



Sunderland
Clinical Commissioning Group

Sunderland Urgent Care Consultation

Saturday event
23 June 2018, 10 – 12pm

Date	23		June		2018	Time	10 – 12pm
Event	Saturday						
Venue	Bede Tower						
No. people			Males			Females	
Room facilitator	Helen Fox						
Scribe	Lauren Robinson / Angela Farrell						

Attendance and reach

Total number of people who attended in total: 18

- Public – 7
- VCSO – 0
- Other organisation – 4
- Sunderland CCG –4
- Sunderland City Council –
- NECS – 3
- Did not identify a group –
- Registered but did not attend -

Discussion

Proposals for Urgent Care

Like

- More appropriate to go through NHS 111 as you are already triaged.
- Consistency of appropriate care through sharing accurate records (if it works).

Dislike

- Poor experiences of NHS 111 will cloud judgements
- Increasing confusion, GP should be the main channel.
- Just having Pallion would be enough. Should have Pallion and Washington.
- Systems not currently recording accurate data.
- Lack of continuity of care.
- People are still turning up at Jarrow- because the message hasn't been strong enough
- The travel impacts on some people will mean two different busses to get to Pallion
- Surprised at the length of the extended access – closing at 8:30 puts overnight pressures increasing from care homes.

Missing

- Education of the public
- Comms and advertising (TV Broadcast and subtitles screens in GP's)
- Re-education of younger people and more self-care
- Front line communication
- More GP telephone consultation

Other comments / questions

- You need to make sure people have the information they need, through the guide. People need to know what is expected, and where to go to. You need to make sure the correct communications goes into this, via clear signposting and clarity on where to go.
- What is the path to excellence impact – people from South Tyneside coming to our ED?
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Should the services be joined up?

If Yes – Why people think this?

- Under 1 roof is better
- Close to hospital
- Sharing workload

If No – Why people think this?

- Parking issues at centre and the streets nearby

Other Comments

- If located elsewhere, it might ease parking at Pallion
- B is a better option
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- There's limited side street parking

Location of the Sunderland Extended Access Service**Which locations are good and why**

- There is good parking at Bunny hill
- The Galleries has free parking
- Grindon for UTC is much better for parking and everything. This would be a preference.
- Concerns over Pallion, as this wasn't built as a multipurpose centre but Grindon was.
- SEAS – These should be based in the existing multi-purpose buildings.
- Need to get people to the best place for treatment, wherever this may be.
- Healthwatch willing to do some work – people's views will influence decisions.

Which locations are not good and why

Southwick has less parking

Can you think of anywhere else this service should be located? Other Comments?

- There is nothing in Sunderland west and the lower part of Sunderland East, Ryhope and Silksworth
- Is each site accessible by public transport?
- Best access and best parking in Washington (free) and located close to the pharmacy

Opening hours**SEAS**

- Ideally 24 hours or 10 or 12pm to be open till. Use the data again to see what times people go currently and base the decision on that.
- Concerns about the extra demand overnight.

UTC

- Use data to inform the decision for opening times.
- The opening times may impact people being able to travel.
- Referrals from centers to CHS is still happening, what impact does this have for people who cannot travel.
- Grindon better than Pallion for an UTC.
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Key principles

- Taking Bunny hill out of the equation effects people on the boundary of town end farm – the travel is long. Need to look at location of the pharmacies, as there is not one in coalfields.
- Want a very detailed map identifying all health provisions in each area i.e. GP, pharmacies and anything else.
- Bus fare costs etc.
- Concerns about how very ill people will be getting there
- How will these changes impact ED?

Travel and Transport

Final comments

- **Q: How many GPs have you lost in Sunderland since 2010?**
- A: We don't know the figures but we know it is a national problem with GP recruitment.
- **Q: There are not enough GPs to fulfil the pressures. I don't understand how you will staff?**
- A: We have done a lot of work over the past year. It is not a contractual requirement but SEAS is already fully staffed with GPs. The problem is over the past 6/7 years, we don't have enough GPs to staff all our current services. We want to use the resources we have but sustainably.
- There are lots of things going in Sunderland to retain the GP and nurse resource. We hope that GP will be able to pass over some visits to home visiting service in order to increase GP capacity. We have a GP scheme to get more DRs to stay in Sunderland as a GP. It's all about the sustainability and long term support for the whole system.
- We want to support people to work together to use skill set better to make sure patients are getting the service they really need.
- **Q: What was the common sense to make Pallion the Urgent treatment centre for the whole of the city? It is only accessible to the able bodied.**
- C: Only 12 seats at Pallion. It is not big enough for the whole city. People can't travel, not everyone has cars or the money to travel. Pallion is not fit for purpose.
- **Q: There are 35 parking spaces at Pallion with no capacity to expand. No possibility to drop people off at the door. Need an entrance to drop UN well people off and no way to change the building.**
- A: Just to confirm we are not asking people to use Pallion. 9 out of 10 is minor illness which will go into SEAS. GP's can see most of these conditions, which is closer to home. Only patients who will need to travel to Pallion would be

