

## Healthwatch Sunderland response to Sunderland Clinical Commissioning Group (CCG) Urgent Care Proposals

Healthwatch Sunderland acknowledge the work that Sunderland CCG have undertaken to ensure that the public consultation has been wide ranging in its attempt to capture the views of as many people as possible. We understand that response rates are higher than the average for similar consultations, however we still meet many members of the public at our engagement stalls and meetings who are not aware of the proposed changes. We encourage the CCG to continue to seek out innovative ways to encourage public interest.

Healthwatch Sunderland would like to raise the following areas for consideration:

- 1. Access:** The Pallion Centre has a few bus services passing it with poor public service access from Houghton, Washington, North, East and West Sunderland and only a relatively small car park, overspill car parking will be in the hospital car park which is already over capacity in busy periods. For those who attend via car, there is poor accessibility for a drop off at the main entrance, a small car park, and car park steps make the site poorly accessible for those with mobility issues. Healthwatch Sunderland look forward to the findings of the travel and transport work considered in relation to Pallion, and how this will impact decision making.
- 2. Proximity to the Emergency Department:** Pallion has clinical advantages and in this respect may be considered as the best option by the public, however, there is also a significant risk that more people will be likely to go directly to the Emergency Department, increasing pressure especially if the car park is full or there is a long waiting time at Pallion (the waiting room area is often congested). Healthwatch Sunderland would like to understand what is being done to mitigate this risk?

- 3. Communication:** Confusion already exists in public minds about primary care centres, drop in centres, urgent care centres and at the times services are available. Urgent care in GP surgeries has advantages in relation to transport and potentially shorter waiting times, however, communication of the changes will have to be extensive and effective if the new system is going to work. What plans exist to ensure that every household in Sunderland is fully aware of the changes and are follow up questionnaires planned to ensure that the message has got across? The 111 service has not been popular with patients because of past issues. What communications are planned to dispel this view, and how will the service be evaluated?
- 4. Capacity:** There is a shortage of full time GP's, hence the question has to be asked if additional GP's need to be recruited to provide the new urgent care services and if not, where is the additional GP capacity coming from since there seems to be a need for more doctors than currently provide urgent care as a result in the increase in service locations. This position will be exacerbated over the next few years, with a reduction in GP numbers predicted by the CCG. Is this the situation and where is the service capacity coming from?
- 5.** The new consultation types initiative provides potential benefits across the city to those willing and able to use it and could be considered in the future for urgent care appointments when it is established. It has advantages for urgent care in that "eConsult" has a series of triage questions that will provide clinical information to an urgent care doctor prior to the appointment being made and in that respect will help the Doctor prioritise appointments and it will save time during the consultation with some of the questions that may be raised by the doctor being unnecessary as a result of the relatively detailed triage. It will also increase access via a secure website that requires the patients practice information and NHS number for access.
- 6. Patient feedback:** The detailed consultation / engagement report issued by eh CCG highlights considerable patient dissatisfaction with urgent care services and general public concerns of a 'done deal'. What is being done to dispel this view and build trust with the public?

**7. Focus groups:** The information made available to those hosting focus groups was sometimes seen as confusing, and more information about how services are currently used would have been welcome, particularly around minor injuries treatment at Pallion.

Healthwatch Sunderland would also like to understand if the popular open surgery approach is being abandoned, and if so what is the clinical evidence to take such action?

This document will be publically available on the Healthwatch Sunderland website. We look forward to your response which we will publish alongside these questions. Healthwatch Sunderland will be happy to assist with evaluation activities and may take the opportunity to comment further on the consultation report. We would be pleased to receive a presentation at a future HWS board meeting relating to urgent care.

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