



South Tyneside
Clinical Commissioning Group

**Local Engagement Board
Thursday 10 July 6-7.30pm**

Bede's World, Church Bank, Jarrow, NE32 3DY

A G E N D A

- | | |
|--------------|--|
| From 5.30 | Light tea and Registration |
| 6.00 to 6.05 | Welcome and Opening Remarks
<i>(Dr Matthew Walmsley, Chair, STCCG)</i> |
| 6.05 to 6.15 | Feedback on progress from round table discussions at May 2014
LEB
<i>(Christine Briggs, Director of Operations, STCCG)</i> |
| 6.15 to 6.40 | Urgent Care One Stop Shop
<i>(Christine Briggs, Director of Operations, STCCG)</i> |
| 6.40 to 7.10 | Questions |
| 7.10 to 7.15 | General questions and Chair's closing comments
<i>(Matthew Walmsley, STCCG)</i> |
| 7.15 to 7.30 | Meet the presenters |

Date of next meeting:

Thursday 25 September 1-3.30pm at Living Waters

If you would like to attend please contact Jenna Easton on 0191 2831903, or email jenna.easton@sotw.nhs.uk.

LEB Pioneer Feedback

South Tyneside Partnership

LEB Pioneer Feedback

Round Table Reflections:

1. Definition of self care
 2. Third sector/Community groups
 3. Single Point of Contact?
 4. Directory
1. Developing FAQs; getting **people's input** at workshops; self care is different for everyone.
 2. All integration groups have **good representation from the third sector**; presented to a number of third sector forums.
 3. Is not about changing the way services work but **supporting people to stay healthy and well; active / empowered** population.
 4. Directories exist but initially more important to get **staff and people activated** and to have **self care conversations**; we are looking at an **interactive locally based directory**; we are developing the self care offer; underpinned by C4L and ECHIC.

LEB Pioneer Feedback

Round Table Reflections:

1. Communications
 2. Commitment from organisations
 3. Staff attitudes
 4. Children
1. Comms work ongoing around **design style / visibility / communication and engagement**; includes a launch.
 2. There is **commitment from partnership** organisations, ie Integration Board.
 3. Large part of work is about **culture and attitudes** of staff and people and the **South Tyneside environments** and **empowering staff** to enable this.
 4. Shared work at local children's conference; builds on other good areas of work; essential to keep a **life-course approach**.



Right treatment
Right time
Right place

Proposals about
a **new vision**
for urgent
care services in
South Tyneside





Proposals : a new vision for urgent care services in South Tyneside

Public consultation to seek views on:

- How urgent care services are arranged in South Tyneside
- Creation of new urgent care ‘one stop shop’ at South Tyneside General Hospital
- Relocating the services delivered from Jarrow Walk In Centre to the new ‘one stop shop’





Welcome and thank you for coming

- Dr David Hambleton, Chief Officer, STCCG
- Christine Briggs, Director of Operations, STCCG





Purpose of meeting

- Part of public consultation period required by Health and Social Care Act (2012)
- Includes three specific public meetings
- Opportunity to hear from our clinicians & team
- For us to listen and respond to your queries or concerns
- To take away your feedback to inform our plans





Format of meeting

- Introduction and scene setting
- The case for improving services
- Opportunity for Q&A and how to feedback your views





Setting the scene





Who are we?

South Tyneside CCG

- Led by doctors, nurses and managers
- Budget of £229 million for population of 148,300
- Responsible for planning and ‘commissioning’ hospital, community, ambulance and mental health services from broad range of providers
- Responsibility to ensure best possible healthcare services are available for local people and wise use of resources





What is urgent care?

