

**Sheffield Accountable Care Partnership (ACP) Board  
Urgent Primary Care Review of Strategic Objectives**

**Date: 31<sup>st</sup> October 2018**

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<b>Sponsor</b>	<b>Brian Hughes – Director of Commissioning and Performance</b>
<b>Date</b>	<b>23<sup>rd</sup> October 2018</b>
<b>1.Purpose</b>	
1.1 The purpose of this paper is to update ACP Board of the outcome of the Urgent Primary Care Consultation and seek approval to agreeing to a system wide approach to addressing the challenges facing urgent primary care.	
<b>2.Introduction / Background</b>	
<p>2.1 The CCG undertook a consultation between September 2017 and January 2018, seeking public input into the proposals to reconfigure minor illness and minor injury in Sheffield. Since the consultation, analysis was undertaken of the consultation feedback and a final report and recommendations were brought to PCCC in September 2018. It was agreed that the approach and proposals would be reconsidered and options would be developed.</p> <p>2.2 Since the PCCC meeting, the Urgent Care Team have started to re-evaluate the drivers and root causes for change to be able to clearly identify our strategic objectives in improving urgent primary care and plan to continue this with partners and the public. In initial work, what is apparent is that the drivers and root causes impact the whole health and care system and to achieve success in addressing, require a wider system response, with contribution by all ACP workstreams.</p>	
<b>3.Is your report for Approval / Consideration / Noting</b>	
3.1 Approval	
<b>4.Recommendations / Action Required by Accountable Care Partnership</b>	
<p>4.1 Accountable Care Partnership is recommended to:</p> <p>4.1.1 Agree to the approach to identify the strategic objectives</p>	

4.1.2 Recognise the initial drivers and root causes for change, impact the whole system and that successful delivery to address these relies upon a whole system response.

4.1.3 The Board therefore is asked to provide strategic oversight and agree to delivery through the ACP work streams and Executive Delivery Group.

## **5. Other Headings**

5.1 Consultation Lessons Learnt

5.2 Consultation Feedback

5.3 Approach to successful delivery.

## **Are there any Resource Implications (including Financial, Staffing etc.)?**

A majority of the drivers and root causes raised are already being addressed through ACP work streams and therefore there are no resource implications in delivery. Some issues are not being addressed and will need to be. These can inform and be included in the refresh of the Place Plan for 19/20. However if nothing is done and status quo is maintained then resources (workforce, estate, diagnostics etc.) will continue to be stretched and patient satisfaction levels will remain poor.

**Urgent Primary Care  
Review of Strategic Objectives  
Sheffield Accountable Care Partnership Board  
31 October 2018**

## **1. Purpose**

1.1 The purpose of this paper is to update ACP Board of the outcome of the Urgent Primary Care Consultation and to seek approval on a proposed approach to refresh and delivery of the strategic objectives and in doing so provide oversight to get the best outcome for Sheffield people.

## **2. Introduction / Background**

2.1 The CCG undertook a consultation between September 2017 and January 2018, seeking public input into the proposals to reducing duplication and simplifying access to urgent care services; improving access to urgent care in GP practices; and reducing pressure on A&E. Following the consultation, analysis was undertaken of the feedback, reviewing the vision and objectives, considering the feedback in detail and exploring whether the issues could be mitigated and reviewing the alternative suggestions put forward. A final report and recommendations were brought to PCCC in September 2018. It was agreed that the approach and proposals would be reconsidered and new proposals would be developed. This is because whilst feedback was supportive of:

- the vision to ensure the most appropriate responses in the most appropriate setting that is easy to understand and access
- more urgent care in practices,
- a Childrens' Urgent Treatment Centre,  
and no negative evidence of the concept of an Adult Urgent Treatment Centre,

Many did not agree with the way we were proposing to achieve them and felt they were not clearly communicated. There was considerable opposition to the siting of a UTC at the Northern General Hospital, there were also a number of alternative suggestions put forward worth exploring and possible opportunities to do more to reduce health inequalities.

2.2 Since the PCCC meeting, the Urgent Care Team are starting to evaluate the approach taken to date to identify lessons learnt and to undertake a refresh of its strategic objectives, using a root cause analysis approach. The team is now planning to engage widely with partners and public to develop together a set of clearly defined objectives to improve urgent primary care, knowing that a do nothing option is not viable.

## **3 Consultation - Lessons Learnt**

3.1 On reflection we feel that there our approach could have be better. In summary:

- A clearer narrative would have assisted in the understanding of what we wanted to achieve. We covered a range of ideas within the consultation document, including neighbourhoods, primary care extended access hubs and broader primary care access. This meant our core proposals were somewhat lost and we were challenged for not being clear enough.

