

Report To:	Governing Body
Report Title:	Urgent Care Consultation Report
Report From:	Jenni Northcote Director Partnerships and Engagement
Date:	22nd January 2015
Previously considered by:	

Purpose of the report:

To provide details of the outcome of the Public Consultation on Improving Urgent Care. The consultation report and associated appendices are provided to the Governing Body for consideration in the context of making a decision on the location of walk-in provision; alongside other information which will be presented and discussed in public at the governing body meeting on 28th January.

Key Points:

NHS WNCCG undertook a consultation on Improving Urgent Care between 6th October and 15th December 2015. The consultation was undertaken by Arden and Gem Commissioning Support Unit. The consultation set out two options for the location of walk-in provision. The two options were:

Option 1: To relocate the walk-in service from Camp Hill to be provided on the George Eliot Hospital site, as part of a fully integrated urgent care service working closely with A&E, NHS 111 and the GP out of hours service on this site.

Option 2: Keep the walk-in service as a standalone urgent care service at Camp Hill. (I.e. Do nothing.)

During the consultation period over 1000 conversations were conducted and 630 consultation forms were completed. Responses were received from a wide range of locations covered by NHS WNCCG and bordering areas. Responses were from individuals and on behalf of organisations.

The outcome of the consultation was :

- Option 1 338 respondents
- Option 2 292 respondents
- Total 630

Option One: To relocate the walk-in provision to the George Eliot Hospital Site was the preferred option by a difference of 7.7%.

The consultation report outlines a range of considerations and impacts which influenced people's selection of their preferred option, which now need to be taken into account when the Governing Body makes its decision on the future location of walk-in service. The Appendices to the report provide detailed information on the engagement undertaken and the profile of respondents. The consultation report and associated appendices are available on NHS WNCCG web site at the link below :

www.warwickshirenorthccg.nhs.uk/get-involved/urgent-care

A press release and stakeholder briefing has been released by the CCG to inform stakeholders and the public that the consultation report is available and that the Governing Body will be making a decision on the location of walk-in service at its Governing Body meeting on the 28th January.

Recommendation:

The Governing Body is requested to **NOTE** the report and give **consideration to the findings** in the

context of making their decision on the location of walk-in service provision

WNCCG Objectives:

To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	✓	To build a health system fit for our population by 2020	✓
Quality, risk and assurance issues	The consultation report outlines issues relating to quality improvement		
Equality and diversity issues	The consultation reached out to diverse range of people and seldom herd groups		
Legal and regulatory issues	Consultation followed Healthwhatch engagement principals of good practice and was conducted in line with statutory requirements and obligations		
Patient Engagement Issues	There was significant patient and public member and stakeholder engagement throughout the consultation period		

Warwickshire North Clinical Commissioning Group
Urgent Care Walk in Services
Consultation report

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1. Executive Summary

Introduction

NHS Warwickshire North Clinical Commissioning Group (WN CCG) has been considering how to improve urgent care and out of hospital services for local people that:

- Better meets local needs,
- Is more responsive and co-ordinated,
- Meets local and nationally set quality standards, and
- Achieves a service of the right quality, that is sustainable, that can continually improve, and that works seamlessly with other core NHS and social care services

Challenges include:

- There has been a growing demand for urgent and emergency care services across England.
- The demand for urgent and emergency care has led to huge pressure on A&E departments, which are the most expensive way of treating people who need urgent or emergency care.
- A growing and ageing population whose needs have changed.

Meeting these challenges

Warwickshire North CCG has taken the following steps in the process to find the right solutions to meet the demands and challenges when needing urgent care walk in services for the people of rural north Warwickshire, Nuneaton and Bedworth.

In 2013 Warwickshire North CCG carried out patient and public engagement to understand what local people wanted from urgent and emergency services.

Following this feedback the CCG published a Vision for Quality on urgent, emergency care and emergency general surgery. In this framework for action document the CCG set out a direction of travel to implement a single site Urgent Care Centre co-located with Accident and Emergency and based on the George Eliot Hospital site.

From 6 July to 31 July 2015 the CCG took time to further engage with patients, the public and stakeholders to shape what the urgent care system needed to look like in the future.

From 6 October to 15 December 2015 the CCG undertook a public consultation on improving urgent care services in rural north Warwickshire, Nuneaton and Bedworth. The consultation considered two Options as set out in the consultation document Appendix A

Distribution and Engagement

The Urgent Care walk in services public consultation ran from 6 October 2015 to 15 December 2015. Stakeholders, staff and members of the public were asked to complete a questionnaire online or by hard copy on request. The questionnaire was also available in an easy read version (60 easy read documents were distributed) and translation was also available on request. Large print versions were provided to those with a visual impairment (230 large print documents were distributed).

Stakeholders, staff and members of the public were also invited to attend a drop in session to find out more at a venue most convenient for them. The drop in sessions took place as follows: Tuesday 17 November, 3.00pm until 6.00pm at The CHESS Centre Nuneaton, Thursday 26 November, 3.00pm until 6.00pm at Atherstone Memorial Hall and Thursday 10 December, 3.00pm until 7.00pm at Bedworth Methodist Church. Around 100 questionnaires were completed at the drop in events and the opportunity was taken by outreach staff to talk to people passing by who didn't have the time to come in to experience the full drop in session but agreed to complete questionnaires.

The geographical distribution covered rural north Warwickshire, Nuneaton and Bedworth and bordering areas. As informed by research carried out by the CCG on high users of the service and findings from the pre-consultation engagement, areas of high social deprivation and certain urgent care high service user groups were also included, for example parents of young children.

Arden and GEM CSU undertook a stakeholder mapping process to identify a wide variety of stakeholders and the best way to engage and consult with them. The mapping process informed the creation of an expansive stakeholder database including all statutory stakeholders, partners, and many organisations able to cascade to large numbers, as well as smaller groups and individuals. For example, Health Champions, local voluntary sector organisations such as Pride in Camp Hill, staff at George Eliot Hospital and Camp Hill Walk-in services, and borough contacts to aid distribution to local residents, PPGs, forums, local schools and colleges.

It is this comprehensive stakeholder database that supported the activity for the consultation process. The stakeholder database also includes seldom heard groups who represent the nine protected characteristics in accordance with the Equality Act 2010. Face-to-face engagement was scheduled with such seldom heard groups as well as community groups.

Over 2,000 hard copy questionnaires were distributed, as well 60 easy read versions of the questionnaire.

A total of 660 questionnaires were received of which 630 indicated a preferred option and 30 did not select an option.

The consultation options for the location of walk-in provision were:

Option 1: To relocate the walk-in service from Camp Hill to be provided on the George Eliot Hospital site, as part of a fully integrated urgent care service working closely with A&E, NHS 111 and the GP out of hours service on this site.

Option 2: Keep the walk-in service as a standalone urgent care service at Camp Hill. (i.e. Do nothing.).

The consultation document can be found at Appendix A

A proactive communications campaign ensured there was sustained media interest throughout the consultation period with three press releases resulting in 16 articles appearing in local newspapers. This achieved a readership reach of more than 60,000. In addition there were two radio interviews. An active social media campaign also supported the press releases so that as many people as possible knew about the urgent care consultation (full details in the main report)

Responses from organisations

During the consultation the views of local Health Overview and Scrutiny Committees and other stakeholder organisations were sought.

Responses were received from three councils: North Warwickshire Borough Council, Nuneaton and Bedworth Housing, Health & Communities Overview & Scrutiny Panel and Warwickshire County Council Health Overview and Scrutiny Committee. A response was also received from Warwickshire Local Medical Committee.

Outreach and engagement with specific community groups

Outreach and engagement events played a key part in ensuring that views of the local public were captured and recorded during the public consultation.

With any consultation it is vital that responses are representative of the views of the local population, taking into account the views of seldom heard community groups and other local groups. Over 1,000 face to face conversations took place during the consultation across 40 events. Engagement with 26 key groups occurred including: Warwickshire Race Equality Partnership; Places of worship; all GP practices; Sure Start Children's centres; Health Visitor clinics; Warwickshire Healthwatch; Warwickshire CAVA; The CHESS Centre; Pride at Camp Hill; Older people and Carer forum; Carers forum; Stroke club; Community centres; Veterans; Vision support group; Bromsford Hub; Food banks; Gypsy/ Travellers; Patient Participation Groups; the Patient Group Forum; IMH Camp Hill provider; Nuffield trust; Youth Parliament.

Findings from the Consultation feedback

The preferred choice of option overall by 46 responses (7%) was in favour of Option 1, to relocate the walk in service from Camp Hill to the George Eliot Hospital site.

- Option 1 338 respondents
- Option 2 292 respondents
- Total 630

The level of return compares favourably to other NHS consultations that have previously been carried out across the local area.

The table below shows option preference across the three CCG areas of Nuneaton, rural north Warwickshire & Bedworth, for the 569 respondents that provided a postcode / area / village location. 61 people did not provide this information, were out of area or their response was unreadable / not valid; and so could not be included in the area analysis below (569 + 61 = 630).

Geography	Option 1	Option 2	Difference between option 1 and 2 (figure)	Difference between option 1 and 2 (percentage)
Nuneaton	210	196	14	3.4%
Rural north Warwickshire	64	53	11	9.4%
Bedworth	35	11	24	52%
Area Total	309	260	49	8.6%

The main themes throughout all feedback including the feedback from organisations, outreach and engagement with specific community groups and questionnaire responses were:

- Access to services quickly and easily when required
- Quality and range of services
- Convenience of transport and parking including cost
- The need to raise awareness of the local urgent care services

These themes illustrate consistency with the critical success factors identified by the CCG and refined by a stakeholder group that are important when considering the available options for improvement in urgent care services and the provision of future urgent care walk in.

In terms of impact, the feedback indicates that for either option some people would experience positive or negative impact. The main report gives the detail of this. The themes that emerged were consistent in that impact was often seen in terms of access and transport but when people were commenting on current and potential services there were also comments about the quality of current services, and fears that if the service centralised at the George Eliot Hospital site there could be capacity issues, whereas concerns were raised in respect to Camp Hill regarding the services available to meet the range of urgent care needs. The full report further breaks down the responses about impact in terms of age group and location.

Ethnicity

In regard to ethnicity the largest number of responses to the consultation came from White or White British people and the second largest number of responses comes from Asian or Asian British people. There seems to be no significant difference when comparing the overall responses in Option 1 to Option 2 in regard to ethnicity.

