

Urgent Primary Care Consultation Report

Primary Care Commissioning Committee meeting

22 March 2018

1. Introduction

- 1.1 Sheffield CCG ran a formal public consultation between 26th September 2017 and 31st January 2018 on proposals to redesign urgent primary care within Sheffield. The consultation was originally planned to end on the 18th December 2017 but the decision was taken to extend the consultation by a further 6 weeks. This was in direct response to feedback from the public and key stakeholders to ensure as many people as possible in the city have the opportunity to share their views.
- 1.2 PCCC received a report in December 2017 which updated the committee on the themes emerging from feedback at the original halfway point of consultation (14th November 2017). The attached reports (appendices B, C and D) detail the full consultation feedback provided by the public and stakeholders.
- 1.3 This covering paper summarises the key themes arising from these reports as identified by the Urgent Primary Care Programme Board and outlines the next steps to ensure these are considered and reflected on appropriately.

2. Consultation Process

- 2.1 The consultation aimed to raise awareness of the changes being proposed and give people a wide variety of opportunities to give their views on these. A targeted approach was taken to reach people with protected characteristics and groups that are often classed as harder to reach, such as vulnerable groups, people living in areas of deprivation or those who experience difficulty accessing health services. This incorporated the learning from the engagement work carried out, and involved working with a wide variety of voluntary and community organisations. An overview of the methods used and activities undertaken is provided at Appendix A.
- 2.2 The process was monitored and assured by the Strategic Patient Engagement, Experience and Equalities Committee to ensure a high quality approach was taken that met the CCG's statutory duties regarding consultation and equalities. The consultation plan was also shared with the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee prior to the consultation.

2.3 Updates were provided by Engaging Communities on the demographic data from responses so that the CCG could identify areas with lower response rates and target activity accordingly to reach under-represented groups and communities. These included Black, Asian, minority ethnic and refugee communities, people with sensory impairments, people with a mental health disability, young people and students and homeless people. The updates also identified specific geographic areas with lower response rates, including S1, S2, S3, S4, S9, S13, S14, S36. Additional activities were put in place to encourage responses from these groups, with support from a range of organisations (see Appendix A for more details).

2.4 Despite the additional activity, concern remained about low response rates in several geographic areas. To address this and ensure views from all areas of the city were included in the responses, a telephone survey was commissioned targeting people in under-represented areas

2.5 To provide additional confidence that the consultation had captured views from all communities in Sheffield, an additional city-wide telephone survey was commissioned. This provides a representative profile of Sheffield residents and captured a more randomised sample for comparison with the responses from self-selecting activities.

3 Consultation report

3.1 As referred to above, the attached reports cover all the feedback received during the consultation as follows:

- Appendix B: Report by Engaging Communities on the feedback from all activities undertaken by NHS Sheffield CCG with the support of partners across the city
- Appendix C: Report by The Campaign Company on the findings from the selected postcodes telephone survey
- Appendix D: Report by The Campaign Company on the findings of city-wide telephone survey

3.2 Each report contains details of the methodology used

4 Questionnaire Results and Key Themes

4.1 The reports provide the full questionnaire results and key themes broken down by different cohorts of the population and these need to be considered in detail. The reports include analysis of how representative the samples are compared to the Sheffield population across different characteristics e.g. postcode, ethnicity etc.

4.2 The Programme Board sought and received assurance from Engaging Communities on a number of areas, namely that feedback from meetings as well as letters had been included in the primary care feedback section and that details of all feedback relating to the urgent eye care proposals had been incorporated. They also sought and received assurance from the CCG that appropriate efforts had been made to gain responses from people with mental health conditions and representative organisations.

