

23 July 2015		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
The future of the Thurrock walk-in service		
Wards and communities affected: All	Key Decision: Key	
Report of: Beata Malinowska, Senior Consultant, NEL CSU – Walk in service project lead for Thurrock CCG Presented by Don Neame, Director of Communications, NEL CSU		
Accountable Head of Service: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG		
Accountable Director: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG		
This report is Public		

Executive Summary

This report provides a summary of the findings and feedback from both pre-consultation and public consultation processes which informed the Thurrock CCG's decision to close the walk-in service from April 2016 and reinvest the funds in four GP hubs across Thurrock.

The report includes evidence of the completion of the public consultation plan as presented to HOSC on 13 January 2015 which is included in Appendix A.

- 1. Recommendation(s)**
 - 1.1 To note the decision of the Thurrock CCG Board to decommission the Thurrock walk-in service from 1 April 2016 and reinvest the funds in the four GP hubs across Thurrock.**
 - 1.2 To note the full completion of the communications and engagement plan which was implemented during the public consultation process.**

2. Introduction and Background

- 2.1 Thurrock CCG currently commissions one walk-in service based in Thurrock Health Centre, Grays, to serve its population of 161,000. The contractual arrangements for this walk-in service are tied with the provision of services for the GP practice registered list which is commissioned by NHS England. Thurrock Health Centre opened in March 2010 as part of the then national programme which required each Primary Care Trust (PCT) area to open a GP-led Health Centre (GPLHC).
- 2.2 Following changes to the NHS set out in the Health and Social Care Act 2012, the CCG is now responsible for the walk-in element of the contract with Thurrock Health Centre, whilst NHS England retains responsibility for the GP practice registered list.
- 2.3 The approaching end of the contract provided Thurrock CCG with an opportunity to review the model of care provided by the walk-in service, as well as its overall alignment with the CCG's and national strategies for both urgent and primary care.
- 2.4 To capitalise on this opportunity, in 2014 Thurrock CCG conducted a robust analysis of the current use of, cost of, and patient satisfaction with, the Thurrock walk-in service. In addition, local access to primary care and attendance rates at the A&E at Basildon and Thurrock University Hospitals FT were also examined to set some context to the landscape in which the walk-in service operates.
- 2.5 In advance of the public consultation process which started on 2nd February 2015, Thurrock CCG presented to the HOSC at its meeting on 13th January 2015 for comment and noted the following:
 - A summary of the pre-consultation engagement which included clinicians and patients and patient representatives.
 - Analysis of the effectiveness and impact of the current services provided by the walk-in service in Thurrock Health Centre in Grays.
 - Three options for the future of the walk-in service which were developed on the basis of the data analysis as well as the engagement process that the Thurrock CCG conducted in 2014:

- Option 1: Re-tender the service on the current specification
 - Option 2: Re-tender with a new specification for the service
 - Option 3: Decommission the walk-in service and reinvest in four local GP hubs (preferred option, selected by a scoring panel in November 2014)
- Whilst the change was assessed not to be significant, Thurrock CCG proposed an eight week consultation period under section 14Z2, Health and Social Care Act 2012 which was noted by the HOSC.

2.6 HOSC members were also asked to comment and note the public consultation communications and engagement plan which was supported and agreed with no changes.

2.7 From 2 February to 24 March 2015, Thurrock CCG conducted a robust and transparent public consultation process in line with section 14Z2, Health and Social Care Act 2012.

2.8 At its governing body meeting held in public on 27 May 2015, the Governing Body members of Thurrock CCG received an independent analysis and report (Appendix D) and considered the findings and feedback from the public consultation process, together with the findings from the walk-in service data analysis and pre-consultation engagement. It made a unilateral decision to support Option 3 which is to decommission the walk-in service and reinvest in four local GP hubs.

3. Issues, Options and Analysis of Options

3.1 Pre-consultation

In 2014, Thurrock CCG conducted an open and transparent pre-consultation engagement process to develop and appraise the options available for the future of the Thurrock walk-in service and the wider primary care services across the area. This included:

- A review of the available data on the existing walk-in service
- Engagement with local people and organisations
- Developing the proposals for the future of the walk-in service

The feedback received at that stage of the pre-consultation engagement shaped the three options that the CCG consulted on during its public consultation process.

3.2 In advance of the public consultation, the CCG engaged with the following local people and organisations:

- Thurrock Council Health and Wellbeing Overview and Scrutiny Committee
- Thurrock MPs and councillors
- Basildon and Brentwood CCG
- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Healthwatch Thurrock
- Members of the public
- North East London NHS Foundation Trust
- South Essex Emergency Doctors Surgeries
- South Essex Local Medical Committee
- South West Essex System Resilience Group
- Thurrock CCG's Commissioning Reference Group
- Thurrock CCG's Primary Care Development Working Group
- Thurrock CCG's Annual General Meeting
- Thurrock Council for Voluntary Service
- Thurrock GPs through the the CCG's Clinical Engagement Group and visits to GPs in their practices.

3.3 Key themes that emerged from the pre-consultation stage:

- The review found that 90 per cent of people who went to the walk-in service were already registered with a GP in Thurrock and many used the service for reassurance (to check what they had already been told by their own GP). People also went to the walk-in service to save them from waiting to see their own GP or because they didn't know where else to go.
- The analysis of the attendances at the walk-in service showed that most of the people who went there came from Grays and Tilbury (72.5%).

- A survey of the use of the walk-in service showed that the majority of people attended for minor injuries and ailments. This evidence shows that people who use the walk-in service go mainly for primary care problems; in fact many of the people turn up at the walk-in service with conditions which would be better seen by a GP.
- A breakdown of people who attend the walk-in service showed that most are aged between 19 and 40; older adults and young children make up a much smaller proportion of attendances at the walk-in service.
- The analysis of the available data was not conclusive whether the walk-in service prevented or reduced the number of A&E attendances at BTUH.

Findings from the pre-consultation phase along with the options for the future of the walk-in service and a recommendation to proceed with the public consultation were presented at the HOSC meeting on 13 January 2015. In addition, the CCG presented a communications and engagement plan for the public consultation which was supported and agreed with no changes.

3.4 **Public consultation**

Feedback on the identified options was gained through a range of focused activities and events aimed at gathering opinions and views of local people from all sections of the community. The process was run in line with the communications and engagement plan presented to the HOSC members on 13 January 2015 (Appendix A provides evidence of completion of the public consultation communications and engagement plan).

1,800 printed consultation documents were distributed to key stakeholders including local MPs, Thurrock councillors, health partners, and patients' and community groups. Local GP surgeries and libraries were asked to have copies of the document available for the public. The public consultation document, along with the feedback questionnaire, was also available on the CCG's website.

The CCG actively encouraged feedback through publicising the information via its newsletter, website, twitter account, as well as attending a range of meetings and events across Thurrock. A leaflet door drop was completed by

an independent company to all Thurrock households between 2 and 14 February 2015. To encourage participation in the consultation, three public engagement events were held where people could speak to clinicians, ask questions, find out more about the proposals, and share their opinions. These events were held on:

- 11 February – Orsett Hall, Orsett (2-4 pm)
- 4 March, Civic Centre, Grays (7-9 pm)
- 18 March, Spring House, Corringham (7-9 pm).

The events aimed to capture views of residents from all sections of Thurrock communities and therefore the events were held in various locations and during different times of the day to allow people in full time employment to participate in the process. A presentation was developed for CCG clinicians and representatives to outline the proposals to members of the public at each of the three public events.

Appendix B includes Thurrock CCG's communications and engagement log which lists the events and meetings initiated and attended by the Thurrock CCG team during the consultation period and the approximate number of people in attendance.

- 3.5 In addition to the communications and engagement activities conducted by the CCG, Healthwatch Thurrock also contributed to spreading the information about the public consultation. It is part of Healthwatch Thurrock's work to engage with Thurrock communities regarding their experiences of using health and social care services, and it also encourages residents to take part in any relevant consultations.

During the consultation period, Healthwatch Thurrock had posters and leaflets on their stand at all drop-in sessions, along with hard copies of the consultation document which were handed out, encouraging people to complete the feedback questionnaire. In some instances the Healthwatch Thurrock team assisted people to complete the questionnaires (e.g for those with literacy or learning difficulties). The team also raised awareness of the consultation at all meetings/presentations they attended, by handing out leaflets with the online information or hard copies.

In addition, Healthwatch Thurrock advertised the link to the public consultation on its website and Facebook board and tweeted about it regularly, particularly

during the final two weeks of the consultation, releasing tweets daily with a countdown.

Appendix B lists the events and meetings attended by the Healthwatch Thurrock team during the consultation period and the approximate number of people in attendance.

Healthwatch Thurrock also alerted the CCG team to any venues they attended which had no copies of the leaflets or posters and ensured there was a good supply in the reception of the Beehive Resource Centre, the voluntary organisations within the Beehive and in the Citizen's Advice Bureau reception.

In total Healthwatch Thurrock informed more than 730 Thurrock residents about the public consultation.

- 3.4 A total of 251 written responses, including 242 questionnaire responses and nine emails, containing feedback on the future of the walk-in service were received. In addition, 102 local residents attended three separate public events in different parts of Thurrock to discuss the proposals with GPs and CCG staff. CCG representatives also attended 24 separate meetings to present the options for the future of the service and gain feedback from a variety of community groups and stakeholders.

3.4 **Key findings from the consultation phase**

- Analysis of the feedback received at the public events showed that the majority of local residents who attended the events indicated that Option 3 was the most supported option for the future of the walk-in service.
- Analysis of the quantitative data from the questionnaires was not conclusive overall but indicated that the least preferred option is Option 2 – to retender the service on a different specification. The preferred option for the future was Option 1 – to retender for the service on the current specification (no change), followed by Option 3 – to close the walk-in service and invest in four local GP 'hubs'.
- Option 3 was strongly supported by local clinicians through the feedback received during Clinical Engagement Group's meetings as well as the written response explicitly supporting Option 3 submitted by the Local Medical Council (LMC).

- Other key stakeholders such as Basildon and Brentwood CCG as well as the Commissioning Reference Group indicated their support for Option 3 for the future of the walk-in service.
- The MP for Thurrock (since re-elected in the 2015 General Election) supported Option 3 and two parliamentary candidates supported Option 1 in their submissions to the public consultation process.
- Analysis of the qualitative data from the completed questionnaires highlighted a range of key themes of which **access** was the greatest concern. The feedback focussed on the following areas:
 - Difficulty of getting routine and urgent GP appointments
 - A desire to see GP opening hours extended to evenings and weekends,
 - The length of waiting times, with many respondents saying they felt that the walk-in service was an assured means of accessing a healthcare professional when they needed it
 - Mixed views about location – some felt the central position of the walk-in service made it very accessible, while others were concerned that it did not support equal access for people who lived further out, relied on public transport (difficult in evenings and weekends), or were too unwell/had a disability that made travelling difficult.
- There was some mixed feedback on the **quality of the service** received at the walk-in service. There were many positive comments about the reliability and speed of being seen at the walk-in service, and some comments that pain relief and diagnosis was of better quality than at the user's GP surgery. There were also some comments that the walk-in service had long waiting times and was less personal.
- Respondents felt that there needed to be **better use of resources**. There were differing views about how resources could be used more effectively e.g. closing the walk-in service and utilising GPs, or creating more walk-in services to reduce burden on local hospitals. There were some suggestions of adding diagnostics e.g. x-ray/blood tests, to local GP practices or the walk-in service
- **Communication and education** emerged as key suggested actions for CCG that would enable better understanding of services available to local residents and better use of those services.

3.5 Additional considerations

In advance of making the final decision, and in addition to pre-consultation and consultation feedback and findings, the CCG Governing Body considered the

following:

- An Equality Impact Assessment for different options for the future of the walk-in service
- Travel that would be required of the members of the public to access services if they are changed
- Level of clinical engagement throughout the process
- Wider financial landscape for the CCG both now and in the future
- Strategic alignment of different options with the CCG and national strategies as well as those of the Thurrock Council.

4. Reasons for recommendation

- 4.1 Given the wide ranging and comprehensive engagement and analysis process that has been adhered to on an ongoing basis by the Thurrock CCG, both before and during public consultation process, the HOSC is asked to **note the decision of the Thurrock CCG.**

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The HOSC members were consulted on 13 January 2015 when Thurrock CCG presented a summary of its data analysis and pre-consultation engagement. The CCG also presented three options for the future of the walk-in service and its approach to conducting a public consultation process.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The process of deciding on the future of the walk-in service conducted by Thurrock CCG aligns with the Council's priority of improving the health and well-being of the population.

7. Implications

7.1 Financial

Implications verified by: N/A

No impact on the Thurrock Council

7.2 Legal

Implications verified by: N/A

No impact on the Thurrock Council

7.3 Diversity and Equality

A separate Equality Impact Assessment was developed in advance of the launch of the public consultation.