Conclusion

As stated, Option 1 is favoured in the responses to the questionnaire by a difference of 7% between the two options. Respondents raised a number of key issues, as listed above. It is also worth noting that among disabled people who responded, there was a feeling that a smaller service would be quieter and easier to access. Overall, responses to the consultation indicated that there were pros and cons for either option for some respondents. This is illustrated in the themes articulated in terms of the impact for both option 1 and option 2.

In considering the outcome of the consultation, the CCG should take account of, and give consideration to, the response rates received from each of the three areas. The highest response rate was from Nuneaton, where the most marginal difference in terms of option preference was recorded (3.4% in favour of option 1). A lower response rate from rural north, where there was a 9.4% response rate in favour of option 1 and the lowest response rate from Bedworth, which had the highest margin in favour of option 1 at 52%.

It is recommended that when making its final decision, the CCG takes into account the pros and cons of both options raised during the consultation and in particular ensures that whichever option is chosen the access needs of all are taken into account. This could mean looking at improving certain aspects such as parking, public transport and signposting.

2. Introduction

NHS Warwickshire North Clinical Commissioning Group (WN CCG) has been considering how to improve urgent care and out of hospital services for local people that:

- better meets local needs,
- is more responsive and co-ordinated,
- meets local and nationally set quality standards, and
- achieves a service of the right quality, that is sustainable, that can continually improve, and that works seamlessly with other core NHS and social care services

Challenges include:

- Over recent years there has been a growing demand for urgent and emergency care services across England. Urgent care and walk-in services are for non-life threatening short-term illnesses or health problems which need prompt treatment or advice for pre-existing health problems which fluctuate or deteriorate and need prompt treatment¹.
- The demand for urgent and emergency care has led to huge pressure on A&E departments, which are the most expensive way of treating people who need urgent or emergency care. Around 48,000 people from the Warwickshire North CCG area attended A&E at George Eliot hospital in 2014/15. Almost half of these people could have been treated elsewhere.
- A growing and ageing population whose needs have changed. Older people often have more than one healthcare problem. In the borough of rural north Warwickshire the population aged over 65 is expected to grow to 60% by 2030. In the borough of Nuneaton and Bedworth the growth is projected at 43% over the same period. This means the CCG needs to buy the right urgent care services so people are seen in the right place, at the right time, first time. This means that urgent care needs to change to respond to the needs of our population whilst being sustainable, in terms of the medical workforce and affordable.

WN CCG have taken the following steps in the process to find the right solutions to meet the demands and challenges when needing urgent care walk in services for the people of rural north Warwickshire, Nuneaton and Bedworth.

In 2013 Warwickshire North CCG carried out patient and public engagement to understand what local people wanted from urgent and emergency services. The CCG found that people highlighted a number of issues with urgent care services:

- Need for appropriate access to services
- Longer opening hours for services
- Preference for face-to-face consultations
- People not aware of, or not confident with, telephone advice
- People are confused about which service to choose

¹ High quality care for all, now and for future generations: Transforming urgent and emergency care services in England. The Evidence Base from the Urgent and Emergency Care Review – NHS England, June 2013

Following this feedback, the CCG published its *Vision for Quality* on urgent, emergency care and emergency general surgery. In this framework for action document the CCG set out a direction of travel to implement a single site Urgent Care Centre co-located with Accident and Emergency and based on the George Eliot Hospital site.

The next step was to review how to move forward taking into account the information the CCG had available about the use of services and the changing needs of its population. The CCG took time to further engage with patients, the public and stakeholders to shape what its urgent care system needed to look like in the future. As ideas were developed, the CCG had to ensure plans for future services were both sustainable and affordable and consider the need for the premises, clinical workforce and funding to make the services work in the long-term.

Once all of the above had been taken into account the next stage in the process was for WN CCG to understand what patients, the public and stakeholders thought about the current services and to help WN CCG understand what was important to people when accessing such services. The pre-consultation engagement process took place from Monday 6 July to Friday 31 July 2015.

The feedback from the pre-consultation engagement gave clear indications on what people want from future provision of urgent care walk in services:

The most popular urgent care walk in service is same day urgent care access at the patient's own GP surgery. Some respondents also commented on the difficulty experienced when trying to access a GP appointment. In the engagement feedback the least popular service for urgent care was the Camp Hill urgent care walk in service.

Some people felt they did not have equity of access to walk in urgent care services and requested that a walk in urgent care service be provided in the Nuneaton area (suggestions included the George Eliot Hospital site).

The CCG considered the findings from the engagement process. Access to urgent care same day appointments at GP practices people are registered with needs to be considered as part of the Primary Care Strategy. In the meantime the CCG decided to proceed to a public consultation on improving urgent care services in rural north Warwickshire, Nuneaton and Bedworth.

A stakeholder group made up of representatives from Patient Participation Groups (PPGs), the Patient Group Forum (PGF), Healthwatch, community leaders, public health and clinical representatives including a GP and a nurse. This group was also representative of the Black and Minority Ethnic (BME) population and people with disabilities and included a young mother and people aged over 65. A variety of scenarios was discussed at length against the following critical success factors demonstrated in the table below.

No	Weighting	Criteria
1	15	Conditions appropriately managed in an urgent care setting or appropriately redirected
2	15	I will get the right professional with the right skills and competencies to manage my diagnosis / condition (supports sustainable urgent care workforce)
3	15	Relieve pressure on A&E to facilitate best quality experience for our patients
4	10	Improve access by simplifying and making it clearer where to go for urgent care (supports the single point of entry into seamless care)
5	13	Ability to organise / refer patients for diagnostics or deliver on site
6	12	Accessible parking / public transport / direct bus route
7	10	Promote continuity of care with patients own GP
8	5	Promote accessibility for the most vulnerable groups of our population
9	5	Remove duplication of urgent care services

Once all the scenarios were considered against the critical success factors the stakeholder group agreed that only two Options were feasible:

Option 1: To relocate the walk in service from Camp Hill to be provided at the George Eliot Hospital site, as part of a fully integrated urgent care service working closely with A&E, NHS 111 and the GP out of hours service on this site.

Option 2: Keep the walk in service as a standalone urgent care service at Camp Hill (i.e. Do nothing)

3. The consultation process

The Urgent Care walk in services public consultation ran from 6 October 2015 to 15 December 2015. Stakeholders, staff and members of the public were asked to complete a questionnaire online or by hard copy on request. The consultation document (**Appendix A**) was also available in an easy read version (**Appendix B**). 60 easy read documents were distributed and translation was available on request. Large print versions were also provided to those with visual impairment (230 large print documents were distributed). Stakeholders, staff and members of the public were invited to attend a drop in session to find out more at a venue most convenient for them. The drop in sessions took place as follows: Tuesday 17 November, 3.00pm until 6.00pm at The CHESS Centre Nuneaton and Thursday 26 November, 3.00pm until 6.00pm at Atherstone Memorial Hall and 10 December at Bedworth Methodist Church. Around 100 questionnaires were completed at the drop in events and the opportunity was taken by outreach staff to talk to people passing by who didn't have the time to come in to experience the full drop in session but agreed to complete questionnaires.

3.1 Distribution and Engagement

The geographical distribution covered rural north Warwickshire; Nuneaton and Bedworth and bordering areas (see fig 1 map). As informed by research carried out by the CCG on high users of the service and findings from the pre-consultation engagement, areas of high social deprivation and certain urgent care high service user groups were also included, for example parents of young children.

Figure 1.

Engagement and Consultation activity completed in the following areas:



Arden and GEM CSU undertook a stakeholder mapping process to identify a wide variety of stakeholders and the best way to engage and consult with them. The mapping process informed the creation of an expansive stakeholder database including all statutory stakeholders, partners, and many organisations able to cascade to large numbers, as well as smaller groups and individuals. For example, Health Champions, local voluntary sector organisations such as Pride in Camp Hill, staff at George Eliot Hospital and Camp Hill Walk-in services, and borough contacts to aid distribution to local residents, PPGs, forums, local schools and colleges.

It was this comprehensive stakeholder database that supported the activity for the consultation process. The stakeholder database also included seldom heard groups who represent the nine protected characteristics in accordance with the Equality Act 2010. Face-to-face engagement was scheduled with such seldom heard groups as well as community groups. Over 1,000 face to face conversations took place during the consultation across 40 events. Engagement with 26 key groups occurred including: Warwickshire Race Equality Partnership; Places of worship; all GP practices; Sure start centres; Health visitor clinics; Warwickshire Healthwatch; Warwickshire CAVA; The CHESS Centre; Pride at Camp Hill; Older people and Carer forum; Carers forum; Stroke club; Community centres; Veterans; Vision support group; Bromsford Hub; Food banks; Gypsy/ Travellers; PPG groups; Patient Groups Forum; IMH Camp Hill provider; Nuffield trust; Youth parliament.

Over 2,000 hard copy questionnaires were distributed, as well 60 easy read versions of the questionnaire. The distribution list is at **Appendix C**.

A total of 630 questionnaires were completed during the consultation period. A full log of all engagement and consultation activity is available at **Appendix I**.

3.2 Publicity, media and social media

In addition to the planning and delivery of a range of consultation events, a range of PR activity was planned to promote the consultation more widely. This included:

- The circulation of stakeholder briefings and documents to key stakeholders including local politicians, encouraging their feedback and support in promoting the consultation to local the population.
- Three media releases distributed to local media
- A schedule of regular social media Tweets
- A page on WN CCG's website with links to the consultation documentation and the electronic version of the questionnaire

The media releases resulted in the publication of eight articles in the local media and there were two radio interviews. The Twitter social media activity achieved a reach of 105,300

people in total. The media releases and logs of media coverage and social media are available at **Appendices G, H and K**.

4. Responses from organisations

During the consultation the views of local Health Overview and Scrutiny Committees and other stakeholder organisations were sought.

Responses were received from three councils: North Warwickshire Borough Council, Nuneaton and Bedworth Housing, Health & Communities Overview & Scrutiny Panel and Warwickshire County Council Adult Social Care & Health Overview and Scrutiny Committee. A response was also received from Warwickshire Local Medical Committee.

