunderland Carers Centre Age UK Sunderland Gentoo LGBT St Luke's (Group 1). 	<ul style="list-style-type: none"> Age – older people Age – younger people Carers Deprivation Disability – mental health Disability – physical health Gender reassignment Other Religion or belief Sex Sexual orientation.
Yes and no (split group)	2	<ul style="list-style-type: none"> St Luke's (Group 2) Together for Children 	<ul style="list-style-type: none"> Age – older people Age – younger people Religion or belief Sex.
Unanswered but largely negative views/multiple queries	5	<ul style="list-style-type: none"> BME B Active N B Fit British Polio Fellowship HOPs Pallion Action Group. 	<ul style="list-style-type: none"> Age – older people Carers Disability – mental health Other Disability – physical health Race Religion or belief.
Unanswered (no strong conclusion either way)	4*	<ul style="list-style-type: none"> FODI (Group 1) FODI (Group 2) Anchor Housing Washington Mind. 	<ul style="list-style-type: none"> Age – older people Carers Deprivation Disability – mental health Race Religion or belief.

*Please note, for the organisations were one-to-one interviews were conducted it is not possible to summarise a group view. The FODI groups largely comprised of participants who had very limited knowledge of the healthcare system and therefore could not comment on the wider implications of the proposal. Nevertheless, in all

instances their positive and negative responses to the proposal have been analysed and reported below alongside the other groups.

It can be seen from the breakdown above that the groups were split as to whether or not the proposal would meet urgent care needs for people in Sunderland, however the balance is tipped slightly towards a negative opinion.

Most groups identified a higher number of 'dislikes' than 'likes' when asked to discuss the detail of the proposal, and a lot of questions were asked about how it would work in practice.

It should further be noted that, among the eight groups who generally liked the proposal, five added the caveat that this would *only* be the case if it could be made to work properly, in the manner stated. Not all were convinced this would be achievable.

"On paper the proposal looks good, but this all needs to be widely promoted and are the resources definitely available to make them a success?"

8.2.1 What participants like about the proposal

Participants were asked to identify aspects of the proposal that they like. The top spontaneously mentioned benefits were:

- Extra hours of access to GPs (mentioned by 10 groups);
- General improved accessibility of services (6 groups);
- Improvements to the 111 service - including a less 'scripted' call (5 groups);
- The potential for reduced waiting times (4 groups);
- More joined up care (2 groups); and
- Better support for self-care (2 groups).

8.2.2 What participants do not like about the proposal

There were many more negative than positive issues raised, with some groups giving no notable positive responses at all. A couple of groups queried whether a proposal like this has been tested anywhere else in the country and, if so, how it fared.

The top spontaneously mentioned concerns are listed below; where relevant, more information about each issue is included after the table.

Issue / concern	No. of groups	Which groups	Protected characteristic
Transportation to, from and between locations (especially Pallion)	13	<ul style="list-style-type: none"> BME LGBT Pride Maternity Young People Sunderland Carers Centre Age UK Sunderland B Active N B Fit British Polio Fellowship FODI (Group 1) FODI (Group 2) LGBT Young Asian Voices Washington Mind. 	<ul style="list-style-type: none"> Age – younger people Age – older people Carers Disability – mental health Disability – physical health Gender reassignment Other Pregnancy and maternity Race Religion or belief Sexual orientation.
Potential for people to use the wrong service	11	<ul style="list-style-type: none"> BME LGBT Pride Young People Sunderland Carers Centre B Active N B Fit FODI (Group 1) British Polio Fellowship Gentoo HOPs Pallion Action Group Young Asian Voices. 	<ul style="list-style-type: none"> Age – younger people Age – older people Carers Deprivation Disability – mental health Disability – physical health Gender reassignment Other Race Religion or belief Sexual orientation.
Pallion not suitable for proposed usage (parking, capacity, waiting areas, layout, etc.)	11	<ul style="list-style-type: none"> BME Young People Sunderland Carers Centre Age UK Sunderland B Active N B Fit British Polio Fellowship Gentoo Healthwatch HOPs LGBT Pallion Action Group. 	<ul style="list-style-type: none"> Age – younger people Age – older people Carers Deprivation Disability – mental health Disability – physical health Gender reassignment Other Race Religion or belief Sexual orientation.
Closure of existing urgent care centres / 'walk-in' centres	8	<ul style="list-style-type: none"> LGBT Pride Age UK Sunderland Gentoo HOPs LGBT Pallion Action Group Together for Children Young Asian Voices. 	<ul style="list-style-type: none"> Age – younger people Age – older people Carers Deprivation Disability – mental health Gender reassignment Other Race Religion or belief Sexual orientation.

Insufficient GPs / other staff to deliver the proposed services	7	<ul style="list-style-type: none"> ▪ LGBT Pride ▪ Young People ▪ British Polio Fellowship ▪ Gentoo ▪ Pallion Action Group ▪ St Luke's (Group 1) ▪ Anchor Housing. 	<ul style="list-style-type: none"> ▪ Age – younger people ▪ Age – older people ▪ Deprivation ▪ Disability – physical health ▪ Gender reassignment ▪ Other ▪ Religion or belief ▪ Sex ▪ Sexual orientation.
Major promotion of the changes / education of residents will be required to make it work	6	<ul style="list-style-type: none"> ▪ BME ▪ Young People ▪ British Polio Fellowship ▪ Healthwatch ▪ HOPs ▪ Young Asian Voices. 	<ul style="list-style-type: none"> ▪ Age – younger people ▪ Age – older people ▪ Carers ▪ Disability – mental health ▪ Disability – physical health ▪ Other ▪ Race ▪ Religion or belief.
Not seeing your own GP (including the potential for lower quality or continuity of care)	6	<ul style="list-style-type: none"> ▪ Maternity ▪ B Active N B Fit ▪ Gentoo ▪ LGBT ▪ Pallion Action Group ▪ Young Asian Voices. 	<ul style="list-style-type: none"> ▪ Age – younger people ▪ Age – older people ▪ Deprivation ▪ Gender reassignment ▪ Other ▪ Pregnancy and maternity ▪ Race ▪ Religion or belief ▪ Sexual orientation.
Longer waiting times	5	<ul style="list-style-type: none"> ▪ B Active N B Fit ▪ LGBT ▪ Pallion Action Group ▪ St Luke's (Group 1) ▪ Young Asian Voices. 	<ul style="list-style-type: none"> ▪ Age – younger people ▪ Age – older people ▪ Gender reassignment ▪ Other ▪ Race ▪ Religion or belief ▪ Sex ▪ Sexual orientation.
Getting GP appointments is already difficult and unlikely to improve	5	<ul style="list-style-type: none"> ▪ Age UK Sunderland ▪ B Active N B Fit ▪ British Polio Fellowship ▪ LGBT ▪ Together for Children. 	<ul style="list-style-type: none"> ▪ Age – younger people ▪ Age – older people ▪ Disability – physical health ▪ Gender reassignment ▪ Sexual orientation ▪ Other.
Communication difficulties (e.g. language barriers, or explaining yourself over the phone to	5	<ul style="list-style-type: none"> ▪ Sunderland Carers Centre ▪ FODI (Group 2) ▪ Pallion Action Group ▪ Young Asian Voices ▪ Washington Mind. 	<ul style="list-style-type: none"> ▪ Age – younger people ▪ Age – older people ▪ Disability – mental health ▪ Disability – physical health ▪ Carers ▪ Race

111)			<ul style="list-style-type: none"> Religion or belief.
GPs are unlikely to want to work additional hours / will be overstretched	4	<ul style="list-style-type: none"> British Polio Fellowship Gentoo LGBT Pallion Action Group. 	<ul style="list-style-type: none"> Age – older people Deprivation Disability – physical health Gender reassignment Other Sexual orientation.
Consultation has been inadequate / poorly promoted / not enough people have had their say	4	<ul style="list-style-type: none"> Sunderland Carers Centre British Polio Fellowship Gentoo HOPs. 	<ul style="list-style-type: none"> Age – older people Carers Deprivation Disability – mental health Disability – physical health Other.
Issues with 111 (you have to pay for the call; will operators have a good understanding of Sunderland geography?)	3	<ul style="list-style-type: none"> Young People Age UK Sunderland Anchor Housing. 	<ul style="list-style-type: none"> Age – younger people Age – older people Deprivation.

8.2.3 Transportation

This was the most commonly expressed concern, and is considered by many to be a real barrier to accessing healthcare under the new proposal. Specific worries are:

- The cost of having to travel from one location to another, by public transport or taxi, including:
 - Attending the wrong service and being referred elsewhere (see below); and
 - Travelling a considerable distance to Pallion, for residents who live elsewhere in Sunderland.
- Concern about using public transport when feeling very unwell or in pain.

For example, a participant in the HOPs group reported an occasion when she believed she had broken her arm. Her son drove her to hospital, but he had to leave to attend work. She was eventually told she should have attended an urgent care centre, but was refused hospital transport so had to travel there by bus. There she was X-rayed and sent back to the hospital - requiring another bus journey while in considerable pain.

8.2.4 Using the wrong service

There is genuine concern that people will not understand the difference between the services - for example, what constitutes 'urgent' and what is an 'emergency'? - and will attend the wrong location by accident. It is felt that this will compound the transportation issue above - paying for transport to and from different locations, and

the added waiting time if you have to be seen in two separate locations. This could be of particular concern among certain groups such as the elderly, those with language or other communication barriers, and those with mental health needs.

There is also concern that some people will use the wrong service - whether this be calling an ambulance unnecessarily or attending the wrong treatment centre - because it is cheaper or more convenient. People who express this concern do not necessarily believe they would do it themselves, but worry that others might - putting strain on already overstretched services.

Some participants said they would, indeed, be likely to use an incorrect service, such as attending the ED or calling an ambulance when not strictly necessary. It is important to understand the reasoning behind this behaviour, as it could apply to various groups of vulnerable patients. For example, participants in groups for asylum seekers had very limited knowledge of the healthcare system and few knew anything about 111. They may struggle to communicate on the phone due to language barriers. Most receive a restricted weekly income, and some are under 'Section 4' support (meaning they receive pre-paid cards to buy essential items and receive no cash at all), so attending centres using public transport or taxis is very difficult. Patients experiencing such obstacles may be tempted to use the incorrect service if they feel there is no other way to access healthcare.

8.2.5 Pallion unsuitable for proposed usage

This issue elicited some very strong reactions among participants, particularly as many feel that Pallion is already struggling to cope with the current flow of patients - and this will only get worse under the proposed changes.

It should be noted that responses listed under this heading refer specifically to issues such as capacity, parking and layout of the building; however the suitability of Pallion is also questioned under some of the other headings, such as the cost and inconvenience of transportation to Pallion from elsewhere in Sunderland.

Specific concerns include:

- Limited parking and a lack of on-street parking in the surrounding area (including limited disabled parking);
- Parking issues mean that people with mobility difficulties - for example, the elderly, those with disabilities, or carers looking after vulnerable patients - may have to walk a considerable distance to the building;
- A heavily populated, busy area with the hospital, student accommodation and nursery nearby - making road access difficult;
- Token system for parking is difficult to use (especially for those with disabilities or limited mobility);
- Public transport to Pallion is poor;
- Insufficient seats / small waiting areas that are already overflowing;
- Building on multiple levels; and

- Having multiple services at Pallion will bring even more people to the city centre, putting even greater pressure on the system (such as through antisocial behaviour).

“Too great a number of people to go to one centre, in a heavily urban area, from quite a considerable area – the likes of Houghton and Hetton”

“There is a major accident waiting to happen in Pallion Health Centre because of traffic congestion.”

8.2.6 Closure of existing urgent care centres

Some participants were concerned that the existing centres were established for a reason, serving their respective local communities, and therefore it does not make sense to close them. It is felt that populous areas such as Washington need this additional support and access to local care.

There is concern about what will happen to other services currently being provided at the urgent care centre sites (e.g. dialysis), and to the staff that are affected by these changes.

Insufficient GPs

There is a commonly held opinion that GPs are already overstretched, understaffed and reluctant to work even more hours than they do currently. This issue was mentioned by various groups throughout their discussions, but was specifically raised here as a concern that a lack of GPs would prevent the plans from working effectively.

8.2.7 Major promotion is required

This issue is related to other concerns, particularly the worry that people will be confused about terminology and will attend the wrong service (‘urgent’ versus ‘emergency’). Several groups made the specific point that it will require considerable promotion and communication to educate the public about how the proposed changes will work in practice, and this will be costly and take time. This is felt to be particularly important for vulnerable patients such as:

- The elderly;
- Those with language or other communication barriers (including those new to the country); and
- Patients with mental health needs, who may not be sure which services are most appropriate to them.

8.2.8 Not seeing your own GP

Several groups queried whether patients would get to see their own GP under the proposal, or be seen by any available doctor. Participants tended to feel that their continuity of care and the overall quality of care would suffer - one mentioned poor experiences being seen by locum doctors rather than their regular GP. Conversely,

one participant pointed out that she rarely gets to see her own GP anyway, so the changes would not have a major impact.

8.3 Locations of the Sunderland Extended Access Service

Groups discussed the suitability of locations for the extended access service.

It should be noted that groups were held at various locations across the five localities, and that people were often inclined to discuss areas they are familiar with or that are local to them. Therefore, this section of the report is not intended to be used as a quantitative analysis of suitable locations as this would present a biased view. Rather, this section looks at the *reasons* why participants consider some locations to be more suitable than others.

This section should be read in conjunction with the concerns outlined above regarding Pallion: specifically, parking issues and concerns about the suitability of the building. Several groups mentioned these issues again at this point, but they have not been duplicated here as they are covered in detail above.

Having said that, a few groups acknowledged that, in principle, Pallion ticks many of the required boxes for a good location and can see why it has been chosen. The concern is that it will not be able to expand to meet the increased needs in terms of capacity, parking and so on if it is to house multiple services under one roof.

“In theory, it sound great, but how it works in practice could be different.”

Key requirements for locations are:

- Easily accessible via public transport and/or good parking facilities (13 groups);
- Locations should be identified by population demand (size of population and demographics, such as elderly people) and designated accordingly (9 groups);
- The way they are currently provided, with at least one in each locality, is good (8 groups); and
- Provision should be kept as local as possible (4 groups).

There was no clear consensus on the best locations, with opposing views in several instances. For example, Bunny Hill was named by some groups (including groups attended by older participants) as an ideal site due to good parking facilities; however a carers' group noted that its position on a hill makes it difficult to access. Likewise, The Galleries was felt to be easy to access but some dislike this location because it is busy.

Several groups pointed out that areas further from the city centre need additional services, so that vulnerable groups such as the elderly, long-term ill, etc. can reach them without having to travel too far.

“If you live in Sunderland City Centre then access to urgent healthcare services is easy. But if you live a little further away, such as in Coalfields, then it’s difficult – especially if you are an older person and have to use public transport.”

Equally, services should be provided where there are densely populated areas: Washington was mentioned several times as having a specific need for local services, and areas such as Hetton and Doxford were named as needing additional provision. Locations should not be clustered too closely together.

“...it is pointless having more than one service in Houghton and nothing in Silksworth and Ryhope.”

8.4 Options for the Sunderland Extended Access Service in Pallion

Participants were asked whether they think the UTC and Sunderland Extended Access Service should be joined up at Pallion.

Of the 19 groups that directly answered this question:

- 12 think it is a good idea to join up the services;
- Three groups did not think it is a good idea; and
- Four groups were undecided or felt they did not have sufficient information to make a decision.

8.4.1 Reasons for a joined up service

There were no universal themes in terms of why the services should be joined up, but commonly mentioned advantages were: more efficient working practices and patient care; more convenient to have services in the same location; saves on the cost and inconvenience of travelling between services; easier to see a doctor, and potentially reduces waiting times.

A small number of groups commented that they would assume such services are already joined up and working closely together.

8.4.2 Reasons for keeping the services separate

Joined up services were not thought to be a good idea by three of the groups - LGBT, St Luke’s (Group 2) and Young Asian Voices.

All three of these groups expressed concern that staff at Pallion would be put under significant pressure, with large numbers of patients flowing through the service and not enough GPs to provide it. This could lead to longer waiting times, confusion and poor continuity of care. There is also concern that some patients will have to travel a long way to access these services.

It is important to note that even among those who viewed joined up services as a positive step, there were some caveats. Participants in at least four of these 12 groups expressed the view that Pallion is not a suitable location due to the problems already discussed, such as long travelling times for patients living elsewhere in Sunderland,

the size and capacity of the building, and the potential for overcrowding and confusion about services.

8.5 Opening times for urgent care services

8.5.1 Urgent treatment centre

There was no strong consensus on opening times, with five groups saying the proposed times are overall good or satisfactory, and a further four groups making a general comment that the proposed times are poor or unsatisfactory.