- Whilst our pre-engagement and consultation engagement was extensive, there were specific groups we could have engaged further.
- The public were keen to see more data and information to help them understand our problems and issues and more could have been done to make it more widely accessible.
- More engagement with our partners, stakeholders and public could have been undertaken in the shaping of our options and selection criteria.

#### **4 Consultation – Broader Learning**

- 4.1 The consultation feedback raised issues not specifically covered in the consultation process which can be included in refreshing our broader strategic objectives. These are
- People want more urgent care in GP practices
  - There was a strong feeling that more should be done to reduce health inequalities
  - There was concerns and interest around access to urgent primary mental health care
  - Access to and around the Northern General site was raised as a broad issue.

#### **5 Refresh of Strategic Objectives – Approach**

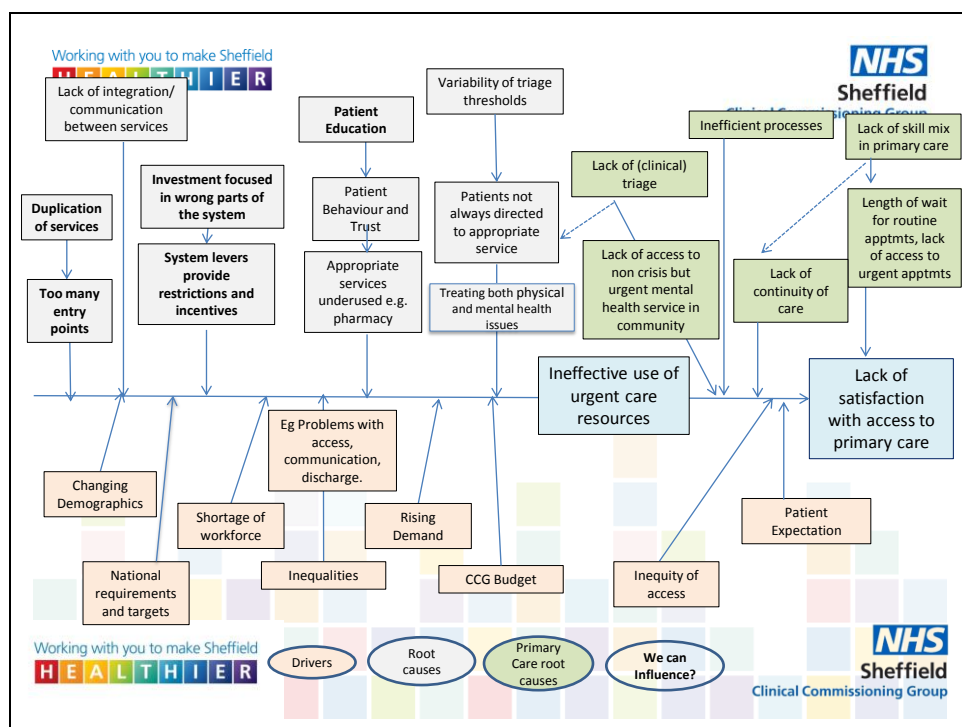
##### Engagement

- 5.1 We recognise that the development of our original objectives to address challenges of increasing demand, pressure on services and workforce sustainability was undertaken in the early stages of the Accountable Care Partnership. These challenges are system wide and therefore we are keen to refresh our approach and tackle these challenges with partners within the ACP context.
- 5.2 We are also not starting from scratch. There is a wealth of information drawn from our pre consultation engagement, engagement during and after the consultation which we can use to develop and deliver our strategic objectives. Reflecting on the lessons learnt, we will develop our objectives and options for delivery of our objectives with our partners and public in a more transparent way.
- 5.3 We will do this by reaching communities we haven't engaged with yet, through workshops with partners and public and more extensive engagement in developing our options and criteria for narrowing the options we will consult on.
- 5.4 We also recognise that a universal language is required to aid understanding. As we start to test our approach, we are hearing that 'urgent' 'primary' 'minor illness' community' have different meanings to different people and so we need to be very clear with our use of language and describe our objectives and proposals in a language understood by all.

##### Methodology

- 5.5 We propose to develop the strategic objectives by identifying the fundamental problems within urgent primary care in Sheffield and their root causes. A first draft of this is included below based on the public consultation feedback, but we intend to develop and refine this through dialogue with partner organisations and the public to ensure we reach a city wide consensus on the problem we are trying to address and its causes.

**Diagram 1: Root causes of 2 problems – Ineffective use of urgent care resources and lack of satisfaction with access to Primary Care.**



5.6 The root cause analysis will then inform the development of the selection criteria used to identify which options will be included in the public consultation on the reconfiguration of minor illness and minor injury services next year.

