

Rapid Access Clinic Service Review 2018 Engagement Report

1. Background

NHS Barnsley Clinical Commissioning Group (CCG) has the responsibility for the commissioning (planning and buying) of local healthcare services for the benefit of the people of Barnsley.

We have recently reviewed the way in which a local service, known as the Rapid Access Clinic, is provided within the community and a key part of this work was for us to gain feedback from patients, staff and clinicians of their experiences of accessing, using and referring into the service, as well as views and comments on our proposals for the future of the service.

What is the Rapid Access Clinic and who is it for?

The Rapid Access Clinic is provided at The Cudworth Centre, Barnsley, by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and consists of a number of services for mainly frail, elderly adults.

The aim of the Rapid Access Clinic is to enable adults living within Barnsley to be seen by a consultant in elderly medicine for tests and treatment. Patients are seen to diagnose a new illness or for support with a long term condition. The service also sees patients who have had a suspected minor TIA.

Patients are referred to attend the Rapid Access Clinic by a GP, a Community Nurse, a hospital consultant or another healthcare professional.

You may have been referred to the clinic because:

- You have a long term medical condition(s) i.e. a condition without a cure. Examples of long term conditions are diabetes, asthma, stroke, coronary heart disease, high blood pressure and heart failure; or
- You have experienced a history of falls or be at a high risk of falls; or
- You are at a high risk of fracture to your bones; or
- You have osteoporosis which is a condition that weakens bones and makes them more likely to break; or
- You have experienced a minor TIA (transient ischaemic attack) often referred to as a 'mini-stroke'.

Why did we set out review this service?

Demand for NHS services and an increasing older population is putting pressure on existing frontline community services and as a CCG, we need to establish whether this service provides the best value for the Barnsley Pound and achieves the outcomes for local people that it sets out to.

What did we find out?

The clinic does not provide a 'one stop shop' which means that although, a number of patients can access some simpler tests at the clinic within a couple of days of being referred, other patients may need to go to hospital at a later date for further tests.

As part of our review into the service, we found that some patients are also being referred directly to hospital without accessing the clinic first – the hospital can offer the patients additional tests.

We also found that there is an overlap between the services offered by the clinic and other existing services that are already delivered and can be accessed via other routes (both community and hospital).

What is our proposal?

We are proposing to stop all activity and services offered at the Rapid Access Clinic. This means that the contract to provide the clinic would be ended and services would no longer be provided at The Cudworth Centre.

As the Rapid Access Clinic does not see patients on a continuous or long term basis, we anticipate a minimal impact on patients currently using the service. In the future patients will still be able to access the same level and treatment and care as previously offered, however this care would be delivered by alternative local teams both in the local community and hospital:

- **Patients with a Suspected TIA** can be seen at Barnsley hospital for diagnosis and support as part of an integrated TIA pathway. Patients who would have previously been referred to the Rapid Access Clinic would be referred to another service provided by the hospital and SWYPFT as part of the integrated pathways.
- **Patients with a history or at risk of falling** can be seen by the Specialist Community Falls Service for assessments, support and advice or by the Elderly Care Department at Barnsley Hospital (see below). Patients who would have previously been referred to the Rapid Access Clinic would be seen in the community or at hospital.

- **Patients who have osteoporosis or who are at high risk of fracture to their bones** can be seen by the Elderly Care Department at Barnsley Hospital. This service has 5 full time Consultants working in Geriatric Medicine and can provide a comprehensive assessment for those experiencing problems including: frailty, falls, fractures, bone fragility and stroke.
- **Patients with Long Term Conditions** can be seen by specialist services established for long term conditions, for example, BREATHE for patients with COPD and the Diabetes service.

Benefits of stopping the service provided at Cudworth would avoid duplication with other services providing similar support and would mean a better use of the Barnsley Pound.

What will we do with the information and feedback received?

This report details all of the collective feedback that we received as part of the above engagement exercise.

All the information and feedback we received from a variety of sources will now feed into the CCG Management Team and Governing Body to aid their decision making process and next steps regarding the provision of Rapid Access Clinic Services locally.

2. Summary of the key themes from the collective feedback we have received

What people told us

Overall we received feedback from 69 individuals and the key themes taken from this engagement are as follows:

Over 90% of the feedback we received came from patients who had used the service and of those over half had accessed the service in relation to a minor TIA (transient ischaemic attack) often referred to as a 'mini-stroke'.