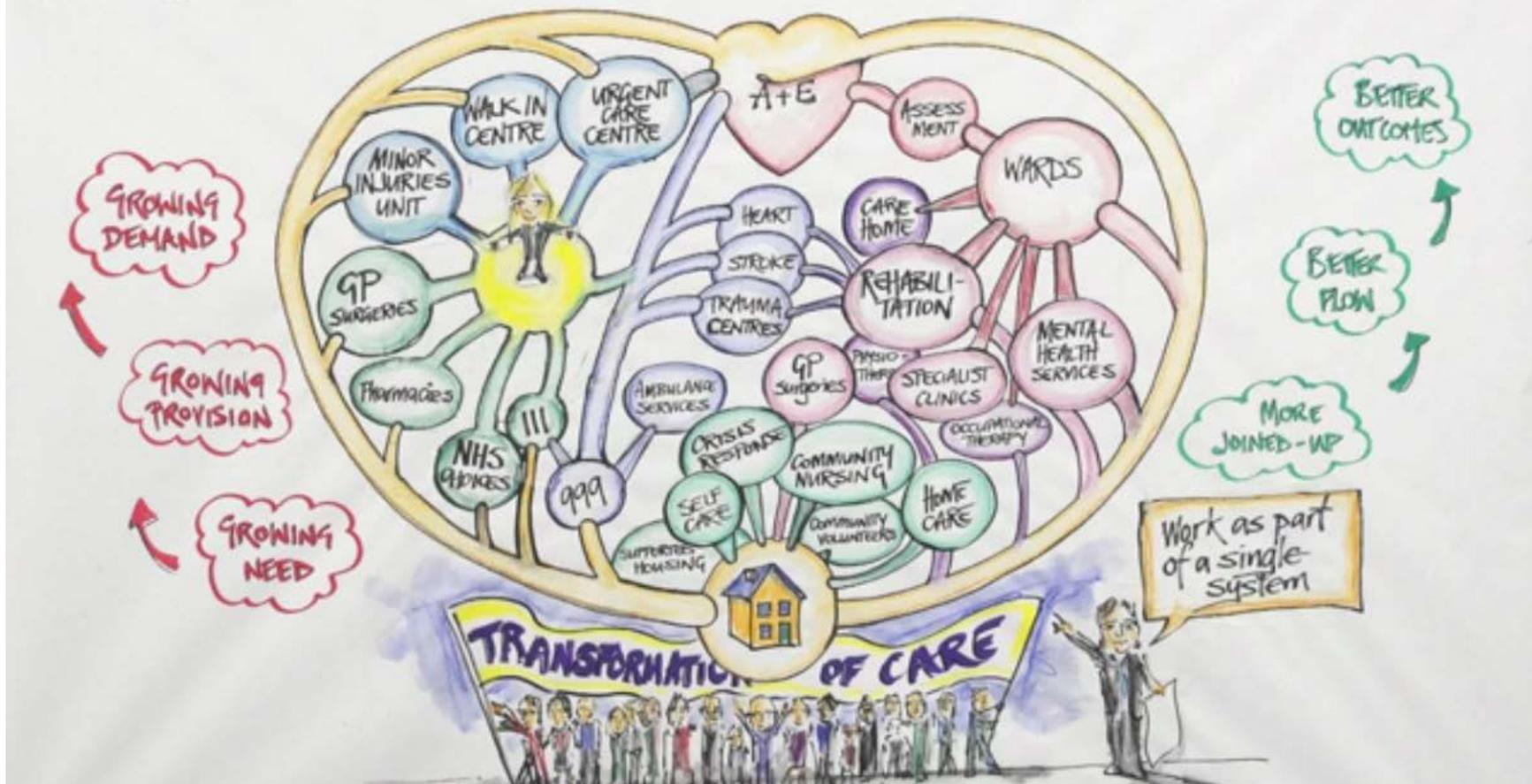
- Term 'urgent care' can be confusing. It is when:
 - Someone has a healthcare need which they feel is urgent
 - Medical care is needed quickly without a hospital stay or visit to accident and emergency (A&E)
 - It is **not** emergency care which is for life saving treated from 999 ambulance or A&E
 - Accessed multi points: 111, A&E, WIC, GP, GP out of hours





A complex system

TheKingsFund >





Increasing demand

- Demand increasing, despite:
 - more access e.g. Walk in Centre, GP core hours increase
- Services being used differently:
 - using Walk in Centre for GP services
 - using A&E for minor ailments
- A&E waiting times suffer: not a wise use of NHS resources
- Poorer patient experience and quality





What is the case for these changes?





What does the clinical evidence and best practice say?

