

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

Public Consultation Feedback Report

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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.

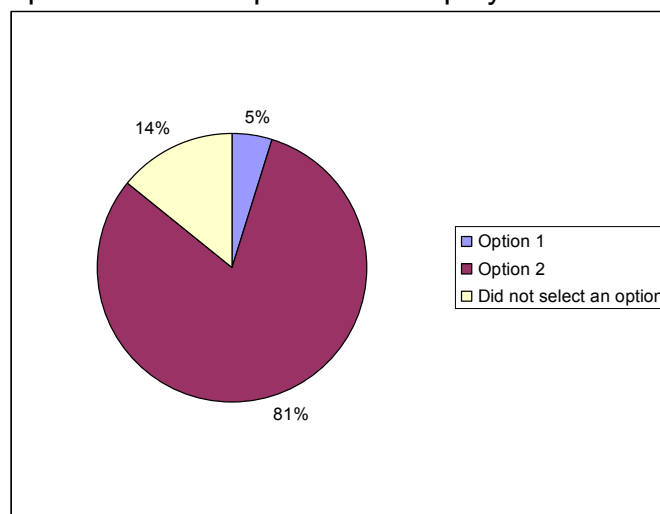
3. Feedback

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:



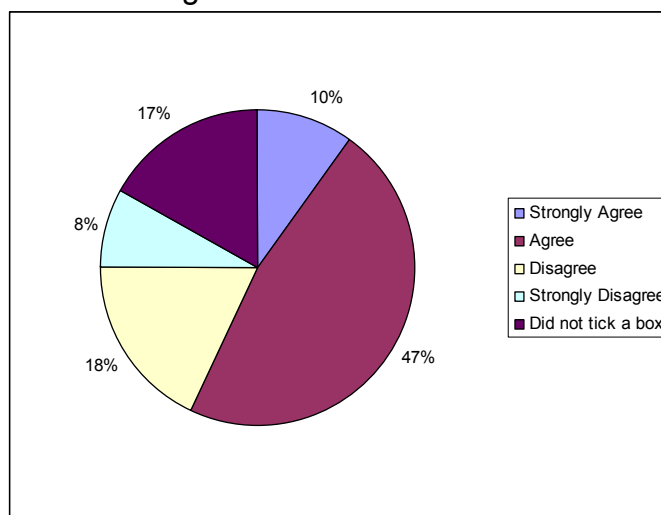
Of the people who didn't select an option, 60 of them gave a direct indication that they would be unhappy with any reduction in service, either by writing their own option, or by comments (e.g. "The centre should be allowed to continue as is"). This represents 10.4% of all submissions.

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%

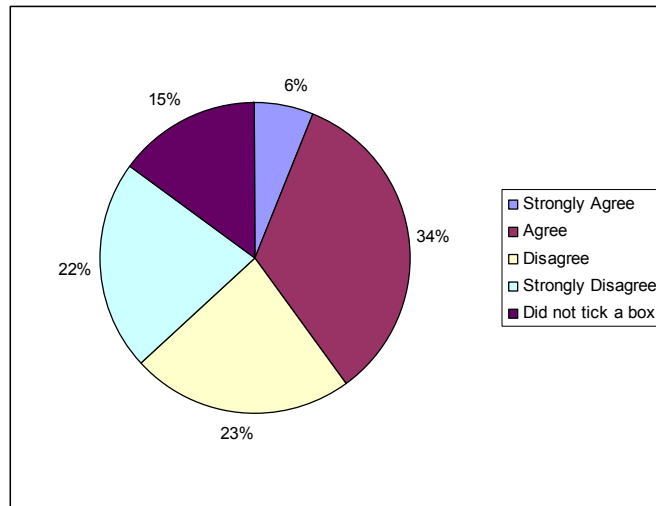
These figures on understanding of the reasons for why things need to change are displayed in the following chart:



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.