

Healthier Communities Select Committee Supplementary Agenda 2

Tuesday, 9 October 2018
7.00 pm, Committee Room 3
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

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Healthier Communities Select Committee			
Report:	NHS Walk-in Centre, New Cross closure and improving provision and access to primary care: Update		
Ward:	Evelyn, New Cross and Telegraph Hill	Item No.	N/A
From:	NHS Lewisham Clinical Commissioning Group		
Class:	N/A	Date:	9 th October 2018

1. Purpose

1.1 At the Healthier Communities Select Committee held on 7th February 2018, NHS Lewisham Clinical Commissioning Group (CCG) committed to providing the committee with an update on the closure of the NHS Walk-in Centre, New Cross. Therefore, the committee is asked to note the following;

- (i) Launch of the Rough Sleepers Pilot providing both outreach and walk-in GP services in Deptford and New Cross;
- (ii) Increase in capacity and utilisation of the alternative GP Extended Access Service;

2. Background

2.1 The CCG adopted commissioning responsibilities for the NHS Walk-in Centre, New Cross, from NHS England in 2015, when the GP register was disaggregated from the Walk-in Centre. On the 1st January 2016 an extension to the contract was issued to the incumbent provider of the Walk-in Centre, located in the Waldron Health Centre for a period of 24 months.

2.2 The NHS Walk-in Centre, New Cross served residents in the north of the borough and non-residents from outside of Lewisham. In 2016/17 of the 29,528 appointments **only 61% of these were used by people resident (with a Lewisham postcode) in Lewisham** and 39% by people who live outside of the borough. For 2017/18 the trend continued with **only 59% of appointments used by Lewisham residents** and 41% by people who live outside of the borough.

2.3 The CCG interviewed users of the Walk-in Centre and **82% 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.**

2.4 The most common conditions presenting in the NHS Walk-in Centre, were for wound dressings, limb pain, sore throats, coughs, skin issues and urinary tract infections (UTIs).

3. Healthier Communities Select and Overview & Scrutiny Committees

3.1 Under section 7 of the Health & Social Care Act 2001, a duty was placed on local NHS organisations to consult overview and scrutiny committees on any proposal for a substantial development or variation in the provision of services.

3.2 In delivering against this duty, pre-consultation on the proposal and the plans for formal public and stakeholder consultation were reviewed by the Healthier Communities Select Committee on 20th July 2017.

3.3 The CCG provided an update on the consultation to both the Overview & Scrutiny and Healthier Communities Select Committees on 31st October 2017 and 1st November 2017 respectively.

3.4 On 7th February 2018 the CCG provided the Healthier Communities Select Committee with: (i) the outcomes of the formal review of the consultation responses and the proposed alternative models; and (ii) the Governing Body decision of the 11th January 2018 on the NHS Walk-in Centre and the planned new services and monitoring.

4. CCG Governing Body Decision

4.1 The CCG conducted an extensive and comprehensive formal 12 week public and stakeholder consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care. The consultation commenced on 8th August 2018 and concluded on 30th October 2017.

4.2 On 11th January 2018, the CCG Governing Body agreed the recommendation to allow the contract for the NHS Walk-in Centre at New Cross to expire on 31st March 2018 and improve provision and access to urgent and non-urgent primary care services in Lewisham;

- (a) By continuing to increase use and capacity of the GP Extended Access Service;
- (b) To commission an additional outreach and walk-in service for rough sleepers in Deptford and New Cross.

4.3 The CCG Governing Body was assured that the 'clinical' needs of patients currently attending the NHS Walk-in Centre can be met by existing mainstream primary care and planned alternative services. The recommendations were submitted to the CCG Governing Body as a supplementary agenda item on Tuesday 9th January 2018. The recommendations were also published on the CCG website the following day.

5. Impact on A&E Department/s

5.1 On 9th November 2017, Lewisham & Greenwich NHS Trust confirmed that the clinical review of the attendances to the Walk-in Centre undertaken by CCG clinicians provided the necessary assurance that; **the impact on the Trust if the Walk-in Centre were to close post-winter would be minimal.**

5.2 In applying the Pinchbeck¹ methodology to the Walk-in Centre activity for Lewisham only residents (61% of appointments in 2016/17), the estimated shift in activity to A&E Departments is between 5% and 10%. This would equate to an estimated **2 to 4 attendances per day to an A&E Department**, which could either be to the University Hospital Lewisham site or any other A&E Department located within reasonable and accessible proximity to the Waldron Health Centre – once the Walk-in Centre closes.

