

Urgent Care Health Provision in Halton:

Summary results



During summer 2013, residents and key stakeholders were given the opportunity to respond to a consultation regarding urgent care health services in Halton. The two areas of urgent health care that were being consulted on were the proposal for urgent care centres in both Widnes and Runcorn and the proposal for a CDU (Clinical Decision Unit) based at the Halton Hospital Site.

There were a number of opportunities for residents and key stakeholders to take part in the consultation. These were:

- Healthwatch Halton Meetings
- Two Public events held at Select Stadium Halton and Runcorn Town Hall
- GP and Practice Feedback Questionnaire
- Young Persons Questionnaire via Catch-22 and Halton Speak Out
- Online / Paper questionnaire available for the public to complete via <http://www.haltonccg.nhs.uk/urgentcare> and also distributed via local community groups and advertised in 'Inside Halton' - a quarterly magazine that is distributed to every household in the borough.

The overwhelming majority of attendees at the meetings, as well as those who responded to the GP and practice feedback questionnaire and those who responded to the questionnaires are in favour of the proposals. There was also opportunity for people to make further comments and a number of questions and suggestions were made.

The following report provides a summary of the information received from the different methods of consultation listed above.

Methodology

For the purpose of the urgent care proposal consultation, the best approach was to gauge as many different views and opinions from members of the public as possible. Therefore it was decided that the best technique to use to achieve this was the 'snowball sample' technique.

A 'snowball sample' is a non-probability sampling technique where respondents are recruited through existing networks (for example, hard to reach groups), allowing research to include these residents as well as the general population.

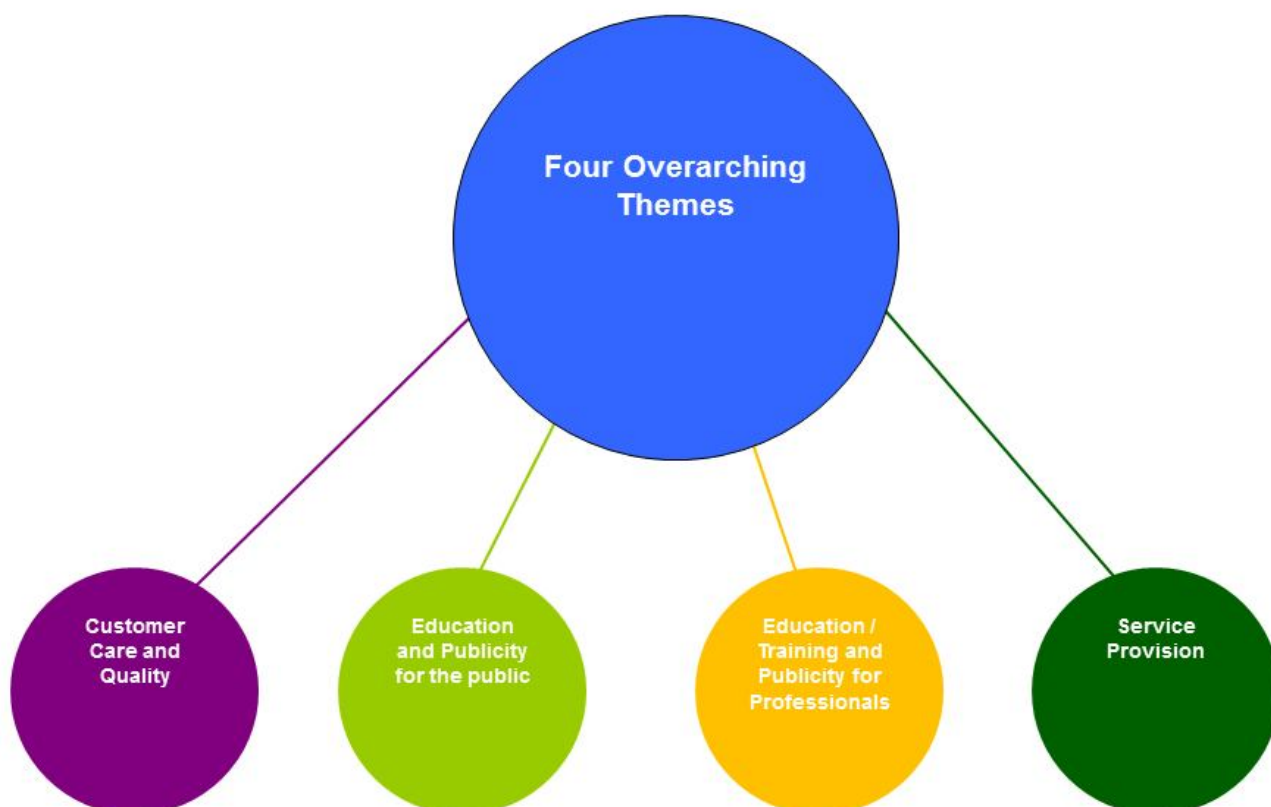
Consequently, we were able to consult with not only the wider public via an online and paper questionnaire advertised in 'Inside Halton' (a magazine that is distributed to every household in Halton) but also to target individual service user groups and young people through those who work in the community in the voluntary and third sector.

As the sample of responses built up i.e. like a snowball, enough data was gathered to build a picture of opinion. Over 350 residents took part in the consultation overall.

Key Findings from all consultation methods

The feedback from the varied methods of consultation was overall in favour of the urgent care proposals. Those who responded believe that the new facilities would be of great advantage to the residents of Halton and in terms of health and wellbeing it will be of comfort to residents that they would have immediate access to urgent care facilities. Not having to worry about public transport, not having to travel to Warrington A&E and lessening the burden on A&E were also factors as to why the proposals are a good idea. It was also discussed that having a Walk-in Centre based in Runcorn would also help residents of other surrounding areas such as Frodsham.

Over 800 comments, concerns and questions about the proposals were also gathered from the consultations and from these; four overarching themes can be identified.



Customer Care and Quality

Comments focused on the need for good customer experience when using the facilities. Signage should be easy to understand in the buildings and thought should be given to the layout of waiting areas, as well as facilities being made available for those using the urgent care facilities and their carers. Easy access to the building and easy read signs and leaflets should be available for those with learning difficulties or other disabilities. It is also important that staff (both medical and non-medical) are knowledgeable, approachable and willing to explain / advise if people have questions or are worried.

