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**Dudley Clinical Commissioning Group**

**Report of the Chief Accountable Officer, Paul Maubach**

**Report on Urgent Care Public Consultation**

**1.0 Purpose of Report**

To present the proposals for a public consultation in urgent care in Dudley to the Health Overview and Scrutiny Committee.

The CCG Board considered a similar paper at its recent meeting on the 5<sup>th</sup> September 2013 and approved a recommendation for a public consultation on urgent care in Dudley. The finer detail of the consultation options are currently being discussed with the CCG GP Membership and at the time of submitting this report these discussions had not been concluded. A verbal update can be provided and any questions answered on this at the meeting of committee on the 25<sup>th</sup> September.

**2.0 Background**

**2.1 Why do we want to consult the public?**

Firstly: the contract for providing the walk-in centre at Holly Hall clinic is shortly up for renewal. Also the contract for providing the primary care out-of-hours service is up for renewal as well.

The out-of-hours service is one of the few services provided to patients in Dudley that has a comparatively poor approval rating from patients. 67% of patients report their experience as "very good" or "fairly good" but this is still below the national average as reported by the NHS England outcomes benchmarking report 2013. Over 80% of patients give their reason for using the WIC as their GP being closed or busy which could indicate that their GP is their preferred first port of call.

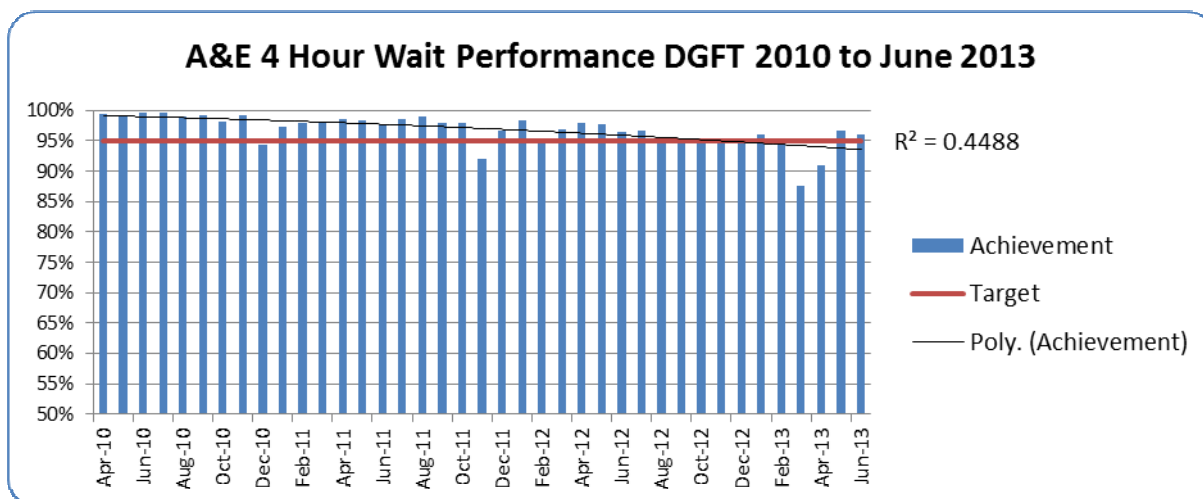
- **So rather than simply renewing the contracts on the same basis as before, we have an opportunity to consider if improvements can and/or need to be made**

Secondly: NHS Direct had been commissioned to provide NHS 111 services by our predecessor organisation – Dudley PCT. However, NHS Direct has now issued notice that it can no longer provide the service. We are therefore working with other local CCGs to ensure that the existing service continues to operate during the interim whilst we consider how best to re-commission the service.

- **So this provides us with an opportunity to ask your views about what you would like the NHS 111 service to provide locally here in Dudley**

Thirdly: for the first time in a long while, our local Accident & Emergency Department has recently struggled to maintain the nationally set performance standards for minimum waiting times in the Accident & Emergency Department.

As can be seen from the graph below, March-April 2013 is the first time that the hospital has not achieved the target of 95% of people being seen within 4 hours for 2 months in a row.



