

URGENT CARE REVIEW (OUT OF HOSPITAL SERVICES) PUBLIC INVOLVEMENT – DRAFT COMMUNICATIONS AND ENGAGEMENT PLAN

1. PURPOSE

This strategy sets out how we will communicate and engage with our various stakeholders, partners, public and patients on our proposals for Urgent Care (out of hospital) services. Its primary purpose is to ensure all of our audiences are fully aware of the different approaches that have been developed following our Listening Exercise engagement that was conducted during September, October and November 2016 (please see section Listening Exercise). This strategy maps out activities to support the public involvement process as well as channels to ensure this is achieved most effectively.

2. OBJECTIVES OF THIS PLAN

There are three main objectives to this document:

- To develop a clear narrative that describes the reasons for the review and background to the potential approaches that are being presented;
- To actively manage and develop relationships with key stakeholders in order to win their support and understanding as well as gather their feedback;
- To suggest measurement and monitoring techniques.

3. BACKGROUND

As part of the Five Year Forward View, the NHS is taking action to review urgent and emergency care services across the country. The aim is to take the pressure off A&E and emergency departments and meet the increasing healthcare needs of the population. Across north east Essex, we want to provide services so that they are simpler for patients or carers to access. We also want them to choose the right service for all urgent health needs, regardless of the time of day.

To further understand the local need for out of hospital urgent care services, the CCG has undertaken a listening exercise with users and the wider public. This has assisted us to develop three draft approaches. We are now intending to seek local views on these approaches. To do this, we will be conducting an eight week period of public involvement taking place between 4 January and 1 March 2017 to find out which approach local people prefer. All approaches relate to the future provision of the Walk in Centre in Colchester and the two Minor Injury Units at Clacton and Harwich.

4. OUR CASE FOR PROPOSED CHANGE

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."

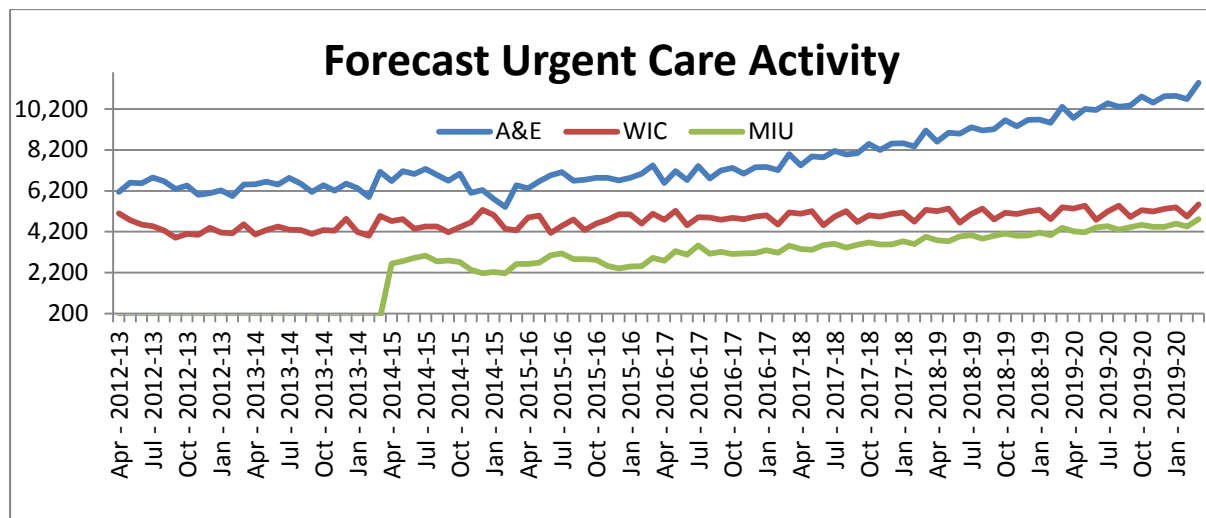
We grouped the reason for attending into 38 categories. Below is a table showing the top 10 reasons for attendance at the walk in centre and the minor injury units. The top attendance for MIU, pain/injury following an accident is expected. However, although the severity of the clinical condition is not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

As we have found, a proportion of people attending walk in centre and minor injury unit services had conditions that they could have potentially treated themselves.