Opening hours and transport issues were also discussed. The general opinion is that the service should be open late night – if not all night – and that the pharmacy should also be available during the full opening hours of the service. If the service is not open all night then information should be provided on what services can be used.

Travel over the Silver Jubilee Bridge and parking availability / fees were also discussed. Currently you have to pay at Halton Hospital to park, however the Walk-in Centre at Widnes is free? This should be clarified at the new Walk-in Centre. People should be directed to alternative facilities if there are road works / blockages on the Silver Jubilee Bridge rather than travel to Runcorn.

Education and Publicity for the Public

Although respondents are in favour of the proposals, it would add another strand of urgent care for residents which may cause confusion over which service should be used. Therefore, any advertising campaign for the public should be clear, concise and informative. This applies not only to advertising the service but also educating the public as to what service is available, what each service provides and when it is appropriate to use a particular service.

It was also discussed that residents should be informed of the reasons why the new services are being proposed / developed and how this will benefit them in terms of costs and A&E admissions.

Education / Training and Publicity for Professionals

It was felt that alongside education and advertising for the public, it is also important to inform all health professionals in the same manner. GP's and health centre staff should be trained on what services are available and when it is best to refer or direct a patient. Some comments also suggested that the referral process to A&E should change to reflect the new service provision.

Service Provision

There are concerns that the new facilities will become overstretched as people will use these instead of going to their GP. It is important that the level of care within the two walk in centres will be of the same high standard and that there will not be competition between the centres.

The level of qualified staff was also discussed, as the level of qualification determines the type of treatment / prescription facility that can be provided. Staff numbers should also be considered and service providers should work together to help ensure that the facility does not become overstretched.

Comments were also made concerning other services that could be provided within the buildings, such as a full x-ray service and mental health services.

Demographic Profile of Halton

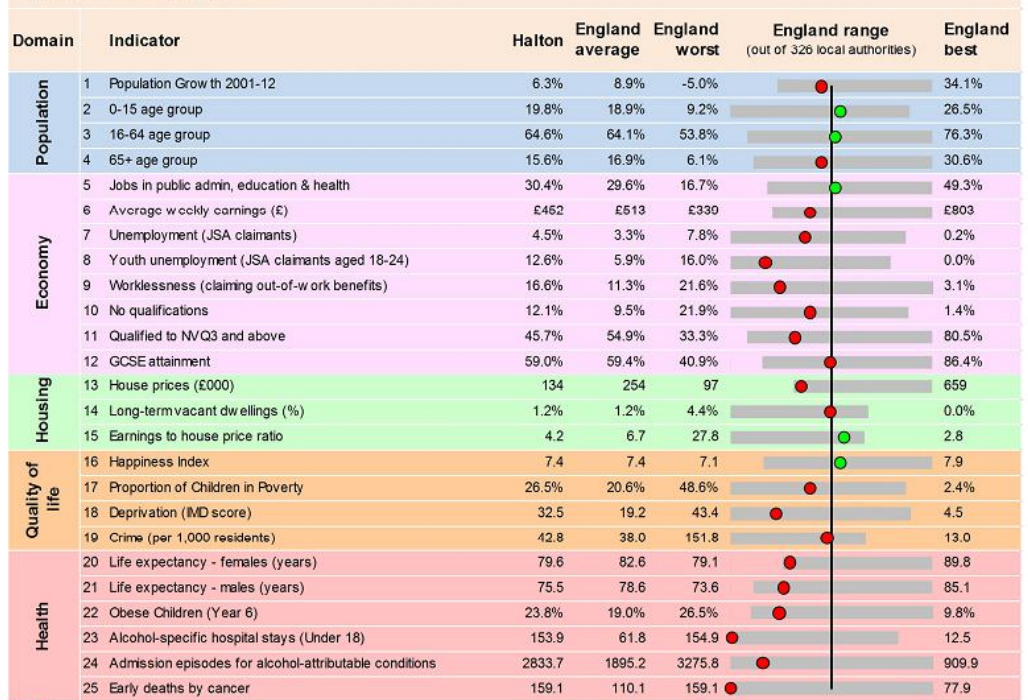


Produced by the Customer Intelligence Unit
 E-mail: research@halton.gov.uk
 Webpage: www.halton.gov.uk/research

Ten things you need to know about Halton...

- In the long term, the older people age group (65+) are projected to grow by 33% from 18,800 in 2011 to 24,700 in 2021.
- Halton has a largely White population (around 97.5% of population).
- Unemployment and worklessness are key challenges in Halton, with variation at small area level – around 1 in 3 adults in Windmill Hill ward are claiming an out-of-work benefit.
- Residents in Halton have a lower average wage than people working in Halton.
- GCSE attainment¹² in Halton is slightly lower than the national average and ranges from 33% in Riverside to 86% in Farnworth.
- House prices in Halton are low; this does mean that Halton is a relatively affordable place to live, with house prices around 4 times average earnings.
- Around a quarter of Halton's population rent from Registered Social Landlords (RSL's), this is around twice as much as regional and national figures.
- Deprivation is a major issue in Halton, 21 of the 79 'Super Output Areas' fall in the 10% most deprived areas in England. Over a quarter of children – 7,800 – live in poverty.
- Life expectancy in Halton is low – Halton's female life expectancy is the 4th lowest in the country.
- Halton has been identified as the 96th worst local authority area in England for alcohol related crime and the 67th worst area for binge drinking (2013 LAPE).

How does Halton compare with other places in England?



