NHS Sheffield

Sheffield City Centre Walk-in Services

Board Meeting

D

2 February 2010

Author(s)/Presenter and title	Daniel Mason, Strategy Manager Unscheduled Care
Sponsor Director	Simon Kirk, Director of Strategy

Purpose of Paper

- This paper provides the Board with the results of the public consultation exercise regarding the reconfiguration of city centre walk-in services, the recommendations from a recent Gateway Review team and recommends that a number of options are considered in further detail within a full business case. The report is attached for Board members in the supporting information pack.

Key Messages

- NHS Sheffield approved in October 2009 a public consultation exercise the re-configuration of the Sheffield city centre walk in services. The consultation exercise took place between October 2009 and January 2010 and 81% agreed overall with our proposals (822 responses)
- However, Sheffield Teaching Hospitals and Sheffield Children's Hospital in particular did not agree with our proposals.
- NHS Sheffield intends to discuss our proposals further with key stakeholders.
- Our consultation and project management arrangements were recently reviewed by a Department of Health Gateway Review Team who were satisfied with our approach to the public consultation but recommended improvements to our project management processes.

Strategic/Performance implications including links to Achieving Balanced Health

- The proposals are consistent with the PCT's five year strategy 'Achieving Balanced Health' with its focus on reducing health inequalities.
- The PCT's Unscheduled Care Strategy proposes providing better information about services and accessible alternative services that can contribute to reducing avoidable use of hospitals.

Resource Implications (including Revenue, Capital, Staffing etc.)

- The financing of any changes to services will need to be resourced within existing Commissioner budgets.

Links to Targets eg Business Plan, UoR, WCC, SfBH, NHSLA, IG Toolkit, and BAF
• Achieving Balanced Health 2 and 3. • 2009/10 Business Plan ref: 2.13 • World Class Commissioning Assurance Framework • Board Assurance Framework: 1.1, 1.5, 2.1, 2.3, 3.1
Associated Risks to the PCT
• The risk of the NHS Sheffield reputation becoming damaged as a result of proposals that are not safe, clinically viable and sustainable.
Consultation Requirements
• None at this stage although we are proposing to undertake further discussions with key NHS stakeholders.
Equality/Diversity Impact
• The developments are intended to have a positive impact on equality and diversity.
Recommendations
The Board is asked to: • Consider the comments made by both the public and key organisations during the consultation and note that further discussions will be held with key providers regarding our proposals. • Consider the recommendations made by the Gateway Review team and the actions proposed to provide project assurance • Consider the options identified • Confirm that they agree that options 1, 6 and 7 should be the subject of a full business case to be presented at a future Board meeting.

PAPER D REFERS

NHS Sheffield

Delivering the unscheduled care strategy: Sheffield city centre walk-in services

Sheffield Board

2 February 2010

Executive summary

Sheffield has three main city centre walk-in services:

- A Walk in Centre (WiC) for adults and children at the Royal Hallamshire Hospital (RHH) provided by Sheffield PCT Provider Services.
- A Minor Injuries Unit (MIU) for adults only at the RHH provided by Sheffield Teaching Hospitals NHS Foundation Trust(STHFT).
- The Sheffield City GP Health Centre in Broad Lane provided by OneMedicare. This is a GP practice that also offers unregistered adults and children the opportunity to walk-in and be seen by a nurse or doctor.

In October 2009 NHS Sheffield Board approved a public consultation exercise regarding the re-configuration of the Sheffield city centre walk in services. We said in the consultation:

'We want to make sure the money we spend on your behalf on walk-in services in the city centre offers the best and most effective service for patients and makes the best use of the nurses and doctors. We've had lots of conversations with patients and the public. They all say the same thing - that people are confused about what walk-in services are on offer in the city centre and where they are located.

They tell us that they want to go to one place where they can be seen by a range of healthcare professionals depending on their needs. We're suggesting such a place should be called the 'alternative to accident and emergency'. Another reason we want to call this the 'alternative to accident and emergency' is that too many people are using A&E departments for minor medical problems which are neither accidents nor emergencies.

We envisage this new alternative to accident and emergency service – which would be for adults and children – would have equipment such as x-ray machines to quickly diagnose problems. This would mean you could be seen and treated for a range of illnesses and injuries including minor fractures in one place.

These proposals will not change the choices you currently have of going to see your GP, pharmacist or other health care professional.

What we need to happen to make it a success

Our vision for the future has three ways in which people of any age can access urgent and emergency services:

- You can get advice over the telephone e.g. NHS Direct or,
- You can walk in and see a doctor or a nurse, if you choose not to see your own GP or a pharmacist,

Or, if you are unable to use either of the above:

- You can ask for a doctor to come see you e.g. by phoning your GP or dialling 999

We believe that simple, convenient and easy to access walk-in services in the city centre, which are well publicised, will help the people of Sheffield to choose the right service for their needs.

We want to create:

- A single alternative to the accident and emergency department for both adults and children based within the existing Broad Lane site.
- A service able to deal with both minor injuries and illness
- A service staffed by a variety of clinicians including GPs and nurses
- A place where people are able to obtain NHS care and treatment in situations where they need medical help or advice promptly, but not for life threatening conditions.'

Our proposals were designed to improve appropriate access to health services in Sheffield and to make the best use of skills and other scarce resources, rather than making cost savings.

We received 823 responses to our consultation. The majority of (public) respondents agreed with the City Centre Walk in Services Consultation proposals (81%). For those not in total agreement with the proposal, their concerns were about the location e.g. Broad Lane, parking and transport.

Of those responding that it would be helpful to use the service outside current opening hours, most stated a preference for opening after 8.00 pm (54%) but 33% thought it should be open before 8am.

The majority of respondents felt that it would be helpful to have an alternative to A&E (93%) and that it should be in the city centre (87%).

52% of questionnaire respondents rated 'being seen quickly' as their first or second most important feature of the service and 33% included 'consistent opening times' in their top two priorities.

When asked about the feature that would encourage them to use the new service, 62% of people identified 'being seen quickly' as their first or second priority. 'Having a range of services in one place' was chosen by 32% of respondents as their first or second priority.

However, these views were not shared by Sheffield Teaching Hospitals or Sheffield Children's Hospital. Neither was in favour of the proposals and the latter suggested various alternatives which have been included as options below. Sheffield PCT Provider Services was in principle supportive of the creation of a singe centre as our proposals suggested but felt that having multiple primary care sites across the City with walk-in facilities would have a greater merit.

Following a request from NHS Sheffield, a Department of Health Gateway Review team recently reviewed our consultation exercise, proposals and project management arrangements. The purpose of this review was to provide an assessment of the project in terms of 'delivery confidence'. The review was positive about our consultation and proposals but found our management arrangements required strengthening. The team rated the project as 'amber' defined as 'successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly'.

The full summary of the consultation exercise can be found at Appendix A. An outline options appraisal can be found at Appendix B.

In the light of the consultation response, the Board is asked to consider a number of options concerning the reconfiguration of walk in services. The options are:

	Options
1	Close the Walk in Centre and the Minor Injuries Unit at the RHH and procure a new Minor Injuries service to see both adults and children at the Broad Lane centre.
2	Close the Walk in Centre (WiC) at the Royal Hallamshire Hospital (RHH) whilst retaining the existing Minor Injuries Unit (MIU) and Sheffield City GP Health Centre (Broad Lane centre) i.e. all current walk-in patients to attend Broad Lane.
3	Close the Walk in Centre at the RHH and maintain the Broad Lane centre, i.e. all current walk-in patients to attend Broad Lane and commission an extension of service by the existing Minor Injuries Unit to see children,
4	Close the Walk in Centre and the Minor Injuries Unit at the RHH and procure a new Minor Injuries service to see adults only at the Broad Lane centre.
5	Close the Walk in Centre and the Minor Injuries Unit at the RHH, procure a new Minor Injuries service to see adults at the Broad Lane centre and all children with minor illness to be seen at Sheffield Children's Hospital (SCH).
6	Close the Walk in Centre and the Minor Injuries Unit at the RHH, leave the Broad Lane centre as it is and create a primary care 'front end' at both the Sheffield Children's Hospital (SCH) Accident & Emergency (A&E) department and the A&E at the Northern General Hospital (NGH).
7	Do nothing. Maintain the current 3 walk in services at their existing locations.

The Board is asked to:

- Consider the comments made by both the public and key organisations during the consultation and note that further discussions will be held with key providers regarding our proposals.
- Consider the recommendations made by the Gateway Review team and the actions proposed to provide project assurance
- Consider the options identified
- Confirm that they agree that options 1, 6 and 7 should be the subject of a full business case to be presented at a future Board meeting.

Paper prepared by Daniel Mason, Strategy Manager Unscheduled Care
On behalf of Simon Kirk, Director of Strategy

22 January 2010

1. Current Services

Sheffield has three main city centre walk-in services:

The Sheffield Walk in Centre at the Royal Hallamshire Hospital sees about 100 patients (both adults and children) per day and offers nurse led consultations. In 2007, Sheffield Teaching Hospitals (STH) gave notice to NHS Sheffield to move the Walk in Centre (WiC) from its base at the Royal Hallamshire Hospital. This notice has not been enforced but agreement was reached between the two parties that STH could enforce the agreement at any point after September 2008. The service is managed by Sheffield PCT Provider Services and is open 8am to 8pm, 365 days per year.

The Minor Injuries Unit is located very close to the WiC but it is a completely separate service managed by STH. The service is again nurse led and makes use of an x-ray machine located within the RHH. The service currently sees about 60 walk in patients (adults only) per day and is open 8am to 8pm, 365 days per year.

In April 2009, the Sheffield City GP Health Centre opened in Broad Lane offering walk in services that included access to GPs. At the time, NHS Sheffield reserved sufficient empty space within the building to house a minor injuries type unit with space for an x-ray machine. The Centre currently sees about 100 walk in patients (both adults and children) per day and is open 8am to 8pm, 365 days per year. An integrated pharmacy is due to open, subject to approval, in Spring 2010.

Other city-centre walk-in services include those provided by pharmacists, GPs, sexual health clinics and the Eye Casualty. We also have two accident and emergency (A&E) departments in the city designed for accidents and emergencies. One at the Sheffield Children's Hospital and another at the Northern General Hospital. These services were not specifically affected by our consultation.