- **So we need to consider what opportunities exist to address the demand pressures on the service so that we can improve performance.**

## 2.2 The Current System explained

If you need an urgent appointment then most people in Dudley go and see their GP practice. This is by far the most accessible service to patients with over 700,000 urgent appointments available a year. Standard opening hours for most practices are 8am to 6.30pm during weekdays.

People can also go to the walk-in centre at Holly Hall clinic between 8am and 8pm, 7 days a week – about 47,000 attendances a year.

Outside of normal GP practice hours you can also contact the primary care out-of-hours (OOH) service (via NHS 111) – and they manage about 22,000 cases a year. The current OOH services are based at Holly Hall Clinic. Patients contacting the OOH service either receive advice and guidance (approximately 7300 a year), attend the centre to see a clinician (approximately 9200 a year) or receive a home visit from a doctor (approximately 4300 a year). Approximately 1000 patients a year are sent directly to the A&E.

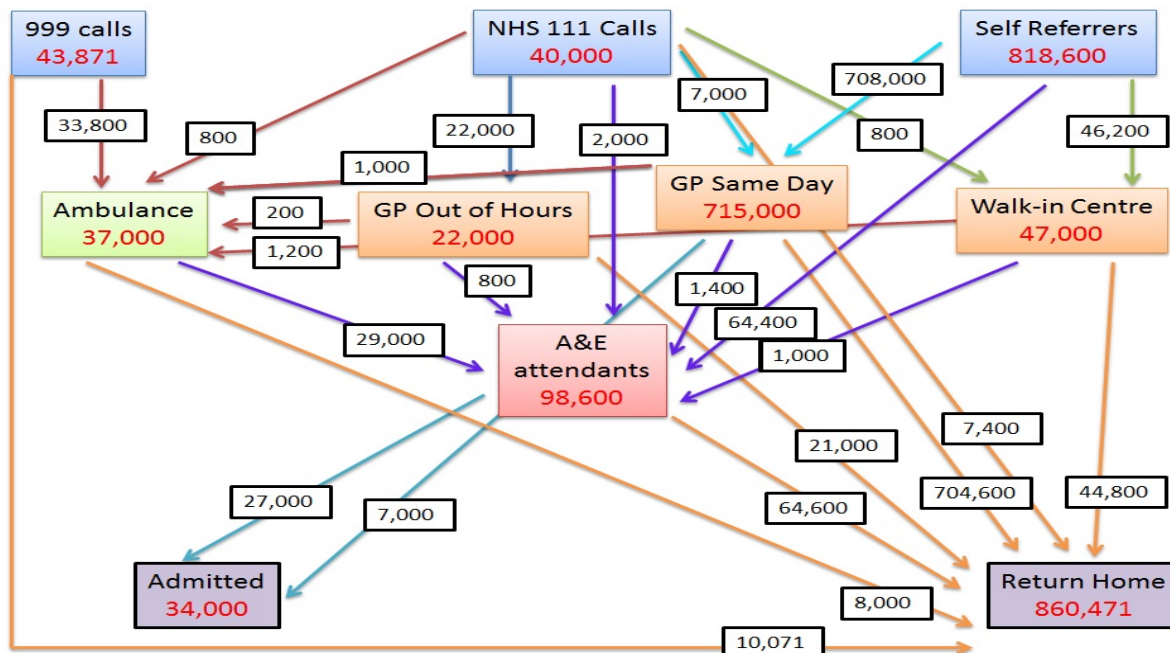
A significant number of people choose to go to the Accident and Emergency Department (A&E) at Russell’s Hall hospital, even though they have a primary care need – about 32,000 people are treated there for minor conditions.

In addition there are about 66,000 attendances a year at the A&E for people with major conditions.

The following (fairly complex) diagram illustrates the numbers of people currently using the urgent care services and also how they can be referred on through the system. The complexity of this diagram illustrates one of the difficulties with the current system – the fact that there are several choices and that whilst most times most people go to the most suitable service for their needs, this isn’t always the case.

This shows that whilst the majority of people either self-refer to their GP or to the A&E; there are quite a complex set of options to navigate and it is also possible to have multiple handovers – for example: a person could potentially ring NHS 111 and be advised to go to the Walk-in Centre, to then be advised once they have been seen that they need to go to the A&E, to then potentially be admitted into hospital.

Also many people go to the A&E when they could have got their needs met either by their GP, the Walk-in-centre, or a community pharmacy.

