

Urgent Care Centres pre-consultation

Outcomes Report

1.0 Introduction and Background

Urgent & Emergency Care

The National Urgent and Emergency Care Review led by Professor Sir Bruce Keogh and Professor Keith Willet which commenced in 2013 called for emergency and urgent care services to be more responsive and personalised for patients and delivers even better clinical outcomes¹. It is essential that the whole urgent and emergency care pathway is transformed, from end to end. The system-wide approach is the only way to create a sustainable solution and ensure that future generations can have peace of mind that when the unexpected happens, the NHS will still be able to provide a rapid, high quality and responsive service, free at the point of need.

The case for change, opportunities for improvement

The reasons for the growing pressures our A&E departments are experiencing have been well rehearsed. Two things in particular are often cited. Firstly, an ageing population with increasingly complex needs is leading to ever rising numbers of people needing urgent or emergency care. Secondly, we know that many people are struggling to navigate and access a confusing and inconsistent array of urgent care services provided outside of hospital, so they default to A&E. While both these things are true, they arguably underplay the fact that A&E departments have become victims of their own success.

The A&E brand is trusted by the public and, despite increasing pressure, continues to provide a very responsive service with an average wait for treatment of only 50 minutes and the overwhelming majority of patients being treated within 4 hours. So, we should not be surprised that people choose to go to A&E.

The reality is that millions of patients every year seek or receive help for their urgent care needs in hospital who could have been helped much closer to home. The opportunities for bringing about a shift from hospital to home are enormous. For example, we know that 40% of patients attending A&E are discharged requiring no treatment at all; there were over 1 million avoidable emergency hospital admissions last year; and up to 50 per cent of 999 calls requiring an ambulance to be dispatched could be managed at the scene. To seize the opportunities these numbers present, we will need to greatly enhance urgent care services provided outside of hospital.

¹ NHS England (2013) Transforming Urgent and Emergency Care Services in England - Urgent and Emergency Care Review End of Phase 1 Report

Future Vision

The national review set out five key elements to be taken forward to ensure success. They are as follows:

- 1) **Better support for people to self-care.** This is by far the most responsive way of meeting people's urgent but non-life threatening care needs. Millions of people already do this, but millions more could be better supported to take control of their own health. To achieve this, there is a need to provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional. There is a need to accelerate the development of comprehensive and standardised care planning, so that important information about a patient's conditions, their values and future wishes are known to relevant healthcare professionals. This way, patients will be better supported to deal with that condition before it deteriorates, or if additional help is required.
- 2) **Help people with urgent care needs to get the right advice in the right place, first time.** To achieve this, it will be required to greatly enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.
- 3) **Provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E.** This will mean providing faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses for patients with urgent care needs. It will also mean harnessing the skills, experience and accessibility of a range of healthcare professionals including community pharmacists and ambulance paramedics. By extending paramedic training and skills, and supporting them with GPs and specialists, there is a requirement to develop 999 ambulances into mobile urgent treatment services capable of dealing with more people at scene, and avoiding unnecessary journeys to hospital.
- 4) **Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.** Once urgent care services are enhanced outside hospital, there will be an introduction of two levels of hospital emergency department – under the current working titles of Emergency Centres and Major Emergency Centres. In time, these will replace the inconsistent levels of service provided by A&E Departments. The presence of senior clinicians seven days a week will be important for ensuring the best decisions are taken, reassuring patients

and families and making best use of NHS resources. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. These centres will have consistent levels of senior staffing and access to the specialist equipment and expertise needed to deliver the very best outcomes for patients. We envisage there being around 40-70 Major Emergency Centres across the country. We expect the overall number of Emergency Centres (including Major Emergency Centres) carrying the red and white sign to be broadly equal to the current number of A&E departments.

- 5) **Connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.** Building on the success of major trauma networks, broader emergency care networks will be developed. These networks will dissolve traditional boundaries between hospital and community based services and support the free flow of information and specialist expertise needed to achieve the delivery of patient care in the most appropriate and convenient setting. Major Emergency Centres will have a lead responsibility for the quality of care and operational performance of services across the network they support, including linked Emergency Centres. These networks will also support the introduction of an efficient critical care transfer and retrieval system so that patients requiring specialist help reach the best possible facility in a timely fashion.

The review undertook patient and public consultation and engagement, where patients and public informed the national review that there is a confusing mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service. Within and between these services, there is a confusing variation in opening times, in the types of staff present and what diagnostics may be available.

Urgent Treatment Centres

To end this confusion, a nationally set of core standards for urgent treatment centres (UTC)² has been established to ensure as much commonality as possible. Nationally by December 2019 patients and the public will:

- a. Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.

