

## DUDLEY CLINICAL COMMISSIONING GROUP BOARD

**Date of Report:** 9<sup>th</sup> January 2014

**Report:** Urgent Care Consultation Outcome

**Agenda item No:** 8.1

<b>TITLE OF REPORT:</b>	Urgent Care Consultation Outcome
<b>PURPOSE OF REPORT:</b>	<p>To provide Board members with an overview of consultation activities undertaken and assure them that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system</p> <p>To provide a summary of feedback received</p>
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<b>MANAGEMENT LEAD:</b>	Richard Haynes, Interim Head of Communications and Engagement
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<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The consultation ran from 1 October to 24 December 2013</li> <li>• It generated a considerable amount of interest and comment</li> <li>• Key themes to emerge are summarised in this report and will be used to inform the development of future services (see separate report on Urgent Care Reconfiguration)</li> </ul>
<b>RECOMMENDATION:</b>	<p>Board members are asked to note the consultation activities set out above by way of assurance that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system</p> <p>Members are also asked to note the feedback received and take it into account when agreeing next steps in developing an improved urgent care system for the people of Dudley</p>
<b>FINANCIAL IMPLICATIONS:</b>	Costs of the consultation exercise were met from the communications and engagement budget
<b>WHAT ENGAGEMENT HAS TAKEN PLACE:</b>	The report covers a wide range of engagement activities, before and during the consultation as well as outlining next steps on communication and engagement to support the delivery of improvements to urgent care in Dudley
<b>ACTION REQUIRED:</b>	<p>Decision</p> <p>Approval</p> <p>✓ Assurance</p>

## **INTRODUCTION**

This report focusses on the formal consultation carried out by NHS Dudley Clinical Commissioning Group between 1 October and 24 December 2013 on proposed changes to the local urgent care system.

It summarises the background to, and context of, the consultation, the steps taken by the CCG in the pre-consultation period and the activities carried out during the consultation period. It also sets out some of the key issues to be raised by individuals and groups who responded to the consultation.

Given the very short time between the end of the consultation period and the production of this report, it is suggested that further detailed analysis of the consultation feedback be included as part of the development of any specification or performance criteria for future developments on urgent care in Dudley.

The purpose of this report is to:

- Provide Board members with an overview of consultation activities undertaken by way of assurance that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system
- Provide Board members with a summary of feedback received from the consultation

## **REPORT**

### **Background and Context**

The decision to begin a consultation on urgent care was prompted by the imminent (March 2014) need to retender the current contracts for the Holly Hall walk-In Centre and Out of Hours GP Service.

Against a background of: Growing pressure on A&E; increasing demand for primary care services; concerns over the recently launched 111 telephone service and the restructuring of the NHS as a result of the Health and Social Care Act, a decision was made to use the ending of these contracts as an opportunity to take a wider look at urgent care services in Dudley.

To allow time for these complex matters to be considered in detail and discussed with the local population, the contract was extended by a further six months (to the end of September 2014) pending the outcome of a public consultation and further analysis of service requirements and patient flows.

## **The CCG's Statutory Duties in Regard to Involvement and Consultation**

### **The legal duty to consult**

The law requires NHS bodies to engage with members of the public before making decisions on changes to health services. Currently, separate sections of the NHS Act apply to CCGs and to other organisations.

CCGs are governed by section 14Z2 of the NHS Act 2006, which states:

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

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

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

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

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

There are two other relevant aspects to section 14Z2. Subsection 3 requires all CCGs to include in their constitution a description of their public engagement arrangements and a statement of the principles that they will follow in when implementing them. Subsection 4 empowers NHS England to publish guidance on compliance with this section, which CCGs must have regard to.

### **The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny)**

**Regulations 2013** deal with the statutory duty to consult a local authority, and the powers of the local authority to report to the Secretary of State if it is not satisfied with the CCG's proposals or consultation. The regulations came into effect on 1 April 2013.

Section 23 in Part 4 of these regulations requires a CCG *to consult a local authority when it has under consideration any proposal:*

- *for a substantial development of the health service in the area of the local authority; or*
- *for a substantial variation in the provision of such service.*<sup>1</sup>

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<sup>1</sup> Substantial variation is not defined, but ultimately the OSC will decide if it cannot reach agreement with the CCG; so early discussion with the OSC should be helpful

## **Guidance**

The most recent guidance on consultations for the NHS was published in September 2013 by NHS England, and is called Transforming Participation in Health and Care.

The guidance sets out a number of suggested features of public participation. The information provided should be of good quality, and in a number of different formats to ensure that it reaches the intended target. There should be a range of opportunities for participation, which could include online surveys and dedicated local events, as well as work through voluntary and community sector organisations. Patients and the public should be involved from the initial planning stages of service redesign, and special efforts should be made to reach out to diverse communities.

## **Pre-Consultation Activity and Other Relevant Work**

Following its formal establishment in April 2013, the CCG was involved in a number of important pieces of work to support its vision of working with partner organisations to improve health outcomes and reduce health inequalities for the people of Dudley.

This work influenced in a number of important ways the consultation on urgent care, and it is for that reason they are included in this report.

## **Primary Care Strategy**

The CCG's Primary Care Development Strategy (approved by the Board in July 2013) aims to support local GP practices to further improve the quality of primary care. As a clinically-led membership organisation, Dudley CCG is uniquely placed to deliver change and improvement in primary care. The strategy aims to build on this opportunity, whilst acknowledging the freedoms and restrictions of the new NHS arrangements for the direct commissioning of primary care.

The priorities set out in this strategy are based on:

- What member practices told us about their key concerns and how these should be addressed
- What patients and our local communities told us about their current primary care services
- The CCG's agreed strategic aims and priorities (and those of Dudley's Health and Wellbeing Strategy)
- The national 'must do's' and performance management requirements.

**The biggest single issue raised by patients and members of the public during the development of the strategy was access to GP appointments – in particular same day appointments – and telephone access to practices. The strategy also recognises the positive impact that improved primary care access can have on reducing pressures on the urgent care system.**

## **Dudley CCG Healthcare Forum – June 2013**

The CCG dedicated this meeting of its regular public forum to discuss views and perspectives on urgent care in Dudley.

The main feedback that we received at this event was as follows:

- There was a suspicion about the quality of; and lack of confidence in; the NHS 111 system
- Concerns were expressed about needing immediate advice/reassurance for ill children
- There was a perception that if an ambulance takes you to A&E you get seen quicker
- Some people need a point of contact for reassurance which could often be all that is needed to avoid them feeling the need to dial 999
- There was a desire for improved access to primary care outside of routine work hours
- There was an expressed preference to simplify the number of points of access and the signposting to services
- To have a system that gave more effective triaging so there is more right care, at the right place, at right time
- There should be patient education at an early age on how to use the urgent care services and there should be 24/7 access to health advice

## **Health and Wellbeing Board ‘Spotlight on Urgent Care’ – June 2013**

The Health and Wellbeing Board has produced a Health and Wellbeing Strategy for Dudley Borough with five strategic priorities:

- Making our services healthy
- Making our lifestyle healthy
- Making our children healthy
- Making our minds healthy
- Making our neighbourhoods healthy.

The Board agreed to hold five ‘spotlight’ sessions, involving Board members and other stakeholders, throughout 2013/14, to stimulate fresh thinking in these areas, generate ideas and maximise the added value from integrated approaches and partnership working.

On 18 June 2013, the first spotlight session was held on ‘urgent and emergency care. Feedback from the Healthcare Forum event mentioned above was incorporated into discussions at the Spotlight Event.

Outcomes from the Spotlight Event included agreement on a set of key principles relating to a good urgent care system, including:

- A joined up, coordinated and seamless system, fluid- no ‘bottle necks’
- A simple system-no confusion for the public ( or professionals) of what to do, who to call or where to go

- Safe, responsive and high quality

**One of the solutions identified was to work to simplify the urgent care system, reduce duplication and develop a system which responded to patients' 'default behaviour.' Specific proposals included "co-locate the walk in centre, with the emergency department."**

### **Engagement with Members**

One of the key differences between the CCG and the Primary Care Trust (PCT) which preceded it is that the CCG is a membership organisation, led by the GPs who comprise its membership.

That clinical leadership was reflected by the development of the proposals through discussion at a series of events for GPs – a round of locality meetings (GPs grouped together by geographical location) followed by a CCG-wide Members' meeting in September.

Views expressed at these meetings gave clear guidance to the CCG management team that members did not feel the current walk-in centre arrangements offered the best service to patients during normal working hours.

The majority of GPs were in favour of relocating walk-in services and co-locating them with the emergency department at Russell's Hall, in line with the proposals from the Health and Wellbeing Board's Spotlight Event referred to above. They were also supportive of investment to improve access to primary care during core working hours, in line with the objectives of the CCG's Primary Care Strategy.

### **Reports to Health Scrutiny Committee**

An initial report was presented to Dudley Borough Council's Health Scrutiny Committee on 25 September 2013, ahead of the launch of the consultation. CCG Chief Officer Paul Maubach and Dr Steve Mann, clinical lead for urgent care, were present to answer members' questions directly.

## **THE CONSULTATION**

The consultation was launched on 1 October 2013 with an end date of 24 December.

### **Consultation document**

A 12 page full colour consultation document was produced by the CCG's communications and engagement team. The consultation form was available in hard copy and electronic versions as well as an 'easy read' version. It included a freepost response form.

An estimated 5,000 hard copies were sent out by the CCG during the consultation period through a wide range of distribution channels including: GP Practices; healthcare centres; Dudley HealthCare forum members; Halesowen Older People Forum; Dudley Youth Council; Dudley and Stourbridge College; Dudley Age Concern; Dudley Carers Forum and numerous other health and other community groups.

By the closing date of the Consultation (24 December) the CCG had received a total of 1390 completed forms

### **Online Survey**

An online survey, using Survey Monkey software was available through the CCG website throughout the consultation

By the closing date of the Consultation (24 December) the CCG had received a total of 1388 responses to this survey.

### **Meetings**

Over the course of the consultation GPs and senior managers from the CCG had attended more than 40 meetings of local patient, service user and community groups to talk about the proposals and hear first-hand what local people think of them.

