



Healthwatch Solihull Urgent Care Consultation Report

Report dated 21st April 2014

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Executive Summary

Healthwatch works at a local and national level, it is a statutory body and a key feature of the function of the Health and Well Being Board. Healthwatch Solihull will listen to all views and enable local voices to be heard by taking them to policy makers, commissioners, stakeholders, providers and regulators.

Healthwatch Solihull is not only set up represent patient and public interests locally, it will also give local voices influence at the national level through Healthwatch England, who work with a network of 152 local Healthwatch, to ensure that the voices of consumers and those who use services reach the ears of the decision maker's. This report is independent and is reflective of those views.

This document sets out the findings from Local Healthwatch Solihull's involvement in having oversight of the Clinical Commissioning Group (CCG) - Urgent Care 'A case for Improvement' Consultation and Engagement Plan. A twelve week consultation that started on the 15th of January 2014 to the 9th of April 2014 focused on improving the safety, quality and clinical effectiveness of the urgent care services on the Solihull Hospital site for the future benefit of the patients and residents of the borough.

Healthwatch Solihull gave an assurance to the Healthier Communities Scrutiny Board in January 2014 that it would closely monitor the engagement activity of the CCG with members of the public regarding the proposals around the GP Walk in Centre and the renaming of A&E at Solihull Hospital.

Healthwatch Solihull was invited to chair on behalf of Solihull CCG the Engagement and Oversight group who would be responsible for external challenge and critic of the consultation process. This model and way of working proved extremely successful and assisted in co-producing a well-designed program of engagement activity. It did provide challenge to the process in making best use of all its resources in obtaining the best possible reach across the borough.

The contents of this report set out the quality assurance process, methodology used, channels of communication and responses made by the CCG during the life cycle of the engagement plan.

The aim of Healthwatch Solihull is to ensuring stakeholders and the people who deliver health services consider all the options and listen to the voice of people who use those services in order to enable the best possible outcomes for Solihull residents.

Samantha Mills
CEO - Healthwatch Solihull

Context

Solihull Clinical Commissioning Group (CCG) has demonstrated through its actions that it is committed to supporting Solihull residents to live longer, healthier lives. To support that commitment a review of the urgent care facilities currently provided on the Solihull Hospital site, needed to be undertaken, particularly looking at how those services could be strengthened and streamlined to ensure that urgent care services are safe, of a good quality, easy to access and within facilities that are fit for purpose.

The review gave consideration to the national drivers, to apply them to the Solihull Hospital site and attempt to improve the service provision with a view to future-proofing it against known and expected issues.

“..... Coordinated Urgent Care Centre’s.

These will be locally specified to meet local need, but should consistently use the “Urgent Care Centre” name, to replace the multitude of confusing terms that are available at present. Urgent Care Centre’s may provide access to walk-in minor illness and minor injury services, and will be part of the wider community primary care service including out-of-hours GP services. Considering all local facilities in this way will mean that networks will need to examine the extent of duplication or gaps in service offered by all of these facilities currently. Urgent Care Centre’s may also be advantaged by co-location with Hospital services, particularly in urban areas. Urgent Care Centre’s would not carry the emergency red sign, nor be considered the right place to go in a medical emergency, but would have protocols in place with the ambulance service if such events occurred.”

Keogh Review

Previous reports and documents including a Business Case document have also preceded this activity. The CCG consultation and engagement plan is an extension of their comprehensive engagement process undertaken as part of the review of urgent care services on the Solihull Hospital site. It includes two key areas for consideration. 1) *The redesign of the current layout proposals - which include the GP Walk in Center* 2) *and the change of name from A&E to Urgent Care.*

The review proposed suggestion to bring together urgent care services under one roof, with one front door and one reception where all services are joined together has caused the most anxiety for many local people, its location and perceptions that people are losing key services has confused many.

In addition - 'a lack of understanding of the redesign of the current layout proposals, and the change of name from A&E to Urgent Care Centre, has and will continue to generated political interest from across the borough.' Currently Solihull Hospital is signposted as an Accident and Emergency department.

This review has taken into consideration the concerns of members of the public and the recent outcomes from CQC inspections across the Heart of England Foundation Trust health establishments.

Sighted below is an extract from the most recent Care Quality Commission Report of January 2014.

The current arrangements for A&E services at Solihull Hospital is in effect a minor injuries unit and a medical assessment unit jointly bearing an A&E sign. The provider and commissioners should work with the local community and other stakeholders so that it is clear to the public what services are provided at Solihull Hospital, from a safety perspective this is particularly true around children's services. In view of the above we do not feel it would be appropriate to rate this service as an A&E department.

CQC Report January 2014

The most important aspect of this comment is the need for provider and commissioner to make clear to the public what services are provided at Solihull hospital, particularly around children's services.

The Urgent Care consultation plans aimed to clarify the position through various communication mediums in order to give the public as much information as possible and allow people to ask questions via an on line survey, leaflets and attend various roadshows and planned events.

Healthwatch Solihull Independent Scrutiny

The CCG sought independent scrutiny from Solihull Healthwatch, who agreed to oversee the consultation and engagement process. Solihull Healthwatch were also asked to establish an engagement group, chaired by HWS and consisting of members of the Patient Reference Group, appropriate clinicians and others to ensure independent oversight of the engagement process

The CCG communications and engagement strategy will be transparent and auditable and will outline the way in which the engagement activity will be administered. It also sets out how the CCG plan to work alongside patients, the public and other key stakeholders to agree the approach and help steer the CCG through the review of urgent care and the proposed changes and improvements to Solihull Hospital.

Healthwatch Solihull were involved in this process right from the onset. We can also confirm that the CCG, its staff and other stakeholders involved in this process have been fully open and transparent in all of our interactions around the urgent care review.

Establishing an Engagement Group

A cross section of representatives were asked to participate in contributing to the external scrutiny of the Urgent Care engagement process. The group consisted of the following people:

Sam Mills - HWS CEO

Martin Clarke - HWS Operations Manager

Sharon Woodcock - Making it Real

Dave Pinwell - Solihull Sustain

Liam Waldron - Expert By Experience

Dr John Davenport - Clinical Advisor

John Coughtrey - Patient Participation Group

June Mole - Solihull Sustain

Sarah Barnes - Solihull MBC

The group established a terms of reference (appendix 1).

The group used the six effectiveness tests sighted below.

The engagement and oversight group looked to quality assure the consultation against these six areas, also contained within the terms of reference.

Is the consultation Effective?

Is the consultation transparent?

Is the consultation proportional?

Is the consultation inclusive?

Is the consultation accountable?

Is the consultation coherent?

It focused at exploring how the CCG was shaping up against its written plans v activity on the ground. It reflected on:

1. **Plan.** Was the consultation planned early in the policy-development process and a consultation planner published showing the major consultations?
2. **Explain.** Did the published plans explain why they are consulting and how they are going to take stakeholders' views into account?
3. **Involve.** Did the consultation involve the widest spectrum of stakeholders, including under- represented and hard-to-reach groups and non-borough residents.
4. **Organise.** Was the consultation organised in ways which are convenient and accessible to the people whose views we are seeking?
5. **Analyse.** Did the input and data received from consultations and distinguish between evidence and opinions? Did they assess if respondents were representative?
6. **Give feedback.** Did the consultation give feedback to stakeholders that participated in the consultation in a way that clarified how the decisional outcome was reached?
7. **Report.** Did the consultation report back on the next steps in the policy-making process and their timeline, even if provisional?
8. **Communicate.** Did the consultation and its results communicate clearly and directly, with a focus on relevance and using plain language?
9. **Act.** Did the CCG act on the findings to improve policies and programmes?
10. **Evaluate.** Did the CCG evaluate their consultations and review?

As a consequence HWS will be looking to ensure the CCG approach meets the ‘Four Tests’ set out by the secretary of state for health particularly points 2 and 4:

- 1) *Support from GP commissioners*
- 2) *Strengthening public and patient engagement*
- 3) *Clarity on the clinical evidence base*
- 4) *Consistency with current and prospective patient choice*

Our focus on the second and fourth tests. The table below explains the detail around those headline statements.