Notes for chart:

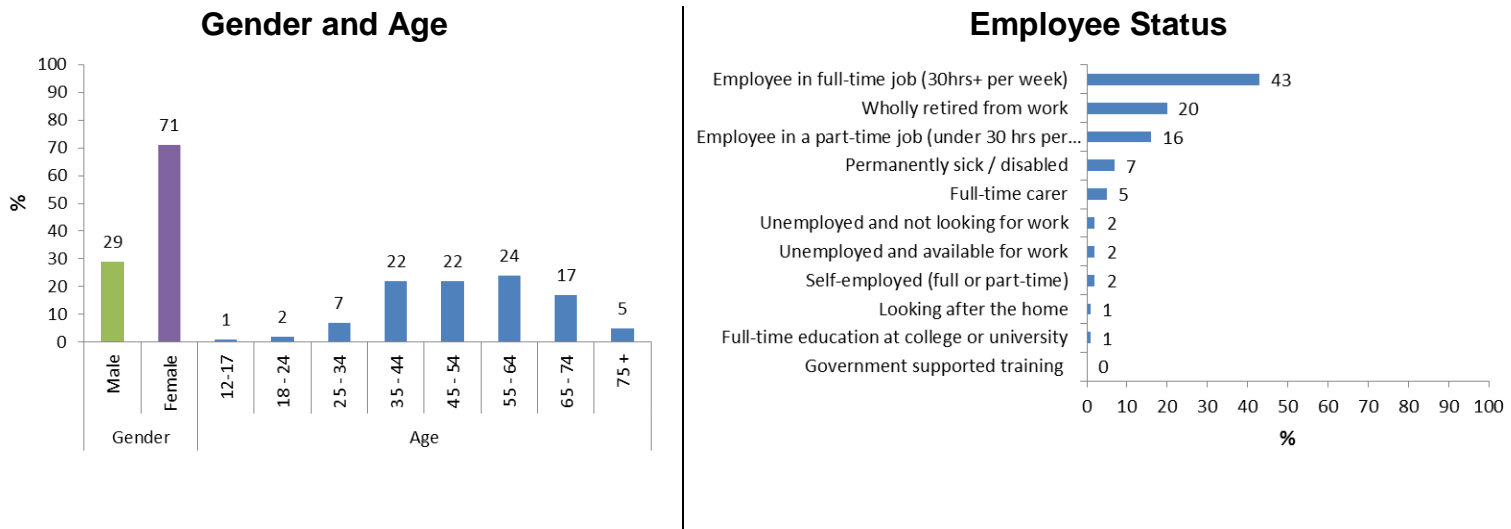
1 % total population growth from 2001 Census to 2012 mid-year population estimates. 24 given as % of total population. 2012 mid-year population estimates. 5 given as % of all in employment. ONS Annual Population Survey, Apr-12 to Mar-13. 6 Average (median) gross weekly earnings of residents, ONS Annual Survey of Hours and Earnings 2012. 7 % of 16-64 year olds claiming JobSeekers Allowance, NOMIS, Aug-13. 8 % of 18-24 year olds claiming JobSeekers Allowance, NOMIS, Aug-13. 9 % of 16-64 year olds claiming out-of-work-benefits, NOMIS, Feb-13. 10 % of 16-64 year olds who have no qualifications, ONS Annual Population Survey, Jan-12 to Dec-12. 11 % of 16-64 year olds qualified to NVQ3 or above, ONS Annual Population Survey, Jan-12 to Dec-12. 12 % pupils achieving 5+ GCSE's A*-C inc. English and Maths, Department For Education, 2011/12. 13 Average house price based on Land Registry data, CLG housing - live tables (table 581), Q3 2012 (London boroughs removed as significantly higher than other authorities). 14 % unoccupied or substantially unfurnished for over 6 months (given as % of total households from 2011 Census), CLG housing - live tables (table 615), 2012. 15 Ratio of median house price to median earnings, workplace based gross earnings of employees from ASHE and median house price based on Land Registry data, CLG housing - live tables (table 577), 2012. 16 Response to the question 'Overall, how satisfied are you with your life nowadays? Where 0 is 'not at all satisfied' and 10 is 'completely satisfied', ONS Annual Population Survey, Apr-11 to Mar-12 (only county and unitary authorities). 17 % children (under 16) in families receiving means-tested benefits & low income, 2010. 18 Overall Deprivation Score, Index of Multiple Deprivation 2010 (the higher the score, the more deprived the areas is). 19 Crimes per 1,000 population, ONS, 2011/12, (based on the Recorded Crime CSEW comparator, which is a subset of recorded crimes. The following crimes are included in the recorded crime/CSEW comparator measure: Theft of a vehicle, theft from a vehicle, vehicle interference and tampering, domestic burglary, theft of a pedal cycle, theft from a person, criminal damage, common assault, wounding and robbery (of personal property not business property). This set of crimes covers about 60% of all recorded crimes). 20-21 Life expectancy at birth, Department of Health, 2008-10. 22 % obese school children in Year 6 (age 10-11), 2010/11. 23 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled). 24 All ages, Directly age standardised rate per 100,000 population, 2010/11. 25 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 (All health indicators from DoH local authority health profiles and local alcohol profiles for England).

Online / Paper Questionnaire Summary Results

Who responded?

297 responses were received in total and the demographic of the respondent is illustrated below.

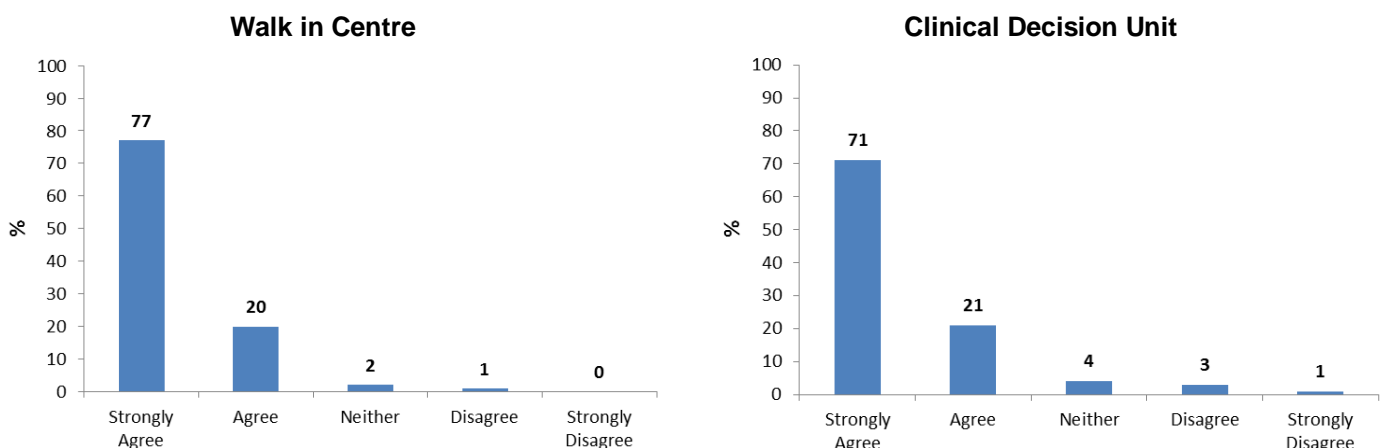
97% of respondents stated that they are White British. 35% stated that they have parenting responsibilities. 30% stated that they regularly provide unpaid support to care for somebody. 45 respondents stated that they class themselves as having a disability. The two most frequent type of disability selected were mobility (26) and physical (21).



