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Section 1 Executive Summary

This strategy supports the Sunderland Clinical Commissioning Group vision of Better Health for Sunderland; aiming to improve the health and wellbeing of local people so they live longer with a better quality of life through the delivery of our strategic objectives: transforming out of hospital care, transforming in hospital care, and enabling self-care and sustainability. This strategy is key to enabling the residents of Sunderland to access Urgent Care which meets their physical and mental health and care needs. The development and delivery of this strategy will be carried out with stakeholders across the city, and, more importantly, with the people who use services in Sunderland.

Urgent Care refers to the care of people who do not have life threatening illness or injury but who have mental or physical health needs that require same day input from a clinician. At the centre of urgent care is the NHS 111 telephone service, as depicted in the diagram below:
This Urgent Care strategy aims to shift urgent care access away from the Emergency Department and closer to people’s homes. We have transformed urgent care services, for example, the development of four Urgent Care Centres, the GP Out of Hours service and supported the use of the national NHS 111 service. Over more recent times we have implemented more planned and proactive services out of hospital that are based on the principle of integrated or patient centred co-ordinated care, particularly for those who have a number of long term conditions and have regular contact with the health and care system. This approach is depicted in the diagram below:

This strategy is the next stage of our journey, now we have enhanced both urgent and planned care in the community. This strategy will move us towards the next iteration, ensuring we have the best fit between urgent and planned care in and outside of hospital.

SCCG’s aim is to deliver an integrated whole system of care across the city. Working together across the system, we will ensure that our services are fit for purpose, not just in the immediate future but also over the longer term. We can only do this if our services are achieving the relevant quality and patient safety standards, fit with the wider health and care system in Sunderland and the North East, and are as efficient as they can be within the current and future sustainability pressures. We need to ensure we use our resources effectively, and this includes ensuring our clinical staff, both in and out of hospital, are deployed effectively, working in a joined up way, seeing the patients who really need their particular skills. This integrated whole system vision is set out below:
All of these local and national developments mean it is timely to review our strategic intent in relation to urgent care services. Equally we recognise, the more we can support people to self-manage, and health and care systems to be proactive and planned, the less pressure there will be on urgent care services.

This strategy is also timely as over the years of transformation in Sunderland, the demographic and health status of people has changed, for example people are living longer but with more years of ill health. Also, technology and treatments have developed which have positively impacted on how services could be provided and has created different opportunities to best meet people’s needs. People’s expectations are changing as we increasingly enter a 24/7 culture with rapid access to information. As a result of some of these changes, there is increasing pressure on all health and care budgets. Research, piloting and testing across the country and in other parts of the world have led to new standards for both health and care systems, including urgent and emergency care services.

Our aim is to ensure that patients in Sunderland are able to have both their urgent and planned health and care needs met in a safe, effective and efficient way in the community, including through self-care; leaving hospital care for those whose needs require specialist services. This means ensuring Sunderland has an integrated whole system of care where patients have access to the right information, staff with the right skills, at the right time and in the right place according to their needs.

We have developed a vision for UC in Sunderland with stakeholders and partners. This vision is set out in the following five design principles which will guide the redesign of UC services across Sunderland:

1. Increase self-care through access to appropriate clinical advice
2. Ensure appropriate access to treatment as close to home as possible
3. Simplify access by improving integration across health and social care and reducing duplication of services
4. Meet mandated requirements
5. Be safe, sustainable, and provide responsive, high quality care
Section 2 Introduction

2.1 What does ‘Urgent Care’ mean?
In this document urgent care (UC) means:
- the range of health services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threatening

Examples of UC services:
- NHS 111
- Pharmacy
- Local doctor services (GPs), during and outside normal working hours
- Urgent Care Centres

Accident and Emergency (A&E) also known as the Emergency Department (ED) is not included in this definition as it is a service for immediate or life threatening conditions, or serious injuries or illnesses.

2.2 Why does Sunderland Clinical Commissioning Group’s Urgent Care Strategy need to change?
In 2012, senior leaders from health and social care organisations developed a shared vision and strategic direction for Sunderland UC. This vision was to develop a safe, sustainable, efficient, consistent and co-ordinated health care system accessible to all, with seamless handover of care available 24 hours per day across Sunderland.