Test	Requirement
Support from GP commissioners	Commissioners will need to consider the engagement / involvement that may need to take place with practices whose patients will be significantly affected by the case for change, inviting views and facilitating a full dialogue where necessary. Local commissioners will need to demonstrate the nature of the discussion with consortia or with other appropriate bodies as a proxy. For example, the commissioner could obtain written sign off from relevant local consortia representative.
Strengthened public and patient engagement	The National Health Service Act 2006 requires local health organisations to make arrangements in respect of health services, to ensure that users of those services such as the public, patients and staff are involved in the planning, development, consultation and decision- making in respect of the proposals. Local commissioners should engage Healthwatch and Health Overview and Scrutiny Committees (HOSCs) to seek their views.
Clarity on the clinical evidence base	It is recommended that clinicians should lead in gathering this evidence, considering current services and how they fit with the latest developments in clinical practice, and current and future needs of patients.
Consistency with current and prospective patient choice	Local commissioners will need to consider how the proposed service reconfiguration affects choice of provider, setting and intervention; and the choice this presents the patient compared with the current model of provision. Commissioners will need to ensure this consideration is part of any dialogue with local clinicians, Healthwatch and HOSCs. In meeting the choice test, commissioners will want to make a strong case for the quality of proposed services and improvements in the patient experience.

The group met twice during the life cycle of the 12 week consultation. 29th January 2014 and 20th March 2014. A third meeting was planned for the 15th of April however this meeting was very close to the interim findings presented to HOSC and it was felt that time reviewing this report and its finding would be more productive. After each meeting a feedback reports were presented to the CCG (appendix 2) including a copy of the minutes from the 20th March meeting (appendix 3).

HWS have also been proactive in distributing through its networks and newsletters the planned public engagement events and activity including a presence on the website of the urgent care survey and literature at <http://www.solihullccg.nhs.uk/get-involved>)

Representatives also were present to feedback to HOSC on the 9th of April where the interim findings of the consultation process so far was put forward to board members.

Healthwatch Solihull has shadowed most of the planned events including all of the public roadshows using staff and volunteers in the oversight process. A mystery shopper approach was used in ‘testing out’ who and who had not received information regarding the consultation. Particularly across the 32 GP practices. Below is a summary of the GP Surgery findings:

The GP Mystery Shopper Exercise

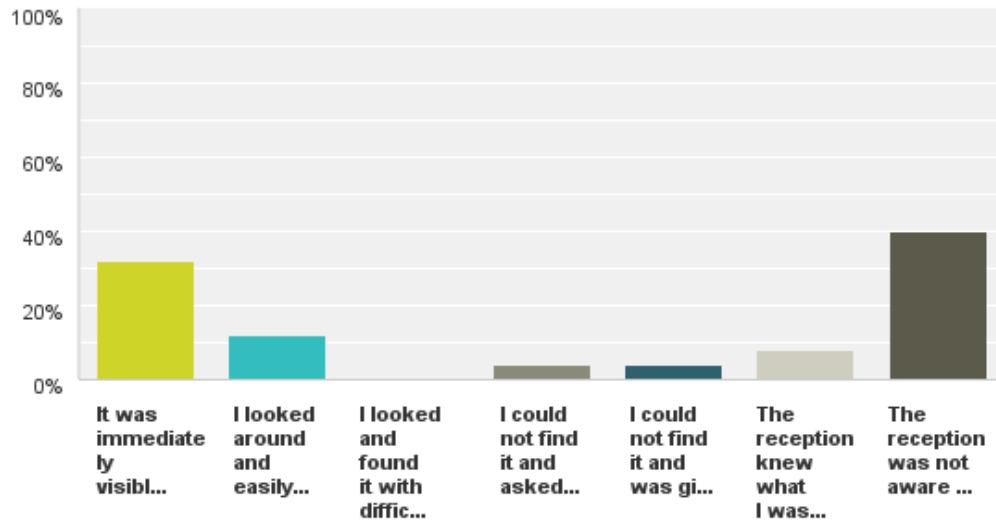
The CCG stated that “Packs of posters, surveys and leaflets have been sent to each GP practice” and also practice managers were briefed on the urgent care project.

The purpose of the GP Mystery shopper exercise was to evidence the availability of leaflets, posters and surveys from a customer/patient point of view.

Healthwatch Solihull instructed staff and volunteers with a list of GP practices and a structured questionnaire to establish ease of leaflet and questionnaire access and hence gauge potential public awareness through this route and also effectiveness of the “carry through” of the practice managers from their briefing by the CCG. The staff and volunteers completed 25 evaluations with the main findings illustrated below.

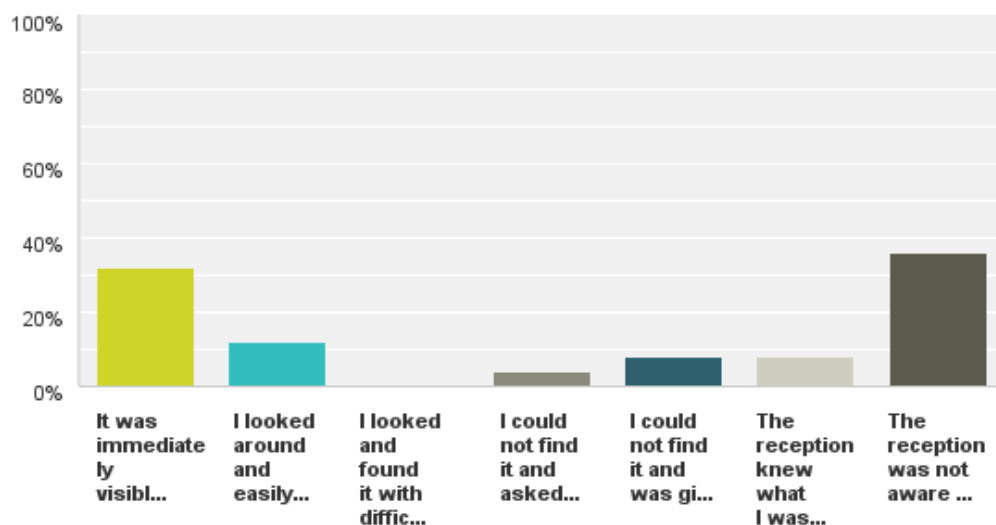
Q7 How easily did you Locate or observe the CCG Leaflet?

Answered: 25 Skipped: 0



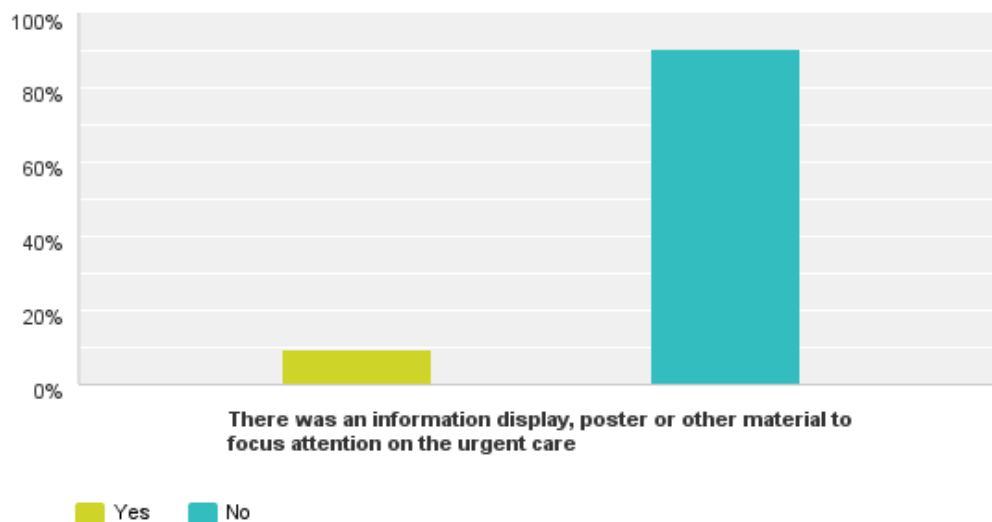
Q8 How easily did you Locate or observe the CCG survey about Urgent Care?

