



# Right care, first time

Consultation on the proposal for a new  
Urgent Care Centre in Rotherham

**Report on the outcome of  
public consultation**

# Contents

<b>1</b>	<b>Purpose of the report</b>	<b>3</b>	<b>7</b>	<b>The proposal for public consultation</b>	<b>12</b>
<b>2</b>	<b>Executive summary</b>	<b>4</b>	<b>8</b>	<b>The public consultation process</b>	<b>13</b>
2.1	Right Care, First Time consultation	4	8.1	Document	13
2.2	Summary of the key findings from the consultation	4	8.2	Online	14
2.2.1	On Urgent Care services	4	8.3	Public Meetings	14
2.2.2	On the Urgent Care Centre	5	8.4	Staff Engagement	15
2.3	Recommendations	5	8.5	Chief Officer briefings	15
2.3.1	Responses	5	8.6	Social media	15
2.3.2	Action planning	5	<b>9</b>	<b>Logging responses</b>	<b>16</b>
2.3.3	Publication of the responses	5	9.1	Acting on stakeholder suggestions and aspirations	16
2.3.4	National review	5	<b>10</b>	<b>Responses to consultation</b>	<b>17</b>
2.3.5	Engagement	5	10.1	Consultation responses received using the response form	17
<b>3</b>	<b>Requirements for consultation</b>	<b>6</b>	10.2	Consultation responses from the public meetings	18
<b>4</b>	<b>Context and background to this consultation</b>	<b>7</b>	10.3	Consultation responses from patient and carer networks	18
4.1	Overview	7	10.4	Consultation responses from stakeholders	19
4.2	The clinical quality outcomes	7	<b>11</b>	<b>Recommendations</b>	<b>21</b>
4.3	Walk-in Centres	7	11.1	Responses	21
4.4	Urgent Care	8	11.2	Action planning	21
4.5	National review of emergency and urgent care	8	11.3	Publication of the responses	21
<b>5</b>	<b>Engagement</b>	<b>9</b>	11.4	National review	21
<b>6</b>	<b>Pre-consultation</b>	<b>10</b>	11.5	Engagement	21
6.1	Clinical engagement	10	<b>12</b>	<b>Appendices</b>	<b>22</b>
6.2	Patient and public engagement	10			
6.3	Rotherham Metropolitan Borough Council	11			

# 1 Purpose of the report

The purpose of this report is to provide NHS Rotherham Clinical Commissioning Group (CCG) with the views and suggestions from local stakeholders, patients and the public on the proposal for a new Urgent Care Centre for Rotherham.

This feedback has been gathered through a range of engagement and consultation processes, with the public consultation taking place from 6 May – 26 July 2013.

The report also outlines the rationale, development and delivery of engagement and consultation activities.



## 2 Executive summary

### 2.1 Right Care, First Time consultation

The period of public consultation, which ended on 26 July 2013, was the culmination of over 18 months of engagement activities including structured discussions, focus groups, market research and briefings.

Our work with local stakeholders, including patient and community groups, initially helped us

to understand the use and perceptions of current NHS urgent care services and how these could be improved and developed to meet patient needs.

Formal consultation sought views on the proposal to bring together in one place the services for patients who need urgent care. This proposal was titled, "Right Care, First Time".

### 2.2 Summary of the key findings from the consultation

#### 2.2.1 On Urgent Care services

There is broad support from stakeholders, groups and individuals for an improvement in urgent care and emergency services, particularly around quality and timeliness of care available to patients 24/7.

Patients, carers and the public in particular supported the idea of simplifying and streamlining access for urgent and emergency care. During the consultation the CCG heard a large number of personal experiences relating to the current provision of services, including:

- access to out of hours, urgent and emergency care
- the quality and outcomes of urgent care and
- the difficulties experienced by carers and patients with long term and on-going health conditions when they need urgent support or experience a health "crisis".

The opportunity to look at new ways of providing the services, of best practice from elsewhere and the focus on clinical quality and safety for urgent care services was welcomed by the vast majority.



## 2.2.2 On the Urgent Care Centre

The benefits of a single location for urgent and emergency care were widely recognised and supported.

There were some alternative models suggested and discussed during the consultation, including the retention of the Walk-in Centre at the current location. In the main these alternatives were based around the convenience and proximity of location of the Walk-in Centre, experience of the current Accident and Emergency department, particularly waiting times, and transport/travel.

Car parking availability for the proposed Urgent Care Centre was a concern for many stakeholders, groups and individuals. This proved to be the reason most often given as to why individuals or groups could not support the proposal and was

## 2.3 Recommendations

### 2.3.1 Responses

The CCG welcomes the feedback from all responders and the issues raised.

### 2.3.2 Action planning

The Urgent Care Steering Group is requested to continue to develop an action plan which directly addresses the main points of concern raised through the consultation to ensure that these are fully addressed.

### 2.3.3 Publication of the responses

As well as publishing the consultation report, the CCG should provide a "You said, we did" summary of the key actions it is taking in response to the issues raised. An example is attached at **Appendix A**.

considered a significant barrier to accessing the Centre.

Accessibility was an important issue the CCG was asked to incorporate into its plans. This was raised by a number of groups and individuals. The comments on accessibility referred to:

- the Urgent Care Centre meeting the needs of all patient and carer groups, particularly around waiting times, opening times and assessment processes and
- the physical attributes of the building itself, including proximity to car parking and drop off/pick up points and the facilities inside – which covered access to pharmacy, privacy and seating/waiting areas.

### 2.3.4 National review

The findings and recommendations from the national review of emergency and urgent care are incorporated into the plans as they become available.

### 2.3.5 Engagement

That the process of engagement and involvement in the development of Urgent Care services for Rotherham continues, particularly using the CCG's existing networks and patient participation frameworks.

## 3 Requirements for consultation

The requirements on CCGs to consult the public, patients and the local authority health scrutiny committee are set out in legislation and national guidance.

The Right Care consultation was designed to meet or exceed these requirements which are:

### **Duty to promote involvement of each patient**

Each CCG must, whilst carrying out its functions, promote the involvement of patients, and their carers and representatives, in decisions, which relate to the prevention or diagnosis of illness in the patient, or their care or treatment.

### **Duty as to public involvement and consultation**

To make arrangements so as to secure that individuals to whom the services are being (or may be) provided are involved at various specified stages, including:

- in planning commissioning arrangements;
- in the development and consideration of proposals for change;
- in decisions affecting the operation of commissioning arrangements where implementation would have an impact on the manner in which services are delivered or the range of services available.

This involvement can be by way of consultation or otherwise.

### **To ensure any service reconfiguration meets the Department of Health four key tests for service change**

One of these is specifically around patient and public engagement (the other three are clinical commissioner support, a robust clinical evidence base and the impact on patient choice).

### **The NHS Constitution**

A patient's right to be involved in the planning, development of proposals for change, and decisions affecting the operation of services.

### **Duty on NHS bodies to consult the local authority Health Scrutiny Committees**

Covers any proposals under consideration for any substantial development of health services in the area of the authority, or on any proposals to make any substantial variation in the provision of such services(s).

# 4 Context and background to this consultation

## 4.1 Overview

NHS Rotherham Clinical Commissioning Group (RCCG) developed its proposals for Urgent Care as a response to a number of factors:

- The increasing demand for urgent care

## 4.2 The clinical quality outcomes

A range of improved clinical quality outcomes are expected:

- Patients seeing the most appropriate clinician at the first time of asking. This will free up skilled emergency medicine colleagues to see the most acutely ill patients
- Cross fertilisation of skills between primary and secondary care practitioners
- Improved access to diagnostics in evenings and at weekends
- Access to a consultant opinion prior to any admission

## 4.3 Walk-in Centres

Walk-in Centres were introduced by the Government nationally in 2000 with the aim of offering the public quicker access to primary healthcare and help reduce inappropriate demand

- A commitment to improve the quality of care for patients
- Confusion amongst patients and the public about which services to use

- Where a patient does need require admission, they are already located on the same site as the receiving service
- Patients will be discharged into the most appropriate place of care in a timely manner
- Reduced waiting times to see clinicians

The proposed changes would complement wider CCG initiatives to avoid unnecessary admission to hospital.

on other healthcare services such as Accident and Emergency.