4.3 For ease and to aid comparison, the results from the 3 sets of questionnaires are provided below in table 1.

Question	Main report	Telephone survey – stratified Sheffield population	Telephone survey – Selected postcodes only
1. Do you think these changes will make it simpler to know where to go if you need urgent care?			
Yes	21%	54%	63%
No	65%	25%	19%
Not sure	14%	21%	18%
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	48%	75%	81%
No	26%	11%	7%
Not sure	26%	13%	11%
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	53%	62%	67%
No	28%	30%	23%
Not sure	20%	9%	10%
5 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	80%	61%	54%
An UTC at NGH (for adults) or SCH (for children)	4%	8%	6%
Either	17%	31%	40%
6 If you needed an urgent appointment would you find it more convenient to be seen during the day or in the evening?			
Daytime	14%	22%	22%
Evening	13%	16%	20%
Either	73%	62%	57%
7 Which of the 3 options for where urgent care services are provided would you prefer?			
Option 1 (preferred)	31%	27%	40%
Option 2	5%	10%	12%
Option 3	16%	30%	37%
None of the above	49%	33%	11%

Notes

1. The percentages have been rounded so will not all add up to 100% - please see full reports for detailed percentages
2. 'None of the above' was not an option included in the main consultation questionnaire, however significant numbers of patients left this question blank or stated none of the above. These have been included in the results above. The full breakdown of responses to this question are included on pages 19-21 of the full report.

4.4 The Urgent Primary Care Programme Board has reviewed the reports and has identified the main themes arising from the feedback as follows:

Areas of particular concern

- Locating services at the Northern General Hospital (NGH), particularly with regard to transport, journey times, parking and access for people in the south of the city
- Moving the minor injuries unit
- GPs' capacity to cope with more urgent patients and if this can definitely be achieved
- Loss of services in the city centre – strength of feeling that need urgent care services in the city centre (people were particularly in favour of maintaining the Minor Injuries Unit or creating an urgent treatment centre at the current Minor Injuries Unit location)
- Detrimental impact on vulnerable groups from moving the walk-in centre
- Potential exacerbation of health inequalities if the adult urgent treatment centre is sited at NGH UTC – particularly for the homeless and those who would find it difficult to travel to NGH.
- Concerns focused on 'do-ability' of delivering the General Practice/neighbourhood aspects of proposals including resourcing (both staff and financial) and the lack of detail around their design

Areas viewed positively

- Most people would be happy to have an appointment at another practice if it meant being seen quicker (although there was variation between different cohorts)
- Support for an urgent treatment centre for children, based at Sheffield Children's Hospital.
- The majority of patients would prefer to be seen in a practice in their local area rather than travel to an urgent treatment centre

Areas where there were mixed views

- Mixed views about whether the proposals would make accessing urgent care simpler or easier
- Mixed views on which would be the best option for an urgent treatment centre (divided between Option 1 or Option 3) but a significant number of people did not agree with any of the options or chose not to answer this question.
- There were mixed views on the proposed changes to urgent eye care. (It was noted that while this wasn't a main focus of responses from the public, some strong concerns were expressed)

4.5 It was also noted that:

- The public response had focused on the elements of the proposals relating to the Minor Injuries Unit and Walk-in Centre, rather than the plans to improve GP access which was the main tenet of the proposals.
- There were significant differences in the responses to the consultation survey and those from the telephone survey, with a more positive response overall from telephone survey participants.
- 50% of respondents to the consultation survey came from three postcode areas: S8, S10 and S11. The all Sheffield telephone survey was a stratified representation of the Sheffield population.
- Concerns were expressed around what was felt to be limited options and that there was not an option to retain the minor injuries unit or walk-in centre.
- There was no official response from Sheffield Health and Care Trust and it was felt very important that they should be involved in discussions going forward.
- There is a discrepancy between the views expressed by some GPs that they are managing urgent care well already and the views expressed by patients that they are unable to get urgent appointments.
- There was a willingness from providers to work with the CCG on addressing issues raised and exploring solutions.
- Queries raised around the data used had been investigated and additional data sought for verification.
- Regardless of the service model eventually implemented, further work is needed by the health care system to provide clear messages about where and when to access urgent primary care.