Answered: 25 Skipped: 0



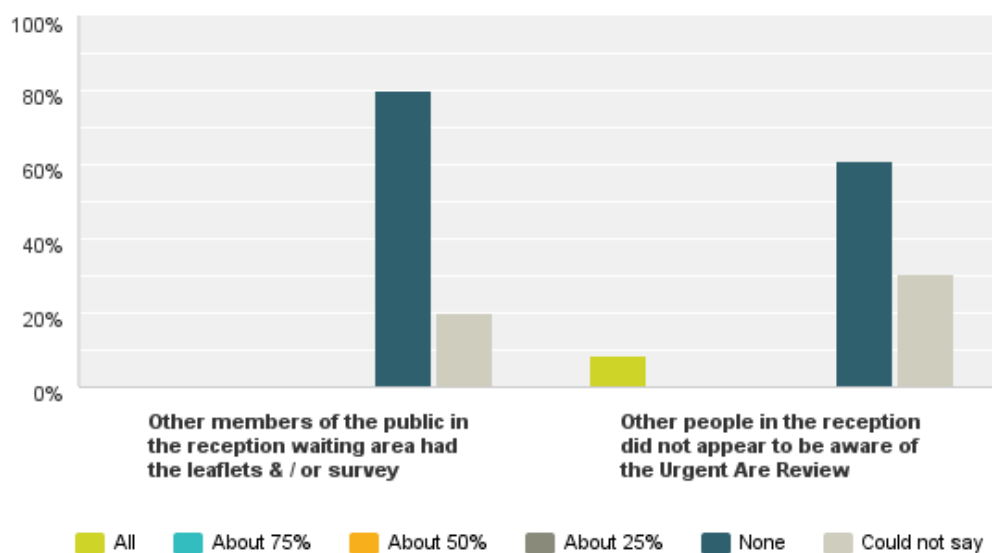
Q9 General Observations

Answered: 21 Skipped: 4



Q10 General Observations

Answered: 25 Skipped: 0



Consultation Event Evaluations

The purpose of the Event Evaluations was to record specific aspects of the CCG engagement events. Two surveys were used for this purpose. The first survey called the “Urgent Care Survey” was completed by the audiences at a few of the engagement events as a “spot check” comparison assessing the initial questions found on the CCG survey and hence assesses key issue that people were confused with the current arrangements. The majority of these questionnaires were by nature most suited to “speaker” engagement events and not Drop in events, but were able to offer a sample “cross check” on the GGC survey. The remaining questions sought to “drill down” into peoples understanding of the presentations and hence establish the accuracy, appropriateness and effectiveness of the communications.

The second questionnaire called the “Independent Event Assessment” was completed by Healthwatch Solihull staff and volunteers attending the consultations to record observations about the quality of the events. The evaluations cover the accessibility for people (wheelchair access, audibility, suitability of information and literature etc.), opportunity to ask questions, feedback, and level of audience engagement.

The questions were designed to answer the key questions contained in the ToR:

Is the consultation Effective?

Is the consultation transparent?

Is the consultation proportional?

Is the consultation inclusive?

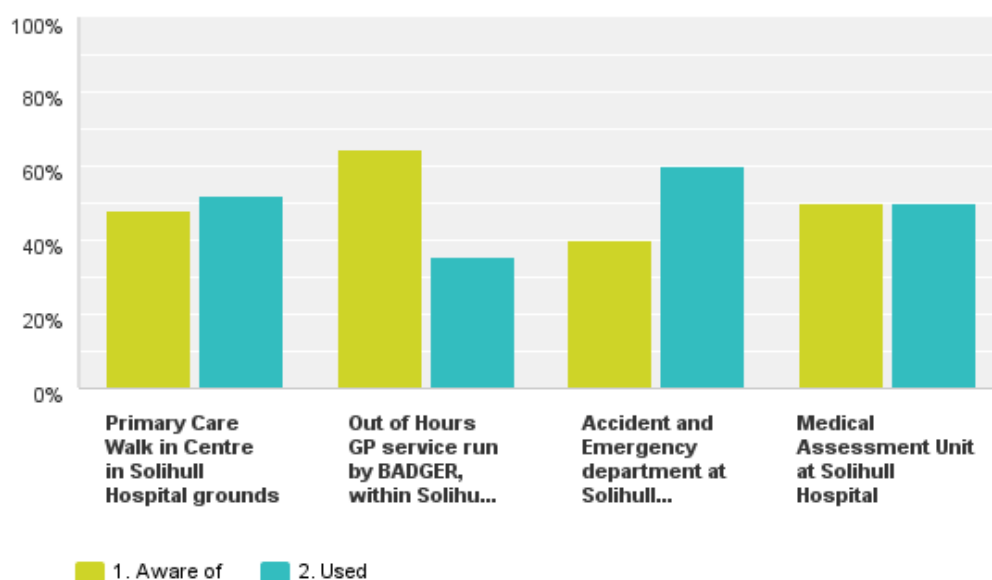
Is the consultation accountable?

Is the consultation coherent?

Responses from the Urgent Care Survey

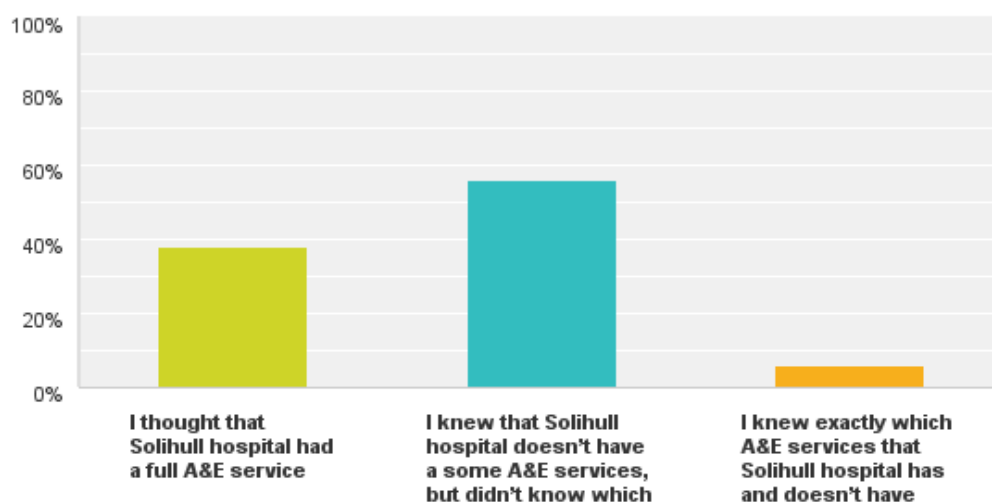
Q4 Which of these services have you been aware of or used?

Answered: 34 Skipped: 0



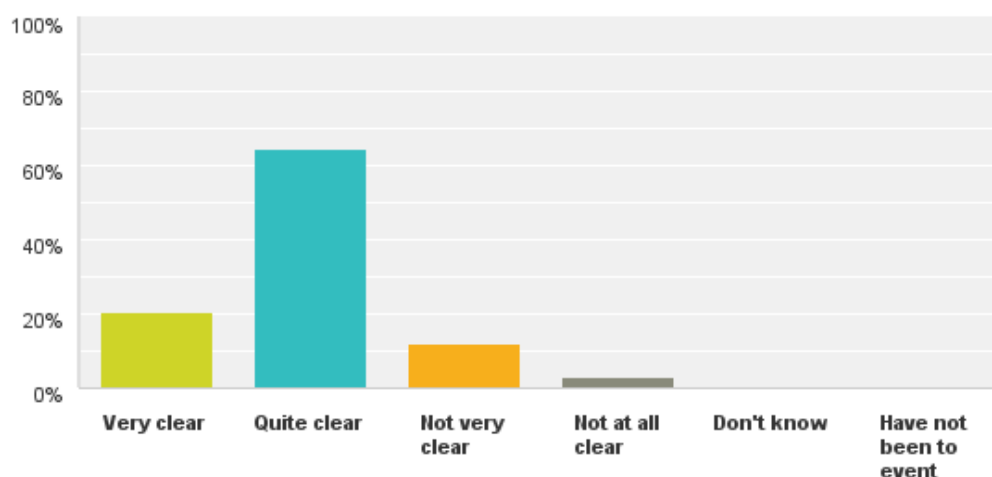
Q5 were you aware that Solihull A&E does not provide a full Accident and Emergency service? (i.e. It doesn't provide services for Children, Maternity, Major Trauma, Emergency surgery or Acute Specialist services)?

