



Sunderland
Clinical Commissioning Group

Sunderland Urgent Care Consultation

East locality event

18 June 2018, 12:30 – 2:30pm

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	Anisah Sharmeen / Gail Cobb					

Attendance and reach

Total number of people who attended in total: 11

- Public – 5
- VCSO – 1
- Other organisation –
- Sunderland CCG – 2
- Sunderland City Council –
- NECS – 2
- Did not identify a group – 1
- Registered but did not attend -

Discussion

Proposals for Urgent Care

Like

- Increasing number of GP appointments – if it will work
- Increasing # GP appointments
- Would like accessibility to be accessible for everyone (Deaf and blind)

Missing

- Community pharmacies being used – but you want to cut down
- People may not get looked after when they really need it
- Self-care is worrying. People may be unknown to serious health issues
- Good quality information is needed to be there
- Accessibility for communications
- Parking in Pallion and ED and the monetary fines as well as the position of where you want to make it
- Transport to getting there for distant patients
- Extra pressure in Sunderland – people coming from South TYNESIDE to use services
- Do plans around parking around wards etc. exist still?
- Stay as they are but GP's should go on a Rota – around all Centre's
- People complaining about in hours, so how can out of hours work
- Number of appointments during the day, surely this is more pressure on GP's
- Against closing centers down – principle 5 – Government instructing you on what to do
- Use pharmacies more – cut backs here
- Don't like 'self-care' – might not seek advice for something that is serious
- Need to phone and be able to get through
- Good Public Health Messages
- Parking at Pallion is a concern – CCTV ££. Long way to travel for some people

- People from other areas are coming because of closures in their area
- GP's on a Rota/on call for nurses
- Keep status quo
- Don't understand the extended access when there's not enough appointments during the day
- GP's already over worked, extended access makes it worse

Other comments / questions

- Why not have a larger A&E with GP built in
- Triage in house
- Ambulances – worried about extra workload
- Principles 1 and 4 are great – but 5, why should we be told what to do? Why can't we add more?
- How are these principles possible?
- Last principle about patients being seen at Urgent care Centre. Are you using money to go into Grindon? Do you really need these Centre's? Is that a national requirement?
- If it is going to be near A&E – where it is understaffed and busy, why not have bigger A&E and Urgent Care within the ED, or the other way round
- How many more ambulances will be called now? Increased load on NEAS
- Accessibility for ambulances at Houghton is poor
- Having all UTC dose to hospital flavor of mouth
- National telling us what we need in Sunderland

Should the services be joined up?

Thoughts for no

- Struggling now – how will we cope?
- Could change a ward – parking
- Consider – pharmacy open – urgent centre opening times
- Not commissioner – opportunity to influence

Other comments

- Are Pharmacies staying open late and will they be staying?
- Can we find extended hours of pharmacies? Core times that NHS England have commissioned.
- Have got to travel to pharmacies open on an evening
- Why can't pharmacies be joined up at times
- Can pharmacies be aligned with your changes to join up the service
- Department of Health provide financial penalties

- Can't get an appointment – all gone
- Q: Are pharmacies staying open late?
- Q: Which ones?
- 111 Keep all information
- Q: Does ambulance take you to UTC?
- Q: Would ambulance be sent to an Urgent care center?
- A: Depending on situation at the moment, but you would be triaged by NHS 111

Location of the Sunderland Extended Access Service

Which locations are good and why

- 5 locations remain – Bunny Hill, Washington, Houghton, River View and Pallion
- Riverview – bus service only half hourly and getting the bus is difficult.
- Move Southwick to Bunny hill
- Coalfields twice the size, Bunny hill, Washington, Houghton, Sunderland Royal
- Riverview Health Centre x2, I live in Hendon, bus service every half hour
- Have it more central (for everyone) – East Herrington also near Washington Highway
- Washington, West, North and North East – Coalfield furthest away
- Things should be more central – near main roads
- East Herrington
- Are GP's coming from all over to work extended access
- How much for parking?

