

Working with you to make Sheffield

H E A L T H I E R

NHS

Sheffield

Clinical Commissioning Group

Making urgent care work better in Sheffield

Have your say



Public Consultation – 26 September to 18 December 2017



NHS 111
(telephone
24hrs)



Local GPs



Pharmacy



**Walk-in
centres**



**Minor
injuries
units**

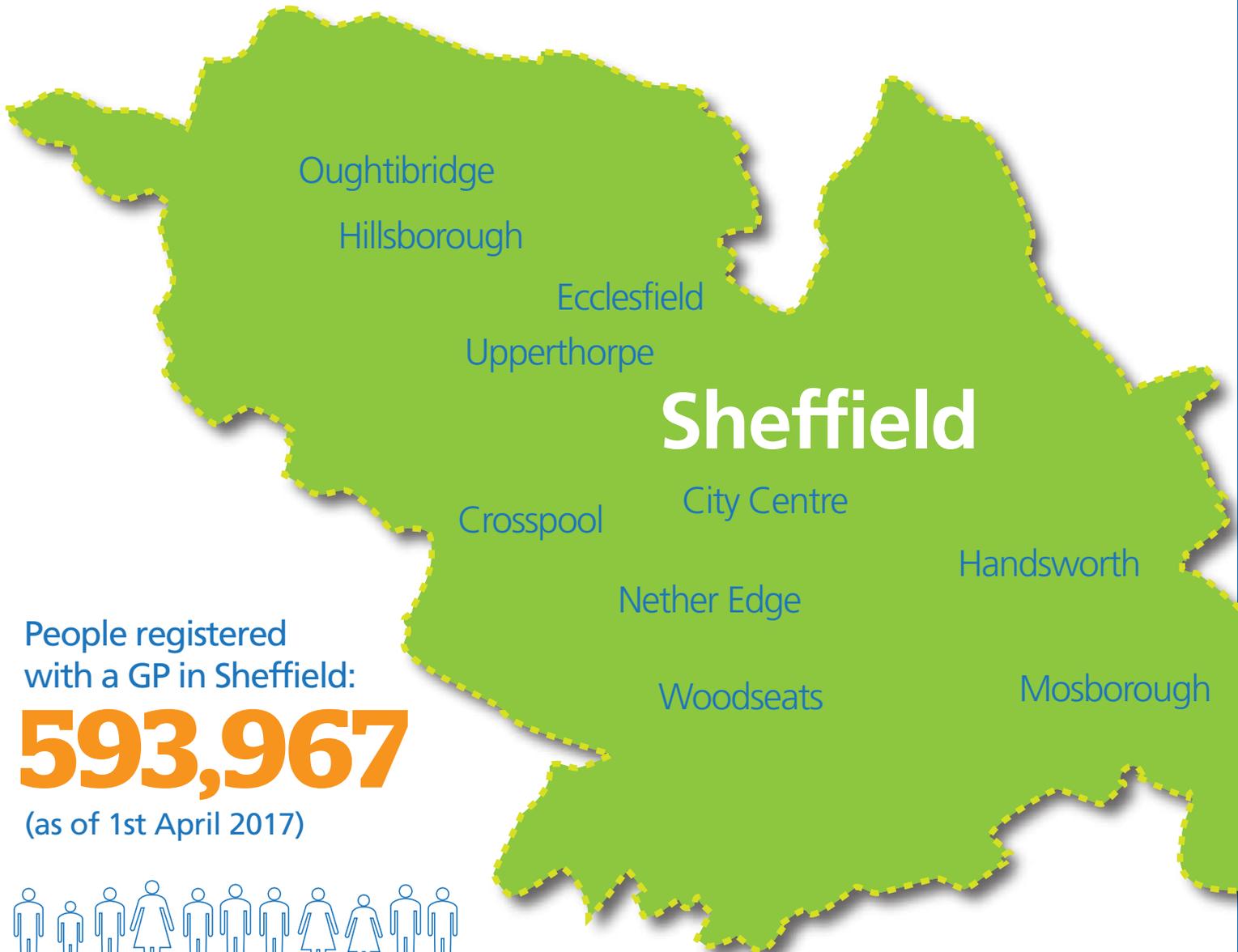


**Urgent
eye care**



**Urgent
treatment
centres**

About Us



People registered with a GP in Sheffield:

593,967

(as of 1st April 2017)



We are NHS Sheffield Clinical Commissioning Group (CCG)

Clinical

we are made up of GPs and other healthcare professionals who know your health needs and how to meet them.

