

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report:	Pre-Consultation: Urgent Care Review – New Cross Walk-in Centre		
Ward:	New Cross and Evelyn	Item No.	
From:	Dr Marc Rowland, Chair, Lewisham Clinical Commissioning Group Dr Jacky McLeod, Clinical Director, Primary Care Lead, Lewisham Clinical Commissioning Group		
Class:	Part 1 (open)	Date:	20 <sup>th</sup> July 2017

## 1. Purpose

1.1 The purpose of this briefing is to facilitate pre-consultation with the Healthier Communities Select Committee.

## 2. Recommendations

2.1 The members of the Healthier Communities Select Committee are asked to note (at the time of writing);

2.1.1 The Lewisham CCG Governing Body on 13<sup>th</sup> July 2017 will be recommended to commence formal consultation on the future of the New Cross Walk-in Centre;

2.1.2 This briefing facilitates pre-consultation with the Committee.

2.1.3 Formal public and stakeholder consultation (pending CCG Governing Body agreement) will commence on 31<sup>st</sup> July 2017 and as a part of this formal process with the Healthier Communities Select Committee on 7<sup>th</sup> September 2017.

## 3. Context

3.1 Both nationally and locally it is recognised that the urgent and emergency care system is under considerable pressure to meet current and growing demands. The Royal College of Emergency Medicine has reported a steady deterioration in urgent and emergency care with the NHS now facing the worst four hour A&E performance target in almost 15 years.<sup>1</sup>

3.2 In Lewisham, the number of patients using urgent and emergency care services for non-urgent or non-life threatening conditions is increasing and putting a strain on local A&E services.<sup>2</sup> In addition, demographics are changing across London, with the Office for National Statistics estimating that the population in Lewisham will grow by 14.4% by 2024.

3.3 As a result, primary and urgent care services across Lewisham need to change to provide the right care in the right place by the most appropriate professional and obtain better value for money – to meet future demands.

3.4 In the refreshed *Primary Care Strategy – Developing GP Services*<sup>3</sup> approved by the CCG Governing Body in October 2016 and shared with the Healthier Communities Select Committee on 12<sup>th</sup> January 2017, the CCG set out its vision and the changes required to improve access to primary care services.

3.5 Delivery of the Integrated Primary & Urgent Care Model commenced in October 2016 with commissioning of the Primary Care Assessment Pilot, currently provided by South East London Doctors Co-operative (SELDOC). The service supports with managing the flows of patients to the Urgent Care Centre (UCC) and Emergency Department by assessing and treating patients with

<sup>1</sup> [https://www.rcem.ac.uk/RCEMNews/News\\_2017/Emergency\\_Care\\_is\\_in\\_crisis.aspx](https://www.rcem.ac.uk/RCEMNews/News_2017/Emergency_Care_is_in_crisis.aspx)

<sup>2</sup> <http://www.lewishamccg.nhs.uk/about-us/our-plans/Commissioning%20intentions/Urgent%20care.pdf>

<sup>3</sup> <http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Governing%20Body%20papers/Enc%202017.1%20-%20Lewisham%20PC%20Strategy%202016-21%20v0%206.pdf>

primary care needs at the front end of UCC or directing patients to an alternative care provider or self-care advice.

