Social Care and Health Scrutiny Committee **Agenda**
20th July, 2017 **Item No. 7**

Big Conversation – Public Engagement outcome and next steps

Executive Summary:

This report provides the findings from the public engagement exercise '*The Big Conversation'*, launched by NHS Walsall Clinical Commissioning Group (CCG) on the 24 January 2017 until 24 March 2017.

The main areas of focus for public engagement were the Urgent Care, GP Primary Care Services, Stroke Services and Walsall Together.

The report also outlines the next steps for further public involvement in proposed changes to the Urgent Care Centre, GP Primary Care Services and Stroke Services.

Reason for scrutiny:

The Committee is asked to note the findings of the Big Conversation engagement exercise and support the further public involvement approach NHS Walsall CCG is taking for the Urgent Care Centre and Stroke Services and support the plans for future public involvement.

Recommendations:

That:

1. The Committee note the outcome of the Big Conversation engagement exercise
2. The Committee support the approach to public, patient and stakeholder engagement and consultation.

1. Overview of Big Conversation Activity

NHS Walsall CCG is committed to involving and informing local people, patients, public and stakeholders when redesigning or reconfiguring healthcare services and demonstrating how this has informed the decision-making process.

On the 24 January 2017 the CCG launched a seven week public engagement exercise to engage with people in Walsall on their views and experiences of health care services and also share ideas for future healthcare delivery to ensure sustainable, high-quality services that are affordable and fit for the future.

An extensive engagement programme was put in place to ensure as many people as possible from across the diverse population of Walsall were able to participate and give their views. The engagement plan was supported by the NHS Walsall Patient and Stakeholder Advisory which is made up of patient representatives, Healthwatch Walsall, Carers Centre and representatives from the voluntary sector. The plan was also shared with the Scrutiny Committee in January 2017.

A range of communication channels were used to engage with the public. These consisted of:

- 3 public events,
- 7 days of community outreach work with 'the Big Conversation Bus',
- 6 focus groups with 112 children from local schools were held.
- Copies of the engagement document which included a questionnaire were distributed throughout the borough,
- A social media campaign was launched
- Patient Representative Groups (PRGs) and Patient Participation Groups (PPGs), newsletters, the CCG website and partner communications channels were used.

The CCG enlisted the support of Healthwatch Walsall throughout the exercise to implement the engagement plan.

2. Participation

A number of participants engaged through social media, email, video recorded interviews and face to face by attending one of the three public events that were held across the borough. People also completed the questionnaire however not all respondents answered all the questions. Full details can be found in the attached report. (Big Conversation Feedback Report May 2017)

3. Questionnaire Feedback Summary

Primary Care Services
The majority of respondents said GP practices should be open 8.30am -6.30pm Monday- Friday and on Saturday mornings and that they would be willing to

book GP appointments online and use both telephone and online video consultations.

The majority were also ‘very likely’ or ‘likely’ to attend an appointment at another local GP surgery if their own GP was not available and they would be willing to accept an appointment with another member of medical staff who is not a GP.

Stroke Services
Respondents were asked to rate a list of areas that the CCG should consider when commissioning future stroke services for local people. 24/7 day access to consultant care and good quality outcomes and survival rates featured top of the list. This was followed by effective after-care arrangements which are close to home. Delivery at a local hospital and good transport links were seen as being least important.

Urgent Care
The main reason for using the Urgent Care Centre was urgent but not life-threatening illness or injury. This was followed by not being able to access an appointment with their GP practice. If one of the Urgent Care Centres were to close or operate reduced hours respondents said they would go to A&E, use the other Urgent Care Centre or call the NHS 111 service.

The majority of respondents said there should be an Urgent Care Centre at Walsall Manor Hospital site, which is open 24 hours each day. They also said GP appointments should also be increased during the day, evenings and weekends.

Walsall Together
The majority of respondents were in support of better joining up health and social care services. Better communication and efficiency were seen as benefits and organisational budgets were seen as a barrier. The use of more health literature, advertising, GP surgeries and social media to educate patients were suggested to encourage people to make use of more preventative health and care services.

4. Next steps

The outcome of the Big Conversation was presented to the CCG Governing Body at its public meeting on the 2nd May 2017.

The CCG will now be undertaking further public engagement on the proposals presented in the following two business cases presented at the public governing body meeting held on the 4th July 2017.

The CCG will also consult with patients on options that are proposed for the Alternative provider of Medical Services (APMS) contract for nine GP practices in Walsall presented to the CCG Primary Care Commissioning Committee on the 18th June 2017.

4.1 Urgent Care Centre (Town Centre)

During 2014 the CCG undertook a review of urgent care services, including a full options appraisal and formal public consultation. In November 2014 the CCG considered the outcome of the review and agreed:

- The longer term plan should be for a single urgent and emergency care centre on the Manor Hospital site

- As an interim plan, relocate the walk in centre to a new town centre location and change the function of the service to an Urgent Care Centre (UCC), excluding from the specification activity that would normally fall within the scope of the GP contract. This interim plan was expected to operate for a period of up to 5 years.

Following this decision an integrated service was commissioned, with a single provider – Primecare – responsible for the provision of urgent care services - at the Manor Hospital site and in the town centre – and the GP Out of Hours (OOH) service. Face to face contacts for the GP OOH service is provided from the Urgent Care Centre at the Manor Hospital.

Following a period of review a public engagement business case has been approved which proposes that the timescale for the interim arrangements should be reconsidered. The preferred option, as set out in the business case, is to close the town centre UCC and enhance the service at the UCC at the Manor site.

Making this change will enable us to increase the staffing at the urgent care centre based on the Manor Hospital site. On the Manor Hospital site, we will have more senior staff providing the streaming service and have more clinical staff in the urgent care centre.

Having more senior staff providing the streaming service will mean that fewer people will need to go to the A&E department because, following a rapid clinical assessment, they will have been sent directly to the right service to meet their needs. This could be the urgent care centre on the Manor Hospital site, to one of the specialist assessment and treatment services provided by the hospital (for instance the frail elderly service or the ambulatory care unit) or to a suitable community service.

Having more staff in the urgent care centre on the Manor site will help this service to meet the demand for the service, potentially reducing waiting times for patients. By avoiding unnecessary attendances at the A&E department the A&E team will be able to concentrate their time on the people who really need their skills and expertise. Fewer people attending A&E will also help to improve waiting times in the department.

If a patient attending the town centre urgent care centre currently needs hospital treatment they have to go the Manor Hospital site, either getting themselves there or by ambulance. Having the urgent care centre service only on the

Manor hospital site will mean that any patients who attend the service who need hospital care will easily be able to access it.

Patients who want to access the urgent care service will no longer be able to do so from the town centre site but would instead need to use the service on the Manor hospital site. For some patients this will be less convenient if the hospital site is further from where they live or more difficult to get to by public transport.

Some patients, who currently use the town centre urgent care centre as an alternative way of accessing routine primary care services that they could have accessed either from their own GP or via the out-of-hours service, will attend their GP surgery as an alternative to the urgent care service. This may be less convenient and result in longer waiting times.

4.2 Reconfiguration of Stroke Services

NHS Walsall CCG and Walsall Healthcare NHS Trust (WHT) have been undertaking a review of the sustainability of providing a hyper-acute stroke unit (HASU), in line with the recommendations given in the National Stroke Strategy.

The strategy identifies major stages in a stroke patient's pathway and stresses a need to reorganise the way in which stroke services are delivered from prevention through to support for those who have experienced a stroke.

The publication recommends an approach whereby a stroke service should deliver a 7 day a week consultant cover, 24 hour CT scans and rapid treatment to prevent death and limit enduring disability for patients. To be a viable hyper-acute stroke service it is recommended that there is a minimum of 600 confirmed stroke patients each year.

Walsall Manor Hospital currently cares for 360-400 patients per year, with good rated care overall. However, the level of activity from these c400 confirmed stroke patients is insufficient to meet the HASU requirements.

To deliver acute stroke services for Walsall residents, a reasonable scale is required to ensure that there is sufficient consultant coverage to provide safe and sustainable services. Options for increasing our catchment and working with the Black Country Alliance partners have already been explored.

Following partner and system wide discussions around the options, it is recommended that commissioners go out to public engagement proposing the HASU services for Walsall residents be transferred to Royal Wolverhampton NHS Trust (New Cross Hospital). Engagement and experience with patients show that they prefer to be closer to home when recovering. This means that Early Supported Discharge and community stroke rehabilitation elements of the patient pathway would continue to be provided in Walsall.

In addition and following on from the Big Conversation Consultation exercise earlier this year the CCG and the Trust will work with Walsall Healthwatch to run a further public engagement exercise throughout August and September.

The CCG and the Trust will also be engaging with staff at Walsall Manor and New Cross to assure them of minimal disruption around their role and transition.

The proposal and clinical pathways will not be finalised until engagement with staff and public, patients and stakeholders is complete. A timetable for changes will be developed once the next stage of engagement has been completed.

4.3 Alternative Provider of Medical Services (APMS)

GP services in Walsall are provided on a General Medical Services (GMS) or Alternative Provider Medical Services (APMS) contact and APMS contracts are time limited. APMS contracts have to go out to procurement and this can mean that the contract holder can change, although not necessarily the staff within the practice. Contracts with several APMS practices are due to come to an end soon and Walsall CCG is therefore looking at them and deciding how future services could look.

The APMS contracts with the GP practices include a number of services which are no longer offered, or are paid for in a different way, therefore the CCG would like to look whether the needs of the area have changed.

The directly affected practices are:-

GP practice	**Address**	**Patient List size**
Manor Medical	Forrester Street, Walsall	3342
Wharf Family Practice	Pleck Road, Walsall	3205
Sai Medical Practice	Forrester Street, Walsall	3474
Blakenall Family Practice	Blakenall, Walsall	5643
Harden Family Practice	Harden Road, Bloxwich	3019
Coalpool Family Practice	Harden Road, Bloxwich	4144
Kingfisher Practice	Churchill Road, Walsall	4768
Keys Family Practice	Field Street, Willenhall	4808
Collingwood Family Practice	Great Barr, Birmingham	5289

The review of these practices as their contracts come up for renewal is part of a wider transformation of health and social care services. To support this vision, the CCG has a primary care strategy for 2017-22 which formed part of the Big Conversation, public engagement exercise.

This strategy aims to:

- Help patients see the right clinician at the right time
- Support patients with the most complex needs
- Help more patients receive care out of hospital

To help achieve this, the CCG would like to see more practices working ‘at scale’ – in other words working together and sometimes combining into larger practices. The benefits of working ‘at scale’ include:

- GP practices are well staffed with enough GPs, nurses and administration and management staff to meet patients' needs
- There is improved access to appointments and potentially additional services for patients with a range of health care staff
- Access to additional services which may mean that patients can be seen and treated within their practice or local community rather than their local hospital
- Increased support and shared learning for practices and their staff
- Good value for money delivering high quality services in an efficient way
- National evidence suggests that practices working together are more efficient as they can pool back office functions, more easily expand practice teams, consider offering new roles and develop new services out of hospital.

5. Public Involvement plans

NHS Walsall CCG is planning to carry out an engagement exercise over a six week period starting from 14th August for six weeks to gather the views of the public and patients around the proposed changes to the Urgent Care Centre and stroke services.

The CCG will also consult with patients and the wider public around the options that are proposed for the APMS contracts. This exercise will launch on the 24th July for six weeks.

To ensure we can be as inclusive as possible, the CCG is working with Healthwatch Walsall to plan a range of engagement activity which will include a mix of public events, focus groups, social media, production of easy-to-read and jargon-free material and questionnaires to gather views.

A comprehensive plan for public involvement will be prepared with the assistance of the CCGs Patient Advisory Group, which is made up of a range of patient representatives, representatives from a local faith group and the third sector. The types of engagement activity we will carry out are listed below.

As part of our plan we will also make sure that following the engagement exercise, a communications campaign takes place to inform the public and patients of the outcome.
Engagement Activity:

1. A suite of engagement material will also be prepared with the input of our Patient Advisory Group:
    - A plain English, jargon-free engagement booklet will be available online and as a hardcopy. Versions in different languages will be available on request.
    - An easy-read version will also be produced and distributed to public buildings such as GP surgeries, leisure centres, libraries and community centres.
    - Leaflets will be distributed via the CCGs networks including the third sector

- A hardcopy and online questionnaire will be produced to capture feedback. This will be tested with our patient representatives before publication.

2. Face-to-face events with a chance to ask questions and hands-on support to complete the questionnaire:
    - A series of drop-in sessions at locations across Walsall where people can find out more about the proposals and give feedback
    - With the support of our Patient Participation Groups (PPGs), we will be canvassing patients to give their views at GP surgeries.
    - Focus groups will take place in schools, third sector groups targeted at people with long- term conditions, carers, mums, homeless people etc.
    - An offer to all local groups of a speaker from the CCG to come out to one of their meetings, explain the proposals, and seek feedback.

3. Web-based engagement activity to reach a wider audience will take place:
    - A social media campaign signposting to the engagement material
    - A dedicated web portal will be set up to access all engagement material and the questionnaire
    - A short video outlining potential changes and how people can get involved will be produced

4. Promoting the involvement opportunities will be a key part of our plan to encourage people to participate:
    - Communication in the local media outlets
    - Flyers and postcards, publishing newsletters, posters and banners

5. Post-engagement / consultation

The CCG will undertake an independent evaluation of the public feedback.

The outcome of the exercise will be presented to the Social Care and Health Scrutiny Committee in September 2017.

The outcome of the engagement exercise will be reported to the NHS Walsall CCG Governing Body in public, and the CCG will demonstrate how this has been taken into account in any recommendations and decision making.

NHS
Walsall
Clinical Commissioning Group

THE BIG CONVERSATION

Public Feedback Report

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Contents

1. Purpose

On 24 January 2017, NHS Walsall Clinical Commissioning Group (CCG) launched a seven week public engagement exercise - The Big Conversation.

The purpose of the exercise was to engage with people in Walsall on their views and experiences of health care services and also share ideas for future healthcare delivery to ensure we have sustainable, quality services that are affordable and fit for the future.

This report details the feedback received during the period of engagement.

The main areas of focus for public engagement were agreed as follows

Primary Care (GP Services)

- To address the wide variation in performance, quality, demand and accessibility Urgent Care
- To help those with urgent care needs to access the right advice or treatment in the right place, first time
- To avoid duplication of services with the consideration of one Urgent Care Centre at Walsall Manor Hospital

Stroke services

- To consider how complex care could be delivered differently to reduce the demand for hospital services such as stroke.

Integrated Care / Community services (Walsall Together)

- To promote self-care by helping people look after themselves.
- To work with partners and key stakeholders to provide responsive, personalised services in, or as close as possible to people's homes with Integrated Health and Care Teams through the Walsall Together programme

2. Background

The NHS as a whole is facing a wide series of challenges of a growing population, an ageing population, patients living longer with increasing and multiple long-term conditions for example; heart disease, diabetes and hypertension, increasing patient expectations and cuts in local councils' social care.

The recent government strategy (Five Year Forward View) makes the national case for change and sets out the requirement to work differently and collaboratively.

Walsall faces the same national challenges and as a result is seeing an increase in appointments, especially for older patients, and more people are using urgent care and emergency services, some local services are struggling to meet national targets and requirements leading to an overall increasing pressure.

What is clear is that improving the current system will not be enough. The CCG along with its partners and local people must look at doing things differently and reshape some services to put patients at the centre and to better meet the health needs of the future.

There are opportunities to improve the quality of services for patients whilst also improving efficiency, ensuring more integration of services and providing more care outside of hospitals.

Patients have already expressed that they want improved access to local GP services, with more services provided out-of-hospital, closer to homes and communities.

The future vision is that new integrated and community-based models of care are developed, that there is a reduction in duplication and where local services are struggling to meet national expectations, that alternatives arrangements for this provision are considered.

NHS Walsall CCG is committed to involving and engaging with the Walsall population to ensure they can influence decision making and be part of shaping local NHS health service for the future.

3. Aims

The aims of the exercise were as follows:

- To outline the challenges facing the local health care economy, the services currently in place and explain the need to review these
- To understand which areas Walsall CCG will take forward for formal public consultation
- To gather views from stakeholders, the public and patients on the case for change to some health services in Walsall
- To encourage and provide opportunities for as many people as possible to get involved and ensure that a diverse range of voices are heard.

4. Timeline

Date	Activity
6 October	NHS Walsall CCG Governing Body meeting (OD Day)
7 December	Patient and Stakeholder Advisory Group meeting
11 January	NHS Walsall CCG Quality and Safety Committee meeting
19 January	Walsall Health Overview and Scrutiny Committee meeting
24 January	Launch event at Walsall Town Hall
9 February	Primary care/ Walsall Together event at Rushall Community Centre
21 February	Patient Participation and Liaison Group meeting
2 March until 8 March	Big Conversation camper van community outreach
9 March	Urgent Care and Stroke services event at Moxley People's Centre
13 March	Patient and Stakeholder Advisory Group meeting
21 March until 24 March	Focus groups with schools
23 March	Commissioning Committee meeting
30 March	NHS Walsall CCG Governing Body meeting (early findings report)
2 May	NHS Walsall CCG Governing Body meeting

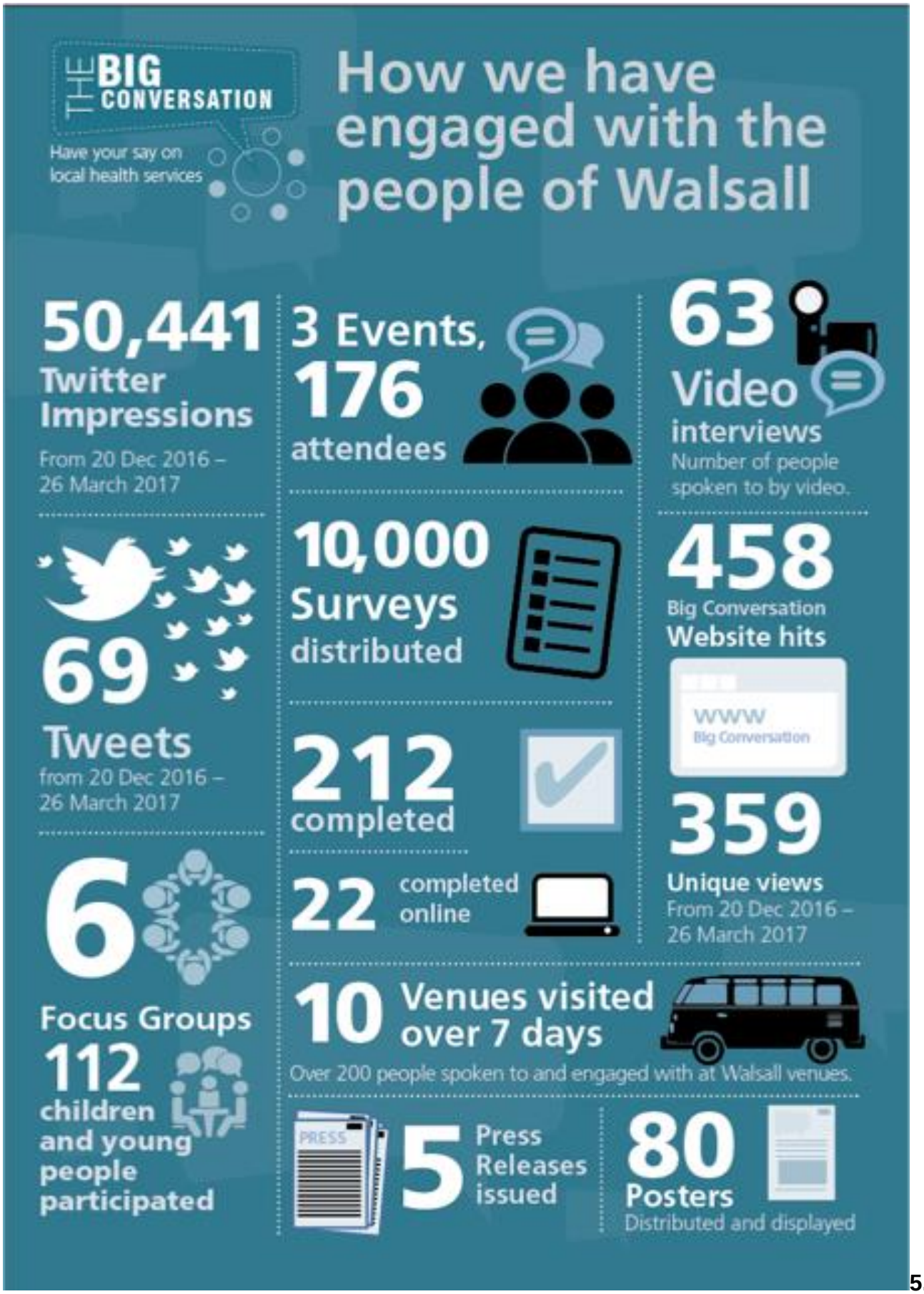
5. Engagement Approach

The communications and engagement activity was undertaken in line with the following principles, as outlined in NHS Walsall CCG's Communication and Engagement Strategy 2016-19:

- Accessible and inclusive, to all people in our community.
- Clear and professional, demonstrating pride and credibility.
- Targeted, to ensure people are getting the information they need,
- Open, honest and transparent.
- Accurate, fair and balanced.
- Timely and relevant
- Sustainable, to ensure on-going mutually beneficial relationships.
- Two-way, we won't just talk, we'll listen.
- Cost effective, always demonstrating value for money

Walsall CCG demonstrated this, by ensuring that range of techniques were used to engage with a wider audience as possible. Methods used included face to face public events, community outreach and video recorded interviews, a questionnaire, social media and the CCG website.

The CCG also enlisted the support of Healthwatch Walsall to implement the engagement plan. As well as attending all events, Healthwatch Walsall facilitated the event discussion sessions; they participated in the community outreach work and disseminated the questionnaire through their extensive networks. Healthwatch also used their network with local schools to hold six focus groups with young students.


THE BIG CONVERSATION
Have your say on local health services
How we have engaged with the people of Walsall
50,441
Twitter Impressions
From 20 Dec 2016 – 26 March 2017
3 Events,
176
attendees
63
Video interviews
Number of people spoken to by video.
10,000
Surveys distributed
458
Big Conversation Website hits
WWW
Big Conversation
69
Tweets
from 20 Dec 2016 – 26 March 2017
212
completed
359
Unique views
From 20 Dec 2016 – 26 March 2017
6
Focus Groups
22
completed online
10
Venues visited over 7 days
Over 200 people spoken to and engaged with at Walsall venues.
112
children and young people participated
PRESS
5
Press Releases issued
80
Posters
Distributed and displayed

5.2

Core engagement materials

To ensure wide access and to help people to engage with the exercise a core set of engagement materials were produced. These included:

- An engagement document and questionnaire. (Annex A). The document set out the context, the reasons for the exercise and explained how people can have their say.
- A web page was included on the CCG website.
- An online questionnaire for people who wished to respond electronically.
- Advertising materials for wider distribution, including newspaper adverts, leaflets and posters on the different ways to have your say.
- A series of press releases to publicise the engagement opportunities to a wide audience.

5.3 Public events

Three public events were held in separate venues across Walsall. In total 173 people attended. The events were advertised via GP surgeries, email newsletters, posters, leaflets, the CCG website, through the local media, social media and through partner communication networks.

The first event was held at Walsall Town hall and focused on setting the scene and updating the public on the CCGs financial situation and other local challenges. Attendees then broke away into smaller discussion groups looking at one of following areas; Walsall Together, Urgent Care, Stroke, Primary Care.

The second event was held at Rushall Community Centre and the main focus was on Walsall Together and primary care only.

The third event was held at Moxley People's Centre and the focus was on stroke and urgent care services.

5.4 Community Outreach – Big Conversation Camper Bus

A camper van was commissioned by the CCG to go out into various communities across Walsall. Staff from the CCG and Healthwatch representatives spoke to members of the public and handed out surveys. Ten venues were visited over a 7 day period, including a weekend.

Voluntary and community organisations were given the opportunity to have a visit from the Big Conversation Bus. Some of the venues that were visited include supermarkets, a place of worship, a leisure centre, libraries and markets. The full schedule is available in Annex B.

Alongside the staff, a camera crew invited members of the public to give their feedback on camera. Over sixty three people participated in total and feedback is summarised on page 14.

5.5 Walsall CCG Patient and Stakeholder Advisory Group

The main role of the Walsall CCG Patient and Stakeholder Advisory Group is to ensure that the CCG undertake meaningful engagement with patients and public. The group were invited to help shape the engagement plan and kept informed of activity throughout. They were also asked to support the exercise and share the material and messages through their own communities and networks.

5.6 Focus groups

Healthwatch Walsall held 6 focus groups with 112 children in schools across Walsall. The children completed a questionnaire and had discussions about the different areas.

5.7 Patient Representative Groups (PRGs)/ Patient Participation Groups

GP practice PRGs were also enlisted to promote the engagement document in their practices. Practice Managers and PRG/ PPG Chairs promoted it within their surgeries and helped members of the public complete the questionnaire where necessary.

Copies of the engagement document were also distributed at the Patient Participation and Liaison Group meeting with is made up of Chairs and Vice-chairs of PPG/ PRGS across Walsall.

5.8 Walsall Health Overview and Scrutiny Committee

The public engagement plan for the Big Conversation was shared with members of Walsall Health Overview and Scrutiny Committee for comments and feedback on the 10th January 2017.

All councillors were also invited to the public events and given the opportunity to complete the questionnaire via the local authority communication channels.

5.9 Posters/ leaflets / Publications

Promotional material was produced to raise awareness of the public events. (See Annex C for a copy of the flyer and Annex D for a copy of the poster).

Communication about the engagement exercise and electronic copies of the engagement survey were sent to the CCGs stakeholders list which includes local GPs, MPs voluntary sector, CCG partners and providers. (See Annex F for a copy of the e-newsletter.)

5.10 Media coverage

Regular press releases were issued to the local media (see Annex E) and the CCG secured two interviews with Made in Birmingham Television, an article in the Walsall Advertiser and a feature on local community radio station, Ambur Radio. Ambur Radio is the largest multicultural community station in the West Midlands, broadcasting in English, Hindi, Punjabi, Urdu, Bengali and Gujarati to over 200,000 live listeners and over 140,000 online each day.

Articles were also featured on websites and in newsletters from Healthwatch Walsall, Walsall Healthcare NHS Trust, Walsall Council and Dudley & Walsall Mental Health Partnership NHS Trust.

5.11 Social media

Throughout the campaign, the CCG regularly tweeted key messages, communication materials and photos from engagement events using the hashtag #Bigconversation. A total of 63 tweets were sent to over 5,500 followers, which had a potential total reach of 144,000. Messages have also been retweeted by staff, partners, local media and followers.

5.12 Website

Dedicated web pages were set up on the CCG's website: http://walsallccg.nhs.uk/be-involved/the-big-conversation . (See Annex G)

6 Feedback

6.1 A summary of what people told us at the public events:

Urgent Care	The main reason patients said they use the Urgent Care Centre (UCC) in the town was because it's seen as an easier alternative than accessing their own GP practice.
	The co-location of UCC in the A&E at Walsall Manor Hospital is confusing for patients. Although it was recognised that recent changes had made it easier to differentiate between the UCC and A&E.
	The consensus was that there should be one Urgent care centre which is open 24 hours. Good transport links are essential.
	Patient education on how to use services appropriately including more health literature was a key theme in the feedback. In particular raising awareness of the NHS 111 service and self-care, it was felt both of these need much wider advertising for the general public.
Primary Care	Overall the feedback on primary care services was positive and many attendees were happy with GP. There was general agreement that it would be acceptable to see a different GP nearby if own GP not available at a different practice, however, there was some concern about transport links and having to travelling to other practices.
	Participants were supportive of using more online and telephone services to access GP appointments and advice however it was recognised that it won't suit everyone and that traditional methods would still need to be used for more vulnerable people and those without knowledge or access to the internet.
	The general consensus was that GPs should have longer opening hours for those who work. This should include evenings and weekends where possible. Abolishing half day closing was also an issue that was raised.
	Patient education on when to go to your GP was seen as really important.
	Confusing when multiple GPs in one building with several receptions and waiting areas. Need to work together better and reduce duplication.
	Although not directly related to the questions that were posed to participants there was discussion around GPs prescribing medicines that can be bought

	over the counter. It was seen as a waste of resource when these are often low value in supermarkets but at a high cost to the NHS.
Stroke Services	If a relative were to suffer from a stroke the most important main priority is fast, effective care with good quality outcomes.
	Good value for money was also an important factor for the CCG to consider alongside the above points. Effective local rehabilitation services with consistency of care was a key theme.
	It was felt the CCG need to consider more patient education on prevention of stroke and raise awareness of the national stroke campaign locally.
	Stroke care does not necessarily have to be in the Walsall area however travel time, road networks and good transport links all need to be considered.
Walsall Together	There was consensus for the collaboration of some health and social care services and general support for the Walsall Together model of care. There was agreement that there needs to be a major improvement in the access to social care service. For those patients that are in the community after a hospital stay, there needs to be continuity of care. It was felt this would improve patient experience and reduce hospital time.
	It was recognised that many health services were not aware of each other and that one directory should be developed and made available to both public and patients. This would help patients and staff, navigate a complex system.
	Participants gave lots of examples of experiencing health care that is not joined up with social care.
	Support for using more preventive services such as pharmacies and the voluntary sector to educate patients on self-care.

6.2 Key themes from patient video interviews:

Urgent Care	
Have you used one of the Urgent Care Centres in Walsall in the past 6 months? If so, what did you use it for?	• Hip problem • Walk-in dentist • Burn • Chest infection/asthma • Tetanus injection • Morning after pill • Ear syringing • Dizziness
Where would you go if one or both Urgent Care Centres were to close or reduce their hours?	• Manor, A&E • GP • Don't know

	• Chemist • Would try to help myself • QE Hospital • Samuel Johnson Hospital • NHS 111 • Google • Birmingham Children's Hospital
Do you have any thoughts on how we could provide an alternative to the Urgent Care Centres?	• GP home visits • GPs open evenings and weekends • More GPs • Invest in A&E • GP appointments when you need them • Mobile vans/pop up surgeries • Surgeries in 24 hr supermarkets • More available community care • Webcam GP appointments, Skype • Self-care, more education on this • Cottage hospitals attached to GP surgeries •
What do you value most about your GP practice?	• Seen quickly • Support with lifestyle changes • They take time with you • Urgent appointments if you are really ill • See the same doctor • Easy to get an appointment • Same day prescriptions • It's free • The quality of care • Easy to get to • Caring, friendly • Direct phone number • Text reminders
Primary Care	
What would make the biggest difference to your experience of your GP practice – what would you change?	• More GPs • Longer appointments • Prioritise when booking appointments • GPs in A&E • More money • See a nurse first • More receptionists • Later opening, weekend opening • Make it easier to get an appointment • More confidentiality at reception • More services located together • Children's specialist • Phone lines open earlier to book appointments

	• Give missed appointments to those waiting • More flexible nurse appointments • New, updated building
Have you used any of your GP practice's "online services" (e.g., booking appointments, repeat prescriptions, accessing your medical records or test results)? What was your experience of them?	• No, don't have the internet, my surgery doesn't do this, prefer face to face • No, but would use it if available • To make an appointment • To see part of my medical record • Tried to use it to make hospital appointment but didn't work • Repeat prescription • Holiday vaccination
Stroke Services	
If a relative of yours required care for a stroke, what would be the most important things you would look for?	• Quick response • F.A.S.T • Compassionate people to care for the patient • Appropriate care for family and friends • Look for quality care • Recovery • Prefer to go to New Cross Hospital • Expertise of staff • Physio and Rehabilitation • Speed of being treated • Concerned about aftercare and the finances that go with it • Daily care • Whether there's a lack of support
What are the most important things for the CCG to consider when buying stroke support services?	• Listen to what the public are saying • People want to know what's going on • There's not much in place for patients at home • Doctors being overstretched • Ensure that ambulances can accommodate all cases • Availability to those who need them • Good care for patient and families • Easy access • Ensure patients don't feel like a statistic, be more personal • Ensure aftercare won't fully be provided • More local services • Ensure services are easily accessible for those with mobility issues • Hospital departments to meet patients in the community

Walsall Together Programme- Joining up health and social care	
Do you have any experience of using services that have been joined up (integrated)? How did you feel about the support you received from these services?	• Amazing services • Walk in centre was good • All services are under pressure • Budget cuts are causing problems • It hasn't necessarily improved services • Support services haven't got all the info for the patient • Lack of support for mental care • Unaware of integrated services • A lot of pen-pushing/time wasting • Don't feel fully cared for when in hospital with mental health issues
How do you feel about plans to join together services such as health care and social care? What do you think would be the benefits? What would be the barriers?	• It would be a good thing • Notes not being on all systems seem strange • The services can't cope with what they've got already • Depends on what kind of services would get help • Help isn't there for mental health patients • They should be kept separate • It needs to benefit and help people • It needs to ensure people are monitoring things • Hope it doesn't become a financial issue • Services not working together could hold up help • Social services need to up their standard • Ensure there is communication across all services • If integrated, reassurance you're being taken care of • Waiting for funding has caused delays in treatment being received • Systems need tightening up
How could we encourage people to make use of more preventative health and care services like pharmacies, voluntary support groups, online information and advice?	• People have got to want to take themselves to these services • Extend the opening hours • Advertise and educate • Let people know that A&E is there for emergencies • It's whether people want to listen to advice we're handing out • Supply information about preventative

	medicines • Make online help more accessible and less confusing • Would be tough to get advice via internet/social media across to the elderly and those who can't afford mobile phones and computers • People prefer to see their chemist as they have as much medical knowledge as their GP

6.3 Feedback from schools:

Five focus groups were held with pupils at local secondary schools including Queen Mary Grammar School, Joseph Leckie School and West Walsall EACT Academy. In total 112 students took part.