Implications verified by: Thurrock CCG

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None for the Thurrock Council

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

9. Appendices to the report

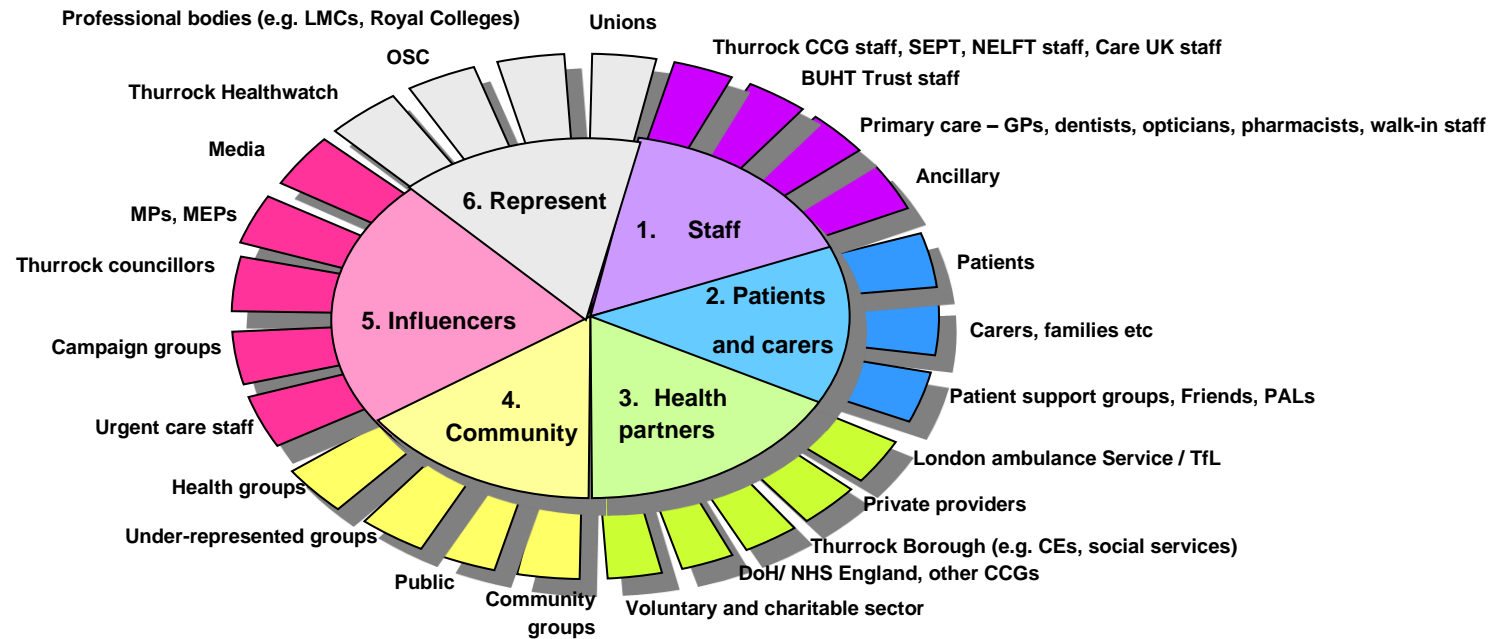
Appendix A:	Evidence of completion of the public consultation communications and engagement plan
Appendix B:	Thurrock CCG communications and engagement log
Appendix C:	Healthwatch Thurrock meetings and events attended
Appendix D:	Report on the outcomes of the public consultation on the future of the walk-in service at Thurrock Health Centre, Grays

Report Author:

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Appendix A – Evidence of completion of the public consultation plan

This stakeholder framework details the communications and engagement responsibilities of Thurrock CCG as presented to the Health Overview and Scrutiny Committee on 13 January 2013.



Stakeholder engagement plan

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
<p>1. NHS staff, internal stakeholders e.g: Includes:</p> <ul style="list-style-type: none"> • College Health group • Thurrock walk-in Centre • Thurrock CCG • North East London Foundation Trust staff • SEPT staff • BUHT staff • EEAST staff • Care UK staff • GPs • GP practice managers and staff • SEEDs • Other Clinical Commissioning Groups • Community pharmacists • Other staff working at the same location • NEL CSU 	<ul style="list-style-type: none"> • to develop NHS staff as potential ambassadors and drivers for change • to ensure awareness of the aims of the consultation • to ask staff their views in order to inform our understanding and to improve and develop the proposals • to enable staff to understand the impact of any proposals on their roles or professional groups, and what it means for them – and help allay any fears about their jobs and future careers 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website • Make formal proposal document available • Produce information for staff briefings and articles in stakeholders newsletters • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>End of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
<p>2. Patients/carers</p> <p>Includes:</p> <ul style="list-style-type: none"> • patients/carers with experience of walk-in services • patients using the location to access other services (e.g. GP patients) • people with a long-term conditions • people with mental health problems or dementia • PALS and Friends • patient groups • carers of patients 	<ul style="list-style-type: none"> • to ensure awareness of the aims of the consultation and ask people to respond to the consultation • to explain the benefits and issues around quality, equalities, travel, patient pathways • to be open and create understanding • to provide reassurance of the NHS commitment to clinical quality and patient care • to encourage informed debate • to understand the needs of patients • to help prevent ill health and improve the health of 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website • make formal proposal document available • Public drop-in event for Thurrock-based patients and carers • Media releases • Leaflet door drop • Newspaper advertising • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
	residents		As above	Y
			As above	Y
			End consultation	Y
<p>3. Health and related partners</p> <p>Includes:</p> <ul style="list-style-type: none"> • Dept of Health; NHS England; other CCGs – in particular Basildon and Brentwood • Health and Wellbeing Board • Thurrock Council • London Ambulance Service • local partnerships; groups/boards • private providers • Voluntary groups – especially associated with the locations 	<ul style="list-style-type: none"> • as section 2, plus: • to ensure any impacts on health partners are fully explored • to utilise specialist knowledge of issues and opportunities • to ensure synergy with partners' developments and announcements 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • produce information for staff briefings and articles in stakeholders newsletters • emails and links to consultation website • encourage local organisations to create and publicise a link from their website home page to website and include information in their publications • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>End consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
<p>4. Community</p> <ul style="list-style-type: none"> public community groups e.g. schools, faith communities and leaders, residents associations, traditionally excluded groups health groups 	<ul style="list-style-type: none"> as section 2, plus: to build trust in the Trust and the NHS as effective caretakers of the health of local population for the community to understand how the NHS works and the services on offer to understand the needs of residents 	<ul style="list-style-type: none"> develop proposals in partnership Draft letters/emails to keep informed emails and links to consultation website make formal proposal document available media releases Leaflet door drop Newspaper advertising Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>Throughout consultation</p> <p>Start and end of consultation</p> <p>End of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>
<p>5. Influencers</p> <ul style="list-style-type: none"> MPs Media Councillors 	<ul style="list-style-type: none"> as section 2, plus: to listen to their views to facilitate influencers in providing reliable information to constituents 	<ul style="list-style-type: none"> develop proposals in partnership Draft letters/emails to keep informed distribute copies of proposals, but face-to-face meetings are key for this audience: one-to-one meetings or roundtable 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Start and end of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
		<p>discussions</p> <ul style="list-style-type: none"> • media releases • press advertisements • Communicate to all following decision 	<p>Start and end of consultation</p> <p>End of consultation</p>	<p>Y</p> <p>Y</p>
<p>6. Representatives</p> <ul style="list-style-type: none"> • HOSCs • Local Medical Committees • Thurrock Healthwatch • Unions • professional bodies / royal colleges 	<ul style="list-style-type: none"> • as section 2, plus: • to provide information as required under the NHS Act (OSCs) • receive independent endorsement for proposals and thereby reassure relevant audiences • to receive critical challenge and objective examination 	<ul style="list-style-type: none"> • develop proposals in partnership where appropriate • distribute proposals, but face-to-face meetings are key for this audience • presentations • respond to OSC/ submission • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Ongoing</p> <p>TBA</p> <p>Start and end of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Appendix B – Thurrock CCG communications and engagement log

Date	Type of activity	Audience	Number of people reached
02.02.15	<p>Launch of the public consultation process of the Thurrock CCG website by uploading the public consultation document and questionnaire</p> <p>Launch of a dedicated email address for the queries relating to the public consultation (thurrockwicconsultation@nhs.net)</p>	Thurrock residents	500+ clicks to the questionnaire link
02.02.15	<p>Letters and emails sent to inform about the start of the public consultation to all key stakeholders as per communication and engagement plan supported and agreed by HOSC members on 13 January 2015.</p> <p>These stakeholders included influencers such as:</p> <ul style="list-style-type: none"> • local MPs, • Thurrock Council members, • health partners such as Healthwatch, • Basildon and Brentwood CCG, • Basildon and Thurrock University Hospitals NHS Foundation Trust, • North East London NHS Foundation Trust, • South Essex Partnership University NHS Foundation Trust, • Royal College of Nursing, • Nursing and Midwifery Council, • patient and voluntary groups, • and other stakeholders such as GPs 	Key stakeholders	Difficult to assess the total number of people reached
02.02.15	Community, CVS and CCG newsletters	Key stakeholders and Thurrock residents	Difficult to assess the total number of people reached

02.02.15	Local media releases	Key media stakeholders	Residents reading 3 local newspapers and portals (Thurrock Gazette, Thurrock Enquirer and Your Thurrock)
02.02.15	Thurrock CCG's twitter account updated with the information and link to the public consultation document and questionnaire	Thurrock residents	1291 followers+
02.02.15	Set up an information stand at the Healthwatch Dignity in Care event	Thurrock residents	45
Between 2.02.15 and 14.02.15	A leaflet door drop was completed by an independent company to all Thurrock households.	Thurrock households	The leaflets were sent out to all Thurrock households.
Between 2.02.15 and 9.02.15	Posters informing about the public consultation along with copies of the public consultation documents were sent out to all Thurrock GP practices, GP Patient Participation Groups, pharmacies, dentists, opticians, libraries, Children's Centres as well as key community organisations: Healthwatch, Thurrock Centre for Independent Living, Thurrock Coalition and TOFFs (Thurrock Over Fifties Forum)	Thurrock residents	1,800 copies of the public consultation document and questionnaires distributed; Difficult to assess the total number of people reached
5.02.15	Local newspaper advertising (Thurrock Enquirer)	Thurrock residents	Difficult to assess the total number of people reached
9.02.15	Presentation at the Thurrock Over Fifties Forum (TOFFs)	TOFF members	36 present at the meeting
9.02.15	Health and Wellbeing Board	Health and Wellbeing Board members	10 present at the meeting
09.02.15	Following a press release by Cllr John Kent, the team contacted Cllr Kent and offered clarification around the planned locations of hubs and offered to meet to address any concerns	Cllr Kent	1
11.02.15	Live BBC Essex interview about the public consultation and the future of the walk-in service	Thurrock residents	Difficult to assess the total number of people reached
11.02.15	Public event at Orsett Hall	Thurrock	83 attendees

		residents and community organisations	
18.02.15	Meeting with Healthwatch Thurrock	Healthwatch	1
18.02.15	NHS England area team	NHSE	3
20.02.15	South Essex College – asking for access to set up a stand at the College to engage with the students	South Essex College	1
20.02.15	Thurrock Coalition and Thurrock Centre for Independent Living	Community organisations	Difficult to assess the total number of people reached
20.02.15	Your Thurrock	Media	1 editor
23.02.15	Stand at the CQC/Thurrock Healthwatch event	Thurrock residents	60+ attendees
23.02.15	Thurrock GP practices	Practice managers	30+
23.02.15	Pat Kielty, Young Thurrock	Young Thurrock	526 Twitter followers
26.02.15	Members of the public – emails with queries sent to the dedicated email address	Thurrock residents	2
26.02.15	Letter to Cllr Tim Aker clarifying Thurrock CCG's position on the public consultation	Cllr Tim Aker	1
27.02.15	South Essex LMC	Clinicians	20+
04.03.15	Letter to Polly Billington, MP candidate for Thurrock clarifying queries relating to the public consultation process	Polly Billington	1
04.03.15	Students at South Essex College – information stand at the premises	Students	20+
04.03.15	Public event in Grays – Civic Centre	Thurrock residents	11
10.03.15	All attendees of public events who shared their contact details with us – encouraging them to engage their families, friends, neighbours and community organisations to respond to the questionnaire	Thurrock residents	52
18.03.15	Public event in Corringham	Thurrock residents	8

18.03.15	Tony Coughlin, one of the BTUH governors – clarifying issues related to the public consultation and the proposals	BTUH governors	1
18.03.15 – 24.03.15	Emails and letter sent out to all key stakeholders encouraging them and their staff or members to complete the questionnaire; Tweets about the approaching deadline for the consultation on CCG’s Twitter account and its website	Thurrock residents	Difficult to assess the total number of people reached

Appendix C - Healthwatch Thurrock meetings and events attended

DATE	EVENT	NUMBER OF PEOPLE
2 nd February 2015	Healthwatch Dignity in Care Event	45
3 rd February 2015	LAC Meeting	12
10 th February 2015	WI Corringham	60 +
12 th February 2015	Ngage Recruitment Fair	30 - 40
16 th February 2015	Stanford Library Drop In	Numbers vary
17 th February 2015	South Ockendon Hub Drop In	Numbers vary
19 th February 2015	Dementia Awareness Event Tilbury	50 +
19 th February 2015	Chadwell Drop In	Numbers vary
19 th February 2015	East Tilbury Drop In	Numbers vary
19 th February 2015	West Tilbury Forum	20
20 th February 2015	Aveley Community Drop In	Numbers vary
23 rd February 2015	CQC/Healthwatch Event	60+
25 th February 2015	Bulphan WI	40+
26 th February 2015	Diabetes UK Thurrock Branch	38
27 th February 2015	Together S U Meeting /(MH Services)	12
3 rd March 2015	C2C Commuters Meeting	40+
3 rd March 2015	South Ockendon Drop in	Numbers vary
3 rd March 2015	Eastern European Support Group	28
4 th March 2015	Afternoon Tea for Dementia Stifford Clays	30+
4 th March 2015	Horndon on Hill WI	30
6 th March 2015	Tilbury One Community Drop In	Numbers vary
6 th March 2015	Tilbury Drop In Sure Start Children's Centre	Numbers vary
10 th March 2015	Faith Matters Meeting	14
13 th March 2015	East Tilbury Library Drop in	Numbers vary
16 th March 2015	Stanford Library Drop In	Numbers vary
17 th March 2015	Modern Day Slavery Conference	90 - 100
19 th March 2015	Chadwell Drop In	Numbers vary
20 th March 2015	Aveley Drop In	Numbers vary

20 th March 2015	Corringham Older People Group	65+
23 rd March 2015	Multi Ethnic Counselling Service Drop In (Thameside Children Service)	Numbers vary
23 rd March 2015	Coffee Morning @ TAA (Thurrock Asian Assoc.)	18
24 th March 2015	Clip Café Aveley Drop In	Numbers vary
24 th March 2015	Family Coffee Morning Marisco Hall	12
25 th March 2015	CAPPA AGM (Children & Parents Association)	28 - 30

Report on the outcomes of the public consultation on the future of the walk-in service at Thurrock Health Centre, Grays.

**Prepared for
Thurrock Clinical Commissioning Group**

Document revision history

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19.05.15	1.0	Exec meeting		BM
22.05.15	2.0	Finance & Performance Committee		BM
27.05.15	2.0	CCG Board		BM

Document approval

Date	Version	Revision	Role of approver	Approver

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Executive summary

Thurrock Clinical Commissioning Group (CCG) is responsible for the walk-in service element of the contract for the Thurrock Health Centre which is due to expire in March 2016. This has provided the CCG with an opportunity to review the effectiveness and patient satisfaction with the contracted service.