‘Transforming urgent and emergency care services in England’

By Sir Bruce Keogh, national NHS medical director

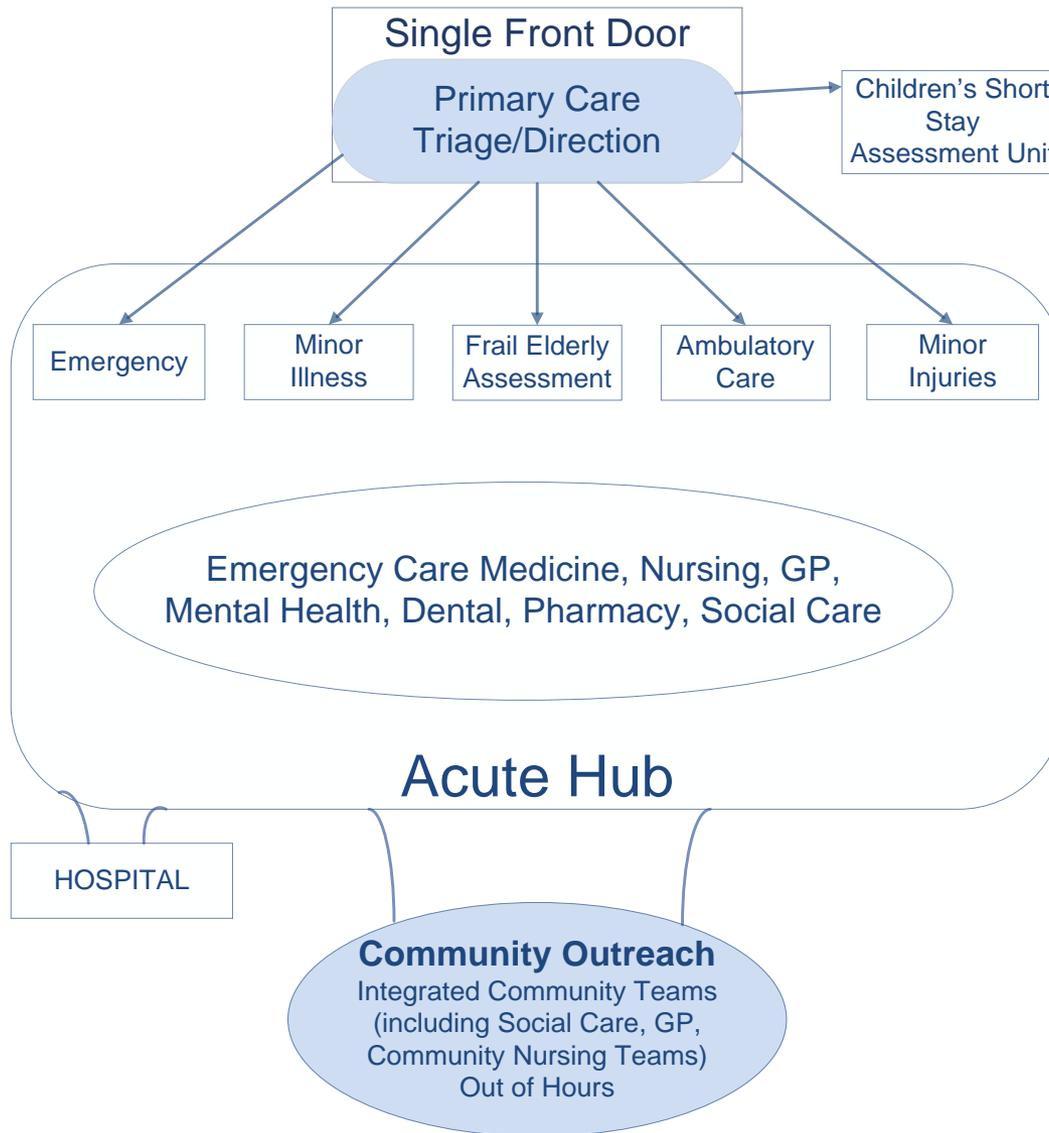




What does the clinical evidence and best practice say?

- Describes how to improve urgent & emergency care services:
 - self-care
 - help patients get the right advice/treatment in the right place, first time
 - provide a highly responsive urgent care service outside of hospital so people no longer choose to queue in A&E
- Locating walk-in services with A&E is easier for people to get the help they need, all under one roof
- Evidence shows this reduces emergency attendances and demand on urgent care services