Demand on A&E

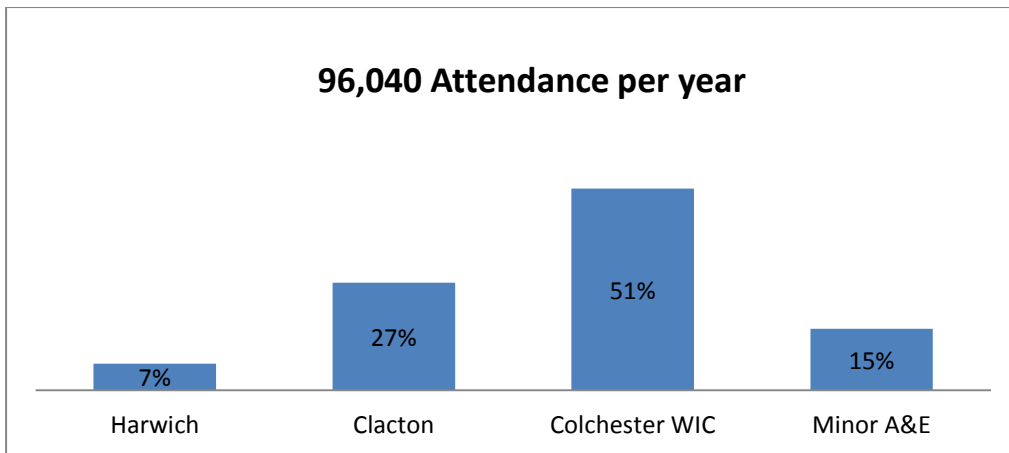
Since the services have been in operation, we have still seen an increase in the numbers of patients attending A&E for minor illnesses and injuries.



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.

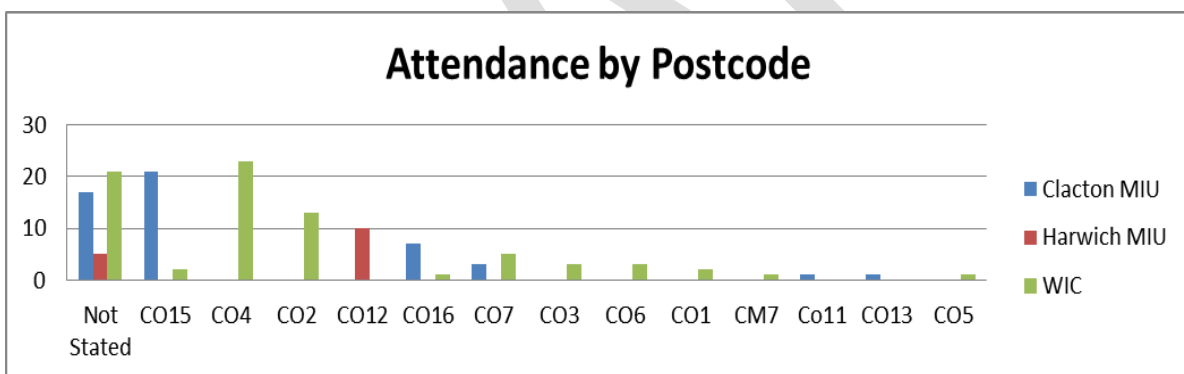
Usage of services

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.

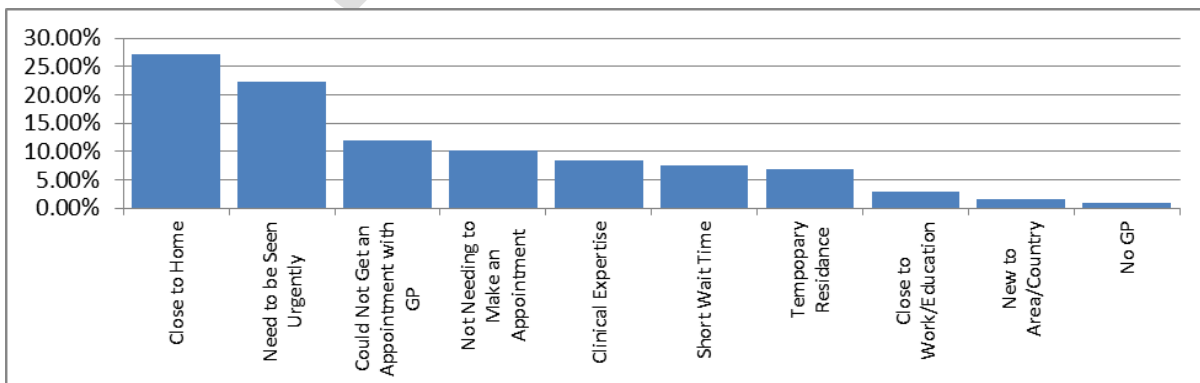


Inequity of access and convenience

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 MIUs 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. KEY MESSAGES

