

# Public consultation

On the future of urgent care services in Durham Dales,  
Easington and Sedgefield

14th March 2016 – 6th June 2016

Getting Care  
Right For You



NHS 111



Pharmacy



Local GPs



Extended  
GP opening  
times (Hub)



Walk-in  
centres



Minor  
injuries  
units



Urgent  
care  
centres

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# Glossary of Terms

## **Clinical Commissioning Group (CCG)**

Clinical Commissioning Groups (CCGs) are groups of GPs responsible for designing hospital and community based health services in the local areas for which they are responsible.

Commissioning involves deciding what services are needed and ensuring that they are provided. CCGs are overseen by NHS England, which holds responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services.

CCGs also include other health professionals such as nurses.

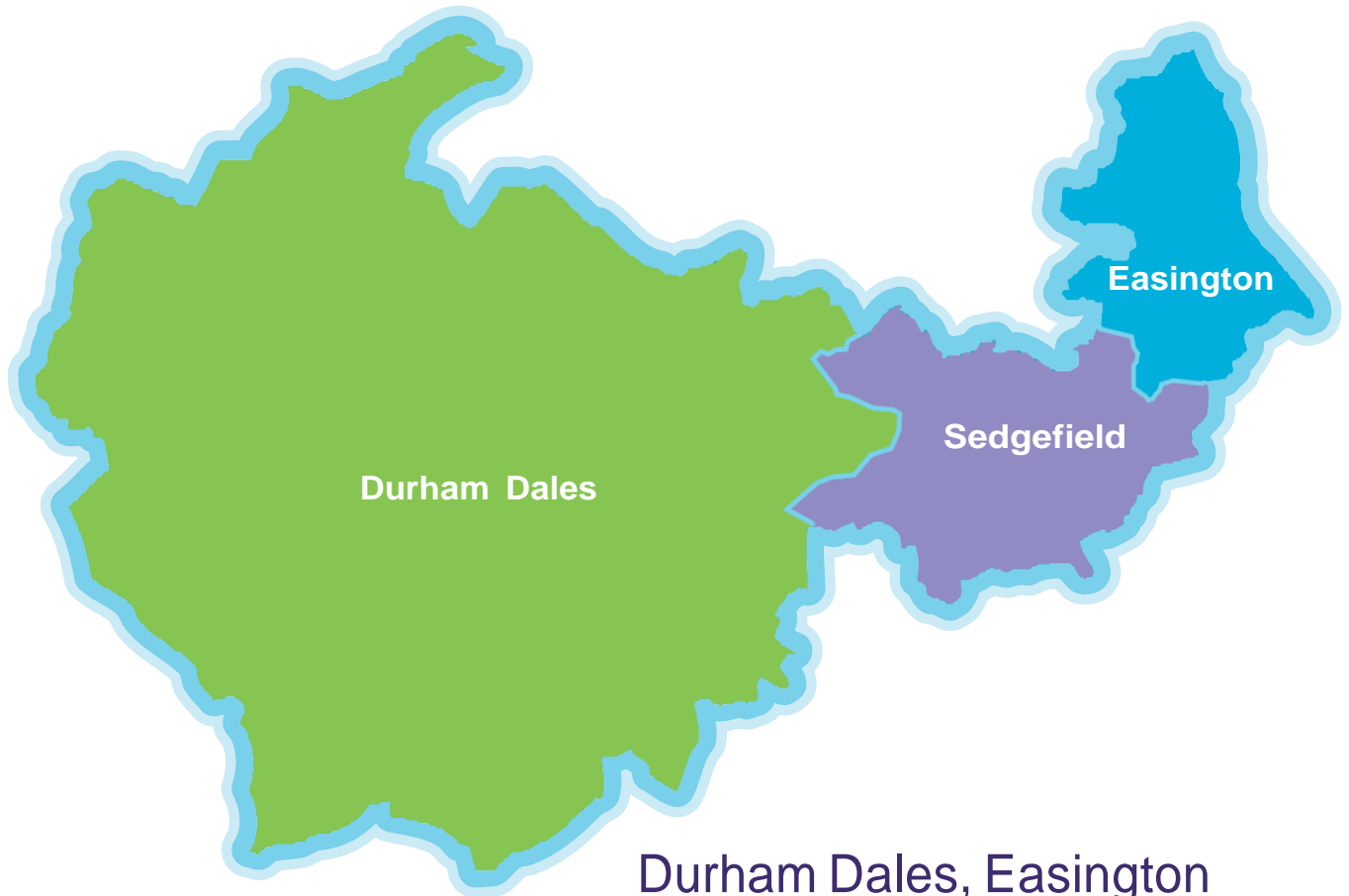
CCGs commission or buy a number of services, including:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health and learning disability services

