Appendix 2

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Meeting date: ……
Item No: ……

GOVERNING BODY

Title of report:	**Urgent Care Services Integration**
Sponsor Director:	Sarah Burns, Director of Commissioning
Date of report:	11th December 2015
Name of person presenting the report at the meeting:	Sarah Burns, Director of Commissioning Stewart Findlay, Chief Clinical Officer
Reason for report: '✓' *please tick relevant category*	• Information only • Development / Discussion • Decision / Action ✓
Recommendations: (i.e. action being sought from the meeting)	The Formal Executive Committee CQFP is asked to: • Support the further development of the proposed new service models for urgent care as set out in this paper • Support the CCG in undertaking a consultation/ engagement exercise with the public in respect of these new models • Approve the report for submission to the Governing Body on 12th January 2016
Report status: '✓' *please indicate relevant category*	• Official ✓ • Official Sensitive: Commercial • Official Sensitive: Personal
Is this report confidential? *please delete as appropriate*	• **No**
Procurement Conflict of Interest completed and attached: *please delete as appropriate*	• **n/a**
Potential conflicts of interest:	There is a conflict of interest for general practice members of committees as potential providers of the service in future.

Purpose of the report and summary of key issues:	• The CCG has conducted an in depth review of urgent care services • The review has been influenced by national policy and the local strategy for urgent and emergency care • This report provides detail of the existing services and their utilisation based on both quantitative and qualitative information • Engagement with stakeholders has been undertaken as part of the review process • The review has indicated the need for a different configuration of urgent care services in DDES • A proposed new model of urgent care is outlined in the report • Consultation with stakeholders would be required given the significantly different model proposed

DDES consultation and other approval routes (including outcomes):	Meeting/route	Date	Outcome
	Formal Executive Committee	22.12.15	
	CQFP Theme		
	Governing Body	12.1.16	

Supporting documents/ Appendices:	• Appendix A – Urgent Care Services Integration • Appendix B – A summary of the service currently available across DDES and the rest of County Durham and Darlington

Impact Assessment and Risk Management Issues

Consideration given and action taken in this report relating to impact assessment and risk management issues is detailed below:

(✓) tick as appropriate	**Impact area**
	Does this report identify a risk for the CCG?
	Does this report impact on the environment/sustainability of the CCG?
	Does this report have legal implications?
✓	**Are there any resource implications – finance and/or staffing as a result of this report**
	There are implications for staff currently employed in the existing urgent care services. There are potential financial implications for existing service providers

	Has this report taken into account equality and diversity?
	If service changes are implemented then a full equality and diversity assessment will be undertaken
	Does this report impact on Quality, Innovation, Productivity and Prevention (QIPP)
✓	**Has there been any consultation/engagement (patient, public, stakeholder, clinical) with regard to the content of the report?**
	Engagement has been carried out via the Experience Led Commissioning programme Clinical engagement has taken place via the DDES wide management meeting (including PG chairs) and the clinical locality leads
	Are there any clinical quality/patient safety issues identified in this report?
	Does this report impact on any information governance issues?
	Other implications

APPENDIX A

URGENT CARE SERVICE INTEGRATION

1.0 Introduction

A number of factors (both local and national) influenced the CCG's decision to review urgent care services. This paper sets out:

- The context, both locally, regionally and nationally with required the CCG to carry out a review of services
- Details of existing services and their utilisation
- Stakeholder engagement that has been carried out
- Audits of existing services both from a clinical and patient perspective
- Other factors that influenced the service review

This paper goes on to summarise the case for change and a potential new model for integrated urgent care services in DDES. The sensitivities of any potential changes are recognised. The purpose of this paper is to gain the support of the Governing Body (following extensive engagement with both Member Practice commissioning representatives and the Council of Members) to further develop the proposed model in this paper and to consult with the public on the potential changes to services.

2.0 Local, Regional and National Context

There were a number of factors that initiated the review of urgent care services in DDES and they are described in the following section of this report.

2.1 National Context

The Transforming Urgent and Emergency Care Review[1] proposed a new National vision urgent and emergency care which has now been adopted and is being heavily promoted by NHS England. The National vision has two key aims:

- People with urgent but non-life threatening needs must have a highly responsive, effective and personalised service outside of hospital – as close to home as possible, minimising disruption and inconvenience for patients and their families.
- People with serious or life-threatening emergency needs should be treated in centres with the very best expertise and facilities in order to reduce risk and minimise their chances of survival and recovery.

