Urgent Care in South Tees
Case for Change - July 2015
The commissioning of high quality, accessible urgent care services is a high priority for South Tees Clinical Commissioning Group. We know that demand for NHS services continues to increase and that patients seek greater assurance about their condition and more rapid response from services.

We are keen that highly responsive provision remains and where possible, patients are treated in the right place, at the right time and by those with the right skills. However, the way in which services are currently provided makes this increasingly difficult to achieve. This document sets out the reasons why we need to change and to provoke discussion to support the future development of urgent care services.

We want to ensure that patients and all key stakeholders have a voice and participate in shaping and implementing our urgent care strategy.

Dr Nigel Rowell
GP Governing Body Member, South Tees Clinical Commissioning Group
1. Introduction .......................................................................................................................... 1
2. Context .................................................................................................................................. 1
   2.1 National Context ................................................................................................................. 1
   2.2 Local Context ...................................................................................................................... 2
       2.2.1 Local Population ........................................................................................................... 2
       2.2.2 Local Strategies ............................................................................................................. 3
       2.2.3 Workforce ..................................................................................................................... 4
   2.2.4 What services exist locally? ............................................................................................. 4
       Self-Supported Care ............................................................................................................... 5
       Pharmacy .............................................................................................................................. 5
       NHS 111 ............................................................................................................................... 6
       General Practitioners (In-hours) .......................................................................................... 9
       General Practitioners (Out-of-hours) .................................................................................. 11
       Prime Minister’s Challenge Fund ....................................................................................... 13
       Primary Care Infrastructure Bid ......................................................................................... 13
       Minor Injury Units (MIU) ..................................................................................................... 14
       Walk in Centres .................................................................................................................... 16
       Accident & Emergency Department, James Cook Hospital .................................................. 18
       Mental Health Services ....................................................................................................... 22
       Emergency Dental Services ................................................................................................. 22
       Ambulance Service ............................................................................................................. 23
3. What does this information tell us? ...................................................................................... 24
   3.1 Demand is growing ............................................................................................................. 24
   3.2 There are many ways to access the system. This can be confusing ................................... 25
   3.3 The system is complex to manage with numerous services, different providers and commissioners .............................................................................................................................. 26
   3.4 There is duplication in the system ....................................................................................... 26
   3.5 Emerging National policies likely to influence local strategies ......................................... 27
   3.6 The cost of urgent care provision is high ........................................................................... 28
4. Our Principles for urgent care services .............................................................................. 28
5. Our Proposals ..................................................................................................................... 28
1. Introduction

South Tees Clinical Commissioning Group (STCCG) is responsible for commissioning the majority of local health services. Our Clear and Credible plan (2012–17) sets out our priority to transform urgent care. The challenges faced by increasing demand for urgent care services are well established nationally and locally. If we are to tackle these challenges whilst continuing to commission good quality urgent care services into the future, we will need to work collaboratively with our local health and social care partners.

This document describes our current services and outlines the drivers for change. It is intended as a discussion document to support the development of a locally agreed urgent care strategy which effectively responds to a changing environment.

‘Urgent care’ for the purpose of this document and development of the strategy is defined as ‘the range of health services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threatening’. This case for change excludes ‘emergency care’ defined here as ‘immediate or life threatening conditions, or serious injuries or illnesses’. As such our strategy will be limited to consideration of self-care, NHS 111, primary care, community pharmacy, minor injury units and walk-in centres. However, we have also included some aspects of 999 and Accident and Emergency (A & E) services which, although may be more appropriately defined as ‘emergency’ services, are used at present by a number of patients to meet urgent needs.

2. Context

2.1 National Context

In November 2013 NHS England published ‘Transforming Urgent and Emergency Care in England Review: End of Phase 1 Report, High Quality Care for All, now and for future generations’. This was developed following an extensive engagement exercise and proposed a new blueprint for services across the country that aim to make them more responsive and personal for patients, as well as delivering even better clinical outcomes and enhanced safety.

The report identified how the current system is under ‘intense, growing and unsustainable pressure’ which is being driven by rising demand from a population that is getting older, a confusing and inconsistent array of services outside hospital, and high public trust in the A & E brand. It advocated a system-wide transformation saying this would be ‘the only way to create a sustainable solution and ensure future

1 Transforming Urgent and Emergency Care in England Review : End of Phase 1 Report, High Quality Care for All, now and for future generations, August 2014. NHS England Urgent and Emergency Care Review
generations can have peace of mind that, when the unexpected happens, the NHS will still provide a rapid, high quality and responsive service free at the point of need’.

In highlighting opportunities to shift care closer to home the report states that 40% of A & E patients are discharged requiring no treatment; up to one million emergency admissions were avoidable in 2012/13 and up to 50% of 999 calls could be managed at the scene.

Drawing all this together, the review culminated in a national vision that:

“For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families. National policies and plans articulate the desire to move toward 24/7 access, patient centred services, better information sharing and integration of health, social and community services, producing a blueprint for a future urgent and emergency care system. These developments will be driven nationally, but must be implemented locally.”

2.2 Local Context

2.2.1 Local Population

South Tees has a population of around 274,000 people and compared to the English average, it has proportionally fewer people aged between 25 and 50.

Future population predictions show that South Tees will grow much more slowly than the England average (by 2020 1% as opposed to England’s predicted 6%). The gap is expected to widen further by 2030 growing by less than 3% as opposed to England’s 12%. Therefore, our age profile is set to change with less younger people and more people aged 70 and above.  

We also know that the health of people in Tees is worse than the England average. Historically, our local area has been highly dependent on heavy industry for employment which has left a legacy of industrial illness and long term conditions. This, coupled with a more recent history of high unemployment as traditional industries have declined, has led to significant levels of deprivation and health inequalities that rank amongst the highest in the country.

Similarly, people’s physical health is worse than average, resulting in high emergency admissions, and high incidence rates for cancer, diabetes and respiratory disease. The area also has above-average levels of anxiety and depression. Within South Tees itself there are inequalities with regard to life expectancy, access to services and deprivation. The inequalities in life expectancy are evident in the most disadvantaged areas of Middlesbrough, where men can

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expect to live 14.2 years and women 10 years less than those in the least disadvantaged areas.  