The Rotherham Walk-in Centre was opened in January 2009. It is operated by Care UK.

## 4.4 Urgent Care

For the purposes of the public consultation, an overarching definition of urgent care was used. This was:

“Urgent care is for illnesses or injuries which cannot wait to see a doctor or nurse.”

As examples, based on the case-mix and experience of the WiC, the consultation document illustrated urgent care as:

- broken bones
- insect or animal bites
- burns and scalds
- Illnesses in children and adults including fever, infections and rashes

- sprains
- wounds

Through the process of consultation, some stakeholders and individuals have provided other definitions, which include the full range of services that both health and social care provides. Urgent care has also been described as unscheduled care including both daytime and out-of-hours GP services. Some of this serves to illustrate the differing perceptions of services and in some cases the lack of awareness of services. There was however, a good level of understanding around the concept of illnesses and injuries that cannot wait for a routine appointment.

## 4.5 National review of emergency and urgent care

In January 2013 Professor Sir Bruce Keogh announced a review into the way the NHS responds to and receives emergency patients, called the Urgent and Emergency Care Review.

A Steering Group established to progress the review has identified a number of emerging themes for NHS emergency and urgent care services including the principles that they should:

- 1 Provide consistently high quality and safe care, across all seven days of the week
- 2 Be simple and guide good choices by patients and clinicians
- 3 Provide the right care in the right place, by those with the right skills, the first time
- 4 Be efficient in the delivery of care and services.

The national review has also developed an evidence base for change objectives, which new services would seek to achieve, and possible implementation options.

Consultation with the public and patients on all of these aspects ran from 17 June to 11 August 2013, with the results expected to be published later in the year.

From the information available before and during the Right care public consultation process, it is clear that the proposals for urgent care being developed by the CCG are in line with the national review and its approach.



## 5 Engagement

As part of the review of urgent care, the CCG sought a wide range of views on the perceptions, usage and awareness of the current range of services available to support patients needing urgent care. This engagement took the form of a series of discussions, focus groups, market research and briefings.

During 2012, we worked with local stakeholders, including patient and community groups, to understand the use and perceptions of NHS services to gain views about how these could be improved and developed to meet patient needs.

The output from these helped to inform the options for urgent care services and to define the scope and scale of the changes possible.

Based on the review, the feedback received as part of pre-consultation engagement, and in line with Department of Health guidance on the duty to involve, the proposal for a new Urgent Care Centre was developed. The Department of Health guidance on involvement states that, "one of the key principles of good practice is to be open: be open about what can change and what is not negotiable, and the reasons why".



People get mixed up about where to go for treatment meaning urgent cases can go to the walk in centre but more often people with less urgent conditions go to A&E when emergency care isn't needed.



# 6 Pre-consultation

## 6.1 Clinical engagement

GP colleagues have led the work on the review of urgent care services and have been closely involved at each stage of the process. Their views have been sought both formally and informally.

The consultation was led by Dr Ian Turner, who presented the proposals to public and statutory meetings, as well as through an online video.

Discussions have also involved the clinical teams

from the Accident and Emergency department at Rotherham NHS Foundation Trust (RFT), from Care UK, as providers of the Walk-in Centre and have involved the Yorkshire Ambulance Service as another key provider.

These discussions have included detailed consideration of the proposed urgent care pathway, as well as the practical planning of the proposed Centre itself.

## 6.2 Patient and public engagement

As part of the pre-engagement phase we sought the views of current primary, urgent and emergency care services from:

- Users of Accident and Emergency
- Users of the Walk-in Centre
- Carers
- Stakeholder organisations including the voluntary and public sectors
- Local residents including focus groups particularly looking at the issues for young children, end of life care and people with disabilities

We were assisted in this work by the former Rotherham LINK organisation and by attendance at community events. This pre consultation work was carried out between June and November 2012.

Further research with members of the public at key locations around the Rotherham district was carried out in April 2013. This included a random selection of people with a range of experience of current services. This showed that there were strong correlations between the views of stakeholders, users of current services and members of the public.

Across all of the pre-consultation engagement, a number of themes emerged. These were:

- There was a reasonable level of awareness of the variety of NHS services available, although some services had little or no level of recognition, such as the (then) single point of contact
- However many people also remained unclear as to where they should go with non-life threatening symptoms; this was particularly apparent for people seeking help for minor injuries



- In general people expressed the view that they would default to use of Accident and Emergency services when the incident involved an ill child, where there was doubt about which other service might be appropriate/available or where there was a perception that other services would not be available – for example instead of booking an appointment with a GP or other NHS service

- There was broad support from stakeholders for the benefits of a new Urgent Care pathway, based around a new Urgent Care Centre
- Stakeholders recognised there were a number of practical considerations to ensure the new Urgent Care Centre would be fully accessible to all patients which included hours of operation, transport and parking

### 6.3 Rotherham Metropolitan Borough Council

The CCG met with Members of Rotherham Metropolitan Borough Council in February 2013 and also attended the Health Overview and Scrutiny Select Committee in March and in April 2013 to outline proposals for a new Urgent Care Centre and to launch the public consultation. The feedback received informed the formal consultation process.

The Council's feedback included:

- Issues around public transport and car parking, to ensure full accessibility

- The impact on other services within the Community Health Centre, where the Walk-in Centre is based
- The likely impact on hospital admissions/ pressures in A&E
- Funding of the new Urgent Care Centre

The CCG also facilitated a series of workshops with a subcommittee of the Health Overview and Scrutiny Select Committee in June 2013 to consider the health information and data behind the proposals in more detail.

## 7 The proposal for public consultation

The CCG decided to consult on a proposal to bring together services for patients who need urgent care into one place. This was a purpose-built Urgent Care Centre, at the Accident and Emergency (A&E) department at Rotherham Hospital (part of The Rotherham NHS Foundation Trust).

This proposal has a number of benefits for patients:

### Right care, first time

The Urgent Care Centre will provide everything under one roof. It will mean that patients will know where to go to get the advice and treatment they need.

### Quality of care

The Urgent Care Centre will be staffed by highly skilled and trained nurses and doctors, who are experienced in assessing and treating patients. They will be backed-up by the full resources of the A&E department, so if patients do need emergency care, they will have the reassurance of knowing they are in the right place.

### Open 24/7

The Urgent Care Centre will be open 24 hours a day, 7 days a week, 365 days a year.

As a result of the proposal, the following actions will also be taken:

- the services currently provided by the Walk-in Centre for urgent care, will transfer to the new Urgent Care Centre

- the money, which currently pays for the Walk-in Centre, will be re-invested into urgent care
- the other NHS services which are based in the Rotherham Community Health Centre (the building which houses the Walk-in Centre) will stay there, including the GP practice.
- the NHS will continue to use the Health Centre for a range of community and primary care services, including the transfer of services from RFT to the space vacated by the closure of the Walk-in Centre



# 8 The public consultation process

Formal public consultation took place between 6 May and 26 July 2013.

The consultation was undertaken in line with Government guidance on consultation and service changes. In particular we have ensured that the proposal under consultation had:

- commitment and support from clinicians
- a clear clinical evidence base
- clear benefits for patients in terms of quality of care and availability of services

The comments and suggestions submitted as part of the pre-consultation were taken fully into account in developing the public consultation approach.

The feedback from both the pre-consultation work and public consultation has been included in this report, to be given full consideration by the CCG in arriving at its final decision.

A range of consultation channels were used including:

## 8.1 Document

A consultation document, which set out clearly the proposal, the benefits and the impact on local services, was produced. This was available in hard copy format, as a download from the CCG website and in an easy read version. Other versions were available on request, but no requests for alternate formats were received.