Total attendance at these meetings was more than 1,000 people

### **Drop In Sessions**

As well as actively seeking invitations to local organisations, the CCG also hosted its own series of drop-in sessions, at GP practices or other community locations, as follows:

- 17 October ,12pm to 2pm – Sedgley Ladies Walk
- 7 November, 12pm to 2pm – Worcester Street Surgery
- 15 November, 12pm to 2pm – Halesowen Library
- 28 November, 12pm to 2pm – Brierley Hill Health and Social Care Centre
- 30 November, 12pm to 4pm – Insight House, Pearson Street, Brierley Hill
- 12 December, 12pm to 2pm – Dudley Council Plus, Dudley
- 12 December, 6.30pm to 8pm – Stourbridge Town Hall
- 17 December, 6.30pm to 8pm – Main Hall, Dudley College, Dudley

The evening sessions in December were added to the original programme in response to concerns raised during the consultation (from Health Scrutiny Committee members amongst others) that it would be better to offer meetings at different times of the day.

Despite publicising these sessions widely (including a series of paid for newspaper adverts), attendance was not as good as at the other community group meetings, although discussions were generally very productive and produced useful insights. This is consistent with experience in other consultation exercises.

**Healthcare Forum:** Members of the Healthcare Forum were given an update on the urgent care consultation at their meeting on 3 December. Members present noted that they had previously called for a more simplified system of urgent care and responded positively to the proposals in the consultation.

### **Website and Social Media**

All the consultation materials were made available via a dedicated section of our website [www.dudleyccg.nhs.uk](http://www.dudleyccg.nhs.uk) and we also used our social media platforms (Facebook and Twitter) to broaden the range of opportunities that local people had to take part in the conversation about what they want from their urgent care services.

In addition, we hosted two live 'webchats' – one with urgent care clinical lead Dr Steve Mann and one with Chief Officer Paul Maubach.

### **'Feet on the Street'**

Feet on the Street is the name for our regular 'vox pop' videos, recorded in local communities by our in-house engagement team. The team took to the streets twice during the consultation period to produce two separate short films to capture views on urgent care services and our consultation.

These films were screened at the CCG's Board meetings in October and December and they were also used at members meetings and the meetings of the Task and Finish Group.

### **Media Coverage**

We issued a series of proactive press releases during the consultation period as well as responding reactively to a number of media inquiries as well as arranging for coverage in the local talking newspaper.

There was significant media interest in our plans, with front page coverage in the Express and Star on the launch of the consultation, and a number of follow-up pieces elsewhere in the local media.



We also used paid-for advertising in the local press to raise awareness of the drop-in sessions

### **Report to Health Scrutiny Committee**

An update report was presented to the Health Scrutiny Committee meeting on 7 November 2013. CCG Chief Officer Paul Maubach attended the meeting to answer members' questions directly.

### **Task and Finish Group**

A Task and Finish group was established with invited representatives from the CCG, Healthwatch, Dudley CVS, local Patient Participation Groups (PPGs), Dudley Council and Dudley Group's public governors.

The group met twice during the consultation period and identified a number of key issues which have been fed into the key themes and issues set out below.

### **Healthwatch Survey**

Healthwatch Dudley were commissioned to carry out a targeted research exercise talking to service users at Russell's Hall A&E and the Walk-In Centre in November.

Over a period of seven days, from 29 November – 5 December, space of a week, Healthwatch volunteers spoke to more than 900 people about their experiences and their reasons for choosing the service they were using.

Many of the themes which emerged during these interviews are also reflected in the key themes and issues set out below, but given the very targeted and specific nature of this piece of work, a copy of their initial report is also attached as Appendix 1.

The report (p18) identifies a significant number of patients using the Walk-In Centre to fill "a gap in doctors surgery provision" with the majority of patients surveyed agreeing that a doctors' surgery could have helped them with the issue which had brought them to the Walk-In Centre. Given the possible scenarios we have been modelling, it is also interesting to note that in response to a specific question, "449 patients said they would be happy to be referred back to a doctors' surgery for treatment after assessment..." (p5)

### **Independent evaluation**

Shortly after the midpoint of the consultation, we commissioned an independent evaluation of the consultation activities and materials to provide assurance that the process was robust and inclusive.

The review was carried out by Richard Miles, a highly experienced consultant who has worked on both NHS consultations and with Scrutiny Committees. His review included 1-1 interviews with key clinicians and CCG managers as well as an in-depth review of the consultation activities and supporting materials.

His conclusion supported our view that up to the end of the consultation period we had fulfilled our statutory obligations on consultation and involvement, while also reflecting both the challenge that we faced in developing and communicating a detailed vision for the future of urgent care services during the consultation period, rather than having a clearly defined service model set out at the beginning of the consultation period; and the challenge that we now face in pursuing a service improvement for the people of Dudley that addresses concerns expressed during the consultation, and overcomes the constraints of different funding streams for primary care services.

## **Petitions**

We are aware of two separate petitions, both protesting against the 'closure' of walk-In Centre services.

A petition against the closure of the walk-in centre has also been launched by Natasha Millward, Labour's prospective parliamentary candidate for Dudley South. That petition is still live and can be seen on-line at [http://www.natashamillward.org.uk/keep\\_our\\_walk\\_in\\_petition](http://www.natashamillward.org.uk/keep_our_walk_in_petition) Ian Austin MP (Labour, Dudley North), and Pat McFadden MP (Lab, Wolverhampton South-East) have also been promoting this petition.

At the time of writing this report (7 January) the petition had 747 signatures.

On 16 December, Chris Kelly MP (conservative, Dudley South) petitioned the House of Commons, as follows: "The Petition of residents of Dudley South, Declares that the Petitioners believe that proposed closure of the Dudley Borough Walk-in Centre at Holly Hall Clinic, 174 Stourbridge Road, Dudley DY1 2ER, by Dudley Clinical Commissioning Group should not go ahead; further that the Petitioners believe that, with its 08:00 to 20:00 opening hours, seven days a week, the walk-in centre currently provides a vital out-of-hours service for hardworking people in the Dudley Borough and the wider Black Country, especially on weekday evenings and at weekends; further that the Petitioners believe that the accessibility of the walk-in centre service contributes significantly to a reduction in the number of Accident and Emergency visits which reduces pressure on local A&E services such as those at Russell's Hall Hospital.

The Petitioners therefore request that the House of Commons urges the Government to urge Dudley Clinical Commissioning Group to keep the Dudley Borough Walk-in Centre open."

This petition will be sent to the Department of Health, which will be required to make observations on it that will be posted in Hansard.

## **Next Steps**

Subject to the outcome of discussions at this Board meeting, we will take an update on the Consultation to the next meeting of the Health Scrutiny Committee on 23 January.

Following that, our proposals for the new service, will go the Health and Wellbeing Board for endorsement on 28 January.

We will then hold a public feedback event on 13 February to offer everyone who has taken part in the consultation exercise an opportunity to hear what we are proposing to do as a result of what they have told us.

The information received during the Consultation will be used to support the development of the specification and procurement process for any future service. (See also the report to this meeting of the Board on Urgent Care Reconfiguration)

### **Key Themes and Issues Raised During Consultation**

From the thousands of responses to set questions and 'free text' submissions received, a number of themes and issues emerged at a very early stage and were topics of consistent interest and discussion throughout the consultation. They are summarised below.

**How would a perfect Urgent Care service work for you?** The survey asked respondents to consider how a perfect urgent care service would work for them. This was an optional question. It should be noted that 'urgent care' meant different things to different people – but by far the most common issue raised was people's desire to be seen, or given advice, quickly when they had an urgent need. This point was reinforced at many of the drop-in sessions and other meetings

A significant number of people also used this question as an opportunity to question the need for change, which is consistent with the point below (but should also be read in context with the clear and strong demand for improved access to GP services)

**Need for Change:** Approximately 45% of respondents expressed the view that there was no need to change the current urgent care system (against 30% who felt there was a need for change and 25% who were unsure). In terms of support for our proposals, just over 49% agreed or strongly agreed with them, while just under 51% disagreed or strongly disagreed.

**Proposal to relocate services from Holly Hall:** Of those who questioned the need for change, a significant number of responses praised the quality of services provided at Holly Hall and questioned whether 'closing' the Walk-In Centre would improve healthcare locally. A number of respondents stated that any replacement service should be at least as good as that which is currently provided.

Respondents also highlighted the convenience and accessibility of Holly Hall.

Problems with primary care access was another key factor for those who opposed change. Comments included 'service is important when it is impossible to get access to own GP' and 'waiting times to see a GP will get worse.' Many people expressed concerns about GPs' ability to manage an increased caseload resulting from the changes.

**Proposals for an Urgent Care Centre:** Throughout the consultation period we were challenged very robustly to explain how the 'Urgent Care Centre' mentioned in the consultation document would work in practice. Frequently asked questions included location, opening hours, range of services on offer, staffing numbers and skill mix and whether or not staff at the new centre would have access to patient's medical records.

**Proposal to co-locate Urgent Care Centre with Emergency Department at Russell's Hall:** A key issue here was concerns about increased pressure on parking at Russell's Hall and the cost of parking for patients and visitors. A number of people pointed out that parking at Holly Hall is free.

A further concern was the risk of increasing pressure on services at Russell's Hall, particularly A&E, by directing more patients to the site.

**Improved Access to GPs:** Access to primary care was one of the most frequently raised issues in consultation responses and at meetings. The consultation form posed a specific question (Question 5) inviting people to select, from a list, three services which they felt would most improve healthcare services in Dudley and the top four most popular choices all related to GP services, as follows:

- Local GPs to open at weekends (68% of all respondents)
- Local GPs to offer walk-in appointments (58% of all respondents)
- Local GPs to open earlier/later (55% of all respondents)
- More urgent appointments at GP services (34% of all respondents)

Questions were raised at a number of meetings as to whether the CCG actually had the power to influence GP opening times, as the contracts are held by NHS England following the restructuring of the NHS in 2013.

**Other issues:**

A number of respondents queried how our proposals would impact on patients who are not registered with GPs.

A point made in many forums was the need for local people to have somewhere to turn for advice or reassurance at any time of the day or night, either over the phone or face to face. This issue was a general concern but expressed particularly strongly by those caring for young children. Many

respondents were aware of the 111 service but there were mixed views about the effectiveness of the service in its current form, with some users expressing genuine satisfaction but others voicing reservations about the quality of the advice provided.

Another concern that was raised regularly was the lack of specific provision in the urgent care system for patients with mental health issues.

Following discussions with a number of public and patient groups, the CCG was also urged to do more to raise awareness of what has already been achieved locally in terms of improving access to primary care.

## **CONCLUSION**

This consultation took a considerable amount of time and effort to plan and deliver. The timing of the consultation, and the way the possible service scenarios developed during the consultation period added to the challenge. Members of the CCG's Communications and Engagement team, senior managers and clinical colleagues have all made a valuable and much appreciated contribution and found themselves in the midst of some robust exchanges of views.

We would also like to express our thanks to everyone who took the time and trouble to complete a consultation form, come to an event or share their views with us. (We have sent out this week invitations to all contributors whose details we have, asking them to come to our feedback event next month.)

## **RECOMMENDATION**

Board members are asked to note the consultation activities set out above by way of assurance that the CCG has fulfilled its statutory obligations to properly consult on proposed changes to the urgent care system

Members are also asked to note the feedback received and take it into account when agreeing next steps in developing an improved urgent care system for the people of Dudley

## **APPENDICES**

Appendix 1 – Healthwatch Dudley report

Appendix 2 – Summary of responses from partner organisations and other correspondence including contact from MPs

**Richard Haynes**

**Interim Head of Communications and Engagement**

**8 January 2014**

# **Dudley Clinical Commissioning Group Urgent Care Consultations**

**Questionnaire Survey  
Dudley Borough Walk-in Centre  
Russells Hall Hospital Accident and Emergency**

**First Report**

**Healthwatch Dudley**

**January 2014**

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**Acknowledgements**

Healthwatch Dudley would like to thank everyone who helped with the questionnaire survey at Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency including staff, patients and volunteer helpers.

## **Summary**

Healthwatch Dudley undertook a questionnaire survey at the Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency on behalf of the Dudley Clinical Commissioning Group (DCCG) as part of its review of Urgent Care services. In total 943 patients (or their representatives) participated in the questionnaire survey that included 395 male and 417 female patients where their sex was known. In turn, the ethnicity of 829 patients was recorded with the majority, 677 patients, being British. Information was obtained that showed 839 patients indicated that they were registered with a doctors surgery and 546 patients indicated that they travelled straight to the Walk-in Centre or Accident and Emergency without getting any medical advice. Patterns in the numbers of patients coming to the Dudley Borough Walk-in Centre and the Russells Hall Hospital Accident and Emergency from different surgeries are shown for 630 patients. When patients were asked about whether they had tried to contact a doctors surgery before coming to the Walk-in Centre or Accident and Emergency 847 patients gave details and 487 of them said they had not tried to contact a doctors surgery. When patients who had obtained medical advice (320 in number) were asked how they were referred on to the Walk-in Centre or Accident and Emergency 98 said they had been referred by a doctors surgery.

Patients were concerned about the proposal to close the Walk-in Centre which is popular and fills a gap in primary care service provision (especially for patients unable to get an appointment at a doctors surgery). Any new facility to replace the Walk-in Centre would need to consider patient issues relating to its location and accessibility, the types of services provided, and car parking issues. It is a mixed picture regarding patient perceptions of whether a doctors surgery could have helped them if they had been able to get an appointment and in terms of patients past experience of getting into a doctors surgery. Nevertheless, 449 patients said they would be happy to be referred back to a doctors surgery for treatment after assessment at the Walk-in Centre or Accident and Emergency. Meanwhile, there is a demand from particular patients groups for seven day opening of doctors' surgeries, longer opening hours, shorter waiting times for appointments, and more same day appointments. Questions arise about how to get patients who are using the Walk-in Centre and where it is appropriate Accident and Emergency to use doctors surgeries and avoid simply shifting patients around without dealing with underlying problems around access to doctors' surgeries.

## **Introduction**

Healthwatch Dudley undertook a questionnaire survey at Russells Hall Hospital Accident and Emergency and the Dudley Borough Walk-in Centre over a period of seven days between Friday 29 November and Thursday 5 December 2013. It was undertaken on behalf of the Dudley Clinical Commissioning Group (DCCG) as part of their review of Urgent Care services and consultations taking place between 17 October and 24 December 2013 on proposals to improve the design of primary and community urgent care services, out-of-hours services and close the Walk-in Centre

and provide a different service based at the Russells Hall Hospital site. Walk-in Centre opening times are from 8.00am to 8.00pm on Tuesday, Wednesday and Thursday and from 8.00am to 10.00pm on Friday, Saturday, Sunday and Monday. Questionnaire survey sessions were from 8.00am to 8.00pm (with an extension to 10.00pm at Accident and Emergency on Tuesday, Wednesday, and Thursday to assess any impact of changed Walk-in Centre opening times on demand for Accident and Emergency services). There were four Healthwatch Dudley members of staff and fifteen volunteer helpers who had attended an induction event to learn more about the project involved in undertaking the questionnaire survey work. At each questionnaire survey location there was a Healthwatch Dudley member of staff and either one or two volunteers covering four hour questionnaire survey interview sessions. Their role was to approach patients in each of the facilities and ask them for their help to answer some questions (designed to take up no more than five minutes of their time) on why they were using the Walk-in Centre or Accident and Emergency.

In the main computer tablets and Survey Monkey online questionnaire survey software were used to collect patient responses to questions (and sometimes the responses of a representative to questions on a patient's behalf in instances where, for example, they were an infant or young child). Some paper questionnaire surveys were completed at times when WiFi internet access to the online questionnaire survey was problematic or an interviewer was not comfortable using a computer tablet. No patient medical details were collected and confidentiality was ensured to the extent that only aggregated patient information would be used in any report and patient anonymity would be maintained. All questions were optional to answer (except for the question to get a patient's consent to continue with the questionnaire survey). There were closed questions (requiring a yes or no response) that sometimes directed the interviewer to another relevant part of the questionnaire survey, questions requiring one or more boxes to be ticked from a list, and questions requiring a response on a scale of 1 to 6 where 1 is strongly disagree and 6 is strongly agree with a particular statement. In addition, there were some questions on patient gender, age, ethnicity, home address post code, and work arrangements. Patients also had the opportunity to make any other comments. Finally, non-response rates were recorded where a patient declined to continue with the questionnaire survey or an interviewer decided that it was not appropriate to continue with a questionnaire survey. The aim was to produce a summary report for the DCCG board meeting scheduled to be held on the 9 January 2014.

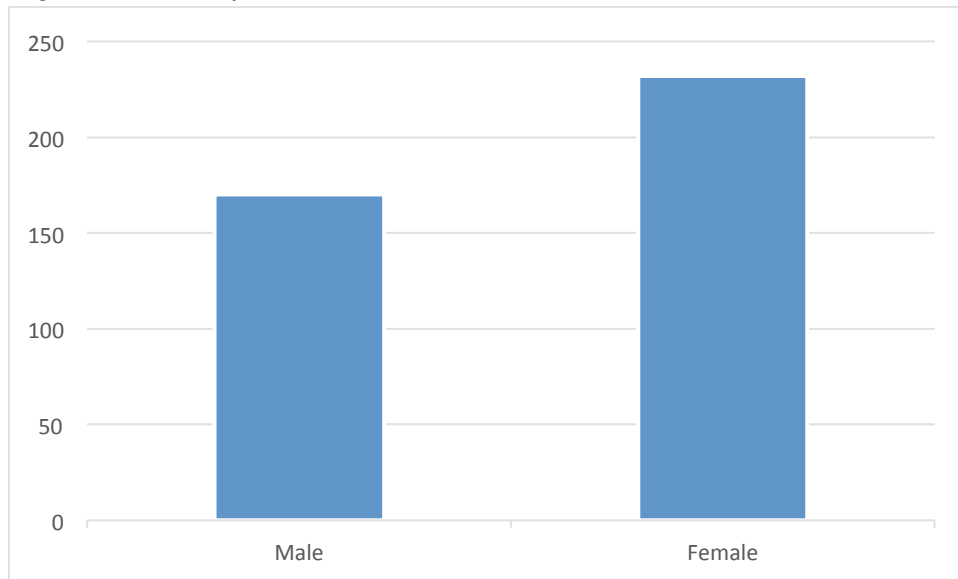
### **Descriptive Information**

At the Walk-in Centre and Accident and Emergency a total of 1,074 patients (or their representatives) were approached and asked for their help to answer some questions on why they were using the facility. After this initial contact 943 patients (or their representatives) agreed to take part in the questionnaire survey. In terms of non-response there were 131 patients (or their representatives) that declined to participate in the questionnaire survey. A breakdown of the participants at each

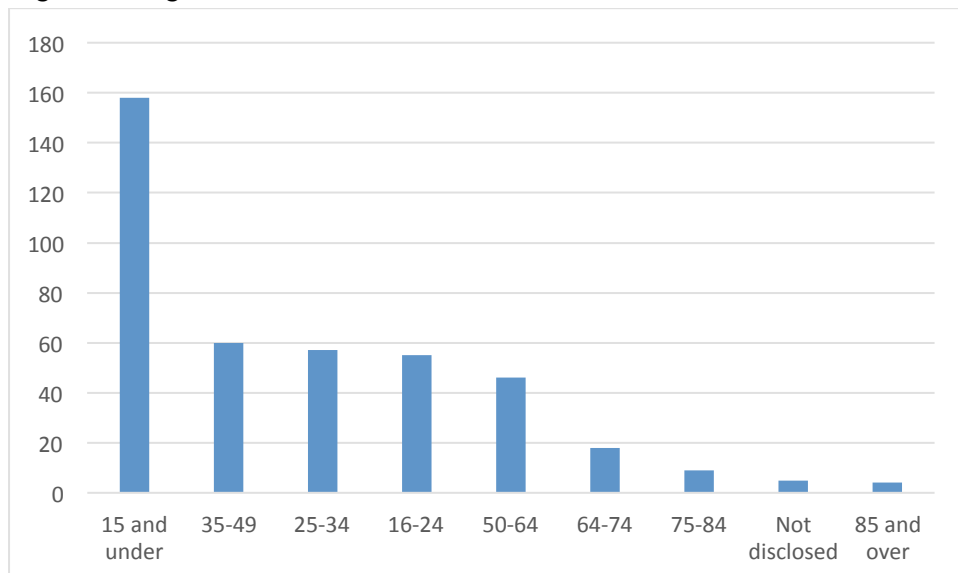
location shows that at Accident and Emergency there were 459 participants and at the Walk-in Centre there were 440 participants (with 44 participants where there was no interview location recorded).