The number of emergency admission in South Tees is high. Provisional data from the Health and Social Care Information Centre shows that for October 2013 – September 2014, South Tees CCG had the second highest age standardised rate of “Emergency admissions for acute conditions that should not usually require hospital admission”: 2,060 per 100,000 population. For comparison, the England average was 1258 per 100,000 population.

Figure 1

This data includes those patients who had an ambulatory care attendance (treatment given in a ward type environment but an overnight stay is not required) as there is no separate national code for this. However, this variance will apply to all hospitals.

2.2.2 Local Strategies

Our Clear and Credible Plan 2012 - 2017 sets out our vision for future health services and our desire to transform urgent care by ‘designing a simpler, more responsive and cost-effective system, with streamlined access points that makes sense to patients and helps them get the right care in the right place’. Another focus which is intrinsically linked to the provision and delivery of urgent care services, is our system-wide IMProVE Programme (Integrated Management and Proactive Care

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3 Middlesbrough Health Profile 2015
4 HSCIC Health and Social Care Information Centre https://indicators.ic.nhs.uk/webview/
for the Vulnerable and Elderly). This programme will transform community services to enable more patients to be supported at home, avoiding where possible unnecessary admission to hospital. It also sets out to provide as much service provision as is practicable closer to where people live.

The introduction of the Better Care Fund by the Government in June 2013 to ensure a transformation in integrated health and social care has resulted in the establishment of an Integrated Programme Board across South Tees. Comprising Chief Officers from all of our main South Tees local health providers and local authorities and including the Local Medical Committee, the Board has developed a system vision of ‘All care is planned care’ and seeks to ensure delivery of that commitment by working together.

Nationally it has been mandated that all regions across the country set up a System Resilience Group involving partners across health and social care to work together to undertake regular planning of service delivery in non-elective (emergency) care but with a view to expanding this into elective (planned) care. This group is well established in South Tees and has worked collaboratively to support the development of winter plans which have included maintaining our 18 week target for planned surgery during this busy time.

A number of our strategies and plans as described above are beginning to positively impact on our emergency admission rates. Although our rates are still high in comparison to national levels, we have recently recorded a reduction. Department of Health figures show that total emergency admissions in England increased by 3.98% between 2013/14 and 2014/15 whereas we have seen a 3.9% reduction.5

2.2.3 Workforce

Nationally it is recognised by the Centre for Workforce Intelligence that there is a shortage of GPs; the numbers not having risen since 2009. In South Tees the number of GPs in relation to the population needs is below the average for England being 66.8 (per 100,000 population) against a national average of 71.9).6

A workforce strategy is being implemented to address community workforce issues through our IMProve programme but there remains challenges in relation the emergency medicine workforce at The James Cook University Hospital which is in line with national pressures around delivering care over 7 days a week.

2.2.4 What services exist locally?

In order for us to identify areas for improvement in urgent care services it is important to describe our current local service provision, the demand for services

6 South Tees Primary Care Strategy, 2015 (using 2013 workforce headcount and personal medical services weighted populations)
and also how they perform. As in other areas of the country, there is a range of local services available to the public:

**Self-Supported Care**

*Current Urgent Care Service Entry Points – South Tees*

- **Supported Self-Care (80% of the population self-cares)**
- **100 Hour Pharmacies x 12 (62 pharmacies in total)**
- **NHS 111 (Provides advice and signposting)**
- **GP In-hours (46 practices)**
- **GP Out-of-hours (booked apps via NHS 111 & home visits)**
- **Minor injuries (Walk-in appointments based at Redcar Primary Care Hospital with x-ray access 8-6 weekdays and 9 – 4 weekends and James Cook University Hospital)**
- **Walk-in Centres Eston Grange & North Ormesby (no x-ray access)**
- **Accident & Emergency (James Cook University Hospital)**

It is estimated nationally that around 80% of the population are helped to self-care. The majority of people feel comfortable managing everyday minor ailments like coughs and colds themselves; particularly when they feel confident in recognising the symptoms and have successfully treated them using over-the-counter medicines before.

We have commissioned a number of education programmes to self-care including nationally recommended diabetes education, respiratory education, pulmonary rehabilitation courses and a general long term condition education course.

**Pharmacy**

The traditional role of a pharmacy (preparing and dispensing prescription and non-prescription drugs) has changed over the years, expanding to deliver advice and treatments of ailments such as coughs and colds and supporting people with long term conditions. We have 62 community pharmacies across South Tees which are easily accessible - 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. We also have 12 pharmacies (6 in Redcar and Cleveland and 6 in Middlesbrough) which offer up to 100 hours of opening per week, (usually 7 am – 11 pm Mon to Sat, and 8 am – 8 pm on Sunday). Many (55) of our community pharmacies also supply emergency hormonal contraception and 16 pharmacies provide an on-demand availability of specialist drugs.

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In addition, NHS England commissions two enhanced services from community pharmacy contractors in South Tees; extended opening hours for Bank holidays; and a NHS flu vaccination service.

**NHS 111**

111 is an easy to remember phone number that has been in place across South Tees since April 2013 as part of a region wide service replacing the previous NHS Direct service. It is staffed 24 hours a day 7 days a week by health advisers and call handlers with local knowledge in order to give self-care advice and direct the public to the right service for treatment. This includes signposting to emergency dental services, out-of-hours services etc. Currently the service is not able to make direct appointments into all GP surgeries but this is growing in popularity across the North East. This regional service is delivered locally by the North East Ambulance Trust (NEAS) and our contract is in place until end of March 2018.

**Current Demand**

NHS 111 answers an average of 52,000 calls per month from across the region. Demand for the service has remained fairly static across South Tees with an average of 5,220 calls being handled each month. The use of this service is good when compared with other CCGs across the region. There are surges in demand as Figures 2 & 3 illustrate.

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Figure 2

**111 Calls by Day for South Tees CCG, 14/15**

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8NECS - RADAR Reporting system
NHS 111 has been subject to some negative national press, especially when it was in its infancy. There has been criticism that the service signposted too many patients to 999 or A & E Departments. The service has recently undertaken further analysis to understand the reasons for this and ensure that patients are referred appropriately and have recommended that the national NHS streaming questions for those patients with breathlessness, chest pain, headache and dizziness are reviewed to assess their robustness as these seem to be the conditions responsible for most ambulance call outs.