The document included a pre-printed response form which included both multiple choice and free text feedback options.

The easy read version was developed for the CCG by Speak-up Self Advocacy, the Rotherham-based organisation for people with learning disabilities and autism.

- consultation document, including an easy-read version, distributed to over 500 individuals, groups and local networks
- posters and flyers, also widely distributed, primarily to promote the public meetings
- articles in the local and regional media and in NHS staff and stakeholder publications
- online consultation pages on the CCG website and an online response form
- public meetings and attendance at scheduled user group meetings during the consultation period
- one-to-one meetings with stakeholders such as the three local MPs
- social media



Posters and flyers were also produced to promote the consultation timescale and also the public meetings.

The consultation documents were distributed to over 500 stakeholders, groups and voluntary organisations. This distribution was done electronically by email and also in hard copy by post.

The CCG extended an offer to attend scheduled meetings to discuss the proposals.

In addition the documents were distributed and advertised to members of the public through a variety of media and community outlets as follows:

- Articles in the local and regional media including the Rotherham Advertiser and BBC Radio Sheffield
- Stakeholder, patient and community groups including those representing carers, Rotherham

## 8.2 Online

All of the consultation information was available online at the CCG’s website.

This included an online video, which summarised the consultation process and included contributions from local people giving their

## 8.3 Public Meetings

Four public meetings were held, at different locations around the area.

Date	Time	Place
Wednesday 15 May	1.30pm-3pm	Edward Dunn Memorial Hall, Tickhill Road Maltby S66 7NQ
Wednesday 29 May	1.30pm-3.30pm	Myplace Rotherham St Ann’s Road Rotherham S65 1PH
Wednesday 5 June	3pm-5pm	Montgomery Hall, Church Street, Wath upon Dearne, Rotherham S63 7RD
Wednesday 12 June	1pm to 4pm	John Smith Room, Town Hall, Moorgate Street Rotherham S60 2TH

Attendance at the meetings was low, with the exception of the last meeting on 12 June, but those who did attend were able to discuss the proposals in some detail with Dr Ian Turner, the CCG lead for Urgent Care.

Disability Network, learning disability, women, older people, children’s centres and care homes

- Promotion via the Health Bus in Rotherham and Maltby
- Promotional materials circulated to public libraries, GP and dental surgeries, supermarkets, parish councils, community centres, religious centres and post offices
- REMA (Rotherham Ethnic Minority Alliance (REMA), supported the consultation through their own networks, publications and meetings
- RAIN (Rotherham Advice and Information Network)
- The Patient Participation Groups for all practices

comments and suggestions. This was produced to provide an alternative for those who were unable to participate in the public meetings.

The consultation response form was also available online.

## 8.4 Staff Engagement

Information was provided to NHS and local government staff through their in-house staff magazines and bulletins advising of the consultation and encouraging them to participate.

## 8.5 Chief Officer briefings

The CCG Chief Officer met each of the local MPs to brief them on the proposals and to provide background information.

## 8.6 Social media

The consultation was promoted using the CCG's Twitter account throughout the consultation period.



**It is hard to obtain a quick appointment at our GP surgery and they often refer us to the Walk in Centre. However, if it isn't an emergency, but you need to see a doctor within a week – what happens then?**



# 9 Logging responses

All responses received using both the paper or online versions of the response form were recorded along with informal comments from meetings, forums, social media, letters and emails.

These were compiled in a stakeholder issues and aspirations log, which was regularly reviewed by the Urgent Care Steering Group. A copy of the full log is attached at **Appendix B**.

## 9.1 Acting on stakeholder suggestions and aspirations

Throughout the consultation process, the emerging themes and issues were reviewed by the Urgent Care Steering and Operational groups.

This has enabled the CCG to develop action plans around all of the major issues raised, as they were raised. This has meant that the consultation has been a dynamic process, with feedback directly influencing the proposals, for example:

Issue	CCG action
Access to GP services	This issue is not directly within the scope of the CCG to resolve, but NHS England has agreed to review this issue following the consultation process
Availability of car parking spaces at RFT	RFT has agreed to provide the equivalent number of car parking spaces as are currently available at the Walk-in Centre. Additional spaces at the hospital are now in use.
Accessibility of the new UCC building	Patient and public representatives will be directly involved in the design of the building.



I understand the reason for this proposal but parking and access for disabled people is terrible at RDGH. Even with extra parking spaces being created this will still mean there won't be enough because the extra capacity will be taken up by current hospital parking demand.





# 10 Responses to consultation

Across all stakeholders and all methods of response, the most frequently raised issues were (in order of frequency):

- 1 Car parking (including capacity, proximity to the UCC and costs)
- 2 The timeliness and effectiveness of the assessment process for patients on arrival at the UCC
- 3 The quality of care that patients currently receive/expect to receive **and** the convenience of the WiC location

In general, individuals and groups were interested to know more detail about how the Urgent Care Centre would operate it would operate and how the service would work for them or the people they cared for.

## 10.1 Consultation responses received using the response form

A total of 98 responses were received using the response form from the consultation document, the online version of the form and by email.

The majority of these responses were from individuals, including patients, carers and healthcare staff. A small number were submitted by a representative of a larger group. Many individuals were also members of formal groups or networks.

The form requested a response to the statement:

**“The plan for a new urgent care centre will improve the quality of care for patients who need urgent care.”**

The responses were measured across a five-grade scale. The responses to this statement were inconclusive, with no significant difference between the numbers of people who responded at the positive or negative ends of the scale.

The responses received were:

Strongly agree	25%
Agree	9%
Neither agree/disagree	11%
Disagree	18%
Strongly disagree	26%
No response	1%

People were also invited to give their reasons for their response and to make comments about the proposal. This was an option which enabled the responder to submit a more detailed explanation and to raise any specific issues or concerns, as unlimited free text. Most people provided comments.

The comments which were made most frequently related to (in order of frequency):

- 1 The convenience of the current Walk-in Centre location
- 2 The quality of care that patients currently receive/expect to receive when they have urgent care needs
- 3 Concerns about car parking provision at RFT **and** comments about the waiting times and the environment of the current A&E department

A copy of the responses received using the response form are attached at **Appendix C**.

## 10.2 Consultation responses from the public meetings

The feedback from the public meetings was positive and supportive of the proposals overall. Whilst the numbers of attendees was small at each event, there was a good quality of discussion and dialogue around the proposals.

The response to the proposal was positive in support of the Urgent Care Centre from all four meetings, with most attendees supporting the principle of a single service, co-located with A&E and with a single assessment process for patients on arrival at the Urgent Care Centre.

There was also some strongly expressed opposition

to the proposal from a minority of attendees.

The issues which were raised most frequently at the public meetings were:

- 1 The timeliness and effectiveness of the assessment process for patients on arrival at the Urgent Care Centre
- 2 Concerns about car parking provision at RFT, particularly capacity and proximity to the Urgent Care Centre
- 3 The costs of car parking at RFT (compared to availability of free car parking at the WiC)

## 10.3 Consultation responses from patient and carer networks

A number of groups and networks took part in the public consultation either through discussion at existing meetings, through events or through discussion with the CCG. The existing relationships that the CCG has built up through its engagement and participation work provided an excellent basis for these discussions, which resulted in a good level of open and honest debate.