Answered: 34 Skipped: 0



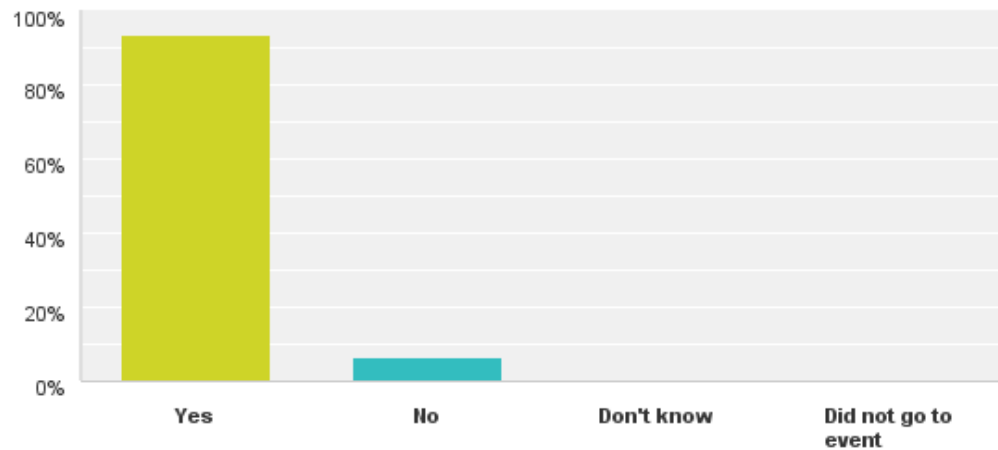
Q6 If you have been to a CCG consultation event or drop in, how clear was the explanation of the proposals for Solihull urgent care services?

Answered: 34 Skipped: 0



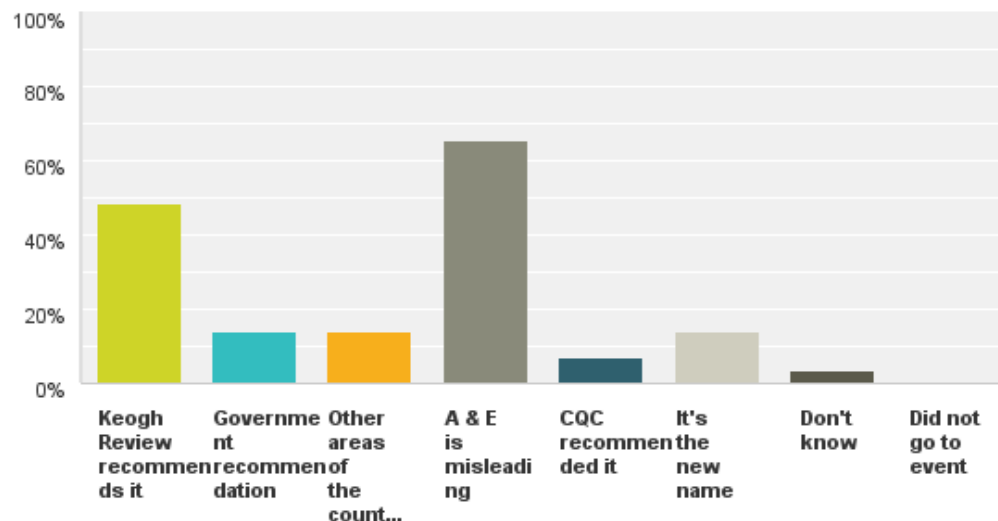
Q9 If you have been to a CCG consultation event or drop in did you receive an explanation of why the 4 current units are renamed as "Urgent Care"?

Answered: 30 Skipped: 4



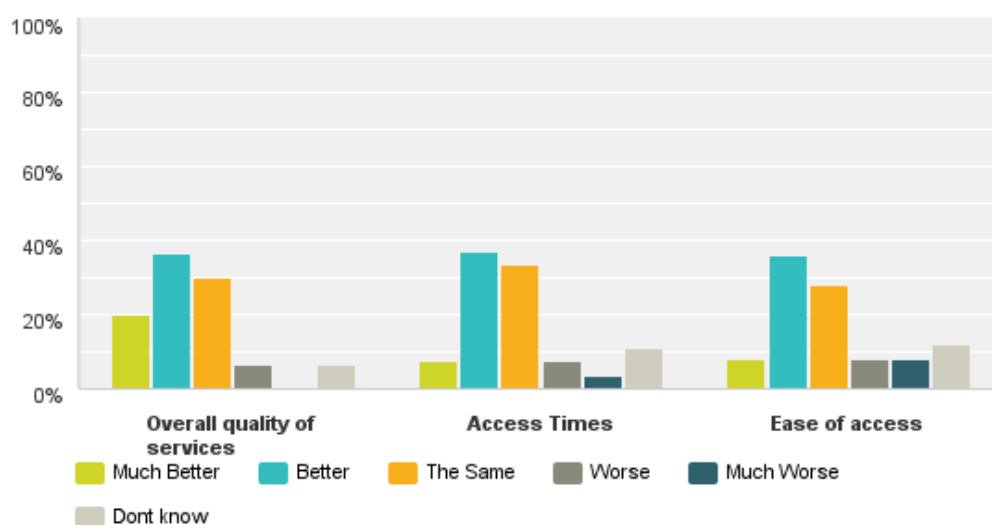
Q10 If you went to a CCG consultation event or drop which of the following reasons were given for the 4 units to be renamed as Urgent Care Centre?

Answered: 29 Skipped: 5



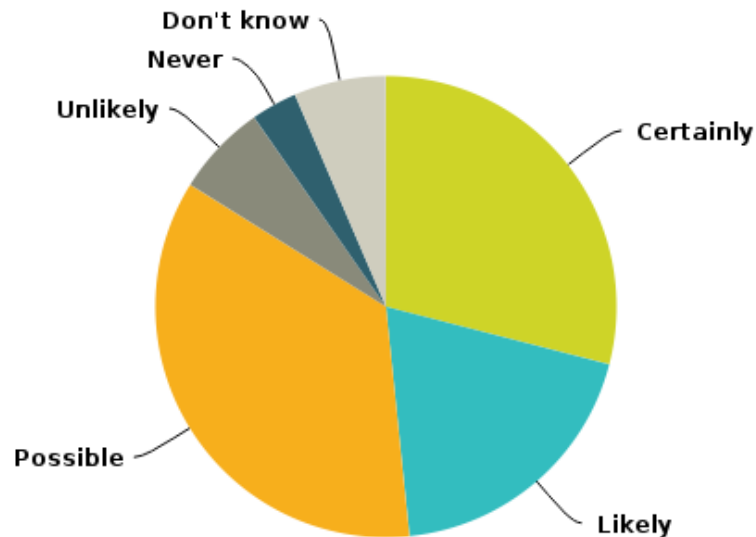
Q11 Now you have heard about the new proposals for Solihull urgent care health services, please indicate below. If you believe that the quality of the services , access times , and ease of access, would improve or reduce or stay the same, as a result of the proposed changes?

Answered: 30 Skipped: 4



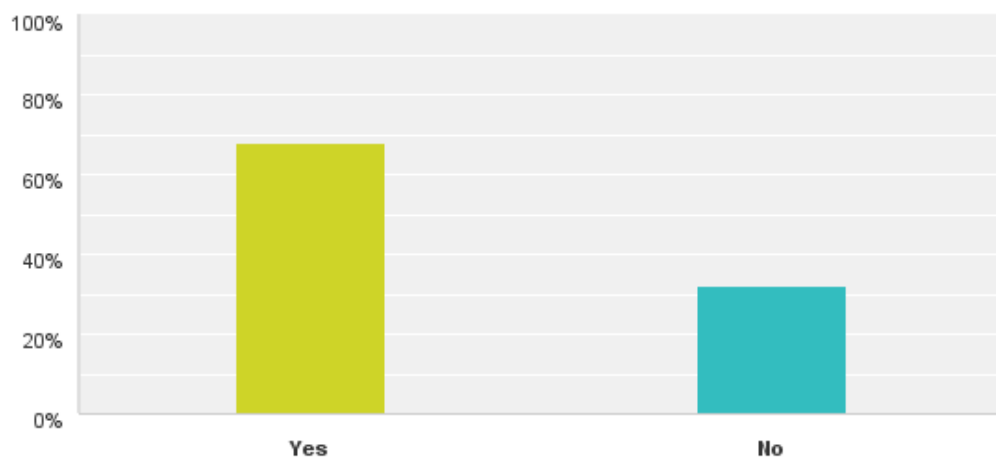
Q12 Would you recommend the proposed new service to your friends and relations?

Answered: 31 Skipped: 3



Q13 Do you know where to find out more information and feed back your comments about the proposed changes?