Following extensive data analysis, as well as engagement with service users and residents of Thurrock, three options for the future of the walk-in service were developed:

- Re-tender for the service on the current specification (do nothing)
- Re-tender with a new specification for the service
- Decommission the walk-in service and invest in four local health 'hubs' (preferred option).

The CCG believes that the service currently provided by the walk-in service does not meet its ambition of supporting residents across the whole of Thurrock; pointing to the fact that the service is being utilised mainly by residents local to the Thurrock Health Centre in Grays.

The options were consulted on with a number of key stakeholders and, with Thurrock Council's Health Overview and Scrutiny's support, the CCG conducted an eight week public consultation under section 14Z2 of the Health and Social Care Act 2012. The consultation ran between 2 February and 24 March 2015.

The feedback on the identified options was gained through a range of focussed activities and events which aimed at gathering opinions and views of local people from all sections of the community.

1,800 printed consultation documents were distributed to key stakeholders including local MPs, Thurrock councillors, health partners, and patient and community groups. Local GP surgeries and libraries were asked to have copies of the document available to the public. The public consultation document, along with the feedback questionnaire, was also available on the CCG's website.

The CCG actively encouraged feedback through publicising the information via its newsletter, website, Twitter account and attending a range of meetings and events across Thurrock. In addition, a leaflet door drop was completed by an independent company to all Thurrock households between 2 February and 14 February 2015.

A total of 251 written responses, including 242 questionnaire responses and nine emails, containing feedback on the future of the walk-in service were received. In addition, 102 local residents attended three different public events to discuss the proposals with GPs and CCG staff. CCG representatives also attended 24 separate meetings to present the options for the future of the service and gain feedback from a variety of community groups and stakeholders.

Key findings include:

- Analysis of the quantitative data from the questionnaires indicates that the preferred option is Option 1 – to retender for the service on the current specification (no change), followed by Option 3 – to close the walk-in service and invest in four local GP 'hubs' (preferred option)
 - Analysis of the feedback received at the public events shows that the majority of local residents who attended the events indicated that Option 3 is the most supported option for the future of the walk-in service
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- Feedback and written responses from key stakeholders including the Local Medical Council (LMC), Basildon and Brentwood CCG and the Commissioning Reference Group indicated their support for Option 3 for the future of the walk-in service
 - The MP for Thurrock (since re-elected in the 2015 General Election) supported Option 3 and two parliamentary candidates supported Option 1 in their submissions to the public consultation process
 - Analysis of the qualitative data from the completed questionnaires has highlighted a range of key themes of which **access** has been by far the greatest concern. The feedback was focussed on the following areas:
 - Difficulty of getting routine and urgent GP appointments
 - A desire to see GP opening hours extended to evenings and weekends,
 - Concern about the length of waiting times, with many respondents saying they felt that the walk-in service was an assured means of accessing a healthcare professional when they needed it
 - Mixed views about location – some felt the central position of the walk-in service made it very accessible, while others were concerned that it did not support equal access for people who lived further out, relied on public transport (difficult in evenings and weekends) or were too unwell/had a disability that made travelling difficult.
 - Mixed feedback on the **quality of the service** received at the walk-in service. There were many positive comments about the reliability and speed of being seen at the walk-in service, and some comments that pain relief and diagnosis was of better quality than at the user's GP surgery. There were also some comments that the walk-in service had long waiting times and was less personal
 - Respondents felt that there needed to be **better use of resources**. There were differing views about how resources can be used more effectively e.g. closing the walk-in service and utilising GPs, or creating more walk-in services to reduce burden on local hospitals. There were some suggestions of adding diagnostics e.g. x-ray/blood tests, to local GP practices or the walk-in service
 - **Communication and education** emerged as key suggested actions for CCG that would enable better understanding of services available to local residents and better use of those services.

Next steps

The CCG Governing Body will consider the feedback contained in this report to support members in the decision-making process in relation to the future of the Thurrock walk-in service. The decision is expected to be made in its Board meeting in public on 27 May 2015.

1. Background

Following changes to the NHS set out in the Health and Social Care Act 2012, Thurrock CCG became responsible for the 'walk-in service' element of the contract at Thurrock Health Centre whilst NHS England retains responsibility for the patients' list at the registered GP surgery on the same sites.

As the joint contract expires in March 2016, this has provided the CCG with an opportunity to review how the walk-in service is provided, as well as its overall alignment with the CCG's and national strategies for both urgent and primary care. To capitalise on this opportunity, Thurrock CCG conducted a robust analysis in 2014 of the available data on the use, cost and patient satisfaction with the walk-in service.

People in Thurrock face major challenges, with significant levels of unemployment and low levels of health and wellbeing, compared to neighbouring areas. Thurrock is also an under-doctored area (not enough GPs for the population of Thurrock), nearly a third of GPs are over 60, and there is difficulty recruiting clinical staff to the area.

Additionally, in common with other NHS and public sector organisations, Thurrock CCG has limited resources. In spite of this, we must still make savings every year. NHS walk-in services – where people simply walk in off the street and ask for medical help – have been increasingly in the spotlight. Doctors and nurses have become concerned that, rather than easing pressure on other services, walk-in services are simply creating extra demand and patients are by-passing GPs, pharmacists, out of hours' services and sensible self-care.

During 2014, Thurrock CCG worked closely with patients, carers, service users, local residents and a range of key organisations, including Healthwatch Thurrock to develop possible options for the future of the walk-in service. These options were also informed by the available data of the existing walk-in service and the wider primary care services.

In line with the CCG's responsibilities to consult with the public outlined in the Health and Social Care Act 2012, the three options were put out to public consultation from 2nd February to 24th March 2015. The feedback received during this consultation period is outlined in this report.

The aim of the report is to provide an in-depth analysis of the feedback received through the public consultation process for the future of the Thurrock walk-in service based at Thurrock Health Centre in Grays. As such, the report will play a role of enabling an informed and transparent decision making process for the CCG Board in deciding on the future of the walk-in service.

1.1 Case for change

In 2014, in advance of the public consultation, and as part of the Transforming Primary Care in Essex agenda led by NHS England, the CCG engaged with many residents, clinicians, and organisations across Thurrock about the thoughts and plans to improve local NHS services in the borough and build resourceful and resilient communities. The CCG sought their opinion on the proposals for the future shape of primary care in Thurrock, including the future of the walk-in service.

When the CCG was discussing possible changes to the walk-in service, people said that the three things they are most concerned about are:

- The need for greater access to primary care in Thurrock,
- That the walk-in service does not provide a borough-wide service, and
- That while the four GP 'hubs' would provide more access to GPs across Thurrock, they would be open for fewer hours than the walk-in service.

Alongside this, local GPs stated that the walk-in service did not provide a streamlined service for patients, for example there was poor communication from the walk-in service back to patients' registered practices with implications for continuity of care. The feedback also included comments that the whole NHS system is perceived to be complicated which prevents patients and carers from accessing right services at the right time. GPs highlighted that should the walk-in service be closed, there would need to be more information provided for Thurrock residents as to where they could go for treatment. GPs and nurses tell us there are too many people visiting walk-in centres who are not managing (or being helped to manage) their long-term condition.

During these discussions with Thurrock's residents and organisations over the past few months, people have stated that they use the current walk-in service because they don't want to wait for an appointment with their GP, or that they don't know where else to go. It is clear that the current range of services is not meeting the needs of all Thurrock residents. **A simpler, better system is required so that local people can get the best health care they need.**

1.2 Developing primary care services for Thurrock

The vision and objective for primary care services in Thurrock advocates that everyone should know how to, and be able to, register with a GP so they can access high quality primary care when they need it. Making sure this happens is a priority for the CCG.

A GP surgery should be the first port of call for people needing care that is not an emergency. People should be able to:

- Phone before they go – to get good information from their GP surgery before having to travel to see a clinician, make an appointment or go to another health care service.
- Get all their primary care at a GP surgery close to where they live during weekdays as a minimum – ideally at their own GP practice but if not, another practice nearby.

In the evenings and at weekends people should be able to access health care just as easily as during the day. People should be able to:

- Phone NHS 111 for advice or to make an urgent appointment with their GP.
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- Get an urgent appointment at their GP practice.
 - Outside GP practice hours, where appropriate, be referred to the GP out of hours' service.

GP Health hubs

Last year, the CCG was successful in gaining extra funding from the government which means that GP practices (health hubs) in four areas across the borough will be open at the weekend from 9:00am to 12:30pm until 2021. These hubs are staffed by local practice staff or out-of-hours clinicians on a rota basis, providing continuity of care for patients, as well as increasing local knowledge of the area and its health care services. Through offering a mixture of pre-bookable and urgent appointments without the need to refer back to the patients' own GP, the CCG believes this service will improve access to primary care closer to Thurrock residents' homes.

The urgent care system (A&Es, GP urgent appointments, GP out-of-hours' service, walk-in services centres and urgent care centres) is expensive to manage and run. If a patient goes to two or three places to seek advice or care for the same reason, the NHS can pay from two to five times the cost compared with simply booking an urgent appointment with a GP.

The CCG's preferred option of decommissioning the walk-in service in its current form and reinvesting the funding into four health hubs would allow the CCG to enhance the health hub services outlined above and improve access to routine and urgent appointments.

2. Pre-consultation engagement and review process

In 2014, Thurrock CCG conducted an open and transparent pre-consultation engagement process to develop and appraise the options available for the future of the Thurrock walk-in service and the wider primary care services across the area. This included:

- A review of the available data on the existing walk-in service
- Engagement with local people and organisations
- Developing the proposals.

The feedback received at that stage of the pre-consultation engagement shaped the three options that the CCG consulted on between 2nd February and 24th March 2015.

2.1 A review of available data on the existing services

To help decide if the CCG should invest in this service in the future, a review¹ was carried out of how people had been using the Thurrock walk-in service, why they were using it, and the current cost of, and patient satisfaction with, the service. Access to local primary care and attendance at the A&E department at Basildon Hospital was also examined.

The review found that 90 per cent of people who went to the walk-in service were already registered with a GP in Thurrock and many used the service for reassurance (to check what they had already been told by their own GP). People also went to the walk-in service to save them from waiting to see their own GP or because they didn't know where else to go.

The analysis of the attendances at the walk-in service showed that most of the people who went there came from Grays and Tilbury (72.5%).

¹ The review was based on a one-month snapshot view of patients attending the Walk in Centre in May 2014.

A survey of the use of the walk-in service showed that the majority of people attended for minor injuries and ailments. This evidence shows that people who use the walk-in service go mainly for primary care problems; in fact many of the people turn up at the walk-in service with conditions which would be better seen by a GP.

A breakdown of who goes to the walk-in service showed that most are aged between 19 and 40; older adults and young children make up a much smaller proportion of attendances at the walk-in service.

The CCG conducted a robust analysis of the available data on the current use, cost and patient satisfaction with the walk-in service at the Thurrock Health Centre. In addition, existing local access to primary care and attendance rates at A&E in Thurrock were examined to set some context to the landscape in which the walk-in centre service operates.

2.2 Pre-consultation engagement with local people and organisations

In advance of the public consultation, we engaged with the following local people and organisations:

- Basildon and Brentwood CCG
- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Healthwatch Thurrock
- Members of the public
- MPs, councillors
- North East London NHS Foundation Trust
- South Essex Emergency Doctors Surgeries
- South Essex Local Medical Committee
- South West Essex System Resilience Group
- Thurrock CCG's Commissioning Reference Group
- Thurrock CCG's Primary Care Development Working Group
- Thurrock CCG's Annual General Meeting
- Thurrock Council Health Overview and Scrutiny Committee
- Thurrock Council for Voluntary Service
- Thurrock GPs through the CCG Clinical Engagement Group and visits to GPs in their practices
- Thurrock Health and Care: working together for a better future (a public engagement event)

2.3 The proposals

After reviewing the available data and discussing the issues identified in the case for change with local people and organisations, Thurrock CCG identified three options for the future of the Thurrock walk-in service:

Option 1	Re-tender for the service on the current specification (do nothing)
Option 2	Re-tender with a new specification for the service
Option 3	Close the walk-in service and invest in four local GP 'hubs' (preferred option).

These options were considered and appraised by a selected scoring panel of local clinicians, GPs, commissioners, patients and representatives from the public, at a meeting in November 2014 where, based on a strict set of criteria, the panel unanimously agreed to select closure of the service and invest in four local GP hubs as the preferred option. A fourth option to close the walk-in service and do nothing further was considered and dismissed. The proposed changes only apply to the walk-in service at the Thurrock Health Centre, not the GP practice based at the same location.

Option 1 – Re-tender for the service on the current specification (do nothing)

This option would keep the service 'as is', where people would have access to health care needs weekdays and weekends, 365 days a year. While we know that patients who attend the walk-in service value the service, this option would not address the issues highlighted by residents, patients and partners across Thurrock.

Access to primary care across the borough would not improve under this option as it is mainly Grays and Tilbury patients that use the walk-in service. Nor does the option address continuity of care (seeing the same GP or a GP with a ready access to their patient record, for example) which patients consider to be of high importance.

This option would also not address the issue of duplication where we know that 90 per cent of the people who attend the walk-in service are already registered with a GP, which means that the NHS is paying twice. Nor would it encourage resilience through self-management of care or increase the number of people registering with a GP.

Option 2 – Re-tender with a new specification for the service

This option would mean that the walk-in service remains at Thurrock Health Centre, but would be open less than it is now.

This service would partially address the duplication that is taking place with already paid-for primary care services, but is also subject to similar cost pressures as in option 1 (although not quite as much pressure as the service would be open for fewer hours). And resilience through self-management of care would not be encouraged.

Access would not be improved across the rest of the borough as it is mainly Grays and Tilbury patients that use the walk-in service.

Option 3 – Close the walk-in service and invest in four local GP 'hubs' (preferred option)

This option supports both the Essex primary care strategy and Thurrock Council's strategy for health care services to improve health and wellbeing across the borough. It would also help us to achieve the savings we know we will need to protect and improve other health services.

There would still be a GP practice at the Thurrock Health Centre, and people outside Grays would get better access to health care services across the borough, closer to their own homes, seven days a week. People would be encouraged to use their own GP practice as their first point of contact, which is essential if we are to help patients keep healthier and better manage long-term conditions.

This option would make the system more efficient by removing duplication and improve the likelihood of residents registering with a GP practice, encouraging resilience through self-management of care. The funds that are currently used for running the Walk-in service will be used for enhancing services across four hubs making access to health care more equal across Thurrock and responsive to local patients' needs.

We expect that, if there is no walk-in service, patients would go to their own GP practice and we believe that there is capacity in the system to absorb any extra in-hours attendances.

3. Governance and responsibilities

3.1 Governance

Thurrock CCG holds the responsibility for the walk-in element of the service in Thurrock Health Centre². It is responsible for ensuring that the walk-in service meets the needs of the local population in a way that provides a high quality service for patients and the best value for taxpayers. It also needs to fit in with the wider regional and national strategy for primary care services.

Thurrock CCG's Governing Body has been overseeing the process for determining the future of the walk-in service. The Governing Body has been kept up to date at each stage of the consultation process and has worked to ensure that the engagement and consultation process has been open and transparent.

The report of the public consultation will be presented to Thurrock CCG Governing Body on 27 May 2015. The review of the report will enable the Board to consider the outcomes of the public consultation and make decisions about the way forward for the walk-in service and the wider primary care service in Thurrock.

² The CCG's responsibilities do not include the contract for the GP practice based in the Thurrock Health Centre. This is the responsibility of NHS England).

3.2 Responsibilities

The Health and Social Care Act 2012 states that, when NHS organisations (such as Clinical Commissioning Groups) are considering changing the way a service is provided, they must ensure that individuals to whom services are being or may be provided are involved (by being consulted or provided with information or in other ways) in:

- Planning commissioning arrangements,
- The development of changes that would impact on the manner in which services are delivered or the range of health services, or
- Decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The CCG has complied with this guidance as part of its comprehensive communications and engagement strategy and plan, details of which are outlined in Appendix A.

4. Structure of the consultation

The consultation started on Monday 2 February 2015 with the CCG uploading its public consultation document and feedback questionnaire. The process ended at 5pm on Tuesday 24 March 2015. Online responses received between 5pm and midnight on 24 March and postal responses received on the morning of Wednesday 25 March were included in the analysis to allow for any IT-related issues with submitting the feedback that some may have experienced as well as any delayed post issues.

4.1 Consultation document, questionnaire and materials

Information on the consultation was made available through the Thurrock CCG website www.thurrockccg.nhs.uk. A questionnaire was also made available for people to share their views.

Consultation feedback could be submitted through completing the consultation questionnaire (paper or online) or by emailing thurrockwicconsultation@nhs.net.

The information about the public consultation was publicised through a variety of channels:

- Community and CCG newsletters
- Existing CCG-led meetings
- Healthwatch Thurrock website
- Information stand at South Essex College (Grays site)
- Leaflet door drop to all Thurrock households between 2 and 14 February 2015
- Local media releases on 2 February
- Local newspaper advertising (Thurrock Enquirer on 5 February 2015)
- Posters, public consultation documents and questionnaires distributed to all Thurrock-based GP practices, GP Patient Participation Groups, pharmacies, dentists, opticians, libraries and Children's Centres
- Thurrock CCG's Twitter account
- Letters and emails to key stakeholder organisations.

A total of 1,800 printed consultation documents were distributed throughout the consultation period. The consultation document along with an online copy of the questionnaire were available on the CCG website throughout the consultation period, easily accessed from a link on the homepage. In addition hard copies in English and any foreign language were available on request. Regular updates and publicity were included in the CCG's Twitter account (nearly 50 tweets over the consultation period) along with the publicity for the public events.

Printed consultation documents with questionnaires were sent to Thurrock MPs, GP surgeries and libraries in the first week of February. The distribution was followed up by a phone call to each of the GP practices to check they had received the documents and posters and that they were displayed and available to the patients. Key community and voluntary organisations such as Healthwatch, Thurrock Centre for Independent Living, Thurrock Coalition, TOFFs (Thurrock Over Fifties Forum) also received a set of consultation documents for distribution to their members early in the consultation period. Thurrock councillors received emails and letters informing them of the start of the consultation with a link to the consultation document and questionnaire, early in the consultation period.

A door drop of leaflets about the public consultation to all Thurrock residents was commissioned and started in the first week of February 2015. It was completed on 14 February 2015. Consultation documents were also distributed at public events held at Orsett Hall, Civic Centre in Grays and Spring House in Corringham.

The consultation document was written in collaboration with patient representatives to ensure that it was easily understood, jargon-free and in plain English. . Patients also had the opportunity to request the documents in other formats, such as different languages, Braille or 'easy-read'. No requests for supplying the document in other formats were made during the consultation period.

4.2 Consultation activities

To encourage participation in the consultation, three public engagement events were held where people could speak to clinicians, ask questions, find out more about the proposals, and share their opinions. These events were held on:

- 11 February – Orsett Hall, Orsett (2-4 pm)
- 4 March, Civic Centre, Grays (7-9 pm)
- 18 March, Spring House, Corringham (7-9 pm).

The events aimed to capture views of residents from all sections of Thurrock communities and therefore the events were held in various locations and during different times of the day to allow people in full time employment to participate in the process. A presentation was developed for CCG clinicians and representatives to outline the proposals to members of the public at each of the three public events.

The CCG actively promoted the public consultation at a number of events and meetings run by local community and voluntary groups, which included the following:

- An information stand at the Dignity event on 2 February (attended by approximately 80 people)
- A presentation followed by distribution of the public consultation documents, questionnaire and discussion at TOFFs (Thurrock Over Fifties Forum) on 9 February.

The CCG was pro-active in following up any additional information requests and created a targeted Q&A document following the first public event held at Orsett Hall which contained more detailed answers to questions raised at the event that were not fully answered on the day.

The public consultation generated a considerable interest from the media and local politicians, particularly prospective parliamentary candidates. This included a live interview on BBC Radio Essex which was broadcast on 11 February 2015. In addition, the CCG officially responded to the allegations and concerns related to the process of conducting the public consultation raised by prospective parliamentary candidates Polly Billington (Labour) and Cllr Tim Aker (UKIP).

On the consultation launch date, emails and letters were sent to key stakeholders with a link to the consultation page on the CCG website and information on how to respond. These stakeholders included influencers such as local MPs, Thurrock Council members, health partners such as Healthwatch, Basildon and Brentwood CCG, Basildon and Thurrock University Hospitals NHS Foundation Trust, North East London NHS Foundation Trust, South Essex Partnership University NHS Foundation Trust, Royal College of Nursing, Nursing and Midwifery Council, patient and voluntary

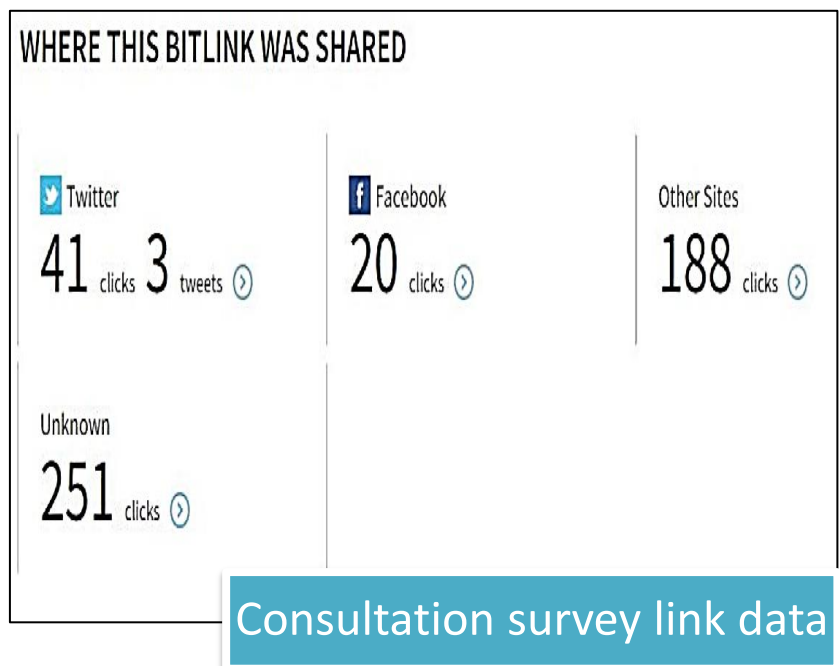
groups, and other stakeholders such as GPs. A further email was sent to key stakeholders in advance of the public events as well as before the close of the public consultation process.

A whole page advertisement was placed in the local press (Thurrock Enquirer) at the beginning of the consultation (on 5 February 2015) to publicise the consultation and to direct readers' attention to the website and included contact details for more information.

A media release was sent to local media when the consultation launched to publicise the consultation and public event sessions, as well as directing people to the website and other sources of information.

A further media release was issued in March 2015, which aimed to remind people of the closing date of the public consultation. The consultation launch, drop-in sessions and the information on public meetings were covered in the local newspapers, the Thurrock Enquirer, Thurrock Gazette (also in their online version) and Your Thurrock.

Thurrock CCG posted nearly 50 tweets on its account about the public consultation encouraging its followers (over 1,200 Twitter users follow Thurrock CCG) to share their feedback. The data received through our bit.ly account indicates that the questionnaire link received 500 clicks (41 of them from Twitter) and the consultation page on the CCG website received 46 clicks (23 of them from Twitter).



In addition, the CCG followed up the nine emails that were received through the thurrockwicconsultation@nhs.net email account, answering any consultation-related queries and incorporating the feedback into the overall consultation analysis.

Following the feedback received at the first public event, the CCG engaged with Thurrock Youth Cabinet and South Essex College to design effective ways of engaging with younger people. An information stand on-site at South East College was organised and two CCG staff members provided information and distributed consultation documents along with the questionnaires for two hours during lunch time on 4 March 2015. Thurrock Youth Cabinet members were encouraged to attend the public event held at the Civic Centre and they re-tweeted the information about the consultation on their account.

To provide the evidence of completing the communications and engagement plan that was approved by the Health Overview and Scrutiny Committee on 13 January 2015, a comprehensive overview is provided in Appendix A.

5 Responses to the consultation

5.1 The consultation in numbers

Number of responses	Questionnaires (printed and online):	242
	Letter/email responses:	9
	Total responses:	251
People who engaged and fed back at public meetings	11 February – Orsett Hall, Orsett (2-4 pm):	83
	4 March, Civic Centre, Grays (7-9 pm)):	11
	18 March, Spring House, Corringham (7-9 pm):	8
	Total attendees:	102
The groups or organisations which responded were:	Basildon and Brentwood CCG –	letter submission
	Local Medical Committee –	email submission
	Thurrock Over Fifties Forum (TOFF) –	questionnaire
	Hassengate Medical Centre –	questionnaire
	Chafford Hundred Local Authority –	questionnaire
	Thurrock Health Centre –	questionnaire
	Two parliamentary candidates –	email submission
	Commissioning Reference Group –	verbal feedback

5.2 Who responded to the consultation questionnaire?

Respondents were asked to provide additional information about themselves, for example their gender, age, ethnicity and whether they were responding individually or on behalf of a group. A full summary of this data can be found in Appendix B. Where possible, the profile of respondents was compared to the known profile of users of the walk-in service. This comparison showed **that whilst the gender of respondents appears to reflect the users of the walk-in service, the age and ethnic background of respondents does not appear to fully resemble that of the users of the service.** It is also worth noting that only just over half (51.9%) of respondents declared themselves to be service users although 74.8% of respondents stated that they were local residents.

5.3 Qualitative data

Respondents were invited to leave a comment to clarify or explain the answer which they had given to the question. These comments have been examined in some detail as they provide valuable additional information about the views of patients and public. Common themes which have been identified are highlighted within the report for each section where qualitative data was collected. A sample selection of quotes from respondents has also been included in order to give some indication of the range and diversity of views.

5.4 Limitations of the data

A consultation process is a very valuable way of gathering opinions about a wide-ranging topic but it is important to consider limitations of the feedback collected through this method. When interpreting the responses, it is important to note that whilst the consultation was open to everyone, the respondents were self-selecting. Moreover, the number of people who took part in the consultation was not sufficient for the sample to be considered representative.

Typically with consultations, there can be a tendency for responses to come from those more likely to consider themselves affected and particularly from anyone who believes they will be negatively impacted upon by the implementation of proposals. In case of the consultation on the future of the walk-in service in Thurrock, it could be assumed that Grays residents could perceive themselves as more affected by the change than residents in other parts of Thurrock. Only a small number of respondents (18) provided information on their location which made it difficult to ascertain whether the responses could be skewed. **The responses therefore cannot be assumed to be representative of the population as a whole.**

It should also be noted that respondents had the option not to complete some of these questions by either choosing the 'don't know' or 'prefer not to say' categories, or by skipping the question completely. A count of how many respondents answered each question has therefore been included alongside each graph as there are variations in the number of responses to each question.

5.5 What were the views of those who responded to the consultation questionnaire?

Answered Question: 230
Skipped Question: 12
Additional Comments: 150

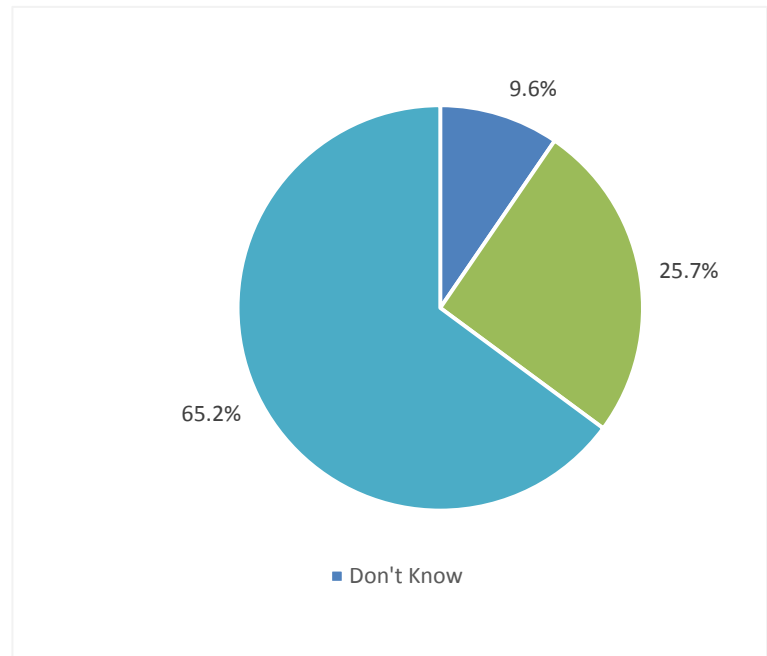
Changing urgent primary care services

Question: Do you think we need to change the current way of providing urgent primary care services? (Primary care covers GP practices, dental practices, community pharmacies and high street optometrists)

Nearly two thirds (65.2%) of respondents agreed that change is needed to the current way of providing urgent primary care services. Of the remaining respondents, 25.7% did not think that any change was needed and 9.6% did not know if change was needed.

