

NHS Logo

DDES logo

Getting Care Right for You

14th March 2016 – 6th June 2016

A photo/abstract image capturing the essence of the
consultation plus consultation logo

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We are NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group, DDES CCG for short. We comprise 40 GP practices and cover a population of around 272,000 patients. We are a very big organisation, so we have got three localities as points of reference for what we do – the Dales area, Easington and Sedgefield.

What does this all mean?

Clinical: we are made up of GPs, nurses and other health professionals who know your health needs and how to meet them.

Commissioning: we plan and buy health services that you need and use on your behalf.

Group: we are an organisation accountable to you, the taxpayers.

1. Getting Care Right for You

Welcome and Introduction

Welcome to our public consultation about urgent care services in Durham Dales, Easington and Sedgfield (DDES). We look forward to tell you what we have done, how we have done and why we believe that changing urgent care services will improve your experiences of local health care services.

By urgent care we mean ‘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’. Excluded from this is emergency care, which is defined as ‘immediate or life threatening conditions, or serious injuries and illnesses’. Examples of urgent care services are:

- NHS 111
- Pharmacy
- Local GPs, during and outside normal working hours
- Walk-in centres
- Minor injuries unit
- Urgent care centres

The aim of the proposed changes is to commission (buy) urgent care services that people find simple to understand and provide people prompt treatment or advice for their urgent care needs, making best use of the medical workforce and without additional pressure on A&E.

In particular, the consultation will focus on:

- Current day-time urgent care services
- Proposal for extended GP practice until 8pm weekdays and weekends
- Out of Hours Urgent Care
- Rapid access to diagnostics (i.e. x-ray facilities) Minor Ailments and Minor Injuries

We are consulting on a range of options in your area which will look to deliver better services from April 2017:

- **Urgent Care from your GP practice and extended GP Access** – working with GP Practice to recruit more GPs and other health professionals to create more

appointments and improve access during the day from 8am to 8pm and on a weekend and greater use of 111 for appointment bookings

- **GP Out of Hours** - From 8pm – 8am weekdays and from Friday 8pm to Monday 8am (i.e. the times your GP practice will be closed) as we are required to put out to tender (purchase) a new service
- **Removing the need to walk in** to urgent care services and replace with triage and booking from 111
- Providing **rapid access diagnostics (x-ray etc) and assessment** from specific centres, minor ailments and injuries from your GP practice or aligned to diagnostic centres.

We began a review of urgent care services in 2014 and from January 2015 to December 2015 we asked local people about their experience of using services and for their views on how they could be improved. In summary, people told us that the current system is confusing and needs to be much simpler. This feedback has helped us to develop a range of options for the future. These options have also been informed by key national policy which directs us to further develop the NHS 111 telephone service and to also increase GP surgery opening hours to cover weekends and evenings. In order for us to make these improvements, we will need to change the way we deliver services.

Now we are asking for your views on proposals we have developed as a result of both public feedback and this national policy. The views of local people are extremely important to us. No decision will be made until the end of the consultation.

This document summarises our proposals and informs you about the many ways in which you can have your say. We look forward to hearing your views.

Photos/names of Chair and Chief Operating Officer within the CCG?

2. What is urgent care?

Urgent Care is care that is needed when you have an illness or injury that does not appear to be life – threatening, but also cannot wait for a routine appointment.

Urgent care is for minor injuries such as:

- bruises, strains and sprains
- minor burns, cuts and wounds
- skin complaints, rashes, bites and stings
- small eye injuries
- wound infections
- minor head injuries
- injuries to the back, shoulder and chest
- minor wounds to hands, limbs and feet.

Urgent care is also for minor illnesses such as:

- coughs, colds and flu-like symptoms, sore throats and earache
- stomach ache, constipation, vomiting and diarrhoea.

Services to assess and treat these injuries and illnesses are currently provided in a variety of places, including minor injury units and through most GP surgeries. You do not need to have an appointment or referral to go to a minor injury unit or urgent care centre. It's probably just as important to understand what urgent care is not. Urgent care is not when something is life threatening or an emergency, at which point accident and emergency services should be used.

This is how urgent care services are currently delivered across DDES:

Self-Care

Around 80% of adults can manage common illnesses like coughs and colds using medicines that can be easily bought in shops or at the local pharmacy.

Pharmacy

Local pharmacies prepare and supply prescription and non-prescription treatments and offer advice and support to people to manage long-term conditions. Most provide contraception and flu vaccination services.