Commissioning

we plan, buy and monitor the majority of local health services that you need and use, on your behalf, such as those from hospitals and community services.

Group

we are an NHS organisation working on behalf of 81 Sheffield GP practices, accountable to you, the taxpayer.

What's that when it's at home?

We've tried to keep healthcare jargon to a minimum in this guide but if you're not sure about a term, head to our Glossary on page 15.

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1. Making urgent care work better in Sheffield

Thank you for taking the time to read this booklet which provides you with an opportunity to have your say about some important changes we want to make to healthcare services in Sheffield.

Regardless of whether you're a resident or a visitor to Sheffield, it's important to know where to turn when you need healthcare quickly.

By this, we mean a health problem that you think needs to be looked at by a healthcare professional, within the next 24 hours. We call this 'urgent care'. It does not mean an illness or injury that's life-threatening where you would call 999 or drive straight to A&E – which is known as 'emergency care'.

Over the past two years, we have talked to thousands of people across the city about urgent care. They've told us overwhelmingly that they find the current system confusing and aren't always sure where to go to get the care they need. Many people have also told us that they find it hard to get an urgent appointment with their GP or feel they have to wait too long for non-urgent appointments. Combine this with the latest national guidance and it shows that the current arrangements are not good enough for patients, or the NHS.

To change this, we want to simplify services and make it as easy as possible for you to get the best care whatever part of the city you live in.

This includes making some changes to the current services we have to make sure people get the right care as quickly as possible. We also want to improve access to GP appointments to guarantee that everyone who needs an urgent appointment can get one within 24 hours, and mostly on the same day. This will help make sure people can get urgent care close to their homes wherever possible.

For us to do this, we need your views on some options that we have developed which we believe can deliver better urgent care in Sheffield by April 2020. The views of local people are extremely important to us so that's why we are contacting you.

This document explains the changes we are proposing to make and why, and the three different options for where some of the services would be provided. We believe these changes will mean better urgent care for everyone in the city and we would like to know what you think of them and which option you think is best for Sheffield. There are lots of ways to find out more and have your say, which are also included in this document. The closing date for comments is 18 December and no decisions will be made until after we have reviewed all the feedback at the end of the consultation. We look forward to hearing from you.



Maddy Ruff
Accountable Officer NHS Sheffield CCG



Dr Tim Moorhead
Chair NHS Sheffield CCG

2. What is urgent care?

When we talk about 'urgent care', it simply means 'a sudden healthcare problem that needs an appointment within 24 hours with a healthcare professional but is not life-threatening'. This includes urgent care for both physical and mental health including minor injuries and illnesses plus urgent eye care.

At the moment, urgent care is delivered in many ways across Sheffield:



GP access

Right now, most people call their GP practice for an urgent appointment. When there are no same-day appointments left, there is a small number of extra evening and weekend appointments, available at selected sites across the city. When GP practices are closed, most people choose to call NHS 111, visit the walk-in centre or sometimes, people choose to go to A&E. Unfortunately, this service is for emergencies NOT urgent care but it is sometimes used inappropriately because people can't get a GP appointment quickly enough.



Minor illnesses and injuries

People are not always sure where to go to get the care they need especially when it's a minor illness or injury. The walk-in centre in the city centre deals with minor illnesses. The minor injuries unit, located at Royal Hallamshire Hospital, deals with minor injuries for adults. Children with minor injuries are seen at the Emergency Department Sheffield Children's Hospital. When people aren't sure which service treats what, they sometimes end up having to be redirected to different services, causing additional stress and inconvenience on top of feeling unwell.



Urgent eye care

When people have an urgent eye care problem, they often visit their local optician or pharmacist first which is the best course of action. When these services cannot help, people are signposted to an appointment at the Emergency Eye Clinic located at the Royal Hallamshire Hospital which is open during the week, or the Emergency Department at Northern General Hospital. Children that need urgent eye treatment are seen at Sheffield Children's Hospital.



