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FAQs urgent care review

This is an evolving document and FAQs will be
recorded over time



Right Care, Right Place, First Time: Involving Croydon in improving urgent care

Frequently asked questions

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Croydon
Clinical Commissioning Group

Why do you need to make changes to urgent care?

Our contracts end in March 2017. There is new national guidance for urgent and emergency care that we must follow, and emergency care across south west London has already changed.

Can things not just stay the same?

One of our options is status quo – that things stay the same. However we really want to improve services, and systems so that Croydon people know where to go and can access the services they need, when they need them. This is why we are proposing enhanced urgent care services.

Is this review about saving money?

In future urgent care needs to be sustainable, new contracts are a chance to make the whole urgent care system more cost effective. A more efficient urgent care system where more people get the right care, at the right place, first time is better value for money. We do have a budget, but we are not committed to the cheapest option. In fact we are proposing enhanced urgent care services.

What is urgent and what is an emergency?

An urgent illness or injury is when you can't wait to see your usual health professional without your illness or injury getting much worse.
An emergency is a life-threatening illness or injury.

Will there still be emergency care at Croydon University Hospital?

Yes, Croydon University Hospital will continue to be the main Emergency Department and the site of the Urgent Care Centre

Are some urgent care services closing?

We want to reorganise urgent care services so that you have quicker, clear, high quality, joined-up care delivered by the right service, the first time. Proposed new services will give Croydon an enhanced level of urgent care service and cover all of Croydon. We are asking local people to share their views, and we are taking expert advice on where the GP hubs will be located.

When did the review start and what process have you gone through to design improvements?

The review started in December 2014 and we have been running small-group events for health professionals and the public / our patient networks to look at some ways of reorganising urgent care.

Nine ways have then been looked at as 'models in theory' to see if they could be possible. Now we have viable options, we are talking with Croydon people to understand what they think. Some of this will be in public meetings and drop in clinics, some will be where urgent care services are, and some will be on the street or with communities across Croydon.



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Who has been involved in the review?

Local health professionals, CCG commissioners (CCG staff who buy health services on your behalf), our regular patient networks, people in Croydon and urgent care specialists.

How has the patient and public engagement been advertised, promoted and publicised?

Any patient or patient group that works with us or has asked to be informed about public and patient events has been contacted. We use all sorts of ways to publicise events because people prefer to find their health information in different ways. Our website www.croydonccg.nhs.uk/urgentcare has the latest events and posters and leaflets which are being given out across Croydon. A list of opportunities to talk to our engagement staff is on the website too. We've advertised public events in the local newspaper, and asked our partners to cascade the information too.

If you are finding it difficult to get enough staff now, how can you be sure you can staff all of the proposed GP hubs?

Recruiting and keeping staff is a national issue in urgent care services and we hope that new contracts are the chance to design an exciting, urgent care service that works well, and that qualified and experienced staff will want to work in it. Currently we have several urgent care contracts across Croydon. If we can streamline them as one contract they will have more flex and resilience in terms of being able to staff urgent care services across the borough.



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Why is NHS Croydon asking for opinions on three options? Why not give people more options to choose from?

The three options are the options that have been tested in theory and are possible, they are affordable, safe and meet national standards.

When will urgent care services change?

Our contracts end in March 2017 so new contracts for reorganised services must be in place by April 2017.

How are people who live further away from the proposed GP hubs supposed to get there if they don't drive?

We are planning for urgent care services as part of a bigger healthcare picture of improved GP services, out of hours GP services, community services and information and advice. Transport links and an increase in services available in and closer to home are part of this bigger picture.



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Will I be able to use urgent care services without an appointment?

Yes, you will still be able to walk in without an appointment however it's better if you call before you set out so you know you will get the advice and treatment needed. We want to see more people have the right care in the right place, the first time.

If I go to one of the proposed GP hubs will I be seen by a doctor?

There will be doctors and nurses at the GP hubs and our new virtual service will give NHS 111 call handlers the option to pass patients' calls to a range of health professionals including mental health services.

If I go to a GP hub will I have to tell them all about my health history / long term conditions?

You should always talk with a health professional so that they have all the information to consider, when advising and treating you. GP hubs will be able to access and update your records so you won't have to tell your story more than once.

How will I know which service I should go to?

