

***NHS Medway CCG***

**Medway Urgent and Emergency Care Review and  
Redesign**

**Have Your Say**

**Public Consultation: 3<sup>rd</sup> July – 22<sup>nd</sup> September 2017**

**DRAFT**

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## Glossary of Terms

<b>Clinical Commissioning Group (CCG)</b>	Groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services including: Planned hospital care. Urgent and emergency care. Rehabilitation care. Community health services
<b>Emergency Care</b>	Immediate or life threatening conditions, serious injuries or illness
<b>Minor Injury Unit</b>	Where non-serious injuries can be treated, as an alternative to attending Accident and Emergency Departments
<b>NHS England</b>	An independent body, at arm's length to the government, that oversees the work of CCG, allocates resources and commissions primary and specialist services
<b>Urgent Care</b>	The range of health services available to people who need urgent advice, diagnosis and treatment quickly and unexpectedly for needs that are not considered life threatening
<b>Urgent Care Centre</b>	A clinically led centre primarily treating injuries or illnesses requiring immediate care but not requiring emergency department care, that can offer other services alongside
<b>Triage</b>	A rapid assessment to determine the priority of a patient's treatment based on the severity of their condition
<b>Walk-In Centre</b>	People can access care from a GP or a nurse with no need to register or to pre-book an appointment. The centres are open for longer hours than the typical GP practice, including after normal working hours and at weekends

## Foreword

Dr Sharif Hossain, Clinical Lead – Urgent Care, NHS Medway Clinical Commissioning Group (CCG)

As a local GP I often hear patients saying how confusing it can be for people trying to access the right urgent care services, when there are so many different services offered in so many different places.

Medway CCG is responsible for planning and paying for your local healthcare services and we are constantly striving to improve these, within the resources we have available. This includes reviewing existing urgent care services to ensure that people can access high quality urgent care when and where they and their families need it most.

A key component of this review is the proposal to create a new **GP-led Urgent Care Centre (UCC)**, to centralise urgent care services. This will be open 24 hours a day, 7 days a week, and will provide a single access point where people who make their own way to hospital will be triaged (assessed rapidly) and seen by the most appropriate service for them. This will ensure that patients with an urgent care problem can be seen in the most appropriate setting, leaving the hospital's emergency department to concentrate on patients with potentially life-threatening illnesses and severe injuries.

Our plans are still developing – so your feedback is vital in helping us identify how the UCC will most successfully meet local needs. We want to hear from as many people in Medway as possible, either by completing the survey below or online at [www.medwayccg.nhs.uk/urgentcare](http://www.medwayccg.nhs.uk/urgentcare) [live from 3<sup>rd</sup> July 2017], attending public meetings, or sending their feedback into the CCG at [Freepost address to be confirmed].

Our consultation runs until 22<sup>nd</sup> September so please do take part – your views count!



## Introduction

### - Who we are and what we do

NHS Medway Clinical Commissioning Group (CCG) is responsible for planning and buying healthcare services across the Medway towns – the black outline in the map below shows the area we cover.



With the help and involvement of local people we decide what NHS services are available, working closely with local health, social care and voluntary sector partners to make sure the right services are available at the right time.

One of these services: is urgent care.

