

Report to the NHS Somerset Clinical Commissioning Group on 22 July 2021

Title: Fit for my Future: Improving Community Health and Care Services community engagement report	Enclosure G
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Version Number / Status:	1.0
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Summary and Purpose of Paper

The Fit for my Future (FFMF) ‘Improving Community Health and Care Services for people in Somerset’ community engagement took place in January to April 2020; however, the public release of the independent findings report produced by Participate was paused due to the COVID-19 pandemic. With the community hospital engagement underway, it is felt that this would be a good opportunity to share the key findings from the report with stakeholders including members of the public. This would help to ensure that the information is publicly available and the outcomes and challenges faced are clear in everyone’s minds.

The Fit for my Future Programme Board approved the Improving Community Health and Care Services Community Engagement Findings report and its public release at its board meeting on 17 June 2021.

This paper provides a summary of the findings from the community engagement and the full Improving Community Health and Care Services Community Engagement Findings report.

The findings of the report are being used to inform the work to develop integrated care services and the vision of community hospitals.

Recommendations and next steps

The Governing Body members are asked to:

- **approve** the Fit for my Future Improving Community Health and Care Services Community Engagement Findings report; and
- **approve** the recommendation to release the report and promote to members of the public; and
- **note** the next steps to develop integrated care services and a vision for community hospitals.

Impact Assessments – key issues identified

Equality	<p>In line with good equality, diversity and inclusion practices we make sure all communications and engagement measures address protected characteristics.</p> <p>Having reviewed the demographic data from respondents we have identified gaps and learning. Potential equality impacts were identified in the feedback relating to the themes of age, deprivation, disability, gender and LGBTQ+.</p> <p>These will be addressed as we move forward in our work on neighbourhoods and communities.</p>
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Quality	Not applicable.
Privacy	Not applicable.
Engagement	<p>The engagement process ran from 27 January 2020 to 12 April 2020. The engagement was led by the Fit for My Future Programme Director, Clinical Director and the Somerset CCG Head of Communications and Engagement and was accountable to the Fit For My Future Programme Board.</p> <p>The engagement team carried out the following functions:</p> <ul style="list-style-type: none"> • Undertook a detailed stakeholder mapping of all organisations and individuals who may be affected by the early thinking or who may have an interest in the engagement • Organised and attended 64 engagement events including drop in sessions, meetings and focus groups • Delivered the communications plan that included press and social media promotion of the engagement • Sent information out electronically to a stakeholder list and posted engagement documents to 214 community venues across the county, including libraries, pharmacies, GP surgeries, county and district council offices • Developed and delivered a community asset led approach to speak to seldom heard groups and individuals • Collated feedback from the engagement and sent it for independent analysis. <p>The engagement team was supported by Participate Ltd, a leading UK public participation agency. The role of Participate within the engagement was to receive all feedback and analyse:</p> <ul style="list-style-type: none"> • 837 survey responses • 27 emails, 10 letters, 3 emails with a letter, 7 telephone logs, 1 conversation, 2 emails with petitions, 1 feedback form, 16 formal responses from a wide range of professional bodies • Recorded feedback from 64 events. <p>Five focus groups and 33 interviews took place before COVID-19 restrictions prevented face to face meetings.</p> <p>Participate's Improving Community Health and Care Services Community Engagement Findings report is included in this paper along with a summary version of the full findings report.</p> <p>Having reviewed the demographic data from the respondents we have identified gaps and learning which will be used to inform our future engagement activity. We will continue to work with Spark Somerset to co-produce stakeholder analysis and mapping, focusing on users of services, inequalities and political stakeholders to ensure we engage with those who use and/or have a high interest in services.</p>
Financial / Resource	The Communications and Engagement team at Somerset CCG will implement the report public release actions outlined in this paper. There is no additional cost for the CCG.
Governance or Legal	Not applicable.
Risk Description	Not applicable.

Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	N/A	N/A	N/A	N/A

**FIT FOR MY FUTURE IMPROVING COMMUNITY HEALTH AND CARE
SERVICES COMMUNITY ENGAGEMENT FINDINGS REPORT**

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FIT FOR MY FUTURE: IMPROVING COMMUNITY HEALTH AND CARE SERVICES COMMUNITY ENGAGEMENT FINDINGS REPORT

1. INTRODUCTION

- 1.1. The Fit for my Future (FFMF) 'Improving Community Health and Care Services for people in Somerset' community engagement took place in January to April 2020; however, the public release of the independent findings report produced by Participate was paused due to the COVID-19 pandemic.
- 1.2. With the community hospital engagement underway, it is felt that this would be a good opportunity to share the key findings from the report with stakeholders including members of the public. This would help to ensure that the information is publicly available and the outcomes and challenges faced are clear in everyone's minds.
- 1.3. This paper provides a summary of the findings. The full findings report and a summary document are contained in the appendices.
- 1.4. The Governing Body members are asked to:
 - **approve** the Fit for my Future Improving Community Health and Care Services Community Engagement report; and
 - **approve** the recommendation to release the report and promote to members of the public.

2. BACKGROUND

- 2.1. Participate Ltd was commissioned by the CCG to independently analyse and report upon the feedback gathered during the 'Improving Community Health and Care Services for people in Somerset' community engagement.
- 2.2. Public engagement took place in January 2020 to April 2020. The engagement took place as part of the Fit for my Future programme. Fit for my Future is Somerset's Health and Care Strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy led by Somerset County Council and Somerset CCG who are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.
- 2.3. The purpose of the engagement was to share the early thinking about how health and care services in Somerset can work better together and better meet the needs of the population. We asked people for their views on this early thinking, so that the CCG could take them into account in shaping the new model of care, before bringing any proposals out to public consultation.

3. METHODOLOGY AND RESPONSE

- 3.1. The engagement team undertook a detailed stakeholder mapping of all organisations and individuals who may be affected by the early thinking or who may have an interest in the engagement.



- 3.2. Having reviewed the demographic data from the respondents we've identified gaps/learning:
- Our stakeholder mapping needs to be better tailored to meet the needs of the services we are engaging on. We needed to hear from a more diverse range of people including men, people under 55, families and seldom heard groups.
 - Potential equality impacts were identified in the feedback relating to the themes of age, deprivation, disability, gender and LGBTQ+. These will be addressed as we move forward in our work on neighbourhoods and communities.
- 3.3. We will work with Spark Somerset to co-produce stakeholder analysis and mapping, focusing on users of services, inequalities and political stakeholders to ensure we engage with those who use and/or have a high interest in services.

4. REPORT FINDINGS

- 4.1. The full findings report (see appendix 1) provides a detailed analysis and breakdown of the findings.
- 4.2. Overall response from those **in support** of the proposals felt that:
- Supporting care at home can lead to better patient outcomes.
 - If care was provided at home, it may mean that families/carers have to travel less if care can be provided at home.
 - Urgent Treatment Centres (UTCs) may offer an enhanced range of services to take pressure away from A&E.
- 4.3. Overall **concerns** focused on:
- The potential travel impacts for all especially carers, elderly and those with a disability.
 - A rural geography with a poor public transport provision.
 - An ageing population that would struggle to travel further for urgent care.
 - Perceived loss of access to local services.
 - Worries that in turn community hospitals may be closed.
 - Insufficient professionals to run a GP-led service.
 - Potentially inadequate provision of community-based beds for those that require a hospital stay.

4.4. People told us that:

Feedback relating to health outcomes:
<ul style="list-style-type: none">• Better patient outcomes were considered the most important factor of all.• The health of carers can suffer when the provision of care at home is insufficient.• Rural inequalities and rural exclusion may widen the health inequality gap especially for older people, people living alone and people with a disability.• There were concerns about patients being excluded or isolated because they are unable to access digital services.
Feedback relating to patient choice:
<ul style="list-style-type: none">• People felt there was a need for choice as some patients may not cope with home care, meaning that some may become lonely and isolated.• There were concerns that not everybody's situations are suitable for being supported at home, either because they are on their own with no family support or that a carer needs respite or an individual has complex needs needing a much higher level of support.• People felt that continuity of care is important and seeing a familiar face for the elderly, young people and those with a disability (physical or mental health), builds trust and reassurance.
Feedback relating to access to services:
<ul style="list-style-type: none">• The second most important factor overall identified was travel time. This had the highest level of importance for respondents from Central Mendip, North Sedgemoor and West Somerset.• Transport was raised a significant issue, particularly for those who cannot afford to access transport, those who would struggle because of a disability, the limited availability of public transport in Somerset and the additional time it would take carers to transport the people they are caring for to appointments.• There were concerns that access to emergency care and other hospital services could be more difficult if a patient is based at home rather than in a community hospital setting.• There were concerns that providing more support at home would increase waiting times for GP services.• Feedback mentioned being able to access care packages as an issue, in particular for people who are considered long term disabled that often do not meet the criteria for that level of support.• Comments highlighted that local community-based beds are important for step-down, end of life and respite as well as relieving pressures on acute hospitals.• Concerns were expressed that there could be inadequate provision locally of inpatient beds as a result of these proposals and asked us to be aware that there will always be a need for a certain number of inpatient beds.
Feedback relating to staff resources:
<ul style="list-style-type: none">• There were concerns that there aren't enough suitably trained care staff to support people in their homes.• Concerns were raised that staff would be stretched by travelling further between homes and would thereby be disincentivised when they are not paid for travel time.• Comments highlighted that paid carers and community nursing staff currently struggle to give sufficient time when they visit people and they visit infrequently, raising concerns around how the resources would be provided to support more home-based care.• There were concerns that this model would require a much higher level of staffing to operate it successfully.

Feedback relating to supporting services:
<ul style="list-style-type: none"> • Suggestions that the proposed model would need a community out of hours service and simple point of access for home-based care. • Suggestions that a signposting service or a single point of contact would be needed so that it was clear to everyone what help was available and how to access it. • Suggestion that we explore the option of using care homes as a resource and investigate how they could be used and accessed. • There needs to be a holistic approach to community care with the NHS, social care and voluntary services working closely together.
Feedback relating to affordability
<ul style="list-style-type: none"> • You had concerns as to whether the proposed model is affordable.

5. NEXT STEPS

- 5.1. We will use the findings from the report to inform the model of care proposals.
- 5.2. To ensure our stakeholders are sighted on the key findings from the report and to provide them with details of the next steps we would recommend that we release the community engagement findings report (appendix 1) and the community engagement findings summary document (appendix 2).
- 5.3. Releasing the report will enable us to:
 - To inform stakeholders that the findings from the community engagement which took place last year are now available.
 - Explain the delay in publishing the report.
 - Thank people who took part in the engagement.
 - Highlight key findings from the report.
 - Provide information around next steps including the community hospital pre-consultation engagement.
- 5.4. To ensure this information is shared through the relevant channels, we have developed a clear cascade plan for communicating the findings. This includes both the relevant stakeholders as well as the communications assets required to allow us to communicate the findings smoothly and effectively. Following the public release of the community engagement findings report we will also present the findings to our key stakeholders.
- 5.5. The Governing Body is asked to approve the Fit for my Future Improving Community Health and Care Services Community Engagement report and approve the recommendation to release the report and promote to members of the public.

Improving Community Health and Care Services - community engagement summary



Participate Ltd was commissioned by NHS Somerset Clinical Commissioning Group (CCG) to independently analyse and report upon the feedback gathered during the 'Improving Community Health and Care Services' community engagement.

The following summary provides an overview of the key findings from the report.

The full report can be viewed on the Fit for my Future website www.fitformyfuture.org.uk



Background

Public engagement took place from January 2020 to April 2020. Due to the COVID-19 pandemic the release of the report was paused.

The purpose of the engagement was to share the early thinking about how health and care services in Somerset can work together to better meet the needs of the population. We asked people for their views on this early thinking, so that Somerset CCG could take them into account in shaping the new model of care, before bringing any proposals out to public consultation.

The engagement took place as part of the Fit for my Future programme. Fit for my Future is Somerset's Health and Care Strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy, led by Somerset County Council and Somerset CCG who are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.

Methodology

- Stakeholder mapping
- Promotional plan
- Information widely distributed, including to 214 community venues across the county
- 64 engagement events, including drop in sessions, meetings and focus groups
- Community asset-led approach with seldom heard groups.



Response



837 surveys



49 pieces of correspondence



2 petitions



16 responses from professional bodies



Recorded feedback from 64 events

Improving Community Health and Care Services community engagement - Findings summary

Overall response from those **in support** of the proposals felt that:

- Supporting care at home can lead to better patient outcomes.
- If care was provided at home, it may mean that families/carers have to travel less.
- Urgent Treatment Centres (UTCs) may offer an enhanced range of services to take pressure away from Accident & Emergency (A&E).

Overall **concerns** focused on:

- The potential travel impacts for all, especially carers, elderly and those with a disability.
- Perceived loss of access to local services.
- Worries that community hospitals may be closed.
- An ageing population that would struggle to travel further for urgent care.
- Insufficient professionals to run a GP-led service.
- Potentially inadequate provision of community-based beds for those that require a hospital stay.
- A rural geography with a poor public transport provision.



What you told us

Health outcome feedback

Better patient outcomes were considered the most important factor of all.

The health of carers can suffer when the provision of care at home is insufficient.

Rural inequalities and rural exclusion may widen the health inequality gap especially for older people, people living alone and people with a disability.

Concerns about patients being excluded or isolated because they are unable to access digital services.



Patient choice feedback

The need for choice. Some patients may not cope with home care, meaning that some may become lonely and isolated.

Not everybody's situations are suitable for being supported at home, either because they are on their own with no family support, because a carer needs respite or an individual has complex needs requiring a much higher level of support.

Continuity of care is important. Seeing a familiar face for the elderly, young people and those with a disability (physical or mental health), builds trust and reassurance.



Improving Community Health and Care Services community engagement - Findings summary



What you told us

Access to services feedback

Concerns that access to emergency care and other hospital services could be more difficult if a patient is based at home rather than in a community hospital setting.

Providing more support at home would increase waiting times for GP services.

Being able to access care packages was raised as an issue, in particular for people who are considered long term disabled that often do not meet the criteria for that level of support.

Local community-based beds are important for step-down, end of life and respite as well as relieving pressures on acute hospitals.

Concern that there could be inadequate provision locally of inpatient beds as a result of these proposals and asked us to be aware that there will always be a need for a certain number of inpatient beds.

Travel feedback

Transport was highlighted as a significant issue, particularly for those who cannot afford to access transport, those who would struggle because of a disability, the limited availability of public transport in Somerset and the additional time it would take carers to transport the people they are caring for to appointments.

The second most important factor overall identified was travel time. This had the highest level of importance for respondents from Central Mendip, North Sedgemoor and West Somerset.

Staff resources feedback

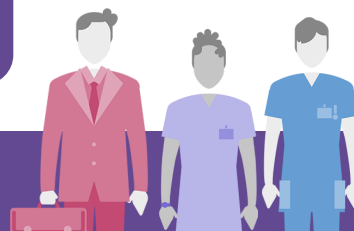
Concerns that there aren't enough suitably trained care staff to support people in their homes.

Concerns that staff would be stretched by travelling further between homes and may potentially be discouraged when they are not paid for travel time.

Concerns that paid carers and community nursing staff currently struggle to give sufficient time when they visit people and they visit infrequently, raising concerns around how the resources would be provided to support more home-based care.

Concerns that this model would require a much higher level of staffing to operate it successfully.

Improving Community Health and Care Services community engagement - Findings summary



What you told us

Supporting services feedback

The proposed model would need a community out of hours service and a simple point of access for home-based care.

A signposting service or a single point of contact would be needed so that it was clear to everyone what help was available and how to access it.

Explore the option of using care homes as a resource and investigate how they could be used and accessed.

There needs to be a holistic approach to community care with the NHS, social care and voluntary services working closely together.

Affordability feedback

Concerns about whether the proposed model is affordable.

You can read the full feedback from the Improving Community Health and Care Services Community Engagement Findings report by Participate Limited on our website.

Thank you to everyone you took the time to provide feedback.

Next steps

We will use the findings from the report to inform the model of care proposals.

We will keep you updated on the progress of the Fit for my Future programme on our website www.fitformyfuture.org.uk



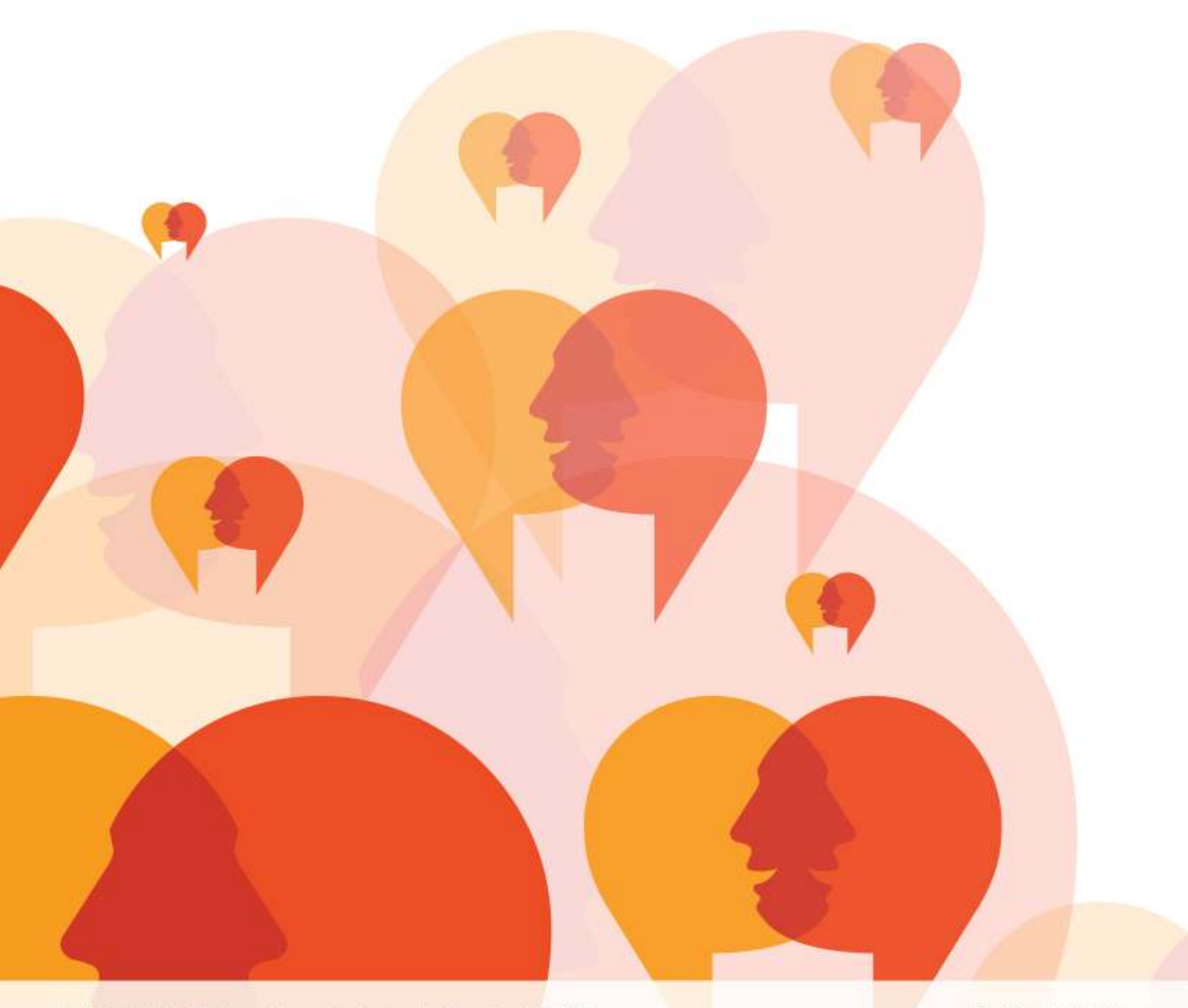
NHS Somerset CCG

Improving Community Health and Care Services

Community Engagement

Findings Report

30th January – 12th April 2020



Document Control Sheet

Client	NHS Somerset Clinical Commissioning Group (CCG)
Document Title	Improving Community Health and Care Services - Community Engagement Findings Report
Version	04
Status	Draft
Client Ref:	
Author	Louise Bradley and John Poole
Date	15 th June 2020
Further copies from	info@participate.uk.com

Version	Date	Author	Comments
01	15.6.20	Participate	Draft 1
02	10.20	CCG	Comments back
03	5.11.20	Participate	Revisions made to tables
03	15.11.20	CCG	Further comments
04	19.11.20	Participate	Amends made in line with requests

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1. Summary of Findings

The following summary of findings draws out the key themes from the community engagement on early thinking around improving community health and care services for people in Somerset. The detailed findings can be found in sections 5 to 10.

1.2 Overall Response to the Proposals

Those in support of the proposals felt that: supporting care at home can lead to better patient outcomes; it may mean that families/carers have to travel less if care can be provided at home and; Urgent Treatment Centres (UTCs) may offer an enhanced range of services to take pressure away from Accident & Emergency (A&E).

Concerns focused on: potential travel impacts for all especially carers, elderly and those with a disability; perceived loss of access to local services; worries that in turn community hospitals may be closed; an ageing population that would struggle to travel further for urgent care; insufficient professionals to run a GP-led service; potentially inadequate provision of community-based beds for those that require a hospital stay and; a rural geography with a poor public transport provision.

1.3 Community-Based Care Support

Better patient outcomes were considered the most important factor overall when it comes to community-based care, closely followed by travel time. In regard to improving patient outcomes, it was felt that supporting care in the home could help people to recover faster in familiar surroundings. In terms of improved travel times some respondents felt that, by enabling more care at home, family and friends would be more likely to visit and help their loved ones recover.

Travel time has the highest level of importance for respondents from Central Mendip, North Sedgemoor and West Somerset. Patient outcome was seen as more important to respondents from Bridgwater, South Somerset West, Taunton Central, West Mendip and Yeovil.

Carers also believe good community based care reduces pressure on them and their potential for future health problems.

1.4 Community-Based Care Concerns

Travel times and poor public transport links (especially in the north of the county) were consistently mentioned as being a key concern in regard to having fewer community hospital inpatient beds. Comments were made that not everybody's situations are suitable for being supported at home, either because they are on their own with no family support or that a carer needs respite or an individual has complex needs. In those cases when people are referred to inpatient beds, it was felt that there could be an inadequate provision locally if there were fewer, which would mean travelling further for people who may not drive or are isolated in rural communities.

It was stated that local community-based beds are important for step-down, end of life and respite. There were also concerns that access to emergency care and other hospital services could be more difficult if a patient is based at home rather than in a community hospital setting.

Some questioned if the model of care had been properly costed and asked if it was affordable. Staffing was also mentioned with concerns focused on there being enough suitably trained care staff to support people in their homes. It was stated that paid carers and community nursing staff currently struggle to give sufficient time when they visit people and they visit infrequently. Therefore, it was questioned how the resources would be provided to support more home-based care. There were also concerns that staff would be stretched by travelling further between homes and would thereby be disincentivised when they are not paid for travel time.

1.5 Community-Based Care Suggestions

It was suggested that there needs to be a holistic approach to community care with the NHS, social care and voluntary services working closely together. Continuity of care and seeing a familiar face was highlighted as important for the elderly, young people and those with a disability (physical or mental health), to build trust and reassurance.

Being able to access care packages was also mentioned, in particular for people who are considered long term disabled that often do not meet the criteria for that level of support.

A signposting service or a single point of contact was suggested so that it would be clear what help was available and how to access it.

LGBT+ groups also suggested making gender clinics more widely available.

1.6 Same Day Urgent Care Support

Those who supported the proposal of creating UTCs in place of Minor Injury Unit (MIUs), stated that they hoped it would enable better access to services such as x-rays and diagnostics. Some also thought it would improve quality standards, enable better monitoring and better patient outcomes. It was envisaged that it would provide longer out-of-hours services, thereby potentially relieving the pressures on hospital A&E departments.

Some NHS professionals in particular were supportive of closing MIUs and replacing them with fewer UTCs, as it was stated that the current number of MIUs could not be sustained and they were just ‘papering over the cracks.’

1.7 Same Day Urgent Care Concerns

Respondents living in Central Mendip, North Sedgemoor and West Somerset were least in favour of creating UTCs in place of MIUs, with concerns being raised around travel distances, availability and cost of travel particularly for older and/or disabled people who may be reliant on public transport. Those living in West Somerset however did also think UTCs could provide a better service and alleviate pressure on local services. Travel time was seen as the most important aspect to consider when planning the proposed changes to same day urgent care, followed by patient outcomes.

Some people were worried that the potential closure of their MIU could lead to increased use of A&E departments or more callouts for ambulance services, putting strain on the system as people wouldn’t know the location of their nearest UTC. There were also concerns that GP surgeries would have increased demand if their local MIU closed and people questioned how a UTC would run as a GP-led service, when there are currently insufficient numbers of GPs available. The locations of the UTCs and how many would be in operation were questioned consistently.

In addition to concerns around access in terms of travel times if local MIUs were to close, it was also stated that there could be further access issues as there is

increased seasonal demand when there are holiday-makers in the summer (especially in Minehead and Burnham-on-Sea).

1.8 Same Day Urgent Care Suggestions

It was suggested that there needs to be more clarity and explanation of the differences between a MIU and a UTC. It was felt this would help people understand the potential impacts of the proposed changes in greater detail. It was noted that if the proposal to change same day urgent care was approved, then a signposting service would be needed and training should be given to NHS 111 staff so that they would be aware of the local provision. It was suggested that a mapping exercise should be undertaken to highlight deprived areas that may require a UTC to ensure equitable access.

As the Royal United Hospitals Bath NHS Foundation Trust (RUH) provides services for north east Somerset, it was asked that representatives should be included in discussions about the future of UTCs and MIUs.

Seasonal demand, housebuilding and an aging population were asked to be taken into consideration in terms of future-proofing urgent care needs. Other considerations included potential increase in carbon footprints and impact of the environment if patients and visitors are required to travel further to access their local UTC.

2. Introduction

Participate Ltd was commissioned by NHS Somerset Clinical Commissioning Group (CCG) to independently analyse and report upon the data from the **‘Improving Community Health and Care Services’** community engagement. The following summary report sets out the analysed and thematic data from the engagement period that began in January 2020 and concluded in April 2020.

The engagement took place as part of the Fit for My Future Programme. Fit for My Future is Somerset’s health and care strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy led by Somerset County Council and Somerset CCG who are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.

The purpose of the engagement was to share the early thinking about how health and care services in Somerset can work better together and better meet the needs of the population.

The engagement document shared the vision for community health and care services as well as the reasons why services need to change. The shared vision for Somerset is that people can live healthy and independent lives, within thriving communities. Health and care services in Somerset aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

The early thinking shared means:

- Where we can, we will provide community health and care services as close to home as practical, providing support based on individual needs to enable people to live well, recover well and stay as well as they can
- When people do need care, this will be provided in the most appropriate place to meet an individual’s needs to help them regain independence or provide additional support. This may be support in their own home, a short term stay in a residential or nursing home or in a community hospital bed
- When people need urgent ‘same day’ care for something that is not a medical emergency but for which they need rapid support, we will provide access to

advice and guidance that will enable them to “talk before you walk’ so they can get to the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre which provide a range of diagnostic services, such as x-ray and some blood tests, 7 days a week

- The changes to our services will help us support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles

The engagement document concluded by seeking views from local people and stakeholders on the early thinking, so that the CCG could take them into account in shaping the new model of care, before bringing any proposals out to public consultation.

3. Engagement Methodology

3.1 How the engagement was carried out

The engagement process ran from 27 January 2020 to 12 April 2020. The remainder of this section describes how the engagement was managed, what information was provided to support it, how it was publicised, what was done to maximise the reach of the engagement, how people were able to get involved and provide feedback, how that feedback was collected and analysed, how the engagement was affected by the Covid-19 situation, and what will happen next.

The engagement was led by the Fit for My Future Programme Director and the Somerset CCG Head of Communications and Engagement and was accountable to the Fit For My Future Programme Board.

The engagement team carried out the following functions:

- Undertook a detailed stakeholder mapping of all organisations and individuals who may be affected by the early thinking or who may have an interest in the engagement
- Organised and attended 64 engagement events including drop in sessions, meetings and focus groups
- Delivered the communications plan that included press and social media promotion of the engagement
- Sent information out electronically to a stakeholder list and posted engagement documents to 214 community venues across the county, including libraries, pharmacies, GP surgeries, county and district council offices
- Developed and delivered a community asset led approach to speak to seldom heard groups and individuals
- Collated feedback from the engagement and sent it for independent analysis

The engagement team was supported by Participate Ltd, a leading UK public participation agency. The role of Participate within the engagement was to receive all feedback and analyse:

- 837 survey responses

- 27 emails, 10 letters, 3 emails with a letter, 7 telephone logs, 1 conversation, 2 emails with petitions, 1 feedback form, 16 formal responses from a wide range of professional bodies
- Recorded feedback from 64 events

Their role was to analyse all engagement feedback fully independently, and to provide this report to the Somerset Clinical Commissioning Group

The main information about the proposed changes was set out within a detailed engagement document. This was supported by a summary version and an “easy read” version.

These were supported by an engagement survey which asked people a range of questions to seek their views on the early thinking.

Printed versions of the engagement document were distributed to all hospitals, GP surgeries, pharmacies and libraries across Somerset. A total of 14,500 documents were printed. These were used at engagement events and sent out to 214 venues.

As well as providing printed versions of the documentation, all the engagement information and feedback forms were made available online on the Fit for My Future website.

The engagement was widely publicised with the aim of maximising awareness of the proposals and ensuring that as many people as possible were able to feed in their views.

Publicity included the following elements:

- A media briefing was scheduled for Tuesday 28 January 2020 and all local and regional media were invited. It was cancelled due to lack of interest from the media
- Posters were sent to 121 venues including drop in locations and nearby community venues, town halls, councils and local art centres. 36 venues confirmed putting posters up
- Advertisements in the Western Gazette, published on Thursday 26 March
- We published three press releases and these were sent out to 40 members of the local and regional media

- We created 34 posts on Facebook. Three of the Facebook posts were boosted. We joined 97 Facebook groups, 47 Somerset organisations and 50 community groups and regularly shared and posted in these groups
- We created 59 posts on Twitter, which were retweeted 149 times and received 86 link clicks

3.2 Maximising the engagement reach

3.2.1 Seldom heard groups

A community asset based approach was used to hear the views of seldom heard groups. Six charities that connect with harder to reach individuals in Somerset agreed to run focus groups and one to one interviews with individuals who were unlikely to attend any of our engagement events. Individuals and groups that we heard from this way were:

- Adults with physical and learning disabilities
- Communities where English is not the first language
- Families of children with special educational needs and disabilities
- Men
- People requiring advocacy services
- Youth groups

Five focus groups and 33 interviews took place before Covid-19 restrictions stopped face to face meetings.

The engagement affected services for the whole of Somerset and it was therefore designed to ensure that views were obtained from across Somerset. The following map shows the geographical spread of engagement events that took place.

Engagement Locations



- | | |
|--|---|
| 1 Frome Library | 28 Martock Youth Club, Martock |
| 2 Frome Community Hospital | 29 South Petherton Library |
| 3 Strode College | 30 South Petherton Community Hospital |
| 4 Street Library | 31 Crewkerne Community Hospital & Health Centre |
| 5 Yeovil Library | 32 Ilminster Library |
| 6 Westlands, Yeovil | 33 The Monks Yard, Ilminster |
| 7 Yeovil District Hospital | 34 Priorswood Library |
| 8 Shepton Mallet Community Hospital | 35 Chard Library |
| 9 Shepton Mallet Library | 36 Wellington Community Hospital |
| 10 Mendip District Council, Shepton Mallet | 37 Dulverton Library |
| 11 Wells Library | 38 The Beach Hotel, Minehead |
| 12 Chard Community Hospital | 39 Minehead Library |
| 13 West Mendip Community Hospital | 40 Minehead Community Hospital |
| 14 Glastonbury Library | 41 Dene Barton Community Hospital |
| 15 Wincanton Community Hospital | 42 Wiviliscombe Library |
| 16 Cheddar Library | 43 Wiviliscombe |
| 17 Men in Sheds, Taunton | 44 Williton Pavillion |
| 18 Compass Wellbeing Centre, Taunton | 45 Williton Library |
| 19 Great Western Hotel, Taunton | 46 Williton Community Hospital |
| 20 Holiday Inn, Taunton | 47 Nether Stowey Library |
| 21 Richard Huish College, Taunton | 48 Sedgemoor District Council, Bridgwater |
| 22 Taunton Library | 49 Bridgwater Library |
| 23 Taunton Library meeting room | 50 Bridgwater Community Hospital |
| 24 Musgrove Park Hospital | 51 Bridgwater & Albion Rugby Club |
| 25 The Angel, Langport | 52 Junction 24 meeting room, Bridgwater |
| 26 Langport Library | 53 The Canalside, Bridgwater |
| 27 Martock Library | 54 Burnham-On-Sea Community Hospital |
| | 55 Burnham-On-Sea Library |

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3.2.2 Staff

The delivery of the engagement proposals will depend on the staff working within the services affected. The engagement programme therefore included a range of meetings and events that allowed staff to understand and feedback on our early thinking. These included:

- Details shared in team meetings
- Proposals shared to Somerset Partnership NHS Foundation trust via email
- 20 events

3.3 How did people get involved in the engagement?

People were able to get involved in the engagement in several ways as outlined below.

3.3.1 Providing views by answering the engagement survey

The engagement survey was included in the printed engagement documents, and there was also an online version people could complete. Surveys could be completed by hand at events, or emailed or posted. As well as specific questions the surveys included space to add free text comments on the early thinking.

837 surveys were completed and analysed. These surveys provide the basis for the numeric information included within this report on the extent to which people agreed or disagreed with the thinking.

3.3.2 Focus groups and meetings

17 focus groups and meetings were held in several different locations across the county. At these events the proposals were described, people could ask questions about them, and were given the opportunity to discuss and make comments. Discussions were led by facilitators and went through each of the elements covered in the survey.

3.3.3 Drop in sessions

47 drop in sessions took place around the county. Drop in sessions allowed members of the public to view key information on the early thinking, to ask questions and make comments.

3.3.4 Individual emails, letters and telephone calls and social media

A total of 31 emails, 12 letters, and 7 telephone calls were made to the engagement team. 146 comments were made on social media.

Key points were recorded and shared with Participate to be analysed with all other feedback.

3.4 How the feedback has been captured and reported on

Feedback from all the sources described in the section above was collated and passed on to Participate who have been responsible for reviewing the feedback independently and documenting it in this report. Where feedback was obtained through meetings and drop in sessions the views of the people attending were documented and noted. Participate have reviewed all the feedback from the meetings and surveys and other responses and organised it into the key themes set out in this report.

3.5 The impact of the Covid-19 situation on the engagement

Essential action to prevent the spread of the Covid-19 virus meant that after 16 March 2020 face to face meetings involving the public were no longer possible. 32 face to face events planned for the last three weeks of the engagement were therefore cancelled. During the final weeks of the engagement people were able to provide feedback through a dedicated phone line, through an online and paper survey, through letters and emails and by commenting on our social media posts.

3.6 How the feedback from the engagement will be addressed

The feedback from the engagement is documented within this independent report. The report will need to be considered by Somerset CCG. Somerset CCG will review and respond to all the key themes from the feedback, will take account of the views of respondents on the early thinking and carefully consider the reasons for

those views. Where alternative suggestions to the early thinking have been made, they will be considered.

4. Approach to Analysis

The body of this report (Sections 5-10) contains the detailed analysis and feedback from all responses received. The raw coded data and the full set of responses have been passed to the CCG for consideration within the decision-making process.

PLEASE NOTE: Some respondents may have answered the formal engagement survey as well as giving feedback in another way, such as emailing a document or sending in a letter or feeding back in meetings, giving responses which mirror their survey response in some respects. Therefore, we have analysed the emailed documents, letters and meeting notes using the same process and have presented the data findings separately within this report.

Individual comments from letters, emails and to the open ended questions within the survey have been collated into key themes, which have been broken down in terms of frequency with which a comment is made in the analysis. This enables the most frequent themes to emerge. Please note that comments may cover more than one theme, which is why the frequencies may total more than the number of responses in some cases. It should also be noted that:

- Through cross tabulation of the data by postcode we have aimed to extract the findings by area
- Themes have also been extracted by professional groups and these are outlined in Section 8 of the report

5. Potential Equality Impacts and Profiling Information

5.1 Potential Equality Impacts

The following section sets out the findings in terms of potential equality impacts that can be derived from the engagement findings. It should be noted that many respondents can be categorised in terms of the protected characteristics outlined within the Equality Act 2010. Some will have multiple disabilities or characteristics. Therefore, the summary of findings section of this report highlights many of the themes that have emerged overall, which could have a disproportionate impact on people with protected characteristics such as age, gender and disability.

The aim of this section is to draw out any specific nuances that have emerged for certain groups that should be taken into account in regard to improving community health and care services.

The following outlines themes that have been extracted when mentioned in open ended survey responses, in discussion group meetings or during other forms of response.

5.1.1 Age Related Themes

- There is a need to consider older people who may be lonely living in their community. In those instances, they may not have friends or family who visit and so may be reliant on community-based carers or health workers who visit infrequently and don't have much time
- Some localities have a very aging population. In many cases, it was stated that older people don't or can't drive and so are reliant on poor public transport that means they need a local healthcare facility that they can walk to. It was felt this aspect would need to be taken into account for same day urgent care
- The importance of continuity of care was highlighted, both for elderly and young people – it was stated there can be issues if people see a different face every time they need help. The importance of a familiar face was emphasised to build trust and so the professional can get to know the whole person

5.1.2 Carer Related Themes

- It was seen that having potentially fewer MIUs/UTCs would affect the time needed from family members or friends if they are carers and have to travel further with the patient. It was stated that in some instances, they may have to take a day off work rather than go in their lunch hour that could cost them time and money
- Some felt that the health of carers can suffer when the provision of care at home is insufficient. The carer (family member or friend) then has to provide (free) care leading to exhaustion, which either affects their existing health conditions or causes health conditions meaning that they too require medical assistance
- Carers (family and friends) are often unpaid. This can lead to financial worries as they are unable to work due to the time they need to spend with the patient or have actual on-costs due to building redesign and/or equipment to facilitate care

5.1.3 Deprivation Related Themes

- It was felt that those multiple underlying health issues (e.g. diabetes, heart conditions) are often from low-income households and would have more difficulty if the healthcare facility (MIU/UTC) was less accessible
- Rural inequalities and rural exclusion were highlighted as it was stated that many people in Somerset live in outlying rural villages and remote farms. It was felt that if the healthcare facilities (MIU/UTC) were to move further away, it may be too expensive for people living in those areas to access by transport and in turn it may put them off seeking help which could lead to their condition worsening
- It was suggested that a mapping exercise should be undertaken to understand where the highest levels of deprivation are located. It was then felt that the healthcare provision (MIU/UTC) should be located where it is accessible to those who cannot afford to travel far

5.1.4 Disability (Physical and Mental Health) Related Themes

- It was felt that having fewer MIUs/UTCs could affect those with impaired mobility, as they may not be able to travel in a car or on public transport for long. It was also highlighted that some vehicles and buses cannot provide wheelchair access or have limitations on the number of wheelchairs and pushchairs, again relating to issues with those reliant on public transport to access care
- People with multiple disabilities often have more difficulty with travel and have more complex care needs. It was stated that this means they will need a much higher level of care at home, which may be more suitable to be delivered in a hospital environment
- It was felt that the needs of those with learning disabilities (including Autism) should be considered, who need a consistent and familiar service. Having this provision with a medical practitioner, who understands their condition, at a local and smaller facility often leads to better communication and outcomes
- It was stated that those who are long term disabled often do not meet the criteria for care packages or support. This often leads to the support gap being taken up by family members or local charities, but where such support does not exist then the patient may suffer
- It was stated that it is difficult for those with sight loss to travel further. In addition, it was highlighted that staff are not always trained to deal with sight loss and facilities often do not have bright and large signage
- It was felt that mental health needs to be part of the mix and treated equally as it is often overlooked

5.1.5 Gender Related Themes

- A lack of understanding of menopause was highlighted, as it was stated that some doctors do not take it seriously and do not prescribe the correct treatment or drugs. It was felt that it should be addressed when assessing the services to be provided in the community or through urgent care

5.1.6 LGBT+ Related Themes

- It was stated that same sex couples were less likely to have children and gay older men more likely to live alone, which means that they may have little or no support from family at home. In some cases, it was stated that they may be better cared for in a hospital environment, as their care may be neglected if they do not have a network of support in place at home
- Taunton has a gender clinic which gives advice for those looking to change things about their gender (Transgender). It was suggested that this service should be included in other areas as part of the community provision

5.2 Profiling Table

The following table demonstrates the demographic reach of the survey undertaken, which shows a broad representation of profiles in response to the survey. However, there was an emphasis towards white women aged 55+ years old in terms of response rates.

Table 1 – Profiles of respondents from demographic questions

Profiling Information	Number	Percentage of survey responses	Somerset Population Percentage	Source/Reference
Age				
18 - 24	9	1.08%		
25 - 34	49	5.85%		
18 – 34 Combined	58	6.93%	22%	Census 2011
35 - 44	93	11.11%		
45 - 54	128	15.29%		
35 – 54 Combined	221	26.40%	34%	Census 2011
55 - 64	203	24.25%		
65 and over	302	36.08%		
55+ Combined	505	60.33%	44%	Census 2011
Prefer not to say	22	2.63%		
Not answered	31	3.70%		
Gender				
Male	171	20.43%	48%	
Female	609	72.26%	52%	
Prefer not to say	23	2.75%		
Other	3	0.36%		
Not answered	31	3.70%		
What is your current status?				
Single	70	8.36%		
Widow(er)	67	8.00%		
Separated	12	1.43%		
Married/Civil partnership	480	54.96%		
With partner	89	10.63%		
Divorced/dissolved	56	6.69%		
Prefer not to say	51	6.09%		
Not answered	32	3.82%		

Do you have primary care responsibilities for a friend, relative or neighbour over 18 years old?				
No	585	69.89%		
Yes – 1-19 hours a week	74	8.84%		
Yes – 20-49 hours a week	26	3.11%		
Yes – 50 or more hours a week	57	6.81%		
Primary care responsibilities combined	157	19%	11%	Census 2011
Prefer not to say	62	7.41%		
Not answered	33	3.94%		
Are you currently pregnant or have had a child in the last six months?				
Yes	14	1.67%		
No	676	80.76%		
Not applicable	80	9.56%		
Prefer not to say	26	3.11%		
Not answered	41	4.90%		
Do you have caring responsibilities for a child under the age of 18?				
Yes	173	20.67%		
No	592	70.73%		
Prefer not to say	29	3.46%		
Not answered	43	5.14%		
Which of the following best describes your sexual orientation?				
Heterosexual/Straight	635	75.87%		
Homosexual/gay/lesbian	12	1.43%		
Bisexual	5	0.60%		
Other	11	1.31%		
LGBTQ+ combined	28	3.34%	2.40%	ONS 2017 Somerset Adults 16+
Prefer not to say	131	15.65%		
Not answered	43	5.14%		
Do you consider yourself to have a disability as defined by the Equality Act 2010?				
No	584	69.77%		
Yes – Activities not limited	103	12.31%		
Daily Activities not limited Combined	687	82.08%	78%	Census 2011 Adults 18+
Yes – Activities limited a little	56	6.69%		
Yes – Activities limited a lot	16	1.91%		

Daily Activities limited Combined	72	8.60%	22%	Census 2011 Adults 18+
Prefer not to say	43	5.14%		
Not answered	35	4.18%		
Which of the following best describes your disability(ies)?				
Behavioural and emotional - Such as Autistic Spectrum Disorder	9	1.08%		
Manual dexterity	27	3.23%		
Memory or ability to concentrate or understand	11	1.31%		
Mobility or gross motor	76	9.08%		
Perception and physical danger	2	0.24%		
Personal, self-care and continence	19	2.27%		
Progressive conditions and physical health Such as HIV, cancer or Multiple Sclerosis	32	3.82%		
Sight	11	1.31%		
Speech	3	0.36%		
Severe disfigurement	1	0.12%		
Prefer not to say	94	11.23%		
Other	38	4.54%		
Do you have a religion or belief?				
Buddhist	8	0.96%		
Christian	395	47.19%		
Hindu	1	0.12%		
Muslim	2	0.24%		
Jewish	0	0.00%		
Sikh	0	0.00%		
No religion or belief	223	26.64%		
Prefer not to say	129	15.41%		
Other	31	3.70%		
Not answered	48	5.73%		
What is your first/main language?				
Bulgarian	1	0.12%		
Burmese (Myanmar)	1	0.12%		
Czech	1	0.12%		
Dutch	2	0.24%		
English	769	91.88%		
Italian	1	0.12%		
Kurdish	1	0.12%		

Romanian	1	0.12%		
Prefer not to say	3	0.36%		
Not answered	57	6.81%		
Which of these best describes your ethnicity?				
White: British	732	87.46%	94.60%	<i>Census 2011</i>
White: Irish	7	0.84%		
White: Other European	13	1.55%		
White: Gypsy/Traveller	0	0.00%		
White: Other	3	0.36%		
White All Combined	755	90.21%	98%	<i>Census 2011 Adults 18+</i>
Asian or Asian British: Bangladeshi	0	0.00%		
Asian or Asian British: Chinese	0	0.00%		
Asian or Asian British: Indian	0	0.00%		
Asian or Asian British: Pakistani	0	0.00%		
Asian or Asian British: Other	2	0.24%		
Black or Black British: African	1	0.12%		
Black or Black British: Caribbean	0	0.00%		
Black or Black British: Other	0	0.00%		
Dual-heritage White and Asian	1	0.12%		
Dual-heritage: White and Black African	0	0.00%		
Dual-heritage: White and Black Caribbean	0	0.00%		
Dual-heritage: Other	2	0.24%		
Other: Arab	0	0.00%		
Other: Other	4	0.48%		
BAME All Combined	10	1.20%	2%	<i>Census 2011 Adults 18+</i>
Prefer not to say	38	4.54%		
Not answered	34	4.06%		

Survey Base	837	100.00%		
Somerset Population Base	421,014			<i>Census 2011 Adults 18+</i>

6. Survey Data Feedback

The following section sets out the analysis of the survey data collated from improving community health and care services engagement survey.

The full responses to the survey have been shared with the CCG, to inform the options development process.

In total there were 837 responses to the survey.

The full set of survey questions can be found in the appendices. The findings from the survey are split into the following sub sections:

- 6.1 Cross tabulation by postcode
- 6.2 Community based care findings
- 6.3 Same day urgent care findings
- 6.4 Capacity responding to the survey

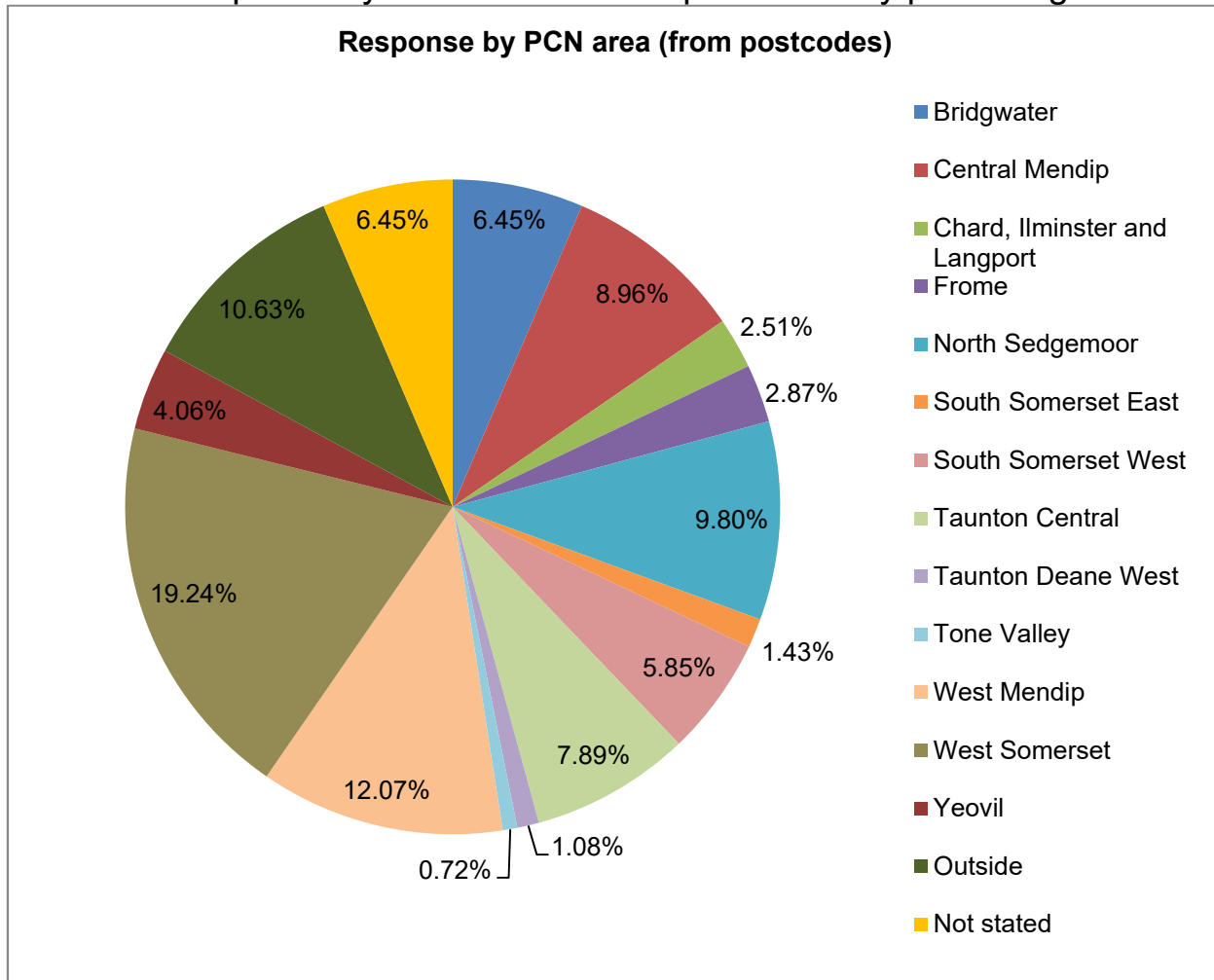
6.1 Cross Tabulation by Postcode

Using the postcodes provided, these have been sub-split into Primary Care Network (PCN) areas to determine any locality-based findings. The responses by PCN area are as follows:

Table 2 – Response by area from postcode matching

Area	Number	Percent
Bridgwater	54	6.45%
Central Mendip	75	8.96%
Chard, Ilminster and Langport	21	2.51%
Frome	24	2.87%
North Sedgemoor	82	9.80%
South Somerset East	12	1.43%
South Somerset West	49	5.85%
Taunton Central	66	7.89%
Taunton Deane West	9	1.08%
Tone Valley	6	0.72%
West Mendip	101	12.07%
West Somerset	161	19.24%
Yeovil	34	4.06%
Outside	89	10.63%
Not stated	54	6.45%
Total	837	100.00%

Chart 1 – Response by coded areas from postcodes by percentage
















Base = 837

The map over the page highlights the difference in response between those Primary Care Network areas in the northern and coastal areas, with higher levels of engagement than the southern and eastern areas.

Map 1 – Response by PCN areas in Somerset.



Custom territories	
	Bridgwater
	Central Mendip
	Chard, Ilminster and Langport
	Frome
	North Sedgemoor
	South Somerset East
	South Somerset West
	Taunton Central
	Taunton Deane West
	Tone Valley
	West Mendip
	West Somerset
	Yeovil

The map of territories above demonstrates the high level of responses for West Somerset, West Mendip, North Sedgemoor, Central Mendip and Bridgwater. These are in the north of Somerset and 3 of these cover coastal holiday locations.

Taunton Central is a mixture of both coastal and inland urban areas.

The other areas with lower responses are based in the south and east of the county.

PLEASE NOTE – the areas have been identified by clustering the first half of the postcodes supplied. Q7 of the survey provided the postcode data and therefore, the summary table of these postcodes is not included within this section of the report.

6.2 Community Based Care

6.2.1 Q1. To invest in new services that help support people in their own homes we need to have fewer community hospital inpatient beds. What do you think is the most important for us to consider when planning these changes?

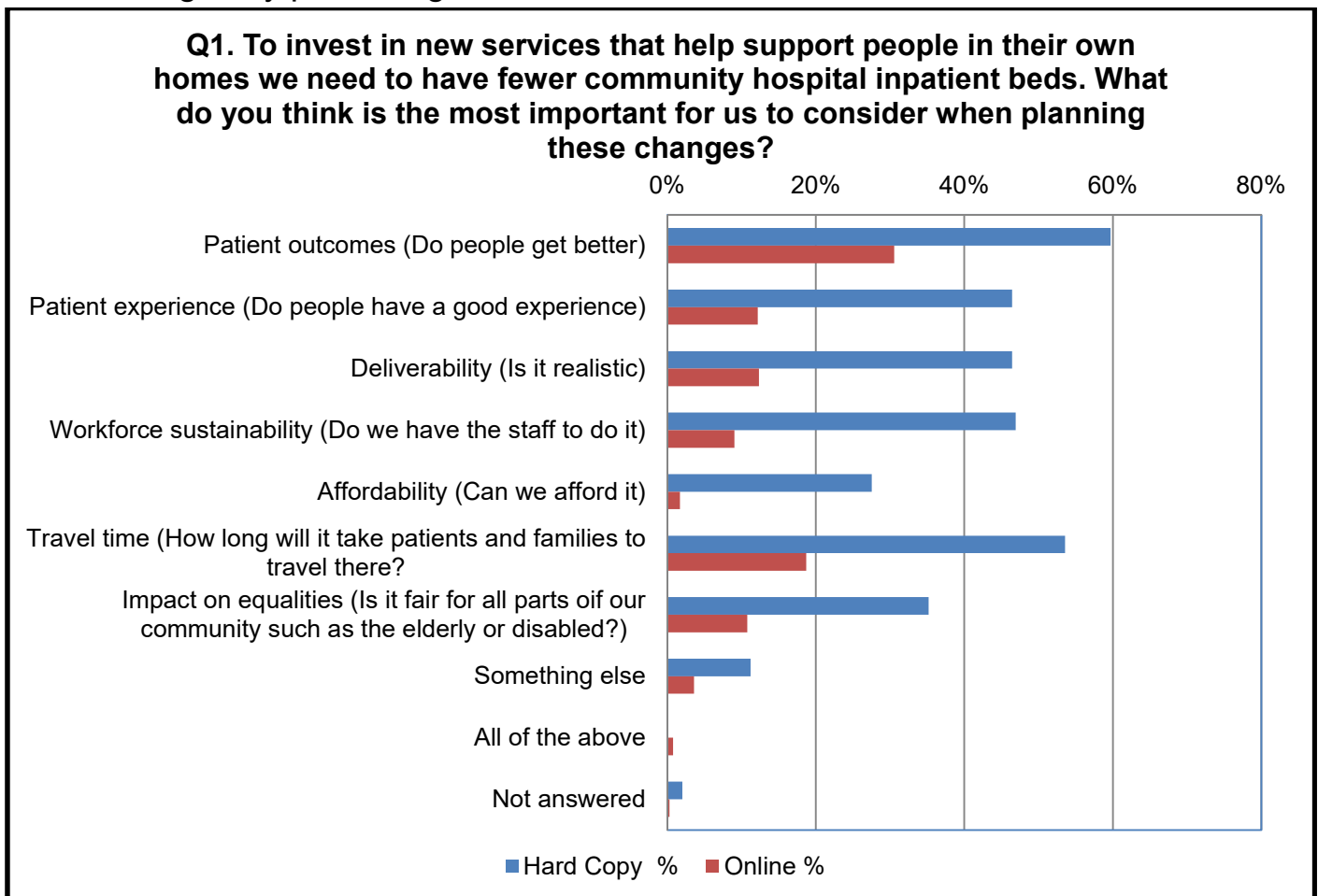
Those responding online were limited to selecting one response only, while those responding by hard copy could tick any number of the options listed. For this reason, the results are not directly comparable and have been analysed separately. As the hard copy respondents could tick as many options as applied the totals exceed 100%.

- Patient outcomes were consistently important for all respondents and received the highest level of response both online (30%) and in hard copy (60%)
- Travel time was the second most important consideration for both online and hard copy responses
- Patient experience and deliverability were equally of high importance to those responding online and by hard copy
- NHS staff members and clinicians ranked patient outcomes highest, followed by workforce sustainability and patient experience
- When cross tabulating the data by PCN area (illustrated in tables 4 and 5) it is evident that travel time has the highest level of importance for respondents from Central Mendip, North Sedgemoor and West Somerset
- Patient outcome was seen as more important to respondents from Bridgwater, South Somerset West, Taunton Central, West Mendip and Yeovil
- There were too few responses for statistical evaluation for Chard Ilminster and Langport, Frome, South Somerset East, Taunton Deane West, Tone Valley

Table 3 – What do you think is the most important for us to consider when planning these changes?

Response	Hard Copy 196 (23.4%)	Online 641 (76.6%)	Combined 837 (100%)
Patient outcomes (Do people get better)	117 (60%)	196 (31%)	313 (37%)
Patient experience (Do people have a good experience)	91 (46%)	78 (12%)	169 (20%)
Deliverability (Is it realistic)	91 (46%)	79 (12%)	170 (20%)
Workforce sustainability (Do we have the staff to do it)	92 (47%)	58 (9%)	150 (18%)
Affordability (Can we afford it)	54 (28%)	11 (2%)	65 (8%)
Travel time (How long will it take patients and families to travel there?)	105 (54%)	120 (19%)	225 (27%)
Impact on equalities (Is it fair for all parts of our community such as the elderly or disabled?)	69 (35%)	69 (11%)	138 (16%)
Something else	22 (11%)	23 (4%)	45 (5%)
All of the above	0 (0%)	5 (1%)	5 (1%)
Not answered	4 (2%)	2 (0%)	5 (1%)
Total responses	645	641	1286

Chart 2 – What do you think is the most important for us to consider when planning these changes by percentage.



Base: Online = 641 responses/surveys, Hard Copy = 645 responses from 196 completed surveys.

Table 4 - What do you think is the most important for us to consider when planning these changes – Hard Copy by Primary Care Network (PCN) area

Q1. Community-based care - What do you think is most important for us to consider when planning these changes?																	
Q1. Community-based care - What do you think is most important for us to consider when planning these changes?	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated	
Patient outcomes (Do people get better)	No.	117	8	16	3	1	18	1	7	10	1	2	8	17	4	16	5
	%	60%	57%	57%	50%	50%	62%	20%	47%	67%	33%	100%	50%	57%	100%	73%	100%
Patient experience (Do people have a good experience)	No.	91	7	17	3	1	13	0	6	8	1	2	7	10	3	10	3
	%	46%	50%	61%	50%	50%	45%	0%	40%	53%	33%	100%	44%	33%	75%	45%	60%
Deliverability (Is it realistic)	No.	91	6	14	2	0	15	2	7	10	2	2	8	11	2	8	2
	%	46%	43%	50%	33%	0%	52%	40%	47%	67%	67%	100%	50%	37%	50%	36%	40%
Workforce sustainability (Do we have the staff to do it)	No.	92	5	17	3	1	16	2	4	6	1	2	6	16	2	9	2
	%	47%	36%	61%	50%	50%	55%	40%	27%	40%	33%	100%	38%	53%	50%	41%	40%
Affordability (Can we afford it)	No.	54	5	9	1	0	10	0	4	6	0	1	5	7	2	3	1
	%	28%	36%	32%	17%	0%	34%	0%	27%	40%	0%	50%	31%	23%	50%	14%	20%
Travel time (How long will it take patients and families to travel there?)	No.	105	5	22	2	1	21	1	3	5	1	1	5	20	2	12	4
	%	54%	36%	79%	33%	50%	72%	20%	20%	33%	33%	50%	31%	67%	50%	55%	80%
Impact on equalities (Is it fair for all parts of our community such as the elderly or disabled?)	No.	69	7	12	2	0	16	2	4	4	0	1	3	9	2	6	1
	%	35%	50%	43%	33%	0%	55%	40%	27%	27%	0%	50%	19%	30%	50%	27%	20%
Something else	No.	22	0	5	1	0	0	1	2	0	0	0	3	6	1	2	1
	%	11%	0%	18%	17%	0%	0%	20%	13%	0%	0%	0%	19%	20%	25%	9%	20%
Base	No.	196	14	28	6	2	29	5	15	15	3	2	16	30	4	22	5

Table 5 - What do you think is the most important for us to consider when planning these changes – Online by Primary Care Network (PCN) area

Q1. Community-based care - What do you think is most important for us to consider when planning these changes?																	
Q1. Community-based care - What do you think is most important for us to consider when planning these changes?	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated	
Patient outcomes (Do people get better)	No.	196	13	13	7	8	14	4	14	22	1	3	23	34	8	17	15
	%	31%	33%	28%	47%	36%	26%	57%	41%	43%	17%	75%	27%	26%	27%	25%	31%
Patient experience (Do people have a good experience)	No.	78	6	5	2	3	4	0	7	8	1	0	11	9	7	10	5
	%	12%	15%	11%	13%	14%	8%	0%	21%	16%	17%	0%	13%	7%	23%	15%	10%
Deliverability (Is it realistic)	No.	79	10	7	2	3	6	0	4	6	0	1	9	15	4	8	4
	%	12%	25%	15%	13%	14%	11%	0%	12%	12%	0%	25%	11%	11%	13%	12%	8%
Workforce sustainability (Do we have the staff to do it)	No.	58	4	2	1	1	4	2	3	6	3	0	7	11	3	6	5
	%	9%	10%	4%	7%	5%	8%	29%	9%	12%	50%	0%	8%	8%	10%	9%	10%
Affordability (Can we afford it)	No.	11	0	1	0	0	0	1	0	1	0	0	1	1	2	3	1
	%	2%	0%	2%	0%	0%	0%	14%	0%	2%	0%	0%	1%	1%	7%	4%	2%
Travel time (How long will it take patients and families to travel there?)	No.	120	1	13	1	1	14	0	0	3	0	0	23	35	2	15	12
	%	19%	3%	28%	7%	5%	26%	0%	0%	6%	0%	0%	27%	27%	7%	22%	24%
Impact on equalities (Is it fair for all parts of our community such as the elderly or disabled?)	No.	69	2	3	2	5	8	0	4	5	0	0	7	20	2	7	4
	%	11%	5%	6%	13%	23%	15%	0%	12%	10%	0%	0%	8%	15%	7%	10%	8%
Something else	No.	23	2	2	0	1	2	0	2	0	1	0	3	4	2	1	3
	%	4%	5%	4%	0%	5%	4%	0%	6%	0%	17%	0%	4%	3%	7%	1%	6%
All of the above	No.	7	2	1	0	0	1	0	0	0	0	0	1	2	0	0	0
	%	1%	5%	2%	0%	0%	2%	0%	0%	0%	0%	0%	1%	2%	0%	0%	0%
Base	No.	641	40	47	15	22	53	7	34	51	6	4	85	131	30	67	49

6.2.2 Q1. To invest in new services that help support people in their own homes we need to have fewer community hospital inpatient beds – Something else

The following coded responses were given in the open-ended option provided in this question for ‘something else’. The responses demonstrate a range of feedback that mainly focuses on reasons why those respondents do not agree with the proposal that to invest in supporting people in their homes would mean fewer community inpatient beds. A total of 45 responses were provided.

Table 6 – Coded responses to Q1 – Something else

Coded Response	Number
Need improved public transport / better transport	9
None / Not stated	9
Need community hospitals	8
Not just to save money / invest in the NHS	7
Generally disagree with the statement	5
Community beds reduce acute bed blocking	5
Needs to be patient centric	4
Financial impacts of travel	4
Need to involve social services	3
Why not have both	2
Offer euthanasia as an option	2
Home care puts a strain on family members	2
Social justice	2
Requires sufficient qualified staff to deliver care in the community	2

Note that more than one code applies to some comments. Comments with less than two responses are listed in appendix 2.

6.2.3 Q2. If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? What would be better?

- The following findings are illustrated in table 7 overleaf
- The most common themes relate to respondents agreeing that they would prefer to stay in their own homes with more familiar surroundings, which they perceive would improve their recovery rather than being in a clinical environment
- It was also stated that by supporting care at home, it would be easier for friends and family to visit rather than needing to travel to hospitals that may be located further away
- Although the question asked ‘what would be better?’, many of the comments related to the concerns felt:
 - There were concerns about the support available in the home environment, such as sufficient numbers of trained carers
 - Other concerns related to the perceived need for local community beds, where the home setting is not suitable or where the patient is unable to cope. This was particularly highlighted for short term step down and respite care
 - Concerns about the suitability of resources being further away were raised. These related to the rural nature of the county and the growth in population, from house building (meaning increased numbers of households) and seasonally from holiday-makers
 - Some respondents were opposed to the proposed changes as they felt that there was already a lack of sufficient local services (GPs, pharmacies, hospital beds, UTCs and MIUs), meaning they surmised the proposal would be used as a cost-cutting exercise giving a perceived further reduction in local services
- The coded responses split by PCN area are shown in table 8 and followed by highlighted findings

Table 7 – If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? – **What would be better?**

2a. Community Based Care: What would be better:	
Coded Response	Frequency
People prefer their own home	257
More familiar surroundings	232
Better than hospital for recovery / psychological	203
Access to trained carers	192
Community support and wellbeing. E.g. access to friends & family	188
Insufficient staffing / resources for community care	171
Community Hospitals are vital to local healthcare	162
Some people are not suitable for home care / Isolation / can't cope - Need choice	140
Rural area with poor transport making hospital visits difficult / reduce travel	128
A more personal experience	96
Anything / Not a good idea	94
We need more centres / resources for a growing / elderly population / holiday population	89
Need local community beds to relieve main hospitals	64
Good idea / logical	59
Need good access to GPs and pharmacists etc	44
This is cost cutting / saving	44
It would free up hospital beds	44
Need more or retain UTCs / MIUs	41
Carers visit for insufficient time to care properly (30 mins)	35
Better assessment of patient coping in their own home	33
Reduces possibility of hospital acquired infections	33
Would need a good community out of hours service	21
How much will it cost the patient	21
All of the options are important	21
Need more information / detail/ how many etc	17
Less confusing for dementia sufferers	16
Not if homes are unsuitable or cannot be easily converted	15
Mental Health issues should be considered	14
Need hospice care for end of life	11
It would lead to more travel and more pollution	7
Good access to 111 service is key	3
Need patient transport	2
Government should stop neglecting elderly care services	2

Base = 716 completed responses

Table 8 – If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? – What would be better? – split by Primary Care Network areas.

2a. Community Based Care: What would be better: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
People prefer their own home	257	25	18	6	8	18	6	17	25	3	3	27	48	7	30	16
More familiar surroundings	232	21	11	3	12	14	6	12	25	3	2	26	46	9	25	17
Better than hospital for recovery / psychological	203	17	20	4	9	21	5	9	14	4	0	22	37	6	23	12
Access to trained carers	192	10	24	7	7	18	4	14	12	3	3	23	33	10	16	8
Community support and wellbeing. E.g. access to friends & family	188	22	13	4	9	10	4	19	20	0	2	17	24	13	16	15
Insufficient staffing / resources for community care	171	12	18	4	4	17	3	12	10	2	3	21	34	7	18	6
Community Hospitals are vital to local healthcare	162	6	19	4	2	20	2	11	8	3	0	22	36	2	19	8
Some people are not suitable for home care / Isolation / can't cope - Need choice	140	3	13	6	6	21	2	8	8	2	0	15	27	7	14	8
Rural area with poor transport making hospital visits difficult / reduce travel	128	10	13	4	5	7	0	10	19	2	1	12	21	3	13	8
None	121	4	11	5	1	11	2	2	6	0	1	19	31	7	7	14
A more personal experience	96	9	6	2	4	3	5	3	14	2	1	7	17	7	8	8
Anything / Not a good idea	94	3	10	1	0	16	1	7	4	2	0	15	15	3	13	4
We need more centres / resources for a growing / elderly population / holiday population	89	9	9	3	2	7	0	7	7	1	1	12	20	3	7	1

2a. Community Based Care: What would be better: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Need local community beds to relieve main hospitals	64	0	9	4	1	8	1	7	4	2	0	5	11	1	9	2
Good idea / logical	59	3	6	0	2	9	1	2	4	0	0	7	14	1	7	3
Need good access to GPs and pharmacists etc	44	5	1	2	2	7	1	2	3	0	0	3	7	3	6	2
It would free up hospital beds	44	4	7	2	2	2	2	1	5	0	0	4	9	1	3	2
This is cost cutting / saving	44	3	6	0	2	8	1	1	3	0	1	9	5	1	4	0
Need more or retain UTCs / MIUs	41	2	4	1	0	5	0	3	1	1	0	6	9	0	7	2
Carers visit for insufficient time to care properly (30 mins)	35	1	5	1	0	4	2	2	2	0	1	4	6	2	4	1
Reduces possibility of hospital acquired infections	33	5	1	2	1	2	1	4	2	2	0	3	3	2	5	0
Better assessment of patient coping in their own home	33	2	3	2	0	3	0	2	1	3	0	1	9	1	4	2
Would need a good community out of hours service	21	2	0	4	1	3	0	0	0	0	0	2	5	1	0	3
All of the options are important	21	1	1	3	0	4	1	0	0	0	0	3	2	0	4	2
How much will it cost the patient	21	1	0	0	0	3	0	0	2	0	2	3	7	0	2	1
Need more information / detail/ how many etc	17	0	2	0	0	1	1	0	0	0	0	2	6	3	1	1
Less confusing for dementia sufferers	16	0	0	0	2	1	0	1	2	0	0	1	2	1	6	0
Not if homes are unsuitable or cannot be easily converted	15	0	0	0	0	3	1	0	1	1	0	3	4	1	1	0
Mental Health issues should be considered	14	2	2	1	0	2	0	0	2	0	0	0	3	1	0	1

2a. Community Based Care: What would be better: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Need hospice care for end of life	11	0	0	0	0	0	1	3	1	0	0	0	2	1	3	0
It would lead to more travel and more pollution	7	0	3	0	0	2	0	0	0	0	0	1	0	0	1	0
Good access to 111 service is key	3	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1
Need patient transport	2	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Government should stop neglecting elderly care services	2	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0

Base = 716 (Other responses <2 listed in appendix 2)

- Respondents from the Bridgewater area were generally positive about the enhanced experience for patients to be in their own homes and having more familiar surroundings. They highlighted that this environment was better than hospital for their psychological wellbeing and recovery including community support with access to friends and family, however:
 - Some stated their concerns about insufficient staffing and resources being available to deliver community care together with access to trained carers. They also highlighted that they live in a rural area with poor transport which makes accessing and visiting hospital services more difficult due to travel constraints
- Respondents from the Central Mendip area were generally positive about the enhanced experience for patients to be in their own homes and that this environment was better than hospital for their psychological wellbeing and recovery with community support including access to family and friends, however:
 - Concerns were raised about access to trained carers and highlighted the importance of Community Hospitals to delivery of local healthcare
 - Some stated their concerns about insufficient staffing and resources being available to deliver community care. They also highlighted that they live in a rural area with poor transport which makes accessing and visiting hospital services more difficult due to travel constraints
- Respondents from the North Sedgemoor area highlighted the psychological benefits and improved recovery rates for those at home. They also felt that people prefer their own home and benefitted from more familiar surroundings, however:
 - They felt that some people are not suitable for home care as they would struggle with isolation and wouldn't be able to cope without help and support
 - Some stated that Community Hospitals are vital for local healthcare and that there was a concern about access to trained carers together with insufficient staffing and resources to deliver community based care
- Respondents from the South Somerset West area highlighted that people prefer their own home environment and more familiar surroundings and it would provide better community support and wellbeing including access to friends and family, however
 - Some stated their concerns about insufficient staffing and resources being available to deliver community care together with access to trained carers.

They also highlighted that they live in a rural area with poor transport which makes accessing and visiting hospital services more difficult due to travel constraints

- Respondents from Taunton Central were generally positive about the proposal as they felt it would provide a more personal experience, for people in their own homes, with access to support from local family and friends, however:
 - There were concerns about the rural nature of the county and access to hospital services due to travel issues
 - It was felt that there needs to be sufficient professional local support
- Respondents from the West Mendip area were positive about the benefits of home care as they highlighted people preferring to stay in their own home, in familiar surroundings and with a better environment for their psychological wellbeing and recovery, however
 - There were concerns about access to trained carers and they thought that Community Hospitals are vital to local healthcare
 - Some were concerned about sufficient staffing and resources being available to deliver the community care model
- Respondents from the West Somerset area were generally positive about the enhanced experience for patients to be in their own homes and having more familiar surroundings. They highlighted that this environment was better than hospital for their psychological wellbeing and recovery, however:
 - They felt that Community Hospitals were vital to delivery of local healthcare and that there is insufficient staffing or resources to deliver these services. There would need to be access to trained carers
 - Some felt that local community service delivery was not for everyone as they need more support or would suffer from isolation. Personal choice was seen as important
 - Respondents felt that more centres or resources were required due to having a growing and elderly population
- Respondents from the Chard, Ilminster and Langport, Frome, South Somerset East, Taunton Deane West, Tone Valley and Yeovil areas had too few responses to undertake meaningful analysis. Overall, their views were in line with the other key findings
- Those categorised as outside of Somerset or not stated cannot be analysed in the same way due to the wide geographic dispersion involved

6.2.4 If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? What would be difficult?

- The following findings are illustrated in table 9 overleaf
- There were concerns that this model would require a much higher level of staffing to operate it successfully
- Therefore, some were concerned that there currently isn't enough professional support and that it would not be easy to resolve that issue to meet the needs of the model
- There were examples given of carers not having sufficient time with patients at their homes currently with visits also being infrequent. It was felt that situation could worsen if carers were travelling greater distances to access patients
- Difficulties in accessing local hospital services was raised as a concern due to the rural nature of the county and the lack public transport being available
- Having sufficient emergency and 24-hour care were also highlighted as areas of concern
- There were concerns that family and friends would be put under more pressure to act as unpaid carers, which could also impact on their health
- There were comments made that there is a need for more community hospital beds for convalescence, step down and for those who cannot cope living alone
- Some felt that the proposed model of care is not affordable or sustainable
- Coded responses split by PCN area are shown in table 10 and followed by highlighted findings

Table 9 – If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? – **What would be difficult?**

2b. Community Based Care: What would be difficult:	
Coded Response	Frequency
Need an increased staff / doctors / nurses / carers	296
How to access more support - isn't enough support	216
Sufficient time / visits allocated to provide care	209
Access to hospital services	185
Too far to travel / access for medical assistance or hospital / poor bus service	162
It would add more pressure / fear/ anxiety to relatives / friends/ carers	161
Need more community beds / keep community hospital / convalescence	158
Fear and isolation for patients	150
This model isn't affordable / funding considerations	142
Access to 24 hour care	141
Too far for carers to travel between patients / rural area	135
Issues where patient unable to cope - with dementia etc	99
Concern about growing elderly population	80
Delay in treatment will cause worse health outcomes	62
Need more training for staff	58
Would increase waiting times for appointments at UTC / GP	57
Access to equipment /alterations in patients homes	53
Concern about staff and patient safety / risk	52
Need to integrate social care and health care	50
Issues getting swift access to medications / prescriptions	36
Continuity of care with same carers / doctors / nurses	33
Keep MIU not UTC	28
Patients must not be discharged until they are well	25
Will cost those who have money while deprived get it free	21
Could create / affect mental health	20
Increased pressure on ambulances and paramedics	16
Changing public perception and gaining professional support for the new model	14
Will the targets be achieved?	14
Seaside area with huge increase in demand in summer	11
You must take into account the needs of minorities including financial for those from deprived areas	10
UTCs cannot be run by GPs as there are not enough at present	9
Everything would be difficult	9
Don't know / need more information	9
Bigger isn't better	7
Nothing would be difficult	6
Difficult to recruit staff due to Brexit / uncertainty / poor pay	6
Additional pressure on local charities / 3rd sector organisations	4

2b. Community Based Care: What would be difficult:

Coded Response	Frequency
It has been tried elsewhere and failed	2

Base = 749

Table 10 – If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? – What would be difficult? – split by Primary Care Network (PCN) area.

2b. Community Based Care: What would be difficult: By PCN area																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Need an increased staff / doctors / nurses / carers	296	23	29	7	11	32	6	16	29	3	3	27	53	14	35	8
How to access more support – isn't enough support	216	14	16	4	10	14	3	17	23	3	2	27	42	5	23	13
Sufficient time / visits allocated to provide care	209	11	25	2	6	21	2	15	19	2	1	24	35	7	30	9
Access to hospital services	185	12	17	3	8	21	2	8	13	0	0	23	43	7	18	10
Too far to travel / access for medical assistance or hospital / poor bus service	162	6	14	5	5	22	3	8	16	1	1	19	35	3	16	8
It would add more pressure / fear/ anxiety to relatives / friends/ carers	161	17	14	5	6	18	0	13	9	1	1	18	32	8	13	6
Need more community beds / keep community hospital / convalescence	158	7	14	4	3	18	0	14	13	1	0	20	34	5	18	7
Fear and isolation for patients	150	11	12	4	4	20	3	5	11	3	0	25	26	7	13	6
This model isn't affordable / funding considerations	142	9	12	6	5	11	3	6	18	1	0	21	31	6	8	5
Access to 24 hour care	141	9	11	4	6	14	3	8	12	2	0	20	26	6	15	5
Too far for carers to travel between patients / rural area	135	11	14	3	6	12	4	9	11	3	1	13	25	6	12	5
Issues where patient unable to cope - with	99	5	6	2	2	12	0	7	9	3	0	17	19	6	6	5

2b. Community Based Care: What would be difficult: By PCN area																
Coded Response	Total	Bridgwater	Central Mendip	Chara, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
dementia etc																
None	88	4	9	1	1	9	1	2	5	0	1	7	24	4	6	14
Concern about growing elderly population	80	6	6	0	0	19	0	3	6	1	0	11	17	1	5	5
Delay in treatment will cause worse health outcomes	62	5	7	2	3	7	0	3	2	2	0	7	12	0	9	3
Need more training for staff	58	6	5	1	2	5	2	4	8	2	1	5	6	3	7	1
Would increase waiting times for appointments at UTC / GP	57	3	3	1	0	9	0	5	4	1	0	8	13	2	4	4
Access to equipment /alterations in patients homes	53	1	7	1	2	1	1	3	8	2	1	8	8	4	4	2
Concern about staff and patient safety / risk	52	4	2	1	0	5	1	6	4	1	0	10	10	1	5	2
Need to integrate social care and health care	50	3	5	0	2	3	1	5	5	0	0	6	5	3	8	4
Issues getting swift access to medications / prescriptions	36	2	4	1	2	2	0	2	1	1	1	5	4	2	6	3
Continuity of care with same carers / doctors / nurses	33	4	4	0	0	4	1	3	2	0	0	5	4	3	2	1
Keep MIU not UTC	28	1	3	0	0	6	0	2	1	0	0	3	7	0	4	1
Patients must not be discharged until they are well	25	7	1	1	0	1	0	1	1	0	0	1	7	0	4	1
Will cost those who have money while deprived get it free	21	4	0	0	0	2	1	1	1	0	1	3	2	1	2	3
Could create / affect mental health	20	3	2	1	0	2	0	1	3	0	0	3	4	0	1	0

2b. Community Based Care: What would be difficult: By PCN area																
Coded Response	Total	Bridgwater	Central Mendip	Chara, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Increased pressure on ambulances and paramedics	16	1	1	0	0	1	0	0	0	0	0	5	7	0	1	0
Will the targets be achieved?	14	1	1	0	0	0	0	1	3	1	0	2	3	0	2	0
Changing public perception and gaining professional support for the new model	14	1	0	1	2	2	1	0	0	0	0	2	1	0	2	2
Seaside area with huge increase in demand in summer	11	0	0	0	0	6	0	0	1	0	0	0	4	0	0	0
You must take into account the needs of minorities including financial for those from deprived areas	10	0	1	0	0	0	0	0	1	0	0	3	5	0	0	0
UTCs cannot be run by GPs as there are not enough at present	9	0	0	0	0	3	0	0	0	0	0	1	2	0	2	1
Don't know / need more information	9	1	2	0	0	0	0	1	2	1	0	1	1	0	0	0
Everything would be difficult	9	0	0	0	0	1	0	2	1	0	0	1	1	0	1	2
Bigger isn't better	7	0	0	0	0	2	0	0	0	1	0	0	2	0	1	1
Difficult to recruit staff due to Brexit / uncertainty / poor pay	6	0	1	0	0	1	0	0	1	0	0	1	0	1	1	0
Nothing would be difficult	6	0	0	0	0	1	0	0	0	0	0	0	2	0	1	2
Additional pressure on local charities / 3rd sector organisations	4	0	0	0	0	0	0	0	0	0	0	2	0	1	0	1
It has been tried elsewhere and failed	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0

- Respondents from the Bridgewater thought that there was a need for more staff including doctors, nurses and carers in order to deliver this model. They felt that it would increase pressure and add fear and anxiety to relatives, friends and carers. There were concerns about how to access more support and that there isn't currently enough support or access to hospital services. They believe that the time or number of visits currently allocated to provide support in the home is insufficient and are concerned about the fear and isolation that service users would face
- Respondents from the Central Mendip area highlighted the need for more staff including doctors, nurses and carers, to deliver this model. They stated that the number of visits and time allocated to deliver care at home was presently insufficient. The need to access hospital services should be taken into consideration in the new model. They felt that there isn't enough support and that people need to know how support can be accessed
- Respondents from the North Sedgemoor area highlighted the need for additional staff including doctors, nurses and carers. They felt that services would be too far away, especially hospital facilities, when considering the poor bus service and travelling distances. Access to hospital services was considered an important factor and that there is insufficient visits and time allocated for home care. There was a concern that it could create fear and isolation for some patients
- Respondents from the South Somerset West area thought that it was important for people to know how to access more support and that more support should be available. They suggested that more staff, including doctors, nurses and carers, were required to deliver the model. They also felt that more visits and more time needed to be allocated to home care. The role of the Community Hospital was important to provide more beds for convalescence or step down from hospital
- Respondents from Taunton Central felt increased staff including doctors, nurses and carers, would be needed. They identified access to services and support as areas of difficulty, along with the funding of the additional support required in the home
- Respondents from the West Mendip area were concerned about the need for more staff including doctors, nurses and carers. They also thought people would need more support and to know where to access it. There were concerns about the fear and isolation which some patients might experience. Some mentioned having sufficient visits and time with patients to provide care in the home. There

were concerns about access to hospital services within the proposed model and some questioned if it was affordable and how it would be financed

- Respondents from the West Somerset believed that more staff, including doctors, nurses and carers, would be required to deliver such a service. They felt that access to hospital services was important and that patients may have too far to travel for medical assistance especially as the bus service is poor. They wanted to see additional support available and details about how this support can be accessed. They were concerned that there would be sufficient visits and time allocated to deliver home care
- Respondents from the Chard, Ilminster and Langport, Frome, South Somerset East, Taunton Deane West, Tone Valley and Yeovil areas had too few responses to undertake meaningful analysis. Overall, their views were in line with the other key findings
- Those categorised as outside of Somerset or Not stated cannot be analysed in the same way due to the wide geographic dispersion involved

6.3 Same Day Urgent Care

6.3.1 Q3. We need to have new Urgent Treatment Centres in Somerset for patients who need to be treated urgently. These Urgent Treatment Centres will replace Minor Injury Units but in fewer locations. There will be improved services and the UTCs will offer more treatments than the current Minor Injury Units.

What do you think is most important for us to consider when planning these changes?

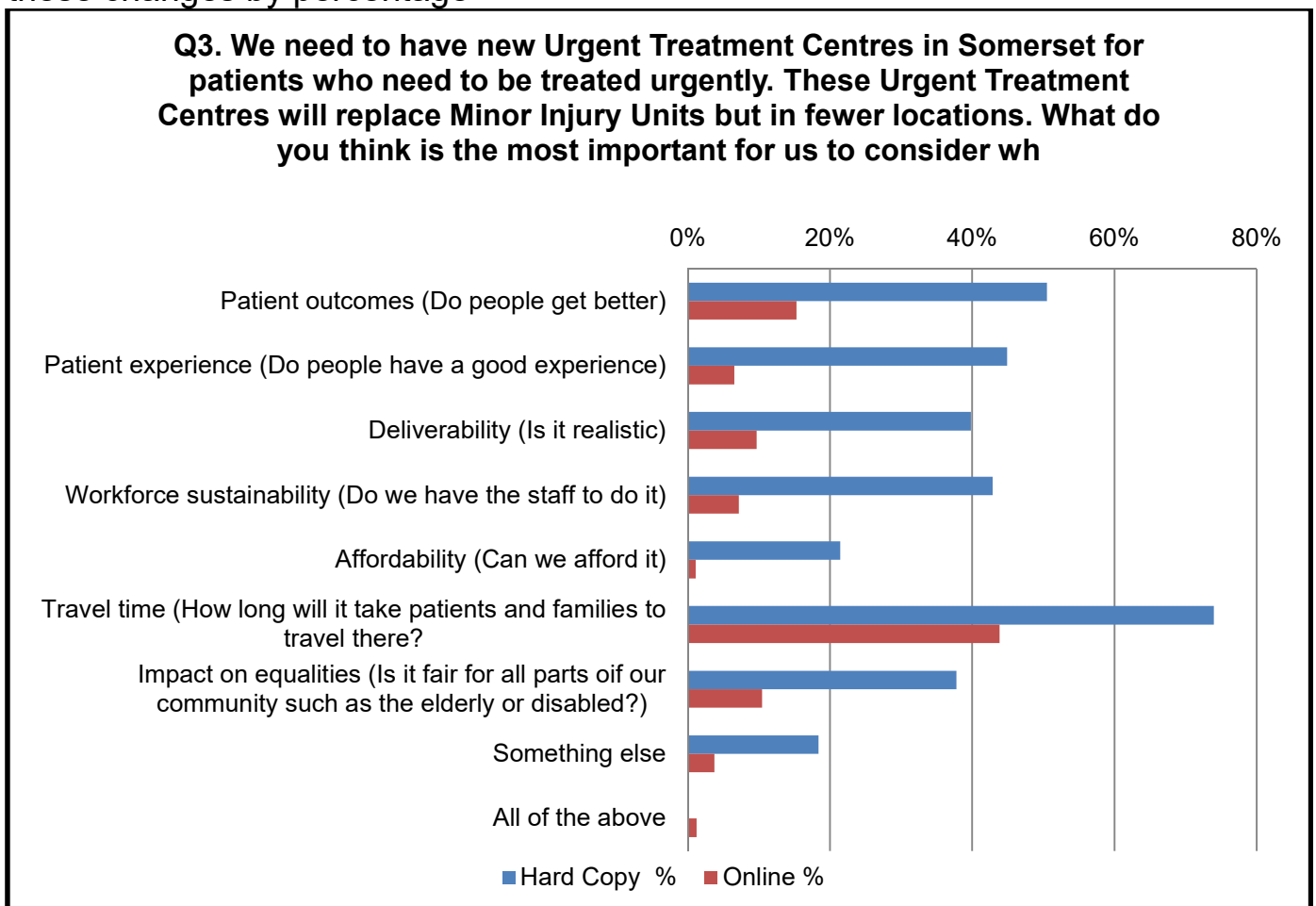
Those responding online were limited to selecting one response only, while those responding by hard copy could tick any number of the options listed. For this reason, the results are not directly comparable and have been analysed separately.

- Travel time is by far the most important aspect both from online respondents (44%) and in hard copy (75%)
- Patient outcomes were also important for many respondents, followed closely by most other aspects
- NHS staff members and clinicians ranked travel time the highest, followed by patient outcomes and deliverability
- When cross tabulating the data by PCN area (which can be seen in tables 12 and 13), it is evident that travel time has the highest level of importance for respondents from Central Mendip, North Sedgemoor, West Mendip and West Somerset
- Patient outcome was seen as more important to respondents from Bridgwater, South Somerset West, Taunton Central and Yeovil
- There were too few responses for statistical evaluation for Chard Ilminster and Langport, Frome, South Somerset East, Taunton Deane West and Tone Valley

Table 11 – What do you think is the most important for us to consider when planning these changes?

Response	Hard Copy 196 (23.4%)	Online 641 (76.6%)	Combined 837 (100%)
Patient outcomes (Do people get better)	99 (51%)	98 (15%)	197 (24%)
Patient experience (Do people have a good experience)	88 (45%)	42 (7%)	130 (16%)
Deliverability (Is it realistic)	78 (40%)	62 (10%)	140 (17%)
Workforce sustainability (Do we have the staff to do it)	84 (43%)	46 (7%)	130 (16%)
Affordability (Can we afford it)	42 (21%)	7 (1%)	49 (6%)
Travel time (How long will it take patients and families to travel there?)	145 (74%)	281 (44%)	426 (51%)
Impact on equalities (Is it fair for all parts of our community such as the elderly or disabled?)	74 (38%)	67 (10%)	141 (17%)
Something else	36 (18%)	24 (4%)	60 (7%)
All of the above	0 (0%)	8 (1%)	8 (1%)
Not answered	0 (0%)	6 (1%)	6 (1%)
Total responses	646	641	1287

Chart 3 – What do you think is the most important for us to consider when planning these changes by percentage



Base: Online = 641 responses/surveys, Hard Copy = 646 responses from 196 Interviews surveys

Table 12 - What do you think is the most important for us to consider when planning these changes – Hard Copy by Primary Care Network (PCN) area

Q3. Same day urgent care - What do you think is most important for us to consider when planning these changes?																	
Q3. Same day urgent care - What do you think is most important for us to consider when planning these changes?	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated	
Patient outcomes (Do people get better)	No.	99	6	16	3	2	13	3	7	10	1	2	6	12	3	12	3
	%	51%	43%	57%	50%	100%	45%	60%	47%	67%	33%	100%	38%	40%	75%	55%	60%
Patient experience (Do people have a good experience)	No.	88	8	17	3	0	12	3	4	6	1	2	5	12	3	10	2
	%	45%	57%	61%	50%	0%	41%	60%	27%	40%	33%	100%	31%	40%	75%	45%	40%
Deliverability (Is it realistic)	No.	78	5	14	1	0	14	3	6	8	2	2	3	10	2	7	1
	%	40%	36%	50%	17%	0%	48%	60%	40%	53%	67%	100%	19%	33%	50%	32%	20%
Workforce sustainability (Do we have the staff to do it)	No.	84	5	17	1	1	15	3	3	4	1	2	3	14	2	10	3
	%	43%	36%	61%	17%	50%	52%	60%	20%	27%	33%	100%	19%	47%	50%	45%	60%
Affordability (Can we afford it)	No.	42	4	7	0	0	8	1	3	6	0	1	2	4	1	3	2
	%	21%	29%	25%	0%	0%	28%	20%	20%	40%	0%	50%	13%	13%	25%	14%	40%
Travel time (How long will it take patients and families to travel there?)	No.	145	8	22	5	1	26	3	10	11	1	1	12	22	2	18	3
	%	74%	57%	79%	83%	50%	90%	60%	67%	73%	33%	50%	75%	73%	50%	82%	60%
Impact on equalities (Is it fair for all parts of our community such as the elderly or disabled?)	No.	74	7	10	1	0	19	2	2	4	0	1	4	14	2	7	1
	%	38%	50%	36%	17%	0%	66%	40%	13%	27%	0%	50%	25%	47%	50%	32%	20%
Something else	No.	36	0	5	1	0	6	2	2	1	1	1	6	6	0	5	0
	%	18%	0%	18%	17%	0%	21%	40%	13%	7%	33%	50%	38%	20%	0%	23%	0%
Base	No.	196	14	28	6	2	29	5	15	15	3	2	16	30	4	22	5

Table 13 - What do you think is the most important for us to consider when planning these changes – Online by Primary Care Network area

Q3. Same day urgent care - What do you think is most important for us to consider when planning these changes?																	
Q3. Same day urgent care - What do you think is most important for us to consider when planning these changes?		Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Patient outcomes (Do people get better)	No.	99	6	16	3	2	13	3	7	10	1	2	6	12	3	12	3
	%	51%	43%	57%	50%	100%	45%	60%	47%	67%	33%	100%	38%	40%	75%	55%	60%
Patient experience (Do people have a good experience)	No.	88	8	17	3	0	12	3	4	6	1	2	5	12	3	10	2
	%	45%	57%	61%	50%	0%	41%	60%	27%	40%	33%	100%	31%	40%	75%	45%	40%
Deliverability (Is it realistic)	No.	78	5	14	1	0	14	3	6	8	2	2	3	10	2	7	1
	%	40%	36%	50%	17%	0%	48%	60%	40%	53%	67%	100%	19%	33%	50%	32%	20%
Workforce sustainability (Do we have the staff to do it)	No.	84	5	17	1	1	15	3	3	4	1	2	3	14	2	10	3
	%	43%	36%	61%	17%	50%	52%	60%	20%	27%	33%	100%	19%	47%	50%	45%	60%
Affordability (Can we afford it)	No.	42	4	7	0	0	8	1	3	6	0	1	2	4	1	3	2
	%	21%	29%	25%	0%	0%	28%	20%	20%	40%	0%	50%	13%	13%	25%	14%	40%
Travel time (How long will it take patients and families to travel there?)	No.	145	8	22	5	1	26	3	10	11	1	1	12	22	2	18	3
	%	74%	57%	79%	83%	50%	90%	60%	67%	73%	33%	50%	75%	73%	50%	82%	60%
Impact on equalities (Is it fair for all parts of our community such as the elderly or disabled?)	No.	74	7	10	1	0	19	2	2	4	0	1	4	14	2	7	1
	%	38%	50%	36%	17%	0%	66%	40%	13%	27%	0%	50%	25%	47%	50%	32%	20%
Something else	No.	36	0	5	1	0	6	2	2	1	1	1	6	6	0	5	0
	%	18%	0%	18%	17%	0%	21%	40%	13%	7%	33%	50%	38%	20%	0%	23%	0%
Base	No.	196	14	28	6	2	29	5	15	15	3	2	16	30	4	22	5

6.3.2 Q3. What do you think is most important for us to consider when planning these changes? – Something else?

The following coded responses were given in the open-ended option provided in this question for ‘Something else’. The responses demonstrate a range of feedback that mainly focuses on reasons why those respondents do not agree with the proposal to replace MIUs with UTCs in fewer locations. A total of 60 responses were provided.

Table 14 – Coded responses to Q3 – Something else

Coded Response	Number
Transport availability / poor public transport / lots don't drive	23
Why can't existing MIUs do this?	10
Covering rural areas	8
Not stated	8
Ability to access care in an emergency – golden hour	6
Quality of service / expertise / equipment / staff	6
Knock on effect on ambulances and A&E	6
Planning for the future / managing demand / population / holiday population	5
Access to appointments	5
Affordability / budgets	4
Tell people which service they should use	4
Impact on GP surgeries	3
Need more detail, particularly which MIUs will close	2
Where to go for what	2
Longer hours / out of hours	2

Note that more than one code applies to some comments.

6.3.3 Q4. If Urgent Treatment Centres were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? What would be better?

- As table 15 indicates, the most common response, with over a third of those commenting, thought that the change would lead to a better service with more treatments being available
- Even though this question asked ‘what would be better?’, nearly a third of responses didn’t think anything would improve as a result of the proposed change:
 - There were requests for more information and clarification relating to the differences between a UTC and a MIU
 - They wanted to know how many UTCs were planned
- Some comments related to concerns with the prospect of losing a local facility:
 - They wanted to know where the new UTCs would be located
 - There were worries about local access to urgent treatment
 - Concerns about the effect of having to travel longer distances to access care, especially for those from low income households who could benefit from a local service
- UTCs were viewed as a good alternative to attending hospitals with an A&E and would take the pressure off those existing services:
 - Some hoped the UTCs would help reduce waiting times
 - Improved quality standards, better monitoring and better patient outcomes were highlighted as positive areas
 - Better facilities and equipment should be available
 - Longer opening hours were mentioned
 - The availability of better qualified staff was seen as a positive
- Some respondents were concerned that this is just a cost cutting measure with the motive to remove local health services
- The coded responses split by PCN area are shown in table 16 and followed by highlighted findings.

Table 15 - If **Urgent Treatment Centres** were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? – **What would be better?**

4a. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be better:	
Coded Response	Frequency
A better service / more treatments	256
Nothing - there would be no improvement	203
Where will the services be located	202
Keep current MIU / good service / local	168
A long trip can be avoided / less travel	94
If local could save deprived residents on travel costs	91
An alternative to A&E	80
How many UTCs will there be	74
Less waiting time would be good	66
Need more information about the difference between UTC and MIU	64
Will alleviate pressure on hospitals	63
Easier to monitor standards / better quality / better outcomes	55
Is this just a cost cutting scheme / will save money	51
Open longer hours / 24 hours	49
Need a local UTC for high elderly population	44
Better qualified staff	42
More staff available	40
Better equipment and facilities	39
If it is successful	30
Will alleviate pressure on GPs / clinics	29
Better communication /joined up healthcare	21
Don't know	20
Need a local UTC for high holiday population	20
But could add / reduce pressure to the ambulance service	14
Don't close Burnham Hospital	11
Needs better parking	8
Provide more community beds instead	8
Use existing buildings to improve efficiency	5
Need local facilities for the disabled	5
Contact between 111 and UTC to smooth the path	4
Easier staff retention	4
Need hospital transport	2

Base = 693

Table 16 - If **Urgent Treatment Centres** were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? – What would be better? – split by Primary Care Network (PCN) areas.

4a. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be better: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
A better service / more treatments	256	19	17	5	7	21	5	18	23	3	4	31	52	12	28	11
Nothing - there would be no improvement	203	12	20	4	6	28	3	8	7	1	0	33	42	4	21	14
Where will the services be located	202	15	24	4	8	27	2	8	11	3	2	16	41	7	26	8
Keep current MIU / good service / local	168	11	23	5	6	23	3	6	1	2	0	17	41	3	18	9
None	144	4	13	5	3	14	1	4	11	1	0	18	31	10	11	18
If local could save deprived residents on travel costs	91	6	7	1	1	9	1	4	4	1	1	8	30	4	9	5
A long trip can be avoided / less travel	94	7	9	0	4	11	0	4	9	1	3	8	19	6	11	2
How many UTCs will there be	74	5	6	4	4	7	2	2	6	1	1	9	9	6	8	4
Need more information about the difference between UTC and MIU	64	4	7	3	3	7	1	3	5	2	2	5	10	4	6	2
Less waiting time would be good	66	6	4	0	1	3	1	8	9	0	1	11	8	3	9	2
Will alleviate pressure on hospitals	63	6	6	1	0	3	2	5	5	2	0	6	10	4	8	5
An alternative to A&E	80	3	4	3	1	4	0	8	11	3	1	9	9	6	12	6
Is this just a cost cutting scheme / will save money	51	2	6	2	0	6	5	2	4	0	1	6	8	1	5	3
Need a local UTC for high elderly population	44	2	2	1	1	9	2	1	3	0	0	1	14	2	4	2

4a. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be better: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Open longer hours / 24 hours	49	5	5	1	1	4	1	1	8	0	0	5	4	4	6	4
Better qualified staff	42	6	3	2	1	0	2	2	3	0	0	4	9	4	3	3
Better equipment and facilities	39	3	2	0	0	6	2	3	6	0	0	5	5	2	4	1
More staff available	40	3	4	3	0	1	2	2	7	0	1	4	8	2	1	2
Easier to monitor standards / better quality / better outcomes	55	3	2	0	3	3	0	8	11	1	1	6	5	4	5	3
If it is successful	30	2	2	2	0	6	0	1	1	0	0	3	6	2	5	0
Need a local UTC for high holiday population	20	0	0	0	0	7	0	0	1	0	0	0	10	0	1	1
Better communication /joined up healthcare	21	2	4	0	0	0	0	3	2	0	0	3	3	3	0	1
Don't know	20	2	4	1	0	1	0	1	2	1	1	3	2	1	1	0
Don't close Burnham Hospital	11	0	0	0	0	9	0	0	0	0	0	0	0	0	2	0
But could add / reduce pressure to the ambulance service	14	1	1	1	0	0	0	1	1	0	0	2	4	0	2	1
Will alleviate pressure on GPs / clinics	29	0	0	2	1	2	1	4	5	1	0	3	2	3	3	2
Needs better parking	8	3	0	0	0	1	0	0	2	0	0	2	0	0	0	0
Provide more community beds instead	8	2	1	0	0	0	0	0	1	1	0	0	2	1	0	0
Use existing buildings to improve efficiency	5	0	0	0	0	1	0	0	0	0	0	1	2	0	1	0
Need local facilities for the disabled	5	0	0	0	0	1	0	0	0	0	0	1	1	1	1	0
Contact between 111 and UTC to smooth the path	4	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0
Easier staff retention	4	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0

4a. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be better: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Need hospital transport	2	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0

Base = 693

- Respondents from the Bridgwater area thought that this change would lead to a better service and more treatments being available. Some wanted to know where the services would be located and some thought there would be no improvement. There were calls to keep the current MIUs open as they provide a good service and are local
- Respondents from the Central Mendip area wanted to know where the new services would be located. There were those calling for the current MIUs to be kept open as they deliver a good service and are local. Some felt that the proposed change offered no improvement over the existing service
- A number of respondents from the North Sedgemoor area thought that the proposed change offered no improvement over the existing service. Some wanted to know where the new services would be located. There were calls to keep the existing MIUs as they provide a good service and are local. There were comments that a long trip could be avoided or less travel undertaken as a result of such a change

- Respondents from the South Somerset West area thought that such a change would provide more treatments and a better service. Others believed there would be no improvement to the service and some queried where the new service would be located. There were some comments around less waiting times and offering an alternative to A&E, which were seen as positive
- Respondents from Taunton Central were generally positive about the better service and more treatments offered by UTCs, but would like to know where they would be located. Some also thought that the proposal would offer better quality healthcare, which would be easier to monitor and would lead to better outcomes while providing an alternative to A&E
- A number of respondents from the West Mendip area thought there would be no improvement to the service. Others felt that there would be more treatments available and a better service than at present. There were calls to retain the current MIU as it offered a good service and is local. Some people wanted to know where the new service would be located
- A large number of respondents from the West Somerset area thought the changes would provide a better service with more treatments available. Others felt that the proposals offered no improvement to the current service. Some asked where the new service would be located and some called for the existing MIUs to be retained as they offer a good local service. It was felt by some that an effective local service could save travel costs for deprived members of their communities
- Respondents from the Chard, Ilminster and Langport, Frome, South Somerset East, Taunton Deane West, Tone Valley and Yeovil areas had too few responses to undertake meaningful analysis. Overall, their views were in line with the other key findings
- Those categorised as outside of Somerset or not stated cannot be analysed in the same way due to the wide geographic dispersion involved

6.3.4 If Urgent Treatment Centres were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? What would be difficult?

- As illustrated in table 17, the majority of respondents were concerned about being able to travel to the proposed UTCs:
 - Transport issues were highlighted relating to the elderly and disabled potentially not being able to drive and relying instead on a poor public transport system
 - Some thought that the rural nature of the county would mean that it would take a long time to drive to the new facilities
 - Potentially taking longer to access emergency facilities was identified as a danger to health and life
 - The cost of transport and the suitability of public transport were raised as issues for the disabled, low income households and young families
- A large number of respondents were keen to know which areas would have a UTC and if their local health provision would suffer:
 - Some felt that clear communication to signpost patients to the most appropriate service would be required
- There were concerns that such a change would increase pressure on local GP surgeries, A&E departments and the ambulance service, leading to increased waiting times:
 - They highlighted the need for 24 hour and out of hours medical provision
- Having sufficient resources to cope with local population growth and increased summer holiday footfall were a concern to some respondents
- People were also concerned that there are insufficient staff resources and funding to deliver current or future services
- The coded responses split by Primary Care Network area are shown in table 18 and followed by highlighted findings

Table 17 - If **Urgent Treatment Centres** were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? – **What would be difficult?**

4b. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be more difficult	
Coded Response	Frequency
Access / distance away / not local / too far to travel	616
Rural area needs local services for urgent care	286
Poor public transport	225
Many don't drive	203
Increased risk to patients from time to get to UTC (golden hour etc)	186
Tell us which MIUs would close / Don't close our local MIU	183
Stress for elderly / infirm / disabled / young children	129
Would increase demand on A&E	105
Increased waiting times	89
UTCs would be less attractive than current MIUs / keep MIUs instead	85
Cost of travel / taxi etc for deprived	76
Insufficient staff	73
Would increase pressure on ambulance / paramedics	65
Would increase pressure on local GPs and clinics	55
Local UTC needed for increased population / house building	50
Insufficient funding	43
Need 24 hour / out of hours	31
Increased holiday footfall	28
Meeting needs for urgent treatment / targets	28
Communications issues	27
Insufficient parking	23
Poor staff skills / need training	21
Increased congestion / carbon footprint	19
Need to provide hospital transport	17
Makes it difficult for relatives to visit which affects recovery	14
Need more community beds / hospice	13
Questionnaire is badly worded / irrelevant	11
Opposed to the closure of Burnham On Sea	11
Everything you have listed - not just one	10
Decision has already been made	9
How do you book urgent care in advance?	9
Difficult to get to early morning or evening appointments	6
Why not use pharmacies for minor injuries?	4
Would use Bath instead	4
Would Mental Health be included	3

4b. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be more difficult	
Coded Response	Frequency
It has been tried before and failed	2
Adequate social care support	2
Should look at preventative interventions	2

Base = 720

Table 18 - If **Urgent Treatment Centres** were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? – What would be difficult? – split by Primary Care Network (PCN) areas.

4b. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be more difficult: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Access / distance away / not local / too far to travel	616	38	58	14	21	67	8	37	44	9	5	79	118	23	66	29
Rural area needs local services for urgent care	286	17	22	9	8	25	4	20	21	4	1	41	59	11	34	10
Poor public transport	225	12	20	6	10	31	2	22	8	1	2	26	45	5	21	14
Many don't drive	203	12	15	3	9	27	4	16	8	2	2	25	39	8	23	10
Increased risk to patients from time to get to UTC (golden hour etc)	186	9	19	3	4	17	2	9	12	1	1	34	49	0	14	12
Tell us which MIUs would close / Don't close our local MIU	183	12	20	4	4	19	1	8	10	1	0	27	39	5	24	9
Stress for elderly / infirm / disabled / young children	129	7	11	3	6	15	2	11	7	2	3	7	32	4	18	1
None	117	5	8	6	1	11	1	4	10	0	0	12	22	8	11	18
Would increase demand on A&E	105	5	17	4	1	7	1	7	6	1	0	18	20	2	12	4
Increased waiting times	89	10	9	2	2	15	1	4	2	1	0	10	20	2	5	6
UTCs would be less attractive than current MIUs / keep MIUs instead	85	6	10	3	1	10	0	7	4	0	0	11	16	3	11	3
Cost of travel / taxi etc for deprived	76	7	4	1	3	3	1	6	3	0	2	11	20	2	9	4
Insufficient staff	73	7	10	0	1	11	2	3	7	0	2	5	15	1	5	4

4b. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be more difficult: By PCN areas

Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Would increase pressure on ambulance / paramedics	65	3	7	1	2	4	0	1	4	0	0	9	25	0	7	2
Would increase pressure on local GPs and clinics	55	2	11	4	0	7	1	4	2	0	0	2	7	1	12	2
Local UTC needed for increased population / house building	50	6	6	0	1	9	0	2	0	1	0	4	9	2	10	0
Insufficient funding	43	1	7	0	1	4	1	3	3	0	1	8	7	1	4	2
Need 24 hour / out of hours	31	6	0	1	0	4	1	2	3	0	1	3	8	0	2	0
Increased holiday footfall	28	1	0	0	0	12	0	0	0	0	0	0	13	0	1	1
Meeting needs for urgent treatment / targets	28	2	5	2	1	1	0	2	6	0	0	0	4	1	1	3
Communications issues	27	2	5	1	0	0	1	3	5	0	1	1	2	4	1	1
Insufficient parking	23	4	0	0	2	2	0	1	2	0	0	3	4	0	5	0
Poor staff skills / need training	21	1	2	0	1	1	0	1	1	0	2	1	6	0	3	2
Increased congestion / carbon footprint	19	1	2	0	2	1	0	0	1	0	0	5	3	0	3	1
Need to provide hospital transport	17	0	2	0	1	5	1	0	2	0	0	1	2	1	1	1
Makes it difficult for relatives to visit which affects recovery	14	1	2	0	0	5	0	1	2	0	1	1	1	0	0	0
Need more community beds / hospice	13	0	2	0	0	2	0	0	0	0	0	4	1	0	4	0
Opposed to the closure of Burnham On Sea	11	0	0	0	0	10	0	0	0	0	0	0	0	0	1	0
Questionnaire is badly worded / irrelevant	11	0	1	0	0	2	2	1	0	0	0	2	0	0	3	0
Everything you have listed - not just one	10	1	0	0	0	2	0	0	0	0	0	1	3	0	2	1
How do you book urgent care in advance?	9	1	1	0	0	2	0	0	2	0	0	1	1	0	1	0

4b. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be more difficult: By PCN areas																
Coded Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Decision has already been made	9	0	0	0	0	0	1	0	0	0	0	3	2	0	3	0
Difficult to get to early morning or evening appointments	6	1	1	0	0	0	0	0	0	0	0	1	2	0	0	1
Would use Bath instead	4	0	2	0	0	0	1	0	0	0	0	1	0	0	0	0
Why not use pharmacies for minor injuries?	4	0	0	0	0	1	0	1	1	0	0	0	0	1	0	0
Would Mental Health be included	3	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0
It has been tried before and failed	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Adequate social care support	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Should look at preventative interventions	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0

Base = 720 (Other responses <2 listed in appendix 2)

- Respondents from the Bridgewater area thought that this change would lead to access issues due to the distances involved and care being too far away from their community to travel. Some felt that such a rural area needs local urgent care services and that travel is more difficult due to poor public transport and many local people don't drive. Some wanted to know which MIUs would close and appealed to the CCG not to close their local MIU. There were some concerns about increased waiting times at the new UTCs
- Respondents from the Central Mendip area were concerned that the new centres would be difficult to access as they would not be local and people would have to travel a distance to access services. Some felt that in their rural area it was important to have local services for urgent care with poor public transport. Some wanted to know which MIUs would close and asked the CCG to consider keeping their local unit open. There were concerns that these changes would lead to an increased risk to patients due to delays in receiving treatment (the golden hour) and higher demand at A&E
- A number of respondents from the North Sedgemoor area thought that access to services would be more difficult as they would be further way and too far to travel to in a largely rural area. Some felt that a local facility is even more important due to the poor public transport network and many local people do not drive. Some asked which MIUs would be closed and appealed to the CCG not to close their local MIU. There were concerns about the detrimental effect of additional travel time (the golden hour) on patient outcomes
- Respondents from the South Somerset West area thought that such a change would make access to care more difficult as it would be too far away to travel to, especially with a poor public transport service and with many local people not driving. In such a rural area people thought it necessary to provide local services for urgent care. There were concerns about additional stress for the elderly, infirm, disabled and young children due to the lack of a local urgent care facility along with an increased risk to patient outcomes from the additional travel (the golden hour)
- Respondents from Taunton Central were mainly concerned about access to the new UTCs in a largely rural county with poor public transport, were concerned about the dangers of not accessing care in time and sought clarification around which MIUs would close and the location of the proposed UTCs
- A number of respondents from the West Mendip area were concerned about the distance being too far to travel to access urgent care services. Some felt that a

largely rural area needed local services for urgent care as they were concerned about the effect of longer travel times on patient outcomes (the golden hour). People wanted to know which MIUs would close and asked the CCG not to close their local MIU. The poor public transport in the area and concerns that many don't drive added to the issue of care being further away

- A large number of respondents from the West Somerset area were concerned about access to urgent care if services were further away or too far to travel to. Some felt that with a large rural area that local urgent care was necessary to avoid the risk of poor patient outcomes due to increased travel time (the golden hour). This is made worse by the poor public transport service and that many local residents don't drive. Some sought clarification around which MIUs would close and the location of the proposed UTCs
- Respondents from the Chard, Ilminster and Langport, Frome, South Somerset East, Taunton Deane West, Tone Valley and Yeovil areas had too few responses to undertake meaningful analysis. Overall, their views were in line with the other key findings
- Those categorised as outside of Somerset or not stated cannot be analysed in the same way due to the wide geographic dispersion involved

6.4 Capacity Responding

6.4.1 Question 5 demonstrates that a wide range of representatives from organisations responded to the survey.

Table 19 – If you are responding on behalf of an organisation, which organisation do you represent?

Organisation
Bridgwater Older Peoples Forum
Burham Without Parish Council
Carhampton & Blue Anchor Parish Council
Friends of Crewkerne hospital
Home from Home Care
I am a Mendip District Councillor representing a very large rural area around Frome from Rudge to West Woodlands
I am a trustee of Wellington League of Friends, but I am replying with my personal opinions.
I run Whistleblowers UK
I'm a volunteer at Minehead Community Hospital
League of friends of Williton hospital.
Minehead community hospital
NHS
NHS Chard MIU
NHS- RRS
Parishioners from Chaffcombe, near Chard
PPG
Practice Participation Group - Vine Surgery
Rethink Mental Illness. Reconnect Team
Rusty Road 2 Recovery
Shepton Mallet Men's Shed
Somerset County Councillor & Mendip District Councillor
Somerset NHS Partnership Trust - Meadow WD Willerton
Somerset Partnership (SomPar) Neighbourhood Services
Somerset partnerships
Sompar
St Margarets Hospice
Tawstock medical centre. Chard
The Dene Lodge
The Parish Council
Women's Institute
Women's Institute Crowcombe

6.4.2 Q6. In what capacity are you responding to this consultation?

- Table 20 demonstrates that responses to the survey were received from a wide number of respondent types
- Current or former community patients made up the largest group of respondents at 42.65% (357), followed by 15.05% (126) of the responses coming from family members
- Other at 14.70% (123), NHS staff members at 11.23% (94) and carers at 8.84% (74), were the next largest groups of representation

Table 20 – Response by type of responder

In what capacity are you responding to the consultation?	Overall
Current or former community patient	42.65%
Family member	15.05%
Carer	8.84%
Clinician	1.43%
NHS staff member	11.23%
Member of the public	4.42%
Other	14.70%
Not answered	1.67%
Base	837

7. Discussion Groups and Meetings Data

7.1 Introduction

The following sets out the list of discussion group notes supplied for analysis. Some groups were contacted to gather feedback specifically from those with protected characteristics in line with the Equality Act 2010.

A total of 64 events were held with 971 individuals. The groups held fell into three broad categories:

- Focus Groups – These followed a set series of questions with specific recruited participants to investigate aspects of the proposals. A full breakdown of the topics that emerged is provided in that section
- Drop in – These were pre-arranged sessions that were promoted and held with the public to gather unstructured feedback. Some of these received no attendance and therefore, no feedback was extracted
- Meetings – Some specific groups were contacted and formal meetings were arranged

Table 21 over the page provides details of each specific group held.

Table 21 – Details of groups held

Date	Meeting Name/Group Description	Venue	Total attendees	Type of Group
31/01/2020	Somerset Partnership Community Matrons Staff Meeting	Bridgwater Community Hospital	4	Meeting
01/02/2020	Engagement Drop-In Event	Wiviliscombe Library	18	Drop in
01/02/2020	Engagement Drop-In Event	Taunton Library	9	Drop in
03/02/2020	Talking Café	Great Western Hotel, Taunton	3	Drop in
03/02/2020	Somerset Engagement & Advisory Group	Bridgwater & Albion Rugby Club	28	Focus Group
04/02/2020	Talking Café	Williton Pavillion	11	Drop in
04/02/2020	Engagement Drop-In Event	Bridgwater Community Hospital	34	Drop in
05/02/2020	Engagement Drop-In Event	Minehead Community Hospital	44	Drop in
05/02/2020	Engagement Drop-In Event	Cheddar Library	0	Drop in
05/02/2020	Engagement Drop-In Event	Wells Library	3	Drop in
07/02/2020	Engagement Drop-In Event	Chard Community Hospital	56	Drop in
07/02/2020	Engagement Drop-In Event	Crewkerne Community Hospital & Health Centre	25	Drop in
07/02/2020	Community Services Operational Committee Directorate Meeting	Bridgwater Community Hospital	12	Meeting
08/02/2020	Engagement Drop-In Event	Burnham-On-Sea Library	10	Drop in
08/02/2020	Engagement Drop-In Event	Bridgwater Library	4	Drop in
10/02/2020	Engagement Drop-In Event	Ilminster Library	1	Drop in
10/02/2020	Engagement Drop-In Event	Chard Library	5	Drop in
10/02/2020	Community Scrutiny Committee	Sedgemoor District Council, Bridgwater	9	Meeting
11/02/2020	Patient Voice Meeting	Yeovil District Hospital	3	Meeting
12/02/2020	Somerset hospitals League of Friends meeting	Westlands, Yeovil	11	Focus Group
13/02/2020	Engagement Drop-In Event	Shepton Mallet Community Hospital	56	Drop in
14/02/2020	Talking Café	Dulverton Library	8	Drop in
14/02/2020	Engagement Drop-In Event	West Mendip Community Hospital	44	Drop in
17/02/2020	Talking Café	The Beach Hotel, Minehead	10	Drop in

17/02/2020	Engagement Drop-In Event	Wincanton Community Hospital	26	Drop in
17/02/2020	Engagement Drop-In Event	Minehead Library	13	Drop in
17/02/2020	Scrutiny Board	Mendip District Council, Shepton Mallet	11	Meeting
18/02/2020	Engagement Drop-In Event	Burnham-On-Sea Community Hospital	70	Drop in
19/02/2020	Talking Café	Wiveliscombe	14	Drop in
19/02/2020	Engagement Drop-In Event	South Petherton Community Hospital	22	Drop in
20/02/2020	Engagement Drop-In Event	Frome Community Hospital	23	Drop in
21/02/2020	Engagement Drop-In Event	South Petherton Library	5	Drop in
24/02/2020	Engagement Drop-In Event	Williton Community Hospital	15	Drop in
24/02/2020	Engagement Drop-In Event	Nether Stowey Library	3	Drop in
25/02/2020	Engagement Drop-In Event	Wellington Community Hospital	7	Drop in
25/02/2020	Engagement Drop-In Event	Dene Barton Community Hospital	3	Drop in
27/02/2020	Primary Care Workshop	The Canalside, Bridgwater	4	Focus Group
29/02/2020	Engagement Drop-In Event	Glastonbury Library	28	Drop in
29/02/2020	Engagement Drop-In Event	Frome Library	10	Drop in
02/03/2020	Engagement Drop-In Event	Priorswood Library	4	Drop in
02/03/2020	College Engagement Event	Richard Huish College, Taunton	40	Drop in
03/03/2020	College Engagement Event	Strode College	91	Drop in
04/03/2020	Scrutiny for Policies, Adults and Health Committee, Somerset County Council	Taunton Library meeting room	8	Meeting
04/03/2020	Workshop for primary care staff	Mendip District Council, Shepton Mallet	10	Meeting
05/03/2020	Patient Participation Group Chairs Network meeting	Junction 24 meeting room, Bridgwater	20	Meeting
06/03/2020	Engagement Drop-In Event	Martock Library	4	Drop in
06/03/2020	Engagement Drop-In Event	Yeovil Library	3	Drop in
07/03/2020	Public Listening Event	The Beach Hotel, Minehead	27	Drop in
07/03/2020	Public Listening Event	Holiday Inn, Taunton	5	Drop in
07/03/2020	Engagement Drop-In Event	Dulverton Library	2	Drop in

07/03/2020	Engagement Drop-In Event	Williton Library	3	Drop in
09/03/2020	Engagement Drop-In Event	Langport Library	4	Drop in
09/03/2020	Engagement Drop-In Event	Street Library	6	Drop in
10/03/2020	Engagement Drop-In Event	Shepton Mallet Library	15	Drop in
10/03/2020	Men in Sheds	Men in Sheds, Taunton	6	Focus Group
11/03/2020	Talking Café	Yeovil District Hospital	5	Drop in
11/03/2020	Stay and Play Toddler Group, Taunton	Compass Wellbeing Centre, Taunton	6	Focus Group
11/03/2020	Primary Care Network Clinical Directors meeting	The Monks Yard, Ilminster	7	Meeting
11/03/2020	Wednesday Club - Martock Youth Club, Martock	Martock Youth Club, Martock	10	Focus Group
12/03/2020	Primary Care Workshop	Holiday Inn, Taunton	11	Focus Group
13/03/2020	Musgrove Park Hospital	Musgrove Park Hospital	10	Drop in
16/03/2020	Talking Café	The Angel, Langport	3	Drop in
16/03/2020	Talking Café	Chard Library	0	Drop in
16/03/2020	Martock Youth Parish Council	Martock Youth Club, Martock	9	Focus Group

7.2 Approach to Analysis

The most common responses that emerged from the discussions have been identified. A full breakdown of all responses can be provided upon request. Feedback was collated from individuals within the groups and meetings, noted by the facilitators and provided for analysis on a group by group basis.

The analysis has been split into two sections:

- The first section includes all general meetings and drop-in sessions where views were gathered on a variety of themes relating to the engagement exercise (section 7.3)
- The second section relates to the focus groups undertaken, with a separate table given for each topic discussed (section 7.4)

A number of meetings were conducted both for this engagement and an inpatient mental health consultation that was running concurrently. Consequently, some comments cross over with mental health issues being mentioned within the context of potential changes to community services.

7.3 General views from meetings and drop-in sessions

Table 22 – Feedback from general groups – Key themes

Overall Group Feedback	
Coded responses	Frequency
Need further knowledge / information	264
Travel distance is too far	241
Tell us which MIUs would close / Don't close our local MIU	232
GP issues - appointments / get them to do more / Pharmacy	198
Communications issues	197
Insufficient staffing / resources / training for community care	141
More x-ray and other services locally are good	140
Systems not equipped to deal with continuity / care in community / 3rd sector support	99
Poor public transport	88
Need services in this area as population expanding / house building / ageing population	86

- Many comments related to requests for further detail on the proposed changes, so that the attendees could understand how changes will be implemented or the potential effects upon their future services and care
- The most common responses related to the increased distance that service users may have to travel for treatment if their local MIU were to close
- Some sought clarity on which specific MIUs were to be replaced by UTCs. Many felt they would prefer to keep their local MIU rather than travel to an UTC
- There were concerns about access to their local GP surgeries and, in particular, the difficulty in getting appointments hence they may use their local MIU when they cannot get access. Some felt that GPs and local pharmacies should do more to provide minor injuries care
- A high proportion of comments related to the difficulty understanding what services were available, what service they should use and how to access services. For example, there were requests to understand the differences between a Walk-in Centre, a MIU and an UTC. It was asked if they should they use one of those facilities or instead go to the GP surgery or the A&E department. It was felt that the proposed model would need to be explained in more detail
- Some were concerned that there are not enough staff available to operate the proposed service. It was highlighted that the service is planned to be GP-led, but it was already difficult to see a GP as they are in short supply

- A positive from the proposals was the plan to move more health services into the community via the UTCs. In particular it was felt that this would speed up the process for x-rays and test results
- There were concerns that care in the home would not be supported effectively by existing systems and working arrangements. It was felt that a holistic approach incorporating health services, social services and third sector organisations would be required and would need to share information and coordinate resources
- It was felt that planning of future models of care should consider the impact of an ageing population, population expansion (house building) and areas that experience a high holiday footfall

Some protected characteristic issues were identified from the groups:

- Same sex couples are less likely to have children and gay older men are more likely to live alone, which can mean that care at home is difficult for them when they get older
- Taunton has a gender clinic, which could be extended into other localities too
- Less MIUs or UTCs will affect those with impaired mobility and their carers
- It was felt that there is a need to map areas of deprivation to understand their needs and ensure there will be an adequate provision for them in terms of urgent care
- There is a need to consider learning disabilities with GPs in particular struggling to understand their specific requirements
- Long term disabled people who may not meet the criteria for care support may fall through the gaps for help and support
- There are challenges for older people who live alone in the community that need specific support that may not come from their families
- Older people don't or can't always drive so need local facilities
- Equality is important – there's a patchwork of services in Somerset, which needs to be addressed so that there is equitable access
- People with disabilities (multiple) must be considered in all aspects (travel, care, support) e.g. sight loss in some cases because of poor CAMHS experiences
- Importance of continuity of care, especially for elderly and young people with Autism – issues if people see a different face every time when they need help
- Importance of a familiar face i.e. the same professional to build trust and get to know the whole person so that holistic care can be provided

- Mental health needs to be part of mix and treated equally to physical needs
- Lack of understanding of the menopause in some cases meaning women don't always get the help they need
- Solve issues around housing, education, employment, social integration etc to improve health inequalities

7.4 Focus Groups

Views were sought using a discussion guide asking seven specific questions in relation to the engagement exercise.

Community based care

- Q1 – Views on what is important to consider if we are going to invest in new services that help support people in their own homes, and have fewer community hospital inpatient beds
- Q2 – Capture their views on whether the proposal will address the challenges faced
- Q3 – Views on how this change might affect the people they represent - Capture their views on what would be better and what would be difficult

Same day urgent care

- Q4 – Views on what is important to consider if we move to new Urgent Treatment Centres to replace Minor Injury Units in fewer locations
- Q5 – Capture their views on whether the proposal will address the challenges faced
- Q6 – Views on how this change might affect the people they represent. **Any other comments/suggestions**
- Q7 – Capture any other comments, suggestions and alternatives views on how this change might affect the people they represent

The following sets out the analysis with a table of key themes for each question asked. The full set of responses has been passed to the CCG for consideration.

7.4.1 Community based care feedback

Q1 – Views on what is important to consider if we are going to invest in new services that help support people in their own homes and have fewer community hospital inpatient beds.

Table 23

Q1 What is important to consider for home based care – Key themes

Q1. Views on what is important to consider if we are going to invest in new services that help support people in their own homes, and have fewer community hospital inpatient beds.	
Coded responses	Frequency
Simplify access to community services - one contact number - good initial support - 111	24
Patients being excluded because they are not digitally enabled / on the internet / Socially isolated	16
Insufficient staffing / resources / training for community care	16
Cost / funding for organisations and resources	13
Systems not equipped to deal with continuity / care in community / 3rd sector support	13
More x-ray and other services locally are good	11
Rural area with poor transport making hospital visits difficult / reduce travel	10
Some people are not suitable for home care / Isolation / can't cope - Need choice	9
GPs are not linking in to community services / GP access	7
Need more community beds / hospice / care homes capacity	7

- Comments related to the need for a simple point of access for home-based care that could help organise services for the patients' needs and integrate with all agencies involved. It was asked if the systems are equipped to deal with that need
- There were concerns that some people may be excluded from the model because they are not connected via technology and communications systems, meaning they could become socially isolated
- There were concerns around the number of carers required due to the need to travel around a rural geography and the time taken for these visits. There were also questions raised around the additional training that would be required to operate more of a home-based model
- Some questioned if there was a sufficient budget available to deliver this model of care
- Having local support services available was seen as a positive

- The need for choice was mentioned as some patients will not cope with home care, meaning that some may become lonely and isolated
- There were some concerns about the support available from local GPs and some thought they needed to be involved more
- A need for local community beds was raised in order to provide respite care, an alternative for those who cannot cope at home and end of life (hospice) care. Some suggested that care homes could be used for this if they have capacity

Q2 – Capture their views on whether the proposal will address the challenges faced

Table 22 – Whether the proposal will address the challenges – Key themes

Q2. Capture their views on whether the proposal will address the challenges faced.	
Coded responses	Frequency
If people can get to the services / travel / rural areas	10
Combined multi agency hubs required	10
Need more information about what is included in the model	8
Poor staff recruitment and retention	8
Adequate social care support / County Council involvement	7
Communication issues	7
Poor 111 service / people call 999 instead	6
Only if sufficient investment in community services	5
Will patients be supported by volunteers?	5
Consider issues of travel for disabled	4
Staff training for disability	4
Ask my GP and database issues undermine public confidence	4
Some people are not suitable for home care / Isolation / can't cope - Need choice	4
Tackling IT / technology issues	4
How many nursing homes / how are they staffed?	4

- Very few comments were made, which may reflect the lack of detailed knowledge around the issues faced or the details of the proposal
- Most comments related to the difficulties faced in a rural county in terms of accessing these services and the need for a multi-agency approach, particularly the involvement of social services
- Concerns about staffing relating to the recruitment and retention of suitable staff were raised
- Communicating the details of the model effectively was an area that could be addressed
- Some felt that the NHS 111 service was poor and that they would use 999 instead if there was an urgent issue

Q3 – Views on how this change might affect the people they represent - Capture their views on what would be better and what would be difficult

Table 25
How this change might affect people (better or difficult) – Key themes

Q3. Views on how this change might affect the people they represent - Capture their views on what would be better and what would be difficult.	
Coded responses	Frequency
Travel / transport / bus difficulties /rural	16
Family members provide support	14
Access to information / no internet in rural areas	8
Residential nursing homes provide a good resource / what will their purpose be / barrier in getting the patient to use	8
Staffing issues / retention /recruitment	8
Unpaid carers	7
Finance & budgets / cost	7
Better to have care close to home / at home	7
Deprived low income / health inequalities	6
Voluntary organisations could help support care	6
Who speaks on behalf of the patient / no family	6

- Travel issues were mentioned around access due to the rural area and poor public transport availability
- It was pointed out that family members often provide (unpaid) support and care. This can add difficulty and stress to the family member and is an issue where people live alone and don't receive this support
- Poor internet connectivity in a rural county was seen as a difficulty as it made getting help online more problematic
- The option of using care homes as a resource was discussed, suggesting there is a need to investigate how they could be used and accessed
- Having sufficient staff and retaining them was an area for concern. It was stated that professional carers could spend a long time travelling for which they may not be paid
- Some were concerned if the financial cost for the proposed service was feasible
- There was a view that care at home is better and leads to improved outcomes, but that it may not be suitable for everyone (low income areas especially)
- There was encouragement to utilise the resources available from local voluntary organisations and include them in the planning

7.4.2 Same Day Urgent Care

Q4 - Views on what is important to consider if we move to new Urgent Treatment Centres to replace Minor Injury Units in fewer locations

Table 26 – What is important for patient experience and travel – Key themes

Q4. Views on what is important to consider if we move to new Urgent Treatment Centres to replace Minor Injury Units in fewer locations	
Coded responses	Frequency
Travel and transport issues / poor public transport / rurality	25
Insufficient staffing / resources / training for community care / GP lead?	18
Fewer MIUs / UTCs make it more difficult to attend / vulnerable people	14
Talk before you walk / 111 / needs professional staff / good advice	11
Communicate / signpost / in schools / where to go with which health issues	11
Sufficient time allocated to provide care / increased waiting times	7
More x-ray and other services locally are good	7
How much will it cost the patient areas of deprivation	6
Support UTC / better service/ better outcomes	6
Need services in this area as ageing population / increasing population	5

- There were concerns that their local facility would close, leading to travel issues in getting to the new Urgent Treatment Centre. Poor public transport and the difficulties navigating around a rural county were highlighted
- The perceived lack of suitable trained staff was raised and, in particular, the shortage of GPs for what is intended to be a GP-led service
- There were concerns raised about the impact on vulnerable people in the community who may find getting to a new Urgent Treatment Centre difficult
- There was some criticism of the NHS 111 service, which people felt gave poor advice and that the call handlers were not sufficiently medically trained
- Clarity was sought around the function of each health provision (Walk-in Centre, Minor Injuries Unit, Urgent Care Centre, GP Surgery, A&E etc) and the need for effective signposting was suggested as it was thought that the public are confused about where to go
- It was thought that consultations/engagement exercises were generally too brief and time limited

Q5 – Capture their views on whether the proposal will address the challenges faced.

Table 27 – Capture their views on whether the proposal will address the challenges faced – Key themes

Q5. Capture their views on whether the proposal will address the challenges faced.	
Coded responses	Frequency
Need to solve travel issues if you take local MIUs away	7
NHS 111 needs more training / signposting / access to information	4
Need more staff / younger staff / training	4
Where is the money coming from?	3
Move power from hospital to community	3
How do people find out what support is available?	2
Accessibility and access to buildings and services	2
Where are the GPs coming from to staff the UTCs	2
Focus on prevention rather than solution	2
Need to improve transport networks	2
Older people need more support / face to face	2
Test results take too long	2
Better parking	2

- Some respondents thought that the transport issues would need to be addressed before any local MIUs were ‘taken away’
- Some felt that the GP surgeries and pharmacies needed to provide this local service (in terms of minor injuries support)
- There were concerns about the effectiveness of NHS 111, but it was felt that this was a key signposting service. The staff at this service would need training and access to more information about what is available locally
- It was felt that more staff (especially GPs) would be required to run the service effectively. It was suggested that younger people should be targeted for recruitment to ensure future proofing
- A number of issues relating to the technical aspects and operating of the service were raised, such as would it improve the speed at which test results were received and would there be better parking

Q6 - Views on how this change might affect the people they represent.

Table 28

Views on how this change might affect the people they represent – Key themes

Q6. Views on how this change might affect the people they represent	
Coded responses	Frequency
The proposal would improve things	5
Isolation if they are unable to travel	4
Poor public transport makes travel difficult	4
Should help reduce A&E / Ambulance demand	4
Car parking issues - spaces and cost	3
Map deprived areas to ensure health equality	3
UTC could reduce demand on GP surgeries	3
Elderly / growing populations need local MIUs	2
Lack of staff could cause long waiting times	2
Patients will be scared and worried about where to go	1
Holiday increase in population affects demand	1
Concern about those with no family to support them	1
Have not used services in a long while	1
The proposal would create too much risk due to lack of local services	1
Could be more positive for families if waiting times are cut	1
Depends on where the UTCs are located / needs planning	1
A one stop shop should improve mental health issues as no need to attend elsewhere	1

- Very few comments were captured, with some comments in general support of the proposals
- People were concerned about difficulties travelling in a rural county and the specific issues faced by isolated individuals as poor public transport adds to these difficulties
- Some felt that the changes would impact positively by reducing demand on the ambulance service and A&E departments
- Some specific concerns were listed

7.4.3 Any Other Comments/Suggestions

Q7 - Capture any other comments, suggestions and alternatives views on how this change might affect the people they represent.

Table 29 – Any other comments / suggestions – Key themes

Q7. Any other comments/suggestions Capture any other comments, suggestions and alternatives	
Coded responses	Frequency
Need local provision due to poor public transport	8
Where to go for services / contact points	7
Look at other areas (e.g. Devon) / existing pilots	4
New house building and population growth need to be factored in	3
Give opportunity / funding to all voluntary groups	2
Look at existing transport services and rates / community transport	2
An opportunity for a holistic approach with multi disciplinary teams (health, social care and 3rd sector)	2
Need staff training / medical knowledge for triage	2
Where technology is required there are issues of access for users	2
Need to consider safeguarding issues	2

- A local provision was suggested as the need for transport could make it difficult to access healthcare once local Minor Injury Units were closed
- A need to signpost healthcare services was identified, ideally with a well-publicised point of contact
- Some thought that looking at other similar areas where changes to local healthcare have been implemented may be helpful. They also felt that looking at existing pilots, and learning from them, would be a good approach
- The need to consider population changes was highlighted as a means to ensure future sustainability

8. Professional Groups

The following sets out the list of official responses, emails and letters supplied for analysis from identified professional groups.

Table 32 – Professional Groups that responded

No.	Date	Document Type	Organisation	Group Type
A	04/02/20	Email	Somerset Counselling Centre	Council
B	05/02/20	Email	Somerset Partnership	Council
C	20/01/20	Email	Chairman of Shepton Mallet League of Friends	3rd Sector
D	11/02/20	Email	Scrutiny - Sedgmoor District Council	Council
E	24/02/20	Email	Member, Wiveliscombe Town Council	Council
F	27/02/20	Email	Governor of the RUH for the Mendip constituency	NHS
G	19/02/20	Email & Petition	Chairman: Friends of Burnham Hospital	3rd Sector
H	10/03/20	Letter	Clerk to Carhampton Parish Council	Council
I	06/04/20	Email & Letter	Labour Party	Political
J	12/04/20	Email & Petition	Labour Party	Political
K	08/04/20	Email & Letter	Town Clerk, Chard Town Council	Council
L	12/04/20	Email & Letter	Somerset West and Taunton Council	Council

The following pages set out a summary of findings from each of these responses with the full response being reviewed also by the CCG. The main themes from these responses have been included in the Summary of Findings section.

a. Email & Letter – Somerset Counselling Centre – 04/02/2020

- Engage with other parts of the UK that have already done this piece of work
- Lessons learned and outcomes positive and negative and impacts of decisions to reduce community beds in favour of home care
- Seem to include large hospital beds, ED admissions etc
- Great that mental health is separated out to try to allow it to catch up to physical health
- There is a bias to physical wellbeing and statutory hospital work which needs to be looked at
- It would be good to have a short session on how mental health can be better integrated to achieve the vision of both being recognised equally

b. Email – Somerset Partnership – 05/02/2020

- Will jobs (bank HCA) be lost at the community hospitals?
- What are the timeframes for these changes to be introduced?

c. Email – Chairman of Shepton Mallet League of Friends – 20/01/2020

- Writing on behalf of the League of Friends of Shepton Mallet Community Hospital. The hospital has two functioning buildings on site plus a number of other ancillary buildings. The two main buildings are the Community Hospital & an NHS Treatment Centre who carry out elective Secondary care
- The Community hospital was relocated from a stone-built District Hospital site between 1983/4 into a number of Porta Cabins with the express promise that a new build would be completed/replaced when money allowed; these over the years have been well maintained but are now showing increasing signs of age
- The Community Hospital is used on a daily basis by the community and the surrounding villages, for its MIU (approx. 4000 people per year), 8 inpatient beds (reduced over the last two years from 17), an Ambulatory Care Suite (provided by the League) and a number of consulting rooms
- After a review carried out by Somerset CCG in 2013, it was decided to replace the Community Hospital with a new Health Campus, which would have a Primary Care Facility on site, including all the existing services, plus a provision for the voluntary Health Sector and Social Care

- A Project Board was set up by the CCG, at considerable expense (of which I was a member) and a Health Care Planner contracted to draw up plans to establish the services on site. However, due to financial constraints progress was paused
- With a commitment in the recent Queens Speech that the Government would inject a considerable amount of Capital Funding into replacement/refurbishment of buildings, could consideration be given to restart the scheme so it could be brought to fruition

d. Email – Scrutiny Sedgemoor District Council – 11/02/2020

- Thanked for attendance at their Community Scrutiny Committee
- It was really useful and informative
- Hope feedback was useful
- Look forward to hearing from you in the future when the consultation is brought forward for NCSOC
- We wish you all the best with all the upcoming engagement events

e. Email – Member, Wiveliscombe Town Council – 24/02/2020

- The Town Council appreciate and support the desire to bring services closer to the community but are concerned that these proposals will take them further away
- A 12 hour a day service is proposed but at present many people choose to go to MIU rather than wait hours at A&E Musgrove. A reduction to 12 hours a day will lead to people attending and increasing pressure on A&E in the evening and at night. This will not help create an efficient service and is further away for West Somerset patients
- The suggestion that there is an over supply of community hospital beds is concerning as these help bring services closer to the community. The directory of carers published by Social Services does not include anyone in Wiveliscombe. It is more difficult to obtain social care in rural areas and closing Community Hospital beds would add to difficulties. An alternative would be fewer Community Hospitals which we believe is the opposite of bringing services closer to the community

f. Email – Governor of the RUH for the Mendip constituency – 27/02/2020

- As a governor of the RUH (Royal United Hospitals Bath NHS Foundation Trust) for the Mendip constituency, I would like to be assured that the following key points have been taken into account when the changes to the provision of Healthcare in Somerset are implemented
- Members of the RUH trust are concerned that the RUH is not formally part of Somerset's Sustainability and Transformation Plans, only an invited participant. It is felt that as a consequence of this, a possible outcome maybe that the significance of the RUH as a provider of services to Somerset CCG will inevitably decline. Members are concerned that this could entail having possibly to travel longer distances for treatment, longer waiting times and significantly also more difficulty accessing A&E
- Similarly, if the changes mean the closure of the Frome Minor Injuries Unit with a replacement facility which for Mendip patients involves longer travelling distances than at present then patients will most likely vote with their feet and use the RUHs facilities
- Members also worry that if the relationship with the RUH was severed, the continuity of their treatment for existing conditions could be affected.
- Discharging of patients into the community is currently a problem for most NHS hospitals. With the RUH as an invited participant only of Somerset's plans, we are concerned that if the Somerset STPs view of how to manage care in the community is not fully integrated with the RUH's view, then this will be another reason for the possible non referral of Mendip members to the RUH for treatment
- Patients from Somerset CCG represent a significant proportion of the RUH's income. If this patient flow was reduced it could possibly affect the critical mass of the RUH as an Acute Hospital
- Care in the community is a desirable aim. I do worry though, that with the current financial problems of Local Authorities, unless the public can see the full costing of savings from the proposed efficiencies compared to the costs of providing a fully integrated social care system, then all these changes will be viewed with a large degree of cynicism

g. Email & Petition – Chairman: Friends of Burnham Hospital – 19/02/2020

- We have now had time to study in more detail your engagement document
- It makes it perfectly clear that MIUs will be closed down and will be replaced by UTCs
- How can we work with you to make sure that Burnham has one of the new UTCs?
- The following Petition gained 6,716 signatures, 6504 were unique

Petition text:

Community:

*"The NHS are exploring the future of all Minor Injuries Units throughout Somerset and the establishment of other, fewer, 'Urgent Treatment Centres'. **If Burnham Hospital is not selected as a new UTC it will mean the closure of our MIU** and the necessity of long journeys to obtain this type of service, affecting all Burnham-On-Sea residents and visitors, further reducing medical facilities locally."*

"We, the undersigned, are concerned citizens, who urge our politicians and NHS to act now to retain our MIU or to establish a UTC, at Burnham-on-Sea."

h. Letter - Clerk to Carhampton Parish Council – 10/03/2020

- Carhampton Parish Council met in public session to discuss the proposals
- Replace Minor Injury Units open 24/7 with Urgent Treatment Centres open 12 hours in line with government suggestion
- UTCs should provide a higher standard of emergency care with a doctor onsite and radiology services which are not available to all MIUs
- Members expressed concern that the conversion of the Minehead MIU to a UTC would mean a journey of some 25 miles for anyone with a minor injury over roads that are really not suitable for a fast journey when the UTC was closed

i. Email & Letter – Glastonbury & Street Branch Labour Party – 06/04/2020

- Agreed that we need to reduce our carbon footprint to net zero at the earliest available opportunity: Glastonbury Town Council declared a climate emergency in February last year, as did Somerset County Council
- In order to be in-keeping with our climate emergency pledges, we need to reduce car use, something which is extremely difficult here where public transport is woefully inadequate and prohibitively expensive
- Therefore, services need to be provided as near to us as is possible, which is one of the reasons why the proposed closures of the Minor Injury Units (MIUs) in Somerset and possibly other community hospitals are of particular concern
- West Mendip hospital was only built around 12 years ago and, as tax payers, we have paid for it – and are still paying for it. I personally have used it for things for which I would otherwise have had to travel to Yeovil or Taunton – putting additional stress on the services there
- Reviews of West Mendip Hospital state that, in the Friends and Family Test Score: Community - 98% of Patients recommended this hospital (1010 responses). Furthermore, simple geography shows us that if the MIUs are removed, there will be a massive hole in the middle of Somerset, which will inevitably lead to us having to travel further distances to access services, which we can currently access within 10 miles (or less)
- This “Fit for my Future” programme claims to be aimed at “supporting you or your family members in your communities – at home” (p18) rather than in a hospital bed. This sounds worrying, because, just as “care in the community” basically threw mentally unwell people out to be “looked after” by the community, did not work, neither will this. It is exactly the same – dressing up cuts as an improvement
- The reality is that community hospitals have already been closed in Devon, leaving people discharged to their homes long before they are ready to do so, in order to “self-care”, but with no actual care and with no idea of when or how to take their meds
- “Urgent Treatment Centres” will apparently be built to replace SOME of the MIUs – but at what expense and where?
- If, as has been suggested to me, West Mendip will become an Urgent Treatment Centre, (which, how you can know before this consultation is ended, I do not know) then this can only be to the detriment of other areas and, ultimately to the detriment of our own

- West Mendip was purpose built to serve the local community and it will become overwhelmed if other areas are closed and services moved to us. We will lose our fabulous resource as it becomes over-run and inaccessible and other places lose everything. THIS IS NOT AN IMPROVEMENT – IT IS A CUT
- The fact is that this is the next stage of the PLANNED NEGLECT of our NHS
- Because of austerity and Brexit, we have been unable to train and retain sufficient numbers of nurses, doctors and GPs
- Further cuts will not improve this situation – when these services are gone, they will not be replaced. Therefore, I urge you – do not close ANY of the Minor Injury Units or Community Hospitals. All of these are needed in each local area to provide valuable services to local people. Any loss of any of them anywhere will have a knock on effect to the detriment of us all

j. Petition – Glastonbury & Street Branch Labour Party – 12/04/2020

The following Petition gained 436 signatures, 372 were unique.

Petition text:

Community:

"By signing this petition, you agree that the CCG must recognise that the local community want reassurance that our local community hospitals will NOT be closed"

k. Email & Letter – Town Clerk, Chard Town Council – 08/04/2020

Re: Minor Injuries Unit (MIU), Chard Hospital – Consultation Response

- Chard Town Council recently discussed the current consultation in respect of the possible closure and loss of the MIU at Chard Hospital and wish to raise the following points
- Chard Town Council are very concerned at the potential loss of this incredibly important service to the residents of the town and beyond

- Members of the Town Council fully support the very important work that is provided by the MIU. Its closure would be significantly detrimental to residents of Chard and those in outlying villages
- Many different types of public services are now being consolidated, moving to generally larger towns with the resulting loss of local services. This means that access to those services are becoming increasingly much harder for those with mobility difficulties and those without access to private vehicles
- Crucially, if the MIU is removed from Chard Hospital and is not replaced with an Urgent Treatment Centre in the hospital, rather established in a larger town, the worsening situation in regard to the availability of public transport, will make it incredibly difficult for many to access the treatment they require
- Currently, the short trip to Chard Hospital would for some become impossible to another medical facility in another town. In particular, there is a lack of public transport to Taunton, concerns about its reliability and the frequency of the service, particularly to attend early morning appointments or those after 4pm
- Accessing public transport in local villages to medical services will be even more problematic
- In addition, those with disabilities would find it very hard to access the new medical service as there is no longer a direct bus to the hospital
- For these reasons, the Town Council must stress the key importance that public transport plays for many in accessing medical services
- This issue has to be very carefully taken into account when decisions are being made about the possible closure of local medical services
- The Town Council is aware that this is the first stage in the consultation process and that stakeholder workshops are proposed later in the year as part of further consultation on this issue
- The Town Council wish to be informed about this next stage of consultation and would be grateful if details can be forwarded via email
- The Town Council trust that the above concerns are given due consideration in your assessment and welcome the opportunity to engage in further consultation later in the year

I. Email & Letter – Somerset West and Taunton Council – 12/04/2020

- CCG: Somerset West and Taunton Council- Engagement on the Vision for Neighbourhood and Community Settings of Care
- **Overall Vision** - We are supportive of the overall vision for neighbourhood and community
- **Settings of care.** The key theme of prevention and provision of easy to access services, closer to peoples' homes is clearly in line with the county's health and wellbeing strategy 'Improving Lives'
- We feel that as a council we could have a beneficial influence in the early stages through prevention and directing people to the right services at the right time, we look forward to exploring how we can work together to achieve this
- **District Council Input:** District council services are based in the community. Therefore, we feel that it is imperative for our organisations to work together particularly on levels 0 and 1 of the new model of care
- This is starting to take shape with the work on the 'Neighbourhoods' programme however, we would like to comment on the absence of any mention of housing and the opportunities presented by housing services to help with delivery of the first levels of the model
- **The Impact of Housing on Health:** The right home environment must be considered a key foundation for physical and mental wellbeing. People need warm, safe, secure and suitable homes to enable them to lead healthy, happy and independent lives. There is no shortage of evidence that poor housing conditions make people ill
- Some of the worst housing conditions are seen within the Private Rented Sector.
- In addition, many elderly are often asset rich but income poor leading to issues such as cold homes and fuel poverty
- A significant proportion of vulnerable people within our community live within the social housing sector (including sheltered accommodation and supported living) and as such, councils and other registered providers can have a key role to play in supporting vulnerable people
- Collaborative working would enable greater communication between the health and housing sector which we feel would be beneficial particularly in the prevention stages of the model

- **Working Together:** We would like to highlight the value of working with the housing sector to assist in delivering the first levels of the model, acknowledging that to provide preventative community care individuals must first have a safe 'base' within that community to engage with this model of care
- This could be achieved by working collaboratively with Landlord Services and One Teams who are focussed within the most disadvantaged communities.
- There could also be opportunities to work in collaboration with other aspects of housing such as Somerset Independence Plus (adaptions service). Ensuring that homes are suitable for people will reduce the likelihood of falls and assist in keeping people in their own homes for as long as possible
- Somerset Health, Care and Housing Memorandum of Understanding: The Health and Wellbeing Board are considering the development of a Health, Care and Housing MoU for Somerset
- We look forward to working with the CCG and other partners on this MoU, to develop proposals for keeping people safe and healthy within their homes.
- Acknowledging that safe, secure and suitable housing is the foundation for physical and mental wellbeing

9. Social Media

An effective weekly social media campaign was conducted by Fit for My Future using Facebook, Twitter and Instagram.

The campaign primarily promoted the engagement, signposted people to the survey and highlighted upcoming consultation events. Hundreds of interactions (likes and shares) were recorded across a number of posts, with 75 comments being made.

Most comments were questions about how the engagement process was being carried out, how they could take part or objections to the closure of their local MIU. Some supported the proposal and some questioned the financial and logistical barriers to delivery.

Questions raised and comments made included:

- Why is it circulating that there are 3 hospitals at risk and 2 will close?
- Also, it's been made very clear that the local community and staff value this hospital and we will fight for it. So maybe you should stop trying to close it
- You obviously do have a preferred option for Shepton to be potentially affected otherwise there wouldn't be this palaver with drop ins - your PDF pretty much states the issue: 'but to do this we will need to spend less money on community hospital beds'
- You have little money and to solve this crisis you are wanting to close beds, which means closing wards, which means closing hospitals
- Maybe you should think about salary prices and how they impact on the poor organisation of this trust?
- Mendip is a rural area. It is also an area with a high population of OAPs. Our public transport services are terrible. You can't cull all these small community hospitals and divert everyone to the large city hospitals because it's not practical. As for lack of staff, have you ever thought the way the trust keeps looming the axe over our local community hospitals may have an impact on recruitment drive?
- I am very good with Computers and the Internet but a great many of our ageing population, do not even possess a Computer! I really am concerned about the way this Vital Information is being diverted away from the vast majority of the Community

- We know that 14-18 year olds with learning disabilities have no care in the community let alone NHS services that reflect their needs
- It's great you are gathering views from young people but your wide range is mainly for young people age 11+ what about the voice of the younger child. Have you got visits to primary schools planned? There are tons of very articulate juniors who probably use the service often who need to be considered. (You can't assume their parents will turn up to a library event)
- Especially with our recent drop in world rankings for child protection?
- 9:30pm last night we needed an urgent prescription, but was not aware of the 6 hour wait for, out of hours GP service. 4.5 hours later had a team of 8 for urgent response (first attender, paramedics, Dr bleeped, emergency medication)
- We only needed antibiotics, the well appreciated crisis care could have been avoided
- Our MIUs are open 12 hrs a day and provide x-rays and blood tests and are supported by GPs so can you explain to me what the difference is or am I missing something??? They are also easily accessible by those in rural areas. UT Centres won't be!
- We need a time limit on when people can be seen within for an out of hours GP. The 111 generic questions don't always match individuals complex health conditions
- Chard practices will not be able to cope with a further influx of patients who currently go to MIU. Taunton or Yeovil is too far to travel for them. I strongly believe that this is a financial based decision and like the closure of chard hospital ward nothing good is going to come from this for the people of Chard
- Please keep our MIU open, I can't imagine how we will manage without it. Would those of us without cars have to take a bus to Taunton, then another to the hospital, an hour's travelling, child with a bleeding head, an elder whose had a fall and so on, we all need a local facility
- Given Chard's growing size, distance from Taunton / Yeovil A & E and poor public transport, it makes perfect sense to upgrade the MIU to a UTC, which would be a good move for the town
- Those of us without transport would find anything very very difficult. Such a shame when Chard Regeneration Scheme etc should help to put Chard on the map again! I so like living in Chard, but the bus services have deteriorated so

much lately. I can remember getting direct bus from South Chard-Chard-Seaton every hour!

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10. Other Responses

Other responses in terms of letters and emails received have been included in the engagement, from a range of individuals. These responses have been collated for common themes, which have informed the summary of findings at the start of this report along with all other dialogue methods.

10.1 Summary of Trends/ Findings

The emails, phone calls and letters from members of the public mainly related to objections to closing their local Minor Injuries Unit and requests for further information or copies of the engagement material. Other comments with specific feedback included:

- Having a husband with Parkinson's Disease I see some good thoughts here, especially around providing support care in the home to maintain independence and mobility. This is a critically important service and should be expanded
- However, we are quite concerned about the Minor Injuries Unit in Shepton Mallet potentially being closed. I have had several medical emergencies that would have had very different outcomes had this centre not been open. Our closest A&E is over 40 minutes away, and when I had an anaphylactic reaction last summer I would have died waiting for an ambulance or getting to an A&E. The Shepton Minor Injuries Unit is less than 10 minutes away and sorted it quickly. Another time someone cut herself quite badly and was bleeding extensively...we got her to the Shepton Minor Injuries just in time to stitch it up and avoid a hospital stay due to prolonged blood loss. And I know they get busy during the big events at Bath & West Showground and Glastonbury Festival
- Called as she was worried about losing the inpatient beds at Bridgwater hospital. She is disabled and it costs a lot for her to travel to Taunton. Beds aren't being used properly at the moment
- Communication between her GP surgery and hospital is poor – often she isn't aware of services available at community hospital
- Father had a fall and there wasn't a chance to get him home or into a bed nearby. Impossible for her and her mother in law to visit
- Wants a menopause clinic closer to home

- A concern that the community beds at Bridgwater hospital aren't always being used (have explained that this isn't the case, it is more complex)
- That patients are discharged and the assessments on their homes, equipment and needs are not being done in time
- That if there is going to be more emphasis on care in the community – coordination and communication between services and organisations needs to improve

Responses (outside of the survey responses and discussions) were received from:

Table 33 – Other responses received

No.	Date	Type	From
1	01/02/20	Email	Member of the public
	04/02/20	Email	Member of staff
2	04/02/20	Email	Member of the public
3	05/02/20	Email	Member of the public
4	06/02/20	Phone	Member of the public
	07/02/20	Email	Media enquiry
5	07/02/20	Email	Member of the public
6	10/02/20	Phone	Member of the public
7	11/02/20	Phone	Member of the public
8	07/02/20	Letter	Member of the public
9	07/02/20	Letter	Member of the public
10	13/02/20	Phone	Member of the public
11	17/02/20	Phone	Member of the public
12	18/02/20	Phone	Member of the public
13	14/02/20	Email	Member of the public
14	17/02/20	Email	Member of the public
15	24/02/20	Feedback form	Member of the public
16	10/02/20	Letter	Member of the public
17	18/02/20	Email	Member of the public
18	18/02/20	Email	Member of the public
19	19/02/20	Email	Member of the public
20	15/02/20	Letter	Member of the public
21	25/02/20	Phone	Member of the public
22	26/02/20	Email	Member of the public
23	02/03/20	Letter	Member of the public
24	26/02/20	Letter	Member of the public
25	05/03/20	Email	Member of the public
26	11/03/20	Email	Member of the public

No.	Date	Type	From
27	17/03/20	Email	Member of the public
28	22/03/20	Letter	Member of the public
29	27/03/20	Email	Member of the public
30	31/03/20	Email	Member of the public
31	01/04/20	Letter	Member of the public
32	02/04/20	Email	Member of the public
33	08/04/20	Email	Member of the public
34	12/04/20	Email	Member of the public
35	04/04/20	Letter	Member of the public

Appendix 1 – Survey Questionnaire

The survey responses under section 6 were in response to the following questionnaire.

Section 1 – Community-based care

Analysis of this data can be found under Section 6.2

As health and care services in Somerset we aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people. Our services are not currently organised in the best way to support us to do this.

We have a real opportunity to improve our community health and care services for you and your loved ones.

Q1. To invest in new services that help support people in their own homes. We need to have fewer community hospital inpatient beds

What do you think is the most important for us to consider when planning these changes?

- Patient outcomes (Do people get better?)
- Patient experience (Do people have a good experience?)
- Deliverability (is it realistic?)
- Workforce sustainability (Do we have the staff to do it?)
- Affordability (Can we afford it?)
- Travel time (How long will it take patients and families to travel there?)
- Impact on equalities (Is it fair for all parts of our community, such as elderly or disabled?)
- Something else

Q2. If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community?

What would be better:

What would be difficult:

Section 2 – Same day urgent care

Analysis of this data can be found under Section 6.3

Q3. We need to have new Urgent Treatment Centres in Somerset for patients who need to be treated urgently. These Urgent Treatment Centres will replace Minor Injury Units but in fewer locations. There will be improved services and offer more treatments than the current Minor Injury Units.

What do you think is most important for us to consider when planning these changes?

- Patient outcomes (Do people get better?)
- Patient experience (Do people have a good experience?)
- Deliverability (is it realistic?)
- Workforce sustainability (Do we have the staff to do it?)
- Affordability (Can we afford it?)
- Travel time (How long will it take patients and families to travel there?)
- Impact on equalities (Is it fair for all parts of our community, such as elderly or disabled?)
- Something else

Q4. If Urgent Treatment Centres were in fewer locations than the current Minor Injury Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your local community?

What would be better:

What would be difficult:

Q5. If you are responding on behalf of an ORGANISATION, which organisation do you represent? Please give us the name of the organisation and any specific group or department.

Please also tell us who the organisation represents, what area the organisation covers and how you gathered the views of members.

Q6. In what capacity are you responding to the consultation?

Current or former mental health service user
Carer/family member
Member of the public
Clinician
NHS staff member
Other

**Q7. Please state the first half of your home postcode.
Analysis of this data can be found in Section 6.1**

Diversity Monitoring Form

The questionnaire also included some demographic questions as a Diversity Monitoring Form.

The responses to these questions can be found under Section 5 Potential Equality Impacts and Profiling Information

Appendix 2 – Survey Responses (<2)

The following tables illustrate the responses which were provided by less than 2 respondents in the survey.

Reference: 6.2.2

Q1. To invest in new services that help support people in their own homes we need to have fewer community hospital inpatient beds – Something else

Other Responses	Number
Don't privatise aftercare to the private sector	1
Need 24/7 service	1
Not possible to calculate	1
Should be used as a step down facility	1
Can lead to loneliness and isolation	1
Transport effect on climate change	1
Parking availability and cost	1
Impact of tourist population increase.	1

Reference: 6.2.3

Q2. If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community? What would be better?

Table 8 split by Primary Care Network areas

2a. Community Based Care: What would be better: By PCN areas																
Other Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Seek support from associated charities	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Staff feel unsupported / not listened to	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Better to look at health prevention initiatives	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Questionnaire does not cover all options	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Reference: 6.3.4

If Urgent Treatment Centres were in fewer locations than the current Minor Injuries Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your community? What would be difficult?

Table 18 split by Primary Care Network areas

4b. If Fewer Urgent Treatment Centres replaced Minor Injury Units: What would be more difficult: By PCN areas																
Other Response	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Being stuck overnight	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Worth the inconvenience for better outcomes	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0

Appendix 3 – Discussion Groups and Meetings Data

Overall Group Feedback (Meetings and Drop Ins)	
Coded theme	Frequency
Need further knowledge / information	264
Travel distance is too far	241
Tell us which MIU's would close / Don't close our local MIU	232
GP issues - appointments / get them to do more / Pharmacy	198
Communications issues	197
Insufficient staffing / resources / training for community care	141
More x-ray and other services locally are good	140
Descriptive / personal stories / background	121
Systems not equipped to deal with continuity / care in community / 3rd sector support	99
Poor public transport	88
Need services in this area as population expanding / house building / ageing population	86
Support proposed changes	81
Need local facilities for the disabled / elderly / children	80
Opposed to hospital closures	80
Need more community beds / hospice / care homes capacity	79
Keep MIU not UTC	76
Consider Mental Health issues	76
Community Hospitals are vital to local healthcare	73
Have used MIU - value them	61
Positive about current services	61
Opposed to proposals / some aspects	59
Is this just a cost cutting scheme / will save money / financial	52
Would increase demand on A&E	44
Adequate social care support	39
Would need a taxi / Don't drive	37
Community support and wellbeing. E.g. access to friends & family	37
Some people are not suitable for home care / Isolation / can't cope - Need choice	35
How much will it cost the patient	34
Sufficient time / visits allocated to provide care	31
Open longer hours / 24 hours	31
Early intervention and prevention is better	30
Would increase pressure on ambulance / paramedics	29
New buildings and facilities required	25
Issues / comments around NHS 111	24

Need a local UTC / MIU for high holiday population	17
Need to provide hospital transport / criteria for access	14
Increased congestion / carbon footprint	11
Support Talk before you Walk	8
Need the new service running before closing the old / what if it fails?	7
Decision has already been made	5
Parking issues	4
Covid 19 concerns	3

Focus Groups Data (6 Groups)	
1. Views on what is important to consider if we are going to invest in new services that help support people in their own homes, and have fewer community hospital inpatient beds.	
Coded theme	Frequency
Simplify access to community services - one contact number - good initial support - 111	24
Patients being excluded because they are not digitally enabled / on the internet / Socially isolated	16
Insufficient staffing / resources / training for community care	16
Cost / funding for organisations and resources	13
Systems not equipped to deal with continuity / care in community / 3rd sector support	13
More x-ray and other services locally are good	11
Rural area with poor transport making hospital visits difficult / reduce travel	10
Some people are not suitable for home care / Isolation / can't cope - Need choice	9
GPs are not linking in to community services / GP access	7
Need more community beds / hospice / care homes capacity	7
Link in with voluntary sector / not just signposting	6
Positive about current services	5
Poor public transport	4
Should learn from other areas who have done this already / what does good look like	4
Need to properly consider mental health as well as physical health	4
Some people feel safer in hospitals with support	4
Look at what can be done with existing buildings	4
Need further knowledge / information	4
Keep MIU not UTC	4
Should use Skype / digital communications	4
Support proposed changes	4
Need a patient treatment plan	4
Access to community transport	3
Open longer hours / 24 hours	3

Build public confidence in the plans / listen to public	3
Community Hospitals are vital to local healthcare	3
Would increase demand on A&E	3
Existing hospital under utilised	3
Some may prefer to travel to appointments / better for their wellbeing	3
Many don't drive	2
Better outcomes for those treated at home	2
Sufficient time / visits allocated to provide care	2
Community support and wellbeing. E.g. access to friends & family	2
Concern about staff and patient safety / risk	2
Carers accessing fewer locations	1
Fewer volunteers as working age extended	1
Length of time waiting to get care (*e.g. falls)	1
Low priority for ambulance service	1
Treating charity providers equally	1
Concern about vulnerable groups	1
Public health prevention is important	1
Who provides patient support	1
Education is crucial	1
Wrap around care is too short term	1
Are talking cafes the right model for everyone?	1
How much will it cost the patient	1
Early intervention and prevention is better	1
The rapid response pilot is working well and seems to be self-financing	1
People go across the border for healthcare	1
Need services in this area as population expanding / house building / ageing population	1
Adequate social care support	1
Somerset County Council should support small businesses	1

2. Capture their views on whether the proposal will address the challenges faced.	
Coded theme	Frequency
If people can get to the services / travel / rural areas	10
Combined multi agency hubs required	10
Need more information about what is included in the model	8
Poor staff recruitment and retention	8
Adequate social care support / County Council involvement	7
Communication issues	7
Poor 111 service / people call 999 instead	6
Only if sufficient investment in community services	5
Will patients be supported by volunteers?	5
Consider issues of travel for disabled	4
Staff training for disability	4
Ask my GP and database issues undermine public confidence	4
Some people are not suitable for home care / Isolation / can't cope - Need choice	4
Tackling IT / technology issues	4
How many nursing homes / how are they staffed?	4
Need to include mental health	3
With shortage of GPs how will this be GP led - if not then who does?	3
Need public confidence in the service	3
Positive about current services	3
Community support and wellbeing. E.g. access to friends & family	3
How do carers provide patient care	3
Will voluntary sector be involved	2
Need the new service running before closing the old / what if it fails?	2
Need local facilities for the disabled / children	2
If sufficient beds available	1
Support the idea	1
Patient boards are not accurate	1
Consider issues for children and young people / trust	1
Take into account vulnerable people's views	1
Increased demand on ambulance service	1
Need 24/7 / out of hours care	1
Ensure north of the county is included	1
Support the model	1
Parking issues	1
Too much demand for the number of appointments	1
Speaking to the right person	1
Consistent service delivery	1
Accessing services in other counties	1

3. Views on how this change might affect the people they represent - Capture their views on what would be better and what would be difficult.

Coded theme	Frequency
Travel / transport / bus difficulties /rural	16
Family members provide support	14
Access to information / no internet in rural areas	8
Residential nursing homes provide a good resource / what will their purpose be / barrier in getting the patient to use	8
Staffing issues / retention /recruitment	8
Unpaid carers	7
Finance & budgets / cost	7
Better to have care close to home / at home	7
Deprived low income / health inequalities	6
Voluntary organisations could help support care	6
Who speaks on behalf of the patient / no family	6
Social care needs to work with the NHS	5
Wellbeing Advisor would be good	5
Patient needs being met	5
Some people are not suitable for home care / Isolation / can't cope - Need choice	5
Access for elderly and disabled / high elderly population	4
Importance of planning to success	4
Understanding needs for disabled / learning disabilities	4
Look in to patient transport / charity provision	3
Need wraparound care for the individual	3
GPs should be the contact point and refer to other services	3
Better transition between children and adult services	3
Community Hospitals are vital to local healthcare	3
Would increase demand on A&E	2
A&E / health services are south based	2
Access for vulnerable people	2
Access for those that don't drive	2
Putting acute services into the community would be better	2
Rapid response team works well	2
What if infrastructure isn't there? Workarounds	2
Nurse training/bursaries – apprenticeship	2
Patient may need 24 hour care	2
Could use technology to remotely monitor in people's homes / privacy issues	2
Same sex couples less likely to have family	1
Housing / for staff	1
Coping with change	1
NHS 111 is poor and Talk before you walk may not work	1
Less MIU's / UTC's could increase waiting times	1

UTC's are confusing - what does it mean?	1
Robust service that can operate regardless of situation	1
As NHS is free and social care cost people choose the NHS solution	1
Care at home would increase travelling and affect climate change	1
Services (e.g. outpatients, diabetes) have been moved to another area	1
Visiting carers could support the family as well	1
High holiday population	1
Don't be constrained by regulations - bespoke solution	1
Gap between expectation and reality	1
Concern about staff and patient safety / risk	1
Sufficient time / visits allocated to provide care	1
Increased congestion / carbon footprint	1
Continuity of care	1
IT - GPs and clinicians sharing information / online / email	1
Assessments - need to ensure skillset there to assess correctly	1
Community Hospitals are vital to local healthcare	1
Covid 19 concerns	1
Would make no difference	1
Would increase pressure on ambulance / paramedics	1

4. Views on what is important to consider if we move to new Urgent Treatment Centres to replace Minor Injury Units in fewer locations

Coded theme	Frequency
Travel and transport issues / poor public transport / rurality	25
Insufficient staffing / resources / training for community care / GP lead?	18
Fewer MIU's / UTC's make it more difficult to attend / vulnerable people	14
Talk before you walk / 111 / needs professional staff / good advice	11
Communicate / signpost / in schools / where to go with which health issues	11
Sufficient time allocated to provide care / increased waiting times	7
More x-ray and other services locally are good	7
How much will it cost the patient areas of deprivation	6
Support UTC / better service/ better outcomes	6
Need services in this area as ageing population / increasing population	5
If UTC's do more then economies of scale / health campus	4
Would increase demand on A&E / UTC takes pressure off A&E	4
GP surgeries could do more / relieve pressure / tests	4
Might help recruit staff as UTC work is more varied	4
Need 24/7 / out of hours care	4
Anxiety / confusion about where to go	3
Car parking issues / availability / cost	3
Community transport - availability and reliability	3
Would increase pressure on ambulance / paramedics	3
Look at good practice elsewhere	3
Need support for disabilities / autism	2
Strong voluntary sector - work with them and use their resources	2
Continuity of care is important	2
Dangers of internet self diagnosis	2
Equality is important / meet everyone's needs	2
Video call / Skype for online consultations	2
Promote use of pharmacies	2
New buildings and facilities required / better	2
Consider Mental Health issues	2
Wellbeing agents to support/prevent issues escalating and help people	2
Listen to patients about their experiences	2
Isolation	1
How do you get independent contractors to take part in change	1
Need a local UTC / MIU for high holiday population	1
Need local service for families with young children	1
Make better use of community hospitals	1

Look at what issues are currently being presented and use data to plan services	1
Digital could be used to speed up results	1
Will UTC be privatised or NHS?	1
Will cost a lot of money to implement	1

5. Capture their views on whether the proposal will address the challenges faced.	
Coded theme	Frequency
Need to solve travel issues if you take local MIU's away	7
NHS 111 needs more training / signposting / access to information	4
Need more staff / younger staff / training	4
Where is the money coming from?	3
Move power from hospital to community	3
How do people find out what support is available?	2
Accessibility and access to buildings and services	2
Where are the GPs coming from to staff the UTC's	2
Focus on prevention rather than solution	2
Need to improve transport networks	2
Older people need more support / face to face	2
Test results take too long	2
Better parking	2
Mobility issues	1
Carers	1
Digital connectivity	1
Need continuity of care	1
Sufficient time allocated to provide care	1
Solve issues around housing, education, employment, social integration etc.	1
Sounds great but is it achievable?	1
Learn best practice from other similar areas	1
Ask the staff for their solutions	1
Look at salary levels for staff	1
Need the new service running before closing the old / what if it fails?	1
Don't want the service privatised	1

6. Views on how this change might affect the people they represent	
Coded theme	Frequency
The proposal would improve things	5
Isolation if they are unable to travel	4
Poor public transport makes travel difficult	4
Should help reduce A&E / Ambulance demand	4
Car parking issues - spaces and cost	3
Map deprived areas to ensure health equality	3
UTC could reduce demand on GP surgeries	3
Elderly / growing populations need local MIU's	2
Lack of staff could cause long waiting times	2
Patients will be scared and worried about where to go	1
Holiday increase in population affects demand	1
Concern about those with no family to support them	1
Have not used services in a long while	1
The proposal would create too much risk due to lack of local services	1
Could be more positive for families if waiting times are cut	1
Depends on where the UTC's are located / needs planning	1
A one stop shop should improve mental health issues as no need to attend elsewhere	1

7. Any other comments/suggestions	
Capture any other comments, suggestions and alternatives	
Coded theme	Frequency
Need local provision due to poor public transport	8
Where to go for services / contact points	7
Look at other areas (e.g. Devon) / existing pilots	4
New house building and population growth need to be factored in	3
Give opportunity / funding to all voluntary groups	2
Look at existing transport services and rates / community transport	2
An opportunity for a holistic approach with multi disciplinary teams (health, social care and 3rd sector)	2
Need staff training / medical knowledge for triage	2
Where technology is required there are issues of access for users	2
Need to consider safeguarding issues	2
Climate change can impact on health	1
How do PCN's fit into the model	1
North of the county is always ignored	1
Equal treatment of mental health	1
How can you get (independent) GPs on board?	1
Use pharmacies for health advice	1
Public need to manage their own health / prevention	1
Choice for patients depending on their needs	1
Concern about closure of local MIU	1
Centralisation of care is detrimental to the more vulnerable and those without transport.	1
Could cause strain on staff	1