



## Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

11<sup>th</sup> July 2018

**Report of:** Brian Hughes, Director of Commissioning, NHS Sheffield CCG

**Subject:** Reviewing Urgent Primary Care across Sheffield – Public Consultation

**Author of Report:** Kate Gleave, Deputy Director of Commissioning and Eleanor Nossiter, Urgent Care Communications & Engagement, NHS Sheffield CCG

### Summary:

The purpose of this paper is to provide the Committee with feedback received from the consultation on proposed changes to urgent primary care services in Sheffield. It also provides information on the consultation process and the work currently being undertaken to review and reflect on this feedback.

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	<b>Yes</b>
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

### The Scrutiny Committee is being asked to:

- Note the approach taken to the consultation
- Consider the feedback received and key themes identified
- Agree timings for providing NHS Sheffield CCG with a formal response to the consultation

### Background Papers:

Reports presented to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee on 20<sup>th</sup> September and 15<sup>th</sup> November 2017

## **1. Introduction**

1.1 NHS Sheffield CCG ran a formal public consultation between 26<sup>th</sup> September 2017 and 31<sup>st</sup> January 2018 on proposals to redesign urgent primary care within Sheffield.

1.2 The proposals were:

- **Change the way people get urgent GP appointments:** groups of GP practices (known as neighbourhoods) will work together to offer urgent appointments within 24 hours. People will be assessed to decide if they need to see their own GP or can be seen by at a different GP practice in their local area.
- **Change where people would go for minor illness and injuries:** replace the walk-in centre at broad line (which treats minor illness) and the Minor Injuries Unit at the Royal Hallamshire hospital with two urgent treatment centres, one for children and one for adults, which would treat both illness and injury and offer both booked and walk-in appointments. The preferred option was for the adult urgent treatment centre (UTC) to be at the Northern General Hospital and the children's UTC to be at Sheffield Children's Hospital.
- **Change where people go for urgent eye care:** urgent eye care would be provided at locations across the city with extended opening times rather than the Emergency Eye Clinic at the Royal Hallamshire. The Emergency Eye Clinic would remain at the Royal Hallamshire but only treat emergency (sight-threatening) conditions.
- **Improve the way people access services:** people would be able to contact either their practice or NHS 111 and be assessed quickly over the phone. They would be then be booked an appointment or signposted to the right place for the care they need.

1.3 These were primarily designed to:

- Ensure that patients were signposted to the most appropriate service,
- Ensure that patients who need an urgent appointment receive one within 24 hours – and mostly the same day
- Ensure that most care is provided closer to home so that fewer people have to travel outside their local area to receive urgent care

1.4 The consultation was originally planned to end on the 18<sup>th</sup> December 2017 but the decision was taken to extend the consultation by a further 6 weeks. This was in direct response to feedback from the public and key stakeholders to ensure as many people as possible in the city had the opportunity to share their views.

1.5 This Committee received feedback on the activities undertaken during the first four weeks of the consultation period on 15<sup>th</sup> November 2017. Due to the extension of the consultation and purdah requirements, this is the first opportunity the CCG has had to provide the Committee with details of the feedback from the consultation and how this is being considered.

1.6 This paper summarises the key themes from the consultation process and how the CCG is taking the feedback into account. The full reports on the consultation feedback are attached as appendices A, B and C.

## **2 The consultation process**

2.1 As set out in the consultation plan previously presented to the Committee, the objectives of the consultation were to:

- Facilitate genuine and meaningful engagement with patients, the public and health professionals to determine the most effective approach for delivering urgent primary care.
- Reach as many people as possible across Sheffield
- Ensure engagement with all sectors of our communities, including groups traditionally classed as 'hard to reach' or 'seldom heard'.
- Generate discussion and feedback from stakeholders to help inform decision-making and identify solutions to issues raised.
- Build on the learning from pre-consultation engagement to ensure that approaches meet statutory requirements and best practice.

2.2 The consultation aimed to raise awareness of the changes being proposed and give people a wide variety of opportunities to give their views. It included a focus on reaching people with protected characteristics and those from vulnerable groups or living in deprivation to help to ensure that the views of all communities in Sheffield were represented. This incorporated the learning from the engagement work carried out, and involved working with a wide variety of voluntary and community organisations.

2.3 Awareness raising

- 11,000 consultation summary documents and 750 full documents distributed across the city including to GP practices, community centres, leisure centres, libraries, lunch clubs, hospitals and university students unions.
- Versions provided in Urdu, Bengali, Mandarin and Cantonese and in audio and British Sign Language formats, and shared through relevant community groups.
- 30,000 postcards and 1,500 posters advertising the consultation and public meetings distributed to venues and handed out at markets, bus and train stations and the local universities.
- Publicised via local media, as well as articles in community magazines, the talking newspaper, political party newsletters and student

publications. In total, there were 34 separate media articles and features on the consultation.