### - Current urgent and emergency care services in Medway

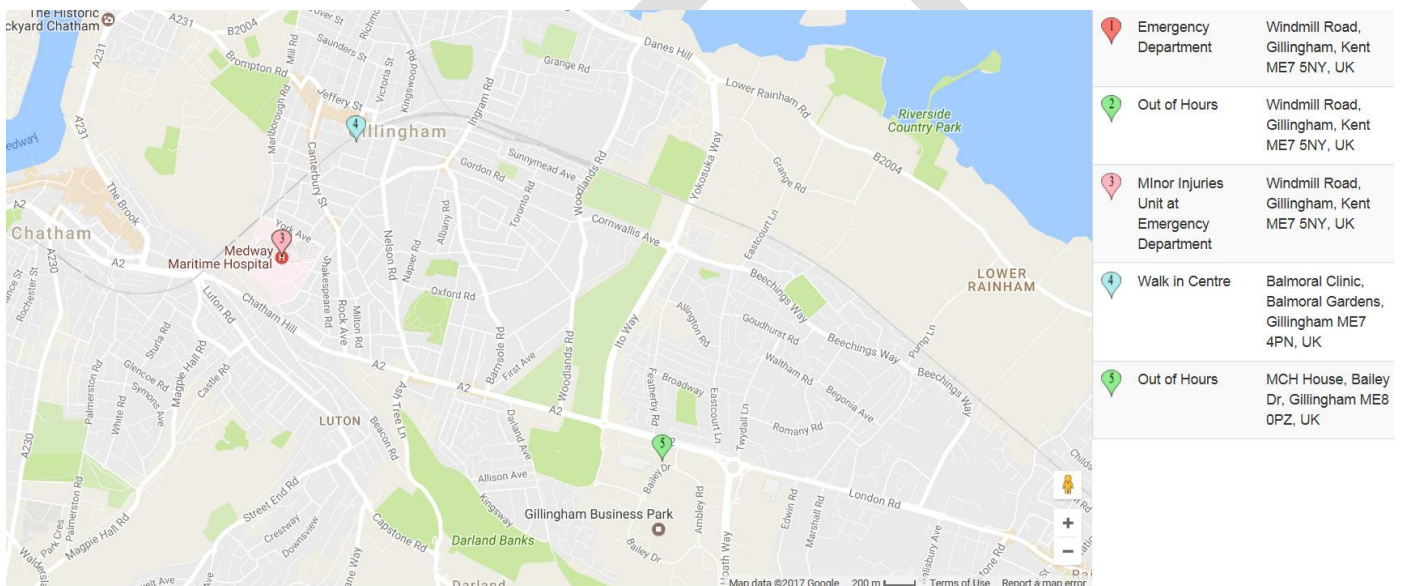
Urgent care covers a range of healthcare services that people access when they need medical care that cannot wait for a routine appointment with a GP, but is not so serious or life-threatening that they require the Accident and Emergency (A&E) Department.

Currently people living in Medway can access urgent and emergency care services by:

- Dialing NHS 111, a free 24 hours, seven days a week service that can give fast access to urgent care should it be deemed the most appropriate course of action
- Contacting their own GP for same day appointments
- Going to Minor Injuries Units available in Gravesend, Sittingbourne and Sheppey: 8am – 9pm seven days a week, where they can walk in and wait for access to Nurses/Doctors

for minor injuries. *Please note that these services are outside of the scope of Medway’s Urgent and Emergency Care Programme – and are part Dartford, Gravesham and Swanley and Swale CCGs’ urgent care review - but are currently accessible to Medway patients*

- Going to the Walk-in Centre, Balmoral Gardens, Gillingham: 8am – 8pm seven days a week, where they can walk in and wait for access to GPs, Nurses or Pharmacist for minor illness
- Contacting the GP out of hours service : 6pm – 8am Monday – Friday and all day Saturday and Sunday, with access to bookable face to face appointments with GPs/Nurses either at home(if unable to travel), or MCH House or Medway Foundation Trust.
- Going to Medway Maritime Hospital: A&E Department, open 24 hours a day seven days a week



With such a complex and confusing range of services it is not surprising that often patients turn to well known and trusted Emergency Departments when they have an urgent ‘on the day’ need for clinical advice.

**Our proposal**

**This document outlines our proposal to develop a fully integrated Urgent Care Centre at Medway Maritime Hospital.**

Services currently provided at the Walk-in Centre in Balmoral Gardens Healthy Living Centre will be relocated and provided within the Urgent Care Centre – less than a mile from the current location. This will:

- ensure speedy access to the most appropriate specialists
- make best use of skilled staff

- **improve the patient experience and ensure better health outcomes**

## Why local urgent care services need to change

### The national case for change

The Urgent Care System nationally and locally is under constant and increasing pressure. A comprehensive, nationwide review was carried out, and a report published in November 2013, outlining the case for change and proposals for improving urgent and emergency care services in England.

The report highlighted five areas for the future of urgent and emergency care:

- Provide better support for people to self-care
- Help people with urgent care needs to get the right advice in the right place, first time
- Provide responsive urgent care services outside of hospital so people no longer choose to queue in A&E
- Ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise the chances of survival and a good recovery
- Connect all urgent and emergency care service together so the overall system becomes more than just a sum of its parts

In response to these findings, NHS England has announced plans for the biggest shake up of urgent and emergency care in a generation - estimates suggest that up to 3 million people who attend A&E could have their care needs met elsewhere.

Their plans include:

- Making 111 more accessible and changing from a “signposting” service where patients are directed to another service, to a “consult and complete” service, where clinicians can help them there and then.
- Increasing the core hours of GPs so that by April 2019 everyone in England will be able to get an evening and weekend appointment
- Simplifying the confusing range of places a patient can go if they have an urgent health problem.

