

Public Document Pack

Scrutiny Panel B

Thursday, 10th February, 2011
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt (Vice-Chair)
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Parnell

Contacts

Democratic Support Officer
Ed Grimshaw
Tel: 023 8083 2390
Email: ed.grimshaw@southampton.gov.uk

Policy and Performance Analyst
Caronwen Rees
Tel: 023 8083 2524
Email: caronwen.rees@southampton.gov.uk

PUBLIC INFORMATION

Southampton City Council's Six Priorities

- Providing good value, high quality services
- Getting the City working
- Investing in education and training
- Keeping people safe
- Keeping the City clean and green
- Looking after people

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2010/11

2010	2011
Thurs 10 June	Thurs 13 Jan
Thurs 15 July	Thurs 10 Feb
Thurs 9 Sept	Thurs 17 Mar
Thurs 14 Oct	Thurs 21 Apr
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the contained in Article 6 and Part 3 (Schedule 2) of the Council's Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Disclosure of Interests

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

- (i) if the matter relates to an interest in the Member's register of interests; or
- (ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-
 - (a) any employment or business carried on by such person;
 - (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;
 - (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or
 - (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/.....

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Panel Administrator prior to the commencement of this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the Minutes of the Inquiry Meeting held on 13th January 2011 and to deal with any matters arising, attached.

7 DEVELOPMENT OF COMMISSIONING CONSORTIA IN SOUTHAMPTON

Report from the steering group supervising the establishment of a Shadow GP Consortium in Southampton detailing the progress towards forming a Southampton City Commissioning Consortium, attached.

**8 INTERIM REPORT ON THE PUBLIC CONSULTATION IN RELATION TO THE
FUTURE OF BITTERNE WALK-IN SERVICE**

Report of the Chief Executive of NHS Southampton detailing consultation on Bitterne Walk In Centre, attached.

Wednesday, 2 February 2011

SOLICITOR TO THE COUNCIL

SCRUTINY PANEL B
MINUTES OF THE MEETING HELD ON 13 JANUARY 2011

Present: Capozzoli (Chair), Harris, Payne and Parnell

Apologies: Councillors Daunt, Drake and Marsh-Jenks

In Attendance: Councillor White – Cabinet Member for Adult Social Care and Health

28. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes for the Scrutiny Panel B Meeting on 11th November 2010 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes)

STATEMENT FROM THE CHAIR

The Chair noted the concerns of residents expressed via the LINK in regard to the Bitterne Walk In Centre and assured that this item would be an agenda item at the February meeting.

29. **NHS WHITE PAPER: LEGISLATIVE FRAMEWORK AND NEXT STEPS**

The Panel considered the report of the Chief Executive, NHS Southampton City, detailing Government's response to the consultation on the NHS White Paper – Equity and Excellence.

RESOLVED that The Panel would continue to receive updates relating to the changes to the NHS White Paper "Equity and Excellence" at future meetings.

30. **HEALTHY LIVES, HEALTHY PEOPLE -HM GOVERNMENT STRATEGY FOR PUBLIC HEALTH IN ENGLAND**

The Panel noted the report of the Joint Director of Public Health detailing the proposals set out within the White Paper "Healthy Lives, Healthy People: Our Strategy for Public Health in England", (Copy of the report circulated with the agenda and appended to the signed minutes).

31. **SOLENT HEALTHCARE - TRANSFORMING COMMUNITY SERVICES UPDATE ON PROGRESS**

The Panel considered the Chief Executive of Solent Healthcare, updating the Panel on progress with the establishment of Solent Healthcare as an independent organisation to become as NHS Trust on 1st April 2011. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED that Panel supported Solent Healthcare's progression to autonomy as an NHS Trust provider as a precursor to Community Foundation Trust application in line with the original Full Business Case.

32. **A VISION FOR SOCIAL CARE: CAPABLE COMMUNITIES AND ACTIVE CITIZENS**

The Panel noted the report of the Executive Director Health and Adult Care, detailing the Government's vision for adult social care and progress towards achieving this vision. (Copy of the report circulated with the agenda and appended to the signed minutes).

33. **TRANSFORMING OLDER PEOPLES MENTAL HEALTH SERVICES IN THE SOUTHAMPTON AND SOUTH HAMPSHIRE AREA**

The Panel considered report of the Business and Project Manager – Engagement Team- Hampshire Partnership NHS Foundation Trust providing an update on engagement activity relating to Transforming Older Peoples Mental Health Services in the Southampton and South Hampshire area. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED

- (i) that the Panel noted the level and range of engagement activity carried out in relation to Transforming Older Peoples Mental Health Services in the Southampton and South Hampshire area; and
- (ii) that the Panel approved the Hampshire Partnership Foundation Trust proposals to proceed to a period of formal consultation.

Agenda Item 7

DECISION-MAKER:	PANEL B		
SUBJECT:	DEVELOPMENT OF COMMISSIONING CONSORTIA IN SOUTHAMPTON		
DATE OF DECISION:	10 FEBRUARY 2011		
AUTHOR:	Name:	Dr Stephen Townsend	
	E-mail:	steve.townsend@nhs.net	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

Following the publication of the white paper Equity and Excellence: Liberating the NHS, the general practices of Southampton have met, agreed to work together with a view to forming a Southampton City commissioning consortium, and elected a steering group. The steering group has recommended that a pathfinder consortium be established, which requires amongst other things demonstration of engagement with local authorities.

RECOMMENDATIONS:

- (i) To note the progress towards forming a Southampton City commissioning consortium

REASONS FOR REPORT RECOMMENDATIONS

1. The requirement, which will probably be part of the Health and Social Care Act 2011,, for general practices to be part of a geographically based commissioning consortium
2. To engage with the Panel at an early stage on progress with commissioning consortia in Southampton City.

CONSULTATION

3. A meeting of GP practices was held on 9th December 2010 to agree to work together on the establishment of a commissioning consortium in the City.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. The structure, function and boundaries of a consortium will not be determined until it is formally established by the new NHS commissioning board in before April 2013.

