The purpose of this interview

Birmingham Cross City (BCC) CCG and Birmingham South Central (BSC) CCG are leading work to look at how to redesign the local urgent care system. BCC CCG and BSC CCG are working together to create a simplified, integrated urgent care system including the establishment of urgent care centres (UCCs) which provide consistent, fast, expert care by a GP-led multi-disciplinary team for injuries and illnesses that are not emergencies requiring the expertise of an accident and emergency department (A&E) but are too urgent to wait for a routine GP appointment.

It is also proposed that the GP out of hours (OOH) services will be based at the UCCs and booked face to face appointments will take place at the UCCs. The regional NHS 111 service will be fully integrated with the local GP OOH service and UCC provision to offer patients a seamless care pathway.

As part of the review and to meet their statutory duties BCC CCG and BSC CCG must undertake a full integrated impact assessment (IIA) of the emerging scenarios. This will help commissioners make decisions throughout the option development process and support formal recommendations which will then go to formal public consultation.

As part of the IIA, this interview has been designed to capture your knowledge and insights into your local population and the potential positive and negative impacts that might be realised through the implementation of different urgent care reconfiguration scenarios. Anything you share with us is in confidence and comments will not be attributed in the impact assessment report. Your input will be combined with the views of other local stakeholders and other evidence collected as part of the assessment process and used to identify both positive and negative impacts of the proposed service changes.

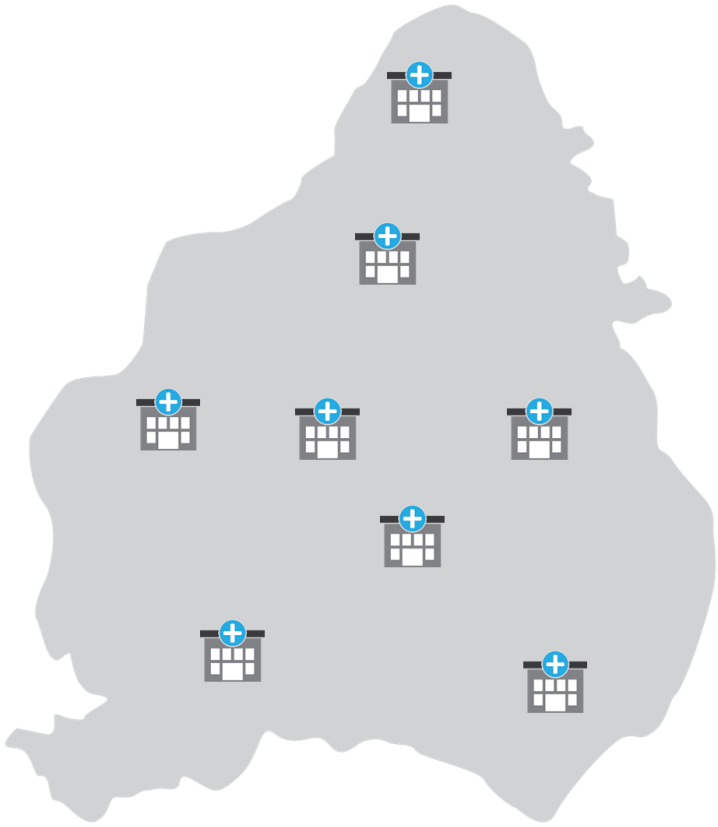
Interviewee's details

Name	Andy Cave
Role	CEO
Organisation	Healthwatch Birmingham
Contact details	**Phone:** **Email:**

Please be assured that all responses will be anonymised and your comments will be used to identify common themes, which will be explored further in the latter stages of this impact assessment.

Context

Existing services at existing locations



Birmingham NHS Walk-in Centre:
- 8am-6pm
- Nurse led
- Treatment for minor injuries and illnesses

Washwood Health Urgent Care Centre:
- 9am-9pm
- Nurse led
- Treatment for minor injuries and illnesses

The Hill General Practice and Urgent Care Centre:
- 8am-8pm
- Nurse led
- Treatment for minor injuries and illnesses

Summerfield Urgent Care Centre:
- 8am-8pm
- GP led
- Treatment for minor injuries and illnesses

Erdington Health and Wellbeing Walk-in GP Centre:
- 8am-8pm
- GP led
- Treatment for minor injuries and illnesses

South Birmingham GP Walk-in Centre:
- 8am-8pm
- GP led
- Treatment for minor injuries and illnesses

Warren Farm Urgent Care Centre:
- 8am-8pm
- Nurse led
- Treatment for minor injuries and illnesses

Solihull Healthcare and Walk-in Centre:
- 8am-8pm
- GP led
- Treatment for minor injuries and illnesses

The six scenarios to consider

1. **Scenario 1 - Do nothing.** Re-procure the existing services at existing locations.

