

**Integrated Urgent Care in Middlesbrough and
Redcar & Cleveland**
Engagement Findings Report

Final version v2.3

November 2022

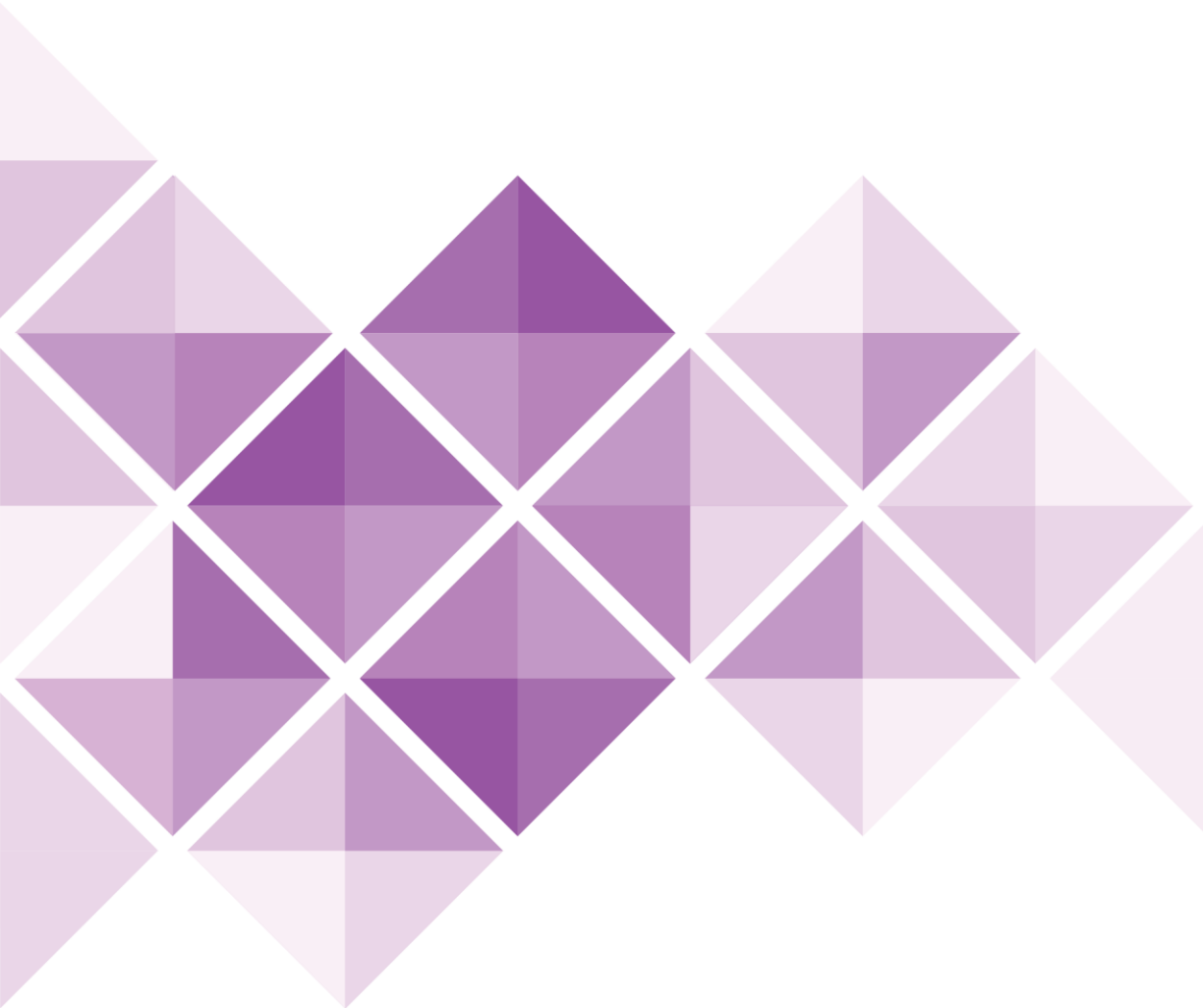


Table of Contents

1	Executive Summary	3
1.1	Introduction	3
1.2	Methodology	3
1.3	Summary of findings	4
1.4	Next steps	9
2	Introduction	10
3	Methodology	12
3.1	Overview	12
3.2	Promotion of the engagement	12
3.3	Engagement methods	13
3.4	Total sample	15
4	Survey findings	16
4.1	Overview	16
4.2	Notes on analysis	16
4.3	Survey analysis	17
5	Engagement with individuals from protected characteristic groups	29
5.1	Overview	29
5.2	Notes on analysis	29
5.3	Key themes	29
6	Findings from the public events	33
6.1	Overview	33
6.2	Notes on analysis	33
6.3	Key themes	33
7	Additional responses	37
7.1	Direct submissions	37
7.2	Social media	41
8	Conclusion	43
9	Appendix	44
9.1	Facilitated feedback sessions held by VCSEs – protected characteristics	44
9.2	Demographics of survey respondents	45

1 Executive Summary

1.1 Introduction

A new model of urgent care delivery is being proposed for the populations of Middlesbrough and Redcar & Cleveland which would see the opening of a new Integrated Urgent Treatment Centre (UTC) at The James Cook University Hospital (JCUH), and increased opening hours at Redcar Primary Care Hospital (RPCH), providing 24/7 access to urgent care for all residents of South Tees and the wider Tees Valley.

Integrated Urgent Care (IUC) is currently in place across the other boroughs within the Tees Valley, integrated with A&E at Darlington Memorial Hospital and the University Hospital of North Tees, and with UTC at the University Hospital of Hartlepool and RPCH. The Redcar UTC is currently open from 8am to 9.30pm and under the new proposals this would see access increased to 24/7 opening, 365 days a year.

The new model will include home visiting, GP Out of Hours, and management of minor injuries and illness, with 24/7 access across all sites. The aim is to provide the right care at the right place, first time, minimising disruption and frustration for patients and improving efficiency and quality of outcomes whilst reducing the time to access urgent care services.

Proposals will see a standardised offer, so that wherever a patient lives in Tees Valley, they will have the same access to the same high standard of urgent care around the clock, via NHS 111. The proposals would also see the relocation of the GP Out of Hours service from North Ormesby Health Village to JCUH.

1.2 Methodology

An eleven-week period of engagement commenced on Monday 1st August 2022 to Sunday 16th October 2022 and aimed to understand what patients, carers and stakeholders think about the current model of care - what works well and what doesn't, and what needs to be considered within the proposed new model.

In total, 922 patients, members of the public or stakeholders responded to the engagement.

Method of engagement	No. of respondents
Survey*	689
Public events	30
Engagement with people from protected characteristic groups (focus groups run by VCSEs)	120
Additional responses (direct submissions from members of the public / stakeholders and social media)	83
TOTAL	922

**52% of respondents were from Middlesbrough and 41% from Redcar & Cleveland. The remaining 7% were from other areas including Stockton-on-Tees, Billingham, and Yarm.*

To provide an independent perspective, J. Harvey Research Ltd was commissioned to report on the findings of the engagement.

1.3 Summary of findings

1.3.1 Experience of accessing urgent treatment out of hours

Over the past 18 months, 65% of survey respondents have accessed urgent treatment out of hours. Most have accessed Redcar UTC (58%), A&E at JCUH (walk in) (42%) and/or a call to NHS 111 (38%).

Over half (54%) found it easy to access urgent treatment out of hours, whilst 40% didn't and 5% were unsure. Those who didn't find it easy, most frequently commented upon their dissatisfaction with waiting times (57%) - either with regards to the overall time they had to wait or for specific services i.e., getting through to NHS 111, to receive a call back from a health professional (NHS 111), in A&E and/or for an ambulance.

Other difficulties related to services (including primary care, GP Out of Hours service and Redcar UTC) being at 'full capacity' and having 'no appointments available' (18%), travel / transport issues (including distance they had to travel and cost) (12%) and dissatisfaction with the care / advice received (10%).

Most survey respondents (70%) drove their own car / travelled in the car with their spouse / partner to the place where they accessed urgent treatment out of hours, whilst much smaller proportions travelled with a friend / relative in their car (17%), by taxi (7%) or walked (3%).

Experiences of accessing urgent treatment out of hours were additionally discussed during the focus groups held with individuals from protected characteristic groups as well as within the public events. Key findings from these discussions included:

- Older people have less experience of accessing urgent treatment out of hours in the last 18 months.
- Experiences of waiting times for urgent treatment were mixed, whilst some had long waits, others waited a short / reasonable period.
- Individuals mostly travelled to urgent care out of hours via car, taxi, or ambulance.
- Travelling by bus or taxi to urgent treatment was not deemed appropriate by various service users throughout the focus groups.
- Individuals who were seeking support for substance misuse reported sometimes 'sitting on their problems', for not wanting to 'block the system' and/or negative past experiences with accessing urgent care.
- Service users don't always feel listened to whilst accessing urgent care. This was particularly the case for refugees and asylum seekers as well as those affected by substance misuse.

NHS 111 – experiences and perceptions

NHS 111 was discussed at length throughout the focus groups and during the public events. Although small numbers had positive experiences of the service, frustration / dissatisfaction was expressed amongst others. These mostly related to:

- The length of time it takes / difficulty in getting through to the service.
- The number of questions asked by call handlers and their lack of understanding.
- The delays in speaking to a health professional.
- Ambulances being sent when not appropriate / necessary.

For refugees and asylum seekers with experience of accessing NHS 111, specific barriers were faced in terms of access to interpreters, which made it difficult for them to explain their health problems.

For some, their frustrations and negative experiences with the service can prevent them from accessing the service again in the future.

In terms of the ability of NHS 111 to book appointments for urgent care out of hours, 65% of survey respondents were aware of this, whilst 32% were not.

The discussions within the public events and focus groups supports this with many aware of the ability of NHS 111 to do this. Some of those that weren't aware stated how they would have been inclined to book an appointment through NHS 111 if they had known.

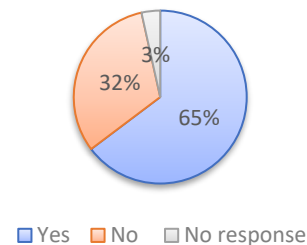
1.3.2 IUC model

In terms of the proposals to integrate urgent care services in Middlesbrough and extend opening hours in Redcar, support was high.

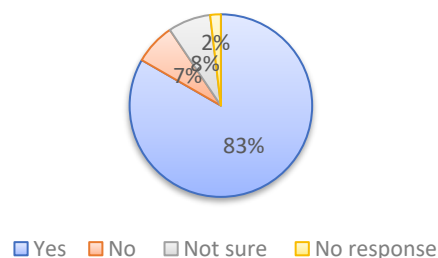
More specifically, **83% of survey respondents support the proposals**, whilst 7% don't and 8% were unsure.

Support for the proposals was slightly higher amongst those from Redcar & Cleveland (87%) compared to those from Middlesbrough (82%).

Did you know that you can book an urgent appointment out of hours, via NHS 111?
(Survey respondents N=649)

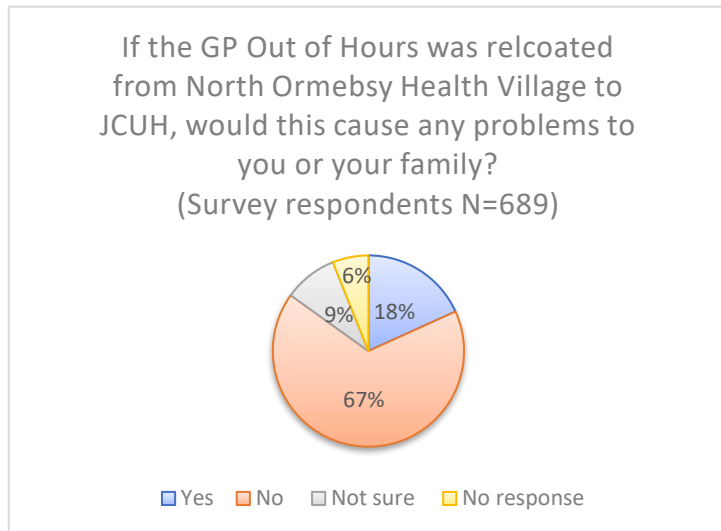


Do you support the proposals to integrate urgent care services in Middlesbrough and extend opening hours in Redcar to 24/7?
(Survey respondents N=649)



Furthermore, **most survey respondents (66%) felt that the relocation of the GP Out of Hours service from North Ormesby Health Village to JCUH would not cause them, or their families, any problems.** In contrast, 18% said it would and 9% were unsure.

Survey respondents from Middlesbrough were more likely to indicate that it would not be a problem (72% for Middlesbrough & 59% for Redcar & Cleveland), whilst those from Redcar & Cleveland were more likely to be unsure (14% for Redcar & Cleveland & 6% for Middlesbrough).



Benefits and implications of the IUC proposals

Specific benefits of the proposals identified by members of the public attending the public events and focus groups include:

- Relieving strain on GPs and A&E, and/or reducing waiting times in A&E.
- Helping to tackle the bottleneck in services with patients directed to the most appropriate service for their needs, via NHS 111.
- Enabling a consistent offer across the Tees Valley.
- Provision of two 24/7 urgent care services, with extended opening hours at Redcar UTC.
- JCUH being a recognisable location for many.
- Referrals and escalations being easier with services being co-located.
- Public confidence in JCUH as well as proximity to nearby facilities i.e., the mental health hospital.
- Improved access to the GP Out of Hours service for some (e.g., Redcar & Cleveland, Nunthorpe and South Bank), with JCUH perceived to be cheaper / easier to get to and have good public transport.

It is important to note that with regards to this latter point, this was not unanimous with many giving opposing views, as well as some of the same individuals contradicting themselves later in the discussions.

Further benefits were identified by Clinical Directors from Tees Valley wide Primary Care Network (PCN) in terms of the co-location of A&E and GP Out of Hours:

- Stepping care up / down.
- Reducing pressure on the workforce.
- Sharing of equipment e.g., X-ray.

Although support for the proposals was high, consistent concerns were raised throughout the engagement. These were grouped as follows, with a discussion of each below:

- Accessibility of JCUH
- Availability, and cost of parking at JCUH
- Capacity of, and impact on JCUH
- Capability, and public use / confidence of NHS 111
- Staffing of the new model.

Accessibility of JCUH; travel to JCUH was recognised as a significant issue throughout the different engagement methods. More specifically, individuals / stakeholders identified the difficulties of accessing JCUH without a car due to bus services being poor and no late buses being available. This was particularly the case for those living in wider areas such as East Cleveland (Loftus) and Guisborough.

Travel by taxi was considered costly, with some noting that if they had to get a taxi to access urgent care, they wouldn't go. The financial implications of travelling to JCUH were considered a particular issue for individuals from the most deprived areas (e.g., North Ormesby), those out of employment, and/or those living in wider areas.

In addition, older people and those receiving support for substance misuse expressed concerns around accessing urgent care at JCUH at night, particularly with the potential presence of intoxicated people.

Parking at JCUH; although related to accessibility, parking at JCUH was considered a distinct theme due to the number identifying this as a potential issue. Concerns related to the availability of, and cost of parking at JCUH which were felt to have financial implications for many, particularly those from the most deprived communities in South Tees and the wider Tees Valley. There was concern that this would result in a preference for care to be accessed at RPCH, where parking is free, or alternatively the necessary care not being accessed at all.

Capacity of, and impact on JCUH; many commented upon how busy JCUH is as a site, with fear that the relocation of the GP Out of Hours service would only add to this. Specific concerns related to:

- Further traffic congestion on, and around, the site.
- The potential impact on waiting times, with patients being offloaded from A&E to urgent care.

- The potential impact on JCUH, considering existing hospital pressures.
- Individuals potentially accessing the wrong service with them both being co-located on the same site.
- JCUH being too stressful for individuals to access, with preferences to attend health services based within the community.

Capability, and public use / confidence of NHS 111; acknowledging the integral part that NHS 111 has in the IUC model, those attending the public events felt it was imperative that the service is sufficiently equipped to support it, in addition to ensuring that the public use the service appropriately and have confidence in accessing it. However, this was not felt to be the case with many expressing their frustration / disappointment with the service and further how these can impact on decisions to use the service again in the future.

Staffing of the new model; questions were asked by members of the public as to how the new model would be staffed, with current shortages being recognised.

Furthermore, Clinical Directors from Tees Valley wide PCN noted how the success of the IUC model in Hartlepool and North Tees does not guarantee that it will work for South Tees and the wider areas – with different footfalls, different models, and capacity at JCUH. Additionally, reports were raised of staff in North Tees / Hartlepool not liking the IUC model.

For some individuals receiving support for substance misuse, there were felt to be too many unanswered questions to support the proposals including the capacity of the UTC at JCUH, the patient/staff ratio and the impact on waiting times. Furthermore, it was queried as to whether the re-location of GP Out of Hours is due to financial reasons.

Other concerns identified by members of the public / stakeholders to a lesser extent, included:

- Redcar UTC being located on a different site and the implications if emergency care is needed.
- Fear that co-location of GP Out of Hours and A&E emphasises the message that A&E will see everything, potentially leading to the UTC becoming overwhelmed. This was identified specifically by Clinical Directors.
- Confusion as to what problem the IUC model is primarily trying to solve, as it felt uncertain as to whether this is being conveyed clearly to the public / stakeholders. This was again identified by a Clinical Director.

Additional considerations

If the proposals were to progress, key points for consideration were as follows:

- Educating the public on appropriate service usage through strong communications – clarifying GP access, urgent care, emergency care and how to access each. Inappropriate attendance was attributed to a lack of public understanding / confusion, misperceptions, and unrealistic expectations.
- Logistics at JCUH, including:
 - staffing levels
 - signage
 - waiting / treatment areas for; children / adults and GP Out of Hours / A&E.
- Public transport access from wider areas such as East Cleveland.
- Parking availability and charges at JCUH.
- Patient transport services as part of the model, including volunteer driving schemes.
- Ensuring NHS 111 is equipped and able to support the model.
- On-site pharmacy access at JCUH, including out of hours provision.
- Ensuring pathways are appropriate / correct.
- Alternative locations for services e.g., Guisborough Hospital / GP practices.
- Access to the mental health crisis team out of hours, including addressing the barriers faced by those under the influence of drugs / alcohol.

It is important to note that additionally, throughout the engagement, comments were made from members of the public about the difficulties and frustration they have with accessing primary care. There was a widespread perception that despite normal service being resumed across the board since the COVID pandemic, primary care has not followed suit, with too much reliance on telephone consultations / e-consultations. The difficulties faced in contacting GP practices for same day appointments, the inability to pre-book appointments and dissatisfaction with current consultation methods was felt to encourage inappropriate use of other services.

1.4 Next steps

This report will help inform the next steps and the development of proposals to ensure services are equipped to best meet the needs of the local population.

2 Introduction

A new model of urgent care delivery is being proposed for the populations of Middlesbrough and Redcar & Cleveland which would see the opening of a new Integrated Urgent Treatment Centre (UTC) at The James Cook University Hospital (JCUH). And increased opening hours at Redcar Primary Care Hospital (RPCH), providing 24/7 access to urgent care for all residents of South Tees and the wider Tees Valley.

Integrated Urgent Care (IUC) is currently in place across the other boroughs within the Tees Valley, with UTCs at Darlington Memorial Hospital, the University Hospital of North Tees, the University Hospital of Hartlepool and RPCH. The Redcar UTC is currently open from 8am to 9.30pm and under the new proposals this would see access increased to 24/7 opening, 365 days a year.

The IUC model will include home visiting, GP Out of Hours, and management of minor injuries and illness, with 24/7 Primary Care presence across all sites. The aim is to provide the right care at the right place, first time minimising disruption and frustration for patients and improving efficiency and quality of outcomes whilst reducing the time to access Urgent Care services.

Proposals will see a standardised offer, so that wherever a patient lives in Tees Valley, they will have the same access to the same high standard of urgent care around the clock. The proposals would also see the relocation of the GP Out of Hours service from North Ormesby Health Village to the JCUH site.

Co-locating GP Out of Hours services as part of an integrated urgent and emergency care service, has been shown to support the delivery of safe and effective care as well as significantly improving patient experience. The integration of primary and secondary care services on acute hospital sites can help to reduce emergency attendances and demand on the system for urgent care services.

The benefits of this proposed new model are:

- Provide consistently high quality and safe care 24/7, 365 days a year.
- Provide the right care, at the right time, in the right place by those with the right skills.
- Deliver care closer to home where appropriate and safe to do so.
- Ensure services are joined up, seamless and co-ordinated with no loss of current services.
- Avoid confusion for patients on what to do, who to call and where to go.
- Provide services which are safe, responsive and high quality with better continuity of care.
- Direct patients to NHS 111 as the initial point of access for advice and triage.

- Increase awareness of early detection of illness and options for self-care

In order to progress plans, the North East and North Cumbria Integrated Care Board (NENC ICB) carried out an 11-week period of engagement with patients, carers and stakeholders from the Middlesbrough area, from Monday 1st August to Sunday 16th October 2022. Individuals from across the Tees Valley were also able to share their feedback on the plans, however the engagement focused primarily on those patients most likely to be impacted by the proposed relocation of the Out of Hours service, i.e., those patients who either live in Middlesbrough or who are registered with a GP practice in Middlesbrough.

To provide an independent perspective, J. Harvey Research Ltd was commissioned to report on the findings of the engagement. This report will help inform the next steps and the development of proposals to ensure services are equipped to best meet the needs of the local population.

3 Methodology

3.1 Overview

An eleven-week period of engagement commenced on Monday 1st August 2022 until Sunday 16th October 2022. The purpose of the engagement was to understand what patients, carers and stakeholders think about the current model of care - what works well and what doesn't, and what needs to be considered within the proposed IUC model.

3.2 Promotion of the engagement

The engagement was promoted across local print and digital media and through social media. This included a half-page paid adverts in the Gazette newspaper (w/c 29.08.22, w/c 19.09.22 and w/c 29.09.22), editorial coverage in the Gazette, online advertising on Teesside Live website with reach of over 100k, and coverage on BBC Radio Tees. Additionally, posters were put up in all local GP practices, JCUH and other key venues.

Links to some examples of the media coverage are provided here:

<https://www.gazettelive.co.uk/news/teesside-news/bosses-aim-solve-urgent-care-24352410>

<https://www.gazettelive.co.uk/news/teesside-news/teesside-residents-urged-say-proposals-24754102>

Screenshots of the social media posts are included here, along with statistics on the engagement reach. In addition to paid posts, there was several organic social media posts throughout the engagement period on both Facebook and Twitter, shared by key partner organisations. Individuals were directed to complete the online survey and/or attend the public events.

