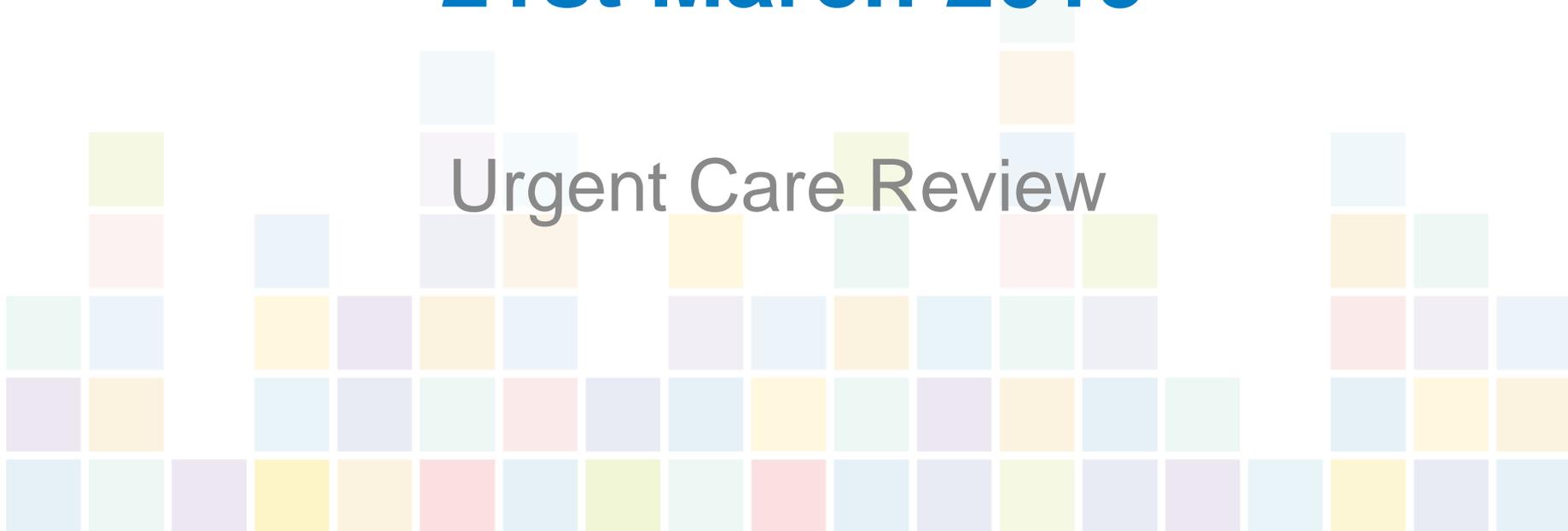


NHS Sheffield CCG Primary Care Commissioning Committee 21st March 2019

Urgent Care Review



What were we trying to achieve?

Make urgent care work better in Sheffield

- To simplify services, reduce duplication and confusion
- To improve access to GP appointments to guarantee that everyone who needs an urgent appointment can get one within 24 hours, and mostly on the same day

What happened last time

- Didn't take everyone with us
- What we were trying to achieve and why we were proposing changes wasn't always clear
- Proposals interpreted by many as cutting services and making them harder to access.
- Perceived lack of transparency in our decision making process



Our new approach – Lessons learnt

What's right for Sheffield

AIM

To be absolutely clear and gain a collective understanding of the problems and issues which need to be addressed to make urgent care right in Sheffield

- ACP oversight
- Will work with partners within the ACP and the public transparently to identify the problems and ways to address these via workshops/design
- Key messages still ring true. Not starting from scratch – will take into account the feedback and information from the consultation and engagement.
- Engage staff at all levels
- Make data and information more accessible to public
- Our communication will be clear, concise and universally understood.

Our work so far



Community Group	Progress / Notes
Community in Lowedges, Batemoor and Jordanthorpe	More than 100 people have contributed via semi structured interviews, patient journey maps and contributing in group discussions
Communities in Stocksbridge and Oughtibridge	82 responses to online survey
Roma and Slovak Community, Traveller community	4 families have contributed
People who live with respiratory conditions	11 patient journeys completed in LBJ. 53 patient journeys completed in Darnall
Targeted General Practices	<p>30 Patient journey maps undertaken in the waiting rooms at:</p> <ul style="list-style-type: none"> • The Healthcare Surgery • Pitsmoor Surgery • Page Hall • Porter Brook Medical Centre
People with physical impairments and mobility challenges	77 People completed online 8 detailed patient journeys.
People with mental health conditions	21 patient journeys completed and 50 people have completed the online survey who state they live with a mental health condition
Homeless community	Nomad to discuss issues survey also forwarded post meeting for completion by staff and residents
Parents	282 people have completed the survey who are a parent of a child under 16