Key to these changes is the reshaping of services currently offered by minor injury units and walk-in centres, to offer a more uniform, standardized model. The plan is to offer better, consistent opening times every day, with more tests and treatments – all in one centre.



These centres will typically offer treatment for suspected broken limbs, strains and sprains, cuts and grazes, bites and stings, scalds and burns, minor head injuries and other ailments such as ear and throat infections, skin infections and eye problems.

### The local case for change

In response to the national requirements, we established a programme to review and redesign local Urgent and Emergency Care Services. From November 2014-July 2015 the CCG started its work on redesigning local urgent care services and carried out engagement activities with local people, to help shape the development of the proposed future model. There was a national programme pause from July to October 2015, while further guidance was developed. In 2016, the Medway urgent and emergency care programme was re-established, building on the significant work already completed before the pause.

Our local review found that our patients don't always receive the best care within our current systems. Our hospital services are stretched and, like other places around the country, we have an increasing number of older people living longer, often with more than one long term condition, who need the right care and support to help them stay well and independent.

We need to move with advances in technology that support integration of services to ensure that our patients get timely access to the right services, first time, when they need them. Alongside all of this we have big financial challenges, which mean we need to make substantial savings so that we can manage within the money available to us as well as achieving the improvements needed going forward.

Our urgent care services are under constant and increasing demand. Waiting times in hospital for emergency treatment are too long with local hospitals not being able to meet the government's 4-hour waiting standard. Overcrowding in these departments directly affects patient care and patient experience. Despite the number of GP visits increasing and previous expansion and development of urgent care services such as Walk in Centres over recent years, attendances have continued to increase. This growth is leading to an increased pressure on the services and staff and an increased financial cost, none of which is sustainable.

National data tells us that many patients could be treated outside of an A&E Department. Locally, we know that up to 6 out of 10 patients choose to go to A&E first and do not try to access their GP or a different urgent care provider – even when their illness or injury is not an emergency.

We need to improve the way we deliver urgent care services – in line with the national requirements - to make them less confusing and more responsive to people's needs. We need to make better use of our skilled workforce and provide a better patient experience, with improved health outcomes. We need to make changes so that people who are seen in A&E Departments are those that **need** to be seen there – those with critical and life-threatening illnesses - who can be treated quickly, for the best possible results.

## What people in Medway have told us

Our proposed changes are the result of local discussions that began over three years ago following the recognised challenges for urgent and emergency care systems and the recommendations published within the Keogh Review in November 2013.

People told us that future urgent care services needed:

- to be simplified and better connected, helping services to work more effectively together and making the best possible use of health and community services and staff
- to address both physical and mental health needs
- to be supported by good information technology and good communication between health and community care providers, patients and families
- to ensure patients are seen quickly by an experienced clinical person who can make sure that they are quickly directed to the best person to deal with their health problem -for example: a GP, a pharmacist or a mental health professional
- to provide a single point of access to make sure that people get the right care, at the right time, in the right place 24 hours a day, 7 days a week.

## Our future plans for urgent and emergency care

We are committed to redesigning local urgent and emergency care services so that local people have a better experience of the care they receive, their health outcomes are improved and clinical expertise and resources are used as effectively as possible.

These proposed changes would make sure that our urgent and emergency care services are in line with national recommendations and guidance to ensure that patients only go to hospital when they really need to be there and also help us to address some big challenges to the urgent and emergency care system.

Our aim is to provide services which are integrated across NHS111, GP out of hours services, ambulance services and emergency services, to:

- provide a more streamlined service – and experience – for patients
- reduce the need for multiple calls to different services
- provide clarity on services available when people need them

To achieve this we need to help the different parts of the system to work together more effectively, for example through improving the services provided by NHS111, such as providing additional clinical teams – GPs, nurse, pharmacists, mental health nurses – who will give more in-depth support and advice over the phone; refer to other services; or advise if an appointment with a clinician is required urgently.

The plans have been developed to reflect: national requirements; feedback from the people of Medway; input from local GPs and clinicians. The plans have been shared and approved by the clinical committee at each stage of their development.

**Emergency Care** will continue to be provided through the **Emergency Department** – located at Medway Foundation Trust. It provides:

- 24 hours a day, 7 days a week access to the A&E Department Trust via ambulance, direct referral by a GP or via triage from the Urgent Care Centre (UCC).

Our **Urgent Care** plans include:

**NHS 111:** we will continue to improve the NHS 111 service which provides 24 hours a day, 7 days a week free access to a range of clinicians for advice over the telephone.