To achieve this vision, the system would:
- Maximize independence and quality of life for people of all ages
- Ensure individuals and their carers and families are at the heart of their care and support
- Ensure access to information, advice and support to promote real choice and control
- Increase self-care and self-management
- Be of high quality, evidence based and affordable.

Since the original Sunderland UC strategy was written national and regional UC models have changed. The model of UC in Sunderland needs to adapt to these contextual changes as set out below. This refresh of the UC strategy was agreed by SCCG as part of the key intentions in the Plan for 2016/17.
Section 3 National context and drivers for change

Clinical Commissioning Groups are obligated to ensure commissioned services meet nationally mandated standards. NHS England is leading a clinical reform programme led by Professor Keith Willett Director for Acute Episodes of Care at NHS England. This reform work has resulted in the publication of documents setting out the national vision for Urgent and Emergency Care services. The key drivers for change set out in national documents are summarised below.

3.1 Five Year Forward View
In 2014 NHS England set out a ‘Five Year Forward View’ (5YFV) for the NHS, including the need to redesign urgent and emergency care services in England for people of all ages with physical and mental health problems [4]. The 5YFV sets out new models of care to ensure:
• “for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families”.

The following schematic sets out the national shape and structure of the future urgent and emergency care system:
The 5YFV vision has NHS 111 embedded within the UC system, providing access to telephone, primary, and community care services which meet peoples’ UC needs as close to home as possible. Most UC will be provided by out of hospital and general practice services, including evening and weekend access to GPs or nurses working from community bases. Services will be integrated and patient centred.

_Safer, faster, better: good practice document_ (2015) develops the 5YFV, making the following distinction:

- For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.
- For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery.

[6, p.7]

_Safer, faster, better_ document highlights five changes to deliver the 5YFV:

- Providing better support for people and their families to self-care or care for their dependants
- Helping people who need urgent care to get the right advice in the right place, first time
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments
- Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery
- Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts

[6, p.7]

The _Safer, faster, better_ document identifies minor illness as distinct to minor injury. Illnesses are considered best managed by general practice and community pharmacies, whilst provision such as UCCs focus on treating less serious injuries.

### 3.2 Integrated Urgent Care Commissioning Standards

Integration is key to delivering the 5YFV. The _Integrated Urgent Care (IUC) Commissioning Standards_ (2015) set out the requirements to deliver integration. IUC aims to “deliver a functionally integrated 24/7 urgent care service that is the ‘front door’ of the NHS and which provides the public with access to both treatment and clinical advice. This will include NHS 111 providers and GP Out of Hours services, community services, ambulance services, emergency departments and social care”

[7, p.4]
The following diagram depicts IUC from a patient perspective:

For patients unable to access their own GP, because the practice is closed or they are away from home for example, NHS 111 will be the primary route to UC services. IUC will have a ‘Clinical Hub’ offering patients who require it access to generalist and specialist clinicians. It will also offer advice to community health professionals including paramedics, so that no decision is taken in isolation. The Clinical Hub will be able to access patients’ clinical records. Over time IT system interoperability will support direct appointment booking into other services.

3.3 NHS Operational Planning and Contracting Guidance 2017 – 2019
The NHS Operational Planning and Contracting Guidance for 2017 – 2019 sets out requirements to deliver the 5YFV, including:

- deliver the four hour A&E standard, and standards for ambulance response times
• implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020, including a clinical hub that supports NHS 111, 999 and out-of-hours calls
• deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department
• initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis

The Operational Guidance also sets out funding for improving general practice access through the provision of additional evening and weekend appointments.
Section 4 Regional context and drivers for change

4.1 Urgent and Emergency Care Vanguards
Implementation of the 5YFV is facilitated by Urgent and Emergency Care (UEC) networks, and eight UEC vanguards. UEC Vanguards aim to:

- improve the coordination of urgent and emergency care services and reduce the pressure on A&E departments
- progress service reform at scale and pace testing reform on a regional scale which can then be rolled out nationally

4.2 The North East UEC Vanguard
The North East UEC Vanguard (NE UECV) commenced in 2015. Its strategic aims are:

- system leadership, with an overarching framework to address fragmentation
- promoting self-care among patients
- Improving general practice access through GP bookings
- Improvements and integration to out-of-hospital care