DETAIL

5. The white paper *Equity and Excellence: Liberating the NHS*, published on 12 July 2010, heralds what is likely to be the largest reorganisation of the National Health Service in its history. Its proposals include:
 - Setting up an NHS Commissioning Board, which will replace the Strategic Health Authorities; this will be responsible for developing, establishing and monitoring GP led commissioning consortia.
 - Giving local authorities responsibility for public health, and for hosting local Health and Wellbeing Boards, which will ensure that the democratic accountability of the NHS.
 - Abolishing the Primary Care Trusts, and giving responsibility for commissioning most NHS services to consortia of general practitioners from 2013.
6. At the same time, the Quality Innovation Productivity and Prevention (QIPP) programme will continue, with the aim of achieving £15-20 billion of efficiency savings by 2014.
7. The white paper contains some details of the proposed commissioning consortia, though it states that central stipulation about their structure and function will be kept to a minimum. Consortia will be made up of GPs and their practice staff, and it will be compulsory for practices to belong to a consortium. Consortia will be geographically based, serving a population large enough to manage risk, which is reckoned to be between 100,000 and 500,000. They will be statutory bodies, and will have an Accountable Officer and Finance Officer.
8. Their budget will be determined by the NHS Commissioning Board, and they will be expected to stay within their budget; those that fail will not be bailed out. The maximum sum that they can spend on administration will be fixed, and they can use that budget to buy in services if they want to. They will have a duty to co-operate with their local authority, and to contribute to local health planning.
9. There appeared to be a consensus amongst Southampton City practices that they wanted to work together to form a local consortium. A meeting, supervised by the executive of Wessex Local Medical Committees, was held on 9 December 2010, and the practices formally agreed to work together. They elected a steering group to oversee the formation of a shadow consortium.

The members of the steering group are:

 - Dr Phil Clarke of Weston Lane Surgery;
 - Dr Chris James of the University Health Service;
 - Dr Tony Kelpie of Cheviot Road Surgery;
 - Dr Amir Mehrkar-Asl of St Mary's Surgery;
 - Dr Dan Tongue of Victor Street Surgery; and
 - Dr Steve Townsend of Bitterne Park Surgery

10. A similar process has been going on in the rest of Hampshire, there has been some contact between our group and others, and there is a shared intention to work together.
11. Nationally, during the autumn the government announced a programme of pathfinder consortia, which would act as pilots and inform the definitive arrangements for consortia. This has expanded rapidly, and recently the Prime Minister announced that pathfinder consortia now covered 28.6 million people.
12. While there was no enthusiasm to be a first wave pathfinder, the consensus among the practices is that we should now join the programme. The requirements for this are
 - GP leadership and support.
It would appear that we have been more rigorous than most in ensuring that we have an elected GP leadership
 - Evidence of engagement with the local authority.
If these reforms are successful, then the relationship between the local authority and the consortia will be a key one. In Southampton, this is helped by the present co-terminosity between the City Council and PCT. While we are yet at an embryonic stage, we are very grateful to the Cabinet Member for Health and Adult Social care and the Directors of Adult Social Care and Public Health for their help and encouragement.
 - Involvement in the Quality Innovation Productivity and Prevention programme. Local practices have risen to the challenge of the QIPP programme, and are taking a major part in the development of care pathways. There have been worthwhile reductions in the level of planned care referrals.
13. Delegated responsibility for part of the commissioning budget. The part of the QIPP programme which is most challenging, and where we have made least progress is urgent care. We intend to request delegated responsibility for the urgent care budget as part of a concerted effort to tackle this. Perhaps surprisingly, the biggest opportunity in urgent care is reducing the rate at which patients with long term conditions are admitted to hospital, which is very much the responsibility of primary and social care.
14. It is expected that the Health and Social Care Act will include provision for Local Authorities to scrutinise commissioning consortia. As the consortium in the City develops, we are keen to engage with members and develop a constructive working relationship. We hope to work together during this period of transition to identify and overcome any issues and ensure services continue to be delivered to a high standard.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

15. None.

Revenue

16. None.

Property

17. None.

Other

18. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

19. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

20. None.

POLICY FRAMEWORK IMPLICATIONS

21. None.

SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Background documents available for inspection at: N/A

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** All

Agenda Item 8

DECISION-MAKER:	PANEL B			
SUBJECT:	INTERIM REPORT ON THE PUBLIC CONSULTATION IN RELATION TO THE FUTURE OF BITTERNE WALK-IN SERVICE			
DATE OF DECISION:	10 FEBRUARY 2011			
REPORT OF:	CHIEF EXECUTIVE, NHS SOUTHAMPTON CITY			
AUTHOR:	Name:	Dawn Buck/Emma McKinney	023	80296932
	E-mail:	Dawn.buck@scpct.nhs.uk		

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

The panel is asked note progress to date and consider if they wish to submit a formal response to the consultation on Bitterne Walk In Centre.

RECOMMENDATIONS:

- (i) To note progress with the consultation including key issues raised and the PCT's responses to these
- (ii) To considered if the Panel's would like to formally respond to the consultation and the content of any response.
- (iii) To agree the PCT provides the Panel with their final proposal following analysis of the consultation responses

REASONS FOR REPORT RECOMMENDATIONS

1. To approve the PCT's consultation process and rationale for proposals following recommendations from Scrutiny Panel B's meeting in October. An interim report of the process and feedback received to date is attached, together with appendices including, stakeholder list, feedback from public meetings, full consultation document.

CONSULTATION

2. A full log of all the consultation activity is contained within the report (Appendix 2)

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. NHS Southampton was keen to ensure that the public consultation was based on proposals which are both realistic and transparent. A pre consultation phase was held in order to assess all options. Please see section 2 of the report.

DETAIL

4. The Panel considered the pre consultation report on Bitterne Walk-In Centre on 14th October, 2010. Following this the PCT Trust Board agreed that a full consultation should commence in November 2010. The full consultation document sets out clearly how the proposals and options for final consultation were reached (see Section 2 of the attached report).
5. In relation to the specific points raised in the Panel's response to the pre consultation discussion:
 - the public consultation has been mindful to include both members of the public from Southampton as well as areas in Hampshire where we know patients currently make use of Bitterne Walk-in Centre. (Please see Activity log, Appendix 2).
 - All Councillors had an opportunity to feedback or discuss this further with the PCT.
 - The proposals for final consultation were reduced and full closure was not included as an option.
 - Clinical and GP engagement is also referenced on the activity log and this has specifically addressed concerns in relation to GP access.