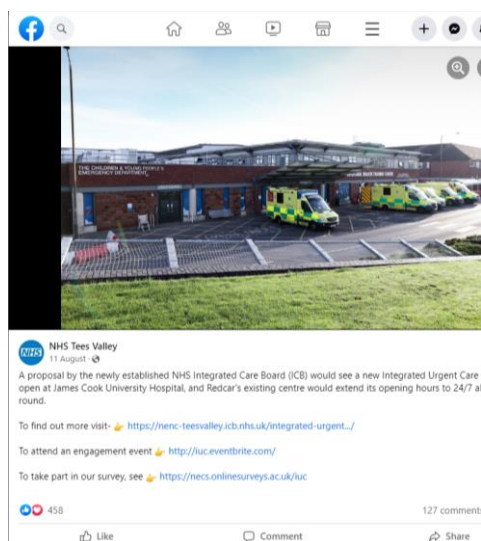


Table: Social media activity – engagement reach

	Advert 1	Advert 2
Duration	38 days	6 days
Post engagements	2,872	395
Post reactions	639	-
Link clicks	284	353
Post comments	64	15
Reach	45,137	10,256

3.3 Engagement methods

3.3.1 Survey

Patients, carers and stakeholders were invited to share their views by completing an online survey.

Alternative formats, including paper versions, were available by telephone request and in all Middlesbrough GP practices.

In total, there were 689 responses to the survey.

3.3.2 Public events

Eight public engagement events were held for members of the public and stakeholders to attend to find out more information about the proposals and share feedback.

Due to the period of national mourning, events scheduled to take place between 9th and 20th September were rescheduled.

Table: Schedule and attendance of public events

Date	Time	Venue	No. of attendees
Tuesday 6 September	2.30pm-4.30pm	Whale Hill Community Centre, Goathland Road, Middlesbrough, TS6 8AW	2
Saturday 24 September	1.30pm-3.30pm	The Trinity Centre, Holy Trinity Church, The Market Place, North Ormesby, Middlesbrough, TS3 6LD	0
Monday 26 September	9.30am-11.30am	The Parkway Social Club, Parkway Shopping Centre, Dalby Way, Coulby Newham, Middlesbrough, TS8 0TJ	7
Tuesday 27 September	6.00pm-8.00pm	Redcar and Cleveland College, Corporation Rd, Redcar TS10 1EZ	7
Monday 3 October	3.30pm-5.30pm	Sunnyfield House, Westgate, Guisborough TS14 6BA	9

Thursday 6 October	1.00pm-3.00pm	Easterside Community Hub and Library, Broughton Avenue, Middlesbrough, TS4 3PZ	1
Tuesday 11 October	3.00pm-5.00pm	The Trinity Centre, Holy Trinity Church, The Market Place, North Ormesby, Middlesbrough, TS3 6LD	2
Wednesday 12 October	6.00pm-8.00pm	The Old Fire Station, Middlesbrough Town Hall, Albert Rd, Middlesbrough, TS1 2QJ	2
TOTAL			30

3.3.3 Engagement with people from protected characteristic groups

To engage within individuals from protected characteristic groups thought to be most likely to be affected by the changes, NENC ICB commissioned Voluntary and Community Sector Enterprises (VCSEs) to conduct facilitated feedback sessions.

In total, fourteen focus groups were held by four VCSEs during the period of September – October 2022 – engaging with 120 individuals.

The four VCSEs that assisted with this exercise were as follows:

- Age UK – the country’s leading charity dedicated to helping everyone make the most of later life.
- Hope Foundation – provide support to people in Middlesbrough, providing opportunities for learning, access to technology, careers advice and volunteering opportunities. Their aim is to reduce disadvantage, loneliness and isolation and help people recognise their potential.
- The Other Perspective CIC – provides support to refugees and asylum seekers. They combine the latest business technologies with an emphasis on helping motivated individuals find employment and develop personal skills.
- Recovery Connections – Recovery Connections is a peer-led, substance use recovery organisation based in Middlesbrough.

Table: Focus groups undertaken by VCSEs

VCSE	Quantity of focus groups
Age UK – Sensory Group	1
Age UK – Walking Group	1
Age UK – Friday Friends	1
Hope Foundation	3
The Other Perspective CIC	3
Recovery Connections	5
TOTAL	14

The focus groups held by Age UK focused on older people, whilst The Other Perspective CIC focus was on ethnicity / faith. In terms of the Hope Foundation and Recovery

Connections – there was no particular focus to their focus groups, in terms of protected characteristics, as the nature of their work could encompass all protected characteristics.

More information about the protected characteristics of each group is provided in Section 9.1.

To support the delivery of the focus group discussions, VCSE group moderators were given training as well as being provided with a reporting template, including guidance on completion.

Completed templates from each focus group were provided to RLM Group for analysis. Additionally, RLM Group held a focus group with representatives from all four VCSEs to discuss their findings. The findings report produced by RLM Group was provided to J. Harvey Research Ltd for inclusion within this report.

3.3.4 Additional responses

Members of the public and stakeholders were given the opportunity to provide feedback in the form of written submissions. A total of 4 responses were received, these included:

- Notes from the Tees Valley Primary Care Network (PCN) Clinical Directors’ meeting
- Comments from a PCN Clinical Director
- Comments from a GP Practice Manager
- Comments from a member of public.

Comments made in response to social media posts were also considered within this report (N=79) (see Section 7.2).

3.4 Total sample

In total, 922 patients, members of the public or stakeholders responded to the engagement.

Table: Total sample

Method of engagement	No. of respondents
Survey	689
Public events	30
Engagement with people from protected characteristic groups (focus groups run by VCSEs)	120
Additional responses (direct submissions from members of the public / stakeholders and social media)	83
TOTAL	922

4 Survey findings

4.1 Overview

The following summarises the findings from the survey which aimed to understand what patients, carers and stakeholders think about the current model of care, and what needs to be considered within the proposed IUC model.

4.2 Notes on analysis

- The survey included both closed and free text (open) questions. All free text responses were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback.
- Percentages are shown as whole numbers and calculated as a proportion of all respondents. Unless stated these should equate to 100%, however due to rounding there might be slight variation of this (i.e., 99 / 101%).
- It is important to note that responses to the surveys are self-selecting, representing the views of those who wanted to give their opinion. This is very important opinion but cannot be treated as statistically reliable.
- For anonymity purposes the survey system employed does not allow identification of respondents' IP addresses and therefore it is possible that an individual could have responded to the survey more than once. Additionally, an individual may have completed the survey online as well as submitting a paper copy. Therefore, caution must be applied to the results.

4.3 Survey analysis

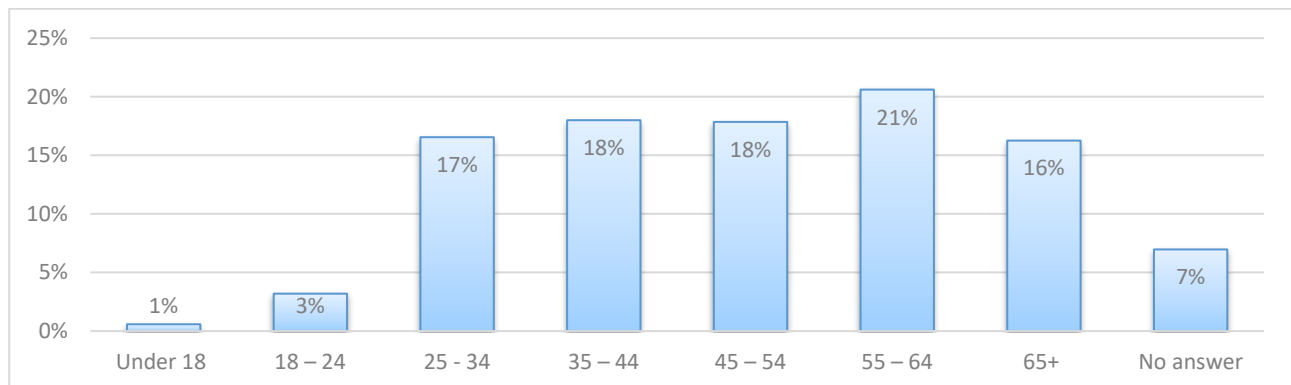
4.3.1 Respondent demographics

There were 689 responses to the survey. This comprised of:

- 72% (N=498) females and 20% (N=138) males
- 4% (N=26) who were pregnant / have been in the last year
- 36% (N=251) who had a disability, long-term illness or health condition
- 54% (N=371) who had a caring responsibility
- 85% (N=588) who were White British
- 82% (N=567) who were heterosexual.

The age distribution of all respondents is shown in the figure below, with similar proportions for all groups over the age of 25.

Figure: Age distribution of survey respondents



Over half were from Middlesbrough (52%), whilst 41% were from Redcar & Cleveland and 7% other areas including Stockton-on-Tees, Billingham, and Yarm.

Table: Location of survey respondents

	All respondents (N=689)
	% (N)
Middlesbrough	52% (356)
Redcar & Cleveland	41% (282)
Other	7% (51)

**Due to rounding, percentages may not equate to 100%.*

The full demographic breakdown of all respondents can be found in the [Appendix](#).

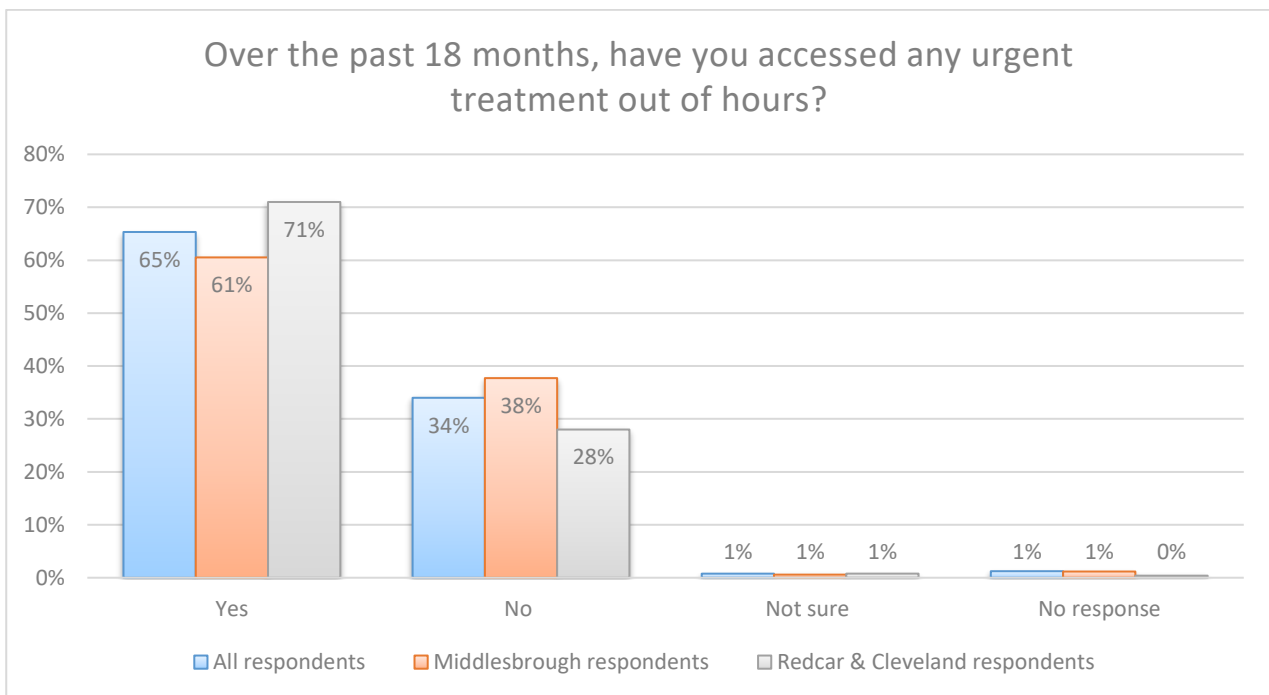
4.3.2 Experience of accessing urgent treatment out of hours

Over the past 18 months, 65% of all respondents have accessed urgent treatment out of hours. This equated to 61% of those from Middlesbrough and 71% of those from Redcar & Cleveland.

Table: Whether respondents have accessed any urgent treatment out of hours in the last 18 months

	All respondents (N=689)	Middlesbrough respondents (N=356)	Redcar & Cleveland respondents (N=282)
	% (N)	% (N)	% (N)
Yes	65% (445)	61% (216)	71% (199)
No	34% (231)	38% (134)	28% (80)
Not sure	1% (5)	1% (2)	1% (2)
No response	1% (8)	1% (4)	0% (1)

**Due to rounding, percentages may not equate to 100%.*



The following questions within this section were asked to those who had accessed urgent treatment out of hours (N=445) to explore their experiences.

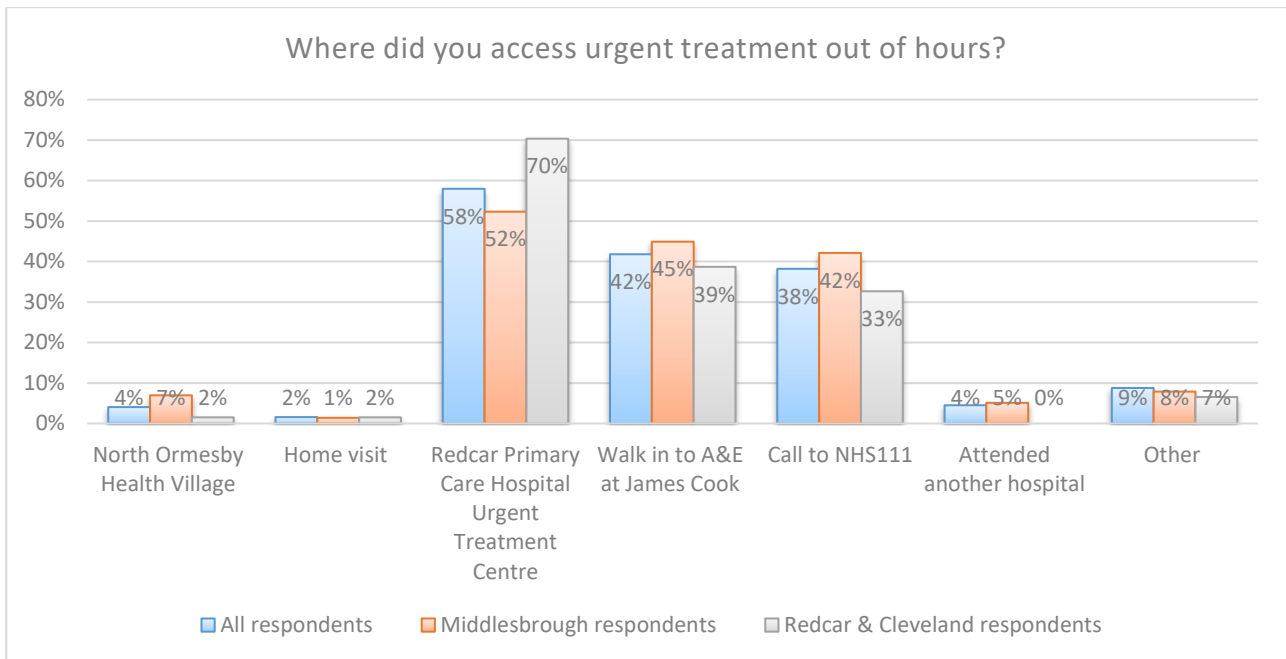
58% had accessed urgent treatment out of hours at Redcar UTC, whilst 42% went to A&E at James Cook (walk in) and 38% called NHS 111. Other venues provided by respondents are listed in the table below.

Notably, a higher proportion of those from Redcar & Cleveland attended Redcar UTC (70%), compared to those from Middlesbrough (52%). Whilst those from Middlesbrough were slightly more likely to have used other options such as NHS 111, North Ormesby Health Village, A&E at JCUH or attended another hospital.

Table: Where respondents accessed urgent treatment out of hours

	All respondents (N=445)	Middlesbrough respondents (N=216)	Redcar & Cleveland respondents (N=199)
	% (N)	% (N)	% (N)
North Ormesby Health Village	4% (18)	7% (15)	2% (3)
Home visit	2% (7)	1% (3)	2% (3)
Redcar UTC	58% (258)	52% (113)	70% (140)
A&E at JCUH (walk in)	42% (186)	45% (97)	39% (77)
Call to NHS 111	38% (170)	42% (91)	33% (65)
Attended another hospital	4% (20)	5% (11)	0% (0)
Other, including:	9% (39)	8% (17)	7% (13)
Stockton Urgent Care / North Tees (N=9)			
STAR (N=3)			
STAR service Redcar (N=5)			
Ambulance (N=4)			
Friarage (N=3)			
Redcar Out of Hours (N=3)			
Bentley Medical Centre Out of Hours (N=2)			
One Life (N=1)			
GP Out of Hours (N=1)			
Pharmacy (N=1)			
Park Lane Out of Hours (N=1)			
Redcar urgent care (N=1)			

*As respondents could select more than one response, percentages do not equate to 100%.

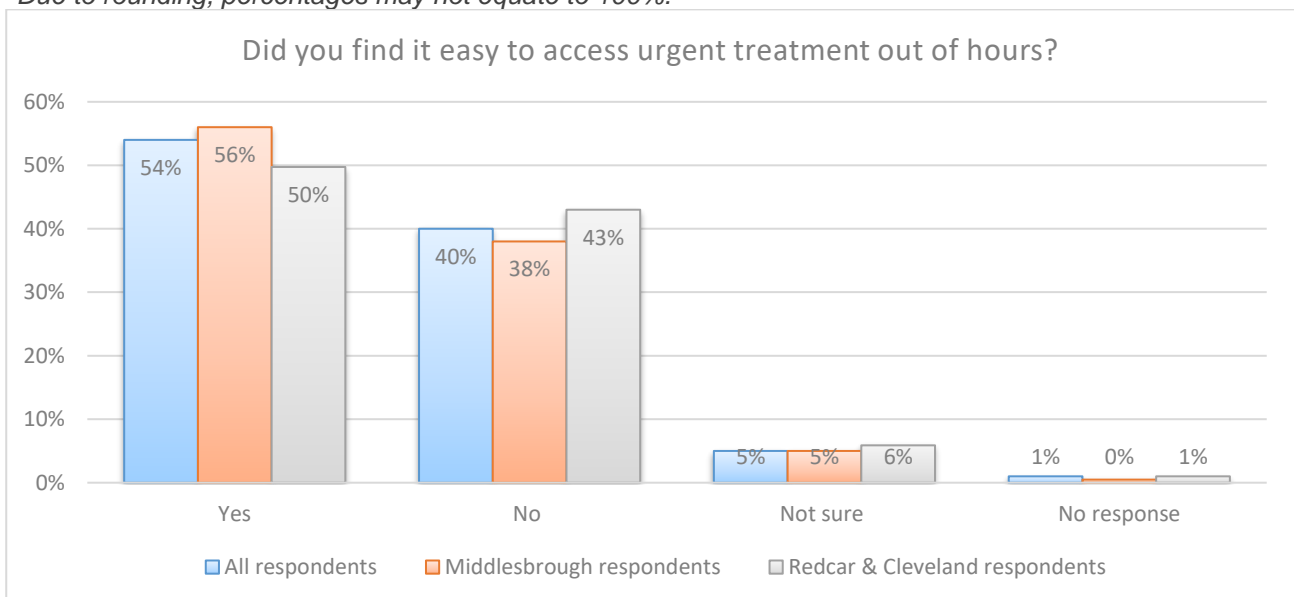


Over half found it easy to access urgent treatment out of hours (54%), whilst 40% didn't and 5% were unsure. Little difference was observed between respondents from Middlesbrough and Redcar & Cleveland.

Table: Whether respondents found it easy to access urgent treatment out of hours

	All respondents (N=445)	Middlesbrough respondents (N=216)	Redcar & Cleveland respondents (N=199)
	% (N)	% (N)	% (N)
Yes	54% (239)	56% (121)	50% (100)
No	40% (178)	38% (83)	43% (86)
Not sure	5% (24)	5% (11)	6% (11)
No response	1% (4)	0% (1)	1% (2)

**Due to rounding, percentages may not equate to 100%.*



Those who found it difficult to access urgent treatment out of hours were asked to elaborate on this (N=178).

Most (57%) commented upon the time they had to wait. This included general comments about the overall length of time as well as more specific comments about the time they had to wait to get through to NHS 111, for a call back from a health professional (NHS 111), in A&E and/or for an ambulance.

“Massive queues taking 7 hours to be seen”

“Delay of several hours to speaking to 111 and a being advised a go call was required within the hour, chasing it up twice with 111 as advised with a call from GP nearly 8 hours later”

Others commented on services being at ‘*full capacity*’ and having ‘*no appointments available*’ (18%). This included comments about primary care, GP Out of Hours, and Redcar UTC. Many of these individuals reported being ‘*turned away*’ from services and told to ‘*come back the next day*’.

“Turned away multiple times as too full and closing soon... this is 3 hours before they close after a very bad fall that needed treatment but not A&E”

Additional comments related to travel difficulties including the distance of the service from their home and the cost (12%), dissatisfaction with the care / advice received (10%) and the lack of services available (8%).

“Could not afford to travel to Redcar so accessed no health care when needed”

Table: Difficulties experienced in accessing urgent treatment out of hours (percentages calculated as a proportion of those who indicated that they did not find it easy to access urgent treatment out of hours N=178)

	% (N)
Waiting times	57% (102)
Services at capacity / no appointments available	18% (32)
Travel difficulty	12% (21)
Dissatisfaction with care / advice received, including being sent to inappropriate location	10% (18)
Lack of services available	8% (15)
Other comment	8% (14)
Redcar UTC opening times	5% (9)

**Due to the free text nature of this question, percentages do not equate to 100%.*

Most (70%) drove their own car / in the car with their spouse / partner to the place where they accessed urgent treatment out of hours. Much smaller proportions travelled with a friend / relative in their car (17%), by taxi (7%) or walked (3%). Those who stated that they travelled by another mode of transport (6%), mostly indicated this was via ambulance.

Little difference was observed in terms of those from Middlesbrough and Redcar & Cleveland.

Table: How respondents travelled to the place where they accessed urgent treatment out of hours

	All respondents (N=445)	Middlesbrough respondents (N=216)	Redcar & Cleveland respondents (N=199)
	% (N)	% (N)	% (N)
Walk	3% (14)	4% (8)	6% (11)
Drive my own car / in car with spouse or partner	70% (313)	67% (145)	73% (145)
With a friend or relative in their car	17% (76)	19% (42)	17% (34)
Taxi	7% (33)	11% (24)	6% (12)
Bus	1% (5)	1% (2)	2% (3)
Free transport	1% (4)	1% (3)	1% (2)
Not applicable - received a home visit	2% (10)	4% (8)	2% (3)
Other, including: Ambulance (N=16) Received a phone call (N=5)	6% (25)	4% (8)	7% (13)

*As respondents could select more than one response, percentages do not equate to 100%.

