Dear Councillor Alasia

Broad Street walk-in service and urgent primary care improvements

I am writing in response to the Health and Adult Services Select Committee’s formal response to the public consultation on walk in centres dated 21 May 2013.

As you know, the CCG Governing Body discussed the consultation and feedback at its meeting on 25 June. This more detailed response follows the initial letter sent to all stakeholders after the CCG Governing Body meeting.

HASSC response

Your formal response took the form of a cover letter and a paper appended which set out range of risks including access, capacity and patient choice.

I am pleased that the efforts made by the CCG to engage with the HASSC on the proposals were recognised. I am grateful to the HASSC for the time taken to consider and respond to engagement activities and the consultation. The business case was updated following feedback from the HASSC on 13th February to provide further detail on the potential impact on other points of access including primary care capacity, other walk in centres, urgent care centres and A&E.

The CCG also notes that the HASSC broadly supports pursuit of appointments for patients within their localities.

The Consultation

Key messages from consultation were:
- Many patients recognised the need to reform urgent care services
Many were opposed to losing a walk in service in the borough (although there was more support for retaining Barking Hospital Walk in Centre than walk in services at Broad Street)

Patients want greater and more flexible access to general practice – Healthwatch’s independent survey revealed that 85% of Walk in Centre patients surveyed would rather be seen by their GP than in the Walk in Centre if they could get an appointment.

Many stakeholders were concerned about the impact of changes.

The results of the consultation endorse the case for change to create a consistent and comprehensive offer for urgent care, with improved access to primary care as a core part of that offer.

The CCG recognises that although many of the people surveyed in the consultation recognised the need to change urgent care provision, most were opposed to losing a walk-in centre in the borough.

The consultation also revealed that local people think GPs need to make it easier for patients to get appointments.

The CCG Governing Body decision

The CCG Governing Body has made its decision to decommission the Walk in service at Broad Street based on a full business case, the consultation responses and the equalities impact assessment. The Governing Body also made it clear that it will monitor a range of new measures being put in place to improve urgent care services locally and to ensure that these are making a difference with patients finding it easier to access the care they need. A detailed response to each of the key themes from the consultation and issues raised in your letter is attached at Appendix A. The main ways in which the CCG is responding to these issues are set out below.

CCG response

Following a review of primary care capacity and in response to concerns about access to urgent primary care, the CCG has agreed to commission additional urgent primary care activity, over and above the current provision of primary care commissioned by NHS England from GPs in Barking and Dagenham as a pilot scheme. This scheme is intended to start in the autumn of 2013 and will be evaluated to consider the impact of the scheme on: delivering additional capacity in primary care; reducing the need for people to attend other urgent care services and patient experience of accessing urgent primary care, including improved telephone access.

The current walk in service at Broad Street will continue to the end of March 2014, allowing time for further improvements to be made to primary care before this service is discontinued and for the impact of the pilot scheme referred to above to be felt.

The walk in service at Upney Lane will be reviewed to ensure that the additional capacity that will be required there can be delivered and that the service aligns with the approach to support patients to access their own GP in the first instance.

The CCG is reviewing the provision of blood testing services and will ensure that blood testing services will continue to be provided at Broad Street.
The CCG is also keen to work with other partners, in particular LBBD and NHS England to address some of the wider issues relating to GP registration and provision.

The CCG will be developing an implementation plan for the changes to the services at Broad Street and will continue to support the development of primary care improvements through the emerging locality model for primary care.

I can also inform you that NHS England will be procuring a new GP service at Broad Street which will run from 8am to 8pm Monday to Friday and will also be open for patients at times over the weekend.

I am confident that our plans and the plans of NHS England will not in fact result in reduced choice and flexibility but will ensure that we commission clinically effective services for our patients.

