



URGENT CARE REVIEW

Background information for the public

Proposed changes to urgent care (out of hospital services) across north east Essex

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INTRODUCTION

Healthcare needs are changing across the UK, and we have an opportunity to plan for changes in this area. Things have to be different because more and more of us are living longer – with some of us going on to live with complex conditions that place an enormous strain on our health and social care services. This pressure is increasing at a rapid rate which means that the NHS can sometimes struggle to cope with demand.

As part of a five-year plan, known as the *Five Year Forward View*, the NHS is taking action to review urgent and emergency care services across the country. We know from what people have told us that it is difficult to understand how to get the care you need when you need it.

With increasing demands and in response to patients, we want to reshape out of hospital urgent care services across north east Essex, so that they are simpler for patients or carers to choose the right service for all urgent health needs, regardless of the time of day.

We are reviewing urgent care services, with particular focus on:

- Helping people to look after themselves;
- Helping those with urgent care needs to access the right advice or treatment in the right place, first time;
- Providing consistent high quality care seven days per week;
- Ensuring that serious and life-threatening conditions are treated in the right environment by staff with the expertise to meet patient needs.

One of our key aims is to have a system that is less confusing for people seeking urgent care support and treatment and to ensure we achieve the £14m savings we need to achieve each year for the next three years. Alongside this is, an improved NHS 111 and GP out of hours service which will give patients a single point of contact for all urgent care needs. There will also be a focus on encouraging patients to self-treat minor illness and injury and seek advice from pharmacists.

No decision has been made. We want to find out your views and involve you before we make that decision in public during late May 2017.

Please take some time to read through this important information. At the end of this document we outline the ways you are able to submit your views and feedback. You would also be welcome to attend one of our public involvement events – details are at the end of this document.

Copies of this document will be made available upon request in alternative formats.

Thank you in advance for your contribution and involvement with our planning work.

SIGNATURES

Dr Gary Sweeney, Chairman, North East Essex Clinical Commissioning Group
Sam Hepplewhite, Chief Officer, North East Essex Clinical Commissioning Group

DRAFT

1. ABOUT US

What is the role of the North East Essex CCG?

We are responsible for buying-in (commissioning) and monitoring most healthcare services for their local population. Across England there are 211 CCGs and they are clinically-led by GPs and other health professionals.

In Essex there are seven CCGs. This document and its proposals refer to only the North East Essex CCG, which serves a population of around 325,000 across Colchester and Tendring.

We aim to get the best possible health outcomes for local people by assessing local needs and, in partnership with local people, deciding on what the health priorities are and what services should be commissioned. We then buy those services from hospitals, mental health providers and community health organisations.

How is NHS funding determined and where does it come from?

The Department of Health decides how much money is allocated to each CCG based on the size of the population and the needs of the communities it serves. We must work within our annual budget of £437m in order to pay for a number of core services including emergency care, elective hospital care, maternity services, and community and mental health services. In doing so, we must also achieve approximately £14m efficiencies each year for the next four years.

2. WHAT DO WE MEAN BY URGENT CARE (OUT OF HOSPITAL) SERVICES AND EMERGENCY DEPARTMENTS?

Urgent care services are those that are designed to assist patients with an illness or injury that does not appear to be an emergency, but is considered too urgent to wait for routine care. Emergency departments include services provided at Accident and Emergency.

3. WHAT YOU HAVE TOLD US

Previous public involvement activity – our listening exercise

We have been engaging since the summer with local people and local healthcare providers to understand the way current urgent care services are being used.

Our Listening exercise

During September and October 2016, we sought views from local people on how they currently access urgent care (out of hospital services) across Colchester and Tendring known as the Listening Exercise. We received 1,098 completed questionnaires which were available at the services themselves, through GP practices as well as on our website. We also spoke directly to local people in busy thoroughfare areas of Colchester, Clacton and Harwich town centres. This involved representatives from our CCG speaking to local people in these areas and getting their views, based on questions within the survey. Findings from the Listening Exercise are included in a separate report (available on our website/paper copies available upon request) as well as within the Case for Proposed Change section of this background paper.

Our Big Care Debate 2

During early 2016, we undertook a separate public involvement exercise, known as the Big Care Debate 2, which sought views from local people on the services they access and receive. We specifically asked communities whether they had come across instances of waste or duplication and how they think local communities could further support individuals to remain fit, happy and healthy.