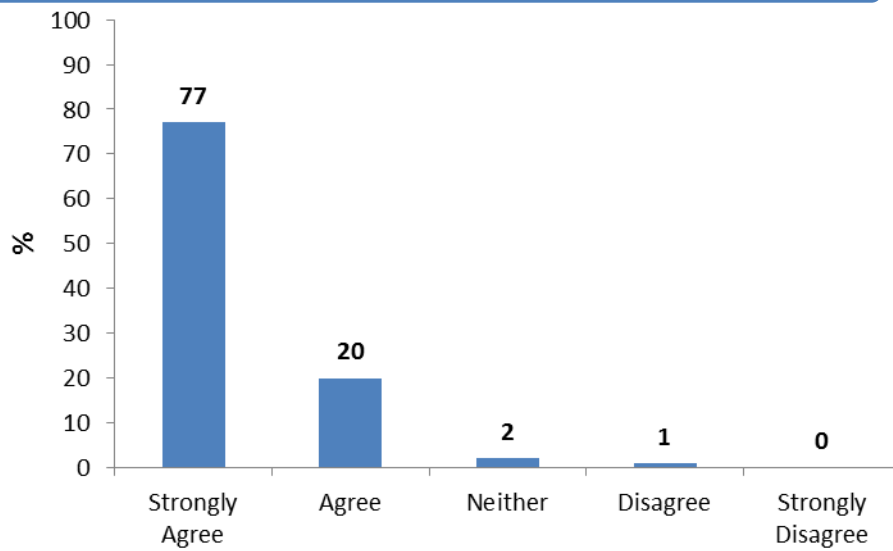
What did they tell us?

The online / paper questionnaire not only provided an opportunity for respondents to tell us if they agree or disagree with the proposals but also to give comments about the proposals.

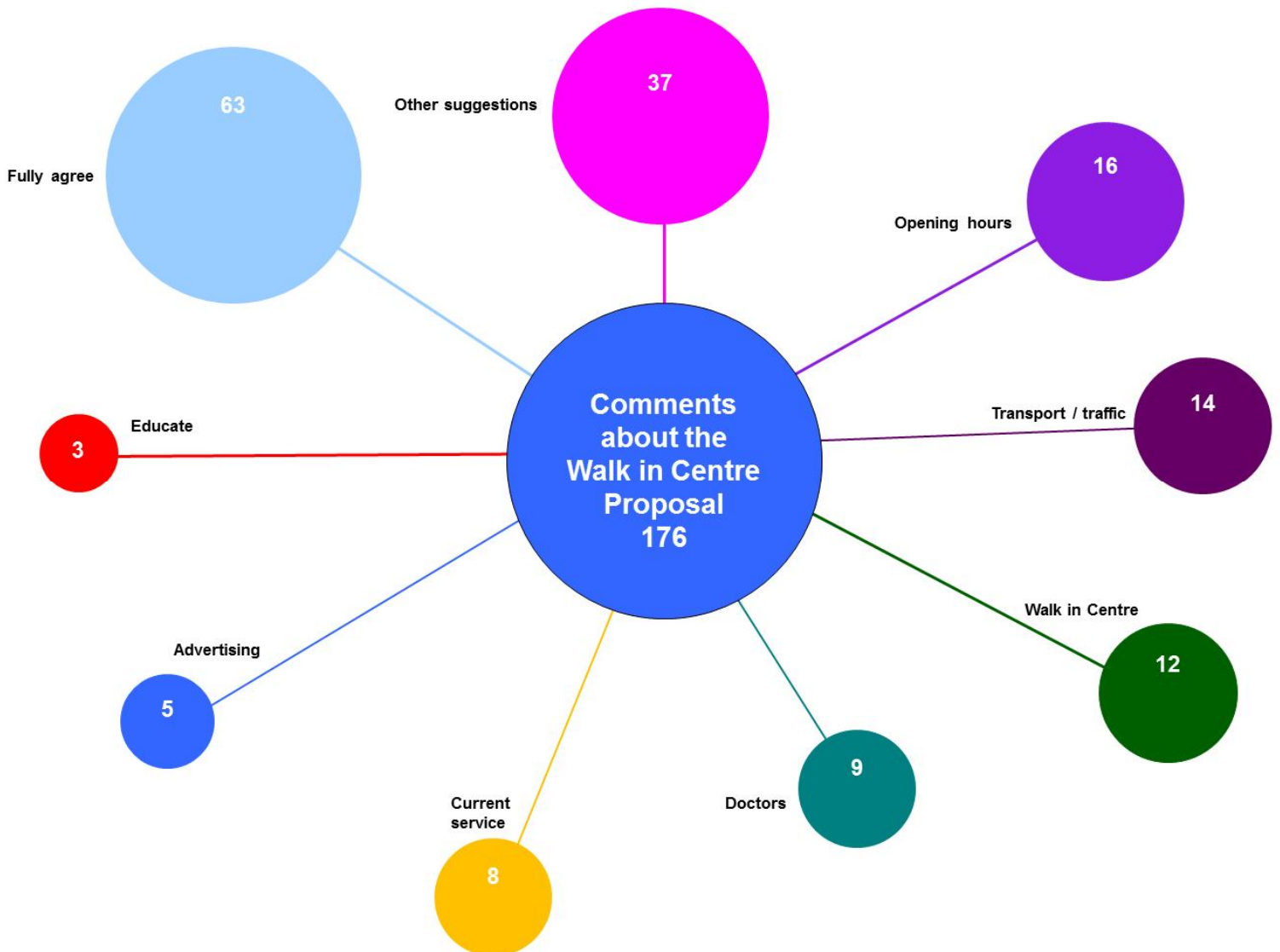
An overwhelming majority of respondents, (94%) either 'Strongly agree' or 'Agree' to the proposals suggested.