Participants in six groups thought that the times could be extended even further, perhaps by an hour or so later at night and a little earlier in the morning - particularly so that services fit around work and education commitments. Seven of the groups thought that, in fact, facilities should be open 24/7 as you do not know when you will need urgent care. Some thought they would struggle to know what is classed as an emergency or urgent, therefore if they needed help at night they would be more inclined to access emergency services if the urgent care service is closed.

8.5.2 Sunderland Extended Access Service

Not every group discussed the extended access service opening times separately to urgent care services, however those that did tended to view the proposed times favourably, or thought they were at least as good as could be expected.

“I think they are the best they can be.”

A few groups commented that the hours could be extended a little, with one saying the hours should match urgent care and another asking for 24/7 access. However, overall there appears to be a recognition that the extended access service is not expected to provide round-the-clock access.

The issue of pharmacies came up several times, with a request that pharmacies should be open at similar times to the proposed services so that patients can collect their prescription at the time they receive treatment.

8.6 Other considerations

Throughout the sessions, issues arose and questions were asked that may be more pertinent to some groups than others. The following comments should not, therefore, be interpreted as general themes but may be important considerations for certain groups of patients or those in similar circumstances.

- More female doctors are needed for women who do not wish to be examined by a man. This point was raised by participants in the BME group, who noted that having a female chaperone is not good enough to ensure a proper examination and treatment.
- Mental health is felt to be an area that needs special attention and careful communication of changes. This was discussed by the LGBT Pride group and Sunderland Mind.

- The cost of transport was mentioned by various groups, but it is reasonable to say that this issue could affect some vulnerable groups more than the general population, such as the elderly, long-term ill or disabled, those with young children to transport, carers, and so on. Participants in several groups queried whether transport would be provided to take patients who have been referred from one service to another.
- Participants who are carers raised concerns about the expectation that Sunderland residents should take more responsibility for self-care. While they believe this is an important goal, they wondered whether it would be expected of vulnerable people. They also perceived that a relatively small number of carers and service users were being consulted, so decisions would be made without getting a true picture of their needs.
- Participants from groups for elderly residents talked about the need for very clear communication of the changes, with some noting they have already seen a lot of change in the healthcare system and older people may not be particularly open to more upheaval. It was also noted that comfortable, tranquil waiting areas are preferred, such as those at Bunny Hill, Houghton and Washington.
- Parking and ease of access are particularly important for those with limited mobility, such as people with disabilities and the elderly.
- Telephone communication is difficult for some people, and may be a significant barrier to the use of 111. This was raised by groups comprising asylum seekers (compounded by the fact that they have very limited knowledge of the system to begin with) and ICOS, but could equally apply to those with limited hearing, or people experiencing anxiety, for example.

9 STAKEHOLDER FEEDBACK

The views of stakeholders and other considerations

9.1 Introduction: background and context

To ensure as fair an opportunity as possible was given for all to provide a contribution to the “Making Urgent Care Work Better in Sunderland” consultation, direct communications were actively encouraged and included in the process.

In total 57 submissions to the consultation were received from the following:

- Health Scrutiny;
- NHS organisations;
- Private healthcare providers;
- Trade unions;
- Elected representatives, Members of Parliament (MPs), council officials and political parties;
- Social media;
- Members of the public;
- Campaign groups; and
- Petitions.

It is important to note that to comply with the CCG’s GDPR requirements we were not provided with any personal details of respondents who replied as a private citizen, therefore we are not able to credit this opinion to any source.

9.2 Local Authority Health Scrutiny

Communications were received from:

- Cllr Dr Geoffrey A. Walker, Sunderland City Council (Portfolio Holder, Health & Social Care);
- Cllr Rob Dix, South Tyneside District Council (Chair, Overview and Scrutiny Coordinating and Call-in Committee).

In May 2018 Cllr Walker wrote to the CCG with a number of appropriate and timely concerns regarding the consultation process, in summary these were:

- Lack of publicity;
- Concerns over venue accessibility for the public events both for people with mobility problems and those reliant on public transport;
- Lack of clarity around definitions of urgent care and extended access services;
- Seeking assurance that this was not the beginning of a round of closures;
- Concerns over the understanding - expressed in the travel and transport event - of the issues faced by patients using public transport;
- Finishing with a request for a presentation to the five area committees by a lead officer from the CCG.

In August (10/8/2018) Cllr Dix wrote to the CCG to thank them for attending an Overview and Scrutiny Committee (OSC) meeting on the 10th July and to highlight the impact that the closure of urgent care centres in Sunderland would have on South Tyneside residents, particularly around any closure at Bunny Hill. Cllr Dix sought specific reassurance that the needs of South Tyneside residents are being considered.

9.3 NHS organisations

Responses from NHS organisations are presented as:

- GP practices;
- Other provider organisations; and
- Sunderland CCG.

9.3.1 GP Practices

Submissions were received from:

- Coalfields locality, on behalf of locality GP practices;
- Happy House Surgery;
- Herrington Medical Centre; and
- Kesper Medical Practice.

Coalfield Practice wrote on the 7th August to express concern over the consultation and to make the following comments:

- The view was that the messages to the public were misleading and led patients to believe they would be seen by their actual GP in the extended access service, which is not the case.
- The Sunderland Extended Access Service add blood requests into ICE, request x-rays and ultrasound scans, complete 2WW referrals and refer into other services such as MSK to avoid passing work back to GP practices.
- Provision needs to be in place for the extended access service to cancel their own appointments if clinics are cancelled.
- The case is made that due to the location of Coalfields they are more likely to feel the impact of the closure of the minor injuries and illness centre currently based in Houghton Primary Care Centre.
- If the number of appointments is to increase to 42,000 then the allocation to the Coalfields area needs to significantly increase to ensure provision is fair to patients. Coalfields currently has far less extended access service coverage than the rest of Sunderland.
- If access is to be increased, the extended access hub would be better located in Houghton Primary Care Centre to alleviate any parking issues.
- Little faith was placed in the travel and transport review, taking little account of the realities of public transport in the area, compounded by high numbers of elderly patients with co-morbidities who will find it difficult to travel to centres in other areas of Sunderland.

- There are also assurances sought that there will be no reduction in the x-ray service currently provided in Houghton Primary Care Centre if these proposals were to go ahead.
- Closing on a positive note, the self-care element was perceived to be good, with thoughts that all should be working together on this and giving out the same messages e.g. information on websites.

Happy House Surgery expressed concerns that messages on Sun FM were misleading. The existing practices would struggle to support additional appointments as stated ('appointments at one of 40 GP surgeries'), which implies people will see their own GP. The reality of the extended access service was felt to be different and likely to be unacceptable to the public.

Herrington Medical Centre wrote to decline participation in the consultation, believing it to be a 'done deal'.

Kepier Medical Practice wrote to express disappointment that the CCG is considering abandoning walk-in centres, which while in need of improvement, do ease pressures on GP practices. There was also a concern over where the GPs would come from to provide an extended access service, as none of the GPs in the practice would be able to do so.

9.3.2 Other provider organisations

Responses were received from:

- City Hospitals Sunderland; and
- Sunderland GP Alliance.

9.3.2.1 City Hospitals Sunderland

City Hospitals Sunderland state that there is a complete agreement in terms of the need to consult and deliver change. It is felt that the current system is confusing for public and professionals alike and there is clear evidence that patients are not being seen in the ideal setting, by the ideal health professional and at the most appropriate time to manage their condition.

"If these changes were not to take place, it is unclear how we will move from our current performance position. We know that performance is linked to outcomes and experience. We have to recognise the particularly difficult workforce issues we have in Sunderland and this requires that we deploy them as effectively as possible. Ensuring we have no duplication"

Specific points made were:

- Agreement with the clinical model of patients being directed to the most appropriate clinical service and that the over-arching ethos is "primary care first". Improving GP access is key, and the need to work together to ensure workforce challenges are met removing the waste and duplication that exists in partnership working:

- Out-of-hours provision of GP will be provided by extended hours and Recovery at Home. Pallion providing a minor injuries service and the other elements of an UTC.
- All of this being key to reducing unnecessary demand in the ED, ensuring timely care to the sickest and most vulnerable patients.
- Collectively there is a need to agree the assumptions of patient flows in the system but also recognise that we already have a gap demonstrated by the current performance against the national target. A key piece of work is the retention of the necessary workforce as these skilled, experienced and hardworking colleagues cannot readily be replaced.
- The extended hours service needs to meet the demands on primary care across the geographical patch. It would be beneficial if one hub was located within Pallion. The support offered by the extended hours service in the relatively short time it has been in service has been incredibly beneficial. In the widest sense, in terms of providing additional appointments to meet the increasing dependence on primary care, but specifically the pragmatic and collaborative way in which it has supported Pallion during surge.
- We need to ensure that we have consistent and deliverable urgent care over 24 hours based on the capacity and demand information we have, cognisant of the changing pattern of disease and ambulance dispositions.
- In terms of change that will deliver the necessary outcomes then there are no additional high-level scenarios that City Hospitals Sunderland would offer.

9.3.2.2 Sunderland GP Alliance (SGPA)

SGPA are very supportive of the model, believing it to be the right one for the city offering additional comments for consideration in its development:

- In terms of the stated aim of a '*further 42,000 [GP appointments] per year by September 2018*'. SGPA currently aim to offer up to 29,000 appointments per year based on the NHS England requirement of 30 minutes of consultation time per 1,000 patients. During the last year SGPA have achieved approximately 25,000 appointments. In the near future, there is an expectation that service provision will increase to 45 minutes per 1,000 patients (though see further notes below), bringing the total number of appointments to around 44,000.
- Sunderland's Extended Access model needs further reflection, and, in particular, consideration of operating fewer hubs than the current five-hub model.
- The Extended Access hubs should be accessible for patients and located such that the outlying Coalfields and Washington areas are provided with an alternative to the closing urgent care centres, however value for money also needs to be achieved.
- SGPA are supportive of an extended access service in the evenings, weekends and bank holidays. However, the existing demands on GPs would not allow the extension of the service beyond 8:30pm Monday to Friday.

- SGPA fully support the enhanced specification within the recently tendered regional 111 service. However, at this point in time, it is unclear how this will affect demand and the wider system and cannot comment on whether the urgent care strategy proposals have appropriately modelled the likely impact.
- The development of a home visiting service is essential if general practice is to have the capacity to deal with the additional demand arising from the closure of the urgent care centres. There have been a number of problems implementing the required changes within Recovery at Home. SGPA believe their members' support for the urgent care strategy is contingent on the successful delivery of in-hours home visiting.

9.3.2.3 Sunderland CCG

Sunderland CCG provided evidence of discussions in line with NHS England assurance processes. Evidence was provided of correspondence in this regard between Ann Fox, Director of Nursing, Quality and Safety to:

- Marc Hopkins , Newcastle Gateshead CCG;
- Matt Brown, Director of Operations, South Tyneside CCG; and
- Claire White, Head of Commissioning Services, Durham Dales, Easington and Sedgefield CCG.

9.4 Private healthcare providers

A formal submission was received from the private healthcare provider – Vocare outside the formal consultation period. They detailed within their submission that:

- The extended access service runs to 8pm so any illnesses after that time would have to go to Pallion or in fact they may attend ED.
- The CCG should consider keeping at least one other centre open (west of the city) to support patients travelling to Pallion.
- The full extended access appointments need to be available and not the reduced number as it currently stands.
- There are too many extended access hubs and they should reduce as 5 in the city seems excessive.
- The extended access hubs need to be open consistently on the weekends.
- The extended access hubs are only open until approx. 4pm on weekends so what will happen after that? It is felt that they should be open until 10pm.
- The number of minor injuries is actually higher than what is perceived so are there enough services?
- The neighbouring CCGs patient flow will be affected e.g., Washington patients going to Gateshead, Durham patients currently attend Houghton.

9.5 Trade unions

A formal submission was received from:

- Paul Leake, Branch Secretary Unison Northern Regional Health Commissioning

On the 1st of September Unison (Northern Regional Commissioning Branch) provided a formal submission to the CCG's consultation process in which the following issues were highlighted:

- Concerns over unintended consequences of removing revenue from existing urgent care centres, which may affect their long-term viability to deliver a care closer to home strategy.
- A call for consideration of a modified urgent care centre model.
- The suggestions that the CCG consider the following to mitigate the potential impact on services operating out of primary care centres:
 - The Sunderland Extended Access Service should be at one of the existing primary care centres.
 - The opening hours for the extended access service should be maximised given the inconsistency in availability of very early or late GP appointments across practices whose patients use these services (not all of which are Sunderland CCG practices).
 - The CCG work to maximise the number of new services available at these primary care centres, including evening and weekend services, given they provide an excellent opportunity to provide care closer to home, particularly in meeting the CCG's agenda of moving hospital service closer to the patient.
 - The CCG to recognise primary care centres as key assets in delivering integrated patient care.

9.6 Elected representatives, Members of Parliament (MPs), council officials and political parties.

9.6.1 Elected representatives and council officials

- Cllr Linda Williams, Sunderland City Council
- Cllr Joanne Bell, South Tyneside District Council
- Nigel Cummings, Scrutiny Officer, Sunderland City Council

In May, Cllr Linda Williams wrote to the CCG to highlight concerns raised by one of her constituents. In the communication Cllr Williams agrees with the constituents' concern over the proposed closure of Washington Primary Care Centre and the general landscape of public sector cuts. The conclusion of the communication is an assurance that she will be opposing these cuts and ensure the council plays its part in the consultation.

In May, Helen Fox, Senior Communications and Engagement Manager at North of England Commissioning Support wrote to Mr Cummings to provide an update on the consultation and to suggest a meeting between the CCG and Chair of Health Scrutiny once an appointment was made.

In July, Cllr Joanne Bell wrote to the CCG, via South Tyneside Council's Strategy and Democracy Officer, to raise concerns about a consultation held at Boldon Community Association. Cllr Bell reported that on her arrival at the venue that there were no

representatives of the CCG present, apparently having left after discharging all the booked appointments. The communication sets out concern over miscommunication over the event not being a drop-in and letting down local residents.

9.6.2 Members of Parliament

Communication was received from:

- Sharon Hodgson MP, Shadow Minister for Public Health (Washington and Sunderland West);
- Bridget Phillipson MP (Houghton and Sunderland North).

Sharon Hodgson, wrote to the CCG on three separate occasions to raise concerns, request updates and further information:

- 10th May: concern was raised over the lack of timely communication from the CCG around the consultation generally and specifically the potential closure of Bunny Hill and Washington Primary Care Centres, the lack of consultation events outside normal working hours and the lack of consideration of the most deprived in the proposed closures.
- 25th May: further concern was raised around the consultation process, and specifically inclusion of consultation events that are accessible to residents on the north side of the river. The letter concludes with a request to extend the consultation period and include events at venues closer to communities affected by the proposed changes.
- 31st July: a letter was sent as a follow up to a meeting with the CCG Chief Officer (David Gallagher), also attended by Bridget Phillipson MP in which thanks was given for extending the consultation period. There were also specific requests for further information around public consultations; usage of the primary and urgent care centres; accessibility; NHS pressures; NHS 111; and the Sunderland Extended Access Service.

Bridget Phillipson wrote to the CCG on the 11th of July as a follow up to a meeting with the CCG Chief Officer (David Gallagher), also attended by Sharon Hodgson MP. The letter provided specific feedback of concerns to be fed into the consultation process, namely:

- Attendance at Houghton Urgent Care Centre;
- Ability of Pallion to cope with increased demand;
- Impact of additional travel time for Houghton residents to Pallion;
- Concerns over extended access service delivery;
- Calls for some urgent care services to be retained at Houghton;
- Better understanding of cost modelling around moving from Houghton.

9.6.3 Political Parties

Formal submissions to the consultation were received from:

- Millfield Branch Labour Party; and

- Sunderland Central Constituency Labour Party.

Millfield Branch Labour Party conclude their submission with the statement 'it is imperative that the process is halted, and a new approach considered'.

The submission:

- Includes a statement that the proposals do not meet the needs of the Sunderland population, citing a need for local services in a deprived area with low car ownership;
- Raises concerns over the ability to provide the number of GPs required faced with the current shortage;
- Calls for the provision of a fully equipped service provided at all existing walk-in and urgent care centres, including staff, specialist test equipment (x-ray, ultrasound) and lab facilities;
- Raises concerns over the existing infrastructure at Pallion (buildings, telecoms, parking, etc.) and its ability to cope with the proposed changes;
- Raises concerns over the performance of the 111 service;
- Calls for a public health promotion of self-care;
- Raises concerns over potential mergers with South Tyneside CCG and the potential need for consultation with residents in Jarrow, Hebburn and Boldon;
- Raises the issue of a perceived duty of care by the CCG to inform the public of the shortfalls in central government funding and to demand appropriate resources be allocated.

