

Improving 7-Day Access



A Public Consultation on Proposals to Change 7-Day Access to Primary Care Services across Durham Dales, Easington and Sedgefield.

**Consultation begins Wednesday 7th November 2018
and ends Wednesday 19th December 2018. Have Your Say.**



Who we are

We are NHS Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG). We comprise of 37 GP practices and cover a population of around 292,000 patients. We are a large organisation, so we have three localities as points of reference for what we do – Durham Dales, Easington and Sedgfield.

Clinical We are made up of GPs, nurses and other health professionals who know your health needs and how to meet them.

Commissioning On your behalf, we plan and buy health services that you need and use.

Group We are an organisation accountable to you, the taxpayers.

What do we mean by 7-Day Access to Primary Care Services?

Primary Care Services - Primary care is the service that provides the first stage of care for minor ailments and ongoing patient support/needs close to where the patient lives. It is the patient's main source of regular medical care by health professionals from a GP practice setting.

7-Day Access - GP Practices or a group of practices working together (called a hub) offering additional appointments beyond 6pm on weekdays and additional appointments on a Saturday and Sunday.

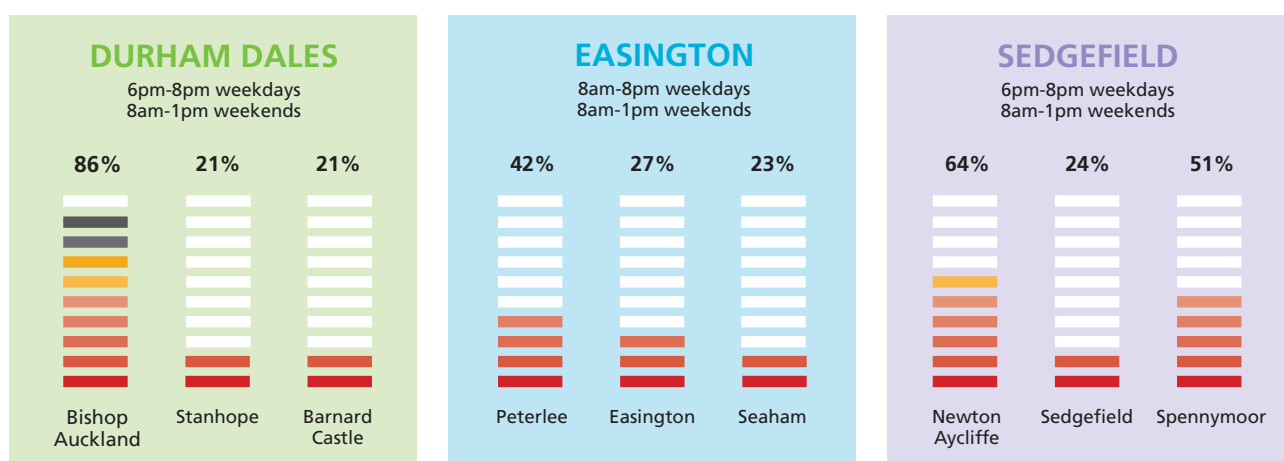
Why do we need to change?

In Spring 2016, we undertook a public consultation about urgent care services. During that consultation, we also asked the public and clinicians to tell us where we should locate primary care services that provide additional evening and weekend appointments. Nine hubs (practices working together) across the DDES area were chosen as the preferred option by the public.

It was agreed to implement and then review these changes after six and then twelve months of operation. This was to ensure the services covered the full winter period to truly understand their impact. In this review, we looked at who used our primary care services, when and why.

The need to change was established after we reviewed public and clinician feedback, including patient views, activity, capacity, impact on other services, practice requirements, value for money, transport and pharmacy provision.

The review highlighted that these hubs were valued but some were significantly underused. The utilisation rates for each hub are listed below.



This underuse has led to issues around overcapacity across all sites (too many staff for too few patients), staff retention across services (difficulty recruiting and keeping staff) and poor value for money. Clinicians are supportive of the need to change and think we could meet patients' needs in a different way.

This consultation is about our proposals to address these issues and to improve 7-day access to primary care services in the DDES area.