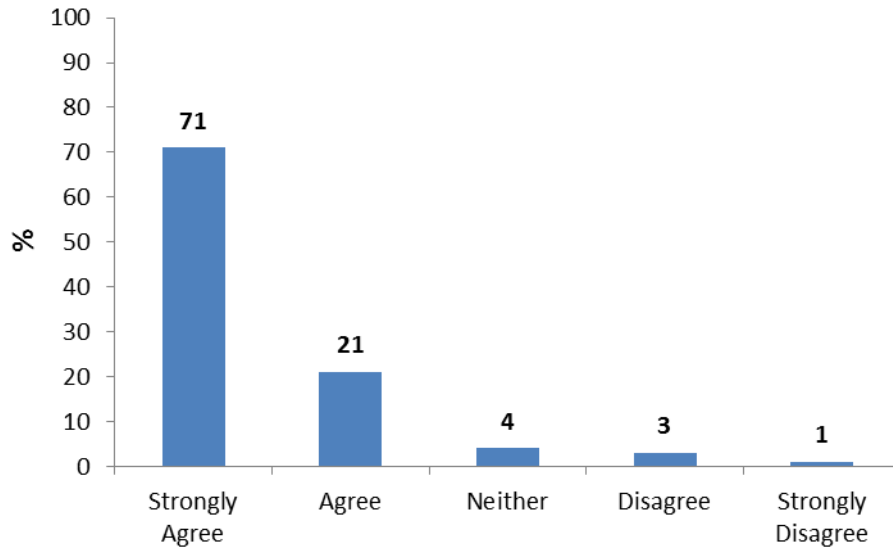
Walk-in Centre Proposal



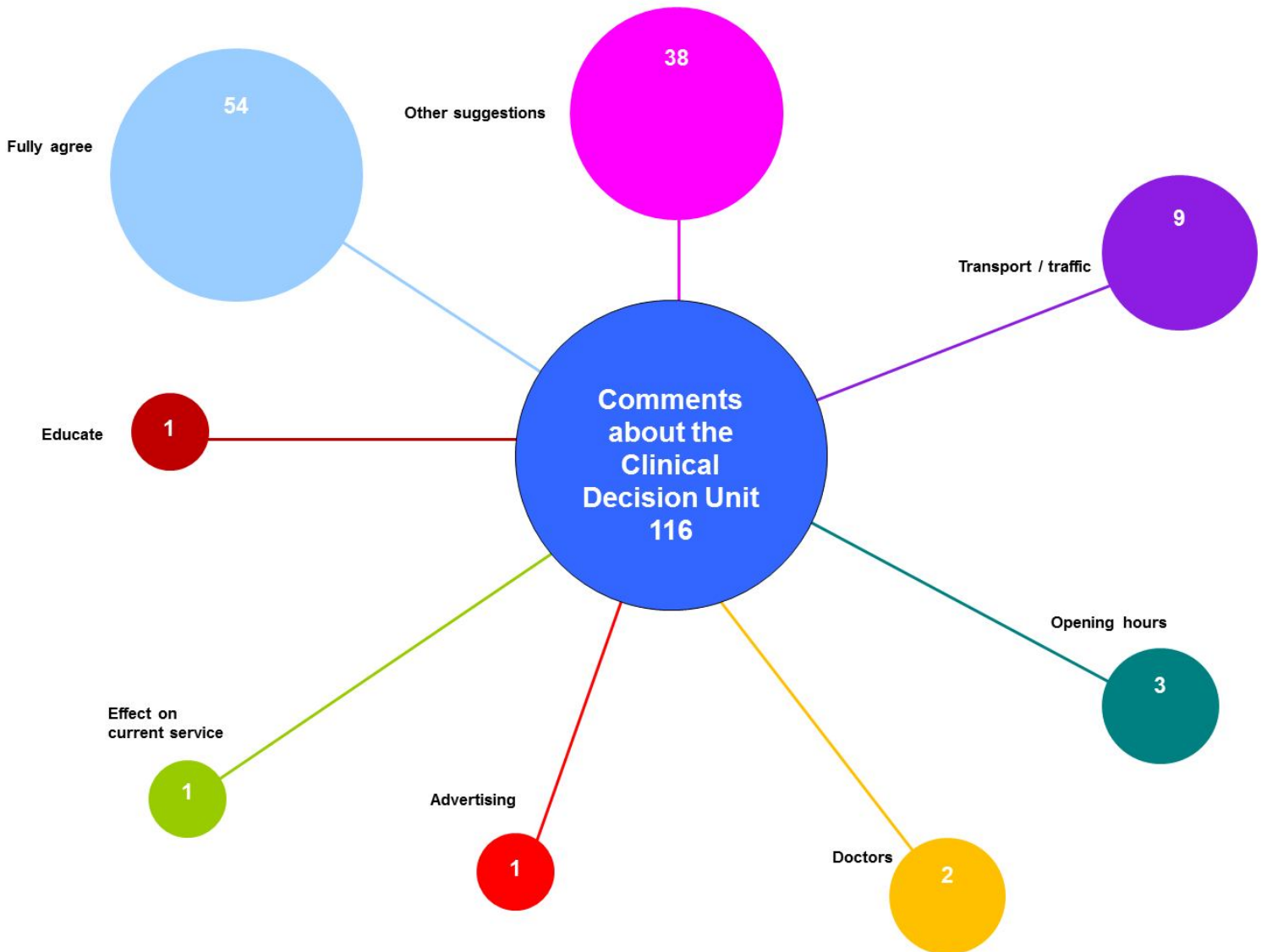
Walk-in Centre Proposal Grouped Comments



Clinical Decision Unit Proposal



Clinical Decision Unit Proposal Grouped Comments



Walk-in Centre Proposal *Summary of Grouped Comments

(*all comments will be considered on an individual basis)

Fully Agree: 63 Comments

The walk-in centre proposal is an excellent idea for the residents of Halton.