The issues which were raised most frequently were:

- 1 Concerns about car parking provision at RFT, particularly capacity and proximity to the Urgent Care Centre

- 2 Building design and accessibility, particularly to help and support carers and those accompanying patients including considerations such as proximity of the entrance to the assessment area, waiting areas, quiet rooms and safety for patients who may be distressed/may become distressed
- 3 The assessment process – particularly for children, older people and those with mental illness or learning disabilities – particularly relating to the skills and experience of staff, minimum waiting times and a calm and stress-free environment



**The efficacy of the new centre will depend on how intelligently it is implemented. However, I am broadly positive at this stage because it will give staff the opportunity to divert people away from the front-line A&E service which is necessary...**



## 10.4 Consultation responses from stakeholders

The following stakeholders submitted responses, which are summarised below:

Stakeholder	Comments	Support
MedicX	<p><b>Patient perspective</b></p> <p>Costs and inconvenience of travel to RFT.</p> <p>Impact on GP and other services of the closure of the WiC.</p> <p><b>Community perspective</b></p> <p>Reuse of the space left behind by the WiC.</p> <p><b>Professional perspective</b></p> <p>Provision of pharmacy services in the UCC and the impact of their own business at the Community Health Centre.</p> <p>Would have wanted to be more involved in the discussions and at an earlier stage.</p>	No
Rotherham MBC	<p><b>Car parking</b></p> <p>The existing provision of free parking at the Greasborough Road site for patients attending the Urgent Care Centre is matched at RFT.</p> <p><b>Public Health</b></p> <p>Director of Public Health should work on behalf of the Council with the CCG to develop a service that reflects the principles of good clinical outcomes, good patient experience, timeliness standards for all contacts, a pathway integrated with social care and operates 24/7 to the same standard.</p> <p><b>NHS Constitution</b></p> <p>CCG be requested to demonstrate in their final proposals that patients' NHS Constitutional Rights are being appropriately safeguarded.</p> <p><b>Social care</b></p> <p>Ongoing development of proposals around Social Care integration, public health and patient rights.</p>	Yes
NHS England South Yorkshire and Bassetlaw	<p>Agree to further work with the CCG to focus on implications for primary care services and access to GP services</p>	Yes

Stakeholder	Comments	Support
RFT	Fully support the proposals as a key partner and as a way of improving quality of care and service integration	Yes
South Yorkshire Police	<p><b>Assessment</b></p> <p>Design and clinical protocols must allow for the safe assessment and treatment of those who may be suffering from an acute psychotic episode where proper clinical assessment and treatment is essential to protect life.</p> <p><b>Safety</b></p> <p>Highlight the need for UCC building to ensure compliance with secure by design. By effective planning, the threat and risks to staff and the public can be reduced.</p> <p><b>Mental health support</b></p> <p>Increasing demands on the police to assist with mental health patients in crisis. Essential that patient pathway/protocols support the needs of these patients. Current availability of “place of safety” isn’t adequate for demand. The UCC could provide this facility.</p>	Yes
Yorkshire Ambulance Service	<p>UCC will streamline services.</p> <p>Some potential to increase demand for Ambulance services, but no expectation that this will happen.</p>	Yes

“  
**The Walk in Centre is ideally located for the whole of the Rotherham area and if operated properly should remain on its current site.**  
 ”

“  
**I suggest that the pharmacy within the current Walk-in Centre building takes on an enhanced role in providing an extended NHS Minor Ailments service.**  
 ”

# 11 Recommendations

## 11.1 Responses

The CCG welcomes the feedback from all responders and the issues raised.

## 11.2 Action planning

The Urgent Care Steering Group is requested to continue to develop an action plan which directly addresses the main points of concern raised through the consultation to ensure that these are fully addressed.

## 11.3 Publication of the responses

As well as publishing the consultation report, the CCG should provide a “You said, we did” summary of the key actions it is taking in response to the issues raised. An example is attached at **Appendix A**.

## 11.4 National review

The findings and recommendations from the national review of emergency and urgent care are incorporated into the plans as they become available.

## 11.5 Engagement

That the process of engagement and involvement in the development of Urgent Care services for Rotherham continues, particularly using the CCG’s existing networks and patient participation frameworks.



**I'm not convinced it will improve the "quality" but the fact that it is open 7 days a week, 365 days a year may improve the long waiting periods when visiting.**



# 12 Appendices

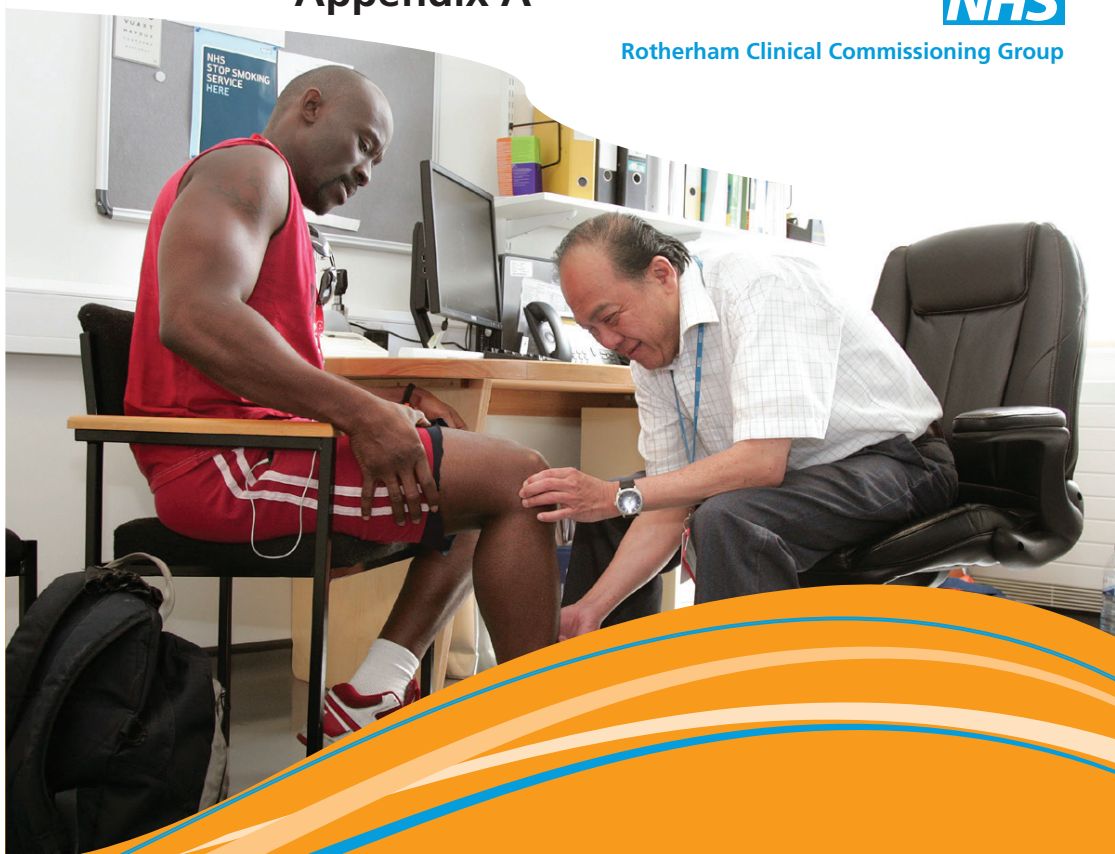


## Appendix A Example

### Appendix A



Rotherham Clinical Commissioning Group



# Right care, first time

Your feedback and our response to  
consultation on a new  
Urgent Care Centre for Rotherham

September 2013

Appendix A Example

## Thank You

In May we invited you give us your comments on our proposal to improve urgent care for patients in Rotherham.

Between May and July, we opened up our plans for urgent care services, including plans for investment in a new Urgent Care Centre, to public consultation.

We promised to review all of the comments we received and build more detailed plans, taking into account what you told us. That's what we've done and we'd like to share the results with you.