NHS 111

NHS 111 is an easy to remember national NHS non-emergency Freephone number that has been in place across Durham since April 2011. Available 24 hours a day, 365 days a year, users speak to a highly trained adviser, supported by healthcare professionals. Advisers ask questions to assess symptoms and immediately direct users to the best medical care.

GP Practice (usually open 8am to 6pm)

We have 40 GP practices providing NHS services. They are the only service to hold a complete patient health record. They work closely with community health and social care teams.

Emergency Dental Services

DDES patients have provision to secure urgent dental treatment within Durham Dales, Easington and Sedgefield. When a patient has a severe dental pain, advice should be secured through your local Dental Practice. Where you do not have a dentist you can secure advice, support and information regarding how to access urgent dental care services from within the DDES area by contacting NHS 111.

Ambulance Service

The ambulance service receives and responds to 999 calls, assesses patient need and provides an appropriate response. This includes the 'hear and treat' service where trained staff provides advice and guidance over the telephone.

The table below helps to understand what services, where and when are currently available across County Durham.

	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	

3. Why urgent care services need to change?

Local NHS healthcare needs are increasing as people live longer lives. More and more people are using NHS services every year, increasing the pressure on an already overloaded system.

We believe that urgent care services should:

- Provide consistently high quality and safe care, seven days per week
- Be simple, ensuring the urgent care system works together rather than pulling apart
- Provide the right care according to people’s needs

- Acknowledge that prompt care is good care
- Deliver care closer to home where appropriate and safe to do so
- Be efficient and effective in delivery of care for patients

Services are complex and confusing

The changes that we are proposing to make to the current urgent care system are based on your views and your practical experiences of the services. In 2014-2015 we engaged with a number of local people who told us how confused they were about where to go for advice and treatment for problems that were not a life threatening emergency, but needed the advice of a skilled clinician urgently – minor illnesses and injuries. Local people also told us that because they don't know where to go and for what conditions, they often choose to visit A&E instead.

Demand

In County Durham 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 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. There is a strong need to reduce the overall demands through addressing the reasons for the patient accessing an urgent and emergency care service.

Duplication in the system

There is currently duplication with services providing similar treatments within a close proximity, often at the same time, leading to confusion for patients as to where to seek care. This adds to duplication, not only for the patient but also for the local health system. This duplication is also impacting on the availability of the current workforce. Nationally and locally there is a shortage of GPs and other health professionals involved in urgent and emergency

medicine. There is recognition that current service duplication is diluting this scarce workforce resource and our options take this into account.

Cost of urgent care is high

The current cost of delivering the urgent care system in DDES is approximately £10.5m and whilst our proposals are not about cost savings, we want to ensure that we use our money much more effectively to the benefit of our local people, recognising the growing health care demand, an ageing population and the need to sustain services for the future. In order to deliver 7 day access to GP practices, as per national policy and public feedback, we cannot afford to duplicate services.

Existing contracts have expired

Contracts with our existing providers have expired and so we need to review the services being delivered to see if they are still meeting patients' needs. We also need to make sure that they represent value for the taxpayers.

National Policy

In response to increasing pressure on the health care system, the government carried out a comprehensive review of the NHS urgent and emergency care system in England. The overall objective of the review was to consider how to improve services for patients across the spectrum of urgent and emergency care, and to identify potential solutions. It made a number of recommendations including working towards a 7 day NHS service. National policy requires us to deliver 7 day GP services by 2020. Clearly our proposals need to take this into account and build upon the work already being piloted by our local GPs to increase access over 7 days.

In September 2015, NHS England published further direction for CCGs - '*Integrated Urgent Care Commissioning Standards*'. This document describes improvements for the NHS 111 service that must be adopted by all CCGs. It outlines NHS England's vision for urgent care which has also been taken into account when drawing up our proposals. This includes:

- Access to a summary patient record
- Increased telephone access to a range of clinical professionals working within the NHS 111 service
- An expanded directory of services in order to signpost more people to

appropriate support

- The ability to book appointments into GP practices and other relevant services.

4. What have you told us?

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

- Understand the experience of using current, local urgent care services
- Understand how urgent care services could be improved

The following groups of people were involved in a number of engagement events and activities in 2014:

- Parents of young children (under five years)
- People living with long term health issues
- People with mental health issues
- People in good health
- Front-line teams in urgent care settings

These events focused on:

- Patients experience of urgent care services
- How urgent care could be improved
- How urgent care services could continue to meet the needs for the future.

Both members of the public and front line staff said that urgent care centres were mainly used because people couldn't get an appointment to see their GP during the day. Front line staff added that during the day, the majority of patients attended 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 were used more appropriately.

The conclusions from the engagement work were that people in DDES said:

- 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 needs 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
- Would like to have more knowledge and be educated, who to call, where to go when they have specific health needs or condition. "Being in the right place, at the right time, seeing the right person, who can support their needs"
- Would like to receive health education in the community to self-care and by receiving training would give them more confidence

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 contracting their GP.

Planning Alternative Tomorrows with Hope (PATH event)

In June 2014, DDES CCG invited its community to come together with them to describe a positive possible future for the whole health and care system around urgent care in Durham in June 2017 and beyond. The group worked with a facilitated visual planning process called PATH (Planning Alternative Tomorrows with Hope) to describe a positive possible future to support people to keep well and live life to the full.

The planning process asked participants to consider for urgent care in Durham:

- What is our ambition for urgent care?
- What is a positive possible future we want to achieve by 2017?
- What is happening now?
- What are the bold steps that will accelerate our progress?
- What are our personal commitments and next steps?

People told us:

- **People** lack confidence and there is a lot of confusion around future of urgent care services and those over 80 are excluded from screening and not helped to “self-care”
- **Services** - too much money is being spent on “in hours” 8am – 8pm Urgent Care Centres and there is a culture of misuse of services and 111 needs to be improved!
- **Communication** - there is a total breakdown in communication between GP’s, nurses and pharmacists with an inappropriate allocation of GP appointments.
- **National standards** for Urgent Care are coming but there is a Wellbeing for Life workforce in place and Prime Minister (PM) Pilots have a lot of learning

5. How we developed our options for improvement

We started by developing a large number of potential scenarios that we thought might make urgent care services better. These were informed by the engagement activities that we described above, as well as input from local doctors, the CCG and stakeholders such as our Local Authority and NHS England.

An in-depth discussion around urgent care services took place at our GP Locality meetings in July and August 2015. The discussion included the GP

Commissioning Leads (every practice has a lead GP that represents them) from each practice and the Patient Reference Group Chair for that locality. A follow up workshop took place in October 2015 with the GP clinical locality leads and proposed new service models were considered. A summary of the discussion is 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 GP where possible
- Appointments are available in a large proportion of cases where patients have attended Urgent Care Centres/Walk In Centres services
- Services must be more closely linked and integrated (including 111 services)
- Patients perceive the Urgent Care Centres/Walk In Centres to be between A&E and GP services when this is not always the case
- Patients want care closer to home

In developing a forward plan for urgent care, DDES CCG developed scenarios about how services could be improved by utilising patients and key stakeholders feedback along with all the information gathered through the engagement activities carried out in 2014 and 2015.

The scenarios were assessed using best practice, national strategies and standards. Six scenarios were taken forward; these were then evaluated using the following factors as appraisal criteria:

- Affordability
- Sustainability
- Safety
- Access for patients

Option	Affordable	Sustainable	Safe	Convenience of Access for Patients	Overall Rating	Summary

1	No	No	Yes	Yes	Non-viable	This model involves re-procuring the existing services in their current configuration and does not involve any change.
2	No	No	Yes	Yes	Non-viable	Increase the number of minor injury/urgent care/out of hours services to three, retain all other services.
3	Yes	Yes	Yes	Yes	Viable	Retain two MIUs for 12 hours per day, retain the number of out of hours hubs, existing primary care services to manage demand for minor ailments during the day.
4	Yes	Yes	Yes	Yes	Viable	Retain two MIUs for 12 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day.





5	Yes	Yes	Yes	Yes	Viable -	Retain two MIUs for 24 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day.
6	No	No	No	No	Non-viable	Standard primary care services during the day, no minor injury units, GP out of hours service in two locations.

Scenarios 3, 4 and 5 met all the criteria and were taken forward as options for consultations.

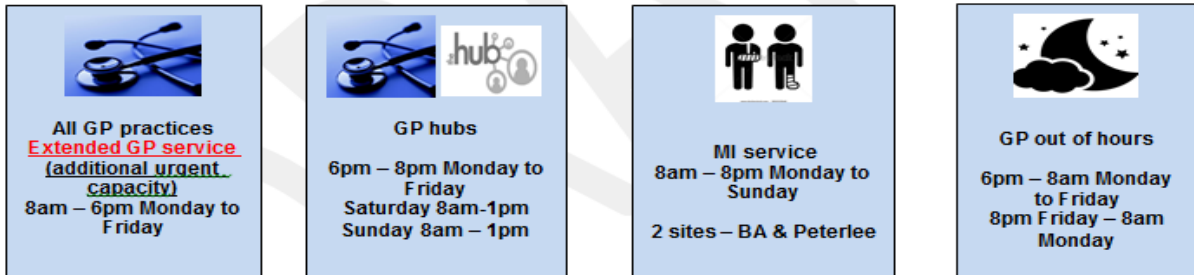
Scenarios 1, 2 and 6 were not taken forward as they did not meet the criteria.