We spoke to 671 people and attended 22 support groups while holding two of our own live events. A number of key themes were identified from the engagement exercise:

- **Accessing GPs** - Getting an appointment to see a GP was becoming increasingly difficult and there was a genuine concern amongst many respondents that access will be even more difficult as the size of the local population increases.
- **NHS 111** - Nearly all of the people we spoke to said they were aware of NHS 111. Out of those who had used it, several mentioned they were concerned it was not suitable for their needs.
- **Improved signposting to services** - There was a favourable response towards having an effective signposting system in place that would allow patients and their families' easy access to services, saving them time and wasted journeys. There was a feeling amongst some people in Tendring that a lot of services were Colchester-centric.
- **Stronger communication between departments** - Many people spoke about the need for stronger communication between healthcare departments – especially in acute settings. There was a real sense that services were not speaking to each other which was having an adverse impact on patients.
- **Transportation** - Transportation was a particular issue for many people – especially some elderly or frail members of the public who often found it a challenge to get to and from Colchester Hospital.
- **Excellence in services** - Many respondents felt that while some concerns did exist, they had experienced excellent standards of service from the various health and social care departments across north east Essex.

People have told us they want simpler services, closer to home. They expect quality services and that mental and physical health are treated together.

Summary of key discussions by our board

Our board has been sighted of progress to date on developing out of hospital urgent care services as outlined below:

- **May** - the board noted that a review of out of hospital urgent care services was underway; however a recommendation was made that a project plan for delivery of the review project was required.

- **July** - Our board approved the review of Out of Hospital Urgent care services, including support to refresh the Urgent Care strategy to underpin the direction of travel.
- **September** – Our board noted the progress of the review, which included three proposals under consideration, with supporting options appraisals. A draft Urgent Care Strategy was presented, with support from the board that it will be resubmitted for final approval in November. A copy of this strategy is available on our website or in paper copy upon request.

Over this period, our board has been sighted on the challenges faced by the urgent care system as a whole, which supported the approval to review these services.

How were the proposals developed?

The number of people attending all urgent care services locally has been increasing, and we have continued to see challenges with performance in A&E in relation to the number of people seen and treated within 4 hours and the impact this has on acute hospital flow and available beds.

From the Big Care Debate 2 and our Listening Exercise, it was identified that a number of people attending our urgent care services could potentially self-care or use pharmacy and that this could be supported by making access to urgent care services simpler. Our previous public involvement work has helped us to develop the potential approaches that we would like public opinion on.

Our Listening Exercise also demonstrated that while the Big Care Debate 2 previously highlighted that access to a GP appointment was difficult, a significant proportion of people accessing the Walk in Centre and Minor Injury Units currently, are not attempting to seek a GP appointment first.

Since September there has been further work to help us test the impact of each option on the urgent care system, and we have been able to consider the feedback from the Listening Exercise to begin to understand the likely impact on local people. The CCG will be undertaking a further period of public involvement, specifically to ask for your views on the following:

- The potential approaches and the likely impact of these on the individual and their family/carers;
- The way we have appraised the potential approaches to date;
- Whether there are further approaches we have not yet considered.

Taking into consideration the local challenges, public feedback, data analysis and evidence from other CCG's, three potential approaches are currently under consideration and these are included in section 5. In addition, we are open to receiving alternative proposals and will consider them. These will need a thorough explanation and careful analysis from the respondent for this to be considered by the Board.

4. OUR CASE FOR PROPOSED CHANGE

We are reviewing the following Urgent Care services and would like your views on the following service:

- The Walk in Centre based at the Primary Care Centre in Colchester;
- The Minor Injury Unit based at Clacton Hospital and,
- The Minor Injury Unit based at Harwich Hospital;
- Minor conditions presenting at A&E (Colchester Hospital) that could potentially be seen and treated in alternative settings.

Each service's contract is due to naturally expire on the 31 March 2018; therefore a decision on the future of the services is being sought.

Across north east Essex, we want to reshape out of hospital urgent care services so that they are simpler for patients or carers to access urgent health care, regardless of the time of day, while acknowledging the limited resources and funding available. This supports the national *NHS Five Year Forward View*, with the aim of taking the pressure off A&E and emergency departments whilst meeting increasing healthcare needs of the population.

Particular focus of our review includes:

- helping people to look after themselves;
- helping those with urgent care needs to access the right advice or treatment in the right place, first time;
- providing consistent high quality care seven days per week;
- Ensuring that serious and life-threatening conditions are treated in the right environment by staff with the expertise to meet patient needs.

According to our performance data, local Urgent Care (out of hospital) services have not helped the local health economy to manage demand in A&E. Our Listening Exercise has found it has made people less willing to practice self-care or to see their GP in the first instance.

From those who responded to our Listening Exercise at the time of accessing the service, we found that most individuals attended minor injury units for minor injury rather than minor illness – as expected. We also found:

- Over 74% of those who attended minor injury units did not seek a GP appointment first. This could be because of a perception that GPs cannot treat minor injuries.
- The majority of attendances at the Walk in Centre were for minor illnesses. 71% did not seek a GP appointment in the first instance.
- 52% of people who attended urgent care services did not contact a GP first during a previous attendance to local urgent care services.

