HEALTH SCRUTINY COMMITTEE

THURSDAY 23RD JANUARY 2014

AT 6.00 PM
IN COMMITTEE ROOM 2
AT THE COUNCIL HOUSE
DUDLEY

If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, could you please contact Democratic Services in advance and we will do our best to help you

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Dudley
Metropolitan Borough Council

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MEETINGS IN DUDLEY COUNCIL HOUSE

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Directorate of Corporate Resources

Law and Governance, Council House, Priory Road, Dudley, West Midlands DY1 1HF
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Your Ref:	Our Ref:	Please Ask For:	Telephone No:
	230114/MJ	Mrs M Johal	01384 815267

15th January 2014

Dear Member

Meeting of the Health Scrutiny Committee

You are requested to attend a Meeting of the Health Scrutiny Committee to be held on Thursday 23rd January, 2014 at 6.00pm, in Committee Room 2 at the Council House, Dudley to consider the business set out in the agenda below.

The agenda and public reports are available on the Council's Website www.dudley.gov.uk and follow the links to Councillors in Dudley and Committee Management Information System.

Yours sincerely,

Director of Corporate Resources

A G E N D A

1. APOLOGIES FOR ABSENCE

   To receive apologies for absence from the meeting

2. APPOINTMENT OF SUBSTITUTE MEMBERS

   To report the appointment of any substitutes for this meeting of the Committee.

3. DECLARATIONS OF INTEREST

4. MINUTES

To approve as a correct record and sign the minutes of the Meeting of the Health Scrutiny Committee held on 7th November, 2013.

5. PUBLIC FORUM

To receive questions from members of the public:-

The Public are reminded that it is inappropriate to raise personal cases, individual details or circumstances at this meeting, and that an alternative mechanism for dealing with such issues is available.

Please note that a time limit of 30 minutes will apply to the asking of questions by members of the public. Each speaker will be limited to a maximum of 5 minutes within the 30 minutes.

6. RESPONSES TO QUESTIONS ARISING FROM PREVIOUS COMMITTEE (PAGES 1 - 4)

To consider a report of the Lead Officer to the Committee.

7. HEALTH AND WELL BEING BOARD PROGESS REPORT 2013/14 (PAGES 5 - 18)

To consider a report of the Chair of the Dudley Health and Well Being Board

8. UPDATE ON URGENT CARE PUBLIC CONSULTATION (PAGES 19 - 78)

To consider a report of the Chief Accountable Officer, Dudley Clinical Commissioning Group

9. 111 SERVICE

To consider a verbal report of the West Midlands Ambulance Service

10. TO ANSWER QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8 (IF ANY)

To:- All Members of the Health Scrutiny Committee, namely

Councillors:-

Billingham	**Cotterill**	**Harris**	**Hemingsley**
Jordan	**Kettle (Vice-Chair)**	**Nicholls**	**Ridney (Chair)**
Roberts	**Mrs Rogers**	**Mrs Walker**	

HEALTH SCRUTINY COMMITTEE

Thursday 7th November, 2013 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Ridney (Chair)
Councillor Kettle (Vice-Chair)
Councillors Cotterill, Harris, Hemingsley, Jordan, Ms Nicholls, Roberts, Mrs Rogers and Mrs Walker

Officers

Assistant Director of Law and Governance (Lead Officer to the Committee), Assistant Director Adult Social Care, Assistant Director Planning and Environmental Health, Assistant Director Quality and Partnership, the Treasurer, Head of Environmental Health and Trading Standards (Directorate of the Urban Environment), Head of Accountancy (Directorate of Corporate Resources), Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

Also in Attendance

Mr P Maubach – Accountable Officer (Dudley Clinical Commissioning Group)
Ms Nighat Hussain – Commissioning Engagement Manager (Dudley Clinical Commissioning Group)
Mr Richard Beeken – Director of Operations and Transformation (Dudley Group of Hospitals Foundation Trust)
Ms Anne Gregory – Stroke Co-ordinator (Dudley Group of Hospitals Foundation Trust)

19 APOLOGY FOR ABSENCE

An apology for absence from the meeting was received on behalf of Councillor Billingham.

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20 DECLARATIONS OF INTEREST

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

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21 MINUTES

The Vice-Chair referred to the Minutes of the previous meeting and expressed concerns in that several queries had been raised at the last meeting which had been unanswered and that there had not been any feedback or responses given.

During the ensuing discussion Members considered that minutes of Council meetings, particularly Scrutiny Committees, should contain a more detailed record to capture the essence of discussions, comments made and questions asked for transparency purposes. It was agreed that the matter should be referred to the Overview and Scrutiny Management Board for consideration.

RESOLVED

(1) That the minutes of the meeting of the Health Scrutiny Committee held on 25th September 2013 be approved as a correct record and signed.

(2) That the Overview and Scrutiny Management Board be requested to give consideration to a format for recording minutes of Scrutiny Committees so that detailed information is included of comments made and questions asked to capture the essence of the debate.

22 PUBLIC FORUM

No issues were raised under this agenda item.

23 REVENUE BUDGET STRATEGY 2014-15

A joint report of the Chief Executive, Treasurer and Director of Public Health was submitted on the Revenue Budget Strategy for 2014/15 and the Medium Term Financial Strategy.

Arising from the presentation of the report Members expressed concerns about the ramifications on services arising from the significant budget cuts which would particularly impact on vulnerable adults and children. Dudley was renowned for its quality care services and the onus was on the Council to offer support to families where needed and it should be recognised that services for adults and children were more vital than some other services. It was further commented that the budget cuts would also have an impact on mental health services and on the vast number of carers in the Borough, particularly those that were young people, who gave up their lives to undertake this work.

Reference was made to service relating savings pertaining to the Directorate of the Urban Environment regarding the reduction in the footway reconstruction programme and public right of way maintenance and it was pointed out that consideration should be given to the impact this would have, in particular, on older people that used the footpaths and were prone to trips and falls.

Mr P Maubach – Accountable Officer (Dudley Clinical Commissioning Group) stated that the largest single savings target of £10.4m was linked to social services integration with health; that there was an equivalent level of savings needed in health on the same issue - so the combined total public sector savings on this one issue exceeded £20m and would therefore require unprecedented collaboration between the Council and the CCG.

Members of the Committee, although acknowledging and noting the report, wished their dissatisfaction to be recorded.

RESOLVED

That the Cabinet's Revenue Budget Strategy proposals for 2013/14 and the Medium Term Financial Strategy, as set out in the report, and Appendices to the report, submitted be noted and that the Cabinet be informed of the comments made above.

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24 STROKE TRANSFORMATION PROGRAMME

A report of Sandwell and West Birmingham Clinical Commissioning Group was submitted on progress of the Birmingham, Solihull and Black Country Stroke Transformation Programme. Presentation slides on the Stroke Services Reconfiguration Project were also circulated at the meeting.

Arising from the presentation of the report and information contained in the slides Members made the following comments:-

- That the initial twenty minutes of having a stroke was crucial and quick and local access to services was vital as medication needed to be administered as soon as possible.

- Reference was made to figures and percentages given in the slides of patients who received Computerised Tomography (CT) scans within an hour of admission, percentage of patients thrombolysed and percentage of all conscious stroke patients to receive a swallow screen within four hours of admission and it was requested that specific figures relating to the Dudley Group of Hospitals be provided. With relation to the information provided it was also commented that up to date figures should be provided.

- Clarity was also sought on the target of 95% as stated in the slides of patients who received a CT scan within one hour of admission as it was understood that the target was 50% within an hour and 100% within twelve hours.

- There was no room for complacency and given that contracts were for a set number of years, standards and targets should initially be set high if striving for excellence.

Arising from questions from Members the following responses were given:-

- Targets had significantly improved as had access to CT scans and Ms Gregory reported that 100% of CT scans within twenty four hours and 50% within an hour had been undertaken in August of this year. The target in relation to thrombolysis was 10% and DGoH had exceeded and achieved 15% and 100% had also been achieved in screening Transient Ischemic Attack (TIA) patients within 24 hours. There was no complacency as attempts were made to aim higher.

- There had been 680 stroke patients treated last year but it was pointed out that there were a lot of problems that mimicked stroke and therefore the actual figure would be higher.

- The report had not been submitted to the Dudley Health and Well Being Board but social care leads had been written to with a view to submitting nominations to represent the Stroke Project Board Sub-Group. It was pointed out that all the CCG's involved in this review were in the midst of undertaking a scoping exercise with a view to consultation taking place in the future.

In conclusion it was requested that the scoping document be submitted to the Dudley Health and Well Being Board, Regional Scrutiny Chairs and that a further report be submitted to the Health Scrutiny Committee prior to consultation taking place.

RESOLVED

(1) That the information contained in the report on the scope and approach of the Stroke Reconfiguration Programme and key project milestones be noted and that a further report be submitted to the Committee prior to consultation taking place.

(2) That the Dudley Clinical Commissioning Group be requested to submit the scoping document to the Dudley Health and Well Being Board, the Regional Scrutiny Chairs and the Sandwell Clinical Commissioning Group, as the lead CCG in this review.

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25 UPDATE ON URGENT CARE PUBLIC CONSULTATION

A report of the Chief Accountable Officer, Dudley Clinical Commissioning Group (CCG) was submitted on public consultation on urgent care in Dudley currently being carried out by the CCG.

In presenting the report Mr Maubach provided feedback from the consultation exercise and some of the points mentioned were that there had been limited views on the out of hours service, the public wanted access to the “111 service”, people wanted to see improvements to General Practitioners (GP’s) service, in particular to access and that there were mixed views about the walk in centre in that some people preferred it whilst others preferred their GP’s. There were also mixed views in relocating the walk in centre to Russells Hall as some had concerns about parking whilst others felt the bus service to Russells Hall was better. With regard to the consultation exercise there had been two areas of criticism, firstly it had been suggested that the CCG should include as part of the consultation a presentation to Members of the Council and, secondly, that the drop in sessions had only been scheduled in the day and some people could not attend due to work commitments. In response to those criticisms, Mr Maubach confirmed that the CCG would be advertising and holding evening drop-in sessions during the second half of the consultation period and would also attend a Council meeting if asked to do so.

Arising from the presentation of the report members commented that there should be consistency in services provided across the Borough, very few Councillors had seen the consultation document, some Members had not known of the dates of the drop in sessions in their Wards, GP’s and their staff were not aware of meetings and there was no literature at surgeries or pharmacies. The consultation aspect of the document was also queried as it was considered that the document was misleading and biased given the statement on the front page by Dr Mann (Clinical Executive for Acute and Community) which seemed to suggest that it was better for the public to access their own GP’s as it was best for their health needs.

A member commented that the public were confused as to what they were being consulted on due to varying issues such as the “111 service”, the closure of the walk in centre and the out of hours service and it was requested that consideration be given to separating them and clarifying what was being consulted on. With regard to the “111 Service” it was pointed out that whilst the previous provider, NHS Direct, covered the whole of the West Midlands, this had now been broken down into several areas and it was requested that a report be submitted from the West Midlands Ambulance Service on feedback and progress made since they had taken over the service for Dudley.

In responding to comments made Mr Maubach stated that although information had not been submitted to Chemists on the consultation, press advertisements on the consultation had taken place and he further stated that GP’s would be encouraged to make leaflets on the consultation more available. With regard to the consultation document being biased, Mr Maubach stated that initially proposals had been submitted to all GP practices and that all GP’s had responded by saying that, in their clinical opinion, the combined service that would be achieved by closing the walk in centre and relocating to Russells Hall would be safer and better and that it would further relieve pressure from the Accident and Emergency Department. He stated that it would be wrong not to portray the GPs’ opinions however public views would also be considered. Regarding the concern raised about possible confusion over what was being consulted on, Mr Maubach confirmed that there were two main

elements to the consultation, firstly the proposal to close the walk-in-centre and out-of-hours service and relocate them to Russell's Hall to create a new urgent care centre and secondly the proposal to not reopen the weekday, in-hours part of the walk-in service and instead use this resource to improve GP access. On comments made about preference to see consistency of GP access it was confirmed that it was the CCG's intention but that there were 49 practices of different sizes with different staff and patients with different needs so it would probably require 49 different solutions to achieve the consistency of service.

With regard to submitting a report on the "111 service" provided by the West Midlands Ambulance Service, Mr Maubach undertook to liaise with the Sandwell and Birmingham Clinical Commissioning Group as they were the responsible body.

RESOLVED

(1) That the information contained in the report submitted, on urgent care public consultation, be noted and that the Clinical Commissioning Group be requested take into account the views expressed at this meeting as part of the consultation exercise.

(2) That the Accountable Officer (Dudley Clinical Commissioning Group) be requested to liaise with Sandwell and Birmingham Clinical Commissioning Group with a view to submitting a report to the Committee on feedback and progress made since the West Midlands Ambulance Service overtook the "111 Service".

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26 TOBACCO REVIEW UPDATE

A verbal report was given by the Scrutiny Officer on meetings held in relation to the Tobacco Review.

The Scrutiny Officer informed the meeting that two recent meetings had been held in relation to the Tobacco Review and that evidence had been received from varying partners and organisations. A report on the key findings was currently being drafted and would be circulated to Members for information with a view to a report being submitted to the January meeting of the Committee.

RESOLVED

That the verbal report given on the Tobacco Review, be noted.

The meeting ended at 8.25 p.m.

CHAIR

Agenda Item No. 6

Health and Adult Social Care Scrutiny Committee – 23rd January 2014

Report of the Lead Officer to the Committee

Responses arising from previous Committee meetings

Purpose of Report

1. To consider progress updates and responses arising from previous Committee meetings.

Background

2. Information requests from members are regularly experienced as part of the scrutiny of Dudley's health, care and wellbeing services; with the aim of realising continued improvement across the sector. Clearly some queries cannot be answered immediately with some prompting further investigation, or consultation, prior to being reported back to Committee.

3. To keep members updated, updates and responses arising from previous meetings including resultant proposals are presented at appendix 1.

Finance

4. Financial implications corresponding to Council responsibilities will be met through existing resources.

Law

5. Section 111 of the Local Government Act 1972 authorises the Council to do anything which is calculated to facilitate or is conducive or incidental to the exercise of any of its functions.

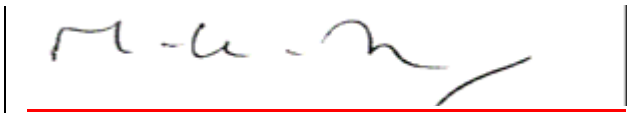
6. The Health and Social Care Act 2012 places the scrutiny of health, care and well-being services by local authority members onto a statutory footing.

Equality Impact

7. The work of the Committee can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

8. Members approve proposals at Appendix 1.



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Mohammed Farooq – Assistant Director Corporate Resources

LEAD OFFICER FOR HEALTH SCRUTINY

Contact Officer: Aaron Sangian
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Email: aaron.sangian@dudley.gov.uk

Documents used in the preparation of this report:-

1. Minutes of November 2013 Committee.

Appendix 1

Stroke Transformation Programme

Background

The Committee received an update on progress of the Birmingham, Solihull and Black Country Stroke Transformation Programme. It was noted that initial twenty minutes of an episode was crucial. As such quick and local access to services are important factors in administering intervention and medication as soon as possible.

Members were assured that there was no room for complacency and given that contracts were for a set number of years, standards and targets should initially be set high in striving for excellence.

Members noted the treatment of approximately 680 confirmed stroke patients last year. Evidence received also suggested records of many cases mimicking stroke conditions therefore the actual figure of patients assessed, admitted and investigated would be higher.

Project representatives indicated that there is distinct possibility that during the review evidence may suggest that there is no need for change; the 6 sites may remain as hyper acute and therefore there would be no need for a public consultation or procurement.

Members felt Dudley HWBB and Regional Health Scrutiny Chairs' Group should also be engaged in advancements as key stakeholders in the pursuit of an effective model for all involved.

Information requested

Data specific to Dudley relating to patients receiving Computerised Tomography (CT) scans within an hour of admission, percentage of patients thrombolysed and percentage of all conscious stroke patients to receive a swallow screen within four hours of admission was requested.

Response:

Results for DGH April 2013 - for OSC Report

	Target	Q1 Total	Q2 Total	Oct-13
% of all stroke admissions thrombolysed (SSNAP)	10%	23%	15%	30%
% patients scanned within one hour of hospital arrival	50%	54%	57%	68%
% conscious patients receive a swallow screen within 4 hours admission (SSNAP)	100%	95%	97%	95%

The figures account for all patients for swallowing, not only those that are fully conscious, but also those who are semi conscious.

Percentage of patients thrombolysed is higher than the national target in Dudley however it should be emphasised that the percentages will vary from month to month.

Evidence indicates progressive improvement of CT scanning within 1 hour and Dudley demonstrates achievement well above the target.

Other Information

The presentation indicated a target of 95% patients to receive a CT scan within one hour of admission. However Dudley Group understood that the target was 50% within an hour and 100% within twelve hours. Clarity was sought on this.

Response:

The correct targets are 50% in 1 hour and 95% in 12 hours West Midlands Stroke specification.

Proposal:

It is proposed that members note the above responses.

Agenda Item No. 7

REPORT FROM THE CHAIR OF DUDLEY HEALTH AND WELLBEING BOARD
HEALTH AND WELLBEING BOARD PROGRESS REPORT 2013/14
23rd January 2014

PURPOSE OF REPORT

1. This report provides an update for the Health Overview and Scrutiny Committee on the developments of the Health and Wellbeing Board and progress of work from 1st April 2013

BACKGROUND

2. Dudley's Health and Wellbeing Board was established in shadow form on the 9th February 2011, with the first meeting on the 25th July 2011.It moved out of shadow form and become a statutory board on the 1st April 2013.

3. This report details the development and progress of the Board in its first formal year of operation.

4. The Board has a number of responsibilities including the development of a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, to provide a framework for the commissioning of local health and social care service, and operates as systems leader for the health and care setting, with a particular responsibility for ensuring integration of care.

5. The work-plan for 2013/14 has focused on ratifying, promoting and progressing a Joint Health and Wellbeing Strategy, agreeing processes of quality assurance and performance management and the development of community engagement principles and plans for the Board.

PROGRESS 2013/14

JSNA and Joint Health and Wellbeing Strategy

6. The JSNA steering group was set up in order to put in place a continuous process of intelligence gathering, development and review for JSNA synthesis. This group is Chaired by the Director of Public Health and involves key stakeholders across Dudley. The 2012 JSNA synthesis was ratified on the 21st January 2013. The JSNA takes a life-course approach, identifying key issues and key questions for commissioners. It has encompassed both a needs based and an asset based approach to health and wellbeing, with the development of an assets framework for capturing activity for the JSNA and also a mapping of community engagement activity. The key issues and the emphasis on an asset

based approach have been incorporated into the Joint Health and Wellbeing Strategy.

7. The Board's first Joint Health and Wellbeing strategy was ratified on the 21st January 2013. The strategy is based on the Joint Strategic Needs Assessment's key needs and also extensive consultation with stakeholders and residents in Dudley borough. The strategy identifies 5 priority areas

    a. **Making our neighbourhoods healthy** – by planning sustainable, healthy and safe environments and supporting the development of health enhancing assets in local communities.
    b. **Making our lifestyles healthy** – by supporting people to have healthy lifestyles and working on areas which influence health inequalities, for instance, obesity, alcohol, smoking and the early detection of ill health.
    c. **Making our children healthy** – by supporting children and their families at all stages bur especially the early years; keeping them safe from harm and neglect, supporting the development of effective parenting skills and educating young people to avoid taking risks that might affect their health in the future.
    d. **Making our minds healthy** – by promoting mental health and wellbeing.
    e. **Making our services healthy** – by integrating health and care services to meet the changing Dudley borough demography, starting with urgent care.

