Seven day GP services in Herefordshire
Consultation on delivery of high quality GP services in Hereford report
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Introduction

Herefordshire Clinical Commissioning Group (CCG) is the NHS organisation responsible for planning, buying and monitoring health services on behalf of everyone in the county. The CCG is a membership organisation of 24 GP practices, with a patient population of approximately 186,000, and is responsible for the following services:

- Urgent and emergency care, including out-of-hours services
- Planned, non-emergency hospital care
- Rehabilitation care
- Mental health and learning disability services
- Most community health services, including continuing healthcare and ambulance transport
- GP services

The proposals

Seven-day GP services in Herefordshire is a public consultation about changing the current GP Access Centre (walk-in centre) in Hereford City into a GP surgery. Specifically proposing to relocate the Ross Road branch of Hereford’s Moorfield House Surgery to the walk-in centre location for registered patients and that the primary care access service provided by Taurus Healthcare at Wargrave House Surgery on St Owen Street is relocated to the walk-in centre (WiC) site. The consultation ran for eight weeks from 3 March to 24 April 2017.

In summary the proposals are:

- to change the current GP Access Centre (walk-in centre) into a dedicated GP practice by relocating the Ross Road branch of the City’s Moorfield House Surgery, ensuring there are accessible primary care services with good transport links and parking;
- relocate the seven day service currently provided by Taurus Healthcare at Wargrave House Surgery on St Owen Street to the Asda site;
- encourage and support people across Herefordshire to register with a GP practice so that they can benefit from the best possible, continuous care. We will develop a plan to improve access to GP services for people who find registering with a GP difficult.

The CCG states that the proposals form part of a bigger plan nationally and locally to transform the way GPs and other primary care services are provided in the future, which is also known as seven-day services.
Consultation process

The CCG embarked on an extensive programme of planned communications and engagement, ensuring that all activities were coordinated and that the messages delivered were consistent. The plan helped to:

- ensure high levels of public awareness;
- encourage participation in the consultation events;
- encourage feedback, through the online survey;
- ensure all sections of the community were informed and had the opportunity to be involved, with efforts made to target those who would be most impacted by the change;
- support partnership working with other organisations to promote and publicise the consultation.

The consultation plan was approved by the Health and Social Care Overview and Scrutiny Committee for Herefordshire.

The process included a mid-point review, which provided an opportunity to assess the effectiveness of the consultation and agree any actions heading into the second half of the consultation period. During the review it was decided to increase the use of social media and send emails to all stakeholders.

The consultation results will be taken to the public Governing Body meeting of the CCG in June 2017.

Communication and engagement activities and feedback mechanisms

Herefordshire Clinical Commissioning Group undertook a comprehensive communication and engagement programme to promote awareness of the consultation, encourage participation in events and give feedback.

Communication channels

A range of channels were used including the media, social media and public meetings. Information was also made available through a dedicated web page:

http://www.herefordshireccg.nhs.uk/get-involved-seven-day-services

The web page provided information about the consultation and the proposals. Background information to support the consultation was made available, including:

- Health and Social Care Overview and Scrutiny Committee report;
- Equality Impact Assessment for seven day primary care services in Hereford City;
- Quality Impact Assessment for seven day primary care services in Hereford City;
- Consultation document for seven day primary care services in Hereford City.

**Social media**

Extensive use was made of social media during the consultation period with a schedule of activity developed for each week.

Social media was also used to target communications across the population of Herefordshire.

**Media**

The CCG worked closely with local journalists, taking a proactive approach to create opportunities for promoting the consultation and explaining the proposals.

**Information made available**

The consultation document and copies of the questionnaire were made available at GP practices.

**Feedback methods**

In developing this independent report, Midlands and Lancashire Commissioning Support Unit (MLCSU) reviewed a range of feedback, including:

**Consultation survey**

This was the main channel for feedback. The survey contained a mixture of closed and open questions about the specific proposals. 280 surveys were completed.

**Correspondence**

A correspondence log was maintained by the CCG. In developing this report we have reviewed all letters and comments received. In total, four logged comments have been reviewed.

In addition, Healthwatch Herefordshire also carried out a series of enter and view visits to GP practices across Herefordshire seeking views on the proposals. The findings can be found at appendix B.

**Public meetings**

Four public meetings took place during the consultation period. In addition, four informal pop-up events were held at the Walk-in centre.
Public feedback

Consultation survey

Participant profiling

As shown in figure 1, the vast majority of those participating in the consultation are members of the public. However, a small minority, 3% specifically, participated on behalf of an organisation. These organisations include; GP practices, primary care and charitable/not for profit organisations.

*Figure 1. Q1. Please tell us whether you are responding as a member of the public or on behalf of an organisation (private or voluntary / charity). Base: 294.*

![Chart showing 97% as a member of the public and 3% on behalf of an organisation](chart.png)

Over two thirds of participants state they work for an NHS organisation, such as Wye Valley NHS Trust, whilst one quarter state they work at a voluntary/charitable organisation, such as HealthWatch Herefordshire. A small proportion state they are employed at other organisations, these include; local councils and organisations within the private sector (*figure 2*).
Figure 2. Q3. Please tell us if you are a volunteer or work for any health or social care organisation (NHS, private or voluntary). Base: 97

Views on proposal to achieve seven day GP services in Hereford

There is a belief that when comparing the way services are currently operating, to how GPs and patients want them to operate, there are opportunities for improvement.

The aim is to offer services that provide high quality care, are accessible and are simple to understand, so people use them appropriately. Therefore, a number of changes to how services are currently provided are being considered. One of these considerations involves focusing on the role of the walk-in centre, specifically:

- To change the current walk-in centre location in South Wye into a GP practice, by relocating the Ross Road branch practice of the city’s Moorfield House Surgery ensuring there is an accessible GP practice with good transport links and parking;

- The primary care access service provided by Taurus Healthcare at Wargrave House Surgery on St Owen Street is relocated to the walk-in centre site. This means there will be a primary care service for people registered with Moorfield House Surgery from 8am – 8pm seven days a week. In addition everybody registered with all other Herefordshire practices will be able to book appointments at this site from 6.00pm – 8.30pm Monday to Friday and from 8am – 8pm at weekends and on bank holidays;

- Encourage and support people across Herefordshire to register with a GP practice so that they can benefit from the best possible, continuous care. We will develop a plan to improve access to GP services for people who find registering with a GP difficult.

In response, there is some polarisation with around two fifths of those consulted supporting this idea (‘very supportive’ and ‘fairly supportive’ combined), with around 20% stating they
are ‘very supportive’ of the proposal (figure 3). However, over half state they do not support this proposal (‘not very supportive’ and ‘not at all supportive’ combined) whilst over one third state they do not support the proposal at all.

Figure 3. Q5. We would like to know the extent to which you support this proposal. Please indicate the extent to which you support this proposal below. Base: 294

As shown in figure 4 below, when comparing those within NHS organisations with those within voluntary/charitable organisations, those within NHS organisations are more supportive of the proposal. Specifically, over six in ten of those within NHS organisations support the proposal whilst only one third of those within voluntary/charitable organisations state they support it. Interestingly, a similar proportion of those within voluntary/charitable organisations state they are neither supportive nor unsupportive of the idea (34% and 38% respectively).

Figure 4. Q5. We would like to know the extent to which you support this proposal. Please indicate the extent to which you support this proposal below. Those within NHS organisations. Base: 66. Those within voluntary/charitable organisation: Base: 24
To gain further clarity on the level of support for this proposal, participants were asked to explain the reasoning behind their original response. Figure 5 below summarises their rationale.

![Bar chart showing support levels for the proposal](image-url)

- **Very supportive:** 23% (NHS Organisation), 17% (Voluntary/charitable organisation)
- **Fairly supportive:** 38% (NHS Organisation), 17% (Voluntary/charitable organisation)
- **Neutral:** 6% (NHS Organisation), 29% (Voluntary/charitable organisation)
- **Not very supportive:** 15% (NHS Organisation), 17% (Voluntary/charitable organisation)
- **Not at all supportive:** 18% (NHS Organisation), 21% (Voluntary/charitable organisation)
### Figure 5. Q6. Please explain your response and provide further details on your level of support. Base: 260 (those providing a response)

