



Telford & Wrekin
COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Tuesday, 6 December 2016** Time **2.00pm**
Venue **Quaker Room, Meeting Point House, Town Centre, Telford TF3 4HS**

Enquiries Regarding this Agenda:

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Committee Membership: Councillors M Boylan, **A J Burford (Chair)**, V A Fletcher, L A Murray, T J Nelson, J A Pinter and R J Sloan, Vacancy.
Co-optees: Mrs J Gulliver, Mrs Carolyn Henniker, Mr R Mehta and Mr D Saunders

AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**
- 3. Minutes** Appendix **A**
To confirm the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 October 2016.
- 4. Update on Adult Social Care budget** Appendix **B**
To monitor the latest budget position. **To Follow**
- 5. STP Neighbourhood Working Update**
To receive the verbal update from the Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG; the Service Delivery Manager - Health Improvement, Telford & Wrekin Council; and the verbal update from the Assistant Director: Governance, Procurement & Commissioning
- 6. Walk in Centres and Telford Town Centre GP practice** Appendix **C**
To receive the update from the Deputy Director, Commissioning and Planning Primary Care, Telford and Wrekin CCG on the IMH Malling Health GP Contracts and the future provision of walk-in GP Services in Telford and Wrekin CCG.

... Continued

7. **Health and Adult Care Scrutiny Committee - Work Programme 2016/17** Appendix D
To agree items for the next meeting
8. **Chair's Update**



HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 October 2016 at 2.00pm at Addenbrooke House, Ironmasters Way, Telford

Present: Cllrs A Burford (Chair), M Boylan, V Fletcher, T Nelson, J Pinter and R Sloan; and D Saunders (Co-Optee)

Also Present: Cllr A J H England, Cabinet Member for Adult Social Care & Older People

In Attendance: J Eatough, Assistant Director Governance, Procurement & Commissioning; C Jones, Director of Children's and Adult Services; D Moseley, Democratic & Scrutiny Services Team Leader and T Smart, Finance Manager - Business, Education & Care (BEC) Finance.

HACSC-10 Councillor C P R Mollett

The Chair noted the sad and untimely passing of Councillor Clive Mollett. He paid tribute to his contribution to Scrutiny over a number of years, particularly the Health & Adult Care Scrutiny Committee, and extended sympathies to his family.

HACSC-11 Apologies for Absence

R Mehta and B Parnaby (Co-Optees)

HACSC-12 Declarations of Interest

Cllr M Boylan declared a standing interest as Director of Telford & Wrekin Healthwatch.

HACSC-13 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 26 July 2016 be confirmed and signed by the Chairman.

HACSC-14 Adult Care Services: Performance, Budget and Savings

The Director of Children's and Adult Services presented the Early Help and Support Savings Update. He began by reflecting on his inspiring visit to the recent TeenTech initiative, led by Maggie Philbin, which had taken place at Enginuity, and sought ideas from young people as to how technology could be used to improve care. He went on to advise Members that the vision for the Early Help and Support Service restructure, which had launched on 17 September, was to provide a whole family (all age) approach and to reach a savings target of £2.2m, including £200K savings from admin support. This would be achieved through the adoption of different approaches, for instance embedding the ethos of the Stirchley Neighbourhood Working Pilot model into the Service by working to defined neighbourhoods as set out in the Service & Transformation Plan (STP). The Director of Children's and Adult Services continued that he had held a Question and Answer session as part of the restructure, which had broad support from the workforce and partners. The new structure would be implemented on 1 December 2016 but work was already taking place to create detailed work plans to achieve the targets set. The restructure required a new workforce with

a new culture and the workforce development team would provide some training over the last quarter of the year so that new ways of working would be embedded by 1 April . There was evidence to show these new ways of working could be successful in improving outcomes for people whilst saving money.

The Assistant Director Governance, Procurement & Commissioning reminded Members of the Council's commitment statement "Right Help, Right Time to Promote Independence" and the nine focus areas as set out in the report. He went on to explain the net budget and savings set out in the developing Cost Improvement Plan and detailed in the report, together with the numbers of people receiving care which fluctuated on a daily basis but the report gave a flavour of the numbers which the Council was dealing with although future reports would detail hours or weeks of care rather than individual clients. The Assistant Director Governance, Procurement & Commissioning went on to note that there had been a slight improvement in the budget position during the period May to August 2016 but he did not feel this indicated a direction of travel and he anticipated a busy September. He went on to highlight the principles informing the Cost Improvement Plan (CIP) and noted that there was no significant change in strategy as the Council was moving in the right direction. The Locality/Neighbourhood Working programme fitted well with the aspirations of the CIP to keep people in the community.

The Assistant Director Governance, Procurement & Commissioning further pointed out that one element of the CIP was to engage with clients and challenge how care was delivered. The Council would be talking to care homes and had had very positive conversations with Shropshire Partners in Care (SPIC). He was clear that there had to be an action plan to set out who was responsible for what type of care and what could be achieved. Equally, it was important that the right care was delivered to the client.

The Assistant Director Governance, Procurement & Commissioning also drew attention to the Early Help and Support savings plan for 2016/17 which was set out on page 6 of the report. The Director of Children's and Adult Services emphasised that he felt the new structure was the right one to take the CIP forward and he would also be looking to extend the Stirchley Neighbourhood Working Pilot across the whole system.

The Finance Manager gave the Committee a demonstration of the Financial Model which had been developed to provide projections for care depending on a number of variables. She noted that the figures utilised by the Model were based on averages but complex care would cost significantly more. She went on to demonstrate that the Model could provide information on savings made if spot prices reduced which meant that the Council could look at longer term contracts and enter into discussions with providers. The Model, which had been complex to create, drew on a range of data and the Council would be looking to refine this further. It was likely that input to the Model would be rolled out to team level rather than retained by Service Delivery Managers.

The Director of Children's and Adult Services explained that the aim of the strategy was to keep people in their homes for longer and the Model provided the opportunity to see where the greatest impacts and savings could be and focus team resources in those areas. The workforce wanted to be creative and engage in a joined up debate with health care providers. In the past, simple targets had been provided but the Model provided more depth and supported a re-energising of processes.

By way of example, the Assistant Director Governance, Procurement & Commissioning pointed out that there was a need to break expensive habits and challenge care on the basis of assessed need. For example, traditionally, patients returning home from hospital were provided with four visits but this was not always necessary; it was more important to ensure that the right package was in place to support people returning home. The Director of Children's and Adult Services added that such improvements in social work practice would result from the workforce development taking place as part of the restructure.

The Director of Children's and Adult Services noted that the Model enabled the results of future plans and actions to be forecast, for instance the STP Neighbourhood Working programme which would take a lot of people out of the system. This gave the opportunity for change if it became clear that a particular course of action would not have the desired effect.

The Director of Children's and Adult Services welcomed the involvement of Members in the development of the Service and noted that Senior Officers would be visiting another West Midlands Local Authority with a similar operating model in the near future to see the results, and this could potentially be pitched at Member level in future if the Committee wanted such involvement.

The Chair thanked Officers for the presentation and particularly welcomed plans to reach out to service users to consider their views about change and to visit a Local Authority with a similar operating model. He looked forward to seeing the results of the strategy working in terms of keeping people in their own homes. He noted difficulties for Adult Social Care across the country and that Members were to an extent reliant upon Officers to indicate when any problems were likely to arise.

The Cabinet Member for Adult Social Care & Older People responded that Member Challenge sessions took place on a monthly basis. He noted the value of the Model in providing figures and early identification of trends to allow intervention at an early stage. He referred back to looking for community based solutions to care, but emphasised that solutions should be based on eligibility after a needs based assessment and valuing carers. Much of the work would concentrate on changing expectations and reducing demand for services, which was linked to the changes in social work which had already been explained.

During the ensuing discussion, a number of questions were raised:-

How fragile was the care system currently, particularly regarding the provider offer as the STP/Future Fit was predicated on this?

The Assistant Director Governance, Procurement & Commissioning replied that the system was in a state of flux and a new dynamic process and system of domiciliary care was required to reduce the delays in discharge from hospital whilst an appropriate care package was funded. Delays in discharge resulted in long term impacts for the patient so there was a need to communicate quicker, ie in real time, about what care packages were available.

SPIC had expressed concerns about provider stability and that there was a need to improve resilience. What was Officers' view?

The Assistant Director Governance, Procurement & Commissioning noted that there appeared to be more capacity in residential and nursing care and this was interpreted as success in finding care packages. It was appreciated that care may not always be efficiently provided and this may result in some loss of providers. Innovation was encouraged and

providers were encouraged to talk to and work with the Council and see what could be done together.

A lot had been made of community asset based care, how realistic was it to expect the community to assist with providing care?

The Director of Children's and Adult Services stated that the new workforce would have a key role in identifying assets, for example TACT in Wellington offered a lot of support, but there were numerous other assets: charities, voluntary organisations, families, clubs, housing partners. The Neighbourhood Working programme was focussing on this area, but it was acknowledged that some creativity would be needed to identify safe assets.

Was the model demonstrated an in house design?

Finance Manager responded that it was.

There needed to be a balance between service and financial drivers. Is the Cabinet Member satisfied the scale has not tipped too far towards the financial?

The Cabinet Member for Adult Social Care & Older People indicated that the model was financially driven, but not financially obsessed. It was important to keep the finances in mind to set in motion the right processes and there were services which could be provided in an alternative setting, eg a community centre. He pointed to the example of Cawood House and the Shared Lives project and noted that a foyer system of care provided great economies of scale.

What support was in place to improve locality working – the Stirchley pilot was not like any other area and some caution would be advised.

The Director of Children's and Adult Services suggested that Members may want to look in depth at the Neighbourhood Working programme which had piloted in Stirchley working with a GP surgery. This model would be rolled out further, into areas where GPs wanted to be involved, eg Newport and Oakengates. This model was seeing a return to traditional values with churches and voluntary sector organisations taking over and providing services.

What steps had been taken to take account of the impact of minimum wage increases for homecare provision when more people would be taken care of in the home?

The Assistant Director Governance, Procurement & Commissioning advised that the Council had put more funding forward when the rate was last raised. The next increase, around 3-5%, was expected in a few years' time. It was acknowledged that it was a volatile market, especially for small providers.

Will a focus on mental health be maintained in the STP?

The Director of Children's and Adult Services stated that the Mental Health Trust was a key partner and very much involved in the Neighbourhood Working programme. Some very healthy conversations had taken place, lots of money had been spent in this area and it was accepted that the Council and Trust would work together. The Cabinet Member for Adult Social Care & Older People echoed this sentiment, noting that relationships had very much improved since the closure of Castle Lodge and the subsequent appointment of a non-executive director with whom quarterly meetings took place and it appeared they were more willing to engage and interact with the Council.

Would an increase in domiciliary care result in increased quality monitoring?

The Director of Children's and Adult Services explained that domiciliary care was monitored

quarterly. Some creativity was required in this area, for instance the Care Academy with SPIC to train Personal Assistants as there was a lot of demand in this area which created pressures.

