

# Overview and Scrutiny Committee Supplementary Agenda

Tuesday, 31 October 2017  
**7.00 pm**, Council Chamber  
Civic Suite  
Lewisham Town Hall  
London SE6 4RU

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This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

## Part 1

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<b>OVERVIEW AND SCRUTINY COMMITTEE</b>			
Report:	NHS Lewisham Clinical Commissioning Group: Update: Primary Care Strategy – Developing GP Services		
Ward:	All	Item No.	3
From:	Martin Wilkinson, Chief Officer, NHS Lewisham Clinical Commissioning Group  Dr Jacky McLeod, Clinical Director, Primary Care Lead, NHS Lewisham Clinical Commissioning Group		
Class:	Part 1 (open)	Date:	31 <sup>st</sup> October 2017

## 1. Purpose

1.1 The purpose of this paper is to provide the Overview and Scrutiny Committee with an update on the NHS Lewisham Clinical Commissioning Groups (LCCG) Primary Care Strategy – Developing GP Services (2016 - 2021), particularly in regard to Primary Care access and workforce.

## 2. Recommendations

2.1 Members of the Overview and Scrutiny Committee are recommended to note LCCGs progress on delivering its Primary Care Strategy – Developing GP Services (2016 – 2021).

## 3. NHS Lewisham Clinical Commissioning Group Primary Care Strategy – Developing GP Services (2016 - 2021)

3.1 The LCCG Primary Care Strategy (<http://www.lewishamccg.nhs.uk/about-us/our-plans/OurPlans/NHS%20Lewisham%20CCG%20Primary%20Care%20Strategy%20016-21.pdf>) was presented to the Lewisham Healthier Communities Select Committee on the 12th January 2017.

3.2 The strategy predominantly focuses on the development of General Practice within the wider context of primary and community based care, with key interfaces made to other care services and settings where appropriate.

3.3 It is a refresh of the Primary Care Strategy originally approved by NHS Lewisham Clinical Commissioning Group in 2014 and builds on the existing vision, whilst also ensuring alignment with local and national plans that have since been published, including the following:

- Transforming Primary Care in London: Strategic Commissioning Framework
- Our Healthier South East London (OHSEL): Sustainability & Transformation Plan
- Lewisham Health and Wellbeing Board Strategy
- Lewisham Health & Care Partners
- NHS Five Year Forward View
- NHS GP Forward View

3.4 There are now 39 GP practices in Lewisham providing primary care services out of 42

surgeries (sites) and are arranged in four neighbourhood groups. This pragmatic geographical grouping has been in place in Lewisham for more than ten years and has enabled the development of relationships between practices resulting in agreeing collective goals and improvements.

3.5 LCCGs vision for primary care is to ensure the systematic development of primary and community care to produce; (a) a network of advice, support, education physical/mental health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed.

3.6 The LCCG Primary Care Strategy continues to focus on the four key high impact changes for General Practice, in summary;

<b>1. Proactive Care</b>	<i>Work to ensure that ‘every contact counts’, seeing each contact with a patient as an opportunity to address preventative health needs, to provide brief interventions or to sign post the patient to other services within the network.</i>
<b>2. Accessible Care</b>	<i>Support people to access care appropriately by working to simplify access points so that people can easily navigate the system and access care in a timely way.</i>
<b>3. Co-ordinated Care</b>	<i>Identify people that will benefit from co-ordinated care and a care plan.</i>
<b>4. Continuity of Care</b>	<i>On identifying patients care plans will be co-designed with patients and carers, ensuring that patients have a named skilled professional accountable for their care.</i>

3.7 The strategy supports the existence of Integrated Health and Social Care neighbourhood community teams wrapped around a registered list held by GP practices.

3.8 NHS Lewisham CCG will commission services to achieve sustainable General Practice delivering primary care. This care will increasingly be delivered at scale across local populations through GPs leveraging opportunities afforded by technology and working collaboratively through new models of care, which deliver integrated services.

3.9 In line with Our Healthier South East London Sustainability & Transformation Plan, primary care (general practice) will form a key component of Neighbourhood Care Networks who will be delivering Community Based Care, which includes;

- Building strong and confident Lewisham communities
- Delivery of consistently high standards of care, including London Primary Care Standards
- Responsive services providing access from 08:00 – 20:00, 7 days a week
- Focus on physical health and wellbeing of patients with mental health problems
- Proactive primary (and secondary) prevention
- Systematic risk stratification and problem solving approach with shared care planning
- Access to specialists in the community
- Increased accessibility to diagnostics

3.10 The four core components of the CCGs commissioning approach for the lifetime of the strategy for General Practice are;

1. Supporting GP practices to work together and provide care and services at scale;
2. GP practices delivering primary care are an integral part of Neighbourhood Care Networks;
3. Shifting resources from secondary care to primary care to support care in the community;
4. Supporting outlier GP practices to reduce variation and the improve quality of services provided.

3.11 The CCGs aim is to support development of the provider landscape to provide primary and community based care via appropriate population based services. The table below lists the providers and new models of care, which will be delivering services and the characteristics;

Table 1: Providers/Model of Care

Providers	Providing
<ul style="list-style-type: none"> <li>• GP Practices</li> <li>• GP Super-partnerships</li> <li>• GP Federations</li> <li>• Multispecialty Community Providers (MCP)/Primary and Acute Systems (PACS)</li> </ul>	<ul style="list-style-type: none"> <li>• GP List based care</li> <li>• At scale across local populations</li> <li>• Outcomes based</li> <li>• Core, Enhanced and Community services</li> </ul>

3.12 The CCGs local approach to new models of care is based on working with the Lewisham Health & Care Partners, which includes the local GP Federation.

3.13 There are a number of critical enablers required to support implementation of the strategy; (i) utilising contracting opportunities; (ii) improved information technology and better management and use of the local estate; and (iii) supporting the development of the local workforce. The CCG will utilise these enablers working collaboratively with local partners.

#### 4. Primary Care Commissioning

4.1 Following a successful application to NHS England, as of the 1st April 2017, Lewisham CCG have been fully delegated (level 3) commissioners of primary care services provided by Lewisham GP practices.

4.2 Level 3 delegated commissioning of primary care (General Practice) offers CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHS England legally retains liability for the performance of primary medical care commissioning.

4.3 The functions included as part of Level 3 delegated commissioning arrangements include:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract)
- Newly designed enhanced services
- Design of local incentives schemes as an alternative to Quality Outcomes Framework (QOF)
- The ability to establish new GP practices in an area

- Approving practice mergers and
- Making decisions on 'discretionary' payments (e.g. returner/retainer schemes).

4.4 NHS England remain accountable for outcomes and therefore continues its assurance role of CCGs to ensure responsibilities are being adequately discharged and well managed to yield the intended outcomes.

4.5 Responsibilities remaining with NHS England are:

- Holding the medical performers' list
- Performers' appraisal and revalidation
- Pay and rations
- Complaints
- Commissioning of dental, community pharmacy and eye health services

4.6 To support the move to fully delegated commissioning, the following new local governance arrangements have been enacted;

- (i) Changed composition of the Governing Body to include a third Lay Member;
- (ii) Enhanced role of the Lay Member, who leads on audit, remuneration and conflicts of interest matters (deputy chair) to become the Conflicts of Interest Guardian;
- (iii) Amendment of both the CCG Conflicts of Interest and Procurement Policies to reflect national guidance (Procurement Policy: <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Enc%2013.2%20Appendix%20II%20Procurement%20Policy%20Draft.pdf> and Conflict of Interest Policy: <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Enc%2013.1%20LCCG%20COI%20Policy.pdf>)
- (iv) Formation of the Lewisham Primary Care Commissioning Committee (meeting in public) to oversee level 3 delegated commissioning responsibilities.

## 5. Integrated Primary & Urgent Care

### 5.1 *The Model*

5.2 The CCG is reviewing all urgent care services that will support the design and development of an Integrated Primary & Urgent Care Model. This has been supported by patient engagement on primary and urgent care and a review of patient activity and access to services. It is also supported by the national requirement to deliver extended access to General Practice, the national standards in regard to Urgent and Emergency care services and the local Estates Strategy.

5.3 The Model will support delivery of Integrated Primary & Urgent Care Services at the University Hospital (UHL), Lewisham & Greenwich Trust. The identification of the UHL site is supported by the local Estates Strategy, due to its location and transport links. The new model will;

- Replace existing access to A&E for all walk-in (non-emergencies) attendances
- Provide extended hours access to General Practice
- Deliver rapid clinical assessment and appropriate redirection of patients (where appropriate) to, for example; A&E, Ambulatory Care, Neighbourhood Care Networks and Patients own GP

5.4 The CCGs intention is to commission a fully integrated Primary & Urgent Care Service in 2018/19.

5.5 The CCG has commenced commissioning of services that respond to the key concerns raised by our local population with regard to improving access to General Practice. However, it is important to consider that as part of delivering General Practice 'at scale', that further engagement and the development of clear and accessible messages is required to complement these new services for our local population on; making appropriate choices and accessing primary and urgent care services in Lewisham.

### **5.6 Clinical streaming and redirection at the Lewisham Hospital**

5.7 Phase 1 of the review of the Urgent Care Centre (UCC) is complete and building on the success of the Primary Care Assessment Pilot which was launched on 3rd October 2016, the CCG has now commissioned a clinical streaming and redirection service at the front door of the Lewisham Hospital which will go live from the 1<sup>st</sup> November 2017.

5.8 This service will provide a nurse who will clinically assess and redirect/stream patients as appropriate. The service will also consist of a GP and a Health Care Assistant available from 8:00 to 23:00, 7 days per week who will manage patients with urgent primary care needs who don't need to be seen in the UCC/emergency department.

### **5.9 Extended Access to General Practice**

5.10 In line with delivering the Primary Care Strategy, the London Strategic Commissioning Framework and the Our Healthier South East London Sustainability Transformation Plan, Lewisham CCG implemented a GP Extended Access Service which commenced on the 3<sup>rd</sup> April 2017

5.11 The service is based at the University Hospital London (UHL) site, offering appointments from 8am-8pm, 7 days a week (including public holidays).

5.12 The selection of the UHL site is supported and articulated in the Lewisham System Estates Strategy. The UHL site is centrally located with evidenced good travel links.

5.13 25,425 appointments will be delivered in 2017/18 and 29,914 appointments will be delivered in 2018/19. The service is offering a combination of GP and nurse face to face appointments and video consultations.

5.14 Appointments are accessible by GP practices, Integrated Urgent Care (formerly 111), and diversions from the clinical streaming and redirection service at UHL. Pending a national solution, patient online direct booking is due to be available soon.

5.15 The GP Extended Access service has been commissioned from One Health Lewisham Ltd (the borough wide Lewisham GP Federation).

5.16 As part of our ongoing evaluation of the GP Extended Access Service, we are surveying patients about their experience. Based on 181 responses to date:

- When asked "How convenient did you find the location of the service?" **81.7%** rated the location as *Very Good/Good* and **13.3%** as *Neither Good nor Poor*.
- **47.8%** stated they would have gone to A&E if they were not offered an appointment with the service
- **91.1%** rated the service in general as *Very Good/Good*

## **6. Primary Care Access – other initiatives**

### **6.1 Extended Hours**

6.2 As part of the national Extended Hours Direct Enhanced Service (DES), 35 practices are already providing extended hours outside of their core contracted hours (Monday to Friday, 8.00am-6.30pm) to allow patients to attend appointments at times when it is more convenient for them. The number of appointments that practices are required to make available is proportional to their registered list size. See appendix 1 for details.

### **6.3 GP Online Services**

6.4 All Lewisham practices offer GP online Services to patients which includes booking appointments, ordering repeat prescriptions and accessing medical records. Lewisham is currently the third best performing CCG in London for the number of patients that are registered for online services. The CCG will look to continue this good progress and support patients and practices to maximise the benefits of this facility which will free up practice time to support patients who may not be able to take advantage of online services.

### **6.5 eConsultations**

6.6 As part of the eConsultations GP Forward View programme, the CCG are looking at developing local solutions to improve access at individual practices which are supported by technology i.e. symptom checkers/video consultations. These solutions free up time for GPs, allowing them to spend more time managing complex needs. Some issues can be resolved by the patient themselves, or by another member of the practice team. Others are managed by the GP entirely remotely, in about a third of the time of a traditional face to face consultation. Other patients will still require a face to face consultation, and these are enhanced by the GP already knowing about the patient's issue. As well as improving the service for patients, evidence to date indicates that online consultation systems can free up to 10 per cent of GPs' time.

### **6.7 Pharmacy First (minor ailments) scheme**

6.8 The CCGs locally commissioned Pharmacy First scheme provides advice, treatment and medicines for common ailments (e.g. Constipation, Hay fever, Sprains/strains, Head lice, Cold and flu, Cold sore, Mouth ulcer, Conjunctivitis, Headache, Ear wax) from local pharmacies. All advice is free and for patients that do not normally pay prescription charges, any medicine recommended will be free. This scheme reduces unnecessary pressure on GP practices and provides patients with more flexible access to support across Lewisham pharmacies.

### **6.9 PMS contract**

6.10 Lewisham CCG has developed its commissioning intentions for General Practice as a part of the new Personal Medical Services (PMS) contract which is scheduled to go live from the 1st January 2018. As part of this contract, there is a 'premium' element of £3.2M.

6.11 Within this premium, the CCG has incorporated a specific focus on improving the overall experience of patients making an appointment at their GP practice. As part of this specification, practices will be asked to undertake a self-assessment of current access arrangements and then to develop an action plan to address any areas of challenge. This will encompass areas such as a review of appointment systems, the use of Patient Online services, reviewing patient information on Practice websites and NHS Choices, sign posting patients to alternative services and engaging with practice Patient Participation Groups (PPGs) to discuss challenges and potential solutions.

## **6.12 Telephony support**

6.13 The CCG do appreciate that some practices are constrained by their telephone systems and earlier this year, the CCG provided additional funding to support the following 8 practices to improve their telephony infrastructure.

- Clifton Rise (North Lewisham)
- Deptford Medical Centre (North Lewisham)
- Lewisham Medical Centre (Central Lewisham)
- Hurley at Waldron (North Lewisham)
- Deptford Surgery (North Lewisham)
- Rushey Green (Central Lewisham )
- The Vale (South West Lewisham)
- Torridon Road (South East Lewisham)

## **6.14 Self-management**

6.15 We are continuing our focus on increasing uptake of self-management programmes for our Long Term Condition patients (including diabetes/COPD) to support them to better manage their own condition. This also includes the offer of an online self-management programme for diabetes in addition to the more traditional face to face approach. This provides patients with a choice of ways to engage based on their individual circumstances and preferences.

## **6.16 Telephone triage and consultation skills**

6.17 In 2015/16 we supported training for telephone triage and consultation skills which was taken up by several practices who are now using this approach as business as usual.

## **6.18 Social prescribing**

6.19 From a social prescribing perspective, in Lewisham we have a local “Community Connections” service which provides community development and access-facilitation with a preventative health and wellbeing focus. (<http://www.ageuk.org.uk/lewishamandsouthwark/our-services/community-connections/>). We have also launched “Lewisham SAIL Connections” which provide a quick and simple way to access a wide range of local services to support older people in maintaining their independence, safety and wellbeing (<http://www.ageuk.org.uk/lewishamandsouthwark/sail/>). These initiatives can help to reduce demand on GP practices with patients needs being better met by other local services.

## **6.20 Patient feedback**

6.21 We regularly review patient feedback i.e. national GP patient survey to identify practices who may have specific challenges in regard to access and are also engaged with Healthwatch who have shared their feedback and reports on access which we are directly responding to.

## **7. Workforce**

7.1 There have been concerns raised about the capacity of local GP practices in Lewisham and the lack of GPs and Nurses.

7.2 Health Education England has conducted a national workforce analysis published in January 2017 in to support the General Practice Forward View on Primary Care for GPs and Nursing.

7.3 In comparison to both the national and London GP Full-time equivalent (FTE) to

patient list size ratio Lewisham in a better position and this trend continues when compared with neighbouring CCGs in Lambeth, Southwark, Greenwich, Bromley, Bexley and Croydon.

7.4 In practical terms this means that in Lewisham there are fewer patients to each GP. The national average GP FTE to patient list size ratio is 1:2000 and for London the average is 1:2100. For Lewisham CCG the average GP FTE to patient list size ratio is 1:1900, which equates to 143.8 FTE in January 2017. These ratios do not include locums, retainers and registrars, which do help to support the substantive workforce. This also excludes the GP Extended Access (which includes Nurses and GPs) and the Primary Care Assessment (GP Streaming) services.

7.5 The current number of GPs in Lewisham as per the latest publication of NHS Digital data (publication August 2017; data extracted 30th June 2017) is 147 as shown in Table 2 below;

Table 2: GP WTE

<b>CCG</b>	<b>All Practitioners</b>	<b>GP Providers</b>	<b>Salaried/Other GPs</b>	<b>GP Retainers</b>	<b>GP Registrars</b>	<b>GP Locums</b>
08L Lewisham	161	94	53	1	4	9

7.6 Health Education England has conducted a national workforce analysis. Nursing Full-time equivalent (FTE) to patient list size ratio puts Lewisham in a better position in London. However, when compared with the national average Lewisham falls behind. The national average Nursing staff FTE to patient list size ratio is 1:3600 and for London the average is 1:5300. For NHS Lewisham CCG the average Nursing staff FTE to patient list size ratio is 1:5000, which equates to 58 Full Time Equivalents. However, all London CCGs have a lower ratio of nursing staff compared with the national average.

7.7 In recognition of these challenges facing our nursing workforce the CCG has been working in partnership with Lewisham Community Education Providers Network (CEPN) on developing and sustaining the Primary Care Workforce. This has included on-going recruitment of newly qualified nurses, or nurses from other domains, to undergo General Practitioner Nurse training, in order to address the early succession issues in Lewisham.

7.8 Lewisham has the 4 of the first Healthcare Assistants from primary care in London on the Nurse Associate training programme at the University of Greenwich. The CEPN supported by the CCG has commissioned additional places for the Advanced Care Practitioners at Greenwich University (MSC in Advanced Clinical Practice). There are 10 currently on the course and 4 started in September 2017.

7.9 In Lewisham 6 General Practice Nurses commenced non-medical prescribing, which supports with reducing the workload of GPs and improving patient satisfaction training.

7.10 The CCG appointed the first Nurse Consultant in Primary Care in the country and 3 General Practice Nurse Advisors to support with professional development and recruitment.

7.11 The CEPN has supported 6 student nurses on the 3rd year management placements in general practice and each spends 3 months in GP practices.

Consequently, 5 have qualified and 2 are working for GP practices in Lewisham and 1 is a District Nurse in Lewisham.

7.12 Practice nurses are recruited directly on completion of their training and are being mentored by the CCG Nursing Team. There are no current vacancies in Lewisham (except where practices are not recruiting).

### **7.13 Other workforce development initiatives**

7.14 The CCG working in close partnership with the Lewisham Community Education Provider Network (CEPN) who are a commissioning organisation whose focus is on integrated, community-based training and education programmes for clinical and non-clinical staff working in health and social care. They are an autonomous organisation, who collaborate with providers and other commissioners in Lewisham to shape a responsive and coherent workforce development programme, to improve population-based health outcomes.

7.15 Through the CEPN we are implementing a care navigator programme to support receptionists to sign post patients to alternative services. We are also looking at new and different roles within practices to free up GP time e.g. medical assistants and physicians associates.

7.16 The CCG will continue to work with our local CEPN around recruitment, retention and differential use of workforce, building on the work that has already begun such as our local apprenticeship programme, placements programme for student nurses and training of Health Care Assistants.

7.17 Lewisham has also submitted a successful bid against the GP Forward View Clinical Pharmacist in General Practice programme which will support Clinical Pharmacist to work in GP practices. This bid will initially cover a population of approximately 90,000 and provide additional clinical support to GPs in managing patients and their prescribing needs.

7.18 The CCG is also supporting practices to improve productivity through initiatives such as:

- The Productive General Practice (PGP) Quick Start programme (part of the GP Forward View). This is an on-site, hands-on, short term support package for practices that aims to help practices release time for care and build improvement capability. 11 practices successfully completed this programme in October 2017.
- The Lewisham Primary Care Quality Academy. The CCG have secured funding to take this forward, supported by London Southbank University. The academy will focus on using data and co-production to understand demand in order to co-design new consultation models and reduce failure demand. 7 practices are currently actively engaged with this programme.

## 8. Supporting 'at scale' General Practice delivering primary care

### 8.1 GP Federations

8.2 The CCG has supported the formation of four local GP Federations which have subsequently now come together to form a borough-wide organisation (One Health Lewisham Ltd) delivering enhanced primary care services.

8.3 One Health Lewisham Ltd currently holds three contracts:

- GP Extended Access Service
- Coordinated Care Service
- Enhanced Support to Care Homes

8.4 The Coordinated Care Service commenced in 2016/17 with the following overall aims;

- Improve the health outcomes for people in Lewisham
- Reduce variation in outcomes amongst Lewisham GP practices
- Support and sustain collaborative practice working as part of the wider Neighbourhood Care Networks
- Support a reduction in avoidable admissions

8.5 Year 1 of this population (raising the quality of care at borough level) and outcomes based service has delivered the following improvements in 2016/17;

- *Closing the gap:* At a borough level, those patients on GP registers for Chronic Obstructive Pulmonary Disease (COPD) increased by **127%** above standard annual growth and for Hypertension, the register increased by **97%** above standard annual growth.
- *Prevention:* **21%** of newly diagnosed COPD patients stopped smoking.
- *Prevention:* Lewisham now has the highest Pneumococcal vaccination rate for over 65 year olds at **75.1%**.
- *Patient Voice:* Eight neighbourhood level Patient Participation Groups (PPG) were held, engaging with **142** attendees in total, on the new GP Federations and providing feedback on current and future services.
- *Reducing avoidable emergency admissions and attendances:* GP Federations have proactively managed patients who frequently attend A&E and those who are frequently admitted as emergencies including the establishment of a cross borough clinical multidisciplinary team to review and coordinate care for these patients.

8.6 Year 2 (2017/18), continues to focus on; increasing the recorded prevalence of long term conditions (LTC) to support closing the gap between recorded and expected prevalence at borough level – early detection and prevention. Support patients with LTCs to better self-manage through GP increased referrals to self-management courses and appropriate support. Improve on Childhood Immunisations specifically Measles, Mumps & Rubella (MMR), and the continuation of the proactive case management of patients. The GP Federation will also continue to proactively support the Patient Voice via neighbourhood level patient participation groups.

### 8.7 Super-partnerships

8.8 St John's Medical Centre, Hilly Fields Medical Centre, Brockley Road Medical Centre, Morden Hill Surgery, Honor Oak Group Practice and Belmont Hill Surgery have merged their individual practices into one super-partnership which has a combined registered list size of approximately 60,000.

8.9 From the 1<sup>st</sup> June 2017, the practices are now working under a 'super-partnership model',

initially retaining each of the current PMS contracts held by the 6 existing practices, which the new entity holds in trust; and at a later stage moving on to one PMS contract, or consider the new voluntary Multispecialty Community Provider contract. This involves the 6 current PMS contracts remaining initially as separate contracts but benefiting from the integration of clinical services and back office functions.

8.10 This arrangement fits strategically with local priorities as set out in the CCG's Primary Care Strategy for General Practice, Our Healthier South East London – Community Based Care, Sustainability & Transformation Plan; delivering core general practice 'at scale'. This is also supported nationally, as articulated in the General Practice Forward View, specifically with regard to the sustainability of General Practice.

8.11 We are expecting further developments in Lewisham with practices increasingly working together at scale to deliver improved services to patients.

## **9. Financial Implications**

There are no specific financial implications arising from this report.

## **10. Legal Implications**

There are no specific legal implications arising from this report.

## **11. Crime and Disorder Implications**

There are no specific crime and disorder implications arising from this report.

## **12. Equalities Implications**

12.1 There are no specific equalities implications arising from this report, however addressing health inequalities is a key deliverable of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Partnership Commissioning Intentions.

12.2 The CCG has developed a two year programme to reduce inequalities in General Practice now in its second year, which is a focused and specific response to the national GP patient survey and the CCG commissioned review by Goldsmiths College. Findings on the experience of Black Asian & Minority Ethnic (BAME) Groups (specifically Black Caribbean residents) of General Practice and feeling supported to manage their long term conditions were significantly below those of other groups in the borough.

12.3 In addition, CCG analysis to support the development of the Integrated Primary & Urgent Care Model has demonstrated that disproportionate numbers of BAME groups (specifically Black African and Black Caribbean residents) attend A&E. The CCG has commissioned Healthwatch Lewisham and the local Community Provider Education Network (CEPN) to support with better understanding how these groups access both primary and urgent care and what service developments and/or training might be required for General Practice.

## **13. Environmental Implications**

13.1 There are no specific environmental implications arising from this report.

## **14. Background Documents**

#### 14.1 Our Healthier South East London Sustainability & Transformation Plan

Following publication of the NHS Five Year Forward view, all NHS regions in England are required to work together and with their local councils to produce a Sustainability and Transformation Plan (STP) for local services. This work is being jointly carried out by south east London Clinical Commissioning Groups (CCGs), hospitals, community health services and mental health trusts, with the support of local councils and members of the public.

Link: <http://www.ourhealthiersel.nhs.uk/>

#### 14.2 NHS GP Forward View

The General Practice Forward View, published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.

Link: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

#### 14.3 Transforming Primary Care in London: Strategic Commissioning Framework

This document provides both a new vision for general practice, and an overview of the considerations required to achieve it. It details a specification for Londoners in the future, and begins to articulate how these changes fit within the wider out-of-hospital context. The document also considers how this specification might be delivered with regard to cost, workforce, contracts, and other key enablers.

Link: <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/Indn-prim-care-doc.pdf>

#### 14.4 NHS Five Year Forward View

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

Link: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

### 15. Contact/s

Dr Jacky McLeod, Clinical Director & Primary Care Lead, NHS Lewisham CCG  
Ashley O'Shaughnessy, Deputy Director of Primary Care, NHS Lewisham CCG

## Appendix 1: Lewisham GP Surgeries Extended Hours

Core GP Surgery opening hours are 08:00am – 06:30pm, Monday to Friday

Practice	Extended Hours
Queens Road Partnership	Tue, Wed and Thur 6.30pm-7.15pm
Hurley at the Waldron	None
Amersham Vale Training Practice	Wed and Thur 6.30pm-8pm and Sat 9am-11am
Vesta Road Surgery	Wed 6.30pm-7.30pm and Sat 9am-12am
New Cross Health Centre	Tue 6.30pm-8pm
Mornington Surgery	Mon 6.30pm-7.45pm
Kingfisher Medical Centre	Mon 6.30pm-8pm
Grove Medical Centre	Tue and Wed 6.30pm-7.30pm
Deptford Surgery	Sat 8.45am-12.15am
Deptford Medical Centre	Tue 6.30pm-7.30pm
Clifton Rise Family Practice	Tue 6.30pm-8pm
Dr Batra's Practice	Tue and Wed 6.30pm-7.40pm
St John's Medical Centre	Tue 7am-8am, Wed 7.30am-8am, Thur 6.30pm-7.00pm, 1st Sat month 8am-11am
Brockley Road Surgery	None
Hilly Field Medical Centre	Mon-Fri 6.30pm-8pm
Honor Oak Group Practice	Mon-Fri 7am-8am
Burnt Ash Surgery	Mon-Wed 7am-8am, Fri 7.30am-8am
Lee Road Surgery	Tue and Thur 7am-8am
Lewisham Medical Centre	Wed 6.30pm-8pm and Sat 9am-12pm
Morden Hill Surgery	Mon 7am-8am and Wed 6.30pm-8.30pm
Belmont Hill Surgery	Wed 6.30pm-7.30pm, Thur and Fri 7am-8am
Triangle Group Practice	Tue 7am-8am and Wed 6.30pm-8pm
Woodlands Health Centre	Mon 6.30pm-9pm, Tue 7am-8am/6.30pm-8pm, Wed 6.30pm-9pm, sat 7am-10am
Nightingale Surgery	Fri 7am-8am
Rushey Green Group Practice	Mon 6.30pm-8pm, 6.30pm-8pm and Sat 9am-11am
Oakview Family Practice	None

Torridon Road Medical Practice	Tue to Thurs 6.30pm-8pm and Friday 6.30pm-7.30pm
Park View Surgery	Mon 6.30pm-7.30pm and Wed 6.30pm-7.45pm
Downham Family Medical Practice	Thur 6.30pm-8pm
ICO HG - Marvels Lane Surgery [branch]	None
Baring Road Medical Centre	Wed 6.30pm-8pm
South Lewisham Group Practice	Mon and Thur 6.30pm-8pm
Woolstone Medical Centre	Mon and Wed 6.30pm-8pm
Bellingham Green Surgery	Mon, Wed, Thurs, Fri 7.55am-8am. Tue 7.55am-8am and 6.30pm-8.30pm.
The Jenner Practice	Mon 7.30am-8am and 6.30pm-7pm, Tue 7.30am-8am and Thur 7.30am-8am.
Sydenham Green Group Practice	Fri 7am - 8am. Alternate Mon, Wed and Thurs from 6.30pm-8pm. Sat alternate weeks 8am-10.30am.
Sydenham Surgery	Mon 6.30pm-7.30pm
The Vale Medical Centre	Tue - Thur 6.30pm-7.30pm
Wells Park Practice	Mon 7am-8am and Tue 6.30pm-8pm, 2nd Sat of month 8.30am-Noon

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report:	Update: Public consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care		
Ward:	New Cross and Evelyn	Item No.	7
From:	Dr Marc Rowland, Chair, NHS Lewisham Clinical Commissioning Group Dr David Abraham, Clinical Director, Urgent Care Lead, NHS Lewisham Clinical Commissioning Group		
Class:	Part 1 (open)	Date:	1 <sup>st</sup> November 2017

## 1. Purpose

- 1.1 The purpose of this report is to provide the Healthier Communities Select Committee with; (a) an update on the engagement carried out by NHS Lewisham Clinical Commissioning Group to support the public consultation on the NHS New Cross Walk-in Centre and improving provision and access to primary care; and (b) the emerging themes from the consultation.
- 1.2 It is important to note that at the time of submission of this report and subsequent publication (26.10.2017), that the public consultation ends on 30<sup>th</sup> October 2017. Consequently, not all themes will be captured, including NHS Lewisham Clinical Commissioning Group led engagement events which run to the closing date.
- 1.3 In addition, it is important to allow commissioners time to fully review and assess all responses to the consultation. Consequently, this reported has been submitted late in order to provide a credible early view of the extensive responses to the consultation.