Other Suggestions / questions for service provision: 37 Comments

Where should people go if they have broken bones and also where should those with heart conditions or chest pains travel to? The x-ray department / ultrasound and CT Scanner should be in use at Halton Hospital. Halton Hospital should be a full working hospital.

Opening Hours: 16 Comments

Out of hours services should be available. Opening hours should be extended in Walk-in Centres. What will the opening hours be? Should be a seven day service.

Transport and Traffic: 14 Comments

Parking issues – not enough spaces. Charging for parking at Walk-in Centres is wrong as in an emergency you may not have any cash readily available. Good idea as it can be difficult for people to get to Whiston or Warrington if you don't have a car. Good for when we have to pay to cross the bridge.

Walk in Centre: 12 Comments

Halton Minor Injuries provides a better service than Widnes Walk-in Centre – would not want to see this service lost. Walk-in Centre service should guarantee highly qualified staff at all times, not just at certain times of the day and should be fully staffed. Service should be prompt. Walk-in Centre both sides of the river should be provided. More nurses should be able to prescribe at the Walk-in centres and should be staffed later. High pay of receptionists at weekend needs to be looked at. Walk-in Centre has lack of communication with the GP. Has been a lack of accurate diagnosis at the Walk-in Centre.

Doctors: 9 Comments

Being able to visit the Walk-in Centre when your GP is not available or you cannot get an appointment. The Walk-in Centre will take pressure off GP's. Any treatment given should be forwarded on to your usual GP. GP surgeries tell you to go to the Walk-in centre so the new service will become overstretched.

Effect on Current Service: 8 Comments

There are concerns that the qualities of the current service will be lost and that residents will use the facility as their first choice to see a see doctor rather than go to their GP. Nurse led facilities are highly efficient so why do we need a doctor at the Walk-in Centre? Also concerns that provision elsewhere e.g. A&E may be affected due to the running of the new service; sufficient staff numbers are required across all health provision.

Advertising: 5 Comments

Easy read leaflets, emphasis on a large publicity campaign.

Educate about New Services: 3 Comments

Both staff (community staff and staff in GP practices and other health professionals) and the public should be educated as to the new services and also as to what is currently available.

Clinical Decision Unit Proposal *Summary of Grouped Comments

(*all comments will be considered on an individual basis)

Fully Agree: 54 Comments

The Clinical Decision Unit proposal is an excellent idea for the residents of Halton.

Other Suggestions for service provision: 38 Comments

If people have chest pains where should they go? Minor injuries should stay as a full working department alongside a Walk-in Centre. The facilities should be a full triage unit. Halton Hospital should be a full working hospital.

Transport and Traffic: 9 Comments

Will cut down on travelling time e.g. to Warrington. Good for those who live outside of Halton e.g. Norley. Improve access for those who do not have transport. Will there be help for transport costs if you live in an area where there are no buses at certain times of the day?

Opening Hours: 3 Comments

24 hour opening should be available. Opening hours should be the same as the Walk-in Centres.

Doctors: 2 Comments

Will help with those who cannot get an appointment at their GP surgery.

Advertising: 1 Comment

Will need wide publicity and waiting times should be published.

Educate about New Services: 1 Comment

People need to know when it is appropriate to use a specific service.

Effect on Current Service: 1 Comment

Good idea, but there should be a direct service into hospital if required.

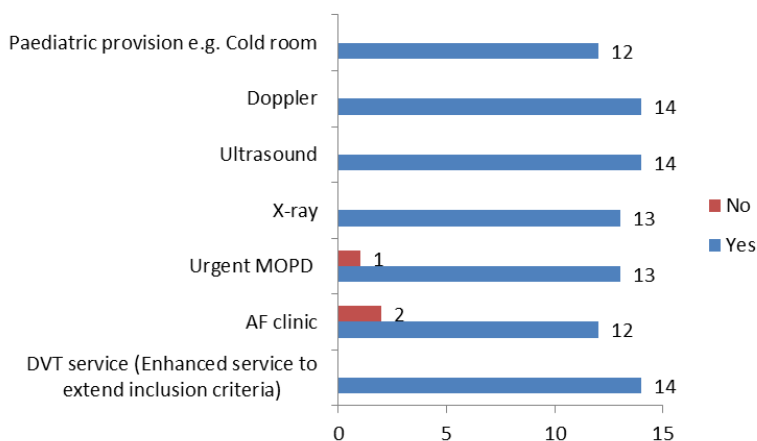
GP and Practice Feedback Questionnaire

Who responded?

An Urgent Care Services questionnaire was distributed at a Halton Members Event in June 2013 to collate views from General Practice on the Urgent Care proposals. 14 responses were received.

What did they tell us?

Would you use the following services that could be offered within the CDU/ Walk-in centre?



Would you feel confident in using the CDU rather than GPAU (GP Assessment Unit)?

11 respondents stated that they would feel confident in using the CDU:

- Provided you can ensure the quality of care provision.
- Patients would welcome going to Runcorn as lots of patients currently going to Warrington.
- Yes – depending on staffing quality and experience. 'Register level' - would this mean staff grades unable to gain training posts in specialities?

Does the CDU being attached to the intermediate care ward make you feel more confident in referring sub-acutely ill patients into the intermediate care ward?

11 respondents stated that they would feel more confident in referring sub-acutely ill patients into the intermediate care ward.

- This is the most appropriate setting
- Could be
- Probably

If your acute visits were done for you, could your Practice provide a Walk-in clinic in return?

2 respondents stated Yes, 6 respondents stated No and 5 respondents stated that they were unsure

- Urgent care trialled in practice – demand high, 40 daily.

Would your practice be interested in supporting an NWAS (Northwest Ambulance Service) acute visiting scheme (post 999 call), where a patient needs to be seen and reviewed within 2 hours, by a GP?

