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NHS Foundation Trust

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AJC/GS

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Dear Maddy

This letter is the formal response of Sheffield Teaching Hospitals NHS Foundation Trust (STH) to NHS Sheffield Clinical Commissioning Group's public consultation regarding urgent care services in the city ("Making Urgent Care Work Better in Sheffield"). I would like to take this opportunity to thank you and your colleagues for engaging with a range of fora within STH regarding your proposals and how these would be implemented. This has included members of our Board of Directors; the Front Door Task & Finish Group; the Trust Executive Group; and, the Council of Governors. This response summarises the views of these groups and has been formally endorsed by our Board of Directors.

In terms of our overarching view, you will not be surprised to hear given the discussions that have taken place that, we are extremely concerned about the impact of the proposals both on the people of Sheffield as well as how care is organised and structured across the city. NHS Sheffield CCG does not have the support of STH to progress towards implementation of the consultation option(s). The remainder of this letter sets out our concerns and concludes with alternative proposals that we believe would be considerably better in achieving your aims.

- ***Considerable activity changes not included in options***

It is clear from the activity assumptions that have now been provided to us that there is a very significant shift planned from GP practices to Extended Hubs. This is described as attendances reducing from 556,679 to 61,235 within practices. Telephone call contacts are planned to drop from 602,902 to 61,235. All of this activity flows to the Extended Hubs. You have since clarified in discussions with us that these are new hubs, envisaged to operate within neighbourhoods as a result of inter-practice co-operation, rather than an extension of the current primary care hubs. However, nowhere within your proposals is there any description of how such a significant shift in activity will be planned or achieved. We do not believe it is possible to consider supporting such a significant shift in how care is provided when all of the options are silent on how this will be achieved.

We also note within your documentation your concerns regarding the impact that continuity of care can have. This also applies to urgent care, where the episode is often related to underlying

conditions or exacerbations of health conditions that have resulted in recent planned primary care utilisation. We believe there would be considerable risks to the quality of urgent primary care provided and the potential to over-escalate urgent care needs if so much urgent care was removed from the general practices where patients are known.

A key concern in the absence of detail on this element is how a sustainable and pragmatic workforce model would be developed to provide such a significant service, whilst also not destabilising wider primary care services.

The model of urgent primary care being provided from these new hubs, will, by definition involve care for the majority of people that will be further from their homes than their general practice, has the potential to create inequity in access and possibly compound inequalities in health across Sheffield communities. We believe that this has not been appropriately modelled or the potential consequences adequately understood.

We also note that the documentation provided is silent on the future of the GP Collaborative but it is clear from the subsequent data that you have shared that the GP Collaborative disappears and is subsumed within the planned Urgent Treatment Centre at NGH. This is a very significant step and we would urge you to consider carefully the very positive performance indicators associated with the current service provided by STH. GP out of hours services can be extremely challenging to deliver and there have been a number of instances across the country in recent years where these services have got into considerable difficulty. This has never been the case in Sheffield and we are extremely proud of the fact that we have never resorted to the use of external agencies to fill GP shifts. Unpicking a successful and good service always brings the risk of unintended consequences. There is also a lack of recognition about the extent to which this service is integral to others such as end of life care, home visiting, intensive home nursing etc.

- ***Wider context***

The proposals are not appropriately cognisant of the wider changes underway both nationally and within South Yorkshire & Bassetlaw.

The proposals were developed in advance of NHS England's Integrated Urgent Care Service Specification published on 25 August 2017. (https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf) It is unclear how this significant change in the 111 system will dovetail with the Sheffield specific proposals presented, especially those envisaged around Extended Hubs and the GP Collaborative. NHSE intends to have its plans in place by next April.

As you are aware, there is also a collaborative review of hospital services underway as part of the Accountable Care System in South Yorkshire and Bassetlaw. This review has identified urgent and emergency care as one of its key workstreams. The wider network of urgent and emergency care across South Yorkshire and Bassetlaw will be integral to how Sheffield will need to develop services in the future. This review is scheduled to complete in the Spring and has the involvement of all commissioners from across the ACS, including NHS Sheffield CCG. We believe it would be prudent to await the outcome of this review.

As you know we have recently commenced 24/7 streaming of patients from A&E to a GP service provided within the GP collaborative. This is at a very early stage and there is still considerable learning and iteration of the service model underway before we fully understand its longer term impact and place within the overall service model. This is an NHSE requirement and it is unclear how this will dovetail with any of your proposals.