Use and the cost of the three services is shown below:

	Typical daily numbers attending	Attendances – 2009/10 projected	Approximate cost 2009/10
Walk in Centre	94	34,155	£1,043,547
Minor Injuries Unit	53	19,409	£1,177,913
Broad Lane centre*	100	27,596	£1,451,550
Total	**247**	**81,160**	**£3,673,010**

* this is the first year of operation of Broad Lane and forecast attendances in 09/10 is less than the recurrent projected activity.

2. Our strategic goals

In developing our proposals we wanted to meet the strategic goals we set out in the NHS Sheffield Unscheduled Care Strategy 2009-13:

- Unscheduled care services should be **simple to access** from the point of view of the patient
- The care a patient receives should be designed around their specific **needs** and be delivered by the professional best able to meet the needs.
- Services should have **clear specifications** and be improved over time to continue meet the needs of service users.
- The **quality** of care **should be consistent** whether care is provided over the telephone, in a patient's home or at a fixed location such as A&E or a health centre.
- We will **prioritise investment** ensuring that services are cost effective and, where appropriate, this will be determined by benchmarking and competitive tendering against defined service specifications

We also said:

> *'Primary care should be the first point of access for people who need to see a health care professional for an unscheduled care need 24 hours a day. We would consider holding a public consultation in 2009 regarding the location of the MIU and Walk in Centre at the Royal Hallamshire Hospital (RHH) and we may also ask the public about their preferred opening times of our Walk in Centre services'.*

3. Our reconfiguration proposal

NHS Sheffield Board approved in October 2009 a public consultation exercise regarding the re-configuration of the Sheffield city centre walk in services. We said in the consultation:

'We want to make sure the money we spend on your behalf on walk-in services in the city centre offers the best and most effective service for patients and makes the best use of the nurses and doctors. We've had lots of conversations with patients and the public. They all say the same thing - that people are confused about what walk-in services are on offer in the city centre and where they are located.

They tell us that they want to go to one place where they can be seen by a range of healthcare professionals depending on their needs. We're suggesting such a place should be called the 'alternative to accident and emergency'. Another reason we want to call this the 'alternative to accident and emergency' is that too many people are using A&E departments for minor medical problems which are neither accidents nor emergencies.

Examples of situations when you might use the alternative accident and emergency service in or out of hours:

- When your GP is closed
- When it's inconvenient to book an appointment with your GP
- When you need to see a healthcare professional urgently
- When a telephone advice service such as NHS Direct is unable to diagnose the problem
- If you think you have a minor fracture

- If you need emergency contraception and advice and choose not to get it from your pharmacist or GP
- If you have minor burns or scalds
- If you've sprained or strained a parts of your body

We envisage this new alternative to accident and emergency service – which would be for adults and children – would have equipment such as x-ray machines to quickly diagnose problems. This would mean you could be seen and treated for a range of illnesses and injuries including minor fractures in one place.

These proposals will not change the choices you currently have of going to see your GP, pharmacist or other health care professional.

What we need to happen to make it a success

Our vision for the future has three ways in which people of any age can access urgent and emergency services:

- You can get advice over the telephone e.g. NHS Direct or,
- You can walk in and see a doctor or a nurse, if you choose not to see your own GP or a pharmacist,

Or, if you are unable to use either of the above:

- You can ask for a doctor to come see you e.g. by phoning your GP or dialling 999

We believe that simple, convenient and easy to access walk-in services in the city centre, which are well publicised, will help the people of Sheffield to choose the right service for their needs.

We want to create:

- A single alternative to the accident and emergency department for both adults and children based within the existing Broad Lane site.
- A service able to deal with both minor injuries and illness
- A service staffed by a variety of clinicians including GPs and nurses
- A place where people are able to obtain NHS care and treatment in situations where they need medical help or advice promptly, but not for life threatening conditions.

What will happen if things don't change?

- People will continue to be confused by the range of different walk-in services on offer
- Opening times may not suit people's needs
- The existing walk-in centres will remain nurse or GP led and not able to provide a full range of health services
- Parents won't be able to take their children to the Minor Injuries Unit.'

Our proposals were designed to improve appropriate access to health services in Sheffield and to make the best use of skills and other scarce resources, rather than making cost savings.

4. The benefits we wanted to achieve

We felt that our proposals would have the following benefits:

- Centralising non-A&E unscheduled care services could, from the patient point of view, reduce the perceived complexity of the 'system'.
- An integrated service would make the 'system' simpler for patients to access
- We would minimize the number of different 'doors' patients would walk through.
- Service standards across both services would be consistent.
- We could ensure more appropriate use of clinical resource – measured by proportion of minor illness patients in A & E, expecting this to reduce over time.
- Increased access and convenient services – together with a supporting marketing campaign, so that patients are made aware that A&E is not the place to go with a primary care need.
- The physical space would be larger– better waiting areas, improved privacy and dignity, more options for promoting public health messages, etc
- There would be an opportunity for patients to register with a GP at the Broad Lane centre.
- There would be an opportunity for ambulances to an alternative site other than A&E (subject to agreed protocols) – supporting 4hr target attainment.
- People could access an on-site pharmacy (currently subject to planning approval)

5. The consultation process

NHS Sheffield Board approved a patient and public engagement exercise in October 2009. The exercise ran between 10 October 20099 and 14 January 2010.

The consultation built on previous engagement activity in 2007 in the Achieving Balanced Health Consultation, the City Centre GP services consultation in 2008 and pre-consultation with NHS Sheffield Advisory Forum and two focus groups in 2009.

Consultations are not a direct ballot of eligible voters in relation to the questions, they are (as defined by the Audit Commission) a process of dialogue that leads to a decision. NHS Sheffield engages with people in different ways, taking account of the different communities in the city. For the purpose of this consultation a communication and engagement plan was developed which aimed to communicate with the Sheffield population but engage specifically with those sections of the population who used (approx 17%) or were more likely to use walk in services.

Our methodology used the 'ladder of engagement' (informing, consulting, involving, collaborating, empowering) and the principles of consultation to inform our plans.

We are confident the feedback from the City Centre Walk in Services Consultation gives a good representation of opinions in the city, especially those with a special interest. By their nature walk in services do not build the same type of relationship with patients and carers as, for example a General Practitioner.

5.1 The City Centre Walk in Services Consultation asked questions about:

- Acceptability of the proposals
- Opening Times
- The usefulness of having an alternative to Accident & Emergency.
- What features people felt were important and would encourage them to use the service.

5.2 The main themes that emerged from our consultation with people were:

We received 823 responses to our consultation. The majority of (public) respondents agreed with the City Centre Walk in Services Consultation proposals (81%). For those not in total agreement with the proposal, their concerns were about the location e.g. Broad Lane, parking and transport.

Of those responding that it would be helpful to use the service outside current opening hours, most stated a preference for opening after 8.00 pm (54%) but 33% thought it should be open before 8am.

The majority of respondents felt that it would be helpful to have an alternative to A&E (93%) and that it should be in the city centre (87%).

52% of questionnaire respondents rated 'being seen quickly' as their first or second most important feature of the service and 33% included 'consistent opening times' in their top two priorities.

When asked about the feature that would encourage them to use the new service, 62% of people identified 'being seen quickly' as their first or second priority. 'Having a range of services in one place' was chosen by 32% of respondents as their first or second priority.

Distribution of consultation leaflets to all GP practices, major healthcare providers, pharmacists and other public services e.g. libraries

- A web based survey
- Posters advertising the consultation exercise in health services and other prominent city locations
- Engagement with community and interest groups at various fora
- Attendance at the Health and Community Care Scrutiny and Policy Development Board
- Stimulating debate on social marketing websites
- Publicity via media

Every effort was made to ensure the Sheffield population had an opportunity to comment on the proposals.

5.3 Summary of findings

Appendix A details the feedback received from the 823 formal consultation responses and the comments made at the public and private meetings.

In summary, the feedback received from the public indicated:

- A overwhelming degree of support for our proposals (80%) overall.
- An understanding of the benefits of the proposed changes.
- The most frequently mentioned category for not agreeing with the proposal was 'Location' - covering matters of access, public transport, parking, safety and generally not knowing where Broad Lane was. These matters were of course also raised by others, who nonetheless agreed overall with the proposal.
- Concern over the name of the new facility.
- That consideration should be given to extending opening hours in the evening to 10pm.
- The importance of the minor injuries service and minor illness service working seamlessly together.

In summary, the feedback received from Sheffield Teaching Hospitals indicated:

- The case for re-locating the MIU has not been made
- The proposals are unlikely to demonstrate value for money
- It would be necessary to publicise any new service
- The transition from the existing service to any new service will need to be managed
- The issue of two potential providers operating from one building will have to be managed
- Existing and well established protocols and pathways should be maintained if any new service commences.
- The proposed service should be at least comparable to the present service.
- The proposal to relocate the Walk in centre is less contentious

In summary, the feedback received from Sheffield Children's Hospital indicated:

- All urgent care for children should be centralised out of hours at the Children's Hospital
- The effectiveness of any new service will not match that provided by the Children's Hospital
- Any new service may not have adequate safeguarding systems for children
- Children using the proposed service may not have access to appropriate expertise and diagnostic services
- It may be inappropriate to see and treat children with minor burns and scalds outside of a hospital setting
- The reporting and treatment of fractures in children be undertaken by trained paediatric professionals
- Parents may be confused by about what a walk in service can and cannot do.

- Overall cost for out of hours services would be increased

In summary, the feedback received from Sheffield PCT Provider Services indicated:

- They were supportive of the idea of a single centre for provision of MIU and Walk-in services alongside GP access, in an accessible location
- Having a number of primary care sites with walk-in facilities in different areas of the city would be likely to have a much greater impact on the level of inappropriate A&E attendances than having one centre in the city.
- Patients living or working near the Northern General Hospital are likely to continue to present at the A&E Department.
- Patients who are very ill and continue to attend the Hallamshire looking for unscheduled care services after the move will be subjected to a high degree of risk
- That cultural influences encourage some patients to choose to visit a hospital, rather than any other form of health care, when they are ill.