A summary of points raised is as follows:

- **Warwickshire Local Medical Committee** felt that the CCG had already made its mind up which service they wish to provide and it was not a true consultation.
- They were disappointed that there was no option to explore providing services closer to home
- They were concerned whether adequate staffing levels could be achieved.
- They acknowledged the difficulties involved commissioning this service and hoped that CCG could find the most effective solution for local people
- **North Warwickshire Borough Council** were concerned that the urgent care service should not be seen in isolation but as an integral part of a strategy to bring services within reach of all parts of the CCG area, particularly the rural areas
- They were disappointed that there were not more than two choices
- They felt it was logical for a GP led facility to be based at GEH but that did not replace an urgent care service in the community, which should be located in existing GP premises or NHS/council buildings
- They raised issues to do with transport and access, particularly public transport 'out of hours'
- 'If, regrettably, the choice is strictly limited to a binary choice then the urgent care services should remain at the Camp Hill Walk-In Centre
- The decision should be made in the context of Camp Hill being in the top quintile of deprived areas in England, which potentially could lead to access and other issues
- They also had concerns about capacity at GEH
- The consultation did not take into account who uses Camp Hill currently and what other remote populations do
- **Warwickshire County Council Adult Social Care & Health Overview and Scrutiny Committee** were concerned about inequality in service provision
- They felt the GEH option would exacerbate pressures on GEH, although it was also acknowledged that having A&E and urgent care in one location should reduce the number of people attending A&E
- They were concerned about parking fees at GEH compared to Camp Hill

- They felt Camp Hill was not adequately publicised. Walk-In services in general should be fully accessible to the whole area
- It was perceived locally that the decision had already been made
- Camp Hill is the fifth highest area in the country for deprivation and moving Walk-In services could have an impact on other services located there
- **Nuneaton and Bedworth Housing, Health & Communities Overview & Scrutiny Panel** expressed concerns about a deprived community having reduced access if the GEH option is implemented
- Concerns about travel, bus routes and the cost of car parking
- Concerns that the consultation was not just a tick box exercise
- Assurance that a range of communications methods were used

Nuneaton and Bedworth council's youth council representatives were also at the meeting and following this they received copies of the consultation document.

All committees asked for assurance of comprehensive engagement and consultation and wanted to be kept informed of the CCG's final decision and future developments in urgent care. The full responses are recorded in **Appendix E**.

5. Outreach and engagement with specific community groups

Outreach and engagement events played a key part in ensuring that views of the local public were captured and recorded during the NHS Warwickshire North urgent care public consultation.

With any consultation it is vital that responses are representative of the views of the local population, taking into account the views of seldom heard community groups and other local groups. This section provides a summary of the face to face meetings held with community and other groups. Full logs of the face to face engagement are provided at **Appendix D**.

5.1 Engagement with parents of young children

As part of the pre-consultation engagement, it was identified that parents with young children were a key target audience for our engagement and outreach activity.

As a result, a wide range of engagement work was undertaken specifically with this group. This included the distribution and dissemination of consultation documents to all Children's Centres within the area and engagement with 98 people face to face at Children's Centres and other venues such as Troubled Families stakeholder meetings. The engagement team also interacted with parents at a number of other events/venues such as a children's disco in Camp Hill CHESS Centre and a health visitor led baby clinic in Stockingford, Nuneaton. In total, more than 250 consultation documents and posters were distributed directly to parents with young children.

Feedback during conversations was very mixed. Generally, if George Eliot Hospital site is closer to where people live, that is where people want to go for walk in urgent care services. Many parents did not know about Camp Hill. Some parents felt more reassured going to George Eliot as it was a hospital site and they felt it would be a safer service and it would be easier to access other services if needed. Generally, parents who lived near Camp Hill wanted to keep the Camp Hill walk in service.

The majority of responses from this target audience were collected within the CV10 postcode area. Feedback themes from this audience focussed on:

- The importance of access to appropriate urgent care services quickly and easily when required
- The convenience of transport and parking options to get to services.
- Quality of service
- Awareness of service availability

A number of parents said that they were unaware of the services currently available at Camp Hill and that they should be publicised more widely, along with highlighting the purpose of A&E and selection of other services available. In contrast to this, some parents

felt that promoting the service at Camp Hill may mean longer waiting times due to an increase in the number of walk-in patients.

Whilst the majority of respondents were aware of Camp Hill, a number of them felt that it was important for centres in Camp Hill and on the George Eliot site to be open in order for them to be able to access services quickly.

Examples of feedback from parents of young children directly relating to Camp Hill included:

- Parking is easier at Camp Hill.
- Sometimes it has been difficult to get into Camp Hill so if I couldn't I would go to George Eliot.
- I would be concerned that the relocation may put more pressure on the hospital and think it would be a shame to see Camp Hill go as it is handy and convenient.
- Lack of awareness of Camp Hill walk in service means it is quieter than George Eliot, would promoting the service mean longer waiting times due to increase of walk-in patients?
- The Camp Hill Walk In Centre is useless – it should just be a WIC or just a doctors. If you're registered with the doctor you're not allowed to use the walk in service, but if you ring the doctor, by 8.05 am there are no appointments and you might have to wait two hours
- I like the WIC. It would be difficult if it moves for me, because of transport. One child, 3.5 yrs
- 1 mum – it's very convenient to go to in emergencies. GEH is a bit too far. I'd prefer the WIC to stay
- 2 mums: If my child is ill now I wait for an appointment. They usually give preference to small children. If I have to go to GEH I either drive or wait for my husband. But parking is complicated so I prefer here
- 1 mum: I used it at the weekend but wouldn't normally. I would go to GEH if the WIC on Camp Hill wasn't open. But if you don't drive it's difficult.

Examples of feedback directly relating to George Eliot Hospital site included:

- I would always use George Eliot because it's the hospital and I will get the baby seen ASAP.
- It wouldn't have any impact if Camp Hill walk-in was relocated to George Eliot.
- Parking charges are excessive and the car park at George Eliot Hospital is difficult to park at.
- We (group of 4 mums of small children) all go to GEH. Prefer the OoH doctor at GEH. Receptionists at Camp Hill are under massive stress and have a bad attitude

- To go to GEH you have to make an effort, whereas because Camp Hill is on the doorstep people just drop in for anything even when they don't really need to see a doctor. Fewer people will use the service if they don't need it if it goes to GEH
- It's difficult to get to GEH if you haven't got a car. Last year I had to go to Birmingham once

Comments received via completed questionnaires reflected the same themes as heard in the face to face conversations.

5.2 Engagement with area forums

The consultation engagement team attended a range of Warwickshire County Council area forums across the Warwickshire area during October, November and December 2015 to promote the consultation. They were as follows:

- North Area Forum (covers Austrey, Baddesley Ensor, Baxterley, Birchmoor, Bentley, Dordon, Grendon, Merevale, Newton Regis, No Mans Heath, Polesworth, Seckington, Shuttington and Warton)
- West Area Forum (covers Curdworth, Hurley, Kingsbury, Lea Marston, Middleton, Nether Whitacre, Piccadilly, Water Orton, Wishaw and Wood End)
- South Area Forum (covers Ansley, Arley, Astley, Coleshill, Corley, Fillongley, Great and Little Packington, Maxstoke, Over Whitacre and Shustoke)
- East Area Forum (covers Atherstone, Caldecote, Hartshill and Mancetter)

The following shows the dates the forums were attended and a sample of feedback.

Area Forum North, 19 November, St Nicholas Church and Community Hall, Baddesley Ensor, Atherstone, Warwickshire CV9 2BQ

- Walk in provision / extended hours in rural north Warwickshire – neither option seen as addressing access issue for this area. It was suggested that other premises could have been considered as a location more appropriate for people from this area
- Parking and Transport concerns.
- Issue re staffing implications included work force transfer and residual impact on GP practice at Camp Hill
- Impact on A&E, for example would the relocation impact on increased activity at A&E and do we have the workforce available to appropriately respond to relocation of the activity.
- General concerns re primary care capacity – lack of extended hours particularly at week ends

Area Forum South, 1 December, Arley & St Michaels Community Room, CV7 8HA

- 17 People
- 1 used CH WIC and had already completed survey.
A presentation was made to this forum but there was no time to gather verbal feedback so those attending were encouraged to complete and submit questionnaires.

Area Forum East, 10 December, Michael Drayton Community School, CV10 0SZ

- GEH described as unhygienic.
- GEH has been so appalling a patient discharged himself.
- Hartshill is proposing a new healthcare centre which would be an ideal location for a WIC.
- Atherstone bus ticket costs £6.90 return to GEH and if by car you have to pay parking charges and would have difficulty finding spaces.
- Alleged that during an assembly over 500 children had raised their hands to say they had used Camp Hill WIC.
- The camp hill WIC was described as “the best kept secret”.
- Increasing access to health services particularly in rural north Warwickshire is needed.
- There is a lack of information on GEH services/hours if the WIC is relocated.
- Appropriate to have a WIC at GEH but this should not replace the CH WIC.
- Concern regarding access for those in Kingsbury.

Area Forum West, 26 November, Piccadilly Community Hall, Perryman Drive, Piccadilly B78 2EP

A presentation was made to this forum but there was no time to gather verbal feedback so those attending were encouraged to complete and submit questionnaires.

The log of these meetings is available at **Appendix F**.

5.3 Engagement with BME groups

In order to incorporate a representative response from Black and Minority Ethnic (BME) groups across Warwickshire, a full page article highlighting the consultation was included in the Winter edition of the WREN (Warwickshire Race Equality News) County Council BME newsletter. This newsletter has a reach of 6,900 and is circulated to all BME groups across Warwickshire.

The consultation was also promoted at the Warwickshire Race Equality Partnership AGM, held on 25 November 2015. This was attended by 58 members of the public and attendees were encouraged to provide feedback and to raise wider awareness within their local community groups. Copies of the consultation document were also provided for further distribution.

A further range of engagement work was undertaken specifically with this group. This included the distribution and dissemination of more than 100 consultation documents and engagement with more than 50 people at the Sikh Mission Resource Centre in Nuneaton and the Shree Hindu Gujrati Samaj, both in Nuneaton. The engagement team also interacted with this group at a number of events including the Ropewalk Shopping centre in Nuneaton, GP surgeries and Leisure Centres, and as part of their engagement with young people.

The majority of responses from this target audience were collected within the CV11 postcode area. Feedback themes from this audience included:

- The George Eliot Hospital site would be nearer for them in terms of walking distance
- If the service remained at Camp Hill they would not use it due to distance, instead they are more likely to visit A&E or visit their local GP for treatment
- Would feel safer traveling to the George Eliot Hospital site - a location of which they are familiar and can reach with buses and by taxi
- Would feel reassured that the George Eliot Hospital has previous records of their health
- If centralised service provided on the George Eliot Hospital site, the different doctors and departments would be good for reaching various services if needed.