8. An ambitious work-plan for 2013/14 was agreed on the 29th April 2013, in order to take these 5 priorities forward. A key focus for this has been a series of 5 spotlight events with key stakeholders, one for each priority area. Each spotlight focused on specific challenging issues identified from the JSNA associated with the priority area and the events followed a process of diagnosing the issue, providing information on the key challenges and then stimulating the generation of ideas and action planning across partners. Outcomes and recommendations from the spotlight sessions were presented to the appropriate lead Commissioning Group or Board to agree key actions and performance indicators to take forward during 2013/14 and 2014/15.These collectively frame the implementation plan for the Joint Health and Wellbeing strategy.

9. To date, 4 of 5 spotlight sessions have been held:

    a. Making Our Services Healthy – focusing on Urgent Care: 18th June 2013
    b. Making Our Lifestyles Healthy- focusing on breastfeeding and alcohol: 19th July 2013
    c. Making Our Children Healthy- focusing on building resilience in children, young people and their parents: 10th October 2013
    d. Making Our Minds Healthy- focusing on depression and dementia: 14th November 2013

10. The final spotlight for 2013/14 on 'Making Our Neighbourhoods Healthy' is scheduled for February 6th 2014. It is proposed that this will focus on building community capacity, working with and facilitated by the Think Local Act Personal (TLAP) partnership, to test out a framework they are developing on this issue for Health and Wellbeing boards. This is part of the support being offered to Dudley

borough following successful application to the TLAP 'Developing the Power of Strong Inclusive Communities' programme. The Board will be able to use the draft TLAP framework to help it reflect on wider issues of how community capacity in Dudley borough will help support improving the health of residents and the quality of health and care services.

11. Progress to date is as follows:

    a. Urgent Care: The spotlight session was attended by Board members, Commissioners, Providers, and Councillors, and public and user input was incorporated from the Clinical Commissioning Group's health forum event held prior to the spotlight session. An outcomes report has been produced and forwarded to the Urgent Care Working Group, who continue to coordinate work to redesign and improve urgent care provision. Key conclusions from this event were that the model of urgent and emergency care needed to be redesigned to simplify, reduce duplication and to take account of peoples default behaviour of attending A/E and that awareness of how to access the system was needed across all partners and the public. Since the spotlight event the CCG has carried out a public consultation process on a new service model for urgent care that reflects the comments made at both the spotlight event and the CCG Healthcare Forum. Reducing hospital admissions and nursing home/residential home admissions will be a key performance requirement of the services to be funded through the Better Care Fund and partners will be expected to agree a series of performance indicators linked to the Better Care Fund. It is suggested that the performance indicators developed for this purpose are used as a basis for assessing performance in relation to this Joint Health and Wellbeing Strategy priority. The spotlight event report will be available at www.allaboutdudley.info, where a topic page for the Health and Wellbeing Board is being set up.

    b. Breast Feeding and Alcohol: The spotlight session included a similar range of stakeholders and also service users. Key discussions in relation to alcohol focused on the need to further educate and raise awareness on the health impacts from a younger age, the need to stimulate a cultural change towards alcohol, for health professionals to feel confident in raising the issue especially in primary care, and to have programmes that support people to use other coping strategies rather than alcohol. Key discussions in relation to breast feeding emphasised the need to develop strategies to gain its cultural acceptance, including with the health care profession. An outcomes report has been forwarded to the Strategic Breast Feeding Group and Substance Misuse Implementation Group who have agreed key actions and local indicators for improving breast feeding rates and reducing alcohol misuse respectively. The full report will be available at www.allaboutdudley.info

    c. Resilience of Children, Young people and Parents: The spotlight session focused specifically on the early years and 16 to 18 transition. As part of the process a consultation with young people is underway to further inform the outcomes from this spotlight. An outcomes report is currently being

finalised for circulation to the Children's and Young People's Partnership Board for inclusion in their action plans. Key actions are for commissioners are detailed in appendix 1. Key outcomes from the discussion in relation to early years were the importance of building on the Time for Twos programme, targeting the most vulnerable children and their families. There was a view that there needed to be more joined up working for transition through to the provision for 3 to 4 year olds. The family support worker role has been shown to have a significant effect and it was the view that this provision needs to be extended. There was unanimous agreement that the current work to develop parenting skills was critical and needed to be further developed to enable more families to benefit. The third major topic of discussion was the acknowledgement that early intervention was essential in order to support families in the development of resilience in their children. Key outcomes of the discussion for the 16-18 age group were firstly the need to commission a Mental Health Service for the 16 – 18 age group, whose needs are frequently not met in the transition from the Children's and Adolescent Mental Health Service to Adult Services. Secondly there was the recognition that all services should be young people friendly, and that there was a need to ensure that staff are trained to understand the issues around providing young person appropriate services. The third key outcome was the importance of ensuring that young people are empowered to contribute to the planning and development of services that meet their needs, through ensuring that their voice is heard. The full report will be available at www.allaboutdudley.info .

d. Depression and Dementia: This session involved stakeholders and service users who gave informative accounts of their experiences in using services. An appreciative inquiry technique was used to organise and develop participation and generate key areas for development. There was a strong emphasis in discussion of orienting the local system towards preventative interventions, developing a mental health friendly Dudley borough and a greater prominence of interventions that build/strengthen social capital. This theme links well to the final spotlight session on neighbourhoods and the proposed focus on the 'Think Local Act Personal' framework. The full report will be available at www.allaboutdudley.info. The report has been forwarded to the Mental Health Partnership Board for final development of key actions and local indicators for 2014/15 onwards.

12. A set of local indicators and actions will be developed for the neighbourhoods priority area following the spotlight event in February on the developing community capacity theme. To compliment these, a set of local indicators have been developed by the Department of Urban Environment in relation to the physical environment.

13. A process of evaluating the spotlight sessions approach is currently in progress in order to inform H&WBB workplan developments for 2014/15.

14. Appendix 1 details the collective local indicators, their status and the actions identified to date for the priority areas.

COMMUNITY ENGAGEMENT

15. Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act (2012).

16. During 2013/14, the H&WB Board has delivered engagement activity through the spotlight events and also delivered its first annual health and wellbeing conference in June 2013. The event was held at the Dudley College Evolve campus, giving students on the hospitality, catering and tourism courses an opportunity to be involved in conference organising and catering as part of their course work. The services they provided on the day were excellent and the students' enthusiasm and professional approach was a credit to them and the college.

17. The conference focused on launching the Joint Health and Wellbeing Strategy, giving an overview of the role of the H&WB Board, the JSNA and providing an opportunity for attendees to meet the board members and ask questions. Break-out sessions centred on the identified priority areas within the strategy. 154 people attended the conference from a range of stakeholders including healthcare providers, local authority, colleges, statutory and voluntary organisations community groups and service users and carers forums. Overall the conference evaluated well, although the limitations of such events as a public community engagement mechanism was noted. Future plans are to aim the conference at statutory and voluntary organisations and use other mechanisms for engaging directly with the public.

18. Further to this, work is ongoing in developing a community engagement plan (and communications) that ensures a wide cross section of the public are involved in identification and delivery of Dudley borough's health and wellbeing priorities that makes use of existing engagement mechanisms. A series of interviews with H&WB Board members are taking place to bring together their perspectives in relation to engaging and involving individuals and communities, which will be used to formulate a plan for 2014/15.

19. Dudley Health and Wellbeing Board has already articulated seven principles which inform the delivery of the vision in Dudley's Health and Wellbeing Strategy which includes:

    we will work in empowering ways, appreciating the potential of individuals and their communities to maintain and sustain health and wellbeing and the contribution they can make to shaping and delivering services

20. It is proposed that the above principle should underpin engagement and involvement activities, and in addition the following principles be used to guide engagement and involvement. The Board will be signing up to this on the 28th January :

a. Engagement is the business and responsibility of every board member
b. There will be different types and levels of appropriate engagement, depending on the situation
c. Engagement activities should be based on evidence of what works
d. We will open ourselves to learning about the reach, impact and effectiveness of our engagement

INTERGRATION- BETTER CARE FUND

21. A key priority theme within the Joint Health and Wellbeing Strategy, is integration, and the Board is prioritising the development of integrated service models across health and social care, in order to avoid unnecessary use of acute/long-term health and social care.

22. In the June 2013 spending round the Chancellor announced that a sum of £3.8billion would be available nationally to ensure closer integration between health and social care For Dudley borough, an initial estimate of this "Health and Social Care Integration Transformation Fund", equates to around £15 million coming into full effect from 2015/16 as a single pooled budget for health and social care services, to be based on a plan agreed between the NHS and local authorities. This is not new resource but funding to be pooled from the CCG's existing baseline and existing allocations. This is now referred to as the Better Care fund.

23. The Board is overseeing the development of the Better Care Fund Plan, which represents an opportunity to secure significant system change. Discussions have begun in the context of existing work on service integration. Strategically, given pressures on both adult social care budgets and the budget pressure the pooling of these monies will create for the Clinical Commissioning Group (CCG), the collective objective for the health and social care economy will be to reduce expenditure on care home placements and urgent hospital care through joint investment in integrated community health and social care services.

24. To support the facilitation of this work, the Board was successful in bidding for system leadership support from Local Government/ Public Health England, which has funded an enabler/facilitator for Dudley borough to work with partners, particularly exploring reducing the dependency of the frail elderly.

CHARTERS AND DECLARATIONS

25. As system leader, the H&WB Board has a role to champion health and wellbeing work across the health and social care sector. To support this, the Board has signed up to 2 charter's during 2013/14
    a. Disabled children's charter: This commits the Board partners to improving the quality and outcomes experienced by disabled children, young people and their families, including children with special educational needs and health conditions.
    b. Children and Young People's better health outcomes pledge: This commits the Board partners to prevent ill health for children and young people, improve long-term health and care provision, improve mental

health support, improve care for children and young people with long term conditions and protect the most vulnerable.

26. In addition, the Council has signed up to the Local Government Declaration on Tobacco Control which is an opportunity for the council to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reduced smoking prevalence. It commits the Council to live up to its obligations as a party to the World Health Organisation's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry.

27. These charter's will be linked into on-going work of the 5 priority areas in the Health and Wellbeing Strategy.

H&WB BOARD PERFORMANCE MONITORING ARRANGEMENTS

28. The H&WB Board will be agreeing its performance monitoring arrangements on the 28th January 2014. These will comprise of processes that are light touch but able to demonstrate
    a. Overall impact on the health and wellbeing of the people of Dudley Borough
    b. Progress being made with the implementation of a Joint Health & Wellbeing strategy and
    c. A good understanding of how the Board is functioning

29. It is proposed to report performance status to the H&WB Board annually against the national frameworks for Public Health, Adult Social Care and the NHS, using a system that organises all indicators according to Dudley borough's 5 local health and wellbeing priorities and highlights where performance is below, similar or above the average performance for England. In year, it is proposed that the Health and Wellbeing Development Group monitor the outcomes frameworks on a quarterly basis and inform the Board of any additional performance outliers.

30. Where performance demonstrates a trend that is significantly below average, explanations will be provided from the lead Directorate/organisation where feasible.

31. It is proposed that progress against the Joint Health and Wellbeing Strategy, operates similarly, with annual reporting against the set of agreed local indicators and actions being undertaken to take forward the 5 priority areas. These indictors may vary or be added to from year to year as identified challenges and actions change. It is proposed to use a similar process of progress commentary as described in 7 to highlight where performance is below target for each priority area.

32. In terms of assessing how the Board is functioning it is proposed that there is an annual appraisal process or Board health check, that makes use of available tool kits and peer review as made available. The Board has applied to take part in the

peer-review process being offered to Boards by the Local Government Association during the 2014/15 time period.

H&WB BOARD QUALITY ASSURANCE

33. The Francis enquiry has highlighted how crucial it is that any health and care system has a 'relentless focus' on patient quality and safety standards. The Health & Wellbeing Board, as system leader bringing together the key commissioners across Dudley borough, has an important role in ensuring that local commissioning and providing maintains that focus on quality and safety:

    a. Strategic oversight- in terms of awareness and understanding of the quality and safety implications and actions required from local partners in the health and care system
    b. Receiving assurance- that quality assurance frameworks and action plans are agreed and being implemented by relevant partners. It is not intended to replicate existing processes and governance arrangements but for the Board to be assured that these processes exist and are robust.

34. However this role needs to be set within the NHS and social care sector context where quality assurance structures have undergone considerable change as a result of the Health and Social Care Act 2012. Relationships and arrangements continue to evolve. The H&WB Board role locally needs to be considered in relation to the Quality Surveillance Groups**,** the Health Overview and Scrutiny Committee, the Safeguarding Boards for adults and children, Healthwatch Dudley and the role of the CCG, Local Authority and NHS England as commissioners and providers of local health and care services.

35. Dudley H&WBB has an agreed protocol in place that sets out working arrangements between the Health and Adult Social Care Overview and Scrutiny Committees (OSCs) and the H&WBB. Within it, the H&WBB has the authority to recommend items for inclusion on the OSC workplan, so that where the board identifies issues they feel warrant more detailed scrutiny they can ask the OSC to investigate and make recommendations to the council and other stakeholders or the board. The Board also provides strategic steer of the OSC workplan to reflect H&WBB priorities. This potentially provides a valuable mechanism to the Board for assuring quality and safety

36. The Board is in the process of agreeing its quality assurance structure and mechanisms, with a development session arranged for the 28th January.

RECOMMENDATION

37. That the Health Overview and Scrutiny Committee note the development and activity of the Health and Wellbeing Board for 2013/14

Cllr Stuart Turner
Chair of Health and Wellbeing Board

Contact Officers:

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Neill Bucktin
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Dudley CCG

Appendix 1: Local Indicators and Actions: Health and Wellbeing Strategy Implementation Plan 2013/14- 2014/15

HEALTHY SERVICES :URGENT CARE DASHBOARD															
Item	**Indicator**	**Target**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**YTD Performance**	**RAG**	**Consequences of Breach**	**Penalty for Month**	**YTD Penalties**
1	A&E 4 Hour Waits	95%	91%	96%	96%	97%	96%	97%	92%	94%	**94.9%**		2% of revenue derived from the provision of the locally defined service line in the month of the under achievement.	£ -	£ -
2	Trolley Waits in A & E	Any trolley wait > 12 hours	0	0	0	0	0	0	0	0	**0**		£1,000 per breach	£ -	£ -
3	Ambulance Handover between 30mins & 60mins	Target 15m, Threshold =30m	379	211	247	201	182	205	401		**1826**		£200 per patient waiting over 30 minutes	£ 80,200	£ 365,200
4	Ambulance Handover > 60mins	Target 15m, Threshold =60m	53	15	9	12	9	23	55		**176**		£1,000 per patient waiting over 60 minutes	£ 55,000	£ 176,000
5	Category A Red 1 Response	75.0%	73.0%	81.5%	95.8%	87.5%	89.7%	82.1%	81.5%		**84.4%**		Monthly witholding of 2% of the actual monthly contract value with an end of year reconciliation	Year End	Year End
6	Category A Red 2 Response	75.0%	69.4%	78.0%	78.5%	73.0%	75.1%	72.6%	73.3%		**74.3%**		As Above	Year End	Year End
7	Category A 19 Minute Response	95.0%	99.1%	99.2%	98.8%	99.0%	98.8%	98.6%	99.1%		**98.9%**		As Above	Year End	Year End
8	Ambulance Crew Readiness (a)	Target 15m, Threshold =30m	67	36	11	12	12	12	13		**163**		£20 per event where > 30 minutes	£ -	£ -
9	Ambulance Crew Readiness (b)	Target 15m, Threshold =60m	2	1	0	0	0	0	0		**3**		£100 per event where > 60 minutes	£ -	£ -

Notes

1. The Contractual Performance month is currently June 2013 (all validated data submitted). Where data is available for July this is included.

2. Ambulance Handover penalties for >30minutes have to date been waived due to inaccuracy of Ambulance Service data and clinical concerns regarding motivating Providers to cohort patients and increase trolley waits in A&E in order to meet this target.

3. RAG rating key

 Both month and YTD figures meet or exceed the target

 Either the month or the YTD figure has failed to meet the target

 Both the month and the YTD figures fail to meet the target

HEALTHY LIFESTYLES: BREAST FEEDING

Key Actions and Indicators:

Priority	Notes	Lead	Local Indicator	Timescale
Development of Borough Wide-Marketing Plan /Strategy	This priority will capture a number of the points raised regarding better communication, promotion, awareness and positive press interests etc.	OPH	Marketing / promotion plan developed using social marketing approaches.	August 2014
Ongoing development of the volunteer buddy programme.	Volunteer Buddies to be integrated into Office of Public Health volunteer programme.	OPH	Annually train 30 buddies. Recruitment of 90% of trained buddies on volunteer programme.	
GP Engagement	Identify GP Champions. Online GP training made available to all GP's.	CCG	20 % (50) of Dudley GP's trained (250) – need to get actual GP numbers in Dudley.	March 2015
Multidisciplinary co-ordinated approach to provision of Antenatal support to pregnant mothers		OPH /BCPFT/DGHFT	100% of Dudley pregnant women offered antenatal support (at 34 weeks)	March 2016
Maintain UNICEF		OPH	UNICEF accreditation level 3 achieved	

Stage 3 in hospital and achieve stage 3 in community		/BCPFT/DGHFT	2014/15	
Mainstreaming community buddies in health visiting teams			Each Health Visiting team to have one wte buddy. 90% of women who are breastfeeding on discharge have contact with buddy.	

