

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at The Rendezvous Hotel, Skipton on 11 April 2014.

Present:-

Members:-

County Councillor Jim Clark (in the Chair); County Councillors Val Arnold, Philip Barrett, David Billing, Liz Casling, John Clark, Margaret-Ann de Courcey-Bayley (substitute for Polly English), David Ireton (substitute for John Ennis), Shelagh Marshall, Heather Moorhouse, Chris Pearson and David Simister.

Co-opted Members:-

District Council Members:- Kay McSherry (Selby), John Raper (Ryedale), Jane Mortimer (Scarborough), John Roberts (Craven), Tony Pelton (Richmondshire) and Ian Galloway (Harrogate).

In attendance:-

North Yorkshire County Council: Executive Member County Councillor Clare Wood
Airedale Wharfedale & Craven Clinical Commissioning Group: Dr Colin Renwick (Clinical Chief Officer).

Bradford District Care Trust: Alison Bingham Deputy Director In-patient Services

City of Bradford Metropolitan District Council: Councillors Aidrian Naylor and Doreen Lee

Airedale NHS Foundation Trust: Ann Wagner (Director of Strategy & Business Development)

County Council Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson and Henry Blackett (Legal & Democratic Services) and Dr Lincoln Sargeant (Director of Public Health).

Apologies for absence were received from County Councillors Polly English, John Ennis and Patrick Mulligan and District Councillor David Blades (Hambleton).

10 members of the press and public.

Copies of all documents considered are in the Minute Book

38. Minutes

Resolved

That the Minutes of the meeting held on 14 March 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

39. Chairman's Announcements

- Children's & Maternity Services, Friarage Hospital – A response was still awaited to the letter the Chairman had written to the Secretary of State For Health, Jeremy Hunt asking him to invite the Independent Reconfiguration Panel to carry out a review.
- Children's and Adult Cardiac Services – The Yorkshire & Humber Joint Scrutiny of Health Committee had met the previous day. Good progress continued to be made with new service specifications expected sometime during July.
- Minimum Practice Income Guarantee – Phased withdrawal started on 1 April 2014. The Chairman agreed to find out the current situation and to chase up a response to the letter he had written to the Head of Commissioning at NY local Area Team of NHS England following the meeting of the Committee in January 2014.

40. Public Questions or Statements

There were no general public questions or statements from members of the public concerning issues not on the agenda.

Resolved

That the requirements to give three days' notice is waived and those Members of the public present at the meeting who wish to speak on items listed on the agenda will be invited to do so during consideration of that item.

41. Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven

Considered -

The report of the Scrutiny Team Leader updating the Committee on recent developments surrounding implementation of proposals arising from a consultation conducted in 2012 on proposed changes to mental health services for adults and older people in the Airedale, Bradford and Craven area.

The proposals included an overall reduction in the number of older people's mental health beds, achieved through the relocation of the adult mental health psychiatric intensive care unit (PICU) from the Airedale Centre for Mental Health to Lynfield Mount Hospital in Bradford and the reconfiguration of the former PICU site to house a new functional older people's unit. The new organic unit was due to open in May 2014 and the Lynfield Mount site in May 2015. Functional mental illness was described as being mental illnesses someone could have at any-time in their life such as anxiety or depression. Organic mental illness tended to affect older people and included dementia.

The Committee had two years ago been consulted on the proposals and after raising some issues mainly around travel and transport, had accepted the plans.

The venue for the meeting had been chosen partly in response to concerns raised recently around the suitability of the planned new service and implementation of the original proposals.

The Chairman invited Reverend Griffiths the chair of the 'Ward 24 Carers Action Group' to address the Committee. Under the proposals Ward 24 (PICU unit) at Airedale Hospital was to be relocated to Lynfield Mount Hospital in Bradford.

Reverend Griffiths said the Action Group had been formed to speak out on behalf of dementia patients and had launched a petition to save that Ward. The Group had initially albeit reluctantly accepted the original proposals but had subsequently revised its position as a result of changes made to the design of the new unit at Lynfield Mount. He maintained that the changes made to the original design were based on the need to save money and as a result the new unit was not fit for purpose. The Action Group was campaigning for the organic unit to be retained at Airedale Hospital and had received a lot of local support. The Action Group believed that for patients with dementia some of whom had very complex needs an organic unit was best suited to being located on the site of a district hospital site in this case Airedale Hospital. The Action was concerned that Lynfield Mount was very difficult to access especially when using public transport (up to 90 miles and 5 buses). Patients at the new unit would also need to be transferred via an ambulance if they required hospital treatment. The Action Group did not believe that the proposals would result in any efficiencies being made as the capital outlay already exceeded identified savings and when complete the project would only replicate what was already in place at Airedale Hospital. Rev Griffiths concluded by urging the Committee to work together with its counterpart at Bradford Metropolitan District Council.

The Chairman then invited Bradford Metropolitan District Councillors Naylor and Lee to address the Committee.

Councillor Lee said the proposal to relocate the organic unit did not make financial sense and did not take into account the human cost to carers and visitors. She would not recommend the area around Lynfield Mount as being safe in which to wait for a bus. The site was very difficult to access using public transport and the Trust had only agreed to fund the travel costs of carers and visitors for three years. What would happen after the expiry of three years? The proposals had not been well publicised and there was a lot of support for the unit to remain at Airedale Hospital where there was a need for local provision.

Councillor Naylor said that the language used during the consultation two years ago was not written in plain English. He cast doubts on the effectiveness of the consultation as many of the people directly affected had not understood its significance.

In order to evaluate the project the scrutiny committee at Bradford Metropolitan District Council had requested sight of a report on transport which had not been made available. He pointed out that the frequency and timing of bus routes fell outside of the control of the Trust and that in the current economic climate further cuts to public transport were to be expected. The Trust had agreed to provide travel support for three years but it was not clear whether limits would be imposed in respect of the amount that could be claimed or on the number of visits that could be made.

Councillor Naylor continued saying that the decision to move the organic unit to Lynfield Mount was an infringement of the human rights of carers and visitors travelling from Craven. During the last two years the position regarding public transport had changed dramatically to such an extent that he believed the consultation was flawed. The site at Lynfield Mount was prime real estate and the current economic climate made it vulnerable to being sold. He concluded by inviting the Chairman to join him in attending a joint meeting with Bradford District Care Trust to discuss the concerns highlighted.

The Chairman said that after listening to what had been said the situation appeared to have changed since when the Committee was consulted two years ago and invited Alison Bingham, Deputy Director In-patient Services Bradford District Care Trust to address the Committee.

Alison Bingham said that the redesign of services under discussion had been the subject of extensive consultation. The Trust had consulted on 3 options and was now implementing the option that had been overwhelming supported. The Trust was investing significant amounts of money to improve mental health services for older people. As part of the design process the Trust had received expert advice and consulted the Carers Action Group and staff. Clinicians supported the approach being taken and Alison Bingham said she would be happy for a member of her family to be a resident of the new unit at Lynfield Mount when it opened. The facilities on Ward 24 contravened nationally accepted good practice and the new facilities when operational would be a significant improvement. The Trust was also investing in staffing and community services which would have extended opening hours. She acknowledged that the arrangements to provide assisted travel support were not ideal but said that the majority of people affected were younger and more mobile as they would be travelling from the Bradford area to the functional unit at Airedale Hospital. She confirmed that there were no plans to sell the Lynfield Mount site and that neither the functional or organic service was closing just relocating. She said there was no evidence to support either functional or organic units being located on a hospital site. She disputed claims that the quality of service at Lynfield Mount was inferior to that provided by Airedale Hospital and offered to arrange a visit for Members to see the new unit at Airedale Hospital when it opened the following month.

A member of the public Hazel Bulcock, recounted her experiences as an in-patient at Airedale Hospital. She praised the care and treatment she had received and said she was very distressed at the prospect of proposed changes to services.

Members commented as follows:-

- That the consultation/engagement undertaken had failed to gain public confidence and lacked compassion
- Agreed that distance and lack of public transport made accessing Lynfield Mount from Craven district very difficult.
- Expressed support for investment in community services
- Queried the reduction in the number of in-patient beds for organic mental health in the light of an aging population
- Expressed support for the clinical arrangements but were concerned about the affect the travelling distances would have on carers and visitors some of whom visited for many years on a daily basis

In response Alison Bingham said the Trust had agreed to review the provision of travel support after three years. Funding would only be provided for travelling additional distance as result of services being remodelled as opposed to an entire journey. Each case would be assessed on its merits but there was no limit on the number of claims that could be submitted.

The Chairman thanked everyone for their attendance and for the information they had provided.

Resolved -

That the Chairman write to Bradford District Care Trust reflecting upon the Committee's earlier response to the consultation and its concerns with regard to transport arrangements.

That the Chairman together with Councillors from Bradford Metropolitan District Council attend a meeting with Bradford District Care Trust to discuss the concerns raised at the meeting and recorded in the minutes.

42. Healthcare Development in the Craven Area - An Update from the Airedale Wharfedale and Craven CCG

The Committee received a presentation from Dr Colin Renwick Clinical Chair of Airedale, Wharfedale and Craven Clinical Commissioning Group in which he summarised the work and priorities of the clinical commissioning group since taking over responsibility for commissioning healthcare services in April 2013. He described the major health issues for people living in Airedale, Wharfedale and Craven and outlined new initiatives and care pathways aimed at tackling those challenges. A copy of the presentation slides used is in the Minute Book.

Members commented as follows:-

- Commended the use of technology that enabled patients to speak to a GP though a live screen video link
- Asked for an update report in six months' time to enable progress against identified targets to be measured
- Sought details of the timescale attached for implementation of each of the identified priorities
- Highlighted complaints they had received from patients about the limited number of GP appointments that were available
- Highlighted requests from patients for the opening hours of GP practices to be extended
- Asked for details of waiting times and how many people were in receipt of talking therapy services
- Asked about ambulance response times

Dr Renwick replied he would be happy to attend a future meeting of the Committee to report progress against local priorities. GP Practices were moving towards opening seven days a week and he was confident that in time this would happen. In Airedale, Wharfedale & Craven areas ambulance response times had fallen below national guidelines. The Clinical Commissioning Group had taken up the issue with the Yorkshire Ambulance Service and had enlisted the support of the local MP. Members noted that ambulance response times were produced on a regional basis. Because of this, response times in urban areas which were generally quicker due to reduced travelling distances effectively boosted the statistics for rural areas and made them look more favourable than they actually were. The Committee was assured that the Clinical Commissioning Group took the matter seriously and was actively engaged in seeking improvements. With regard to talking therapy services Dr Renwick agreed to provide further details in his update report.

The Chairman thanked Dr Renwick for the information he had provided and looked forward to receiving further updates in due course.

Resolved

That a progress report on the priorities described in the presentation be referred to the Committee in six/nine months time.

43. Developments and Service Improvements in the Airedale NHS Foundation Trust

Considered -

The report of the Scrutiny Team Leader giving an overview of Airedale Hospital and the services it provided.

The meeting was attended by Ann Wagner, Director of Strategy and Business Development, Airedale NHS Foundation Trust who gave a presentation in which she described developments and services improvements taking place at Airedale Hospital. A copy of the presentation slides used is in the Minute Book.

The Committee noted that following a recent inspection by the Chief Inspector of Hospitals his report concluded that overall patients were positive about the care they received.

The Chairman thanked Ann Wagner for her attendance and the information she had provided and commended the Trust for its use of telehealth and its work around modernising healthcare with more of a community focus.

NOTED

44. Remit of the Committee and Main Areas of Work

Considered -

The report of Bryon Hunter, Scrutiny Team Leader inviting Members to comment upon and approve the content of the Committee's future work programme.

Members noted that the venue for the next meeting in June would be Scarborough when the main item on the agenda would be a presentation from York Hospitals Trust on developments and service improvements taking place within the Trust.

Resolved -

That the work programme be received and agreed as printed.

The meeting concluded at 1.00pm

JW/JR

North Yorkshire County Council

Scrutiny of Health Committee

13 June 2014

“Fit 4 the Future” Initiatives in Hambleton, Richmondshire and Whitby

Purpose of Report

1. The purpose of this report is to provide a progress report on:
 - “Fit 4 the Future” - Preparing for an aging population;
 - “Fit 4 the Future” – Enhancing community health and social services in Whitby and surrounding area.
2. Members will recall that both initiatives were discussed at the Committee meeting on 17 January 2014.
3. Dr George Campbell, GP and Vice-Chair, and Sarah Ferguson, Senior Delivery Manager from Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRWCCG) will be attending to provide information on the current situation.

Recommendations

4. That Members note the work taking place on the “Fit 4 the Future” initiatives in the HRWCCG area and offer comment on the work undertaken to date and planned for the future.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

4 June 2014

Background Documents: None

The following papers are attached:

“Fit 4 the Future” - Preparing for an aging population

Appendix 1a: Fit for the Future – Hambleton & Richmondshire: Update for the Scrutiny of Health Committee, 13 June 2014

Appendix 1b: Reconfiguring older people’s services in Hambleton and Richmondshire: Our Vision – a summary document for discussion

“Fit 4 the Future” – Enhancing community health and social services in Whitby and surrounding area

Appendix 2: Fit 4 the Future - Whitby and surrounding area: June 2014 – NYCC Scrutiny of Health Committee update



Fit for the Future – Hambleton & Richmondshire

Update for Scrutiny of Health Committee, 13 June 2014

'Fit 4 the Future' in Hambleton and Richmondshire outlines – and sets the scene for open debate – the priorities for developing health and social care services in the area over the coming years.

This Vision introduces the engagement phase of our 'Fit 4 the Future' programme following on from its initial launch last year. We'd like to know what you think about the plans, what else should be in here and what we need to prioritise. [And we'd like to know what you think.](#)

We have identified, thanks to their help, some of the main issues and priorities of our patients, their carers and our partners. We now move on to the next stage, which is to present our initial thoughts and open up the debate again to canvass more views and refine the Vision. We have tried to detail the issues and challenges that we face and the opportunities that we have to address them.

The only certainty is that with an ever increasing frail elderly population and the health needs associated with them, services cannot remain as they are. We have a great opportunity to improve the services that we provide to our population while following our general principles of providing care closer to home wherever possible, allowing people to remain at home as long as possible and putting quality of care, and ensuring patient safety and experience is at the heart of what we do.

By the end of this engagement work we hope to have identified the changes that we need to make to ensure local NHS services are the best they possibly can be to meet future healthcare needs. We are looking forward to meeting as many people as possible and hearing your ideas and opinions.

Dr Mark Hodgson

**GP in Aldbrough St John and Hambleton, Richmondshire and Whitby CCG
Governing Body Member**

Our four key messages

- The Friarage Hospital will remain the local acute hospital hub for Hambleton and Richmondshire
- Where possible we will bring patients back home more quickly or even care for patients at home throughout an episode of ill-health supported by appropriate services in the community
- Increasingly patients will be cared for by an integrated team of professionals from health and social care and the voluntary sector
- We will work with patients, their carers and their families to help them know more about how to stay healthy and where to go for support when it's needed.

Key activity so far

- Development sessions with members of the public and with key health and social care stakeholders
- Production of Vision
- Production of summary Vision
- Development of online and hard copy questionnaire
- Distribution of materials to key locations across the area
- Seven public forums held to provide opportunities to discuss the Vision
- Visits to existing groups to discuss the Vision, plus a programme set out for upcoming visits
- Promotion online and on social media
- Engagement report will be published in the Autumn

fit 4 the future

Preparing for an ageing population



Reconfiguring older people's services in Hambleton and Richmondshire: Our Vision - a summary document for discussion March 2014

Welcome to this summary of our Vision for 'Fit 4 the Future' in Hambleton and Richmondshire. This outlines - and sets the scene for open debate - the priorities for developing health and social care services in the area over the coming years.

Locally, we are responsible for commissioning (buying) the vast majority of the healthcare services received by our population. Ensuring that people receive the best possible care within the resources available is a complex task and we are committed to undertaking this in partnership with patients, their carers, partner organisations and other local stakeholders.

We have identified, through public meetings, some of the main issues and priorities. We now move on to the next stage, which is to present our initial thoughts and commissioning suggestions and open up the debate again to canvass more views and refine the Vision. We have tried to detail the issues and challenges that we face and the opportunities that we have to address them.

We'd like to know what you think about the plans, what else should be in here and what we need to prioritise. You can find our full 24-page "Vision and Case for Change" document on our website.

The growing numbers of elderly people in our area represents one of our biggest challenges and opportunities for improving the design and delivery of care. In this area alone, by 2021 we expect to see the number of people over the age of 65 increase by 30 per cent. Considering that people aged over 65 account for around 70 per cent of all healthcare spend, this will bring new and significant challenges for the local health economy.

The only certainty is that with an ever increasing frail elderly population and their associated health needs, services cannot remain as they are. We have a great

opportunity to improve the services that we provide to our population while following our general principles of providing care closer to home wherever possible, allowing people to remain at home as long as possible and putting quality of care, patient safety and patient experience at the heart of what we do.

Once we've spoken to you, we hope to have identified the changes that we need to make to ensure local NHS services are the best they possibly can be to meet future healthcare needs.

Please take the time to read this summary Vision and Case for Change, and let us know your thoughts about the future of your local healthcare services. We are looking forward to hearing from as many people as possible and understanding your ideas and opinions.



Dr Mark Hodgson
GP in Aldbrough St John,
Hambleton, Richmondshire
and Whitby CCG
Governing Body Member

**YOUR
HEALTHCARE
YOUR
OPINIONS**

The Case for Change: 'areas we know could be improved'

Many patients already have a very good experience of care and may feel that services are already working effectively. However when we look across the healthcare system as a whole, it becomes apparent that clear problems and gaps in the services provided emerge. This means the system isn't able to care for patients as effectively as it could do, and certainly isn't prepared for the rising numbers of elderly people in the area:

Acute hospital provision

Local acute hospital stays (i.e. in a large hospital) are hugely valued when patients need specialised support. However, such a stay, especially for a prolonged period, is not always in a patient's best interest. We have considerable evidence that locally patients are spending longer than they need to in local hospitals.

Community facilities

The provision of community hospitals with inpatient beds enables care to be delivered closer to a patient's own community and is a fundamental part of our approach to meeting the needs of our local population. Currently, there are three community hospitals, in Richmond, Northallerton (the Rutson ward) and Thirsk. The current model and practice of care is not always ideal. People again stay longer than necessary as there isn't sufficient support for rehabilitation either in the hospital or at home.

Intermediate care

A range of services are provided through both health and social care to help prevent crises escalating to an acute hospital stay or long-stay care home placement, or to step-down patients back to their own homes or communities as quickly as possible. However, there are problems with both the current service model and capacity, so hospitals are unable to return people to their own homes quickly enough and very often people are going into hospital unnecessarily.

Health and social care community teams working together

Vulnerable patients and service users will sometimes need support from community services to maintain their basic health and social function. Our aim is to build services around the patient, in line with national recommendations. However, health and social care teams in the community are not yet working in a sufficiently integrated way.