5.4 Engagement in community centres and with community groups

Engagement within community centres included:

- An engagement event held at Camp Hill CHESS Centre.
- Distribution of consultation documents to all local libraries.
- Engagement events held specifically for a range of different local support groups including Vision Support, Stroke Club, the Older People's Care Forum, the Veterans Contact Point, Warwickshire Community and Voluntary Action – North Warwickshire District (forum on 26 November) and the Healthwatch Health and Social Care Forum.
- Distribution of consultation materials to local leisure and community centres across the area.

In addition, briefings about the consultation were also sent to community leaders for wider promotion within their localities.

Most points made are summarised elsewhere, but key points from the veterans is recorded here:

- Veterans rarely go to the doctors unless extremely serious
- Ex-servicemen do not access health as much and as a result this leads to deterioration and worsens conditions.
- Larger impact on Camp Hill and the local residents of that area if walk in centre moves.

- Support for armed forces community as they struggle to talk to GPs regarding any health issues they might have.
- Clearer understanding of what places can offer help, eg pharmacists, GP, WIC.
- To keep WIC at Camp Hill would be duplicating services.

5.5 Engagement at GPs, pharmacies and medical centres

Engaging via GPs, pharmacies and medical centres was a key part of the consultation engagement strategy. In total, more than 850 documents (awareness posters and consultation documents) were distributed locally to all GP surgeries, PPG groups and the George Eliot Hospital site.

Engagement with members of the general public took place at nine of these locations throughout the consultation period with face to face engagement with more than 200 people in the following locations:

- Camp Hill Pharmacy
- Camp Hill GP practice
- Riversley Road Surgery
- Atherstone Surgery
- Dordon Surgery
- Kingsbury Surgery
- Spring Hill Medical Centre
- Hartshill drop-in clinic
- Chancery Lane Surgery

Feedback themes from this group focussed on:

- Many would use Camp Hill for urgent care and out of hours services.
- Some who had used it found it useful and accessible.
- Some patients had used the walk in service when they weren't able to get appointments with their regular GP at Chancery Lane.
- A couple of patients were unaware of the walk in service at Camp Hill and had thought it was closed. They had said they would have/would use it now they know it is available.
- Some patients commented on the lack of blue badge spaces available at GEH.
- GP's at GEH were commended and had provided a good service.
- One lady commented on how Camp Hill was not a nice place and smelt of cannabis due to the teens in the area. Also found it unsafe and would prefer going to GEH due to this.
- Camp Hill limited services.
- Camp Hill very fast and efficient.
- GEH option is better in theory but the transport system needs to be looked at. Generally people need to catch two buses to get to GEH each costing approx. - £4 so total of £8.00 per day, per journey.

- If the CCG wants to move the walk in service then you need to add a bus service that compensates for the move so that the people are not disadvantaged. A bus that goes from Camp Hill surgery to GEH direct.
- If the CCG make the move but don't address the issues then people will just ring 999. This will cause a ripple effect in the A&E. This was seen before when the Camp Hill walk-in clinic closed before and the ambulance service and A&E was inundated.
- The people in that area are very poor and vulnerable. Older people and mums with young children who don't have easy access to transport, finance or support.
- People who know about Camp Hill rely on it heavily.
- A lot of people do not know about the service. Had they known about it they would have definitely used it.
- If the Camp Hill walk- in service can be modified to have more services and also separated from the GP surgery that would improve the services.
- People who use the surgery do not like the walk-in-appointments as they are given priority. Two separate lines/clinics should be running parallel.

Pear Tree Surgery PPG

A meeting was also held with Pear Tree Surgery Patient Participation Group at Pear Tree Surgery, 28 Meadow Close, Kingsbury, Tamworth B78 2NR on 27 November 2015. The following views were expressed:

- The area of Kingsbury is often ignored in consultations. North Warwickshire tends to look at the main towns and villages such as Nuneaton, Bedworth and Atherstone.
- This can mean places like Kingsbury, Coleshill and Great Packington do not offer services near them. For them to reach Nuneaton it would be difficult and out of the way.
- Also, the members were concerned engagement hadn't been well promoted in areas such as this. They would have liked to have a greater input in the consultation and were quoted as saying "just because they have a low population they aren't chosen, but they do still exist".
- One of the reasons they suggested could be why places like Kingsbury are believed to be ignored was due to it being too far away from main areas like Nuneaton.
- Kingsbury residents often use the Robert Peel hospital and wanted to know if a walk in service there could be provided as it would be easier and quicker for many of them to access in an urgent care matter.

5.6 Engagement with young people

Young people are a group typically under-represented in consultations such as this. In order to engage with young people and incorporate their views into the consultation, the engagement team directly interacted with this group, using a number of different channels.

On 2 December 2015 an engagement event was held at North Warwickshire and Hinckley College. This resulted in 21 consultation feedback forms being completed, including responses from three BME representatives.

Key points made at this event included:

- A lack of awareness of the Camp Hill walk in centre – a couple of students didn't know where Camp Hill walk in centre is.
- Most would prefer GEH over CH for UC.
- One student had used the camp hill centre as their GP was too far (Ansley) and would go there again.
- More information on Camp Hill services and raising awareness of what is available for residents in NW.
- One BME student went to Camp Hill walk in centre as couldn't get appointment at her GP in the evening for her baby. She was told to go to GEH as she was not registered at Camp Hill walk in service and they refused to see her.

Links to the consultation document were shared with representatives from Nuneaton and Bedworth Council Youth Council. The group was encouraged to not only complete the document themselves, but to also raise awareness of the consultation more widely with their peers.

Team leaders for county council teams engaging with young people were also tasked to allocate time at team meetings to discuss the consultation and encourage feedback. Groups engaged included LGBT, Health Store, Pi Stars and the Den which includes a youth group for disability and a group of young people at Camp Hill.

In addition, young people were targeted during the outreach event at the Ropewalk Shopping Centre in order to ensure a representative response rate from this target group.

5.7 Engagement with people with disabilities

People with disabilities use and access services differently and more frequently than the average person. They have more barriers to accessing services and quite frequently find services are not tailored to their needs. These include physical/learning disabilities, deaf, blind and mental health.

On the 10 November 2015 we engaged with seven carers at the Family Voice meeting at the King's Hill nursery which included parents/carers of disabled children/adults. A log of all engagement with this target audience is recorded at **Appendix D**.

Feedback themes from this group focussed on:

- Lack of awareness of Camp Hill walk in service means it is quieter than GE, would promoting the service mean longer waiting times due to increase of walk in patients?
- Communication between specialist essential.

- Initial assessments at GE if UC moved to hospital. Would patient be triaged first before being referred to A&E/UC?
- Sometimes ambulances have taken children to Walsgrave instead of GE, would this still be the case if visited UC at GE and then get told to go to Walsgrave?
- Could the public have been involved in co-producing the consultation document?
- More attention and understanding of disabilities/learning disabilities among doctors/specialists.

The engagement team also aimed to gather feedback from the blind/deaf groups and visited the vision support group in Nuneaton Drop-in Centre on 19 November 2015. In total 12 questionnaires were completed on the day and a further 229 large print versions were sent to everyone in the CV10 area who is visually impaired, from which we received 11 completed questionnaires.

Feedback themes from this group focussed on:

- Services not easy for blind people to access.
- If you get rid of Camp Hill then there will be great difficulty in accessing the service at GEH. Will just call 999.
- This is because when you are blind and ill it is very hard to do things for yourself. Trying to figure out the route to get to GEH is impossible.
- The buses take a very long time to get to GEH over an hour.
- If people wanted to get to GEH at 9.00am they would have to leave home at 6.30am
- If there was a bus that would drop directly to GEH it would not be a problem.
- Need to consider having an interpreter for other languages present and also for people who read braille.
- People who are deaf need a sign language interpreter readily available.

The engagement team further visited the Bromford learning disability group on 8 December, in Atherstone. At this meeting 10 easy read questionnaires were completed.

Feedback themes from this group focussed on:

- Camp Hill services are very valuable.
- There are more than three nursing homes and care homes in the area that use that service frequently.
- If the Camp Hill service moved then the logistics of transporting people to the GEH within the current transport services available will be so difficult therefore we would find it easier to call 999.
- Also taxi is very expensive as it is a 20 minute journey.
- Need to put a direct transport bus services that moves from that area across to GEH with few stops.
- Camp Hill is a very deprived area with very vulnerable people like elderly and mums with young children.

- This movement will disadvantage them so maybe consider having an open access drop in clinic in the mornings or extended services at the GP but does this mean you have to be registered with that GP practice.
- Maybe extra services as open GP practice like morning drop in access which is at station street surgery.
- People with learning disabilities have a key worker that has to do this for them therefore going further means that those that don't provide 24 hour support won't be taken by their key person.
- It's very difficult for people with learning disabilities to handle change if it is a difficult thing to adjust to – try making the change as smooth as possible.

5.8 Engagement at the Ropewalk Shopping Centre, Nuneaton

In order to ensure input from a wider cross-section of the local population, an engagement day took place in the Ropewalk Shopping centre in Nuneaton on Friday 4 December 2015. This was selected as a busy shopping day in the run up to Christmas, meaning the centre was expecting to receive a high level of footfall from local residents.

This outreach work proved to be a very successful engagement channel, with more than 170 questionnaires completed by members of the general public. Where possible, engagement was targeted to identified groups but feedback from all members of the community was encouraged. This included the local LGBT community.

The questionnaire responses are recorded in the next section of the report.

6. Findings from the consultation questionnaire

This section analyses the findings from the consultation questionnaire.

6.1 Choice of option

The preferred choice of option overall by a margin of 7% is Option 1: To relocate the walk-in-service from Camp Hill to be provided on the George Eliot Hospital site, as part of a fully integrated and urgent care service working closely with A&E, NHS 111 and the GP out of hours service on this site. Option 2 was: Keep the walk-in-centre as a standalone urgent care service at Camp Hill. (i.e. Do nothing). The figures are as follows:

- Option 1: 338 respondents
- Option 2: 292 respondents
- Total 630

The table below shows option preference across the three CCG areas of Nuneaton, rural north Warwickshire & Bedworth, for the 569 respondents that provided a postcode / area / village location. 61 people did not provide this information, were out of area or their response was unreadable / not valid; and so could not be included in the area analysis below (569 + 61 = 630).