<b>Durham Dales Easington and Sedgefield Clinical Commissioning Group (DDES CCG)</b>	<p>Durham Dales Easington and Sedgefield (DDES) CCG was established in October 2011 and authorised as a statutory body in February 2013.</p> <p>The CCG is made up of 40 member GP practices. It covers a total population of around 289,670 over a large and diverse geographical area.</p> <p>The CCG comprises three localities within County Durham:</p> <ul style="list-style-type: none"> <li>• Durham Dales</li> <li>• Easington</li> <li>• Sedgefield</li> </ul> <p>These localities have worked closely together as commissioners of local healthcare services for many years.</p>
<b>Emergency Care</b>	Immediate or life threatening conditions, or serious injuries or illnesses.
<b>Equality Impact Assessment</b>	It is a tool for identifying the potential impact of policies, services and functions on patients and staff.
<b>Minor Injury Unit</b>	A minor injury unit is a department that treats non-serious injuries as an alternative to attending an Accident and Emergency department.
<b>NHS England</b>	NHS England is an independent body, at arm's length to the government. Its main role is to improve health outcomes for people in England. In particular, it provides national leadership for improving outcomes and driving up the quality of care. It also oversees the operation of CCGs, allocates resources and commissions primary care and specialist services.
<b>North of England Commissioning Support (NECS)</b>	It provides specialised support to CCGs across the North East, Cumbria, North Yorkshire and Humber.
<b>Patient Reference Groups (PRGs)</b>	There are three PRGs in DDES, one in each locality – Durham Dales, Easington and Sedgefield. PRGs represent vital sources of information and knowledge for the CCG as it is one of the driving forces behind our commitment to ensuring that we engage all our patients in the decisions we make.
<b>System Resilience Group (SRG)</b>	It is a forum where all partners across the health and social care system come together to undertake the regular planning of urgent and emergency care delivery.
<b>Urgent Care</b>	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.
<b>Vanguard</b>	A programme of work for new models of care. The North East and Cumbria were selected as a Vanguard site.

<b>Walk-In Centre</b>	Walk-In centres were opened with the aim to improve patient access to primary care, and to ensure that the system was more responsive to patients' busy lifestyles by offering them more choice. The centres deliver primary care services differently from the traditional way in which GPs provide primary care services to patients who register with their practice. The walk-in centres allow patients to access care from a GP or a nurse with no need to register or to pre-book an appointment. The centres are open for longer hours than the typical GP practice, including after normal working hours and at weekends.
<b>Member Practices</b>	Our 40 GP practice make up DDES CCG. They commission (or buy) local health services for people in DDES.
<b>Summary Care Record</b>	Summary Care Records provide healthcare staff treating patients in an emergency or out-of-hours setting with faster access to key clinical information.
<b>Conflict of interest</b>	A conflict of interest is a situation in which a person or an organisation is involved in multiple interests, financial interest, or otherwise, one of which could possibly corrupt the motivation of the individual or organisation.
<b>Better Health Programme</b>	The Better Health Programme is focussed on how your local services can provide the best care for the future. Doctors, nurses and other health care professionals are looking at how we provide care across Darlington, Durham and Tees.
<b>NHS Five Year Forward View</b>	The Five Year Forward View was produced as a planning document by NHS England in October 2014.
<b>GP Federation</b>	A group of practices working together in a single group with centralised control.
<b>Locally Enhanced Service</b>	Enhanced services are currently commissioned through each of the primary medical care contracting vehicles They currently comprise:  Local enhanced services (LESs) – schemes agreed by CCGs in response to local needs and priorities, sometimes adopting national service specifications.
<b>Council of Members</b>	A group of GP practices working together as a membership. This is an executive body whose members are equal in power and authority.
<b>Governing Body</b>	A group of people who formulate the policy and direct the affairs of the CCG with the managers, especially on a voluntary or part-time basis. The Governing Body eliminate the issues of potential conflicts of interest as a clinical led organisation.
<b>DDES Wide Management Meeting</b>	A governance meeting of DDES CCG that is represented by a GP lead and a practice manager from each of the 40 practices. This is a decision making meeting that informs the CCG direction of travel.

# Who are we?



## Durham Dales, Easington and Sedgfield CCG

We are NHS Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG). We comprise of **40 GP practices** and cover a population of around **289,670 patients**. We are a very big organisation, made up of three localities called Durham Dales, Easington and Sedgfield.

### 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 working on behalf of our 40 GP practices accountable to you, the taxpayers.

1.



## Welcome and Introduction

Welcome to our public consultation about urgent care services in Durham Dales, Easington and Sedgefield. We would like to thank you for taking the time to read this consultation document, which provides you with an opportunity to have your say about potential changes to the way we deliver urgent care services.

By urgent care we mean ‘a 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



Extended  
GP opening  
times (Hub)



Walk-in  
centres



Minor  
injuries  
units



Urgent  
care  
centres

**The aim of the proposed changes is to commission (buy) simple, urgent care services. In particular we want to provide you with prompt treatment or advice for your urgent care needs ensuring that we make best use of medical services and workforce and that we don't add unnecessary pressure on A&E.**

**For the purposes of this consultation, we are seeking your views on the following services:**

- Day time urgent care (8am-8pm)
- Minor injury services

**These are currently provided from:**

- Easington Healthworks
- Seaham Primary Care Centre
- Peterlee Urgent Care Centre
- Bishop Auckland Urgent Care Centre

In our pre-engagement, you have told us that you want services to remain local and, where possible, delivered from your GP Practice.

**Our consultation will focus on options that will retain services locally.**

If you are poorly during the day we propose that you would be treated by your GP practice or a group of GP practices working together.

If you have a minor injury we propose that services should remain as they are now, but we want you to advise on opening hours.

GP services outside of normal surgery opening times will remain unchanged.

