

# Governing Body

18 January 2017

<b>Details</b>	Part 1	<b>X</b>	Part 2		Agenda Item No.	<b>3</b>
Title of Paper:	Bury CCG Urgent Care Redesign – Engagement and Equality Analysis Report					
Board Member:	Margaret O'Dwyer – Director of Commissioning and Business Delivery/Deputy CO					
Author:	David Latham – Commissioning Programme Manager					
Presenter:	Dr Victoria Moyle – Clinical Director					
Please indicate:	For Decision	<b>X</b>	For Information		For Discussion	

## Executive Summary

<b>Summary</b>	<p>Both nationally and locally it is recognised that the Urgent Care system is under considerable pressure. The Royal College of Emergency Medicine reports a steady deterioration in emergency and urgent care, facing the worst A&amp;E four hour target performance in almost 15 years. They recognise this is a national problem but highlight that at a local level there is a case for better service planning and design to facilitate health care delivery.</p> <p>In response to this, Bury CCG Governing Body in August 2016 received a paper entitled, Bury CCG Urgent Care Redesign. The paper detailed proposals and rationale for the redesign of urgent care services in Bury, inclusive of a 3 step approach to equality analysis. The recommendations in the paper were accepted which triggered a 2 month public and stakeholder engagement period.</p> <p>This paper provides feedback from the public and stakeholder engagement period conducted between September 1<sup>st</sup> and 31<sup>st</sup> October 2016. The paper concludes with a recommendation which has been informed by this engagement process.</p> <p>The public and stakeholder engagement period addressed numerous issues and concerns but four primary outputs were identified:</p> <ul style="list-style-type: none"> <li>• Patients and professionals do find the current urgent care system confusing.</li> <li>• Patients want to get the right care from the right place at the right time.</li> <li>• The CCG need to focus further on communication and the reassurance to patients and stakeholders that the services they require are responsive to their need.</li> <li>• Patients and stakeholders wish to maintain local service provision of healthcare.</li> </ul>					
<b>Risk</b>	<b>High</b>	<b>X</b>	<b>Medium</b>		<b>Low</b>	
	<ul style="list-style-type: none"> <li>• Recognition of the risk to the reputation of the CCG regarding the outcome of the decision reached.</li> <li>• Risk to the working relationship with wider partners.</li> <li>• Risk highlighted regarding the performance of NHS 111. Reassurance should be had by the mitigations in place with the service provider.</li> <li>• Risk to the staffing level and operability of the current WIC service.</li> </ul>					

	<ul style="list-style-type: none"> <li>• Risk in further deterioration of A&amp;E performance. Reassurance should be that the system redesign supports an integrated and efficient system and is mitigated by the proposal of a phased implementation of redesign.</li> <li>• Risk regarding access to General Practice appointments. It is accepted by the CCG that during the implementation phase, the CCG will work with those practices who are high users of the WICs to support those practices as needed.</li> <li>• Risk that Overview and Scrutiny Committee may introduce a delay in implementation by the requirement for further consultation.</li> </ul>
<b>Options</b>	<p>Having conducted an extensive and robust public and stakeholder engagement period, the following two options are presented for consideration:</p> <p><b>Option 1:</b> To support the suite of proposals for a clinically based urgent care redesign, having been modified by taking into consideration the analysis of feedback and concerns expressed from the public and stakeholder engagement period and detailed within the conclusion of this paper.</p> <p><b>Option 2:</b> Not to support the suite of proposals for urgent care redesign as presented in this paper, leaving the urgent care system design and function as is.</p>
<b>Recommendations</b>	<p><b>The Governing Body is asked to:</b>  <b>Support Option 1, the clinical model for urgent care as now presented after consideration of the findings of the Urgent Care Redesign engagement process.</b></p>

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	<b>X</b>
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements

## 1 Introduction

### 1.1 Context

In August 2016, the Governing Body received a paper, (see Appendix 1) detailing a recommendation to approach both the public and relevant stakeholders regarding a proposal to redesign the urgent care pathway and services in the locality. It was agreed to commence a two month engagement period between 1<sup>st</sup> September and 31<sup>st</sup> October 2016 in order to further inform this proposition. This report aims to build on the comments and observations acquired during this process to ensure that any service redesign implemented going forward is the most appropriate and responsive for the people of Bury.