We will be enhancing current services to include a Clinical Assessment Service, led by GPs, and including a variety of other specialists such as nurses, mental health specialists and pharmacists to enable patients – particularly those with long term or complex health conditions – to have a more in-depth discussion and get personalised, clinical advice.

Based on national expectations many patients will be able to have their immediate health needs managed through this team. Where this is not possible, patients will be advised to visit / contact the most appropriate service for their needs – this may include seeing their own GP within a few days, or an ambulance being sent to provide on-site support if clinically required.

This enhanced service will therefore provide an alternative option for people who may currently opt to attend the Walk In Centre.

Nationally work is also in progress to develop **online resources** to support people to identify the most appropriate service for their immediate needs – we will be learning from national pilots to ensure that we build upon best practice. This future approach to urgent care will provide people with the choice of online, phone and face to face resources providing choice for people in the way they access services, and expert routing to the most appropriate service for their needs.

**Extended access to Primary Care:** In line with national requirements we are working to develop plans to ensure that people can access pre-bookable and same day appointments with a local GP 7 days a week, from 8am to 8pm. This will may be provided by GP Practices working together in a locality, however plans are in development, and will need to be in place from April 2019, as will the proposed Urgent Care Centre.

All of the above urgent care services will continue to have access to:

- diagnostic tests
- follow up services
- prescribing

- referrals to other services that could assist patient needs

**As these changes are in addition to the services currently in place we are not specifically consulting on these.** They are however key elements of the urgent care redesign that will have an impact on the proposed Urgent Care Centre - which is the focus of this consultation.

## **Urgent Care Centre - Our proposal**

Model options for the delivery of face to face access to urgent care were developed in 2014-15, before the national programme pause, through a series of engagement events and reference groups. These events included a whole system stakeholder event, supported by Patient and Clinical Reference Groups. These events included patients, local clinicians – GPs, hospital and community staff – as well as representation from local voluntary organisations and councils to ensure that we gathered input and feedback from all those who have experience of, or input into, the local urgent care system.

To identify the options for the future urgent care model, stakeholders agreed the following design principles, which identify the benefits of the new model and underpin our planning. These principles are:

- Help patients get the right care, at the right time, in the right place
- Models that are developed will not be one size fits all but will reflect locality needs
- Organise and simplify the urgent and emergency care services to create a better connected system and achieve the most effective use of health resources
- Provide 24/7 emergency / urgent response in the community to meet the needs of the population.
- Provide highly responsive urgent care services outside of the Accident and Emergency Department (A&E) so people no longer choose to attend A&E when they do not need to
- A single point of access to urgent care services
- Addresses access to urgent mental health care as well as to physical care
- Makes the most appropriate use of 111, primary care, community mental health teams, ambulance services and community pharmacies
- A strengthened senior clinical triage and advice service that links the system together that helps patients and educates patients to navigate it successfully
- Provide improved access to GPs or nurses working from community bases equipped to provide a much greater range of tests and treatments
- Empower ambulance services to make more decisions to treat more patients and allow them to make referrals in a more flexible way
- Provide better support and education for people to self-care and to enable a greater use of pharmacists
- Development of integrated IT systems to support the new models and enable clinical practitioners to be able to see patient's medical notes, with their consent.
- Effective communication across health and social services and the voluntary sector

- Improved utilisation of the voluntary sector
- All patients have equitable access to services

These principles were used as the basis to develop the final care model by asking the Clinical and Patient Representative Groups to undertake two further exercises :

1. To consider what services are needed to support people with urgent care needs outside of the current emergency department
2. A review of experience from other areas and national best practice guidance taking into account the needs of our local population

Based on this work, the options identified were:

**Option 1:** Urgent care centre co-located with the Emergency Department

**Option 2:** Urgent care centre co-located with the Emergency Department with addition of a community hub providing access to unscheduled care services

Based on the engagement work undertaken, and feedback from patients around ensuring simplification of local services, the preferred model of an urgent care centre co-located with the Medway Foundation Trust emergency department (option 1) , as the local site for emergency care, was identified. This also reflects more recent national guidance and best practice to ensure high quality, responsive urgent care services for our patients.