**South
Tyneside
Urgent Care
Hub
Proposed
Model
DRAFT**





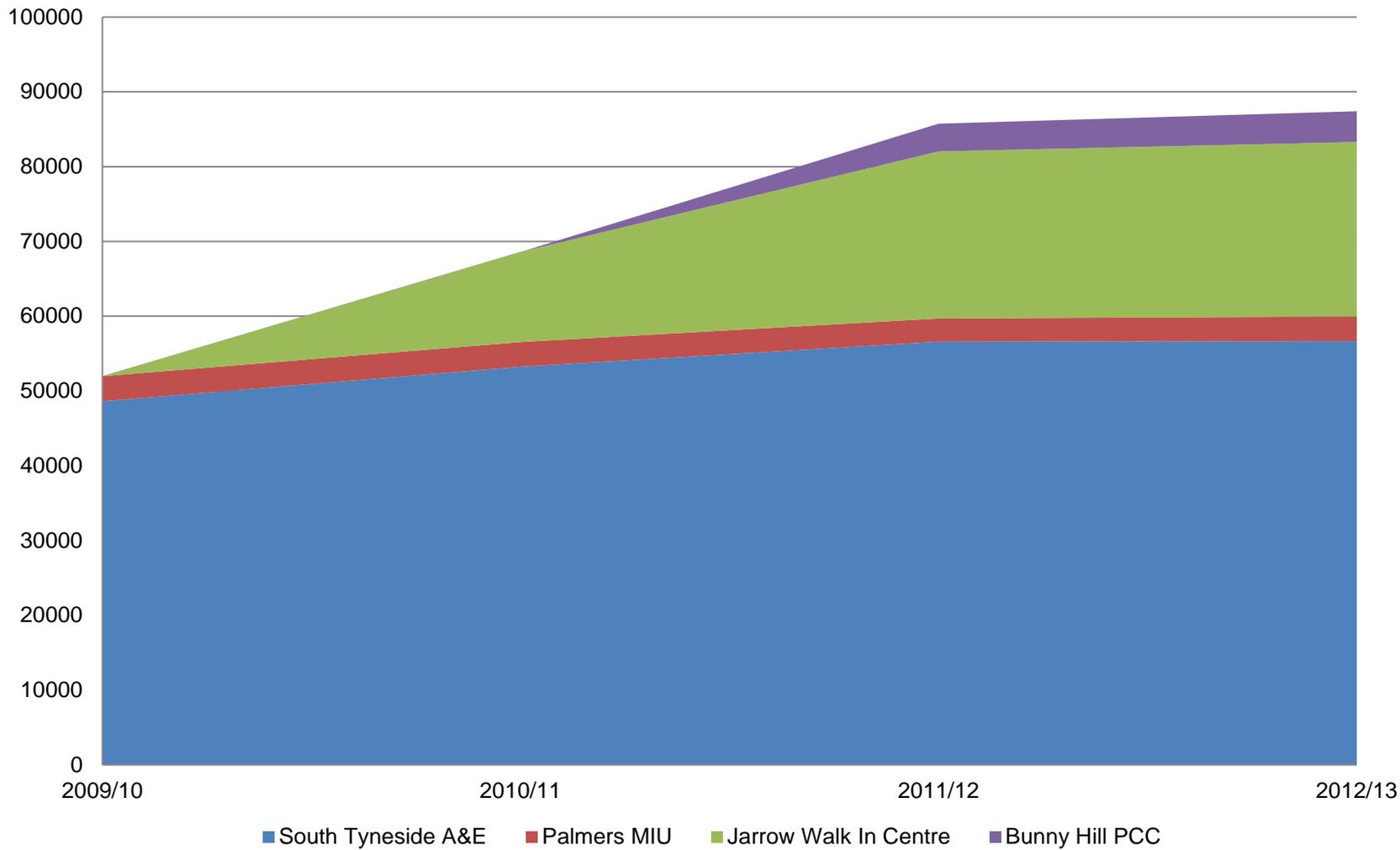
How are urgent care services being used in South Tyneside?

- Many patients who go to A&E or call 999 do not need the high-level specialised care
- For many a different local service is more appropriate
- Current way local urgent care services are organised does not help patients understand where to go





Annual Urgent Care Activity





Accident and Emergency (A&E)

Accident and emergency visits in 2012/13:



60% of patients did **not** need any treatment

- There were 56,508 patient contacts seen and treated at South Tyneside General Hospital A&E in 2012/13. This cost around £5.3million.
- Of the 56,508, patient contacts, 33,379 attendances, which is 60% of patients, didn't need any treatment at all and were given verbal or written advice and reassurance.
- 50% of the conditions patients presented with could have been seen by another health service.