- Patients and the public across Colchester and Tendring are being urged to help shape the future of urgent care services across north east Essex.
- Our Listening Exercise has allowed the CCG to develop three different approaches that it would like to seek further public opinion on.
- We want to seek public views on some approaches that have been developed following previous involvement activities and have started a period allowing patients and the public across north east Essex to let us have their views. We will be staging public meetings and will give local plenty of opportunity to give their views to us using a variety of means. This will run between 4 January and 1 March 2017.
- The current urgent care system across Colchester and Tendring has evolved over time and is complex. This often leads to greater confusion amongst patients not realising which service would best meet their needs, where to access that service and when.
- We are trying to respond to what local people have told us they want from their health care system and ensure we make services affordable and effective in the future.
- We also need to ensure our finite resources are used in the most effective way possible. Our local system needs to make £14m savings each year for the next three years.
- We have a number of ways available for people to give their views to us (online survey, public meetings, emails).

6. POTENTIAL APPROACHES

Three potential approaches have been developed by clinicians following based on feedback from our Listening Exercise. The approaches 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 proposal 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 would also ask for people's thoughts about any other option that is not included here.

No decisions have been made. The CCG will be involving 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 over this period. This report will be made public and the final decisions will be made when the CCG board meets in May 2017.

7. TIMESCALES

Subject to Board approval, the additional period of public involvement will start on 4 January 2017 and will last for a period of eight weeks. This additional public involvement will therefore conclude on Wednesday 1 March 2017. The Chair and two vice chair of the Essex Health and Scrutiny Committee have agreed to these proposed timescales on the basis that rigorous promotion has taken place and feedback obtained.

Responses from the public between January and March 2017 will be analysed by an independent evaluator employed by the University of East Anglia (UEA). An analysis report will be sent to the CCG by mid-March to allow Clinical Reference Group (CRG) members to consider its findings and recommendations. A final report will be submitted to the Board in early May.

8. ACTIVITIES

Existing support groups and networks – working with CVS

The CCG will be engaging with the Community Voluntary Services groups in Colchester and Tendring to make their networks aware of our public and patient involvement activities. We will ask the two CVS organisations to promote our engagement and our live events through their weekly newsletter briefings.

Local support groups

As with the Big Care Debate 2, the CCG has been contacting local support groups and networks. We would seek to present our approaches to them in an effort to gather their feedback and to promote the period of further involvement. We will also be seeking to attend support group meetings across north east Essex – please see section 13.

Public meetings

In addition to attending support group meetings, the CCG will be hosting its own public meetings offering people an opportunity to hear about the different 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.

Advertorial in local press promoting the events

We would work with the local media to promote the involvement activities and public meetings. We will take out an advertorial in the Gazette series newspapers detailing the approaches and ways people can have their say. We would also seek to promote the public meetings and the electronic 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 ways we are seeking to involve the public, public meetings and the electronic 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 advertorials.

Email to stakeholders

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

Subscription email updates for the public

We will look to create a monthly briefing allowing individuals and members of the public to subscribe to so they can receive updates throughout this process. We

would invite people to email us their email addresses or an alternative way for them to receive updates from us.

Social media

We will issue at least three social media message each week through Facebook and Twitter to inform/remind people about our public involvement activities. 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 the eight week period (beginning, reminder during the middle part of the engagement and one with a week to go until the closing date for responses). The purpose of these would be to generate editorial coverage.

Community newsletters

We will look for support from parish councils to increase awareness of the 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 the review and how people can have their say to their associates and networks.

9. KEY AUDIENCES

For the purposes of this plan, and following discussions with colleagues within the organisation, audiences have been assembled into four main groups (Patients and public, Partners, Providers, and Employees).