Figure 4\textsuperscript{9} shows the result of each 111 call from South Tees patients in 2014/15. 15\% of 111 calls resulted in the patient either being directed to A & E or being taken by ambulance to hospital. Almost half (49\%) of calls resulted in a recommendation to contact primary care.

\textsuperscript{9}NEDS RAIDR Data accessed June 2015
Figure 4

Allocated Care Type for South Tees 111 calls, 2014/15

Figure 5 below demonstrates, data is lacking for many NHS 111 calls, but some of the more frequent symptom groups are shown.

Figure 5

15 most frequent Symptom Groups for South Tees 111 calls (2014/15)
Funding Mechanism and costs
As NHS 111 is a region-wide service costs are split between 12 CCGs. We currently pay an annual fee of £917,344 (10.9% of the whole cost).

General Practitioners (In-hours)

We have 46 GP practices across South Tees, all independent businesses commissioned by NHS England. GP practices are usually the first port of call when patients have a health need. Core opening hours for GPs are 8 am to 6.30 pm, Monday to Friday, except bank holidays. In South Tees many practices have independently commissioned the current out-of-hours (OOH) service to deliver care from 6 pm. Through an enhanced contract, some GPs have taken up extended hours (such as Saturday mornings), however this is not compulsory. Some GP practices, particularly single-GP practices, close for one or more afternoons a week or during holidays or other breaks. Services are available for patients registered at the GP practice, although practices may also see out-of-area patients as temporary residents. GP practices are also required to provide emergency and immediately necessary treatment to anyone, whether or not they are registered with the GP practice. This potentially would be for patients attending a GP practice with a complaint that they feel is life threatening.

For the most part, patients must book an appointment to see a GP, although the process for managing appointments often differs across practices and there is no national requirement to standardise this. Eight practices within our CCG operate a same-day telephone access system, either under the “Doctor First” system or by a similar system. At these practices, the standard procedure is for a patient to contact the practice and be called back by a GP, who will either resolve the issue over the phone or arrange an appointment for the patient that same day.

In-hours, general practice is the only service to hold a complete patient health record. GP services also benefit from the support of community health and social care teams to promote integrated care and in some instances, avoid unnecessary admissions. Some practices are also co-located with other services such as physiotherapy, podiatry, x-ray and pharmacies.

In 2013/14 the CCG implemented an Urgent Care Pilot Scheme with GP practices providing resource to allow primary care to implement changes that would reduce emergency admissions and A & E attendances, with further payments made at the end of the year based on successful outcomes.

Current Demand
Nationally it is estimated that about 100 million same day appointments are made in nearly 9,000 practices across England, about a third of the overall visits to practices in a year. However, there is a lack of local data available to confirm whether South Tees ‘fits’ with the national picture but anecdotally practices are reporting greater demand.

Current Performance
GP access is challenging to assess as there are no hard metrics to determine if a practice has access issues. The metrics that are available relate to the information
that is collected as part of the patient survey undertaken at practice level which focuses on:
1. Accessing GP services
2. Making an appointment
3. Opening hours
4. Overall experience

South Tees’ practices perform very well in the patient access survey\(^{10}\) although performance has dropped from previous years, as can be seen from the tables below.

Figure 6

<table>
<thead>
<tr>
<th>Measure</th>
<th>South Tees CCG</th>
<th>England</th>
<th>South Tees CCG rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of getting through to someone at GP surgery on the phone, % Easy</td>
<td>76%</td>
<td>72%</td>
<td>56(^{th}) / 211</td>
</tr>
<tr>
<td>Frequency of seeing preferred GP, % always, almost always or a lot of the time</td>
<td>59%</td>
<td>60%</td>
<td>109(^{th}) / 211</td>
</tr>
<tr>
<td>Impression of waiting time at surgery, % Don’t normally have to wait too long</td>
<td>64%</td>
<td>58%</td>
<td>27(^{th}) / 211</td>
</tr>
</tbody>
</table>

Source: GP Patient Survey, collected Jan-Mar and Jul-Sep 2014

Figure 7

<table>
<thead>
<tr>
<th>Ease of getting through to someone at GP surgery on the phone</th>
<th>Jun-12</th>
<th>Dec-12</th>
<th>Jun-13</th>
<th>Dec-13</th>
<th>Jul-14</th>
<th>Jan-15</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>79%</td>
<td>78%</td>
<td>77%</td>
<td>77%</td>
<td>76%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Not easy</td>
<td>18%</td>
<td>19%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>

In April 2015 Healthwatch undertook an independent survey of patients\(^{11}\) on access to GP surgeries across South Tees. The sample size was much smaller than that of the national survey, 193 in Redcar and 204 in Middlesbrough. In Redcar 67% of people thought it was easy to make an appointment and in Middlesbrough, less so at 55%.

**Funding Mechanism and costs**
Practices are paid according to weighted population size. By weighted population we mean adjusted to reflect the needs of their particular population. For example, additional money is paid to practices with an above average older and/or deprived population. The average payment to practices in South Tees is approximately

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\(^{10}\) Data analysed from the National Patient Survey: https://gp-patient.co.uk/

\(^{11}\) Report on Findings from the Healthwatch Independent Survey on Access to GP Services, April 2015 Redcar and Cleveland & Healthwatch Middlesbrough
£75.77 for each patient per annum. This is to treat all aspects of patient care, including preventative, routine and urgent care. In addition practices receive incentive payments to improve quality of care and outcomes.

**General Practitioners (Out-of-hours)**

Commissioned by ourselves, Out-of-hours (OOH) services are available so that people can still access primary care for urgent problems when their GP practice is closed. GPs and other clinicians offer face to face appointments, (at Redcar Primary Care Hospital, Resolution Health Centre and Eston Grange) or at home. They are also commissioned to provide telephone triage and signposting, an advice service for paramedics (in and out-of-hours) as well as OOH cover to community hospital wards across South Tees and the minor injury service at Redcar (7am – 11 pm. 7 days per week). The service is able to access support from other community and social care services. Northern Doctors hold the current contract which has recently been extended until September 2016. This gives the CCG an opportunity to determine what it would like to procure as part of the overall urgent care strategy.

**Current Demand**

Demand for this service has fallen compared to 3 years ago.12

Figure 8

![Activity By Year/Month](image)

Further analysis shows that this is due in part to a significant reduction in contacts for district nursing calls, 999 and telephone advice which are now absorbed by NHS 111 (see figure 9).