The overarching NE UECV approach:
In 2016/17 the NE UECV received £2.9 million of non-recurrent funding. The NE UECV projects relevant to this strategy are:

Clinical hub, including:
- clinical advice to members of the public calling NHS 111
- clinical support to paramedics and emergency technicians
- clinical support to other health and social care professionals

Digital Care (Information Sharing & Information Governance), including:
- sharing patient care records through the Medical Interoperability Gateway (MIG)
- deploying Information Sharing Gateway tool regionally

GP Direct Booking through NHS 111:
- direct booking of GP appointments from NHS 111
- accessing general practice data from GP practices to identify trends in illness

Supporting Self-Care for under 5’s:
- develop a smart device application targeted at parents of children aged under five
- features a body map where users can click parts of the body to reveal a list of symptoms relating to that area
- contains information about common childhood illnesses and the recommended actions
- signposts parents to the most appropriate health service
- includes a list of NHS services which will be geo-targeted to the user.
- written by a clinical team led by Dr Siri Gautam, Consultant Paediatrician at City Hospitals Sunderland

Region Wide Communications Plan
- development of a system wide social marketing approach
- developing activities aimed at changing or maintaining people’s behaviour
- identifying what the public perceive to be key issues around urgent and emergency care
- insight into the experiences of those who have recently accessed specific health services
- understanding the behaviours and motivations which govern how and why people use specific services

The regional provision of NHS 111 and the NE UECV projects have implications for Sunderland including:
- clinical triage via NHS 111 increases demand on primary and community services (when green ambulance dispositions are retriaged by a clinician approximately 30% can be transferred to an alternative disposition. 76% of people phoning NHS 111 who received an ED disposition when re-triaged by a clinician received an alternative disposition)
- GP OOH contract may need to change to avoid duplicating regional provision of ‘speak to’ service
Section 5 Local context and drivers for change

5.1 Overview of health in Sunderland
Sunderland’s population is approximately 277,000 (Mid-2014 population estimate from Office for National Statistics). The population has fallen since the 1990s with outward migration of younger people; however the population is predicted to rise to around 280,000 by 2030. 178,000 people (64.3% of the population) are aged between 16 and 64 years. Compared to England, Sunderland has a higher proportion of older people who use health and social care services more intensively. The population of people from black and minority ethnic (BME) groups has increased to 4.1% of the population, though this is less than the England average. Predicted patterns of migration suggest the increase in the ethnic diversity of the population is likely to continue over the next 20 years [12].

The population in Sunderland experiences higher levels of social and economic disadvantage than the England average. Socioeconomic disadvantage is linked to poor health. 38% of the Sunderland population live in areas that are among the 20% most disadvantaged across England with approximately 24% (11,500) of children living in low income families [12 and 13].

Whilst average life expectancy at birth has improved, the people of Sunderland live, on average, shorter lives than the England average. Life expectancy is 9.9 years lower for men and 7.6 years lower for women in the most deprived areas of Sunderland than in the least deprived areas. Residents also live, on average, a greater part of their lives with illness or disability which limits their daily activities [12 and 13].

5.2 Sunderland strategic objectives
This strategy has been developed with reference to SCCG’s five year Strategic Plan 2015 – 2019, which sets out the following objectives by 2019:

- Sunderland residents will be able to access urgent and emergency services that meet their health needs in a timely and effective way
- there will be equality of access across Sunderland to an UC response
- UC services will be accessible and responsive, and provided in the most part close to home
- only patients requiring emergency care will navigate into our emergency care service

Delivering better integrated and more seamless care and reducing the over-reliance on hospital services is an aspiration shared by both SCCG and Sunderland City Council [12].

SCCG remains committed to the aspirations set out in its Strategic Plan:

- the development of urgent and emergency care will focus on ensuring the right care is provided in the right place at the right time. Patients will experience safe, timely and effective care within the financial resources available in Sunderland. Health and social care UC services will be accessible 365 days a year and 24 hours a day
- patients accessing health care directly through 999 or NHS 111 will be triaged through established mechanisms and appropriately transported or booked into emergency care
when patients are deemed to require specialist urgent and emergency care, they will be navigated by primary, community and paramedic staff into specialist care. They will be pulled back into primary and community care as soon as practicable

primary and community services will refer into ambulatory care services to see, assess and manage patients with specialist health care needs such as neurology, cardiology, abdominal pain and COPD, and pull them back into primary and community services as soon as appropriate

Patients presenting directly at Sunderland Royal Hospital will be triaged through the Big Front Door, and appropriately streamed into the GP led urgent care service, ambulatory care service or into the emergency care service as appropriate

5.3 Enablers
Key enablers are currently being progressed which will facilitate these strategic objectives, including 7 day services, data sharing across services including shared patient records, telehealth, and new payment mechanisms.