5.4 Overall summary of responses

An overall summary of the responses to the questions we posed in the engagement exercise are shown in the table below:

Q1	81% agreed overall with the proposal (822 responses)
Q2	54% would use the new facility after 8pm. 33% would use it before 8am. Opening hours needed to fit around working patterns. It should be adequately staffed to meet varying demand, whatever the hours. There were safety/security concerns about late night opening.
Q3	93% said it would be helpful to have an alternative to A&E. The term 'alternative' could be misunderstood, though.
Q4	87% said it would be helpful to have the new facility located in the city centre.
Q5	52% of questionnaire respondents rated 'being seen quickly' as their first or second most important feature of the WiC. 33% included 'consistent opening times' in their top two priorities.
Q6	When asked about the feature that would encourage them to use the new service, 62% of people identified 'being seen quickly' as their first or second priority. 'Having a range of services in one place' was chosen by 32% of respondents as their first or second priority.
Q7	Location: reassurance was needed about public transport, parking, safety and knowing where the WiC was located. Capacity: the WiC needs to have access to all necessary facilities, equipment and be of sufficient size and flexibility to deal with varying demand

	Redirection: patients don't always know if it's 'urgent' or an 'emergency'. A triage process and a redirection plan is important Publicity: a major publicity campaign is needed to bring about a behavior change amongst the Sheffield public. Satisfaction: RHH currently has high patient satisfaction and patients want this level to be maintained Pharmacy: an on-site pharmacy would improve acceptability Equity of access: the WiC should meet the needs of diverse groups Staff: Current RHH staff have concerns about their jobs and redundancy. GPs: raised issues about threats to list sizes and problems of continuity of care

6. Department of Health Gateway Review

Following a request from NHS Sheffield, a Department of Health Gateway Review team recently reviewed our consultation exercise, proposals and project management arrangements. The purpose of this review is to provide an assessment of the project in terms of 'delivery confidence'.

The review team 'found that, based on previous initiatives, NHS Sheffield had implemented a comprehensive process of engagement and consultation with the local community on the potential reconfiguration of city centre services. Engagement with patient and public representatives was generally well regarded and there were clear indications of support for rationalising the current services and 'multiple access points'.

The delivery confidence assessment uses the definitions below.

Colour	Criteria Description
Green	Successful delivery of the project/programme appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Amber/Green	Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery
Amber	Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.

Amber/Red	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.
Red	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget, required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/ programme may need re-baselining and/or overall viability re-assessed

The Gateway team rated the project as 'amber' and made seven recommendations.

Summary of actions to deliver Gateway 1 recommendations

	Recommendation	Action	Who & by when
1	The SRO must ensure that a robust options appraisal is completed and a comprehensive Full Business Case is prepared for appropriate approval.	1. February Board paper to include options appraisal and outline financial modelling. 2. Draft April Board paper with business case.	Unscheduled Care Strategy Manager with Deputy Director of Finance by 19/1. Unscheduled Care Strategy Manager with Deputy Director of Finance by 18/3
2	The SRO ensures that a properly constitutes clinical and service planning group is convened to agree an appropriate model of care for the reconfigured service.	1. Convene clinical group post February Board – stakeholders to include One Medicare, Provider Services, SCH, STH, GP rep.	Professional Executive Committee Chair with Unscheduled Care Strategy Manager by 16/2
3	The SRO ensures that the risk management strategy for the project is documented and the project manager organises a risk management	1. Develop risk management strategy and circulate to project team.	Unscheduled Care Strategy Manager by 29/1

	workshop with key service providers and stakeholders to generate a comprehensive risk and opportunities register and issues log.	2. Hold a risk management workshop to include clinical stakeholders as above post March Board 3. Update registers.	Professional Executive Committee Chair by mid March Unscheduled Care Strategy Manager – On- going
4	The SRO should ensure an effective resource plan is produced which identifies the future resource requirements and training needs to deliver the project.	1. Develop resource plan	Unscheduled Care Strategy Manager by 26/2
5	The Project Manager should undertake a review and expansion of the Project Initiation Document to reflect the need to complete the business case and the move into the delivery phase of the project.	1. Refresh PID	Unscheduled Care Strategy Manager by 19/2
6	The SRO should ensure the production of an agreed step by step plan to achieve the required approvals which is accurately reflected in the overall critical path programme.	1. Create an 'approvals process' document	Unscheduled Care Strategy Manager by 24/2
7	The SRO may wish to consider linking the project management arrangements to the wider unscheduled care programme by way of a programme office.	1. Review unscheduled care programme management arrangements. 2. Consider review of Unscheduled Care Strategy during 2010.	Executive Director of Strategy by 31/1 Unscheduled Care Strategy Manager by 1/4/10

7. Outline options appraisal

Following the consultation exercise there are a number of options to consider:

	Options
1	Close the Walk in Centre and the Minor Injuries Unit at the RHH and procure a new Minor Injuries service to see both adults and children at the Broad Lane centre.
2	Close the Walk in Centre (WiC) at the Royal Hallamshire Hospital (RHH) whilst retaining the existing Minor Injuries Unit (MIU) and Sheffield City GP Health Centre (Broad Lane centre) i.e. all current walk-in patients to attend Broad Lane.
3	Close the Walk in Centre at the RHH and maintain the Broad Lane centre, i.e. all current walk-in patients to attend Broad Lane and commission an extension of service by the existing Minor Injuries Unit to see children.
4	Close the Walk in Centre and the Minor Injuries Unit at the RHH and procure a new Minor Injuries service to see adults only at the Broad Lane centre.
5	Close the Walk in Centre and the Minor Injuries Unit at the RHH, procure a new Minor Injuries service to see adults at the Broad Lane centre and all children with minor illness to be seen at Sheffield Children's Hospital (SCH).
6	Close the Walk in Centre and the Minor Injuries Unit at the RHH, leave the Broad Lane centre as it is and create a primary care 'front end' at both the Sheffield Children's Hospital (SCH) Accident & Emergency (A&E) department and the A&E at the Northern General Hospital (NGH).
7	Do nothing. Maintain the current 3 walk in services at their existing locations.

An outline options appraisal identifying the strengths and weaknesses and costs associated with each option is attached at **Appendix B.**

8. Recommendations

The Board is asked to:

- Consider the comments made by both the public and key organisations during the consultation and note that further discussions will be held with key providers regarding our proposals.
- Consider the recommendations made by the Gateway Review team and the actions proposed to provide project assurance
- Consider the options identified
- Confirm that they agree that options 1, 6 and 7 should be the subject of a full business case to be presented at a future Board meeting.

Paper prepared by Daniel Mason

On behalf of Simon Kirk, Executive Director of Strategy

22 January 2010

APPENDIX A

Summary of views on the proposal for an alternative to A&E

1. Executive Summary

During the period mid-October to mid-January the people of Sheffield were consulted about NHS Sheffield's proposal to locate an 'alternative to A&E' service at the site of the Sheffield City GP Health Centre on Broad Lane. This would combine the services currently there plus the Minor Injuries Service and Walk in Centre based at the Royal Hallamshire Hospital.

More than 569,335 contacts with people were made* and 1,164 people consulted during this consultation (633 Questionnaires received, 190 online questionnaires completed and 341 via the events attended). How NHS Sheffield arrived at these figures can be seen in Appendix 1a.

The consultation built on previous engagement activity in 2007 in the Achieving Balanced Health Consultation, the City Centre GP services consultation in 2008 and pre-consultation with NHS Sheffield Advisory Forum and two focus groups in 2009.

Consultations are not a direct ballot of eligible voters in relation to the questions, they are (as defined by the Audit Commission) a process of dialogue that leads to a decision. NHS Sheffield engages with people in different ways, taking account of the different communities in the city. For the purpose of this consultation a communication and engagement plan was developed which aimed to communicate with the Sheffield population but engage specifically with those sections of the population who used (approx 17%) or were more likely to use walk in services.

Our methodology used the 'ladder of engagement' (informing, consulting, involving, collaborating, empowering) and the principles of consultation to inform our plans.

All Sheffield residents had the potential to take part and the sample size, based on the recognised industry sample size calculation, was in excess of the recommendation.

* This figure may include double, triple or higher counts of the same person who might have been informed about the consultation in more than one way (eg leaflet, read the newspaper, saw a poster etc).

We are confident the feedback from the City Centre Walk in Services Consultation gives a good representation of opinions in the city, especially those with a special interest. By their nature walk in services do not build the same type of relationship with patients and carers as, for example a General Practitioner.

The City Centre Walk in Services Consultation asked questions about:

- Acceptability of the proposals
- Opening Times
- The usefulness of having an alternative to Accident & Emergency

- What features people felt were important and would encourage them to use the service.

The main themes that emerged from our ongoing dialogue with people were:

The majority of respondents agreed with the City Centre Walk in Services Consultation proposals (81%). For those not in total agreement with the proposal, their concerns were about the location e.g. Broad Lane, parking and transport.

Of those responding that it would be helpful to use the service outside current opening hours, most stated a preference for opening after 8.00 pm (54%) but 33% thought it should be open before 8am.

The majority of respondents felt that it would be helpful to have an alternative to A & E (93%) and that it should be in the city centre (87%).

52% of questionnaire respondents rated 'being seen quickly' as their first or second most important feature of the service and 33% included 'consistent opening times' in their top two priorities.

When asked about the feature that would encourage them to use the new service, 62% of people identified 'being seen quickly' as their first or second priority. 'Having a range of services in one place' was chosen by 32% of respondents as their first or second priority.

2. Introduction

The City Centre Walk in Services Consultation is part of the wider Unscheduled Care Strategy agreed by NHS Sheffield Board in April 2009.

Members of the public and NHS staff were consulted about the proposal to locate an ‘alternative to A&E’ service at the site of the Sheffield City GP Health Centre on Broad Lane. This would combine services current there plus Minor Injuries Service and Walk in Centre based at the Royal Hallamshire Hospital.

- The consultation, which ran from mid October 2009 to mid January 2010, invited Sheffield people to give their views around four themes: Acceptability of the proposals
- Opening Times
- The usefulness of having an alternative to Accident & Emergency
- What features people felt were important and would encourage them to use the service.

Feedback from the consultation will inform how NHS Sheffield commissions future City Centre Walk in Services.