The Interim Report on Consultation to date on the Future of Bitterne Walk-in Service (appendix 1) provides details of the background to the consultation and feedback from the consultation to date.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

6. None

Revenue

7. The calculations of estimated service costs and estimated savings are based on information at this point. Further calculations may be required depending on the outcome of the consultation in respect of any preferred option.
 - Option 1: Estimated Service cost £900K
Estimated recurrent savings £600K
 - Option 2: Estimated Service cost £1,100,000K
Estimated recurrent savings £400K

Property

8. No decisions have been made regarding use of the building whilst not in use as a WIC but we will update Panel B at a later date.

Other

9. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

11. None.

POLICY FRAMEWORK IMPLICATIONS

12. None.

SUPPORTING DOCUMENTATION

Appendices

1.	Interim Report on Consultation to date on the Future of Bitterne Walk-in Service
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Documents In Members' Rooms

1.	Consultation on the future of the walk-in service provided at Bitterne Health Centre
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Background documents available for inspection at: N/A

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** All

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Consultation on the future of the walk-in service provided at Bitterne Health Centre

Interim Report

Public Consultation Feedback Report

1. Introduction

The purpose of this document is to report on the progress to date on the public consultation which commenced on the 15th November 2010 and will end on 11th February 2011, in relation to the future of the walk-in service at Bitterne Health Centre.

2. Background and Overview to the Proposals

NHS Southampton City is only too aware of the value of walk-in services to residents in Southampton, particularly those in the East of the City. On pages 11-12 of the full consultation document we summarise the comments received from members of the public in our pre-engagement phase and it is clear that the NHS walk-in service based at Bitterne Health Centre is a much loved local service. However the combination of the challenging financial environment and the wider strategic direction around unscheduled care services means that things have to change. That is not to say we do not believe there is a place for the provision of walk-in services in Southampton, merely that how they are currently provided and when, needs to be re-considered.

NHS Southampton City's Board met in public on 22 July 2010, and approval was given to enter a pre-engagement phase on the future of the walk-in service at Bitterne.

Clinical engagement

Since NHS Southampton City began its review of unscheduled care services in 2009, GP colleagues have been closely involved at each stage of the process. Their views have been sought both formally and informally through the bi-monthly GP Forum and discussions have taken place at the NHS Southampton City Clinical Leadership Board and the East Southampton Urgent Care Board which have GP representation.

Public engagement

As part of the pre-engagement phase we invited comments from members of the public. In total over 1,300 contributions from the public were received including letters, emails, petition signatures, one to-one interviews with users of the service and responses to a questionnaire. This questionnaire was made available on our website and distributed via the NHS Southampton City Network and Southampton Voluntary Services newsletter.

How the walk-in service at Bitterne is being used

Responses to our questionnaire have helped us understand how patients are currently using the walk-in centre. They revealed that 64% of people use the service in the evening or at the weekend, compared to 36% who use it during the day (before 6pm).

Listening to you

Below is a summary of the main issues raised during the pre-engagement phase and an outline of the work already underway to address them. A more detailed version of this section is available to read in the Consultation Document produced by NHS Southampton City (Appendix Six).

Don't close the walk-in service at Bitterne

What we are doing:

Closure of the walk-in service at Bitterne Health Centre has never been NHS Southampton City's preferred option for the future. We understand the service is much valued and so closure is not an option we are consulting on.

Difficulty getting a GP appointment

What we are doing:

NHS Southampton City is aware that there have been problems with GP access in the East of the City in the past; however a lot of work has taken place with GP colleagues to address this issue. As mentioned above most practices in the City offer extended hours to increase the convenience and make appointments available outside of office hours and on Saturday mornings.

Difficulties with transport

What we are doing:

As part of our pre-engagement work NHS Southampton City has met with Southampton City Council and raised local concerns about transport links between the East of the City and the City Centre.

Perception that East of the City is ignored

What we are doing:

There are 12 GP practices available in the East of the City, all of which offer extended hours for routine appointments on specified days and all include Saturday morning surgeries. We continue to work very closely supporting GPs and other service providers as we consider the options, particularly the impact that any changes may have so they are able to plan future requirements for their services.

Desire to avoid pressure on GPs and Emergency Department

What we are doing:

We are working to inform the public about the best use of healthcare services through the Choose Well campaign. It is hoped this will increase the use of

self-care and services such as pharmacies for minor illness and therefore help reduce inappropriate use of other services such as the Emergency Department.

What does this mean for the Public Consultation?

NHS Southampton City was keen to ensure that the public consultation was based on proposals which are both realistic and reflect the views of local people. As a result there were a number of options available for the future that were ruled out as unworkable. These include:

- **No change to the current service**

This is considered unfeasible given the current financial pressures facing the local healthcare system.

- **Closure of the walk-in service at Bitterne Health Centre**

Closure has never been NHS Southampton City's preferred option, and for the reasons outlined above this option will not be consulted on.

- **Integrated GP and community service network**

This would create an integrated network between GPs and local community services, but would take considerable time to set up thereby limiting its feasibility.

- **Minor Injuries Unit**

It has been suggested that the walk-in service could become a Minor Injuries Unit, similar to that provided at the RSH. Whilst there are advantages to this approach, it would require the provision of x-ray services and mean significant alterations to the building to accommodate this. In addition, the level of demand required to make this option viable is questionable. Therefore this option is considered unfeasible and has not been included.

How the proposals were developed

During NHS Southampton City's ongoing review of unscheduled care services, in September 2009 the Trust's Board recommended that suggestions on how services could be further improved be brought to the Board for consideration. In particular attention was focused on:

- The future use of the walk-in service at Bitterne Health Centre
- The reduction in duplicated services
- Retaining high quality and effective services
- Affordability.

As a result NHS Southampton City has been working with local stakeholders including GPs and patient groups to explore what the future might look like. Based on this work and the feedback received as part of the pre-engagement phase outlined above, two options were developed for further consideration.

3. The Proposals

OPTION 1

Service during weekends and bank holidays

Overview

Provision of a walk-in service during the hours of 8.30am – 10pm during weekends and bank holidays.

Detail of revised service

- During the day and in the evenings (Monday to Friday) patients will continue to access their GP and the Out of Hours Service
- Patients attending the walk-in service at Bitterne would be seen by a GP or nurse and offered an assessment without the need for an appointment
- Where necessary, patients attending the walk-in service will be directed towards more appropriate services (Minor Injuries Unit, GP, pharmacy etc)
- Patients will be able to phone the walk-in service. They will either be given advice on self-care options, be directed towards other services where appropriate (Minor Injuries Unit, GP, pharmacy etc), or may be offered a home visit by a healthcare professional
- NHS Southampton City would work with providers and the local community to ensure that the facility is used to best effect during the week.

