

Public Document Pack

Scrutiny Panel B

Thursday, 21st April, 2011
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt (Vice-Chair)
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Parnell

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PUBLIC INFORMATION

Southampton City Council's Six Priorities

- Providing good value, high quality services
- Getting the City working
- Investing in education and training
- Keeping people safe
- Keeping the City clean and green
- Looking after people

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2010/11

2010	2011
Thurs 10 June	Thurs 13 Jan
Thurs 15 July	Thurs 10 Feb
Thurs 9 Sept	Thurs 17 Mar
Thurs 14 Oct	Thurs 21 Apr
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the contained in Article 6 and Part 3 (Schedule 2) of the Council's Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Disclosure of Interests

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

- (i) if the matter relates to an interest in the Member's register of interests; or
- (ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-
 - (a) any employment or business carried on by such person;
 - (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;
 - (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or
 - (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/.....

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Panel Administrator prior to the commencement of this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the Minutes of the Inquiry Meeting held on 17th March 2011 and to deal with any matters arising, attached.

7 BITTERNE WALK-IN CENTRE -UPDATE ON THE NHS SOUTHAMPTON CITY TRUST BOARD DECISION

Report of the Medical Director NHS Southampton City detailing the decision and recommendations made by the Trust Board on the future of Bitterne Walk In Centre, attached.

8 SOLENT NHS TRUST UPDATE ON FOUNDATION TRUST APPLICATION

Report of the Programme Director Solent NHS Trust detailing the programme work underway to aim for FT authorisation April 2013, attached.

9 PLANNING FOR A HEALTH AND WELLBEING BOARD FOR SOUTHAMPTON

Report of the Executive Director of Health and Adult Social Care and the Director of Public Health updating the Scrutiny Panel on the current activities and future plans for establishing a Health and Wellbeing Board for Southampton, attached.

10 PATIENT SAFETY IN ACUTE CARE INQUIRY - DRAFT FINAL REPORT

Report of the Executive Director of Health and Adult Social Care detailing a draft report of the Panel's Inquiry into Patient Safety in Acute Care, attached.

WEDNESDAY, 13 APRIL 2011

SOLICITOR TO THE COUNCIL

SCRUTINY PANEL B
MINUTES OF THE MEETING HELD ON 17 MARCH 2011

Present: Councillors Capozzoli (Chair), Daunt (Vice-Chair), Harris, Payne, Parnell (Minute numbers 37- 39 only) and Dr R Williams (Minute numbers 37- 39 only)

Apologies: Councillors Drake and Marsh-Jenks

Also in attendance: Councillor White – Cabinet Member for Adult Social Care and Health

37. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

The Panel noted the apologies of Councillor Drake for the meeting and that Councillor Richard Williams was in attendance as a nominated substitute for Councillor Marsh-Jenks in accordance with Council Procedure Rule 4.3.

38. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Scrutiny Panel B Meeting on 10th February 2011 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

39. **SAFE AND SUSTAINABLE - REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND**

The Panel considered the report of the Executive Director for Adult Care and Health detailing the review of children's congenital heart services in England, the proposals set out within the consultation document and the possible implications for Southampton. (Copy of the report circulated with the agenda and appended to the signed minutes).

Dr Marsh (Southampton University Hospitals Trust (SUHT)), Mr Satchell (South Central Specialised Commissioning Group), Mrs Prior (Families of Ocean Ward) and Mr Dymond (Chair of the Southampton Local Involvement Network) were present and, with the consent of the Chair, addressed the meeting.

RESOLVED that the Chair be delegated authority to respond to the national review on children's congenital heart services taking into consideration all of the points raised at the meeting and set out within the report and consultation with the Panel;

40. **SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST - SPECIALIST NEUROLOGICAL REHABILITATION SERVICE**

The Panel considered report of the Executive Director of Adult Social Care providing the Panel details of concerns received in relation to the specialist neurological rehabilitation service in Southampton and the current situation (Copy of the report circulated with the agenda and appended to the signed minutes).

Sue More (Divisional Director of Operations Southampton University Hospitals Trust (SUHT)), Dr Hutchins, Dr Sumanasuriya (SUHT Consultants in neurological rehabilitation), Dr Higgins (Southampton City Primary Care Trust) Councillor White (Cabinet Member for Adult Social Care and Health) and Mr Dymond (Chair of the Southampton Local Involvement Network) were present and, with consent of Chair addressed the meeting.

RESOLVED

- i. that authority be delegated to the Chair, in consultation the Panel, to provide a response to the SUHT in line with the comments raised at the meeting and within the papers;
- ii. that Southampton University Hospital Trust keep the Panel informed of the situation regarding the specialist neurological rehabilitation service.

Agenda Item 7

DECISION-MAKER:	PANEL B			
SUBJECT:	BITTERNE WALK-IN CENTRE -UPDATE ON THE NHS SOUTHAMPTON CITY TRUST BOARD DECISION			
DATE OF DECISION:	14 APRIL 2011			
REPORT OF:	MEDICAL DIRECTOR, NHS SOUTHAMPTON CITY			
AUTHOR:	Name:	Dawn Buck/Emma McKinney	023	80296932
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STATEMENT OF CONFIDENTIALITY

None

SUMMARY.

The panel is asked to note the decision and recommendations made by NHS Southampton City Trust Board on the future of Bitterne Walk In Centre

RECOMMENDATIONS:

- (i) To note the report by NHS Southampton City on the results of the public consultation on the future of the Walk-in Centre at Bitterne Health Centre.
- (ii) To note the report by Southampton LINK validating the consultation process.
- (iii) To note the decision and recommendations made by NHS Southampton City Trust Board on the future of Bitterne Walk In Centre.

REASONS FOR REPORT RECOMMENDATIONS

1. To note the outcome of the PCT's consultation process following consideration at Scrutiny Panel B's meeting in February. A report outlining the public consultation findings is attached, along with a report from Southampton LINK validating the consultation process and a paper with detail on GP access in the City.

CONSULTATION

2. Details of all the consultation activity is contained within the consultation report, and an analysis of the consultation process against the Government code of practice for consultations is provided in the LINK report.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The options considered are outlined in the consultation report.

DETAIL

4. NHS Southampton City Trust Board met in public on Thursday 24 March to consider the report on the public consultation on the future of the walk-in centre and come to a decision.
5. In coming to their decision the Board noted the large response to the public consultation, with over 550 formal submissions received, and consideration was given to all views expressed. The result of the consultation was:
 - 81% of respondents chose option 2 (for the service to be available during weekday evenings, weekends and bank holidays)
 - 5% chose option 1 (for the service to be available during weekends and bank holidays)
 - 14% of respondents did not select an option
6. Following consideration the decision was taken to implement option 2, to have the service available during weekday evenings, weekends and bank holidays. The agreed change to the service will come into effect once discussions have taken place with provider of the service, Solent Healthcare, to establish a feasible date for the transition.
7. The Board also noted that respondents had expressed difficulty in accessing their GP as an alternative to the Walk-in Centre. As a result the Board requested that NHS Southampton City undertake further work to improve this area of healthcare and build on work which has already taken place to date to improve access and availability of GPs. Specific proposals will be brought to the next Board meeting in May for discussion

FINANCIAL/RESOURCE IMPLICATIONS

Capital

8. Not applicable

Revenue

9. The calculations of estimated service costs and estimated savings for option two are outlined below.
Option 2: Estimated Service cost £1,100,000K
Estimated recurrent savings £400K

Property

10. No decisions have been made regarding use of the building whilst not in use as a WIC but we will update Panel B at a later date.

Other

11. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. The duty to undertake overview and scrutiny is set out in Section 21 of the
13. Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

14. None.

POLICY FRAMEWORK IMPLICATIONS

15. None.

SUPPORTING DOCUMENTATION

Appendices

1.	Interim Report on Consultation to date on the Future of Bitterne Walk-in Service
2.	SLINK Validation Report on the BWIC Consultation

Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Background documents available for inspection at: None

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** No

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Consultation on the future of the walk-in service provided at Bitterne Health Centre

Public Consultation Feedback Report

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*Dawn Buck
Head of Patient & Public Engagement/Communications
2.02.11*

Consultation on the future of the walk-in service provided at Bitterne Health Centre

Public Consultation Feedback Report

1. Introduction

The purpose of this document is to outline the process and report on the feedback received during the recent consultation (15th November 2010 to 11th February 2011) in relation to the future of the walk-in service at Bitterne Health Centre. The report will be submitted to the Board of NHS Southampton City on 24th March who will give careful consideration to all the feedback and make recommendations in relation to implementing the proposals.

2. Background and Overview to the Proposals

NHS Southampton City is only too aware of the value of walk-in services to residents in Southampton, particularly those in the East of the City. On pages 11-12 of the full consultation document we summarise the comments received from members of the public in our pre-engagement phase and it is clear that the NHS walk-in service based at Bitterne Health Centre is a much loved local service. However the combination of the challenging financial environment and the wider strategic direction around unscheduled care services means that things have to change. That is not to say we do not believe there is a place for the provision of walk-in services in Southampton, merely that how they are currently provided and when, needs to be re-considered.

Walk-in Centres were introduced by the Government nationally in 2000 to try and offer the public quicker access to primary healthcare and help reduce inappropriate demand on other healthcare services such as Emergency Departments. In Southampton three NHS Walk-in Centres were opened: in Shirley in 2002, Bitterne in 2003 and the RSH Hospital in 2007 (becoming a Minor Injuries Unit in April 2010). Since Walk-in Centres were introduced in Southampton, the provision of unscheduled care services in the City has continued to evolve and this must be taken into account when considering the options for the future. It is important for NHS Southampton City, as the local leader of the NHS in the City, to constantly assess the services it invests in to make sure they are appropriate for the local population, are meeting local needs and are providing best value for money. For example, after engagement with the local community and key stakeholders, and following an initial reduction in hours and temporary closure due to the flu pandemic, Shirley Walk-in Centre closed last year.

Following this closure NHS Southampton City has been encouraged by the more appropriate use of self help and primary care services, such as GP practices, pharmacies and the Minor Injuries Unit rather than adding to the demand placed on dedicated emergency medical services, such as 999 and the Emergency Department. Since Walk-in Centres were opened in Southampton, the provision of health services in the City has moved on, partly in response to national initiatives to increase patient choice and partly in response to patient needs locally.

NHS Southampton City's Board met in public on 22 July 2010, and approval was given to enter a pre-engagement phase on the future of the walk-in service at Bitterne.

On 6 September 2010 Bob Deans, Chief Executive, Dr. Adrian Higgins, Clinical Director and Sheila Brooke, Associate Director of Unscheduled and Primary Care, attended a meeting of the Southampton City Council Cabinet meeting to brief them on the pre-consultation work. On 9 September 2010 Dr Adrian Higgins appeared before Scrutiny Panel B to provide details of the pre-consultation phase. At both of these meetings NHS Southampton City's intention to remove closure and the status quo as options were explained. Feedback from Scrutiny Panel B was received in early October and their comments incorporated in the formal consultation process. These included:

- A reflection that all options had been considered and the reasons for removing any options from the formal the formal public consultation were fully explained
- Demonstration of support from the GP community
- A programme of work to address issues surrounding GP access

Clinical engagement

Since NHS Southampton City began its review of unscheduled care services in 2009, GP colleagues have been closely involved at each stage of the process. Their views have been sought both formally and informally through the bi-monthly GP Forum and discussions have taken place at the NHS Southampton City Clinical Leadership Board and the East Southampton Urgent Care Board which have GP representation.

Public engagement

As part of the pre-engagement phase we invited comments from members of the public. In total over 1,300 contributions from the public were received including letters, emails, petition signatures, one to-one interviews with users of the service and responses to a questionnaire. This questionnaire was made available on our website and distributed via the NHS Southampton City Network and Southampton Voluntary Services newsletter.

How the walk-in service at Bitterne is being used

The responses received as part of NHS Southampton City's questionnaire have further helped us understand how patients are currently using the walk-in centre. NHS Southampton City received over 150 questionnaire responses which revealed that 64% of people use the service in the evening or at the weekend, compared to 36% who use it during the day (before 6pm).

Listening to you

Below is a summary of the main issues raised during the pre-engagement phase and an outline of the work already underway to address them. A more detailed version of this section is available to read in the Consultation Document produced by NHS Southampton City (Appendix Six).

Don't close the walk-in service at Bitterne

What we are doing:

Closure of the walk-in service at Bitterne Health Centre has never been NHS Southampton City's preferred option for the future. We understand the service is much valued and so closure is not an option we are consulting on.

Difficulty getting a GP appointment

What we are doing:

NHS Southampton City is aware that there have been problems with GP access in the East of the City in the past; however a lot of work has taken place with GP colleagues to address this issue. It should also be noted that NHS Southampton City's Patient Experience Service (PES) received a total of 187 complaints from 1 April 2010 to 15 March 2011, of which six related to GP Access. This therefore equates to 3% of complaints received by NHS Southampton City for the services it commissions for Southampton residents. As mentioned above most practices in the City offer extended hours to increase convenience and make appointments available outside of office hours and on Saturday mornings.

Difficulties with transport

What we are doing:

As part of our pre-engagement work NHS Southampton City has met with Southampton City Council and raised local concerns about transport links between the East of the City and the City Centre.

Perception that East of the City is ignored

What we are doing:

There are 12 GP practices available in the East of the City, all of which offer extended hours for routine appointments on specified days and all include Saturday morning surgeries. NHS Southampton City has been working hard to increase access to primary care services in the East of the City. In October 2009 the Weston Lane Centre for Healthy Living was opened and now offers a GP practice, an on-site pharmacy, a dental service, audiology service and contraception and sexual health services. We continue to work very closely supporting GPs and other service providers as we consider the options, particularly the impact that any changes may have so they are able to plan future requirements for their services.

Desire to avoid pressure on GPs and Emergency Department

What we are doing:

We are working to inform the public about the best use of healthcare services through the Choose Well campaign. It is hoped this will increase the use of self-care and services such as pharmacies for minor illness and therefore help

reduce unnecessary use of other services such as the Emergency Department.

What does this mean for the Public Consultation?

NHS Southampton City was keen to ensure that the public consultation was based on proposals which are both realistic and reflect the views of local people. As a result there were a number of options available for the future that were ruled out as unworkable. These include:

- **No change to the current service**

This is considered unfeasible given the current levels of duplication that have emerged over the years along with the unprecedented financial pressures facing the local healthcare system. As a result current arrangements are unaffordable.

- **Closure of the walk-in service at Bitterne Health Centre**

Closure has never been NHS Southampton City's preferred option, and for the reasons outlined above this option will not be consulted on.

- **Integrated GP and community service network**

This would create an integrated network between GPs and local community services, but would take considerable time to set up thereby limiting its feasibility. It is however likely to be the sustainable future arrangement.

- **Minor Injuries Unit**

It has been suggested that the walk-in service could become a Minor Injuries Unit, similar to that provided at the RSH. Whilst there are advantages to this approach, it would require the provision of x-ray services and mean significant alterations to the building to accommodate this, along with the associated costs to make these alterations. In addition, the level of demand required to make this option viable is questionable. Therefore this option is considered unfeasible and has not been included.

How the proposals were developed

During NHS Southampton City's ongoing review of unscheduled care services, in September 2009 the Trust's Board recommended that suggestions on how services could be further improved be brought to the Board for consideration. In particular attention was focused on:

- The future use of the walk-in service at Bitterne Health Centre
- The reduction in duplicated services
- Retaining high quality and effective services
- Affordability.

As a result NHS Southampton City has been working with local stakeholders including GPs and patient groups to explore what the future might look like. Based on this work and the feedback received as part of the pre-engagement phase outlined above, and in line with DOH guidance on the duty to involve which states that: "*one of the key principles of good practice is to be **open**: 'be open about what can change and what is not negotiable, and the reasons why'*", two options were developed for further consideration.

3. The Proposals

OPTION 1

Service during weekends and bank holidays

Overview

Provision of a walk-in service during the hours of 8.30am – 10pm during weekends and bank holidays.

Detail of revised service

- During the day and in the evenings (Monday to Friday) patients will continue to access their GP and the Out of Hours Service
- During opening hours patients attending the walk-in service at Bitterne would be seen by a GP or nurse and offered an assessment without the need for an appointment
- Where necessary, patients attending the walk-in service will be directed towards more appropriate services (Minor Injuries Unit, GP, pharmacy etc)
- Patients will be able to phone the walk-in service during opening hours. They will either be given advice on self-care options, be directed towards other services where appropriate (Minor Injuries Unit, GP, pharmacy etc), or may be offered a home visit by a healthcare professional
- NHS Southampton City would work with providers and the local community to ensure that the facility is used to best effect during the week.

Benefits

- Maintains walk-in service (at busy times, during weekends and bank holidays)
- Access to telephone advice
- No appointments necessary
- Additional medical support available from the Out of Hours Service
- This option encourages more appropriate use of self-care and pharmacies
- Supports future strategic direction for unscheduled care services
- Maximises reduction in cost and resource duplication with other services
- Makes best use of the 12 GP practice facilities in the East
- Better use of existing GP service - through extended hours.

OPTION 2

Service during weekday evenings, plus weekends and bank holidays

Overview

Provision of a walk-in service during the hours of 6.30pm – 10pm Monday to Friday also during the hours of 8.30am – 10pm at weekends and bank holidays.

Detail of revised service

- During the day Monday to Friday patients will continue to access their GP
- Patients attending the walk-in service at Bitterne between 6.30pm -10pm on weekdays and between 8.30am – 10pm at weekends and bank holidays will be seen by a nurse or GP and offered an assessment or treatment without the need for an appointment
- Patients contacting the service outside practice hours by telephone will be assessed and offered a range of services including advice on self-care, sign

posting to other services where appropriate (Minor Injuries Unit, GP, pharmacy etc), or a home visit by a GP

- NHS Southampton City would work with providers and local community to ensure that the facility is used to best effect during the week before 6.30pm.

Benefits

- Maintains walk in service at busiest times (evenings, weekends and bank holidays)
- Access to telephone advice
- No appointments necessary
- Additional medical support available from the Out of Hours Service.
- This option encourages more appropriate use of self-care and pharmacies
- Supports future strategic direction for unscheduled care services
- Reduces cost and resource duplication with other services
- Limits service change whilst still reducing duplication during the day

1. The Consultation Process

The proposals were subject to a formal public consultation for 13 weeks between 15th November and 11th February 2011.

The consultation was undertaken in line with Government guidance as follows:

The DOH guidance for NHS organisations on section 242 (1B) of the NHS Act 2006.

Cabinet Office: Code of Practice on consultation

DOH: Real Involvement Oct.2008

Additionally, the consultation was also undertaken in line with further guidance produced by the Department of Health in 2010 for both existing and future reconfiguration proposals for substantial service changes. The Secretary of State has identified four key tests for service change, which are designed to build confidence within the service, with patients and communities. The tests were set out in the revised Operating Framework for 2010-11 and require existing and future reconfiguration proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

A range of methods were used to inform and consult on the proposals:

Two documents were produced, a full detailed document and a summary document. Both documents contained strap lines from the seven most commonly used languages in Southampton stating that translation of materials was available on request as were large print versions. Posters and flyers were also produced to promote the consultation and public meetings.

The consultation document went through a series of checks before it was finalised to ensure that it was clear, concise and readable. e.g. Two Board meetings, Patients Forum and Health Overview and Scrutiny. In addition a consultation impact assessment and equality and diversity impact assessment was carried out.

- The consultation documents have been distributed to 2,074 stakeholders, groups and voluntary organisations. A covering letter accompanied the documents with an offer to attend any groups, voluntary organisations, residents associations etc to discuss the proposals. For a full list of recipients please see **Appendix 1**. In addition the documents were available to members of the public through a variety of media as follows:
- Articles in the press and local radio; Southern Daily Echo, Newsextra, BBC Radio Solent
- Publications:
 - City View which is delivered to all Southampton households
 - City Check –up (for NHS Southampton City staff)
 - Eastleigh & Southern Test Parishes Newsletter
 - Inform (newsletter for NHS Southampton City stakeholders)
 - Shine, (Solent Healthcare newsletter for staff and stakeholders)
 - NHS Hampshire stakeholder newsletter
 - SVS newsletter
 - NHS Southampton City Primary Care Newsletter (sent to all Southampton GPs and Practice Managers)
 - Hampshire Partnership Foundation NHS Trust stakeholder newsletter
 - SOS Polonia (Polish newsletter)
- Workshops and focus groups
 - Young people’s workshop at SCC
 - Older Persons and disability forum
 - Sure Start East group
 - Carers Strategy group
 - Patients Forum/Links
 - Maternity Service Liaison Committee
- Hard to reach groups
 - CLEAR (asylum seekers and refugees)
 - Black Heritage
 - Disability & Older Persons Forum
 - Chinese Association
 - Southampton Centre for Independent Living
 - Learning Disabilities group
 - Southampton Mencap
 - Learning Disabilities Partnership Board

N.B. A number of groups from our BME communities were consulted with during the pre-engagement phase, of those consulted, all used the minor injuries unit at the RSH as it was easier to access, therefore they felt unable to comment on Bitterne.

- Public Meetings
 - Eastpoint
 - Harefield
 - Eastleigh & Southern Test Parishes (Hilldene, West End)
 - Ludlow Junior School
- Public Exhibitions
 - Bitterne market
 - Central Library
 - Bitterne Library
 - Bitterne Leisure Centre
 - Marlands Shopping Centre
- Meetings with Groups & stakeholders
 - Southampton City Patients Forum (monthly)
 - Southampton Links (monthly)
 - GP Forum (Two meetings)
 - Southampton Health Scrutiny Panel
 - Project group (including staff and GPs)

- Staff Engagement

We engaged Bitterne Walk-in Centre staff during the early discussions around the future of the WIC. The management team held a number of staff meetings with Solent Healthcare WIC employees, some of which were attended by PCT staff. We encouraged staff to feedback on the proposal - all staff had access to the consultation document and posters were displayed within the staff areas. Aside from their own individual meetings, all staff were informed and invited to all public meetings and were always provided with the opportunity to speak with a member of the management team about the changes. Solent Healthcare has been transparent and open about the changes and what they will mean for staff throughout.

In addition, Solent Healthcare communicated the consultation widely to all 4,200 staff through regular communications such as Team Briefing and the intranet.

- Chief Executive briefings
 - Caroline Nokes MP
 - Alan Whitehead MP
 - John Denham MP
 - Meeting with City Councillors (Conservative and Labour Groups)

- Internal meetings
 - QIPP meetings
 - Trust Board (including clinical leadership board)
 - Integrated Governance

- Opportunities to Feedback Via:
 - Opinion poll on Community Voices online website
 - NHS Southampton website
 - Twitter
 - Solent Healthcare

All full programme of all the consultation activity can be found at **Appendix 2**.

2. Recording Feedback

A database was established to record feedback. In addition to the feedback forms, notes from meetings, forums, on line submissions, letters and emails etc have also been recorded.

Responses and/or acknowledgements were given to those who sent in letters.

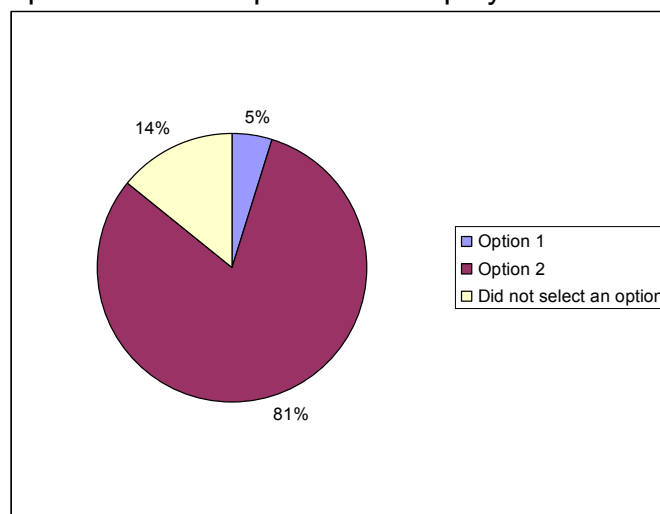
3. Feedback

A total of 575 submissions were received.

Options

Participants that selected Option 1:	27	(4.7%)
Participants that selected Option 2:	467	(81.2%)
Participants that did not select an option:	81	(14.1%)

These figures of preference for options are displayed in the following chart:



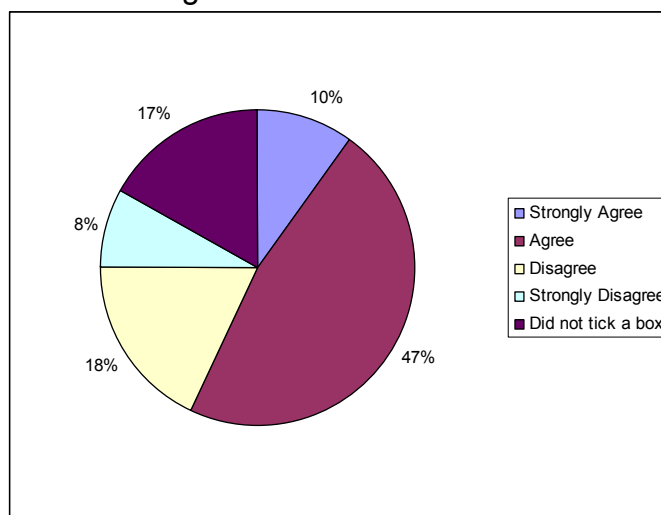
Of the people who didn't select an option, 60 of them gave a direct indication that they would be unhappy with any reduction in service, either by writing their own option, or by comments (e.g. "The centre should be allowed to continue as is"). This represents 10.4% of all submissions.

Reasons for Change

I understand the reasons why things need to change:

Strongly agree	10%
Agree	47%
Disagree	18%
Strongly Disagree	8%
Did not tick box	17%

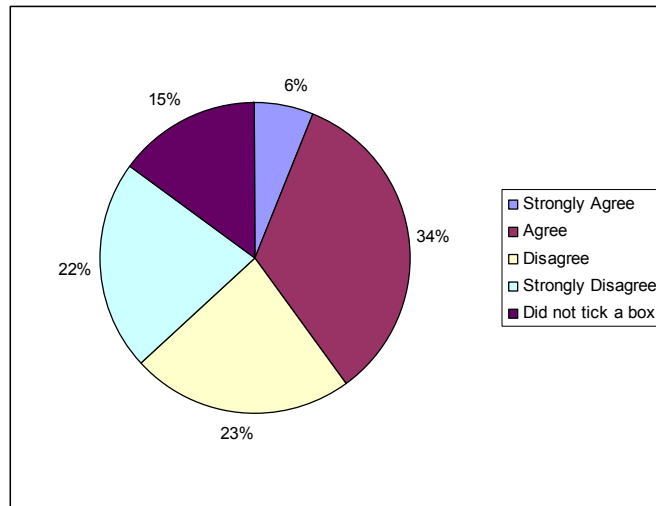
These figures on understanding of the reasons for why things need to change are displayed in the following chart:



I agree that things need to change

Strongly agree	6%
Agree	34%
Disagree	23%
Strong Disagree	22%
Did not tick box	15%

These figures on agreement for the need to change are displayed in the following chart:



People were also asked to give their comments under two headings;
 Is there anything else you would like to say about the proposed options for the future?

Is there anything else we should think about when designing unscheduled care services in the city?

A detailed analysis of the feedback gathered during the consultation showed 4 key themes to be of concern.

1 Pressure on other health services

A number of respondents have expressed concerns that a reduction in opening hours at the walk-in centre could lead to additional pressure on A&E, Out of Hours and GP services. NHS Southampton City’s experience following the closure of the Shirley walk-in centre was that there was no resulting increase in attendance at A&E. There also appears to be some dissatisfaction with the Out of Hours service. Whichever option is taken forward, NHS Southampton City will work with its provider services to monitor the impact on other health services including A&E, the minor injuries unit at the RSH, the Out of Hours Service and local GP practices.

2 Transport difficulties

Mirroring the feedback received in the pre-consultation phase, a large number of respondents have expressed their view that health services such as the Minor Injuries Unit at the RSH, and the Emergency Department at Southampton General Hospital are difficult to access via public transport. Travelling there as an alternative to the walk-in centre can require two buses or an expensive taxi fare, and is particularly difficult for the elderly, or mothers with young children. Evidence shows that the vast majority of those who visit the walk-in centre during the day could be treated by their GP. However, further to discussions which have already taken place with the local authority through Cabinet and OSC, NHS Southampton City will be writing to the Cabinet member for transport to highlight residents concerns regarding transport from the East of the City.

3 GP Access

A large proportion of respondents outlined their concerns that they would be unable to get a GP appointment if the walk-in centre was not available during the day. Since NHS Southampton City's review of unscheduled care began in 2009 much work has been put in place to improve access to GP services, through extended opening hours and open access arrangements (as outlined in the public consultation document available in Appendix 6). However it is clear that residents on the East of the City don't perceive there to be easy access and we need to understand why this is. NHS Southampton City has fed back these initial findings from the consultation to GPs and has agreed to work with them on a possible marketing/awareness raising campaign to ensure that all the methods of accessing primary care services are better understood by the local population. Where access may be an issue in a limited number of practices, NHS Southampton City will continue to work with them to help improve their service.

A recurrent issue was concern about "immediate access". All GP practices provide same day treatment for any patient *who has a clinical need*. It is the role of the healthcare professional to determine clinical need, and usually this means the patient is assessed by a GP or nurse. Once an initial assessment has taken place the patient will either be given a full consultation or will be sign posted to the appropriate service for treatment (such as pharmacy, minor injuries unit etc).

A report giving our current position on our work to address GP Access can be found at **Appendix 7**.

4 Maintaining the status quo

10.4% of people giving feedback were unhappy that there was no option to maintain the status quo. It is NHS Southampton's duty to ensure that the services we commission provide the best possible value for money and quality of care to the people of Southampton. Continuing to commission walk-in services as they currently are provided, without looking at whether they are suitable for patient needs and providing value for money would mean that we would be failing in our duty as the local leader of the NHS.

As previously mentioned on page one, a full explanation of our intention to exclude this option in the final consultation phase was given and approved and is in line with DOH guidance on the duty to involve which states that:

*"one of the key principles of good practice is to be **open**:*

"be open about what can change and what is not negotiable, and the reasons why"

Other Issues for Consideration

Other issues raised included the use of the walk-in centre facility if opening hours are reduced, the impact of the government's proposed introduction

of GP commissioning consortium, equity of services on the East of Southampton and the use of financial resources.

A copy of all the feedback received can be found at **Appendix 6** .

Petition

At NHS Southampton City's AGM on 23 September 2010 Trust Board was presented with a petition from the Socialist party, entitled 'Save Bitterne Walk-in'. The total number of signatures collected was 964, and this feedback was given consideration as part of the pre-engagement phase.