5.4 Urgent care provision in Sunderland
UC provision in Sunderland includes the Emergency Department at City Hospitals Sunderland, four UCCs, 50 GP practices, Extended Hours in Primary Care, GP Out of Hours service, the Recovery at Home service and 61 community pharmacies.

5.5 Urgent Care Centre provision in Sunderland
Historically, different models of UC provision have been delivered in Sunderland, including nurse led and GP led models. Prior to September 2014 residents could access both Nurse Led and GP led UCCs. The GP led model was considered an improved service and thus from September 2014 all four UCCs became GP led, and the UC service moved from Grindon Lane to Houghton-le-Spring. Extensive public engagement was undertaken to inform these service changes.

The overarching objectives of Sunderland’s UCCs are to:

- provide comprehensive, accessible and high quality GP led treatment to everyone from birth upwards presenting with a minor illness or injury
- improve access of services for patients and reduce unnecessary Emergency Department attendance and admission to hospital
- ensure more people have access to a minor illness and injury service close to home
- help people to access the right service for their needs at the right time
- promote the use of directly booked appointments into the urgent care centres via the NHS 111 telephone service as well as ‘walk in’ opportunities

There are four Urgent Care Centres in Sunderland. One Urgent Care Centre is provided by CHS, and is currently delivered from Pallion Health Centre. The other three UCCs are provided by Northern Doctors Urgent Care (NDUC) and are delivered from the following sites:

- Bunny Hill Primary Care Centre
- Washington Primary Care Centre
- Houghton–le-Spring Primary Care Centre
The UCCs are open from 10:00 to 22:00 weekdays and 08:00 to 22:00 at weekends and Bank Holidays. Patients can access the UCCs by walking in or, if they phone NHS 111 and are suitable to be seen in an UCC then NHS 111 can book an appointment for the patient to attend the UCC of their choice.

Map of Urgent Care services across Sunderland:

Notes:
H indicates the main City Hospital Sunderland site
North, West and East hubs refer to the Extended Hours in Primary Care locations

5.6 General Practice
Sunderland has 50 practices in five Localities (East, West, North, Washington, Coalfields). Forty-two practices across the city are members of the Sunderland GP Alliance. Sunderland GP Alliance exists to help general practice deliver the 5YFV by working collaboratively and at scale where appropriate. SCCG as the direct commissioner of general practice, has agreed a strategy to enable the sustainability and transformation of general practice and this aligns with the recently published national GP 5YFV.

The Commissioning Strategy for General Practice [15] underpins our approach to UC across the city, specifically:

- General Practice will be the first point of contact for patients
- Patients will be seen by the right professional, with the skills related to their need, whilst recognising for some patients continuity of care is crucial
- Patients can book routine appointments in advance as well on the same day if they have an urgent clinical need
In 2013 SCCG commissioned locality based Extended Hours in Primary Care pilots to improve seven day access to general practice when patients have an urgent need. These services are intended to avoid people self-presenting at ED because they have been unable to secure an urgent appointment with a GP. Extended Hours in Primary Care offers additional appointments with GPs during the evenings and at weekends. The service is delivered on a locality basis from one location on behalf of all practices in that locality. At the time of writing the service is delivered in two Localities. Feedback from patients indicates a high level of satisfaction with these services. As the pilots have developed so has interest from other localities in the city and discussions are underway regarding extending provision into other localities. This is consistent with the national GP Forward View which requires extended access in all General Practices seven days a week no later than 2020/21. In the future there will be additional recurrent funding available to CCGs to develop these services. As Sunderland is part of the Northumberland and Tyne and Wear planning footprint and has been deemed one of 18 national transformation areas, Sunderland will receive the additional funding from April 2017 with pump priming this year and an expectation to have extended access in place from April 2017.