3. What did we do to raise awareness and engage with Sheffield people?

Engagement for NHS Sheffield is about a dialogue which includes consultation ie the sharing, publicising, informing and promoting of interest – in order to ensure that all

relevant persons, bodies, organisations, agencies and groups are sufficiently aware and able to engage in consultation. It is also a dialogue amongst people, involving a wide range of individuals from within communities, social groups and stakeholders. These groups should reflect the composition of populations, agencies and organisations relevant to the specific consultation.

Determining sample size is important because samples that are too large may waste time, resources and money, while samples that are too small may lead to inaccurate results. Based on the recognised industry sample size calculation, we calculated that:

With a 95% confidence level and confidence interval of 5%, with a population size of 513,000, the sample size should be 384. Approximately 17% of the population use walk in services in a year.

Calculating the sample sizes was done through the statistical sample size calculator link on the Association of Public Health Observatories website.

Our actual sample was 1,164. We are therefore confident our sample size was fit for purpose, in that all Sheffield residents had an opportunity to take part. We did however, specifically target the groups we thought did or would benefit from using Walk in Services. This included:

All three current services

- City Centre Groups including businesses and employers
- Individuals with drug and alcohol issues who frequent the city centre
- Parents
- Those demographics which have been identified as overusing A & E services (using anonymised data to identify the groups, these are listed on the following page.)

Darnall, two age groups 20-24 and 25-29, mainly Asian
Darnall, 5-9 yr old primary school children, mainly Asian
Fir Vale, 5-9 yr old primary school children, all ethnic mix
Fir Vale, 20-24 year olds, all ethnic mix
Tinsley, 30-39 yr olds, all ethnic mix
Walkley, 25-29 yr olds, white possibly ex-students
Shire Green, 50-60 yr olds, all ethnic mix
Mosborough, 40-44 white
Woodthorpe, 40-50 yr olds, white

Further work to gather insight for a social marketing project to reduce inappropriate A& E attendances is taking place with the latter groups.

Our goal was to reach out to the population of Sheffield's population. This objective informed our planning and resulted in the City Centre Walk in Services communications and engagement plan which was noted by the Board in September 2009.

Our focus was therefore at two different involvement levels:

Informing - raising awareness of the consultation through a targeted marketing campaign
Consulting - encouraging participation in the consultation through a range of engagement activities

At the informing level we undertook a range of activities, predominantly using leaflets, posters and our website

- The distribution of 3200 and 500 posters across a wide range of outlets, including GP practices, dentists, pharmacies and libraries.
- PDF versions of our leaflets were sent to 6,529 voluntary, community and faith sector groups, schools, parent groups etc, via email networks such as LINKS, OFFER, BME - Network and Voluntary Action Sheffield, letting them know where the three public events were taking place and other ways their networks could engage in the consultation.
- The consultation was featured on the homepage of the NHS Sheffield website, 560 people viewed the consultation page, and 190 completed the questionnaire online. It was promoted on Facebook and our intranet.
- Coverage in the Sheffield Star and in their website – audience of 535,032 http://www.thestar.co.uk/headlines/Shakeup-for-Sheffield-medical-care.5880037.jp (newspaper distribution figure combined with online unique users)
  News item with interview on Burngreave Community Radio – listenership of 1,000 per day (the listenership varies from show to show)
- Staff involvement through the weekly staff e-bulletin and intranet.
- Mailout to our database of people who have asked to be kept informed of engagement opportunities, asking them to take part
- A request to staff attending events, groups and meetings to raise awareness of the consultation
- Connection to our stakeholders – providers, the police, Local Authority, politicians etc – with targeted communications for their internal communications and direct correspondence to senior executives.
- Email cascade to city centre business and employers via the Chamber of Commerce and City Centre Community Forum.

The leaflets had a freepost reply so people could take part in the consultation easily. All materials incorporated the message ‘Have your say’. On surface value, our informing activity touched around 569,335 people. This figure may include double, triple or higher counts of the same person who will have been informed about the consultation in more than one way eg leaflet, news article.

At the consultation level we undertook a more personalised range of engagement activities. We made particular effort to ensure our engagement included views from a representative sample of the population shown to use the service or would benefit from doing so, including the general public, students, families, specific geographic areas, homeless and drug and alcohol users, and NHS staff and families.

- We had face to face conversations with people at three specific events across the city.
- We ran 'mini facilitated consultation' sessions or facilitated discussions with groups and organisations that work with seldom heard groups – including the Salvation Army, Aspire (young Asian men), Inclusive Living Sheffield and Cathedral Archer Project (homeless people)
- Questionnaires were distributed via the current walk in service locations: Broad Lane, Minor Injuries Services and Walk in Centre at Royal Hallamshire Hospital.
- We ran facilitated session with our Advisory Forum.
- We gave presentations and included the consultation as part of any other business at meetings - including the Sheffield Partnership Board, Voluntary Action Sheffield Board and the Silver Prevent Group.
- Circulated to Governors of Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's Hospital NHS Foundation Trust.
- We engaged with NHS Sheffield staff through the Chief Executive's weekly staff briefing.

These figures exceed our sample size population as analysis shows that around 1,164 of those asked gave us their views.

We are confident our consultation process captured the views and comments of a random and representative sample of the Sheffield population specifically relevant to this consultation.

4. Analysing the feedback

Analysing these consultation responses was both a qualitative and quantitative exercise.

Working with research and evaluation analysts, we agreed the most appropriate method for analysing the feedback from the consultation. For the quantitative responses we arranged an automated count as part of the online facility. For the qualitative responses a content approach was used.

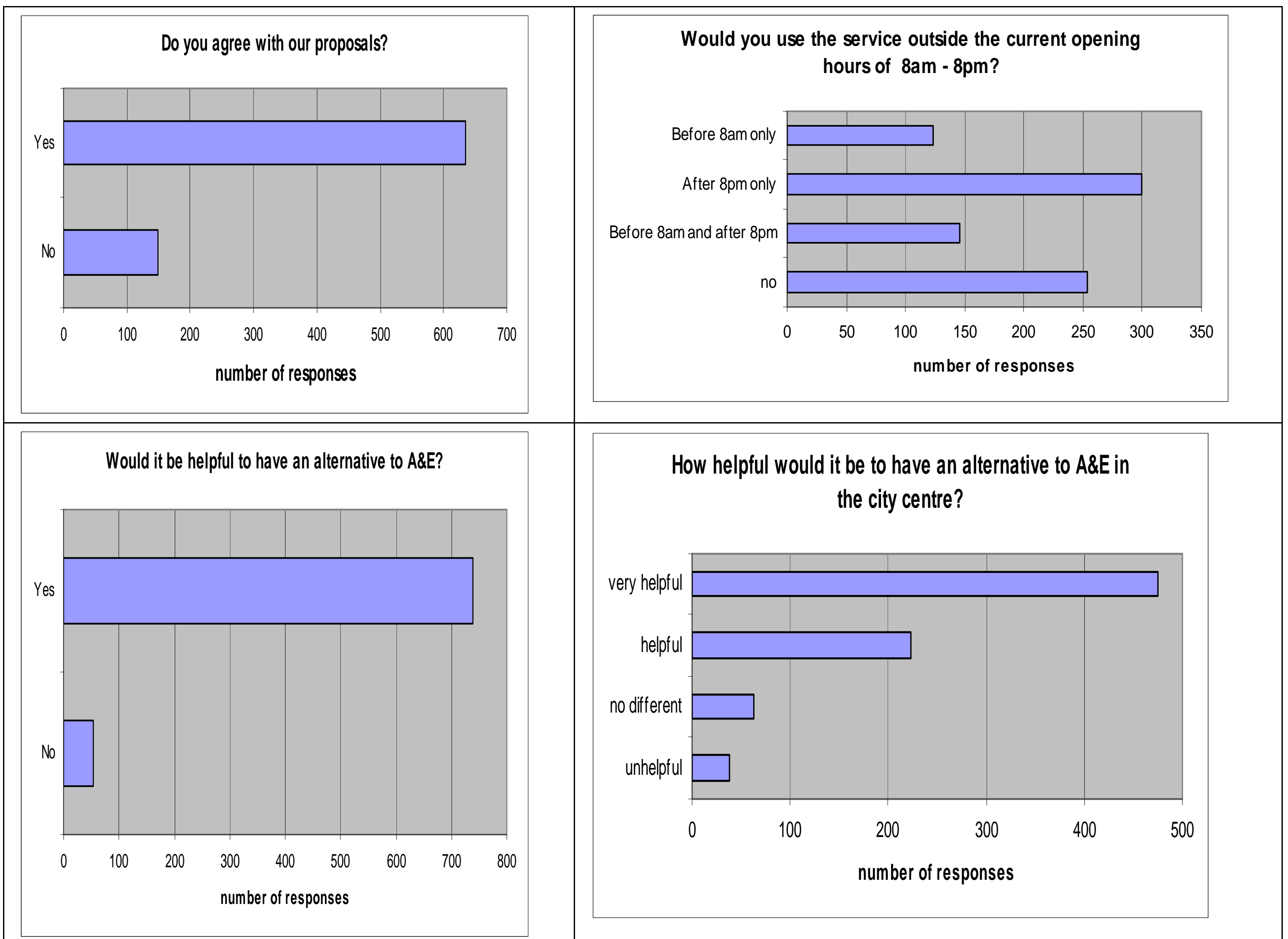
This is a structured process for organising textual material into defined categories. These categories may be either pre-defined or involve building a list of key terms on reading of the accounts given by interviewees. It is a replicable and transparent method in that, once designed, the coding frame can be applied to the data by different analysts.

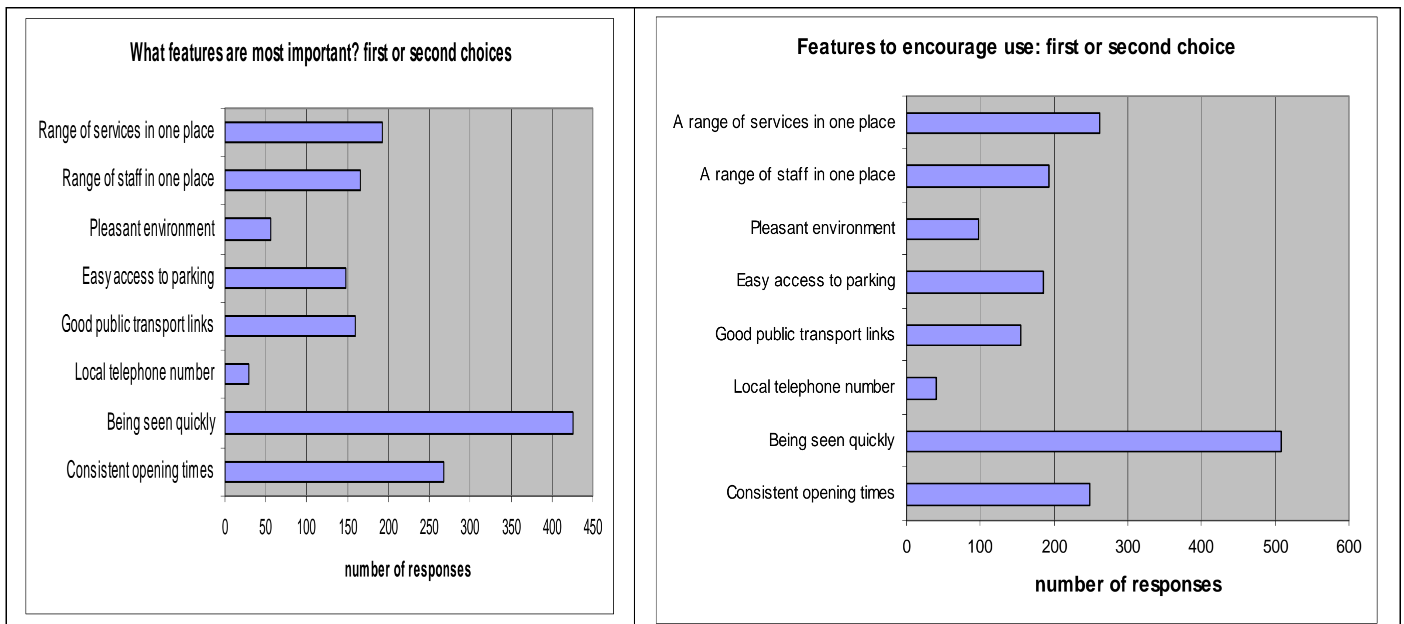
The purpose of content analysis is to provide a summarised description of the most important concerns in a group of people. 'Importance' can be presented in terms of the frequencies with which categories occur, or an attempt can be made to give a subjective view of the relative strength of the categories.

There were a total of 632 responses from leaflets and questionnaires and 190 from the online questionnaire. As previously mentioned, the themes were also explored at 24 facilitated sessions and events. Details are below.

5. The feedback – what Sheffield people said

Responses to the questions were as follows based on 823 completed questionnaires:





A full report of the findings from the qualitative data can be found below. However, the wider themes that emerged from the consultation can be summarised as follows:

5.1 Opening Times

5.1.1 Mornings or evenings – Those stating a preference for extended opening times mainly preferred the after 8.00 pm option. However, some thought that to prevent confusion around opening times it should have the same hours as A & E.

5.1.2 Security – There was a perception that patients with alcohol related injuries might use the service after 8.00 pm possibly causing disruption and also that the proposed area would be isolated at night.

5.2 Location

5.2.1 Access by Public Transport - there was a feeling that the Broad Lane site was on the edge of the city centre rather than at a more central location. Questions were raised about the amount of bus routes passing the site. However, around 50% of current Walk in Centre users arrive by car.

5.2.2 Signage – It was felt that Broad Lane was not a well known area and that it would be important to have good signposting to the venue from all routes. The service should also be signposted from the closest tram stop.

5.2.3 Parking – questions were raised about parking available to the area. However, a new 600 space car park is under construction in the immediate area of the site.

5.2.4 Parking and access for ambulances – respondents wanted reassurance that there was space at the site for ambulance access. There are two parking bays at the side entrance to Broad Lane.

5.2.5 Proximity to expert services – it was acknowledged that as the site was not within a hospital there would need to be good links to diagnostic facilities and with A & E in case people needed to be transferred.

5.3 Establishing the identity of the Walk in Service

5.3.1 Distinguishing from other services – it was acknowledged that there was confusion about current services. It was felt that separating the service from a hospital would help to distinguish the different functions.

5.3.2 Name - the importance of a name that correctly described the service available was noted and the need to publicise the change of venue widely prior to closure of the current services. Sheffield LINks has offered to help with this process because of its importance to potential users.

5.4 Capacity

5.4.1 There was concern that the new facility would not have sufficient capacity to deal with the greater volume of patients that combining current services would cause.

5.5 Getting people to the right place

5.5.1 Staff training – a redirection plan would need to be implemented by current services following staff training.

5.5.2 Triaging – An efficient triaging system would help to redirect patients to the appropriate location. Staff especially, felt that this should be a clinically trained role.

5.5.3 Publicity – there was support for a high-visibility publicity campaign to inform the public about which services was appropriate to their needs.

5.6 Maintaining patient satisfaction and quality

5.6.1 Full range of services – staff and the public wanted reassurance that the new service would maintain the high standards of the current services. The contract would be informed by current services and ensure there is no reduction in the quality or range of services offered.

5.6.2 Pharmacy – the public felt that satisfaction with the new service would be higher if there was a pharmacy on site. It was felt that it might be more convenient if this site was the main out of hours central pharmacy provision.

5.7 Co-location of or more providers on one site

5.7.1 If the new provider of the Walk in Service was different to the current provider of services at Broad Lane they would need to work together to form a seamless

service.

5.7.2 Concerns from RHH staff – staff currently working at the RHH WiC wanted reassurance about their jobs.

6. The impact of the City Centre Walk in Services Consultation

The public, patients and staff thanked NHS Sheffield for asking their opinion on the proposals and helping them to take part in the consultation. There was initial concern that not enough people knew about the consultation from Sheffield LINks and WiC staff but this was allayed as the consultation progressed. However, it was acknowledged that, as previously stated, there would need to be high-visibility publicity campaign prior to the closure of the current services as many people do not take interest in consultation publicity but would be concerned once the word "closure" is used.

7. Evaluation of the Consultation

A short project to evaluate the successes of the consultation and where NHS Sheffield could make improvements in future consultation campaigns will be undertaken. The findings of the evaluation will be used to inform and improve future communications and engagement activity.

Summary of views on the proposal for an alternative to A&E

Between October 2009 and January 2010, members of the public and NHS staff were consulted about the proposal to locate an 'alternative to A&E' service at the site of the city centre GP practice on Broad Lane. Views on the proposal have been collected through a series of public consultation events, questionnaires and emails.

The consultation has demonstrated overall support for the proposals, with 81% of questionnaire responses agreeing overall with the new arrangements and 93% saying that it would be helpful to have an alternative to A&E. 87% of respondents thought it would be helpful to have a facility located in the city centre. Being seen quickly was easily regarded as the most important feature of the new centre. There is also general agreement that the current system needs to be simplified.

> *"when it comes to Walk-in services or out of hours services it's all a big puzzle."*
>
> *"Even as a NHS professional, I am not really clear where to go to get healthcare out of hours"*

However, and inevitably for changes to service provision of this kind, the overwhelming content of the responses has been to highlight aspects of the proposal where greater clarity is required or where the public and staff seek reassurance from NHS Sheffield that their concerns are will be addressed. The following themes identify these concerns of those who responded to the consultation.

OPENING TIMES

Extending opening hours

54% of people preferred the WiC to be open after 8pm and 33% thought it should be open before 8am. An important factor in deciding opening times was the need to fit around working patterns, including those with childcare, caring responsibilities, and those who commute to work, or work non-standard hours. For these groups, access after 8pm, where the end of the day was more flexible, was seen as being more important, than before 8am.

> *"I would like to access the service without missing time from work."*
>
> *"I work very long hours in Leeds and so can no longer easily get to see my own GP in Sheffield because of the very restricted surgery times. "*

There is a perception that demand would be greater during the evening, partly because there is greater flexibility at the end of the working day and partly because symptoms often appear to be worse at night, when it is more worrying to wait until somewhere is open. It is also felt that alcohol related incidents will increase night time demand. It was also felt that attracting alcohol related attendances would discourage others from late night usage.

> *There is a "need to open beyond 8pm as there is often a surge of minor injuries late in the evening and particularly at weekends, need to open to relieve existing pressure points on A&E".*
>
> *"things always seem more frightening at night"*

It was hoped that staffing arrangements (clinical and non clinical) could be sufficiently flexible to meeting fluctuations in demand. Staff pointed out that when the RHH originally opened, the 7am – 10pm opening hours had been shown to be not cost effective. However, it was also noted that to be a real 'alternative' to A&E, the new centre should be open the same hours and the longer the opening hours, the greater would be the impact on A&E. Those in the south and west of the city in particular, perceived that opening after 8pm would offer a viable alternative to current A&E arrangements.

> *failure to offer later access e.g. up to 22.00 will mean people will revert back to the available service provision and present at NGH A&E*
>
> *We paid a heavy price for losing the Hallamshire A & E and no viable alternative has been proposed until now.*

Some confusion remained in the public's mind about what the options were available when the new centre was closed, wanting reassurance that 'urgent' care would be available whenever it was needed.

Experiment with opening times

There may be a need to initially experiment with opening times and then review them after a short time when it would be possible to assess demand and viability, over a trial period. However, care should be taken not to confuse patients with too many revisions.

LOCATION

The public raised a number of concerns about the location of the new site.

Access by Public Transport

The Broad Lane site was felt to be on the edge of the city centre, rather than occupying a central location. As such, access by public transport was seen to be difficult, with only one bus stop passing the site, and for most public transport users would require a walk through what is perceived as an isolated area, especially after dark. In addition, it was pointed out that the route from West Street involves walking on uneven pavements in poor state of repair. However, around 50% of current WiC users arrive by car.

A suggestion was made regarding negotiating with the city council to include the new site on the city centre free bus route.

Security

The choice of a city centre location was intended to offer equitable access to the homeless and vulnerable. Patients would want to feel safe in sharing the waiting area with patients from these groups who might appear threatening or violent. Similar concerns about late night opening were related to an expectation that patients with alcohol related injuries would be present. In addition, the area around the Broad Lane site was regarded an isolated, dimly lit part of the city where many people felt vulnerable walking at night. Therefore the need for on-site security measures, including a police box, was raised.