In response, the CCG wrote to Cllr Lynda Scanlan to confirm the receipt of the submission, provide details of how to participate in the consultation and to assure her that Millfield Branch Labour Party's submission would be considered in the independent analysis.

Sunderland Central Constituency Labour Party wrote to oppose the closure of services at Houghton, Bunny Hill and request the CCG reconsider the proposal. They also advance the argument that the consultation does not comply with 'Gunning 1' as there is no scope to oppose the proposal and instead "...merely seeks feedback to shape the new urgent care system...". The submission also cites petitions that have received more than 12,000 signatures. Objections were based on arguments around seven key points:

1. The need for local urgent care centres;
2. Inadequacy of GP extended access service as a replacement for urgent care centres;
3. NHS 111 service issues;
4. Self-care issues;
5. Accessibility – Equality Act 2010;
6. Impact on A&E/EDs;
7. Impact of a potential Sunderland/South Tyneside Merger.

9.7 Campaign groups

9.7.1 Keep Our NHS Public Sunderland and District

Keep Our NHS Public (KONP) is a campaigning organisation, with local groups across England, committed to reversing the ongoing privatisation of the NHS and its services. KONP Sunderland and District is the local group interested in NHS issues associated with Sunderland CCG. They made a formal response to the consultation, submitted via email on the 1st of September by Laura Murrell, Secretary.

The submission includes a strong challenge to each of the CCG's five design principles:

1. Be safe sustainable and provide responsive high-quality care;
2. Increase self-care through access to appropriate clinical advice;
3. Ensure appropriate access to treatment as close to home as possible;
4. Simplify access by improving integration across health and social care and reducing duplication of services; and
5. Meet nationally mandated requirements.

The submission concludes with an outright rejection of the proposal:

"We believe that the NHS should provide local services for people and not discriminate against communities by centralising services at their expense. The cuts to the urgent care centres are motivated by the need to save money as instructed by NHS England and the government and not the needs of patients. The claims that the service will be improved, and an additional 42,000 GP appointments will be created are not based on any concrete evidence and are unbelievable.

Therefore, we would submit that there is no credible or sustainable basis for your proposals and we reject them."

9.7.2 Keep Our NHS Public, Chair

On the 31st of July, the chair of Sunderland and District KONP, and retired GP, Pam Wortley wrote to the CCG requesting the following information:

- How many permanent working time equivalent GPs have been working in the following years 2000, 2010, 2015, 2017, first 6 months of 2018?
- How many GPs plan to retire before 2020 and in the next five years?
- How many GP practices have closed and or have amalgamated in the last five years?
- How much are GPs being paid to work in the "extended hours" service?
- What monitoring is taking place to ensure that the GP "in-hours" service commitment is not being compromised by the "extended hours" service?
- What is the waiting list for "routine" and for "urgent" GP appointments in-hours, in practices and how it is monitored?
- Will patients, at their convenience, be able to see a GP in the extended hours, as per the 'positive' comments in the Sunderland Echo wrap-around sheet.

- At one of the Hope XChange Consultations, the presenters confirmed that the CCG will continue to pay rent on the empty space in the primary care centres after the urgent care service leaves. Who will this rent be paid to and for what purpose would this space continue to be rented by the CCG? For how long will this arrangement continue?
- Has the option of GP/GPs working in the present “walk-in centres” been considered?
- When did the centres at Bunny Hill, Washington Houghton-le-Spring and Pallion stop being “walk-in” centres and become mainly appointment centres?
- Has a Disability Discrimination Act Assessment been made at the Galleries Health Centres and if yes, what is the result?
- In the light of the Sunderland GP Alliance Galleries Health Centres CQC Report (2017), what changes have been implemented to improve the service?
- How did the CCG reach the decision that a 50% target for “consult and complete” by the 111 service is appropriate and more importantly safe?

It is our belief that the CCG provided a response to these questions, but we have only seen a draft, so no further commentary can be provided.

9.8 Social media

Sunderland CCG provided open communications via the social media channels Facebook and Twitter. The comments received for each are reported in turn below. Twitter comments are reported in full, Facebook responses are reported thematically, with the full comments available in Appendix Three of this report.

9.8.1 Twitter

The full comments received via the CCG’s twitter account set up for the consultation were as follows:

- “Why don’t you just open the closed carpark next door? You own that property as well!”
- “The lack of parking at Silksworth Colliery Surgery is appalling. At least 10 cars queuing for a space right now! #clusterxxxx”
- “Don’t close Houghton-le-Spring drop-in centre it’s a god send”

9.8.2 Facebook

As Facebook submissions are directly identifiable, these were anonymised within the following themes:

- Consultation events:

There was a theme around the lack of consultation events in Washington and Houghton. Later comments urged people to mobilise and attend to have their voice heard in the consultation, although there were some concerns over the need to book/invite only events.

- Concern over existing urgent care centres:

The view was the existing urgent care centres did an excellent job and were well attended. The concern seemed to be around the ability of one centre to cope when there were previously three.

- A pressured system:

Concerns were expressed around a system that is already under 'loads' of pressure with long waiting times for GP appointments. The direction from people posting was that improvements were needed in this area above all.

- Why change?

There was a feeling that this consultation was trying to fix something that wasn't broken.

- The consultation process itself:

There were comments on the consultation itself, with concerns around lack of communication of proposed closures in Washington, Bunny Hill and Houghton. Additionally, there was a call for support for those with additional communication needs in all areas of the consultation.

- Streamed events:

There was a commentary on technical difficulties and perceived low attendance at live-streamed events.

- The online survey:

Comments revolved around the need to complete the online survey and complaints that it crashed while responding.

- Perceptions of a deteriorating service:

A theme developed in discussion around current versus past NHS service performance, with the view expressed by some that the service was getting worse not better *"...I have survived a time when even the nastiest bump was treated by rubbing butter on it...it's harder not easier..."*

- Travel and transport:

Discussions around travel and transport generated by far the most comments. Generally, people had no faith in the figures used in the consultation and felt people would be unfairly disadvantaged by the cost of additional travel, particularly the elderly and those living in deprived circumstances. There was also no faith in the quoted travel times *"...request the commissioners travel by public transport from 3 locations...at different times of the day...see if they can do it in 20 minutes..."*

- A 'done deal':

There was a general scepticism about the intentions of the consultation *"...sounds like the decision has been made..."*

- 'Other comments':

Comments were made about the financial wisdom of building urgent/primary care centres, only to close or mothball them. Alongside this was the observation that offering out-of-hours appointments in GP hubs has not worked elsewhere.

9.9 Direct submissions from members of the public

Direct submissions were received from the public, and each went into varying levels of detail around their issues, comments or alternatives. All responses were provided from real life experience and add valuable insight to the consultation.

In summary, the majority of those members of the public who responded directly all expressed concerns over the consultation. These submissions have been reviewed and thematically summarised as:

- Concerns over the consultation process:

There were concerns expressed over the options appraisal process used to develop the initial models. This was compounded by a common observation that the options themselves and the consultation document were unclear, requiring a clarification addendum.

Further to these there were concerns expressed about the consultation events themselves and the ability of the format to elicit responses when time was limited by over-running presentations.

- Sunderland Extended Access Service:

There were concerns that the options needed to be more specific with locations and opening times to allow meaningful response to the consultation. There were also concerns that the current care at home service, which is a key part of making Sunderland Extended Access Service work, does not work.

- **Pallion:**

Sentiments around the proposal for Pallion to provide the single UTC for Sunderland were largely negative, based around:

- Fitness for purpose, there were concerns around the fabric of the building;
- Coping with the additional demand - the waiting rooms are overcrowded now, how will additional people be catered for;
- Difficulties transferring frail and vulnerable people between the ED and the UTC, if sited at Pallion
- Parking difficulties, one respondent monitored the situation over several weeks and the car park is full by 9:45am;
- The location is exclusionary for residents in Washington and Coalfields due to the physical distance to Pallion;
- Public transport to Pallion is challenging – two buses are required to reach there from Shiney Row and it is not a quick journey, and it is a £26 taxi fare from Washington. Making it particularly difficult in a city with below average levels of car ownership and above average levels of deprivation.

- Existing centres:

Washington and Houghton received mentions as centres that are currently working well and offering an outstanding service. The feeling was, why should these be changed?

- All needs need to be addressed:

The point was made that future services need to be fit for purpose for all, and should be friendly for example sensory deprived people, people with learning disabilities and people with autism as well as those with mobility issues and other personal deficits.

- Alternative proposal offered for Houghton Primary Care Walk-In Centre:
An alternative to the proposal was suggested for Houghton, based on:
 - Bringing the centre back into full use to fulfil the original 'Darzi' ambitions, locating some of the additional GPs required to deliver the proposed service and attracting a prescribing pharmacist; and
 - Recognising that the programme of housebuilding in the area will increase the local population and consequential demand for GP services.

9.9.1 Freedom of Information request

A Freedom of Information (FOI) request was received by the CCG as part of the consultation. The anonymised request and the CCG's response are shown below.

9.9.1.1 Request

In connection with the current public consultation over urgent care services, I should be grateful if you would answer the following questions:

1. What specific services do the urgent care centres located in the primary care centres at Bunnyhill, Houghton and Washington currently provide.
2. If your proposals to remove the current urgent care services at Bunnyhill, Houghton and Washington are agreed what specific services would remain at the three sites? E.g. would they retain x-ray facilities?
3. We understand the CCG leases the buildings at Bunnyhill, Houghton and Washington from NHS Estates but I would like to know what will happen to the spare building capacity created if the urgent care services are removed.
4. How precisely does the CCG expect to create an extra 42,000 GP appointments per annum and what is the breakdown in how and where they will be delivered? I.e. will they all be appointments with doctors; will they be appointments in patient's normal surgeries with their normal doctor; will they be in normal surgery hours or at weekends or in the Sunderland Extended Access Service etc?
5. Will the projected extra 42,000 GP appointments include employing locums and if so what will be the cost of this?

9.9.1.2 Response

Answer to question one and two

The primary care centres at Bunnyhill, Houghton and Washington provide:

Bunny Hill:	Houghton:	Washington:
<ul style="list-style-type: none"> ▪ GP Practice ▪ Pharmacy ▪ Physiotherapy clinics ▪ Podiatry ▪ Urgent care services ▪ X-Ray 	<ul style="list-style-type: none"> ▪ AAA screening ▪ Adult hearing clinics ▪ Café ▪ Counselling services ▪ Diabetic foot and eye screening ▪ Family planning ▪ Geriatrician ▪ ICAR in patient ward ▪ Memory protection clinic ▪ Mental health groups ▪ Orthopaedics ▪ Physiotherapy ▪ Ultrasound ▪ Urgent care services ▪ Weight management groups ▪ X-Ray 	<ul style="list-style-type: none"> ▪ AAA screening ▪ Chemotherapy ▪ Counselling services ▪ Dental ▪ Dietician ▪ Family planning ▪ Orthopaedics ▪ Physiotherapy ▪ Renal ▪ Urgent care services ▪ Wellbeing services

All services except the current urgent care service will remain. There is an option for the Sunderland Extended Access Service to be located at these primary care centres and this is what is being consulted upon.

Answer to question three

NHS Property Services own the buildings and the CCG pays for the space. The CCG is still accountable for this space, but it could be used for the Sunderland Extended Access Service or could be used for something else.

Answer to question four

The extra 42,000 appointments are provided through the Sunderland Extended Access Service. This means that there are over 800 appointments provided each week at evenings and weekends. At the appointment you will be seen by a GP.

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

Answer to question five

The provider who holds the contract will need to make the decision on the recruitment and whether or not there is any need to employ locums to run the service. The CCG will not know if any locums are used and the funding for the contract will be the same irrespective of the approach used in relation to employment practices of the provider. The Sunderland Extended Access Service works closely with general practice to work together to provide local resource for extended access activity (42,000) thus providing continuity of care for patients. This is and will remain a key element of future service provision.

9.10 Other submissions: Petitions

Petitions via Change.Org were received during the consultation period from:

- 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.

A petition was also received via Sunderland City Council from KONP, Sunderland and District Branch. This petition was received at the meeting of Full Council on 19th September 2018, outside the formal consultation period. This is therefore not included in this analysis report; however, the petition will be considered by the CCG under its petitions policy as detailed at Appendix Four of this report.

The petitions will all be dealt with in accordance with the CCG's petitions policy (Appendix Four).

9.10.1 Change.org Petitions

Each of the three petitions received via Change.Org called for “the Government, NHS England, Sunderland CCG and Sunderland Health & Well-being Board to stop any plans to close these services for the residents and safeguard urgent care provision.”

These are very important and inclusive gauges of public opinion; however, it is important to note for decision making purposes that each asks opinion on a single, valid position to all signatories to the petitions.

The text of each petition is shown below for consideration.

9.10.1.1 Save Bunny Hill Urgent Care Services

Urgent care at Bunnyhill could be AXED and replaced with an “extended access service” under new plans.

Your local Labour councillors will always fight for high quality and well-funded accessible local health services that will benefit everyone in our local communities. Our residents have told us how important it is to them to receive their urgent care services near to home and for this reason we will be fighting on your behalf to secure the future of the urgent care facility at Bunnyhill Primary Care Centre while the CCG “consult” regarding the future.

Don't be under any illusion, the service is under threat and the CCG want to relocate the urgent care service to Pallion, with some additional GP hours being all they are offering in return.

This simply isn't good enough for the residents of Redhill, Castle, Southwick, Fulwell and St Peters. Your local Labour councillors will be making sure our objections are heard and that the residents we represent have a voice.

Our stand is to safeguard the future of urgent care services at Bunnyhill Primary Care Centre.

We demand that the Government, NHS England, Sunderland CCG and Sunderland Health & Well-being Board stop any plans to close these services for the residents and safeguard urgent care provision.

Access to health care is a right of all in a modern society and we demand that it must be guaranteed.

9.10.1.2 Save Houghton Urgent Care Services

Urgent care in Houghton could be AXED and replaced with an “extended access service” under new plans.

Your local Labour councillors will always fight for high quality and well-funded accessible local health services that will benefit everyone in our local communities.

Our residents have told us how important it is to them to receive their urgent care services near to home and for this reason we will be fighting on your behalf to secure the future of the urgent care facility at Houghton Primary Care Centre while the CCG “consult” regarding the future.

Don’t be under any illusion, the service is under threat and the CCG want to relocate the urgent care service to Pallion, with some additional GP hours being all they are offering in return.

This simply isn’t good enough for the residents of Houghton, Hetton, Copt Hill and Shiney Row. Your local Labour councillors will be making sure our objections are heard and that the residents we represent have a voice.

Our stand is to safeguard the future of urgent care services at Houghton Primary Care Centre.

We demand that the Government, NHS England, Sunderland CCG and Sunderland Health & Well-being Board stop any plans to close these services for the residents of Houghton and surrounding areas and safeguard its urgent care provision.

Access to health care is a right of all in a modern society and we demand that it must be guaranteed.

9.10.1.3 Save Washington Urgent Care Services

Urgent care at Washington could be AXED and replaced with an “extended access service” under new plans.

Your local Labour councillors will always fight for high quality and well-funded accessible local health services that will benefit everyone in our local communities.

Our residents have told us how important it is to them to receive their urgent care services near to home and for this reason we will be fighting on your behalf to secure the future of the urgent care facility at Washington Primary Care Centre while the CCG “consult” regarding the future.

Don't be under any illusion, the service is under threat and the CCG want to relocate the urgent care service to Pallion, with some additional GP hours being all they are offering in return.

This simply isn't good enough for our residents. Your local Labour councillors will be making sure our objections are heard and that the residents we represent have a voice.

Our stand is to safeguard the future of urgent care services at Washington Primary Care Centre.

We demand that the Government, NHS England, Sunderland CCG and Sunderland Health & Well-being Board stop any plans to close these services for the residents of Washington and surrounding areas and safeguard its urgent care provision.

Access to health care is a right of all in a modern society and we demand that it must be guaranteed.

9.11 Summary of findings

Much of the dialogue with stakeholder consultees focussed on requests for information from Sunderland CCG as the consultor, and as far as we can ascertain they were answered. This goes some way to evidence an open approach from the CCG, although there is specific criticism raised, which provide areas for consideration in the decision-making process.

The scrutiny responses from Sunderland and South Tyneside Councils show a consistent and constructive dialogue during the consultation period, with timely and appropriate challenge and suggestions. Elected members and MPs also showed appropriate challenge, supporting their constituents. They also highlight concerns over the provision of urgent care in Washington and Coalfields where the move to delivery of an UTC at Pallion will have significant detrimental impact on services there.