- **Patients and public** - those who use NHS services within the NEE CCG 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 NEE CCG.
- **Providers** - those organisations that provide health and social care services, commissioned by the CCG.
- **Employees** - this group includes individuals who are employed by the 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 (as identified through our Equality Impact Assessment) 	<ul style="list-style-type: none"> • NHS England (Essex area team) • Health and Overview Scrutiny Committee • Department of Health • Other CCGs across Essex • ECC 	<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"> • Health Forum • Carers • Parish councils • PPGs 	<ul style="list-style-type: none"> • Relevant local councillors • CQC • CHUFT • GP practices • Monitor • ACE • Colchester Borough Council • Tendring District Council • MPs • Media • Voluntary sector across Essex • Voluntary sector with specific service remit 		
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10. KEY MILESTONES

Board approval for further public involvement – 29 November

4 January – Further public involvement to start

**30 January – mid point – updates to the Board and chair and vice chair of Health and Overview Scrutiny Committee
1 March – public engagement to finish**

Early May – Independent report would be sent to the CCG Board

End of May - The Board would decide what course of action to take based on information received.

ACTIVITY PLAN

Milestone - Board approval for further public involvement				
DATE	TARGET AUDIENCES	Activity	CHANNEL	MESSAGES
29 November – 4 January	<ul style="list-style-type: none"> All audiences 	<ul style="list-style-type: none"> Issue press release announcing decision of board Launch of questionnaire post 4 January Promotion of further engagement through social media (link to questionnaire) Posters to be distributed Letters to MPs, stakeholders, providers and voluntary 	<ul style="list-style-type: none"> Press release Website Letters Posters Newsletters Separate briefing for MPs (as soon after board decision) 	<ul style="list-style-type: none"> Purpose of this further engagement Why are we reviewing urgent care services Previous engagement (Listening Exercise and Big Care Debate 2) What we want to find out How people can feed

		<ul style="list-style-type: none"> groups Article in GP, stakeholder and staff newsletters Cascade of background information document at the WIC, MIU and library Article within the CVS and CVST newsletters Advertorials in Gazette newsletters Attending network meetings and organising live events 		<ul style="list-style-type: none"> their views to us What will happen with their views
Milestone - Mid point for additional engagement – reminder to all of our audiences				
30 January	All audiences	<ul style="list-style-type: none"> Advertorial in local newspapers Big push on twitter and Facebook Newsletter Board paper update Written update for the Chair and vice chair of HOSC 	<ul style="list-style-type: none"> Press release Website Letters Posters Newsletters 	<ul style="list-style-type: none"> Purpose of this further engagement Ways people can feed their views Where they can get copies of the background information document from Closing date
Milestone - Public involvement period finishes				
1 March	All audiences	<ul style="list-style-type: none"> Issue press release announcing conclusion of public involvement 	<ul style="list-style-type: none"> Press release Website Letters Posters Newsletters Social media Partner's comms channels 	<ul style="list-style-type: none"> Thank people for their input Next steps
Milestone - Independent evaluation – 27 February – mid March				
		<ul style="list-style-type: none"> To be conducted by the independent evaluator 	<ul style="list-style-type: none"> N/A 	N/A
Milestone – Outcome of Board decision				
		<ul style="list-style-type: none"> Decision made by the Board 	<ul style="list-style-type: none"> Press release 	

		to be communicated.	<ul style="list-style-type: none"> • Website • Letters • Posters • Newsletters • Separate briefing for MPs (as soon after board decision) 	
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11. VENUES FOR PUBLIC MEETINGS

We will contact the following venues to host our public meetings. These will be fronted by a clinician, supported by a member from the Urgent Care team and communications teams, who would outline the proposed approaches and take questions from the public. Paper copies of the public background briefing document would also be available for people to read. We will also ensure a laptop is available for people to complete the online questionnaire. Dates and venues will be promoted as described above. Proposed venues are:

- Sam’s Hall, Community Voluntary Services Tendring, Clacton x2
- Electric Palace Theatre, Harwich x2
- Tendring Council offices, Weeley
- United Reform Church, Lion Walk, Colchester
- Mersea Centre, High Street, Mersea
- Venture 2000, Lawford, Manningtree
- Post Grad Centre, Colchester Hospital – or Primary Care Centre, Colchester
- Council Office, Victoria Place, Brightlingsea
- Community Centre, Tiptree
- Colchester Institute, Sheepen Road, Colchester
- University of Essex, Colchester

We will also be handing out flyers to commuters at Colchester train station and ask the station manager to display posters promoting the public meetings and ways people can give their views on the review.