NHS England have recently published further guidance to help local commissioners and providers understand the practical elements of the vision and are providing support to facilitate local implementation. The main elements of the National approach underpinning the aims of the vision are:

[1] Transforming urgent and emergency care services in England. Urgent and emergency care review end of phase one report *High quality care for all, now and for future generations.* Professor Sir Bruce Keogh, November 2013

- **Self-care** – through more easily accessible information about self-treatment option, pharmacy promotion and better access to NHS 111.
- **Right advice or treatment first time** – through an enhanced NHS 111. service which is easier to access and supported by a range of clinicians.
- **Faster, convenient, enhanced service** – to General Practice, primary and community care services aimed at providing care as close to home as possible and prevention unnecessary admissions to hospital.
- **Identify and designate available services in hospital based emergency centres** - aiming to ensure that urgent and emergency care services work cohesively together as an overall Urgent and Emergency Care Network so that the whole system becomes more than just a sum of its parts.

In addition to the above there has been a great deal of learning resulting from the challenges experienced throughout the urgent and emergency care system during Winter 2014/15. With this learning from Winter 2014/15 NHS England developed eight High Impact Interventions for urgent and emergency care that are designed to provide focus for local commissioners and providers on elements of the system which are crucial to be in place to ensure effective patient flow and patient experience within urgent and emergency care services.

New national standards for commissioning integrated urgent care services in October 2015[2]. This builds on the Transforming Urgent and Emergency Care Review published in 2013.

An extract from the new national standards is included below:

The core vision for a more closely Integrated Urgent Care service builds upon the success of NHS 111 in simplifying access for patients and increasing the confidence that they, local commissioners and the public have in their services.

The offer for the public will be a single entry point - NHS 111 - to fully integrated urgent care services in which organisations collaborate to deliver high quality, clinical assessment, advice and treatment and to shared standards and processes and with clear accountability and leadership.

Central to this will be the development of a 'Clinical Hub' offering patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation. The clinicians in the hub will be supported by the availability of clinical records such as 'Special Notes', Summary Care Record (SCR) as well as locally available systems. In time, increasing IT system interoperability will support cross-referral and the direct booking of appointments into other services.

A plan for online provision in the future will make it easier for the public to access urgent health advice and care. This will increasingly be in a way that offers a personalised and convenient service that is responsive to people's health care needs when:
- They need medical help fast, but it is not a 999 emergency.
- They do not know whom to contact for medical help.
- They think they need to go to A&E or another NHS urgent care service.
- They need to make an appointment with an urgent care service.
- They require health information or reassurance about how to care for themselves or what to do next.

[2] https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf

Put simply:
"If I have an urgent need, I can phone a single number (111) and they will, if necessary, arrange for me to see or speak to a GP or other appropriate health professional – any hour of the day and any day of the week"

2.2 County Durham and Darlington Context

The County Durham and Darlington System Resilience Group, which is a sub group of the Health and Wellbeing Board, has developed the County Durham and Darlington Urgent Care Strategy 2015-20 and has overall responsibility for the capacity planning and operational delivery across the health and social care system for urgent and emergency care. The local System Resilience Group will be responsible for overseeing the implementation of the Urgent Care Strategy locally.

The SRG is chaired by the Chief Clinical Officer from Durham Dales, Easington and Sedgefield Clinical Commissioning Group with representation from North Durham Clinical Commissioning Group, Darlington Clinical Commissioning Group, both Local Authorities and all key stakeholders involved in the delivery of urgent and emergency are across County Durham and Darlington.