5.7 We propose to undertake most of this work through a series of workshops with partners and the public over the winter. These workshops will progress to consider the pathways of care necessary to address some of the root causes and will ultimately develop the list of potential options for the reconfiguration of minor illness and minor injury. We will create a design group including partner representatives to shape the workshops and options.

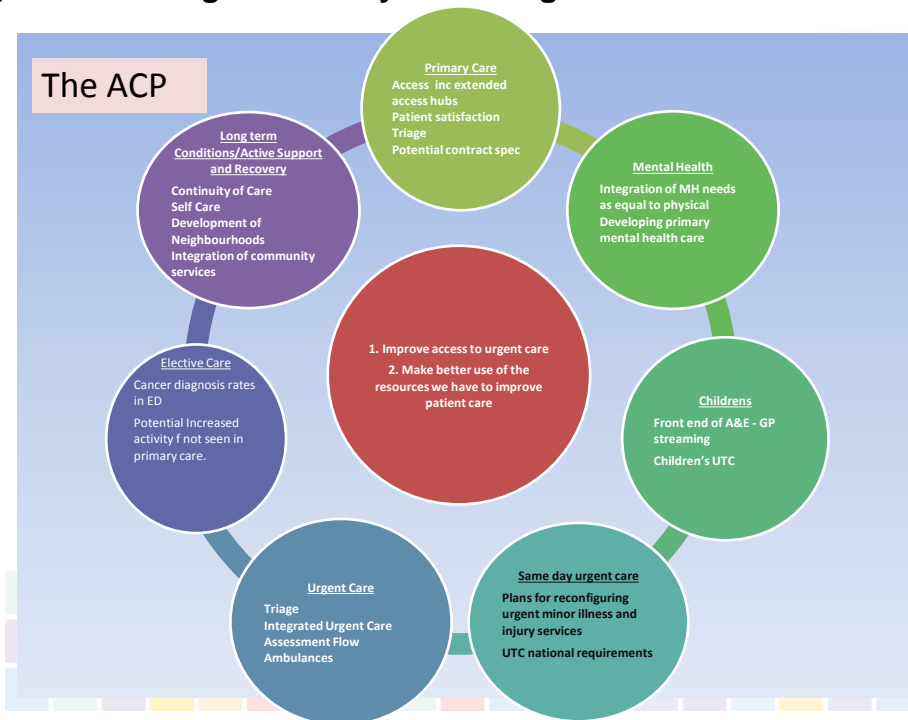
5.8 The work will then define what we will consult on. As stated in lessons learnt, we have to be more succinct and clear in our consultation documentation for the public to better understand the proposals and will only be consulting on the reconfiguration of minor illness and minor illness rather than wider programme improvements which belong in other work streams.

## 6 Why Accountable Care Partnership oversight.

6.1 It is clear from the initial work undertaken that the work streams which can address the issues and challenges we face are system wide and are also interdependent of each other. The diagram below presents the Urgent Primary Care review as existing ACP work streams and programmes as per diagram 1. The consultation programme is pictured separately to show that it is only one component of the programme.

6.2 Whilst we expect that the fundamental problems may change and the root causes will expand following the workshops, we believe that the problems will only be resolved or improved if most of the root causes are addressed.

**Diagram 2 The Urgent Primary Care Programme in the ACP**



6.3 Based on the initial undertaking, we know that some of the root causes are already being addressed within individual ACP work streams, as shown above such as neighbourhoods, improving general practice resilience and sustainability, risk stratification and continuity of care and primary mental health care. We also know that the key drivers for change have already being identified across the Partnership such as the high impact workforce programme. We believe that system commitment from all of the work streams and collective oversight will be required to deliver a successful outcome.

6.4 One of the draft objectives articulated in the root cause analysis is making better use of resources. For us, resource means workforce, systems, estate, value for money and the Sheffield pound. One organisation cannot do this by itself but together across the system, more can be done to deliver improvement. Our new proposals will aim to positively contribute to addressing this objective and will also plan to do more to reduce health inequalities. These fit in with the ACP's long term aims of :

1. Delivering tangible improvement in local health and wellbeing
2. Tackling persistent inequalities in health and wellbeing
3. Improving public engagement and empowerment
4. Ensuring the sustainability of the Sheffield health and care economy
5. Supporting a motivated and high performing workforce.

6.5 If agreed, the ACP Board will receive regular updates on progress of the Urgent Primary Care programme.

## **7 Recommendations**

7.1 The ACP Board is asked to:

- 7.1.1 Agree to the approach to identify the strategic objectives
- 7.1.2 Recognise the initial drivers and root causes for change impact the whole system and that successful delivery to address these relies upon a whole system response.
- 7.1.3 Provide strategic oversight and agree to delivery through the ACP work streams and Executive Delivery Group.