4.3.3 IUC proposals

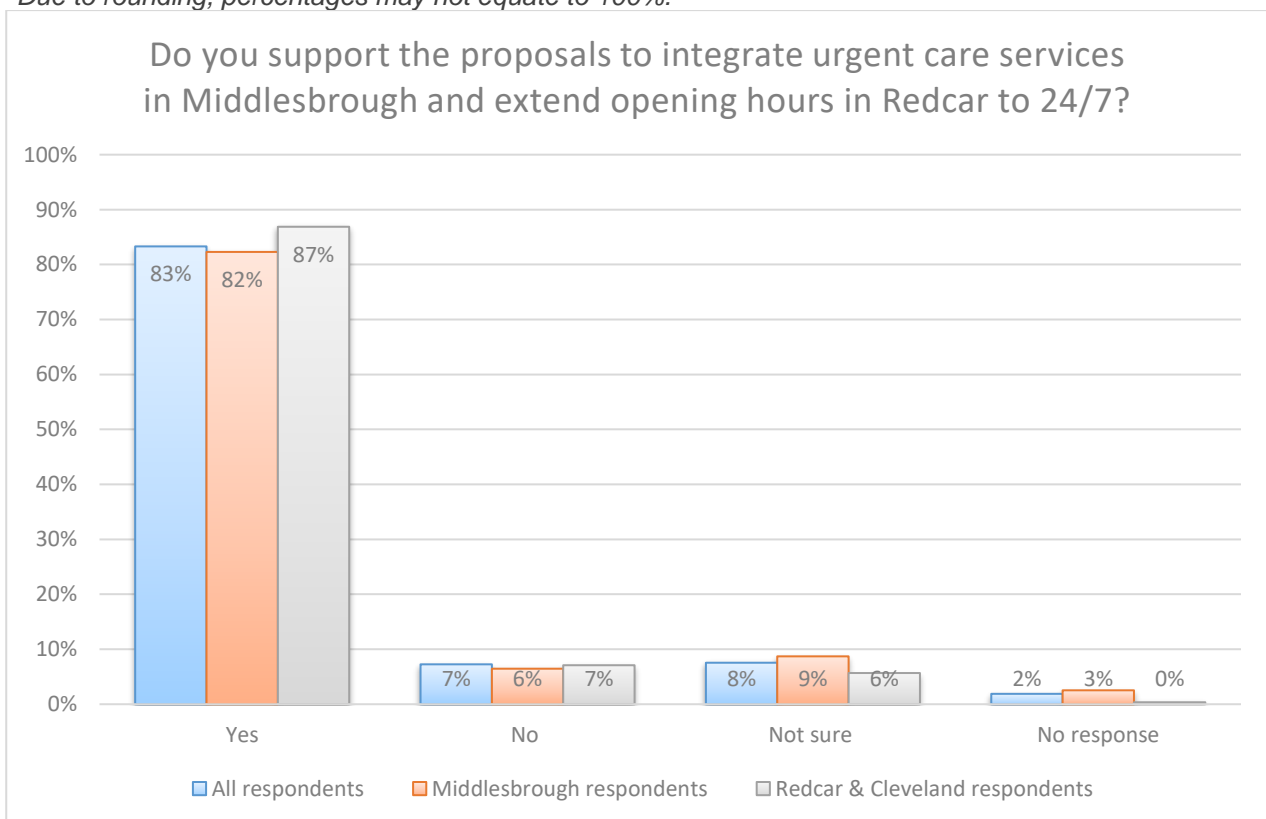
In terms of the proposals to integrate urgent care services in Middlesbrough and extend opening hours in Redcar, the majority support the proposals (83%), whilst 7% don't and 8% were unsure.

Support for the proposals was slightly higher amongst those from Redcar & Cleveland (87%) compared to those from Middlesbrough (82%).

Table: Whether respondents support the proposals to integrate urgent care services in Middlesbrough and extend opening hours in Redcar to 24/7

	All respondents (N=689)	Middlesbrough respondents (N=356)	Redcar & Cleveland respondents (N=282)
	% (N)	% (N)	% (N)
Yes	83% (574)	82% (293)	87% (245)
No	7% (50)	6% (23)	7% (20)
Not sure	8% (52)	9% (31)	6% (16)
No response	2% (13)	3% (9)	0% (1)

**Due to rounding, percentages may not equate to 100%.*



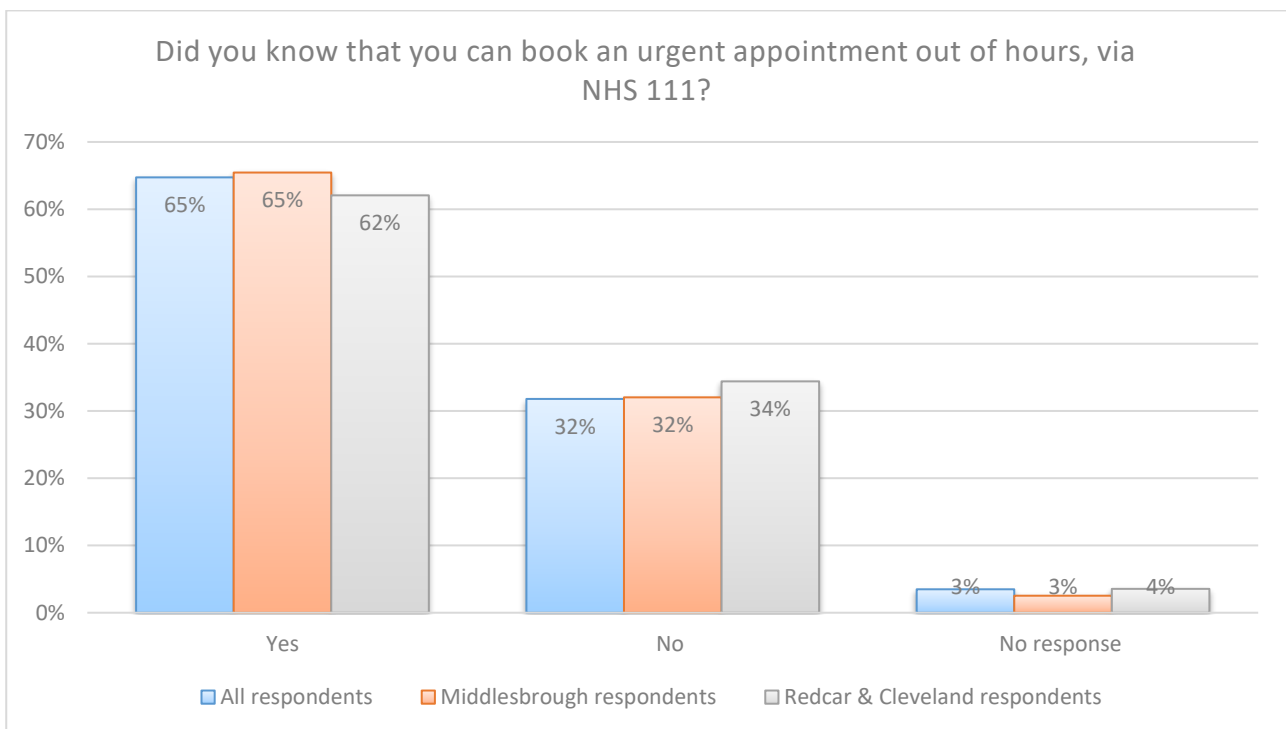
Respondents were asked about their awareness of NHS 111 to book appointments for urgent care out of hours. Approximately two thirds (65%) were aware of this, whilst 32% were not.

Results were comparable for those living in Redcar & Cleveland and Middlesbrough.

Table: Respondent awareness of being able to book an urgent appointment out of hours, via NHS 111

	All respondents (N=689)	Middlesbrough respondents (N=356)	Redcar & Cleveland respondents (N=282)
	% (N)	% (N)	% (N)
Yes	65% (446)	65% (233)	62% (175)
No	32% (219)	32% (114)	34% (97)
No response	3% (24)	3% (9)	4% (10)

**Due to rounding, percentages may not equate to 100%.*



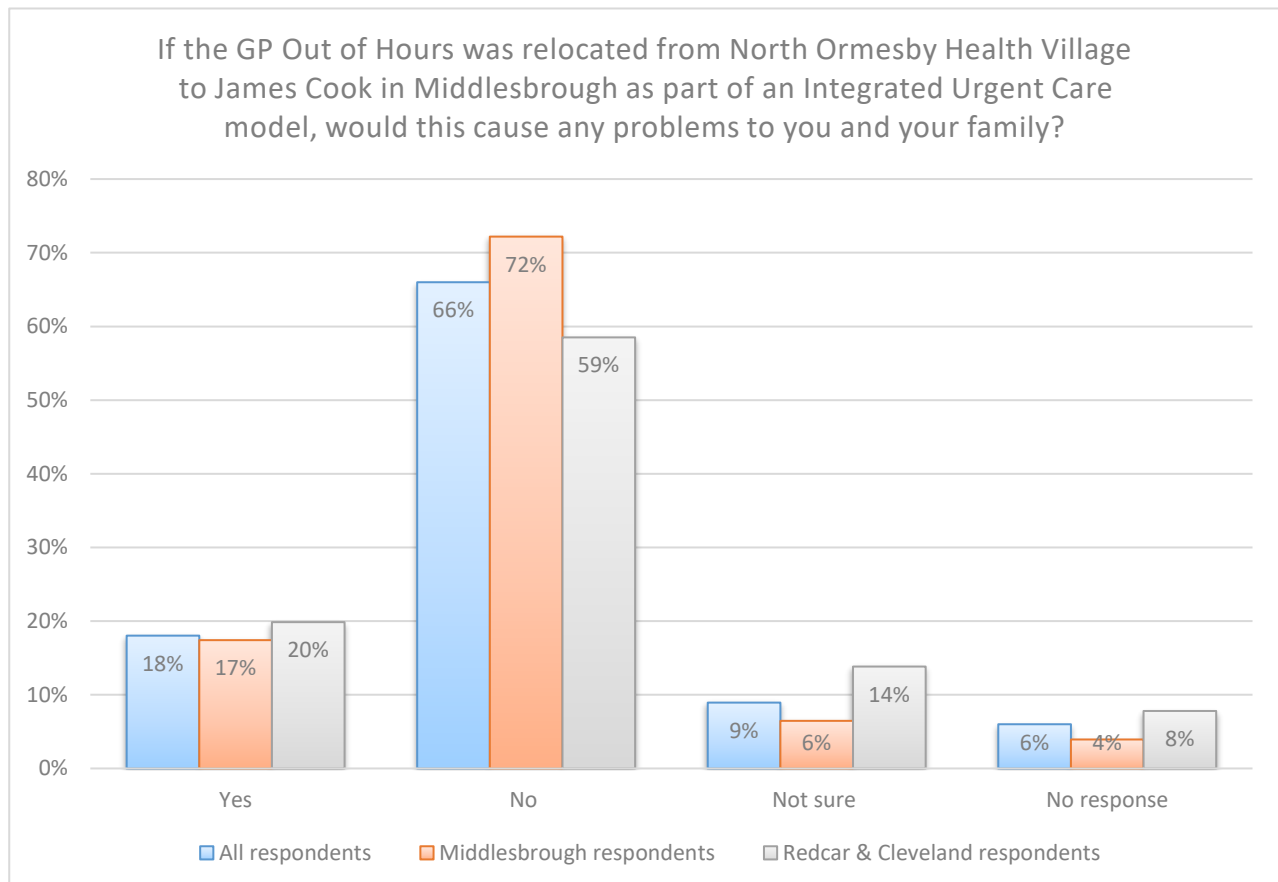
With the GP Out of Hours service proposed to relocate from North Ormesby Health Village to JCUH, respondents were asked whether this would cause any problems to them / their families. The majority (66%) felt this wouldn't, whilst 18% said it would and 9% were unsure.

