Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Urgent Primary Care Update Paper

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Primary Care Commissioning Committee meeting

17 May 2018

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Purpose of Paper

The purpose of the paper is to update PCCC on the actions and processes being undertaken to ensure the CCG thoroughly explores whether the issues raised in relation to the proposed options could be mitigated and considers the viability of the alternative suggestions put forward through the consultation seriously. The paper sets out the consequences of this in relation to revised timescales and also outlines how the CCG intends to involve the public in the process the CCG will be following to reach a decision.

Key Issues

The consultation feedback identified significant concerns with parts of the CCG's proposals and suggested 17 alternative proposals for consideration.

The process to work through these in a robust manner will take a month longer than originally planned but does increase the possibility of being able to share a draft of the options deemed to be potentially viable with the Adult Oversight and Scrutiny Committee prior to the June PCCC meeting.

This extension to the timeline will mean that the final decision on which service model to implement will be delayed until at least October 2018.

Is your report for Approval / Consideration / Noting

Approval/Noting

Recommendations / Action Required by the Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to:

- Note the reconfirmed pre-consultation vision and objectives for the programme and the updated rationales
- Confirm the process currently being following to consider the feedback is robust
- Agree to revised timescales for decision
- Agree to receive a further report in June 2018

Governing Body Assurance Framework
Which of the CCG's objectives does this paper support? To improve patient experience and access to care To ensure there is a sustainable affordable healthcare system in Sheffield
Are there any Resource Implications (including Financial, Staffing etc)?
Existing resources will need to be prioritised in order to ensure the relevant deadlines are achieved.
Have you carried out an Equality Impact Assessment and is it attached?
EIAs have been completed for the proposals that are the subject of the consultation and previously presented to the Committee
Have you involved patients, carers and the public in the preparation of the report?
The subject of this report is the feedback from consulting patients, carers and the public

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1. Introduction

1.1 PCCC accepted the Urgent Primary Care consultation feedback reports on 22nd March 2018 and noted the need to reflect on the feedback and the alternative proposals suggested during the consultation. The CCG planned to involve clinicians and provider stakeholders within this process between mid March to May 2018. The Committee agreed to receive a further report in May 2018 which planned to set out the CCG's response to the issues and suggestions raised through the consultation and proposed next steps.

1.2 This paper describes some of the actions and processes being undertaken to ensure the CCG thoroughly explores whether the issues raised in relation to the proposed options could be mitigated and considers the viability of the alternative suggestions put forward through the consultation seriously. The paper sets out the consequences of this in relation to revised timescales and also outlines how the CCG intends to involve the public in the process the CCG will be following to reach a decision.

2. Background

2.1 The CCG's proposals to redesign Urgent Primary Care 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 most of the time care is provided closer to you home so that fewer people have to travel outside their local area to receive urgent care

2.2 The consultation feedback confirmed that the majority of patients wanted to be seen in their local area, rather than travel to an Urgent Treatment Centre (UTC). Most would also be happy to have an appointment at another practice if it meant being seen quicker (although there was variation between different cohorts of the population). Concerns were however raised during the consultation about the 'do-ability' of this within the proposed timescales. There was also widespread support for an UTC for children, based at Sheffield Children's Hospital.

2.3 The consultation feedback did however identify significant concerns in relation to the CCG's proposed options for the adult UTC and some concerns in relation to the CCG's

proposed option for urgent eye care. In total, 17 alternative proposals were suggested for these two parts of the model. The CCG is considering and reflecting on this feedback by working through the process outlined below.

3. Testing the 'do-ability' of primary care access

3.1 A number of strands of work as part of the Neighbourhood, Active Support and Recovery and Urgent Primary Care Programmes are being progressed to provide further assurance that the CCG's intentions to improve primary care access are 'do-able' by the point at which the decision on the final model for implementation needs to be made.

3.2 This includes ongoing work with individual neighbourhoods to share existing examples of good access and discussions about 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 individual practices likely to be most affected by the proposed changes to identify how they would manage the potential impact.

3.5 The outputs from all of this work will be factored into the decision making process going forwards.

4. Process to reflect on the feedback and alternative proposals suggested

4.1 The first step in the process is to review 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. This was undertaken at a Governing Body development session. The consultation feedback was felt to be in line with the pre-consultation vision and objectives, although it was thought helpful to add further detail into the rationale/explanation behind each objective. An updated version of these is included at Appendix a) for approval by PCCC.

4.2 The second step is to consider and reflect on the feedback and alternative proposals suggested. The working group drafted an approach to provide PCCC with assurance that this will be undertaken in a robust manner and this has been reviewed by the Urgent Care Programme Board. The CCG is currently working through this stage of the process and it is set out below.

4.3 The 17 different proposals for the adult UTC and the urgent eye care solutions which emerged during the consultation were initially grouped into 11 options because some of the suggestions were very similar. These have subsequently been summarised into macro level options based on the number and location of the adult UTCs and urgent eye care – see Appendix b).