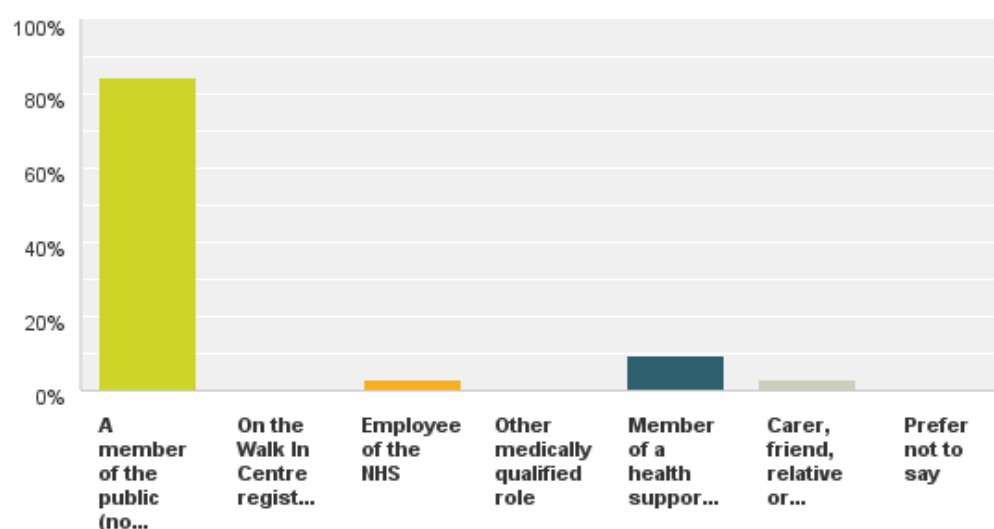
Answered: 31 Skipped: 3



Q14 About You Please could you provide some information about yourself? This will help to ensure we are accessing the views of all sections of the community and to help us to identify any specific issues. Supplying this information is entirely voluntary.

Information that is supplied is protected under the Data Protection Act and will only be used for monitoring purposes. Who are you? (Please tick all that apply)

Answered: 32 Skipped: 2

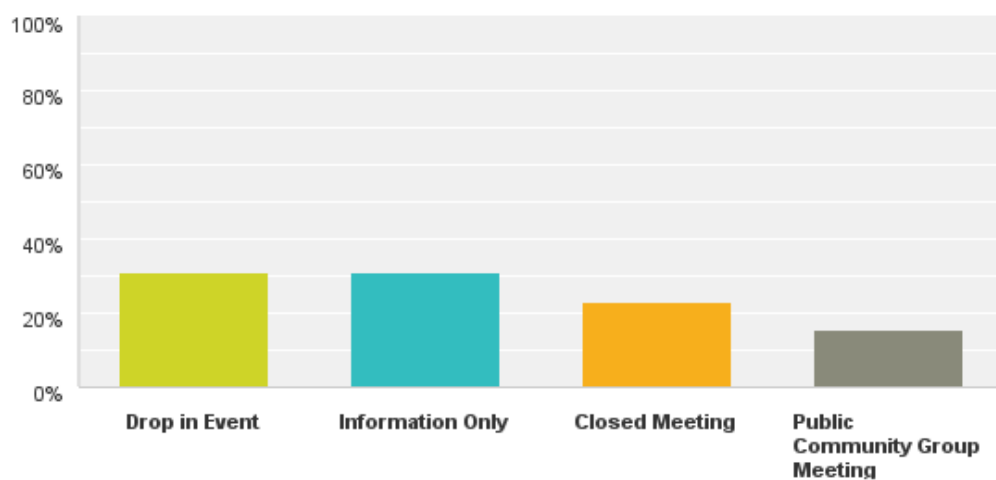


Independent Event Assessment

The “Independent Event Assessment” was completed by Healthwatch Solihull staff and volunteers attending the consultations to record observations about the quality of the events. HWS attended 13 out of the 30 public events to spot check asses the quality of the event by observation against the specified criteria.

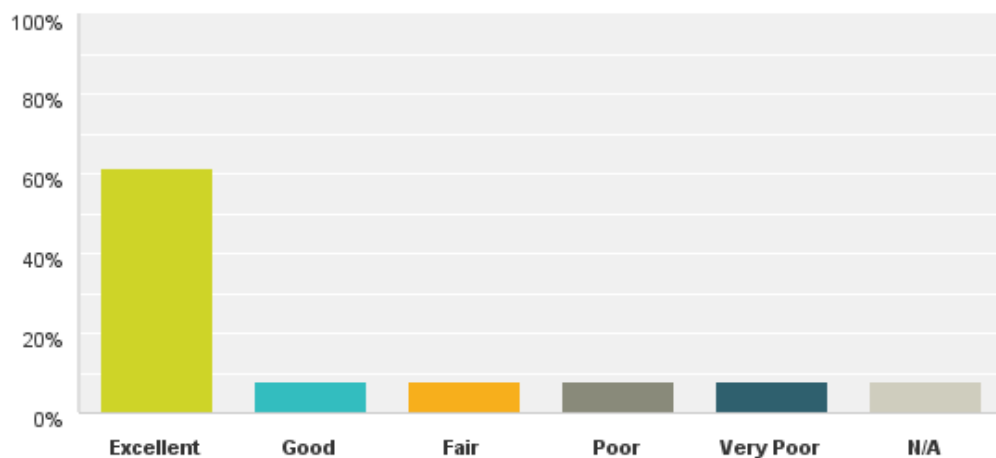
Q4 Type of Event

Answered: 13 Skipped: 0



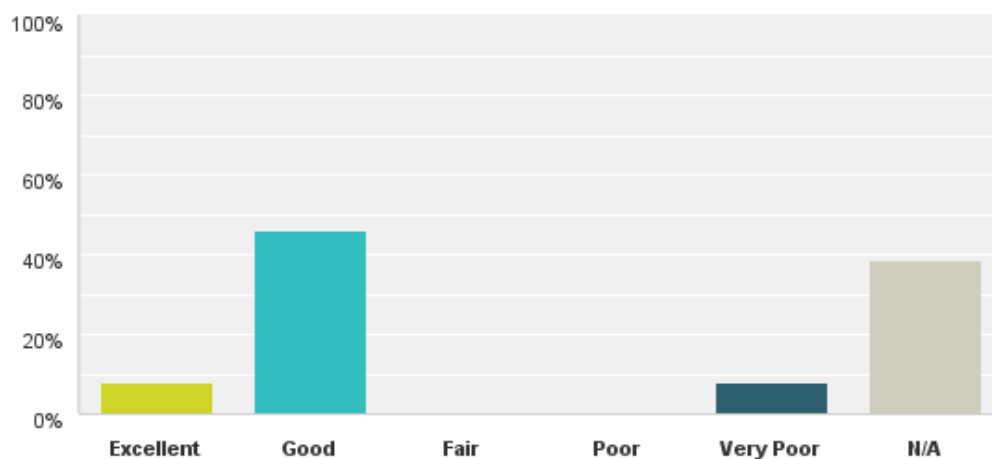
Q6 Provision for wheelchair access/mobility impaired persons

Answered: 13 Skipped: 0



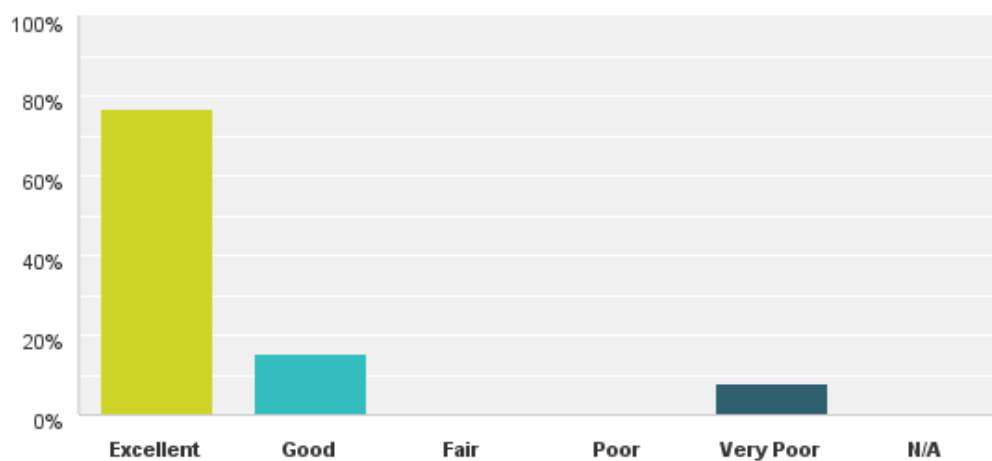
Q7 Provision for good audibility or impaired hearing and (if required) induction loop, signage, PA system