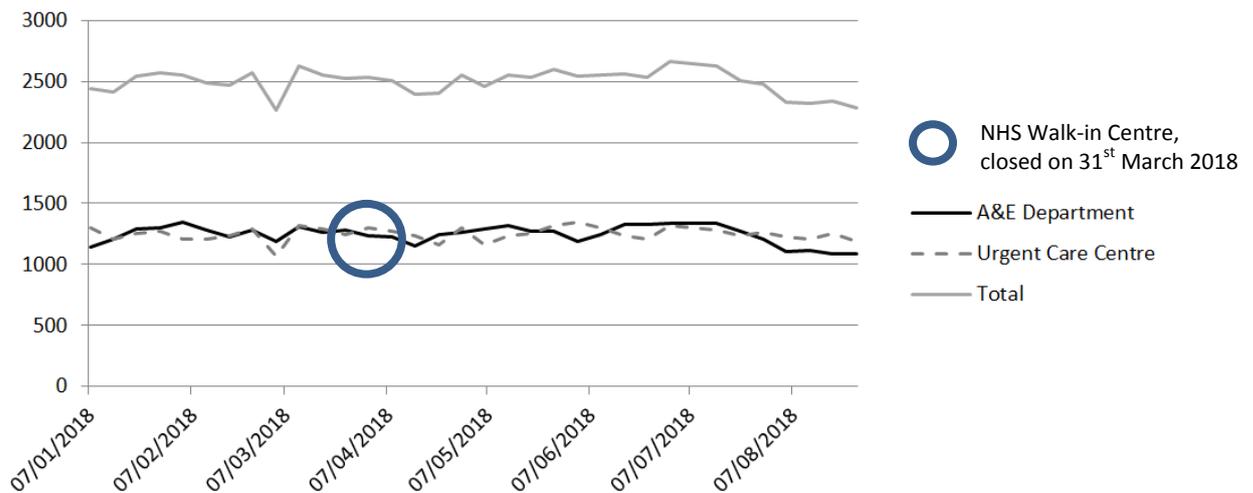
5.3 However, given the clinical review of the conditions for those attending the Walk-in Centre, this activity will not necessarily transfer to an A&E Department. This is because the majority of attendances to the Walk-in Centre are for minor illnesses such as colds, sore throats, limb pain and flu like symptoms and there are more appropriate and existing services available to meet these clinical needs.

5.4 **Monitoring:** Given that the majority of attendances to the NHS Walk-in Centre had been for minor illnesses the CCG monitored on a weekly basis attendances to the Urgent Care Centre (UCC) located at the frontend of the A&E Department at the University Lewisham Hospital site. Graph 1 provides the number attendances from January 2018 to August 2018 to the UCC and the A&E Department. The data demonstrates that there was no surge in activity to the UCC and A&E Department either directly before or post the closure of the NHS Walk-in Centre.

1

http://eprints.lse.ac.uk/64503/1/_lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_SERC%20discussion%20papers_2014_sercdp0167.pdf

Graph 1: Attendances to the University Hospital Lewisham UCC & A&E Department



5.5 The CCG recognises that people registered with a Lewisham GP who previously attended the NHS Walk-in Centre may choose to use UCCs in neighbouring boroughs. The CCG has reviewed attendances for people registered with a Lewisham GP to the following neighbouring UCCs:

- Urgent Care Centre, Queen Mary's Hospital, Sidcup
- Urgent Care Centre, Beckenham Beacon Hospital, Beckenham
- Urgent Care Centre, Princess Royal University Hospital, Orpington
- Urgent Care Centre, Queen Elizabeth Hospital, Woolwich

5.6 The CCG reviewed attendances for people registered with a Lewisham GP during January 2017 to July 2017 and compared this with attendances from January 2018 to July 2018 for all 4 Urgent Care Centres. During the period cited in 2017 there were in total to all 4 Urgent Care Centres **7,902** attendances for those registered with a Lewisham GP and for the same period in 2018 there was **7,827** – a slight reduction in attendances.

5.7 Clinical Streaming & Redirection service commissioned by the CCG commenced in November 2017 provided by Lewisham & Greenwich NHS Trust. The service is nationally mandated and is provided by Nurses who redirect patients to the most appropriate services. This service is supported by a Navigator Pilot also commissioned by the CCG. The navigators support patients who are re-directed back to their GPs, with booking GP appointments.

6. New services: Supporting vulnerable groups to access Primary Care

6.1 After identifying potential barriers posed by the alternative GP Extended Access Service in its Equalities Impact Assessment undertaken as part of the review, the CCG set out its commitment to provide enhanced services for the homeless; specifically for those termed as rough sleepers/sofa surfers in Deptford and New Cross. Post the joint CCG and Lewisham Council Homeless Summit on 18th October 2017 and continuing to engage with the local community, the CCG organised a second workshop on the 6th December 2017. Concern for the rough sleepers accessing core and urgent primary care services in New Cross was raised by the local MP and Ward Councillors.

6.2 The CCG commissioned a pilot GP led Drop-in service for adult rough sleepers in Deptford and New Cross, which commenced on Wednesday 25th April 2018 and is delivered by the Amersham Vale Training Practice. The service is located at 2 sites delivering a total of 6 hours GP clinical time per week across the 2 drop-in clinics;

- Outreach Drop-in Clinic located at 999 Club in Deptford, Wednesdays 09:00 – 12:00

- Drop-in Clinic located at Amersham Vale Training Practice, Waldron Health Centre, Fridays 9:30 – 12:30

6.3 Monthly multidisciplinary team meetings discuss patient cases to ensure that patients are effectively supported, referred, signposted and receive good quality co-ordinated care.

6.4 The development of this service provides an example of co-production resulting from the joint Homeless Summit in October 2017. Regular workshops have been held on developing the priorities for the pilot service with local GPs, homeless charities, faith groups, the Healthy London Partnership, Lewisham Council and wider stakeholders.



