

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>21 JULY 2015</b>	<b>Public Report</b>

<b>Report of the Local Chief Officer – Borderline and Peterborough LCGs</b>		
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		Tel.

## **MINOR INJURIES AND ILLNESS UNIT (MIIU) RELOCATION PROPOSALS**

### **1. PURPOSE**

- 1.1 This report is being presented to seek the Commission's endorsement to Cambridgeshire and Peterborough CCG undertaking a consultation on a proposed planned relocation of the Minor Injuries and Illness Unit (MIIU) from the City Care Centre to the Peterborough and Stamford Hospital Foundation Trust (PSHFT) Edith Cavell campus, Peterborough. This report sets out the rationale for this proposed service relocation.

### **2. RECOMMENDATIONS**

- 2.1 The Scrutiny Commission is asked to endorse the draft proposed consultation process plan on the proposed relocation of the MIIU service to the PSHFT hospital site.

### **3 BACKGROUND**

- 3.1 The vision for Peterborough Urgent Care is based on the principles of right care, right place, right time, provided by the right person and NHS England's 5 year strategy for the future, the *Five Year Forward View*.

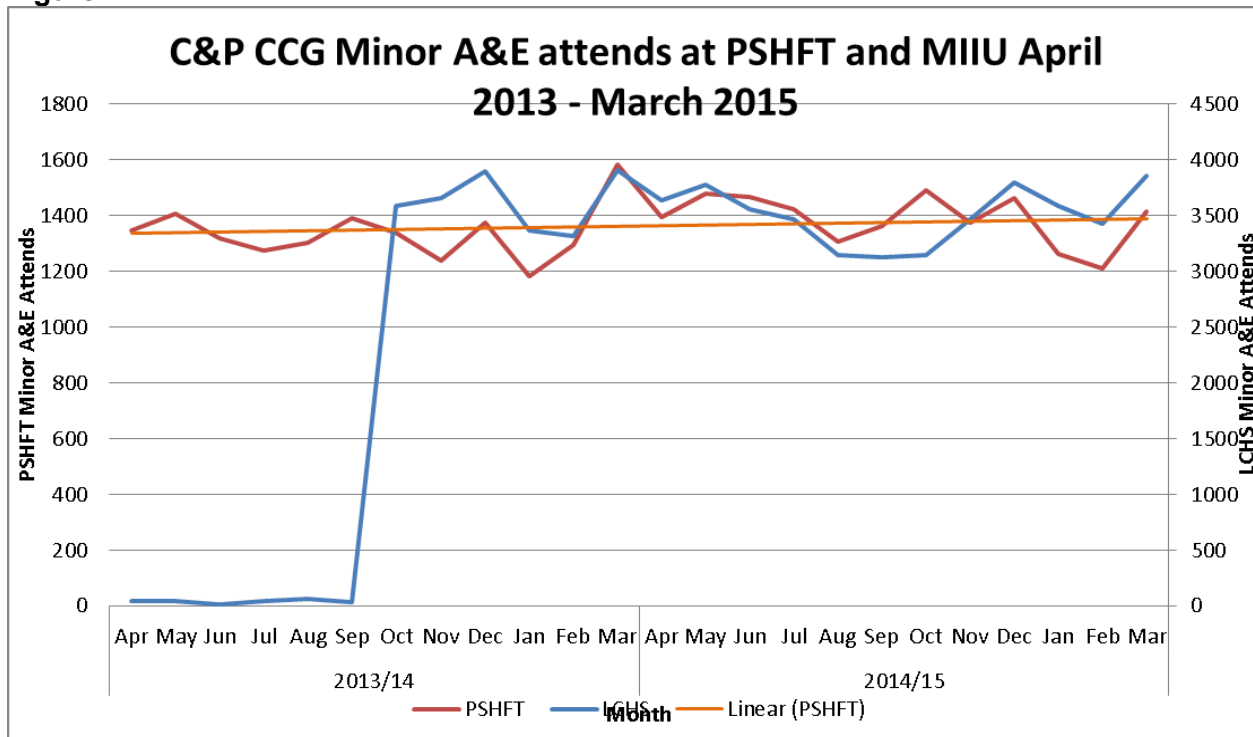
The National Strategy outlines a system that has:

*'integrated access to NHS 111, MIIU, emergency GP in and out of hours and ED. The system will guide the patient to the right professional, at the right time in the right environment. Most importantly the patient experience will be one of accessing a single supportive system identifying and catering for their needs whatever the time of day.'*

