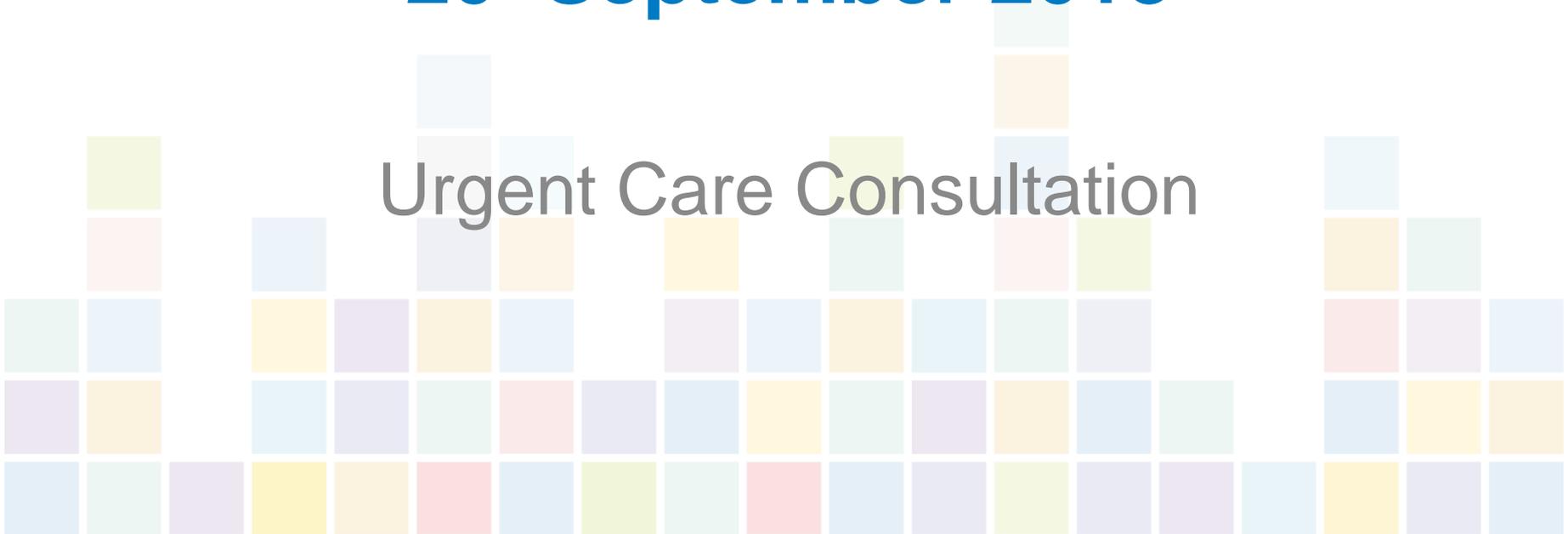


# Primary Care Commissioning Committee

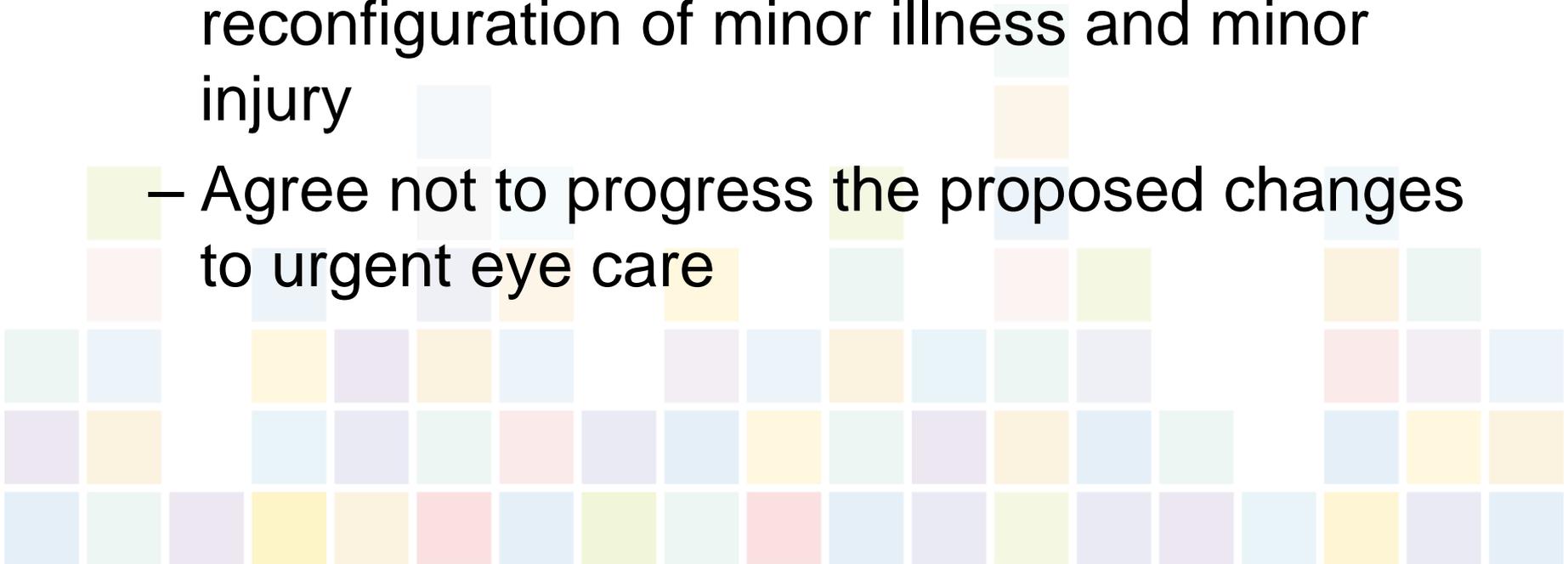
## 20 September 2018

Urgent Care Consultation



## Summary

- Based on all the information considered recommending that the CCG:
  - Reconsider the proposed changes for the reconfiguration of minor illness and minor injury
  - Agree not to progress the proposed changes to urgent eye care



# Key points

## 1. Consultation feedback

- Supportive of providing more urgent care in practices and children's UTC
- Considerable opposition to siting adult UTC at NGH and a number of alternative suggestions offered
- Work identified actions that could be taken to mitigate main concerns

## 2. OSC response

- Don't feel seen sufficient evidence to be assured proposals are in best interests of Sheffield people.
- Concerns re siting UTC at NGH and that closing WIC and MIU may affect people disproportionately
- Support ambition to provide more urgent care in GP practices, however not confident will work.

## Key points cont'd

### 3. Equality

- Consultation feedback did not show any significant differences.
- SPEEEC assured that considered sufficient information
- Conclusion - no specific impact for any protected group, reflected main themes

### 4. Health inequalities

- Concerns predominantly from South. PRG highlighted importance of considering and prioritising those in more deprived areas.
- Conclusion – reduction in health inequalities associated with minor illness but could be an impact on vulnerable groups in the city centre with minor injuries.
- Other approaches could have benefits re reducing inequalities further

## Key points cont'd

### 5. GP views

- Supportive of the principle of investing in primary care to make it sustainable and improve access
- Conclusion – practices/their populations will need a flexible approach to implementation of improvements to access

### 6. System views

- Development of Accountable Care Partnership since options developed
- Willingness from all parties to work together as a system

### 7. National guidance

- Required to have UTC – doesn't have to be co-located with A&E but guidance recognises benefits of this
- Does not have to be in place by Dec19 as originally required

# Views re 4 elements of proposals

## 1. Improve the way people access services (signposting)

- New ways of working already being introduced - not dependent on other part of proposals, lots of practices already offering care navigation/ triage
- No evidence that improving signposting would not be in the best interests of patients, although some patient groups will need appropriate adaptations