Geography	Option 1	Option 2	Difference between option 1 and 2 (figure)	Difference between option 1 and 2 (percentage)
Nuneaton	210	196	14	3.4%
Rural north Warwickshire	64	53	11	9.4%
Bedworth	35	11	24	52%
Area Total	309	260	49	8.6%

The table shows that the area with the greatest margin between choice of Option 1 and Option 2 is Bedworth in favour of Option 1.

The following section analyses the feedback in terms of age, ethnicity and location:

6.2 Those who chose Option 1 cross referenced by age, ethnicity and location

Those who chose Option 1 cross referenced by age:

Option	Total	Percent of All
Under 16	8	2.367%
16 – 24	49	14.50%
25 – 34	48	14.20%
35 – 59	102	30.18%
60 – 74	93	27.51%
75+	18	5.325%
Prefer not to say	9	2.663%

Comment

The table above illustrates that the largest group in terms of age choosing Option 1 is the 35 to 59 age group, followed by the 60 to 74 age group (93). Younger people have also chosen Option 1 in significantly high numbers. If we group ages 16 to 24 with ages 25 to 34 we see that 97 respondents chose this Option. We know that high users of urgent care are parents with young children. Although a generalisation, for the purpose of discussion and debate it is likely that parents of young children will be part of this group of respondents.

Those who chose Option 1 cross referenced by ethnicity:

Option	Total	Percent of All
Asian or Asian British	35	10.36
Black or Black British	2	0.5917%
Chinese	0	0%
Mixed dual heritage	4	1.183%
White or White British	263	77.81%
Gypsy/Romany/Irish traveller	0	0%
Arab	1	0.2959%
Other (please specify below)	9	2.663%
Prefer not to say	10	2.959%

NB The table above suggests that no Gypsy/Roman/Irish Traveller responded to the consultation. This is not the case. Feedback from this ethnic group was captured during face to face conversations with outreach engagement experts and can be found in **Appendix D**. Conversations with nine Gypsy/Travellers took place and all opted for Option 1

Those who chose Option 1 cross referenced by location, age and ethnicity:

Rural north Warwickshire; Option 1 64 (overall total 338)	Age	Ethnicity
	16-24 9 people	9 White/White British
	25-34 18 people	17 White/White British 1 not answered
	35-59 14 people	13 White/White British 1 not answered
	60-74 20 people	19 White/White British 1 preferred not to say
	75+ 1 person	White/White British
	Not stated 1 person	White/White British

Comment

The response from rural north Warwickshire to Option 1 indicates that there is no real significance between age groups in terms of number of responses, apart from fewer people choosing Option 1 from the 75+ age group. Respondents are White British which reflects the demographic data in the 2011 census as the population of rural north Warwickshire are predominantly White or White British (95.94%).

Bedworth 35 responses; Option 1 (overall total 338)	Age		Ethnicity
	16-24	3 people	1 White/White British 1 Black/Black or Black British 1 Mixed Dual Heritage
	24-34	4 people	3 White/White British 1 Asian or Asian British
	35-59	12 people	11 White/White British 1 Asian/Asian British
	60-74 people	10	9 White/White British 1 Asian/Asian British
	75+	3 people	3 White or White British 1 not stated 1 preferred not to say

Comment

The number of respondents from Bedworth is fairly even across the age range, the lowest being from the 75+ age group. When considering ethnicity, the table above shows that in comparison to the rural north Warwickshire Borough, responses from Bedworth are more ethnically diverse. This corresponds with data from the 2011 census which groups Nuneaton and Bedworth (88.92% British or White British; Asian or Asian British 5.45%; 0.83% Black or Black British).

Nuneaton 210 responses; Option 1 (overall 338)	Age	Ethnicity
	Under 16 5 people	White/White British
	16-24 32 people	26 White/White British 2 Asian/Asian British 2 Mixed race
	25-34 23 people	18 White/White British 4 Asian 1 Black/Black British
	35-59 70 people	54 White/White British 9 Asian/Asian British 1 Mixed dual heritage 3 Prefer not to say
	60-74 53 people	White/White British 42 Asian/Asian British 10 0 Prefer not to say
	75+ 12 people	11 White/White British 1 Asian/Asian British
	No answer /prefer not to say 7 people	1 White/White British 1 Asian/Asian British 5 Unknown

Comment

As demonstrated in the tables above most people choosing Option 1 live in Nuneaton (202 responses). The largest group in terms of ethnicity and age are age 35 to 59 (70 respondents), this includes 54 White/ White British people, 9 Asian people, 1 Mixed dual heritage person, 3 respondents preferred not to say and 3 people stated other but did not

specify their ethnicity. In the Nuneaton responses to Option 1 we see the greatest ethnic diversity which corresponds with the 2011 census for this area:

Ethnicity	% of this ethnic group in Nuneaton and Bedworth (based on 2011 Census figures)
Asian or Asian British	5.45%
Black or Black British	0.83%
Chinese	0.24%
Mixed dual heritage	Not listed
White or White British	88.92%

The second largest number of respondents choosing Option 1 came from the rural north Warwickshire Borough with 64 respondents. The largest numbers of respondents in terms of age were in the 60-74 age group (20 respondents) and the 25-34 age group (18 respondents).

Bedworth was the area that had the fewest respondents but within those responses a significant ratio of people chose Option 1 (35) compared to Option 2 (11). This represents 52% in favour of option 1. As with those respondents from Nuneaton, the largest number in terms of age was from the 35 -59 age group (12 respondents). In terms of ethnicity, those from this age group living in Nuneaton were more ethnically diverse with 54 White/White British respondents; nine Asian/Asian British respondents; 1 Mixed dual heritage respondent and 3 people who preferred not to say. From Bedworth, the 12 respondents consisted of 11 White/White British people and 1 Asian or Asian British. When looking at the ethnicity of those choosing Option 1 across all areas, the report reflects the 2011 Census that shows Bedworth and Nuneaton as having a more ethnic diverse populations than rural north Warwickshire.

6.3 Those who chose Option 2 cross referenced by age, ethnicity and location

In total there were 289 responses from those who selected option two. Three individuals selected both options.

Those who chose Option 2 cross referenced by age

Option	Total	Percent of All
Under 16	10	3.425%
16 – 24	39	13.36%
25 – 34	44	15.07%
35 – 59	100	34.25%
60 – 74	53	18.15%
75+	25	8.562%
Prefer not to say	7	2.397%
Not Answered	14	4.795%

Comment

The largest age group who chose Option 2 is the 35 to 59 age group. This is the same age group in terms of highest response that chose Option 1 with a margin of two people who prefer the option to relocate the service. However the most significant difference when choosing Option 1 or Option 2 is in the 60 to 74 age group with a margin of 40 preferring Option 1 to relocate to the George Eliot Hospital site.

Those who chose Option 2 cross referenced by ethnicity

Option	Total	Percent of All
Asian or Asian British	13	4.452%
Black or Black British	2	0.6849%
Chinese	1	0.3425%
Mixed dual heritage	3	1.027%
White or White British	244	83.56%
Gypsy/Romany/Irish traveller	0	0%
Arab	1	0.3425%
Other (please specify below)	8	2.740%
Prefer not to say	6	2.055%
Not Answered	14	4.795%

Comment

When considering responses in regard to ethnicity, the table above shows that as in Option 1, the largest number of responses come from White or White British people and the second largest number of responses comes from Asian or Asian British people. Therefore, in terms of overall response there seems to be no significant difference when comparing the overall responses in Option 1 to Option 2 in regard to ethnicity.

The table above suggests that no Gypsy/Roman/Irish Traveller responded to the consultation. This is not the case. Feedback from this ethnic group was captured during face to face conversations with outreach engagement experts and can be found in Section 5. Conversations with nine Gypsy/Travellers took place and all opted for Option 1.

Those who chose Option 2 cross referenced by age, ethnicity and locality

Rural north Warwickshire 53 responses	Age and number of responses		Ethnicity
	Under 16	2	White/White British
	16-24	4	White/White British
	25-34	9	9 White or White British / 2 Polish
	35-59	19	18 White/1 Mixed dual heritage
	60-74	9	9 White/White British
	75+	7	White/White British/not answered

Nuneaton 196 Chose Option 2	Age and number of responses		Ethnicity
	Under 16	6	White/White British
	16-24	27	27 White or White British /1 Asian 2 Mixed dual heritage 1 Nepalese 2 prefer not to say
	25-34	27	26 White/White British 1 Black/Black British

	35-59	70	62 White or White British 3 Asian/Asian British 1 mixed Mixed dual heritage 2 Irish 2 mandarins 1 Arab
	60-74	36	32 White or White British 2 Asian / Asian British 1 prefer not to say 1 not answered
	75+	15	13 White or White British 1 Asian 1 Chinese

Bedworth 11 responses	Age and number of responses		Ethnicity
	Under 16	1	White/White British
	16-24	0	
	25-34	3	2 White/ White British 1 Asian/Asian British
	35-59	5	White/White British
	60-74	1	White/White British
	75+	1	White/White British

Comment

The highest number of respondents choosing Option 2 (to keep the urgent care walk in service at Camp Hill) live in Nuneaton (196), followed by rural north Warwickshire (53) and Bedworth (11).

Across rural north Warwickshire, Nuneaton and Bedworth the most people choosing Option 2 are from the 35 to 59 age group.

Nuneaton (as with those selecting Option 1) is the most ethnically diverse, with rural north Warwickshire the least ethnically diverse.

6.4 The impact of the location of urgent care walk in services

This section summarises what people told us about the impact of the location of urgent care walk in services.

6.4.1 Rural north Warwickshire

Responses of people who indicated by postcode or area they lived in rural north Warwickshire about impact.

Question 2a If the walk in Centre is based at the George Eliot Hospital site and there is no walk in service at Camp Hill what impact will this have on you?

Responses of people who indicated by postcode or area they lived in rural north Warwickshire who chose Option 1:

No impact 56; some impact 8

Most of this group felt there would be no impact on them. Those who said there would be some impact made **positive** comments such as George Eliot Hospital site being easier and quicker to get to. Two of the respondents also said they would use Solihull services.

Considering impact in terms of age, responses are close in number; the age group with the highest response in terms of impact is the 23 to 34 age group with 3 responses. When looking at comments from those who said the relocation to George Eliot Hospital site would not impact on them, we find it is generally because they are happy to use the George Eliot site service although one respondent mentions concerns over parking. Another person from Arley has used the George Eliot Hospital site walk in service and was unaware of the Camp Hill service.