What mechanism was used to assess people who were at the end of private funding and the potential for increased social care demand as people lived longer beyond their private means?

The Director of Children's and Adult Services advised that a written response would be provided in writing because this information was not immediately available.

With regard to expansion of the Stirchley Pilot, caution was expressed in ensuring that targets did not become drivers and that clients' needs were acknowledged. Individuals' needs changed and this had to be taken into account.

The Director of Children's and Adult Services advised that Stirchley had been used as a Pilot but activity had stopped and was under review. Care provision was still asset based, but it was not running out of the Stirchley Practice. Lessons had been learned from the Pilot. The Neighbourhood Project was being sponsored through the STP by the Managing Director and regular updates were provided. Members may seek to receive an update to a future meeting from the Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council.

The Director of Children's and Adult Services went on to agree that it was important not to focus too heavily on targets and the Service Review would have a role in ensuring that the quality of social care practice was correct.

The Assistant Director Governance, Procurement & Commissioning informed that he would shortly be consulting on the long term plans for Adult Care; this would take place over a period of time which would take account of the fact vulnerable people were involved and have conversations with long term clients about their future needs. He welcomed Members involvement in related planning or engagement.

The Cabinet Member for Adult Social Care & Older People noted that the Council had a good track record of consulting and engaging with clients on changes.

One suggestion was to engage with people about how to give them more information to improve their quality of life, eg keeping warm and reducing loneliness, and help them through the system.

The Director of Children's and Adult Services advised that the Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council had been engaging with small groups of people during which it was impressed that the changes remained about supporting clients but delivering that support in a different way, not cutting care but packaging support in a different way with different funding. Clients were encouraged to take Direct Payments to offer a package of care, which would be £20 per hour for domiciliary care. The strategy would look to reframe care and take advantage of other public money and asset based support planning. £1.3m had been spent on supporting people.

What is the current position on transport links.

The Director of Children's and Adult Services indicated that the traditional, red buses/taxi solution had been a rigid way of making transport provision but that Direct Payments offered a more flexible solution and different approach. The Annual Carer's Survey would be likely to show the types of support that were being provided.

Progress on numbers of clients moving to Direct Payments was slow.

The Director of Children's and Adult Services commented that there were barriers to individuals moving to Direct Payments in that the individual became an employer which could lead to abuses in the system. Work was ongoing to simplify this project and make it less complex.

The Assistant Director Governance, Procurement & Commissioning also noted that there were cultural aspects involved and the Individual Service Funds (ISF) for Homecare was a halfway house which could be used as a stepping stone to Direct Payments.

The Cabinet Member for Adult Social Care & Older People reminded Members that it was important that new people coming into the system did not see local authority care as a default position and managing their expectations was key.

Members commented on the comparative statistics on Direct Payments presented to the last meeting and noted that the barriers outlined above must be experienced across the country but there was greater take up in different areas.

The Director of Children's and Adult Services indicated that more work needed to be done in this area to understand the reasons why.

The Chair invited the Director of Children's and Adult Services to provide an update on Continuing Healthcare (CHC)

The Director of Children's and Adult Services advised that in the quarter to end of June, newly eligible clients per 10k population was 32.98. This compared to the national average in England (27.64), East Midlands average (30.59) North Midlands average (38.77) and West Midlands average (30.76). There was still increasing pressure in this area. The number of patients eligible in entirety was 35.46, compared to the national average (65.47) and North Midlands average (63.81). A lot of work had taken place over the summer with the CCG to review cases.

How had the cost of CHC been factored into budget projections?

The Director of Children's and Adult Services responded that the budget position factored in where the Council stood now. An increase in 2017/18 was assumed. Cases would continue to be jointly reviewed with the CCG but there had not been as many cases qualifying for CHC as had been anticipated and new solutions were being sought. Staff had been involved in training to better equip them to know when a client qualified for CHC. The position would continue to be reviewed.

It was noted that Scrutiny had been focussing on the financial position for a while and the format of the presentation of figures in the current report was pleasing.

Officers agreed to maintain the current tabular format with some narrative in future reports so that links could more simply be made on progress.

Will the model be used to look at financially best outcomes and where investment could be made.

The Director of Children’s and Adult Services advised that invest to save opportunities were encouraged and some assumptions were built into the model.

The Assistant Director Governance, Procurement & Commissioning added that there was a long term relationship with some clients which might lend itself to investment in kit/aids.

In conclusion, the Chair thanked parties for attending and summarised the discussion and future action points as follows:-

- The Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council would be invited to the next meeting to report on the STP Neighbourhood Working programme. A venue in Stirchley would be preferred to give Members the opportunity to meet clients, eg Brookside Big Local, Lunch Group and Patient Groups.
- Consistency in reporting was required. Future reports would keep the same financial tables as this report.
- There was a role for Scrutiny in forthcoming consultations.
- The Committee would like to receive the results of the Carers Survey.
- Future updates on CHC should be incorporated in the budget, savings and performance progress reports.

HACSC-14 Chair’s Update

The Chair noted that Scrutiny Management Board was due to meet on 12 October and The Cabinet Member for Adult Social Care & Older People would joining the Board for a Holding to Account Session. This is primarily to ask questions on topics which were not covered in the work programme and all Members of this Committee were invited to attend.

The Joint Health Overview and Scrutiny Committee would meet on 18 October and the agenda had been published and circulated.

The meeting ended at 4.00pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE:

6th December 2016

REPORT TITLE:

Update on the IMH Malling Health GP Contracts and the future provision of walk-in GP Services in Telford and Wrekin CCG

REPORT OF:

Nicky Wilde – Deputy Executive Primary Care Commissioning and Planning
Telford and Wrekin Clinical Commissioning Group

1.0 PURPOSE

In March 2016, Health Overview and Scrutiny Committee received a report on the future of GP service provision at IMH Malling Health Telford and IMH Malling Health Wrekin. The purpose of this paper is to:-

- Provide Health Overview and Scrutiny Committee with an update to the March 2016 paper
- To advise of an on-going engagement process with the registered GP population at IMH Malling Health Wrekin
- To advise of future intentions with regards to the provision of GP Walk-in services.

2.0 RECOMMENDATIONS

Telford and Wrekin Health Overview and Scrutiny Committee are asked to:-

- Note the on-going engagement process with the patients registered at Malling Health Wrekin
- Note the intention of the CCG to improve GP walk-in services across Telford and Wrekin during 2017
- Advise on any future reporting requirements

3.0 BACKGROUND

Health Overview and Scrutiny Committee were made aware of the closure of the IMH Malling Health Practice in the Telford Town Centre in July 2016. Concerns were raised around the impact the Practice closure would have on patients.

The CCG can confirm that since the Practice has closed no complaints have been received from patients. A small amount of queries regarding re-registering with another Practice were received and managed to the satisfaction of the patients concerned.

As a result of the Practice closure, the CCG considered the future arrangements for the provision of GP walk-in services across Telford and Wrekin.

4.0 CASE FOR CHANGE

Committee are aware that the IMH Malling Health Wrekin contract (provided from temporary accommodation at the Princess Royal Hospital) is also a time-limited contract and is due to reach its natural end in July 2017.

This contract currently secures the provision of GP services to a registered population of 8,000 patients and walk-in GP services to the population of Telford and Wrekin.

The CCG undertook a consultation on the future of GP Walk-in Services earlier in 2016 the outcome of this consultation required action to be taken by the CCG and this is discussed in section 5 of this paper “assessment of patient need”.

To determine the future commissioning requirements for the registered patient list at IMH Malling Health, the CCG has commenced an engagement process to ensure that views of the patients currently registered at the Practice are taken into account. This is discussed in section 5 of this paper “assessment of patient need”.

A decision on the future commissioning arrangements is expected to be made in January 2017.

5.0 ASSESSMENT OF PATIENT NEED/ WHAT SERVICES ARE REQUIRED

Walk-in services

This section of the paper outlines the outcome of the consultation process on the future of GP Walk-in Services. The full consultation report is attached.

The outcome of the consultation revealed that out of the 7 options presented to patients and stakeholders the most favourable was to improve GP access at all GP practices to enable walk-in provision 5 days a week. The CCG is now working up plans to determine how this can be implemented. These plans are expected to be finalised by March 2016.

Other important factors were highlighted by the report and the CCG has taken steps to address these areas:

- Access to general practice by individuals of no fixed abode - an agreement has been reached to enable individuals with no fixed abode to receive services from any of the GP Practices in Telford and Wrekin. This information has also been shared with Salvation Army (KIP) and TACT so that they are aware of the position.
- Timely access to GP Appointments – the CCG has developed an action plan to improve timely access to GP Appointments and to improve the overall satisfaction of patients in this area. This is being monitored by the CCG Primary Care Committee.
- Accessibility to services should be by public transport with free and accessible parking and spread evenly across Telford – where new services are commissioned, as far as

possible, this will be taken into account.

Registered patient list

The CCG will be gathering the views of patients about factors that influence their choice of GP Practice, before a decision is taken on the future provision of services. The various ways in which patients can provide feedback, is provided in a letter which has been sent to all registered patients.

The CCG has also contacted all key stakeholders to make them aware of the current position and to enable any comments to be submitted. As part of this process, a letter has been sent to the Health Overview and Scrutiny Committee chair.

The outcome of this engagement process will be taken into consideration when future service provision is being secured. The engagement with the registered patients is taking place between Monday 14th November 2016 and Friday 16th December 2016.

Further information on the engagement process can be found at <http://www.telfordccg.nhs.uk/primary-care-committee-november-2016>.

6.0 CAN BETTER INTEGRATION BE DELIVERED?

One of the CCG Primary Care Strategic Priorities is to support and promote new models of care and to deliver Primary Care at Scale. The reason for this approach is to ensure that the future provision of GP services in Telford and Wrekin is sustainable and makes good use of technological advances. Practices have started to have high level discussions on how they can work innovatively and collaboratively in the future. This work-programme is also part of the Neighbourhood working initiative.

7.0 PROPOSAL/NEXT STEPS

- Complete the engagement process with patients currently registered at Malling Health Wrekin and make a decision on future services in January 2017
- Complete the development of a future service specification for GP Walk-in services by March 2017.
- Continue to deliver the GP Access improvement plan

Report prepared by:

Nicky Wilde – Deputy Executive Primary Care Commissioning and Planning, Telford and Wrekin Clinical Commissioning Group

NHS Telford and Wrekin CCG

GP Urgent Walk in Services

Consultation Feedback

June 2016



NHS Telford and Wrekin Clinical Commissioning Group (**CCG**) is the name for the local General Practitioner led organisation who purchase Healthcare on behalf of the population of Telford and Wrekin.

1. Introduction

Walk-in centres were introduced in Telford and Wrekin in 2009 as part of a national drive to improve access to Primary Care. They were developed to allow patients to access urgent care from a GP or a nurse with no need to register or to pre-book an appointment. The centres were designed to be open for longer hours than a typical GP practice including later into the evening and at weekends.

The GP walk-in service was aimed at:

- Improving patient access to Primary Care
- Modernising the NHS to be more responsive to patients' busy lifestyles and
- Offering more patient choice.