**Dr Ian Turner**  
GP, Lead for Urgent Care

What we proposed	What you said	What we will do now
To bring together services for patients who need urgent care into one place. This will be a purpose-built Urgent Care Centre, at the Accident & Emergency (A&E) department at Rotherham Hospital (part of The Rotherham NHS Foundation Trust).	<p>"I hope it will give easier access to the right services."</p> <p>"People get mixed up about where to go for treatment meaning urgent cases can go to the walk in centre but more often people with less urgent conditions go to A&amp;E when emergency care isn't needed".</p>	<p>"Having A&amp;E plus Urgent Care together will enable triage to appropriate treatment."</p> <p>"Where to go will be clearer and resources more focussed."</p> <p>We will take all of the comments we have received and build them into the detailed plans for the Urgent Care Centre. These plans will then be considered by the CCG and if agreed, the next stage will be to put in an application for planning permission to build the new Centre. In the meantime, we will continue to develop the detailed specification for the services that the Centre will provide and how these will link together with other NHS and social care services.</p>



Appendix A Example

What we proposed	What you said	What we will do now	What we will do now
	<p>“It makes sense to locate the centre close to A&amp;E, however, parking is at RDGH is an issue. What plans are in place to improve/increase parking to accommodate additional use?”</p>	<p>“I understand the reason for this proposal but parking and access for disabled people is terrible at RDGH. Even with extra parking spaces being created this will still mean there won’t be enough because the extra capacity will be taken up by current hospital parking demand.”</p>	<p>The Hospital has agreed to provide the same number of extra car parking spaces for the new Urgent Car Centre, as there are now at the Walk in Centre.</p> <p>We will continue to work on the plans for car parking and access to the Urgent Care Centre to ensure that they meet the needs of as many patients as possible.</p>
<p>The Urgent Care Centre will be staffed by highly skilled and trained nurses and doctors, who are experienced in assessing and treating patients. They will be backed-up by the full resources of the A&amp;E department, so if patients do need emergency care, they will have the reassurance of knowing they are in the right place.</p>	<p>How long will I have to wait to be seen at the Urgent Care Centre?</p> <p>“It will strengthen and consolidate emergency care services.”</p>	<p>“The efficacy of the new centre will depend on how intelligently it is implemented. However, I am broadly positive at this stage because it will give staff the opportunity to divert people away from the front-line A&amp;E service which is necessary.....”</p>	<p>Patients will be assessed within XX minutes of arrival.</p> <p>This will be done by skilled and trained nurses or doctors.</p> <p>Patients and carers will be directly involved in the design of the new Urgent Care Centre, so that they can be sure that the new facilities will meet their needs.</p>
<p>The Urgent Care Centre will be open 24 hours a day, 7 days a week, 365 days a year.</p>	<p>“I’m not convinced it will improve the “quality” but the fact that it is open 7 days a week, 365 days a year may improve the long waiting periods when visiting.”</p>		<p>The new service will be open every day, providing more access and help and support at times when the Walk-in Centre is closed.</p>



Appendix A Example

What we proposed	What you said		What we will do now
The Community Health Centre on Greasbrough Road will stay open.	What will happen to the Walk in Centre building? "The Walk in Centre is ideally located for the whole of the Rotherham area and if operated properly should remain on its current site."	"I suggest that the pharmacy within the current Walk-in Centre building takes on an enhanced role in providing an extended NHS Minor Ailments service."	Working with Rotherham Hospital we will look at outpatient or other services which can transfer from the hospital to the Community Health Centre building.
The NHS services which are provided at the Health Centre, including the GP Practice, will continue.	What about access to GP services? "It is hard to obtain a quick appointment at our GP surgery and they often refer us to the Walk in Centre. However, If it isn't an emergency, but you need to see a doctor within a week - what happens then?"		The GP Practice within the Health Centre will continue to be open and patients can register there, at a location convenient to them.

A copy of the full report on the outcome of consultation is available on our website – [www.rotherhamcgg.nhs.uk](http://www.rotherhamcgg.nhs.uk)

## Who we are?

Rotherham Clinical Commissioning Group is responsible for planning, designing and paying for your NHS services. This includes planned and emergency hospital care, rehabilitation, most community services and mental health and learning disability services.



## Contact us

You can contact us by post at:

Rotherham CCG  
Oak House  
Moorhead Way  
Bramley  
Rotherham  
South Yorkshire S66 1YY

By phone at: 01709 302 000

By email: [rightcare@rotherham.nhs.uk](mailto:rightcare@rotherham.nhs.uk)

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Access – general	5/6/13	Public meeting	Concern that the Hospital may not be a convenient location for everyone to get to.	SL	Issue noted.	N/A		
Access – general	12/6/13	Public meeting	The WiC is a convenient location. Why can't patients who need emergency care continue to be transferred by ambulance and retain the WiC in its current location?	SL	Issue noted. This doesn't meet the criteria of improving quality and safety of urgent care services.	N/A		
Access – out of hours services	18/7/13	Carers4carers	Noted that not all Rotherham practices use GP WiC/OOHs and that in some locations patients are referred to Bassetlaw.	CE	Issue noted.	N/A		
Access to GP services	3/7/13	Carers Forum	Variations in availability of GP appointments across the district discussed. Wide variation in time to wait for routine appointments – from very good to over 2 weeks.	CE	Issue noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	
Access to GP services	18/7/13	Carers4carers	Individual issue of access to GP services for routine appointments.	CE	Issues noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	
Access to GP services	26/7/13	NHS England South Yorkshire and Bassetlaw	Agree to further work with the CCG to focus on implications for primary care services and access to GP services	CE				

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Access to GP services	29/5/13	Public meeting	GP appointment booking system for same day appointments has impact on patients seeking access to other services as a fall-back	CE	Issues noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	
Access to GP services	29/5/13	Public meeting	Perceived cut in GP services historically compounding impact on other urgent/OOHs services. GP phone triage felt to be a useful service which could prevent patients from accessing other services unnecessarily.	CE	Issues noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	
Access to GP services – registered patients	18/4/13	Health Scrutiny	Perception that patients use WiC because they do not have timely access to GP services, particularly around same day appointments/ appointments within 24 hours	CE	Issues noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	
Access to GP services – registered patients	15/5/13	Public meeting	What about the patients who use WiC for non urgent care?	CE	Wider issue of access to GP/ primary care services noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	
Access to GP services – registered patients	13/2/13	RMBC	Some patients experience problems with accessing GP services	CE	Issues noted.	N/A	Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues	

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Access to GP services – unregistered patients	13/2/13	RMBC	WiC provides convenient/accessible services for those not registered with a GP	ALL	Promote registration with incumbent GP practice at WiC	Y		
Ambulance protocols	15/5/13	Public meeting	Will ambulance/patient transport services be involved in discussions about new working as part of UCC plans?	SL	Include Ambulance in Operational discussions	Y		YAS representative confirmed.
Assessment process	3/7/13	Carers Forum	Importance of effective staff training and communication with patients, as well as priority on clinical grounds (not just the patient who is most disruptive or who shouts the loudest).	SL	Specification for operational model for UCC			
Assessment process	18/7/13	Carers4carers	Important that staff understand the needs of vulnerable patients showing signs of distress and the impact of long waiting times. Experiences of the current A&E environment, particularly for those with severe mental illness.	SL	Specification for operational model for UCC			
Assessment process	15/5/13	Public meeting	Will there be a single triage process for UCC/A&E	SL	Included in service specification	Y		
Assessment process	29/5/13	Public meeting	Practicalities of triage process for patients and also requirements on staffing numbers.	SL	Included in service specification	Y		
Assessment process	5/6/13	Public meeting	Concern about waiting times for triage/treatment	SL	Included in service specification	Y		
Assessment process	12/6/13	Public meeting	This development should have happened years ago! It will help reduce waiting times in A&E, where waiting times are currently too long.	SL	Issue noted.	N/A		

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Assessment process	12/6/13	Public meeting	How can patients be triaged/assessed quicker at the UCC compared to current timescales at WiC and A&E?	SL	Specification for operational model for UCC			
Assessment process	21/7/13	South Yorkshire Police	Clinical protocols must allow for the safe assessment and treatment of those who may be suffering from an acute psychotic episode where proper clinical assessment and treatment is essential to protect life.	SL	Specification for operational model for UCC			
Assessment process	25/6/13	Speakup People's Parliament Health Forum	Concerns about waiting times, particularly in busy environment. It may not always be possible for some patients to wait for long periods without impacting on their wellbeing and staff would need to be aware of the impact of patients with learning disabilities/autism of prolonged periods.	SL	Specification for operational model for UCC			
Best practice	18/7/13	Carers4carers	Important that patient pathway for UCC takes into account the needs of patients in crisis and that GP, community and support services do not simply default to "call 999" or "go to A&E". In other parts of the country – e.g. London, pathways avoid the need for 999 intervention form either ambulance or police to manage the needs of patients experiencing crisis episodes.	SL	Specification for operational model for UCC			

