Spending the Urgent Care Pound in North Tyneside
Report from Participatory Budgeting exercises

Mutual Gain

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Mutual Gain

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Executive Summary

Between the 2\textsuperscript{nd} and the 8\textsuperscript{th} July, North Tyneside CCG, in collaboration with MutualGain, held three sessions designed to enable the public to influence spending decisions on access to urgent care services. The process used was a new commissioning version of the tried and tested technique of Participatory Budgeting.

Just over £5 million of the CCG Urgent Care Budget was placed within the scope of the exercise. The values of each commissioned and non commissioned service were calculated as pennies within a pound to make the exercise easier for all to participate. Participants deliberated about what was most important to them, why it was important to them, and then decided where they wanted to spend their “Urgent Care Pound”.

The spend for this exercise did not include emergency services such as the Accident & Emergency departments, NHS 111, North East Ambulance Service or the Mental Health Crisis Teams.

Three events were held with:

- the program board for urgent care
- providers of services, and
- members of the public.

All shared broadly similar views over their total overall spend by removing what was seen as a duplicated and expensive service: Children’s Minor Injury service. Many felt that the GP out of hours system needs rethinking in terms of access and delivery, and all bought Think Pharmacy First at least once, but many opted to purchase more of this service as a way of enabling people to access urgent care with convenience.

The reasons behind the choices that they made on all services were sometimes different, but the process of participatory budgeting enabled those meaningful discussions to take place with a focus on what was the most important aspects of accessing urgent care in North Tyneside.

Participants really valued the Walk in Centres that can be found in North Tyneside, citing the convenience and the efficiency of them.

The “Think Pharmacy First” scheme was also really popular because of its easy and free access for those on low incomes. Pharmacists were a very popular choice of provider to become more involved in the provision of urgent care: the low costs combined with the convenience and potential for the service was to many, a “no-brainer” for investment.

The Integrated Elderly Assessment and Admission Service was seen as a key way to reduce hospital admissions and future proof urgent care provision for North Tyneside’s ageing population, but not without some challenge on whether the spend was one which was part of this budget or one which should fall under the workstream for ‘new models of care’.

In terms of new ideas such as the GP additional services, there were mixed views on this.
Context
This report provides the findings and feedback from three Participatory Budgeting exercises held as part of NHS North Tyneside CCG’s communications and engagement strategy for accessing urgent care. The event was delivered in partnership with MutualGain.

Nationally, across the NHS, urgent and emergency care services have to be re-designed to integrate A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. This is called the ‘five year forward view’.

Here in North Tyneside, we want to make sure that people have the best possible patient care: we know that we need to start looking at ways to improve urgent care now.

(Right Care, Time and Place Listening Document)

In the communications and engagement strategy for urgent care, a number of key aims and objectives were identified. The need for maintaining credibility, transparency and public trust in meaningful and proportionate engagement was seen as vitally important in a climate of increasing demand and finite resources. Potentially tough spending decisions would have to be made to ensure resources were used effectively and efficiently, whilst ensuring the best possible outcomes for patients remained at the heart of the commissioning process.
Around one fifth of the overall budget for urgent care in the North Tyneside CCG was the focus of influence, with A&E, NHS 111, North East Ambulance services (999) and the Mental Health Crisis team all out of the scope for this spending review. This resulted in about five million pounds worth of services being included in the consultation. For more information about what was in/out of scope, please see the table available in appendix 2 of this document.

This process is one part of a bigger listening exercise being carried out by the CCG, which includes a series of focus groups with community and voluntary sector organisations and surveys carried out with stakeholders and patients. The CCG will also be engaging with Patient Reference Groups, GP members and to the public through its online resources and through social media channels. These events put commissioning decisions at the heart of the dialogue using real (approximated budgets) and real data to help inform and guide the dialogue. It requires people to think about what they would spend the money on and why, so that the experiences and debate can inform future scenario development which will be subject to consultation.

*We’re starting to look at how we can improve urgent care in North Tyneside and we want to listen and find out your views.*

*(Right Care, Time and Place Listening Document)*

In this document you will find a description of the discussion and deliberation that took place at the Participatory Budgeting events, alongside a table indicating the spending choices made by the participants.

Information about the choices available to the participants, along with other supporting information, may be found attached as appendices to this document.
Participatory Budgeting

Participatory Budgeting (PB) is a structured process that enables citizens to collaborate in decision-making around the allocation of financial resources. They do this with officers responsible for defined budgets in order to ‘de-mystify’ complex financial arrangements, so that future service models might be developed.

“Done well, Participatory Budgeting (PB) empowers communities, gets more people involved in democracy and improves local public services”

(Unpacking the Values, Principles and Standards: PB Unit, 2009)

Core values of participatory budgeting are:

- Support Representative Democracy
- Shared Responsibility
- Mainstream Involvement
- Local Ownership
- Empowerment
- Deliberation
- Accessibility
- Transparency

The Right Care, Time and Place listening process is intended to capture the views of the public prior to forming any decisions about future configurations of service provision. Building on the feedback to date from focus groups, road shows and public meetings, the team worked to incorporate emerging thoughts and ideas into a process of deliberation over the future of Urgent Care services in North Tyneside. They were keen to engage in a budget-focused process that enabled intelligent dialogue and debate: using real budgets the Financial Director worked with the team to transform large budget figures into their broad equivalent of pence in a pound.

**Deliberation is an essential component of participatory budgeting: this exercise enabled participants to deliberate at an early stage in the decision making process, which will inform future deliberation on commissioning arrangements.**

For more information on Participatory Budgeting, please visit the PB Network’s website at: [www.pbnetwork.org.uk/](http://www.pbnetwork.org.uk/).
Event Design

Outline of the Event:

1. Opening presentations from senior officers:
   1. “Presentation on the ‘Access to Urgent Care Pound’: The challenge and where this event fits with our decision making process?” – Dr Shaun Lackey

2. Budgeting Detail and Instructions for participants

3. Participant feedback – questions or comments about any aspect of the listening process:
   1. Listening Process
   2. Engagement Process
   3. General Responses to Presentations

4. Spending the “Access to Urgent Care Pound”

5. Feedback from group discussions and decisions

6. Next Steps and Close – Dr Shaun Lackey

Rationale

The event was delivered on three separate days to three different audiences: members of the programme board, service users, and providers. This decision was on the recommendation of MutualGain. The groups were kept separate to allow service users to use their experiences of the urgent care system to inform debate with other service users, and to enable providers and the programme board to share their experiences on any relationship/contractual issues that may emerge when spending the mental health pound differently.

Data was recorded from participants in a number of ways. Discussions that took place during the deliberations were captured on a shared group flipchart, and are summarised and described within this report. Visual minutes of what was discussed were documented in real time within the event and are also available to view within this report. Voxpops were used to capture thoughts from the room, and evaluation forms were provided to participants to capture their views on the process itself. Equalities data was also retained from each participant.

What follows is an outline of the deliberation and choices that each group made, highlighting the general themes followed by specific dialogue on the services.
Key Findings: Program Board Event

General Themes

**Duplication:** Much of the discussion about the choice of services to provide centred on the overlap and duplication observed between and across services. This was particularly notable in the provision of Walk in Centre facilities alongside a separate minor injury service for children: there was a suggestion that patients attending this service could be managed elsewhere.

Duplication was also observed in the provision of two Walk in Centres; with some questioning the requirement for a 24hr service if there was a lack of demand for this.

The geographical differences in the populations that the two units serve were noted, with some suggesting that the Broad Lane centre treats more of a local populous than Rake Lane, for which patients are more likely to travel further to access.

Service Specific Comments

**Elderly Assessment Service**

There were positive and negative views about the cost effectiveness of this service. Some believed that the function could be delivered by GP OOH clinicians, or that for the cost (equivalent of 17p) there was an expectation that both a greater number of people could be assessed, and the quality of the service could be better.

It was also noted that the costing for this service did not include the social care costs which are accrued for those patients supported outside of the hospital environment, and as such it was difficult to compare between keeping these patients out of hospital and treating them within. Despite this, the service was overall deemed to be providing an important function, with a strong emphasis upon keeping patients assessed by a service which is out of hospital (where appropriate), and the cost-savings that occur because of this.

**Battle Hill Walk in Centre**

There was consensus that patients liked the WiC provision at Battle Hill. There was however confusion between the service provided by Battle Hill compared to Rake Lane. It was not fully understood that Battle Hill was a GP led service compared to the consultant led services at Rake Lane, and whether certain conditions such as fractures could be treated here.
There was also a difference described by the board in the patients using the Battle Hill WiC with them being more likely to come from the immediate local area compared to Rake Lane.

**GP OOH**

Two tables both commented on whether regular GPs working in local practices could/should be providing OOH cover outside of their current working day, which was generally seen as a good idea. However, the availability of GPs to work extra hours was questioned.

Issues were raised about the location of the OOH service at Rake Lane not being very accessible for patients, with poor public transport links, and that with the construction of housing around the Battle Hill site that may be a more effective location for a service.

**Rake Lane Walk in Centre**

The location of Rake Lane was identified as a problem; it was not seen as being accessible for patients. There seemed to be some confusion in the services provided at Rake Lane, with no clear boundaries between the OOH service which operates from the hospital and the 24hr WiC which also is located within the hospital. This is perhaps understandable given that the WiC had been operational in this state for only a month at the time of the event.

**Children’s Minor Injury Service**

The Children’s Minor Injury Service was viewed as a duplication in services already provided either by the patient’s own GP, or by the two WiCs. The board did not feel that many people knew about the service, and as such it could be removed and incorporated into other services, particularly as the unit is only open for a few hours outside of the school day and not over the weekend, and it sees very few patients in a day (averaging around 8 patients daily).

**Think Pharmacy First**

There were questions over how much appetite there was for patients to attend pharmacies for advice and treatment, particularly with the lack of knowledge the public have about the role of pharmacists. That said there was potential for enhancements and expansion recognised for this scheme.

**Additional GP**

There were questions over whether this option was unnecessary duplication of services offered at Rake Lane or Battle Hill. It was also queried why the service had to be GP led rather than the use of another Healthcare Practitioner.
Home Visiting GP

This proposal was criticised for not being cost-effective enough as a stand-alone scheme, but the participants suggested that it may be effective to provide incentives for GP surgeries to collaborate and provide this service.

Final Spending Decision

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<td>✓</td>
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<tr>
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<td>✓</td>
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<tr>
<td>GP OOH (29p)</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>WIC Rake Lane (28p)</td>
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<td>✓</td>
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<tr>
<td>Children’s MIU (2p)</td>
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<td>x</td>
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</tr>
<tr>
<td>Think Pharmacy First (2p)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Additional GP (4p per 4000 appointments)</td>
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<td>x</td>
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<tr>
<td>Home visiting GP (4p per 1000 visits)</td>
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<tr>
<td>Additional Purchases</td>
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</table>

Formation of incentive scheme for GPs to collaborate and provide this service

750 appointments bought

10p into “contingencies”
11p into New Models of Care
28p into Think Pharmacy First
General Themes

**Quality:** There was an emphasis upon designing and running services that were of the highest quality. Whilst it was useful to take the time to reflect upon the services already provided, in this exercise it was noted (by the participants) that they had to assume the current services were at the highest possible quality when discussing whether or not they should be included within their spending. This was particularly noted when it came to having the opportunity to discuss the provision and effectiveness of regular “in-hours” GP services. Patients (and occasionally services themselves) were seen to have difficulty in sometimes determining what “urgent care” really is, and in deciding which service was appropriate to use for their needs.

**Integration:** NHS 111 was seen to have had a huge impact on urgent care services in the area, with more integration in the future likely to happen on a regional level. It was reflected upon that listening and engagement were really important to gain a really good understanding of the trends in patient experience, not just snapshots, and that this would aid future decision making.

One table in particular spent their pound in two interesting extra ways; spending money directly on publicity (4p) about urgent care services and the conditions suitable for treatment in each facility, and also on early intervention services within the area, potentially provided by the third sector.

Service Specific Comments

**Elderly Assessment Service**

Generally the service was thought to provide a good experience for patients, and it was highlighted how well it integrated alongside other services offered in the area currently. However, the providers noted it was difficult to evaluate: the numbers of patients dealt with are relatively small but the patients have complex care needs which means numbers alone should not be used to evaluate it as a service.

**Battle Hill Walk in Centre**

The WIC at Battle Hill was seen to provide a really good service both out of hours, and as an alternative for patients who struggle to get appointments within their GP surgery opening hours. It was suggested therefore that use of this service in hours reflected poor GP provision, and that this needed to be addressed. It was also raised that some patients using this service would be more appropriately supported to self-care without need for intervention by clinicians.
GP OOH

There was concern over a reliance on Locum GPs for providing this service. Having some form of access to GPs out of hours was seen as vital by all of the provider tables; however it was suggested that the current model of GP OOH access suffered both from the relatively poor public knowledge of NHS 111 (which refers into the service) and in a perceived inflexibility of the provisions available. Any changes to this service were seen to pose a threat to the effectiveness to NHS 111 as it currently operates.

Rake Lane Walk in Centre

The opening times for the unit were well regarded as was the access/discharge services such as fracture clinic, which provided a good experience for patients. However, the duplication between this, the Children’s MIU and Battle Hill WIC was questioned. It was questioned by some whether this service was inappropriately “leading” people away from their own GPs and the services provided at their own surgeries.

Children’s Minor Injury Service

A separate environment for the treatment of children was recognised as providing a really good service for those patients who use this service. However, the service was not seen to provide good value for money, and duplicated other services already provided. The opening hours were limited and the service was poorly publicised which prompted the providers to exclude the MIU from all of their three spending decisions.

Think Pharmacy First

Providers liked the fact that TPF encourages people to self-care in a supported environment but outside of the traditional clinical setting. It was perceived to be convenient for patients and generally there was a desire for the scheme to be expanded. However, it was suggested that the opening hours could be extended and that better signposting from 111 could take place to inform the public about this facility. It was also noted that there was little indication of the patient experience of this scheme.

Additional GP

Some of the providers raised the issue that having more appointments with another point of access may complicate the pathways of access that patients use, making it more unclear where patients can go to get treatment. A model where patients could gain access to some appointments via skype or phone consultation was however very popular.

Home Visiting GP

This service was seen as being vital for the elderly with
their complex care needs, but needed better integration into the other services currently offered.

## Final Spending Decision

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<td><strong>Elderly Assessment (17p)</strong></td>
<td>×</td>
<td>×</td>
<td>✓</td>
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<tr>
<td>WIC Battle Hill (22p)</td>
<td>✓</td>
<td>×</td>
<td>×</td>
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<tr>
<td><strong>GP OOH (29p)</strong></td>
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<tr>
<td>WIC Rake Lane (28p)</td>
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<td><strong>Children’s MIU (2p)</strong></td>
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<tr>
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<td>40,000 Appointments Bought</td>
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<tr>
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<td>×</td>
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<td>✓</td>
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<tr>
<td><strong>Additional Purchases</strong></td>
<td>1p Extra into TPF. 1p into Long Term Condition element of Elderly Assessment Service.</td>
<td>Remaining 10p into new models of care.</td>
<td>4p spent on early intervention. 4p spent on public awareness campaigns.</td>
</tr>
</tbody>
</table>
General Themes

**Information:** The public, of all of the groups, placed most emphasis upon the need to provide more information to the public on where to access urgent care services, and on which services are suitable for which conditions and problems.

**Convenience:** The services provided by the two WIC were both very popular, and was the appetite to access services on the same day and at times when it was convenient to them. Many of the views around more joined up care, particularly in the case of the elderly, were in line with NHS England’s *New Models of Care (Vanguards)*, which was encouraging.

**Cost:** The practice of “block – commissioning” was questioned, and it was stated by many that they didn’t feel it good value for money, particularly in terms of GP+ and Home Visiting services.

Service Specific Comments

**Elderly Assessment Service**
Members of the public attending the event didn’t understand why the EAS saw so few patients, and suggested that the service was underutilised, especially given the ageing demographic of North Tyneside. Whilst the value for money of having a separate elderly service was questioned, some good personal stories indicated that those who use the service have an invaluable experience of support without having to go into hospital.

**Battle Hill Walk in Centre**
The WiC at Battle Hill had a very good reputation amongst the public in attendance, and was seen as generally being very easily accessible with good public transport links. It was also suggested that waiting times experienced at this facility were generally shorter than at Rake Lane WIC. It was a popular request that this WIC should have it’s opening hours extended.

**GP OOH**
There seemed to be confusion (not exclusive to the public event) between the WIC and OOH service both based at Rake Lane, and as such many did not realise that the OOH service was in fact separate to the WIC. The GP OOH service is an appointment based service.
accessed through the NHS 111 system led by GPs, whereas the WIC is a drop-in service run by hospital staff. The confusion led to the suggestion that the services were amalgamated. Those who had experienced the services found them to be well run and locally respected.

Rake Lane Walk in Centre

This site was not found to be very accessible to the public in terms of transport, both due to poor bus links and also to chargeable parking. It was however felt to be a great benefit that XRAY facilities were available here more than at Battle Hill. By providing services such as xray there was a feeling that unnecessary A&E visits could be prevented.

For many, it was seen to be easier to get to the RVI than to travel to Shiremoor to attend this service, and some questioned whether the service was running effectively without the presence of doctors; this was seen to be an issue with confidence in treatment solely by a Nurse. The opening times of the unit were not popular, and would have to be extended if the service was to be better used.

Children’s Minor Injury Service

The main problem with this scheme was thought to be the lack of knowledge generally within the public about the services that pharmacists could provide, and some confusion about this leading to patients taking a “safe option” to visit a GP instead.

Whilst pharmacies were often closer to the public’s homes, for some it was still difficult to attend a Pharmacy as transport links were not always well established. It was suggested that more pharmacies could be opened to provide out of hours help.

There was also some criticism of the service currently provided, as not all of the pharmacies seemed equipped to provide private consultation spaces.

Like the other events this remained a very popular option in terms of convenience.

Think Pharmacy First

Additional GP

The idea of virtual appointments through this scheme seemed really popular, although it was stated that for the service to be attractive it would have to be integrated into the other providers, including access to GP records.
There was questions raised about the availability of GPs to help staff this service; many deemed the issue of appointment availability currently in North Tyneside a result of a shortage of GPs. It was not understood how this scheme would fare any better in recruiting staff than practices themselves.

Home Visiting GP

Many thought the process behind this service, particularly the potential for several contacts/visits before a patient saw a GP, to be cumbersome and unnecessary, and it was proposed by most of the tables that this should be incorporated into the other commissioned services.

Final Spending Decision

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<td>1200 visits bought</td>
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<td>2p into publicity and prevention schemes.</td>
<td>2p extra into TPF.</td>
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Urgent care working group
The working group was invited to the participatory budget event and the invitation was extended to colleagues within their organisations.
15 people attended and had the following feedback:
- General consensus that the event was interesting and thought provoking
- In the future, people would like to see more options available to choose from
- 77% agreed that the presentation was clear and understandable
- 46% agreed that they understood more about the challenges facing the NHS in regard to budgets
- 57% agreed that they could actively contribute to the table discussions
- 64% agreed that they effect was relevant, appropriate and helpful
- 50% agreed that the organisation, planning and communication of the event was well executed

Public/patient event
25 people pre-registered but only 7 attendees. Feedback was as follows:
- Most people liked that they were able to take part in the discussion and that the complex issues were simplified
- In future, people wanted to know how people felt about those services and more information on where to go
- 71% strongly agreed that the presentation was clear and understandable
- 86% strongly agreed that they understood more about the challenges facing the NHS in regard to budgets
- 86% strongly agreed that they could actively contribute to the table discussions
- 71% strongly agree that they effect was relevant, appropriate and helpful
- 71% strongly agree that the organisation, planning and communication of the event was well executed

