



Sunderland
Clinical Commissioning Group

Sunderland Urgent Care Consultation

Launch event, 9 May 2018, 2 – 4pm

Attendance and reach

Total number of people who attended: 24

- Public – 2
- VCSO – 5
- Other organisation – 6
- Sunderland CCG – 6
- NECS – 5
- Registered but did not attend - 5

Online views (updated 11 May 2018):

- 13 people watched live on Youtube and 30 on demand
- 24 watched live on Twitter, with 105 on demand
- Facebook, 339 total views with a peak of 11 people watching at any one time, with an estimated 20 live viewers
- 10 people have viewed the edited video through the website

Where you can view the event

The Sunderland Urgent Care Launch event was streamed live on Facebook and twitter. You can watch this event by going to:

<https://www.youtube.com/watch?v=m6eetEHF-0&t=1028s>

Question and answers

Question: Can I have more detail on the 24 hour service?

As you are aware you currently have your GP who does a home visiting service for patients that need to be seen by a GP or a member of the team but they can't because they are too unwell to get into the practice. Then out of hours, we commission a separate service. However at other times of day we have lots of other services that are operating around the city which includes nurse practitioners, district nurses, urgent care nursing teams, older peoples nurses teams and we've been doing a lot of work with our out of hospital vanguard programme – the altogether better – that we have spoken to people in the city about before where we have integrated a lot of our community services to meet people's needs by being a lot smarter about how we deliver services. Really what we are trying to do now with urgent care is put the urgent element to the part of the service that we have currently got, so rather than developing yet another home visiting service, what we are doing is pulling together the services that are currently out there to work together as one team, which will then become that 24/7 home visiting service across the city.

Our general practices will deal with that urgent need for people that have a minor illness. By being able to offer this home visiting service, it means we can release time in general practices to allow them to be able to see patients who may have previously gone to an urgent care centre but will now be going to their practice.

We are not saying that your GP will never do a home visit again. People that have really chronic, complex issues that need the continuity of their GP but there are certain visits that can be done, for example if someone has a lung condition, nurse practices can deal with that issue. The out of hours teams already work with GP's, we are just joining the dots.

Question: How would people access that service?

People are saying they are really confused about this but there will only be two numbers that you have to remember, 111 and your GP practices phone number

Comment: Congratulations on getting the easy read document out at the same time as the main document, a really great improvement

Question: Because previous consultations haven't been horrendously well attended, how are you going to publicize the decision once it's been made and make sure it's understood by the population?

We are doing as much as we can now to engage and consult as broadly as we can so that people are aware that this work is happening. In terms of when we make a decision I think there will be two aspects because prior to that, with 111 being a national service, there will be an enormous amount of communication materials that we would tap in from that national perspective, therefore I would expect the media to play a big part as well as us

using all of our mechanism that we do to share the news about 111 with people. We will then continue from December when we have made the decision to get the message out in as many different forms and via all of our networks both informal, formal and media.

Question: Does option B mean the Sunderland access service will continue in the other four areas?

It's a national requirement that we have extended hours available across the city for a certain number of hours per week, which we are meeting but also increasing those as time goes on. There is east, north, west, Washington, Coalfield all have their own extended hours service. That will continue but we need to consult about the timing and location of those.

Question: Have you considered including pharmacy in any formal way?

There has been a lot of work done with 111 on a regional level, which is ongoing. Because 111 is a regional and national service, they've looked at altering a lot of the things that have traditionally gone to urgent care centres or primary care are now coming through to pharmacy with close monitoring and safety netting.

The reason we haven't engaged locally is because we need to be mindful, value for money and it's not easy to get a robust evaluation that gives us that evidence so we are looking forward to seeing the outcome of the work being done for 111.

Question: Trying to get a GP appointment these days is almost impossible. How can this be improved?

With the provision of the extended access service and all the changes already in freeing up a capacity within general practice. We don't need to every single visit, there are visits that we need to do by not doing the ones that could've been dealt with more appropriately by services. We have done a full set of modelling and impact. If we were to reconfigure this as we suggested, the impact of on general practice would be one additional patient per day and we've looked at each individual practice with the most being an increase of 2-3 patients, but the average increase would be 1-2. We anticipate with all these changes that that would free up capacity. We continue to work with GP's to improve things. If we use our services more appropriately because a lot of the time urgent care is trying to keep up with the wants of the population rather than the needs, therefore we need to make sure them needs are met. That means streaming through 111 or streaming through your general practice. 50% of people are able to have that clinical advice on how to self-treat/manage or if they need to be referred on. Freeing up capacity is the answer to that.

Question: What steps are being made to ensure the services are being delivered?

In terms of how we will know, there's a full mobilisation plan that's monitored and scrutinised very closely by commissioners and then that gets reported through our regional

groups. We need to make this work absolutely effectively because it starts in October so we wouldn't be making any changes to our existing system until April because I think with any new service, while you wouldn't expect any big problems we'll be mobilising that service from October.

Question: Are the CCG in a position to ensure the ambulance service will be able to cope with any transfers or issue that may arise from this situation?

In terms of transfers, it's no different to what it is now, if anyone needs to be transferred from an urgent care service because they suddenly become an emergency then that's what would happen now and in the new model. There has been a change to the ambulance response times, called the ambulance response programme where all of the ambulances in the country were struggling to meet response times because some of the people that required an 8 minutes response wasn't really a life threatening condition. The ambulance response programme is actually performing really well in comparison to the rest of the country. We would expect to see any transfers to be managed effectively.

The early indication from the travel and transport analysis shows for the majority, particularly for minor illness, that would be a better situation because you would have four or five of the extended hour's services to get to.

Question: Firstly, how confident are you that general practice can cope with the added demand? And secondly, how confident are you that all general practices do offer same day appointments?

First question. We have consulted with general practices to get their views, so we know that we have done some really careful modelling. When urgent care sent us all around the country, we know that 50% of that demand will disappear but we are very confident 1-2 extra patients a day will be a reality. We've local experience but also national experience that these figures are based on. General practice is working very hard, the important thing is we create a joined up seamless system that can cope with some of our visits. Every time we don't see someone that's potentially 3-4 patients you could see in the surgery because of the travelling to and the travelling from issues for patients. Even taking one visit a day will give enough capacity to GP's to be able to do that. We can't guarantee 111 is going to take this pressure away from general practice but by having a clinician streaming and giving clinical advice we that there will be some positive impact we just don't know how much yet. But to tell people before this has happened is an unrealistic possibility. That will run from October until April so before any of these proposed changes take place we will have a six month period of time to monitor and measure what the impact is of the new 111 service to see if there is a positive impact.

Second question. Again, this is something that within our contracts we have a list of people to see. We will be looking at ways of again supporting general practices to upskill. A lot of general practices are extremely experienced in looking at urgent demand. All of the practices across the city already offer access to under 2's and there's been help and support from the CCG to extend that offer to parents with children up to 5, we recognise

that children get sick quicker. We need to look at how general practice streams those patients and obviously the extended access service is supporting our own core services as well.

Question: You have given assurances about under 5's and under 2's. What about over 5's?

We need to look at how they are streamed because peoples request for a safety visit need to be dealt with through our general practice services. The majority of practices already do it and everybody endeavours to do so, we just need to make sure that is more consistent across the city which will come with time, support and training and bringing a bit of capacity back into the services as well.