What you have told us already

Patient feedback

Between December 2017 and August 2018 we asked for the views of people who used primary care services and those who chose to attend Urgent Care Centres or A&E Departments outside of the DDES area. We engaged with 862 members of the public made up of patients and stakeholders from patient reference groups, health networks and hard to reach groups.

As the majority of people attended the hubs after 6pm and at weekends (when GP practices are normally closed), it clearly demonstrated the need for extending access. The main reasons people attended the hubs were that they felt they received a better service and that it was easier to get an appointment. The majority of patients got an appointment via NHS 111 and had a positive experience of the service. When respondents were asked about their opinion on the sites:



Of the respondents who said they would be prepared to travel further to a hub, 99% thought that up to five miles was a reasonable distance to travel. 59% thought that up to 10 miles was a reasonable distance to travel and 25% thought that up to 15 miles was a reasonable distance to travel.

Reasonable distance to travel to a hub



Practice feedback

Between December 2017 and May 2018 we asked for the views of Clinicians, GP Practices, GP Federations and Commissioners to fully understand the need to change services to meet the population's needs. We gathered this feedback via practice questionnaires, practice staff meetings and individual practice meetings with lead GPs and practice managers.

During the week, practices requested that patients are seen in their own practices with an additional service provided, known as a 'hub', to support and deliver care to those who need to be seen on the same day. Practices suggested the hub could also offer a number of pre-bookable appointment slots outside practice opening times to better accommodate those patients who work shifts or work away from home during the week. Other options to be developed include a home visiting element and additional telephone appointments.

During weekday evenings and weekends, practices felt that patient need would be best met with a hub that was provided close to a local pharmacy which was open at the same time.

Practices felt that there needed to be a more mobile service including home visits for rural areas, with a particular focus on those housebound patients where ability to travel may be a barrier.

Practices also felt that patients booking via NHS 111 should be asked if they have access to transport to attend an appointment and, if necessary, transport will be booked.

Arriving at our options for consultation

We developed five possible scenarios for each area for how we might be able to deliver 7-day primary care services based on what people told us in the review.

SCENARIOS FOR DURHAM DALES

Scenario 1	No changes to current service delivery
Scenario 2	Reduce to two sites (Bishop Auckland and one rural site)
Scenario 3	Reduce to one site (Bishop Auckland)
Scenario 4	Reduce to one site (Bishop Auckland), but change/extend weekend opening hours
Scenario 5	Reduce to one site (Bishop Auckland) but change/extend weekend opening hours with services for frail/housebound patients

Scenarios 1,2,3 and 4 were not taken forward to consultation as they did not meet the criteria. They are not viable options for the services in the future, because the options are not sustainable and will not be able to meet the needs of the current and future populations. See scenario appraisal (p6-p7).

Scenario 5 has been taken forward to consultation.

This proposal will ensure that NHS money is spent wisely and provides more additional services to patients than services do now.

This option ensures 7-day access for longer with a multi-professional team to meet patients' needs.

Do you sometimes call your practice to be told there are no available same-day appointments? This service will support your needs as it will be available as an overflow facility to your practice 12 noon–8pm.

This is a less complicated service for patients to navigate and supports stakeholders to get patients to the right service first time. The demand on services are much greater in Bishop Auckland, a main town in the Durham Dales area with good transport links.

However, we do not wish to disadvantage the more rural sites therefore, where needed, we are committed to bring services to those patients, improve patient transport and listen to anything that patients think we have not considered.

SCENARIOS FOR EASINGTON

Scenario 1	No changes to current service delivery
Scenario 2	Reduce to two sites with no overflow and no additional services
Scenario 3	Reduce to one site with no overflow and no additional services
Scenario 4	Reduce to two sites at weekends and one overflow through the week 12 noon-8pm with additional capacity and services created
Scenario 5	Reduce to one site at weekends and one overflow through the week 12 noon-8pm with additional capacity and services created

Scenarios 1,2,3 and 5 were not taken forward to consultation as they did not meet the criteria. They are not viable options for the services in the future, because the options are not sustainable and will not be able to meet the needs of current and future populations. See scenario appraisal (p6-p7).

Scenario 4 has been taken forward to consultation.