² NHS England (2017) Urgent Treatment Centre Principles and Standards

- c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
- d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers
- e. Integrate crisis mental health

1.2 Local Context

Halton population already benefits from two urgent care centres located in Widnes and Runcorn towns. The current urgent care centres have been established as a pilot from 2014 and are used by approximately 60,000 Halton patients per year and a further 20,000 patients from outside the borough. The borough of Halton does not have an acute hospital and the nearest hospitals with A&E facilities are St Helens & Knowsley Trust (Whiston) and Warrington and Halton Hospital which are both located 7 miles from Halton.

The publication of the Urgent Treatment Centres guidance was key driver to revisit the urgent care centre pilot specification and ensure the specification is standardised and meets the needs of our local population. Halton CCG are also proposing to reduce the opening hours of the new Urgent Treatment Centres at both sites.

2.0 NHS Warrington CCG Local Consultation

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to ‘make arrangements’ to involve the public in the commissioning of services for NHS patients (‘the public involvement duty’). For CCGs this duty is outlined in Section 14Z2 (and Section 13Q for primary care services) of the Act to fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services, (b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services.

Further to this the Consultation Institute states “ there are many statutory requirements for consultation, but the truth is that ALL significant changes to long-standing services need consultation.

The Courts provide their own incentive to engage. It’s called the ‘*doctrine of legitimate expectation*’. If the public has a sound basis for expecting to be consulted, then failure to do so can lead to losing a Judicial Review. And Judges have ruled that if people have been accustomed to the benefit of a service, then its withdrawal without consultation can in many circumstances, be unlawful”.

For this Urgent Treatment Centre work the legitimate expectations includes:

- If there is a precedent that is well established (fairness) – although the Urgent Care Centres are still being run as pilot sites they have been well established with the same opening hours for at least four years.
- When you are depriving people of what they have become used to (fairness)

2.1 Local involvement, engagement and consultation plans

The CCG will undertake a period of engagement and consultation on the model for Urgent Treatment Centres. This will be in two stages of pre-consultation engagement to ensure that patients are involved in the planning, development and consideration of the proposals and new model.

A formal consultation will then follow to seek views and experiences on the proposal to reduce and standardised the opening hours of the new Urgent Treatment Centre. The CCG will also make arrangements to ensure a patient representative is involved in the procurement process. It is suggested that a trained patient representative from NHS Warrington CCG will be involved as a truly independent representative. The patient will be supported through Warrington CCG's Patient Representation Policy.

2.3 Equality Assessment (EA) and Public Sector Equality Duty (PSED)

The CCG will ensure that its PSED is considered throughout the process. It's important that at the local engagement stage that organisations that represent the views of our diverse communities are involved and their views are captured. Once this has taken place the CCG will develop a Pre-Consultation Equality Assessment (EA). The purpose of the analysis is outlined in the table below. Once the consultation has taken place and feedback from across protected characteristics has been collated a full equality analysis will be completed and this will need to be considered by the CCG Governing Body prior to making its decision. The purpose of Full EA is highlighted in the table below.

3.0 Aim

The aims of the pre - consultation were:

- To ensure the local population were aware of the new model of urgent care
- To ensure the local population were able to be involved in the development of the localised model
- To ensure the local population to be able to share their views of the proposals to reduce the opening hours to feed into the formal consultation process
- To provide sufficient evidence and information for the CCG to ensure the new model will meet the needs of the population
- If appropriate to ensure that any issues and themes raised are taken into account and any potential mitigating actions are considered.

4.0 Timescales

Pre -consultation

Wednesday 24th October 2018 – 12th December 2018

Formal Consultation

Monday 7th January 2019 – Sunday 3rd March 2019

5.0 Methodology

The pre-consultation took place over seven weeks. The methods of engagement were varied as was the target audience. See Appendix 1 for the completed audit of all the communications and engagement activity.

5.1 Healthwatch Halton

Healthwatch Halton have undertaken a series of engagement visits which sought patient's views and feedback when attending both urgent care centres, 'Another Day in the Life – Halton UCC'³

Healthwatch visited the centres on six occasions from July 2017 to January 2018 and consisted a survey of patients whilst waiting to receive treatment and then after their treatment. The main findings will be taken into account in this report.

5.2 Summary Document and survey

A summary booklet explaining the need and vision for the new model of carer was produced with a survey to obtain people's views. See appendix 1 for the reach of where this was sent and displayed.

5.3 Attendance at events, meetings and Third Sector Groups

A range of meetings and events were attended to discuss the model. These meetings were with disability groups, older people's groups, two carers drop ins, Care Home managers forum, Partners in Prevention, Vulnerable Adults Provider Forum, the CCGs Halton People's Health Forum (in Widnes and Runcorn) and the Patient Participation Group Plus. The CCG Senior Communications Officer also spent time at both Urgent Care Centres to speak to patients accessing the service.

Please see Appendix 2 for the write of these events and meetings.

5.4 Communications

The communications were far reaching and varied. The summary documents were electronically sent and displayed at various venues across Halton, these included at both UCC sites, Runcorn Town Hall, Healthwatch Halton, partners and providers websites, information sent to provider members, GP Practices, community centres, community newsletters, third sector newsletter and e-news, children's centres, pharmacies, and care homes.