Over 75% of the above had either one or two appointments at the clinic and had been referred initially by their GP.

98% of all respondents had been referred on to other services including Barnsley Hospital, Community Services and back to their GP.

In terms of what worked well about the Clinic. The feedback was very positive in relation to the services that people had received at the Rapid Access Service Clinic.

Praise was highlighted in relation to the staff working within the clinic and how consultations were undertaken that didn't feel rushed. A number of patients fed back positively in relation to the communication and information received prior, during and following appointments.

We also received a number of comments relating to the clinic setting and how this was more inviting for patients than having to travel to hospital. For a number of respondents the clinic was also easier for them to access due to this being closer to home for them to get to. However, for other respondents this was further for them to travel to access.

We asked people to consider our proposal to stop all activity and services offered at the Rapid Access Clinic. Meaning that the contract to provide the clinic would be ended and services would no longer be provided at The Cudworth Centre.

Out of the 52 people that provided a response in relation to the above question, it was an (almost) even split between those people who agreed with the proposal (35%); those who disagreed (35%) and those who were unsure (30%).

The reasons people provided in relation to why they agreed or disagreed with our proposal included the following;

Agreed

- Avoid duplication of services
- All services in one place – avoid delays for people needing further tests etc.
- Saves money which can be reallocated elsewhere within the local NHS
- Providing the quality of service received by local people via current service can be replicated and does not suffer as a consequence
- If the change will benefit patient care
- Providing clear guidance of new pathways of care for both patients and professionals.

Disagreed

- Leave the service as it is currently, it works!
- More comfortable environment here than having to go to the hospital and have to deal with the added anxiety of finding somewhere to park.
- Clinics run on time, often delays at the hospital which can add to the worry.
- Not sure that you can have the same quality of service received within the clinic.

Who fed back and how they heard about this work

- Nearly all of the respondents to the survey self- identified as patients (92%).
- The survey feedback we received were split fairly evenly between male (45%) and female respondents (53%)
- The majority of responses received came from people who are between the ages of 45 and 75+ (88%).
- Over 90% of respondents to the survey stated their ethnicity as White British and over 75% stated their sexuality as Heterosexual.
- Over 60% of respondents identified as living with some form of disability
- 25% of respondents highlighted that they have unpaid caring responsibilities for a family member or friend
- Over 80% of people who responded felt that enough information was provided to enable them to provide their views and feedback in relation to this topic.
- Over 85% of people responded to the survey after receiving this directly from the service sent on our behalf or received this via post after requesting a copy from us directly.

3. Our engagement

We set out with the aim to carry out engagement activity that would:

- Obtain views and feedback from patients, carers, public and clinicians from across Barnsley in relation to accessing and referring into Rapid Access Clinic Services and their views in relation to our proposal for the future of the service. Our overall aim being that this feedback helps to inform and shape our decision making regarding this.
- Be in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), in which CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).

Feedback has been collected in a variety of ways.

We have been inviting views and feedback via several dedicated surveys over the past month;

- one for patients who have used the service in the past six months and members of the public;
- one for current patients who were talked to face to face in the clinic itself and;
- one aimed at professionals and referrers who refer patients into the service.

This was promoted in the following ways:

In person:

- Face to face surveys were carried out at the Rapid Access Clinic in Cudworth over five different clinic sessions across two weeks at the end of August and early September.

Online:

- Online on the 'Get Involved' section of the NHS Barnsley CCG website.
- Social media posts via the CCG Facebook and Twitter pages.

Sent directly to stakeholders:

- Circulated by local partners working across the health and social care economy.
- Sent to members of the NHS Barnsley CCG Patient Council.
- Sent to members of OPEN (Our Public Engagement Network) database.
- Paper copies of the survey were kindly distributed by SWYPFT on our behalf to 200 previous patients who have accessed the service within the last six months.
- Sent directly to a wide list of stakeholders including elected members, MPs, Healthwatch Barnsley.
- Promoted in weekly CCG primary care newsletter.
- Sent to members of the NHS Barnsley CCG Membership Council (professionals)
- Barnsley Hospital NHS Foundation Trust (BHNFT) disseminated internally

4. Acknowledgements

We would like to take this opportunity to thank all of the individuals and organisations who have taken the time to share their views and also get involved in the promotion of this survey.

We would especially like to thank the team at South West Yorkshire Partnership NHS Foundation Trust (SWYFT) for their assistance in helping us to contact both former and

current patients in order to gain their valuable feedback both via post and face to face within the clinics held within early September.

5. Detailed feedback received

We received responses from 69 respondents in total by the closing date of Wednesday 12th September 2018. These came from all of the different surveys that we had in circulation during the engagement period.

A summary of all the feedback we received can be found below. Please note that not everyone answered every question.

Online and postal survey (49 respondents)

Who responded?

Q1. Please can you tell us who you are responding on behalf of?

I am responding for myself as a patient	45 (92%)
I am responding on behalf of the person I care for	2 (4%)
Member of public	2 (4%)

Q2. Are you aware of the Barnsley Rapid Access Clinic? (Out of 9 respondents via online survey)

Yes	9 (100%)
No	0

Q3. Have you ever attended the Barnsley Rapid Access Clinic? (Out of 9 respondents via online survey)

Yes	6 (67%)
No	2 (22%)
Unsure	1 (11%)

Section B: Your experience of the service

Q4. Who referred you to the clinic at the Cudworth Centre?

GP	36 (80%)
GP Practice Nurse	1 (2%)
Hospital Consultant	0
Neighbourhood Nursing Team	0
Specialist Community Falls Service	1 (2%)
The service contacted me directly	2 (5%)

Not sure	5 (11%)
Other	0

Q5. Who did you see at the clinic at the Cudworth Centre?

Consultant	42 (94%)
Nurse	1 (1%)
Physiotherapist	1 (1%)
Not sure	2 (4%)

Q6. Which of the following Rapid Access Clinic services have you accessed or are currently accessing?

A long term medical condition(s) i.e. a condition without a cure. (Examples of long term conditions are diabetes, asthma, stroke, coronary heart disease, high blood pressure and heart failure)	11 (22%)
A history of falls or be at a high risk of falls	10 (20%)
A high risk of fracture to your bones	2 (4%)
Complex osteoporosis (a condition that weakens bones and makes them more likely to break).	2 (4%)
A minor TIA (transient ischaemic attack) often referred to as a 'mini-stroke'	24 (50%)

Q7. How many appointments did you, or the person you care for have at the clinic based at The Cudworth Centre?

1	13 (29%)
2	22 (49%)
3	7 (16%)
More than 3	3 (6%)

Q8. When did you, or the person you care for, last attend the clinic based at The Cudworth Centre?

Within the last month	10 (22%)
Within the last 1 - 3 months	16 (36%)
Within the last 3 - 6 months	11 (24%)
Within the last 6 - 12 months	7 (16%)
Over 12 months ago	2 (2%)

Q9. Following your appointment (s) at the Rapid Access Clinic based at Cudworth, were you, or the person you care for, referred to any of the following services?

Barnsley Hospital	30 (65%)
Community Services e.g. Neighbourhood Nursing	2 (2%)

Not sure	6 (1%)
Other (Responses included back to GP and Pinderfields Hospital)	10 (22%)

Q10. If you were referred to hospital, how long did you wait for the tests?

Less than 1 week	4 (12%)
1 - 2 weeks	7 (22%)
2 - 3 weeks	8 (25%)
3+ weeks	13 (41%)

Q11. From your personal experience of Rapid Access Clinic, please tell us what you feel worked well and the reasons why?

42 people provided a response in relation to the above question.

The feedback fell into following broad themes;

- Praise for the staff within the clinic and the personalised nature of the consultations.
- Convenient and quick to access the service.
- Comfortable environment to have consultations,
- Good communication and information prior to, during and following consultations
- Convenient location to get to
- Efficient service with quick referrals.

Q12. From your personal experience of Rapid Access Clinic, please tell us what you feel did not work well and why?

27 people provided a response in relation to the above question.

The feedback fell into the following themes;

- Can't fault service received (majority of comments received)
- Difficult to access from the other side of Barnsley, if you don't drive
- Parking issues if busy
- Long wait for results
- Disruption in communication

Section C: Proposals for the future of the service

We are proposing to stop all activity and services offered at the Rapid Access Clinic. This means that the contract to provide the clinic would be ended and services would no longer be provided at The Cudworth Centre.

Benefits of stopping the service would avoid duplication with other services completing similar support and would mean a better use of the Barnsley Pound.

Q13. Based on your experience or opinion, please tell us what you think of our proposal.