Walk-in Centres were designed to provide urgent access to advice and treatment for Primary Care conditions, if patients are unable to access their own GP. Primary Care conditions are those that you would normally go to see a GP or a nurse at a GP Surgery for. Walk-in centres are not for medical emergencies and are not for conditions where diagnostics such as x-rays may be required

1.1 Why have we consulted on the future of the GP Walk-In Service?

The type of contracts that were used for commissioning the walk-in service are known as Alternative Provider Medical Services (APMS) Contracts. These are slightly different to the standard General Medical Services (GMS) contract which the majority of GP Practices work to. One key feature is that these APMS contracts were time limited and had an end date.

The current walk-in service provided on the site of the Princess Royal Hospital is due to end in July 2017. The contract also includes regular GP services; however these were not included in this consultation. The contract for the Town centre site was ended by mutual agreement between the CCG and the provider IMH Malling in July 2016.

The CCG wished therefore to consider the options for providing walk-in urgent GP services for the future. This report details the engagement activities and consultation survey undertaken by NHS Telford and Wrekin Clinical Commissioning Group (CCG) to involve patients and other key

stakeholder groups to inform the future commissioning decisions in relation to provision of Urgent GP walk in services.

The CCG commissions services to be inclusive in all respects, with no individual being denied access on the basis of their protected characteristic. Protected characteristics are grounds upon which discrimination is unlawful. The characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The CCG are aware that in addition to these protected groups other sectors of society who are not registered with a GP or have difficulties accessing a GP traditionally believed to be members of traveller communities, people of no fixed abode and young adults with substance misuse issues may be differentially impacted by changes to Urgent GP walk in services.

Therefore in addition to the population wide promotion of the survey and opportunities to comment the CCG sought to understand the views of members of specific groups through conducting targeted equality listening events. Marriage/civil partnership and pregnancy and maternity were not considered to be equality factors particularly impacted upon by access to GP walk in services.

The consultation did not consider this geographical location as a base for future services. The issue of location will need to be considered according to the options or combination of options selected to deliver services in the future.

No decision has yet been taken by Telford Clinical Commissioning Groups Board. This report will be shared with the Commissioners to inform their process of commissioning of services to meet the statutory requirement to deliver access to urgent GP appointments. Whilst there is no mandatory requirement for CCGs to implement the preferred option from this survey, CCGs are required to demonstrate how they have considered the feedback gained through this consultation process and used that in their decision making processes.

1.2 Summary of Consultation Process.

A period of pre consultation was carried out involving surveying 100 individuals who were attending both the Town Centre and Wrekin PRH sites. The results of this informed the

development of the potential options alongside commissioner led analysis about current demands and usage and deliverability within the existing financial envelope.

The process and methods for the consultation process were shared and agreed with Health and Overview Scrutiny (HOSC) Committee on 22nd March 2016. The feedback from this committee noted their disappointment that the walk in centre site at the Town centre had been closed without consultation, however they acknowledged the contractual rationale that informed this and approved the consultation plan (see Appendix A). Feedback from HOSC complimented the intention to target using focus group approaches those who may have difficulty accessing GP services.

The Primary Care Committee approved the options for consultation on 5th January 2016.

CCG Board approved the Options and Consultation Plan on April 12th 2016. The Consultation Period ran for 10 weeks from Monday 18th April to Friday 10th June. The range of activities to engage and involve people as summarised below: (See Appendix A)

- Consultation document and survey of options available online and in hard format. Consultations received back in hard format were inputted into the online survey.
- Promotion of consultation via Healthwatch, social media and Shropshire Star.
- Written briefings to stakeholders' signposting to Consultation Documents.
- Additional Verbal Briefing/Communication with Stakeholders such as local councillors, HOSC, Healthwatch Telford and Wrekin, Health Round members, Carers Partnership Board, GP Forum.
- Ability to phone or email comments into the Patients Services Team.
- Equality Impact Listening Events (see section 4 for further details).
- Pop up stands in central town locations and in Wellington and Newport.

The CCG subcontracted some of the engagement with harder to reach groups to a Community Group IMPACT AAS who had contacts and were able to engage with these groups. This incurred a cost of £500. The other expenses over the use of CCG own Engagement Team was the cost of external advertisements at a total of £2,457.60.

There are two main strands to the results of the Consultation;

- Results of online option preferences survey.
- Qualitative (narrative) feedback from stakeholders, equality listening events and free text within consultation survey.

Section 2 summarises the key messages from a combination of these sources for consideration by Commissioners. Section 3 details the online survey numerical responses and Section 4 details the narrative themes from all sources.

2. Key Messages from Consultation Feedback

- i. Whilst the consultation did not specifically seek to identify access difficulties within General Practice, this has been a uniting theme across modes of feedback. Particular reference has been made to the access of general practice by individuals of no fixed abode and the CCG is recommended to consider how services for this vulnerable section of society are delivered.
- ii. For all sectors of society, there appeared to be issues with accessing timely appointments and the suggestions made in relation to availability of triage and sit and wait same day appointments in General Practice core hours should be considered.
- iii. With regard to the option suggested for consultation, it is clear that the respondents supported walk in services in some form going forward.
- iv. Of the options consulted upon preference was shown for Option 6 then Option 5.
 - 6. Improve GP Access at all GP practices to enable walk-in provision 5 days a week.
 - 5. Develop two or three sites for urgent GP walk-in appointments based in existing surgeries when GP Practices are normally closed i.e. 6.30pm – 10.00pm weekends and bank holiday 8.00am – 10.00pm.

- v. Location is important with a request to consider accessibility by public transport, free and accessible parking and spread evenly across Telford.
- vi. The purpose and use of walk in appointments should be promoted to encourage more appropriate use of these facilities with links to existing services re-examined to ensure value for money.
- vii. How walk in services fit in with the wider health system should be considered for future services.
- viii. Clinicians have suggested alternatives to the options presented and these should be given further consideration (see pg. 28).

3. Detailed Survey Results

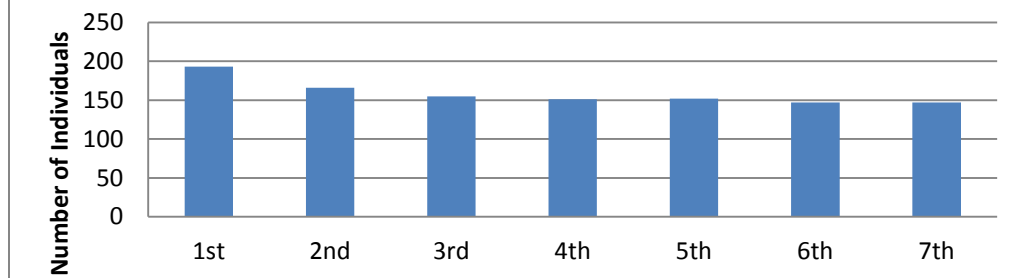
The document explaining the consultation which contained the link to the survey was available on the front page of the CCG website and promoted via briefings to stakeholders, Healthwatch, social media and adverts in the Shropshire Star. There was a facility to request hard copies of the survey and these were used at specific equality listening events to allow participants to contribute on an individual basis. Hard copies of the documentation were available and shared at pop up stands.

3.1 Number of respondents

There were 194 surveys analysed in the on line format. Not all respondents expressed a ranked preference for all options. Table 3.1.1 shows the total number of people who expressed a 1st, 2nd 3rd etc. option.

Readers are asked to note that whilst these numbers are low in terms of whole population, they serve as a guide to commissioners. This is not a proportionally representative research study and the results should not be viewed from that perspective.

3.1.1 Total Numbers of People who indicated preferences



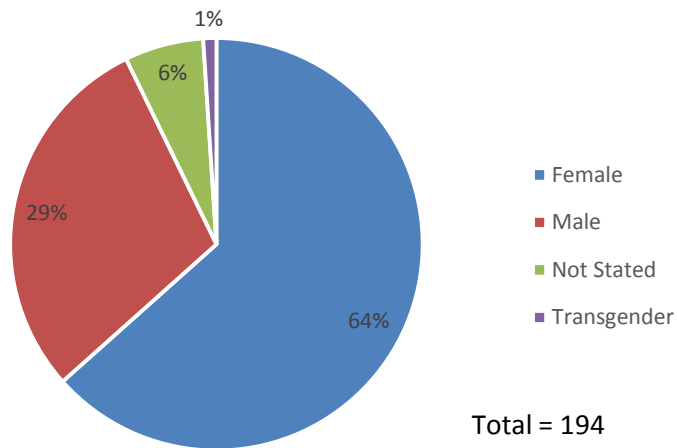
30 % of the respondents had used walk in services in the last 6 months.

The options offered were:

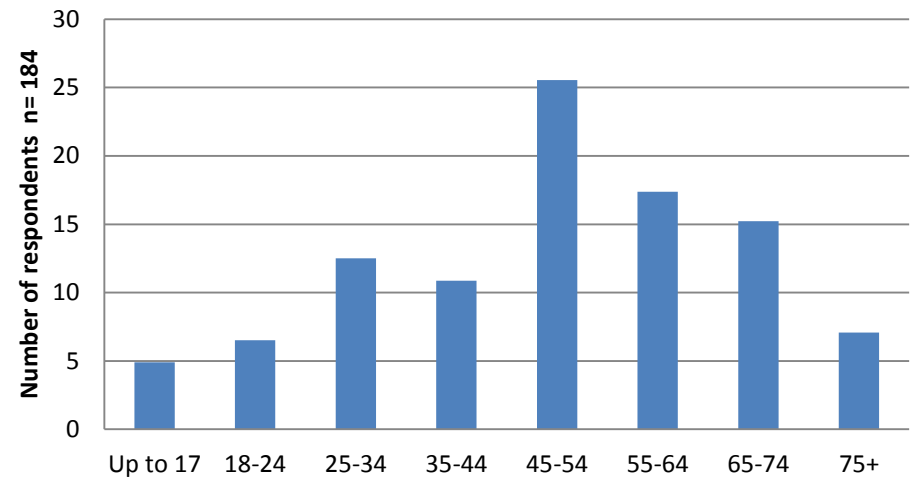
1. Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments – not attached to a registered list GP Practices.
2. Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments – attached to a registered list GP Practices.
3. Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments when GP Practices are normally closed i.e. 6.30 pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm.
4. Develop two or three sites for urgent GP walk-in appointments based in existing surgeries during normal working hours 8.00am – 6.30 pm Monday to Friday.
5. Develop two or three sites for urgent GP walk-in appointments based in existing surgeries when GP Practices are normally closed- i.e. 6.30 pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm.
6. Improve GP Access at all GP practices to enable walk-in provision 5 days a week.
7. Not to have access to GP walk-in appointments.

3.2 Demographics of Respondents

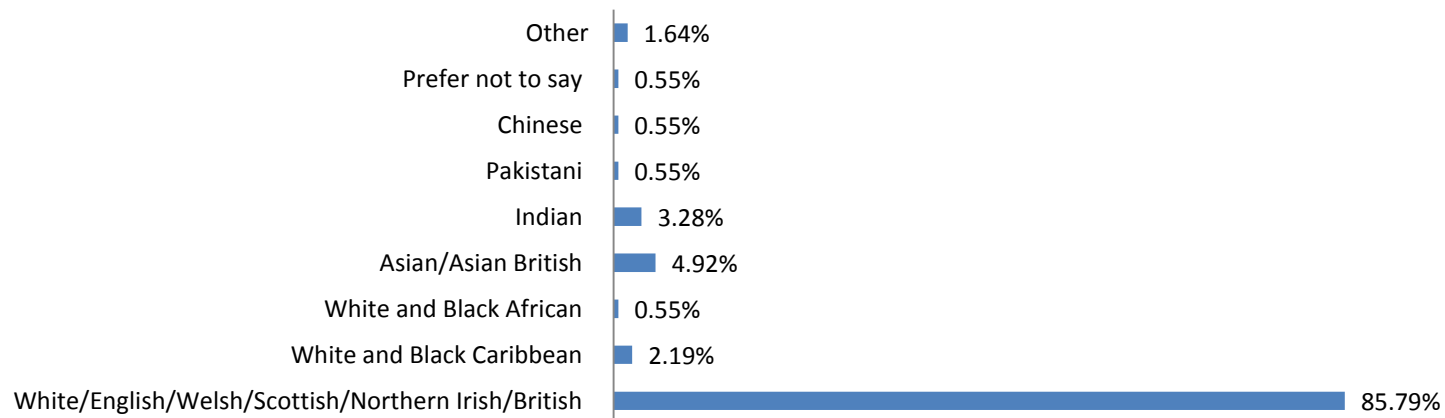
3.2.1. Gender of Respondents



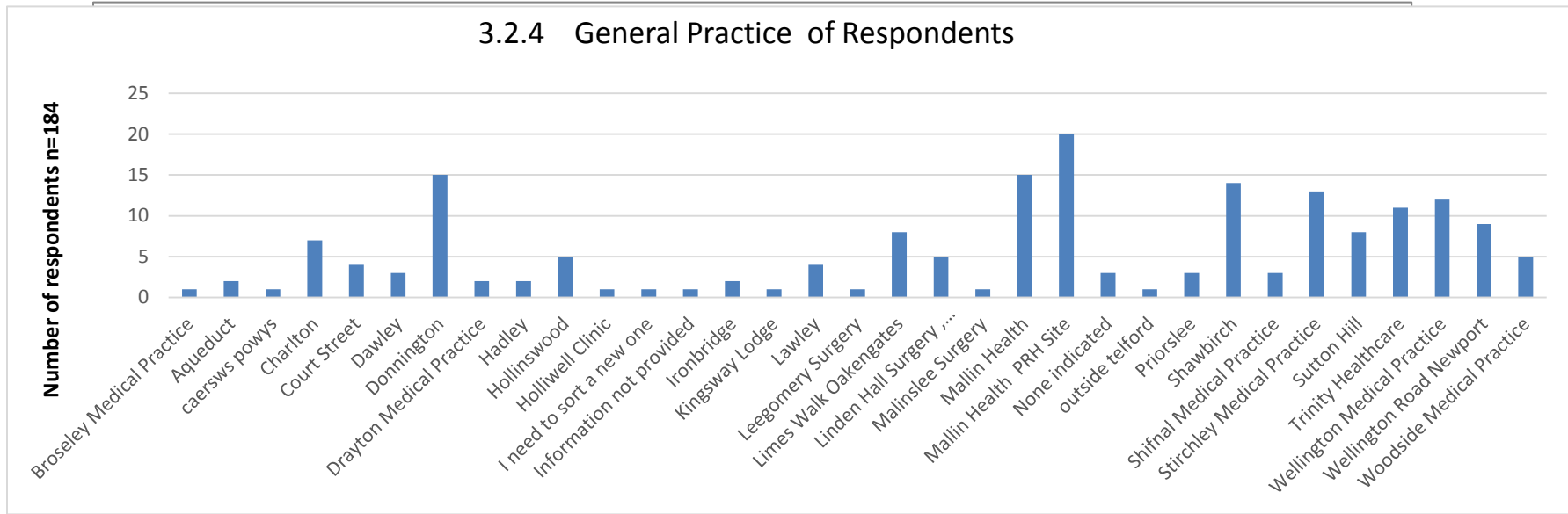
3.1.2 Age Profile of Respondents



3.1.3 Ethnicity of Respondents

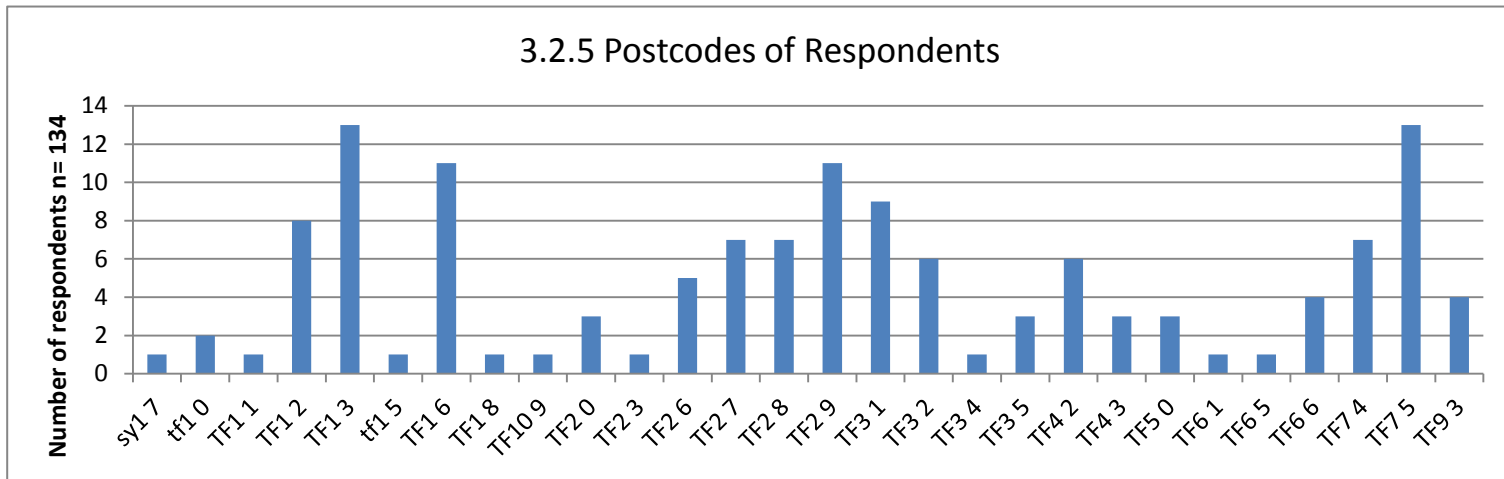


3.2.4 General Practice of Respondents



Although the survey was specifically for Telford and Wrekin, respondents were asked to identify the practice where they were registered. Table 3.2.4 above, summarises this information.

