1. Purpose of this Paper

The purpose of this paper is to brief the Leeds Scrutiny Board (Health and Adult Social Care) on the latest developments of the Leeds and West Yorkshire Urgent Care Commissioning Programme:

- To update members on the procurement process and how engagement with and feedback from patients and the public has driven the programme to date.
- To brief members on the planned formal public consultation and describe the approach and principles adopted in relation to this.

2. Background

Leeds Primary Care Trust (Leeds PCT) is working with the four other PCTs in West Yorkshire to commission a consistent, accessible, quality, needs-led pathway for patients with an urgent care need. The model focuses on the different stages of the patient pathway:

The access and assessment elements of the patient journey will be commissioned on a West Yorkshire wide basis (call handling and triage) and the treatment element on an individual PCT basis.

3. Case for Change

Currently patients who have an urgent care need have a number of options available to them at different times of the day. They can:

- contact their own GP during normal working hours on weekdays,
- call NHS Direct for self care advice and information
- call 999 for an emergency response
- ring the Out of Hours Emergency GP service
- visit a pharmacist

Patient experience of this urgent care system varies and health professionals often complain that patients go to the wrong place for treatment resulting in demand for urgent and emergency care services rising year on year. The public have told us that they are confused about what services are available to them and how and when they should access them.

It is nationally recognised that urgent care, and particularly Out of Hours care (70% of the week) should be radically changed and modernised and that an integrated urgent
care system would help patients get access to the right treatment in the right place at the right time.

4. Public Engagement

Leeds PCT were keen to ensure that the public had an opportunity to feed into the urgent care redesign process from the outset of the process. During Summer 2007 the PCT engaged focus groups, initiated a media campaign inviting comments and views, and circulated questionnaires and posters in all GP practices and urgent care services. The results of this (Appendix 1) informed the development of a broad output specification for the new urgent care service.

Within their submissions against this specification (received on 15th February 2008) bidders were asked to demonstrate how they had addressed the outcomes of the patient engagement in their solutions and were scored on this. They were also asked to demonstrate how they would continuously ensure that patients’ views were collected and used to shape service improvements in the future.

5. Key Principles

The PCT has endorsed the following principles in relation to communication, engagement and consultation along with the other PCTs in West Yorkshire.

Diversity: We recognise the wide diversity and communities of interest within the area we serve and will make every endeavour to use a wide range of approaches and techniques to reach this diverse community.

Open and transparent communication: We will favour open and transparent communication with an assumption that information can be freely communicated to all stakeholders unless a case for the contrary has been made.

Stakeholder engagement: We will be committed to establishing a dialogue with stakeholders and ensure that they are involved in informing Urgent Care decisions.

Staff engagement: We will ensure that staff groups receive regular and timely briefings to guarantee that they are kept fully informed and engaged, and are able to answer queries from patients and the public.

Clarity about decision making: work will be planned and delivered to ensure that the patients clearly understand what the programme constraints are and how they influence decision making.

Urgent Care Champions: We will identify clinical and strategic champions for media and staff engagement and to act as speakers at public meetings and events.

6. Scope of Service and Timescale

Due to feedback from patients and members of the public, Leeds PCT is commissioning a 24/7 urgent care service for the residents of Leeds. Patients with an urgent care need who cannot access their own routine care provider will be able to either ring a 24/7 urgent care number and be directed to the most appropriate service
for their need (often with a pre-booked appointment time). They will also still be able to walk-in to local urgent care facilities such as A&E departments and Minor Injury Units which will be improved and augmented to ensure that patients receive the most appropriate care for their need.

The PCT has adopted a competitive dialogue approach to the procurement of this new service. This means that providers, who have significant experience in delivery of services, are able to offer suggestions and ideas about the model of care to be developed. Please see appendix 2 for a detailed timetable of the competitive procurement process.