Self Care management

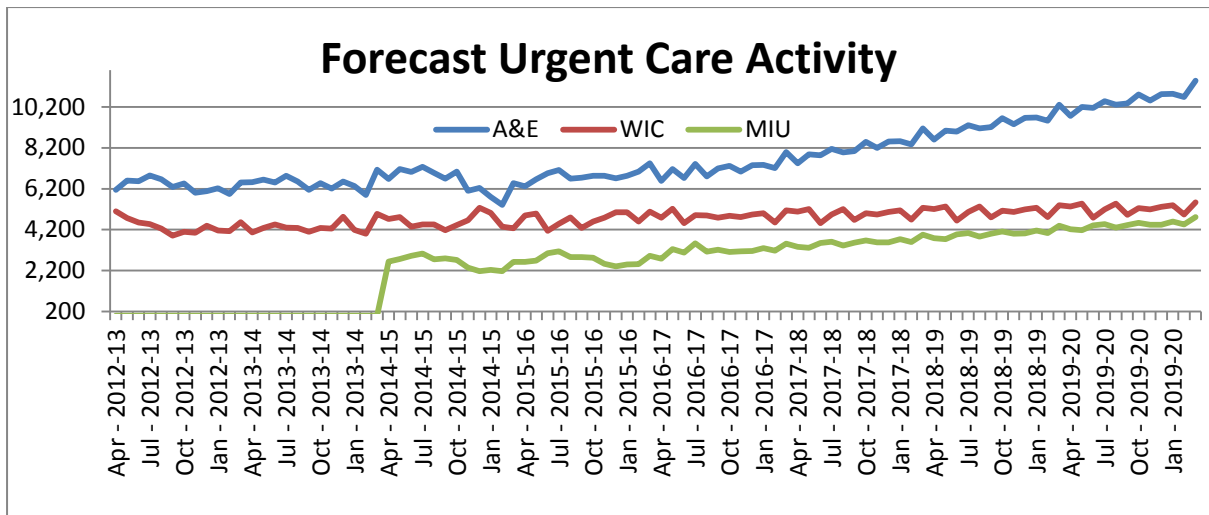
Our Listening Exercise found that around 60% of patients who used the Walk in Centre could have been seen at either the GP practice or could have self treated their condition. This is supported by national research. Monitor's report 'Walk in Centre Review Preliminary Report' (November 2013) found: "The convenience and accessibility of walk in centres, as well as the relatively minor clinical nature of conditions they treat, has led some commissioners to take the view that walk in centres create demand unnecessarily. Some commissioners and even some walk in centre providers said walk in centres cater mostly to the 'worried well' who could otherwise self-manage or go to a pharmacy, rather than serving patients who previously had unmet needs. In addition, commissioners have cited concerns that walk in centres result in duplicative use of services based on evidence that some patients use walk in centres and other services for the same problem – for example in seeking a second opinion."

We grouped the reason for attending into 38 categories. Below is a table showing the top 10 reasons for attendance at the walk in centre and the minor injury units. The top attendance for MIU, pain/injury following an accident is expected. However, although the severity of the clinical condition is not known, the top attendance at the Walk in Centre is for minor illness, Cold/Flu/cough/sore throat.

MIU Top 10		WiC Top 10	
Pain/Injury following an Accident	24.30%	Cold/Flu/cough/sore throat	23.87%
Animal/Insect Bite	9.13%	UTI/Cystitis/Kidney Infection	11.61%
Laceration	7.59%	Rashes/Skin Conditions	8.39%
Injury Following a Fall	7.28%	Pain/Injury following an Accident	7.10%
Suspected Fracture	6.66%	Abdo pain/Sickness/Diarrhea	5.81%
Pain/Swelling - Hands/feet	5.57%	Pain/swelling - Limb	4.52%
Pain/swelling - Limb	5.42%	External Infection	3.87%
Not Completed/Unknown	4.80%	Animal/Insect Bite	3.23%
Cold/Flu/cough/sore throat	4.80%	Pain/Swelling - Hands/feet	3.23%
Rashes/Skin Conditions	2.48%	Suspected Fracture	2.58%