## 2. Recommendations

- 2.1 The members of the Healthier Communities Select Committee are asked to;
- 2.1.1 Note that the formal public and stakeholder consultation commenced on the 8<sup>th</sup> August 2017 for a period of 12 weeks and will end on the 30<sup>th</sup> October 2017;
- 2.1.2 Review the engagement activities, emerging themes and proposed alternatives from the initial review of responses;
- 2.1.3 Review the Equality Impact Assessment (See Appendix 3 – separate attachment).

## 3. Background

- 3.1 On 13<sup>th</sup> July 2017 the NHS Lewisham Clinical Commissioning (LCCG) Governing Body approved the recommendation to formally consult on the future of the NHS Walk-in Centre and improving provision and access to primary care.
- 3.2 The CCG adopted commissioning responsibilities for the New Cross Walk-in Centre from NHS England in 2015, when the GP register was disaggregated from the Walk-in Centre. On the 1<sup>st</sup> January 2016 an extension to the contract was issued to the incumbent provider of the New Cross Walk-in Centre, located in the Waldron Health Centre for a period of 24 months.
- 3.3 In line with the public sector duty to consult, pre-consultation on the proposal and the plans for formal public and stakeholder consultation were reviewed by the Healthier Communities Select Committee on 20<sup>th</sup> July 2017. A formal and comprehensive public, patient and stakeholder consultation programme was developed to enable views and comments to be sought and was launched on 8<sup>th</sup> August 2017. The consultation runs for a period of 12 weeks to realistically allow stakeholders sufficient time to provide a considered response (taking into account of the last four

weeks of the school summer holidays) and to enable due consideration by commissioners of what if any impact there may be and take appropriate mitigating action.

- 3.4 On 12<sup>th</sup> January 2017<sup>1</sup>, the CCG set out its approach for integrated urgent and primary care to the Healthier Communities Select Committee in the refreshed Primary Care Strategy – Developing GP Services. In addition, on the 25<sup>th</sup> April 2017, the CCG provided the Committee with an update on changes to primary care services<sup>2</sup>.
- 3.5 At the Healthier Communities Committee on 20<sup>th</sup> July 2017, the CCG agreed to return and provide an update on the consultation and key themes.
- 3.6 The next steps post the closing date is for the CCG to take stock of what we have heard from local residents and stakeholders. The CCG will conduct a comprehensive review and assessment of all responses, which will be published in line with best practice and provide recommendations to the Governing Body in November 2017.

#### 4. Key themes

- 4.1 The key themes are based on a series of engagement events, stakeholder meetings, letters and emails to the CCG and an early review of the responses provided in the survey. It is important to note that a more comprehensive qualitative analysis and review of all responses will be conducted at the end of the consultation on 30<sup>th</sup> October 2017. This is to ensure that appropriate consideration and reflection is given to all responses and proposed alternatives.
- 4.2 GP Extended Access Service
- 4.3 The vast majority of responses to date indicate that there is not only a lack of awareness of this new service, but that residents contacting their local GP practices are not being routinely offered this choice. Respondents were not aware that the GP Extended Access service operates 8am – 8pm, 7 days per week and provides both nurse and GP bookable appointments (including video consultations) and most importantly access to medical records.
- 4.4 This is supported by a review of all GP practice websites in Lewisham where to date only 14 out of the 39 practices provide information on the GP Extended Access service on their sites. As commissioners we are acutely aware that the service is underutilised particularly by GP practices in the north of the borough.
- 4.5 This concurs with the Healthwatch Q2 Intelligence Report, which provides a ‘*qualitative view*’ and concluded that a significant number of people are unaware of the service.
- 4.6 The GP Extended Access service will be re-locating to a purpose built suite and the service will be re-launched in November 2017. The CCG has contacted all GP practices to ensure that frontline staff are aware of the service.
- 4.7 Unable to get through over the phone/Unable to get an appointment with their GP
- 4.8 There were a significant number of responses where people were either unable to get through over the phone and/or unable to get an appointment with their GP. There is also a lack of awareness of the ‘extended’ opening hours of local surgeries.
- 4.9 As alluded to earlier not all GP practices are consistently providing patients with the choice of a GP Extended Access appointment. This is a recurrent theme in Lewisham with regard to appointments and is supported by regular qualitative Healthwatch Intelligence Reports. However, the Healthwatch Q2 Intelligence Report does suggest that for this period people’s views were more positive about GP practices in the borough, which is an improvement on the previous quarter.

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<sup>1</sup> <http://councilmeetings.lewisham.gov.uk/documents/s47475/05%20Primary%20care%20transformation%20and%20access%20to%20GP%20services%20-%2020120117.pdf>

<sup>2</sup> <http://councilmeetings.lewisham.gov.uk/documents/s49932/05%20Primary%20care%20update%20-%2020250417.pdf>

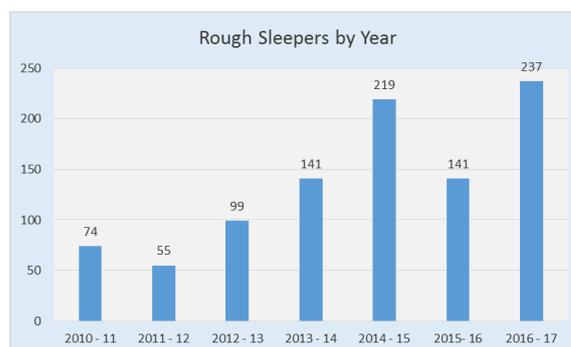
- 4.10 The GP National Survey is an annual England-wide survey that gathers data on patients' experiences of their GP surgeries. In July 2017<sup>3</sup> questionnaires were completed by 4,048 Lewisham patients. Ipsos MORI administers the survey.
- 4.11 Lewisham was slightly below the national average for overall patient experience of their GP practice. The national average was 85% and Lewisham scored 83%. However, what is clear is that in Lewisham the difficulty patients experience is getting through over the phone to their local GP practice – this fuels the overall dissatisfaction rates.
- 4.12 For ease of getting through over the phone the national average is 68% of respondents found it either very easy or fairly easy and for Lewisham it was 62%. However, there are 3 GP practices that are below 35% of respondents who found it either easy or fairly easy to get through over the phone. The CCG has provided additional funding to 8 GP practices (including 4 in the north of the borough) for specific improvements in telephony infrastructure.
- 4.13 However, once patients do get through the satisfaction rates increase with regard to getting an appointment. In relation to the convenience of the appointment the national average was 92% being convenient and for Lewisham CCG 91% responded that the appointment they got was convenient. In terms of success rates of getting to see or speak to a nurse or GP from their surgery the national average was 84% and for Lewisham the average was 81% were successful.
- 4.14 All Lewisham GP practices offer GP Online Services, which includes booking appointments, ordering repeat prescriptions and accessing medical records. Lewisham is currently the third best performing CCG in London for the number of patients that are registered for online services. The CCG will look to continue this good progress and support patients and practices to maximise the benefits of this facility. Online services free up practice time to support patients who may not be able to take advantage of online services and need to contact to contact the practice by phone.
- 4.15 As part of the eConsultations GP Forward View<sup>4</sup> programme, the CCG are developing local solutions to improve access at GP practices, which are supported by technology e.g. symptom checkers/video consultations. These alternatives free up time for GPs enabling them to spend more time managing patients with complex needs. For example the GP working remotely can provide a consultation, in about a third of the time of a traditional face to face appointment. As well as improving access for patients, evidence to date indicates that online consultation systems can free up to 10 per cent of the GPs' time.
- 4.16 NHS England has commissioned the North of England Commissioning Support Unit to collect *Third Next Appointment (TNA)* data from each general practice in England. TNA is intended to give an indication of the amount of time in days a patient theoretically would need to have waited for an appointment at the time a booking was made. This will give NHS England a view of waiting times for GP appointments and play an important part in understanding the pressure on healthcare systems as we move into winter. Every practice received a call during September and October 2017. We are awaiting the results of this audit.
- 4.17 Details of all GP surgeries providing extended opening hours are located at Appendix 1.
- 4.18 Unregistered
- 4.19 A number of those we engaged with from local organisations raised concerns about the potential number of people who live in the borough and might not be registered with a GP.
- 4.20 The initial review of activity data presented as part of this consultation demonstrated that some 28.6% of all attendances to the Walk-in Centre in 2016/17 could not be attributed to any CCG. In order to attribute the attendance to a CCG the GP details are required. Therefore, for those attendances without these details the assumption is that these are attendances for people who are not registered with a GP. Unfortunately, this is a commonplace issue with Walk-in Centre activity because it is not linked to an individual's medical record.

<sup>3</sup> <https://gp-patient.co.uk/downloads/slidepacks/2017/08L%20-%20NHS%20LEWISHAM%20CCG.pptx>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfov.pdf>

- 4.21 The CCG has reviewed the activity data from the Walk-in Centre for 2016/17 to support the Equality Impact Assessment (See Appendix 3 – Separate attachment) and the potential number is not as significant as first perceived. The CCG has modelled the potential the number of unregistered patients or where no GP was identified by using the first part (partial) of the postcode of the address attributed to each attendance. This approach was necessary in order to comply with data protection rules on Patient Identifiable Data (PID).
- 4.22 The quantum number of potentially unregistered patients or where the GP was not identified on attendance at the Walk-in Centre is estimated at 2,300 people with a partial Lewisham postcode. This number is heavily inflated due to the inclusion of some partially shared postcodes with the 5 other south east London boroughs and Croydon.
- 4.23 Audits conducted by the South East London Primary Care contracting team in August 2017, indicates that there is sufficient capacity to offer patients a good choice of GP practices to register within a 1 mile radius of the Waldron Health Centre.
- 4.24 The CCG has committed to providing additional Patient Advice Liaison Support (PALS) at the Waldron Health Centre to support getting patients registered over the winter period from October 2017 to March 2018.
- 4.25 Concerns were also raised about unregistered students and the CCG attended the *Fresher's Week* at Goldsmiths College (See section 7.6 d). However, the CCG intends to develop an annual communications and engagement programme for students to coincide with intakes.
- 4.26 It is also important to note that Goldsmiths College has commissioned the Amersham Vale Training Practice to register 2,000 students under a separate arrangement. The CCG has supported the practice in agreeing additional space within the Waldron Health Centre.
- 4.27 Vulnerable/Homeless
- 4.28 There has been significant concern expressed from the outset of the consultation from the local MP, local homeless charities, GP practices, residents and more recently local faith groups for those most vulnerable in New Cross and Deptford – specifically the homeless.
- 4.29 The CCG through its Equality Impact Assessment identified that this is where there could be a gap in services for the homeless in New Cross and Deptford. The CCG commissions two GP practices who provide Enhanced GP services to the four hostels in Lewisham. However, these services support those who are known to agencies and access the hostels.
- 4.30 Consequently, the CCG organised a multi-agency summit with the council to better understand the challenges faced by the homeless accessing services across the system. However, a key requirement for the CCG was to consider the barriers to accessing primary care services for the homeless and to inform any additional provision or services.
- 4.31 The multi-agency homeless summit took place on the 18<sup>th</sup> October 2017 and was well received by all those in attendance. It presented a unique situation where representative from agencies across the system providing services and support to the homeless were all in the same place at the right time. There were representatives from homeless charities including, Deptford Reach, 999 Club, Bench Outreach, St Mungos, Thamesreach, Lewisham & Greenwich NHS Trust, South London & the Maudsley NHS Trust, Pathway, Healthy London Partnership and Healthwatch.

Table 1: Rough Sleepers; Source: Lewisham Council



- 4.32 The summit heard from the council that the number of rough sleepers in New Cross and Deptford in 2016/17 was 237 (See Table 1 opposite). However, local charities advised that these numbers were an underestimation and this was the tip of the iceberg.
- 4.33 The council reported that the numbers of rough sleepers had risen over the years due to a number of contributing factors; austerity, public

sector service reductions, welfare reform and the housing crisis.

