# North Tyneside Health & Wellbeing Board Report Date: 7 January 2016

## **ITEM 10**

Title: Right Care, Time and Place - Urgent Care Consultation

**Report from :** North Tyneside CCG

Report Author: Mathew Crowther, Commissioning (Tel: 0191 293 1161)

Manager

## 1. Purpose:

The report summarises the work undertaken to date for North Tyneside CCG's urgent care consultation. Full details of the consultation proposals and process can be found within the *North Tyneside CCG: Case for Change* document on the CCG's website (<a href="www.northtynesideccg.nhs.uk/urgentcare">www.northtynesideccg.nhs.uk/urgentcare</a>). The *Right Care, Time and Place* consultation documents is also included for information.

## 2. Recommendation(s):

The Board is recommended to note the contents of the report and comment on the proposals.

#### 3. Policy Framework

This item relates to the following objective within the Joint Health and Wellbeing Strategy 2013-18:

Reducing avoidable hospital and care home admissions

#### 4. Information:

#### 4.1. Preparing for consultation

North Tyneside CCG identified the need to commission a new urgent care service as a priority within its *Urgent & Emergency Care Strategy 2014 – 2019*. The strategy also set out a commitment to involve patients, the public and organisational partners in discussions about how this could be achieved, taking into account the configuration of existing services, patient behaviours and affordability.

The proposals contained within the consultation document were developed in partnership with the members of the North Tyneside Urgent Care Working Group and informed by an extensive public 'pre-engagement' exercise conducted between January and September 2015.

The timeline for the development of the content of the consultation document is as follows:

Date	Action			
January 2015	North Tyneside Urgent Care Working Group holds two clinical workshops to develop a series of scenarios for the future delivery of urgent care in North Tyneside			
	Residents of North Tyneside and other stakeholders are invited participate in the following engagement activities:			
March – July 2015	<ul> <li>774 residents of North Tyneside surveyed on the provision of urgent care services in the borough.</li> <li>Spending the Urgent Care Pound in North Tyneside. Stakeholders and members of the public were invited to attend 3 participatory budgeting workshops to discuss how they would invest finite financial resources in urgent care services.</li> <li>The Community Healthcare Forum was asked to consult with hard-to-reach and protected groups on behalf of North Tyneside CCG. In total the CHF met with 174 residents of North Tyneside.</li> </ul>			
August 2015	Members of the Urgent Care Working Group and patient representatives are asked to review the future scenarios which were developed in January 2015 and further refine them in light of the information gathered during the pre-engagement phase.  A desktop review of the scenarios was then carried out to assess their feasibility. At this point two of the potential scenarios were excluded on the grounds that they did not meet the objectives set out in the <i>Urgent and Emergency Care Strategy</i> 2014 – 2019.			
September 2015	North Tyneside CCG Clinical Executive, Council of Practices and Governing Body approve the proposals set out in the Case for Change and the consultation document.			
October 2015	Consultation commences on 7 <sup>th</sup> October 2015 and continues until 21 <sup>st</sup> January 2016			

The four scenarios contained within the consultation document reflect the information and views gathered during the pre-engagement phase. They are informed by the following principles:

- 24/7 walk-in-service, with medical cover at all times (NB: medical cover may be arranged virtually at times of reduced need)
- Open to all ages, and staffed accordingly with the necessary professionals and skills to manage paediatric attendance
- Triage before access: all patients, whether they call NHS111 or walk-in, will be initially assessed using a consistent triage system
- The offer of an appointment for all patients, regardless of whether they walk-in or are referred

- Integrating previously fragmented services through co-location of services and professionals wherever possible (and via seamless onward referral where co-location is not possible)
- Full access to the necessary patient information
- Avoiding service duplication
- Provision of information and education to patients about how to access the right service for their need

The scenarios themselves are:

**Scenario 1:** A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane)

Scenario 2: A single North Tyneside Urgent Care Centre based at Battle Hill

**Scenario 3:** A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane), supported by locality-based minor ailments services in the other three localities (Killingworth, Wallsend, Whitley Bay)

**Scenario 4:** A single North Tyneside Urgent Care Centre based at Battle Hill, supported by locality-based minor ailments services in the other three localities (Killingworth, North Shields, Whitley Bay)

The survey document that members of the public have been asked to complete also invites respondents to nominate any other suitable potential locations for the new service.

### 4.2 The consultation process to date

Consultation commenced on 7<sup>th</sup> October 2015 and will run until 21<sup>st</sup> January 2016. The programme of events includes:

- Consultation launch event
- A drop-in event in each of the four CCG localities
- 3 'roadshows' held at local shopping centres
- Focus groups targeted at residents with 'protected characteristics'
- 6 x focus groups conducted that demographically represent North Tyneside
- Voluntary and community sector to undertake focus groups eg Carers Centre
- Distribution to 146 community venues with information about the consultation
- Distribution of postal survey documents
- Online survey
- Social media campaign

The CCG had received 394 formal responses to the consultation by 2<sup>nd</sup> December 2015.

North Tyneside CCG has also asked the Consultation Institute (tCl) to carry out an independent review of the consultation process to ensure that it adheres with best practice.

Representatives from the CCG met with the tCl prior to the launch of the consultation and at the mid-point of the consultation process. On both occasions, after reviewing the documentation and progress to date, tCl confirmed that it was satisfied that North Tyneside CCG's consultation process was consistent with a best practice approach.

## 5. Decision options:

N/A - The paper is being presented to the Board for review and discussion as part of the consultation process.

## 6. Reasons for recommended option:

N/A

## 7. Appendices:

Right Care, Time & Place

#### 8. Contact officers:

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## 9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

North Tyneside CCG Urgent Care: The Case for Change

#### **COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

#### 10 Finance and other resources

A detailed summary of the financial implications of the urgent care review will be undertaken once the consultation is complete.

#### 11 Legal

The CCG has a legal duty (NHS Act 2006) to involve and consult patients and the public when making decisions that affect the operation of the services we commission.

#### 12 Consultation/community engagement

This is set out in the body of the report.

#### 13 Human rights

There are no human rights implications directly arising from this report

## 14 Equalities and diversity

A full equalities impact assessment is being undertaken as part of the consultation process and has been published on the CCG's website.

15	Risk	manag	ement
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A risk assessment has been undertaken and is updated on a fortnightly basis as part of the programme governance process.

## 16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

## **SIGN OFF**

Director of Public Health	
Chair/Deputy Chair of the Board	
Chief Finance Officer	
Head of Law & Governance	