6.5 The Healthy London Partnership have recognised the approach that the CCG has taken in co-producing the service and has published the pilot service as an exemplar on its website – See Appendix 1.

6.6 The service is commissioned as an 18 month pilot until 31st October 2019.

6.7 Monitoring: Tim Fallon, CEO, 999 Club said the following about the service;

“Having a dedicated, specialist service for people rough sleeping in Deptford is invaluable. We know all too well the specific healthcare needs of this client-group and the presence of an easily-accessible, reliable service goes some way to addressing the health inequalities they face”.

6.8 Early review of service demonstrates that utilisation of the clinics varies significantly across the two sites – with the majority of patients accessing the drop-in clinic located at the 999 Club in Deptford as opposed to the service located in the Waldron Health Centre.

6.9 Approximately only 41% of the total available drop-in appointments have been accessed across both sites; with 7% accessing the Amersham Vale drop-in clinic, Waldron Health Centre and 34% accessing the 999 Club.

6.10 Utilisation of both the drop-in services is significantly lower than anticipated, which is being monitored on a monthly basis.

6.11 Utilisation of the drop-in clinic located at the Waldron Health Centre has continued to decrease since the service commenced peaking at 29% (8 out of the 28 available appointments used) in June 2018 and dropping to 4% (1 out of the 28 available appointments used) in August.

6.12 49% of patients accessing the clinics reported themselves as Rough Sleepers (Living Rough), 26% sleeping in a night shelter, 13% sofa surfing, 8% residing in a homeless hostel and 4% living in a squat.

6.13 28% of patients were registered with a GP (25% in Lewisham), 65% of patients were not registered with a GP and 7% was unknown.

6.14 The service supports unregistered patients to register with a GP practice. Patients are registered as a temporary patient with the provider practice (Amersham Vale). Registration enables access to all general practice services. This has resulted in

improved access for these patients to primary care and a number of these patients have been seen at the practice outside of the drop-in clinics.

- 6.15 The vast majority of patients (77%) reported that they had become homeless in the last 6-12 months, with 10% reported as being homeless for more than 4 years, the remainder of patients did not disclose this information
- 6.16 The majority of patients accessing the service were male (73%) with the remainder identifying themselves as female.
- 6.17 The majority of patients who access the service are aged between 35 and 54 years old, followed by those aged between 16 and 34 years.
- 6.18 The ethnicity of patients is varied with 34% of patients describing themselves as Other White Background, 28% British/mixed British, 14% Caribbean, 8% White British, 7% Black British, 6% Other Black background and 3% where ethnicity was not stated.
- 6.19 Language is not routinely recorded; however GPs reported that the vast majority of service user spoke English. For those where English was not their first language there was a high proportion that spoke Russian and Polish.
- 6.20 Monthly multidisciplinary (MDT) meetings are held with representation from the Health Improvement Team (Nurses), Social Care, South London & the Maudsley NHS Trust (SLAM) and the 999 Club to discuss cases where co-ordinated support across health and social care is required.
- 6.21 The CCG already commissions an Enhanced GP Support Service to homeless hostels in Lewisham provided by the Honor Oak and Rushey Green Group Practices.

7. Unmet need: Undocumented Migrants

7.1 Our Equalities Impact Assessment identified a potential impact for those who were using the Walk-in Centre as their default access to primary care, which included undocumented migrants. Concern for the undocumented migrants in New Cross was raised very early on in the formal consultation by the local MP and the Save the Lewisham Hospital Campaign.

7.2 There is no regulatory requirement to prove identity, address, immigration status or an NHS number in order to register as a patient and no contractual requirement for GPs to request this. All asylum seekers and refugees and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if they are not eligible for secondary care (hospital care) services.

7.3 By the nature of their irregular immigration status undocumented migrants are unlikely to engage directly with the CCG. Lewisham Council's Overview & Scrutiny Committee *Poverty in Lewisham Report*² (May 2016) refers to undocumented migrants as a 'hidden population'; who do not appear in any official statistics.

7.4 However, the CCG has continued to develop its relationships with local refugee and migrant organisations, which provide support and advice to migrants regardless of their status; in particular with Lewisham Refugee and Migrant Network (LRMN) and Action for Refugees In Lewisham (AFRIL). Links continue to be developed with Doctors of the World, a charity which provides information, support and advocacy in London to people who may be undocumented.

7.5 As a consequence of the CCGs approach, One Health Lewisham Ltd (GP Federation), in collaboration with Doctors of the World UK and the Lewisham Food banks, has

² <http://councilmeetings.lewisham.gov.uk/documents/s43839/Poverty%20Review.pdf>

developed 'safe hubs' to support both local communities and GP practices to help the most vulnerable in Lewisham.

7.6 The CCG has met with LRMN women's group on two occasions and the group has been receptive and particularly keen to engage in peer to peer information, such as distributing the Healthy London Partnership (HLP) cards "*I have a right to register and receive treatment from a GP*" to people who may be undocumented. The CCG has also supported LMRN to connect with members of the Lewisham & Greenwich NHS Trust Women's Health and Screening to deliver an outreach information session.

Figure 2: AFRIL CCG Engagement (Image reproduced courtesy of AFRIL)

7.7 In February (See Figure 2) the CCG engaged with people using the Action For Refugees in Lewisham (AFRIL) food bank. With the support of three interpreters, commissioned by the CCG, we provided an information and signposting session.