12 North of England Commissioning Support Unit, Information Services Department, Northern Doctors – South Tees CCG, May 2015
<table>
<thead>
<tr>
<th>Contact Type</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE ADVICE</td>
<td>16113</td>
<td>9031</td>
<td>9430</td>
</tr>
<tr>
<td>Centre Visit ROUTINE</td>
<td>6232</td>
<td>5523</td>
<td>5638</td>
</tr>
<tr>
<td>Home Visit ROUTINE</td>
<td>4599</td>
<td>3702</td>
<td>3654</td>
</tr>
<tr>
<td>Calls For District Nurse</td>
<td>9063</td>
<td>65</td>
<td>14</td>
</tr>
<tr>
<td>Centre Visit URGENT</td>
<td>1112</td>
<td>2113</td>
<td>2304</td>
</tr>
<tr>
<td>Health Care Professional</td>
<td>0</td>
<td>1562</td>
<td>2201</td>
</tr>
<tr>
<td>Dental Tel Advice</td>
<td>208</td>
<td>1543</td>
<td>1730</td>
</tr>
<tr>
<td>Centre Visit With Transport</td>
<td>1506</td>
<td>1013</td>
<td>956</td>
</tr>
<tr>
<td>Home Visit URGENT</td>
<td>1212</td>
<td>1027</td>
<td>1009</td>
</tr>
<tr>
<td>Dental Centre Visit</td>
<td>107</td>
<td>1349</td>
<td>1751</td>
</tr>
<tr>
<td>Referral from MIU</td>
<td>6</td>
<td>389</td>
<td>891</td>
</tr>
<tr>
<td>999 Ambulance</td>
<td>1254</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Repeat Prescription</td>
<td>387</td>
<td>248</td>
<td>339</td>
</tr>
<tr>
<td>Lab Results</td>
<td>515</td>
<td>140</td>
<td>250</td>
</tr>
<tr>
<td>NEAS Clinician Support</td>
<td>119</td>
<td>311</td>
<td>355</td>
</tr>
<tr>
<td>Community Hospitals</td>
<td>362</td>
<td>167</td>
<td>190</td>
</tr>
<tr>
<td>NHS 111 Cases</td>
<td>0</td>
<td>129</td>
<td>178</td>
</tr>
<tr>
<td>Paramedic TELEPHONE ADVICE</td>
<td>132</td>
<td>55</td>
<td>67</td>
</tr>
<tr>
<td>111 Clinician</td>
<td>0</td>
<td>34</td>
<td>101</td>
</tr>
<tr>
<td>Centre Visit</td>
<td>62</td>
<td>2</td>
<td>43</td>
</tr>
<tr>
<td>Telephone Answering</td>
<td>47</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Streamed - Advice</td>
<td>49</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Face to Face Triage</td>
<td>9</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>TELEPHONE ADVICE for Redcar MIU</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Home Visit</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ambulance Category C Referral</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dressing Appointment</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>111 GP</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A &amp; E Referral</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>43101</td>
<td>28433</td>
<td>31130</td>
</tr>
</tbody>
</table>

Contact activity by age group has also changed and it would appear that the number of contacts from the older age group is reducing. This maybe the group who are requesting more telephone advice, now absorbed by NHS 111. (Figure 10)
Funding Mechanism and costs
We currently pay an annual fee of £2,199,295 for this service.

Prime Minister’s Challenge Fund

In October 2013, the Prime Minister announced a £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services. NHS England is leading the process of inviting practices to submit innovative bids and is overseeing the pilot schemes. North East Community Health Network Ltd (comprising 16 General Practices in Langbaurgh) and South Tees General Practices were successful in receiving pilot funding.

The pilot, to be known as the STAR scheme, is due to commence in July 2015. It aims to provide extended GP hours (6.30 am – 9.30 pm weekdays and 8 am – 8 pm on weekends and bank holidays) to patients who are registered with South Tees GPs. Local GPs will operate from two central hubs within South Tees, (Redcar and Middlesbrough) offering bookable appointments and home visits either direct from the patient or through the NHS 111 triage service. The model is expected to pay for itself by reducing duplication and achieving savings across the whole urgent care system.

The CCG is not committed to commissioning this model going forward. This is a pilot project and continuation would be subject to procurement.

Primary Care Infrastructure Bid

South Tees NHS Hospitals Foundation Trust who currently deliver the contract for the Resolution Health Centre in North Ormesby have bid for funding through NHS England to develop their infrastructure to potentially co-locate a new primary care centre with the Accident & Emergency Department at The James Cook University
Hospital. They anticipate providing 24/7 access for urgent primary care needs of patients to reduce A & E attendances and potential emergency admissions to the Trust. Patients will be assessed by a highly qualified nurse who will either book an appointment in to the new service or stream the patient to the Emergency Department or other community services. This approach is based on a similar model in use in Blackpool. Those patients requiring emergency care via 999 will automatically go through to the Emergency Department. To date no confirmation as to whether the bid has been successful has been received.

**Minor Injury Units (MIU)**

We commission a Minor Injury Unit based at Redcar Primary Care Hospital provided by South Tees NHS Foundation Trust branded as ‘Redcar Urgent Care Centre’. Treatment of minor injuries is also available at A & E at James Cook Hospital. However, unlike Redcar is not specifically known as a minor injury unit and just forms part of A & E. The Redcar unit is open 24/7 365 days a year and was recently enhanced as part of the centralisation of underutilised MIU units from Guisborough and East Cleveland, with increased x-ray cover (8 am - 6 pm Monday to Friday and 9 am – 4 pm weekends). On the whole this service is nurse led but has also been enhanced by GP cover provided by the out of hours provider (Northern Doctors) from 8 pm to midnight 7 days per week. Typical treatments offered are:

- sprains and strains
- broken bones
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- injuries to the back, shoulder and chest

The service at Redcar also provides dressings and blood tests at weekends and bank holidays when GP surgeries are closed.

**Current Demand**

There has been a 3.7% rise in MIU activity over the last two years with 28,331 attendances in 2014/15. In April 2015, the two under-utilised units at Guisborough and East Cleveland Hospitals transferred to Redcar Primary Care Hospital. It is too early to determine the effect of this transfer upon activity.

