



**Sunderland  
Clinical Commissioning Group**

# **Sunderland Urgent Care Consultation**

**North locality event  
28 August 2018, 6 – 8pm**

|                         |                                |       |   |             |       |
|-------------------------|--------------------------------|-------|---|-------------|-------|
| <b>Date</b>             | 28 August 20-18                |       |   | <b>Time</b> | 6-8PM |
| <b>Event</b>            | North locality event           |       |   |             |       |
| <b>Venue</b>            | Castle View Enterprise academy |       |   |             |       |
| <b>No. people</b>       | 8                              | Males | 3 | Females     | 5     |
| <b>Room facilitator</b> | Helen Fox / Michael Barlow     |       |   |             |       |
| <b>Scribe</b>           | Gail Cobb / Lauren Robinson    |       |   |             |       |

### **Attendance and reach**

Total number of people who attended in total:

- Public – 8
- Sunderland CCG – 4
- NECS – 5

## Discussion

### Proposals for Urgent Care

#### Like

- More clinical input to 111
- Referral to extended access appointments
- Access to extended access GP and 111
- Reducing duplication of services
- UTC will be next to hospital, close to A&E
- It might promote resilience in patients, and help them shift their thinking to self-manage. Increase self-care
- Helpful MI Centre will support both A&B

#### Dislike

- Fear of the unknown; people don't know what's going to happen. Where will those people go?
- If all services close, where will those people go? Can people take the CCGs word for it, is what you are saying valid.
- 1 Centre (Pallion) too many people.
- Should be delivered at more sites / Not delivered across enough sites
- Pallion parking poor
- Poor disabled access.
- People might go away and not self-manage properly and condition might get worse.
- Issues are just so large – convenience food, obesity, diabetes
- Putting everything in ONE center - Injury – illness – closer to house
- Percentage MI – having to travel twice

#### Other comments / questions

- Promoting these changes, huge campaign.
- Much bigger than individual.

### Should the services be joined up?

#### Thoughts for no

- Pallion – parking is already a problem.
- Disabled access is poor.
- Should be delivered across more sites in Sunderland.
- If there's not enough clinical staff it should not be joined up. crazy to have in same building
- CONCERNED
- Pallion not known for having best facilities

### Location of the Sunderland Extended Access Service

#### Which locations are good and why

- Southwick – more appropriated for travel, parking is good, transport is good
- Primary Care Washington parking good, well-lit and secure, bus stop outside. Public transport most important
- Bus stop outside Primary Care Centre, Washington – reduced services evenings and weekends.

#### Which locations are not good and why

- Galleries poor parking. Rule Galleries out completely.
- Victoria Road poor parking during day.

#### Can you think of anywhere else this service should be located? Other comments

- Don't know the other areas – can't say with confidence.

## Opening hours

### SEAS

- Will these appointments be taken up by routine appointments i.e. people who work full-time/away, will they take up all of the appointments set aside for urgent appointments.
- When publicised – people like me would be looking for appointments after 5pm.
- (We wouldn't promote extended access) you need to think about who to phone.
- Are extended access available day to day (are they held)
- NEED TO EDUCATE
- Radio 4 documentary – use GP Practice as a drop-in service – it worked for them

### UTC

- Unless you see data, it's hard to comment.
- Does minor injury data show that people turn up at 10am?
- Weekday – Hard to comment – don't have statistics
- Weekend – (no comments)
- Wouldn't you want to get there early if you had an injury? I can understand illness.

## Key principles

### What do you think about the principles

- Worry that the model is based on self-care. Biggest challenge is self-care. In reality – it doesn't work like that. People are not doing that now
- Principles look perfect to me
- Need to influence patients

## Other comments

- Demand is increasing. How will this model change that?
- Not expecting those - Pallion
- Will this increase attendance to A&E
- How to promote the changes?
- Drop-in GP appointments – open access
- People are not going to change their behavior overnight

## Questions

### **Q – 9/10 split – what percentage requires access?**

A – It is only minor injury access (10%). 90% is minor illness

### **Q – How will you educate the public? Self-care (NHS 111, GP Practice, Pharmacist – Talk before you walk)**

A – The NHS 111 service will help people to be able to confidently self-care with clinical advice (from 1 October 2018 – new NHS 111 service will be launched with a big campaign). Also encourage use of pharmacist skills.

### **Q – Will the buildings close? Staff – clinical and non-clinical**

A – All services other than walk-in urgent care services will continue to operate from the existing buildings and will not cease. All providers of urgent care services are talking to make it work

### **Q – NHS 111 – what percentage are resolved to stop people accessing urgent care?**

A – Need to look into this figure. The new NHS 111 service will have more clinicians to provide advice.

### **Q – Will clinicians be able to prescribe?**

A – If a prescription was needed or other action like an xray, then NHS 111 clinicians would book you into the Urgent Treatment Centre or Sunderland Extended Access service

### **Q – Staffing during opening times – GP / nurse etc. modelling workforce strategy, freeing capacity**

A – Due to duplication of services, better use of staff will provide much more clinician time. Also, encouragement to see the right person and type of care so clinician time is freed up. Capacity will be released by triage through NHS 111. New GPs and

nurses can't be found overnight but a workforce strategy is also being developed.

**Q – Where is Extended Access center in Washington?**

A – The Sunderland Extended Access service in Washington is currently delivered from the Galleries.

**Q – 40,000 extra GP appointments (Extended Access). What if GPs don't want to work that? Are these at risk of being taken up? Is that now (40,000)?**

A - There is a national requirement to provide extended access. The majority of local GPs are currently involved in providing this by pooling their resources to currently provide 24 – 25,000 extra appointments. This will expand to 40,000 being available under the new proposal. Sunderland extended access service is not restricted by where you live. You could be seen earlier elsewhere. It is very much about it being appropriate for the patient.

Q – How do you get an extended access APPOINTMENT? Is it two numbers only? You will only need to remember two numbers – your own GP practice, and NHS 111

**Q – Persistent pain for example – better managed by another health professional? (Prevention work stream) – Currently running?**

A – Patients with long term conditions – the CCG is currently looking at different ways to better manage people pro-actively who have limiting long-term conditions or multiple conditions, so they don't need to use GP appointments or urgent care services as much. I.e. – prevention and self-care, etc.