We are also proposing new developments to complement future urgent care arrangements :

- Extended GP services 6pm-8pm weekdays and Saturday and Sunday
- Enhanced GP services providing additional availability of same day urgent appointments
- Practices working together from common single sites to serve larger populations for these extended and enhanced GP services for some populations in what will be known as Hubs.
- Encouraging use of 111 triage to co-ordinate access to appropriate care

Being the commissioner of primary care services since April 2015 has enabled the CCG to develop a joined up model of care with the ability to make changes to GP services to better meet the needs of our population. Primary care has developed rapidly over the last two years with practices working increasingly together, what we call federating and we have seen real improvement and improved primary care access for our population by already running GP extended weekend opening on a Saturday and bank holidays, to ease the pressure on our urgent and emergency services.

We believe that there is a strong case for changing existing services by improving both clinical services and offering better value for money. By doing this we will ensure that our services meet the current needs of our population in addition to being affordable for the future.

DDES CCG knows that changes in demographics, particularly a growing elderly population, advances in medical technology meaning people live longer and 50% of our population have at least one long-term condition, this is driving up demand and the overall cost of healthcare. This growth in demand is taking place at a time of austerity and puts pressure on NHS funding. Despite an overall increase in funding the NHS will have less funding than it had in previous years as the growth in funding will be outstripped by the rise in healthcare costs. For DDES CCG this means that we must spend our money wisely to ensure that the best outcomes are achieved for the DDES CCG population as a whole.

We began a review of urgent care services in 2014. In January 2014 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 how these services can improve or be developed. Therefore, the options we have set out in this document will include the full range of our proposals to include all of the above so that you can see how they join together to deliver better services from April 2017. 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.



**Dr Jonathan Smith**  
Chair



**Dr Stewart Findlay**  
Chief Clinical Officer



## 2. What is urgent care?

'Urgent care' is defined as '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 or illnesses'. These conditions or illnesses are usually dealt with by 999 calls and Accident & Emergency departments.

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 also 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 County Durham since April 2011. Available 24 hours a day, 365 days a year, users speak to a highly trained advisor, supported by healthcare professionals. Advisors 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.

### Minor injuries

Minor injuries units offer assessment and treatment for minor injuries such as sprains and strains.

## 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 provide advice and guidance over the telephone.



The information below helps to understand what services we currently have, where and when they are currently available across County Durham.

**In Easington locality, the following services are available:**

- GP practices open 8am-6pm, Monday to Friday, plus extended opening in some practices, some evenings and additional weekend opening.
- Urgent care centres at:
  - Seaham Primary Care Centre 8am-6pm, Monday to Friday
  - Peterlee Community Hospital 24/7
- Minor injuries unit at Peterlee Community Hospital, 24/7
- Walk In Service at Easington Healthworks 8am-8pm, 7 days a week
- GP out-of-hours service at Peterlee Community Hospital 6pm-8am, Monday to Friday and 24 hours at weekends

**In Durham Dales locality, the following services are available:**

- GP practices open 8am-6pm, Monday to Friday, plus extended opening in some practices at evenings and additional weekend opening
- Urgent care centre at Bishop Auckland Hospital (BAH), 24/7
- Minor injuries unit at BAH, 24/7
- GP out-of-hours service at BAH 6pm-8am, Monday to Friday and 24 hours at weekends

**In Sedgefield locality, the following services are available:**

- GP practices open 8am-6pm, Monday to Friday, plus extended opening in some practices, some evenings and additional weekend opening
- Sedgefield locality is in the middle of the DDES area therefore has access to services located in Easington and Durham Dales, but does not have any other additional urgent care facilities of its own.

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In addition, NHS 111 is available to advise you of the best treatment, course of action or service to attend.

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## 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, 7 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**

In line with the national position, general demand for health services in our area continues to grow. 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 and this has created a complicated system. Patients and health and social care professionals can find it difficult to navigate around these services.

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The CCG knows that the current range of urgent care and emergency services can be confusing for patients and that they are often unsure about where to go when ill or injured. This can result in people having to be transferred from one location to another before getting the treatment they need. This is inconvenient and frustrating for patients and can lead to poorer clinical outcomes. It is also costly as we have to pay each time a patient attends a service, and this increases waiting times when patients visit an inappropriate service. This can also be costly for the patient in car transport, public transport or taxis.

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The services also provide an element of risk as patients with emergency conditions are currently presenting at Walk In Centres and Urgent Care Centres with, for example, chest pains or young children with breathing difficulties that require emergency care. However, as the patient has presented at a 'place of safety' this often results in long delays for an ambulance and therefore, also takes up a lot of GP/Practitioner time in the Urgent Care Centres.

## Demand

In DDES until the current year 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. However, for DDES, when comparing activity for 2013/14, 2014/15 and forecast activity for 2015/16 Urgent Care Centre/Walk In Centre activity is forecast to be 10% lower than the previous years.

We think this is because we have commissioned the following services in Primary Care:

- The CCG has supported and developed federated working amongst GP practices across DDES. This enables practices to collaborate and share resources and has enabled us to offer weekend opening to the whole DDES population for the last eighteen months.
- The CCG has commissioned additional community services including Advanced Nurse Practitioners (ANPs) for the frail and vulnerable population that wrap around GP practices. These services provide additional resource to support some of the more complex patients both for patients at risk of admission to hospital or those that have been recently discharged from hospital. This is, in effect, an additional resource for GP practices which frees up or extends capacity across primary care.
- Several of our GP practices are part of a new national pilot employing pharmacists. This supports more patients being seen for medication reviews and providing additional appointments for patients with long-term conditions, enabling our GP resource to focus on the more complex patients.