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13 North of England Commissioning Support Unit, Information Services Department, WIC, MIU and A & E South Tees CCG, May 2015
There are surges in activity, as the graph from 2013/14 indicates:

Funding Mechanism & Costs
The CCG is charged a fee (£40.88) for every patient that attends the MIU in Redcar. The CCG pay for each individual attendance. In 2014/15 this equated to approximately £1.15m. In addition we also pay an annual fee of £160,000 for enhanced x-ray cover and £180,000 for doctor cover.

There is no exact comparable charge for patients who attend James Cook with a minor injury. This will vary according to what happens to the patient, for example, if
they require an x-ray or some form of treatment. An average cost of an A & E attendance is around £104 per patient.

**Walk in Centres**

We commission two walk-in centres, one based at North Ormesby (Resolution Health Centre) and one based at Eston (Eston Grange Health Centre). They treat minor illness and injury and there is no requirement for patients to pre-book an appointment or be registered at the centre, but they do offer patients the option to register if they wish (this element of the service is commissioned by NHS England). Centres are open 8 am to 8 pm 7 days a week with access to nearby pharmacies. Delivered by two different providers, South Tees NHS Foundation Trust (Resolution and Vocare Group (Eston Grange), contracts were awarded for five years until 2014 but have recently been extended to September 2016. This gives the CCG an opportunity to determine what it would like to commission in the future as part of an overall urgent care strategy. The walk-in element of the service does not have access to patient health records and does not make good use of other community services.

**Current Demand**

Eston Grange has a large boundary (serving the population of the whole of Redcar and Cleveland and some of Middlesbrough). The practice only has a registered list of 1,551 patients as at 1 April 2015, which is significantly lower than contracted targets. However, there is limited capacity at local practices to register new patients and therefore any future dispersal of this practice could lead to other practices applying to close their lists.

Resolution Health Centre serves a large geographical boundary in Middlesbrough with a practice list size of 4,510 as at 1 April 2015 and has exceeded contracted patient numbers year on year. There are practices within the immediate vicinity whose list sizes have decreased.

Walk-in activity continues to grow year on year. The table below shows the total number of South Tees CCG patients attending all walk-in centres across the area (includes centres at Stockton and Hartlepool).

This data is not independently validated and is an estimate based on the known split of activity by commissioner at each walk-in centre.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>63,946</td>
</tr>
<tr>
<td>2013/14</td>
<td>66,147</td>
</tr>
<tr>
<td>2014/15</td>
<td>69,306</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>199,400</strong></td>
</tr>
</tbody>
</table>
When reviewing the total attendances at Eston Grange and Resolution Health Centre for all CCG commissioners, it is clear that the vast majority of attendances are for South Tees CCG patients in these locations (Figure 14):

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Eston Grange (all CCGs)</th>
<th>Resolution (all CCGs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>23702</td>
<td>44228</td>
</tr>
<tr>
<td>2013/14</td>
<td>27658</td>
<td>42636</td>
</tr>
<tr>
<td>2014/15</td>
<td>30161</td>
<td>46026</td>
</tr>
<tr>
<td>Grand Total</td>
<td>81521</td>
<td>132890</td>
</tr>
</tbody>
</table>

Figure 15 illustrates how activity in this service compares to Minor Injury Units and Accident and Emergency:

Current Performance
Analysis of walk-in attendances at both sites reveals:
- The majority of people are from Middlesbrough with small numbers from Redcar, Stockton and Hartlepool. Patients living in the immediate surrounding areas are most likely to use the walk-in centres.
- The peak hours of attendance are 4–8 pm Monday to Friday and 10 am – 12 noon at weekends.
- At Resolution 69% of people attend only once a year with 1.25% of the patients attending five times a year or more. In Eston Grange the percentage is higher at 4.43%.
• A small minority of patients require onward transfer to James Cook (around 1.2%) with the majority of patients outcomes recorded as ‘may require follow up/own GP appointment’ (73%).
• The highest proportion of patients who attend are children aged 0 – 4 years (around 22%) with the second highest being 20-24 year olds (around 10%). Numbers of patients from the 60 and above age bracket are fairly low.
• 22.5% of patients attending Resolution and 27.5% attending Eston Grange are recorded as belonging to ethnic groups other than British white.
• A Black and Minority Ethnic (BME) Insight Research Report 2014 reports that over a third (8/21) of Gypsy/Irish Travellers had not registered with a GP. Principal reasons given for not registering related to their travelling lifestyle and a general perception that visiting walk-in clinics or A & E present ‘less problems’.

Funding Mechanism & Costs
The CCG pays for each individual attendance at the walk-in centre. In 2014/15 there were 45,988 attendances in Resolution and 30,556 attendances in Eston Grange. This equated to approximately £2.7m.

Accident & Emergency Department, James Cook Hospital
James Cook University Hospital sees a wide variety of conditions from simple coughs and colds which should be treated by primary care to major life threatening trauma. The hospital is designated as a major trauma centre (nationally, treating at least 400 major trauma cases a year is considered a sufficient volume of work to gain enough expertise to improve outcomes for this group of patients). The service is available 24/7 365 days a year with access to diagnostic services.

Last winter, The James Cook University Hospital were given funding to pilot a GP presence in A & E to treat those patients identified as requiring primary care services only. Unfortunately recruiting GPs to undertake this work proved difficult and therefore they were unable to rigorously evaluate the service. The Hospital is currently considering whether it might be worth trying to pilot this again in the future.

Current Demand: Levels of Activity and Performance
Last year, 96% of South Tees CCG A & E attendances took place at James Cook University Hospital. When we examine the last 3 years of our A & E data, 2014/15 was higher than 2013/14, but lower than its peak in 2012/13 (Figure 16)
Figure 16

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendances</td>
<td>84,913</td>
<td>82,591</td>
<td>83,553</td>
</tr>
</tbody>
</table>

We do not have separate historical South Tees CCG data which would give us a longer term view on whether attendances have increased for our patients. However, we do have data on the total attendances at the James Cook University Hospital A & E Department which demonstrates that activity has remained fairly static since 2011. Figure 17 shows NHS England’s published weekly figures for A & E attendances at South Tees Hospitals since April 2011.

Figure 17

Figure 18 shows when people attend The James Cook University Hospital A & E Department. This mirrors that of Redcar’s minor injury unit and the walk-in centres with peaks of activity at weekends, Mondays, early morning and late afternoons.

