

HEALTH AND SOCIAL CARE SCRUTINY PANEL17th July 2014**Overview - Development of an
Urgent and Emergency Care Strategy for Walsall****1. Purpose of the Report**

- 1.1 To provide an overview for the new Health and Social Care Scrutiny Panel 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 and the public consultation process being undertaken in Walsall from 23rd May to 14th August 2014. Members are encouraged to provide collective or individual feedback during the consultation period.
- 1.2 The draft strategy will be available in the autumn of 2014 [revised date] 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. Recommendations

- 2.1 The Health and Social Care Scrutiny Panel is recommended to:
 1. Note the programme overview as set out in this report;
 2. Note the formal public consultation period of 23rd May to 14th August 2014;
 3. Provide valuable feedback into the public consultation process by completing the online survey at www.walsallccg.nhs.uk/urgentcare or by providing collective feedback at the Health and Social Care Scrutiny Panel meeting on 17th July 2014;
 4. To note that the Health and Social Care Scrutiny Panel will receive a further report on the outcome of the public consultation in September 2014, and on the development of the longer term strategy for urgent care services in the autumn of 2014.

3. Key Points

- 3.1 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.
- 3.2 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 the public consultation that is taking place across the borough to gain valuable feedback from the public and stakeholders on the proposals, prior to any decisions being made.

3.3 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.

3.4 For the public consultation, we have worked with a patient group involving Healthwatch Walsall, My NHS Walsall and PRG members to develop the consultation plan and public consultation document.

3.5 A further paper will be submitted to the public meeting of the Health and Well Being Board as part of the public consultation process to feed members views into the consultation process.

4. Introduction

4.1 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.

4.2 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.

4.3 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.

5. Background

5.1 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.

- 5.2 However, further work is required to ensure that patients experience a responsive and accessible service when they require urgent or emergency care services.
- 5.3 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.
- 5.4 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.

6. Scope of the Review

- 6.1 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.
- 6.2 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

7. Walsall Walk in Centre (WIC)

- 7.1 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.
- 7.2 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.

- 7.3 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%).
- 7.4 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.

8. The Emergency and Urgent Care Centre (EUCC)

- 8.1 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 and also the GP out of hours service.
- 8.2 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.

9. The Urgent Care Review

- 9.1 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.
- 9.2 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).
- 9.3 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.

- 9.4 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.
- 9.5 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.
- 9.6 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.

10. National Urgent and Emergency Care Review

- 10.1 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'*.
- 10.2 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.
- 10.3 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).

10.4 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.

10.5 The national Urgent Care Review is in the delivery phase and further details are expected in 2014 during the implementation phase.

11. National Evidence

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

11.1.1 **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).

11.1.2 **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).

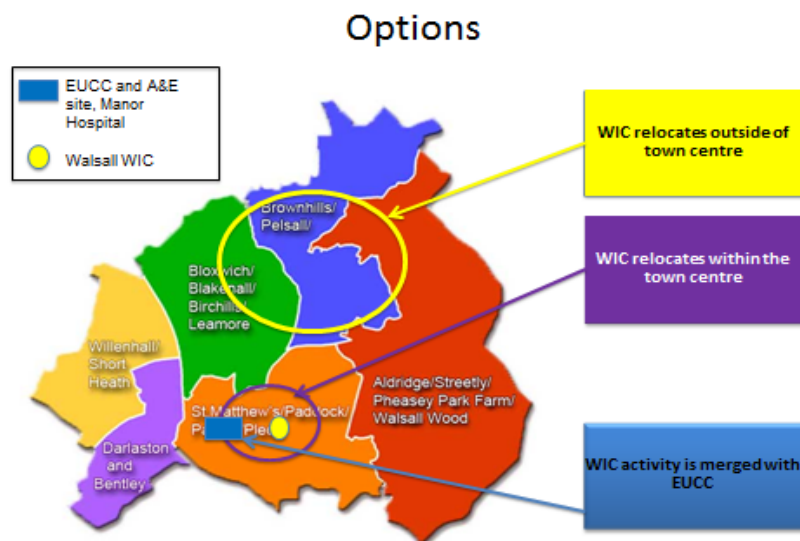
12. Developing the Options

12.1 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.

12.2 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 2014.

12.3 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. The following three options have been supported by the Health and Well Being Board and Health Scrutiny and Performance Panel in April 2014 to go forward 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.