## 2. GPs would work together to offer patients appointments within 24 hours at their practice or another practice in their local area.

- General support for more urgent appointments at practices and majority happy to go to another practice if don't need continuity of care
- Accept people feel need more concrete details on how would work in practice for each area
- Practices need flexible approach to implementation rather than all working as neighbourhoods to deliver appointments within 24 hours

## Views re 4 elements cont'd

### **3. Change where people would go for minor illness and injuries – replace WIC and MIU with UTC at NGH (adults) and SCH (children)**

- No evidence to suggest implementation would not be in patients' best interests
- Review of feedback and alternative suggestions raises question of whether could be potential benefits of other approaches that outweigh the benefits of co-location
- Impact on primary care – money saved from closing WIC and MIU was to be reinvested into primary care

### **4. Change where people go for urgent eye care – urgent appointments offered at locations across the city instead of Emergency Eye Clinic**

- No evidence to suggest proposal would not be beneficial
- Providers recently indicated that they could work together over time to achieve improvement without reconfiguration.

# Implications

- **Significantly revised timescales** – implementation of any changes unlikely to be start before April 2020
- **Contracts for current services** – current services due to cease end of March 2019. Proposed extensions/re-procurement to cover delayed timescales as per recommendations
- **Primary Care** – still need to sustainably improve GP access and reduce pressure on practices. Used non recurrent monies in 18/19, but now no obvious source of funding for 19/20 onwards. Will consider as part of 19/20 planning process in light of overall settlement
- **Public involvement and consultation** – will involve in developing options and criteria and will hold another consultation in 2019.

# Recommendations

## The Primary Care Commissioning Committee is asked to:

- i. Reconsider urgent care proposals for minor illness and minor injuries
- ii. Agree not to progress the proposed changes to urgent eye care
- iii. Receive a revised pre-consultation business case in summer 2019

If PCCC approves the above three recommendations, Members are then asked to:

- i. Approve a 2 year contract extension for the walk-in centre
- ii. Approve the re-procurement of extended access (hub) services with a 2 year contract term
- iii. Agree to receive proposals to maintain development of primary care as part of 2019/20 planning