Benefits

- Maintains walk-in service (at busy times, during weekends and bank holidays)
- Access to telephone advice
- No appointments necessary
- Additional medical support available from the Out of Hours Service
- This option encourages more appropriate use of self-care and pharmacies
- Supports future strategic direction for unscheduled care services
- Maximises reduction in cost and resource duplication with other services
- Makes best use of the 12 GP practice facilities in the East
- Better use of existing GP service - through extended hours.

OPTION 2

Service during weekday evenings, plus weekends and bank holidays

Overview

Provision of a walk-in service during the hours of 6.30pm – 10pm Monday to Friday also during the hours of 8.30am – 10pm at weekends and bank holidays.

Detail of revised service

- During the day Monday to Friday patients will continue to access their GP
- Patients attending the walk-in service at Bitterne between 6.30pm -10pm on weekdays and between 8.30am – 10pm at weekends and bank holidays will be seen by a nurse or GP and offered an assessment or treatment without the need for an appointment

- Patients contacting the service outside practice hours by telephone will be assessed and offered a range of services including advice on self-care, sign posting to other services where appropriate (Minor Injuries Unit, GP, pharmacy etc), or a home visit by a GP
- NHS Southampton City would work with providers and local community to ensure that the facility is used to best effect during the week before 6.30pm.

Benefits

- Maintains walk in service at busiest times (evenings, weekends and bank holidays)
- Access to telephone advice
- No appointments necessary
- Additional medical support available from the Out of Hours Service.
- This option encourages more appropriate use of self-care and pharmacies
- Supports future strategic direction for unscheduled care services
- Reduces cost and resource duplication with other services
- Limits service change whilst still reducing duplication during the day

4. Consultation Methods

A range of methods are being used to inform and consult on the proposals:

- The consultation documents have been distributed to 2,074 stakeholders, groups and voluntary organisations. For a full list of recipients please see **Appendix 1**.
- Articles in the press and local radio; Southern Daily Echo, Newsextra, BBC Radio Solent
- Publications:
 - City View
 - City Check –up (for NHS Southampton City staff)
 - Eastleigh & Southern Test Parishes Newsletter
 - Inform (for NHS Southampton City stakeholders)
 - Shine, Solent Healthcare newsletter (for staff and stakeholders)
 - NHS Hampshire stakeholder newsletter
 - SVS newsletter
 - NHS Southampton City Primary Care Newsletter
 - Hampshire Partnership Foundation Trust stakeholder newsletter
 - SOS Polonia (Polish newsletter)
- Workshops and focus groups
 - Young people’s workshop at SCC
 - Older Persons and disability forum
 - Sure Start East group
 - Carers Strategy group
 - Patients Forum/Links

- Maternity Service Liaison Committee
- Hard to reach groups
 - CLEAR (asylum seekers and refugees)
 - Black Heritage
 - Disability & Older Persons Forum
 - Chinese Association
 - Southampton Centre for Independent Living
 - Learning Disabilities group
 - Southampton Mencap
 - Learning Disabilities Partnership Board

N.B. A number of groups from our BME communities were consulted with during the pre-engagement phase, all of those consulted used the minor injuries unit at the RSH as it was easier to access, therefore they felt unable to comment on Bitterne.

- Public Meetings
 - Eastpoint
 - Harefield
 - Eastleigh & Southern Test Parishes (Hilldene, West End)
 - Ludlow Junior School
- Public Exhibitions
 - Bitterne market
 - Central Library
 - Bitterne Library
 - Bitterne Leisure Centre
 - Marlands Shopping Centre
- Meetings with Groups & stakeholders
 - Southampton City Patients Forum (monthly)
 - Southampton Links (monthly)
 - GP Forum (Two meetings)
 - Southampton Health Scrutiny Panel
 - Project group (including staff and GPs)
- Chief Executive briefings
 - Caroline Nokes MP
 - Alan Whitehead MP
 - John Denham MP
 - Meeting with City Councillors (Conservative and Labour Groups)
- Internal meetings
 - QIPP meetings

- Trust Board (including clinical leadership board)
 - Integrated Governance
- Opportunities to Feedback Via:
 - Opinion poll on Community Voices online website
 - NHS Southampton website
 - Twitter
 - Solent Healthcare

All full programme of all the consultation activity can be found at **Appendix 2**.

5. Recording Feedback

A database has been established to record feedback. In addition to the feedback forms, notes from meetings, forums, letters etc have also been recorded.

6. Feedback to date:

To date over 250 responses to the consultation have been received. Below is an overview of some of the emerging themes.

12 (4.8%) chose option 1 - weekends

221 (89.6%) chose option 2 – weekday evenings and weekends

17 (6.8%) didn't select an option, the comments on some of these suggest they would be unhappy with any reduction in service.

- **Pressure on other health services**

A number of respondents have expressed concerns that a reduction in opening hours at the walk-in centre could lead to additional pressure on A&E and GP services. NHS Southampton City's experience following the closure of the Shirley walk-in centre was that there was no resulting increase in attendance at A&E. Whichever option is taken forward, NHS Southampton City will work with its provider services to monitor the impact on other health services including A&E, the minor injuries unit at the RSH and local GP practices.

- **Transport difficulties**

Mirroring the feedback received in the pre-consultation phase, a large number of respondents have expressed their view that health services such as the Minor Injuries Unit at the RSH, and A&E at Southampton General are difficult to access via public transport. Travelling there as an alternative to the walk-in centre can require two buses or an expensive taxi fare, and is particularly difficult for the elderly, or mothers with young children. Evidence shows that the vast majority of those who visit the walk-

in centre during the day could be treated by their GP. However NHS Southampton City will be writing to the Cabinet member for transport to highlight residents concerns regarding transport from the East of the City.

- **GP Access**

A large proportion of respondents outlined their concerns that they would be unable to get a GP appointment if the walk-in centre was not available during the day. Since NHS Southampton City's review of unscheduled care began in 2009 much work has been put in place to improve access to GP services, through extended opening hours and open access arrangements (as outlined in the public consultation document available in Appendix 6). However it is clear that residents on the East of the City don't perceive there to be easy access and we need to understand why this is. NHS Southampton City has fed back these initial findings from the consultation to GPs and has agreed to work with them on a possible marketing/awareness raising campaign to ensure that all the methods of accessing primary care services are better understood by the local population. Where access may be an issue in a limited number of practices, NHS Southampton City will continue to work with them to improve their service.