17 North of England Commissioning Support, Information Services A & E, WI, MIU 24 hr demand 2012 - 13
Figure 18 shows our performance against the national 4-hour A & E target.\textsuperscript{18} The red line is the 95% standard expected, the blue line is a six-week moving average. It demonstrates that performance against the standard has considerably deteriorated since April 2013.

\textsuperscript{18} North of England Commissioning Support Unit, RAIDR, June 2015
In 2014/15 44% of South Tees CCG A & E attendances were discharged without further follow-up and most people were discharged within 2 hours. This has broadly unchanged since 2012/13.

18,857 A & E attendances in 2014/15 (22%) resulted in a hospital admission, only slightly down from 2012/13 numbers of 19,946 (23%).

South Tees NHS Hospitals Foundation Trust adopt a simplified clinical coding system to record the complexity of a patient’s condition when attending A & E. As shown in the table below, category 1 investigations and treatments are the most simple, and as the category number increases, the complexity rises.

Figure 20 shows, while some of the more simple categories make up a large share of the demand at A & E, there appear to be a rising number of more complex cases. This information relates to South Tees CCG patients only.19

<table>
<thead>
<tr>
<th>HRG</th>
<th>2013/14</th>
<th>2014/15</th>
<th>Total</th>
<th>% of total</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any investigation with category 5 treatment</td>
<td>84</td>
<td>71</td>
<td>155</td>
<td>0.1%</td>
<td>-15%</td>
</tr>
<tr>
<td>Category 1 investigation with category 1-2 treatment</td>
<td>25761</td>
<td>25683</td>
<td>51444</td>
<td>31.0%</td>
<td>0%</td>
</tr>
<tr>
<td>Category 1 investigation with category 3-4 treatment</td>
<td>4028</td>
<td>3768</td>
<td>7796</td>
<td>4.7%</td>
<td>-6%</td>
</tr>
<tr>
<td>Category 2 investigation with category 1 treatment</td>
<td>19359</td>
<td>19738</td>
<td>39097</td>
<td>23.5%</td>
<td>2%</td>
</tr>
<tr>
<td>Category 2 investigation with category 2 treatment</td>
<td>11001</td>
<td>10658</td>
<td>21659</td>
<td>13.0%</td>
<td>-3%</td>
</tr>
<tr>
<td>Category 2 investigation with category 3 treatment</td>
<td>2793</td>
<td>3036</td>
<td>5829</td>
<td>3.5%</td>
<td>9%</td>
</tr>
<tr>
<td>Category 2 investigation with category 4 treatment</td>
<td>8598</td>
<td>9188</td>
<td>17786</td>
<td>10.7%</td>
<td>7%</td>
</tr>
<tr>
<td>Category 3 investigation with category 1-3 treatment</td>
<td>1906</td>
<td>2144</td>
<td>4050</td>
<td>2.4%</td>
<td>12%</td>
</tr>
<tr>
<td>Category 3 investigation with category 4 treatment</td>
<td>1181</td>
<td>1424</td>
<td>2605</td>
<td>1.6%</td>
<td>21%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td>0.0%</td>
<td>-67%</td>
</tr>
<tr>
<td>No investigation with no significant treatment</td>
<td>7868</td>
<td>7656</td>
<td>15524</td>
<td>9.3%</td>
<td>-3%</td>
</tr>
<tr>
<td>Data invalid for grouping</td>
<td>0</td>
<td>183</td>
<td>183</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>82591</td>
<td>83553</td>
<td>166144</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This trend is particularly pronounced among the older population. The following table, (figure 21) groups the categories above, and shows the change in numbers of attendances in that category, by age group, between 2012/13 and 2014/15. The table relates to South Tees CCG patients only, attending at A & E.

19 North of England commissioning Support Unit, Information Services
<table>
<thead>
<tr>
<th>Age band</th>
<th>Resus</th>
<th>Major</th>
<th>Minor</th>
<th>Dental</th>
<th>No Intervention</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 19</td>
<td>-4</td>
<td>-218</td>
<td>-694</td>
<td>-3</td>
<td>52</td>
<td>-867</td>
</tr>
<tr>
<td>20 to 39</td>
<td>-4</td>
<td>-157</td>
<td>-960</td>
<td>0</td>
<td>-392</td>
<td>-1513</td>
</tr>
<tr>
<td>40 to 65</td>
<td>-6</td>
<td>14</td>
<td>162</td>
<td>1</td>
<td>-136</td>
<td>+35</td>
</tr>
<tr>
<td>65+</td>
<td>-6</td>
<td>778</td>
<td>-41</td>
<td>1</td>
<td>26</td>
<td>+758</td>
</tr>
<tr>
<td>Total</td>
<td>-20</td>
<td>417</td>
<td>-1533</td>
<td>-1</td>
<td>-450</td>
<td>-1587</td>
</tr>
</tbody>
</table>

64% of attendances were from patients registered with Middlesbrough GP practices. (Source: RAIDR)

**Funding Mechanisms & Costs**

The CCG pays a tariff for each attendance to A & E. This will vary according to the diagnostics and treatment carried out but the average cost is £104. The total cost of A & E attendances for 2014/15 was approximately £1.95m.

**Additional Services**

**Mental Health Services**

A variety of mental health services exist to respond to urgent need. For patients requiring assessment and treatment for physical health conditions as well as mental health treatment, the Enhanced Acute Liaison team operate in James Cook University Hospital’s A & E department and in-patient wards. Where a patient is experiencing mental health crisis, Tees, Esk and Wear Valleys NHS Foundation Trust operate a 24/7 Crisis Resolution Home Treatment team that visit patient homes. This team is accessed through GP referral, direct phone call (if already a mental health service user) or through NHS 111. The CCG also recently began piloting a Crisis Assessment Suite at Roseberry Park Hospital, which can be accessed on a walk-in basis.

**Emergency Dental Services**

NHS England is responsible for commissioning dental services. Dental practitioners are required to provide emergency treatment for patients in-hours if the patient is registered with them and is currently receiving a course of treatment. If the patient is not registered with a dental practice, information on who they can register with is detailed on NHS Choices website and available through NHS 111. When a patient has dental pain out of hours, NHS 111 directs the patient to the Out of Hours GP Service provided by Northern Doctors. They will triage the patient, advise on self-care or if treatment is required, signpost them to the out-of-hours dental treatment service based at North Ormesby Health Village in Middlesbrough. NHS England is currently working with the NHS 111 service to improve its dental directory to geographically signpost patients to their nearest appropriate dental practice.
**Ambulance Service**

The North East Ambulance Service (NEAS) is commissioned to deliver ambulance services for the South Tees CCG population. The service provides the call handling and triage of 999 calls, to ensure an appropriate response to patients. Historically the demand for ambulance services has been growing; however 2014/15 did see a decrease in activity.

