

HEALTH AND WELL BEING BOARD

28th April 2014

Development of an Urgent and Emergency Care Strategy for Walsall

1. Purpose of the Report

- 1.1 To provide an update on progress made towards the development of an Urgent and Emergency Care Strategy for the Borough of Walsall, following on from previous monthly updates on this area of work. The draft strategy will be available in August 2014 and will describe Walsall CCG's strategic response to the significant pressures seen within the urgent and emergency care system over the last two years. The aim of this strategy is to ensure that the future system provides patients with high quality, accessible and affordable urgent care across the local health economy.

2 Key Points

- 2.1 There are two distinct phases of development within this strategy, one covering more immediate issues, and one covering the development of longer term plans for Urgent Care Services.
- 2.2 There is an immediate issue regarding the two existing walk in centres (the Walk in Centre (WIC) in Walsall Town Centre and the Emergency and Urgent Care Centre at the Manor Hospital (EUCC)) because the current contractual arrangements for these services are due to end in March 2015. There is also a need to review existing services from the Walk In Centre due to the town centre regeneration. This report sets out proposals on how the CCG plans to address this which include a public consultation to gain valuable feedback from the public and stakeholders on the proposals, prior to any decisions being made.
- 2.3 A longer term plan for urgent care services is still being finalised, and it is envisaged that it will be based upon the following principles:
- Greater levels of self care of patients
 - Clearer, streamlined access to U/C services
 - Enhanced opening of GP Practices across the borough of Walsall
 - Joined up Urgent and Emergency Care Services
 - On-going consultation with the public.
- 2.4 For the public consultation we are working with a patient group involving Healthwatch Walsall, My NHS Walsall and PRG members to develop the consultation plan and public consultation.
- 2.5 This paper will form the basis of a report to the CCG Governing Body on 24 April 2014 and is subject to any amendments made as part of that process.

3 Introduction

- 3.1 Urgent and emergency care has been in the media for some time due to the pressures seen locally in Walsall but also nationally. The review of local urgent and emergency care services has been essential to improve the quality of care provided across Walsall and has been undertaken through active engagement with stakeholders and the public. The review has indicated that change is needed in the system.
- 3.2 We have an opportunity to change how urgent care is provided in Walsall. We have already listened to many of our patients, stakeholders and the public to enable us to develop the long term vision for urgent and emergency care. The programme of work has been delivered to better understand how the existing urgent and emergency care system is working, what works well and how stakeholders and the public envisage improvements being made in the future.
- 3.3 The final strategy document will describe the arrangements for the future system over the next 5 years and the links with other local services. To deliver the strategy, we are proposing a phased approach to delivery as follows:
- Phase 1 (Immediate-short term solutions) which includes the redesign of the two walk in services in the Borough; and
 - Phase 2 (Mid-longer term vision) which includes a proposal for a co-ordinated Urgent and Emergency Care system.

4 Background

- 4.1 The existing urgent and emergency care system in Walsall has evolved over a period of time. With the introduction of services in Walsall such as the two walk in services and NHS 111, and significant investment and improvements in service provision across the Borough, progress has been made to support patients being seen in the right place, at the right time, first time.
- 4.2 However, further work is required to ensure that patients experience a responsive and accessible service when they require urgent or emergency care services.
- 4.3 Increased waiting times have resulted in patients waiting longer to be seen, treated and discharged at the A&E department or waiting longer when they call an ambulance in an urgent or emergency situation. This is evidenced through performance measures becoming increasingly difficult to achieve such as the 4 hour performance measure at A&E.
- 4.4 The plans to regenerate the town centre have added to the need to review the existing system to understand what future service provision is required and where it could or should be sited. The regeneration plans mean that the building which currently houses the existing walk in centre service will probably not be available for this purpose from April 2015 or shortly after.

5 Scope of the Review

- 5.1 The aim of the review is to ensure the provision of high quality care in Walsall so that people get the right care when they need it. We have reviewed the whole system to

ensure that any changes made to the WIC or EUCC are part of the wider provision of urgent and emergency care services across the Borough.

5.2 The review has considered elements of the following services:

Service Name	Commissioner
NHS 111	Commissioned collectively by CCG's across the Birmingham and the Black Country
GP Practices	NHS England
Out of Hours GP Service	Walsall CCG
Walsall Walk in Health Centre	Walsall CCG
The Emergency and Urgent Care Centre	Walsall CCG
West Midlands Ambulance Service	Commissioned collectively by CCG's across the Birmingham and the Black Country
Accident and Emergency	Walsall CCG
Emergency Hospital Admissions	Walsall CCG

6. Walsall Walk in Centre (WIC)

6.1 The Walsall WIC is located in Walsall town centre and was developed originally to provide both a GP practice plus a walk in service. From November 2011, the GP practice was no longer necessary and the walk in service remained. The service operates from 8am to 8pm, 7 days a week however additional hours were added to support winter pressures from 6/1/14 to 31/03/14.

6.2 The market research has shown that the WIC is used more by people who do not have access to a motor vehicle, who use public transport or walk there, however this is likely to be due to the lack of parking at the centre. People have told us that the location of the Walk in Centre is not ideally placed for people who live outside of the town centre and a lack of parking at the centre makes it difficult for people to access the service if they do drive but live within Walsall. Particular concerns have been raised regarding access for particular patient groups due to the lack of disabled parking and the location of the service on a hill, making access for the elderly and wheel chair users difficult.