- 4.34 The summit received a joint presentation from Bench Outreach and the 999 Club on *'Poverty and exclusion among people accessing homelessness services in Lewisham'*. The presentation outlined the preliminary analysis of a survey conducted across three organisations, the 999 Club, Bench Outreach and Deptford Reach, over a two week period in October 2017. Its purpose was to inform service development, joint working and strategic planning. In summary the recommendations included; development of gender specific services, a review of supported accommodation, support for the vulnerable housed and facing the introduction of Universal Credit, review of Mental Health service provision for the homeless, the development of a similar pathway, with the guarantee of a same day service in the north of the borough for the homeless and support for the development of services to people who are eligible for benefits or housing support.
- 4.35 The summit mapped the many pathways and services provided for the homeless in New Cross and Deptford. However, two things were apparent with regard to accessing primary care services for the homeless; (i) for those known to the system and able to access beds in hostels the GP Enhanced Primary Care Service met their needs and the service was well received by all agencies; and (ii) for those termed as 'rough sleepers/sofa surfers' the GP Extended Access service presented an additional barrier due to the requirement to be registered with a GP practice in Lewisham and also being constrained by having to book and attend an appointment at a fixed time.
- 4.36 The summit committed to do a number of immediate things;
- (a) To set up a homeless redesign network, which would meet on a regular basis – this would be facilitated by commissioners (the council and the CCG);
  - (b) The CCG committed to working with local GP practices located in the Waldron Health Centre to develop an additional alternative service for the rough sleepers in New Cross and Deptford.
- 4.37 The CCG will also be running training sessions for all GP practices in February 2018 at a protected learning time event on registering and supporting the vulnerable – utilising the Healthy London Partnership training materials and toolkit<sup>5</sup>.
- 4.38 Mental Health Assessment & Liaison Service: During the consultation concerns had been raised by the homeless charities about changes to this service. At the homeless summit a solution was provided by the South London & the Maudsley (SLaM) Trust. The current Clinical Service Lead for the Assessment & Liaison Service who is a dual trained nurse RMN/RGN and has with a specific interest in Homelessness and Public Health and has agreed to offer Mental Health Assessment and advice to service users and staff at the 999 Club. This will be a fortnightly session for six months. It was agreed at that SLaM and the 999 Club would liaise on the operational aspects of this new arrangement.
- 4.39 Children under five years
- 4.40 Concern was raised that the Walk-in Centre saw a large number of children under 5 years of age and that the GP Extended Access service was not seeing children under 18 years of age. The GP Extended Service will see all children from November 2017 once relocated to its dedicated suite at the University Hospital site. In addition, it is recognised that it is best practice for GP surgeries to triage and prioritise children under 5 years for urgent care and management.
- 4.41 Not enough GPs and Nurses
- 4.42 The capacity of local GP practices in Lewisham and the lack of GPs and Nurses was a recurrent theme particularly in the written submissions.
- 4.43 Health Education England has conducted a national workforce analysis published in January 2017 to support the General Practice Forward View on Primary Care for GPs and Nursing.

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<sup>5</sup> <https://www.myhealth.london.nhs.uk/healthy-london/latest/publications/homelessness-health-resource-pack>

- 4.44 In comparison to both the national and London *GP Full-time equivalent (FTE) to patient list size ratio* Lewisham is in a better position and this trend continues when compared with neighbouring CCGs in Lambeth, Southwark, Greenwich, Bromley, Bexley and Croydon.
- 4.45 In practical terms this means that in Lewisham there are fewer patients to each GP. The national average GP FTE to patient list size ratio is **1:2000** and for London the average is **1:2100**. For Lewisham CCG the average GP FTE to patient list size ratio is **1:1900**, which equates to **143.8 FTE** in January 2017. These ratios do not include locums, retainers and registrars, which do help to support the substantive workforce. This also excludes the GP Extended Access (which includes Nurses and GPs) and the Primary Care Assessment (GP Streaming) services.
- 4.46 The current number of GPs in Lewisham as per the latest publication of NHS Digital data (publication August 2017; data extracted 30<sup>th</sup> June 2017) is 147 as shown in Table 2 below;

Table 2: GP WTE

CCG	All Practitioners	GP Providers	Salaried/Other GPs	GP Retainers	GP Registrars	GP Locums
08L Lewisham	161	94	53	1	4	9

- 4.47 Health Education England has also conducted a national workforce analysis on *Nursing Full-time equivalent (FTE) to patient list size ratio* puts Lewisham in a better position in London. However, when compared with the national average Lewisham falls behind. The national average Nursing staff FTE to patient list size ratio is **1:3600** and for London the average is **1:5300**. For Lewisham CCG the average Nursing staff FTE to patient list size ratio is **1:5000**, which equates to **58 Full Time Equivalents**. However, all London CCGs have a lower ratio of nursing staff compared with the national average.
- 4.48 In recognition of these challenges facing our nursing workforce the CCG has been working in partnership with Lewisham Community Education Providers Network (CEPN), on developing and sustaining the Primary Care Workforce. This has included on-going recruitment of newly qualified nurses, or nurses from other domains, to undergo General Practitioner Nurse training – in order to address the early succession issues in Lewisham.
- 4.49 Lewisham has 4 of the first Healthcare Assistants from primary care in London on the Nurse Associate training programme at the University of Greenwich. The CEPN supported by the CCG has commissioned additional places for the Advanced Care Practitioners at Greenwich University (MSC in Advanced Clinical Practice). There are currently 10 on the course and 4 started in September 2017.
- 4.50 In Lewisham, 6 General Practice Nurses commenced non-medical prescribing, which supports with reducing the workload of GPs and improving patient satisfaction training.
- 4.51 The CCG appointed the first Nurse Consultant in Primary Care in the country, in addition to appointing 3 General Practice Nurse Advisors to support with professional development and recruitment.
- 4.52 The CEPN has supported 6 student nurses on the 3rd year management placements in general practice and each spends 3 months in GP practices. Consequently, 5 have qualified and 2 are working for GP practices in Lewisham and 1 is a District Nurse in Lewisham.
- 4.53 Practice nurses are recruited directly on completion of their training and are being mentored by the CCG Nursing Team. Currently there are no vacancies in Lewisham – except where practices are not recruiting.
- 4.54 The CCG has also submitted a successful bid against the GP Forward View Clinical Pharmacist in General Practice programme, which will support Clinical Pharmacist to work in GP practices. This bid will initially cover a population of approximately 90,000 and provide additional clinical support to GPs in managing patients and their prescribing needs.

#### 4.55 Wound dressings

- 4.56 A specific concern was raised by the Save the Lewisham Hospital Campaign and a local GP practice about the provision of services to support care for wound dressings.
- 4.57 The GP Extended Access service provides appointments with nurses who are able to access patients' medical records, which enables continuity of care. The service provides care for wound management and from November 2017 when the service relocates, will be providing an additional 1,000 nurse appointments. In 2018, this will increase to 2,600 additional bookable nurse appointments.
- 4.58 Each year NHS Lewisham Clinical Commissioning Group invests an 'additional premium payment' of £3.2M to GP practices providing core services to patients. The CCG agreed in May 2017 with the Local Lewisham Medical Committee and the London-wide Medical Committee (which represents GPs) to continue to include payment for wound dressings (post-operative wound care and suture removal). Therefore, patients in Lewisham will also be able to access support from their local GP practices.

#### 4.59 Winter Planning

- 4.60 Across all types of responses and engagement, concern has been expressed with regard to planning for winter and the potential impacts on A&E. However, it is important to note that there is little evidence to support this view, based on where similar changes made across the country and more locally CCGs such as Lambeth, Southwark and Greenwich – have not reported adverse shifts in activity.
- 4.61 The CCG in partnership with Lewisham & Greenwich Trust and the system A&E Delivery Board has a robust Winter Plan, which has been submitted to NHS England.
- 4.62 The CCG has set out local mitigations in the Equality Impact Assessment, which includes; (i) GP streaming and redirection in the Urgent Care Centre from November 2017; (ii) increased nurse and GP appointments provided by the GP Extended Access Service; (iii) Patient Advice & Liaison Support to get patients registered at the Waldron Health Centre from this month until March 2018; and (iv) additional support for the rough sleepers as identified earlier.
- 4.63 Lastly, our clinical review has demonstrated that the vast majority of people attending the Walk-in Centre for colds, flu-like symptoms and sore throats did not need to see a GP. This is supported by the national review of Walk-in Centres conducted by Monitor<sup>6</sup>. Therefore, in order to reduce pressure on primary care services over the winter period as a system we need to support residents to access the right care.
- 4.64 Therefore, the CCG will be supporting the national annual Winter Campaigns such as *Stay Well Winter* and *Stay Well Pharmacy*.
- 4.65 However, the CCG has committed to developing a bespoke winter campaign for the north of the borough to support those who did not need a GP appointment to use alternative services or to self-care. The CCG will be working with local pharmacies and preventative services. This is evidenced by the recurring theme from the consultation and highlighted by Healthwatch that residents are not aware of the alternative services such as pharmacies or the GP Out of Hours Service (accessible when GP practices are closed), which is provided by the South East London Doctors Co-operative (SELDOC).
- 4.66 Sexual Health Services: There has been a great deal of confusion about the community services delivered from the Waldron Health Centre and the Walk-in Centre – with particular reference to Sexual Health Services. Community Integrated Sexual Health services at the Waldron Health Centre are provided by Lewisham & Greenwich Trust and walk-in and appointments services are available 6 days per week and this service is not a part of the consultation.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283778/WalkInCentreFinalReportFeb14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf)

## ***Consistency with current and prospective patient choice***

### **5. Alternatives**

5.1 It is important to note that at the time of submitting this report the consultation on the future of the Walk-in Centre and improving the provision and access to primary care has not closed. Consequently, what is provided in this section is only a summary and not an exhaustive list of some of the responses received to date.

5.2 The vast majority of alternatives summarised relate either to extending existing GP services or to developing more bespoke services.

5.3 The alternative models and services proposed range from;

- providing a satellite GP Extended Access service in the Waldron Health Centre;
- a Walk-in service for the homeless;
- getting GP practices to extend their hours;
- re-introducing same day appointments at the GP practices;
- same day triaging at GP practices;
- providing walk-in appointments at GP practices;
- charge patients £20 for a same day GP appointment
- increase the use Clinical Pharmacist or Nurse Practitioners;
- provide STD test at GP practices;
- clearer appointment systems;
- fast track service for the elderly and children;
- register student as part of enrolling;
- provide a named GP for each patient;
- provide online booking;
- provide a diagnostic centre at the Waldron (e.g. ultrasound and x-ray);
- develop more alternative care;
- expand SELDOC;
- offer wellness and preventative groups;
- turn the Waldron Health Centre into one good GP facility;
- develop video or Skype consultations;

5.4 Post consultation the CCG will review, consider and assess and publish all alternatives proposed in response to the key questions in the survey and from the engagement activities, which we have undertaken.

## ***Strengthened Public and Patient Engagement***

### **6 Pre-consultation**

6.1 In January and February 2017 the CCG interviewed users of the Walk-in Centre to better understand why they used the service and what the CCG could do to better improve access to primary care. A series of interviews took place on different days and times to ensure that a representative sample of users and views would be reflected.

6.2 The main driver of patients choosing to use the Walk-in Centre was being unable to get an appointment with their own practice. However, a significant number of patients perceived that they would be unlikely to get an appointment and therefore, went directly to the Walk-in Centre without contacting their own GP; 46% said they went directly to the Walk-in Centre because they did not think they would be able to get an appointment at their GP practice.

6.3 The CCG asked those interviewed in January and February what they would do if the Walk-in Centre was not available and 40% stated they would have used A&E if the Walk-in centre was not available and 27% would just wait and see their own GP.

6.4 At the point these CCG led interviews users there were no other alternatives available, as the GP Extended Access Service was not launched until April 2017.

- 6.5 Of those interviewed, 82.2% of people reported that they would consider using another service, which offered bookable appointments at another location, if their own GP practice did not have appointments available.
- 6.6 In January 2017, the CCG commissioned Healthwatch Lewisham to deliver engagement activities with seldom heard groups in Lewisham. This engagement was commissioned to support a future model of Primary Care Extended Access, organised around the needs of patients and local populations. The CCG were keen to seek the direct views and experiences of the following groups;
- People from Black African and Caribbean backgrounds
  - People with a learning disability
  - People with a physical or sensory disability
  - People with mental health issues
  - People living in areas of deprivation
- 6.7 The recommendations were used to develop the GP Extended Access service, which commenced in April 2017 and are included in the Equality Impact Assessment (See Appendix 3 – separate attachment).

## 6. Consultation

- 6.1 The CCG outlined its approach to engaging members of the public, patients and stakeholder in this formal consultation to the Committee on the 20<sup>th</sup> July 2017. We have ensured that the information on the consultation is accessible online and paper copies have been provided when requested. The CCG also commissioned easy read, audio and Vietnamese versions.
- 6.2 The CCG also recognises that there are different ways of engaging with our local communities. Our engagement programme has consisted of face to face outreach with various groups and the diverse communities in Lewisham. The CCG has met with homeless charities, community development groups, community hubs, children's centres, parents' forums, patient participation groups, faith groups, local ward assemblies and students.
- 6.3 The CCG also acknowledges the need to find more innovative ways of reaching those in our community who do not traditionally engage with processes of this nature or the seldom heard and have visited local businesses – particularly those where we are able to access residents from Black Minority Ethnic backgrounds.
- 6.4 We have also been visiting local transport hubs (Lewisham, Catford, Forest Hill, Sydenham, New Cross and Gate stations) and the Lewisham Shopping Centre and we have supported all GP practices to send text messages to their patients on the consultation.
- 6.5 People of working age are the highest users of the New Cross Walk-in Centre. Therefore, the CCG has had a visible presence at key transport hubs and train stations in the borough during the morning rush hour. The CCG distributed 1,175 postcards to commuters, in addition to making announcements on the consultation.
- 6.6 This section sets out of a summary of some of the interventions and a list of engagement activities are located in Appendix 2;

### (a) Patient Participation Groups (PPG)

The CCG supported the development of neighbourhood Patient Participation Groups (north, south west, central and south east) in 2015, working with the local GP Federation, One Health Lewisham. The CCG attended this borough-wide meeting with attendees representing the PPGs from Lewisham practices. A presentation of the consultation was given to the 40 people who attended the event. Attendees were asked to take part in a snap shot vote – using a coloured care voting system. Of those attending 30 took part in the vote; 19 supported the proposal; 3 did not; and 8 were unsure. The confidence levels varied with regard to getting an appointment with their own GP or the GP Extended Access service.

### (b) Local charities and voluntary organisations

*Deptford Reach*

The CCG delivered a presentation to 12 people at the service with written materials to support discussion and 6 people completed paper surveys (who were all registered with GPs). There was positive feedback about the Enhanced GP Service for the homeless commissioned by the CCG. However, concerns were raised about those who attended the Walk-in Centre and might not be registered with a GP. There was a lack of knowledge about the GP Extended Access service. The view was that the homeless would be more likely to ask for appointments in person due to a lack of phone credit.

#### *999 Club*

The CCG attended the 999 Club and spoke with people in small groups and individually. 18 surveys were completed and all were registered with a GP. 14 service users responded and 4 staff and volunteers who lived in the borough and had used the Walk-in Centre. Concerns were raised again here about the ability to access the GP Extended Access service due to a lack of phone credit and having to travel to their GP to book an appointment at the Lewisham Hospital site.

#### *Evelyn Parents Forum*

Evelyn Parents Forum is a local Deptford volunteer parent/carer community group. The CCG attended the Forum and spoke with 4 parents and 3 completed the survey. Although not concerned for themselves 2 parents expressed concerns for others about the proposed closure. There were strong concerns from 1 parent about their own vulnerability with regard to probable additional travel costs and travelling to the Lewisham Hospital site on public transport from Deptford with sick children.