Social media was used throughout the consultation, the evidence of the reach of this is highlighted in the audit of activity.

The consultation was advertised in the media, specifically the Runcorn World.

³ <https://healthwatchhalton.co.uk/downloads/>

6.0 Respondents

The breakdown of respondents can be found in Appendix 3.

There were 233 surveys completed, with the engagement activity that took place this increases this number whose views have been taken into account to shape the localised model.

The report also takes into account the findings of Healthwatch Halton 'Another Day in the Life' report. In total Healthwatch surveyed 241 people – 111 were visiting the Widnes UCC and 130 Runcorn.

6.1 Breakdown of respondents (summary)

In summary, 83% of respondents were female, 88.2% were heterosexual, 25.2% had a disability, 98.7% were white British, 74.5% were Christian, 25.4% were aged over 60, 28.3% were aged between 40-49 and 25.2% aged between 50-59, 39.9% were carers.

From the survey 81.8% had used NHS 111, GP Out of Hours, GP Extra and/or the UCC in the past 12 months.

7.0 Main Findings and Appropriate Mitigations

The following section highlights the main findings from all the engagement activity. The information is from the survey results (233 responses), Healthwatch Halton survey results (241 responses) attending various groups and meetings and the public engagement events and have been themed to form the findings.

7.1 New Model

We asked people their thoughts on the new model and did they feel it would be an improvement. Through the survey there was a strong feeling that the model was an improvement on the current service. Out of the 227 comments received 44.6% stated they felt it would be an improvement on the current service and 33.9% stated they were unsure whether it would be an improvement or would depend on what changes were made "that depends on a lot. Widnes is more like a walk in centre because it is in a building in town and Runcorn is more like A&E because it is in a hospital. People get confused and don't know where to go so I suppose if they were the same nationwide then that would help."

15.4% respondents felt the new model wouldn't be an improvement, the majority of these respondents commented on the proposal to reduce the hours as the negative impact and the need for a GP to be on site more.

Within the new model the proposals to integrate urgent mental health services was discussed. Through the survey the overwhelming majority of respondents felt it should be an integrated offer (77.3%). Of those 11.4% who felt either unsure or the 11.4% who felt it should be a separate service the majority commented that mental health is a specialist service and specialised training would be needed for staff, so

the UCC would not be the most appropriate place. This was also reflected in some of the comments of respondents who felt it should be integrated but with the right staff “if mental health staff are also available on unit to assess mental health patients this may work”.

7.2 Improvements and barriers

From the survey questions 33.5% stated there will no improvements that could be made to the services or any barriers to access “I don’t feel there were improvements needed, the urgent care facility at Halton Hospital is a real asset to our community”.

From the other survey respondents and comments via the wider engagements the themes to the barriers and improvements are below. This also takes into account Healthwatch Halton’s report.

7.2.1 Triage before being referred to UCC

There were several comments on the triage given by 111 before then being referred to the UCC “NHS 111 is both ineffective and frustrating... there needs to be a better structure to the ‘gateway into services, as opposed to NHS 111” and “went once and needed to see a GP one wasn’t available told to go outside and ring 111, who then arranged a call back and asked how quick I could get to urgent care said I am sat outside...bit of a waste of my time and NHS resources having to go outside to ring 111 and then wait for a call back when I was right there, in total I hung around an hour and a half to go through this process!”

There were also several patients who commented that their own GP Practice was reluctant to tell patients about the UCC or GP Extra. However there were also comments that patients had been told to go to the UCC by their GP Practice as they didn’t have any appointments.

There was also comments that online information could be improved on what can be treated and where to go.

7.2.2 Waiting times

There was a majority of comments stating the waiting times for both triage and treatment after triage was too long “the wait is intolerable. Yes it is prioritised to more urgent situations but thought needs to be given to patients with long standing illness, diabetes, heart conditions, these can become acute waiting.”

Healthwatch Halton commented patients valued being kept informed on waiting times, they would recommend an information screen being installed in Widnes similar to Runcorn site.

7.2.3 GP Provision

The reduction in the GP provision at the current UCCs was seen as a major barrier with one person stating “I won’t go there now, knowing there isn’t a doctor present to support the nurses.” There were several comments reflecting their concerns with the reduction in GP hours and the potential this might be having on the waiting times.

7.2.4. Signage and car parking

Included in the Another Day in the Life report was reported poor signage to the Runcorn site. Car parking signage at the Widnes site was also highlighted, many patients spoken to highlighted difficulty in parking but were unaware of an additional car parking across the road. Healthwatch recommended clear signage and directions are given to the new car park. The issue with car parking was also discussed in the PPG Plus, "could the site free up the side car park behind the barrier which is currently for staff only and have that for sick patients who might not be able to walk far". There were also comments that there needs to be an increase in the number of disabled car parking spaces.