This proposal will ensure that NHS money is spent wisely and provides more additional services to patients than services do now. This proposal is supported by local GPs.

This option ensures 7-day access for longer with a multi-professional team to meet patients' needs.

Do you sometimes call your practice to be told there are no available same-day appointments? This service will support your needs as it will be available as an overflow facility to your practice 12 noon-8pm, offering pre-booked appointment outside of GP opening times.

This is a less complicated service for patients to navigate and supports stakeholders to get patients to the right service first time. The demand on services are much greater in Peterlee, a main town in the Easington area with the highest patient population with good transport links. The Peterlee site is used a lot more than the other sites.

However, we do not wish to disadvantage the other town sites. Therefore, we are looking to provide another site at weekends in Seaham. This is geographically spread out across the locality to allow equitable access and will support those patients who are currently choosing to access Sunderland services including Houghton Urgent Care Centre. Where needed, we are committed to bring services to those patients, improve patient transport and listen to anything that patients think we have not considered.

SCENARIOS FOR SEDGEFIELD

Scenario 1	No changes to current service delivery
Scenario 2	Reduce to one site (Newton Aycliffe) – overflow and 6pm-8pm through the week and weekend
Scenario 3	Reduce to two sites (Newton Aycliffe and Spennymoor)
Scenario 4	Reduce to one site (Newton Aycliffe) with home visiting outreach services for frail/housebound patients for all time
Scenario 5	Reduce to two sites (Spennymoor and Newton Aycliffe) during weekday evening and retain three sites at weekends

Scenarios 1,2,3 and 4 were not taken forward to consultation as they did not meet the criteria. They are not viable options for the services in the future, because the options are not sustainable and will not be able to meet the needs of the current and future populations. See scenario appraisal (p6-p7).

Scenario 5 has been taken forward to consultation.

This proposal will ensure that NHS money is spent wisely and provides more additional services to patients than services do now.

This option ensures 7-day access for longer with a multi-professional team to meet patients' needs. Do you sometimes call your practice to be told there are no available same-day appointments? This service will support your needs as it will be available as an overflow facility to your practice across two sites during the week and three sites during the weekend.

Sedgefield is unique as it does not have an Urgent Treatment Centre or a Minor Injury Unit within the locality (and never has done) therefore patient expectation on services are different in this area.

Based on this, we are proposing more minor services are available in this locality as transport links are poor and we want to avoid any inappropriate impact in patient behavior shifting to nearby Hartlepool and Darlington A&E services. These A&E services are not set up to deal with minor cases and should be used for emergencies only.

Scenario Appraisal

The following table shows the appraisal criteria used to evaluate the five options for each locality, based on what people told us in the review and the priorities of the CCG.

What patients told us in the review mattered to them is **bold** in the table. What is essential for the CCG is *italics*.

APPRAISAL CRITERIA
Patients
Maintains the status quo (nothing changes).
<i>Provides a service for housebound patients and those not able to travel to services.</i>
Provides equal access to services across the locality – access to include services that support all patients (including telephone appointments, for example, not necessarily site-based).
<i>Easier for patients to understand available services for them – currently services are confusing.</i>
<i>Keep services within the locality closer to where patients live.</i>
Avoids the need for patients to attend an appointment then be signposted to another service at another place.
<i>Provides an additional service every day of the week from 12 noon-8pm Monday to Friday and weekends.</i>
Staffing
Keeps staff motivated by ensuring they are able to use their skills.
Increases staff retention and supports staff development by providing GP supervision.
<i>Ensure that the one site has a GP on site or rapid access to a GP at all times.</i>
<i>A better mix of skilled clinicians on one site, freeing up staff to do more and see more patients.</i>
Stakeholders
Provide access to a nearby pharmacy, joining up services.
Easier for NHS 111 to signpost patients – this would ensure patients would be sent to the right service first time eliminating the opportunity for human error that currently exists.
Located within Minor Injuries Units/ out of hours service, joining services up.
Commissioner criteria
<i>Provides better value for money and uses NHS money appropriately.</i>
Would support the ability to communicate and promote one site by identifying the location of the site base (appointment-only service).
<i>Provide services where the demand is greater and most needed.</i>
<i>Ensure services are safe for both patients and staff – more staff available with the ability to deal with emergencies should they present.</i>
<i>Provides a flexibility to service delivery based on patient need.</i>
<i>Provides pre-bookable appointment slots for patients outside of GP practice hours.</i>
<i>Promotes a better overall system approach focused for patients, providing a backup service for general practice during winter and surge e.g. busier times as a result of an epidemic.</i>
<i>Supports our hospitals when services can't cope with demand – sending people with minor conditions to those services for minor conditions.</i>
<i>Avoids duplication of services with the Urgent Treatment Centre/Out of Hours service (aware this happens now some patients choose to attend each service).</i>
<i>Offers local capacity at weekends and an alternative to hospital-based services.</i>