*Figure 22*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tees CCG</td>
<td>37,611</td>
<td>38,046</td>
<td>39,334</td>
<td>40,180</td>
<td>40,072</td>
<td>43,093</td>
<td>42,445</td>
<td></td>
</tr>
</tbody>
</table>

One factor behind this reduction in ambulance journeys is due to the expansion and increased use of a “Hear and Treat” service; where trained NEAS staff provide advice and guidance over the telephone.

The service, however, remains under extreme pressure compounded by workforce issues; in particular a national shortage of paramedics. In order to assist the Ambulance service, South Tees CCG has commissioned:

- Tees Out-of-Hours GP Provider to deliver telephone advice to Paramedics in order to reduce the need for A & E attendance
- 2 additional dedicated ambulances to support admissions requested by GPs

Alongside other North East CCG’s, investment has been made into NEAS to assist the up-skilling of paramedics.

Analysis of ambulance arrivals at James Cook Hospital for South Tees CCG patients provides evidence that approximately 50% of calls result in a hospital admission.

*Figure 23*

<table>
<thead>
<tr>
<th>Financial year</th>
<th>Total South Tees CCG JCUH A&amp;E attendances</th>
<th>Brought in by Emergency Ambulance (including helicopter/Air Ambulance)</th>
<th>Admitted</th>
<th>% Admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/2013</td>
<td>84,913</td>
<td>23,640</td>
<td>12,550</td>
<td>53.09%</td>
</tr>
<tr>
<td>2013/2014</td>
<td>82,591</td>
<td>24,543</td>
<td>12,302</td>
<td>50.12%</td>
</tr>
<tr>
<td>2014/2015</td>
<td>83,553</td>
<td>23,688</td>
<td>11,897</td>
<td>50.22%</td>
</tr>
</tbody>
</table>

### 3.2.4 What have the public have told us already?

In August 2014, the CCG held an engagement and listening event to inform future commissioning intentions. Key messages specific to urgent care emerged:

- General confusion regarding what services to access and where to go
- Access to primary care can be difficult
• A & E is overused, abused and that something needs to be done to reduce activity
• Experience of the NHS 111 service is mostly positive but needs to be advertised more widely
• More promotion of pharmacy services
• Need to focus on alcohol services to avoid A & E attendance

In August 2013, 400 questionnaires were issued to people attending the walk-in centres at Resolution and Eston Grange. The main reasons for people attending the centres were recorded as; it was quicker than getting an appointment with their surgery and that opening hours were more convenient. The majority of people had not contacted their own GP or NHS 111 first before attending and stated that they would have gone to A & E should the facility not have been available.

A national patient association survey\(^{20}\) published in May 2015 which explored the choices, decisions experiences of patients accessing A & E services for urgent care needs concluded that;

• patients are aware of alternatives to A & E but many still attend A & E because they are unable to access timely help elsewhere;
• patients attend A & E because they are advised to do so by other health professionals;
• the A & E brand is very powerful; and
• the arguments for co-locating primary care with A & E are compelling.

However, this report should be treated with some caution given that this was an open access survey on the Patient Association website, and therefore may not be a representative sample.

3. What does this information tell us?

3.1 Demand is growing

As is seen nationally, general demand for health services in our area continues to grow. With regard to the urgent care services explored within this document, there are examples where demand has:

• remained fairly static (111) and A & E attendances;
• decreased (OOH contacts, ambulance incidents); and
• increased (primary care and walk-in centres).

The rise in walk-in centre activity could be due a number of factors but may be due in part to:

• The demand for primary urgent care continues to grow and is not being met by general practice.

Walk-in centres have created a demand, possibly by unmet need; the changing needs of an ageing population (putting more pressure on general practice); public expectations; and our 24/7 culture.

Although patient satisfaction with access to general practice seems to be fairly high, it is clear from activity surges which occur outside of GP opening times, that the public value access to prompt care (including weekends), particularly in relation to treating children (0-4 years) and to services that offer convenient appointments which fit with work and school commitments. Going forward, we need to ensure that we commission services closely matching capacity with this demand.

Whilst A & E attendances have remained fairly static, South Tees Foundation Trust continues to fail to meet the national 4 hour waiting time target. This may be due to a variety of reasons; however, it is clear that the increasing number of complex patients attending A & E is likely to take up more A & E staff time and resource.

3.2 There are many ways to access the system. This can be confusing

The number of different urgent care services and variety of opening times makes the system difficult to navigate. The introduction of NHS 111 should simplify this process and appears to be well used in our area although demand has remained fairly static rather than increasing. If patients do not contact NHS 111 it is quite difficult for them to understand the differences between what each service is able to provide and when. For example, in our model we have GP services (in and out-of-hours), minor injury services and walk in centres providing assessment and treatments for minor ailments and minor injuries at different times of the day but only the minor injury service is able to provide access to immediate x-ray (most of the time). The minor injury service in Redcar is delivered in a centre which is labelled as an ‘Urgent Care Centre’ yet it is nurse led for some of the time and does not mirror the service available at James Cook.

The 2011 Primary Care Foundation paper ‘Breaking the Mould without breaking the system’21, dispels the myth that commissioners need to educate the public more about services. In reality it states that there is no evidence that general education on how to use the system has any real impact. For most people, using the urgent care system is a rare occurrence, ‘once every six years for out of hours and on average every 3 years for Accident and Emergency’. The paper recommends that giving information about services out to patients at the time of use will have a greater impact.

In summary, there may be a case for bringing some urgent care services together, standardising where possible and eliminating the need for patients to try and understand the differences between services. There is also a case for re-focussing our patient education programmes.

21 Breaking the Mould, Primary Care Foundation, 2011
3.3 The system is complex to manage with numerous services, different providers and commissioners

Our current urgent care system is complex. Different commissioning and provider organisations working alongside each other make it difficult to achieve clear and shared governance potentially putting both staff and patients at risk. Patient information sharing is seen as key to providing good patient care and currently we are not able to share this information across our urgent care services because our Information Technology Systems are not compatible across organisations.