Jarrow Walk in Centre

- Walk in Centres introduced to decrease the need for A&E to see patients with minor conditions
- Opened in March 2010: contract due to expire 1 June 2015.
- It was originally contracted to see 12,000 patients a year
- A recent survey with users of Jarrow Walk in Centre indicated:
 - Only 34% of patients attended the WiC with a 'minor ailment'
 - Almost half of patients (49%) were aged 24 and under
 - Only half of those surveyed (51%) had contacted their own GP practice before attending the WiC
 - 66% of patients accessed the WiC by car





Jarrow Walk in Centre activity levels:

2010/11:	12,045
2011/12:	22,324
2012/13:	23,338
2013/14:	27,340

These represent the number of **contacts** at the service, not necessarily the number of people; similar contacts would occur in future at the urgent care “one stop shop”. Some needs could be met in Jarrow at the local pharmacy or the GP practice may be a more appropriate route.





GP practices

- 28 GP practices - contracted by NHS England 27 offering “extended hours”

Jarrow

- 1 practice co-located with WIC – NHS England to review service (list size low)
- 2 GP practices based in Palmers (East Wing Surgery, Dr Dowsett & Overs)
- 2 other GP practices in Jarrow
 - Mayfield Medical Centre – 3 minutes in car or 8 minutes on foot from Palmers
 - Dr McManus & Hassan – 4 minutes in car or 10 minutes on foot from Palmers





Bunny Hill Primary Care Centre, Sunderland

- Some residents may access services in neighbouring Sunderland
- The Bunny Hill service will remain unaffected by these proposals
- Bunny Hill Primary Care Centre accounts for around 4.7% of the overall urgent care activity for South Tyneside, around 343 contacts per month





NHS 111 telephone service

- NHS 111 is the urgent health care service for when patients need help fast.
- Launched in South Tyneside in winter 2012
- NHS 111 signposts patients to the most appropriate service
- It is available 24/7, 365 days a year
- Free to call from landlines and mobile phones.
- Government has said that NHS 111 will continue to be a cornerstone of how we can improve urgent care services locally





Out of hours GP services

- Out of Hours GP services in South Tyneside are provided by Northern Doctors Urgent Care.
- Provide access to primary care advice and treatment whilst GP practices are closed
- Accessed via NHS 111
- GP out of hours contract has been extended for 12 months until the end of May 2015 and GP out of hours will form a key part of the hub





Community pharmacies

- Experts in the uses of medicines and are trained to diagnose and treat many minor ailments and injuries as well as recommend medicines
- Much underused resource – lack of recognition of pharmacy expertise





Community pharmacies

- 39 community pharmacies in South Tyneside. 17 are open on Saturdays, and 3 on Sundays
- Signpost patients to other local NHS services
- Often open longer hours such as evenings and weekends





Community pharmacies

- 99% of South Tyneside population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport
- 30 pharmacies run a minor ailments service - In the last year over 13,000 reviews were carried out
- All have private treatment rooms





Minor ailments diagnosed and treated include:

- Bacterial conjunctivitis
- Nappy rash
- Colds and flu
- Nasal congestion
- Cold sores
- Period pain
- Constipation
- Scabies
- Coughs
- Sore throat
- Diarrhoea
- Teething
- Earache
- Thread worms
- Fever/temperature
- Toothache
- Head lice
- Vaginal thrush
- Headaches
- Warts and verrucae
- Haemorrhoids
- Mouth ulcers







Arranging services in a new way

We want to ensure:

- Right treatment at the right time
- Life threatening conditions can be treated in A&E, with less waits
- Treatment provided by the right healthcare professional, meaning better quality care
- Accessible, safe and high quality services





Arranging services in a new way

How will we do this?

- Create an urgent care 'one stop shop' co-located with A&E at South Tyneside hospital
- A single point of access via one front door, all services under one roof, on one accessible site
- Relocate Jarrow Walk in Centre to new 'one stop shop'
- Include GP out of hours in the 'one stop shop'





How much support from clinical staff is there?

- Our GPs placed urgent care as their top priority for change
- Local GPs support these proposals
- Local clinicians feel changes will have a positive impact for patient care
- Part of consultation is to gather wider clinical views for example from A&E staff, pharmacists, etc.