DURHAM DALES SCENARIOS				
1	2	3	4	5
✓	x	x	x	✓
x	x	x	x	✓
✓	✓	✓	✓	✓
x	x	x	x	✓
✓	✓	✓	✓	✓
x	x	✓	✓	✓
x	x	x	x	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	x	x	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	x	x	✓
x	x	x	x	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓

EASINGTON SCENARIOS				
1	2	3	4	5
✓	x	x	✓	✓
x	x	x	✓	✓
✓	✓	✓	✓	x
x	x	x	✓	x
✓	✓	✓	✓	x
x	x	✓	✓	✓
x	x	x	✓	✓
x	x	✓	✓	✓
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x	x	✓	✓	✓
x	x	✓	✓	✓

SEDGEFIELD SCENARIOS				
1	2	3	4	5
✓	x	x	x	✓
x	x	x	x	✓
✓	✓	✓	✓	✓
x	x	x	x	✓
✓	✓	✓	✓	✓
x	x	✓	✓	✓
x	x	x	x	x
x	x	✓	✓	✓
x	x	✓	✓	✓
n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a
x	x	✓	✓	✓
x	x	✓	✓	✓
n/a	n/a	n/a	n/a	n/a
x	x	x	x	✓
n/a	n/a	n/a	n/a	n/a
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x	x	✓	✓	✓
x	x	x	x	✓
x	x	x	x	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓
x	x	✓	✓	✓



Proposals taken forward for Consultation

Following the appraisal process, we want to consult local people, carers and stakeholders on the following proposals. Our preferred options are highlighted in bold and listed in the bullet points below.

PROPOSAL FOR DURHAM DALES

CURRENT PROVISION			PROPOSAL		
	Weekday	Weekend		Weekday	Weekend
Bishop Auckland (86% utilisation rate)	6pm-8pm	8am-1pm	Bishop Auckland	12noon-8pm or 6pm-8pm	8am-1pm or 10am-2pm
Stanhope (21%)	6pm-8pm	8am-1pm	Stanhope		
Barnard Castle (21%)	6pm-8pm	8am-1pm	Barnard Castle		

- Reduce to one site at **Bishop Auckland Hospital** operating weekdays between 12noon and 8pm and weekends between 10am and 2pm.
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

PROPOSAL FOR EASINGTON

CURRENT PROVISION			PROPOSAL		
	Weekday	Weekend		Weekday	Weekend
Peterlee (42%)	8am-8pm	8am-1pm	Peterlee	12noon-8pm	8am-1pm or 10am-2pm
Easington (27%)	8am-8pm	8am-1pm	Easington		
Seaham (23%)	8am-8pm	8am-1pm	Seaham		8am-1pm or 10am-2pm

- Reduce to two sites at **Peterlee** and **Seaham** operating at weekends between 10am and 2pm and one site at **Peterlee** operating between 12noon and 8pm weekdays (**additional hub** to GP practices outside of GP hours and to cover same day need).
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

PROPOSAL FOR SEDGFIELD

CURRENT PROVISION			PROPOSAL		
	Weekday	Weekend		Weekday	Weekend
Newton Aycliffe (64%)	6pm-8pm	8am-1pm	Newton Aycliffe	6pm-8pm	8am-1pm or 10am-2pm
Sedgfield (24%)	6pm-8pm	8am-1pm	Sedgfield		8am-1pm or 10am-2pm
Spennymoor (51%)	6pm-8pm	8am-1pm	Spennymoor	6pm-8pm	8am-1pm or 10am-2pm

- Reduce to two sites at **Spennymoor** and **Newton Aycliffe** operating weekday evenings between 6pm and 8pm and retain three sites at **Sedgfield**, **Spennymoor** and **Newton Aycliffe** operating at weekends between 10am and 2pm.
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

Have your say

We want to know your views to make sure we have got it right. This consultation begins Wednesday 7th November 2018 and ends **Wednesday 19th December 2018**.