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

12.4 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.

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

13.1 We have already listened to many of our patients, carers and communities to shape the future vision however the CCG are now in a period of formal public consultation 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. The consultation is running from 23rd May to 14th August 2014.

13.2 A consultation plan and consultation documents have been developed and form part of the wider Communications and Engagement Plan that has been developed for the Urgent and Emergency Care Strategy. The plan will continue to evolve as additional groups, venues, etc are identified during the consultation period.

- 13.3 To ensure that the consultation document is inclusive and accessible to patients, the public and stakeholders in Walsall, the programme team has worked with Healthwatch Walsall to identify patient representatives who have worked with us to ensure that our plans are inclusive and the documents are easy to read. Healthwatch Directors have been involved in the patient group together with a CCG lay member, PRG members, Healthwatch assembly member and a patient representative from Wolverhampton. The consultation document can be found in appendix 2.
- 13.4 The consultation includes access to the CCG website survey at www.walsallccg.nhs.uk/urgentcare and four local 'round table' events which are spread across the Borough and comprise approximately 50 places each. The two-hour events have been promoted widely and feature in the consultation document. The website and events are complemented by a range of engagement methods including existing groups, email circulation, twitter, face to face engagement sessions, 'have your say' boxes and informal drop-in events across the Borough. The health bus will also be used to encourage further feedback towards the end of the consultation period to cover areas across the borough where feedback has been limited. In addition, we are working with Healthwatch Walsall to promote the consultation at events that they are attending across the borough.
- 13.5 Interim findings are showing that people in Walsall appear to prefer to feedback via the website or through the postal system as uptake through these methods is proving positive. However, on the reverse, uptake for attendance at the events is poor and the CCG is currently encouraging a better uptake through twitter, posters in all GP practices, dental surgeries, libraries and through media and press releases informing people of the venues and timings for the events.
- 13.6 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.

14. Key Risks

- 14.1 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.
- 14.2 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 to describe the joined up response required for the next 3-5 years and is agreed for implementation prior to next winter. The draft strategy is planned for autumn 2014.
- 14.3 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 may be affected.

- 14.4 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.

15. Next Steps

- 15.1 During the Public Consultation, the CCG is continuing 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.

16. Decision Making Process

- 16.1 The decision for the short and longer term vision will be made by the CCG Governing Body on 4th September 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.
- 16.2 Furthermore, the CCG will provide a progress report to the Health and Social Care Scrutiny Panel and Health and Well Being Board in September 2014.

17. Conclusion

- 17.1 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.
- 17.2 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.
- 17.3 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 the autumn of 2014.

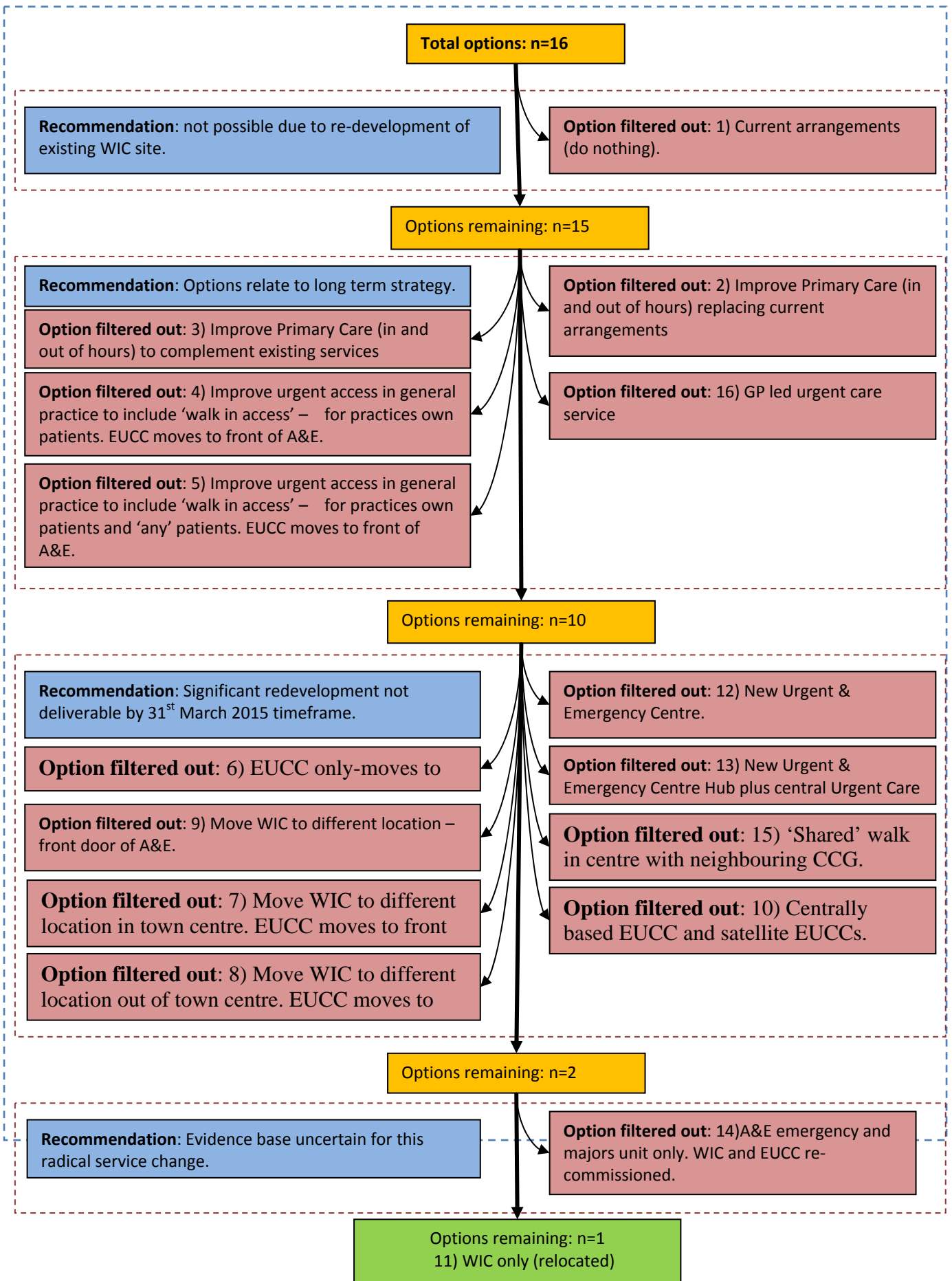
17.4 However, there are immediate changes required relating to the WIC and EUCC due to the impending contract end dates and the regeneration of the town centre. A 12 week public consultation will ensure that the patient voice is at the heart of our plans. Throughout the review we have actively engaged 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 are now in a process of formal consultation to understand people's views on the future of access arrangements in the Borough and would like to encourage members of the Health and Social Care Scrutiny Panel and Health and Well Being Board to have their say at www.walsallccg.nhs.uk/urgentcare or through collective feedback at the meetings scheduled in July 2014.

18. For further information, please contact:

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Appendix 1 – Decisions Tree



Consultation on urgent and emergency care choices in Walsall

How to get involved and have your say

**Consultation from
23 May to 14 August 2014**



WELCOME

As a local GP, resident and patient in Walsall, I am committed to working with my colleagues to improve the quality of urgent and emergency care delivered locally. We have listened to what people think about urgent and emergency care and we believe that there is a better way to deliver services in the next 3-5 years.

There are **two questions** we want to ask your views on in this consultation:

1

We'd like to hear your views on our plans for the future urgent and emergency care system in the next 3-5 years which includes bringing some of our urgent care services together in one building, whilst improving the wider urgent care system.

2

We'd also like to hear your views on the immediate changes needed for the Walsall Walk-in Centre because the building won't be available from April 2015.

Over the past two years, we have seen an unsustainable rise in people accessing urgent and emergency care services. This is a national issue with similar increases reported right across England.

Doing nothing is not an option.

This is your opportunity to have your say on our plans by completing the survey on page 11. No final decisions have been made, so your views are very important to us. There are 12 weeks for you to have your say, from 23 May 2014 to 14 August 2014. We hope you'll take this opportunity to get involved.

At the end of the consultation we'll review all of the comments we've received and the CCG will make a decision on the immediate and longer term proposals taking into account what you've told us and other

information such as quality, safety and resources.

We're keen to hear how you'd like to shape these services so that we can build an urgent and emergency care system that is a true reflection of the needs of the people of Walsall.