On 10 February 2011, during a meeting of the Health Overview and Scrutiny panel, NHS Southampton City was presented with a further petition. There are no dates included beside the signatures thereby making it impossible to determine when the signatures were collected. The petition is in two parts:

- 4 "*Save Bitterne Walk-in Centre*" (1,522 signatures)
- 5 "*No Cuts in Hours & Services at Bitterne Walk-in Centre: Save Library jobs & services; Save free swimming; Defend the NHS; Support Medirest cleaners.*" (460 signatures)

The Board will consider the petition in line with DOH Guidance: "Real Involvement" October 2008.

Overview from Public Meetings

Meeting on 29 November 2010 at Eastpoint. Poor attendance but generated good table discussions please see **Appendix 3**.

Meeting on 14 December 2010, at Harefield Community Hall. 19 people attended. A request was made to the Chair of Links to stop the consultation and add a third option "to do nothing". A member of the public asked for a vote on this and all who attended agreed. For full comments please see **Appendix 4**.

Meeting on 18 January 2011, at Hilldean Centre, West End. 60 people attended the meeting. The question of GP access was the main issue. People commented that they understood the need for change and felt that if the GP practices offered efficient and accessible services, the proposed changes were acceptable but that the reality was somewhat different.

Meeting on 25 January, 2011 at Ludlow School. 80 people attended. Again, access to GP services was the main issue. For details of all comments and questions please see **Appendix 5**.

Ethnicity Data

569 Feedback forms were completed.

80%	White british
0.5%	White Irish

5%	Any other white background
4%	Chinese
0.18%	White & black African
0.7%	White & Asian
1.0%	Asian Indian
0.35	Asian Pakistani
0.35	Asian Bangladeshi
0.18%	Any other Asian background
0.18%	Black Caribbean
0.7%	Other

Age Range

Under 20	2%
20 – 29	9%
30 – 39	18%
40 – 49	11%
50 – 59	15%
60 – 69	21%
70 +	20%

(3% of people declined to tick this box)

7. Next Steps and Timescales

The above report will be discussed at Trust Board meeting on **24 March 2011**. All the consultation feedback will be reviewed and reflected upon and the Board will make recommendations on the proposals and the issues arising from the consultation. This is as part of the following key steps which have been put in place following the end of the public consultation:

24 February 2011

Report sent to Southampton Local Involvement Network (S-LINK) for external validation

24 March 2011 (am)

Report presented to Integrated Governance Committee

NHS Southampton City's Trust Board are asked to:

- 1 Choose the preferred option
- 2 Consider how we continue to work and improve access to GPs and general medical service
- 3 Consider how the treatment of minor injuries are best commissioned in the future
- 4 Consider any relevant education programmes required for the public and patients on use of urgent care services

- 5 Ensure that the ongoing review of Out of Hours provision incorporates the feedback from the consultation.

Southampton LINK[®]

Local Involvement Network

Consultation on the future of the walk-in service provided at Bitterne Health Centre:

An independent validation report on the
processes, procedures and analysis of the
consultation conducted by NHS Southampton City



Executive Summary

Southampton LINK has considered the process followed by NHS Southampton in its plan to consult the public about provision of unscheduled care in the East of the City and in particular its plans to re-consider the opening hours of the walk-in centre at the Bitterne Health Centre.

Southampton LINK has read the report produced by NHS Southampton and, for convenience and to avoid readers of this report having to cross refer, has included much of the text used by NHS Southampton. The background to the proposals and the statistics about the use of the walk-in centre were obtained from papers submitted to the Board in July 2010



The process of reviewing unscheduled care services has been ongoing since March 2009 but the consultation about the future of the Bitterne walk-in centre was pre-empted with a rumour about closure of the centre. However, The Trust conducted a thorough pre-consultation process which led to the submission of two options to the public for consultation. Regrettably, some members of the public were under the impression that all options, including the option of no change, were to be put to them for consultation and expressed strong views at any reduction in the hours of opening.

The consultation itself was thorough and transparent. Considerable effort was made to ensure that as many people as possible were able to respond. NHS Southampton City used press and other publications; held workshops and focus groups, public meetings, public exhibitions, meetings with groups and stakeholders, internal meetings; the Chief Executive Officer held briefings and the staff were engaged.

575 completed consultation feedback forms were received plus a petition signed by about 2000 people. There was a general feeling expressed in the returns that the option to leave the walk – in centre in place with no changes in service hours had been removed from the consultation. Allowing for the fact that many of those that selected one of the options nevertheless made comments, the majority of written responders (around 65 - 70%) wanted the service to be maintained. Including the 460 people who signed the second part of the petition, just 2.6% of the respondents voted for option 1; 45.1 voted for option 2; 50.2% stated there should be no change; 2.1% gave no opinion although many commented.

Southampton LINK assessed the consultation against the 7 principles given in the Government Code of Practice for consultations. These are listed with our assessment against each criterion. There is no doubt that the process was completed satisfactorily.

Southampton LINK has included a number of observations on the options chosen, the written feedback and the general themes that emerged from the consultation.

Our conclusions are:

- The options given were clearly defined and correctly set out
- The report produced by NHS Southampton City presents a fair and honest summary of the consultation and its findings
- A number of very important concerns about access to GPs were expressed by the public during this consultation process that might not otherwise have been so clearly expressed. These concerns deserve to be thoroughly considered by NHS Southampton City, GPs in the City and the Steering Committee of the future GP Consortium
- Other concerns were expressed about facilities in the East of Southampton, especially transport links, and these deserve consideration by the City Council

Background

In 2009 the Trust Board of NHS Southampton City approved changes to the design and delivery of 'walk-in' urgent care services. This included the closure of Shirley Walk-in Centre, the establishment of the Adelaide GP Surgery and the development of the Minor Injury Unit (MIU) at the Royal South Hants (RSH).

In September 2009 the Trust Board recommended the changes above be evaluated and a proposal for Bitterne Walk in Centre (BWIC), brought back to the Board for approval.

The analysis by NHS Southampton City suggests:

- That WiCs have not met certain elements of the expected outcomes defined in their original service specification
- The provision of walk in services across Southampton is of high quality but has not been shown to address the key health needs of the city by improving access to care for those most vulnerable sectors of the population, or those who experience inequalities
- There is no evidence of a direct correlation between extended WIC provision and reduced A& E attendance; and that clinical review has indicated that patients have become increasingly dependent upon a range of high level, acute services, where they should be encouraged to take responsibility for managing minor illnesses through self care
- Evidence both national and locally confirms the general public are confused about what urgent healthcare services are available, and when and how they should be used

- The management of NHS Southampton City also considered the following drivers for change:
- The PCT cannot afford to continue to commission the level of unscheduled care services across the City
- A need to reduce duplication of commissioned urgent care services in order to ensure best value for money. This includes a desire to ensure that funding for walk in services, and services commissioned from GP Practices, are not during the same hours
- The Coalition Paper (May 2010) refers to the need to develop 24/7 urgent care service, including GP out - of - hours services and ensure every patient can access a local GP
- Under Dept of Health rules the PCT is unable to recoup income from other Commissioning PCTs whose patients access their services at a WIC

Aims of this Report

The purpose of this document is to review the processes and procedures used by NHS Southampton to determine the future shape of unscheduled care in the East of the City and in particular to review its consultation on the future of the Bitterne Walk-in-Centre.

The report will be submitted to NHS Southampton City with the intention that it should be considered by the Board of NHS Southampton City on 24th March.

It is the responsibility of the Board of NHS Southampton City to give careful consideration to all the feedback in coming to its decisions on the future of the Walk-in-Centre hours and how best to implement them.



Statistics

Bitterne WiC is attended, both in hours and out of hours by residents from across the City, from NHS Hampshire and other PCT.

Attendance activity (excluding phlebotomy) for 2008/09 and 2009/10 is profiled below. The tables show attendance activity 'in hours' and 'out of hours' and approximations of minor illness and minor injury presentations. Overall there has been a 4.5 % activity reduction at BWIC in 09/10.

Comment by Southampton LINK : According to the tables below, the figure of 4.5 % applies to in hour attendance. Overall there was an 11.7% decrease]

Total In Hours Attendances 0800-1800 (excluding Phlebotomy)

Locality	2008/09			2009/10		
	Minor Injuries	Minor Illnesses	Total	Minor Injuries	Minor Illnesses	Total
West	51	259	310	38	520	558
South/East	2087	10160	12247	1184	11257	12441
North/Central	107	1386	1493	114	1385	1499
Hants	577	2377	2954	286	1471	1757
	2822	14182	17004	1622	14633	16255

Total Out of Hours Attendances – Evening weekdays only (Monday - Friday 1830- 2200)

Locality	2008/09			2009/10		
	Minor Injuries	Minor Illnesses	Total	Minor Injuries	Minor Illnesses	Total
West	12	52	64	6	83	89
South/East	355	2001	2356	166	2027	2193
North/Central	134	170	304	31	235	266
Hants	130	785	915	62	447	509
	631	3008	3639	265	2792	3057

Total Out of Hours Attendance Saturday, Sundays and Bank Holidays (08:30 - 2200)

	2008/09			2009/10		
Locality	Minor Injuries	Minor Illnesses	Total	Minor Injuries	Minor Illnesses	Total
West	27	185	212	22	263	285
South/East	806	6953	7759	474	6466	6940
North/Central	102	878	980	46	773	819
Hants	359	3231	3590	167	1766	1933
	1294	11247	12541	709	9268	9977

Total Out of Hours Attendance (Monday - Friday 1830- 2200, plus 0800 – 2200 Saturday /Sunday and Bank Holidays)

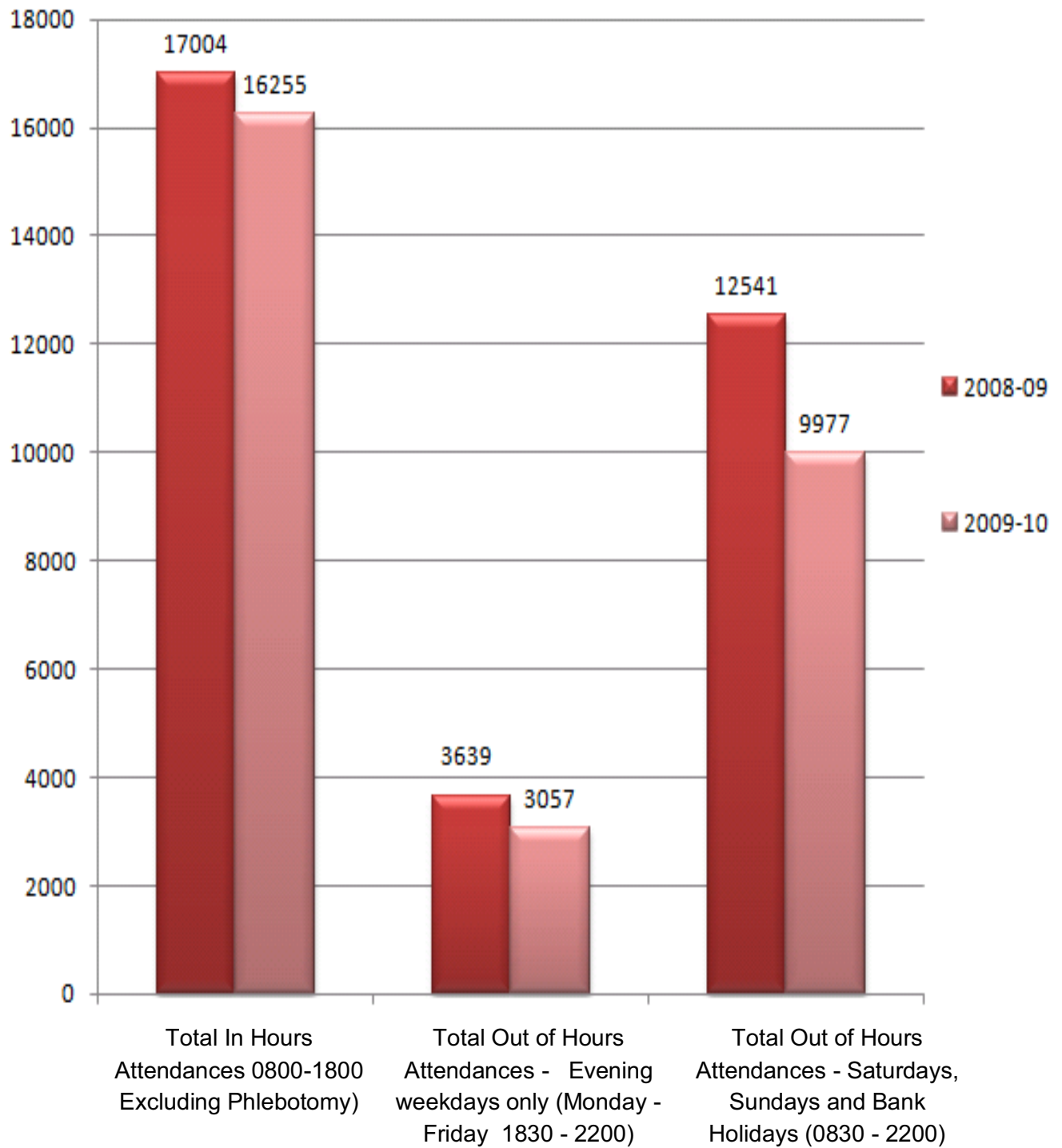
	2008/09			2009/10		
Locality	Minor Injuries	Minor Illnesses	Total	Minor Injuries	Minor Illnesses	Total
West	39	237	276	28	346	374
South/East	1161	8954	10115	640	8493	9133
North/Central	236	1048	1284	77	1008	1085
Hants	489	4016	4505	229	2213	2442
	1925	14255	16180	974	12060	13034

These figures were presented to the Board in July 2010 and show that overall just over 50% (51.2 in 2008/9 and 55.5 in 2009/10) attended in-hours. They also show that the attendance fell by 11.7 % in 2009/10 compared to 2008/9. However, as part of the consultation process, attendees at the walk-in centre were asked about usage. The consultation document and the report by NHS Southampton states ‘They revealed that 64% of people use the service in the evening or at the weekend, compared to 36% who use it during the day (before 6pm).’

Thus the public perception of how they think they use the service and the actual numbers attending show a disparity. This probably implies that the public use the walk-in service as a convenience. This may be because they took an easy option or because they tried and failed to get a GP appointment. It is not possible to be certain but during the consultation process many respondents stated that they used the walk-in centre because they were unable to get a GP appointment.

7

These figures are illustrated in the bar charts below. The reduction in weekend and bank holiday usage was 18.5%, with evening use 16% and in-house use 4.4%:



The Stakeholders

As with all such exercises there are a number of stakeholders that will be affected by the proposals. These are.....

Patients and Public are most affected by any change to the service provided. They will need to be informed of any changes well in advance and convinced that alternatives are available to them.

GPs will need to ensure that they can adequately cope with extra demand including the possibility of providing a walk-in service.

Acute Emergency Department - There is a possibility of increased ED demand which will need to be monitored and the results fed back to evaluate the impact.

Neighbouring PCTs - Currently a proportion of patients that use the Bitterne Walk-in-Centre are registered with GPs out of the City. Any change to the service will therefore impact on the respective PCT.

Southampton City Council - Under the proposed changes listed in the Health and Social Care Bill, the City council will have added responsibility for healthcare provision in the City.

NHS Solent is responsible for provision of the service at the Walk-in-Centre and will need to manage any change including staff implications.

NHS Southampton City will need to improve contract and performance management of GPs. They will need to consider how best to use the premises when not in use as a Walk-in Centre. They will need to consider how best to communicate any changes to the public in a way that is understood.

Options Appraisal and Pre-consultations

Following the guidance on public consultations NHS Southampton City sought to ensure that the public consultation was based on proposals which are realistic. They undertook a pre-consultation process with both clinicians and the public. This was followed by a full public consultation.

The pre-consultation process identified a number of options. These were considered by a programme team as follows:

1. No change
2. GP Led service (as suggested by Trust Board)
3. Provide open access 'walk in service' enhanced by clinical triage from West Hampshire Out of Hours Service (via collocated Primary Care Centre) at weekends and Bank Holiday 08:30 - 22:00. Remove Monday to Friday service 08:30 – 22:00 (Services available with capacity to patients during these hours, especially in Primary Care and Minor Injuries Unit)
4. As OPTION 3 with evening service Monday to Friday between 18.30 and 22.00
5. Close the Walk-in-Centre
6. Convert the Centre to a minor Injuries Unit

Clinical engagement

Since NHS Southampton City began its review of unscheduled care services in 2009, GPs have been closely involved at each stage of the process. Their views were sought both formally and informally through the bi-monthly GP Forum and discussions took place at the NHS Southampton City Clinical Leadership Board and the East Southampton Urgent Care Board which have GP representation.

Public engagement

As part of the pre-engagement phase NHS Southampton invited comments from members of the public. In total over 1,300 contributions from the public were received including letters, emails, petition signatures, and one to-one interviews with users of the service and responses to a questionnaire. This questionnaire was made available on the website and distributed via the NHS Southampton City Network and Southampton Voluntary Services newsletter.

Petition

At NHS Southampton City's AGM on 23 September 2010 Trust Board was presented with a petition from the Socialist party, entitled 'Save Bitterne Walk-in'. The total number of signatures collected was 964, and this feedback was given consideration as part of the pre-engagement phase.

Each of the options was subjected to a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats). As a result of this there were a number of options available for the future, that were ruled out as unworkable. These were listed in the NHS Southampton City report as follows:

- **No change to the current service**

This is considered unfeasible given the current levels of duplication that have emerged over the years along with the unprecedented financial pressures facing the local healthcare system. As a result current arrangements are unaffordable. It was not included as an option for consultation

- **Closure of the walk-in service at Bitterne Health Centre**

Closure has never been NHS Southampton City's preferred option. It was not included as an option for consultation

- **Integrated GP and community service network**

This would create an integrated network between GPs and local community services, but would take considerable time to set up thereby limiting its feasibility. It is however likely to be the sustainable future arrangement. It was not included as an option for consultation

- **Minor Injuries Unit**

It has been suggested that the walk-in service could become a Minor Injuries Unit, similar to that provided at the RSH. Whilst there are advantages to his approach, it would require the provision of x-ray services and mean significant alterations to the building to accommodate this, along with the associated costs to make these alterations. In addition, the level of demand required to make this option viable is questionable. Therefore this option is considered unfeasible and it was not included as an option for consultation.

The Proposals

Following the pre-consultation, NHS Southampton City decided that there were two options available for public consultation.

OPTION 1: Service during weekends and bank holidays

Overview

Provision of a walk-in service during the hours of 8.30am – 10pm during weekends and bank holidays.

Detail of revised service

- During the day and in the evenings (Monday to Friday) patients will continue to access their GP and the Out of Hours Service
- During opening hours patients attending the walk-in service at Bitterne would be seen by a GP or nurse and offered an assessment without the need for an appointment
- Where necessary, patients attending the walk-in service will be directed towards more appropriate services (Minor Injuries Unit, GP, pharmacy etc)
- Patients will be able to phone the walk-in service during opening hours. They will either be given advice on self-care options, be directed towards other services where appropriate (Minor Injuries Unit, GP, pharmacy etc), or may be offered a home visit by a health-care professional
- NHS Southampton City would work with providers and the local community to ensure that the facility is used to best effect during the week.

Benefits defined by NHS Southampton City

- Maintains walk-in service (at busy times, during weekends and bank holidays)
- Access to telephone advice
- No appointments necessary
- Additional medical support available from the Out of Hours Service
- This option encourages more appropriate use of self-care and pharmacies
- Supports future strategic direction for unscheduled care services
- Maximises reduction in cost and resource duplication with other services
- Makes best use of the 12 GP practice facilities in the East
- Better use of existing GP service - through extended hours

OPTION 2: Service during weekday evenings, plus weekends and bank holidays

Overview

Provision of a walk-in service during the hours of 6.30pm – 10pm Monday to Friday also during the hours of 8.30am – 10pm at weekends and bank holidays.

Detail of revised service

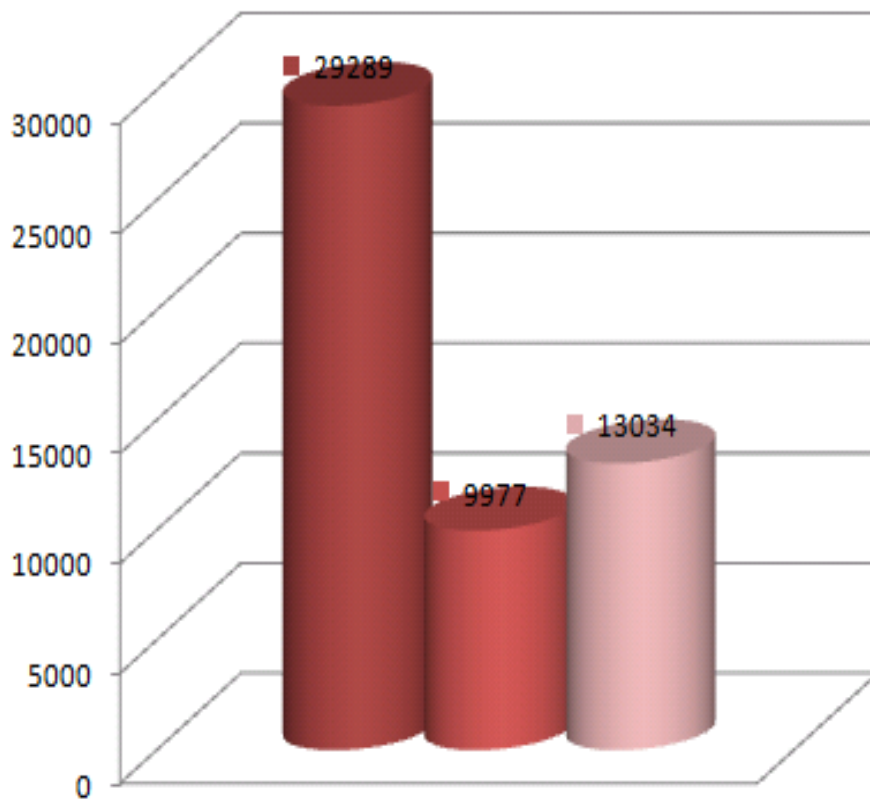
- During the day Monday to Friday patients will continue to access their GP
- Patients attending the walk-in service at Bitterne between 6.30pm -10pm on weekdays and between 8.30am – 10pm at weekends and bank holidays will be seen by a nurse or GP and offered an assessment or treatment without the need for an appointment
- Patients contacting the service outside practice hours by telephone will be assessed and offered a range of services including advice on self-care, sign posting to other services where appropriate (Minor Injuries Unit, GP, pharmacy etc), or a home visit by a GP
- NHS Southampton City would work with providers and local community to ensure that the facility is used to best effect during the week before 6.30pm

Benefits defined by NHS Southampton City

- Maintains walk in service at busiest times (evenings, weekends and bank holidays)
- Access to telephone advice
- No appointments necessary
- Additional medical support available from the Out of Hours Service.
- This option encourages more appropriate use of self-care and pharmacies
- Supports future strategic direction for unscheduled care services
- Reduces cost and resource duplication with other services
- Limits service change whilst still reducing duplication during the day



The following bar chart illustrates the usage of the walk-in centre for these options based on the figure shown in the section on statistics:



Comparing total attendances with Options 1 and 2 attendances

- Total attendances of Walk in Centre
- Option 1 (Out of Hours attendances - Saturdays, Sundays and Bank Holidays (0800-2200))
- Option 2 (Out of Hours attendances - Weekdays 1830-2200, plus Weekend and Bank holidays 0800-2200)

The Consultation Process

The report submitted by NHS Southampton states:

The proposals were subject to a formal public consultation for 14 weeks between 15th November and 11th February 2011.

The consultation was undertaken in line with Government guidance as follows:

- The DOH guidance for NHS organisations on section 242 (1B) of the NHS Act 2006.
- Cabinet Office: Code of Practice on consultation
- DOH: Real Involvement Oct 2008

Additionally, the consultation was also undertaken in line with further guidance produced by the Department of Health in 2010 for both existing and future reconfiguration proposals for substantial service changes. The Secretary of State has identified four key tests for service change, which are designed to build confidence within the service, with patients and communities.

The tests were set out in the revised Operating Framework for 2010-11 and require existing and future reconfiguration proposals to demonstrate:

- Support from GP commissioners;
- Strengthened public and patient engagement;
- Clarity on the clinical evidence base; and
- Consistency with current and prospective patient choice.

Further information on these key tests which have been followed as part of this consultation can be read in the revised Operating Framework 2010/11 which can be read online at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116860.pdf

A range of methods were used to inform and consult on the proposals:

Two documents were produced, a full detailed document and a summary document. Both documents contained strap lines from the seven most commonly used languages in Southampton stating that translation of materials was available on request as were large print versions. Posters and flyers were also produced to promote the consultation and public meetings.

The consultation document went through a series of checks before it was finalised to ensure that it was clear, concise and readable; e.g. Two Board meetings, Patients Forum and Health Overview and Scrutiny. In addition a consultation impact assessment and equality and diversity impact assessment was carried out.

Southampton LINK will comment on the process later in this report. A full list of recipients is given in **Appendix 1**. In detail NHS Southampton made the documents available to members of the public through a variety of media as follows:

Articles in the press and local radio

- Southern Daily Echo
- Newsextra
- BBC Radio Solent

Publications

- City View
- City Check-up (for NHS Southampton City staff)
- Eastleigh and Southern Test Parishes Newsletter
- Inform (for NHS Southampton City stakeholders)
- NHS Hampshire Stakeholder Newsletter
- SVS Newsletter
- NHS Southampton City Primary Care Newsletter
- Hampshire Partnership Foundation Trust Stakeholder Newsletter
- SOS Polonia (Polish newsletter)

Workshops and focus groups

- Young people's workshop at SCC
- Older Persons and Disability Forum
- Sure Start East group
- Carers Strategy group
- Patient Forum/LINKs
- Maternity Service Liaison Committee

Specific groups

- CLEAR (asylum seekers and refugees)
- Black Heritage
- Disability & Older Persons Forum
- Chinese Association
- Southampton Centre for Independent Living
- Learning Disabilities Group
- Southampton Mencap
- Learning Disabilities Partnership Board

N.B. A number of groups from our BME communities were consulted during the pre-engagement phase, of those consulted, all used the minor injuries unit at the RSH as it was easier to access, and therefore they felt unable to comment on Bitterne.

Public Meetings

- Eastpoint
- Harefield
- Easten & Southern Test Parishes (Hilldene, West End)
- Ludlow Junior School

Public Exhibitions

- Bitterne Market
- Central Library
- Bitterne Library
- Bitterne Leisure Centre
- Marlands Shopping Centre

Meetings with Groups & Stakeholders

- Southampton City Patients Forum (monthly)
- Southampton Links (monthly)
- GP Forum (Two meetings)
- Southampton Health Scrutiny Panel
- Project group (including staff and GPs)

Chief Executive briefings

- Caroline Nokes MP
- Alan Whitehead MP
- John Denham MP
- Meeting with City Councillors (Conservative and Labour Groups)

Internal Meetings

- QIPP Meetings
- Trust Board (including clinical leadership board)
- Intergrated Governance

In addition NHS Southampton engaged Bitterne Walk-in Centre staff during the early discussions around the future of the WIC.. The management team held a number of staff meetings with Solent Healthcare WIC employees, some of which were attended by PCT staff.

They encouraged staff to feedback on the proposal - all staff had access to the consultation document and posters were displayed within the staff areas. Aside from their own individual meetings, all staff were informed and invited to all public meetings and were always provided with the opportunity to speak with a member of the management team about the changes. Solent Healthcare has been transparent and open about the changes and what they will mean for staff throughout.



Additionally, Solent Healthcare communicated the consultation widely to all 4,200 staff through regular communications such as Team Briefing and the intranet.

NHS Southampton provided opportunities to Feedback via:

- Opinion poll on Community Voices online website (organised through Southampton LINK)
- NHS Southampton website
- Solent Healthcare
- Twitter
- The feedback form in the consultation document

The use of Twitter was reported by the Guardian newspaper which said 'Primary care trust NHS Southampton City (@NHS_Southampton) also used hashtags to good effect when tweeting live from two public engagement meetings on the future of the Bitterne Walk-in Centre. The #bitternewic hashtag allowed people not at the meeting to keep track of the discussion.

All full programme of all the consultation activity can be found at **Appendix 2**.

Recording Feedback and Data Analysis

Overview from Public Meetings

Meeting on 29 November 2010 at Eastpoint

Poor attendance but generated good table discussions see **Appendix 3**.

Meeting on 14 December 2010, at Harefield Community Hall

19 people attended. A request was made to the Chair of Links to stop the consultation and add a third option "to do nothing". A member of the public asked for a vote on this and all who attended agreed. For full comments see **Appendix 4**.

Meeting on 18 January 2011, at Hildene Centre, West End.

60 people attended the meeting. The question of GP access was the main issue. People commented that they understood the need for change and felt that if the GP practices offered efficient and accessible services, the proposed changes were acceptable but that the reality was somewhat different.

Meeting on 25 January, 2011 at Ludlow School. 80 people attended.

Again, access to GP services was the main issue. For details of all comments and questions see **Appendix 5**.

Completed response forms

Responses and/or acknowledgements were given to those who sent in letters.

A total of 575 submissions were received. The analysis of the responses was undertaken by NHS Southampton City.

A database was established to record feedback. In addition to the feedback forms, notes from meetings, forums, on line submissions, letters and emails etc have also been recorded.



569 Feedback forms were completed sufficiently to allow the following analysis of respondents:

Ethnicity		Age Range	
80%	White British	2%	Under 20
0.5%	White Irish	9%	20 - 29
5%	Any other white background	18%	30 - 39
4%	Chinese	11%	40 - 49
0.18%	White & black African	15%	50 - 59
0.7%	White & Asian	21%	60 - 69
1.0%	Asian & Indian	20%	70+
0.35%	Asian Pakistani	(3% of people declined to tick this box)	
0.35%	Asian Bangladeshi		
0.18%	Any other Asian background		
0.18%	Black Caribbean		
0.7%	Other		

In addition, on 10th February, during a meeting of the Overview and Scrutiny panel B, NHS Southampton was presented with a petition of approximately 2000 signatures. The petition is in 2 parts:

- “Save Bitterne Walk-in Centre” was a collection of about 1500 signatures that were collected when it was believed by the public that the Walk-in –Centre was scheduled for complete closure
- “No Cuts in Hours & Services at Bitterne Walk-in Centre” which is about 500 signatures collected after the consultation process began

NHS Southampton City report states that ‘The Board will consider the petition in line with DOH Guidance: “Real Involvement” October 2008’.