These issues will be explore in the development of the Urgent Treatment Centres as new signage will be needed for the new name.

7.2.5 Comfort

Healthwatch Halton recommended that a free water dispenser is installed in the Widnes site. Comfort issues were also highlighted via the survey with the availability of drinks.

One pregnant patient also commented the UCC isn't comfortable for pregnant women.

7.2.6 Customer Care

There were several comments relating to improvements in customer care that patients felt were needed, these were both relating to reception staff and nurses. More "compassion" from staff was mentioned several times. There were also examples of patients feeling that staff had been dismissive of their symptoms. "staff member was initially dismissive of my symptoms and only referred me on at the last minute."

7.2.7 Families

Families accessing the UCC need to be taken into consideration more. There were some experiences shared of when families had accessed the centres and had poor experiences. "Son and Daughter in Law attended with 1 year old child following RTA. Child was triaged first and definitely wasn't within 15 mins. Decided to do son and daughter in law at the same time. Then told to wait outside, child was seen after an hour, son and daughter in law had to wait another 3hours 30 mins. Surely there has to be a better way to deal with a family with the same issue" (shared at Carers group).

There were also several comments suggesting a separate quieter waiting area for children, especially those with autism, ADHD or similar conditions as the waiting areas can be busy and noisy. One family also commented "my autistic son was with my husband in waiting area and although he went into meltdown he wasn't given the opportunity to join me."

7.2.8 Additional services

There were several suggestions for additional services that should be in the UCC these included:

- Paediatric Specialist
- Provision for scans
- Blood tests and results
- Mental health professionals if mental health crisis is integrated.

7.3 Opening hours

The pre-consultation was used to seek initial views on the potential to reduce the opening hours of the new model of Urgent Treatment Centres.

Respondents were asked if the reduction in opening hours would impact them or their family. Respondents were asked in an open question to gain as much insight as possible. There was a minority of respondents that stated there would be no impact if alternatives were available (17.8%) and 11% who were unsure. The largest number of comments stated there would be an impact, with 10 comments stating they felt the centres should be open longer than the 15 hours and potentially should be 24 hours.

There were some comments stating they felt the opening hours should be based on the use of the service and the peak times.

The largest majority of comments stated the reduction in opening hours would impact them and commented that they would have no alternative but to attend A&E at either Warrington Hospital or Whiston Hospital. There was a strong feeling that the current Urgent Care Centres reduce demand on A&E and therefore the reduction in hours would increase this pressure. This is reflected in Healthwatch's report that states that "from the results we've gathered it would seem that in addition to helping reduce A&E attendance locally, the two centres have also indirectly reduced some of the pressures on GP Practices." The figures from the report also states that 51% of respondents would have visited A&E if the Urgent Care Centre wouldn't have been an option.

There were a number of comments that stated it would impact them as it is the only option to seek healthcare without having to take time off work. There were also three comments relating to the impact it would have on people with children and specifically one family who relies on the later opening hours to take their son with autism as they need both parents support and the dad works.

There were comments relating to the difficulty that some patients have in accessing their own GP so the reduction would increase the difficulty in being able to access a GP, "the difficulty is not in what is offered, but in what is actually and truly provided".

7.4 Promotion of service and alternatives

Healthwatch commented that they feel there is still some work to be done around awareness of the two services, particularly on what types of conditions the centres can treat.

Promotion of alternative services is also needed. Healthwatch's report highlighted that 59% of people they spoke to went straight to the UCCs without seeking help or advice anywhere else. When this was explored further the majority of people said they didn't think their GP would have an appointment available for that day.

A lack of awareness of patient's choice in terms of where to go for urgent or primary care issues was a theme throughout the engagement – both at the different meetings and through the survey. This is reflected in the feedback when survey respondents were asked if they or their family needed to be seen urgently how would they decide where to go. A large proportion commented that they would assess the situation and would use their knowledge to go to the most appropriate place. However only 18 people from the 277 that responded to the question stated they would contact NHS 111 and 80 stated they would go straight to the UCCs. Approximately 40 stated they would go to the closest health facility or how long they would wait for treatment. "There needs to be more learning as what needs urgent care or can be dealt with at home. I know this is the hardest part and feel it does take up a lot of time, it will continue too as they will never understand that a cold is not urgent"

8.0 Main findings mitigations

Below is a summary of the main findings from above and the appropriate mitigations to address them:

8.1 Mental Health Integration

There was overwhelming support (73%) for a mental health integration offer, with one respondent commenting "If mental health staff are also available on the unit to assess mental health patients this may work".

The Urgent Treatment Centres service specification will include specific mental health trained nurses to ensure all patients can access the most appropriate level of care.

8.2 Triage and Waiting Times

Waiting times at both UCCs were highlighted as being too long.

The new model will include patients being triaged within 15 minutes. If any diagnostics are then needed same day appointments can then be made so that patients are not waiting in the UTC unnecessarily.