## 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 solely 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.

## Legal contractual requirements

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 via the NHS 111 service

## 4. What you have already told us

**Pre-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 staff 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

Members of the public and front line staff said that urgent care centres were mainly used because people could not 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:

### **GP Appointments**

- The process for making GP appointments should be improved
- 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
- Access needs to be improved to GP practices

### **NHS 111**

- There needs to be more joined up thinking around triage (the process of determining the priority of patients' treatments based on the severity of their condition) across urgent care centres, GP practices and NHS 111
- NHS 111 needs to be joined-up to all services





### Self-Care

- Would like to receive health education in the community to self-care and by receiving training would give them more confidence

### Urgent Care

- Would like to have more knowledge and be educated, who to call, where to go when they have specific health needs or conditions. 'Being in the right place, at the right time, seeing the right person, who can support their needs'
- 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
- Having the ability to request medical tests for non-urgent needs should be considered
- People use urgent care centres because they perceive their condition to be 'in between GP and A&E'
- They attend Urgent Care Centres/Walk In Centres because they want immediate reassurance
- They perceive they cannot get to see their GP soon enough

### Patient Information

- There is a need for more joined-up thinking around
  - Access to clinical records
  - Accessing specialist advice (a second opinion)

## 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 earlier in this document, 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. These discussions included looking at Enhanced and Extended Primary Care services. Enhanced services would entail GP Practices seeing more patients during the day that require same day urgent access. Extended services means that GP Practices or a group of practices called Extended hours GP centres would offer additional appointments beyond 6pm on weekdays and weekends. Later in this document we want you to consider locations of these extended hours GP centres using your knowledge of the geography and transport links. 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 (the group representing practice patient forums) for that locality. A follow up workshop took place in October 2015 with the CCG clinical leads for each locality 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 with GPs are available in a large proportion of cases where patients have attended Urgent Care Centre/Walk In Centre services
- Services must be more closely linked and integrated (including NHS 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 health staff and other 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** – does it provide value for money and is it comparable in price to the rest of the country
- **Sustainability** – that the service can provide appropriate qualified staff using the latest technology to remain fit for purpose into the future
- **Safety** – to ensure that the service follows the latest clinical guidelines and that the staff are qualified at the right skill level
- **Access** – to ensure that the services have sufficient capacity to access the right care in the right place at the right time

Three scenarios met all the criteria and were taken forward as options for consultation. See page 21 onwards for full detail on the options. In summary:

<b>Option 1</b>	Retain two minor injuries units for 12 hours per day, retain the number of out-of-hours services, extended GP opening times in hub arrangements, existing GP services to manage demand for minor ailments during the day
<b>Option 2</b>	Retain two minor injuries units for 12 hours per day, retain the number of out-of-hours services, extended GP opening times in hub arrangements, enhanced GP services to manage demand for minor ailments during the day
<b>Option 3</b>	Retain two minor injuries units for 24 hours per day, retain the number of out-of-hours services, extended GP opening times in hub arrangements, enhanced GP services to manage demand for minor ailments and urgent requests during the day

The following scenarios were not taken forward as they did not meet the criteria:

<b>Scenario 1 - This model involves re-procuring the existing services in their current configuration and does not involve any change.</b>				
<b>Affordable</b>	<b>Sustainable</b>	<b>Safe</b>	<b>Convenience of access for patients</b>	<b>Overall rating</b>
No	No	Yes	Yes	<b>Non-viable</b>
<b>Scenario 2 - Increase the number of minor injury/urgent care/out of hours services to three, retain all other services.</b>				
<b>Affordable</b>	<b>Sustainable</b>	<b>Safe</b>	<b>Convenience of access for patients</b>	<b>Overall rating</b>
No	No	Yes	Yes	<b>Non-viable</b>
<b>Scenario 3 - Standard primary care services during the day, no minor injury units, GP out of hours service in two locations.</b>				
<b>Affordable</b>	<b>Sustainable</b>	<b>Safe</b>	<b>Convenience of access for patients</b>	<b>Overall rating</b>
No	No	No	No	<b>Non-viable</b>

## To support you to understand the following options a key is shown below

### Key

- A **minor injury unit** is a department that treats non-serious injuries as an alternative to attending an Accident and Emergency department.
- **Out-of-hours** is from 6pm-8am on weekdays and all day at weekends and on Bank Holidays. All services operate from 6pm at night on weekdays. The outcome of a contact with the out-of-hours service maybe:
  - Patient receives a home visit
  - Patient is invited to attend the out-of-hours service for a face-to-face consultation
  - Patient receives advice by telephone
  - No action required or follow up with own GP at a later date
- **Extended services** means that GP Practices or a group of practices (hub) would offer additional appointments beyond 6pm on weekdays and additional weekend opening
- **Enhanced services** would entail GP Practices seeing more patients during the day that require same day urgent access
- **A hub arrangement** is a group of practices working together from one site to serve a larger population

## These are the scenarios that were taken forward as options for consultation

### Option 1:

- retain two Minor Injuries Units (MIUs) for **12 hours per day**, 8am-8pm these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- retain the number of out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- **extended GP opening times** in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday
- **existing** GP services to manage demand for minor ailments during the day (instead of urgent care centres) in every practice
- encouraging use of NHS 111 triage to co-ordinate access to appropriate care, first time



