

# Urgent Care Strategy Review Engagement report

**August 2015**



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## Introduction

Demand and pressure on urgent care services continues to increase in Sheffield, in line with the national picture. Our urgent care system increasingly struggles to meet demand and deliver clinically effective and safe services, which provide the best patient experience.

The 'NHS Five Year Forward View' sets out how the health service needs to change and adapt if it is to successfully meet and respond to the increasing demands and complexities placed upon it. The report promotes the need for an even closer relationship with patients, carers, and the public to achieve wellbeing and better prevention. The report goes on to state the need for better integration between A&E, GP out of hours, urgent care centres, NHS 111 and ambulance services. Patients, carers and the public must have an integral role in the development of plans for Urgent Care if the future system is to be fit for purpose and utilised as clinicians and NHS managers hope.

NHS Sheffield CCG Governing Body have made the decision to formally undertake a city wide review of urgent care services in an attempt to better understand the outcomes required by local people who use such services. The review will seek to engage with patients, public, clinicians and other key stakeholders including existing service providers.

The current situation clearly shows that pressure and demand on the system are significant and continue to rise. The aims of the review will highlight the significant pressure and demand points on local urgent care services and how they can be managed to deliver clinically effective and safe services in order to provide the best patient experiences.

## Legal Framework for engagement activity

### Transforming Participation

NHS England published 'Transforming Participation In Health and Care – The NHS Belongs To Us All' in September 2013 which sets out how the vision for patient and public participation, outlined in the NHS Constitution and Health and Social Care Act 2012, will become a reality. It states that there are six key requirements for NHS commissioners:

- Make arrangements for and promote individual participation in care and treatment through commissioning activity.
- Listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management.
- Engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions.
- Make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people.
- Publish evidence of what 'patient and public voice' activity has been conducted, its impact and the difference it has made.

- CCGs will publish the feedback they receive from local HealthWatch about health and care services in their locality.

## **Health and Social Care Act 2012**

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution. Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements.
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them.
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

## **The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations.

## **The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services.
- The development and consideration of proposals for changes in the way those services are provided.
- In the decisions to be made affecting the operation of those services.

## Gunning Principals

The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. They are that:

1. We engage when proposals are still at the formative stage.
2. There are sufficient reasons for proposals to permit intelligent consideration.
3. There is adequate time for consideration & response.
4. Responses must be conscientiously taken into account.

It is recommended that, alongside the project plans, the engagement proposals are shared with the Joint Health Scrutiny Committee at the earliest opportunity to ensure that the proposals are appropriate.

## Our engagement approach

### Equality Impact Assessment

An Equality Impact Assessment is undertaken to systematically analyse any proposed changes to services to identify what effect, or likely effect any potential changes could have on 'protected groups'. The assessment highlights certain communities that may be more affected by changes and will therefore require extra efforts to include them and allow them to have their say on our proposals.

### Engagement phases

- Phase one – Collating pre-existing feedback regarding Urgent Care services and using these to develop ideas.
- Phase two – Engaging with the public regarding our potential ideas for the services and using this feedback to influence our decisions. Specific focus is given to engaging with groups identified by the EIA and other affected groups (service users).
- Phase three – Checking back with the public and all other engaged groups about what we have heard and what we plan to do. Giving an opportunity for people to comment.

## Engagement phase one

We gathered a wide range of pre-existing information about urgent care services from local and national organisations. This information included clinical, public health and patient feedback data and is included in the Engagement phase one report in appendix E.

An initial Equality Impact Assessment (EIA) screening was carried out at this stage, which highlighted that there could be potential negative impacts on the following groups:

- Age
- Homeless people
- Carers
- Race
- Disabilities
- Religion

Specific efforts were then made to make sure that these groups were able to have their voice heard.

If, as a result of this engagement, it is decided that significant changes may be required to urgent care services in Sheffield, a consultation on proposals will be undertaken and a full EIA will be undertaken on all options. These EIAs will then form a central part of the consultation planning to make sure that specific efforts are made to engage with any group that may be negatively impacted by any changes that may be made.

## Engagement phase two

In order to conduct this review into Urgent Care services it was imperative that we sought the views and experiences of the people of Sheffield. From May to August 2015 we talked with patients and the public using a variety of methods. We estimate that through these methods we made 14,354 contacts with individuals and groups specifically relating to the urgent care services review.

### Events

Four events were held at The Circle, 33 Rockingham Lane, Sheffield on the following dates.

- Wednesday 3 June at 6pm
- Tuesday 9 June at 1pm
- Tuesday 21 July at 1.30pm
- Wednesday 22 July at 6pm

The events gave attendees an opportunity to hear about the urgent care services review and take part in discussion groups to share their views and experiences. All contributions were captured.

Thirty two (32) people attended these events in total.

### Survey

An online and paper survey was produced (Appendix B) asking people for their views and experiences of Urgent Care services in Sheffield. The questions were designed based on the feedback received from the pre-engagement phase and gave patients and the public an opportunity to influence the process. The survey was distributed widely through community channels and current urgent care settings as well as an online link being included on five thousand business cards distributed throughout the City.

One hundred and fifty eight (158) surveys were received in total.

## **Kings Fund Experience Based Co-design toolkit**

Using the principles of the Kings Funds' Experience Based Co-design toolkit, we used the detailed feedback that we were receiving to provoke discussion and test out thoughts and ideas with the general public. We used engagement events, as well as meetings with community groups to take stock and discuss the feedback we were receiving, asking people to discuss and comment further on what other people were saying, in order to refine the messages we felt were becoming major themes and co-produce ideas about what the outcomes and major pillars of the service should be.

## **Voluntary and community groups**

A large number of community groups were contacted to let them know about the urgent care services review and how they could contribute to it. Groups were targeted specifically relating to audiences highlighted in the Equality Impact Assessment undertaken at the very start of our engagement process.

Every group was provided with copies of the survey and online survey link along with an open offer to attend the group's meetings to discuss the project in more detail. We also asked if the groups could help us to distribute the survey to the people and groups they worked with in the community, to give as many people as possible the opportunity to share their thoughts.

We met with 25 groups which are detailed in a community engagement log in appendix A along with the characteristics that they represent.

## **Patient Opinion**

Using our status as a development partner with Patient Opinion, we utilised the online feedback platform to receive alerts about any stories relating to urgent care in Sheffield. We were then able to respond to the stories, thanking the poster for sharing their experience and explaining that it would be included as part of our engagement.

We also used the CCG's blog on Patient Opinion to raise awareness of the review.

Five thousand credit cards encouraging people to share their experiences of urgent care using Patient Opinion were printed and distributed within all primary care and urgent care settings throughout the City. The cards included the link to the online survey as well as the Patient Opinion link. Cards were also given out for those unable to access the web which allowed people to write their comments and score the service. These were pre-paid, so people were not disadvantaged by having to pay for the postage.

Seven patient stories were received and responded to.

## **Cross pollinating engagement projects**

Throughout the duration of the engagement, the CCG also ran several other engagement projects. The feedback received from these engagement projects had significant overlap and

received comments relating to urgent care services. Relevant feedback from the two engagement projects has been included in the analysis of data.

### ***2020 Vision of Health and Social Care in Sheffield***

One of the six questions within this engagement asked “How can we improve the way we respond if you have an emergency?” This captured some very relevant feedback for the urgent care services review. Across two events and a meeting with a community group we engaged with a total of 88 people.

### **CASES**

This engagement project focussed on providing more care closer to home, but did spark some conversations around urgent care. One event was held in the timeframe which engaged with 54 people.