**Urgent Care Centre (UCC):** which will be located near to the Emergency Department at Medway Foundation Trust. One of the key design principles for the model identified the need to ensure that patients who did not need to attend the Emergency Department had an alternative location to meet their needs. However, we recognise that many patients will choose to attend the Emergency Department for a wide range of reasons, including

- Lack of time or ability to consider alternative options during stressful or difficult situations
- Uncertainty about services which may be available – or lack of clarity around opening hours or the type of patients who can be seen
- Ease of access and central location of the hospital site
- Peoples perception of the severity of their condition and the input required

Therefore the proposal identified the need to provide a wide range of services at a location which people will readily access; which does not require clinical knowledge or consideration of the expertise which may be available – but simply provides the right support for a patient at the right time by the most appropriate clinician. These plans also build upon existing services into one location and , with the benefit of:

- bringing services together in one location to support patients with multiple needs,
- providing consistent streaming of patients from arrival in the department to the clinician most suitable for their immediate needs
- making better use of clinical staff and resources

- improving health outcomes, and experience, for patients

The Medway CCG proposes that the UCC will be open 24 hours a day, 7 days a week. It will be GP led and provide a single point of access to urgent and non-urgent care services. It will provide walk in and pre-bookable access to face to face appointments, including home visits, with a variety of clinicians offering self-care advice as well as access to treatments for both minor illness and minor injury.

When someone arrives at the UCC, they will be seen by an experienced senior nurse who will review the reason for coming to the Centre and their symptoms. They will then be directed to the most appropriate service or clinician.

For example, if the person has an arm injury which could be a fracture they will be seen within the minor injury area, have an x-ray as appropriate and receive treatment and advice for any further care. For minor illnesses they will be seen by a GP or nurse.

The UCC will also be able to provide support for patients with mental health needs. Social care and community nursing teams will also provide support to people, when their health needs have been addressed, to return home as soon as appropriate with any additional support arrangements in place.

Children will continue to be treated within a dedicated area. As the UCC will be next to the Emergency Department at Medway Foundation Trust, people with a serious medical condition, for example a heart attack, will be immediately transferred to the Emergency Department and seen by appropriate specialists.

Services available through the UCC would include:

- the Emergency Department
- GPs or Nurse Practitioners
- Minor Injuries Unit
- Children's Unit
- Direct access to an acute surgical or medical assessment unit within the hospital
- Access to urgent mental health care
- Social care services
- Access to diagnostics such as x-ray and pathology.

The UCC will offer advice on self-care, pharmacy guidance and prescriptions. It will also be able to accommodate a Mental Health Decision Unit for patients who need access to urgent mental health care.

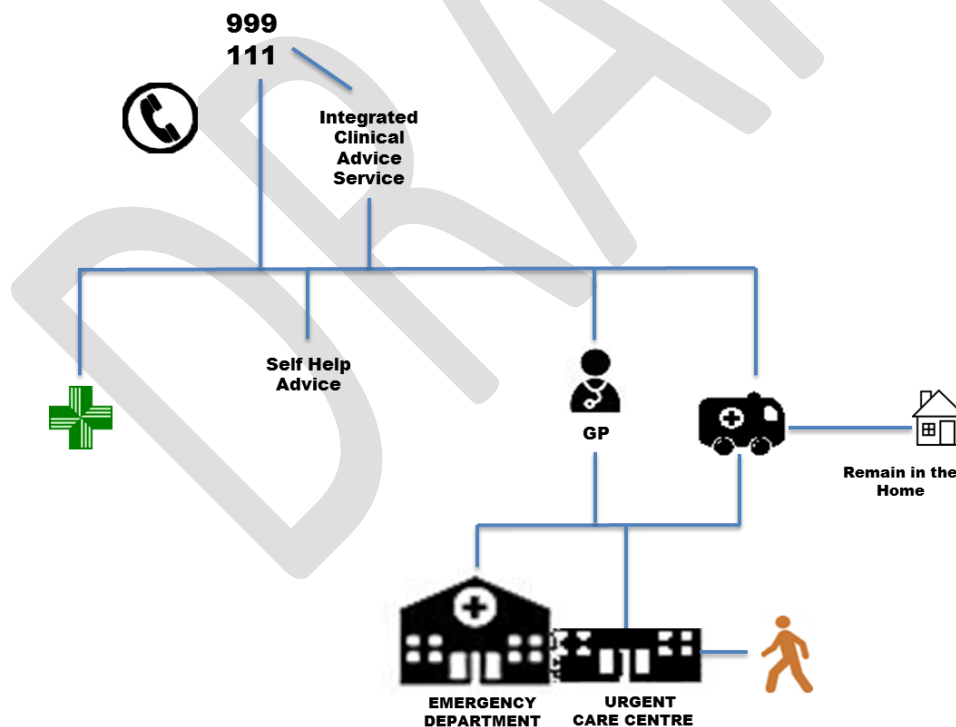
Improved integrated IT systems means staff at the UCC will be able to access GP records, with appropriate patient consent, to issue urgent prescriptions and make more informed decisions regarding suitable treatment approaches. They will also be able to share the details and outcomes with the person's GP, so they are kept in touch with changes in medical history.

