

healthwatch

County Durham

7 Day Access to Primary Care Services

An independent observations report on engagement activities across Durham Dales, Easington and Sedgefield Areas



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Healthwatch County Durham

Healthwatch County Durham is the county’s consumer champion for health and social care, representing the voices of current and future users to decision makers.



We listen

We listen to patients of health services and users of social care services, along with their family members or carers, to find out what they think of the services they receive.



We advise

We advise people how to get the best health and social care for themselves and their family. We provide help and information about all aspects of health and social care provided in County Durham.



We speak up

We make sure that consumers views are heard by those who provide health and social care. Wherever possible we try to work in partnership with providers to influence how they make improvements.

Background to this work



In spring 2016, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) undertook a public consultation in relation to urgent care services. As a result of the consultation a new service model was implemented in April 2017. This new model incorporated 9 hubs across the area and it was agreed that the CCG would report back to the Overview and Scrutiny Committee (OSC) six months post implementation to feedback on the impact of the redesign.

The CCG's '*Primary Care Service Consultation, Communication and Engagement Plan*' states that it was clear at the six month point that the available capacity across the 9 hubs was not being fully utilised although the issues were slightly different in each locality. Service providers also highlighted the impact this was having in retaining staff, as staff wanted to feel that they were being fully utilised. The low utilisation rates also raised concerns about value for money of the service. The CCG confirmed its intention to OSC to carry out further engagement with patients to gain insight into the new services to help to identify why services were not being utilised as expected.

The CCG engaged through Patient Reference Groups (PRGs), Health Networks, Area Action Partnerships (AAPs) and various community groups. These engagement activities helped to inform the development of a number of possible Primary Care Service 'options' on how services could be further developed or delivered differently to best meet the needs of local people.

Pre-engagement activity with the public took place from the middle of December 2017 through to August 2018. The aim of this work was to gather the views from patients and carers who accessed the primary care services in the Durham Dales, Easington and Sedgefield CCG area and those who went out of the DDES area into Urgent Care Centres or A&E Departments. The CCG engaged public and patients/carers from a variety of different backgrounds, experiences, groups and communities, including those from the nine protected characteristic groups. The CCG also worked with Clinicians, GP Practices, GP Federations and Commissioners to understand the service need.

The information collated during the review informed the development of a recommended service model for each locality:

- **Durham Dales** reduced to one site based at Bishop Auckland with outreach services for frail / house bound patients including home visits and pre-bookable appointments
- **Sedgefield** reduced to two sites based at Spennymoor and Newton Aycliffe during weekday evening and retain three sites at weekends. The model will enable pre bookable appointments as well as outreach provision
- **Easington** reduced to two sites on a weekend based in Peterlee and Seaham and one overflow at Peterlee throughout the week from 12 - 8pm with additional capacity and services created to include a same day and pre bookable appointment system. The model will also provide outreach service/ home visiting and anything else that is highlighted as needed as a result of the consultation process if appropriate to serve the whole of the Easington locality.

What we did

DDES CCG's next step was to share the new model with the local communities. To achieve this the CCG delivered 9 public meetings, of which HWCD staff attended 7. We wanted to collate feedback received at the public engagement events and given directly to HWCD from local residents/patients in order to identify common issues and concerns.

Attendance at the majority of events was particularly low, e.g. 4 attendees and, given the population, the number of people engaged with overall was also low. Our impression was that the majority of people attending the meetings were over the age of 45. It should be noted however that people could also share their views with the CCG in other ways e.g. a questionnaire was available online and a Freepost address was available for those who completed a paper version.

How the information was provided

The meetings were facilitated by CCG staff. The agenda for each event stated that there would be a presentation, an animation, table discussions, facilitator feedback and a summary of each event. The agenda was not followed at each event however, which meant that at some of the events there was no feedback and no event summary, despite the delegates requesting that this be delivered.

What we heard - common themes

Many issues were raised that were not relevant to the aims of the events i.e. to listen to the public's views on the proposed changes to 7-day access to Primary Care Services. For the purposes of this report we have focused on the feedback given in relation to the proposed changes and there were some common themes:

The numbers attending the events were low and there was a strong feeling that they were not advertised effectively. The choice of venues was criticized in certain areas e.g. there was no access unless you had your own transport.