### **Communication**

A letter was sent to every practice manager throughout Sheffield asking them to assist in raising the profile of the review. Business cards and posters were included for display within practices.

A press release was produced and sent to local newspapers, community magazines and radio.

An article was written that was then included in several Involve Me, HealthWatch Sheffield, Sheffield Health and Wellbeing Board and Equality Hub newsletter editions throughout June and July. The article included information about the different ways to be involved with the review.

### **Web and social media**

A dedicated webpage for urgent care was set up which included all the information about the review, events, survey and Patient Opinion. This page received 343 visits.

A video presented by GP and CCG Clinical Director, Dr. StJohn Livesey, was produced introducing the review, its purpose and encouraging people to contribute. This video was viewed 42 times.

Sixty six tweets using #UrgentCareSheff were sent from @NHSSheffieldCCG to our 8,466 followers. These messages were also replicated on our Facebook page which has 139 likes.

### **Reflective group analysis**

A reflective group analysis was conducted to analyse the feedback received through the various methods above. This session involved six staff members of the CCG who had contributed to the engagement phase reading through the feedback, developing key themes independently and then reflecting these with the group. After deliberations, the final key themes of the engagement phase were produced, along with a detailed explanation.

## Main themes

### **Access to GP appointments**

A large amount of people feel that they are unable to get a GP appointment when they need one or at a suitable time. This drives people to use urgent care services for convenience, or because their health issues escalate.

*“Too difficult to access GP from Friday to Monday. Closed on a Friday afternoon. If condition worsens have to go elsewhere at a weekend.”*

### **Confusion about what services to use**

There is a lot of confusion about what services to use for what type of need. It is seen that there is too much choice and people default to services that they are comfortable with, know about or have used before. The language that is used to describe urgent care services is seen as confusing and inconsistent. People feel that there should be better signposting to, and education of, these services. Many people feel that the system should guide patients through rather than have to make the choice themselves.

*“I was needlessly sent to adult A&E after contacting NHS 111 for advice. On arrival at A&E I was then sent across town to MIU. This is where I feel I should have been sent in the first place.”*

### **System not working cohesively**

People see the urgent care system and wider health and social care system as complicated, fragmented and lacking communication between services and organisations. This has the impact of people having to repeat their story at every contact within the system and also affects the continuity of care that they receive. They feel that all organisations providing services need to be joined up better with greater integration across health and social care.

*“The Out of Hours service sent an ambulance to take my partner to A&E. The ambulance crew asked why we had called them, then the doctor at A&E asked why we had called an ambulance!”*

### **Staff attitude and communication**

There are mixed reviews around staff attitude. Some people have received the compassionate and friendly care that they expect, whereas others have felt that some staff have been dismissive and unhelpful. Communication between staff and patients, and especially being listened to, are big issues for people.

*“Every member of staff I interacted with was brilliant and made me feel very at ease.”*

*“Sometimes you are made to feel like it’s your fault.”*

### ***Differing experiences and knowledge of services***

People are experiencing urgent care services very differently across Sheffield. Many factors affect their knowledge of, and confidence of using, the different urgent care services that are available to them. These factors can include where people live, the language they speak, their education level, and their age.

*“Presume that people have a computer. Need information and advice in other formats. Some people can’t access libraries and they are closing them.”*

### ***Alternative services available closer to home***

The types of services, both statutory and voluntary, that are available in the community to support people are varied across Sheffield. People want services in the community that will help to address their health issues before they escalate and require urgent care services like 999 and A&E. Concern was raised that if an ambulance is called they are automatically admitted to hospital when they may be able to stay at home with some quickly arranged support.

*“My relative didn’t want to go to hospital once they were checked over by the ambulance staff, but they wanted my relative to go. We felt under pressure to go, but when we got there we ended up waiting round for hours.”*

### ***Discharge failures***

The exit point of urgent care is seen as a particular problem. Unplanned discharges, a lack of follow ups and no continuity of care can create a feeling of falling off a cliff edge.

*“People are thrown off a cliff edge when they finish their treatment. There needs to be an intermediary.”*

### ***Mental health***

People want to be treated as a whole, with their mental health needs treated as equal to their physical needs. They want plans to help them in a crisis. Experiences of accessing urgent care services for mental health issues are generally poor.

*“Mental health should be treated just the same as physical health.”*

*“Reduced funding in mental health has stopped my support. Won’t be seen again until at crisis point.”*

## Engagement phase 3

This engagement report begins the process of engagement phase three. Those who have contributed to the previous engagement phase are asked to reflect on this report and comment on whether there are any omissions to the process or key themes before it is then sent for consideration to the CCG's Clinical Executive Team and Governing Body.

The raw data and comments are available to view at the NHS Sheffield CCG website.

## Appendix A – Community engagement log

<b>Date</b>	<b>Event</b>	<b>Group</b>	<b>Comments</b>	<b>Points to think about/outcomes</b>	<b>EIA Characteristic</b>
29.05.15	regular meeting	SECF	well informed group. Enid coming to open meeting on 3rd June. Age range a mixture - includes medical students and older people. They've done a lot of work and pulled interesting facts together.	This group has connections with the the university. This is a group that could be a really good resource when doing enegagement.	Older people
03.06.15	Public meeting, Questionnaires marked with blue dot on envelope.	Arranged by CCG	9 people attended. Good mix of experiences. GP access an issue. Communications too	Themes emerging.	
09.06.15	Public meeting, Questionnaires marked with yellow dot on envelope.	Arranged by CCG	7 people attended, included health watch and a member of save our NHS. More emaphais on A&E and related issues than access to GPs. Lots of discussion about attitdue of SCH to parents with a disability and duplication of history taking	Both meetings brought up access, communication, repetition of history taking and attitudes of staff to some groups of patients.	Disability, sexual orientation
11.06.15	Burngreave community health forum	regular meeting or social care workers in the area	Good forum to raise the topic and get ideas for engaging people.	Will send the link to the survey to members. Sage Greenfingers there - MH support group via gardening. Note Elise Gilwhite (SCC PH) sent details of survey and links to health networks	

15.06.15	Page Hall MC - dark blue dot		Practice with high BME population	Sat in the waiting room and chatted to people. Gave out cards and surveys. Some language barriers	Older people, race, religion
12.06.15	Stocksbridge Community Forum. Survery have green dot	Arrange d by Helen M	Good forum to raise the topic and get ideas for engaging people.	Good turn out and all interested. A lot of discussion about urgent care. Suggestion that we visit sheltered accommodation (captive audience!). Lady took my email address to contact me about this. 20 surverys, patient opinion cards and flyers left. Those not taken by group are going to other meetings in Stocksbridge.	Older people
15.06.15	Page Hall MC - dark blue dot	Invited by practice to sit in waiting room and talk to patients	A very diverse population in a deprived area.	Sat in waiting room for 90 minutes. Chatted to people as they sat down. Mix of white, Asian, Black and Roma. Gave out some paper questionnaire, a couple done while they waited. Most wanted cards to do the survey on line. Got a patient story about the WIC	Race, religion
16.06.15	St Thomas More Community Centre - young at heart group. Red & Green dot	Regular meeting in area not canvass ed much .	Deprived area	Large group of older ladies - 55+. Oldest was 80. All very keen to talk to me and share experiences. Took lots of questionnaire and cards to do survey on line. Manager of centre put poster up. Agreed to tak more surveys and card when return for North Council in early July. Several more groups who could be asked. Manager will	Older people

				encourage them to take part.	
18.06.15	Broomhill Festival	Choir	large festival, lots of events.	Helen took surveys and cards to choir practice and asked for the members to fill them in and/or take for friends and relatives.	
20.06.15	Heeley festival		People from all over Sheffield will attend	Kerry took cards and distributed them	
24.06.15	North Local Area Panel		SCC groups working in north of city.	Met with people from housing, WRVS, VAS. Claire from housing will send me details of TARA meetings so we can work out how best to tell them about the engagement. Note Claire has been in touch and informaiton about survey and invitation to public meetings will be sent to all TARAs	Age, disability
27.06.15	St Mary's Village Fete	Wide range of activities and will draw people from all areas	Spoke to Sue Green the organiser. Happy for us to wander about if we donate a bottle of wine to the raffle.	AM attended - handed out lots of cards and made some very useful contacts.	
04.07.15	Wincobank Hill Climb			Penny Rea (organiser) put LL in touch with Lisa Harman from SOAR who agreed to have information on her stall. Lisa took surveys and information about public meeting and distributed them. Got	