HEALTHY LIFESTYLES: ALCOHOL

Key Indicators:

Ref	Performance Indicator	Last year out-turn 2012/13	Target 2013/14
	Alcohol related admissions to hospital per 100,000	2144/100,000	2293/100,000
	Alcohol treatment services: Numbers in alcohol treatment services Number of successful completions Re-presentations within 6 months Numbers waiting >3 weeks to start treatment		 Target >900 Target 45% Target <10% Target <8%

Key Actions

Action	Lead	Completion date
Development of an alcohol strategy and action plan for Dudley borough	Substance Misuse team	March 2015

HEALTHY CHILDREN – EARLY YEARS

Key Actions for commissioners

Action for Commissioners	Lead	Completion date
• The importance of building on the Time for Twos programme, targeting the most vulnerable children		

and their families, joined up working for transition through to the provision for 3 to 4 year olds is required. Extend the key worker role which been shown to have a significant impact.	**TBC**	**TBC**
• Further develop parenting skills opportunities to enable more families to benefit.	**TBC**	**TBC**
• Focus on early intervention to support families in the development of resilience in their children	**TBC**	**TBC**

HEALTHY CHILDREN- 16 TO 18 TRANSITION

Key Actions for Commissioners

Action for Commissioners	Lead	Completion date
• Commission a Mental Health Service for the 16 – 18 age group, whose needs are frequently not met in the transition from the Children's and Adolescent Mental Health Service to Adult Services.	**TBC**	**TBC**
• Put in place plans to encourage all services to be young people friendly, and train staff to understand the issues around providing young person appropriate services.	**TBC**	**TBC**
• Ensure young people are empowered to contribute to the planning and development of services that meet their needs, through ensuring that their voice is heard.	**TBC**	**TBC**

HEALTHY NEIGHBOURHOODS

Key Indicators:

Ref	Performance Indicator	Last year out-turn	Target
	Adult participation in sport and active recreation (1X30 minutes per week)	27.8% (2012)	N/A
	Improved street and environmental cleanliness (National indicator 195) a: litter b:detritus c:Graffiti d:fly-posting)	 3.3% 6.3% 1.3% 0.1%	 3.3% (2014/15) 5.7% 1.3% 0%

	Gross affordable housing completions (Core Output Indicator HOU3)	312 (49% of gross completions (2011/12)	Between yrs 2006-2026) 2479 affordable dwellings (15% of gross completions) (116 /year)
	Increase in cycle use of monitored routes (LOI TRAN4a)	14,272 (2012/13)	1% increase in cycling
	Implementation of missing links and overcoming barriers identified in sub regional cycle network map (LOITRAN4b)	10 new links via healthy towns project – 7.26km (2012)	N/A

Agenda Item No. 8

Dudley Clinical Commissioning Group

Report of the Chief Accountable Officer, Paul Maubach

Update on Urgent Care Public Consultation

1.0 Purpose of Report

To update members on the public consultation on urgent care in Dudley which the CCG carried out from 1 October to 24 December 2013.

To share with members the resulting proposals for urgent care presented to the CCG board which were shaped by feedback received during the consultation.

2.0 Background

Following a report to the Health Scrutiny Committee on 25 September, Dudley CCG began on 1 October a consultation on proposals to improve local urgent care services.

The consultation ran until 24 December and generated a significant amount of interest.

Two reports were submitted to the CCG's board at its meeting in public on 9 January 2014:

- A report on the Consultation exercise
- A report outlining our proposals for urgent care reconfiguration developed in response to feedback received during the consultation.

Both reports, and the recommendations in them, were discussed at some length. The recommendations were considered individually in considerable detail and all were unanimously supported by the CCG's Board at the meeting on 9 January.

Both reports are attached with this paper.

Subject to discussions with this committee, and discussions at the Health and Wellbeing Board on 28 January, a report setting out the proposals in more detail will be presented to the CCG Board meeting on 13 March 2014.

3.0 Report

The detailed information is contained in the two CCG Board reports which are attached

DUDLEY CLINICAL COMMISSIONING GROUP BOARD

Date of Report: 9th January 2014
Report: Urgent Care Consultation Outcome
Agenda item No: 8.1

TITLE OF REPORT:	Urgent Care Consultation Outcome
PURPOSE OF REPORT:	To provide Board members with an overview of consultation activities undertaken and assure them that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system To provide a summary of feedback received
AUTHOR OF REPORT:	Richard Haynes, Interim Head of Communications and Engagement
MANAGEMENT LEAD:	Richard Haynes, Interim Head of Communications and Engagement
CLINICAL LEAD:	Dr Steve Mann
KEY POINTS:	• The consultation ran from 1 October to 24 December 2013 • It generated a considerable amount of interest and comment • Key themes to emerge are summarised in this report and will be used to inform the development of future services (see separate report on Urgent Care Reconfiguration)
RECOMMENDATION:	Board members are asked to note the consultation activities set out above by way of assurance that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system Members are also asked to note the feedback received and take it into account when agreeing next steps in developing an improved urgent care system for the people of Dudley
FINANCIAL IMPLICATIONS:	Costs of the consultation exercise were met from the communications and engagement budget
WHAT ENGAGEMENT HAS TAKEN PLACE:	The report covers a wide range of engagement activities, before and during the consultation as well as outlining next steps on communication and engagement to support the delivery of improvements to urgent care in Dudley
ACTION REQUIRED:	Decision Approval ✓ Assurance

INTRODUCTION

This report focusses on the formal consultation carried out by NHS Dudley Clinical Commissioning Group between 1 October and 24 December 2013 on proposed changes to the local urgent care system.

It summarises the background to, and context of, the consultation, the steps taken by the CCG in the pre-consultation period and the activities carried out during the consultation period. It also sets out some of the key issues to be raised by individuals and groups who responded to the consultation.

Given the very short time between the end of the consultation period and the production of this report, it is suggested that further detailed analysis of the consultation feedback be included as part of the development of any specification or performance criteria for future developments on urgent care in Dudley.

The purpose of this report is to:

- Provide Board members with an overview of consultation activities undertaken by way of assurance that that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system

- Provide Board members with a summary of feedback received from the consultation

REPORT

Background and Context

The decision to begin a consultation on urgent care was prompted by the imminent (March 2014) need to retender the current contracts for the Holly Hall walk-In Centre and Out of Hours GP Service.

Against a background of: Growing pressure on A&E; increasing demand for primary care services; concerns over the recently launched 111 telephone service and the restructuring of the NHS as a result of the Health and Social Care Act, a decision was made to use the ending of these contracts as an opportunity to take a wider look at urgent care services in Dudley.

To allow time for these complex matters to be considered in detail and discussed with the local population, the contract was extended by a further six months (to the end of September 2014) pending the outcome of a public consultation and further analysis of service requirements and patient flows.

The CCG's Statutory Duties in Regard to Involvement and Consultation

The legal duty to consult

The law requires NHS bodies to engage with members of the public before making decisions on changes to health services. Currently, separate sections of the NHS Act apply to CCGs and to other organisations.

CCGs are governed by section 14Z2 of the NHS Act 2006, which states:

> (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

There are two other relevant aspects to section 14Z2. Subsection 3 requires all CCGs to include in their constitution a description of their public engagement arrangements and a statement of the principles that they will follow in when implementing them. Subsection 4 empowers NHS England to publish guidance on compliance with this section, which CCGs must have regard to.

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 deal with the statutory duty to consult a local authority, and the powers of the local authority to report to the Secretary of State if it is not satisfied with the CCG's proposals or consultation. The regulations came into effect on 1 April 2013.

Section 23 in Part 4 of these regulations requires a CCG *to consult a local authority when it has under consideration any proposal:*

- *for a substantial development of the health service in the area of the local authority; or*
- *for a substantial variation in the provision of such service.*[1]

[1] Substantial variation is not defined, but ultimately the OSC will decide if it cannot reach agreement with the CCG; so early discussion with the OSC should be helpful

Guidance

The most recent guidance on consultations for the NHS was published in September 2013 by NHS England, and is called Transforming Participation in Health and Care.

The guidance sets out a number of suggested features of public participation. The information provided should be of good quality, and in a number of different formats to ensure that it reaches the intended target. There should be a range of opportunities for participation, which could include online surveys and dedicated local events, as well as work through voluntary and community sector organisations. Patients and the public should be involved from the initial planning stages of service redesign, and special efforts should be made to reach out to diverse communities.

Pre-Consultation Activity and Other Relevant Work

Following its formal establishment in April 2013, the CCG was involved in a number of important pieces of work to support its vision of working with partner organisations to improve health outcomes and reduce health inequalities for the people of Dudley.

This work influenced in a number of important ways the consultation on urgent care, and it is for that reason they are included in this report.

Primary Care Strategy

The CCG's Primary Care Development Strategy (approved by the Board in July 2013) aims to support local GP practices to further improve the quality of primary care. As a clinically-led membership organisation, Dudley CCG is uniquely placed to deliver change and improvement in primary care. The strategy aims to build on this opportunity, whilst acknowledging the freedoms and restrictions of the new NHS arrangements for the direct commissioning of primary care.

The priorities set out in this strategy are based on:

- What member practices told us about their key concerns and how these should be addressed
- What patients and our local communities told us about their current primary care services
- The CCG's agreed strategic aims and priorities (and those of Dudley's Health and Wellbeing Strategy)
- The national 'must do's' and performance management requirements.

The biggest single issue raised by patients and members of the public during the development of the strategy was access to GP appointments – in particular same day appointments – and telephone access to practices. The strategy also recognises the positive impact that improved primary care access can have on reducing pressures on the urgent care system.

Dudley CCG Healthcare Forum – June 2013

The CCG dedicated this meeting of its regular public forum 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

Health and Wellbeing Board 'Spotlight on Urgent Care' – June 2013

The Health and Wellbeing Board has produced a Health and Wellbeing Strategy for Dudley Borough with five strategic priorities:

- Making our services healthy
- Making our lifestyle healthy
- Making our children healthy
- Making our minds healthy
- Making our neighbourhoods healthy.

The Board agreed to hold five 'spotlight' sessions, involving Board members and other stakeholders, throughout 2013/14, to stimulate fresh thinking in these areas, generate ideas and maximise the added value from integrated approaches and partnership working.

On 18 June 2013, the first spotlight session was held on 'urgent and emergency care. Feedback from the Healthcare Forum event mentioned above was incorporated into discussions at the Spotlight Event.

Outcomes from the Spotlight Event included agreement on a set of key principles relating to a good urgent care system, including:

- A joined up, coordinated and seamless system, fluid- no 'bottle necks'
- A simple system-no confusion for the public (or professionals) of what to do, who to call or where to go

- Safe, responsive and high quality

One of the solutions identified was to work to simplify the urgent care system, reduce duplication and develop a system which responded to patients' 'default behaviour.' Specific proposals included "co-locate the walk in centre, with the emergency department."

Engagement with Members

One of the key differences between the CCG and the Primary Care Trust (PCT) which preceded it is that the CCG is a membership organisation, led by the GPs who comprise its membership.

That clinical leadership was reflected by the development of the proposals through discussion at a series of events for GPs – a round of locality meetings (GPs grouped together by geographical location) followed by a CCG-wide Members' meeting in September.

Views expressed at these meetings gave clear guidance to the CCG management team that members did not feel the current walk-in centre arrangements offered the best service to patients during normal working hours.

The majority of GPs were in favour of relocating walk-in services and co-locating them with the emergency department at Russell's Hall, in line with the proposals from the Health and Wellbeing Board's Spotlight Event referred to above. They were also supportive of investment to improve access to primary care during core working hours, in line with the objectives of the CCG's Primary Care Strategy.

Reports to Health Scrutiny Committee

An initial report was presented to Dudley Borough Council's Health Scrutiny Committee on 25 September 2013, ahead of the launch of the consultation. CCG Chief Officer Paul Maubach and Dr Steve Mann, clinical lead for urgent care, were present to answer members' questions directly.

THE CONSULTATION

The consultation was launched on 1 October 2013 with an end date of 24 December.

Consultation document

A 12 page full colour consultation document was produced by the CCG's communications and engagement team. The consultation form was available in hard copy and electronic versions as well as an 'easy read' version. It included a freepost response form.

An estimated 5,000 hard copies were sent out by the CCG during the consultation period through a wide range of distribution channels including: GP Practices; healthcare centres; Dudley HealthCare forum members; Halesowen Older People Forum; Dudley Youth Council; Dudley and Stourbridge College; Dudley Age Concern; Dudley Carers Forum and numerous other health and other community groups.

By the closing date of the Consultation (24 December) the CCG had received a total of 1390 completed forms

Online Survey

An online survey, using Survey Monkey software was available through the CCG website throughout the consultation

By the closing date of the Consultation (24 December) the CCG had received a total of 1388 responses to this survey.

Meetings

Over the course of the consultation GPs and senior managers from the CCG had attended more than 40 meetings of local patient, service user and community groups to talk about the proposals and hear first-hand what local people think of them.

Total attendance at these meetings was more than 1,000 people

Drop In Sessions

As well as actively seeking invitations to local organisations, the CCG also hosted its own series of drop-in sessions, at GP practices or other community locations, as follows:

- 17 October ,12pm to 2pm – Sedgley Ladies Walk
- 7 November, 12pm to 2pm – Worcester Street Surgery
- 15 November, 12pm to 2pm – Halesowen Library
- 28 November, 12pm to 2pm – Brierley Hill Health and Social Care Centre
- 30 November, 12pm to 4pm – Insight House, Pearson Street, Brierley Hill
- 12 December, 12pm to 2pm – Dudley Council Plus, Dudley
- 12 December, 6.30pm to 8pm – Stourbridge Town Hall
- 17 December, 6.30pm to 8pm – Main Hall, Dudley College, Dudley

The evening sessions in December were added to the original programme in response to concerns raised during the consultation (from Health Scrutiny Committee members amongst others) that it would be better to offer meetings at different times of the day.

Despite publicising these sessions widely (including a series of paid for newspaper adverts), attendance was not as good as at the other community group meetings, although discussions were generally very productive and produced useful insights. This is consistent with experience in other consultation exercises.

Healthcare Forum: Members of the Healthcare Forum were given an update on the urgent care consultation at their meeting on 3 December. Members present noted that they had previously called for a more simplified system of urgent care and responded positively to the proposals in the consultation.

Website and Social Media

All the consultation materials were made available via a dedicated section of our website www.dudleyccg.nhs.uk and we also used our social media platforms (Facebook and Twitter) to broaden the range of opportunities that local people had to take part in the conversation about what they want from their urgent care services.

In addition, we hosted two live 'webchats' – one with urgent care clinical lead Dr Steve Mann and one with Chief Officer Paul Maubach.

'Feet on the Street'

Feet on the Street is the name for our regular 'vox pop' videos, recorded in local communities by our in-house engagement team. The team took to the streets twice during the consultation period to produce two separate short films to capture views on urgent care services and our consultation.

These films were screened at the CCG's Board meetings in October and December and they were also used at members meetings and the meetings of the Task and Finish Group.

Media Coverage

We issued a series of proactive press releases during the consultation period as well as responding reactively to a number of media inquiries as well as arranging for coverage in the local talking newspaper.

There was significant media interest in our plans, with front page coverage in the Express and Star on the launch of the consultation, and a number of follow-up pieces elsewhere in the local media.

We also used paid-for advertising in the local press to raise awareness of the drop-in sessions

Report to Health Scrutiny Committee

An update report was presented to the Health Scrutiny Committee meeting on7 November 2013. CCG Chief Officer Paul Maubach attended the meeting to answer members' questions directly.

Task and Finish Group

A Task and Finish group was established with invited representatives from the CCG, Healthwatch, Dudley CVS, local Patient Participation Groups (PPGs), Dudley Council and Dudley Group's public governors.

The group met twice during the consultation period and identified a number of key issues which have been fed into the key themes and issues set out below.

Healthwatch Survey

Healthwatch Dudley were commissioned to carry out a targeted research exercise talking to service users at Russell's Hall A&E and the Walk-In Centre in November.

Over a period of seven days, from 29 November – 5 December, space of a week, Healthwatch volunteers spoke to more than 900 people about their experiences and their reasons for choosing the service they were using.

Many of the themes which emerged during these interviews are also reflected in the key themes and issues set out below, but given the very targeted and specific nature of this piece of work, a copy of their initial report is also attached as Appendix 1.

The report (p18) identifies a significant number of patients using the Walk-In Centre to fill "a gap in doctors surgery provision" with the majority of patients surveyed agreeing that a doctors' surgery could have helped them with the issue which had brought them to the Walk-In Centre. Given the possible scenarios we have been modelling, it is also interesting to note that in response to a specific question, "449 patients said they would be happy to be referred back to a doctors' surgery for treatment after assessment…" (p5)

Independent evaluation

Shortly after the midpoint of the consultation, we commissioned an independent evaluation of the consultation activities and materials to provide assurance that the process was robust and inclusive.

The review was carried out by Richard Miles, a highly experienced consultant who has worked on both NHS consultations and with Scrutiny Committees. His review included 1-1 interviews with key clinicians and CCG managers as well as an in-depth review of the consultation activities and supporting materials.

His conclusion supported our view that up to the end of the consultation period we had fulfilled our statutory obligations on consultation and involvement, while also reflecting both the challenge that we faced in developing and communicating a detailed vision for the future of urgent care services during the consultation period, rather than having a clearly defined service model set out at the beginning of the consultation period; and the challenge that we now face in pursuing a service improvement for the people of Dudley that addresses concerns expressed during the consultation, and overcomes the constraints of different funding streams for primary care services.

Petitions

We are aware of two separate petitions, both protesting against the 'closure' of walk-In Centre services.

A petition against the closure of the walk-in centre has also been launched by Natasha Millward, Labour's prospective parliamentary candidate for Dudley South. That petition is still live and can be seen on-line at http://www.natashamillward.org.uk/keep_our_walk_in_petition Ian Austin MP (Labour, Dudley North), and Pat McFadden MP (Lab, Wolverhampton South-East) have also been promoting this petition.

At the time of writing this report (7 January) the petition had 747 signatures.

On 16 December, Chris Kelly MP (conservative, Dudley South) petitioned the House of Commons, as follows: "The Petition of residents of Dudley South, Declares that the Petitioners believe that proposed closure of the Dudley Borough Walk-in Centre at Holly Hall Clinic, 174 Stourbridge Road, Dudley DY1 2ER, by Dudley Clinical Commissioning Group should not go ahead; further that the Petitioners believe that, with its 08:00 to 20:00 opening hours, seven days a week, the walk-in centre currently provides a vital out-of-hours service for hardworking people in the Dudley Borough and the wider Black Country, especially on weekday evenings and at weekends; further that the Petitioners believe that the accessibility of the walk-in centre service contributes significantly to a reduction in the number of Accident and Emergency visits which reduces pressure on local A&E services such as those at Russell's Hall Hospital.
The Petitioners therefore request that the House of Commons urges the Government to urge Dudley Clinical Commissioning Group to keep the Dudley Borough Walk-in Centre open."

This petition will be sent to the Department of Health, which will be required to make observations on it that will be posted in Hansard.

Next Steps

Subject to the outcome of discussions at this Board meeting, we will take an update on the Consultation to the next meeting of the Health Scrutiny Committee on 23 January.

Following that, our proposals for the new service, will go the Health and Wellbeing Board for endorsement on 28 January.

We will then hold a public feedback event on 13 February to offer everyone who has taken part in the consultation exercise an opportunity to hear what we are proposing to do as a result of what they have told us.

The information received during the Consultation will be used to support the development of the specification and procurement process for any future service. (See also the report to this meeting of the Board on Urgent Care Reconfiguration)

Key Themes and Issues Raised During Consultation

From the thousands of responses to set questions and 'free text' submissions received, a number of themes and issues emerged at a very early stage and were topics of consistent interest and discussion throughout the consultation. They are summarised below.

How would a perfect Urgent Care service work for you? The survey asked respondents to consider how a perfect urgent care service would work for them. This was an optional question. It should be noted that 'urgent care' meant different things to different people – but by far the most common issue raised was people's desire to be seen, or given advice, quickly when they had an urgent need. This point was reinforced at many of the drop-in sessions and other meetings

A significant number of people also used this question as an opportunity to question the need for change, which is consistent with the point below (but should also be read in context with the clear and strong demand for improved access to GP services)

Need for Change: Approximately 45% of respondents expressed the view that there was no need to change the current urgent care system (against 30% who felt there was a need for change and 25% who were unsure). In terms of support for our proposals, just over 49% agreed or strongly agreed with them, while just under 51% disagreed or strongly disagreed.