<table>
<thead>
<tr>
<th>Response</th>
<th>Support Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>WiC option is required when there are long waiting times or no appointments available</td>
<td>27%</td>
</tr>
<tr>
<td>Concern people will just go A&amp;E</td>
<td>23%</td>
</tr>
<tr>
<td>WiC ensure you are seen on the day and provided with a good level of care / ease of access</td>
<td>15%</td>
</tr>
<tr>
<td>Preference for the walk-in element of the centres / WiC caters for those not registered with a GP</td>
<td>10%</td>
</tr>
<tr>
<td>Because if this proposal were to go ahead there will be extensions to the services currently offered</td>
<td>7%</td>
</tr>
<tr>
<td>Proposal mainly benefits those living in Hereford, whilst the WiC covered all of Herefordshire</td>
<td>6%</td>
</tr>
<tr>
<td>Further questions on the proposal</td>
<td>4%</td>
</tr>
<tr>
<td>This proposal will benefit those on the south side of the river</td>
<td>4%</td>
</tr>
<tr>
<td>Concern this is not a sufficient increase in GP capacity to provide the extra care when WiC closes</td>
<td>3%</td>
</tr>
<tr>
<td>Taurus service is ineffective</td>
<td>3%</td>
</tr>
<tr>
<td>The WiC system is poor</td>
<td>3%</td>
</tr>
<tr>
<td>There is more parking at the ASDA site which is good</td>
<td>3%</td>
</tr>
<tr>
<td>Agreement that a focus on GP access is better than the WiC</td>
<td>3%</td>
</tr>
<tr>
<td>Concern movement of the service from Wargrave Street to the ASDA site will increase time to...</td>
<td>2%</td>
</tr>
<tr>
<td>Taurus service causes confusion on how it works</td>
<td>2%</td>
</tr>
<tr>
<td>The proposal still ensures an out of hours service is operational for Hereford</td>
<td>2%</td>
</tr>
<tr>
<td>This increase in GP access should lead to a decrease in A&amp;E attendances</td>
<td>2%</td>
</tr>
<tr>
<td>There should be a facility to access primary care services at the entrance to A&amp;E</td>
<td>2%</td>
</tr>
<tr>
<td>Concern movement of the service from Wargrave Street to the ASDA site will increase costs to...</td>
<td>1%</td>
</tr>
<tr>
<td>This proposal is not being done for patients but for GPs and the NHS</td>
<td>1%</td>
</tr>
<tr>
<td>Funding concerns</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>
As shown in the figure above, around one quarter of participants believe the walk-in centre option is required as a viable alternative when there is a lack of appointments available. Participants also stress concern around the closure of the walk-in centre resulting in more people presenting their ailments at Accident and Emergency (A&E).

Over one in six believe that at the walk-in centre the public can be seen on the day with a good level of care, whilst one in ten have a preference for the walk-in element of the walk-in centre as it caters for every member of the public, including those who may not be registered at a GP surgery.

Verbatim responses have been included below summarizing the sentiment behind each ‘answer code’.

**WiC option is required when there are long waiting times or no appointments available – 27%**

“After my experience over the past few years in trying to get an appointment with my own GP I have had to access the walk in centre so thank goodness it was there. I do not understand why you feel changing to a GP surgery will help people who will still have to “fight” for an appointment to see their own GP. Your mantra is about continuity of care well you need to look closely at your GP practices to see that this philosophy is pie in the sky because it is so hard to get an appointment. Your proposals for the changes will mean that people will still have to battle the phones and ignorant receptionist to actually get to see any GP let alone your "own" GP. Why are you going to restrict access to only those registered with Moorfields? You should definitely increase the access hours to our own GP but until that happens in reality the walk in centre should stay.”

“The "Asda" Clinic is invaluable to all members of the community across the whole of Herefordshire. My family has had cause to use this facility on numerous occasions. The professionalism of the staff is brilliant and at a time of stress it is a god send, try getting a GP appointment on the same week or even the same month (I do not joke) let alone the same day in an emergency. I would not support the closure of this facility, as it also helps to keep the A&E waiting down. Please do not close this to all patients except GP registered.”

“I have to wait up to 2 weeks to see my GP, this is not good enough. I often use the ASDA walk in centre when my children are ill and I cannot get an appointment. What will I do instead? I live in South Wye and the walk in centre is very convenient as I do not drive. Also I believe the care received at ASDA walk in is often superior to my GP. If I can't see a GP what will I do, go to A&E and waste their time? Additionally why is it that services in South Wye are so bad, The Belmont GP is a joke, getting an appointment there is a nightmare. South Wye is always ignored and under-funded and now we have a good walk in service and even that is being taken away. There is too much concentration of services on the North Side.”

**Concern people will just go to A&E – 23%**

“I can see the advantages and agree we need more people to have the stability that a GP registration can provide but am worried that the out of hours provision will be swamped sending yet more people back to A&E.”

“I am concerned that the ‘walk in’ feature will be lost. If people have to make a prior appointment I have 2 major concerns. 1) When people are ill and the regular surgery is closed - people panic, they want to see a doctor quickly. If an appointment needs making that is an extra task. Appointments
may be limited or none available. 2) People are more likely to head for A&E, even if they have to wait, (at a 'walk in' or A&E). There is a sense that if the situation deteriorates then at least medical help is at hand.”

“Getting an appointment at one’s own GP practice is difficult enough at the moment. The Walk-in Centre has been a godsend for people with problems which are urgent but not an emergency and who are prepared to wait a while to see a doctor. Without this facility for all, A&E is even more likely to be clogged with people who cannot see any other way to be treated quickly.”

WiC ensures you are seen on the day and provided with a good level of care/ease of access – 15%

“The walk in centre provides easier access to healthcare to those not registered or due to their illness find it difficult to access care at routine times. We do not need to line the pockets of the CCG (GPs) who own and profit from Taurus. This contract should be tendered for in an open, transparent and ethical way”

“I feel we still need a walk in for the more vulnerable members of our community who might not be able to access the GP particularly at weekends.”

“I think the general public appreciates having a walk in centre where they know they will be seen on the day, as opposed to having to go to A&E. If general practice had the capacity to provide enough appointments for all their patients only then would I support the proposal.”

Preference for the walk-in element of the centre/WiC caters for those not registered with a GP – 10%

“Currently the walk in centre at Asda is open every day and is ideal for working people who find it difficult to make an appointment with their GP at a convenient time or get an appointment on a day they do not work.”

“I am concerned at loss of service to people not registered with doctor. These are the most vulnerable; mentally ill, drug abuse, homeless, working women etc. They may not easily access even a phone. Walk in centre is non-judgmental and non-threatening. It is much valued by those who use it. GP's services are often not easy to access, e.g. by those working irregular hours, agency work etc. To remove a drop-in puts those already least able to cope, at even more of a disadvantage.”

“There is a need for a drop in centre for people who are not registered with a GP. It is also used by people who are registered with a GP who cannot get an appointment. If there is no drop in centre, these people will go to A&E which will just get even busier. Encouraging everyone to register with a GP is good, but there will always be some who do not register, for various reasons, and they will just go to A&E if there is no drop in centre.”

Because if this proposal were to go ahead there will be extensions to the services currently offered – 7%

“I don't think there is a need for 7 day access to routine GP appointments although I understand this is a government initiative - I think some provision for weekend/evening appointments e.g. Saturday morning, 6-8pm in the week would be useful. However accepting we are moving towards 7 day services I think it is better for patients to access GPs, Taurus and Prime care via 111 who are best placed to ensure only those patients who really need a Dr see one i.e. it’s not self-selection.”
“I am very supportive because our body’s and accidents do not take a day off. No matter the day of the week, a seven day service is a good way of taking pressure off the week days, thus reducing waiting lists.”

“7 day access to GP services is vital. People do not become ill in times convenient to current GP services.”

This proposal mainly benefits those living in Hereford, whilst the WiC covered all of Herefordshire – 6%

“Wargrave House is ideally situated in the middle of the city for most people in the county to access, its accessible by bus and even rail (a short hop on several bus services from the rail/bus station to St. Owen street) has lots of car parking close by as well so you can park or be dropped off and picked up. If you’re coming by bus from Ross direction then you get off in Broad street and a short walk across is all that’s required it’s also easy to access from the south of the county in several directions also the north of the county. To move this well established service to the edge of the city (almost an out of town store) seems simply a ridiculous waste of time and money and something which will inconvenience many who want and need to access a centrally based service. Think not only of those who have a car but many people i.e. the elderly and those coming from the east side of the city and the county will now have to drive to the ASDA centre, think about those who are too ill to drive or should not drive (i.e. conditions). Think of the elderly or infirm in my case if I or my wife (70- and 75 my wife a no driver) would have to take a bus into Hereford then get another bus to the ASDA centre and then have to repeat the whole journey, a lengthy one at that and in busy times which is the norm in Hereford nowadays even after 6 and on Saturdays. So think about that when you are not well, on medication etc. The alternative is then you have to rely on an expensive Taxi ride both ways which would cost £15 each way. What on earth is the point of moving a service which works and is very convenient to access for most people and is already set up and may I repeat that it works where it is. So if it aint broke then why fix it is the motto and I have not seen any evidence that this service based at Wargrave House does not benefit the majority of people in the county being situated where it is.”

“I feel the closure of the Asda drop in centre will disadvantage patient using rural practices. It appears there is no provision for mental health out of hours care.”

“Not convenient to where I live as I live in Bath Street and do not drive, I think the new centre should be in the middle of town and would be ideal for everyone. Traffic is also very bad over the bridge.”

Further questions on the proposal – 4%

Why should there be a primary care service for Moorfield House Surgery? And everyone else will have to book? Bit unfair!

“The survey has been designed so that few statistics, model of delivery is not detailed enough to be able to comment. How can a primary care service 8am-6pm be delivered from 2 consulting rooms - with a very small waiting room? How many appointments are going to be available therefore which are pre-bookable? Where is the information that Taurus can deliver this service based on their performance to date?”

“Being registered with Moorfield House I feel things will not change for those of us with ongoing medical conditions and like to see the same GP i.e. Continuity of care. Brilliant if you have an emergency. Will people still be able to walk in from the street during the day and get an
appointment? How does that help Moorfield patients!!!!"