Continuing health care (CHC)

CHC is a care plan covering the ongoing needs of an individual. Assessments for long term CHC should usually take place in the home or at least a community hospital, where the patient's maximum level of function and properly thought-through long term wishes are understood. However, very often these decisions are taken while the patient is still in an acute hospital, at the point where their long term needs are less clear.

Mental health services

Local health services need to be much better at identifying and supporting patients with dementia, and managing significant mental health problems closer to patients' homes and communities. Care should also be delivered more closely with health and social care teams in the community.

GP practices

GP practices in the area have the highest patient satisfaction rating in the country and are working effectively to provide a wide range of services. Nevertheless, practices will need to undergo some significant development in the next few years, including working more closely with local health and social care teams to proactively identify vulnerable people and support them through a multi-agency approach.

Extra Care Housing and the care home sector

There are only 25 nursing and residential homes across Hambleton, Richmondshire and Whitby approved by North Yorkshire County Council. Their locations mean that some rural areas do not have a home particularly close to their local community.

Voluntary sector/local communities

Services provided from the voluntary sector play a vital role in supporting people in their own communities. However, services may often be fragmented, disconnected and dependant on short-term funding.

Information management and technology (IM&T)

Systems and processes for sharing information between agencies and enabling organisations to work together using IM&T in the best interests of patients are not well-established. So staff may spend more time on paperwork and travelling rather than with patients.

Transport

Patient transport services need to be able to take people to hospital more quickly and efficiently when they are referred urgently by a GP. There are also opportunities to better promote the use of voluntary transport schemes and to extend their coverage within the area.

Our Vision for Hambleton and Richmondshire

For older people, we are looking at a wide range of services, including those which respond to and rehabilitate patients when they are in crisis, as well as considering a range of more proactive services, both through statutory services and the voluntary sector, which can promote health and independence and therefore improve wellbeing.

The priorities set out below are drawn from the feedback from our service users and stakeholders, the national and international evidence, and our local commissioning knowledge of how well the current health and social care system is performing.

This Vision has been developed in partnership with North Yorkshire County Council and South Tees Hospitals NHS Foundation Trust. All organisations are committed to working together on the development of this Vision and future plans.

The intention is to make a real impact on population and system health outcomes, including:

- Enabling older people to enjoy the maximum possible good health for as long as possible.
- Reducing avoidable hospital admissions.
- Reducing the average time spent in hospital for emergency admissions in both acute and community hospitals.
- Reducing the number of long term placements in residential and care homes.

“We want to keep older people safe and well in their own homes for as long as possible”

- Access to high quality and responsive services at the Friarage Hospital, Northallerton, including provision of assessment, diagnostics and inpatient treatment, supported by rapid decision-making at the 'front door' (i.e. A&E, Clinical Decisions Unit) and effective discharge arrangements.
- One hospital with community facilities in each of our localities that is able to provide diagnostics, intermediate care beds, geriatric assessment, palliative care support and other services that

help meet the needs of older people.

- Effective district nursing teams, working with social care professionals, that are able to provide care for patients in their own home.
- Seven-day geriatric assessment for patients with complex, multiple illness or frailty.
- Round-the-clock integrated nursing and social care services that are able to provide short-term packages of intensive support for patients in a crisis.
- Rehabilitation services that can deliver care in both community settings and the patient's own home, seven days a week, including for those with more specialist needs, such as stroke recovery.
- An effective equipment service, seven days a week, that ensures fast provision for patients in need.
- A viable and high quality care home sector which is able to provide short and long-term stays for people recovering from a crisis or illness from which they can then return home.
- Greater integration with mental health services for older people.
- Assessments for Continuing Health Care and long term placement in nursing or residential homes to be undertaken in the patient's own home or a community setting.
- Access to appropriate palliative care so that those patients who wish to do so are able to die at home.

“We want patients to be empowered and better able to self-care, supported by more information for patients and their carers”

- Integrated health and social care teams within the community which are able to signpost people to all appropriate health and social care services.
- For patients with more complex needs to receive a generic health and social care assessment from community services.
- Extended services within primary care from GPs and pharmacists, which are able to provide a greater range of services closer to the patient's own home.
- Improved management of medicines.
- Identified lead clinicians who are responsible for the care of the most complex vulnerable people.
- A preventative approach specifically supporting people with long term conditions, working on a one-to-one basis to motivate and signpost members of the public to make long term healthy lifestyle choices.
- Better access to online information for patients and professionals.
- Work with North Yorkshire County Council to help it implement its over-arching strategy for prevention.



“We want improved transport options for patients to enable older people to access services, so they are not disadvantaged by the rural nature of the area”

- Continue working with North Yorkshire County Council around supporting and empowering communities, including transport issues.
- A responsive patient transport service that helps people to access the care they need in a timely manner, which recognises people’s clinical and mobility constraints and that applies the national criteria for both patients and their escorts correctly to help achieve this.
- Further transport options to be available within the voluntary sector to enhance existing public and private transport options.

“We want to better equip local communities with the skills and resources they need to care for their older population and facilitate greater social interaction”

- A range of services commissioned from the voluntary sector, such as befriending schemes, village agents and volunteering 'time banks'.
- Voluntary sector 'hubs' for older people in each area that can be a focal point for patients to contact and partner organisations to refer to.
- Ensure that people have easy and early access to information and advice.

“We want to ensure carers are better supported so that they are better able to look after those they are caring for as well as maintaining their own health and wellbeing”

- Improved access to carers' assessments working in partnership with North Yorkshire County Council and Carers' Resource.
- Greater sharing of carer information from the Carers' Resource centres with GP practices (with consent).
- Improved ways to refer people to Carers' Resource, including ensuring hospital discharge planning includes carers.
- More expert carers, supported by training programmes.

“We want to utilise new information management and technological solutions to enable services and service users to manage their care in new, innovative and more effective ways”

- New technologies that bring service users and professionals together to improve access to services, such as video-links between different locations.
- A common and secure approach to sharing information among professionals.
- Technologies that help people to understand their condition better, keep themselves safe at home, and take more active control of monitoring their outcomes.

The National Impact

We can't ignore what's happening nationally when planning what we need to do locally. There is a wide range of policy, evidence, good practice and other factors which we need to consider:

Prioritise prevention and early intervention

- a range of current national policies have given renewed emphasis on the promotion of wellbeing, the prevention of ill health and early intervention.

Extend access to GP surgeries and provide a named GP

- work underway includes giving older patients a single 'named clinician' who is accountable for their care at all times when they are out of hospital, and a new service for patients with complex care needs who may be at risk of unplanned admission to hospital.

Ensure Integrated Care and Support

From 2015/16, each CCG will need to create a 'Better Care Fund' which will support investment in the integration of health and social care and the shift to community provision away from acute (large) hospital care.

High quality care for all

In recent months the NHS has had to address the outcomes of recent reviews into significant failures of the health and care system. Nationally, the aim is to foster a culture of compassionate care in which patients are genuinely and consistently at the centre of everything the service provides.



Provide more personalised care

- a personal health budgets policy is being rolled out nationally in the NHS, which is an amount of money to support a patient with identified healthcare and wellbeing needs agreed between the patient and their local NHS/social care team.

Provide sustainable housing for local communities

The needs of older and vulnerable people can be met in a variety of settings, such as shared specialist supported housing, extra care housing, care settings, as well as through general housing.

Financial efficiency of services

Nationally, the NHS faces pressure on budgets and the need to make continued efficiencies if it is to remain in the black. The emphasis is on reducing inappropriate care in hospitals.

Good practice from elsewhere

We will develop proposals in line with the latest thinking from leading health research organisations, such as the King's Fund.



What do YOU think?

This leaflet is a summary of our overall Fit 4 the Future Vision for Hambleton and Richmondshire. It is 24 pages long, and is available on our website or by request. If you'd like to see it, please get in touch.

Despite the level of detail presented in the Vision, we recognise that work is still required in order to refine it and identify how we can work together to deliver it.

So, we'd like to know what you think. We have a series of engagement events running up to the middle of April 2014, which are open to everyone. There is opportunity at these to ask questions and let us know your views, as well as to complete our survey. Please see our website for details or look out for posters in places such as GP surgeries or pharmacies.



You can also visit:
www.hambletonrichmondshireandwhitbyccg.nhs.uk
and complete our online survey.



email us @:
p.widdowfield@nhs.net



or talk to us on:
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**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

**Fit 4 the Future
Whitby and surrounding area
June 2014 – NYCC Scrutiny of Health Committee update**

Note: A full Engagement Report will be published shortly. This will be shared with NYCC's Scrutiny of Health Committee as soon as possible.

Background

There is a shared recognition among Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) colleagues and GPs that there is an important local role for community hospitals, particularly with the larger acute hospitals focussing on the most acute episodes of care, in delivering rehabilitation and less acute care more appropriately within or close to people's homes.

To plan the work needed to make this happen, HRW CCG therefore developed a Vision to facilitate meaningful engagement with stakeholders and the public on any potential changes to community services and ensure they meet the needs of the public both now and in the future.

The Vision sets out the case for change, explaining why care needs to change and what HRW CCG plans to do to achieve this, bearing in mind its mission:

"To commission (buy) first class healthcare which improves the health and wellbeing of everyone living in Hambleton, Richmondshire and Whitby."

The Vision has been written in response to the CCG's desire for local health and social care organisations, local residents and other stakeholders, to work together to develop a long term, sustainable vision for Whitby Hospital and community health and social care services.

Efforts to engage the local population earlier in the year as part of the 'Fit 4 the Future' initiative, as well as previous engagement with local stakeholders, has been used to inform the development of this Vision. This included preliminary public and health and social care stakeholder engagement in 2013, which led to elements of the initial Vision being amended and expanded to properly reflect local views.

This Communications and Evaluation document sets out work carried out during the public engagement period from December 2013 to February 2014, explaining how the public were engaged, the key points coming out of the engagement and recommendations for next steps.

HRW CCG's Governing Body will use this feedback to help them further develop the Vision and ensure what's implemented is in the best interests of the local population.

The strategy for the engagement was to identify key stakeholders and target audiences and ensure people had the opportunity to be involved in ways which suited them and were able

to provide HRW CCG with insightful information to influence further development of the Vision.

We wanted to approach this engagement period in an open manner, trying not to constrain conversation too much and ensuring people felt they could input in the way they wish on the subjects that matter to them.

Three public forums were held in Whitby and the surrounding area, which were supported by an online survey and a range of printed and electronic communication channels.

Key findings at a glance

The key theme emerging from feedback is that people who attended engagement sessions and completed the survey generally speaking understand the Vision, buy in to it and want to see it happen.

The majority of the comments made reaffirm the main content and the key elements of the Vision. Of course, there are new ideas and different points of view put forward in responses to the survey, and these should be considered by the CCG when considering how to develop the Vision.

The overwhelming message from the engagement period is that people place very significant value on local services, which work well together and support the local population. People also recognise the need to obtain value for money when providing local services. This was a running theme throughout the survey, which has been analysed with the key findings being:

- When asked to score their priorities for healthcare in Whitby and the surrounding area, weighted scoring shows that providing a sustainable, integrated Minor Injuries Unit and Out of Hours services is most important, followed by redeveloping the Whitby Hospital site and local access to diagnostic services.
- Most people – nearly 60% - said they would prefer the hospital to remain on its current site. About 20% preferred somewhere else, and 22% were not sure where would be best.
- Access to GPs and local access to a range of services, are vitally important for local people.
- 69% (80) respondents believed access to healthcare would be made much easier or easier by the Fit 4 Future Vision. Only 6% (7) thought that access would be made harder or much harder.
- 56% of people said they would like to see a traditional hospital in Whitby. 21.5% prefer a 24/7 walk-in centre. A limited hours walk-in centre was not popular (1%).
- When asked what preventative care should be provided locally, mental health and alcohol awareness services ranked as highest priority.
- Most people have accessed their GP surgery in the past 12 months (92%). 30% had used Whitby Hospital minor injuries unit, 41% used outpatient services and 10% used inpatient services.
- A running theme throughout all questions was rurality, and the challenges this presents especially around isolation and transport. This is already addressed in some detail in the Vision.

Format of the engagement work

We wanted to involve as many people as possible in our engagement campaign, so we used a variety of approaches to let people know about the plans and to provide people with opportunities to have their say.

We looked at who our key stakeholders and target audiences were and we developed a communications and engagement strategy to ensure we reached those people in a timely and appropriate way.

We wanted to approach this engagement period in an open manner, trying not to constrain conversation too much and ensuring people felt they could input in the way they wish on the subjects that matter to them.

The Communications and Engagement Strategy can be found in Appendix 1. In summary we:

- Launched a dedicated webpage, consultation document and fact sheets
- Produced a Vision document, summary vision document, poster displays and a physical copy survey
- Held three public engagement meetings in Whitby, Staithes and Castleton at which 73 people attended
- Attended 2 stakeholder and local community meetings – Whitby Over 50s group and the Whitby Youth Forum
- Provided information to York Hospitals NHS Foundation Trust to share with their staff.
- Conducted a public survey, which resulted in 133 responses
- Involved local GPs through email correspondence, newsletters and sharing of engagement materials
- Distributed 1,500 copies of our Vision document
- Issued four proactive media releases to promote the engagement work, which generated 13 items of mainstream local and trade media coverage
- Responded to 10 media enquires
- Ensured a significant presence on Twitter via the CCG's official account.

Engagement with key stakeholders

The CCG's Chief Clinical Officer Dr Vicky Pleydell twice went to North Yorkshire County Council's Health Overview and Scrutiny Committee to update on the project progress, and provide reassurance that engagement plans were wide-ranging, appropriate and inclusive. These updates took place on 20 December 2013 (mid-cycle briefing) and 17 January 2014 (full meeting). OSC demonstrated agreement and approval in relation to progress.

The summary Vision document was printed and copies were distributed widely to key locations across Whitby and the surrounding area, including:

- GP surgeries
- Dental practices
- NHS England Area Team for North Yorkshire and the Humber
- York Hospitals NHS Foundation Trust
- Libraries
- Care homes
- Pharmacies
- Whitby Post Office
- Whitby Tourism Office/Council drop-in centre

- Engagement meeting venues
- Healthwatch North Yorkshire

Targeted emails were drafted for key stakeholders, and the Vision and supporting web information was shared with them with a strong encouragement to complete the survey. These included:

- North Yorkshire County Council Overview and Scrutiny Committee
- Parish councillors
- Appropriate county councillors
- Robert Goodwill MP (including a follow-up telephone briefing)
- Whitby Town Council
- Health Engagement Network members, via HEN rep Linda Lloyd
- Media
- Libraries, via North Yorkshire County Council's Communications team
- Neighbouring CCGs

Engagement meetings

A series of engagement were held, covering three localities in Whitby and the surrounding area. These were held at:

- **Tuesday 7 January 2014:** Sneaton Castle, Whitby, 4pm-6pm
- **Wednesday 8 January 2014:** Bradbury Centre, Castleton, 10am-12pm
- **Thursday 9 January:** Staithes Village Hall, 3.30pm-5.30pm

These meetings were free and open to all, giving people an opportunity to come along, listen a presentation about the Vision, take part in debates about healthcare and speak directly with CCG staff. The events were promoted across all the CCG's communications channels.

The meetings lasted for up to two hours, and were led by CCG colleagues. On arrival, attendees were provided with an information pack which included the summary Vision and a survey form.

Following the presentation, time was built in the programme for Q&As. This enabled attendees to raise questions about the contents of the Vision, as well as talk about what really matters to them. See the next section of this report for comments and themes emerging from the meetings.

North Yorkshire County Council

Scrutiny of Health Committee

13 June 2014

“Right Care First Time” - Improving Urgent Care Services in Scarborough and Ryedale**Purpose of Report**

1. The purpose of this report is to bring Members’ attention the results of the consultation carried out by the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) between 6 January 2014 and 30 March 2014 on proposals for improving urgent care services in Scarborough and Ryedale.

Introduction

2. ‘Urgent care’ is for a sudden illness or injury that needs treating fast, but is not considered to be a 999 emergency. No appointment is needed to access an urgent care service. Urgent care services should not be used to treat minor symptoms that could wait to be treated by your own GP, pharmacist or even yourself using over the counter medicines.
3. The current urgent care services in Scarborough and Ryedale that are included in this review include:
 - GP out-of-hours service
 - Walk-in service at Castle Health Centre
 - Malton Minor Injuries Unit (MIU)
4. Initial work carried out by the SRCCG indicated that local people feel the existing arrangements can be confusing in terms of what is available and what will best suit their needs. This can result in poor experiences and delays for patients before they finally receive the care they need. It can also lead to emergency services being used unnecessarily and delays for patients needing that level of care and is also a poor use of money in terms of highly qualified clinicians treating patients with minor symptoms and ailments.
5. The consultation was carried out because the SRCCG wants to improve the way that urgent care services are provided by creating a new, integrated urgent care service, in particular because:
 - The contracts for the walk-in service at Castle Health and GP out-of-hours contract are coming to an end.
 - There is growing pressure on A&E departments from people attending with non-emergency needs.
 - People are unsure which service to access for their needs which leads to poor patient experiences.

Consultation Main Findings

6. The main findings were:
 - Location of the new urgent care centres is crucial – they need to be easily accessible and have free parking as most people access them by car.

- There should be no gap in services between existing contracts ending and the new service launching.
 - People are concerned about any impact on other services provided by Castle Health Centre.
 - The new service must cater for tourists to the area.
 - People are generally happy with the current level of service so the new service must be of the same quality.
 - Patients need better access to their own GP – i.e. more appointments.
 - Concerns over the ability to adequately staff the new centres.
 - The need to educate people about the new service once launched.
 - Sharing of medical records would make getting the right care, first time, more likely.
7. During May the SRCCG held public meetings in Scarborough, Malton and Filey to share the outcomes of the public consultation.

Next Steps

8. The findings from the consultation report will help inform a service specification which will be advertised by the end of June. Healthcare providers will then bid for the tender and once the new service provider has been identified a plan for starting the new service, ensuring there is no gap, will be developed. The new service will launch in April 2015.
9. The SRCCG is continuing to provide regular updates on progress with this procurement process. The latest information is available at: www.scarboroughryedaleccg.nhs.uk
10. A copy of the consultation report is attached as APPENDIX 1.
11. Simon Cox, Chief Officer, representing the SRCCG will be attending the meeting to provide more information and respond to Members' questions.