Please see data overleaf:

Some Impact: Age / Ethnicity Breakdown

Age	Total Responses	Ethnicity	Responses
16-24	1	White or White British	1
25 - 34	3	White or White British	3
35 - 59	2	White or White British	2
60-74	1	White or White British	1
Not Answered	1	White or White British	1

A sample of the comments reflecting key themes:

Some Impact

- Easy to get to. Solihull also an option. Public transport a huge issue for elderly.
- Better x2

No impact

- As the engagements I have to make will take the same amount of time and it may deter some visits that could have waited for GP appointment.
- In the right place if more services required.
- Best for both
- Parking is difficult.
- Happy to use

Question 2b If the Walk in service remains as a standalone service at Camp Hill, what impact will this have on you?

Responses of people who indicated by postcode or area they lived in rural north Warwickshire who chose Option 1

No impact 48 responses; some impact 14

Many of the respondents didn't know about the Camp Hill service (6); some people said it would be more difficult to travel to or locate (3). Two people commented that they would be more likely to go to A and E if the Camp Hill service remained as a standalone service. Where they felt there would be some impact, the impact was generally **negative** and to do with access and transport or not knowing where the Camp Hill services are: Please see the data overleaf:

Some Impact: Age / Ethnicity Breakdown

Age	Total Responses	Ethnicity	Responses
25 - 34	3	White or White British	3
35 - 59	4	White or White British	4
60-74	6	White or White British	6
Not Answered	1	White or White British	1

A sample of the comments reflecting key themes:

No Impact

- Did not know it existed so never used.
- Don't know where CH is.

Some Impact

- Further to travel harder by bus
- Don't know where it is, what it does or when it's open.
- Harder to locate.
- If it was at George Eliot, it would remove the need for a further journey if required to access other services.
- I would go to A&E at GE or minor injuries at Sir Robert Peel if it couldn't wait until normal hours. I was not aware of the walk in service.
- Bit more remote and not as easy to get to as GEH.

Q2a If the walk in service is based on the George Eliot Hospital site and there is no walk in service at Camp Hill what impact will this have on you?

Responses of people who indicated by postcode or area they lived in rural north Warwickshire who chose Option 2:

- No Impact: 20; Some Impact: 32; Not Answered: 1

More people choosing Option 2, to keep the walk in Centre as a stand alone at Camp Hill said there would be some impact on them if the service was relocated to the George Eliot site than those choosing Option 1. The impact was generally **negative**, mainly to do with transport and access. The 3 that seemed to think the impact would be positive cited access to services and 'better because it is a hospital'.

Please see data overleaf:

Some Impact: Age / Ethnicity Breakdown

Age	Total Responses	Ethnicity and number of responses	
16-24	1	White or White British	1
25 - 34	5	White or White British Other: Polish	3 2
35 - 59	10	White or White British Mixed Dual Heritage	9 1
60-74	3	White or White British	3
75+	4	White British	4

A sample of the comments reflecting key themes:

No Impact

- Need a walk in closer to Dordon.
- Have Sir Robert Peel if needed urgent care.
- Would not use.

Some Impact

- Distance to travel and difficult by public transport. Cost. Time taken to get to GE. Also if it was late at Nuneaton bus stop I would not feel as safe as I would be walking at Green Lane.
- I wouldn't go as A) would need to get 2 buses there and 2 back and B) If someone was to take me I would have to pay parking charges.
- Find it easier to get to
- Certainly a huge impact if I am unable to use a car. Public transport is infrequent to the George Eliot and if one is feeling ill it is not a reasonable option. A walk-in service should be based in Atherstone/Mancetter, which has a population of 11,000 and deserves easier access to urgent care. Too often the residents of North Warwickshire are overlooked when decisions are made.
- Too far away

Q2b If the Walk in service remains as a standalone service at Camp Hill, what impact will this have on you?

Responses of people who indicated by postcode or area they lived in rural north Warwickshire who chose Option 2:

Of those choosing Option 2 who live in rural north Warwickshire 19 stated that there would be some impact on them if the standalone service remains at Camp Hill, and for most of them the impact was **positive** because Camp Hill was easier for them to get to.

Age	Total Responses	Ethnicity and number of responses
16-24	1	White or White British x1
25-34	5	White or White British x3 Other x2
35-59	10	White or White British x9 Mixed Dual Heritage x1
60-74	3	White or White British x3

A sample of the comments reflecting key themes:

Some Impact

- I will have peace of mind knowing that service is still there, local, and available to my family in an emergency or stressful medical emergency.
- More accessible. Closer to home, less stress on child.
- Good thing. I don't drive so it would be easy to get to.
- Further away. X2
- Now I know about it. I would use it and tell other people.

6.4.2 Bedworth

Now, the report considers the response of people living in Bedworth about impact.

Most people living in Bedworth chose Option 1 – to relocate the Camp Hill urgent care service to the George Eliot hospital site.

Q2a If the walk in service is based on the George Eliot Hospital site and there is no walk in service at Camp Hill what impact will this have on you?

Responses of the people living in Bedworth who chose Option 1

30 people said there would be no impact on them; 2 people said there would be some impact; and 3 people did not answer.

The 2 people who chose Option 1 who said there would be some impact on them were both in the 75+ age group. Neither had used urgent care services and one said he/she would use George Eliot.

Question 2b: If the walk in service remains as a stand alone service at Camp Hill, what impact will this have on you?

Responses of the people living in Bedworth who chose Option 1

No impact: 19, Some Impact: 15, Not Answered: 1

For those who felt there would be some impact, the impact was **negative**. People felt that Camp Hill was too far away from Bedworth and difficult to get to. There was a preference for using George Eliot Hospital site. One person felt that keeping Camp Hill would result in a reduced resource for the GP led service at George Eliot Hospital site.

Some Impact: Age / Ethnicity Breakdown

Age	Total Responses	Ethnicity	Responses
16-24	2	White or White British	1
		Mixed Dual Heritage	1
25 - 34	1	White or White British	1
35 - 59	5	White or White British	5
60-74	7	White or White British	7
75 plus	0	0	0
Not Answered	0	0	0

A sample of the comments reflecting key themes:

No Impact

- never used the service travel to either site about the same

Some Impact

- I won't use it as too far to travel.
- More difficult to get to from Bedworth
- Further to travel.
- Don't drive so how could I get there?

Q2a If the walk in service is based on the George Eliot Hospital site and there is no walk in service at Camp Hill what impact will this have on you?

Responses of the people living in Bedworth who chose Option 2

No impact: 2, Some impact: 9

For those who said there would be some impact, this was largely seen as **negative** for those who had chosen Option 2. The key themes were access and travel, and the fear that George Eliot Hospital site would be too busy so people would have to wait longer.

Some Impact: Age / Ethnicity Breakdown

Age	Total Responses	Ethnicity	Responses
Under 16	1	White or White British	1
25 - 34	2	White or White British	1
		Asian or Asian British	1
35 - 59	4	White or White British	4
60-74	1	White or White British	1
75+	1	White or White British	1

A sample of the comments reflecting key themes:

Some Impact

- The waiting time will increase. If I ring 111 and they suggest I see the out of hours service I don't want to wait 7 plus hours
- Being limited mobility Camp Hill is much easier to use. George Eliot Hospital is too big for my mobility problems.
- Busy
- Possible over run too many patients in one place so long waiting times

No written responses were received for the no impact option.

Question 2b: If the walk in service remains as a standalone service at Camp Hill, what impact will this have on you?

Responses of the people living in Bedworth who chose Option 2

- No impact 7, Some Impact 4

Those people who felt there would be some impact said that the impact would be **positive**.

Age	Total Responses	Ethnicity and number of responses
25-34	1	White or White British x1
35-59	1	White or White British x1
60-74	1	White or White British x1
75 plus	1	White or White British x1

A sample of the comments reflecting key themes:

Some Impact

- It will make it so much easier for my daughter to get me to attend. The parking is accessible and not so much walking.
- It will make appointments easier, clinics easier parking, although I live nearer to the George Eliot Hospital.
- Not as busy x2

No written responses were received for the no impact option.

6.4.3 Nuneaton

In this section we look at the responses of people living in Nuneaton to the impact of potential changes. More than half of those living in Nuneaton who responded chose Option 1, to relocate the urgent care walk in service to the George Eliot Hospital site.

Q2a If the walk in service is based on the George Eliot Hospital site and there is no walk in service at Camp Hill what impact will this have on you?

Responses from people living in Nuneaton who chose Option 1

No Impact: 160, Some Impact: 40, Not Answered: 2

12 people in the 60-74 age group said the relocation of the service to George Eliot Hospital site would have some impact, closely followed by the 35 to 59 age group (11 people), also 5 people from the 75 plus age group felt there would be some impact on them.

22 people specifically felt that the relocation would have a **positive** impact on them, mostly in terms of an easier location but also in terms of quality – 5 people expressed dissatisfaction with the Camp Hill service. Some people felt there would be a **negative** impact and other comments were equivocal – 3 people commented that they would have to travel further if the service was relocated and others implied this.

Some Impact: Age / Ethnicity Breakdown

Age	Total Responses	Ethnicity and number of responses
16-24	4	White or White British 2 Asian or Asian British 2
25 - 34	6	White or White British 4 Asian or Asian British 2
35 - 59	11	White or White British 9 Asian or Asian British 2
60-74	12	White or White British 11 Asian or Asian British 1
75 plus	5	White or White British 5
Not Answered/prefer not to say	2	Unknown 2

A sample of the comments reflecting key themes:

No Impact

- It is probably equal distance to both; and slightly easier to get to the GEH; as long as there is parking.
- As I drive this would not be a major impact on myself. However, I do recognise that losing the camp hill walk in centre would have a great impact on the local community/wider area. As it is part of regeneration and a highly deprived area.

Some Impact

- It becomes closer to my home
- I live in Camp Hill. However, my experience of the CH medical centre has not been very positive - resources are clearly stretched! I don't mind travelling for better care/treatment
- I work as a nurse at camphill and currently we are struggling to offer appointments to the registered patients there, most of whom are local to the area. It's frustrating for them to be refused appointments with nurses and GPs only to see patients registered at other practice walking in and having to be offered an appointment.

- Easier access and a place we are familiar with and feel comfortable with.
- A mission to get to GEH.
- Better x 6 Easier x 2
- Daughter doesn't drive (has baby). Would use taxi.
- I live in Camp Hill so this would impact me but service at Camp Hill is shocking.
- More accessible and convenient.
- It would improve access for residents on the East and South of the Borough.