Delivering increased access to general practice requires additional workforce. To support the recruitment and retention of GPs across Sunderland, SCCG has a Multi Partnership Workforce Steering Group in place. The steering group supports the Commissioning Strategy for General Practice 2016 - 2021; in particular supporting general practice to increase capacity and build the workforce including the review of existing roles and skill mix to address capacity, review of existing recruitment and retention programmes and an appropriately funded city wide training and development programme for all staff.

5.7 Out of Hospital reform
SCCG is developing the Multi-speciality Community Provider (MCP) care model to deliver the 5YFV. Historical barriers between primary, community, mental health, social care and acute services make it hard to provide joined-up care that is preventative, high quality and efficient. The MCP model dissolves divides by redesigning care around the health of the population, irrespective of institutional arrangements. MCPs integrate general practice and community-based health and care services. An MCP is a place-based model of care, serving the whole population. In its most integrated form, an MCP holds a single, whole population budget for all the services it provides. These services are depicted below:
Most MCP vanguards will deliver UC services, through clinical hubs accessed via NHS 111. Integrated access means that MCPs will appropriately divert a proportion of urgent and emergency care patients away from secondary care by enabling the patient to access the right point in the system to meet their needs appropriately.

Over 2014/15 Sunderland stakeholders, led by SCCG with Sunderland City Council, developed an integrated model of health and social care for managing needs that could be met out of hospital. This model is outlined below and is now branded as ‘All Together Better – better health and care services in Sunderland’. This model includes urgent care needs for both the whole population and for those people who have longer term needs.

When NHSE sought local systems to test out new models of care, Sunderland put forward an application to test the MCP model as it was close to the model already designed, planned and about to be implemented. The application was successful and to date Sunderland has benefited from national expertise and shared learning, as well as over £10m of non-recurrent monies to pump prime some of the concept testing and implementation.

Via the MCP opportunity, SCCG and partners focused on three parts of the out of hospital model that were either not in place or needed enhancing to make them easier to navigate. The MCP did not focus on UC services at this point because reform of UCCs and GP OOHs had been undertaken. Whilst recognising the three elements cannot operate in isolation, each part is outlined below for clarity:

- Recovery at Home
- Five Locality Community Integrated Teams
- Enhanced Primary Care
The diagram below outlines this out of hospital model in Sunderland:

5.8 Community Integrated Teams
Five multi-disciplinary Community Integrated Teams (CITs) across Sunderland provide an effective, high quality and coordinated response to the most vulnerable people with the most complex needs, keeping them out of hospital. CITs focus on the top 3% of patients who are most at risk and who use 50% of our health and social care resources. Teams are made up of district nurses, community matrons; general practitioners, practice nurses, social care professionals, living well link workers and carers support workers. CITs create holistic health care plans with patients and carers, tailored to the needs of the person, and supported by their own GP, who leads clinical decision-making to ensure that the medical, social and emotional needs of their patient are addressed.

5.9 Recovery at Home service
Recovery at Home is a nurse led service operating 24 hours a day, seven days a week, providing rapid support during times of illness or unexpected changes in condition. Support is tailored to a person’s needs and can include a short term care package, nursing, therapy or GP support to get people back on their feet without having to be hospitalised or needing long term care.

5.10 Enhanced General Practice
12% of Sunderland’s population make use of approximately 36% of healthcare resources. To support patients to manage their own condition more effectively and understand what can be done to prevent health deteriorating locality hubs are in place, testing out the provision of services for the practice populations in each locality. This includes services that currently are provided in hospital but could be provided closer to home, freeing up specialist time in hospital. Support also includes trying to detect and manage conditions earlier to prevent the need for emergency responses such as diabetes monitoring, and preventing strokes. This work includes the Map of Medicine software tool which supports all 50 GP Practices to use easily use best practice pathways for patients.
The programme is also taking forward the realignment of care homes to particular GP Practices, as best practice shows patients are more likely to be effectively managed in the home when there is a consistent relationship and support from a single GP practice rather than one home having to manage relationships with many GP Practices.

5.11 Ambulatory Emergency Care
Ambulatory Emergency Care (AEC) is a way of managing a significant proportion of emergency patients without admission to a hospital bed. By treating patients on a same day basis, AEC has the potential to be as significant to emergency care as day case surgery was to elective care. Through AEC patients get to the right place, first time and receive the right treatment without unnecessary hospital admission. Patients may be referred to AEC by their GP, A&E or other route. The Sunderland AEC vision is to facilitate clinical discussion between key partners to ensure appropriate patients access AEC. AEC is not a location but a philosophy of care.