- ***Importance of service provision to the centre and south of the city***

Almost 80,000 attendances occur each year across the Minor Injuries Unit at RHH and the Walk In Centre at Broad Lane. Collectively, this represents a considerable service. Given the alternative location of NGH, removal of these services as described would create a significant inequity in access to services based on city geography. Moreover, the service provided at RHH was a direct

response to concerns expressed by residents on that side of the city when plans were developed and proposed to consolidate Accident & Emergency services on the NGH site.

- ***Emergency Eye Centre***

The subsequent data provided clarified that there are no proposed changes to the activity at the EEC and we would support this 'status quo' approach to a highly valued and effective service. However, you have subsequent clarified an error in the data labelling such that the 'urgent' eye attendances will not be at the Emergency Eye Centre but at local opticians. We know you have received extensive patient feedback regarding how positive an experience this service offers. In addition to this we would urge you to consider the inherent efficiency of this service by combining the economies of scale and scope by managing eye conditions of an urgent and emergency nature within a single service. Fracturing this across opticians will generate cost to the system as well as dispersing patients to services where by definition the familiarity with urgent and emergency conditions will be diluted. We do not support the changes to this service described.

- ***Plans for services at the Northern General Hospital site***

Now that we have been able to scrutinise the underlying activity assumptions it is clear that the options propose a GP led Urgent Treatment Centre at the NGH site.

The activity assumptions would result in an approximately five-fold increase in activity at NGH compared to the current workload of the GP collaborative (albeit some of this activity is existing A&E attendances and therefore not 'new' to the site as a whole[1]). This would not be possible within the current facilities and would require extensive capital development. The proposals do not acknowledge the need for new and dedicated diagnostics that would be a pre-requisite for the growth in minor injury activity. One of the options describes a potential for the minor injury work at RHH to be brought to the NGH A&E Department – this would not be physically possible in terms of capacity either within the main Department or diagnostics.

We would also raise serious questions about the UTC being GP-led given that there will be considerable minor injury activity.

We are also aware that you have heard extensive concerns from the public regarding parking at NGH and we would concur that such a significant increase in activity would create substantial logistical problems.

- ***Alternative propositions and next steps***

Finally, we would like to use this opportunity to outline the next steps we believe the CCG need to take.

We are of the view that substantially more work needs to be undertaken to consider the mechanism by which large volumes of care could be transferred from general practices to extended hubs. The evidence associated with the potential impact on continuity of care and equity of access also need to be examined and understood much more fully than at present.

The Walk In Centre at Broad Lane provides significant volumes of care and has received substantial NHS capital investment in past years and provides care to many vulnerable and excluded groups within the centre of the city as well as a wider service to the city. The combination of the Walk In Centre, Minor Injuries Unit and the Emergency Eye Centre could be evolved to be an Urgent Treatment Village.

We think it would be prudent for the CCG to await the outcomes and a fuller understanding of a range of wider changes underway in urgent and emergency care before developing final proposals for implementation.

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[1] Note, we have been unable to replicate your estimated numbers of minor illness and minor injury that present at NGH A&E and would find it helpful to have the methodology underpinning these numbers clarified.

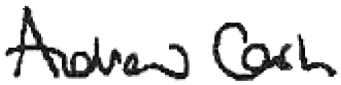
Given the constraints of space and diagnostic capacity as well as the need to ensure appropriate access to care for the residents of the centre and south of the city, we believe the CCG should carefully consider an option which would deliver the following:

- Maintenance of the GP Collaborative and GP Streaming at NGH.
- Continuation of Minor Injuries within the NGH A&E Department.
- Continuation of Minor Injuries and the Emergency Eye Centre at RHH
- Location of a Minor Illness service at RHH alongside the Minor Injury service. The former to be GP led and to operate as the GP Out of Hours Service for that side of the city. Effectively, the creation of an Urgent Treatment Centre at RHH. This could also operate as an Urgent Treatment Centre and out of hours primary care for children in the city, but we believe there would need to be detailed discussions including Sheffield Children's Hospital to ensure the service model was appropriate and fit for purpose.

I trust this is a helpful summary of the very detailed and wide-ranging discussions we have held within STH since the publication of your proposals. We would be very happy to work with you on the further iteration of your strategy to ensure that we collectively create a set of services that are sustainable and deliverable and provide the people of Sheffield with the urgent and emergency care that they need.

Kind regards.

Yours sincerely



Sir Andrew Cash OBE
Chief Executive

cc: Kirsten Major, Deputy Chief Executive, Sheffield Teaching Hospitals NHS FT
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust