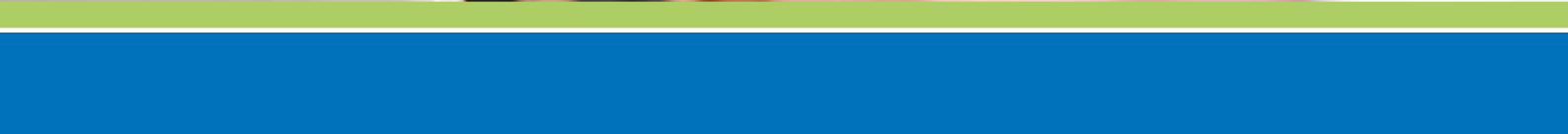


Getting the balance right in community-based health services

A consultation on the proposal to close the walk-in service at Bitterne Health Centre so we can maintain quality community-based health services in Southampton

Have your say





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About this document

This consultation document has been produced by NHS Southampton City Clinical Commissioning Group (CCG) in consultation with a number of key partners and stakeholders.

We would like to thank everyone who has contributed to this document including Healthwatch Southampton, Solent NHS Trust, GPs and service users.

In response to feedback we have produced this document in a concise format for ease of reading. More detailed information and reports are available to support this document on our website www.southamptoncityccg.nhs.uk/consultations

Glossary or unfamiliar words: Words used in this document which have special meaning or may be unfamiliar are defined in the glossary in Appendix B.

Foreword

NHS Southampton City CCG is responsible for making sure that local people get the health services they need. We are allocated a budget to achieve this and must use it to plan and buy services.

We have recently been looking at care provided in the community to ensure we have got the balance of services right. What has become clear is that we need to prioritise developing and maintaining health services for the increasing number of people with long term health problems, many of

whom need complex care provided by nurses in the community or at home. We can only spend our money once so to address this challenge we need to look carefully at all of our services.

For these reasons, we are seeking your views on our proposal to close the walk-in service at Bitterne Health Centre to enable us to spend our limited resources where they will have the greatest health impact. Please take a look at the information in this document and send us your thoughts. We look forward to hearing your views.



Dr. Sue Robinson, Clinical Chair



John Richards, Chief Officer

The case for change

The biggest challenge currently facing the NHS in Southampton is how we support the growing number of our residents who are living with long term conditions such as diabetes, heart disease or dementia, for which they often need lifelong support to manage their daily lives.

One of the main services available to support people with such long term health issues is community based nursing. This service supports people within the community so they can live independently at home for as long as possible. The nurses care for people helping to reduce the need for them to go in and out of hospital, and helping them to make the very best of their lives even when recovery is not an expected outcome. Over the last ten years we have seen increasing demand for community based nursing with around a third of the city's population now having a long term condition, over half of whom have multiple conditions.

In June 2014 the Care Quality Commission, the independent regulator of health and adult social care in England, reviewed the community based nursing provision in Southampton and advised NHS Southampton City CCG that the service was in need of improvement. Following a period of intense scrutiny in conjunction with Solent NHS Trust, the arm of the NHS that runs community based nursing in the city, it was decided that the service needed additional funding in order to be able to meet the increased demands placed upon it.

It is crucial that the CCG adapts services to ensure we meet the current and future needs of our population giving priority to services which have the biggest health gain. The CCG therefore needs to source funds to ensure high quality community based nursing is provided now and in the future, and to do so we must reallocate funds from less cost effective services.

In order to understand the options available the CCG reviewed the health services currently provided throughout the city. Over the last two years we have invested substantial resources

in providing services to support people with urgent and emergency health issues. We have commissioned new and alternative services for everyone in Southampton who needs something "right now" whether that be for cough and cold remedies right through to emergencies such as heart attacks. We have:

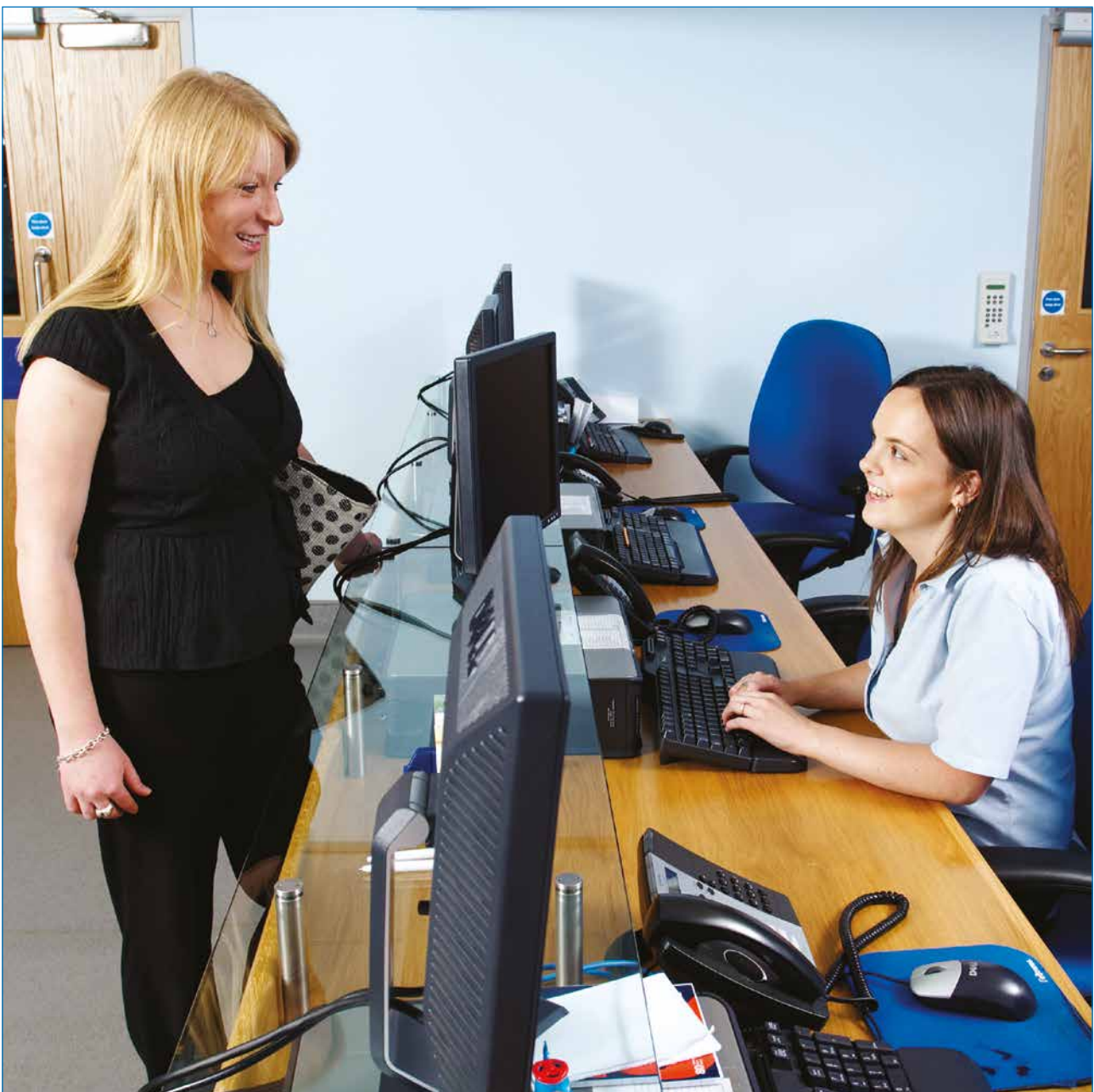
- reshaped urgent care services by implementing NHS 111 as the number to call when an urgent (but not emergency) situation arises
- re-commissioned GP out of hours services to include a primary care centre as well as home visits
- commissioned a minor injuries unit at the Royal South Hants Hospital with x-ray facilities for adults and children over the age of two
- worked with pharmacies to offer more access for drop-in advice and support
- supported ambulance crews to treat more people where they find them
- supported our GP practices to offer more flexible access with all practices in east Southampton now offer evening and weekend appointments and this is likely to extend even further with the new Prime Minister's Challenge Fund
- provided better information services so people can quickly understand signs and symptoms and know when and where to seek help.

Evidence suggests that increasing numbers of people are now using these services, and as a result, the Emergency Department at Southampton General Hospital has seen a reduction in attendances.

Upon reviewing provision for urgent and emergency services however, it has become clear that the nurse-led walk-in service in Bitterne, run by Solent NHS Trust, is not providing cost effective care and duplicates other services available for local residents. It is situated next to GP practices

which are extending their opening times and offering nurse-led appointments and opposite a pharmacy with other pharmacies close by. Furthermore, the service operates at the same time as both the out of hours GP service and the NHS 111 telephone advice service which is available 24 hours a day, seven days a week.

In view of this situation we strongly believe that resources should be allocated more appropriately, to increase and improve care for people suffering from long term debilitating conditions.



Our proposal for future services

Our proposal is about making sure we get the balance right and spend our resources wisely.

Our proposal is to close the Bitterne walk-in service and to re-distribute the current funding to community nursing and community-based care. Bitterne Health Centre will remain unaffected by this proposal and will continue operating as normal. There will be no compulsory redundancies and Solent NHS Trust will look to redeploy staff within Solent services under normal HR procedures.

This proposal is about changing the way we spend money.

Significantly more can be achieved by increasing resources in community services. The consequence of carrying on as we are will mean high priority services such as community-based care will be at risk as we won't have the funds to sustain them to an appropriate level. This could result in more limited services for people with complex needs.

We are therefore consulting on two options:

Option 1 – our preferred option

To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community based care.

Option 2

To keep the Bitterne walk-in service open at the risk of high priority services such as community based care.

We are also seeking views on any impacts we need to be aware of along with any alternative suggestions.

You can give us your views on our proposal by using the feedback form in Appendix A.



The current walk-in service

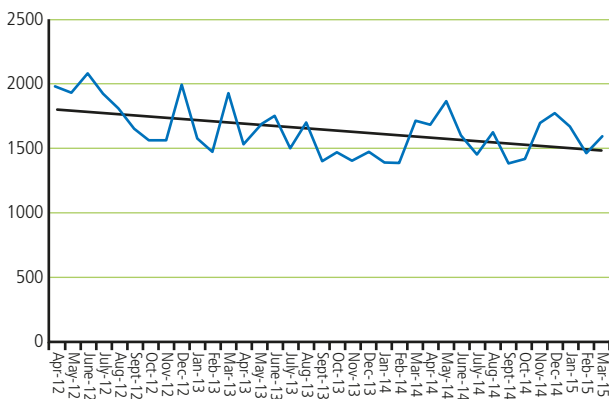
The walk-in service, based in Bitterne Health Centre, was set up over a decade ago in 2003 with two aims - to take pressure off urgent care services (particularly the city's Emergency Department) and to improve access to primary care. The service offers healthcare advice, information and certain types of treatment from specially trained nurses all year round with no appointment necessary.

The service is open from 6.30pm to 9.30pm on weekday evenings and from 8.30am to 9.30pm on weekends and bank holidays.

Who uses the walk-in service and when?

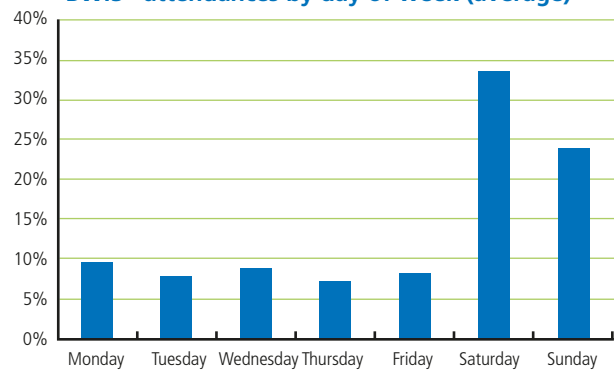
Today, the walk-in service operates mainly as a treatment option for minor conditions. On average, around 1600 people currently use the service each month. People attending fall mainly into the 0-4 or 15-44 age brackets.

BWIS attendances April 2012 to March 2015



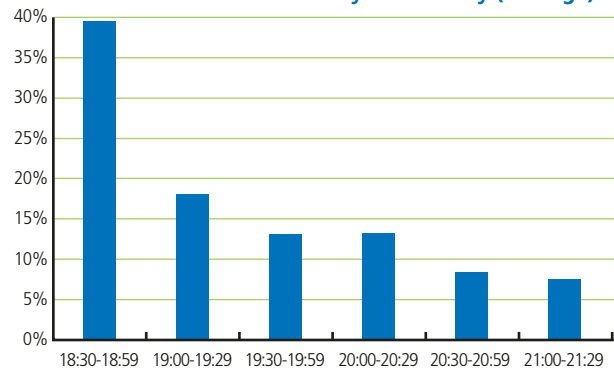
The times throughout the week when people attend the walk in service are shown opposite with most attendances occurring when the service first opens (before 12pm at weekends or 6.30-7.30pm on weekdays).

BWIS* attendances by day of week (average)

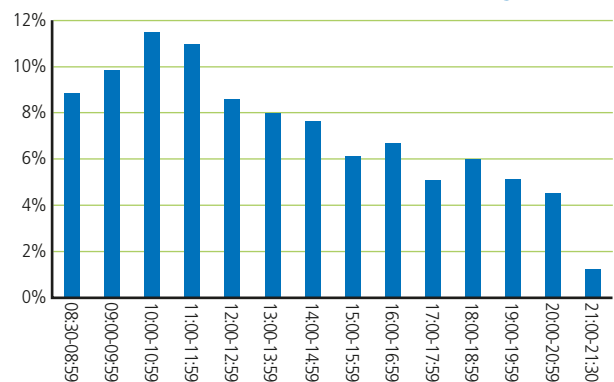


*BWIS – Bitterne walk-in service

BWIS attendances Mon - Fri by time of day (average)



BWIS attendances weekends (average)



Where are the patients from?

64% of attendances are patients registered with a Southampton GP (34% are registered with Hampshire GPs, 2% have no registered GP). Of those with a Southampton GP, 83% are registered with a doctor in the east of the city, where the Bitterne walk-in service is located.

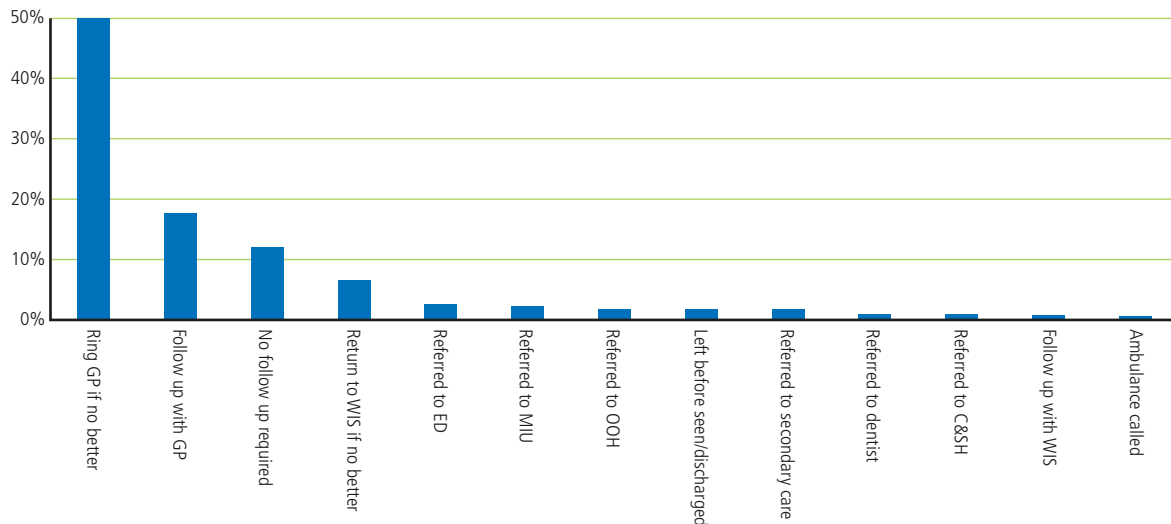
What are people treated for?

Virtually all people who go to the walk-in service go for what we call primary health care i.e. non-urgent health concerns that do not require specialist or urgent treatment. The majority of

people attend with minor conditions which could be dealt with by a pharmacist, NHS 111 or self-care (treatment at home).

- The most common conditions seen at the service are cough and sore throat
- Almost a quarter of patients (24%) require no treatment at all
- 8% require basic medication (e.g. paracetamol pain relief)
- 68% of people visiting the walk-in service are advised to consult their GP either directly after their visit or later if they don't feel better.

Main outcomes of BWIS attendances



*ED – the Emergency Department, also known as A&E

*MIU – the Minor Injuries Unit (located at the Royal South Hants Hospital)

*OOH – Out of hours GP service

*C&SH – Contraception and sexual health services



What our review of the walk-in service told us

In Spring 2014, we carried out a review to see who was using the walk-in service and why¹. This showed the top two presenting conditions as cough and sore throat and highlighted the impact of the significant changes in the range of other services now available.

The review also demonstrated the walk-in service no longer provides value for money. The current cost of the walk-in service is £1.289m with each attendance costing approximately £67 per patient. This is significantly more than a GP appointment or the alternative urgent care services and is about the same cost as attending the Emergency Department (see table below):

At the same time, feedback also shows that many people are not using either the walk-in service or a GP surgery, but actually both and for the same condition. We are therefore duplicating more cost-effective services and this extra cost is hampering our ability to further improve community-nursing, now and in the future.

Service	Approx cost
Emergency Department (ED)	£77
Walk-in service (WIS)	£67
Minor Injuries Unit (MIU)	£57
Out of hours (OOH) appointment	£44
GP appointment	£32
Pharmacy	£18
NHS 111	£8

Below are some examples of how the money currently spent on the walk-in service could be redeployed through community based services:

Service	Approx cost	Equivalent of 1 walk-in service (WIS) attendance
Dementia assessment	£291	4 WIS attendances = 1 assessment
Diabetes check up	£134	2 WIS attendances = 1 consultant led check up
Asthma nurse appointment	£67	1 WIS attendance = 1 asthma nurse appointment
District nurse home visit	£45	2 WIS attendances = 3 district nurse home visits
Health visitor appointment	£45	2 WIS attendances = 3 health visitor appointments
Blood test	£0.61	1 WIS attendance = 110 blood tests

¹Much of the data shown on pages 4-6 came from the CCG's *Bitterne Walk-in Service Review*, 2014

What you told us

During the last few months we have undertaken a number of engagement activities, asking people to give their views on local health services, what is important to them and how and where to prioritise services.

Survey results

Our health service survey asked local people what health services were important to them and what their experiences and knowledge of local services were.

Overall 610 people completed the survey. Some of the key findings were:

Which health services are most important to you?

Seeing my GP quickly when needed	68.8%
Good services at the hospital	54.1%
Support to stay independent	52.5%
Walk-in service	37.4%

Do you support the view that it is better for people and their families for care to be provided in the home where possible?

98% of respondents supported this view.

Market stalls at Bitterne Leisure Centre and Central Library

Which of the following services are most important to you?

Seeing my GP quickly when needed	97
Good hospital services	66
Shorter waiting times at A&E	63
Improved care for people with LTCs*	52
Walk-in services	50
Minor Injuries Unit	40
Pharmacies	19
Support to be cared for in own home	13

*LTC – Long term condition

An engagement summary report and table of activity can be found in the supporting consultation information on our website.

The key themes to emerge

A number of themes have emerged from our engagement activity and the key ones in relation to the walk-in service were:

Difficulty getting a GP appointment -

people have told us that they use the walk-in service because they don't want to wait for an appointment with their GP. Southampton Primary Care Limited, a federation of 29 GP practices in the city, has been allocated £3m of Prime Minister's Challenge Fund money to establish a pilot to extend and improve access to GP practice care in the city. This project is in the very early planning stages but aims to further improve access to GP services and thus better meet the needs of all patients.

All GP practices in the east of the city offer extended hours – all have Saturday morning appointments and 8 out of 10 offer extended Monday evening surgery.

Don't know where else to go -

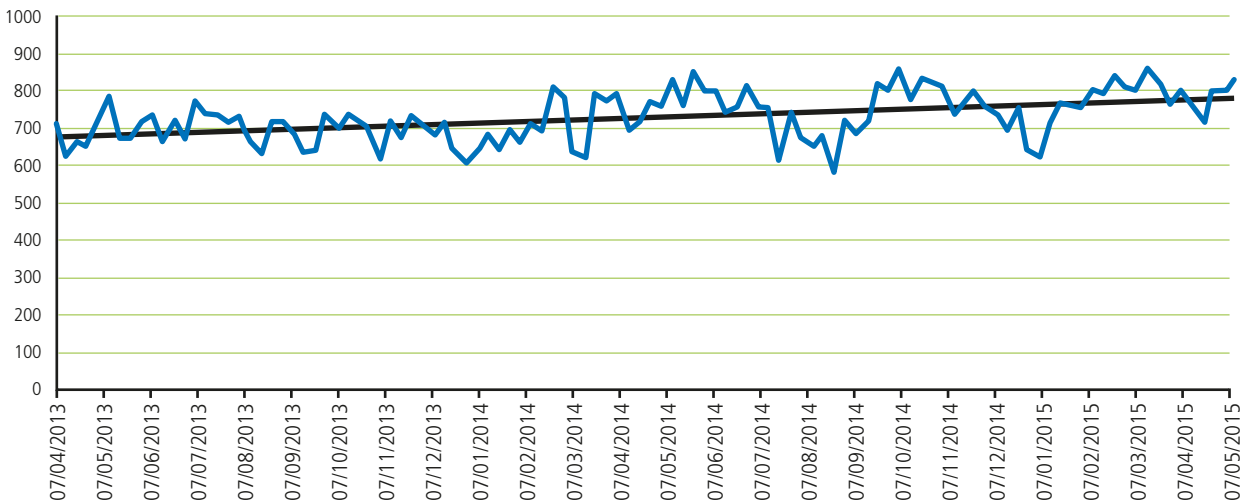
a number of people said they don't know where else to go if they need medical help. We are taking steps to address this and to ensure awareness of the alternatives, for example we launched our **Think First** campaign in December 2014. The campaign highlighted the full range of urgent and self-care options available across the city and included a door-drop of booklets to every home in Southampton as well as city-wide health roadshows. It is our intention to continue with education and awareness campaigns.

Our work has proved to be successful and we have seen an increase in the use of the Minor Injuries Unit and NHS 111 service throughout Southampton, Hampshire and Portsmouth.

111 calls answered August 2013 to April 2015



Minor Injuries Unit attendances April 2013 to April 2015



What our clinicians told us

Our Clinical Executive Group, which includes city GPs who are on our Governing Body, has been discussing the walk-in service regularly during the past year. They have discussed all aspects of the service including current usage, interventions offered and given their clinical opinion on the merits of the service (balanced against the key health priorities for the city).

Discussions about the service have also taken place at the General Assembly, a meeting attended by a representative of every GP practice across the city. Here, city doctors have been free to air their views about the service.

We have also contacted Southampton GPs asking for their views on the walk-in service.

One of the most notable themes coming out of this engagement was the number of family doctors who felt that the walk-in service had no discernible impact on their workload. When we asked GPs if they felt that the service reduced demand for appointments at their practice, 82% said no.

What staff told us

During our review we met with the staff employed at the walk-in service to obtain their feedback on our proposals.

Staff commented that the service was well liked and in their opinion often used by people due to a perceived lack of GP appointments. This view supports the work that we have been doing with GP practices to extend access to primary care services across the city with appointments now bookable online for all Southampton GP practices.

Staff also commented that more work needed to be done to promote the alternatives available

to the walk-in service. As mentioned earlier, the Think First campaign has been addressing this concern throughout the last six months. Promotional material has been distributed to emphasise the key roles pharmacists, the Minor Injuries Unit and NHS 111 can play in supporting urgent health concerns, with this programme of work planned to continue for the foreseeable future.

What would people do if the walk-in service closed?

If the walk-in service closed people would have access to:

Treatment at home with advice from their local pharmacist

Many people who attend the walk-in service don't need to be treated by a nurse or doctor, they could have treated themselves or gone to a pharmacy. Self-care is often the best choice to treat minor illnesses and injuries. A large range of common illnesses and injuries such as coughs and colds, sore-throats, cuts and grazes and stomach upsets, can be treated at home simply with over-the-counter medicines and plenty of rest.

We all know that pharmacists dispense medicines but many people don't know that pharmacists train for five years and are experts in dealing with minor conditions. Local pharmacies offer a wide range of health services that you may not be aware of including a private consulting room, emergency contraception and advice and treatment for a wide range of minor ailments. There are currently four pharmacies in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday). Each has a qualified pharmacist on hand to advise on minor illness, medication queries and other medical problems.

In addition to this standard service offered by all pharmacies, many now offer the 'Pharmacy First Minor Ailments Service' for cough, cold, sore throat, earache, diarrhoea and children with a fever. Patients eligible for free prescriptions can access this service and receive a consultation and any medication required, avoiding waiting for a GP appointment.

Four pharmacies offer a minor ailments service in the east of the city with more intending to offer this service in the future:

- Lloyds, Portsmouth Rd, Woolston
- Day Lewis (by Chessel practice) Sholing
- Sangha, Thornhill Park Rd, Thornhill
- Bitterne Pharmacy, West End Rd, Bitterne.

A GP practice close to where they live

There are 33 GP practices throughout the city with ten in the eastern side. All practices on the east side of the city offer extended opening times with every practice opening on Saturday morning (the walk-in service's busiest time).

Calling NHS 111

NHS 111 is free and available 24 hours a day, seven days a week. Local residents can call 111 when they need urgent medical help or advice, when it isn't a 999 emergency. Callers will have their symptoms assessed, be given advice and directed straightaway to the local service that can help them best, whatever the time of day or night. Calls are free from a mobile or landline.



Frequently asked questions

Throughout our work on reviewing the service a number of queries have been raised. Here we include the most frequently asked questions about the proposed changes.

Q Is this not just about cutting back on services and saving money?

No. Our proposal is about changing the way we spend money. We have finite resources and can only spend our money once so need to ensure that all services avoid duplication and address local health needs.

The resources allocated to the walk-in service would be used to improve services for people with long-term conditions – a health issue affecting a significant proportion of our city.

Q I have heard the NHS is getting a further £8bn - can't you use your share of this to keep the walk-in service open?

Southampton City CCG is deemed to be over 'its target funding' which means we will receive a far smaller share of any additional funding and may not receive any extra money at all.

Q If people are already finding it hard to get to see their GP, won't closing the walk-in service make this even harder as they will be even busier?

We know that many people using the walk-in service are still using their GP surgery. Much

work has already taken place to improve access to GPs and we are looking at ways of further improving this. Extended opening of GP practices at weekends, early mornings and early evenings are helping improve access.

Q What will happen to staff who work in the walk-in service?

The walk-in service is run by Solent NHS Trust who also provide community nursing and community-based care in Southampton. There will be no compulsory redundancies and the Trust will look to redeploy staff within Solent services under normal HR procedures.

Q What happens to people who aren't registered with a GP?

It is very important that we get as many people to register with a GP as possible, this would encourage them to use their GP as their first point of contact which is essential if we are to help patients better manage their health and wellbeing. However, if someone hasn't registered, they can call NHS 111 service who will respond to anyone who needs medical help fast. Patients with a minor injury can attend the Minor Injuries Unit at the Royal South Hants Hospital and for minor ailments patients can contact their local pharmacy.



Q People living on the east side of the city have complained of difficulty in accessing public transport services to get to the Minor Injuries Unit and General Hospital . What should they do if the walk-in service closes?

We recognise the concerns over transport. However, many of the alternative service options do not need any transport at all, for example NHS 111 is a telephone service that can be reached from anywhere in the city, there is an extended hours pharmacy in Bitterne town centre and all GP practices in the area offer extended hours services. (Details of practice opening times can be found in the supporting information on our website).

Q Will any of the other services in Bitterne Health Centre be affected?

No, all other services in the health centre will remain open as usual.



Having your say

We want to know what you think and we are keen to hear from as many people as possible. We are making this document available in different formats and languages and will continue to engage with community and voluntary groups to try and involve people whose views are not always heard.

We are also aware that some of the users of the walk-in service live outside the city and we advise these people to contact their local CCG (West Hampshire or Fareham and Gosport) in order to share their views. Details of their contact details can be found in the supporting documents available on our website.

There a number of other ways you can find out more and tell us what you think:

Public meetings and events

You can come and speak to us at public engagement events on:

- **Thursday 9 July 2015,**
6.30pm – 8.00pm
Christ the King
St Coleman's Catholic Church Hall,
Bitterne Road East,
Bitterne,
Southampton,
SO18 5EG
- **Tuesday 28 July 2015,**
6.30pm – 8.00pm
Central Hall, St Mary's,
Southampton,
SO14 1NF

We also plan to have two further public drop-in events where you can come along, ask questions, share your opinions and find out more. In addition, we will have a local health stand at various events across the city during the period of consultation e.g. the annual Mela Festival. Our website will be updated regularly with dates, times and venues.

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please contact us on 02380 296038 or communications@southamptoncityccg.nhs.uk.

Feedback form

Please use the feedback form at the end of this document (Appendix A) to tell us about your views and give your comments. Alternatively you can complete the survey online, write, email or telephone:

Address:

NHS Southampton City CCG
NHS Commissioning HQ
Oakley Road
Millbrook
Southampton
SO16 4GX

Email:

communications@southamptoncityccg.nhs.uk

Telephone:

02380 296038

Online

During the consultation more information will be made available on our website www.southamptoncityccg.nhs.uk/consultations.

Deadline for feedback

The public consultation is running for 12 weeks from 15 June 2015 and the deadline for feedback is 4 September 2015.

What happens next?

It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

What happens to the responses?

During the consultation all the feedback and responses, along with notes of the public meetings, will be collated and analysed.

At the end of the consultation, a report will be produced by Southampton City CCG identifying the themes and issues raised. The report will be presented to the Governing Body of the CCG to inform their decision on how to proceed.

The decision making process

The final decision will be made by Southampton City CCG Governing Body once they have had time to consider the consultation feedback and responses.

The role of the Health Overview and Scrutiny Panel

The way we have developed our proposals and the way we have reached a decision about them is being overseen by Southampton Health Overview and Scrutiny Panel (HOSP) made up of local councillors. We will present our findings to them after the consultation has closed.

The role of Healthwatch

Healthwatch Southampton is a local statutory body with responsibility for ensuring the voice of service users and the public is heard. They cover the same area as the local authority and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSP where they feel it is necessary. In this particular situation they will actively work to promote the consultation in order ensure as many people's views are heard as possible and upon conclusion will verify whether the process was fair.



Feedback form

Our preferred option is option 1- to close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care. With which option do you agree/disagree?

Option 1 - To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care.

Agree

Disagree

Don't know

Option 2 - To keep the Bitterne walk-in service open at the risk of high priority services such as community-based care.

Agree

Disagree

Don't know

We are also seeking views on impacts we need to be aware of and alternative suggestions. If the decision was to move forward with option 1 what are your main concerns?

I think that more people would go to the Emergency Department

I feel it would create more demand for GPs

I wouldn't know where else to go

Other – please explain below:

Please tell us about any other options or ideas you would like us to think about:

About you

We want to make sure that everyone has had a chance to share their views. To make sure this consultation reaches a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself to help us see who has responded.

Are you?

A general member of the public

NHS staff member

Representing an organisation – please state:

Please tell us your postcode (first four digits only):

Are you?

Male

Female

What is your age?

Under 20

20-29

30-39

40-49

50-59

60-69

70-79

80-89

90+

What is your ethnic group?

White:

British

Irish

Any other white background

Mixed:

White and black Caribbean

White and black African

White and Asian

Any other mixed background

Asian or Asian British:

Asian Indian

Asian Pakistani

Asian Bangladeshi

Any other Asian background

Black or Black British:

Black African

Black Caribbean

Any other Black background

Other ethnic groups:

Chinese

Other ethnic group

Rather not say

● Thank you for taking the time to give us your feedback. Please return your form free of charge to:

Freepost RRYC-AUHZ-EHKE, Southampton City CCG, NHS Commissioning HQ, Oakley Road, Southampton, SO16 4GX - **FAO Communications Team**

The deadline for responses is 5pm on Friday 4 September 2015

Glossary

Here you can find an explanation of some of the terms used in this and related documents. If there are any terms we have used that are not listed here for which you would like a definition please contact us at communications@southamptoncityccg.nhs.uk.

Care Quality Commission (CQC) – the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high quality care and encourage them to improve.

Clinical Commissioning Group or CCG – the organisation made up of GPs which is responsible for identifying and securing most of the NHS health services for a particular area. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers. Southampton City CCG consists of 33 GP practices and is responsible for commissioning services for the whole of Southampton.

Clinician – someone who provides healthcare and treatment to patients, such as a doctor, nurse, psychiatrist or psychologist.

Commissioning – identifying the health needs of local people and planning and purchasing health services which respond to these needs.

Community services / community-based care – health services delivered in the community in people's homes or care homes.

Emergency department (also known as A&E) – hospital-based service available 24 hours a day, seven days a week for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, heart attack, stroke, complicated fractures that need surgery, and other life-threatening illnesses.

GP – stands for General Practitioner, the doctor based in your local community.

Governing Body – the decision-making group representing the GP membership of Southampton City Clinical Commissioning Group. Our Governing Body is made up of a Clinical Chairperson, an accountable Chief Officer, an accountable Chief Finance Officer, two Lay Members, a Nurse Lead and a Secondary Care Lead.

Healthwatch – provides information to service users, carers and the public about local health and care services and how to find their way around the system. It represents the views and experiences of service users, carers and the public on health and wellbeing boards (see below).

Health and wellbeing board – brings together the local NHS, public health, adult social care and children services to plan how best to meet the needs of local people, and tackle health inequalities. They are hosted by the local authority and members include elected councillors and Healthwatch (see definition above).

Health Overview and Scrutiny Panel (HOSP) – a Southampton City Council committee made up of local councillors who are responsible for monitoring, and if necessary challenging, health plans. They decide whether consultation is needed, depending on the scale of proposed change, and they also agree some other aspects of consultation, such as the length of the consultation period.

Locality (eg east locality) – a geographically defined group of GP practices within the Southampton City CCG area. There are three localities in Southampton which are: east, west and central.

Long term conditions – an ongoing medical condition that cannot be cured, but can be managed by treatment such as medication and other therapies. Examples include diabetes, heart disease and dementia.

Minor injuries unit – a service offering treatment, advice and information for a range of minor injuries. Patients do not need to make an appointment and can just turn up during opening hours which are: Monday-Friday 7.30am-10pm, weekends and bank holidays 8am-10pm (last patient accepted at 9.30pm). For further information on the range of services offered please see www.royalsouthhantsmiu.nhs.uk

Outcomes – the result or visible effect of an event, intervention or process; any change in a person's state of health after a period of treatment, ideally improvement in symptoms or resolution of a problem.

Primary care – services which are the main or first point of contact for the patient, usually GPs and pharmacies.

Prime Minister's Challenge Fund – a national fund to help improve access to general practice and stimulate new ways of providing primary care services.

Secondary care – hospital or specialist care that a patient is referred to by their GP or other primary care provider.

Stakeholder – anyone with an interest in what we do. Stakeholders are individuals, groups or organisations that are affected by the activity of the business.

Urgent care – care delivered outside of a hospital emergency department for example in a minor injuries unit without a scheduled appointment.

24/7 – a service that is available 24 hours a day, seven days a week, all year round.





NHS
Southampton City
Clinical Commissioning Group

NHS Commissioning HQ

Oakley Road
Milbrook
Southampton
SO16 4GX

Email

communications@southamptoncityccg.nhs.uk

Telephone

023 8029 6904

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