NHS providers (Sunderland City Hospitals and Sunderland GP Alliance) were largely supportive of the proposal for urgent care in Sunderland. However, they did suggest alternatives to be considered in the model and also highlighted the disparities in access to urgent care that result for Washington and Coalfields from the preferred option delivery in Pallion.

GP practices expressed genuine concerns over the ability of the system to cope with the proposed model. They also highlight perceived inaccuracy in the consultation messaging, specifically on Sun FM, which appeared to suggest the extended access service would allow people to see their own GP, when in fact service would be delivered through remote hubs.

Political parties (Labour CLP Millfield and Sunderland Central) generally opposed the proposal and called for a halt and rethink of the approach by the CCG, calling on the CCG to increase existing services rather than making changes to meet central government funding goals. They also expressed the view that there was a potential

conflict with the Gunning Principles specifically that the proposal was not at the formative stage and the consultation was actually around shaping delivery of the new services.

Three online petitions with a total of 7,542 signatures were submitted from:

- 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.

The single statement addressed in each and to which signatories put their name was:

- “We demand that the Government, NHS England, Sunderland CCG and Sunderland Health & Well-being Board stop any plans to close these services for the residents and safeguard urgent care provision”.

KONP Sunderland and District rejected the proposal outright:

“We believe that the NHS should provide local services for people and not discriminate against communities by centralising services at their expense. The cuts to the urgent care centres are motivated by the need to save money as instructed by NHS England and the government and not the needs of patients. The claims that the service will be improved, and an additional 42,000 GP appointments will be created are not based on any concrete evidence and are unbelievable.

Therefore, we would submit that there is no credible or sustainable basis for your proposals and we reject them.”

Responses from the public focused around seven main themes:

1. **The consultation process itself:** There were comments on the consultation itself, with concerns around lack of communication of proposed closures and lack of consultation events in Bunny Hill, Washington and Houghton, there were some concerns over the need to book/invite only events.
Comments revolved around the need to complete the online survey and complaints that it crashed while responding. There was a commentary on technical difficulties and perceived low attendance at live-streamed events.
There were concerns expressed over the options appraisal process used to develop the initial models. This was compounded by a common observation that the options themselves and the consultation document were unclear, requiring a clarification addendum.
2. **Travel and transport:** Discussions around travel and transport generated by far the most comments. Generally, people had no faith in the figures used in the consultation and felt people would be unfairly disadvantaged by the cost of additional travel, particularly the elderly and those living in deprived circumstances.
3. **A ‘done deal’:** There was a general scepticism about the intentions of the consultation “...sounds like the decision has been made...”
4. **Sunderland Extended Access Service:** There were concerns that the options needed to be more specific with locations and opening times to allow meaningful

response to the consultation. There were also concerns that the current care at home service, which is a key part of making Sunderland Extended Access Service work, does not work.

5. **Pallion:** Sentiments around the proposal for Pallion to provide the single UTC for Sunderland were largely negative, based around:
 - Fitness for purpose, there were concerns around the fabric of the building;
 - Coping with the additional demand - the waiting rooms are overcrowded now, how will additional people be catered for;
 - Difficulties transferring frail and vulnerable people between the ED and the UTC, if sited at Pallion;
 - Parking difficulties, one respondent monitored the situation over several weeks and the car park is full by 9:45am;
 - The location is exclusionary for residents in Washington and Coalfields due to the physical distance to Pallion;
 - Public transport to Pallion is challenging – two buses are required to reach there from Shiney Row and it is not a quick journey, and it is a £26 taxi fare from Washington. Making it particularly difficult in a city with below average levels of car ownership and above average levels of deprivation;
6. **Existing centres:** Washington and Houghton received mentions as centres that are currently working well and offering an outstanding service. The feeling was, why should these be changed? Comments were made about the financial wisdom of building urgent/primary care centres, only to close or mothball them.
7. **All needs need to be addressed:** The point was made that future services need to be fit for purpose for all, and should be friendly for example sensory deprived people, people with learning disabilities and people with autism as well as those with mobility issues and other personal deficits.

Stakeholders also offered a number of alternatives to be considered in any decisions around the proposal being considered in the consultation as discussed below.

Houghton Primary Care Walk-In Centre: An alternative to the proposal was suggested for Houghton, based on:

- Bringing the centre back into full use to fulfil the original 'Darzi' ambitions, locating some of the additional GPs required to deliver the proposed service and attracting a prescribing pharmacist; and
- Recognising that the programme of housebuilding in the area will increase the local population and consequential demand for GP services.

A call for consideration of a modified urgent care centre model, and the suggestion that the CCG consider the following to mitigate the potential impact on services operating out of primary care centres:

- The Sunderland Extended Access Service should be at one of the existing primary care centres.

- The opening hours for the extended access service should be maximised given the inconsistency in availability of very early or late GP appointments across practices whose patients use these services (not all of which are Sunderland CCG practices).
- The CCG work to maximise the number of new services available at these primary care centres, including evening and weekend services, given they provide an excellent opportunity to provide care closer to home, particularly in meeting your agenda of moving hospital service closer to the patient.
- The CCG to recognise primary care centres as key assets in delivering integrated patient care.

10 APPENDIX ONE: CONSULTATION QUESTIONNAIRE

The questions responses are based on

10.1 Street survey questionnaire

INTRODUCTION

Good [morning / afternoon / evening]. My name is from ASV, an independent research agency.

We are conducting a consultation survey on behalf of NHS Sunderland Clinical Commissioning Group to find out the views of people who live in Sunderland on proposals to change the way the local NHS Urgent Care Services are delivered.

(INTERVIEWER NOTE: Show letter of authority from NHS if challenged)

I can confirm that this survey will be conducted under the Market Research Society Code of Conduct, so all your answers will be treated confidentially. **This is not a sales exercise.**

Would it be possible to spend approximately 20 minutes with you now to share your views with the on the telephone, either now or at a more convenient time to gather your views?

If you would like to stop the interview at any time, please let me know.

SCREENING QUESTIONS (ASK ALL)

“To begin, I just need to find out a bit more about you...”

Q1. Do you live or work in Sunderland?

(Single Choice)	Code	Routing
Live in Sunderland	1	Go to Q2
Live and work in Sunderland	2	
Work in Sunderland only	3	Thank and Close
Neither	4	
Rather not say	5	

INTERVIEWER NOTE FOR ALL ROUTED TO Q2, HAND COPY OF INTRODUCTION FLYER

Q2. To help us understand your response better, please can you tell us if you are answering this questionnaire on behalf of...

(Single Choice)

	Check Box	Routing
... myself	1	Go to Q3
... my organisation (please specify in the box below)	2	
Rather not say	3	

Section 1: Your views on the proposed changes to urgent care in Sunderland

Showcard A: Proposed changes to urgent care

We would like to know to what extent you feel this proposal will meet your needs, your family's needs, and the needs of anyone that you care for? (Where 1 is 'fails to meet needs' and 5 is 'fully meets needs')

Q3. The proposal for Sunderland urgent care...

(Single Choice)	... fails to meet needs	... slightly fails to meet needs	... neither meets nor fails to meet needs	... slightly meets needs	... fully meets needs	Don't Know	Routing
	1	2	3	4	5	6	Go to Q4

Now that you have told us how much you feel this meets your needs, we would like to understand what you like or do not like about this proposal for future urgent care in Sunderland.

Q4. What do you like about this proposal? Free text response

	Go to Q5
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Q5. What don't you like about this proposal? Free text response

	G o t o Q 6
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Section 2: The locations of the Sunderland Extended Access Service

Section 1 described proposed changes to urgent care services in Sunderland.

It is also proposed to change the way you can get urgent GP appointments through the Sunderland Extended Access Service. This service offers urgent appointments at evenings, weekends, and bank holidays. This service will be delivered across the city.

We want your views on where they should be. We have made some suggestions for each of the five areas in Sunderland and we would like to know your thoughts.

Showcard B: Location of the Sunderland Extended Access Service and urgent care centres

Q6. Which locations do you think would be good for a Sunderland Extended Access Service? (Please select all that apply)

Multiple Responses – Single Response Per Neighbourhood		Code	Routing
Washington	Galleries Health Centre, NE38 7NQ	1	Go to Q7
	Victoria Road Health Centre, NE37 2PU	2	
	Washington Primary Care Centre (current Urgent Care Centre)	3	
Coalfields	Houghton Health Centre, DH4 4DN	4	
	Houghton Primary Care Centre (current Urgent Care Centre)	5	
Sunderland North	Southwick Health Centre, SR5 2LT	6	
	Bunny Hill Primary Care Centre (current Urgent Care Centre)	7	
Sunderland West	Pallion Health Centre, SR4 7XF	8	
	(Sunderland East) Riverview Health Centre, SR1 1XW	9	

None of the above	10	
Don't know	11	
Other (please specify below)	12	

DRAFT

Options for the Sunderland Extended Access Services in Pallion

The urgent treatment centre will be located on the ground floor of Pallion Health Centre. This is close to Sunderland Royal Hospital in case people need to be transferred between services.

Although the final location of the Sunderland Extended Access Service in this area has not yet been decided, one option is for this to be on the first floor at Pallion Health Centre (upstairs from the urgent treatment centre). This is where it currently is.

If both the urgent treatment centre and the Sunderland Extended Access Service are at Pallion Health Centre, we would be able to join these services more closely together.

If the urgent treatment centre and the Sunderland Extended Access Service are joined up

If the urgent treatment centre and Sunderland Extended Access service are both in Pallion Health Centre, GPs and nurses from the two services could work more closely together. This would mean that more people should be able to see a GP or nurse quickly as the service would be more efficient.

If the urgent treatment centre and the Extended Access Service are not joined up

If these services are not joined up, there would be an urgent treatment centre on the ground floor at Pallion Health Centre, and a separate Sunderland Extended Access Service, which may be upstairs in Pallion Health Centre, or could be somewhere else in the area. The services would therefore work independently from each other.

Q7. Considering the points for and against the urgent treatment centre and the Sunderland Extended Access Service being joined together or kept as two separate services, do you think they should be joined up?

(Single Choice)	Check Box	Routing
I do not think the two services should be joined up	1	Go to Q8
I do think the two services should be joined up	2	Go to Q9
Don't know / no opinion	3	Go to Q10
Rather not say	4	

Q8. You told us that you **do not think** the two services (the urgent treatment centre and the Sunderland Extended Access Service) should be joined up. Can you tell us why you think that?

Q9. You told us that you **do think** the two services (the urgent treatment centre and the Sunderland Extended Access Service) should be joined up. Can you tell us why you think that?

Section 3: Opening hours for urgent care services

Urgent treatment centre opening times

To meet national requirements, the urgent treatment centre needs to be open at least 12 hours a day, seven days a week.

The current urgent care centre at Pallion is open between 10am to 10pm Monday to Friday, and between 8am and 10pm on weekends and bank holidays. We would like to know if you think these opening times would meet your needs for the urgent treatment centre.

Urgent treatment centre WEEKDAY opening times

Q10. If the urgent treatment centre was open between 10am and 10pm Monday to Friday, would this meet your needs?

(Single Choice)	Check Box	Routing
Yes	1	Go to Q14
No	2	Go to Q11
Don't know	3	Go to Q 14

Q11. If you feel these opening times do not meet your needs, when do you think the urgent treatment centre should be open on weekdays?

(Multiple Choice)	Check Box	Routing
Earlier than 10am	1	Go to Q12
Later than 10pm	2	Go to Q13
Don't know	3	Go to Q14

Q12. Please tell us what time you think the urgent treatment centre should be open on weekdays.

Q13. Please tell us what time you think the urgent treatment centre should close on weekdays.

Urgent treatment centre WEEKEND AND BANK HOLIDAY opening times

Q14. If the urgent treatment centre was open between 8am and 10pm on weekends and bank holidays, would this meet your needs?

(Single Choice)	Check Box	Routing
Yes	1	Go to q18
No	2	Go to q15

Don't know	3	Go to q18
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Q15. If you feel these opening times do not meet your needs, when do you think the urgent treatment centre should be open on weekends and bank holidays?

(Multiple Choice)	Check Box	Routing
Earlier than 8am	1	Go to Q16
Later than 10pm	2	
Don't know	3	

Q16. Please tell us what time you think the urgent treatment centre should be open on weekends and bank holidays.

Q17. Please tell us what time you think the urgent treatment centre should close on weekends and bank holidays.

Section 4: Sunderland Extended Access Service opening times

Currently, you can get a GP appointment between 8am and 6pm Monday to Friday. In addition to this, you can also get an appointment through your own practice or NHS 111 into the Sunderland Extended Access Service (currently across 5 locations across the city) between 6pm and 8:30pm Monday to Friday, between 9:30am and 5:30pm on weekends, and between 10am and 2pm on bank holidays. We would like to know if you think these opening times meet your needs.

Sunderland Extended Access Service WEEKDAY opening times

Q18. If the Sunderland Extended Access Service provided appointments between 6pm and 8:30pm on weekdays, would this meet your needs?

(Single Choice)	Check Box	Routing
Yes	1	Go to Q22
No	2	Go to Q19
Don't know	3	Go to Q22

Q19. If you feel these opening times do not meet your needs, when do you think the Sunderland Extended Access Service should offer appointments on weekdays?

(Multiple Choice)	Check Box	Routing
Earlier than 6:30pm	1	Go to Q20
Later than 8:30pm	2	Go to Q21
Don't know	3	Go to Q22

Q20. Please tell us what time you think Sunderland Extended Access Service should **open** on weekdays.

Q21. Please tell us what time you think the Sunderland Extended Access Service should **close** on weekdays.

Sunderland Extended Access WEEKEND opening times

Q22. If the Sunderland Extended Access Service provided appointments between 9am and 5:30pm on weekends, would this meet your needs?

(Single Choice)	Check Box	Routing
Yes	1	Go to Q26
No	2	Go to Q23

Don't know	3	Go to Q26
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Q23. If you feel these opening times do not meet your needs, when do you think the Sunderland Extended Access Service should offer appointments on weekends?

(Multiple Choice)	Check Box	Routing
Earlier than 9:30am	1	Go to Q26
Later than 5:30pm	2	
Don't know	3	

Q24. Please tell us what time you think Sunderland Extended Access Service should offer appointments **from** on weekends.

Q25. Please tell us what time you think the Sunderland Extended Access Service should offer appointments **until** on weekends.

Sunderland Extended Access bank holiday opening times

Q26. If the Sunderland Extended Access Service provided appointments between 10am and 2pm on bank holidays, would this meet your needs?

(Single Choice)	Check Box	Routing
Yes	1	Go to Q30
No	2	Go to Q27
Don't know	3	Go to Q30

Q27. If you feel these opening times do not meet your needs, when do you think the Sunderland Extended Access Service should offer appointments on bank holidays?

(Multiple Choice)	Check Box	Routing
Earlier than	1	

10am		
Later than 2pm	2	
Don't know	3	

Q28. Please tell us what time you think Sunderland Extended Access Service should open on weekends.

Q29. Please tell us what time you think the Sunderland Extended Access Service should be open until on weekends.

Section 4: Being referred to other services

Part of the proposed changes for urgent care services is making sure people are seen by the right service for their needs. We would like to know how people would feel if they attended a health care service and were redirected to another, more appropriate service for their needs. For example, if someone went to the Emergency Department and were redirected to the urgent treatment centre Because they had been assessed as not having a life-threatening need.

Q30. How would you feel if you were re-directed to a more appropriate urgent care service for your needs? (e.g. Sunderland Extended Access Service, an urgent treatment centre, or a pharmacist)

						Routin g
Very unhapp y	Fairly unhapp y	Neither unhapp y or happy	Fairl y happ y	Very happ y	Don 't kno w	Go to Q31
1	2	3	4	5	6	

Section 5: Helping us make decisions about urgent care

We used five key principles to help us develop the proposal for Sunderland Urgent Care. These principles have been developed to meet national guidance, taking on

board feedback from the public and working with our key partners. These principles are:

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 urgent treatment centre, use the improved NHS 111 service, and have GP appointments available evenings and weekends).

We would like you to think about these principles and let us know if there is anything else we should include when we make decisions about urgent care services in Sunderland.

Q31. Do you think there are any other principles we should include when making decisions about urgent care services in Sunderland? (Free text response)

	G o t o Q 3 2
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Section 6: Have we missed anything?

Q32. Is there anything else you think should be considered when making decisions about urgent care services in Sunderland? (Free text response)

	G o t o Q 3 3
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Section 7: Some more about you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them.

The information is collected anonymously and cannot be used to identify you personally.

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(INTERVIEWER NOTE: These questions are completely voluntary, if respondent does not want to answer some or all of them, thank and close and assure them their views will continue to count whether they answered or not)

Q33. How old are you?

16 - 17	55 – 64	<input type="checkbox"/>
		6
18 - 24	65 – 74	<input type="checkbox"/>
		7
25 – 34	75 or older	<input type="checkbox"/>
		8
35 – 44	Prefer not to say	<input type="checkbox"/>
		9
45 - 54		

Q34. What is your gender?