Answered: 13 Skipped: 0



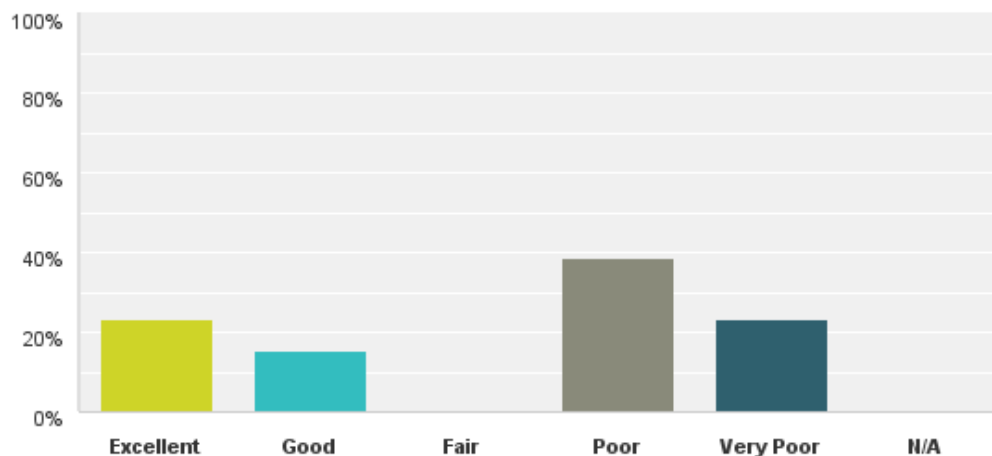
Q8 Literature and information issued to delegates/individuals

Answered: 13 Skipped: 0



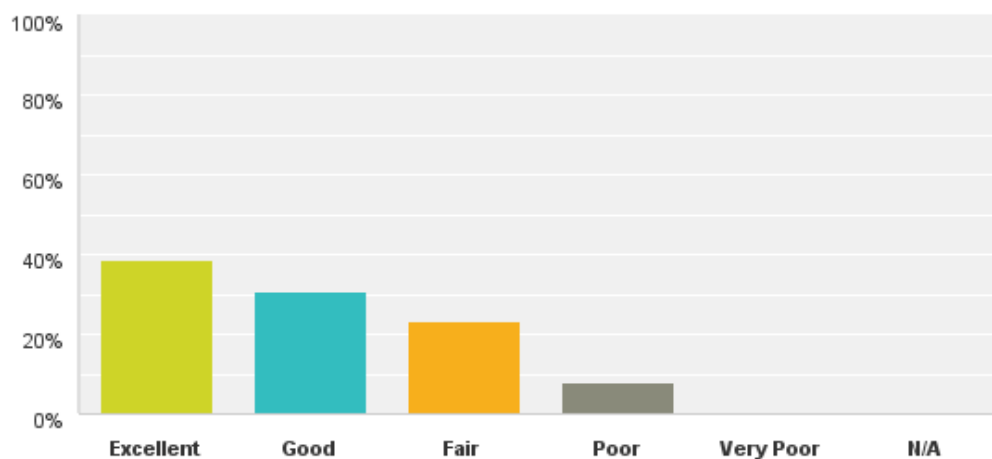
Q9 Accessible literature provision (i.e. Easy Read, other languages)

Answered: 13 Skipped: 0



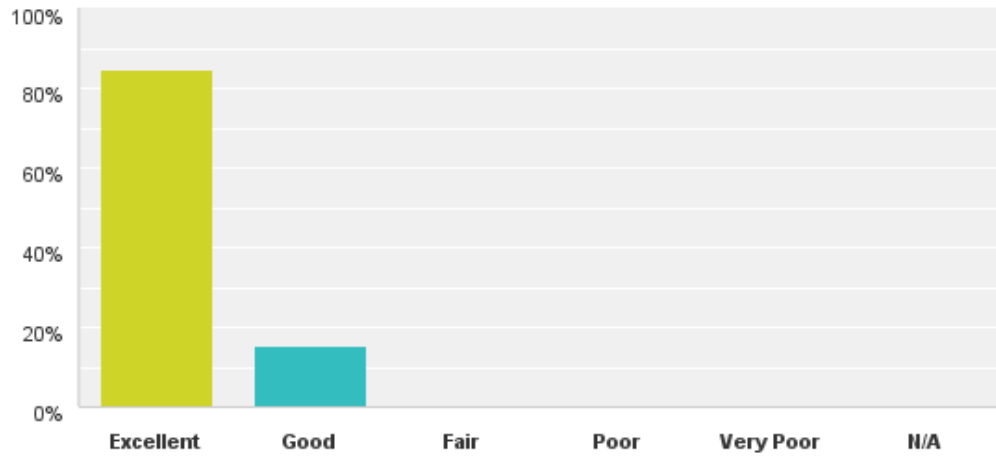
Q10 Clarity of presentation/display relevant to delegates/individuals

Answered: 13 Skipped: 0



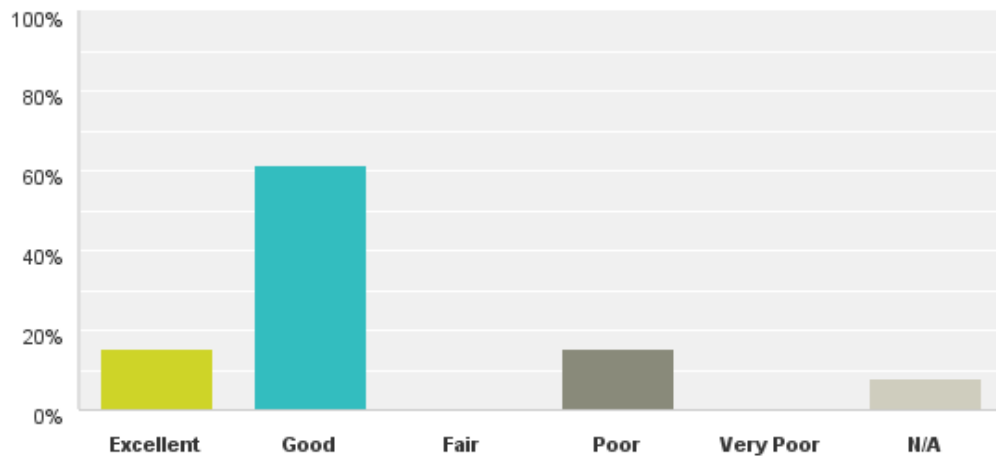
Q11 Opportunity for all delegates/individuals to ask questions and receive feedback

Answered: 13 Skipped: 0



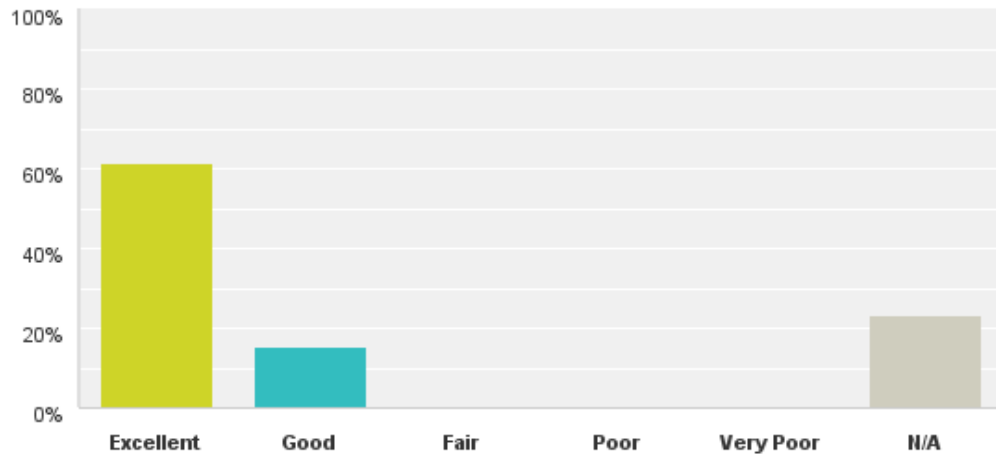
Q12 What level of interest/engagement did you observe?