### (c) Stakeholders

#### *Kaleidoscope Children's Centre*

The CCG spoke with parents of children from across the borough and from diverse backgrounds at the Centre, engaging in total with 25 people and 16 completed the survey. People using the services at Kaleidoscope were overwhelmingly in favour of the proposal. Particularly, with regard to the benefits of having a fixed/booked appointment when travelling with a sick child – rather than a queue up and wait system.

#### *Neighbourhood Community Development Partnership*

The CCG attended an event held by the partnership to provide information for community organisations, which was shared with 18 community organisations. There were a handful of members of the public were present. The purpose of attending this event was to utilise the existing community channels and network to inform people about the consultation and encourage participation. People at the event had not used the GP Extended Access service and were not aware that it offered appointments 8am-8pm, 7 days a week. Concern was expressed that people in the area (on the border of Southwark) were often forgotten in any health decisions.

#### *Downham Health & Leisure Hub*

The CCG spoke with people at this community hub. This engagement was successful in reaching people of working age and diverse ethnicity. Of the 40 people, 6 completed the paper survey – with others agreeing to complete it online. The majority of those engaged stated that the Walk-in Centre was too far and some used the Beckenham Beacon Urgent Care Centre. The GP Extended Access service had been used by one person who had a positive experience of the service. More people here supported the proposal, however this was not unanimous.

#### *Phoenix Green Man (South Lewisham)*

The CCG attended this Health & Well-being event, which was open to all residents and was attended by 70 people, who were mainly aged over 55 years. The CCG had a stall at the event and provided a short presentation to 21 people. Of those 21 people 4 had used the Walk-in Centre. None of those who the CCG spoke to were aware of the GP Extended Access service. During a show of hands vote, where 16 people voted; 11 did not support the proposal, 2 were unsure, 1 supported it and 2 were out of borough residents.

### *Local NHS Trusts and neighbouring Clinical Commissioning Groups*

The CCG wrote to all local NHS Trusts and neighbouring Clinical Commissioning Groups at the start of the consultation.

The CCG met with representatives of Lewisham & Greenwich Trust to discuss the proposals and possible mitigations; (i) GP streaming and redirection in the Urgent Care Centre; (ii) increased nurse and GP appointments provided by the GP Extended Access Service; (iii) Patient Advice & Liaison support to get patients registered at the Waldron Health Centre; (v) a north of the borough specific winter campaign to support those who did not need a GP appointment to use alternative services or to self-care; and (vi) additional support for the homeless. At the time of submitting this report the CCG are awaiting a formal response from Lewisham & Greenwich Trust, however commissioners have agreed with the Trust that weekly monitoring of activity will take place between January and March 2018.

### *Save the Lewisham Hospital Campaign*

The CCG wrote to the campaign on 8<sup>th</sup> August 2017 and received a response on 29<sup>th</sup> September 2017, which outlined 8 specific areas of concern. A meeting was arranged with representatives of the campaign Dr Louise Irvine, Dr Tony O'Sullivan and Jane Mandlik, The CCG has provided a formal response to the areas of concern, which has been published here; [http://www.lewishamccg.nhs.uk/get-involved/PublishingImages/Pages/Have-your-say-Walk-in-Centre,-New-Cross/SLHC\\_CCG\\_Statement\\_16102017.pdf](http://www.lewishamccg.nhs.uk/get-involved/PublishingImages/Pages/Have-your-say-Walk-in-Centre,-New-Cross/SLHC_CCG_Statement_16102017.pdf)

### *Leegate Community Centre*

The CCG engaged with 8 people who had used the Walk-in Centre. Some expressed positive comments about the GP Extended Access service although they had not used it themselves. Some valued the Walk-in service because they had attended in a crisis and believed they were treated better than at their own GP. Of the people we spoke to 3 supported and 4 opposed it and 1 person did not complete the question. There was less certainty about confidence levels in being able to book appointments using either their own GP or the Extended Access service, with half of people uncertain about answering the question.

### *Young Mayors Advisors*

The CCG met with 8 Young Advisors and provided information about the proposals. The young Advisors' experiences of access to GP appointments was positive, with most reporting that they could get an appointment when they needed one. When asked about their views on the proposals 2 people supported the proposal, 2 were uncertain and 4 did not support the proposal.

#### (d) Local residents, patients, NHS staff and users of the New Cross Walk-in Centre

### *Waldron Health Centre Drop-in Sessions*

The CCG organised a series of drop-in sessions at the Waldron Health Centre. These sessions were open to the public, patients, staff and included two people outside the Waldron Health Centre, who told us they were rough sleeping and who completed the survey. These rough sleepers were registered with a GP practice, which is commissioned to provide an Enhanced Service to the Homeless. However, they expressed concern at the potential loss of the Walk-in Centre in that it supported people who could not make appointments. Over these three initial drop-in sessions, 90 people were engaged with and 24 completed the survey with other agreeing to complete online. Although most people understood the requirement to address the needs of the entire borough and some people supported the proposal; the majority did not agree with the proposal. Reasons provided included proximity of the Walk-in and the potential impact on vulnerable people.

From additional sessions held during the week commencing 23<sup>rd</sup> October 2017 at the Walk-in Centre and engaging with users of the service; 28 people completed a survey, of which 10 supported the proposal, 8 did not and 10 did not know. In addition, a number of people committed to complete the survey online.

### *Goldsmiths College Fresher's Fair*

The CCG engaged with 300 students over the course of two days. Information of the consultation was made available with a brief explanation. The CCG attendance at the fair was

also to encourage new students to register with a local GP register and explaining to overseas students the points of access to Primary Care in Lewisham. There was also a helpful conversation with a member of staff who is a first aider for the College about the proposals.

#### *Lewisham Islamic Centre*

The CCG had previously engaged with the centre on the development of the GP Extended Access service. This session was mixed but predominantly men were in attendance. The three women in attendance abstained in voting activity. The CCG held a presentation and discussion session on the proposal. There was appreciation of why the changes were proposed, but with concerns about losing the walk-in element. The majority of people did not support the proposal. One person was very confident about being able to get an appointment and remainder were not so confident. There was concern about expressing confidence levels in a service they had not experienced – GP Extended Access.

#### *Lewisham Shopping Centre*

The CCG had brief conversations with 92 people. This is where there were the highest awareness levels of the GP Extended Access service to date with more people in favour of the proposal. There were some very positive comments from people who had used the GP Extended Access service, with regard to its usefulness for working people and its caring staff. People registered with GP practices in the Sydenham area advised that they had been offered the GP Extended Access service, those registered in the New Cross area reported that they had not.

#### (e) Elected Member of Parliament

Representatives of the CCG (Dr David Abraham, Urgent & Emergency Care Lead, and Diana Braithwaite, Director of Commissioning & Primary Care) met with Vicky Foxcroft MP. Our local MP expressed concerns about students and access to primary care services for the most vulnerable, particularly the homeless and those residing in the UK without legal status. The CCG committed to providing our MP with updates during the consultation.

#### (f) Local Ward Assemblies

##### *New Cross and Evelyn Ward Assemblies*

The New Cross Ward Assembly was not well attended by members of the public. However, the CCG engaged with and had conversations with 10 people and 6 completed surveys. The Evelyn Ward Assembly was attended by 40-50 people. The CCG had a stall providing information and proactively engaged with those attending. Although people understood the need to avoid duplication of services and the requirement to support all people in the borough, the majority were concerned about the impact on vulnerable people and that people would simply attend A&E.

##### *Telegraph Hill Ward Assembly*

The CCG were invited to attend the Telegraph Hill Ward Assembly and there were about 8 members of the public in attendance. Local residents posed a series of questions and were clear; as were the two ward councillors in attendance that they did not support the proposals.

#### (g) The GP practices located in the Waldron Centre

The CCG (with the assistance of the Lewisham Local Medical Committee), in its capacity as a level 3 delegated commissioner met with the Amersham Vale Training Practice, Clifton Rise Family Practice and Dr Batra – all located in the Waldron Heath Centre. The purpose of these meetings was to engage with these GP practices as providers (and not commissioners) of core primary care services in the area.

## **7. Financial Implications**

There are no financial implications for the council.

## **8. Legal implications**

There are no legal implications for the council.

## **9. Crime and disorder implications**

There are no crime and disorder implications.

## **10. Equalities implications**

The Equality Impact Assessment was completed and published and can be found at Appendix 3 (separate attachment). The document was reviewed by the CCG Equality & Diversity Group. The Assessment will be refreshed after review of the responses and submitted to the CCG Governing Body in November 2017.

## **11. Environmental implications**

Not applicable.

## **12. Background Documents**

### *NHS GP Forward View*

The General Practice Forward View, published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will improve patient care and access, and invest in new ways of providing primary care.

Link: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

## **13. Contact/s**

Dr Marc Rowland, Chair, NHS Lewisham Clinical Commissioning Group  
Diana Braithwaite, Director of Commissioning & Primary Care, NHS Lewisham Clinical Commissioning Group

## **14. Appendices**

**Appendix 1: GP Practice Opening Hours**

**Appendix 2: Engagement Schedule**

**Appendix 3: Equality Impact Assessment (Separate attachment)**

## Appendix 1: Lewisham GP Surgeries Extended Hours

Core GP Surgery opening hours are 08:00am – 06:30pm

Practice	Extended Hours
Queens Road Partnership	Tue, Wed and Thur 6.30pm-7.15pm
Hurley at the Waldron	None
Amersham Vale Training Practice	Wed and Thur 6.30pm-8pm and Sat 9am-11am
Vesta Road Surgery	Wed 6.30pm-7.30pm and Sat 9am-12am
New Cross Health Centre	Tue 6.30pm-8pm
Mornington Surgery	Mon 6.30pm-7.45pm
Kingfisher Medical Centre	Mon 6.30pm-8pm
Grove Medical Centre	Tue and Wed 6.30pm-7.30pm
Deptford Surgery	Sat 8.45am-12.15am
Deptford Medical Centre	Tue 6.30pm-7.30pm
Clifton Rise Family Practice	Tue 6.30pm-8pm
Dr Batra's Practice	Tue and Wed 6.30pm-7.40pm
St John's Medical Centre	Tue 7am-8am, Wed 7.30am-8am, Thur 6.30pm-7.00pm, 1st Sat month 8am-11am
Brockley Road Surgery	Tue/Wed/Thur 6.30pm-8pm
Hilly Field Medical Centre	Mon-Fri 6.30pm-8pm
Honor Oak Group Practice	Mon-Fri 7am-8am
Burnt Ash Surgery	Mon-Wed 7am-8am, Fri 7.30am-8am
Lee Road Surgery	Tue and Thur 7am-8am
Lewisham Medical Centre	Wed 6.30pm-8pm and Sat 9am-12pm
Morden Hill Surgery	Mon 7am-8am and Wed 6.30pm-8.30pm
Belmont Hill Surgery	Wed 6.30pm-7.30pm, Thur and Fri 7am-8am
Triangle Group Practice	Tue 7am-8am and Wed 6.30pm-8pm
Woodlands Health Centre	Mon 6.30pm-9pm, Tue 7am-8am/6.30pm-8pm, Wed 6.30pm-9pm, sat 7am-10am
Nightingale Surgery	Fri 7am-8am
Rushey Green Group Practice	Mon 6.30pm-8pm, 6.30pm-8pm and Sat 9am-11am
Oakview Family Practice	None
Torrison Road Medical Practice	Tue to Thurs 6.30pm-8pm and Friday 6.30pm-7.30pm
Park View Surgery	Mon 6.30pm-7.30pm and Wed 6.30pm-7.45pm
Downham Family Medical Practice	Thur 6.30pm-8pm
ICO HG - Marvels Lane Surgery [branch]	None
Baring Road Medical Centre	Wed 6.30pm-8pm
South Lewisham Group Practice	Mon and Thur 6.30pm-8pm
Woolstone Medical Centre	Mon and Wed 6.30pm-8pm
Bellingham Green Surgery	Mon, Wed, Thurs, Fri 7.55am-8am. Tue 7.55am-8am and 6.30pm-8.30pm.
The Jenner Practice	Mon 7.30am-8am and 6.30pm-7pm, Tue 7.30am-8am and Thur 7.30am-8am.
Sydenham Green Group Practice	Fri 7am - 8am. Alternate Mon, Wed and Thurs from 6.30pm-8pm. Sat alternate weeks 8am-10.30am.
Sydenham Surgery	Mon 6.30pm-7.30pm
The Vale Medical Centre	Tue - Thur 6.30pm-7.30pm
Wells Park Practice	Mon 7am-8am and Tue 6.30pm-8pm, 2nd Sat of month 8.30am-Noon

## Appendix 2: CCG led Engagement to support the formal consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care

DATE	EVENT TYPE	TARGET GROUP	LOCATION	OBJECTIVES	STATUS
8.8.17	Meeting with Healthwatch	Key stakeholder to reach communities	Catford	<ul style="list-style-type: none"> <li>Use update meeting to highlight the launch and ensure Healthwatch have materials to disseminate information about the consultation and encourage participation through their networks and at events.</li> </ul>	COMPLETED
30.8.17	Meeting	Homeless people and people who are rough sleeping (as per the Equality Impact Assessment), vulnerable, including people with substance abuse issues	Deptford Reach 34 Speedwell Street Deptford SE8 4AT	<ul style="list-style-type: none"> <li>To reach those identified in Equality Impact Assessment as potentially impacted by proposals.</li> <li>Providing people using a support service with opportunities to hear about our proposals and share their views.</li> </ul>	COMPLETED
1.9.17	Drop-in	People using the Walk-in Centre and other health services	Waldron Centre – Ground Floor meeting room and foyer area	<ul style="list-style-type: none"> <li>Providing people using Walk-in Centre and other services at the Waldron Centre with an opportunity to hear about the proposals ask questions and share their views.</li> </ul>	COMPLETED
5.9.17	Attendance at New Cross Local assembly meeting	Local Community and Councillors	Mulberry Centre , Amersham Vale New Cross SE14 6LE	<ul style="list-style-type: none"> <li>Providing people in North Lewisham with opportunities to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
6.9.17	Attendance at North Lewisham Community Development meeting	Range of voluntary, community and health organisations and members of the public	Lewington Centre, Eugenia Road, Silwood Estate, Deptford.	<ul style="list-style-type: none"> <li>Engaging key community organisations with extensive reach to disseminate information about the consultation and encourage participation through their networks and at events.</li> </ul>	COMPLETED
8.9.17	Drop-in	People using the facilities at Downham Health & Leisure Centre	Downham Health and Leisure Centre , Moorside Road during busy evening sessions	<ul style="list-style-type: none"> <li>Providing people in South Lewisham (including those living in areas of deprivation) with opportunities to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
9.9.17	Drop-in	People using the Walk-in Centre and other health services	Waldron Centre – Ground Floor meeting room and foyer area	<ul style="list-style-type: none"> <li>Providing people using Walk-in and other services at the Waldron Centre with an opportunity to hear about the proposals and ask questions and share their views.</li> </ul>	COMPLETED