Feedback from Public Meetings

Meeting on 29 November 2010 at Eastpoint. Poor attendance but generated good table discussions please see **Appendix 3**.

Meeting on 14 December 2010, at Harefield Community Hall. 19 people attended. A request was made to the Chair of Links to stop the consultation and add a third option "to do nothing". A member of the public asked for a vote on this and all who attended agreed. For full comments please see **Appendix 4**.

Meeting on 18 January 2011, at Hilldean Centre, West End. 60 people attended the meeting. The question of GP access was the main issue. People commented that they understood the need for change and felt that if the GP practices offered efficient and accessible services, the proposed changes were acceptable but that the reality was somewhat different.

Meeting on 25 January, 2011 at Ludlow School. 80 people attended. Again, access to GP services was the main issue. For details of all comments and questions please see **Appendix 5**.

6. Timeline

**11 February 2011
Consultation Ends**

**21st February 2011 (tbc)
Consultation Report sent to Southampton LINK for validation**

**28 February 2011 (tbc)
Consultation Report presented to Integrated Governance**

**9 March 2011
Consultation Report presented to Trust Board for consideration and
recommendations**

Appendix 1

Consultation on the future of the walk-in service provided at Bitterne Health Centre – Stakeholder list

NHS Southampton Network (members of public) 878 copies of the consultation documents distributed
NHS Southampton City Patients Forum – 12 copies
NHS Southampton City GP practices (including branch surgeries) – 43 copies
NHS Southampton City GPs – 76 copies
NHS Southampton City Practice Managers – 41 copies
NHS Southampton City Practice Nurses – 61 copies
NHS Southampton City Pharmacies in Southampton – 44 copies
NHS Southampton City Pharmacists – 22 copies
Southampton City Councillors – 48 copies
Mike Allott, Thornhill Plus You – 100 copies
Ludlow Infant School – 250 copies
Chinese Association – 50 copies
Lynda Walton Chair of Holyrood Tenants and RA – 12 Copies
32 members of public who wrote to NHSSC to raise concerns
11 members of public who requested a copy of the document
10 Libraries in Southampton
24 copies handed out at Macmillan Cancer Trust Event
32 copies handed out at Healthy Bite Restaurant, RSH
John Denham MP
Caroline Nokes MP
Alan Whitehead MP
Chris Huhne MP
Graham O'Reilly - Socialist Party
Caronwen Rees - Southampton OSC
Active Southampton
SVS members – 3
Chinese Association of Southampton
Debbie Fleming, CEO, NHS Hampshire
Denise Holden, Hampshire OSC
Sheila Williams, Wessex LMC
Louise Halfpenny
Lynsey Malpuss, SCC
Ron Foulkes, Countess Mountbatten Hospice
Celia Fraser, SCC
Chris Hawker, SCC
Dave Shields, SCC
Martin Day, SCC
Suki Sitaram, SCC
Southampton Centre for Independent Living
Southampton Partnership
Steve Lent, CMH Charity
Age Concern Southampton

Anti-Poverty Forum
Brad Roynon, CEO, SCC
Bill Lucas, Change Implementation Group
CEO, Solent Mind
Community Workers Network
Disabled Persons Consultative Forum
Empathy
Penny Furness-Smith, Exec Director of Health & Adult Social Care, SCC
Gill Duncan, Hampshire County Council Director of Adult Social Services
Federation of Southampton Tenants and residents
Harry Dymond, SLINKs
CARE UK – 2 copies
Rose Road Association
Southampton Carers Together
Southampton Children's Play Association
Southampton City Sports Development
Southampton Council of Faiths
Southampton Pensioners Forum
Southampton Rethink Carers Network
Rob Marsden, Southampton YMCA
Will Hancock, SCAS
Amanda Hames, Hampshire LINK
Southampton University
Sarah-Jane Wareham, Southampton Solent University
Ros Tolcher, Chief Officer, Solent Healthcare
Sara Tiller, Head of Comms, NHS Hampshire
Alison Ayres, Head of Comms, SUHT
Carol Deans, Head of Comms, HPFT
Andy Hollebone, Head of Comms, Isle of Wight
David Barker, Head of Comms, Portsmouth
Diane Andrews, Secretary, Eastleigh and Test Valley Parishes - Older Peoples Forum
Kate Dench, SCC – Learning Disabilities Strategy Group
Richard Whineray, Chair of LOF at Moorgreen
Ian Lloynes, Southampton Centre for Independent Living
Peter Davis, Peartree Community Action Forum
Don Spake, Bishops Crescent T & RA
Ross Davis, Townhill Action Group
Tessa Tappin, Harefield Tenants and Residents Association
David Brown, Peartree Community Action Forum
Maureen French, Peartree Tenants Association
Reg Taylor, Itchen Estate Tenants & RA
Mary Carnegie, Sholing Community Action Forum
Yvonne Harryman, Waterside Park RA
Becky Thorne, Ashurst Park RA
Roisen Conlon, Cliff RA
Barrington Little, Midanbury Court RA
Weston Shore T & RA

Barrie Crease, Keynsham Action Group
John McCarthy, Furze Road & Furze Close RA
Southampton Society for the Blind
Jenny Davies, Harefield T & R Sub Group
Brenda Scarlett, Merryoak Computer Club
Stroke-Dysphasia Group
Thornhill Health and Wellbeing Network
Royal British Legion Social Club, Upper Deacon Road
Amy Parsons, Thornhill Youth Centre
Little Roos Soft Playgroup
Southampton City Youth Service
Bev Weir, Weston Court Community Project
The Saturday Morning Club
Thornhill Senior Citizens Club
Brenda Downes, Thekchen Buddhist Centre
Rainbow Tots
Hampshire Deaf Association
Brian Sinclair, The Door UK
Eastpoint Social Club
Southampton City Youth Parliament
Bruce Hartnell, Parish of Sholing
Fairfax Court Social Club
Rev Geoff Awnas, St Christopher's Church of England – Thornhill
Caroline Wright, Guide Association - Southampton Itchen Division
Medwall Court Social Club
Amanda Bowens
Ladder4Learning
Chris Ricketts, Sholing Baptist Church
Christine Hammond, Southampton Rethink Carers Support Group
Kate Martin, Southampton Commons & Park Protection Society
Mrs G Wood, Mellowtones Over 55 Choir
Christine Tebano, Parent Support Link
Kim Wherry, Books for Children Group – Southampton
Mrs J Roles, Sholing Community Association
Cyril Hallman, Thornhill Senior Citizens Club
Mike Dawe, Southampton Hard of Hearing Club
Mrs Janet Harley, Townhill Park Community Association
Dianne Yexley, Chrysalis
Miss Joanne Barry, Southampton Samurai Judo Club
Mrs Mary Evans, Solent Strutters
Howard Trundell, Priestwood and Woodland Residents Group
Mr E Hannaford, Festival Britain (Itchen) Community Association
Ms Lynda Taylor, Alzheimer's Society
John Ansell, Bitterne Manor Community Association
Mr R D Edwards, Psoriasis Association
Nigel Hughes, Southampton Action for Employment
Julie Turley, Weston Shore Community Room
Mrs Elaine Rackett, Choices 4 Families