In line with the National vision, the local vision for urgent and emergency care across County Durham and Darlington that has been developed is:

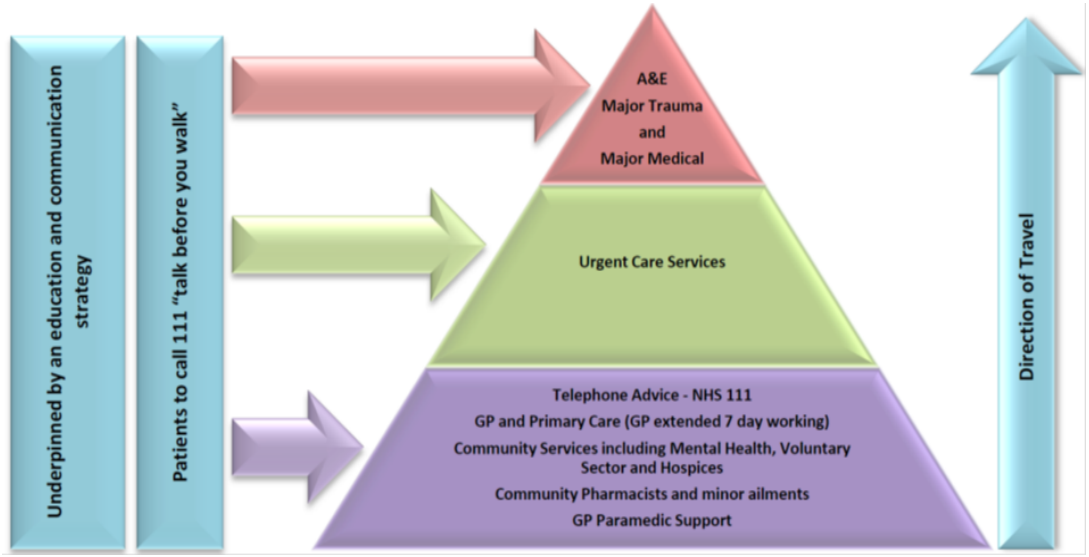
'Patients are seen by the right health/social care professional, in the right setting, at the right time, to the highest quality and in the most efficient way providing the best outcome for the patient.'

This vision incorporates the whole urgent and emergency care system from pharmacies, GP Practices and other primary care services, secondary care community services and acute hospital provision.

To implement the vision, the identified actions have been aligned to seven objectives:

- People are central to designing the right systems and are at the heart of decisions being made.
- Patients will experience a joined up and integrated approach regardless of the specific services they access.
- The most vulnerable people will have an a plan to help them manage their condition effectively to avoid the need for urgent and emergency care
- People will be supported to remain at their usual place of residence wherever possible
- The public will have access to information and guidance in the event of them needing urgent or emergency care.
- The patient will be seen at the right time, in the right place, by a person with the appropriate skills to manage their needs.
- The patient will not experience any unnecessary delay in receiving the most appropriate care.

The County Durham and Darlington System Resilience Group would like to ultimately see the following model commissioned for patients requiring urgent and/or emergency care.



The main focus of the model is the availability of a range of community based services including pharmacy, promotion of self-care, NHS 111, GP Paramedic Support, extended primary care joined up with secondary community care services providing a timely and effective service to patients who are quickly and safely directed to access the relevant service to meet their presenting health needs.

The County Durham and Darlington Urgent and Emergency Care Strategy 2015-20 is a high level strategy with each Clinical Commissioning Group responsible for developing implementation plans including appropriate local engagement to deliver on actions they have responsibility for leading on.

The final draft of the strategy has been endorsed through all three Clinical Commissioning Group Executive Meetings, Governing Body Meetings, Health Overview and Scrutiny Committees for County Durham and Darlington and the County Durham Health and Wellbeing Board. The strategy will be presented to Darlington Health and Wellbeing Board for endorsement in January 2016.

2.3 DDES Context

Alongside the County Durham and Darlington Urgent Care Strategy Development the CCG has been reviewing local urgent care provision for almost two years. Very detailed work has been undertaken to understand the usage of services locally which are different to those in place across the rest of Durham and Darlington.

The aim of this work has been to understand:

- If these services best meet the needs of the local population given that services have been in place now for several years
- How the services in DDES support delivery of improved outcomes for patients
- If the services help to support the national strategy and standards for out of hours services
- If the services represent value for money
- If services need to change or improve

3.0 Services Available in DDES

There are currently three Urgent Care Centres (UCCs) and one Walk-In Centre (WIC) within the DDES CCG area.

The UCCs located at Bishop Auckland and Peterlee currently operate 24 hours a day, every day of the year and are GP led. The Seaham service operates from 8am to 6pm, Monday to Friday and is nurse led.