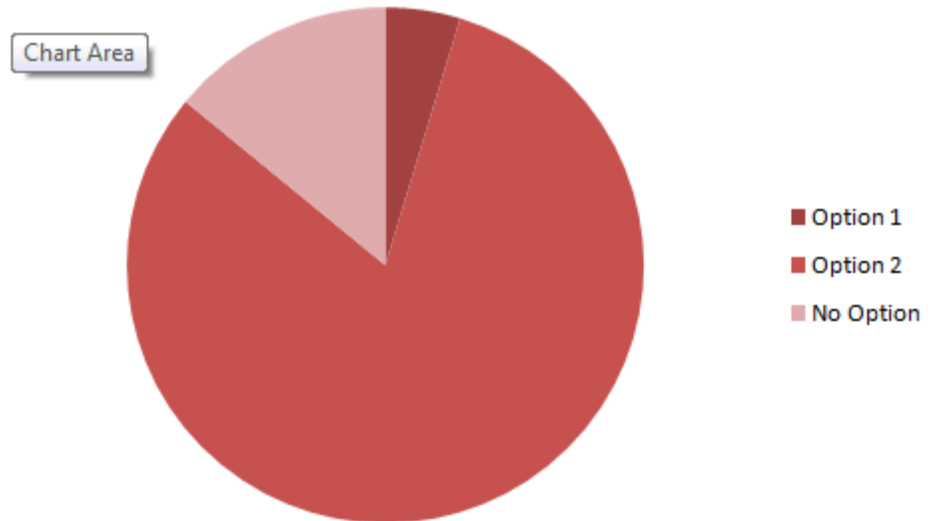
Results

NHS Southampton City determined the result of the options consultation as follows:

Participants that selected Option 1: 27 – 4.7%

Participants that selected Option 2: 467 – 81.2%

Participants that did not select an option: 81 – 14.1%



Of the people who didn't select an option, 60 of them gave a direct indication that they would be unhappy with any reduction in service, either by writing their own option, or by comments (e.g. "The centre should be allowed to continue as is"). This represents 10.4% of all submissions.)

An Analysis of the forms for reasons for change was as follows:

I understand the reasons why things need to change:

Strongly agree	10%
Agree	47%
Disagree	18%
Strongly Disagree	8%
No response	17%

I agree that things need to change:

Strongly agree	6%
Agree	34%
Disagree	23%
Strongly Disagree	22%
No Response	15%

Thus it can be seen that some 57% understand the reasons for change but only 40% agree that things need to change.

21 People were also asked to give their comments under two headings;

- Is there anything else you would like to say about the proposed options for the future?
- Is there anything else we should think about when designing unscheduled care services in the city?

Emerging Themes

A detailed analysis of the feedback gathered during the consultation from all sources showed 4 key themes to be of concern. The following has been taken from the NHS Southampton City report; Southampton LINK will comment on this later in this report.

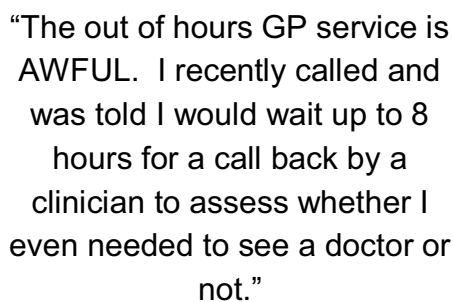
Pressure on other health services

A number of respondents have expressed concerns that a reduction in opening hours at the walk-in centre could lead to additional pressure on A&E, Out of Hours and GP services.

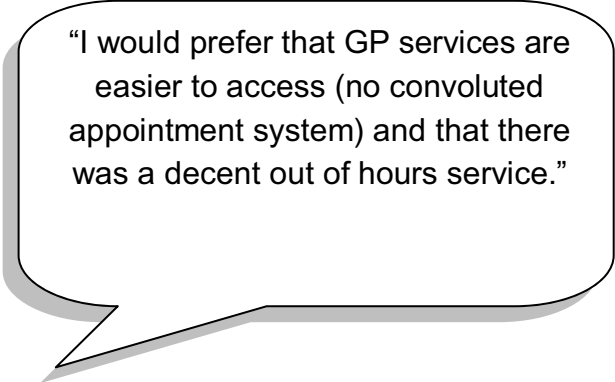
NHS Southampton City's experience following the closure of the Shirley walk-in centre was that there was no resulting increase in attendance at A&E.

There also appears to be some dissatisfaction with the Out of Hours service.

Whichever option is taken forward, NHS Southampton City will work with its provider services to monitor the impact on other health services including A&E, the minor injuries unit at the RSH, the Out of Hours Service and local GP practices.



"The out of hours GP service is AWFUL. I recently called and was told I would wait up to 8 hours for a call back by a clinician to assess whether I even needed to see a doctor or not."

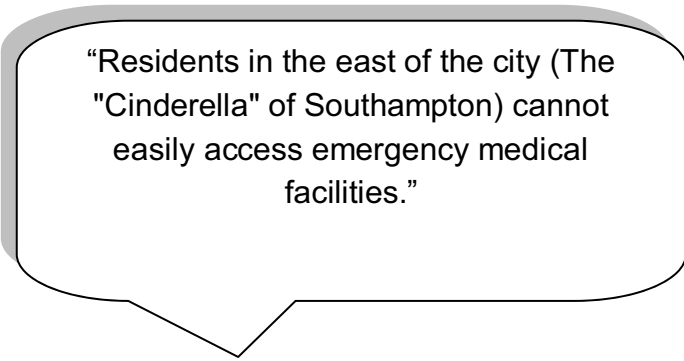


"I would prefer that GP services are easier to access (no convoluted appointment system) and that there was a decent out of hours service."

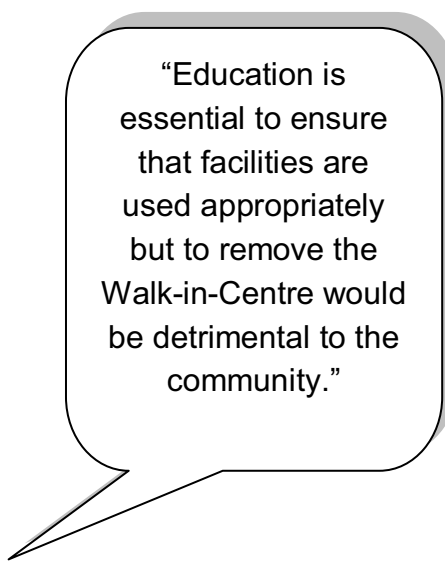
Transport difficulties

Mirroring the feedback received in the pre-consultation phase, a large number of respondents expressed their view that health services such as the Minor Injuries Unit at the RSH, and A&E at Southampton General are difficult to access via public transport. Travelling there as an alternative to the walk-in centre can require two buses or an expensive taxi fare, and is particularly difficult for the elderly, or mothers with young children.

Evidence shows that the vast majority of those who visit the walk-in centre during the day could be treated by their GP. However NHS Southampton City will be writing to the Cabinet member for transport to highlight residents concerns regarding transport from the East of the City.



“Residents in the east of the city (The "Cinderella" of Southampton) cannot easily access emergency medical facilities.”



“Education is essential to ensure that facilities are used appropriately but to remove the Walk-in-Centre would be detrimental to the community.”

“As a GP, I feel that the consultation document is misleading regarding extended hours GP access. ... these surgeries are ONLY pre bookable, so do not offer a drop-in service. Payments will cease after March 2011, and I expect that many practices, including mine, will stop doing extended hours. However your (I expect expensively produced) consultation document makes no mention of these facts.”

“V. good GP - no complaints.”

“Sometimes you cannot get an appointment to your own Doctors for several days, leaving you no choice but to use the service.”

GP Access

A large proportion of respondents outlined their concerns that they would be unable to get a GP appointment if the walk-in centre was not available during the day.

Since NHS Southampton City's review of unscheduled care began in 2009 much work has been put in place to improve access to GP services, through extended opening hours and open access arrangements (as outlined in the public consultation document available in Appendix 6). However it is clear that residents on the East of the City don't perceive there to be easy access and we need to understand why this is.

NHS Southampton City has fed back these initial findings from the consultation to GPs and has agreed to work with them on a possible marketing/awareness raising campaign to ensure that all the methods of accessing primary care services are better understood by the local population.

Where access may be an issue in a limited number of practices, NHS Southampton City will continue to work with them to improve their service.

A recurrent issue was concern about “immediate access”.

All GP practices provide same day treatment for any patient who has a clinical need. It is the role of the healthcare professional to determine clinical need, and usually this means the patient is assessed by a GP or nurse. Once an initial assessment has taken place the patient will either be given a full consultation or will be sign posted to the appropriate service for treatment (such as pharmacy, minor injuries unit etc).

A report giving the current position on work by NHS Southampton to address GP Access can be found in the report by NHS Southampton City and on their website. However, as it did not form part of the consultation it is not included with this report.

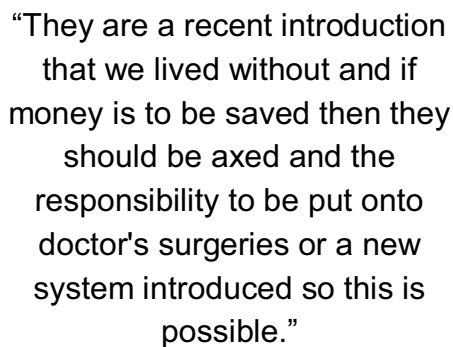
Maintaining the Status Quo

10.4% of people giving feedback were unhappy that there was no option to maintain the status quo.

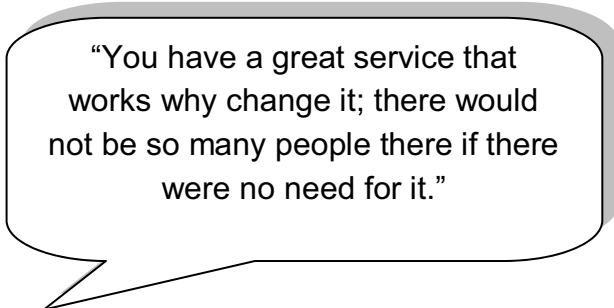
It is NHS Southampton's duty to ensure that the services we commission provide the best possible value for money and quality of care to the people of Southampton. Continuing to commission walk-in services as they currently are provided, without looking at whether they are suitable for patient needs and providing value for money would mean that we would be failing in our duty as the local leader of the NHS.

As previously mentioned, a full explanation of our intention to exclude this option in the final consultation phase was given and approved and is in line with DOH guidance on the duty to involve which states that: "*one of the key principles of good practice is to be open:*

"be open about what can change and what is not negotiable, and the reasons why"



"They are a recent introduction that we lived without and if money is to be saved then they should be axed and the responsibility to be put onto doctor's surgeries or a new system introduced so this is possible."



"You have a great service that works why change it; there would not be so many people there if there were no need for it."

Other Issues for Consideration

Other issues raised included, use of the walk-in centre facility if opening hours are reduced, the impact of the government's proposed introduction of GP commissioning consortium, equity of services on the East of Southampton, use of financial resources.

*A copy of all the feedback received can be found at **Appendix 6**.*

The Seven Consultation Criteria – Were they observed?



In 2000, the Government produced a code of practice for Government Departments to follow when engaged in public consultations. Southampton LINK believes it is reasonable to expect NHS Southampton City to follow this code as closely as possible and as far as it is applicable.. Consequently, we have referenced the third edition published in July 2008 and have assessed this consultation against the criteria listed in that document.

The following criteria are listed:

Criterion 1 - When to consult:

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Southampton LINK has been assured that no decision has been taken. Throughout the process it has been made clear that the Board of NHS Southampton would meet after the consultation period to decide the outcome. This assurance was also given to the Overview and Scrutiny Panel B (OSC). Southampton LINK will attend the Board meeting to witness the discussion

Criterion 2 - Duration of consultation exercises:

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

This consultation period was agreed as a 13 week consultation with the OSC and ran from 15 November 2010 until 11 February 2011.

Criterion 3 - Clarity of scope and impact:

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

This is a critical criterion. Some members of the public have claimed that the consultation is not valid as it did not offer the option to leave the service from the Walk-in-Centre unchanged.

Further examination of the code states:

- Consultation exercises should be clear about the consultation process, i.e. what has taken place in the development of the policy prior to the consultation exercise, how the consultation exercise will be run and, as far as is possible, what can be expected after the consultation exercise has formally closed.
- Consultation exercises should be clear about the scope of the exercise, setting out where there is room to influence policy development and what has already been decided, and so is not in the scope of the consultation.

The consultation document states:

In particular attention was focused on:

- The future use of the walk-in service at Bitterne Health Centre
- The reduction in duplicated services
- Retaining high quality and effective services
- Affordability

As a result NHS Southampton City has been working with local stakeholders including GPs and patient groups to explore what the future might look like. Based on this work and the feedback received as part of the pre-engagement phase outlined above, two options have been developed for further consideration.

There is also no doubt that the consultation document produced for this exercise set out very clearly that the option to leave the hours of service unchanged was not a viable option; It states 'This is considered unfeasible given the current financial pressures aching the local healthcare system. This was repeated verbally by senior members of the Trust whenever this was raised in open session.

It must be concluded that the trust have complied with the letter and the spirit of this criterion.

Criterion 4 - Accessibility of consultation exercises:

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

As part of its attempt to ensure a full consultation in the pre-engagement phase the Trust invited comments from members of the public. In total over 1,300 contributions from the public were received including letters, emails, petition signatures, and one to-one interviews with users of the service and responses to a questionnaire. The questionnaire was made available on their website and distributed via the NHS Southampton City Network and Southampton Voluntary Services newsletter. Southampton LINK also distributed the reference to the consultation document to its 600 members and invited comment.

For the main consultation, two documents were produced, a full detailed document and a summary document. Both documents contained strap lines from the seven most commonly used languages in Southampton stating that translation of materials was available on request as were large print versions. Posters and flyers were also produced to promote the consultation and public meetings.

The Trust state that the consultation document went through a series of checks before it was finalised to ensure that it was clear, concise and readable. (LINK was involved in the readability studies and proposed some amendments before the final document was issued. In addition a consultation impact assessment and equality and diversity impact assessment was carried out by the Trust.

The consultation documents were distributed to 2,074 stakeholders, groups and voluntary organisations. A covering letter accompanied the documents with an offer to attend any groups, voluntary organisations, residents associations etc to discuss the proposals was included. A full list of recipients is given in **Appendix 1**. (This list has been provided by NHS Southampton).

In addition the documents were available to members of the public through a variety of media as follows:

- Articles in the press and local radio; Southern Daily Echo, Newsextra, BBC Radio Solent; various publications; Workshops; focus groups.
- Meetings were held with Groups & stakeholders
- The Chief Executive held briefings with MPs and City Councillors (Conservative and Labour Groups)
- Public Meetings were advertised and held in Eastpoint, Harefield and Ludlow Junior School and with Eastleigh & Southern Test Parishes (Hilldene, West End). Southampton LINK participated in the three meetings in Southampton
- Public Exhibitions were held at Bitterne market, Central Library, Bitterne Library, Bitterne Leisure Centre and Marlands Shopping Centre

Special efforts were made to consult with groups that are often overlooked in consultations.

All full programme of all the consultation activity provided by NHS Southampton can be found at **Appendix 2**.

Whilst Southampton LINK is mindful that there are many people who are unhappy at the possibility that the hours of opening of the Walk-in-Centre may change there should be no doubt that this criterion has been fully addressed and that those responsible for this consultation exercise should be congratulated for its thoroughness.

Criterion 5 - The burden of consultation:

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

The consultation document states that:

When preparing a consultation exercise it is important to consider carefully how the burden of consultation can be minimised.

It goes on to state:

If the (Government) has previously obtained relevant information from the same audience, consideration should be given as to whether this information could be reused to inform the policymaking process, e.g. is the information still relevant and were all interested groups canvassed? Details of how any such information was gained should be clearly stated so that consultees can comment on the existing information or contribute further to this evidence-base.

NHS Southampton City undertook a comprehensive pre-consultation exercise and from this reduced the number of options available for public consultation to two, thus fulfilling this criterion.

Criterion 6 - Responsiveness of consultation exercises:

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

The code of practice states:

All responses (both written responses and those fed in through other channels such as discussion forums and public meetings) should be analysed carefully.

Analysing consultation responses is primarily a qualitative rather than a quantitative exercise. Consultation documents should, where possible, give an indication as to the likely timetable for further policy development.

Following a consultation exercise, the (Government) should provide a summary of who responded to the consultation exercise and a summary of the views expressed to each question. A summary of any other significant comments should also be provided.

NHS Southampton City have analysed the responses as described earlier. The consultation document clearly stated the timetable. A full summary of comments made at public meetings and on the consultation forms was included in the report. These documents have been made available to us and are given as appendices 3-6. Appendix 6 is a summary of comments made by respondents on the forms and is broken down by category of response.

This criterion has been fully met

Criterion 7 - Capacity to consult:

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience

The code of practice states:

Every organisation to which this Code applies should appoint a Consultation Coordinator. The Consultation Coordinator should be named in consultation documents as the person to contact with any queries or complaints regarding consultation process (the policy lead should be the contact point for queries regarding content).

The consultation document names the Communications Team and has a forward signed by the Chief Executive of the Trust. This criterion is considered to be fulfilled.

Observations by Southampton LINK

Southampton LINK has a number of observations to make about the process.

Overall response

It is important to state clearly that the consultation was correctly performed; the process was open and transparent, there was a good attempt to involve a large number of groups and individuals. There has been criticism that the consultation was flawed because it did not include a no-change option. Whilst the concern is understandable, the criticism is not justified; to offer this as an option would have been dishonest since NHS Southampton has declared that this option is not affordable.

The report is comprehensive. It includes a full analysis of the data and the appendices contain a very thorough report on the feedback and generally, the analysis reflects the feedback accurately.

The Consultation Options

It is unfortunate that a discussion began on a rumour of closure of the walk-in centre. This put NHS Southampton on the back foot from the start and they spent considerable time emphasising that no decision had been taken.

NHS Southampton then outlined all possible options available to them. These options were quite correctly being considered but were part of the pre-consultation discussion.

As far as we can judge, the process of reducing the options was done following the Government guidelines and due consideration of the pros and cons of each option including the financial implications. Southampton LINK was consulted as part of this process and was kept informed of the progress. Having decided that some of the options were not viable, for whatever reason, it is quite correct that they were not included in the final consultation; to have included them when there was no possibility of NHS Southampton adopting them would have been dishonest and contrary to the code of practice.

However, the process of pre-consultation, leading to full public consultation led in this case to confusion by the public who believed that all options were going to be part of the full consultation. This was exacerbated by some members of NHS Southampton who stated that all options were being considered but did not make it sufficiently clear that the final public consultation would have to be limited due to other considerations, not least of which was financial.

The public meetings

The first of the public meetings was held on an extremely cold evening and only eight members of the public attended. Despite this there was a productive discussion.

Senior members of NHS Southampton could have been better prepared to answer obvious questions rather than having to revert to other members of staff for the answer; in particular the question on usage. It is usual for organisations facing public criticism to prepare a list of possible questions with suitable answers in order that the spokespersons can give an immediate response

The second meeting was booked for one hour only. Nineteen members of the Public attended. There was no PowerPoint presentation as there was at the first meeting and more importantly, no Director was present.

The third meeting had by far the greatest attendance with about 80 attending. The meeting was again booked for only one hour. This time there was a PowerPoint presentation but with such a large attendance a microphone system was needed but not used. Frustratingly, a PA system was available in the hall.

With such an important consultation, more effort was needed to ensure that all the advertised public meetings were effectively staffed and managed identically.

The Written Feedback

The analysis provided in the report by the Trust is factually accurate but the observations of LINK viewing the feedback is as follows:

More than 50% of returned consultation documents contained comments, which is, in itself, unusual for most questionnaires. A simple overview of the responses given in Appendix 6 shows:

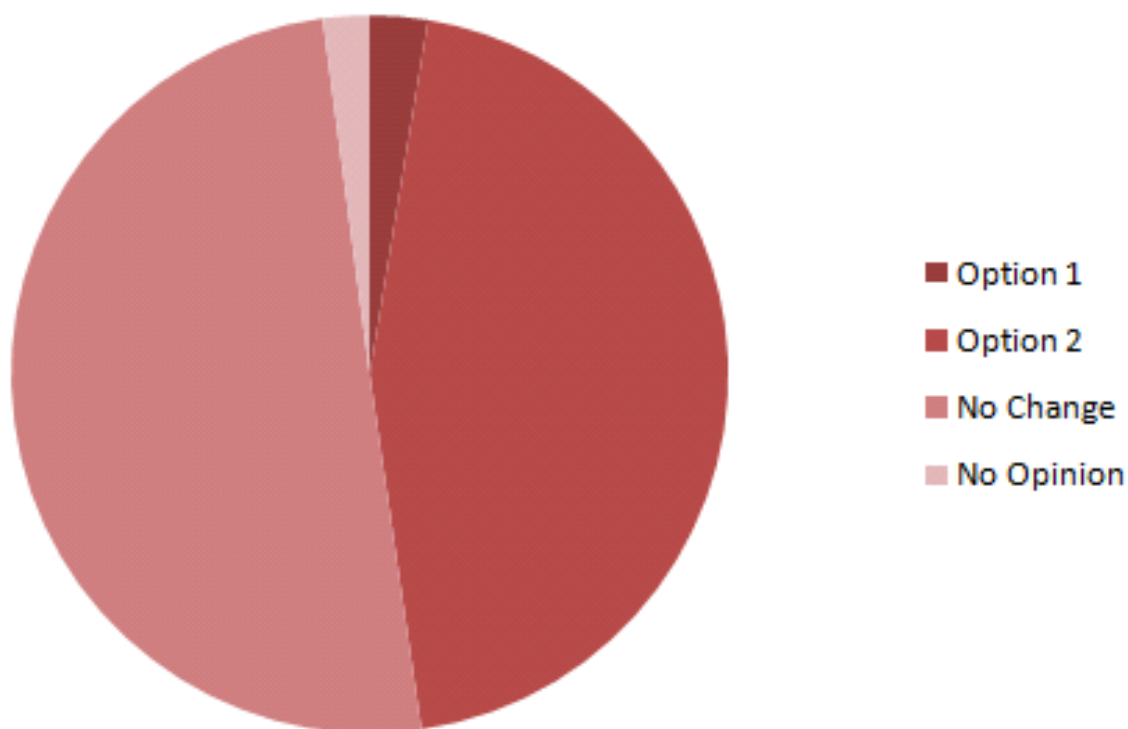
The majority commented on the following;

- The absence of an option to leave the service as it stands. This was seen as unsatisfactory
- Problems with accessing GP's
- Transport problems – existing and likely to get worse
- Pressure on other health services

There was a general feeling that the option to leave the walk – in centre in place with no changes in service hours had been removed from the consultation; this was not considered satisfactory. (see our previous comment). Allowing for the fact that many of those that selected one of the options nevertheless made comments, the majority of written responders (around 65 - 70%) wanted the service to be maintained; many adapted the two consultation options by adding a third, **(No Change/Leave the service alone/why are you doing this? etc)**.

Including the 460 people who signed the second part of the petition, just 2.6% of the respondents voted for option 1; 45.1 voted for option 2; 50.2% stated there should be no change; 2.1% gave no opinion although many commented.

These figures are illustrated in the following pie chart:



The General Themes

The public considered that the service was a vital public health necessity. Promises to improve the services at A&E, the minor injuries unit at RSH and GP access were generally dismissed by the public. (We have heard all this before!)

Access to GPs

Very many correspondents commented on the difficulty of obtaining suitable GP appointments in the area to cover the loss of service. A vocal majority criticised GP opening hours, lack of suitable telephone service and general lack of confidence in GP services.

This has been a recurrent theme throughout this consultation. It has dominated the public meetings and the written responses.

In response we have heard that this is perceived but not real and that people are expressing want and not need. Perceived or real, there is a clear need to address this problem.

Recurrent themes are

- The variability between practices
- Extended and more flexible opening times
- Appointment procedures especially telephone times for appointments
- Waiting times for appointment
- A walk-in service provided by GPs
- Phlebotomy services

It is worth repeating our comment made under the heading 'Bitterne Walk-in Centre statistics'. The public perception of how they think they use the service and the actual numbers attending show a disparity. This probably implies that the public use the walk-in service as a convenience. This may be because they took an easy option or because they tried and failed to get a GP appointment. It is not possible to be certain but during the consultation process many respondents stated that they used the walk-in centre because they were unable to get a GP appointment

We were particularly concerned at the following response from a GP:

As a GP, I feel that the consultation document is misleading regarding extended hours GP access. As you know, these surgeries are ONLY pre bookable, so do not offer a drop-in service. Also, the payments will cease after March 2011, and I expect that many practices, including mine, will stop doing extended hours. However your (I expect expensively produced) consultation document makes no mention of these facts.

This response needs no additional comment from us except to say it almost certainly confirms the views of many of the respondents that GPs are not responding to patients (needs or wants).

Whatever decision is taken by the Trust Board over the hours of the walk-in service, NHS Southampton should now concentrate its efforts in ensuring that GPs provide a similar service to make up for whatever is removed from the walk-in service.

The future strategy for a remodelled system of Unscheduled Care across Southampton, Hampshire, the Isle of Wight and Portsmouth (SHIP) is currently being planned. This is referred to in the consultation document but does not go into detail. This plan envisages a Practice consortium' approach to Primary Care Provision 12 to 15 hrs a day 7 days a week where Practice consortia are charged with providing:

- Unscheduled care services / drop in facility
- Some early morning & late evening GP surgeries
- Usual planned practice surgeries
- Smoothed patient flows (waiting times)

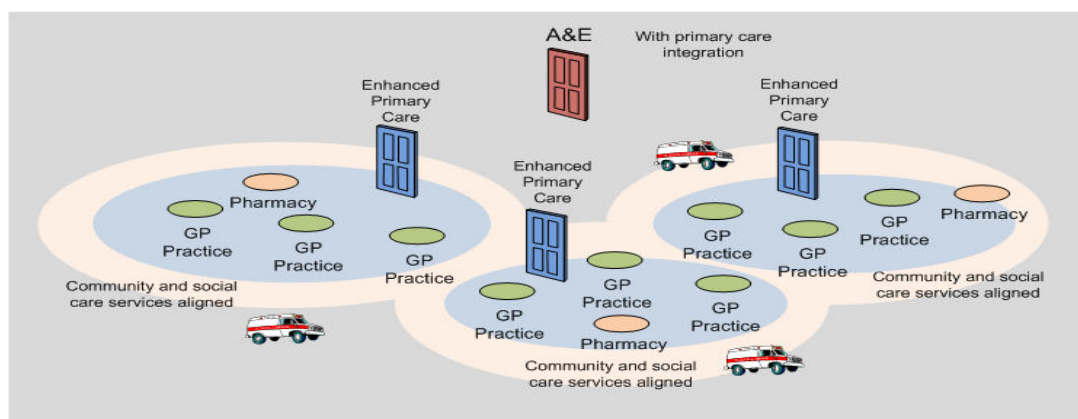
Ambulance see, treat and if necessary refer

A&E is still available to patients but consortia are charged if used

A&E to have an integrated primary care team

This system, if fully adopted, would resolve many of the issues raised during the current consultation.

We hope that the incoming GP consortia will read these comments in full and act positively to allay public concerns. This is especially important given the Government's emphasis on the need to consult patients and public. Southampton LINK is willing to work with them to improve the current position.



Transport from the East of the City

Many responders commented on the absence of alternative services in the east of the city. There was a general feeling that their needs were not being met, with a particular series of negative comments on the lack of public transport to access SUHT and other services based in the centre and west of the city. Bus transport was especially criticised as well as high taxi fares and distinct lack of suitable parking if private car access was possible.

Southampton LINK understands that this is a difficult issue and that the majority of public transport is operated on a purely commercially basis. Nevertheless, it is right that the concerns of the public on the East of the City is noted and that the NHS and City Council should co-operate to attempt to improve the situation especially in respect of health related transport needs.

General Issues

A large number of responders indicated that they felt pressure on SUHT A&E would *increase* in the absence of the Bitterne walk – in centre.

A majority of responders indicated that there was a complete lack of communication as to how they should access services, especially if the Bitterne Centre is closed or operates at reduced hours.

Southampton LINK recommends that communication of the decision on the future hours of the walk-in centre should be considered in detail before the decision is implemented. It is essential that information should be clear and widely available. In view of the number of people that access the service from outside the City, NHS Southampton should request co-operation from Hampshire PCT.

The public should also be given clear direction on how to access alternative resources.



Next Steps

This report will be submitted to NHS Southampton and we understand it will be discussed at Trust Board meeting on 24th March 2011.

24th March 2011 (am)

Integrated Governance Committee

24th March 2011 (pm)

Trust Board



Conclusions

The Consultation process complied fully with Government Code of Practice on consultations.

The options given were clearly defined and correctly set out

The report presents a fair and honest summary of the consultation and its findings

A number of very important concerns about access to GPs were expressed by the public during this consultation process that might not otherwise have been so clearly expressed. These concerns deserve to be thoroughly considered by NHS Southampton, GPs in the City and the Steering Committee of the future GP Consortium.

Other concerns were expressed about facilities in the East of Southampton, especially transport links, and these deserve consideration by the City Council.