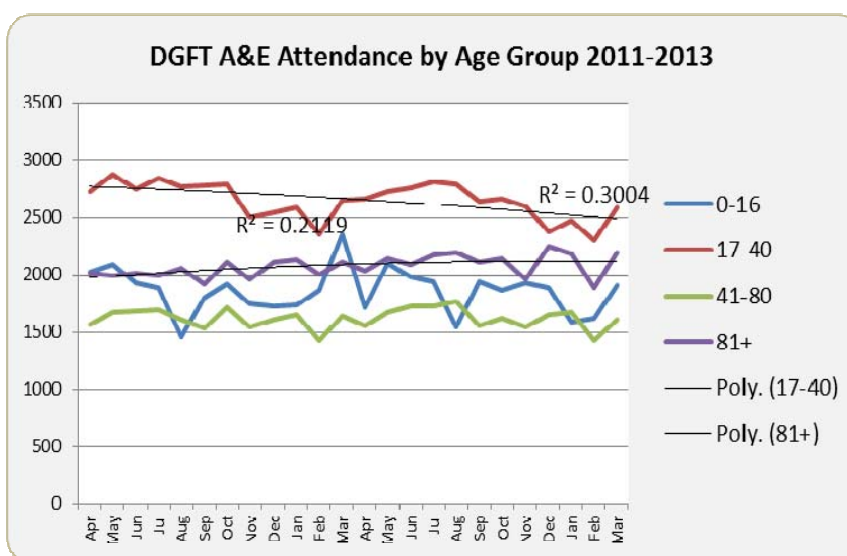


### 2.3 What are the current pressures on the Urgent Care System?

Demand for access to primary care has been rising by about 4% every year – this includes the walk-in centre services, GP services and primary care out-of-hours services.

47,000 patients accessed The Dudley Walk In Centre from April 2012 to March 2013 - 30% more than the service was originally planned to handle. Of these patients 80.9% of patients said they went there because their GP was too busy or closed

Overall demand for services at the Accident & Emergency Department at Russell's Hall hospital has remained relatively constant. However within this, there is an increasing demand from older people – the over 80's group (see graph) is the only group where demand has risen. It is also this group that often has the most complex medical problems, with multiple long-term conditions.



## 3.0 Public Consultation

### 3.1 What is the feedback that we have received so far?

We held a public forum in June this year to discuss views and perspectives on urgent care in Dudley.

The main feedback that we received at this event was as follows:

- There was a suspicion about the quality of; and lack of confidence in; the NHS 111 system
- Concerns were expressed about needing immediate advice/reassurance for ill children
- There was a perception that if an ambulance takes you to A&E you get seen quicker

- Some people need a point of contact for reassurance which could often be all that is needed to avoid them feeling the need to dial 999
- There was a desire for improved access to primary care outside of routine work hours
- There was an expressed preference to simplify the number of points of access and the signposting to services
- To have a system that gave more effective triaging so there is more right care, at the right place, at right time
- There should be patient education at an early age on how to use the urgent care services and there should be 24/7 access to health advice

Subsequently the Dudley Health and Wellbeing Board held a spotlight event on urgent care which involved representatives from: local councillors, Dudley and Walsall Mental Health Trust, Dudley CCG, Dudley Council for Voluntary Services, Dudley Group Foundation Trust, Dudley MBC - all directorates and Public Health, NHS England Area Team, Primecare Ltd, West Midlands Ambulance Service, and West Midlands Police.

This group considered the patient feedback, looked at existing arrangements and identified a number of key recommendations for further consideration. These were:

- Structural - the model of urgent and emergency care should be reviewed with a view to simplify, reduce duplication and take account of peoples' default behaviour' i.e. the 'path of least resistance'
- The system should be staffed to match demand and capacity with the right competencies in the key roles
- Educate and raise awareness of the system - how to access and use it with the public, all health professionals and staff in key partner organisations
- Focus on the 'whole system' to reduce demand and increase the speed of discharge and reablement
- Target groups of 'high users' to ensure appropriate pathways are in place

Local GPs have expressed views that many patients who attend A&E can be dealt with by their GP. GPs are aware of all of a patient's history and can make sure that repeated attendances for the same issue can be identified and dealt with to reduce the problem. A number of GP board members will be spending some clinical sessions in the A&E in Russell's Hall to talk to patients and clinicians about the care.