This proposal will benefit those on the south side of the river – 4%

“This will be very good for people who live in the South Wye area who currently only have one GP practice in this location. It is good that people registered with other GP practices can book appointments and is a lot better than sitting and waiting to be seen at the current walk in centre facility (which, sometimes, can be up to a 3 hour wait).”

“I'm registered with Moorfields and feel we do not have the support south of the river. This would give a much better service for Moorfields south of the river patients, whilst maintaining an out of hours service for other patients from other surgeries. Something has to change.”

“Moving all services south of the river makes it more difficult for people living north of the river to access it as easily. It would mean having to drive already congested roads rather than being able to walk.”

Concern this is not a sufficient increase in GP capacity to provide the extra care when WiC closes – 3%

This plan only reduces the level of provision which is not a good thing. Why move the Taurus Hub? There is no increase in provision and will cost money. By moving the hub you are disadvantaging patients outside of Hereford as they will now need to drive further or get 2 busses to get to the hub. Removing the access centre will increase pressures on already over-stretched surgeries all over the county and not just in the city. Moorfields are planning a large super-surgery, why is the CCG providing a second premises when they are choosing to go from 3 down to 1? The overall plan simply reduces capacity and moves other bits around to no advantage at all.”

“Doubtful that there will be enough Doctors - nurses and support staff to meet the objectives.”

“They have not got enough doctors at that practice now so how are they going to do 8 till 8 and what about people who can't get into their own surgery in the morning.”

Taurus service is ineffective – 3%

“Why are you changing something that’s not broken, cause more people heading to an over stretched a and e department, really do we need Taurus who you can never get an appointment when you need one as they are always fully booked, all the GP are just focusing on filling their own pockets with more money that’s all this proposal is, and not for the care of the patient.”

“There have been times when Asda walk in has been essential as could not wait hours for a Taurus appointment but didn't want to burden A and E as needing immediate treatment.”

“I have had occasion to visit the walk in centre on a number of occasions. I work full time in Hereford. My surgery in Ledbury is not open for times for people who work full time and away from the town resulting in having to continually go in work late or leaving up to an hour and a half early. No appointments are available for up to 2 weeks. How can you know two weeks in advance that you will be ill. I have tried booking through Taurus for an out of hours appointment and again they have nothing for at least a week. At least with the walk in centre you will be seen.”
The WiC system is poor – 3%

“The access centre needs to be closed because it has created demand where it wasn't previously, it also delivers poor quality of care to patients, has a very high prescription rate. Raises patient expectations so good to close it. Improve funding to primary care rather than secondary care.”

“Very good idea to close the walk in centre. They deliver a poor service, high prescription rate and constantly feed the system rather than reduce demand. No local GP's work there so no understanding of local pathways etc.”

“The Walk in centre at Asda was diabolical and operated in an appalling manner so therefore a waste of public money. Everyone if resident in the UK should register with a GP end of. I was concerned that Moorfields patients will have priority over the appointments offered by Taurus on weekdays? Taurus is an excellent service and its move to the Asda site will make it more accessible.”

There is more parking at the Asda site which is good – 3%

“It makes full use of the facility at Asda, using it all day every day, therefore will have efficiency savings. Parking is available and although I would have to cross the bridge to access, this is a small price to pay.”

“Asda clinic is easy to park and easy to get prescription after, easy to get to , do not want to lose it.”

“Currently there is a waiting time of 3 /4 weeks to see a doctor for a routine appointment. Is this considered to be reasonable? How do we know as the patient if it is urgent! Every day counts when you have a serious underlying condition. Walk-in centre is essential for those people who are unable to get into their own doctors, even with the waiting times! Agree that parking would be better at ASDA rather than St. Owen Street.”

Agreement that a focus on GP access is better than the WiC – 3%

“People are best served with good healthcare by their own GP and should be able to access them. 8-8 is appropriate to be in an accessible place with good access for all Herefordshire patients.”

“It’s my opinion that encouraging people to see their regular GP even if they're only able to get an appointment the next day will be a safer practice than using a walk-in centre. I feel comfortable in the fact that if I was acutely unwell, I would be able to get a GP appointment at an appropriate time.”

“I think the way this service is currently operating is ineffective and in principle I am in agreement to make the proposed changes.”

Concern that movement of the primary care service from Wargrave Street to the Asda site will increase time to access the service – 2%

“I support the proposals in principle but believe that the issues caused by the proposals have not been mitigated. People access the WiC because they get seen quickly, on the day, rather than waiting for a GP appointment. I can see nothing in the proposals that increases capacity in primary care in order to reduce waiting times. I fear that people will access A&E instead.”

“Bookable appointments. Whilst this would hopefully mean less waiting. I would worry that ALL the slots would be booked and that people would have nowhere to go to be seen. Back in the day,
when all morning surgeries were drop-in yes you knew you might need to wait BUT you also knew you would be seen!”

Taurus service causes confusion on how it works – 2%

“I feel that GP services need to become more standardized, and that there is currently some confusion around which services are offered at what time. The proposals seem very sensible and have a focus in sustainability.”

“I agree that Moorfields practice should replace the walk-in centre and Taurus hub provide the out of hours practice time, but I feel the public are having difficulty trying to understand all the different forms of access and who does what.”

The proposal still ensures an out of hours service is operational for Hereford – 2%

“This will benefit residents south of the river while still providing out of hours services to residents of Hereford.”

“I have used the out of hours service (drop in centre) for myself and my family on quite a number of occasions. My doctor’s is difficult to get an appointment at the best of times. All visits to the drop-in centre have been necessary and have resolved my family issues. I would only support the proposal if appointments can be guaranteed for patients registered with other practices. I do not want to ring the practice on a Saturday to be told to wait for an appointment with my own GP. I would only ring if I needed urgent treatment, otherwise I would not support the proposal at all if this was the case.”

This increase in GP access should lead to a decrease in A&E attendances – 2%

“I support this strongly because making GP access available 7/7 (not yet 24/7) SHOULD reduce unnecessary attendance at A&E, a major problem today.”

“I think the hours could be longer to help relieve pressure on the hospital A/E dept. Too many people see A/E as a GP practice and it would be good to point people in the direction of out of hours from the hospital to reduce waiting times. My concern is people not registered with a doctor, where would they go?”

There should be a facility to access primary care services at the entrance to A&E – 2%

“I am a retired hospital doctor and have long thought the 24hr 7 day service for primary care should be near to the hospital A&E service where they could work more closely together to help patients reach the most appropriate care, including perhaps a joint triage system.”

“8-8 primary care access would be better placed at the front of A&E with only emergencies going into the acute hospital without primary care screening.”

Concern that movement of the primary care service from Wargrave Street to the Asda site will increase costs to access the service – 1%

“I fear finance is the main driver of these proposals for change, with access to services provided made even more difficult than they are at present. I am still able to live in purpose built accommodation attached to my daughter’s home. This allows her to be available to help me with
tasks that are beyond me, not safe for me to attempt. She is one of the hidden 'unpaid' carers in Herefordshire. With the help and training provided by Carer's Support she feels confident to help me and has a source of help to solve any problems we encounter. Statutory Help such as O.T. and Physio is difficult to contact and takes a long time to come.”

This proposal is not being done for patients but for GPs and the NHS – 1%

“This seems to be practitioner/system centered, rather than patient centered. A walk-in centre is very valuable to the patient, as well as being a way of reducing the load on A&E. I speak from experience: on two occasions, I have returned from work overseas at a weekend with a bronchial infection, requiring a suitable antibiotic. The walk-in centre was a good and prompt way of dealing with this. The argument about requiring patients to register is specious: if the NHS data systems worked properly, there would be no difficulty for the walk-in centre to access patient information from local practices. So it's not just a system-centered proposal - it's a proposal based on a badly functioning system. Better to get the system working properly.”

Funding concerns – 1%

“Asda walk in works excellently, now so why change - money, shame managers do not look at wasted monies first, such as recently visiting a + e recently with a relative who dislocated his shoulder took four months to get charged for prescription invoice. Losing interest on monies. They gave him a new gown to wear and the night sister told him to take it home and make rags out of it, I still have it.10pm at night three receptionist three patients in waiting room, Hereford is over staffed, I would think. WHAT wastage, only one patient, so look at this first and save monies!!!! Sure to be many more.”

Other – 6%

“The LMC support reducing the complexity of access to primary care services and would encourage all patients to be registered with a GP for continuity of care. The LMC is also very keen that vulnerable groups reliant on the walk in centre are supported if the centre is closed. Finally that practices especially within the city are supported as their workload may significantly increase if the centre is closed.”

“CDC which is based next to the present Moorfields site could move to ASDA site too and the site sold.”

When asked whether they had any alternative suggestions as to how seven day GP working could be achieved, a large proportion of those consulted voiced the extent to which they are not supportive of this proposed change, with around one fifth stressing the proposed changes should not be made, and a further one in eight feeling the Asda facility should be left as it is (figure 6).