Signage

Amongst Sheffield people, 'Broad Lane' is not necessarily a well known landmark and therefore the importance of signage was noted, both for directing people to the centre and for publicity purposes.

> *"I was aware that another service was in the city but had no idea where it was."*

> *"Signage should be at all entry points into Sheffield ie Parkway, railway station, bus station, Meadowhall tram stops."*

There are, however, some Council restrictions on the type and extent of signage that can be displayed.

Parking

Car parking was perceived to be a problem, particularly as currently there are residential developments adjacent to the site which were anticipated to increase congestion in the immediate area. However, a 600 space, long stay car park close to the site is under construction and the possibility was raised of designating some of these spaces for WiC use.

Access by ambulance

Related to the perceptions about congestion, questions were raised about ambulance access to the site and it was pointed out that the bay outside the new WiC could used as ‘pull-ins’ for two ambulances.

Proximity to expert services

Potential WiC users were keen to know that, even though the new site was not physically adjacent to a hospital, all the necessary support services would be available, if required. There would also need to be good links with A&E at NGH, in case people needed to be transferred.

City centre location

Whilst a central location was seen as ‘fair’ in terms of access, Sheffield’s increasing road congestion, could mean more anxiety incurred whilst travelling to the city centre. There was a concern that amalgamating three centres into a single site would intensify the congestion of people and cars at the new site.

> *“It will certainly take the pressure off "Emergency Services" but at what cost to we the public?”*

ESTABLISHING THE IDENTITY OF THE WiC

Distinguishing from other facilities

Establishing a clear identity for the service will help to ensure that people have a good understanding of what the facility offers, thereby distinguishing it from A&E services or other forms of out of hours care and ensuring that people turn up for the right reasons. Physically separating the new location from a hospital will help to distinguish the different functions of WiC and hospital.

Name

Having an appropriate name is an important part of establishing the identity. As a name, “Alternative to A&E” was thought to be confusing in that it suggested the centre was in competition with NGH A&E, thereby encouraging true emergencies to turn up at the new centre. ‘Alternative’ also gave the impression that the new centre could be used for emergencies instead of going to A&E or that it provided some other form of minority interest care:

"it sounds like a place where you go after a serious accident to have your life-threatening injuries dealt with by an aroma therapist!"

It was felt that the name may emerge over time, from the language of local people using the service. Using marketing material to emphasise the uniqueness of the service within the Yorkshire and Humber region should help to encourage a name which reinforces a positive image. It was suggested that the name should reflect both the minor injury and minor illness functions ("MIAMI", for example).

Once chosen, the name should be used on the nearest tram and bus stops.

CAPACITY

The public need reassurance from NHSS that the new facility would have sufficient capacity to deal with a greater volume of patients. This included having adequate staffing levels. NHSS was asked to reflect on whether a one-site location would be sufficient to deliver a real city-wide alternative to current volume of minor illness attendance at A&E, and whether there would be enough internal physical space for extra staff, facilities and equipment to carry out the necessary range of services. There were concerns about whether centralising 'urgent' care at one site would lead to the facility being overcrowded and overloaded.

A city the size of Sheffield needs several centres (3?) nearer to the population in addition to the existing hospitals, given increasing travel difficulties, ageing population etc. Centralisation is not in the best interest of patients only administrators.

The proposal would need to take account of demographic change in the immediate vicinity of the site. This included the continuing expansion of the student population, and nearby residential development, which would be expected to increase demand on the services of the Broad Lane practice. Ways of expanding the services to make full use of the physical space would be included in the tender for the new service.

It was felt that existing WiC staff had a role to play in working with NHSS in creating the service specification for the new provider so that the existing range of MIU and WiC services could be maintained, as a minimum standard. Staff were keen to work with NHSS to ensure that the existing staffing levels and skill mix was maintained to match demand.

HOW DO PATIENTS KNOW IF IT'S 'URGENT' OR 'EMERGENCY'?

Patients admit to not always being able to distinguish between their condition being 'emergency' or 'urgent', which are clinical definitions. Their concerns are that they do not have the necessary knowledge to make this decision and may therefore call the emergency services. Alternatively, there is a perceived risk of delay if they went to the WiC when they should have gone to A&E.

"People get very confused about urgent and non urgent problems. If they are in pain it is urgent to them, but maybe not to the health professionals."

"It is unreasonable to expect members of the public to know what their condition warrants."

GETTING PEOPLE TO THE RIGHT PLACE

The main challenge is to get patients to use MIU/WiC facilities appropriately, rather than A&E. Whilst opening a new WiC will centralise urgent care, this will not in itself, divert inappropriate attendances from A&E. There was a belief that:

if the public could just understand that there are plenty of options where to go if need be and actually went to the appropriate places, there would be no need to close a perfectly good walk-in centre and minor injures unit

There is also a challenge for NHSS to change a public perception that identifies 'hospital' as being the place to go for <u>any</u> illness circumstance. The configuration of services during that last 12 years has shown that where people attend is largely influenced by their proximity to a health service, rather than their condition.

"In a panic or high stress situation, people will go to a hospital."

The popular belief to be overcome is that the hospital will provide the best service in all situations and to some extent is encouraged by a "come back and see us if there's a problem" attitude in the hospital itself. Where patients perceive there is a choice, their decisions will be influenced be where they think they will be treated more quickly:

I would use any service that I thought would give me the best response time.

There are a number of approaches to overcoming these challenges:

<u>Staff training</u>

One approach to this challenge is to provide more training so that NHS staff re able to give patients appropriate advice about where to go. This would include making GPs and GP receptionist fully aware of the services offered at the new site so that they could advise patients of correct options.

"GPs also need to be made aware of the new service arrangements, and updated when these change, so they can advise patients appropriately"

It was also suggested that NHG A&E staff also needed to be involved in the discussions about the new WiC and to be supportive of the new arrangements for it to work properly.

<u>Redirection plan</u>

Closing the current facilities within the RHH is likely to divert more patients to A&E. Patients are also likely to continue to turn up at RHH, not only because of its history in providing a walk in service for the last 12 years but also because of its longer history.

“A&E at the Hallamshire Hospital closed 12 years or more ago, but people still attend there with expectations of treatment.”

NHSS needs to implement a ‘redirection plan’ so that hospital staff have a clear process to follow for managing patients who turn up inappropriately at NGH or RHH sites. Part of this plan would need to anticipate dealing with a greater number of complaints from patients in the short term.

A smooth process for referral from WiC to hospital would be needed where patients presenting at the WiC were triaged as emergencies.

There was a role for service areas to manage public expectation and staff needed to feel confident in redirecting inappropriate attenders. There as also a feeling that the triage process at A&E should be more stringent in redirecting inappropriate attenders.

“if too many people are using A&E for minor things, that’s because they are able to”.

“People are still going to arrive at A&E if they live nearer and know they will get treated.”

Triaging

Thirdly, an efficient triaging system would help to redirect patients to the location most appropriate for their condition. In part this could be helped by co-ordinating the new WiC service with the ambulance service, to direct minor injuries patients they pick up to WiC as appropriate. To support this, and as part of the contract with the new provider, NHSS would issue the ambulance service with a list of conditions that were appropriate for the new WiC and for ambulance staff to triage.

In addition, it would be important to create an efficient ‘front door’ triage process at the new WiC where reception staff were routinely supported by on-hand clinical staff.

Publicity

The fourth approach to getting patients to the correct place is for NHSS to carry out a high visibility publicity campaign to inform the public about which service is appropriate – a clear distinction between ‘urgent’ and ‘emergency’ would be helpful. This campaign will need significant effort and is likely to be ongoing for some considerable time. The public admit to being confused when services are frequently changing.

There is a need for good public information about what the new service is for, and how it differs from other health care facilities. Suggestions included:

I was in Derby recently and they moved the A&E from one hospital to the other. I noticed this because there were huge billboards on the main roads, and a full page ad in the local and free papers. I don’t even live in that city and felt well informed about the move so it may be helpful to advertise changes that way

The material should make clear, what services are available, what age range it covers and whether non-Sheffield residents can attend. The campaign should also target the high-use groups, including students and the elderly in the south west of the city, particularly in communities of frequent inappropriate attendance.

However, it was pointed out that a successful publicity campaign could lead to potential misuse in cases where the new facility was seen as a more speedy alternative to going to the GP for non-urgent conditions, simply because of restricted GP opening times.

The campaign should also show how the new facility fitted in to a whole package of round-the-clock care so that people also knew where to go when the WiC was closed.

MAINTAINING PATIENT SATISFACTION & QUALITY SERVICES

The public want to be reassured that their previous experience of good treatment at RHH WiC will continue under the new proposal. Amongst some, good patient experience, including friendliness of staff, overrides any confusion that may exist about the duplication of services in different locations.

> "*I have nothing but praise for the RHH walk in. Why fix a problem that's not there?"*

NHSS needs to acknowledge the public concern of changing something that is perceived by the public as working well and to ensure the public that this confidence in staff will be maintained.

<u>Full range of services</u>

There are concerns that providing a range of services on a small site, away from a main hospital, may result in resource being spread too thinly, and without access to specialist clinical advice. There is a need for NHSS to reassure the public that staff at the new site have access to same range of services (including blood tests, ear syringing, vaccinations) as well as more complex testing involving radiography, and access to the same level of expert opinion) as they did at RHH. It was also necessary for the current referral pathways at the RHH WiC to be maintained at the new site. The contract arrangements with the provider would ensure these arrangements were in place and that there would be no reduction in the range of services offered. A part of this would need to ensure that the timescales for training new staff would coincide with the opening of the Broad Lane WiC.

Questions were asked about urgent dental treatment out of hours. This need had been recognised, the options considered but the service had not been successfully procured.

<u>Pharmacy</u>

Patient satisfaction would be improved by having a pharmacy on site and the public were reassured to hear that it intended to provide this facility at a future date and

that there was sufficient capacity to do so. The suggestion was made that the public would find it more convenient if this were to be the main out of hours pharmacy for the city. An advantage of the on-site pharmacy was that it might deal directly with patients, thereby reducing pressure on the WiC.