Demand on A&E

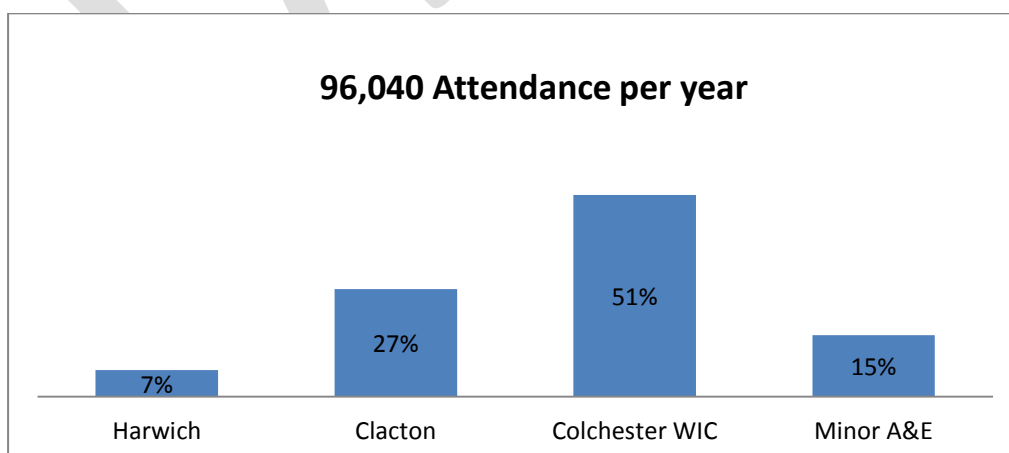
Since the services have been in operation, we have still seen an increase in the numbers of patients attending A&E for minor illnesses and injuries.



Our Big Care Debate 2 also told us that having a number of urgent care services has led to greater levels of confusion amongst some groups of patients. A copy of our Big Care Debate 2 report is available on our website, a paper copy if available up on request. In other parts of the country, commissioners closed walk in centres in part due to concerns that the various points of access to urgent care, and the variation in types of services provided, has created confusion among patients about where to seek appropriate treatment. In some cases, they said this confusion may result in mistrust of the system and fragmented care, in which the patient is referred onwards to another service such as their GP practice or A&E. Some commissioners said it also may introduce clinical risk if patients requiring emergency services attend a walk in centre instead, as described in the report from Monitor.

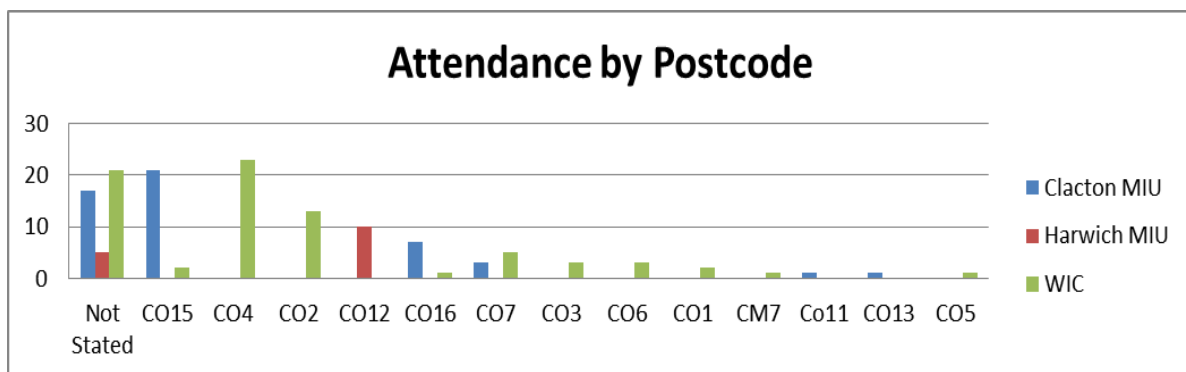
Usage of services

The Listening Exercise found that there is a very low use of the Minor Injury Unit in Harwich. As a local health and social care system that is stretched in terms of available funding, we must review this service to ensure our limited resource is being put to best use for our wider population.

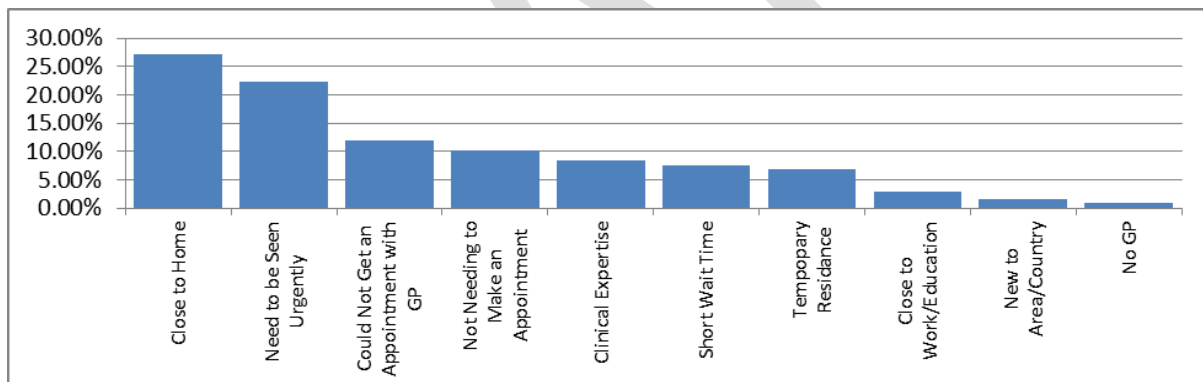


Inequity of access and convenience

Nationally, a few commissioners said that their walk in centres created inequity of access because they were mostly used by people who lived close by, rather than by groups from areas of high deprivation or those with significant health needs – as described in the report from Monitor. We also found this through our Listening Exercise. Out of the people who responded to the survey, 53% had previously attended the walk in centre. Of those, 30% recorded living within the same postcode area as it. Likewise the majority of people using both Minor Injury Units also recorded living within the same postcode area as the site.