12.9.17	Drop-in	People using the Walk-in Centre and other health services	Waldron Centre – Ground Floor meeting room and foyer area	<ul style="list-style-type: none"> <li>Providing people using Walk-in and other services at the Waldron Centre with an opportunity to hear about our proposals, ask questions and share their views</li> </ul>	COMPLETED
16.9.17	Health and Wellbeing event	People from across the borough attending a Health and Well Being event	Green Man Centre (Whitefoot Ward) Bromley Road SE6 2RP	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals and ask questions and share their views.</li> </ul>	COMPLETED
18.9.17	Meeting	Homeless people and people who are rough sleeping (as per the Equality Impact Assessment)	999 Club Deptford Broadway SE8 4PA	<ul style="list-style-type: none"> <li>To reach those identified in EQI as potentially impacted by proposals</li> <li>Providing people using a support service with opportunities to hear about our proposals and share their views.</li> </ul>	COMPLETED
19.9.17	Drop-in	Parents with young children in highest area of deprivation in North Lewisham	Evelyn Parents forum – playgroup sessions 231 Grove Street, SE8 3PZ	<ul style="list-style-type: none"> <li>Providing people who may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views.</li> </ul>	COMPLETED
19.9.17	Drop-in	Young people or Parents with children attending borough wide hub for children's health services	Kaleidoscope Children's Centre, Rushey Green SE6 4JD	<ul style="list-style-type: none"> <li>Providing people who may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views.</li> </ul>	COMPLETED
20.9.17	Meeting	Lewisham CCG AGM	King's Church, Lee SE3 9DW	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals and ask questions and share their views.</li> </ul>	COMPLETED
25.9.17	Drop-in	Students who may not be registered with a GP (as per Equality Impact Assessment)	Goldsmiths College Lewisham Way SE14 6NW	<ul style="list-style-type: none"> <li>Providing students in Freshers' week with information about the future of the Walk-in Centre, how to access primary care in Lewisham and the need to register.</li> </ul>	COMPLETED
25.9.17	Meeting	Patient Participation Group representatives	Lewisham Civic Centre	<ul style="list-style-type: none"> <li>Providing PPG representatives from the borough's 39 practices people with an opportunity to hear about our proposals and ask questions and share their views.</li> </ul>	COMPLETED
26.9.17	Drop-in	Providing students with about access to primary care and the need to register with a GP (as per the Equality Impact Assessment)	Goldsmiths College Lewisham Way SE14 6NW	<ul style="list-style-type: none"> <li>Providing students in Freshers' week with information about the future of the Walk-in Centre, how to access primary care in Lewisham and the need to register.</li> </ul>	COMPLETED
3.10.17	Attendance at	Local community and	2000 Community	<ul style="list-style-type: none"> <li>Providing people in North Lewisham with</li> </ul>	COMPLETED

	Evelyn Local assembly meeting	Councillors	Centre	opportunities to hear about our proposals ask questions and share their views with a (GP) Clinical Director and Deputy Director of Commissioning.	
4.10.17	Attendance at Get –On Lewisham borough wide digital event	People in Lewisham being supported to gain digital skills	Green Man Centre Bromley Road SE6 2RP	<ul style="list-style-type: none"> <li>Providing people from across the borough with an opportunity to hear about GP-ON Line (AT lead) and share our Consultation and share their views on-line (DM lead).</li> </ul>	NOT COMPLETE: <i>Event was scaled down by organisers. On-line consultation materials were previously circulated and organisers have been asked to re-circulate these to all Get- On groups in the borough.</i>
5.10.17	Drop-in	Young people or Parents with children attending borough wide hub for children's health services	Kaleidoscope Children's Centre Rushey Green SE6 4JD	<ul style="list-style-type: none"> <li>Providing people who may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views.</li> </ul>	COMPLETED
5.10.17	Visits to BAME businesses	BAME communities – to encourage participation in the Consultation and share information	Catford & Bellingham	<ul style="list-style-type: none"> <li>Reaching communities who have low rates of participation in the consultation.</li> <li>Having conversations with individual businesses to support them to generate awareness with their customers and providing easily portable materials.</li> </ul>	COMPLETED
10.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) At train stations and transport hubs	Catford Train station	<ul style="list-style-type: none"> <li>Providing information (postcards) about the consultation and GPEA to commuters travelling from Lewisham in the morning rush hour; to promote awareness of and participation in the consultation.</li> </ul>	COMPLETED
10.10.17	Drop –in	People with current or history of mental health issues using an advocacy service	Lee Community Centre Leegate SE12 8RG	<ul style="list-style-type: none"> <li>Providing people who have had may not be able to attend other sessions, due to childcare or transport, with opportunities to hear about our proposals and share their views.</li> </ul>	COMPLETED
11.10.17	Meeting	People from Lewisham who are Muslim (seldom heard group)	Lewisham Islamic Centre, Rushey Green SE13 6NZ	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals and share their views.</li> </ul>	COMPLETED

12.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	Lewisham transport hub – train station (DLR and bus on 18.10.17)	<ul style="list-style-type: none"> <li>Providing information (postcards) about the consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation.</li> </ul>	COMPLETED
12.10.17	Drop-in	People of all ages and demographics using the borough's largest shopping centre	Lewisham Shopping Centre	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals and share their views.</li> </ul>	COMPLETED
13.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment) – high users of Walk-in) at transport hubs	Forest Hill Train station	<ul style="list-style-type: none"> <li>Providing information (postcards) about the consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation.</li> </ul>	COMPLETED
17.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	New Cross Gate – transport hub	<ul style="list-style-type: none"> <li>Providing information about the Consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation.</li> </ul>	COMPLETED
17.10.17	Visits to BAME businesses	BAME communities – to encourage participation in the Consultation and share information	Deptford / New Cross	<ul style="list-style-type: none"> <li>Reaching communities who have low rates of participation in Consultations.</li> <li>Having conversations with individual businesses to support them to generate awareness with their customers and providing easily portable materials.</li> </ul>	COMPLETED
17.10.17	Attendance at Local Assembly	Local Community and Councillors	Telegraph Hill Assembly Somerville Youth & Play Provision 260 Queen's Road SE14 5JN	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
18.10.17	Consultation promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	Lewisham DLR and bus station	<ul style="list-style-type: none"> <li>Providing information about the Consultation and GPEA to commuters travelling from or through the borough's major transport hub in the morning rush hour; to promote awareness of and participation in the consultation</li> </ul>	COMPLETED
18.10.17	Meeting	Homeless multi-agency	NHS Lewisham CCG	<ul style="list-style-type: none"> <li>Providing key stakeholders (statutory and</li> </ul>	COMPLETED

		summit – in response to previous engagement and Equality Impact Assessment findings	Cantilever House SE12	voluntary organisations supporting homeless people) with an opportunity to share their views on additional needs/services.	
19.10.17	Consultation Promotion	Working age Lewisham patients (Equality Impact Assessment – high users of Walk-in) at transport hubs	Sydenham Station SE26 5EU	<ul style="list-style-type: none"> <li>Providing information about the consultation and GPEA to commuters in the morning rush hour; to promote awareness of and participation in the consultation.</li> </ul>	COMPLETED
19.10.17	Drop-in	Parents with young children	Abbotshall Healthy Living Centre, Catford SE6 1SQ	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
19.10.17	Drop-in	Walk-in Centre	Walk-in Centre	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
21.10.17	Meeting	Social housing tenants South Lewisham	Diversity Day – Phoenix Green man	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals ask questions and share their views.</li> </ul>	COMPLETED
23.10.17	Drop-in	People at risk of social isolation	Lee Community Centre	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals ask questions and share their views.</li> </ul>	COMPLETED
23.10.17	Meeting	Young people (14-23)	Lewisham Young Advisors	<ul style="list-style-type: none"> <li>Providing young people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
24.10.17	Drop-in	Walk-in Centre users	Walk-in Centre	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
25.10.17	Drop-in	Walk-in Centre users	Walk-in Centre	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED
26.10.17	Drop-in	Walk-in Centre users	Walk-in Centre	<ul style="list-style-type: none"> <li>Providing people with an opportunity to hear about our proposals, ask questions and share their views.</li> </ul>	COMPLETED



# Equality Impact Assessment

The future of the NHS  
Walk-in Centre and  
improving provision and  
access to primary care

AUGUST 2017  
Version 4.0



## Document Control

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## 1. Organisation

Lewisham Clinical Commissioning Group

## 2. Purpose of an Equality Impact Assessment (EqIA)

2.1 The objective of this initial EqIA is to identify potential positive and negative impacts that may result of the changes, with particular emphasis on fulfilling the Public Sector Equality Duties (PSED) within which NHS Lewisham CCG has a duty to;

2.1.1 *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Equality Act 2010;*

2.1.2 *Advance equality of opportunity between people who share a protected characteristic and those who do not;*

2.1.3 *Foster good relations between people who share a relevant protected characteristic and those who do not share it.*

2.2 In addition, to align outcomes to community based care, which is;

- **Proactive and Preventative:** by creating an environment which promotes health and wellbeing, making it easier for people to find the information and advice they need on the support, activities and opportunities available to maintain their own health and wellbeing and to manage their health and care more effectively;
- **Accessible to all:** by improving access to local health and care services, including increasing children's access to community health services and early intervention support. And for everyone to have access to urgent care when needed;
- **Co-ordinated:** So that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

2.3 The focus of this report is to assess the potential impact of the closure of the NHS Walk-in Centre, New Cross (as a result of the contract expiring) against improving access to primary care via the alternative GP Extended Access Service; on individual patients and relatives/carers who share one of more of the nine following protected characteristics (in no particular order);

- I. Age
- II. Disability
- III. Gender reassignment
- IV. Marriage and Civil Partnership
- V. Pregnancy and maternity
- VI. Race
- VII. Religion or belief
- VIII. Sex
- IX. Sexual Orientation

- 2.4 This report should be reviewed in conjunction with the full consultation document, which is located here: [http://www.lewishamccg.nhs.uk/get-involved/consultation/WiC\\_Consultation\\_FINAL\\_09082017.pdf](http://www.lewishamccg.nhs.uk/get-involved/consultation/WiC_Consultation_FINAL_09082017.pdf)
- 2.5 This Equality Impact Assessment has been reviewed by the CCG Equality and Diversity Group and it will be refreshed to encompass any additional areas resulting from the responses to the consultation.
- 2.6 The report will then be submitted to the CCG Governing Body in November 2017.

### 3. The Service/s

#### 3.1 *NHS Walk-in Centre*

- 3.2 The Walk-in Centre opened in March 2010. The Centre is for patients who are unable to get an urgent appointment with their GP and who have a minor injury or medical condition that is not life-threatening but needs to be seen. This is a walk-in service and is available from 8am to 8pm, 7 days a week, including public holidays.
- 3.3 The Centre does not offer any advice or consultations by telephone and does not have access to GP medical records for any patients, which is not uncommon for walk-in services.
- 3.4 In 2016/17 there were **29,528** attendances to the service, which is located in the Waldron Health Centre, New Cross.
- 3.5 More than half of all attendances to the service 2016/17 are not identified as Lewisham residents registered with a Lewisham GP.
- 3.6 In 2016/17 only **43.5%** (12,726 attendances) could be identified as Lewisham residents registered with a Lewisham GP.
- 3.7 **28.6% (8,367)** of all attendances in 2016/17 could not be attributed to any Clinical Commissioning Group either GP details are unknown or the patient was not registered with a GP.
- 3.8 We have estimated that only **2,300** patients who attended the Walk-in Centre, where either the GP details were unknown or the patient was not registered with a GP were **Lewisham residents**.
- 3.9 The CCG adopted the Walk-in Centre contract from NHS England and the contract was further extended in 2015 for 24 months. The CCG will not be able to extend the contract again.
- 3.10 If the CCG were to continue to provide a walk-in facility, it would need to procure a new and different service. However, walk-in centres are not considered the best way to provide proactive, co-ordinated and accessible care for the people of Lewisham.
- 3.11 Lewisham CCG has the last remaining Walk-in Centre service in south London. Neighbouring Clinical Commissioning Groups in Southwark, Lambeth and Greenwich have all closed their Walk-in Centres and replaced them with GP Extended Access Hubs.

### 3.12 GP Extended Access

3.13 In delivering on the Lewisham Primary Care Strategy<sup>1</sup> – Developing GP Services, to develop innovative ways to improve access to urgent and unplanned care within primary care; the CCG set out its model care for integrated urgent and primary care.

3.14 To deliver the integrated urgent and primary care model the CCG commissioned a GP Extended Access service, which commenced on 1<sup>st</sup> April 2017.

3.15 This is in line with the General Practice Forward View<sup>2</sup>, NHS England and Our Healthier South East London Sustainability Transformation Plan, which have agreed to;

- Extend access to General Practice services so that these can be accessed between 8am – 8pm, seven days per week across London;
- Make broader improvements to access general practice, such as better use of technology, better patient choice;

3.16 The service allows patients to access a primary care health professional 12 hours per day from 8am – 8pm for pre-bookable and urgent primary care appointments seven days a week (including Bank Holidays) at the University Hospital Lewisham site.

3.17 Appointments are bookable up to 7 days in advance.

3.18 The service aims to;

- Ensure improved and consistent access to high quality primary care services from 8am – 8pm, seven days per week.
- Support patients to find the right service at the right time, through integration of access routes to urgent and core primary care services, with consistent redirection at all points from GP practices, A&E and any other urgent access points to NHS services.

3.19 Access to the service is currently by patients contacting the GP surgery where they are registered. The service is not intended to be a walk-in service, where patients arrive and queue – appointments are booked through the patients' registered practice if the practice does not have appointments available that are convenient for the patient.

3.20 Patients can also access the service when they contact the Integrated Urgent Care (formerly NHS 111) service. In addition, it is planned nationally for patients to be able to book an appointment on-line up to two weeks in advance to see either a GP or Nurse.

3.21 From December 2017 when patients attend the Urgent Care Centre at University Hospital Lewisham, they will be redirected to the GP Extended Access after an assessment by a clinician.

3.22 The service provides **25,426** bookable appointments per year with GP face-to-face consultations, GP video consultations and nurse appointments. In 2018, this will increase to **29,914** bookable appointments.