- 3.2 In 2008 Peterborough Primary Care Trust consulted with the public and stakeholders on where the Peterborough Walk-In Centre (that was the name of the MIIU in 2008) should be located when Peterborough City Hospital opened in 2010. The overwhelming public response then was that a walk-in urgent care service was needed within walking distance of the city centre. In 2011 NHS Peterborough consulted in the future of urgent care and primary in the city during the 'Right care at the Right Time' consultation. People agreed that the walk-in centre should be upgraded to a Minor Injury and Illness Unit, but felt it should stay in the current location at the City Care Centre. The health economy and the population of Peterborough has changed considerably over the past few years, and many more people use urgent care services as their first point of contact with the NHS. We feel the time is right to consider the options that will ensure that people are seen by the right service at their time of need. The evidence also shows that despite the presence of the MIIU in the City Care Centre, many people are choosing to go to the ED department for minor injury and illness treatment.

3.3 The MIIU opened in October 2013, and has met contractual activity plans; however, it hasn't reduced the level of minor's activity being seen in ED at PSHFT, as was hoped. Figure 1 shows the levels of activity before and after the opening of the MIIU. The linear line shows minors are on a gradual upward trajectory, something the CCG cannot financially afford to sustain across two sites. Patients are not changing their behaviour and going to the MIIU for Minor Injuries and Illness despite the campaigns.

3.4 **Figure 1**



3.5 PSHFT Emergency Department (ED) sees a high numbers of minors that could be seen in a different setting. Once a patient has decided on the service they are going to access it is very difficult currently to redirect them to more suitable services that are located elsewhere.

3.6 A sustainable primary care led service comprising MIIU, GPs from Prime Ministers Challenge fund GPs co-located on the PSHFT site can provide a triaging, see and treat service to stream minors patients before reaching ED, creating capacity in ED and Medical Assessment Units to see patients requiring specialist care. This will support the hospital being able to sustainably deliver the national 95% target for patients being seen within four hours in ED.

3.7 The current NHS 111 and Out Of Hours GP service is currently subject to a procurement process, and is currently based at the City Care Centre, but the intention would be to take the learning from the Prime Ministers Challenge Fund into any longer term proposals.

3.8 Borderline and Peterborough LCGs and Peterborough System Resilience Group<sup>1</sup> wish to enter into a public consultation to relocate services and achieve the vision of Urgent Care services. Peterborough Healthwatch has indicated they would support the relocation of MIIU to the Peterborough site.

3.9 The financial risk to the CCG of vacant space left by the MIIU would be mitigated by early discussions with service providers looking for additional clinical space. PSHFT have already indicated they are seeking additional space for outpatient clinics and are favourable to moving into the City Care Centre to release capacity on the Hospital Site to enable it to become the

<sup>1</sup> System Resilience Groups are statutory boards centred on an acute hospital, and made up of all health and social care partners. The Peterborough SRG membership include PSHFT, PCC, CCC, C&P CCG, South Lincs CCG, Uniting Care, Voluntary sector representative, Community service providers for Cambridgeshire, Peterborough and South Lincolnshire.

Urgent Care Centre. It is important to the CCG that the City Care Centre remains a vibrant well-used health facility.

#### 4. KEY ISSUES

- 4.1 The Peterborough Urgent Care System has developed a vision that requires transformation of the current system to provide a sustainable, patient focussed system that places an emphasis on primary care as the first point of care where clinically appropriate.

Peterborough currently has a healthcare system with more than one route for patients to access urgent care;

- PSHFT ED department
- OOH GP at City Care centre
- MIIU at City Care Centre.

Despite media campaigns and education to the public, patients are not, on a routine basis, selecting the most appropriate setting for their health care needs.

To achieve the vision the system needs to relocate services to guide patients to the most appropriate setting first time to ensure resources are used appropriately and efficiently. The system wishes to start the next phase of this transformation in September 2015.

The City Care Centre would continue to be used for the provision of health care services, with the vacated space of the MIIU being utilised for out patient clinics.

#### 5. IMPLICATIONS

- 5.1 **Financial** - A full business case with financial modelling will be developed based on the outcome of the consultation. Financial savings from reduced ED tariffs are expected to be in the region of £200,000 per year. There is a risk of the CCG becoming liable for the rent at the City Care Centre for the vacated space. Early discussions have started with potential services.

**Performance** – All services will continue to be performance managed through NHS contracts focussed on patient safety and quality, and value for money

**Governance** – The Borderline and Peterborough LCGs supported by the Peterborough SRG will be accountable for the delivery of the consultation, and any subsequent relocation of services. Clear and accountable governance structures will be required of all providers, and managed through existing contracts

**Equality and Diversity** – A full Equality Impact Assessment will be conducted before any service relocation. During the consultation all sections of the community will be included.

**Patient Experience** – Public consultation will be undertaken and we will ask for patient representatives to be involved in the project, subject to outcome of discussion with the CCG Governing Body and public consultation response.

#### 6. CONSULTATION

- 6.1 A draft consultation process plan is set out in Appendix A attached. This will be updated following comments from the Scrutiny Commission and other stakeholders including Healthwatch.

#### 7. NEXT STEPS

- 7.1 Cambridgeshire and Peterborough CCG Governing Board are to consider the recommendation from the CCG Clinical Management and Executive Team on 15<sup>th</sup> September 2015 and if approved consultation will proceed in September.

## **8. APPENDICES**

8.1 Appendix A – engagement and consultation process plan..

## **Engagement and Consultation Process Plan**

**7 July 2015**

Minor Injury and Illness (MIU) Relocation project, Peterborough

**Proposed consultation dates to be confirmed.**

**Version 3**

## **Background**

The aim of this project is to relocate the entire MIU from the current premises at the City Care Centre on Thorpe Road, Peterborough to Peterborough City Hospital (PSHFT) in order to co-locate the service with the Emergency Department, (ED) subject to options agreed following stakeholder/public consultation.

The System Resilience Group planning considerations for 2015/16 include improving patient experience by providing the “Right Care, at the right time, in the right place”. This proposal will contribute to this outcome. Having urgent care services collocated with a single “Front Door” and triage point will help people to reach the right service to suit their needs.

There is a requirement to reduce the high number of Paediatric ED admissions and other initiatives are planned such as the Medical Assessment Unit, a GP at ED (Primary Care.) The co-location of the MIU will support the achievement of these aims by relieving pressure on ED staff through more effective aligning of resources.

Patients are presenting to ED who could have been managed through the MIU. A single ‘Front door’ to these services will prevent this, leaving the ED department to deal with life threatening illnesses and injuries.

### **Why are we consulting now?**

The relocation of the MIU from the City Care Centre in Thorpe Road to the Peterborough City Hospital will constitute a major service reconfiguration.

In 2008 Peterborough Primary Care Trust consulted with the public and stakeholders on where the Peterborough Walk-In Centre (that was the name of the MIU in 2008) should be located when Peterborough City Hospital opened in 2010. The overwhelming public response then was that a walk-in urgent care service was needed within walking distance of the city centre. In 2011 NHS Peterborough consulted in the future of urgent care and primary in the city during the ‘Right care at the Right Time’ consultation. People agreed that the walk-in centre should be upgraded to a Minor Injury and Illness Unit, but felt it should stay in the current location at the City Care Centre. The health economy and the population of Peterborough has changed considerably over the past few years, and many more people use urgent care services as their first point of contact with the NHS. We feel the time is right to consider the options that will ensure that people are seen by the right service at their time of need. The evidence also shows that despite the presence of the MIU in the City Care Centre, many people are choosing to go to the ED department for minor injury and illness treatment.

We will need to discuss our options for consultation with a range of stakeholders in pre-consultation, as well as consulting with a wide range of stakeholders, patients and public in and around Peterborough.

It is our intention to complete the pre-consultation stages for this project as soon as possible leading to a twelve week consultation starting from mid September 2015. This consultation start date is provisional. It is dependant on all pre-consultation work being completed and resources needed for the consultation being ready for the start of the consultation.

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## **Process**

### **Pre-consultation**

During the pre-consultation stage Cambridgeshire and Peterborough CCG will be discussing the options for this relocation and the consequences of not taking this course of action with key stakeholders and groups.

This stage is to explore the options available and listen to feedback on those options This feedback will then be reflected in the final consultation document which is distributed much wider.

Cambridgeshire and Peterborough CCG will:

- Discuss the options for this relocation with key stakeholder groups and ensure that the feedback we receive is reflected in the final consultation document and surveys.
- Ensure that drafts of the full consultation documents and questions for consultation are shared with the following groups:
  - CCG Governing Body and LCG Boards
  - Health Scrutiny Committees from Cambridgeshire, Peterborough and Northamptonshire
  - The CCG Patient Reference Group (PRG)
  - Healthwatch organisations from Cambridgeshire, Peterborough and Northamptonshire
  - Patient Forum Groups from Peterborough and Borderline LCGs
  - Peterborough City Council Executive and Councillors
  - MPs for Peterborough
  - Lincolnshire Community Health Services NHS Trust (provider for services at the MIU)
  - Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
- Ensure that all of the resources needed for the consultation will be prepared and available from the start of the consultation.