Question 2b: If the walk in service remains as a stand alone service at Camp Hill, what impact will this have on you?

Responses from people living in Nuneaton who chose Option 1

65 people said there would be some impact. Many of these people felt the impact of the walk in service remaining at Camp Hill would be **negative**. The reasons are mainly difficulty of access and travel, but also a number of respondents did not like the service at Camp Hill.

Age	Total Responses	Ethnicity and number of responses
Under 16	2	White or White British
16-24	10	White or White British x7 Asian or Asian British x1 Mixed Dual Heritage x1 Other x1
25-34	5	White or White British x3 Asian or Asian British x2
35-59	22	White or White British x16 Asian or Asian British x4 Mixed Dual Heritage x1 Prefer not to say x1
60-74	16	White or White British x13 Asian or Asian British x2 Other x1
75 plus	7	White or White British x7
Not Answered/Prefer not to say	3	Unknown x3

A sample of the comments reflecting key themes

Some impact

- Don't drive, can't afford fair you can't access emergency care x2
- I would have to travel some distance
- I would be unlikely to use the service at Camp Hill
- By moving to GEH it will make it easier for more residents to attend
- It is out of the way to get to, it should be more central.
- Some of our patients go to Camp Hill drop in service - level of care not always very good
- Because it is a long way from my address and also very difficult to locate
- At my age, 84, very difficult to get to.
- Accessing the service at GEH would be simpler and a walk-in option would increase my choice
- wouldn't use I'd go to hospital ae

Q2a If the walk in service is based on the George Eliot Hospital site and there is no walk in service at Camp Hill what impact will this have on you?

Responses from those people living in Nuneaton who chose Option 2

- No Impact: 71, Some Impact: 120, Not Answered 5

More than 70 people said this would have no impact on them but the comments show that they felt this was only if they did not become unwell. 120 people said there would be some impact. The comments show that this impact is largely seen to be **negative** and almost entirely about travel and parking, including worries about the costs of this. People felt they would have difficulties travelling to the George Eliot site.

Age	Total Responses	Ethnicity and number of responses
Under 16	3	White or White British x3
16-24	19	White or White British x18 Other x1
25-34	17	White or White British x17
35-59	49	White or White British x42 Asian or Asian British x2 Arab x1 Other x4
60-74	21	White or White British x19 Asian or Asian British x1 Prefer not to say x1
75 plus	7	White or White British x7
Not Answered/Prefer not to say	4	Unknown x3 White or White British x1

A sample of the comments reflecting key themes

Some Impact

- On where I live I could manage to get to Camp hill without transport if re-sited I could not.
- Car parking costs
- Travel, traffic, parking.
- If the service moves to camp hill I can get there on my mobile scooter but it would take 40 mins (not at night). I am worried about the old people. What about the bad weather?
- I cannot drive, so would be reliant on taxi or bus to get to George Elliot.
- Emergency situation with more travel difficult
- Travel. X2 buses.
- I have no transport and the bus service to the hospital is poor, expensive and lengthy at rush hour. I will be seen quicker in Camp Hill lengthy queuing is rare.
- Further, not keen on GEH, clinical setting.
- It will make waiting times at George Eliot longer.
- Why use the word "some". A better word would be a major impact. With a young family and limited access to a car the walk in facility is essential.
- Longer waiting times. Parking.

No Impact

- Not until I am unwell.
- Bus runs every hour from Galley Common. Need it to ""?"". Waiting on buses is too much for elderly.
- I live in Camp Hill - so local. Parking charges.

Question 2b: If the walk in service remains as a stand alone service at Camp Hill, what impact will this have on you?

Responses from people living in Nuneaton who chose Option 2

Most of the people who chose Option 2 who said there would be some impact if the service at Camp Hill remains said that the impact would be **positive**. This was almost entirely because of ease and convenience of access and travel.

Age	Total Responses	Ethnicity and number of responses
Under 16	1	White or White British x1
16-24	10	White or White British x9 Other x1
25-34	8	White or White British x8
35-59	30	White or White British x27 Asian or Asian British x1 Arab x1 Other x1
60-74	18	White or White British x15 Asian or Asian British x2 Prefer not to say x1
75 plus	3	White or White British x3
Not Answered/Prefer not to say	4	Unknown x2 White or White British x2

A sample of the comments reflecting key themes

Some Impact

- It works as I said in part one answer.
- It is far for me. Though at times (depending on time of day) it will be alright
- It will be more convenient
- Easy to access
- Camp hill will be more convenient with my various medical conditions. Making treatment possibly easier. Access is easier, i.e. folk would be more amenable to taking me down to the centre- much shorter journey and wait - and no parking fee.
- This will provide a much more accessible "local" facility.
- Able to get there
- I didn't know it was there and now I do, it should stay.

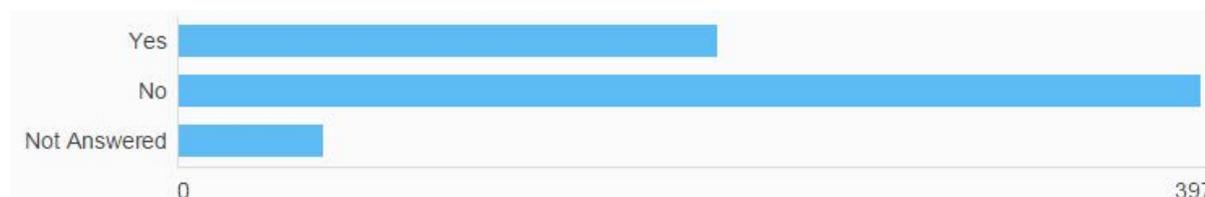
No Impact

- It is local and there if needed.
- Happy with it. X2
- Better for community

6.5 Further comments about Option 1

Q3a: Do you have any further comments about the option to centralise urgent care services at George Eliot Hospital site and relocate the walk in service from Camp Hill

Option	Total	Percent of All
Yes	209	31.57%
No	397	59.97%
Not Answered	56	8.459%



As shown in the table above, 209 people provided further comments about this option. Feedback largely related to supporting the approach of centralising of services and transport/travel concerns. Transport and travel concerns were closely linked to two topics; the cost and accessibility of public transport to George Eliot Hospital site and the cost and ease of parking.

A sample of responses reflecting the main themes is shown below.

Topic	Sample of feedback
Transport/travel	<ul style="list-style-type: none"> • Camp Hill has free parking, GEH you have to pay. • Will be costly for locals, G.E.H is 2 bus rides to the G.E.H or the cost of a taxi. Camp Hill they can walk. • Traffic not so easy to get to George Eliot and paying for parking. • Buses stop at 7pm, not everyone has a car. • The current cost of parking is prohibitive especially for poorer families, large families and those on benefits. • Any service needs to be well signed and accessible. I think more people would know how to find the

	<p>hospital than Camp Hill esp. as the service is for a wider area than just Nuneaton. Any service needs to be accessible and by public transport so no-one is excluded by virtue of not having a car.</p> <ul style="list-style-type: none"> • The GE site is crowded and parking can be troublesome and expensive.
<p>Centralisation of services</p>	<ul style="list-style-type: none"> • Better placed at George Eliot Hospital centralising services. • It is very confusing to know where to go and who to contact when my doctors surgery is closed. If everything was in one place you could be directed to the most appropriate service. • Generally centralising services is not so good, it becomes too big, too busy and chaotic. • It would make a lot of sense to locate all the facilities in one location 1 all the facilities are then under one roof not over 2 sites, this would reduce the overheads of having 2 sites, heat and light one site, only one reception to fund etc. • Mass lobbying from Camp Hill ,should not have a bearing on the final result, It is logical that this service should be near A&E. • I do feel that (in a care urgency situation) a hospital site would give quicker access to urgent services for a patient.
<p>Patient experience</p>	<ul style="list-style-type: none"> • I am concerned that if the service moved to George Eliot the waiting times would be longer.
<p>General</p>	<ul style="list-style-type: none"> • I don't see why you would have a separate walk in service at Camp Hill and not in other areas of the borough. If it is not feasible to offer this service to all areas of the borough I feel services should be at the hospital. Also cases requiring hospital treatment would not have to be moved by ambulance. • The camp Hill service has never been offered to us as north Warwickshire residents. • The (current) walk in facility (at Camp Hill) suffers from a low profile. The community is not aware of this wonderful facility. Rather than publishing glossy brochure to propose moving it. Why not put the same effort in to advertising it. I suggest the answer is politics and money.

6.6 Further comments about Option 2

Q3b: Do you have any further comments about the option to retain a stand alone walk in service at Camp Hill?

Option	Total	Percent of All	Option
Yes	120	18.13%	Yes
No	484	73.11%	No
Not Answered	58	8.761%	Not Answered



As shown in the table above, 120 people provided further comments about this option.

Feedback related to a number of topics, focusing on the benefits to residents within the Camp Hill area, difficulties for patients travelling to Camp Hill from the north of the county, concerns that a centralised service would be too busy and raising wider awareness of the service available at Camp Hill.

A sample of responses reflecting the main themes is shown below.

Topic	Sample of feedback
Beneficial to local residents	<ul style="list-style-type: none"> • Camp Hill is a disadvantaged area and to have this service is extremely beneficial for the residents. It also links patients with other services and provides support for many families. • It would work so much better for the people of Camp Hill. It has become a very large area and needs its own GP centre.
Travel/transport	<ul style="list-style-type: none"> • Camp Hill does not meet the needs of residents in the north - it's too far to travel. • Logically placed for elderly in CH. But a little too North. • The location of George Eliot or Camp Hill for the walk in service is unacceptable. The walk in service needs to be more central in the county. • Too difficult to get to. • Should have both options available as all can not commute to Camp Hill.
Considering other locations	<ul style="list-style-type: none"> • Attleborough would be a good place with Camp Hill. Not GE. • The location of George Eliot or Camp Hill for the walk in service is unacceptable. The walk in service needs to be more central in the county.
Maintain services as they are	<ul style="list-style-type: none"> • It works, so why change it?! • It should stay the same. If both services are amalgamated it will be manic.
Awareness of Camp Hill	<ul style="list-style-type: none"> • If this is kept it needs to be widely promoted - I have lived in Nuneaton all my life and had no idea it existed. • Need to signpost Camp Hill, it is a handy service.