At the two study locations there were a total of 395 male and 417 female patients, one transgender patient, and 130 patients where their sex was not recorded. The question on age was answered by 819 patients with 280 being aged 15 or under, 113 aged 65 or over (see Figure 1 to 4 below)

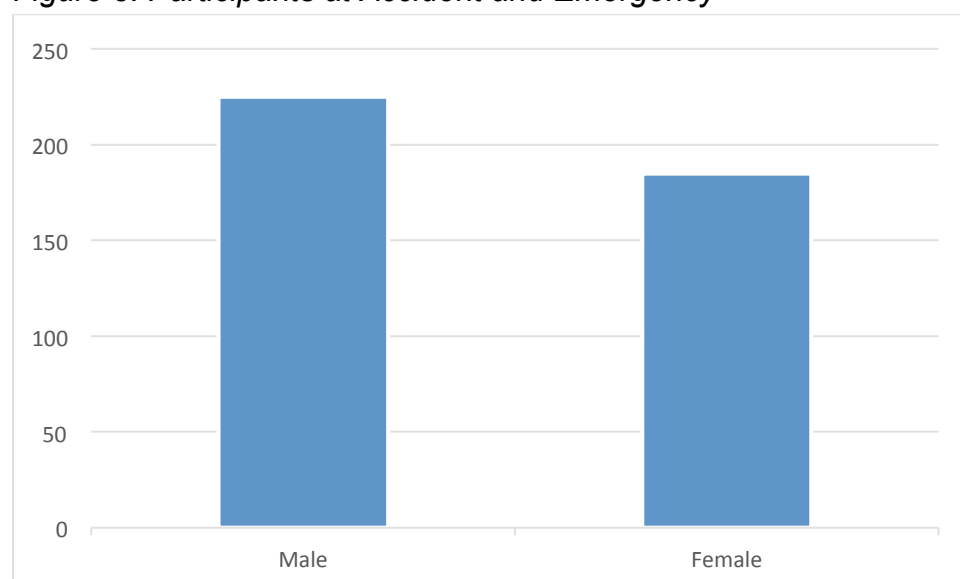
*Figure 1: Participants at the Walk-in Centre*



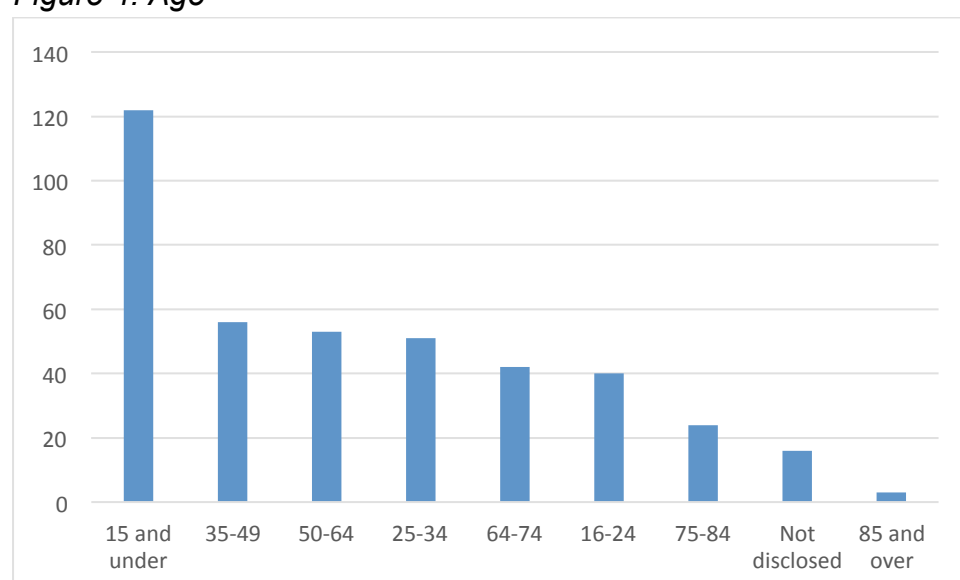
*Figure 2: Age*



*Figure 3: Participants at Accident and Emergency*



*Figure 4: Age*



In turn, 829 patients ethnicity was recorded with 677 being British and smaller numbers from White and Black Caribbean, Indian, and Pakistani ethnic groups. Information on the working patterns (or not) of 809 patients was recorded. For 480 patients the question was not applicable because they were an infant or young person, not in employment, or retired. For the other patients the majority, 250 of them, said they worked days. There was information on 883 patients on how they travelled to the Walk-in Centre or Accident and Emergency. Of these patients 622 travelled in their own or a family car, 110 got a lift from someone, 47 came by bus, 34 came by taxi, 35 came by ambulance, and 29 came on foot.

Information on seeking medical advice before attending the Walk-in Centre or Accident and Emergency was collected for 859 patients. The figures show that 546 patients travelled straight to the Walk-in Centre or Accident and Emergency without

first seeking medical advice and 310 patients travelled to the Walk-in Centre or Accident and Emergency after first seeking medical advice.

### ***Doctors Surgery Access Issues***

Information was obtained on 868 patients regarding registration with a doctors surgery. It shows that 839 patients were registered with a doctors surgery. On arrival times, information was collected on 881 patients across the Walk-in Centre and Accident and Emergency study locations. Sample graphs show that a number of patients are using the facilities even when doctors surgeries are open (see figures 5 to 8 below).

Figure 5: Arrivals at the Walk-in Centre (Friday 29 November)

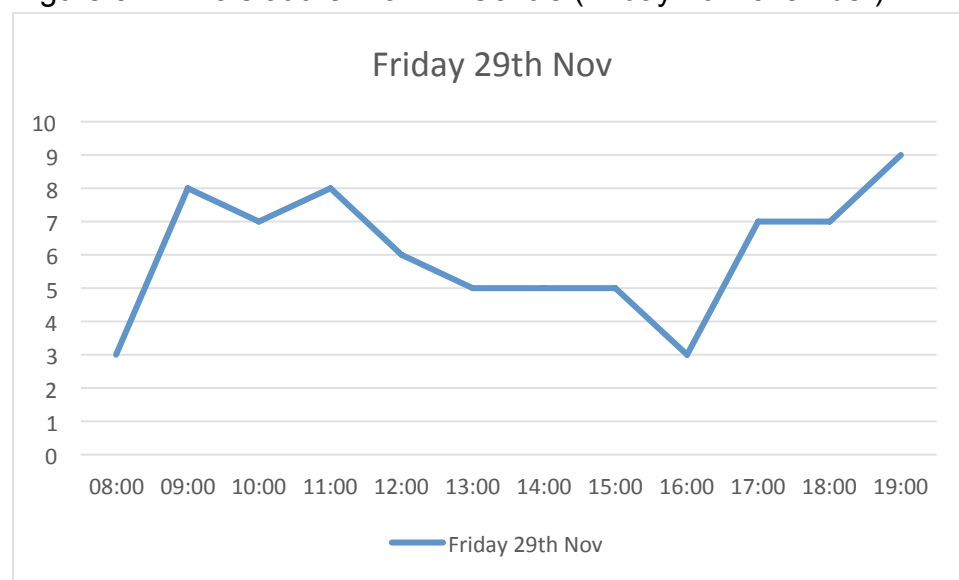


Figure 6: Arrivals at the Walk-in centre (Saturday 30 November)

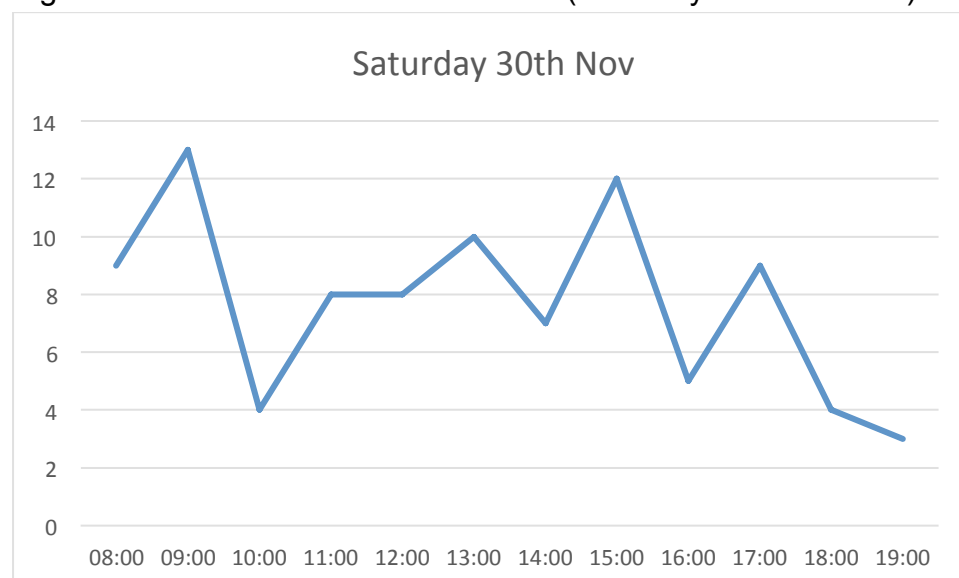


Figure 7: Arrivals at Accident and Emergency (Friday 29 November)