In addition, a WIC service is provided under a contract with Intrahealth that operates from 8am to 8pm, 7 days a week, at Healthworks, Easington which is GP led.

A summary which shows the services currently available across DDES and the rest of County Durham and Darlington is shown at appendix B.

The list of facilities available at each of the DDES sites is shown below:

	Bishop Auckland UCC	**Peterlee UCC**	**Seaham UCC**	**Healthworks WIC**
GP led	✓	✓		✓
Nurse led			✓	
Ability to "Walk In"	✓	✓	✓	✓
Appointment Required				
Appointment Available	✓	✓	✓	✓
Open 8am – 6pm	✓	✓	✓	✓
Open 6pm – 8am	✓	✓		
Open 6pm – 8pm (teatime surge)	✓	✓		✓
Open Monday to Friday	✓	✓	✓	✓
Open Saturday & Sunday	✓	✓		✓
X ray services	✓ (9am-9pm)	✓ (to 7pm)		
Durham Dales location	✓			
Easington location		✓	✓	✓
Sedgefield location				

Primary Care services currently offer extended opening hours on a Saturday in a hub model with support to vulnerable patients at risk of admission to hospital throughout the whole weekend period.

Urgent and Emergency Care Services in County Durham and Darlington have evolved in response to evidence based practice and guidelines, along with relevant NHS policy changes. Over time this has resulted in the development of numerous services that can appear to the patient as unrelated, each with different names and access points. This has created a complicated system with multiple connections and complex patient flows. Patients and health and social care professionals can find it challenging to navigate around these services efficiently.

In County Durham and Darlington there has been a continued rise in demand for Urgent and Emergency Care across the whole system, from increasing attendances at Emergency Departments to increased demand on the GP In and Out of Hours Services. County Durham and Darlington has an increasingly ageing population, and there is a continued rise in all long term conditions. In the future, managing this demand may become unsustainable within the current configuration of health and social care systems. As technology and clinical techniques

advance, so do the expectations of the public in being able to access health and social care services in more convenient and flexible ways.

Continuing to work to refine the already stretched hospital centric and urgent care systems will only have limited success in meeting the growing demands. Fundamentally there is a need to reduce the overall demands through addressing the underlying reasons for the patient accessing an urgent and emergency care service. This requires alignment of services, working collaboratively together to provide one simpler, safer and more effective system, delivering an improved seamless patient experience, improved quality and safety and better value for the taxpayer.