5.12 Local financial context
SCCG is currently deemed to be overfunded by 18.6% compared to the fair share of the total NHS allocation which SCCG should receive i.e. SCCG receives £82m per annum in excess of the fair share of the NHS funding in England. NHS England has adopted a rapid pace of change policy which has effectively resulted in SCCG receiving zero growth in the coming financial years. This pace of change policy adopted by NHS England has presented challenges in terms of identifying additional transformational programmes to release efficiencies.

We have identified that in order to successfully manage the pace of change policy there is a need to identify and implement efficiencies across services; hence the emerging urgent care service models will need to demonstrate financial sustainability.

5.13 Issues with current UC provision in Sunderland
UCCs were originally envisaged as more appropriate care provision than ED for people accessing ED for non-life-threatening care. It was originally hypothesised that patients would access UCCs instead of ED resulting in less people overall accessing ED. SCCG has analysed the data on UCC and ED activity over the last ten years, which covers nurse led and GP led UCCs. This analysis is depicted below:
This analysis clearly shows that attendances at ED have increased year on year despite the additional activity seen in the UCCs. Not only have the UCCs not impacted upon people accessing ED, but less people are now accessing UCCs than in the past. At the same time the 50 general practices across Sunderland undertake an average of 28,500 patient contacts every week.

5.14 Engagement

Over the past few years SCCG has engaged extensively with partners and stakeholders across Sunderland, including members of the public, patients, statutory and voluntary organisations and providers of both health and social care. The findings of the UC pre-pre-engagement can be found at: http://tinyurl.com/herwaf8 (see appendix 1 for an embedded version of the document).

Patients and the public have told us:
- the system is confusing
- people want to be able to see a GP when they have an urgent care need
- people with long term conditions want continuity of care because their needs are more complex

From engagement activities we know that:
1. The current system is too complicated to navigate effectively. We know this because:
   - historically additional services have been opened piecemeal to cope with increasing demand
   - in previous engagement exercises Sunderland residents have said they find the UC system confusing, and they don’t know where best to go to get their health care needs met
2. The current system does not provide the UC service that the people of Sunderland would prefer. We know this because:
   - People living in Sunderland have told us that they would prefer to timely access to their GP for same day urgent care (Strategy for General Practice engagement)
   - Local data shows us that people in Sunderland continue to access ED for non-life-threatening needs despite the provision of GP led UCCs across the city
   - Local data show us that the number of people going into ED has increased year on year

3. People are not getting their urgent care needs met effectively in the current system. We know this because:
   - People go to ED who do not require any treatment or follow up
   - We know from the number of people accessing the UCCs who either need no further treatment or who require follow up by their GP that their care needs could have been met by their own GP
   - We know that when people are seen by their GP practice or in GP hubs the GP can see their whole medical history, but this currently isn’t possible in ED or the UCCs
   - National engagement work as part of the 5YFV highlights the need for services to keep pace with societal and technological changes, particularly the use of online services which have led to a culture of immediacy and rising expectations
   - UCC providers are struggling to recruit GPs to work in the centres
   - People with long term conditions tell us through the All Together Better engagement process that they want care that is joined up, agreed with them and has continuity because of their often complicated needs

We also know that:

4. Sunderland residents have an overreliance on hospital care. We know this because:
   - The amount of people accessing ED has not reduced despite the provision of four UCCs
   - In the twelve months up to October 2016, 56% of people attending ED in Sunderland either left the department without receiving any treatment or were discharged requiring no follow up or follow up by their GP

5. The current UC service is financially unsustainable. We know this because:
   - SCCG is overfunded and will effectively receive zero growth in the coming financial years

6. Planned and proactive services for people with long term conditions have changed, which means these people need a different urgent care response. We know this because:
   - SCCG is working closely with partners across the city to provide these services
   - In line with the NHS Operational Planning Guidance, these service will continue to develop over the next few years
Section 6 Development of this strategy

6.1 Why does Sunderland’s UC model needs refreshing?
- SCCG needs to refresh its UC strategy due to the national, regional and local drivers for change set out above.