7. The Consultation

The PCT has scheduled a formal public consultation to take place 6th May – 29th July 2008, in order to consult with the population of Leeds on the developments of the urgent care commissioning programme so far. This will allow components of the solutions to be tested with the patients and the public, and the feedback from the consultation will shape the final service specification that the PCT tenders in September.

Contractors have been asked to describe how they have engaged with the consultation process so far, and how their detailed solutions have incorporated any emerging feedback from the consultation process available prior to the submission deadline.

The 12 week consultation for both the local treatment model and the West Yorkshire wide call handling and triage service will include:

- Posters
- Full consultation document (to include translation facilities, Braille and audio)
- Summary leaflets (to include translation facilities, Braille and audio)
- Website
- Local public meetings (drop in sessions) and focus groups
- Focus on the inclusion of hard to reach groups
- Regional stakeholder events
- Organisational briefings
- Regional provider briefings
- Media releases and interviews
- Staff briefings/newsletters
- Offers of 1:1 briefings/meetings with stakeholders where appropriate.

A wide range of local stakeholders – in line with the PCT’s usual practice - have been identified to receive consultation material.

8. Feedback mechanisms

Mechanisms in relation to feedback will include:

- Standard Feedback Forms;
- Website Responses;
- Letters (or logs of telephone conversations)
• Emails
• Notes from meetings/drop in sessions.
• Press releases and other media activity.

The outcome of the public consultation will be key in determining the final service specification in August 2008, therefore ensuring that public opinion is reflected in future service delivery.

The Board of Leeds PCT will receive a summary of the outcome of local consultation at a Board meeting following the conclusion of the consultation.

Leeds PCT will ensure that members of the Scrutiny Board are updated and briefed with the outcomes of the formal public consultation.

Rebecca Stirk
Leeds Primary Care Trust
April 2008
### Appendix 1

#### Urgent Care Engagement – Outcomes

**Access, Assessment and Treatment**

<table>
<thead>
<tr>
<th>What patients told us</th>
<th>Potential improvement to be explored through dialogue</th>
</tr>
</thead>
</table>
| Patients and the public are not aware of all the urgent care options and when to use them  
‘I don’t know what would happen if I was ill at night would a doctor visit?’ |
| Patients and the public are dissatisfied with the amount of waiting in the system  
‘Too long waiting for a call back’  
‘Waiting time in A&E too long’ |
| Patients and the public are dissatisfied with the amount of duplication  
‘I was asked the same question 4 times by 4 different people’ |
| Patients and the public are dissatisfied with levels of communication  
‘The doctors don’t listen to you’  
‘The families go through so much they don’t know what is happening.’ |
| Patients and the public say that the manner of staff has a big impact on their satisfaction  
‘I didn’t feel comfortable-staff and doctor did not come across polite, felt that we were wasting their time’  
‘Long waits and nurses were rude’ |

Patients and the public want more information on urgent care services  
‘A leaflet with all numbers and so you can just phone and get straight through.’

Patients and the public want delays reduced  
‘I’d like to see the initial contact simplified. I’d like to know you can pick up the phone and be put through to a clinician to deal with you straight away without having to wait for someone to...

Patients and the public don’t want to have to repeat information to different people  
‘A named person to be assigned initially on contact, rather than a ‘pass the parcel’ attitude and going over and over the same story to a series of different people in a stressful situation.’

Patients and the public want to be communicated to effectively  
‘Better communication once in the service’  
‘A more informed wait if delays are unavoidable’  
‘Better communication between departments’

Patients and the public want to be treated and dealt with by helpful and friendly staff  
‘Less of the ‘brisk’ attitude’  
‘Telephonists that are more sympathetic and helpful’
Patients and the public are dissatisfied with the physical environment of some of the services. Some patients and the public find the location of some services difficult to access. For example:

- “You have to go to xxx which is difficult when you don’t have your own transport.”
- “They are really nice at xxx but it’s too far when you haven’t got transport.”

Patients and the public whose first language is not English or who have learning or hearing difficulties have difficulty accessing services. Some patients and the public get frustrated by the processes in urgent care services. For example:

- “I was passed from one person to another and finally got an answer.”
- “Huge queues and not a lot of order results in frustration to patients.”