Proposal to relocate services from Holly Hall: Of those who questioned the need for change, a significant number of responses praised the quality of services provided at Holly Hall and questioned whether 'closing' the Walk-In Centre would improve healthcare locally. A number of respondents stated that any replacement service should be at least as good as that which is currently provided.

Respondents also highlighted the convenience and accessibility of Holly Hall.

Problems with primary care access was another key factor for those who opposed change. Comments included ‘service is important when it is impossible to get access to own GP’ and ‘waiting times to see a GP will get worse.’ Many people expressed concerns about GPs’ ability to manage an increased caseload resulting from the changes.

Proposals for an Urgent Care Centre: Throughout the consultation period we were challenged very robustly to explain how the ‘Urgent Care Centre’ mentioned in the consultation document would work in practice. Frequently asked questions included location, opening hours, range of services on offer, staffing numbers and skill mix and whether or not staff at the new centre would have access to patient’s medical records.

Proposal to co-locate Urgent Care Centre with Emergency Department at Russell’s Hall: A key issue here was concerns about increased pressure on parking at Russell’s Hall and the cost of parking for patients and visitors. A number of people pointed out that parking at Holly Hall is free.

A further concern was the risk of increasing pressure on services at Russell’s Hall, particularly A&E, by directing more patients to the site.

Improved Access to GPs: Access to primary care was one of the most frequently raised issues in consultation responses and at meetings. The consultation form posed a specific question (Question 5) inviting people to select, from a list, three services which they felt would most improve healthcare services in Dudley and the top four most popular choices all related to GP services, as follows:

- Local GPs to open at weekends (68% of all respondents)
- Local GPs to offer walk-in appointments (58% of all respondents)
- Local GPs to open earlier/later (55% of all respondents)
- More urgent appointments at GP services (34% of all respondents)

Questions were raised at a number of meetings as to whether the CCG actually had the power to influence GP opening times, as the contracts are held by NHS England following the restructuring of the NHS in 2013.

Other issues:
A number of respondents queried how our proposals would impact on patients who are not registered with GPs.

A point made in many forums was the need for local people to have somewhere to turn for advice or reassurance at any time of the day or night, either over the phone or face to face. This issue was a general concern but expressed particularly strongly by those caring for young children. Many

respondents were aware of the 111 service but there were mixed views about the effectiveness of the service in its current form, with some users expressing genuine satisfaction but others voicing reservations about the quality of the advice provided.

Another concern that was raised regularly was the lack of specific provision in the urgent care system for patients with mental health issues.

Following discussions with a number of public and patient groups, the CCG was also urged to do more to raise awareness of what has already been achieved locally in terms of improving access to primary care.

CONCLUSION

This consultation took a considerable amount of time and effort to plan and deliver. The timing of the consultation, and the way the possible service scenarios developed during the consultation period added to the challenge. Members of the CCG's Communications and Engagement team, senior managers and clinical colleagues have all made a valuable and much appreciated contribution and found themselves in the midst of some robust exchanges of views.

We would also like to express our thanks to everyone who took the time and trouble to complete a consultation form, come to an event or share their views with us. (We have sent out this week invitations to all contributors whose details we have, asking them to come to our feedback event next month.)

RECOMMENDATION

Board members are asked to note the consultation activities set out above by way of assurance that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system

Members are also asked to note the feedback received and take it into account when agreeing next steps in developing an improved urgent care system for the people of Dudley

APPENDICES

Appendix 1 – Healthwatch Dudley report
Appendix 2 – Summary of responses from partner organisations and other correspondence including contact from MPs

Richard Haynes
Interim Head of Communications and Engagement
8 January 2014

Dudley Clinical Commissioning Group
Urgent Care Consultations

Questionnaire Survey
Dudley Borough Walk-in Centre
Russells Hall Hospital Accident and Emergency

First Report

Healthwatch Dudley

January 2014

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Figures Page

Acknowledgements
Healthwatch Dudley would like to thank everyone who helped with the questionnaire survey at Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency including staff, patients and volunteer helpers.

Summary

Healthwatch Dudley undertook a questionnaire survey at the Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency on behalf of the Dudley Clinical Commissioning Group (DCCG) as part of its review of Urgent Care services. In total 943 patients (or their representatives) participated in the questionnaire survey that included 395 male and 417 female patients where there sex was known. In turn, the ethnicity of 829 patients was recorded with the majority, 677 patients, being British. Information was obtained that showed 839 patients indicated that they were registered with a doctors surgery and 546 patients indicated that they travelled straight to the Walk-in Centre or Accident and Emergency without getting any medical advice. Patterns in the numbers of patients coming to the Dudley Borough Walk-in Centre and the Russells Hall Hospital Accident and Emergency from different surgeries are shown for 630 patients. When patients were asked about whether they had tried to contact a doctors surgery before coming to the Walk-in Centre or Accident and Emergency 847 patients gave details and 487 of them said they had not tried to contact a doctors surgery. When patients who had obtained medical advice (320 in number) were asked how they were referred on to the Walk-in Centre or Accident and Emergency 98 said they had been referred by a doctors surgery.

Patients were concerned about the proposal to close the Walk-in Centre which is popular and fills a gap in primary care service provision (especially for patients unable to get an appointment at a doctors surgery). Any new facility to replace the Walk-in Centre would need to consider patient issues relating to its location and accessibility, the types of services provided, and car parking issues. It is a mixed picture regarding patient perceptions of whether a doctors surgery could have helped them if they had been able to get an appointment and in terms of patients past experience of getting into a doctors surgery. Nevertheless, 449 patients said they would be happy to be referred back to a doctors surgery for treatment after assessment at the Walk-in Centre or Accident and Emergency. Meanwhile, there is a demand from particular patients groups for seven day opening of doctors' surgeries, longer opening hours, shorter waiting times for appointments, and more same day appointments. Questions arise about how to get patients who are using the Walk-in Centre and where it is appropriate Accident and Emergency to use doctors surgeries and avoid simply shifting patients around without dealing with underlying problems around access to doctors' surgeries.

Introduction

Healthwatch Dudley undertook a questionnaire survey at Russells Hall Hospital Accident and Emergency and the Dudley Borough Walk-in Centre over a period of seven days between Friday 29 November and Thursday 5 December 2013. It was undertaken on behalf of the Dudley Clinical Commissioning Group (DCCG) as part of their review of Urgent Care services and consultations taking place between 17 October and 24 December 2013 on proposals to improve the design of primary and community urgent care services, out-of-hours services and close the Walk-in Centre

and provide a different service based at the Russells Hall Hospital site. Walk-in Centre opening times are from 8.00am to 8.00pm on Tuesday, Wednesday and Thursday and from 8.00am to 10.00pm on Friday, Saturday, Sunday and Monday. Questionnaire survey sessions were from 8.00am to 8.00pm (with an extension to 10.00pm at Accident and Emergency on Tuesday, Wednesday, and Thursday to assess any impact of changed Walk-in Centre opening times on demand for Accident and Emergency services). There were four Healthwatch Dudley members of staff and fifteen volunteer helpers who had attended an induction event to learn more about the project involved in undertaking the questionnaire survey work. At each questionnaire survey location there was a Healthwatch Dudley member of staff and either one or two volunteers covering four hour questionnaire survey interview sessions. Their role was to approach patients in each of the facilities and ask them for their help to answer some questions (designed to take up no more than five minutes of their time) on why they were using the Walk-in Centre or Accident and Emergency.

In the main computer tablets and Survey Monkey online questionnaire survey software were used to collect patient responses to questions (and sometimes the responses of a representative to questions on a patient's behalf in instances where, for example, they were an infant or young child). Some paper questionnaire surveys were completed at times when WiFi internet access to the online questionnaire survey was problematic or an interviewer was not comfortable using a computer tablet. No patient medical details were collected and confidentiality was ensured to the extent that only aggregated patient information would be used in any report and patient anonymity would be maintained. All questions were optional to answer (except for the question to get a patient's consent to continue with the questionnaire survey). There were closed questions (requiring a yes or no response) that sometimes directed the interviewer to another relevant part of the questionnaire survey, questions requiring one or more boxes to be ticked from a list, and questions requiring a response on a scale of 1 to 6 where 1 is strongly disagree and 6 is strongly agree with a particular statement. In addition, there were some questions on patient gender, age, ethnicity, home address post code, and work arrangements. Patients also had the opportunity to make any other comments. Finally, non-response rates were recorded where a patient declined to continue with the questionnaire survey or an interviewer decided that it was not appropriate to continue with a questionnaire survey. The aim was to produce a summary report for the DCCG board meeting scheduled to be held on the 9 January 2014.

Descriptive Information

At the Walk-in Centre and Accident and Emergency a total of 1,074 patients (or their representatives) were approached and asked for their help to answer some questions on why they were using the facility. After this initial contact 943 patients (or their representatives) agreed to take part in the questionnaire survey. In terms of non-response there were 131 patients (or their representatives) that declined to participate in the questionnaire survey. A breakdown of the participants at each

location shows that at Accident and Emergency there were 459 participants and at the Walk-in Centre there were 440 participants (with 44 participants where there was no interview location recorded).

At the two study locations there were a total of 395 male and 417 female patients, one transgender patient, and 130 patients where their sex was not recorded. The question on age was answered by 819 patients with 280 being aged 15 or under, 113 aged 65 or over (see Figure 1 to 4 below)

Figure 1: Participants at the Walk-in Centre

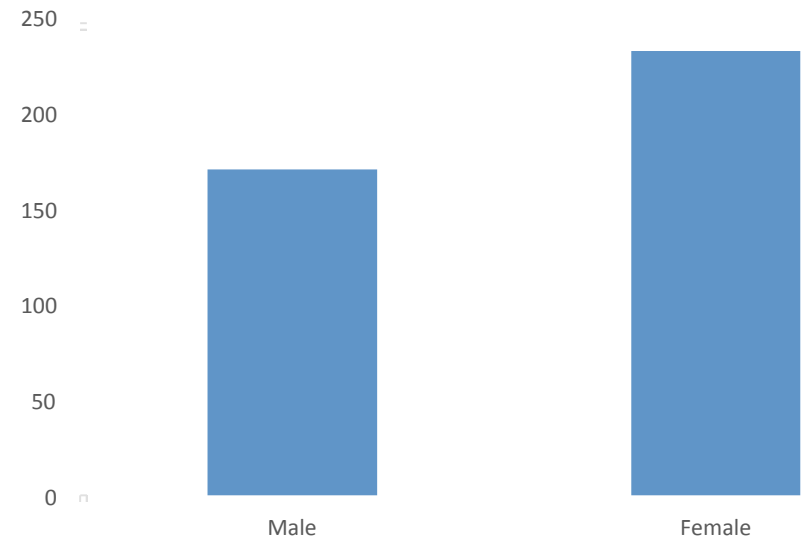


Figure 2: Age

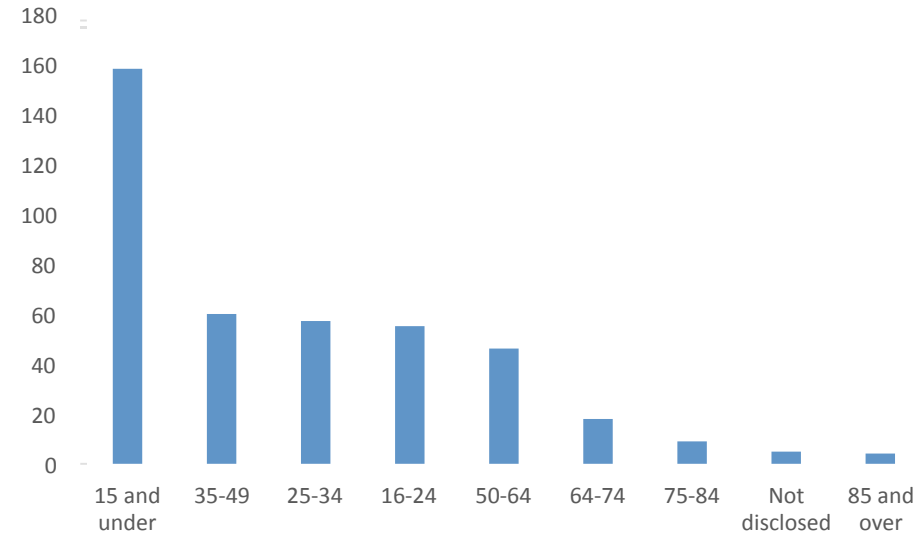


Figure 3: Participants at Accident and Emergency

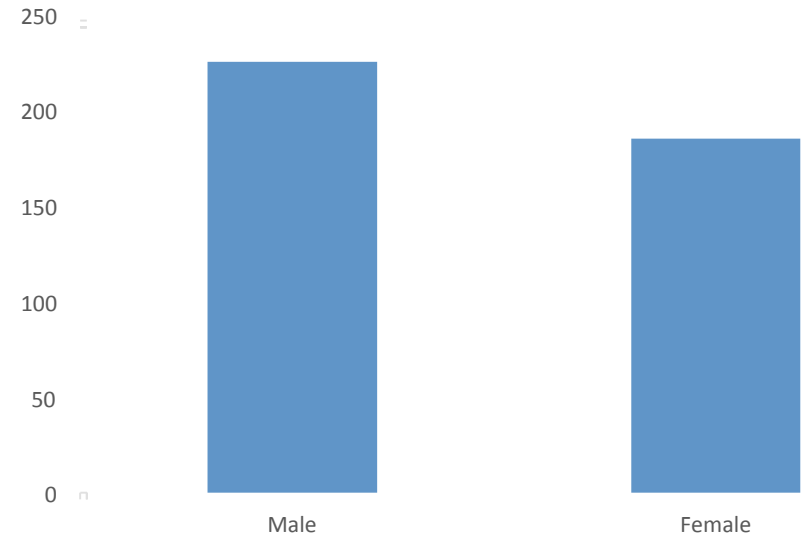
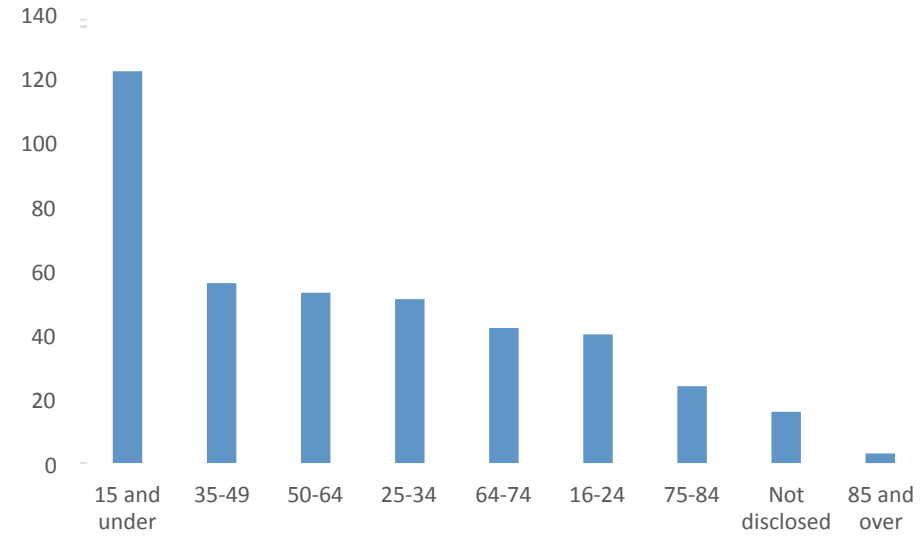


Figure 4: Age



In turn, 829 patients ethnicity was recorded with 677 being British and smaller numbers from White and Black Caribbean, Indian, and Pakistani ethnic groups. Information on the working patterns (or not) of 809 patients was recorded. For 480 patients the question was not applicable because they were an infant or young person, not in employment, or retired. For the other patients the majority, 250 of them, said they worked days. There was information on 883 patients on how they travelled to the Walk-in Centre or Accident and Emergency. Of these patients 622 travelled in their own or a family car, 110 got a lift from someone, 47 came by bus, 34 came by taxi, 35 came by ambulance, and 29 came on foot.

Information on seeking medical advice before attending the Walk-in Centre or Accident and Emergency was collected for 859 patients. The figures show that 546 patients travelled straight to the Walk-in Centre or Accident and Emergency without

first seeking medical advice and 310 patients travelled to the Walk-in Centre or Accident and Emergency after first seeking medical advice.

Doctors Surgery Access Issues

Information was obtained on 868 patients regarding registration with a doctors surgery. It shows that 839 patients were registered with a doctors surgery. On arrival times, information was collected on 881 patients across the Walk-in Centre and Accident and Emergency study locations. Sample graphs show that a number of patients are using the facilities even when doctors surgeries are open (see figures 5 to 8 below).

Figure 5: Arrivals at the Walk-in Centre (Friday 29 November)

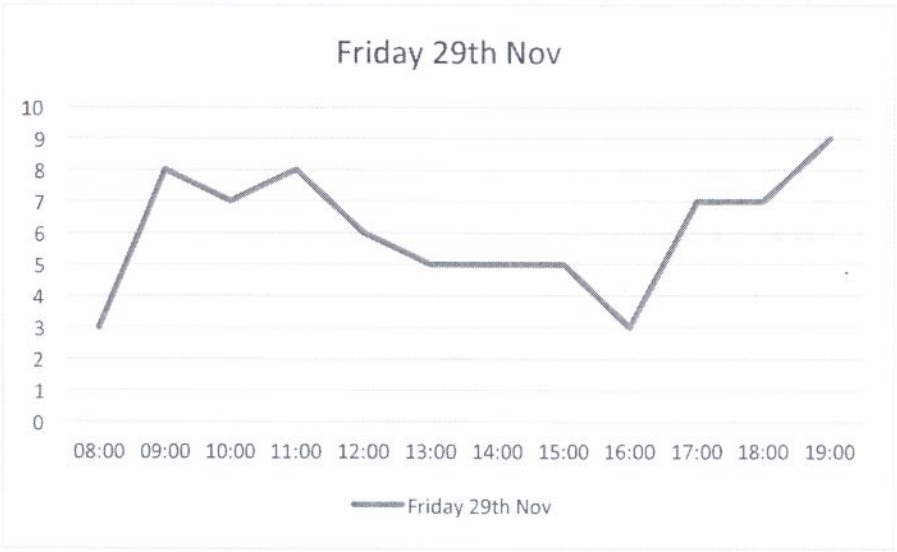


Figure 6: Arrivals at the Walk-in centre (Saturday 30 November)

Figure 7: Arrivals at Accident and Emergency (Friday 29 November)

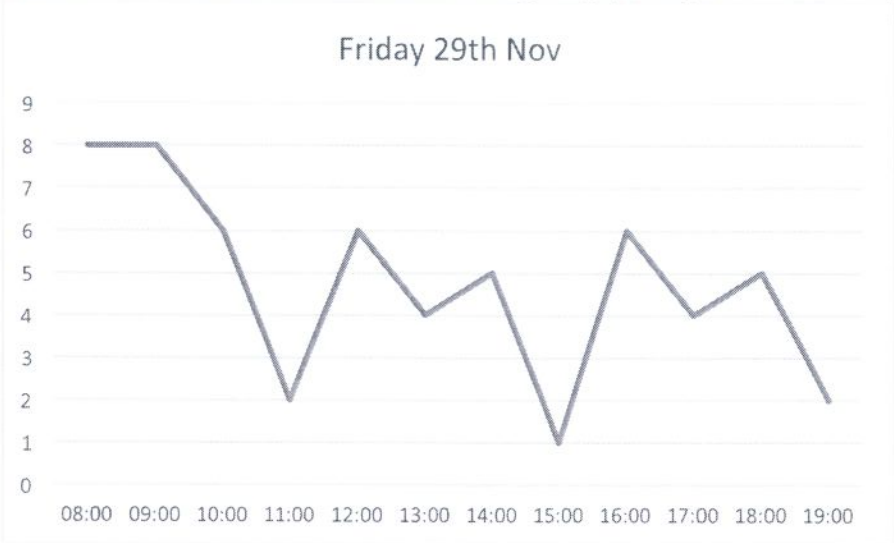


Figure 8: Arrivals at Accident and Emergency (Saturday 30 November)

Patient and surgery information

Patterns in the numbers of patients coming to the Walk-in Centre and Accident and Emergency from different surgeries was collected on 630 people about whom the name of the doctors surgery that they used was known (see Figures 9 and 10 below).

