

# Appendix 1 – Outcome from consultation on Immediate Care Services

## 1. Summary

This appendix presents a recap on the process of consultation and an independent analysis of the responses. It highlights the key themes for consideration to inform developments in immediate care services.

The sections of this appendix are:

1. **Summary**
  2. **Recap on the process**
  3. **Who responded**
  4. **What people told us**
- Annex A – the original distribution list**

### The key points of this outcome report

- Most views expressed during this consultation suggest that people need to know that they can see a clinician at any time, 24/7.
- A&E services at Broomfield and walk-in services at Springfield offer paths of least resistance to 24/7 medical help.
- Many respondents commented that their preference for immediate care would be their GP surgery, which would require longer opening hours and immediately available appointments. Many responses suggest a strong perception that it is difficult to get an appointment with a GP.
- The majority of those who responded both in writing and in workshop sessions, would prefer that the walk-in service at Springfield continues, mainly because they perceive that it is more convenient than their GP service. Some people would prefer to see the service closed as they believe that it is a waste of local resources.
- There were concerns about being able to access primary care outside surgery hours. Respondents may not have understood that the proposed immediate care model included GP out of hours.
- While the responses received were characterised by those wishing to retain the walk-in service at Springfield, the size of the response was very low relative to the population and given the high profile media coverage, which tended to sensationalise the “closure” aspect.
- Within the responses, there was a significant suggestion of favour towards a model of immediate care in the community.

- Some respondents appreciated the potential benefits of urgent care services at Broomfield, but many of those who responded online did not fully understand the purpose of urgent care, and expressed concerns about capacity, accessibility and parking.
- Many of the respondents indicated that they knew about NHS 111 and some said that they had tried it. In general, they either lacked confidence in NHS 111 or they did not understand its purpose and distinction from the previous NHS Direct service.

## **Conclusion**

Feedback to this consultation on the future of immediate care services is mainly about issues of public perceptions and the difficulties of the mismatch between these and changing good practice healthcare.

While there are strong feelings about the potential closure of walk-in services at Springfield, the consultation feedback does not suggest a strong widespread view. In fact, responses suggest that a change in the model of immediate care could gain strong support if it brought more care closer to home. What is clear is that service changes would require considerable information and education to improve awareness, understanding and cooperation from service users.

Some misperceptions of the NHS 111 service suggest that there is need for further public information to increase service user understanding. It may raise confidence if people were to understand that NHS 111 is not just in the background but in close partnership with each GP surgery and that NHS 111 is actually handling calls on your GP's behalf. The service not just about self-care, but about which specific local service to access, when and how.

It is recommended that, in planning for immediate care services, the CCG Board gives full consideration to this outcome and its patient and public perspectives, alongside clinical and financial issues.

## **2. Recap on the process**

### **Background**

The proposed strategy for the future of immediate care services is part of the CCG's five year plan which will develop over a longer term. However, the current plan includes the proposal to stop commissioning walk-in services from the North Chelmsford Healthcare Centre, located on the Sainsbury's site at Springfield. Before reaching a decision about this particular element of plans for immediate care services, the CCG undertook a specific consultation process on immediate care, as part of a wider engagement programme on service and financial plans.

The consultation process, which ran from 13 August to 30 October 2014, was designed to set the context for future immediate care services, making clear the proposal to cease the walk-in service at Springfield and encouraging feedback.

## **Distribution**

The consultation document was downloadable from the CCG website and also sent by email to a wide list of contacts, including voluntary organisations with links to hard to reach groups. The original distribution list is included, for information, in annex A.

## **Publicity and access to the consultation**

Details of the consultation, including a list of dates of open meetings, were available from the CCG website, alongside the consultation document and link to an online feedback questionnaire.