Dr Anand Rischie

Local GP and Clinical lead for urgent care at Walsall CCG

Walsall Clinical Commissioning Group (CCG) pays for healthcare for the borough's 274,000 residents. We are a membership organisation led by Walsall GPs, nurses, lay people and support staff and spend £346 million a year to deliver the right care for our population.

Why you want us to change the current system

Since November 2013, we have been talking to people in Walsall, including people who use our services, patient groups, healthcare providers, councillors, Healthwatch, My NHS Walsall and voluntary organisations to find out how they think urgent care services could be better. We carried out patient surveys at urgent care sites, including A&E, the Walk-in Centre and the Emergency and Urgent Care Walk-in Centre in Walsall, to understand the views of people who use these services. You told us:

- **That the care you receive in your GP practice is good or very good, but you can't get an appointment when you need it.**
- **That you were confused about where to go, with many finding the services difficult to use.**
- **A large number of people didn't know that there are two walk-in centres in Walsall.**
- **Some said the different services didn't share information and most wanted the urgent care system to be simpler and easier to use.**
- **Others had issues with access. For example, people with mobility problems can't park near Walsall Walk-in Health Centre, making it difficult for them to use it.**

Over the past two years in Walsall, there has been an unsustainable rise in urgent and emergency activity. Emergency hospital admissions rose by 18% at the hospital and similar increases have been seen right across the system: at the two urgent care walk-in centres, GP surgeries, A&E and the ambulance service. This is a national issue, with increases reported right across England.

Increasing pressure

Patients have told us they don't know where to go when they need help quickly. More and more people are choosing to visit walk-in-centres and A&E departments. This is increasing pressure on the already overloaded system.

In the short term, we need to decide where to relocate Walsall Walk-in Health Centre as the building won't be available from April 2015. We also need to plan for the future so that services are high quality and meet patients' needs.



THE VISION

We've been listening to patients to develop the vision for urgent and emergency care in Walsall.

We're committed to ensuring patients receive:

- **High quality urgent and emergency care services 24/7**
- **Easy to access services**
- **Support to get the right care, in the right place, at the right time**
- **All in a simple system**

So far we've used feedback from our partners, the listening exercise and the patient surveys to develop the plans. These are in two parts; **question one** is about the longer term vision and **question two** is about the changes that need to happen quickly.

Question 1 – Longer term vision

Do you support our longer term vision?

You have told us that you want a simple system. The longer term plans (in the next 3-5 years) include bringing some of our current urgent and emergency care services together in one building.

People would be able to 'walk' into the service at any time of the day for urgent care or be brought to the service by ambulance if they had an emergency need 24/7. The new centre will benefit patients in the following ways:

They will be easy to access, open 24/7, providing the right care, in the right place, at the right time

The new service would be based at Walsall Manor Hospital's A&E department and would be open 24 hours per day, 7 days per week for people who need urgent or emergency care.

High quality services

Patients would go through one door and would be directed to the best service to deal with their problem. This could be 'expertise' provided by a GP, a hospital doctor or a nurse.

We believe that by bringing services together in one place we will be able to make it easier for patients to know where to go for help at any time of the day or night. We will also be able to

improve the quality of care provided to patients, and services will be able to make the best use of resources such as staffing so that patients receive the right care in the right place at the right time.

Improving the wider urgent and emergency care system

The new service would only be one part of the improvements to the urgent and emergency care system. The new service would be supported by improvements in primary, community and hospital care, which would help people to:

- **care for themselves at home;**
- **know where best to go for their needs by calling NHS111;**
- **have better access to GP practices;**
- **ensure that all long term condition patients have a care plan; and**
- **experience joined up urgent and emergency care services.**

Question 2 – Immediate choices (by April 2015)

Which of these choices do you think best meets the needs of patients in Walsall?

The redevelopment of Walsall town centre means that the building which currently houses the walk-in centre won't be available from April 2015. Therefore, we need to make a decision on what we do about the current service. **We've identified three potential solutions and we need your views on which one you think is best:**

1

Move Walsall Walk-in Health Centre to a new town centre location – this would be open from 8am to 8pm, 7 days per week.

Pros: This choice will keep a service in the town centre, give people a choice of two walk-in centres and help to resolve some of the accessibility issues.

Cons: There will still be two walk-in centres close together in Walsall (duplicating services) and it will be confusing for patients to know where to go at different times of the day or night. Parking and transport have been raised as possible issues.