1. Public consultation events

If you wish to attend one of the public events listed below, you can register in two ways.

Visit www.eventbrite.co.uk and search for 'improving 7 day access' choosing which event you wish to attend, or call **0191 371 3222**. Please let us know at the time of registering if you have any special requirements.

DATE	TIME	LOCATION	VENUE
Sat 17th Nov	10am-12noon	Easington	Easington Colliery Club
Wed 21st Nov	10am-12noon	Sedgefield	Spennymoor Leisure Centre
Sat 24th Nov	10am-12noon	Durham Dales	Wolsingham School Main Hall
Mon 26th Nov	6pm-8pm	Durham Dales	Glaxosmithkline Sports & Social Club, Barnard Castle
Thu 29th Nov	6pm-8pm	Easington	East Durham College, Peterlee
Tue 4th Dec	10am-12noon	Durham Dales	Bishop Auckland Rugby Club
Thu 6th Dec	10am-12noon	Easington	Seaham Town Hall
Sat 8th Dec	10am-12noon	Sedgefield	Newton Aycliffe Youth Centre
Mon 10th Dec	6pm-8pm	Sedgefield	Sedgefield Community College

2. Public consultation questionnaire (online)

You can complete the questionnaire online – visit www.durhamdaleseasingtonsedgefieldccg.nhs.uk/involve-me/current-conversations. Please read the accompanying consultation information before completing the questions. Closes 5pm **Wednesday 19th December 2018**.

3. Public consultation questionnaire (Freepost NHS CONSULTATION)

You can complete the questionnaire overleaf. Please read the accompanying consultation information before completing the questions. Send the completed questionnaire (no stamp or further address details required) to: **Freepost NHS CONSULTATION** by **Wednesday 19th December 2018**.



Freepost NHS CONSULTATION



No stamp nor further address details are required.

How we will use your feedback

We know it is really important to keep you updated, especially when you have taken the time to share your thoughts and views with us. At the end of the consultation, an independent organisation will write a report. We will look at the report and use the information and recommendations to decide how best to improve 7-day access to primary services across the DDES area.

We will publish the report on the CCG website and share via CCG social media with any groups involved in the consultation and the local press and media.

Do you need more help?

We can provide versions of this document in other languages and formats such as Braille and large print on request. Please contact us on **0191 371 3222**.

Polish

Ten dokument jest dostępny w innych językach oraz formatach, np. alfabecie Braille'a lub dużym drukiem. Proszę się z nami skontaktować pod numerem telefonu **0191 371 3222**.

Arabic

ਮੰਗ ਕਰਨ ਤੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਰੂਪਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੀ ਛਪਾਈ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ **0191 371 3222** ਤੇ ਸੰਪਰਕ ਕਰੋ।

Simplified Chinese

本文件有其他语言和格式的文本可供索取，例如盲文和大号字体版。请致电 **0191 371 3222** 联系我们。

Punjabi

تتوفر هذه الوثيقة بلغات وأشكال أخرى مثل البريل وطبعة بحروف كبيرة، عند الطلب. يرجى الاتصال بنا على الرقم: **0191 371 3222**

Improving 7-Day Access - Public Consultation Questionnaire

Send the completed questionnaire (no stamp or further address details required) to:

Freepost NHS CONSULTATION by **Wednesday 19th December 2018.**

Q1 IN WHICH LOCALITY DO YOU LIVE?

(If required, see map on the front cover for details)

Durham Dales Easington Sedgefield

Q2 DO YOU UNDERSTAND WHY WE ARE PROPOSING THE CHANGES IN YOUR LOCALITY?