A summary of the feedback is below.

School Feedback	
Where do you go for advice when you are ill?	• GP • Walk in centre • A&E • Manor Hospital • Family member • Friends • Pharmacy • NHS 111 • Google
What health condition would you use an Urgent Care Centre for?	• Broken bones, sprains • Asthma attack, breathing difficulty • Mental health issue • Allergic reaction • Vomiting • Infections, ear ache • Cut that needs stiches • High temperature • Fall • Dizziness, fainting • Heart problems • Bleeding in pregnancy • Diarrhoea • Recurring nose bleeds • Burn

	• Bad cough • Period cramps
What health condition would cause you to use A&E?	• Accident, eg car accidents • Collapse, unconscious • Stroke • Cut • Head injury, stitches • Poisoning • Throw up blood • Broken bones, fractures, sprains • Shot /stabbed • Fall • Severe headache • Breathing difficulties • Sports injuries • Chicken pox • Severe viral infection • Nosebleed • Heart attack • Pregnancy problems
What do you use your pharmacy for?	• Collect prescriptions, repeat prescriptions • Holiday vaccines, travel advice • Wouldn't go for advice - don't feel know they enough • Pain killers, over the counter medicine • High temperature • Rash, animal bite, wasp sting • Back ache • Cold, sore throat, earache • Sunburn • Heat pads • Flu jabs • Feminine products • Diarrhoea • Pharmacy First card - get free medication • Stop smoking • Hayfever • Nit shampoo • Vitamin deficiency • Antiseptic cream • Condoms • Morning after pill

What health concern would you visit your GP for?	• Sinuses • Refer onto other services • Asthma • Headaches • Injections, travel vaccine • Infections • Emotional health, stressed, anxious • Check ups • Cervical screening • Anaemia • Contraceptive advice • Ill more than a week • Heavy periods • Constipation • Fainting • Blood tests • Rash, eczema • Sudden weight loss/gain • Hair loss • Hay fever • Asthma, inhalers • Broken bones

6.4 Questionnaire Responses

Methodology

Respondents were asked to complete a questionnaire, which was made available:

- on the CCG website
- distributed to key stakeholder and organisations including voluntary and community sector, GP patient reference groups, local GP practices
- sent to those registered on the Walsall Patient Voice Panel
- distributed to those who attended one of the three public events held across the area.
- distributed via PRGs/ PPGs at GP surgeries
- distributed during community outreach work

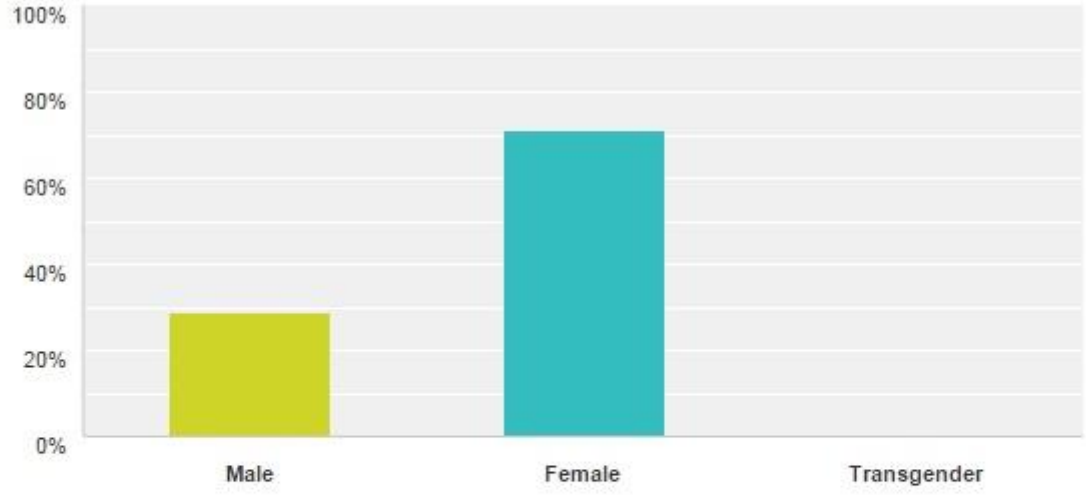
The questionnaire focused on the views and opinions of those responding and the feedback received, therefore, provides a range of qualitative information to support the decision-making process.

In total, 212 questionnaires were returned. These form the basis of this analysis. Not all respondents answered all questions.

Section one: About you

Question 1: Please state your gender

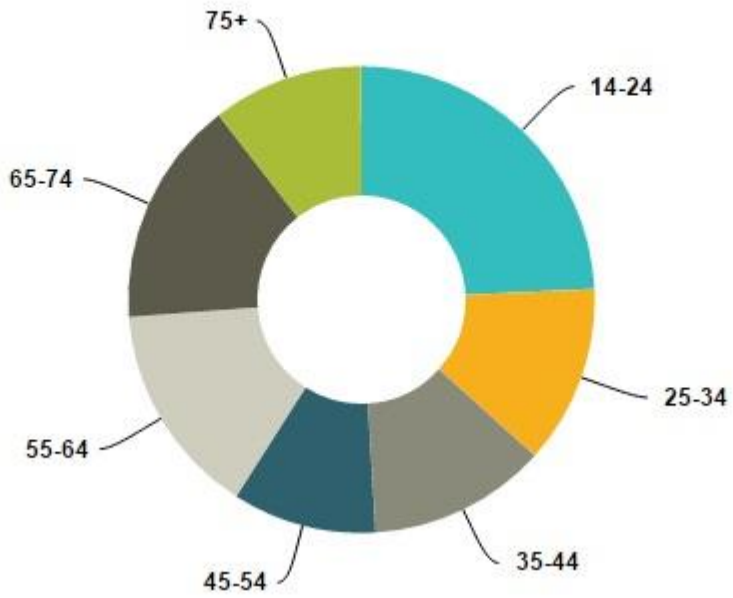
Answered: 209 Skipped: 3



Answer Choices	Responses	
Male	28.71%	60
Female	71.29%	149
Transgender	0.00%	0
Total		209

Question 2: Please state your age

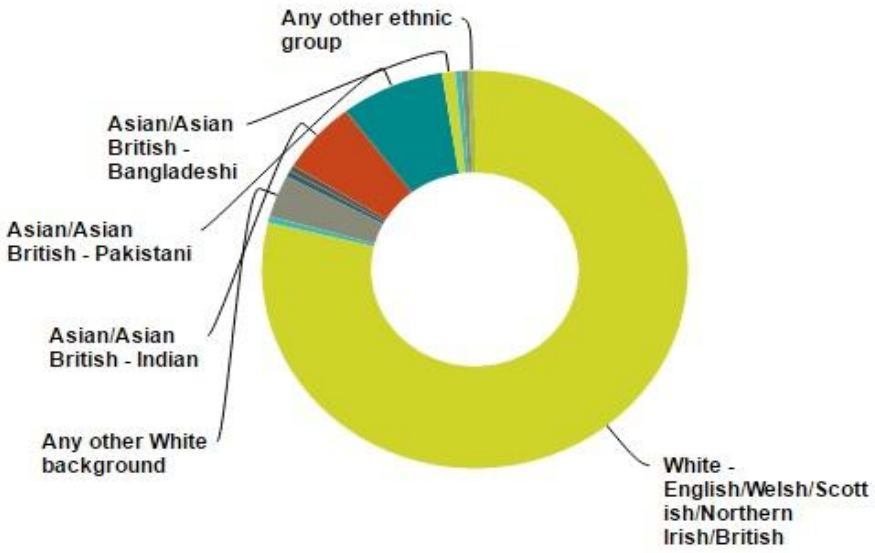
Answered: 210 Skipped: 2



Answer Choices	Responses	
Under 14	0.00%	0
14-24	24.29%	51
25-34	12.38%	26
35-44	12.38%	26
45-54	10.00%	21
55-64	14.76%	31
65-74	15.71%	33
75+	10.48%	22
Total		210

Question 3: Please state your ethnicity

Answered: 203 Skipped: 9

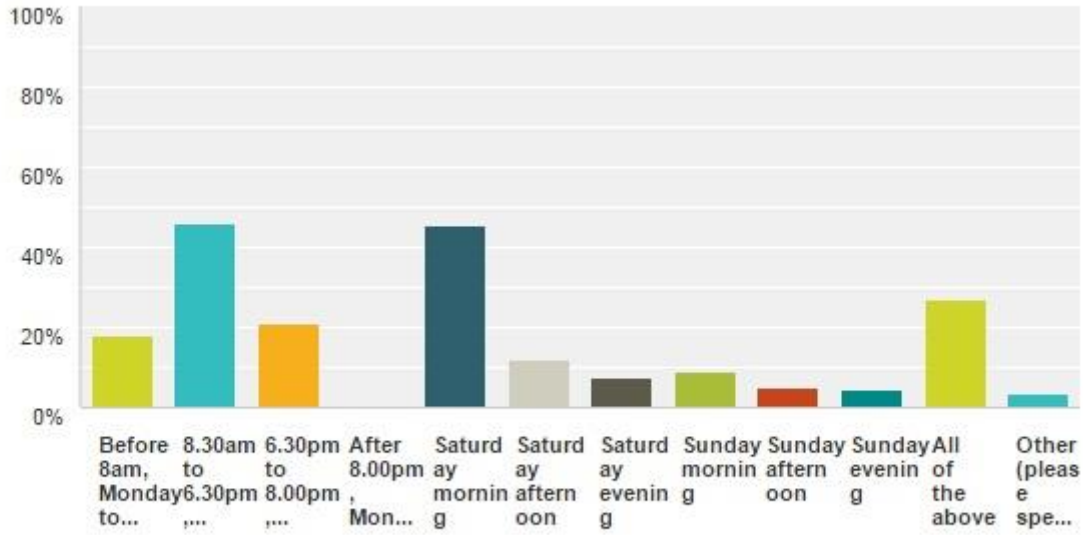


Answer Choices	Responses	
White - English/Welsh/Scottish/Northern Irish/British	78.82%	160
White - Irish	0.49%	1
White - Gypsy or Irish Traveller	0.00%	0
Any other White background	3.45%	7
Mixed/multiple ethnic group - White and Black Caribbean	0.49%	1
Mixed/multiple ethnic group - White and Black African	0.00%	0
Mixed/multiple ethnic group - White and Asian	0.49%	1
Any other mixed/multiple ethnic background	0.00%	0
Asian/Asian British - Indian	5.91%	12
Asian/Asian British - Pakistani	7.88%	16
Asian/Asian British - Bangladeshi	0.99%	2
Asian/Asian British - Chinese	0.49%	1
Any other Asian background	0.00%	0
Black/Black British - African	0.49%	1
Black/Black British - Caribbean	0.00%	0
Any other Black/African/Caribbean/Black British background	0.00%	0
Other ethnic groups - Arab	0.00%	0
Any other ethnic group	0.49%	1
Total		203

Section 2: Primary Care Services

Question 1: When do you think GP Practices should be open?

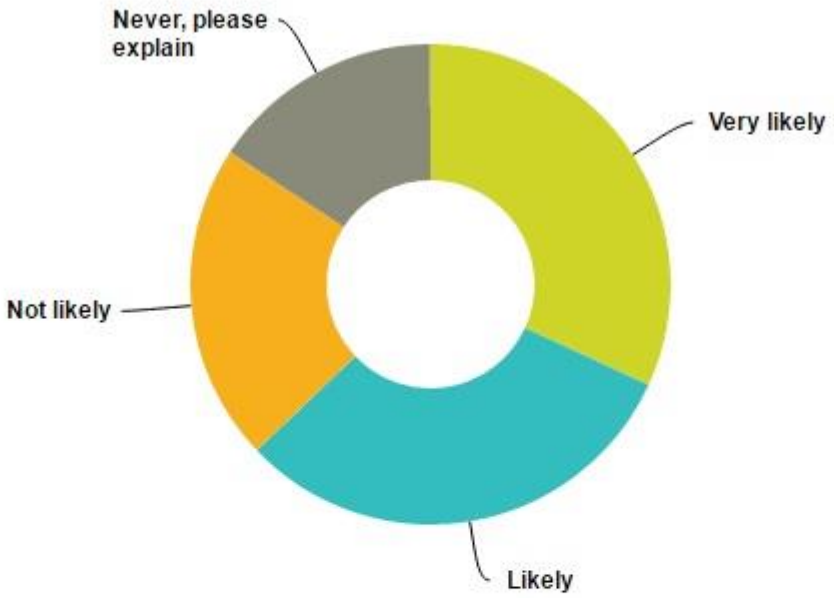
Answered: 229 Skipped: 0



Answer Choices		Responses	
Before 8am, Monday to Friday		17.90%	41
8.30am to 6.30pm, Monday to Friday		45.85%	105
6.30pm to 8.00pm, Monday to Friday		20.96%	48
After 8.00pm, Monday to Friday		0.44%	1
Saturday morning		45.41%	104
Saturday afternoon		11.79%	27
Saturday evening		7.42%	17
Sunday morning		9.17%	21
Sunday afternoon		4.80%	11
Sunday evening		4.37%	10
All of the above		27.07%	62
Other (please specify)	Responses	3.49%	8
Total Respondents: 229			

Question 2: If it was available how likely would you be book GP appointments online?

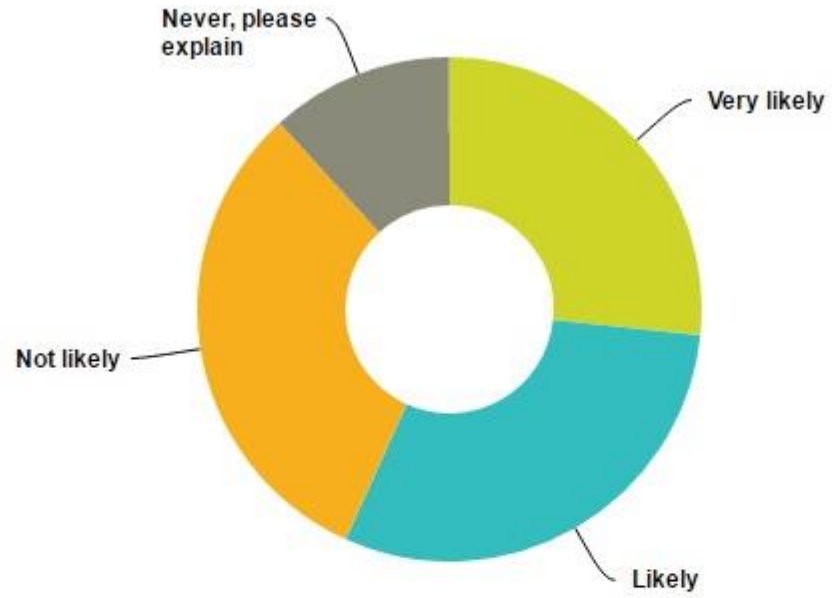
Answered: 229 Skipped: 0



Answer Choices		Responses	
Very likely		31.88%	73
Likely		31.00%	71
Not likely		21.40%	49
Never, please explain	Responses	15.72%	36
Total			229

Question 3: If an appointment was not available at your own GP surgery, how likely would you be to attend another local surgery if they could offer an appointment on the day you needed?

Answered: 229 Skipped: 0



Answer Choices		Responses	
Very likely		26.64%	61
Likely		30.13%	69
Not likely		31.44%	72
Never, please explain	Responses	11.79%	27
Total			229

Question 4: How do you feel about practices working together to provide care?

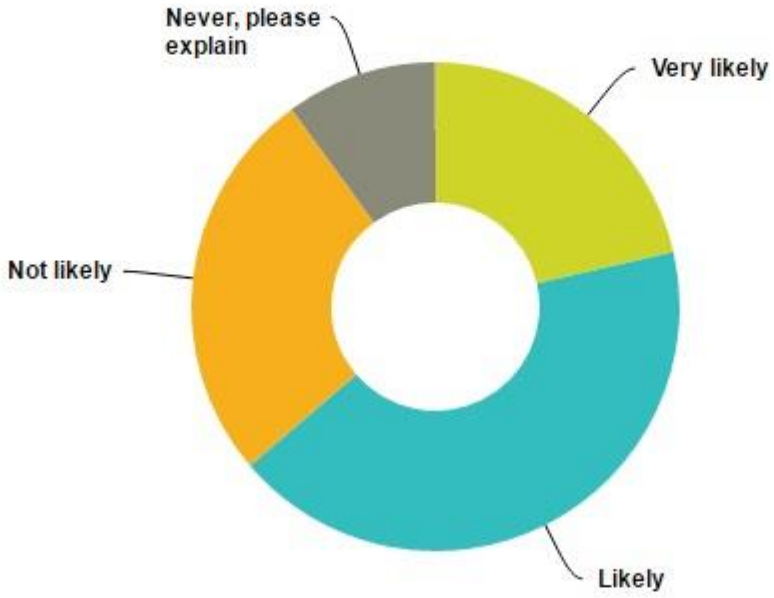
(The below "word clouds" have been produced using a website called Wordle. from text that was provided. The bigger the words, the more they were used in the feedback.)

Question 5: How likely would you be to use the following types of appointments to see your GP if they were available at your GP surgery?

	Very likely	Likely	Not likely	Never	Total	Weighted Average
Telephone consultation	**34.93%** 80	**44.54%** 102	**15.72%** 36	**4.80%** 11	229	1.90
Online video consultation	**13.97%** 32	**32.75%** 75	**26.20%** 60	**27.07%** 62	229	2.66

Question 6: If a GP appointment was not available, how likely would you be to accept an appointment with another appropriate member of medical staff who is not a GP?

Answered: 229 Skipped: 0



Answer Choices		Responses	
Very likely		21.40%	49
Likely		42.36%	97
Not likely		26.20%	60
Never, please explain	Responses	10.04%	23
Total			229

Question 7: What do you value most about your GP practice?

Question 8: What would make the biggest difference to your experience of General practice – what would you change?

Question 9: Is there any other feedback you would like us to consider?

- For weekend emergencies alternative surgeries
- Peer support groups would be a good idea
- I think that a penalty should be imposed on patients who miss appointments, particularly if they do it more than once. I am aware that, where there are mental health issues, this could be inappropriate. The problem and the cost to surgeries are huge and something needs to be done to remedy this
- Have better doctors who have a greater understanding of conditions and are more interested in your health
- The body has the capacity to heal itself up to a point. Maybe some though should be given for GP's to explain about meditation techniques, thought processes before giving out drugs straight away. I understand sometimes in certain illnesses they have to, but a lot of the time positive thinking could be used. Plus emphasise on diet and exercise
- More natural remedies to treat illnesses
- Make the building autism-friendly
- Increase use of pharmacist time in surgery to re-direct patients who do not need GP time/assessment
- Skype and telephone advice would be great. If there was a way they could issue a prescription to your pharmacy following a Skype assessment, this would be great!
- Just to be able to get appointment with my own GP would be nice
- I think GPs do a good job but are hampered by rules like 10 min appointments which mean that you can't properly discuss ailments and their context as a whole and how different symptoms and conditions might actually be related etc. 1 appointment- 1 condition.
- Doctors' appointments should make only up to only 3 days ahead
- Designated GP for older patients, young children. Open access to nurse practitioner or pharmacist - no appointment
- Please be aware many elderly patients do not have access at home to the internet. Digitalisation of services, therefore, is not ideal
- Adding new technologies, everybody now has internet access & smartphones, so why not use them to make application for example.
- Need to have a triage system in place for people with problems that they deem urgent instead of going to A& E they could be seen by a nurse, HCA who could make a decision to determine if they needed an appointment with DOC
- Availability of appointments outside 9-6 would be great too especially for working individuals
- To relieve pressure on A & E there should be at least 1/2 day opening at certain practices at weekends.
- They need to be run in a more business-like fashion and have far better customer service from reception and admin staff
- Advertise the urgent out of hours GP service more and encourage appropriate use of the routine and urgent services we have

Section 3: Stroke Services

Question 1: If a relative of yours required care for a stroke, what would be the most important things you would look for?

Question 2: What are the most important things for the CCG to consider when commissioning stroke services?

Question 3: Rank in order the areas we should consider in commissioning (buying) a future stroke service for Walsall patients. (1=most important, 8=least important)

	1	2	3	4	5	6	7	8	Total	Score
24/7 day access to consultant care	38.64% 51	19.70% 26	16.67% 22	5.30% 7	9.09% 12	4.55% 6	1.52% 2	4.55% 6	132	6.31
Demonstrates good quality outcomes and survival rates for patients	38.64% 51	17.42% 23	6.82% 9	7.58% 10	7.58% 10	11.36% 15	7.58% 10	3.03% 4	132	5.92
Effective after care arrangements, close to home	4.55% 6	21.21% 28	18.18% 24	21.21% 28	11.36% 15	8.33% 11	8.33% 11	6.82% 9	132	4.94
Financially affordable	12.12% 16	9.85% 13	13.64% 18	10.61% 14	9.85% 13	3.79% 5	12.12% 16	28.03% 37	132	4.04
Local delivery at Walsall hospital	3.03% 4	8.33% 11	11.36% 15	14.39% 19	22.73% 30	14.39% 19	17.42% 23	8.33% 11	132	4.00
Pathways of care delivered at multi sites	1.52% 2	11.36% 15	14.39% 19	15.15% 20	9.85% 13	18.94% 25	13.64% 18	15.15% 20	132	3.92
Delivery at local hospital	0.00% 0	7.58% 10	9.85% 13	13.64% 18	16.67% 22	22.73% 30	18.18% 24	11.36% 15	132	3.63
Good transport links	1.52% 2	4.55% 6	9.09% 12	12.12% 16	12.88% 17	15.91% 21	21.21% 28	22.73% 30	132	3.23

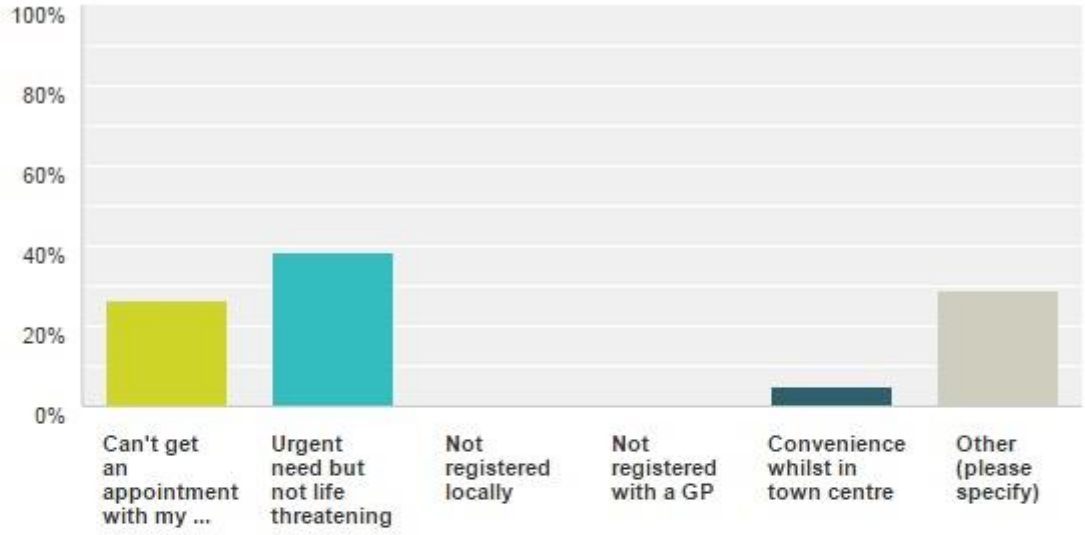
Question 4: Is there any other feedback you would like us to consider?

- Separate urgent care department that deals immediately for potential or stroke victims from start of care to finish
- You cannot, and should not, be expected to meet all the expectations of patients and relatives. This is totally unrealistic. The focus should be on the quality of the medical care, immediately following the stroke, whilst in hospital and during the recuperation period.
- Sufficient well-qualified staff to fulfil need for treatment and aftercare good medical facilities readily available
- The results of all investigations following a stroke e.g. MRI, CT Scans etc. should be given to GP and patient asap.
- Have follow up with patients with other members of the specialist stroke team after 12 months to encourage patients to persist with exercises and speech to see continued improvement. Support the family as well; in the long run, it can save money if they are on-board helping to bring improvements to the patients' health, communication and mobility.

Section 3: Urgent Care

Question 1: Why do you use the Urgent Care Centres?

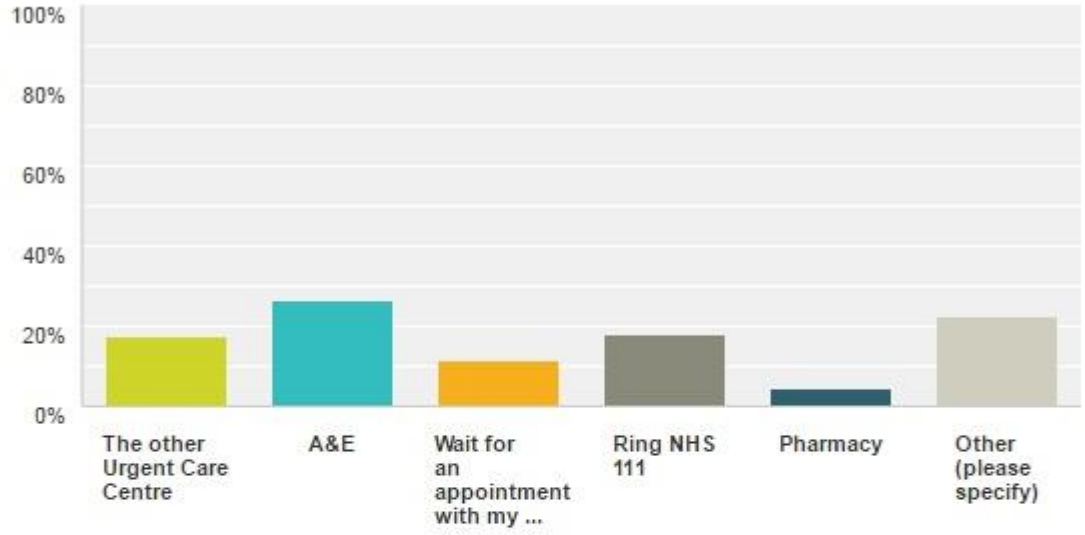
Answered: 235 Skipped: 0



Answer Choices		Responses	
Can't get an appointment with my own GP		26.38%	62
Urgent need but not life threatening		38.72%	91
Not registered locally		0.43%	1
Not registered with a GP		0.43%	1
Convenience whilst in town centre		5.11%	12
Other (please specify)	Responses	28.94%	68
Total			235

Question 2: Where would you go if one of the Urgent Care Centres were to close?

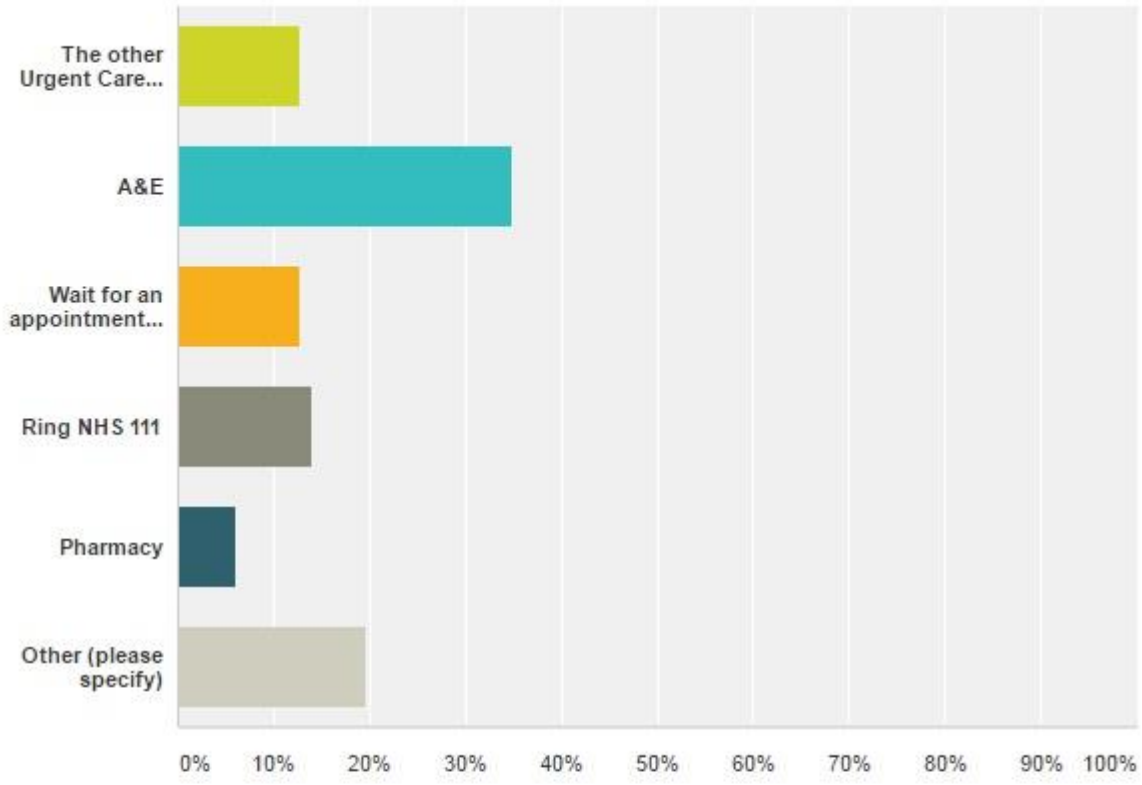
Answered: 235 Skipped: 0



Answer Choices		Responses	
The other Urgent Care Centre		17.45%	41
A&E		26.38%	62
Wait for an appointment with my own GP		11.49%	27
Ring NHS 111		17.87%	42
Pharmacy		4.26%	10
Other (please specify)	Responses	22.55%	53
Total			235

Question 3: Where would you go if one or both of the Urgent Care Centres were to have reduced opening hours?