An overwhelming number of comments submitted by respondents alongside this question indicated that having **better access** to GP services is an area where it is felt change is needed. Other areas for change included the **quality** of the services provided, how **finance and resources** are allocated and how primary care teams and other health and social care teams work together. There were also comments around the role of patients and the public voicing the need for more pro-active self-management by patients.

Respondents primarily commented on **the difficulties of accessing an urgent or routine GP appointment**, and linked to this were comments around long waiting times within practices and the walk-in service and a feeling that triage and prioritisation systems could be improved to ensure that urgent cases get appointments first. Respondents also expressed a desire to see **GP opening hours extended to evenings and weekends** in order to meet the needs of people who work during the week and to reduce the strain on urgent and emergency care and out of hours services at weekends.



Access

Other concerns included an apparent increase in demand for services which some respondents felt was linked to the area's growing population and new housing developments. Ensuring equal access to services across the whole borough was advocated in terms of where services such as the walk-in service are located, and also with regard to practices having standard opening hours and a standard way of accessing appointments. Comments on the future health hubs suggested that if these are located in multiple locations across the borough, they could support more equal access.

"GP appointments can be up to 2 weeks, or you can form a queue at 8.30 in the morning or try to ring the surgery but lines are always busy so by the time you get through, all emergency appointments have been taken."

There was also a small number of comments around being able to access nurses more easily for minor ailments, and for GP practices to offer diagnostics services such as blood tests or x-rays as well as a suggestion to have an end of life care service based in Thurrock.

"Grays walk in centre is a god send for all people needing medical help."

"There are far too many locum doctors so patients cannot build a trusting relationship with their GP"

Quality

There were mixed comments about the quality of local services. Some respondents fed back that they had very positive experiences at the walk-in centre and that it provided a good alternative to A&E. Also that their local GP practice provided an excellent service. However a slightly greater proportion of respondents felt that current services are not meeting the needs of users and

that, for example, some patients are going to Basildon Hospital rather than use their local GP service. It was also suggested that more GPs and nurses are needed in Thurrock and that too many locum doctors are being used. One respondent indicated that they also lacked confidence in pharmacy services.

Finance and Resources

Better use of resources was a concern. For example, there were suggestions that there is currently too much duplication of services and that walk-in services are ineffective and a poor use of resources. Some respondents felt that financial resources have not been spread fairly across different primary care and hospital services and that some areas of the borough are not getting enough funding.

Other comments

Other comments were around better collaboration – for example GP practices working with pharmacists, dentists and A&E services was highlighted as an area for improvement; and for better communication and education for service users around which services to use, registering with a GP and not missing appointments.

5.6 Options for changing the current walk-in service

Question: Our preferred option is to close the Thurrock walk-in service and invest in four local GP ‘hubs’. With which option do you agree/disagree?

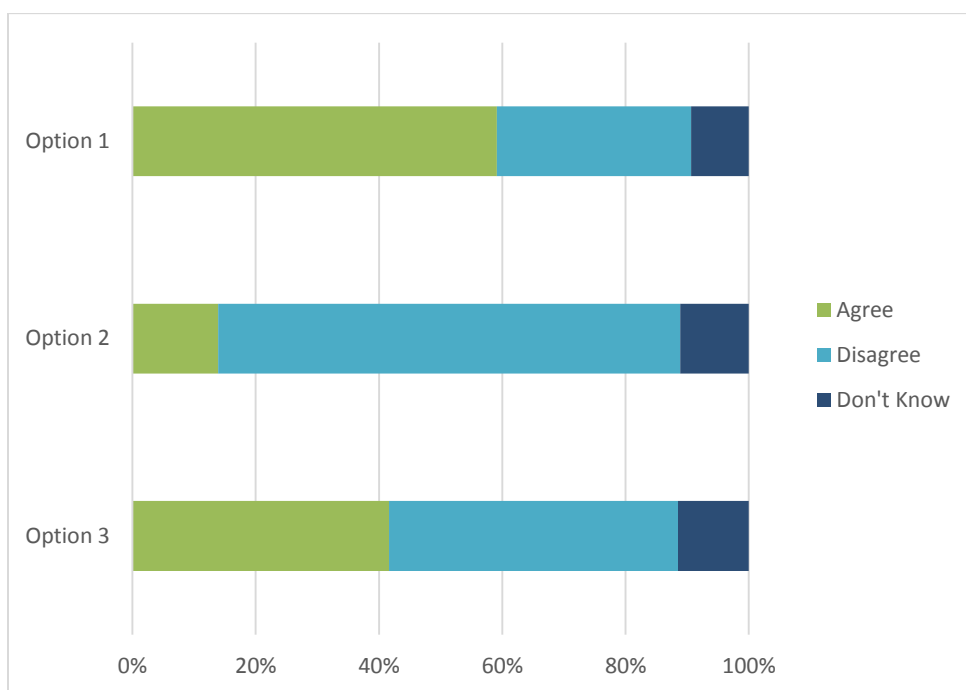
Option 1 – Retender for the service on the current specification (no change)

Option 2 – Retender with a new specification (i.e. with reduced opening hours)

Option 3 – Close the walk-in service and invest in four local GP ‘hubs’ (preferred option)

Table 1: Questionnaire results: breakdown of answers to options for changing the current walk-in service.

Answered Question: 233
Skipped Question: 9
Additional Comments: 180



These answers and results need to be considered alongside the feedback that was received at public events as the vast majority of participants at these events supported Option 3 with Option 1 being the least popular choice.

Respondents were able to select whether they agreed or disagreed with the proposed options for the Thurrock walk-in service. Some also stated that they did not know. Not all of the respondents selected a view about each option. It is therefore valuable to look at the data shown in **Table 1** which provides greater detail as to how many respondents replied to each option.

Option 1 had the greatest number of respondents (59.11%) agreeing with the suggestion of retendering for the service on the current specification (no change). 31.53% disagreed with this suggestions, and another 9.36% did not know.

Option 2 had the greatest number of respondents (75.00%) disagreeing with the suggestion of retendering with a new specification (i.e. with reduced opening hours). 13.89% agreed with this suggestion and another 11.11% did not know.


Option 3 had fairly equal split of opinions between those who agreed and disagreed with this option. 46.89% of respondents disagreeing with the suggestions of closing the walk in service and investing in four local GP 'hubs' (preferred option). 41.63% respondents agreed with this suggestion and another 11.48% did not know.

It can be therefore concluded that the most supported option by those who responded through online or paper questionnaires is Option 1 – to retender for the service on the current specification (no change), followed by Option 3 – to close the walk-in service and invest in four local GP 'hubs' (preferred option). Option 2 was rejected by 75% of the respondents.

By far the majority of comments submitted by respondents alongside this question were on the subject of access to services – for example on issues such as booking appointments, opening hours, equal access, access to urgent care and location of services. Respondents also commented on the future health hubs, quality of services, finance and resources, patient and public involvement, and collaboration. The key themes are outlined in more detail below.

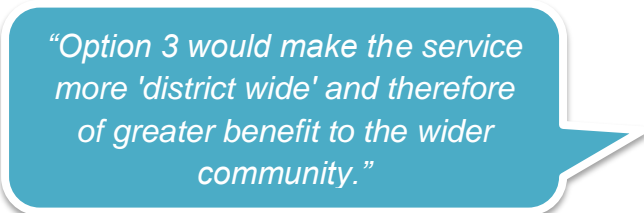
Access

Comments from respondents given alongside answers to this question indicated that many felt they don't have timely access to a GP appointment when they need it and that they felt the walk-in service provides this for routine or urgent appointments and during evenings and weekends. Others felt that the walk-in service is already unable to meet patient demand at times and that reduced opening hours as suggestion in option 2, would lead to much longer waiting times. Multiple respondents felt that GP opening hours should be extended to evenings and weekends. This would be to provide easier access to urgent and out of hours care for patients and reduce use of local A & E services.



“The walk-in service is an essential refuge from harsh GP appointment regulations.”

“If the walk-in service is closed, ALL GPs must be accessible.”



“Option 3 would make the service more 'district wide' and therefore of greater benefit to the wider community.”

Ensuring **equal access to services** was a concern for respondents. There were mixed views about the location of the current walk-in service. For example, some respondents felt that the current location was helpful because it is centrally located, offers good parking, is accessible by train and bus, and is located next to a pharmacy. One

respondent also felt that keeping a central **location** was a cost-effective way of providing an evening or weekend service. Contrary to this, some respondents felt that people outside of town cannot easily access the walk-in service and that access needs to be for all, not just those living nearby. For example, one respondent felt that service users with restricted mobility such as the elderly or disabled, and who live outside of Grays and Tilbury, cannot easily access the current service. A small number of respondents were concerned about current levels of **demand** and felt that the walk-in service relieves the burden on A&E services and on GP services.

Health Hubs

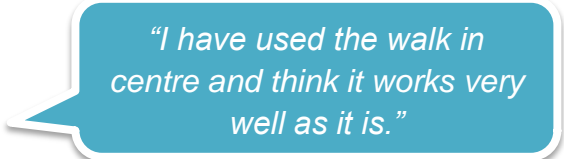
Respondents felt they **needed more information** about the services that will be offered by the health hubs. For example, what will be the opening hours, where will they be located, how can patients register and whether there will be a walk-in option. The **location** and **opening hours** of the health hubs were felt to be key factors, with a preference being shown for evening and weekend opening – especially if the walk-in service was to close or offer reduced opening hours. It was also suggested that both the health hubs and the walk-in service be kept open.

It was felt that the health hubs would need to be **accessible by public transport** especially for disabled service users or people who cannot afford or are otherwise unable to travel. A number of respondents suggested that the current walk-in service should become one of the health hubs because of its current location, its spacious layout and because money has already been spent on it.

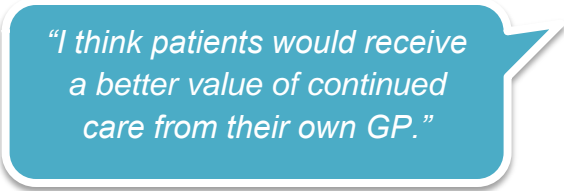
There were mixed views as to whether the health hubs would improve **access and quality** of services with some feeling that it may not be any easier to get a GP appointment and that they may lose the personal care provided by a registered GP, whilst others felt they would save travel time and costs and, unlike the walk-in service, it would provide personal care from a local clinician. One respondent suggested that the new hubs will need a triage process to filter urgent and non-urgent cases and to prevent unnecessary appointments.

Quality

With regard to the quality of existing services, comments from respondents generally stated that their experience of the walk-in service has been very good, for example with regard to pain relief and diagnosis, as well as being convenient and accessible, and for these reasons would prefer that it remained open. There were a smaller number of comments about how services could improve, and from these it was felt that care from GPs is variable, that GPs are not always approachable and that there seemed to be a high turnover of doctors. However it was not clear whether these comments specifically related to the users' own GPs or to walk-in service GPs. At least one respondent felt that their experience of the walk-in service had not been helpful as they had been turned away on more than one occasion, and another respondent felt that patients would receive better care from their own GP.



"I have used the walk in centre and think it works very well as it is."



"I think patients would receive a better value of continued care from their own GP."

There were some suggestions that more GPs are needed as there are currently not enough to support local GP surgeries, and that more staff should be added to the walk-in service. Also there were concerns that the current system is not currently being used correctly and that the town centre location of the walk-in service invites people to congregate in the health centre which makes it uninviting for other users.

Finance & Resources

Comments suggested that respondents were concerned about making better use of resources, for instance by reducing duplication. The opinions were split as to whether the walk-in service was more cost effective (by having everything in one place) or a waste of money (because people can attend their own GP or out of hours GP). Concern was expressed about the amount of money that has already

been invested in the walk-in centre and a suggestion that letting out rooms in the walk-in centre to pharmacies or other organisations could raise additional funding.

“But services available should be made very clear.”

Other comments

Some respondents felt that they themselves or other service users do not have enough knowledge about which services to use when and where, to be able to use them effectively. Two respondents felt that patients and the public did not have real influence as to how the services were to be changed, whilst one comment indicated that

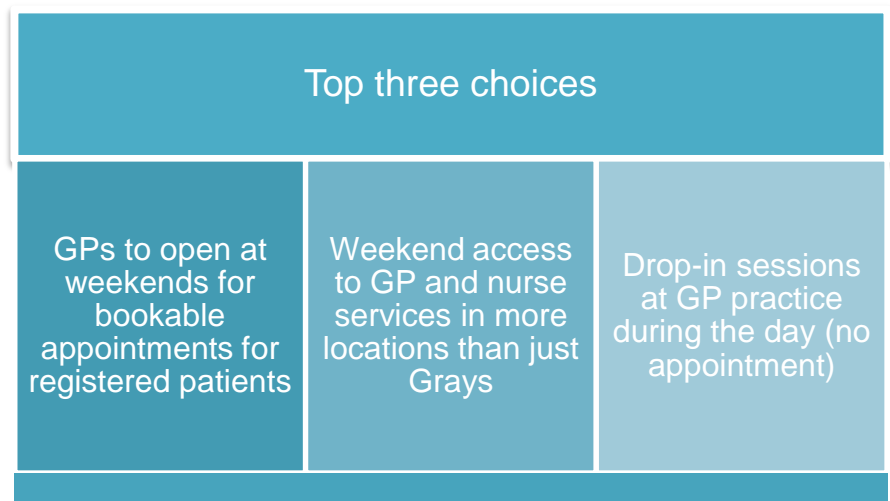
developing local services would allow the community to be involved.