6.3 When WIC users were asked what they would have done if the WIC had not been available, a third said they would have gone to A&E at the Manor Hospital, only 2% mentioned the EUCC (suggesting that very few people in Walsall are aware of the EUCC's existence as a place to get Urgent Care), and GP practices were the second most frequently mentioned alternative source of help (20%).

6.4 There is a perception that many patients use the walk in centre due to the inability to get a GP appointment and when patients were asked during the market research, those attending the WIC were more likely to have considered, tried or failed to get an appointment at their GP first (36%). However, it also appears that approximately 50% of the people questioned suggested that they had not consulted any other service prior to using the walk in centre.

7. The Emergency and Urgent Care Centre (EUCC)

7.1. The EUCC is based at the Manor Hospital, and is located at the back of the A&E department. The service operates 24 hours per day, 7 days per week and offers urgent care walk in services to unregistered patients.

7.2 Through the listening exercise, people do not appear to know where the service is located and have suggested that it would be better placed at the front door of the A&E department. Patients have told us that the centre is not easy to find nor is it accessible and that it would be helpful to publicise the service better. People are confused by the name of the EUCC and have suggested that a single 'walk-in' service would help patients to navigate the system. They have suggested that this needs to be at the front door of the hospital so that more people know it is there and use it.

8. The Urgent Care Review

8.1 The review of local urgent and emergency care services has been undertaken through active engagement with stakeholders and the public to enable us to understand the existing system, what works well and how people think things could be improved so that we can design an efficient and effective future Urgent and Emergency Care system.

8.2 Several services provide urgent care in different ways or at different times of the day. This means that some patients don't always know which service is right for them nor what they may be able to do themselves. They could contact their GP practice, go to a Walk-in Centre or a local pharmacy, visit the NHS Choices website or call NHS111. The 'Choose Well' campaign helps people decide which service is right for them (www.choosewellmidlands.nhs.uk).

8.3 In total, feedback from over 1500 people have fed into the Urgent Care Review including patients, the public, commissioners, providers, the local authority, Local Area Panels and voluntary and community groups. Patients actively using the services at A&E, the Walk in Centre, the Emergency and Urgent care Centre and the Out of Hours Service gave their views in a market research exercise. In addition, both stakeholders and the public have responded to the listening exercise held in January 2014. This information has been brought together with the outcomes of the review of the data, contracts, site visits and a review of national evidence to inform the proposal for changes to the existing system.

8.4 During the listening exercise, 70% of respondents reported that their experience of the services they used for urgent and emergency care were good or excellent. Throughout the listening exercise, people have told us that they understand that the existing system cannot cope with the levels of activity that have been experienced this winter. People have also told us that managing patient expectation is important as it is very difficult for services to turn people away.

8.5 By far, the most significant improvements that people want to see is the access and availability of GP appointments so that treatment is received in a timely manner (same day or next day), and that additional appointments are available at times to suit working people. In addition, the location and availability of a primary care service co-located with A&E has been a theme identified throughout the review. People need more information about what their options are, what the opening times are, and have asked us to communicate better using a range of local channels, such as local papers and community groups so that people can make the right choice of urgent care for their needs.

8.6 When reviewing the information from the listening exercise and the market research, there appears to be 'confusion about confusion'. People actively using the services and who were questioned during the market research appear to be clear about what

service they should attend for their needs. However, people responding to the listening exercise were unclear and confused about where to go for their urgent care needs. Simplifying the way people access and move around services and improving communication between and from services could ensure care is more seamless and efficient. People have told us that the existing system is complex and hard to navigate resulting in a need to improve communication with patients to enable them to understand how to navigate the system better.

9. National Urgent and Emergency Care Review

9.1 In Jan 2013, NHS England announced the national Urgent and Emergency Care Review led by Sir Bruce Keogh *'High quality care for all, now and for future generations: Transforming urgent and emergency care services in England'*.

9.2 The review suggests that for those people with urgent but non-life threatening needs:

- We should aim to provide highly responsive, effective and personalised services outside of hospital, and
- Deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.

For those people with more serious or life threatening emergency needs:

- We should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.

9.3 The review describes system changes to improve urgent and emergency care provision for patients both in and out of hospital, including:

- **Helping people to help themselves through self-care:** much better and easily accessible information about self-treatment options, accelerated development of advance care planning, right advice or treatment first time and enhanced NHS 111.
- **Highly responsive urgent care service close to home, outside of hospital through faster, convenient, enhanced service:** Same day, every day access to general practitioners, primary care and community services, harness the skills and accessibility of community pharmacy, and develop 999 ambulances so they become mobile urgent community treatment services, not just urgent transport services. In addition, to support the co-location of community-based urgent care services in coordinated Urgent Care Centres (either in the community or co-located with A&E departments).

9.4 The future system is likely to be structured around two levels of hospital based emergency centres:

1. Emergency Centres* - capable of assessing and initiating treatment for all patients
2. Major Emergency Centres* - larger units, capable of assessing and initiating treatment for all patients and providing a range of specialist services.

*names are illustrative.

9.5 The national Urgent Care Review is in the delivery phase and further details are expected in spring 2014.

10. National Evidence

10.1 To support the development of the options, a review of national data has identified the following (Evidence Review January 2014):

10.1.1 **Walk in Centres and Urgent Care Centres** - there is a lack of evidence to support the impact of walk-in centres (including urgent care centres) in reducing hospital admissions. A discussion paper by the Primary Care Foundation (Carson, 2012), including a literature review of 42 published papers, found a lack of published evidence to support hypothesis that urgent care centres and walk-in centres will reduce attendances at A&E, and some suggestion that they may increase total burden on the NHS. Urgent care centres may be advantaged by co-location with hospital service, particularly in urban areas (NHS England, 2013c).

10.1.2 **Urgent Care Centre 'Hubs'** - The evidence review failed to find any systematic reviews on "urgent care hubs" however NHS England (2013c) recommends the co-location of community-based urgent care services in coordinated urgent care centres. Urgent care centres may be advantaged by co-location with hospital service, particularly in urban areas (NHS England, 2013c). Although the evidence base is not strong for locating GPs alongside Emergency Departments (or A&E's) this has been the most common approach previously adopted previously by PCTs to set up and commission these services (Evidence Adoption Centre, 2011).

11. Developing the Options

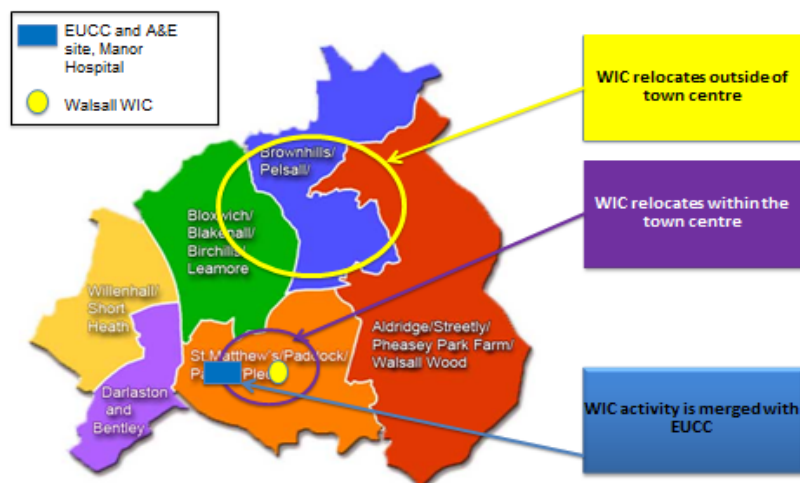
11.1 Further to the Urgent Care Review, 16 possible ways of delivering urgent care access in Walsall were identified (i.e 16 options). There are elements of urgent care that will require improvement in line with the Sir Bruce Keogh Review however more immediate change is required to ensure better access to high quality care in Walsall.

11.2 Using an options appraisal tool developed by Public Health colleagues, we have evaluated each of the 16 options against a range of criteria and this has shown that while some ways of providing urgent care can be done differently, the vast majority should be discounted for cost, quality, access or timescale reasons. The tool was shared with the Health and Well Being Board and Health Scrutiny and Performance Panel in March.

11.3 The imminent regeneration of the town centre has highlighted immediate concerns regarding the provision of walk in centre services in the Borough from April 2015. To enable us to distinguish between the short and longer term solutions, Public Health colleagues have developed a 'decision tree', noted in appendix 1. It is proposed that the following three options are supported for public consultation and are shown visually on the map below:

- Option 1 - WIC relocated within the town centre
- Option 2 - WIC relocated outside of town centre
- Option 3 - Move the WIC service and merge it with the EUCC.

Options



NB the providers of the future services are not yet known and any future model will be subject to procurement rules and regulations.

- 11.4 Our approach has included using a whole systems pathway review rather than only looking at elements of a patient journey to ensure that we can develop the strategic response that is required. The CCG will continue to work with our partners, providers and patients to make improvements across the system including promoting prevention and self-care, NHS111, improving access to GP services, community services, A&E, the ambulance service, emergency admissions and improved discharge processes. Further details will be described in the Urgent and Emergency Care Strategy.

12. Process for Public Consultation – “with patients for patients”

- 12.1 We have already listened to many of our patients, carers and communities to shape the future vision however the CCG would now like to seek the public’s views on the longer term vision, together with the shorter term options specifically related to walk in services in the Borough. To ensure that our patients views are integral to any decision making process, a formal 12 week consultation process is proposed.
- 12.2 A consultation plan and consultation documents are being developed and form part of the wider Communications and Engagement Plan that has been developed for the Urgent and Emergency Care Strategy. The draft consultation plan is noted in appendix 2.
- 12.3 To ensure that the consultation document is inclusive and accessible to patients, the public and stakeholders in Walsall, the programme team has been working with Healthwatch Walsall to identify patient representatives who can work with us to ensure that our plans are inclusive and the documents are easy to read. Healthwatch Directors are involved in the patient group together with a CCG lay member, PRG members, Healthwatch assembly member and a patient representative from Wolverhampton.
- 12.4 The consultation will include up to six (TBC) local ‘round table’ events which will be spread across the Borough and comprise approximately 50 places each. The two-hour events will be promoted widely and will feature in the consultation document.

The events will be located to support Walsall Council's Area Partnership's but will also be complemented by engagement with existing groups and informal drop-in events across the Borough. These will be run by the CSU Communications and Engagement Team and comprise a stand at community venues providing information on the consultation, copies of the consultation document and will enable members of the public to feed back.

- 12.5 It is proposed that the public consultation commences in May 2014 and continues for a 12 week period. It is envisaged that once the consultation process is complete, a feedback report will be available to update the public on the outcomes of the consultation.

13. Key Risks

- 13.1 As highlighted earlier, without the right arrangements in place, the unsustainable pressures being experienced in the system will continue to result in more people using urgent care services such as A&E as an alternative to their GP practice, patients waiting longer to be seen and treated and key quality measures continuing to be missed.
- 13.2 The timescale for delivery of the programme has been set so that we can ensure continuity of service provision from April 2015, and that a Strategy is developed (in August 2014) to describe the joined up response required for the next 3-5 years and is agreed for implementation prior to next winter.
- 13.3 A decision is required regarding the future urgent care walk in service provision across the Borough for both the EUCC and the WIC due to the contract expiry date of 31st March 2015 for both services. If a resolution is not identified, continuity of service provision will be affected.
- 13.4 In addition, a decision is required by the CCG regarding the future of the Walsall Walk in Centre site as service provision will be affected due to the regeneration of the town centre. The existing location (the building) that houses the walk in centre at 19-20 Digbeth Street in Walsall, has been identified as a location that will be regenerated in Phase 2 of the town centre regeneration plans. The outcomes of the public consultation will be fundamental in identifying what future service provision and physical location is required.

14. Next Steps

- 14.1 The programme team will commence a public consultation from May 2014, once support is identified from:
- The Walsall CCG's Governing Body
 - The Health and Well Being Board
 - The Health Scrutiny and Performance Panel.

- 14.2 During the Public Consultation, the CCG will continue to work with our partners, patients and stakeholders to develop the draft Urgent and Emergency Care Strategy which will describe the future service provision across the Borough in the next 5 years. Work will be undertaken to understand the availability of possible locations, affordability of the identified short term options and the possibility of the longer term vision for a co-located Urgent and Emergency Care Service based at the Manor Hospital.

15. Decision Making Process

- 15.1 The decision for the short and longer term vision will be made by the CCG Governing Body in August 2014. The Governing Body will take into account the feedback from the public consultation, finance and affordability of the proposals, safety and quality implications and availability of suitable premises. An evaluation tool is currently being developed to inform the decision making process.

16. Conclusion

- 16.1 The aim of the Urgent Care Review has been to better understand the existing Urgent and Emergency Care service provision in Walsall. Our plans need to ensure that the future system will provide high quality, accessible and affordable services for the local health economy whilst also ensuring the capacity and capability to flex to manage surges in activity.
- 16.2 People have told us that they want us to improve access and integration across services for people with urgent healthcare needs, by ensuring the system is well communicated and simpler to navigate. We want to continue to ensure that services are available at the right place, the right and first time for all patients using our services.
- 16.3 Further to the Urgent Care Review, it is clear that improvements in the system are required to manage the increasing activity but also to ensure service delivery is in line with the national direction of travel described by NHS England. The detail of the improvements will be noted within the Urgent and Emergency Care Strategy which is expected in August 2014.
- 16.4 However, there are immediate changes required relating to the WIC and EUCC due to the impending contract end dates and the regeneration of the town centre. A 12 week public consultation will ensure that the patient voice is at the heart of our plans. Throughout the review we have actively engaged and listened to our community, both as patients and stakeholders through the listening exercise, market research and site visits. We have also used data and contracting outcomes to develop a range of options. We now need to understand people's views on the future of access arrangements in the Borough.

