Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 1st October, 2015
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor Furnell
Councillor Houghton
Councillor Noon
Councillor Parnell
Councillor Tucker
Councillor White (Vice-Chair)

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

The Health Overview and Scrutiny Panel will have six scheduled meetings per year with additional meetings organised as required.

- To discharge all responsibilities of the Council for health overview and scrutiny, whether as a statutory duty or through the exercise of a power, including subject to formal guidance being issued from the Department of health, the referral of issues to the Secretary of State.
- To undertake the scrutiny of Social Care issues in the City unless they are forward plan items. In such circumstances members of the Health Overview and Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.
- To develop and agree the annual health and social care scrutiny work programme.
- To scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy developed by the Health and Wellbeing Board.
- To respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.
- Liaise with the Southampton LINk and its successor body "Healthwatch" and to respond to any matters brought to the attention of overview and scrutiny by the Southampton LINk and its successor body "Healthwatch"
- Provide a vehicle for the City Council's Overview and Scrutiny Management Committee to refer recommendations arising from panel enquiries relating to the City's health, care and well-being to Southampton's LINk and its successor body "Healthwatch" for further monitoring.
- To consider Councillor Calls for Action for health and social care matters.
- To provide the membership of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts the residents of more than one overview and scrutiny committee area.

Public Representations
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

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

Mobile Telephones: - Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting

COUNCIL'S PRIORITIES:

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

CONDUCT OF MEETING

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the 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 "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council
Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

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.

Dates of Meetings: Municipal Year 2014/2015

2015	2016
23 July 2015	28 January 2016
1 October 2015	24 March 2016
26 November 2015	28 April 2016

AGENDA

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

1 APOLOGIES AND CHANGES IN 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 PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary 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 Democratic Support Officer.

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) (Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 23 July 2015 and to deal with any matters arising, attached.

7 SOUTHAMPTON CITY CCG CONSULTATION - GETTING THE BALANCE RIGHT IN COMMUNITY BASED HEALTH SERVICES (Pages 5 - 228)

Report of the Director of System Integration (CCG) detailing the process and findings of the consultation on the CCG's proposal to close the Bitterne Walk-In Service, attached.

8 EMERGENCY DEPARTMENT PERFORMANCE (Pages 229 - 232)

Report of the Chief Executive of University Hospital Southampton NHS Foundation Trust updating the Panel on the performance of the Emergency Department, attached.

9 UPDATE ON DISCHARGES FROM UNIVERSITY HOSPITAL SOUTHAMPTON (Pages 233 - 244)

Report of the Chief Executive of University Hospital Southampton NHS Foundation Trust and the Acting Director of Adult Social Care, outlining progress being made reducing complex discharges in the Hospital, attached.

10 ADULT SOCIAL CARE: KEY PERFORMANCE INDICATORS (Pages 245 - 252)

Report of the Acting Director of Adult Social Care outlining performance in Adult Social Care between April and August 2015, attached.

11 HEALTH AND WELLBEING BOARD REVIEW (Pages 253 - 260)

Report of the Assistant Chief Executive seeking views from the Panel on the review of the Health and Wellbeing Board, attached.

12 MONITORING SCRUTINY RECOMMENDATIONS (Pages 261 - 264)

Report of the Head of Legal and Democratic Services monitoring progress of the recommendations of the Panel, attached.

Wednesday, 23 September 2015 HEAD OF LEGAL AND DEMOCRATIC SERVICES

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 23 JULY 2015

Present: Councillors Bogle (Chair), Furnell, Houghton, Noon, Parnell, Tucker and White (Vice-Chair)

1. **APPOINTMENT OF A VICE CHAIR**

Councillor White was appointed Vice-Chair for the 2015/16 municipal year.

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

RESOLVED that the minutes of the meeting held on 23rd April 2015 be approved and signed as a correct record.

3. **SOUTHAMPTON CITY CCG CONSULTATION - GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES**

The Panel considered the report of the Director of System Delivery setting out the consultation process and progress to date on Southampton City CCG's proposals to close the walk in service at Bitterne Health Centre in order to maintain quality community based health services in Southampton.

