

## **Scrutiny Board (Adults, Health and Active Lifestyles) Update paper**

### **Proposals for Change – Urgent Treatment Centres: Outcomes of public engagement and next steps**

**Date paper submitted:** 8 July 2019 (please note analysis of engagement not submitted on same date as going through design amends)

**For:** Scrutiny Board (Adults, Health and Active Lifestyles) meeting being held on 23 July 2019

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#### **Purpose of paper**

To provide Members a summary of what people have told us as part of the formal engagement exercise undertaken by the CCG. The paper describes our proposed next steps, subject to comments and feedback from Members.

#### **What we asked, what people told us and how we'll continually involve elected members, citizens and staff**

From 21 January 2019 to 15 April 2019, the CCG carried out a formal 12 week engagement exercise to get the views of local people on its proposals to establish five urgent treatment centres in the city over the coming years. Details of what the proposal covers are available further on in this update paper and have been previously circulated.

We had well over 3,500 responses to our formal engagement. This included just over 3,200 people completing the survey either online or in paper format as well as feedback from people attending our formal events or drop-in sessions and through social media or email. Our analysis also included comments received from elected members and the formal response from Scrutiny Board (Adults, Health and Active Lifestyles) received on 29 April 2019. The analysis was done by an independent company, Brainbox Research, specialising in this field. This is in line with best practice laid out by NHS England in their guidance document *Planning, assuring and delivering service change for patients* (2018), which suggests that its best practice to engage an independent body for analysis. As part of this paper we have included the full report so that Members can see what people told us as well as other ad hoc comments and information such as people's current experience of care.

The key points are as follows:

- 72% of people believed that Seacroft is the correct location for the fifth urgent treatment centre;
- 77% of people believed the opening hours of 8am-11pm were right for the community-based urgent treatment centres; and
- most people believe that the proposals will improve access.

We do however recognise some of the points to consider as identified in the analysis. We acknowledge that we'll need a comprehensive communications and

engagement campaign around raising awareness of services available to people when they have an urgent care need once we are confident that the urgent treatment centres can meet anticipated demand.

We will continue to work with local people, patients and community groups to co-design the centres, where possible, and actively seek their views to make future improvements. This includes responding to concerns from people with mobility issues, sensory impairments and mental health-related conditions so that the access and environment is appropriate. This would be an ongoing dialogue.

We also recognise and appreciate the support, advice and community connections that elected members have. With this in mind we'll continue to provide updates, as required, to elected members. This includes a planned tour of community committees in autumn 2019. In addition we very much welcome feedback that can help us ensure the urgent treatment centres most closely meet people's access needs.

We do recognise concerns raised by citizens around car parking facilities however we have to work within budgetary and estates constraints, recognising that as commissioners we have no authority over availability and running of parking facilities. Where possible we'll look for solutions. However the centres, particularly those at Leeds General Infirmary and St James's Hospital, have good public transport links from across the city which we considered while developing our proposal. The community-based centres are also served by a number of bus routes. It's important we encourage people to use public transport to reduce anxiety around car parking and as part of the wider clean air agenda that the city of Leeds is looking to be a pioneer in.

As part of our ongoing engagement we'll hold an event, date to be confirmed, to outline our plans to local citizens, thank people for their feedback, identify any groups we need to work with to ensure we cover any accessibility issues and ask people to continue to feedback their experience of urgent care services. We'll also use this as an opportunity to address people's concerns around availability of services in west Leeds and Wetherby.

We recognise the importance of our staff in delivering high quality and safe care, therefore we'll continually engage with clinicians and the wider workforce. We'll look at the most suitable way of involving different staff from frontline clinicians to those working in non-clinical roles. This will involve engaging and communicating in the way most suited to meet the needs of staff groups. In addition we need to be assured that frontline staff are referring to the most appropriate service and work with NHS 111 colleagues so that we increase the number of pre-booked appointments. This fits in with our long-term approach encouraging people to 'talk before you walk'.

When preparing our proposals for the formal engagement we were mindful of the feedback we received from the pre-engagement exercise for the Shakespeare Walk-in Centre. This included ensuring services were enhanced and not lost, access would continue to be available to all and concerns around security. This engagement took place from 4 October to 16 November 2018.

### **Assurance around protected characteristics and an accessible engagement**

In previous updates to Members we spoke about how we would actively engage with seldom heard groups including, but not limited to, those belonging to the protected characteristics (Equality Act, 2010). To help us with this we carried out an equality impact assessment, looking at evidence from our previous work as well as national studies to assess any groups who have difficulties accessing services or their experience of care occasionally falls below the standards we aspire to.

To provide us with further assurance, CCG volunteers scrutinised our engagement plan, supported our engagement activities and sat on steering group meetings.