- 3.6 The CCG has also commissioned the local GP Federation (One Health Lewisham) to deliver its GP Extended Access Service, which provides bookable appointments 7 days a week, 08:00 – 20:00 through the patient’s registered practice, via Integrated Urgent Care (formerly NHS 111), through redirection from the Urgent Care Centre and in future via direct online patient booking. The service has access to patient’s medical records, which will support improved access and continuity of care. This service commenced in April 2017. Patients have access to a GP and Nurse for face to face appointments and can also access a GP via Video Consultation.
- 3.7 The CCG has conducted an initial review of access to primary and urgent care services in light of these new services and the need to provide clarity for our population on the most appropriate way to access primary and urgent care; cognisant of the multiple ‘front doors’ to services.
- 3.8 Currently, urgent care in Lewisham is accessed through a number of services;
- (i) the Urgent Care Centre located at the University Hospital Lewisham;
  - (ii) the Primary Care Assessment Service also located at the same site;
  - (iii) GP Extended Access also located at the same site;
  - (iv) through their GP practice;
  - (v) the New Cross Walk-in Centre;
  - (vi) Integrated Urgent Care (formerly NHS 111);
  - (vii) Pharmacies.
- 3.9 This provides confused messages and consequently patients are not always seen in the right care setting and not always seen at the right time.
- 3.10 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 a new contract was issued to the Hurley Group (incumbent provider) of the New Cross Walk-in Centre, located in the Waldron Health Centre for a period of 24 months.
- 3.11 Based on the above position and the summary of headline findings from a review of the Walk-in Centre it is recommended that the contract for this service should not be automatically renewed when the contract expires on the 31<sup>st</sup> December 2017.
- 3.12 Instead it is recommended that a review and formal consultation be undertaken to inform the future commissioning intentions for this service in the context of the delivery of the CCG’s approved strategy for primary and urgent care services.
- 3.13 In February 2014, Monitor produced a report which reviewed the provision of Walk-in Centres across England. Monitor reported that out of the 238 Walk-in Centres estimated to have originally opened, commissioners have closed 51 of them between 2010 and 2013. Of these closures, about one-third were part of reconfigurations to replace the Walk-in Centres with Urgent Care Centres co-located with A&E departments at hospital sites, or with models that integrated primary care staff within an A&E department. Of the 51 Centres that closed, 20 were nurse-led centres, six were commuter Centres and 25 were GP-led health Centres.
- 3.14 Monitor found that where Walk-in Centres were closing, commissioners often had concerns that the Centres were generating extra demand for services; that they led to duplication because some patients used them in addition to other services for the same problems; and that they caused confusion among patients about where to go for care.
- 3.15 Commissioners also commonly reported they felt they were “paying twice” for patients who attended Walk-in Centres. This was because most patients attending a Walk-in Centre were registered with a GP practice elsewhere that was already being paid to provide GP services. Unequal access to the Walk-in Centres was also identified as a reason for closure as Centres

were mostly used by people who lived close by, rather than by groups from areas of high deprivation or those with significant health needs.<sup>4</sup>

#### 4. Commissioning Intentions

4.1 The CCGs commissioning intentions as set out in its approved Primary Care Strategy – Developing GP Services includes the development of an Integrated Primary & Urgent Care on the University Hospital Lewisham site. The GP Extended Access Service will provide our population with access to an additional **25,425** bookable appointments in 2017/18, increasing to **29,194** in 2018/19 – the CCG has invested £1.5m in this service in 2016/ and 2017/18 at a full year cost of £1.2m.

4.2 The Primary Care Assessment Pilot saw **7,881** patients from October 2016 to May 2017. The CCG has invested £0.6m per annum in this service and there are plans to maintain services post the pilot stage. An independent evaluation of the pilot identified the following key findings – between October 2016 and January 2017;

- A total of 3653 patients were seen during the period of 3<sup>rd</sup> October 2016 – 31<sup>st</sup> January 2017
- Pilot activity equates to approximately 9% (30-35 per day) of total Urgent Care Centre/Emergency Department activity.
- An average of 2.7 patients per hour were seen which was in line with the key assumptions of 2.5 to 3 per hour.
- 64% (up to 25 patients per day) of pilot activity did not go to the Urgent Care Centre or Emergency Department for further investigation or treatment. These patients received either immediate treatment, management at point of assessment, signposted to an alternative setting appropriate for their health care needs e.g. their own GP, Early Pregnancy Unit, Sexual Health etc. or provided with verbal and/or written clinical advice.

#### 5. The New Cross Walk-in Centre

5.1 The New Cross Walk-in Centre contract is due to expire on the 31<sup>st</sup> December 2017. A summary of headline findings from a review and interviews with users of the Walk-in Centre are provided below;

- In 2016/17 the Walk-in Centre saw **29,528** patients at cost of approximately **£748k** to Lewisham CCG.
- Of those attending the Walk-in Centre less than half (**43.5% or 12,726**) can be identified as Lewisham residents registered with a Lewisham GP.
- Of those Lewisham residents registered with a GP, **28.5% (3,638)** of the patients using the Walk-in Centre were already registered with one of the four GP Practices located in the Waldron Health Centre.
- **28.6% (8,367)** of patients who attended the Walk-in Centre cannot be attributed to any CCG, at a cost to the CCG of approximately **£296k** in 2016/17.
- **45.6%** of patients surveyed by NHS Lewisham CCG reported that they went directly to the Walk-in Centre without attempting to book a GP appointment, as they did not believe they would be able to get appointment at their GP practice.
- **82.2%** of patients surveyed by NHS Lewisham CCG reported they would consider using another service, which offered bookable appointments at another location, if their own GP practice did not have available appointments.
- Walk-in Centres by their very nature provide access to all. Lewisham is the only remaining CCG in South East London that commissions a Walk-in Centre and that provides access to patients from outside of the Borough. Neighbouring CCGs such as Southwark, Lambeth and Greenwich have all closed their Walk-in Centres and replaced them with GP Extended Access Hubs, which are predominantly used by patients registered within the respective boroughs.
- In 2016/17, **17.5%** of patients using Walk-in Centre were from neighbouring South East London Boroughs; Southwark 12.5%; Greenwich 2.7%; and Lambeth 1.3%.