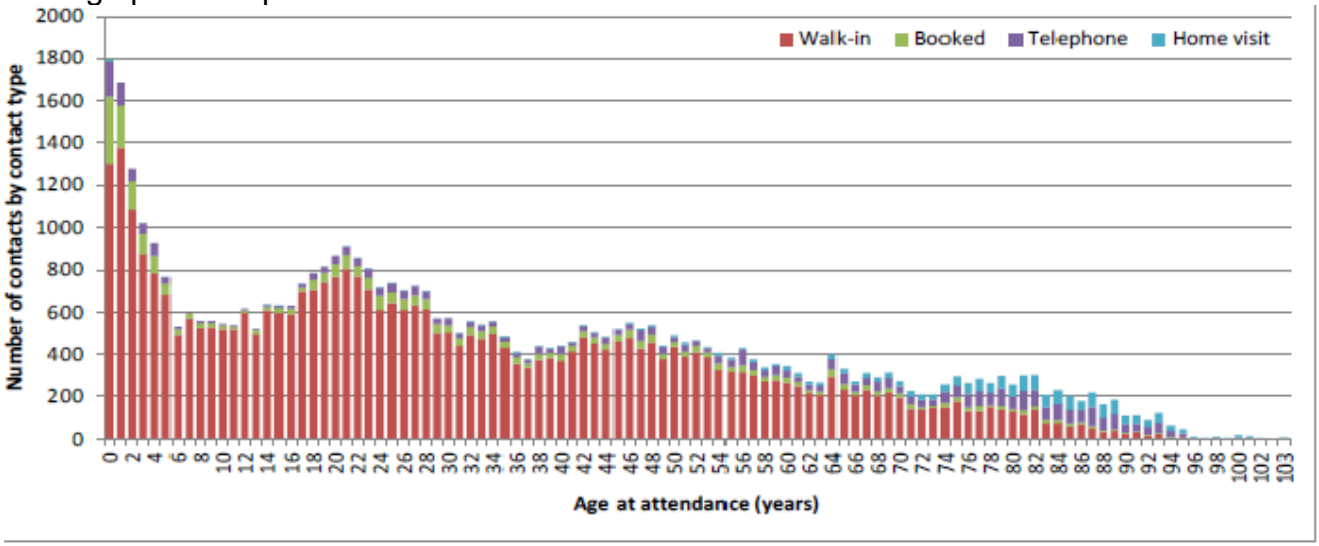
3.1 Use of Services Across DDES

Detailed analysis has been undertaken based on attendances at the four services during 2013/14. The key highlights are:

- There were 137,763 attendances across the four centres
- During the hours of 8am and 8pm, Monday to Friday there are an average of 5.7 attendances per practice in UCCs (including Healthworks) – this varies by practice as below

Locality	08:00 – 18:00	18:00 – 20:00	08:00 – 20:00
Dales	3.78	1.31	5.09
Easington	9.08	1.50	10.58
Sedgefield	2.47	0.98	3.46
DDES	5.71	1.31	7.01

- The closer a practice is to an UCC the more attendances there are for that practice population
- There are peaks in attendances at certain times of the day and day of week i.e.
    - Mid-morning between 10am and 12 noon
    - Early evening from 4pm – 8pm
    - Weekends between 10am and 12 noon
- The age profile of patients is similar at all four centres



4.0 Engagement

Engagement has been undertaken with a range of stakeholders to better understand the services delivered and the needs and preferences of the population.

4.1 Engagement with Patients and Other Stakeholders (including providers)

In July 2014, DDES CCG in partnership with an external Experience Led Commissioning (ELC) team, formed a local ELC team to carry out an engagement exercise to help understand how patients and the public use and perceive urgent care and what matters to them when they access these services.

Engagement work was undertaken in the DDES CCG area with the following groups of people:

- Parents of young children (under five years)
- People living with long term health issues
- People with mental health issues
- People in good health

The local ELC team also spoke to front line teams in urgent care settings.

There were five main reasons that people said they use urgent care centres:

1) They want immediate reassurance
2) They perceive their condition as “in between GP and A&E”
3) They believe they can’t see their GP soon enough
4) It is out of hours
5) Because there is free transport to urgent care centres out of hours

Both people and front line staff said that urgent care centres are mainly used because people cannot get an appointment to see their GP during the day. Front line staff added that during the day, the majority of patients attend urgent care centres with problems that could have been resolved at their GP practice, and that during the out of hours period urgent care services are used more appropriately.

The outcomes of the ELC exercise were that:

- The process for making GP appointments should be improved
- Direct access to x-ray and fracture clinics would improve services
- Having the ability to request diagnostic tests for non-urgent should be considered
- There is a need for more joined up thinking around;
    - Triage (across urgent care centres, GP practices and NHS 111)
    - Policies and procedures
    - Access to clinical records
    - Accessing specialist advice (a second opinion)
- NHS 111 needs to be joined up and part of any new system thinking
- What matters to people and delivers a ‘great’ urgent care experience would be if services are;
    - Welcoming
    - Supporting
    - Reassuring
    - Building confidence
    - Informing and educating people how to self-care

- Listening and understanding

The key message was that patients would prefer to see their own GP where possible and that they would like new and innovative ways of contacting their GP.

The outcomes of the ELC exercise underpinned DDES CCGs decision to carry out further work around integrating urgent care services.

4.2 Engagement with Member Practices

As information has been collated it has been shared with member practices on a regular basis via the DDES wide management meeting

4.3 Service Visits

Visits to all four of the services were undertaken by members of the Executive Committee, commissioning team and on occasion members of the Governing Body. The aim of the visits was to visit the site, observe the services in operation and talk to staff.

The visits were informative and allowed CCG staff to ask questions to aid their understanding of service operation.

5.0 Service Audits

There was a large volume of quantitative data available on all four services, but further analysis and audit was required to better understand service utilisation.