Figure 9: Patient doctors surgery (Walk-in Centre)

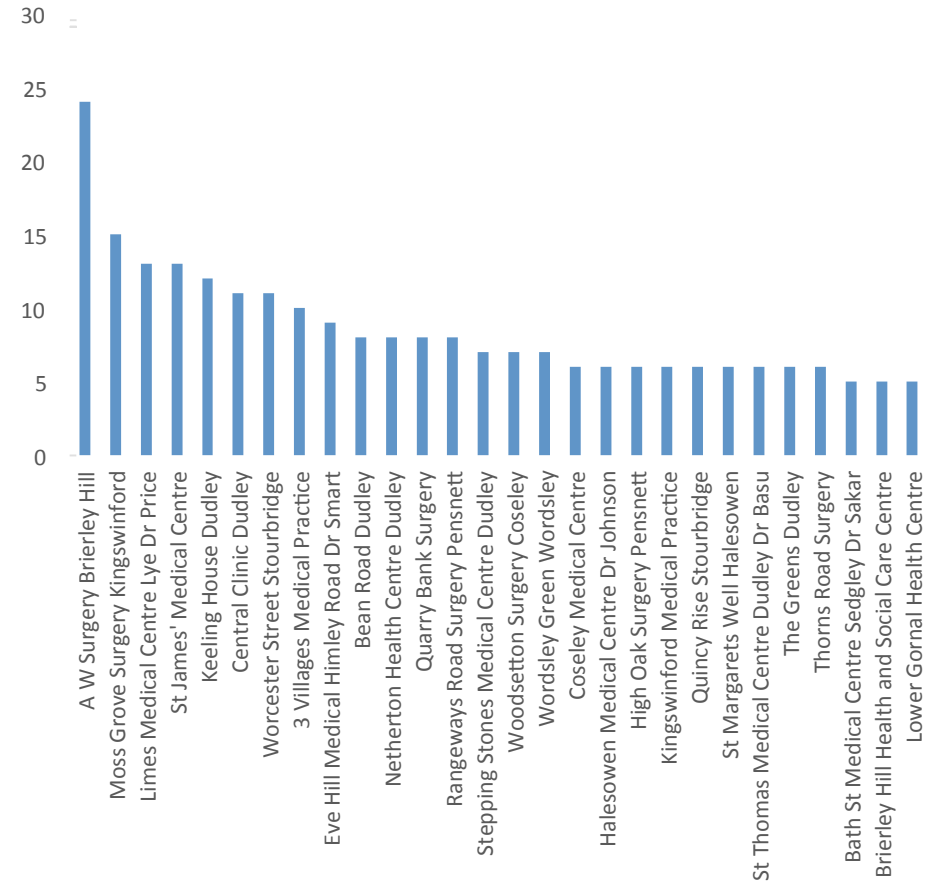
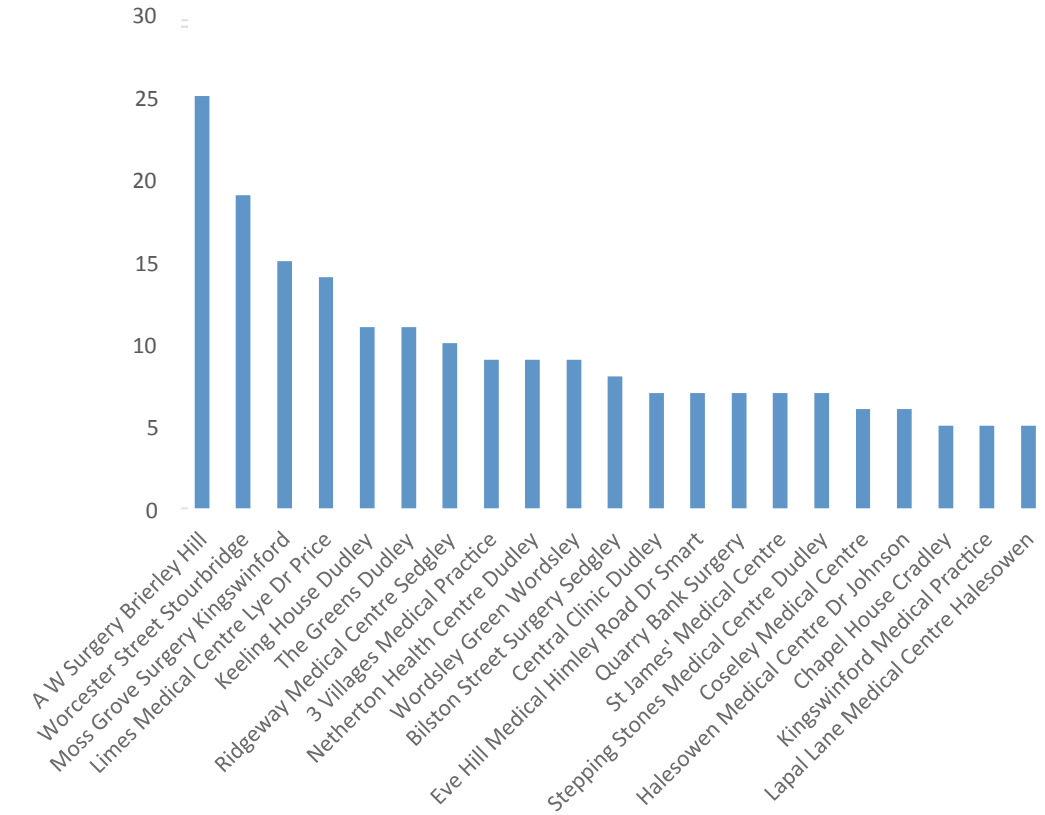


Figure 10: Patient doctors surgery (Accident and Emergency)



In turn, it was possible to collect information on 740 patients about their home address postcode (see Figure 11 below).

Figure 11: Patient home address postcode (Walk-in Centre)

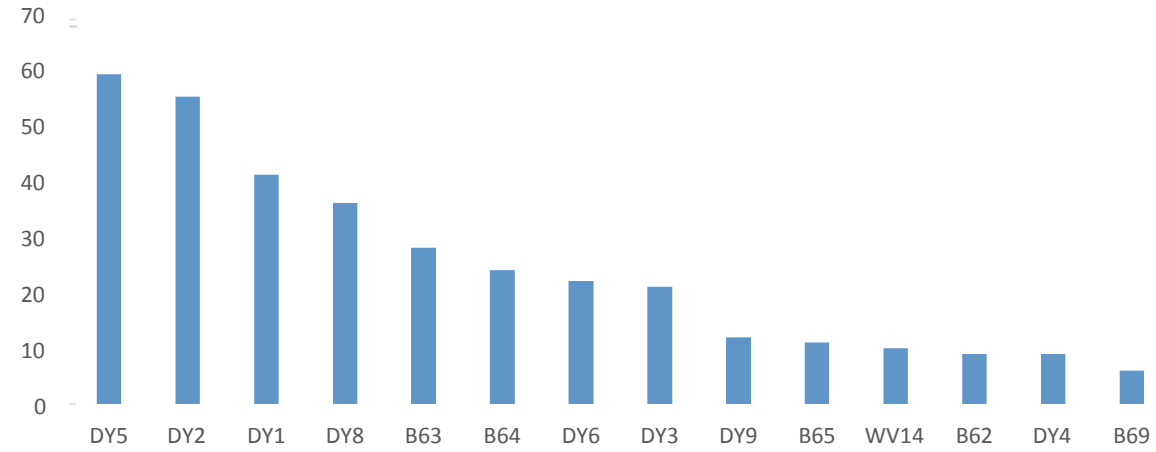
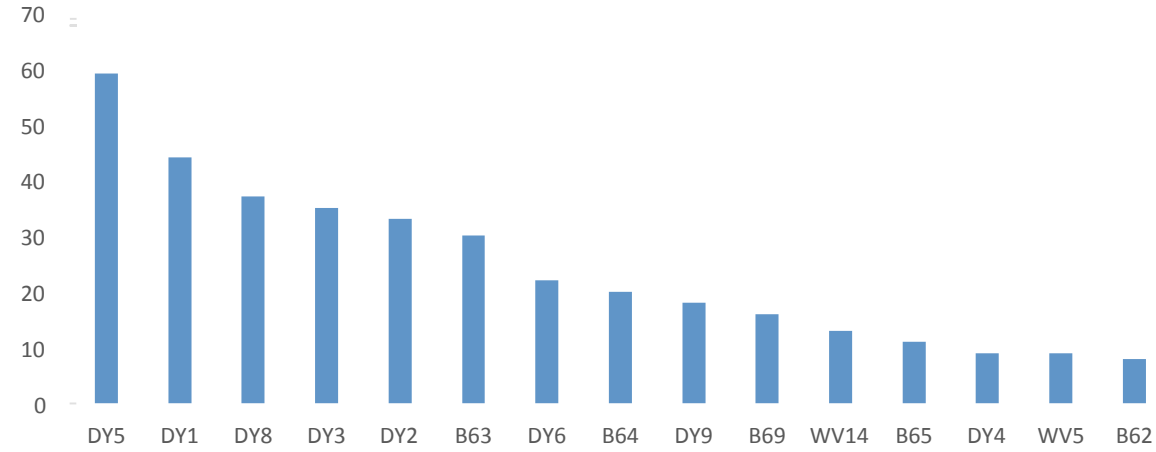


Figure 12: Patient home address postcode (Accident and Emergency)



Getting medical advice

When patients who had obtained medical advice (320 in number) were asked how they were referred on to the Walk-in Centre or Accident and Emergency 98 said they had been referred by a doctors surgery. A total of 117 patients were referred on by a pharmacy, a work, leisure facility or school based first aider, community nurse or health visitor. There were 56 patients who had been referred on by the NHS 111 telephone advice line, and 19 patients who were taken to a facility by the ambulance service (see figures 13 and 14 below).

Figure 13: Patient referrals (Walk-in Centre)

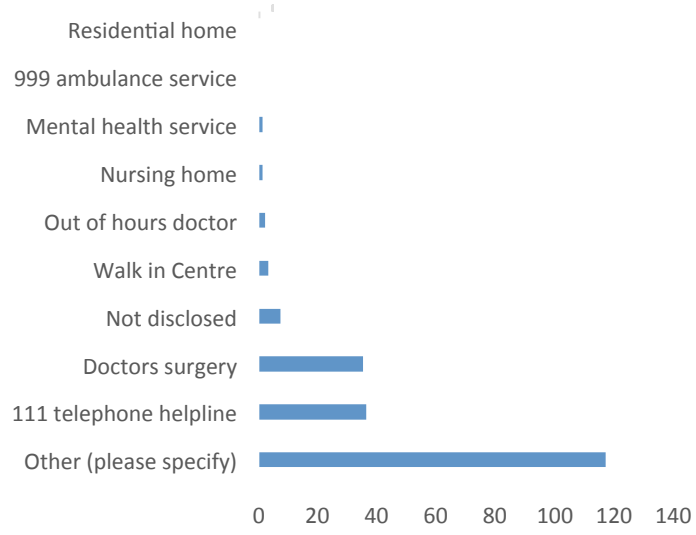
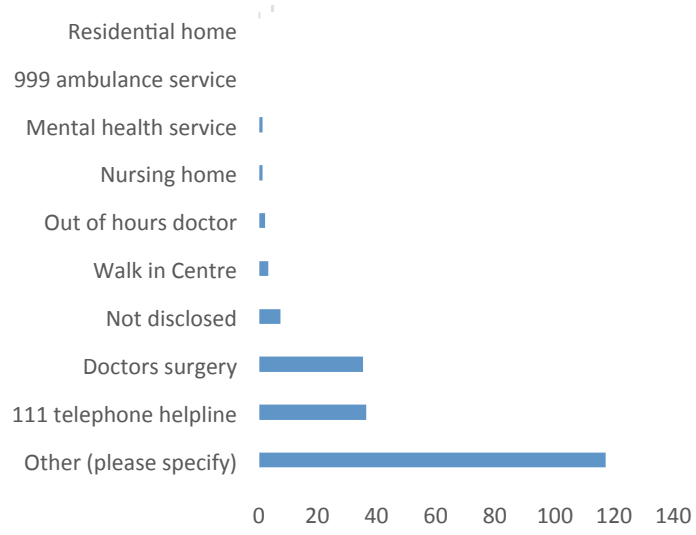


Figure 14: Patient referrals (Accident and Emergency)



When patients were asked about whether they had tried to contact a doctors surgery before coming to the Walk-in Centre or Accident and Emergency there were details provided for 847 patients. The information collected shows that for 487 patients no attempt had been made to contact a doctors surgery and for 356 patients there had been an attempt to contact a doctor's surgery (see Figures 15 and 16 below).

Figure 15: Contact with a doctors surgery (Walk-in Centre)

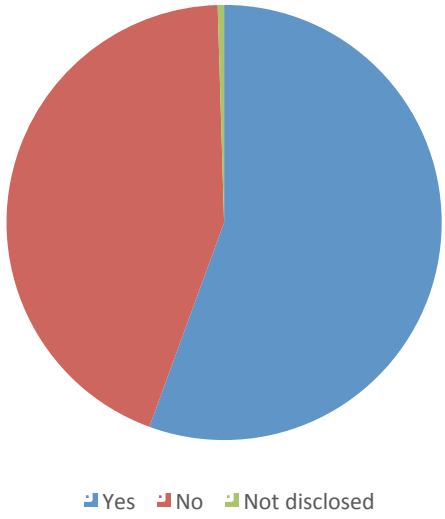
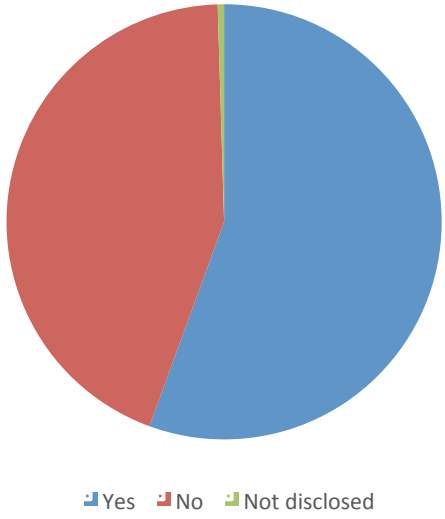


Figure 16: Contact with a doctors surgery (Accident and Emergency)



A question on the outcome for patients following an attempt to contact a doctors surgery show that for the 362 patients that details were collected there were 222 patients that were not able to get a suitable appointment. Other issues include the doctors surgery being closed (36 patients), and not being able to get through on the telephone (16 patients). There were 10 patients who had been to a doctor's surgery but wanted another opinion, 6 patients who had had an appointment but wanted to be seen sooner, and 3 patients who were not able to get the help they wanted from a surgery reception (see Figures 17 and 18 below).

Figure 17: Doctors surgery contact outcomes (Walk-in Centre)

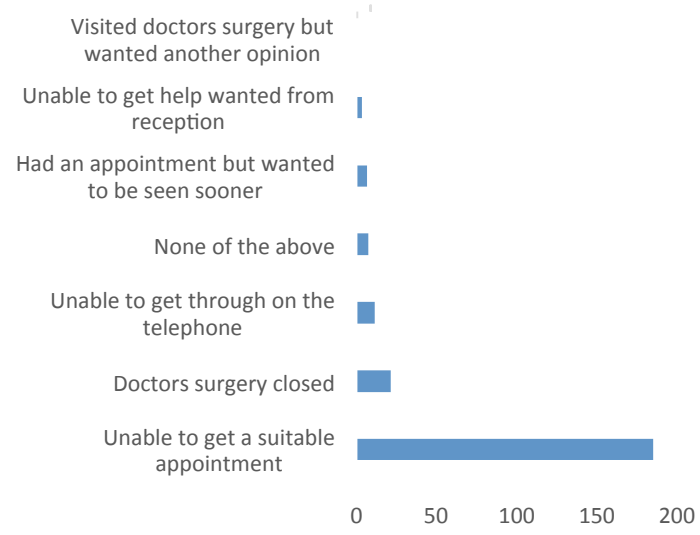
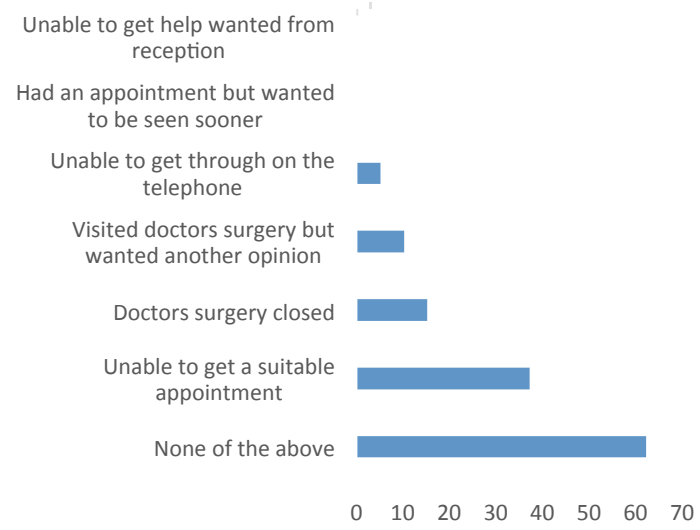


Figure 18: Doctors surgery contact outcomes (Accident and Emergency)



Views and experiences

[There were] thirty-nine people in the telephone queue … difficult to get an appointment … used Walk-in Centre. Appointments hard to get… Called twice for an emergency appointment but couldn't get in, baby has a chest infection … if the Walk-in Centre closes where will people go? Came to the Walk-in Centre with the same problem two weeks ago, can only get an appointment with GP three days in advance, prefer to be seen at Walk-in Centre … Can never get an appointment, only one doctor and only works three days each week … Can't plan illness, no appointments for same day at GP … Child ill … it took one and a half hours to get through on the phone to GP, Walk-in Centre provides excellent service. Couldn't get an appointment for another week, can't get appointments for children either so usually go straight to Walk-in Centre … Lots of people will be lost without Walk-in

Centre … Walk-in Centre is convenient … Walk-in Centre is fantastic my kids and grand kids use it regularly … Walk-in Centre is very valuable we have used it, don't know what people will do without them.

Why patients are using services

Where no attempt to contact a doctors surgery had occurred prior to attending the Walk-in Centre or Accident and Emergency information collected on 412 patients giving one or more reasons shows that for many it was because it was known that the surgery was closed or there was a feeling that it was a medical emergency situation (see Figures 19 and 20 below).