7.8 On 28th April 2018 and on 12th May 2018 post the closure of the NHS Walk-in Centre, the CCG provided support at the AFRIL Rainbow family sessions. We discussed the *Use The Right Service messages*, the GP Extended Access Service and general experiences of accessing primary care. We used a picture-based activity to support discussion about choosing the right service for minor illnesses.

7.9 Although all of those present were registered with a GP, they recounted difficulties experienced by family members (moving outside the borough) when they had to re-register after moving to new temporary accommodation.

7.10 There was a strong appetite for further health information and the potential for peer to peer information with this group. The group were unaware of the role Healthwatch played as a consumer champion for health and advocacy and have been put in touch with Healthwatch.

7.11 In May 2018, the CCG commissioned the Lewisham Community Education Provider Network (CEPN) to provide training to GP receptionists to improve access to primary care services, particularly on vulnerable groups; the homeless and undocumented migrants. The training seeks to:

- Meet existing gaps in knowledge about the range of services and choices available to patients
- Increase the use of GP Extended Access Service by low usage GP practices
- Meet existing knowledge gaps on what the national Primary Care Guidance is on registering people without documents or a fixed address
- Promote uptake/use of the Healthy London Partnership training resource for reception staff on the homeless: <https://www.healthy london.org/resource/homeless-health-elearning/>
- Share good practice and tips from organisations with direct experience of registering undocumented migrants (e.g. Doctors of the World)
- Consider some of the cultural and/or language barriers, which need to be overcome for people to register and access services

AFRIL @Afril · Feb 7
A big thank you for the #foodbank session with @NHSLewishamCCG on Saturday, helping our users learn about their rights to GP care. We're really looking forward to working together again



7.12 To date 27 receptionists have received training and the expectation is that this programme will be completed by the end of November 2018.

8. Unmet need: Unregistered patients

8.1 The CCG committed to providing Patient Advice and Liaison Support (PALS) to increase GP registration recognising that there might be a potential level of unregistered users of the Walk-in Centre and the barriers posed by the GP Extended Access Service. The CCG commissioned PALS located at the Waldron Health Centre, New Cross, which commenced on the 30th October 2017 – this has included weekends and support over the holiday periods.

8.2 The CCG extended this service post the closure of the NHS Walk-in Centre to the 31st May 2018.

8.3 Support provided to people to register with a GP from 30th October 2017 – 31st March 2018: The numbers of people presenting at the NHS Walk-in Centre who were not registered with a GP has been low; the CCG PALS assisted 25 people to register from 30th October 2017 to 31st March 2018.

Patient Advice Liaison Support (PALS) @ the Waldron Health Centre: Case Study



Three months ago Ray was encouraged by the 999 Club to attend the Waldron Health Centre and register with a GP. Dorothy Muir (PALS) supported Ray with completing the forms, a chat and the HLP Card.

On 3rd April Ray went to see his GP and Ray wanted to say thank you. We asked Ray what impact getting registered with a GP had:

“I really wanted to say thank you. Getting registered has probably saved my life. It's made a massive difference. I have been able to be seen by my doctor and then get an operation I needed on my leg. I have had all sorts of health tests too and its really helping me to get sorted”

 NHS
Lewisham
Clinical Commissioning Group

8.4 Each patient was supported to identify a GP practice that was closest to where they lived. When this took place within GP practice core hours the PALS support contacted practices by telephone. The PALS team also provided information on the GP Extended Access service, which patients could access once registered. Information was also provided on the Southwark and Greenwich CCGs Extended Access Primary Care Hubs to patients resident in the respective boroughs.

8.5 The majority of patients provided with support to register with a GP were from the neighbouring borough of Southwark (44%), followed by Lewisham (32%), Greenwich (8%), Hackney (8%), Lambeth (4%) and Bexley (4%). More so, 68% of the total number that supported to register with a GP during this time were not resident in Lewisham.

8.6 Support provided to people to register with a GP from 1st April 2018 – 31st May 2018: Post the closure of the NHS Walk-in Centre, New Cross the CCG PALS assisted 29 people to register with a GP in April and May 2018. The majority were resident in Lewisham (76%), followed by Southwark, Bexley, Merton and Greenwich.

8.7 During April and May 2018 the PALS team redirected 357 people post the closure of the NHS Walk-in Centre. The majority of those attending the Waldron Health Centre, described their presenting conditions as skin conditions, ache/pain in a limb, coughs, colds and repeat prescriptions. These are what are commonly described as minor illnesses and conditions, which can often be supported by either self-care or alternative services.

8.8 The PALS redirected patients in line with the *Use the Right Service* messages, to the local pharmacy (located in the Waldron Health Centre), SELDOC, 111, the GP Extended Access Service and how to order repeat prescriptions on line.

8.9 There is a community walk-in Sexual Health service provided by NHS Lewisham & Greenwich NHS Trust, located in the Waldron Health Centre. However, this service is not available on Sundays and Bank Holidays. This did cause some confusion for those seeking walk-in sexual health services as opposed to walk-in GP services.

8.10 Considerable concern was raised by the Save the Lewisham Hospital Campaign about the number of children under 5 who may have previously presented at the NHS Walk-in Centre out of hours and might not be registered with a GP. Review of the data at the time suggested that these were small numbers and the majority had presented in hours.