Further audits were carried out in February 2015 to help understand:

- Numbers and demographics of those accessing urgent care and walk-in centres by DDES CCG patients
- Proportion of symptoms and ailments that patients present at urgent care, that could be safely dealt with, assessed and treated in primary care
- Current capacity in primary care, to help understand or challenge public perception that patients are unable to access appointments and as a result feel they have no choice but go to A&E

5.1 Clinical Audit of UCC and WIC attendances

The first audit was carried out by DDES GP Practices of UCC and WIC attendances

(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- 36 out of 41 practices in DDES CCG took part in the audit
- In total, 5,338 UCC attendances were reviewed (4.90% sample of the approximate 120,000 predicted UCC attendances)
- The top reason for attending urgent care was due to an injury (15.5% of the total) and this was also the final or main diagnosis of the attendance (16.1% of the total)
- Most patients had the symptoms for 0-1 weeks prior to their attendance at urgent care (63.0% of the total)

- Prescribing of medicines was the top treatment stated by practices (44.3% of the total)
- In total there were 394 cases where the patient had received an x-ray
- In 59.2% of UCC attendances no follow up was required
- 69.7% of UCC attendances could have been seen in primary care instead
- Appointments were available in GP practices when the UCC attendances took place in 67.6% of cases

5.2 Audit carried out by Healthwatch regarding patients experience in an UCC or WIC

(Note: 'urgent care centre [UCC]' has been used to describe all activity whether at an urgent care centre or a walk-in centre)

- Healthwatch reviewed 151 patients, at Bishop Auckland, Peterlee, Seaham and Healthworks UCCs
- 91.4% of these were from DDES CCG
- The top reason for attending urgent care was patient choice: "I chose to come here"
- 84.1% (127 patients) of patients stated they had used their own transport to get to the UCC
- The top reason for attending urgent care was due to an injury (14.6% of the total)
- 29.1% patients would have gone to A&E had the UCC been unavailable

6. Other Factors to be Considered

A range of other factors were given consideration when reviewing existing services. They are listed below.

6.1 Duplication of Services

There are more services available in DDES than in the rest of County Durham and Darlington, particularly during GP practice opening hours.

In one case there is a nurse led urgent care centre in the same building as two GP practices with the same opening hours. The patient reference group contacted the CCG in 2015 raising concerns about duplication of service and asking the CCG to consider having services open when GP practices are not to avoid duplication and extend access.

6.2 Seven day working

The national policy direction is to move towards seven day working. It is unlikely that GP practices will be required to open 8am to 8pm seven days a week. It is possible that there will be changes to the national GP contract which may impact on the way that services are delivered.

6.3 The Impact of Weekend Working in Primary Care

Previous extended opening pilots have suggested that there is not sufficient demand for GP services to open every practice at weekends. The current model across DDES is to provide access for all the whole population via a hub model (practices opening on behalf the population from a number of other practices).

Demand for urgent care services has decreased significantly since these services were introduced. When comparing activity for April to August 2015 to the same period last year

activity is 8% lower at the three UCCs (Bishop Auckland, Seaham and Peterlee) and 23% lower at Healthworks.

This downward trend in demand has never been seen before as activity has previously increased year on year.

6.4 Cost of Services

Benchmarking work was undertaken to compare the cost of services in DDES with those commissioned in other areas. This exercise suggested that cost were higher in DDES than in other areas.

6.5 Procurement Issues

The contracts to provide UCC and WIC centre have expired, but have been renewed on a rolling yearly basis whilst the review has been undertaken. The law requires the CCG to re-procure contracts when they expire.

It is appropriate that a review of patient need and service outcomes is undertaken before a service is re-procured to ensure that the model is still appropriate and is cost effective.

6.6 Urgent and Emergency Care Vanguard

County Durham is part of the North East Urgent Care Network (NEUCN) that was selected as a successful UECV earlier this year. The NEUCN is chaired by Dr Stewart Findlay, Chief Clinical Officer for DDES CCG. The NEUCN covers a population of 2.71 million spread across diverse geographies incorporating large pockets of both densely populated and dispersed populations.