				8 written surveys from this event	
07.07.15	U3A		City wide group	Chatted to individuals, gave out cards and paper surveys. Older group with keen interest in topic. Gave out flyers about public meetings	
08.07.15	St Thomas More Community Centre - marked ST	Lunch club		Gave cards and paper copies of survey to organiser, plus poster. Older group	Age, disability
09.07.15	Epilepsy Group		Not a group canvassed very often	Good meeting. People with quite a few views. Gave out cards and 5 paper surveys. Group very keen to use PO cards to tell us about their experiences. Chair will put me in touch with ME group. He will also send round the links to the survey on line. 2 people interested in the public meetings.	
09.07.15	Healthwatch			Long chat with Carrie and left cards for distribution.	
11/12.07.15	Cliffhangar Millhouses Park		Big event with people from across Sheffield	Contacted Matt the organiser and got permission to walk round event and chat, hand out cards etc.	
13.07.15	Pitsmoor Surgery		Practice with high BME population	Sitting in on baby clinic. Always has interpreters so a good chance to chat to people. Attended. Spoke to 11 people of various nationalities, discussed urgent care and gave out cards	Race, religion

15.07.15	Westfield MC	Not an area canvassed much. Near townships where Andy's map showed higher A&E use	Agreed to spend afternoon there	Attended and sat in waiting room. Spoke to 7 people all of whom had used urgent care. Gave cards and surveys.	
19.07.15	McMillan Event			Got contact details for getting permission. LL will get in touch. Attended and gave out cards and chatted to people.	
24.07.15	Social Café at Parson Cross	Deprived area	Spoke to Helen Warren about visiting	Waiting for confirmation of date and time. Attended. Spoke to people, gave out cards and surveys.	age, race, disability
25.07.15	Summer event in Norfolk Heritage Park	City wide event	People from different area of Sheffield.	Got free stall booked. Made good contact with TARA in area LL and LS attended. Got several surveys done, gave out cards for PO and Involve me.	
27.07.15	Social Café at St Mary's	mental Health Group	Run by MIND	Took cards and surveys and had discussion with one person who has strong views on availability of help. He wanted to go on PO rather than do survey	
30.07.15	Social Café at Vestry Hall Burngreave	Deprived area, BME population	Spoke to Helen Warren about visiting	Waiting for confirmation of date and time.	
06.08.15	Bowfield Court	Sheltered accommodation			

09.08.15	Lowedges Festival	Huge event	Big event with lots of attractions so should draw people from all over.	Got stall booked. Not an area canvassed much, but does show high use of A&E.	
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**NHS**  
**Sheffield**  
**Clinical Commissioning Group**



**Sheffield CCG Urgent Care Survey**

**Thank you for completing this survey. The results will help us to understand what services people access and why and help make sure Sheffield's services are suitable for the future.**

**Q1**      **Where do you live? (Please provide just the first part of your post code, e.g. S1, S8)**

**Q2**      **Which urgent care services have you used in the last 12 months? (for example A&E, NHS 111)**

<i>GP practice (for an emergency)</i> .....	<input type="checkbox"/>
<i>GP Out of Hours service</i> .....	<input type="checkbox"/>
<i>Pharmacy</i> .....	<input type="checkbox"/>
<i>NHS 111</i> .....	<input type="checkbox"/>
<i>Walk in Centre (Broad Lane)</i> .....	<input type="checkbox"/>
<i>Minor Injuries Unit (Hallamshire)</i> .....	<input type="checkbox"/>
<i>Eye Casualty (Hallamshire)</i> .....	<input type="checkbox"/>
<i>Accident &amp; Emergency Adult (Notham General Hospital)</i> .....	<input type="checkbox"/>
<i>Accident &amp; Emergency Children (Children's Hospital)</i> .....	<input type="checkbox"/>
<i>999</i> .....	<input type="checkbox"/>
<i>Other Please tell us</i> .....	<input type="checkbox"/>

**Q3**      **Why did you use this particular service?**

<i>As carer for someone needing medical attention</i> .....	<input type="checkbox"/>
<i>Thought it was an emergency</i> .....	<input type="checkbox"/>
<i>Recently discharged from hospital</i> .....	<input type="checkbox"/>
<i>Wanted to be seen early</i> .....	<input type="checkbox"/>
<i>Wanted a second opinion</i> .....	<input type="checkbox"/>
<i>Had outpatients appointment, but wanted to be seen earlier</i> .....	<input type="checkbox"/>
<i>Nearest option</i> .....	<input type="checkbox"/>
<i>Didn't know where else to go/ unaware of alternatives</i> .....	<input type="checkbox"/>
<i>Visiting area - not local</i> .....	<input type="checkbox"/>
<i>Referred</i> .....	<input type="checkbox"/>
<i>Couldn't get a GP appointment</i> .....	<input type="checkbox"/>

**Q4 For what medical reason did you access a service?**

	<i>Accident</i>	<i>Existing condition got worse</i>	<i>Sudden Illness</i>	<i>Felt unwell for a while</i>
GP Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP Out of Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Injuries Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Casualty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q5 How did you travel to the service?**

	<i>Walk</i>	<i>Own car</i>	<i>Public Transport</i>	<i>Lift</i>	<i>Ambulance</i>
GP Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP Out of Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Injuries Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Casualty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6 Were there any other non-medical reasons why you chose that service?**

*Location* .....

*Parking*.....

*Public Transport (near a bus route)* .....

*Understand my cultural values* .....

*Confidence in staff* .....

*Easy to get to* .....

*Opening times*.....

*I had used it before* .....

**Q7 Please tell us more about your experience of urgent care services in Sheffield**

**Q8 How many times have you used the following services in the last 12 months for urgent care?**

	0	1-2	3-5	6-10	10+
GP Practice	<input type="checkbox"/>				
GP Out of Hours	<input type="checkbox"/>				
Pharmacy	<input type="checkbox"/>				
NHS 111	<input type="checkbox"/>				
Walk in Centre	<input type="checkbox"/>				
Minor Injuries Unit	<input type="checkbox"/>				
Eye Casualty	<input type="checkbox"/>				
A&E Adult	<input type="checkbox"/>				
A&E Children	<input type="checkbox"/>				
999	<input type="checkbox"/>				

**Q9 During your use of the services(s), were you informed or advised of alternatives that might have been more appropriate?**

Yes.....   
 No .....

**Q10 Based on your experience(s) of the service, would you consider using an alternative option?**

Yes.....   
 No .....

**Sheffield is a very diverse city, so we would be grateful you could complete the next three questions. These will help the CCG to capture responses from everyone in Sheffield and from all areas.**

**Q11 What is your ethnic origin?**

**Q12 Please specify your gender**

Male .....   
 Female .....   
 Prefer not to say .....

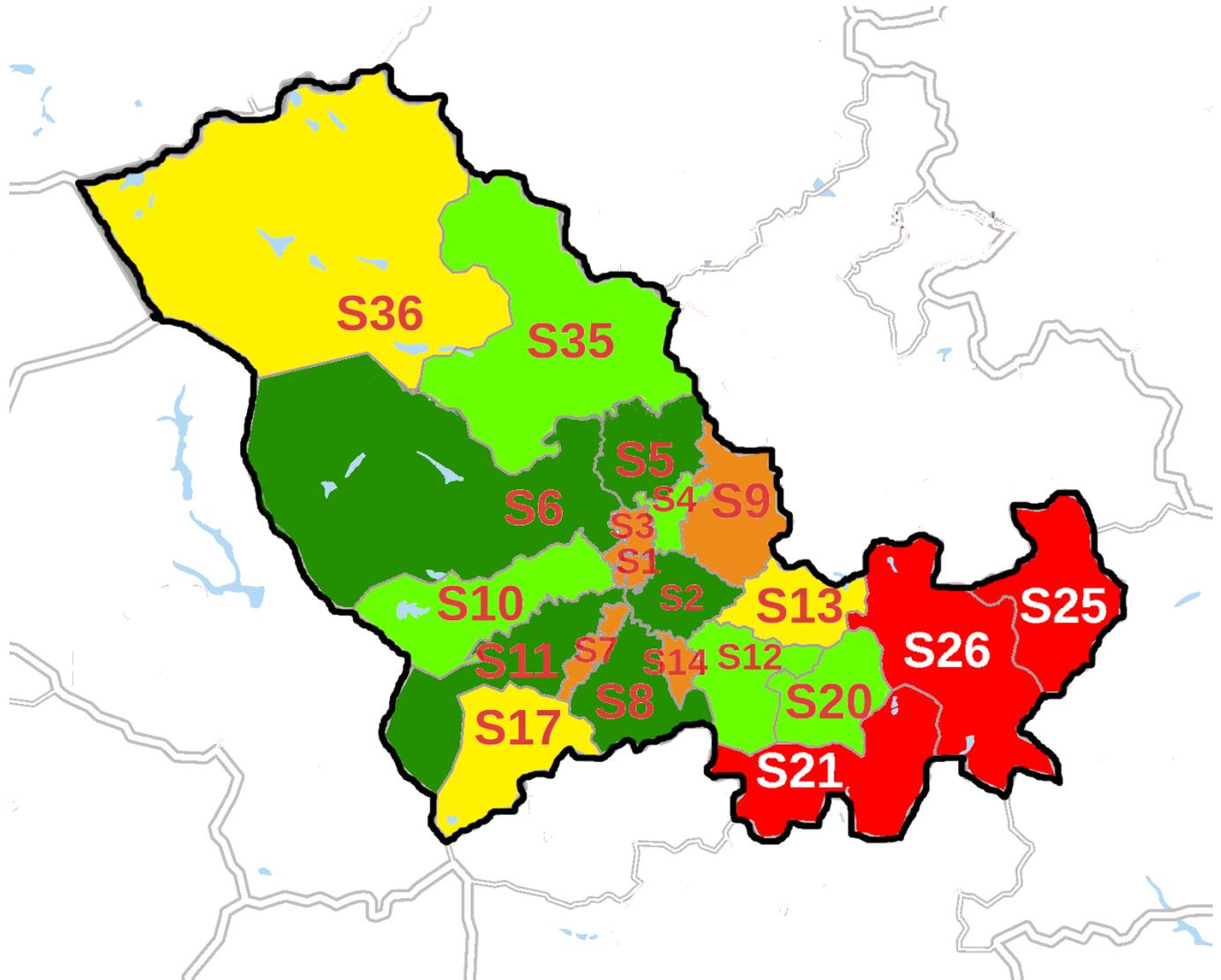
**Q13 Please tell us your age**

08 - 18 .....   
 18 - 24 .....   
 25 - 34 .....   
 35 - 44 .....   
 45 - 54 .....   
 55 - 64 .....   
 65 and older .....

**Please return the survey to Sheffield CCG, 722 prince of Wales Road, Sheffield S9 4EU**

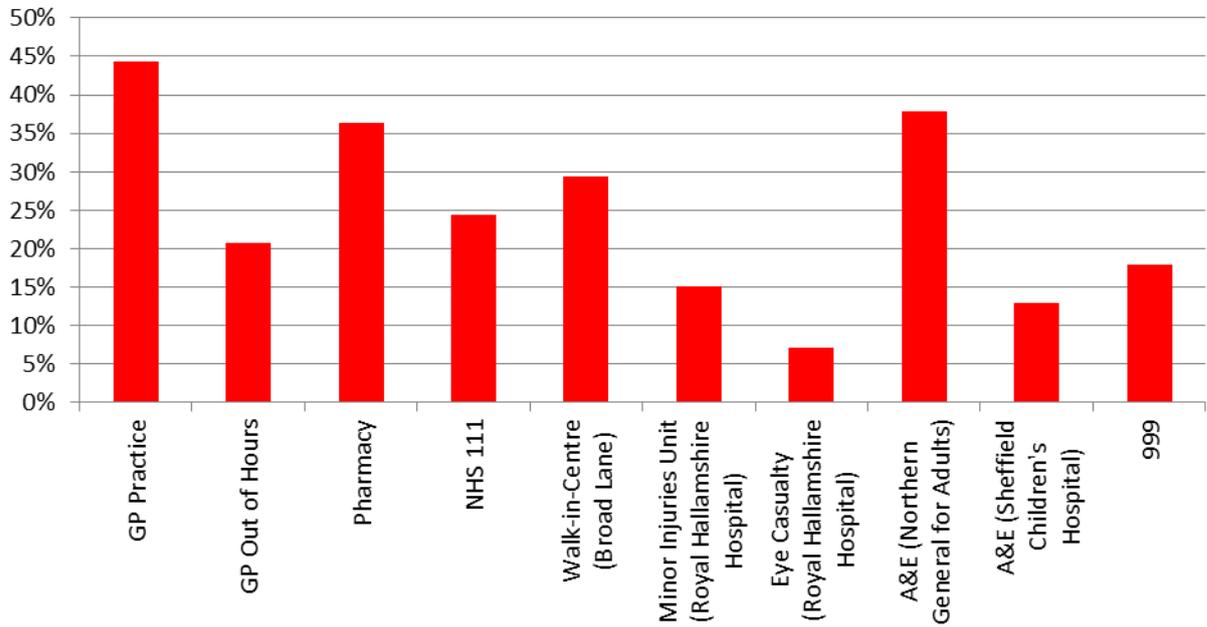
## Appendix C – Survey results

Postcode