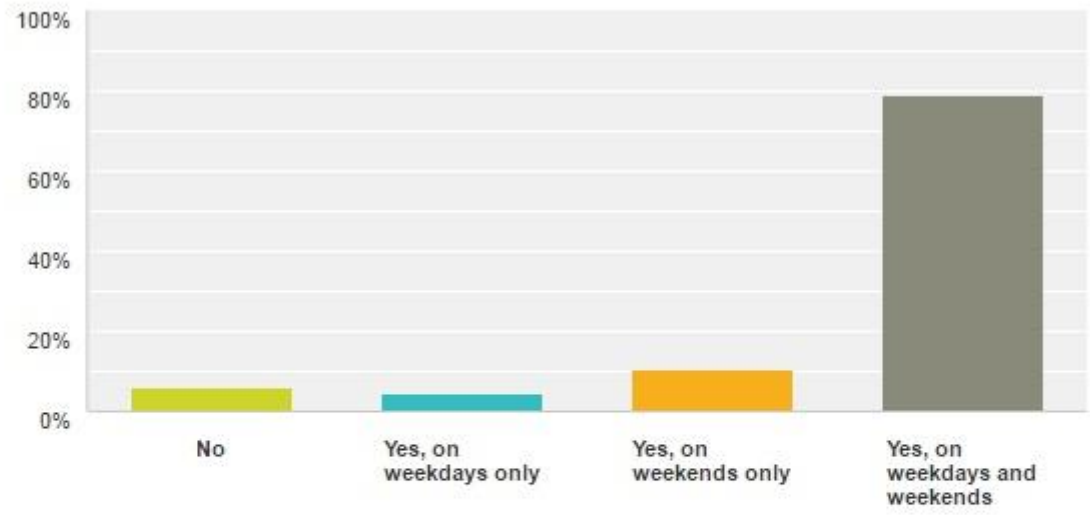
Answered: 235 Skipped: 0



Answer Choices		Responses	
The other Urgent Care Centre		12.77%	30
A&E		34.89%	82
Wait for an appointment with my own GP		12.77%	30
Ring NHS 111		14.04%	33
Pharmacy		5.96%	14
Other (please specify)	Responses	19.57%	46
Total			235

Question 4: Should the Urgent Care Centre at the Manor Hospital be open 24 hours each day?

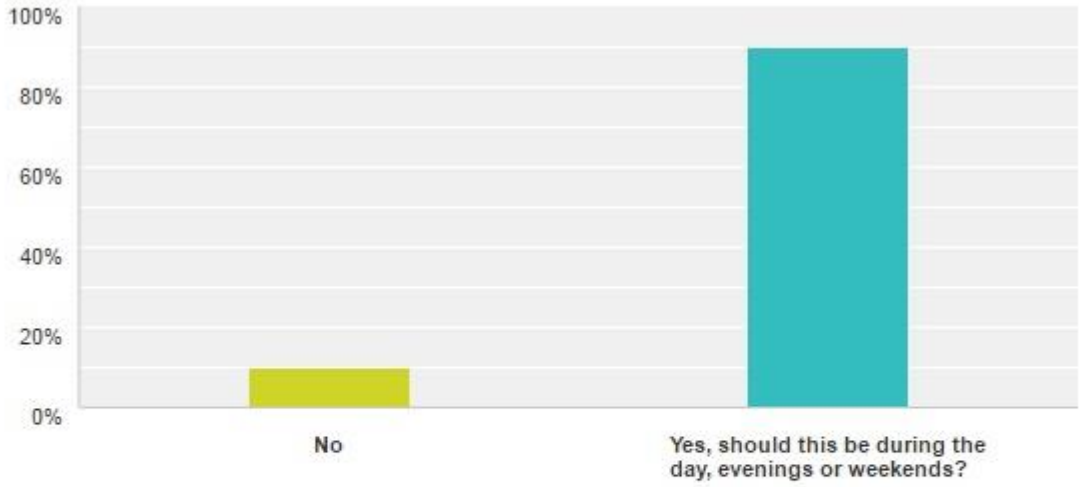
Answered: 235 Skipped: 0



Answer Choices	Responses	
No	5.96%	14
Yes, on weekdays only	4.26%	10
Yes, on weekends only	10.64%	25
Yes, on weekdays and weekends	79.15%	186
Total		235

Question 5: Should we increase access for appointments with your own GP?

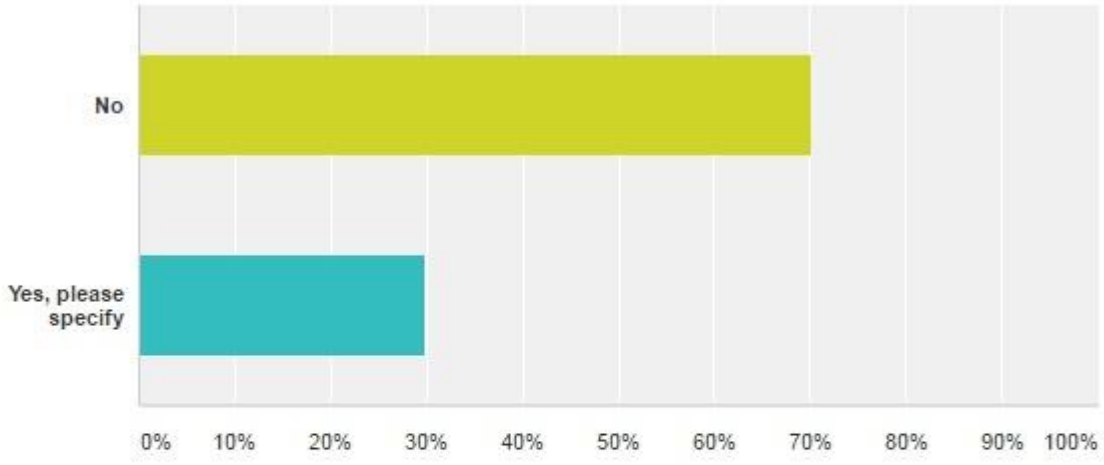
Answered: 235 Skipped: 0



Answer Choices		Responses	
No		10.21%	24
Yes, should this be during the day, evenings or weekends?	Responses	89.79%	211
Total			235

Question 6: Is there any other way of providing an alternative to the urgent care centres?

Answered: 235 Skipped: 0



Answer Choices		Responses	
No		70.21%	165
Yes, please specify	Responses	29.79%	70
Total			235

Question 7: Is there any other feedback you would like us to consider?

- I would not want the waiting times to visit the GPs to be so long
- More appointments being available
- Last time I visited urgent care was on a Sunday morning with my husband who had injured his arm. We had to wait 3 1/2 hours to be seen for assessment as there was only 1 doctor on duty. There were at least 30 patients waiting to be seen
- Does Walsall need 2 urgent care centres? Would it be more practical & cost effective to expand the one at the Manor Hospital & close the one in the town centre? Is putting contracts out to tender the best way of staffing the centres? I assume that it is expensive - is it the only option?
- More small centres especially for evenings + weekends due to people working office hours and cannot make GP hours
- Maybe have different sections for different age groups. Separate department in A&E for elderly patients. Children's clinic for urgent cases. Reduce waiting time. Triage at A&E divert less serious cases to urgent care/mental health
- Current urgent care provision at Manor Hospital is "grim". Limited waiting space, some patients really poorly, lacking in comfort. Some staff not adhering to bare below the elbow policy
- I've been a few times to Walsall walk in centre. Was impressed I was seen quickly and got the treatment needed. If these places shut it would make A&E waiting time very long indeed
- We accessed the urgent care centre recently for my child who had badly cut his hand. We had to wait over 3 hours (not a problem as he needed stitches) The staff were very busy and frazzled, my child has a hidden disability of emotional and behavioural difficulties because they were so busy there was little to no patience or understanding.
- Health literacy for patients to schools in Walsall Use NHS 111 for education or self-care Confidence in existing services limits use of NHS 111 24hrs UCC
- I feel the "telephone" consultation is dreadful. It puts you off and creates the problem to often 'worsen'. Giving antibiotics over phone I feel is dangerous and maybe unnecessary. It makes you put up with the problem which can be a problem harder to treat or even to a worse scenario - life threatening
- A qualified nurse to assess the urgent need at doctors surgery to take necessary calls
- I think they provide a really useful service and have always been pleased with the treatment. I would only go when necessary and if I was unable to see a GP.

Section 4: Walsall Together

Question 1: Do you have any experience of using services that have been joined up and how did you feel about the support you received from these services?

Answered: 140 Skipped: 0

- Good advice and help
- The support from different services together is very beneficial and makes you feel good
- Yes. I was very fortunate in that, subsequent to hospital medical treatment. The occupational health & physiotherapy staff were very helpful & supportive.
- Have found services are often not joined up. Having had a relative who recently had a stroke, departments seemed to concentrate more "on passing on" rather than whether next department/team had resources/support in place.
- I have seen when elderly patient has a fall and the way the rehabilitation system works to enable them to return to their home. What I witnessed seemed to work well, but only to a point. Once the patient decided not to co-operate the system stopped and they were left to their own devices - all initial progress was wasted
- Doesn't feel integrated still repeating same info to multiple people
- Treated me with respect and dignity. Gave me all the right care and medication
- I got support from lifestyle link for weight loss. She referred me to heart care to see specialist help
- Integrated services do not have common goals. If it is nursing needs then social services have no interest
- Yes. For my mother when I was her carer. Once accessed, social care was easy to contact with queries and requests
- Communication is key. Some services not a high enough standard/quality safe
- Disabled and paraplegic from June 15 to present time slowly learning to walk again, had the need to use the services of community teams and found that there is a lack of communication no joined up thinking-lack of visits from community nurses very spasmodic when they should have been weekly visits-care service from carers was risky due to lack of hygiene on their part -no risk assessments done by staff .
- Absolutely terrible. As far as my experiences are concerned, joined up services do not exist. It is appalling. There appears to be no communication between service providers and it's extremely dangerous for the patients
- I have used the Citizens Advice service in Walsall in my local health centre (Bloxwich) on a number of occasions. My GP informed me of it, as I was having issues around benefits and debt. The level of service I received was brilliant - the fact that I could access this in my local community was a

tremendous bonus, as I suffer from chronic anxiety and depression and this means that I struggle to travel far (such as going to Walsall) The fact that Walsall Council have removed funding for this vital service is really bad news, they should reconsider this move - the implications for me and others is going to be significant. I simply cannot believe that they have done this. It is very short-sighted and will lead GPs spending even more time on non-clinical matters. That cannot be good for anyone concerned.

Question 2: How do you feel about plans to join together services such as health care and social care? What do you think would be the benefits? What would be the barriers?

Answered: 140 Skipped: 0

- This would be a good idea as bringing both together means more care & understanding
- It sounds like a good idea theoretically but I would be very wary of creating a service that encompasses such wide ranging fields of care & so many staff. Might it not be better to ensure that systems are in place that facilitate the liaison & cooperation between the services rather than create another behemoth
- I think it would be completely worthwhile. More communication and liaising will help understanding on many levels
- It could be a good idea as long as everyone involved could work together and no-one felt toes were being stepped on, how would it be agreed what was best for the patient? If more opinions are involved it might make for quicker easier solutions to be put in place to benefit the patient
- It would help if services could all work together. It could get things done quicker, getting information to families. A barrier might be a lack of communication messages could get lost
- More communication between the healthcare and social care would be the benefit
- They are both close which would be convenient. I don't see any barriers
- Good idea Would give patients security when leaving hospital Prevent bed blocking Problems: Managers jealous of keeping their own "empires" + not co-operating
- Help to prevent bed blocking by having better liaison & communication

- Great idea - only if it is correctly funded. It happened years ago and worked well. Has to be good communication - break down barriers between services. Breakdown - not my problem culture
- Joint funding would be an advantage, better communication and a seamless service for patients Barrier. Staffs reluctant to change
- I feel happy because both services of people and health will join and will be able to help both
- Agree and it makes sense that health and social care should function better as one integrated service. One point of contact would hopefully be more efficient than the current complicated setup. The barriers are political, Social care is an extension of health service and should never have been split away from health.
- Benefits would be that patients would be able to recover and become independent in an efficient and develop a more rapid response to needs. The barriers are different budgets, line management arrangements and differing thresholds of needs.
- Joined up services has to be a way forward and a positive for the residents of Walsall.
- I think it will save the resources of the government and my time without going to different clinics.

Question 3: How could we encourage people to make use of more preventative health and care services like pharmacies, voluntary support groups, online information and advice?

Answered: 140 Skipped: 0

Annexes

Annex A - Copy of Engagement Document and Questionnaire

NHS
Walsall Clinical Commissioning Group

THE BIG CONVERSATION

Have your say on local health services

Introduction

The NHS as a whole is facing a wide series of challenges with a growing and ageing population, patients living longer with increasing and multiple long term conditions for example; heart disease, diabetes and hypertension and increasing patient expectations. At the same time budget options for social care are being considered by local councils.

The recent government strategy (Five Year Forward View) makes the national case for change and sets out the requirement to work differently and collaboratively.

NHS Walsall Clinical Commissioning Group (CCG) is looking to review and reshape some health services and we are inviting local people to get involved by participating in The Big Conversation public engagement exercise.

We are asking for your views on how care can be delivered differently while still providing the best health outcomes and the best value for people living in Walsall.

We are committed to ensuring that all of our communities are informed and involved in reshaping any changes that may take place.

There are a number of ways you can get involved:

- **Complete the survey in this booklet or online at www.walsallccg.nhs.uk**
- **Join the conversation on Twitter @WalsallCCG #bigconversation**
- **Email us at ccgcomms@walsall.nhs.uk**

The feedback you provide is important to us and will help decide how best we plan health services in the future.

Please send us your feedback by 10th March, 2017.

Who's who in Health?

NHS Walsall Clinical Commissioning Group is responsible for commissioning (buying) healthcare on behalf of Walsall patients. From 1st April 2016 we assumed responsibly for commissioning GP services from NHS England. The CCG spends an average of £1,351 per person with an annual budget of £346 million. The work of the CCG is overseen by NHS England who set the priorities and direction of the NHS.

There are two main providers of health and social care services in Walsall.

- **Walsall Healthcare NHS Trust** provides inpatient and outpatient care at the Manor Hospital as well as a wide range of services in the community.
- **Dudley and Walsall Mental Health Partnership Trust** provides integrated mental health services.

Walsall Council is responsible for commissioning adult social care services and providing public health and learning disabilities services.

The **Walsall Health and Wellbeing Board** is a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Health in Walsall

In Walsall we have a growing diverse population, patients are living longer with increasing and multiple long term conditions for example; heart disease, diabetes and hypertension and we have increasing patient expectations. As you change, so do your needs for local health services. We have seen this evidenced through a significant increase in appointments, especially for older patients, more and more people using urgent care and emergency services, some local services struggling to meet national targets and requirements, leading to an overall increasing pressure on an already overloaded health and care system.

Health and care services are beginning to work closer together, but with reducing financial investment and budget options being considered by Walsall Council for public health and social care, the impact for health is yet to be fully understood. Primary care also needs to consider the way it works locally to ensure it is able to meet the changing needs of patients and the expectations of a new national agenda, delivering seven day a week services for example.

What is clear is that just improving the current system will not be enough. NHS Walsall CCG along with its partners and local people must look at doing things differently and this will include the review and reshape of some health services.

Future delivery of Health Care Services in Walsall

Our vision is that new integrated and community based models of care are developed, that we reduce duplication and where local services are struggling to meet national expectations, that we consider alternative arrangements for this provision. Patients have already told us that they want improved access to local GP services, with more services provided in a joined up way and out-of-hospital, closer to home.

We will do this by:

- Working with partners and key stakeholders to provide responsive, personalised services in, or as close as possible to people's homes with Integrated Health and Care Teams through the Walsall Together programme – designed to join up health and social care services
- Helping those with urgent care needs to access the right advice or treatment in the right place, first time
- Consider how complex care could be delivered differently and close to home to reduce demand on hospital services such as stroke.
- Promoting self-care by helping people look after themselves.

The Big Conversation public engagement exercise has four main areas of focus:

1. Urgent Care

Urgent care is for when people need help or advice very quickly. It is not emergency care - where you must get help or go to the hospital straight away.

Urgent care and out of hours services in Walsall currently include NHS 111, GP out of hours services and two urgent care centres. This is in addition to Accident and Emergency (A&E) and the West Midlands Ambulance Service.

Recently there have been a range of changes around urgent care regionally and nationally. This includes a more robust NHS 111 service with an enhanced advice service and direct access to GPs. This will also lead to clearer links between NHS 111 and local GP out of hours services.

We have a good record of working with care homes to avoid unnecessary hospital admission.

However there are a number of challenges we face:

- **Services are complex and confusing**
  Our data suggests that patients are not always seen in the most appropriate place first time.

- **Duplication in the system**
  Currently, there are multiple services that provide similar care for your urgent care needs. The Urgent Care Centre at Walsall Manor Hospital, Walsall Manor A&E department, as well as the GP out of hours services are located within close proximity leading to confusion for patients as to where to seek care.

- **Demand and performance**
  The emergency department at Walsall Manor Hospital is not meeting key NHS constitutional targets including the 4 hours A&E target and the 18 weeks Referral to Treatment Target for some time. Due to increased demand and poor patient flow the Trust patients often have to wait longer to be seen.

Please complete the questionnaire at the end of this document.

Urgent Care Centre

The Urgent Care Centre based in Walsall Town Centre was opened in October 2015. The aim of the centre was to reduce the need for a visit to Walsall Manor Hospital A&E department to relieve the pressure on our busy A&E staff so that they are able to treat those patients that have life-threatening illnesses or injuries. Likewise it was not intended to substitute a GP appointment and patients with non-urgent illness or injuries should be seeing their GP or local pharmacist in the first instance.

Our analysis shows, since the Urgent Care Centre opened many people have accessed the service, meaning often they are full, with patients waiting up to 4 hours.

Our figures also tell us that many of the patients that are attending the Urgent Care Centre mainly live in the town centre which means there is an issue about equality of access throughout the borough.

Many people are attending the Urgent Care Centre (UCC) because they cannot get an appointment with their own GP as soon as they would like.

Many conditions treated at the Urgent Care Centre could be treated just as well through self-care, visiting pharmacy, ringing NHS 111 or an appointment with a GP.

On average, around 130 people attend each Urgent Care Centre each day, varying from a low of 80 to a high of 180. Common types of condition that are treated at the UCC include breathing problems; urine tract infection; other infections such as from an insect bite or ear infection; indigestion or constipation; sickness and/or diarrhoea; wound dressings; sprains or muscular problems; etc.

2. Stroke Services

Stroke patients need access to high quality, specialist hospital care to give them every opportunity to make a full and speedy recovery.

Good quality stroke services require 7 day, 24 hour access to thrombolysis treatment and a 7 day high risk Transient Ischaemic Attack (TIA) clinic. These services require a reasonable scale to ensure that there is sufficient consultant coverage to provide comprehensive, sustainable services with improved outcomes for patients.

The evidence suggests that there is a minimum specification that all hyper acute stroke units should achieve if they are to provide optimal care to patients.

All patients in Walsall who suffer a stroke are treated at Walsall Manor Hospital in the Hyper Acute Stroke Unit. Last year the hospital treated 375 stroke patients.

Overall stroke activity is less than nationally recommended, consultant capacity is limited, there is lack of 24/7 cover and no arrangements are in place for community stroke rehabilitation beds.

NHS Walsall CCG is working with partners and considering alternatives for the future provision of stroke services and people across Walsall are invited to give their views.

Please complete the questionnaire at the end of this document.

3. Primary Care (GP Services)

Primary care services are an integral part of the wider health and social care system. There are many drivers for change; the most significant of these is the ever increasing rise in the volume of demand for services.

There are 59 GP Practices across the borough of Walsall providing care and support to their local populations through the provision of core NHS services such as; dispensing medicines, advice on self-care, disposal of patient returned medicines, sign-posting and health promotion. The quality of most primary care is good; however there are wide variations in performance, quality, demand and accessibility.

NHS England want to see general practice work at scale and provide care closer to home where possible. In its Five Year Forward View published in 2014, it argues that without a radical overhaul the NHS will not cope with increased demand.

Our vision for Primary Care (GP Services)

NHS Walsall CCG is developing a primary care strategy to ensure that primary care is able and supported to provide accessible, pro-active and co-ordinated care close to where you live.

The strategy aims to make the changes required to meet the expectations and needs of patients, GPs and staff working within general practice. It also aims to make connections with other areas of primary care e.g. community pharmacy; community health services; social care; dentistry and optometry; other NHS services such as accident & emergency and NHS 111 and our local community and voluntary sector.

Our vision for primary care:
We will build on the strong foundation of general practice in Walsall to provide high quality primary medical care for local people, improve the health of the community, and reduce inequalities. We will support general practice in improving care so that patients in Walsall get excellent and consistent primary medical services.

We will see practices working together, alongside teams from the community, secondary care, social care and the voluntary sector to:

- Help patients to see the right clinician at the right time;
- Support patients with the most complex needs; and
- Help more patients receive care out of hospital.

A copy of our draft strategy can be found on our website
www.walsall.nhs.uk

Please complete the questionnaire at the end of this document.

4. Working in a more joined up way

Walsall Together Programme

Walsall Together is an ambitious and exciting programme to transform the health and social care you receive in Walsall.

It brings together all the local NHS organisations (Walsall Healthcare NHS Trust, Dudley and Walsall Mental Health Partnership NHS Trust and NHS Walsall Clinical Commissioning Group), Walsall Council and Walsall Voluntary Action.

Our joint vision is to address the changing needs of our population with integrated care solutions that maximise the potential of the individual person, the teams that support them and the wider health and care system.

Together we aim to better join up and co-ordinate health and care for people and support them to stay healthy, recover quickly following an illness and ensure that care and treatment is received in the most appropriate place.

The programme builds on some of the joint work that is already taking place, as well as improving outcomes and delivering a better experience for those that use services, in a more financially sustainable way.

To achieve this we are focussed on the following four projects:

Project Progress

Healthy and Resilient Communities
A social prescribing project to address loneliness and social isolation "Making Connections Walsall" is in development and will be launched in July 2017.

Place-Based Teams
New place-based team structures in place: population focus linked to locality areas and aligning community nursing, adult social care and community mental health services with local general practice.

Access
Access points mapped for health and social care provision. Workshop held to discuss options and priorities for improvement.

Intermediate Care
New model of intermediate care developed for hospital discharge; business case in development.

Walsall Together
Joining up your health and social care

Please complete the questionnaire at the end of this document.

THE BIG CONVERSATION

Have your say on local health services

Questionnaire

Please complete the questionnaire.

Urgent Care Centres

1. Why do you use the Urgent Care Centres?

- ☐ Cannot get an appointment with my own GP
- ☐ Urgent need but not life threatening
- ☐ Not registered locally
- ☐ Not registered with a GP
- ☐ Convenience whilst in town centre
- ☐ Other: please specify

2. Where would you go if one of them were to close?

- ☐ The other Urgent Care Centre
- ☐ A&E
- ☐ Wait for an appointment with my own GP
- ☐ Ring NHS 111
- ☐ Pharmacy
- ☐ Other: please specify

3. Where would you go if one or both of them were to have reduced hours?

- ☐ The other Urgent Care Centre
- ☐ A&E
- ☐ Wait for an appointment with my own GP
- ☐ Ring NHS 111
- ☐ Pharmacy
- ☐ Other: please specify

4. Should the Urgent Care Centre at the Manor Hospital be open 24 hours each day?

- ☐ No
- ☐ Yes on weekdays only
- ☐ Yes on weekends only
- ☐ Yes on weekends and weekdays

5. Should we increase access for appointments with your own GP? If so, should this be during the day, evenings or week-ends?

6. Is there any other way of providing an alternative to the Urgent Care Centres?

- ☐ No
- ☐ Yes: please specify

7. Is there any other feedback you would like us to consider?

Primary Care

8. When do you think GP practices should be open?

- ☐ Before 8am Monday - Friday
- ☐ 8.30am - 6.30pm Monday - Friday
- ☐ 6.30pm - 8.00pm Monday - Friday
- ☐ All of the above
- ☐ Saturday morning
- ☐ Saturday evening
- ☐ Sunday afternoon
- ☐ Saturday afternoon
- ☐ Sunday morning
- ☐ Sunday evening

9. If available how likely would you be book GP appointments online?

☐ Very likely ☐ Likely ☐ Not likely ☐ Never, Please Explain:

10. If an appointment was not available at your own GP surgery, how likely would you be to attend another local surgery if they could offer you an appointment on the day you needed it?

☐ Very likely ☐ Likely ☐ Not likely ☐ Never, Please Explain:

11. How do you feel about GP practices working together to provide care?

12. How likely would you be to access advice from your GP using the following methods? (For example,many GP surgeries offer a telephone call back service when appropriate)

Telephone consultation	☐ Very likely	☐ Likely	☐ Not likely	☐ Never
Online video consultation	☐ Very likely	☐ Likely	☐ Not likely	☐ Never

13. If a GP appointment wasn't available how likely would you be to accept an appointment with another appropriate member of medical staff who is not a GP?

☐ Very likely ☐ Likely ☐ Not likely ☐ Never

14. What do you value most about your practice?

15. What would make the biggest difference to your experience of General Practice – what would you change?

16. Is there any other feedback you would like us to consider?

Stroke Services

17. If a relative of yours required care for a stroke, what would be the most important things you would look for?

18.What are the most important things for the CCG to consider when commissioning stroke services?

19. Rank in order of priority the areas we should consider in commissioning (buying) a future stroke service for Walsall patients:
(1= most important, 8= least important)

- ☐ Financially affordable
- ☐ Demonstrates good quality outcomes and survival rates for patients
- ☐ 24/7 day access to consultant care
- ☐ Pathways of care delivered at multi sites
- ☐ Local delivery at Walsall hospital
- ☐ Local delivery at local hospital
- ☐ Good transport links
- ☐ Effective after care arrangements, close to home.

20. Is there any other feedback you would like us to consider?

Walsall Together Programme / Community Services

21. Do you have any experience of using services that have been joined up (integrated)? How did you feel about the support you received from these services?

22. How do you feel about plans to join together services such as health care and social care? What do you think would be the benefits? What would be the barriers?

23. How could we encourage people to make use of more preventative health and care services like pharmacies, voluntary support groups, online information and advice?

Information about you

The following questions are about you. You don't have to fill these in, but your answers will help us to know whether or not we are getting opinions from a wide range of people.

Please tick the box which applies to you.

Gender

- ☐ Male
- ☐ Female
- ☐ Transgender

Age

Under 14

- ☐ 14-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

Ethnicity

- ☐ White - English/Welsh/Scottish/ Northern Irish/British
- ☐ White – Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ Any other White Background
- ☐ Mixed/multiple ethnic group - White and Black Caribbean
- ☐ Mixed/multiple ethnic group White and Black African
- ☐ Mixed/multiple ethnic group White and Asian
- ☐ Any other mixed/multiple ethnic background
- ☐ Asian/Asian British – Indian
- ☐ Asian/Asian British – Pakistani
- ☐ Asian/Asian British – Bangladeshi
- ☐ Asian/Asian British – Chinese
- ☐ Any other Asian Background
- ☐ Black/Black British – African
- ☐ Black/Black British – Caribbean
- ☐ Any other Black/African/Caribbean/ Black British Background
- ☐ Other ethnic groups – Arab
- ☐ Any other ethnic group

Please place your completed survey in an envelope and return before 10 March 2017 to:

NHS Walsall Clinical Commissioning Group, Jubilee House, Bloxwich Lane, Walsall, WS2 7JL or drop in at your local GP practice.

If you would like to be kept up to date with the results of this engagement exercise please complete the following details:

Name
Email
Address (if preferable to email)

How to get involved

NHS Walsall CCG is committed to involving and engaging with the Walsall population to ensure they can influence decision making and be part of shaping local NHS health service for the future.

There are a number of ways you can get involved:

- **Have your say – complete the survey in this booklet or online at www.walsallccg.nhs.uk**
- **Join the conversation on Twitter @WalsallCCG #bigconversation**
- **Email us at ccgcomms@walsall.nhs.uk**

How will we use your views?

At the end of this engagement period we will write a report and will use the information and views to decide how best to improve urgent care services across Walsall.

We know it's really important that we share feedback with you, especially when you have taken the time to share your thoughts and views with us. We will therefore share this report with you and make sure it is available on the CCG website www.walsallccg.nhs.uk

Please send us your feedback by 10th March 2017.

Annex B – Locations where the Big Conversation Camper Van visited

Date	Venue
Thursday 2 March	Asda Bloxwich Superstore, Woodhall Street
Thursday 2 March	Pheasey Library, Collingwood Centre, Pheasey
Friday 3 March	Willenhall Market, Market Place, Willenhall
Saturday 4 March	Joseph Leckie Polish School, Walstead Road West
Saturday 4 March	Park Street, Walsall
Sunday 5 March	Guru Nanak Gurdwara, Sikh Temple, 127 West Bromwich St
Monday 6 March	Walsall College (courtyard), Littleton Street West, Walsall
Monday 6 March	Oak Park Leisure Centre, Coppice Road, Walsall Wood
Tuesday 7 March	Pelsall Library, Pelsall Village Centre, High Street, Pelsall
Tuesday 7 March	Bloxwich Active Living Centre, High Street, Bloxwich

Annex C - Big Conversation event flyer

NHS
Walsall Clinical Commissioning Group

THE BIG CONVERSATION
Have your say on local health services

The Big Conversation

Help to shape the future of healthcare in Walsall

NHS Walsall Clinical Commissioning Group (CCG) is planning to make changes to some local health services and we want to know what you think.

What is The Big Conversation?

The Big Conversation is about Walsall CCG reaching out to the people of Walsall to get your views on how we can improve health services for you and your family.

Local NHS services need to change and we need to work with patients to consider new ways of working in order to improve services and ensure we have sustainable, quality services that are affordable and fit for the future.

How do you fit in?

It is important to us that we get your views on these services and to work with local people on future plans. We want to hear your thoughts, experiences and suggestions on how services can be improved.

You're invited to attend the first public event on:

24 January 2017 at 9.30am – 1.30pm
Walsall Town Hall
Lichfield St, Walsall, WS1 1TW

There will also be two smaller events:

Shaping GP & Community Services	Shaping Urgent Care & Stroke Services
9 February 2017 at 3.00pm – 5.30pm Rushall Community Centre, Springfields, Rushall, WS4 1JT	9 March 2017 at 1.00pm – 4.30pm Moxley People's Centre 3 Queen St, Wednesbury WS10 8TA

Outreach will also take place throughout Walsall in our Big Conversation camper van.

For more information and to book your place, contact us:

Email ccgcomms@walsall.nhs.uk

Call 01922 603054

Visit www.walsallccg.nhs.uk/

Who are we?

NHS Walsall Clinical Commissioning Group (CCG) is responsible for buying hospital, community and mental health services across Walsall. This includes primary care services from GPs as well as services from the Manor Hospital and community services like mental health support.

We are made up of 59 GP member practices that work together to ensure the people of Walsall have access to high quality healthcare services.

Annex D - Big Conversation Event Poster

THE BIG CONVERSATION
Have your say on local health services

NHS
Walsall Clinical Commissioning Group

Have Your Say on Local Health Services

Invitation

To attend

'The Big Conversation' Public Event
24th January 2017, at Walsall Town Hall
9.30am - 1.30pm

NHS Walsall Clinical Commissioning is launching The Big Conversation to work together with local people to ensure we have high quality, sustainable services that are affordable and fit for the future. We want to listen to local people and discuss the future delivery of the following health services:

- Urgent care (A&E, Urgent Care, Out of hours services)
- Stroke services
- GP services
- Community services (district nursing, physiotherapy, podiatry, etc.)

Book your place by calling 01922 603077

Or email ccgcomms@walsall.nhs.uk

www.walsall.nhs.uk

@WalsallCCG

Annex E - Big Conversation Press Releases

[12 January 2017: Have your say on local health services – Join The Big Conversation]

[30 January 2017: The Big Conversation continues – Have your say on GP and community services]

[27 January 2017: First Big Conversation event a success]

[21 February 2017: The Big Conversation Camper Van hits the road in Walsall]

[14 February 2017: Have your say on Urgent Care and Stroke Services as part of the Big Conversation]

Annex F - GP Bulletin eNewsletter

Improving Health
and Wellbeing for Walsall

GP Bulletin

Welcome to the GP Bulletin where you can find all the latest health information in one place. Please see the below summary of this week's stories.