2. **Scenario 2 – Extended hours/standardisation.** Existing locations are retained. A more consistent specification is developed, opening hours are extended to 14 hours per day x 7 days per week and there is a standardised GP-led staffing model for all UCCs except for the City Centre site, which will retain its existing opening hours and staffing model. GP OOH face to face appointments will be provided at the UCCs.

3. **Scenario 3 – Extended hours/standardisation + proof of concept.** As per scenario 2, but Washwood Heath UCC is further developed to test the impact of a stand-alone UCC, offering enhanced 24/7 services.

4. **Scenario 4 – Co-location with A&Es.** The Washwood Heath and Warren Farm UCCs to be moved to co-locate with the A&Es at Heartlands Hospital and Good Hope Hospital (GHH). The other existing centres remain open, but services will be standardised including extending hours and one staffing model i.e. GP led.

5. **Scenario 5 – Three stand alone, 24/7 UCCs.** Stand-alone 24/7 UCCs are created in the north, south and east of the city (Warren Farm, Washwood Heath, and Katie Road/ South Birmingham). These centres will provide an enhanced range of services including; simple diagnostics and multi-disciplinary teams. All other services would be decommissioned.

6. **Scenario 6 – As per scenario 5, but the UCCs to be co-located with A&Es (Heartlands and Good Hope Hospital, further discussion required regarding University Hospitals Birmingham)** with all remaining urgent/walk-in centre services decommissioned.

N.B. Plans for the development of Urgent Care Centres have already been produced by Solihull CCG and Sandwell and West Birmingham CCG. It is assumed in all the scenarios that the plans for an urgent care centre at Solihull hospital proceed and that Summerfield Urgent Care Centre will remain until the Sandwell and West Birmingham CCG plans for the future of urgent care are agreed.

Q1. Focusing on the current overall provision of urgent care services for Birmingham, what would you describe as being particularly good?
Prompts: What do patients, patient groups tell you about these services?

As a consumer watchdog for health and social care services in Birmingham, we have listened to the public's experiences of the services under discussion. Generally, these services have been described as either good or excellent. There are some complaints about long waits owing to how busy they are which shows that these communities frequently use these services (or that they need improvement?). To some these Centre's are an essential service that reduces their visits to A & E, whereas others attend these centres when they fail to get a GP appointment. See below some of the feedback we have received:

Great service

"I utilised this service after becoming ill in a local shop. The nurses were able to refer me on to a GP where they could help with my condition quickly" ***Birmingham walk-in centre***

Excellent service but busy at times

"Have used the walk in centre a number of times, it can be a long wait at times but when you see the nurse you realise why, very friendly and takes the time to help" ***The Hill General practice and UCC***

Properly examined and treated

"Doctors listen to me and treat me properly" ***Summerfield Urgent Care Centre***

Very happy with quick service

"Given proper medicine and respect us" ***Summerfield Urgent Care Centre***

Good quality

"Normal GP appointments are never available, we have had to use this service quite a few times, last time was when my 6 yr old, hurt his neck in school" ***Erdington Health and Wellbeing Walk-in centre***

Invaluable service!

"Son had a horrible chest infection which needed a doctor to assess on Good Friday. If this service was not available he would have had to wait 4 days minimum before getting antibiotics... I am not prepared to go to A&E for this but would have had to if walk in centre wasn't there" ***Erdington Health and Wellbeing Walk-in centre***

Q2. In your view are there any concerns/ challenges regarding the current provision of urgent care services for local patients? If so, please describe.

Prompts: Consider the quality and safety of care, critical mass, continuity of treatment, best practice standards, staff availability, travel times, national targets and accessibility.