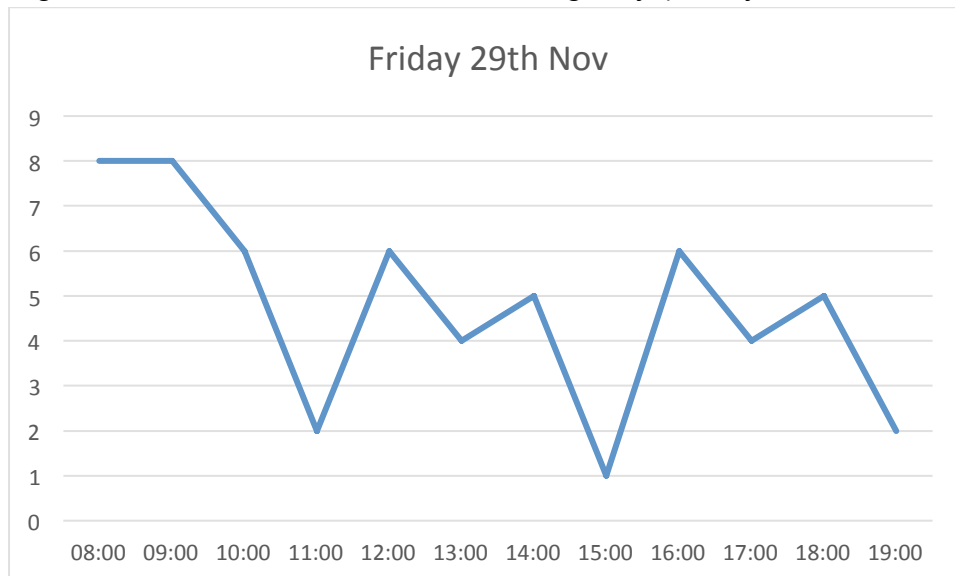
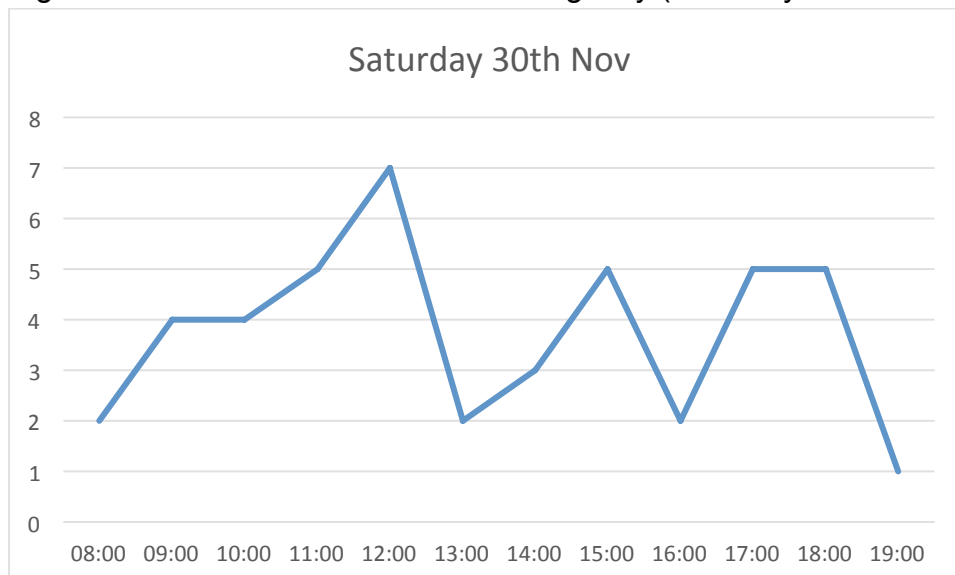


Figure 8: Arrivals at Accident and Emergency (Saturday 30 November)



### *Patient and surgery information*

Patterns in the numbers of patients coming to the Walk-in Centre and Accident and Emergency from different surgeries was collected on 630 people about whom the name of the doctors surgery that they used was known (see Figures 9 and 10 below).

Figure 9: Patient doctors surgery (Walk-in Centre)

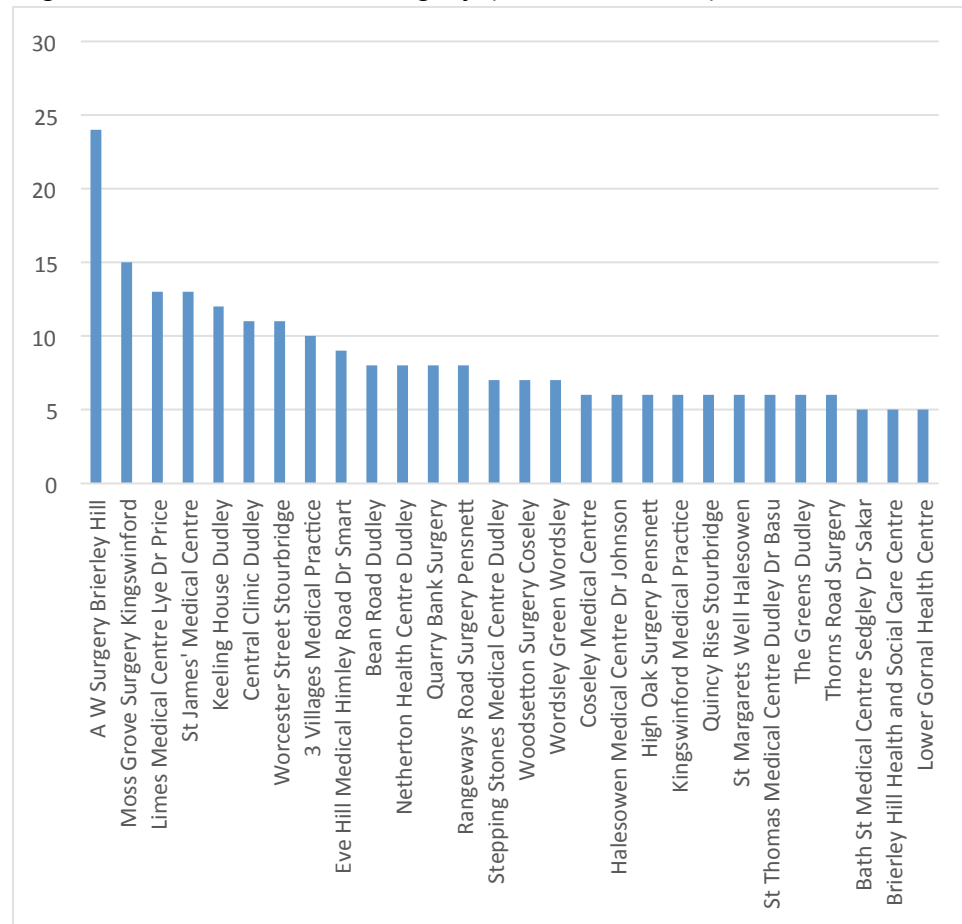
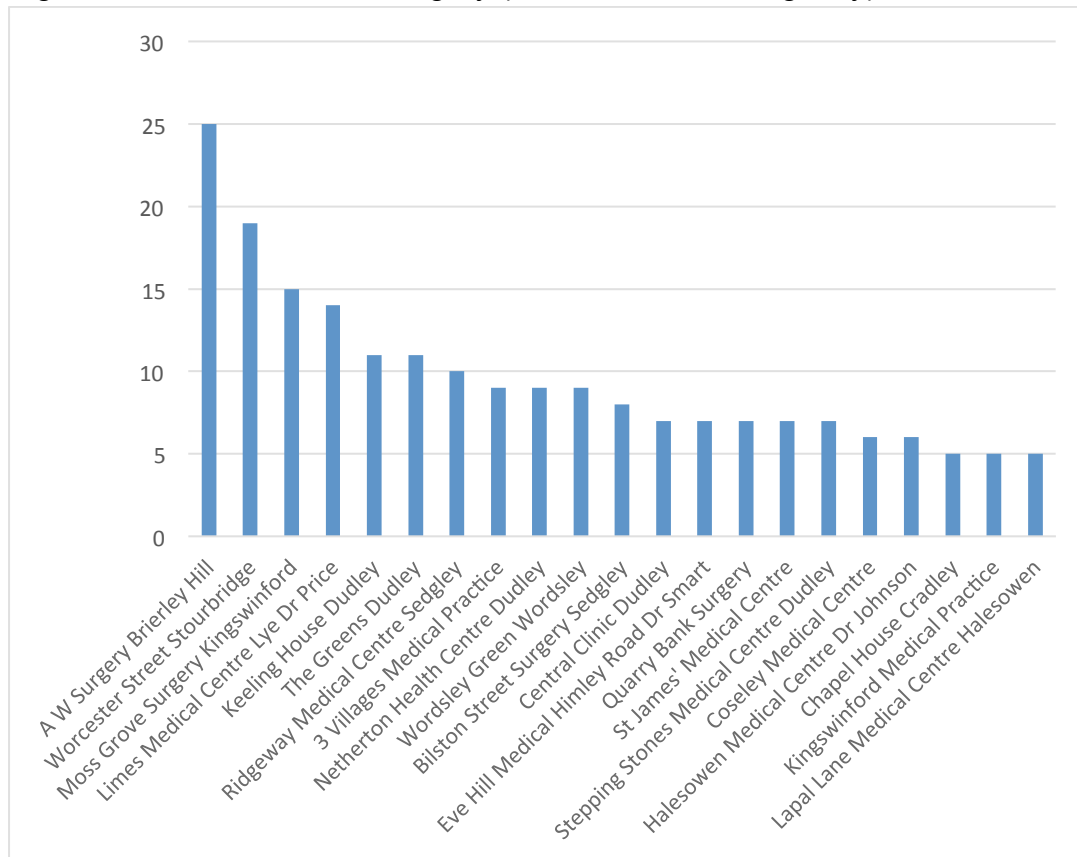




Figure 10: Patient doctors surgery (Accident and Emergency)



In turn, it was possible to collect information on 740 patients about their home address postcode (see Figure 11 below).