Both nationally and locally it is recognised that the Urgent Care system is under considerable pressure. The Royal College of Emergency Medicine reports a steady deterioration in emergency and urgent care, facing the worst A&E four hour target performance in almost 15 years. They recognise this is a national problem but highlight that at a local level there is a case for better service planning and design to facilitate health care delivery. There is recognition of an increased number of A&E attendances nationally with a higher acuity of presentation requiring an increased number of admissions as a result. This change in urgent care demand has to be considered in those local delivery models.

This need for change was recognised in the NHS Five Year Forward View which proposed a fundamental shift in the way urgent and emergency care services are provided, improving out of hospital services so that we can reduce hospital attendances and admissions. The central core of this change is to provide a highly responsive service to those needing urgent care that is delivered as close to home as possible, minimising disruption and inconvenience for patients. This would ensure that those needing emergency care are treated more timely in centres with the very best expertise and facilities.

This core vision for a more integrated service builds upon the success of NHS 111 in simplifying access for patients and ensuring local services are delivering high quality clinical assessment, advice and treatment.

Locally a need for change has been recognised by both patients and stakeholders. As the previous paper to the CCG Governing Body highlighted, there is significant confusion regarding urgent care services in the locality. This confusion can lead to a reduction in patient experience and outcomes alongside duplication and inefficiencies putting additional strain on the system.

In Bury the current local urgent care system has evolved over time in response to both national and local directives. Bury now has numbers of services with incredibly dedicated and skilled staff delivering health care. These services are often very popular with the immediate local populations however they work in isolation within a disjointed and confusing system based on reaction to urgent care demands and not responsive to it.

### 1.2 Current System

There is already evidence of shift in urgent care trends as services continue to evolve, for example:

- The introduction of Extended Working Hours in Primary Care across Bury now sees hundreds of evening and weekend Primary Care appointments delivered every week
- Circa 3,000 Bury registered patients a month are now choosing NHS111 as their first point of contact with the NHS for non-emergency care, advice and signposting
- Out of Hours activity has been impacted due to the introduction of NHS111 and Primary Care Extended Working hours with a reduction in the number of face to face assessments
- As other services offer alternative access, patients have been self-determining their best option which has seen a dramatic reduction in the number of Walk-In Centre attendances at both Moorgate and Prestwich. A reduction of 12,989 attendances over an 18 month period has been noted
- Commissioned Wound Care Service has been developed to facilitate a more responsive, appropriate and equitable provision delivered across 6 locations within the Borough
- Primary Care standards that all General Practices have signed up to with an enhanced number of appointments available, ensuring that all children under the age of 12 years are offered an appointment if clinically appropriate
- Advice on Self-Care is recognised as a key priority within health care and is currently being delivered by NHS 111 and other providers but it is recognised that this area will need further input within the model moving forward
- Across Bury, other Primary and Community based care services such as optometrists, with the Minor Eye Conditions Service and Pharmacists are now responding more flexibly to urgent demand which increasingly allows care for patients to be delivered closer to home as appropriate

However what this demonstrates is that the system, although enhanced with increasing provision, remains disjointed and inefficient. The new urgent care redesign focuses on integration of services so that patient care is enhanced and outcomes improved. A co-ordinated model is key in the delivery of a successful and responsive urgent care system.

1.3 This paper builds on the proposals set out previously, focusing on the insight gained from the public and stakeholder engagement period. It incorporates details of the engagement events that were undertaken, the methods used to collate all feedback received and analysis of those responses into key themes. Key themes included:

- Patients and professionals do find the current urgent care system confusing.
- Patients want to get the right care from the right place at the first time.
- The CCG need to focus further on communication and the reassurance to patients and stakeholders that the services they require are responsive to their need.
- Patients and stakeholders wish to maintain local service provision of healthcare.