8.11 Post the closure of the NHS Walk-in Centre from 1st April 2018 to 31st May 2018, 18 children under 5 years attended the Waldron Health Centre, which was predominantly during the Easter school holiday period. The majority were non-Lewisham residents. The common presenting conditions described by parents were skin rashes, colds and temperatures. Parents were able to obtain initial advice from Waldron Health Centre Pharmacy, 111 or SELDOC. All families were registered with a GP.

9. Alternative services: GP Extended Access Service

9.1 The GP Extended Access Service (GPEA) commenced in April 2017 to increase access to core general practice as a part of the GP Forward View (GPFV). The service is delivered by One Health Lewisham Ltd a federation of local GP practices in Lewisham. The service provides bookable appointments, 7 days per week, 08:00 – 20:00, 365 days per year and has access to patient's full medical records. The service provides face to face access to GPs and Nurses. In 2018 the service will provide **29,914** bookable appointments.

9.2 The consultation demonstrated that not only was there a lack of awareness of the new service, but that patients were not routinely offered this choice on contacting their local practice. At the time of the consultation the service was underutilised for both GP and nurse appointments – on average 67% of the commissioned appointments are used. This has improved to 76% recognising that there are more appointments available in 2018.

9.3 Throughout the consultation there were a number of key concerns with the service; (i) the ability of the service to see children; and (ii) providing care for wound dressings. The service commenced providing appointments for children when it relocated in November 2017 to the purpose built suite at the University Hospital Lewisham.

9.4 The service provides access and care for wound dressings and our clinical audit demonstrated that 66% of the nurse appointments were used for wound dressings.

9.5 Since the relocation the CCG has embarked on an extensive campaign to raise awareness and increase utilisation of the service. This has included articles in the Lewisham Life (winter issue) and regular e-bulletins to their subscribers in November 2017. The CCG printed 73,320 redesigned leaflets, which were distributed to all Lewisham GP practices, pharmacies, dentists, community spaces and leisure centres. Healthwatch have also included articles about the service in regular e-newsletters throughout November 2017. There has been promotion through social media and on the NHS Lewisham & Greenwich Trust sites. In addition, every primary school child in Lewisham received a copy of the leaflet in their school bag to take home and a bespoke video promoting the service was launched:

https://www.youtube.com/watch?time_continue=2&v=uJKe4_pCsl

9.6 It was recognised that Receptionists at GP practices are crucial to ensuring that patients are made aware of the GP Extended Access Service. Badges were designed to encourage and prompt dialogue about the service between patients and receptionists when bookings for appointments are being made. The badges have proved popular with both receptionists and patients alike and the concept has



been copied by neighbouring boroughs.

9.7 **Monitoring:** Both pre and post the closure of the NHS Walk-in Centre, the CCG has increased the number of GP Extended Access bookable appointments available from March 2018 by **1,575**.

Table 3: GP Extended Access – Available Appointments 2018

GP Extended Access Service	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
No. of appointments available	2252	2759	2752	2768	2626	2476	2903

9.8 All patients who attend the GP Extended Access Service are invited to provide feedback on the service via a regular patient experience survey;

- 92% of patients rated the service as either good or very good
- 34% of patients would have gone to A&E if they had not been offered a GP Extended Access appointment
- 87% of patients found the location of service either good or very good
- 90% of patients felt either satisfied or very satisfied with the care and treatment they received
- 90% patients felt clinicians listened to their needs
- 90% of patients said they would recommend the service to friends and family if they need similar care and treatment

9.9 Patients who have used the GP Extended Access Service provided the following feedback;

Marieanna said: “I needed to see a Doctor. Arranged the appointment through my GP to use extended access service. Doctor very supportive of my urgent needs and resolved my problem within 15mins of my arrival on a Sunday morning. Once again thank you so much”.

Jennifer said: “My practice could not offer us an appointment that day so they referred us to the service. If I hadn’t been able to come here, I probably would have gone to A&E. I came here three weeks ago, on that day I’d been feeling really unwell and I went to A&E. They told me there that I could be treated in the extended access service so they made me an appointment. I was treated very well as was even able to lie down while I waited for the appointment”.

10. Alternative services: North Lewisham

10.1 Use the Right Service

10.2 The CCG developed a bespoke communications and engagement message encouraging residents particularly in the north of the borough to use the right services. Every household in the north of the borough (Brockley, Evelyn, New Cross and Telegraph Hill Wards) received a mail drop. This campaign proved successful and was rolled out across the entire borough. It was supported by Lewisham Council and Lewisham & Greenwich NHS Trust. The CCG will be running this campaign again for Winter 2018/19 and Bexley and Greenwich CCGs will be taking part.

10.3 Pharmacy First

10.4 To complement the Use the Right Service campaign the CCG commissioned Pharmacy First service is listed as a point of access for healthcare for minor illnesses. An appointment with a GP is not required to access this service offered by pharmacies in Lewisham.

10.5 In December 2017, the CCG made a number of changes to the Prescribing Policy. Therefore, this change would have also contributed to the demand for the Pharmacy First services across the borough.