Figure 11: Patient home address postcode (Walk-in Centre)

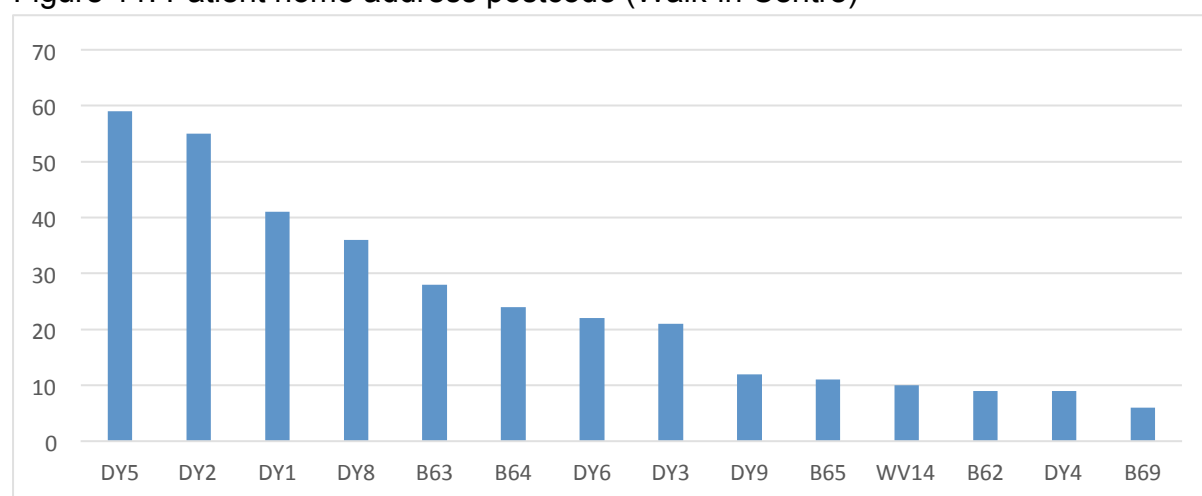
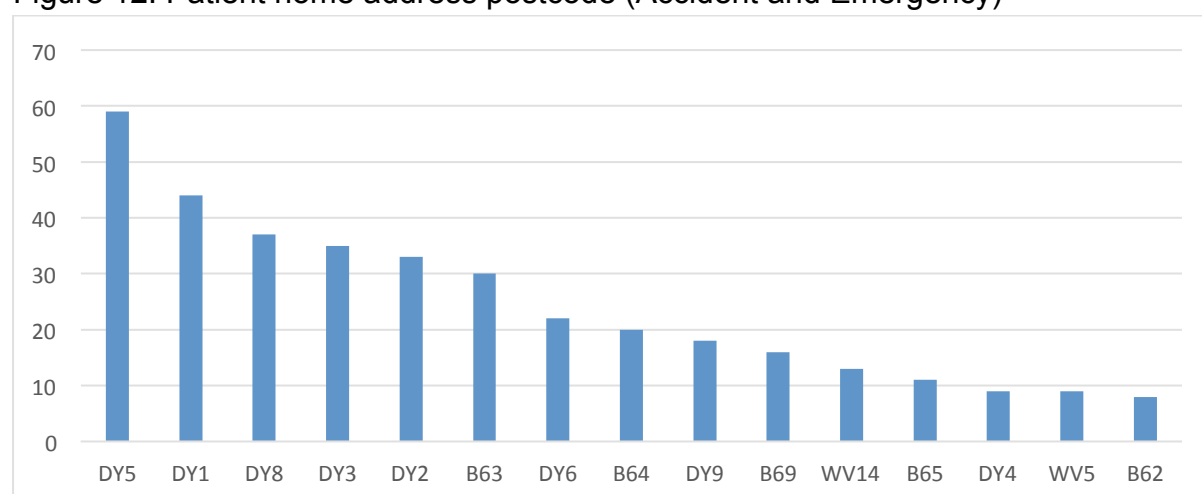


Figure 12: Patient home address postcode (Accident and Emergency)



### *Getting medical advice*

When patients who had obtained medical advice (320 in number) were asked how they were referred on to the Walk-in Centre or Accident and Emergency 98 said they had been referred by a doctors surgery. A total of 117 patients were referred on by a pharmacy, a work, leisure facility or school based first aider, community nurse or health visitor. There were 56 patients who had been referred on by the NHS 111 telephone advice line, and 19 patients who were taken to a facility by the ambulance service (see figures 13 and 14 below).

Figure 13: Patient referrals (Walk-in Centre)

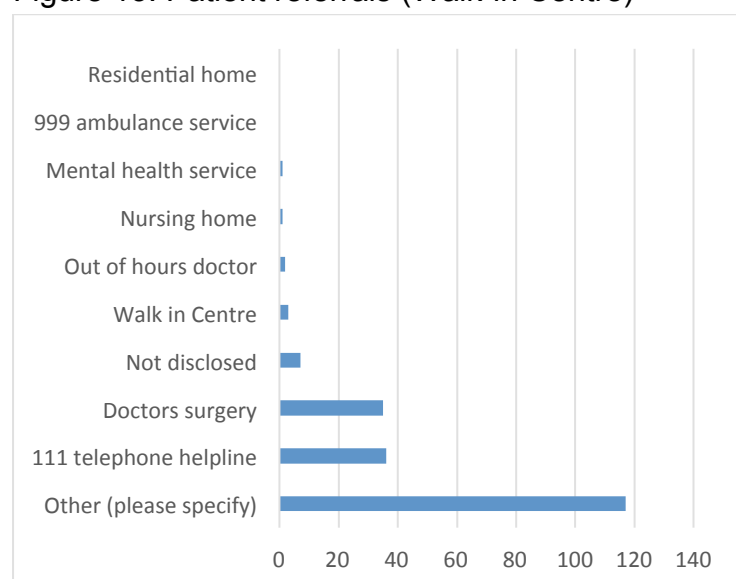
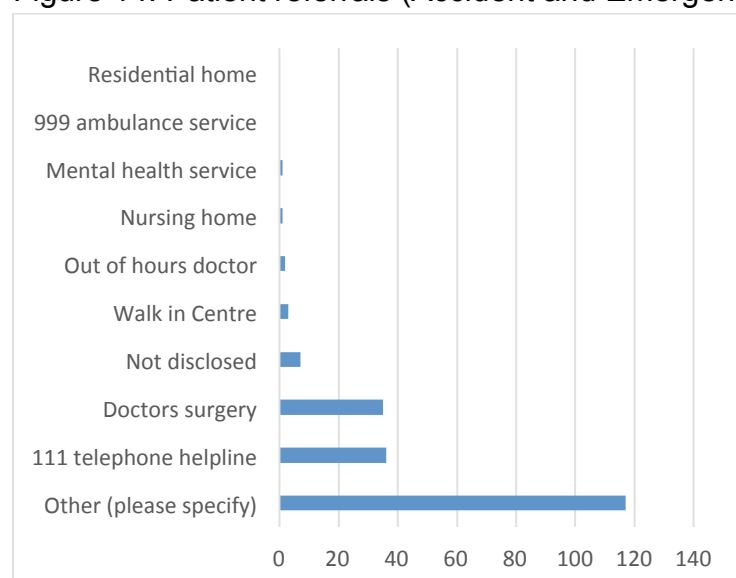


Figure 14: Patient referrals (Accident and Emergency)



When patients were asked about whether they had tried to contact a doctors surgery before coming to the Walk-in Centre or Accident and Emergency there were details provided for 847 patients. The information collected shows that for 487 patients no attempt had been made to contact a doctors surgery and for 356 patients there had been an attempt to contact a doctor's surgery (see Figures 15 and 16 below).

Figure 15: Contact with a doctors surgery (Walk-in Centre)

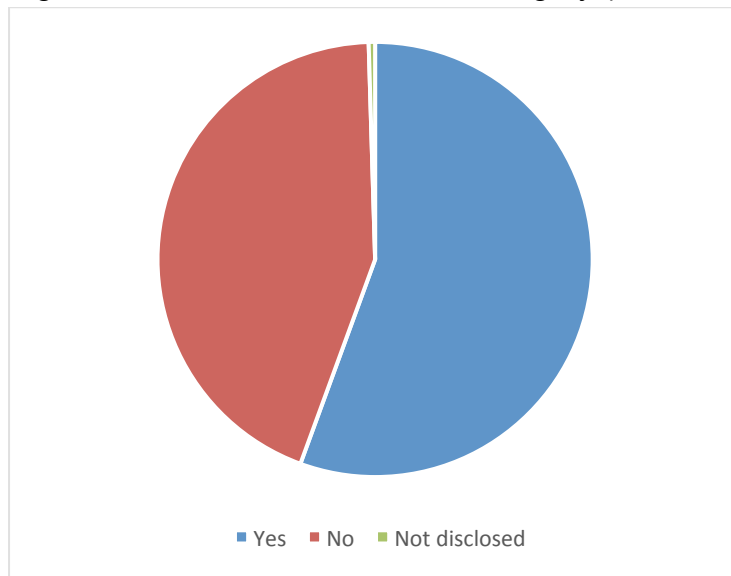
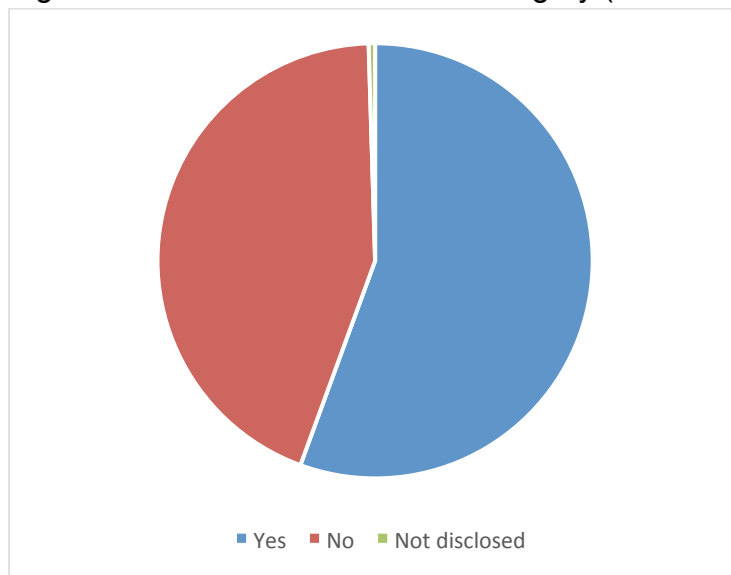
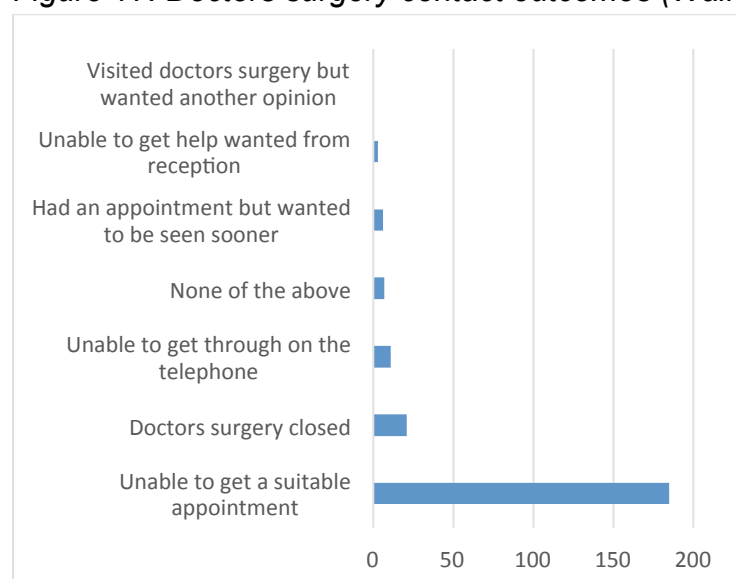