The reorganised urgent care services will be easier to understand and NHS 111 will be able to direct you to the right service. We will make sure that we tell everybody in Croydon what urgent care services are available, and appropriate.



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If I think I need to use urgent care services, but I'm not sure, will I be able to speak to someone at the proposed GP hub directly?

You should call NHS 111 who can advise you. They can also pass your call to a range of health professionals including dentists and mental health services.

If I need urgent care in the evening or late at night will I go to the same service as in the daytime?

Our reorganised urgent care services will be more joined-up, GP hubs will be open 8am - 8pm 365 days a year and the Urgent Care Centre will be open 24hrs a day 365 days a year.

If I need urgent care over the weekend will I go to the same service as on weekdays?

Our reorganised urgent care services will be 365 day a year services

Will my baby or young children be seen at all of the proposed urgent care services?

Our reorganised urgent care services will give urgent care to people of all ages.



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Where will I go if I need an X-ray

All GPs can refer to X-ray at Purley Hospital or CHS, this is unaffected by the urgent care review. However if you have a suspected fracture you will need to go to CHS where you can have an x-ray and be treated if necessary.

I care for someone who has dementia. Will there be staff and facilities for people with dementia at the proposed GP hubs?

NHS 111 call handlers will have the option to pass patients' calls to a range of health professionals including mental health services and will be able to make an appointment at a GP hub so that staff will know in advance that a patient has dementia and can give the best care.

Why do the population figures not match local authority source data?

There is a difference between local authority (LA) figures and clinical network locality data. This is due to small mismatches between wards recognised by the LA and how the CCG recognise clinical networks. Reasonable estimates have been applied.

Option FAQs

The CCG prefers Option 1 but how can having three GP hubs cost less than only having two GP hubs?

Option 1 does not cost less. Although we have to think about cost, we are not committed to the cheapest option. Option 1 is preferred because it best meets all the needs of all the people in Croydon. When we plan to reorganise services we have to think about the people who use them now and the people who will use them in future. We have to ask ourselves who most needs to use urgent care services. No options were put aside because they would cost more than the services that we have now, and no options were looked at only because they would save us money.

Option 3 says that 2 GP hubs will be “covering all of Croydon”, how can they be covering all of Croydon if there will be one area that has an urgent care service now that won't have a GP hub?

GP hubs will be part of a reorganised urgent care system. The whole system will offer more services, to more people, often with less unplanned travel.



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How will people living in the area that doesn't have a GP hub get to urgent care if they don't have transport?

More people will get the right care, first time and be travelling for care less often.

There are already too many people and a long wait at the walk in centre, where will they all go if the CCG chooses Option 3a?

We've done detailed modelling of all the ways of organising urgent care that we considered. The reorganised services will make it easier to know where to go, for more people to phone NHS 111 before they go, and for more people to have booked appointments in GP hubs closer to home.

I thought you didn't want people to go to A&E if they don't need it, if the CCG chooses Option 3 won't all the people from the area without a GP hub just go to A&E?

We know some people sometimes go to the Emergency Department (A&E) because they are sure that they can be seen there. People have told us that they aren't sure which other services are available, especially at evenings and weekends. GP hubs will be open for longer hours, 365 days a year, and we are committed to telling people about the reorganised services so you know where to go to get the right service.



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If urgent care is going to be GPs in hubs and not at a Minor Injury Unit or hospital, then why can't my own GP have more appointments and be open until 8pm anyway?

GP hubs will offer extra services, like care for minor injuries that your own GP can't always offer, and they will be able to organise care from other health professionals across the NHS.

Why can't there be three Urgent Care Centres rather than GP hubs?

Urgent Care Centres are required to have extensive operational hours, staff, skills and equipment. We looked into having additional Urgent Care Centres but this option did not meet as many of the criteria as the viable options we are proposing.

Why did you model nine scenarios, when you had fewer in your strategy?

The south Croydon Residents' Associations put forward their own scenario, which we modelled, and we also created additional ways of organising urgent care services to consider.

Why don't the options include a fracture service at Purley?

Following representations from local residents the option to include a fracture service at Purley was one of the scenarios that were looked at carefully as part of the modelling.

Unfortunately, this option could not be taken forward because it failed on some important criteria.