Should I ring 111?
Should I go to the walk-in centre?
Can I get a GP appointment today?
Should I just sit and wait at minor injuries?
Can my pharmacy help?
Does the walk-in centre treat that?
Is my GP practice open right now?

Choosing the right service when you need healthcare in a hurry can be difficult. We want to make sure you get to the right place, first time and as quickly as possible.

3. Why do we need to change?

We need to change urgent care services in Sheffield because:

Services are confusing and vary across the city

- We know that access to urgent appointments at practices varies significantly across Sheffield, as does the time people wait for a planned appointment. This isn't fair and has a knock on effect for the rest of the system.
- Our data suggests that patients are not always seen in the most appropriate place first time. The number of different services to choose from means that people sometimes select the 'wrong' service, which causes extra travel and costs, longer waits and delays in their treatment.
- Some patients have told us they cannot use some of Sheffield's urgent care services right now because of barriers such as the cost of public transport, access to a phone and interpreter requirements.
- Healthcare professionals have challenges too, particularly trying to communicate and share patient information across lots of different services. Having just one care record for each patient would make things easier and it's something we're working on.

Demand keeps on growing

- Demand for urgent GP appointments is increasing significantly and is not sustainable. This also has a significant impact on waits for non-urgent appointments and makes it harder for practices to support patients with ongoing health needs who need to see the same healthcare team regularly in order to keep them well.
- The demand for urgent care services has a knock on effect for other healthcare providers in the city too. We know that around 1 in 4 people who go to A&E could have been treated more appropriately elsewhere. If we can improve access to GP services, this will help to reduce some of the pressures on A&E.

Best use of resources

- Right now in Sheffield, we have too many services that are providing similar treatment, often at the same time. This not only causes confusion for patients about the best place to go but is not good use of NHS resources.

- The CCGs has a duty to ensure that it buys services which provide value for your money.
- We believe we can get greater value for money if we invest more of this money in primary care and our GP practices.

Do you need to see a GP?

Some GP practices in Sheffield operate a telephone triage system where you can call up in the morning and speak to a doctor or nurse to request an appointment.

Earlier this year, 21 GP practices in Sheffield tracked their calls more closely than usual on an agreed day and then reviewed whether patients had been seen by the right healthcare professional. This found:

- 1040 patients contacted these practices for an urgent same-day appointment
- 40% of people who call didn't need an appointment as were prescribed medication or given advice on how to treat themselves over the phone.
- 32% of patients seen that day could have had a planned appointment rather than an urgent appointment
- 7% could have been seen by a pharmacist
- 6% could have been seen by a mental health practitioner

Workforce challenges

- Unfortunately, national staff shortages means that we don't have an endless supply of doctors and nurses. We need to look at different ways of working to support staff and make sure people get the care they need.
- This might mean organising services in different ways or making sure we use the skills of other health professionals. For example, many people who go to see a GP could actually have got the care they need from a different primary care professional, such as a nurse or pharmacist, or mental health specialist.

What does 'continuity of care' mean?

For people that have long term health conditions, seeing the same team of GPs and other healthcare professionals at their local GP practice can quite literally mean the difference between safe, well-managed healthcare at home and going in to hospital.

Evidence overwhelmingly shows that when we treat people living with long-term illness as close to home as possible, delivered by the same familiar faces, it improves health outcomes overall and saves the NHS money from a reduction in unnecessary hospital admissions.

When we've asked people that only use healthcare services now and again, they tell us that seeing the same healthcare professional isn't always as important to them but timely, convenient access is.

National policy and best practice

- Clinical evidence reinforces the need to change how we deliver urgent care in Sheffield, notably around continuity of care (see What does 'continuity of care' mean? box for details). Our healthcare professionals overwhelmingly agree that providing patients with continuity of care is important when it can positively impact on health outcomes.
- CCGs have to follow national guidance and policies, including the recent requirements to establish urgent treatment centres. You can read more about what an urgent treatment centre is in the Glossary on page 15 and the clinical evidence and recommendations made by NHS England are available on our website www.sheffieldccg.nhs.co.uk.
- A number of professional health bodies recommend that urgent treatment centres should be located alongside A&E because it helps to manage demand from patients who continually choose to go to A&E for urgent care. It also means A&E staff can concentrate on what they are specifically trained in which is 'emergency medicine' for patients with life-threatening injuries and illnesses.
- National guidance also recommends that GP practices work together to help manage the demands of their local populations and improve access by 2020. Our proposals take this into account and build upon the excellent work already being piloted by local GPs to increase access over seven days.