Figure 19: No prior contact with a doctors surgery (Walk in Centre)

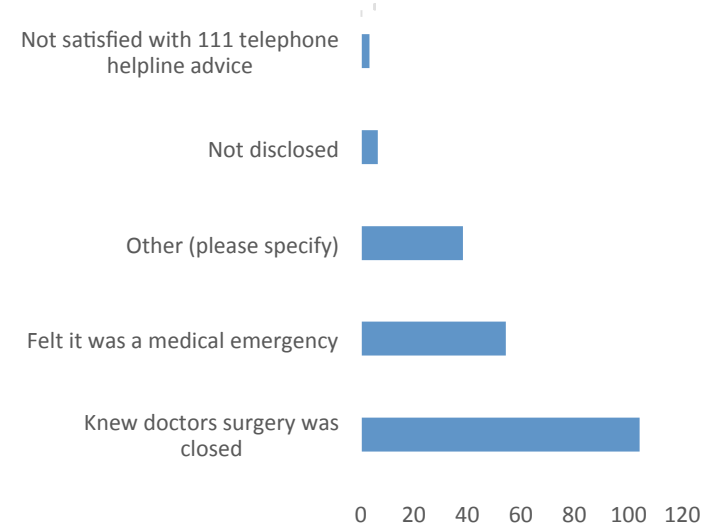
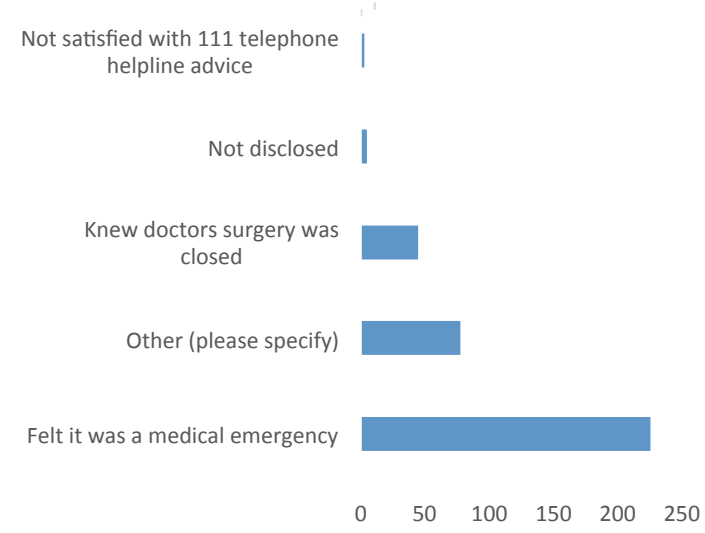


Figure 20: No prior contact with a doctors surgery (Accident and Emergency)



Dudley Borough Walk-in Centre and Patient Concerns

There is a demand for Walk-in Centre services (and opening hours have recently been extended). There is some evidence of people going to Accident and Emergency when the Walk-in Centre reaches capacity and it seems there is some extra burden placed on Accident and Emergency due to the way that some patients are not able to effectively access doctors surgery services.

- Patients are worried by the proposal to close the Walk in Centre
- The Walk in Centre is popular and the number of patients using it each year continues to grow
- A gap in doctors surgery service provision is being filled by the Walk in Centre (when people cannot get into doctors surgeries)
- Any new facility to replace the Walk-in Centre would need to consider location, accessibility, service provision and parking issues.

What patients want

Of 822 patients for whom information about the helpfulness of a doctors surgery was obtained (on a scale of 1 to 6 where 1 is strongly disagree and 6 is strongly disagree) 411 patients were at level 5 or 6 towards the strongly disagree end of the scale and 322 patients were at level 1 and 2 towards the strongly agree end of the scale. A breakdown of the data for the two study locations is provided in Figures 21 and 22 below.

Figure 21: Could a doctors surgery have helped (Walk-in Centre)

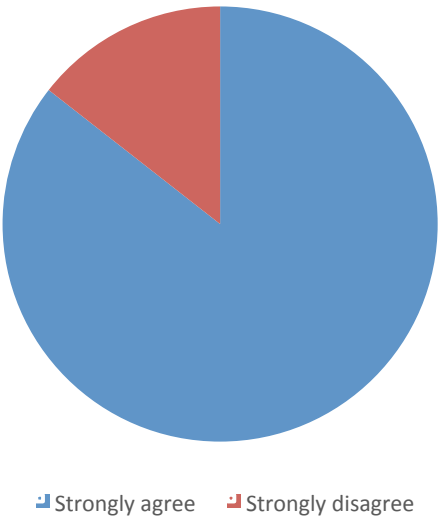
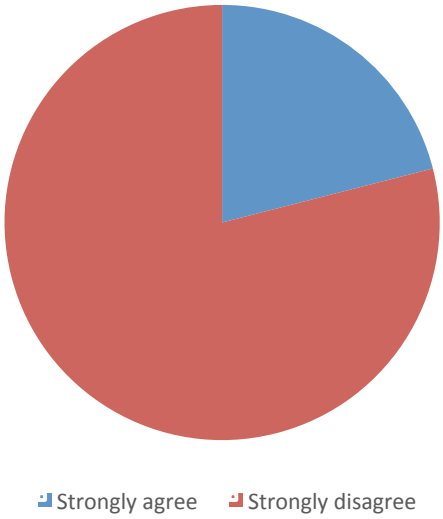


Figure 22: Could a doctors surgery have helped (Accident and Emergency)



On a question about past experience of getting into a doctors surgery the information collected on 819 patients shows that there were 309 patients at level 5 and 6 strongly agree that past experience of getting into a doctors surgery had been satisfactory and 301 patients on level 1 and 2 strongly disagree that past experience of getting into a doctors surgery had been satisfactory. A breakdown of the information on past experience of getting into a doctors surgery for the two study locations is provided in Figures 23 and 24 below.

Figure 23: Satisfaction getting into a doctors surgery (Walk-in Centre)

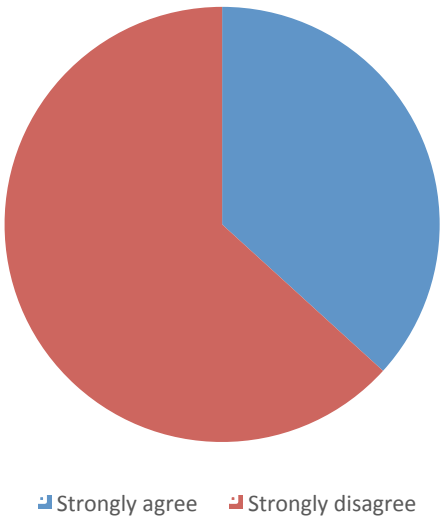
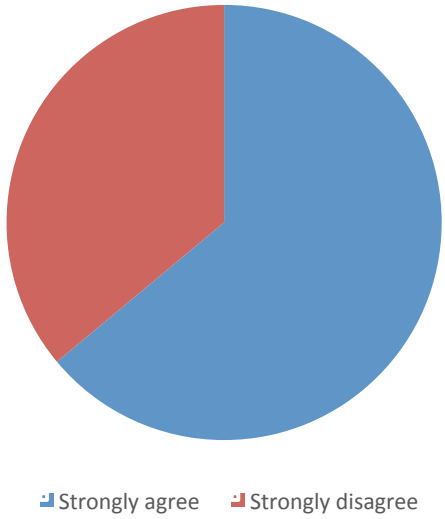


Figure 24: Satisfaction getting into a doctors surgery (Accident and Emergency)



On happiness to go back to a doctors surgery for treatment after assessment at the Walk in Centre or Accident and Emergency there were response for 809 patients. Of these response 449 patients were at levels 5 and 6 strongly agree and 190 were at levels 1 and 2 strongly disagree.

Questions for Dudley Clinical Commissioning Group

There are patient access to doctors surgery issues that are widespread and even impact on patients who can get appointments but are not necessarily happy about the length of time it takes to get to see a doctor. Being unable to get a suitable appointment at the doctors' surgery is a significant issue for many patients. In addition, there are particular issues in getting access to a doctors surgery affecting infants and young people.

- How would any replacement facility for the Walk-in Centre be combined with plans to reduce the difficulties that some groups of patients experience getting access to a doctors surgery?
- How would any replacement facility for the Walk-in Centre avoid simply shifting patients around without dealing with underlying problems around access to doctors' surgeries?
- Would any replacement facility for the Walk-in Centre put more pressure on Accident and Emergency if access to doctors' surgeries did not change?
- Would it be better to retain the Walk-in Centre service and try to make changes in dealing with the patient access doctors' surgeries issues?

Conclusions

The questionnaire survey provides valuable initial insights on the views and concerns of patients using the Dudley Borough Walk-in Centre and Russells Hall

Hospital Accident and Emergency. It shows that there is a gap in doctors surgery provision that is being filled by the Walk-in Centre. Information on a representative group of 943 patients was collected and many were keen to talk about their experiences of getting access to a doctors surgery and the future of the Walk-in Centre. A number of patients were fearful about what people would do if the Walk-in Centre was closed and there was much elaboration on peoples difficulties getting access to a doctors surgery and in particular suitable appointments without having to wait days or in a few instances weeks. Patients also had concerns about getting access to primary care services when doctors surgeries were not open in the evenings and at weekends. And some patients said they were unable to easily get time off of work for available doctors surgery appointments, they had infants and young children and found it difficult to get access to a doctors surgery when they needed to, or they were older people that sometimes needed to access a doctors surgery at short notice and this was not always possible. Consideration will need to be given to the question of doctors surgeries opening at weekends and for longer in the evenings as well as making it easier for patients to get access to doctors surgery services, waiting less time to see a doctor and able to more easily get a same day appointment. Any plan for a new medical facility at the Russells Hall Hospital site intended to replace the Walk-in Centre would need to include a clear strategy to deal with these patient access to doctors surgery services to prevent just simply shifting patients around and not getting more back into using doctors surgeries as their first port of call when they need medical help.

INTRODUCTION

This appendix summarises responses received to our Urgent Care Consultation from key partner organisations and other examples of correspondence received. The amount of feedback received was considerable and although we are not able to list every respondent by name we are grateful to them all for their contributions, which will continue to inform the development of urgent care services.

Dudley Group NHS Foundation Trust

Fully supportive of improvements to health and social care that ensure that the residents of Dudley are cared for in the right place, at the right time, by the right provider.

Extremely supportive of an increase in capacity in GP availability for patients who currently attend the Walk in Centre (WIC) or our Emergency Department (ED) as these are provided more locally and the GP is often the best informed and most aware of current care issues. Would expect that this may lead to a reduction in demand.

Supportive of better 24 hours a day and 7 days a week support for patients in need of urgent health care through an easier to navigate urgent care centre.

Would like CCG to ensure that ALL patients are able to consistently access care in their area of Dudley. A collaborative approach to a co-located, Urgent Care Hub/model will ensure streaming of patients through to the right service. The streaming process at first point of contact will serve to educate patients and professionals in how appropriate access to services in the borough can be made. Easier choice will help to manage demand.

For the urgent care centre to operate effectively it will need collaborative working across ambulance services. health and social care, 7 day access to GP services.

Dudley Group is committed to solving urgent care issues by providing a communication hub with access to all health and social care, reduce non-elective admissions by 15%, allowing ED to focus on those needing urgent care, working collaboratively, providing better community based acute services.

Challenges -providing a hub from the Russells Hall Hospital site for ease of access for Dudley residents requires considerable capital investment and a long term commitment to such a model would be a pre-requisite.

Dudley Health and Wellbeing Board

Councillor Stuart Turner, Chair of the Dudley Health and Wellbeing Board, has indicated that he is unable to offer his support for our proposals because of two concerns.

The first relates to a need for further clarity on the location and opening hours of evening and weekend primary care services. The second is a concern about a lack of detailed information regarding patient flows and increased primary care access.

West Midlands Ambulance Service

WIC provision - the urgent care centre located alongside the emergency department will make it quicker and easier for clinicians as there have been historic issues in regards to whether the WIC accepts certain types of patients transported there. Will allow for appropriate triage but needs a single triage system so no duplication of handover or two queues for ambulance staff. Co-location of services will reduce confusion for patients.

GP out of hours service - imperative our WMAS clinical staff have direct line access to a GP on the telephone to enable quicker agreement of treatment plan for patients to enable quicker release of ambulance resources and ambulance availability for further patients.

Overall Primary and Community Urgent Care - the redesign of services needs to provide services that compliment and support patients 24/7. For example, if it is deemed after triage not appropriate for ED or the urgent care centre but still requires another service, then there needs to be a safety net service that can capture this group of patients in the out of hours period such as rapid response team. The service could be expanded to include other groups of patients in addition to the elderly. This will help to ensure patients are treated in the right place, at the right time.

There is a need to community based services to ensure that they are simplified as to who delivers what, when and how, then make this available in the directory of services or through the urgent care centre.
IT connectivity - it is vital there is an IT strategy that will allow all the IT systems to link up between the different Trust's/healthcare providers in the borough to assist in a seamless approach to patient care.

Correspondence from MPs

During the consultation period we received correspondence from Ian Austin MP and Chris Kelly MP, both raising issues relating to their respective petitions which are mentioned in the report. Margot James MP also wrote to raise concerns about accessibility of the Russell's Hall site (an issue which was raised by other respondents and is reflected in the main themes of the feedback).

Dudley Local Pharmaceutical Committee

The LPC was broadly supportive of our proposals but keen to stress the valuable role that community pharmacists can play in easing pressure on the urgent care system by, for example: Supporting patients with long term conditions; Urgent repeat prescription dispensing and wider provision of influenza vaccination.

The LPC also commented on the 111 service, specifically with regard to a need to improve signposting to community pharmacy.

Dudley Black Country Neurological Alliance (BCNA)

The BCNA undertook consultations with healthcare professionals, service users and carers through one to one interviews, emails and a workshop co facilitated by Dudley CCG. Their feedback highlights a range of issues affecting patients with neurological conditions.

DUDLEY CLINICAL COMMISSIONING GROUP BOARD

Date of Report: 9th January 2013
Report: Proposal for the reconfiguration of Urgent Care
Agenda item No: 8.2

TITLE OF REPORT:	Proposal for the reconfiguration of Urgent Care
PURPOSE OF REPORT:	The purpose of this report is to define the context and future options now available to Dudley CCG Board in regards to urgent care in Dudley. This paper builds on the comprehensive consultation process undertaken by the CCG, evaluates possible future service models and recommends the most robust and cost effective way forward.
AUTHOR OF REPORT:	Jason Evans – Commissioning Manager for Urgent Care
MANAGEMENT LEAD:	Paul Maubach – Chief Accountable Officer
CLINICAL LEAD:	Dr Steve Mann – Clinical Lead for Urgent Care
KEY POINTS:	• The current contracts for the Walk-in-Centre and Out-of-Hours contacts come to an end in September 2014. • The commissioning of new contracts provides an opportunity for Dudley CCG to adopt national guidance, fall in line with the CCG Primary Care Strategy and respond to the needs of local patients by re-designing these services into a simpler and more cost effective urgent care pathway. • The Board are asked to consider the 12 recommendations of this paper.
RECOMMENDATIONS:	**Recommendation 1:** that Board note the reconfiguration of Dudley urgent care system is in line with nation guidance and best practice; furthermore it falls in line with Dudley CCG Primary Care Strategy and they Dudley Health and Wellbeing Board June recommendations on urgent care. **Recommendation 2:** that the Board approve the rationale and evidence base to redesign the urgent care pathway for Dudley and as a minimum move to adopting scenario 3; thereby developing an integrated UCC on the Russells Hall NHS Trust site, adjacent to ED **Recommendation 3:** Our proposal in response to the issues raised by the public about the walk-in services is therefore two-fold: • Firstly, the ability to walk-in and obtain an assessment; especially at evenings and weekends; should be maintained. • Secondly, the out-of-hours service should be integrated into the walk-in service as part of the urgent care centre to create a new 24/7 service – thus extending the availability beyond the current arrangements. **Recommendation 4:** Our original proposal, in response to the issues raised in the consultation, should be modified to include bookable appointments at the urgent care centre and so reduce the impact to the public on the costs of parking at Russell's Hall. **Recommendation 5**: The CCG Board will therefore need to obtain assurance at a future meeting, as part of the procurement process, that the specification enhances the quality of the service to take account of the issues raised about Paediatrics, Mental Health and unregistered patients.

	Recommendation 6: The CCG Board should note that our IT strategy will enable further improvements to the connectivity and access to medical records in the future. **Recommendation 7:** The Board should report our conclusions to the Health and Wellbeing Board and seek endorsement for our planned way forward. **Recommendation 8:** Our Board is asked to: • confirm that it should be part of our strategic plan to develop joint commissioning arrangements [for GP services] with NHS England. • encourage Dudley Health & Wellbeing Board to invite NHS England, as a partner on the Board with the contractual responsibility for GP Access, to demonstrate how they intend to improve this in Dudley. • ask Dudley Health & Wellbeing Board to support joint commissioning between the CCG and NHS England as a key opportunity for addressing this issue. **Recommendation 9:** Our Board is asked to note: • that the current development support arrangements that we have put in place for GPs, have made, and continue to make, an important contribution to improving access to GPs but will be insufficient longer-term both; without additional resources and without working with the public to change patterns of behaviour and expectation. • that the risk of GP access deteriorating would place unmanageable pressures on walk-in services **Recommendation 10:** Our Board is asked to approve that we should encourage the development of PPGs with all practices and ensure future plans on improving access require their input **Recommendation 11:** Our Board is asked to confirm that the newly commissioned urgent care centre is initially designed to accommodate the planning assumptions in scenario 3; but should incorporate the flexibility to move to scenario 5 **Recommendation 12**: approve that we commence the development of the service specification to produce a detailed proposal at the March Board meeting, at which point we will also have received the feedback from the Health and Wellbeing Board.
FINANCIAL IMPLICATIONS:	This premise of this proposal is that it will be financially neutral. However, there would be capital costs associated with the establishment of the UCC and the ability to provide funding to improve GP access will be dependent on two things: firstly that support is available from NHS England and secondly moving towards scenario 5.
WHAT ENGAGEMENT HAS TAKEN PLACE:	Extensive stakeholder, patient and public engagement has been undertaken – See Urgent Care Consultation Outcomes Report (Agenda item 8.1)
ACTION REQUIRED:	✓ Approval ✓ Decision Assurance

DUDLEY CLINICAL COMMISSIONING GROUP BOARD – 9th JANUARY 2014
PROPOSAL FOR THE RECONFIGURATION OF URGENT CARE IN THE BOROUGH OF DUDLEY

CONTENTS

1. INTRODUCTION

The purpose of this report is to define the context and future options now available to Dudley CCG Board in regards to urgent care in Dudley. This paper builds on the comprehensive consultation process undertaken by the CCG, evaluates possible future service models and recommends the most robust and cost effective way forward.

In line with the vision of the CCG Board, current national recommendations on urgent care and the findings of the recent consultation process, this paper will recommend the procurement of an Urgent Care Centre (UCC) located on the Russells Hall NHS Trust site, adjacent to the Emergency Department (ED). A service outline for the proposed UCC is also included in section 6 of this paper which provides an overview of the key elements of the proposed new service. Twelve recommendations are offered for The Board to consider at the end of the paper.