5 respondents stated Yes 2 respondents stated No and 5 respondents stated that they were unsure

- Difficult to provide service

Have you any views on intermediate care developing into a step up-step down model?

- Makes sense in principle
- Good idea
- Best approach
- Need more experience of the model before comment – but can see how it would work well

How can you as a member practice support the CCG in engaging with your PPGs (Patient Participation Groups) in the Urgent Care Consultation?

- Develop existing structure rather than new systems.
- Practice still in the process of PPG.
- Making it a specific agenda for discussion – especially changes which affect Runcorn as patients seem to geographically isolate themselves off.
- Hold a meeting for Runcorn PPGs and Widnes PPGs, or email agenda items and key topics to be taken to PPGs
- More support for individual practices who wish to develop services in-house.

How can you as a member practice support the CCG in engaging with your Practice population in the Urgent Care Consultation?

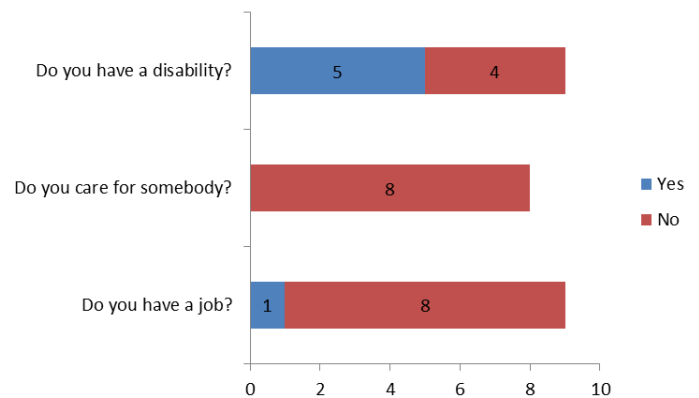
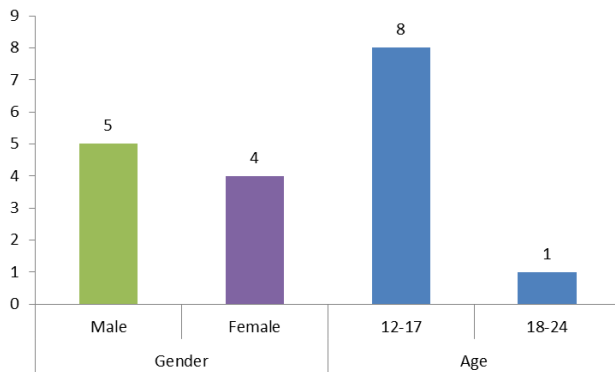
- Materials/ leaflets in waiting rooms (3)
- Go to practices and health centres with the questionnaire and talk to patients.
- Public meeting

Do you think after reviewing the consultation plan that any opportunities for engaging have been missed?

- Educating the population – available services and how best to use
- Improve self-care and management by patient population to treat minor illnesses. Improve health education

Young Peoples Urgent Care Questionnaire

Who responded?



What did they tell us?

Do you think it would be good to have a Walk-in Centre in both Widnes and Runcorn?

All 9 respondents stated that it would be good to have a Walk-in Centre both in Widnes and Runcorn.

- If someone needed an x-ray but they didn't understand would there be someone there to help them? Or if they needed other treatment?
- Will this effect staff numbers in the area?
- Would both Walk-in centres have the same facilities?



Do you think it would be good to have a Clinical Decision Unit in Halton?

All 9 respondents stated that it would be good to have a Clinical Decision Unit in Halton.

- How will it be publicised?

Public Events Summary Results

Halton People's Health Forum Steering Group

The proposals were discussed and the following concerns / questions were raised

Big concerns with crossing the new toll bridge when Urgent Centres were in place. Suggestions made that could help to alleviate any problems were:

- Patients to be given pre-paid ticket
- Token
- Taxi contract
- Discounts for local residents and workers
- Free bus service/Bus passes
- Appointment to be made at an appropriate time to fit in with transport services

Other comments discussed were:

- Halton Hospital to advertise changes to appointments.
- CCG to include in the contract for WHHFT.
- Important for ambulance service to be involved.
- Signs for Urgent Care Centres to be made visible on roads.
- Speak to Commissioners about future problems with toll bridge.
- Question – will Halton fit plaster casts after an X-ray?
- Concerns with paying to park at Halton Hospital Halton - Disability badge holders do not have to pay.

Select Stadium and Runcorn Town Hall Public Event

Who responded?

Two events were held, one at Select Security Stadium and the second at Runcorn Town Hall. Members of the public were invited to attend the events to discuss the urgent care proposals. Attendees were split into groups to discuss the proposals and to raise any questions that they had about the proposals.

What did they tell us?

86 comments / opinions were recorded during the two events and can be split into three categories

- Education, Publicity and Training
- Day to Day running of the Service
- Structure and Service Delivery

Education Publicity and Training

31 comments were made and can be split into the following 3 groups

- Education / publicity for the public = 17
- Education / training for professional staff = 11
- Educate about costs = 3

The public should be able to easily understand the different service provision and when it is appropriate to use each type of provision. Promotion of the services should be borough wide. GP's and other GP staff should be educated / trained on appropriate referral. Should referral rules for A&E also change? The public and staff should be educated about the costs / 'frequent flyers' of A&E against the costs of the new service.

Day to Day Running of the Service

29 comments were made and can be split into the following 3 groups

- Customer care and quality = 13 comments
- Opening hours = 10 comments
- Transport = 6 comments

A quick and quality service is needed, and thought to be given to carers / families of patients in terms of waiting room and facilities available e.g. drinks, disabled access. Clear signage and information within the building should be provided, with knowledgeable staff to help. It should be a service that fits demand.

Structure and Service Delivery

26 comments were made and could be split into the following 4 groups

- Medical Staff and Structure = 13 comments
- Service Delivery = 5 comments
- Other services and Facilities = 6 comments
- IT Systems = 2 comments

Discussion of GP and Nurse grade in the Walk-in Centre, responsibility for intermediate care or should a sub-acute unit be considered instead? Sharing of capacity for extending the services and to cope with demand. Are the proposals duplicating GP services? Do we have a model of best practice for Walk-in Centres? Walk-in Centre should have x-ray services and is there capacity to have other services in the building as well?; For example mental health and social care services Will IT systems be compatible so that patient records can be transferred?