The NEUCN application is supported by the following organisations:

North East Ambulance Service NHS FT, 111 and 999 Regional Provider	NHS Northumberland CCG
Northumberland Tyne & Wear NHS FT	NHS North Tyneside CCG
Tees, Esk and Wear Valley NHS FT	NHS Newcastle Gateshead CCG
Northumbria Healthcare NHS FT	NHS South Tyneside CCG
Newcastle Hospitals NHS FT	NHS Sunderland CCG
Gateshead Health NHS FT	*NHS North Durham CCG*
South Tyneside NHS FT	*NHS Durham, Dales Easington and Sedgefield CCG*
City Hospitals Sunderland NHS FT	NHS Darlington CCG
County Durham and Darlington NHS FT	NHS Hartlepool, Stockton and Tees CCG
North Tees and Hartlepool NHS FT	NHS South Tees CCG
South Tees Hospitals NHS FT	Nine SRGs and associated members
Regional Out of Hours Providers	Clinical Health Information Network
Royal College of Psychiatry	*North East Local Authorities*

Academic Health Science Network	North of England Commissioning Support (NECS)
Health Education North East	Voluntary Organisations' Network North East

The network bid also benefits from support across both North Cumbria and Hambleton & Richmond Strategic Resilience Groups (SRGs).

The NEUCN vision is to:

> "reduce unwarranted variation and improve the quality, safety and equity of urgent and emergency care provision by bringing together SRGs and stakeholders to radically transform the system at scale and pace which could not be delivered by a single SRG alone."

The principles of the NEUCN Vanguard are:

- High quality, safe, urgent and emergency care services available 7 days of the week addressing our population health needs, balanced against requirements of personalisation.
- Simple to access integrated care pathways, delivered as close to home as possible, provided across a full range of care settings, enabling good choices by patients and clinicians.
- Improved patient experience and clinical outcomes delivered through care in the right place, at the right time, provided by those with the right skills.

Key Deliverables of the NEUCN Vanguard:

Systems Leadership	**By April 2016**	**By April 2017**
	- Create an overarching framework to deliver the objectives of the UEC review, including a stock take of services, regional action plan and implementation of revised NHS 111 Commissioning Standards. - Address fragmentation and nomenclature of UEC services. - Implement standardised system wide metrics, supported by academic partners to ensure rigour and benefits realisation. - Ensure consistent delivery of High Impact Interventions by SRGs. - Deliver improved intelligence and modelling via the 'flight deck'. - Undertake baseline assessment to inform proposed new costing models and agree scenarios for shadow monitoring	- Implement outcomes of the regional UEC review stock take. - Outcome of payment reform shadow monitoring implemented.

Self-care	- Promote self-care for minor ailments and self-management for long term conditions through the development of online health tools, initially focusing on parents of children under 5 years.	- Extend personal health budgets to support Integrated Personal Commissioning
Primary care	- Increase direct booking into GP appointments, in and out of hours, to 50% of practices. - Standardise minor ailment schemes in pharmacies.	- Further increase direct booking into GP appointments and expand direct booking to other UEC services.
Integration	- Expand the Directory of Services (DoS) to include social care. - Implement information sharing between providers, allowing analysis of pathways and outcomes, by linking NHS identifiers from 111, 999, A&E and admission data. This will inform future pathway changes and payment reform. - Enhance Summary Care Records in association with HSCIC.	- Achieve greater integration between 111 and OOH provision.
Out of hospital	- Implement 24/7 early clinical assessment of green ambulance and ED dispositions. - Implement 24/7 senior clinical decision Support through an enhanced clinical hub, accessible by 111/999 and external clinicians, including GPs, pharmacists, mental health, dental and social care professionals. - Improve See & Treat and Hear & Treat. - Enhance mental health integration through rollout of 24/7 triage services, psychiatric liaison, 7 day MH consultant working and 7 day street triage with mobile access to health records.	- Utilise ambulance trauma consultants to enhance secondary care treatment in the community. - Mobile access to DoS for all services.

Any proposals for changes to services in DDES must link in with the U&EC vanguard programme.

7. Potential Future Models

All of the information included in this report has been shared with the member practices at the monthly DDES wide management meeting as it has become available.

A discussion on the proposed future model for urgent care service took place at the three locality meetings in July and August 2015. The discussion included the commissioning leads from each practice and the PRG chair for that locality. A follow up workshop took place in October 2015 with the clinical locality leads and proposed new service models were developed.