4.4 Workshops have been held/are planned to provide the platform in which to discuss and assess these options with different clinical and commissioning audiences, including Governing Body Members and current and potential Providers.

4.5 The purpose of the workshops is to

- Provide the audiences with an opportunity to review and discuss the themes/concerns arising from the public consultation

- Identify any mitigating actions for the options proposed in the consultation against the main issues identified as part of the consultation
- Consider whether each of the emergent grouped options would enable delivery of the programme's strategic objectives
- Form a group consensus on the potential viability of each grouped option and

4.6 The output from each workshop is a categorisation of each grouped option into one of 3 cohorts and an agreed rationale for any grouped options deemed to be potentially unviable. The cohorts have been defined as

- Potentially Viable (O*ptions to be seriously considered)*
- Potentially Debatable Viability (*Options that need to be considered/scoped in more detail before deciding whether potentially viable/unviable*)
- Potentially Unviable *(Due to unsustainable activity levels, affordability, logistical feasibility e.g. staffing, space or other reasons)*

4.7 It should be noted that none of the outputs from the workshops constitute a decision because of the conflicts of interest inherent in each of the audiences. Each audience does however have specific experience or knowledge that should be used to inform such a decision.

4.8 To date workshops have been run for CCG clinicians and commissioning managers, with a final workshop for current and potential providers happening on 8th May. It is anticipated that upon completion of the workshops, there are likely to be a couple of options that all the audiences have agreed are either potentially viable and/or potentially unviable. It is proposed that the justification for placing options in either of these categories will be reviewed and confirmed as appropriate by the Programme Board.

4.9 Based on the workshops already undertaken, there are also a number of options where one or more of the audience's consensus view is that their viability remains debatable. Further work will be undertaken internally to review these and indicate whether they are potentially viable or unviable. The Programme Board will review the rationale for these to confirm whether their classification is reasonable and justified.

4.10 It is currently proposed that PCCC will review and approve the categorisation and rationale of each option into the potentially viable or potentially unviable categories. Only options that PCCC agree are potentially viable would be progressed to a further feasibility assessment and a full options appraisal.

4.11 Given the number of options considered to be potentially debatable after the first couple of workshops and the timing of the provider workshop, it is proposed that this step will now be undertaken by PCCC at its June meeting. The Programme Board felt it was crucial to take the time necessary to review the options with key stakeholders and properly evaluate the potentially debatable options rather than rush the process in order to keep to the planned timescales. This slight delay also increases the possibility of being able to share a draft list of the potentially viable options with the Adult Oversight and Scrutiny Committee prior to the June PCCC meeting.

4.12 One of the consequences of this decision is that the final decision on which service model will be implemented will be delayed until at least October 2018. At this stage, it is still anticipated that PCCC will make the decision, although the CCG is in the

process of seeking legal advice to advise on whether Governing Body members' perceived conflict of interest could be mitigated to enable Governing Body to make the decision.

5. Public Involvement

5.1 The CCG has begun the process of organising an Urgent Care Public Reference Group to work with us during the next stages of the process. This group will bring together members of the public that reflect the diverse communities across Sheffield. Members of the group will be recruited through our Involve Me and Patient Participation Group networks, community and partner organisations, and individuals who engaged through the consultation process.

5.2 The purpose of the group will be to discuss the issues that have been raised as part of the consultation process in relation to transport and to help us assess the options appraisal criteria weightings that will be used to score viable options for the future of Urgent Care services.

6. Next steps

6.1 As outlined above, a further report will be brought to PCCC in June 2018 which sets out the CCG's response to the issues and suggestions raised through the consultation. The paper will propose which of the proposed and/or emergent options will be progressed to a further feasibility assessment and a subsequent full options appraisal. It is anticipated that a preferred service model for implementation would be brought to PCCC for approval in October 2018 at the earliest.

7. Action for Primary Care Commissioning Committee / Recommendations

7.1 The Primary Care Commissioning Committee is asked to:

- **Note the reconfirmed pre-consultation vision and objectives for the programme and the updated rationales**
- **Confirm the process currently being following to consider the feedback is robust**
- **Agree to revised timescales for decision**
- **Agree to receive a further report in June 2018**

Paper prepared by: Kate Gleave
On behalf of: Brian Hughes
Date: 3 May 2018

Vision for urgent care

Our new model of urgent care will provide the most appropriate response where needed in the most appropriate setting that is easy to understand and to access for both patients and clinicians