3.2.5 Postcodes of Respondents

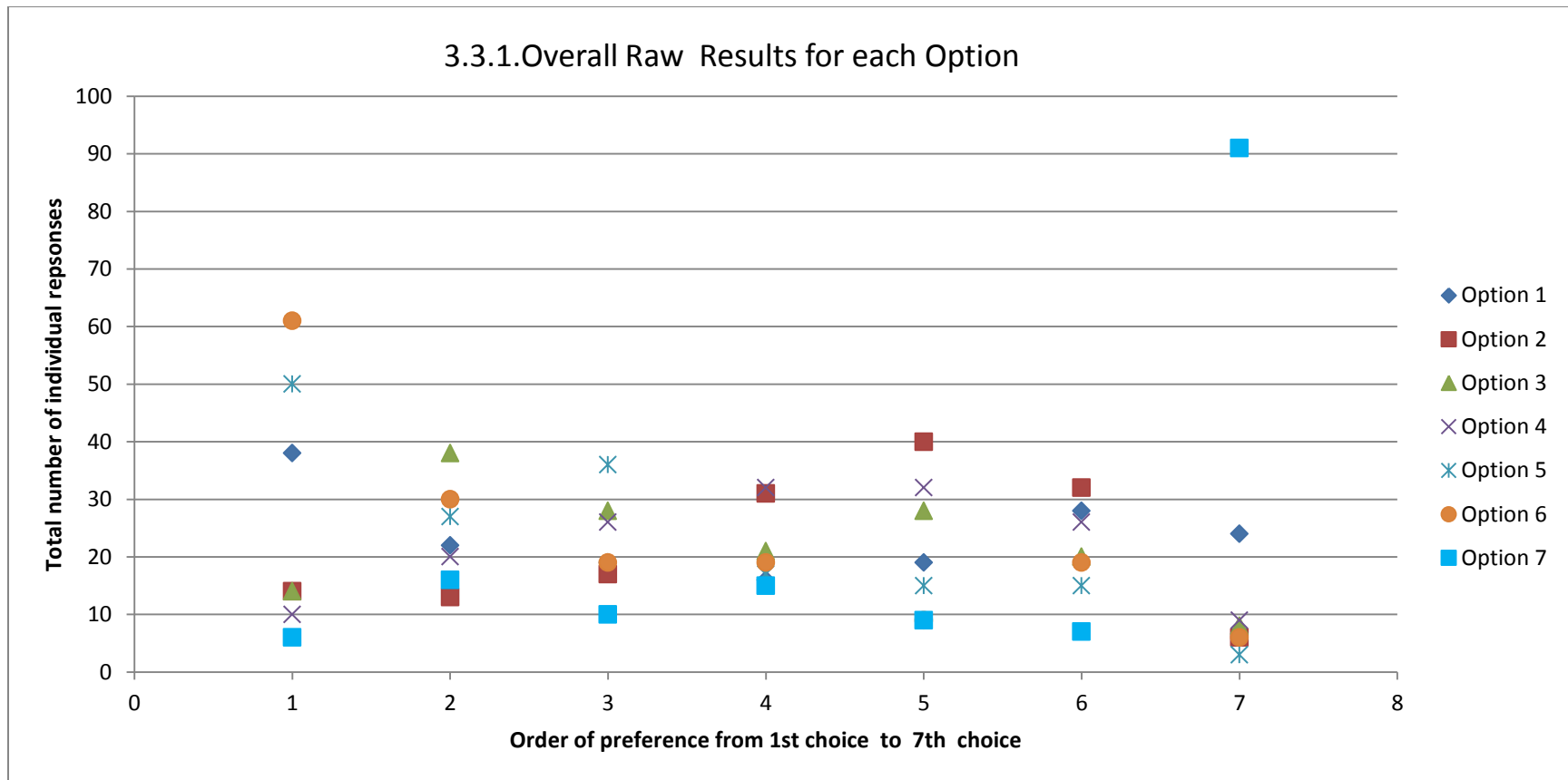


3.3 Results of Preferences for Options

Key for Options on Following Charts

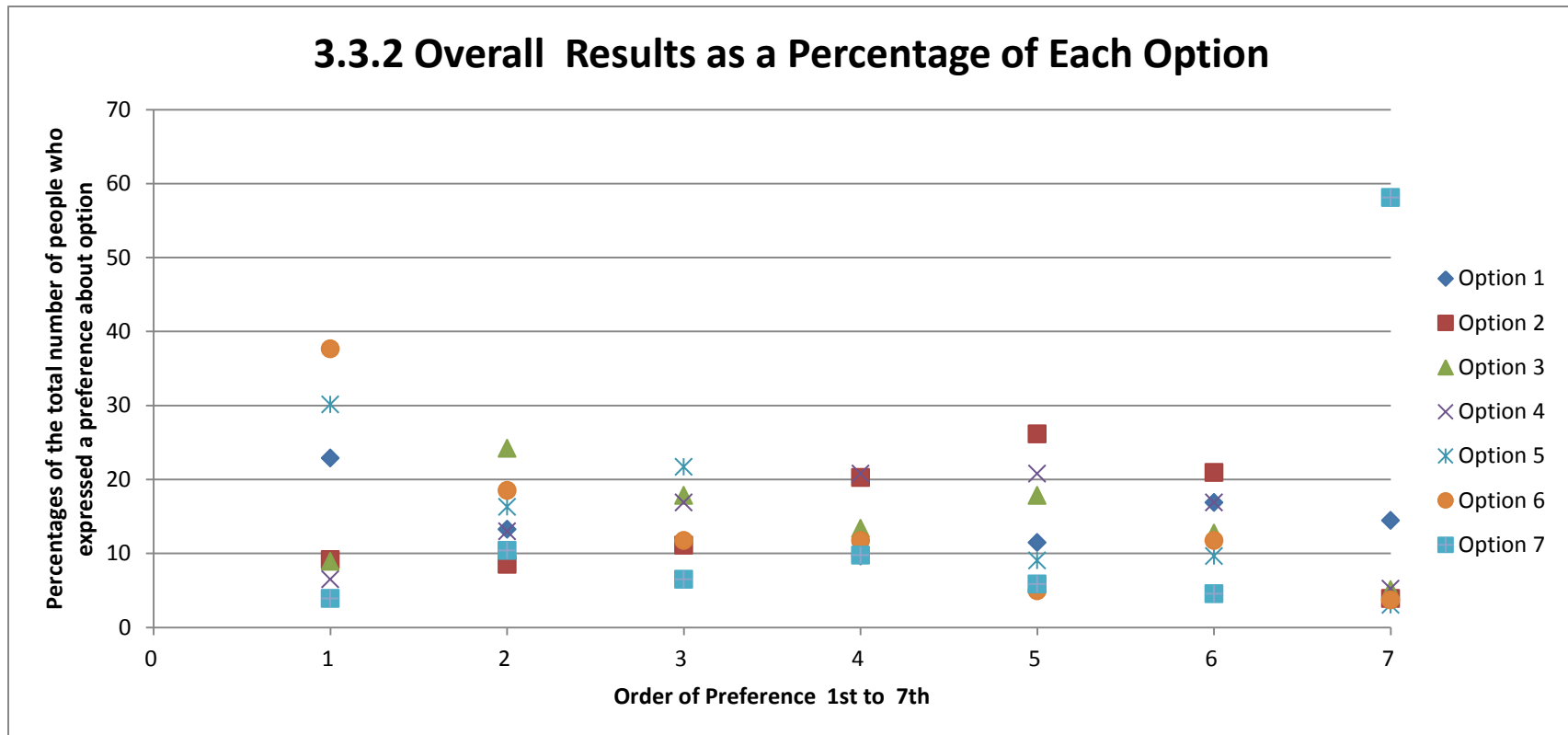
1. **Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments – not attached to a registered list GP Practices**
2. **Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments – attached to a registered list GP Practices**
3. **Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments when GP Practices are normally closed i.e. 6.30 pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm**
4. **Develop two or three sites for urgent GP walk-in appointments based in existing surgeries during normal working hours 8.00am – 6.30 pm Monday to Friday**
5. **Develop two or three sites for urgent GP walk-in appointments based in existing surgeries when GP Practices are normally closed- i.e. 6.30 pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm**
6. **Improve GP Access at all GP practices to enable walk-in provision 5 days a week**
7. **Not to have access to GP walk-in appointments**

3.3.1.Overall Raw Results for each Option



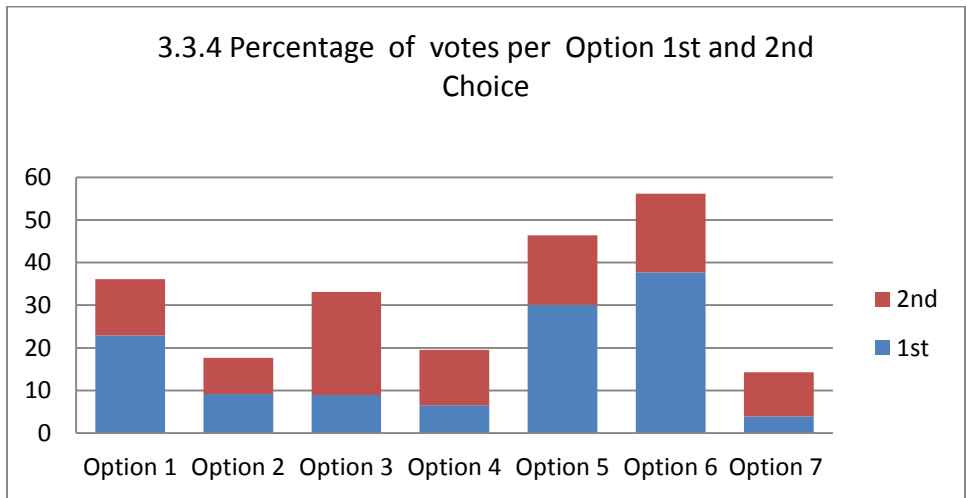
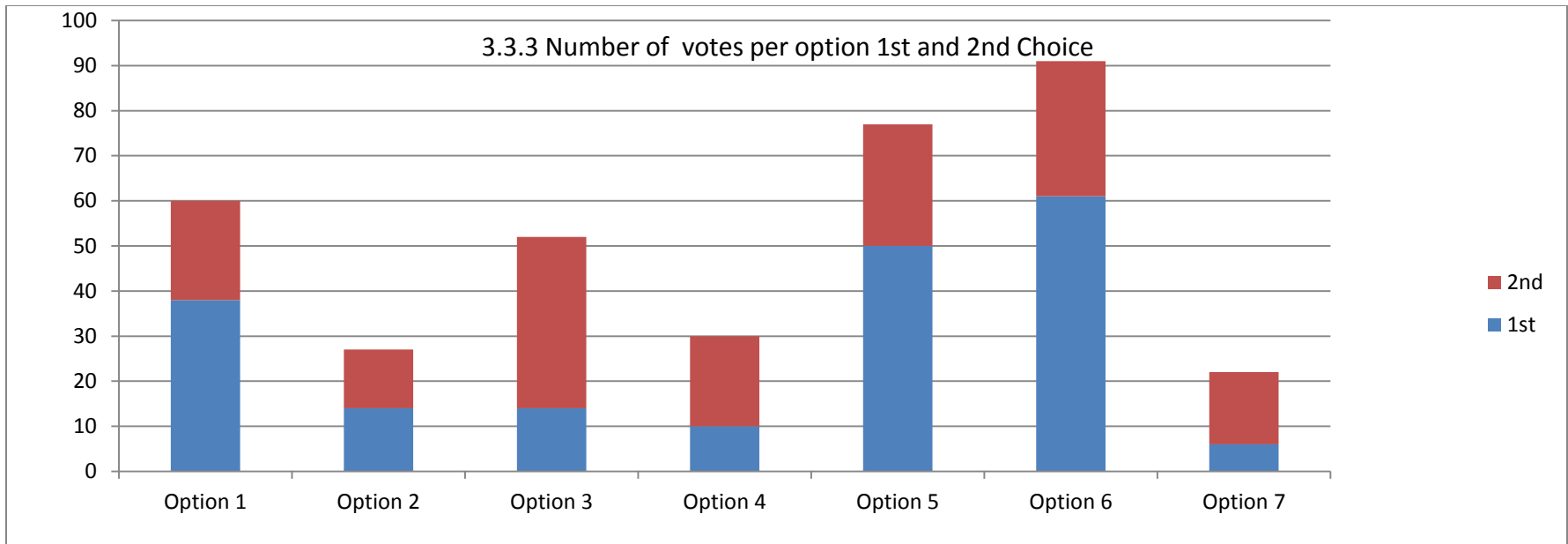
In relation to raw numbers, most people selected option 6 (*Improve GP Access at all GP practices to enable walk-in provision 5 days a week*), improving access at GPs and delivering walk in 5 day a week from all practices as their first choice, with option 3 (*Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments when GP Practices are normally closed i.e. 6.30 pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm*) being the most selected second choice which was a single site option out of normal GP hours. Option 7, the choice that removed walk in services was placed seventh choice by the largest number of people.

3.3.2 Overall Results as a Percentage of Each Option

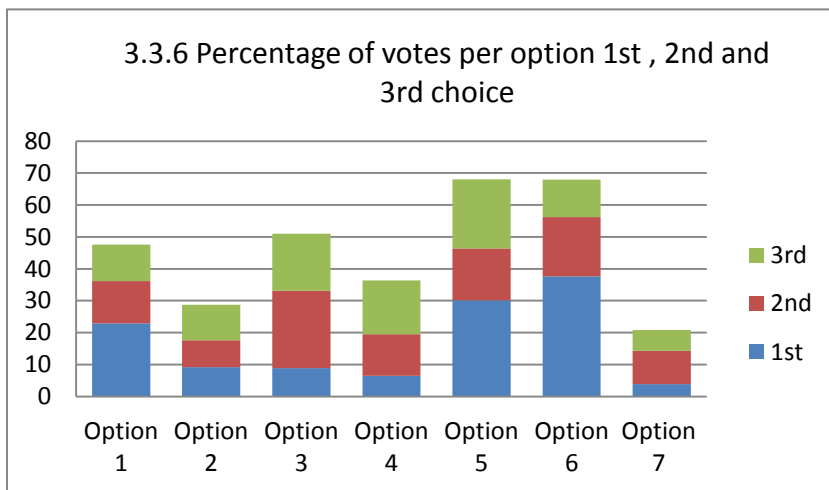
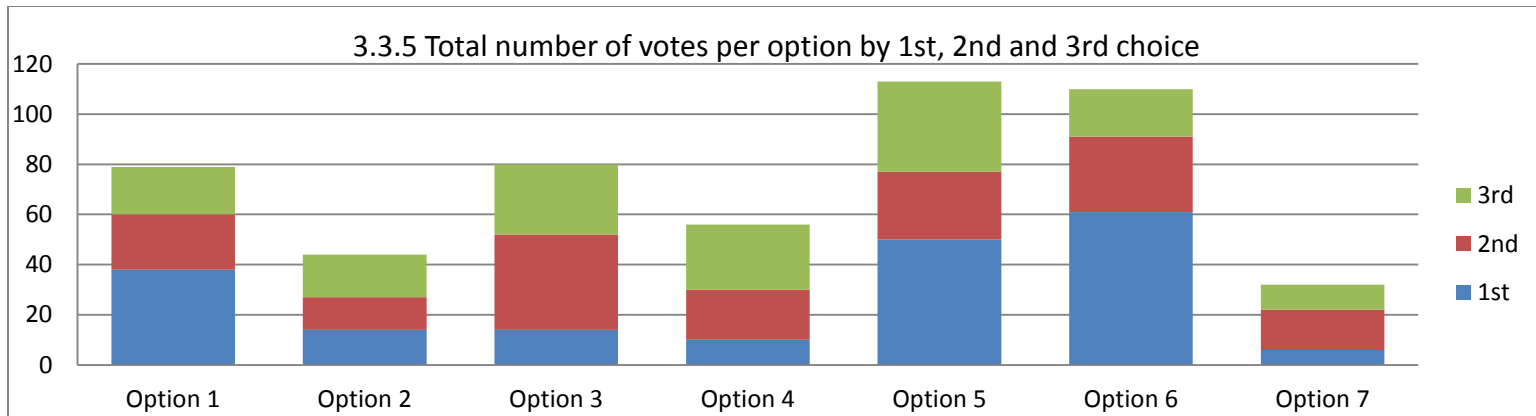


Due to not all respondents selecting a preference for all 7 options, this chart shows the spread of the percentage marks for each individual option according to ranking eg Option 6 (*Improve GP Access at all GP practices to enable walk-in provision 5 days a week*) was selected as 1st choice by 37%, 2nd choice by 19% 3rd choice by 12% etc.