Recommendations

12. That Members note the results of the consultation for improving urgent care services in the Scarborough and Ryedale area.
13. That Members note the SRCCG's plans for carrying out a procurement exercise during the summer with a view to announcing the service provider in September/October and for the new service to be launched in April 2015.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

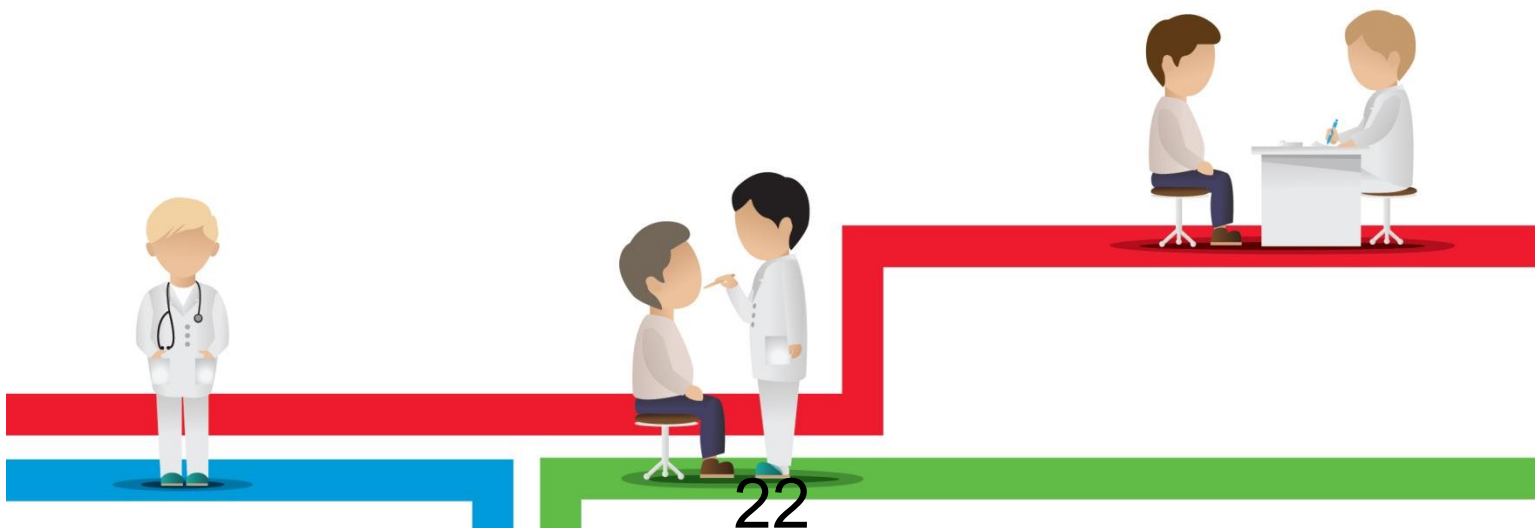
2 June 2014

Background Documents: None



Urgent Care Public Consultation Report

May 2014



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1.0 Executive summary

NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) undertook a public consultation around urgent care services which ran from 6th January 2014 until 30th March 2014. As part of the consultation, service users and the general public were asked about their experiences of current urgent care services and their views towards a proposed new model of urgent care. The consultation comprised a consultation document, questionnaire (paper and online) and a series of public meetings and focus groups. The key findings are summarised below:

- The consultation as a whole received 724 primary contacts; i.e. those who completed a questionnaire, attended a public meeting or took part in a focus group. The overall reach of the consultation was extensive with four full-page advertisements in local newspapers and a large amount of coverage in local newspapers, radio and online generated by regular press releases. Around 5,000 consultation documents were distributed to GP practices, other healthcare premises and community venues across the area along with flyers and posters to raise awareness of the opportunities to get involved.
- The majority of respondents agree with the CCG's case for change as they believe that:
 - current urgent care services are confusing
 - patients should be seen and treated in the same place as much as possible
 - something should be done to reduce the pressure and waiting times in A&E
 - health services should be value for money
 - NHS Scarborough and Ryedale CCG is doing the right thing in terms of reviewing urgent care services
- Although largely positive, views were mixed about the quality of current urgent care services. The walk-in service at Castle Centre is clearly the most valued in terms of quality, with over three quarters of respondents rating it as 'very good'. Although still largely positive, views were more mixed about the quality of other urgent care services in the area, which shows there is room for improvement with regards to quality.
- Some concern was raised regarding quality versus costs, with respondents feeling that if the case for change was driven by cost saving then quality would suffer, and if quality was the driver, there is a risk the service may cost more than existing services.
- Most participants believe that the new model of urgent care will be better than the existing range of urgent care services. Participants feel that the proposed model will, on the whole, make it easier to access care and reduce the time it takes to get treatment. The majority also agreed that it will reduce the likelihood of people attending A&E with minor symptoms.
- The majority of people currently travel 10 miles or less to access urgent care services, mainly travelling by car or public transport. People would not be prepared to travel further for an improved service. People would like some provision for those unable to travel or who are without transport.
- The preferred locations for urgent care services are central Scarborough and Malton. Location of the new service, and particularly the fact that CCG is unable to specify where the new service will be provided from, was raised as a concern by many respondents. When asked about what factors were important with regards to access and location, the main themes were:
 - Ample (free) parking and bicycle racks
 - Access to public transport links

- Accessible for vulnerable people who live in the more deprived areas
 - Not to be in place that will create traffic congestion
 - In a safe environment that is well lit and secure.
- In terms of services to be considered as part of the new model, participants would like to see emergency dentistry, mental health services, 24 hour access to a GP, pharmacy and x-ray facilities. They would also like the urgent care service to be able to access their medical records and for their own GP to have access to the urgent care records as soon as possible to ensure continuity of care.
- A need for good publicity and public education was identified by participants to ensure urgent care services are properly accessed, and this was particularly demonstrated during the focus groups held with high users of urgent care services.
- Concern was raised regarding the sustainability and viability of established health care services in the area; in particular Scarborough Hospital A&E, Malton Hospital and Castle Health Centre. Concern was also raised regarding the financial implications of large service change.
- Castle Health Centre and its future was raised throughout the consultation, although this was due in part to some people thinking the proposal was to close Castle Health Centre and/or to no longer have a walk-in service in the area (which is not the case). Castle Health Centre and its staff are clearly valued by current and past users and it is felt that its success should be built upon.
- Similarly, there was concern about any potential gap in the walk-in service at Castle Health Centre between October 2014 and April 2015. There is worry that any gap in service will increase pressure on A&E at Scarborough Hospital and that the CCG should respond to this by providing an interim solution.
- The significant increase in population due to tourists, particularly during the summer months, needs to be a key consideration for the new service not just in terms of managing demand, but also how such people will be made aware of and access the new service.

2.0 Introduction

NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) is responsible for identifying and buying (commissioning) the vast majority of health services for around 117,000 local residents. If you are registered with one of the GP Practices in our area, you will typically access health services commissioned by the CCG. The services the CCG commissions fit under the following main areas:

- Planned care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

It is important to highlight that the CCG is not responsible for commissioning GP Practices or any other primary care services such as pharmacy or dental services. These services are commissioned by NHS England. The CCG does however have a role to play in ensuring that these services work alongside the services we commission to ensure patients have the best possible experience when receiving care and treatment.

At the heart of the CCG is its Governing Body which is made up of a number of local GPs, healthcare professionals and lay members. The role of the Governing Body is to make decisions about what services should be commissioned based on the needs of local patients and also to ensure that public money is spent in the best possible way. The CCG has established a number of Committees which report into its Governing Body for specific things such as finance, governance and communications and engagement. These committees gather the necessary information in order for our Governing Body to be able to make an informed decision.

The CCG communications and engagement committee has been central to the coordination of this consultation around urgent care services, and for the compilation of this report. In line with section 242 of the NHS Act 2012, the CCG has a duty to involve members of the public in its decision making process by giving them the opportunity to hear about and comment on specific issues to ensure its Governing Body can consider their point of view when making decisions. The committee does this in a number of ways, from holding surveys and public meetings for the general public to facilitating smaller focus groups with actual service users. It also strives to give people who may find it more difficult to get involved in these types of initiatives the opportunity to have their say.

Listening to the views and opinions of others is so fundamental to the CCG's decision making process that it's currently working towards a national framework called the 'Customer service excellence model'. The CCG feels that working to this standard will ensure that the needs and views of local people will remain at the heart of its decision making process.

3.0 Purpose of this report

The purpose of this report is to:

- Explain the approach the CCG has taken to listening to the views of patients, the general public and our stakeholders about our plans for urgent care services in Scarborough and Ryedale
- Present the outcomes from each aspect of its consultation
- Identify key themes across all aspects of the consultation
- Enable the CCG to develop a detailed service specification for the urgent care service that will form the basis of a procurement exercise to secure the best provider for the service
- Enable the CCG to develop a set of criteria on which to assess proposals submitted by prospective providers of the urgent care service.

4.0 About urgent care

Urgent care is for a sudden illness or injury that needs treating fast, but is not considered to be a 999 emergency. You do not need an appointment to access an urgent care service. It is important to point out that urgent care services should not be used to treat minor symptoms that could wait to be treated by your own GP, pharmacist or even yourself using over the counter medicines.

Urgent care fits between non-urgent and emergency care, as show in the table below:

Type of care	What it's for	Current services in Scarborough	Current services in Ryedale
Emergency care	For serious or life threatening symptoms that need immediate attention	<ul style="list-style-type: none"> • 999 ambulance • Self-presentation at A&E in Scarborough or York 	<ul style="list-style-type: none"> • 999 ambulance • Self-presentation at A&E in Scarborough or York
Urgent care	For sudden illness or injury that needs treating fast but is not an emergency	<ul style="list-style-type: none"> • Walk-in service at Castle Health Centre* • GP Practice (during opening hours) • GP out-of-hours service 	<ul style="list-style-type: none"> • Malton Minor Injuries Unit (MIU) • GP Practice (during opening hours) • GP out-of-hours service
Non-urgent care	For minor or recurring symptoms	<ul style="list-style-type: none"> • GP Practice • Pharmacy • Self care 	<ul style="list-style-type: none"> • GP Practice • Pharmacy • Self care

*It should be noted that we are only reviewing the walk-in service provided at Castle Health Centre – the registered patient list and other services provided there are not part of this review.

In terms of urgent care it is important to highlight that the current services are provided by three separate organisations. This means we have three separate contracts for each urgent care service, as shown in the table below:

Urgent care service	Provider	Contract expiry date
Walk-in service at Castle Health Centre	Echo Access Ltd	October 2014
Malton Minor Injuries Unit	York Teaching Hospitals NHS Foundation Trust	April 2015
GP out-of-hours service	Primecare	April 2015

The CCG is required by law to undertake a procurement process to retender any new service it commissions.

In terms of who uses urgent care services, it is likely that everyone will need to access them at some point in their lives. However, the CCG knows there some groups of people who are more likely to require urgent care than others. These include:

- Parents and carers of young children
- Young adults
- Elderly patients over the age of 80
- People who have moved to the area from other countries where they would usually go to the hospital for urgent care needs

5.0 A vision for urgent care services

The CCG believes there are great opportunities to improve urgent care services in our area to ensure that patients get the right care, first time. Due to the fact that the CCG currently has a number of separate urgent care services that don't work together, it knows that people are unsure about how and when they should be used. One of the main problems with this is that many people resort to accessing emergency services like A&E or calling 999 with symptoms that really should have been treated by an urgent care service. The impact of this is significant as it creates significant pressure on emergency services leading to increased waiting times and risk around the quality of care being provided. It often means that patients don't receive the right care, first time and have to access multiple services before receiving the treatment they need.

The CCG's vision for urgent care is a service that:

- Is designed with the patient at its heart
- Ensure patients receive an accurate diagnosis, in the quickest possible time, without having to access multiple services
- Is available 24/7, 365 days per year

We CCG has developed an outline of a model that it feels will make its vision for urgent care a reality. The main elements of its proposal are to:

- Create two urgent care centres, one based in Scarborough and one based in Ryedale. The services provided at these centres would be accessible 24 hours a day, seven days a week

- Provide a range of services at the urgent care centres that aim to provide all types of treatment for urgent care needs. This will include things like:
 - Walk-in service where patients will see a doctor or nurse without the need for an appointment
 - Treatment for injuries like cuts, sprains, burns and fractures
 - Diagnostics which include things like x-rays, ultrasound and basic blood testing
 - Support for patients with mental health problems
 - Out-of-hours home visits when appropriate
 - Out-of-hours telephone consultations when appropriate

The new urgent care service would be provided under a single contract with a single provider. This would not only be more cost effective than having three separate contracts, but would also ensure that urgent care services across Scarborough and Ryedale are more integrated (meaning each part of the service can work together). This will result in a better quality of service for patients.

The CCG is unable to specify the exact location of the urgent care centres as this could limit the process it must follow in order to find the best provider for the urgent care service. However, the feedback obtained during the consultation will be used as a basis for developing criteria on which to score each proposal in terms of location and accessibility.

6.0 How we have listened

In line with the CCG's communications and engagement strategy, a number of different methods have been used in order to hear the views of as many people as possible in relation to the proposals. This section of the report explains the opportunities people have had to share their views.

6.1 Materials used as a basis for discussion

The main supporting document that was used as basis for the consultation was the 'right care, first time' consultation document. This document explained in detail the characteristics of urgent care, the reasons for improving urgent care services, a broad outline of the proposal and most importantly how people could get involved. Around five thousand copies of this document (along with a survey and prepaid envelope) were printed and an electronic version was made available on the CCG website.

Printed copies were distributed to GP Practices, urgent care services and a range of community venues across Scarborough and Ryedale. Copies were also made available to people who attended the public meetings.

In order to make the contents of the document as accessible as possible, a video was also produced which was available to watch on the CCG website. This video also formed the basis for the public meetings.

The document was also available in other formats, such as large print, Braille and in other languages upon request.

6.2 Clinical and partner engagement

Prior to this consultation the CCG sought input from its Governing Body, Council of Clinical Representatives (CCR) and a range of other organisations involved in health and wellbeing.

A workshop was held with the Governing Body to work through the reason for reviewing urgent care services and develop the proposal on which we have engaged on. Further workshops have subsequently been held with Governing Body members about different elements of the procurement process.

In addition to this, the CCG also held a half-day interactive event for local clinicians and partners to hear about plans and share their views. The event, which was held on 27 November 2013 at the Downe Arms in Wykeham, was attended by 49 representatives from primary care, secondary care, local authority and voluntary/third sector organisations. The format of the event gave attendees the opportunity to discuss the issue in groups of people with similar interests and later in mixed groups. Areas of support and concern were recorded on cards and shared during a feedback session. This enabled the CCG to highlight a number of actions for consideration alongside the feedback obtained during the public consultation.

6.3 Involvement of scrutiny committees

The CCG has actively engaged with the local and regional scrutiny committees to ensure they are aware of the proposals and the approach taken for this consultation.

Presentations were given to the Scarborough Borough Council Health and Wellbeing Scrutiny on 11 December 2013 and the North Yorkshire County Council Scrutiny of Health Committee on 17 January 2014. Both committees showed great interest in the plans and supported the approach for giving the wider public the opportunity to get involved. The CCG has pledged to keep both Committees informed of progress.

6.4 Surveys

Two surveys were produced as part of our consultation. The main survey, which was enclosed with the 'right care, first time' document and also hosted on the CCG website, included a range of questions designed to obtain people's views on the following themes:

- Experiences of current urgent care services
- Our rationale for reviewing urgent care services
- Views towards our proposal
- Personal information to help ensure our analysis is based on a representative sample

Completed surveys were returned to and inputted by North Yorkshire and Humber Commissioning Support Unit, who have supported us with running this consultation.

As we recognised early on in the consultation that accessibility and location of the urgent care centres was going to be of high importance, we also undertook a separate survey around travel.

A travel questionnaire was handed out to patients accessing existing urgent care services. This was undertaken to corroborate questions relating to travel in the consultation document questionnaire.

People responding to the consultation document questionnaire would be drawing on experience that could be two years old, whereas respondents to the travel questionnaire would be drawing on much more recent experience.

6.5 Public meetings

A series of public meetings were held to give people the opportunity to hear the plans in person and give them the opportunity to pose questions to a panel of CCG Governing Body members. The format of the meetings involved playing the right care, first time video and then holding an open question and answer session. Four meetings were initially scheduled, with an extra meeting being held in response to requests from members of the public. Each question and answer sessions was recorded to enable transcripts to be produced to aid the analysis.

Details of the meetings are given below:

Date	Venue
Thursday 20 February 2014, 7pm	The Street, Scarborough
Wednesday 26 February 2014, 7pm	Ryedale District Council, Malton
Wednesday 5 March 2014, 2pm	Eastfield Community Centre, Scarborough
Thursday 13 March 2014, 7pm	Evron Centre, Filey
Saturday 29 March 2014, 10am	Scarborough Library, Scarborough

6.6 Focus groups

Four focus groups were conducted with members of the public who are more likely to access urgent care services. These groups were identified using existing service data and included young people, parents of younger children and elderly people over 80. Focus groups were subsequently held with: students from Yorkshire Coast College, parents attending the “Blue Door” and “Seamer Tots” parent and toddler groups, and residents at Bell Close sheltered housing.

Participants were asked, unprompted, to list health services that they access. This was to gauge what services people are aware of and regularly access. The group was then asked what they would do, and what services they would access, in four different urgent care scenarios (these can be seen in the appendices on page 38). The leaflet “Is A&E for me” (page 39), which was produced by the CCG, was then discussed and the scenarios revisited to see if the participants would change their decisions.

This work was undertaken to see how people choose services and what impact existing patient information would make. It will also support the tender criteria relating to patient and public education of the new urgent care service.

6.7 Facebook posts

During the consultation a facebook group and petition was established by members of the public as a pledge to ‘Save Castle Health walk-in centre’. Although this facebook page was outside of the CCG’s control, the comments posted on the page have been considered alongside the other feedback received.

7.0 Analysis

During the consultation a number of similar themes emerged across all engagement methods. These have been grouped together into areas that will help determine the urgent care service specification that will be put out to tender.

The full results of the consultation can be found in the data pack beginning on page 20.

7.1 Consultation reach

The CCG publicised the urgent care consultation through four full-page advertisements in the Scarborough News and the Malton Gazette. In addition to this, the CCG received a large amount of local media coverage, the detail of which can be seen on page 20. Overall, based on readership and listenership statistics, we believe the reach of the consultation has been in excess of 200,000 people.

Around 5,000 consultation documents were sent to GP Practices, other healthcare premises and community venues across the area along with posters and flyers prompting the opportunities to get involved.

A dedicated page to the 'Right Care, First Time' consultation was added to the CCG's website which attracted 1,007 unique visitors. This website content contained a video outlining the proposal, details of the public meetings, a link to online versions of all documentation used during the consultation, and the opportunity to complete the main consultation questionnaire online.

The consultation as a whole had 724 primary contacts, i.e. those who completed a survey, attended a public meeting or took part in a focus group, a breakdown of primary contact demographics can be seen on page 21.

7.2 Case for change

The majority of respondents agreed with the five statements put forward that make up the case for change.

"The current urgent care services are too complicated – it is hard to know which service to go to and when". This was the only statement where views greatly differed between respondents in Scarborough and those in Ryedale. Slightly more Scarborough respondents disagreed with this statement than agreed, whereas two thirds of Ryedale respondents agreed with the statement (charts can be seen on page 23 and 24). This spread of responses indicates that there is some confusion regarding urgent care services. This was also confirmed during the focus group sessions held with potential high users of service when participants were asked what services they would access based on four scenarios (these can be found on page 38). Initial unprompted discussions highlighted that some people were not aware of the full range of urgent care services, and those who were aware of services, were unsure of opening times.

Nearly all respondents agree that *"patients should be seen, diagnosed and treated in the same place as much as possible"*. In Scarborough 84.5% agree and in Ryedale 92.5% agree. People in Ryedale are more likely to travel further to services than in Scarborough (see page 27). This would explain the higher level of agreement.