4. What have people told us so far?

During 2015 and early 2016, our CCG teams together with Healthwatch Sheffield, spent some time with local people to understand their experience of urgent care in the city. In 2017, we built on this by talking to specific communities and vulnerable groups whose voices weren't heard in previous discussions. We used discussion groups, questionnaires and waiting room surveys and worked closely with voluntary sector organisations. These are the key themes that emerged:

WE SPOKE TO NEARLY **1,000** people FROM A WIDE RANGE OF BACKGROUNDS 

“It's not working”



Needing healthcare in a hurry

- Fed up and confused as to what services to use and when.
- Not always treated in the most appropriate service. Feel frustrated when transferred to another service.
- Really want to see alternative services closer to home.
- Different knowledge of services across city. Want to see better signposting to services rather than being left to choose alone.
- Cost of public transport and car parking are key issues for some.



Advice from pharmacist

- Local pharmacy is often first point of call when needing urgent advice especially with vulnerable groups in the community.
- Want to self care but need more support from health professionals.



Minor injuries unit

- People are not always clear what the minor injuries unit does or when to use it.
- Students are the highest users of the minor injuries unit.
- People told us they mainly used it as was near to where they were when they became ill.
- Information shows that at least 10% of people who go to the minor injuries unit have a minor illness and need to be redirected to a different service.



Accident & Emergency

- Some people told us they attended A&E numerous times because of lack of urgent GP appointments.
- They know it is not the best place to go but often don't feel they have another choice.



Wider health and care issues

- System doesn't work together well or communicate properly.
- Want mental health to be treated same as physical health. Experience of accessing urgent care for mental health often poor.



GP appointments

- Want to visit GP practice but can't always get an appointment
- Access to urgent care at GP practices varies across the city. Practices book and manage appointments differently.
- When timely GP appointments aren't available, people end up using other services for convenience or because symptoms have got worse.
- 'Walk and wait' is only option for some people that don't have access to a phone or credit to make calls and sometimes there aren't enough appointments to see everyone who is waiting.



Walk-in centre

- Many people told us they only use the walk-in centre when their GP practice is closed or no appointments are available.
- Some choose not to use walk-in centre because specialist support isn't there and don't want to share story with 'strangers'.
- Students and young professionals are the highest users of the walk-in centre. Less than 3 per cent revisit and most arrive by car.

What services and practices told us

Managing demand, staffing levels and communication between providers are some of the main issues we've heard from GP practices and other healthcare providers in the city. Everyone accepts that change needs to happen but 'when' and 'how' is now the challenge. That's why we've worked closely and involved clinicians from the start to help develop the proposals in this consultation.

We will continue to work closely with providers and GP practices on how we can make urgent care better in Sheffield because any change would affect them too. National issues around recruitment and staff shortages mean that staff are under increasing pressure.

What does all this feedback tell us?

- We need to do things differently to meet people's needs and the increasing demand for urgent care.
- We need to keep things simple and make it easy for people to get to the right service first time.
- Speaking to an expert first will make sure people get the care they need as quickly as possible.
- If we can make it easier for people to get appointments at GP practices, fewer people would need to travel to other services or go to A&E when they don't need emergency care.
- Access to services varies across the city – we need to make sure everyone can get urgent care when they need it.
- Providing more booked appointments would mean fewer people would have to sit and wait for treatment.
- We need to use the skills of different health professionals to meet people's urgent care needs – for example mental health specialists or pharmacists.
- We need to make sure that people with ongoing health needs can get continuity of care.
- We need to make sure we meet the needs of vulnerable groups.

The full feedback reports are available on our website at www.sheffieldccg.nhs.uk or by calling 0114 305 4609.



5. How we developed our options

We started by developing a large number of potential options that we thought might make urgent care services better. We did this through talking to patients, the public, hospital consultants, staff at the walk-in centre, voluntary community groups and healthcare professionals in primary care at length.