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Best practice	11/7/13	Parent Carers Group	A lot to be learned from the way Sheffield Children's Hospital provides services, including urgent care and crisis, as well as multidisciplinary assessments. This was some parents' preferred service provider. Would like some of the same levels of service provision in Rotherham.	SL	Specification for operational model for UCC			
Best practice	11/7/13	Parent Carers Group	Suggestion that there are additional staff resources in place directly to assist parents/carers and patients in the first few months of the new UCC being open. These could act as "trouble shooters" to ensure everything runs smoothly and to address and resolve any problems that may arise.	SL	Include in mobilisation plans for UCC			
Best practice	29/5/13	Public meeting	Important to learn from other places/services	SL	Issue noted.	N/A		
Best practice	12/6/13	Public meeting	Why are other localities (e.g. Sheffield) pursuing different policies with respect to WiCs?	SL	Issue noted.	N/A		

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Building accessibility	14/6/13	Older People's Forum	Drop-off point for carers/person bringing patient to the UCC. This is a current problem with the front of the hospital and applies equally to patients arriving by private car or taxi – the distance from the point the vehicle is able to stop to the point of reception/booking in is challenging for people who need assistance or who need to be accompanied. Similar problems on leaving the hospital after treatment. This problem is a priority to sort now, but even more so with the addition of the UCC.	SL	Incorporate into design specification for new building.			
Building accessibility	29/5/13	Public meeting	Important that the design of the building facilitates easy access from point of arrival (by car or foot).	SL	Incorporate into design specification for new building.			
Building accessibility	5/6/13	Public meeting	Important that UCC is accessible for all patients, including LD and people with disabilities	SL	Incorporate into design specification for new building.			
Building accessibility	21/7/13	South Yorkshire Police	Highlight the need for UCC building to ensure compliance with secure by design. By effective planning, the threat and risks to staff and the public can be reduced.	SL	Incorporate into design specification for new building.			
Building design and layout	11/7/13	Parent Carers Group	Suggested "safe zone" or dedicated area for children, to ensure no distress caused to patients and carers whilst waiting. Particularly for children with learning disabilities/autism. Importance of surroundings/environment as well as facilities to help patients who will be in distress.	SL	Incorporate into design specification for new building.			



## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Building design and layout	25/6/13	Speakup People's Parliament Health Forum	Desire for quite rooms/spaces which can be used for patients whilst they wait, as well as for treatment. Wish to be involved in the design process.	SL	Incorporate into design specification for new building.			
Call/assist protocols	15/5/13	Public meeting	Default action for some call-out/alert services is to ring 999. This has impact on patients going direct to A&E, rather than other health services being used as a first port of call – e.g. NHS 111.	SL	Include as part of Operational/ pathway discussions.			
Call/assist protocols	21/7/13	South Yorkshire Police	Increasing demands on the police to assist with mental health patients in crisis. Essential that patient pathway/protocols support the needs of these patients. Current availability of "place of safety" isn't adequate for demand. The UCC could provide this facility.	SL	Include as part of Operational/ pathway discussions.			
Car parking – removal of access to free car parking	18/4/13	Health Scrutiny	WiC provides free car parking, costs of car parking at RFT will put people off from attending	SL	Issue noted.			
Car parking – removal of access to free car parking	4/7/13	MedicX	WiC provides free car parking.	SL	Issue noted.			
Car parking – removal of access to free car parking	15/5/13	Public meeting	Could car parking for UCC be free?	SL	Issue noted. This will be a matter for RFT.			
Car parking at RFT	3/7/13	Carers Forum	Car parking provision needs to work for people with limited mobility/for the carer accompanying a patient who cannot be dropped off/left to wait unaccompanied. More dedicated and designated car parking provision will be needed as close as possible to the entrance.	SL	Incorporate into design specification for new building.		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Car parking at RFT	18/7/13	Carers4carers	Problems of availability, particularly availability of designated short stay and disabled/accessible spaces. This was also an issue at weekends (Sundays in particular cited).	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	
Car parking at RFT	7/3/13	Health Scrutiny	Insufficient capacity on site to cope with increased visitors to UCC	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	18/4/13	Health Scrutiny	Insufficient capacity on site to cope with increased visitors to UCC	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	4/7/13	MedicX	Costs and practicality of creating more car parking spaces at RFT site	SL	Incorporate into design specification for new building.		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	11/7/13	Parent Carers Group	Problems of availability, particularly availability of designated short stay and disabled/accessible spaces. This was also an issue at weekends (Sundays in particular cited).	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Car parking at RFT	15/5/13	Public meeting	Insufficient capacity on site to cope with increased visitors to UCC	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	29/5/13	Public meeting	Concerns that there will not be sufficient car parking capacity at the Hospital to cope with extra numbers attending the UCC. Multi storey car park may be part of the solution.	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	5/6/13	Public meeting	Current problems will just be made worse by additional traffic to the UCC. Multi storey car park may be part of the solution	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	12/6/13	Public meeting	There are already long-standing car parking problems on the hospital site. This development will only exacerbate these.	SL	Incorporate into design specification for new building.		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	12/6/13	Public meeting	Congestion – as more people will be attending and duration of their stay could be several hours, there will be a limited turnover of cars and spaces, compounding the current car parking and road congestion problems at the hospital.	SL	Incorporate into design specification for new building.		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	12/6/13	Public meeting	There are current car parking problems at the WiC, which were predicted at the planning stages of the building. The same problems and concerns also exist for the new UCC.	SL	Issue noted.		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Car parking at RFT	13/2/13	RMBC	Insufficient capacity on site to cope with increased visitors to UCC	SL	Incorporate into design specification for new building		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking at RFT	24/7/13	Rotherham Metropolitan Borough Council – Cabinet report	The existing provision of free parking at the Greasborough Road site for patients attending the Urgent Care Centre at the Hospital is matched at RFT.		Incorporate into design specification for new building.			
Car parking at RFT	25/6/13	Speakup People's Parliament Health Forum	Concern that there are not enough car parking spaces generally, or enough car parking spaces designated for people with disabilities.	SL	Incorporate into design specification for new building.		Raise with RFT as key concern arising from consultation responses so far	RFT agreed in principle to provide equivalent number of car parking spaces as currently provided at WiC
Car parking charges	29/5/13	Public meeting	Concern about cost and practicalities of car park charges for patients who need urgent care.	SL	Issue noted. This will be a matter for RFT.			
Car parking charges	5/6/13	Public meeting	Concerns about costs and practicalities of car park charges.	SL	Issue noted. This will be a matter for RFT.			
Car parking charges	12/6/13	Public meeting	Concerns about costs and practicalities of car park charges.	SL	Issue noted. This will be a matter for RFT.			
Car parking charges	12/6/13	Public meeting	The practicalities of paying for car parking out of hours if patients have no change or insufficient money.	SL	Issue noted. This will be a matter for RFT.			
Car parking charges	12/6/13	Public meeting	Will there be a different car parking tariff to reflect the different nature of patients attending for urgent/emergency care?	SL	Issue noted. This will be a matter for RFT.			
Car parking charges	25/6/13	Speakup People's Parliament Health Forum	Concern that costs of car parking could be extensive for a prolonged stay in the UCC or A&E	SL	Issue noted. This will be a matter for RFT.			