## **Consultation**

Cambridgeshire and Peterborough CCG will:

- Prepare an online survey for people to give their feedback to this consultation, with space for free text responses. To be made available via the CCG website.
- Prepare a full and comprehensive consultation document with a tear out copy of the survey that explains the project and the options for consultation in clear plain English.
- Prepare a summary of this consultation document for people who are not able, or do not want, to read the full consultation document
- Translate the summary consultation document and online survey into key community languages, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Prepare an Easi-read version of the document and survey
- Plan public meetings in accessible venues across the Peterborough area. There will be a mix of afternoon and evening meetings.
- Ensure that all venues for public meetings are fully accessible.
- Share publicity materials with our partners and stakeholders. Advertise the dates of the public meetings in local papers.
- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible. Community languages include:
  - Polish
  - Portuguese

- Lithuanian
  - Urdu
  - Latvian
  - Other languages on request
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, summary document, and translations as soon as possible after the start of the consultation.
  
- Distribute hard copies of the documents to:
  - GP practices
  - Dentists
  - Pharmacies
  - Opticians
  - Stakeholder database
  - Peterborough Council for Voluntary Services
  - Libraries
  - Peterborough City Hospital Site
  - City Care Centre, MIU and main waiting areas.
  - Community Centres
  - Children's' Centres
  - Town Hall reception
  - Bayard Place reception and waiting areas.
  - Peterborough Healthwatch
  - All PCC Councillors
  - MPs surgeries
  
- Email copies of the consultation documents to:
  - GPs and practice managers
  - Dentists
  - Pharmacists
  - Cambridgeshire Community Services Staff
  - Lincolnshire Community Health Services MIU staff
  - Cambridgeshire and Peterborough Foundation Trust staff
  - Peterborough and Stamford Hospitals NHS Foundation Trust staff
  - Peterborough and Borderline Patient Forums
  - Unions
  - Stakeholder database
  - Parish councils
  - Practice Patient Groups in Peterborough and Borderline
  - Healthwatch organisations in Cambridgeshire and Northampton
  - CCG Patient Reference Group
  - Neighbourhood and cohesion leads
  - Community groups
  - Schools
  - Nurseries
  - Older Peoples Partnership Board
  - Peterborough Disability Forum
  - Carers Partnership Board
  - Learning Disability Partnership Board
  - Mental health Partnership Board
  - Peterborough Cohesion and Diversity Forum
  - Lincolnshire CCG



- Ensure that translations and accessible versions of the consultation documents are distributed to
  - Local community representative groups
    - Many different ethnicity and faith based groups are accessible via PCC cohesion colleagues.
  - Saturday schools for specific communities.
  - Disability representative groups
  - Community Associations
  
- Ensure that further copies are distributed throughout the consultation.
- Ensure that translations are made available on request as well as in key community languages.
- Ensure that all translations are available on the CCG website when requested.
- Ensure that all responses received in other languages are translated into English and included in the response reports.
- Log all calls received with regard to the consultation.
- Collate all letters and emails received as part of the consultation and include in the response reports.
- Ensure that all public meetings held have full meeting notes, recording comments and questions.
- Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
- Collate all meeting notes, briefing notes and minutes and include in the response reports.
- Respond to requests for attendance at meetings to discuss the consultation.
- Attend meetings with the following key stakeholder groups during consultation:
  - Peterborough Health Scrutiny Commission.
  - Healthwatch organisations in Peterborough. Attend in Cambridgeshire, Northamptonshire and Hertfordshire on request.
  - CCG Patient Reference Group
  - Patient Forum meetings in Peterborough and Borderline.
  - Other group meetings as requested.
- Hold public meetings in venues across the city.
- Ensure public meetings are a mix of both afternoon and evening sessions.
- Have interpreters at each community meeting where necessary or requested as well as sign language interpreters on request.
- Attend groups or events on request, if possible.
- Advertise all public meetings via the website, local papers, and on social media, at least two weeks before the meetings.
- List all public meetings on our website, as well as in the consultation document.

## **Social Media**

Advertise the consultation through CCG Facebook and Twitter accounts.

## **Post Consultation**

A report to be produced on the consultation responses

Press release on the outcome of the consultation, emphasising the changes made to the project following consultation feedback

Feedback reports will be made available via the CCG website.

Feedback to staff via email, staff briefings and Connect

Feedback to members via, Members news and Members email

## **Legal requirements**

The consultation documents will be drawn up in accordance with following legal requirements and guidance:

### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Lansley Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

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