1. National clinical guidelines mean that for such a service to be clinically safe, we would need to provide a full fracture service alongside a range of other supporting services to treat those patients identified as having fractures.
2. This type of full fracture service at Purley would be very costly: [£Xm]
3. The data show there is not high demand for this type of service in Croydon [= n people last year]
4. There are fracture services already at CUH (Car = 20 mins/ Bus = 35 mins), Caterham Dene (Car = 20 mins/ Bus = 35 mins), Beckenham Beacon (Car = 25 mins / Bus and Tram = 50 mins)

Note that the GP hub will be able to refer people for X-Ray at Purley Hospital if needed

How has the public and patient engagement been publicised?

Documents were launched on the 27th of November on the website, there had been earlier awareness raising with Healthwatch and to community and voluntary organisations also via all our usual media contacts, twitter, adverts in the local press etc. Engagement documents went out to GP surgeries between the 27th and the 30th and all urgent care services received engagement documents on the 27th. There was handing out of engagement documents and flyers in Purley both on the street, at the train station and in the leisure centre.

The public events are a formal and traditional part of our engagement activities, we have planned our engagement to offer a range of formats, timings and venues as we are aware that one style of event isn't convenient or appropriate for everyone. Small group engagement began in the weeks running up to the formal launch of the engagement document and continues until the 17th of January.

It looks like, if I suddenly need to be seen in urgent care services, I'll get better care if they can see my GP records. But I've heard that any 'provider' could win a contract for urgent care services and I'm worried that if a commercial company or an overseas company wins the contract my personal data might be sold or could be hacked into, could this happen?

There are very strict laws in the UK relating to medical records and personal data that prevent inappropriate access. Any provider that wins a contract must provide services that meet UK law and NHS regulations. Any staff employed must have the appropriate professional registration and comply with the rules of their professional body.

All staff working for the NHS are required to protect patients information under the NHS Confidentiality Code of Conduct. "Shared records" mean that those medical professionals who need to access your information to provide you with the best possible care, will have controlled, monitored access to your own GP's records. They will only be able to see the part of your record that is necessary for them to carry out their job and your consent is required.

Your personal data will not be sold on to third parties. Please refer to the Fair Processing Notice (How we use your information) on the CCG's website
<http://www.croydonccg.nhs.uk/about-us/YI/Pages/default.aspx>

Being seen urgently by a GP in one of these new GP hubs sounds great on paper, but won't mean that it will be even harder to get an appointment at my own GP? I'm happy with my GP and I wouldn't want them to close or lose GPs that are sent to the



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hubs to cover urgent care when already there is a shortage of GPs and not enough appointments to go round.

Your own or home GP will continue to provide all the services and care that you are used to, your GP works for a practice, medical centre or surgery that has contracts directly with NHS England for these services.

GPs providing urgent care services in GP hubs will work for a provider who will have a contract with Croydon CCG for urgent care services only.

I looked up my problem before I went to be seen in an urgent care service, it said I could be seen in any Minor Injuries Unit so that is where I went and then, after waiting to be seen they sent me to Croydon University Hospital anyway and I had to wait hours to be seen again. Why couldn't my minor problem be treated closer to home?

Advice on websites and other health information sources are general. We always encourage patients to call NHS 111 first so first so that they be directed to the right service, first time to meet their needs.

There are some seemingly minor problems for which there may be extra risks or more appropriate or specialist treatments – particularly if a patient already has an existing or long term condition, takes some medications or belongs to an 'at risk' group, for example frailer older people.

These are 'clinical exceptions' listed in detailed urgent care guidelines. If the health professional who sees you first thinks your problem is one of these clinical exceptions they will redirect you to the most appropriate healthcare facility where you are certain to get the safest, most appropriate treatment.



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I've seen mixed advice about fractures, if I guess that I have a simple fracture will I need to go to Croydon University Hospital as there is so much pressure on the service from people with more serious injuries?

Our clinical experts would argue that there is no such thing as a “simple fracture” and that the most appropriate healthcare location to treat fractures is one which has specialist orthopaedic staff who have access to complex treatments or surgery if necessary in line with national guidance.

We have not commissioned a specialist fracture service in the Minor Injuries Units in Croydon, as it would not comply with national guidelines on patient safety - and so if a fracture is suspected patients should attend Croydon University Hospital.