8.3 GP Provision

The reduction in the GP provision at the current UCCs was seen as a major barrier, with one respondent stating 'I won't even go there now, knowing there isn't a doctor present to support the nurses'.

The new model will be a GP led service. This will improve and increase the current GP Provision of six hours a day. The service specification will include the need for both GP provision and Advanced Nurse Practitioners being available for the full opening hours.

8.4 Signage and Car Parking

Halton Healthwatch's report (Another Day in the Life) highlighted patient concerns relating to traffic and onsite signage at both UCCs. Patients accessing Runcorn UCC felt that traffic signs onsite need to be improved, so patients know where they need to go. Also patients attending Widnes UCC expressed concern about current car parking arrangements. When the centre car park is full, there is no signage advising them of additional (free) car parking further up the road.

Signage for the new Urgent Treatment Centres will need to be changed for the new name therefore improved signage will be addressed.

8.5 Comfort

Healthwatch Halton advised that patients wanted access to a free water dispenser, at Widnes UCC. One respondent also commented that current facilities in the UCC, such as seating weren't comfortable for pregnant women.

As a result of feedback, additional amenities will be considered with the development of the new model.

8.6 Customer Care

There were several comments relating to improvements in customer care that patients felt were needed. More 'compassion' from staff was mentioned several times. There were also examples of patients feeling that staff had been dismissive of their symptoms. One respondent reported that the "staff member was initially dismissive of my symptoms and only referred me on at the last minute".

To address patient concerns, urgent care staff will be required to undertake comprehensive customer care training to support them in their role. This should help alleviate patient concerns.

8.7 Families

Some respondents shared their experience of UCC's when attending as a family.

The new model will ensure that clinicians communicate more effectively with one another. Patients will be kept fully informed of their medical care, helping to reduce unnecessary anxiety or delays in treatment. There are also plans to improve the current waiting areas in both sites, making a visit to a UTC a more pleasant experience for patients and the public.

8.8 Additional services

There were several suggestions for additional services that should be in the UTC.

Four out of the five additional services suggested are services that should be available in the current UCC provision. NHS Halton CCG therefore aims to provide better awareness of what is available within the new UTC model.

8.9 Promotion and awareness

Respondents reported some confusion about what services were available locally. NHS Halton CCG therefore aims to provide better awareness of urgent care services, including how to self-care for minor injuries and illnesses.

The consultation activity will also be used to promote the most appropriate service for people to access with times and access details. When the new Urgent Treatment Centres are officially launched there will be a comprehensive communications plan to support the launch.

8.10 Opening Hours

The consultation activity will focus on the proposal to reduce the opening hours. Following the pre-consultation work the CCG's preferred option is to reduce the hours from 15 hours a day to 13 a day. The consultation will take into account the feedback so far and explore the reasoning for this reduction, including usage at the proposed times of closing and will explore the option to remain open for 15 hours. The consultation will focus on the CCGs vision of offering a complimentary primary care offer between the hours of 8am and 9pm for none life threatening conditions. Outside of these hours, patients can still access NHS 111 for advice or the GP Out of Hours Service for treatment. For life threatening or emergency situations then patients should still use A&E.

The new urgent care model will also support local A&E departments at Whiston Hospital and Warrington Hospital to cope with the surge in demand, during peak periods. Patients with none life threatening conditions can be treated effectively at their local UTC by a GP or Advanced Nurse Practitioner (ANP). This means A&E is freed up to treat those patients with more acute needs.

Alignment of opening hours for Urgent Treatment Centres with Halton primary care services there is an opportunity to support a more robust workforce provision – making sure we can direct appropriate staff to areas of greatest clinical need.

9.0 Next Steps

The findings and outcomes of the pre-consultation will be feed into the draft model of Urgent Treatment Centres being developed in Halton. Any mitigations or additional considerations will be explored. The newly revised model will then be taken back out during the consultation to ensure it meets the needs of the community.

The feedback on the proposal to reduce the opening hours will be considered and the full proposal will be included in the consultation documents.

The consultation will commence on Monday 7th January for eights weeks until Sunday 3rd March and will include drop ins, public events, attending Third Sector and other stakeholder meetings and a wide range of communications activity including press releases, use of social media and summary booklets being available in public venues.

The CCG will then consider the feedback from the consultation and a final decision will be made on the opening hours and the new model of urgent care.