2

Move Walsall Walk-in Health Centre to a new out of town location in the north of Walsall – this would be open from 8am to 8pm, 7 days per week.

Pros: This choice will provide better access for people who live in the north of Walsall, while still giving people a choice of two walk-in centres. Some of the accessibility issues will be resolved.

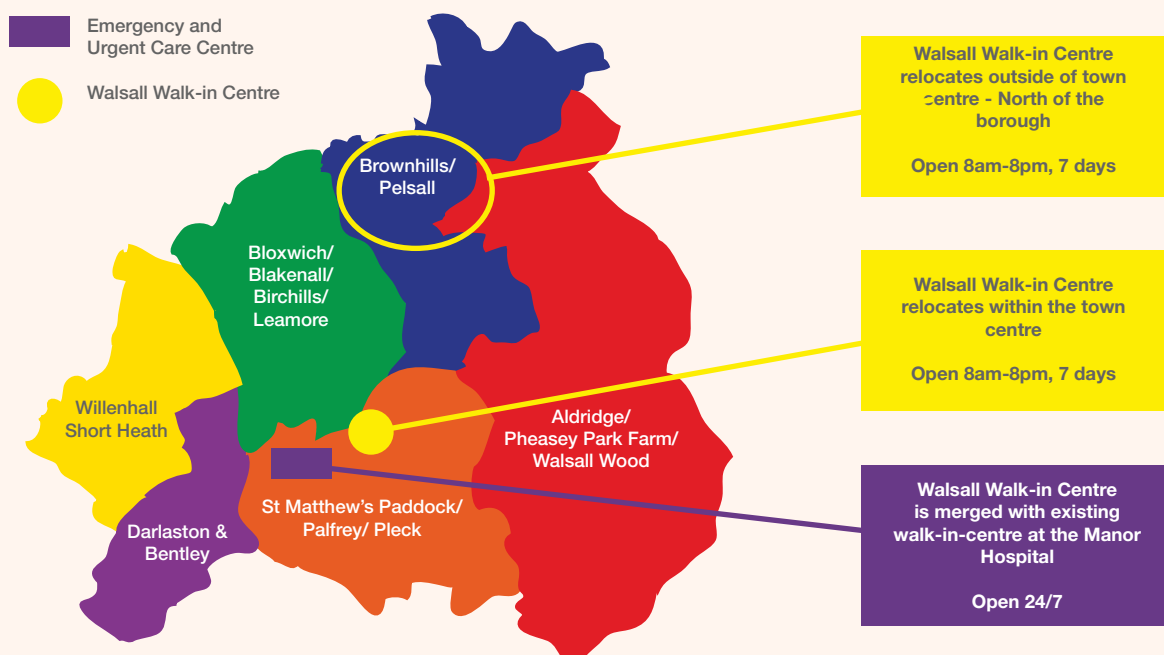
Cons: This will mean that there are still two walk-in centres in Walsall (duplicating services) and it will be confusing for patients to know where to go at different times of the day or night.

3

Move Walsall Walk-in Health Centre and merge it with the existing Emergency and Urgent Care Centre, which already provides an urgent care walk in service at Walsall Manor Hospital – this would continue to be open 24 hours per day, 7 days per week.

Pros: This choice will provide access to services 24/7, making it easier for people to know where to go when they need help quickly. This also fits in with the longer term vision.

Cons: Parking and travel to the hospital have been raised as a possible issue.



How we have developed the plans together

November 13	We talked to more than 800 people at A&E and the two walk-in centres in Walsall to get views on how and why they use services.
December 13 - February 14	We reviewed information about how people use our services and other information, such as the cost, contract information and what the national evidence is available for urgent and emergency care.
January 14	We listened to everyone who wanted to have their say on what works well, what needs to be improved and ideas for how we could improve the system. More than 670 patients, local people and healthcare professionals contributed to the listening exercise.
February 14	We took all the information from what people told us and gathered other information to develop different ways for how urgent and emergency care could be provided in Walsall.
March 14	We used an options appraisal tool that was developed by our public health partners to identify the best way to deliver urgent and emergency care in Walsall in the future. We also identified three options for Walsall Walk-in Health Centre because the building won't be available from April 2015.
April 14	We presented the long term and immediate options to the CCG Governing Body, who approved the proposals to go out to public consultation. We also presented them to the borough's Health and Wellbeing Board and Health Scrutiny and Performance Panel who supported the plans to consult.
April 14 – May 14	We worked with a patient group to develop our consultation plan to make sure that we reach as many people as possible during the consultation. The patient group also helped us to design the consultation documents so that they are easy to read and understand.
May 14	We agreed the proposals were ready to go out for public consultation.