Options Selection

Option 1

 All GP practices 8am – 6pm Monday to Friday	 GP hubs 6pm – 8pm Monday to Friday Saturday 8am -1pm Sunday 8am – 1pm	 MI 8am – 8pm Monday to Sunday 2 sites – BA & Peterlee	 GP out of hours 6pm – 8am Monday to Friday 8pm Friday – 8am Monday
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Option 2



Option 3



6. How you can have your say

We are keen to hear your views, experiences and ideas about how we can improve urgent care services across DDES. To make sure your voice is heard, you can share your views in the following ways:

Online survey: [add link when it is agreed upon](#)

A paper version is also available by calling

[AGREE ON NECS ENGAGEMENT TEAM](#)

Email us: **AGREE ON NECS ENGAGEMENT TEAM**

Twitter: @ddesccg

Write to us: **AGREE ON NECS ENGAGEMENT TEAM**

Public Consultation events

3 X Sedgefield

3 X Easington

3 X Dales

FAQs

What is a Hub?

What does extended GP Hours mean?

7. How we will use your feedback

We know it is really important to keep you updated, especially when you have taken the time to share your thoughts and views with us. At the end of the consultation, we will write a report. The CCG Governing Body will look at the report and use the information and views to decide how best improve urgent care services across DDES. We will share the report with you and make sure it is available on our website. We will also share it through our Community Newsletter, our Facebook and Twitter profiles, the online platform MyNHS.

Please remember to leave your contact details with us if you would like a copy.

The CCG recognises that the consultation relates to complex services, options and issues. If you need more information to help you respond to the consultation, or have any further questions please contact XX

Telephone XX

Email XX

8. Public consultation questionnaire

Please read the accompanying consultation information before completing the questions below. Please send the completed questionnaire (no stamp required) to **NECS** or contact us at ? to receive an electronic copy.

The Case for Change

1. Do you agree that the changes we are proposing reflects what the public told us during our period of pre-engagement?

Agree Unsure Disagree (please state why)

2. We have given an outline of how urgent care services could look in the future. Do you agree that this will best meet the urgent care needs of patients in the future?

Agree Unsure Disagree (please state why)

3. Do you think the proposals will reduce confusion and provide a simpler service for patients?

Agree Unsure Disagree (please state why)

The Options

4. Which of the options do you feel would best meet the needs of the local population?

Option 1: retain two Minor Injuries Unit for 12 hours per day, retain the number of out of hours hubs, existing primary care services to manage demand for minor ailments during the day

Option 2: retain two Minor Injuries Unit for 12 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day

Option 3: retain two Minor Injuries Unit for 24 hours per day, retain the number of out of hours hubs, enhanced primary care services to manage demand for minor ailments during the day

5. What is it about the option you have chosen that is important to you?

Feedback

6. Do you have any other feedback about our proposals for urgent care services?

7. Where have you heard about this consultation

- Local radio
- Local television
- Local newspaper
- Email
- Twitter/Facebook
- Word of mouth

The consultation

8. Overall, how do you feel about the way you have been consulted and the level of information that you have been given?

Very satisfied

Quite satisfied

Very dissatisfied

Quite dissatisfied

What do you think of the consultation process? Please use this space if you wish to give us more feedback



About You

Additional Information (optional) The CCG has a duty to ask for data monitoring information, so we can meet our equality duties. You do not have to answer all the questions if you do not want so.

Please state your gender

Male Female Prefer not to say

Has your gender changed since you were born?

Please state your age range

Under 25 25-35 36-45 46-55 56-65 66-75 75 and over

What is your marital status?

Married

Single

Divorced

Widowed

Separated

Civil Partnership

Other

Please state which ethnic group you consider yourself to be?

Please tell us your religion? (If you prefer not to say, please leave blank)

Do you consider yourself to have a long standing illness or disability?

How would describe your sexuality?

Heterosexual or straight

Gay or lesbian

Bisexual

Other

Prefer not to say

Please tell us if you are pregnant or have a child under 2 years of age

Please tell us the first 4 or 5 characters of your postcode (please note this does not identify a street or house).

9. Do you need more help?

We can provide versions of this document in other languages and formats such as Braille and large print on request. Please contact **NECS?**