To ensure the UCC can provide maximum benefit to people in Medway the services currently provided at the Walk-in Centre at Balmoral Gardens will be relocated and provided within the Centre, less than a mile from the existing location. This will make best use of clinical staff who will build capacity in the Centre, ensuring speedy access to the most appropriate specialists and diagnostic services, improving the patient experience and ensuring better health outcomes. The Pharmacy located at Balmoral Healthy Living Centre will still be available for support and advice and other local services will be developed to meet the needs of people in that area, as part of the wider Medway model, currently under development.

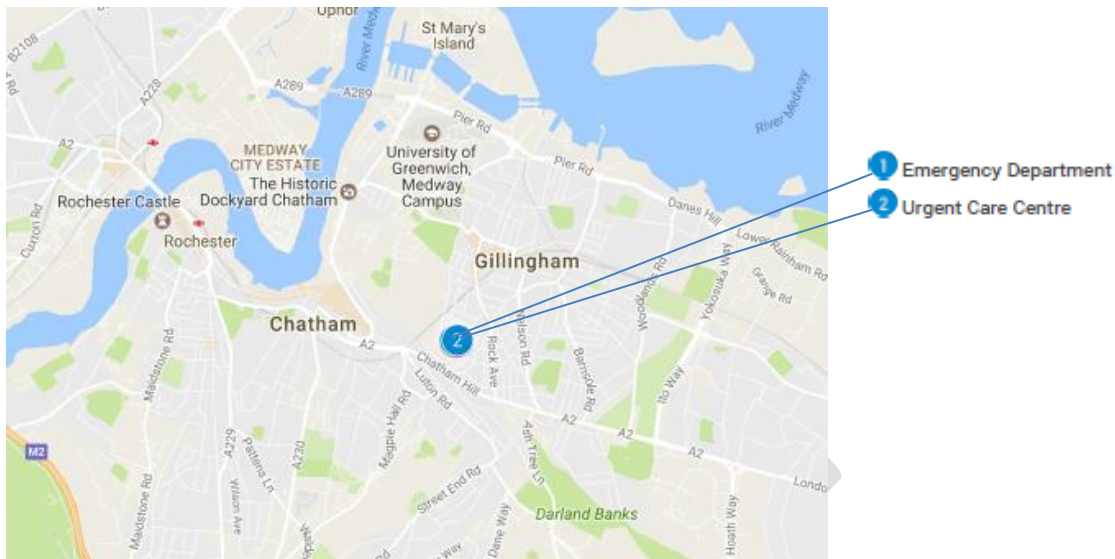
The UCC will be able to help people who need it, to access social care and voluntary sector support. Patients who attend the UCC who are not registered with a GP will be seen and supported to register with an available GP in their locality.

People will be able to access this service through a number of routes:

- People who phone 999 will be triaged by the response team and, if care cannot be provided in the home, taken either to the Emergency Department or the UCC
- People phoning NHS 111 will be triaged and, where possible, given advice over the phone. If necessary, they may be sent to the UCC, to see the pharmacist, a nurse or GP.
- A GP may refer their patient here to have a minor injury assessed
- People will be able to walk into the UCC



It is proposed that these services will be provided at the following central location:



We believe that the provision of a central UCC, open 24 hours every day, will improve the experience and outcomes for patients by ensuring that the services, and expertise, which may be required to meet an individual's urgent care needs are provided in one place, and ideally at one visit. With services working more closely together, increased access to GP services (8am to 8pm 7 days a week) closer to home, and support through telephone clinical advice (via NHS111) being put in place at the same time, we expect these services to address the urgent care needs and provide a better quality service for all of the people of Medway (and Swale).

Our assessment and previous engagement with patients, the public and stakeholders show that this will be the most effective way to consolidate services and we believe that our proposed changes would meet both the needs of national and local requirements and result in the greatest overall benefits for the people living in Medway.

The CCGs' GP leaders and clinical staff at Medway NHS Foundation Trust have worked together to develop this new model and support the proposed approach. We know that people will have questions about our proposed changes and we look forward to meeting with local people and explaining why we feel that this is the right model going forward.

### **Consulting on our plans for the Urgent Care Centre**

We need to understand the views and experiences of all patients, public, stakeholders and staff who live and work in Medway who may be impacted by the proposed UCC (this may also include patients, public and stakeholders in surrounding areas). This is so that, by the end of November 2017, the CCG can make an informed decision on the UCC and its role in the future urgent and emergency care services in Medway. The feedback received will help us develop our



plans so that we can deliver the benefits we, and our patients, want to see. This will include considering issues raised as part of the ongoing development of the wider urgent care system.