6.7 Comments about how to decide on the most appropriate service

Q4: What would help you decide which is the most appropriate urgent care service to go to (e.g. GP, urgent care centre, A&E, 111 phone etc.) next time you have an urgent care need?

In total 470 people provided a response to this question.

A number of respondents said that depending on the urgency of the health problem, they would make a choice, potentially using any of the services listed. Some respondents suggested ways that services could be better promoted and some simply listed a service that they would use (such as their GP, 111 or A&E).

A sample of responses reflecting the main themes is shown overleaf.

<p>Use of a range of services, depending upon urgency</p>	<ul style="list-style-type: none"> • All of the above. Any decision to use a particular service, would depend on what the health problem was. • Key factors would be the time of day and my location, as well as the severity of my clinical condition. I would phone 111 for an assessment first, if in any doubt. • I use NHS website if I'm unsure which service to use. • If all the facilities were at the GE hospital there would be no need to decide where to go, triage at the centre will signpost to correct area. • It would depend on the need.
<p>List of services the patient would use</p>	<ul style="list-style-type: none"> • Urgent care or 111 & lastly A & E • Sometimes it's impossible to know how poorly I might be so as a rule of thumb: <ul style="list-style-type: none"> - If I have an accident then I go to A&E - If my GP was available then I would see them otherwise I go to the UCC - If I'm not sure then I choose A&E • A&E • If urgent and life threatening call 999. If able to wait see GP. • Depends on what problem I had! If it can wait for a doctor at my surgery, I'd make an appointment. If I had a deep cut then walk in service, if it was serious I'd go straight to A&E. Fever, etc then use out of hours. • GP, 111, all of the above. • GP and 111 phone. • Look at symptoms on the internet. • Depends how worried I was. If not too worried go to walk in centre. If very concerned straight to A&E.
<p>Suggestions for improving awareness of the services available</p>	<ul style="list-style-type: none"> • Education and publicity about what each service is designed for and how it operates. • Simple colour coded flow chart with appropriate telephone numbers for each service. • I wouldn't know the difference between A&E and urgent care centre. Leaflets stating difference and posted out and out at GP's would help. • Leaflets - Helpful information. • Publicised better.

6.8 Comments on the way the consultation was run

Q5: If you would like to comment on the way the consultation has been run, please write your comment here.

In total, 156 people responded to this question, providing their comments on the way the consultation had been run.

Responses were varied, with a range of positive, negative and neutral comments. Positive comments related to the consultation being very good and that respondents liked that representatives attended a range of different events and used different channels to promote the consultation.

Negative feedback related to the consultation being biased towards a move to George Eliot Hospital site and that the consultation could have been more widely publicised.

Positive comments	Neutral comments	Negative comments
So far so good, see what the results are.	We are surprised to be only offered 2 options.	Not publicised very well. Survey to every resident in NBBC would have been more useful.
I'm happy with the way the consultation has been run. Some of the document does seem biased towards moving the service to George Eliot but I think this option makes the most sense.	How many patients at Camp Hill have been asked about service? Has any other method been used other than internet. Not every one is able to use or has this service.	It is unbalanced being weighted against the retention of Camp Hill. I strongly believe that the disadvantages levelled against Camp Hills retention are both trivial and some questionable. * I believe that this is a very significant observation.
Very good.	More information on usage would have been good.	A bit biased towards moving it, seems like a done deal to move it.
Like that a representative came to the clinic to explain why/what proposals are and to seek informed opinions of service users.	Nice being asked if already matters have not been decided and this is not a PR exercise.	It needs to reach a wider pool of people.
Something that has needed to be addressed. Good for	The write up of this consultation in the local	This was not widely publicised as I normally

action to be taken.	paper implied that a walk in centre was an option for Atherstone. It would seem this is not so, so I am disappointed with this event as it is not what I expected.	know what takes place in the community and I then forward this on to individuals and groups.
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6.9 Responding on behalf of an organisation

Q6: Are you responding on behalf of an organisation?

Option	Total	Percent of All
Yes	36	5.438%
No	591	89.27%
Not Answered	35	5.287%



36 people responded on behalf of an organisation, and these included the voluntary sector, GP practices, specific professionals groups including nurses, GPs and health visitors, a parish council, a Patient Forum, religious bodies, and veterans. A full list is available at **Appendix K**. The majority of respondents (591 people) were not responding on behalf of an organisation.

6. 10 Equalities monitoring

The consultation questionnaire asked people to answer a number of questions about themselves. The aim of this was to help the CCG ensure that the consultation obtained a range of views from across the geographical area, and where possible from all groups in society.

The full data from these questions is all available at **Appendix K** – this section summarises the results.

Q7. Where do you live? Please state the name of your ward/village/town

Respondents came from a wide range of areas across rural north Warwickshire Bedworth and Nuneaton. The highest number of responses to this question were from number Nuneaton and the fewest was from Bedworth.

Q8. Please state the first letters and numbers of your postcode

517 respondents provided their postcode details. The largest number of responses was from the areas of CV10 (268 people) and CV11 (131 people).

Q9. What is your gender?

66.16% of respondents to this question (438) were female, 27.95% (185) were male. This reflects typical responses in consultations – more women than men normally respond.

Q10. If female, are you currently pregnant or have you given birth within the last 12 months?

368 females answering this question stated that they were not currently pregnant and had not given birth within the last 12 months. 41 said that they were either pregnant or had given birth within the last 12 months.

Q11. What is your age?

People aged 35-59 provided 31% of responses to this question. A range of people from all age ranges took part in the consultation.

Q12. What is your ethnic group?

White or White British was the most common response to this question, with over 80% of respondents identifying as this ethnic group.

The response rate from each ethnic group is largely in line with local figures recorded in the 2011 Census.

Q13. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long term physical or mental ill health/disability, problems related to old age or other.

67% of respondents (443 people) stated that they did not give support to others for health related conditions. 13% (83 people) said that they gave support for age related conditions and 10% (69 people) said that they provided support for someone with a long-term physical or mental-ill-health/disability.

Q14. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

62% (413 people) stated that their day-to-day activities were not limited because of a health condition or illness. Around 25% of people did say that their activities were limited in some way, and mobility was detailed as the most common factor for limiting day-to-day activities, with 12% (78 people) of respondents selecting this answer. This meant that people with some kind of disability or long term condition were well-represented in the responses to the questionnaire.

Q15. What is your sexual orientation?

77% of respondents (511 people) identified themselves as heterosexual/straight. 14.5% of respondents (96 people) chose not to answer this question.

Q16. Are you: single – never married or partnered; married/civil partnership; co-habiting; married (but not living with husband/wife/civil partner; separated (still married or in a civil partnership); divorced/dissolved civil partnership; widowed/surviving partner/civil partner; other; prefer not to say

The largest number of responses (329 people) was provided from people who were married/in a civil partnership. The second highest option was 'single', with 97 people selecting this option. A number of people listed their own option for family relationships such as living in a couple.

Q17. What is your religion and belief? No religion; Baha'i; Buddhist; Christian (including Church of England, Catholic, Protestant and all other Christian denominations); Hindu; Jain; Jewish; Muslim; Sikh; Other; prefer not to say; not answered.

The most common response to this question was Christian, with 48% (321 people) identifying as this religion/belief. 32% (209 people) identified themselves as having no religion. Other religions were represented in the responses.

7. Conclusion

As stated, Option 1 is favoured in the responses to the questionnaire by a margin of 7%. In other words, although more people selected Option 1 than Option 2 the majority was not large. To add to this, the feedback received from organisations, via face to face conversations, and comments made in answer to the questionnaires display some key issues which need to be taken into account in any final decision for either option, including access, transport and travel and issues of quality. These are:

- Access - this is a main theme in responses to the questionnaire and other responses. Those who chose an option generally prioritised which option was best for them based on how easy it is for them to travel to the service. Among organisations and community forums, this concern was widened to other services including primary care. Strong concerns come through all of the feedback around travel, transport, parking and cost of parking at George Eliot. There was also particular concern from local councillors about access to healthcare for rural communities (critical success factor 6). Feedback from GP surgeries again depends on location of the surgery in relation to proximity of each urgent care walk in service (critical success factor 3).
- Quality - Some people say even though they live at Camp Hill they would travel to George Eliot to access what they consider a better service, and some young parents and other respondents feel that an urgent care service at a hospital site is preferable as access to other services if needed is easier and being at a hospital is reassuring (critical success factors 1, 2, 4 and 5).
- Quality - concerns were raised over quality of service including cleanliness, risk of infection, waiting times and ease of appointments. These were commented on for both Camp Hill and George Eliot urgent care services although Camp Hill was mentioned more frequently.
- Capacity – there were some concerns with regard to capacity, in terms of waiting times, appointments and workforce, if the service moves to the George Eliot site and availability of appropriate clinical workforce at Camp Hill (critical success factor 1, 2 and 3).
- Among disabled people in particular, there was a feeling that a smaller service would be quieter and easier to access than a service at a large provider like George Eliot. People with disabilities were also concerned about access issues (critical success factor 8).

These themes illustrate consistency with the critical success factors identified by the CCG and refined by a stakeholder group that are important when considering the available options for improvement in urgent care services and the provision of future urgent care walk in.

The overall message from the consultation is that those who responded to the consultation felt that there were pros and cons for both options and this is illustrated by the fact that there was an almost even split between the choice of Option 1 or Option 2. For some, their proximity to Camp Hill meant that they wanted to keep the Camp Hill service. For others, George Eliot would be easier to access. Everyone wanted a service that would be easy for them to access, and issues to do with parking and transport were important, including public transport. Those who preferred George Eliot sometimes did so because they liked the idea of other services being rapidly available on site if required. There were some quality issues raised. Some people were concerned that if all urgent care were funnelled to George Eliot this could cause capacity problems. There were some differences between age groups in terms of their preferences, but they were not marked.

In considering the outcome of the consultation, the CCG should take account of, and give consideration to, the response rates received from each of the three areas. The highest response rate was from Nuneaton, where the most marginal difference in terms of option preference was recorded (3.4% in favour of option 1). A lower response rate from rural north, where there was a 9.4% response rate in favour of option 1 and the lowest response rate from Bedworth, which had the highest margin in favour of option 1 at 52%.

It is recommended that when making its final decision, the CCG takes into account the pros and cons of both options raised during the consultation and in particular ensures that whichever option is chosen the access and quality issues are all taken into account. This could mean looking at certain aspects such as parking, public transport and the clinical workforce required to respond to the range of urgent care needs.

January 2016