The Big Conversation Launch Event

The first Big Conversation Pubic engagement event was held at Walsall Town Hall this week (Tuesday 24th January). Over 70 people attended including members of the public, Practice staff, Patient Representatives and staff from Walsall Healthcare Trust.

Annex F - Stakeholder eNewsletter

Walsall Clinical Commissioning Group

The Big Conversation continues…

Following the successful launch of The Big Conversation on the 24th January and the event on 9th February to discuss GP and community services, NHS Walsall Clinical Commissioning Group (CCG) is inviting you attend the next public event which will focus on **Urgent Care** and **Stroke Services.**

Book your place online or by calling 01922 603062

'The Big Conversation'
Shaping Urgent Care and Stroke Services

To be held on 9th March 2017
Moxley People's Centre
3 Queen St, Wednesbury, WS10 8TA
1.00pm – 4.30pm

Like much of the NHS, with an ever increasing demand for services we need to consider local needs yet balance this with the money available to us. The Big Conversation is a public engagement exercise which aims to work with local people to ensure we have high quality, sustainable services that are affordable and fit for the future.

Annex G - Big Conversation CCG Website Page

Home | Stay well Walsall | About us | Get involved | Publications | News | Contact us | Staff Area

- Patient Participation Groups (PPGs)
- Patient Voice Panel
- Tell us your story
- Engagement & Consultation
- **The Big Conversation**
- Patient and Stakeholder Advisory Group

The Big Conversation

NHS Walsall Clinical Commissioning Group (CCG) is planning to make changes to some local health services and we want to know what you think.

What is The Big Conversation?

The Big Conversation is about Walsall CCG reaching out to the people of Walsall to get your views on how we can improve health services for you and your family.

Local NHS services need to change and we need to work with patients to consider new ways of working in order to improve services and ensure we have sustainable, quality services that are affordable and fit for the future. We want to listen to local people and discuss the future delivery of the following health services:

For more information about NHS Walsall Clinical Commissioning Group visit www.walsall.nhs.uk

Please contact 01922 603077 or email ccgcomms@walsall.nhs.uk to request this document in a different language or format

Our mailing address is:
NHS Walsall Clinical Commissioning Group
Jubilee House
Bloxwich Lane
Walsall
WS2 7JL

Integrated Urgent Care Services

Business Case for Public Engagement

Contents

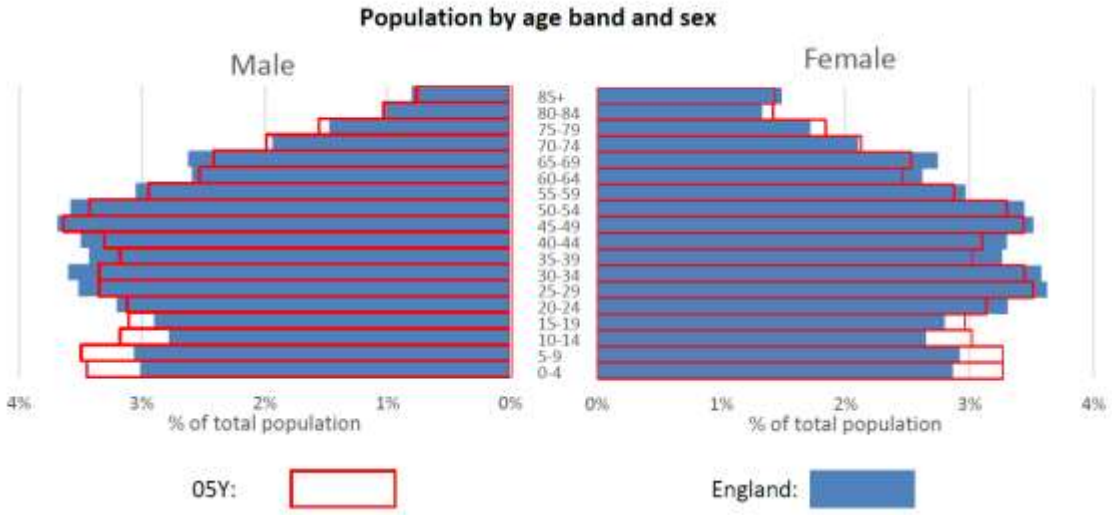
INTEGRATED URGENT CARE SERVICES BUSINESS CASE

1. Strategic Context

1.1 Walsall Place and Population

Walsall is one of four localities in the Black Country which is situated within the West Midlands, and has a GP registered practice population of 281,000. Walsall CCG comprises 59 General Practices and is part of the collaboration that is covered by the Black Country and West Birmingham Sustainability and Transformation Plan (STP).

Table 1 below shows the age/sex structure of the Walsall population, compared with the structure of the England population.



Analysis of changing need in the population is set out in the Walsall Joint Strategic needs Assessment (http://cms.walsall.gov.uk/index/health_and_social_care/healthwellbeing.htm) and shows that there are more frail elderly people with complex conditions and co-morbidities and this is a likely cause of increasing pressure on the urgent and emergency care system.

Table 2 shows the anticipate changes in the numbers of people aged over 65 over the period 2014- 2030.

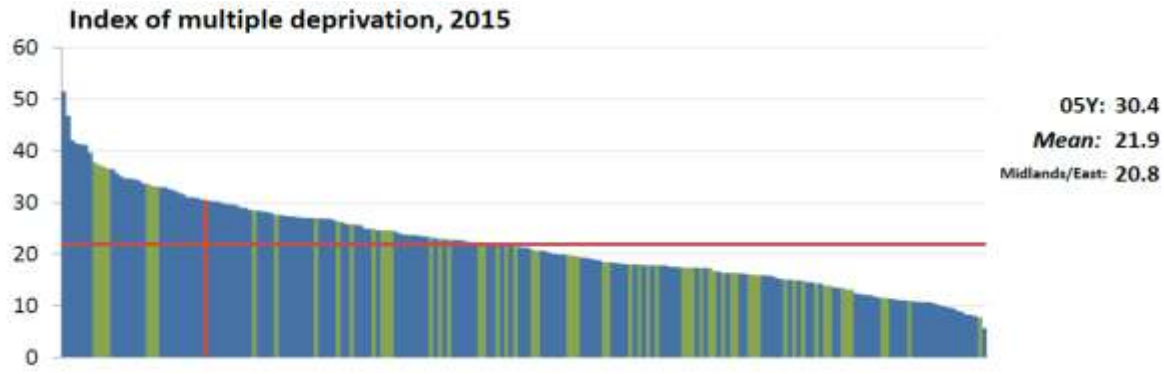
Table 2: Walsall Population Projections for People aged over 65 years to 2030

	2014	2015	2020	2025	2030
People aged 65-69	14,100	14,100	13,200	14,200	16,600
People aged 70-74	11,800	12,000	13,000	12,200	13,200
People aged 75-79	9,900	10,000	10,500	11,500	10,900
People aged 80-84	7,000	7,100	8,000	8,600	9,600
People aged 85-89	3,900	4,100	4,900	5,700	6,300
People aged 90 and over	2,100	2,200	2,900	3,700	4,800
Total population 65 and over	48,800	49,500	52,500	55,900	61,400

Source POPPI 2017

Figure 3 below shows the relative level of deprivation, as measured by the Index of Multiple Deprivation, comparing Walsall (red vertical line) with other CCGs in England.

Figure 3: Relative deprivation, NHS Benchmarking

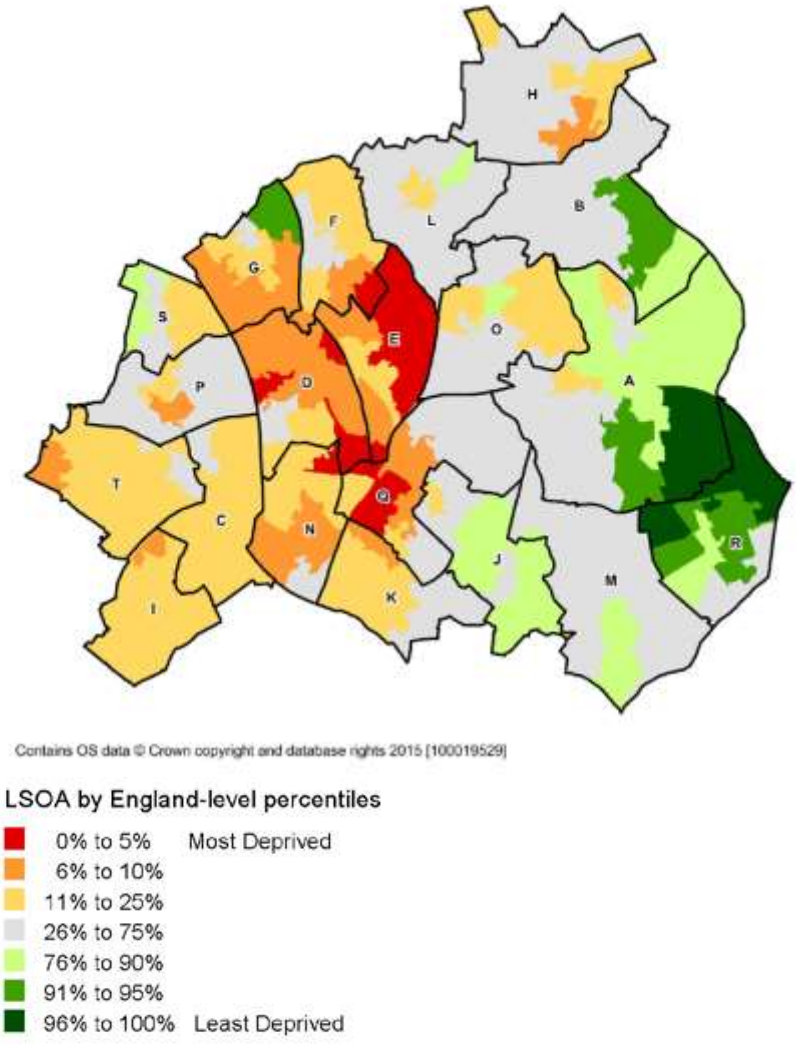


Within Walsall, there is considerable variation in the levels of deprivation experienced in neighbourhoods across the borough. Figure 3 shows deprivation relative to England overall, highlighting the most deprived and least deprived Lower Super Output Areas (LSOAs) in the borough in 2015.

There are pockets of extreme deprivation in some areas and a fifth of neighbourhoods (34 of 167) are amongst the most deprived 10% in England. 12 areas (over 5% of the total) are within the least deprived 10% nationally. However, there are also pockets of very low deprivation adjacent to areas of extremely high deprivation. This is the case in parts of Willenhall North, Rushall-Shelfield, Pelsall, and particularly in Bloxwich West (where the Turnberry Estate is significantly less deprived than its surrounding neighbourhoods). Conversely, parts of Aldridge – such as the Redhouse Estate – are much more deprived than the surrounding ward.

So while there is a general trend for areas of high deprivation to be concentrated towards the centre and west of the borough, there is not a straightforward divide – pockets of deprivation exist across Walsall.

Figure 4: Map of Deprivation: LSOAs, 2015



In terms of population demand for urgent care services, benchmarking information (Figure 5 and Figure 6 below) from 2015/16 show that levels of A&E attendance and non-elective hospital admission per head of population are below the England average.

Figure 5: A&E attendances

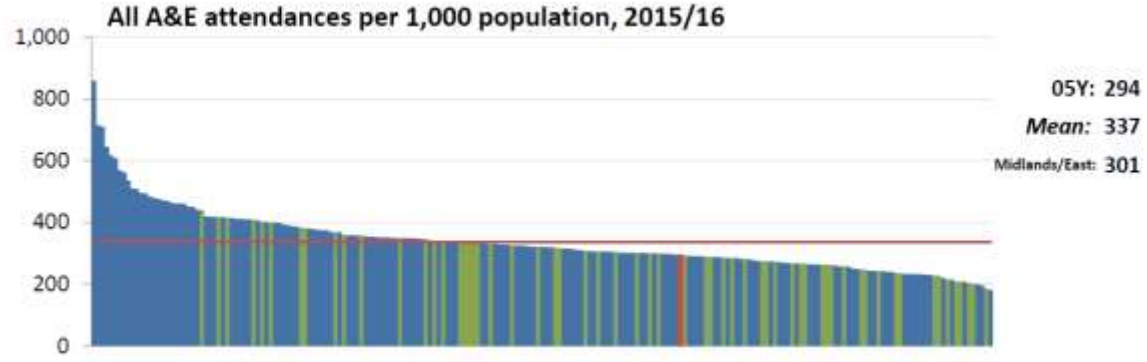
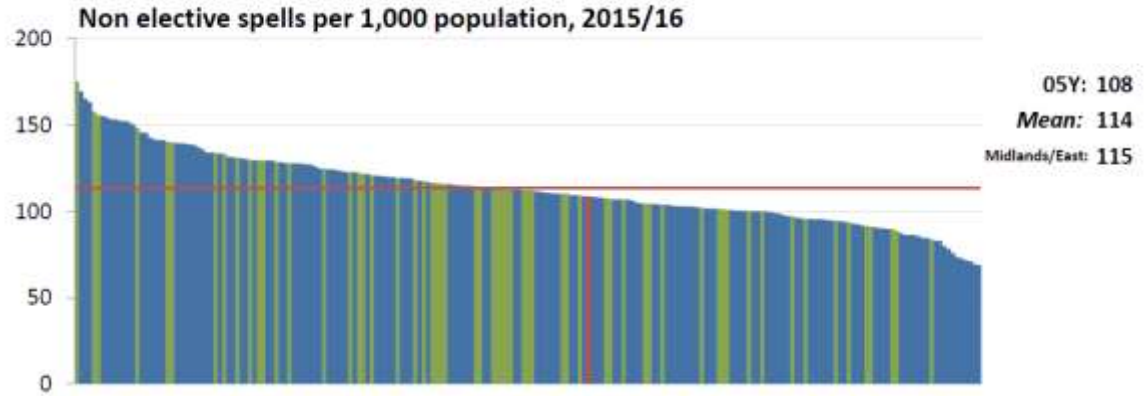


Figure 6: Non-Elective hospital admissions



1.2 Walsall Urgent and Emergency Care System

The CCG commissions a range of services that make up the local urgent and emergency care system:

- NHS 111
- 59 GP Practices
- Out of Hours GP Service (OOH)
- Urgent Care Centre – Town Centre (town centre UCC)
- Urgent Care Centre – Manor site (Manor site UCC)
- West Midlands Ambulance Service (WMAS)
- Accident and Emergency (A&E)
- Emergency Hospital Admissions.
- Crisis mental health services
- Adult Social care

Partners work together as part of the A&E Delivery Board to monitor performance of the urgent care system and to co-ordinate the development and implementation of plans to address areas of concern.

Since 2012/13, the Walsall system has not been meeting the 4 hour national standard for A&E waiting times of 95% patients seen within 4 hours of attendance. Achieving and maintaining delivery against this standard is a key priority for the A&E Delivery Board.

The Urgent Care Centre at the Manor site is co-located with the GP Out of Hours Service in the Emergency Department.

Walsall's Emergency Department was designed over 15 years ago at a time when fewer people attended A&E, and the current much higher level of attendance results in cramped conditions. Plans are in development for a redevelopment of the Emergency Department at Manor Hospital to become operational from autumn 2018.

1.3 Urgent Care Centre Services in Walsall

The current configuration of Urgent Care Services (i.e. Urgent Care Centres, and GP Out-of-Hours Service linked to NHS 111) was implemented from October 2015, following a review of Urgent Care Services (see section 1.5 below)

Following an open procurement exercise, a five year contract was awarded to Primecare to provide an urgent care centre service, operating from two sites, and the GP Out-of-Hours (OOH) service:

Urgent Care Centre – town centre

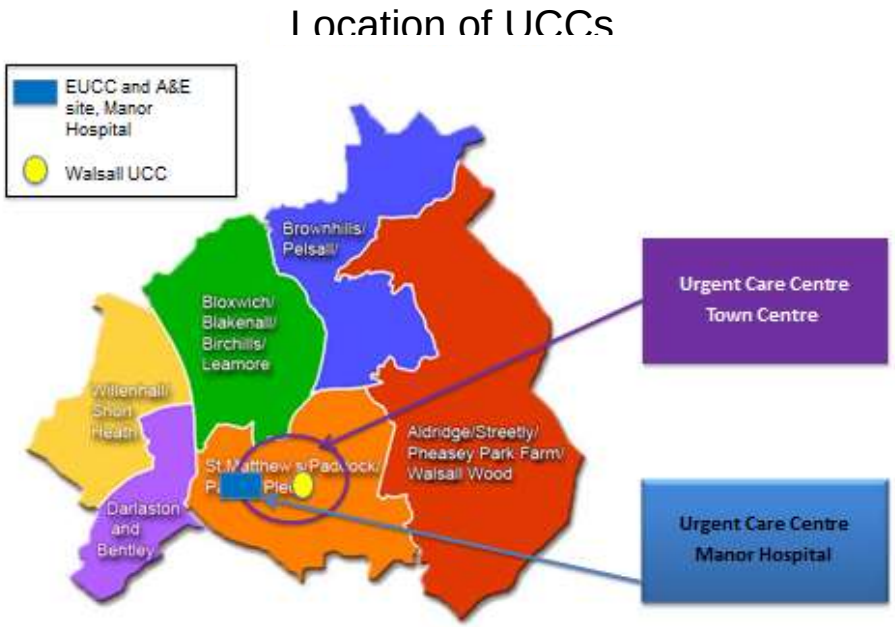
- Open 8.00am to 8.00pm seven days a week – direct access for appointments

Urgent Care Centre – Manor site

- Open 7.00am to midnight seven days a week – direct access or streamed from A&E

GP Out-of-Hours (OOH) service

- Open from 6.30pm to 8.00am week-days and all of Saturday and Sunday – accessed via NHS 111 and providing phone advice; home visits; and face-to-face appointments at the UCC Manor site



A set of performance indicators are set out as part of the contract specification as follows:

The provider will monitor and deliver the clinical quality indicators noted below:

1. **Indicator 1: Use of diagnostics** based on clinical judgement/clinical pathways to inform diagnosis of patients presenting at the UCC (subject to review)

2. **Indicator 2: Unplanned re-attendance rate,** Unplanned re-attendance at UCC within 7 days of original attendance (including if referred back by another health professional)

3. **Indicator 3: Total time in the department,** the median, 95th percentile and single longest total time spent by patients in the service.

4. **Indicator 4: Left without being seen rate,** The percentage of people who leave the department without being seen

5. **Indicator 5: Service experience,** qualitative description of what has been done to assess the experience of patients using UCC services, their carers and staff, what the results were, and what has been done to improve services in light of the results.

6. **Indicator 6: Time to initial assessment,** time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patients presenting at UCC.

7. **Indicator 7: Time to treatment,** Time from arrival to start of definitive treatment from a decision-making clinician (someone who can define the management plan and discharge the patient)

8. **Indicator 8: Clinical lead sign-off,** The percentage of patients presenting at the type 3 UCC, who are reviewed by a senior decision maker before being discharged.

The CCG monitors contract performance on a monthly basis. In the first few months of operating the service from October 2015, there were some problems with meeting all of the performance targets, but since June 2016 there have been very few incidents where this was not the case and these have been correctly notified and reported to the CCG by Primecare with lessons learned and mitigating actions as required by the contract.

Activity levels in the UCCs and the GP Out of Hours Service for the 12 month period May 2016 to April 2017 are shown in Tables 1 to 5 at **Annex 1**:

- Table 1: Actual activity in the UCC (Manor site) was higher than the planned level of activity. During the last three month period February 2017 to April 2017 the difference was +7.3% (i.e. 3574 per month compared to a planned level of 3333);

- Table 2: Actual activity in the UCC (town centre) was lower than the planned level of activity. During the last three month period February 2017 to April 2017 the difference was -23.4% (i.e. 3829 per month compared to a planned level of 5000);

- Tables 3, 4 and 5: Actual activity in the GP Out of Hours Service was lower than the planned level of activity. During the last three month period February 2017 to April 2017 the difference for each element of the services was: telephone assessment (-65.6%); appointment at UCC (Manor site) (-28.4%); and home visits (-3.92%).

- Examination of the treatment codes of patients attending the UCC (town centre) (see **Annex 2**) has shown that a majority of treatments could have been addressed via self-care, pharmacy, calling NHS 111, referral to the GP Out-of-Hours Service or by making an appointment with the patient's own GP.

- Tables 6 and 7 show the ten GP practices from which the highest proportion of patients attending the UCCs come from. All of these practices are in or near to the town centre and this represents around 30% of attendance at the Manor site, and 40% at the town centre site. (See map immediately following tables 6 and 7 showing location of GP practices in the Borough).

- Tables 8, 9, and 10 show attendance of patients at both UCCs by the postcode of the patient as at January 2017. This shows that there is a clear relationship between proximity and ease of access to the UCCs and the level of attendance, and this is more pronounced with the UCC (town centre). People living nearer to the UCCs are more likely to visit them.

- Tables 11 and 12 show the pattern of footfall in to the UCC (town centre) by reason for attendance, and hourly though the day, and by each day of the week. The main reason given by patients for a visit during Monday to Friday was 'unable to have an appointment with own GP', with self-referral as the main reason at week-ends.

- Table 13 shows that the average monthly attendance at the UCC at the town centre had reduced since April to June 2016 and monthly attendance at the UCC on the Manor site has been comparatively stable.

- Table 14 shows weekend hourly attendances at the Town Centre UCC are 50% lower between 1pm and 8pm than they are 8am-12pm. On week days attendances are 30% lower in the afternoon compared to the morning. The highest number of people attending the UCC on the Manor site is between 6.00pm and 8.00pm.

- Table 15 shows that there is a higher proportion of people at the UCC in the town centre whose appointment lasted less than 10 minutes than in the UCC at the Manor site. This suggests that the level of acuity of people attending the UCC in the town centre is less than those attending the UCC at the Manor site.

- Tables 16 and 17 show the results of the friends and family test for Primecare services and for patient satisfaction services. 69% of patients are extremely likely or likely to recommend the service to friends and family, and 71% patients rated the service as good, very good or excellent.

In summary:

- Demand for service in the UCC on the Manor site has increased compared to the previous service (by 7.3% Feb to April 2017), whilst demand at the UCC in the town centre has significantly reduced (by 23.4% Feb to April 2017).

- Demand for the GP Out of Hours Service is less than was planned and so there is spare capacity in this service that can be made available as an alternative for people who currently attend the UCC town centre, particularly between 6.30pm and 8.00pm week-days, and at week-ends.

- A majority of treatments could have been addressed via self-care, pharmacy, calling NHS 111, referral to the GP Out-of-Hours Service or by making an appointment with the patient's own GP.

- A significant amount of the footfall to the UCCs is from patients registered with town centre GP practices (i.e. circa 30% Hospital and 40% town centre).

- There is a clear relationship between proximity and ease of access to the UCCs and attendance, and this is more pronounced with the UCC (town centre). People living nearer to the UCCs are more likely to visit them.

- The main reason given by patients for attendance Monday to Friday was 'unable to have an appointment with own GP', with self-referral as the main reason at week-ends.

- Average monthly attendance at the UCC at the town centre has reduced since April/June 2016 and monthly attendance at the UCC at the Manor site has been comparatively stable.

- The level of acuity of people attending the UCC in the town centre is less than those attending the UCC at the Manor site

1.4 National Policy for Urgent and Emergency Care Services

Since October 2015 when the current configuration of services started, national guidance for UCCs[1] has been issued to the effect that they should be co-located within Emergency Departments as part of an integrated urgent care service, and comply with a national service specification for Urgent Treatment Centres.

There is also a new national service specification for the NHS 111 service, and this has been re-commissioned for the West Midlands (including Walsall) from November 2016 with major changes including an enhanced clinical hub with more callers receiving direct clinical advice, and booking appointments for callers within Urgent Treatment Centres as well as the GP Out of Hours Service.

The NHS Forward View states there will be:

*Roll-out of standardised new **'Urgent Treatment Centres'** which will open 12 hours a day, seven days a week, integrated with local urgent care services. They offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine. We anticipate around 150 designated UTCs, offering appointments that are bookable through 111 as well as GP referral, will be treating patients by Spring 2018.*

1.5 Walsall Urgent Care Strategy

During 2014 the CCG undertook a review of urgent care services, including a full option appraisal and formal public consultation. In November 2014 the CCG Governing Body considered the outcome of the review[2] and agreed:

1. *The longer term plan should be for a single urgent and emergency care centre on the Manor Hospital site.*

2. *As an interim plan, to relocate the walk in centre to a new town centre location and change the function of the service to an Urgent Care Centre (UCC), excluding from the specification activity that would normally fall within the scope of the national contract for GP services.*

[1] *(Keogh Report - Transforming urgent and emergency care services in England - Guidance for Commissioners regarding Urgent Care Centres, Emergency Centres and Emergency Centres with specialist services)*

[2] Walsall CCG Governing Body Public Meeting – November 2014 "Urgent Care Review"

As described above (Section 1.3) this interim plan was put in place through the procurement of an Urgent Care Centre service, with a single provider delivering UCC services from two sites – the Manor site and one in the town centre for a period of 5 years. Activity and performance information regarding these services, and some analysis/conclusions regarding the use of the service since it was established, are set out in section 1.3 above.

The business case identified a number of issues raised during the public consultation that it was agreed should be taken into account in finalising the implementation of the longer term plan:

- GP out of hours access
- WHT Emergency Department infrastructure
- perceived risk to 'business as usual' services on the Manor site
- public transport access
- car parking
- access in the North of the Borough.

1.6 Health and Wellbeing Strategy

There are two priorities in particular in the Walsall Health and Wellbeing strategy that are relevant to this proposal:

1) Remove unwarranted variation in healthcare and ensure access to services with consistent quality

2) Enable those at risk of poor health to access appropriate health and care, with informed choice

2. The Case for Change

The question which this business case is seeking to address is – should we change the implementation plan for the agreed strategy, by closing the town centre UCC before the end of the current 5 year contract and transferring some of the resources to the UCC at the Manor site to realise greater benefits that we would achieve from maintaining the status quo?

As detailed in section 1.3, our assessment of the current service at the town centre UCC is that activity levels have been lower than planned since it opened and that a majority of

treatments could have been addressed via self-care, pharmacy, calling NHS 111, referral to the GP Out-of-Hours Service or by making an appointment with the patient's own GP.

This raises questions about the value for money of the town centre UCC if alternative services are already being funded to deliver services that could have met the needs of patients using the service.

Closing the town centre UCC would release funding that could be used:

1. To enhance the UCC service at the Manor site
2. To deliver cost savings to the CCG

Specifically, additional funding for the UCC at the Manor site could be used **to enhance the primary care streaming service in the Emergency Department with a higher level of clinical decision making.** Each day, there are 20 to 30 patients who are streamed to attend A&E, but for whom the A&E Triage process re-directs them to the UCC at the hospital. The extra waiting time and the 'double handling' of both primary care streaming and A&E Triage for many of these patients can be avoided with enhanced primary care streaming.

Enhanced streaming will increase the number of patients diverted from the A&E service to the UCC service. Reducing demand on the A&E department will free up capacity to treat more seriously ill and injured patients who need the A&E service, improving care and reducing waiting times. This will also contribute to delivery of the A&E waiting time standard.

Finally, as originally envisaged in the urgent care review, **locating all of the urgent and emergency care services together upon a single site** would **simplify access to this range of services**

There have, for instance, been instances whereby a patient attending the (UCC town centre) has been redirected to the Emergency Department at the Manor Hospital, for instance because they had chest pain, and it would have been clinically safer for the patient to have gone straight to A&E.

3. Potential Options

For the previous consultation exercise, a long list of 16 options for the future configuration of urgent care services was evaluated.

As stated in Section 1.5 above, the preferred long term option was for an integrated service on the Manor site, with an additional interim UCC service provided for up to five years from a town centre site.

In terms of the interim solution the CCG now has three alternatives:

Option	Title	Description
1	No change to current plan	This would mean no change to the current service arrangements until the end of the 5 year contract, at which point the town centre service would close.
2	Close the UCC town centre service and enhance the service at the UCC Manor site	This would mean that the UCC in the town centre would close, and some of the resource would transfer to increase capacity at the UCC (Manor site) as well as to enhance the primary care streaming process in the Emergency Department. The aim would be to add capacity to meet the additional demand at the UCC (Manor site), and to enhance the primary care streaming service in the Emergency Department with a higher level of clinical decision making. The higher level of clinical decision making in the streaming process would make it possible to achieve compliance with the new national service specification for an Urgent Treatment Centre.
3	Reduce opening hours at town centre UCC	Various options for partial closure of the UCC (town centre) have been examined in the context of reasons for attendance (Table 8 in Annex 1) and variation in attendance levels at different times of the day or week. Partial opening options include evenings and week-ends only; week-ends only; or Monday to Friday in-hours service only (Tables 9 and 10 in Annex 1). Another alternative would be for opening hours to be reduced to evenings only during week days and week-ends so that there is no overlap with day-time primary care services.

A further option to extend the opening times of the UCC (town centre) was considered, however, this would duplicate the availability of the UCC at the hospital and the GP Out-of-Hours Service, as well as the new NHS 111 clinical advice service which provides access to the GP Out-of-Hours Service. A special arrangement for extension of opening times would have to be negotiated with the landlord of the Saddlers Shopping Centre, and there is no additional budget for extending the hours of the service or for additional lease costs.

Options that would reduce UCC service provision at the Manor site were not considered because any reduction of service at the Manor site would be in conflict with national policy and the locally agreed strategy to locate all of urgent and emergency care services at the Manor site.

Issues to be taken into account

This section will provide an initial assessment of each of the issues noted by the Governing Body when the urgent care review was approved in November 2014 (see 1.5 above) and also feedback from the Big Conversation, which identified primary care access as an issue for some users of the town centre UCC.

Access to Primary Care

It is difficult to be precise about how much of activity in the UCC (town centre) would transfer to the UCC (Manor site) if it were no longer available, however, clinical advice from the current provider is that 30% of current footfall can be met by visiting a pharmacist or ringing NHS 111, 30% would transfer to the patient's own GP, and 40% would transfer to the UCC (Manor site) (see section 1.3 above, examination of treatment codes).

The yearly average of attendance at the UCC (town centre) is circa 120 per day with a slightly higher average in the winter compared to the summer (see section 1.3 above, activity levels). This would mean that approximately 50 additional patients would attend the UCC (Manor site) each day (with much the same attendance profile throughout the day and an average of an additional 4 per hour), and the majority of these would attend directly without accessing the Emergency Department. Those that do attend the Emergency Department would be streamed to the UCC (Manor site). Patients attending the UCC at the Manor site as an alternative to attending the UCC in the town centre would need to travel to the hospital site which is half a mile away from the UCC in the town centre.

We estimate that an additional 35 patients would seek an appointment with their own GP each day and this would be spread across those 12 to 15 GP practices that are located closer to the town centre. This would mean that individual GP practices would have an average of 2 or 3 additional patients seeking an appointment each day. Patients attending their own GP as an alternative to attending the UCC in the town centre would have an appointment according to their local GP practice arrangements and this may mean a delay compared to attending the UCC.

The CCG in its role as commissioner of primary care services would closely monitor the impact on primary care services.

The CCG is working in partnership with GPs and others to develop a plan for expanding access to primary care services in line with government policy in the form of the GP Forward View, which provides additional investment to expand access to primary care services at evenings and week-ends – ensuring that patients can access services from a GP practice 5 days a week from 8.00am to 6.30pm – by June 2018. This will ensure that there is equitable access to primary care services across the Borough, and has been the subject of a separate process of preliminary public engagement.

GP Out of Hours

The GP Out-of-Hours service is provided by Primecare as described in section 1.3 and accessed via NHS 111. The GP OOH service achieves good patient experience ratings and to date we have no concerns regarding the clinical quality of the service provided.