Conversely, just under one fifth (18%) believe there should be an increase in the level of investment in primary care in order to recruit staff and give them the adequate resources to provide a high level of care. Around one in eight suggested longer GP practice opening hours, investment in educating the public around the potential service changes and how they can take better care of themselves as possible alternatives.
Figure 6. Q7. Do you have an alternative suggestion(s) to help us achieve seven day GP working?
Base: 190 (those providing a response)

- Do not make the proposed changes: 19%
- Increase investment in primary care to recruit staff and give them adequate resources to: 18%
- Keep Asda facility as it currently is: 13%
- Longer opening hours at GP surgeries: 13%
- Invest in explaining the potential service changes & in changing individuals behaviours: 11%
- Make the changes but retain a walk-in element: 9%
- Facility for emergency appointments at GP surgeries, this could be in the form of walk-in: 8%
- Have GP triage service within A&E: 6%
- Provision of seven day services at all GP surgeries: 6%
- More walk-in centres/ GP surgeries are required to meet supply in the Hereford area: 5%
- Create more Taurus hubs: 3%
- Offer alternative forms of consultation: 3%
- Train GP surgery reception staff to be more customer/patient friendly: 3%
- Do not move the Taurus facility from Wargrave House: 1%
- Do not link the services offered by GP surgeries and walk-in centres together: 1%
- Provide mobile clinics around Herefordshire: 1%
- Other: 2%
Verbatim responses have been included below summarizing the sentiment behind each ‘answer code’.

**Do not make the proposed changes – 19%**

“Keep the walk in Centre open to stop people from going to A&E and invest in pharmacists in GP surgeries and more nurse prescribers, to triage patients.”

“Leave things the way they are. Or alternatively get GPs to rotate services over the weekend period. Have GPs working in partnership with each other locally to cover the weekends and evenings.”

“Don’t make changes to what seems to be working at present.”

“The system has always worked for me, and I am chronically ill. I have always had medical attention when needed, and can’t praise them enough.”

**Increase investment in primary care to recruit staff and give them adequate resources to provide a high level of care – 18%**

“All GP practices to be given funds to employ extra staff. Use nurse practitioners more. Years ago GP practices were open in the evenings and Saturday mornings. It can be done again.”

“ Employ/ train more nurse practitioners who can deal with less severe ailments and have the GP's on flexi hours across 2 or 3 practices. Have a north, central and southern practice combining the resources of all the GP's and nurse practitioners in Herefordshire for the out of hours service.”

“General practice both locally and nationally needs significant investment to help recruit and retain doctors and other primary care staff. We feel very strongly that any resource freed up from the closure of the walk in centre must help support high quality GP led primary care in line with the GP Forward View. This involves increasing spending on primary care by AT LEAST 2.14% in 2017/18 and 2.15% in 2018/19. Whilst understanding the pressures at Wye Valley Trust the LMC would be very concerned if the resources from the walking centre were not used to help alleviate the crisis in general practice. It is not an exaggeration to say we are currently at risk of collapse of general practice locally and it is very important that the closure of the walk in centre does not further destabilise the system.”

“ Improve GP buildings / premises they are outdated and not functional for delivery of a modern service.”

**Keep Asda facility as it currently is – 13%**

“Find an alternative site for the Moorfield House and Taurus proposal which in itself is an alright idea but not at the expense of the GP access service at Asda.”

“Keep ASDA functioning as currently. It works very well from our experience, perhaps the public need to be made more aware of the facility.”

“Continue with excellent service provided by Asda walk in for all residents in Herefordshire.”

(Total: 20)
Longer opening hours at GP practices – 13%

“Pay for more GP’s, then keep all GP services open longer hours, including weekends. Keep GP's branch surgeries open at venues spread around city so patients have easier access. Taurus can [be] moved to ASDA site for out of hours services, but these hours can be reduced when GP's are extended. Cut out services done for social and image related reasons and just provide Health Care!”

“Put the money on the table to allow practices to be open OOH. 7/5 = 1.4 this means you will need to put 40% more on the table.”

“It would be helpful if my own surgery was open just one evening a week and possibly a Saturday morning to cater for people who work and are not able to attend during 9 to 5.”

Invest in explaining the potential service changes and in changing individual’s behaviours to take better care of themselves – 11%

“I would suggest that you firstly encourage people to register with GP’s and regularly survey whether they find it easy to make appointments. And review with people using the drop-in why they have preferred it to the GP, and don't rush to achieve 7-day GP service. If you implement a less good system, you will put more pressure on A&E. Perhaps the GP’s could co-operate together to get 7-day services?”

“Communication with the public and explanations of who does what i.e. what is a ‘nurse practitioner’?”

“Funding charities to do more preventative work would relieve a lot of pressure on the system and save money for CCG and NHS.”

“Easy accessible website well published in GP surgeries and pharmacies with following info - where to go for help and advice after a fall etc, how to monitor fluid intake for an older person and children, how to access eye tests, hearing tests, podiatry, dentistry for children and old people. When should people have these checks - what age group. Prevention is cheaper than acute care. Join up info. with library access to inform of how folks (all ages) can maintain, improve their mental health - use their thinking process to have a positive can do attitude to problems, ideas that don’t involve travel especially in rural areas of Herefordshire. Make GP surgeries the go to hub of access to info and help. Get the O.T. and physios visiting surgeries 1 or 2 days a week. Encourage people to be more responsible for their own health. Learn how to live and enjoy life with long term acquired or inherited conditions - various arthritis, heart and lung conditions.”

Make the changes but retain a walk-in element – 9%

“Agree with encouraging people to register but retain the walk in centre. Put the Taurus contract out to tender.”

“By all means save on costs by moving the branch surgery & Taurus onto the Asda site, which’d be a grand idea; keeping a walk-in access would be very useful, both for those who need seen quickly & those who’ve put off (or have never thought about) registering with a GP.”

“Do whatever you have to do with the doctor’s surgery but ensure you maintain the current alternative of A&E that this venue provides. Getting through the traffic in Hereford is horrendous. Unless of course you are going to provide A&E provision in Ross-on-Wye?”
“We need to keep the drop in centre or similar which is open whenever the GP surgeries are closed.”

Facility for emergency appointments at GP surgeries, this could be in the form of walk-in appointments – 8%

“The provision of services for the length of time suggested would be fine as long as there is a means of rapid access.”

“Not 111, that doesn’t work. Not at GP surgery, that will cost so much more to staff. Surely you should embrace and fund the walk-in but join it up to all your GP surgeries regarding notes. People know it people will travel to it when ill, why try and change it and pay more for limited local clinics that doesn’t have access to pharmacies.”

“I am by no means convinced that 7 day GP working is a desirable or effective idea, despite the government’s advocacy of it. It’s already clear that doctors are voting with their feet - given the problems of recruitment: Kington is a prime example here. Better by far to use a combination of conventional hours with a back-up facility such as the walk-in centre. The electronic systems should be able to deal with this more effectively.”

Have GP triage service within A&E – 6%

“A GP walk in centre built in front of A&E to triage patients - and/ or move A&E to Worcester other than a minor injury unit that GPs could run along with GP beds for city patients. Shared GP/A&E e-records needed too.”

“Would it not be more appropriate to have a fully resourced GP provision based adjacent to A&E so clients can be appropriately directed to the service they require.”

“You would look at using the ASDA site in a different way - making it possible to be a triage centre for example, then it would help with sorting out those who needed only a pharmacist (e.g. ASDA) simple care for a nurse practitioner or more care for A&E/Hereford hospital.”

“Possibly a 24 hour GP service attached to the A&E department.”

Provision of seven day services at all GP surgeries – 6%

“All surgeries to be open 7 days a week however the demand would still be there for the walk in at Asda.”

“7 days at all GP surgeries not a few!”

“For all GP practices to have their own 7 day, extended hours appointments to their own patients with a priority system. Registration of new patients could be done at the same time as appointment or on the phone. NHS 111 could direct people to their nearest surgery if not registered.”

More walk-in centres/ GP surgeries are required to meet supply in the Hereford area – 5%

“Appreciate funding tight hence reason for combining North (Wargrave) and South (ASDA) walk in

(Terminology)
centres but to amalgamate with Moorfield only going to cause (potentially) more issues as there will be higher demand reduced supply, more people using A&E. Ideally need more than one walk in centre for Hereford.”

“Why not have a walk-in centre/24 hour GP practice at North and South of the city, thus keeping people away from A&E as well as providing better transport links.

“I believe Hereford still needs a walk in centre, either there or elsewhere.”

Create more Taurus hubs – 3%

“Taurus hubs – I don't have access to stats on Taurus take-up but I've heard stories of people not being able to get appointments. Therefore it appears to be well used so, increase the number of GP’s available for these surgeries. I saw a surgery in Ludlow the other day that is open 7 days a week, 8-8. A possibility here? If people (probably mostly workers) can see their GP on Saturday & Sunday, it might relieve A&E visits for non-emergency reasons.”

“Increase funding for more Taurus hubs - they work brilliantly with access to records, ability to book either through the practice to book in advance or for 111 and A&E to book urgent appointments. You have found a great formula - just roll it out to the rest of the county!”

Offer alternative forms of consultation – 3%

“For people who aren't mobile/not able to make it to a GP practice without support - having an online/video chat option would be useful.”

“Phone consultations /screening with a qualified Doctor based at surgeries to assess parent/patient concerns and priorities appointments.”

“Use online services more with telephone consultations to reduce face to face demand.”