People were invited to give their views using any or all of the following channels:

- In writing to the CCG
- In writing using an online feedback questionnaire
- By requesting a meeting with the CCG
- By joining an open workshop session held on
  - 4 September in South Woodham Ferrers
  - 8 September in Maldon
  - 10 September in Chelmsford
  - 11 September in Braintree
  - 8 October in Chelmsford
  - 15 October in Burnham-on-Crouch

Many of the organisations and groups on the distribution list subsequently publicised the consultation on their websites and in newsletters.

Press releases gained significant media coverage in all local newspapers, including the list of dates for open meetings. All of the local newspapers gave the consultation prominent and somewhat sensational coverage, emphasising the potential closure of the walk-in service.

The Medical Director, Chief Finance Officer and Director of Nursing and Quality attended a public meeting to hear views from the Essex Health Overview and Scrutiny Committee on 2 July 2014, prior to the start of the consultation process.

Partner meetings at which the issues of immediate care are discussed:

- Immediate Care Focus Group (GPs), which worked on the current proposals
- Immediate Care steering group, which includes partner organisations
- Primary Care Forum (GPs and practice managers)

- Mid Essex CCG Patient Reference Group
- Other CCG development groups, which include partner organisations – Living Safe and Well, Long term Conditions
- Financial Recovery, Innovation and Transformation (FRIT) Committee, which has lead GP members

## **Clinical involvement**

GPs and other clinicians are routinely aware of and involved in service redesign. The CCG provides information via clinical newsletters and the CCG website. Proposals for consultation were highlighted using these routine channels and clinicians were invited to have a say as individuals as well as through existing representative channels. A small number of clinicians took up the opportunity to give feedback.

Clinical representative groups that discussed the issues and responded to the consultation were:

- North and South Essex Local Medical Committees, which represent the interests of GPs
- Essex Local Pharmaceutical Committee, which represents pharmacy interests

It is also relevant that discussions with local GPs concerning CCG commissioning and financial recovery plans started in 2012, as part of the CCG's preparations for authorisation. In November of that year, at a clinical commissioning planning event, a significant number of local GPs suggested that access to immediate care should be reviewed to release savings.

## **3. Who responded**

### **Written responses**

We received 117 written responses via the online feedback questionnaire, including:

- 100 people self-categorised as local resident / patient / carer. Responses came from people in a range of age groups from 15-24 to 85+ with most respondents, 53, in the age range 45-64 and 38 respondents in the age range 25-44.
- 7 respondents self-categorised as GP / GP practice / primary care provider
- 5 respondents self-categorised as community representative (e.g. council members), one of which was the Leader of Chelmsford City Council

Written responses from community representative organisations included:

- Action for Family Carers
- Springfield Parish Council
- Danbury Parish Council
- Witham Town Council
- Chelmsford City Council portfolio holder for safer communities

## **Workshop sessions**

Those taking part in discussions at the open workshops included:

- Representatives of a range of voluntary organisations including CVSs, Age UK, Parkinson's Disease Society, Friends of Braintree Community Hospital, and others
- County, district and parish councillors
- GPs
- Members of Healthwatch Essex
- Members of service user groups and patient participation groups
- Members of the local public

Individual members of Essex Health Overview and Scrutiny Committee (HOSC) were in attendance and gave their views at several of the open meetings, but the HOSC as a body did not express an opinion or preference on the proposals in the consultation document.

## **Scale of response**

The open discussion workshops during this consultation involved over 120 people, some acting as representatives of wider networks.

Via the online feedback questionnaire, we received 117 responses.

Given that immediate care is an important issue for all residents, the size of the consultation response was very low relative to the population and compared with other similar consultation exercises. Having said that, there were strong common themes throughout both written responses and discussions that are more than likely to be relevant to the local population as a whole.

It is important to keep in mind that a consultation process such as this is designed to listen to patient perspectives. It is not a process to achieve a representative view of an electorate.