Targeted groups so far

Community Group	Progress / Notes
Users of service at the Walk In Centre, Minor Injuries Unit, Adult A&E, Children's A&E	11 patients in Walk in centre reception area Other waiting rooms in MIU, A&Es to be completed by end of March
People with experience of substance misuse	3 people completed patient journey.
Students	53 responses from students to online survey In situ patient experience discussions in the waiting room (22 March) Numerous twitter handles used targeting universities, colleges etc.
People living with sensory impairment	32 people completed the online survey who live with a hearing impairment Discussion with people who have a sight impairment.
People with learning disabilities	5 patient journeys completed in LBJ. Further completed on-line survey Discussions in Darnall. <i>Listened at Learning Disabilities Board</i>
Pakistani Community	Over 100 people contributed
People who are likely to break /dislocate joints	2 patient journey maps have been completed

Engagement so far

More than 260 people contributed via semi-structured interviews, journey maps and group conversations

Terminus Initiative – Lowedges, Batemoor and Jordanthorpe

- more than 100 people involved so far
- People who live with learning disabilities, complex mental health needs, English as a second language, multiple long-term health conditions and disabilities

Darnall Wellbeing and Darnall Primary Care Centre

- 81 people involved so far
- People from the Roma Slovak community, over 100 Pakistani community, English as a second language, broad age range, people who live with respiratory conditions

Chilypep

- 10 people involved so far
- Young people, in particular, vulnerable and excluded groups

Homeless

- Group discussion at Nomad to discuss issues.

General Practices – Waiting Rooms

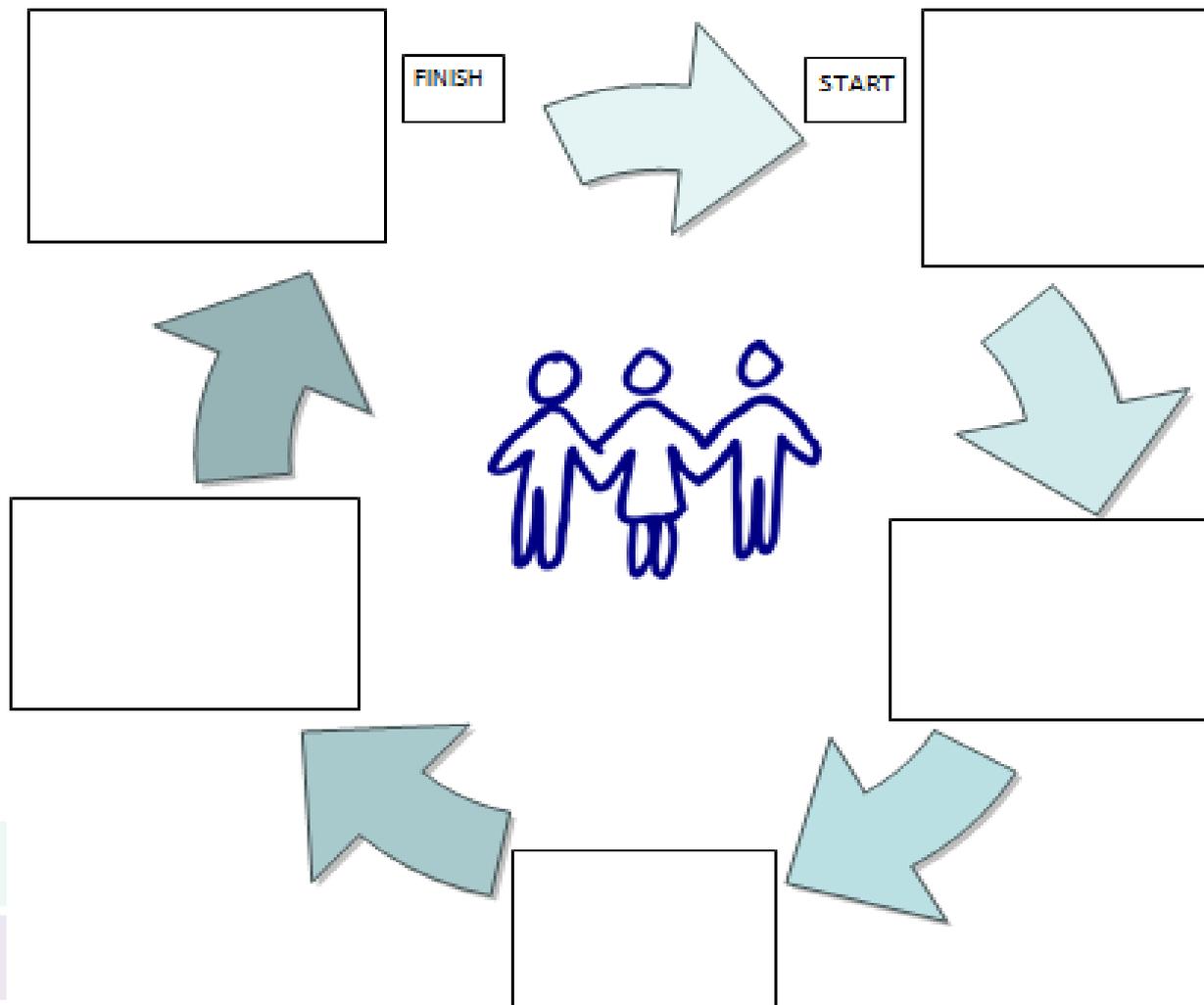
- The Health Care Surgery, Pitsmoor, Page Hall, Porterbrook Medical Centre