1. Audit of engagement activity (to be used in the final pre-consultation report)

Stakeholder Group	CCG Action	Dates	
Patients and Public			
Website	The items to be uploaded are: <ul style="list-style-type: none"> • Overview statements • Link to survey monkey Information put on Facebook and Twitter – social media pack to be produced Information sent to providers to put on their website	Comms Team Monday 22 nd October	
84 website views Average time on page 3 minutes 18 seconds			
Social Media	Facebook and Twitter used	Comms Team Monday 22 nd October	
Facebook People reached 7,790 Post clicks 750 Shares 35 Link clicks 255 Likes 36 Comments 2	Twitter Impressions 1083 Total Engagement 17 Retweets 5 Link clicks 7 Comments 2		
Engagement booklet	To be disseminated electronically <ul style="list-style-type: none"> • Providers to send to membership and on website • School News for parents and teachers 	To be sent to and displayed <ul style="list-style-type: none"> • At both Urgent Care Centres • Healthwatch • Halton VCA • Pharmacies 	Comms Team Monday 22 nd October

	<ul style="list-style-type: none"> • Neighbourhoods – Community Centres and community newsletters • Third Sector newsletter and e-news • Children’s Centres • Residents Group • Nurseries • Domiciliary Care Agencies • Social Workers 	<ul style="list-style-type: none"> • Children’s Centres • Community centres/ venues to target new parents and young mums (breastfeeding and mums and tots groups) • Care Homes • Domiciliary Care Agencies • Social Workers 	
Halton People’s Health Forum To be discussed and disseminated	To be added onto the agenda and share information to their Health Forum members.		Des Chow Engagement Manager Monday 26 November 11-1pm, Farnworth Church Widnes Thursday 29 November 1-3pm Grangeway Community Centre, Runcorn
CCG ‘Membership’ Scheme The CCG is developing a membership scheme for patients, public and third Sector representatives if they wish to engage more.	To send information to any of our members of the public, PPGs, PPG Plus and HPHF members who have signed up to be members of the CCG and wanted to receive newsletters, surveys and information etc. To send information out in NHS Warrington’s Public Newsletter		Comms Team Monday 22 nd October November 2018
PPGs Individual PPGs and PPG Plus Networks	To send information to the PPG Plus Network		Comms Team Monday 22 nd October

	Nicky Ambrose-Miney spoke to the group. Alex Schofield gave a brief talk about the questionnaire and left copies. Will pick up completed forms from PPG Chair	Tuesday 30 October at St Maries Church Widnes
CCG Public Event	To hold Drop in sessions at both sites over the seven weeks to promote the engagement and seek the views of those people accessing the current service.	Des Chow Engagement Manager
External Public meetings/ events	To attend and promote the engagement at any appropriate event.	Des Chow Engagement Manager, Healthwatch and relevant staff to attend.
Media		
Press releases	Press release to be developed to launch the pre - consultation Press release to be developed as a final reminder	Comms Team Monday 22 nd October
Third Sector Organisations		
Halton Voluntary Action	To send information for further distribution HVA to highlight any Third Sector organisations to work with/ liaise with	Des Chow Engagement Manager Monday 1 October onwards
Healthwatch	Information will be sent to Healthwatch Halton to send to their wider database. Stakeholder briefing to be sent for formal Healthwatch response Discuss possibility of Healthwatch supporting the drop in sessions	Des Chow Engagement Manager/ David Wilson

Partners in Prevention	Met with several groups to discuss the UCC development, Halton Community Connectors, Community Bridge Building, Stroke Association, Halton Library and the Red Cross. There were no members of the public there, but the event acted as an information exchange for local organisations.	01.11.18
Equality Groups and vulnerable groups (to focus on protected characteristics from the EIA) to add any other groups as appropriate		
Halton Disability Forum	CCG to meet and discuss with HDP's consultative forum. It will be opened up to other disabled members. Discussed with the group, explained the process and that we value any views, good or bad. Collected eight completed questionnaires	Des Chow Engagement Manager 24 October 1pm Grangeway Community Centre
Black minority and ethnic community development project SHAP	Booklet to be sent to be taken and discussed at relevant meetings.	Andy Woods
Migrant workers	Andy Woods emailed Knowsley CCG for contact details for relevant groups.	Andy Woods
Halton Carers Centre	CCG to meet and discuss engagement process with all the carers groups Discussed with the group and explained alternative services, such as GP Extra. Completed surveys will be collected.	Des Chow Engagement Manager and NAM Knit and natter group 29 th October Runcorn Carers Coffee Group: 15 th November 12pm – 2pm Meet in

		Churchill Hall, Cooper Street, Runcorn. Widnes Coffee Group: 21 st November 10am – 12pm Meet in Trinity Church, Peelhouse Lane, Widnes
Primary Care Engagement		
GPs	Comm team will send to all local GPs in weekly bulletin	Comms Team 26 th October
Federations Meeting	Information to be sent to the Chairs for distribution and offer for a presentation	Comms Team 22 nd October
Other Clinical Engagement		
Pharmacists	To send briefings to all Pharmacists – Via GP Bulletin	Comms Team 22 nd October
Internal Engagement		
CCG Staff	Information to be sent via staff bulletin and team meetings	Comms Team
Primary Care Commissioning Committee	Committee will be updated	TBC
Engagement and Involvement Group	Consultation discussed and reviewed regularly with partners and stakeholders	12th October 14th December
Stakeholder Group		