Services that would most improve care in the borough

Question: To continue helping us develop health care in Thurrock, please tick the three services shown below that you think would most improve care in the borough.

The data shows that it was felt that being able to book GP appointments at weekends for registered patients, being able to access a GP or nurse in a variety of locations at weekends, and also being able to access a drop in session at a GP practice during the day were felt to be the top three choices for improving care in Thurrock.

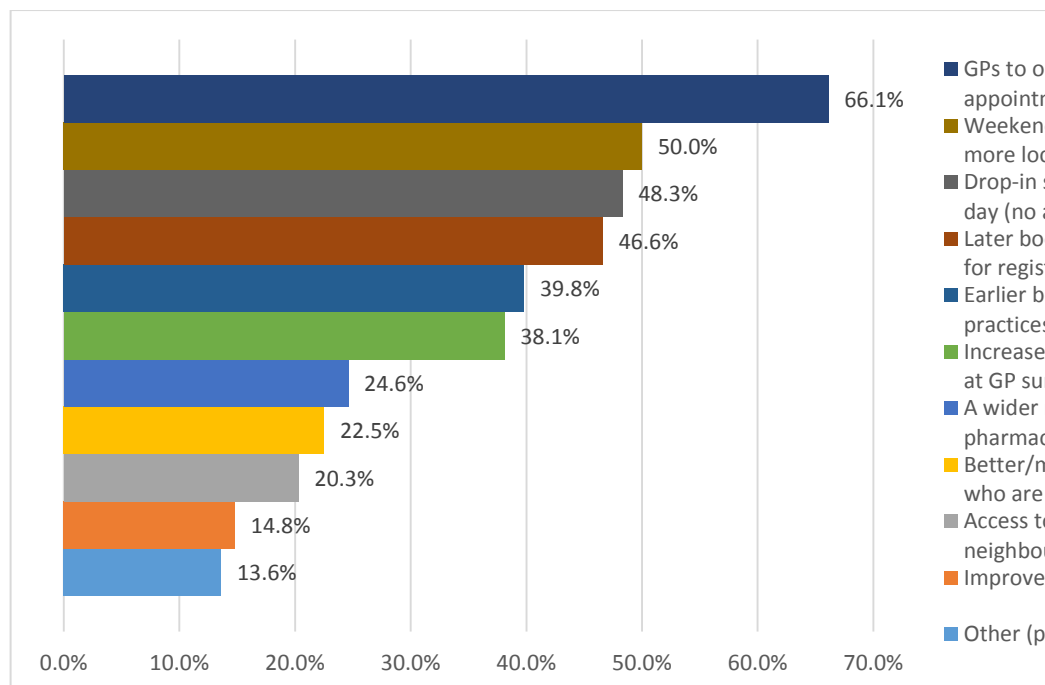
In addition to these three, accessing later and earlier bookable appointments at GP practices for registered patients and increasing the number of urgent appointments at GP surgeries were deemed to be additional services that would improve care in the borough.



Answered Question: 236

Skipped Question: 6

Additional
Comments:32



Fewer comments accompanied respondents' answers to this question. The majority of these comments related to access. Other observations focused on collaboration, finance and resources, patient and public involvement, and workforce. These key themes are outlined in more detail below.

Access

Introducing **drop in sessions at GPs surgeries** was suggested by some respondents. Others suggested that GP practices could be replaced by more walk-in services. This was because it was felt, for example, that the service would be faster and that even pre-booked GP appointments still mean waiting a long time in the practice to see the GP.

Another suggested reason was that GP surgeries do not have the staff to be able to offer appointments.

Respondents indicated that they would like to see **GP opening times extended to evening and weekend appointments.**

There were comments about the **location** of services and provision of **equal access**. For instance, it was suggested that each locality could have a walk-in service, or that more drop-in centres could be provided using existing surgeries.

Having a service that could be closer for people in places such as Tilbury, who are too unwell, are elderly, or have no transport to access the existing walk-in service. Other suggestions included **utilising technology** to improve services, for example through offering online consultations and using telephone triage; expanding existing facilities to be a minor injury unit with 7 day opening and x-ray provision; offering more mental health services for children, a proposal for the walk-in service to

"Have a 24 hour NHS walk in service in Grays High Street as there is too much pressure on Basildon A&E at the moment."

"Close walking centre and spread out this service through-out borough evenly to be fair."

become a mini-hospital and for more GP surgeries with better facilities to meet the needs of the growing population.

Other comments

It was felt by some respondents that more **collaboration** between primary care teams was needed, for instance through better communications between pharmacies and GPs, Pharmacy access to GP IT systems, for GP practice based pharmacists and for GPs to work together in larger practices.

“Better comms between pharmacies and GPs.”

There were a range of comments on the issue of **finance and resources**. For instance there was a comment about the cost of implementing options 2 and 3 and whether this would provide the anticipated outcomes; a concern was raised as to whether the money which had been invested to date into the walk-in service might be wasted if it were to close; one respondent suggested there should be more investment to build capacity to meet demands, and there was a suggestion that practices which do not provide adequate access should be penalised.

Comments on **patient and public involvement** included introducing a proposal to introduce fines for missed appointments and increase service user knowledge around missed

“Fines for missed appointments.”

“some of the above are not workable. GPs have paperwork to do and home visits. They can't work 24/7. They have to eat. Saturday opening just brought in the same people every week,”

appointments and expectations of what services are available.

There were a small number of **workforce** comments around increasing the number of doctors and one respondent felt that GPs already have a large workload and that Saturday opening is creating more demand.

Other suggestions for improving urgent primary care in the borough

Question: Are there other any suggestions you have to improve urgent primary care in the borough?

Answered Question: 109

Skipped Question: 133

The key themes identified in answers to this question were access, quality of services, finance and resources, patient and public involvement, collaboration and the proposed health hubs. More detail from this analysis is outlined below.

Access

A whole range of comments were given as to how services could be changed in order to improve access. **Extending GP opening hours** to evenings and weekends was felt to be important in order to meet the needs of service users who work during the day. There was also a suggestion that a GP service should be

permanently based at Orsett Hospital as an out-of-hours service. A number of respondents felt the current **walk-in service** should remain open or even that new ones should be opened because GP surgeries are oversubscribed and it prevents the over loading of A&E services. Other respondents felt that the walk-in service had become too busy and that more staff should be brought in to alleviate this.

Improving access to **GP appointments** and reducing **waiting times** were a common suggestion alongside recommendations that **phone triage** or other systems are put in place to ensure urgent cases are seen first, and to direct patients to pharmacy or other primary care services.

"I think service could improve by providing more services or appointments outside office hours for patient who find it difficult to access services due to work commitments."

"Online engagement (e.g. web chats) as many residents now use smart phones, tablets and computers to engage with services."

Some respondents felt that **existing services should be expanded** to include blood testing, x-rays, minor surgeries and mental health services for children. This could be done through the development of 'cottage' or 'mini-hospitals' or through the development of a 'super surgery' in main towns.

It was felt access could be improved by **using technology** to provide online appointment booking, telephone or video consultations, an online interface for patients to update their

symptoms or offer web chats as a means of triaging patients and providing general advice or prescription updates. **Location** of services, with easy and affordable transport links was another factor put forward for consideration.

Quality

The GP and primary care **workforce** received a mixture of comments such as improving GP and practice nurse recruitment and retention in order to meet the growing patient numbers and reduce the use of locum doctors; better training for reception staff and better training for GPs and nurses on issues such as mental health.

"I feel that reception staff should be better trained. They are the 'gate keepers' to the GP and without them listening to you, it can have a negative impact on your GP experience."

One
comment

"Use nurse practitioners more giving GPs the time to deal with the patients who have serious illnesses"

suggested that patients should have a designated doctor at their local surgery. Respondents felt that the care currently provided by GPs in the borough is variable with some reporting poor **patient experience** and requesting better services for disabled patients, better involvement of patient participation groups and better communication by healthcare professionals where English was not a first language. The walk-in service received several positive comments around the care provided, although one respondent felt that language needs of patients could be met more effectively as it was felt that a lack of translation support for completing paperwork currently creates a backlog.

Finance & Resources

Respondents felt there could be **better use of resources** through using existing services more effectively, reducing wastage of medicines, utilising pharmacy services and reducing some A&E services because patients have been using the walk-in service instead. Greater **investment in primary care** was proposed as necessary to improve access and GP premises, and there was a suggestion for the walk-in service to screen for overseas patients who should be paying for services.

“Publicise the full range of NHS services available to the public and ensure they know where to go to access the right services”

Patient and Public Involvement

Comments on patient and public involvement focused on building **service user knowledge** through better communication of the services that are available and when to use them; supporting **self-management** for minor ailments; fining patients who miss appointments, and working with patients and the public with regard to improving services.

Collaboration

Improved **collaborative working** was proposed. For example GPs working together in groups in order to provide existing services more effectively, share running costs and run specialist services; better utilisation of pharmacies and closer working together of primary care teams, community teams and social services.

“Empower the PPG; work collaboratively.”

“They should have good transport links, public and private, disabled access, ample parking.”

Health Hubs

It was suggested that the **location** of the new health hubs be in central geographical areas e.g. Aveley, have good transport links, disabled access and parking and possibly incorporate other facilities such as food outlets and hairdressers in order to act as a social focal point for the community. **24-hour opening** alternating across the four hubs was suggested by one respondent and a view was expressed to see any savings (should the walk-in service be closed) reinvested in the health hubs so they can offer evening and weekend opening.

5.7 What were the views of those who participated in the public events?

Thurrock CCG held three public events to give Thurrock residents an opportunity to meet with the clinicians, ask questions relating to the proposals for the future of the Walk-in service and familiarise themselves with the data and findings that underpinned them.

The events were held during different times of the day, two of them in the evenings, to allow people with different working patterns the opportunity to attend at least one of them. The events were held in venues that were easily accessible for local people and were suitable for disabled residents.

All three events attracted 102 people in total, with the first event held in Orsett Hall attracting 83 people (for detailed statistics please see 5.1 in this report). Due to the large number of attendees, the format of the first event included table discussions and feedback whilst the last two events allowed around 1.5 hours for Questions & Answers session with the clinicians presenting the proposals and the rationale for them.

Feedback from the public event on 11 February 2015

The feedback gained from the participants at this event is split into two distinct areas relating to the primary care services provided by GPs and the options for the future of the Walk-in service. Both strands of feedback are described below.

[Please describe how you would want your GP to provide services for you and your family. How does this compare to GP services that you receive now?](#)

The key themes identified in answers, comments and table discussions to this question were access, communication with patients, continuity of care, educating patients and public and collaboration between different health professionals. More detail from this analysis is outlined below.

Access

Participants from all eight tables commented on the access issues currently experienced in primary care in Thurrock. The feedback reflected the frustration of some participants and their relatives of not being able to get GP appointments when they needed them. Majority of table discussions supported the idea of extended evening and weekend working hours to accommodate patients' working patterns and ensure equal access to GP services. Some participants voiced their concerns that current health services and overall provision does not keep up with the population growth in Thurrock which makes accessing GP care even more challenging. Key improvement recommendations included utilising modern technology and introducing online appointments booking system as well as more effective triage systems to ensure that those with the most pressing need are seen by their GP in a timely fashion.

Communication with patients

Improving the communication with patients was widely discussed on each of the eight tables. There were specific issues that the event participants wanted to see addressed:

- Succinct, clear and easily accessible information about the services available for all patients as well as those with specific conditions
-

-
- Better utilisation of the social media and internet to inform, educate and engage with patients
 - Support staff to display greater compassion in their interactions with patients, particularly when they want to book an urgent appointment with a nurse or a GP

Participants perceived improved communication as key to reducing the number of appointments that patients did not attend and did not cancel. The participants felt that better communication systems would also ensure that patients access the right service first time improving their experience of using health services.

Educating patients and public

Majority of the table discussions reflected participants' concern about the DNAs statistics (Did Not Attend, this is a term used to describe unused appointments when patients booked an appointment but did not cancel it making it impossible for someone else to use it). The discussions revolved around better communication and building awareness among patients on the impacts of not cancelling the appointments.

Other tables discussed various roles that other health professionals, particularly pharmacist could take in educating the patients and thus reducing their need for accessing a GP. One of the tables indicated that better utilisation of pharmacies could be particularly helpful for improving sexual education among younger population.

The need for more preventative work by all health professionals was discussed by majority of the participants and it was felt that more effort and resources need to be directed to public health issues.

Collaboration between different health professionals

Majority of the participants raised their concerns that GP appointments are not used appropriately and both patients and health professionals need to take responsibility for ensuring that the right service or health professional is accessed each time. Some of these discussions linked with the education and communication themes indicating a close link between these enablers of more effective patient care.

Participants on more than half of the discussion tables would like to see more health professionals working closely together with patient at the centre of their services. This could include sharing GP services and premises to ensure that they are maximised for the patient benefit. Majority of the participants would like to see more diagnostic tests available closer to home, either at their own GP practice or in a shared 'GP hub' facility locally. In addition, participants on one of the tables put forward an idea of creating community hubs that would also include a meeting place for local residents and easy access to charities such as Age UK.

Continuity of care

Participants on two tables raised issues related to the continuity of care offered by GPs. They expressed their preference for being seen and treated by the same GP or a GP from the same practice with easy access to their records. This would improve levels of trust between GPs and patients and enable more preventative work.

[Please provide feedback on the three options for the future of the Thurrock Walk-in service](#)

The Q&A session was followed by more detailed table discussions among participants and feedback was shared with everyone at the end of the discussions. The key themes of the feedback on each of the options are presented below.

Option 1	Option 2	Option 3
<ul style="list-style-type: none">• The Walk-in service does not offer anything different than a GP practice other than longer hours• Perceived as an inefficient service and a duplication• Only utilised by those living in Grays and Tilbury	<ul style="list-style-type: none">• Perceived as a 'waste of money'• No advantage of choosing this option	<ul style="list-style-type: none">• Emerged as the most supported option through all table discussions• The participants wanted to see opening hours in hubs extended• There is a need to open hubs during the times that services are most needed and used, beyond the weekends• Best option for those who live outside of Grays and offer equal access for all Thurrock residents• 'Only logical option'

In addition to the comments related to specific options for the future of the Walk-in service, some of the participants also pointed out that:

- Transport links need to be carefully considered when choosing specific locations for hubs
- Clear and easily accessible information on services available needs to be provided so those who are not registered with GPs have equal access to health services across Thurrock
- A consideration should be given whether Thurrock Health Centre where the current walk-in service is located could be one of the health hubs

There was a small number of questions that remained unanswered due to the time limitations of the session. Therefore, the CCG encouraged everyone to share their email addresses to send responses to the unanswered questions after the event. The Q&A sheet was created after the event and sent out to everyone who provided their contact details on 10 March 2015.