Appendix 1:

Consultation on the future of the walk-in service provided at Bitterne Health Centre – Stakeholder list

NHS Southampton Network (members of public) 878 copies of the consultation documents distributed

NHS Southampton City Patients Forum – 12 copies

NHS Southampton City GP practices (including branch surgeries) – 43 copies

NHS Southampton City GPs – 76 copies

NHS Southampton City Practice Managers – 41 copies

NHS Southampton City Practice Nurses – 61 copies

NHS Southampton City Pharmacies in Southampton – 44 copies

NHS Southampton City Pharmacists – 22 copies

Southampton City Councillors – 48 copies

Mike Allott, Thornhill Plus You – 100 copies

Ludlow Infant School – 250 copies

Chinese Association – 50 copies

Lynda Walton Chair of Holyrood Tenants and RA – 12 Copies

32 members of public who wrote to NHSSC to raise concerns

11 members of public who requested a copy of the document

10 Libraries in Southampton

24 copies handed out at Macmillan Cancer Trust Event

32 copies handed out at Healthy Bite Restaurant, RSH

John Denham MP

Caroline Nokes MP

Alan Whitehead MP

Chris Huhne MP

Graham O'Reilly - Socialist Party

Caronwen Rees - Southampton OSC

Active Southampton

SVS members – 3

Chinese Association of Southampton

Debbie Fleming, CEO, NHS Hampshire

Denise Holden, Hampshire OSC

Sheila Williams, Wessex LMC

Louise Halfpenny

Lynsey Malpuss, SCC

Ron Foulkes, Countess Mountbatten Hospice

Celia Fraser, SCC

Chris Hawker, SCC

Dave Shields, SCC

Martin Day, SCC

Suki Sitaram, SCC

Southampton Centre for Independent Living

Southampton Partnership

Steve Lent, CMH Charity

Age Concern Southampton

Anti-Poverty Forum

Brad Roynon, CEO, SCC

Bill Lucas, Change Implementation Group

CEO, Solent Mind

Community Workers Network

Disabled Persons Consultative Forum

Empathy

Penny Furness-Smith, Exec Director of Health & Adult Social Care, SCC

Gill Duncan, Hampshire County Council Director of Adult Social Services

Federation of Southampton Tenants and residents

Harry Dymond, S-LINK

CARE UK – 2 copies

Rose Road Association

Southampton Carers Together

Southampton Children's Play Association

Southampton City Sports Development

Southampton Council of Faiths

Southampton Pensioners Forum

Southampton Rethink Carers Network

Rob Marsden, Southampton YMCA

Will Hancock, SCAS

Amanda Hames, Hampshire LINK
Southampton University
Sarah-Jane Wareham, Southampton Solent University
Ros Tolcher, Chief Officer, Solent Healthcare
Sara Tiller, Head of Comms, NHS Hampshire
Alison Ayres, Head of Comms, SUHT
Carol Deans, Head of Comms, HPFT
Andy Hollebhone, Head of Comms, Isle of Wight
David Barker, Head of Comms, Portsmouth
Diane Andrews, Secretary, Eastleigh and Test Valley Parishes - Older Peoples Forum
Kate Dench, SCC – Learning Disabilities Strategy Group
Richard Whineray, Chair of LOF at Moorgreen
Ian Lloynes, Southampton Centre for Independent Living
Peter Davis, Peartree Community Action Forum
Don Spake, Bishops Crescent T & RA
Ross Davis, Townhill Action Group
Tessa Tappin, Harefield Tenants and Residents Association
David Brown, Peartree Community Action Forum
Maureen French, Peartree Tenants Association
Reg Taylor, Itchen Estate Tenants & RA
Mary Carnegie, Sholing Community Action Forum
Yvonne Harryman, Waterside Park RA
Becky Thorne, Ashurst Park RA
Roisen Conlon, Cliff RA
Barrington Little, Midanbury Court RA
Weston Shore T & RA
Barrie Crease, Keynsham Action Group
John McCarthy, Furze Road & Furze Close RA
Southampton Society for the Blind
Jenny Davies, Harefield T & R Sub Group
Brenda Scarlett, Merryoak Computer Club
Stroke-Dysphasia Group
Thornhill Health and Wellbeing Network
Royal British Legion Social Club, Upper Deacon Road

Amy Parsons, Thornhill Youth Centre
Little Roos Soft Playgroup
Southampton City Youth Service
Bev Weir, Weston Court Community Project
The Saturday Morning Club
Thornhill Senior Citizens Club
Brenda Downes, Thekchen Buddhist Centre
Rainbow Tots
Hampshire Deaf Association
Brian Sinclair, The Door UK
Eastpoint Social Club
Southampton City Youth Parliament
Bruce Hartnell, Parish of Sholing
Fairfax Court Social Club
Rev Geoff Awnas, St Christopher's Church of England – Thornhill
Caroline Wright, Guide Association - Southampton Itchen Division
Medwall Court Social Club
Amanda Bowens
Ladder4Learning
Chris Ricketts, Sholing Baptist Church
Christine Hammond, Southampton Rethink Carers Support Group
Kate Martin, Southampton Commons & Park Protection Society
Mrs G Wood, Mellowtones Over 55 Choir
Christine Tebano, Parent Support Link
Kim Wherry, Books for Children Group – Southampton
Mrs J Roles, Sholing Community Association
Cyril Hallman, Thornhill Senior Citizens Club
Mike Dawe, Southampton Hard of Hearing Club
Mrs Janet Harley, Townhill Park Community Association
Dianne Yexley, Chrysalis
Miss Joanne Barry, Southampton Samurai Judo Club
Mrs Mary Evans, Solent Strutters
Howard Trundell, Priestwood and Woodland Residents Group
Mr E Hannaford, Festival Britain (Itchen) Community Association

Ms Lynda Taylor, Alzheimer's Society
John Ansell, Bitterne Manor Community Association
Mr R D Edwards, Psoriasis Association
Nigel Hughes, Southampton Action for Employment
Julie Turley, Weston Shore Community Room
Mrs Elaine Rackett, Choices 4 Families
Pat Kenner, Abbeyfield UK
Patricia Semark-Jullien, Eastleigh Bereavement Service
Sylvia Percy, Back Pain Association
Brian George, Southampton Animal Concern
Pauline Vaughan, Thornhill Health and Wellbeing Network
Terence Windibank, Freemantle & Shirley Amateur Theatrical Society
Brian Wetman, National Society for Epilepsy
Phil Budd, Southampton Natural History Society
Lordswood Residents and Community Association
Rosalind Dean, Hampshire Buddhist Society
Abigail Withey, Learning Links
Caroline Oates, Queen Elizabeth II Activity Centre
S Cleasby, The Gantry Youth Theatre
Amanda Kelly, Sure Start – Weston
Chris Fry, Sholing Valley Study Centre Association
Stanley Fitzgerald, Spina Bifida & Hydrocephalus Association
Andy Iles, Southampton Jazz Club
Chris Stevens, Mediation and Reparation Service (crime Concern)
Sue Hutton, Youth Offending Team
Barbara Vijayakumar, Kathakali - Indian Dance Drama Company
Christine Jones, Woolston Jobcentre
Jenni Fletcher, Telling Everyone About Multiple Sclerosis
David Bonney, VITALISE
Jillian Abrahams, St Johns Ambulance - Social Care
Mrs Joan Veal, Itchen South District Scout Campsite
Debbie Pearce, Playtots Toddler Group
Keery Anteney, Harefield Community Pre-school
Mrs M Ranger, Penguin Swimming Club for orthopedically disabled
Mark Wilson, Pirates for Peace

Mrs Webster, Guide Association - Southampton East Division
Eastpoint Centre
Mr A Strudwick, James Street Church
Olivia Barnes, Southampton Real Nappy Network
Flautissimo
Mr Gerry Harding, Hedge End Retirement Club
Peter Hunt, Thornhill Plus You
Peter King, The Nomads Short Mat Bowling Club
Southampton Rape Crisis & Sexual Abuse Counselling Service
Rachel Hampton, Mayfield Nursery Horticultural Therapy Project
Stan Fitzgerald, Southampton Carers Together
Rebecca Downes, NHS Direct
Sue Jacobs, Southampton Aspergers Support Group
Tessa Lovell, Cobbett Road Library Toddlers Group
Sandra Chapman, No Limits
Southampton Domestic Violence Forum
Sandra Lawton, West End Stoke Group
Trish Liddan, Weston Adventure Playground
Sophie Sinclair, Jubilee Sailing Trust
Dial a Ride Southampton
Surestart
Bitterne Walk-in centre
MIU at Royal South Hants
Weston Lane Centre for Healthy Living
Maternity Service Liaison Committee meeting with parents, midwives and Health Visitors, 10
copies

Appendix 2:

Urgent Care East Southampton Consultation Activity Log

Stakeholder	Activity	Lead	Date
NOVEMBER			
Public	Article in <u>Daily Echo</u>	EM	12.11.10
Public	NHS Southampton City Patient forum	DB	15.11.10
Public	Poll on Southampton LINKs website	DB	15.11.10 – 11.02.11
Public	Interview with Dr Adrian Higgins on BBC Radio Solent	EM	15.11.10
Public	News item on <u>Wave 105 FM</u>	EM	15.11.10
Public	Information made available on NHS Southampton City website	SR	15.11.10
Public	News item in News Extra	EM	18.11.10
Public	News item on Southampton LINKs website	EM	18.11.10
Public	Information made available on Solent Healthcare website	SR	19.11.10
Hampshire OSC	Information on use of WiC by Hampshire patients sent to OSC for info	DB	23.11.10
Public	Stand at Bitterne market	DB/LB	24.11.10
Public	Article in Thornhill Plus You newsletter	EM	27.11.10
Public	Public consultation event	DB/EM	9.11.1
Public	Article in Daily Echo re public consultation event	EM	30.11.10
Public	Eastern European Families Toddlers Playgroup	JG	30.11.10

Stakeholder	Activity	Lead	Date
DECEMBER			
Public	Article in NHS Southampton City stakeholder newsletter, 'Inform'	EM	12.10
Public	Advert in City View	EM	12.10
Public	Article in Solent Healthcare Stakeholder newsletter, 'Shine'	EM	12.10
Public	Article in NHS Hampshire stakeholder newsletter, 'Dialogue'	EM	12.10
Public	Article in SWS newsletter	EM	12.10
Public	Weston Sure Start Parent's Forum	JG	01.12.10
Public	Public display at Central Library	DB/EM	06.12.10 – 11.12.10
LINKs	Steering group meeting	DB	06.12.10
Public	Disability and Older Persons Forum	DB	08.12.10
Public	Sure Start East Group	DB	10.12.10
Public	Carers Strategy Group	DB	14.12.10
Public	Public Consultation Event, Harefield Community Centre	EM/DB	14.12.10
Public	Distribution of consultation documents at Healthy Bite restaurant, RSH	JG	14.12.10
Primary care staff	Article in primary care newsletter on consultation, plus an article on how to promote opening times and services to patients	MB	16.12.10
Chris Huhne MP	Letter to Bob Deans regarding WiC consultation	EM	20.12.10
Public	Article in Daily Echo publicising Bitterne library exhibition	EM	29.12.11

Stakeholder	Activity	Lead	Date
JANUARY			
Chris Huhne MP	Letter to Secretary of State concerning reasons behind Bitterne consultation	EM	06.01.11
Public	Public display at Bitterne library	EM/DB	10.01.11 – 15.01.11
Public	NHS Southampton City Patient forum	DB	11.01.11
GPs	Article in GP Primary Care newsletter	MB	01.11
Public	Public display at Bitterne Leisure Centre	DB/LB	17.01.11 – 22.01.11
Public	Press release re public meeting 25 Jan	EM	13.01.11
Public	Eastleigh Southern Parishes Older People's Forum	DB/LJ	18.01.11
Public	Article in <u>Daily Echo</u> publicising 25 Jan public meeting	EM	18.01.11
Public	Bevois & Bargate Community Health Group- documents distributed	JG	19.01.11
Public	Chinese Community Needs meeting	JG	20.01.11
Public	CLEAR meeting	JG	21.01.11
Staff & Stakeholders	25 Jan public meeting publicised via Health E News.	EM	14.01.11 & 21.01.11
Public	Article in <u>Echo</u> from <u>John Denham</u> encouraging attendees at public meeting	EM	25.01.11
Public	Public Consultation Event	EM/DB	25.01.11
Public	Stand at Central Library where BWiC documents available	JG	25.01.11
Public	Black Heritage event- documents made available	JG	26.01.11
GPs	Stand at GP Forum	MB	27.01.11
Public	Maternity Services Liaison Committee meeting- documents distributed	JG	27.01.11

Stakeholder	Activity	Lead	Date
FEBRUARY			
MPs	Meeting with SW Hampshire MPs to discuss health reforms	MB	02.02.11
Public	Sure Start 'Stay & Play' group	JG	07.02.11
Public	Sure Start 'Hoppers' group	JG	07.02.11
Public	Stand at Marlands Shopping Centre	DB	08.02.11
Public	Sure Start parent & toddler group, Harefield	JG	09.02.11
Public	<u>Daily Echo</u> article re close of consultation	EM	10.02.11
Soton OSC	Southampton City Council, Scrutiny Panel B Meeting	DB	10.02.11
Public	<u>Daily Echo</u> article on OSC meeting	EM	11.02.11

Appendix 3:

Bitterne Walk-in Centre Consultation Public Meeting

Monday 29 November, 7.00-9.00pm

Eastpoint Centre, Thornhill

Chaired by Harry Dymond, Chair of S.Link

**Presentation: Bob Deans, Chief Executive, NHS Southampton,
Dr. A. Higgins**

Attendance: 8

The meeting began with a brief presentation from Dr Adrian Higgins providing an overview of the options for consultation and the process. This was followed by a brief question and answer session. Below are some of the main issues raised during this section:

- It was requested that the PCT representatives provide more detail on the integrated GP and Community Care model which was not included in the options for consultation
- Further information was requested on the SHIP wide strategy for unscheduled care and in particular how other areas (Hampshire, Portsmouth and Isle of Wight) would be influencing the future of healthcare in Southampton
- Why isn't there a third option for consultation which maintains the status quo?
- Is there any detail on the numbers of people who go to A&E but could otherwise be using the walk-in centre?
- What will be the impact of the proposed options on local GP practices? What will those people who need a GP appointment do when they cannot get an appointment with their practice?
- Are the proposed changes all about making a profit (through GP fund holding)?
- Where did the figures regarding the use of Shirley Walk-in Centre come from?
- Why can't GP practices be charged for inappropriate use of the WiC by their patients?

Following the question and answer session those present were asked to form into break out groups to discuss the issues surrounding the consultation and the proposed options for the future. Below is a summary of the main points.

Comments on the options

- With either option 1 or 2 there should be scheduled GP surgery rotas covering the hours when the Walk-in Centre isn't open
- Favoured option would be option 2
- Model of integrated GP/WiC is a good option
- What happened to the other options (there were originally five)

General comments

- Are GP receptionists well versed on when to forward a patient on to a walk-in centre? Could GPs be dealing with some of these ailments?
- Getting through on the phone to your GP surgery is very difficult
- There is an ongoing need for the health service to promote and advise the public on using the WiC
- Is there a danger that with GP led services in the future that they may not be able to cope in the East of the City with the influx of patients when the WiC is closed
- Historical perception is that a GP appointment won't be available, so more effort is required to advise people to try for a GP appointment first before going to the WiC
- What use will be made of the WiC building during the hours it is closed? GPs should consider social care or perhaps a taxi base
- More receptionist required at A&E to cut down on inappropriate waiting when patients are not using the appropriate service
- Phone advice (NHS Direct) is not good
- Need to build confidence in whatever the system can provide
- Need to improve access to GP appointments
- Need for good triage/customer care from the outset
- Need to market the Minor Injuries Unit
- Could Bath Lodge practice join up with the WiC?
- Which GP practices have the most patients who frequently use the WiC?
- Transport access is key- including to the Minor Injuries Unit
- Could GPs offer a Minor Injuries Unit type of service?
- Why not close A&E?
- Patients should be able to get prescriptions from walk-in service over the weekend
- Bigger role for pharmacists in minor ailments
- Decision to consult started after the White Paper- is it not a waste of time to change things now?
- Patients would like access when it doesn't affect their work
- Blood tests- early appointments needed
- Savings- do they warrant the changes?
- Where are the savings going to be spent?

Comments on 'What steps can we take to enable you to access your GP?'

- Have clear notices outside GP surgeries and WiCs indicating which service is open
- Greater advertising of the 111 number
- Promote the nurse triage service at GP surgeries
- Display of leaflets at WiC and at GP surgeries

Appendix 4: Bitterne Walk-in Consultation event at Harefield Community Centre – 14 December 2010

Chaired by Harry Dymond – Chair of S.Links

Lisa James, Commissioning Manager, NHS Southampton

Judy Hillier, Director of clinical Excellence and Delivery, Solent Healthcare

Attendance: 19

Issues raised at this event included:

- What consultation took place regarding the closure of Shirley Walk-in Centre?
- NHS Southampton City is not offering a status quo, there are only two options. There should be a third option – to keep the BWIC as it is
- Is NHS Southampton City able to draw upon the patients who access the WIC, e.g. patients who live outside of Southampton?
- “I have a petition here with 2000 signatures against the change in hours to the WIC. People can’t get into their GP surgery, where do they go if the WIC is closed during the day? LINK should reject the proposal”
- Will NHS Southampton City withdraw the consultation?
- What are the numbers for the patients who access the Bitterne Walk-in Centre?

Comments

- Patients who fail their GP appointments should be fined
- This is the first that I have heard about the consultation
- Old people won’t use the WIC at night

- There were three WICs in Southampton and they are now being closed
- You are not giving patients the chance to have their say, there is no where for patients to go
- I like to have a choice of where I have my blood test, either WIC or GP
- Taxi costs to the SGH are very high
- The WIC is used well during the daytime
- The BWIC is very necessary to this side of the city, it takes two buses approx 1 hour 30 minute journey to get to the SGH

A member of the public asked the attendees to vote that a request should be made to Southampton LINK to liaise with the Health Scrutiny committee and ask that the consultation be stopped; with a third option “to do nothing” should be added.

Appendix 5: Ludlow Junior School Event – 25 January 2011

Chaired by Harry Dymond, S.Link

Dr. A. Higgins, Medical Director

Dr. R. Tolcher, Chief Officer, Solent Healthcare

Attendance: 80

Below is an overview of the questions and comments raised from this event, as well as answers from the panel where applicable. The panel was made up of Dr Adrian Higgins, Clinical Director for NHS Southampton City and Ros Tolcher, Chief Officer, Solent Healthcare. Responses given are from Dr Adrian Higgins unless otherwise stated.

- 1) At Chessel Surgery there is a sign on the door which states 'by appointment only'
 - A. *Dr Higgins [who appeared on the panel and is a practicing GP at the surgery] is not a partner so has no control how the service is run at Chessel. Feedback to PCT if there are problems. It is useful if patients pre-book appointments.*
- 2) Harefield has lots of children, elderly people and carers – they cannot get to the hospital easily, it takes two buses and is too far to travel. Where should I go for medical help?
 - A. *GP surgeries are closer than the Walk in Centre for the majority of people and many patients pass their own GP practice to attend the Walk-in Centre.*
- 3) If you cut the Walk in Centre then patients will have to go to A&E
 - A. *(Dr Ros Tolcher) We are not cutting the service. There is the MIU at the RSH and 12 GP Practices on the East side of the City.*
(Harry Dymond) For transport and GP access, patients can contact SLINK
- 4) There are thousands of names on our petition so why not keep it as it is and listen to patients (Tim Cutter – Socialist Party)
 - A. *t is unaffordable (Dr Ros Tolcher)*
- 5) My doctor (Chessel Surgery) is turning patients away for bandage changes and sending patients to the Walk-in Centre- surely this is not an appropriate place to go for treatment?
 - A. *GPs are not the best people to dress wounds.*

- 6) I took a baby to the Walk in Centre but it was so busy we went to A&E who told us to go back to the Walk in Centre. We need the Walk in Centre. Whenever I have been to the Walk-in Centre it is very busy- it is obviously needed.
- 7) This consultation doesn't have any options for the public and decisions have been made behind closed doors.
- 8) People find it easier to travel to Bitterne Walk-in Centre from Shirley rather than the Minor Injuries Unit at the RSH Hospital because of transport.
- 9) Many people come from outside of the city (West End etc.) for blood tests which impacts on waiting times at the Walk in Centre.
- 10) Patients don't want to wait 48 hours to see a GP. Where do they go in an emergency?
A. We need to get the service right the first time. It is a nurse led service.
- 11) I know someone who died from bacterial meningitis. They waited 12 hours for a phone call from the OOH service and ended up going to the Walk in Centre as they couldn't wait any longer. People are going to die. The service should continue to be provided.
- 12) The Walk in Centre was used by my family over the Christmas period and it was very busy.
- 13) The Walk in Centre is used as a 'back-up' system for when treatment is not available from GPs.
- 14) I can see that many people here tonight are scared about losing a valuable service, however as a parent I will go away reassured that I can access out of hours care for my family We have to make cuts – what do you think should go instead?
- 15) My GP practice now has a Walk in service which is excellent. There were problems but the GPs listened to patients and made changes.
- 16) Is there a time limit when the changes will take place so that there is a time to make the changes?
A. There is no fixed timetable. We will speak with GPs practices. It will not be left indefinitely.
- 17) Why is there only an hour for this event?
We have previously had a number of events and there are more still to come.
- 18) How will the GP Commissioning Consortia affect the WiC in the coming months?
A. There is no fixed time. The change over is for 2013
- 19) GP access is impossible. Why do you think people can slot their illnesses in?
- 20) There hasn't been enough consultation.
- 21) Are there any GPs here? Do we have reassurance from GPs that there is capacity for the fifty Walk in Patients to be absorbed into their service?
A. Yes, GPs can accommodate this. Most patients are from the Bitterne Centre practice.

- 22) I am not at all reassured by this meeting – you shouldn't have discounted the other options.
- A. *There are many challenges facing the NHS which need to be considered and this work is an important part of this.*

John Denham: I was the Minister who opened the first Walk in Centre but the NHS has half of the money now than they had then. Ten years later is it not possible for the NHS to offer a Walk in Centre service. There is money in the system. GPs need to offer a walk in service. We need to speak to GPs.

Councillor Royston Smith : SCC is trying to balance its budgets. GPs must step up to the mark. Ministers need to be unanimous that GPs need to change. GPs need to listen to patients.

John Denham : There are only two options on the feedback form, what should patients do?

Harry Dymond : Write a third option on the form.

General comments

- Not enough info was given on resources which are being duplicated. The meeting should have been longer, as it was previously at the Eastpoint Centre.
- I felt sorry for the speakers due to the instant negativity in the room. No need for 'case studies' from the floor, not listening to answers. Doctor surgeries' appointment / walk in access needs to be improved, but there is still a need for daytime walk-in care if your local surgery does not have appointments. If it was easier to get a GP appointment walk-in care would not be needed. Glad to see Out of Hours is being kept either way.
- Not able to get a child seen by a GP has an impact on school attendance which in turn affects a school's OFSTED inspection result and score. GPs need to improve appointment system
- The hysteria in the room has been caused by a complete breakdown in communication between health service planners and the rest of the population BUT how much was spent on the glossy consultation booklets?? Something simpler would have been quite adequate.
- Get the GP service right first then have another look at the drop in service
- This meeting was not long enough.
- A microphone should have been used.
- Consultants and Doctors at SUHT are asking people to go to the WIC to get dressings done.

Appendix 6: Consultation on Bitterne Walk-in Centre Feedback

NB. We have inserted question marks where the writing was illegible.

Access to GPs

- Certainly, the open-access sessions at my GP, Thorold Road, are way over capacity already, on the few times I have needed to use the "service". This will create even more pressure on our already overstretch and inadequate GP service. Bitterne Walk-in Centre also has modern, purpose built accommodation and provides a good, efficient service. I really hope that you will reconsider the proposal and keep the Bitterne Centre fully open, as it provides a vital and important service for the East of the city.[name/address omitted]Footnote: I feel that if a very restricted service e.g. weekends/evenings only were to go ahead, that this would be the final nail in the coffin. We need a fully open service; we can't choose to only have an emergency at evenings or weekends!
- Better Dr Appointment within 48 hours
- Ask local GP's & listen when they answer. I think the WiC should operate from 5pm as this is the most difficult time.
- Get GPs to do more hours
- The pressure on GPs to deal with minor injuries currently dealt with at BWIC. They too are having budget cuts & will not be able to meet the demand & will probably send people to A&E.
- Important to also think how best to manage people's expectations - possibly if Drs appointments were easier to get + sooner then weekday evening provision would not be so necessary.
- Discuss with GPs how they [?] can provide emergency drop in cover, before you make changes. You have not looked at the resulting problem of the changes to the public
- Even if your doctor's surgery is open, you may not necessarily be able to get an appointment. I have attended the walk-in clinic at my surgery with a child and been advised to go to Bitterne Walk In or the RSH (which is now not an option) due to their being so busy.
- My son is a known asthmatic. As parents we are aware of when he needs additional care e.g. steroids. He deteriorates rapidly. On Christmas Eve at 2.30pm we decided to seek help. The doctor's surgery was closed, the out of hour's number left at the surgery was closed + the out of hours service was not open as it was before 6pm. The walk-in-centre prescribed the necessary steroids and as a result kept him out of hospital. If the service goes to either of the suggestions, then the service would not have been open when required. The walk in centre is 5 minutes drive from home, where as The General Hospital A&E is anything up to 40 minutes drive away. In addition just because the Doctor's surgery is open there is no guarantee that you will be seen on that day, where as you will be seen at the Walk-in centre. The walk in centre has given invaluable support to the family, when the surgery has been unable to assist. In other circumstances, it speeds up the time against admissions into hospital, + we are sent direct to the children's ward. I cannot stress enough how we value the current level of service, and I am concerned that neither option will provide the level of service required for the City.

- Extending GP surgery hours. Where do we go if walk in hours are reduced - A&E? Isn't this dept stretched already & trying to get a doctor to visit is ok but sometimes you are told it could be up to a 2 hour wait!!! Not good with children!
- As the daytime option opening hours have gone could not the GP's surgery have "open house" during mornings & afternoons?? So as to offset the daytime closure of the walk in centre.
- I have found it very helpful on the occasions I have used the Centre. I am not a timewaster or a person who goes running to the doctor every couple of days as I know how very busy the Doctors are. However, when I do require medical attention it is not always possible to get an appointment immediately and this is when the Walk-in Centre comes into its own. Having it open as well after-hours and weekends is such a bonus and a lifesaver and as we have no A&E department on this side of the river in Southampton very essential.
- I think that you need to consider that some GP surgeries never have appointments on the day you ring up! My experience of the walk-in centres around the city is that they are not very satisfactory; I would prefer that GP services are easier to access (no convoluted appointment system) and that there was a decent out of hours service.
- As a GP, I feel that the consultation document is misleading regarding extended hours GP access. As you know, these surgeries are ONLY pre bookable, so do not offer a drop-in service. Also, the payments will cease after March 2011, and I expect that many practices, including mine, will stop doing extended hours. However your (I expect expensively produced) consultation document makes no mention of these facts.
- The Bitterne Walk-In Centre provides an invaluable source of medical attention for local residents, for whom the local GP services are becoming increasingly stretched. I would hope that the present level of service provided by the Walk-imp Centre can be maintained without change, but any reduction in opening hours must, in my opinion be offset by an improved level of service offered by local GP services - extended opening hours, provision for emergency and walk-in appointments. etc.
- Chessel Health centre is closed Tuesday and Thursday afternoons & it is not easy to get to Sullivan Road. Bitterne Walk in centre is nearer.
- Not all GP surgeries have the availability of appointments as you have portrayed. Some only offer sat morning appointments, very very rarely. Having had an illness that required an urgent prescription, in order to prevent further deterioration during a weekend - I was satisfied with bitterness health centre. It completely serves its purpose. Unfortunately health and illness does not respect either the calendar week nor clock. I do not know of any other way, I personally could have received the treatment I needed. Without attending a hospital, which I believe would have been totally inappropriate. Bitterne Health Centre is accessible to me, has easy access, parking, as my locality is not served by ANY buses and my disability prevents me using public transport. I urge you to look again at your plans.
- More pressure on GP's
- There would be no need for evening opening hours if surgeries were to open for longer after 6pm.
- People who work Mon-Friday 9-5 need services outside these hours. GP surgeries are not always convenient, often unable to offer help.

- Doctors are not always open when you need them. The east side of the city is poorly served considering its numbers.
- I cannot think of anything. The only other thing is extending opening hours of surgeries, but don't imagine that would happen anyway.
- think about the extra pressure it will put on GP surgeries. I already have to wait a week to see my GP. With the extra patients to deal with I am sure the wait will only get longer. When the centre first opened I remember very clearly that it was said how much pressure it would take of a & e and the GP's so now we change our mind by now saying that GPs can deal with these matters, make up your mind!!!! People lead very busy lives it is not much to ask to see someone during the day within a few hours, we should not have to suffer.
- [a letter:]Managers of the consultation on the future of Bitterne Walk-in centre publish a list of stake-holders, involved in developing their proposals. The proposals resulting are for closure of the centre, except for weekends, bank holidays, and the additional possibility of some evenings. I attended the patient's Forum & four public meetings. At each of these meetings very strong conclusions were reached and detailed reasons given, showing that the clinical hazard introduced by suddenly cancelling these excellent skilled services have yet to be confronted by those responsible for the withdrawal proposal. Experiences showed that G.P. services currently are completely inadequate to compensate for sudden loss of Walk-in-Centre services. Not everyone will reach alternatives in time. I am not prepared to wait until a coroner says." This outcome should have been foreseen."[name / address omitted]
- Keep it. I have used the service quite a few times when I have not needed A&E, but have been worried about leaving something until the GP has an available appointment, or if I felt a nurse could help. It can take weeks to get an appointment with a nurse at the GP surgery, so often you have to use up valuable GP time instead.
- As far as I understand it the walk in centre is always widely used and takes a lot of pressure off A&E. I have used it a few times for my children when a GP appointment is unavailable immediately, the problems have been not serious enough to go to A&E but urgent enough that they can't wait for an available GP appointment or are out of hours.
- I choose Option 2. I understand about the duplication but it is still needed because the GPs are still not flexible enough. My surgery is rigid in its opening hours, no evenings after 6.30. They are also not responsive to either the need for urgent appointments e.g. when I had a sudden back problem they told me to go to the Walk in centre even though they are not supposed to do that. The Walk in centre was brilliant and quick, and gave me good information and advice. Until the PCT can change the behaviour and attitude of GPs in relation to sudden health problems, I would opt for the Walk in centre anytime.
- See above - why cannot GPs work together on a more responsive, welcoming and flexible service instead of making patients feel like you're a nuisance.
- I would think that things improved with access to GPs as there was an obligation on them to provide same day appointments, is that obligation now gone? Surely one change will hugely affect the other issue?
- I believe that any reduction in the service currently provided at Bitterne Health Centre will impact severely on the residents on the east of Southampton; therefore the two so say 'options' already assume a reduced service. To say that GPs will be able to deal with the fall out of these reduced times is a joke as patients already have to wait a long time before they can get an appointment as it is.