- Social media also key to raising awareness with over 1400 views of our Facebook videos on the consultation and there was a dedicated section on the consultation on the CCG website.

#### 2.4 Engagement activities

- Three large-scale public meetings, plus 4 all day drop-ins at Stockbridge, Manor, Crystal Peaks and Firth Park libraries.
- Additional large-scale meetings for GP patient participation groups and students, plus large-scale drop-in event with Gleadless Valley Labour Group.
- Attended variety of focus groups, 16 community group meetings and 42 meetings with other stakeholders including partners, clinicians and staff working in the current services.
- Engagement via social media (NB: All feedback from Twitter and Facebook was included in the consultation analysis.
- Targeted work to increase responses from specific communities (see below)

2.5 Weekly updates were provided on the demographic data from responses so that the CCG could identify areas with lower response rates and target activity accordingly to reach under-represented groups and communities. These included Black, Asian, minority ethnic and refugee communities, people with sensory impairments, people with a mental health disability, young people and students, and homeless people.

2.6 Additional activities were put in place to encourage responses from these groups, with support from the Refugee Council, the student unions and student representatives, Springboard Cafes, the Improving Access to Psychological Therapies service, The Pakistani and Muslim Centre, Cathedral Archer Project, SOAR, Chilypep and ShipShape.

2.7 These updates also identified specific geographic areas with lower response rates, notably S1, S2, S3, S4, S9, S13, S14, S36. Again, additional activity was carried out to target these areas, including targeted mail outs, attending community forums at Manor, Park, Stocksbridge and Woodhouse, and the drop-in event in Gleadless Valley.

2.8 Despite the additional activity, concern remained about low response rates in several geographic areas. To address this and ensure views from all areas of the city were included in the responses, a telephone survey was commissioned to target people living in under-represented areas

2.9 To provide additional confidence that the consultation had captured views from all communities in Sheffield, an additional city-wide telephone survey

was commissioned. This provides a representative profile of Sheffield residents and captured a more randomised sample for comparison with the responses from self-selecting activities.

### **3 Consultation feedback**

3.1 All of the feedback we received has been independently analysed by external companies and their reports are included as appendices as below.

- Appendix A: Report by Engaging Communities on the feedback from all activities undertaken by NHS Sheffield CCG with the support of partners across the city
- Appendix B: Report by The Campaign Company on the findings from the selected postcodes telephone survey
- Appendix C: Report by The Campaign Company on the findings of city-wide telephone survey

3.2 These reports contain details of the methodologies used, the full questionnaire results and the key themes broken down by different cohorts of the population. The reports also include analysis of how representative the samples are compared to the Sheffield population across different cohorts e.g. protected characteristics, postcodes etc.

3.3 The main themes arising from the consultation are summarised below. To aid comparison, the results from the 3 sets of questionnaires are included in Appendix D.

#### **3.3.1 Areas that people were in favour of**

- Most people indicated that they would be happy to have an appointment at another local practice if it meant being seen quicker (although there was variation between different cohorts).
- The majority of patients would prefer to be seen in a practice in their local area rather than travel to an urgent treatment centre for minor illness symptoms.
- These views support the CCG's belief that the most appropriate place for the majority of patients needing treatment for urgent minor illness symptoms is within local practices.
- There was also strong support for an urgent treatment centre for children, based at Sheffield Children's Hospital as per the CCG's preferred option.

#### **3.3.2 Areas of particular concern**

- Locating services at the Northern General Hospital (NGH), particularly with regard to transport, journey times, parking and access for people in the south of the city
- Moving the minor injuries unit

- GPs' capacity to cope with more urgent patients and if this can definitely be achieved
- Loss of services in the city centre – strength of feeling that need urgent care services in the city centre (people were particularly in favour of maintaining the Minor Injuries Unit or creating an urgent treatment centre at the current Minor Injuries Unit location)
- Potential detrimental impact on vulnerable groups from moving the walk-in centre
- Potential exacerbation of health inequalities if the adult urgent treatment centre is sited at NGH UTC – particularly for the homeless and those who would find it difficult to travel to NGH.
- The 'do-ability' of delivering the general practice/neighbourhood aspects of proposals including resourcing (both staff and financial) and the lack of detail around their design

\*NB: Five petitions were received, including from the Sheffield Labour Party, and Sheffield Save Our NHS, which related to the proposals to relocate the minor injuries unit and walk-in centre services at Northern General Hospital.