A new NHS 111 service has started from November 2016 with enhanced clinical advice and guidance, including a capability to support healthcare practitioners such as community or practice nurses, GPs or ambulance crews, and to book appointments directly with urgent care services.

Emergency Department infrastructure

The challenges presented by the Emergency Department (ED) infrastructure at the Walsall Manor Hospital remain as they were in 2014. Since then the UCC streaming services has been successfully implemented alongside the A&E service within the ED. This streaming assessment helps to ensure that patients are directed to the most appropriate service for their needs, i.e. either to the UCC or to the A&E department.

The Trust has made a capital bid for some minor works to improve the internal infrastructure and is also preparing a business case for a major redevelopment of the ED department, including re-provision of the UCC.

While it would clearly be beneficial to be providing services from modern facilities better designed for the way in which services are now delivered the improvements proposed in this business case are not dependent on any capital investment.

Perceived Risk to Business as Usual on the Manor site

The service having been established now on the Manor site for nearly two years, no concerns have been raised about the presence of the UCC having a detrimental impact on the wider service provision of the hospital. On the contrary, as noted above, the presence of the UCC on the site has enabled patients who would otherwise have attended the A&E department to be directed to alternative pathways, supporting the A&E department to

concentrate on those more sick and injured patients who need specialist treatment and care that the hospital service can provide.

Public Transport Access and Parking

As part of the CCG's further engagement we will undertake an assessment of the impact on travel times for users of the town centre UCC and consider whether any negative impact could be mitigated. The strategy agreed in 2014 to have a single integrated service based on the Manor Hospital site recognised the clinical benefits of co-locating urgent care services alongside hospital A&E departments, a model of service provision that is also recommended by national guidance. This necessarily means that patients for whom these are the most appropriate services will need to travel to the hospital site to receive them.

Enhancements to the NHS 111 service that have been in place since November 2016 and the improvements to general practice access that will be delivered through the CCG Primary Care Strategy should support patients to make use of alternative services where appropriate, so that only those for whom the UCC/A&E is the right service need to travel to the hospital site for their urgent care.

Review of Urgent care access in the North of the Borough

No review of urgent care access in the North of the Borough was undertaken following the Governing Body approval of the Urgent Care strategy. This will need to be considered as part of the access work-stream within the Primary Care strategy, which will address access issues across the Borough. Patients from the North of the Borough who currently use the town centre UCC will be able to feed back their view on the implications of the change as part of the further engagement.

4. Equality Duty

The CCG has undertaken an initial assessment of the impact of the proposed change on people with protected characteristics as required by the Equalities Act 2010.

We have identified some different patterns of attendance by age and by gender e.g. young adults attending for emergency contraception or mothers with young children. It will therefore be necessary to ensure that people of all ages and gender will be included in further engagement with patients and the public regarding these proposals.

There will also be a need to ensure that issues associated with access for disabled people are explicitly covered as part of the consultation. Data on attendance by people with the other protected characteristics (e.g. Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion and belief; Sexual Orientation) is not available; our initial assessment is that there would not be any greater impact compared to the general

population for these groups, but it will be important to ensure that these groups have an opportunity during the engagement process to provide information and evidence regarding any impact that the CCG should consider within regard to its equality duty.

We plan to undertake a survey of service users as a means of finding out the extent to which people with protected characteristics are using the service, as well as their views about the future of the service and also to involve representative groups in the engagement process.

5. Health Inequalities

Comparing the map of deprivation in Walsall (Figure 4 in Section 1.1) with information on activity at the urgent care centres (Tables 8, 9, and 10 in Annex 1) it can be seen that there is a correlation between those areas of Walsall with the highest levels of deprivation and levels of activity at the UCCs. This correlation can be seen for both the town centre and Manor sites. The areas of highest deprivation are also closer to both of the UCC sites.

It should be noted therefore that, as both UCCs are used more by those areas of Walsall with the highest levels of deprivation than by the population as a whole, the proposed change will have a greater impact on this section of the population.

6. Evaluation of Potential Alternatives

The table below sets out a summary evaluation of the benefits and dis-benefits of each option:

Option	Benefits	Disbenefits
1	• Continuity of current service arrangements	• Continued duplication of service • Limits benefit from integrating primary care streaming with ED triage • No financial savings
2	• Simplifies access • UCC at Manor Hospital meets national UTC specification (enhanced streaming) • Support improvement of A&E standard performance • Delivers financial savings	• Loss of access to an UCC in the town centre

3	• Reduced cost	• Continued duplication of service • Limits benefit from integrating primary care streaming with ED triage • Limited financial savings

The CCG preferred approach is to bring forward implementation of the plan previously agreed by the Governing Body, transferring the town centre UCC service to the Manor site on the basis that this option:

- Simplifies access
- Will enable the UCC at the Manor site to meet the national specification for an Urgent Treatment Centre with enhanced streaming.
- Will support achievement of the A&E 4 hour waiting time standard
- Delivers financial savings

7. Stakeholder and public engagement

Walsall Healthcare Trust and Primecare are currently working closely in partnership to ensure the appropriateness of patients moving through the referral pathways between the two providers within the Emergency Department. Both providers are closely involved with the current plan for a reconfiguration of referral pathways based on more effective integration of the primary care streaming service and the Emergency Department triage process.

A public engagement exercise was conducted in the form of 'Big Conversation' from January to March 2017. A summary of the findings was reported to the CCG Governing Body in May 2017 with a summary of the views expressed as follows:

Have you used one of the Urgent Care Centres in Walsall in the past 6 months? If so, what did you use it for?	• Hip problem • Walk-in dentist • Burn • Chest infection/asthma • Tetanus injection • Morning after pill • Ear syringing

	• Dizziness
Where would you go if one or both Urgent Care Centres were to close or reduce their hours?	• Manor, A&E • GP • Don't know • Chemist • Would try to help myself • QE Hospital • Samuel Johnson Hospital • NHS 111 • Google • Birmingham Children's Hospital
Do you have any thoughts on how we could provide an alternative to the Urgent Care Centres?	• GP home visits • GPs open evenings and weekends • More GPs • Invest in A&E • GP appts when you need them • Mobile vans/pop up surgeries • Surgeries in 24 hr supermarkets • More available community care • Webcam GP appointments, Skype • Self-care, more education on this • Cottage hospitals attached to GP surgeries
What do you value most about your GP practice?	• Seen quickly • Support with lifestyle changes • They take time with you • Urgent appointments if you are really ill • See the same doctor • Easy to get an appointment • Same day prescriptions • It's free • The quality of care • Easy to get to • Caring, friendly • Direct phone number • Text reminders

We will be working closely with colleagues at Healthwatch Walsall to engage with local people.

We are proposing our engagement exercise will take place over six weeks during August and September. To ensure we can be as inclusive as possible, we plan to carry out a range of engagement activity which will include a mix of public events, focus groups, social media, and production of easy to read and jargon-free material and questionnaires to gather views. A comprehensive plan for public engagement will be prepared with the involvement of the CCG's Patient Advisory Group, which is made up of a range of patient representatives, representatives from a local faith group and the third sector. The types of engagement activity we will carry out are listed below.

As part of our plan we will also make sure that following the engagement exercise, a communications campaign takes place to inform the public and patients of the outcome.

Engagement Activity:-

1. A suite of engagement material will also be prepared with the input of our Patient Advisory Group:
    - A plain English, jargon-free engagement booklet will be available online and as a hardcopy. Versions in different languages will be available on request.
    - An easy-read version will also be produced and distributed to public buildings such as GP surgeries, leisure centres, liberoes and community centres.
    - Leaflets will be distributed via the CCGs networks including the third sector
    - A hardcopy and online questionnaire will be produced to capture feedback. This will be tested with our patient representatives before publication.

2. Face-to-face events with a chance to ask questions and hands-on support to complete the questionnaire:
    - A series of drop-in sessions at locations across Walsall where people can find out more about the proposals and give feedback
    - With the support of our Patient Participation Groups (PPGs), we will be canvassing patients to give their views at GP surgeries.
    - Focus groups will take place in schools, third sector groups targeted at people with long- term conditions, carers, mums, homeless people etc.
    - An offer to all local groups of a speaker from the CCG to come out to one of their meetings, explain the proposals, and seek feedback.

3. Web-based engagement activity to reach a wider audience will take place:
    - A social media campaign signposting to the engagement material
    - A dedicated web portal will be set up to access all engagement material and the questionnaire

- A short video outlining potential changes and how people can get involved will be produced

4. Promoting the involvement opportunities will be a key part of our plan to encourage people to participate:
   - Communication in the local media outlets
   - Flyers and postcards, publishing newsletters, posters and banners

The options that are to form the basis of the consultation on the future of integrated urgent care services were developed by taking account of the decision made in 2014 and the pre-engagement 'Big Conversation' in 2017.

The Overview Scrutiny Committee (OSC) was involved in both the formal consultation conducted in 2014 and the pre-engagement exercise in 2017. Subject to Governing Body approval of this business case the CCG plans to meet with the Overview and Scrutiny Committee in July 2017 to present the plan for further engagement which is proposed to take place during August and September 2017.

8. Financial analysis/affordability

Total recurring funding of £3,806K is allocated for Urgent Care and Out of hours (OOH) services in 2017-18, and this is committed in full to the contract with Nestor Primecare. Of this, £1,626K relates to OOH services, and £2,100K relates to Urgent Care, of which £1,155K funds the Community site, and £945K funds the Hospital site. A further £80K is allocated to fund the wound treatment service undertaken by Primecare on behalf of Primary Medical Services as a locally commissioned service.

The main contract with Nestor Primecare operates on a cost and volume basis, with an initial contract sum paid for an agreed activity level, and marginal rates for activity with +/- 10% tolerance on these volumes. It should be noted that within the contract sums agreed, there is an allowance for estates premises costs, which would still remain at least in the short term if services were to be decommissioned - £204K represents the cost of the Community site at Saddlers Centre, and £186K for the site utilised by OOH and Urgent Care at Walsall Manor Hospital.

The total annual revenue budget for the UCC (town centre) is £1,155k, of which £204k is the cost of the lease for the site, and £951k is the cost of the service. The aim would be to reinvest £451k of the service cost to pay for additional capacity and enhanced streaming at the UCC (Manor site) leaving a financial saving of £500K per annum. Therefore total combined budget for reconfigured service at the Manor Hospital after £500K savings would be £3,102K per annum.

Various options for partial closure of the UCC (town centre) have been examined i.e. evenings and week-ends only; week-ends only; or Monday to Friday in-hours service only. Costs would change as follows:

• Reduction of 2 hours per day	9am to 7pm	£68K
• Reduction of 4 hours per day	10am to 6pm	£137K
• Reduction of 6 hours per day	10am to 4pm	£209K

There would be a need to consider a re-utilisation of the lease of the building.

In summary:

- Closing the UCC (town centre) would achieve £951k per annum for savings or for reinvestment.
- The aim would be to reinvest £451k of the service cost to pay for additional capacity and enhanced streaming at the UCC (Manor site) leaving a financial saving of £500K per annum for the CCG.
- The total combined budget for an integrated UCC and GP Out of Hours service at the Manor Hospital after £500K savings would be £3,102K per annum.
- Partial transfer of activity from the UCC (town centre) site to the UCC (Manor site) would offer up a reduced amount for savings or reinvestment depending upon the opening times. It is unlikely that this sum would exceed £300k per annum, and this would be insufficient to achieve both the required additional capacity at the UCC (Manor site) and savings to the CCG.
- The CCG would explore alternative use of the premises at the UCC (town centre) if the service was to transfer to the UCC (Manor site).

9. Deliverability

The CCG would seek to implement the service change by mutual agreement with the current provider from November 2017.

The current providers (Walsall Healthcare Trust and Primecare) are aware of the options being considered for consultation and we will develop detailed implementation plans prior to completion of the final business case.

10. Risk and Mitigation

There is a risk that a higher number of people might choose to attend the UCC (Manor site) than has been estimated based on clinical advice, and that this might lead to the reception area of the Emergency Department becoming overcrowded. This can be mitigated by encouraging more people to go to the UCC at the hospital directly instead of via the reception area of the Emergency Department (e.g. with enhanced signage). In addition, more senior clinical streaming in the reception area together with greater integration of A&E Triage and primary care streaming will reduce the amount of people waiting in the reception area. The potential risk that the UCC (Manor site) would be unable to meet the additional demand is mitigated by transferring some of the resource from the UCC (town centre) to add additional capacity i.e. provide additional clinical staffing for an extra appointments cubicle. The CCG will continue to work closely with the clinical leads at Walsall Healthcare Trust and Primecare to ensure they are involved in the plans for reconfiguration of the urgent care services.

There is a risk that current primary care services might be unable to meet additional demand for appointments with the patient's own GP. As stated above it is estimated that an additional 35 patients would seek an appointment with their own GP each day and this would be spread across those 12 to 15 GP practices that are located closer to the town centre. This would mean that individual GP practices would have an average of 2 or 3 additional patients seeking an appointment each day. The CCG in its role as commissioner of primary care services would closely monitor the impact on primary care services and would initially seek opportunities within existing resources to meet this additional demand. The CCG is working in partnership with GPs and others to develop a plan for expanding access to primary care services in line with government policy in the form of the GP Forward View, which provides additional investment to expand access to primary care services at evenings and week-ends.

There is a need to ensure that the Overview Scrutiny Committee (OSC) is satisfied with the engagement process. The CCG is working closely with Walsall Council and a presentation is planned for the OSC during July 2017 which will provide an opportunity for the OSC to scrutinise the proposed process.

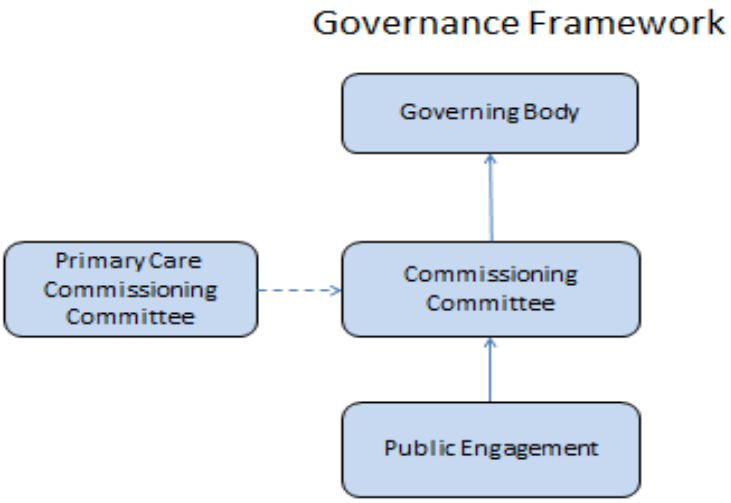
The CCG has also been working closely with the current provider of the urgent care services so that they are involved in the plans for reconfiguration, and will be prepared to work on the service changes by mutual agreement as a variation to the existing contractual arrangements.

The table below sets out a summary of these risks and mitigations:

Risk	**Mitigation**
Additional attendance at ED exceed planning assumptions	Increase number attending UCC at Manor site directly Enhanced streaming means redirection from ED takes less time
Closure of UCC town centre increases demand for primary care services	Optimise current capacity in primary care Implementation of the GP Forward View
OSC support for engagement process	Ensure OSC is appropriately consulted
Failure to agree contract variation with current provider	Primecare aware of plans and indicating a willingness to agree

11. Governance

In Walsall CCG the development of commissioning strategy and plans is the responsibility of the Commissioning Committee, with the final decision on the proposals being made by the Governing Body – see diagram below.



- **Public Engagement T&F Group** - In addition to relevant CCG staff, the Group includes representation from the patient voice panel, patient advisory group, Healthwatch and Patient Representation Groups. Input from Equality & Diversity. T&F Group will identify and manage risk and escalate when outside scope of influence.

- **Commissioning Committee** – Main function is to approve the public engagement business case; receive assurance from T&F group that the engagement plan is implemented on time, and that risks are recorded and managed; and to receive escalated risks for mitigation.

- **Governing Body** - Ensure compliance with the statutory duty to involve the public in commissioning decisions, Equality Act.

The CCG has sought independent advice to ensure that the CCG meets is legal duties with regard to patient and public engagement.

12. Four Tests of Service Reconfiguration

Four tests of service reconfiguration are set out in the Government mandate to NHS England. These are: strong public and patient engagement; consistency with current and prospective need for patient choice; clear, clinical evidence base; support for proposals from commissioners.

Strong Public and Patient Engagement

There has been on-going pre-engagement and formal consultation on the future of urgent care services since the initial pre-engagement exercise in late 2013 as a precursor to the formal consultation in 2014. The outcome of the formal consultation in 2014 was considered in the preparation for the pre-engagement exercise conducted in January to March 2017 which had public and patient involvement in the form of Healthwatch, Patient Representation Groups and the Patient Advisory Group. As described in Section 7 above, the CCG will undertake further patient and public engagement prior to final proposals being submitted for approval.

Consistency with current and prospective need for patient choice

See Sections 1.4, 2 and 3 above: National policy for urgent care is to integrate urgent care services so that patients can more easily navigate to the part of the service that is appropriate to their needs i.e. advice from pharmacy, GP appointment, NHS 111, Urgent Treatment Centre, Ambulance 999, or Emergency Department of an acute hospital.

The specific aim of these proposals is to simplify access to urgent care services by locating the Urgent Treatment Centre upon a single site at the hospital Emergency Department, and to enhance the primary care streaming service in the Emergency Department with a higher level of clinical decision making.

Clear, clinical evidence base

National guidance as cited in Section 1.4 sets out the clinical case for co-location of the Urgent Treatment Centre based upon a national standard specification.

The plan for reconfiguration of urgent care services is being developed in consultation with the Clinical Directors for the Emergency Department and Frailty Service at Walsall Manor Hospital and with the Medical Director of Primecare.

Examination of the treatment codes of patients attending the UCC (town centre) has shown that a majority of treatments could have been addressed via self-care, pharmacy, calling NHS 111, referral to the GP Out-of-Hours Service or by making an appointment with the patient's own GP.

Support for proposals from commissioners.

The CCG is leading the development of these proposals.

Annex 1

Table 1: Actual activity versus planned activity at the Urgent Care Centre (Hospital) during the 12 month period from May 2016 to April 2017

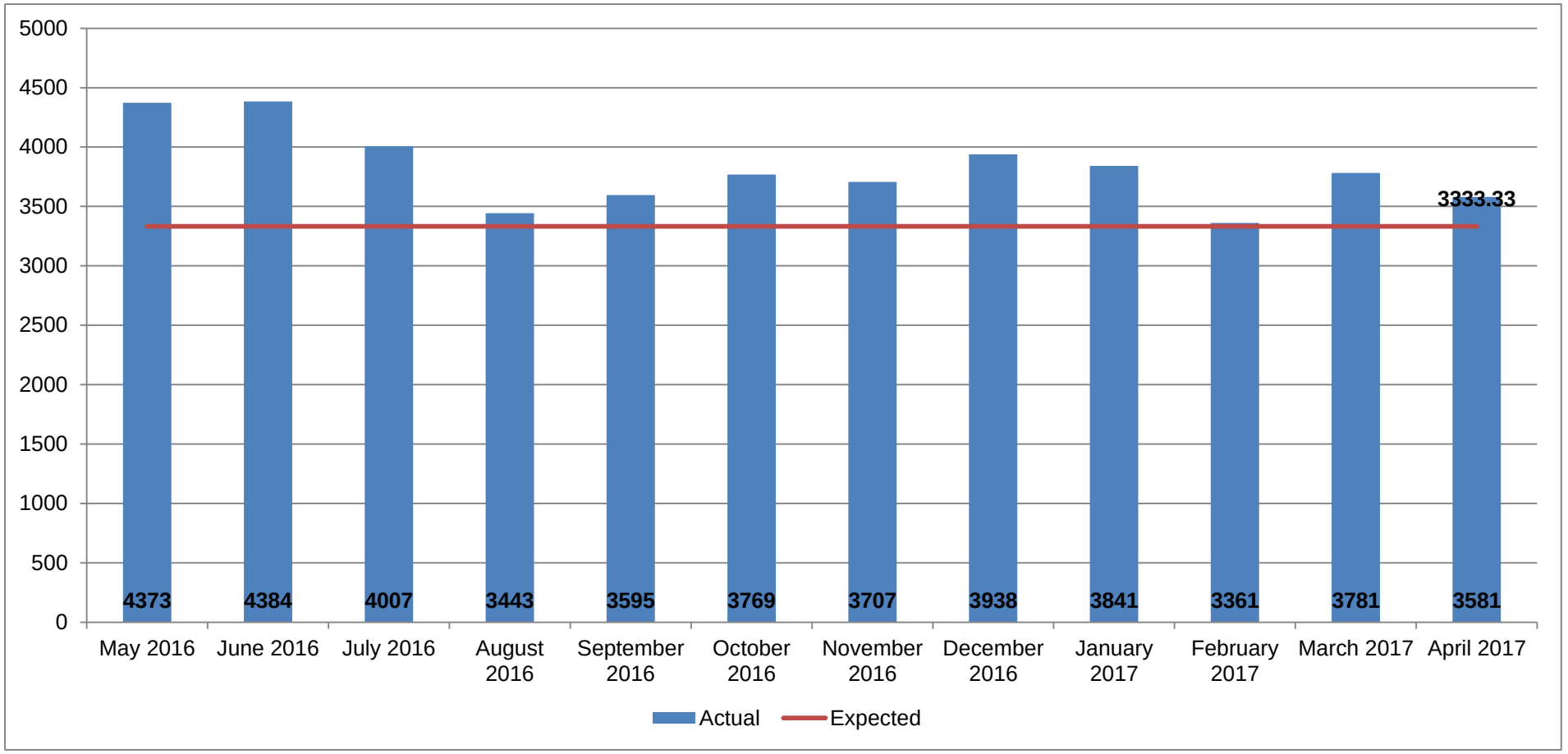


Table 2: Actual activity versus planned activity at the Urgent Care Centre (Town Centre) during the 12 month period from May 2016 to April 2017

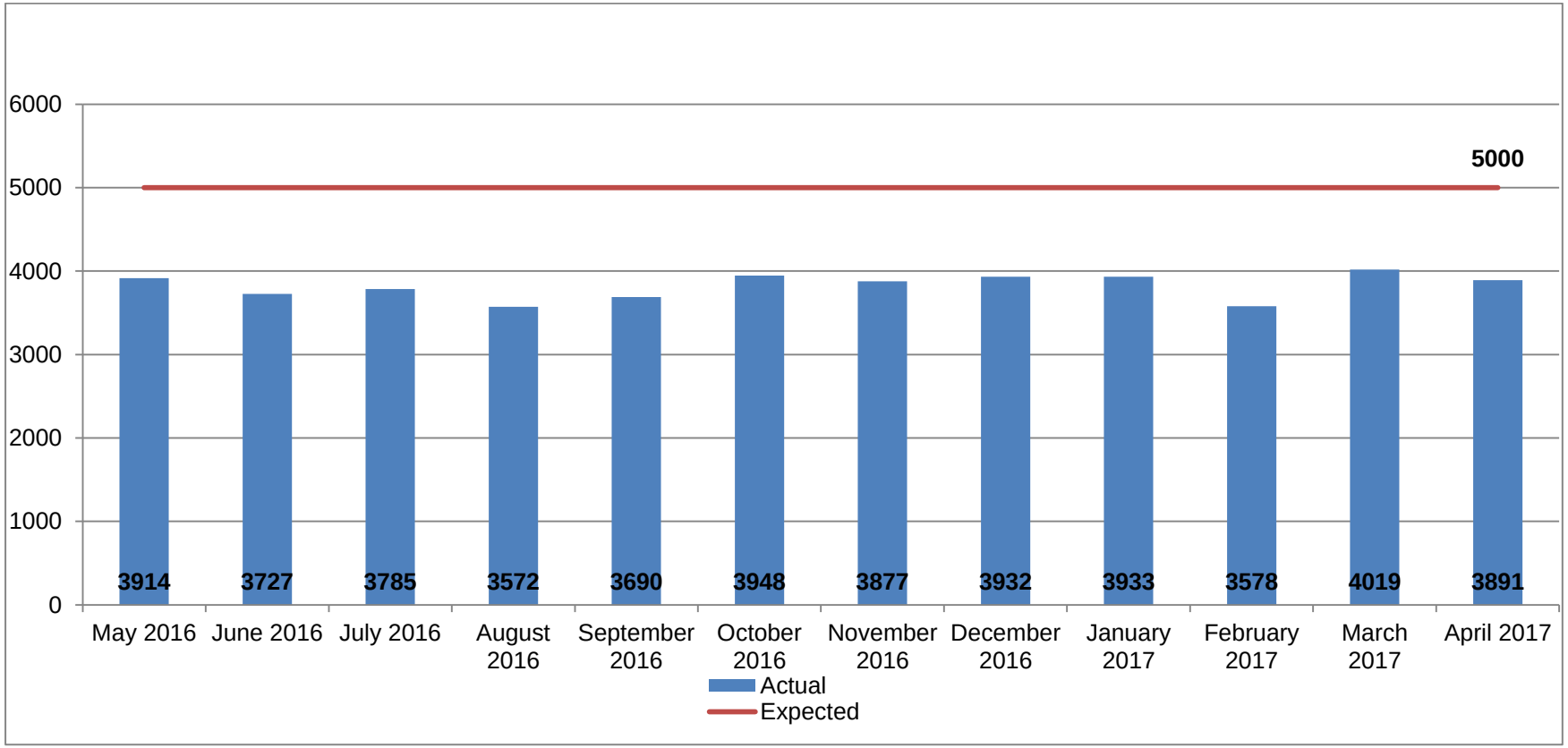


Table 3: Actual activity versus planned activity for GP Out of Hours Telephone Assessment during the 12 month period from May 2016 to April 2017

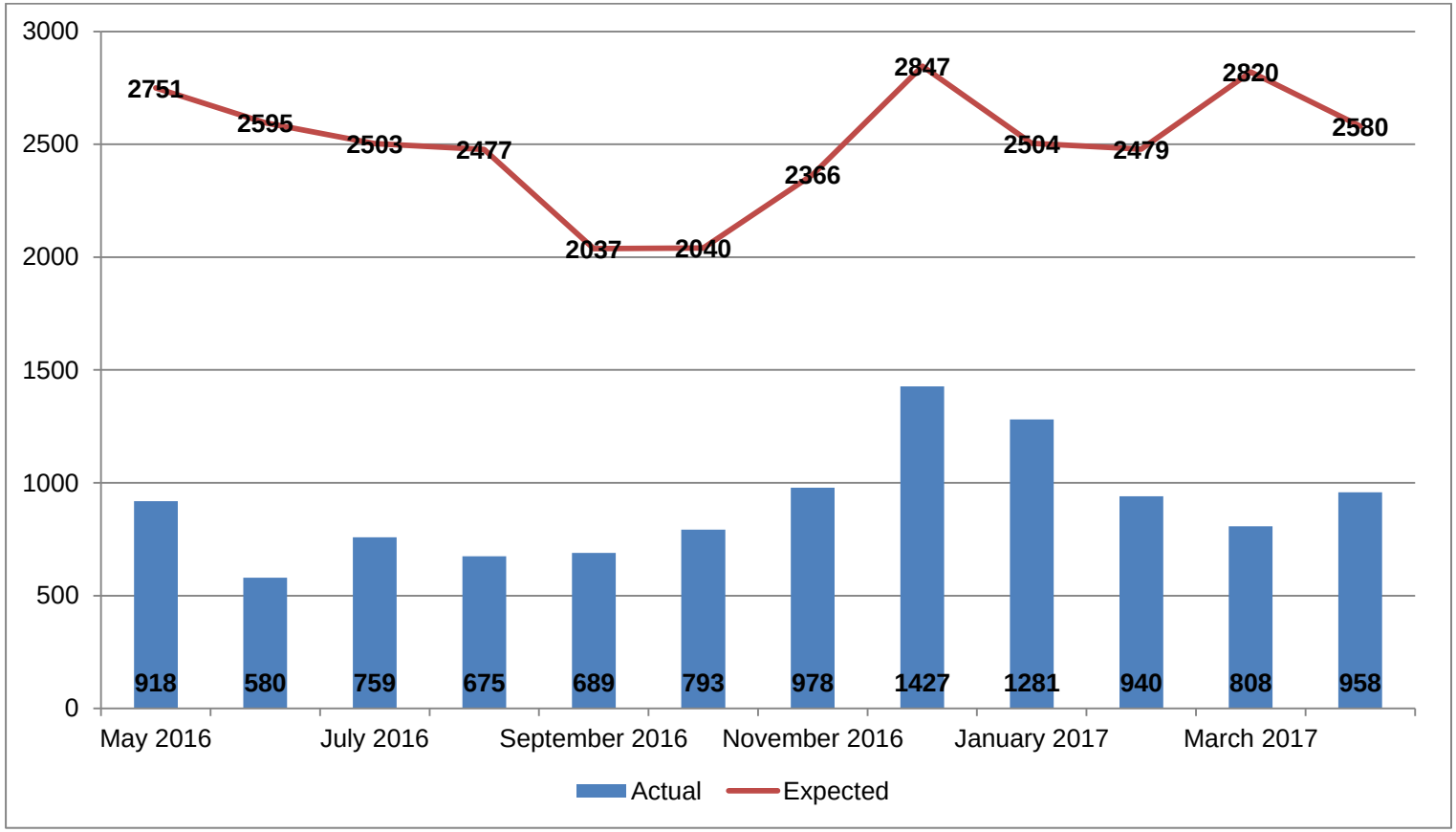


Table 4: Actual activity versus planned activity for GP Out of Hours Appointments at the UCC (Manor site) during the 12 month period from May 2016 to April 2017

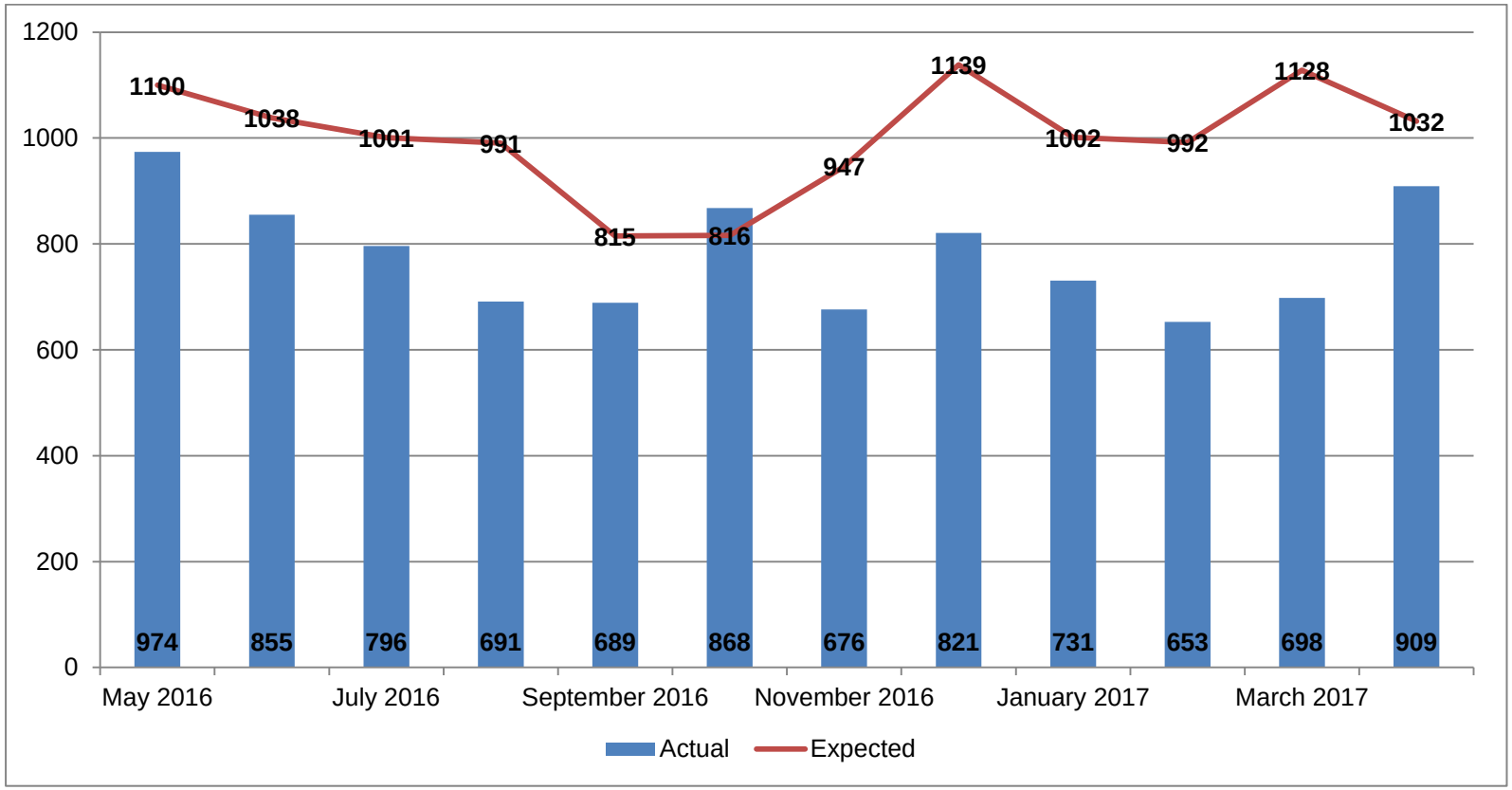


Table 5: Actual activity versus planned activity for GP Out of Hours Home Visits during the 12 month period from May 2016 to April 2017