- It is very difficult to get an appointment at my GP surgery without giving several days notice. I'm also not convinced that if I turned up there with a sudden urgent need the receptionist would let me see anyone. I went to Bitterne walk-in when I had a severe allergic reaction, including breathing difficulties, and was given oxygen. I could drive there but I might not have been able to drive to A&E and the GP was closed. As I was pretty frightened I might have called an ambulance, which has cost the NHS much more. I would prefer the walk-in to remain open 24/7 but that is not one of the options on offer.
- We have used this service often over the years and not just for our 3 children, the last time being when my husband burnt his hand on the cooker hob, it was in the evening, and going to the surgery was not an option. I only persuaded him to go because it was close and that he would not have to wait for ever. Our surgery is always full to capacity with scheduled appointments and drop in sessions so how they would cope with more patients remains a mystery.
- I can't get a GP appointment unless I wait till I'm well! Bitterne is the only place I can get medical care on the same day.
- My surgery and others are reducing the surgery hours. There is no emergency service from GPs or nurses.
- You are getting rid of walk-ins, which is going to put more pressure on A&E. Even if you are just getting rid of it during the day. It is not possible to get appointments with your doctor on the day.
- Many people from the east side of Southampton find it very difficult to get to A&E if not impossible. It is also not always clear to the patient how poorly or not they are or their child is. I feel certain that the drop in centre has taken pressure off A&E? It is quick, efficient and relatively easy to get to. With the pressure on Drs surgeries it is rare to get a same day appointment so the centre must reduce visits to Dr also?
- The more that services like this are cut the busier A&E depts. will be. These are already under pressure in some parts of the city. It is impossible to see a GP same day.
- Walk in centres are popular & efficient whereas Doctor's surgeries are neither when it comes to waiting times and patient care.
- Please keep the service going, it is such an excellent back up if the doctors are full _ no appointments available - they even helped me Christmas Eve. Thank you.
- [Feedback from Bitterne consultation Patient's forum]What will the space be used for? Suggestions from group included benefits and general advice clinic. The phlebotomy services from GP practices are not satisfactory at present. Still concern about access to primary care. When either option is implemented, the Trust should monitor the performance of GP practices to ensure improved access. Supportive of options but people must be made aware of what the alternatives are.
- GP out of hours services have a bad reputation and there are no other unscheduled care options on this side of the city. Not having the walk in centre available on weekday evenings would undoubtedly result in more A&E visits unless local GP surgeries could (ALL) be persuaded to open emergency evening surgeries that run to at least 9pm
- GP appointments are very difficult to access due to incomprehensible rules about when to phone etc; the last time I tried to make a non-emergency appointment, I was told I had to wait six weeks.

- Walk in Centres are a crucial part of the options that patients have when they become unwell. Carers consistently tell us how they are unable to access a GP or Nurse for advice and treatment in line with national standards or to meet personal need - it's not helpful to offer an appointment in a week's time!
- With our doctor surgery closed evenings and weekends and the hospital over worked and no dentist at weekends.
- Concerns that I have are: will you get an appointment to see a Doctor on that day? Is there a first come first serve period at the centre?
- Please do not remove this service from the local community. My own Doctors do not provide convenient services for me or my family (for example to day Tuesday I cannot get an appointment until Thursday and then only if I phone on Thursday and even then that's not guaranteed)
- I do not have confidence that the GP practices are up to the required level of responsiveness to provide the same day appointments currently provided at Bitterne. This could move the problem to A&E as patients struggle to be seen by a doctor. I write this as an educated, resourceful and infrequent user of services who has struggled many times to access health care both for me and my children.
- the Bitterne walk in centre should stay as it is doing the job it was put there to do .People come from out side of the Southampton area some times there is a 3 hour waiting to see some one if you have to wait 2 days to see your own G.P. if you could see your own G.P when you need help on the day then yes perhaps you could cut the opening hours but until then the centre should remain as it is
- There seems to be a general shift at the GP surgery towards open access mornings where you have to sit around for 2 hours before seeing a GP and although this is good, actually, a return towards more appointments would be helpful.
- Because it can be so difficult to get appointments at the surgery it is comforting to know you can see a doctor at Bitterne Walk in Centre. Doctors from the surgery should work in the evening anyway and weekends - they get paid enough money!!!!
- Or make doctors surgeries more available as peoples live and work are not easily catered for by present hours, option 2 at least would cover most hours. With doctor's surgeries covering days.
- Most information regarding availability of ones own GP & what they can do for you in a practical way.
- Where do the people go when they are not being offered GP appointments? it seems that the GP even with their extended hours are not offering appointments!
- I understand that the NHS must find more funding from somewhere, however cutting the opening hours of Bitterne Walk-In centre would only create a bigger and more expensive problem. Appointments with your GP are hard to get when you need one, the centre has been invaluable to us as a family, and we have all needed the service at some point during out of hours. If they were not open we would have had to go A&E, they are fantastic up there, if the hours of service are cut, doctors surgeries will have to stay open later and more Dr's and nurses will have to be employed at the Hospitals to deal with the extra patients. It is much easier to go the than try to get to hospital.
- The other thing that could be done is for Dr's surgeries to open late with its own walk-in service,
- Some people cannot access GPs during the normal working day, e.g. due to working out of the local area.

Reducing the walk-in's hours makes access to healthcare even more difficult.

- If the walk-in centre hours are to be reduced, will doctors' surgeries be forced to accept "walk-in" unscheduled appointments? Will public transport be improved to So'ton General A&E? Will waiting times at Soton General A&E be slashed?
- I think it is very important that the walk in centre service remains unchanged, in fact I think the walk in centres seem to provide better and more flexible service than GP practices often do, considering GP practice hours are so limited, with limited afternoon, evening and weekend surgeries, and hard to obtain out of hours service. I would be more in favour of adding to walk-in centres and scrapping GP practices, as GP practices seem to be run for the convenience and profit of the very well paid GP's rather than for the convenience of the patients.
- GP's don't offer enough day time appointments
- Consideration should be given to local residents who cannot get GP appointments and require urgent attention. The only alternative would be to go to A&E.
- Good GP access
- Keep it open all the time. Difficult getting app with GP - Have to see triage nurse 1st old fire station
- V. good GP - no complaints
- Not to close it totally. If I can't get an appointment I always go to the Walk in Centre
- [A letter]Dear Sirs, Just some comments to include with the feedback form regarding the future of the walk-in service at Bitterne Health Centre. I was at the public meeting on 25th January and heard the presentation from you. Whilst appreciated the changes have to be considered for financial reasons I do feel that walk-in provision is necessary for as many hours as possible. Not all GP practices offer care without an appointment and we can't arrange to be in need of health care to fit in with GP surgery times. Our own GP practice - Old Fire Station, Woolston has a notice stating that "they no longer treat the following: cuts, grazes, splinters, burns, scalds, insect bites, sprains and bruises, falls or car accidents. Please use The Bitterne Walk-In Centre". In some instances, advice can provide by the local chemist, but they aren't open all hours either. But in others, interim treatment is needed, and a referral to A and E or other service can be advised if necessary. Attention to falls is an instance of this. All too often a delay in seeking treatment leads to other difficulties and for many people Bitterne is more easily reached.
- This leaves the east side of the town at a very high risk of not having enough medical centres to treat the population of Southampton. I can see doctor surgeries that are already at full stretch just not coping with the demand of patients phoning for appointment during the day. It takes a nightmare to phone consistently at 8am for a doctors appointment now for that day between 8.30 - 11.30 with reduced slots booked out already, the number of people fighting for the 6 time slots will increase incredibly.
- The existing day-time service should continue because patients are unable to access their GP's during surgery hours. We recognise that GPs should be coping with their own patients, but they are not. [Comment below in relation to represented organisation: (includes patients of Southampton GPs and others. There is no NHS walk-in centre in Eastleigh. 3,000+ members)]
- It is impossible to make an appointment at my GP for less than several days in advance. I have no idea why our doctors cannot operate the system I remember operating well in to the 1990's

- We are lucky that we can get into our Dr's surgery in West End the day we ring up (at the moment) I know others in the area aren't so lucky. To stop this service when the normal surgery's are closed I feel would be very detrimental to the residents...
- Sometimes you cannot get an appointment to your own Doctors for several days, leaving you no choice but to use the service.
- G.P's Surgeries re-organised to be able to take unexpected illness. Appointments are always difficult to obtain.
- [In section 'I agree that things need to change', 'things need to change' is underlined and comment below "not in the ways being presented as options. These don't take all needs into account."][Beneath preferred options, comment "These depend on increased walk-in access to GPs which you are not addressing, but which must be addressed"]The suggested options are half a policy. I understand the issue of duplication of services, but unless the PCT (or the coming GP consortia) ensure that there is proper provision of walk-in, unscheduled medical care during daytime hours in GPs surgeries then this is not simply removing a duplication of service, it is removing the whole service.
- I believe that the service should stay as it is until the G.P's prove they can take on the role that the centre covers at the moment. Once the centre is closed it will never open again. I have not ticked either of the boxes because you don't offer the chance for the service to stay as it is. I went to the meeting on Tuesday 25th at Ludlow school and was disgusted with the way it was run. It only ran for one hour and the so called chairman used too much of the time on his feet saying little of interest to the people there.
- If my GP surgery was open during evenings, I would go there.
- Joined up thinking. This must be addressed at the same time as requiring GP surgeries across the city to make a consistent provision of unscheduled care. Having some surgeries that offer little access and others which offer more is not acceptable. There should be parity of service provision regardless of postcode or chosen surgery.
- At some GP surgeries it takes a [??] of days to get an appointment, so "open all hours" centre are vital, not a luxury
- The difficulty of getting a GP appointment out of work hours; the fact that late appointments to see the GP are always booked up early; even telephoning GP surgeries during work time is difficult (I am a teacher and my surgery opens at the same time the children come in to school - thereby making it impossible for me to contact the surgery early in the day). All of these need to be considered when looking at Unscheduled Care services.
- Neither option satisfies the public needs. With doctor appointments getting harder to obtain, it is essential that the 'walk in centre' hours remain as they are.
- The whole point of the meeting seemed to be don't use the walk in centre, use the Doctor. Could doctors cope with the additional patients?
- I think it is wrong to reduce the current hours of walk-in centre. It wouldn't be so bad if GP surgeries were open longer then option 2 would make more sense. It doesn't seem to matter what day or time of day you go to the walk-in centre, it is always busy. I have 2 young children and value the services of the centre.

- Make sure patient can be seen by family doctor when they needed.
- I have used the service more than my GP because when my child is ill I want to see someone quickly whatever the time of day.
- I think the centre needs to stay open as much as possible. I have used it on a few occasions when I have become unwell out of normal doctors hours and have been unable to get an appointment but needed urgent attention, both required antibiotics and I got these quickly, saving myself becoming more unwell over the days before I would have been able to see my GP and saving the NHS extra treatment costs, and myself pain. I also think being able to get blood taken there when needed is really useful to a lot of people, my GP surgery usually has a 2 week waiting list to have blood taken, this is too long if you are unwell, and the only other option is to go to the hospital, but due to the hours that unit is open it is not suitable for people in full time employment.
- Walk in centres are popular & efficient whereas Doctor's surgeries are neither when it comes to waiting times and patient care.
- When the surgery treatment room was unable to take any more appointments for 2 days I was referred to the walk in centre during day hours for attention.
- This facility is the first stop for emergent medical help. It can take up to 12 days to get an appointment at my doctor's office, where I can get the help I need without taking time from more important cases at A&E.
- Whilst I understand the need to operate under financial restraints I can personally say that I have been very satisfied with the service from the Bitterne Walk In Centre. It gives local people a sense of security as they know that they can attend at any time and will be seen almost immediately. Quite often it is impossible to get an appointment with your GP for days.
- Health care should be available round-the-clock. Supposed to be so, but GPs not available nights now and locums not reliable.

Transport & Location

- I think we need the walk in centre to stay open as it is closer and more convenient than the hospital
- This is a very much needed facility in the eastern side of Southampton. The casualty department at the General Hospital is not easily accessed from this side of the city and I have experienced heavy traffic delays when attending the General. The situation for non drivers having to use public transport must be near intolerable. If opening hours at the walk-in centre is reduced it will lead to an increase in emergency calls placing greater strain on the emergency service. I would ask that the decision to reduce the service be reconsidered.
- To get to the General Hospital requires 2 buses or an expensive taxi ride.
- How far patients have to travel to get there
- Public Transport from Bitterne is very poor during evening to get to SGH - not much better during the day so emergency treatment needs to be available this side of the city.

- It would be good to have them spread out in town, easy access and good parking facility
- People without transport who need medical help!
- Yes, the accessibility of the location i.e. is it near bus hub & free parking!
- Transport - put the services need be considered - not everyone has use of car / may be unable to drive due to injury
- It is a shame to lose this service as lots of people use it, it saves a long journey to SGH
- Ability to get to the services. The South Hants is closer to me but I would not walk over to it after hours for fear of getting mugged and there is no parking there. I can drive to Bitterne and safely get the help I need.
- I have chosen Option 2 as the lesser of 2 highly unsatisfactory options. Bitterne Walk-in centre is in a very unusual situation. On the eastern side of Southampton there are no other faculties of this kind. All the hospitals etc are on the Western side. A journey to any of these hospitals involves a long and tortuous car journey or an inconvenient and prolonged trip by bus. The car-driver is faced with difficulty in parking at the hospital. Frequently it is hard if not impossible to find a space and it can be expensive
- Bus-users have to change buses. It is extraordinary that such densely populated areas as Bitterne and West End should not have a direct service. Southampton and Eastleigh people use the centre so it has a very large "catchment area".
- Yes - the difficulties of travelling to the Western side of the city - Number 4 + 5 buses do not run after 6.00pm - Also long waiting time for catching[?] buses (if any) and prohibitive cost of taxi fares - this especially worrying if no access to private car travel
- I wish to lend my support keeping the centre open during the day as it serves the local population many of whom would find it difficult to travel further afield.
- Population density, access to local transport
- Accessibility and the possibility of home visits. Not everyone has a car.
- It takes 2 buses to get from Bitterne to the general hospital A&E
- Remember those who rely on public transport, so a central i.e. Bitterne Walk in centre is best.
- Public transport
- Parking including child & baby spaces.
- The general hospital is expanding and local bus services are contracting - so it is more likely that more car traffic is going to be needing space at the general. Bus services from Bitterne are not easy for either the general or RSH hospitals. Recently eight people were waiting for prescriptions as the pharmacist was giving one person enhanced service.
- "There's a lot disabled & pensioners who cannot to other places, because they cutting bus services"
- As many services as possible should be retained for as many hours as possible. There is no direct bus link from this side of town to either the General or the RSH.

- I live in Bitterne, to get to A&E is a fair distance by bus. To go to general if I had an injury or suddenly unwell."I do hope the Bitterne walk in centre hours of opening stay the same. I am a pensioner, and have no car. As I live in Bitterne, the walk in centre is nearer where I live. Also as I can't always get an appointment with my GP, (An immediate one that is) The Walk in centre is wonderful. I have also had recent treatment at the walk in centre
- We have no car & the buses are not good.
- Accessibility for people reliant on a regular bus service.
- It is a long way to go to A&E at the General and being able to use the Walk In Centre is much better as it is nearer and quicker especially when you have children
- I think without the walk-in centre in the East Side of the town it would be very difficult at peak times, as the traffic would mean a very slow trip to get to the general Hospital. Q.A. at Cosham would be quicker and lack of Buses in anon(?) emergency
- Yes, because we live so far from Gen. Hosp A/E & South Hants walk in centre we need Bitterne because we have lots of (OAPS recycled teenagers) who in and around Harefield Bitterne Area. We need something local. ([Attached Note:] Not everyone has a car, so to get to South Hants Walk in Centre 1 even 2 buses. Gen. Hosp. A/E 2 buses If good connections over 1 hour journey. That's why we need Bitterne so desperately on behalf of OAPs & Everybody)
- I live in Sholing and have to get two buses even to get the Bitterne walk in centre.
- Take into consideration people living in the East of the City and the poor public transport links to the General Hospital.
- The service should continue as it is all week. An evening service would not suit the needs of elderly people during the week it takes 2 buses to get to the SGH from Bitterne or £20 taxi fare return.
- As a non driver Mother of two young boys it is very important that I have access to out of hours NHS local to where I live.
- Having local drop in centres should benefit the effectiveness of the main A&E at the General and as it is local it reduces the travel considerations.
- How we get there, how long it takes, is there FREE parking
- The needs of the poor and elderly who have no transport and limited access to primary health care. By closing this centre more pressure would be added to local A and E whose resources are already stretched.
- Unless you have your own transport moving around by Bus is very difficult as services are inadequate. We have a ten minute walk to the nearest Bus stop. Taxis are the only option which is very expensive.
- The elderly who have no transport of their own. And would find it difficult to travel further afield. This also applies to mothers with young children
- How do people get to places?
- I hope Ease of access is a prime consideration. Not everyone has a car.

- Will public transport be improved to So'ton General A&E? Will waiting times at Southampton General A&E be slashed?
- plenty of free parking places
- As people age and for those with young children the nearer services are the better.
- The difficulty some people experience with mobility, it seems to affect their ability to access services if there is no bus service easily available.
- Also, you need to consider transport. If you have access to a car and someone to drive you there isn't a problem. But there is if you don't have that luxury. Local bus services are, again, under threat. For instance, the 8/8A service is to suffer further cuts to timetable and route and this reduces our options to reach Bitterne, and the City centre for onward travel. Many folk aren't financially in a position to use a taxi service. So, a wider consideration of facts such as these needs to be included in your deliberations. It is to be hoped that with the review of the PCT and GP services the need for walk-in centres will be resolved. In the meantime, I urge you to maintain the Bitterne Walk-in centre with more hours rather than less.
- In my opinion more attention should be given to helping people actually get to a centre, perhaps an extension of the Hospital car service. As a disabled person I know how difficult it is to visit these places unless of course you are in the back of an ambulance!
- Accessibility and travel arrangements for those who don't have access to transport.
- Think about where they are. It's not easy to get to the General or RSH from here
- Elderly people & those without transport need to have medical help within reach. This means that centres need to be on public transport routes.
- Location

Pressure on other health services

- If you want to reduce the service at Bitterne Walk-in centre then you will need to ensure adequate General Practice Out of hours service. To do this with ALL GPs (or hub and spoke) might prove more expensive and less reliable than using one dedicated centre which is now widely known about and used successfully.
- Perhaps should consider working with the ambulance service to develop urban responders with an urban skill set to help limit demand on SCAS 999 services and ED attendances OOH?
- Walk in centres ease the pressure on GP practices, and most probably reduce the number of costly missed GP and treatment room appointments. Most areas have a generous content of overweight people. Perhaps the walk in centres could vigorously encourage such patients to change their lifestyles, thus extending their life expectancy and saving money for the NHS - a win-win scenario.
- GP out of hours services have a bad reputation and there are no other unscheduled care options on this side of the city. Not having the walk in centre available on weekday evenings would undoubtedly result in more A&E visits unless local GP surgeries could (ALL) be persuaded to open emergency evening surgeries that run to at least 9pm

- Out of hours consultation and treatment needs to be seriously upgraded from the system in place at the moment. As a relatively able minded person I am able to access the service but my parents, both of whom are 85, are very confused and frightened by the system used at present. Call back is not the answer! All they tend to do is make the patient feel like they are being sidelined all the time. And it should be easier for someone, e.g. myself, to call the doctor for a patient in another address without the need to be with them. Surely the system can allow for basic details to be taken, then if necessary, a call back to the patient themselves for further information. It might be a little more time consuming but would give a much better service.
- That the out of hours GP service is AWFUL. I recently called and was told I would wait up to 8 hours for a call back by a clinician to assess whether I even needed to see a doctor or not. The walk-in centre is essential if the alternative service is so poor. Also, the Shirley walk-in centre closed so this really is a lifeline for Southampton.
- There is an overwhelming need for out of hours provision - A&E at the general is too far away, too busy and not always necessary or the best option.
- Out of hours (surgery hours) is poor & A&E too far away. Consider spending less on making cuts consultation and keep the services going!
- Now GPs have opted out of out of hours calls - the very poor reputation private [doctors??] have and poor service all out of hours cover is required this side of the city
- NHS Direct is currently often overstretched, it is sometimes difficult to get through and call backs from nursing staff often result in a long wait. This situation will no doubt worsen with cut backs in Walk-in Centre facility.
- Important that out of hrs provision is available - otherwise people will go to A&E - I am sure that some cases seem out of hrs could wait for GP appointment, but people get anxious and want to be seen
- The plans specified will ultimately lead to an increase in A&E admissions which is ultimately what NHS Southampton doesn't want.
- The triage nurse in A&E is unnecessary. It should be a doctor who sees people. This will keep waiting times to a minimum. At present he/she holds up the system.
- Helps to keep A&E clear for emergencies
- The walk in centre provides excellent out of hours service. If it was not there, I suspect the SGH A & E dept would get even busier.
- A&E is over the other side of the city from Southampton.
- They are good thing, takes pressure from A&E

- You will need to increase the number of staff at A&E as most people will turn up there in an evening if you do not keep the Walk In Centre open in the evenings. When I used the Walk In Centre for myself a year ago on a Saturday evening I didn't think I was ill enough to ring the Out of Hours Service, but knew I needed some advice before the following Monday. As it was I deteriorated whilst at the Walk in Centre and had to go to hospital in an ambulance. If I had been at home and rung the Out of Hours Service no-one would have known that my condition would have deteriorated and as my speech then became affected I probably wouldn't have been able to ring for an ambulance and being on my own, I could have been there for several days before being found. Please keep Bitterne Walk In Centre open in the evenings as well as weekends and Bank Holidays - it will take the pressure off A&E and give great reassurance to people on the east of the city.
- This would put more pressure on AE and the GP's if it closes in the day
- Front ending A&E and a re-emphasis that out of hours and A&E are for genuine emergencies, not a consumensed Health service.
- A&E for children involves a very long wait.
- If walk in centres close, or restrict access, then additional strain will be put on A&E and it may be necessary to fund more resources there, or elsewhere to relieve such pressure so money is not saved, it is just moved around. If we have a building already why leave it empty/unused until 6.30pm 5 days a week?

Equity of services in Southampton

- Re-opening Shirley Walk-In Centre or something in that side of the city.
- Why are all the hospital services on the western side of the city?
- Remember the EAST
- Please leave it open. Facilities this side of the water are restricted enough.
- As a mother of 2 small children, living on this side of the city, I would also like to see the walk-in centre open during school holidays. It is a long journey to A&E if your child is unwell + it isn't always possible to see a GP outside of surgery hours
- Not all people that need minor medical help can take time off work nor travel to central Southampton or further for treatment/advice. SHC is about providing locally driven services to people in their locality that meet their needs so efforts should be made to consider all individual's circumstances when considering future services. Having worked in the private sector and now in the NHS I have discovered that the NHS exhibits a very different viewpoint to things like work and time off for health that perhaps needs to be born in mind when devising services, particularly considering travel and ease of travel to services, how people work and what free time they may have to access services (e.g. they may be looking after children when they come home from a day at work while their partner goes to work so travelling to central Southampton with the children in tow on the bus is not necessarily providing services locally to meet local needs for all.

- Noticed in paper that SGH was on 'Black" alert during Noro virus epidemic. At SGH when people asked not to visit SGH - need resources over here. People are used to using Bitterne. There is a feeling that we tend to be forgotten East of River & that our needs/views are not listened to... Walk in centre is also less intimidating. If GP's were to have to alert non appt. time to cover the service - would be expensive as not at one known centre.
- I am very disappointed that we have lost the Shirley walk in centre. Considering that the Shirley walk in centre has been lost, the walk in centre at Bitterne should remain with its services fully intact, and no changes should be made at all. I am very concerned about the planned government changes to abolish PCT's and put everything in the hands of GP's. I do not believe that GPs' discharge their current responsibilities effectively and with the interests of patients foremost. I am horrified that the entire NHS will in effect be handed over to GP's.
- The east side of the city is poorly served considering its numbers.
- Whatever the outcome of this process, services should not be 'better' on one side of the city; access should be equal without some areas being disadvantaged.
- Yes think of east side residents.
- We have used the walk-in centre at Bitterne on many occasions, evenings & weekends. It is easier to get to from East of city rather than A&E at General Hospital. Also parking is very difficult at RSH or General Hospital
- There is a lack of services on the east side of the city
- Residents in the east of the city (The "Cinderella" of Southampton) cannot easily access emergency medical facilities, such as A&E, or the hospitals
- Many people from the east side of Southampton find it very difficult to get to A&E if not impossible. It is also not always clear to the patient how poorly or not they are or their child is. I feel certain that the drop in centre has taken pressure off A&E? It is quick, efficient and relatively easy to get to. With the pressure on Drs surgeries it is rare to get a same day appointment so the centre must reduce visits to Dr also?
- Something needs to be in place, for local residents, if you live on the west side of town, the General has A&E, if you live in town, there is the RSH, but if Bitterne closes residents to the east of town have no easy access to unscheduled care.
- We need access to 24hr emergency care on this side of town
- This facility in Bitterne is very well used. It is really always crowded when I visit. It is also very important for people east of the Itchen as travelling to the General Hospital for A&E is impossible on the bus. Think of a young mother living at Thornhill trying to get a sick child to the General. Please leave Bitterne Health Centre open as at present.
- A minor injuries unit or similar at Moorgreen Hospital. SUHT's policy of consolidating all services on the SGH site makes that site very hard to access and leaves other areas of the city stranded
- Older people need to be considered, their needs are complex. We have nothing this side of Southampton
- We on the eastern side of Southampton would have to go right across town to an A&E centre at the General Hospital and that is much too far to travel in an emergency

- More NHS units east of the River Itchen
- Bitterne Walk-in Centre is the only Out-of-Hours centre this side of the city and with poor transport to the general hospital A&E I consider this essential
- These options are unacceptable as they make no allowance for emergency treatment on the east side of the city
- Although here in Millbrook we have the SGH nearby, the people in Bitterne and surrounding areas have no local facilities for emergency treatment of any kind
- OAP's and mothers with children in an area of deprivation (with our transport) need access to medical support
- The lack of such facilities on this side of the river.
- There should be a minor injuries centre Bitterne side of the city
- Accessibility. A&E is over the other side of the city from Southampton.
- I really feel that it is essential that we have a walk in service available here on the east side of the city; we have no other facilities of this kind on this side of the water. It is a very long way from where I live to the A&E at the General Hospital and also to the walk in at the RSH. We have several large council/social housing estates on this side of the river; there is also a lot of retirement accommodation. The service provided by Bitterne walk in is superb & has proved invaluable to my family in the past. Although it is sometimes difficult I can usually access help at my GPs surgery on weekdays but they only stay open late on one evening a week. I have on very rare occasions in the past had to access the out of hour's service but this can mean some wait and must surely overall cost more than the Bitterne walk in facility!
- I have attended the walk in centre on numerous occasions, when I have needed it. I feel the centre should remain open for this side of the city rather than having to travel over to the general Hospital, it is much needed.
- I would like to see the same facility back in the Shirley Area.
- All the hospitals are the other side of town so having this facility over this side of the water is essential for those who do not have transport or who think that there case is not an emergency but need to seek medical help, especially for children as they can go downhill very fast
- We have nothing over this side of the water and feel this is a life line as we are older and it would take 30 mins in a taxi at least to get to the next nearest hospital
- This service is vital to people on the East side. Even if you have 'open' access at your surgery not all GP's will deal with wounds etc.
- Keep open as long as possible East side with Itchen
- Yes. East side of Southampton seems to get forgotten. Harefield need regeneration like Thornhill did. Lots of young families moving in again
- It's a wide area of people that use Bitterne Walk in Centre, without it we would be lost
- In these times of cuts I can see the need to change the provision. However it is always comforting to know that there is somewhere you can rely on if you need to seek medical advice which makes such cuts hard on the local area. The consultation documentation says that NHS Southampton is seeking ways to improve the facilities in the east of the city yet it seems that it is intent on cutting medical provision in the area - how can this be an improvement?

Option Two

- Option 2 is the ONLY option. Telephone help/advice lines are utterly useless and a waste of time & money. My experience of them is they waste my time asking loads of questions and give no valuable advice. It would have been quicker to have gone to a walk in centre which is what they invariably end up advising me to do. I have no confidence in telephone services. I DO have confidence when seeing a medical practitioner at the walk in centre to provide emergency care or appropriate direction to hospital when I am unsure. GP surgeries cannot provide the out of hour's service needed, which is why I rely on Bitterne to do so. It must stay open evenings, weekends and Bank Holidays, otherwise we'll all end up travelling over to the General (pig of journey from the East), adding more to pollution, traffic, cost, frustration, anger etc. What's worst of all is whoever ultimately makes the decision on this is not one of us poor suckers who have to live with their decision, and they'll be long gone and avoid any consequences from it.
- Personally I prefer option 2; I have two small children and have found the walk-in centre at Bitterne invaluable in providing me help when my children have needed medical care. It is much easier for us to get to Bitterne than trying to get across town to the General.
- In an ideal world I would choose option 2 - however I accept the present financial situation has a [???] bearing on the decision
- Option 2 is best case scenario - but is a dramatic cut to existing services. You might as well close it. All together - Good luck A&E!!
- The walk-in centres are vital to the local community and would be a shame to lose it, but a compromise needs to happen so choice 2 is the best
- I think option 2 would be good as you can't see the doctor at weekends, bank holiday and evenings as I've had a recent experience. I also signed the petition to keep it open as it's to only local one to me.
- The service has proved an invaluable source of care to us as a family. We don't want to see the service changed in any format and its with reluctance that have agreed option 2, only because it has most open hours, but I can't see why the service has to change.
- Having had my husband use the service for a minor injury, it provided us at that time with an easily accessible service that was open when he needed it on the eats of the city where we live where there are no other services like this. Option 2, although providing a reduced service to what exists now would continue to provide this. Option 1 would perhaps not be of great a benefit to people, providing perhaps to scant a service which may eventually put off those who would benefit most from using it....the evenings will allow people who are still working with minor complaints to be treated.
- If we cannot have it as it is now then option 2 is the better one. (Attached note: "Please Note, My husband sadly died on August 24th 2010. He would have endorsed everything that I have written. Thank you
- It is almost impossible to get a home visit by a doctor so week day evenings, bank holidays and weekends would be my preferred option.