This has allowed for those opinions to be considered within the Urgent Care Redesign process and to further inform Governing Body in reaching a decision regarding the proposed recommendation.

## **2 Equality Analysis (EA)**

2.1 Equality analysis has been undertaken throughout the redesign and engagement process to ensure that there has not been one adversely affected community over another. Fair and equal access to services is a right of every NHS patient. A diversity in Bury review is detailed in Appendix 2.

### 3 Public and Stakeholder Engagement Period Summary

3.1 The engagement period commenced from 1<sup>st</sup> September 2016 until 31<sup>st</sup> October 2016. The aim of the engagement period was to seek the views of the public and stakeholders on the urgent care redesign proposals and where appropriate use these to inform final recommendations. The engagement period comprised of three elements:

- Face to Face Engagement
- Written Correspondence Engagement
- Urgent Care Redesign Survey Engagement

#### 3.2 Face To Face Engagement

A specific goal of the engagement period was to try and reach out to as many people, organisations and groups (inclusive of protected groups) as possible across the borough in order to discuss proposals and receive feedback. In total there were 36 events/meetings/communications or briefings. The list of engagement activity, dates and protected groups are detailed in table 1.

(Table 1: Event Schedule)

	Date	Group/Event	Protected Characteristic Group
1	1.9.16	Bury CCG Patient Cabinet	Carers
2	2.9.16	North East Sector (NES) Urgent Care Tactical Group	
3	8.9.16	Prestwich Township Forum	
4	8.9.16	Bury East Township Forum	
5	13.9.16	Radcliffe Township Forum	
6	13.9.16	Ramsbottom, Tottington, N. Manor Township Forum	
7	14.9.19	Bury CCG GP Member Engagement Event	
8	15.9.16	Greater Manchester Urgent Care Leads (Update)	
9	19.9.16	Bury CCG Senior Management Team Meeting	
10	19.9.16	Bury West Township Forum	
11	20.9.16	Learning Disability (LD) Partnership Board	Disability and carers
12	20.9.16	Whitefield and Unsworth Township Forum	
13	21.9.16	LGBT Manchester (Network Communication)	Sexual orientation
14	21.9.16	Bury CCG Staff Briefing (Update)	
15	22.9.16	Bury Health & Wellbeing Board	Health inequalities
16	23.9.16	Greater Manchester Directors of Commissioning	
17	27.9.16	Update at South Sector meeting (GPs)	
18	28.9.16	Bury Urgent Care Partnership Group	
19	28.9.16	Bury CCG Annual General Meeting	
20	29.9.16	Meeting of Bury Carers Forum	Carers
21	30.9.16	NES Urgent Care Delivery Board (Update)	
22	3.10.16	LGBT Employee Group – Bury Council	Sexual orientation
23	4.10.16	Update at West Sector meeting (GPs)	
24	5.10.16	Meeting of Pennine Care NHS FT staff	
25	5.10.16	Jewish Representative Council	Ethnicity and religion
26	6.10.16	Patient Cabinet (Update)	
27	11.10.16	Update at the North sector meeting (GPs)	
28	11.10.16	Bury Health Scrutiny Committee	
29	13.10.16	LD Family Forum	Disability and carers

	Date	Group/Event	Protected Characteristic Group
30	13.10.16	Youth Cabinet	Age
31	18.10.16	Update at East sector meeting (GPs)	
32	19.10.16	Looking Forward Forum	Disability and carers
33	19.10.16	Chapelfield Village Association	
34	24.10.16	Age UK	Age
35	1.11.16	*Jinnah Centre – males	Ethnicity and religion
36	2.11.16	*Jinnah Centre – females	Ethnicity and religion

(\*The only dates available were just outside of the engagement period but are considered to be part of the official engagement period feedback)

### 3.3 Written Correspondence Engagement

During the engagement period the CCG openly invited members of the public to contact the CCG with their queries and questions. All such contacts received a formal acknowledgment and reply. In total there were:

- 1 freedom of information request received.
- The CCG received 1 petition containing 954 names.
- During the engagement period the CCG received 9 letters.
- During the engagement period the CCG received 8 e-mail queries.