**We are therefore holding a 12 week public consultation on our proposal to develop a fully integrated Urgent Care Centre at Medway Maritime Hospital.**

**Services currently provided at the Walk-in Centre in Balmoral Gardens Healthy Living Centre will be relocated and provided within the Urgent Care Centre at Medway Maritime Hospital, less than a mile from the current location, to: ensure speedy access to the most appropriate specialists; make best use of skilled staff; improve the patient experience and ensure better health outcomes.**

We will ensure we meet our statutory duties (outlined in the Health and Social Care Act 2012) in relation to public involvement and consultation when undertaking service change.

NHS England expects all significant service changes to comply with the Department of Health's 4 tests for service change and we will assess our progress against these, as the consultation progresses. These 4 tests are:

- strong public and patient engagement
- consistency with current and prospective need for patient choice
- a clear clinical evidence base
- support for proposals from clinical commissioners

## **Have Your Say**

Although we have outlined our proposal, our plans are still developing. **No decision has been made yet.**

Your views, alongside feedback from other organisations we work with, will help us to make our final decision.

We are therefore holding a 12 week public consultation which will run from 3<sup>rd</sup> July 2017 to 22<sup>nd</sup> September 2017. We will be holding public events, working with voluntary and other organisations (such as Medway Healthwatch) who can ask people for feedback on our behalf or provide input directly and asking people to give us feedback through an online questionnaire (paper version available on request).

A final decision will be made on 29<sup>th</sup> November 2017. A full report on the Consultation feedback will be available on the CCG website.

For more information about our Urgent Care plans and proposal, and to find out about public events being held during the consultation, please visit [www.medwayccg.nhs.uk/urgentcare](http://www.medwayccg.nhs.uk/urgentcare) (live from 3rd July 2017)

To give your feedback, please:

- complete the questionnaire online at [www.medwayccg.nhs.uk/urgentcare](http://www.medwayccg.nhs.uk/urgentcare) [live from 3rd July 2017] or
- complete the same questionnaire at the end of this document (please return it to us using the freepost address).

If you have any queries or want any further information, please do contact us, either by emailing [medway.ccg@nhs.net](mailto:medway.ccg@nhs.net) or calling 01634 335020.

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# Medway Urgent and Emergency Care Review and Redesign

## Draft Questionnaire

Whilst NHS Medway Clinical Commissioning Group (CCG) CCG is clear that the proposal for an Urgent Care Centre located at Medway Maritime Hospital - creating a single point of access and pooling a range of services and expertise - is the right option for our local population, we are keen to hear your views on the proposal so these can be considered and addressed, as appropriate. We would be grateful if you could take a few minutes to complete the questionnaire and return it to us at the following Freepost address: [INSERT FREEPOST]. If you would prefer you can complete the survey online at: [www.medwayccg.nhs.uk/urgentcare](http://www.medwayccg.nhs.uk/urgentcare) [live from 3rd July 2017]

Q1. Thinking about current urgent care services, the following statements represent some of the key feedback we have received from the public and other stakeholders. To what extent do you agree with each of the following?

Statement	Strongly disagree	Tend to disagree	Neither	Tend to agree	Strongly agree
Something needs to be done to reduce pressure and waiting times in A&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The current urgent care services are confusing and it is difficult to know where to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care services need to be simpler and more connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care should be available through one point of access, 24 hours a day, 7 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should be seen, diagnosed and treated in one place as far as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Based on the feedback and, as outlined in the document, we propose that a wide range of health and care services be brought together, within a dedicated urgent care centre at Medway Foundation Trust. This will enable patients to be reviewed by a senior level nurse and be directed to the best clinician or service to meet their need and reduce confusion; reduce pressure on A&E; ensure speedy access to the right services at the right time; ensure a better quality, experience for people using the services.

Please indicate to what extent you agree with the above proposal?

- Strongly agree
- 
- Tend to agree
- 
- Neither
- 
- Tend to disagree
- 
- Strongly disagree

Q3. Please give your reasons for your answer and provide as much detail as possible?

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Q4. It is proposed that services currently provided at the walk-in centre at Balmoral Gardens, Gillingham will be relocated to the urgent care centre at Medway Foundation Trust, to: ensure all services are better connected and working together; provide one point of access; ,make best use of staff and resources so as to provide a 24 hours, 7 days a week service

Do you agree with this proposal?