Answered: 13 Skipped: 0



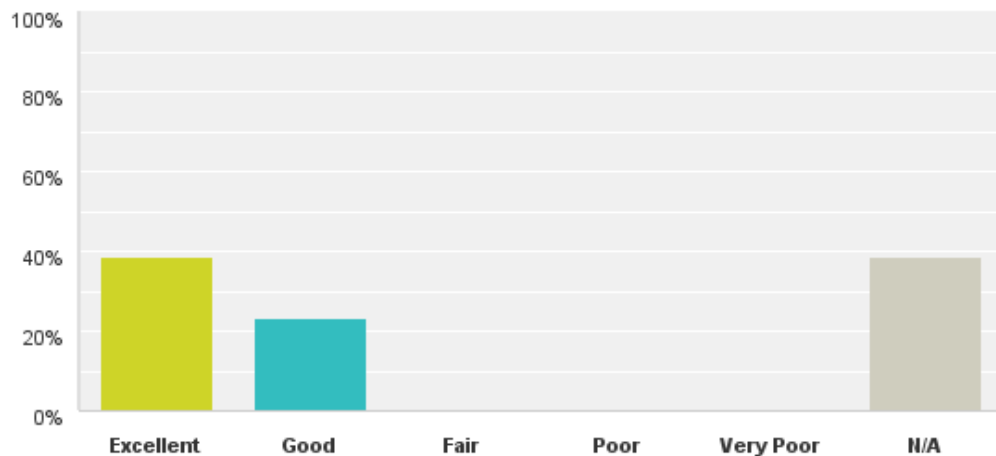
Q13 How responsive were the presenters to people's concerns and negative questions?

Answered: 13 Skipped: 0



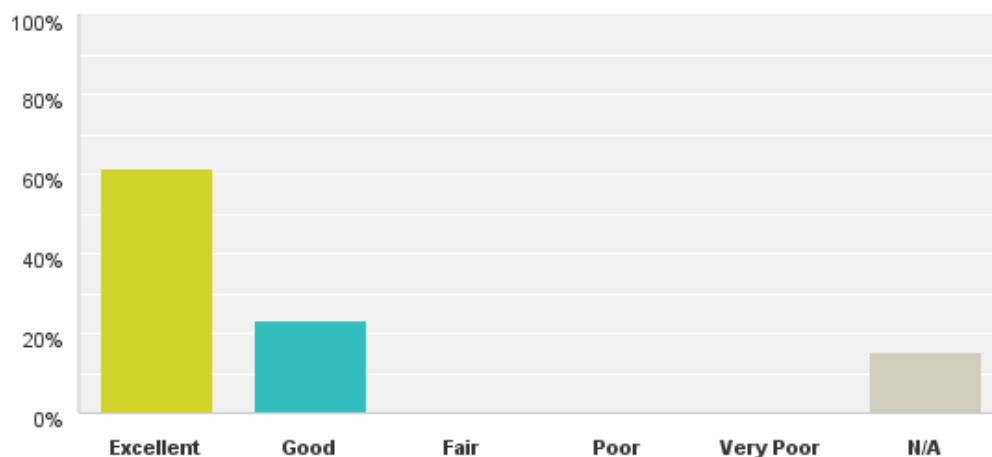
Q14 How accurately did the presentation/display material reflect the detailed Business Case document?

Answered: 13 Skipped: 0



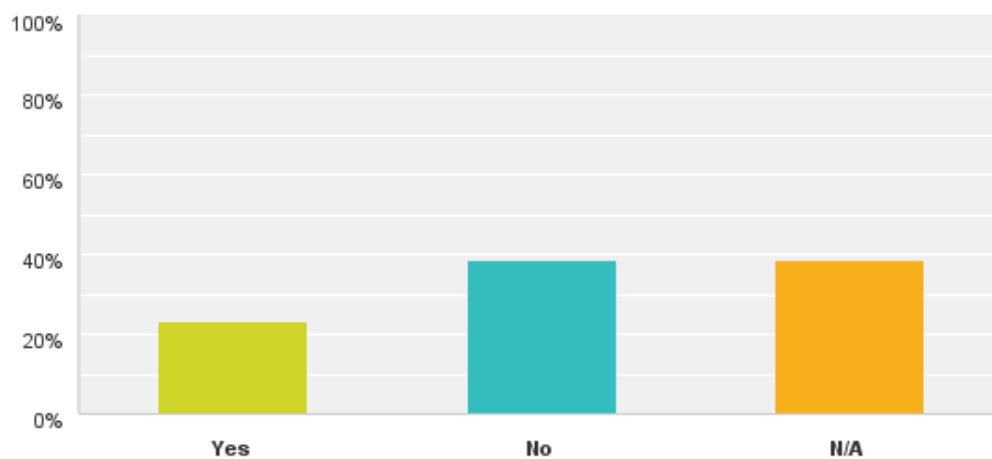
Q15 How accurately did the presentation/display material reflect the "Improve Urgent Care in Solihull" public leaflet (Case for Improvement leaflet)?

Answered: 13 Skipped: 0



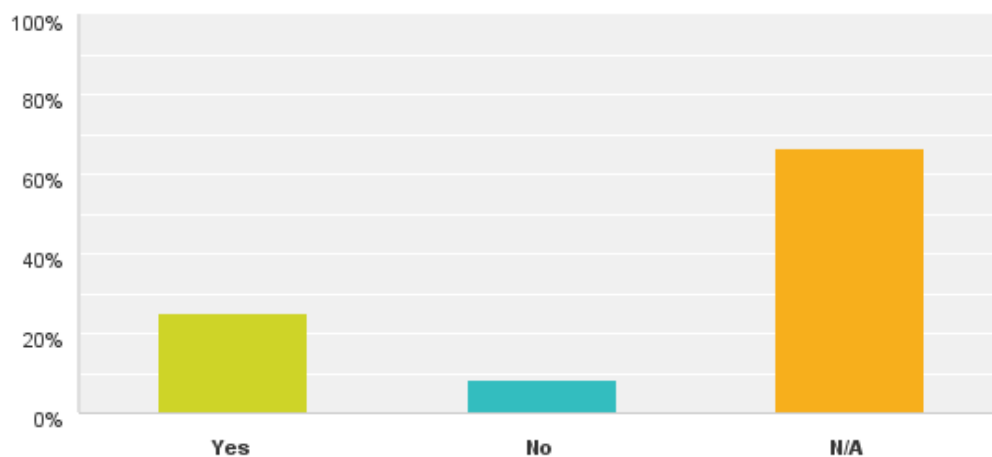
Q17 Did you observe anyone in the audience/individual recording notes?

Answered: 13 Skipped: 0



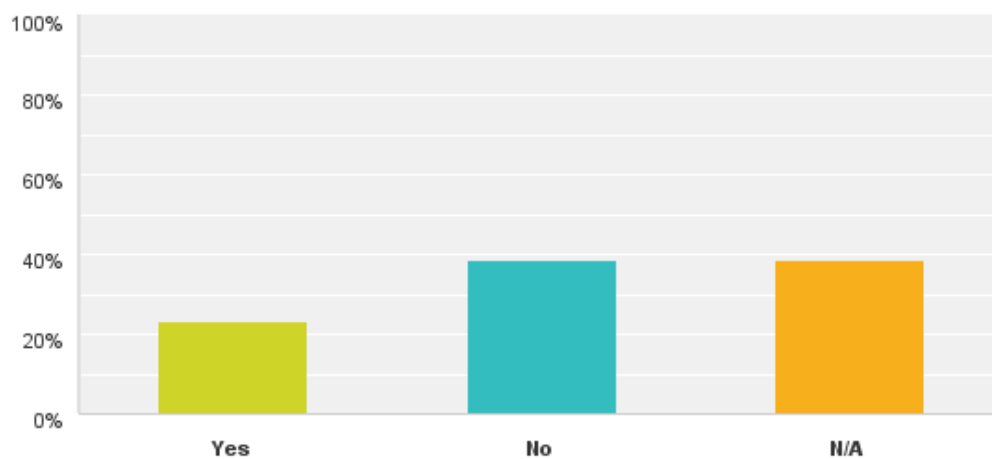
Q18 Was the promise made to the delegates/individuals for follow up information to be fed back to them (if applicable)?

Answered: 12 Skipped: 1



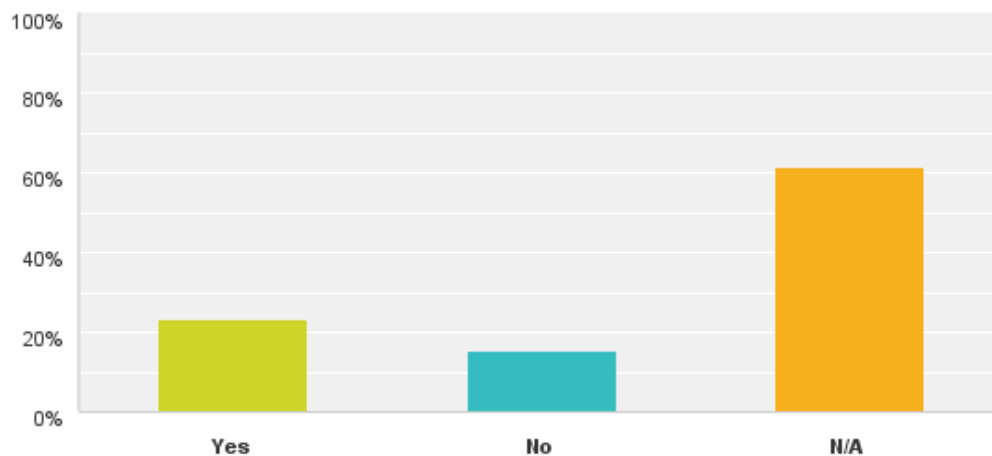
Q19 Was the Healthwatch Solihull survey distributed or offered?