**Minor  
Injury  
Units**

**8am-8pm**



**GP  
Out-of-  
hours  
service**

Mon-Fri  
**8pm-8am**  
Sat-Sun  
**24/7**



**Existing GP  
services**

Mon-Fri  
**8am-6pm**



**Extended  
GP opening  
times (Hub)**

Mon-Fri  
**6pm-8pm**  
Sat-Sun  
**8am-1pm**

## Option 2:

- retain two Minor Injuries Units (MIUs) for **12 hours per day**, 8am-8pm these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- retain the number of out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- **extended GP opening times** in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday
- **enhanced GP services** to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either **in every GP practice or in hubs**
- encouraging use of NHS 111 triage to co-ordinate access to appropriate care, first time



**Minor Injury Units**

**8am-8pm**



**GP Out-of-hours service**

Mon-Fri  
**8pm-8am**  
Sat-Sun  
**24/7**



**Existing GP services**

Mon-Fri  
**8am-6pm**



**Extended GP opening times (Hub)**

Mon-Fri  
**6pm-8pm**  
Sat-Sun  
**8am-1pm**



**Enhanced GP services**

**+** Treat minor ailments and same day urgent requests

Mon-Fri  
**8am-6pm**

## Option 3:

- retain two Minor Injuries Units (MIUs) for **24 hours per day**, these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- retain out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre
- **extended GP opening times** in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday
- **enhanced GP services** to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either **in every GP practice or in hubs**
- encouraging use of NHS 111 triage to co-ordinate access to appropriate care, first time



**Minor  
Injury  
Units**

**24/7**



**GP  
Out-of-hours  
service**

Mon-Fri  
**8pm-8am**  
Sat-Sun  
**24/7**



**Existing GP  
services**

Mon-Fri  
**8am-6pm**



**Extended  
GP opening  
times (Hub)**

Mon-Fri  
**6pm-8pm**  
Sat-Sun  
**8am-1pm**



**Enhanced  
GP services**

**+** Treat minor ailments and same day urgent requests

Mon-Fri  
**8am-6pm**

## 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. There are lots of ways to get involved. To make sure your voice is heard, you can share your views in the following ways:

Complete the online survey: [www.gettingcarerightforyou.org.uk](http://www.gettingcarerightforyou.org.uk)

A paper version is also available by calling: 0191 371 3222

Email us: [ddesccg.enquiries@nhs.net](mailto:ddesccg.enquiries@nhs.net)

Twitter: @ddesccg

Write to us: Durham Dales, Easington and Sedgfield CCG, Sedgfield Community Hospital, Salters Lane, Sedgfield TS21 3EE

### Public Consultation events

You are strongly advised to book for these events in advance. In the event that the venue capacity is reached, for health and safety reasons we may need to turn you away if you have not pre-booked. We will try to accommodate you wherever possible but cannot guarantee this without a booking. To register at one of these events go to [www.gettingcarerightforyou.org.uk](http://www.gettingcarerightforyou.org.uk)

Locality	Day	Date	Time of Event	Location
Durham Dales	Friday	22/04/2016	09:30-11:30	Bishop Auckland Rugby Club
Durham Dales	Saturday	30/04/2016	10:00-12:00	GlaxoSmithKline, Barnard Castle
Durham Dales	Wednesday	04/05/2016	17:30-19:30	Wolsingham School Sports Hall
Easington	Wednesday	27/04/2016	18:00-20:00	Seaham Golf Club
Easington	Saturday	16/04/2016	10:00-12:00	Peterlee Leisure Centre
Easington	Thursday	12/05/2016	14:00-16:00	Easington Social Welfare Centre
Sedgfield	Saturday	09/04/2016	10:00-12:00	Newton Aycliffe Leisure Centre
Sedgfield	Thursday	28/04/2016	10:00-12:00	Spennymoor Leisure Centre
Sedgfield	Wednesday	11/05/2016	18:00-20:00	Sedgfield Racecourse



## 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, an independent organisation will write a report. The CCG Governing Body will look at the report and use the information and recommendations to decide how best to improve urgent care services across DDES.

We will publish this report on our website. We will also share it through our Community Newsletter, Facebook and Twitter profiles and the online platform MyNHS.



## 8. Frequently Asked Questions

### Extended hours GP centres

#### What does extended hours GP centres mean?

It's a group of GP practices working together that offers evening and weekend appointments for patients registered with other practices in the area.

#### Will I be able to see my own GP if I have an appointment at an extended hours GP centre?

In an extended hours GP centre you may not be able to see a doctor from your own practice but he/she will have full access to your medical notes

#### Will the appointments in the extended hours GP centres just be for urgent conditions?

No, although urgent needs will be prioritised. The new extended hours GP centres will offer more convenient routine appointments for people too.

### Minor Injuries Units

#### What are minor injuries?

- 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.

**Do I need to make an appointment to go to one of the minor injuries units or can I just turn up?**

NHS 111 would be able to book you an appointment which could potentially avoid a longer waiting time. Also, NHS 111 will ensure that a minor injury unit is the most appropriate place for you to go. We will consider in the consultation whether walk-in access is appropriate.

**What will happen if my injury turns out to be more complex than first thought?**

The staff in the minor injuries unit will also do their best to treat you, calling upon all the expertise within the unit. If your injury is something the minor injury unit cannot deal with, you will be transferred/diverted to a specialist doctor or to A&E.