Written correspondence was received from local patients, politicians, GP practices, organisations and neighbouring CCGs.

### 3.4 Urgent Care Redesign Survey Engagement

In order to accompany the engagement period, the CCG designed a survey to further capture views and opinions. The survey was well advertised and accessible online. Hard copies of the survey were distributed at the Walk-In Centres, GP practices and shared at relevant events.

All hard copies received, within the engagement period, were manually entered into the, 'Survey Monkey' tool as received in order to allow for a single evaluation process. A copy of the engagement survey can be seen in Appendix 3.

## 4 Engagement Period Analysis and Response

4.1 Feedback was analysed from the extensive engagement activities including all the face to face contacts and from reviewing the correspondence submitted to the CCG over the engagement period. The full survey analysis report is attached in Appendix 4a, Quantitative Analysis and Appendix 4b, Qualitative and Quantitative Analysis.

The high level analysis is as follows:

- There were 1012 surveys completed.
- 63.82% were completed by patients from Bury.
- 78.56% place emphasis on a service that is easy for patients to understand and access
- 77.35% emphasise the importance of a service where patients receive clinical advice from qualified staff
- 79.48% strongly agree or agree that self-care is an important part of the vision.
- 90% thought that the WICs serve a purpose not otherwise provided in Bury.
- 83.5% disagree or strongly disagree with a decision to not renew the WICs.
- There is some misperception that it is the council that are cutting services.
- 72% of respondents are aware of the GP extended working hours service.
- 87% of respondents are aware of NHS111.

The public and stakeholder engagement period highlighted a number of concerns and four primary themes were identified:

- Patients and professionals do find the current urgent care system confusing.
- Patients want to get the right care, from the right place at the right time.
- The CCG needs to focus further on communication and the reassurance to patients and stakeholders that the services they require are responsive to their need.
- Patients and stakeholders wish to maintain local service provision of healthcare.

Wider themes identified and the CCG responses are shared in the table below.

(Table 2: Feedback Themes and CCG Responses)

Ref.	Feedback Themes	CCG Response
T1	The current urgent care system is confusing.	KEY THEME: This was part of the basis for the proposal and was strongly echoed throughout the engagement period.
T2	The CCG identified a lack of knowledge about wider services on offer across Bury.	KEY THEME: At most events, there was a clear lack of knowledge displayed about the urgent care options available across Bury and how to access these. This has been acknowledged by the CCG and any recommendations made will include the need to further inform the public about service options.
T3	Patients want to access the right care, the first time.	KEY THEME: A recurring theme was the call from patients to have a simple system to understand where they could access the right care, in the right place at the right time.
T4	It is valued by patients and stakeholders that health care is delivered at a local level	KEY THEME: As addressed within the questionnaire, many respondents emphasised the importance of local delivery of care. Local delivery of care will be maintained within the proposals through the provision of a greater number of wound care sites and the maintenance of sites as clinical hubs.
T4	The majority of people who engaged were primarily concerned about the possible closure of the WICs.	The engagement period was with regards to the wider proposals for Urgent Care and not focused on the WICs. This point was highlighted in all presentations.
T5	The engagement period was seized upon as a local political issue.	Whilst being fully aware of this the CCG emphasized over the engagement period that proposals were clinical and based on a desire to secure the best possible clinical outcomes for all the registered patients of Bury within the resources available.
T6	There was a common belief that the proposals are a cost cutting exercise.	At every engagement event the CCG provided an assurance that the proposals were not driven by the need to make financial savings. The CCG also reassured all audiences that any savings realised by the changes would be reinvested into the urgent care services in Bury.
T7	The urgent care redesign proposals were well reported in the press but the focus was on WIC proposals.	The CCG provided a press release that was based on the wider urgent care proposals, to support the engagement period and responded to several press enquiries throughout the period. Each response from the CCG presented the context of the wider proposals.
T8	The majority of comments received were focused on the Prestwich WIC and not Moorgate WIC.	The CCG acknowledges that the majority of responses received were focused on the Prestwich WIC location.
T9	Pennine Care NHS Foundation Trust, the WIC service provider and WIC staff accepted the need for change, WIC staff asked to be part of the new arrangements.	The CCG held a specific session to present proposals to Pennine Care NHS Foundation Trust, management and operation WIC staff. Operational staff acknowledged the need for change. The CCG confirmed that any new models would need to try and ensure that valued and experienced staff would continue to be recognised with providers.
T10	There was a lot of misunderstanding about the new Wound Care Service.	The CCG acknowledged the lack of understanding about the Wound Care Service. This included the service locations and referral points. This has already been fed back to the current provider and is informing the continued evolution of the service.