Pat Kenner, Abbeyfield UK
Patricia Semark-Jullien, Eastleigh Bereavement Service
Sylvia Percy, Back Pain Association
Brian George, Southampton Animal Concern
Pauline Vaughan, Thornhill Health and Wellbeing Network
Terence Windibank, Freemantle & Shirley Amateur Theatrical Society
Brian Wetman, National Society for Epilepsy
Phil Budd, Southampton Natural History Society
Lordswood Residents and Community Association
Rosalind Dean, Hampshire Buddhist Society
Abigail Withey, Learning Links
Caroline Oates, Queen Elizabeth II Activity Centre
S Cleasby, The Gantry Youth Theatre
Amanda Kelly, Sure Start – Weston
Chris Fry, Sholing Valley Study Centre Association
Stanley Fitzgerald, Spina Bifida & Hydrocephalus Association
Andy Iles, Southampton Jazz Club
Chris Stevens, Mediation and Reparation Service (crime Concern)
Sue Hutton, Youth Offending Team
Barbara Vijayakumar, Kathakali - Indian Dance Drama Company
Christine Jones, Woolston Jobcentre
Jenni Fletcher, Telling Everyone About Multiple Sclerosis
David Bonney, VITALISE
Jillian Abrahams, St Johns Ambulance - Social Care
Mrs Joan Veal, Itchen South District Scout Campsite
Debbie Pearce, Playtots Toddler Group
Keery Anteney, Harefield Community Pre-school
Mrs M Ranger, Penguin Swimming Club for orthopedically disabled
Mark Wilson, Pirates for Peace
Mrs Webster, Guide Association - Southampton East Division
Eastpoint Centre
Mr A Strudwick, James Street Church
Olivia Barnes, Southampton Real Nappy Network
Flautissimo
Mr Gerry Harding, Hedge End Retirement Club
Peter Hunt, Thornhill Plus You
Peter King, The Nomads Short Mat Bowling Club
Southampton Rape Crisis & Sexual Abuse Counselling Service
Rachel Hampton, Mayfield Nursery Horticultural Therapy Project
Stan Fitzgerald, Southampton Carers Together
Rebecca Downes, NHS Direct
Sue Jacobs, Southampton Aspergers Support Group
Tessa Lovell, Cobbett Road Library Toddlers Group
Sandra Chapman, No Limits
Southampton Domestic Violence Forum
Sandra Lawton, West End Stoke Group
Trish Liddan, Weston Adventure Playground
Sophie Sinclair, Jubilee Sailing Trust

Dial a Ride Southampton
Surestart
Bitterne Walk-in centre
MIU at Royal South Hants
Weston Lane Centre for Healthy Living
Maternity Service Liaison Committee meeting with parents, midwives and
Health Visitors, 10 copies

Appendix 2

URGENT CARE EAST SOUTHAMPTON

CONSULTATION ACTIVITY LOG

Stakeholder	Activity	Lead	Date
NOVEMBER			
Public	Article in Daily Echo	EM	12.11.10
All	Distribution of consultation documents (see stakeholder list)	ALL	12.11.10
Public	NHS Southampton City Patient forum	DB	15.11.10
Public	Poll on Southampton LINKs website	DB	15.11.10 – 11.02.11
Public	Beavois & Bargate Community Health group	JG	15.11.10
Public	Interview with Dr Adrian Higgins on BBC Radio Solent	EM	15.11.10
Public	News item on Wave 105 FM	EM	15.11.10
Public	Information made available on NHS Southampton City website	SR	15.11.10
Public	News item in News Extra	EM	18.11.10
Vol.group	Wayne Howard Trust	JG	18.11.10
Public	News item on Southampton LINKs website	EM	18.11.10
Public	Information made available on Solent Healthcare website	SR	19.11.10
Young People	Newtown Youth Centre, women's group	JG	19.11.10
Hampshire OSC	Information on use of WiC by Hampshire patients sent to OSC for info	DB	23.11.10
Public	Stand at Bitterne market	DB/LB	24.11.10
Vol.group	League of Friends RSH	JG	25.11.10
Public	Public consultation event (Eastpoint)	DB/EM	29.11.10
Public	Article in Daily Echo re public consultation event	EM	30.11.10
Public	Eastern European families, parent and toddler group	JG	30.11.10
DECEMBER			
Public	Western Surestart Parents Forum	JG	1.12.10
Public	Womens Group Central	JG	1.12.10
Public	Article in NHS Southampton City stakeholder newsletter, 'Inform'	EM	12.10

Public	Advert in City View	EM	12.10
Public	Article in Solent Healthcare Stakeholder newsletter, 'Shine'	EM	12.10
Public	Article in NHS Hampshire stakeholder newsletter, 'Dialogue'	EM	12.10
Public	Article in SVS newsletter	EM	12.10
Public	Public display at Central Library	DB/EM	06.12.10 – 11.12.10
LINKs	Steering group meeting	DB	06.12.10
Public	Disability and Older Persons Forum	DB	08.12.10
Agencies	Sure Start East Group	DB	10.12.10
Public	Mount Pleasant JR School governors	JG	13.12.10
Public	Carers Strategy Group	DB	14.12.10
Public	Public Consultation Event, Harefield Community Centre	EM/DB	14.12.10
Public	Distribution of consultation documents at Healthy Bite restaurant, RSH	JG	14.12.10
Primary care staff	Article in primary care newsletter on consultation, plus an article on how to promote opening times and services to patients	MB	16.12.10
Chris Huhne MP	Letter to Bob Deans regarding WiC consultation	EM	20.12.10
Public	Article in Daily Echo publicising Bitterne library exhibition	EM	29.12.11
JANUARY			
Chris Huhne MP	Letter to Secretary of State concerning reasons behind Bitterne consultation	EM	06.01.11
Public	Public display at Bitterne library	EM/DB	10.01.11 – 15.01.11
Public	NHS Southampton City Patient forum	DB	11.01.11
GPs	Article in GP Primary Care newsletter	MB	01.11
Public	Public display at Bitterne Leisure Centre	DB/LB	17.01.11 – 22.01.11
Public	Press release re public meeting 25 Jan	EM	13.01.11
Public	Eastleigh Southern Parishes Older People's Forum	DB/LJ	18.01.11
Public	Article in Daily Echo publicising 25 Jan public meeting	EM	18.01.11
Public	Black Heritage group	JG	19.01.11
Public	Chinese Community Needs	JG	20.01.11

	Meeting		
Staff & stakeholders	25 Jan public meeting publicised via Health E News.	EM	14.01.11 & 21.01.11
Public	CLEAR meeting (refugees and asylum seekers)	JG	21.01.11
Public	Article in Echo from John Denham encouraging attendees at public meeting	EM	25.01.11
Public	Public Consultation Event	EM/DB	25.01.11
Public	Stand at Central Library where BWiC documents available	JG	25.01.11
Public and staff	Maternity Service Liaison Committee meeting with parents, midwives and Health Visitors	JG	27.01.11
GPs	Stand at GP Forum	MB	27.01.11
Agencies, users of services	Learning Disabilities Partnership Board	KT	31.01.11
FEBRUARY			
MPs	Meeting with SW Hampshire MPs to discuss health reforms	MB	02.02.11
Public	Sure Start Toddlers group x 2	JG	07.02.11
Public	Sure Start Playgroup Harefield	JG	09.02.11
Soton Osc	Southampton City Council, Scrutiny Panel B Meeting	DB	10.02.11
Public	Stand at Marlands Shopping Centre	DB	08.02.11

Appendix 3

**Bitterne Walk-in Centre Consultation Public Meeting
Monday 29 November, 7.00-9.00pm
Eastpoint Centre, Thornhill**

**Chaired by Harry Dymond, Chair of S.Link
Presentation: Bob Deans, Chief Executive, NHS Southampton,
Dr. A. Higgins**

Attendance: 8

The meeting began with a brief presentation from Dr Adrian Higgins providing an overview of the options for consultation and the process. This was followed by a brief question and answer session. Below are some of the main issues raised during this section:

- It was requested that the PCT representatives provide more detail on the integrated GP and Community Care model which was not included in the options for consultation
- Further information was requested on the SHIP wide strategy for unscheduled care and in particular how other areas (Hampshire, Portsmouth and Isle of Wight) would be influencing the future of healthcare in Southampton
- Why isn't there a third option for consultation which maintains the status quo?
- Is there any detail on the numbers of people who go to A&E but could otherwise be using the walk-in centre?
- What will be the impact of the proposed options on local GP practices? What will those people who need a GP appointment do when they cannot get an appointment with their practice?
- Are the proposed changes all about making a profit (through GP fundholding)?
- Where did the figures regarding the use of Shirley Walk-in Centre come from?
- Why can't GP practices be charged for inappropriate use of the WiC by their patients?

Following the question and answer session those present were asked to form into break out groups to discuss the issues surrounding the consultation and the proposed options for the future. Below is a summary of the main points.

Comments on the options

- With either option 1 or 2 there should be scheduled GP surgery rotas covering the hours when the Walk-in Centre isn't open
- Favoured option would be option 2
- Model of integrated GP/WiC is a good option

- What happened to the other options (there were originally five)

General comments

- Are GP receptionists well versed on when to forward a patient on to a walk-in centre? Could GPs be dealing with some of these ailments?
- Getting through on the phone to your GP surgery is very difficult
- There is an ongoing need for the health service to promote and advise the public on using the WiC
- Is there a danger that with GP led services in the future that they may not be able to cope in the East of the City with the influx of patients when the WiC is closed
- Historical perception is that a GP appointment won't be available, so more effort is required to advise people to try for a GP appointment first before going to the WiC
- What use will be made of the WiC building during the hours it is closed? GPs should consider social care or perhaps a taxi base
- More receptionist required at A&E to cut down on inappropriate waiting when patients are not using the appropriate service
- Phone advice (NHS Direct) is not good
- Need to build confidence in whatever the system can provide
- Need to improve access to GP appointments
- Need for good triage/customer care from the outset
- Need to market the Minor Injuries Unit
- Could Bath Lodge practice join up with the WiC?
- Which GP practices have the most patients who frequently use the WiC?
- Transport access is key- including to the Minor Injuries Unit
- Could GPs offer a Minor Injuries Unit type of service?
- Why not close A&E?
- Patients should be able to get prescriptions from walk-in service over the weekend
- Bigger role for pharmacists in minor ailments
- Decision to consult started after the White Paper- is it not a waste of time to change things now?
- Patients would like access when it doesn't affect their work
- Blood tests- early appointments needed
- Savings- do they warrant the changes?
- Where are the savings going to be spent?

Comments on 'What steps can we take to enable you to access your GP?'

- Have clear notices outside GP surgeries and WiCs indicating which service is open
- Greater advertising of the 111 number
- Promote the nurse triage service at GP surgeries
- Display of leaflets at WiC and at GP surgeries

Appendix 4

Bitterne Walk-in Consultation event at Harefield Community Centre – 14 December 2010

**Chaired by Harry Dymond – Chair of S.Links
Lisa James, Commissioning Manager, NHS Southampton
Judy Hillier, Director of clinical Excellence and Delivery, Solent
Healthcare
Attendance: 19**

Issues raised at this event included:

1. What consultation took place regarding the closure of Shirley Walk-in Centre?
2. NHS Southampton City is not offering a status quo, there are only two options. There should be a third option – to keep the BWIC as it is
3. Is NHS Southampton City able to draw upon the patients who access the WIC, e.g. patients who live outside of Southampton?
4. “I have a petition here with 2000 signatures against the change in hours to the WIC. People cant get into their GP surgery, where do they go if the WIC is closed during the day? LINK should reject the proposal”
5. Will NHS Southampton City withdraw the consultation?
6. What are the numbers for the patients who access the Bitterne Walk-in Centre?