What is urgent and emergency care?

Urgent and emergency care services provide help, advice and treatment when you have a serious illness or injury. The terms can mean different things to different people.

Urgent care

These services offer advice and treatment for minor illnesses or injuries where you can't wait for a routine appointment with your GP. These could include ear pain, rash, headache, minor burns and scalds, sprains and wounds. **You can get urgent advice or treatment from a pharmacist (a chemist), NHS 111, a GP, a walk-in centre and, when your GP practice is closed, the GP out of hours service.**

Emergency care

These services are for life-threatening illness or injuries such as chest pains, loss of consciousness, severe loss of blood, choking, fits that aren't stopping or breathing difficulties.

If you experience any of these symptoms you should dial 999 immediately.

Urgent and emergency care services in Walsall include:

<p>Choking Chest pain Blackout Blood loss</p> 	<p>A&E (Accident and Emergency) or 999</p>	<p>Life-threatening situations and emergencies</p>
<p>Unwell? Unsure? Confused? Need help?</p> 	<p>NHS 111 </p> <p><small>when it's less urgent than 999</small></p>	<p>When you need medical help fast but it's not a 999 emergency</p>
<p>Cuts Strains Itches Sprains</p> 	<p>Walk-in Centres</p>	<p>Fast, convenient care for cuts and injuries</p>
<p>Vomiting Ear pain Sore belly Back ache</p> 	<p>Your GP</p>	<p>If you have an illness or injury that won't go away, make an appointment with your GP</p>
<p>Diarrhoea Runny nose Painful cough Headache</p> 	<p>Pharmacy</p>	<p>For advice on common illnesses and medicines to treat them</p>
<p>Hangover Grazed knee Sore throat Cough</p> 	<p>Self-care</p>	<p>Stock up your medicine cupboard at home</p>

The Choose Well campaign helps people choose the right service when they are unwell. For more information please visit: www.choosewellmidlands.nhs.uk



How you can get involved

To make sure your voice is heard, and you don't miss out on the opportunity to be part of this engagement process, you can share your views in the following ways:

The best way to have your say: online and paper survey

This is available at www.walsallccg.nhs.uk/urgentcare.

If you haven't got internet access, please fill in the last page of this leaflet and send it back to us at Jubilee House, Bloxwich Lane, Walsall WS2 7JL **no later than 14 August 2014**.

Public events

You can also come and talk to us at the following events:

Thursday 19 June	Thursday 3 July	Thursday 10 July	Thursday 17 July
6-8pm	6-8pm	1-3pm	1-3pm
Bentley Leisure Pavillion Bentley Road North Walsall WS2 0EA	Brownhills Community Activity Centre Chester Road North Brownhills Walsall WS8 7JW	Walsall Football Club Banks's Stadium Bescot Crescent Walsall WS1 4SA	Aldridge Community Centre Middlemore Lane Walsall WS9 8AN

These events will be run by the programme clinical leads. Light refreshments will be provided and venues are fully accessible. You can also learn more and feedback at our pop-up shop:

29 and 30 May – Saddler Centre, Walsall 10am to 4pm (both days)

We'll also be holding drop-in sessions at a range of community venues including libraries, supermarkets and health centres. For times and venues and to book your place, please visit

www.walsallccg.nhs.uk/urgentcare.



Questions and answers

How will my views help?

Your views are very important to us so that we can understand what the people of Walsall want for urgent and emergency care in Walsall.

Will the final decision be made on the public view alone?

Your views will be added to other information needed for us to make a decision in August 2014 on the longer term plan and the more immediate changes that are needed. We'll then develop a strategy which will set out the arrangements for the future system over the next five years, including links with other local services.

Will I get the same level of service that I do now?

Our aim is to give the people of Walsall a better service than they have now. With the range of choices now available to people – to rest at home, call NHS111, go to a local pharmacy, their GP, the GP out of hours service, two walk in centres or A&E, or dial 999 – they don't always go to the right place for their care.

We'd like to create one whole system where community and hospital services work together to give patients the right care, the first time. We believe our longer term plans will improve the care provided in a simpler system.