Ref.	Feedback Themes	CCG Response
T11	There was a mixed bag of comments received about NHS111 with good and bad examples commonly shared.	The CCG acknowledge the feedback on current NHS111 services and encouraged the audience to formalise any positive or negative comments to the service directly. The CCG did confirm to audiences that NHS111 is run by NWS the same provider for the 999 service. The CCG confirmed that the Clinical Hub Pilot arrangements are already in discussion across Bury and HMR CCGs.
T12	The issue of public transport was raised a number of times.	The CCG did confirm that it does not directly commission public transport arrangements. It also confirmed that proposals are based around current health service delivery points which should therefore have already considered transport infrastructure.
T13	The proposals to develop Front End Services at Fairfield General Hospital were thought by Prestwich residents and professionals to be inappropriate for their needs.	The CCG sought to clarify why Fairfield General Hospital and not North Manchester General Hospital had been identified. It was explained the front end services already exist at North Manchester General Hospital but currently Fairfield General Hospital is one of the only Manchester acute trusts that has no such service currently in situ. It was explained that Front End Services are not an alternative 'primary care' walk-in service. They are for patients that present at A&E who's need is not for an emergency service.
T14	People cannot get a GP appointment.	Whilst unable to comment on any individual GP practice arrangements the CCG sought to explain the current additional primary care services available across Bury. It was also noted that when asked, the majority of patients attending the WIC reported that they had not tried to get a GP appointment before attending the WIC.
T15	Never heard of GP Extended Working Hours (EWHs).	The CCG responded to these comments by promoting the current GP EWHs service. Since the engagement period ended the survey analysis has shown that over 70% of respondents have heard of the GP Extended Working Hours.
T16	If you close the WICs all patients will simply go to A&E.	This belief was widely raised. The CCG explained that given most presentations are of a minor nature, often only requiring self-care advice, it was unlikely that all patients would choose A&E as an alternative service. It was explained that the recent Prestwich WIC weekend closures for refurbishment had not resulted in increased A&E attendances. In other areas where WICs have closed increased pressures on A&E services are not commonly reported. It was acknowledged by the CCG that any proposals would need to be supported with targeted communications.
T17	The level of anxiety expressed about the proposals was heavily weighted toward the Prestwich WIC.	Throughout the engagement period all CCG staff delivering sessions identified a higher level of anxiety from those patients within the Prestwich area than those within the Town centre area. Also the further away from the WICs that the engagement took place the less concern with the proposed redesign was expressed.
T18	The WICs are a well used and valued service.	The CCG acknowledges that the WICs are well used but points to the significant reduction in attendances. The CCG has no issues with the quality of service delivered but believes that the types of presentation to WICs lend themselves to alternative solutions the majority of which are already available.
T19	Cannot do anything until everything in the proposal is implemented.	The CCG was keen to explain that the 1.4.17 is not a pre-determined date for change. If appropriate a staging model could be proposed. The CCG was also keen to confirm that many of the proposals identified were already in place such as NHS111, GP Extended Working Hours and the GP Quality Scheme. The CCG is well positioned to progress with proposals based on the current urgent care landscape. It was highlighted that several other CCG have closed WICs based solely on the introduction of Extended Working Hours.
T20	The WIC is the best place to access care.	This point was raised several times, however in many of the examples given, the WIC had acted as a sign posting mechanism, directing patients to other services. It was also highlighted that WIC staff have no access to GP medical records and have limited patient history.
T21	I always take my child to WIC.	It was highlighted that the new GP Quality Scheme requires GP practices to offer on the day appointments for any child under 12, assessed as clinically needing a GP appointment.
T22	Why is this an engagement period and not a formal consultation?	In a press release the CCG stated: "The CCG is required to adhere to duties set out in the NHS Act 2006 and its subsequent amendments. It must make sure arrangements are in place to engage with relevant stakeholders and users of a service that is being reviewed, and that the level of engagement is appropriate and proportionate to reach its communities. This period of public engagement relates to a wide range of services and initiatives with a