From this we identified a number of priority groups including those that are not covered by the protected characteristics such as those affected by deprivation or those with mental health conditions. Working closely with Voluntary Action Leeds and our other partners in the voluntary sector we outlined that we wanted to ensure that our engagement was accessible to all our diverse communities. We can confirm that we achieved responses from a wide range of different communities in Leeds. These groups have been outlined in detail in our engagement report.

We ran a number of formal events with our very first one taking place at Leeds Society for Deaf and Blind with a British Sign Language interpreter. The whole session was filmed and shared on our website, on social media and directly with community groups. The film included the British Sign Language interpreter as well as subtitles. In addition we provided an easy read version of the online and paper survey. To encourage involvement from as wide a range of people we spread our events across the city, including evenings and weekends. We also paid for advertising on social media and DAX, a digital radio streaming service.

The analysis report provides further information on how we engaged with our city's diverse communities.

### **Responding to comments and observations from the Scrutiny Board**

We welcome the continued support and advice we have received from members and the formal response from the Scrutiny Board (April 2019). Overall, the Scrutiny Board welcomed the proposals to develop five urgent treatments centres across Leeds; recognising that in the main hospital settings in Leeds, urgent treatments centres would represent 'the front door' to Accident and Emergency.

The Scrutiny Board also recognised the development of urgent treatments centres represented part of the transformation work associated with current/traditional Accident and Emergency services – alongside other developments, such as the Frailty Unit.

As part of the consideration of the urgent treatment centre proposals, the Scrutiny Board also highlighted a range of other related matters. These included:

- The availability and variability of access to GP services across parts of the City, which is likely to impact on the numbers of patients access urgent treatment centres.

- Recognising the urgent treatment centre proposals represent a significant behaviour change for patient and the public; Leeds' Health and Care system has an important and long-term role in getting a clear, easy to understand and consistent message to patients and the public about accessing different types of care across the City.
- The need to recognise the diverse nature of communities across Leeds and the impact this can have in providing consistent messages to patients and the public.
- The need to ensure that community pharmacists are sufficiently engaged as an integral part of Leeds Health and Care system.
- Recognising the success of the urgent treatment centre proposals (alongside most other service developments) is underpinned by the quality and robustness of the overall health and care workforce strategy – in terms of recruitment, retention and ongoing training and development.
- The potential for urgent treatment centres becoming the location for urgent dental services (in the longer-term).
- The need for service providers responsible for service delivery at urgent treatment centres to work collaboratively with each other – and within the developing local care partnerships.
- As part of its decision-making process, the need for NHS Leeds CCG to provide indicative timescale

In response to the above we can highlight the following:

- Our primary care commissioners are leading on this. Although this falls outside of the remit of our proposals we recognise the close relationship between primary care commissioners and unplanned care. Therefore work continues to look at how we can improve access to primary care services across the city to reduce any concerns around inequality. Leeds was one of the first areas to be able to offer extended hours to 100% of registered patients with a Leeds GP practice. We continue to work closely with local, regional and national colleagues and our primary care commissioners and the Leeds GP Confederation to identify how we can meet the well documented workforce challenges. In addition we are keen to promote the skill set of the wider primary care workforce to free up GP time so that we can increase the availability of appointments. This work includes supporting the wider citywide drive around self-care, self-management and prevention. All our formal engagements were attended by a member of the primary care commissioning team, this demonstrates our commitment to working in partnership with all providers.
- We are committed to, and continue to work with citywide partners, to encourage people to make use of the range of services available to them should they fall ill or get injured. We are planning on running campaigns in the future to support this in a way that doesn't create a surge in unmanageable demand. We are also looking at promoting 'talk before you walk' as standard practice.
- Our urgent care and rapid response programme includes representation from key partners in the city. In addition to more specific engagement with

clinicians to ensure services can be offered that remain sustainable, effective and offer high-quality and safe care.

- Once we have established a working urgent treatment centre model, with demonstrable evidence of effectiveness, we can look at what other services could be hosted on site. However this would mean working with other commissioners of services such as NHS England for dental.
- The success of not only the urgent treatment centres but the wider health and care system is about integration with a focus on primary and community-based services as outlined in the NHS Long Term Plan. While we can't have urgent treatment centres based in each of the local care partnerships we do recognise the need to work closely with all our providers and partners

### **Our next steps**

From an operational perspective we, subject to feedback from Members and NHS England, will be looking to implement our proposals as outlined in the formal engagement. This would mean that we'd have a total of five urgent treatment centres in the city.

