

**Urgent Care Review of Strategic Objectives**

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**Primary Care Commissioning Committee meeting  
 21 March 2019**

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<b>Purpose of Paper</b>	
<p>The purpose of this paper is to update PCCC of the progress made on the review of urgent care since it took the decision in September 2018 to agree that the approach and proposals would be reconsidered.</p>	
<b>Key Issues</b>	
<p>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>Since the PCCC meeting, the Urgent Care Team, working with partners and public representatives, have started to re-evaluate the drivers and root causes for change to be able to clearly identify the strategic objectives in improving urgent care</p> <p>Key points include:          Problems and Issues identified so far cover a wide range of issues across the urgent care system and therefore the Review has secured additional oversight from the Accountable Care Partnership.</p> <p>Public Reference Group and Partner workshops have revised the definition of urgent care and started to identify problems and issues with patients' journeys.</p> <p>Engagement with groups and communities who were underrepresented in the last consultation has started.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by the Primary Care Commissioning Committee</b>	
<p>The Primary Care Commissioning Committee is asked to:          Note the approach and progress made so far with the urgent care review</p>	
<b>Governing Body Assurance Framework</b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b>          To improve patient experience and access to care          To ensure there is a sustainable affordable healthcare system in Sheffield</p>	

<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
No.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<i>An Equality Impact Assessment was undertaken before the consultation.</i>
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
The report describes how patients, carers and the public have been involved in this phase of the programme.

## **Urgent Care Review - Update**

### **Primary Care Commissioning Committee meeting**

**21 March 2019**

#### **1. Purpose**

1.1 The purpose of this paper is to update PCCC of the progress made on the review of Urgent Care, since the decision made by PCCC in September 2019 to reconsider the approach and proposals for Urgent Primary Care.

#### **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 Children's' Urgent Treatment Centre,
- and no negative evidence of the concept of an Adult Urgent Treatment Centre,

Many of the people we heard from 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 in September, the Urgent Care Team have evaluated the approach taken to date to identify lessons learnt and started to undertake a refresh of the work, engaging widely with partners and public.

### **3. New approach**

3.1 We need to be absolutely clear what the problems and issues in urgent care are, and need to gain the buy in to these, to make urgent care services right in Sheffield now and for the future. We will not consider any potential solutions until we have collective recognition and ownership of these problems.

3.2 Our new approach is based on the lessons learnt and feedback we received from our partners and public from the last consultation. In summary, these were:

- 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. Progress to date**

4.1 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 (ACP). The challenges facing Sheffield are system wide and we believe that we need to tackle these challenges with partners within the ACP context. The ACP Board has agreed that the ACP Executive Delivery Group and the individual ACP work streams will provide strategic oversight of the review and that successful delivery of actions to address these challenges will rely upon a whole system recognition of the problems and subsequent response. We are currently working with the ACP to agree what the oversight entails.

4.2 Based on the lessons learnt, the first step has been to develop a collective understanding of the urgent care problems and issues with our partners and public. It is crucial to do this before considering how these might be addressed and what solutions are needed. We have adopted a range of methods to achieve this, informed by advice from the Consultation Institute and Sheffield University's research group Lab for Living. A Design Group has also been set up which comprises of partners and public to shape and lead the process.

4.3 Since December we have been:

- Working together with partners and the public transparently to agree what needs to improve and why.
- Engaging staff from all urgent care providers and CCG at all levels to bring in their views of urgent care services.
- Engaging with communities we did not engage with first time round to understand more of their experiences of urgent care.

- Seeking wider public views about why they use the urgent care services they choose to go to.
- Making data and information more accessible to public as problems and issues are identified.
- Working on developing clear language and communication which is concise and universally understood, including a revised definition of 'urgent care' – see Appendix 3.

4.4 We have not started from scratch. There is a wealth of information drawn from our pre consultation engagement, engagement during and after the consultation which we are using to inform the review.

4.5 Further detail of the work we are doing is included in Appendix 1 and 2 of this report. Additional information, including the workshop presentations are available on the CCG website.

