



**Sunderland**  
**Clinical Commissioning Group**

# **Sunderland Urgent Care Consultation**

**West locality event**  
**19 June 2018, 6 – 8pm**

<b>Date</b>	19		July		2018	<b>Time</b>	6 – 8pm
<b>Event</b>	West Locality						
<b>Venue</b>	Hope ST Xchange						
<b>No. people</b>			Males			Females	
<b>Room facilitator</b>	Helen Fox						
<b>Scribe</b>	Lisa Anderson						

## Attendance and reach

Total number of people who attended in total: 11

- Public – 5
- VCSO –
- Other organisation –
- Sunderland CCG – 3
- Sunderland City Council –
- NECS – 3
- Did not identify a group –
- Registered but did not attend -

## Discussion

### Proposals for Urgent Care

#### Like

- Simplifying of things - people don't know where to go so this will make it easier.
- Even in house staff (nurses) don't know where to send people.
- Recovery at home is brilliant. Care is amazing because it's joined up service. The service is well informed, the patients are a part of joined up care.

#### Missing

- Bunny hill and 3 centres need to be kept open and educate younger generation to use services currently.
- Extended hours is not publicised enough.
- Travelling between A&E and Pallion. The walk is not safe.
- There needs to be a timeline. It needs to be tested and everyone needs to be on the right page before changes come in. People may die due to choice.
- Don't like the data sharing. Can you opt out of sharing information? How many people know about this? Are people pressurised into sharing information?
- Sunderland is a poor town; people can't afford to travel to Pallion.
- People may go to Pallion because they don't know where to go, Need to advertise the SEAS,
- GP provision, it's going to be basing UC structure without the data on GP provision. Do new have the GPs to handle it?
- Gps are overworked. Where will you get GPs for extended access? Our dr's are stretched and we rely on locums?
- Don't know enough about it, Gp's coping or if the population know how to use service to avoid problems.

#### Other comments / questions

- Current services are not working
- Concerned about pressure from new developments
- Losing three walk in Centre's is too much
- Concerned about improved NHS 111 service. More about consulting to get people to self-care.
- 50% target, its less about quality, comfort and safety. What mechanism will monitor on going clinical outputs.
- Will NHS 111 systems try to reduce no of people direct to A&E. will this be monitored?
- Recovery at home – losing staff. Needs to retain staff but it's too worn.
- GP sends patients to A&E, there are mixed messages around where to go.

- Heard people are sent to Pallion from A&E, is this to keep numbers up? Need to direct people to the right service.
- Pressure on Sunderland services. If services close in neighborhood towns. Think changes are being pushed by government. Labor praised the walk in centres. Conservatives are closing community services.

### Should the services be joined up?

#### Other comments

- Clinicians should make the decision., This its more fundamental than option a or b. Thinks it's a tactic to make people feel as though they've had a choice, Defaults from other changes to UC.

### Location of the Sunderland Extended Access Service

#### Which locations are good and why

- Washington primary care centre – Good access and parking.
- All primary care centres which are already there.

#### Which locations are not good and why

- Galleries are unfit for purpose. Doesn't comply with disability access. Can't access if in a wheelchair on a weekend. Only 3 disabled parking bays, underground parking – uncomfortable. Wheelchairs don't fit in the lift.
- 7PM evenings and weekends – access is closed.
- Pallion parking is really bad. Parking at hospital is expensive and difficult to access.
- Southwick the parking is bad, limited, dark and unsafe. It is dangerous and not practical.
- Whose convenience is this at? Proposed locations for?

### Opening hours

#### SEAS

- Looks reasonable, but should be reviewed continuously.

#### UTC

- Looks reasonable. Should be reviewed continuously.

### Key principles

- No.3 – Make sure it's close to home as possible – closing away walk in centres makes it further.
- No.1 - Not sustainable – Will places have proper equipment?

- They are good principles, I whether we will meet them.
- Value for money needs to be included within the principled. It's a fundamental. Do we have enough money in the first place? There aren't enough resources.

## Travel and Transport

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## Final comments

- Will there be a nurse practitioner at SEAS.
- Make sure opening times are joined up with other services.
- If you don't know what GP availability you have, how can you plan the opening times?
- **Q: Would the team be working together?**
- **A:** They do upstairs and downstairs. Some might like the service to be elsewhere. We need to get people to the right place. People call for urgent care appointments, sometimes it's the fastest finger first and it's not about that. Someone may need it more. It's the want over need. We need to meet needs safely. Talk before you walk. Some offer where you go making sure its consistent fair and safe.
- **Q: reason why people go to A&E is because they can't get an appointment for see a GP. Nhs 11 sending people to A&E. People don't know that you don't always have to go to A&E. Problem is that you can't get an appointment.**
- **A:** People don't need to go through a complicated system.
- **C: I had incident at home, and I rang urgent care. There was an ambulance there in 8 minutes. They call urgent care, and it sorted me out. I didn't need to go to A&E.**
- **Q: Been to Pallion recently and it's too small. There aren't enough seats. The cist doesn't affect me, some people don't have money, are we thinking about how they will get there?**
- **Q: 3 External appointments for 1 visit, will GPs in Sunderland be on board to use that time for GP appointments?**
- **A:** All practices know that, creating flexibility within these services. They are on board, need to work together. The effect can only be positive for 111 and it's not there currently. We have talked to every practice in Sunderland.
- **Q: Will people be told if they're in the wrong place?**
- **A:** There is a big national campaign before 111 starts. We might have to commission something to talk to people. Set up something that will allow people to be guided. Once they get clinical advice it's giving them the tools to know where to go.
- **Q: Will every resident receive a card saying where to go if this is all agreed?**
- **A:** Yes, huge commas campaigns talk before you walk.
- **Q: You don't own bunny hill but you pay rent. Whoever left in other can't pick up the stack?**
- **A:** We would pay a vacancy space so would be no impact on other services. What building have we got and who needs more space. We still have an obligation.
- **Q: Houghton is a fantastic facility. It is sad that the services are moving out.**
- **Q: Where will people from Houghton go? Pallion?**
- **Q: South Tees gone to special measures because they got rid of urgent treatment hubs.**
- **A:** Different confederation of services, so we can't answer for South Tees. My job is to ensure services are safe. Vocare requires improvement, safeguarding meet

regularly to quality review. Everything is in place to make sure we monitor and ensure we're safe. Durham doing something similar, given some comms of talk before you walk.

- We've benchmarked and I can't comment on. I can talk about South Tees. We are constantly looking at our data we haven't made any decisions.
- We have in house business intelligence that looks at data. Walk ins were built at the same time as Darsey. Everyone in the country has the same issues. We know consistently 50% demand will disappear. It's not research it's FACT. You can do a FOI request. We look at quality and safety we saw no impact on patient safety. We traced and followed impact through Grindon. If you look the data up, and down the country, there is something about self-care. We don't self-care enough. There are services for vulnerable patients, and they will get support through recovery at home and NHS 111.
- **Q: Concerned about improved 111. Had a look at implementation document. Get it off your chest tell people to self-care. Less about quality control and safety. Couldn't see mechanism to monitor the clinical outcomes.**
- **A: Not the intention, quality monitoring they have to do. Record every call, audit proportion monthly, flags the full process; there is extensive monitoring end to end. Every month. Huge quality assurance programme. Clinical lead makes it really safe.**
- **Q: 111 get people out of A&E?**
- A: Get people to the right place, some shit. Everything monitored. What is the end point; need people in the right place. NEAS holds data at point we can look at 111 data. Does our own business intelligence A&E have to record everything? It's all monitored on a regular basis. We have an A&E delivery board every month.