According to the 2010 indices of multiple deprivation 56% of Birmingham's population fall into the most deprived quintile (Medland, 2011). Consequently, people living in the lowest household income quintile have the lowest levels of access to private transport and levels of bus usage are three times greater than those in the highest quintile (Shaddock, 2015). This becomes relevant when looking at access to Urgent Care Centres. It is therefore essential to balance priorities (i.e. financial and integration) to ensure equal access to choice in health services. If services were to be moved to another location, this might make access difficult for those that rely on public transport and this is further impacted if services move onto A & E premises. These are already busy places with parking problems, making access (for those able to travel by car) even more difficult. An important issue to consider about accessibility is the extent to which plans for change line up to the stated vision for transforming urgent care: "*for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalized 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"*** **(Professor Bruce Keogh – Urgent and Emergency Care review NHS).**

Birmingham city is also one of the most ethnically and culturally diverse city in the United Kingdom. 42% of its residents come from ethnic groups other than white; the 2011 census recorded that Birmingham residents had over 91 different languages as their first or preferred language. In addition, 46% of Birmingham's population is under 30 years of age and 13% of the population is over 65 years of age. Developing services that meet the diversity and local needs of people is going to be a challenge. We would be interested to know how the strategy for urgent care centres will be implemented in a manner that addresses the diversity of Birmingham. The impact of proposed changes on different groups will be varied and has the potential to lead to health inequality.

Currently, the term Urgent Care Centre covers a wide range of services, with very different expertise, facilities, opening times, and treatment available. In some cases there are inconsistencies within a UCC such that patients have access to variable services at different times of the day due to staffing. The transformation of UCCs should ensure some level of consistency between and within the different UCCs. It should be clear what services UCCs are providing, that the service provided is of high quality, that UCCs have appropriate staffing levels and the skills to match their stated service provision.

There is evidence that A & E departments have reached a crisis point as a result of demand and inadequate resources. In some cases UCCs are being transformed so as to reduce attendance at A & E. In as much as we appreciate the burden to A & E, we believe that processes should be put in place for referring patients from UCCs to A & E. Generally UCCs need to be better integrated with other primary and secondary care services. This will ensure that relevant patient information is shared between different services (i.e. GP, Hospitals etc). The variability in the integration of care between service providers has been raised by the public through our feedback Centre.

In order to ensure that UCCs benefit patients and lead to improved health outcomes, Patient and Public Involvement needs to be built into the UCCs decision making process. UCCs should seek and capture the views and experiences of patients and the public. This should also include an analysis of the feedback received in order to draw out lessons and a clear indication of how these lessons have been used to make improvement to the service or how lessons have influenced decisions.

Q3. Do you have an understanding of the range of regular users/ social groups that use urgent care services in Birmingham?

Prompts: Consider groups of different demographic characteristics

Taking into consideration the diversity of Birmingham and the range of people we receive feedback from, various groups attend UCCs. This includes students, workers unable to take time off to see a GP during the day and those that have difficulties to access GP services. UCCs can serve hard to reach

populations such as homeless people, traveler communities, substance misusers and ex-offenders, asylum seekers, refugees, and other groups facing language and cultural barriers. Taking into consideration the local context of the UCCs under discussion, the closure of some services will potentially increase health inequality. A thorough Equality Impact Assessment is required in the development of these plans as well as a plan that uses patient and public insight, experience and involvement in order to identify, understand and address health inequality and barriers to improving health outcomes.

The proposed scenarios

Q4. What is your view on the proposal to ensure that there is a more consistent specification for UCCs going forward, including extended opening hours (14 hours a day / seven days a week)?

Prompts / follow ups:

- What impacts are likely to be realised in terms of quality and safety of care, best practice standards, staff availability and capacity, health inequalities, impacts on A&E / OOH services etc.?
- Do you think any groups be affected by this proposal more than others (thinking about social inclusion)?

It appears that the UCCs under discussion are different in the services they provide, the staffing arrangement (some led by a Nurse and others by a GP), and they have different opening times. Therefore, the diagnostics and clinical service patients receive is inconsistent and this has the potential of resulting in health inequality. It is essential that there is consistency in the quality of care patients attending UCCs receive and this should be in-line with quality standards set out by NHS England. There has to be clear guidance on the scope of service UCCs provide, how they will work with other primary and secondary care providers with clear pathways for referring patients or sharing information especially post discharge, and most importantly how patient experience will be captured and used in improving services.

Q5. Some of the scenarios being considered include the proposal for one or more of the UCCs to be a 24/7 facility. What do you consider are the potential positive and negative impacts of this?

Prompts / follow ups:

- What impacts are likely to be realised in terms of quality and safety of care, best practice standards, staff availability, health inequalities, impacts on A&E / OOH / primary care services etc.?
- Do you think any groups be affected by this proposal more than others (thinking about social inclusion)?