### **3.2 Our Current Thinking**

There are some 'givens' in our local healthcare system for Dudley:

1. We value having a high quality Accident & Emergency Department in Dudley at Russell's Hall hospital which is open and accessible 24 hours a day 7 days a week.
2. The vast majority of people are best placed to get their same day urgent care from their GP practice.
3. We need the facilities that 999 and the ambulance service provide to get people to the treatment they need as fast as possible if an emergency happens.

However there are also some opportunities for improvement with the local healthcare system:

1. We recognise that the current system is quite complex to navigate and some people end up having to unnecessarily use services as a result. So we think that the expressed preference for a simpler system of access makes a lot of sense.
2. We agree that it is desirable to have system that optimises triaging so there is more right care, at the right place, at the right time.
3. A lot of people assume that they can get a faster service if they go to the Accident & Emergency Department at Russell's Hall – even if their need is comparatively minor.

However this often won't be the case as patients with more complex needs will take priority. If you have a primary care need then, whilst you will get treated at the Accident & Emergency Department if you go there, it is much more preferable if you arrange a booked time to go to your GP practice where they know you and have the details of your medical history.

4. Our older population are the highest users of these services but they often end up in hospital with conditions that could be treated in their own home if alternative services were available.
5. Our preference is that all people should choose to go to their GP for their primary care needs – and most people do this already. Furthermore, our CCG has developed a primary care strategy which is designed to support our GP members to further improve the quality and accessibility of their services.

### **3.3 What will we be consulting on?**

We want to consult on how to improve the provision of urgent care to the people who live in Dudley. For clarity:

- We are consulting on the location of these services and the way that they are provided.
- We want to know what standards Dudley people would like to see in these services. We do not want to commission a lower standard of services.
- This includes the organisation of walk-in centre (WIC) services; primary care out-of-hours services; and the overall design of primary and community urgent care services.
- We are not proposing any changes to the location of the Accident & Emergency Department at Russell's Hall Hospital. However we do want to try and find ways of reducing the demand for this service.
- We are not consulting on the provision of GP services – these services are commissioned by NHS England and so we have no remit to change the provision of these services.
- We are consulting on what patients would like to see provided by NHS 111 to inform the procurement process for this service.

### **3.4 Planned engagement activity & scoping**

The public Consultation will be overseen by a time limited task & finish group. This groups role will be to oversee activities and provide input to the consultation process and ensure that the principles set out in section 3.5 of this report are adhered to. The CCG has so far sought representation for this group from stakeholders, including local councillors, Dudley Council for Voluntary Sector, Healthwatch and members of the public.

We will develop public friendly literature and a core script in easy read format including photosymbols.

We will develop website area for consultation including blog and social media pathways through twitter and facebook and use our Communications & Engagement Team to go out onto the street and capture views on camera 'Feet on the Street'.

Our Board clinicians will be spending time in A&E speaking with patients & families re their attendance and Comms/Engagement Team and Patient Experience Team to spend time in A&E gathering patient insight and experience in more qualitative ways.

We will identify key stakeholders and ensure that they have the opportunity to understand and comment on the options.

We will link in with other groups and meetings; a full timetable is being developed for meetings which the CCG will attend, this includes Community & Voluntary Groups, existing forums and networks. Appropriate engagement techniques to be used with different groups depending on

needs and we will endeavour to get a clinician and or management lead at each public meeting.

### **3.5 Principles**

- We are clear on what is open to influence and only ask questions where influence can be had
- We are honest and open
- We provide the right information so people can make informed decisions
- We make it easy for people to get in touch with us
- We listen to what people tell us and take time to hear what they are saying
- We feedback, even if it is difficult

### **3.0 Next Steps**

We are currently consulting with our GP membership on the viable options for urgent care in Dudley. These will all be subject to equality impact assessments.

Once we have finalised these discussions we will be in a position to embark on a 12 week public consultation.

Our hope is for this public consultation to start during October 2013. We are asking the Health Overview and Scrutiny Committee this evening for any comments on this planned consultation which could shape the conversations we wish to have with the public.

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