17. Recommendations

17.1 The Health and Well Being Board is recommended to:

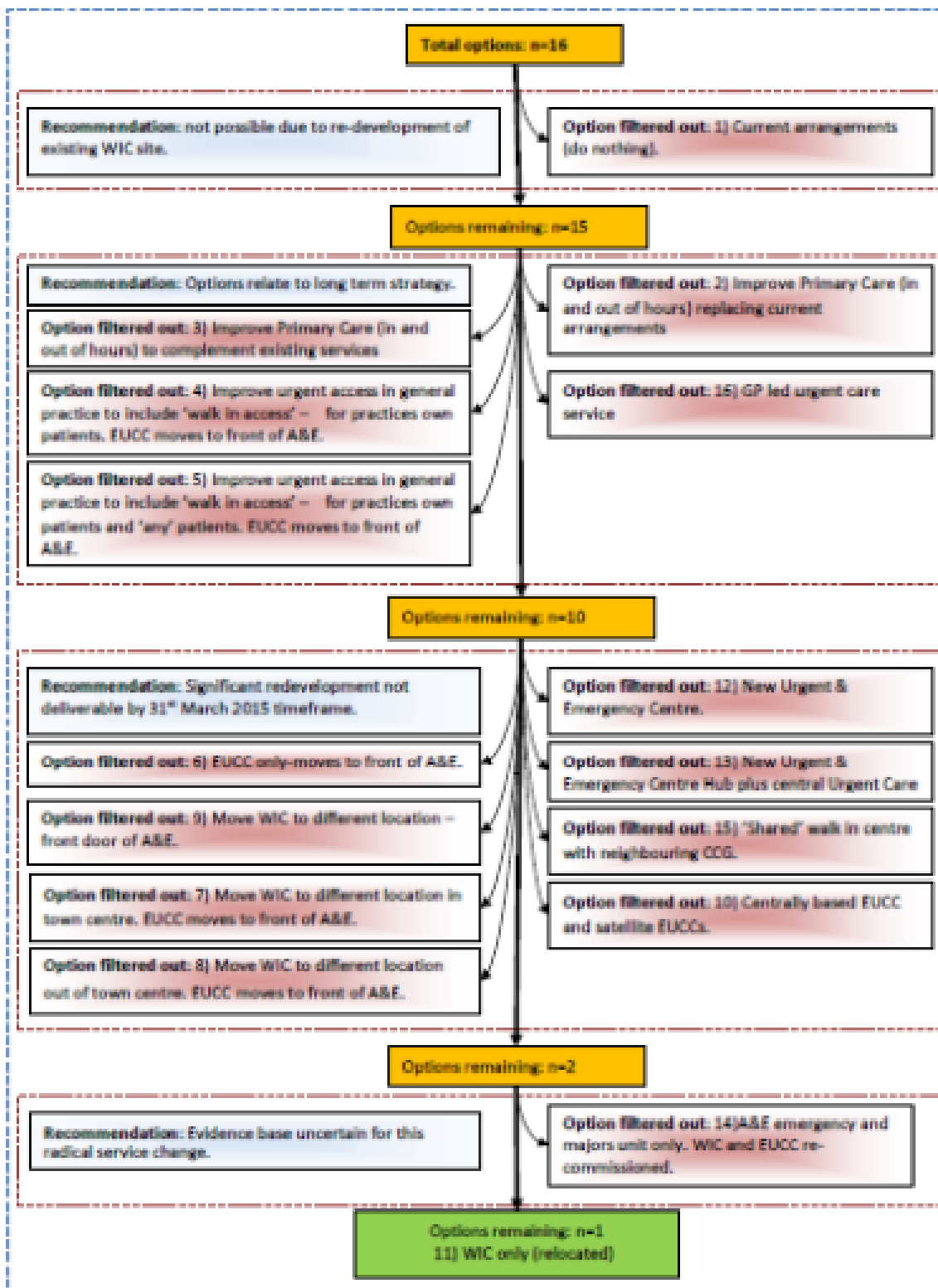
- **Note the proposals as set out in this report;**
- **Note the public consultation plans to commence in May 2014;**
- **Identify any outstanding issues and provide views.**
- **Note that this report is subject to any amendments as a result of consideration at the CCG Governing Body on 24 April.**
- **The Health & Well Being Board will receive further reports on the outcome of the public consultation commencing May 2014, and on the development of the longer term strategy for urgent care services.**

18. For further information, please contact:

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Appendix 1 – Decision Tree



Appendix 2 – Communications and Engagement Plan



1. Introduction

Walsall CCG will design an inclusive, accessible process in order to consult on a range of options proposed for the improvement of urgent and emergency care services in the borough.

We will undertake a two-stage process to developing the consultation:

- **Consultation planning and design**

We will work with Healthwatch and our own interested patient representatives to develop an accessible consultation process. Patients will shape both the consultation methodology and the communications and marketing materials that will elicit local engagement.

We have arranged three meetings of a 'task and finish group' comprising Healthwatch and patient representatives to take place on 9 April, 23 April and 7 May. The group will approve the consultation document and plan, including a range of communications and engagement 'tools', including:

- Summary leaflet and questionnaire – online and hard copy – including accessible versions
- Consultation document
- Presentation packs for providers, staff and public
- Dates pre-set for open meetings, attendance at: Health Scrutiny and Performance Panel, Healthwatch, Health and Wellbeing Board, voluntary sector groups, community networks, GP/patient networks, provider group boards, equality and diversity organisations
- Use of web, social media and podcasts
- FAQs

- **Formal public consultation**

A 12 week formal consultation will run that adheres to section 242 of the NHS act (2006), a statutory duty relating to public engagement and consultation around service change and re-development. We will work closely with local organisations to support us in disseminating the consultation document widely across the borough of Walsall, including:

- Holding four – six large public events across the borough, accessible to residents in all localities, complemented with a range of more informal drop-in and information giving sessions at community venues (such as libraries).
- We will use a range of channels to communicate our intentions and raise awareness of the consultation process. We will share messages through a range of our own channels and cascade routes in the community as noted at the end of this plan.

2. Formal engagement events

Four - six local 'round table' events will be held. These will be spread across the borough and comprise approximately 50 places. The two-hour sessions will be held in the afternoon and evening.

The events will be promoted widely and feature in the consultation document. The events will be sited to support Walsall Council's Area Panels as per the map below:



Attendees will need to book a place. Light refreshments will be provided. These will be led by the programme clinical leads.

Date	Venue	Time
TBC once plans agreed and around clinical lead availability	<i>Local event</i> Walsall Football Ground – borough wide and to include St Matthews/Paddock/Pleck	2pm to 4pm (set-up from 1pm)
TBC once plans agreed and around clinical lead availability	<i>Local event</i> To cover Brownhills / Pelsall/Rushall/ Shelfield and Bloxwich/Blakenhall/Birchills/Leamore areas Venue to be confirmed	6pm to 8pm (set up from 5pm)
TBC once plans agreed and around clinical lead availability	<i>Local event</i> Aldridge / Pheasey / Streetly / Walsall Wood area Venue to be confirmed	6pm to 8pm (set up from 5pm)
TBC once plans agreed and around clinical lead availability	<i>Local event</i> Darlaston / Bentley and Willenhall / Short Heath areas Venue to be confirmed	6pm to 8pm (set up from 5pm)

3. Drop-in events

The larger events will be complemented by informal drop-in events. These will be run by the CSU Communications and Engagement Team and comprise a stand at community venues providing information on the consultation, copies of the consultation document and enable members of the public to feed back.