Respondents from Middlesbrough were more likely to say that it would not be a problem (72% for Middlesbrough & 59% for Redcar & Cleveland), whilst those from Redcar & Cleveland were more likely to be unsure (14% for Redcar & Cleveland & 6% for Middlesbrough).

Table: Whether the relocation of GP Out of Hours to James Cook in Middlesbrough would cause any problems to respondents and their families

	All respondents (N=689)	Middlesbrough respondents (N=356)	Redcar & Cleveland respondents (N=282)
	% (N)	% (N)	% (N)
Yes	18% (126)	17% (62)	20% (56)
No	66% (458)	72% (257)	59% (165)
Not sure	9% (65)	6% (23)	14% (39)
No response	6% (40)	4% (14)	8% (22)

**Due to rounding, percentages may not equate to 100%.*



Those who felt that the relocation of the GP Out of Hours service would cause problems (N=126) were asked to elaborate on this.

Most (75%) stated that they would face difficulties concerning travel – whether that be increased distance / travel time, cost and/or not having access to a car.

“Don’t own a car, so public transport used, and unreliable and its 45 min bus journey”

“It’s too far to travel and very difficult when you don’t have access to transport”

“A lot further to travel”

A high proportion (62%) also commented upon the availability of parking at JCUH as well as charges, which many felt were ‘*expensive*’ and ‘*costly*’ comparing this to the free parking available at North Ormesby Health Village and RPCH.

“Parking no space. I’m not paying for parking”

“Car parking charges and availability of car parking spaces. Both free at North Ormesby Health Village”

Additional concerns were expressed about JCUH already being too busy and therefore stressful for individuals to access (9%).

“It is much harder to get to and a lot more busy than Redcar or North Ormesby”

“Attending JCUH would be inconvenient. We find hospitals quite stressful and unwelcoming too”

Table: Concerns about the relocation of the GP Out of Hours service to JCUH (percentages expressed as a proportion of those who indicated this would cause a problem to them / their families N=126)

	% (N)
Travel difficulties	75% (95)
Parking difficulties and charges	62% (78)
JCUH already too busy / stressful	9% (11)
Other comment / frustration	8% (10)
GP Out of Hours service not located in North Ormesby	3% (4)
Waiting times to be seen at JCUH	3% (4)
GP Out of Hours service should be in the community (not a hospital site)	2% (3)

**Due to the free text nature of this question, percentages do not equate to 100%.*

Respondents were given the opportunity to provide any further comments about the proposals.

Most (17%) provided their support for the proposals, identifying the benefits of relieving pressure on A&E and perceiving that the changes are '*much needed*'.

“Additional services invaluable & needed by HCP staff in improving patient care & alleviating current Ambulance delays & queuing at hospital in Teesside, East Cleveland & surrounding areas”

“10 year to late in my opinion”

In contrast, others raised concerns about the proposals. These were expressed in terms of:

- Access difficulties at JCUH (i.e., parking, travel, public transport, and congestion) (4%)
- The too greater focus on Middlesbrough and Redcar & Cleveland with consideration needed for the wider area / other service locations (e.g., East Cleveland and Guisborough) (3%)
- The GP Out of Hours service being better suited in the community, as opposed to on a hospital site (2%)
- NHS 111 not being fit for purpose (2%)
- The impact of the GP Out of Hours services on JCUH and the co-location of services (i.e., existing hospital pressures) (1%)
- Staffing implications of the new model (1%)
- Better access at RPCH (1%).

“Additional pressures would happen if based at JCUH. Why couldn't Out of Hours be based at a GP practice in Middlesbrough overnight instead of the hospital”

“Car parking at JCUH is bad enough now. Extra services there will make it worse”

“This model will not work unless all parties invest in staffing numbers. Currently the UTC at Redcar see over 100 patients when open. There is simply insufficient staff. Furthermore, you need experienced staff who have the skill set to examine both adults and children”

Table: Further comments about the proposals (percentages expressed as a proportion of all respondents N=689)

	% (N)
Positive comments / support for proposal	
Great idea / proposal benefits	17% (116)
Negative comments / against proposal	
Access difficulties at JCUH	4% (29)
Too much focus on Middlesbrough and Redcar & Cleveland / consider wider area and different locations	3% (24)
GP Out of Hours service better in the community / not in hospital	2% (13)
NHS 111 not fit for purpose	2% (12)
Impact on JCUH / co-location of services	1% (10)
Staffing availability / concerns	1% (10)
GP Out of Hours should be located at RPCH (easier access)	1% (10)
Query relating to evidence supporting a 24/7 service at Redcar UTC	<1% (3)
GP Out of Hours to remain at North Ormesby	<1% (3)
No access to 24-hour hospital services at RPCH / distance from JCUH	<1% (2)
Other comment / suggestion	
Other	5% (33)
Issue with primary care	3% (19)
Query / confusion about proposal	1% (5)
Inappropriate use of services must be addressed	1% (4)
Concern re: wording in the survey / engagement	<1% (3)

**Due to the free text nature of this question, percentages do not equate to 100%.*

5 Engagement with individuals from protected characteristic groups

5.1 Overview

The following provides a summary of the fourteen focus groups held by VCSEs with people from protected characteristic groups, as well as the feedback session held with representatives from these VCSEs.

See Section 3.3.3 for details about the work of these VCSEs.

5.2 Notes on analysis

RLM Group were responsible for collating the findings from these different focus groups. This report was then provided to J. Harvey Research Ltd and is summarised here.

Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

For reference, individuals participating in the focus groups are referred to as 'service users'.

5.3 Key themes

5.3.1 Experience of accessing urgent treatment out of hours

- There was widespread confusion amongst service users with regards to GP access, urgent care, and emergency care, with representatives from the VCSEs highlighting the need for communications to clarify this.
- In the previous 18 months, older people had less experience of accessing urgent treatment out of hours.
- Experiences of waiting times for urgent treatment were mixed, whilst some had long waits, others waited a short / reasonable period.
- Service users mostly travelled to urgent care out of hours via car, taxi, or ambulance.
- Some service users discussed the difficulties they face in making appointments at their GP practice.
- Refugee and asylum seekers discussed the knock-on effect that services being unavailable has on other services i.e., when GPs have short hours or aren't open weekends, people go to urgent care, when people can't be seen at urgent care, they go to emergency care.

- The representative from the VCSE which supports people affected by substance misuse noted how some of their service users have in the past 'sat on their problems' instead of seeking urgent care. Reasons given for this included not wanting to 'block the system' and/or negative past experiences.
- Service users don't always feel listened to whilst accessing urgent care. This was particularly the case for refugees and asylum seekers as well as those affected by substance misuse.
- Refugees and asylum seekers face difficulty accessing interpreters both in urgent care and through the NHS 111 service.
- Service users receiving support for employment had limited awareness of the GP Out of Hours service at North Ormesby and its closure.

5.3.2 NHS 111 awareness / experiences

- NHS 111 was discussed positively amongst some with service users perceiving that the service was helpful.
- In contrast, others expressed frustration in the length of time it took for them to get through to the service, the number of questions asked, and the overall length of calls. For those seeking support for substance misuse, the number of questions asked can prevent them from using the service again.
- Not all were aware that urgent care appointments can be booked through NHS 111, this included services users from all VCSEs. Those that weren't aware would have been inclined to book an appointment through NHS 111 if they had known.
- Some refugees and asylum seekers explained how when accessing NHS 111 they were not provided with an interpreter or had difficulties accessing an interpreter, which made it difficult for them to explain their health problems. It was suggested that NHS 111 operators should have greater awareness of these difficulties.

5.3.3 Benefits of the IUC proposals

- Service users identified various benefits of the proposals.
- It was thought that the relocation of GP Out of Hours would help take the strain / pressure off GPs and A&E, and/or reduce waiting times in A&E.
- Some felt it was important to bring urgent care back to Middlesbrough – with proximity and ease of access to urgent care being imperative.
- Some service users seeking support for employment and substance misuse considered JCUH to be a recognisable place, with it generally thought that people are aware of its location.

- Some service users receiving support for substance misuse noted how referrals and escalations will be easier with patients already being in the hospital / services being co-located.
- Some service users receiving support for employment and substance misuse commented upon the facilities near to JCUH i.e., the mental health hospital.
- Some service users receiving support for substance misuse noted how people have confidence in JCUH, with it being a 'proper clinical environment'.
- Having two 24/7 urgent care services was identified as a positive. This was particularly the case for those out of employment, who would be likely to visit A&E after 9pm.
- The impact of the relocation of GP Out of Hours on many people, was felt by older people and those seeking support for employment, to be minimal.
- For some, JCUH would be cheaper / easier to get to, with the public transport at JCUH perceived to be good. However, this was not unanimous with many giving opposing views, as well as the same individuals contradicting themselves later in their discussions. Travelling by bus or taxi to urgent treatment was not deemed appropriate by various service users throughout the groups.
- Although many service users indicated their support for the proposals, they raised several concerns that they want to be addressed.

5.3.4 Implications of the IUC proposals

- For some service users receiving support for substance misuse, there were felt to be too many unanswered questions to support the proposals i.e., the capacity of the UTC at JCUH, the patient/staff ratio, the impact on waiting times, and the availability of an on-site pharmacy. Furthermore, it was queried as to whether the re-location of the GP Out of Hours service is due to financial reasons.
- There was widespread concern in all groups around the availability and cost of parking at JCUH, as well as the traffic congestion at peak times. Some service users receiving support for employment reported issues with parking, including a lack of available spaces, high parking costs and broken ticket machines, when accessing urgent care in the last 18 months.
- There was concern amongst some that the relocation of GP Out of Hours to JCUH could result in longer waiting times, with patients being offloaded from A&E to urgent care. Additionally, concerns were raised about people accessing the wrong service if located too close to each other.
- Older people and those receiving support for substance misuse expressed concerns around accessing urgent care at JCUH on a night – the latter of which discussed the implications of accessing urgent care on a Friday / Saturday night and the potential presence of intoxicated people.

- Accessing JCUH without a car was felt to be difficult due to bus services being poor and no late buses being available. This was felt to be particularly the case for participants receiving support for employment.
- Furthermore, travelling to JCUH by taxi was felt to be costly, with some noting that if they had to get a taxi to urgent care, they wouldn't go or instead go to A&E if nearer.
- More transport options were felt to be needed to support individuals who don't have access to a car, and when ambulances aren't required i.e., volunteer driving schemes.
- A suggestion was made by refugees and asylum seekers that urgent care should remain in North Ormesby.
- There was concern as to whether staff from the service would be moved to other departments, if the GP Out of Hours service was relocated, as well as concerns about staffing levels of the new model. This was due to participants perceiving that there were insufficient staff on duty during their previous visits.

5.3.5 Additional considerations

- Representatives from the VCSEs expressed the need to clarify confusion regarding GP access, urgent care and emergency care, as well as the ability to book urgent care appointments via NHS 111.
- Providing urgent care walk-ins with an appointment rather than having two waiting areas.
- Ensuring services are kept separate at JCUH to support navigation.
- Parking availability and costs at JCUH.
- Availability of an on-site pharmacy at JCUH (including out of hours service).
- Alternative locations for the GP Out of Hours service i.e., individual GP practices.
- Access to the mental health crisis team out of hours, including addressing the barriers faced by those under the influence of drugs / alcohol.

6 Findings from the public events

6.1 Overview

The following provides an overview of the key points discussed during the eight public events.

6.2 Notes on analysis

Notes from each of the public events were provided to J. Harvey Research Ltd. These were then collated to allow identification of key themes. Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

6.3 Key themes

6.3.1 Experience of accessing urgent treatment out of hours

To initiate discussions, attendees were asked to comment upon their experiences of accessing urgent treatment out of hours. The experiences of the small number who had done so are summarised in the table below.