There was also evidence that more people used the service because it was closer to their home, making it more convenient for them.



5. OUR POTENTIAL APPROACHES

Three draft potential approaches have been developed by clinicians following based on feedback from our Listening Exercise. These are as follows:

- To continue to commission a Walk in Centre service in Colchester and Minor Injury Units at Clacton and Harwich**
(Patients would be able to continue to use services as they are currently provided. They would see little or no change).
- To stop providing the Walk in Centre and Minor Injury Unit services. Patients requiring these services would be encouraged to call NHS 111 first and if required they would be seen by their local GP, out of hours GP or advised to self-care**

(Those patients with a minor injury that are unable to be treated by their GP would have no alternative than to go to A&E. This is likely to create additional pressure on A&E by pushing up the numbers of patients who go there. There is also a patient safety risk by increased numbers which could result in long waiting times and overcrowding in busy clinical areas).

This option was developed as a result of research into national trends where a number of walk in centres and minor injury units have been closed across CCG areas.

- **The establishment of a minor injury service in the community**

This option would see the establishment of a minor injury service which would see and treat a range of minor injuries, from fractures, wounds requiring stitching to infected bites, taking the pressure of A&E. We would look to expand the current services offered at the minor injury units and walk in centre to enable patients with more serious injuries to be treated in the community. The future locations of these services would be dependent on where there is greatest need.

This option was developed as a result of local data analysis, including demographic information which highlighted that there was a potential gap in the availability of services for people with a minor injury, for which the likely alternative would be A&E. The future locations of delivery of this service would be dependent on the way services are currently used.

We are open to receiving alternative proposals and will consider them. These will need a thorough explanation and careful analysis from the respondent for this to be considered by the Board.

No decisions have been made. The CCG will involve local people to explain how these ideas have been developed and why we have to make these proposals, and find out how people might be affected. This whole process will be open and transparent and independent assessors will be asked to write a report on all the information which is gathered through our public involvement. This report will be made public and the final decisions will be made when the CCG board meet in May 2017.

Advantages and disadvantages to each option

- Option 1 - To continue to commission a Walk in Centre service in Colchester and Minor Injury Units at Clacton and Harwich

Advantages	Disadvantages
Services are popular with the public	Demand likely to increase therefore adding greater levels of pressure on services
Patients will continue to access current services.	Increased potential risk to patient safety due to increased demand on existing services e.g. emergency departments (A&E)

Supports patient access to Primary Care treatment	Limited scope for innovation and new ways of providing services
Unlikely to destabilise current workforce	Not supportive of national and local strategic direction
Limited re-design of service provision for minor injuries and minor illness meaning less confusing for patients and the public	No evidence to support these service are effective in reducing attendances to emergency departments
	For some patients, it would not encourage them to self care or to use their pharmacists more for minor ailments
	Lack of continuity of care for people attending with Long Term Conditions
	Continues to deliver a system that is confusing for patients and professionals to navigate.
	Duplication in provision of services across the system, therefore not providing value for money.
	Does not allow for the current workforce to work in an integrated way or develop the skill sets required to meet future strategic direction

- Option 2 – To stop providing the Walk in Centre and Minor Injury Unit services as from March 2018 – when the current contracts expire. Patients requiring these services would be encouraged to call NHS 111 first and if required they would be seen by their local GP, out of hours GP or advised to self care.

This option was developed as a result of research into national trends where a number of walk in centres and minor injury units have been closed across CCG areas.

Advantages	Disadvantages
A system that is less confusing for patients and professionals to use	Low Public Acceptability
Supportive of Self-Care approach and use of alternative services such as Pharmacy	Potential for significant increase in emergency department activity (creating additional pressure on the performance of the department).
Supports some national strategy through single point of access approach	Increased potential risk to patient safety due to increased demand on existing services
No duplication of services across the system	Model is not supportive of our Urgent Care strategy
Supports continuity of care for patients with long term conditions, managed in primary and community care services	Potential to lose experienced workforce and skills within the locality
	Option does not provide value for money. Potential for cost pressure associated with

	increased demand on emergency departments
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Option 3 - The establishment of a minor injury service in the community once the current contracts expire in 2018

This option was developed as a result of local data analysis, including demographic information which highlighted that there was a potential gap in the availability of services for people with a minor injury, for which the likely alternative would be A&E. The future locations of delivery of this service would be dependent on the way services are currently used.