The models were based on the information previously mentioned in this report, but summarised below:

- There are multiple services for patients to access in DDES, particularly during the day
- There are peaks in demand for services (mid-morning and 4-8pm)
- Patients would prefer to see their own GP where possible
- Appointments are available in the majority of cases where patients have attended UCC/WIC services
- Services must be more closely linked and integrated (including 111 services)
- Patients perceive the UCC/WICs to be between A&E and GP services when this is not always the case

The following tables summarise the preferred model for each localities:

Potential future service model for integrated urgent care services

Times	Easington	Sedgefield	Durham Dales
In hours (U/C and WIC)	Primary care model delivered by a number of hubs No walk in facility – patients triaged	Urgent care provided by patient's own GP practice Patients should be seen by appointment only Triage at front desk	Urgent care provided by patient's own GP practice Patients should be seen by appointment only Triage at front desk
6pm – 8pm	GP practice hub based model	GP practice hub based model	GP practice hub based model
Weekends	Primary care extended opening via a hub based model	Primary care extended opening via a hub based model	Primary care extended opening via a hub based model
Out of Hours	All calls triaged through 111 No walk in facility Consideration be given to transport issues	All calls triaged through 111 No walk in facility Consider transport issues OOH	All calls triaged through 111 No walk in facility Consider transport issues OOH
Minor Injuries	Hubs to treat minor injuries Rapid access to x-ray facilities	Hubs to treat minor injuries Rapid access to x-ray facilities	Rapid access to x-ray facilities Majority of injuries to be managed in primary care Rapid access to secondary care for second opinion regarding fractures

Key points:

- All three localities felt that access to transport services was an important consideration given issues with rurality and or lack of access to personal transport
- In hours it is felt that patient need can be better met by the patient's own GP practice or practices operating a hub model – the clinician seeing the patient would have access to the full patient record and could treat the patient holistically rather than just for their presenting complaint
- Extended access to a GP practice between 6-8pm on weeknights will be available to the whole population
- Extended access to primary would continue at weekends although further consultation with the public would be necessary to understand the key times this should be available.
- Patients should be triaged and scheduled to be seen as appropriate
- The mandatory GP out of hours service would be commissioned from 8pm in the evening and across the weekend
- Significant engagement with the general public needs to take place to ensure they have all of the information they need about accessing urgent care services

These models were presented back to the DDES wide management meeting in November 2015 and supported. They will also be presented to the Council of Members in December 2015.

8.0 Summary and Next Steps

A new model of urgent care is being proposed for DDES which has been designed based on an extensive service review and engagement exercise. The model proposed is a significant change so it is expected that a formal public consultation would be required. This would be confirmed following discussions with the Health Overview and Scrutiny Committee (OSC) in January 2016.

A detailed consultation and engagement plan is in development and the CCG would ask the OSC to advise on the proposed consultation plan.

Discussions with existing providers and their staff would take place in January 2016 to inform them of the proposals and allow them to input into the consultation/engagement process.

9.0 Recommendations

The Governing Body is asked to:

- Support the further development of the proposed new service models for urgent care as set out in this paper
- Support the CCG in undertaking a consultation/engagement exercise with the public in respect of these new models

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Date:	December 2015

APPENDIX B - A summary of the services currently available across DDES and the rest of County Durham and Darlington:

	North Durham CCG		DDES CCG				Darlington CCG	
General Practices	GP practices open 8am-6pm Mon to Fri plus extended opening some evenings Additional weekend opening		GP practices open 8am-6pm Mon to Fri plus extended opening some evenings Additional weekend opening				GP practices open 8am-6pm Mon to Fri plus extended opening some evenings Additional weekend opening	
	University Hospital of North Durham	**Shotley Bridge**	**Seaham Primary Care Centre**	**Easington Healthworks**	**Peterlee Community Hospital**	**Bishop Auckland General Hospital**	**Darlington Memorial Hospital**	**Dr Piper House**
Urgent Care Centre	6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends	8am to 6pm, Monday to Friday		24/7	24/7	6pm – 8am	8am – 6pm
Minor Injuries Unit		24/7			24/7	24/7		
Walk in Service				8am to 8pm, 7 days a week				
A&E department	24/7						24/7	
GP Out of Hours Service	6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends			6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends	6pm – 8am Mon to Fri and 24 hours at weekends	
Key Points	No day time urgent care		No A&E department in geography Range of day time urgent care				Integration between UCC and A&E	