### Title: Closure of Broad Street Walk-in Centre

**Report of the Corporate Director of Adult & Community Services**

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<th>Open</th>
<th>For Information</th>
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<tr>
<td>Wards Affected: None</td>
<td>Key Decision: No</td>
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**Summary:**
Members will recall discussions at previous meetings of HASSC about the proposals of the Clinical Commissioning Group to close Broad Street Walk-in Centre in Dagenham.

At the meeting of the Clinical Commissioning Group Governing Body on 25 June 2013, the decision was taken to close the Walk-in Centre.

This report summarises the documentation around that decision and further questions which Members may wish to raise about the future plans for urgent and primary care.

**Recommendation(s)**
Members are recommended to:

- Note the Clinical Commissioning Group’s decision, and the remaining issues that arise from it.
- Request a presentation by the CCG to a future meeting of HASSC on the proposals for development of alternative primary care provision, and to schedule regular updates covering the period until the Walk-in Centre closes in February 2014.
1. **Past discussions on the proposals to close the Walk-in Centre**

1.1 Members will doubtless recall the proposals to close the Walk-in Centre have been discussed at meeting of the Health & Adult Services Select Committee on:

- **Wednesday, 13 February 2013 (minute 40)**
  - discussion of the pre-consultation business case and the consultation process;
- **Wednesday, 17 April 2013 (minute 50)**
  - discussion of the full business case and shaping the response to the consultation.

1.2 Members’ views were expressed in the consultation response. This reiterated the analysis and remaining areas of uncertainty that were set out in the report to the meeting of 17 April 2013.

2. **Notification of the decision**

2.1 At the Governing Body meeting, the report attached at Appendix 1 was presented to the meeting, consisting of a revised business case for the changes.

2.2 The Council’s representative on the Governing Body is the Corporate Director of Adult & Community Services, who questioned that the full response of the Select Committee was not before the Governing Body when they made their decision, and which was acknowledged.

2.3 Subsequently, a letter was received, attached at Appendix 2, which provided a fuller response to the Select Committee’s feedback, although there is relatively little modification of the plan based on the concerns expressed by HASSC.

3. **Remaining issues**

3.1 The business case has been revised and does contain some further analysis of expected demand in local GP practices, and the impact on A&E. [Page numbers below refer to the Business Case document.]

3.2 **Page 8 (of 23): The Surge Scheme**

This section provides some outline information on the surge scheme but lacks any detail about where the pinch points are and how they relate to the area around Broad Street. Of the 50,000 extra appointments, are a reasonable enough number around the Broad Street area? Will they be accessible at short notice? Will they be available at a range of times across the day?

3.3 **Page 9 onwards: You Said, We Did.**

This section tries to address the points made, including some (but not all) of the points raised by the formal response to the consultation by the Select Committee; a fuller analysis is included with the subsequent letter to the HASSC Chair. No substantial response is made to the point about relationship to the East Dagenham development, which is seen as an entirely separate matter. It should be noted that there has been analysis done of the “GP capacity baseline” which suggests that “Practices close to the Broad Street walk in centre would have capacity to accommodate additional appointments.”
3.4 **Appendix D (page 17 onwards)**
This contains some analysis of other boroughs’ walk-in centre closures, which suggests that there is limited impact on either A&E or primary care. However, this raises the question about whether the redistribution of 29,000 people per year attending Broad Street could really have minimal impact elsewhere in the system. Appendix F tries to provide the answer, on the basis of 148 people sampled in the Walk-in Centre survey: about 22% are blood tests, and a substantial number of the remainder are getting second opinions, with about 8% being sent to A&E, but that still leaves a lot of activity to be accommodated elsewhere.

3.5 It is difficult to draw conclusions from the comparator information on other boroughs’ Walk-in Centre experiences. Some of the graphs appear to contradict the view that there is no impact on A&E performance, showing some A&E increase following closure of the Walk-in Centres. The absence of contextual information is also unhelpful, for example:

i) What are the GP practice characteristics like in these areas compared to ours?

ii) What are the transport routes and the ‘natural community’ boundaries around these facilities, and how does this relate to the Broad Street example?

iii) What communications or changes to the primary care system accompanied those closures compared to ours?

3.6 **Appendix G (page 22)** contains maps of practices in the local area, and the following page information relating to the utilisation of A&E at Queen’s, and its urgent care centre.

4. **Further discussions**

4.1 Members may wish to receive further reports from the Clinical Commissioning Group providing the detail of the Surge Scheme pilot that launches next month, including:

i) In the first instance, the expected capacity increases, the locations for this additional appointment capacity and the times of availability, and ‘immediacy’ of getting an appointment;

ii) As the scheme progresses, an assessment of uptake and any issues emerging with the scheme.

4.2 Members may also wish to consider whether survey work would be appropriate to ensure that they have residents’ feedback on which to base further scrutiny of the process of closing the Walk-in Centre.