## 4. What people told us

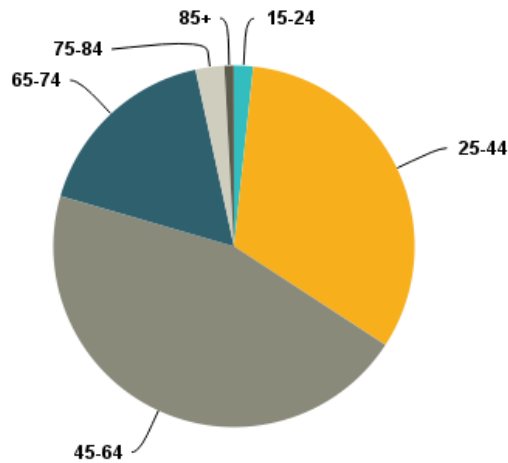
### Results from the online feedback questionnaire

#### Nature of respondents online

Of the 117 responses received via the online feedback questionnaire, 58 responses came in the first two weeks of August when stories were in the local media. These stories featured strongly the element of the proposed closure of the walk-in service at Springfield. Readers may have perceived from this the proposed closure of the whole health centre and a loss of access to services at night time and weekends. These possible misperceptions should be taken into account when considering the survey responses.

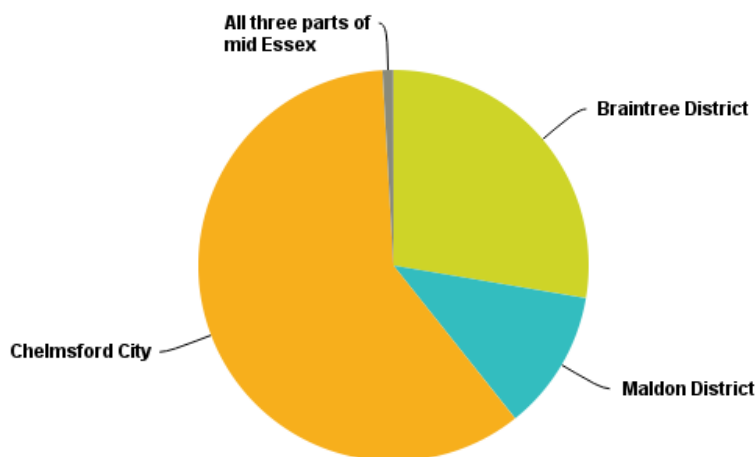
#### Q1 Age group

Answered: 117 Skipped: 0



#### Q5 Where in mid Essex do you live, or represent?

Answered: 112 Skipped: 5



## Awareness of immediate care – 99 answered

–	Am aware of this service	Am aware of this service and would know how to access it	Am aware of this service but don't know how to access it	Am not aware of this service
–	–	–	–	–
<b>GP out of hours service</b>	<b>26.26%</b> 26	<b>41.41%</b> 41	<b>18.18%</b> 18	<b>14.14%</b> 14
<b>Minor injuries and ailments services at pharmacy</b>	<b>25.77%</b> 25	<b>40.21%</b> 39	<b>11.34%</b> 11	<b>22.68%</b> 22
<b>Minor injuries services at local GP</b>	<b>18.95%</b> 18	<b>36.84%</b> 35	<b>15.79%</b> 15	<b>28.42%</b> 27
<b>NHS 111</b>	<b>37.23%</b> 35	<b>45.74%</b> 43	<b>6.38%</b> 6	<b>10.64%</b> 10
<b>Rapid assessment centre</b>	<b>8.42%</b> 8	<b>6.32%</b> 6	<b>12.63%</b> 12	<b>72.63%</b> 69
<b>Walk-in services at North Chelmsford Healthcare Centre</b>	<b>32.99%</b> 32	<b>55.67%</b> 54	<b>7.22%</b> 7	<b>4.12%</b> 4

While this is only a very small sample of the population, it is notable that 28% of respondents are not aware of minor injuries services delivered by GPs.

It is not surprising that a significant proportion of respondents are not aware of rapid assessment services as the current pathway requires a referral to these services, and service users do not themselves need to know about the services.