Provider/community voluntary sector
15 people pre-registered, xx attended, with the following feedback:
- Overall people felt that the discussions were interesting and useful and that they felt well-engaged
- In terms of improvements, people wanted more boxes for different options as well as trying to find new ways to encourage participants to come
- 63% agreed that the presentation was clear and understandable
- 63% agreed that they understood more about the challenges facing the NHS in regard to budgets
- There was a 50/50 split between strongly agreed and agreeing that they could actively contribute to the table discussions
- 63% agreed that they effect was relevant, appropriate and helpful
- 63% agreed that the organisation, planning and communication of the event was well executed
The opportunity for deliberation has allowed a number of conclusions to be drawn from the discussions during the events:

**Duplication:** Future commissioning needs to change to allow the services provided to be far better used by the population they are designed to serve. All three parties; the Board, Providers and the Public, wish to remove the duplication which currently exists in the Urgent care system. This is expensive, but perhaps more importantly confuses the public and leads to people getting the wrong care at the wrong time and place.

**Block Commissioning:** It should be considered how effective block commissioning contracts are in providing services for accessing urgent care; many of the alternative models suggested by the groups as part of the PB exercise used innovative mixes of services from different providers which were restricted by block commissioning. Future commissioning should look at the possibilities of using alternate payment/contracting to develop more responsive, more reactive services which better meet the inevitably changing needs of the population of North Tyneside.

**Public Needs:** The public at the events were very clear about what was wanted; convenience. Whether it be travel accessibility or a choice between appointments or flexible consulting times, the public wanted the ability to gain access to care whenever they needed it and in a location which was suitable. They want this without compromising high quality and rigorous safety mechanisms.

The graph illustrates how popular certain services were at each of the three events, and how they were selected as part of the final bundles for each event.

The figures in the table show how many of the groups at each event selected the service, and the total number of groups in that event.

The opportunity for deliberation has allowed a number of conclusions to be drawn from the discussions during the events:

**Duplication:** Future commissioning needs to change to allow the services provided to be far better used by the population they are designed to serve. All three parties; the Board, Providers and the Public, wish to remove the duplication which currently exists in the Urgent care system. This is expensive, but perhaps more importantly confuses the public and leads to people getting the wrong care at the wrong time and place.

**Block Commissioning:** It should be considered how effective block commissioning contracts are in providing services for accessing urgent care; many of the alternative models suggested by the groups as part of the PB exercise used innovative mixes of services from different providers which were restricted by block commissioning. Future commissioning should look at the possibilities of using alternate payment/contracting to develop more responsive, more reactive services which better meet the inevitably changing needs of the population of North Tyneside.

**Public Needs:** The public at the events were very clear about what was wanted; convenience. Whether it be travel accessibility or a choice between appointments or flexible consulting times, the public wanted the ability to gain access to care whenever they needed it and in a location which was suitable. They want this without compromising high quality and rigorous safety mechanisms.
Providers were keen to ensure that any changes were measured and built upon an evidence base; particularly that of finding out more about the patient experience and how this can be improved.

**Provider Mix:** All parties were keen on ensuring that GP access was available at all times. However, many felt that actually there was a current overreliance on GPs in providing Urgent Care. An improved Urgent Care System would include clinical input from a wide spectrum of service providers including nurse practitioners, pharmacists, and the community and voluntary sectors. Access to a GP for patients with long-term conditions, particularly elderly patients with complex care needs was seen as vital. Those patients however who have an urgent acute presentation of a condition such as tonsillitis can potentially be seen by a far greater number of clinical staff types; often much more quickly and at lower cost than if they had to be seen by a GP. The current GP OOH contract should be re-examined to establish whether it really meets the needs of local people, and whether in the future a new model of care should be established away from a long tradition of appointment-based access to a General Practitioner. Some interesting and novel solutions moving away from GP-focused urgent care provision were created during this PB exercise; future commissioning should not be afraid to do the same.

**Think Pharmacy First:** The popularity of this scheme in the exercise perhaps points to an exciting new paradigm shift in the NHS occurring right now. Patients are beginning to understand more the vital role pharmacists play in providing care, and future commissioning must ensure that pharmacists are enabled to provide more services, but with greater support and interconnectivity with other services as required. Pharmacists were described and envisaged as advocates, providers and as providing a triage service in this exercise; commissioning should ensure that pharmacists are equipped to step up to the expectations that the public will soon have, and the enhanced role that they could soon play in the Urgent Care system.

**Children’s Services:** Whilst the benefits of having a separate service for children were identified, the vast majority of participants at all of three events held questioned the real cost-effectiveness of this service, and suggested whether the patients currently using this service should be treated elsewhere, allowing the £130,000 currently spent on this service annually to be redistributed to enhance services elsewhere. Commissioners should seek to review this spend with the results from this exercise, and the wider consultation, as an indication of the potentially limited future for this service.
In addition to the commissioning conclusions, there were suggestions on how the process of PB could be improved of conducted again at a formal consultation stage.