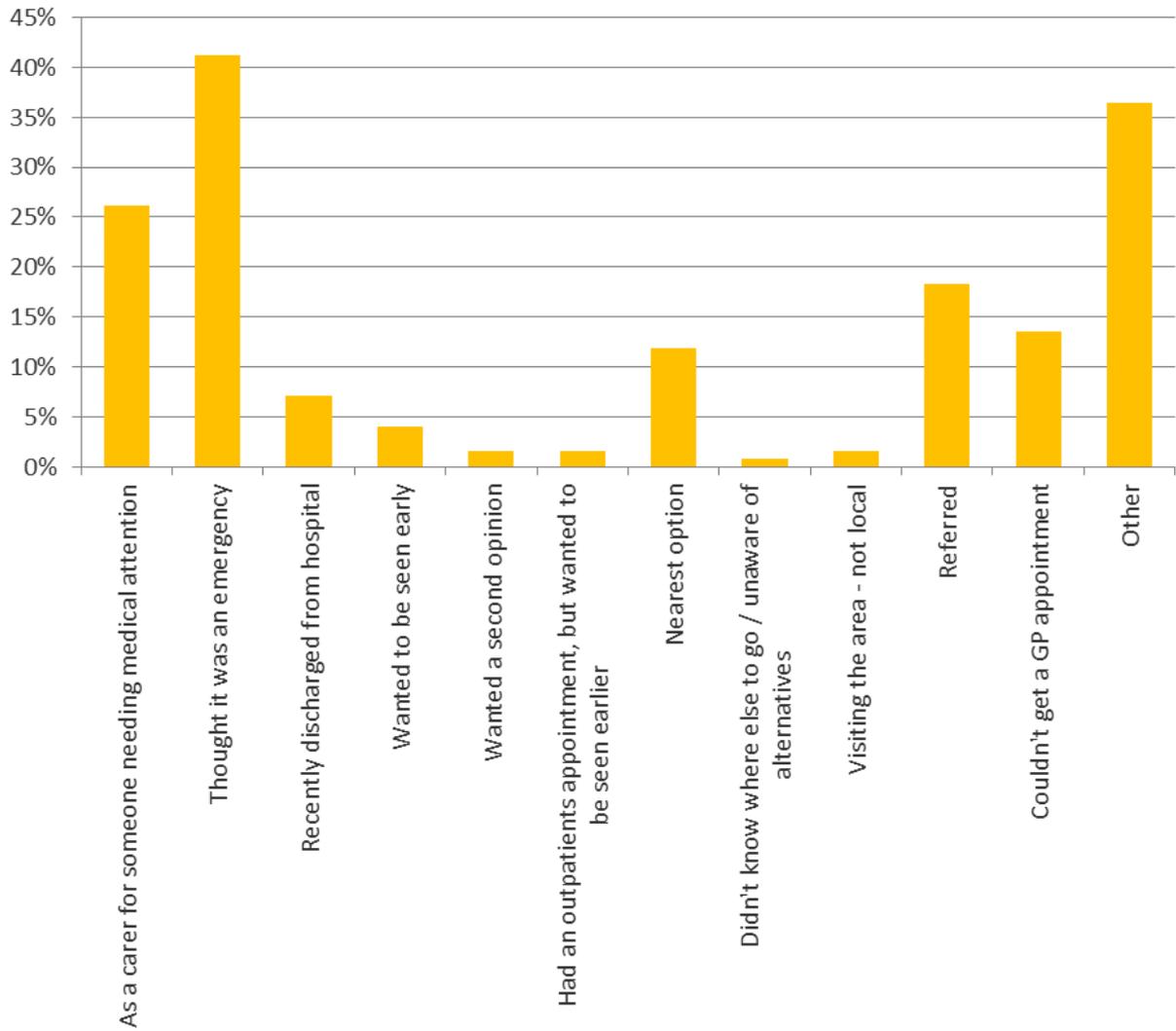


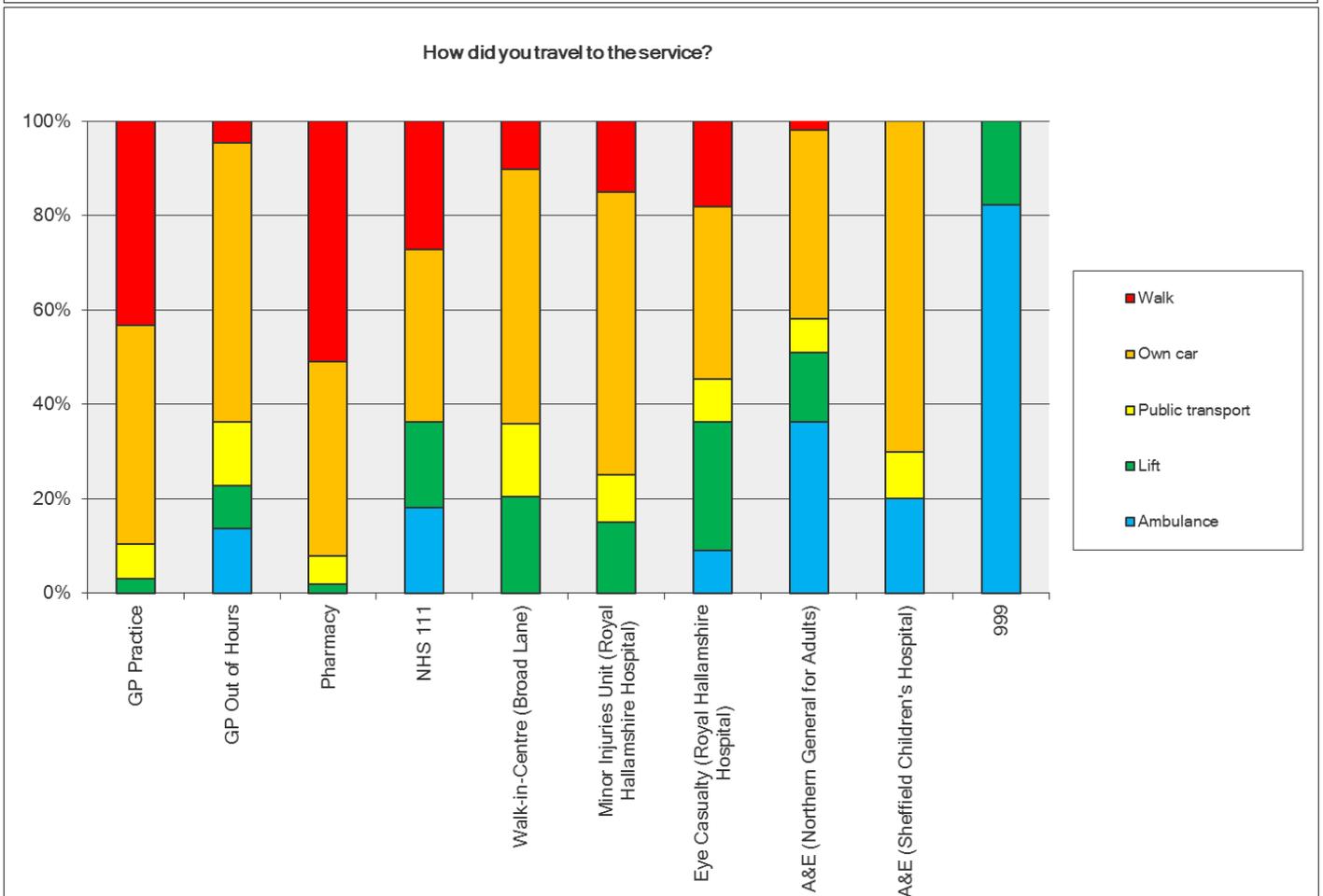
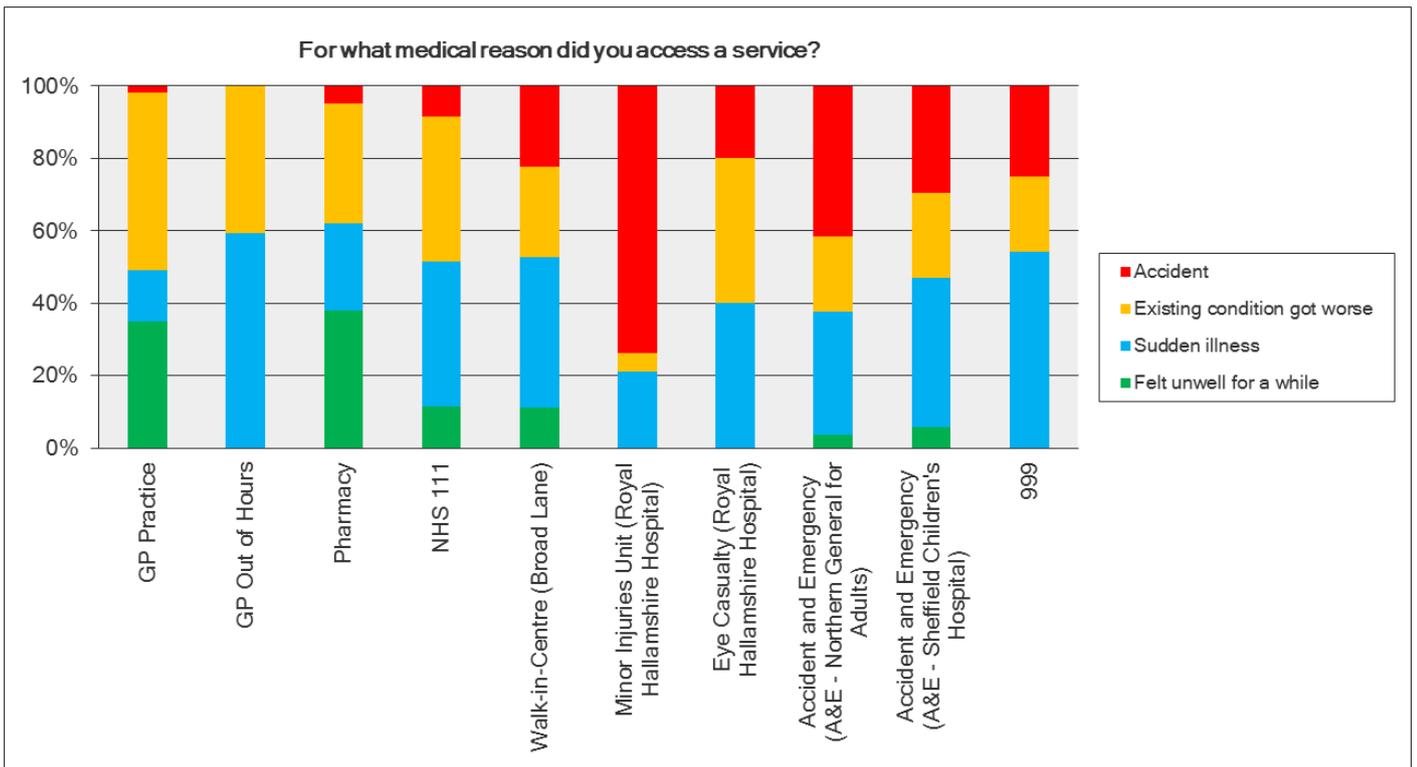
	Highest return
	High return
	Low return
	Lowest return
	No returns