With fewer hubs in operation residents will need to travel further to access services. The rural nature of the County results in limited access to public transport for many residents, which is compounded by a lack of taxi services.

Many residents are unaware that currently you can ring 111 and be referred to a local hub. Anecdotally it was reported that 'No-one knew the hub existed'. However, once patients were aware of the hub, they asked the 111 operator if they could go there and the operator had booked the appointment for them.

It was felt that services are changing too often and the communication is poor.

Attendees commented that the system has not been in place long enough (20 months) to test its viability, adding that any new service takes time to become established.

GP practices are not directing patients to 111 when there are no appointments available - this was acknowledged as a training need for some practices.

Although figures were presented regarding how many people were using the hubs eg 21% capacity at Barnard Castle, 86% at Bishop Auckland, attendees asked for clarification on where those attending the hubs came from.

There was a strong feeling that people are being directed to some hubs but not others and that the 111 service is not routinely offering an appointment at a local hub.

Just because people are not accessing the service does not mean it is not needed. There could be many reasons why the service isn't being used - a lack of awareness; only been operational for a short period of time; mental health problems; elderly population; financial barriers.

The Durham Urgent Care Transport (DUCT) service offered by 111 was discussed - very few people, if anyone, was aware of this service and there was uncertainty around the eligibility criteria from CCG staff attending the events.

Observations and considerations

In our role as an independent observer, we would like to make the following suggestions, based on patient feedback and what we heard and saw at the events. We hope that the CCG will find these suggestions worth considering when making decisions relating to future service provision.

- Better advertising of future events, using a much broader range of methods, could result in more people attending. The choice of venue is also important in ensuring access for all.
- There was a very strong feeling that the current services were not adequately publicised. One way forward could be to publicise the service over a longer period of time and then review it, as it would appear that the viability of the service cannot be evidenced at this stage.
- People suggested where to advertise the service, over and above in the local newspaper and on social media. Suggestions included advertising on buses, in local shops, village halls and car parks as well as putting up posters in rural locations and delivering fliers. Some attendees were happy to volunteer to deliver fliers.

Other suggestions included:

- Keeping services open but with reduced hours, relevant if the CCG, as stated, is offering a service that is more than the national requirement.
- Re-distribute patients to under-used hubs e.g. patients from Crook/Willington could attend the Stanhope Hub as opposed to attending Bishop Auckland.
- Messages need to be repeated and tailored to the community as a 'one size fits all' process is not appropriate.
- There is still more for the CCG to do to educate the public on when to use 111 to ensure services are utilized and to ensure people are signposted to the right service. There is "leaflet proliferation" in GP surgeries, which makes it difficult to take in the information. A leaflet handed to patients could be a more effective way of getting the message across, alongside a text message service, where patients have agreed to receive info in this way.
- Equally, it would appear that there is more that the CCG can do to ensure GP practices direct patients to 111 when there are no appointments available and to ensure that 111 staff signpost patients to their nearest hub.

- More information needs to be made available about the DUCT service as people on low incomes may not ring 111 if they believe that they may have to pay for a taxi. In some areas public transport and taxi services in the evening are very limited/not be available, a situation that can be made worse during the winter months. In addition, if services are reduced, the DUCT and Patient Transport Service should be reviewed, in terms of criteria and capacity, to ensure the service meets the needs of the local populations.
- Whilst the presentation made reference to older, frail and housebound patients, issues that affect parents with young children accessing out of hours services should also be considered in any service re-design.
- People with LD find accessing 111 not easy as the questions are difficult and, whilst the potential of a home visiting service was well received, the question was asked if those people carrying out home visits would be trained to support people with additional needs. A training needs assessment should be considered.
- For people with learning difficulties the information booklets were overwhelming and difficult to translate into an 'Easy Read format'. Future publications should be tested by people with LD before publication.
- The issues around other CCGs reconfiguring their urgent care service was raised as there was a concern that residents from other locales would access services in DDES. Equally a reduction in services in County Durham could lead to residents accessing services in other areas e.g. Hartlepool. The CCG acknowledged these issues and will be talking to colleagues in other areas.