One of these would be the existing site at St George's Centre which we formally opened earlier this year following a pilot as directed by NHS England. Based on our existing estate and budget available to us we'll progress our plans to change Wharfedale minor injury unit into an urgent treatment centre, learning from the St George's Centre pilot. We will also look to establish two co-located centres alongside the city's A&E units. Finally, we feel the responses to our formal engagement shows significant support to set up a centre in the Seacroft area. At present our thinking is to use the Seacroft Hospital site due to the availability of estate and staff feedback.

If Members support our proposals and we get agreement from NHS England we are expecting the following timelines. Please note the dates for the St James's and Wharfedale sites are unlikely to change.

- 23 July 2019, paper discussed at Scrutiny Board (Adults, Health and Active Lifestyles) and proposal being accepted.
- From 23 July until 1 September 2019, dialogue and approval from NHS England.
- 25 September 2019 proposals ratified by the CCG's Governing Body.
- Winter 2019 initial scoping work to take place of the St James's Hospital site. We anticipate it will take between 12-18 months before this site is ready to be designated an urgent treatment centre. During this period we will have a planned and clearly communicated migration of services from the Walk-in Centre.
- We are looking at reconfiguring the Wharfedale site and achieving urgent treatment centre status by December 2019 to fit with NHS England deadlines.

- From summer 2019 to summer 2023 reconfigure the Leeds General Infirmary A&E to accommodate the urgent treatment centre. Please note that this would be part of the wider Building the Leeds Way proposals to redevelop the Leeds General Infirmary. We are anticipating similar timescales for the Seacroft site as the long-term view is that we consider hosting the urgent treatment centre within a new build community and health centre in the Seacroft area.
- Throughout this period and beyond we'll regularly inform and engage elected members through Scrutiny board, elected member briefings and attendance at community committees. We'll also continue to work with local citizens to ensure services are responsive, accessible and deliver the best possible experience.

### **Summary of key proposals**

Since the meeting on 7 December 2017, the urgent care and rapid response programme board has started developing proposals to prepare for the expected roll out of urgent treatment centres in Leeds. The board, with representatives from across Leeds health and care partners, includes clinical expertise from primary and secondary care to assure ourselves that proposals are developed in a way that are safe, sustainable and offer the best possible quality of care.

Our 12 week formal engagement programme and previous six week pre-engagement covered the proposals as outlined below.

1. Developing five GP-led community urgent treatment centres to be based at Wharfedale Hospital, St George's Centre (now open and running as an urgent treatment centre), LGI and St James's and the fifth site proposed at Seacroft Hospital. Views have been considered on opening hours, services that could/should be available and location of the fifth centre and the skills mix of the workforce.
2. Co-location of two urgent treatment centres within Leeds General Infirmary and St James's Hospital. Views will be sought on opening hours, services that could/should be available and skills mix of workforce.
3. Relocation of the Shakespeare walk-in centre to St James's Hospital to form part of the urgent treatment centre. Views were invited on whether this is an appropriate location for the walk-in centre, opening hours, services that could be available and skills mix of workforce.

### **Impact on patients and staff**

We are confident that the urgent treatment centres will bring positive benefits for both patients and staff, furthermore we will be enhancing the current offer rather than reducing service provision. We appreciate that moving the walk-in centre up the road will have some impact on patients. However our proposed move to St James's Hospital will reduce the significance of this impact and will offer patients access to a broader range of health facilities under one roof. We have clinical assurance on the programme board and are involving the clinical senate when developing proposals, again this gives us confidence that the clinical/staff impacts can be managed.

Ultimately the future service will improve patient care, reduce confusion for staff and patients and reduce pressures on the city's accident and emergency units.

We will commit to routinely collecting patient experience from all the sites and use this to continue development of site so that they reflect the changing needs of local people.

## Appendix A

### Background

The “*Next Steps on the NHS Five Year Forward View (5YFV)*” was published on 31 March 2017; and set out how the 5YFV’s goals would be implemented over the next two years. Urgent and Emergency Care (UEC) was identified as one of the main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients.

The UEC improvement priority included the “*Roll-out of standardised new ‘Urgent Treatment Centres’*”; and following its review of urgent treatment services across the NHS, in July 2017 NHS England published guidance (including a core set of standards) for the establishment of Urgent Treatment Centres (UTC) across England. The full guidance is available using the following link:

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

The aim of the guidance was to establish as much commonality as possible across all UTCs – and to address patient and public concern about the current confusing mix of services – such as walk-in centres, minor injuries units, urgent care centres and numerous GP health centres and surgeries offering varied levels of core and extended service; alongside variations in opening times and the type of services available.

The guidance set out a core set of standards for UTCs; with the aim that by December 2019 patients and the public would:

- Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
- Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
- Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS 111, local GPs, hospital A&E services and other local providers.