



**Sunderland
Clinical Commissioning Group**

Sunderland Urgent Care Consultation

**North locality event
13 June 2018, 2 - 4pm**

Date	13	June		2018	Time	2 – 4pm
Event	North locality event					
Venue	North East business innovation centre					
No. people		Males		Females		
Room facilitator	Helen Fox					
Scribe	Lauren Robinson / Anisah Sharmeen					

Attendance and reach

Total number of people who attended in total: 16

- Public – 2
- VCSO – 2
- Other organisation – 4
- Sunderland CCG – 4
- Sunderland City Council –
- NECS – 4
- Did not identify a group –
- Registered but did not attend -

Discussion

Proposals for Urgent Care

Like

- Surely 5 has to be better than 4

Missing

- Fear over transport and change
- People are scared of change and are being ridiculed
- C - improvement really means deterioration
- C – you need to think hard about how you interface with people
- Concerned about vulnerable people and how they will get to Pallion
- Disappointed that Mental Health providers aren't free
- What work has been done for Mental Health patients?

Other comments / questions

- Good patient care needs to be joined up. Everyone needs to be on board.
Right patient seeing right person
- Sounds great. System now isn't great so this will be great
- Communication needs to be forefront, sharing records
- Well thought out
- Don't think it will work
- Idea is great, implementation is hard
- Q: Graph shows April 14 – a dip in the access points.
- A: Less demand in summer and school holidays.
- Q: Do you have a graph for availability for GP's to be seen by family?
Impact on GP access.
- A: We are going to have to see if we have data available.
- Q: Clinical person – what does that include?
- A: Registered range of health and clinical professionals, Nurses, GP's, Palliative Care, Health Specialists, includes mental Health nurses etc.
- Q: What nature of contracts – service level agreement?
- A: To provide 6pm – 8pm services, weekend times, national specification on what we need to provide.
- Q: Extended opening hours is great.
- C: During normal hours they don't even answer the phone, if they are not answering the phone they won't be helping people from the start.
- C: Struggling to see how two different contracts are addressing the needs of the population.
- A: That's national policy. It's not contract driven, it's about integrating services. Having the right person seeing the right people at the right time.
- C: If the Urgent Care Centre is the first place people will want to go – it's because that's what they know.
- A: It's about managing demand; people are confused about where to go

because there is so much available.

-

Should the services be joined up?

Thoughts for no

-

Other comments

-

Location of the Sunderland Extended Access Service

Which locations are good and why

-

Which locations are not good and why

-

Opening hours

SEAS

-

UTC

-

Key principles

- Looks okay
- It's the right words in the right order
- Q: If we stop people who are bringing the system up then all this will be solved.
- A: Patients always do the right thing but just need help on where they should be going. It's about making sure people are getting the right clinical care whilst meeting the demand.
- Q: Why do patients feel the need to self-present?
- A: People just think everything will be solved if they go to a walk in. It's convenient and extremely accessible.
- Q: The more accessible you make services the more demand increases.
- A: Shifting the demand.

Travel and Transport

- Q: How much work have you done with regards to travel transport
- A: We have already had 1 travel and transport event, and we have another organised. The Travel impact done by independent analysisist
- C: We cannot rely on public transport

Final comments

- Q: What work has been done for mental health patients?
- A: NTW have been at the development of these proposals
- Q: Why have none of the mental health providers turned up?
- A: We can't force people to attend, we can only encourage them.
- C: Carers and VCSO's are very important. They are doing a great job in helping free up GP time etc.
- Q: VCSO's have been included so late in the process
- A: They haven't been involved in model design but out of hospital and other reforms they have been involved.
- A: Used already by forums to keep involved.
- C: This is a nasty shock to everyone, three centers are under threat.
- C: Communication is a nightmare, its making people anxious and nervous.

- Q: How can you break through people's perceptions of the Urgent Care?
- C: People are automatically defensive about taking away all we know.
- A: Everything is challenging
- C: Late in the day and waste of time.
- A: Purdah has influenced our timing of the consultation and this has been - out of our control.
- C: But you did know about local Elections surely.

- Good thing you used feedback and have arranged more dates.

- C: The simple message reaching the public – is that we are shutting things down.
- C: Perception is fact.
- C: You need to stand up and be clear to people.
- C: Basic project management – being accountable. Doing nothing is not an option.
- C: Isn't access to records a separate thing?
- A: Point of data sharing, it's just how it is, it's very hard.
- A: Independent but complimentary.
- C: Re-think how you would word/present the options and the data sharing element within that.
- C: All I'm seeing is 5 versus 4.
- Q: A lot of Outreach work has been done in Washington. Phoenix in Washington transformed care and life in my family. Pleasant experience having that service.
- A: Property services are owners of these spaces.
- Q: How will services in centres get impacted by the loss of the UC Centres in these buildings?

- A: These centres are not clinically dependent on Urgent care centres.
- Q: What kind of study will you be doing on self-care?
- A: There is a whole work stream on self-care.
- C: Nobody believes the facts and figures.
- Q: Why do 60% self-present at A&E? Is there a reason as to why they choose A&E?
- C: Cut supply, cut demand
-