

NHS Airedale, Bradford and Leeds

## LEEDS HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD UPDATE

#### URGENT PRIMARY MEDICAL CARE OUT OF HOURS SERVICE DELIVERY LOCATIONS

## 18 APRIL 2012

#### 1.0 PURPOSE

1.1 The purpose of this paper is to provide a brief update on the outcome of the engagement on Urgent Primary Care Medical Out of Hours and the subsequent decision of the NHS ABL Board.

## 2.0 ENGAGEMENT

- 2.1 Face to face engagement opportunities were delivered as follows:
  - Wednesday 25 January 2012 6.00pm until 7.30pm (drop in session - presentation at 6.15pm and 7pm followed by questions and answers) Shaftesbury Medical Centre 78 Osmondthorpe Lane, Leeds LS9
  - Saturday 4 February 2012 10:30am until 12:30pm (drop-in session - presentations at 10:45am and 11:45am followed by questions and answers) Denny Room Leeds City Museum, Millennium Square
  - Thursday 9 February 2012 6pm until 8pm (drop-in session presentation at 6.15pm and 7pm followed by questions and answers) Leeds Seventeen Nursery Lane Leeds LS17
  - Tuesday 21 February 6pm until 7.30pm (drop-in session presentation at 6.15pm and 7pm followed by questions and answers) The Morleian Room Morley Town Hall Queen Street Morley Leeds LS27
  - There were also stalls for a full day each at Crossgates Shopping Centre, Sainsbury's Moor Allerton and Tescos Bramley during March 2012.
  - LIP were separately commissioned to seek the views of the mental health community, older people and South Asian families via focus groups
- 2.2 30,000 engagement documents were circulated widely across the city. The details are set out in the engagement report. These included the existing urgent care settings. Leeds Local Involvement Network (LINk) were consulted about the engagement process in November 2011. The information was also available on NHS Leeds website and Leeds City Council's Talking Point website.

Some 463 responses were received. A summary of the findings is:

- The location of Lexicon House was poor overall but the facilities there were ok or good
- Some people thought it was a good idea to move the services to hospital sites, but they were concerned about parking there
- Some people were unsure if it was a good idea for extra money to be spent on new urgent care centres, although it was felt that a centre in the East of the City may be of use
- Some people were keen for consideration to be given to using the Seacroft Hospital site for new services
- Overall most people selected option B and the proportions were; option A 27%, option B 41%, option C 32%
- 2.3 31% of respondents provided their address details. Attached as Annex A is a copy of the postcode analysis of these responses. There is no apparent pattern of preferred options related to the distance from Lexicon House or Leeds 14 areas.

# 3.0 RATIONALE

- 3.1 A range of key stakeholders responded to the engagement including Clinical Commissioning Groups, Local Medical Committee and Leeds Community Health Services NHS Trust. These stakeholders all indicated their preference for retaining services on the current sites at the current time (option A). The principal reason given was the potential for confused messages to patients concerning the difference between urgent and emergency care should urgent care services be co-located on main hospital sites.
- 3.2 Leeds Teaching Hospitals NHS Trust were supportive "philosophically" on co-location on hospitals sites, but were unfortunately unable to provide suitable accommodation at the current time.
- 3.3 The impact of NHS 111 will only emerge as the new service delivery progresses during 2013/14. However, the intention is to ensure patients access urgent care services which best meet their needs. The pattern of access to all walk in services might then change from the existing provision.
- 3.4 There are currently five urgent/emergency care centres across the city. In the light of the NHS spending review, any investment in additional centres would need to be prioritised against investments in other health services.

## 4.0 CONCLUSION

4.1 The ABL Board carefully considered the advantages and disadvantages of each option set out in the Business Case. They concluded that at the current time, the case for changes to the existing Urgent Primary Care Medical Out of Hours service delivery locations

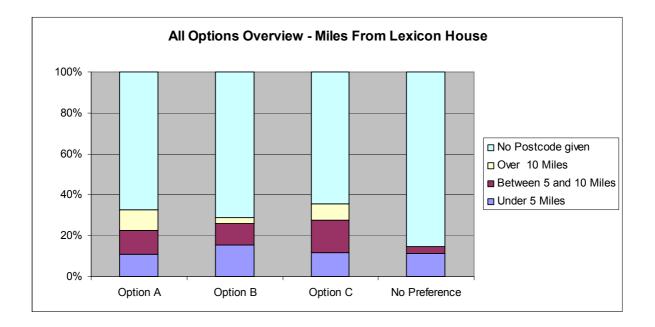
was not made. However, the Board did support the proposal to address the concerns from members of the public concerning signage, exterior lighting and security at Lexicon House. It was agreed that, subject to any necessary planning consents, these should be implemented. In addition, it was agreed that every effort should be made to provide flexibility in future estates and provider contracts. This would enable changes to be made as patterns of urgent care access change, for example the introduction of NHS 111.

Martin Ford Urgent Care Lead Head of Commissioning Long Term Conditions, Cancer and End of Life Care

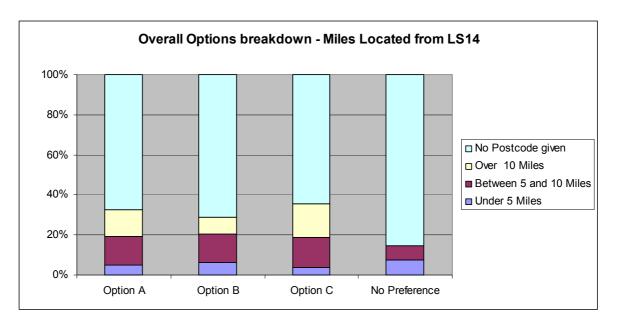
5 April 2012

#### **Urgent Care Engagement Post Code Analysis**

- 1. Only 31% gave postal information allowing us to determine where the responders came from.
- 2. 69% did not provide personal data therefore we are unable to explicitly define whether there is a coloration between the choice to move the centre and the postal address of the responders.
- 3. Of the 31% who provided postal address information 4 people did not have a preference to whether the centre moved or not.
- 4. 5% of the responders did not have a Leeds postcode but did reside in the surrounding area (Bradford and Wakefield)
- 5. On the whole there was very little variation between the options chosen and the post codes



6. Looking at Option C in detail (Additional Site to be located within the LS14 area) we can see from the chart below that in fact only a small percentage reside within 5 miles of LS14 and the majority who favoured Option C actually live over 10 miles away.



#### Ethnic Breakdown

- 1. Of the people who responded to the questionnaire we can confirm that 31% did not state their ethnicity.
- 2. Of those people who did confirm their ethnicity we can confirm that the majority were White (64%).
- 3. There was an equal breakdown in the other ethic groups who respond mainly from a mixed ethnic background.