Answered: 13 Skipped: 0



Q20 Was completion of the Healthwatch survey actively encouraged?

Answered: 13 Skipped: 0



A copy of the CCG questionnaire is attached in (appendix 4) along with our questionnaire (appendix 5), observation form (Appendix 6) used at various events together with the mystery shopper form (Appendix 7)

Key Findings

The Urgent Care engagement and oversight group met on the 29th of January 2014 to review the first 2 phases of the consultation as per the details set out in the CCG engagement plan presented to HCSC earlier in January.

The group observed that the CCG had produced material to support communicating with the public including a planned scheduled series of public events and roadshows aimed at encouraging as many individuals as possible to feed into the consultation.

Observations were raised about the effectiveness of the public event publicity, especially in connection with the third sector as highlighted in the engagement plan, as a lead time of 3-6 weeks to involve third sector groups and the CCG engagement map had some omissions of key organisations.

The CCG public survey received a total of 536 responses. These were analysed and displayed a positive trend of 88% of respondents in favour of bring everything under one roof, with 83% in favour of one front door, one reception and 72% in favour of the name “Urgent Care”.

Healthwatch Solihull did “spot check” questionnaires at some of the consultation events in independently gauge the level of understanding of the current provision and the clarity of presentation of the proposal. It must be stressed that the numbers involved are small by comparison to the CCG public survey but did also indicate a level of confusion regarding the current provision (Q5 page 14). Question 10 (page 15) revealed a good correlation between facts presented regarding the reasons for the name change and actual answers given. This does indicate that at the presentations where the survey was used clear explanations in line with the facts were given.

The Healthwatch volunteers and staff attended 13 out of the 30 events available. The observations indicate clear presentations accurately reflecting the business case (Q10 Page 21, Q15 page 24), with good opportunity to ask questions and give feedback (Q11 Page 22). However Q9 on page 21 does indicate a need to improve the CCG literature and questionnaire clarity for people with visual impairment. One comment of several received to this effect was *“The quality of the questionnaires are still very poor. Apart from the elderly population not being able to read them, I also have concerns for other groups of people who probably would not be able to read them i.e. people with dyslexia. The size of the text, the font style, font colour, background colour, size of the booklet defines the size of the font and in some cases it is rather small. All these can have a negative impact on the way someone can read a document. The only information I could see was written in English, no other languages available or braille...”*

This was relayed to the CCG who produced a larger print black and white version later on in the consultation.

The HWS criteria for engagement required witnessing a conversation with the public imparting information and leaving a leaflet with the person. The CCG criteria for measuring engagement required only the giving of a leaflet. This produced some differences in the numbers of people engaged with. As a result the “Lessons learned” section on page 30, item 4 states “Agree on a common definition of “engagement” for future similar activities.

In respect of the speaker presentation events (U3A, Conservative Party, etc our numbers broadly agree.

An issue raised prior to the meeting regarding the survey paperwork being difficult to read for visually impaired individuals (Q9 Page 21), (as the survey paper is a white background with pale blue text) the CCG were made aware of this and it was rectified.

Dave Pinwell CEO of SUSTAIN offered to publicise the consultation through the SUSTAIN Alert Email network, which reaches over 1000 stakeholders, primarily in the Voluntary and Community Sector. This was done on three occasions and included key roadshow dates each time. Healthwatch Solihull would publicise the dates through the media and its networks.

The suggestion was made for the CCG to think about creative ways in which to publicise their planned roadshows to ensure it maximises those opportunities to speak with the public against a backdrop of what is practical and reasonable within its financial constraints.

By the time the group met again in March many of the recommendations had been implemented.

The second meeting held on the 20th March the group noted that following the last meeting and recommendations within the feedback report that ‘a good first attempt to engage in a more creative/different way’ was noted. There was also evidence to support the fact that the CCG had a real desire and willingness to engage with people with regards to the Urgent Care plans that affect the services at the Solihull site.

An example of this was the CCG attendance at an independent public event promoted by Julian Knight parliamentary candidate on the 10th March where by Dr Patrick Brooke, Professor Matthew Cooke and CEO Samantha Mills representing Healthwatch Solihull formed part of an interview panel that allowed members of the general public to ask specific questions regarding their concerns of the GP walk in service. This event was not a planned CCG event never the less the willingness to engage was evident.

The group also reviewed the CCG Equality Impact Assessment of the consultation and also used that framework in assessing engagement activity and the reach across the borough. It was conveyed to the group that Healthwatch Solihull receive regular weekly updates from the CCG on all of their planned engagement activity.

Observations

There was a general consensus from the group that the language used in the consultation may have had more of an impact and attracted the interest of people more, if the term 'Changes affecting Solihull Hospital' were deployed instead of 'Urgent Care' using basic simple terminology. It is our understanding that this approach was tested out on the Bus Tour event at Sainsbury's at the Maypole with much success. The group advocate a change in terminology going forward for the remainder of the consultation.

The group observed low uptake of surveys being 374 completed (figure quoted 20 March meeting), however this is not out of kilter with other 'out of region' consultations where generally this form of engagement can be surprising low. This was offset against other forms of medium the public can avail themselves of, for example websites and twitter - for some people it is sufficient for them to be taking in knowledge about an issue verses feeling the need to speak out and join in with the consultation exercise. The group felt that this was an incomplete picture until the consultation finishes but probably would not change dramatically (The final figure being 536 survey responses).

It was also noted through Healthwatch Solihull mystery shopper exercise across 25 of the 32 GP practices that there was a disparate approach in giving patient's information and displaying information. i.e Urgent Care leaflet/ Questionnaire and posters ranging from excellent as with the Castle Practice in Castle Bromwich to no information or information behind the reception areas as with Arran Medical practice in Chelmsley Wood .

Healthwatch Solihull are aware that the CCG have regularly sent out emails to the GP Practice managers bringing to their attention the importance of the consultation including a presentation to the GP Practice managers on the 29th January and a presentation to the GP Practice Nurses Meeting on the 31st of January. It was noted that the CCG continued to engage and push GP practice managers as a conduit to exchange information and encourage uptake of the surveys.

An offer from Sarah Barnes to use the network 'Family Information Service' contacts was offered to enable greater reach with young families/parents across the borough. Dave Pinwell CEO of SUSTAIN offered to publicise the consultation through the SUSTAIN Alert Email network, which reaches over 1000 stakeholders, primarily in the Voluntary and Community Sector. This was done on three occasions and included key roadshow dates each time.

It is also encouraging to see engagement with 159 schools across the borough. It is our understanding that letters have gone to every school and that each parent with children at those schools has received a letter drawing their attention to the fact that no paediatric services are currently supplied at the Hospital site and the wider details of the consultation.

A copy of the letter sent to the schools is attached in Appendix 8

Lessons Learned

Below are areas the CCG may wish to consider in the future with other borough wide consultations:

1. Look at re phrasing the conversations with the general public with reference to the terminology used (does not apply to internal networks and stakeholders) clinical speak does not connect with the public
2. Make contact with the administrators of existing networks (e.g. SUSTAiN, Family Information Service) at the earliest point in future consultations to ensure that these can be utilised effectively to get information out and engage more fully with relevant organisations and their members.
3. Literature and survey accessibility could be improved for visually impaired and dyslexic people. An easy read version should also be provided. We received no specific comments regarding literature in other languages however this should be assessed in future consultations.
4. Agree on a common definition of “engagement”.

Conclusion

The whole consultation process has suggested that of the sample size of people communicated with most are in favour of the proposed plans. There are no significant outliers that would be a cause for concern. There is a need to start thinking about the methods the CCG could use in terms of keeping the public informed of progress after the consultation end on the 9th of April. It is vital that there is some continuity in terms of keeping the public informed. We are confident this is forming part of the CCG forward plans and discussions.