Is this about closing Walsall Walk-in Centre?

No. The service will have to be moved because the building won't be available after next April. This gives us the opportunity to review the whole system so that we can look at what's working well and plan for the future – but we need your help to make decisions, which is why we're asking for your views.

Is this document available in another language?

Yes, for further information visit: www.walsallccg.nhs.uk/urgentcare



Questions and answers (continued)

How will I know where to go in the future?

There is a new service called NHS111 that makes it easier for people to know where to go for their urgent care. You can call NHS111 when you have a condition that isn't life-threatening. Staff can advise you to rest at home or go to a pharmacy, your GP or a Walk-in Centre.

You can also visit the Choose Well website or download the 'Choose Well West Midlands' mobile phone app to get advice on where to go.

Is this really a cost-cutting exercise?

This isn't about cost-cutting but about us using the resources we have in the best possible way. We can fund any of our three options to relocate Walsall Walk-in Centre within our current resources. Patients are at the heart of what we do and any changes must benefit them.

We now have an opportunity to improve and simplify urgent and emergency care services in Walsall.

Could you increase GP opening hours?

Whilst we don't commission GP services, we understand that GP access is a problem for some people. We'll continue to work with our local GP members and NHS England to help make it easier for people to reach their doctor when they have an urgent care need.



Get Involved – Have Your Say

Your views are important to us. Please complete this form and send it back to:

Walsall Clinical Commissioning Group, Jubilee House, Bloxwich Lane, Walsall WS2 7JL

by 14 August 2014.

Question 1 - Longer term plans

Over the next three to five years, we would like to bring some of our urgent and emergency services together at Walsall Manor Hospital, so that we can improve the quality of care provided to patients. What do you think about this? Please tick one of the following:

I agree strongly with the plans	<input type="checkbox"/>	I disagree strongly with the plans	<input type="checkbox"/>
I agree with the plans	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>
I disagree with the plans	<input type="checkbox"/>		

Question 2 - Immediate changes

Which of these options do you think best meets the needs of patients in Walsall?

Tick

Move Walsall Walk-in Health Centre to a new town centre location – this would be open from 8am to 8pm, 7 days per week;	<input type="checkbox"/>
Move the Walk-in Centre to a new out of town location in the north of Walsall – this would be open from 8am to 8pm, 7 days per week;	<input type="checkbox"/>
Move the Walk-in Centre and merge it with the existing Emergency and Urgent Care Centre that already provides an urgent care walk-in service at the Manor Hospital – this would continue to be open 24 hours per day, 7 days per week.	<input type="checkbox"/>

Is there anything else you would like to tell us?

Please tell us about yourself

I am responding to these plans as:

An individual	<input type="checkbox"/>
As a representative of an organisation or group	<input type="checkbox"/>

Please give us the name and location of the organisation or group that you are representing:

We want to make health services better by commissioning the right services for our population. The information we are asking for here will help us to understand the diversity of people responding to our questions and the differing views they have. This information is anonymous and can't be used to identify you individually. Please help us by completing this form:

I do not wish to provide the requested information. Tick Box

What is your gender?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Do you think of yourself as:

Lesbian, gay or homosexual	<input type="checkbox"/>
Straight or heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

What age group are you in?

Under 18	<input type="checkbox"/>
19-40	<input type="checkbox"/>
41-60	<input type="checkbox"/>
61-80	<input type="checkbox"/>
81 or older	<input type="checkbox"/>

Are your day-to-day activities limited because of a health problem or disability, which has lasted or is expected to last at least 12 months?

Yes, limited a lot	<input type="checkbox"/>
Yes, limited a little	<input type="checkbox"/>
No	<input type="checkbox"/>

What is your ethnic group?

White:	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy / Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Any other (please state)	<input type="checkbox"/>
Black/Black British:	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other (please state)	<input type="checkbox"/>
Asian / Asian British:	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other (please state)	<input type="checkbox"/>

Mixed:	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other (please state)	<input type="checkbox"/>
Other:	
Arab	<input type="checkbox"/>
Any other (please state)	<input type="checkbox"/>

Please provide the first four characters of your postcode.

This will only allow us to see the area you live, but not the house or street.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for helping us to build a better urgent and emergency care service for Walsall.

We would also like to take this opportunity to thank the patients and stakeholders who have been involved in developing the proposals and consultation documents.