Yours sincerely

Dr Waseem Mohi
Chair, Clinical Commissioning Group
Appendix A: Responses to the HASSC’s points raised in the consultation

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<tr>
<th>Theme</th>
<th>HASSC issue raised</th>
<th>CCG proposed solution and next steps</th>
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<td>Theme 1: Patients find it hard to get an appointment with their own GP</td>
<td>This is the strongest theme to come out of the consultation. Many patients do approach their GP as their first point of contact, but experience difficulty in getting through on the telephone and getting access to GP appointments either urgently (same day) or within a reasonable time for non-urgent matters.</td>
<td>The CCG has conducted a review of GP capacity and is working with practices to consider how best to align capacity and demand. The CCG, as part of its work to support the development of a locality model of care, has commissioned training for practices on telephone access, with the aim of improving the ability of practices to manage urgent care requests from patients by phone and improve patient experience.</td>
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<td>The acknowledged issue of Barking and Dagenham being “under doctored”</td>
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<td>The impact of the cessation of the extended hours access for GPs on already existing problems of primary care access</td>
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<td>NHS England commission general practice and are also responsible for commissioning the extended hours services which have not ceased, although there has been a reduction in hours commissioned by NHSE in Barking and Dagenham.</td>
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<td>NHSE has delegated authority to the CCG to commission additional urgent primary care for registered patients as part of a pilot scheme to deal with surges in demand from September 2013. The additional activity will be over and above both current urgent care activity and booked appointments providing a minimum of 25,000 additional appointments above current capacity during the pilot period. The scheme will be evaluated against the provision of additional activity, patient satisfaction and impact on the remainder of the urgent care system.</td>
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<td>The proposal for a primary care surge scheme supports the Barking, Havering and Redbridge urgent care improvement plan and is part of the B&amp;D CCG response to ensuring that the appropriate access and capacity is provided in primary care so that fewer patients will need to access care at A&amp;Es, Urgent Care Centres or Walk In Centres. At the moment patients are visiting these venues for what are essentially primary care needs.</td>
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<td><strong>Theme 2: Patients value walk in services and consider a local service with extended opening times to be of benefit</strong></td>
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<td>People want a walk in service in Barking and Dagenham. They said that this gives them the convenience of attending at times which better suit patients as well as the reassurance of access to a service when they can’t get a GP appointment, either for urgent or less urgent reasons, as well as a local service</td>
<td><strong>A proper analysis of the likely patient flows</strong>, the make up of the practice populations immediately surrounding the walk in centre and a geographical analysis that takes account of local perceptions of the easiest place to travel to and transport routes</td>
<td>The business case and EQIA analyse patient flows in detail. Concern about GP capacity to take on walk in centre patients when residents already struggle to get appointments with their GP was recognised as a strong theme to come out of the consultation. There is also a problem with managing duplication of attendance - when patients present at A&amp;E and Walk-in Centres as well as their GP practice. Better co-ordination is needed to avoid patients attending multiple locations as this is neither cost effective nor good for the patient experience. The CCG has undertaken detailed modelling of the clinical needs of patients for other services including GPs, other walk in centres and A&amp;E and has modelled the impact of the patients attending their GP rather than the WIC at Broad Street. The additional capacity that will be required will be commissioned at Upney Lane and in general practice. The requirements for the new GP service to be procured at Broad Street will be informed by this work. A high proportion of WIC patients attend for conditions that require primary care, a proportion require non-urgent blood tests and around 25% of activity is considered to be duplicate activity (for example second opinions/directed back to general practice). A further finding in the patient audit was that a third of patients receive no treatment or referral and attended for advice only. The CCG intends that these patients are supported through their GP, through the 111 telephone service and community pharmacies rather than commissioning an urgent care service for them. The CCG will work with practices to understand all of these findings better in order to inform their decisions about the best times to offer appointments.</td>
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<td>A need to resolve the conflicting views of clinicians <strong>about the appropriateness of some of the activity at the WIC diverting to A&amp;E</strong>, in opposition to the business case assumptions</td>
<td><strong>A review of the service provided at Upney Lane will include consideration of how to best meet patient needs in primary care rather than at A&amp;E. Co-location of the X-ray service provides further opportunities for enhancing the minor injuries unit.</strong></td>
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<td>Seemingly conflicting information about <strong>unmanageable demand</strong> at other locations as a result of the closure and unrealistic assumptions about diversion to A&amp;E and other urgent care settings, the latter fundamentally questioning the immediate financial basis of the change.</td>
<td>The potential impact of the proposed closure on other points of access has been carefully reviewed and the risks of implementation will be monitored and managed. The CCG will continue to review the levels of demand for all urgent care services and in particular the impact on A&amp;E, other walk in centres and GP practices. Investment is being made in primary care to enhance access to urgent care appointments. This will be reported to the CCG Governing Body. The Surge Scheme will be reviewed in April 2014 and the CCG will again ensure the results are also shared with the HASSC.</td>
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| **Theme 3: Patients want more and more flexible access to GP appointments** | An increase in the number of appointments in core hours as well as strong support for weekend opening and later opening for bookable appointments for registered patients. There was also support for more telephone advice from local GPs who are able to access local information. | The CCG is actively reviewing all options for providing greater access to GP as well as impact on patient experience. The CCG is looking at a number of activities to improve Primary Care access:  
- The CCG has looked at telephone access, telephone triage (prioritising patients according to need) as well as GP telephone advice and consultations. Training has taken place for both receptionists and GPs and impacts will be monitored.  
- The CCG has been actively looking at how GP practices can work together in localities which has included look at IT and information sharing.  
- The CCG has looked at barriers through the consultation and an equalities impact assessment. The results will inform the implementation and communications plans.  
<p>| | There needs to be <strong>easier access to urgent care services at GP surgeries</strong>. The CCG should look at the barriers that are faced by people in being able to contact and see their GP in a timely way and act to improve the situation. |<br />
| | Provision for <strong>unregistered patients</strong> and those whose working patterns and pressures demand on-the-day flexibility of access for minor ailments | The CCG aims for all patients to be registered with a GP and for the GP practice to be the first point of contact for all (non emergency) care. The CCG is looking with GP practices at when patients most need appointments to ensure patients’ needs are met. Additional work with the public health team to understand how to support patients to be registered is desirable. A walk in centre service will continue to be provided from Barking Community Hospital providing a service for registered and unregistered patients. |</p>
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<td>Theme 4: Concerns about the impact of change</td>
<td>The impact of the heightened national concern over the performance of the widely discredited <strong>111</strong> service, which is proposed as an alternative route or source of assistance in <strong>finding a local GP with an available appointment</strong></td>
<td>The CCG recently received a report on the launch of 111 and is understands that the services is working well locally, and is not facing the same problems reported elsewhere in the country. These reports can continue to be made to the HASSC. The CCG indicated in the urgent care case for change that improved integration with the 111 service is a key element of the strategic direction and this will be included in the plan for implementation.</td>
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Including on GP services and A&E. If proposals do go ahead, suggestions have been made about: increasing GP capacity and walk in centre capacity, considering vulnerable patients including children and older people, considering transport and mitigating impacts on the residents of Dagenham and clear communication of changes to all patients.

**The Primary Care Strategy** potentially provides solutions but impossible to evaluate in the context of the WIC proposal as it remains unpublished

The CCG acknowledges that many concerns from the consultation related to the delivery of change and that the outcome must be of overall benefit for everyone in Barking & Dagenham.

The strategic intention for primary urgent care is clearly laid out in the Case for change document discussed with the HASSC and the Health and Wellbeing Board, as well as the full business case, consultation report and equality impact assessment.

The CCG suggests that these documents all inform the implementation and communication plans for next stages of delivery and communication and engagement activities over the coming year.
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<td><strong>Theme 5: Developing services at Barking Community Hospital</strong></td>
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<td>As well as general service improvement (customer care and waiting times), requests for new services include: more diagnostics including blood tests, more walk in or urgent care services, a minor injury service, X-ray facilities and a fracture clinic, a GP service with extended hours and children’s services.</td>
<td>(No specific comments)</td>
<td>Helpful comments were received through the consultation about service features to be explored at Barking Community Hospital which the CCG will now consider. The CCG very much welcomes a discussion with stakeholders about the consolidation of walk in service at the Borough's local hospital site.</td>
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<td><strong>Other</strong></td>
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<td><strong>The relationship between closing the walk in centres and the proposed East Dagenham facility, which is yet to be confirmed</strong></td>
<td>The closure of the walk in centre is not related to the proposed East Dagenham facility. NHS England is re-procuring an extended hours general practice from Broad Street to continue to manage the GP practice list.</td>
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<td>Whether the full flexibility of the maximum extension of the contract is being used in order that these service changes can be properly planned and implemented with the greatest chance of success</td>
<td>The contract for the services at Broad Street has been extended to end of March 2014. A new GP service will be procured by NHSE from that date.</td>
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