Overall, the exercise in itself was enjoyed by all and was seen to have been a thoroughly useful and worthwhile venture. Whilst carrying out the Participatory Budgeting scenarios, some feedback was collected on the process itself which has been compiled here for the ongoing development of the technique:

**More Detail** – Many of the participants stated directly or indirectly that they would like some more detail in the pack they received. For some of the decisions they made, there was a wish to know more about the types of patients and conditions each service could see. This would allow for decisions on spending to be made which they felt were fairer and better informed.

**Out of scope areas** – Whilst all participants understood that there were areas that were out of scope of the funding decision to be made, and that this was necessary in the constraints of time and to follow the real-life spending decisions which are occurring, some felt they would like a way to feedback on areas that were outside of the scope. In the interests of allowing participants to create their own spending options; it was felt that participants should be allowed to include out of scope services within their spending decisions if creating a new or “hybrid” service which contracted new services upon an existing provider or facility.

**Geographical Knowledge** – There was a lot of discussion within the three events regarding the geographies of the services provided, and whether removing any particular service may disproportionately affect a certain location within the CCG area. There was a lack of information regarding the location and catchment of each service in the briefing pack, and it should be considered whether this might be a useful addition for future event where the location of services are likely to have an effect upon their uptake.

**Data Capture** – Capturing all of the discussions which took place on the day is vital to the success of the event overall. For future events, there is potential to capture the dialogue using a more formal template which captures the overall spending decision of each table (perhaps on a standard form), and allow for people to add a few bullet points about what they thought was most important to them about their decision.

**Box Creation** – The Board liked the idea that they may be able to create boxes themselves to add into future events, and wanted to be the vehicle that “road-tested” ideas before including them in formal consultation.

**More Options** – The board also wanted to provide more options to be discussed within the event – beyond GP provision. They felt that the new ideas selection they were presented with was limited. This view was also shared by participants from the two other events.
What is currently provided

Battle Hill walk-in service: cost 22p

Where is it?
Located at Battle Hill in Wallsend
Open from 8am-8pm, seven days a week including Bank Holidays, 365 days a year
No need to book an appointment

By who? For who?
Care and treatment is provided by nurses, with support from doctors
The service is for both adults and children, including children under two years old
In 2014, there were 35,502 attendances
The service sees and treats about 100 patients a day

How can it help you?
The service deals with a range of minor illness and minor injuries as well as lifestyle/health promotion including:
Minor ear, nose and throat complaints
Minor eye problems
Water infections
Skin complaints
Limb injuries
Offers x-rays 2pm to 6pm – and referral to fracture clinic at Rake Lane.

Why should we buy this service?
- There were about 16,000 more attendances in 2014 than in 2010
- People, who use it, tell us that they like it and are satisfied with it
- The busiest days are Saturdays and Sundays when GP practices are closed
- It is helpful for people who find it difficult to access GP services

Why should we not buy this service?
• It is mostly used by people close by with people travelling on average only 2.5 miles

• We know that some of the people who use the walk-in service could be seen by a pharmacist or their own GP

• We are duplicating services. Other options include:
  – Your own GP
  – The walk-in service at Rake Lane
  – The Children’s Minor Injuries service

• We know that the more services we provide, the more people use them

Cost 22p

General practice out-of-hours service: cost 29p

Where is it?

• GP out-of-hours service is located at North Tyneside General Hospital, Rake Lane

• You can access the service by calling NHS 111

• The service is available from 6.30pm-8am, Monday to Friday and 8am-8am Saturdays, Sundays, Public and Bank Holidays

By who? For who?

• This service is provided by doctors. It offers advice and treatment for all medical problems to adults and children

• In 2014-2015 there were 14,695 contacts:
  – 5,923 face to face appointments (40%)
  – 6,334 telephone calls giving advice (43%)
  – 2,438 home visits (17%)

How can it help you?

• This service provides urgent access to a GP when your GP practice is closed

• When the NHS 111 call handler assesses that you need urgent care you will either:
  – Receive a phone call, speak to a doctor and receive advice
  – Get an appointment to attend the service at Rake Lane
  – Be visited at home
  – Medicines provided out of hours

Why should we buy this service?
• Demand has increased with more than 1,443 extra contacts in 2014/15 than in 2013/14
• Over a third of all patients calling NHS 111 end up being referred to and managed by the out-of-hours service
• At the moment this service gives you access to a GP when GP practices are closed but we could provide more of this type of appointment even when GPs are open

**Why should we not buy this service?**

• People like the convenience of the ‘drop-in’ nature of walk-in services

**Cost 29p**

**Think Pharmacy First: cost 2p**

Free health advice, diagnosis and treatment for minor illnesses provided by your local community pharmacist.