- Option 2 is the ONLY option. Telephone help/advice lines are utterly useless and a waste of time & money. My experience of them is they waste my time asking loads of questions and give no valuable advice. It would have been quicker to have gone to a walk in centre which is what they invariably end up advising me to do. I have no confidence in telephone services. I DO have confidence when seeing a medical practitioner at the walk in centre to provide emergency care or appropriate direction to hospital when I am unsure. GP surgeries cannot provide the out of hour's service needed, which is why I rely on Bitterne to do so. It must stay open evenings, weekends and Bank Holidays, otherwise we'll all end up travelling over to the General (pig of journey from the East), adding more to pollution, traffic, cost, frustration, anger etc. What's worst of all is whoever ultimately makes the decision on this is not one of us poor suckers who have to live with their decision, and they'll be long gone and avoid any consequences from it.
- Few GP surgeries offer consultations after 7 p.m. and even early evening ones usually need prior booking. It would be very helpful to have access to the walk-in centre in the evenings as well as weekends and Bank Holidays.
- Personally I prefer option 2; I have two small children and have found the walk-in centre at Bitterne invaluable in providing me help when my children have needed medical care. It is much easier for us to get to Bitterne than trying to get across town to the General.
- The centre is well used which gives a clear indication that this would bring added pressure to the WIC at the RSH. I understand the cost of keeping the WIC at Bitterne has to be looked into. I believe the most appropriate way forward would be to keep the centre open during weekday evenings, bank holidays and weekends. Outside this time patients can contact their GP surgery who will triage the patient who will be seen on the day if appropriate. If not necessary to be seen on the day, they will be given an appropriate appointment to attend their GP surgery at another time. Without the WIC at Bitterne and the Adelaide Centre, the RSH will be under enormous pressure to cope with demand.
- I believe the service is just as vital in the evening 'out of normal surgery hours' as at the weekends and have used it this way myself. If other NHS providers offer this service in the future than that can only help service a need and it can always be looked at again in the future. At this stage through there are no firm plans I understand for this so option 2 is the best.
- The Bitterne Health Centre is an excellent service for the local people. The centre offers medical assistance when one has an unexpected illness which needs treating when the GP surgery is closed or an appointment with the GP is not available for a few days. The centre offers various other important services including a much needed dental service. To change the opening hours of this centre would be a loss to the community and put extra pressure on Accident and Emergency and GP surgeries in the area. If I had to choose out of the two options, option 2 is the best
- Bitterne Health Centre is a well used and essential facility and should certainly be maintained. It must relieve pressure on local hospitals and also provides much needed advice and treatment for patients. Yes, money has to be saved in the NHS but cutting services such as this will not help patients and the service they receive. Please retain this much appreciated service under OPTION 2 arrangements (at least) and at the same time ensure full use of the premises during the remainder of the days so that they do not stand idle - a total waste of space and money!

- In an ideal world I would choose option 2 - however I accept the present financial situation has a [???] bearing on the decision
- I think it is crucial that the walk in centre is open weekday evenings. I have used the Bitterne walk in centre on a number of occasions, mostly recently on a weekday evening. I had phoned up to get a doctors appointment initially, and was told the only thing they could offer me was a nurse's telephone appointment the following day. I accepted this, but during the early evening the pain I had got worse, and I feel I needed to see someone, otherwise I would not be able to go through the night. I therefore went to my walk-in clinic in Bitterne who diagnosed the issue straight away and provided treatment. If the walk-in clinic had not been open I would have gone to the hospital. It is crucial there at least option 2 takes place
- Next to option 2: "the best of a worst choice." The walk-in centre has proved a great success in helping immediacy of treatment & reassurance. This takes pressure from doctors & hospitals + as it serves the rest of Southampton is much needed in situ. Please consider the local citizens who have no cars & cannot get to hospital by bus - when in direct need of treatment. It will be a very negative + destructive step - + very unpopular + wrong
- Still think you need a service in the evenings and weekends, basically when the doctors aren't open
- We have used the walk in centre so many times out of normal GP hours, proving that option 2 is the only option.

Finance

- This is not a consultation it is a fait accompli. None of the money saved is being transferred to local practices to help them cope with the extra demand
- The cuts to social spending such as NHS education, raising tuition fees are not only a disgrace but is also robbery
- Stop prioritising everything, which costs more than the NHS.
- Put a stop to the cuts in public services & tax the banks. Plug up the tax loopholes that benefit the Rich.
- BWIC perhaps could be funded by Hampshire PCT, SCPCT and west Hampshire out of hour's service. Bring back phlebotomy service to BWIC and stop turning people away for dressing as at BWIC. Reduce hours at the MIU RSH because Bitterne provides a far superior service.
- Yes, when people sit in warm offices, thinking what to cut next in the NHS, get rid of the over the top managers there are too many, doing nothing.
- You need to consider charging Â£5 a visit to those who are working and just using this service as a convenience
- Saving money on B.H.C. Walk-in may cost other services and end up wasting money? With A&E so far from the east side, loss of B.H.C. Walk-in would certainly generate more travelling – expensively

- Yes - reduce the amount of money that is paid to the managers/higher earners of these services and reduce the amount of money paid to 'organisations' that survey the public for their opinion. By doing these you would save a significant amount of money. Also stop providing free NHS treatment to non residents of this country! Also, think about what would happen if someone who needed medical help could not get an ambulance or out of hours doctor in time and was unable to travel to the hospital - this happened to our 6 year old daughter and we used the walk in centre who basically saved her life. Is that the kind of publicity the PCT wants? ! Also think about those who are employed at the centre (not just the medical staff but the porter, cleaners etc who rely on wages here). It is comforting and reassuring to know and have this excellent centre just local to us.
- Immediate perceived cost savings maybe off-set by additional pressures on A&E at SGH. The General Hospital is now TRUST status and there will be an emphasis on maximising their revenue. Revenue for the General will be based on "Payment by results" and there will be a potential tendency to admit patients which will incur a greater expense to the local health economy. PCTs will no longer be making the key decisions in local healthcare delivery after the next 18-24 months. GP consortium will have to burden these potential additional local healthcare costs. Have you consulted with NHS Solent PBC consortia?
- Need to rationalise services according to patient/population needs within existing resources
- Residents should be consulted. It should be about what is best for the community and not about saving money.
- It is not clear what the minor injuries unit investment is going to be. There are no cost comparisons with costs at minor injuries unit or cost of treating minor injuries at A&E. The options considered are giving less of a service than the present with greater access problems
- Easy access, why not a pharmacy with medical retail that would make profit to contribute monies back to running costs of the Walk in Centre. Readily available free car parking.
- The costs + savings you refer to do not take into account savings - e.g. to environment in reduced journey times, to A&E in reduced callouts / business, + to other services - e.g. mental health / child protection in having the Walk in Centre open as much as possible
- Think about services and not management, more nurses not managers. Big savings there and a better service. ?????
- A clear education / promotion campaign about when people should seek medical help and when they could self-medicate could, in the longer term, save time and money.
- The council should stop wasting money, an example of this changing the road/street signs when there was nothing wrong with the old ones, and put more money into the NHS.
- How much does it cost to keep doing consultations and public meetings etc. etc. Compared to what you have got to save? Far too much money is being spent these days on the start up of relatively short lived projects.

- I feel more money is wasted by changing things every 5-10 years than if they were left quietly alone to continue offering a much needed service.
- [Written above] Option 3: Make Dr's earn their salary. [no other feedback!]
- [Written below Reasons for change: "Council tax should go up + these should be returned to Dr's surgery to save post money."]
- How the building is used when the walk-in centre is not open is important. We would like to see a health advice centre open to the public which can offer guidance to issues like giving up smoking, healthy eating and drinking. This could help save the NHS money in the long term. You need to make sure you monitor the effects of the decision taken for the future of Bitterne - for example that GP waiting times do not increase, the impact on pharmacists, A&E usage does not increase and cost more money, complaints do not go up and you get the savings expected
- Health service funding should not be cut nor should savings be made in reducing the service of health centres.
- Is cost the only reason to close something that works so well for everybody?
- Cuts have to be made and the WICs deliver expensive duplicate services + given that primary care already exist, they could be closed without denying patients care.
- Although I understand the need to recoup finances, the walk in centre is extremely important.
- Look into where most of the money is spent I.E. senior executive wages. The public needs the "WALK IN CENTRE"
- When GPs run their own budget they will not contribute to a walk in centre. Ideal. They will not ever give all to the patient. The patient will be a cost item. This can government want to privatise everything.
- Making it fairer for everyone using the NHS ~ UK based or overseas - if they pay
- I have read the full consultation document but, in times such as these it is always easier to close this service, cut this service back, etc, etc, and it's always the ordinary general working class public that has to take the brunt of these cuts despite us paying taxes and N.I. The walk-in centre is a crucial hub for when immediate treatment is necessary and that is why I believe that Bitterne walk-in centre should remain fully open. Unscheduled care for whatever age should be 24 hours, 7 days a week because none of us ever know when we could become unexpectedly ill. What would people do instead; phone the ambulance service? Drive miles (whilst poorly) to find somewhere miles out of the East of the city to goodness knows where to get treatment and then only to find that closed as well. Perhaps the Board of NHS Southampton City and the NHS Southampton City Trust Board should instead consider asking for the money that the Southampton City Council intends wasting on lighting up the Itchen Bridge!
- I think that during this difficult financial period the proposed options are satisfactory.

Third Option

- Neither are appropriate. What is being offered severely handicaps the options for appropriate treatment for people in the east of the city.
- The above options are just not practical for an OAP
- [written above] Option 3: Keep it open 7/7 [a ticked box]Put people before "Value for money"
- Yes, a 3rd option - leave the Walk in Centre as it is.
- [both options above crossed through]Having used the centre during the day when the doctor's not available I believe the centre should stay open as at present. It's so important to us on this side of Southampton.
- [written above] Option 3: Leave them alone! Keep things as they are
- Option 3: Keep as it is!
- Leave it as it is
- Please leave things as they are!!
- [Written above: "option 3: keep the centre open as it is" with a ticked box drawn adjacent]All services provided by the NHS need to be defended
- [Options above crossed through]Leave it as it is, open every day
- [options above crossed through]Keep it open, it is a needed service. Remain the same
- [Options above crossed through] Should remain as it is.
- This service is necessary and should be retained in its present form

Option 3: Keep the service 0800-9.30pm Option 4: 0800 - 8pm as WIC's open in other parts of the country.

- [Written above: "Option 3 always open." I think there is a need for a walk in centre. For there will be a lot of hardship as the walk in service for the residents is to far to travel to the general
- [Written above: "Option 3 always open"]Want to see the walk in centre always open 24 hours, because it well needed
- [Written above the options: "sorry the choice you're giving is to cut the service or to cut the service - so the answer is no to option 1+2"] [Written below options with a ticked box: "Option 3: No change"]This is just about saving money with no real regard for people. It is already impossible to get an appointment to see my own doctor without undergoing a third degree - how on earth will it be when another additional 50 people need to make an appointment. I also find it very hypocritical that a lot of people are now working 7/7 - shouldn't surgeries' follow suit?
- Neither of these options fulfils the need for people who live in this area. I do not support either option as this gives us no choice. There is definitely an argument for leaving things as they are!!

- [Options above crossed through with tick box drawn and comment: "Option 3: stay as it is"]For those of use who work full time (Môn Friday) in a job that is vital, so that the employer does not want you to take appointments during their time it is essential that we are offered an out of hours walk in system. My surgery is not good about out of hour's appointments and I cannot always be ill to suit them!
- [Written above next to a checked tick box: "Option 3: keep the 'Walk in' centre open (no change)"]The 'Walk In' centre provides a vital role. The majority of the people want to keep it open. Keep it open!
- [an email] I regret I am unable to attend the meeting on the 25th January; however I wish to lend my support keeping the centre open during the day as it serves the local population many of whom would find it difficult to travel further afield.
- [an email] Dear Sir or Madam, I am writing in support of retaining the Bitterne Walk-In Centre as a fully operative centre with no cut backs to its staff, services or opening times. This is an essential service not only for local people but also to those in outlying districts e.g. Bursledon, Warsash and Hamble. Shutting it during the day is a very short-sighted undertaking and surely not cost effective as it will increase pressure on Southampton General Hospital - that is of course if those with limited transport opportunities (and about to make worse) can actually get here. Once again those at the bottom of the pecking order get hit the hardest - e.g. the aged, the disabled and young families. For a city the size of Southampton it is a disgrace that the closure or curtailing of opening hours etc of such an essential, well used and necessary service should even be considered
- Why can it not stay as it is? It is well used and takes the pressure off of the hospitals. Neither proposal is suitable and it does not need to have its opening hours restricted. I have both worked at the walk in centre and more recently used it for my diabetes and my children. You cannot obtain an out of hours GP as they are all very reluctant to come out and only refer you to a place over town which you cannot travel to if ill so this is not a viable option. The walk in centre should remain as it is with no alteration of the opening hours!!!
- Neither option. Would like the hours to remain as they are.
- [above options crossed through]I would like this service to remain as it is, as I have used it during the day when the doctor is not available. Too far for elderly + disabled people to go to RSH when ill.
- [options above crossed through]Leave as is i.e. open every day
- [written above] Option 3 - Keep the centre open as it is currently [a ticked box] trading the service [??] GPs is surely going to cost more money - GP's can't offer enough hours as it is, so will need to be paid for more hours as provided a walk-in service.
- [options above crossed through]Don't Change it!
- [Options above crossed through]No to options
- [Options crossed through]I wish the service to be full time 7 days a week, maximum hours of coverage.

- [Options above crossed through]I have used the facility several times and definitely think it needs no change.
- [Options above crossed through]Keep times as now. No Change [underlined]
- [Options above crossed through]Bitterne health centre plays a large part of the community and would be greatly missed. So many people have been treated there, helping to speed their recovery.
- [Options above crossed through]Stay as is ---
- [written above: "Option 3: keep it open"] x 3
- [written above with a ticked box: "OPTION 3: A fully open service"]Please see enclosed my original email in response to the closure / cuts. [attached letter:]Dear Sirs / Madams, I am very concerned to find that the NHS is proposing to close the Bitterne Walk-in centre. This is a very valuable and much appreciated service for the people of this area. The Centre serves many people on council housing estates, i.e. Wavell & Neva Road in Bitterne, Thornhill, Harefield and Sholing. These people tend to have young families are less likely to drive/have access to a car, so this service is essential to them. For those of use that drive, Bitterne Walk-in is easily accessible with free parking (handy for those on low incomes, where as the RSH has steep charges).The centre would greatly benefit from more road signs, as these are virtually non-existent. Also, as Shirley has been closed, surely the demand at RSH is already greater. Would it be able to cope with the extra demand if Bitterne were to close? I also feel that many people would by-pass the RSH & instead try their GP. Certainly, the open-access sessions at my GP, Thorold Road, are way over capacity already, on the few times I have needed to use the "service". This will create even more pressure on our already overstretch and inadequate GP service. Bitterne Walk-in Centre also has modern, purpose built accommodation and provides a good, efficient service. I really hope that you will reconsider the proposal and keep the Bitterne Centre fully open, as it provides a vital and important service for the East of the city.[name/address omitted]Footnote: I feel that if a very restricted service e.g. weekends/evenings only were to go ahead, that this would be the final nail in the coffin. We need a fully open service; we can't choose to only have an emergency at evenings or weekends!
- [Written above: "I am not happy re this & feel there should be a 3rd option - should be open during day even if hours less"]Walk in centre should be open during day. This is only service this side of city. Takes 2 Buses to get SGH / Taxis very expensive - do people in an emergency have Â£13 each way to SGH. Young children's accidents happen during day - Lahbe [?] dealt with at walk in - also preventative service - experienced staff can allay fears. Car parking good at Bitterne - Stress at SGH
- Why is the present status quo of the centre (its opening hours) not mentioned in this document? What are the plans for staffing levels at the centre under the two options?
- the service should remain unchanged
- Not to lose the service
- What a pity that you only give 2 options. Surely a democratic consultation should allow patients to offer alternative options.

- I do not want a reduction in opening hours. X 2
- Keep things as they are
- Should stay as it is
- I feel very disappointed and angry that a 3rd option has not been offered.... i.e. to find a way to keep the existing hours for Bitterne Health Centre. There should be a more vigorous and sustained effort within the NHS to minimise wasting resources (e.g. by not spending millions of taxpayers money on costly and ineffective computer systems, inefficient ordering of supplies, etc). It is high time the NHS stopped lining the pockets of certain companies.... and took a long hard look at how best to serve the nation's health. The truth is what you are proposing here are not really 'options'.
- [Written above next to a ticked box: "leave it as it is, we need it"]Perhaps it would be better to change Bitterne Walk-in centre to a minor injuries centre. Cut out blood tests.
- There is a great need for this walk-in centre to remain as it is. There are no alternatives for this area, as A&E at Southampton general is almost inaccessible from the area + likewise is RSH. I feel that both options for change do not take into account the needs of the patients so therefore I am unable to choose.
- I do not agree with any of the two proposed options for change, the opening hours should remain as they are at present. The Walk in Centres were set up to take the pressure of the Doctors and the Hospitals we have already lost the Shirley Centre and can not afford to lose this vital health care asset
- Where is the third choice? Leave it alone. This is a political move.
- [written above] Option3 - Try & Refinance the current system GP's are not covering what the walk in is doing now
- Leave it as it is open every day
- Neither option is really preferred - It should remain open throughout the day - it is an invaluable service!
- [written above: "I would prefer things to remain as they are"]What are the services being duplicated?? I attended the meeting for consultation of Ludlow school which was much too short, no chance for proper discussion.
- [Written above next to a ticked box "3. Status Quo"] Local doctors' surgeries do not offer walk in services. Minor emergencies will not wait for appointments.
- [both option boxes above filled]Has an equality impact assessment been undertaken with consultation with disadvantaged groups who are likely to be even further disadvantaged by changes to this service?[an email in response to request to clarification as to why both options were filled: "Hi Your form requests ticks and, as I recall, I put crosses in the boxes, as my organisation rejects both the options you offer and wishes the Bitterne Walk-In services to be available during surgery times to serve those patients who are unable to visit their own doctors when they need to because no appointments are available. Our members report that this is a widespread problem. I understand that this means preserving the status quo.]

- I believe it would be a disgrace to cut back on any of the current services available. I am a regular visitor to Bath Lodge Surgery and have always been aware of the number of people using the Walk -in - service! I have also noticed that there are always a large proportion of young parents with pushchairs who would undoubtedly have a lot of difficulty having to go to the Royal South Hants. Surely these centres, which after all in my opinion designed to take pressure off of Surgeries and Hospital casualty departments, were a success in doing just that? With the population growing everywhere, not only Southampton, it would be in the long run be more cost effective to keep things as they are.
- I disagree with the proposed changes because people should be able to access health care anytime of the day.
- The options you are proposing are really quite stupid. The centre should be allowed to continue as it is a service that is very good and sensible hours of operation.
- The present arrangements should be retained
- [~~Options above~~]Leave as it is now
- Preferred option would be to service during day as well.
- I would prefer opening times to stay as they are. The walk-in has always been absolutely packed whenever I've used it.
- [~~options above~~]Keep the hours as they are
- [~~written above; "Option 3: Hours to remain the same"~~]As above. It helps relieve Drs. Surgeries & A&E
- I see no need to change what has been a great success. Why not be honest and admit that the first concern is financial. The rest of the arguments are dubious. Why is there no option to leave it alone? It is a reduction in service whichever option.
- It is so far too the general hospital. Option 3 leave as is. I can not see the relevance in the questionnaire if the person replying is white, black, Chinese, or green.
- I think it's important the service be available on weekdays, in particular for people with going children / the elderly who might struggle to access services elsewhere
- Keep the hours as they are

Phlebotomy

- Reintroduce blood tests to the walk in centre. Having to have a series of blood tests they took up to 5 days for an appointment through the doctor's nurses which delayed my next doctor's appointment, where previously it was possible to get a blood test immediately at the walk in centre.
- You have to book in advance for a blood test, which at times is not always convenient... It is not always possible to see your own Doctor, when required, unless you are prepared to wait for some considerable time! May be a week or more in some cases? This is not acceptable!
- The centre needs to give a reasonable service; consequently Option 2 seems to be our best option? The loss of a blood test programme at the centre should be re-considered?

- The phlebotomy services from GP practices are not satisfactory at present. Still concern about access to primary care. When either option is implemented, the Trust should monitor the performance of GP practices to ensure improved access. Supportive of options but people must be made aware of what the alternatives are.
- GPs must have experienced 'phlebotomists' - not all nurses are totally competent (personal experience) with a GP blood tests are required. They should be available to be taken then and not requiring a length appointment
- Blood testing should be brought back to walk in centre. There is no such thing as duplicating services. Help/Advice can only be given once.
- Bring back phlebotomy service to BWIC and stop turning people away for dressing as at BWIC. Reduce hours at the MIU RSH because Bitterne provides a far superior service
- I also think being able to get blood taken there when needed is really useful to a lot of people, my GP surgery usually has a 2 week waiting list to have blood taken, this is too long if you are unwell, and the only other option is to go to the hospital, but due to the hours that unit is open it is not suitable for people in full time employment.

Patients Experience of services

- I think GP surgeries need to be fully aware of the services provided by the walk-in centre. I have experienced confusion in the past.
- I have used the walk in centre many times since having my 2 children, specially as it's opened after work
- It's a shame it has to change, as having a young child I have found the local walk-in centre very useful, if a doctor's appointment is unavailable.
- I have used this service on numerous occasions and have found it very convenient & efficient. This is especially true when my doctor's surgery at Bitterne Park is unable to confirm an appointment for me. I think it's an essential service
- I have used this centre on a number of occasions and been impressed by the professionalism of the staff. I have used it for unscheduled urgent health needs and also attended a scheduled out patient dermatology appointment there with my son which was infinitely more convenient than a hospital visit. I regret that opening hours are to be reduced so prefer the option of maintaining as many opening hours as possible. Frankly it provides a much better service than my GP.
- Important to have the service available every evening, as that has been the time having returned from work that I've needed to address a health issue that has arisen with a family member during the day. It also enables me to have less time out of the work environment, and avoids taking my children out of school and lowering their school attendance.
- I have found it very helpful on the occasions I have used the Centre. I am not a timewaster or a person who goes running to the doctor every couple of days as I know how very busy the Doctors are. However, when I do require medical attention it is not always possible to get an appointment immediately and this is when the Walk-in Centre comes into its own. Having it open as well after-hours and weekends is such a bonus and a lifesaver and as we have no A&E department on this side of the river in Southampton very essential.

- I had reason to use the emergency dental service at the weekend. Whilst the centre is a bit tatty, I received exactly the help I needed which I would have been unable to get without putting up with continuous pain over the weekend. I had already visited my own dentist the previous Thursday who failed to take the action Mr Shah took - thankfully!
- For little ice they close and surgery on top will work cannot understand better is closure people will learn how to deal silly little things on there own. Because the shop is opened they will go for every thing. Please close this.
- We find the walk-in centre really great!
- O.A.P seem to be treated with contempt
- We are a local family with five young children, I leave 6 am ish, don't get back till 6 pm. Our children have the standard quota of typical childhood ailments, and with five children this means we need to see a doctor on a reasonably frequent basis. I guess that we are no different to many other families. My wife finds it very difficult to get an appointment to see her preferred doctor, and the Bitterne Walk-in centre has become our first choice in most instances. It's near and convenient. She would try and go during the day, leaving the evening period for those who can't make it earlier.
- There is no proper provision for people to turn up at surgeries after work with conditions which nurses can deal with. I appreciate the age of the population is using, but many of these walk-in centres have patients who are young (with parents) 30 - middle age after work. Too late to book appts!!
- This centre is well used and if it was not there I would have died. It was through this [???) at I was treated for a heart attack for which I am very thankful
- Option 1 is essential when surgeries are closed and NHS Direct does not always meet the needs of those with injuries requiring treatment urgently.
- It is a very good service and the staff are very helpful & supportive in the advice they give
- Its a very good service
- I find the walk-in service valuable, especially since I have a young child.
- I think the WIC provides an excellent service - being able to walk in and get the medical attention you need when you need it.
- The spread of germs! When we attended everyone there was (obviously) sick, literally, with sick bowls in their hands and coughing everywhere. Likely to come out being more ill than when you go in. Otherwise we thought the way the system worked was excellent.
- Bitterne Health Centre Walk-in has been a God-send at all sorts of time of day - invaluable at evenings and week-ends, but also during shopping hours for accidents in precinct area.
- My family and I have used this service at weekends and during the evenings. Neither my husband nor I work in Southampton so it is impossible to visit a GP unless we either schedule a day off or are too ill to work. If the walk-in centre was restricted to weekends and bank holidays, people will inevitably resort to A&E, which will clog-up - and even compromise - emergency care. Not to mention the associated costs, which will see savings made in one part of the NHS budget only to be eaten up in another, more expensive area?

- About late summer last year, on a Sunday, my husband woke up with blood in his mouth. He had a blister on a tooth. We were able to visit the centre where a dentist was able to stop the blood.
- I know a baby who was taken to Walk in Centre & subsequently his life was saved as he was hospitalised + taken into care + his father jailed for abuse. He would be dead if the walk in was not there, open, for his mum would not have bothered going all the way to hospital. this service saves lives of people in East Southampton
- Closing the walk in centre would be devastating. In the past I have used the walk in centre when I haven't been able to get an appointment at my GP and it has been an emergency whereby I have been referred onto hospital.
- My GP is at Bath Lodge, Bitterne, as a high rate taxpayer who works long hours, when I am ill yet still going to work the 'after hours' service is really vital, similarly at the weekends it is much better use of medical professionals time for me to go to the Bitterne Walk In Centre rather than A&E at SGH. Taxpayers deserve a health service that they can access easily without reducing their work out put to the country
- When my Late Husband & I needed urgent treatment in the daytime Dr's surgery could not help. It would have meant A&E on the bus. Walk in centre to the rescue. A neighbour took us on his way to work. Wonderful people at Bitterne
- I have used the Walk-in Centre a few times as I was living in London but visiting my partner at weekends who lives in Sholing. I used to use the Walk in Centre in Shirley too when I lived there a few years ago, as my GP was unable to see me on the same day. The service was invaluable for minor incidents over the weekend. Now that I live in the area too I can see the benefit of the service in the evenings too since my GP surgery in Woolston shuts at 6.15pm. I can understand that such a service is probably costly but for those visiting Southampton and therefore nowhere near their GP the centre is great. By the looks of the others patients waiting many would have to turn up at A&E despite their injury being minor enough to be dealt with in a clinic. This would put extra burden on an already busy service.
- It's always busy and people appear to use it appropriately.
- As a mother of 3 young children the WIC in Bitterne is fantastic at evenings / weekends when difficult to get hold of a GP and A&E waits very long and unpleasant. Usually seen very quickly and given expert advice and reassurance preventing us "clogging" up A&E. Please keep!
- Taking Bitterne Walk in Centre as an example, apart from be being back blood testing facility, it was an excellent service. Adjacent a bus route and pharmacist
- I use the centre all the time for regular appointments & recently for emergencies, due to falls
- I have used this service many times & think it is a valuable service. I do not understand why you would get rid of this service, even a tiny proportion. Nearly every time I have been there or have gone to my surgery which is located above, it has been busy & well used.
- Walk in centres are a God send to people, the service is good, the staff efficient and friendly

- Although these hours are better than nothing what do we do when they are needed out of your hours + our own Dr. does not treat accidents etc. Therefore more pressure will be put on A&E. Personally we have used the Walk In Centre several times & find it invaluable
- I understand that local government is in financial difficulty. This service is peace of mind for people over a wide area of Southampton. It is able to refer those most in need who might not have sought help at casualty. It has dealt with several nasty home accidents for my family where we would have had to attend casualty had the centre not been available. It has been an essential service for many friends and neighbours at a time when out of hours GP services have been so unsupportive. Please don't cut this lifeline for the people of Southampton. When you are ill or injured you want to know there is someone who will help.
- Neither of the above options are suitable, the reason the walk in centre is there is you do not know when you will need to see someone. for example cut through the tip of my thumb and was told to go to A&E but while the cut was bad it was not bad enough to go to A&E and wait 5 hours to be seen this is the kind of thing that makes people self medicate. This service is vital to the community as it is difficult to gain a GP appointment unless you phone up first thing in the morning and keep phoning until you get through to someone
- I think it would be good if the services at Bitterne Health Centre were more widely publicised, for example by the GP surgery when difficult to get an appointment. I only recently found out about the service when pregnant
- have used Bitterne walk in on numerous occasions on both evenings and weekends for times when I have needed to see a nurse urgently i.e. rash, objects getting stuck up child's nose! The hospital is very far away for people living this side of the city and feel the doctors out of hours service would be inappropriate
- Yes. I would like to see the Drop in Centre in Shirley reopened. It would benefit [?] a large [?] and on both sides of Shirley Rd. If this cannot happen, I feel there should be a Central Drop in centre at these times to benefit everyone in the City. My son needed a Dr over the Christmas holiday [...mostly illegible...] Also, It should be well publicised so people know it is there.
- As a Working parent of two children it's a life line to be able to take my children to the walking centre at 8am before I start work or during the day depending of my shifts as getting a doctors appointment would be impossible. I have lived in St Denys since 1991 and West end since 1986 and have used the centre on a many occasions for myself or family.
- We had reason to use the walk in centre over Christmas because our doctor's surgery was closed. We were seen very quickly and my daughter diagnosed with tonsillitis and given antibiotics. And not just given a prescription for antibiotics - we were given them there and then which again were excellent and saved valuable time in making our daughter better. Had I used a telephone service or rung an out of hour's service and my daughter had not been physically seen this could have gone undiagnosed. I think it is very important that you can get to see someone in person and not rely on a telephone based Q&A. The service at Bitterne walk in centre was excellent so people should be able to access it at any time they cannot get in to a surgery which would support the option to open it evenings, weekends and bank holidays.

- I had an asthma attack one evening & rushed up to the centre & within 1/2 hour was seen. Also had a cartilage problem & could not get an appointment, but the walking centre sorted me out.
- Local doctor's surgeries do not offer walk in services. Minor emergencies will not wait for appointments
- It is very good. Thank you!
- From personal experience I understand how hard the GPs and Practice Nurses in my surgery work. Having the Bitterne Walk-in-Centre nearby means that I can access help for myself, my family and my extended family when my surgery is closed. By this I mean evenings, weekends and Bank Holidays. To take away the Walk-in-Centre could mean them losing out on valuable medical attention when it is most needed. I appreciate that there are people who use the facility unnecessarily - there is plenty of information available on-line for self-help and pharmacists can also give health advice in person. The location of then Walk-in-Centre is ideal for the East side of Southampton as a journey to the A&E Department at the General can be difficult and take a lot of time when time is an issue. Education is essential to ensure that facilities are used appropriately but to remove the Walk-in-Centre would be detrimental to the community. Other Walk-in-Centres have closed which places more pressure elsewhere. There is also going to b an increased population in Woolston requiring the services of the Walk-in-Centre particularly out of hours.
- I believe it would be a disgrace to cut back on any of the current services available. I am a regular visitor to Bath Lodge Surgery and have always been aware of the number of people using the Walk -in - service! I have also noticed that there are always a large proportion of young parents with pushchairs who would undoubtedly have a lot of difficulty having to go to the Royal South Hants. Surely these centres, which after all in my opinion designed to take pressure off of Surgeries and Hospital casualty departments, were a success in doing just that? With the population growing everywhere, not only Southampton, it would be in the long run be more cost effective to keep things as they are
- Used the centre a few times. Good service
- Nurses at Bitterne are brilliant
- Imperative to keep a walk in centre for people falling ill at the weekend or evening, or when one's own surgery says they have no free appointments, as has happened to me. My late husband and I & my elderly neighbours have used the centre a number of times
- I am very glad that closure is off the table as we have used the walk in centre several times; the staff there was friendly, efficient and gave brilliant advice
- Yes, do not get rid of this vital service. You cannot get your own GP after hours. This provides an invaluable service and the staff, although sometimes overwhelmed, always are professional, courteous and you know if you are very ill you can rely on this service, which I have used and my daughter and her children have used many times when being unable to reach a GP
- I have had occasion to use this service twice. Once on a Sunday afternoon for a badly cut finger which required 5 stitches and I would have had to sit in casualty at General Hosp for hours, whereas I was at my son's which is just around the corner from Bitterne Health Centre and it was dealt with very speedily.. Second time was one evening when a condition which I thought would wait worsened quickly and wouldn't have been helped if I had to wait until the morning.