From a clinical perspective, we looked at the priority areas and talked about the ways we could all work differently to deliver the right urgent care services in Sheffield. This was the first stage of developing our options.

Appraisal process

We then went through two more stages to narrow down the number of potential options to six and then finally to three, using a set of criteria to assess them against. This was done by a group of GPs, patient engagement professionals and staff working in primary care.

The criteria developed to assess the options included questions such as:

- Does it simplify access to urgent care?
- Would these services be easy to access?
- Does this option ensure care is delivered at the right place, first time?
- Is this option sustainable for our workforce?
- Does this make provision of services 'fairer' and reduce health inequalities?
- Does this option support better joined-up working in Sheffield?
- Is this option sustainable and does it present value for money?
- Does this meet national standards and requirements?

The three highest scoring options are the options we have put forward for consultation, details of which are on the next page.

The other three scenarios scored significantly lower because they:

- Didn't enable care to be delivered in the right place, first time
- Limited or prevented the ability for staff to work in a joined up way
- Didn't offer the potential to sustain the workforce needed



6. Our options

We are proposing to:

Change the way you get urgent GP appointments

Groups of GP practices will work together to offer urgent appointments within 24 hours. People will be assessed to decide if they need to be seen at their own practice for continuity of care or if they can be seen at a different GP practice in their local area.

Change where people would go for minor illness and injuries

The walk-in centre on Broad Lane and minor injuries unit at the Royal Hallamshire Hospital would be replaced with urgent treatment centres at Northern General Hospital and Sheffield Children’s Hospital which would offer booked appointments as well as walk-in appointments. This would make it simpler for people to know where to go for treatment if they chose to go directly to the service.

Change where you go for urgent eye care

Urgent appointments would be offered at locations across the city with extended opening times making it easier for people to get care closer to where they live. Emergency eye care (sight-threatening conditions) would continue to be provided at the Hallamshire.

Improve the way you access services

Introduce an improved system where you can contact your practice or 111 and be assessed over the phone. You will then be booked an appointment or signposted to the right place for the care you need.

There are **three options** for how the urgent treatment centres (UTC) could work and we want to know which one you prefer.

Adults

Children

Option 1

Both minor illnesses and minor injuries at UTC at Northern General Hospital

Minor illnesses - UTC at Sheffield Children’s Hospital

Minor injuries - Emergency dept at Sheffield Children’s Hospital

Option 2

Both minor illnesses and minor injuries at UTC at Northern General Hospital

Minor illnesses – UTC at Northern General Hospital

Minor injuries – Emergency dept at Sheffield Children’s Hospital

Option 3

Minor illnesses – UTC at Northern General Hospital

Minor illnesses – UTC at Sheffield Children’s Hospital

Minor injuries – Emergency dept at Northern General Hospital,

Minor injuries - Emergency dept at Sheffield Children’s Hospital

Note: the feasibility of option 3 would depend on the outcome of financial discussions with the provider.

Out of the three options for urgent care, the CCG believes **Option 1** is best because it is the simplest of the three.

Under all three options, this will mean that:

- People could better access urgent appointments within 24 hours because GP practices would work together to manage these types of appointments.
- GP practices could better care for patients that need continuity of care (with longer appointment lengths if needed).
- People are treated by the right healthcare professionals – if someone turns up at A&E with a minor injury or illness, the right professionals are close by to help.
- There would be better value for money for Sheffield taxpayers as we would no longer need the NHS walk-in centre or minor injuries unit because there would be better access to GP services – and if you really prefer to sit and wait, you would be able to do this at the urgent treatment centres.

What is an urgent treatment centre (UTC)?

This is an entirely new service that we need to introduce in Sheffield following national guidance and it makes great sense for patients and clinicians alike:

- Led by GPs who oversee a range of primary care health professionals.
- Ideally located near A&E departments so that people can be transferred between services quickly if needed.
- Treats minor illness and injuries including minor head injuries.
- Provides direct access to simple diagnostics such as x-rays, blood tests, ECGs, emergency contraception and mental health advice/services.
- Open 365 days a year.
- Offers both pre-booked and 'walk-in' appointments.

You can read more about urgent treatment centres on our website www.sheffieldccg.nhs.uk.

Why urgent treatment centres instead of walk-in centres and minor injuries units?