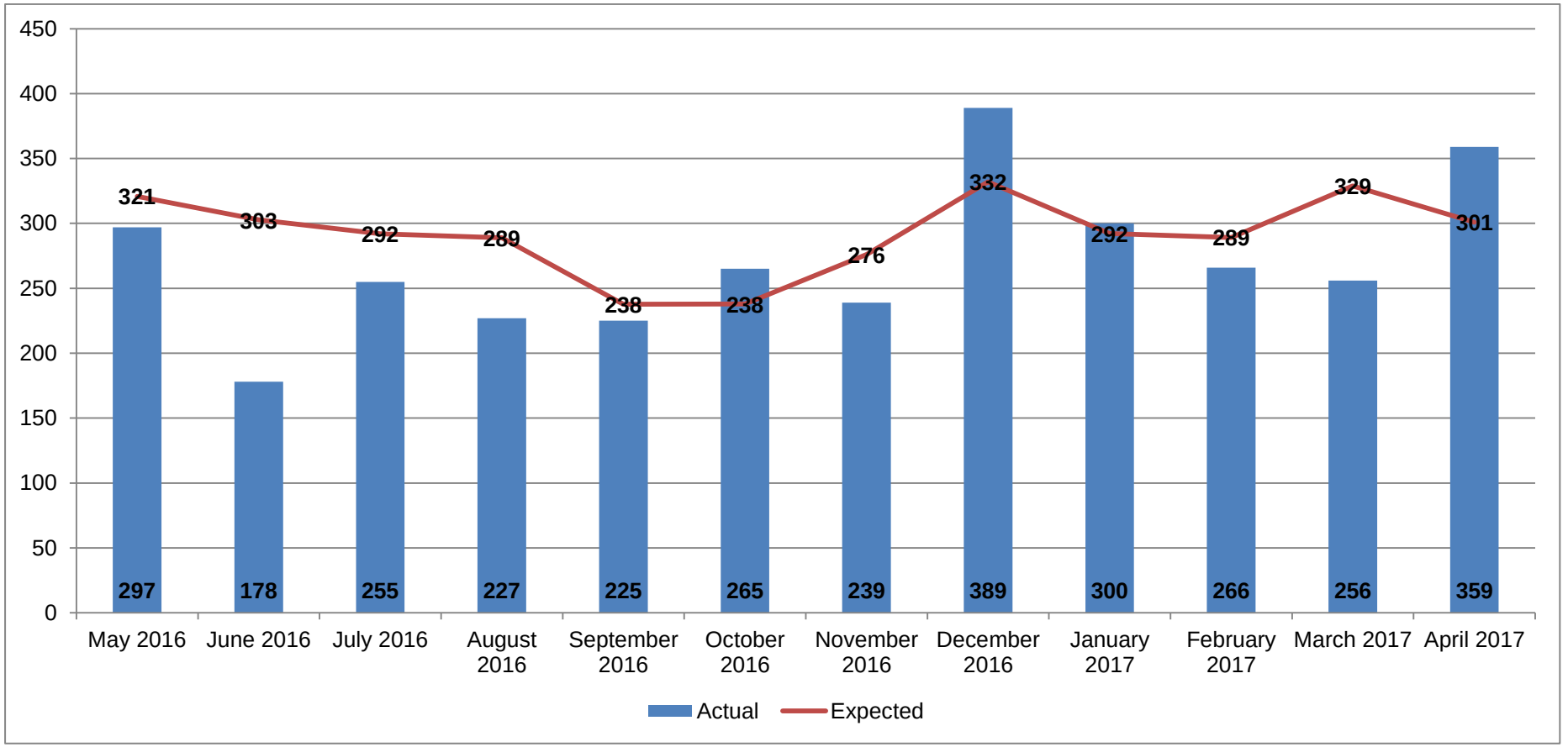


Table 6: Top ten GP Practices with the highest number of registered patients attending the UCC (Manor site) during April 2017:

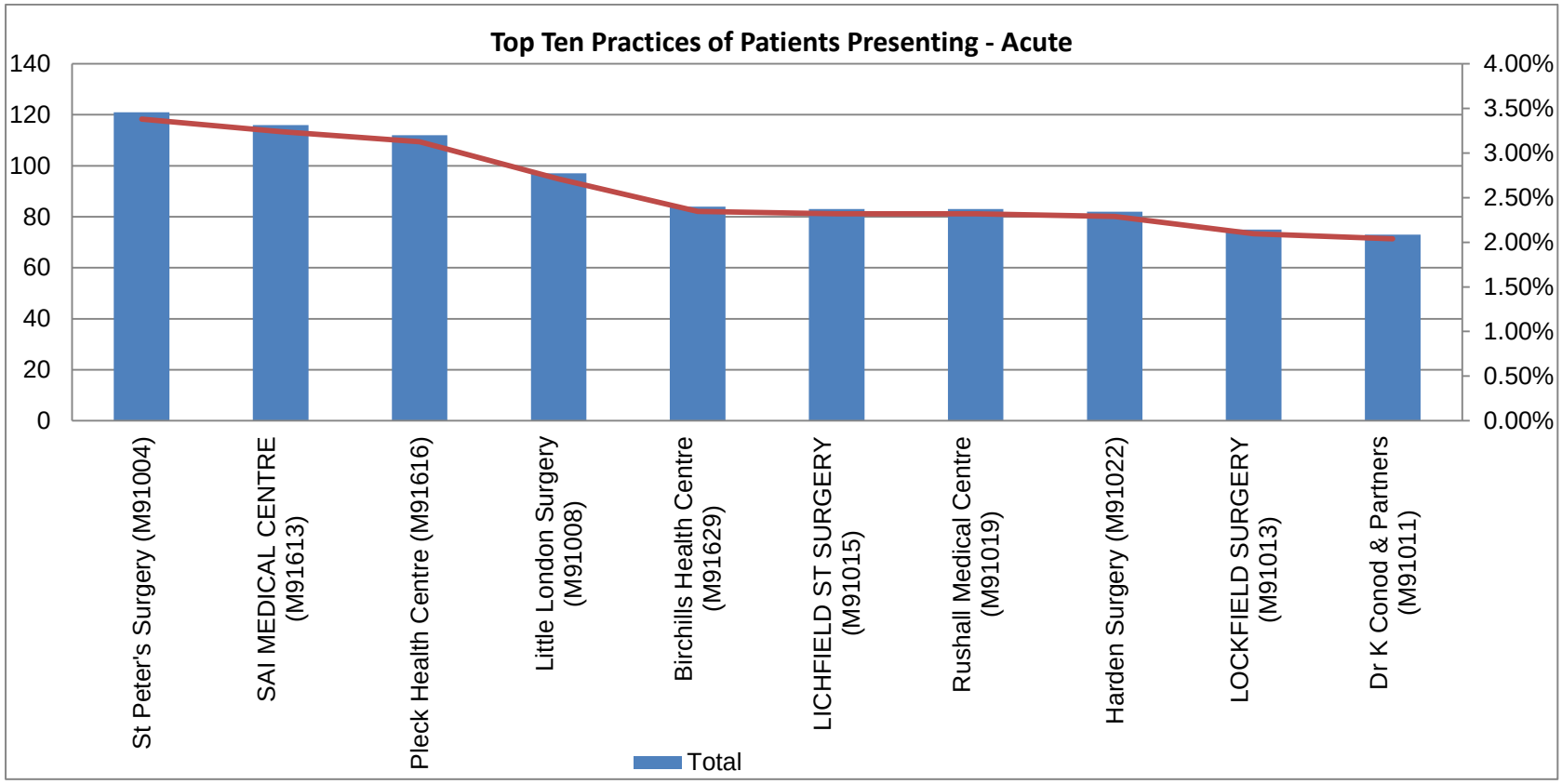
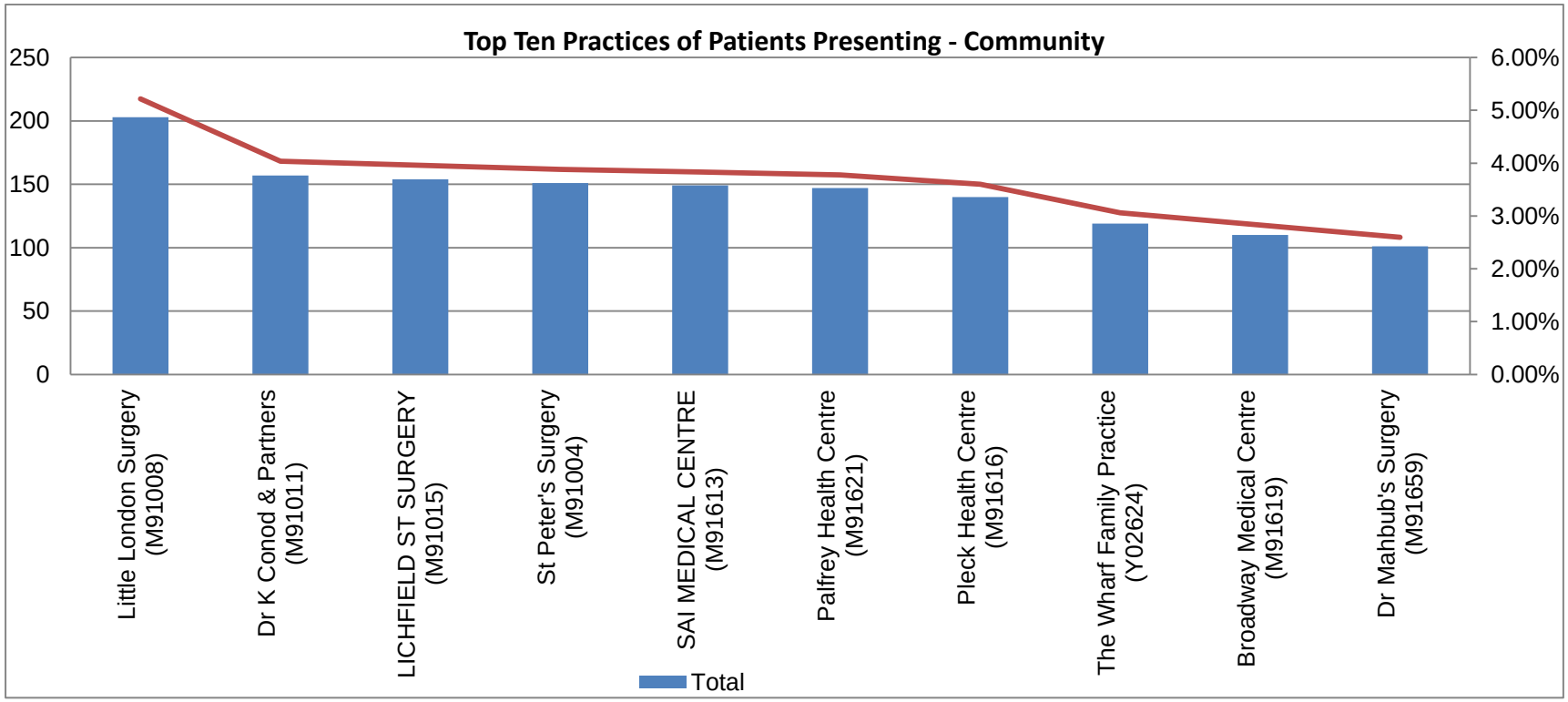


Table 7: Top ten GP Practices with the highest number of registered patients attending the UCC (Manor site) during April 2017:



Map showing location of GP practices across Walsall Borough (Source National General Practice Profiles, June 2016)

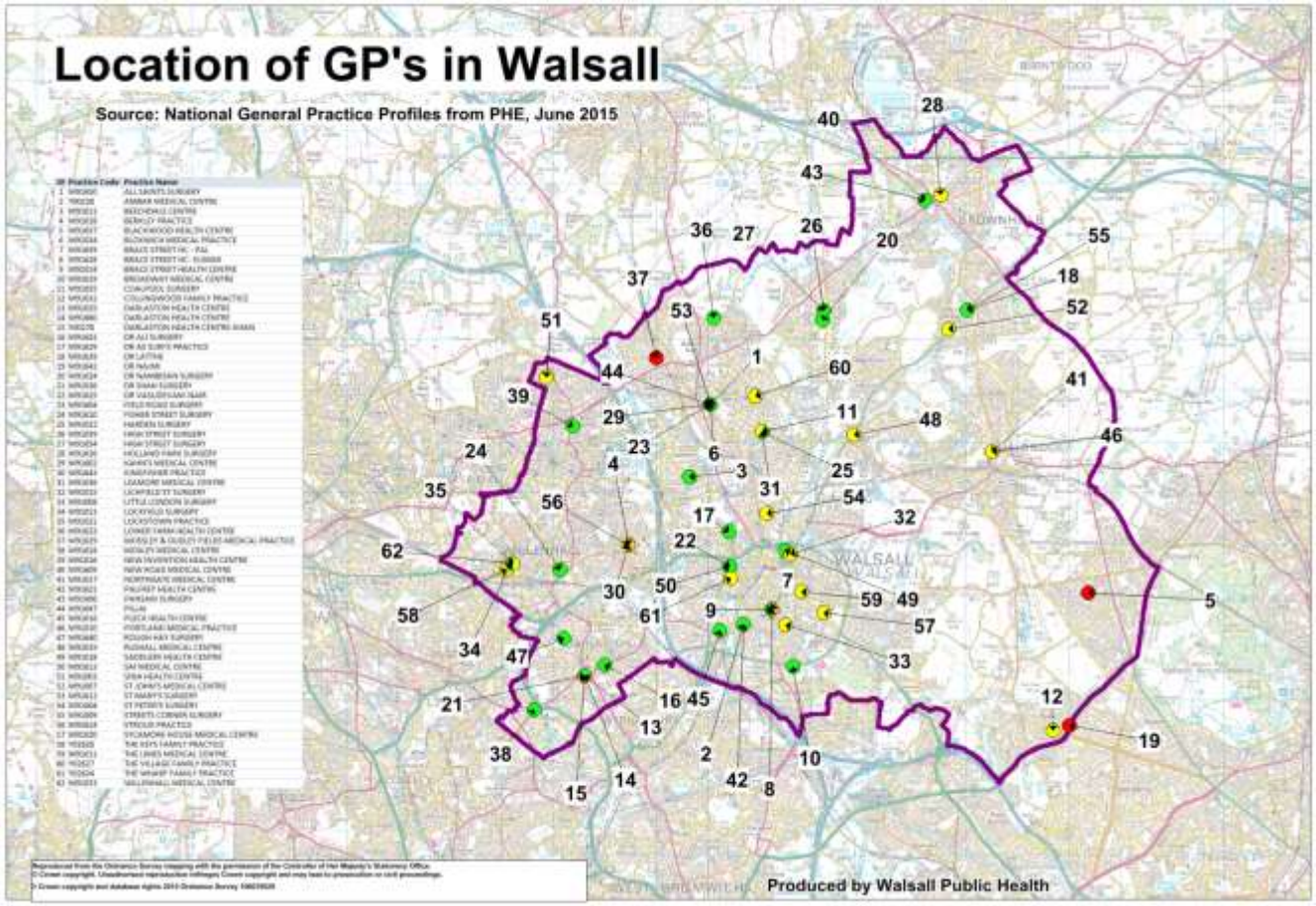


Table 8: Heat map showing the level of attendance of patients at both Urgent Care Centres by the postcode of where they live

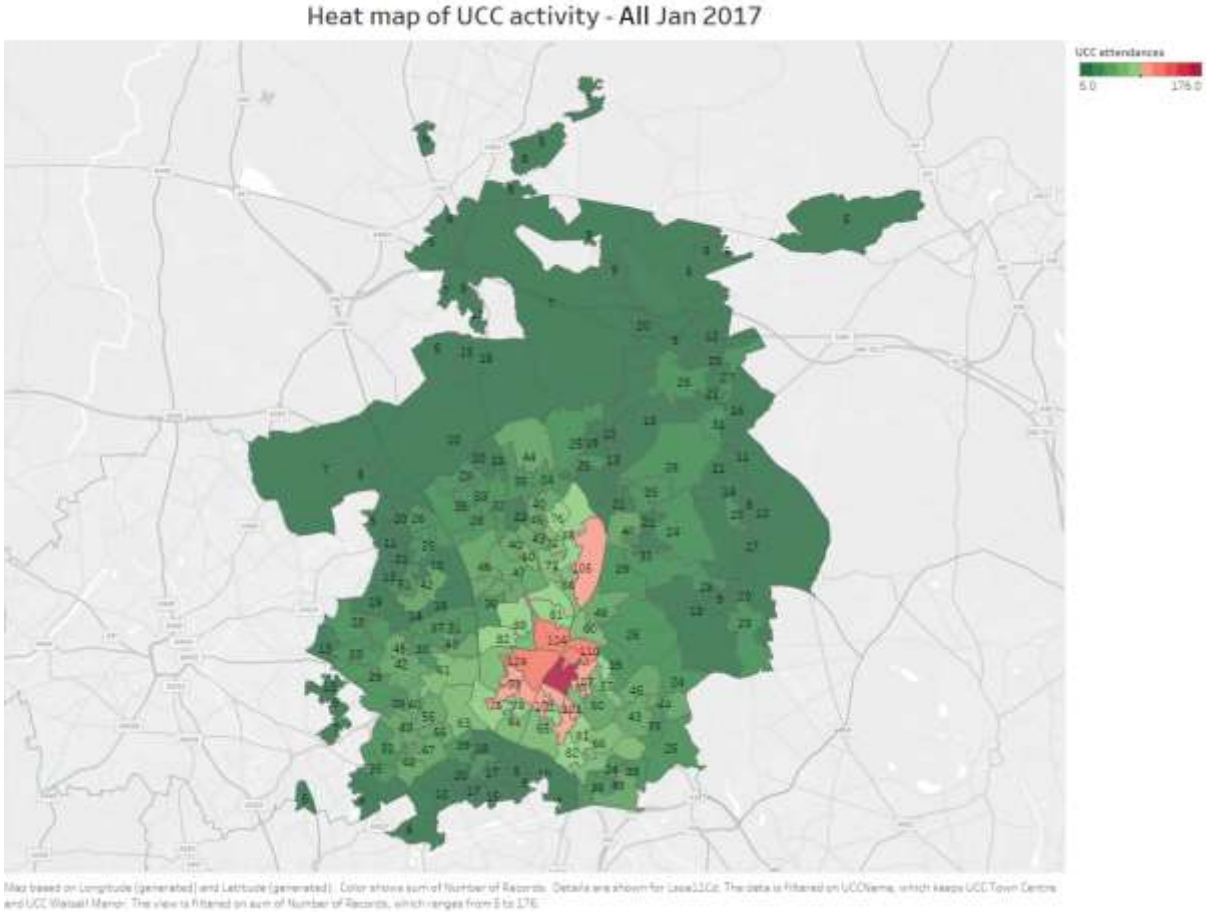


Table 9: Heat map showing the level of attendance of patients at the Urgent Care Centre (town centre) by the postcode of where they live

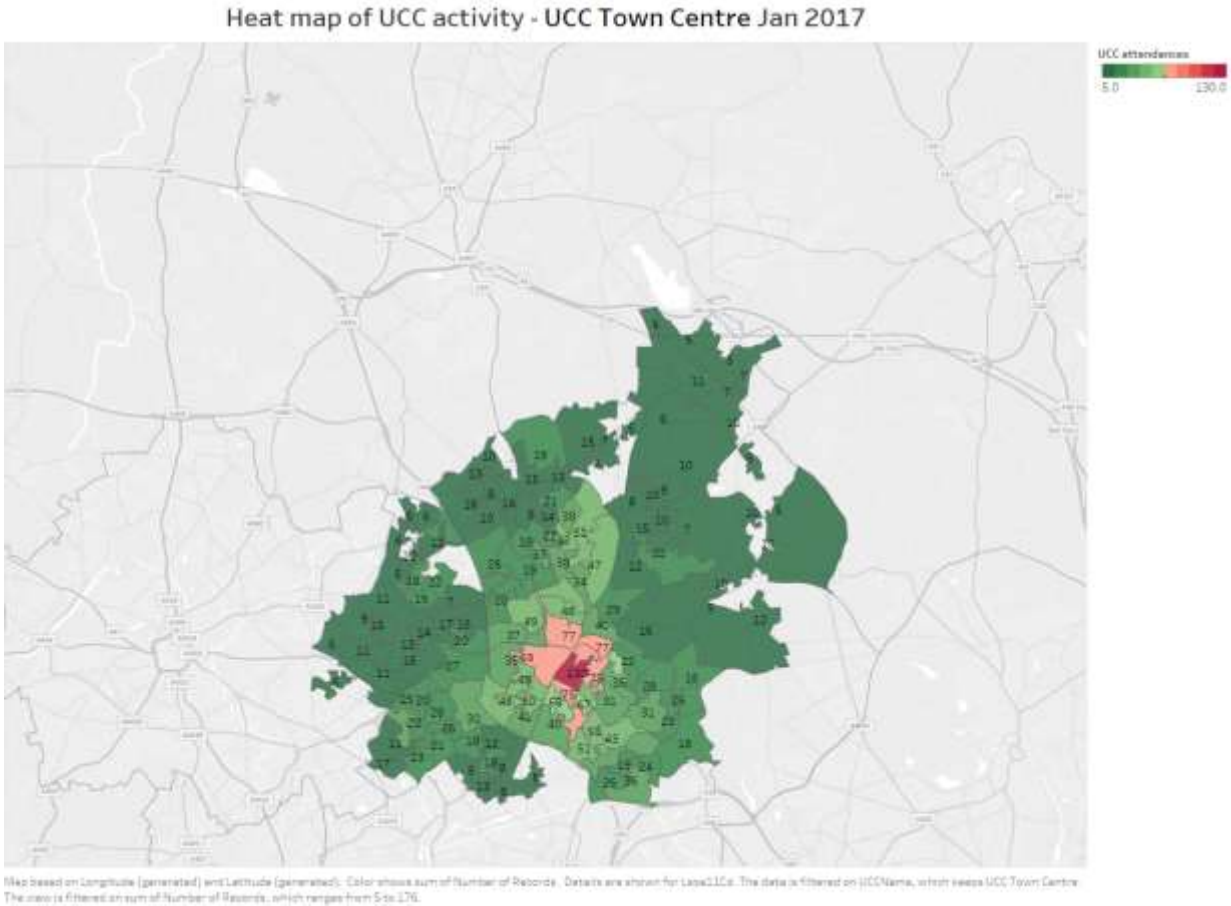


Table 10: Heat map showing the level of attendance of patients at the Urgent Care Centre (hospital) by the postcode of where they live

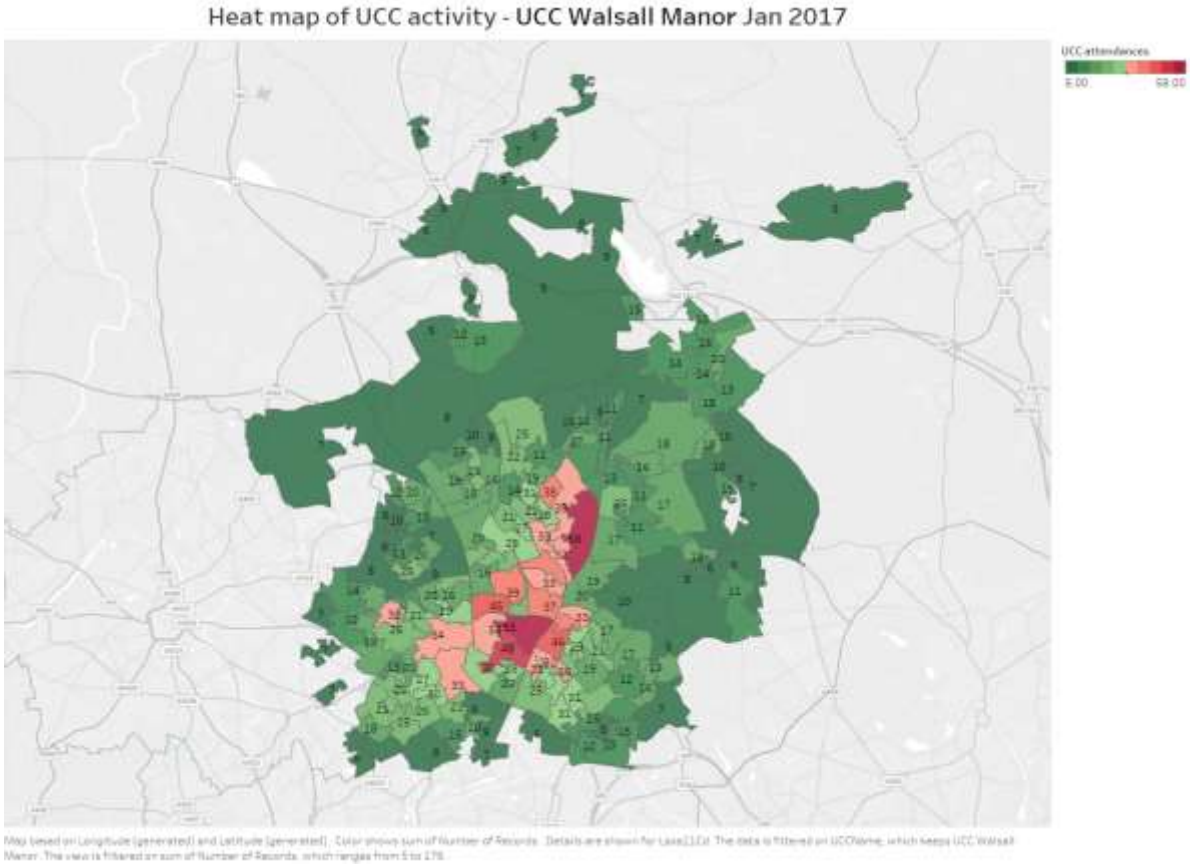


Table 11: Reason for Attendance at the Urgent Care Centre (town centre)

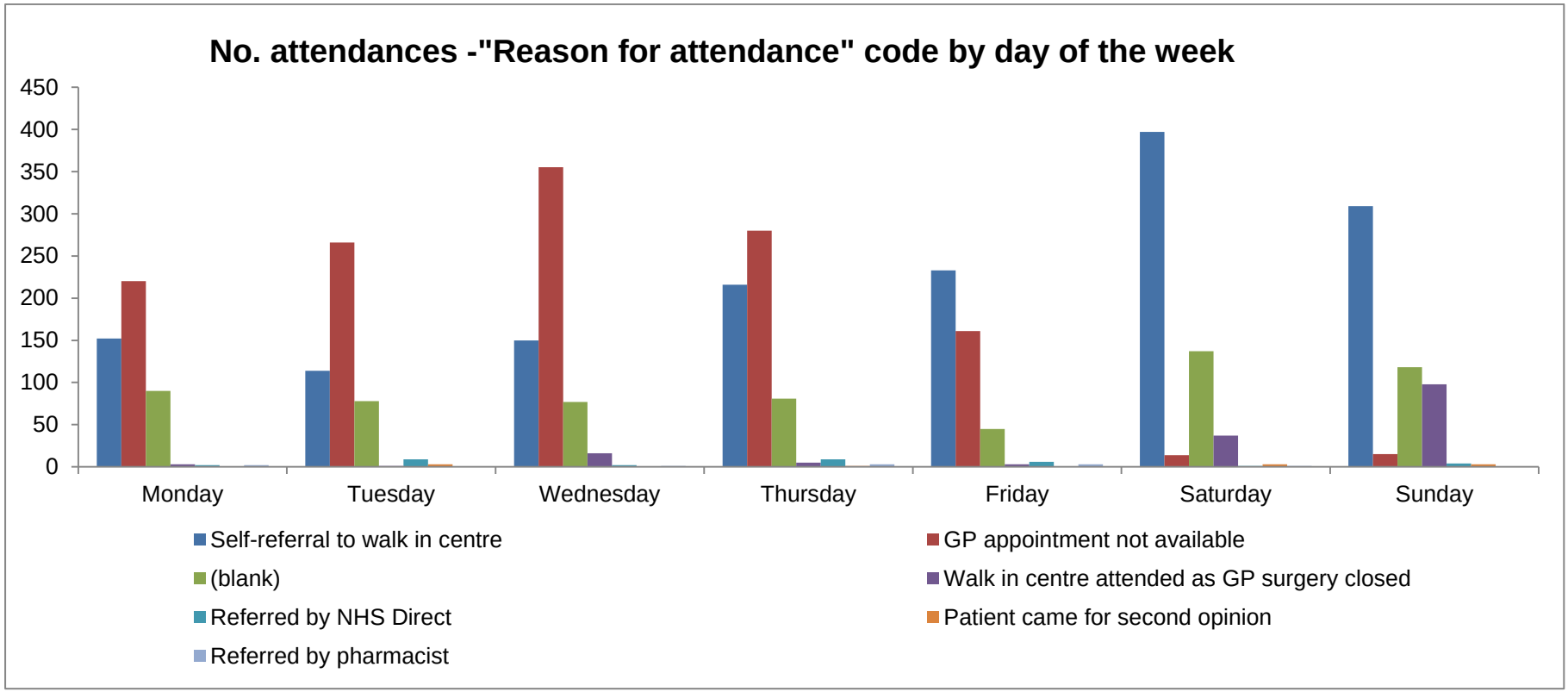


Table 12: Level of attendance at the UCC (town centre) by day of week.