As can be seen, several negative comments were made about NHS 111. This was in terms of the service being difficult to contact, the delays experienced in speaking to a health professional, the lack of understanding of call handlers and ambulances being sent when not appropriate or necessary, which was considered to be a '*waste of resources*'.

"The biggest issue with accessing urgent care is NHS 111"

Table: Experiences of accessing urgent treatment out of hours

	Positive experiences	Negative experiences
NHS 111	<ul style="list-style-type: none">- Excellent / efficient service- Call handler very helpful	<ul style="list-style-type: none">- Difficulties getting through to the service (one reported waiting 40 minutes to get through to the service)- Delays in speaking to a health professional- Lack of understanding of call handler- Script too long-winded / waste of time- Requested pathway not supported by call handler- Ambulance sent when not appropriate / necessary

RPCH	<ul style="list-style-type: none"> - Excellent experience - Free parking - Easier access by car 	
North Ormesby GP Out of Hours	<ul style="list-style-type: none"> - Quick response 	

Comments were additionally made about the difficulties faced in booking appointments at GP Practices. More specifically, attendees expressed their frustration and difficulties faced in ringing their practice at 8am on the day the appointment is required, and if unsuccessful in obtaining one, having to try again the next day. Issues of continuity of care (i.e., seeing different GPs) and prebooking appointments were also discussed.

Throughout the events, the issue of inappropriate attendance of services was discussed, and the impact this has on the system, in terms of creating backlog. Inappropriate attendance was attributed to a lack of general understanding, confusion, and misperceptions / unrealistic expectations amongst the general public, for example:

- Uncertainty as to what is classed as urgent care / which services should be accessed for different conditions.
- Assumption that the GP should be patients' first point of call and that hospitals can deal with everything.
- Expectation of urgent / same day treatment / GP access.

“People believe they always need to contact their GP”

“People don't always understand what they should attend JCUH for”

There was therefore consensus that strong communications are needed to help inform the public about appropriate use of services and to change widespread misperceptions.

The majority were aware of the ability of NHS 111 to book out of hours appointments for patients who require urgent care, however a handful were not. Those who weren't felt that if more people were aware it *‘could help reduce the backlog’*.

Notably, a lack of awareness of Redcar UTC was also identified, in events held both in Middlesbrough and Redcar & Cleveland.

“People don't know Redcar UTC exists”

6.3.2 Benefits / implications of the IUC proposals

Support for the proposals across the events was high, with benefits being identified in terms of:

- Helping to tackle the bottleneck in services with patients directed to the most appropriate service for their needs, via NHS 111.

- Providing a consistent offer across the Tees Valley.
- Enabling 24/7 urgent care access at RPCH.
- Providing better access to the Out of Hours service at JCUH from Redcar & Cleveland, Nunthorpe and South Bank.

However, despite the support, several concerns were raised. The key ones of which related to:

- Accessibility of JCUH
- Capacity of, and impact on JCUH
- Capability, and public use / confidence of NHS 111.

These are discussed here in more detail.

Accessibility of JCUH; travel to JCUH was discussed as a significant issue throughout the events, with transport options felt to be limited for some areas, particularly East Cleveland and Guisborough, where bus routes are poor / non-existent, and taxis costly.

“There are only 5 buses per day from Guisborough and sometimes they don’t turn up”

The financial implications of travelling to JCUH were also highlighted, with attendees highlighting the difficulties that will be faced by some, particularly those from the most deprived areas (e.g., North Ormesby), and considering the current cost of living crisis. Additionally, the availability of, and cost of parking at JCUH was discussed at length. The ‘costly’ parking charges at the site were anticipated to have implications for many, particularly those from the most deprived communities.

It was thought that the cost implications of travel to JCUH may result in a preference for care to be accessed at RCHP, where parking is free, or alternatively for the necessary care to not be accessed at all.

“With the cost-of-living crisis, it may stop people from accessing the necessary services”

Capacity of, and impact on JCUH; JCUH was noted to already be busy / at capacity with it questioned as to how the hospital would cope with this additional service. Furthermore, comments were made about the heavy traffic congestion around the site.

Capability, and public use / confidence of NHS 111; acknowledging the integral part that NHS 111 has in the IUC model, it was felt imperative that the service is sufficiently equipped to support it, in addition to ensuring that the public use the service appropriately and have confidence in accessing it.

However, this was not felt to be the case with reference being made to some of the issues with the service i.e., response times, call handlers not understanding issues, reliance on scripts / set questions, as well as the negative experiences and/or perceptions that the public have about the service, which can discourage use.

“If the whole thing will run through 111, it needs to be slick and it isn’t currently and requires appropriate use”

“What if you don’t speak good English?”

Other concerns identified to a lesser extent included:

- Redcar UTC being located on a different site and the implications if emergency care is needed.
- The lack of consistency of care between services / providers resulting in lack of adherence to care plans / no follow ups.

“I had a referral to North Tees Trust. But I've also been referred to South Tees Trust. Because I accessed services at both trusts there ended up being an address confusion and miscommunication between the two. The IT systems did not work together”

6.3.3 Additional considerations

If the proposals were to progress, it was felt strongly that consideration needs to be given to:

- Educating the public on appropriate service usage.
- Consideration of logistics at JCUH, including;
 - staffing levels
 - signage
 - waiting / treatment areas for children and adults.
- Consideration of parking charges at JCUH.
- Consideration of patient transport services as part of the model.
- Ensuring NHS 111 is equipped and able to support the model.
- Consideration of alternative locations for services e.g., Guisborough Hospital.

“Patients will decide to attend Emergency Services inappropriately sometimes, which needs to be managed”

7 Additional responses

7.1 Direct submissions

7.1.1 Meeting of Tees Valley Joint Health Scrutiny Committee

On 23 October 2022, the ICB provided an update on urgent and emergency care access and the proposals for IUC.

Scrutiny were informed of the proposed new model of integrated urgent care service which has been developed by groups of local doctors and nurses who deliver urgent care services.

A member from Middlesbrough Council informed the Committee that residents of Middlesbrough were in support of the proposals.

7.1.2 Middlesbrough Primary Care Network (PCN) meeting

On 3 October 2022, IUC was discussed at a meeting with Clinical Directors from the Middlesbrough PCNs.

There was a question regarding which clinicians were involved in the development of the model and what clinical engagement has taken place. The location of the proposed UTC was also discussed, with it questioned as to why this is not being considered in a community setting.

Some also expressed additional concerns about both the increase in footfall at JCUH as well as demand on NHS111.

7.1.3 Tees Valley wide PCN Clinical Directors' meeting

The proposals were discussed at the Tees Valley wide PCN Clinical Directors' meeting on 14th October 2022.

Key issues raised about the proposals related to:

- Access to JCUH being an issue for residents from East Cleveland (e.g., Loftus) – lack of access to cars and public transport. It was noted how these individuals already face problems in accessing RPCH.
- Concern that the success of the model in Hartlepool and North Tees does not guarantee that it will work for South Tees and the wider areas – with different footfall, different models, and capacity at JCUH.
- Reports that staff in North Tees and Hartlepool don't necessarily like the IUC model – *'they find it hard going and don't always have the full skill set, there can be complex cases'*
- Fear that the co-location of GP Out of Hours and A&E emphasises the message that A&E will see everything.

- Dissatisfaction with lack of prior clinical engagement.

In contrast, benefits of the co-location of A&E and GP Out of Hours were identified in terms of:

- Stepping care up / down.
- Reducing pressure on the workforce.
- Sharing of equipment e.g., X-ray.

It was felt that consideration needs to be made to:

- On-site pharmacy facilities.
- Public transport access from wider areas such as East Cleveland.
- Ensuring pathways are appropriate / correct.

7.1.4 PCN Clinical Director

During the engagement period, email correspondence was received from a Middlesbrough PCN Clinical Director. This stakeholder expressed their dissatisfaction with the engagement process and the proposed new model, in terms of:

- The level of prior engagement with primary care (including query as to who has been involved in this), with concern that there needs to be a more robust clinical engagement exercise.
- Query about the level of engagement with wider stakeholders, including local MPs.
- Query / confusion as to what problem the IUC model is primarily trying to solve. If that is the 30-40% of A&E attendances that are a mix of urgent / semi-urgent / non-urgent primary care presentations which are presenting at the wrong place / time, it was felt that the IUC / UTC will have minimal impact on trolley waits / ambulance queues (with this problem lying at ward entrance level).
- Concern that having the UTC located next to A&E will give the wrong messages to patients and lead to it potentially become overwhelmed with non-urgent primary care demand (similarly to what happened with the Resolution Health Centre at North Ormesby).
- Managing changes in patient expectation and demand is as much of a challenge as designing the right kind of service.
- Queries as to whether commissioners / clinicians involved in the project have carefully scrutinised see-and-treat A&E data to understand presentations in more detail.

- View that the dominant driver is the insufficient day-time urgent care capacity in primary care / GP practices that is spilling over into the evening / night-time services. The suggestion was therefore made that further investment is required at a local / PCN / community level to support primary care management.
- Concern that the engagement communications / survey;
 - suggests that the IUC model meets all the bulleted criteria (see Section 2), implying that current models don't.
 - does not set out clearly to patients the problem trying to be solved.
 - reads that the new model of care is a 'done deal' with limited opportunities to consult members of the public on / ask about preferences for alternatives.

7.1.5 Andy MacDonald, Labour MP

A meeting took place on 30 September 2022 between Andy MacDonald, Labour MP for Middlesbrough, Craig Blair, ICB Director and Andrew Rowlands, ICB Head of Commissioning, to discuss the proposals.

During the meeting there were discussions regarding GP engagement and opportunities for further clinical engagement. NHS111 demand was also expressed as a concern.

There was general support from the MP for the proposals.

Following this meeting, Andy MacDonald emailed to reaffirm his support for the proposals, explaining 'the need is great and urgent'. The MP said he was pleased that there is such close engagement with health practitioners, and he would encourage those leading this work to 'expedite the process as much as you possibly can and establish the urgent care facility at the earliest possible opportunity'.

7.1.6 GP Practice Manager

Correspondence was received on the 8th August 2022 from a GP Practice Manager in Redcar & Cleveland who expressed their frustration with the focus of the engagement being on Middlesbrough patients only.

'...it gives the impression that they are the only views you are interested in?'

This stakeholder further added how the proposals do not enable care closer to home, as their patients they would have to travel further, with it also being more difficult to get to.

7.1.7 Member of public

Correspondence was received on 4th August 2022 from a member of public who described the proposals as a 'big mistake'. This was felt to be the case for several reasons:

- Access to out of hours services is higher in the most deprived wards of town, and North Ormesby is one of these. The GP Out of Hours service is therefore vital for these neighbourhoods.

- The past closure of walk-in services at North Ormesby had a huge impact on the elderly and individuals / families unable to travel to JCUH or RPCH, due to poor public transport.
- Communities are facing financial pressures associated with the cost-of-living crisis, therefore cost of travel is a significant issue.
- JCUH is already at capacity and struggling.

To prevent further deterioration of patients' health and relieve the pressure on primary care, it was considered imperative for local health hubs to be provided.

7.2 Social media

In response to NHS Tees Valley posts on social media, 79 comments were made. These were grouped into the following sentiments:

- Positive (6%)
- Negative (88%)
- Neutral / other (6%).