### 3.3.3 Areas where there were mixed views

- Whether the proposals would make accessing urgent care simpler or easier
- Which would be the best option for an urgent treatment centre (divided between Option 1 or Option 3) but a significant number of people did not agree with any of the options or chose not to answer this question.
- Proposed changes to urgent eye care. (It was noted that while this wasn't a main focus of responses from the public, some strong concerns were expressed)

### 3.3.4 It was also noted that:

- The public response had focused on the elements of the proposals relating to the Minor Injuries Unit and Walk-in Centre, rather than the plans to improve GP access, which was the main tenet of the proposals.
- There were significant differences in the responses to the consultation survey and those from the telephone survey, with a more positive response overall from telephone survey participants.
- 50% of respondents to the consultation survey came from three postcode areas: S8, S10 and S11. The all Sheffield telephone survey was a stratified representation of the Sheffield population.
- Concerns were expressed around what was felt to be limited options and that there was not an option to retain the minor injuries unit or walk-in centre.
- There was no official response from Sheffield Health and Care Trust and it was felt very important that they should be involved in discussions going forward.

- There is a discrepancy between the views expressed by some GPs that they are managing urgent care well already and the views expressed by patients that they are unable to get urgent appointments.
- There was a willingness from providers to work with the CCG on addressing issues raised and exploring solutions.
- Queries raised around the data used had been investigated and additional data sought for verification.
- Regardless of the service model eventually implemented, further work is needed by the health care system to provide clear messages about where and when to access urgent primary care.

#### 3.3.4 Alternative suggestions

A number of alternative approaches were suggested in the feedback, although it should be noted that these were ideas/comments rather than worked up proposals and no detail was provided. These are set out verbatim below:

##### Adult Urgent Treatment Centre (UTC)

- Keep the Walk In Centre open (and shut the Minor Injuries Unit)
- Keep the Minor Injuries Unit open (and shut the Walk In Centre)
- Keep the Emergency Eye Clinic open
- Keep all of the services open (i.e. no change)
- Reinstate the A&E at the Royal Hallamshire Hospital
- Site the UTC at the Walk In Centre (instead of at the Northern General Hospital)
- Have an UTC in the south as well as one in the north i.e. 2 in the city
- Site the UTC at the Royal Hallamshire Hospital (instead of at the Northern General Hospital)
- Option 1 plus a second UTC at the Royal Hallamshire Hospital
- Set up a minor illness service alongside the Minor Injuries Unit at the Royal Hallamshire Hospital
- Develop an urgent care village where all aspects of urgent care could be provided
- Enable online consultations with staff at the UTC
- Provide an enhanced minor ailments Walk In Centre staffed by prescribing nurses and prescribing pharmacists at the Wicker Pharmacy and Mobility shop
- Keep all “primary care urgent activity” in primary care rather than establishing it at a secondary care provider site
- 4 UTC hubs in primary care

It should be noted that there were several suggestions about piloting the GP neighbourhood service to demonstrate it is deliverable before any decision is made regarding the location of the adult UTC and also

suggestions around increasing the role of pharmacists as a first point of contact for urgent care.

#### Urgent Eye Care

- Scale up the existing PEARS service (to accommodate urgent eye conditions). N.B: PEARS - the Primary Eye Acute Referral service – is an NHS service provided by local optometrists with enhanced training to treat minor eye problems and conditions, thus avoiding unnecessary referrals to hospital eye departments.
- Use optometrists working in clusters similar to neighbourhoods

## **4 Consideration of consultation feedback**

4.1 The CCG has been considering the feedback from all three reports in detail and exploring whether the issues raised in relation to the proposals can be mitigated. We have also been reviewing the alternative suggestions put forward through the consultation. This is being done in a number of different ways, some of which are set out below.

4.2 Work is being undertaken to provide further confidence in the ‘do-ability’ of delivering same day access for urgent primary care. This includes ongoing work with the neighbourhoods to share existing examples of good access and discuss how this could be replicated, the development of neighbourhood workforce, service and estates plans to support improvements in access (both planned and same day urgent) and progress on the potential solutions for inter-operability. Discussions have also commenced with the practices likely to be most affected by the proposed changes to confirm how they would manage the potential impact.