**Where is it?**

• North Tyneside has 53 pharmacies open 9am-5.30pm, Monday to Friday
• There are more pharmacies in North Tyneside than other areas of the North East and England. This provides additional patient choice, extra capacity and convenient access
• Some pharmacies are also open longer in evenings and at weekends which will suit many patients and customers
• There is a 100 hour pharmacy at Tesco in North Shields. This pharmacy is open 100 hours per week staying open later in the evenings and at weekends
• No appointment is needed, just walk in

**By who? For who?**

• You will be seen by a pharmacist
• Pharmacists are experts in the use of medicine and they are fully qualified to diagnose and treat minor illnesses
• Pharmacies have dedicated confidential consultation areas specifically designed for private discussion
• In 2014-15, there were 14,546 consultations and 24,359 medicines provided to treat minor illnesses

Free health advice is open to everyone but this service provides treatment without charge for those in receipt of an income based exemption from the prescription levy, including Income Support Income based, Jobseeker’s Allowance, NHS Tax Credit Exemption, Pension Credit guarantee, and HC2 certificate

• The service is also open to:
  - Children under 16 whose parent(s) receive one of the above benefits
- Young people aged 16, 17 or 18 in full time education
- Patients aged over 60 years

**How can it help you?**

Think Pharmacy provides free treatment for minor illnesses including aches and pains, allergies, colds and flu, ear ache, head lice, eye care, stomach aches, and any skin or mouth problem

**Why should we buy this service?**

- People visit their GP with minor illnesses that their local pharmacist could help with. This service supports people to self-care for minor illnesses without seeing a GP
- This service helps people on lower incomes, unable to afford over the counter medicines, to self-care for minor health problems

There is increasing demand for the service. There were 1,234 more consultations during 2014/15 compared to 2012/13

The service offers choice, it is convenient and supports you to self-manage your health

**Why should we not buy this service?**

Your local pharmacist can provide help and health advice for free for many illnesses to help you and your family feel better but treatment provided would be charged unless you have an exemption.

**Cost 2p**

**Children’s minor injuries service: cost 2p**

**Where is it?**

Located at Shiremoor Health Resource Centre, this service is open Monday to Friday, 9am-6pm to any North Tyneside child or young person

**By who? For who?**

The service is provided by nurses (Paediatric Nurse Practitioners) with additional training.

There are about 1,500 attendances a year. About half are children aged between 0-4 years old

The service sees about eight patients a day

**How can it help you?**

The services sees, assesses and provides treatment for a range of minor injuries for children including cuts and grazes, sprains and strains, bites and stings, skin infections, minor head injuries, eye problems, and objects in the ear or nose

**Why should we buy this service?**

- Peace of mind for parents without having to wait in a busy A&E department
- It is helpful for people who find it difficult to access GP services

**Why should we not buy this service?**
Small numbers of people use it
It is mostly used by patients registered with GP practices based in the same building
People are being offered two points of access in the same place
This service is not available evenings and weekends
We are duplicating services. Other options include:
  – Your own GP
  – The walk-in services at Rake Lane and Battle Hill

Cost 2p

24 hour walk-in service, Rake Lane: cost 28p

Where is it?
Located at North Tyneside General Hospital at Rake Lane, this walk-in service is available 24/7, 365 days a year

By who? For who?

  – This service started in June 2015 when the Northumbria Specialist Emergency Care Hospital opened in Cramlington
  – Care and treatment is provided by nurses, with support available from doctors
  – The service is for both adults and children
  – We estimate that there will be about 19,000 attendances at this service in the coming 12 months, but likely more. If the service sees 100 patients a day, this would mean 36,500 attendances, which is similar to Battle Hill

How can it help you?
It sees, assesses and provides treatment for a range of urgent conditions including minor head, ear or eye problems, sprains and strains, cuts and bites, minor fractures or broken bones, abscesses, wound infections, and children’s minor ailments and injuries

Why should we buy this service?
It is helpful for people who find it difficult to access GP services

Why should we not buy this service?

  – We know that some people who use the walk-in service could be seen by a pharmacist or their own GP for their condition.
  – We are duplicating services. Other options include:
    – Your own GP
    – The walk-in service at Battle Hill
The Children’s Minor Injuries service

- We know that the more services we provide, the more people use them

Cost 28p

Integrated elderly assessment and admission avoidance service: cost 17p

Where is it?

- It is mostly provided in people’s homes but patients can also attend the Elderly Assessment Centre located at North Tyneside General Hospital
- The service in people’s homes is available Monday to Friday 8am-8pm, Saturday and Sundays and Bank Holidays from 2pm-8pm
- The Elderly Assessment Centre is available from Monday to Friday, 9am-5pm

By who? For who?

- This service sees, assesses and treats people over 65 with an urgent care need
- Patients are referred into this service by a range of professionals, e.g. doctors, social workers, nurses
- Depending upon the problem, the patient will be seen and assessed by the right clinician: nurses, nurses with advanced clinical skills (Emergency Care Practitioners), therapists (Occupational Therapists and Physiotherapists) and Consultant Geriatricians
- The patient will be seen on the same or next day
- In 2014, 1,373 people were referred to this service, of which about 400 were seen and assessed at the Elderly Assessment Centre
- The service sees, assesses and treats about 110 patients each month

How can it help you?