- Less confusing because they treat both minor illnesses and minor injuries in one place.
- Locating them near hospital services means that people who go to A&E for urgent care can be easily sent to the right service for their needs and vice versa.
- Urgent treatment centres are led by GPs which means that staff would be able to access your patient care records. The walk-in centre and minor injuries unit cannot do this.
- You can get a booked appointment, meaning you do not have to turn up and wait unless you want to.
- It is a national requirement to provide urgent treatment centres.

How will it work?



Who you gonna call?

Under all options, the advice to people would be to **contact their GP or NHS 111** if they need urgent care for a minor injury or illness. This way, people can be offered an appointment at the best place for the care they need. If people prefer to sit and wait though, the walk-in option is still available at the urgent treatment centres.

Under all options, you will always get to the right place **first** if you contact your GP or NHS 111 **first**.

Urgent appointments to see a GP

If you need an urgent GP appointment you will contact your practice or 111 and they will help you access the care you need quickly:

- If you need continuity of care, seeing the same healthcare team for your ongoing condition, then you will be seen in your own GP practice in hours.
- If you need an urgent GP appointment but it is not for an existing or long-term condition, you will be offered an appointment but it may be at a practice close by. GP practices already work together and will do this even more so you can get the care you need quickly.
- In the evenings and at weekends, urgent GP appointments will still be available at a practice but you might have to travel a little further, or you will be offered a booked appointment at the urgent treatment centre.
- All this will be done by contacting your GP practice or 111 – they will book the appointment for you and signpost you to the right place for the care you need.
- People will still be able to get a walk-in appointment at the urgent treatment centre if they want one.

7. How might things look in the future?

GP access



Current Services

- Right now, most people call their GP practice for an urgent appointment.
- Extra GP appointments are available in the evenings and weekends at four locations across the city.
- There is a GP out of hours centre located at Northern General Hospital at evenings and weekends. Available by appointment only.
- People also have the option to use the walk-in centre.

Future Services

- In the future, the advice to everyone would be contact your GP practice or NHS 111 first.
- If you have ongoing health problems and need continuity of care, you'll be seen at your GP practice.
- If you don't need continuity of care, you'll be seen at a GP practice that's in your area (but might not be your own GP practice. You will be seen by a GP or other health care professional).

Minor illnesses & injuries



Current Services

- The walk-in centre located in the city centre is open 8am-10pm 365 days per year. They deal with minor illnesses.
- The minor injuries unit located at Royal Hallamshire Hospital is open 8am-8pm 365 days per year. They deal with minor injuries for adults.
- When people aren't sure, they sometimes choose to visit A&E.

Future Services

- The walk in centre and minor injuries unit are replaced with urgent treatment centres (UTCs), in line with national policy.
- Under option 1 of the consultation, there would be a UTC for adults at Northern General Hospital and a UTC for children at Sheffield Children's Hospital. Both UTCs would treat both minor illnesses and minor injuries.
- Under option 2, a single UTC at the Northern General Hospital for adults with minor illnesses or injuries and children with minor illnesses. Children with minor injuries would continue to be treated at Sheffield Children's Hospital's emergency department.
- Under option 3, a UTC at Northern General Hospital for adults with minor illnesses and a UTC at Sheffield Children's Hospital for children with minor illnesses or minor injuries. Adults with minor injuries would be seen at A&E

Urgent eye care



Current Services

- The Emergency Eye Clinic located at the Royal Hallamshire Hospital is open weekdays by appointment only.
- Children that need urgent eye treatment are seen at Sheffield Children's Hospital.

Future Services

- Urgent eye appointments would be available in the community, in a number of locations. Emergencies will be seen at the Royal Hallamshire Hospital.
- Children that need urgent eye treatment will still be seen at Sheffield Children's Hospital.

No changes to emergency or planned care

8. Have your say

We are keen to hear your views, experiences and ideas about how we can improve urgent care services in Sheffield. There are lots of ways to get involved:

Complete the feedback form online at www.sheffieldccg.nhs.uk

OR

Complete the feedback form enclosed, tear out and post it back to us for free. Just write Freepost NHS SHEFFIELD CCG on the envelope. No stamp required.