those with minor injury. We have the issue where we only have the buildings we have, but we will feedback the comments about Pallion. If someone is really ill, they wouldn't questions about it, they would need to be at ED. We don't want people to struggle with the access. In regards to the parking, people are currently using Pallion as a walk in centre. If we can get people to 'talk before we walk' that should reduce the number of parking and waiting.

- C: We need more seats at Pallion for sick people to sit.
- **Q: Most people on the north side know where to go. Now people in Washington and Coalfields will need to travel. People like to go to Bunny Hill. They are comfortable there.**
- A: We cannot sustain the current system. We have to do the best we can with the funding that we have, and have safe treatment. The majority of people won't have to travel; we just can't sustain the current service. No change is not an option.
- **Q: Not much of a strong clinical case for change. The access to GPs is difficult. It's hard to get an appointment. People are worried about getting appointments in future and will be appointments to book a GP. Can people get a prescription at 8PM at night?**
- A: We already have the SEAS (Sunderland extended access service). We need to increase the number of appointments accessible by 42,000. We are working on this, by increasing appointments by GPs and practice nurses.
- **Q: People do not know about the SEAS.**
- A: We have not advertised this, because it is not a walk in. We are doing work with practices to increase the awareness and opportunity in practices. NHS 111 can book appointments now and will continue. Some urgent appointments are taken by people who those NHS 111 will assess don't need people to make sure people who need an appointment, gets one. The home visiting will free up GPs appointments. This means extra 1-3 appointments per patient per day. NHS 111 holds information about what pharmacies are open to tell patient which are open.
- **Q: Access to urgent care closer to home – people said they wanted this. The SEAS will be accessible until 8PM, what about after this?**
- A: We are asking people what times these should close, if someone is so ill that they need to be seen immediately, and then this is an emergency and not urgent care.
- **Q: Pallion being close to hospital – People being referred between Urgent treatments centre and ED.**
- A: They would be transferred only if they were desperately sick. This is to make sure people don't turn up at UTC with emergency.
- **Q: Biggest Fear will be, if people can't get to where they need; they'll turn up at A&E.**
- A: We have looked at the timing of urgent care changes to make sure everything is in place and people know about where to go. We will have 6 months between Oct and April, to monitor impact on A&E before anything changes. People are currently using A&E without the need. We want to encourage people to 'talk before they walk', to make sure people go to the right place.
- **Q: Proportion of minor illness VS injuries is very small. Can 111 arrange patient transport?**
- A: Potentially.

- **Q: How will you make the feedback available?**
- A: The statistic of who attended and the demographic will be in the report. We will have a feedback event in October, daytime, evening and online. Also collecting contact details if people want to be contacted and we will send out information. Our channels, Healthwatch and the website.
- **Q: Could you use this to retain GP's.**
- A: Yes. One of the things alliance is doing is being flexible about people getting into recovery at home and working together to deliver services.
- **Q: Think you are taking away the continuity of care in GPs. Receptionists don't know you or your families anymore. Personal service is going. I think the continuity of care is important. How will the receptionist know who to give an appointment to?**
- **Q: Would Pallion be triage?**
- A: It should not be a receptionist deciding, it should be a clinician. Trying to bring this back through NHS 111 and the home visiting. The personalised service is probably going because there is increased demand on the service. Need to make services more sensible so people who need to see GPs are seen.
- C: Would it be sensible to have more Q time? Business case put together before change in NHS 111 service. The whole thing should be looking at again because plan had not been within the
- A: New specification for NHS 111 was tested before we procured it.
- **Q: Should have NHS 111 in place before the new service.**
- A: We developed the modelling and proposals based on evidence of other UC services closing across. Didn't actually include the model of NHS 111 in our figures. This will produce a more positive impact on our model than what we've modelled. We did this because it's not live yet.
- **Q: Where would I need to go if I cut my thumb?**
- A: You would be sent to Pallion, as it would be a minor injury.
- A: The business case is a draft. The final business case will be drafted to incorporate all the information from the consultation.