The majority of respondents agree that *“something should be done to reduce the pressure and waiting times in A&E departments”* with 96.8% of respondents in Scarborough agreeing and 93.4% in Ryedale. The majority of respondents also agree that *“health services in Scarborough and Ryedale should represent value for money for me as a taxpayer”* with only a slight variation between Scarborough respondents (78.9% agree) and Ryedale (91.2% agree).

Overall there is agreement with the statement *“the Clinical Commissioning Group is doing the right thing by reviewing local urgent care services”* with two thirds of all respondents agreeing. There was some variation between Scarborough (65.4% agree, 20.2% disagree) and Ryedale (82.4% agree, 8.8% disagree). It is believed that this differential is due to the strength of feeling towards the walk-in service at Castle Health Centre that has been experienced throughout this consultation and has led to some messages becoming confused (such as the CCG is proposing to close Castle Health Centre). However, two thirds of Scarborough respondents agree that Scarborough and Ryedale CCG is doing the right thing by reviewing urgent care services.

There was some concern raised at the public meetings, and in the free text sections of the questionnaire, regarding the financial and quality aspects of the case for change. There was concern that the review of urgent care services was a cost saving exercise and that if this was the case then quality would ultimately suffer. Equally there was concern raised that if the case for change was based on quality, then it would ultimately cost more than the existing service.

7.3 The proposal

Participants in the consultation believe that the principles of the proposed model of urgent care will result in a service that is better than the existing collection of urgent care services. 67.4% of Ryedale respondents and 45.2% of Scarborough respondents agree the proposal will improve urgent care services in the area. Whereas 19.6% of respondents from Ryedale and 29.2% from Scarborough felt the proposal would not improve urgent care service. The proposal received positive feedback at the focus group sessions conducted with potential high users of service. Some concerns were raised at the public meetings and in the additional comments sections of the questionnaire about how the principles would be practically realised. These concerns have been grouped into the key themes of location, aspects of service, education, quality and financial aspects. These are covered in more detail later in this report.

“It is proposed that there will be two urgent care centres, one in Scarborough and one in Ryedale. Both will be open 24 hours a day, 7 days a week, 365 days a year” - 55.1% of Scarborough respondents thought the proposed service would be an improvement on the current services and 27.4% felt it was about the same as the services they have now. This was higher in Ryedale with 71.4% of respondents feeling the proposed service would be an improvement and 20.9% felt it was about the same. 24/7 access to urgent care services received a number of positive comments at the public meetings and in the free text sections of the questionnaire.

67.3% of Scarborough respondents and 81.3% Ryedale respondents agree that the *“urgent care centres will make it easier to get care and treatment for urgent care needs”*. 60.2% of Scarborough respondents and 67.8% of Ryedale respondents agree that the *“urgent care centres will reduce the time it takes to get treatment for urgent care needs”*.

“The urgent care centre will reduce the likelihood of people going to A&E with minor symptoms” received very little variation across Scarborough and Ryedale. Over 70% of respondents agree that the proposed plan would reduce attendance in A&E with minor symptoms. However, some concern was raised at the public meetings and the free text sections of the consultation questionnaire that the capacity issue, and increased waiting time, would merely transfer from A&E to the urgent care centre. The charts demonstrating these findings can be seen on pages 25 - 27.

7.4 Location

The CCG could not specify the exact location of the urgent care centres as this could restrict potential providers wishing to tender for the urgent care contract. However, the CCG can set criteria that the locations of the urgent care centres must meet.

There is a marked difference between Scarborough and Ryedale responses relating to methods of travel and distance travelled to services. The charts on page 23 show that around 50% of Scarborough respondents travel to and from urgent care services by car, 33.8% walk to service, and approximately 10% take the bus. In Ryedale, respondents primarily drive, 84.6% drive to services and 90.7% drive home; 9.2% walk to urgent care services. Between 1% and 2% of respondents in Scarborough and Ryedale cycle to and from urgent care services.

The consultation document questionnaire asked if respondents would travel further for a better service. Only 34.2% of Scarborough respondents would and 52.1% would not. Ryedale respondents were split quite equally with 41.9% of respondents would and 40.9% would not travel further to a better service. 97.9% of respondents in Scarborough five miles or less to access urgent care services, whereas 82.2% of Ryedale respondents travel 10 miles or less. Overall 93.9% of respondents across Scarborough and Ryedale travel 10 miles or less. To ensure that patients are not travelling further than they are at present any new location of urgent care services should have 90% of the population within a 10 mile catchment area.

The public meetings and additional comments sections of the questionnaire identified a number of general criteria for the location of the urgent care centres. The two most requested criteria are free on-site parking and good public transport links during the centre opening times. These criteria are reinforced by the travel data collected. Provision for those without access to transport, or those who are unable to travel, were also highlighted as important. It was suggested that this could take the form of patient transport or mobile practitioners providing home/community visits.

Security was also a highly raised issue. Respondents requested that urgent care centres and related car parks be well lit, employ security personnel (particularly at night) and that waiting areas be appropriately designed to ensure that the general public are not exposed to service users who may be under the influence of alcohol or drugs, or who are violent.

Accessibility of the urgent care centres was also discussed. Respondents raised the issue that some of the existing facilities could be more accessible for disabled service users and those with sensory impairment. It was felt that signage to the centres, and within the centres, should also take this cohort of patient’s needs into account. Scarborough and Ryedale’s tourist population was also discussed, it was felt that the location of the urgent care centres should take into account the

increase road traffic during high season and that the services should be centrally located to make it easier for the visiting population to access if required.

The town centre was the most named location for Scarborough based on the good transport links and accessibility for tourists. Out of town locations were suggested on the premise that this would avoid traffic congestion. Although the Scarborough Hospital site was suggested by some, the poor public transport links and parking were given as reasons not to locate the service there. If an out of town location is considered, outreach to the town centre would be essential.

The St Mary's site on Dean Road, also known as the Tesco site, was the next most named location in Scarborough. This site does fulfil a number of the criteria suggested by the consultation responses in that it is near the town centre, has space for parking, has good public transport links and has had previous health services located there.

The most suggested location for Ryedale was Malton, in particular the Malton Hospital site as it is centrally located with car parking. Other suggested locations included Pickering and Thorton-le-Dale. As the majority of respondents in Ryedale drive to and from services, car parking provision should be one of the primary considerations when choosing a site.

7.5 Aspects of service

Participants in the public meetings and the consultation document questionnaire listed a number of services that hoped would be part of the new urgent care model. The most discussed services included emergency dentistry, mental health services (including provision for learning disabilities, and counselling) access to a pharmacy (particularly in Ryedale), and 24 hour access to a GP.

Provision of diagnostics across Scarborough and Ryedale was raised at the public meetings, particularly in Ryedale. X-ray was the most requested diagnostic service.

Access to patient records was raised at the public meetings and in the questionnaire. Participants would like the urgent care service to have access to their medical records and they would also like the urgent care records to be made available to their GP as soon as possible to ensure a continuity of care.

It was suggested during the public meetings that telephone triage would be a useful service to include in the urgent care model; however the focus groups identified the use of NHS 111 as a source of support and advice on where to best receive treatment and self-care. It may be advisable to form a closer working relationship with NHS 111 as the launch of the new urgent care model draws closer.

7.6 Education

Awareness and education regarding urgent care services was raised at the public meetings and through the questionnaire. This was not limited to the awareness of the general public, but also ensuring that healthcare professionals and other people who are likely to advise the public to access urgent care services e.g. work place first aiders and wardens for sheltered housing. This is supported by the findings that existing urgent care services are confusing (see charts page 23). There was a

feeling that people do not know what an urgent care need is, and that “people who want to, will just go to A&E regardless”.

The focus groups with people who are more likely to access urgent care services gave further insight into the need for a publicity campaign and strategy for educating the population regarding urgent care services. Participants were asked what they would do in four different urgent care scenarios (please see page 38). Unprompted, all groups suggested A&E as a possible course of action for the various scenarios along with other services, however A&E was one of the first options discussed. The participants were then given a leaflet entitled “Is A&E for me?” developed by the CCG, which recommends accessing different services for certain needs. They were then asked if they would change their decision regarding which services they would access. All of the groups changed their suggested course of action, with the exception of the scenario involving the elderly lady who had scolded herself; the justification being that because she was older there may be other health complications that would mean they would still access A&E. The only group that did not do this was the elderly group from the sheltered housing, who would self-manage until they were able to access their GP, or to the point that the pain became unbearable.

There was a marked difference between the prompted and unprompted responses, to the point where participants said they would not access A&E, but would either self-manage, access urgent care services or wait for their GP. The scenario that divided opinion was the little girl with a fever when discussed with the parent toddler groups. When prompted they wouldn’t access A&E in the first instance, and would try an alternative; however they felt that if it was serious they would know by their child’s behaviour and response to other options and so would still access A&E if they felt their child condition was deteriorating.

The focus groups clearly demonstrate that with access to even a small amount of information, service users are likely to change how and when they would access services.

7.7 Quality

The majority of respondents to the consultation document questionnaire had accessed one or two urgent care services in the last two years (please see charts on page 22). Their experience in general is good, with respondents stating that their experience of; Castle Health Centre walk-in was very good (78.2%) or good (17.8%), Malton Minor Injuries Unit was very good (54.7%) or good (18.8%) and Scarborough A&E was very good (21.6%) or good (34.7%).

Experience of Ryedale GP out of hours services was good with half of respondents stating the service was very good or good (50.0%) or OK (35.0%). Experience of Scarborough GP out of hours services was OK with almost equal amounts of respondents stating the service was very good or good (37.6%) or OK (39.3%). This shows that there is a notable variation in patient experience between the highest rated service and the lowest rated service. By combining the services into two urgent care centres, it is likely that the variation between services within a geographical area would be reduced as they would be operated by the same provider.

The public meetings and free text responses to the questionnaire highlighted how valued Castle Health Centre walk-in service and Malton Minor Injuries Units are. It is important that the success of these services is built upon and the level of experience is maintained. This could be achieved by

having patient experience measures as part of the contractual quality monitoring. These measures should be developed by looking at what service users value within each of these services.

7.8 Additional Comments

The various consultation methodologies identified a number of concerns that would not directly influence the service specification, but related to changes to the current urgent care services.

The viability of other healthcare services provided alongside the urgent care services was highlighted. In particular, there is concern that moving activity out of Scarborough A&E could result in the closure of the department due to reduced numbers using the service. There is also a fear with regards to Malton Hospital where the minor injuries unit is currently located. There are also concerns regarding the other services that Castle Health Centre provides, particularly those services targeted at the vulnerable, homeless and those dealing with addiction.

There are financial concerns relating to the deficit carried over from the former Primary Care Trust. There is a feeling that the review of urgent care is a cost saving exercise, and if this is the case, there will ultimately be a reduction in service quality. There are also concerns that the new model of urgent care will be more expensive than the existing service and that other services will suffer as a result. There is a feeling that there is a desire to build new urgent care centres and that this will be difficult within the time and financial constraints. It was suggested that use of existing property would be more prudent.

There are also concerns relating to staff. There is a fear that local expertise will be lost if services are decommissioned and that there will be difficulty in finding the appropriate skill mix to staff the proposed model for urgent care.

A desire to improve GP access was cited at a number of the public meetings. Participants felt that it would be better to see your own GP than to access urgent care services. A number of contributors at the public meetings referred to a time when they found it much easier to see their GP at short notice and, if that was still the case, there would be fewer people attending A&E with minor ailments (and therefore less need to change existing urgent care services).

8.0 Castle Health Centre

Although the walk-in service at Castle Health Centre is only a part of the existing urgent care service, it was one of the most raised subjects in public meetings and in the questionnaire. This in part may be due to some messages becoming confused in the public domain and people thinking the walk-in service would be lost. The only service that Castle Health Centre provides that is within the scope of the consultation is the walk-in element. This is not being closed, it is being retendered; which is a legal obligation when contracts come to an end. The other services provided by Castle Health Centre do not fall under the jurisdiction of the CCG, but are within the remit of NHS England.

8.1 Valued service

Castle Health Centre is clearly an extremely valued health service. The walk-in element is particularly valued with respondents reporting that they are seen quickly by an excellent team of professionals. The CCG should take on board the praise given to Castle Health Centre walk-in service throughout this consultation, and seek to develop quality measures to ensure that the new urgent care service builds on its success.

8.2 Interim

Concerns were raised regarding the period of time between the walk-in centre contract expiring (October 2014) and the new urgent care service launching (April 2015). A large number of respondents felt that this gap in service would have a negative impact on the community who use the service as well as a significant cost implication; educating the public twice, once for an interim solution and again regarding the new service. There is a strong feeling that Castle Health Centre should continue to provide a walk-in service at least until the new urgent care service. Based, in part, on the strength of feeling regarding the walk-in service provided by Castle Health Centre, the CCG is currently in negotiations to determine how this could be achieved.

8.3 Petitions

Two petitions were delivered to the CCG during the consultation period, and will be formally received by Scarborough and Ryedale CCG Governing Body on 28th May 2014.

The first petition was presented at the CCG offices on Friday 28th March, and had received 2188 signatures. The petition statement is below:

“We the undersigned call on the Clinical Commissioning Group to ensure that the Castle Health Centre walk-in service for non-registered patients is kept open. We ask that any improvements to the urgent care services in the area build on the success of Castle Health Centre. The Centre has established a key role in the healthcare of Scarborough, and should be central to the delivery of future urgent care services. We also believe that there should not be a break in urgent care services currently offered, between the end of September 2014 and the launch of the new urgent care service.”

The second petition was presented at the public meeting on Saturday 29th March 2014, at Scarborough Library, and had received 1376 signatures. The petition statement is below:

“We the undersigned call on the Clinical Commissioning Group to ensure that the Castle Health Walk-in Centre is kept open and that any improvements to urgent care it proposes build on the success of the Castle Health Centre. The Centre has established a key role in health care in Scarborough and should be central to the delivery of future urgent care services.”

The CCG should acknowledge that these petitions support the strength of public feeling towards the walk-in service provided at Castle Health Centre.

9.0 Conclusion

Based on the findings of this consultation, the following considerations should be taken into account in the development of the service specification for the new urgent care service.

Location

- Urgent care centres should be located so that 90% of the population fall within a catchment area of 10 miles
- The urgent care centres should have free parking, good public transport links, and provision for cyclists (ie bicycle racks)
- The impact of increased population on capacity and traffic congestion during tourist seasons should be taken into account when locating the urgent care centres
- Urgent care centre sites should be well lit and have appropriate security personnel, for the benefit of patients and staff alike
- Waiting areas should be designed in such a way that vulnerable patients and children are separate from those who may be violent or under the influence of drugs or alcohol
- Urgent care centres should have appropriate adaptations for those with sensory, physical or mental disabilities; this should include access and signage

Aspects of services

- The urgent care centres should have access to emergency dentistry, mental health services, 24 hour GP coverage and pharmacy
- Patient's existing medical records should be available to the urgent care centre staff and GPs should have access to urgent care records as soon as possible to ensure a continuity of care
- Urgent care services should work closely with the NHS 111 service, ensuring appropriate telephone triage and signposting is available.
- Provision for those unable to travel, or without transport should be made

Education

- The new model of urgent service should be well publicised. In addition to the general public, healthcare professionals, those who are likely to advise people to attend service e.g. first aiders, sheltered housing wardens, schools and colleges, should also be targeted
- Public information should support decision making as well as give details of service. It should also be available in appropriate formats targeted at those who are most likely to access the urgent care service

Quality

- Patient experience should form part of the urgent care service performance and quality measures. The new service should aim to maintain or build upon the current quality of services

Interim walk-in service

- The interim service covering the period between October 2014 and April 2015 should cause minimum disruption to the population it would serve to avoid confusion
- The possibility of using the existing service provider should be explored

Additional Findings

- Improvement to existing GP access should be explored for urgent care needs. This should complement the proposed urgent care model
- Sustainability and viability of established health care services in the area should be considered in the implementation of the new urgent care model; in particular Scarborough Hospital A&E, Malton Hospital and Castle Health Centre
- The financial implications of the new urgent care model should not impact upon other health services commissioned by NHS Scarborough and Ryedale CCG, nor should they risk budgetary deficit
- The existing staff and their expertise should be consolidated in any changes to urgent care services

10.0 Next steps

The findings from this report will help inform a service specification which will be advertised at the end of May. Healthcare providers will then bid for the tender, which will be awarded at the end August 2014. The new service provider will be announced in September 2014 when a plan for starting the new service, ensuring that there is no gap, will be developed. The new service will launch in April 2015.

NHS Scarborough and Ryedale CCG will continue to provide regular updates on progress with this procurement process. Please visit www.scarboroughryedaleccg.nhs.uk for the latest information.