Feedback from the public events on 4 and 18 March 2015

Both evening events attracted 19 participants in total and therefore their format was adjusted to a smaller audience. Instead of providing feedback on the future of the walk-in service following table discussions among the participants, an extensive Q&A session was conducted.

Due to the similarity of feedback themes at both events, they have been collated and presented below:

-
- Access was raised as a key issue and a source of concern for a vast majority of participants; a number of questions and concerns were raised with relation to the equality of access across Thurrock with the current Walk-in service being underutilised by residents not local to it
 - The second most talked about topic was around the communication issues and knowing when and where patients can access appropriate services which made them anxious about potentially removing a service that is available seven days a week
 - There was a number of questions clarifying the planned locations for hubs, the way the appointments would be organised and whether they will provide some drop in appointments
 - There was a wide acknowledgement that the limited funds available need to be utilised in the best possible way and some services are currently duplicated
 - There were mixed opinions on the effectiveness and service provided at the current walk-in service with some participants highly valuing it being available whilst others criticised the waiting time and some of the treatment or advice they received there.
 - Overall, participants at the event held in Corringham supported Option 3 as their preferred option whilst participants at the event held in Grays were more divided in their opinions; some preferred the option of the walk-in service remaining unchanged whilst others recognised the advantages of moving into the health hubs model.

5.8 Other feedback received

In addition to the feedback received through the questionnaire, the CCG received the following submissions:

- Basildon and Brentwood CCG supported Option 3 to close the walk-in service and invest in four local GP health hubs
- South Essex Local Medical Council (LMC) indicated its support by confirming that after considering the matter the Committee unanimously supported Option 3 on the understanding that the geographical fit of the four “hubs” would increase accessibility for patients of all GP practices in Thurrock
- Commissioning Reference Group verbally expressed their support for Option 3
- Jackie Doyle-Price, MP for Thurrock publicly expressed her support for Option 3
- Email submission from Polly Billington, Labour parliamentary candidate expressing her opposition to the option 3 of closing the walk-in service
- Email submission on behalf of Cllr Tim Aker, MEP and UKiP parliamentary candidate expressing his opposition to the option of closing the walk-in service

5.9 Summary of key feedback themes

In summary, the feedback on the proposed three options for the future of the walk-in service indicates that:

- The majority of those who took part in the consultation through participating in the events, completing the questionnaire and submitting their views, did not support Option 2 for the future of the walk-in service
-

-
- Those who provided their opinion through the questionnaire and email submissions (251) were more supportive of Option 1 than Option 3
 - A vast majority of those who attended events organised by the CCG (102) were supportive of Option 3.

Analysis of the qualitative data from the completed questionnaires has highlighted a range of key themes of which **access** has been by far the greatest concern. Many respondents expressed frustration with the difficulties of getting routine and urgent GP appointments and some concerns were raised about the length of waiting times at local GP practices.

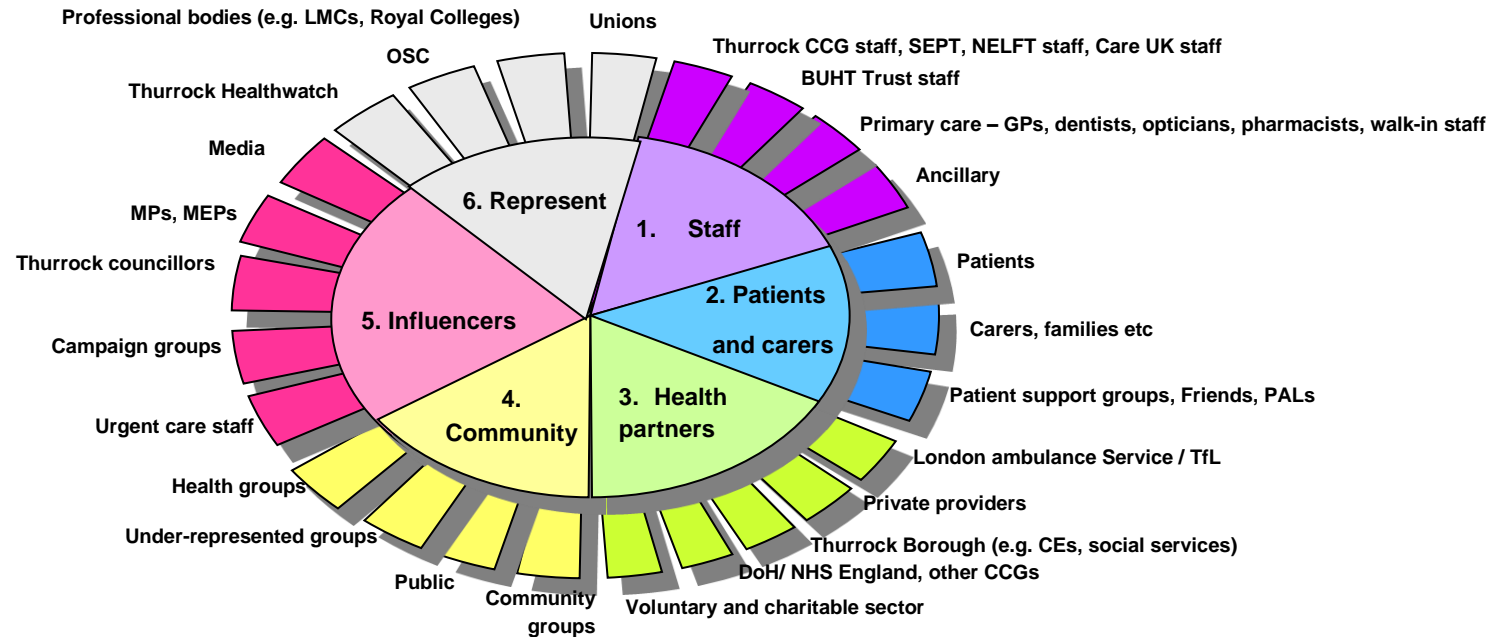
Multiple comments encapsulated a desire to see GP opening hours extended to evenings and weekends in order to accommodate service users who work during the week and to reduce the need to access other urgent care services as an alternative point of contact. Respondents indicated that they felt that the current walk-in service was an assured means of accessing a healthcare professional when they needed it.

Having equal access to services, in terms of where services are located, the distance that needs to be travelled and the availability of public transport generated comments from respondents. Having a consistent approach to booking appointments was also advocated along with an interest in seeing better utilisation of technology.

Appendix A

Stakeholder framework

This stakeholder framework details the communications and engagement responsibilities of Thurrock CCG as presented to the Health Overview and Scrutiny Committee on 13 January 2013.



Stakeholder engagement plan

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
<p>1. NHS staff, internal stakeholders e.g:</p> <p>Includes:</p> <ul style="list-style-type: none"> • College Health group • Thurrock Walk-in Centre • Thurrock CCG • North East London Foundation Trust staff • SEPT staff • BUHT staff • EEAST staff • Care UK staff • GPs • GP practice managers and staff • SEEDs • Other Clinical Commissioning Groups • Community pharmacists • Other staff working at the same location • NEL CSU 	<ul style="list-style-type: none"> • to develop NHS staff as potential ambassadors and drivers for change • to ensure awareness of the aims of the consultation • to ask staff their views in order to inform our understanding and to improve and develop the proposals • to enable staff to understand the impact of any proposals on their roles or professional groups, and what it means for them – and help allay any fears about their jobs and future careers 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website • Make formal proposal document available • Produce information for staff briefings and articles in stakeholders newsletters • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>End of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>
<p>2. Patients/carers</p> <p>Includes:</p> <ul style="list-style-type: none"> • patients/carers with experience of walk-in 	<ul style="list-style-type: none"> • to ensure awareness of the aims of the consultation and ask people to respond to the consultation • to explain the benefits and issues around quality, 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website 	<p>Ongoing</p> <p>Start of consultation and throughout</p>	<p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
<p>services</p> <ul style="list-style-type: none"> • patients using the location to access other services (e.g. GP patients) • people with a long-term conditions • people with mental health problems or dementia • PALS and Friends • patient groups • carers of patients 	<p>equalities, travel, patient pathways</p> <ul style="list-style-type: none"> • to be open and create understanding • to provide reassurance of the NHS commitment to clinical quality and patient care • to encourage informed debate • to understand the needs of patients • to help prevent ill health and improve the health of residents 	<ul style="list-style-type: none"> • make formal proposal document available • Public drop-in event for Thurrock-based patients and carers • Media releases • Leaflet door drop • Newspaper advertising • Communicate to all following decision 	<p>consultation</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>End consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
<p>3. Health and related partners</p> <p>Includes:</p> <ul style="list-style-type: none"> • Dept of Health; NHS England; other CCGs – in particular Basildon and Brentwood • Health and Wellbeing Board • Thurrock Council • London Ambulance Service • local partnerships; groups/boards • private providers • Voluntary groups – especially associated with the locations 	<ul style="list-style-type: none"> • as section 2, plus: • to ensure any impacts on health partners are fully explored • to utilise specialist knowledge of issues and opportunities • to ensure synergy with partners' developments and announcements 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • produce information for staff briefings and articles in stakeholders newsletters • emails and links to consultation website • encourage local organisations to create and publicise a link from their website home page to website and include information in their publications • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>End consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>
<p>4. Community</p> <ul style="list-style-type: none"> • public • community groups e.g. schools, faith communities and leaders, residents associations, • traditionally excluded groups • health groups 	<ul style="list-style-type: none"> • as section 2, plus: • to build trust in the Trust and the NHS as effective caretakers of the health of local population • for the community to understand how the NHS works and the services on offer • to understand the needs of residents 	<ul style="list-style-type: none"> • develop proposals in partnership • Draft letters/emails to keep informed • emails and links to consultation website • make formal proposal document available media releases • Leaflet door drop • Newspaper advertising 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>Throughout consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
		<ul style="list-style-type: none"> Communicate to all following decision 	<p>Start and end of consultation</p> <p>End of consultation</p>	<p>Y</p> <p>Y</p>
5. Influencers <ul style="list-style-type: none"> MPs Media Councillors 	<ul style="list-style-type: none"> as section 2, plus: to listen to their views to facilitate influencers in providing reliable information to constituents 	<ul style="list-style-type: none"> develop proposals in partnership Draft letters/emails to keep informed distribute copies of proposals, but face-to-face meetings are key for this audience: one-to-one meetings or roundtable discussions media releases press advertisements Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Start and end of consultation</p> <p>Start and end of consultation</p> <p>End of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Audience	Communication objectives	Communication activities	Timescale	Completed Y/N
6. Representatives <ul style="list-style-type: none"> • HOSCs • Local Medical Committees • Thurrock Healthwatch • Unions • professional bodies / royal colleges 	<ul style="list-style-type: none"> • as section 2, plus: • to provide information as required under the NHS Act (OSCs) • receive independent endorsement for proposals and thereby reassure relevant audiences • to receive critical challenge and objective examination 	<ul style="list-style-type: none"> • develop proposals in partnership where appropriate • distribute proposals, but face-to-face meetings are key for this audience • presentations • respond to OSC/ submission • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Ongoing</p> <p>TBA</p> <p>Start and end of consultation</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Appendix B

Profile of Respondents

The consultation questionnaire asked respondents about their:

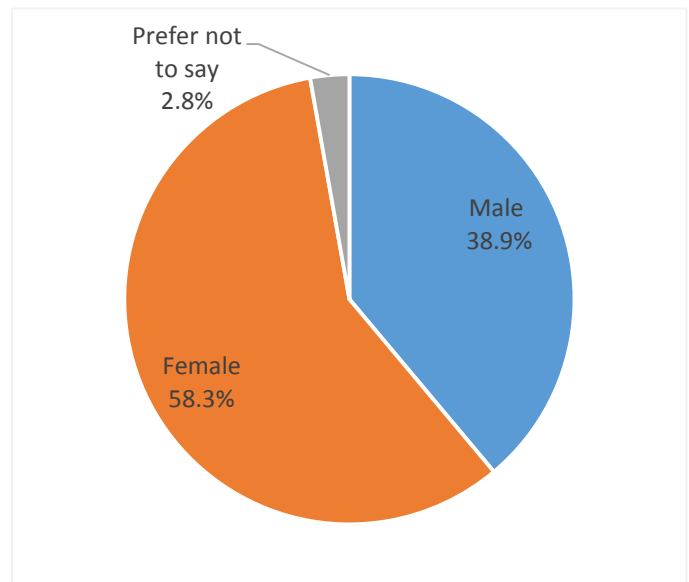
- gender
- age
- ethnic background
- whether they considered themselves to have disability
- whether they are employed by the NHS
- which religion or belief they most identified with
- whether they were responding in a group or personal capacity
- and whether they are a service user, carer or local resident.

