



Improving Health Services in Dulwich and the Surrounding Areas Consultation

Report prepared by
Opinion Leader

Executive Summary

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1. Executive summary

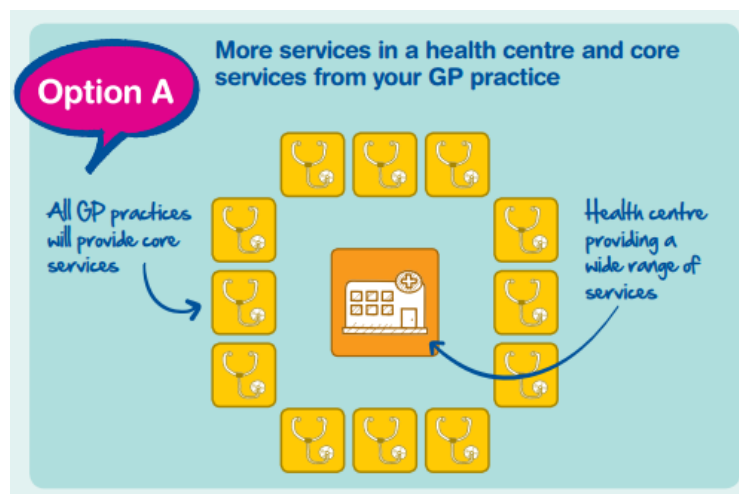
1.1 Introduction

In spring 2012, NHS Southwark CCG organised a public engagement exercise that sought to uncover the health needs of the population of Dulwich and the surrounding area. It identified particular demand for providing healthcare to cater for:

- The area's ageing population;
- The area's unusually high proportion of young families;
- A high prevalence of cardiovascular disease and cancer;
- Preventive treatment;
- Helping people to look after themselves and manage their long-term health conditions;
- Improving the availability of GP appointments;
- Providing healthcare closer to home in the community.

Consequently NHS Southwark CCG developed a model of healthcare and two proposals for the way primary and community health services might be delivered to address each of the above points:

- Option A would involve delivering more primary and community health services than at present from a health centre (that is likely to be located on the Dulwich Community Hospital site) and only core services being delivered by GP practices.



- Option B would involve delivering more primary and community health services from GP practices dependent on each practice's skills, capacity and space, and a smaller range of specialist community health services from a health centre that would be likely to be located on the Dulwich Community Hospital site.



This approach and these proposals formed the basis of a thirteen-week consultation, held between the 28th February and the 1st June 2013. Residents or individuals that currently received or may receive healthcare in the Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham areas were invited to take part. There were a number of ways in which individuals could respond to the consultation: through a questionnaire (available online and on paper); by submitting written responses via post or email; through deliberative events open to all members of the public; or through meetings organised by NHS Southwark CCG with key stakeholder groups.

Opinion Leader was commissioned to design the consultation questionnaire, observe and record two deliberative events, manage queries and responses to the consultation on a daily basis, and collate, synthesise and analyse all responses via the questionnaire and meetings organised by NHS Southwark CCG with members of the public and stakeholders. The questionnaire was reviewed by the Consultation Institute who advised on how it could be improved to meet good practice standards.

The number of individuals that participated in the consultation is detailed below:

- An estimated 667 people attended public meetings (including council meetings) in which the consultation was promoted, documents were distributed and there was an opportunity for questions to be asked of NHS Southwark;
- 568 people engaged in discussion meetings and events organised by NHS Southwark CCG;
- 215 people responded to the formal consultation questionnaire;
- 6 letters or emails from members of the public commenting on the proposals ('white mail');
- 14 stakeholder organisations sent a written response to the consultation;
- 60 people attended round-table public events, the purpose of which was to discuss and explore the proposals in depth.

This report provides an account of all responses to the consultation through the channels listed above. Responses to the questionnaire and 'white mail' are reported on in the form of charts and percentages; responses provided through public meetings are also described throughout as well as being detailed in a dedicated section of this report.