Figure 16: Contact with a doctors surgery (Accident and Emergency)

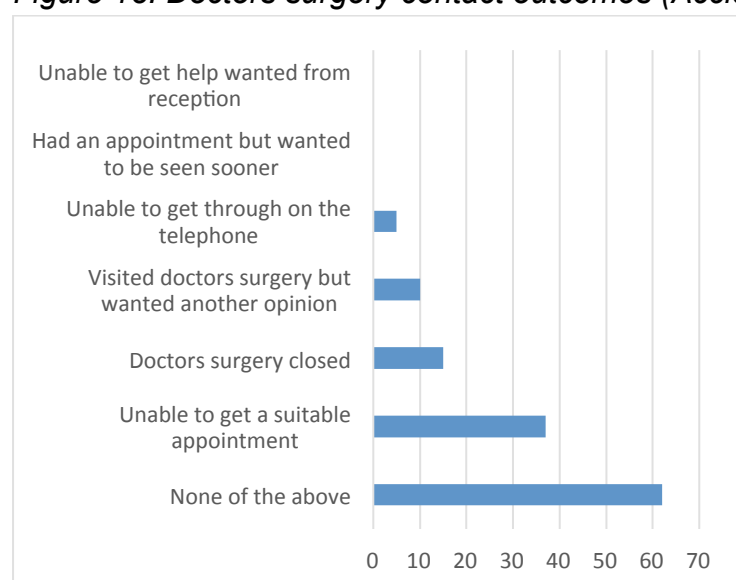


A question on the outcome for patients following an attempt to contact a doctors surgery show that for the 362 patients that details were collected there were 222 patients that were not able to get a suitable appointment. Other issues include the doctors surgery being closed (36 patients), and not being able to get through on the telephone (16 patients). There were 10 patients who had been to a doctor's surgery but wanted another opinion, 6 patients who had had an appointment but wanted to be seen sooner, and 3 patients who were not able to get the help they wanted from a surgery reception (see Figures 17 and 18 below).

**Figure 17: Doctors surgery contact outcomes (Walk-in Centre)**



**Figure 18: Doctors surgery contact outcomes (Accident and Emergency)**



### ***Views and experiences***

[There were] thirty-nine people in the telephone queue ... difficult to get an appointment ... used Walk-in Centre. Appointments hard to get... Called twice for an emergency appointment but couldn't get in, baby has a chest infection ... if the Walk-in Centre closes where will people go? Came to the Walk-in Centre with the same problem two weeks ago, can only get an appointment with GP three days in advance, prefer to be seen at Walk-in Centre ... Can never get an appointment, only one doctor and only works three days each week ... Can't plan illness, no appointments for same day at GP ... Child ill ... it took one and a half hours to get through on the phone to GP, Walk-in Centre provides excellent service. Couldn't get an appointment for another week, can't get appointments for children either so usually go straight to Walk-in Centre ... Lots of people will be lost without Walk-in

Centre ... Walk-in Centre is convenient ... Walk-in Centre is fantastic my kids and grand kids use it regularly ... Walk-in Centre is very valuable we have used it, don't know what people will do without them.

### *Why patients are using services*

Where no attempt to contact a doctors surgery had occurred prior to attending the Walk-in Centre or Accident and Emergency information collected on 412 patients giving one or more reasons shows that for many it was because it was known that the surgery was closed or there was a feeling that it was a medical emergency situation (see Figures 19 and 20 below).

Figure 19: No prior contact with a doctors surgery (Walk in Centre)

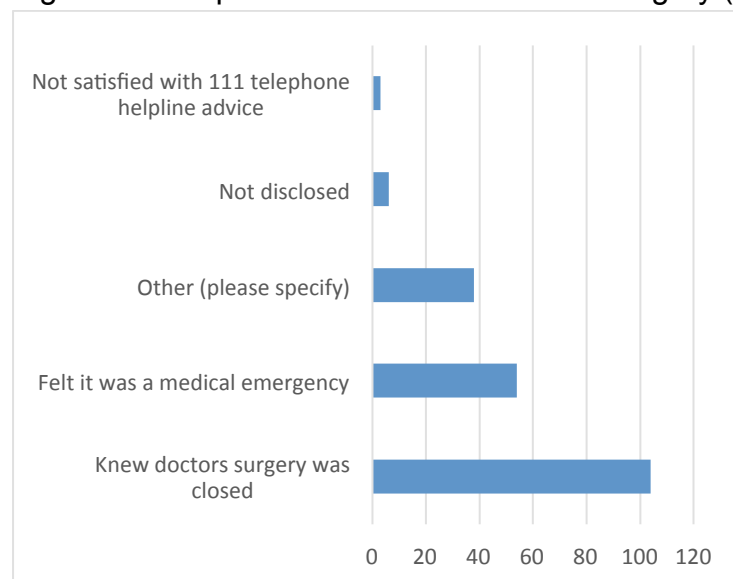
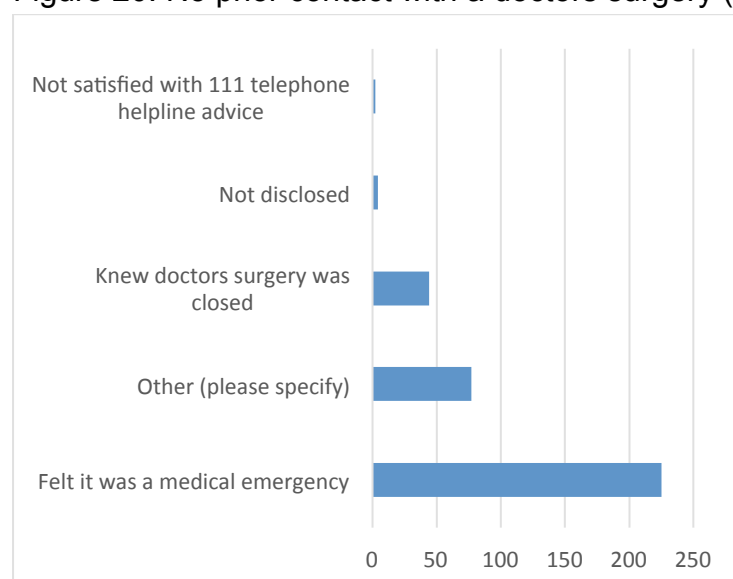


Figure 20: No prior contact with a doctors surgery (Accident and Emergency)



### ***Dudley Borough Walk-in Centre and Patient Concerns***

There is a demand for Walk-in Centre services (and opening hours have recently been extended). There is some evidence of people going to Accident and Emergency when the Walk-in Centre reaches capacity and it seems there is some extra burden placed on Accident and Emergency due to the way that some patients are not able to effectively access doctors surgery services.

- Patients are worried by the proposal to close the Walk in Centre
- The Walk in Centre is popular and the number of patients using it each year continues to grow
- A gap in doctors surgery service provision is being filled by the Walk in Centre (when people cannot get into doctors surgeries)
- Any new facility to replace the Walk-in Centre would need to consider location, accessibility, service provision and parking issues.

### ***What patients want***

Of 822 patients for whom information about the helpfulness of a doctors surgery was obtained (on a scale of 1 to 6 where 1 is strongly disagree and 6 is strongly disagree) 411 patients were at level 5 or 6 towards the strongly disagree end of the scale and 322 patients were at level 1 and 2 towards the strongly agree end of the scale. A breakdown of the data for the two study locations is provided in Figures 21 and 22 below.

Figure 21: Could a doctors surgery have helped (Walk-in Centre)

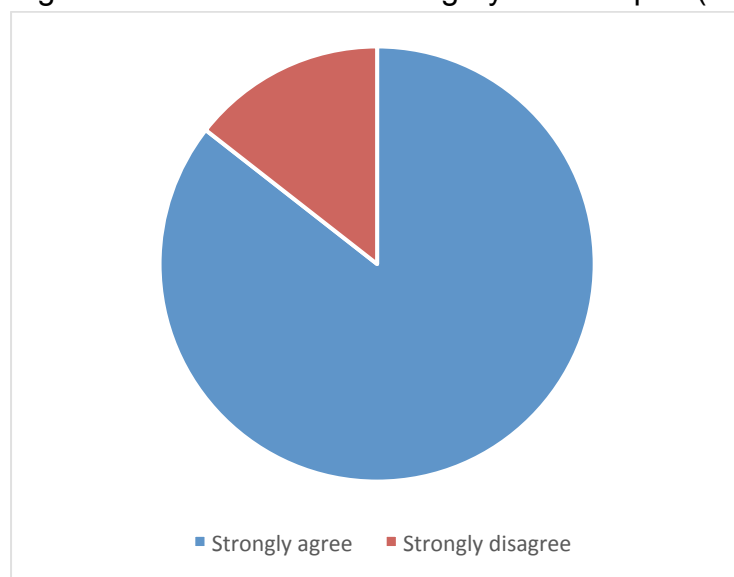
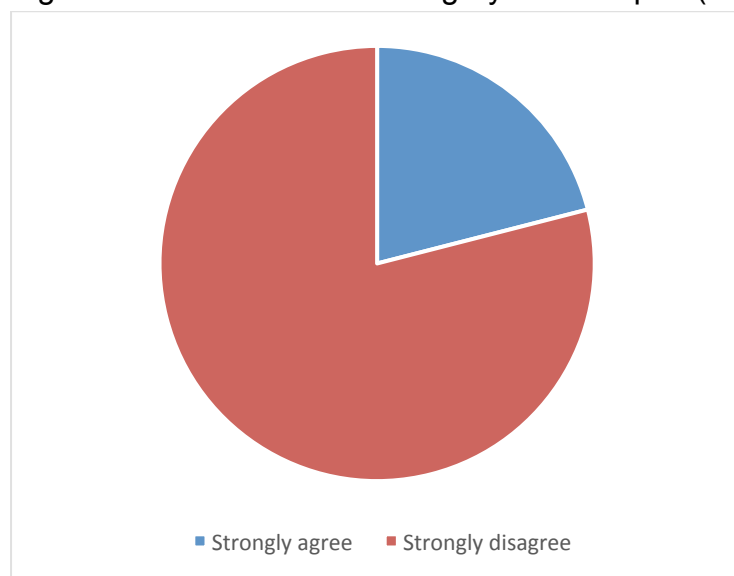


Figure 22: Could a doctors surgery have helped (Accident and Emergency)



On a question about past experience of getting into a doctors surgery the information collected on 819 patients shows that there were 309 patients at level 5 and 6 strongly agree that past experience of getting into a doctors surgery had been satisfactory and 301 patients on level 1 and 2 strongly disagree that past experience of getting into a doctors surgery had been satisfactory. A breakdown of the information on past experience of getting into a doctors surgery for the two study locations is provided in Figures 23 and 24 below.