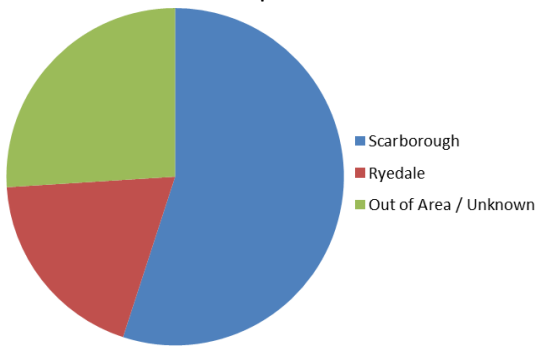
11.0 Data Pack

11.1 Media Coverage

Media	Pieces	Coverage
Yorkshire Coast Radio	<ul style="list-style-type: none"> CG to Review NHS Services In Scarborough (online, 19.11.13) Discussion on Health Services in Scarborough and Whitby (online, 17.01.14) Meeting Held About NHS Changes In Scarborough (online, 20.02.14) Petition Launched to Save Scarborough Health Centre (online, 21.02.14) Petition Grows to Save Scarborough's Health Centre (online, 13.03.14) 	50,900 listen aged (15+)
Gazette and Herald	<ul style="list-style-type: none"> Health service bid to improve patient care (Page 6, 20.11.13) Calls to keep care service at hospital (Page 6, 05.03.14) 	25,000
Malton and Pickering Mercury	<ul style="list-style-type: none"> Shake-up of health service (Page 9, 20.11.13) Urgent care consultation (Page 6, 02.01.14) Review begins into urgent health services – Public survey forms part of consultation (Page 6, 08/01/13) Right care, first time – Improving urgent care services in Scarborough and Ryedale (Page 17, 15/01/14) Right Care, First Time (Page 19, 19.01.14, Advert) Right Care, First Time (Page 13, 12/02/2014, Advert) Right Care, First Time (Page 17, 15/01/14 Advert) Ambitions outlined for urgent health care (Page 3, 05/03/2014) Last chance to have your say on care changes (Page 5, 26.03.14) 	7,110
The Scarborough News	<ul style="list-style-type: none"> Walk-in centre, GPs and Casualty in huge shake-up (Page 1, 21, 21.11.13) Consultation on changes to health services to begin (Page 8, 02.01.14) Chance to shape the future of healthcare (Page 3, 09.01.14) Filey GP urges public to partake in health consultation (Page 79, 09.01.14) GP's call for a health village on Dean Road 'supermarket' site (Page 9, 16.01.14) Meeting over health proposals (Page 99, 16.01.14, Filey, Hunmanby Mercury) Improving urgent care services in Scarborough and Ryedale (Page 1, 25, 16.01.14, Advert) Urgent care under spotlight (Page 81, 06.02.14) Urgent Care spotlight (Page 81, 13.02.14, Filey, Hunmanby Mercury) Health meeting at The Street (Page 11, 13.02.14) Chance to discuss the future of local healthcare services (Page 5, 20.02.14) Health debate on future of urgent care (Page 5, 27.02.14) Petition set up to save service (Page 5, 27.02.14) Chance to discuss health shake-up (Page 99, 27.02.14) Opinions flood in over major health shake-up proposals (Page 14, 13.03.14) Showdown meeting over health proposals (Page 75, 13.03.14, Filey, Hunmanby Mercury) Patients make their voices heard over walk-in centre (Page 4, 20.03.2014) Last chance to find out about walk-in centre proposals (Page 5, 27.03.14) 	39,573
Yorkshire Post	<ul style="list-style-type: none"> Health chiefs invite thoughts about access to urgent care (Page 13, 06.01.14) Doctor's pledge over NHS urgent care services in town (Page 8, 22.02.14) 	96,468
Minster FM	<ul style="list-style-type: none"> Minor Injuries Unit At Malton Hospital Reviewed Again (9:30am, 07.01.2014) 	81,000
BBC Radio York	<ul style="list-style-type: none"> Right Care, First Time (9:30am, 07.01.2014) Urgent care review in Scarborough and Ryedale (6:30am, 21.02.14) 	81,000
The Press	<ul style="list-style-type: none"> Malton Minor Injuries Unit could return to 24/7 opening (Page 16, 09.01.14) Scarborough talks on care services (Page 15, 11.03.14) 	61,653
Whitby Gazette	<ul style="list-style-type: none"> Have your say on health (Page 10, 17.01.14) 	42,000
Gazette and Herald	<ul style="list-style-type: none"> Invitation to have your say on Ryedale urgent health care services plan (online, 19.02.14) 	25,000

11.2 Consultation Demographics

Chart to Show Geographic Spread of Consultation Participants



Graph to Show Ages of Consultation Participants

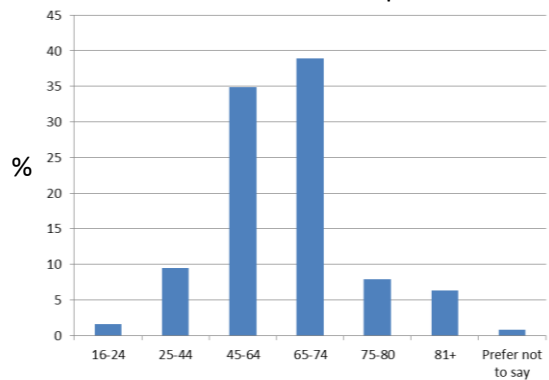


Chart to Show Ethnicity of Consultation Participants

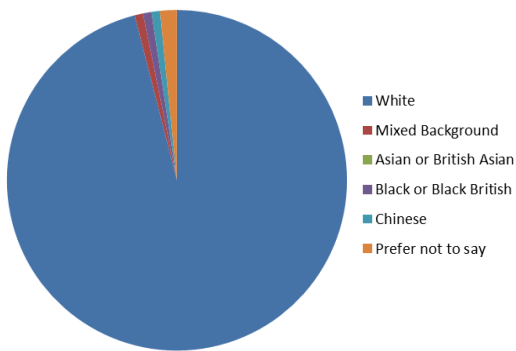


Chart to Show Religion of Consultation Participants

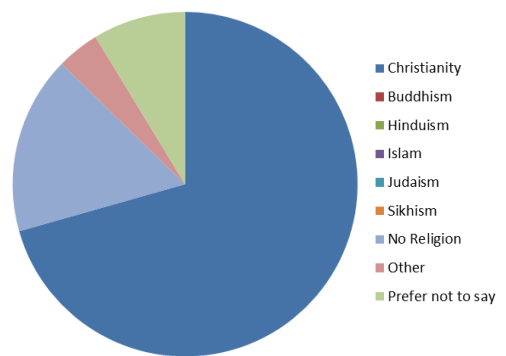


Chart to Show Gender of Consultation Participants

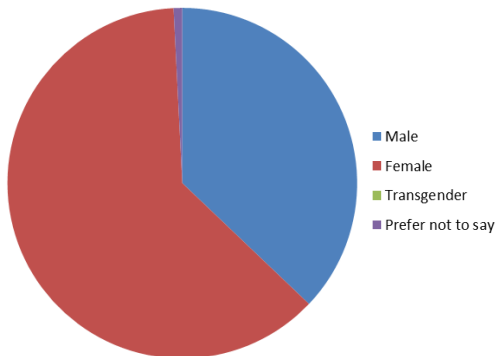


Chart to Show Sexuality of Consultation Participants

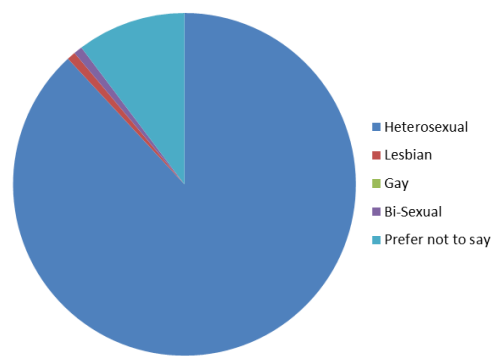
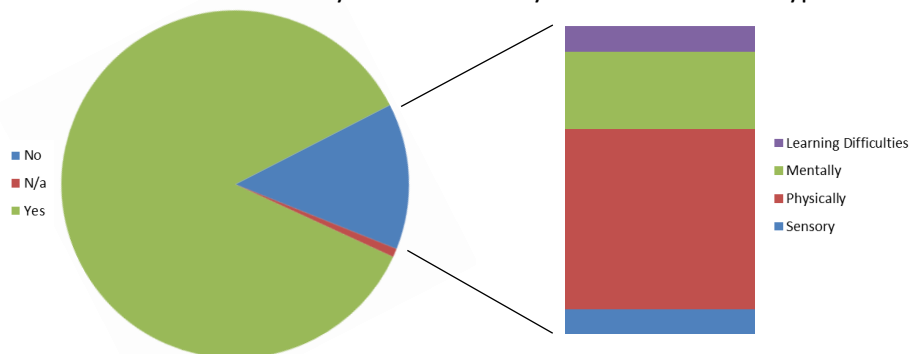


Chart to Show Disabilities of Consultation Participants, the pie chart shows those that feel they have a disability and the shows the type



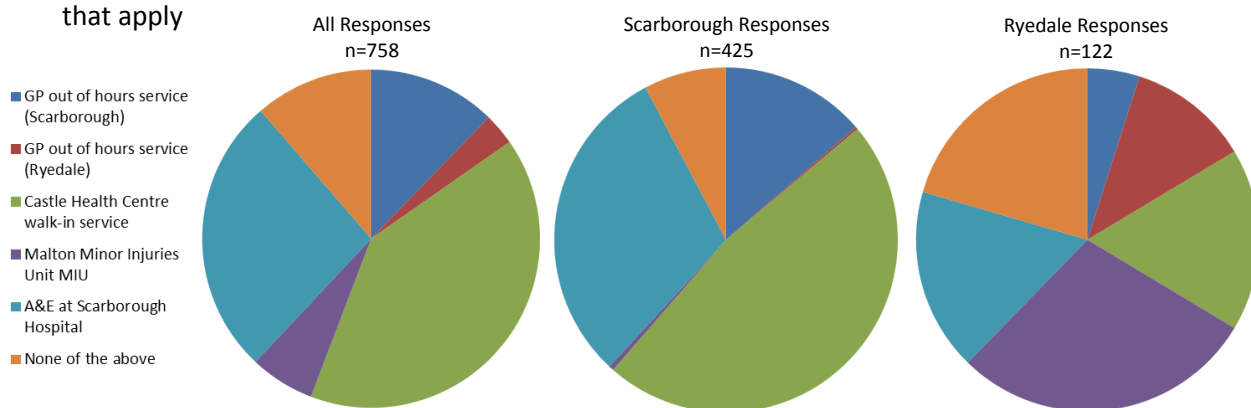
Method of Engagement	Participants
Consultation document questionnaire (online, and hard copy)	524
Public Meetings	126
Focus Groups	27
Travel Questionnaire	47

11.3 Consultation Questionnaire

The data for this questionnaire was split into Scarborough Respondents and Ryedale Respondents to note any variations between the two geographical areas. Data is displayed here as; All Responses, Scarborough Responses, and Ryedale Responses, with the exception of questions 2, 3. Responses from those that reside outside Scarborough and Ryedale area, or those who did not disclose their postcode or GP, only make up the “All Responses” cohort.

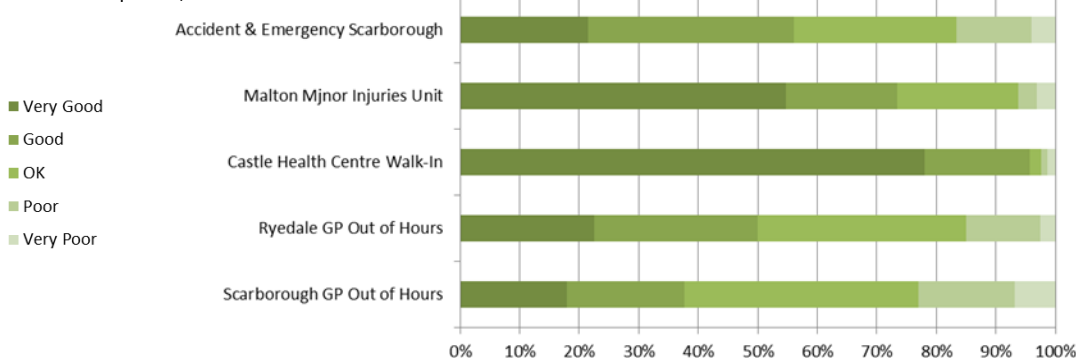
Part 1: Your experience of current urgent care services

1. Have you used any of the following urgent care services in the last 2 years? Please tick all that apply



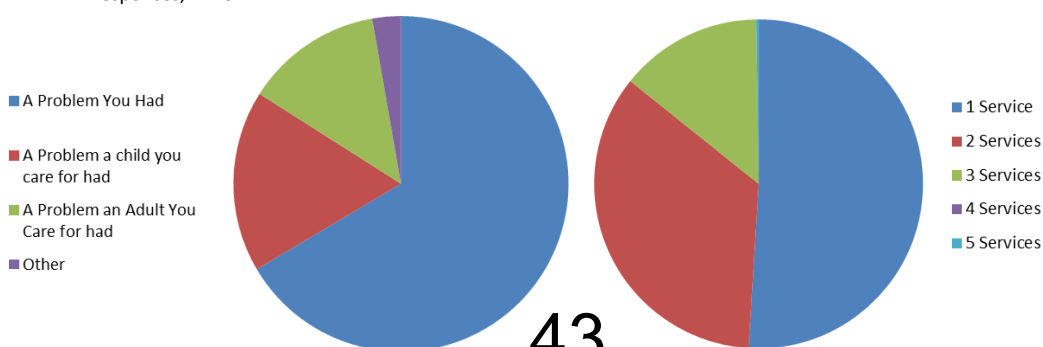
2. How would you rate your experience of these services? Please tick the appropriate boxes.

All Responses, n=746

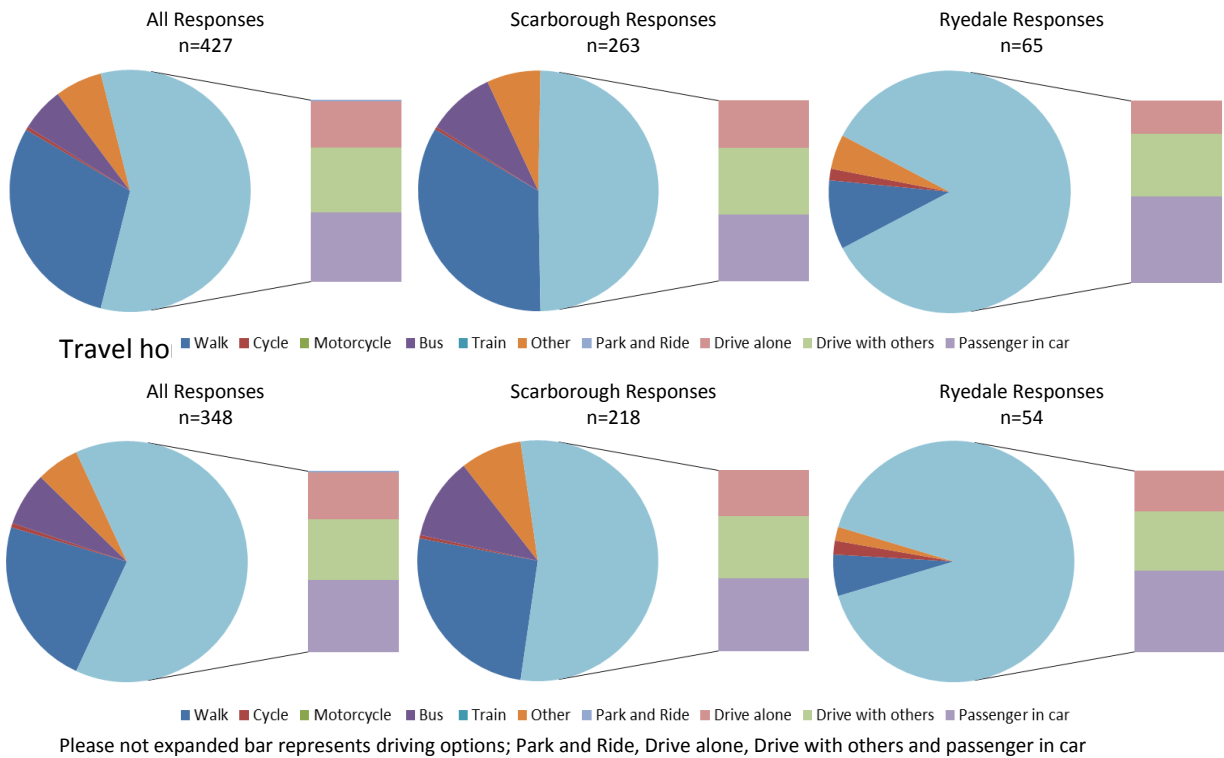


3. Thinking about the last time you attended an urgent care service, was this for:

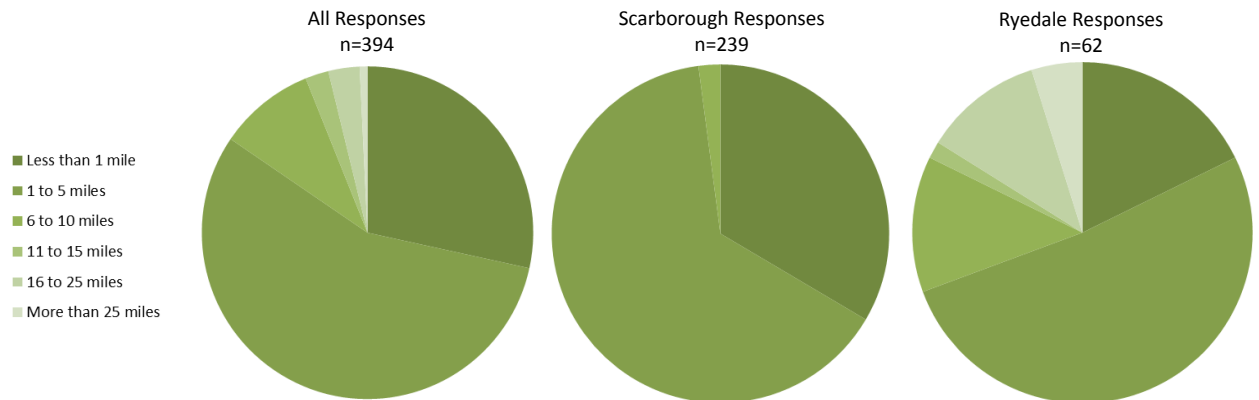
All Responses, n=401



4. How did you travel to the service,



5. Approximately how far did you have to travel to access the urgent care services?

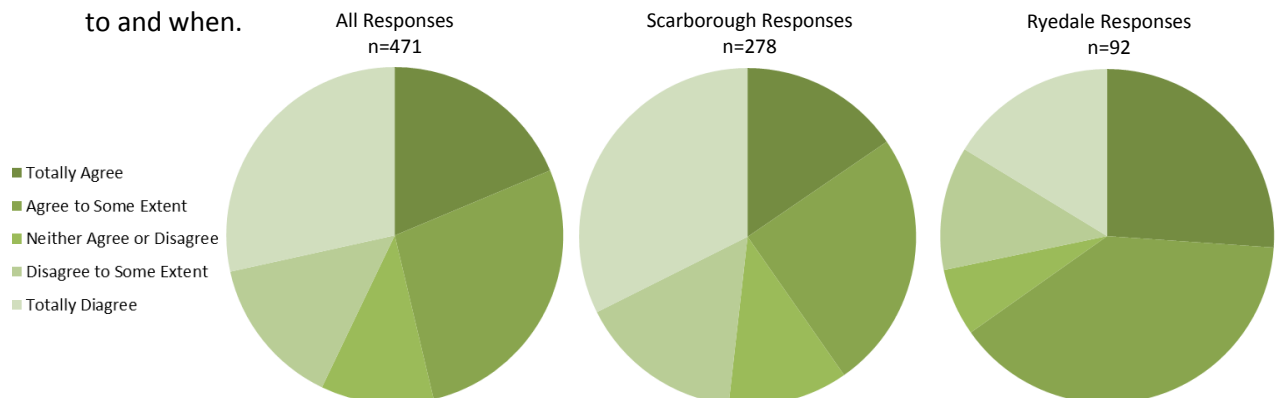


6. Which urgent care services are you most interested in as part of this survey?

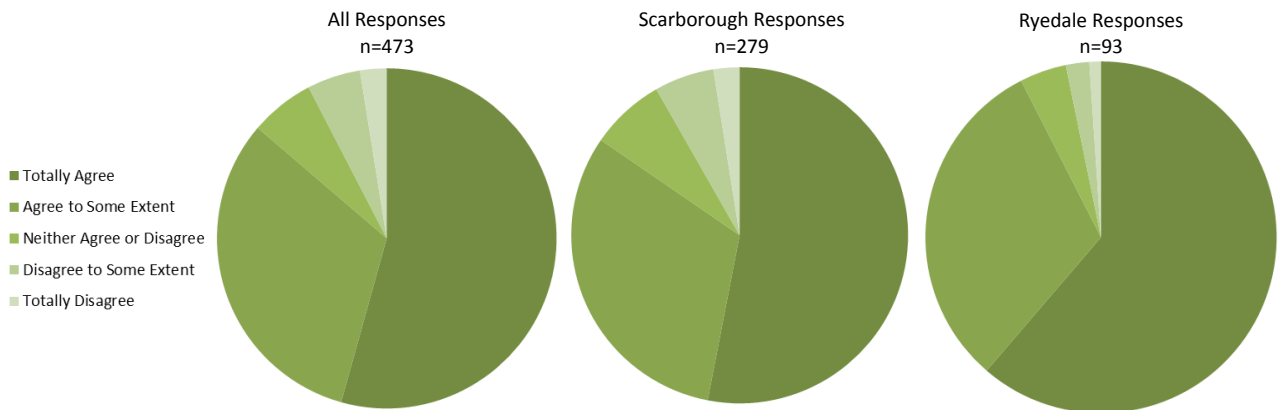
Due to a technical error, this question was not consistently completed and so responses have not been analysed.