Train GP surgery reception staff to be more customer/ patient friendly – 3%

“Yes keep the drop in centre until you have sorted out the GP practices. They need to be managed more effectively. Staff should be trained to speak to patients/ clients with empathy and respect. At my practice Moorfields staff can barely draw their eyes up to see you let alone be civil. The phone is constantly ringing whilst staff chatter away at the back ignoring the fact that there may be a poorly patient trying to get through. This statement is not about GPs. All surgeries should have a GP who can be seen for daily emergency appointments and these appointments should not be restricted to the lucky few who manage to get through on the phone at 8am in the morning. That's why we need the walk in centre because the unlucky ones can at least get to see a GP.”

“Sometimes, when advice is needed, seeing a GP is not always necessary. A trained advisor might be able to be used.”

Do not move the Taurus facility from Wargrave House 2%

“Leave the Taurus facility where it is at Wargrave House. There is no reason for it to move to any other place.”

“I like the idea at Wargrave House and have used it myself but to close the walk in would be awful.”
Do not link the services offered by GP surgeries and walk-in centres together – 1%

“I believe these two services should not be linked as an either / or option. The seven day GP working should be reviewed with the service (and funding if that is the issue) that is currently used for the out of hours GP cover. This just doesn't work, ask anyone who has waited with a 90 year old from mid-morning until 3am the following morning for the doctor to attend following a request made by a district nurse following their assessment that the patient needed to see a doctor.”

Provide mobile clinics around Herefordshire – 1%

“Mobile clinics that move around Herefordshire and are located at certain places at certain times to ensure countywide cover.”

Other – 2%

“Increase taxes to similar levels of other nations.”

“Your ideas might well be OK if they were clear. If you are maintaining both the Ross on Wye service and the county hospital service, I fully support the changes, but I can’t see this.”

Analysis of the open responses provided by those participating in this consultation show although there is some support for this proposal, there is a strong belief that the walk-in centre element should not be sacrificed for this to proceed. Through analysis of the verbatim responses it could be said that the walk-in centre plays a pivotal role in the healthcare services offered to those within the Herefordshire area. Significant proportions of those participating stress the walk-in centre provides them with an alternative option when they are unable to secure a timely appointment with their GP or the severity of the issue means consulting a healthcare professional on the same day.

Participants show concern that if the walk-in centre were to close as part of this proposal, it will result in a greater proportion of the public presenting their ailments at A&E as they don’t know where else to go to obtain the assistance they require, or when their GP surgery is unable to provide the care in a timely manner.

In terms of its location, many feel the walk-in centre is ideally located and served with good transport links, making it easy to access for those using public or private transport.

When focussing on the proposal outlined in this consultation, a small proportion of those who support the proposal and the potential change in service, still illustrate it would be beneficial to keep a walk-in element.

Upon further analysis of the verbatim comments, participants provided a number of responses to the proposal during this consultation, the main themes are summarised below;

- Belief that the changes outlined in this proposal will mainly benefit those located south of the river;
- Concern the proposal does not outline a sufficient increase in GP capacity to provide the extra care required as a result of the walk-in centre being closed;
- Need to invest in the recruitment and training of GP/ health care professionals and
ensure they have the resources that allow them to provide the best care possible;
- Investing in the education of the public on the services on offer to them;
- Locating a GP practice at the front of A&E to triage and process patients accordingly;
- Further clarity is required for some who are unable to translate the outlined proposal into reality.
Demographic profiling

294 members of the public participated in this consultation. The table below shows the vast majority of those participating in the consultation are of British nationality.

Table 1. Q8. What is your ethnicity? Base: 285

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>274</td>
<td>96%</td>
</tr>
<tr>
<td>White Irish</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Polish</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other European</td>
<td>1</td>
<td>0.4%</td>
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<tr>
<td>Chinese</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Any other White background</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Any other ethnic or nationality background</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4</td>
<td>1%</td>
</tr>
</tbody>
</table>

When considering the age profile of those taking part in the consultation, the vast majority are aged over 40, with over one quarter aged between 51 to 60 and around one fifth aged 41 to 50 and 61 to 70. Positively, there is some participation from those aged below 30 and above 80 (figure 7).

Figure 7. Q9. What is your age category? Base: 286

Around two thirds of participants state they are Christian, whilst around one in seven state they have no religion. Interestingly, one fifth of those consulted opted not to disclose their religious beliefs.
Figure 8. **Q10. What is your religion or belief? Base 264**

- Christianity: 64%
- Judaism: 0%
- Other religion: 1%
- No religion/Atheist: 14%
- Prefer not to say: 20%

Figure 9 below shows around three quarters of participants are female and one fifth are male. A small proportion opted to not disclose their gender in this consultation.

**Figure 9. Q11. How would you describe your gender? Base: 281**

- Female: 76%
- Male: 20%
- Prefer not to say: 4%

The overwhelming majority of participants have never identified themselves as transgender or a trans person (figure 10).
Figure 10. Q12. What is your gender identity? Have you ever identified as a transgender or trans person? Equality organisations use the terms “transgender” and “trans” as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth. Base: 244

![Gender Identity Chart]

As shown in figure 11 below around nine in ten state they are heterosexual, with small minorities disclosing they are bisexual, gay or lesbian. Interestingly, around one tenth preferred not to provide an answer to this question.

Figure 11. Q13. What is your sexual orientation? Base: 260

![Sexual Orientation Chart]

When considering the marital status of those participating in the consultation, over six in ten state they are married, whilst around one tenth state they are either single or divorced.

![Marital Status Chart]
Those participating in the consultation were also asked if they were currently pregnant or had recently given birth. Five individuals responded to this question, all of whom stated they are currently pregnant.

Participants were also asked whether they consider themselves to have a disability. Figure 13 below shows of those responding to this question, over half state they have a long term illness, whilst a further quarter state they have a physical impairment. Around one in seven state they have a sensory impairment or mental health need.
The most common disabilities mentioned by those participating in the consultation are:

- Diabetes;
- Arthritis;
- Asthma;
- Restricted movement;
- Depression;
- Chronic obstructive pulmonary disease (COPD);
- Deafness/restricted hearing.

As part of this consultation it was imperative to gain the views of carers as they play a crucial role in health and social care. Of those providing a response, one third state they are a carer. Of these, around two thirds state they care for an older person aged over 50, whilst over four in ten state they care for young people aged less than 24. Around one in eight state they care for adults aged 25 to 49.
Figure 14. Q17. Caring Responsibility
Carers play a crucial role in health and social care. We need to know we’ve gathered the views of carers. Please tell us if you care for someone and how old they are. Base: 209

Table 2. Q17. Please tell us if you care for someone and how old they are.

<table>
<thead>
<tr>
<th>Age of person cared for</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for young person/s aged younger than 24 years of age</td>
<td>39%</td>
</tr>
<tr>
<td>Care for adult/s aged 25 to 49 years of age</td>
<td>11%</td>
</tr>
<tr>
<td>Care for older person/s aged over 50 years of age</td>
<td>59%</td>
</tr>
<tr>
<td>Base:</td>
<td>66</td>
</tr>
</tbody>
</table>

To ensure this consultation gained the views of a variety of individuals from across Herefordshire, postcodes were collected during the survey. The table below shows the number and proportion of surveys completed per postcode area. It can be seen that the most responses were from the HR2, HR4 and HR1 postcodes, however there is representation from those within HR3, HR6, HR7, HR8, HR9 and some from outside of the HR postcode bracket.
Table 3. Q4. Please provide us with your home postcode.

<table>
<thead>
<tr>
<th>Postcode</th>
<th>Number of survey responses</th>
<th>Percentage of overall sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR1</td>
<td>66</td>
<td>24%</td>
</tr>
<tr>
<td>HR2</td>
<td>102</td>
<td>36%</td>
</tr>
<tr>
<td>HR3</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>HR4</td>
<td>69</td>
<td>25%</td>
</tr>
<tr>
<td>HR6</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>HR7</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>HR8</td>
<td>11</td>
<td>4%</td>
</tr>
<tr>
<td>HR9</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td>GL1</td>
<td>1</td>
<td>0%</td>
</tr>
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<td>0%</td>
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<td>0%</td>
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<td>MEZ</td>
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<td>0%</td>
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<td>0%</td>
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<td>WR1</td>
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<td>0%</td>
</tr>
<tr>
<td>WR6</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>280</td>
<td>100%</td>
</tr>
</tbody>
</table>
Correspondence

A correspondence log was maintained by the CCG. In developing this report we have reviewed all letters and comments received through the correspondence log. In total four logged comments have been reviewed.

In order to maintain consistency of analysis for comparison purposes, the correspondence has been analysed against the same criteria and coding as questions six and seven of the consultation survey.

Figure 15. Level of support expressed in the correspondence received. Base: 4

- **Not at all supportive**: 25%
- **Not very supportive**: 50%
- **Neutral**: 25%
- **Fairly Supportive**: 0%
- **Very supportive**: 0%

Around half of the correspondence received were ‘not very supportive’ of the proposals; whilst a quarter stated that they do not support the proposal at all. The remaining quarter remained neutral.