Graph 4: Pharmacy First Consultations 2017 vs. 2018

10.6 Graph 4 demonstrates that since the closure of the NHS Walk-in Centre closed on 31st March 2018 (indicated by the circle), there has been an incremental increase in the number of consultations under the Pharmacy First services when compared with the same period in 2017. Graph 4 relates to the consultations provided under the Pharmacy First Services provided by local pharmacies located near the NHS Walk-in Centre, which saw the biggest increase.



10.7 The pharmacies located near the Waldron Health Centre are the New Cross Pharmacy, New Cross Station, Krisons Chemist, Nightingale and Queens Road.

10.8 Feedback from the New Cross Pharmacy (one of the largest pharmacies in the local vicinity, located within the Waldron Health Centre) is that since the NHS Walk-in Centre closed there has been an increase in the number of patients accessing the Pharmacy First Service. The majority of patients are signposted to the pharmacy by their GP and the most common conditions consulted for are for childhood conditions such as fever/cold and teething.

10.9 Both pre and post the closure of the NHS Walk-in Centre, the CCG commissioned the New Cross Pharmacy located in the Waldron Health Centre to open during Easter and both the May Bank Holiday extended weekends.

11. Supporting local GP practices at the Waldron Health Centre

11.1 The CCG commissioned the Primary Care Foundation to work with the four GP practices located in the Waldron Health Centre (Amersham Vale Training Practice, Clifton Rise Family Practice, Dr Batra and the New Cross Health Centre) to understand capacity and capability and how practices could improve access.

11.2 The Primary Care Foundation concluded that the four practices are typical of many found in relatively deprived areas – with performance and accessibility varying within the range that might be expected.

11.3 The NHS Walk-in Centre does not appear to have been acting to provide significant additional capacity for any of the practices and many of their patients that were seen in the NHS Walk-in Centre were in any case referred back to the practice.

11.4 There was some initial concern raised by members of the Healthier Communities Select Committee that the dispersal of Alternative Personal Medical Services (APMS)

contract (Hurley at the Waldron) co-located with NHS Walk-in Centre at the same time as the closure, would have a material and indeed significant impact on the Amersham Vale Training Practice, Clifton Rise Family Practice and Dr Batra.

11.5 A review of number of patients who have since re-registered with a GP practice to date has demonstrated that; 5% (185) of patients previously registered with the APMS re-registered with the Amersham Vale Training Practice, 1% (42) with Clifton Rise Family Practice and 1% (36) with Dr Batra.

11.6 However, the CCG is supporting the Amersham Vale Training Practice and the Clifton Rise Family Practice via the national GP Forward View Resilience Programme.

12. Engagement

12.1 The CCG has re-engaged with the local communities, stakeholders and groups it first consulted with as part of the formal process – both prior and post the closure of the NHS Walk-in Centre, which included;

- Lewisham Islamic Centre
- Evelyn Parents Forum
- Kaleidoscope Children's Centre
- Lewisham Young Advisors
- Mulberry Centre
- Federation of Refugee from Vietnam in Lewisham (FORVIL)
- Deptford Reach
- New Cross Bus Garage
- Lee Community Centre
- Lee Speak Up
- Evelyn Tenants Residents Association
- St Pauls, Deptford
- BME local businesses

13. Equalities Implications

The CCG conducted an Equalities Impact Assessment, which was published on 10th October 2017 and submitted to the committee on 1st November 2017. The refreshed Equalities Impact Assessment was submitted to the CCG Governing Body on 12th January 2018.

14. References

Healthier Communities Select Committee of 7th February 2018 confirmation of the CCG Governing Body decision and formal review of the consultation responses and alternative models:

<http://councilmeetings.lewisham.gov.uk/documents/s54983/08%20The%20future%20of%20the%20NHS%20Walk-in%20Centre-%20070218.pdf>

NHS Lewisham CCG Governing Body recommendations of 11th January 2018:

<http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Supplementary%20Agenda%20paper%20improving%20primary%20care%20in%20Lewisham.pdf>

NHS Lewisham Governing Body recommendations of 9th November 2017 on the deferment of the decision:

<http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/LCCG%20Governing%20Body%20papers%20WiC%20recommendations%206112017.pdf>

Healthier Communities Select Committee update on the consultation – 1st November 2017: <http://councilmeetings.lewisham.gov.uk/documents/s53211/07%20NHS%20Walk-in%20Centre%20-%20public%20consultation%20update%20-%20001117.pdf>

Overview & Scrutiny Committee update on local NHS GP services – 31st October 2017:
http://councilmeetings.lewisham.gov.uk/documents/s53202/Item3A_NHSLocalGPService_s311017.pdf

Healthier Communities Select Committee pre-consultation – 20th July 2017:
<http://councilmeetings.lewisham.gov.uk/documents/s51424/06%20Urgent%20Care%20Review%20New%20Cross%20Walk-in%20Centre%20-%20200717.pdf>

15. Further information

Contact: Diana Braithwaite, Director of Commissioning & Primary Care; Email:
Diana.braithwaite@nhs.net

Appendix 1: Rough Sleepers Pilot



Rough Sleepers Pilot: Improving access to Primary Care

The purpose of this document is to provide a summary of the process undertaken and the co-production of the service specification and promotional materials to commission a new GP led service for adults sleeping rough in Lewisham.