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Co-location with A&E	15/5/13	Public meeting	What is the precise location on the hospital site? Will the UCC be directly connected to A&E department?	SL	Incorporate into design specification for new building	Y		
Co-location with A&E	29/5/13	Public meeting	Is there a better location for the UCC on the hospital campus? E.g. former mental health unit.	SL	Issue noted. This doesn't meet the criteria of co-location with full range of A&E and hospital departments to support.	Y		
Consultation process	18/4/13	Health Scrutiny	Ensure Parish Councils are included	RW	They are on the list of organisations invited to take part in consultation	Y		Consultation materials circulated to Parish Councils
Consultation process	4/7/13	MedicX	Note that they have not been involved in pre-consultation discussions. Advise that they make take legal advice.	CE	The purpose of the formal public consultation is to enable all interested parties to submit their comments and raise issues, concerns and comments. These will be taken into consideration as part of the decision-making process.	Y	Confirmation of receipt of their submission has been sent, confirming the public consultation process as the mechanism for all interested parties to submit their responses.	
Convenience of WiC location	18/7/13	Carers4carers	Current WiC location is convenient, especially its proximity to the bus station	SL	Issue noted.			
Effective future use of space left behind by WiC	3/7/13	Carers Forum	Suggestions that high volume services – e.g. cancer, diabetes and children's services are transferred to the CHC once the UCC has opened.	SL	Raise during discussions with RFT			

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Effective future use of space left behind by WiC	18/4/13	Health Scrutiny	Could services currently based at RFT be provided using this space – e.g. Orthotics. Transferring services could also help to ease congestion on RFT site	SL	Raise during discussions with RFT		Development of proposals/ options required.	
Effective future use of space left behind by WiC	4/7/13	MedicX	Would like more details of the proposals for transfer of hospital-based services to CHC.	SL	Raise during discussions with RFT		Development of proposals/ options required.	
Effective future use of space left behind by WiC	13/2/13	RMBC	Could services currently based at RFT be provided using this space – e.g. orthotics	SL	Raise during discussions with RFT		Development of proposals/ options required.	
Financial model for re-investment/ investment in new UCC	18/4/13	Health Scrutiny	More detail requested on financial case, particularly in relation to same level of current investment continuing to be made in urgent care	SL	Workshop with Sub Committee of Health Scrutiny Committee to go through the financials. RMBC to arrange.	Y	Further data requested following workshop held on 10/6/2013	Further workshop held.
Financial model for re-investment/ investment in new UCC	4/7/13	MedicX	No financial savings will be realised through the proposal	SL	Issue noted. The level of investment in Urgent Care will remain the same as now.	Y		
Financial model for re-investment/ investment in new UCC	29/5/13	Public meeting	Concern funding will have impact on funding for other services	CE	Issue noted	Y		
Financial model for re-investment/ investment in new UCC	5/6/13	Public meeting	Concern that investment in UCC may be “re-directed” to offset financial savings at RFT	CE	Issue noted.	Y		
Fully support	26/7/12	Rotherham NHS Foundation Trust	Fully support the proposals as a key partner and as a way of improving quality of care and service integration	CE				

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
GP referrals	15/5/13	Public meeting	Will there be a protocol for GP referrals/joint working with GPOOHs?	SL	To include in operational/care pathway discussions			
Impact of financial viability of pharmacy at Community Health Centre	4/7/13	MedicX	Acknowledge their own commercial interest in the WiC & OOHs remaining in place.	CE	Issue noted.			Include as part of work with NHS England
Impact on financial viability of pharmacy at Community Health Centre	12/6/13	Public meeting	Concern that this facility won't be commercially viable once WiC has moved.	CE	Issue noted.			Include as part of work with NHS England
Impact on financial viability of RFT	11/7/13	Parent Carers Group	Concern that investment in RFT may not be used effectively and efficiently by them		Issue noted.	Y		
Impact on financial viability of RFT	15/5/13	Public meeting	Concern that investment in UCC may be "re-directed" to offset financial savings at RFT	SL	Development of business case	Y		
Impact on financial viability of RFT	15/5/13	Public meeting	Will UCC staff be on the payroll of RFT (in which case might financial savings have an impact on the new service?)	SL	Development of business case	Y		
Impact on financial viability of RFT	13/2/13	RMBC	Ensure capital and revenue cost implications for RFT are sustainable	SL	Development of business case	Y		
Impact on viability of Chancery Bridge GP Practice	12/6/13	Public meeting	Concern that the GP Practice may no longer be viable with reduced patient footfall to the area	CE	Issue noted.			Suggest approach where a separate piece of work on GP access is undertaken by/with NHS England to review all of the issues

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Improve the WiC service	12/6/13	Public meeting	Why can't skill mix of staff at the WiC be enhanced to include more A&E/emergency care specialists?	SL	Issue noted. This doesn't meet the criteria of co-location with full range of A&E and hospital departments to support.	Y		
Improve the WiC service	12/6/13	Public meeting	By investing more in the WiC service, the hours of operation could be extended, thereby improving the levels of service, without large-scale change	SL	Issue noted. This doesn't meet the criteria of improving quality and safety of urgent care services.	Y		
Likely impact on A&E capacity	12/6/13	Public meeting	With more patients attending, will there be sufficient resources (staffing) and support services (diagnostics, pharmacy etc) to cope? The impact might be increased A&E demand, not less?	SL	Specification for operational model for UCC			
Likely impact on hospital admissions	13/2/13	RMBC	Ensure that there is a positive impact on reducing admissions	SL	Specification for operational model for UCC			
Mobilisation	5/6/13	Public meeting	Important that there is a smooth transfer of services should the UCC go ahead – so that no impact on emergency or WiC services during the transition.	SL	Include in mobilisation plans for UCC			
On-going access to family planning/contraception services	7/3/13	Health Scrutiny	WiC provides easy and extended access for sexual health services, including for people with disabilities and long term health conditions	RFT	Promote all direct access services			



## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Ongoing feedback	29/5/13	Public meeting	Important that the CCG continues to monitor success/ impact of the service from the patients' perspective once it is up and running.	SL	Included in service specification			
Operator of the new service	18/4/13	Health Scrutiny	Who will be responsible for the new service and will it be private sector?	SL	Procurement and contracting processes			
Operator of the new service	29/5/13	Public meeting	how will the different staff groups/ organisations work together	SL	Organisational development			
Pharmacy services	4/7/13	MedicX	Will need to be provision of community pharmacy services at UCC (point out increased VAT costs of hospital pharmacy service dispensing FP10s and increased costs of extended opening hours).	SL	Detailed assessment of pharmacy options and their implications being produced.			
Pharmacy services	15/5/13	Public meeting	Will onsite pharmacy at Rotherham Hospital be 24/7 also?	SL	Options for dispensing of medicines included in service specification			
Public awareness	29/5/13	Public meeting	Name of CHC should perhaps change to avoid any confusion once the WiC services have closed there.	RW	Include in forward planning for comms and awareness raising			
Public awareness	5/6/13	Public meeting	Concern that local people weren't aware of the proposals	RW	Increase profile during remaining weeks of consultation period.			
Public awareness	12/6/13	Public meeting	Would the proposed investment in the UCC be better spent on public awareness and education programmes, so people understand the current facilities locally?	SL	Issue noted.	Y		

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Public awareness	5/6/13	Public meeting	Need for major publicity campaign if service goes ahead to raise awareness and educate patients to make the right choices	RW	To include in forward planning for longer term comms			
Public transport	18/7/13	Carers4carers	Issues around frequency, reach/ scope and peak hours crowding of current bus services serving the RFT site.	SL	Review bus routes and identify any gaps in service. Future discussions with bus operators/ RFT as required			
Public transport	7/3/03	Health Scrutiny	People who currently walk to or have public transport access to the WiC will be disadvantaged	SL	Review bus routes and identify any gaps in service. Future discussions with bus operators/ RFT as required			
Public transport	18/4/13	Health Scrutiny	People who currently walk to or have public transport access to the WiC will be disadvantaged	SL	Review bus routes and identify any gaps in service. Future discussions with bus operators/ RFT as required			
Public transport	4/7/13	MedicX	WiC location is convenient for public transport	SL	Review bus routes and identify any gaps in service. Future discussions with bus operators/ RFT as required			
Public transport	15/5/13	Public meeting	No direct access to Rotherham Hospital site by bus from Maltby Braithwell Road area (since Number 10 service was re-routed some time ago)	SL	Raise in discussions with Council/ RFT/ transport providers			