Advantages	Disadvantages
Enables re-design of service for minor injuries and innovation	Relies on a shift in public behaviour when attempting to access out of hospital urgent care services
Supportive of the Primary care strategy and mitigates the difference in project timescales.	Some potential estate costs
Meets the aims and objectives of our Urgent Care Strategy.	Potential for low public acceptability
Supportive of self –care approach and use of alternative services such as pharmacy. Ensures patients are seen by the right service, first time.	Potential for further increased activity within emergency departments and GP practices.
Supports continuity of care for patients with long term conditions, managed in Primary and community care services.	
A system that is less confusing for patients and professionals to navigate.	
More scope to reduce impact associated with void costs for Estates.	
Reduces the risk of patient safety concerns associated with pressures on existing services (ED).	
Option proposing to provide a value for money approach and sustainability for the future.	
More likely to retain experienced/qualified workforce within the locality.	
Reduction in the duplication of services across the system	

Any other proposals identified through our public involvement activities will be considered.

EQUALITY IMPACT ASSESSMENT

During November 2016, the above potential approaches were presented to our board. Prior to the presentation of these potential approaches, an equality impact

assessment was conducted to determine how each option would impact on the communities that we serve. This assessment includes consideration to the nine protected groups and the feedback from the public Listening exercise, against the three aims of the Public Sector Equality Duty (PSED):

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

This is an iterative process and therefore further reassessment will be undertaken during and following our period of public involvement, before our board is asked to formally approve the recommended proposal. The outcome of the assessment will inform the business case and final option recommendation to the Board in May 2017. We also have regard to the need to reduce health inequalities and access to those services. As part of the public listening exercise, using the local Joint Strategic Needs Assessment and the knowledge of local staff and public, we are aware of the need to reduce avoidable inequalities and move towards a fairer distribution of good health. A copy of the Equality Impact Assessment is available on our website – www.neessexccq.nhs.uk – and paper copies are available upon request.

6. CURRENT PROVISION OF SERVICES

Walk in Centre

The North Colchester Healthcare Centre in Turner Road Colchester is a GP Practice which incorporates a Walk in Centre service. Patients do not need an appointment in order to be seen by a clinician. The service is available from 7am to 10pm, 7 days per week.

The Centre offers services to treat the following conditions:

- Minor illness
- Minor throat/chest infections
- Minor stomach complaints
- Urine infections
- Earache and ear infection - Please note that the Centre does not offer ear irrigation (removal of wax)
- Skin complaints, including rashes, minor allergic reactions and insect bites/stings
- Minor injury
- Minor wounds, bruising, swelling - Please note that the Centre does not offer wound suturing
- Minor head injury with no loss of consciousness or vomiting
- Muscle, bone and joint injuries e.g. sprains, strains and soft tissue injury - Please note that the Centre now has X-ray facilities

Minor Injury Units

The two Minor Injury Units at Clacton and Harwich are staffed by nurses with specialist skills and experience, who are able to order and interpret X-rays and prescribe treatments. The units offer a service for patients with less serious or minor injuries. The units should not be used as an alternative to visiting your own GP for minor illness or emergency contraception. Injuries which can be treated at the units include:

- Wounds
- Sprains
- Strains
- Minor dislocations
- Suspected Fractures
- Removal of foreign bodies
- Burns and scalds
- Bites and stings
- Minor head injuries

Site	Opening times
Walk in Centre, Turner Road, Colchester	Seven days per week – 7am-10pm
Minor Injury unit, Clacton Hospital, Clacton	Seven days per week – 9am-9pm
Minor Injury unit, Fryatt Hospital, Harwich	Seven days per week – 9am-5pm

7. WHAT ARE WE TRYING TO ACHIEVE?

One of the CCG's key aims is to have a system that is less confusing for people seeking urgent care support and treatment. We are reviewing the way urgent care services are provided across north east Essex to help people to look after themselves as well as to ensure those individuals needing access to urgent care (our of hospital services) access the right advice or treatment in the right place, first time. We also want to ensure services are of consistent high quality and that those who do need life-saving treatment are seen in the right environment by staff with the expertise to meet patient needs.

There will also be a focus on encouraging patients to self-treat minor illness and injury and seek advice from pharmacists. Alongside this, we must also ensure around £14m savings are achieved each year for the next four years.

8. WE WANT YOUR VIEWS

We want to know your thoughts on the proposals listed on the next page, together with details of a scenario so that you can see what the patient experience would be for all three proposals. We are especially interested in knowing:

- Your preferred option;
- Any other option we should consider.

We have set aside a period of eight weeks in which to seek public views on the above potential approaches to start from Wednesday 4 January and to conclude on Wednesday 1 March 2017.

9. WHO ARE OUR KEY AUDIENCES?

Our key audiences can be split into four main groups (Patients and public, Partners, Providers, Employees).