Part 2: Why change

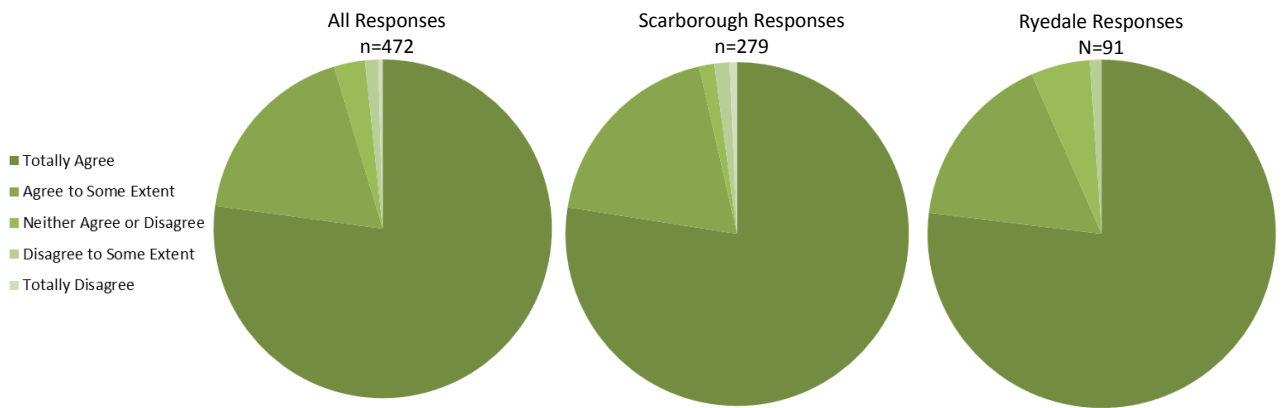
7. The current urgent care services are too complicated – it is hard to know which service to go to and when.



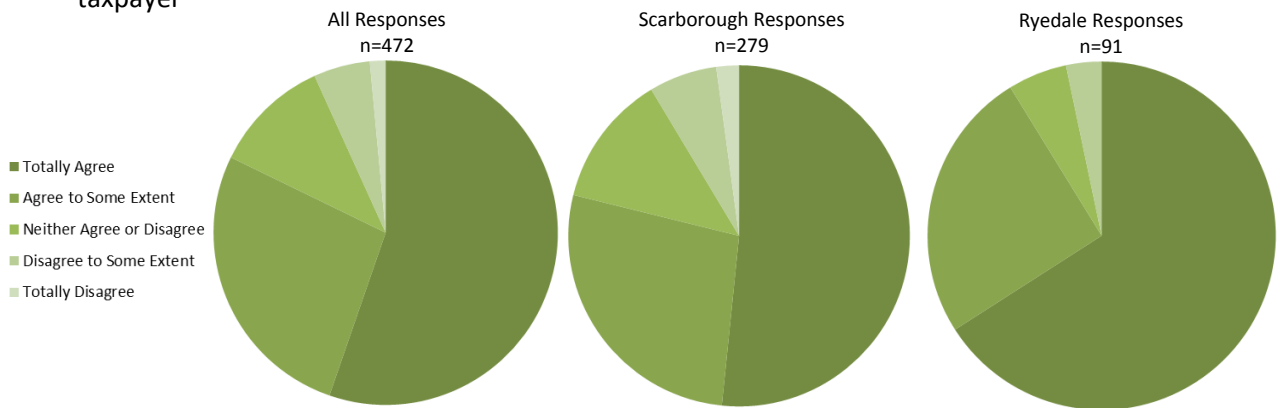
8. Patients should be seen, diagnosed and treated in the same place as much as possible



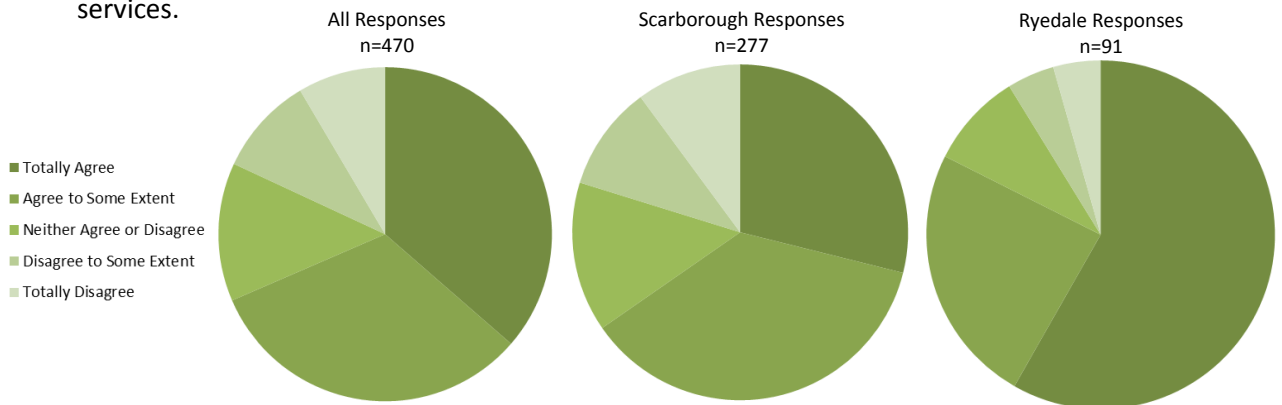
9. Something should be done to reduce the pressure and waiting times in A&E departments.



10. Health services in Scarborough and Ryedale should represent value for money for me as a taxpayer

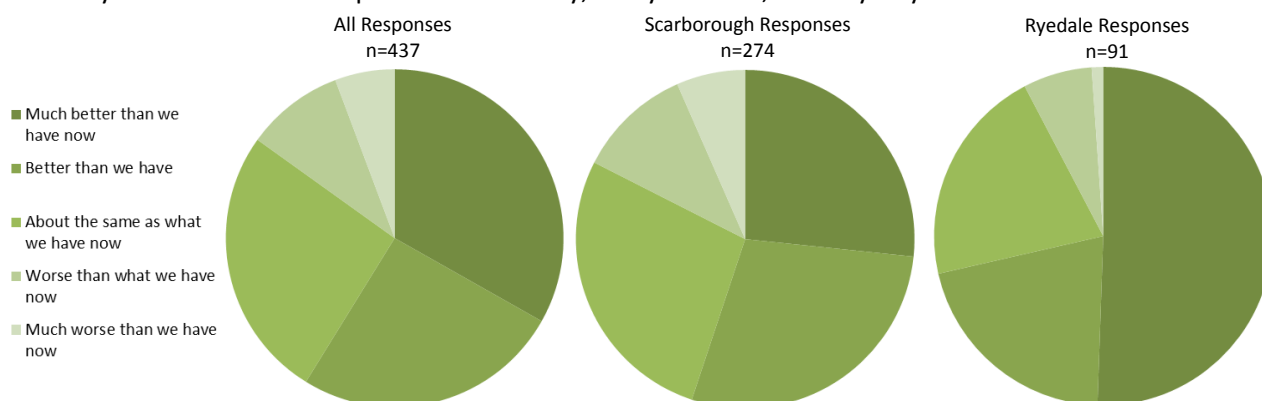


11. The Clinical Commissioning Group is doing the right thing by reviewing local urgent care services.



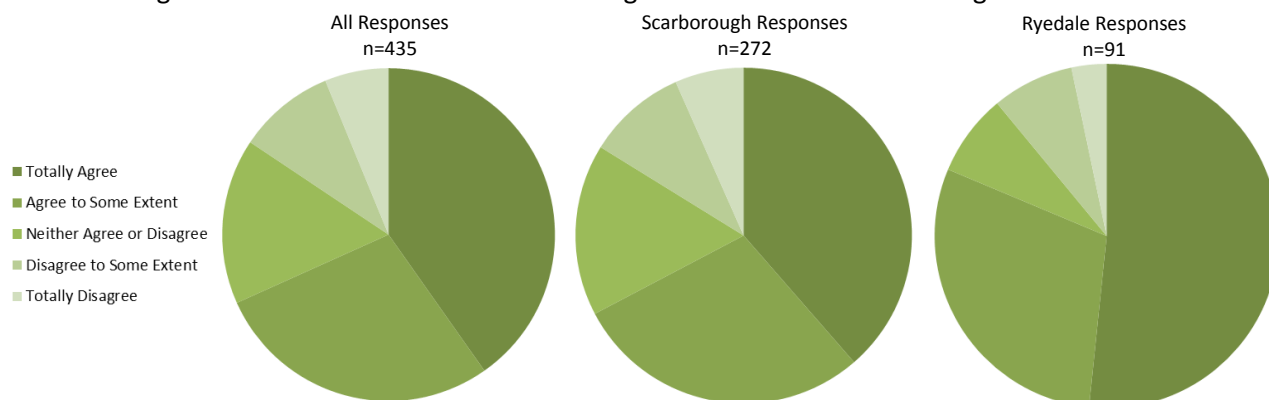
Part 3: The proposed urgent care service

12. It is proposed that there will be two urgent care centres, one in Scarborough and one in Ryedale. Both will be open 24 hours a day, 7 days a week, 365 days a year.



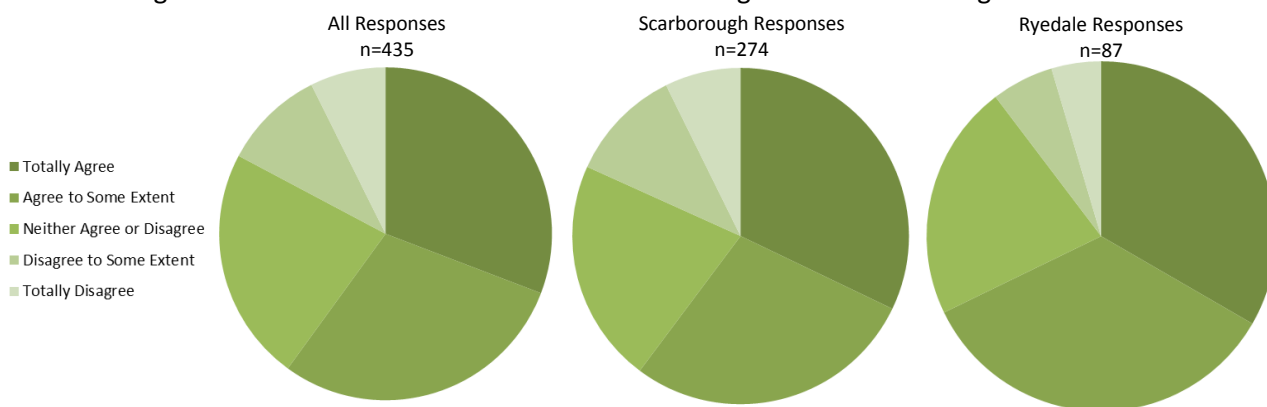
Frequency		Comment
	7	Positive Comments about the proposal
	32	Positive Comments about Castle Health Centre
	7	Financial Aspects, concern the new model will cost more
	1	How will this effect hospital services
	4	Impact on Castle Health Centre's other services
	1	How will you maintain the existing track record
	2	Concern that it is a money saving exercise
	2	If we lose home visits it will be worse
	2	Travelling to Scarborough Hospital would be worse
	6	Concern about maintaining quality
	2	Concern about the interim service (Castle Health Centre)
	1	Combining existing services to 1 centre may increase waiting times
	1	Whether the new service is better or worse than the existing service depends on location

13. The urgent care centres will make it easier to get care and treatment for urgent care needs.



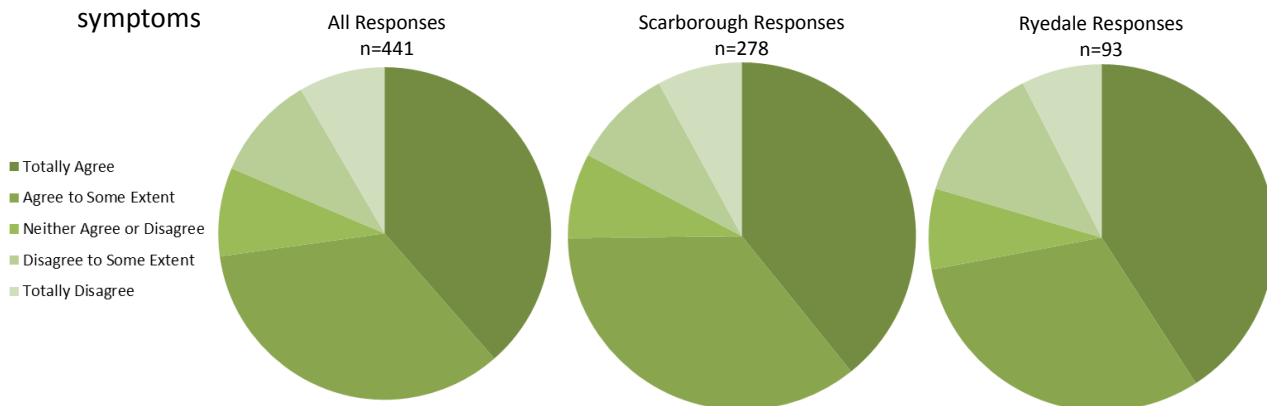
Frequency		Comment
	18	Positive comments about Castle Health Centre
	30	Dependant on location
	12	Increase or the same waiting
	1	People will still go to A&E if centre based at Hospital
	7	Dependant on Staffing
	4	Dependant on education / use of NHS 111
	8	Unable to say, not enough information
	3	Should be straight forward, all in one place
	1	Should run alongside A&E
	3	Dependant on staff mix
	1	Not if gap in service is not resolved

14. The urgent care centres will reduce the time it takes to get treatment for urgent care needs.



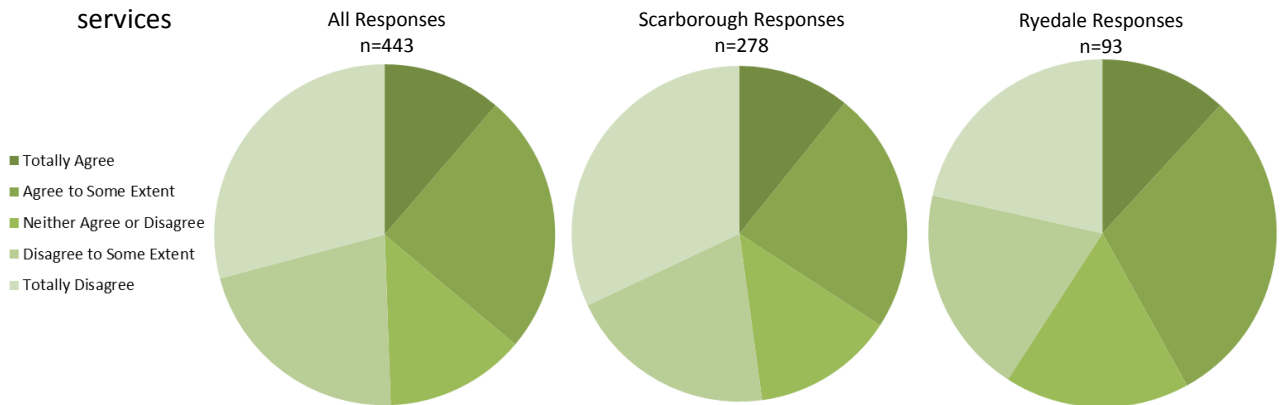
Frequency		Comment
	10	Dependant on how the services interact with each other
	15	Positive comments about Castle Health Centre
	15	Dependant on location
	1	It is easier to attend hospital
	30	Dependant on service capacity
	1	Positive comments about Scarborough A&E
	9	Dependant on education /publicity
	1	Dependant on time of day
	9	Unable to say, not enough information
	14	Dependant on staffing
	1	Dependant on diagnostics

15. The urgent care centre will reduce the likelihood of people going to A&E with minor symptoms

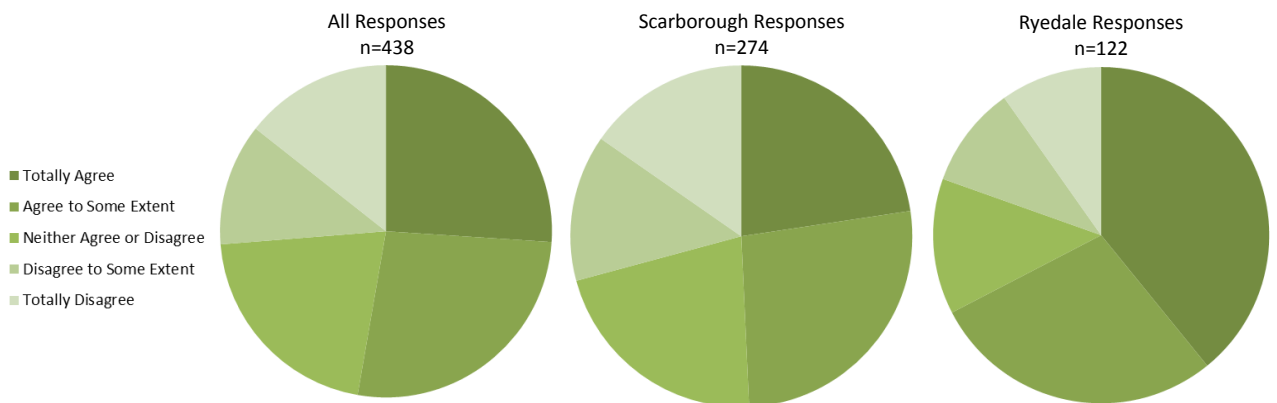


Frequency		Comment
	13	Positive comments about Castle Health Centre
	33	Dependant on education /publicity
	12	Dependant on location
	1	Dependant on waiting times
	4	Dependant on service capacity
	2	People attend A&E out of convenience
	9	People will still go to A&E
	1	If the service is straight forward
	1	Dependant on range of services

16. I would be prepared to travel further than I do currently to access better urgent care services



17. Overall, the proposal will improve urgent care services in the area



18. In terms of accessibility and safety, is there anything else you think we should consider (such as on-site parking, late night security etc)? n = 282

Frequency		Comment
 	172	On-site free parking
 	112	Security <ul style="list-style-type: none"> • Particularly at night • For staff and patients • Safe area
	3	Use of existing premises
 	35	Central / Town centre location
 	33	Easily accessible <ul style="list-style-type: none"> • Congestion • Disabilities, corridors, lifts
	6	Tourists able to find and access
 	23	Well lit
 	48	Public transport links <ul style="list-style-type: none"> • Through opening hours
	1	Sited on a long term basis
	4	Well publicised / education
	1	Dean Road / Tesco site
	18	Appropriate waiting areas <ul style="list-style-type: none"> • confidential and secure areas for children and the vulnerable • Drunks in A&E • Violent patients • Drugs
	7	Appropriate staff mix
	1	Access to diagnostics <ul style="list-style-type: none"> • May be abused
	1	Access to patient records
 	31	Provision for those unable to travel <ul style="list-style-type: none"> • Motorcycle response
	3	Provision for cyclists
	3	Guaranteed waiting times
	6	Good signage, within and to

		blind and deaf
	13	Pharmacy
	1	Interim Service
	1	Telephone advisory service / triage
	3	Drop off zone
	1	Services for vulnerable people <ul style="list-style-type: none"> • Mental Health Services • Children's services
	1	Improved GP Access
	1	Close to A&E for those who are turned away
	1	Uncomplicated

19. Do you have any preferences for the location of the urgent care centre?

Frequency		Comment
 	197	Scarborough Town Centre
	16	Tourists able to find and access
 	43	Public Transport Links
	12	Walking distance
 	37	Parking
 	30	Dean Road / St Mary's / Tesco site
	1	North side of Scarborough
 	29	Accessible
	17	Not at the Hospital site
 	29	Scarborough Hospital
 	56	Malton Hospital
 	67	Malton
	3	Falsgrave
	3	Pharmacy
	1	Weaoinness Old Park and Ride

	2	Eastfield industrial site
+++	8	Outskirts of Scarborough
	1	Morrisons Scarborough
	1	Not Seamer Road
	1	Rugby Club
	1	Well Lit
	1	Norton
	1	Not Eastfield
	2	Pickering
	1	Thornton-le-dale
	1	Sainsburys Scarborough
+++	8	Cost effective / Financial consideration
+++	8	Central Ryedale
	1	Dunslow Road Industrial Estate
	1	Seamer Road
	1	Northstead
	1	Use existing buildings
	1	Planned capacity

20. Are there any other services that you would expect to be provided at the urgent care centres other than those explained in the “Right Care, First Time” document?