CO-LOCATION OF TWO PROVIDERS ON ONE SITE

The chosen provider of the new service would need to work alongside the current provider of services at Broad Lane. Respondents would want to see these two providers operating in a seamless way, where the functions of each were managed in a manner that complemented the other. Part of this would include a single reception directing patients to the appropriate provider.

An independent sector provider

Some reassurance was also needed about the general principle of using a private provider to run the WiC and how this would be overseen by NHSS.

> *"I don't like the idea of the centre being privately run and owned. I think that this will be similar to the PFI initiative that has ruined schools"*

> *"Do not hand over an important element of health care to a private company"*

In particular, reassurance was sought that a private provider would recruit appropriate medical staff with access to all necessary information so as to minimise risk to patients:

> *a centralised service provided by either a private company or doctors cooperative, staffed by locum doctors with no access to medical records would be putting patients at risk and undermining the excellent care provided by the city's GPs.*

EQUITY OF ACCESS

Those members of the public with disability told NHSS that they want to feel reassured that the new site will take account of their specific needs. As well as having staff on hand at the new site to deal with disability issues, it is also important that all publicity material and signage about the new site takes account of these difficulties. NHSS have been asked to ensure that these needs would be built into the contract arrangements with the new provider.

Whilst the city centre location improved access for the homeless and the vulnerable, it was pointed out that these groups were often frightened to mix with others in public places and more needed to be done to make these groups feel confident to use the new WiC. It would be reassuring for these groups to know that there would be no disruption to existing services that catered specifically for their needs.

Similarly, clear translation of information was seen as particularly essential for EU and other overseas nationals as these groups may not be used to WiC services in their country of origin.

MORE RADICAL SUGGESTIONS FROM THE PUBLIC

There were calls to make the proposed facilities even more ambitious, for example by extending the scope of the WiC to include 24 out of hours GP access, or by extending the facilities at GP surgeries.. Even more radical was the suggestion of locating the WiC within a hospital in order to eliminate confusion amongst patients. In part, these suggestions highlight areas of confusion amongst the public that any publicity campaign needs to address to convey the purpose of WiC services.

Extending the scope of the WiC

> *" I think it would be better if Sheffield NHS did away with the traditional out of hours GP services by having the above type centre where patients can obtain advice and see a GP at anytime; though such a centre would need a visiting GP system in place for anyone too ill to get to the walk-in centre. All other GP surgeries could then just divert calls to the 24 hour GP/Nurse Walk-in Centre when they closed for the day etc."*

Extending the services at the GP practice

Ensuring people use the appropriate services for urgent care is linked with the accessibility of GP services:

> *"the public attend A/E and use it as a GP service because it is almost impossible at some GP's to get an appointment with less that a week's notice!!! If the GP services were more accessible as they should be, patients could be seen in the appropriate environment at an appropriate time without cluttering up our A/E depts."*

> *"I do have alternatives to A&E: the minor accident unit and my GP. Why do I need another? Why have [this] available at the same opening times as your GP? My confusion is why have yet another, separate service for non-urgent care - why not integrate with GP - then you know where to go. If people haven't got access to a decent GP practice then that needs addressing, surely - rather than developing yet another service that I wouldn't understand when to use."*

A single 'front door' for everything?

There was a view suggesting that having all services on a single site would shift the responsibility for being in the right place at the right time from the patient to the NHS staff at the site.

> *"why not just have one a+e for adults, one for kids, all open 24/7 in one place - end of all these confusing problems for the public with 'who goes where for what'. how you spilt the services once the person gets to a+e doesn't matter eg triage the person then direct them through one door to minor injuries, one door to main a+e etc.just have them all in one place!"*

> *"just put everything for everyone in one place, call it what you want and there you go - simple, people know where to go and YOU decide when*

they get there if they need a+e, minor injuries or whatever - just provide all the services in one place"

why not have both A&E and MIU in Hallamshire and N&G. Therefore people can be directed to the best service for them instead of making the decision themselves?

COMMENTS FROM GPs

The following points of concern were raised by GPs:

- The practicalities of carrying out clinical triage in reception should be considered firstly because of confidentiality issues and secondly because it may not be perceived as a 'career enhancing task' by GPs themselves.
- There were concerns about maintaining a waiting time guarantee of 20 minutes for walk-in cases – especially with mental health patients.
- There was potential for confusing the relationship between patient and their registered GP in cases where the patient had gone to Broad Lane out of hours, when in fact they would be more appropriately managed by their own GP. Communication between Broad Lane and registered GP would be necessary in these situations so that GP would be aware of ongoing treatment.
- The proposals may encourage patients to seek 'second opinions' without the walk in centre professional being aware of the patient's full history. The proposal adds to the fragmentation of care in that complicates the sharing of information between different people involve in the health care of an individual
- There was potential for the proposed walk-in function to impact on the size of GP lists where patients felt encouraged to transfer their registration to Broad Lane. This was thought to be of particular concern in the light of registration targets for the Broad Lane practice and the co-location of the walk in centre created the opportunity for the practice increase their list size from patients registered elsewhere.
- Adjusting the staffing levels to meet a flexible demand was perceived to be more difficult under the management of a private provider than in the current RHH arrangements.
- The proposed location was perceived to not offer the same level of access or diagnostic facilities as the current RHH facility.
- There were concerns that the proposal was an attempt to justify the setting up of Broad Lane Darzi centre.
- There is a concern that the proposal would divert funds from other aspects of primary care.
- The proposal was seen as benefitting young, mobile, well population but disadvantage the elderly without transport, thereby widening health inequalities.

CONCERNS OF ROYAL HALLAMSHIRE HOSPITAL (RHH) STAFF

Staff currently working at the RHH WiC want reassurance and information about what will happen to their job roles when the new site opens. The new site would also be less convenient for RHH staff to use as patients themselves.

COMMENTS FROM SHEFFIELD CHILDREN'S HOSPITAL

A number of concerns were raised in relation to extending the Broad Lane facility to include minor injuries for children. These included:

- All urgent care for children should be centralised out of hours at the Children's Hospital
- The effectiveness of any new service will not match that provided by the Children's Hospital
- Any new service may not have adequate safeguarding systems for children
- Children using the proposed service may not have access to appropriate expertise and diagnostic services
- It may be inappropriate to see and treat children with minor burns and scalds outside of a hospital setting
- The reporting and treatment of fractures in children be undertaken by trained paediatric professionals
- Parents may be confused by about what a walk in service can and cannot do.
- Overall cost for out of hours services would be increased

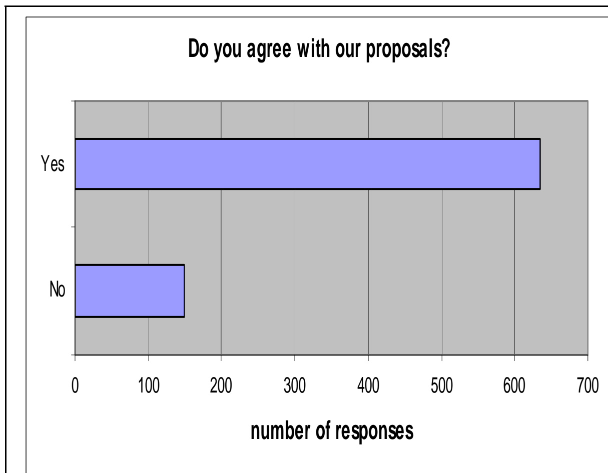
COMMENTS FROM SHEFFIELD TEACHING HOSPITALS

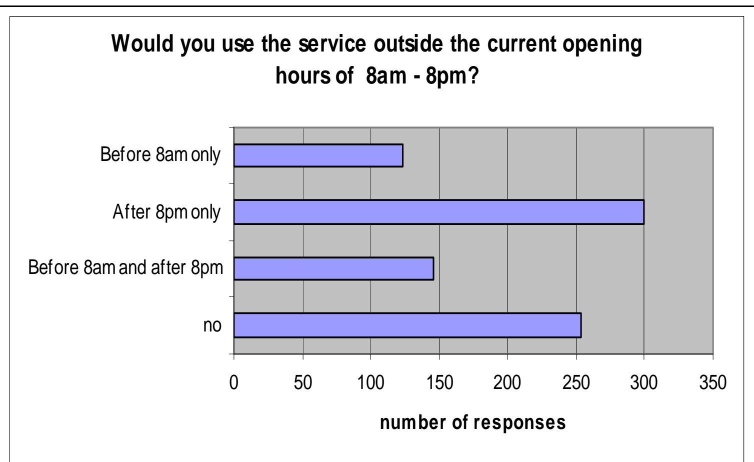
- The case for re-locating the MIU has not been made
- The proposals are unlikely to demonstrate value for money
- It would be necessary to publicise any new service
- The transition from the existing service to any new service will need to be managed
- The issue of two potential providers operating from one building will have to be managed
- Existing and well established protocols and pathways should be maintained if any new service commences.
- The proposed service should be at least comparable to the present service.
- The proposal to relocate the Walk in centre is less contentious