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<sup>1</sup> Lewisham CCG – Primary Care Strategy: Developing GP Services 2016-2021 – 26/10/16

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

- 3.23 Unlike, the Walk-in Centre the GP Extended Access team delivering the service are able to access, review and update medical records for patients using the service.
- 3.24 Not all of the appointments in the GP Extended Access service are being taken up and the service has the capacity to see patients who are currently using the Walk-in Centre – in addition to providing identical opening times.
- 3.25 The service is located at the University Hospital Lewisham on Lewisham High Street. Lewisham Hospital provides acute and community health services and is a key part of the fabric of Lewisham’s health economy. The high street is centrally located within the borough of Lewisham and ideally close to local amenities. The hospital is easily accessible with good public transport links and well served by several bus and cycle routes. There are pay and display parking zones on the hospital grounds including bays for drop-off, pick-up, waiting and disabled parking. There are also pay and display parking spaces on nearby streets surrounding the hospital.
- 3.26 In January 2017, the CCG commissioned Healthwatch<sup>3</sup> Lewisham to seek the views of *seldom heard* groups in Lewisham to support the development of the Primary Care Extended Access service organised around the needs of patients and populations.
- 3.27 The CCG wanted to seek direct views and experiences from the following groups;
- Black African and Caribbean backgrounds (who are disproportionately high users of urgent and emergency care)
  - People with a learning disability
  - People with a physical or sensory disability
  - Peoples with mental health issues
  - People living in areas of deprivation
- 3.28 Healthwatch spoke to 71 participants over a period of 5 weeks from the following groups and organisations, reflective of the seldom heard groups identified by the CCG;
- South East London Vision (Sensory Impairment)
  - Africa Advocacy Foundation (Black and Minority Ethnic)
  - Family Health Isis (Mental Health)
  - Stroke Association Group (Areas of deprivation)
  - Lewisham Nexus Services (Learning disabilities)
- 3.29 There were a number of common themes from across all participants and key views for the service are summarised below;
- *People wanted the centre to be in an accessible and central location within the borough, with good public transport links and available car parking, at a reasonable price;*
  - *It was felt that quicker access routes to routine appointments (via the centre) would help ease patient anxiety and encourage a good relationship between the service user and provider;*

<sup>3</sup> <http://www.lewishamccg.nhs.uk/about-us/how-we-work/Meeting%20papers/Primary%20Care%20Commissioning%20Committee%2015th%20August%202017.pdf>

- *The importance of understanding and reading a patient's medical history was of paramount importance to patients, in order to prevent misunderstanding when patients had complex medical conditions;*
- *For some, the sharing of medical records was a concern, with patients stressing the importance of informing the public that this would happen if they accessed care at the centre;*
- *A wider understanding of provision within the borough and extra facilities to support patients, would be useful for GPs practices at the centre;*
- *Booking methods for the extended access service should be clearly communicated to the public, with booking by telephone remaining the most popular method;*
- *Doctors with specialisms and in depth knowledge of long term conditions (e.g. HIV, learning disabilities) should be available to the extended access centre;*
- *The infrastructure and non-clinical staff at any new centre should be trained in supporting vulnerable patients and those who may have difficulties access or navigating a new service.*
- *Patients with long term conditions and those with physical or learning would like to be offered longer appointments to accommodate for their additional needs*
- *Communication around the new extended access service should be available in multiple formats, that are easy to read and accessible;*
- *Community groups and leaders should be involved in the promotion and awareness raising of the service.*

3.30 The Healthwatch recommendations have been incorporated into the development of the GP Extended Access Service.

#### **4. Population**

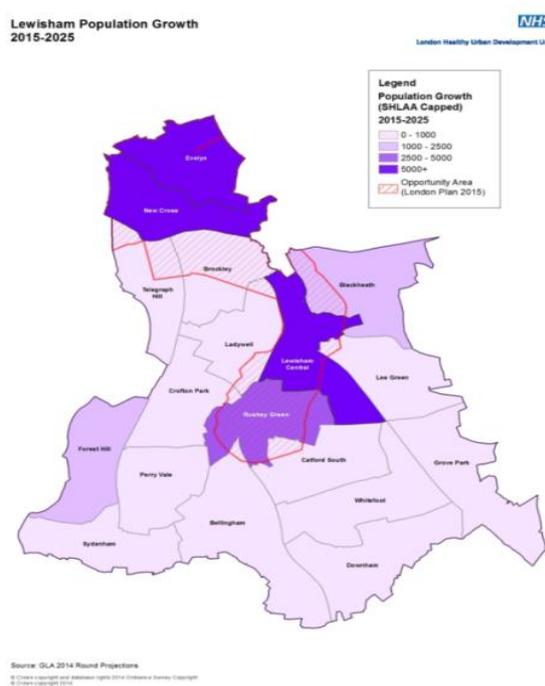
4.1 The population density in New Cross and Lewisham Central is expected to increase by a third. In 2015, the resident population of Lewisham stood at 294,096. According to the 2014 Round of GLA population projections, the population of the borough has increased to 294,096 in 2015 and will increase further by 31,100 between 2015 and 2025, or 10.6% the next ten years. By ranking population growth between 2015 and 2025 across London boroughs, Lewisham is considered to be a 'medium growth' borough (ranked 11th out of 33 boroughs).

Figure 1: Lewisham Population Growth

4.2 Lewisham has a higher population density than London as a whole (at 8,365 persons per sq km), but lower than Inner London. Over a fifth of the borough is parkland or open space.

4.3 Population growth in Lewisham is uneven and concentrated in different parts of the borough. This presents different challenges for service and estates planning. High population growth is concentrated in the north and centre of the borough where there has been greater investment in health infrastructure than in the South has benefited less. Waldron Health Centre is located in New Cross Ward.

4.4 The distribution of deprivation across Lewisham is uneven, with every ward having LSOAs (Lower Super Output Area) in at least 4 Lewisham deciles of deprivation, there is less variation in Lewisham than in many other places. Of the 166 LSOAs in the borough, 38% are in the most deprived fifth of England, 86% in the most deprived two fifths, and only 1% in the least deprived two fifths.



## 5. New Cross<sup>4</sup>

5.1 New Cross ward includes areas of New Cross, New Cross Gate and Deptford. In the 2011 census the population of New Cross was 15,756 and is made up of approximately 50% females and 50% males. The average age of people in New Cross is 32, while the median age is lower at 30. 51.3% of people living in New Cross were born in England. Other top answers for country of birth were 7.2% Nigeria and 3.9% Jamaica.

5.2 74.6% of people living in New Cross speak English. The other top languages spoken are 2.3% French, 1.9% Spanish, 1.8% All other Chinese, 1.7% Polish, 1.5% Portuguese, 1.4% Vietnamese, 1.0% Somali, 0.9% Italian and 0.8% Cantonese Chinese.

5.3 The religious make up of New Cross is 51.0% Christian, 24.3% No religion, 9.7% Muslim, 3.0% Buddhist, 1.4% Hindu, 0.3% Jewish, 0.2% Sikh, 0.1% Atheist. 1,421 people did not state a religion. 60 people identified as a Jedi Knight.

5.4 23.6% of people are married, 10.2% cohabit with a member of the opposite sex, 2.3% live with a partner of the same sex, 46.1% are single and have never married or been in a registered same sex partnership, 11.6% are separated or divorced. There are 848 widowed people living in New Cross.

5.5 The top occupations listed by people in New Cross are Professional 17.0%, Elementary 16.4%, Elementary administration and service 15.7%, Associate

<sup>4</sup> <https://new-cross.localstats.co.uk>

professional and technical 13.8%, Administrative and secretarial 11.5%, Caring, leisure and other service 11.0%, Sales and customer service 9.5%, Skilled trades 8.8%, Administrative 8.7%, Managers, directors and senior officials 7.9%.

## 6. Who uses the Walk-in Centre service

- 6.1 *Overview:* A clinical review of the presenting conditions of those patients attending the Walk-in Centre found that the majority were for wide range of acute minor medical problems, which would normally be dealt with by self-care, a pharmacist or consulting a GP or Nurse.
- 6.2 Of the clinically reviewed sample, the majority of patients attended for wound care (dressings etc.), limb pain, sore throats, coughs and rashes. This is in keeping with Monitor Review<sup>5</sup> of Walk-in Centres of across the country where commonly people were treated for coughs, colds, flu like symptoms, skin conditions or infections.
- 6.3 *Ethnicity:* Users of the service who identified their ethnicity as White British or White Other (43.5% of attendances) were the largest users of the service in 2016/17. Those who identified their ethnicity as Black, Black British, African or Caribbean (37.7% of attendances) were the second highest users of the Walk-in Centre. This is in contrast to 3 years ago where those who identified their ethnicity as Black, Black British, African or Caribbean were the main users of the service.

Figure 2: Walk-in Centre Activity 2016/17 by Ethnicity

Ethnicity	Percentage
White British	26.2%
Not Recorded	15.9%
White other	15.3%
Black or Black British African	11.2%
Black or Black British Caribbean	8.7%
Declined	3.4%
Other Asian	3.4%
Other Black background	3.1%
Other ethnic groups	2.6%
Chinese	2.0%
Mixed White and Black Caribbean	1.9%
White Irish	1.4%
Mixed White and Black African	1.4%
Mixed other	1.1%
Asian or Asian British Indian	0.9%
Asian or Asian British Bangladeshi	0.6%
Asian or Asian British Pakistani	0.6%
Mixed White and Asian	0.3%

- 6.4 *Sex:* In 2016/17 56.4% of all attendances to the Walk-in Centre were female and 43.5% were male and this is consistent with the Monitor Review of Walk-in Centres.

<sup>5</sup> Monitor: Walk-In-Centre Review: Final Report and Recommendations

- 6.5 Age: The Walk-in Centre is mostly used by people between the ages of 25 – 49 years followed by those between the ages of 16 – 24 years. This is reflective of the Monitor Review of Walk-in Centres, which found that younger people are the predominant users, with people between the ages of 16 – 45 years attending at higher rates than other age groups.
- 6.6 The majority of children under 5 years of age attending the Walk-in Centre were predominantly from the 4 GP practices located in the Waldron Centre, which took place in hours; Monday to Friday 08:00 – 18:30.
- 6.7 Hours: The overwhelming majority (64%) of all attendances at the Walk-in Centre took place in hours when GP practices are open, with 17% on Saturdays and 13% on Sundays and the remainder (6%) during the evenings.
- 6.8 The majority of Lewisham registered patients using the Centre are registered with GP practices located in the north of the borough.
- 6.9 In 2016/17 of those Lewisham patients using the Walk-in Centre and registered with a GP, **28.5%** attendances were already registered with one of the four GP Practices; Clifton Rise Family Practice, Amersham Vale Training Practice, Dr Batra's Practice or the New Cross GP Led service, all located in the Waldron Health Centre.
- 6.10 The highest users of the Walk-in Centre are patients already registered with the New Cross GP Led Service, which is co-located with the Walk-in Centre.
- 6.11 GP Extended Access is the alternative service for residents in Lewisham when the Walk-in Centre contract expires on 31<sup>st</sup> December 2017. For those registered with a Lewisham GP – access to the service will be as per 3.12 and 3.13.
- 6.12 For those patients registered with a GP in London, they will have access to the GP Extended Access Services/Hubs provided in those boroughs. These were introduced as a part of the national GP Forward View<sup>6</sup> initiative in April 2017 across London to improve access to General Practice.
- 6.13 It is recognised that the GP Extended Access service is not the same service as the Walk-in Centre because it provides access to patients' medical records and the service is bookable. Access to this service requires patients to be registered with a GP in Lewisham.
- 6.14 Therefore, unregistered patients will not be able to access the service unless they register with a GP practice in Lewisham.
- 6.15 However, there is sufficient GP practices of good quality and capacity of **25,300** (See Figure 3) located within less than one mile of the Walk-in Centre (both in Lewisham and neighbouring boroughs), which could support increased registration of an estimated additional **2,300** patients currently attending the Centre.

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<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Figure 3: GP practice capacity for new registrations located near the Waldron

Practice Name	Code	Contract	Distance from Waldron (miles)	Raw List	Additional new patients that practice able to register
Dr. Jeyanathan and Partners	G85026	PMS	0	4,477	2,000
Amersham Vale Practice	G85698	PMS	0	9,013	2,000
Dr BK Batra's Practice	G85717	PMS	0	6,025	3,000
Mornington Surgery	G85008	PMS	0.1	4,152	3,000
Deptford Surgery	G85711	PMS	0.2	4,734	1,500
Dr Mog Sarder's Practice	G85736	GMS	0.2	3,007	300
New Cross Health Centre	G85076	PMS	0.3	5,826	5,000
Kingfisher Medical Centre	G85020	GMS	0.4	4,981	1,000
Dr R Berman's Practice	G85105	PMS	0.7	5,888	1,500
St Johns Medical Centre	G85038	PMS	0.7	14,485	3,000
Plumbridge Medical Centre	G83641	GMS	0.8	2,426	3,000
<b>*Total capacity within 1 mile of the Walk-in Centre</b>					<b>25,300</b>

6.16 The activity data on the Walk-in Centre use for 2016/17 indicates that there are approximately **28.6%** attendances (8,367), where the GP is unknown or the patient is not registered with a GP.

6.17 Consequently, there are a number of assumptions that can be made; (i) those who have attended have chosen not to disclose this information; (ii) those attending were not asked to provide this information; or (iii) they are genuinely not registered with a GP anywhere.

6.18 However, even if no GP details were provided for one of the 3 reasons listed in 6.17; the expectation is that the provider of the Walk-in Centre should as a minimum have obtained the patients address.

6.19 In order to provide a reasonable estimate of the actual number of potential patients (and not attendances) that might not be registered with a GP and live in Lewisham; the first part of the patients' postcode and multiple attendances were considered in reviewing activity data for the Walk-in Centre.

6.20 A partial postcode was used in order to ensure patient confidentiality. However, as a consequence this has meant that where partial postcodes are shared with Lewisham and at least one of the five neighbouring south east London boroughs have been included in the count. Therefore, the quantum number of unknown GP/unregistered with a GP patients will be inflated.

6.21 The review demonstrated that for those where either the GP details were unknown or the patient was not registered with a GP (as per 6.16); **70% of those patients did not have a Lewisham postcode and therefore do not live in the borough.**

6.22 The remaining **30% (estimated 2,300 patients over a 12 month period)** where either the GP details were unknown or the patient was not registered with a GP – either live in Lewisham and have a partial postcode that is exclusive to the London Borough of Lewisham e.g. SE4, SE6 and SE14; or they have a partial

postcode, which is shared with Lewisham and at least one of the five neighbouring south east London boroughs (Lambeth, Southwark, Bromley, Bexley and Greenwich) and Croydon e.g. SE3, SE8, SE9, SE10, SE12, SE13, SE19 and SE26.