It is clear that in this respondent sample, most people (around 89%) are aware of the walk-in service at North Chelmsford Healthcare Centre and 56% saying they know how to use it. There is a suggestion here of this being seen as a first point of call.

## Avoiding minor cases in A&E – 100 answered

We asked people to prioritise the following six possible ways of reducing the pressure on A&E services.

<b>Service</b>	<b>Feedback</b>
Earlier and later appointment times at local GP surgeries	78% of respondents put this at <b>high</b> priority
Shorter waiting times for a GP appointment	68% of respondents put this at <b>high</b> priority
Better information / awareness of GP services, including out of hours and minor injuries	Middle of the priority range
Better information / awareness of the range of services available at local pharmacies	Middle of the priority range
Better information / awareness of NHS 111	64% of respondents put this at <b>low</b> priority
Faster response from social services	88% of respondents put this at <b>low</b> priority

Although respondents were given the opportunity to give other ideas, most of the additional comments followed the same theme of suggesting improvements in access to GP appointments and extended hours in GP surgeries.

There were notable comments on the need for public information and education and for services on site at Broomfield A&E to divert minor cases to more appropriate services (along similar lines to the proposals for an urgent care centre).

Ten respondents suggested keeping the walk-in service at Springfield.

### **Priorities for development and investment in immediate care services – 97 answered**

We asked people to prioritise the following seven possible areas for development and investment.

<b>Service</b>	<b>Feedback</b>
GP services and out of hours	83% of respondents put this at <b>high</b> priority
Accident and emergency services in hospital	42% of respondents put this at <b>high</b> priority
Community services such as rapid assessment teams	Middle of the priority range
Mental health services	Middle of the priority range
NHS 111	Middle of the priority range
Ambulance services	41% of respondents put this at <b>low</b> priority
Social services	71% of respondents put this at <b>low</b> priority

It is interesting that the overwhelming view was to invest in GP services and out of hours. It suggests that these respondents see immediate care more as a community-based service, although there remains strong support for development in hospital A&E.



We asked people to tell us more about their thinking behind this answer and 81 respondents gave their reasons. Of this group, 59% of the comments were about how improvements in access to GP services meet most immediate care needs and relieve pressure on emergency services. Another 13 comments suggested alternative community-based immediate care services, such as community nurses.

In a further question, we asked if there was any other aspect of immediate care services that needed development. Most repeated previous themes, but 12 respondents commented on the need for culture change and information.

### **Views on proposed urgent care services at Broomfield**

20 respondents liked the idea of urgent care at Broomfield, but accessibility and parking in particular was a common concern.

It was clear from the answers that people were under a misconception of proposed urgent care services, thinking mistakenly that they would simply replace the current self-referred walk-in service, where being able to get there and park, ideally free of charge, was of high importance.

34 respondents did not support the concept of urgent care at Broomfield as they felt it would be too difficult to access either by private or public transport.

A few respondents did appreciate the potential benefits of urgent care relieving the pressure on A&E and ensuring that patients got to the right care at the time.

In a further question designed to discover what people hoped a new urgent care service would achieve, the main response (54 of 84 answers) was that it would improve access to immediate care, although some expressed the view that they did not think this was likely.

### **Views on the effects on people of there no longer being a walk-in service at North Chelmsford Healthcare Centre – 95 answered**

Most people who responded via the online feedback questionnaire were doing so in order to express an opinion about keeping the walk-in service at Springfield. These respondents feel that there are disadvantages to ceasing this service.

The group of patients in the list below that people feel would be most disadvantaged would be children and parents, followed by working adults.

