Response to Sheffield CCG Consultation on Urgent Care

25th January 2018

In 2012 SSONHS campaigned to save the Minor Injuries Unit from threat of closure. The Unit remained open with a higher profile and we were promised that any significant changes in urgent care would be consulted on. We have kept an active interest since and participated in some of the pre-consultation exercises set up by the CCG. We looked forward to a real consultation which would set out clear plans for a patient-oriented urgent care service. Unfortunately the current consultation document does not do this.

We are sympathetic to the CCG's intention to improve access to primary care and we understand the pressures brought on by financial restraints and national instructions about Urgent Treatment Centres. However we do not accept that the evidence brought forward provides adequate justification for the loss or modification of three valued central services or that the proposals themselves give any adequate guarantee of satisfactory replacement. We consider that there is significant danger that services will close and their replacements will not be adequately installed, will be found wanting, and may collapse. **We think that the proposals as they stand place the provision of Urgent Care at risk and should be rejected.**

We have also been alarmed at the shape of the consultation itself, based around three virtually identical options none of which reflect the views of patients we have talked to across Sheffield. The consultation appears to be structured to enable the CCG to point to their own chosen option as being favoured by the public when our feedback from thousands of comments is that all three should be rejected. The public has been offered no choice for adults and just a minor variation in options for children.

We request

1. That the current **Minor Injuries Unit** is retained running in conjunction with any new UTC introduced at NGH
2. That consideration be given to **expanding the MIU** to include treatment for minor illness symptoms, as there is no clarity about replacement of the Walk-In Centre.
3. That no changes are introduced to the **Walk-In Centre** until a healthcare needs assessment has been undertaken for the changing nature and population of the city centre and its immediate surrounds including students, young families , visitors, city centre workers and vulnerable populations. Replacement measures should include city centre access and greater support for General Practices offering city centre services.
4. That no changes are introduced to the **Eye Clinic** which cannot be shown to deliver specific improvements to community eye care, do not damage the viability of the current specialist and highly skilled service, and continue the current high standards.
5. Assurance from the CCG that there will no change of or closure of services until adequate and acceptable replacements are in place and working effectively. This includes evidence of exactly how the promised expansion of **primary care** will be delivered in localities and that this is supported by GPs, local and patient organisations and representatives, and is clearly viable at least in the medium term
6. Evidence from the CCG that proposals are matched and proofed against **workforce forecasts** for all aspects of Urgent Care
7. Assurances that new service proposals will not be structured to increase opportunities for **private providers** to encroach on or take over publicly provided NHS services

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Detailed Comments

When the consultation was launched we decided that the proposal for treating minor injuries only at NGH was not acceptable and launched a petition to save the MIU which we knew from our past campaign was a much valued service. Rather than immediately reject the package as a whole we decided to see what further information emerged about the other proposed closures. As the extended consultation period nears its end we have not yet seen adequate responses to the concerns widely expressed about the proposed replacements and have therefore also moved towards support for the other more general petitions against the CCG proposals which we know also to be in circulation

1) Cost

We accept the CCG's assurance that within the overall allocated budget the proposals represent a re-allocation of services rather than a financial cut. However, the whole exercise is being carried out in the context of severe financial restraint. We are alarmed that we have heard two different accounts of the financial proposals at consultation meetings – one that money saved by the closures would fund the UTC at NGH with any surplus going to improving neighbourhood services; the other that most of the money would go to neighbourhood care services. Improving 111 will also cost and indeed the cost of making the change itself is not included. So we have no clear indication about finance and in a previous response the CCG has stated that it did not regard workforce forecasts as being essential to the consultation. In effect the consultation asks us to sign a largely blank piece of paper.

2) Minor Injuries Unit

"Sheffield's a big place and needs more than one centre"

We have had no difficulty collecting signatures requesting that the MIU be kept open and have already handed in a petition with almost 7000 signatures, many gathered outside the Moor Market much of whose patronage is drawn from poorer areas. Many signatories have been patients there. The service is universally praised as reasonably accessible and convenient as well as being sympathetic, effective and rapid. From all that we know the service also appears to be being appropriately used. Advertising of the MIU has increased since 2012 but any under use could be remedied by better publicity. We note that on the 19th January following icy weather A&E were appealing for people with minor injuries to attend the MIU. Allowing treatment for minor injuries only at NGH would have overloaded the site still further. The only justification for closing the MIU would be provision of a better service in an even more accessible location.

People have work accidents at the Hallamshire and can get treatment on site from the MIU. STHT staff member

3) Walk-in Centre

We understand that the Centre was created by the Department of Health and that GPs have always had reservations about it. We also know that the service is contracted out and that the pattern of use imposes a financial burden on the CCG which it cannot claim back from other sources. We have heard occasional dissatisfaction but we have heard from many more patients that it provides an invaluable and accessible service: for people who are unregistered with a local GP; for some who are registered but cannot get an appointment within the timescale they need or at a time which suits them because of working hours; or for people who only require a brief service without the extended rigmarole of appointment making. Though not obviously in the city centre it is relatively easily reached and serves a varied clientele. Our feedback is that the relatively central location and wide range of one-off services is valued and could not easily be replicated at the NGH, leaving the city centre population with fewer health resources.

Students do register locally but can't get urgent appointments at the Uni health centre.