Where possible, the profile of respondents was compared to the known profile of users of the walk-in service. This comparison showed that **whilst the gender of respondents does appear to reflect the users of the walk-in service, the age and ethnic background of respondents does not appear to fully resemble that of the users of the service.**

Answered Question: 216
Skipped Question: 26

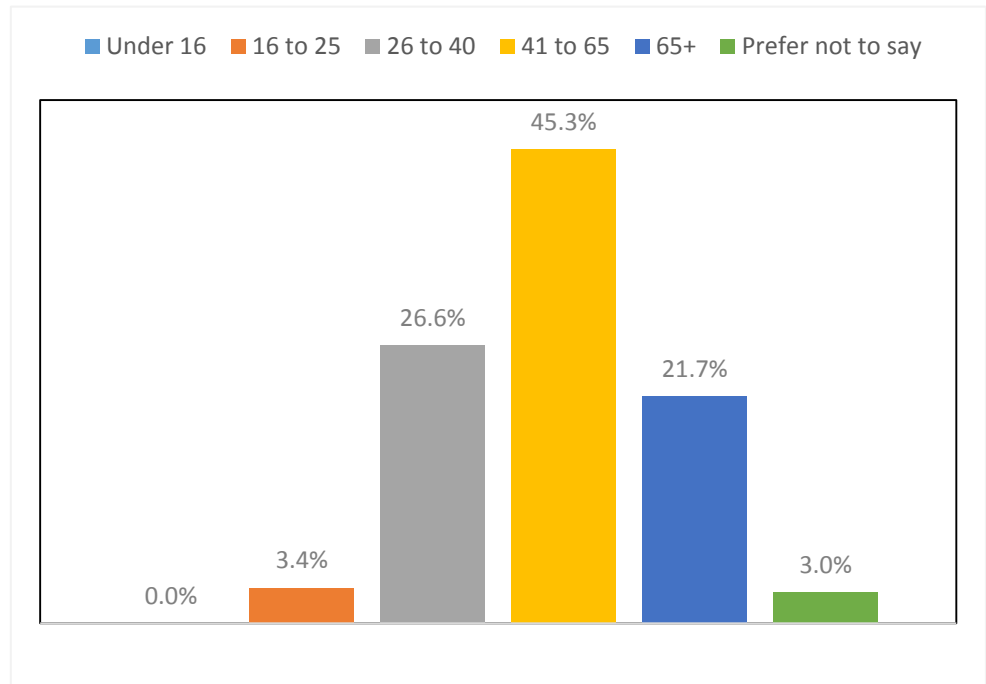
Gender of respondents

The respondents of the questionnaire were primarily female (58.3%), a further 38.9% were male with the remaining 2.8% of the respondents preferring not to specify a gender. A one month snap shot view of patients attending the walk-in centre in May 2014 indicated that 58% of the patients were female. Therefore the gender of respondents to the questionnaire appears to reflect the users of the walk-in service.



Age of respondents

Nearly half of the respondents (45.3%) fell into the 41-65 age group. The next largest age group was 26-40 (26.6%) followed by the over-65s (21.7%). It is worth noting that a snapshot analysis of the age of users of the walk-in service has indicated that, whilst most users of the service fall into the 19-50 age group, only 14% of users are aged 41-60, and only 5% of users are over 61³. This would therefore suggest that the age of the respondents may not reflect the age of the users of the walk-in service.



Answered Question: 203
Skipped Question: 39

Ethnic background of respondents

The ethnic background of respondents was principally given as White British (80.2%) with Black British (2.5%) and Indian (2.5%) as the next largest groups. Any other White background was 2.0% with Asian British (1.5%) and Pakistani (1.5%) both having the same number of respondents. White Irish and Black African respondents each reached 1.0% of the total number. There were 0.5% of respondents each from Any other Asian background, Any other ethnic group, Black Caribbean, White and Black African and White and Black Caribbean. A number of ethnic groups had no respondents, and 5.4% of respondents preferred not to say.

Ethnic data of the users of the walk-in service⁴ indicated that 39% of respondents gave their ethnicity as White British with Mixed British as the next most common ethnicity (6%). This would indicate that the ethnic breakdown of respondents does not reflect the ethnic breakdown of users of the walk-in service.

Answered Question: 202
Skipped Question: 40

Answer Options

Response %

Response Count

³ Based on a one-month snapshot view of patients attending the walk-in service in May 2014. Different age group categories were used in the snapshot audit which limits the level of direct comparison.

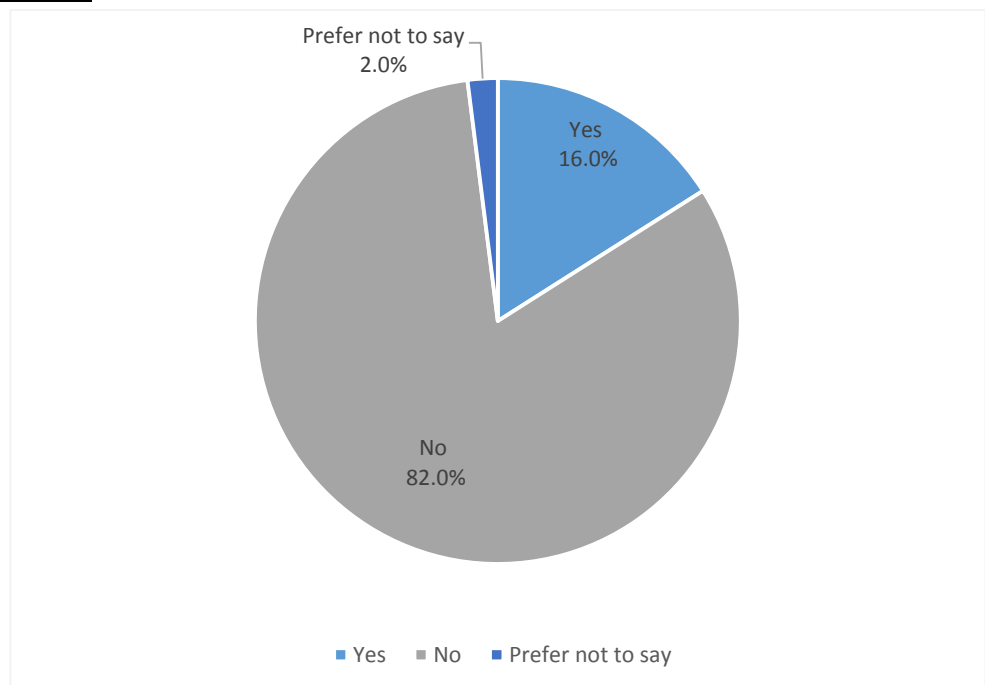
⁴ Based on a one-month snapshot view of patients attending the walk-in service in May 2014.

White British	80.2%	162
Prefer not to say	5.4%	11
Black British	2.5%	5
Indian	2.5%	5
Any other White background	2.0%	4
Asian British	1.5%	3
Pakistani	1.5%	3
Black African	1.0%	2
White Irish	1.0%	2
Any other Asian background	0.5%	1
Any other ethnic group	0.5%	1
Black Caribbean	0.5%	1
White and Black African	0.5%	1
White and Black Caribbean	0.5%	1
Any other Black background	0.0%	0
Bangladeshi	0.0%	0
Chinese	0.0%	0
White and Asian	0.0%	0

Answered Question: 200
Skipped Question: 42

Respondents with a disability

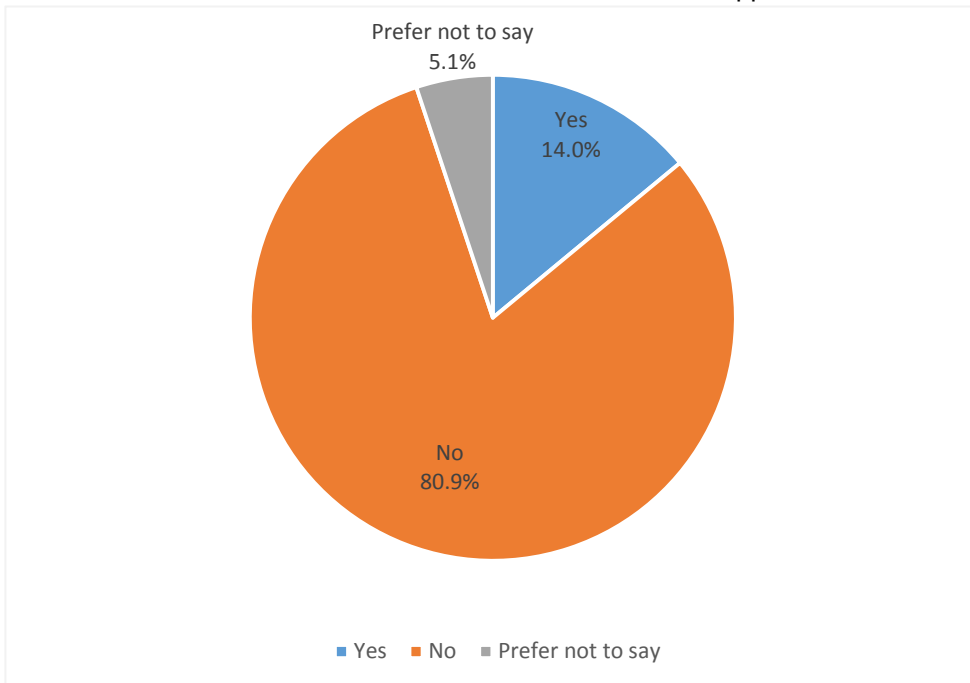
The number of respondents who confirmed that they consider themselves to have a disability was 16.0%; while 82.0% respondents did not have a disability, and 2% of respondents preferred not to say.



Respondents Employed by the NHS

Answered Question: 215
Skipped Question: 27

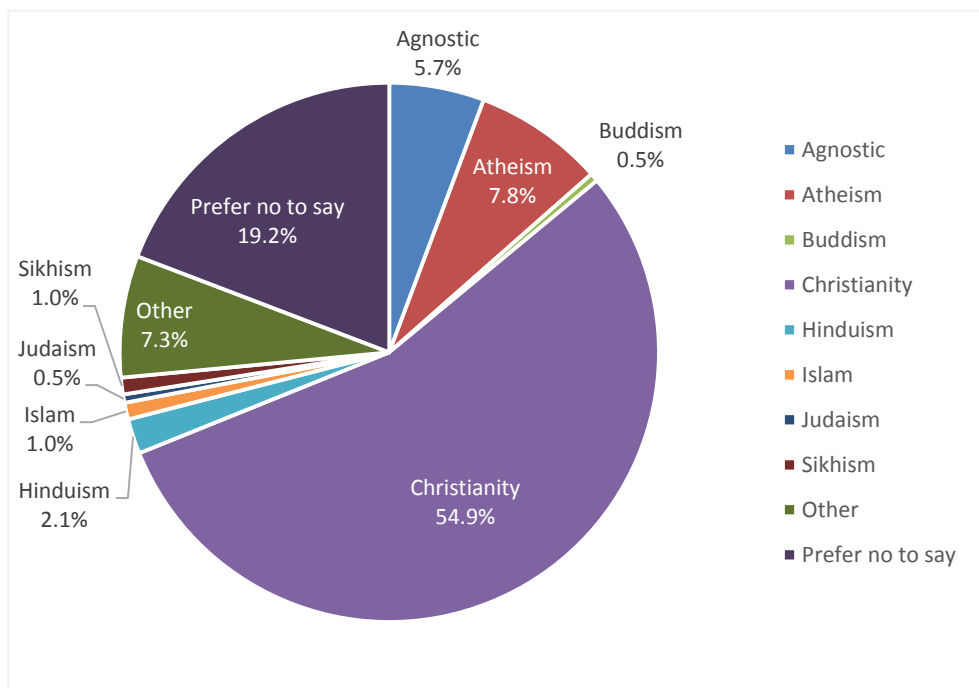
Of the members of the public who completed the consultation questionnaire, 80.9% of respondents were not employed by the NHS; there were 14% who confirmed that they were, and 5.1% preferred not to say.



Religion or Belief of Respondents

Answered Question: 193
Skipped Question: 49

The religion or belief which respondents most identified themselves with was just over half Christian (54.9%) followed by Atheism (7.8%) and Other (7.3%). The remaining religions represented 10.8% of respondents. Nearly a fifth of people preferred not to say.

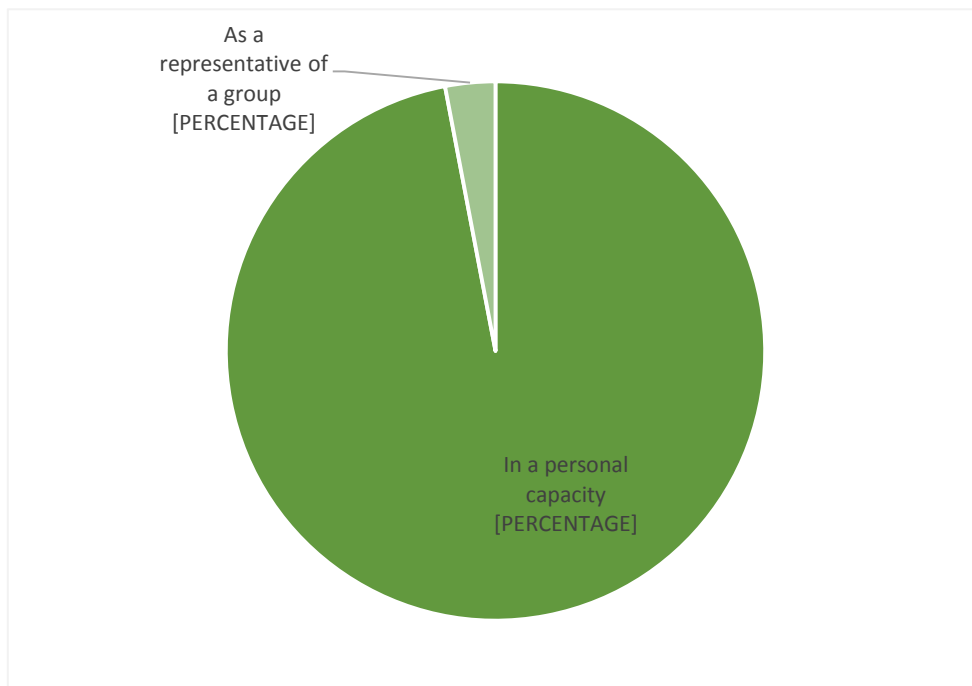


Responding in a personal or group capacity

Answered Question: 236

Skipped Question: 6

Respondents were asked to confirm whether they were responding to the questionnaire in a personal capacity or as part of a group. The majority of respondents (97%) answered the questions in a personal capacity. 3% of respondents stated that they were representing a group, however two of these group respondents suggested that they were responding on behalf of patients or people they have spoken to without



clarifying whether they were members of a recognised patient organisation.

The other group respondents indicated that the respective organisations they represented were the Thurrock Over Fifties Forum (TOFF), the Hassengate Medical Centre, the Thurrock Health Centre and the Chafford Hundred Local Authority.

Service user, carer, or local resident

Answered Question: 214
Skipped Question: 28

Respondents were invited to tick all of the options that applied to them. Therefore more than one answer may have been selected. The data shows that 74.8% of respondents were local residents but **only just over half (51.9%) were also service users**. 6.1% were carers, 5.6% were other, and 2.3% preferred not to say.