	<b>Major disadvantage to health and healthcare</b>	<b>Inconvenience</b>	<b>Little or no change</b>
–	–	–	–
<b>Yourself</b>	<b>48.94%</b> 46	<b>18.09%</b> 17	<b>32.98%</b> 31

<b>Your family</b>	<b>48.89%</b> 44	<b>21.11%</b> 19	<b>30.00%</b> 27
<b>Chelmsford residents</b>	<b>51.61%</b> 48	<b>36.56%</b> 34	<b>11.83%</b> 11
<b>People outside the Chelmsford area</b>	<b>37.50%</b> 33	<b>28.41%</b> 25	<b>34.09%</b> 30
<b>People with disabilities / long term conditions / frailty</b>	<b>47.73%</b> 42	<b>30.68%</b> 27	<b>21.59%</b> 19
<b>Children and parents</b>	<b>60.67%</b> 54	<b>26.97%</b> 24	<b>12.36%</b> 11
<b>Young people</b>	<b>45.98%</b> 40	<b>33.33%</b> 29	<b>20.69%</b> 18
<b>Older people</b>	<b>51.69%</b> 46	<b>28.09%</b> 25	<b>20.22%</b> 18
<b>Working adults</b>	<b>57.14%</b> 52	<b>30.77%</b> 28	<b>12.09%</b> 11

The number of responses from people who did not see the closure of the walk-in service as having much effect is not insignificant.

When asked to comment on their answer, most people talked about the convenience of the current walk-in service, particularly for people who work and for parents with children who need support out of hours.

### **Further comments in emails from local residents**

Most comments by email were in response to hearing news that the walk-in service at Springfield could stop. It is unlikely that people submitting views by email had had an opportunity to read the consultation document or consider immediate care as a whole.

Most comments expressed the view that the walk-in service should not close, and were worried about the walk-in centre being moved to Broomfield, which is more difficult to access.

### **Opinions expressed in open discussion workshops**

In a workshop setting, the CCG had an opportunity to discuss proposals and answer questions. The feedback from the workshops is therefore more informed and tends to offer more ideas than the written feedback. Views and ideas from the workshops will help to inform service plans.

The following is a collation of the contributions from people attending the local workshop sessions. These are responses were after a short presentation on the key themes of healthcare service redesign over the next five years, including the future of immediate care services.

#### **South Woodham Ferrers**

- Walk-in centre doesn't work and should be cut

- Did not have a good experience of using NHS 111, felt it was a waste of time
- Concerns about accessibility of an urgent care centre at Broomfield e.g. for people living alone without transport are vulnerable and may be unable to access out of hours immediate care services.
- Preference for immediate care to be available in Maldon district e.g. at Maldon Hospital
- GP services in SWF are very good

### **Maldon**

- Walk-in facilities at Springfield should close
- Improve capacity and access to primary care
- A&E should be able to filter out those who need other more appropriate services
- Long waits for immediate care are very difficult for mental health service users – need to improve rapid response from these services
- Need to improve parking at Broomfield if more people will be going there to access urgent care

### **Chelmsford**

- Takes up to 7 days to see a GP then there may be a long wait at the walk-in centre, then end up going to A&E anyway
- Getting GP appointments is difficult
- Need to take into account new housing in Springfield
- Need a filter in place to stop people going to A&E
- Need to invest more in community services

### **Braintree**

- Where do people go if the walk-in centre is closed – need local accessible services
- Walk-in services do not do what they were designed to do, but need to make sure other services are developed
- We use walk-in services because we can't get a GP appointment
- Prefer to be seen at our local community hospital, rather than go to a walk-in centre further away

### **Burnham on Crouch**

- Patient behaviour will be determined by the quality of advice they receive in the first instance – whether that is from NHS 111, GP
- Burnham GP practices are under pressure and, although it would be nice to have more flexible and extended hours, there isn't a high expectation for it.
- Supportive of the idea of NHS 111 – it needs a public campaign to raise confidence

- Isolated area around Burnham means people tend to use 999. People need education and reassurance.