## Which urgent care services have you used in the last 12 months?

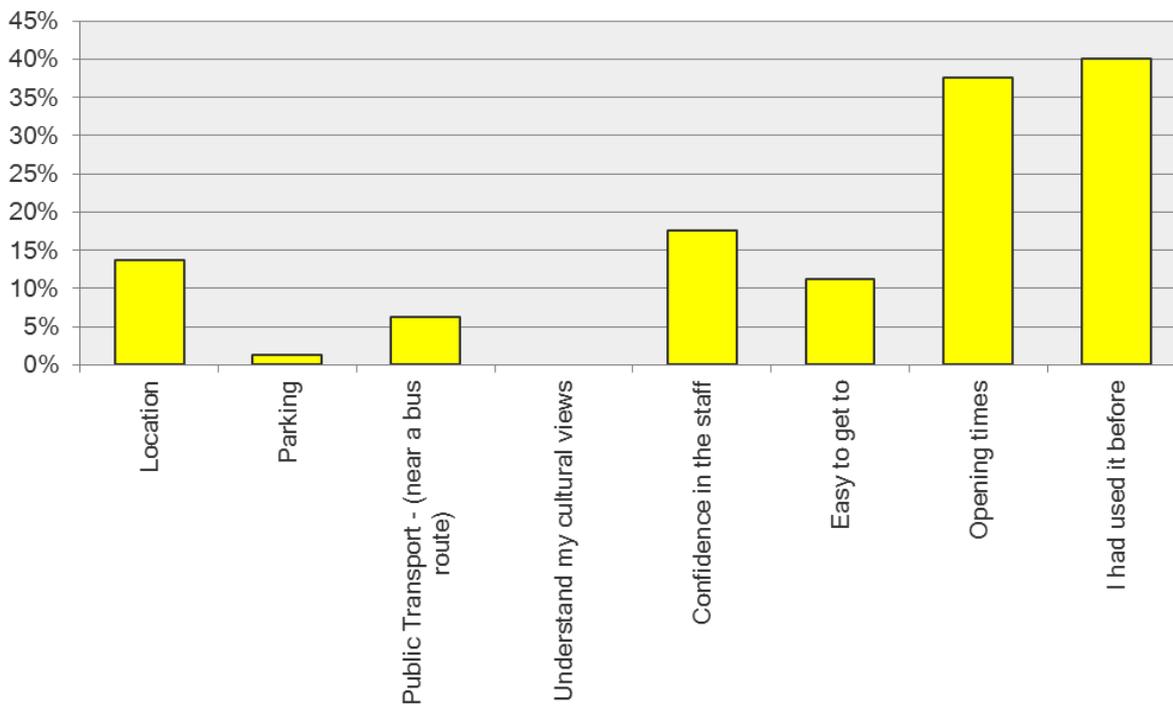


## Why did you use this particular service?

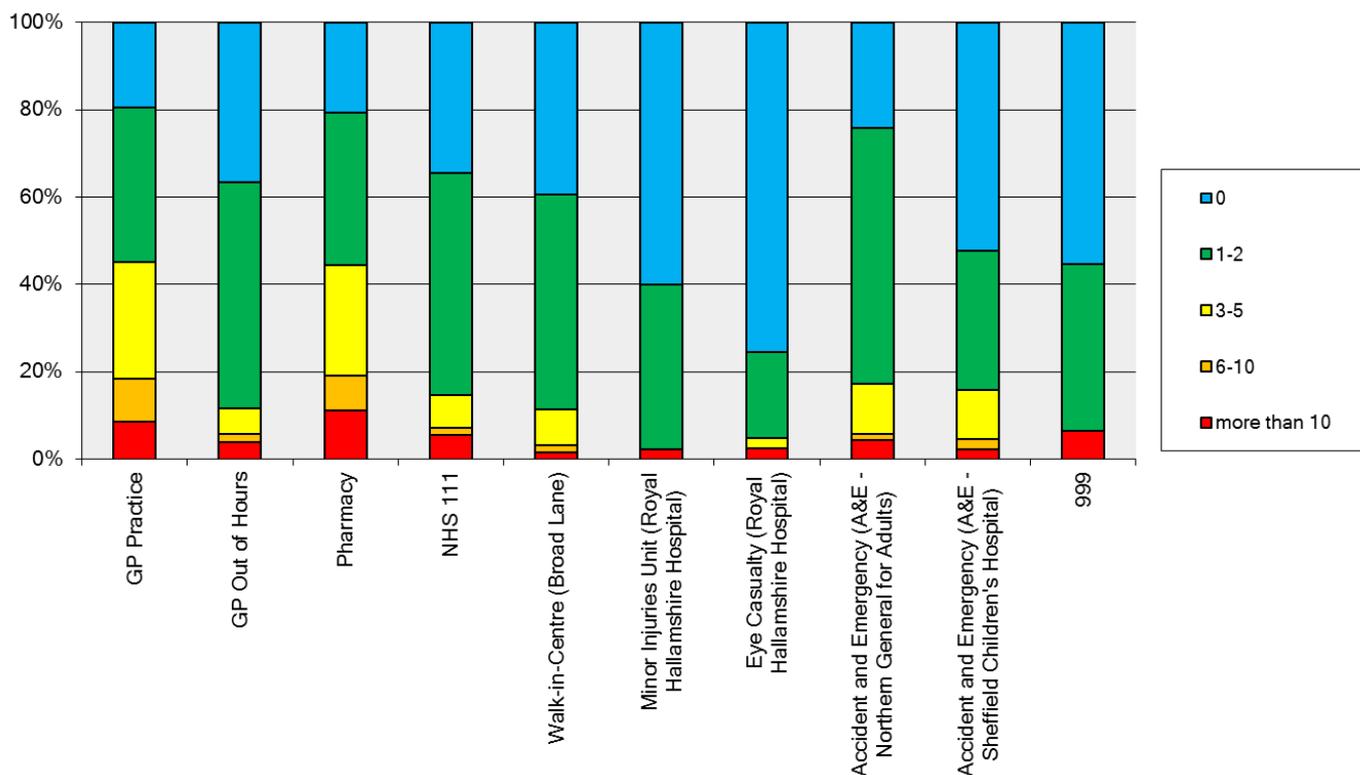




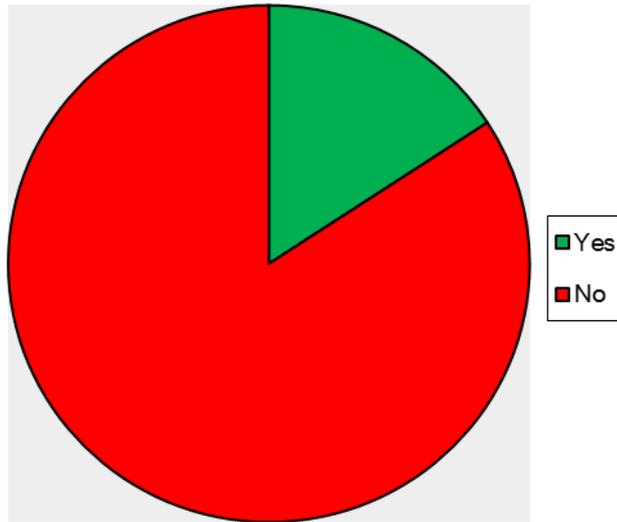
Were there any other non-medical reasons why you chose that service?



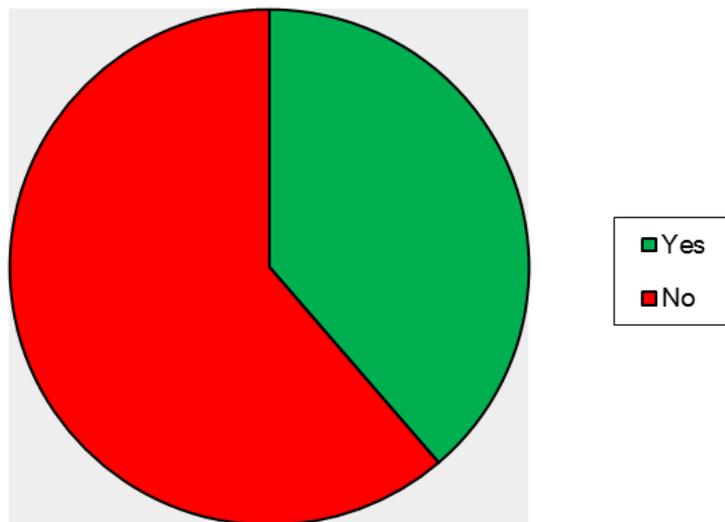
How many times have you used the following services in the last 12 months for urgent care?



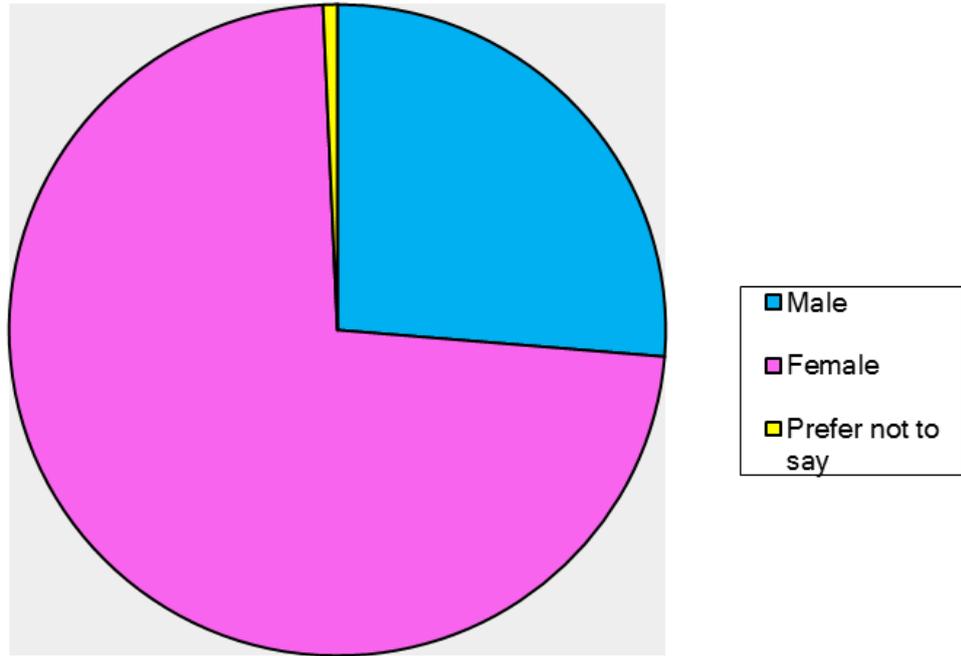
**During your use of the service(s), were you informed or advised of alternatives that may have been more appropriate?**



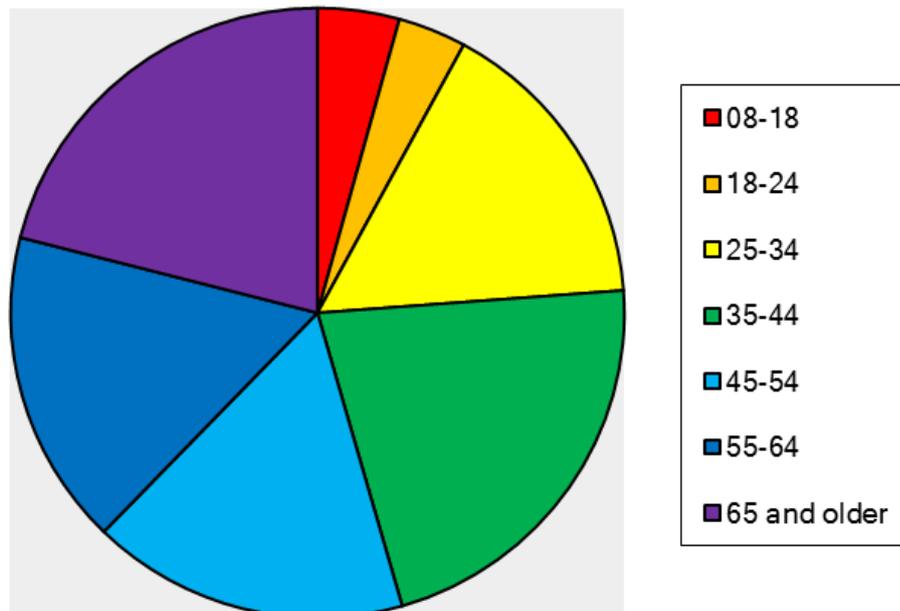
**Based on your experience(s) of the service, would you consider using an alternative option?**



Please specify your gender



Please tell us your age



## Equality Impact Assessment

<b>Title of policy or service:</b>	Urgent Care Review 2015	
<b>Name and role of officer/s completing the assessment:</b>	Lynda Liddament	
<b>Date of assessment:</b>	April 2015 to August 2015	
<b>Type of EIA completed:</b>	<b>Initial EIA 'Screening'</b> <input checked="" type="checkbox"/> <b>or</b> <b>'Full' EIA process</b> <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

## 1. Outline

**Give a brief summary of your policy or service**

- Aims
- Objectives
- Links to other policies, including partners, national or regional

**Aims**

It is proposed that in order to address key issues surrounding the fragmentation of current urgent care services, ensure alignment with the Five Year Forward View and ensure long term sustainability and viability, that all local urgent care services should be reviewed. This will be through detailed discussions with stakeholders and patients and an options appraisal developed.

