
Making Urgent Care Work Better in Sunderland

Consultation Analysis Report – Executive Summary

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.

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.