It is also important to note that, as with any public consultation, the findings in this report cannot be extrapolated to make claims about the wider population. Respondents to the questionnaire, those that provided other written responses, and those that chose to attend a deliberative event were self-selecting

members of the public rather than a representative sample of the population of Dulwich and the surrounding area. In addition, NHS Southwark CCG approached some stakeholder groups on the basis that they may be disproportionately affected by the proposals; or that they might not be able to participate or provide a response in another way. The opinions reported on in this document, therefore, reflect only those who chose to take part in the consultation.

The profile of respondents to the consultation incorporated individuals from a range of backgrounds. The stakeholder groups that were specifically targeted by NHS Southwark CCG and with whom meetings were arranged included older residents, people with physical or learning disabilities, mental health service users, members of the Lesbian, Bisexual, Gay and Transgender community, and people from a range of ethnic backgrounds. A detailed breakdown of respondents to the consultation questionnaire is later in the report.

1.2 Key findings

A) Respondents were supportive of the proposed approach to delivering healthcare

Overall, respondents were supportive of NHS Southwark CCG's approach in putting together the two proposals to deliver healthcare in a community setting, and seeking to address the health needs of the local population as listed above – 80% of respondents to the questionnaire were **in agreement with the overall model of delivering healthcare in the community** compared with just 4% that were opposed. Support for this approach was also high amongst individuals that attended the deliberative and stakeholder meetings, with the exception of those who objected to the case for change more generally (moving care out of hospitals into the community, locating health services closer to people's homes, and modifying some GP practice buildings). Thinking about NHS Southwark CCG's case for change, respondents generally were supportive, particularly with regard the sentiment that healthcare should be delivered in a more **accessible setting in the community rather than in hospital**. This, respondents felt, would empower people to **manage their own health problems themselves independently**. Having **health services delivered locally** was the most important issue for some individuals, whilst the importance of providing **preventive care** was stressed at various points in the questionnaire and in deliberative and stakeholder meetings.

There was slightly less certainty that improvements or changes ought to be made to the delivery of health services from some GP practices and GP practice buildings. Here, questionnaire respondents as well as those attending meetings organised by NHS Southwark CCG acknowledged the variation in experience of patients across the area. There was a higher degree of **sensitivity amongst some respondents as far as modifying their GP practice was concerned** compared with other potential ways in which healthcare might be delivered in the area in future. **GP services were the most commonly used health services** in the area, especially for consultations, health checks and children's health services. For a large number of health services, GP practices were also rated as **the preferred location** for these services to be delivered; additionally even respondents who stated they had no preference as to where health services were delivered (in a health centre or GP practice) seemed to want to **preserve the current system** and keep the configuration of health services within GP practices as it is at present.

Whilst respondents were generally in favour of the overall approach, some commented that it was difficult to arrive at any firm opinion about either of the proposals in the absence of a **cost analysis of both Options**, and greater **detail about the configuration of services and the locations in which these would be delivered** under either of the Options.

B) The preferred option

Overall, **Option A was the preferred Option**: this feeling was concentrated most heavily amongst respondents to the questionnaire, with 60% in favour of it and 19% opposed, and also responses from stakeholder organisations and attendees at stakeholder meetings arranged by NHS Southwark CCG. This contrasted with Option B, where 46% of respondents to the questionnaire were in favour and 27% were opposed. Arguments in favour of Option A included the perceived **enhanced quality of healthcare** as it is delivered from a centralised point with concentrated expertise and equipment to treat specialist community health problems; **improved availability** of health services that might formerly have been offered in GP practices; and **decreased waiting times** to receive healthcare that might formerly have been offered in GP practices. All of these things would, in the view of some respondents, reduce some of the strain that GP practices currently face, and help to overcome the difficulty respondents commonly cited of making an appointment to see their GP.

The sorts of health services that respondents felt should be offered in a health centre included those relating to **more serious conditions** (like minor surgery, chest disease and neuro-rehabilitation stroke team, as well as more **complex services** like complex contraception and mental health support). Opinion seemed to be split where maternity and children's health services were concerned where responses from those completing the survey as well as those attending meetings highlighted the need for some groups, expectant mothers in particular, to have joined-up and personalised care.