Healthwatch Halton workshop with adults with a learning disability

Who responded?

Healthwatch Halton, through their experience of facilitating consultations and engagement opportunities, recognised the difficulties that some vulnerable adults (including adults diagnosed with learning disabilities), experience in these processes. Because of this, a workshop was arranged with a voluntary sector organisation that supports adults with a learning disability to look at the proposed changes to urgent care service delivery. This was held on Friday 26th July 2013, with 31 attendees. Additional views from 13 individuals unable to attend the workshop have been taken into account in this response.

What did they tell us?

Participants welcomed the opportunity to have their say and believed that Halton CCG appears to be committed to achieving better services for local people.

During the workshop, participants used the Halton CCG easy read consultation document, which led to discussions and debate. The proposed changes were welcomed, especially the additional Walk-in Centre based at the Halton Hospital site in Runcorn. This was clearly reflected in the responses, as everyone agreed with the newly proposed facility and the proposed Clinical Decision Unit was also unanimously approved. Whilst the overall consensus of the respondents was in agreement with the proposed changes as a way of streamlining services by agencies, people hoped that the services would be delivered in a way that reflected the needs of users, including individuals diagnosed with a Learning Disability.

The workshop promoted a very open and productive discussion and comments were collated using the themed summary of the responses listed below.

Communication and Information

During the workshop there was a discussion around communication and information which highlighted some of the difficulties that respondents had with both written and verbal communication. This led to participants saying that they often became upset and struggled to understand a health professional's explanations of their diagnosis, treatment and procedures.

One participant highlighted their own personal anxiety and confusion experienced when they needed urgent medical treatment. They suggested the need for more easy read documents to lessen their distress. Comments included *"I would like easy read documents to explain what treatment I am having. This is important to me and to my friends who also have a learning disability as I sometimes get very upset when I have to go to the doctors or hospital."* This viewpoint was re-enforced by another participant who disclosed *"I sometimes do not understand everything the doctors and nurses tell me and I get upset."*

One participant put forward a suggestion for *"easy to read leaflets with pictures to explain the different treatments and illnesses"* Discussions also highlighted difficulties with signage at both the Walk-in centre and hospital with one participant who said *"I would like signs in the Walk-in centre and hospital to be easy read also, because sometimes signs confuse me and I don't know where to go."*

Transport

Although the general consensus that the proposal for an additional Walk-in centre to be located in Runcorn was welcomed, discussions highlighted the difficulties that some residents experience with the current transport system in Halton, which they suggested are often exacerbated at weekends.

This was especially significant for participants living in Runcorn as underlined by one participant who commented *"I think it is essential to have a Walk-in centre in Runcorn. It is not easy to get to Widnes due to lack of transport at weekends etc. and not having to go over the bridge to get to the Walk-in centre will be good for people in Runcorn."*

During this discussion one participant was keen to point out that transport at a weekend was especially difficult saying *"The bus service from Runcorn to Widnes is not good from some areas and is worse on a Sunday."* The benefit of having a Walk-in centre in the area where participants lived was highlighted by the comment *'I would be lost without Widnes Drop-in Centre. I live in Widnes; it is a very useful service, but the distance to travel maybe prohibitive to those living in Runcorn.'*

Walk-in Centre / Clinical Decision Unit

During the discussions, participants highlighted the positive impact that the proposals would have on the demand for accident and emergency services. A comment *"The proposals for increase in services would be really useful and save unnecessary trips to A&E"* summarised this viewpoint.

Participants regarded the additional services, treatment and equipment as a helpful way of reducing the anxiety experienced by some people attending hospital and using accident and emergency services.

This was reflected in the following comments: *"The new things at each Walk-in centre will be good and the Clinical Decision Unit will be good, as you might not have to go all the way to Warrington only if it is an emergency"* and *"It is good that they will have more things at the Walk-in centre as it will save you going to hospital. I get scared if I have to go to hospital."*

At the workshop we took note of the current publicity campaign and media coverage both locally and nationally and one participant commented, *"Accident and Emergency has been in the news as some people are going there with small things wrong with them, they shouldn't go."*

However during discussions a concern was raised that the proposed Walk-in centre and Clinical Decision Unit may be used as an alternative by medical professionals to avoid sending patients to Accident and Emergency when that is what the person really needs. This was reflected in a comment, *"I believe there should be a Walk-in centre in Runcorn, but if it is a real emergency and it is life threatening they should go to A & E."*

Employment

One participant regarded the proposals for urgent care as a useful way to increase employment in Runcorn maintaining that the proposed changes to urgent care service delivery could *"Create jobs in Runcorn."*

Additional Services / Suggestions

During discussions suggestions were put forward for additional preventative services in the Walk-in Centres, including a drop-in smoking cessation clinic; weight loss clinic or support group to reduce obesity and give the opportunity to promote healthy diets, through healthy food recipes and a service for individuals experiencing mental health issues and learning difficulties.

GP Appointments

A number of participants mentioned the difficulty in accessing their GP which they said could inadvertently impact on the demand for urgent care services. Comments included "*Getting a GP appointment is hard sometimes*" and "*I cannot get an appointment with my GP they always say they have not got any.*"

Staff Attitude

The attitude of staff towards individuals with Learning Disabilities when accessing GP services was also highlighted by some participants. Comments included, "*The receptionist at the doctors asks 'what is wrong with you?... they should not know what is wrong with you'*"; "*Some receptionists are not very nice*" and "*My friend goes to the walk in centre for dressings and he told me one nurse is very nice and the other one is horrible to him.*"

Conclusion

The people attending the workshop welcomed the chance to 'have their say' on these proposals and they hope that the services will be delivered in a timely, equitable and accessible way to all residents in Halton.

As the Wanless Report points out it is the wider determinants of health that impact on people's lives and empowering the individual to have more control of his/her own service needs will ultimately be both cost effective and life enhancing and will help to reduce health inequalities.