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<sup>4</sup> Monitor: Walk-In-Centre Review: Final Report and Recommendations

## 6. Duty Consult

- 6.1 The law requires NHS bodies to engage with members of the public before making decisions on changes to health services. Currently, separate sections of the NHS Act apply to CCGs and to other organisations.
- 6.2 CCGs are governed by section 14Z2 of the NHS Act 2006, which states;
- (1) *This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).*
  - (2) *The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):*
    - a) *in the planning of the commissioning arrangements by the group,*
    - b) *in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and*
    - c) *in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.*
- 6.3 In summary, statutory requirements apply to any significant commissioning decision or reconfiguration. However, the statute does not insist on “consultation”, but seeks to make sure that service users are “involved”. In practice, for any significant proposed change to services, some form of consultation exercise will be required to comply with this duty.
- 6.4 A formal and comprehensive public, patient and stakeholder consultation programme will be developed to enable views and comments to be sought from 31<sup>st</sup> July 2017.
- 6.5 Formal consultation with the Healthier Communities Select Committee will be on 7<sup>th</sup> September 2017.
- 6.6 In 2010, the Secretary set out four key tests against which NHS service reconfigurations (significant changes to services) have to be assessed. These tests were set out in the Revision to the Operating Framework for the NHS in England 2010/12<sup>5</sup>. This requires reconfiguration proposals to demonstrate;
- a) support from GP commissioners;
  - b) strengthened public and patient engagement;
  - c) clarity on the clinical evidence base; and
  - d) consistency with current and prospective patient choice.
- 6.7 Consequently, a formal and comprehensive public, patient and stakeholder consultation programme will be developed to enable views and comments to be sought. It will consist of face to face and drop in sessions and on-line surveys. This will include (but is not limited to) consultation with the following constituent groups and a indicative timeline is provided;
- Patient Participation Groups (PPG) associated with the four local practices based in the Waldron Centre
  - Healthwatch
  - Local voluntary organisations
  - Local residents, patients, NHS staff and users of the New Cross Walk-in Centre
  - Elected Member/s (Vicky Foxcroft MP)
  - NHS Staff/other staff at the Waldron Centre
  - The four GP practices located in the Waldron Centre and neighbouring practices
  - Neighbouring CCGs (Southwark, Lambeth and Greenwich)
  - Lewisham & Greenwich Trust
  - Local Medical Committee

- Integrated Urgent Care Service (formerly NHS 111)

<b>Date</b>	<b>Consultation</b>
13 <sup>th</sup> July 2017	Governing Body: Recommendation
20 <sup>th</sup> July 2017	Lewisham Council Healthier Communities Select Committee: Pre-consultation
27 <sup>th</sup> July 2017	CCG Patient Reference Group
31 <sup>st</sup> July 2017	Formal Public and Stakeholder Consultation: Start
7 <sup>th</sup> September 2017	CCG Public Engagement & Equalities Forum
7 <sup>th</sup> September 2017	Lewisham Council Healthier Communities Select Committee
14 <sup>th</sup> September 2017	Interim Report to the Governing Body
TBC	New Cross Local Assembly
3 <sup>rd</sup> October 2017	Evelyn Local Assembly
23 <sup>rd</sup> October 2017	Formal Consultation: End
2 <sup>nd</sup> November 2017	Health & Wellbeing Board
9 <sup>th</sup> November 2017	Governing Body: Decision

## 7. Financial Implications

There are no financial implications for the council.

## 7. Legal implications

There are no legal implications for the council.

## 8. Crime and disorder implications

There are no crime and disorder implications.

## 9. Equalities implications

The CCG are in the process of conducting a full Equalities Impact Assessment, which will be completed prior to formal consultation.

## 10. Environmental implications

Not applicable.

## 11. Background Documents

### [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/>

### *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>

## 12. Contact/s

Diana Braithwaite, Director of Commissioning & Primary Care, Lewisham CCG  
Ashley O'Shaughnessy, Deputy Director of Primary Care, Lewisham CCG