- 6.23 Therefore, 2,300 is the quantum estimated number of patients who potentially might need to be registered with a GP.**
- 6.24 It is also recognised that a proportion of those where the GP is unknown or the patient is not registered with a GP could be homeless.
- 6.25 Homelessness acceptances in Lewisham are higher than the London average at 5.9 per 1,000 people compared to 5, but have risen much less than average since 2009.
- 6.26 The review demonstrated that there were an estimated 188 patients in a 12 month period where either the GP details were either unknown or the patient was not registered with a GP and no postcode was provided.
- 6.27 The patients could either be homeless or this could be down to poor data collection or the patient declined to provide this information. However, the 188 patients could provide a maximum proxy for Homeless users of the Walk-in Centre.
- 6.28 The local authority (Lewisham Council) commissions 80 beds in the New Cross Ward for the homeless, which equates to a conservative estimate of **327** individuals (total client impact) per year including *Rough Sleepers and Street* activity; recognising that these will be some of the most vulnerable people with regard to physical health, mental health and substance misuse.
- 6.29 The Care Quality Commission expects GP practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.
- 6.30 It is recognised that Goldsmiths College is located close by and their students are directed to the Walk-in Centre; it is therefore possible to assume that a large proportion will be students. This is supported by the Monitor Review, where high numbers of students are users, who tend not to be registered in with a GP in the area in which they are attending University.
- 6.31 The NHS Choices advice to students is;

*If, like most students, you spend more weeks of the year at your college address than your family's address, you need to register with a GP near your college as soon as possible.*

## 7. Summary

- 7.1 In assessing the potential impact of the closure of the NHS Walk-in Centre, New Cross (as a result of the contract expiring) against improving access to primary care via the alternative GP Extended Access service on individual patients and relatives/carers who share one of more of the nine protected characteristics – the key areas where there could be a negative impact and mitigation is required;

- (i) People who reside in the borough and *are not registered with a Lewisham GP* and therefore would be unable to access the alternative GP Extended Access service.
- (ii) People who live in another borough and *are registered with a GP practice in another borough or elsewhere in the country* and therefore are unable to access the alternative GP Extended Access service in Lewisham.

For Lewisham CCG the priority will be our population and mitigation for those who live in the borough and are not registered with a GP.





### 7.3 Equality Analysis checklists

<b>Equality Group</b>	<b>What evidence has been used for this analysis?</b>	<b>What engagement and consultation has been used?</b>	<b>Identify positive / negative / no outcomes</b>	<b>How are you going to address issues identified?</b>	<b>Specify the Named Lead and Timeframe</b>
DISABILITY	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> <li>Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham)</li> </ul>	<ul style="list-style-type: none"> <li>CCG Walk-in Centre User survey in January and February 2017</li> <li>CCG Commissioned Healthwatch SELDOM Heard Report on GP Extended Access</li> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>No disproportionate effect is expected.</li> <li>There is no data available on the numbers of service users who identify themselves as having a disability.</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access service is located at the University Hospital Lewisham site, which will be compliant with all required regulations on accessibility.</li> <li>In addition, the new purpose built suite will be Disability &amp; Discrimination Act compliant.</li> <li>The University Hospital Lewisham site is accessible and has good transport links.</li> </ul>	October 2017
GENDER REASSIGNMENT	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>No disproportionate effect is expected.</li> <li>There is no data available on the numbers of services users who identify themselves as being with these protected characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access service is available to all patients registered with a Lewisham GP.</li> <li>The service has access to the patient's records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once.</li> </ul>	Not applicable.

### 7.4 Equality Analysis checklists

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Timeframe
MARRIAGE & CIVIL PARTNERSHIP	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> <li>Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham)</li> </ul>	<ul style="list-style-type: none"> <li>CCG Walk-in Centre User survey in January and February 2017</li> <li>CCG Commissioned Healthwatch SELDOM Heard Report on GP Extended Access</li> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>No disproportionate effect is expected.</li> <li>There is no data available on the numbers of services users who identify themselves as being with these protected characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access service is available to all patients registered with a Lewisham GP.</li> <li>The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once.</li> </ul>	Not applicable.
PREGNANCY AND MATERNITY	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>No disproportionate effect is expected.</li> <li>There is no data available on the numbers of services users who identify themselves as being with these protected characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access service is available to all patients registered with a Lewisham GP.</li> <li>The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once.</li> </ul>	Not applicable.

### 7.5 Equality Analysis checklists

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
RELIGION OR BELIEF	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> <li>Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham)</li> <li>2011 Census (ONS)</li> <li>Walk-in Centre Review 2014 (Monitor)</li> </ul>	<ul style="list-style-type: none"> <li>CCG Walk-in Centre User survey in January and February 2017</li> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>No disproportionate effect is expected.</li> <li>There is no data available on the numbers of services users who identify themselves as being with these protected characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access service is available to all patients registered with a Lewisham GP.</li> </ul>	Not applicable.
SEX	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> <li>Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough</li> </ul>	<ul style="list-style-type: none"> <li>CCG Walk-in Centre User survey in January and February 2017</li> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup></li> </ul>	<ul style="list-style-type: none"> <li>No disproportionate effect is expected based on Sex or Sexual Orientation of the Walk-in Centre closing and patients accessing the alternative GP Extended Access Service.</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access service is available to all patients registered with a Lewisham GP.</li> <li>The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once.</li> </ul>	Not applicable.

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
	<ul style="list-style-type: none"> <li>of Lewisham)</li> <li>• 2011 Census (ONS)</li> <li>• Walk-in Centre Review 2014 (Monitor)</li> </ul>	<ul style="list-style-type: none"> <li>October 2017</li> </ul>			
SEXUAL ORIENTATION	<ul style="list-style-type: none"> <li>• Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> <li>• Neighbourhood Profiles and Picture of Lewisham (JSNA, London Borough of Lewisham)</li> <li>• 2011 Census (ONS)</li> <li>• Walk-in Centre Review 2014 (Monitor)</li> </ul>	<ul style="list-style-type: none"> <li>• CCG Walk-in Centre User survey in January and February 2017</li> <li>• CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>• No disproportionate effect is expected based on Sexual Orientation due to the Walk-in Centre closing and patients accessing the alternative GP Extended Access Service.</li> </ul>	<ul style="list-style-type: none"> <li>• The GP Extended Access service is available to all patients registered with a Lewisham GP.</li> <li>• The service has access to the patients' records and therefore, this would support continuity of care for these users and ensuring that they only had to tell their story once.</li> </ul>	Not applicable.
CARERS	<ul style="list-style-type: none"> <li>• Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>• CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>• There is no utilisation data available on the numbers of services users who identify themselves as being with these protected characteristics.</li> </ul>	<ul style="list-style-type: none"> <li>• From October 2017 to January 2018 the CCG will provide dedicated Patient Advice &amp; Liaison (PALS) Support in the Waldron Health Centre to help people register with a local GP practice of their choice and provide information on the GP</li> </ul>	November 2017

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
			<ul style="list-style-type: none"> <li>As a part of the formal consultation concern was raised about how carers book appointments for those in supported housing.</li> </ul>	Extended Access service.	
OTHERS E.G. Students/ Homeless	<ul style="list-style-type: none"> <li>Analysis of the utilisation and activity data submitted by the provider of the service in 2016/17 and 2017/18</li> <li>Lewisham Borough Council (Single Homeless Unit);</li> </ul>	<ul style="list-style-type: none"> <li>CCG formal public and stakeholder consultation launched on 8<sup>th</sup> August to 30<sup>th</sup> October 2017</li> </ul>	<ul style="list-style-type: none"> <li>The GP Extended Access Service is only accessible to those registered with a GP in Lewisham, therefore Homeless people in New Cross. Estimated of 327 homeless people in a year.</li> <li>Similarly, students from nearby Goldsmiths College not registered with a Lewisham GP will be impacted.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG commissions two local GP practices (Honor Oak and Rushey Green) to deliver enhanced support the four hostels for homeless people. The CCG will review these two services.</li> <li>The CCG will meet with the providers of services and supports to consider improved messaging on registration.</li> <li>Getting registered with a GP support to Goldsmiths College.</li> </ul>	November 2017  October 2017  September 2017

## Section 8: Action Plan

*For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.*

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Timeframe
ALL	<p><b>Users of the Walk-in Centre who are not registered with a GP practice in Lewisham will not be able to access the alternative GP Extended Access Service when the Walk-in Centre closes at the end of the year.</b></p> <p>There are on average an estimated 2,300 patients who use the Centre with a Lewisham postcode or a partial postcode, which is shared with at least one of the five neighbouring SEL Boroughs and Croydon, who are not registered with a GP.</p>	<p>1. The CCG will commission from October 2017 to January 2018 dedicated Patient Advice &amp; Liaison (PALS) Support, located in the Waldron Health Centre to help people who live in the borough register with a local GP practice of their choice and provide information on the GP Extended Access service.</p>	October 2017 – January 2018
	<p><b>Homeless users of the Walk-in Centre service who are not registered with a GP practice will not be able to access the alternative GP Extended Access Service when the Walk-in</b></p>	<p>2. The CCG commissions two local GP practices (Honor Oak and Rushey Green) to deliver enhanced support to the four hostels for homeless people. The CCG will review these two services.</p> <p>3. Commissioners will meet with the providers of services and support to the Homeless</p>	<p>November 2017</p> <p>October 2017</p>

<p><b>Centre closes at the end of the year.</b></p>	<p>population to consider improved messaging and support on GP registration. The CCG will be running a Homeless Summit jointly with Lewisham Borough Council in October as a direct result of this process, which will include representatives from the 3 homeless charities supporting New Cross, the Healthy London Partnership, Lewisham &amp; Greenwich Trust, Pathway (Healthcare for the Homeless) and SLAM.</p> <p>4. The CCG will implement an engagement and training programme for all GP practices on supporting Homeless patients in the borough using the Healthy London Partnership resource pack and on-line training tool published in August 2017. Resource pack  <a href="https://www.myhealth.london.nhs.uk/healthy-london/latest/publications/homelessness-health-resource-pack">https://www.myhealth.london.nhs.uk/healthy-london/latest/publications/homelessness-health-resource-pack</a>        Supporting GP receptionists to help people who are homeless  <a href="https://www.myhealth.london.nhs.uk/healthy-london/latest/news/supporting-gp-receptionists-help-people-who-are-homeless">https://www.myhealth.london.nhs.uk/healthy-london/latest/news/supporting-gp-receptionists-help-people-who-are-homeless</a></p>	<p>November 2017 – January 2018</p>
<p><b>Students who are users of the service and are not registered with a GP in Lewisham or any GP will not be able to access the alternative GP Extended Access Service when the Walk-in Centre closes at</b></p>	<p>5. The CCG will attend <i>Fresher’s Week</i> at Goldsmiths College to promote GP Registration to students.</p> <p>6. The CCG will develop periodic communication messages in line with new student intakes throughout the year on getting registered with a GP.</p> <p>7. Goldsmiths College have commissioned the</p>	<p>September 2017</p> <p>November 2017</p> <p>Not applicable.</p>

<p><b>the end of the year.</b></p>	<p>Amersham Vale Training Practice to provide GP services to their student population.</p>	
<p><b>Patients from the 3 GP practices, which are amongst the highest Lewisham users of the Walk-in Centre, located in the Waldron Health Centre could attend the A&amp;E instead when the service closes.</b></p>	<p>8. The CCG will work with the Amersham Vale Training Practice, Dr Batra and Clifton Rise Family Practice to provide additional support – particularly for those who attend with children under 5 years old in hours.</p> <p>9. The CCG will develop communication programme on accessing urgent primary care (in-hours and out of hours) and self-management for patients; phase 1 will be to the GP practices with patients that are the highest users.</p> <p>10. In order to deliver the national requirement of Clinical Redirection and Streaming at all Urgent Care Centres; this additional service, which consists of a GP seeing and treating patients in the Urgent Care Centre, will be fully compliant at the University Hospital Lewisham from December 2017. Lewisham CCG has been running a Primary Care Assessment Pilot, with a GP in the Urgent Care Centre at the University Hospital Lewisham since October 2016.</p> <p>11. The CCG will work with the local pharmacists on supporting self-care for patients.</p>	<p>October – November 2017</p> <p>November 2017 – January 2018</p> <p>November 2017</p> <p>November 2017</p>
<p><b>Users of the Walk-in Centre who attended for wound dressings will attend A&amp;E instead when the service closes</b></p>	<p>12. Each year Lewisham CCG invests an ‘additional premium payment’ of £3.4m to GP practices providing core services to patients. For 2018/19, the CCG agreed in May 2017 with the Local Lewisham Medical</p>	<p>January 2018</p>

<p><b>because GP practices in Lewisham are currently not paid to provide this additional service.</b></p>	<p>Committee and the London-wide Medical Committee (which is represents GPs) to include payment for wound dressings (post-operative wound care and sutra removal) as GPs were not previously paid to provide this service.</p> <p>The CCG launched the premium to all GP practices on 27<sup>th</sup> June 2017. All GP practices in Lewisham received their premium offer on 29<sup>th</sup> September 2017, which will take effect from 1<sup>st</sup> January 2018. Therefore, patients in Lewisham requiring wound dressings care will be able to access this service from their local GP practices.</p>	
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<b>Policy, Function or Service Development Details and Authorisation</b>	
Name of Organisation:	NHS Lewisham Clinical Commissioning Committee
Name of the policy, function or service development being assessed:	The future of the New Cross Walk-in Centre and improving provision and access to primary care
Is this a new/existing/revised policy, function or service development?	Existing
Briefly describe its aims and objectives	The Walk-in Centre opened in March 2010. The Centre is for patients who are unable to get an urgent appointment with their GP and who have a minor injury or medical condition that is not life-threatening but needs to be seen. This is a walk-in service and is available from 8am to 8pm, 7 days a week, including public holidays.
Analysis Start Date:	04.08.2017
Lead Author of Equality Analysis:	Director of Commissioning & Primary Care
Date of approval: 14.09.2017	CCG Equalities & Diversity Group
Have any financial or resource implications been identified?	YES
Date of Governing Body Meeting where the Equality Assessment was ratified:	In line with the approval received from the CCG Governing Body on 13 <sup>th</sup> July 2017 to commence Public Consultation on the future of the New Cross Walk-in Centre and improving provision and access to primary care; the Equality Impact Assessment will be refreshed at the end of the consultation and submitted to the Governing Body in November 2017.