There is a need for commissioners to work together if we are to achieve improvements across the system. It is critical that we define who has responsibility for care and therefore where we have more than one provider delivering what is essentially one service for the patient, we may wish to consider awarding prime contractual responsibility to one party with others acting as sub-contractors.

3.4 There is duplication in the system

As discussed in 3.2 with different services providing similar treatments at the same time, there is patient confusion about where to seek urgent care. Walk-in centres have stirred debate since they opened in 2010 and around 50 have been closed nationally with commissioners citing ‘concerns that the centres were generating unwarranted demand; that they led to duplication because some patients used them in addition to other services for the same problems; and that they caused confusion among patients about where to go for care’. Commissioners also commonly said they felt they were “paying twice” for patients who attend walk-in centres. This was because most patients attending a walk-in centre are registered with a GP practice elsewhere that is already being paid to provide their primary care under the current list-based payment system. Our evidence shows that the majority of patients attending South Tees walk-in centres are not doing so repeatedly and use the service as they feel it is more convenient to do so, borne out by the high numbers of young people using the centres outside normal working and school hours. However, what is clear is that a lot of patients are being referred back to their own general practitioners and it could be argued that this is creating duplication. Monitor recommends that when reviewing walk-in centre contracts commissioners consider:

- ‘Closures may adversely affect some patients by making it more difficult for them to access primary care services where there are problems with access to local GP practices; and limiting the ability of primary care to reach particular groups of people who find it difficult to engage with the traditional model of GP services or whose uptake and interaction with primary care has traditionally been poor.
- Joint working with NHS England as commissioners of both primary care and walk-in provision.

Advice and recommendations for Commissioners: deciding the future for walk-in centres. Monitor Feb 2014
Consider current payment mechanisms as they do not provide any great incentive for practices to improve the quality or efficiency of their services so that patients choose their service over a walk-in centre.

About a third of CCG’s who have closed walk-in centres have done so as part of service reconfigurations that replaced a walk-in centre with an urgent care centre co-located with an A & E department or with primary care staff within an A&E department. If this is to be considered then we need to be mindful that James Cook University Hospital is a large busy hospital, the site of a major trauma centre and would require substantial estate reconfiguration in order to accommodate such a centre. South Tees NHS Foundation Trust, as previously stated, has applied for funding to extend their current A & E premises but have not yet received an award.

Other CCG’s have changed the way in which some of the walk-in centres operate, for example, restricting their use for urgent care patients only and reducing the volume of activity paid for.

It is evident that demand on primary care is increasing and if we were to close walk-in centres, demand would need to be absorbed elsewhere in the system. Indeed a high proportion of patients questioned as part of our walk-in centre review report stated that they would have attended A & E as an alternative. Monitor report that ‘they found no post-closure studies evaluating the impact on patients’ access to primary care and whether patients’ needs are being met elsewhere or not. However, walk-in centre closures are occurring at a time of increasing demand for GP services overall’.

The fact that large numbers of people calling NHS 111 are directed back to their own GP could denote duplication within the system, however, this could also reflect the need for the public to be able to promptly ‘rule out’ anything more serious.

Within existing contracts and specifications there is also duplication. For example, advice and guidance is now given out primarily by NHS 111 and not by out-of-hours providers and minor injuries and minor ailments are being treated by a number of providers. This duplication needs to be addressed if we are to ensure cost-effective service provision. The challenge is how we address this duplication without adversely affecting access.

**3.5 Emerging National policies likely to influence local strategies**

The government has recently reiterated its pledge to deliver 7 day services across the NHS by 2020 and a commitment to recruit more GPs. Results of the Prime Minister’s Challenge Fund pilots are likely to influence future extended hour GP provision and at this stage it is not clear how successful these pilots will be. This represents a challenge for us in the timing and awarding of new contracts as well as managing conflicts of interest.

Co-commissioning which allows CCGs to have greater influence over the commissioning of primary care services for the benefit of the patient and general practice was introduced in April 2015. As a consequence South Tees CCG now shares responsibility with NHS England for the commissioning of primary medical care services. Therefore it is important that we work together with NHS England to make joint decisions about any future plans likely to impact upon primary care.
3.6 The cost of urgent care provision is high

We know that changes in demographics, particularly a growing elderly population is driving up demand and the overall cost of healthcare. This growth in demand is taking place at a time of austerity and puts pressure on NHS funding which forecasts a £30 bn gap in funding by 2021. Finances are not the most important consideration but we need to understand that the NHS has less money than it had in previous years and for us this means that we must spend our money wisely to ensure that the best outcomes are achieved for our population. As shown, the cost of delivering urgent care is high and therefore we need to ensure that our future strategy is able to demonstrate that we are making best use of tax payers’ money. There are potential economies to be made around reducing duplication of some service provision, particularly in relation to matching capacity with demand, multiple providers, improved integration and better education of patients around self-care.

4. Our Principles for urgent care services

After taking into account all of the information described in this paper we have developed a set of key principles to guide the development of our urgent care strategy and future commissioning of urgent care services:

We believe that urgent care services should:

- Provide consistently high quality and safe care 7 days per week
- Are simple, ensuring the urgent care system works together rather than pulling apart
- Provide the right care, at the right time in the right place by those with the right skills first time
- Acknowledge that prompt care is good care
- Deliver care closer to home where appropriate and safe to do so
- Are efficient and effective in delivery of care for patients

5. Our Proposals

The CCG wishes to engage and talk to the public and key stakeholders about the development of an urgent care strategy based around the patient. We want to discuss and consider how we can:

- Reduce confusion for patients by standardising/combining services where appropriate
- Ensure a seamless service for patients irrespective of how and when they enter the system
• Improve outcomes and patient safety by sharing relevant patient information electronically across the urgent care system
• Educate patients around self-care and alternative urgent care provision – increasing the use of services such as pharmacy and NHS 111
• Achieve an overall reduction in the number of A & E and Walk-In Centre attendances (particularly those related to primary care conditions)
• Increase the number of patients treated at the scene and to reduce numbers of inappropriate 999 calls.
• Commission services which are value for money, making more efficient and effective use of our health resources

We will continue to work with NHS England to increase the level of patient satisfaction in relation to convenience and access to general practice.