**Will the minor injury unit have an x-ray department?**

Yes.

## NHS 111

**Does this mean that every time I want to make an appointment with my GP, I have to ring NHS 111 first?**

No, you do not have to. You should ring your GP first and if they cannot accommodate your urgent care need the practice will arrange an appointment for you in one of the extended hours GP centres.

**Will I be given a choice of where I can attend for a GP appointment if my own surgery is not available – for example if I need to go to one of the extended hours GP centres?**

Yes, where possible you will be offered a choice of GP practice and time. However, during busy times it may be that choice will be limited.

**Will a doctor or nurse answer my call when I ring NHS 111?**

Not initially. Your call will be answered by an experienced call handler who will ask you a series of questions. After this assessment, you may be transferred to a doctor, nurse or other health professional who will ask you further questions and make recommendations on what you need to do next.

**Will NHS 111 direct me to a GP appointment every time?**

Not necessarily. You may just be given advice which meets your need or directed to another more appropriate service, e.g. a pharmacist, a falls service, a district nursing service, a minor injury unit or A&E.

**Will NHS 111 be able to book an appointment for me to see a GP directly if I need one or will I then have to make another call myself to make an appointment?**

NHS 111 already have some day time access to appointments in your GP surgery but this will be increased.

**Does NHS 111 have access to my medical record?**

NHS 111 will have access to a summary of your medical record.

## **Out of Hours**

**What should I do if I feel ill during the night and want to see a doctor?**

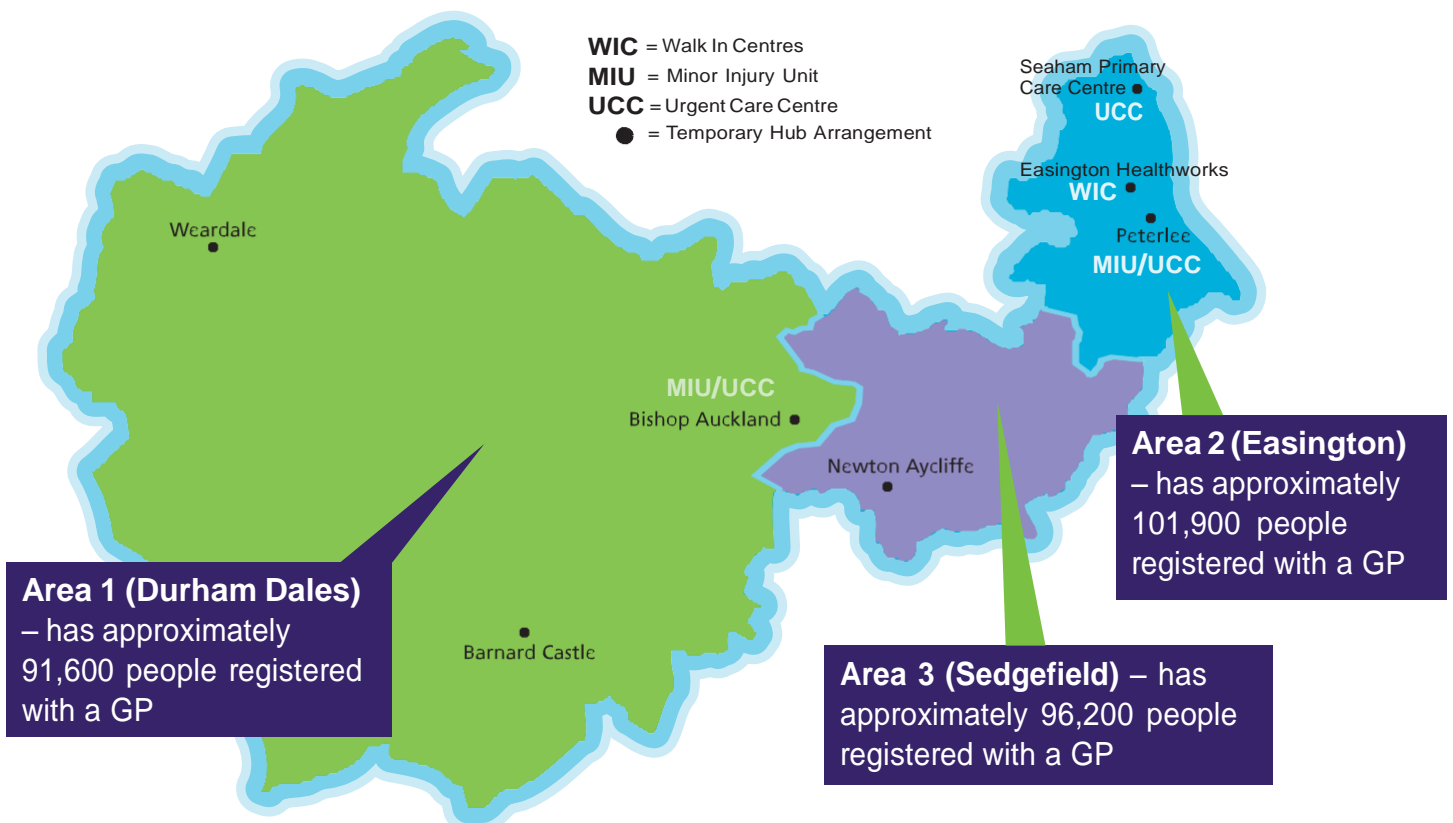
You should contact NHS 111 who will advise you of the best treatment or course of action.

## 9. Potential location of GP hubs

It is recognised nationally that we do not have the GP workforce or potential demand to offer 7 day GP extended hours in every practice. It is therefore recommended that GP practices work together to deliver these services to populations of at least 30,000 or more although this can be determined locally.

- Currently DDES does not have any fixed GP hub arrangements as such. However, we do run a GP weekend opening service on a Saturday morning from a number of locations which are based around larger populations, in the heart of the communities and the highest users of current services, some of which operate in a hub arrangement. Easington Locality : Seaham, Easington, Peterlee. Sedgfield Locality : Newton Aycliffe. Durham Dales : Barnard Castle, Weardale, Bishop Auckland
- There is a potential for up to 9 GP hubs within the financial plan
- All existing premises will be considered first for GP hubs

The following map shows the location of current services and where the temporary hubs are based now. In order to identify where we should locate the extended hours GP hubs for each of our options, we have divided a map of DDES into areas according to geography and GP population sizes as can be seen below.

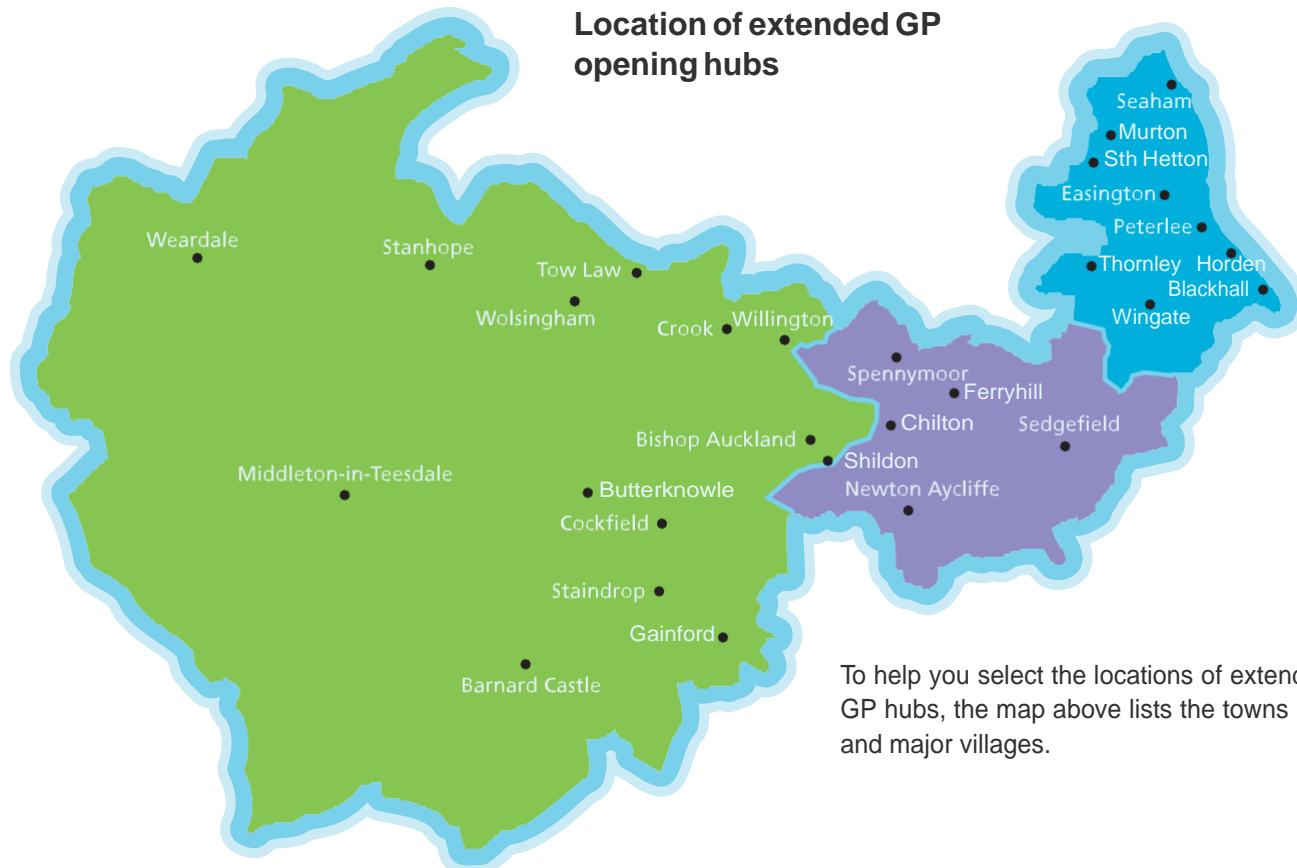


## Now we would like your views on our proposals.

We want you to know the key differences between each of the options.

	Minor Injury Units	Urgent Care	Out-of-hours services	Existing GP services	Enhanced GP services
<b>Option 1</b>	MI units available 12 hours per day (instead of 24 hours per day)	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	
<b>Option 2</b>	MI units available 12 hours per day (instead of 24 hours per day)	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	<b>Option 1 PLUS</b> Enhanced GP Service - Urgent care provided from your GP practice or in a hub arrangement 8am-8pm
<b>Option 3</b>	<b>Option 1 + 2 PLUS</b> MI units available 24 hours per day	No Urgent Care Centre in hours	OOH services (out of hours urgent care) remain local 8pm-8am weekdays and 24/7 weekends	GP practices open longer, 8am-8pm weekdays and 8am-1pm Saturday and Sunday (or provided in a hub arrangement)	<b>Option 1 PLUS</b> Enhanced GP Service - Urgent care provided from your GP practice or in a hub arrangement 8am-8pm

**Location of extended GP opening hubs**



To help you select the locations of extended GP hubs, the map above lists the towns and major villages.

# 10. Public consultation questionnaire

Please read the accompanying consultation information before completing the questions below. Please send the completed questionnaire (no stamp required) to: **Getting Care Right For You – DDES Urgent Care Consultation, FREEPOST, RRXK-CZGR-TJJA, Unit G, Lumley Close, Thirsk YO7 3TD by Monday 6 June 2016.**

## Options for Change

1. We want to know what you think about each option to help us shape how the new services will look in the future. Can you please tell us what option you support?

### Option 1:

- Retain two Minor Injuries Units (MIUs) for 12 hours per day, 8am-8pm these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre.
- Retain the number of out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre.
- Extended GP opening times in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday.
- Existing GP services to manage demand for minor ailments during the day (instead of urgent care centres) in every practice.

I support this  I do support this BUT

I do not support this *Please say why*

Don't know/no opinion

### Option 2:

- Retain two Minor Injuries Units (MIUs) for 12 hours per day, 8am-8pm these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre.
- Retain the number of out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre.
- Extended GP opening times in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday.

- Enhanced GP services to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either in every GP practice or in hubs.

I support this  I do support this BUT

I do not support this *Please say why*

Don't know/no opinion

### Option 3:

- Retain two Minor Injuries Units (MIUs) for 24 hours per day, these are currently based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre.
- Retain out-of-hours services, currently these are based at Peterlee Urgent Care Centre and Bishop Auckland Urgent Care Centre.
- Extended GP opening times in hub arrangements. These would be new hubs and provide up to three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday.
- Enhanced GP services to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either in every GP practice or in hubs.

I support this  I do support this BUT

I do not support this *Please say why*

Don't know/no opinion



2. We have asked you to support one option. However, considering all three options again, please state which option you would prefer.

Most important to you - Option   
Second most important to you - Option   
Least important to you - Option

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

4. In each locality, there are up to three proposed hubs. Please give us your recommendations of where each of the Extended GP Hubs should be located based on where you live. Please circle which locality you live in and list the three potential towns. See map on page 30.

Durham Dales    Easington    Sedgefield

### Feedback

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

6. Where have you heard about this consultation?

Local radio     Local television     Local newspaper  
 Email     Twitter/Facebook     Word of mouth  
 Roadshow     Consultation website  
 Leaflet to home     Leaflet in public venue

7. 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  
 Quite dissatisfied     Very dissatisfied

### About you

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 to.

8. Please state your gender.

Male     Female     Prefer not to say

9. Please state your age.

10. What is your marital status?

Married     Single     Divorced     Widowed  
 Separated     Civil Partnership     Other

11. Please state which ethnic group you consider yourself to be.

12. Please tell us your religion or belief.

Prefer not to say

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

Yes     No

14. How would you describe your sexuality?

Heterosexual or Straight     Gay or Lesbian  
 Bisexual     Other     Prefer not to say

15. Please tell us if you are pregnant or have a child under two years old.

Yes     No     Prefer not to say

16. Have you undergone gender reassignment?

Yes     No     Prefer not to say

17. Please tell us the first 4 or 5 characters of your post code (please note this does not identify a street or house) e.g. such as DH6 2 or DL13 5.

Please do not include the last two characters.

18. Once the consultation is finished, we will widely publicise the results – what more information do you think people need to help them access urgent care services?





# 11. 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 us on 0191 371 3222.

Albanian

*Ky dokument është i disponueshëm në gjuhë dhe formate të tjera si Braille dhe germa të mëdha sipas nevojës. Ju lutemi na kontaktoni te 01642 745401.*

Arabic

*تتوافر هذه الوثيقة بلغات وأشكال أخرى مثل لغة برايل للمكفوفين أو مطبوعة بأحرف كبيرة وذلك عند الطلب.  
الرجاء الاتصال بنا على الرقم 01642 745401.*

**PLACEHOLDER - AWAITING TRANSLATIONS**

Farsi

*در صورت نیاز، این مدرک به سایر زبان‌ها و سایر فرمت‌ها از جمله بریل و فونت بزرگ در دسترس است. لطفاً با این آدرس با ما تماس بگیرید:  
01642 745401.*

Slovak

*Tento dokument je na požiadanie k dispozícii aj v iných jazykoch a formátoch, ako je Braillovo písmo a výtlačok s veľkým písmom. Skontaktujte sa s nami na čísle 01642 745401.*

Tigrinya

*እዚ ሰነድ ብኻልኦት ቋንቋታትን ከም ብመልክዕ ፊደል ዓይነ ስጢርን (ብሬል)ን ጽሑፍ ብዓቢ ፊደላትን ብጠለብ ክርከብ ይከኣል።*

*ብኻብረትኩም ብቑጽሪ 01642745401 ደዊልኩም ርኽቡና።*

## Notes

A series of horizontal dashed lines for taking notes, extending from the left margin to the right margin of the page.



