



# Engagement Feedback

October 2018 – January 2019



# Engagement activity

- Case for Change launch – 2<sup>nd</sup> October, Weybridge (drop-in session)
- Shopping centre displays – October - in Staines, Brooklands, Woking
- Deliberative events x 5
  1. Staines – 16<sup>th</sup> November 2018
  2. Chertsey (incentivised event) – 22<sup>nd</sup> November 2018
  3. Woking – 26<sup>th</sup> November 2018
  4. Weybridge – 6<sup>th</sup> December 2018
  5. Hard to reach groups – 16<sup>th</sup> January 2019 (held in Staines)
- Events publicised through variety of mechanisms, including attendance at local community and voluntary sector events



# Top of mind thoughts and concerns

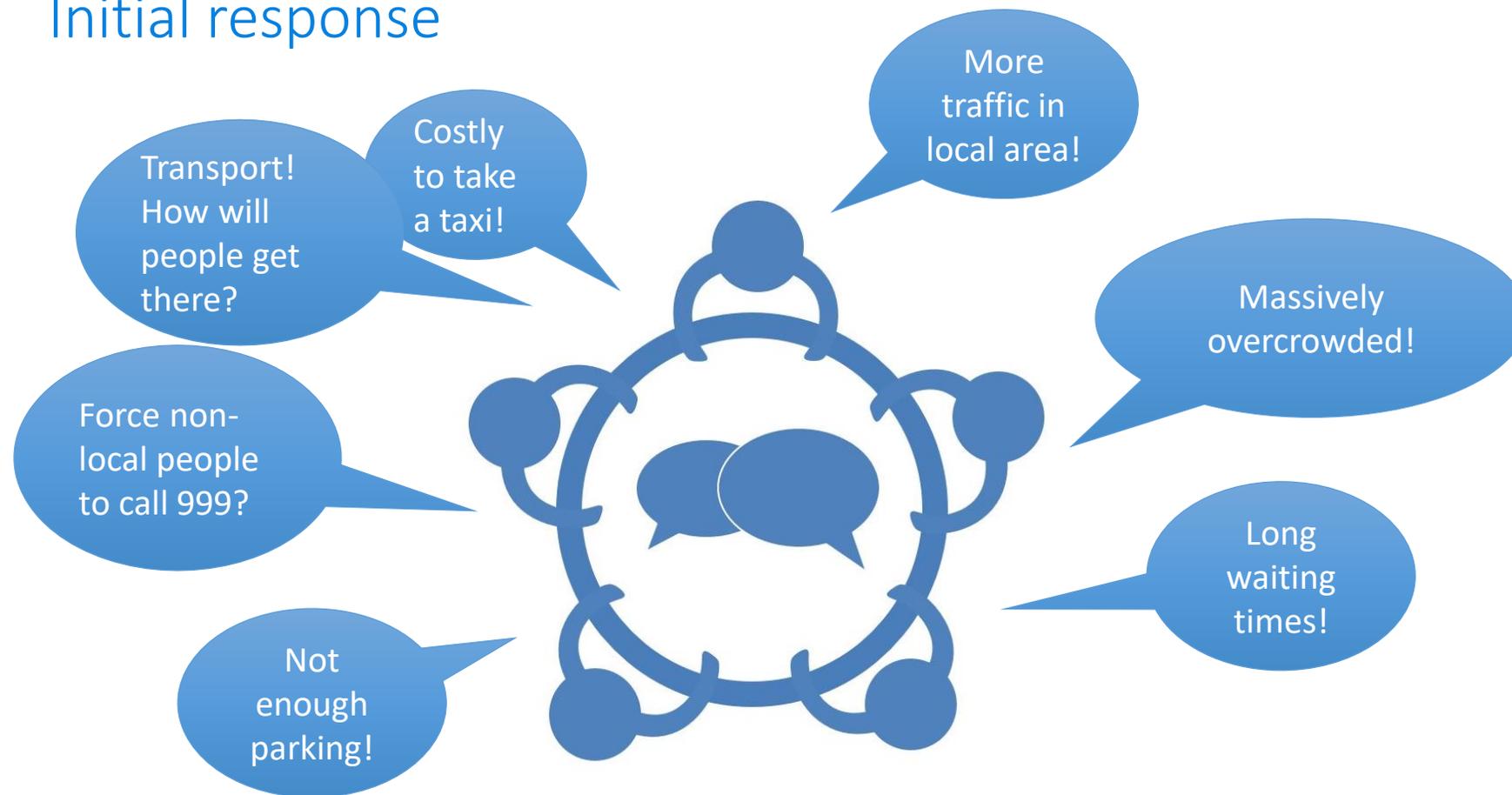


<p><b><u>Lack of awareness of urgent care services</u></b></p> <p>Not everyone aware of walk-in centres.          Low awareness of extended hours GP.          Mixed awareness and experience using 111.          People not always sure where to go</p>	<p><b><u>Long delays to see professionals</u></b></p> <p>Hard to access GP appointments, drives you down A&amp;E route.          Receptionist is not qualified to decide if something is urgent.          Long waits for other services</p>	<p><b><u>Inconsistency of facilities</u></b></p> <p>Not all walk-in centres are equally equipped.          Unable to access 'right kind of help' first time.          Different opening hours.</p>	<p><b><u>Urgent care gap for children under 2 yrs</u></b></p> <p>Walk-in centres won't see children under 2 years.          111 errs on side of caution and often refers child to A&amp;E.</p>	<p><b><u>Workforce availability</u></b></p> <p>Availability, recruitment, ensuring the right skills</p>
<p><b><u>Apps</u></b></p> <p>Virtually complete unawareness of LIVI (and other) App.          Security concerns.          Not appropriate for all patients/conditions.</p>	<p><b><u>Equal access</u></b></p> <p>Concern for how elderly/ patients without cars access central urgent care services.</p>	<p><b><u>UCC/UTCs</u></b></p> <p>Long wait times are a concern.          Parking is an issue at St Peter's when need UTC – long walk.</p>	<p><b><u>Mental Health</u></b></p> <p>No idea where to go/who to contact in urgent mental health crisis situation.</p>	<p><b><u>Alternative models</u></b></p> <p>More focus needed on prevention          Move to a more social model, rather than medical model</p>