2. REPORT

The principles underpinning the redesign of the unscheduled and urgent care in Dudley is affirmed by many resent national publications and urgent care analysis. The NHS England publication 'High quality care for all now and for future generations: Transforming Urgent and Emergency Care Services in England (Revised November 2013)', asserts that "the diverse nature of urgent care services causes confusion amongst patients and healthcare professionals." It further states that "this confused picture can cause the lack of standardised clinical practice amongst differing services and a lack of clear information given to patients" and that "this variation can cause a delay in access to appropriate treatment, multiple contacts with different clinicians and ultimately a poor experience for the patient."

The Royal College of Physicians publication in June 2013 'Urgent and emergency care – a prescription for the future' also identified ten priorities for action by commissioners. Alongside recommendations for acute trusts the report stated there should be:

- Effective and simplified alternatives to hospital admission across seven days
- The promotion of greater collaboration within the hospital and beyond to manage emergency patients

- The commissioning and planning emergency care services that focus on ambulatory emergency care, setting out which admissions are avoidable, and what proportion should be more appropriately managed in the community.

Significantly these best practice approaches and principles are reaffirmed in the Keogh review 'Transforming Urgent Care Services in England (November 2013)'. In summary the review recommended from the extensive public, clinical and commissioner engagement undertaken that there was clear evidence base for:

> *The co-location of community-based urgent care services in coordinated Urgent Care Centres. These will be locally specified to meet local need, but should consistently use the "Urgent Care Centre" name, to replace the multitude of confusing terms that are available at present. Urgent Care Centres may provide access to walk-in minor illness and minor injury services, and will be part of the wider community primary care service including out-of–hours GP services. Considering all local facilities in this way will mean that networks will need to examine the extent of duplication or gaps in service offered by all of these facilities currently. Urgent Care Centres may also be advantaged by co-location with hospital services, particularly in urban areas.*

At a more local level the redesign of urgent care has been a core component of the CCG's Primary Care Strategy and also a focus of Dudley Health and Wellbeing Board. In June 2013 the first 'Spotlight Event' was held with the Health and Wellbeing Board on 'urgent and emergency care'. Outcomes from the event included agreement on a set of key principles relating to what a future urgent care system might include. The principles were as follows:

- A joined up, coordinated and seamless system, fluid- no 'bottle necks'
- A simple system-no confusion for the public (or professionals) of what to do, who to call or where to go
- Safe, responsive and high quality

One of the solutions the event delegates identified was to work to simplify the urgent care system, reduce duplication and develop a system which responded to patients' 'default behaviour.' Specific proposals from the event included "co-locate the walk in centre, with the emergency department."

Furthermore, prior to starting this public consultation, our GPs reviewed the current arrangements and concluded that a co-located and integrated urgent care centre would provide the clinically most appropriate and safest service for patients (both simplifying the service and as a result resolving the existing risk of patients self-presenting to the wrong service). Our GPs also concluded that this new arrangement should be developed in conjunction with improving weekday access to general practice in order to ensure as many patients as possible are able to appropriately attend their local practice as the service best able to meet their needs.

3. CURRENT SERVICE CONFIGERATION

As a result of overwhelming national and local support for change the CCG has sought to develop a vision forward. The recent CCG urgent care consultation confirms that for some patients there is a fragmented and confusing model of urgent care in Dudley. The current configuration of unscheduled care in Dudley is as follows:

Provider	Contracted service	Service provided	Location	Hours
Primecare	Walk in Centre	Primary Care	Holly Hall Clinic	08:00 to 20:00 Mon – Friday (08:00 to 10:00 seven days a week throughout Winter Pressures
Primecare	Out of Hours service	Primary Care	Holly Hall Clinic	18:30 to 08:00 and 24 hours on Saturday to Sunday and Bank Holidays
49 Dudley GPs	Primary Care	Primary Care	Locations across the whole borough	Core hours between 8am-6.30pm on weekdays, varies by practice
Dudley Group of Hospitals NHS FT	Accident and Emergency services	Primary Care and Major cases	Russells Hall Hospital	24 hours a day 365 days a year

4. SCENARIO DETAIL AND ESTIMATED ACTIVITY LEVELS

The following section offers detail and estimated activity levels for five possible scenarios. These have been developed in response to the consultation and in response to a steer from the chair of the Health and Wellbeing Board in order to help illustrate how the issues raised both before and during the consultation will or will not be resolved in different circumstances. These scenarios are as follows:

Scenario 1 - 'Do nothing' and simply re-commission the walk-in-centre and out-of-hours contracts in their existing form at their current sites.

Scenario 2 - re-commission the walk-in-centre and out-of-hours contracts in their existing form but specify in the contract that the service must be provided from the Russells Hall NHS Trust site adjacent to ED.

Scenario 3 - Commission a 24/7 UCC combining out-of-hours provision, provided from the Russells Hall NHS Trust site adjacent to ED.

Scenario 4 - Commission a 24/7 UCC combining out-of-hours provision, provided from the Russells Hall NHS Trust site adjacent to ED. Invest in GP in-hours access which would result in some patients (10%) changing their current behaviour to preference GP services – but don't redirect them to those services.

Scenario 5 - Commission a 24/7 UCC combining out-of-hours provision, provided from the Russells Hall NHS Trust site adjacent to ED. Invest in GP in-hours access and include arrangements to redirect all non-urgent cases from the UCC back to their own registered GP practice.

Scenario 5 reflects the vision that was proposed in the urgent care consultation as this incorporates:

- the development of an integrated Urgent Care Centre;
- the active triage of patients at the UCC both into the emergency department, into urgent primary care at the centre, or back to the patients' practice or other appropriate services;
- improving GP access to see more patients during the day on week-days

The follow tables summarises the current levels of activity and how these levels may change dependant on the five scenarios:

Scenario 1	In Hours / Weekday		OOH		
	Urgent	Non Urgent	Urgent	Non Urgent	Total
Walk in Centre	1,626	24,409	1,550	23,259	50,844
Out of Hours Service			1,005	19,635	20,640
A&E	11,447	28,682	18,427	38,981	97,537
Total	13,073	53,091	20,982	81,875	169,021
Assumes current service configeration remains (Do nothing and re-commission existing serivces)					

Scenario 2	In Hours / Weekday		OOH		
	Urgent	Non Urgent	Urgent	Non Urgent	Total
Walk in Centre	1,626	24,409	1,550	23,259	50,844
Out of Hours Service			1,005	19,635	20,640
A&E	11,447	28,682	18,427	38,981	97,537
Total	13,073	53,091	20,982	81,875	169,021
Assumes current Service configuration remains but is moved to Russells Hall NHS Trust site					

Scenario 3	In Hours / Weekday		OOH		
	Urgent	Non Urgent	Urgent	Non Urgent	Total
Urgent Care Centre	8,629	28,061	14,122	50,409	101,221
A&E	4,444	25,030	6,860	31,466	67,800
Total	13,073	53,091	20,982	81,875	169,021
Assumes all Primary Care A&E cases are managed by the Urgent Care Centre					

Scenario 4	In Hours / Weekday		OOH		
	Urgent	Non Urgent	Urgent	Non Urgent	Total
Urgent Care Centre	7,766	25,255	14,122	50,409	97,552
A&E	4,444	25,030	6,860	31,466	67,800
Total	12,210	50,285	20,982	81,875	165,352
Assumes 10% of in-hours cases previously using the UCC, use GP services					

Scenario 5	In Hours / Weekday		OOH		
	Urgent	Non Urgent	Urgent	Non Urgent	Total
Urgent Care Centre	7,766	842	14,122	1,512	24,242
A&E	4,444	25,030	6,860	31,466	67,800
Total	12,210	25,872	20,982	32,978	92,042
Assumes all non-urgent redirected except for unregistered patients					

5. HOW THESE SCENARIOS REFLECT THE PUBLIC CONSULTATION

The pre-consultation and subsequent consultation identified several issues that need to be considered in redesigning the services.

5.1 MOVING FROM SCENARIO ONE TO SCENARIO THREE

5.1.1 Proposed co-location and integration of walk-in, out-of-hours and A&E services

The first key component of our consultation was to recommend that we close the existing walk-in service and create a new integrated urgent care centre at the Russell's Hall site. To demonstrate the implications of this change: scenario one assumes no change; scenario two assumes merely locating the services on the same site but without any redesign; and scenario three models the impact of creating an integrated service.

There is a clear steer both from national guidance and from our own local assessments that this proposal (ie: scenario three) is the most clinically appropriate thing to do and will provide a better service for our population.

In the public consultation very clear concerns were expressed that people do not want to see a deterioration in the accessibility that the walk-in service provides (see next section) however no-one provided any challenge or counter argument to the national guidance or to our own prior assessment that this change would be the most clinically appropriate thing to do.

There were three concerns that were raised about the transfer of the service to the Russell's Hall site.

Firstly, a concern that the co-location would create added pressure on the existing A&E services. This concern is however, unfounded. In fact it will reduce the pressure on the emergency department. This is because a significant number of patients who self-present and are currently treated at the A&E merely have a primary care need. Therefore these patients would be triaged by the Urgent Care Service and seen by the primary care service. The model (comparing scenario three to scenario one) shows that an integrated service would therefore significantly reduce the numbers of patients who would need to be seen by the A&E. The change is also supported by Dudley Group FT as significantly improving the way the services would operate.

Secondly a few individuals queried whether Russell's Hall is more accessible than Holly Hall. But in fact the hospital site is much better served by public transport and the two locations are very close – only 7 minutes walk apart.

Thirdly a concern that was consistently raised in many meetings, and in individual responses is the cost of parking at Russell's Hall.

So the first issue that we have to consider is whether the concerns about the cost of parking at the site outweigh the clinical benefits, national guidance and local assessment that creating an integrated service would provide. i.e: That scenario three is better than scenario one.

For completeness, we have included scenario two, but in fact this provides none of the benefits of scenario three together with the pain of parking costs.

Recommendation 1: that Board note the reconfiguration of Dudley urgent care system is in line with nation guidance and best practice; furthermore it falls in line with Dudley CCG Primary Care Strategy and they Dudley Health and Wellbeing Board June recommendations on urgent care.

Recommendation 2: that the Board approve the rationale and evidence base to redesign the urgent care pathway for Dudley and as a minimum move to adopting scenario 3; thereby developing an integrated UCC on the Russells Hall NHS Trust site, adjacent to ED

5.1.2 Accessibility of walk-in services and primary care out-of-hours services

These two existing services are contracted for separately; albeit provided by the same organisation. The pre-consultation public survey results for the out-of-hours services indicated that it provides poor levels of patient satisfaction. In contrast the public survey and subsequent feedback from the public consultation for the current walk-in service demonstrates very high levels of patient satisfaction.

It is clear that people like the ease of use of the walk-in service and there are lessons to be learnt from this in the provision of the out-of-hours service. However the walk-in service currently only operates from 8am-8pm (extended to 10pm over the winter period).

It is important to note that, with the creation of an urgent care centre, there would have to be the provision of a 24/7 service because the centre would have to be able to triage patients between A&E and the urgent Primary Service.

Recommendation 3: Our proposal in response to the issues raised by the public is therefore two-fold:

- Firstly, the ability to walk-in and obtain an assessment; especially at evenings and weekends; should be maintained.
- Secondly, the out-of-hours service should be integrated into the walk-in service as part of the urgent care centre to create a new 24/7 service – thus extending the availability beyond the current arrangements.

This would then provide a significant enhancement to the way the current services are provided.

5.1.3 Providing telephone advice and booking

There has been a clearly expressed preference that people would like to be able to access reliable telephone advice that can provide reassurance and/or direct them to the most appropriate service. In particular, parents with ill children would find this extremely helpful. This endorses the need for NHS 111 and the service that they already provide.

NHS 111 is now fully in place but the feedback from the consultation reveals a lack of confidence in the current service. It is unclear whether this is informed through practical experience or whether this is perception or lack of awareness.

In our consultation we proposed that people should be able to phone 111 for advice or to make an urgent appointment with their local GP the next day. However, we could modify this concept to enable the 111 service to make appointments for patients at the urgent care centre. The front desk of the urgent care centre would triage all walk-in patients: into providing advice, into the primary care component of the service, or into the emergency department. So the telephone service could triage patients in the same way and either solely provide advice, make direct appointments for patients if needed into the primary care component of the service; or advise on the need to go to the emergency department.

This aspect of the telephone service with bookable appointments would have three distinct benefits:

- Patients who don't need either primary care or emergency care would not have to go to the urgent care centre at all;
- Patients who get a booked appointment would then not have to wait in the way they would if they walked-in to the centre; and so would spend considerably less time at the centre;
- Both of these outcomes would either avoid, or significantly reduce the time spent at Russell's Hall and would therefore substantially mitigate against the cost of parking at the site.

Recommendation 4:
Our original proposal, in response to the issues raised in the consultation, should be modified to include bookable appointments at the urgent care centre and so reduce the impact to the public on the costs of parking at Russell's Hall.

5.1.4 Improving the quality of the walk-in and OOH services

There are some important issues which have been identified in this process which will need to be addressed, regardless of where and how the services are provided

- A disproportionately high proportion of cases are paediatrics – so it will be important to ensure that any new service is tailored to meet this need.
- Concerns have been raised about the timeliness and accessibility to mental health services as part of these arrangements
- The service will need to provide urgent care to unregistered patients – but also actively encourage those patients to register with a GP

These are issues which will need to be addressed as part of the development of the specification for a new service. A more detailed analysis of the Healthwatch interviews will also help to inform the specification.

Recommendation 5: The CCG Board will therefore need to obtain assurance at a future meeting, as part of the procurement process, that the specification enhances the quality of the service to take account of these issues.

5.1.5 Improving connectivity and access to medical records

Another concern expressed by both our GPs and by the public is that current A&E, WIC and OOH services do not have access to full patient records. This is one of the reasons why there is a clear preference for people to access their GP rather than a WIC service because they will be seen by a service that knows them and has their full medical history.

An additional consequence is also that the A&E, WIC and OOH services are necessarily less efficient than GP services because the former have to undertake consultations which include taking information from the patient that would otherwise be readily available to the latter on their medical records.

Our IT strategies will help to improve this situation over the next few years. It is our preferred intention to migrate all GPs over to using the same system. Once this is achieved it would then be possible to provide integrated access to the GP records to the other urgent care services – and so improve the efficiency and effectiveness of those services.

Recommendation 6: The CCG Board should note that our IT strategy will enable further improvements to the connectivity and access to medical records in the future.

5.1.6 Overall assessment on creating an integrated Urgent Care Centre

It is our view that the establishment of an Urgent Care Centre as a replacement for the existing walk-in and out-of-hours services is an essential requirement to improving the provision of urgent care in Dudley and that this is consistent with Dudley Health and Wellbeing Board's strategic vision.

Recommendation 7: The Board should report our conclusions to the Health and Wellbeing Board and seek endorsement for our planned way forward.

5.2 MOVING FROM SCENARIO THREE TO SCENARIO FIVE

5.2.1 The importance of good GP access

The overwhelmingly most significant issue raised both before and during the public consultation was around the public's preference for improved GP access; tempered with scepticism as to whether this can be achieved.

Our consultation included in the vision our belief that the individual's own GP is the best 'navigator' for their health needs and care. They hold the records and have all of the medical history on which to make the safest healthcare decisions.

Our model proposed that local GPs should be the first place that they go for urgent care and that they should get all of their basic health care at the local surgery during week days. We also identified that this would need additional GP appointments during week days, at the expense of providing a walk-in service during week days.

Our model also proposed that the new urgent care service should be available to provide the walk-in and out-of hours care when the local GP service is closed.

Scenario three assumes that either no attempt is made to improve GP access or that the attempt to improve access does not deliver any reduction in demand for the Urgent Care Centre.

Scenario four assumes that we improve GP access but that we do not direct people to use those service as a first choice, and so reductions in the use of the UCC are limited to public behavioural change.

Scenario five assumes that we improve GP access and that we also direct people to use the most appropriate service so that the maximum benefits in matching need to service are achieved.

The importance of good access to GP services cannot be underestimated. The current walk-in-centre represents a tiny proportion (less than 3%) of the total number of primary care appointments that are available across Dudley borough. The vast majority of the service is provided by our GPs and only a very small proportion of patients either choose, or feel they have no choice other than to use, the existing walk-in service.

We should therefore recognise the current success of GP services and we should perhaps consider that the biggest risk to urgent care delivery is not: can we improve GP access further? But what if current pressures on GP services result in a shift in demand to walk-in services?

A 1% reduction in availability of GP services could create a 33% increase in demand for walk-in services. Whereas a 50% reduction in walk-in capacity would create only a 1.5% pressure on GP practices. So there is an obvious risk, that a failure to support improving GP access may actually result in undeliverable pressures on the walk-in service.

It is therefore encouraging that the public feedback from the consultation places a much greater importance on the need to support GP access, rather than on the need to rely upon walk-in services; and this therefore supports the need to move away from scenario three towards scenario five.

However public feedback from the consultation both supports and challenges our proposals on improving GP access:

How does it support our proposals?

There is a clear public preference for more same-day appointments in General Practice and for more flexibility on booking when you can see your GP (eg: in two or three days' time, rather than having to choose between an emergency or weeks in advance).

There is also clear evidence from those who use the existing walk-in service that they would be happy to see their own GP if they could.

And there is also clear evidence that people would be happy to be redirected to see their own GP if they could access the service and that people should use services appropriately and not abuse the system – which supports the move from Scenario 4 to Scenario 5.

How does it challenge our proposals?

There is a clear public preference for more early and late opening for GP services and for weekend opening of GP services. This in effect, therefore asks for us to take our plans well beyond what we are currently proposing. However we do raise these issues as part of the longer-term considerations in our primary care strategy.

There is also a clear public scepticism, particularly expressed by local councillors, that we won't be able to improve GP access because the CCG does not have the contractual responsibility for this – NHS England does.

How does this affect the priority for this in our proposals?

No-one was saying that the objective to improve GP access was not relevant or that we should not be aiming to try and do something to support it.

There was overwhelming agreement that this should be our most important priority out of all the issues identified during the consultation.

5.2.2 Can we improve GP access?

The role of NHS England and the CCG

NHS England has the contractual responsibility for GP access. Therefore NHS England will have to consider the outcome of this consultation and consider how it will address the issues that have been raised.

It is therefore reasonable for the public to raise concerns about the extent to which Dudley CCG can address the issues of GP access in isolation, without cooperation from NHS England.

However, Dudley CCG is working in partnership with NHS England and we have already established some joint arrangements together - both with the establishment of a joint performance review group; with NHS England membership on the CCG's Primary Care Development Committee; and with shared endorsement of our primary care strategy through the Health and Wellbeing Board.

There is nevertheless, as a consequence of the national reforms, a disconnect between the CCG responsibility for funding walk-in services (in-hours) and the NHSE responsibility for funding GP services (in-hours). To some extent, the rising pressure on the former could be considered as consequentially arising from the commissioning failure by the latter – ie: NHSE's failure to adequately address access results in more people using walk-in services when they would rather see their own GP.

This challenge could be better addressed by further improved integration between the CCG and NHS England on how we commission these comparable and interconnected services.