Yes No Don't know / Not sure

Comment

Q3 DO YOU SUPPORT THE CHANGES IN YOUR LOCALITY?

Yes No Don't know / Not sure

Comment

Q4 PLEASE ANSWER ONLY THE QUESTIONS RELATED TO THE LOCALITY IN WHICH YOU LIVE

ANSWER ONLY IF YOU LIVE IN THE DURHAM DALES AREA

PROPOSAL

WEEKDAYS AND WEEKENDS
One site at Bishop Auckland Hospital.

SELECT YOUR PREFERRED WEEKDAY OPENING TIMES FOR THE BISHOP AUCKLAND SITE (please circle A or B)

A 12noon-8pm	B 6pm-8pm
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SELECT YOUR PREFERRED WEEKEND OPENING TIMES FOR THE BISHOP AUCKLAND SITE (please circle A or B)

A 8am-1pm	B 10am-2pm
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ANSWER ONLY IF YOU LIVE IN THE EASINGTON AREA

PROPOSAL

WEEKDAYS
One site at Peterlee open 12noon-8pm.
WEEKENDS - Two sites, one at Peterlee and one at Seaham.

SELECT YOUR PREFERRED WEEKEND OPENING TIMES FOR THE PETERLEE AND SEAHAM SITES (please circle A or B)

A 8am-1pm	B 10am-2pm
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ANSWER ONLY IF YOU LIVE IN THE SEDGEFIELD AREA

PROPOSAL

WEEKDAYS - Two sites, one at Spennymoor and one at Newton Aycliffe both open 6pm-8pm.
WEEKENDS - Three sites, one at Spennymoor, one at Newton Aycliffe and one at Sedgefield.

SELECT YOUR PREFERRED WEEKEND OPENING TIMES FOR THE SPENNYMOOR, NEWTON AYCLIFFE AND SEDGEFIELD SITES (please circle A or B)

A 8am-1pm	B 10am-2pm
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Q5 WOULD THE PROPOSED CHANGES FOR YOUR AREA STILL ALLOW YOU ACCESS TO BOOKED AND SAME DAY EVENING/WEEKEND APPOINTMENTS?

(All Respondents)

Yes No Don't know / Not sure

Comment

Q6 WHAT ELSE WOULD MAKE THIS OPTION WORK?

(All Respondents)

- Booked appointments
- Services for frail or housebound patients
- Better transport options
- Other

Q7 IS THERE ANYTHING WE HAVE MISSED OR NOT CONSIDERED?

Comment

Q8 ANY OTHER COMMENTS REGARDING THIS CONSULTATION?

Comment

Q9 ABOUT YOU

The CCG has a duty to ask for data monitoring information, so we can meet our equality duties. You do not have to answer all the questions if you do not want to.

1. Please state your gender.

Male Female Prefer not to say

2. Please state your age.

3. What is your marital status?

Married Single Divorced Widowed
 Separated Civil Partnership Other

4. Please state which ethnic group you consider yourself to be.

5. Please tell us your religion or belief.

Prefer not to say

6. Do you consider yourself to have a long standing illness or disability?

Yes No

7. How would you describe your sexuality?

Heterosexual or Straight Gay or Lesbian
 Bisexual Other Prefer not to say

8. Please tell us if you are pregnant or have a child under two years old.

Yes No Prefer not to say

9. Have you undergone gender reassignment?

Yes No Prefer not to say

10. Please tell us the first 4 or 5 characters of your post code (please note this does not identify a street or house) e.g. such as DH6 2 or DL13 5.

Please do not include the last two characters.

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

Send the completed questionnaire (no stamp nor further address details required) to: **Freepost NHS CONSULTATION** by **Wednesday 19th December 2018.**

Please visit our website for more information about the DDES CCG.

www.durhamdaleseasingtonsedgfieldccg.nhs.uk

For more information about getting involved please visit our website and click on 'Involve Me'.

Durham Dales, Easington and Sedgfield CCG

Sedgfield Community Hospital

Salters Lane, Sedgfield TS21 3EE

Tel: 0191 371 3222 Email: ddescg.enquiries@nhs.net