Having said that, there were some respondents that were **strongly in favour of Option B**, largely for reasons of **accessibility and services being located closer to home**. Respondents' views on this varied depending on **where they lived and the type of healthcare they required**. Age was less of a driver of opinion here, with respondents to the questionnaire aged 18-24 more inclined to think that accessibility was more important than those aged over 65. There were concerns that the Dulwich Community Hospital site (the intended site for a new health centre) was **not always easily accessible by public transport** and would create longer travel times for patients who might no longer be able to obtain treatment from their local GP practice. Some stakeholder groups also favoured Option B from an accessibility perspective for more **vulnerable service users**.

The main argument some respondents (particularly those that preferred Option A) made against Option B was the inability of GP practices to deliver health services under this model. Some were disparaging of the **quality of their GP services** currently; another common complaint was **oversubscription of GP practices** and the difficulties this created in making an appointment. It was felt that these **problems would be exacerbated under Option B** and some respondents had genuine doubts about the feasibility of this Option in practice.

Having said that, individuals felt there were potential problems to overcome with regard to both Options. Discussions at the deliberative events open to all members of the public demonstrated a range of views among attendees and whilst participants may be more in favour of one Option over another, the priority for many of those in attendance was to ensure any Option that was taken forward did not have a detrimental effect on the quality of care available. Another concern raised with regard to both Options was ensuring **equality of access for residents across the area**, both to a health centre and to the GP practice offering the care required. Access was repeatedly raised by respondents across all channels, and was rated as the most important feature of a new health centre by respondents to the questionnaire.

C) Other considerations

There were a number of other considerations that were raised by respondents irrespective of the Option that was pursued in the future. The first of these was ensuring that healthcare was **joined up across the**

different channels that a patient might receive treatment. Specifically respondents and participants at deliberative events and stakeholder meetings identified the fact that **GPs, hospitals, any new health centre, pharmacists and social services** should all have access to current medical notes about each patient so that the healthcare – and the personal service – that patients require is delivered appropriately.

Some respondents' distrust that this could be implemented effectively in practice led them to question the feasibility of NHS Southwark CCG's approach and Option B in particular, which it was felt would **fragment the care individuals receive** across Dulwich and the surrounding area. This fragmentation, and the fact that some GP practices would offer some specialist community services whilst others would not was not felt to be fair or ensuring health services were of sufficient quality to patients across Dulwich and the surrounding area. This debate highlighted a tension in responses to the consultation between **offering patients choice** as to where they obtain their healthcare and **centralising services for the perceived sake of quality and continuity of care**.

Another general concern was the provision of **out-of-hours care**. **Evening and weekend opening times** were the second highest priority for a new health centre for respondents to the questionnaire, with 92% of respondents rating this as important, and this was also a priority for some of those at the deliberative events, particularly where they had bad experiences in the past. For respondents more generally, if more services were to be delivered from a health centre or from various GP practices, accessibility and flexibility of these services – particularly for people that work – was a concern.

At the forefront of some respondents' minds was the overarching necessity of having high quality healthcare. For these respondents, they hoped that NHS Southwark CCG would not simply work within the confines of the existing system, but that it would aim for the **ideal model of healthcare**.

1.2 Conclusions

There was strong support for the CCG's overall direction, with important caveats about cost and accessibility. There was particular support for delivering preventive care in the community but some individuals had concerns about the location of these services.

Option A is preferred to Option B overall, the variable standard of GP services being the driving factor. Other benefits individuals mentioned with regard to Option A was the concentration of expertise, the potential for care to be joined up for key groups like pregnant women, the elderly, and mental health service users, and for coordination with other health and social care providers.

GP services are well regarded overall, however, the standard is variable. There is some sensitivity about the capacity of GPs to take on additional services, but some individuals are keen to ensure they do not have to travel further or see multiple healthcare professionals to receive health services out of their GP practice.

Concerns about potential fragmentation of care and decrease in quality and accessibility due to the new approach to healthcare delivery need to be allayed. This point was raised irrespective of the Option that NHS Southwark CCG might go on to pursue.