4.3 The CCG’s Governing Body reviewed the programme’s vision and strategic objectives in the light of the public consultation feedback. These were originally developed on the back of the public engagement undertaken in 2015 and 2016, so it was important to test whether these were in line with the views expressed by the public during the consultation process. The consultation feedback was felt to be in line with the pre-consultation vision and objectives, with strong support for the principle of a more sustainable and accessible primary care system. It was however recognised that the feedback questioned the ability of the proposed changes to achieve the vision and objectives.

4.4 A number of workshops have been held to discuss and review the feedback raised through the consultation with different clinical and commissioning audiences and the public, including CCG governing body members and current and potential providers.

4.5 The purpose of the workshops was to

- Provide stakeholders with an opportunity to review and discuss the themes/concerns arising from the public consultation
- Identify any mitigating actions for main concerns raised during the consultation

- Consider the alternative suggestions made during the consultation and if any evidence to suggest these would be a) viable or b) preferable to the options consulted on.

4.6 To support the consideration of the alternative suggestions, discussion has focused on their potential viability to ensure that any potential alternative options are properly considered.

4.7 The CCG has set up a Public Reference Group to work with us during the process of considering feedback to inform the final decision. This comprises members of the public who reflect the diverse communities across Sheffield, both in terms of location and those with protected characteristics under the Equality Act or who are from vulnerable groups.

4.8 Members of the group were recruited from GP patient participation groups networks, the equality hubs, representatives from community and partner organisations and the student unions, Healthwatch and Sheffield Save Our NHS.

4.9 The initial focus for the group has been to consider the issues raised in relation to transport and the alternative suggestions made. This was done at a workshop on 11 June and further activities are being planned.

4.10 All of these discussions will inform the recommendation of next steps to the Primary Care Co-Commissioning Committee.

## **5 Next steps**

5.1 Once the work to review the issues raised and alternative suggestions has been completed, a report will be brought to PCCC which sets out the CCG's response and proposed next steps.

5.2 Our initial aim was to do this in June but further time has been required to consider the outputs from the stakeholder and public workshops.

5.3 We are working towards bringing recommendations to PCCC for approval in October but this may be delayed if any further work is required

5.4 The timings will also need to accommodate the response from the Committee so that this can be considered before any recommendations are made.

## **6 Recommendations**

The Committee is asked to:

- Note the approach taken to the consultation
- Consider the feedback received and key themes identified
- Agree timings for providing NHS Sheffield CCG with a formal response to the consultation

Appendix A: Report by Engaging Communities on the feedback from all activities undertaken by NHS Sheffield CCG with the support of partners across the city



**Sheffield UC  
consultation final rep**

Appendix B: Report by The Campaign Company on the findings from the selected postcodes telephone survey



**Selected postcodes  
final report 120318.p**

Appendix C: Report by The Campaign Company on the findings of city-wide telephone survey



**Whole city report  
FINAL 090318.pdf**

Appendix D Summary of questionnaire responses

<b>Question</b>	<b>Main report (App. A)</b>	<b>Telephone survey – stratified Sheffield population (App. C)</b>	<b>Telephone survey – selected residents only (App. B)</b>
<b>1. Do you think these changes will make it simpler to know where to go if you need urgent care?</b>			
Yes	21%	54%	63%
No	65%	25%	19%
Not sure	14%	21%	18%
<b>2. Do you think that providing more urgent care in local communities will make it easier to get urgent care when you need it?</b>			
Yes	48%	75%	81%
No	26%	11%	7%
Not sure	26%	13%	11%
<b>3. Would you be happy to have your appointment at another practice in your local area if this meant you would be seen more quickly?</b>			
Yes	53%	62%	67%
No	28%	30%	23%
Not sure	20%	9%	10%
<b>3 If you need an urgent GP appointment and it's not relating to a longstanding health issue, would you rather be seen at</b>			
GP practice in my local area	80%	61%	54%
An UTC at NGH (for adults) or SCH (for children)	4%	8%	6%
Either	17%	31%	40%
<b>4 If you needed an urgent appointment would you find it more convenient to be seen during the day or in the evening?</b>			
Daytime	14%	22%	22%
Evening	13%	16%	20%
Either	73%	62%	57%
<b>5 Which of the 3 options for where urgent care services are provided would you prefer?</b>			
Option 1 (preferred)	31%	27%	40%
Option 2	5%	10%	12%
Option 3	16%	30%	37%

None of the above	49%	33%	11%
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#### Notes

1. The percentages have been rounded so will not all add up to 100% - please see full reports for detailed percentages
2. 'None of the above' was not an option included in the main consultation questionnaire, however significant numbers of patients left this question blank or stated none of the above. These have been included in the results above. The full breakdown of responses to this question are included on pages 19-21 of the full report.