Date	Venue	Area Panel Area	Time
May 2014			
TBC once plans agreed	Badger / EUCC and OOH	N/A	
TBC once plans agreed	A&E Walsall Healthcare Trust	N/A	
TBC once plans agreed	Walsall College	N/A	
TBC once plans agreed	Walsall Housing Group Central Walsall Housing Office, 100 Hatherton Street	N/A	
June 2014			
TBC once plans agreed	Morrisons 125 Lichfield Street WS1	St Matthew's / Paddock /Pleck	TBC once plans agreed
TBC once plans agreed	Asda Darlaston Wednesbury WS10	Darlaston & Bentley	TBC once plans agreed
TBC once plans agreed	Tesco Silver Street Brownhills WS8	Brownhills/Pelsall/ Rushall/Shelfield	TBC once plans agreed
TBC once plans agreed	WIC	N/A	TBC once plans agreed
TBC once plans agreed	Walsall Housing Group Brownhills Housing Office 13 Silver Court High Street	N/A	TBC once plans agreed
TBC once plans agreed	Pop-up shop – venue to be confirmed		TBC once plans agreed
TBC once plans agreed	Walsall Housing Group Darlaston Housing Office		TBC once plans agreed

	45 King Street		
July 2014			
	SUPERMARKET? Asda Great Barr? Morrison's Aldridge	Aldridge / Pheasey / Streetly / Walsall Wood	
	SUPERMARKET Asda Bloxwich Sainsbury's Beechdale	Bloxwich / Blakenhall / Birchills / Leamore	
TBC once plans agreed	A&E Walsall Health care Trust		
TBC once plans agreed	Walsall Housing Group Blakenhall Housing Office Thames Road		
TBC once plans agreed	Walsall Council House		
TBC once plans agreed	Walsall Housing Group Willenhall Housing Group Beechwood House		

4. Existing engagement groups

The consultation document will be taken to our existing engagement groups as follows. These will be attended by the clinical leads.

Date	Venue	Time
May		
TBC once plans agreed	Healthwatch	TBC once plans agreed
TBC once plans agreed	GP Locality Meeting North Pinfold Health Centre	TBC once plans agreed
TBC once plans agreed	GP Locality Meeting Trans Darlaston Health Centre	TBC once plans agreed
TBC once plans agreed	GP Locality Meeting South East Pelsall Village Centre	TBC once plans agreed
TBC once plans agreed	GP Locality Meeting West Sina Health Centre	TBC once plans agreed
TBC once plans agreed	Disability Forum	TBC once plans agreed
TBC once plans agreed	Black Country Neurological Alliance	TBC once plans agreed
June 14		
TBA	Area Panel Meeting -	TBC once plans agreed

	Brownhills, Pelsall, Rushall and Shelfield	
TBA	Area Panel Meeting – Aldridge and Beacon	TBC once plans agreed
TBA	Area Panel Meeting – North Walsall	TBC once plans agreed
TBA	Area Panel Meeting – Walsall South	TBC once plans agreed
TBA	Area Panel Meeting – Darlaston and Bentley	TBC once plans agreed
TBA	Area Panel Meeting – Willenhall and Shortheath	TBC once plans agreed
TBA	Pensioners’ Forum	TBC once plans agreed
TBA	PRG – Patient Reference Group	TBC once plans agreed
July 14		
TBA	Provider Forum	TBC once plans agreed
TBA	SIT Group (Blakenhall Youth Club, Electric Palace Youth Club)	TBC once plans agreed
TBA	Third Sector Strategic Leadership Forum	TBC once plans agreed

5. Communications

Borough-wide communications and engagement will take place in order to inform staff, partners, patients and the public about the proposals to improve urgent care, and promote the opportunities that people have to get involved. The plan comprises the following activity:

- Internal communications within Walsall CCG, Walsall Healthcare Trust, Walsall Council and the walk-in centre that promote engagement events in the borough.
- Communications with borough partners including public bodies, third and voluntary sector, and patient/community groups. Groups will be provided with communications tools (see below) to help them cascade key messages and sign-post people to the feedback opportunities.
- Patients and members of the public will be communicated with using social media, the website, the local media and information displayed at health and community venues (GP practices, clinics, libraries etc).

All messages – proactive and reactive, such as media responses – will be agreed by Walsall CCG clinical leads.

The following communications tools will support this strategy.