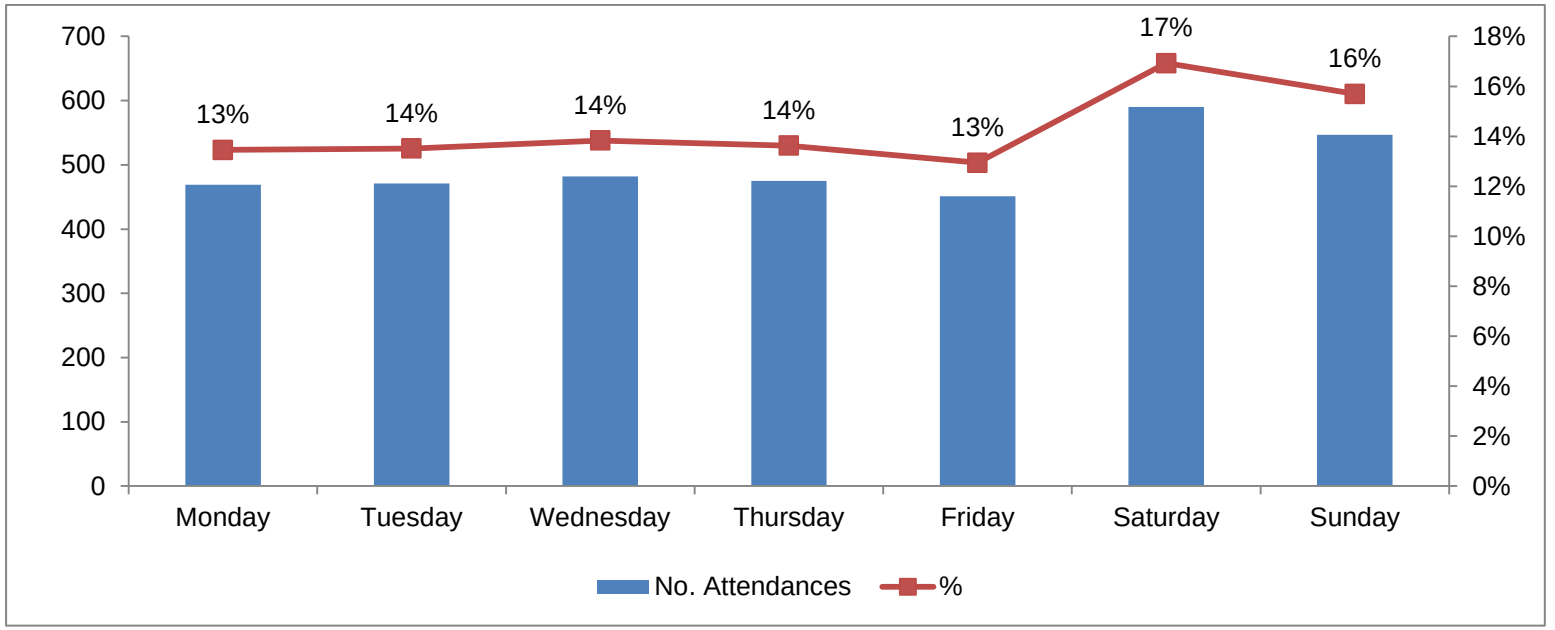


Table 13: Monthly attendance at the Urgent Care Centres from April 2016 to January 2017.

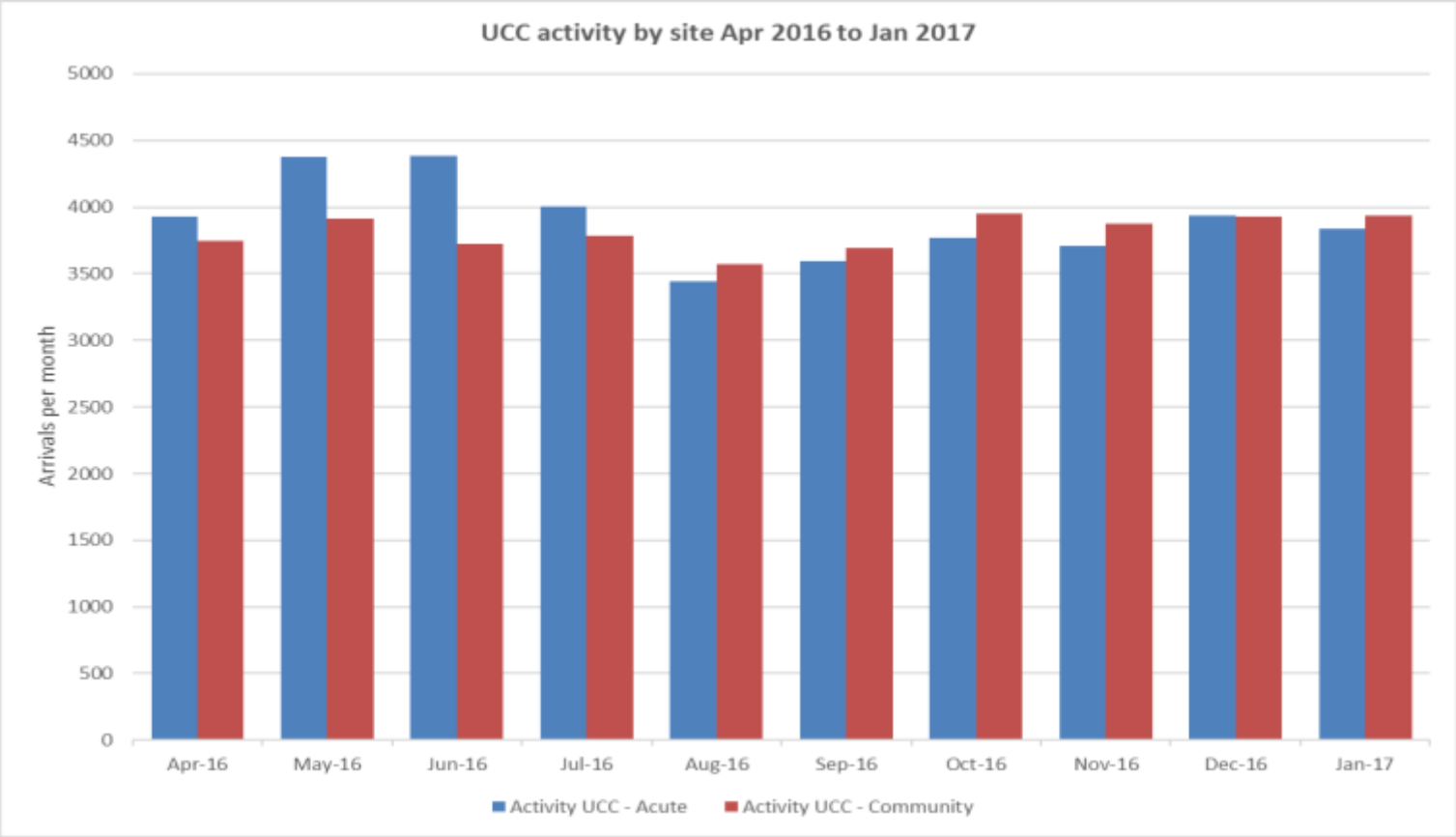


Table 14: The average number of people attending the Urgent Care Centres each hour during January 2017

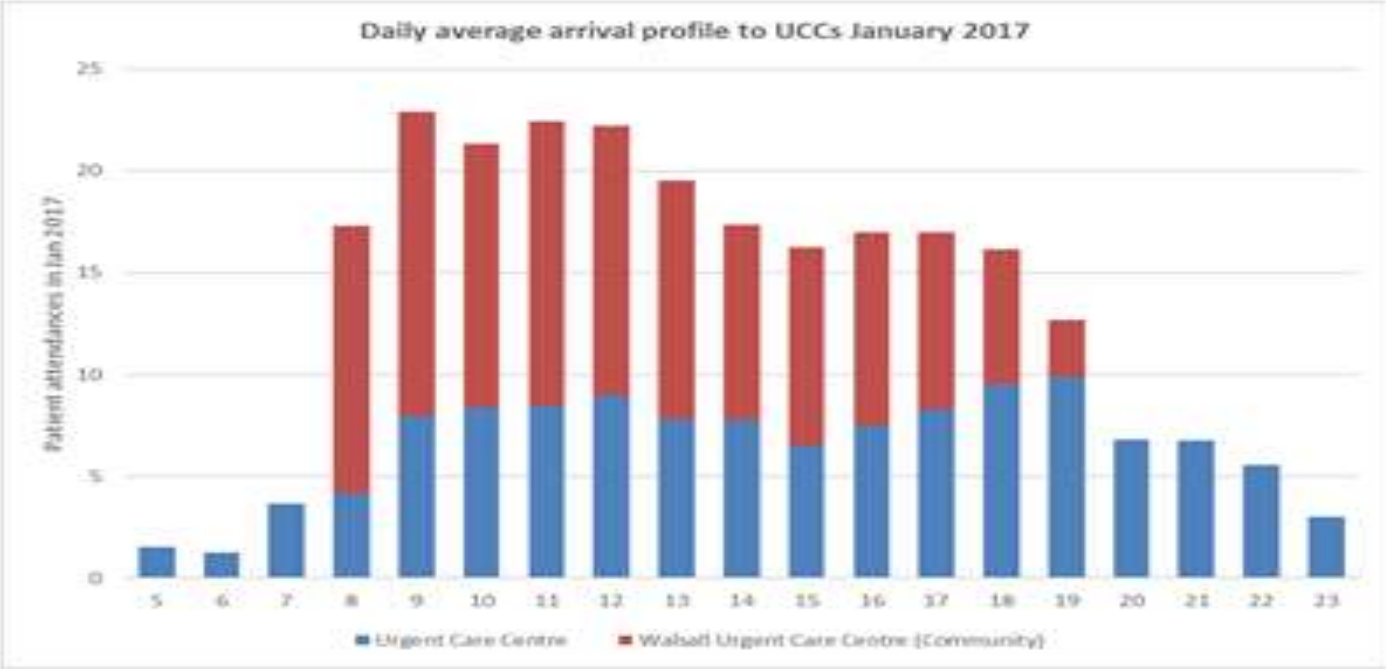


Table 15: The average number of people attending the Urgent Care Centres each hour during January 2017, where the appointment was under 10 minutes.

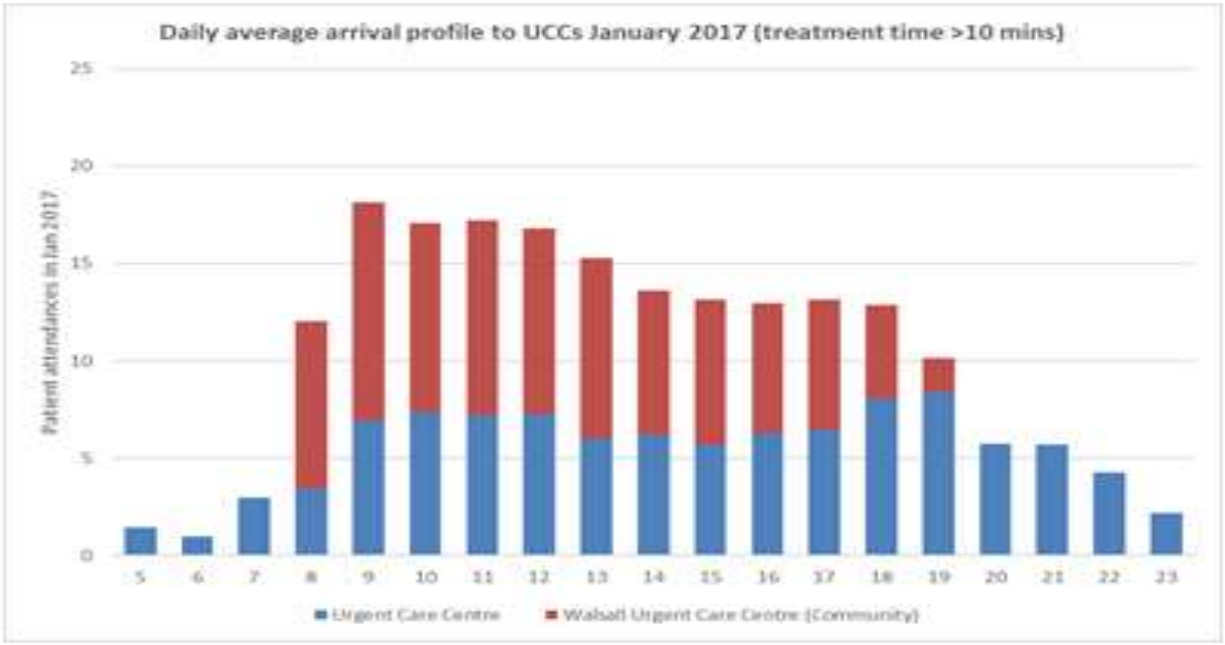


Table 16: Friends and Family Test results for Primecare Urgent Care Services as at May 2017

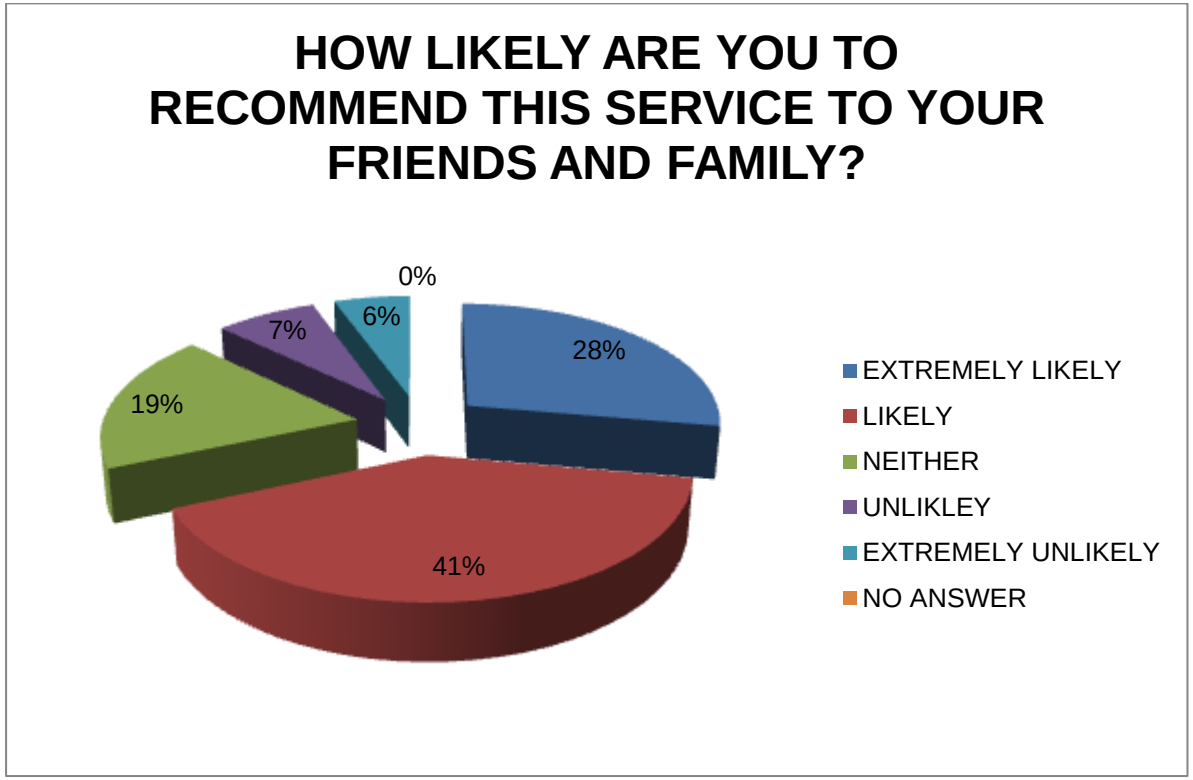
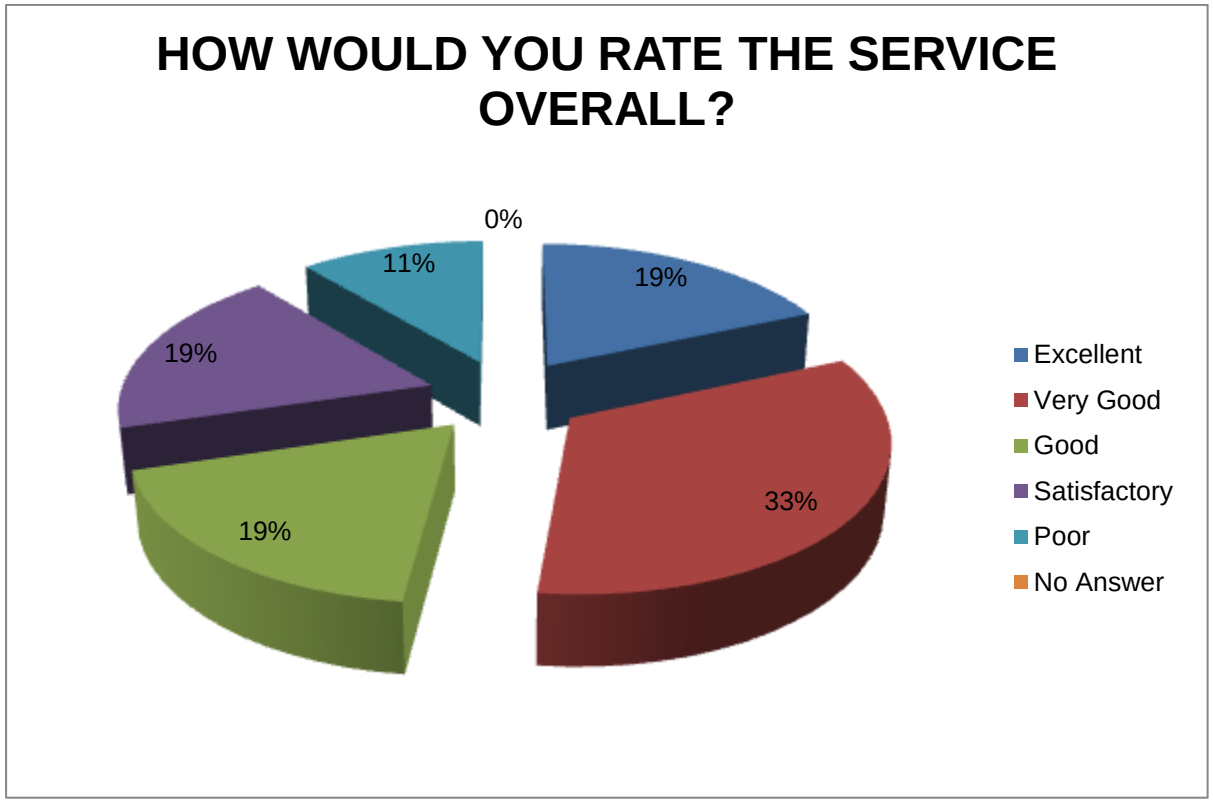


Table 17: Satisfaction rating for Primecare Urgent Care Services as at May 2017



Annex 2

Code Term	Number of Patients
Suspected UTI	116
Viral upper respiratory tract infection NOS	112
Urine dipstick test	106
Rash	93
Infected insect bite	78
Acute tonsillitis	69
Sore throat symptom	64
Chest infection	48
Dressing of wound	47
Urinary tract infection, site not specified	47
Local infection skin/subcut tissue NOS	40
Upper respiratory tract infection NOS	40
Cough	37
Viral illness	37
Had a chat to parent	35
Viral sore throat NOS	35
Insect bite NOS	34
Otitis media NOS	32
Abdominal pain	28
Ear symptoms	28
Acute conjunctivitis	27
Medication requested	25

Eye symptoms	23
Otitis externa NOS	23
Acute bacterial tonsillitis	22
Diarrhoea	21
Low back pain	21
Tonsillitis	20
Headache	19
chesty cough	18
Fever sym_12_toms	18
Wax in ear	18
Allergic reaction	17
Infection ear	17
Acute pharyngitis	16
Viral gastroenteritis	16
Conjunctivitis	15
Knee pain	15
Non-specific viral rash	15
Lower resp tract infection	14
Wound Infected	14
Upper respiratory infection NOS	13
Chickenpox	12
Gastroenteritis	12
Musculoskeletal pain	12
Acute bacterial pharyngitis	11

Boil	11
Cellulitis	11
Cystitis	11
Ear pain	11
Impetigo	11
Nursing care - dressing	11
Temperature symptoms	11
Vomiting	11
Constipation	10
Dizziness symptom	10
Foot pain	10
Abscess	9
Acute viral tonsillitis	9
Atopic dermatitis/eczema	9
Cervicalgia - pain in neck	9
Fall - accidental	9
Paronychia of finger	9
Patient pregnant	9
Shoulder pain	9
Skin irritation	9
Urticaria	9
Back pain, unspecified	8
Blepharitis	8
Earache symptoms	8

Motor vehicle traffic accidents (MVTA)	8
Musculoskeletal chest pain	8
Repeat prescription	8
Vaginal thrush	8
Allergic conjunctivitis	7
Allergic urticaria	7
Backache	7
Dermatitis	7
Emergency contraception	7
Facial swelling	7
Follow up visit	7
Oral thrush	7
Acute follicular tonsillitis	6
Acute sinusitis	6
Advice	6
Asthma	6
Athlete's foot	6
Common cold	6
Dental symptoms	6
Hay fever - unspecified allergen	6
In growing great toe nail	6
Lower abdominal pain	6
Mechanical low back pain	6
Minor head injury	6

Patient reviewed	6
Prickly heat - miliaria	6
Wheezinq	6
Wound care	6
Atypical chest pain	5
Dermatophytosis including tinea or ringworm	5
Epigastric pain	5
Nappy rash	5
0/E - infected toe	5
Other road vehicle accidents	5
Plantar fasciitis	5
Spots	5
Upset stomach	5
Urinary symptoms	5
Vaginal discharge NOS	5
Allergic reaction to insect bite	4
Ankle sprain	4
Balanitis	4
Candida! nappy rash	4
Dressing of burn	4
Eczema NOS	4
Groin pain	4
H/0: asthma	4
H/0: hay fever	4

Infected eczema	4
Leg pain	4
Pilonidal sinus/cyst	4
Scabies	4
Sinus congestion	4
Sore throat NOS	4
Swelling of eyelid	4
Vaginal bleeding	4
Acute bronchiolitis	3
Acute bronchitis	3
Acute exacerbation of asthma	3
Acute exacerbation of chronic obstructive	3
airways disease	3
Acute lymphadenitis	3
Ankle swelling	3
Blister of foot	3
Chest pain	3
Contact dermatitis	3
Contact dermatitis and other eczemas	3
ECG requested	3
Feels unwell	3
Flu like illness	3
Folliculitis	3
Fungal infection of skin	3

H/0: eczema	3
H/0: qout	3
Hand, foot and mouth disease	3
Hay fever - pollens	3
Hordeolum externum (stye)	3
Impacted cerumen (wax in ear)	3
Mole of skin	3
Mouth symptoms	3
Multiple symptoms	3
Muscle pain	3
Nasal congestion	3
Nebuliser therapy	3
0/E - expiratory wheeze	3
0/E - rash present	3
Raised blood pressure reading	3
Referral for further care	3
Rib pain	3
Sinusitis	3
Sore mouth	3
Unspecified injury of hand	3
Viral Induced wheeze	3
Whiplash injury	3
Wishes to postpone menstruatn.	3
Acid reflux	2

Acute back pain - thoracic	2
Acute gastritis	2
Acute laryngitis	2
Acute pyelonephritis	2
Alcohol problem drinking	2
Ana-l symptoms	2
Angioedema	2
Anxiety state	2
Anxiety with depression	2
Bleeding PR	2
Burns	2
Carpal tunnel syndrome	2
Chalazion (meibomian cyst)	2
Chronic obstructive pulmonary disease	2
Cold sore (herpetic)	2
Cradle cap	2
Deep vein thrombosis	2
Disorders of penis	2
Dressing of skin or wound	2
Dry cough	2
Elbow joint pain	2
Enterobiasis - threadworm	2
Eustachian tube dysfunction	2
Fear of flying	2

Flea bites	2
Foreign body in ear	2
Gout	2
H/0: depression	2
Had a discussion with patient	2
Hip pain	2
Infected nailfold	2
Leg bruise	2
Leg swelling	2
Loose stools	2
Microscopic haematuria	2
Migraine	2
Mouth ulcer	2
Neonatal sniffles	2
Nursing care - injections	2
0/E- a lump	2
0/E - dry skin	2
0/E - epididymal swelling	2
0/E - Peeling skin	2
0/E - tympanic temperature	2
Oral contraceptive	2
Otalgia	2
Other finger injuries	2
Other wrist Injuries	2

Pain in arm	2
Pain In joint - arthralgia	2
Paraesthesia	2
Paronychia of toe	2
Penile candidiasis (thrush)	2
Perianal abscess	2
Perioral dermatitis	2
Plies - haemorrhoids	2
Rash on genitals	2
Removal of skin sutures/clips	2
Removal of suture from skin NEC	2
Renal colic	2
Scarlet fever	2
Sebaceous cyst	2
Shortness of breath symptom	2
Snuffles	2
Subconjunctival haemorrhage	2
Superficial injury	2
Swelling face	2
Swollen foot	2
Swollen hand	2
Teething syndrome	2
Tendinitis NOS	2
Testicular pain	2

Thrush	2
Toe problem	2
Umbilical pain	2
Urine pregnancy test	2
Vaginal irritation	2
Verrucae – warts	2
Viral infection NOS	2
Viral labyrinthitis	2
Viral warts	2
Viral wheeze	2
Accidental injury	1
Achilles tendinitis	1
Acute abdomen	1
Acute back pain - unspecified	1
Acute back pain with sciatica	1
Acute frontal sinusitis	1
Acute maxillary sinusitis	1
Acute respiratory infections	1
Acute rhinosinusitis	1
Acute upper respiratory tract infection	1
Admission to hospital	1
Admit paediatric emergency	1
Allergic rhinitis	1
Allergy, unspecified	1

Anal pain	1
Anaphylactic shock	1
Animal bites	1
Arthralgia of knee	1
Atopic dermatitis and related conditions	1
Axillary pain	1
Back sprain NOS	1
Bacterial conjunctivitis	1
Bacterial vaginosis	1
Balanitis xerotica obliterans	1
Bee sting	1
Bell's (facial) palsy	1
Bilateral inguinal hernia - simple	1
Bleeding in early pregnancy	1
Blepharoconjunctivitis	1
Blister of hand, infected	1
Blister infected NOS	1
Blisters	1
Blood in urine - haematuria	1
Blood Pressure monitoring	1
Blurred vision NOS	1
Breast lump symptom	1
Burn of wrist or hand NOS	1
Cardiac pacemaker in situ	1

Cat bite	1
Chest tightness	1
Chest wall pain	1
Child weight=25th-49th centile	1
Chronic low back pain	1
Chronic rhinitis	1
Contusion (bruise) with intact skin	1
Corns and callosities	1
Crush injury, finger(s)	1
Depression	1
Discharging ear NOS	1
Diseases of lips NOS	1
Diverticulitis	1
Dog bite	1
Dyspepsia	1
Dysuria	1
Ear drum perforation	1
Elbow pain	1
Erectile dysfunction	1
Essential hypertension	1
Eye pain NOS	1
Feeling of lump in throat	1
Finger injury	1
Foreign body on external eye	1

Fungal nail infection	1
Furuncle - boil	1
Furunculosis of external auditory meatus	1
Gastro-oesophageal reflux	1
General aches and pains	1
H/0 : pneumothorax	1
Haematuria	1
Haemorrhoids	1
Hair loss	1
Hand pain	1
Has nose bleeds - epistaxis	1
Has tingling sensation	1
Head injury	1
Hearing difficulty	1
Hearing symptoms	1
Heat rash	1
Heat stroke or sunstroke NO-S	1
Heel pain	1
Hidradenitis suppurativa	1
Hives	1
Hypertension monitoring	1
Impingement syndrome of shoulder	1
Infected sebaceous cyst	1
Infection foot	1

Infection of penis	1
Infection toe	1
Infective otitis externa	1
Injury - self-inflicted	1
Injury arm	1
Injury toe	1
Injury toe	1
Irritable bowel syndrome	1
Ischaemic heart disease	1
Itchy eve symptom	1
Knee joint pain	1
Knee sprain	1
Laceration - lea	1
Laceration NOS	1
Lacrimal apparatus	1
Left iliac fossa pain	1
Leg cramps	1
Leg swelling symptom	1
Leg ulcer NOS	1
Lethargy	1
Loss of voice	1
Low blood pressure reading	1
Low mood	1
Lower urinary tract symptoms	1

Lump in breast	1
Lump on neck	1
Lump on thigh	1
Lymphadenopathy	1
Mastitis	1
Mastodynia - pain in breast	1
Medication review with patient	1
Menstruation disorders	1
Minor aphthous ulceration	1
Molluscum contagiosum	1
Morbid obesity	1
Morning -after Pill	1
Multiple myeloma	1
Musculoskeletal symptoms	1
Myalgia unspecified	1
Nail bed infection	1
Nail fold infected	1
Nausea	1
Neck injector	1
Neck sprain	1
Nettle rash	1
Nicole discharge symptom	1
Nits - head lice	1
Nocturnal cough / wheeze	1

Nosebleed	1
Nose running	1
0/E - a swelling	1
0 /E - blood pressure reading	1
0 /E- BP reading raised	1
0 /E - chest examination normal	1
0 /E - dry/cracked lips	1
0 /E - foreign body in skin	1
0/E - generally unsteady	1
0 /E - milk spots	1
0/E - nose crusting	1
0 /E - parotid swelling	1
0 /E - Rash absent	1
0 /E - splinter in skin	1
0 /E -cervical lymphadenopathy	1
Olecranon bursitis	1
Oral Care	1
Oral candidiasis	1
Other ankle injury	1
Other elbow Injuries	1
Other foot injury	1
Other hand injury excluding finger	1
Other otitis externa	1
Other thumb injuries , unspecified	1

Otorrhoea	1
Pain in eve	1
Pain in throat	1
Painful nipple	1
Parent reassured	1
Parental concern about child	1
Patient reassured	1
Pediculus capitis - head lice	1
Perennial rhinitis	1
Perichondritis of pinna	1
Periorbital oedema	1
Petechiae	1
Phlebitis of a superficial leg vein NOS	1
Pilonidal sinus without abscess	1
Pleuritic pain	1
Poor sleep pattern	1
Popping sensation In ear	1
Post-operative monitoring	1
Post-menopausal bleeding	1
Potty trained	1
Pruritus NOS	1
Psoriasis NOS	1
Pyrexia symptoms	1
Quinsy	1

Red eve symptom	1
Referral to G.P.	1
Respiratory system and chest symptoms	1
Rhinitis - acute	1
Rib sprain	1
Right upper quadrant pain	1
Ringworm	1
Sciatica	1
Scratch NOS	1
Seborrheic dermatitis capitis	1
Sepsis	1
Shingles	1
Sinus headache	1
Skin lesion	1
Skin tag	1
Soft tissue Injuries	1
Stress at work	1
Swelling of calf	1
Swollen foot	1
Swollen lower leg	1
Syncope/vasovagal faint	1
Tattooing of skin	1
Temporal headache	1
Temporomandibular joint disorders	1

Tennis elbow	1
Tension headache	1
Testicular lump	1
Tetanus/low dose diphtheria vaccination	1
Thermal urticarial	1
Thoracic sprain	1
Throat examination - normal	1
Thumb pain	1
Tinea cruris	1
Tired all the time	1
Tiredness symptom	1
Tongue symptoms	1
Tooth symptoms	1
Torticollis NOS	1
Travellers' diarrhoea	1
Trichiasis - eyelid	1
Umbilical hernia	1
Unilateral earache	1
Unprotected intercourse	1
Urinalysis = no abnormality	1
Verruca plantaris	1
Vitamin D deficiency	1
Vertigo NOS	1
Vulva sore	1

Vulva! irritation	1
Well baby	1
Wheezy bronchitis	1
Wrist joint pain	1

Walsall Stroke Services

Business Case for Public Engagement

CONTENTS

1.0 STRATEGIC CONTEXT

Walsall Context

The aim to reconfigure stroke services for the benefit of Walsall patients has been considered by Walsall CCG in a number of initiatives since the publication of the clinical senate review in 2012, in essence this is not a new concept for Walsall or indeed Black Country as outlined in the following timeline;

- Clinical senate review – 2012
- Stroke services reconfiguration programme – Jan 2014
- 2014 – Walsall HealthCare Trust (WHCT) and The Royal Wolverhampton Hospital Trust (RWHT) discussed proposals to merge stroke services – no agreement reached
- 2015 – WHCT completed an options appraisal of stroke services
- 2016 - Developed Black Country Alliance (BCA) proposal for stroke services to remain at trust with additional activity from South Staffordshire – not viable
- Nov 16 CCG considered stroke provision at Walsall – Five options considered by GB – Agree to engagement exercise to explore options
- Jan 17 – Big conversation undertaken across Walsall
- Feb 17 – Ongoing informal discussions with RWHT and WHCT supported trust discussions for stroke proposal to be explored.
- April 17 – Evaluation of Big conversation – Identified support for ASU/HASU as an alternative provider
- June 17 – CCG/WHCT agree stroke services not sustainable at WHCT

National Policy

The National Stroke Strategy (2007) identified that service improvements for stroke would save lives, reduce disability and make services safer for patients. The strategy identifies major stages in a stroke patients pathway and stresses a need to reorganise the way in which stroke services are delivered from prevention through to support for those who have experienced a stroke. The publication proposed a hub and spoke approach, with the hyper-acute hubs being able to deliver 24 hour CT scans and rapid thrombolysis treatment to improve patient outcomes. This approach has been successfully implemented in London, where all patients displaying stroke symptoms are taken to hyper-acute units and which has demonstrated significant improvements to patient care; in fact, a recent study found that the

service in London has directly saved an additional 94 lives per year since its inception when compared to other variations of the hub and spoke model, such as in Manchester, where only patients displaying stroke symptoms for less than four hours are conveyed to a hyper-acute unit and which has had no effect on mortality rates in the four years of operation in the Manchester area. Both approaches however have led to earlier discharges of stroke patients from hospital.