- **Patients and public** - those who use NHS services within our area. There would be sub groups in relation to this audience and this would influence how we would communicate with them (Young people, old people, commuters, parents).
- **Partners** - organisations that work alongside North East Essex CCG.
- **Providers** - those organisations that provide health and social care services, commissioned by us.
- **Employees** - this group includes individuals who are employed by the North East Essex CCG.

Patients and public	Partners and stakeholders	Providers	Employees
<ul style="list-style-type: none"> • Young people • Adults • Wider public • Young parents • Parents/carers • Troubled families • Hard to reach groups (ethnic minority groups BME, gypsy travelling community) • Health Forum • Carers • Parish councils • PPGs 	<ul style="list-style-type: none"> • NHS England (Essex area team) • Health and Overview Scrutiny Committee • Department of Health • Other CCGs across Essex • ECC • Relevant local councillors • CQC • CHUFT • GP practices • Monitor • ACE • Colchester Borough Council • Tendring District Council • MPs • Voluntary sector across Essex 	<ul style="list-style-type: none"> • ACE • Swan • Provide • GPPC • CHUFT • GP practices • Others 	<ul style="list-style-type: none"> • CCG wide • Board • SLT • GPs • ECC seconded staff

	<ul style="list-style-type: none"> • Voluntary sector with specific service remit • Media 		
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10. HOW WILL WE BE PROMOTING THE REVIEW AND OPPORTUNITIES FOR LOCAL PEOPLE TO HAVE THEIR SAY?

Existing support groups and networks – working with CVS

We will be involving the Community Voluntary Services groups in Colchester and Tendring to make their networks aware of our public meetings and ways they can give us their views on our review of urgent care services. We will ask the two CVS organisations to promote our public involvement activities through their weekly newsletter briefings.

Local support groups

As with the Big Care Debate 2, we have been contacting local support groups and networks. We would seek to present our potential approaches to them in an effort to gather their feedback and to promote our review and ways we are involving the public. We will also be seeking to attend support group meetings across north east Essex.

Public meetings

In addition to attending support group meetings, we will be hosting our own public meetings offering people an opportunity to hear about the different potential approaches and asking questions. It is proposed that these meetings would be fronted by clinicians who have been involved with this work to date supported by members of the Communications and Urgent Care teams. The public meetings would take place in various locations across north east Essex during weekdays, weekday evenings and at weekends. They would be heavily promoted through the media, social media, posters and leaflets, local authority and parish council community newsletters.

Editorial in local press promoting the events

We would work with the local media to promote our review and our public involvement. We will book editorial space in the Gazette series newspapers detailing the potential approaches and ways people can have their say. We would also seek to promote the public meetings and the Survey Monkey questionnaire - stating this would also be available in paper copy and other formats, upon request.

Posters and flyers

Posters and flyers would be created to promote our review, ways we are involving the public and our online questionnaire. These would be available in libraries, supermarkets, train stations, areas where services are provided, handed out by health visitors (via ACE) and at the Walk in Centre/Minor Injury Units.

Website

Electronic copies of the flyers will be available via social media, the CCG's and partners' websites and cascaded through the CVS and CVST weekly newsletters. Artwork would also feature within the newspaper editorials.

Email to stakeholders

We will use email to inform our key stakeholders, MPs and groups that we need to engage with.

Social media

We will issue at least three social media message each week through Facebook and Twitter to inform/remind people about our review and ways people can give their views. We will ask our partners to retweet and share to their followers as well to ensure maximum coverage to our local communities.

Press releases

There will be at least three press releases issued during our period of public involvement (beginning, middle and one with a week to go until the closing date for responses). The purpose of these would be to generate editorial coverage to maximise awareness of our review.

Community newsletters

We will look for support from parish councils to increase awareness of our review to their communities through village newsletters and networks. We will use our email distribution to reach this group.

Health Forum and Patient Participation Groups

We will actively engage with the Health Forum Committee and PPGs across north east Essex and ask them to communicate details of our review and ways local people can have their say to their associates and networks.

11. WHAT HAPPENS NEXT?

Between 4 January and 1 March 2017, we will be involving local people to explain the reasons for making these proposals, to understand their preferred option and to see if there are other approaches we should consider. This whole process will be open and transparent and independent assessors have been asked to write a report on all the information which is gathered over this period. This report will be made public and the final decisions will be made when our board meets in May 2017.

12. TIMESCALES AND MILESTONES:

Board meets to discuss our public involvement exercise – 29 November

Subject to Board approval, we would progress with the above mentioned timescales and activities to involve the public.

4 January 2017

Our public involvement would begin. Communication around this time would introduce our proposals and remind the wider public/stakeholders about what the project seeks to achieve/how ultimately it would benefit patients by providing services based around their need. There would also be a link to an online web survey, managed by the University of East Anglia with regular feeds on social media

describing how people could provide their feedback and how the CCG will be seeking to involve local people in obtaining views and feedback on the potential approaches.