4.6 The Programme Board noted that a number of alternative options were proposed by both members of the public and other stakeholders during the consultation. These are listed on page 61 of the main report but are summarised here for ease:

Adult Urgent Treatment Centre alternative proposals

- Keep the Walk In Centre open (and shut down the Minor Injuries Unit)
- Keep the Minor Injuries Unit open (and shut down the Walk In Centre)
- Keep the Emergency Eye Clinic open
- Keep all of the services open (i.e. no change)
- Reinstate the A&E at the Royal Hallamshire Hospital
- Site the UTC at the Walk In Centre (instead of at the Northern General Hospital)
- Have an UTC in the south as well as one in the north i.e. 2 in the city
- Site the UTC at the Royal Hallamshire Hospital (instead of at the Northern General Hospital)
- Option 1 plus a second UTC at the Royal Hallamshire Hospital
- Set up a minor illness service alongside the Minor Injuries Unit at the Royal Hallamshire Hospital
- Develop an urgent care village where all aspects of urgent care could be provided
- Enable online consultations with staff at the UTC

- Provide an enhanced minor ailments Walk In Centre staffed by prescribing nurses and prescribing pharmacists at the Wicker Pharmacy and Mobility shop
- Keep all “primary care urgent activity” in primary care rather than establishing it at a secondary care provider site
- 4 UTC hubs in primary care

It should be noted that there were several suggestions about piloting the GP neighbourhood service to demonstrate it is deliverable before any decision is made regarding the location of the adult UTC.

Urgent Eye Care alternative proposals

- Scale up the existing PEARs service (to accommodate urgent eye conditions)
- Use optometrists working in clusters similar to neighbourhoods

5 Next steps

5.1 It is crucial that the CCG analyses the feedback from all three reports in detail to gain a clear understanding of the views of people in Sheffield and all our stakeholders. The CCG needs to thoroughly explore whether the issues raised in relation to the proposed options can be mitigated as well as consider the alternative suggestions put forward through the consultation. The CCG will involve clinicians and provider stakeholders within this process and will undertake this from mid March to May 2018.

5.2A further report will be brought to PCCC in May 2018 which sets out the CCG’s response to the issues and suggestions raised through the consultation and proposed next steps. It is anticipated that a preferred service model for implementation would be brought to PCCC for approval in September 2018.

6 Action for Primary Care Commissioning Committee / Recommendations

6.1 The Primary Care Commissioning Committee is asked to:

- **Accept the Urgent Primary Care Consultation feedback reports**
- **Note the need to reflect on the feedback and the alternative proposals suggested during the consultation**
- **Agree to receive a further report in May 2018**

Paper prepared by: Kate Gleave and Eleanor Nossiter

On behalf of: Brian Hughes

Date: 15 March 2018

Appendix 1: Overview of consultation activities

- Consultation documents were distributed to locations across the city including GP practices, community centres, leisure centres, libraries, lunch clubs, hospitals and university students unions.
- The consultation document was also provided in Urdu, Bengali, Mandarin and Cantonese and in audio and British Sign Language formats, which were shared through relevant community groups.
- 30,000 postcards and 1,500 posters advertising the consultation and public meetings were also distributed to venues and handed out at markets, bus and train stations and the local universities.
- The consultation was also publicised via local media, including The Sheffield Star, BBC Radio Sheffield and Calendar News, as well as articles in community magazines, the talking newspaper, political party newsletters and student publications. In total, there were 34 separate media articles and features on the consultation.
- Social media was key to raising awareness of the consultation and there were over 1400 views of our Facebook videos on the consultation. All feedback from Twitter and Facebook has been included in the consultation analysis.
- Activities included three large-scale public meetings (attended by 85 people); a meeting for GP patient participation groups; meeting for students (40 attendees); 4 drop-in sessions at local libraries, focus groups, attending 16 community meetings and 42 meetings with other stakeholders including partners, clinicians and staff.
- Weekly updates and the interim report enabled identification of groups with lower response rates. These included Black, Asian, minority ethnic and refugee communities, people with sensory impairments, people with a mental health disability, young people and students and homeless people.
- Additional activities were put in place to encourage responses from these groups, with support from the Refugee Council, the student unions and student representatives, Springboard Cafes, the Improving Access to Psychological Therapies service, The Pakistani and Muslim Centre, Cathedral Archer Project, SOAR, Chilypep and ShipShape.
- It also identified specific geographic areas with lower response rates, including S1, S2, S3, S4, S9, S13, S14, S36. Again, additional activity was carried out to target these areas, including targeted mail outs, attending community forums at Manor, Park, Stocksbridge and Woodhouse, and working with the Labour Group to hold a large scale community drop-in event in Gleadless Valley.
- Two telephone surveys were also commissioned in the extended consultation period one targeting people in under-represented postcodes and one city-wide survey to provide a representative profile of Sheffield residents.