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Ref: PM/ECSS



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Pat Midgley
Chair, Healthier Communities & Adult Social Care Scrutiny Committee
Sheffield City Council
Town Hall
Pinstone Street
Sheffield, S1 2HH

Tim Moorhead
Chair, NHS Sheffield Clinical Commissioning Group
SENT BY EMAIL ONLY

Dear Tim

Re: Urgent Primary Care Proposals

I am writing to you as Chair of Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee, to give you our formal response to your proposals for changing Urgent Primary Care Services in Sheffield.

1 Consultation Process

From the start of the consultation process, we were disappointed that the three options presented were very similar, all involving the closure of the Broad Lane Walk in Centre and the Minor Injuries Unit. For many, this was frustrating, and gave the impression that the consultation was a paper exercise. We were also disappointed at the lack of early public engagement in drawing up the proposals for consultation, and echo HealthWatch's concern that the public and statutory stakeholders were involved at a late stage and with limited opportunities to share their views.

We feel that it's really important that big changes to health services are done with people, not 'to' people – the overwhelmingly negative tone of the responses to the consultation suggest that on this occasion, the engagement process hasn't been effective in bringing the public on board with the proposals. We understand that during the public consultation, alternative options were suggested. We are keen to understand how the CCG has considered these alternatives, and whether any of them, or elements of them are feasible.

Key Issues

Do any of the suggestions raised through the consultation process provide feasible alternatives to the proposals that were consulted on, and how are they being considered by the CCG?

2 Proposed siting of the Urgent Treatment Centre at the Northern General

Concerns about access and capacity at the Northern General Campus are well known. Parking is a long-standing problem, and air quality has been highlighted as an issue. It is expensive and difficult to access by public transport for those in the south of the City, including our significant student population – and for many in the city would require 2 bus rides and a journey time of over an hour. The site is difficult to navigate once you are there, and Councillors have heard concerns from people who feel unsafe in the areas surrounding the Northern General, particularly at night.

We fear that this will deter people from seeking medical treatment at the appropriate time, which could lead to worse outcomes for patients, and higher costs for the health and social care system.

We also have concerns that the impact of these proposals may cross over into other health service areas –for example, people in the south of the City may choose to use services outside of Sheffield rather than face a difficult journey to the Northern General.

Whilst we recognise that the aim of the proposal is to create more capacity within urgent primary care so people who currently use the Walk in Centre will not need to travel to the UTC (our concerns about this part of the proposal are set out in the next section), current users of the Minor Injuries Unit – 18,000 per year, will in all likelihood need to be treated at the UTC. We have not yet seen any information about expected patient flow or traffic modelling to demonstrate the likely impact of the proposals on the Northern General site and surrounding area, or what might be done to mitigate this.

We were alarmed to see in the consultation report that senior managers at the Northern General raised concerns about their ability to accommodate the service. Overall, this leaves us unconvinced that siting a UTC at the Northern General is a viable proposal.

We recognise that there are national expectations around establishing Urgent Treatment Centres, but we are not clear how much these guidelines are driving the proposals. We would be interested to understand what would happen if Sheffield chose not to set up an Urgent Treatment Centre, or if current arrangements could satisfy the UTC guidelines. We'd also be interesting in any learning from other areas who have gone through similar changes – what has been the impact in other areas where walk in centres and minor injuries units have been closed.

Key Issues

Is there evidence available to demonstrate that siting a UTC at the Northern General is viable in terms of capacity and appropriateness of the site?

What would the impact of siting the UTC at the NGH be – in terms of patient flow, increased number of journeys, traffic modelling etc

How can access to services be improved for people in the south of the city, and those who would find it difficult to get to the NGH?

Are there repercussions to not following the national guidelines on Urgent Treatment Centres? Can the guidelines be met by retaining current arrangements? What have other areas done?

3 Increasing capacity within Urgent Primary Care

We know from talking to our residents that access to GP services is a really important issue in the city. We support the ambition to provide more urgent care in GP practices, however without any detail available about additional investment or how practices will work together in neighbourhoods to provide these additional appointments, we don't have confidence that the proposals will work.

For us, the detail of how far residents might have to travel to get to a GP practice in their 'local area' is incredibly important. It can be easier to travel all the way into the city by public transport than across a neighbourhood. We know that neighbourhoods vary in size, population, number of practices and how well developed they are in terms of working together – which leaves us with concerns that residents in some neighbourhoods might find it harder to access the additional appointments made available –resulting in a greater number of trips to the Northern General, with all the difficulties that entails, or not getting treatment. That the impact of closing the Walk-in Centre and Minor Injuries Unit may affect people in the city disproportionately is of great concern to us – we want to be sure that any changes to health services reduce health inequalities, not make them worse.

We understand that of the 60,000 walk-in centre appointments per year, users tend to come disproportionately from certain postcodes and certain practices – but we have not seen any projected patient flow analysis, and it has not been made clear to us how many additional appointments need to be created through these proposals, and in which parts of the city they need to be.

We understand that students are frequent users of the walk-in centre – and we would like to know if any specific work is being done to encourage students to register with GP practices, and whether there is enough capacity within the primary care system to accommodate them if they do.

We are concerned that some groups of vulnerable people who currently use the Walk in Centre – for example, people with mental illness, people with English as a second language, homeless people, will find it difficult to access the additional appointments via a telephone triage system – and we would like to understand the potential impact of the proposals on these groups, and any mitigations that are being considered.

The minutes from the Health and Wellbeing Board's consideration of Urgent Care in July 2017 supported proportionate re-investment into the areas of greatest need, but we have not been given any information about how the financial side of the proposals will work. We've been informed that the provision of additional urgent appointments in primary care is dependent upon investment that would come from closing the Walk in Centre and Minor Injuries Unit, however we would like to understand this in more detail. How much money will closing the Walk in Centre and Minor Injuries Unit free up? How much will it cost to establish the UTC? How much will be invested in primary care in the city, and in which parts of the city?

We are concerned about the capacity of the Primary Care system to make these proposals work. We are aware that practices find it difficult to recruit enough GPs, and whilst the CCG seemed confident that increasing the use of prescribing pharmacists and nurse practitioners will deliver the required number of additional appointments, we have not seen any workforce analysis to demonstrate what the workforce requirements of the proposals are, and whether that workforce is available in Sheffield.

We were also concerned to note that the consultation responses from primary care providers were not positive, leading us to question whether there is the willingness within the primary care system to make these proposals work.

Key Issues

How will the Neighbourhoods work together to provide additional appointments, is there evidence to demonstrate that this approach will work?

How many additional appointments are needed and in which parts of the city? Which groups and communities will be most affected by the proposals and what are the mitigations?

What are the workforce requirements and is the workforce available in Sheffield?

Is there evidence available to demonstrate that the primary care system is willing and able to make these proposals work?

How will the finances work? How much will it cost to create an Urgent Treatment Centre? How much will be invested in Primary Care, and in which areas/practices in the city?

Through our work as a Scrutiny Committee, we want to support and improve the NHS in Sheffield, and our aim has been to engage constructively with the CCG on these proposals. Overall however, we don't feel that we have seen sufficient evidence to assure us that the proposals are in the best interests of Sheffield people. We look forward to receiving your response to the issues we have raised, and trust that you will seriously consider our concerns as part of your decision making process.

Yours sincerely

A handwritten signature in black ink that reads "Pat Midgley". The signature is written in a cursive style with a large initial 'P'.

Pat Midgley
Chair, Healthier Communities and Adult Social Care Scrutiny Committee.

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