Tool	Date	Where/who	Cost
Consultation document that explains the problems, proposals for change and how	TBC once plans agreed	Used at all engagement events, shared with key	TBC once plans agreed

to take part		partners and placed within GP practice and hospital waiting areas	
Pull-up banners	TBC once plans agreed	To be used at events/stands	TBC once plans agreed
Posters promoting the events	TBC once plans agreed	GP practices, community venues, hospital areas	TBC once plans agreed
Post cards to promote the events	TBC once plans agreed	GP practices, community venues, hospital areas	TBC once plans agreed
FAQ database – this will be added-to when new questions arise	TBC once plans agreed	On the website	TBC once plans agreed
Social media including Facebook, Twitter and Netmums	TBC once plans agreed		
PowerPoint pack to help PRGs, patient and community groups to cascade information on the consultation	TBC once plans agreed	Events and shared with partners	TBC once plans agreed
Web site (www.walsallccg.nhs.uk/urgent care) containing information, all key documents and also survey	TBC once plans agreed	Online	TBC once plans agreed
Web survey, replicating the survey at the back of the consultation document	TBC once plans agreed	Online and via iPads at drop-in sessions	TBC once plans agreed
Local media (media releases)	See communications schedule below		

6. Communications schedule

The following schedule of communications will take place. This will remain flexible and responsive to how the consultation process is going and activity may be adjusted if necessary and with approval of the STAR Group.

Type of communication	Description	When	Lead
Letter to councillors, MPs, Healthwatch, GPs, providers including WHT, Badger & Phoenix	This will provide advance notice of the consultation before the media might break the story	TBC once plans agreed	TBC once plans agreed
Staff message	This will provide	TBC once	TBC once plans

within WCCG – including staff at the walk-in centre	advance notice of the consultation before the media might break the story	plans agreed	agreed
Press briefing and/or news release – launches consultation	Brief provided to the media	TBC once plans agreed	TBC once plans agreed
Poster and copies of the consultation document to be sent to GP practices, hospital waiting areas and other community venues	Will summarise the consultation process and set out how people can get involved	TBC once plans agreed	TBC once plans agreed
Start of consultation (date tbc)			
Announcement on the start of the consultation to be sent to all stakeholder groups	To be sent by email with a link to the web resources	TBC once plans agreed	TBC once plans agreed
News release – round-table event 1	Inviting residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	TBC once plans agreed	TBC once plans agreed
Email reminder for first event	Reiterate key messages. Sent to: <ul style="list-style-type: none"> • Healthwatch • Voluntary sector • Staff/members within Walsall CCG/Walsall Healthcare Trust and Walsall Council 	TBC once plans agreed	TBC once plans agreed
News release – round-table event 2 (10 days before event)	Inviting residents to have their say, messaging about reasons for	TBC once plans agreed	TBC once plans agreed

	consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day		
News release – round-table event 3 (10 days before event)	Inviting residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	TBC once plans agreed	TBC once plans agreed
News release – round-table event 4 (10 days before event)	Inviting residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	TBC once plans agreed	TBC once plans agreed
Wrap-up news release – seven days left to have your say (7 days before end of consultation)	Coming to end of public consultation – people have 7 days left to make their views known	TBC once plans agreed	TBC once plans agreed
End of consultation	To be finalised depending on next steps	TBC once plans agreed	TBC once plans agreed

Walsall CCG will adhere to legislation on formal consultation. During the 12 week formal consultation the CCG will consult with patients, members of the public and stakeholders in Walsall through a variety of channels. The groups identified so far include:

PROVIDERS

- Badger/EUCC & OOH
- WMAS

- WHT/A&E
- WHT
- Social Care
- Intermediate Care
- WIC/Phoenix
- WalDoc
- NHS England
- Mental Health Trust
- Dudley & Walsall
- CCG's – Dudley, Wolverhampton, Sandwell

WALSALL VOLUNTARY SECTOR GROUP

- Compton Hospice
- Youth Service
- Home Start
- Walsall Money Advice Project
- Parkinson's
- Citizens Advice Bureau
- Walsall FC Community Programme
- John Taylor Hospice
- The Vine Trust
- Walsall Healthcare Trust (My NHS Walsall)
- Walsall Cardiac Rehabilitation Team
- Acorns
- Healthwatch
- John Munroe Hospital
- MS Society
- St Giles Promotions
- Walsall Voluntary Action
- MND Association
- Walsall Street Teams

EQUALITY AND DIVERSITY GROUPS

- Aaina Asian Women's Group
- Accord Mental Health Service
- Acorns Children's Hospice
- Action for Children Walsall Resource Centre
- Addaction Walsall – Stafford Street – Walsall
- Addaction Walsall – Blakenhall Village Centre
- Afghan Community and Welfare Centre
- Walsall Black Sisters
- After Adoption
- Age UK
- Aldridge Youth Centre
- Aldridge Parish Church
- All Saints Parish Church
- Alzheimer's Society
- Anchorage 55 Plus Club (incl Aldridge over 60s club)

- Another Way: LGBT Social and Support Group
- Apna Ghar Day Centre
- Arthritis Care
- Ataxia UK
- Autism – west midlands
- Beacon Church, Pheasey
- Bentley Methodist Church
- Learning Centre
- Bereavement Service for Cancer and Palliative Care
- Birmingham progressive Synagogue (BPS)
- Black Country Housing Group – Care and Repair
- Bloxwich Community Partnership
- Breathe Easy Walsall
- British Red Cross home from home hospital scheme
- Brownhills Methodist Church
- Caldmore Housing Women’s Refuge
- Crisis Point (Psychotherapy, Counselling and Support Services)
- First Base Walsall
- Foyer in Walsall (WHRA)
- Glebe Centre
- Guru Nanak Gurdwara
- Health Action Group Walsall
- Heart Care
- Hindu Forum
- Independent Living Centre
- Integrated Young People Support Service – Positive Activities
- Keyring Living Support Networks
- Look (National Federation of Families with Visually Impaired Children)
- Mandir Baba Balak Nath (Hindu Temple)
- Mencap Empowerment Project
- Midland Mencap
- Midlands Kerala Cultural Association (MIKCA)
- MOVE project
- NACRO
- North West Walsall Gateway Club
- Organisation for Sickle Cell Anaemia Relief and Thalassaemia Support (OSCAR)
- Parents Relatives and others in understanding DOWN’S (PROUD)
- Parkinson’s UK
- Pelsall Physically Handicapped Persons Organisation Group
- PIP (Promoting Independence Project)
- RNID
- RP Fighting Blindness
- Rushall Healing Group
- Sakya Ling Buddhist Centre
- Shaw Trust
- Shelter
- Sheltered Housing