Consultation Events

Public meetings with opportunities to hear lots more detail, ask questions and discuss the proposals:

| Venue | Date & Time |
|---|-----------------------------|
| Broomhill Methodist Church, 281-283 Fulwood Road, Sheffield S10 3BD | Tuesday 24 October 6-8pm |
| The Circle, 33 Rockingham Lane, Sheffield S1 4FW | Thursday 23 Nov 6-8pm |
| Carers Centre, Concept House, 5 Young Street, Sheffield S1 4UP | Wednesday 6 Dec 1.30-3.30pm |

Drop-in sessions for you to have an informal chat about the plans and give your comments will be held at:

| Venue | Date & Time |
|---|--------------------------------|
| Stocksbridge Library, Manchester Road, Sheffield S36 1DH | Friday 27 Oct 10am – 2pm |
| Manor Library, Ridgeway Road, Sheffield S12 2SS | Wednesday 1 Nov 10am – 5:30pm |
| Crystal Peaks Library, 1-3 Peak Square, Sheffield S20 7PH | Monday 6 Nov 10am – 5:30pm |
| Firth Park Library, 443 Firth Park Road, Sheffield S5 6QQ | Tuesday 14 Nov 9:30am – 5:30pm |

You'll also find our teams out and about in supermarkets, waiting rooms and a range of community organisations throughout the consultation. Follow us on social media or visit our website at www.sheffieldccg.nhs.uk for the up to date events list and to register, or give us a call on 0114 305 4609.

If you have any further questions, big or small, about this consultation:

Email us: sheccg.engagementactivity@nhs.net
Check the FAQs: www.sheffieldccg.nhs.uk
Twitter: @NHSSheffieldCCG
Facebook: www.facebook.com/NHSSheffieldCCG
Write to us: NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU
Call: 0114 305 4609

If you need this leaflet in a different language, audio, large print or braille, please email us at sheccg.comms@nhs.net or call 0114 305 1088

You have until 18 December 2017 to provide your feedback

This will help us decide which option is best for Sheffield which we shall tell you about in the New Year. We expect the planned changes to fully take effect by April 2020.

9. Glossary

Accident & Emergency (A&E)

Accident & Emergency is a service available 24 hours a day, seven days a week where people receive treatment for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, diabetic coma, bleeding from the gut, complicated fractures that need surgery, and other serious illnesses.

Care outside hospital

Care that takes place outside of hospital, in a community setting. This could be a patient's home, community bed or community health centre.

Emergency care

Lifesaving treatments and care that is provided in an A&E department.

General Practitioner (GP)

Your local doctor, who can help you with a whole range of health problems and refer you for specialist care or assessments if you need it. GPs usually work in practices as part of a team that includes nurses and other healthcare professionals, such as pharmacists.

Healthcare professional

Someone that is qualified to diagnose, treat and prevent illness, injury and other physical and mental conditions. Doctors, nurses, physiotherapists, healthcare assistants and pharmacists are all collectively known as healthcare professionals.

Health outcomes

A way of measuring how well someone is doing in their treatment and recovery.

Long term condition (LTC)

A condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies.

Mental health

A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Minor injuries unit

For less serious injuries, such as sprains, cuts and grazes.

Primary care

Care provided by GP practices, dental practices, community pharmacies and high street optometrists. It is many people's first (primary) point of contact with the NHS. Around 90% of patient interaction is with primary care services.

Self care

Individuals, families and communities taking responsibility for their own health and wellbeing.

Value for Money

Best possible balance between spending less, spending well and spending wisely.

Vulnerable people

Term applied to groups of people who, due to factors usually considered outside their control, do not have the same opportunities as other, more fortunate groups in society. Examples might include unemployed people, refugees and others who are socially excluded.

Walk-in centre

Walk-in services treat minor illnesses and injuries that do not need a visit to A&E.

10. Please give us your feedback

We want to know what you need from an urgent care service in Sheffield; what you think to our proposed options and how you feel about the possible closure and introduction of services across the city. Your answers will help us to make decisions about the services that are available to people in Sheffield when they feel unwell.

1. Do you think these changes will make it simpler to know where to go if you need urgent care? (by this we mean treatment for minor injuries or illnesses within 24 hours)

- Yes
- No
- Not sure

Please tell us why

2. Do you think that providing more urgent care in local communities will make it easier to get urgent care when you need it?