W/c 30 January – Mid point

Throughout the period of public involvement, there will be regular communications alerting people to the review and how they can feed views to us. However during the mid-point, we will issue a press release and further communications to all of our stakeholders.

1 March – Period of public involvement finishes

A public announcement would be issued at the beginning of March, thanking people for their input and outlining what would happen next. A press release would be issued, supported by tweets, Facebook messages and letters sent to stakeholders and support groups (via CVS and CVST newsletters).

Independent evaluation – once the public involvement exercise finishes, an academic from the University of East Anglia will review all of the responses received through an online survey before a report is produced. This report will outline trends of responses received as well as make recommendations. This report will be submitted to our Clinical Reference Group (CRG) for its consideration before being submitted to the Board.

15 March

The independent evaluator would send their report to us for onward cascade to the CCG's Clinical Reference Group (CRG) as described above.

Early May

The report and a recommendations paper would be sent to the Board for members to review and consider.

30 May

The Board would make a decision based on the course of action to take, using the information within the evaluation report and the recommendation from the Clinical Reference Group. Board members would vote on whether they wish to progress with the recommendation that are presented to them.

Thank you again for your contribution and feedback

QUESTIONNAIRE

Proposed changes to urgent care (out of hospital services) across north east Essex

Introduction

It is estimated that 50 million visits to the GP and out of hospital urgent care services are made every year for minor ailments such as coughs and colds, mild skin conditions, bites stings etc. By visiting a pharmacy instead, people could self-treat and save themselves time and trouble by using their local pharmacist any time. All pharmacists can recognise many common health complaints. They can give advice or, where appropriate, medicines that will help clear up the problem.

If your problem is more serious and needs the attention of a GP, your pharmacist will recognise this and advise you to see your GP instead.

We want people to be able to have the confidence to look after themselves where possible by self-treatment and pharmacy advice in the first instance.

Which of the three potential approaches do you believe is in the best interest of people in north east Essex?

Please select one box.

- a. Option 1 - To continue to commission a Walk in Centre service in Colchester and Minor Injuries Units at Clacton and Harwich
- b. Option 2 - To stop providing the Walk in Centre and Minor Injury unit services. Patients requiring these services would be directed by NHS 111 and seen by their local GP, Out of Hours GP or encouraged to self-care
- c. Option 3 - The establishment of a minor injury service
- d. Another option - That has not been considered.

If you selected 'Another Option', please specify:

How would any of the proposed changes to this service affect you?

Do you have any views or ideas on how the CCGs could improve their financial situation?

Proposed changes to urgent care (out of hospital services) across north east Essex

About You

I am a

- Patient
- Carer/Parent
- Patient Representative
- *Voluntary Organisation
- *Healthcare Provider
- *Social Care Provider
- *Commissioner

* Please give details

If you are responding on behalf of yourself, please answer the following questions; What would help you to be confident about self-treatment? Optional

- a. I don't need any help
- b. Advice and information on an NHS website or mobile app that I trust
- c. Clinical Advice and information through a free NHS telephone line
- d. Leaflets with advice and information
- Other

If you selected Other, please specify:

During the hours when your GP practice is **open** and you need immediate health care, which of the following best describes what you would do (*select only one box*)

- I don't use out of hospital urgent care services
- My first choice would be to go my GP practice
- My first choice would be call 111/Out of Hours GP
- My first choice would be to visit the Minor Injury Unit in Harwich
- My first choice would be to visit the Minor Injury Unit in Clacton
- My first choice would be to visit the Walk in Centre in Colchester
- My first choice would be to visit the A&E department at Colchester
- My first choice would be to call 999

During the hours when your GP practice is **closed** and you need immediate health care, which of the following best describes what you would do (*select only one box*)

- I don't use out of hospital urgent care services
- My first choice would be call 111/Out of Hours GP
- My first choice would be to visit the Minor Injury Unit in Harwich
- My first choice would be to visit the Minor Injury Unit in Clacton
- My first choice would be to visit the Walk in Centre in Colchester
- My first choice would be to visit the A&E department at Colchester
- My first choice would be to call 999

Town of residence:

First Half of your Postcode: e.g. CO4

If you would like to be involved in how services will work in the future please complete the following: Email Address:

Contact Phone Number:

What is your gender?

- Male
- Female
- Other
- Do not wish to disclose

What is your sexuality?

- Heterosexual
- Homosexual
- Bisexual
- None of the above
- Prefer not to answer

Do you consider yourself to have a disability?

- Yes
- No

What is your Age?

- 12 – 17
- 18 -24
- 25 - 34

- 35 – 44
- 45 – 54
- 55 - 64
- 65 -74
- 75 or older
- Prefer not to answer

What is your Ethnicity?

- White British
- White Irish
- White other
- Mixed race
- Indian
- Pakistani
- Bangladeshi
- Other Asian
- Caribbean
- African

CONTACT US

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