Figure 23: Satisfaction getting into a doctors surgery (Walk-in Centre)

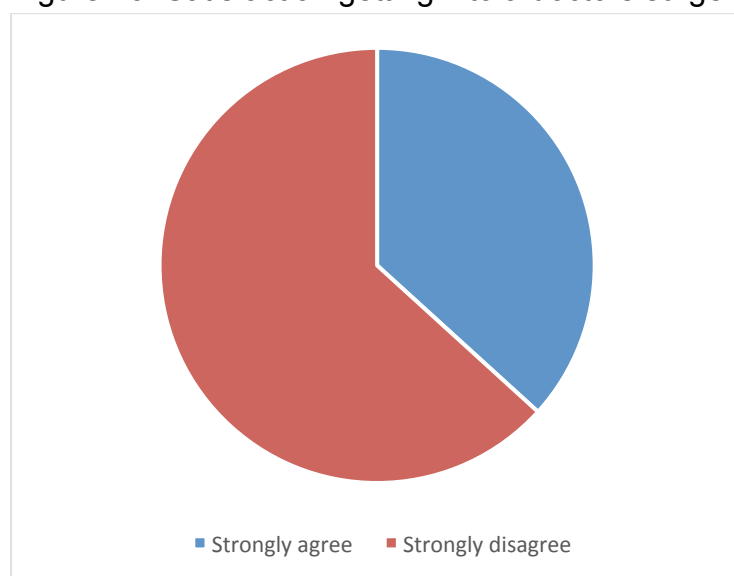
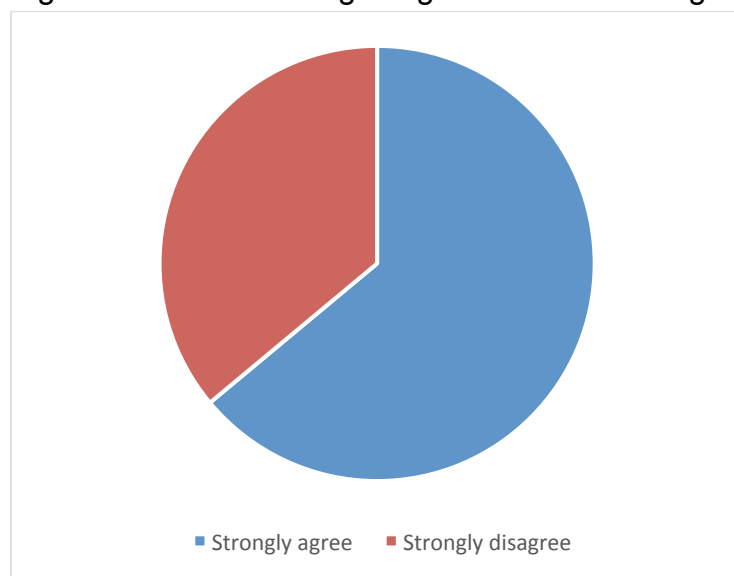




Figure 24: Satisfaction getting into a doctors surgery (Accident and Emergency)



On happiness to go back to a doctors surgery for treatment after assessment at the Walk in Centre or Accident and Emergency there were response for 809 patients. Of these response 449 patients were at levels 5 and 6 strongly agree and 190 were at levels 1 and 2 strongly disagree.

### ***Questions for Dudley Clinical Commissioning Group***

There are patient access to doctors surgery issues that are widespread and even impact on patients who can get appointments but are not necessarily happy about the length of time it takes to get to see a doctor. Being unable to get a suitable appointment at the doctors' surgery is a significant issue for many patients. In addition, there are particular issues in getting access to a doctors surgery affecting infants and young people.

- How would any replacement facility for the Walk-in Centre be combined with plans to reduce the difficulties that some groups of patients experience getting access to a doctors surgery?
- How would any replacement facility for the Walk-in Centre avoid simply shifting patients around without dealing with underlying problems around access to doctors' surgeries?
- Would any replacement facility for the Walk-in Centre put more pressure on Accident and Emergency if access to doctors' surgeries did not change?
- Would it be better to retain the Walk-in Centre service and try to make changes in dealing with the patient access doctors' surgeries issues?

### **Conclusions**

The questionnaire survey provides valuable initial insights on the views and concerns of patients using the Dudley Borough Walk-in Centre and Russells Hall

Hospital Accident and Emergency. It shows that there is a gap in doctors surgery provision that is being filled by the Walk-in Centre. Information on a representative group of 943 patients was collected and many were keen to talk about their experiences of getting access to a doctors surgery and the future of the Walk-in Centre. A number of patients were fearful about what people would do if the Walk-in Centre was closed and there was much elaboration on peoples difficulties getting access to a doctors surgery and in particular suitable appointments without having to wait days or in a few instances weeks. Patients also had concerns about getting access to primary care services when doctors surgeries were not open in the evenings and at weekends. And some patients said they were unable to easily get time off of work for available doctors surgery appointments, they had infants and young children and found it difficult to get access to a doctors surgery when they needed to, or they were older people that sometimes needed to access a doctors surgery at short notice and this was not always possible. Consideration will need to be given to the question of doctors surgeries opening at weekends and for longer in the evenings as well as making it easier for patients to get access to doctors surgery services, waiting less time to see a doctor and able to more easily get a same day appointment. Any plan for a new medical facility at the Russells Hall Hospital site intended to replace the Walk-in Centre would need to include a clear strategy to deal with these patient access to doctors surgery services to prevent just simply shifting patients around and not getting more back into using doctors surgeries as their first port of call when they need medical help.

## **INTRODUCTION**

This appendix summarises responses received to our Urgent Care Consultation from key partner organisations and other examples of correspondence received. The amount of feedback received was considerable and although we are not able to list every respondent by name we are grateful to them all for their contributions, which will continue to inform the development of urgent care services.

### **Dudley Group NHS Foundation Trust**

Fully supportive of improvements to health and social care that ensure that the residents of Dudley are cared for in the right place, at the right time, by the right provider.

Extremely supportive of an increase in capacity in GP availability for patients who currently attend the Walk in Centre (WIC) or our Emergency Department (ED) as these are provided more locally and the GP is often the best informed and most aware of current care issues. Would expect that this may lead to a reduction in demand.

Supportive of better 24 hours a day and 7 days a week support for patients in need of urgent health care through an easier to navigate urgent care centre.

Would like CCG to ensure that ALL patients are able to consistently access care in their area of Dudley. A collaborative approach to a co-located, Urgent Care Hub/model will ensure streaming of patients through to the right service. The streaming process at first point of contact will serve to educate patients and professionals in how appropriate access to services in the borough can be made. Easier choice will help to manage demand.

For the urgent care centre to operate effectively it will need collaborative working across ambulance services, health and social care, 7 day access to GP services.

Dudley Group is committed to solving urgent care issues by providing a communication hub with access to all health and social care, reduce non-elective admissions by 15%, allowing ED to focus on those needing urgent care, working collaboratively, providing better community based acute services.

Challenges -providing a hub from the Russells Hall Hospital site for ease of access for Dudley residents requires considerable capital investment and a long term commitment to such a model would be a pre-requisite.

## **Dudley Health and Wellbeing Board**

Councillor Stuart Turner, Chair of the Dudley Health and Wellbeing Board, has indicated that he is unable to offer his support for our proposals because of two concerns.

The first relates to a need for further clarity on the location and opening hours of evening and weekend primary care services. The second is a concern about a lack of detailed information regarding patient flows and increased primary care access.

## **West Midlands Ambulance Service**

WIC provision - the urgent care centre located alongside the emergency department will make it quicker and easier for clinicians as there have been historic issues in regards to whether the WIC accepts certain types of patients transported there. Will allow for appropriate triage but needs a single triage system so no duplication of handover or two queues for ambulance staff. Co-location of services will reduce confusion for patients.

GP out of hours service - imperative our WMAS clinical staff have direct line access to a GP on the telephone to enable quicker agreement of treatment plan for patients to enable quicker release of ambulance resources and ambulance availability for further patients.

Overall Primary and Community Urgent Care - the redesign of services needs to provide services that compliment and support patients 24/7. For example, if it is deemed after triage not appropriate for ED or the urgent care centre but still requires another service, then there needs to be a safety net service that can capture this group of patients in the out of hours period such as rapid response team. The service could be expanded to include other groups of patients in addition to the elderly. This will help to ensure patients are treated in the right place, at the right time.

There is a need to community based services to ensure that they are simplified as to who delivers what, when and how, then make this available in the directory of services or through the urgent care centre. IT connectivity - it is vital there is an IT strategy that will allow all the IT systems to link up between the different Trust's/healthcare providers in the borough to assist in a seamless approach to patient care.

## **Correspondence from MPs**

During the consultation period we received correspondence from Ian Austin MP and Chris Kelly MP, both raising issues relating to their respective petitions which are mentioned in the report. Margot James MP also wrote to raise concerns about accessibility of the Russell's Hall site (an issue which was raised by other respondents and is reflected in the main themes of the feedback).

### **Dudley Local Pharmaceutical Committee**

The LPC was broadly supportive of our proposals but keen to stress the valuable role that community pharmacists can play in easing pressure on the urgent care system by, for example: Supporting patients with long term conditions; Urgent repeat prescription dispensing and wider provision of influenza vaccination.

The LPC also commented on the 111 service, specifically with regard to a need to improve signposting to community pharmacy.

### **Dudley Black Country Neurological Alliance (BCNA)**

The BCNA undertook consultations with healthcare professionals, service users and carers through one to one interviews, emails and a workshop co facilitated by Dudley CCG. Their feedback highlights a range of issues affecting patients with neurological conditions.