Prioritisation of schemes by GP practices

ID	Scheme	Result
DH1	Urgent Care Hub	86
JG1	Substance misuse liaison in Urgent Care Hub	61
JT2	Quality in prescribing	58
DH3	Integration of community nursing teams	54
JT1	Care homes	44
FN1	Training for Care Homes	42
FN2	Support practices development of best practice for palliative care	41
JT4	Multi-disciplinary team pain clinics	29
JT3	Glucose testing strips and devices	24
DH5	Primrose Hill Hospital – long stay patients	23
DH2	Further developing 111 system	19
FN3	Neurological Conditions – Commissioning a service	14
DH4	Ambulatory care sensitive pathways	3





What do we want to know from the public?

- Your views on our proposals as shown in the consultation document & set out today
- Questionnaire - to help make this easier
- Paper copies or on-line at:
www.southtynesideccg.nhs.uk





What do we want to know from the public?

- We welcome individual or group responses
- Encourage organisations or groups to formally write or respond via survey
- All responses that describe patient experience will be kept confidential
- Consultation period:
Wednesday 28 May to Friday 22 August 2014





Your questions

If you would like to ask a question please raise your hand and indicate to the chair

The chair will take questions and ask the most relevant clinician to respond to you

NHS staff are taking notes of the issues being raised to ensure they are captured for the consultation responses





Thank you for your time

You can write, email or telephone your views to:

Post: Monkton Hall, Main Hall, Monkton Lane, Jarrow, NE32
5NN

Telephone: 0191 283 1903

Email: STCCG@sotw.nhs.uk

On-line survey: www.southtynesideccg.nhs.uk

Before Friday 22 August 2014



South Tyneside Local Engagement Board – Thursday 10 July 2014

Bede's World 6-7.30pm

Presentation two 'Right treatment, right place, right time' was followed by a question and answer session. Details of the session are below.

Presentation One

Feedback from May 14 LEB – Christine Briggs, Director of Operations, STCCG

Presentation Two

Right treatment, right place, right time – Urgent Care Consultation – Christine Briggs

Q The parking at the FT is rubbish?

A We will take note and feed into discussions with the hospital?

Q You need to review your own facts. Many A&E clinicians are opposed to this. You've closed the minor injuries unit (MIU) in Jarrow and now you want to close the walk-in-centre (WiC) in Jarrow. Jarrow is the most accessible part of the borough. People are being appropriately referred to the right place. This is motivated by narrative not driven by facts.

A In terms of numbers its 27,000 contacts not 27,000 individuals. We did monitor activity of the nurse in MIU and she was very underutilised. We didn't receive any complaints at the time.

Q You didn't consult.

A This was because the WiC was already there and could pick up the activity.

Q Why don't you put it (the Hub) in Jarrow?

A We need the infrastructure to support these services which is already in place on the hospital site so there's only one place where we can put this service. The hospital already has the clinical infrastructure needed to support the hub.

Q Whole point of WiC was to relieve pressure on A&E and we know now that A&E is still crumbling under the pressure. If you take the WiC away you are going to get 27,000 more people at A&E which they can't cope with. Got to look at deprivation in an area, if you take healthcare away then it's against the NHS guidance which says move care closer to home. We have 400

signatures against the closure, all saying the treatment at WiC is exemplary. There's a lot more that needs to be done to consult with patients but you've already made your mind up anyway.

A What we've found through patient engagement and provider discussions is that as the WiC is GP led it is basically a GP service which is seeing people for primary care reasons, not things that you would need to go to the hub for. We are looking at increased access to GPs in Jarrow, which is essentially the service people are getting from the WiC.

Q We can't get to see the GP?

A We've started a piece of work looking at how and why patients access GP appointments and we are working on how we can influence this.

A We have a minor ailment scheme in pharmacy where certain people can receive free medication from the pharmacy. We are looking to see if we can expand this service.

A What we've found is that people are coming to the WiC with cars and those who aren't don't necessarily come on foot so people across the borough are getting to Jarrow on public transport. We are working with the public transport providers to look at transportation.

Q People are genuinely concerned by proposals. Car parking at the hospital is very congested. This could be very significant if a person is in need of medical care. In Morrison's on Saturday (when carrying out a petition) we were confronted with people who didn't know about the proposal and when they did they became highly upset. You don't understand the level of concern in the community. There is a clear lack of firm proposals re extending GP hours and that's a key reason why people aren't using GPs. Pharmacists aren't GPs and can't outline underlying problems.

A Minor ailment scheme is very tightly monitored and the risk of pharmacists 'getting it wrong' is minimal.

A Car parking is a very valid issue and we will pick it up with the hospital and will feed it in.