- Yes
- No
- Not sure

Please tell us why:

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?

- Yes
- No
- Not sure

4. If you need an urgent GP appointment and it's not relating to a longstanding health issue, would you rather be seen at:

- GP practice in my local area
- An urgent treatment centre at Northern General Hospital (for adults) or Sheffield Children's Hospital (for children)
- Either

Please tell us why:

5. If you needed an urgent appointment would you find it more convenient to be seen during the day or in the evening?

- Daytime
- Evening
- Either

6. Which of the three options for where urgent care services are provided would you prefer?

- Option 1** – an urgent treatment centre for adults at the Northern General Hospital and an urgent treatment centre for children at Sheffield Children's Hospital.
- Option 2** – a single urgent treatment centre for all adults and children with minor illnesses at the Northern General Hospital, and children with minor injuries will continue to be treated at Sheffield Children's Hospital's emergency department.
- Option 3** – an urgent treatment centre for adults with minor illnesses at Northern General Hospital and an urgent treatment centre for children at Sheffield Children's Hospital. A&E at Northern General Hospital would also take care of adult minor injuries.

7. Is there anything about the proposals that you feel would have a more positive or negative effect on you, and if so why?

8. Do you have any further comments, concerns or ideas about the changes being proposed:

9. Finally, please tell us if you are:

- a member of the public
- someone that works in primary care
- someone that works in secondary care

Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. S9, S35)

| | |
|-------------------|-------------------|
| Please enter here | Prefer not to say |
|-------------------|-------------------|

What is your gender?

| | | |
|--------|------|-------------------|
| Female | Male | Prefer not to say |
|--------|------|-------------------|

Transgender

Is your gender identity different to the sex you were assumed to be at birth?

| | | |
|-----|----|-------------------|
| Yes | No | Prefer not to say |
|-----|----|-------------------|

What is your age?

| | |
|-------------|-------------------|
| _____ years | Prefer not to say |
|-------------|-------------------|

What is your sexual orientation?

| | | | |
|-----------------------|--------------------|--------------------|--------------------------------------|
| Bisexual (both sexes) | Lesbian (same sex) | Gay man (same sex) | Heterosexual/Straight (opposite sex) |
| Other: Please specify | | | Prefer not to say |

What is your ethnic background?

| Asian, or Asian British | Black, or Black British | Mixed / multiple ethnic group | White | Other |
|-------------------------|---|--|------------------------|-------|
| Chinese | African | Asian & White | British | Arab |
| Indian | Caribbean | Black African & White | Gypsy/Traveller | |
| Pakistani | | Black Caribbean & White | Irish | |
| Other Asian background | Other Black background | Other Mixed / multiple ethnic background | Other White background | |
| Prefer not to say | Other: Please specify any other ethnic group here | | | |

Do you consider yourself to belong to any religion?

| | | |
|-------------|-------------------|-----------------------|
| Buddhism | Christianity | Hinduism |
| Islam | Judaism | Sikhism |
| No religion | Prefer not to say | Other: Please specify |

Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

| | | |
|-----|----|-------------------|
| Yes | No | Prefer not to say |
|-----|----|-------------------|

If yes above, what type of disability do you have? (Tick all that apply)

| | | |
|--------------------------------|---|-------------------------|
| Learning disability/difficulty | Long-standing illness or health condition | Mental Health condition |
| Physical or mobility | Hearing | Visual |
| Prefer not to say | Other: Please specify | |

Do you provide care for someone?

Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.

| | | |
|-----|----|-------------------|
| Yes | No | Prefer not to say |
|-----|----|-------------------|

Where did you hear about this consultation?

| | | |
|-----------------|-----------------------|-------------------------|
| Local newspaper | Twitter/Facebook | Leaflet in public venue |
| Website | Public meeting | Word of mouth |
| Email | Other: Please specify | |

Thank you for taking the time to complete this form.



If you have any further questions, big or small, about this consultation:

Email us: sheccg.engagementactivity@nhs.net

Check the FAQs: www.sheffieldccg.nhs.uk

Twitter: @NHSSheffieldCCG

Facebook: www.facebook.com/NHSSheffieldCCG

Write to us: NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU