NHS
Warrington
Clinical Commissioning Group

Primary Care Strategy Consultation
Outcomes Report

Executive Summary

Proposal

NHS Warrington Clinical Commissioning Group undertook a formal consultation from Friday 7th August 2015 until Friday 27th November 2015 on its draft Primary Care Strategy which focuses on the way in which primary care can be delivered in future.

Response

There was an agreement through the online survey and the wider engagement activities with all aspects of the draft Primary Care Strategy. The ten priorities were agreed with, as were the Warrington 'Brand' and cluster working.

Breakdown of Respondents and Engagement Activities

91 surveys from the public were completed and 12 surveys from health professionals. Parallel to the survey results, as part of the engagement activity we focused on asking staff and the public where they wanted to access specific services. This combined with the survey results will form the basis of the Warrington 'Brand' and the Cluster model. An additional 78 people took part in this exercise. There were also further discussion that took place in the engagement activities. The overall reach of the consultation was much wider, as evidenced in Appendix 1.

Engagement activities undertaken included:

- Four public events, including a Healthwatch event, were organised or attended.
- Presented at four Third Sector groups
- Presented at the CCGs Health Forum
- Presented at the CCGS Patient Participation Group Network
- Presented at six clinical meetings
- Information sent to all key stakeholders, including all GPs, Patient Participation Groups, healthcare providers, Warrington Borough Council, MPs, all Councillors and Local Medical
- Information sent through to Third Sector Organisations, Healthwatch database, CCG membership and local colleges
- Summary documents of the draft Primary Care Strategy sent to and displayed at over 60 venues across Warrington
- Press releases issued and promotion via CCG and partner websites and promoted across social media

Introduction and Background

NHS Warrington Clinical Commissioning Group undertook a formal consultation from Friday 7th August 2015 until Friday 30th November 2015 on the draft Primary Care Strategy. This document sets out Warrington CCGs vision for Primary Care for 2015-2019, focussing on general practice. The draft strategy reflects the ambitions of the previously published commissioning intentions and NHS Warrington CCGs Strategic Commissioning Plan 2014-2019, and builds on the new opportunities provided through primary care co-commissioning. The main themes of the consultation were focusing on the CCG draft priorities, as well as discussing the Warrington 'Brand' and the Cluster model.

The Warrington 'Brand' aims to achieve a common definition of quality in primary care and what a Warrington citizen should expect irrespective of their registered practice All Practices will continue to provide nationally set standards, with an additional set of local quality standards.

The Cluster Model is GP Practices working together and delivering services across a larger footprint, in 'Clusters'.

In developing the draft Primary Care Strategy there was several engagement activities with the GP Membership and the public. The outcomes of these were used in the successful bid from Warrington GP Federations to the Prime Ministers Challenge fund. This work commenced in July 2014 and has significantly changed the delivery potential for primary care in Warrington creating primary care populations that could serve as a platform for fully integrated services around the registered lists. This strategy builds on this potential from a commissioning perspective. While the work has been ongoing, with continuous engagement the CCG recognise the need to undertake a statutory consultation on the proposals as they constituted a substantial development of or variation in the provision of health services, in accordance with regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Methodology

The consultation was a formal statutory consultation for a total of 121 days. The consultation was extended after the usual 90 days to encourage more engagement. For the full audit of engagement activity please see Appendix 2.

In summary, we organised or attended a total of four public events, including a Healthwatch event, held drop ins at 16 GP Practices, presented at four Third Sector groups, presented at six clinical meetings, Practice Managers meeting, the CCGs Health Forum and PPG Network. Targeted engagement was also undertaken with the Polish community.

Information was sent to key stakeholders including MPs, all Councillors, Health and Wellbeing Board and provider organisations, over 1,200 Third Sector organisations

via Warrington Voluntary Action, the CCGs 'membership scheme' with approx. 200 members, Healthwatch database (517) and Patient Participation Groups, totalling over 2000 members of the public and representatives of Third Sector Organisations.

Information was displayed and sent to over 60 venues and facilities, including GP practices, LiveWire venues and libraries.

In regards to the media, there were three press releases that were issued to the local media, including the Warrington Guardian (readership online and paper of 140,741), Warrington Worldwide (online visitors of 5,000 daily) and South Warrington News (distributed across 22 locations in and around South Warrington.), information was published on the CCG website, which saw its visits significantly increase throughout the consultation period. The social media reach was 4785 followers on Twitter, consultation specific tweets were16, re-tweets – 23 and favourites five. Consultation specific tweets by providers/other organisations were six, re-tweets – 27 and favourites eight. Facebook reach is 190 Likes, consultation specific posts were three with the post reach 994 people.

With all the engagement activity that took place the approximate number of people directly engaged with was significant and far reaching. For the full write up of discussions see Appendix 3.

The engagement activities focused on the priorities that the CCG have identified, asking if patients felt they were the right priorities, what the public thought of the Warrington 'Brand' and the Cluster model. The discussions around the priorities will be used to develop the services within the 'Brand' and clusters.

Main Findings and Themes

91 surveys from the public were completed and 12 surveys from health professionals/ Practices. It was stated by some Practices that as they have already been involved in the draft strategy and the development of the cluster model they felt they had already given their views and opinions.

Breakdown of Respondents

A full breakdown of the survey respondents can be found in Appendix 4. In summary, 83.02% of respondents were female, 98% were heterosexual, 9.8% had a disability, 29.4% had a long term condition, 95.83% were white British, 91.89% were Christian, 22.45% were aged 16-24, 16.5% were aged 55-64, 45.83% in full time employment, 20.8% were retired, 8.16% were carers, 39.13% of respondents were from Warrington's most deprived areas (from postcode information given).

Parallel to the survey results, as part of the engagement activity we focused on asking staff and the public where they wanted to access specific services. This combined with the survey results will form the basis of the Warrington 'Brand' and the Cluster model. An additional 78 people took part in this exercise (see Appendix 1 for the breakdown of this specific work). There were also further discussion that

took place in the engagement activities. The overall reach of the consultation was much wider, as evidenced in Appendix 2.

Below highlights both the quantitative and qualitative information from the surveys and engagement activity.

CCG Priorities

Ten priority areas have been identified by the CCG working with the GP memberships for primary care. The consultation asked the public if they agreed with these priorities. The discussions, summarised below, will be used to develop the services within the 'Brand' and Clusters.

Access, Demand and Capacity

From the survey results 78.57% agreed that access, demand and capacity should be a priority for the Primary Care Strategy. In the wider engagement discussions access was also seen as a priority.

- Public Education

It was felt that promotion of other primary care services is needed. Some patients are accessing general practice when other alternatives are more appropriate i.e. 111 and Pharmacies. Education was also supported by college students, who felt that as they don't access primary care services often they are unaware of what services are available. Additional comments through the survey highlighted that the public also need educating on self care information, so they don't access primary care inappropriately.

- Appointment Systems

Discussions took place regarding the difficult in accessing GP Practices. The engagement activities supported the idea of increasing capacity. There was also felt to be inconsistencies in appointment systems at different GP Practices, some patients are offered same day appointments, other examples were given of having to wait for at least a week for an appointment. Certain GP Practices have longer opening times which helps in increasing access, but again this is inconsistent and not available in all Practices. During the consultation discussion patients shared their experiences of accessing primary care, particularly mentioned was the Extended Hours. While it was thought to be positive, with 59.7% of respondents stating they would prefer to access it in clusters, there were issues with the access which would need to be addressed. Issues included promotion of the service, the use of Sunday appointments and being able to access the booking system on a weekend.

Dr. First as an example of GP Practices implementing new appointment systems was seen as both positive and negative. The system has been successful in some Practices and less so in others. It has increased GP workload but feedback from Springfield Medical Centre patients has been positive. [1]

[1] Healthwatch Warrington Report on Dr. First 2015.

- Use of technology and Telecare

Increased use of technology, i.e. online booking and tele-heath, was thought to be a good idea to access primary care, but it is “not a one size fits all solution.” Some vulnerable patients might find it difficult to use technology. Technology also shouldn’t be used instead of more appropriate services.
Engagement with Practices also supported access as a priority with Practices commenting that access is patients top priority and “without a fully functioning offer the integrated health and social care model is not sustainable”.

Medicines Management and Prescribing

85.37% of survey respondents agreed that medicines management should be a priority.

Questions were raised by Healthwatch Warrington on how improvements to medication prescribing will be achieved. How will the skills and knowledge of Pharmacists be included to maximise access and understanding of their role. Timely and consistent medication reviews were thought to be needed, however there were questions on how this will be implemented and will Pharmacists be sited within GP Practices? Practices felt it would be beneficial for Pharmacists to be within their Practices and it would help to “develop the Warrington Brand to reduce inequality and drive consistency”.

The CCGs proposal on the use of certain medications for short term minor ailments was also discussed when this priority was focused upon. The proposal had overwhelming public support and if adopted by the CCG (in January 2016 if agreed) would help with public education.

Care Homes (Nursing and Residential)

78.48% of survey respondents agreed this should be a priority.
The wider engagement again supports this priority. Healthwatch Warrington commented that the work currently being developed within the Clusters in Care Homes has been an “excellent development”.

There was broad agreement that work with Care Homes and primary care is a good development and will provide better outcomes for patients, as well as being a more effective use of GP time. Practices also supported Care Home work as a priority with one commenting that “this take disproportionate amount of GP time and having a Warrington strategy will improve services to patients and also improve efficiency”. There was also agreement that this can be further developed to include other services working within Care Homes i.e. befriending services.

Whole System/Right Care

80% of respondents agreed with this as a priority.

There was discussions around the need for a full buy in from all partners in providing this. Healthwatch Warrington commented that there seems “little appetite for this”. In the wider engagement there was concern that this priority was difficult to understand, and in principle it was agreeable however it was unclear on how this would be achieved.

The most important issue highlighted was the need for all partners and providers to work together, including compatibility of IT systems and data sharing.

Complex Care

82.72% of survey respondents agreed this should be a priority.

The wider engagement and feedback from partners supported Complex Care being a priority. It was felt that for people with more complex care needs “if a more concentrated service can be provided for people so much the better”.

Individual care plans for people with complex care needs and Long Term Conditions was felt to be a great idea and would greatly benefit patients and health services. This was supported by the Long Term Conditions Support Group. This group also advocated for Expert Patient Programmes and the benefits these could bring to both patients and primary care.

The use of the Third Sector in this area was highlighted, with many different and varied support groups which primary care and the CCG could work in partnership work.

However there were concerns raised regarding who would have ownership of any complex care services, as health and social care will need be involved and work together.

Practices also supported prioritised work on complex care, with the recognition that GPs don’t have to be the first port of call for these patients; Care Coordinators could manage these patient’s needs. The idea of Care Coordinators was also supported by the public engagement, through this 64.4% of the public and staff would support a referral to Health Mentors in clusters for less complex care and there was a split of 48.4% and 50% supporting the idea of Care Coordination for complex care within individual GP Practice and clusters, respectively.

Promoting Prevention and Self-care

75.9% of survey respondents agreed that prevention and self-care should be a priority.

It was felt that more focus on promoting prevention and self-care would also support increasing access and capacity of the most appropriate primary care intervention. Practices commented that there is a need to “reduce demand on surgery where self-care is more appropriate”.

The public taking more responsibility for their own health and wellbeing was felt to be important, but this needs to be balanced with non-judgemental services that don't "blame the patient".

Improved signposting and referrals to Third Sector organisations and Social Prescribing activities was thought to be essential to promote self care and preventative messages. Further discussions included the idea of a "prevention hub" with a single point of access to integrate wellness and to include services provided by LiveWire, Warrington Wolves etc.
Targeted campaigns aligned with national campaigns are needed to focus messages and ensure the community are fully educated and the messages are reaching those that need them. PPGs felt they could offer support in delivering these messages within their Practice to patients.

From the engagement work focusing where additional services should be accessed, the majority (84.4%) stated they felt this promotion of self-care and preventative would be best to be offered across clusters.

Mental Health

84.15% of respondents agreed improving primary care mental care should be a priority.

In the further discussions, there was a mixed response regarding access to services. It was felt that access wasn't the main issue it was the choice of services and the waiting times for current services. It was agreed there is a need for more community based support, and this should include veteran mental health and dementia support. This support should be wider than just psychological therapies, as this isn't always appropriate for everyone. There was also comments that services should be flexible with their access and not just be Monday-Friday 9am – 5pm.

There was also a mixed response when asking where any additional mental health support should be accessed, with 56% stating they would like to see this in their own GP Practice and 38.7% saying it could be offered across the clusters.

Training and education for both GPs and the public was felt to be needed. Mental health is seen as "a hidden illness", more education is needed starting in schools. Healthwatch Warrington commented the need for "more consistent training for all health professionals… with few GP specialists and little focus on good practice".

Workforce Development and Sustainability

75% of respondents felt this should be a priority.

In the discussions it was understand this is a national issue, some people commented they felt only a national solution could improve the situation and it will need a "change of culture". Practices agreed that sustainability is a risk, with dedicated professionals retiring early and not being replaced, it was felt working together on new strategies regarding workforce development is essential.

There needs to be better links between primary care and secondary care staff to share expertise and skills. Healthwatch Warrington commented they felt there needs to be a cross agency training and development approach, available to all local health and social care providers. Involving Third Sector organisations and volunteers was also felt to be important to support sustainability.

The use of locums and the "attractiveness" of becoming locums needs to be addressed, as well as improved support for GPs to become salaried GPs.
In the consultation an additional question was asked relating to workforce development, if a GP was not available and it was appropriate would people will be willing to see another healthcare professional? The majority of respondents (77.78%) stated they would. The wider engagement discussions also supported this, with people commenting that "convenience, appropriate time and the skills of the health professional are more important that if it is a GP". Some people did feel it would depend on personal need and the specific reason for accessing primary care. It was felt that the community don't always understand the different staff within GP Practices and what their skills and roles are, this needs to be communicate effectively.

Public Engagement and Communications in Primary Care

78.72% of survey respondents felt public engagement and communications is important. It was stated that success is "dependent on acceptance not imposition", therefore a strong communications plan is needed and would enable the priorities to be effectively developed with public awareness and buy in.

Warrington 'Brand' and Cluster Model

From the survey to patients and the public and the engagement work in Practices, people were asked the services they would prefer at their own Practice, within the Cluster and as hospital or other setting the results are tabled below. The results cannot be broken by patient and staff. These results will be feed into the Warrington 'Brand' and Cluster discussions.

Service	GP		Clusters		Hospital/ other setting	
Phlebotomy	**60.70%**	**51**	38.30%	32	1.10%	1
Health checks	**81.10%**	**60**	18.90%	14	0	0
Shared care medication	**63.80%**	**46**	26.40%	19	9.70%	7
Named GP for older people	**98%**	**49**	2%	1	0	0
Dementia diagnosis	**68.10%**	**47**	17.40%	12	14.50%	10
ECG	**57.30%**	**43**	37.30%	28	5.30%	4
Same day appointment for older people	**87%**	**40**	13%	6	0	0
Proactive assessment and review of older people	**62.90%**	**44**	37.10%	26	0	0
Mental health	**56%**	**42**	38.70%	29	5.30%	4
Guided care appointments	**67.20%**	**41**	32.80%	20	0	0
Ultrasound	28%	21	**56%**	**42**	16%	12
Community cardiology	47.20%	17	**52.70%**	**19**	0	0
Cancer rehab	36.10%	30	**50.60%**	**42**	13.50%	11
Bookable weekend and evening appointments	38%	30	**59.50%**	**47**	2.50%	2
Minor injuries	24%		**76%**	**57**	0	0
Complex wound care	43.10%	28	**52.30%**	**34**	4.60%	3
Multi-disciplinary team	18.30%	13	**80.30%**	**57**	1.50%	1
Pharmacists involvement in medication reviews	28.20%	11	**71.80%**	**28**	0	0
GPs and hospital consultants working together to provide more outpatient services locally	35.70%	25	**61.40%**	**43**	2.90%	2
Referral to health mentors	35.50%	22	**64.50%**	**40**	0	0
Care coordination	48.40%	30	**50%**	**31**	1.90%	1
Delivery of local public health campaigns	15.60%	10	**84.40%**	**54**	0	0
XRAY	8%	6	**65.30%**	**49**	26.70%	20

The highlighted area is the favourable option.

Warrington 'Brand'

From the survey results 78% of public respondents agreed with the idea of the Warrington 'Brand'. The additional comments and engagement work also supported the 'Brand', with a broad agreement that it will eliminate the "postcode lottery" and it will create a standard across the town and patients will know what to expect.

There was a feeling that primary care should not be about 'branding' but more of a standard to ensure equality of service, and perhaps the word brand is not the most appropriate.

Other comments were concerned with how the 'Brand' would be measured, and what the implications will be if it is not achieved by Practice. There was also concern with the interpretation of the services that will be included in the 'Brand', with Healthwatch Warrington highlighting examples of GP Practices implementing services differently which in turn has different affects for patients.

There was also concern that to achieve the 'Brand' it will need to be adequately funded and not expect GP Practices to do too much too soon which is unachievable. Utilising Third Sector support within the Brand was discussed, there was a concern with the lack of Third Sector engagement within primary care.

From the survey targeting practice staff, there were 12 respondents, 100% agreed with the Warrington 'Brand', with additional comments in support of this. It was felt that consistent high standard services for all people of Warrington are needed.

From the engagement work the services that the majority of respondents wanted to access within their own GP Practice are highlighted below.

Service	GP	
Phlebotomy	**60.70%**	**51**
Health checks	**81.10%**	**60**
Shared care medication	**63.80%**	**46**
Named GP for older people	**98%**	**49**
Dementia diagnosis	**68.10%**	**47**
ECG	**57.30%**	**43**
Same day appointment for older people	**87%**	**40**
Proactive assessment and review of older people	**62.90%**	**44**
Mental health	**56%**	**42**
Guided care appointments	**67.20%**	**41**

Cluster Working

The idea of GP Practices working with neighbouring practices in clusters was supported by the survey respondents with 71.1% in agreement but 20.75% unsure. The engagement activity also supported the cluster model. Work on the cluster model has been ongoing since April 2014, with ongoing engagement with member practices and the public. Several projects already developed in clusters will be evaluated and this, with the consultation outcomes will feed into the future cluster model and work.

The cluster model was felt to be a good idea overall. It was recognised that not all Practices can have every service and the sharing of expertise would be beneficial. It was also felt that if the cluster model made the need for attending hospital less and to be seen quicker for certain services this was a positive. One Practice also commented that “having been involved in the concept of this it is nice to see it forming into reality”.

Regarding patient involvement it was commented that PPGs would also need to work across the clusters to ensure full patient participation.

Transport to clusters was highlighted as a concern, with Healthwatch Warrington commenting that “public transport and travel access and timing should be a key consideration in location and use of services”. This was also highlighted in the majority of engagement discussions, it was felt to be less of a problem in some clusters but a major concern for others. It was suggested that “cheap taxi rates for patients travelling to and from clusters” could be negotiated.

It was asked how it would be decided which GPs in the clusters the additional services would be delivered in. It was felt that the bigger practices would have the additional services which would perhaps have a negative impact on other practices patients. This was also raised by patients of the bigger practices as a concern that access to their own practice would be negatively impacted.

There needs to be more awareness of the developing cluster models, with the majority of public and practice staff not aware of this model and not aware of what cluster their Practice is in.

From the survey to patients and the public and the engagement work in Practices, people were asked the services they would prefer at their own Practice, the results are tabled below. The results cannot be broken by patient and staff.

Service	Percentages within clusters	Value
Ultrasound	56%	42
Community cardiology	52.70%	19
Cancer rehab	50.60%	42
Bookable weekend and evening appointments	59.50%	47
Minor injuries	76%	57
Complex wound care	52.30%	34
Multi-disciplinary team	80.30%	57
Pharmacists involvement in medication reviews	71.80%	28

GPs and hospital consultants working together to provide more outpatient services locally	61.40%	43
Referral to health mentors	64.50%	40
Care coordination	50%	31
Delivery of local public health campaigns	84.40%	54
XRAY	65.30%	49

As well as the listed additional services there was also discussions about involving Third Sector Organisations within clusters. There is a broad range of Third Sector organisations who could offer services and support and there was a feeling there has traditional been a lack of involvement of these organisations within primary care.

During the engagement activities additional services in clusters were also suggested these included prescribing of contraceptive pills, different clinics i.e. for injections.

Hospital and Other Settings
Public and staff were also asked if they wanted to access these services from a hospital setting. Dementia diagnosis (14.5%) and ultrasounds (16%) within a hospital setting received small but still significant support.

Appendix 1 **Stakeholder Group**	**Warrington CCG Action**	**Dates**
Media		
Press releases	Press releases to be sent to Warrington Guardian, Warrington Worldwide and South Warrington News	07.08.15 28.09.15 23.11.15
Press coverage	http://www.warrington-worldwide.co.uk/2015/08/07/have-your-say-on-plans-for-primary-care-in-warrington/ http://www.warringtonguardian.co.uk/news/13585408.Primary_care_changes_could_help_tackle_health_inequalities/	07.08.15 10.08.15
Patients and Public		
Web content publication on CCG Consultation website page The items to be uploaded are: CCG websites - Overview statement Link to survey monkey Frequency asked questions – will be added to throughout the consultation	WCCG EEC Team uploaded to website Information put on Facebook and Twitter Information to be sent to providers for their communication channels	07.08.15 07.08.15 repeat weekly 07.08.15
Consultation documents	Documents disseminated to: • All GP Practices • The Gateway – for public and all tenants organisations • Warrington Voluntary Action • Warrington Disability Partnership Centre for Independent Living and Market Stall and Charity Shop • Healthwatch Warrington • School News for parents and teachers • Chamber of Commerce • Warrington Collegiate • Neighbourhoods – Community Centres and community newsletters • Priestly College • Young Healthwatch • LiveWire Sites, including Libraries • LifeTime	20.08.15 (PLT 24.09.15) 16.09.15 26.09.15 16.09.15 26.08.15
Warrington Health Forum Warrington CCG's Health Forum is open to the CCG membership scheme and Third Sector	WCCG EEC Team sent information to their Health Forum members.	20.08.15

organisations. The aim of the forum is to share CCG work and obtain feedback.	AD presented at Warrington Health Forum as part of pre consultation Further presentation as part of the consultation	27.07.15 26.10.15 7pm
PPGs Warrington CCG has developed a PPG Network, for PPG representatives and practice staff to meet, share ideas and to discuss CCG work areas.	WCCG Engagement Team to send information to the PPG Network CCG to attend PPG Network meeting	20.08.15 08.10.15
CCG 'Membership' Scheme The CCG have developed a membership scheme with approx. 200 individual and Third Sector representatives on the mailing list.	WCCG Engagement Team to send information	20.08.15 resend monthly 21.09.15 26.10.15
Vulnerable Community Eastern European Community Gypsy and Travellers BME	Work was undertook with WBC Enablement Officer to engage with these communities	
Public Events		
Get Engaged (approx. 50 attendees) The CCG organised an event for patients and the public to learn more about how they can get engaged with local health and social care services.		08.09.15
World Mental Health Awareness Day (approx. 100 attendees) Attended the public event to target those with mental health problems		10.10.15
Older Peoples Celebration Day (approx. 200 attendees) Attended to promote the consultation and disseminate consultation documents		01.10.15
Stands and information in GP Practices	Stands and information were put into 16 GP Practices to gain feedback from patients and staff. CCG and PPG attended for a week long period	16.11.15 – 23.11.15
Third Sector Organisations		
Warrington Voluntary Action Warrington Voluntary Action have an email bulletin which goes to over 1400 Third Sector groups	WCCG Engagement Team to send information	20.08.15 21.09.15 26.10.15

Healthwatch Healthwatch have a database of over 1000 individuals and group representatives. Healthwatch hold themed public meetings to engage the population	Information to be sent to Healthwatch to send to their wider database. AD to present at Healthwatch Lunch and Listen meeting	20.08.15 21.09.15 26.10.15 30.09.15
Third Sector Meetings **Warrington Disability Partnership (approx. 10 attendees)** The Disability Forum is made up of representatives from a range of organisations who support people with a physical or learning disability or with a mental health issue. **Long Terms Conditions Group (approx. 20 attendees)** The group is made up of members of the public who all have long term conditions. **OPEG West Warrington (15 attendees)** The group is made up of older people from the West of Warrington **Speak Up (approx. 20 attendees)** The group is made up of adults with learning disabilities	 CCG presented at Warrington Disability Partnership CCG presented at the Long Term Conditions Group CCG presented at OPEG West Warrington CCG presented at Speak Up	 08.10.15 7:30pm 09.11.15 14.09.15 03.11.15
Clinical Engagement		
GPs	WCCG EEC Team will send to all local GPs in weekly bulletin	07.08.15 resend monthly
GP Federation Meetings Healthier Warrington Phoenix Teaching Warrington Alliance Practice Managers Forum	CCG to present at each federation meeting CCG presented	 24.09.15 16.09.15 24.09.15 15.10.15
Internal Engagement		
CCG Staff	Information to be sent via Staff bulletin	11.08.15 resend monthly
Quality Committee	CCG to update	27.08.15
Stakeholder Group		
Providers	EEC Team to send information/ briefings	07.08.15

Health and Wellbeing Boards	Information sent to Vicky Wrench	21.08.15
Local Medical Committee	CCG Presented at meeting	02.11.15
Political Engagement		
Overview and Scrutiny	CCG presented at OSC	14.10.15 6:30pm
MPs	Chair and Chief Clinical Officer to update MPs at briefing sessions. Letters to be sent to both MPs	24.07.15 Helen Jones MP 07.08.15 David Mowat MP
Councillors	WCCG Engagement Team to inform all councillors	21.08.15

Appendix 2. Write up of Engagement Discussions

Warrington Health Forum

October 2015

23 in attendance, representatives from Red Cross, Wired Carers, BHA, PPGs, Warrington Ethnic Communities Association, Long Term Conditions Support Group, Trans*Warrington, Women's Refuge.

Everybody at the Health Forum agreed with the Warrington Brand and was in overall favor of this.

Katie explained that it is all about sharing best practice across Warrington. Kevin expressed that in some GP Practices people are able to get an appointment within the same day, whereas within other practices people have to wait for weeks. He explained that at one of his practices as a result of them working more pro-actively, within the last 6 weeks people are able to get an appointment within 24 hours rather than having to wait up to a week/10 days. Derek said that his GP practice which is Folly Lane offer Bath Street as an alternative if there are no appointments available in that surgery for that day.

Bath Street is currently piloting Saturday and Sunday appointments which the Health Forum were made aware of and it was also raised that Stockton Heath is an issue to due to the size of the surgery.

It was discussed that as service users aren't aware of their practices GP shortages, triage needs to be put in place where they are asked whether they need to see a GP or can they see a nurse.

Kevin said that it is down to re-educating the public on the following three things:

1. You only have a named GP if you are over the age of 75
2. You can't always see the doctor of your choice
3. Self-care

As these three points aren't being promoted the public are unaware of these things.

Andrea stated that with some conditions continuity is needed, pediatricians works great during childhood but soon as a service user enters adulthood they are then under their GP Practice and people with complex conditions won't know how to do deal with this transition so this is something that needs to be educated and thought about. CCG need to ensure that children are connected with GPs regarding this as some children access services are in Alder Hay etc.

Kevin proposed an idea of people paying for appointments before they attend them and then getting their money back when they turn up to their appointment as there is an issue with people booking appointments and then not turning up for them. He also explained that there is a system where notes can be accessed by any health service.

The pilot that is running in Care Homes is going well despite there being a hold up in IT but as this progress it'll start to get better.
Katie confirmed that the Whole System/ Right Care are for everybody.

Kevin indicated that on their survey asking patients what they would like to see within their GP practice, paediatric and physiotherapy comes out at the top two. He expressed that this is something that also needs to be back within practices and as there are empty rooms in some practices those rooms can be allocated for these services. To which Audrey said that this all relates to a previous point which was made on workforce development. Katie stated that there is an extra £3.3 million for all of these points to be looked at and taken into consideration.

Everybody agreed in principle with the cluster model but transport was an issue which was raised, as it was pointed out that when using public transport you've often got to go into the centre of Warrington to then get out. But the overall idea and concept of cluster working is good.

Andrea questioned why is it that only over 75s get a named GP and not also those with complex needs, which is was explained it's a decision made by Government and not the CCG.

Kevin suggested that Public Health should involve patient participation groups, and he feels that dementia diagnoses should not be made within primary care as he thinks that some GPs do not have the skills that are required when making a diagnosis for dementia. Audrey said that it is important for those with dementia to stay in a known surrounding to which Kevin made a point of the bedside manors of some GPs saying that some are good and some aren't. Audrey thinks that the cancer rehabilitation is working really well and speed dating was brought up as a result of this and it was also expressed that this is something that also works really well, as those who attended the speed dating found out a lot about other organizations that they weren't aware of, for example, Red Cross and Disability Partnership, so it would be a good idea for voluntary organizations to also work within clusters.

Kevin then asked the students about the services that they would like to see within their GP practice. To which a student said she doesn't feel like this applies to her as much because she doesn't go to the doctors that much so herself and other young people are unsure of what services are unavailable to them.

Audrey said that there needs to be clarification on what minor injuries are, and what is A&E and out of hours. Andrea suggested that shared care medication would be good and is a good one to have. Derek then explained about a charitable organization that helps people with mental health issues with things such as housing, and people have access to this organization 24/7.

Patient Participation Group Network September 2015

24 people in attendance

Marie-Ann Hunter talked through the Primary Care Strategy power point presentation explaining to the PPG Network that it is a 90 day consultation. Attendees filled out a questionnaire as Marie-Ann discussed each element in detail which led into a discussion as each element was explained and attendees asked questions and the CCG answered these as best as they could.

Marie-Ann explained that the Cluster Model is GPs working together and sharing services, and the 'Warrington Brand' is a defined quality of provision enabling every

Warrington citizen to get a common offer of care irrespective of their registered practice. The aim of the Primary Care Strategy is to address inequality across Warrington. Marie-Ann then went onto explain that access can be a problem and many patients are unable to get an appointment the same day to see their GP. Peter went onto explain that operating Dr First has been a success in his GP practice as patients have now been able to speak with their doctor and get an appointment on the same day. Prior to Dr First the practice was taking 400 appointments a week and now as a result of Dr First the practise is taking 650 appointments/consultations a week which provides evidence that Dr First works well and is a success in that practice.

Arthur brought to the PPG Networks attention that his practice has started an online system where patients are able to access the practices availability for appointment times for upcoming weeks and this can even be accessed on the weekend, which is proving to be successful and beneficial to those who work full time.

Meds Management

Arthur acknowledged that his practice and some practices within Warrington only conduct 12 monthly medicine reviews on repeat prescriptions. It was then discussed that an audit is currently taking place looking at when pharmacies are ordering medication that they perhaps shouldn't be. In terms of care-coordination it was proposed that a medicines review team is to be set up and as part of the medicines management consultation so other aspects can be looked at such as impacts which can cause patients to be prescribed medication they can buy over the counter for example, falls in care homes etc. so ways in which to reduce these potential impacts need to be looked at.

Care Homes

It was questioned that if residents in Warrington are in a care home would they keep the same GP if they have moved out of that practice area as GP's could then end up travelling for miles. It was then explained that this is down to the patient's choice, it can be suggested for them to move to another GP practice but it is the patient's decision.

As Warrington is the 2nd fastest growing town it was the discussed the reason as to why this is. Attendees at the PPG network said that they don't believe the reason that the town is growing is because of older people, however it was then explained that the CCG recognises that people are living longer and a strategy needs to be developed now for in the future. It was discussed that starting intervention early results in the cost reducing and services will be able to deliver the appropriate care for individuals, therefore a plan needs to be put in place for when things don't go to plan.

The discussion then lead onto autistic children and it was highlighted that these children receive a different care package to the older generation however they still access residential/nursing homes, and that this is something that cannot be ignored.

Action: The word 'older' is to be removed from the strategy and replaced to 'increasing'. Resulting in the older population becoming the increasing population.

Whole System/Right Care

Marie-Ann explained that everyone will receive the same service when accessing primary care. It was then asked that in deprived areas will there be greater care required, and it was explained that those in deprived areas will still get the same services when presented at a GP practice, as there will be a standard service for all.

Complex Care

When Marie-Ann went through the primary care PowerPoint she explained that this is specific to those with complex care needs for example, long term conditions. It was highlighted that primary care and secondary care need to overlap as there is a time gap in patients accessing the right services when referred into secondary care and during this time gap patients can deteriorate so co-ordination between the GP's and the hospital needs to improve. A PPG then made everyone in the meeting aware that Warrington hospital is introducing a new discharge process which will improve upon these aspects. It was then suggested that it would be helpful and more efficient for GP's and patients to receive the same letter sent from secondary care and care letters should be sent first class.

Prevention/Self Care

This aspect of the Primary Care strategy was seen as interesting as prevention and self-care both overlap. It was discussed that there needs to be a non-judgemental solution to this. This then led onto a discussion about health education in Junior schools as they have talks educating them about the importance of healthy eating and the effects of smoking, alcohol and drugs. But this seems to appear less in secondary schools curriculum compared to primary schools. This is a very complex subject but some authorities have implemented into their strategies that no unhealthy take away places are to be built within a certain perimeter of schools.

Mental Health

As part of the mental health aspect to primary care veteran mental health was highlighted and discussed. It was explained that IAPT services are being created specifically for veterans and this is a plan that is being worked on across all CCG's. One of the issues with mental health is that not everybody realises they have a mental health problem and the speed of a referral once a mental health issue is recognised is a problem. Marie-Ann told the PPG network that there is a mental health strategy that is still in draft and work streams are still on-going. Work streams need to work together in terms of mental health, and it was discussed that it would be beneficial for someone in a cluster was to work with mental health as this will results in an effective point of access, therefore the model needs to be looked at.

Counseling was a topic of conversation when discussing mental health as it was identified that there are boundaries on where people can go in order to be treated for a mental health problem when they are trying to self-care. It was then highlighted that this is something that is currently being addressed by the Promotion & Prevention Group as they are in the process of assessing their action plans in regards to these issues. As it is known that there can often be a stigma associated with mental health, Marie-Ann made the PPG network aware that the promotion & prevention group have a website about this which is useful and told everyone that

work streams are still on going to prevent the stigma that people associate with mental health.
A question was then asked by an attendee of the PPG network 'How do you identify when a patient in the primary care system thinks that they are now okay and decides not to attend their appointments and stop taking their medication. Children were also another subject that was discussed in regards to mental health and it was agreed that the younger intervention starts the better.

Workforce Development
The PPG's brought to attention that the population doesn't understand the roles of nurse practitioners and people don't understand that they may not need to see a GP so education to do with these issues needs to undergo. General practice needs to come across more attractive as publicity results in people avoiding going into general practice and another issue is that GP locums are not doing the admin work which they should be doing. A massive issue on the growing population is the development in buildings etc. work is on-going with partners to look at this issue. WHP suggested that practices should try and not used locums in future, and also letting GP's do what they're interested in will attract more GP's for example, allowing them to work in surgery one day if this is an interest to them and then working back in the community the following day. A meeting is being arranged by partners to bring together clinicians for a registration process to determine what special training GP's have and to get their work balance right.

Following the above discussions a cluster model activity then took place to look at what services they want to be delivered by whom.

Healthwatch Dinner and Discuss
31 members of the public attended

The majority of attendees were in agreement. The attendees took part in the exercise to identify where they would like additional services. This was feed into the overall findings.

Warrington Disability Partnership
10 in attendance

The group discussed there needs to be better link into Warrington Disability Partnership and the Long Term Conditions from primary care. The idea of clusters would enable more support to be given by Third Sector Organisations in the community.

There was also concern that depending of the types of additional services some people might not be comfortable in going to another GP practice.

Long Term Conditions Group
20 in attendance

The group were in broad agreement with the draft strategy. They felt their group could offer support and help to the cluster and 'Brand' in relation to the complex care priority. They felt the group needed to work better with the CCG and GP so people can be signposted and referred to the support group.

They felt that all people with complex needs should have a care plan as this would benefit not only the patient but the health services.

The group felt that services in clusters would benefit patients and could make accessing services more convenient.

The group raised the issue of transport within the clusters, and some people might have trouble accessing a different practice depending where it was.

Warrington Speak Up

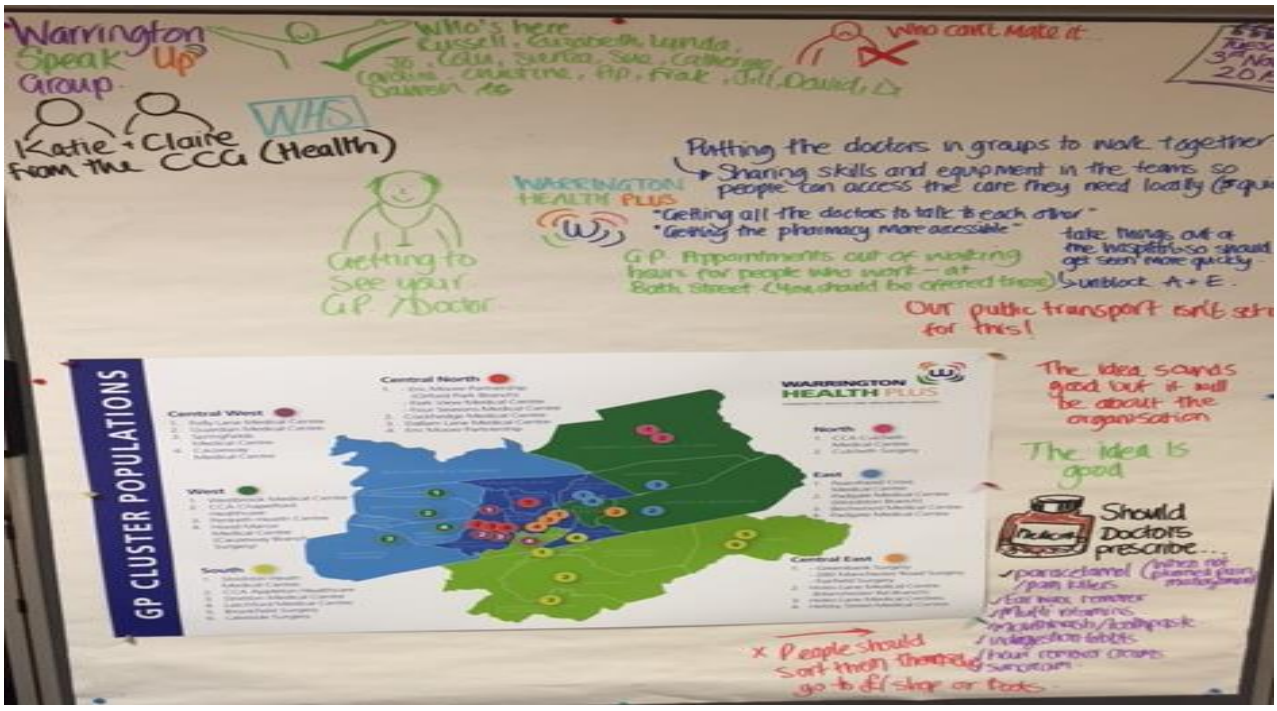
12 in attendance

The group were in agreement with the cluster model, as they recognised the importance of sharing skills and expertise across GP Practices.

The issue the group had was reading transport to the GP Practices within the clusters.

The group stated that the 'Let's Check' programme works really well for them and the support they receive is really good and means they don't have to attend the GP surgery unnecessarily.

Below is a picture of the whiteboard discussion that took place at the meeting:



Practice Managers Forum

Nine Practice Managers were in attendance. From this meeting the drop ins at GP Practices were arranged.

Consultation with people from Bewsey, Dallam and Longford through WBC Enablement Officer

How I would like it delivered.
A question was asked as to why the over 75s are different from the rest of the population in terms of their health.

GP's
ECG
Bloods
Ultrasound
Minors
Guided care
Named GP for older people
Campaign Public Health
Referral to health mentors
Health checks (should lower age for checks) checks like smear for cancer shared care medication (this should be done in with pharmacist)
Cancer rehabilitation
IAPT need to be made more accessible including weekend at the moment too restrictive.

Hospital:
ECG
Bloods
X ray
Ultrasound
Health checks (Should lower the age) depends on what the check is.
Referral to health mentors
Dementia Diagnosis
GP and consultants depends on department
Wound care (depends on the wound if only minor then GP would be better or pharmacist)
Campaign Public Health

Cluster
Mobile ultra sound
Extra hours
Cancer rehabilitation
IAPT more accessible

Other commitments
Bloods
X-ray
Extra hours drop ins (Halliwell Jones)

Community Based campaigns plus drop ins
Referral to health mentor in the community
Care co-ordination individuals have different needs
Multi-disciplinary team in care homes stay with coordinator (but option to review care coordinator)
Health checks Pharmacists/community and should lower the age group therefore identifying people earlier.

The big issue raised was that some people belong to a cluster that means further travel however, it was recognised that if they are willing to go to the hospital then they could travel. The biggest issue would be those who are reliant on public transport is how accessible are other GPS in terms of public transport.

Access, demand and capacity

Sharing resources: Much of this is dependent on how good the provider is in terms of delivery. It was agreed that it was a good idea to share expertise and resources it should help with better care. Depends on the person and their needs as well and their ability to move across the area.
New technology New technology: for people who speak English as a second language this might help eg. Email as they are given time to translate. However if it was by phone or over a video link if they speak another language this may make it more difficult to access that service. How would this be put into practise?
Agreed on a more proactive stance on health care in holistic sense but do GP's have aa good grasp on what is out there. Health checks are a good idea but GPs need to be more proactive and aware plus linking in with campaigns more and communities.

Medicines Management and Prescribing.

Agreed on all points that there needs to be better and quicker links or communication between GPs consultants and pharmacists. All round sometimes changes in medication take time to be put in place. It seems a slow process. Do consultants have electronic access to individuals' records so these can be updated quicker rather than later? Obviously the GP would have to ok but this is an issue for many people.
In terms of prescribing paracetamols and hair removal it depends on the persons circumstances if they have a long term health condition that requires support with medication then this needs taken into account. If hair removal is part of another on-going issue then this needs to be taken into account.
Reviews are important too many people have gone on using medication when it was necessary to review and change or remove medication which would have cut down on long term costs.

Complex care

On the whole it sounds good however there needs to be more support around self-care if someone lives on their own this is more difficult. More diverse ways of assessment should be incorporated. There needs to be more community capacity to support this need from a preventative and a supportive on going approach that is easily accessible.

Promoting, Prevention an Self Care.
Overall a good idea, this needs to be maintained. There needs to be more supportive courses in the community to support self-care and management and prevention. Along with campaigns been maintained in communities, GP surgeries pharmacists other alternative venues where people go. Not everyone uses the Dr so it is thinking very differently.

Mental Health
Agreed with solution, but need to consider that mental health should be included in all aspects of the review not seen separately as it can be complex long term and part of prevention promotion etc. It is good to be more accessible however, more than just where they are. Treatments need to be reviewed as only 6 sessions of counselling can be restrictive plus need more staff to reduce waiting times. Plus having evening meetings or weekend sessions as not all people can access services. Yes if someone is poorly and needs help then they will make the effort, but they are the breadwinner and taking time off work impacts further then this needs to be considered. Need to look at the option of having sessions away from their own surgery as well as some individuals find this problematic as well.

Workforce development and sustainability
This is really important in order to keep skills within Warrington so that we don't lose these skills to other sectors also rolling out services into the community is a good idea for some things but depends on equipment needed as this could prove prohibitively expensive.
Public awareness campaign on use of GP and nurses is really important but need to ensure that this is done in other languages to get the message across. Polish people will want to see a doctor and want anti biotics. So doing something that makes the public aware of the strengths of seeing a Nurse.

Warrington Brand
Really good idea but it would have to be something that makes sense to the public.

Doctor or nurse? depends what for how good the nurse is etc.

Consultation with the Polish Community

The overall feeling was in favour of having more locally based services as this is something that the Polish Community are used to. Normally you would find a number of services in a clinic. This is a very familiar model to them.

The future of Primary care and how you would like it delivered>

Local GP
ECG
Phlebotomy
X ray
IAPT
Health mentor (although it was felt that this should be available everywhere)
Hospital Consultants

Minor injuries
Complex Wound Care
Dementia Diagnosis
Guided care
Health Checks
Shared care medication (need shared care access to records for quicker more integrated service)
Public health campaigns
Appointments for over 75years. (home visits must be also a priority as well)

Cluster
Bookable weekend
Public health campaigns

Other
Cancer rehab it was felt specialist clinics and in care homes
It was felt that Public health Campaigns should be everywhere not restricted to medical centres or Gps as many people would not see the messages.

Access, Demand and Capacity.
This is a really good idea especially if it reduces waiting lists.
This is very similar to what is in Poland
Better than waiting in A&E for long periods
Using technology to communicate is a good idea but would need to consider language line and different languages within this model.

Medicines management and Prescribing
Good idea however many Polish find the cost of medication very dear in the UK and go back to Poland to buy. Prescription costs are very high. Maybe reducing the price of a prescription might help resolve some of the issues. Secondly many Polish people have an expectation of getting antibiotics when they go to the doctors so this will be a difficult one to overcome. Many Polish people will travel to Polish Doctors in their own country or in Manchester to get anti biotics.

Care Homes
This sounds like a good idea. There was very little experience of care homes however there are some older Polish people in Warrington and some who have been in care homes. One of their concerns was that staff had appropriate English speaking skills and not the other way round. It was felt that many people from Poland or other countries are employed in Care homes and it was important that they have the appropriate training and language skills in order for the older people to communicate their needs appropriately. IN Poland they do not have care homes older people tend to be looked after by their families and kept within their home setting.

Whole System/right care
This would be a better system but more training would be needed by staff and it was felt one care coordinator might be a problem if that person was ill or away for long periods how would this be managed. So it was felt that there needed to be more staff trained up appropriately. It was felt that good communication skills and systems would be needed so that staff can understand medication and instructions.

Complex Care

It should be like this anyway to encourage self-care, it was felt that it should be like this for older people to help them maintain their independence and do more for themselves, so they can maintain their self-respect and dignity. IN Poland they do not have care homes older people, people with long term conditions and cancer rehab tends to be done on the whole at home.

Promoting Prevention and Self Care.

This is a very good idea but need a campaign throughout Warrington in communities and not just in medical setting. This again what is done in Poland there is a lot of focus on people self-managing. Health Checks again they felt this was like what is available in Poland. So this was a familiar model to them.

Mental Health

This needs earlier intervention. Very important so reduces anxiety again having this available in a more local context is better it makes accessibility better because it is within local surgeries. More likely to access and very similar to the model in Poland.

Workforce development and sustainability.

This is really a good idea. It improves quality of care, going back to previous points it is clearly a priority for Polish people. There is a lack of trust within the UK system. This is because of language issues and getting context across of people situations and ability to explain. If this was promoted about the skill level of staff then this would build a better trust of the NHS and supporting services.

Warrington Brand.

This seems a good idea but need a better understanding what would you be measuring! Plus it would have to advertised to people in Warrington so there was an understanding of its significance.

Views on who would people rather see. It was felt it depended on a person's condition and its seriousness. It was felt that it was just for advice then they would see a nurse but not just anyone there would have to be some degree of medical training. It was felt if it was a medical condition that needed a doctors support then that should be available.

Healthwatch Warrington Response

Dear Katie,

Re: Primary Care Strategy Feedback

Thank you for the opportunity to comment on the NHS Warrington Clinical Commissioning Group (CCG) Draft Primary Care Strategy.

Having considered the Draft Strategy, we would like to comment on several areas as below;

The Warrington Brand

- Will access actually be consistent or will it be multiple systems that create inequality?
- We have seen examples where the same system e.g. Dr First, has been interpreted differently within different settings, at Stockton Heath and Springfields Medical Centres. This in turn has different effects for patients.
- What powers will the CCG have to insist on consistent use of systems, especially when individual surgeries are independent providers?
- How will consistency be managed and monitored?

Access, Demand & Capacity

- How will the anticipatory/proactive themes be identified? There is little evidence as yet that this is based upon patient needs/experience rather than advice of health professionals.
- Will complex cases be allocated more time, as needed? We have seen with GP services using different systems e.g. telephone triage that though the surgery's capacity increases, so does the patient flow. It can still be difficult to allocate extra time to those with complex needs. How will this be managed?

Medicines Management & Prescribing

- How will other professionals (especially pharmacists) be included in such a specialist area, to maximise access and understanding?
- Consistent medication reviews for patients and timely, effective prescribing will be key in this theme. How will this be implemented? Will this be sited within GPs or pharmacies?

Care Homes

- Feedback from Care Homes that we have received would suggest that this is an excellent development.

Whole System/Right Care

- How are we going to get from here and now to this much more effective picture? There seems little realistic appetite for this with grassroots/management at an operational level.
- Will strategic level “decision makes” be able to “let go”? There is seemingly little evidence of this (e.g. the Health & Wellbeing Board etc).

Complex Care

- Where will this sit – with GPs or social care?
- Who will ensure this is effectively resourced and prioritised?
- Who will have ownership?

Mental Health

- Will there be more consistent training for all health professionals re: mental health? There are currently gaps with few GP specialists and little focus on good practice.
- Will there be an ensuing focus on parity of esteem, across services?

Workforce Development & Sustainability

- How will this be resourced – will there be a pooled budget enabling open access?
- Can there be a cross agency training/development, approach, available to **all** local health and social care providers (high profile and well resourced, including care homes)?
- Will patients and service users be made aware of the standards they should expect from trained staff
- Will accurate and appropriate use of equipment be included in this development training e.g. moving and handling? This is especially needed for those patients moving between services whose equipment needs are consistent or developing. Moving and handling is often an area of harm/injury.

General Comments

- There needs to be a strong communications strategy as part of these developments.
- Good practice should be highlighted, shared and implemented wherever possible.

General Comments (continued)

- Early carer identification and referrals will be key to supporting vulnerable patients and carers/families throughout primary care and ensuing services.
- Public transport and travel access and timing should be a key consideration in location and use of services beyond GPs e.g. clusters.

- Will there be effective and secure access to medical records between/throughout services and systems, to best support patients?

We will be happy to share the full Strategy once it is published and would ask that this our comments are used to help to shape the detailed delivery of the final Primary Care Strategy.

Yours sincerely,

Debbie

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Warrington Health Plus response

2015 11 16 WHP Response to primary

Additional comments received

Patient from Chapelford has rung up – he needs a routine appointment but can't get an appointment until 18th November, he wasn't offered an appointment at Bath Street. Just told he would have to wait. His wife who works full time has also never been offered an appointment at Bath Street.

Patient from Penketh – was offered an appointment at Bath Street, the appointment was at 7:30pm the following day. The lady didn't feel comfortable walking through the town centre at night so wanted to cancel. She was told that if she wanted to cancel the next day she would need to ring her GP back to get that days password and then ring Bath Street, and not just ring straight through to Bath Street.

Patient from Penketh – Needed to see a GP, couldn't get in at Penketh, wasn't offered an appointment at Bath Street. However at the weekend the lady rung her practice thinking it was open it wasn't. She rung up Bath Street to see if she could make an appointment there, but was told no it needs to be through the GP practice. The lady has asked for us to feedback to you, if it would benefit patients on the weekend if they could access Bath Street directly, as GP Practices aren't open at the weekend.

Not enough for Transgender support in Warrington. Especially after they have gone through their operation.

There is no mention of young people, it seems geared towards the elderly with complex physical health needs.

Appendix 4

Full breakdown of survey responses

Q2. Do you agree with the CCG draft priorities?

	Yes	No	Unsure	Total
Access, Demand and Capacity	**78.57%** 66	**9.52%** 8	**11.90%** 10	84
Medicines Management and Prescribing	**85.37%** 70	**3.66%** 3	**10.98%** 9	82
Care Homes (Nursing and Residential)	**78.48%** 62	**6.33%** 5	**15.19%** 12	79
Whole System/Right Care	**80.00%** 64	**5.00%** 4	**15.00%** 12	80
Complex Care (Including long term conditions and cancer rehab.)	**82.72%** 67	**3.70%** 3	**13.58%** 11	81
Promoting Prevention and Self-care	**75.90%** 63	**12.05%** 10	**12.05%** 10	83
Mental Health	**84.15%** 69	**4.88%** 4	**10.98%** 9	82
Workforce Development and Sustainability	**75.00%** 54	**6.94%** 5	**18.06%** 13	72
Public Engagement and Communications in Primary Care.	**78.72%** 37	**6.38%** 3	**14.89%** 7	47

Q3. Do you agree in principle with the Warrington 'Brand'?

Answer Choices–	Responses–
Yes	**77.94%** 53
No	**5.88%** 4
Not sure	**16.18%** 11
Total	68

Q4. To ensure that people who need an appointment with a GP have better access more people will be seen by other healthcare professionals. Is this something you would support?

Answer Choices–	Responses–
Yes	**77.78%** 56
No	**11.11%** 8
Not sure	**11.11%** 8
Total	72

Q5. One of the proposals within the draft primary care strategy is around the idea of GP practices working in a cluster model with neighbouring practices, sharing best practice and resources. This could mean that you may access some healthcare services in other locations as well as your usual practice. Do you agree with this approach in principle?

Answer Choices–	Responses–
Yes	**71.70%** 38
No	**7.55%** 4
Not sure	**20.75%** 11
Total	53

Q6. Are you responding on behalf of yourself or an organisation?

96.23% were individual respondents and 3.77% representing groups or organisations.

The groups and organisations are listed below:

Fearnhead PPG

Eric Moore Health Centre

Q7. What is the first part of your postcode?

Answer Choices	Responses	
WA1	**8.6%**	4
WA2	**30.43%**	14
WA3	**17.39%**	8
WA4	**19.56%**	9
WA5	**6.52%**	3
WA13	**17.39%**	8
Total		46

Q8. What gender are you?

Answer Choices	Responses
Male	**16.98%** 9
Female	**83.02%** 44
Prefer not to say	**0.00%** 0
Total	53

Q9. Are you the same gender you were assigned at birth?

Answer Choices	Responses
Yes	**96.08%** 49
No	**3.92%** 2
Prefer not to say	**0.00%** 0
Total	51

Q10. What is your sexual orientation?

Answer Choices	Responses
Heterosexual / Straight	**98.00%** 49
Prefer not to say	**2.00%** 1
Total	50

Q11. Do you consider yourself to have a disability?

Answer Choices–	Responses
Yes	**9.80%** 5
No	**90.20%** 46
Total	51

Q12. Do you have a long term condition?

answer Choices	Responses
Yes	**29.41%** 15
No	**68.63%** 35
Prefer not to say	**1.96%** 1
Total	51

Q13. What is your Race?

Answer Choice	Response
White British	**95.83%** 46
Other White Background	**2.08%** 1
Prefer not to say	**2.08%** 1
Total	**48**

Q14. What is your age?

Answer Choices	Responses
Under 16	0.00% 0
16 - 24	22.45% 11
25 - 34	18.37% 9
35 - 44	20.41% 10
45 - 54	2.04% 1
55 - 64	26.53% 13
Over 65	10.20% 5
Total	49

Q15. What is your religion?

Answer choices	Responses
Christianity	91.89% 34
Prefer not to say	8.11% 3
Total	37

Q16. What is your employment status?

Answer Choices	Responses
Employee in full time work (over 30hrs)	**45.83%** 22
Employee in Part time work (under 30hrs)	**18.75%** 9
Retired	**20.83%** 10
Permanently sick/disabled	**4.17%** 2
Full time carer	**4.17%** 2
Unemployed	**0.00%** 0
Self-employed (full or part time)	**2.08%** 1
Looking after home	**2.08%** 1
Full time education (College/university)	**2.08%** 1
Total	48

Q16. Are you a carer?

Answer Choices	Responses
Yes	**8.16%** 4
No	**91.84%** 45
Total	49

Acknowledgements
The CCG would like to extend their thanks to everyone that took part in the consultation, Third Sector Organisations that we presented at and our provider and partners who supported the engagement activities.

Contact Details
For further information on the consultation please contact the Engagement, Experience and Communications Team on 01925 843 745 or email ccc.communications@warringtonccg.nhs.uk