6.2 How will Sunderland’s UC model be developed and implemented?
- SCCG will refresh the UC strategy by working closely with stakeholders across the city. By stakeholders we mean people who will be affected by any changes which may emerge from the implementation of this strategy. This includes both members of the public and professionals working in health and social care across the city. The strategy will be clinically led throughout.
- The patient and public engagement that SCCG has carried out over the previous few years has been collated and analysed to inform this strategy
- GPs have been, and will continue to be, involved in the development of this strategy ensuring the UC strategy synergises with the Commissioning Strategy for General Practice
- The following organisations have been involved in the development of this UC strategy:
  - City Hospitals Sunderland NHS Foundation Trust
  - South Tyneside NHS Foundation Trust
  - Northumberland, Tyne and Wear NHS Foundation Trust
  - North East Ambulance Service NHS Foundation Trust
  - Northern Doctors Urgent Care
  - Sunderland Care and Support
  - Sunderland City Council
  - Sunderland GP Alliance
  - NHS England
  - North Durham and Durham Dales, Easington and Sedgefield CCGs via the North of England Commissioning Support Unit
Section 7 The vision for Urgent Care in Sunderland

7.1 The vision
Working together through the Sunderland wide Urgent Care Board, the above stakeholders together with the GP Clinical Lead for Urgent Care have devised the following five principles to guide the redesign of UC services across Sunderland:

1. Increase self-care through access to appropriate clinical advice
2. Ensure appropriate access to treatment as close to home as possible
3. Simplify access by improving integration across health and social care and reducing duplication of services
4. Meet mandated requirements
5. Be safe, sustainable, and provide responsive, high quality, care

1. Increase self-care through access to appropriate clinical advice
What does this mean?
- people will be able to get access to clinical advice to meet their needs in a timely way
- advice will be tailored to individuals to meet their specific needs
- people will not need to attend a service just to be given advice on how to care for themselves

What could success look like?
- people will be empowered to take responsibility for their own minor health needs
- people will know where to go to access evidence based clinical advice
- people will receive consistent evidence based advice
- people will trust the advice, and this will give them confidence
- people will access the right level of service for their needs
- we will ask stakeholders what they want success to look like

2. Ensure appropriate access to treatment as close to home as possible
What does this mean?
- people will only need to travel to access more specialist services
- for simpler health care requirements people will use appropriate local services such as pharmacies and general practice
- services that do not need to be provided in a hospital but could not effectively be provided in general practice, will be provided in either Locality hubs or in city wide community services
What could success look like?
- patients present appropriately at the right place ensuring their health needs are met in a timely way, thus improving their longer term health outcomes which will support long term system sustainability
- people self-present to ED only when they have life threatening conditions
- people who require advice are able to access alternatives to urgent and emergency care services
- General Practices are supported by their local community hub
- we will ask stakeholders what they want success to look like

3. Simplify access by improving integration across health and social care and reducing duplication of services

What does this mean?
- there will be fewer, but more improved, ways of accessing UC services
- NHS 111 will be integrated with UC services

What could success look like?
- people will know who to contact to get their health needs met
- people will access the appropriate service for their needs
- people will get their needs met at the service they access
- people who require it (for example people with long term conditions) will receive continuity of care
- people with complex needs will have agreed care plans in place to meet all their health needs including UC
- we will ask stakeholders what they want success to look like

4. Meet mandated requirements

What does this mean?
- Access to clinical advice as appropriate via NHS 111
- 24 hours/7 days a week access to appropriate services via NHS 111
- 7 day extended access to General Practice (evenings and weekends) from 20/21 and in Sunderland from April 2017

What could success look like?
- people will be empowered to manage self-limiting health needs
- people will be able to access General Practice (this may be via a Locality arrangement) in a timely way for UC needs
- people access the most appropriate service for their needs by phoning NHS 111
- only people who need specialist care will need to access the Emergency Department
- we will ask stakeholders what they want success to look like
5. Be safe, sustainable, and provide responsive, high quality, care

What does this mean?
- there are no serious incidents
- all clinicians and services meet required quality standards of care
- services meet best practice and are evidence based
- people will receive timely care where they require it
- patients’ are asked about their experience of services, and any concerns are listened to and where possible acted upon
- resources are used to maximise the health of the population

What could success look like?
- no one is harmed due to errors
- people live longer and with more years of good health
- people value the system and their behaviour reflects this
- patients’ are seen as partners in their care
- we will ask stakeholders what they want success to look like

7.2 What will the future UC model in Sunderland look like?
This UC strategy is the start of a work programme to develop the Sunderland wide UC model. The future UC model has not yet been defined as it requires extensive input from patients, the public, and stakeholders across the city. Further documents will be produced by SCCG as this work develops.