Walk in Centre

- In situ interviews in the reception area

Clinical Commissioning Group

Mapping your patient journey. Thinking about the last time you had an urgent care need for you or someone you care for.....



- What was it that prompted you to seek advice or treatment?
- What did you do first?
- Which service did you go to first? How did you get there?
- Why did you choose this particular service?
- Was anyone else with you when you went to the service?
- What time of day and day of the week was it?
- What happened next? Were you treated/receive the advice you required? Were you directed or referred to another service?
- If you were directed or referred to another service, which service was it?
- Did you go to the service you were directed to, or did you choose a different service? If so, why?
- What happened next? Were you treated/receive the advice you required? Were you directed or referred to another service?
- If you were directed or referred to another service, which service was it?
- What was good about the service?
- How could the service have been better?

Communications so far

Public Survey – @ 50 e-CONTACTS including all Partners, Councillors, Community Groups, in addition to Facebook and Twitter posts and direct contact.

Staff Survey – All GP practices, Care Homes, and all Partners and @25 community organisations

Public survey results as at 19th March

Most important

1. Seen by a health care professional best able to treat me
2. Seen on the same day
3. Seen at own GP surgery
4. Walk in for an appointment
5. Being able to book in for an appointment

Needs most improvement

1. Seen at own GP surgery
2. Seen on the same day
3. Seeing my own GP on the same day
4. Book in for an appointment
5. Seen by a health care professional best able to treat me

1690 responses as at 19th March

Staff survey results as at 19th March

Most important

1. Being able to provide enough same day appointments
- =2 Putting clinical triage in place
- =2 Having an up to date list of all the services I can signpost/refer to
3. Gaining the trust of the patient I am providing advice or treatment to
4. Access to services which can deal with urgent non health problems such as benefit advice, social care etc

Needs most improvement

- =1 Access to services which can deal with urgent non health problems such as benefit advice, social care
- =1 Being able to provide enough same day appointments
- 2 Having an up to date list of all the services I can signpost/refer to
3. Being able to electronically talk to other computer systems across services and organisations
- =4. Putting clinical triage in place.
- =4. Having a range of services offered in our organisation which we can refer patients to.