Background:

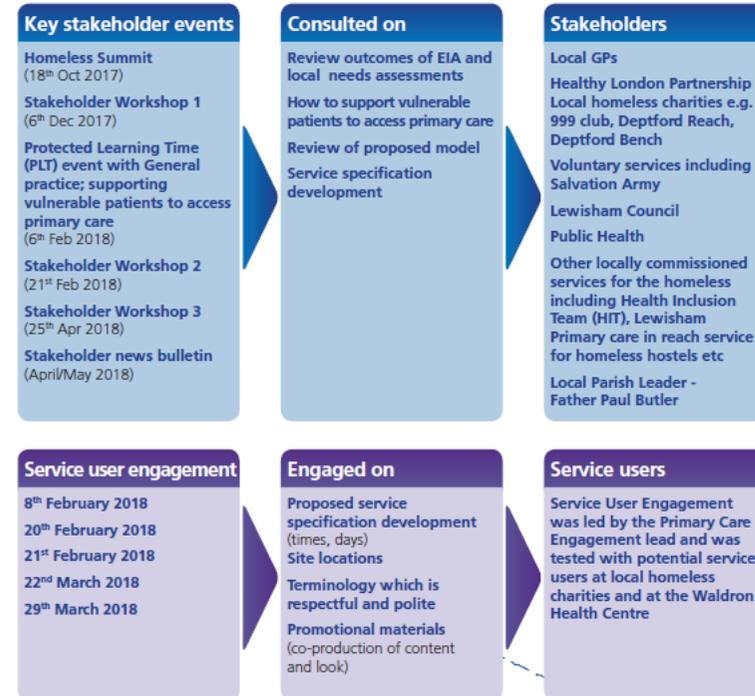
- During the formal consultation on the future of the NHS Walk-in Centre and improving provision and access to primary care, concerns were raised about the homeless in Deptford and New Cross.
- NHS Lewisham Clinical Commissioning Group (LCCG) through its Equality Impact Assessment (EIA) identified that there could be a gap in services for Rough Sleepers in Deptford and New Cross accessing GP services.
- The CCG in partnership with Lewisham Council organised a multi-agency Homeless Summit on 18th October 2017 for local partners and agencies.
- 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 Deptford and New Cross.
- A key requirement for the CCG from the multi-agency homeless summit was to consider the barriers to accessing primary care services for the homeless and to inform any additional provision or services.
- The CCG held a number of workshops with key stakeholders and undertook vast service user engagement with potential service users to discuss the proposed service model for the Rough Sleepers Pilot to assist in service specification development.

The timeline:



Consultation and engagement:

The CCG held multiple workshops and meetings with key stakeholders and undertook extensive service user engagement to help inform the development of the service model and service specification.



Service Model

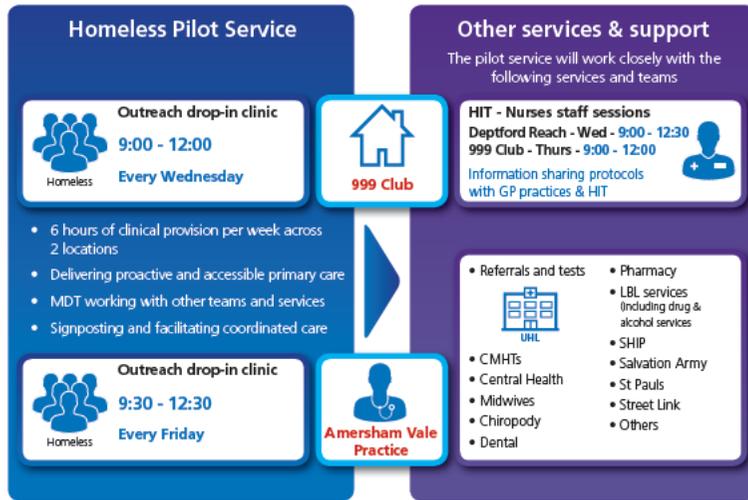
The service operates 2 weekly drop-in clinics offering 6 hours of primary care provision to Rough Sleepers in Lewisham aged 18 years and over.

One clinic operates from a local GP practice and the other is delivered as an outreach clinic located at one of the homeless charities.



Chair: Dr Marc Rowland Accountable Officer: Andrew Bland Managing Director: Martin Wilkinson

Service Model:



Proposed Outcomes:

OUTCOMES	
Collaboration:	✓ Improved collaborative between GPs, HIT, Hospital and Community Services and the Voluntary Sector.
Improved Primary Care Outcomes:	<ul style="list-style-type: none"> ✓ Improved access to referrals and diagnostics ✓ Minimising duplication e.g. Prescribing ✓ Providing preventative healthcare and improved well-being ✓ Increased early interventions ✓ Continuity of care
Access to Health Services:	✓ Improved access to other services.
Removing Barriers Primary Care:	✓ Removing barriers to receiving care for the homeless for core primary care services.



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Reporting Requirements:

The pilot will operate for an 18 months period. Initial monitoring of the service will be undertaken on a weekly/monthly basis for the first 3 months after which quarterly contract meetings will be held.

Key performance indicators and reporting requirements have been developed as part of the service specification. NHS Lewisham CCG uses a standardised Contracting Monitoring Tool for the management of all contracts of services it commissions.