- Strongly agree
- 
- Tend to agree
- 
- Neither
- 
- Tend to disagree
- 
- Strongly disagree

Q5. Please give your reasons for your answer and provide as much detail as possible?

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Q.6. The following services would be available through the Urgent Care Centre:

Senior level triage (assessment)

-----  
Access to a GP

-----  
Access to a nurse practitioner

-----  
Access to diagnostic services

-----  
Minor injuries services

-----  
Minor illness services

-----  
Emergency pharmacy advice/service

-----  
Mental health services

-----  
Social care services

-----  
Fast track to Emergency department

-----  
Care for the frail and elderly

-----  
Children's services

Are there any other services you think we should consider including?

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Q7. Do you have any further comments about the proposed changes? Please provide as much detail as possible.

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Q8. It would be useful to know how you heard about this consultation. Please indicate which of the following best describes how you found out about it? Please tick all that apply.

Email from CCG	<input type="checkbox"/>
Letter/post from CCG	<input type="checkbox"/>
CCG website ( <a href="http://www.medwayccg.nhs.uk">www.medwayccg.nhs.uk</a> )	<input type="checkbox"/>
Social media e.g. Twitter, Facebook	<input type="checkbox"/>
Print Media e.g. newspaper	<input type="checkbox"/>
Radio	<input type="checkbox"/>
GP surgery	
Medway Maritime Hospital	<input type="checkbox"/>
Walk-in Centre	<input type="checkbox"/>
Minor Injuries Unit	<input type="checkbox"/>
Friend or colleague	<input type="checkbox"/>
Other, please write in:	<input type="checkbox"/>

Q9. Please could you tell us in what capacity you are responding:

Someone that has used an urgent or emergency care service	<input type="checkbox"/>
Local resident	<input type="checkbox"/>
Member of the public (not a Medway resident)	<input type="checkbox"/>
Carer	<input type="checkbox"/>
Someone from a partner organisation – on behalf of organisation- please write in the organisation name:	<input type="checkbox"/>
Someone from a partner organisation – as an individual- please write in the organisation name:	<input type="checkbox"/>
Clinician or healthcare professional – on behalf of organisation - please write in the organisation name:	<input type="checkbox"/>
Clinician or healthcare professional – as an individual - please write in the organisation name:	<input type="checkbox"/>

## ABOUT YOU

We know that people from different age groups, ethnic groups, religions and sexualities access healthcare services in different ways, have different health needs and sometimes have different experiences of services. If you are able to tell us a bit about you, we can try to get feedback from as many different people as possible. Using this information we can make sure all the different groups have had the opportunity to review the proposals and provide feedback and if there are gaps, we can address these during the consultation period.

If you prefer not to answer any of the following questions please select “prefer not to answer”. This information will remain confidential and will not be passed on to any healthcare professionals. Your individual information will not be linked to your responses and all data will be collated to ensure no individual is identifiable.

QD1. Please write in your postcode:

QD2. Please indicate which of the following age groups you fall into?

16-24 years	<input type="checkbox"/>	25-34 years	<input type="checkbox"/>	35-44 years	<input type="checkbox"/>
45-54 years	<input type="checkbox"/>	55-64 years	<input type="checkbox"/>	65-74 years	<input type="checkbox"/>
75 years or more	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>		

QD3. Are you...?

Male  Female  Transgender  Prefer not to answer

QD4. Please indicate your ethnic group? Choose 1 option that best describes your ethnic group or background.

<b>White</b>	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>
	Any other White background, please write in below:	<input type="checkbox"/>
<b>Mixed / Multiple ethnic groups</b>	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other Mixed / Multiple ethnic background, please write in below:	<input type="checkbox"/>
<b>Asian / Asian British</b>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background, please write in below:	<input type="checkbox"/>
<b>Black / African /</b>	African	<input type="checkbox"/>

<b>Caribbean / Black British</b>	Caribbean	<input type="checkbox"/>
	Any other Black / African / Caribbean background, please write in below:	<input type="checkbox"/>
<b>Other ethnic group</b>	Arab	<input type="checkbox"/>
<b>Prefer not to answer</b>		<input type="checkbox"/>

QD5. What is your religion, belief or faith?

No religion	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, please write in:	<input type="checkbox"/>

QD6. What is your sexual orientation?

Heterosexual (straight)	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, please write in:	<input type="checkbox"/>

QD7. Are your day to day activities limited because of a health problem which has lasted, or is expected to last at least 12 months?

Yes, limited a little	<input type="checkbox"/>
Yes, limited a lot	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**Thank you for your time and feedback**