Patients and the public are surprised that services do not have access to their medical information. Some patients and the public want providers of urgent care services to have knowledge of their medical history/records. For example:

- “I would like to have someone on switchboard that can access your records and give advice over the phone during the daytime.”

Patients and the public want barriers to access removed or reduced. For example:

- “Access to interpreters is vital when you have accessed a service.”

Patients and the public want a seamless service when accessing urgent care. For example:

- “All the available capacity aligned to one service rather than three separate services.”
- “Having a single telephone number or a one stop shop that people could phone or access”

Patients and the public want an environment that meets their needs. For example:

- “Separate waiting area for children.”
- “A&E-confidential area for booking in.”

Patients and the public want more alternative community services. For example:

- “GP services at surgery up to 9pm.”
- “Patients want the ability to seek treatment for minor injuries or ailments in a healthcare centre or at their own GP practice.”
- “More out-of-hours GP service in local area.”
Patients and the public find it difficult to get an appointment in hours with their GP
‘Hard to get an appointment in hours’
‘Why I have to access urgent care is because of one of the biggest difficulties I have with my local surgery’

Patients and the public want improved access to their own GP practice
‘GP appointment system to accommodate people who work’
‘People should be seen by their GP rather than going to A&E’
“Keep doctors open longer, evenings till 8pm, Saturday afternoon till 3pm.”

Patients and the public find it difficult to get an emergency dentist
‘Dentists never have appointments no matter how early you ring’
“No dentists in my area’

Patients and the public want improved access to emergency dental services
‘Faster access to an emergency dentist’
‘More routine dentists’

Patients and the public find it difficult to access local pharmacies out-of-hours
‘There are now no pharmacies open in xxx on Sundays’
“I had to drive to xxx with a sick child”

Patients and the public want pharmacies aligned with other urgent care services
‘24 hour pharmacies’
‘Pharmacy on site and open’
Appendix 2

**Urgent Care Procurement Timetable**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date Range</th>
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<tbody>
<tr>
<td>Advert for expressions of interest is issued</td>
<td>1st October 2007</td>
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<tr>
<td>Deadline for return of Pre-Qualification Questionnaires (PQQ) from interested providers</td>
<td>9th November 2007</td>
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<tr>
<td>Pre-qualification Questionnaires (PQQ) responses are shortlisted</td>
<td>By 30th November 2007</td>
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<td>Invitations to Participate are issued to successful bidders</td>
<td>3rd December 2007</td>
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<tr>
<td>Dialogue days are held for Access &amp; Assess service</td>
<td>17th – 21st December 2007</td>
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<tr>
<td>Dialogue days are held for Treatment services</td>
<td>14th – 25th January 2008</td>
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<tr>
<td>Providers submit outline solutions for Access/Assess and Treatment services</td>
<td>15th February 2008</td>
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<tr>
<td>Evaluation of outline solutions and clarification time</td>
<td>17th Feb – 14th March 2008</td>
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<tr>
<td>Outline solutions are shortlisted and providers informed</td>
<td>31st March 2008</td>
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<tr>
<td>Public consultation on outline solutions</td>
<td>May – July 2008</td>
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<tr>
<td>Service specifications are refined</td>
<td>August 2008</td>
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<tr>
<td>Call for final tender against chosen solution and close competitive dialogue</td>
<td>31st August 2008</td>
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<tr>
<td>Deadline for final tender submission from providers</td>
<td>30th September 2008</td>
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<tr>
<td>Evaluation and final clarification</td>
<td>October 2008</td>
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<tr>
<td>Identification of preferred bidder</td>
<td>31st October 2008</td>
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<tr>
<td>Award contracts</td>
<td>November 2008</td>
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<tr>
<td>Transition period</td>
<td>November 2008 – March 2009</td>
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<tr>
<td>New contracts commence</td>
<td>April 2009</td>
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