12. SUPPORT GROUPS

We will also engage with the following groups in order to promote the review and ways people can give their views. Hard copies of the background information briefing will also be available with the questionnaire. These will be fronted by a member from the

Urgent Care and Communications team (no clinical presence required). Our presence at these events will be to promote the review, questionnaire, and hand out copies of the background information document including the questionnaire and to encourage attendance at the 'live events'.

The below groups have been contacted and are willing to assist us with our engagement:

Group	Area	Engagement type
Macular Disease Society	Clacton-on-Sea	Visit and questionnaires
Parkinson's UK Clacton & District Branch	Holland-on-Sea	Visit and questionnaires
Alzheimers Society Tendring-Dementia Café	Clacton-on-Sea	Visit and questionnaires
Friendship & Bereavement Café	Harwich	Visit and questionnaires
New mums fellowship group	Colchester	Visit and questionnaires
Inclusion Ventures	Jaywick	Visit and questionnaires
Essex Carers' Support	Clacton-on-Sea, Colchester, Frinton-on-Sea, Walton-on-the-Naze	Questionnaires only
Hindu Cultural and Heritage Centre	Clacton-on-Sea	Questionnaires only
Teen Talk	Harwich	Questionnaires only
Tendring Specialist Stroke Services	Holland-on-Sea	Visit and questionnaires
Colchester Pensioners Action Group	Colchester	Visit and questionnaires

Epilepsy Action Tendring Drop-in	Clacton-on-Sea	Visit and questionnaires
Jaywick Sands Happy Club	Jaywick	Visit and questionnaires

Other groups include:

- African Families in the UK (AFIUK)
- Age UK Essex
- Autism Anglia
- Bright Lives Social Enterprises
- Brotherhood Community Hall
- Clacton Deafblind Club
- Clacton Family Trust
- Colchester Chinese Culture Society
- Colchester Gateway Club
- Colchester Nepalese Society
- Colchester and Tendring Youth Enquiry Service
- Colne Stroke Group
- Community Voluntary Services (Colchester and Tendring) – they have agreed to email our engagement events and details of ways people can give their feedback to each of their 200 support group networks.
- Creative Support And Consultancy Limited (CSCLtd)
- Crossroads Cares Tendring & Colchester
- Divorce and Separation Solutions Ltd
- Epilepsy Action Tendring Branch
- Epilepsy Action Group
- Essex Armed Forces Community Covenant (EAFCC)

- Extra Support for Families C.I.C
- Friendship and Bereavement Café, Clacton
- Friendship and Bereavement Café, Jaywick
- Friendship and Bereavement Café, Walton
- Headway Essex- Community Support Service
- Hindu Cultural & Heritage Centre Ltd
- Macular Society
- Network Breakfast – CVST
- North Essex Lymphoedema Support Group
- Outhouse East
- Parent and Toddler at The Ark
- Parkinson's UK Clacton & District Branch
- Pier Avenue Baptist Church
- TACMEP
- Teen Talk
- Tendring Careline
- Tendring Community Transport
- Tendring Diabetes Group
- Tendring Older People's Forum
- Tendring Specialist Stroke Services

13. MEASUREMENT

Measurement	Outcome – to be completed
To encourage as many members of the public to respond to our questionnaire by promoting it through the media, social media, CCG channels and through partners channels.	
To inform support groups across north east Essex about the further involvement activities we're undertaking through the Community Voluntary Services (Colchester and Tendring) newsletters and attend as many support groups as possible to raise awareness of the review and how people can give their input. We will also stage public meetings of our own during weekdays, evenings and at weekends in locations across north east Essex.	
Volume of media coverage – at least four stories per quarter in local, trade or national newspapers that support or increase local awareness of the review.	

14. RISKS

Risk	Mitigation
Risk of challenges	Robust research from business intelligence and strong communications plan
Reputational damage to CCG	Ensure press queries and public queries are responded to in a timely and meaningful way
Timescales slip	To ensure timescales within the plan are adhered to
Disengaged/confused staff/GP/public audience	Ensure they are communicated to at regular intervals
Strong ministerial/NHS England interest	Reassure these groups with regular updates/communications from the CCG

Ensuring that the CCG meets its equality responsibilities	Robust Equality Impact Assessment conducted on the proposed approaches and during the engagement
Duty to liaise with HOSC	Ensure members are briefed before any additional engagement starts, kept abreast of the progress of the engagement, informed about key findings from the post analysis report as well as provided with an update on the decision the CCG board has made.

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