- Shopmobility Town Centre – Walsall
- Shree Ram Mandir (Walsall)
- Sikh Recreation and Learning Centre
- Soldiers, Sailors, Airmen and Families Association – Forces Help (SSAFA) Walsall Branch
- Spurgeons – Walsall Family Support Service
- St John Ambulance West Midlands
- Stan Ball Centre
- Stepping stones
- Streams Supported Housing
- Stroke Association
- Supported Housing with deaf and deafblind people
- Terrence Higgins Trust
- Union of Muslim Organisations in Walsall
- Volunteer Services
- WAASP and Walsall LGBT.cic
- Walkways Youth Projects
- Walsall Action Group for Cystic fibrosis (WAG 4 CF)
- Walsall African Initiative Social Organisation (WAISO)
- Walsall Amnesty International Group
- Walsall and West Midlands M.E. Link
- Walsall B Friend – Bowel Cancer Support Group
- Walsall Bangladeshi Progressive Society
- Walsall Befriending Project – Autism West Midlands
- Walsall Bereavement Support Service
- Walsall Breast Cancer Self-Help Group
- Walsall Carers Centre
- Walsall Christian Centre
- Walsall Community Drug and Alcohol Team
- Walsall Community Transport
- Walsall Deaf Peoples Centre
- Walsall Disability Forum
- Walsall Domestic Violence Forum (W.D.V.F)
- Walsall Families Information Service
- Walsall Housing Group
- Walsall Order Persons Project
- Walsall Parent Partnership Service
- Walsall Shop Mobility
- Walsall Sikh Forum
- Walsall Society for the blind
- Walsall SUE (Service user Empowerment)
- Walsall University of the Third Age (U3A)
- Walsall Victim Support
- West Midlands Lupus Group
- West Midlands Special Needs Transport (Ring and Ride)
- W'YES (Walsall consumer group for blind and partially sighted people)
- WPH Counselling and Education Service (Incorporating Walsall Pregnancy Help)

COMMUNITY CENTRES

- Brownhills Community Association
- Collingswood Centre
- Community Development
- Forrest Community Association
- Frank Harrison
- Manor Farm Association
- Moxley Centre
- Old People's Partnership
- Palfrey Community
- Park Hall
- Pool Hayes
- Sneyd Community Centre
- Willenhall Youth Council
- Streetly Association
- Reach up
- Move project
- Bloxwich Community Partnership
- Bloxwich Community Centre

WALSALL AREA PANELS

- Aldridge and Beacon
- Darlaston and Bentley
- North Walsall
- Walsall Area Team
- Walsall South
- Willenhall and Short Heath

COUNCILLORS

- Conservative – Paddock
- Conservative – Pheasey Park Farm
- Conservative – Rushall-Shelfield
- Labour – Pleck
- Conservative – St Matthews
- Conservative – St Matthews
- Lib Dem – Short Heath
- Conservative – Pelsall
- Conservative – Pheasey Park Farm
- Independent – Darlaston South
- Independent – Darlaston South
- Labour – Bentley & Darlaston North
- Labour – Brownhills
- Labour – Bentley & Darlaston North
- Conservative – Streetly
- Lib Dems – Short Heath
- Labour – Willenhall South
- Labour – Willenhall South
- Labour – Willenhall South

- Labour – Palfrey
- Conservative – Streetly
- Labour – Bloxwich East
- Labour – Bloxwich East
- Conservative – Aldridge North and Walsall Wood
- Conservative – Aldridge North and Walsall Wood
- Conservative – Bloxwich West
- Conservative – Streetly
- Labour – Pleck
- Labour – Willenhall North
- Labour – Darlaston South
- Labour – Birchill Leamore
- Labour – Birchill Leamore
- Labour – Bloxwich West
- Conservative – Pelsall
- Conservative - Paddock
- Conservative - Paddock
- Conservative – Aldridge Central and South
- Labour – Palfrey
- Labour – Birchill Leamore
- Conservative – Pelsall
- Labour – Bloxwich East
- Conservative – Rushall-Shelfield
- Conservative – Aldridge Central and South
- Labour - St Matthews
- Labour Pleck
- Conservative – Aldridge North and Walsall Wood
- Lib Dems – Short Heath
- Lib Dems – Willenhall North
- Labour – Brownhills
- Labour – Bloxwich West
- Labour – Palfrey
- Conservative – Aldridge Central and South
- Lib Dems – Willenhall North
- Labour – Rushall/Shelfield
- Labour – Blakenall

NB. This list is likely to change as we further develop the Consultation Plan.