Male	Female	Other	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q35. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q36. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q37. Are you currently...?

Single (never married or in a civil partnership)	<input type="checkbox"/>
	1

- Cohabiting ☐ 2
- Married ☐ 3
- In a civil partnership ☐ 4
- Separated (but still legally married or in a civil partnership) ☐ 5
- Divorced or civil partnership dissolved ☐ 6
- Widowed or a surviving partner from a civil partnership ☐ 7
- Prefer not to say ☐ 8

Q38. Do you have a disability, long-term illness, or health condition?

Yes

☐1

No

☐2

Prefer not to say

☐3

Q39. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	<input type="checkbox"/>	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	<input type="checkbox"/>	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	<input type="checkbox"/>	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	<input type="checkbox"/>	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	<input type="checkbox"/>	5
Blind or have a visual impairment uncorrected by glasses	<input type="checkbox"/>	6
Deaf or have a hearing impairment	<input type="checkbox"/>	7
An impairment, health condition or learning difference that is not listed above	<input type="checkbox"/>	8
Prefer not to say	<input type="checkbox"/>	9

Q40. Do you have any caring responsibilities? (Please tick all that apply)

None	<input type="checkbox"/>	1
Primary carer of a child or children (under 2 years)	<input type="checkbox"/>	2
Primary carer of a child or children (between 2 and 18 years)	<input type="checkbox"/>	3
Primary carer of a disabled child or children	<input type="checkbox"/>	4
Primary carer or assistant for a disabled adult (18 years and over)	<input type="checkbox"/>	5
Primary carer or assistant for an older person or people (65 years and over)	<input type="checkbox"/>	6
Secondary carer (another person carries out main caring role)	<input type="checkbox"/>	7

Prefer not to say

☐
8

Q41. Are you or are have you ever served in the UK Armed Forces?

	Yes	No	Prefer not to say
1. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Have you ever served in the UK Armed Forces?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Are you a member of a current or former serviceman or woman's immediate family / household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q42. What is the first half of your postcode? (For example – SR1 or NE38)

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Q43. Which race, or ethnicity best describes you? (Please select one box only)

<p>Asian/British Asian: Bangladeshi</p> <p>Asian/British Asian: Chinese</p> <p>Asian/British Asian: Indian</p> <p>Asian/British Asian: Pakistani</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Mixed Race: Black & White 10 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Mixed race: Asian & White 11 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Gypsy or traveller 12 </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Rather not say 13 </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Another race or ethnicity 14 Please write in below: </div>
<p>White: British</p> <p>White: Irish</p> <p>White: European</p>	
<p>Black/British Black: African</p> <p>Black/British Black: Caribbean</p>	

Q44. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	<input type="checkbox"/> 1	Asexual	<input type="checkbox"/> 6
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Gay man	<input type="checkbox"/> 2	Prefer not to say	<input type="checkbox"/> 7
Gay woman or lesbian	<input type="checkbox"/> 3	Other	<input type="checkbox"/> 8
Bisexual	<input type="checkbox"/> 4		

Q45. What do you consider your religion to be? (Please select only one)

No religion	<input type="checkbox"/> 1	Muslim	<input type="checkbox"/> 6
Christianity	<input type="checkbox"/> 2	Sikh	<input type="checkbox"/> 7
Buddhist	<input type="checkbox"/> 3	Prefer not to say	<input type="checkbox"/> 8
Hindu	<input type="checkbox"/> 4	Other religion	<input type="checkbox"/> 9
Jewish	<input type="checkbox"/> 5		

Thank you completing this survey and for taking the time to contribute to our consultation

If you would like to be kept informed about this consultation you may supply your contact details for North of England Commissioning Support (NECS) on behalf of Sunderland CCG to contact you. Please be assured that your contact information will be held by NECS on behalf of Sunderland CCG in a format that means that they will not be able to link your details with your response.

If you choose to provide your information, NECS on behalf of Sunderland CCG may contact you to:

- Provide you with an electronic copy of the feedback report
- Invite you to attend a feedback event where the consultation results will be shared
- Keep you informed of the final outcome

I give permission for Sunderland CCG to contact me (please tick all that apply):

By email	By post	By phone	No permission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have given us permission to contact you, please provide your details below:

Name:	
Address 1:	
Address 2:	
City / Town:	
Email address:	
Phone number:	

READ OUT:

You have the right to withdraw any previously given consent at any time. To do this please email SUNCCG.sccg@nhs.net or call 0191 5128458

This survey is part of a formal NHS consultation process. This survey is one of the ways you can share your views about the proposed options for urgent care in Sunderland. You can share your views on this consultation until midnight Sunday 12 August 2018. There are a number of ways you can get involved to ensure your views

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are heard. For more details, please visit our website
<http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>.

Personal and confidential information

We can only use any information that may identify individuals (known as personal information) in accordance with the Data Protection legislation and other laws such as the Health and Social Care Act 2012. (www.legislation.gov.uk/ukpga/1998/29/contents and www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

We also have a Common Law Duty of Confidentiality to protect your information. This means that where a legal basis for using your personal or confidential information does not exist, we will not do so. For further details, visit:

<http://www.sunderlandccg.nhs.uk/fair-processing-notice/>

If you would like to hear about future consultation on changes and other NHS news you can sign up to **My NHS** at <http://www.sunderlandccg.nhs.uk/get-involved/other-ways-to-get-involved/my-nhs/>

Thank and Close

10.1.1 Street survey information flyer (left with respondents)



Making urgent care work better in Sunderland

Have your say

Thank you for taking the time to take part in this survey. This is being conducted by ASV Research Ltd on behalf of Sunderland CCG, if you want more information about this please ask your interviewer, who will provide further details.

It's important that you have your say as it is the only way we will understand how you feel about the proposed improvements to urgent care services.

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

People have told us that NHS services in Sunderland are too complicated and they don't know where to go. We want to make it easy and simple to access NHS services wherever you live in Sunderland, as part of our vision of achieving '**Better Health for Sunderland**'. We need to make some changes to the current services to make sure people get the right care as quickly as possible. We also want to improve access to GP appointments so everyone who needs an urgent appointment can do so quickly, ideally on the same or following day.

We have come up with a proposal which we would like your views on. We would also welcome any other suggestions or alternative solutions which we may not have not considered.

This survey is available to complete between 9 May and 12 August 2018. You can also complete it online by going to <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>. More information about the consultation can be found at <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>.

This survey is only one of the ways in which you can contribute:

- Email your views to: SUNCCG.sccg@nhs.net
- Join us on social media: Facebook: @sunderlandhealth or Twitter: @SunderlandCCG

- Write to us at: NHS Sunderland CCG, Pemberton House, Colima Avenue, Sunderland, SR5 3XB
- Attend a public event: For dates, go to: <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>
or you can email SUNCCG.sccg@nhs.net or call 0191 5128458

If you have any other questions or concerns regarding this survey, please contact us using any of the contact details above.

Any information you provide will be treated in accordance with NHS Sunderland CCG's Fair Processing Notice, which is available here:

www.sunderlandccg.nhs.uk/fair-processing-notice/

10.1.2 Street survey showcards

Showcard A: Proposed changes to urgent care

Changing where people would go for minor illnesses and injuries

The urgent care centres (walk-in centres) at Bunny Hill Primary Care Centre, Houghton Primary Care Centre and Washington Primary Care Centre will be replaced with better access to GP appointments through one urgent treatment centre and through the Sunderland Extended Access Service.

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.

Changing the way you can get urgent GP appointments

Groups of GP practices are working together to provide the Sunderland Extended Access Service to offer urgent appointments on evenings, weekends, and bank holidays currently in 5 locations across the city.

A new improved integrated NHS 111 service

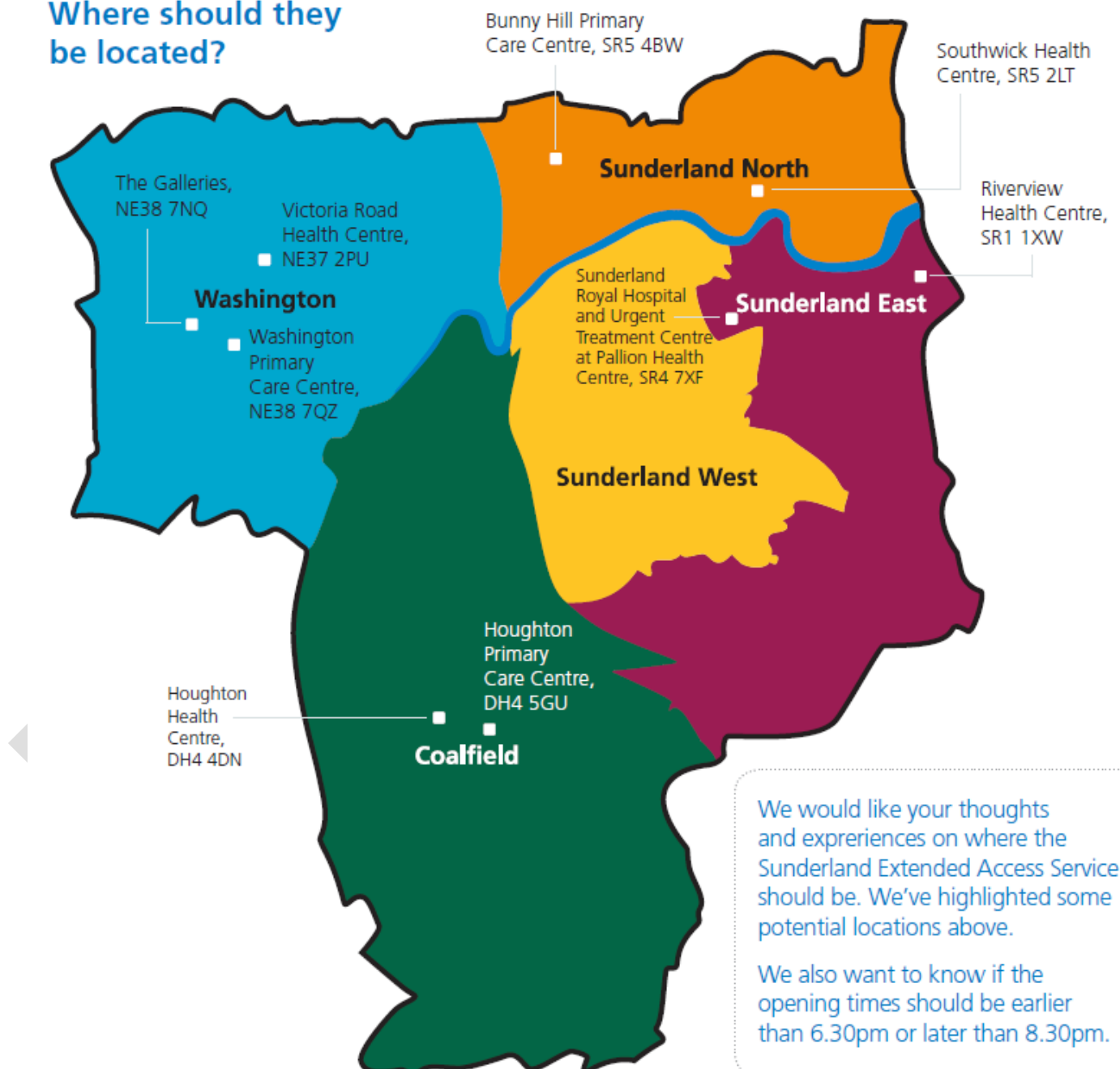
An improved NHS 111 service starting in the North East in October 2018. You can use NHS 111 to get advice over the phone from a GP, nurse, consultant, or other healthcare professional. If needed, you may be booked an appointment into the most appropriate service.

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.

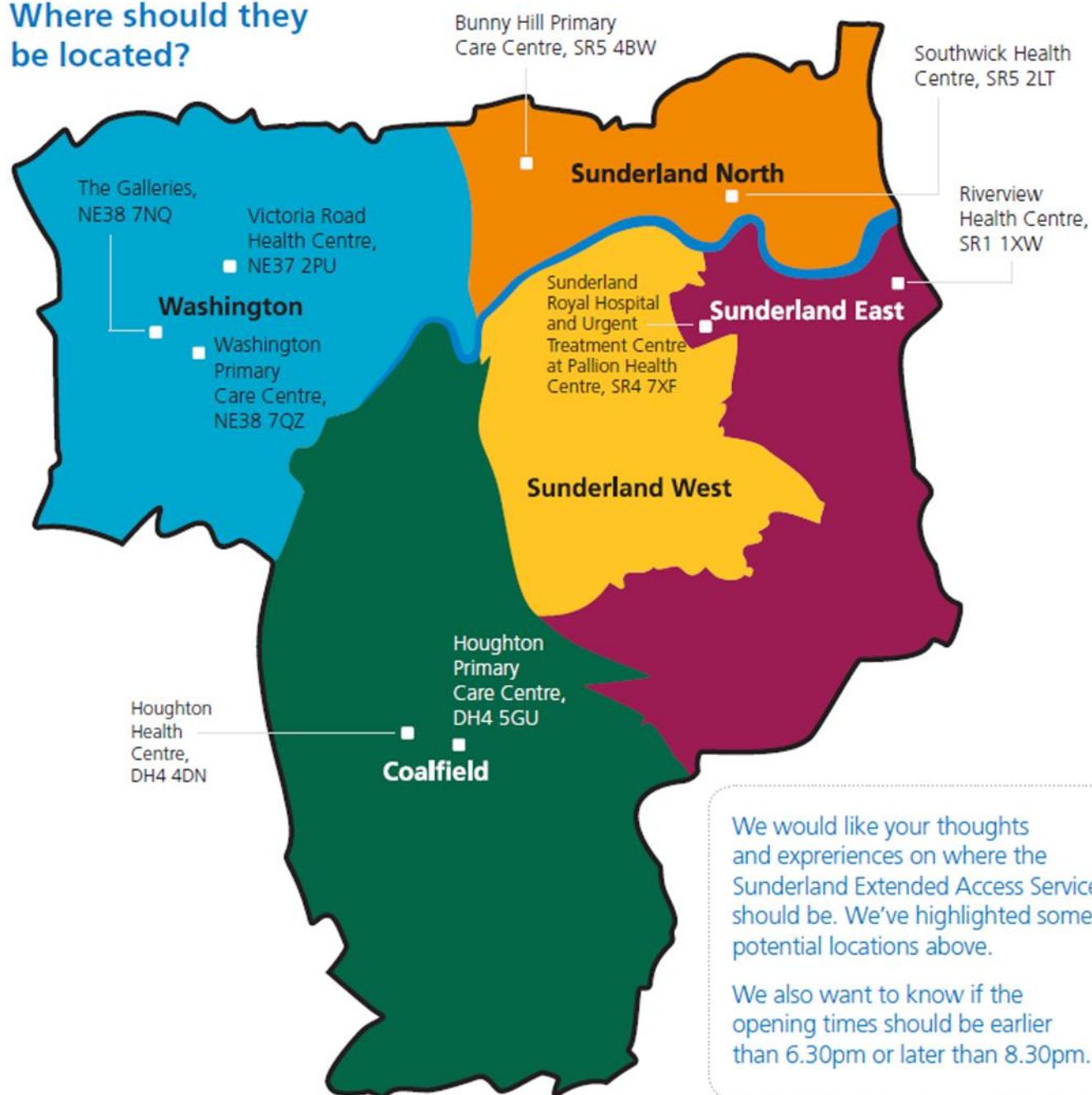
Showcard B: Location of the Sunderland Extended Access Service and urgent care centres

Where should they be located?



Showcard C: Options for the Sunderland Extended Access Services in Pallion

Where should they be located?



Option A:



Option B:



Showcard D: What it means if services are joined up or not joined up

If the urgent treatment centre and the Sunderland Extended Access Service are joined up


If the urgent treatment centre and Sunderland Extended Access service are both in Pallion Health Centre, GPs and nurses from the two services could work more closely together. This would mean that more people should be able to see a GP or nurse quickly as the service would be more efficient.

If the urgent treatment centre and the Extended Access Service are not joined up

If these services are not joined up, there would be an urgent treatment centre on the ground floor at Pallion Health Centre, and a separate Sunderland Extended Access Service, which may be upstairs in Pallion Health Centre, or could be somewhere else in the area. The services would therefore work independently from each other.

10.2 Clinical survey

On the following pages are copies of the clinical survey questionnaire as it appears online to respondents.