Pre consultation Objective	Rationale
Reduce duplication and simplify access	Patient feedback from Urgent Care Strategy and Vulnerable Groups engagement said this was key as current system is confusing and hard to navigate
Reduce inequalities	Patients are not accessing the current services based on levels of need. Some groups of patients are encountering barriers to access e.g. cost of public transport, access to a phone, interpreter requirements
Improve access to Primary Care services	Several primary care services are currently provided within secondary care. The range of primary care services also creates confusion and duplication. The improvement in access includes ensuring patients are signposted to most appropriate service and that all primary care services have access to the patient's record (if consent given)
Improve access to urgent care provided by GP practices (without detrimentally affecting waiting times for planned care)	Access to urgent appointments within practices varies significantly across Sheffield, as does the length of wait for a planned appointment. This creates further inequalities across the city. Signposting included as part of improving access will reduce inappropriate demand and help to manage patients' expectations
Support a sustainably resourced primary care	Primary Care within Sheffield needs further investment in order to provide a sustained service. This involves sustaining both the workforce and financial investment into practices
Encourage and support self care	Empowering patients to self care where appropriate encourages them to take responsibility and positive action for their health and wellbeing and reduces unnecessary interactions with urgent care services. It will include patient education and will help to reduce inappropriate demand and manage patients' expectations
Provide value for money	The CCG has a duty to ensure that it commissions services which provide value for money (spending less, spending well and spending wisely)
Deliver care locally and appropriately	Patient feedback had indicated that being able to access care locally is important but this has to be balanced to ensure that care is also appropriate for the population
Reduce pressure in Emergency Departments	Over the last year, STHFT have struggled to achieve the four hour A&E target. This is in part because of the volume of attendances, a proportion of which could have been managed within primary care
Contribute to or enable delivery of the national requirements	As stated in section 4 above, the system has to incorporate a number of national requirements into the services provided within Sheffield. The health and social care organisations within Sheffield have agreed to work in partnership as an ACP. The final model must enable partnership working.

Appendix B

Adult UTC Options Suggested During the Consultation			
Consultation Suggestion	**Reference under "Grouped" Options**	**Description**	**Macro Grouping**
• Keep all of the services open (i.e. no change)	1. Don't make any changes	No changes made to the system, WIC/MIU continue to operate as currently specified. ED at NGH.	No Change
• Keep the WIC open (and shut down the MIU) • Keep the MIU open (and shut down the WIC)	2. Only shut 1 service (either MIU or WIC)	Only shut 1 of the WIC/MIU, with the other remaining open "as is" in conjunction with an UTC at NGH	UTC at NGH with additional city centre service
• Set up a minor illness service alongside the MIU at RHH	3. Provide a WIC next to MIU at RHH	Minor injury and minor illness services co-located (but not combined) next door to each other at RHH. No UTC at NGH.	Central UTC
• Site the UTC at the WIC (instead of at the NGH) • Site the UTC at the RHH (instead of at the NGH)	4. Site the adult UTC in the city centre (at RHH or Broad Lane)	UTC is located at one of Broad Lane or RHH, with the other service being combined to form an UTC. ED would continue at NGH.	Central UTC
• Have an UTC in the south as well as one in the north i.e. 2 in the city • Option 1 plus a second UTC at the RHH	5. 2 adult UTCs – 1 at NGH and 1 in the city centre	2nd UTC to be located in the city centre (at the RHH) possibly) on conjunction with one of the proposed UTC options at NGH	2 UTCs (at Northern General and in the city centre)
• Develop an urgent care village where all aspects of urgent care could be provided	6. Create an Urgent Care Village for adults and children	All aspects of urgent care would be provided within one site. ED would remain as per current configuration at NGH.	Central UTC
• 4 UTC hubs in primary care • Keep all "primary care urgent activity" in primary care rather than establishing it at a secondary care provider site	7. All urgent care dispersed into hubs (no UTC)	No centralised UTC. All adult minor illness would be seen within primary care apart from OOH which would continue to be seen by GP Collaborative. Adult minor injuries seen by ED. Children's UTC in place as per proposed options 1 or 3.	Other Suggestions
• Provide an enhanced minor ailments WIC staffed by prescribing nurses and prescribing pharmacists at the Wicker Pharmacy and Mobility shop	8. Minor ailments service at the Wicker	Enhanced minor ailments service open evening & weekends, working in conjunction with UTC(s) in the city. Would be staffed by prescribing nurses and pharmacists.	UTC at NGH with additional city centre service
• Reinstate the A&E at the RHH	9. Reinstate A&E at RHH	A&E at RHH reopened, minor injuries seen at either RHH or NGH. No centralised minor illness service, instead seen within primary care barring OOH which would be seen by GP Collab. Children's UTC in place as per proposed options 1 or 3.	Other Suggestions
• Enable online consultations with staff at the UTC	Not referenced, an operational consideration of all of the above	Not a standalone option, suggestion that consultations with UTC staff are made available via the internet, e.g. telemedicine solution.	Other Suggestions

Eye Care Options Suggested During the Consultation		
Consultation Suggestion	**Reference under "Grouped" Options**	**Description**
• Keep the Emergency Eye Clinic open	1. Don't make any changes	Emergency Eye Clinic would continue to see both urgent and emergency patients as per current service configuration
• Scale up the existing PEARs service (to accommodate urgent eye conditions) • Use optometrists working in clusters similar to neighbourhoods	2. Provide urgent eye care in 'optometry cluster' locations	PEARS triage service scaled and care provided in local communities by optometrists working in clusters similar to Neighbourhoods.