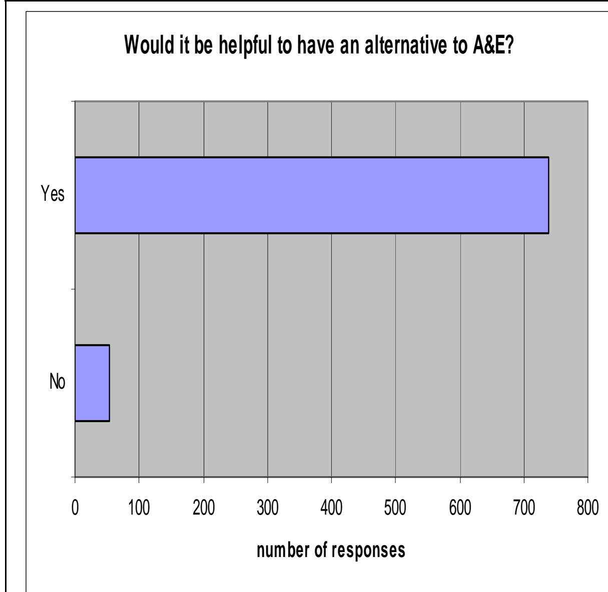
COMMENTS FROM SHEFFIELD PCT PROVIDER SERVICES

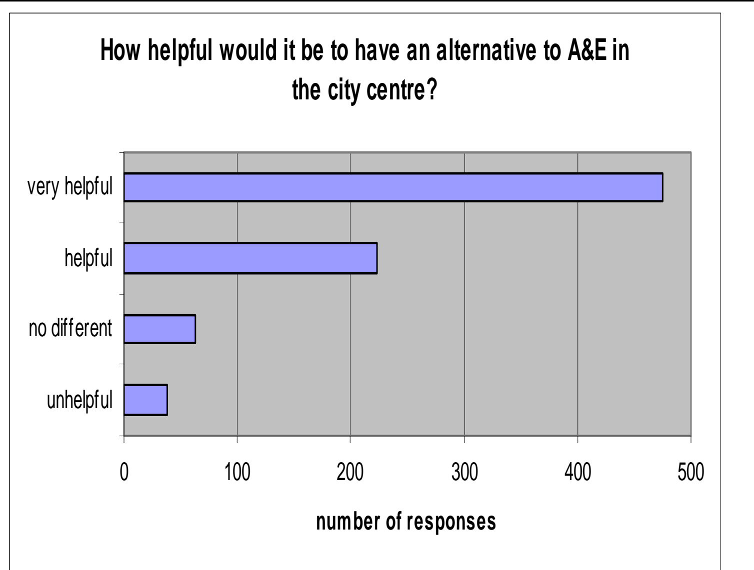
- Supportive of the idea of a single centre for provision of MIU and Walk-in services alongside GP access, in an accessible location
- Having a number of primary care sites with walk-in facilities in different areas of the city would be likely to have a much greater impact on the level of inappropriate A&E attendances than having one centre in the city.
- Patients living or working near the Northern General Hospital are likely to continue to present at the A&E Department.
- Patients who are very ill and continue to attend the Hallamshire looking for unscheduled care services after the move will be subjected to a high degree of risk
- There are cultural influences that encourage some patients to choose to visit a hospital, rather than any other form of health care, when they are ill.

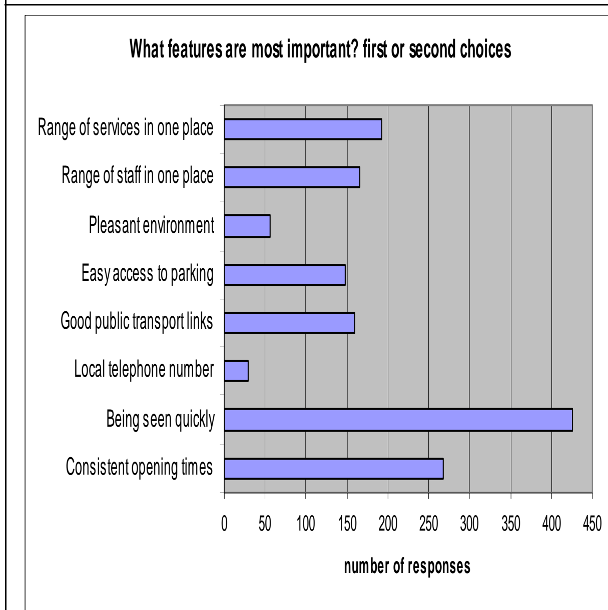
Walk in Centre Consultation: 823 questionnaire responses Jan 18th, 2010

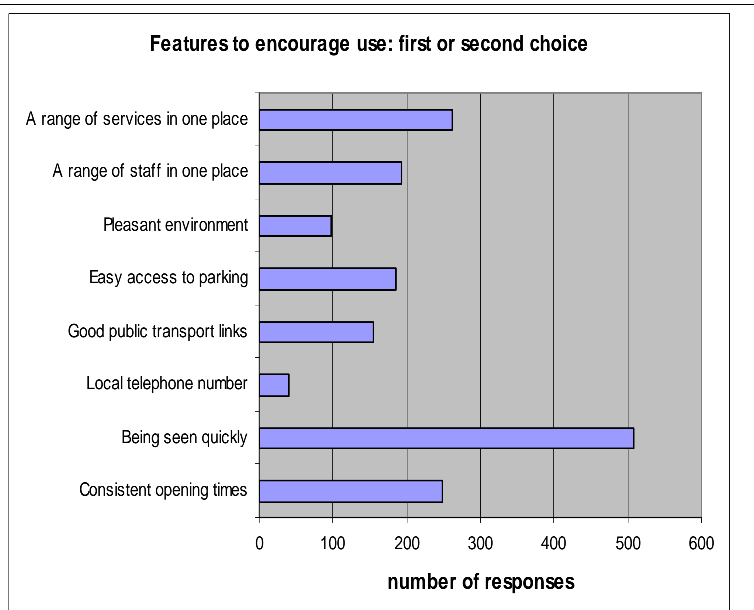












John Skinner, Research & Evaluation Manager.
January 2010

APPENDIX B

Outline options appraisal

Option 1

Close the Walk in Centre and the Minor Injuries Unit at the RHH and procure a new Minor Injuries service to see both adults and children at the Broad Lane centre.

Benefits	Risks	Financial considerations
• Existing staff deliver high quality service. • Reduces number of perceived 'front doors' • MIU service sees children. • Services tendered and value for money sought. • Mixed clinical team.	• People will need educating as to when it's right to visit A&E and when it's right to go to alternative services. • The issue of two potential providers operating from one building will have to be managed.	It is assumed that the new combined service would not be subject to the A&E PbR tariff; that a combined service would be procured at a unit price lower then the combined cost of current services; and that a proportion of activity currently seen at SCH A&E could be diverted to the new service Forecast cost £3,438k

Option 2

Close the Walk in Centre at the RHH only keeping the existing Minor Injuries Unit and Broad Lane centre.

Benefits	Risks	Financial considerations
• Focuses all minor illness walk in services at Broad Lane. • Services have been in-situ for some years and so public are aware of their location. • Existing staff deliver high quality service.	• Two separate walk in centres maintained geographically close to each other. • MIU service does not see children • Public have choice of 'doors'. • Different clinical service depending on which service you visit • MIU not tendered. • Lack of economies of scale between the two service locations. • Services not integrated.	Based on current activity levels, the option is likely to be cost neutral with the potential for some savings to be delivered via open procurement. Forecast cost £3,641k

Option 3

Close the Walk in Centre at the RHH, commission the existing Minor Injuries Unit to see children and maintain the Broad Lane centre.

Benefits	Risks	Financial considerations
• Broadly maintains status quo. • Services have been in-situ for some years and so public are aware of their location. • Existing staff deliver high quality service. • Provides minor injuries services for all.	• Two separate walk in centres maintained geographically close to each other. • Public have choice of doors. • Different clinical service depending on which service you visit • MIU not tendered. • STH may not wish to provide minor injuries services for children. • Services not integrated.	Based on current activity levels, the option is likely to be cost neutral with the potential for some savings to be delivered via open procurement/co-location with existing service. Treatment of children at MIU will be cost neutral as both SCH A&E and MIU attract the same mandatory minor A&E tariff. Forecast cost £3,641k.

Option 4

Close the Walk in Centre and the Minor Injuries Unit at the RHH and procure a new Minor Injuries service to see adults only at the Broad Lane centre.

Benefits	Risks	Financial considerations
• Existing staff deliver high quality service. • Reduces number of perceived ‘front doors’ • Services tendered and value for money sought. • Mixed clinical team.	• MIU will not be available to children. • People will need educating as to when it’s right to visit A&E and when it’s right to go to alternative services. • The issue of two potential providers operating from one building will have to be managed.	It is assumed that the new combined service would not be subject to the A&E PbR tariff and that a combined service would be procured at a unit price lower then the combined cost of current services. Forecast cost £3,517k

Option 5

Close the Walk in Centre and the Minor Injuries Unit at the RHH, procure a new Minor Injuries service to see adults at the Broad Lane centre and all children with minor illness to be seen at Sheffield Children's Hospital (SCH).

Benefits	Risks	Financial considerations
• Existing staff deliver high quality service. • Reduces number of perceived 'front doors' • Some services tendered and value for money sought. • Mixed clinical team.	• Neither the MIU nor the Walk in Centre will be available to children. • Wait times would likely to be extended for those visiting A&E – 20 mins is the target at Broad Lane centre. • Parking at SCH is very limited. • The SCH waiting room may not be able to cope at peak times. • Continues to reinforce to people that A&E is the right place to go even if you have not got an emergency. • Would require altering the One Medicare contract as this currently requires Broad Lane to see children.	This is likely to increase costs based on the assumption that current WIC activity for children would transfer to SCH A&E, payable at mandatory A&E minor tariff. Forecast cost £4,009k

Option 6

Close the Walk in Centre and the Minor Injuries Unit at the RHH, leave the Broad Lane centre as it is and create a primary care 'front end' at both the Sheffield Children's Hospital (SCH) Accident & Emergency (A&E) department and the A&E at the Northern General Hospital (NGH).

Benefits	Risks	Financial considerations
• Existing staff deliver high quality service. • Reduces number of perceived 'front doors' • Mixed clinical team.	• Neither the MIU nor the Walk in Centre will be available which would force people to use primary care or attend A&E. • Wait times would likely to be extended for those visiting A&E – 20	This option is the most difficult to cost. It is assumed that a primary care 'front end' would not attract the A&E tariff, but that activity currently seen at MIU would transfer to main A&E departments and would attract tariff.

	mins is the target at Broad Lane centre. • Parking at SCH is very limited. • The SCH waiting room may not be able to cope at peak times. • Continues to reinforce to people that A&E is the right place to go even if you have not got an emergency.	This option could cost more.

Option 7

Do nothing. Maintain the current 3 walk in services at their existing locations.

Benefits	Risks	Financial considerations
• Maintains status quo. • Services have been in-situ for some years and so public are aware of their location. • Existing staff deliver high quality service.	• Two separate walk in centres maintained geographically close to each other. • MIU service does not see children • Public have choice of 'doors'. • Different clinical service depending on which service you visit • Neither MIU or WiC at RHH ever tendered. • STH have given the WIC notice to quit the current location • Increasing number of people visiting the WiC with medical conditions requiring a doctor. • Limited local parking	Inappropriate use of A&E services for minor ailments does not necessarily represent best value for money. Total recurrent cost of current services is £3,641k.