The following charts will consider the grouping for higher scoring and lower scoring options to look at the impact of grouped preferences.



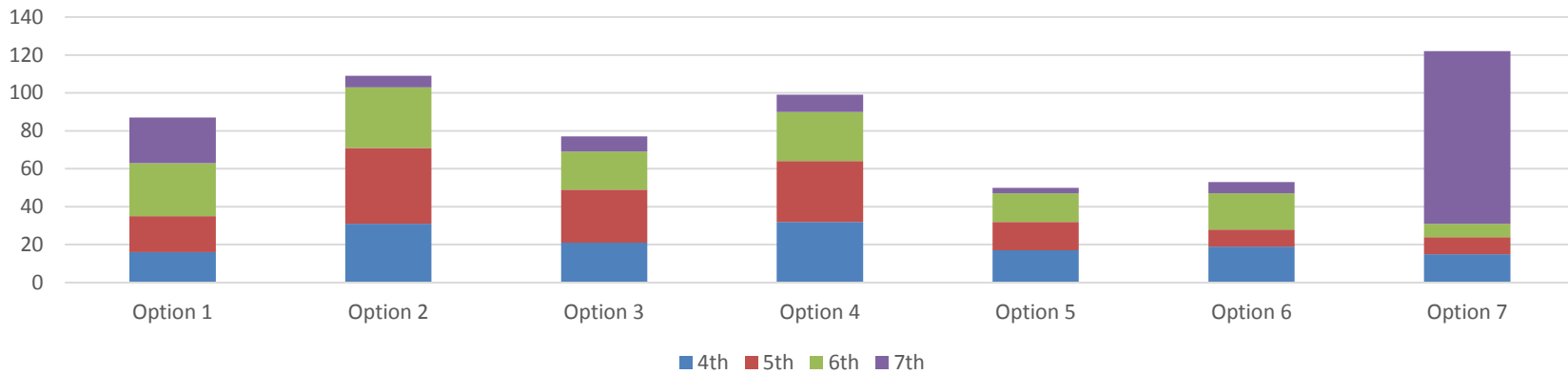
In 3.3.3 the raw numbers reveal that most people placed Option 6 (*Improve GP Access at all GP practices to enable walk-in provision 5 days a week*) highest in their preferences. Unlike chart 3.3.1, the second choice when 1st and 2nd preferences by raw number are considered together is Option 5 (*Develop two or three sites for urgent GP walk-in appointments based in existing surgeries when GP Practices are normally closed i.e. 6.30 pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm*) rather than option 3 (*Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments when GP Practices are normally closed i.e. 6.30pm – 10.00pm/weekends and bank holiday 8.00am – 10.00pm*) which received the most second choice selections.



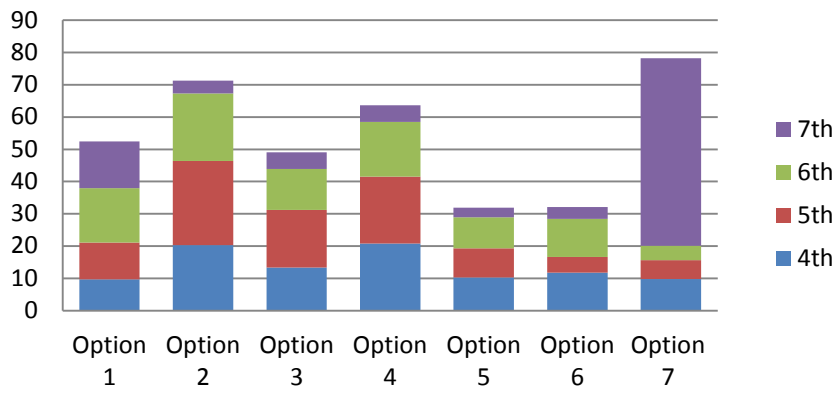
In chart 3.3.5 when preference for options for 1st to 3rd choice are combined as raw numbers Option 5 (*Develop two or three sites for urgent GP walk-in appointments based in existing surgeries when GP Practices are normally closed- i.e. 6.30 pm – 10.00pm / weekends and bank holiday 8.00am – 10.00pm*) has marginally more votes than Option 6 (*Improve GP Access at all GP practices to enable walk-in provision 5 days a week*)

In 3.3.6 it can be seen that Options 1 (*Single site in Telford and Wrekin for patients to receive urgent GP walk-in appointments – not attached to a registered list GP Practices*) (47%) Option 2 (29%) Option 4 (*Develop two or three sites for urgent GP walk-in appointments based in existing surgeries during normal working hours 8.00am – 6.30 pm Monday to Friday*) (36%) and Option 7 (*Not to have access to GP walk-in appointments*) (20%) have all attracted less than half of their overall selection in the first three choices.

3.3.7 Total number of votes per option by 4th 5th 6th and 7th choice



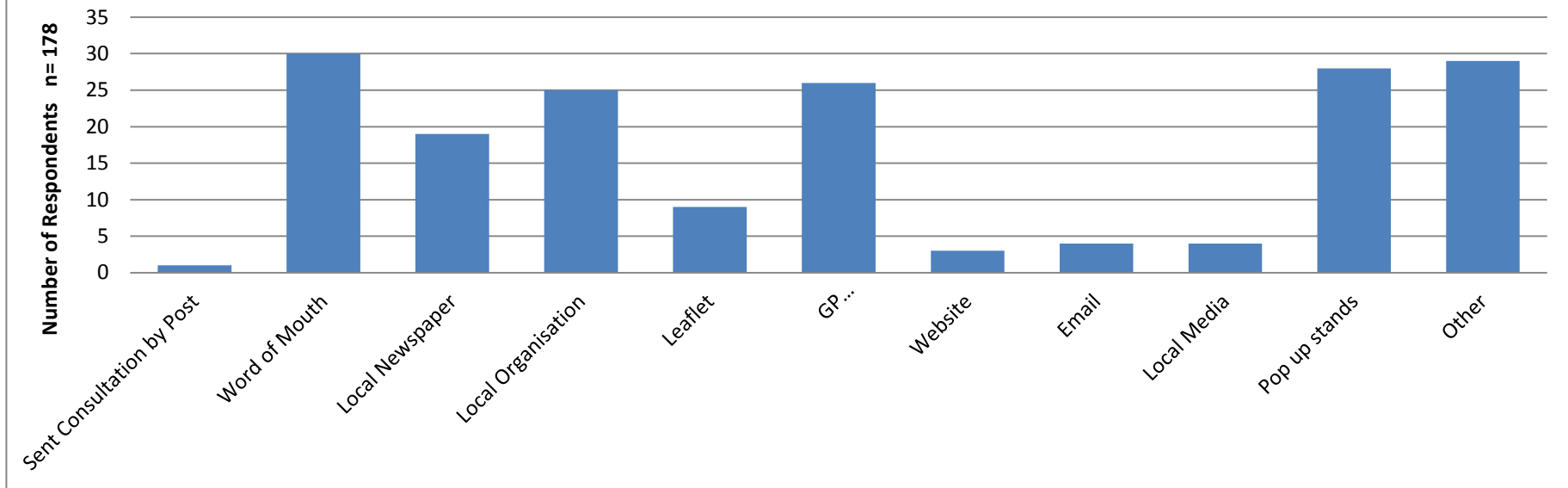
3.3.8 Percentage of votes per option 4th , 5th , 6th and 7th choice



Charts 3.3.7 and 3.3.8 demonstrate that Option 7, removing all walk in service is the least preferred Option with this option attracting a large number of the total votes cast in the 7th place position.

In terms of votes cast for 6th choice, it can be seen that there is a more even spread across the options with the exception of Option 5 and 7.

3.3.9 Where Respondents had heard about the Survey



The CCG has a commitment to engage and consult with its population when it is making decisions on what services it wishes to commission in the future. It also has an obligation to ensure any spend on such activities deliver returns. This chart is included to evaluate the success of the ways our population hear about open surveys. Other predominately included named CCG staff / Individuals in community who had spoken at group events.

4 Feedback from Equality Listening Events and Stakeholders

On behalf of Telford & Wrekin CCG, IMPACT AAS engaged with representatives of the following groups to enquire about their preferences for future Walk-In services.

- Mums of young children
- Adults with physical and mental disabilities
- Homeless
- Travellers
- LGBT
- Substance Misuse
- People with disabilities
- Black and Minority Ethnic Groups BME

The consultations took place in April and May 2016. They visited the following groups of people:

- **MIND** – provides talking therapies, social support and peer support for people for adults (16yrs +) with mental health problems. 2 separate visits were made to drop in centres.
- **TACT** – (Telford After Care Team) is based in Telford and is a peer/mutual support group for people with drug and alcohol problems. Most people who attend TACT have experienced long term substance misuse. 1 visit to a team meeting, supplemented by the CCG patient lead discussions with TACT service users some of whom were of no fixed abode.
- **IMPACT** non drinking group – 1 visit to group.
- **DAM** (carers of drinkers and drug users) – 1 visit to the group.
- **Travelling Community** – 1 visit to each of the static sites in Donnington and Lawley and 1 visit to the mobile site in Donnington and the fairground workers in Madeley.
- **Mother and babies groups** – visited 5 groups in Wellington, Arleston, Donnington, Newport, Overdale.
- **Homeless** – these questionnaires were managed by the Maninplace support workers at the Telford hostel.