Which locations are not good and why

- Added pressure on bus drivers

Opening hours

SEAS

-

UTC

-

Key principles

Travel and Transport

--

Final comments

- Q:Recruitment of GP's - Sunderland University thinking of training Paramedics
- A: Not training for that purpose, training for Paramedics. New medical school, but won't be a good few years until we get these GP's
- Q:Self-medicate doesn't work and you say it works
- C:Put on cancellation list after told to contact GP
- C: In general good experience at UC Centre's
- New 111 will be clinical and triage would take place. NHS 111 is varied; people have both positive and negative experiences.
- Q:How many GP's do we have in Sunderland and how many are retiring in the next five years
- A: GP workforce group, can get back to you with that answer
- Q: How are you informing people of these events?
- A:Purdah affected us with our advertising but we are using, social media, health watch, VCSOS, health net, Sun FM
- C:Not all of us are modern technology
- CCG keep working to save money, you don't think about parking. What about people who live far away? Taxis and public transport are affecting people.
- C: What was promised didn't happen
- A: GP's are burdened; we are investing in GP practices, value in GP's making sure that GP's working together in groups. Avoiding GP's from doing jobs those other medical professionals could do.
- C : Consistency in who is being seen by NHS 111
- A: Pallion coping, minor illness goes to Pallion – staffed enough. Pallion already seeing a lot of injury. Modelled all the figures with ED
- Q: GP recruitment issues. This sounds good but what about future proofing? Need to think about what type of building can cope with the demand.
- C: It's all about money and expenditure
- A: Workplace is the biggest challenge. Medical School will help future. Trying to protect and use services in the future.
- C:Not enough full time GP's, online booking systems increasing DNA's and only attracting people who are tech friendly
- Q: Not sufficient GP's. People can't get appointments in hours. How can they get appointment out of hours? How many GP's will know you?
- A: GP merges come together to share business and rising expertise. Seeing the right people, challenge for GP's doing things differently on who gets urgent GP appointment – different methods? Working with practices to use the same model. NHS 111 will be able to triage
- A: 111 and GP Practice number are the ones people should be using
- A: Already have 5 SEAS hubs. Public don't know because they aren't walk in. there is more work to do with the GP practices
- A: Can't promise you to see your GP but you can see A GP. Not enough work force.
- C: A&E and UC have access to records
- Q: Why can't Pallion access records?
- A: Part of a future plan. GP's are able to access but not everyone at the moment.
- Q: ED – was it really designed to do the new Urgent Care Centre?
- A:Future proofed to be able to do more emergencies
- Q: Was Pallion designed to deal with Urgent Care?
- C:Access and parking are all inaccessible, not disabled friendly
- C:There are Bunny hill petitions going round that it is going to be closed

- A:Sun FM info and other news channels have been given the correct information
- C:When the decision is made it needs to be everywhere so that everyone sees it
- A:If Urgent Care services stop – building/space will be used
- C:This proposal doesn't sound good
- Q: Have you consulted with Jarrow and South Tyneside about the Centre. You haven't taken into consideration people in the north. Boundary areas, Cleadon etc.
- A: We have invited people who are located in these areas. We are working with South Tyneside CCG and event in South Tyneside.
- A: People are responding via online surveys and other methods, not just events
- Q: How many groups have you got?
- A:6-7 And also further groups are being held
- C:Invite equality groups at City Hospitals
- Q: Is out of hours now closed?
- A: Not finished, doesn't close until October. Working out recovery at home
- Q: How is it funded?
- A: Government budget a part of GP strategy
- Q: How many more people are employed in NHS 111?
- A: NEAS are doing work, can't find this out at the moment.
- A: Northern Doctors worked with us to create the new model, other areas working like this also. Need to work together to keep these skills
- C:Vocare are private companies
- A: Busy working through contracts, making sure we are keeping skilled workforce
- A: We can't make decisions until consultation is due
- A:There are always patient notes in care homes to make better patient experiences
- There is one hidden phone number for patient recovery at home service.
- Q: Why can you leave us alone and leave things the way they are. Why do you have to close the urgent care services?
- A: We are trying to respond and give people access to GP's. We are trying but it is not financially viable and the workforce problem continues.
- We can't continue to do nothing.