Partners in Prevention	All Halton Third Sector organisations are invited to share and receive information. Organised by Halton Borough Council.	Des Chow Engagement Manager and NAM Thursday 1 November 9.30-12 noon Barkla Fields, Maureen Gleave HBC
Warrington and Halton Hospital	Briefings to be sent to CEO	Comms Team 22.10.18
Halton Borough Council	Briefings to be sent to CEO	Comms Team 22.10.18
Bridgewater	Briefings to be sent to CEO	Comms Team 22.10.18
North West Boroughs	Briefings to be sent to CEO	Comms Team 22.10.18
Public Health	Briefings to be sent	Comms Teams 22.10.18
Healthwatch Warrington	Briefings to be sent	Comms Team 22.10.18
Care Homes	Briefings to be sent	Comms Team 22.10.18 Care Home Provider 4 th December 2018
Public Health	Briefings to be sent	Comms Team 22.10.18
Social Care	Briefings to be sent	Comms Team 22.10.18
Domiciliary Agencies	Briefings to be sent	Comms Team 22.10.18
PALs	Briefings to be sent	Comms Team

		22.10.18
Provider Forums	To attend the meeting	Vulnerable Adults Provider Forum 4 th December 2018
Political Engagement		
Halton's Health Performance and Policy Board- (Overview and Scrutiny)	To share information briefing on the pre-consultation	22.10.18
Warrington's Health Scrutiny Committee	Briefing sent and attendance to discuss the model	29.11.18
MPs	Briefings to be sent	Comms Team 22.10.18
Cllrs	Briefings to be sent	Comms Team 22.10.18

Appendix 2.

Write up of engagement discussions

PPG+ meeting, Tuesday 30th October 13 PPG representatives in attendance

Nicky Ambrose-Miney came to give us a review on the changes happening around the Urgent Care Centres in Halton. They are going to be renamed “Urgent Treatment Centres” and there will be some changes within them. There has been a national review on the Urgent Care Centres as there are still too many patients going to A+E when their needs could be met within the new Urgent Treatment Centres. There has been a national mandate to call all the centres the same name, as they have different names up and down the country, so from next year they will all be called “Urgent Treatment Centres” nationally. Our statistics show that 60 thousand local people use our Urgent Care Centres in Halton each year, and 20 thousand use them from outside of Halton. As Halton is already open 15 hours a day, and the national model is 12 hours a day, there will be engagement sessions taking place to ask how local people how they will feel about reducing the hours.

People were commenting with issues around the current services offered, as most didn't know what was available as there has been no advertising of local provision within the centres. Nicky said she was aware of a need for a local re-launch in the Borough but didn't want to do this when there is going to be another launch for next October when the new plans will be in place, so she will wait and do a big launch next year. A question was asked about the car park and why the staff can't use the car park across the road which is meant for patients? Then they can free up the side car park behind the barrier which is currently for staff only and have that for sick patients who might not be able to walk far. Nicky to take this idea back. Also discussed was the lift in the UCC Widnes is too small to fit a bed trolley in.

Runcorn Carers coffee morning

“Turned up at 10.02 with a small child and told service was closed. Was told to ring 111 to be assessed. Took 15 mins to get through that process, 111 then told would need to see a doctor in OOH's service. Told someone would call back in an hour, call received within the hour, patient told to bring child to see GP OOH for an appointment at midnight. Patient came back to same place at midnight with the child, examined confirmed diagnosis issued a prescription and was out of there by 00.10. Why couldn't the UCC triage, book in with the OOHs GP and child would have been seen and dealt with 30mins to an hour”

“Why do you have to go through full clinical assessment with 111 if you know you require OOHs GP?”

“Son and Daughter in Law attended with 1 year old child following RTA. Child was triaged first and definitely wasn't within 15 mins. Decided to do son and daughter in law at the same time. Then told to wait outside, child was seen after an hour, son and daughter in law had to wait another 3hours 30 mins. Surely there has to be a better way to deal with a family with the same issue.

“I have used UCCs and service received was mixed, had a good experience then had a poor experience. When I had the poor experience the service seemed to be short staffed as there didn’t appear to be lots of patients in the waiting room.”

Widnes Carer Coffee Morning

Carers spoke about their experiences of long waiting times, but also not having any feedback on the length or why they were waiting.

The UCC don’t have access to your medical records which needs to be addressed.

Patients and carers are still not clear where to go for treatment.

One experience was shared of a patient going to the UCC, waiting a long time and when seen was told he needed to go to A&E. There was another example of a patient waiting for 2 hours 20mins to be told he needed to see his GP the next day – triage needs to improve.

One carer had gone to Widnes UCC he was told he needed an X Ray and would need to go to Runcorn site – but X Rays are available in Widnes – so why wasn’t this offered.

Carer expressed his concern that he feels “you are being fobbed off” by some of the staff – more customer care is needed

Will dental services be offered in the UCCs?

A small supply of wheelchairs should be available for those patients struggling to walk.