 Sunderland Clinical Commissioning Group	Clinical opinion: Sunderland urgent care consultation 2018
Introduction: Summary Clinical Model	
<p>It's important that you have the opportunity to have your say from a clinicians viewpoint on the CCG's proposed improvements to urgent care services.</p>	
<p>BACKGROUND</p>	
<p>People have told us that NHS services in Sunderland are too complicated and they don't know where to go. We want to make it easy and simple to access NHS services wherever you live in Sunderland, as part of our vision of achieving 'Better Health for Sunderland'. We need to make some changes to the current services to make sure people get the right care as quickly as possible. We also want to improve access to GP appointments so everyone who needs an urgent appointment can do so quickly, ideally on the same or following day.</p>	
<p>We have come up with a proposal which we would like your views on. We would also welcome any other suggestions or alternative solutions which we may not have not considered.</p>	
<p>Sharing your views</p>	
<p>This survey is available to complete between 9 May and 2 September 2018.</p>	
<p>More information about the consultation can be found at http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/</p>	
<p>This survey focusing on your viewpoint as a clinician is only one of the ways in which you can contribute, other ways to share your personal or professional views include:</p>	
<ul style="list-style-type: none"> • Email your views to: SUNCCG.sccg@nhs.net • Join us on social media: Facebook: @sunderlandhealth or Twitter: @SunderlandCCG • Write to us at: NHS Sunderland CCG Pemberton House, Colima Avenue, Sunderland, SR5 3XB • Attend a public event: For dates, go to: http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/ or you can email SUNCCG.sccg@nhs.net or call 0191 512 8458 for information on the events 	
<p>If you have any other questions or concerns regarding this survey, please contact us using any of the contact details above.</p>	
<p>Use of the information provided</p>	

Any information you provide will be treated in accordance with NHS Sunderland CCG's Fair Processing Notice, which is available here: www.sunderlandccg.nhs.uk/fair-processing-notice/

You can still have your say on proposals for urgent care in Sunderland, even if you have already told us your views.

Additional information has been published about the Sunderland urgent care consultation, which can be found by going to <http://www.sunderlandccg.nhs.uk/>. Included here is the Equality Impact Assessment for Urgent Care <http://www.sunderlandccg.nhs.uk/wp-content/uploads/2018/07/EIA-Urgent-Care-Strategy-FINAL-5th-July-2017.pdf>

If you want to resubmit a response, you can complete the survey at <https://www.surveymonkey.co.uk/r/SunderlandUrgentCare2018>, email us SUNCCG.sccg@nhs.net, or call us on: 01912172670 to share your views.

	Clinical opinion: Sunderland urgent care consultation 2018
About you	
<p>To help us understand your responses please provide some details of the basis on which you are replying.</p> <p>You do not need to provide any personal details such as name and role if you do not wish to, however, we do require the name of the organisation you are responding from to allow you to continue. This will not be used in any way that is personally identifiable.</p> <p>1. Please tell us a little bit about yourself</p> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 100px; font-weight: bold;">Name</div> <div style="flex-grow: 1; border: 1px solid black; height: 20px;"></div> </div> <div style="display: flex;"> <div style="width: 100px; font-weight: bold;">Role</div> <div style="flex-grow: 1; border: 1px solid black; height: 20px;"></div> </div> <p>* 2. Please tell us which organisation you are responding from</p> <div style="border: 1px solid black; height: 20px; width: 400px; margin-top: 5px;"></div>	

Your views on the proposed changes to urgent care in Sunderland

This proposal meets the national requirements set by NHS England. It has also been reviewed by doctors, nurses, and healthcare professionals in Sunderland.

The proposed changes to urgent care services in Sunderland currently include:

Changing where people would go for minor illnesses and injuries

The urgent care centres (walk-in centres) at Bunny Hill Primary Care Centre, Houghton Primary Care Centre and Washington Primary Care Centre will be replaced with better access to GP appointments through urgent treatment centres and through the Sunderland Extended Access Service.

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.

Changing the way you can get urgent GP appointments

Groups of GP practices are working together to provide Sunderland Extended Access Service to offer urgent appointments on evenings, weekends, and bank holidays currently in 5 locations across the city.

A new improved integrated NHS 111 service

An improved NHS 111 service starting in the North East in October 2018. You can use NHS 111 to get advice over the phone from a GP, nurse, consultant, or other healthcare professional. If needed, you may be booked an appointment into the most appropriate service.

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.

3. To recap – the proposal for the future of urgent care in Sunderland includes:

- * Replacing the current urgent care centres with better access to GPs, including evenings, weekends, and bank holidays with the Sunderland Extended Access Service
- * Providing a new, improved, and integrated regional NHS 111 service
- * Supporting people to look after themselves

We would like to know to what extent you feel this proposal for Sunderland urgent care will meet the clinical needs of people using the service (Using the scale 'fails to meet needs' to 'fully meets needs')

Fails to meet needs	Slightly fails to meet needs	Neither meets nor fails to meet needs	Slightly meets needs	Fully meets needs	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Now that you have told us how much you feel this meets clinical needs, we would like to understand what you like or do not like about this proposal for future urgent care in Sunderland.

4. What **do** you like about this proposal as a clinical model?

5. What **don't** you like about this proposal as a clinical model?

Service opening times

The previous page described proposed changes to urgent care services in Sunderland.

We also welcome your views on the location of services

Where should they be located?



6. Based on your experience as a clinician, which locations do you think would be good for a Sunderland Extended Access Service? (Please select all that apply)

- ☐ (Washington) Galleries Health Centre, NE38 7NQ
- ☐ (Washington) Victoria Road Health Centre, NE37 2PU
- ☐ (Washington) Washington Primary Care Centre (current Urgent Care Centre)
- ☐ (Coalfields) Houghton Health Centre, DH4 4DN
- ☐ (Coalfields) Houghton Primary Care Centre (current Urgent Care Centre)
- ☐ (Sunderland North) Southwick Health Centre, SR5 2LT
- ☐ (Sunderland North) Bunny Hill Primary Care Centre (current Urgent Care Centre)
- ☐ (Sunderland West) Pallion Health Centre, SR4 7XF
- ☐ (Sunderland East) Riverview Health Centre, SR1 1XW
- ☐ None of the above
- ☐ Don't know
- ☐ Other (please specify)

7. Please explain why you feel these locations are the most appropriate for Sunderland's urgent care services

Options for Extended Access Services in Pallion

The urgent treatment centre will be located on the ground floor of Pallion Health Centre. This is close to Sunderland Royal Hospital in case people need to be transferred between services.

Although the final location of the Sunderland Extended Access Service in this area has not yet been decided, one option is for this to be on the first floor at Pallion Health Centre (upstairs from the urgent treatment centre). This is where it currently is.

If both the urgent treatment centre and the Sunderland Extended Access Service are at Pallion Health Centre, we would be able to join these services more closely together.

If the urgent treatment centre and the Sunderland Extended Access Service are joined up
If the urgent treatment centre and Extended Access service are both in Pallion Health Centre, GPs, and nurses from the two services could work more closely together. This would mean that more people should be able to see a GP or nurse more quickly as the service would be more efficient.

If the urgent treatment centre and the Extended Access Service are not joined up
If these services are not joined up, there would be an urgent treatment centre on the ground floor at Pallion Health Centre, and a separate Extended Access Service, which may be upstairs in Pallion Health Centre, or could be somewhere else in the area. The services would therefore work independently from each other.

8. From your viewpoint as a clinician and considering the points for and against the urgent treatment centre and the Sunderland Extended Access Service being joined together or kept as two separate services, do you think they should be joined up?

- ☐ I do not think the two services should be joined up
- ☐ I do think the two services should be joined up
- ☐ Don't know / no opinion
- ☐ Rather not say

9. If you told us that you **do not think** the two services (the urgent treatment centre and the Sunderland Extended Access Hub) should be joined up. Can you tell us why you think that?

10. If you told us that you **do think** the two services (the urgent treatment centre and the Sunderland Extended Access Hub) should be joined up. Can you tell us why you think that?

11. Please tell us what you think the opening times for the urgent care centres should be.

Open from on weekdays	<input type="text"/>
Closed on on weekdays	<input type="text"/>
Open from on weekends	<input type="text"/>
Closed on at weekends	<input type="text"/>
Open on on bank holidays	<input type="text"/>
Open on on bank holidays	<input type="text"/>

12. Why do you think these opening times for urgent care centres as the most appropriate options?

13. Please tell us what you think the opening times for the urgent treatment centre should be.

Open from on weekdays	<input type="text"/>
Closed on on weekdays	<input type="text"/>
Open from on weekends	<input type="text"/>
Closed on at weekends	<input type="text"/>
Open on on bank holidays	<input type="text"/>
Open on on bank holidays	<input type="text"/>

14. Why do you think these opening times for the urgent treatment centre as the most appropriate options?

15. Please tell us what you think the opening times for the extended access service should be.

Open from on weekdays	
Closed on on weekdays	
Open from on weekends	
Closed on at weekends	
Open on on bank holidays	
Open on on bank holidays	

16. Why do you think these opening times for the extended access service as the most appropriate options?

--

Decision making, and points we may have missed and need to consider

17. Please tell us if there is anything we we have missed or have not considered in these options for urgent care services in Sunderland

Decision Making

We used five key principles to help us develop the proposal for Sunderland Urgent Care. These principles have been developed to meet national guidance, taking on board feedback from the public and working with our key partners. These principles are:

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 urgent treatment centre, use the improved NHS 111 service, and have GP appointments available evenings and weekends).

We would like you to think about these principles and let us know if there is anything else we should include when we make decisions about urgent care services in Sunderland.

18. Do you think there are any other principles we should include when making decisions about urgent care services in Sunderland?

19. Is there any other published evidence you think should be considered when making decisions about urgent care service in Sunderland?

☐ Yes

☐ No

20. Please upload this evidence here

You can upload files in PDF, DOC/DOCX, PNG, JPG/JPEG or GIF format. If you want to signpost a website URL please provide the link in the text box above.

Choose File

No file chosen

13



Sunderland
Clinical Commissioning Group

Clinical opinion: Sunderland urgent care consultation 2018

Thank you

This survey is part of a formal NHS consultation process and is one of the ways you can share your views about the proposed options for urgent care in Sunderland.

You can share your views on this consultation until midnight Sunday 2 September 2018. There are a number of ways you can get involved to ensure your views are heard. For more details, please visit our website <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>.

Personal and confidential information

We can only use any information that may identify individuals (known as personal information) in accordance with the Data Protection legislation and other laws such as the Health and Social Care Act 2012. (www.legislation.gov.uk/ukpga/1998/29/contents and www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

We also have a Common Law Duty of Confidentiality to protect your information. This means that where a legal basis for using your personal or confidential information does not exist, we will not do so. For further details, visit: <http://www.sunderlandccg.nhs.uk/fair-processing-notice/>

If you would like to hear about future consultation on changes and other NHS news you can sign up to My NHS at <http://www.sunderlandccg.nhs.uk/get-involved/other-ways-to-get-involved/my-nhs/>

You have the right to withdraw any previously given consent at any time. To do this please email SUNCCG.sccg@nhs.net or call 0191 5128458

Thank you for your views

11 APPENDIX TWO: DEMOGRAPHICS

Respondent's demographic characteristics: all channels (where recorded)

11.1 Street survey

	No.	%
Age		
16 - 24	50	12.3%
25 – 34	61	15.0%
35 – 44	71	17.5%
45 - 54	63	15.5%
55 – 64	61	15.0%
65 – 74	47	11.6%
75 or older	50	12.3%
No answer	3	0.7%
TOTAL	406	
Gender		
Female	216	53.2%
Male	188	46.3%
No answer	2	0.5%
TOTAL	406	
Gender identity match sex registered at birth		
Yes	401	98.8%
No	4	1.0%
No answer	1	0.2%
TOTAL	406	
Ethnicity		
Asian/British Asian: Bangladeshi	2	0.5%
Asian/British Asian: Pakistani	4	1.0%
Asian/British Asian: Chinese	2	0.5%
Asian/British Asian: Indian	1	0.2%
Black/British Black: Caribbean	1	0.2%
Black/Black African: African	1	0.2%
White: British	386	95.1%
White: European	2	0.5%
No answer	7	1.7%
TOTAL	406	
Religion		
Christianity	219	53.9%

	No.	%
Muslim	7	1.7%
Hindu	1	0.2%
No religion	172	42.4%
Other religion	3	0.7%
Prefer not to say	2	0.5%
No answer	2	0.5%
TOTAL	406	
Sexual orientation		
Gay man	5	1.2%
Gay woman or lesbian	1	0.2%
Heterosexual or straight	395	97.3%
Prefer not to say	1	0.2%
TOTAL	406	
Do you consider yourself to have a disability?		
Yes	156	38.4%
No	246	60.6%
Prefer not to say	0	
No answer	4	1.0%
TOTAL	406	
Type of disability		
Long standing illness or health condition	88	21.7%
Mental health difficulty	24	5.9%
A physical impairment or mobility issues	47	11.6%
A social / communication impairment	3	0.7%
A specific learning difficulty	3	0.7%
Blind or have a visual impairment uncorrected by glasses	5	1.2%
Deaf or have a hearing impairment	3	0.7%
An impairment, health condition or learning difference not listed	6	1.5%
Caring responsibilities		
Primary carer of a child or children (under 2 years)	32	7.9%
Primary carer of a child or children (between 2 and 18 years)	70	17.2%
Primary carer of a disabled child or children	7	1.7%
Primary carer or assistant for a disabled adult (18 years and over)	24	5.9%
Primary carer for an older person or people (65 years and over)	23	5.7%
Secondary carer	6	1.5%
Used to serve in the armed forces		
Yes	14	3.4%
No	389	95.8%
No answer	3	0.7%
TOTAL	406	

	No.	%
Currently serving in the armed forces		
Yes	4	1.0%
No	399	98.3%
No answer	3	0.7%
Base 406		
Member of a current or former serviceman or woman's immediate family / household		
Yes	4	1.0%
No	399	98.3%
No answer	3	0.7%
TOTAL	406	
Marital status		
Cohabiting	54	13.3%
Divorced or civil partnership dissolved	33	8.1%
In a civil partnership	3	0.7%
Married	140	34.5%
Separated (but still legally married or in a civil partnership)	5	1.2%
Single (never married or in a civil partnership)	129	31.8%
Widowed or a surviving partner from a civil partnership	41	10.1%
Prefer not to say	0	0%
No answer	1	0.2%
TOTAL	406	
Pregnant or had a child in the last year?		
Yes	12	3.0%
No	342	84.2%
Not applicable	46	11.3%
Prefer not to say	1	0.2%
No answer	5	1.2%
TOTAL	406	
Locality		
Coalfields	56	13.8%
Newcastle	3	0.7%
Sunderland East	62	15.3%
Sunderland North	79	19.5%
Sunderland West	102	25.1%
Washington	96	23.6%
No answer	6	1.5%
TOTAL	406	

11.2 Online and paper survey

	No.	%
Age		
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		
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%
Gender identity match sex registered at birth		
Yes	1096	83.7%
No	3	0.2%
Prefer not to say	35	2.7%
No answer	175	13.4%
Total	1309	
Ethnicity		
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	
Religion		
Buddhist	2	0.2%
Christianity	644	49.2%

	No.	%
Muslim	6	0.5%
No religion	381	29.1%
Other religion	11	0.8%
Prefer not to say	66	5.0%
No answer	199	15.2%
Total	1309	
Sexual orientation		
Bisexual	7	0.5%
Gay man	5	0.4%
Gay woman or lesbian	9	0.7%
Heterosexual or straight	987	75.4%
Other	2	0.2%
Bisexual	7	0.5%
Gay man	5	0.4%
Prefer not to say	96	7.3%
No answer	203	15.5%
Total	1309	
Disabled		
Yes	462	35.3%
No	611	46.7%
Prefer not to say	63	4.8%
No answer	173	13.2%
Total	1309	
Type of disability		
Long standing illness or health condition	231	17.6%
Mental health difficulty	89	6.8%
A physical impairment or mobility issues	107	8.2%
A social / communication impairment	9	0.7%
A specific learning difficulty	9	0.7%
Blind or have a visual impairment uncorrected by glasses	10	0.8%
Deaf or have a hearing impairment	45	3.4%
An impairment, health condition or learning difference not listed	83	6.3%
Caring responsibilities		
None	571	43.6%
Primary carer of a child or children (under 2 years)	33	2.5%
Primary carer of a child or children (between 2 and 18 years)	244	18.6%
Primary carer of a disabled child or children	30	2.3%
Primary carer or assistant for a disabled adult (18 years and over)	53	4.0%
Primary carer for an older person or people (65 years and over)	132	10.1%
Secondary carer	62	4.7%