## **5. Next steps**

5.1 It is anticipated that a report setting out the findings from the above work will be shared with system partners through ACP meetings and the CCG's Primary Care Commissioning Committee in May. The paper will seek confirmation that

- all partners recognise and identify with the problems
- the problems identified as priorities are the right ones to work on first
- system partners are committed to addressing these

5.2 This report and the outcome of meeting discussions will determine the focus of the work going forwards.

## **6. Governance**

6.1 Current governance remains via the Urgent Care Programme Board through PCCC and the CCG's Strategic Public Engagement, Experience and Equality Committee (SPEEEC). However, due to the additional oversight of the Accountable Care Partnership, the programme is also reporting to ACP structures.

## **7. Action for Primary Care Commissioning Committee / Recommendations**

7.1 The Primary Care Commissioning Committee is asked to note:

- the approach and progress made so far with the urgent care review.

Paper prepared by: Rachel Dillon, Strategic Programme Manager and Kate Gleave, Deputy Director of Commissioning

On behalf of: Brain Hughes Director of Commissioning

Date 11/03/19

## Engagement Plan

### Gaps in what we know and gaps in who we have heard from:

- Views from black, traveller and Roma Slovak communities
- Views from patients at practices that have highest walk in centre attendances (eg Darnell)
- Communities in north and east of the city – main source of feedback was telephone survey
- Gleadless Valley and Lowedges – heard lots about these areas from politicians but not much directly from people living there
- Areas of greatest deprivation
- Disability – although views not different from those generally expressed, need to do more to take into account specific issues of sub-group especially people with physical disability and learning disability and mental health problems
- Different views heard re homeless in consultation and engagement – need to explore further
- Individual GP views
- Staff working in urgent care services
- Students
- People with substance misuse problems
- CCG staff
- Face to face engagement of overrepresented and underrepresented urgent care users, and those underrepresented in previous engagement and consultation.

### Qualitative - targeted

- Face to face engagement working with community groups and cross health working group as identified above
- In-situ surveys with patients in walk in centre, minor injuries centre, A&E and the hubs.
- Alongside this we will engage people from groups we have already reached to give them an opportunity to share anything else via social media.

### Quantitative – general population

- Engagement with general population using social media – surveys promoted through our Facebook and Twitter
- Polls on Twitter (and using existing networks to circulate and share).

### Co-production

- Workshops on defining problem and issues

## Workshop Programme Update

### Workshop 1 Partners – 4<sup>th</sup> December 2018

- To develop a collective view of the problems the system faces delivering urgent care and their root causes (case for change)
- To draft objectives to address the problems that all partners can identify with and help deliver

### Workshop 1 Public Reference Group– 11<sup>th</sup> December 2018

- To develop a collective view of the problems Sheffield faces regarding urgent care
- To draft objectives to solve the problems

### Workshop 2 Public Reference Group and Partners – 10<sup>th</sup> January 2019

- To continue to develop a collective view of the problems Sheffield faces regarding urgent care
- Revisit the draft objectives to solve the problems
- Gain a common understanding of what urgent care services look like in Sheffield
- Map the current patient journey

### Workshop 3 Public Reference Group and Partners – 14<sup>th</sup> February 2019

- Continue to identify current pathways/patient journeys – through feedback so far.
- Revisiting the problems and issues – have we captured everything from the patient journey information
- Urgent Care services – what is available in Sheffield
- Which areas are the most important and/or need most improvement.

### Workshop 4 Public Reference Group and Partners – 28<sup>th</sup> February 2019

- Review of outreach engagement undertaken to date and identification of key themes
- Revisiting the problems and issues – have we captured everything from the engagement feedback to date
- Development of test characters to reflect the different communities within Sheffield

### Definition of urgent care

Advice and treatment for illness and injuries for all ages thought to be urgent (within 24 hours) - but not life threatening.

This does NOT mean

Emergency care - which is for people with serious illness or injury or life threatening conditions that need immediate medical attention.

*Illness includes mental and physical health*