For clarity, current services considered to be included within the scope of this review at this stage are adults and children's accident and emergency units, the Walk in Centre at Broad Lane, the GP Out of Hours collaborative and the Minor Injuries Unit and Eye Casualty Unit at the Royal Hallamshire Hospital.

The CCG is party to the regional 111 contract with YAS. This cannot be included within the scope of the review but the review must consider how local services should appropriately interface with the 111 service.

### **Objectives**

To ensure delivery of the urgent care review project via the working groups to the agreed timetable. To provide Governing body with assurance that the appropriate level of scrutiny and challenge has been applied throughout the process. To act as an Internal Critical Friend.

It is anticipated that the review will establish any benefits and or dis-benefits of increased integration and co-location of services and clinical professions (physical or virtual).

### **Links to other policies, including partners, national regional**

The review will be set in the context of consideration of the Five Year Forward View for Sheffield, which as agreed at the last Governing Body meeting will be a joint engagement exercise with providers and social care.

At this point it is considered that well developed and complementary primary care services are vital to ensuring the resilience and sustainability of urgent care services. The review will therefore assess the potential impact on primary care and link into the current local work surrounding the Prime Minister's Challenge which is looking to increase availability of primary care in evenings and weekends and also explore the potential for further developments.

The review will also consider key linkages both in and out of hours. Efforts will be made to

	identify comprehensively all relevant elements, including pharmacy, ambulance services, Active Recovery and the Better Care Fund.
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**Identifying impact:**

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

<b>2. Gathering of Information</b>					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
<b>Human rights</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The review will not impact on this area	Reviewing urgent care will not impact on human rights. Outcomes of this review will be scrutinised to assess any potential adverse effects.
<b>Age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify age ranges of people accessing urgent care and highlight the most vulnerable	People at both ends of the age range have a higher use of urgent care. Young children and older people have different specific needs from urgent care.

					Any review must include the possible negative impact of changing or moving where they access care.
<b>(Please complete each area)</b>	<b>What key impact have you identified?</b>			<b>For impact identified (either positive and or negative) give details below</b>	
	<b>Positive Impact</b>	<b>Neutral impact</b>	<b>Negative impact</b>	<b>How does this impact and what action, if any, do you need to take to address these issues?</b>	<b>What difference will this make?</b>
<b>Carers</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Identify carers and assess their use of A&E for themselves as well as the people they care for.	Carers can be of any age. By being aware of the reasons they access urgent care, for their relative or themselves, the review can assess the impact of changing or moving services. Many of the cared for patients have very specific needs in terms of access and parking. Moving or changing services may make it harder for the carer to get to the appropriate service.

<b>(Please complete each area)</b>	<b>What key impact have you identified?</b>			<b>For impact identified (either positive and or negative) give details below</b>	
	<b>Positive Impact</b>	<b>Neutral impact</b>	<b>Negative impact</b>	<b>How does this impact and what action, if any, do you need to take to address these issues?</b>	<b>What difference will this make?</b>
<b>Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Assess access to existing services, including for people with learning disabilities and mental health problems	The review should highlight use of services by groups of people with a disability. There needs to be an over view of actions taken by each out of hours service to ensure the best experience and outcome for people with disability. Where there is a good service, any change of movement of the service must ensure access is not lost. Where there are gaps in provision and patient experience is poor, improvements should be made using good practice to inform service development. Carers should be aware of how and where to access urgent

					care on behalf of disabled patients.
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A person's gender should not result in poorer treatment. A&E departments must be prepared to treat conditions affecting both sexes	The review will highlight services where there is poor provision to treat gender specific problems and seek to address this.
<b>(Please complete each area)</b>	<b>What key impact have you identified?</b>			<b>For impact identified (either positive and or negative) give details below</b>	
	<b>Positive Impact</b>	<b>Neutral impact</b>	<b>Negative impact</b>	<b>How does this impact and what action, if any, do you need to take to address these issues?</b>	<b>What difference will this make?</b>
<b>Race</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify areas of high urgent care use and assess the ethnicity of people in those areas.	Sheffield has a long history of welcoming people from different ethnicities who tend to group in specific parts of the city. Informatics have provided an interactive spreadsheet that shows 'hotspots' of use on a map of Sheffield. The search criteria can be refined to reflect day, time and age. Cross referencing 'hotspots' with areas with high ethnicity will allow the review to work with patients to understand the underlying causes of their urgent use.
<b>Religion or belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is often associated with race and ethnicity	The review must be mindful of cultural reasons associated with

					accessing urgent care. These can include ignorance of the NHS due to persecution at home and not understanding the role of GP practices.
<b>Sexual orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The review will not impact on this area	
<b>Gender reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The review will not impact on this area	
<b>(Please complete each area)</b>	<b>What key impact have you identified?</b>			<b>For impact identified (either positive and or negative) give details below</b>	
	<b>Positive Impact</b>	<b>Neutral impact</b>	<b>Negative impact</b>	<b>How does this impact and what action, if any, do you need to take to address these issues?</b>	<b>What difference will this make?</b>
<b>Pregnancy and maternity</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The review will not impact on this area	Sheffield has a separate work stream for this cohort. Access to urgent care for ethnicity and religion will be covered as set out above. Sheffield has an A&E department in the Children's hospital that will be part of the review.
<b>Marriage and civil partnership</b> (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The review will not impact on this area	
<b>Other relevant groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless People	Homeless people have difficulty accessing primary care. Urgent is often their only method of getting health care. Lack of access to preventative care can

					lead to them presenting at urgent care needing help with a condition that earlier intervention could have avoided.
<b>HR Policies only: Part or Fixed term staff</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**IMPORTANT NOTE:** If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

<b>3. Action plan</b>				
<b>Issues/impact identified</b>	<b>Actions required</b>	<b>How will you measure impact/progress</b>	<b>Timescale</b>	<b>Officer responsible</b>
Age - older people often have complex needs and themselves be carers for contemporaries or younger relatives	Identify groups of older people and go out to speak to them. Provide information about the review, access to the on line survey and offer paper copies if internet access is not possible	Number of groups identified and contacted.	June to August 2015	
Carers – old and young have different issues	Identify different groups of carers and contact them. Provide information about the review, access to the on line survey and offer paper copies if internet access is not possible	Number of groups identified and contacted.	June to August 2015	

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:		Date of next Review:	

Once completed, this form **must** be emailed to Elaine Barnes, Equality Manager for sign off:

[elaine.barnes3@nhs.net](mailto:elaine.barnes3@nhs.net).

Elaine Barnes signature:	
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DRAFT