Quantative

- Volumes/demography of people who use the service
- Clinical audits of the types of conditions presented
- Outcomes of clinical consultation including additional services patients are referred to.

Qualitative

- Audit of multidisciplinary team meetings (Case loads, end to end reviews of patient care, demonstration of collaborative working and coordinating care)
- Service user, staff and stakeholder engagement and feedback
- Complaints, incidents, safeguarding
- Staff development and training
- Annual Service review

Commissioning Requirements:

As part of the commissioning process a full business case was developed and all relevant impact assessments undertaken including an Equality Impact Assessment (EIA), Data Protection Impact Assessment (DPIA) and a Quality Impact Assessment (QIA). The use of an Action Log and a Risk and Issues Log was also used as part of good practice for implementing the project.

Contacts:

Commissioner: NHS Lewisham Clinical Commissioning Group
Yvonne Davies, Commissioning Manager
 yd Davies@nhs.net
 020 7206 3331

Dorothy Muir, Primary Care Engagement Manager



Chair: Dr Marc Rowland | Accountable Officer: Andrew Bland | Managing Director: Martin Wilkinson

Healthier Communities Select Committee		
Title	Information item: LGT Pathology Services	
Contributor	Lynn Saunders, Director of Strategy, Business and Communications, Lewisham and Greenwich NHS Trust	Item 7
Class	Part 1 (open)	9 October 2018

The Future of LGT Pathology Services

1. Summary of Background and Current Service Provision across SEL

- (1.1) NHS Improvement have reviewed the national pathology service provision and have advised that it is their intention to establish and implement 29 Pathology Networks across England, each to be run as a hub and spoke model. Nationally all trusts have been advised of the pathology network within which their service is expected to be located. Not surprisingly, the LGT service has been identified as sitting within the South East London network, currently including both Guy's and St Thomas' Foundation Trust (GSTT) and Kings College Hospital (KCH) as providers of pathology services.
- (1.2) Within south east London different models currently exist for the provision of pathology services. LGT provides an in-house NHS provided service, including to local primary care (GPs) and to Oxleas Foundation Trust, whilst other providers in the sector (GSTT, KCH and SLAM) all outsource their pathology services to a Joint Venture partnership called Viapath, jointly owned by GSTT and KCH with Serco as a private sector partner. The Viapath contract expires in 2020.
- (1.3) In January 2018 Trust Boards for all acute providers in south east London were asked to consider a strategic outline case (SOC) setting out the options for the future of pathology services in south east London. The LGT Board approved the recommendations of the SOC, noting its inclusion of an NHS option, and responded to the STP advising that the Board required demonstration that an option to provide an NHS provided pathology service should be given equal consideration and evaluation to any option including the private sector.

2. **LGT Position**

- (2.1) South East London STP have established a Pathology Programme Board to progress the development of the options for pathology services and LGT have been involved in that process.
- (2.2) In July, SEL Trust Boards received and considered a paper from the SEL Pathology Programme Board, seeking approval to the issue an OJEU notice, which would launch the procurement process jointly across all participating SEL Trusts for the provision of pathology services.
- (2.3) The LGT Board considered its position at its meeting at the end of July. Whilst SEL were not ruling out an NHS based bid being received in response to the tender process, it seemed quite possible that no NHS based bid would come forward. Based on this, the LGT Board determined that it should not be named specifically in the OJEU notice in order to enable its executive team to pursue the possibility of developing an NHS network model with an alternative NHS pathology provider.
- (2.4) In order not to compromise the SEL procurement process, LGT committed to the SEL Pathology Programme Board that it would take its decision at its meeting in September, on whether to be included within the SEL procurement or to develop an NHS network option with another provider.
- (2.5) At its meeting on 25 September the Board agreed that LGT should develop an NHS option with a neighbouring NHS provider. To reach this decision, the Board considered detailed work by the Trust's pathology steering group, which had reviewed the different options for pathology networks, following detailed discussions with neighbouring NHS trusts, namely Barts Health NHS Trust and South West London Pathology¹. The LGT pathology steering group includes members of our pathology management team, pathology clinical staff and clinical users of the services.
- (2.6) In taking this decision, the Board recognises the close clinical links between our organisation and the other trusts in South East London, especially the role of GSTT and KCH as specialist ("tertiary") referral centres for patients (particularly when tests for cancer are needed). We will, of course, continue to work with STP partners and the SEL Pathology Programme Board to ensure that these clinical links are not negatively affected by joining a pathology network outside south east London. When rapid patient diagnosis of pathology samples is needed (for example, for haemato-oncology), we will continue to refer samples to the local tertiary centre in south east London.
- (2.7) LGT will now be carrying out detailed work over the next few months to enable us to make a decision on which pathology network it would be preferable for us to join in the interest of our patients, our scientific and clinical staff who provide our pathology services, and our local GPs. GPs in Lewisham, Greenwich and

¹ South West London Pathology is a partnership formed from the St Georges University Hospitals Foundation Trust, Kingston Hospital Foundation Trust and Croydon Health Services NHS Trust

Bexley currently receive their pathology services from LGT and we will also want to talk to CCGs and GPs to ensure that we maintain the important clinical links between local GPs and the local hospital pathology services.

Lynn Saunders
Director of Strategy, Business and Communications
October 2018

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