## **Witham**

- Need to get the public more involved in what is going on – e.g. regular information out via newsletters and visits to groups, meetings of all different types

## **Key points from organisations**

### **Action for Family Carers**

- Each GP clinic (or one per town/area) could be a mini walk-in centre.
- People go to A&E as they know how to access it and have certainty about what it will provide.
- People need have similar awareness of, confidence in the response from, and ease of access to, other existing services particularly low level preventative mental health and social care services.
- Suggest a 'whole family approach' would help prevent the need for further health and social care interventions
- Access at Broomfield will not be easy for many people in Mid Essex, notably people living on the Dengie and those for whom leaving the home can be difficult, e.g. family carers
- Interested in collaboration

### **Witham Town Council**

- The walk-in service at Springfield is needed due to lack of GPs
- People are directed there by NHS 111 and GPs
- Broomfield is inaccessible for Witham residents
- We support the overall vision for immediate care, but there is a need for improvements e.g. private consultation rooms in pharmacies

### **Springfield Parish Council / Danbury Parish Council**

- If the walk-in service at Springfield were better publicised then it would do better at relieving the pressure on A&E and GP services
- Broomfield does not offer a good replacement – difficult to access
- The current walk-in service is more convenient and has free parking

### **North and South Essex Local Medical Committees**

- GPs shouldn't always necessarily be first point of contact - what about NHS 111 and pharmacy?
- We would like to know more about detailed arrangements

## Local Pharmaceutical Committee

- Public thinks that only doctors can see a health problem – should be a range of clinicians in community
- Answer is immediate care closer to home
- Don't shift the centre to Broomfield, just shifting demand – put alternatives in place for advice and reassurance
- We see no value in having pharmacy at urgent care centre, but pharmacist should be part of the team – pharmacists can be excellent at triage
- Some form of urgent care at Broomfield would be helpful

Immediate care should be delivered by a local multidisciplinary team – not just by doctors.

1. Pharmacists are accessible by phone or face to face very quickly
2. Pharmacists are more likely to know the patients medication and some history
3. Pharmacists can triage and refer onwards to more acute settings if required
4. Pharmacists can provide treatment and resolve the issue for the patient when appropriate.
5. A large number of u/c appointments have medicines related causes, using pharmacy proactively would prevent inappropriate use of acute services.
6. Pharmacists could do a formal referral to the U/C centre if required and triage on the urgency of the condition.
7. Patients like and trust their pharmacist

1. We understand the business case for closing the WiC in North Chelmsford.
2. We believe patients would be well served by an Urgent Care Centre although co-locating to a hospital may not be the most ideal solution.
3. We accept that better use of the NHS 111 could be helpful, but are aware of the limitations of that service.
4. Better use should be made of the Triaging skills of community pharmacies.
5. Community pharmacy should be promoted as an option of choice as opposed to an alternative when GPs are closed or appointments unavailable.
6. Pharmacists already advise, support and refer. They should be allowed to treat on the NHS under appropriate guidelines.
7. Better use should be made of prescribing pharmacists for immediate care.
8. Consideration should be given to the development of an emergency supply service to avoid inappropriate access to urgent care services.

## Annex A – the original distribution list

BME minority liaison contacts in mid Essex  
Children's Centres in Mid Essex  
District, Town and Parish Councils in mid Essex  
Essex CCGs and CSU  
Essex County Council (including Adult Social Care Services and Children and Young People's Care Services)  
External support organisations involved in mid Essex health economy  
GP practices in mid Essex  
Health and Wellbeing Board  
Health Overview and Scrutiny Committee  
Healthwatch  
Hospitals and service providers in Essex  
Local Representative Committees  
Local MPs  
Mid Essex contacts for groups representing people with disabilities  
Mid Essex Patient Reference Groups  
Mid Essex Primary Care Forum  
Mid Essex System Leadership Group  
NHS England (Essex and Midlands and East)  
Patient participation groups (Trusts and GP practices)  
Press and media contacts  
Voluntary sector organisations in mid Essex