A There are annual satisfaction surveys which measure patient satisfaction levels of their GP practices. The results for South Tyneside are very high especially compared to other national areas. We are however picking up contradictory information through this consultation which we need to understand more and look into. What we need to do is understand what the GP access issues are and if we can resolve that then we will reduce the need for people to travel to the hospital.

Q Those surveys have were completed before the CCGs took over.

- A That's not accurate, it is an up to date survey; the CCG doesn't commission GPs.
- A We want to promote as much access to the consultation as possible within limited funding. We've taken out adverts in the Gazette; produced leaflets and posters which have gone to all GP practices and other community venues; we've are using social media and promoting the consultation through our community and voluntary sector networks. We'd be really keen to hear about any additional ideas you have for getting the message out there. We would please urge you to get people to complete the surveys.
- Q Can you tell me that the decision hasn't been made?
- A No decision has been made yet. We have taken a long time to develop sensible proposals but no decision has been made nor will be made until the end of the consultation.
- Q Have you looked into the closure of the Shiremoor WiC and the fragmentation of care?
- A No. The WiC at Shiremoor was very different to this proposal.
- Q They did what you are doing here; they did the consultation and then closed it down anyway.
- A The result of the consultation was that everyone agreed that it was an underutilised resource.
- A We don't think North Tyneside was a similar initiative but we have looked at local and national examples. If there are additional results we should be made aware of then please let us know
- Q What about the cost of parking at the hospital?
- A We will ensure this issue is fed into the consultation.
- Q There's no mention of any capital cost? There's just been a new A&E built. Where are the 27,000 people going to go and where is the capital money coming from?
- A We're not alone in proposing this notion. Nationally WiCs haven't done their job in reducing activity. We have looked at similar closures across the country - Stockport for example where they closed the WiC and the activity simply went away. The truth is the 27,000 contacts will not end up coming to the hub. Experience from other areas shows that activity will disappear and the 27,000 won't turn up at A&E.
- Q Can I quote you on that?

A Absolutely

Q Valuable page missing from the consultation document.... Our thoughts on your consultation process. Hebburn CAF was cancelled without pre warning and another one has been cancelled? I want to invite you to join us at Morrison's next Saturday?

A Hebburn CAF was booked; we were on the agenda and ready to present but were told by the chair that they didn't want us to speak. We have booked to go to the next CAF meeting so we are going to attend. The extraordinary meeting was booked without consultation with us and publicised without us being consulted. Unfortunately it clashed with a CCG commitment and had to be cancelled.

Q I agree with what you are saying, it makes sense to centralise services. If they are repeat attendances it's not a WiC it's a GP practice. The differences between the different areas (in South Tyneside) are historical. I fully support what you are trying to do.

Q He's not the only one. I also support what he's saying, although I appreciate what the concerns are of the people from Jarrow.

Q The WiC is greatly needed; you just do what you like.

A This is not about Jarrow and Hebburn V rest of South Tyneside. We as GPs want to make sure we do the best for the whole of South Tyneside and want to represent the whole borough. We are listening to those concerns and we still think this is the best proposal

A The key to this is ensuring access to GPs. We know they are repeat attenders and this tells us it could be seen by GP practices.

A We've heard very different stories about getting appointments at GP practices. We are trying to get practice level information on access. Some people who go to the WiC don't even try to get a GP appointment because they perceive its' difficult to get one. We don't know if that is the case.

Q Friends in Hebburn can't get a GP appointment for 3 weeks.

A We are looking into reported issues with GP appointments.

Q What is going to happen to the patients that are registered with the practice in the WiC are they going to move?

A This is commissioned by NHS England and although we are discussing our proposals with them the decision on this practice is down to them. This consultation is about the WiC. The practice is separate but we do know that there is a very low patient list but we can't comment on NHS England's plans.

Q Regarding the media and publications – was there any consideration for people who can't read? Braille or large print?

A Thank you for your comment; we can produce the information in easy to read formats on request.

Q It should be available when we arrive?

A Thank you, we will take that on board.

Q There has been no attempt to get in touch with the hard of hearing community?

A We will look at this.

Dr Matthew Walmsley, STCCG Chair, thanked everyone for their attendance and interest; all questions and comments will be fed into our discussions.

On exiting the meeting a member of the audience asked for the following quote to be recorded “nothing has changed over the last years; we are still being done to”.