Frequency		Comment
+++	11	Dental
	1	Tourists
	2	X-ray
+++	11	Mental Health Services <ul style="list-style-type: none"> • Learning Disabilities • Counselling
+++	5	Patient Education <ul style="list-style-type: none"> • Signposting • Self Help groups • Social Care Information
	2	Services for vulnerable people
+++	5	Pharmacy
	2	Home Visits
	1	Children’s Nurse
	2	Triage
	1	Appropriate administrative support
	1	Physio
	1	Occupational Therapy
	1	Social Care
	2	GP Out of Hours
	1	Sexual Assault Referral Centre
	1	Safe environment
	2	Diagnostics
	1	Access to patient records
	1	Optician

21. Please use the space below if you have any further comments about our proposal:

Frequency		Comment
	2	Objection to private company providing service
	8	Concern about the interim service (Castle Health Centre)
	35	Positive comments about Castle Health Centre / Keep open
	1	Concern regarding transport issues
	2	Make the service as seamless / simple as possible
	13	Positive about proposals
	8	Negative about proposals
	6	Improve access to GPs
	4	Financial Concerns
	5	Need to listen to the public <ul style="list-style-type: none"> • Consultation could have been better publicised • Consultation document looks to expensive
	1	Education / publicity important
	1	People will still go to A&E if centre based at Hospital
	2	Will tourists be taken into account
	3	Those under influence of alcohol or drugs should <ul style="list-style-type: none"> • not be prioritised over others • Or abusive patients should be charged
	2	Dependant on proper staff / skill mix
	1	Location Malton
	1	Location Scarborough town centre
	1	Clinicians should be free to make decisions
	2	Concern about capacity
	2	Concern regarding viability of Scarborough hospital /A&E
	1	Ensure international visitor health costs recouped

11.4 Public Meetings

Frequency		Comment
	19	Interim walk in solution between October 2014 and April 2015 <ul style="list-style-type: none"> • What will happen in the interim • Complex and costly informing people of changes for a 6th month period, then having to do it all again • Why the Castle Health Centre can't provide the interim solution x4 • Error not resolving gap in service • What will disappear with the interim solution • What will happen to services for vulnerable • What will happen to mental health services
	19	Positive experience of Castle Health Centre Walk In <ul style="list-style-type: none"> • Nurse practitioners were very good • "If it isn't broke don't fix it" x2 • Central, public transport access x4 • Central, easy for tourist x3 • Drop in, open access • Seen quickly, treated quickly

		<ul style="list-style-type: none"> • Service covers area of high deprivation • Why can't we build on existing service • Brilliant Team • What's wrong with the current service"
+++	7	<p>GP Access</p> <ul style="list-style-type: none"> • Difficult to get an appointment with the GP • GP Capacity if opening hours are extended • Will GP access be looked into
+++ +++	14	<p>Proposal seen as an improvement</p> <ul style="list-style-type: none"> • Better environment than A&E • 24/7 Service x5 • Pleased to see mental health part of the plan
	2	<p>Additional Consultation</p> <ul style="list-style-type: none"> • Location of services • Comment on bids
	4	<p>Will the new model be more expensive</p> <ul style="list-style-type: none"> • Replacing what we have with something almost the same • Where is money coming from
	2	<p>Impact of Walk In Centre not being recommissioned on</p> <ul style="list-style-type: none"> • Homeless provision • A&E
	3	<p>How will you retain expertise of staff following decommission of Walk In</p> <ul style="list-style-type: none"> • What will happen to existing staff in the current services • Some existing out of hours staff don't have local knowledge
	3	<p>Distribution of services</p> <ul style="list-style-type: none"> • Will the better equipped centre be based in Scarborough • Why would there be fewer services in Ryedale • have you decided what services will be where
+++	7	<p>Tender Process</p> <ul style="list-style-type: none"> • What is the deadline to finalise the tender • How long will the contract be for (Successive changes) x2 • What if only 1 organisation bids for the tender • Who will be invited to tender for the new service • Will the service specification be published • Who would staff the services x2 • Is Castle Health Centre out of the equation • Who writes the specification
	1	<p>Concern expressed at services seem to be moved from Primary to Secondary Care</p>
	1	<p>Home visits sending people to A&E from out of area could be a problem</p>
+++ +++ +++ +++ 	22	<p>Services Available</p> <ul style="list-style-type: none"> • Will I be able to get and X-ray at the new centre • Will Nurse practitioners be part of the new service • Will there be a GP on duty 24/7 • Will Emergency Dentists be part of the new service - Currently unable to see an emergency dentist if you already have a dentist in Scarborough

		<ul style="list-style-type: none"> • Pharmacy x2 • Will children be able to be treated at the urgent care centre • Will there be a telephone triage x3 • Will there be mental health provision as part of the new service x3 • Will there be emergency drug addiction support • Will there be provision for those without transport x2 • Will home visits be available for those unable to travel x2 • Palliative care and End of Life care • Will 24 hr district Nurse be part of the new service x2 • How will the housebound fit into the new service (Currently served by GP and OOH) • What diagnostics will be available
	2	How does the funding work, for people accessing services who are not from this CCG
+++	8	<p>Information about services important</p> <ul style="list-style-type: none"> • Will this cause confusion with NHS 111 • For health care professionals and other health workers x2 • How will you reach 18-25 • people need to know where the right place to go is in the first place • People need to be able to determine what is urgent and what is and emergency
+++ ++++ +++	16	<p>Location</p> <ul style="list-style-type: none"> • What will be the location criteria x2 • City Centre good, public transport links x 2 • Scarborough Hospital difficult to get to unless you have a car • Car parking x2 • Transport across Ryedale x2 • Reduce travel to York and Scarborough, improved service in Malton • Important to consider tourist access x2 • Public transport access, eves and weekends • Needs to take seasonal traffic into consideration • Concern all services will be located at the Hospital end of town
+++	6	<p>consultation Process</p> <ul style="list-style-type: none"> • How will the final decision be publicised • Is this meaningful or have the decisions already been made • A feeling more information needed give constructive feedback • Where were the meetings publicised, didn't know about it • Will criteria be linked to consultation findings • Have you consulted with Healthwatch • Have you consulted linked Healthcare providers eg YAS
	4	How can you guarantee the service will be open in April 2015 if you don't know where it will be

		<ul style="list-style-type: none"> Does the deadline preclude a new build x3
	1	Will GP's be able to use the diagnostic services provided by the Urgent Care Centre
	1	Difference in existing service coverage (opening hours)
	3	Long term viability <ul style="list-style-type: none"> Malton Hospital Scarborough A&E Castle Health Centre x2
++++	6	Will the service have access to patient records <ul style="list-style-type: none"> How quickly will the GP have access to documentation if I attend the service Continuity of care
	2	CCG Financing <ul style="list-style-type: none"> Will the deficit effect the amount of funding for these proposals Will the central funding be recalculated Is "sparsity value" funding available
	1	Will we still ring 111 for advice
	3	Concern over how model developed <ul style="list-style-type: none"> How does Corby compare with Scarborough
	3	Presentation <ul style="list-style-type: none"> Concern around someone with a serious compliant attending in error passing away in transit to A&E Will transferring people between UCC and A&E put pressure on YAS Will YAS determine whether someone goes to A&E or the Urgent Care Centre How will you deal with under presentation ie someone who should present but thinks they will just wait for GP
	3	Case for Change <ul style="list-style-type: none"> Is the driver financial Is it quality, have people complained x2 If is financial saving will quality suffer If it is quality driven how can you save money

11.5 Focus Groups

Health services identified unprompted

Frequency		Service
	1	Minor Injuries Unit
	1	Orthodontics
	1	Paramedics
	2	Hospital
	2	Dentist
	4	Doctor / GP
	1	Mental Health (Cross Lane)
	3	A&E
	1	Fracture Clinic

	4	Walk in
	1	Health Visitors
	1	Social Workers
	1	Pharmacy
	2	111
	2	Physiotherapy
	1	Opticians
	1	Hearing Aids
	1	Coast call

Services chosen in response to scenarios, the scenarios can be found on page 38.

Scenario 1 – James			Scenario 2 - Alex		
Frequency		Service - Unprompted	Frequency		Service - Unprompted
	4	A&E		3	GP III
	2	Walk In		1	MIU
	1	MIU		2	A&E II
	1	GP		2	Walk In II
				3	Not A&E III
				1	- Although a lot would go Paramedic
Frequency		Service - Prompted	Frequency		Service - Prompted
	2	Walk In		2	Self Care (Pharmacy) II
	1	111		2	GP II
	1	A&E if late night		2	111 II
	2	A&E Need x-ray		1	A&E
	2	MIU Need x-ray			- Never know with animal bite
Scenario 3 – Mrs Nicholls			Scenario 4 - Hayley		
Frequency		Service - Unprompted	Frequency		Service - Unprompted
	4	A&E (Due to age)		2	GP (Home Visit)
	1	Paramedic		3	A&E
	1	GP Home Visit		2	111
	1	Ring Relative		1	Self Treat
Frequency		Service - Prompted	Frequency		Service - Prompted
	1	MIU		2	111
	3	A&E (Age)		2	Self-care
	1	Self care		2	GP - Home Visit
	1	111		1	Not A&E
	1	A&E Last resort (Old and young worry the same)		1	A&E if really worried

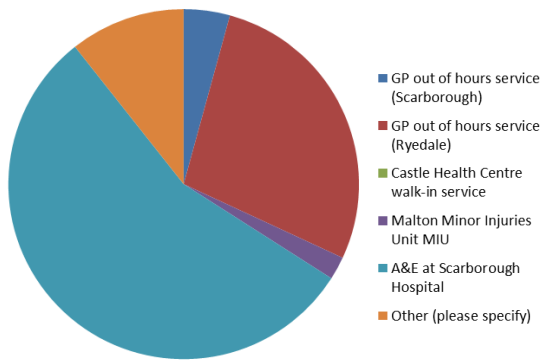
Comments about proposals

Frequency	Comment
	Positive about plans
	Location <ul style="list-style-type: none"> • How far will we have to travel • Transport links, bus route free parking
	Quicker if properly resourced (Staff diagnostics)

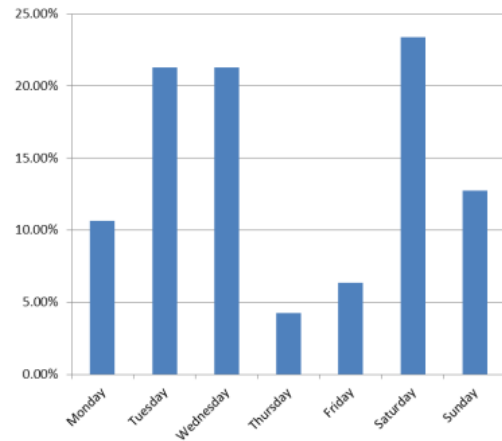
		<p>Simpler</p> <ul style="list-style-type: none"> • 24/7 Easier, more likely to use • I don't know if things are open – go to A&E • If you'll be escalated if serious might as well go to UCC
		<p>A&E</p> <ul style="list-style-type: none"> • Should reduce A&E Attendance • Reduce waiting • Better than going to A&E because of the drunks
		<p>Education</p> <ul style="list-style-type: none"> • People don't know what is serious
		What if it is worse

11.6 Travel Questionnaire

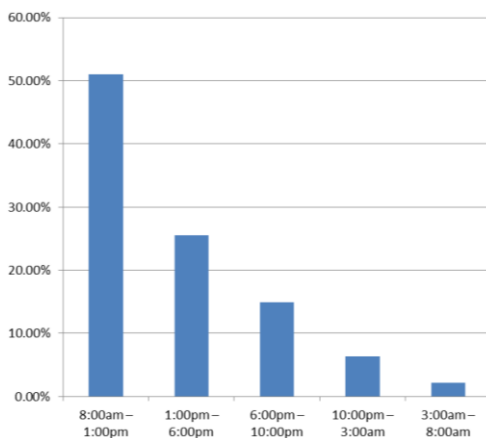
Which service did you use today?



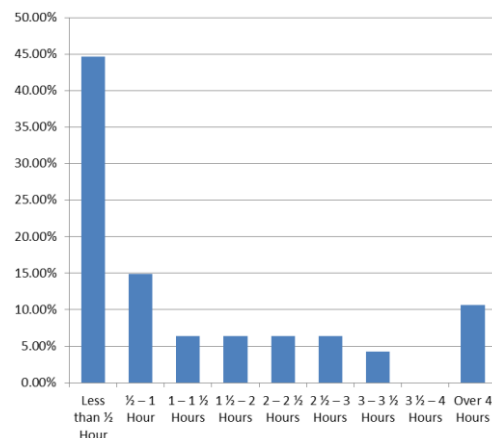
What day of the week did you attend?



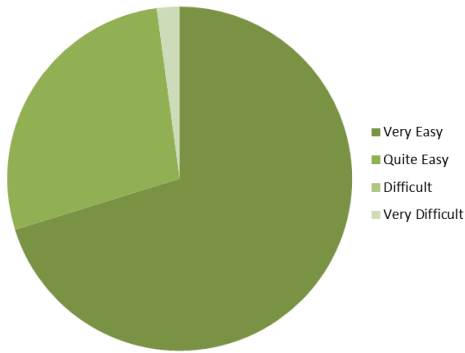
What time of day did you attend?



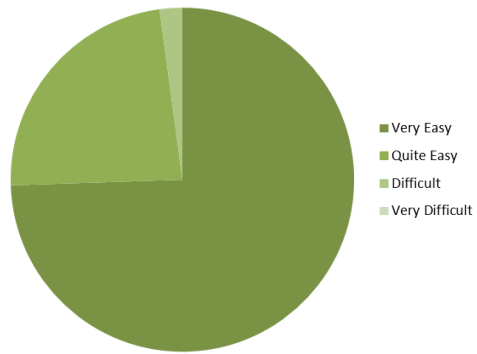
How long did you spend at the service?



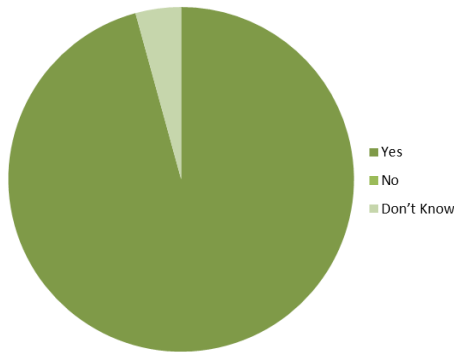
Was the service easy to find?



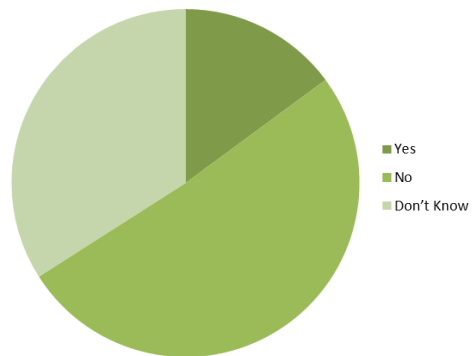
Was it easy to get into the building?



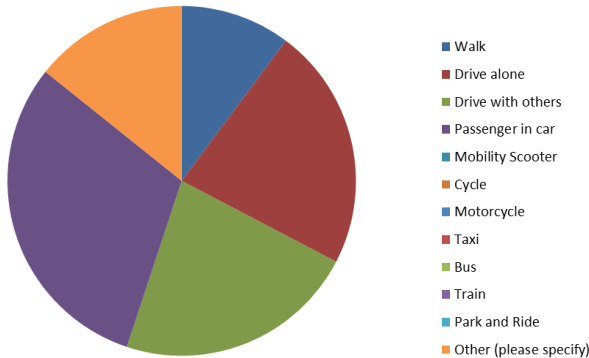
Did the site the service is located on feel safe and secure?



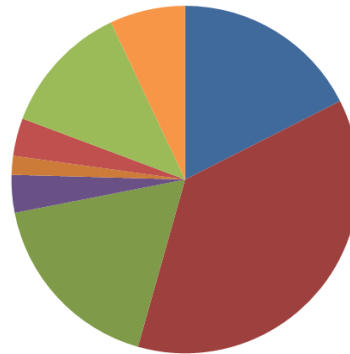
Did you think site safety or security could be improved?