	No.	%
Prefer not to say	64	4.9%
Used to serve in the armed forces		
Yes	42	3.2%
No	1035	79.1
Prefer not to say	31	2.4%
No answer	201	15.4%
Total	1309	
Currently serving in the armed forces		
Yes	4	0.3%
No	932	71.2%
Prefer not to say	29	2.2%
No answer	344	26.3%
Total	1309	
Member of a current or former serviceman or woman's immediate family / household		
Yes	52	4.0%
No	894	68.3%
Prefer not to say	35	2.7%
No answer	328	25.1%
Total	1309	
Marital status		
Cohabiting	130	9.9%
Divorced or civil partnership dissolved	64	4.9%
In a civil partnership	5	0.4%
Married	662	50.6%
Separated (but still legally married or in a civil partnership)	20	1.5%
Single (never married or in a civil partnership)	127	9.7%
Widowed or a surviving partner from a civil partnership	59	4.5%
Prefer not to say	68	5.2%
No answer	174	13.3%
Total	1309	
Pregnant or had a child in the last year?		
Yes	25	1.9%
No	949	72.5%
Not applicable	136	10.4%
Prefer not to say	21	1.6%
No answer	178	13.6%
Total	1309	
Locality		
Coalfields	181	13.8%
Durham	4	0.3%

	No.	%
Newcastle	12	0.9%
Outside of North East	3	0.2%
Seaham	6	0.5%
South Tyneside	18	1.4%
Sunderland East	122	9.3%
Sunderland North	191	14.6%
Sunderland West	239	18.3%
Teesside	2	0.2%
Unknown	280	21.4%
Washington	251	19.2%
Coalfields	181	13.8%
Durham	4	0.3%
Newcastle	12	0.9%
Total	1309	

11.3 Public events

	No.	%
Age		
18-24	1	1.1%
25-34	1	1.1%
35-44	6	6.4%
45-54	23	24.5%
55-64	22	23.4%
65-74	22	23.4%
75+	8	8.5%
Prefer not to say	2	2.1%
No answer	9	9.6%
Total	94	
Gender		
Female	57	60.6%
Male	27	28.7%
Prefer not to say	1	1.1%
No answer	9	9.6%
Total	94	
Gender identity match sex registered at birth		
Yes	72	76.6%
No	1	1.1%
Prefer not to say	3	3.2%
No answer	18	19.1%

	No.	%
Total	94	100.0%
Ethnicity		
Black/British Black: African	1	1.1%
White: British	3	3.2%
White: European	1	1.1%
White: Irish	1	1.1%
Rather not say	1	1.1%
No answer	87	92.6%
Total	94	
Religion		
Christianity	50	53.2%
No religion	22	23.4%
Other religion	2	2.1%
Prefer not to say	4	4.3%
No answer	16	17.0%
Total	94	
Sexual orientation		
Heterosexual or straight	75	79.8%
Prefer not to say	5	5.3%
No answer	14	14.9%
Total	94	
Disabled		
Yes	33	35.1%
No	45	47.9%
Prefer not to say	4	4.3%
No answer	12	12.8%
Total	94	
Type of disability		
Mental health difficulty	10	30.3%
A physical impairment or mobility issues	5	15.2%
A social / communication impairment	3	9.1%
Deaf or have a hearing impairment	1	3.0%
An impairment, health condition or learning difference not listed	1	3.0%
Caring responsibilities		
None	49	52.1%
Primary carer of a child or children (under 2 years)	0	0.0%
Primary carer of a disabled child or children	0	0.0%
Primary carer or assistant for a disabled adult (18 years and over)	1	1.1%
Primary carer for an older person or people (65 years and over)	9	9.6%
Secondary carer	1	1.1%

	No.	%
Prefer not to say	2	2.1%
No Answer	32	34.0%
Total	94	
Are you currently serving in the UK Armed Forces?		
No	3	3.2%
Prefer not to say	2	2.1%
No answer	89	94.7%
Total	94	
Ever served in the UK Armed Forces		
No	3	3.2%
Prefer not to say	2	2.1%
No answer	89	94.7%
Total	94	
Member of a current or former serviceman or woman's immediate family / household		
No	3	3.2%
Prefer not to say	1	2.1%
No answer	90	94.7%
Total	94	
Marital status		
Cohabiting	1	1.1%
Divorced or civil partnership dissolved	2	2.1%
Married	58	61.7%
Separated (but still legally married or in a civil partnership)	2	2.1%
Single (never married or in a civil partnership)	17	18.1%
Widowed or a surviving partner from a civil partnership	4	4.3%
Prefer not to say	1	1.1%
No answer	9	9.6%
Total	94	
Pregnant or had a child in the last year?		
Yes	1	1.1%
No	62	66.0%
Not applicable	19	20.2%
Prefer not to say	2	2.1%
No answer	10	10.6%
Total	94	

11.4 VCSO focus groups

	No.	%
Age		
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		
Female	120	69.4%
Male	53	30.6%
Total	173	
Gender identity match sex registered at birth		
Yes	163	69.4%
No	7	30.6%
No answer	3	1.7%
Total	173	
Ethnicity		
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%
Gypsy or traveller		0.0%
White: British	114	65.9%
White: European	16	9.2%
Another race or ethnicity: British Arab (3) British New Zealand (1)	8	4.6%

	No.	%
Human (1)		
Iranian (1)		
White (other) (1)		
White British OR Irish (1)		
Prefer not to say	1	0.6%
No answer	8	4.6%
Total	17 3	
Religion		
Buddhist	3	1.7%
Christianity	85	49.1 %
Hindu	1	0.6%
Muslim	26	15.0 %
No religion	38	22.0 %
Other religion	5	2.9%
Prefer not to say	3	1.7%
No answer	12	6.9%
Total	17 3	
Sexual orientation		
Gay Man	9	5.2%
Gay woman or lesbian	3	1.7%
Heterosexual or straight	13 9	80.3 %
Other (Transvestite)	1	0.6%
Prefer not to say	3	1.7%
No answer	18	10.4 %
Total	17	

	No.	%
	3	
Disabled		
Yes	85	49.1%
No	80	46.2%
Prefer not to say	5	2.9%
No answer	3	1.7%
Total	173	
Type of disability		
A long-standing illness or health condition	38	44.7%
Mental health difficulty	27	31.8%
A physical impairment or mobility issues	26	30.6%
A social / communication impairment	2	2.4%
A specific learning difficulty	3	3.5%
Blind or have a visual impairment uncorrected by glasses	5	5.9%
Deaf or have a hearing impairment	14	16.5%
An impairment, health condition or learning difference not listed	11	12.9%
Prefer not to say	3	3.5%
Caring responsibilities		
None	98	56.6%
Primary carer of a child or children (under 2 years)	7	4.0%
Primary carer of a child or children (between 2 and 18 years)	16	9.2%
Primary carer of a disabled child or children	1	0.6%
Primary carer or assistant for a disabled adult (18 years and over)	9	5.2%
Primary carer for an older person or people (65 years and over)	16	9.2%

	No.	%
Secondary carer	4	2.3%
Prefer not to say	5	2.9%
No Answer	17	9.8%
Total	17 3	
Marital status		
Cohabiting	8	4.5%
Divorced or civil partnership dissolved	12	6.8%
In a civil partnership	2	1.1%
Married	58	33.0%
Separated (but still legally married or in a civil partnership)	4	2.3%
Single (never married or in a civil partnership)	57	32.4%
Widowed or a surviving partner from a civil partnership	24	13.6%
Prefer not to say	8	4.5%
No answer	3	1.7%
Total	176	
Pregnant or had a child in the last year?		
Yes	7	4.0%
No	122	69.3%
Not applicable	34	19.3%
Prefer not to say	2	1.1%
No answer	11	6.3%
Total	176	

12 APPENDIX THREE: FACEBOOK COMMENTS

Themed comments in full

12.1 Social media comments - downloaded 6 September 2018

The full comments organised in the themes as reported are shown below.

Consultation events

- Just wish more of the consultations were on an evening.
- What about Washington? Cannot see any listings for meeting in our area.
- Additional events but still not one in Houghton Le Spring where the current facility is to be closed. Why is that?
- CCG wants to move all urgent care to Sunderland and replace the service in Washington with an extended GP service if you do not agree attend and complain object sign a petition but don't do nothing this is your NHS
- The one for the Coalfields i.e. Houghton etc is to be held in the HETTON CENTRE August the 8th.
- Why is this being held outside the CCG geographical area? The other two in this series are being held in Sunderland North and Washington. Were there no suitable venues in the Sunderland South/Coalfields areas?
- When will we get one in Houghton le spring? and will it be by invitation only as the one in Hetton?
- Was at the protest at Bunny Hill today, great turnout, but we need to spread the message so local people know the huge implications of these closures. Please check out your local meetings as CCG just hoping that apathy will win
- I'm going on Wednesday at Bunny Hill

Concerns over existing urgent care centres

- Sadly, with three urgent care centres full to bursting point on a weekend being substituted with only one centre that has limited parking for not bode well.....
- Urgent care teams in the community are a very worthwhile supportive extension of NHS services. I speak from experience as they have cared for and given confidence to my husband in the management of his COPD. My husband and I would recommend wholeheartedly that as many of these teams as it is possible be introduced into the community.
- The urgent care team are first class long may they look after the people of Sunderland

A pressured system

- Trying to get a GP appointment these days is near impossible unless you can wait 5 days for a telephone consultation or 7-10 for a face to face. Having a daughter with a chronic illness who cannot wait days to see a GP I've resorted to using the 111 service to get same day appointment at local primary care centre. How can this be improved?

- Well! we had to wait 2\3 weeks for an appointment in Silksworth. Just now today I called in to doctors to make an appointment for 3 things (we have been told we cannot do that) loads of excuses. One thing I thought was urgent. Well water sample done right away come back at 4-45 (waited 1hr) seen by a very attentive new young doctor. He was excellent! I could not believe it, I am still trying to figure out what happened. But it was excellent service. Properly a one off 😊
- Waiting two weeks for an appointment to see a Dr is not what you need.
- Feel sorry for anyone needing urgent care was recently sent to emergency waited 9 and a half hours before being admitted to hospital
- to have access to doctors not trying to get an apt to be told is it urgent. What is urgent!! No, I just need to see doctor not 2 weeks from now
- I think if people were charged for turning up to hospital drunk, needed a plaster for their leg, or had a bad cold it would maybe deter them from using A & E, but we need
- Change is only needed if it's going to improve the existing service, closing down Primary/Urgent care centres will only lead to more people attending an already over worked, understaffed A&E department, seriously those at the top need to think are they really doing the right thing or is the right thing getting done.
- Sorry but there's too many issues for me to put on here 😊 Rang to ask where to take my grandson thought he had a suspected broken leg \ foot. They said to get an X-ray you will have to go to Peterlee walk-in, PETERLEE from Sunderland. So, we did in thick fog at crawling pace. When we got there, there was no X-RAY 😊
It's got to the stage now you do not know where to Flipping go. It's a total mess!
- I heard someone say today that centres were closing because too many people were using them when they didn't really need to , so by that reasoning, close call hospitals and people won't get ill, are people really thinking shall we spend the evening watching TV or going for a social night out then deciding to go to the local urgent care centre instead, we need these facilities to remain open, public transport isn't readily available out of hours so it's not always possible to travel on buses out of hours
- I think too many people who can't get an appt with their doctor go to A and E which is not the right place.

Why change?

- Should have kept Grindon lane as a drop-in centre and Bunny hill, Houghton as drop in centres to and not have them as appointment only, leave Pallion health centre as a drop-in centre - scrap CCG group as they are doing more harm than good
- Terrible decision to close them. Exactly we need these centres to stay open!!

The consultation process itself

- This information regarding the proposed closure of Washington, Bunny Hill and Houghton urgent care centre has not been given the proper publicity. I have spoken

to people in Washington who are not aware of the proposed changes. Public meeting not made known to the residents in that area. I attended the meeting at Washington Art Centre it was apparent by where it was held in the upstairs room and the amount of chairs for the public they were not expecting many to attend. My husband became aware of the meeting through the Evening Chronicle. Even one of the staff who works at the medical centre (nurse) was not aware of the proposition.

Absolute disgrace.

- Will you be providing qualified BSL/English interpreters for the event for BSL users living in Sunderland?
- Could you email them on behalf of SDS members? If they organised an interpreter, we would need to advertise the event to our deaf members who may like to go and express their opinions especially regarding access for deaf patients.

Streamed events

- waiting patiently with a blank screen
- How can I get a pack?
- As a member of the Joint Health Scrutiny Committee of South Tyneside and Sunderland councils I'm disappointed that I didn't find out about this until it was too later. it is disappointing that the attendance appears to be so low. Do you know if the City Councils Health Scrutiny Committee have been briefed?
- Judging by the empty seats nobody was obviously invited until the day before
- I thought it was just me. I agree sound quality isn't good.
- Sound is poor any chance of improving, thanks
- Good Evening All, sorry I can't make tonight's meeting but I'm following on social media.
- Can I ask how many people are in attendance? Can you break this down to how many work for the CCG or are health professionals and how many are members of the public.
- Will the clinical model session be live screened?
- Doesn't look like there are many people there.
- Hopefully the full meeting will be viewable when the meeting closes.

The online survey

- Please complete the survey if it is going to affect you
- Crashed as I was answering a question

Perceptions of a deteriorating service

- I don't believe services are improving, compared to a few years ago they are dire, technology seems to have put us into reverse not improvement
- Over the years we have all seen the NHS system change and be used for things it shouldn't be, back in the 60's people looked at their own injuries like cuts and grazes etc and self-treated were these days people go straight to hospital or a walk in centre, and has I said earlier people who drink too much and can't handle the

drink and people who take drugs and take to many who call out the emergency services should be charged for the use of..... Yes, technology has moved the NHS forward but peoples lack of thought etc are costing the NHS a small fortune when it's not warranted.

- I definitely agree with much of what you're saying, I have survived a time when even the nastiest bump on the head was treated by rubbing butter on it, unbelievable in today's world, we also had very little underage and young people getting drunk, even older women wouldn't go into pubs on their own, however if we needed to see a doctor we didn't have to wait days for an appointment, many over the counter treatments are no longer available and the prescription charges mean some people can't afford to fill them, it's harder not easier

Travel and Transport

- This sounds good in theory, in practice it's ridiculous. I needed to see a doctor the same day, instead of it being at our practice I was offer an evening appointment at a practice two bus rides away, totally unfamiliar in both doctor and area, if you don't have transport, can't afford a taxi and buses don't run very often after 7pm, how do you get to the appointment. The public are being conned with promised improvement which sounds good but is totally impractical for users, especially the very young and elderly.
- Will people travelling to Pallion from Bunnyhill Washington or Houghton have their travelling costs reimbursed?
- Good point on bus service, all from Washington go down Chester road.
- Someone talking about patients taking ill when in a taxi and would taxi drivers be first aid trained is irrelevant same goes for patients taking ill when using buses etc. If this happens surely the drivers would act and call for assistance
- You say you were told but this is not evidence based. I could tell you it cost me £40 in a taxi does that mean you believe me? Patients need to be more responsible for their care. Can a patient use public transport Yes or No, can they afford a taxi Yes or No, are they eligible to claim such costs back? What price are patients willing to pay for their own health. Do all bus and taxi drivers need to be first aid trained? These courses are expensive, and will they be cost effective to the bus or taxi company. Evidence based practice is required and since you do not have said evidence my comments about this being irrelevant is true.
- Go North East's quickest option for me is 40 mins assuming connections work and I live very close to the main bus route. Let's see if they listen when people say this is the wrong decision
- Planning to close Bunny Hill, Washington and Houghton. They reckon public transport can get people to Pallion in 20 minutes from any part of the City - including Coalfields and Washington.
- I've just google mapped it and from my location in Washington it is 35 minutes but that obviously relies on the bus being on time and a 7 minute walk (if you don't have mobility issues)

- Request the commissioners travel by public transport from 3 locations in the city at different times of the day. See if they can do it in 20 minutes. If they can't...for whatever reason... then their claims are wrong! Remember some people will be travelling with a few children and a sick person. I don't understand how they can justify this
- Also, more people having to use a car park that is too small to park now with nowhere nearby to park. Even if you can park there, there is a massive ramp or steps so again not good for people with mobility issues
- And if you are not up to a bus ride? And know there is likely to be no parking? Ridiculous!! They are covering it up saying there would be a more joined up service if it was at Pallion, phahh!!
- Bus fares quoted are also incorrect! What if you needed to go late at night or early on a weekend morning? Most buses don't run then!!
- The proposal to move services to Pallion is ridiculous.at present car parking at Pallion is almost impossible, it would only get worse. Access by public transport is poor and time consuming, something no one should be expected to endure in there time of need. How much money and Doctors time is being squandered on these proposals.
- And what happens if the person needing to get there has no bus fare and the local one they lived near is closed?
- Pallion has shocking parking and all the streets around are permit. Oh yes, they want us to park in the hospital and pay!

A 'done deal?'