Comments

- Patients who fail their GP appointments should be fined
- This is the first that I have heard about the consultation
- Old people won't use the WIC at night
- There were three WICs in Southampton and they are now being closed
- You are not giving patients the chance to have their say, there is no where for patients to go
- I like to have a choice of where I have my blood test, either WIC or GP
- Taxi costs to the SGH are very high
- The WIC is used well during the daytime
- The BWIC is very necessary to this side of the city, it takes two buses approx 1 hour 30 minute journey to get to the SGH

A member of the public asked the attendees to vote that a request should be made to Southampton LINK to liaise with the Health Scrutiny committee and ask that the consultation be stopped, with a third option “to do nothing” should be added.

Appendix 5

Ludlow Junior School Event – 25 January 2011

Chaired by Harry Dymond, S.Link
Dr. A. Higgins, Medical Director
Dr. R. Tolcher, Chief Officer, Solent Healthcare
Attendance: 80

Below is an overview of the questions and comments raised from this event, as well as answers from the panel where applicable. The panel was made up of Dr Adrian Higgins, Clinical Director for NHS Southampton City and Ros Tolcher, Chief Officer, Solent Healthcare. Responses given are from Dr Adrian Higgins unless otherwise stated.

1. At Chessel Surgery there is a sign on the door which states 'by appointment only'
 - A. *Dr Higgins [who appeared on the panel and is a practicing GP at the surgery] is not a partner so has no control how the service is run at Chessel. Feedback to PCT if there are problems. It is useful if patients pre-book appointments*

2. Harefield has lots of children, elderly people and carers – they cannot get to the hospital easily, it takes two buses and is too far to travel. Where should I go for medical help?
 - A. *GP surgeries are closer than the Walk in Centre for the majority of people and many patients pass their own GP practice to attend the Walk-in Centre.*

3. If you cut the Walk in Centre then patients will have to go to A&E
 - A. *(Dr Ros Tolcher) We are not cutting the service. There is the MIU at the RSH and 12 GP Practices on the East side of the City.*
(Harry Dymond) For transport and GP access, patients can contact SLINK

4. There are thousands of names on our petition so why not keep it as it is and listen to patients (Tim Cutter – Socialist Party)
 - A. *It is unaffordable (Dr Ros Tolcher)*

5. My doctor (Chessel Surgery) is turning patients away for bandage changes and sending patients to the Walk-in Centre- surely this is not an appropriate place to go for treatment?
 - A. *GPs are not the best people to dress wounds*

6. I took a baby to the Walk in Centre but it was so busy we went to A&E who told us to go back to the Walk in Centre. We need the Walk in

Centre. Whenever I have been to the Walk-in Centre it is very busy- it is obviously needed

7. This consultation doesn't have any options for the public and decisions have been made behind closed doors
8. People find it easier to travel to Bitterne Walk-in Centre from Shirley rather than the Minor Injuries Unit at the RSH Hospital because of transport
9. Many people come from outside of the city (West End etc.) for blood tests which impacts on waiting times at the Walk in Centre,
10. Patients don't want to wait 48 hours to see a GP. Where do they go in an emergency?
 - A. *We need to get the service right the first time. It is a nurse led service.*
11. I know someone who died from bacterial meningitis. They waited 12 hours for a phone call from the OOH service and ended up going to the Walk in Centre as they couldn't wait any longer. People are going to die. The service should continue to be provided.
12. The Walk in Centre was used by my family over the Christmas period and it was very busy
13. The Walk in Centre is used as a 'back-up' system for when treatment is not available from GPs
14. I can see that many people here tonight are scared about losing a valuable service, however as a parent I will go away reassured that I can access out of hours care for my family We have to make cuts – what do you think should go instead?
15. My GP practice now has a Walk in service which is excellent. There were problems but the GPs listened to patients and made changes.
16. Is there a time limit when the changes will take place so that there is a time to make the changes?
 - A. *There is no fixed timetable. We will speak with GPs practices. It will not be left indefinitely.*
17. Why is there only an hour for this event?
 - A. *We have previously had a number of events and there are more still to come.*
18. How will the GP Commissioning Consortia affect the WiC in the coming months?

A. There is no fixed time. The change over is for 2013

19. GP access is impossible. Why do you think people can slot their illnesses in?
20. There hasn't been enough consultation.
21. Are there any GPs here? Do we have reassurance from GPs that there is capacity for the fifty Walk in Patients to be absorbed into their service?
- A. Yes, GPs can accommodate this. Most patients are from the Bitterne Centre practice.*
22. I am not at all reassured by this meeting – you shouldn't have discounted the other options.
- A. There are many challenges facing the NHS which need to be considered and this work is an important part of this.*

John Denham – I was the Minister who opened the first Walk in Centre but the NHS has half of the money now than they had then. Ten years later is it not possible for the NHS to offer a Walk in Centre service. There is money in the system. GPs need to offer a walk in service. We need to speak to GPs.

Councillor Royston Smith – SCC is trying to balance its budgets. GPs must step up to the mark. Ministers need to be unanimous that GPs need to change. GPs need to listen to patients.

John Denham – There are only two options on the feedback form, what should patients do?

Harry Dymond - Write a third option on the form.

General comments

- Not enough info was given on resources which are being duplicated. The meeting should have been longer, as it was previously at the Eastpoint Centre.
- I felt sorry for the speakers due to the instant negativity in the room. No need for 'case studies' from the floor, not listening to answers. Doctor surgeries' appointment / walk in access needs to be improved, but there is still a need for daytime walk-in care if your local surgery does not have appointments. If it was easier to get a GP appointment walk-in care would not be needed. Glad to see Out of Hours is being kept either way.
- Not able to get a child seen by a GP has an impact on school attendance which in turn affects a school's ofsted inspection result and score. GPs need to improve appointment system
- The hysteria in the room has been caused by a complete breakdown in communication between health service planners and the rest of the

population BUT how much was spent on the glossy consultation booklets?? Something simpler would have been quite adequate.

- Get the GP service right first then have another look at the drop in service
- This meeting was not long enough.
- A microphone should have been used
- Consultants and Doctors at SUHT are asking people to go to the WIC to get dressings done.