4) **Eye Clinic**

Again the eye clinic is highly spoken of by almost everyone we have encountered who has used it. For patients the proposals mean being able to distinguish between urgent and emergency care which is not always easy even with phone advice and then accessing an optician or other clinical centre which may be nearer to them as the crow flies but not necessarily easier to access. There is likely to be a perception that the urgent care service would be diluted from a specialist team with varied skills and that anything other than simple treatment would require two steps instead of the single step of going to the eye clinic. This may mean that patients who are uncertain would still go to the eye clinic unless the walk-in access was banned. From a staffing point of view, the proposals would mean the fragmentation of a skilled team, with people being either seconded or TUPEd off to different employers. If they opted to work in the new Eye Unit at NGH, the skills available for community services would reduce. From a structural point of view the proposals seem to move clearly towards fragmentation and outsourcing to private contractors. We are also concerned that the significant reduction of activity in the Eye Clinic would threaten its viability – both from staffing and cost perspectives – and that it too might migrate to NGH.

If the proposals were set in the context of a new community-based consultant-led ophthalmic service, with an initial concentration on areas of high health inequality, we might consider this a stronger justification. But, as far as we can tell, they are not.

5) **Urgent Treatment Centres**

We have encountered strong resistance to the idea that patients have to be directed towards NGH, not because it is an unpopular hospital in service terms but because access by any form of transport is generally difficult. Traffic conditions are poor, roads are confusing (the new ring road) and poorly signed, parking is scarce and bus services may seem adequate on the timetable but in practice are poorly co-ordinated and often delayed. The site itself is a maze even for frequent users. CCG documents talk of a 'psychological block' about getting to NGH but this is based on actual experience. A new service with increased patient flow will only make all this worse. If people delay seeking treatment because NGH seems too remote, there is significant risk that the longer term cost both to patients and to the NHS will be higher but hidden.

> *I can hardly ever get a suitable GP appointment and it takes me 2 hours door to door to Northern General. We need an urgent treatment centre our side of the city*. Healthcare receptionist. S8 7.

We had envisaged from earlier discussions with some of the clinicians involved in the earlier CCG informal consultations that there would be treatment centres set up in different locations analogous to the existing satellite hubs. However it is now clear that these arrangements exclude minor injuries which would all be treated at NGH. We are aware of the national instructions to set up UTCs and generally to have these side by side with A&E as the GP collaborative at NGH already is. This enables appropriate cross-referral and indeed we are aware that some patients with minor injuries attending A&E are advised they may be seen quicker at the MIU by using the shuttle bus or other transport. However in the guidance we have seen there is no requirement to have only one UTC and conditions are suggested where UTCs are not at the same site. <u>So we see no reason other than cost and management convenience for proposing only one adult UTC and that at NGH</u>.

6) **Improving primary care through neighbourhood services**

Towards the end of the consultation CCG emphasis has switched away from the closures which are the essence of the formal consultation to saying that the whole purpose is to improve primary care. However the current proposals for providing neighbourhood based covering services are far too vague (e.g. no details of how or where) to be convincing.

We note that in responses to the CCG which have already been published patients are saying they would be willing to see a GP other than their own. However, the new system renders us vulnerable to a far more random service in terms of quality, experience and local knowledge. Furthermore we also know from usage of the current satellite hubs that where patients are dissatisfied , they have no idea of how to lodge queries or make complaints. There is nothing to indicate how accountability would be managed or who would be responsible for provision and quality.

Our gravest concern is practical viability. We know GPs are hard pressed but these proposals do not tell us how the GP service will actually benefit. Instead it seems to take that for granted. Where will the workforce come from when we know Sheffield is already short of GPs and community nurses with few replacements in sight? We are told in CCG papers that the South Yorkshire and Bassetlaw area needs to recruit 100 new GPs a year. Where are they coming from? Who is going to provide cover when there aren't enough staff to provide cover for the existing service? Money won't help if there isn't the workforce pool. If these proposals are actually going to lessen the workload on GPs why have some GPs expressed support for our MIU petition?

> *I had 80 patient contacts yesterday. They must be off their heads planning to close the MIU.* Sheffield GP

Our greatest fear is that current services (whatever their disadvantages in management terms) will be replaced by a fragile construction of primary care services based on a structure of independent providers where the departure of any of them could bring both neighbourhood and wider structures crashing down. We also fear that the proposals lend themselves to an increase in competitive tendering for primary care and community services, something which we know to be vastly unpopular in Sheffield as well as undesirable in itself to all of us who value the NHS.

7) **Access**

We accept that some people may be confused about where to go for what. However we can't see that the new proposals would improve this. People have to work out whether they need care, urgent care or emergency care, whether they have a minor illness or a minor injury, and where they might go for treatment – a local primary care centre, the NGH or (for eyes an optician or the Hallamshire). The proposals promise an improved 111 service with greater clinical input (though this could reduce the workforce available for face to face clinical contact. People may first try their surgery, then 111. Or they might be directed from 111 to their local surgery. Access to a phone, cost, time taken, and actual understanding of what 111 operatives may have said on the phone are all barriers, especially for disadvantaged groups of people. This was picked up in the Equality Impact Assessment but has not been addressed even though it is fundamental to the scheme.

No doubt some of these issues could be ironed out, but we see no indication that they have even been thought about practically or in much depth.

Conclusion

<u>We see the CCG proposals for Urgent Care as being high risk for patients and have found that they are questioned by many NHS staff. Some of the best routine facilities which the NHS provides are being sacrificed for intangible gains.</u>

We therefore urge the CCG to think again, to retain what is working well by making best use of current resources, and to find other ways in which access to services can be made clearer to patients and the services themselves can be made mutually supportive.