- Taking on board opinions is not the same as acting upon them. Sounds like decisions have already been made.
- Consultation is just lip service...they will all close, the die are cast.
- I don't have any faith left for all the things they promise
- For a start remove the word URGENT. your (sic) fooling nobody
- Sunderland health are always trying to put all health care at the same hospital. Pallion hospital same site. the biggest problem is that the site is not big enough. Between Chester road and Hylton road. Needs an urgent rethink or to buy extra land. Only option is Clanny house. Buy the contract off the uni. Until then leave things as they are. Should leave Houghton or Washington alone either way as give Is urgent care to those further out. Extra hours.at GP's is good but thought they were struggling to get GP's to agree. So extra pressure at Sunderland hospital.
- Taking on board opinions is not the same as acting upon them. Sounds like decisions have already been made.
- Consultation is just lip service...they will all close, the die are cast.
- Are the centres at Washington and Houghton Le Spring being either closed down or services being reduced forcing patients to attend the centre at Pallion?
- I have heard the decision has already been made to shut all urgent care in favour of Pallion, but these consultations have to be done to make it look open and fair

'Other Comments'

- Why were Primary/Urgent Care centres built? only to be closed/mothballed a few years after opening? It doesn't make sense. A lot of people do not have their own transport or have access to transport - surely this was one of the objectives of Primary Care - to make urgent care accessible to the local community. It is disgraceful to close them and expect everyone to 'roll up' at Pallion!!
- Don't go down the route of offering out of hours GP appointments in hubs - it hasn't worked in other areas. People need appts close to their home not in a couple of villages or town over. There's a high rate of deprivation in Sunderland and high number of non-drivers therefore making people travel long distances by bus to a different GP practice isn't going to work (and is proven not to have worked in other areas).

13 APPENDIX FOUR: NHS SUNDERLAND CCG PETITIONS POLICY

Details of the CCG's approach

If a petition relates to a subject, proposal or matter about which the CCG is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence, in the same way that any other response would be considered.

Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

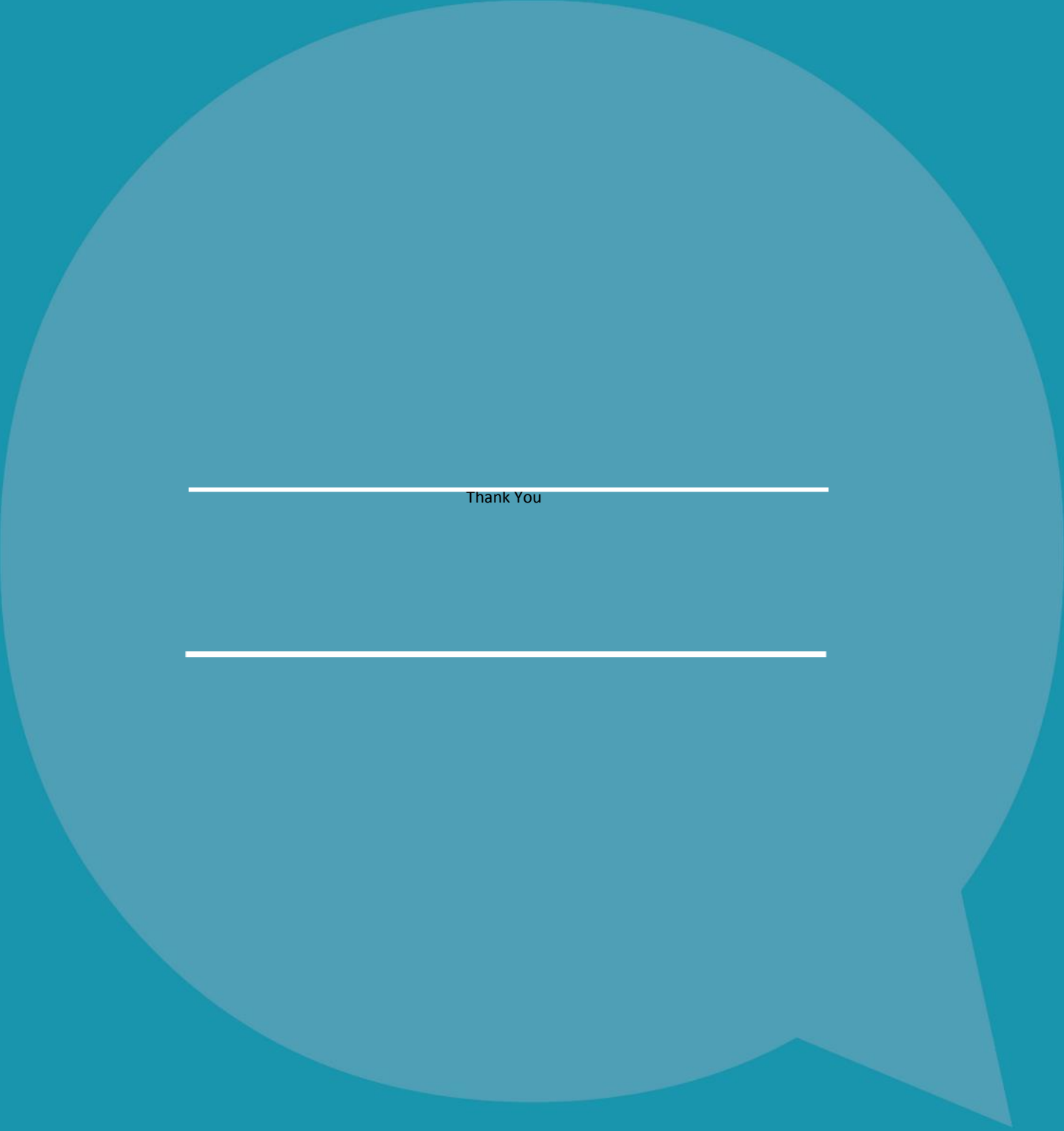
When a report on the outcome of consultation is prepared, the following issues will be considered when considering a petition:

- If a petition is raised about a perceived lack of or missing service, Consultation is not a public referendum or public vote. Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, clinical and cost effectiveness and not necessarily to the views of the most numerous stakeholders.
- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that the CCG/s have put forward.
- The petition should reflect the latest proposals and policy statements being made by the CCG and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.
- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.
- The petition should relate to the consultation and to the proposed action of the CCG (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.
- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.
- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could consider views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

The organiser of the petition will receive correspondence from the CCG as the body that has initiated the consultation, in the same manner as other respondents (e.g. acknowledgement, an outcome letter describing how the issues raised during consultation have or will influence the decisions made following consultation) within 28 days of receipt of the petition.

Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what petitioners call for is accepted or rejected, the reasons for this should be given.

DRAFT



Thank You



Insight | Change | Management

info@asv-online.co.uk | +44 (0)151 512 1828

Making Urgent Care Work Better in Sunderland

Presentation to Sunderland City Council
Overview and Scrutiny Committee

October 2018

Presenter

Andy Wright
Director



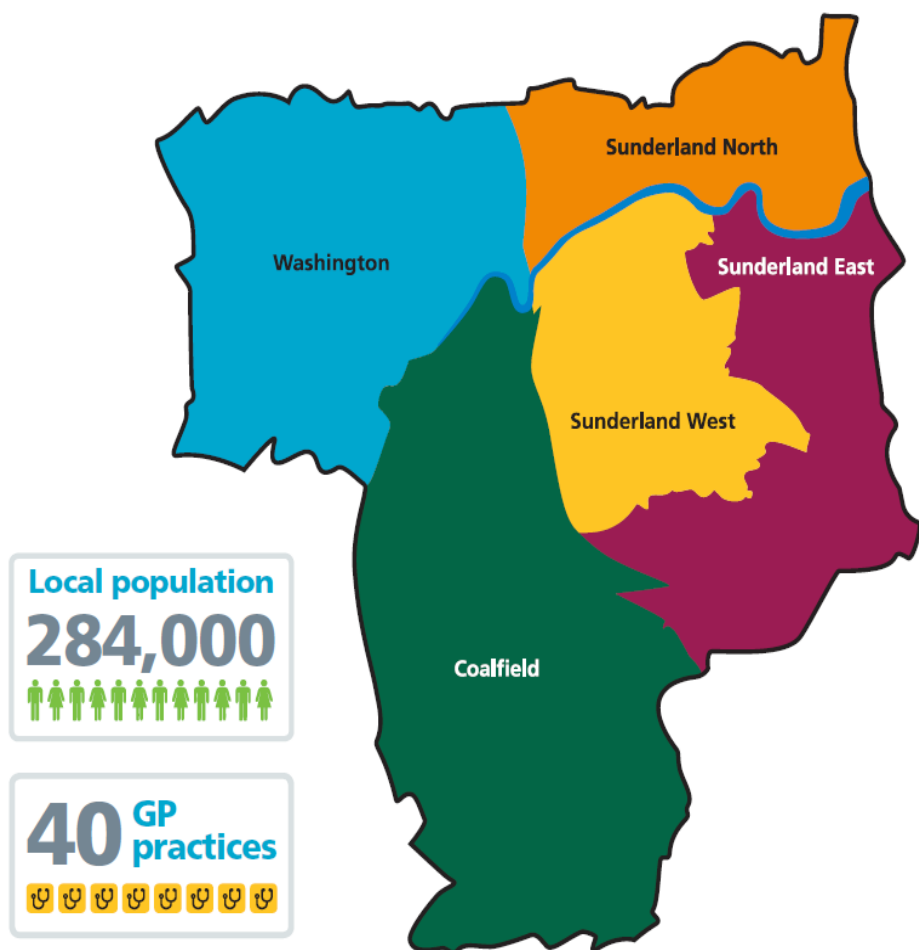
Introduction

- 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

ANNUAL WORK PROGRAMME 2018-19

**REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY
PARTNERSHIPS**

1. PURPOSE OF THE REPORT

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2018-19 Council year.
- 1.2 In delivering its work programme the committee will support the council in achieving its Corporate Outcomes.

2. Background

- 2.1 The work programme is a working document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.

3. Current position

- 3.1 The current work programme is attached as an appendix to this report.

4. Conclusion

- 4.1 The work programme developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2018-19.

5 Recommendation

- 5.1 That Members note the information contained in the work programme.

6. Glossary

n/a

Contact Officer: Nigel Cummings, Scrutiny Officer
nigel.cummings@sunderland.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2018-19

Items to be scheduled

Renal Ambulance Service (Jan/Feb)

Local Health Joint Working (Jan/Feb)

REASON FOR INCLUSION	6 JUNE 18 D/L:25 May 18	4 JULY 18 D/L:22 June 18	5 SEPTEMBER 18 D/L:24 August 18	3 OCTOBER 18 D/L:21 Sept 18	31 OCTOBER 18 D/L:19 Oct 18	28 NOVEMBER 18 D/L:16 Nov 18	9 JANUARY 19 D/L:21 Dec 18	6 FEBRUARY 19 D/L:25 Jan 19	13 MARCH 19 D/L:1 March 19	10 APRIL 19 D/L:29 March 19
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	Urgent Care Consultation (Sunderland CCG – Helen Fox)	Westmount Dental Surgery CCG Operational Plan 18/19 (Sunderland CCG) CQC GP Inspection Annual Report (Sunderland CCG) Outpatients Clinics – Monkwearmouth Hospital (Carol Harries – City Hospitals)	Integrated Wellness (Gillian Gibson) Briefing on potential merger of Sunderland and South Tyneside Trusts (City Hospitals) Reconfiguration of Vascular Services (NHS England)	All Together Better Alliance Update (Sunderland CCG) Managing the Market (G King) Sexual Health Services (G Gibson)	Urgent Care Consultation Update (Sunderland CCG)	Community Beds (Sunderland CCG) NHS Performance (Sunderland CCG) Adult Safeguarding Board Annual Report (G King) Public Health Strategy (G Gibson)	Housing and Care 21 Schemes – update (G King) Managing the Market (G King) 0-19 Service (L Hughes) Oral Health in Sunderland (K Bailey)	Breast Service Update (Sunderland CCG) Care and Support Annual Report (P Foster)	Annual Report (N Cummings) Healthwatch Annual Report 17/18 (Margaret Curtis – Healthwatch) North East Ambulance Service (M Cotton)	Managing the Market (G King)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19

Speech and Language Therapy
Dementia Friendly City

NOTICE OF KEY DECISIONS

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28 day period from 23 October 2018.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28 day period from 23 October 2018 is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28 day period from 23 October 2018 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
0191 561 1006
Nigel.cummings@sunderland.gov.uk

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions (including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 17 October to 31 December 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180731/278	To approve a Local Authority Accelerated Construction (LAAC) Funding Agreement and the proposed next steps for the delivery of the LAAC projects.	Cabinet	Y	During the period 19 September to 30 November 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180418/252	To consider and approve corporate proposals in respect of Siglion LLP.	Cabinet	Y	During the period 17 October to 30 November 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180308/245	To seek approval for the sale of land at former Southwick School.	Cabinet	Y	During the period 21 November to 31 December 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180725/275	<p>To:</p> <ul style="list-style-type: none"> • note the update on the Arts Council's funded National Portfolio Organisation (NPO) delivered through Sunderland Culture; • note the arrangements to strengthen heritage delivery across the City; • note the interim arrangements for operational management of museum and arts functions; <p>agree to receive a further report on the longer term arrangements for operational management of cultural venues across the city.</p>	Cabinet	N	During the period 17 October to 31 December 2018.	N	Not applicable	Cabinet report	<p>Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN</p> <p>committees@sunderland.gov.uk</p>

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180925/301	To approve the Council's Statement of Principles in accordance with the Gambling Act 2005.	Cabinet	Y	21 November 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180925/302	To approve the enforcement of the Equality Act 2010 in relation to hackney carriages and private hire vehicles.	Cabinet	Y	21 November 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181001/303	To approve a scheme for structural maintenance of A183 Harbour View Bridges	Cabinet	Y	21 November 18	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
181004/304	To approve the South Sunderland Growth Area Infrastructure Delivery (Housing Infrastructure Fund (HIF) Funding agreement, procurement works and land acquisition).	Cabinet	Y	21 November 18	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181004/305	To recommend that Council approves the submission of the Core Strategy and Development Plan 2015-2033 to the Secretary of State	Cabinet	Y	21 November 2018	N	Not applicable	Cabinet Report Core Strategy and Development Plan	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/288	To approve the Capital Planning 2019/2020 to 2022/2023.	Cabinet	Y	21 November 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180830/287	To approve the Revenue Budget 2019-2020 – Update and New Savings Proposals.	Cabinet	Y	21 November 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181019/308	To recommend to Council that approval be given to the making of revised Library Byelaws under section 19 of the Public Libraries and Museums Act 1964	Cabinet	Y	Between 12 December 2018 and 31 January 2019	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180725/274	To approve an increase to the fees paid to care providers who are commissioned by the Council to provide adult social care services; and to vary the Framework Agreement for Care and Support at Home for Adults to reflect the proposed increase.	Cabinet	Y	12 December 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180918/300	Sunderland Strategic Transport Corridor Phase 3 – Approval to accept tender for the main works contractor	Cabinet	Y	12 December 2018	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180905/297	To agree to adopt a revised policy that sets out how the Council disposes of its land and property assets.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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181019/309	To authorise the sale of land at Hillthorn Farm, Washington and to delegate authority to the Executive Director of Economy and Place in consultation with the Leader and Cabinet Secretary to grant consent to the assignment of the sale contract to the purchasers preferred developer if required by the purchaser.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181019/310	To approve a scheme for structural maintenance of the A182 Chartershaugh Bridge.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180830/289	To approve the Council Tax Base 2019-2020.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/290	To approve the Revenue Budget Third Review 2018-2019.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/291	To approve the Capital Programme – Third Capital Review 2018-2019, Provisional Resources 2019-2020 and Treasury Management Review 2018-2019.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180830/292	To approve the Revenue Budget 2018-2019 – Update and Provisional Revenue Settlement.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181016/307	To seek Cabinet approval for the draft Homelessness Strategy, and subsequently approve a six week public consultation.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/293	To approve the Capital Programme 2019-2020 and Treasury Management Policy and Strategy 2019-2020 including Prudential Indicators for 2019-2020.	Cabinet	Y	13 February 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180830/294	To approve the Revenue Budget and Proposed Council Tax for 2019-2020 and MTFS 2019-2020 to 2021-2022.	Cabinet	Y	13 February 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/295	To approve the Collection Fund 2018-2019.	Cabinet	Y	13 February 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

Cabinet; Councillor Graeme Miller – Leader; Councillor Michael Mordey – Deputy Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Geoffrey Walker – Health and Social Care; Councillor John Kelly – Communities and Culture; Councillor Amy Wilson – Environment and Transport; Councillor Stuart Porthouse – Housing and Regeneration

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,
Head of Law and Governance

23 October 2018