- **Adults with learning difficulties** – visit to Club 2000.
- **Hindu Cultural Centre** – meeting was held with the centre manager to explain the purpose of the consultation, who managed the questionnaires. An additional session with ex NHS workers constituted of 80% individuals from BME backgrounds.
- **Lesbian Gay Bisexual and Transgender** were consulted at a meeting held for Transgender people at IMPACT in April and persons Telford residents attending Terrance Higgins Trust (in Shrewsbury) plus ad hoc consultations.
- **Club 2000** is a social club for adults with learning difficulties in Telford.
- **Physical Disabilities** Focus session was led by the CCG with Breathe Easy for Respiratory Disorders and Rheumatoid Arthritis Support Group.

At some of these groups it was feasible to give an overview of the options as set out in the CCG paper e.g. MIND, TACT, DAM, IMPACT RA, Breathe Easy and group and the Transgender group.

At others this was not possible and a brief explanation of the present position and reason for the consultation was given before they were asked to complete the questionnaire. For the homeless people and those attending Club 2000 the people undertaking the event were advised to simplify the questions for literacy and time reasons and when consulting with the travellers advice was given by Council representative not to use questionnaires or any other papers but to conduct the consultation by conversation only.

4.1 Summary Of Feedback received from Listening Events

Group	Main Summary of Feedback
Mind	These 2 meetings prompted a very lively debate about the accessibility of their GPs, this client group want to be able to have an appointment on the day and thought that anything less was unacceptable. They would use a walk-in but the overwhelming preference was for a better service at their own GP surgery.
Alcohol and substance misuse group:	IMPACT/DAM/TACT These groups have a similar agenda, concern for or engaged in alcohol or drug misuse. All were registered with a GP and experiences problems with appointment times. Some members of DAM missed the continuity of having your own GP but recognised that just getting an appointment with any Doctor as soon as possible over rode the wish to see a GP of their choice.
Alcohol/substance misuse and homeless individuals session 2	<p>My local surgery has one really late night opening until 9pm, but it is not advertised, it was only that the receptionist offered me an appointment at that time, that I knew about it. Needs to be advertised as if I had not known, I would have probably gone to A&E or walk-in”.</p> <p>“Important that vulnerable patients see one doctor for continuity. Don’t necessarily have to see your doctor (Face to Face) could speak to him on the telephone, as long as it’s your usual dr. Better than going to the walk-in centre”.</p> <p>“If you go to your doctor and they say see me again in 2 weeks, why can’t the appointment be booked there and then, difficult to get one once you go back home”</p> <p>Generally service users would like to speak to one doctor, rather than go to walk-in centre, but if they have to go to one then they would like it to be able to access their records, so that they don’t have to go all through their troubles/history every time.</p>

Feedback from Homeless	<p>All the homeless people at the hostel were registered with a GP and had made little use of the walk-in centres. The alternative to their own GP was to attend A&E.</p> <p>However in the course of this consultation, other people of no fixed abode reported difficulties in accessing GP services including those who were seeking assistance with drug and alcohol issues. They expressed a wish to be able to register but that the need to have an address/ID prevented them from doing so.</p>
Traveller Groups	<p>Three of the travellers were travellers “proper”, and distinct from the other static travellers who had all lived in their present residence for between 1 and 8 years.</p> <p>Those passing through Telford didn’t bother with using the GP service; they will go to the hospital or call 999. They showed little interest in the suggestion of a walk-in GP Centre.</p> <p>Those living in the static residents were all registered with a local GP, either Lawley or Donnington. They were all happy with the service they received, many made positive comments about not feeling discriminated against or “talked down to” by staff or doctors. They thought that the idea of having a walk in Centre was a good idea but hadn’t used the one in the Town Centre.</p> <p>Two families had experience of the walk-in on the hospital site and were again positive about the experience. They seemed to prefer the money being invested in enhancing existing GP surgeries than investing in another walk-in.</p> <p>The static travellers’ comments were about having to wait for an appointment with their GP, but generally they seemed to be satisfied. If they had an emergency or couldn’t get an appointment they would go directly to A&E.</p>
RA Support Group	<p>Option 1. This option sounds good, but the site must be easily accessible for people in their own cars and on a bus route. It needs to be centralised and no parking fees. Patients still may not be happy if it is not sited to where they live.</p> <p>Option 2. This option feels like they are going back to something that they have already had</p>

	<p>(Town Centre WIC). There will be reduced walk in slots and patients will still have to wait for appointments.</p> <p>Option 3. This is a good option. Better to have walk in separate from GP practices. Patients can then see their own GP during normal working hours. After hours covered only as walk in. Very good for patients who have long term conditions, when the flare up of their condition normally happens at weekend/bank holidays.</p> <p>Option 4. The group saw no advantage to having this option. It may cause friction with patients who are at the practice for normal appointments. Walk in patients could be left waiting for a long time before seeing a GP as they are busy seeing normal patients. Understanding why the walk in centre is at a neighbouring practice and not their own. Reception staff could also get confused as to which they are operating.</p> <p>Option 5. This option seems more feasible, but group feels there needs to be an out of hour's part. Again there will be anxiety with patients over where they are sited. However, felt it would make a saving as additional buildings would not have to be developed and car parking would be easily available. Need to make sure the sites chosen are on bus routes.</p> <p>Option 6. This option was like by the group, but again no out of hour's provision. It would improve what we already had by extending the day of GP practices.</p>
LGBT	<p>This group was divided into 2, with transgender seeing themselves as totally different from the LGB people. The numbers were few, with 4 from each group. Those in the transgender group were more concerned with seeing their own GP, this seemed to stem from a need to see someone who they were confident knew their history and especially whom they had a trusting relationship. Those in the LGB group didn't share these concerns and had no specific concerns about medical services. However, 3 of the 4 objected to being singled out for special treatment and wanted to be seen as general members of the public and not a minority group.</p>

Hindu Cultural Centre	The general comments feedback from this group was that they knew of but had not used the walk-in centre, preferring to use their own GP where they felt more relaxed and familiar.
Mums and toddlers group,	This group of people seemed to be most open minded about changes in and the pressures on healthcare and was mostly happy with the level of support received. Some had used the town centre walk-in and found the level of service quite satisfactory.
Feedback from Club 2000 a sport and leisure club for people with disabilities, including learning disabilities	Only 2 of this group had heard of the walk-in centre and none could remember ever being there. This group of people would all have required support to access medical services, including making GP appointments.

4.2 Other Feedback received

4.2.1 Short Survey with individuals of no fixed abode and learning disabilities

A revised shortened questionnaire was used with 30 individuals. They were registered with a General Practitioner. 7 of the 30 had used the walk in centre at its previous site of the Town Centre.

In relation to whether the loss of the Town centre posing a problem to them, two people responded yes, however one individual had never previously used the walk in and the other was in relation to being a registered patient at Malling Town centre and was affected by having to move to a new practice.

4.2.2 Feedback from Narrative within Consultation Survey

There were 83 narrative comments received in response to the open question in the survey **Do you have any further suggestions on how we can provide walk in services in the future?**

There were comments about general satisfaction with the services provided by Malling health. However some respondents commented that previously as patients of Malling they had been able to get walk in very easily but that this had changed recently because Malling had told them the walk in slots were for urgent cases only now. There were also negative comments about the level of staffing at the current walk in, is insufficient with not enough doctors and nurses causing long waits.

The remaining comments are grouped under three themes.

A) Access to GP and Walk in Service

- One respondent commented that walk in services every practice accessible 24 hours every day.
- There was a second theme of 24/7 access with a suggestion of somehow gaining public funding to deliver.
- Several respondents commented that improved access to GPs was needed after 5pm, weekend and Bank Holidays is required.
- General Access to GP appointments at regular practices needs improving especially the practice of having to call at 8am to try and get same day appointment.

- In relation to access, there were suggestions about the use of technology to manage queues, more nurse triage and a priority system for those who are infrequent visitors to GP practices.
- Other suggestions to improve access to GP included telephone triage 8am - 8pm with the ability see a duty GP if needed.
- With regard to waiting times a respondent commented text messaging could be used if there was a long wait so you can go away and then be texted when it is your turn.
- Several respondents indicated they would like to see a turn up and wait service at all GPs , accepting that this may involve a wait
- The availability of appointments at General practices was referenced as requiring intervention with waits as long as 3 weeks quoted for making appointment

B) Location for the future of walk In Service

- Walk in doctor at every practice.
- Can't please everyone, one central location with enough doctors Several GPs share a rota to offer a drop in services for both registered and unregistered patients.
- Several respondents commented that multiple locations should be considered with one in North, South and Central Telford.
- Other locations suggested included Newport Cottage Hospital or on an industrial estate with good parking.
- Location should reflect need to be able to get there by public transport and not paying for parking was seen as an important factor in the location of whatever option was chosen.
- Respondents expressed a preference that the walk in centre was a standalone service as they perceived that waiting times for walk in service was negatively impacted upon by the Doctors/Nurses seeing pre-booked own patients. Converse rationale for separate walk in so that registered list patients are not pushed to back of queue was also given.
- Locate the walk in at PRH A&E to run out of hours as people can access by bus and might discourage A&E attenders who visit for minor problems.
- Co-location with libraries.
- Respondents expressed the benefits of the walk in service location being closer to facilities with Xray facilities etc. and close to a location where major problems could be dealt with if they developed.

C) Links with the wider Health Care system

- Several views were expressed about how the walk in service needed to be better linked into the wider system. Respondents felt that closer links to A&E or 111 would help people understand the different services and where they should go. Make patients aware of the service and locations and take unnecessary pressure off A&E, promote pharmacies.
- Potential for a specialist paediatric walk in service reduces having to go to A&E when worried.
- Linking 111 and Urgent GP walk in was also seen as a way of triaging patients without spreading infection.
- Another view with regard to the whole system was that by improving access to GP in hours, Shropdoc and other existing resources could continue be the source to deliver urgent care out of hours.

4.2.3 Feedback from Other Stakeholders

Feedback was received from local councillors who raised the issue of health care for homeless individuals and those working in the town centre who had used the walk in services there previously.

Councillors also fed back that a central location easily accessible by public transport should be considered as a high priority in choosing new locations.

In addition councillors expressed concern about number of and access to General Practitioners and the ability of surrounding practices to accommodate list dispersal from the town centre.

There were two pieces of stakeholder feedback from staff involved directed in care delivery. The first concerned integrating walk in services into the A&E Department. The second was received from and supported by another general practitioner.

The comments concerned the location of the Walk in making it easier for patients to use A&E when the service was closed or full, and commented that this use of A&E may be inappropriate. With regard to multiple locations suggested in the options, this was considered a luxury that was not required as few conditions require an urgent GP response.

It was further commented that if a problem genuinely cannot wait for telephone triage, then it is probably an Emergency and should be going to A&E, However if, on arrival in A&E, it is clearly inappropriate, then it should be redirected back to primary care. Redirection to immediate attention at a co-located primary care service rewards inappropriate attendance, and encourages future inappropriate attendance; redirection that involves travelling back to a more appropriate site encourages more sensible behaviour in future.

The GP commented if there is money available for 'urgent access to primary care' then it would be most appropriately spent by either.