Mental health should be integrated into the new model

Could electronic boards be used as some patients might not be able to hear their name being called.

Halton People’s Health Forum – Widnes

There were discussions around the frustrating length of time that people are something waiting.

The Widnes UCC is confusing – the signposting is “terrible”. Need to have a clear reception area with clear signposting. The UCC should be Dementia Friendly and the lack of privacy needs to be looked at.

What services are going in the new model? There will be the same services, but will need to connect better to reablement, mental health services, prevention and Third Sector organisations.

Access to different parts of the building was discussed – the lift doesn’t fit in trolleys for patients. CCG don’t envisage many people who will need trolleys – but estate issues will need to be reviewed on both sites.

Social Media comments

I was treated well everyone was help full short waiting time a pleasure to be there if you could say that

The biggest improvement would be to return Halton hospital to full hospital status and not a minor injuries department to a hospital 10 miles away.

Emails

I note that a worse service is proposed for Halton than provided at present! The revised Centres will be open for three hours less each day than at present. We were recently informed that a GP would have reduced hours at the existing Centres.

This is one more example of our deteriorating public services, but projected as an improvement. We are not all idiots!

You mention that Halton has two Urgent Care Centre's in your plan to start a consultation on "Urgent Care Centres" I am very concerned that Halton is mentioned in this way. You failed to mention to us "The Patient Community" how many Urgent Care Centre's there are in Warrington, Knowsley and St Helen's. When you start your consultation please remember we have NO A&E dept In Halton. Warrington, Knowsley and St Helens do have A&E department's Our Halton Urgent Care Centre's were established because of this fact, especially to help support our Patients, but, also to help support A&E staff who were sited outside of Halton.

have read your comments, it is a hospital why do you think it was put there, because numbers of people in area which population has exploded since then why not talk about closing Warrington. Our councillors are spineless to defend our rights. You say open 12 hrs a day what happens if your sick the other 12 hrs, and point out we have no emergency services the other 12 hrs. The plan is crazy who is profiteering is it gateway people with select councillors, it is a hospital and is loved by all in Halton.

Appendix 3

Full breakdown of survey responses

A total of 233 people responded

What is your ethnicity?

Answer Choices	Responses	
British	98.26%	226
Irish	0.43%	1
Other	0.00%	0
Indian	0.00%	0
Pakistani	0.00%	0
Bangladeshi	0.00%	0
Any other Asian background	0.00%	0
White and Black Caribbean	0.00%	0
White and black African	0.00%	0
White and Asian	0.00%	0
Any other mixed background	0.00%	0
Caribbean	0.43%	1
African	0.43%	1
Any other black background	0.00%	0
Chinese	0.00%	0
Any other Ethnic Group	0.43%	1
I do not wish to disclose my ethnic origin	0.00%	0
	Answered	230
	Skipped	3

What is your age?

Answer Choices	Responses	
under 18	0.00%	0
18-29	6.52%	15
30-39	13.91%	32
40-49	28.26%	65
50-59	25.22%	58
60-69	18.70%	43
70-79	5.65%	13
80-89	1.74%	4
90+	0.00%	0
Prefer not to say	0.00%	0
	Answered	230
	Skipped	3

What is your religion or belief?

Answer Choices	Responses	
Christianity	74.46%	172
Hinduism	0.00%	0
Judaism	0.00%	0
Buddhism	0.43%	1
Sikhism	0.00%	0
Islam	0.43%	1
Prefer not to say	9.52%	22
Other (please specify):	15.15%	35
	Answered	231
	Skipped	2

What is your gender?

Answer Choices	Responses	
Male	16.16%	37
Female	82.97%	190
Other	0.00%	0
Prefer not to say	0.87%	2
	Answered	229
	Skipped	4

What is your sexual orientation?

Answer Choices	Responses	
Heterosexual (people of the opposite sex)	88.16%	201
Gay (both men)	0.88%	2
Lesbian (both female)	0.88%	2
Bisexual (people of either sex)	1.32%	3
Prefer not to say	7.02%	16
Other (please specify):	1.75%	4
	Answered	228
	Skipped	5

What is your relationship status?

Answer Choices	Responses	
Single, Never Married	10.53%	24
Married	63.16%	144
Separated	0.88%	2
Divorced	10.09%	23
Widowed	6.58%	15
Civil Partnership	1.32%	3
Prefer not to say	3.07%	7
Other (please specify):	4.39%	10
	Answered	228
	Skipped	5

Do you consider yourself to have a disability?

Answer Choices	Responses
Yes	25.22% 58
No	74.78% 172
Please state	48

Please tell us if you care for someone and how old they are.

Answer Choices	Responses
I am not a carer for anyone	60.19% 130
I care for young person/s aged younger than 24 years of age	15.74% 34
I care for adult/s aged 25 to 49 years of age	4.17% 9
I care for older person/s aged over 50 years of age	19.91% 43
Answered	216
Skipped	17