Black Country Sustainability and Transformation Plan

The proposed stroke service reconfiguration meets the Black Country Sustainability and Transformation Plan vision as described in this extract from the executive summary of the plan;

'For the future, we must transform services to adapt to rising demands. We must make the most of modern healthcare through innovation and best practice in order to change the way we spend money and use our limited resources.

We must also focus on shifting demand away from our hospitals and to a more community-centred approach. When patients need hospital care, however, it should be of the highest quality, providing specialist interventions in the right place and at the right time with less variation in the care that patients receive.

It is clear to us that our current ways of operating are unsustainable. Under our plan, individual organisations and partnerships will continue to make the improvements and efficiencies that are directly within their own control but the overall scale of opportunity will be transformed by our working together as a single system with a common interest.

At the heart of our plan is a focus on standardising service delivery and outcomes, reducing variation through place-based models of care provided closer to home and through extended collaboration between hospitals and other organisations'

The proposals laid down within this business case are fully aligned with the vision of the STP.

Local Plans

Walsall CCG Governing Body, at its meeting of November 24th 2016, agreed the following overarching principles in relation to any future provision of stroke services:

Stroke services will conform to the specifications contained in the NHS Midlands and East Stroke Services Specification, take into account the National Clinical guideline for Stroke (5th Edition 2016) and meet the following WCCG principles:

a) We will only commission services which demonstrably meet accepted clinical safety and quality standards. This must be demonstrated both within the specific clinical services; and within the wider clinical environment e.g. If stenting is to be supported then the stenting standards will have to be demonstrated but the infrastructure will need to be available in case of an untoward incident.

b) We will only pay National Tariff prices for services

c) We will not buy if the overall pathway of care has more components, more complexity and is more expensive than if we went to an alternative provider.

Additionally the CCG requires that all patients, regardless of the length of time they had displayed stroke symptoms, would be conveyed to the hyper-acute unit in the first instance, in line with the London approach referred to previously in this paper.

Walsall Healthcare Trust have explored a proposal produced by the Black Country Alliance (BCA) to consider a merged stroke services arrangement across the BCA; this has been shared with the CCG but is no longer a viable option, with the BCA unable to generate clinical resource and support for the arrangement.

Royal Wolverhampton Trust has produced a document to support the decision making process of Walsall CCG pertaining to the future possibility of Walsall and Wolverhampton Stroke services combining in the form of a single ASU/HASU located at New Cross Hospital.

WCCG has met with both RWHT and WHCT and requested that discussions with both Trusts take place to consider a more viable option between both trusts for the delivery of stroke services for Walsall residents.

2.0 THE CASE FOR CHANGE

Rationale

Good quality stroke services, as defined by the National Stroke Strategy (2007), require 7 day, 24 hour access to thrombolysis treatment and a 7 day high risk TIA clinic. These services require a reasonable scale to ensure that there is sufficient consultant coverage to provide comprehensive, sustainable services. For this reason, stroke networks across the country have reviewed stroke provision and concentrated it on fewer, larger centres. It is likely that this trend will continue as it has a direct correlation with improved outcomes for patients.

Currently all patients in Walsall CCG area exhibiting symptoms of stroke are conveyed to and dealt with by Walsall Healthcare Trust (WHCT) at the Manor Hospital, and according to the Sentinel Stroke National Audit Programme (SSNAP) report for financial year 2015/16, WHCT treated 375 stroke patients. Whilst overall WHCT was rated as ‘good’ (and ‘improving’ over the last two years), the mainly low scoring domains (D or E average) were related to the stroke unit and thrombolysis provision.

The NHS Right Care Commissioning for Value Focus Pack for Cardiovascular Disease (April 2016) shows that Walsall is in worse in a number of areas of the pathway compared to CCG’s of similar size and demographics. In the main these outcomes pertain to lack of clinical resource and lack of capital resource, in particular with regards community beds.

At present Wolverhampton and Walsall see respectively approximately 600 and 400 confirmed stroke patients each year. To be a viable Hyper acute Stroke service it is recommended that there are a minimum of 600 confirmed stroke patients each year. For Walsall Healthcare Trust the income from activity of 400 confirmed stroke patients is insufficient to fund staffing levels to meet the HASU requirements and there is no potential to

increase stroke numbers in future, despite considerations of patient flow arising from other stroke reconfigured areas eg: Burton.

NHS England previously wrote to all providers of urgent care network specialist services requesting an audit of compliance against the seven day services standards for acute stroke, STEMI heart attack, major trauma, emergency vascular and paediatric intensive care services. The aim of this audit was to identify those individual services where attention and action was needed to ensure that all patients requiring services for stroke receive the best possible care on a 24/7 basis. The results of the audit have identified that WHCT are below the standard expected for time to first consultant review (60% not met) and Ongoing consultant-directed review (40% not met). Whilst the formal response from the trust to how it will manage to achieve these standards by November 2017 is awaited, it is expected to advise that it is not able to meet these standards, again due to reduced numbers and the inability to fund and support the clinical capacity required by that time, and the service is therefore unsustainable.

Sentinel Stroke National audit programme (SSNAP) figures have thrombolysis rates for Wolverhampton and Walsall at 14.5% and 10.5% respectively for 15/16. With Service unification we would expect to see the thrombolysis rate for Walsall patients improve as they would be thrombolysed at the RWHT rate. Furthermore after rationalisation of Hyper acute services in London, the stroke thrombolysis rates significantly improved with some centres achieving 20%. We would expect to see the same pattern and therefore expect the thrombolysation rate for the whole Wolverhampton/Walsall population to increase above current rates towards 20%.

Walsall and RWHT would have access to the same thrombectomy pathway, at present the local pathways are at Stoke and University Hospital Birmingham; this would require a defined and commissioned pathway.

With respect to Stroke consultant workforce in Wolverhampton there are 4 WTE consultants and at Walsall there are 2 WTE consultants. The British Association of Stroke physicians (BASP) recommend that a 24/7 Hyper-acute stroke service should consist of at least 6 WTE consultants. Combining two cohorts of consultants will improve the availability of senior decision making cover and more importantly achieve the compliance requirements for seven day services.

There would also be a larger pool of stroke trained nurses to help drive forward the required standard of care. RWHT already has 7- day physiotherapy and occupational therapy which would be maintained, through this process 7- day Speech and language therapy access would also be achieved. The sharing of patient time and therapy spaces can only realistically be achieved in a single unit, preferably one physically laid out to mimic a patient's journey towards recovery. For this to be realistic a capital investment scheme for RWHT has been submitted. Whilst the movement to RWHT is not predicated on the achievement of the bid, it does offer all of the benefits that delivery through a single unit would support. The current arrangement at WHCT would require significant investment and work to enable a like for like unit on this site.

The key requirements to be delivered within the Stroke Services Service Specification:

- A 7 day/24 hour stroke physician led service – *Not possible in WHCT without increasing stroke numbers and increased consultant and specialist nurse capacity.*
- Direct admission to a HASU within 4 hours - *Not possible in WHCT without increasing stroke numbers and increased consultant and specialist nurse capacity.*
- Brain imaging (MRI/CT) within an hour with skilled clinical interpretation to be available 24/7 - *Not possible in WHCT without increasing stroke numbers and increased capacity.*
- 24/7 access to thrombolysis, - *Not possible in WHCT without increasing stroke numbers and increased consultant and specialist nurse capacity.*
- Enhanced staffing levels of stroke specific trained MDT - *Not possible in WHCT without increasing stroke numbers and increased consultant and specialist nurse capacity.*
- Door to needle time less than 60 minutes
- Combined Hyper acute & ASU
- Access to ESD and appropriate long term care support – *Will require review and additional investment to support capacity required.*
- Goal led inpatient rehabilitation for appropriate patients
- Access to TIA clinics, with consideration of a local TIA clinic in Walsall

Early supported discharge is a key element of the overall stroke pathway, including rehabilitation. The current ESD for Walsall results in stroke patients sustaining an increased length of stay in an acute hospital bed due to the non-availability and investment of specialist community provision.

WHCT is to provide Early Supportive Discharge (ESD) and community pathways for Walsall patients and it is proposed that WHCT to host TIA clinic with clinical provision by RWHT. Given the case for change discussed it may be reasonably concluded that stroke services for Walsall are not sustainable with the current arrangements.

3.0 OPTIONS WITH CCG EVALUATION

At the Walsall CCG Governing Body meeting on November 24th 2016 it was resolved *that 'The Governing Body also gave approval to explore all options, including engaging with RWHT on options with them'.* Subsequent CCG discussions with RWHT and WHCT, and discussions between both Trusts, have led to Option 5 becoming the emerging preferred option between all three organisations, and supported by Wolverhampton CCG. Other options considered and discounted by the CCG include:

1. **Maintain status quo** - continue to operate a HASU service, using existing WHCT infrastructure and staffing, with resolution of the gaps as finances allow.

   CCG comment: This option is no longer sustainable, the current service delivery model would continue to be only partially compliant with the HASU specifications, in particular with regards overall stroke activity being less than nationally recommended, consultant

capacity limited and no arrangements in place for community stroke rehabilitation beds and lacks system resilience with regards 24/7 cover.

2. **Financial investment by WHCT**, in a phased approach, to 'fill' the key gaps in the current HASU service delivery model to satisfy the HASU specification requirements and achieve the required performance.

   CCG Comment: This option would require additional funding and investment by WHCT to recruit additional staff to bring the service up to the acceptable HASU standard (as much as £650K) with the CCG possibly asked to provide funding for approximately 22 additional beds in community care. Given the current financially challenged position of both trusts this is not a current option. The comment in Option 1 regarding the CQC report is also applicable here.

   The option also only becomes viable if there is an increased attendance to 600 stroke patients per year. The report asserts that the additional attendances would come from the proposed withdrawal of stroke services by Queens Hospital Burton, and the opening of the Midland Metropolitan hospital in Birmingham, however, it has recently become apparent that stroke services in Burton are to continue due to Burton and Derby hospitals working more closely together, so the anticipated numbers attending Walsall Manor are unlikely to materialise, thereby making this option unviable.

3. **Fusion of capabilities** with Black Country partners under a 'Black Country Alliance' proposal that will be 'utilised' to 'share' staff to fill WHCT gaps to enable WHCT to satisfy with the HASU specification requirements and performance targets.

   CCG comment: the comments relating to option 2 above are applicable here, with the added complication that this option is out of step with the move towards an STP footprint for the Black Country, as the Black Country Alliance does not include Royal Wolverhampton Hospital Trust, a provider that some Walsall patients, particularly on the West of the borough naturally flow to.

4. **Outsource the HASU service to Royal Wolverhampton Hospital** (RWHT) with patients being repatriated back to the WHCT ASU to provide on-going acute bed based care. The community stroke services will be provided by WHCT.

   CCG comment: The implementation of this option would entail the apportioning of the national tariff for stroke between the hyper acute and acute phases of the pathway. The report indicates that the pathway apportionment generally operates on a 70/30 split, so this may bring into question the ability of WHCT to provide the acute part of the pathway on 30% of the tariff. Negotiations for similar arrangements in other areas of the region concluded that, even with a 60/40 split of tariff, it is financially unviable for the Provider of the acute part for the pathway. The business case for the same set of negotiations also placed the cost of a two site option at around 40% above the national tariffs for the whole pathway.

There becomes a further option for the governing body to consider that might satisfy the requirements of the relevant specifications, guidance and principles referred to in the introduction, which is;

5. **Walsall CCG actively considers commissioning Royal Wolverhampton Trust** (RWHT) to provide both Hyper-acute and acute parts of the Stroke pathway for all Walsall patients, thereafter Early Supportive Discharge and a Community Stroke Service provided by WHCT. (**Preferred Option)**

   CCG comment: This option seems to be the most viable in the current circumstances to provide a stroke service for Walsall patients that complies with our CCG overarching principles described earlier in this paper, satisfies the comments made by the WM clinical senate report (Oct 2015): 'The panel are of the view that co-location of HASU and ASU across all units does and will improve integration of acute stroke care and patient flow in the acute phase and, on that basis, will work towards that the proposed service standard of transfer from HASU to ASU at 3 days and discharge / repatriation at 7 days', and would be in line with the move towards an STP footprint for the Black Country.

   If RWHT were commissioned to provide a HASU/ASU service, it is envisaged the success of centralising HASU/ASU services by Heart of England FT could be replicated here. RWHT indicate that the annual flow would increase to around 1,100 patients per year, and they are confident they would be able to cope with these numbers.

Impact and benefits

Placing patients on the correct pathway (Hyper-Acute or Acute and ESD) will maximise the likelihood of best possible outcomes and allow for resources to be used effectively. The general expected outcomes are:

- Improved outcomes for stroke patients, by reducing the levels of death and disability following a stroke consultation
- Improved patient experience and enhanced recovery following a stroke,
- A single service that is sustainable and provides good value for money through effective use of resources,
- Equitable access to Stroke services and quality care across the region,
- Provide a fully integrated, end-to-end stroke service for NHS Midlands and East.
- Implement the recommendations of the National Stroke Strategy.
- In line with the requirements laid down from STP

These gains will partly arise from improved quality of outcomes for Walsall patients but also from economies of scale and the 'hub and spoke' model of specialist care that is proven to give better outcomes for patients.

Capital will be required to create a single stroke facility with flexible bed stock for HASU and ASU elements to be combined, TIA clinics, some degree of rehabilitation and pre-discharge and potentially direct access for Stroke patients brought in by ambulance.

Implications for wider urgent and emergency care system

Confirmation required with WMAS that suspected stroke patients would be conveyed to RWHT on each occasion – ongoing discussion with WMAS.

Potential additional investment to support this arrangement is under negotiation, but worse-case scenario identifies an additional investment of £250k,

Consideration also needs to be given to North Birmingham patient flow and Sandwell patient flow, with approx. 50 and 60 patients per annum currently treated by WHCT. There would be capacity at RWHT to treat these patients, if required, however, support for ESD would need to be established by the receiving trusts and is also a consideration of the proposed revised arrangements.

4.0 STAKEHOLDER AND PUBLIC ENGAGEMENT

Public and patient engagement

On 24 January 2017, NHS Walsall Clinical Commissioning Group (CCG) launched a seven week pre-public engagement exercise - The Big Conversation.

The purpose of the exercise was to engage with people in Walsall on their views and experiences of health care services and also share ideas for future healthcare delivery to ensure we have sustainable, quality services that are affordable and fit for the future.

One of the main areas of focus for public engagement was Stroke services - To consider how complex care could be delivered differently to reduce the demand for hospital services such as stroke.

Public events

Three public events were held in separate venues across Walsall. In total 173 people attended. The events were advertised via GP surgeries, email newsletters, posters, leaflets, the CCG website, through the local media, social media and through partner communication networks.

The first event was held at Walsall Town hall and focused on setting the scene and updating the public on the CCGs financial situation and other local challenges. Attendees then broke away into smaller discussion groups looking at one of following areas; Walsall Together, Urgent Care, Stroke, Primary Care.

The second event was held at Rushall Community Centre and the main focus was on Walsall Together and primary care only.

The third event was held at Moxley People's Centre and the focus was on stroke and urgent care services.

Community Outreach – Big Conversation Camper Bus

A camper van was commissioned by the CCG to go out into various communities across Walsall. Staff from the CCG and Health watch representatives spoke to members of the public and handed out surveys. Ten venues were visited over a 7 day period, including a weekend.

Voluntary and community organisations were given the opportunity to have a visit from the Big Conversation Bus. Some of the venues that were visited include supermarkets, a place of worship, a leisure centre, libraries and markets.

Alongside the staff, a camera crew invited members of the public to give their feedback on camera. Over sixty three people participated in total.

Walsall CCG Patient and Stakeholder Advisory Group

The main role of the Walsall CCG Patient and Stakeholder Advisory Group is to ensure that the CCG undertake meaningful engagement with patients and public. The group were invited to help shape the engagement plan and kept informed of activity throughout. They were also asked to support the exercise and share the material and messages through their own communities and networks.

Focus groups

Health watch Walsall held 6 focus groups with 112 children in schools across Walsall. The children completed a questionnaire and had discussions about the different areas.

Patient Representative Groups (PRGs)/ Patient Participation Groups

GP practice PRGs were also enlisted to promote the engagement document in their practices. Practice Managers and PRG/ PPG Chairs promoted it within their surgeries and helped members of the public complete the questionnaire where necessary.

Copies of the engagement document were also distributed at the Patient Participation and Liaison Group meeting with is made up of Chairs and Vice-chairs of PPG/ PRGS across Walsall.

Posters/ leaflets / Publications

Promotional material was produced to raise awareness of the public events.

Communication about the engagement exercise and electronic copies of the engagement survey were sent to the CCGs stakeholders list which includes local GPs, MPs voluntary sector, CCG partners and providers.

Media coverage

Regular press releases were issued to the local media and the CCG secured two interviews with Made in Birmingham Television, an article in the Walsall Advertiser and a feature on local community radio station, Ambur Radio. Ambur Radio is the largest multicultural community station in the West Midlands, broadcasting in English, Hindi, Punjabi, Urdu, Bengali and Gujarati to over 200,000 live listeners and over 140,000 online each day.

Articles were also featured on websites and in newsletters from Health watch Walsall, Walsall Healthcare NHS Trust, Walsall Council and Dudley & Walsall Mental Health Partnership NHS Trust.

Social media

Throughout the campaign, the CCG regularly tweeted key messages, communication materials and photos from engagement events using the hashtag #Bigconversation. A total of 63 tweets were sent to over 5,500 followers, which had a potential total reach of 144,000. Messages have also been retweeted by staff, partners, local media and followers.

Website

Dedicated web pages were set up on the CCG's website: http://walsallccg.nhs.uk/be-involved/the-big-conversation

The feedback in relation to stroke to this engagement is as follows;

Stroke Services	
If a relative of yours required care for a stroke, what would be the most important things you would look for?	• Quick response • F.A.S.T • Compassionate people to care for the patient • Appropriate care for family and friends • Look for quality care • Recovery • Prefer to go to New Cross Hospital • Expertise of staff • Physio and Rehabilitation • Speed of being treated • Concerned about aftercare and the finances that go with it • Daily care • Whether there's a lack of support
What are the most important things for the CCG to consider when buying stroke	• Listen to what the public are saying • People want to know what's going on • There's not much in place for patients at home • Doctors being overstretched • Ensure that ambulances can accommodate all cases • Availability to those who need them

support services?	• Good care for patient and families • Easy access • Ensure patients don't feel like a statistic, be more personal • Ensure aftercare won't fully be provided • More local services • Ensure services are easily accessible for those with mobility issues • Hospital departments to meet patients in the community
Stroke Services	If a relative were to suffer from a stroke the most important main priority is fast, effective care with good quality outcomes.
	Good value for money was also an important factor for the CCG to consider alongside the above points. Effective local rehabilitation services with consistency of care was a key theme.
	It was felt the CCG need to consider more patient education on prevention of stroke and raise awareness of the national stroke campaign locally.
	Stroke care does not necessarily have to be in the Walsall area however travel time, road networks and good transport links all need to be considered.

Engagement with OSC

Walsall Health Overview and Scrutiny Committee

The public engagement plan for the Big Conversation was shared with members of Walsall Health Overview and Scrutiny Committee for comments and feedback on the 10th January 2017.

All councillors were also invited to the public events and given the opportunity to complete the questionnaire via the local authority communication channels.

Plan for public engagement

We will be working closely with colleagues at Healthwatch Walsall to engage with local people.

We are proposing our engagement exercise will take place over six weeks starting from 14th August to 22nd September. To ensure we can be as inclusive as possible, we plan to carry out a range of engagement activity which will include a mix of public events, focus groups, social media, production of easy to read and jargon-free material and questionnaires to gather views. A comprehensive plan for public engagement will be prepared with the involvement of the CCGs Patient Advisory Group, which is made up of a range of patient representatives, representatives from a local faith group and the third sector. The types of engagement activity we will carry out are listed below.

As part of our plan we will also make sure that following the engagement exercise, a communications campaign takes place to inform the public and patients of the outcome.

Engagement Activity:-

1. A suite of engagement material will also be prepared with the input of our Patient Advisory Group:
    - A plain English, jargon-free engagement booklet will be available online and as a hardcopy. Versions in different languages will be available on request.
    - An easy-read version will also be produced and distributed to public buildings such as GP surgeries, leisure centres, libraries and community centres.
    - Leaflets will be distributed via the CCGs networks including the third sector
    - A hardcopy and online questionnaire will be produced to capture feedback. This will be tested with our patient representatives before publication.

2. Face-to-face events with a chance to ask questions and hands-on support to complete the questionnaire:
    - A series of drop-in sessions at locations across Walsall where people can find out more about the proposals and give feedback
    - With the support of our Patient Participation Groups (PPGs), we will be canvassing patients to give their views at GP surgeries.
    - Focus groups will take place in schools, third sector groups targeted at people with long- term conditions, carers, mums, homeless people etc.
    - An offer to all local groups of a speaker from the CCG to come out to one of their meetings, explain the proposals, and seek feedback.

3. Web-based engagement activity to reach a wider audience will take place:
    - A social media campaign signposting to the engagement material
    - A dedicated web portal will be set up to access all engagement material and the questionnaire
    - A short video outlining potential changes and how people can get involved will be produced

4. Promoting the involvement opportunities will be a key part of our plan to encourage people to participate:
    - Communication in the local media outlets
    - Flyers and postcards, publishing newsletters, posters and banners

The comments made by participants in the ‘Big Conversation’ public engagement earlier in 2017 have been taken into account and help form the basis of the proposed public engagement on the future of stroke care services.

As mentioned previously the Overview Scrutiny Committee (OSC) was involved in the engagement exercise in 2017. Subject to Governing Body approval of this business case the CCG plans to meet with the Overview and Scrutiny Committee in July 2017 to present the plan for further engagement which is proposed to take place during August and September 2017.

5.0 DELIVERABILITY

Hyper-acute Stroke Unit and Acute Stroke Unit

At RWHT common improvement themes include:

a. Strengthening the delivery of CIP
b. Ensuring the delivery of safe high quality services
c. Ensuring the delivery of national targets for Urgent and Emergency Care, cancer and referral to treatment time

These improvement priorities do not present risks to the delivery of the project. Centralisation of Stroke services and the resultant increase in staff members and availability of the Stroke Team on one site will improve the likelihood of the Trust meeting the national target for Urgent and Emergency Care.

The scheme is intended to support providers to deliver safe, effective clinical care of patients with a potential and actual diagnosis of Stroke.

A capital investment bid has been made by RWHT to enable the centralisation of ASU/HASU arrangements within the trust, the option is not predicated on the capital investment though.

Early Supported Discharge and Community Pathway

There is a requirement to review community capacity for Walsall, there is currently no community based facility to support ESD and no community bed stock, current arrangements are delivered through excess bed days being incurred at the trust due to the lack of any community provision. Initial planning assumption has identified the requirement for approx. 12 (To be Determined) community beds and a defined supported discharge pathway.

The development of the integrated intermediate care model provides a sound base for the principles of early supportive discharge to be made. It is expected this pathway will provide the basis on which the ESD pathway can be implemented.

The likelihood of community stroke bedstock being delivered through a dedicated stroke community building is limited, although some potential areas will be explored. The likely arrangement will be a supportive MDT arrangement delivered through an independent sector care home in Walsall. Costings for such arrangement are to be worked through, but will be expected to be offset by the reduction in LOS and potential closure of the dedicated stroke ward.

It is worth noting, Walsall does have a proven track record of high quality care being delivered through the care home sector and works well with the sector to ensure standards are consistently high and deliver the requirement of such services.

Procurement and contracting

CCG to contract directly with RWHT for the provision of the Hyper acute and acute parts of the stroke pathway, and to contract directly with WHCT for the stroke Early Supported Discharge and Community Rehabilitation services.

Finance & Activity (Capacity and Demand)

Initial investigations into the activity consequences of the transfer of the service from WHCT to RWHT have identified a number of areas of the pathway which require clarification.

Further work will be undertaken to identify activity levels relating to all aspects of the WHCT stroke service (HASU, ASU and ESD). This will inform negotiations between RWHT and WHCT regarding the unbundling of the national Payment by Results stroke spell tariff into pathway element payments.

This work will also identify related non-stroke activity (mimics) to ensure that appropriate capacity and patient pathways are identified.

Indicative implementation timeline

- Stroke business case to CCG Commissioning Committee June 17,
- Governing Body consideration of public engagement business case 4th July 2017
- Stroke paper recommending non sustainability of stroke services to WHCT board 6th July 17
- Presentation of business case proposal to Clinical Senate July 19th
- Presentation of business case proposal to Overview and Scrutiny Panel July 20th
- Engagement of proposal to commence August 17
- Agreement on proposal by CCG – 26th September 17
- Revised service mobilised and in place April 18

Risk and Mitigation

Commissioning risks and mitigations are set out as follows:

Risk	Mitigation
ESD Pathway not established	Principles of new integrated Walsall I.C model supports ESD
Community provision not in place	Independent sector capacity available Potential to secure dedicated site in Walsall quickly
Capital bid not approved for RWT	To consider alternative estate arrangements
Sustainability of clinical staff at WHCT during transitional period	WHCT have worked hard to ensure divisional clinically led decision and involvement
Consultation exercise fails to support proposal	Providers will review the sustainability of stroke services over the short to medium term
Travel time to RWT exceeds therapeutic requirement	Public Health supporting analysis

There are potentially additional risks identified for WHCT and RWHT, these will be managed locally by each trust in the first instance. Once agreed a project board utilising PRINCE2 methodology will be established, a full risk and mitigation log will then be held by the project team during any transition.

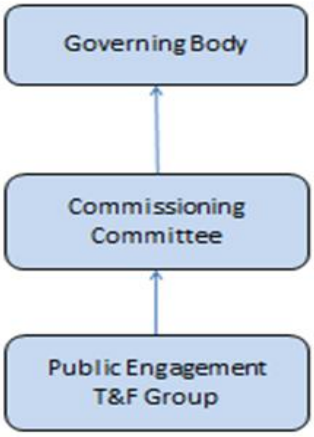
The potential risk to workforce, both in ensuring appropriate recruitment and any potential impact on existing workforce, in particular potentially destabilising medical capacity at WHCT and the potential knock on effect for junior doctor placements is considered to be both a local trust issue and one requiring a network view and solution. It is likely through the forthcoming period, that there will be significant impacts on the workforce of the Black Country and as the STP arrangement progresses and vertical integration develops this will require a wider system and overall network view to ensure ongoing stability and sustainable services through transformation.

6.0 GOVERNANCE

Decision-making

In Walsall CCG the development of commissioning strategy and plans is the responsibility of the Commissioning Committee, with the final decision on the proposals being made by the Governing Body. Both CC and GB have stipulated a requirement to ensure appropriate and relevant engagement prior to any decision being agreed, this includes dialogue with all relevant stakeholders and OSC.

Consultation Governance Framework



- **Public Engagement T&F Group** - in addition to relevant CCG staff, group includes representation from the patient voice panel, patient advisory group, , Healthwatch and Patient Representation Groups. Input from Equality & Diversity. T&F Group will identify and manage risk and escalate when outside scope of influence. Scrutiny of proposal from Consultation Institute, NHSE and Walsall Overview & Scrutiny Committee
- **Commissioning Committee** – main function are to approve the public engagement business case; receive assurance from T&F group that engagement plan is implemented on time, and that risks are recorded and managed; to receive escalated risks for mitigation.
- **Governing Body** - Ensure compliance with the statutory duty to involve the public in commissioning decisions, Equality Act. Director of Commissioning is Lead Sponsor and Chief Nurse is the Clinical Engagement Lead

Once the reconfigured stroke service has been agreed the CCG will receive assurance on performance issues via the contract mechanism and will ensure the service is safe and effective through programmed Clinical Quality Review meetings. There will be an agreed set of Key Performance Indicators to measure the service against which will support the effective monitoring of services, these will form the basis of a revised and robust service specification.

In addition the stroke service at RWHT has a robust governance structure that meets the requirements set out in the Trust's Clinical Governance Strategy. The Trust delivers its clinical and operational services through a Divisional and Directorate structure. Within the directorate-level structure there are three core meetings which look at performance, measurement and improvement of the stroke service. Existing arrangements between

WHCT and CCG will be reviewed to ensure fit for purpose and reflective of any revised arrangements.

Equality Duty

The impact on those people with protected characteristics has been taken in to account in developing the options for public engagement, and has been informed by the Equality Impact Assessment for the Birmingham, Solihull and Black Country Stroke Review published in June 2014.

Whilst the focus of the public engagement will be mainly of the service users and their immediate family or carers as any changes to stroke care must consider the ease of access relatives/friends/carers have to stroke patients. The impact of this proposal on users of this service is relatively small, given that they will invariably be conveyed to hospital under blue light conditions. There is likely to be an impact, in terms of increased travelling time, for relatives visiting the hospital, however the impact will be dependent upon where they reside in Walsall and the duration of the patient stay in hospital. It is important that the protected characteristics groups are covered in the public engagement. This will be included in the engagement plan and the updated equality analysis assessment.

The provision of Stroke Services will meet national standards for access to all groups that are required of all NHS funded services.

Four Tests of Service Reconfiguration

Four tests of service reconfiguration are set out in the Government mandate to NHS England. These are: strong public and patient engagement; consistency with current and prospective need for patient choice; clear, clinical evidence base; support for proposals from commissioners. The government's four tests of service reconfiguration are:

Strong public and patient engagement.

See Section 4: There has been ongoing public and informal engagement on the future of stroke services. The public engagement exercise in January to March 2017 had public and patient involvement in the form of Healthwatch, Patient Representation Groups and the Patient Advisory Group. Planning for the formal engagement to take place from July 2017 has the same level of public and patient involvement. Political and stakeholder engagement is a key feature of this arrangement.

Consistency with current and prospective need for patient choice.

See Section 1: National policy for stroke service care is to deliver the key requirements contained within the Stroke Services Service Specification (NHS Midlands & East) to patients suspected of suffering a stroke. Currently WHCT are currently only partially compliant with the specifications for hyper acute stroke services. The case for change has identified that WHCT is no longer a sustainable organisation to deliver stroke services for local people and to a certain extent choice of provision is therefore limited. That said a public engagement exercise is planned to consider the impact for patients should the option be supported. The initial engagement exercise has identified that patients priorities centre

around high quality services, 24 7 day a week and the destination of these services is less significant as long as they remain local i.e.: Black Country.

Clear, clinical evidence base.

National guidance as cited in section 1 sets out the clinical case for the implementation of a hyper acute and acute stroke service in line with the NHS Midlands & East Stroke specification. Centralisation of hyper-acute stroke care has the potential to improve health outcomes, including mortality, by increasing thrombolysis rates, and possibly through the concentration of expertise and treatment of higher volumes of patients. The specification to be delivered through RWHT will be fully reflective of the NHSE Midlands and East Stroke Services Specification and therefore wholly evidenced based.

Support for proposals from commissioners.

The CCG is leading this formal engagement on changes to stroke care services and is fully supportive of the option being considered. In addition the proposal is in line with the requirements laid down within the STP arrangement for Black Country and therefore in support of a wider commissioning system view.