- a) Funding a certain number of urgent slots/day/surgery that are available for A&E diversions.
- b) Funding practices to offer enhanced on-the day service - in other areas an on the day after school for children with URTIs clinic has halved A&E attendance rates for small children (but arguably increased overall consultation rates unnecessarily).
- c) Funding Shropdoc to offer an enhanced weekend urgent care service.
- d) Funding some weekend urgent care provision by practices/groups of practices (however some of the patients seen by Shropdoc may not actually require to be seen and we may be satisfying a want rather than a need with little health gain).
- e) Funding 'urgent' extended hours - The GP questioned if people really need 7pm routine appointments, and how many of those extended appointments are used by people who could attend within core times.

The GP suggested funding practices to provide urgent appointments between 6pm and 8pm in the evening - which would then see those who phone late being seen 'in house' instead of being diverted to Shropdoc/Walk-in Centres with the risk then of bouncing inappropriately in to A&E.

At weekends, practices/groups of practices offering a service tied in with Shropdoc might be sensible - you could have a doctor from a group of practices doing some triage and seeing some urgent patients from that group with the benefit of the records, but through the Shropdoc call system.

4.2.4 Additional information from incomplete survey responses

19 paper surveys were completed that did not answer mandatory questions so they could not be entered into the online tool. Of the 11 that had indicated if they had used walk in centres in the previous 6 months, only 4 had. Although not mandatory all surveys had the monitoring questions completed 6 of the 19 surveys were from non-white backgrounds. With regard to understanding the preference, some of these surveys had equal rankings attributable to different option and the use of the Y against other options. However those with some ranking against them had indicated option 5 within their top 3 preferences.

The narrative comments contained within the surveys were

- I want Doctors who know about transgender
- Be able to see your GP without an appointment
- Make sure Doctors spend the same time with each patient
- Idea of Wrekin Service is very good idea

Appendix A Walk In Consultation Plan .

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
HOSC Telford and Wrekin: Contacts Fiona Bottrill /Andy Burford	Nicky Wilde/Tracey Jones	Initial and follow up discussion Verbal update/Paper March	Nov 2015 Feb 2016 22 nd March 2016		
Healthwatch Telford and Wrekin: David Bell/ Jane Chaplin/Kate Ballinger	Tracey Jones/Mike Innes	Initial Discussions Verbal update at Chair to Chair Info for newsletter in Engagement period and signposting to CCG Engagement document	Nov2015 Jan 2016 March 2016 April	Distribution of information through networks/ at events/in newsletters etc.	
Key Patient Groups : Health Roundtable (T&W) Carers Patients who have used the services recently Equalities groups: <ul style="list-style-type: none"> • BME • Disability (incl. mental health and learning) • Age (young people and older people) • Parents of children 	Tracey Jones Engagement and Comms Team supported by Primary care Commissioning team Including use of voluntary	Pre Consultation work Patients currently using the services at town centre and Wrekin sites Face to face engagement at Malling Sites For all groups: Attendance by team at protected characteristic group meetings Press releases in local media to signpost consultation document and survey Survey will contain	7 th to 18 th March 18 th April to 10 th June 10 weeks	Seek patient view to compliment case for change analysis Patients who will be impacted upon by the GP elements of the contract with Malling will be communicated to directly and there	

<ul style="list-style-type: none"> 0-3 years Homeless Hearing impairment Rural isolation Transgender LGBT Travellers 	organisations to reach into communities e.g ImPACT	consultation options Info for newsletters		will be posters in Town centre advising of closure and relocation of walk in element)	
CCG staff <ul style="list-style-type: none"> Telford and Wrekin 	Tamsin Parker	Staff Briefing Telnet/Newsflash/Website	4 th April to 10 th June		
GP membership/practice managers <ul style="list-style-type: none"> Telford and Wrekin 	Tamsin Parker/Tracey Jones Nicky Wilde	Newsflash/AO briefing/GP newsletter/ via governing body meetings Verbal/Attendance at meetings Practice managers' meetings/GP forum/PLT sessions/ Via governing body meetings	4 th April to 10 th June 4 th April to 10 th June (T&W CCG Practice Forum meeting 19 th April)		
MPs Telford and Wrekin MPs <ul style="list-style-type: none"> Mark Pritchard Lucy Allen 	David Evans	For all: Verbal update as part of regular AO briefings with MPs	April TBC		
Malling Health	Nicky Wilde/Amanda Alamnanos	Malling Health has been engaged and has participated in the discussions that have informed this work.	Commenced in September 2015 and Ongoing		
Shropdoc	Comms and	Written briefing detailing	Week		

<ul style="list-style-type: none"> • Ian Winstanley (CEO) • Clinicians • Staff 	Engagement Team	case for change , opportunity to feedback and link to consultation documents	commencing 4 th April		
Care co-ordination Centre	Comms and Engagement team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
SaTH <ul style="list-style-type: none"> • Simon Wright (CEO) • Clinicians • Staff 	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April	CCG currently working with SaTH to develop streaming between Malling and ED to assist pressures	
Vocare 111 provider	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April	CCG Commissioners to ensure update of Directory of Services to reflect changes re town centre	
Shropcom <ul style="list-style-type: none"> • Jan Ditheridge (CEO) • Clinicians • Staff 	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
SSSFT <ul style="list-style-type: none"> • Neil Carr (CEO) • Clinicians • Staff 	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
Wider Provider stakeholders MSL / WMAS	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4th April		
SPIC/Residential/nursing home staff Via Nicky Jacques at SPIC	Via Nicky Jacques at	Written briefing detailing case for change , opportunity to feedback and link to	Week commencing	Nicky Jacques <njacques@spic.co.uk>	

	SPIC	consultation documents	4th April		
Health and Wellbeing Board Richard Overton (Chair Telford and Wrekin)	David Evans	Verbal briefing – same as MPs.	As required.		
Councillors Social Care Commissioners Social Care Providers <ul style="list-style-type: none"> Telford and Wrekin Council 	Comms and Engagement Team	Written briefing to individuals detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4 th April	The CCG Commissioner lead Nicky Wilde will meet to verbally brief councillors on case for change in areas where Malling currently is situated if requested.	
LMC/ LPC/LOC/LDC	Comms and Engagement Team	Written briefing detailing case for change , opportunity to feedback and link to consultation documents	Week commencing 4 th April		
Voluntary sector: <ul style="list-style-type: none"> CVS TACT STAY and KIP 	Sharon Smith	Written briefing detailing case for change , opportunity to feedback and link to consultation documents Face to face Consultation meetings	For all: April 4 th to 10 th June	TACT, Stay and KIP are groups that the CCG will target as members of these groups use the drop in element of the contract as a means of accessing healthcare, therefore their views will be proactively sought.	
Media – all local media across Shropshire, Telford and Wrekin	Richard Caddy	Press releases Paid advertisement highlighting changes to town centre and consultation document			

Health & Adult Care Scrutiny Committee – Work Programme 2016/17

Date of Meeting	Items	Type of Meeting	Attendees	Outcomes
26 July 2016	<ul style="list-style-type: none"> • Adult Social Care Peer Challenge • Adult Social Care: Performance, Budget and Savings • NHS Continuing Healthcare • Mental Health Commissioning update • Work Programme 	Committee meeting	Jonathan Eatough, AD Governance , Procurement & Commissioning Clare Hall-Salter, Service Improvement & Efficiency SDM Anna Hammond, CCG Frances Sutherland, CCG	
11 October 2016	<ul style="list-style-type: none"> • Adult Social Care: Performance, Budget and Savings 	Committee meeting	Clive Jones, Director of Children’s and Adult Services Jonathan Eatough, AD Governance, Procurement & Commissioning Tracey Smart, Finance Manager	Received an update on the Early Help and Support Budget and agreed format for future reports. Received demonstration of Adult Care financial modelling. Agreed to focus on the STP Neighbourhood Working and Adult Care consultation.
12 October 2016	Holding the Executive to Account Sessions with the Cabinet Members for Adult Social Care & Older People and Children, Young People & Communities	Scrutiny Management Board	Members of Health & Adult Care Scrutiny Committee are invited to attend.	Transparency of decision making through Cabinet Member being held to account.

6 December 2016	<ul style="list-style-type: none"> • Adult Social Care: Performance, Budget and Savings including CHC update • STP Neighbourhood Working Update • Town Centre GP services and NHS walk-in centres 	Committee meeting	<ul style="list-style-type: none"> • Clive Jones, Director of Children's and Adult Services Jonathan Eatough, AD Governance, Procurement & Commissioning Tracey Smart, Finance Manager • Louise Mills Anna Hammond • Nicky Wild (CCG) 	
13 February 2017	<ul style="list-style-type: none"> • Adult Care Performance, Budget & Savings including CHC update • Adult Safeguarding Board Report • Joint Mental Health Commissioning Strategy • STP Neighbourhood Working Update / Meeting Patient Forum 	Committee meeting	<ul style="list-style-type: none"> • Clive Jones, Director of Children's and Adult Services Jonathan Eatough, AD Governance, Procurement & Commissioning Tracey Smart, Finance Manager • Andrew Mason, Chair Adult Safeguarding Board Jo Winborne, Organisational Delivery and Development • Frances Sutherland (CCG) Steph Wain 	
11 April 2017	<ul style="list-style-type: none"> • Adult Care Performance, Budget & Savings including CHC update 	Committee meeting	<ul style="list-style-type: none"> • Clive Jones, Director of Children's and Adult Services Jonathan Eatough, AD Governance, Procurement & Commissioning Tracey Smart, Finance Manager 	

FORWARD PLAN		
Item	Issues	Timing
Adult Care Performance, Budget & Savings	<ul style="list-style-type: none"> • Updated ASCOF including 2015/16 benchmarking data • Measures of Success – for the committee to agree • Financial monitoring data • CIP – include issues identified by Peer Review? 	Ongoing
NHS Continuing Healthcare	Continued monitoring of level of CHC funded cases post independent review Update on scrutiny recommendations re training, awareness, advocacy	Ongoing as part of Adult Care Performance, Budget & Savings
Adult Safeguarding Board Report	Andrew Mason	February
Joint Mental Health Commissioning Strategy	Frances Sutherland can provide an update when requested for members to identify issues for discussion at a meeting	February
Town Centre GP services and NHS walk-in centres	Outcome of the consultation on options was presented to the CCG governance board in July	December
Quality Accounts	SaTH South Staffs and Shropshire Healthcare NHS Foundation Trust (Mental Health) WMAS Community Trust	March-May
Growing isolation of older people	Suggestion from Senior Citizens' Forum - Reducing isolation (not just for older people) is a broad area and an important one. One of the Health & Wellbeing Board's priorities is about improving community resilience and community based support and this will include actions to address social isolation. Careful scoping would be needed in order to avoid duplication with the work of the HWB.	Scoping required
NHS Independent Complaints and Advocacy Service	How the service is commissioned by the LA and the level of funding, joint with Finance & Enterprise SC	
Support for carers in a social economy	Possibly revisit old scrutiny review	
West Midlands Ambulance Service	Performance issues	
Results of Carer's Survey		