Table: Summary of social media comments

Sentiment	Summary of comments	Example quotes
Positive	<ul style="list-style-type: none"> - Fantastic work of JCUH and Redcar UTC - Proposed model would help relieve pressure - Excellent service received from GP in the past - NHS is a free service, and do their very best 	<p><i>“We salute you JCUH for your superb work & caring nature in unprecedented, times in this country”</i></p>
Negative	<p>Proposal implications:</p> <ul style="list-style-type: none"> - Increased pressure at JCUH - Staffing and shortages - Parking charges at JCUH - UTCs need a doctor <p>Access to primary care:</p> <ul style="list-style-type: none"> - GPs need to start seeing the public / empty waiting rooms - Lack of availability of GP appointments - reliance on nurses and pharmacists - Dissatisfaction with telephone appointments – normal service has not resumed since COVID - Telephone / e-consultation – risk of misdiagnosis - Receptionist / care navigator – ‘gatekeepers’ to face-to-face consultations - Patients should be given a choice of face-to-face / telephone - No regular check-ups for those with long term conditions 	<p><i>“How are they going to staff that can't staff hospital now”</i></p> <p><i>“GPs now don't care and don't want to see the public”</i></p> <p><i>“If doctors started seeing patients again A+E wouldn't be clogged up with unnecessary visits by people who cannot get to see their GP”</i></p> <p><i>“GPs still working as if the pandemic is on, time authorities got a grip”</i></p> <p><i>“They are trying to privatise it”</i></p> <p><i>“I took my niece to A and E for a broken ankle and the place</i></p>

	<ul style="list-style-type: none"> - Inequity in access with e-consultation alienating those who are unable to use / access this facility - Access difficulties results in inappropriate A&E use <p>NHS at the point of failure, from which privatisation will result:</p> <ul style="list-style-type: none"> - Significant investment required in NHS after decades of cuts - Government backing / ulterior motive <p>A&E use:</p> <ul style="list-style-type: none"> - Long waiting times at JCUH - High demand from individuals under the influence of drugs / alcohol - Inappropriate use increases waiting times for those genuinely in need - Patients need to be better prioritised 	<p><i>was full of policemen with prisoners or like you say whole families having a picnic. A and E used to be a place where people really were in an emergency situation”</i></p>
<p>Neutral / other</p>	<p>Consideration of alternative locations of services i.e., North Ormesby and South Bank</p> <ul style="list-style-type: none"> - waste of money to build and shut down <p>JCUH needs a specific unit for elderly care, to help free wards up</p>	

Additionally, it is worthy to note that several comments were made by a GP and Clinical Director from Greater Middlesbrough PCN. These comments were addressed to Healthwatch in response to their Twitter posts. This stakeholder expressed their frustration, explaining:

- That integration was meant to be at community level, not forced into the Trust / JCUH where patients need to pay for parking.
- Two previous piloted models have failed – with questions asked about who will benefit from this new model.
- Concern about the NENC ICB making decisions for a distant population without local primary care engagement.
- The engagement not having any options of other alternative community sites in Middlesbrough.

8 Conclusion

This report provides an overview of the engagement undertaken during an eleven-week period from Monday 1st August to Sunday 16th October 2022 to explore patients, carers and stakeholders' perceptions about the current delivery of urgent care services in Middlesbrough and Redcar & Cleveland, and what needs to be considered within the proposed IUC model.

The engagement shows the high level of support for the proposals to integrate urgent care services at JCUH with the relocation of the GP Out of Hours Services from North Ormesby and the implementation of a new Integrated Urgent Care model, and extend the opening times of the UTC to a 24/7 service at RPCH, with benefits being identified in terms of:

- Relieving the strain on GPs / A&E
- Improving signposting of patients
- Ensuring a consistent offer across the Tees Valley
- Increasing 24/7 urgent care provision
- Access to the GP Out of Hours service for some areas (e.g. Redcar & Cleveland, Nunthorpe and South Bank).

However, consistent concerns also emerged which individuals / stakeholders felt needed consideration by NENC ICB. These included:

- Accessibility of JCUH, including public transport options from wider areas such as East Cleveland and Guisborough, as well as cost.
- Availability, and cost of parking at JCUH.
- Capacity of, and impact on JCUH- considering existing pressures.
- Capability, and public use / confidence of NHS 111 – considering existing negative perceptions and experiences.
- Staffing of the new model – considering current shortages.

This engagement report will help inform the next steps and the development of proposals to ensure services are equipped to best meet the needs of the local population.

9 Appendix

9.1 Facilitated feedback sessions held by VCSEs – protected characteristics

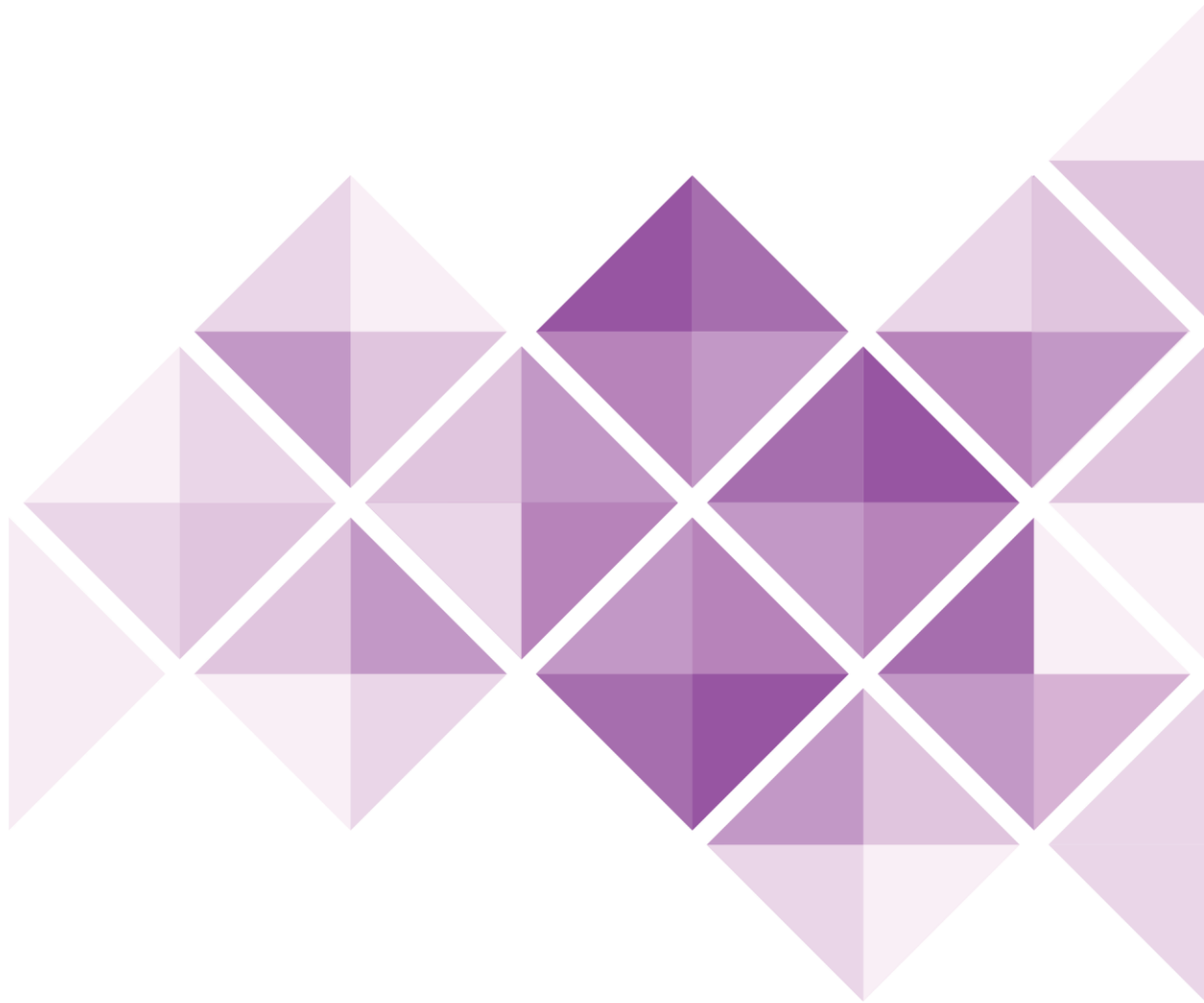
Group	Gender		Age	Race or ethnicity			Disability
	Male	Female	Over 70	White British	UK National	Other	Yes
Age UK: Sensory Support Group	5	4	9	9	-	-	5
Age UK: Walking Group social	5	5	-	10	-	-	-
Age UK: Friday Friends	2	7	3	6	-	1	5
Hope Foundation: focus group one	3	2	-	1	2	2	-
Hope Foundation: focus group two	4	3	-	2	-	4	2
Hope Foundation: Focus group three	4	9	-	-	6	7	-
Recovery Connections: focus group one	4	3	-	1	-	-	-
Recovery Connections: focus group two	-	3	-	3	-	-	-
Recovery Connections: focus group three	2	1	-	1	-	-	-
Recovery Connections: focus group four	8	-	-	7	-	1	-
Recovery Connections: focus group five	2	1	-	2	-	1	-
The Other Perspective CIC*	43 participants, aged 23 - 82 years old, a mix of genders, with participants from Asian British, Africans and people of African descendants, Middles Eastern and asylum seekers and refugee communities.						

9.2 Demographics of survey respondents

	Survey respondents (N=689)	
	No.	%
Age		
Under 18	4	1%
18 – 24	22	3%
25 - 34	114	17%
35 – 44	124	18%
45 – 54	123	18%
55 – 64	142	21%
65+	112	16%
No answer	48	7%
Gender	No.	%
Male	138	20%
Female	498	72%
Other	1	0%
No answer	52	8%
Gender identity match sex as registered at birth	No.	%
Yes	639	93%
Don't know	4	1%
No answer	46	7%
Currently pregnant / been pregnant in last year	No.	%
Yes	26	4%
No	541	79%
Not applicable	50	7%
No answer	72	10%
Marital status	No.	%
Single	92	13%
Cohabiting	77	11%
Married	351	51%
Civil partnership	9	1%
Separated	13	2%
Divorced / civil partnership dissolved	52	8%
Widowed	24	3%
No answer	71	10%
Disability, long-term illness or health condition	No.	%
Yes	251	36%
No	375	54%
No answer	63	9%
Caring responsibilities	No.	%

None	318	46%
Primary carer of a child or children under 2	35	5%
Primary carer of a child or children aged 2 - 18	170	25%
Primary carer of a disabled child or children	11	2%
Primary carer or assistant for a disabled adult (18 years and over)	29	4%
Primary carer or assistant for an older person or people (65 years and over)	63	9%
Secondary carer	37	5%
Race / ethnicity	No.	%
Asian/British Asian: Bangladeshi	4	1%
Asian/British Asian: Indian	7	1%
White: British	588	85%
White: Irish	5	1%
White: European	5	1%
Black/British Black: African	1	0%
Black/British Black: Caribbean	1	0%
Mixed race: Asian and White	1	0%
Other	10	1%
No answer	67	10%
Sexual orientation	No.	%
Heterosexual	567	82%
Gay man	12	2%
Gay woman or lesbian	5	1%
Bisexual	12	2%
Asexual	1	0%
Other	6	1%
No answer	86	12%
Religion / belief	No.	%
No religion	252	37%
Christianity	332	48%
Buddhism	2	0%
Hindu	1	0%
Muslim	8	1%
Other religion	13	2%
No answer	81	12%
Postcode	No.	%
Middlesbrough	356	52%
Redcar	177	26%
Saltburn	68	10%

Guisborough	37	5%
Stockton-on-Tees	24	3%
Other / no response	14	2%
Billingham	6	1%
Yarm	6	1%



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