Ref.	Feedback Themes	CCG Response
		view to redesigning urgent care. If at the end of the engagement period there is a proposal that a service is no longer commissioned by the CCG, this would be subject to a public consultation of an appropriate level and duration.”

## 5 Conclusion

5.1 Having consulted on the model previously described in the paper received by Governing Body in August 2016, the engagement process has reinforced the clinical decision to redesign urgent care services for the patients of Bury. The redesign does address the main key themes -the system will be easier to navigate; will be more responsive, with patients having care advice and treatment delivered by the right person, in the right place at the right time. It allows the system to function in an integrated way with the most appropriate utilisation of services whilst delivering care over a local footprint.

There is recognition also that we are currently in a continually challenged and pressured environment which requires flexibility and sustainability.

Throughout this engagement process, the CCG has been fully committed to listening to, responding to and incorporating the views, thoughts and concerns expressed by all individuals who have contributed.

As a result, modifications to the implementation of the model are being proposed:

- To continue to develop the Integrated Virtual Clinical Hub providing a local response to NHS 111 calls enabling patients and professionals access to clinical advice and assessment. This builds on the early work currently being piloted within Bury to inform wider work across the Greater Manchester footprint.
- To develop the Primary Care integrated model of care with our local A&E departments at FGH and NMGH.
- A phased implementation of proposals reflective of opinions expressed during the engagement period.
- An acknowledgement of the importance placed on the local delivery of care, with current walk in centres remaining as healthcare facilities delivering services within the revised model.

## 6 Options

6.1 Having conducted an extensive and robust public and stakeholder engagement period the following two options are presented to the Governing Body for consideration:

**Option 1:** To support the suite of proposals for a clinically based urgent care redesign, having been modified by taking into consideration the analysis of feedback and concerns expressed from the public and stakeholder engagement period and detailed within the conclusion of this paper

**Option 2:** Not to support the suite of proposals for urgent care redesign as presented in this paper, leaving the urgent care system design and function as is.

## **7 Recommendations**

**Governing Body is advised by the Urgent Care Clinical Lead to support Option 1 - the clinical model for urgent care as now presented after consideration of the findings of the Urgent Care Redesign engagement process.**

### **Dr V Moyle**

Clinical Lead for Urgent Care

### **Margaret O'Dwyer**

Deputy Chief Officer

### **David Latham**

Programme Manager

### **Appendix 1**

Governing Body Paper

### **Appendix 2**

Diversity in Bury

### **Appendix 3**

Urgent Care Redesign - Survey

### **Appendix 4a**

Quantitative Analysis

### **Appendix 4b**

Qualitative and Quantitative Analysis

This analysis reviews questions 1-13 and include a review of where respondents were asked for comments.