- I have found on several occasions the walk-in centre to be an invaluable and essential service for myself and members of my family.
- This is an essential part of healthcare in Southampton. My daughter was admitted to SGH as a result of us being able to attend the Walk in Centre late one evening.
- The health centre staff has provided a invalid service when are daughter was ill, even though she was taken by ambulance to hospital we were able to go straight to the ward and not via A&E meaning we did not have a 4-5 hour wait and treatment was a lot quicker. By changing the hours that people can access the service I believe that this will overload the GPs and for the out of hours service, it would be better to go to A&E and wait for as long as it takes and it would quicker. And as there is no option to keep the service as it is it looks like you are going to reduce the service by which ever option you choose???????
- A extremely useful service
- I cannot understand where the walk-in centre patients will go when the changes take place? Wherever I have used the service (or another service in the same building) there have been many people waiting to be seen.
- This consultation is a farce - a large amount of money and time (publications, meetings etc) is being expended in order say that you have consulted the public. Clearly people want and need the Bitterne Walk-in. No confidence in NHS Direct, pharmacists help you select which medication to pay for (what % of the population does not pay directly for prescriptions?) Minor injuries centre is difficult to access. I am very satisfied with my GP (Gorrod) but clearly states in waiting room that they do not deal with burns/bites etc & to go to walk-in centre. Is there going to be a direct bus service soon, all parts of East Soton to the minor injuries centre? Also phlebotomy service consultation is satisfactory. The first I learnt of the change was when I was called for yearly fasting test. In the past 8am BWI, this time had to wait 2 1/2 weeks and earliest 9am. Pilot was on west of Soton where patients still have access to a walk-in test at the general.
- It's a great WIC - I've used it in the P.M's for my children several times
- The Chemists shops seem rather crowded with people & Goods I wonder how people feel about the ability for them to provided advance services
- Used the service a few times, very useful
- I have used the walk-in centre on a Sunday when my daughter burnt her arm, other than the hospital there is NO medical help available evenings or week-ends

Is there anything else you would like to say about the proposed options for the future?

- It is far better to go here than take up valuable time at A&E
- If a baby falls ill in the morning time or afternoon where can the parents go? I foresee something dreadful may happen in the future
- Why did the walk-in centre at Shirley close? It did a good service; we were given to understand it would transfer to the Adelaide Centre, that didn't happen, increasing the need to maintain Bitterne. (Shirley nearest one)
- A walk-in centre requires a fixed building or a van. A van would be cheaper to run. If a walk-in centre is to remain then it might as well be used frequently and hence be open as much as possible.

- This is a sheer waste of money having walk-in centres. A&E should run a minor injury unit weekends and evenings. GP surgeries should run surgeries 2-3 evenings a week, nurse led with one GP in attendance
- In a city the size of Southampton, with an increasing population, there is only one A&E department, which appears totally over-stretched. The whole concept of walk-in centres was to alleviate the pressure on A&E and G.P's. I understand the need to prioritise NHS spending, but 'feel it is vitally important to continue to offer an extensive a service as possible "out of hours" via the Bitterne walk-in centre. Especially for those of use who live on this side of the city.
- The walk-in centre is an invaluable service to local residents, + opening hours should be maintained as much as possible to provide out of hours care for residents.
- Maybe the hours could be increased if the economic climate starts to pick up as this is a well used practice.
- I do not see how you can limit services to W/Ends & BH's. Illness/injury has no limit so an everyday option is, of course, better.
- It shouldn't be up for debate. Every area should a doctor / nurse led walk in centre. They should treat [???] injuries taking the pressure off A&E
- Please would you let us know where we can get unscheduled care if Bitterne Health Centre is not open
- I think it would be a real loss if option 1 is chosen. For working parents it is a real reassurance to know that the walk-in centre is there.
- People should be more independent about their health
- We can't afford to fund services with little or no evidence [???]. Almost all attendances are not minor injuries. Most are GP or self management conditions - This is not the answer for this.
- In Bitterne, there are a high proportion of patients over 60 years of age. I guess that many of them find the walk in centre more accessible than a GP practice. An evening/weekend service would be particularly valuable to working people.
- I don't really like either option, option 1 means an injury or need to see nurse Monday would have to wait a week. Option 2 means being over 80 + never out evenings I would have to suffer. The bus service is not reliable & care less during the evening + cash not always at hand for cabs
- I do not think a reduction in services would improve the welfare of the citizens of Bitterne.
- Any restriction in the present opening hours or services would be detrimental to patients and should be resisted
- Why change a very good facility
- Options are a choice between a rock and a hard place.
- Considering people work & every day provisions should be mad, otherwise the A&E depts., of hospitals become fatally clogged up with small complaints
- I normally go there evening times when surgery closes so I definitely need it when I can't go to the surgery. These services are very good for all the people.

- Stay open as much as possible
- As a mum of a baby, I have needed the service of the walk in centre on a bank holiday and evening already. Their support is vital. Otherwise a lengthy wait at A&E would be needed, which is more cost.
- Too vague to answer. Any change that helps patients is good"] specifically for the walk-in centre or in general? This questionnaire is too vague for you to get any helpful information from it
- I do not agree with either of the options presented. I also feel the questions are worded to presume agreement with a change proposal
- I am concerned the decision on the WIC will be made by people no longer in power in 12 months time, and those that follow on may wish to change the decision but not be able to.
- This is a vital service to the local community and assists in reducing GP/patient waiting times and should be maintained. The service of care using this drop in centre provides value for money and cuts down attendance at A&E
- How the building is used when the walk-in centre is not open is important. We would like to see a health advice centre open to the public which can offer guidance to issues like giving up smoking, healthy eating and drinking. This could help save the NHS money in the long term. You need to make sure you monitor the effects of the decision taken for the future of Bitterne - for example that GP waiting times do not increase, the impact on pharmacists, A&E usage does not increase and cost more money, complaints do not go up and you get the savings expected
- There are few / if any details about the nature of the service as such [???] either option - just opening hours /days
- Important to maintain a walk-in centre at Bitterne. I use the podiatry service at the Health Centre on a regular basis and the walk-in centre is always full of people waiting to be seen so there is an obvious need for the service.
- Neither option makes sense, why have a centre opened part-time, either open full time or use other provision. e.g. Dr Surgery for out of hours why not share facilities, it's all NHS
- Minor Illnesses/injuries do not schedule themselves to coincide with GP surgery hours.
- I have a number of times used Bitterne walk in and my family. These times are better because you can see a doctor in the day time.
- I believe that it is a great thing the WiC is not shutting; as we have used it x 2 in the last year since my daughter was born. Otherwise we would have had to go to the A&E which is not the right place as there are people who are seriously ill and need A&E resources, this would increase waiting time in A&E Dept
- I feel more money is wasted by changing things every 5-10 years than if they were left quietly alone to continue offering a much needed service.
- I have found the walk in centres very helpful over the years & am glad they are not to disappear
- Stepping back in time can never improve a service. Why fix what's not broke.
- The NHS needs continual improvement - NOT returning us to the 60's period.

- It would be very said if the centre closed. Over the years it has been a huge benefit to the local community
- I think it would be a travesty if this service was cancelled. We are so obsessed with P.C. and human rights, but maintaining basic healthcare is going to be taken away?
- With the pending government cuts. How can this service be protected? if at all
- I am at a loss to comprehend why either of the options is being considered before the government proposals for PCT's to be taken over by GP's has been fully explained. I.e. will access to GP's without prior appointment become easier???
- Contrary to some opinions the walk-in centre has been used consistently since opening by clients from the Southern Parishes - the opening coincided with GPs becoming 9-5 workers - ergo the centre became an 'emergency' facility for out of hour episodes - very necessary
- How will the abolition of PCT affect the walk-in centre? Walk in Centres are on the NHS success stories of the last decade, and any reduction in service will be a retrograde step. We should be making health care more accessible and encouraging people to investigate problems early - reducing walk-in centre hours will do the opposite
- There also needs to be coverage for minor accidents + injuries during the daytime especially during school holidays, which is a service that GPs don't currently provide
- I have read the full consultation document but, in times such as these it is always easier to close this service, cut this service back, etc, etc, and it's always the ordinary general working class public that has to take the brunt of these cuts despite us paying taxes and N.I. The walk-in centre is a crucial hub for when immediate treatment is necessary and that is why I believe that Bitterne walk-in centre should remain fully open. Unscheduled care for whatever age should be 24 hours, 7 days a week because none of us ever know when we could become unexpectedly ill. What would people do instead; phone the ambulance service? Drive miles (whilst poorly) to find somewhere miles out of the East of the city to goodness knows where to get treatment and then only to find that closed as well. Perhaps the Board of NHS Southampton City and the NHS Southampton City Trust Board should instead consider asking for the money that the Southampton City Council intends wasting on lighting up the Itchen Bridge!
- We read about you being here today, in the Echo, so we came to give you our feedback
- Making it fairer for everyone using the NHS ~ UK based or overseas - if they pay
- More podiatrists - more hours please!
- It would be helpful if WIC had more people on premises who could prescribe.
- Leave it as it is, we need it" Perhaps it would be better to change Bitterne Walk-in centre to a minor injuries centre. Cut out blood tests
- Are these really options? No 2 is just an exception of option 1 and of course most people will go with the longer hours
- Elderly & vulnerable people need to know somewhere is open when they are alone on w/e or evenings. Some have no pleasant neighbours or family to call on
- Find South Hants difficult to use without a car. Used to use the Shirley walk-in centre. If I need advice I bus to Bitterne
- This is a bad idea as sometimes illness happens especially with children that fall outside normal surgery hours

- The Minor Injuries Unit should have been set up in Bitterne so that the people on the east of the city had access to these facilities, also if it hadn't been set up at the RSH there would have been funding to continue with Bitterne Walk In Centre as it is. There is free parking at Bitterne Walk in Centre so that patients don't have the added worry of having enough money to pay for parking and one feels safer at night time in the area of Bitterne Walk in Centre compared to the RSH. We need to have the Centre open during weekday evenings as surgeries aren't open so late. I hope a solution comes up for utilising the Health Centre in the day time, preferably generating some income otherwise I can see that this will be a slippery slope towards closing the Walk In Centre as we will next be told that it is not financially viable to have it open only in the evenings. All of the consultations should have been for the same length of time as 1 hour was not enough time to give people a chance to have their say.
- I went to the meeting on Tuesday 25th at Ludlow school and was disgusted with the way it was run. It only ran for one hour and the so called chairman used too much of the time on his feet saying little of interest to the people there.
- As long as the service still runs it will be good.
- Waiting times need to be quicker
- The centre offers a service, service being the key word. If the service is lessened then who does it serve? Definitely not all those elderly people who live in the surrounding neighbourhoods that can't get to A & E, and those with babies who need re-assurance, and those trying to juggle a job and child-care, and those whose school aged children suffer minor injuries. Just what are you saving, against the damage you will do to the community?
- Cuts have to be made and the WICs deliver expensive duplicate services + given that primary care already exist, they could be closed without denying patients care
- This is not so much a 9-5 world anymore. Both my husband and I are shift workers (as are several people we know in a variety of jobs) so in this current era with many people working unusual or irregular hours, the provision of access to care, advice and support is vital to accommodate the needs of the community.
- There is a need for the medical centre plus the podiatry department
- I still think that this centre is needed, then again its better than nothing

Is there anything else we should think about when designing unscheduled care services in the City?

- The Shirley Walk in Centre was closed. I would like another one opened giving option 2 service
- I do not believe a walk in centre is needed because if someone is ill they can contact their own doctor out of hours. They are a recent introduction that we lived without and if money is to be saved then they should be axed and the responsibility to be put onto doctor's surgeries or a new system introduced so this is possible.
- Yes think about those people who are working and find it easier to attend out of working hours
- Parents or carers of children need to be able to see a health care professional when required. If a parent is worried and panicky it can make a sick child worse.

- Consideration of service extension on occasions when doctor's surgeries close early, e.g. Christmas eve etc.
- Frequently health issues occur during the night, at the weekend etc when GP surgeries are closed. From personal experience it is very reassuring to be able to phone or go to Bitterne Walk-in Centre. If we can't keep the centre open during "all hours", then option 2 has to be the way forward
- Where will non emergency cases go? Will the other services i.e. GP surgery & other walk-in centres be able to cope with demand?
- Possible increase in hours during school holidays, particularly long summer break
- Yes, we need more of them
- Less managers & more personnel in the service side attending the public
- Where and what we actually want and need!
- This is just the start. Instead of 'rolling over' and accepting 'we are all in it together' stand up for the NHS and the service it provides.
- Ensuring patients are aware of the services and facilities which are available so that they can use appropriate services.
- Access to medical care should be available to everyone 24 hours per day and Walk In Centres are essential when GP surgeries are closed in order to avoid unnecessary visits to A&E
- Yes, when people sit in warm offices, thinking what to cut next in the NHS, get rid of the over the top managers there are too many, doing nothing.
- Walk-In Centres have revolutionised unscheduled care services and are a credit to the NHS. Most people I know have used the Centres, including myself, and it is imperative that Southampton City continue to provide these as much as possible.
- I think you should make clear where proposals stem from. Yourself or a government decision to implement cuts. Please up your publicity. I do not like being buttonholed by e.g. the Socialist Worker's Party outside Sainsbury's in Bitterne who seem intent on whipping up public fears
- I cannot think of anything at present.
- The present system of providing care for people with mental health problems is quite adequate. I don't think private companies have the philosophy for proper health care
- You say you do not want a US style health service but that's what will result from current government policy.
- Having dedicated centres, with long opening hours, accessible i.e. all at point of need. It fact solution would appear to be what we currently have with our walk in centre. If it ain't broke don't fix it.
- You need to consider charging Â£5 a visit to those who are working and just using this service as a convenience
- There are so many considerations that I wouldn't know where to begin. 'Pain' seems to be a symptom which many feel they need to seek immediate advice on. It isn't taken too seriously by GP's in surgeries. I know finance is going to be a big problem in the near future.

- It is good to spread the load i.e. not too much to A&E or district nursing. Couldn't you use cheaper recycled paper for this document?
- Include pathway of encouraging prevention to reduce unscheduled care need.
- I.e. walk in, is only viable if it means you can walk in when you need it. Day hours and weekends when there are no GP services.
- Residents should be consulted. It should be about what is best for the community and not about saving money.
- Keep the Active options scheme running - it enables people to get fit & will therefore keep them away from using the NHS!!
- Keep it open
- I think the public are confused about what services are available (A&E, drop-in, minor injuries, GP etc) and which should be used when. Everything seems to change so frequently that infrequent users (usually those genuinely needing help) don't have a clue.
- I don't think that Bitterne Health Centre is used to its maximum capability. Other health services could be introduced to get the most out of this facility. There were other services in the past
- The centre is our life blood.
- Location and opening times. I cannot see how in the consultation document it states "this could mean improving access by developing some form of drop-in service to ensure patients are able to access primary care whenever they need it" when we already have this facility at Bitterne walk in centre!!
- The walk-in-centre reduced its services by, for example, cutting the blood sample service. I also discovered that despite have my own supply of Biz Ampoules no one at the WIC could inject it. Why not increase the range of services to make the centre more financially viable. Chessel Avenue Practice closes Tuesday and Thursday Afternoons. Its patients will either face a bus journey on an increasingly worsening service, or face the prospect of No NHS service available.
- Due to the current economic climate I understand the lack of funds available in unscheduled care, however good access and opening times is paramount for the vulnerable.
- This service is vital for this side of the city and in a very good location, why change what works. It provides an excellent starting point rather than just pitching up at A&E.
- To make them easily accessible to all and to provide a service that doesn't overlap with other provisions. At present I feel that the walk in centre hits the right balance.
- The PCT need to ensure that they use MOSAIC to understand the best way to communicate with local people and understand the needs of different areas. Need to make better use of social networks including Facebook and Bebo and use schools to communicate with young people. We like the thermometer picture which gives details of which service is most appropriate to use depending on what your symptoms are. This should be used more widely - including posters in schools
- I feel very privileged to have a Walk in Centres as none of my family spread out over the country do - as more and more NHS services are devolved to the Community and budgets are handed over to GP consortia, liaising with them and local people to keep valued service and publicising them should be a priority.

- Support in this field keeps older people able to go on living alone without recourse to more expensive options.
- I cannot think of anything. The only other thing is extending opening hours of surgeries, but don't imagine that would happen anyway.
- They should provide translator
- Yes, staffing levels for goodness sake!
- time it takes of ringing for a doctor or ambulance
- Think about the needs of the patients please! The reassurance given at Bitterne Health Centre is invaluable
- You are getting rid of walk-ins, which is going to put more pressure on A&E. Even if you are just getting rid of it during the day. It is not possible to get appointments with your doctor on the day
- To keep care homes open so the elderly can live in comfort and not spend week after week just coping alone 24/7
- Don't shut the walk in centre, like Shirley WiC was shut as we now have to travel to Bitterne - keep it open it's very important to use when GP surgeries are shut.
- Are people made aware of lack of x-ray and plaster of Paris applications
- Opening times could be extended. The [??] [??] is open till 8pm 1 day a week, increased to 3 would help
- Peoples needs!!!
- Go forward - NOT backwards
- The council should stop wasting money, an example of this changing the road/street signs when there was nothing wrong with the old ones, and put more money into the NHS
- A clear education / promotion campaign about when people should seek medical help and when they could self-medicate could, in the longer term, save time and money.
- Yes, more of them.
- You need to make more services as illness is after all 'Unscheduled'- if I knew when we were going to be ill then I could book an appointment!
- There may well be other considerations mindful of the above proposals. The walk-in proposals should have been after PCT's to GP control the whole picture would then have been much clearer.
- Nye Bevan's NHS was at root evil - Big is not always beautiful or practical & communities are best preserved by local facilities & local knowledge - Our impersonal present day NHS has bred an unfeeling, materialistic society ruled by bureaucracy. No one to blame but ourselves - we let it happen!
- The impact on A/E services in and around Southampton is an obvious one. However, as it is you who see the bigger picture it's a bit difficult to comment, but the elderly and the young must find access without waiting a comfort [?].What about ditching the Titanic museum and funding something important

- Cut bureaucracy not services
- Health should be priority before education, museums - before everything else - if people sick, nothing else matters.
- If the doctors on the east side are offering a walk-in service, we only need evenings weekends & bank holidays covered
- We need to think about best options for the elderly + babies and young children
- You should consider the requirements of the patients
- Paramedics do come quickly when called. Much quicker than ambulances or Drs, but the next step is crucial. What then?
- Accessibility for young, old and people who have to rely on public transport. Adequate and prompt response to calls if a telephone service is introduced.
- Talk to the people first and not after you have made the decision as above
- Consider accessibility
- Again - in an ideal world - the GP. Surgery would be flexible + [??] responsive to patients needs. And there is a need for more patient education about what is/ what is not appropriate use of facilities - however patient [??] (Especially with sick children) should not be ignored
- Why not leave the good service given by our local walk in centre to give unscheduled care. All changes are very costly. What a waste of money & of available resources & organisation. It should be built on, not destroyed
- The disabled need more recognition
- Being able to link unscheduled care reports with primary care - i.e. When a patient receives urgent care, their GP is notified
- Please keep in mind that a local service is great for the likes of me a single mum of 3 on benefits is useful & easy to get to without so much cost.
- Remember how big Southampton is - we need all the opening hours we can get
- It is perfect as it is
- You have a great service that works why change it; there would not be so many people there if there were no need for it.
- I would only use the walk in centre either at RSH or Bitterne if my surgery was closed or it was an injury rather than an illness which needed treating, stitching X raying or dressing
- Yes, pure common sense and a decent facility for all area.
- Not everyone can get to the hospital. Ambulance take ages
- [besides gender option tick boxes "My wife will also be affected"] [beside ethnic group question: "Surely this is irrelevant"]
- Accessibility of timely face to face assessments + advice with somebody with good English language skills - older people often tell us they have difficulty understanding healthcare staff with heavily accented English.- More personalised service - e.g. for people with autism or mobility problems

- Bitterne is all that's left now that RSH hospital is injuries only
- More NHS Dentists!
- The main thing I believe to ensure is that alternative unscheduled care services are already in place before the proposed changes at Bitterne Walk in Centre or chaos will ensue
- I would like to see a children's service, like the walk-in centre, but for children under 16 or 12
- The Shirley walk-in centre was closed, I would like another one opened giving option 2 service
- Triage every request properly, i.e. by an experienced GP (not nurse - they are prone to be over cautious and often find it difficult to say no), and refuse to see patients who do not clinically need to be seen. That includes the emergency department.
- I run a Support Group for people with stomas and it is vital that we have access to help and advice when we have problems as they can be life threatening. I have used the centre myself several times both waiting to be seen and for an emergency consultation, it is a long way to go to Southampton General Hospital when you are in pain or have septicaemia
- More education of patients about using their GP first & not always being able to get what they want, but more what they need.
- How best to control the waiting list. Some form of triage or set criteria on who will be prioritised, e.g. one nurse doing routine/quick appointments and another doing potentially trickier slots. The worst thing is feeling ill or knowing exactly what you need e.g. a prescription for a UTI, and waiting for more than an hour in an area full of ill people with very little distraction!
- Providing full & complete consultation with residents of the City. Looking towards more integration with other support services... to promote efficiency and better value for money. To adopt a more transparent approach to how resources are spent... i.e. which companies profit most from NHS spending... to help promote trust in our 'Trust'.
- Son at school had an accident - handy for emergencies



Southampton LINK
Local Involvement Network



This report was completed by Southampton LINK. Design by JTR.

Agenda Item 8

DECISION-MAKER:	PANEL B		
SUBJECT:	SOLENT NHS TRUST UPDATE ON FOUNDATION TRUST APPLICATION		
DATE OF DECISION:	21 APRIL 2011		
REPORT OF:	PROGRAMME DIRECTOR SOLENT NHS TRUST		
AUTHOR:	Name:	Sarah Austin	
	E-mail:	Sarah.austin@solent.nhs.uk	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

Solent NHS Trust was established 1st April 2011. Important work is now underway to aim for FT authorisation April 2013

RECOMMENDATIONS:

- (i) The Panel note Solent NHS Trust's progress with their Foundation Trust application.

REASONS FOR REPORT RECOMMENDATIONS

1. To respond to the Department of Health's 'Transforming Community Services – New Patterns of Provision', and the Liberating the NHS - Equity and Excellence, which focuses providers of health services to consider how, in the future, the health needs of patients and local communities can be met and how the changes necessary should be managed to enable the transformation of services.
2. To deliver significant benefits to patients and value to the taxpayer (details of these have been outlined to the Panel previously).

CONSULTATION

- 3 Throughout this process, the project team have engaged with staff, Commissioners, the Strategic Health Authority (SHA), Southampton City Council, Portsmouth City Council, Hampshire County Council, GPs, MPs, other health providers, local authorities, patients, service users and other stakeholders through a variety of means, including events, one-to-one meetings, newsletters and websites.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. Details of the alternative options considered and rejected have been outline to the Panel previously.

DETAIL

5. Solent NHS Trust last updated the Panel on progress towards NHS Foundation Trusts status at their meeting on 13 January. The paper at appendix 1 provides the Panel with details of progress since January.

FINANCIAL/RESOURCE IMPLICATIONS

6. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

8. None.

POLICY FRAMEWORK IMPLICATIONS

9. The proposals are inline with the NHS plans for Transforming Community Services and World Class Commissioning

SUPPORTING DOCUMENTATION

Appendices

1.	Foundation Trust Application Update
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Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Background documents available for inspection at:

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** All

Foundation Trust Update April 2011

Solent NHS Trust was established on the 1st April 2011. The organisation is now separate from Southampton City PCT and is in the Foundation Trust Pipeline aiming for FT authorisation April 2013.

The Board has been established as follows

Alistair Stokes	Chair
Barry Neaves	Non Executive Director
Liz Bailey	Non Executive Director
Mick Tutt	Non Executive Director
Brad Roynon	Non Executive Director
David Griffiths	Non Executive Director
Ros Tolcher	CEO
Dave Meehan	Chief Operating Officer
Judy Hillier	Director of Nursing and Quality
Michael Parr	Director of Finance and Performance (from 1 st July)
Mike Broady	Medical Director

There are a number of important activities underway that will be of interest to HOSC's

1. The development of the 5 year business plan and financial model

The development of 5 year care group strategies in liaison with key partners will be key to the overall business plan. These strategies will need to confirm transformation plans consistent with the core business of Solent, its mission and vision (see below)

Solent will need to ensure it has the right infrastructure to support its core business including IT and estates.

2. The transfer of estates

Solent is in discussion with PCTs about which estate should transfer for the provision of community services. Solent will need to work in partnership with other providers and the local authority to ensure the most effective use of the total estate.

3. The recruitment of membership and the appointment of Governors

Solent is developing a membership strategy and plans to start recruitment in June 2011. The strategy and constitution will be consulted on April-June 2012 with Governor elections later in that year. The current NHS Bill will make important changes to the role of Governors;

The Council of Governors will have a number of statutory duties (currently), these include:

- Representing the Trust and act as an ambassador for the Trust and its Members
- Appointing a Chair
- Removing the Chair (subject to approval by 75% of the Governors in a vote)
- Appointing the Non Executive Directors (who must come from the constituencies)
- Agreeing the remuneration of the Non Executive Directors
- Approving the appointment of the Chief Executive
- Appointing and removing the Trusts auditors
- Recruiting and developing members
- Ensuring accountability of the Trust to the local people
- Receive the annual report and accounts of the trust

The Council of Governors will have three main roles (currently):

1. Advisory – to provide a steer on how the Trust will carry out its business in ways consistent with the needs of its members and the wider community
2. Guardianship – to ensure the Trust operates in accordance with its statement of purposes and complies with the terms of its authorisation and acting as a trustee role for the welfare of the organisation; and
3. Strategic – to advise on the long term direction of the Trust

The Council of Governors will not be responsible for the day to day direction, management and operational running of the Trust, nor is it required to scrutinise and monitor the quality or performance of services we provide. Governors do not bear any liability for the actions of the Trust and will not be paid for their duties. They will however be entitled to receive expenses in connection with attending meetings (e.g. travel).

The new NHS Bill adds the following

- Important statutory duty – “to hold the non-executive directors individually and collectively to account for the performance of the board of directors, and to represent the interests of the members of the corporation as a whole and the interests of the public”.
- Require directors to attend a meeting for:
 - Information about FT’s performance; and

- Information about directors' performance; and
 - Deciding whether or not to vote on FT or directors' performance
- Right to receive agenda before board meetings
- Right to receive board minutes after board meetings
- Exercise of the power to call directors to meetings reported in annual accounts
- More than 50% to approve constitutional changes
- More than 50% to approve merger
- More than 50% to approve significant transaction (but FT to define significant transaction)
- No requirement to appoint commissioners or local authorities as now; Foundation Trust can choose
- Elected Governors would remain the majority

Mission

Solent NHS Trust is working in partnership to deliver better health and local care

- We will make services better for patients by focussing on the delivery of excellent, cost effective community solutions
- Working in partnership with Primary Care and GP's
 - optimise patient outcomes by aligning delivery models to practices
 - work with GP Commissioning Consortia to implement best practice, integrate care and improve pathways.
- The views of patients, carers and service users remain crucial
 - listen to and engage with LINKs, Healthwatch and other groups
 - place these views at the heart of our plans.
- working together with the local authority to provide integrated health and social care pathways
- Work in partnership with other providers where this benefits patients
 - lead whole system change, deliver QIPP and to provide patients with a diverse market of providers to deliver choice with integrated pathways.



Vision

To lead the way in local care

- Solent NHS Trust will be the principal provider of community solutions
- We will be the main support to Solent GPs in promoting health and well being and providing planned and urgent out of hospital care 24/7.
 - GPs will experience Solent NHS Trust as a continuous extension of primary care
- Patients will recognise us alongside primary care as their local NHS provider.
- We will expand our service and geographical portfolio where it makes sense to do so.
- We will be a strong partnership to social care increasingly providing these services as part of our integrated care pathway approach.



Agenda Item 9

DECISION-MAKER:	SCRUTINY PANEL B		
SUBJECT:	PLANNING FOR A HEALTH & WELLBEING BOARD FOR SOUTHAMPTON		
DATE OF DECISION:	21 APRIL 2011		
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE AND DIRECTOR OF PUBLIC HEALTH		
AUTHOR:	Name:	Martin Day	
	E-mail:	Martin.day@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

The establishment of Health and Wellbeing Boards (HWBs) is one of the key elements in the government's health reform agenda. This report updates the Scrutiny Panel on the current activities and future plans for establishing a HWB for Southampton.

RECOMMENDATIONS:

- (i) That the Scrutiny Panel notes the activities to date and future plans for the establishment of a Health and Wellbeing Board.

REASONS FOR REPORT RECOMMENDATIONS

1. To inform the Scrutiny Panel of plans for the development of one of the key elements in the government's health reform agenda.

CONSULTATION

2. As made reference to later in the report, the Health and Wellbeing Partnership and the Children and Young People's Trust have already been consulted on the proposals. The Scrutiny Panel is now being invited to comment, and a workshop is to be held after the local government elections to establish a local consensus on the most appropriate local arrangements.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. The Health and Social Care Act proposed a duty for upper tier councils to establish a Health and Wellbeing Board.

DETAIL

4. Health and Wellbeing Boards were first proposed in the NHS White Paper (Liberating the NHS) published in July 2010. The government refined its thinking in the light of the responses to the consultation exercise and the Health and Social Care Bill published in January 2011 defines the purpose and key duties and responsibilities of HWBs.