This service offers assessment and treatment for minor illnesses and injury in residential care homes for conditions, such as new cuts/ grazes, minor burns or scalds, water infections, eye problems, minor head injuries (no loss of consciousness), assessment of patients whom have fallen, sprains or strains

- The service also provides a comprehensive follow-up for any identified problem
- Patients with more complex urgent needs may go to the Elderly Assessment Centre, have tests done and be seen and assessed by a Consultant Geriatrician
- The service works very closely with the Local Authority Adult Social Care reablement team to make sure patients are able to stay at home wherever possible and receive the right level of support including equipment

Why should we buy this service?
It manages and deals with immediate urgent problems and identifies any related problems helping in this age group to stay out of hospital.

It arranges nursing and therapeutic support out of hospital when this is needed to prevent elderly patients from needing to be admitted to hospital.

Why should we not buy this service?

- This service sees small numbers of people.

Cost 17p

New thinking and ideas

Urgent primary care – GP extra: cost 4p per 4,000 appointments

Background

At the moment, GP surgeries provide telephone and face-to-face appointments each day for their patients who have an urgent health need. However, many factors affect the capacity with this service, including holidays and sickness. The majority of GP surgeries will NOT offer WALK-IN or SIT AND WAIT clinics and patients may find accessing their GP practice service difficult at key times of pressure.

Idea for additional GP appointments

To buy an urgent primary care service – EXTRA GP appointments (but NOT necessarily provided by YOUR GP or YOUR GP surgery)

Where could it be?

The service could be:

- Based in multiple, existing locations e.g local GP surgeries but NOT provided by your GP practice
- Based in a single location
- In hours only
- In and out-of-hours
- Walk-in only
- Virtual GP – online (Skype, FaceTime)
- Booked appointments through NHS 111
- Both – walk-in and bookable appointments
- Seven days a week

By who? For who?

Care and treatment would be provided by doctors

The doctors providing this could be:
- Local GPs
- Groups of GPs
- Employed by providers of general practice services

The GP would provide telephone, face to face and virtual appointments

The service would be for adults and children

It could see 30 patients per day across the borough of North Tyneside

**How could it help you?**

The service would be for minor illnesses, e.g. ear infections, water infections etc

**Why would we want to buy this service?**

This would provide EXTRA urgent primary care access – it would helpful for people who feel they have an urgent problem but cannot get an appointment with their GP surgery. It could be available Saturdays and Sundays. It could link into existing general practice services or GP out-of-hours services. It could increase GP urgent appointment availability and convenience. A greater range of problems could be dealt with due to the higher skill of the GP (compared to a nurse).

**Why would we not want to buy this service?**

Recruiting GPs could be difficult in the current climate – not many GPs available for additional hours. Providing this in a number of locations would increase choice and convenience but increase costs.

**Approximate cost 4p per 4,000 appointments**

**GP home visiting service extra: cost 4p per 1,000 visits**

**Background**

A GP Home Visiting Service would provide a rapid response service for patients requiring a home visit following telephone triage by the patient’s own GP practice. This service would NOT provide routine home visits which GP surgeries offer their registered patients. Support for paramedics on scene could be included in the service to address the immediate health needs of those patients who, if not seen promptly, may be admitted or at least have an A & E attendance.

**Idea for additional GP home visits**

To buy additional, NOT ROUTINE, GP home visiting appointments for specific groups of patients, e.g frail, elderly.

**Where could it be?**

The service would be provided in people’s homes

It could be available in hours, for example during the hours of 12pm-8pm

**By who? For who?**

Care and treatment would be provided by GPs
The doctors providing this could be:

- Local GPs
- Groups of GPs
- Employed by providers of general practice services

The service would be for patients registered with a North Tyneside practice who need an urgent home assessment and treatment, NOT patients who require a ROUTINE home visit.

It would visit about 16 patients a day across the borough.

It would provide care and treatment for the following groups of patients, frail elderly, generally unwell, end of life patients, and patients with multiple complex health problems.

You would be referred to this service by your GP practice.

Patients who have been assessed on scene by a paramedic.

**How could it help you?**

The GP would come to your home and assess and start treatment, if needed. You would be seen quicker.

**Why would we want to buy this service?**

It could help GP surgeries to manage and better meet the demand for appointments (planned and urgent) from their patients.

It could help patients who need an urgent home visit to be seen quickly.

**Why would we not want to buy this service?**

Recruiting GPs could be difficult in the current climate – not many GPs available for additional hours.

The numbers are quite small so the number of freed up appointments across practices would be low.

Approximate cost 4p per 1,000 visits.
<table>
<thead>
<tr>
<th>Service</th>
<th>TOTAL</th>
<th>In or out</th>
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<tbody>
<tr>
<td>A&amp;E - out of scope</td>
<td>£6,088,866</td>
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</tr>
<tr>
<td>NHS 111</td>
<td>£597,469</td>
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<tr>
<td>NEAS (999)</td>
<td>£5,702,956</td>
<td>✗</td>
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<td>Mental health crisis team</td>
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<td>24 hour walk-in service, Rake Lane</td>
<td>£1,459,557</td>
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<tr>
<td>Battle Hill walk-in service</td>
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<tr>
<td>GP out of hours</td>
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<tr>
<td>Pharmacy (Think Pharmacy First)</td>
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<tr>
<td>Integrated Elderly Assessment and Admission Avoidance Service</td>
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