238 responses as at 19th March

Examples of some of the output of the workshop undertaken so far



Definition of Urgent Care

Urgent Care means

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

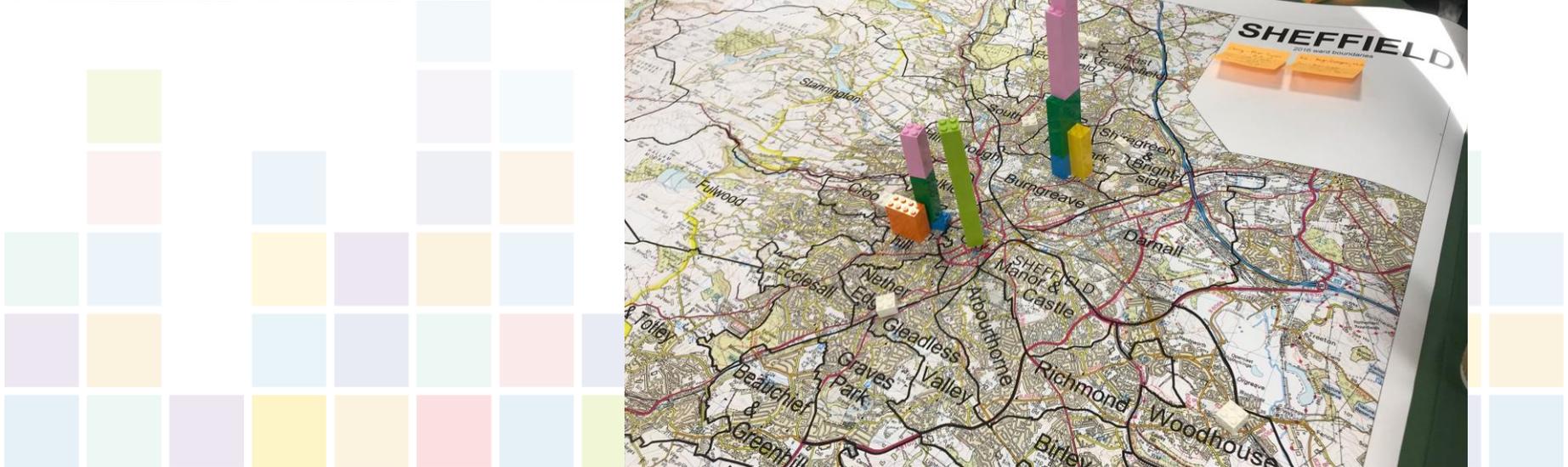
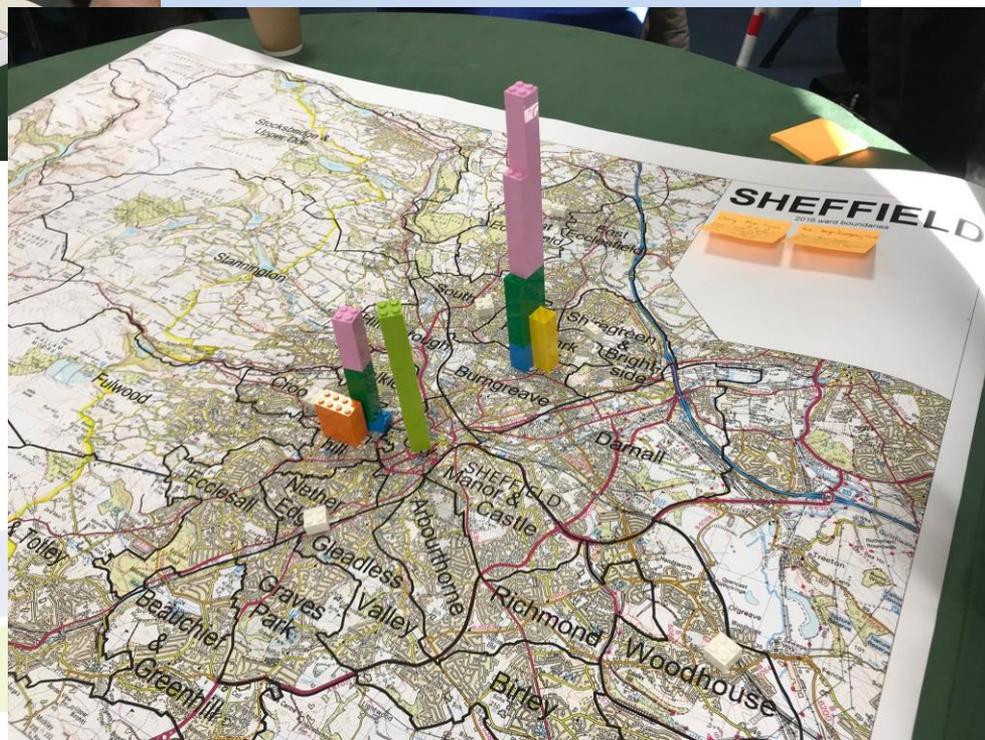
This does NOT mean

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

Together mapping
patient need and
demand for
urgent care
across Sheffield



Key Problems so far..

confusing and inconsistent **PATHWAYS**

ineffective use of and lack of **RESOURCE**

inconsistent and lack of **KNOWLEDGE**

issues with **CULTURE and BEHAVIOUR**

Confusing and inconsistent PATHWAYS

- Patients move between urgent care services but they don't all currently work together, it's complicated and there are many entry points. It means:
- Patients don't know which service to go to and when,
- there's a lack of continuity and flow through the services and their journey is longer and more complicated than it should be.
- Staff's lack of knowledge about services mean patients are signposted inconsistently
- There's inconsistency in the offer which leads to

Lack of and inefficient use of Resource

- It is a stretched system, with a stretched workforce, and shortage of time to care, if one service can't manage the demand, it bounces into another part of the system – day or night.

- It means patients have difficulty accessing the right services health or care at the right time and staff don't get the time they want to care for their patients appropriately.

Inconsistent and lack of KNOWLEDGE

- There is a difference between what is available and what patients and staff think is available.
- Staff have difficulties referring onto other services – there's a lack of knowledge/communication about services and how to access them and signpost patients effectively

Issues with CULTURE and BEHAVIOUR

- Patients go to what they trust and know
- Staff have different thresholds for risk management across different services
- Patients and Staff can be judgemental and use services inappropriately which means ineffective use of resources and pathways are not used appropriately.

Next Steps

- Complete engagement work by end March and draft engagement report
- Last workshop and design group to finalise list of problems and prioritise them – April
- Paper to ACP boards and PCCC May/June seeking 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

CONTACT US

- Questions
- <https://www.surveymonkey.co.uk/r/sheffieldurgentcare2019>
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