5. The Bill proposes that HWBs will be established as committees of the Council and will be responsible for:
 - Encouraging integrated working across health, social care and health-related services, including the use of pooled budgets
 - Developing the joint strategic needs assessment
 - Examination of local authority and GPCC commissioning plans to ensure they address the needs identified in the JSNA and meet the objectives set out in the joint health and wellbeing strategy.
 - Any other functions the local authority thinks fit to delegate to it.
6. It is proposed there will be a minimum required membership for HWBs, comprising
 - At least one councillor
 - The director of adult social services
 - The director of children's services
 - The director of public health
 - A representative of HealthWatch
 - A representative of the local GP commissioning consortium
 - Where appropriate a representative of the NHS Commissioning Board

However, it will be for the council to determine who else it would wish to be to the Board.

7. The Department of Health is operating an early adopter's programme for the development of HWBs, and in common with most other upper tier authorities Southampton has been accepted onto the programme. It is expected that being part of this programme will result in accessing ideas and learning from other local authorities in a similar position.
8. Southampton has operated a Health Wellbeing Partnership for a number of years. The partnership has led to improved joined-up thinking and working across health and social care organisations, and partner organisations recognise the fact addressing and solving most of the complex problems requires co-ordinated input from a number of agencies. It also delivered a Joint Strategic Needs Assessment, and produced and is implementing a 3 year Health and Wellbeing Strategic Plan for the city. The partnership held its final meeting on 7th April and supported the holding of an externally facilitated workshop after the local elections to engage key players in developing ideas for what a successful HWB for Southampton might look like. Work has begun on planning the organisation of this workshop. It is proposed that the Chairman of the Scrutiny Panel, Cabinet Members for Health and Adult Social Care and Children's Services, and opposition group spokespersons should be invited to attend the workshop.
9. The coalition government announced in early April that the Bill had reached a natural break before its final stages in Parliament, and that it intended to use this period to "pause, listen and reflect on how to improve our NHS modernisation plans". This was in the same week as the Health Select Committee had published a report making a number of recommendations to change the Bill, including one to drop the proposal to establish HWBs separate from both NHS commissioning and local authority structures, and the statutory governance for local commissioning bodies including a

professional social care representative and an elected member nominated by the local authority. The outcome of this phase of the legislative process will influence the final shape of partnership and member involvement in the new structures. In the meantime, local authorities are proceeding at varying paces with their preparatory work.

10. The establishment of a HWB would also have an effect on the delivery of a children's health programme. At the present time this has been co-ordinated through the Children and Young People's Trust. However, the HWB would be responsible for both adults and children's health. A report on the proposals has gone to the CYPT and the Trust has indicated it will be keen to participate in the workshop session referred to above.
11. After the workshop the outcomes will be consolidated into a set of outline terms of reference which will be referred through Standards and Governance Committee before being considered at a meeting of the full council for formal adoption.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

12. None.

Revenue

13. None identified at this stage of development. It is anticipated that the costs of running the HWB will be accommodated within existing revenue budgets.

Property

14. None.

Other

15. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

16. The duty to undertake health scrutiny is set in the Health and Social Care Act 2001.

Other Legal Implications:

17. Clauses 178 -180 of the Health and Social Care Bill 2011 set out the proposed arrangements for HWBs.

POLICY FRAMEWORK IMPLICATIONS

18. None.

SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the
Access to Information
Procedure Rules / Schedule
12A allowing document to be
Exempt/Confidential (if
applicable)

1.	None.	
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Background documents available for inspection at: N/A

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** None

Agenda Item 10

DECISION-MAKER:	PANEL B		
SUBJECT:	PATIENT SAFETY IN ACUTE CARE INQUIRY – FINAL REPORT		
DATE OF DECISION:	21 APRIL 2011		
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE		
AUTHOR:	Name:	Caronwen Rees	Tel: 023 8083 2524
	E-mail:	Caronwen.rees@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

At the 4th meeting of the Patient Safety in Acute Care Inquiry, the Panel will discuss and agree the draft version of their report.

RECOMMENDATIONS:

- (i) That the Panel discuss, amend and agree a final version of the draft final report attached as Appendix 1.
- (ii) That, to enable the comments made by Scrutiny Panel members at the meeting to be incorporated into the final report, authority be delegated to the Director of Health and Adult Social Care to amend the final report, following consultation with the Chair Panel B.
- (iii) That the Chair of the Panel B presents the final report to the Overview and Scrutiny Management Committee.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable a final report to be presented to the Overview and Scrutiny Management Committee for consideration

CONSULTATION

2. Stakeholders have been consulted throughout the Inquiry process and the evidence provided has informed the draft report.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

4. At the previous 3 meetings of Inquire meetings evidence was received from officers and stakeholders in relation to the patient safety. The Panel is now invited to consider the attached draft report that contains the recommendations generated during the discussions and approve a final report for submission to the Overview and Scrutiny Management Committee. The final report will then be formally passed on to Southampton University Hospitals Trust and other relevant stakeholders.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

5. Not applicable

Revenue

6. Not applicable

Property

7. Not applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

8. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

9. None

POLICY FRAMEWORK IMPLICATIONS

10. None

SUPPORTING DOCUMENTATION

Appendices

1.	Patient Safety in Acute Care Draft Inquiry Report
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Documents In Members' Rooms

	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

	None	
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Background documents available for inspection at: N/A

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** None

Report of Scrutiny Panel B

Patient Safety in Acute Care Inquiry 2011

Panel Membership:

Councillor Capozzoli (Chair)

Councillor Daunt

Councillor Drake

Councillor Harris

Councillor Marsh-Jenks

Councillor Payne

Councillor Willacy



Policy and Performance Analyst: Caronwen Rees

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- 4 The issues
- 5 Findings and Recommendations
- 10 Resourcing the actions
- 11 Summary of Recommendations

Appendices

- 1 Terms of reference
- 2 Summary of Meetings

INTRODUCTION

Scrutiny Panel B conducted the Patient Safety in Acute Care Inquiry over three meetings between July and November 2010. A further meeting had been planned for February 2011 but this was later cancelled (see below). The Panel agreed the final report in April 2011.



The Government's White Paper 'Equity and Excellence: Liberating the NHS' set out its objectives as to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all. It states that "A culture of open information, active responsibility and challenge will ensure that patient safety is put above all else, and that failings such as those in Mid-Staffordshire cannot go undetected".

It goes on to say "In future, there should be increasing amounts of robust information, comparable between similar providers, on... safety: for example, about levels of healthcare-associated infections, adverse events and avoidable deaths, broken down by providers and clinical teams".

In 2008/09 NHS Southampton City spent around £400m. £350m of this was spent directly on purchasing healthcare and the vast majority (£270m) on secondary care. Almost 50% of secondary healthcare spend was on general and acute care (and this specialism accounts for 32% of the Trust's overall spending). This is the largest single spending area for NHS Southampton City. The vast majority of general and acute care is commissioned from Southampton University Hospitals Trust although other agencies also provide acute care including community hospitals and the private sector such as the Spire and the Independent Sector Treatment Centre.

Against this backdrop, the Overview and Scrutiny Management Committee at its meeting on 7th July 2010 agreed that an Inquiry should be undertaken looking at patient safety in relation to adult acute care providers with a focus particularly on those issues where factors outside of the acute care setting have had an influence and care settings can learn from each other. The Overview and Scrutiny Management Committee requested that the Inquiry be undertaken by Scrutiny Panel B.

Objectives

The inquiry had three broad objectives, as agreed by the Committee:

- To consider the culture around and importance afforded to the reporting of patient safety incidents and adverse events by acute providers in the City;
- To examine the processes in place to ensure incidents are robustly followed up so that all contributing factors and root causes are identified and lessons learnt, with any recommendations implemented across all agencies involved;
- To identify areas of best practice already in place in relation to patient safety and areas where lessons could be learnt and/or efficiencies made including in relation to the role of partners.

Evidence

Evidence was gathered by reviewing and analysing existing data and literature in relation to patient safety in Southampton and nationally and over three meetings which involved engagement with Southampton University Hospitals Trust (SUHT), NHS Southampton City and the Health and Adult Social Care Directorate of Southampton City Council. The focus of the inquiry was at a strategic level and individual cases and issues were not included.

The initial Inquiry plan had been intended to be broader and include a meeting on best practice. However, the scale of other work facing the Panel as a result of national and local change to the NHS, and the confidence of the Panel that SUHT are already working with best practice networks across the region, and acting as a pilot organisation for national best practice initiatives mitigated the need for this meeting.

(Terms of Reference and project plan attached as appendices)

BACKGROUND

Every day more than one million people are treated safely and successfully across the UK by the NHS. However, the advances in technology and knowledge in recent decades have created an immensely complex healthcare system. This complexity brings risks, and evidence shows that things will and do go wrong in the NHS; that patients are sometimes harmed no matter how dedicated and professional the staff. The main challenge is to ensure the safety of everyone who requires a health service.

Risk to the safety of patients can fall into a variety of broad areas:

Risk/harm arising from healthcare intervention or non-intervention e.g.

- Medical devices/equipment
- Surgical errors
- Failure to treat
- Unsafe transfer of care

Risk/harm from care and environment issues for which there is a healthcare responsibility e.g.

- Patient accidents(including falls)
- Poor nutrition and hygiene
- Poor infection control
- Inappropriate action/relationship with healthcare staff.



Risk/harm unconnected to healthcare provision, but which may become known during provision of healthcare, and impact on the person's health and require additional treatments e.g.

- Hypothermia
- Poor pressure area care prior to admission
- Injury sustained from abuse or domestic violence
- Potential abuse by paid or unpaid carers.
- Poor infection control
- Avoidable falls
- Poor nutrition and hygiene

Causes of concern should always be reported using local clinical governance systems and in some circumstances local safeguarding systems. It is important to understand these errors and their causes as this can act as a good barometer for the efficiency and effectiveness of the healthcare system. Securing efficiencies and improving value for money while at the same time improving the patient experience will become increasingly important as resources are directed into preventative services and providing care in more localised settings. From 1 April 2010, it became mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality

Commission as part of the Care Quality Commission registration process. The NHS White Paper states that it is the Government's intention to strengthen the role of CQC by giving it a clearer focus on the essential levels of safety and quality of providers.

FINDINGS AND RECOMMENDATIONS

The Inquiry has discovered that on the last few years SUHT has increased its focus on safety and improved its performance. They are linked into national and regional networks undertaking Department of Health pilots and performing highly in some areas including infection control. Patient safety is given a high profile in the Trust and driven by senior managers who have worked hard to create a safety focused culture.

However, the Panel did identify areas where improvements could be made. Some of the recommendations are wider than just SUHT and acute care and consider patient pathways across the whole health and social care system. Where recommendations are SUHT specific they may also apply to other organisations although it was not within the remit of the Inquiry to explore this. Therefore, this report is intended to be useful to all health and social care providers and commissioners in Southampton and the Panel are keen to see implementation of the recommendations across organisations.

Reporting Patient Safety Information

Patient safety performance reporting is a complex area. There are a myriad of different sources that the public can access to gain an understanding of patient safety (including Dr Foster reports, CQC assessments and registration documents, national statistics and National Patient Safety Agency data and local safety reports). However, these are often difficult for patients and the public to interpret and contextualise.

The Panel felt that while SUHT's publicly available patient safety reports are comprehensive, it was often difficult for lay people to fully understand the reports – use of unexplained acronyms, percentages not alongside real numbers and vice versa, contextual information not included. While it is recognised that the reports are essentially Trust Board papers it should be remembered they are also public documents and useful to patients and stakeholders.

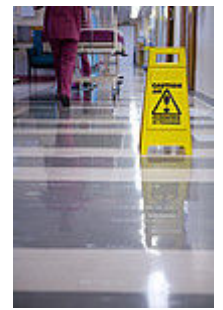
Additionally the Panel were not aware of the many good initiatives and pilots that were underway in relation to patient safety prior to the Inquiry. Negative press reports highlight issues and incidents and while there is still room for improvement much progress has been made in recent years and the Trust should take steps to ensure good news stories are also reported and publicised.

Recommendation:

- 1. To ensure the public can fully understand the data presented in SUHT's Progress Reports on Safety reports needs to be succinct with contextual information to explain the numbers and percentages detailed in the report.*
- 2. SUHT needs to promote best practice and share information on their progress more widely, to provide a more balanced perspective on performance.*

Patient Safety Walkabouts

The Panel were impressed with the unannounced patient safety walkabouts that are currently undertaken at SUHT. Of particular note was that they take place both day and night and are led by senior managers.



The Panel felt that they are important in several respects including:

- increasing awareness of patient safety issues among staff;
- encouraging staff to discuss incidents and near misses;
- engaging with patients regarding safety issues;
- demonstrating a commitment to patient safety and acting as a role model for staff; and
- increasing senior management visibility to a wide range of staff.

Most importantly the Panel were pleased that the walkabouts had delivered changes in practice to reduce safety incidents. The Panel are very keen for this element of best practice to be implemented more widely across Southampton in all health and social care settings and would encourage other providers to engage with and learn from SUHT's experience of implementation.

Recommendation

3. *SUHT's Patient Safety Ward Walkabouts, both day and night, are an example of good practice. The Panel would like to see these rolled out further in other Southampton health and care settings.*

The Aging Population

In 2009 there were over 31,000 residents aged 65+ years in Southampton with 5,300 of these aged over 85. Based on current estimates by 2026 the figures will have increased to 38,900 aged 65+ with 7,400 of these being over 85. An aging population brings increased challenges for patient safety as a result of higher demand for services, a greater number of sicker patients with multiple complex conditions, and more vulnerable patients who pose a higher risk and have increased recovery times from injury.

The Ombudsman report "Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people" published in February 2011 cited an example from 2007 in SUHT where elderly care "fell significantly below the relevant standards". While this Inquiry took a strategic approach and did not look at either elderly care specifically or individual cases, the Panel recognise that the Ombudsman's report raises concerns and it would be remiss not to refer to it in this report. However, the Panel also acknowledge that the case in question was in 2007 and performance against patient safety indicators shows that there have been significant improvements at the Trust since this period, although current statistics show there are still issues with patient nutrition which need addressing.

Evidence provided to the Panel highlighted concerns that while both the NHS and Social Care have started thinking about the safety issues that will arise as the older population increases, further work is required. The care pathways for older people and how health and social care work together on this issue will be important. The Panel felt that as care pathways change and more people are supported at home for longer it will be important that budgets reflect this change and there is sufficient flexibility in the system to allow this. Joint commissioning and pooled budgets between health and social care will help facilitate this approach.

Keeping people healthier for longer to improve their quality of life and avoid costly hospital admissions and intensive social care interventions will become increasingly important, Public Health play an important role in providing advice and service to keep people older people healthy. The Panel would like to see Public Health playing an active role in working with other council services that interact with older people to explore how they can support preventative work and the move of public health into the local authority will provide an enhanced opportunity to take this forward.

Another area that the Panel felt important was the facilitation of social responsibility in caring for older people and helping to keep them safe. The Panel would be keen to see the NHS and Social Care facilitating a big society approach towards our ageing population.

Recommendation

4. *The increasing older person population and changing patient pathways will bring new challenges for Patient Safety. Further joint work across the health and social care organisations in the City needs to be carried out to plan for this particularly in relation to joint commissioning and pooled budgets that support older people.*
5. ***The Panel would like to see the role that the ‘big society’ can play in supporting older people recognised and included in SCC’s plan for taking the big society forward.***
6. The Panel would like to see Public Health playing an active role in working with other council services that interact with older people to explore how they can support preventative work and the move of public health into the local authority will provide an enhanced opportunity to take this forward.

Falls

According to a report by Age UK published in June 2010, falls among elderly people may be costing the NHS in England up to £4.6m a day, one in three people aged 65 and over fall each year, they are a major cause of injury and death among the over 70s and account for more than 50% of hospital admissions for accidental injury. Around 14,000 die annually after a fall. Falls can take place in any location and fall prevention work ranges from home adaptations and pavement repairs to balance classes for older people.

Avoidable falls in hospitals are also an issue and the panel are aware that falls reduction is one of SUHT’s top priorities. The Panel are pleased the SUHT is taking part in the Department of Health’s falls pilot (Turnaround) and have a detailed Falls Prevention Project. They are also a member of the health system Falls Prevention Group which covers key stakeholders in the community including Primary and Social Care.

However, while there is a significant amount of fall prevention work underway in Southampton, this needs to be better promoted and given a higher profile across all organisations and all departments considering what role they can play.

Under the “sloppy slippers” scheme pensioners are offered the chance to swap their old slippers for a new high quality pair. The self-fastening slippers provide a better fit than slip-ons and reduce the risk of trips. Research by the University Hospitals of Leicester suggested 24,000 over-65s in the UK fall over at home every year because of poorly fitting footwear – especially slippers. While they have slippers fitted by specialist podiatrists pensioners can also have their risk of falls assessed, get advice and information, and be referred to other services. Southampton City Council ran the

scheme in 2010. However, the Panel are to have a better understanding of the outcomes as a result of the sloppy slipper exchange (either from Southampton or else where) and if there is evidence that it has reduced falls would like to see the scheme extended at targeted at locations where those elderly people and at high risk of fall can be accessed for example care homes and hospitals. Savings resulting from reduced falls could be used to fund such a scheme.

Recommendations

5. *Strengthen cross sector working on falls prevention. Work that is going on also needs to be better promoted and mainstreamed.*
6. *The panel would like an evaluation outcomes as a result of the sloppy slipper exchange initiative. If there is evidence that it has reduced falls the Panel would like the programme to be extended and rolled out in health and social care settings. This could be funded from the saving generated as a result of a falls reduction.*

Pressure Ulcers

Pressure ulcers are a type of injury that affects areas of the skin and underlying tissue. They are caused when the affected area of skin is placed under too much pressure. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

It is estimated that just under half a million people in the UK will develop at least one pressure ulcer in any given year. This is usually people with an underlying health condition. For example, around 1 in 20 people who are admitted to hospital with an acute (sudden) illness will develop a pressure ulcer. Two out of every three cases of pressure ulcers develop in people who are 70 years old or more. An estimated cost by Posnett of treating grade 4 pressure ulcers is £11,000 per patient. The cost of pressure ulcers to the NHS is estimated to be £2.5 billion.

Although SUHT saw an increase in hospital acquired pressure ulcers in 2010 the Panel understands that this was due to a change in report requirements which were extended to include the reporting of grade 4 pressure ulcers. The rate is now falling at the Trust are on target (76) to meet their target a 25% reduction in patients with grade 3 &4 pressure ulcers, an overall annual target of 81.

The Panel are pleased that SUHT was selected by the Department of Health to take part in the Turnaround pilot project to create an advanced method of regularly monitoring patients that cuts the risk of avoidable injuries while in hospital. Every two hours, nursing teams monitor all patients considered at risk of developing pressure ulcers or at high risk of falling using a new prevention tool developed by staff at Southampton General Hospital.

The Panel understands that the project has been extremely successful in delivering results and on the wards that it has been fully implemented there have been no avoidable pressure ulcers and look forward to it being fully implemented on all relevant wards in the near future.

However, the Panel are concerned that the numbers of patients admitted to the hospital with community acquired grade 3 and 4 pressure ulcers has not reduced. The Panel are keen to see SUHT sharing their learning from the pilot widely including with social care and GPs who can advise on the care of patients in the community. Where pressure ulcers have been acquired in community settings the Panel would like to see care homes working with SUHT to undertake joint root cause analysis and sharing learning.

Recommendation

- 7. The Panel recognise that work is ongoing to reduce pressure ulcers, however there is a need to continue to improve cross sector working with Care Homes and GPs on this issue. The Panel recommends that the learning from the Turnaround project is shared across the whole care pathway in Southampton.*

Everybody's Business

While this Inquiry focused primarily on patient safety in acute care it is important to recognise the roles that other services can play in patient safety and the safeguarding of adults. The Panel has found that there is a lot of joined up working in Southampton on safety and safeguarding. In addition to the examples already cited in this report other examples include all health providers in the area are signed up to the multi agency safeguarding adults protocol and a process has recently been agreed for addressing safeguarding concerns within NHS provision. The process is based on the practice tools used by the Adult Social Care and Health Directorate to determine the level of intervention required to manage safeguarding investigations and subsequent actions. However, the Panel believe there is scope for further joint working across health and social care and other organisations and departments need to be more involved in the safety and safeguarding agenda.

As discussed above the ageing society will increase demand on the whole health and social care system. The Panel is keen to see all partners working together to ensure all capacity within the system is used. People need to be treated in the right place at the right time and prevention services, which are already becoming more important, will need to be given a higher focus.

During the Inquiry concerns were raised about artificial barriers stopping further joint working on safety and safeguarding. As work on patient pathways and keeping people at home longer develops it will become increasingly important to ensure that resources are in the appropriate place. Commissioning across health and social care will need to become more joined up and where investment in one organisation or service results in savings for another this should be recognised. Also duplication of services across organisations needs to be rationalised to ensure a joined up individual focused approach that promotes value for money. The Panel hope that the move towards GP commissioning will help support this joint budgeting approach.

As services continue to become more personalised and people have more choice and control over their care the role of other services in meeting their needs and ensuring well being will increase in importance. The Panel would like to see staff working in sectors such as leisure, housing, transport and environment giving a higher priority to spotting potential issues and ensuring concerns are shared. The Panel are pleased with the [website registration of personal assistants etc – look up and add].

As mentioned above the Panel recognise the important role that family, friends and neighbours can play in keeping vulnerable people safe and supporting them in the community. The Panel believe that the role of the 'big society' should be promoted and encouraged in relation to safety and safeguarding from speaking up about concerns and assisting with shopping, to checking on neighbours in extreme weather conditions.

Recommendation

- 8. The profile of the role of other services in safety and safeguarding should be strengthened – from leisure in improving balance, housing in spotting issues including if inadequate housing is harming health, and finance in protecting assets.*

RESOURCING THE ACTIONS

The majority of the recommendations from this inquiry do not have any significant additional financial implications on the Council and its partners. Where there are costs associated with recommendations it is predicted that they would result in savings that could be used to fund them, however in some case (e.g. sloppy slippers) further research is recommended to confirm this is the case. The panel believe that the majority of recommendations within the report could be progressed by re-focussing council officer and partner's time and existing work programmes.

RECOMMENDATIONS SUMMARY

RECOMMENDATIONS	Lead organisation/s	Can the recommendation be applied to other Health and Social Care settings?
1. <i>To ensure the public can fully understand the data presented in SUHT's Progress Reports on Safety. Reports needs to be succinct with contextual information to explain the numbers and percentages detailed in the report.</i>	SUHT	All health and social care providers and commissioners should review the readability of their performance reporting
2. <i>SUHT needs to promote best practice and share information on their progress more widely, to provide a more balanced perspective on performance</i>	SUHT	All health and social care providers and commissioners may want to consider
3. <i>Pleased with SUHT's Patient Safety Ward Walkabouts, both day and night, as an example of good practice. Would like to see these rolled out further in other Southampton health and care settings.</i>	All health and social care providers with support from SUHT	All residential health and social care providers
4. <i>The increasing older person population and changing patient pathways will bring new challenges for Patient Safety. Further work joint work across the health and social care organisations in the City needs to be carried out to plan for this.</i>	SCC/PCT	All health and social care providers and commissioners
5. <i>The Panel would like to see the role that the 'big society' can play in supporting older people recognised and included in SCC's plan for taking the big society forward.</i>	SCC	All health and social care providers and commissioners should consider how they can help promote community involvement
6. <i>The Panel would like to see Public Health playing an active role in working with other council services that interact with older people to explore how they can support preventative work and the move of public health into the local authority will provide an enhanced opportunity to take this forward.</i>	Director of Public Health	SCC/PCT
7. <i>Strengthen cross sector working on falls prevention. Work that is going on also needs to be better promoted and mainstreamed.</i>	SCC	All health and social care providers and commissioners
8. <i>The panel would like evaluation outcomes as a result of the sloppy slipper exchange initiative. If there is evidence that it has reduced falls the Panel would like the programme to be extended and rolled out in health and social care settings. This could be funded from the saving generated as a result of a falls reduction.</i>	All health and Social Care providers with support from SCC	
9. <i>The Panel recognise that work is ongoing to reduce pressure ulcers; however there is a need to continue to improve cross</i>	SUHT/PCT	All health and social care providers

RECOMMENDATIONS	Lead organisation/s	Can the recommendation be applied to other Health and Social Care settings?
<p><i>sector working with Care Homes and GPs on this issue. The Panel recommends that the learning from the Turnaround project is shared across the whole care pathway in Southampton.</i></p>		
<p><i>10. The profile of the role of other services in safety and safeguarding should be strengthened – from leisure in improving balance, housing in spotting issues including if inadequate housing is harming health, and finance in protecting assets.</i></p>	<p>SCC/PCT</p>	

Health Inquiry – Patient Safety in Acute Care Terms of Reference and Inquiry Plan

1. Scrutiny Inquiry Panel: Scrutiny Panel B

Membership: Councillor Capozzoli (Chair)
Councillor Daunt
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Willacy

2. Purpose:

In context of the recently published White Paper – Equity and Excellence to examine how adult acute providers in the City respond to and learn from safety and adverse incidents where factors outside of the acute care setting have been a contributory factor.

3. Background:

The Government’s White Paper Equity and excellence: Liberating the NHS sets out its objectives as to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all. It states that “A culture of open information, active responsibility and challenge will ensure that patient safety is put above all else, and that failings such as those in Mid-Staffordshire cannot go undetected”.

It goes on to say “In future, there should be increasing amounts of robust information, comparable between similar providers, on..... Safety: for example, about levels of healthcare-associated infections, adverse events and avoidable deaths, broken down by providers and clinical teams”.

In 2008/09 NHS Southampton City spent around 400m. £350m of this was spent directly on purchasing healthcare and the vast majority (£270m) on secondary care. Almost 50% of secondary healthcare spend was on general and acute care (and this specialism accounts for 32% of the Trust’s overall spending). This is the largest single spending area for NHS Southampton City. The vast majority of general and acute care is commissioned from Southampton University Hospitals Trust although other agencies also provide acute care including community hospitals and the private sector such as the Spire and the Independent Sector Treatment Centre.

Against this backdrop, this Inquiry proposes to look at patient safety in relation to adult acute care providers but also focus particularly on those incidents where factors outside of the acute care setting have been a factor. In such cases the actions of both private and public sector organisations may have contributed for example social care settings/home support or nursing home/rest homes, the police and housing agencies.

Every day more than a million people are treated safely and successfully across the UK by the NHS. However, the advances in technology and knowledge in recent decades have created an immensely complex healthcare system. This complexity brings risks, and evidence shows that things will and do go wrong in the NHS; that patients are sometimes harmed no matter how

dedicated and professional the staff. The main challenge is to ensure the safety of everyone who requires a health service.

Risk to the safety of patients can fall into a variety of board areas:

Risk/harm arising from healthcare intervention or non-intervention e.g.

- Medical devices/equipment
- Surgical errors
- Failure to treat
- Unsafe transfer of care

Risk/harm from care and environment issues for which there is a healthcare responsibility e.g.

- Patient accidents(including falls)
- Poor nutrition and hygiene
- Poor infection control
- Inappropriate action/relationship with healthcare staff.

Risk/harm unconnected to healthcare provision, but which may become known during provision of healthcare, and impact on the person's health and require additional treatments e.g.

- Hypothermia
- Poor pressure area care prior to admission
- Injury sustained from abuse or domestic violence
- Potential abuse by paid or unpaid carers.
- Poor infection control
- Avoidable falls
- Poor nutrition and hygiene

Causes of concern should always be reported using local clinical governance systems and in some circumstances local safeguarding systems. It is important to understand these errors and their causes as this can act as a good barometer for the efficiency and effectiveness of the healthcare system. Securing efficiencies and improving value for money while at the same time improving the patient experience will become increasingly important as resources are directed into preventative services and providing care in more localised settings. From 1 April 2010, it became mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. The NHS White Paper states that it is the government's intention to strengthen the role of CQC by giving it a clearer focus on the essential levels of safety and quality of providers.

4. Objectives:

- To consider the culture around and importance afforded to the reporting of patient safety incidents and adverse events by acute providers in the City;
- To examine the processes in place to ensure incidents are robustly followed up so that all contributing factors and root causes are identified and lessons learnt, with any recommendations implemented across all agencies involved;
- To identify areas of best practice already in place relation to patient safety and areas where lessons could be learnt and/or efficiencies made including in relation to the role of partners.

5. Methodology and Consultation:

- Review and analysis of existing data and literature in relation to patient safety incidents and near misses in Southampton;
- Examination of the current process for dealing with patient safety incidents;
- Identify best practice in acute settings;
- Seek provider and stakeholder views.

6. Proposed Timetable:

The Inquiry will be undertaken by Scrutiny Panel B between July 2010 and March 2011 as follows:-

Meeting 1 - Thursday 29th July

Meeting 2 – Thursday 14th October

Meeting 3 - Thursday 11th November

Meeting 4 - Thursday 10th February

Meeting 5 - Thursday 17th March

7. Inquiry Plan-

Meeting 1

To agree Terms of Reference including the scope of the Inquiry.
National context – now and in the future.

Meeting 2

Current position in Southampton is now is in terms of:

- Data on patient safety and near misses
- National assessments on current performance
- Current processes for recording and responding to near misses

Meeting 3

To hear from managers, practitioners and patients/relatives on their experiences.
More detailed examination of the current situation/data and where there are issues and area for improvement.

The role of partners – hear from partners and consider what contributions partners could make to improving patient safety.

Meeting 4

Best Practice

- To hear from a leader/s in the field
- To hear about success stories in the city
- To consider areas where improvements could be made

Meeting 5

To discuss and agree the final report.

Summary of Meetings

DATE	MEETING THEME	TOPICS	EVIDENCE PROVIDED BY
1/07/10	Introduction to inquiry	To agree Terms of Reference including the scope of the Inquiry. Set the local and national context now and in the future.	Jane Brentor - Head of Care Provision, SCC Judy Gillow - Director of Nursing, SUHT Dr Michael Marsh - Medical Director, SUHT Ayo Adesina - Associate Director of Performance and Integrated Governance, NHS Southampton City
29/07/10	Where are we now	Current position in Southampton is now is in terms of: <ul style="list-style-type: none"> • Performance on patient safety • National assessments on current performance • Current and future issues This paper describes the work of the Adult Social Care and Health (ASCH) Directorate in improving patient safety.	Judy Gillow - Director of Nursing, SUHT Dr Michael Marsh - Medical Director, SUHT Ayo Adesina - Associate Director of Performance and Integrated Governance, NHS Southampton City
30/09/10	The role of Social Care	Exploring the role of Southampton City Council's Adult Social Care and Health (ASCH) Directorate in improving patient safety	CLr Ivan White – Cabinet Member for Health and Social Care, Southampton City Council Carol Valentine - Head of Service - Personalisation and Safeguarding, Southampton City Council
21/04/11	Agree final report	Approve report for submission to Overview and Scrutiny Management Committee	

All presentations and notes on witness evidence available on request