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Public transport	12/6/13	Public meeting	Journey to Rotherham Hospital may involve 2-3 buses, reducing convenience for some patients.	SL	Review bus routes and identify any gaps in service. Future discussions with bus operators/ RFT as required			
Quality of care	3/7/13	Carers Forum	Important that all staff are trained in and aware of the needs of people with mental health, dementia and learning disabilities in order to provide the most appropriate care and also respond to complex needs.	SL	Specification for operational model for UCC			
Quality of care	12/6/13	Public meeting	Personal experience of two attendees illustrating their concerns about the quality of care provided by RFT (compared to their experience of the WiC)	N/A	Issues noted.	Y		
Quality of care	12/6/13	Public meeting	Are there current concerns about WiC quality of care?	N/A	No.			
Quality of care	24/7/13	Rotherham Metropolitan Borough Council – cabinet report	“Director of Public Health should work on behalf of the Council with the CCG to develop a service that reflects the principles of good clinical outcomes, good patient experience, timeliness standards for all contacts, a pathway integrated with social care and operates 24/7 to the same standard.					
“	SL	Specification for operational model for UCC						

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Quality of care	25/6/13	Speakup People's Parliament Health Forum	Important that all staff are trained in and aware of the needs of people with learning disabilities in order to provide the most appropriate care and also respond to complex needs.	SL	Specification for operational model for UCC			
Quality of care at RFT	11/7/13	Parent Carers Group	Personal experiences from two attendees illustrating their concerns about the quality of care provided by RFT for inpatient care as well as A&E . Feeling that RFT had not fully addressed or dealt with these concerns, even several years later.	N/A	Issues noted.			
Referral protocols	5/6/13	Public meeting	How will referral protocols work between UCC and patient's own GP	SL	To include in operational/care pathway discussions		Review of total urgent care pathway needed?	
Safeguarding patients' NHS Constitutional Rights	24/7/13	Rotherham Metropolitan Borough Council – Cabinet report	CCG be requested to demonstrate in their final proposals that patients NHS Constitutional Rights are being appropriately safeguarded .	SL	Specification for operational model for UCC			
Service specification	29/5/13	Public meeting	Greater involvement of patients/patient groups in the design and facilities planned for the UCC would be ideal	SL	Consider ways that this can be facilitated as part of the design of the building			
Service specification	15/5/13	Public meeting	Will there be target times for triage/ patients receiving care	SL	Included in service specification	Y		
Service specification	29/5/13	Public meeting	Main routes/modes for patients to access the UCC need to be considered in the design	SL	Incorporate into design specification for new building.			

## Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Support	26/7/13	NHS England South Yorkshire and Bassetlaw	Support proposals	CE				
Support	24/7/13	Rotherham Metropolitan Borough Council – Cabinet report	Support proposals with recommendations for ongoing development of proposals around Social Care integration, public health and patient rights.	CE				
Support for carers	3/7/13	Carers Forum	Important that staff communicate effectively with carers, listen to their knowledge and understanding of the patient.	SL	Specification for operational model for UCC			
Support for carers	12/6/03	Public meeting	General consensus that this will help carers and make their life simpler. But important to ensure that the service will work for older, confused or vulnerable patients.	SL	Specification for operational model for UCC			
Traffic congestion	18/4/13	Health Scrutiny	More patient journeys to RFT site will compound existing traffic congestion problems	SL	Incorporate into design specification for new building			This will be considered as part of the planning consent
Traffic congestion	12/6/13	Public meeting	Concern that increased traffic to UCC will adversely impact on existing traffic congestion problems, particularly on-street parking affecting local residents.	SL	Issue noted.			This will be considered as part of the planning consent
Transferring services from hospital to community locations	5/6/13	Public meeting	Important to ensure the chosen locations work for patients in terms of convenience/access/ability to travel	SL	Issue noted.			
Transport costs for low income patients	12/6/13	Public meeting	Costs of public transport/car parking charges may put some patients off.	N/A	Issue noted.	Y		

Appendix B Stakeholder issues and aspirations – all responses

Issue/aspiration	Date raised	By	Additional comments	Lead	Approach	Resolved Y/N	Escalation	Agreed resolution
Transport costs for low income patients	13/2/13	RMBC	People who currently walk to or have public transport access to the WiC will be disadvantaged	SL	Review bus routes and identify any gaps in service. Future discussions with bus operators/ RFT as required			
Waiting times for patients for assessment/ triage at UCC	18/4/13	Health Scrutiny	Will the target time-frame be the same as for the WiC/A&E – e.g. 15 minutes	SL	Specification for operational model for UCC			
Waiting times for patients for assessment/ triage at UCC	4/7/13	MedicX	Single point of triage at UCC will lead to delays. Positive impact of GP and A&E workloads from WiC will be lost	SL	Specification for operational model for UCC			
Waiting times for patients for assessment/ triage at UCC	13/2/13	RMBC	Will the target time-frame be the same as for the WiC/A&E – e.g. 15 minutes	SL	Specification for operational model for UCC			

## Appendix C Responses received using the reply form

<b>Total number of responses logged</b>	<b>98</b>
Online	23
Paper	73
Email	2
<b>The plan for a new urgent care centre will improve the quality of care for patients who need urgent care.</b>	
Strongly agree	24
Agree	19
Neither	11
Disagree	18
Strongly disagree	25
No response	1
<b>Comments (more than one option could be selected)</b>	
Travel to RFT	7
WiC convenient location	24
WiC car parking convenience	6
More investment in WiC (diagnostics)	2
WiC not needed	1
RFT car parking issues	19
No concerns	1
Use of space left behind by WiC	2
Positive proposal/better for patients	6
Better access for patients	5
Quality of care/service	24
GP access	6
Investment/funding	3
Efficiency	9
Cost of new building	2
Alternative locations for UCC	3
Waiting times and environment of A&E	19
More information wanted	1
More consultation wanted	4
New UCC not needed	3
Costs of travel to RFT	2
Confusion about where to go at the moment	6
Assessment/triage process at UCC	7
Impact on YAS service (transferring patients from WiC to A&E)	1
More staff needed	4
Experience/knowledge of staff at RFT	4
<b>Optional information</b>	
<b>About them</b>	
Individual	79
Representative	11

Appendix C Responses received using the reply form

<b>Details</b>	
Patient	63
Carer	11
NHS staff member	6
<b>List of NHS/health organisations</b>	
RFT – A&E	3
Care UK	1
YAS	1
<b>NHS Roles</b>	
A&E staff	1
A&E consultant	2
Paediatric consultant	1
GP	1
Business Manager	1
<b>Other roles</b>	
Visitor	1
Service provider	1
Senior Support Worker in residential care	1
Former NHS staff member	1
<b>List of other organisations</b>	
Rainbow Toddler Group	17
Unity Centre, St Leonards Road	1
PPG member	1
Speakup	3
Carers4carers	6
Pensioners Action Group	1
Disability Group (name not specified)	1
<b>Gender</b>	
Male	22
Female	53
<b>Age</b>	
under 18	1
19-40	33
35-44	2
41-60	22
45-54	5
55-64	2
65-74	2
61-80	13
75+	1
81 +	1



## Appendix C Responses received using the reply form

<b>Ethnicity</b>	
British	48
European white	2
European other	8
Asian other	0
Irish	0
Black Caribbean	0
White other	1
Indian	0
Pakistani	13
Chinese	0
Other	4
<b>Postcodes</b>	
S11	1
S25	1
S26	3
S40	1
S60	19
S61	19
S62	6
S64	4
S65	17
S66	3
WF2	1



Rotherham Clinical Commissioning Group