7.3 Engagement plan
As the refresh of this UC strategy may have an impact upon the services SCCG provides to the residents of Sunderland, SCCG, with the North of England Commissioning Support Unit, will be undertaking extensive public and stakeholder consultation. This work has already started with early engagement, including:
- analytical desk review of national, region and local evidence which focused on the urgent care system
- conducted 396 interviews with members of the public
- worked with the Sunderland citywide UC Board, including holding workshops

The next phase of engagement will be to have an open and honest conversation between the SCCG, partners and local people. This will take place during November and December 2016. This will be facilitated through the use of a Listening Document based on this strategy. The Listening Document will explain the challenges Sunderland has around UC and will ask a series of questions SCCG would like to explore. The Listening Document will reflect the current national, regional and local UC context, current services, the clinical evidence base, current performance and issues identified. The UC strategy and Listening Document is the start of the case for change that will be developed over the coming months.

Appropriate and proportionate engagement activity will take place with supporting communications to ensure awareness is raised. This will make it as easy as possible for people to respond. SCCG’s objective is to create a dialogue, a two way conversation, with local people so that Sunderland residents can consider the issues and feedback their thoughts, ideas and suggestions. Where possible other engagement work will be harnessed to maximise transparency and cohesion.
Following consideration of the views heard in the listening phase, service configuration options will be developed. These service configuration options will demonstrate how the views given in the listening phase have been incorporated into the potential options. The service configuration options will be developed by SCCG working closely with partners.

Formal consultation with the public will be undertaken during March, April, May and June 2017 regarding the service configuration options. This phase will include holding public meetings, appropriate publicity, and appropriate engagement methods to ensure people can contribute to the consultation.

SCCG will continue to work closely with all partners, including NHS England, as well as the public throughout this process. The results of this engagement work will inform SCCG’s UC commissioning intentions.

7.4 Conclusion
We will achieve an integrated whole system, by making the system as simple as possible to understand, navigate and access, by ensuring those who need co-ordinated care receive it, by providing care as close to home as possible, and by driving out waste from the system including the current duplication. To ensure a sustainable UC model in Sunderland for the future resources will be maximised to achieve better health for Sunderland’s population. We will ensure urgent care services enable people to be seen in the right place by the right person, first time and every time. We will shape future services in consultation and collaboration with people right across the city, ensuring the approach we take is integrated across the whole system, not limited to healthcare, but including social care and other partners and stakeholders as well as the public and patients.
Section 8 Reference list


12 Sunderland City Council (2016) Director of Public Health for Sunderland Annual Report 2015 http://www.sunderland.gov.uk/Committees/CMIS5/Document.asp?czJKcaeAi5tUFL1DLT2UE4zNRBcoShgo=GzBvgYA0uuQFg04ebfjiijEHUhascNTx5HMMzPYyZo6NXmlfkYopw%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh22
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Section 9 Glossary of terms used in this document

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>5YFV</td>
<td>Five Year Forward View</td>
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<tr>
<td>AEC</td>
<td>Ambulatory Emergency Care</td>
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<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
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<td>BME</td>
<td>Black and minority ethnic</td>
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<tr>
<td>CIT</td>
<td>Community Integrated Teams</td>
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<tr>
<td>ED</td>
<td>Emergency Department, another name for Accident and Emergency</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>GP OOH</td>
<td>General Practice Out Of Hours service</td>
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<td>IUC</td>
<td>Integrated Urgent Care</td>
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<td>MCP</td>
<td>Multi-speciality Community Provider</td>
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<td>MIG</td>
<td>Medical Interoperability Gateway</td>
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<td>NE UECV</td>
<td>North East Urgent and Emergency Care Vanguard</td>
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<td>Sunderland Clinical Commissioning Group</td>
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Section 10 Appendix 1 Market research and public engagement: urgent care

Market Research and Public Engagement Ur