*"If more locations dotted around, it'd open it up to more people"*

# Hypothetical scenario 1 – one walk-in site

## Initial response



# Hypothetical scenario 1 – one walk-in site



- Good for local people
- Will benefit the NHS – cost benefit of one building
- Resources at walk-in centres wouldn't be wasted on non-urgent treatment (e.g. blood tests)
- Less confusing with one option of where to go
- Better facilities - latest equipment/facilities on one site
- Easier to staff

- At risk and vulnerable groups may not be able to access care
- Elderly and non-drivers may not be able to get there – costly getting taxi
- Very high volumes of people
- Would require large(r) building
- Extremely long waiting times would be off-putting
- Traffic and parking concerns
- Too far for some people to travel
- Risk that level of care would be impacted due to wider range of conditions needing treatment
- GPs and A&E will be flooded by people who can't access the one walk-in centre
- How do you make an urgent appointment?

*When I came here tonight I thought we needed more Walk-in Centres, now I'm not sure we need any!*

*"You wouldn't be there for hours, you'd be there for days!"*



# Hypothetical scenario 1 – one walk-in site



## Alternative services needed for scenario 1 to work

### To divert people from using one site (thus avoid overcrowding)

- Central triage to advise where to go
- Greater GP access (extended hours)
- 'Beef up' 111 service
- Greater awareness of alternative services available/navigation
- Increase knowledge of self-management of conditions
- Online /virtual consultations
- Utilise pharmacists for repeat prescriptions and diagnosis of mild childhood illnesses
- More services/outreach in the community e.g. hubs (libraries, GP practices)
- Earlier intervention

### Enable equal access

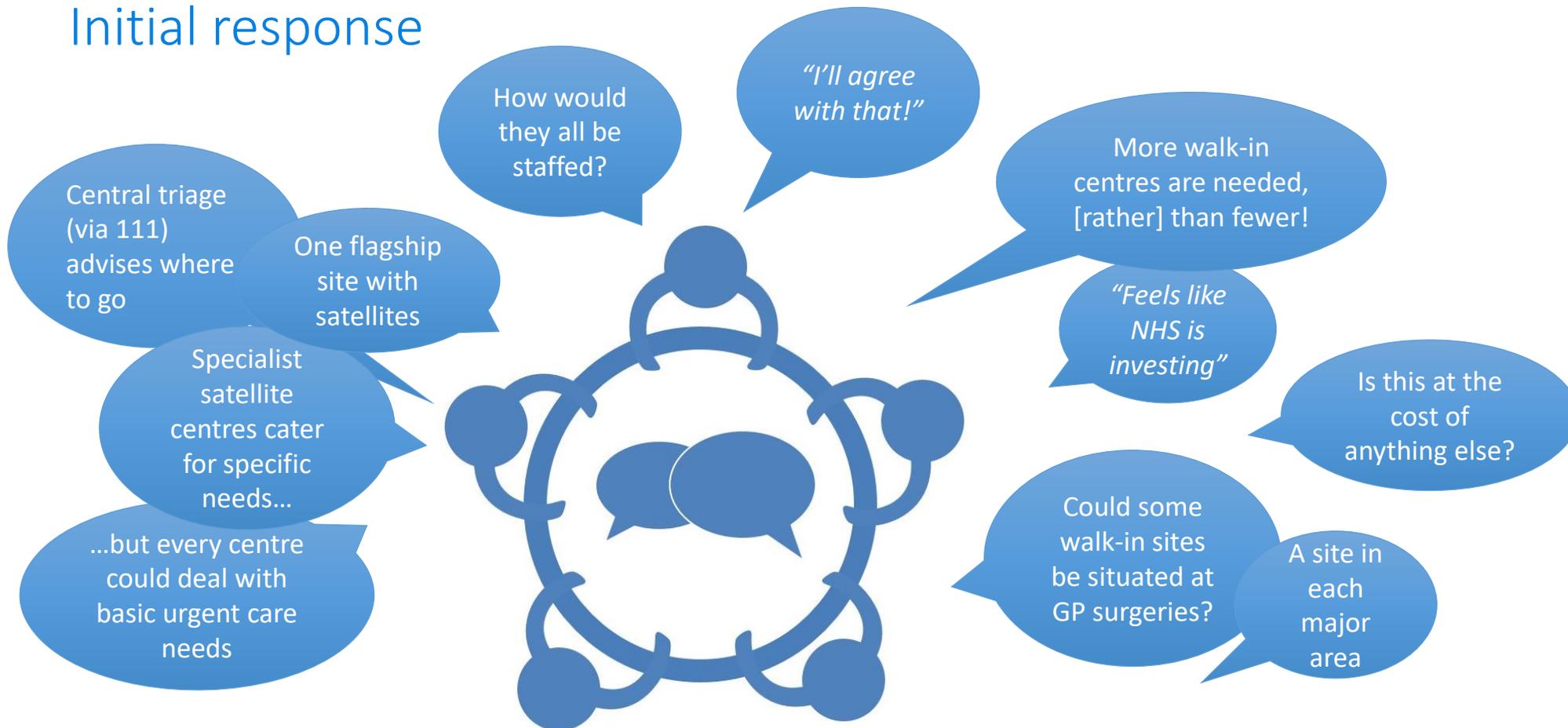
- Offer specialist centres for Dementia, Mental Health to divert vulnerable populations away from traditional UTC environment
- Retain local access to phlebotomy, other simple diagnostics

### To cope with volume of people at one site

- Make building a 'super site' – 'one-stop-shop'
- Distribute people quickly out to specialist zones to reduce waiting room queues
- Multi-story parking to cope with increased users
- Improve transportation links
- Offer free transport between other NHS sites
- Open 24/7
- Food/catering facilities available on-site

# Hypothetical scenario 2 – multiple walk-in sites

## Initial response





# Hypothetical scenario 2 – multiple walk-in sites



- 
- Takes pressure off St Peter's
  - Takes pressure off ambulance service and A&E
  - Takes pressure off GPs
  - Many groups of people would benefit from this scenario
    - The elderly
    - Non-drivers
    - Patients with long term conditions
    - Staff (less over-worked)
  - If more sites, can have specialisms, e.g. paediatrics, geriatrics
- Expensive for NHS to run/ staff
  - Diluting expertise
  - Confusion where to go
  - No guarantee that quality of care would be consistent across sites, might dilute services
  - Hard to manage patient files across multiple sites – might cause delays?
  - Too accessible – might use it whether or not you need it
  - Difficult to put in mental health crisis care

*"If my daughter was ill, I wouldn't be panicked, thinking I have to get her a [GP] appointment, I'd think, I can wait and see how she is [knowing I can] take her here, here or here and get her treated."*



# Hypothetical scenario 2 – multiple walk-in sites



## Alternative services needed for scenario 2 to work

### To help people navigate the system

- Triage through 111 and send to appropriate centre
- Increased awareness of centres
- Clear communication of the difference between the centres
- Real-time online information about waiting times at each centre
- Staggered hours to increase accessibility

### Specialist centres

- Specialist centres could increase scope of what they deal with now, a 'step-up'
- Open Weybridge as a specialised mental health urgent treatment centre, or community hub
- But core facilities in each site, e.g. x-ray

### Logistics

- Bus services to /between centres
- Joined up IT system so patient record can be accessed at any centre
- 24 hour pharmacy



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## Additional suggestions

Additional suggestions made which could be applicable to any scenario

- Creche facilities
- Café/social element
- More affordable living for NHS staff
- Improved communication on services
- Help with technology
- Hoppa bus
- Improved communication and staff awareness for those with disabilities



## Key themes – group work

- How should we consolidate feedback into key themes to take forward?
- To inform our evaluation framework and any subsequent communication and engagement