In theory, the idea of a 24/7 Urgent Care Centre will positively impact on the public's access to health services as it means patients and the public can access services at a point of need, at a place closest to them and by staff with the requisite skills. A 24/7 service would be particularly useful for the elderly, children, people with mental illness, but most importantly those who work during the day and shift workers who tend to have health problems due to their patterns of work.

However, the scenario presented in this case will require some Centre's to be closed. This will lead to health inequity as those living far from a centre might not be able to make use of a UCC. As earlier indicated, taking into account the deprivation in the areas where these centres are located, access would be a real concern. As we have heard from the public through our feedback centre, having access to health services close to home is of real importance. Some users have indicated that they would attend A & E if such services were not available close to home.

Q6. Some of the scenarios being considered include the proposal for there to be fewer UCC sites in future. What do you consider are the potential positive and negative impacts of this?

Prompts / follow ups:

- What impacts are likely to be realised in terms of quality and safety of care, best practice standards, staff availability and capacity, health inequalities, impacts on A&E / OOH / primary care services etc. sustainability of services, travel and access to the sites?
- Do you think any groups be affected by this proposal more than others (thinking about social inclusion)?

As above. In addition, reducing the number of UCCs will not be adhering to the principles for UCCs as set out by Professor Keogh "for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalized services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimizing disruption and inconvenience for patients and their families".

Q7. Some of the scenarios being considered include the proposal for UCC sites to be co-located with A&E departments in future. What do you consider are the potential positive and negative impacts of this?

Prompts / follow ups:

- What impacts are likely to be realised in terms of quality and safety of care, best practice standards, staff availability and capacity, health inequalities, impacts on A&E / OOH / primary care services etc. sustainability of services, travel and access to the sites?
- Do you think any groups be affected by this proposal more than others (thinking about social inclusion)?

We do not have enough feedback from the public on this issue. Depending on how integrated the UCC would be to the A & E department, there may be benefits in terms of access to resources such as equipment, different skills etc. However, as mentioned earlier this would raise issues of accessibility – transport links and parking; governance structures and management responsibilities for improving quality would need to be clearly outlined.

Q8. Looking at each of the scenarios individually, which do you consider are most likely to realise positive health, equality and wider impacts?

Prompts / follow ups:

Please explain why you think this to be the case and the type of positive impacts you think will be realised.

Healthwatch Birmingham is not able to comment as an organisation on this point, this should be for the public and service users to decide.

Q9. Are there any scenarios, which you consider are more likely to realise negative health, equality and wider impacts?

Prompts / follow ups:

Please explain why you think this to be the case and the type of negative impacts you think will be realised.

Healthwatch Birmingham is not able to comment as an organisation on this point, this should be for the public and service users to decide.

Q10. Are there any ways in which you consider some of the negative impacts you have identified could be mitigated or minimised? Please describe these. For example, consider the impacts you described in your response to the above questions, and the actions that could be taken to reduce the impact of these.
There needs to be a consistent and structured approach to identifying and understanding health inequalities, and then describing how health inequalities will be addressed to ensure that barriers to improved health outcomes are identified, understood and addressed. This will require the use of patient and public insight, experience and involvement in the development of these plans.

Q11. Overall do you think that the impacts of reconfiguring urgent care services will be experienced by some patient and local groups more than others? Prompts / follow ups: • Do you feel that the proposed changes will help to address any existing health inequalities within the area? • What impacts are likely to be realised in terms of certain equality groups within your local population (including those living in deprived areas), • Or patients with specific conditions which may be particularly impacted by the proposals?
Yes. See answer to question 2.

Q12. To further inform this impact assessment: **a. Is there any specific evidence/ local work/ outputs from local engagement that you are aware of which we should consider?** (Please describe below, or attach). **b. Are there any key individuals or stakeholders (such as local representative community groups) that we engage with as part of this assessment?** (Please include names and contact details if known).
a. Evidence/ local work: **b. Stakeholders:**

Q13. Do you have any other comments you would like to make about the urgent care scenarios being considered by the CCGs and impacts that these could have?
No.

Thank you for your time.

In terms of next steps, we will collate the findings of this and other engagement activities to feed into our work. Everything you have shared with us is in confidence and comments will not be attributed in the impact assessment report. Your input will be combined with the views of other local stakeholders and other evidence collected as part of the assessment process and used to identify both positive and negative impacts of the proposed service changes to urgent care.