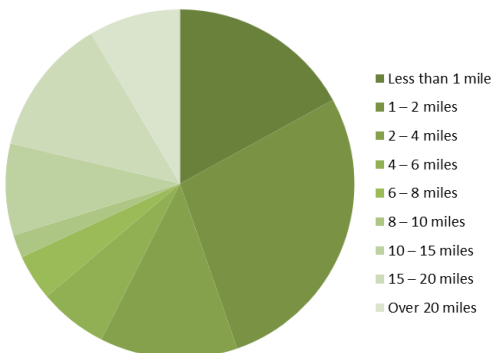
How did you get to the service? (please tick all used)



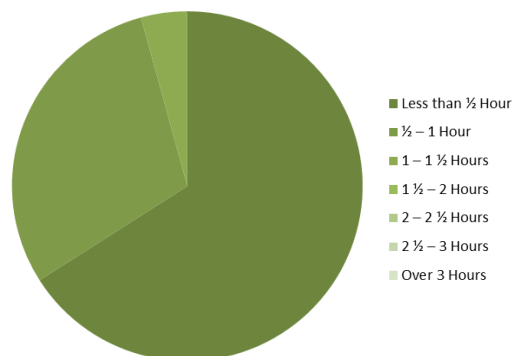
What mode of transport do you usually use day to day?

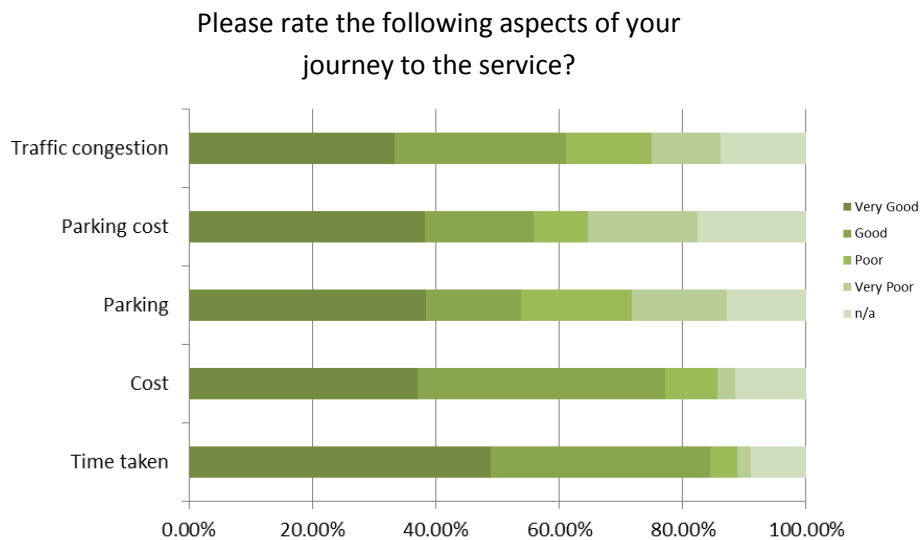


How far was your journey to the service?



How long did it take for you to travel to the service?





12.0 Appendices

i. Focus group scenarios

Scenario 1 – James

James 14, lives in Malton with his mum, likes football, and plays for his local team on Sunday mornings. At last week’s game James fell awkwardly onto his side. The game was stopped, and the coach was worried he had broken his wrist. James needs to get his wrist examined urgently.

Scenario 2 – Alex

Alex is 31, has a cat called Sammy. One night Sammy ran out into the garden and hid in a bush. When Alex tried to get her out, she was startled and bit Alex’s hand. It swelled up straight away and Alex was worried it might be infected.

Scenario 3 – Mrs Nicholls

Mrs Nicholls is 85. She was cooking tea one evening when she spilt boiling water on her arm. She ran it under the cold tap for a long time but the pain was unbearable. She couldn’t wait until the next day.

Scenario 4 – Hayley

Hayley is 7. She was sent home from school; she wasn’t feeling well and had a fever. Her mum put her to bed, but her temperature got worse as the night went on. Her Mum started to get really worried.

ii. Is A&E for me? Leaflet

Other local health services:

Stop Smoking

The North Yorkshire NHS Stop Smoking Service offers support through one-to-one appointments, drop-in clinics and occasional group clinic courses. Stop smoking advisors can also give you information about medications on prescription to help you stop smoking and can assist you in getting a prescription. Telephone 0300 303 1603 to find out more and book your place.

Dental

Dental practices are normally open during the daytime and sometimes at weekends. If you have a problem outside these hours, you may need to be seen urgently.

If you're in pain, you can first try helping yourself by taking painkillers. If you feel the problem can wait until normal practice hours, you can call NHS 111 for advice.

Sexual Health

Sexual health services offer confidential advice and information on contraception, sexually transmitted infections, pregnancy choices and planning a pregnancy.

We have a number of sexual health clinics across the area, many of which offer walk-in services which are available to everyone.

To find your nearest Sexual Health Clinic visit www.yorsexualhealth.org.uk

IS A&E FOR ME ?
Does your option?

This leaflet can help you to find the best NHS health service for you - meaning you don't spend time waiting in A&E if you don't need to.

Choosing the right health service when you are unwell or injured allows busy NHS services to help the people who need them most.

For more information about local services:
www.scarboroughryedaleccg.nhs.uk

@SRCCG
 www.facebook.com/SRCCG

IS A&E FOR ME ?
Does your option?

NHS
Scarborough and Ryedale
Clinical Commissioning Group

Your Guide to Local Health Services

in Scarborough and Ryedale

If you would like this information in alternative formats or languages contact the CCG on 01723 343660 or email SRCCG.enquiries@nhs.net

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www.scarboroughryedaleccg.nhs.uk

<p>Self-care </p> <p>Hangover? Grazed knee? Sore throat?</p> <p>Self-care is the best choice to treat very minor illnesses, ailments and injuries. A range of common illnesses and complaints, such as coughs, colds, sore throats and upset stomachs and aches and pains can be treated with a well-stocked medicine cabinet and plenty of rest.</p> <p>Help stop the spread of infection: If you have sickness and diarrhoea don't go to your GP practice or hospital. Instead drink plenty of fluids and call your GP practice if you are worried, especially if you have other health conditions.</p> <div style="border: 1px solid white; padding: 5px; text-align: center; margin-top: 10px;"> <p>For more information about self-care visit www.nhs.uk</p> </div>	<p>Your Local Pharmacy </p> <p>Need to talk to an expert?</p> <p>Your local high street pharmacy can provide confidential, expert advice and treatment for a range of common illnesses and complaints, without having to wait for a GP appointment or go to your A&E.</p> <p>Pharmacists can also dispense repeat prescriptions without the need to visit your GP - speak to your GP or pharmacist to arrange this.</p> <div style="border: 1px solid white; padding: 5px; text-align: center; margin-top: 10px;"> <p>To find your nearest local pharmacy visit www.nhs.uk</p> </div>	<p>Your GP </p> <p>Illness or Injury that won't go away?</p> <p>If you have an illness or injury that won't go away, make an appointment with your GP. They provide a range of services by appointment and when absolutely essential can make home visits.</p> <p>If you need urgent medical care when your surgery is closed (and it can't wait until the morning) call your surgery number and you will receive information on how to access the care or advice you need.</p> <div style="border: 1px solid white; padding: 5px; text-align: center; margin-top: 10px;"> <p>To find your nearest GP service visit www.nhs.uk</p> </div>
<p>NHS 111 </p> <p>Need medical advice quickly?</p> <p>When you call NHS 111 you will speak to an adviser who will help you decide what medical help you need, tell you where you need to go to get medical help and transfer you to the service you need.</p> <p>You should use the service if you urgently need medical help or advice but its not life-threatening.</p> <div style="border: 1px solid white; padding: 5px; text-align: center; margin-top: 10px;"> <p>Calls to 111 are free, including from mobiles, 24 hours a day, 365 days a year.</p> </div>	<p>Minor Injury Unit (MIU) and Walk-in Centre </p> <p>Cut? Sprain? Minor burn?</p> <p>Minor Injury Units (MIUs) offer fast, convenient and expert care for minor illnesses and ailments including cuts, grazes, wounds, sprains and minor burns.</p> <p>No appointment necessary - just walk in...</p> <div style="border: 1px solid white; padding: 5px; margin-top: 10px;"> <p>A MIU is located at: Middlecave Road, Malton, North Yorkshire, YO17 7NG, Tel: 01653 693041</p> <p>A Walk-in Centre is located at: York Place, Scarborough, YO11 2NP, Tel: 0330 1239278</p> </div>	<p>A&E and 999 </p> <p>Difficulty breathing? Heavy bleeding? Chest pains?</p> <p>Accident and Emergency departments and the 999 ambulance service should only be used in a critical or life-threatening situation. Dialling 999 and stating an emergency situation will result in a response vehicle being sent to your location.</p> <div style="border: 1px solid white; padding: 5px; margin-top: 10px;"> <p>A&E departments are located in:</p> <p>Scarborough Hospital, Woodlands Drive, Scarborough, North Yorkshire, YO12 6QL, Tel: 01723 368111</p> <p>York Hospital, Wigginton Road, York, North Yorkshire, YO31 8HE, Tel: 01904 631 313</p> </div>

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If you would like this document in a different format, for example, large print, Braille or in a different language, please contact NHS Scarborough and Ryedale CCG on 01723 343660 or email SCRCCG.enquiries@nhs.net





RIGHT CARE FIRST TIME



Our journey to improve urgent care

Our public consultation, which ran between 6 January 2014 and 30 March 2014, focused on hearing peoples' view towards developing a more integrated urgent care service for the people of Scarborough and Ryedale. This map explains the journey we have taken so far.



What is urgent care?

For a sudden illness or injury that needs treating fast, but is not considered to be a 999 emergency. Current local services include:

- Walk-in at Castle Health Centre
- Malton MIU
- GP out-of-hours service



- Online and paper surveys
- 4 Focus groups
- 5 public meetings
- Press releases, radio interviews and newspaper adverts
- Tweets and facebook posts
- Posters and flyers

How we encouraged people to get involved:

Who else did we talk to?

- North Yorkshire County Council Scrutiny of Health Committee
- Scarborough Borough Council Health and Wellbeing Committee
- Scarborough Urban Area Forum
- Local GPs and other healthcare professionals



What were the main findings?

- Location of the new urgent care centres is crucial - they need to be easily accessible and have free parking as most people access them by car
- There should be no gap in services between existing contracts ending and the new service launching
- People are concerned about any impact on other services provided by Castle Health Centre
- The new service must cater for tourists to the area
- People are generally happy with the current level of service so the new service must be of the same quality
- Patients need better access to their own GP - ie more appointments
- Concerns over the ability to adequately staff the new centres
- The need to educate people about the new service once launched
- Sharing of medical records would make getting the right care, first time, more likely



We wanted to review urgent care services because:

- The contracts for the walk-in service at Castle Health and GP out-of-hours contract are coming to an end
- There is growing pressure on A&E departments from people attending with non-emergency needs
- People are unsure which service to access for their needs which leads to poor patient experiences

The numbers:

- 724** Primary contacts
- 168** People attended meetings
- 1,007** unique web hits
- 5,000** consultation documents distributed
- 571** completed surveys

Next steps

- Public feedback events
- Development of service specification
- Clinical assurance process
- Procurement process to identify preferred provider
- Public awareness campaign in run-up to new service launching in April

Thanks to everyone who has been involved!



NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****13 June 2014****Remit of the Committee and Main Areas of Work****Purpose of Report**

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Introduction

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
 - a) being consulted on the reconfiguration of healthcare and public health services locally;
 - b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;
 - c) carrying out detailed examination into a particular healthcare/public health service;
4. The Committee's powers include:
 - reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
 - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
 - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
 - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
 - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
 - referring contested proposals to the Secretary of State for Health.

Scheduled Committee Dates

5. The Committee meetings for the rest of 2014 and into 2015 are:

2014

- 5 September
- 7 November

2015

- 23 January
- 24 April

6. All of the meetings take place on Fridays and start at 10.00am. All venues are yet to be confirmed.

On-Going and Emerging Areas of Work

7. The Committee's work programme is summarised in APPENDIX 1.

Recommendation

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

04 June 2014

Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL**Scrutiny of Health Committee – Work Programme/Areas of Involvement - 2014/15 (as at 1 April 2014)**

	2014			2015	
Scheduled Committee Meetings	13 Jun	5 Spt	7 Nov	23 Jan	24 Apr
<i>Scheduled Mid Cycle Briefings (Chairman, Vice Chairman and group spokespersons only)</i>					
1. Children's and Maternity Services at the Friarage Hospital, Northallerton					
2. Whitby - "Fit 4 the Future" - Public Engagement					
3. Hambleton and Richmondshire - "Fit 4 the Future" - Public Engagement					
4. Scarborough & Ryedale Integrated Urgent Care Model - Consultation					
5. York Hospitals NHS Foundation Trust: Update on Developments					
6. Vale of York CCG/Leeds and York Partnership NHS Foundation Trust: "Big Move Conversation" – see Appendix 1a					
7. Leeds and York Partnership NHS Foundation Trust: Review of Cognitive Impairment and Dementia Services – see Appendix 1b					

	2014			2015	
Scheduled Committee Meetings	13 Jun	5 Spt	7 Nov	23 Jan	24 Apr
<i>Scheduled Mid Cycle Briefings (Chairman, Vice Chairman and group spokespersons only)</i>					
8. Tees, Esk and Wear Valleys NHS Foundation Trust: Service Developments					
9. Harrogate and Rural District CCG / Harrogate and District NHS Foundation Trust: Review of Community Services					
10. National Review of Congenital Heart Surgery (Adults and Children) – see Appendix 1c					

Media release

For immediate release - 25 April 2014

Local health commissioners announce plans to invest in local mental health services

Following feedback from local service users and their carers, the NHS Vale of York Clinical Commissioning Group (CCG) is announcing plans to invest in local mental health services.

Confirming comments that the CCG has received recently from service users, the recent Care Quality Commission (CQC) report highlighted concerns about the physical state of Bootham Park Hospital and the Lime Trees unit.

The report identified a number of issues that can only be resolved by moving to alternative accommodation. In the case of Bootham Park Hospital the fact that it is a Grade 1 listed building means there are restrictions to any improvements that can be made to the fabric of the building.

The services provided at Lime Trees are commissioned by NHS England and they are working closely with Leeds and York Partnership Trust to move into more suitable accommodation.

As a prelude to a transformation in the provision of mental health services, the CCG will be holding a range of consultation events throughout the summer, staying true to its promise of involving the community in helping to shape decisions about local healthcare. The process for the creation of this new Mental Health Strategy will

include an assessment of the nature and site of a new York Mental Health Hospital that the CCG is determined to provide for the people of the Vale of York. As well as discussion about the precise nature of the hospital, the consultation process will also look to determine the range of services that should be provided in the community setting with particular attention paid to those based in Primary Care.

A short term, interim facility will be required whilst the CCG obtains approval for the new hospital and it is being built. Therefore the CCG is working on plans with its partners at City of York Council, NHS England, NHS Property Services and Leeds and York Partnership Foundation Trust to develop this temporary solution that will meet the accommodation needs for in-patient service users.

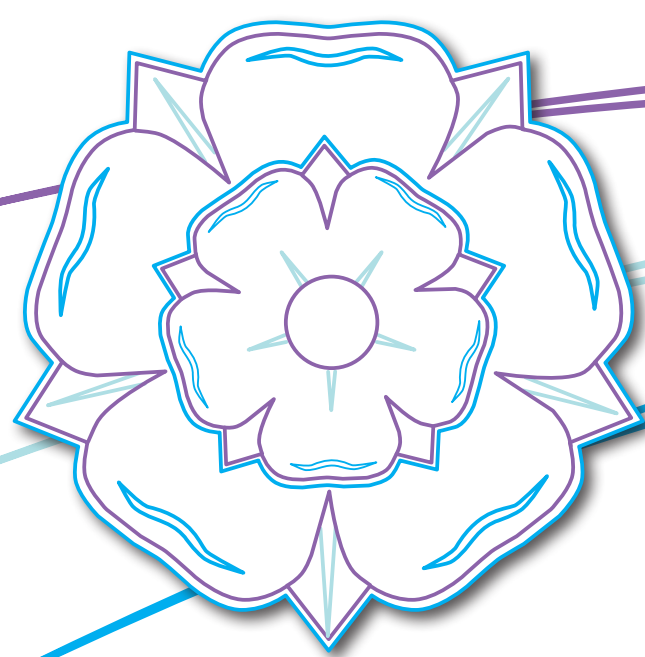
Rachel Potts, the CCG's Chief Operating Officer said: "We believe that investment in local mental health services is a fundamental requirement if we are to live up to the ideal of "parity of esteem" between physical and mental health.

"Bootham Park Hospital was built in 1774 and it has served the people of York well for 240 years but the time has come for it to be replaced.

"The CCG believes that the review of mental health services gives us a fantastic opportunity to define the best possible model of care within which we can design a state of the art hospital facility.

"There is no health without mental health and the CCG is confident that the consultation process will allow it to commission innovative solutions that are fit for the 21st century."

ENDS



Cognitive Impairment and Dementia Services Review in York and North Yorkshire

Leeds and York Partnership NHS Foundation Trust Review of Cognitive Impairment and Dementia Services (May 2104)

This communication is aimed at people and services interested in or involved with services that support the needs of people with cognitive impairment and dementia. It outlines the reason Leeds and York Partnership NHS Foundation Trust has decided to review its Cognitive Impairment and Dementia Services in York and North Yorkshire.

The review will be based on the needs of all people with cognitive impairment and/or dementia seen in all our services including community teams, memory services and inpatient services. The aim for the project is to develop a clear mental health pathway for people with cognitive impairment/dementia, providing a service which is 'better, simpler and more efficient' and reflects the Trust's goals and values.

We will:

- **Deliver a pathway of care for people with Cognitive Impairment/Dementia that ensures people access the right service at the right time**
- **Ensure service users and carers have choice and control in decisions that affect their care**
- **Provide a service which has the capacity to manage the most challenging behaviour in the least restrictive environment**
- **Provide care in an environment that is safe and meets the needs of service users for purposeful activity, privacy and dignity**
- **Provide multidisciplinary care so people are supported by specialist staff who are appropriately trained to deliver the stated outcomes**

- **Work with our partners, local communities, service users and carers to design our future services**

In the coming months we will be asking people to share their experience of our services, what they think we do well, and what ideal services might look like

We welcome your views, comments and offers to be involved. For more information please contact:

- **Lynne Parkinson, (The Associate Director)**
Telephone: 01904 726779 or
email: l.parkinson@nhs.net
- **Andrew Howorth (Head of Engagement and Involvement)**
Telephone: 0113 305 5951
email: andrew.howorth@nhs.net
- **Heather Simpson -(Engagement & membership York North Yorkshire)**
Telephone: 01904 721313,
Mobile: 07817 521307
email: heathersimpson1@nhs.net
- **Helen Radelaar Project Manager**
Telephone: 01904 725629 or
email: hradelaar@nhs.net

National Review of Congenital Heart Surgery (Adults and Children)**Current Situation**

On 12 June 2013 the Secretary of State for Health called a halt to the Safe and Sustainable Review of Children's Congenital Heart Services. Members will recall that under the Review children's cardiac surgery at Leeds General Infirmary would have stopped.

NHS England, the body responsible for commissioning specialised congenital heart services, are now taking forward the process to cover services for adults and children.

NHS England has almost completed a series of visits to specialist units as part of work to inform the development of a draft set of standards and service specifications which will include, for example, whether there is an optimal size of unit (number of surgeons and cases per year).

A consultation on the standards and specifications will follow later this year.