I agree	16 (34%)
I disagree	17 (36%)
Unsure	14 ((30%)

Please tell us the reason for your answer

Agreed

- Avoid duplication of service
- All services in one place – avoid delays for people needing further tests etc.
- Saves money which can be reallocated elsewhere within the local NHS
- Providing the quality of service received by local people via current service can be replicated and does not suffer as a consequence
- If the change will benefit patient care

Disagreed

- Leave the service as it is currently, it works!
- More comfortable environment here than having to go to the hospital and have to deal with the added anxiety of finding somewhere to park.
- Clinics run on time, often delays at the hospital which can add to the worry.
- Not sure that you can have the same quality of service received within the clinic.

Surveys undertake face to face in the clinic (15 respondents)

Dates surveys undertaken

28, 29, 30 August and 4, 5 September 2018

Times surveys undertaken

Between 10:30am and 13:30pm

Who responded?

Q1. Please can you tell us who you are responding on behalf of?

I am responding for myself as a patient	14 (94%)
I am responding on behalf of the person I care for	1 (6%)

Section B: Your experience of the service

Q2. Who referred you to the clinic today?

GP	13 (86%)
Specialist Community Falls Service	1 (7%)
Other (Barnsley Hospital A&E)	1 (7%)

Q3. Who did you see at the clinic today?

Consultant and Nurse	14 (94%)
Nurse	15 (100%)

Q4. Which of the following reasons have you accessed the clinic for today?

A long term medical condition(s) i.e. a condition without a cure. (Examples of long term conditions are diabetes, asthma, stroke, coronary heart disease, high blood pressure and heart failure)	1 (7%)
A history of falls or be at a high risk of falls	4 (27%)
A minor TIA (transient ischaemic attack) often referred to as a 'mini-stroke'	10 (67%)

Q5. Is this your first appointment at the clinic today?

Yes	11 (73%)
No	4 (17%)

Q6. Following your appointment today, have you been referred to another service?

Barnsley Hospital	6 (40%)
Community Services e.g. Neighbourhood Nursing	3 (20%)
Other (Reponses included back to clinic for follow up or back to GP)	6 (40%)

Q7. From your experience of the clinic today, please can you share with us what you feel worked well and the reasons why? Is there anything that could be improved upon?

All 15 people provided a response in relation to the above question.

The feedback fell into following broad themes;

- Praise for the staff within the clinic and the personalised nature of the consultations.
- Convenient and quick to access the service.
- Comfortable environment to have consultations,
- Good communication and information prior to, during and following consultations
- Convenient location to get to
- Efficient service with quick referrals.

Q8. Please can you tell us what you think to our proposal? Please tell us the reason for your answers

15 people provided a response in relation to the above question.

We did not specifically ask people to say if they agreed or disagreed when we met with them face to face in the clinics but the feedback we received fell into following themes;

Agreed

- Avoid duplication of service
- All services in one place – avoid delays for people needing further tests etc.
- Saves money which can be reallocated elsewhere within the local NHS
- Providing the quality of service received by local people via current service can be replicated and does not suffer as a consequence

Disagreed

- Leave the service as it is currently, it works!
- More comfortable environment here than having to go to the hospital and have to deal with the added anxiety of finding somewhere to park.
- Clinics run on time, often delays at the hospital which can add to the worry.
- Not sure that you can have the same quality of service received within the clinic.

Combined data from all the patient surveys

Did we provide enough information for you to be able to comment on the questions we asked?

Yes	42 (86%)
No	1 (2%)
Unsure	1 (2%)
No response	5 (10%)

Where did you hear about the survey?

Received direct letter/ requested postal copy	42 (89%)
Via direct emails from CCG	3 (6%)
Via CCG website	2 (5%)

Keep in touch

11 people provided their contact details and asked to be kept updated by the CCG regarding this work

Equality Monitoring Section (Combined data from the three patient surveys)

Age of respondents	
Under 18	1 (2%)
18 – 24	0
25 – 34	0
35 - 44	5 (8%)
45 – 54	12 (19%)
55 – 64	8 (12%)
65 – 74	11 (16%)
75 +	26 (41%)
Prefer not to say	1 (2%)

Postal code areas indicated
S36, S63, S64, S70, S71, S72, S73, S74, S75

Gender	
Female	34 (53%)
Male	29 (45%)
Prefer not to say	1 (2%)

Transgender - Do you live and work permanently in a gender other than the one you were born into?	
No	58 (91%)
Yes	2 (3%)
Prefer not say	4 (6%)

Ethnicity	
White (UK)	60 (94%)
Prefer not say	4 (6%)

Sexual Orientation	
Gay Man	1 (2%)
Lesbian	1 (2%)
Heterosexual	42 (79%)
Prefer not to say	9 (17%)

Religion	
No religion	13 (20%)
Christian	43 (67%)
Prefer not to say	8 (13%)

Disability (Multiple Choice Question)	
I don't have a disability	23 (36%)
Mental Health Condition	5 (8%)
Physical Impairment	15 (23%)
Long standing illness	10 (16%)
Cognitive Impairment	4 (6%)
Sensory Impairment	5 (8%)
Speech Impairment	3 (5%)
Prefer not to say	8 (13%)

Carer	
Yes	15 (25%)
No	34 (57%)
Prefer not to say	11 (17%)

Referrers/ clinicians survey (5 respondents)

Section A - About You

Job Title/Role

GP x 3 Physiotherapist Head of Nursing
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What organisation do you work for?

Barnsley Healthcare Federation	1 (20%)
SWYPFT	1 (20%)
Barnsley Hospital	0
GP Practice	3 (60%)

Section B - Experience of the Rapid Access Clinic

Q1. Are you aware of the Barnsley Rapid Access Clinic?

Yes	3 (60%)
No	2 (40%)

Q2. Have you ever referred to the Rapid Access Clinic?

Yes	3 (60%)
No	2 (40%)

Q3. Can you advise of the approximate number of patients you have referred to the Rapid Access Clinic in the past 12 months?

1-5	0
6-10	0
10+	3 (100%)

Q4. From your personal experience of the Rapid Access Clinic, please tell us what you feel worked well and the reasons why?

<p>We only received 3 comments in relation to this covering the following themes;</p> <ul style="list-style-type: none"> • Easy for patients to access • Good communication • Short waiting times • Really good service overall • Helps us to plan and manage treatment
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- Can refer directly rather than via GP

Q5. From your personal experience of the Rapid Access Clinic, please tell us what you feel did not work well and why?

We received 2 comments in relation to this covering the following themes;

- Was not aware of the ability to refer other problems to the Rapid Access Clinic, knew this as a TIA clinic
- Poor communication of this service – not aware of it and have therefore never referred into it.

Section C - Proposals for the future of the service

We are proposing to stop all activity and services offered at the Rapid Access Clinic. This means that the contract to provide the clinic would be ended and services would no longer be provided at the Cudworth Centre.

Benefits of stopping the service would avoid duplication with other services completing similar support and would mean a better use of the Barnsley Pound.

Q6. Based on your experience or opinion, please tell us what you think of our proposal.

I agree	2 (40%)
I disagree	1 (20%)
Not sure	2 (40%)

Please tell us the reasons for your answer

We received 4 comments in relation to this covering the following themes;

- Avoid duplication of service
- All services in one place – avoid delays for people needing further tests etc.
- Saves money which can be reallocated elsewhere within the local NHS
- Providing the quality of service received by local people via current service can be replicated and does not suffer as a consequence

Disagreed

- Clinics run on time, often delays at the hospital which can add to the worry.
- Concern over not being able to replicate the same quality of service received within the clinic.

Q7. Where would you refer patients to if not the Rapid Access Clinic?

GP, Barnsley Hospital, Geriatrics, Falls team, Breathe services, Community Matron Neighbourhood Nursing team

6. Questions received from Overview and Scrutiny

One of our key stakeholders is the Overview and Scrutiny Committee at Barnsley Metropolitan Borough Council (BMBC).

We received a number of questions from the Committee in relation to this work which are detailed below alongside our subsequent responses.

Q1: Do GP surgeries throughout the Borough currently have knowledge of the facility?

A: GP surgeries are aware of the service and GPs are the main group of health professionals who refer patients to the service. Whilst all GPs can refer into the service in 2017/18 only 7 practices out of the 33 in Barnsley referred more than 10 patients in this 10 month period. We are currently surveying health professionals to understand their experience and knowledge of the service the reasons for low referral numbers.

Q2: How many patients have used the service in the last 12 months?

A: During the last year (1 April 2017 – 31 March 2018) 357 patients were referred to the service. These patients used 621 of the available appointments. 264 of these appointments were second or additional appointments. Over 60% of patients attended the clinic in relation to a minor TIA (mini stroke), 34% as a result of experiencing falls or being at a high risk of falls and the remaining 6% as a result of Fractures, Osteoporosis and Long Term Conditions.

Q3: What is the range of coverage for this service/facility i.e. from which areas of the Borough people have been referred?

A: The CCG does not hold this patient level information and has requested anonymised data from SWYPFT. Please note that people who live anywhere in the Barnsley borough can be referred. Information requested from SWYPFT 07/09/2018

Q4: How are people from for instance Darton supposed to get to Cudworth if they do not have transport?

A: People who cannot use public transport, such as people who are disabled or are elderly and vulnerable, can access transport to appointments. Transport is provided by SWYPFT who run the clinic. Patients who would benefit from this service can ask when they receive or make an appointment.

Q5: Where and what formally commissioned services/facilities are available across the Borough or will we dependent on voluntary organisations to ‘fill the gap’?

A: Our proposals outline that in the future patients will still be able to access the same level and treatment and care as previously offered, however this care would be delivered by alternative local teams within existing NHS community or hospital services (i.e. not voluntary):

- Patients with a Suspected TIA can be seen at Barnsley hospital for diagnosis and support as part of an integrated TIA pathway. Patients who would have previously been referred to the Rapid Access Clinic would be referred to another service provided by the hospital and SWYPFT as part of the integrated pathways.
- Patients with a history or at risk of falling can be seen in the community by the Specialist Community Falls Service for assessments, support and advice or by the Elderly Care Department at Barnsley Hospital (see below). Patients who would have previously been referred to the Rapid Access Clinic would be seen in the community or at hospital.
- Patients who have osteoporosis or who are at high risk of fracture to their bones can be seen by Falls service / the Elderly Care Department at Barnsley Hospital as clinically appropriate. This service has 5 full time Consultants working in Geriatric Medicine and can provide a comprehensive assessment for those experiencing problems including: frailty, falls, fractures, bone fragility and stroke.
- Patients with Long Term Conditions can be seen by specialist services established for long term conditions, for example, BREATHE for patients with COPD and the Diabetes service.

There is a suite of community services are delivered across the borough, including the neighbourhood nursing service, specialist community falls service and long term conditions nurses who work with individuals to prevent unnecessary admissions to hospital. This includes case management for individuals within community settings who have complex long-term conditions requiring support.

Q6: If this contract is withdrawn, what demand will be placed on the alternative services listed on the website e.g. will it cause longer waiting times for patients or is there sufficient capacity for them in the system?

A: Because of the nature of the clinic, many people who access the Rapid Access Clinic are already seen within the alternative services. As part of this engagement period we are having discussions with health professional and providers of alternative existing services to understand the impact.

The CCG thinks there is duplication between the services offered by the clinic and other existing services that are already delivered and can be accessed via other routes.

Patients with a suspected TIA make up 60% of the clinic activity. Since the service was set up the national clinical guidance for TIAs (mini-strokes) has been updated. The guidance recommends that people who have had a suspected TIA should be assessed as soon as

possible and within 24 hours. The proposals identified would support this and patients are seen in the most appropriate location depending on their clinical presentation.

Q7: (If contract is withdrawn) where and on what will the money saved be spent?

A: If the contract is withdrawn, the money is not earmarked for a specific service but will be spent on providing health services for Barnsley people.

Demand for NHS services and an increasing older population is putting pressure on existing frontline community services and as a CCG, we have found that this service does not provide the best value for the Barnsley Pound as it costs more to provide than the existing services with a duplicate offer.

If activity / patients are seen elsewhere then the CCG will fund activity on tariff / as per existing arrangements but a potential duplication will be removed.

7. Next Steps

This engagement process has provided feedback from patients, clinicians and other stakeholders regarding their experiences, views and feedback regarding accessing and referring into rapid access clinic services provided by SWYPFT and our proposals for the future of the service.

This information will now feed into the CCG Management Team and Governing Body to aid their decision making process and next steps regarding the provision of this service locally.

This report is to be made publically available and will be sent directly to those respondents who have requested it.

Again we would like to reiterate our thanks to all respondents who have given their time to share their views to help inform this process and to all partners who have helped us to gain their feedback.

Final Version – 04/10/18