To gain further clarity on the level of support for the proposal, further analysis of the written correspondence was undertaken and verbatim statements were coded appropriately. The coding frame remains the same as used in the analysis of the survey, with code additions where required to capture the reasoning behind their original response. Figure 16 below summarises the stated rationale behind each response.
Figure 16. Q6. Please explain your response and provide further details on your level of support. Base: 4 (those providing a response)

- WiC option is required when there are long appointment waiting times or no appointments are available: 75%
- Preference for the walk-in element of the centres / WiC caters for those not registered with a GP: 50%
- The proposal doesn't increase provision of services: different type of provision/service to current one and therefore not equal (e.g. WiC...): 50%
- Concern people will just go A&E: 25%
- WiC ensure you are seen on the day and provided with a good level of care/ease of access: 25%
- Because if this proposal were to go ahead there will be extensions to the services currently offered: 25%
- Agreement that a focus on GP access is better than the WiC: 25%
- The proposal still ensures an out of hours service is operational for Hereford: 25%
- This proposal is not being done for patients but for GPs and the NHS: 25%
- Alternative/proposal for unregistered residents is not sufficient/will not be in place in time: 25%
- Concern expressed about 111 service: 25%
- Continuity of care - access to GP records (positive): 25%
- Criticism of proposal as 'misleading': 25%
- Other: 25%
As shown in figure 16, around three quarters of correspondence participants believe the walk-in centre option is required as an alternative when there is a lack of appointments available. A quarter of participants stated that through the walk-in centre the public can be seen on the day with a good level of care. In addition half of participants felt that the proposed changes did not increase provision in services, and stated that the ‘walk-in cannot be compared with a GP practice as it is not an equal type of service’.

A further quarter of participants criticised the proposals as ‘misleading’ due to the loss of the walk-in centre being perceived by them as more ‘critically important’ for all of Herefordshire’s patients, rather than a new surgery premises for the patients south of the river currently serviced by Ross Road. In fact one in four participants stated that “the proposal is not being done for patients but GPs and the NHS”.

In addition to concerns regarding motive, availability and ease of access for the majority of the population, half of participants have a preference for the walk-in element of the centre because it caters for those not registered, or unable to register, with a GP. Three quarters of participants had further questions on the proposal, predominantly around the plans to support the unregistered and vulnerable population. One quarter of people raised a concern that the ‘alternative proposal for unregistered patients is not sufficient/ won’t be in place in time’ and a further quarter expressed concern about the 111 service. This correlated with a quarter who were concerned that the closure of the walk-in centre would result in more people presenting their ailments at A&E.

However, although demonstrably concerned with access and how the service will work, one in four believed that continuity of care would be improved through access to GP records, agreement that a focus on improving GP access is better than the walk-in centre’s current provision, and that the proposal still ensures an out of hour’s service is operational for Hereford.

When asked whether they had any alternative suggestions as to how seven day GP working could be achieved, a large proportion of those consulted took the opportunity to voice the extent in which they are not supportive of this proposed change, with around three quarters of participants indicating that they were either ‘not very supportive’ or ‘not at all supportive’. However, when asked whether they had any alternative suggestions as to how seven day GP working could be achieved, only a quarter stated that the proposed changes should not be made. In fact as shown in figure 17, although half of participants stated that GP practices and walk-in centre are separate entities which need to be considered independently, a further half of participants support the proposed changes providing that a walk-in element is retained, and a quarter requested more detail on how the unregistered population will be supported.

In addition there was recognition of the need to invest and educate in primary care, with three out of four participants stating that further investment is required to explain the potential service changes and to change individuals’ behaviours to take better care of themselves. Additionally, three out of four participants also suggested that increased investment in primary care is required in order to recruit staff and provide them with the adequate resource to provide a high level of care.
Although figure 17 illustrates that the sentiment is mostly against the proposals as they stand, the correspondence also illustrates that participants would be willing to accept some changes if a walk-in element of the service is maintained, either at the current Asda walk-in centre facility, or at each GP practice in Herefordshire.

Figure 17. Q7. Do you have an alternative suggestion(s) to help us achieve seven day GP working?
Base: 4 (those providing a response)

- Invest in explaining the potential service changes and in changing individuals’ behaviours to take better care of themselves (75%)
- Increase investment in primary care in order to recruit staff and provide them with the adequate resource to provide high level of care (75%)
- Make the changes but retain a walk-in element (50%)
- Do not link the services offered by GP surgeries and walk-in centres together. They are separate entities which need to be considered independently (50%)
- Request for more detail on how unregistered population will be supported (25%)
- Do not make the proposed changes (25%)
Public meetings

There were four formal public events, which consisted of a short presentation on the proposals, followed by focus group work to capture public response to each of the survey questions and finally a question and answer session to clarify participants understanding of the proposals. Participants were asked to write down their thoughts for questions six and seven and these responses have been analysed in addition to the completed surveys.

Dates of the events were as follows:

Wednesday March 15, 2017
- 3-5pm, Kindle Centre, Asda Stores, Belmont Ct, Hereford, HR2 7JE
- 6-8pm, Kindle Centre, Asda Stores, Belmont Ct, Hereford, HR2 7JE

Wednesday March 29, 2017
- 3-5pm, Hereford Town Hall, St Owen's Street, Hereford, HR1 2PJ
- 6-8pm, Hereford Town Hall, St Owen's Street, Hereford, HR1 2PJ

Although representation at the public meetings was lower than expected, this enabled a deeper level of discussion and more time for the governing body to discuss proposals with event participants prior to the focus group exercise. This may have helped participants to develop a wider and more thorough understanding of the proposals following their submission of responses to question six of the survey.

In addition to the four formal events, there were also four informal pop-up events at the walk-in centre and Asda foyer where members of the public were invited to discuss the proposals with CCG representatives and encouraged to complete surveys. However, due to the informal nature of the events/Asda policy (no customer details) the majority of responses at pop-up’s were noted by the event holder (limiting their value) or submitted by participant through the survey.

Figure 18 represents the sentiments of the analysed responses. In comparison with the sentiment of support illustrated in figure 3 (survey sentiment), public support for the proposals increased when they participated in open discussion and gained a wider understanding of the proposals and the reasons behind them. This demonstrates the requirement for further education and signposting.
Figure 18. Q5. We would like to know the extent to which you support this proposal. Please indicate the extent to which you support this proposal below. Base: 88

<table>
<thead>
<tr>
<th>Support Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Very Supportive</td>
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</tr>
<tr>
<td>Fairly Supportive</td>
<td>13%</td>
</tr>
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<tr>
<td>Not very Supportive</td>
<td>16%</td>
</tr>
<tr>
<td>Not at all Supportive</td>
<td>7%</td>
</tr>
</tbody>
</table>

In response, two fifths of event attendees remained neutral to the proposals, whilst approximately one quarter (23 percent) of event attendees were not in support of the proposals, with two thirds of these ‘not very supportive’ and the remaining third ‘not at all supportive’. Just under a quarter of event attendees were ‘very supportive’ of the proposals, whilst just over one in seven are ‘fairly supportive’. In total, just over a third of event attendees were in support of the proposals to varying degrees, and over three quarters of event attendees were either neutral or not supportive of the proposals.

To gain further clarity on the level of support for the proposal, participants were asked to explain the reasoning behind their original response. Figure 19 summarises their rationale.

Upon analysis of figure 19, over one quarter of participants had further questions about the proposals. The majority of participants also stated, to varying degrees, that there was a requirement for a walk-in or urgent appointment provision in primary care. For example, a sixth felt that the ‘walk-in centre option is required when there are long waiting times for appointments or no appointments are available’, an additional sixth also indicated a ‘preference for the walk-in element of the centres [as it] also caters for those not registered with a GP’. One in ten stated a preference for the walk-in centre element, as it ensures patients are seen on the day and provided with a good level of care, therefore easy to access.

The majority of questions and concerns related to the proposals ability to materialise, and specifically concerns regarding the lack of provision for unregistered and vulnerable patients. For example, one percent were concerned that the alternative/proposal for unregistered residents is not sufficient/or will not be in place in time.
Figure 19. Q6. Please explain your response and provide further details on your level of support. Base: 88 (those providing a response)

- Further questions on the proposal: 28%
- WiC option is required when there are long appointment waiting times or no...: 17%
- Preference for the walk-in element of the centres / WiC caters for those not registered...: 17%
- WiC ensure you are seen on the day and provided with a good level of care . ease of...: 12%
- Concern this is not a sufficient increase in GP capacity to provide the extra care when WiC...: 12%
- Concern people will just go A&E: 8%
- Taurus service is ineffective: 7%
- Concern expressed about 111 service: 7%
- Agreement that a focus on GP access (continuity of care) is better than the walk-in...: 7%
- Does not increase provision of services: 4%
- This proposal mainly benefits those living in Hereford, whilst the WiC covered all of...: 3%
- This proposal is not being done for patients but for GPs and the NHS: 3%
- The WiC system is poor: 2%
- Funding concerns: 2%
- Waiting times - walk-in facility is needed due to difficulty getting an appointment at own GP: 2%
- Taurus service causes confusion on how it works: 2%
- The proposal still ensures an out of hours service is operational for Hereford: 2%
- There should be a facility to access primary care services at the entrance to A&E: 2%
- This proposal will benefit those on the south side of the river: 1%
- There is more parking at the ASDA site which is good: 1%
- Continuity of care - access to GP records (negative): 1%
- Alternative/proposal for unregistered residents is not sufficient / will not be in place in time: 1%
- Other: 6%
Verbatim responses have been included below summarising the sentiment behind each ‘answer code’.

**Further questions on the proposal - 28%**

"Are you talking to the planning department at Herefordshire Council? There are 300 homes being built north of the river and 800 houses in Bromyard. That means more people. Are you talking to planning departments about how public services can work in the future? Could we have hub and spoke services?"

“What are the CCG going to do to support this? It puts a lot on Moorfields and no extra I can see”

“How would the Moorfield surgery manage with their own patient list, as well as the new patients?”

“Will Moorfields get more support and staff with this proposal? You do not mention how they will provide for extra patients? Won't this cost more money?”

“Will the prime care OOH still continue, who will work with 111?”

“What about the homeless and vulnerable? We need a walk-in for them. Or are you commissioning a special service to help people register?”

“What about older people out in the country who are not registered”

Will you review proposals in 6 months if they are not working?

*Making sure people understand what will happen in the next 5 years - where are the rest of the plans?*

**Preference for the walk-in element of the centres / WiC caters for those not registered with a GP – 17%**

“Want to keep the walk-in aspect - don't want to have to phone”

“Want to put Ross road surgery in the WiC. Why can’t it stay as it is with a GP surgery for appointments too? 48 hours? Could you have online appointments? Or a special doctors for routine appointments?”

“What about the homeless and vulnerable? We need a walk-in for them. Or are you commissioning a special service to help people register?”

“What about visitors to Herefordshire?”

“What about older people out in the country who are not registered”

WiC option is required when there are long appointment waiting times or no appointments are available – 17%

“14 day wait at Belmont!!!! I need this.”

“Can’t get an appointment, will they increase number of doctors? It is so busy (WIC), the walk-in centre is not enough”
Concern this is not a sufficient increase in GP capacity to provide the extra care when WiC closes – 12%

“Yes, but, you need to increase the number of doctors - what about same day appointments.”

“Can’t get an appointment, will they increase number of doctors? It is so busy (WiC), the walk-in centre is rammed every day”

“If I could see someone else at MY GP like a nurse/practice based team trained for that illness then I wouldn’t need to use the WiC - but they don’t have the staff!”

“How would the Moorfield surgery manage with their own patient list, as well as the new patients?”

“Moorfields can’t even see their own patients now, how can they see more?”

“There is a shortage of doctors across the UK. How will you fill the surgery when it is Moorfields?”

“Will Moorfields get more support and staff with this proposal? You do not mention how they will provide for extra patients? Won’t this cost more money?”

“There is a shortage of DRs across the UK. How will you fill the surgery when it is Moorfields?”

WiC ensure you are seen on the day and provided with a good level of care / ease of access – 10%

“Need a walk-in too - People use the walk-in because you have knowledge that you will be seen”

Concern people will just go to A&E – 8%

“Ok but, you need to work with 111 to tell them not to send unregistered people to A&E, as A&E should be reserved for genuine cases. How can we expect people to change when 111 tell them to go to A&E because they ARE NOT REGISTERED?”

“Agree but, A&E are going to be busy, what about a facility near A&E?”

“There is a systemic issue that there is no access pathway for those who are not registered as they might be asked to go to A&E”

Concern expressed about 111 services – 7%

“Ok but you need to work with 111 to tell them not to send unregistered people to A&E, as A&E should be reserved for genuine cases. How can we expect people to change when 111 tell them to go to A&E because they ARE NOT REGISTERED?”

“How consistent is NHS 111 - how will they support people who are not registered?”

“Sort of agree but 111 question not registered so told to go to a and e, 111 does not book into Taurus appointments and so your proposals don’t address all the problems. Will you fix this with 111?”
Agreement that a focus on GP access (continuity of care) is better than the walk-in centre – 7%

“I like this with the records - create records with info like allergies. Info on children especially safeguarding and access to GP surgery records will be good. Especially for those who are moving around a lot because they won’t get lost in the system. But there is no way of tracking where they come from or go to. What will we advocate for those who can’t register? At a practical level - NHS 111 recognises you are not registered and then it is difficult to get service/medical care.”

“I agree, we need continuity. Public services need to be delivered differently in the 21st century; we must be less precious about our own areas (e.g. council/NHS).”

Would support it, IF you do what is said in the document and provide a referral signposting service within the ASDA walk-in centre building.

“I agree. GP receptionists should be offering alternatives. E.g. Taurus appointments, pharmacists, 111 or telephone conversations with the GP - then we wouldn’t have so many using the WiC.”

Taurus service is ineffective – 7%

“I agree, but what is Wargrave’s ability to grow, we are concerned that these promises wont materialise and Taurus won’t be able to cope as Wargrave surgery already uses the Taurus hubs to put their own patients in - not everyone in Herefordshire - it is biased”

“Moorfields will end up filling all the spaces at the Taurus hub after hours like Wargrave do now.”

“How will Wargrave cope without the overflow Taurus provides for their patients”?

Other – 6%

“I support this, and you can use Temporary registrations - better than nothing if people can’t register or don’t want to register with a GP”

“Are you talking to the planning department at Herefordshire Council? There are 300 homes being build north of the river and 800 houses in Bromyard. That means more people. Are you talking to planning departments about how public services can work in the future? Could we have hub and spoke services?”

“WiC was packed”

“There is a systemic issue that there is no access pathway for those who are not registered as they might be asked to go to A&E”

Does not increase provision of services – 4%

“Are you talking to the planning department at Herefordshire Council? There are 300 homes being built north of the river and 800 houses in Bromyard. That means more people. Are you talking to planning departments about how public services can work in the future? Could we have hub and spoke services?”

“What are the CCG going to do to support this? It puts a lot on Moorfields and no extra I can see”
This proposal is not being done for patients but for GPs and the NHS – 3%

“You have a duty of care to support people registered with a GP to ensure they are seen and they get continuity of care that way, regardless of location.”

“Poorer areas get bypassed by change in the system - Hereford gets all the funding - what about other areas?”

This proposal mainly benefits those living in Hereford, whilst the walk-in centre covered all of Herefordshire – 3%

“Consistent services please? Out of Hours are rather inconsistent, and opening/closing times are not coherent, they are uncertain. Also, it is even more different if you live outside Hereford City. What about people in market towns or rural Herefordshire? Simplify the options available please.”

“Poorer areas get bypassed by change in the system - Hereford gets all the funding - what about other areas?”

Waiting times - walk-in facility is needed due to difficulty getting an appointment at own GP – 2%

“Routine appointments more than four weeks - access is a problem”

“Access to GPs is difficult; we need better access to GPs. The walk-in centre is reassuring because you know you can see a qualified DR rather than wait 2-5 weeks to see your own practice.”

Funding concerns – 2%

“Poorer areas get bypassed by change in the system - Hereford gets all the funding - what about other areas?”

“Will Moorfields get more support and staff with this proposal? You do not mention how they will provide for extra patients? Won’t this cost more money?”

There should be a facility to access primary care services at the entrance to A&E – 2%

“Agree but, A&E are going to be busy, what about a facility near A&E?”

Taurus service causes confusion on how it works – 2%

“Consistent services please? Out of Hours are rather inconsistent, and opening/closing times are not coherent, they are uncertain. Also, it is even more different if you live outside Hereford City. What about people in market towns or rural Herefordshire? Simplify the options available please.”

“This is confusing, especially hubs, keep messages consistent about what is available and where”

The walk-in centre system is poor – 2%

“Yes do this! People use the drop in because it is there, if you made GPs offer a drop in hour or two at their own GP practice people would be less likely to turn up because they wouldn’t want to bother."
their own GP. They just want reassurance, plus the GP could turn people away and tell them to see a pharmacist. The walk-in centre does not turn people away; this is why you have a problem with people using it inappropriately. The walk in centre wants people to go there to justify their service. If GPs and Drs were funded better and had the resources from the walk-in centre then they could see more people in their own practice. It is silly paying for two practices to be open to see one person (e.g. the WiC and their own GP)"

**Continuity of care - access to GP records (negative) – 1%**

“You have a duty of care to support people registered with a GP to ensure they are seen and they get continuity of care that way, regardless of location!”
Figure 20. Q7. Do you have an alternative suggestion(s) to help us achieve seven day GP working? Base: 88 (Those providing a response)

- Invest in explaining the potential service changes and in changing individuals behaviours to take better care of themselves: 19%
- Request for more detail on how unregistered population will be supported: 17%
- Other: 13%
- Offer alternative forms of consultation: 11%
- Increase investment in primary care in order to recruit staff and provide them with the adequate resource to provide a high level of care: 9%
- Keep Asda facility as it currently is: 8%
- Have a facility for emergency appointments at GP surgeries, this could be in the form of walk-in appointments: 7%
- Make the changes but retain a walk-in element: 7%
- Provision of seven day services at all GP surgeries: 5%
- Have GP/Pharmacy triage service within A&E: 3%
- Expression of interest to form a patient 'service group' to ensure the proposed service meets objectives: 2%
- Increase GP capacity in order to meet supply in the Hereford area, more walk-in centres/GP surgeries are required: 2%
- Provide more assurance for residents experiencing issues getting a GP appointment: 1%
- Provide mobile clinics around Herefordshire: 1%
- Train GP surgery reception staff to be more customer/patient friendly: 1%
- Longer opening hours at GP surgeries: 1%
Verbatim responses have been included below summarising the sentiment behind each ‘answer code’.

**Invest in explaining the potential service changes and in changing individual’s behaviors to take better care of themselves / get registered / visitor signposting – 19%**

“Agree - Pharmacies are an alternative, they have a scheme to access to meds, treatment. Don’t need a doctor to prescribe, you need to publicise that!”

“I support this, but only if we have better communications about services (NHS 111, OOH, Taurus Hubs etc.) It is too confusing at the moment so people will go to A&E because they don’t know about other services.”

“Would support it, IF you do what is said in the document and provide a referral signposting service within the ASDA walk-in centre building.”

“This is confusing, especially hubs, keep messages consistent about what is available and where”

“I support this if there is education and are no restrictions to temporary registrations - because some people can’t register for a GP”

“What about the homeless and vulnerable? We need a walk-in for them. Or are you commissioning a special service to help people register?”

“Information is not consistent across the county”

**Request for more detail on how unregistered population will be supported – 17%**

“How consistent is NHS 111 - how will they support people who are not registered?”

“What about the homeless and vulnerable? We need a walk-in for them. Or are you commissioning a special service to help people register?”

“What about older people out in the country who are not registered”

“Lots of people use the WiC for mental health crisis because they are scared to go to the hospital in case they are sectioned or treated badly. Where will they go now?”

**Other – 13%**

“I support this, and you can use Temporary registrations - better than nothing if people cant register or don't want to register with a GP”

“Are you talking to the planning department at Herefordshire Council? There are 300 homes being built north of the river and 800 houses in Bromyard. That means more people. Are you talking to planning departments about how public services can work in the future? Could we have hub and spoke services?”

“I agree, we need continuity. Public services need to be delivered differently in the 21st century; we must be less precious about our own areas (e.g. council/NHS).”
“I support this if there is education and are no restrictions to temporary registrations - because some people can't register for a GP”

Offer alternative forms of consultation – 11%

“If I could see someone else at MY GP like a nurse/practice based team trained for that illness then I wouldn’t need to use the WiC - but they don't have the staff!”

“I agree. GP receptionists should be offering alternatives. E.g. Taurus appointments, pharmacists, 111 or telephone conversations with the GP - then we wouldn’t have so many using the WiC”

What about home visits?

Increase investment in primary care in order to recruit staff and provide them with the adequate resource to provide a high level of care – 9%

“Yes, but, you need to increase the number of doctors - what about same day appointments.”

“What are the CCG going to do to support this? It puts a lot on Moorfields and no extra I can see”

“If I could see someone else at MY GP like a nurse/practice based team trained for that illness then I wouldn’t need to use the WiC - but they don't have the staff!”

“Ok, but You need improved communication from receptionists to patients and receptionists to 111 - to help people know where to go. They all say different things”

Keep Asda facility as it currently is – 8%

“Want to keep the walk-in aspect - don't want to have to phone”

Make the changes but retain a walk-in element – 7%

“Want to put Ross road surgery in the WiC. Why can’t it stay as it is with a GP surgery for appointments too? Open 48 hours? Could you have online appointments? Or a special doctor [sic]for routine appointments?”

“Need a walk-in too - People use the walk-in because you have knowledge that you will be seen”

Provision of 7 day services at all GP surgeries – 5%

“The 24 practices in Hereford operate differently - can we have one consistent system across all GP practices? Could we have a half-way option with a walk-in facility at the Moorfield surgery?”

“We need to ensure people get to see their GP 7 days. Because if we do, the WiC would not be regarded as essential”

Have GP/pharmacy triage service within A&E – 3%

“Agree but, A&E are going to be busy, what about a facility near A&E?”
“Put pharmacies/pharmacists at main access points”

Train GP surgery reception staff to be more customer/patient friendly – 1%

“I agree. GP receptionists should be offering alternatives. E.g. Taurus appointments, pharmacists, 111 or telephone conversations with the GP - then we wouldn’t have so many using the WiC”

Adverse impacts on consultation process

During the consultation process, a risk log was maintained by MLCSU/the CCG and conditions which may have affected the outcome of the consultation were noted and any possible mitigating actions were taken. For example:

- Petition – A petition was submitted to the CCG on March 15, 2017. The 38 Degrees petition was launched in Spring 2016 to oppose a perceived closure of the Walk-in Centre reportedly due in August 2016. The call to action of this petition did not adequately nor specifically address the proposals of the consultation document launched in March 2017.

- However, at the formal and informal events it was noted that many members of the public did not feel compelled to complete the survey, or participate in the events, as they believed they had their say through signing a petition.
  - The combined (38 Degrees and hand written) petition signatures totaled approximately 5,000 gathered in 2016.
  - The signed petitions did not contain verbatim, or comments explaining the rationale behind their decision to sign.

- General election – the CCG considered the option of extending the consultation process to enable more members of the public to have their say. However, due to the timing of the announcement of an early general election on 8 June 2017, the process had to be abandoned due to pre-election (purdah) restrictions on public bodies during an election period.
Appendix

A. Facebook analysis

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<tr>
<th>Date</th>
<th>Impressions</th>
<th>Clicks</th>
<th>CTR</th>
<th>Link Clicks</th>
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Notes:

The campaign performed well with a total of 5,573 clicks from 239,235 impressions and producing an overall average click through rate of 2.33%.

Engagement with the adverts showed a high level of interaction. There were 42 shares and produced 33 comments.

Demographic data breakdown shows that the audiences were more engaged the older the age with those aged between 45 - 65+ producing over 61% of the clicks. Gender breakdown also showed that 64.62% of those that clicked were female, whilst 35.38% were male and 1.48% had not recorded their gender on their Facebook profile.

Comments have been saved in S:\Communications\Tier One\CSU COMM TEAM\MARKETING\Clients\Herefordshire CCG\7 day consultation\Facebook comments

Definitions:

Impressions: when an ad is fetched from its source, and is countable. Clicking on an impression does not constitute a view. Each time an ad is fetched it is counted as an impression.

Clicks: the number of times viewers of an ad unit click on it.

Click Through Rate (CTR): A ratio showing how often people who see your ad end up clicking it. CTR can be used to gauge how well your keywords and
B. Healthwatch Herefordshire report

Healthwatch Herefordshire Response to Proposed Changes to the Walk-In Centre Facility in Hereford

Healthwatch has regularly heard and sought feedback from Patients, Service Users and members of the public about their experience of accessing and receiving treatment at the Walk-In Centre in Hereford.

We welcome the opportunity to relay this information to Herefordshire Clinical Commissioning Group (CCG), to accompany responses from the Formal Consultation survey and events which have been held to gather patient views and inform the planning process for future Primary Care provision.

The CCG has outlined the intention in the consultation proposal to remove the ‘Walk-in’ element of the service provided at the Asda site. Alongside this, to relocate Moorfields GP Surgery into the current premises and also to operate the Taurus Extended Hours Hub there.

The positives Healthwatch acknowledge with this proposal are:

- Improved facilities and service for Moorfields GP Surgery registered patients
- Greater capacity for Moorfields GP Surgery to take on previously unregistered patients who were accessing the Walk-In Centre
- Improved access for patients requiring extended hours hub appointment

Potential issues (as identified through Healthwatch engagement with patients in Herefordshire):

- Closure of the ‘Walk-in’ element removes the only service of its type from the County
- With reference to the above, this could potentially see an increase in inappropriate use of the Accident & Emergency facility at Hereford County Hospital
- Unregistered patients in Herefordshire will find it very difficult to receive the primary care they need to prevent serious illness, particularly those from the following groups: homeless, temporary foreign workers, those from areas of deprivation and travelling communities, shift workers
- GP appointments can be difficult to secure and it can take a long time to be seen, in some cases up to 4 weeks. The Walk-In Centre offered an alternative solution for those unable to wait for treatment, including families with young children, elderly people and working age people
- Hereford City is the largest township for many miles and workers commute into Herefordshire daily, the Walk-In Centre offers them a solution to work-day primary care access
During 2016/17 Healthwatch carried out a series of Enter & View visits to GP Surgeries across Herefordshire. As part of this work, we asked the questions:

- Have you used the Walk-In Centre?

Of 208 patients that answered this question, 146 had used the ASDA Walk in Centre.

- What was your experience of using it?

Of 42 patients answering this question, 37 said their experience was good.

The geographical spread of usage is displayed as:

The Walk-In Centre is accessed by people from across Herefordshire from areas such as Colwall (as surveyed at GP Surgery), some 20 miles away. The Walk-in Centre is generally considered a ‘good’ service by those who have accessed it based on their experiences.
Conclusion

Healthwatch Herefordshire supports development of Primary Care services which better meet patient needs as well as medical outcomes in Herefordshire.

Healthwatch Herefordshire expresses support for a Walk-In Centre facility which provides a solution to many residents across the County and wider who for the reasons expressed above cannot effectively access other Primary Care services e.g. timely GP appointments.

Where Healthwatch Herefordshire agrees that simplifying the health pathway for the people of Herefordshire would lead to more appropriate usage of existing services and better access, it is imperative that any proposed changes to existing facilities are preceded by appropriate alternatives, clearly communicated to patients, to minimise the amount of disruption to patients and their treatment.