In addition, the CCG holds the responsibility for quality improvement in general practice. However whilst our CCG has extensive support arrangements in place for working with our practices; our effectiveness in achieving these aims is inevitably partially hindered by the limitations on how we can invest resources.

This limitation could also be better addressed by improved integration between the CCG and NHS England – so we should be seeking to bring our improvement responsibilities for these services, together with NHSE's contractual responsibilities for these services, into a more formalised joint commissioning arrangement.

Current evidence for improving GP access

The public are saying that GP access is the single most important quality issue arising from this consultation; and so given our responsibilities, we have already been undertaking work with our practices to support improvements.

Dudley CCG has been providing a wide range of development support to practices since its inception. This support is detailed in the Primary Care Strategy and it is our view that this has helped practices to meet the year-on-year rise in demand without the need for additional resources. This is evidenced by the fact that demand for A&E services has not risen over the last few years.

In addition, Dudley CCG invited all practices to work with the Primary Care Foundation, funded with non-recurrent resources, to review their current access arrangements and there has been 100% take up from our practices to do this. As a result of this work, practices are already looking at how they can make improvements and are sharing their experiences with each other in our locality meetings. This will be brought together over the next 2 months to set out the opportunities and existing improvements that are already being made.

Two case study examples are illustrated below.

Practice case study one:
An online service for booking appointments and requesting repeat prescriptions

In late 2013, the practice set in train a number of improvements that will help reduce the number of calls coming in and free receptionists to pick up the telephone when they do. For a start, patients can now book appointments and request repeat prescriptions online.

The online services will help increase the accessibility of the practice, by reducing the number of calls and increasing the capacity to answer them.

Practice case study two:
Regular review of the calls coming into the practice and the appointments available means the practice can flex to meet changing demand

The focus of the practice is on making sure the practice can respond quickly to changing demand by looking in detail at the appointment requests coming in.
The change is not just in the volume of calls to the surgery but also for the type of appointments people need. Sometimes there is a surge in demand for same day appointments; other times more people are looking for regular appointments to discuss an on-going health issue. For example, Mondays and Thursdays have proven to be high demand days for same day appointments so on those days, the practice now allocates more slots to same day appointments.
By looking in detail at the demand, the practice can make more of the types of appointments available when people need them. The practice team aims to smooth the peaks and troughs making for a better patient experience and a better working environment.

These demonstrate the commitment of GPs in Dudley to respond to the challenges on access. They also show; though innovative working; that it is possible to make some improvements with modest investment and without having to expand the number of existing appointments.

However, some of these changes will have already been implemented by other practices so it would be incorrect to assume that this is the answer to solving all access issues. Each practice will need to be considered separately; a one-size-fits all approach won't work; and it would be naïve to assume that the current levels of increasing demand can continue to be met both; without additional resources and without working with the public to change patterns of behaviour and expectation.

<u>Reviewing access with each practice.</u>

Access to GPs is variable (there are 49 practices) and that variability is determined by both how the practices work and also by what their patients expect from their practice. Each practice supports a different population with different needs and has a different level of funding from NHS England to meet that need.

We have also heard from the public through the consultation that some people speak very highly of their practice and have no difficulties in accessing services (and the vast majority of people get their services from their GP); other people make a choice to sometimes use their practice and at other times use the walk-in service; some people over-use the service and will repeat attendance at all available services; whilst other people are not happy with their GP service and consequently choose to go to the walk-in centre.

So how should we define good access and how should we determine what is required for each practice.

Our view is that whilst there are some important themes that will be consistent between practices 'what does good access look like' is a question that should be answered between the practice and their patients; and both the CCG and NHS England should be actively supporting this. There is a mutual responsibility that should be shared:

- by the public to not use services inappropriately and so create unnecessary demand;
- between the practice and their patients to understand what good access means for them;
- between the practices the commissioners and the population to ensure there is sufficient capacity and capability in total to meet overall need.

So a key component to improving access is to include the public in that process. We are addressing this by

- prioritising the development of the practice participation groups (PPGs);
- supporting the groups to work with their practices on these issues;
- and including representation from those groups to inform our overall planning for the services

Out of the 49 practices we now have 33 PPGs established, with a further 8 practices wanting to set one up. It would add real strength to the role of these PPGs if it was made a requirement that any future investment in improving access with practices should be developed with PPGs.

5.3 How the modelled scenarios reflect the issues raised by the consultation

The table below summarises how the scenarios reflect the issues raised through the consultation.

Issue	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
National Policy Issues					
Is service model consistent with principles set out in NHSE 'High Quality Care' document?	No	No	Yes	Yes	Yes
Is service model consistent with Keogh proposals in 'Transforming Urgent Care'?	No	No	Yes	Yes	Yes
Is service model consistent with recommendations from Royal College of Physicians	No	No	Yes	Yes	Yes

Local Issues					
Is it consistent with proposals to improve and simplify urgent care locally set out by HWBB?	No	No (because although co-located, not simplified)	Yes	Yes	Yes
Is it consistent with views of CCG's GP membership and clinical leaders about urgent care?	No	No	Partly (addresses co-location but not improving GP access)	Partly (addresses co-location but limits amount of investment in improved GP access)	Yes
Is it consistent with the aims of the CCG's Primary Care Strategy?	No	No	No	Yes	Yes
Issues Raised During Consultation					
Does it meet public requirements for a good quality service?	Dependent on contract specification	Dependent on contract specification	Dependent on contract specification	Dependent on contract specification	Dependent on contract specification
Does it provide a service for patients who are not registered with a GP?	Yes	Yes	Yes	Yes	Yes
Does it support improvements to GP access during weekday day times?	No	No	No	Yes	Yes
Does this reduce the pressure on GP services?	No	No	No	No	No
Does this avoid increasing the burden on GPs?	Yes	Yes	Yes	No (unless extra funding available)	No (unless extra funding available)
Does this release savings for reinvestment in GP services?	No	No	No	Partly (subject to agreement from NHS England)	Yes (subject to agreement from NHS England)
Does this reduce pressure on ED?	No	No	Yes	Yes	Yes
Does this support an affordable option for longer opening hours for walk-in services?	No	No	Yes	Yes	Yes
Is parking free?	Yes	No	No	No	No
Will the site be better serviced by public transport	No	Yes	Yes	Yes	Yes

Will this improve access to patient's own GP outside normal working hours (i.e. at evenings and weekends)?	No	No	No	No	No
Will it support provision of more help and advice by telephone?	Yes - Subject to appropriate use of 111	Yes- Subject to appropriate use of 111	Yes - Subject to appropriate use of 111	Yes - Subject to appropriate use of 111	Yes -Subject to appropriate use of 111
Does this support improvements to other services (for example mental health)?	Dependent on contract specification	Dependent on contract specification	Dependent on contract specification	Dependent on contract specification	Dependent on contract specification
Does this encourage more appropriate use of urgent care services?	No	No	Partly (simplifies choice)	Partly (simplifies choice)	Yes (simplifies choice and directs patients to most appropriate treatment)

5.4 Conclusions

There are actions that we can take to improve access to general practice and therefore enable a movement from scenario three to scenario five.

However this is challenging!

The public challenge and scepticism on achieving improvements is therefore reasonable. So it would be prudent to ensure that any newly commissioned urgent care centre is initially designed to accommodate the planning assumptions in scenario 3; but should incorporate the flexibility to move to scenario 5 as sufficient improvements in GP access are realised.

Recommendation 8: Our Board is asked to:

- confirm that it should be part of our strategic plan to develop joint commissioning arrangements [for GP services] with NHS England.
- encourage Dudley Health & Wellbeing Board to invite NHS England, as a partner on the Board with the contractual responsibility for GP Access, to demonstrate how they intend to improve this in Dudley.
- ask Dudley Health & Wellbeing Board to support joint commissioning between the CCG and NHS England as a key opportunity for addressing this issue.

Recommendation 9: Our Board is asked to note:

- that the current development support arrangements that we have put in place have made, and continue to make, an important contribution to improving access to GPs but will be insufficient longer-term both; without additional resources and without working with the public to change patterns of behaviour and expectation;
- that the risk of GP access deteriorating would place unmanageable pressures on walk-in services

Recommendation 10: Our Board is asked to approve that we should encourage the development of PPGs with all practices and ensure future plans on improving access require their input

Recommendation 11: Our Board is asked to confirm that the newly commissioned urgent care centre is initially designed to accommodate the planning assumptions in scenario 3; but should incorporate the flexibility to move to scenario 5

6. DRAFT SERIVCE OUTLINE FOR DUDLEY UCC

Should the Board choose scenario 3, moving to scenario 5 over time, the follow sections offer a useful outline definition and service specification of the proposed Urgent Care Centre (UCC). The purpose of the UCC could usefully be defined as:

> *To develop a coherent 24/7 urgent care service in the Borough of Dudley that makes sense to patients when they have to make choices about their care. This will provide streaming / triage for the front door of ED, if required urgent medical care with a clinical professional and a seamless relationship with 111.*

6.1 UCC Aims

Draft service aims for the UCC is offered below and would require the following service requirements:

- An Urgent Care Centre (UCC) providing a primary care triage service through bookable appointments 24 hours a day, 7 days a week.
- The delivery of a seamless interface between 111 (currently provided by WMAS), face-to-face streaming / triage and consultations with a clinical professional during the in-hours and out-of-hour's period.

6.2 UCC Objectives

A provider would be commissioned to deliver the best standards of health care that meets the patients need or perceived need through consistent assessment via a 'primary care triage' model of service. Upon entering the triage system a patient will be referred back to their GP, provided with advice, booked into a face-to-face clinical consultation at the UCC or directed to the ED. This service would be available in the UCC 24 hours a day 7 days a week. There would be 3 main routes into the service by patients:

1. They walk into the UCC and if appropriate are offered a booked appointment.
2. They call 111 (In-hours and Out-of-Hours) and if appropriate are offered a bookable appointment with an Advanced Nurse Practitioner (ANP) or General Practitioner (GP) at the UCC.
3. They are referred by another local provider such as ED (where blue light patients have been identified as not being appropriate for ED), WMAS non-urgent ambulance or a local GP.

6.3 Draft UCC Service Outline

The UCC would provide a consistent 24/7 assessment of patients who are booked into an appointment for the service by 111. The majority of these bookable appointments would be outside of GP core hours. Ambulatory patients would also be seen who may have accessed the service by walking into the centre and are very ill but do not require 999 services.

For ambulatory patients the UCC address patient's needs or perceived needs by face-to-face initial assessment by the triage 'reception and registration' facility. A trained receptionist (this model is in operation in Walsall UCC) gives appropriate response to the patient's perceived need. Following this initial visual assessment and if the patient is sufficiently ill they are offered an appointment at the UCC with an ANP or GP. At this clinical assessment patients are again triaged and may follow one of the following routes, based on clinical risk:

- Seen, treated and discharged
- Booked for diagnostic and imaging services
- Held for further observation
- Streamed to another Trust service i.e. plastering facility and subsequently to an outpatient's clinic e.g. fracture clinic
- Streamed to the Emergency Department
- Transferred to another Healthcare provider, which could include their own GP
- Signposted to Rapid Response Service
- Signposted to a local Pharmacy

6.4 Accessibility/acceptability

The UCC will act as a single point of access for all self-presenting cases at Russells Hall Hospital ED through a common reception gateway. Appropriate cases may also be diverted to the service by WMAS, ED or community based providers. The inclusion criteria for the UCC could be as follows:

Presentation	In Hours	Out of Hours
Registered with Local GP	Urgent - UCC see and treat	Urgent - UCC see and treat
	Non urgent - Refer back to own GP or Advise on self-treatment	Assessed as Non urgent - Refer back to own GP
Not registered with Local GP (out of area, regionally / nationally)	Urgent - UCC see and treat	Urgent - UCC see and treat
	Non urgent - Refer back to own GP or Advise on self-treatment	Assessed as Non urgent - Refer back to own GP
Not Registered with any GP	UCC see and treat - Signpost to practice near place of residence if local	UCC see & treat - Signpost to practice near place of residence if local

This description is consistent with scenario 5. The is only one difference in this model between scenario 5 and scenarios 3 and 4; namely: in scenarios 3 and 4 all non-urgent cases requiring a GP would be seen by the UCC rather than redirected back to their own GP.

The Out-of-Hours period is defined as 18:30 – 08:00 hours, Monday –Thursday and 18:30hrs Friday – 08:00 Monday at weekends plus bank holidays.

The In-hours period is defined as 0801 – 1829 hours Monday- Friday (excluding bank holidays)

6.5 Out of Scope

Dental Services would be out of the scope of the service unless a patient had protracted dental bleeding, trauma or swelling to the face i.e. rapidly spreading infection; these patients may be seen in the UCC or immediately be streamed to ED.

6.6 Service Delivery

There are five service elements to the UCC and Out of Hours provision that would need to be commissioned and coordinated as summarised below:

1) Initial **self-presentation** of patients in the UCC is met by face-to-face triage by a receptionist. The receptionist undertakes a primary assessment using a visual and question based assessment formulary. The receptionist then streams the patient to an appropriate service i.e. back to their own GP, a booked appointment in the UCC or if sufficiently serious direct referral to ED.

2) **Face to face consultation and treatment** - In hours and Out-of-Hours patients at the UCC are booked an appointment via 111 or the UCC receptionist for a face-to-face consultation conducted by an ANP or GP. A clinician would offer treatment, including assessment, diagnosis, treatment or treatment plan, onward referral, follow-up, or discharge and prescribing of medicines as required.

3) Initial access to Out-of-Hours services and associated **call handling** will be provided by 111. There would need to be a seamless approach between 111 and the UCC. An effective relationship between the two would ensure the 111 system would:

   a. Enable filtering out of unnecessary referrals to the UCC according to agreed prioritisation and referral protocols.
   b. Continue to provide a real-time local information and advice service to signpost patients to other services (e.g. local pharmacies etc.) and direct patients to their GP as required.
   c. Identify and fast-tracks potentially life-threatening conditions to WMAS via 999.

4) 111 provide the Out-of-hours **assessment and advice** service via a telephone assessment service through trained health care professionals. On the patients request or if deemed necessary 111 would:

   - Offer a definite clinical assessment of the patient needs conducted by an appropriately trained clinician working to an agreed clinical protocol (e.g. if not a GP) and within a defined clinical governance framework agreed by the CCG.
   - Offer a course of treatment which may include:
     - Advice on self-management.
     - A telephone consultation providing advice on self-care.
     - A booked invitation to attend the UCC for a face-to-face consultation with a clinician
     - A home visit planned for a face to face consultation with a clinician
     - Advice to patients to contact their own GP during the opening hours of their GP surgery.
     - Referral to another service i.e. Rapid response, Social services, Community Nursing, Mental Health, Dentistry, Local Authority Services etc.
     - Onward referral to another out-of-hours, urgent or emergency service.

- o Advice to patient to contact their local Walk in Centre (if not patient of Dudley GP practice) where these are available.

5) 111 provide the current out-of-hours **home visiting** service which receives its workload from the telephone assessment service. 111 will continue to provide a home (home is considered to be where the patient normally resides and may be a care home) visiting service to all patients whom, in the reasonable opinion of the telephone assessment service, and in the light of the patient's medical condition and/or significantly difficult social circumstances (being "functionally housebound"), it would not be reasonable to expect to be able to travel to the UCC.

6.7 Premises for Urgent Care Centre and Out-Of-Hours Service

The UCC will be located on the Russells Hall NHS Trust site, adjacent to ED. 111 call handling and telephone triage elements of the service are located on a separate site and provided by WMAS.

7. PROCUREMENT IMPLICATIONS

A significant amount of work still needs to be undertaken to define the model, produce a detailed service specification and determine the type of service contract to be used if scenarios 3-5 are agreed.

The procurement procedure for this tender will be the restricted procedure, an advert will be placed in Supply2Health and a pre-qualification process will be undertaken to devise a shortlist of potential bidders to be taken forward to the final invitation to tender stage.

Dudley CCG should consider tendering the new service for a period of not less than three years and preferably for up to five years, as implementation of the new service may require significant capital expenditure to secure suitable premises on the Russells Hall NHS Trust site and clinical and non-clinical equipment. An initial contract term of up to five year will enable the successful provider or Prime Contractor to recoup any capital expenditure invested in the service.

A contract term of up to five years will also provide assurance to Dudley Group of Hospitals NHS Trust as landlords of the OOH site of Dudley CCG's commitment to support a viable site for the UCC.

7.1 Timescales for procurement

The procurement of the service (with agreement of the Board) will need to ensure that a contract is awarded by the 1st October 2014 and allowing three months for the mobilisation of the service.

This affords very little time for delay in determining the detailed service specification and so this process should begin as soon as possible. The development of the specification will need to include appropriate provider, patient and public representation. This will need to establish key performance standards and use both the issues identified in this report as well as further detailed analysis that can be taken from the Healthwatch questionnaires.

Recommendation 12: The Board is asked to approve that we commence the development of the service specification to produce a detailed proposal at the March Board meeting, at which point we will also have received the feedback from the Health and Wellbeing Board.

9. CONCLUSION

The case for the redesign of unscheduled care services remains strong. This paper represents the rational and draft service outline in which to define the vision to redesign urgent care in Dudley into a coherent, viable and safe future service provision. It is acknowledged that the draft service outline will require significant expansion, clinical scrutiny and refinement to enable a full service specification to be finalised in preparation for the procurement process.

10. RECOMMENDATIONS

Recommendation 1: that Board note the reconfiguration of Dudley urgent care system is in line with nation guidance and best practice; furthermore it falls in line with Dudley CCG Primary Care Strategy and they Dudley Health and Wellbeing Board June recommendations on urgent care.

Recommendation 2: that the Board approve the rationale and evidence base to redesign the urgent care pathway for Dudley and as a minimum move to adopting scenario 3; thereby developing an integrated UCC on the Russells Hall NHS Trust site, adjacent to ED

Recommendation 3: Our proposal in response to the issues raised by the public about the walk-in services is therefore two-fold:

- Firstly, the ability to walk-in and obtain an assessment; especially at evenings and weekends; should be maintained.
- Secondly, the out-of-hours service should be integrated into the walk-in service as part of the urgent care centre to create a new 24/7 service – thus extending the availability beyond the current arrangements.

Recommendation 4:
Our original proposal, in response to the issues raised in the consultation, should be modified to include bookable appointments at the urgent care centre and so reduce the impact to the public on the costs of parking at Russell's Hall.

Recommendation 5: The CCG Board will therefore need to obtain assurance at a future meeting, as part of the procurement process, that the specification enhances the quality of the service to take account of the issues raised about Paediatrics, Mental Health and unregistered patients.

Recommendation 6: The CCG Board should note that our IT strategy will enable further improvements to the connectivity and access to medical records in the future.

Recommendation 7: The Board should report our conclusions to the Health and Wellbeing Board and seek endorsement for our planned way forward.

Recommendation 8: Our Board is asked to:

- confirm that it should be part of our strategic plan to develop joint commissioning arrangements [for GP services] with NHS England.
- encourage Dudley Health & Wellbeing Board to invite NHS England, as a partner on the Board with the contractual responsibility for GP Access, to demonstrate how they intend to improve this in Dudley.
- ask Dudley Health & Wellbeing Board to support joint commissioning between the CCG and NHS England as a key opportunity for addressing this issue.

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Jason Evans
Commissioning Manager – Urgent Care
8th January 2014