The Panel received a presentation from John Richards, Chief Officer NHS Southampton City CCG as well as representations from Healthwatch, Spectrum (Consult and Challenge), local residents and interested parties.

RESOLVED:

i) to consider the issues raised at the meeting to prepare and submit a response to the CCG consultation in advance of the 4th September 2015 deadline; and
ii) having considered all the issues raised at the meeting the Panel agreed the following response to be corresponded by the Chair of the Committee:

Following extensive consideration of the NHS Southampton City CCG proposal to close the walk in service at Bitterne Health Centre and re-distribute the funding to community nursing and community based care, the Southampton HOSP accept, given pressure on the finite resources, the argument advocated by the CCG within the consultation document.

The HOSP deliberations have however identified a number of concerns with the proposals that the Panel would like the CCG to respond to at the 1st October 2015 meeting of the HOSP, if the Southampton CCG Governing Body choose the preferred option, Option 1 – to close the walk-in service, following consideration of feedback and responses.

The area of concern that the Panel would like assurances on in order to minimise the impact on users of the walk-in service at Bitterne, should the CCG Governing Body choose Option 1, are the following:

(i) Lack of awareness of, and confidence in, alternative services to the walk in service

Whilst the Panel accept that alternatives to the walk-in service exist they are concerned that the lack of awareness and confidence in the alternatives could result in either patients not accessing services when they need them, or alternatively, increasing pressure on the emergency department. Therefore, the Panel would welcome the following for the 1st October HOSP meeting:

- An outline communications plan identifying how the CCG will seek to increase awareness of, and confidence in, alternative provision. The Plan should include specific reference to proposals to target the population who most frequently use the existing walk-in service and should look to engage patients in settings inside, and outside, the health service.

(ii) Accessing services from the east of Southampton

The Panel share the concerns raised throughout the consultation process regarding access to health services from the east side of the city. The consultation document and supporting papers make no reference to how existing users of the walk-in service travel to Bitterne Health Centre, and public transport links from the east to Southampton General Hospital and the Minor Injuries Unit are a concern. The Panel would therefore welcome, at the 1st October HOSP meeting, the CCG to outline their proposals to:

- Develop understanding of how patients currently travel to the walk-in service
- Improve access to health services from the east of the city through exploring solutions with bus companies, voluntary transport services and any other alternatives.

(iii) Additional requests

Following consideration of the proposal the Panel would welcome some additional actions by the CCG on 1st October HOSP meeting:

- The Panel would welcome information on the Prime Ministers Challenge Fund and the aware to Southampton Primary Care Ltd.
- The Panel encourage the CCG to give consideration to improving their approach to Equality Impact Assessments.

4. **LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15**

The Panel considered the report of the Independent Chair of the Local Safeguarding Adults Board (LSAB) detailing the Annual Report 2014/15.

The Panel received a presentation from Fiona Bateman, Chair of the LSAB.

The Panel noted that detail in the report had been superseded since publication.

RESOLVED that the Panel recommended:

i) That consideration be given to providing appropriate training to elected Members on the role of LSAB.
ii) That the final version of the 2014/15 Annual Report is circulated to the Panel.
iii) That the implications associated with implementing the Care Act are considered at a future HOSP meeting.

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DECISION-MAKER:		**HEALTH OVERVIEW AND SCRUTINY PANEL**		
SUBJECT:		SOUTHAMPTON CITY CCG CONSULTATION - "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"		
DATE OF DECISION:		1 OCTOBER 2015		
REPORT OF:		DIRECTOR OF SYSTEM INTEGRATION, SOUTHAMPTON CITY CCG		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Dawn Buck**	**Tel:**	023 80296932
	E-mail:	**Dawn.buck@southamptoncityccg.nhs.uk**		
Director	**Name:**	**Peter Horne**	**Tel:**	023 80725660
	E-mail:	**Peter.horne@southamptoncityccg.nhs.uk**		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This report describes the process and findings of the consultation on Southampton City CCG's proposal to close the walk-in service at Bitterne Health Centre in order to maintain quality community-based health services in Southampton.

The CCG Board will meet on 30 September 2015 to consider the recommendations emerging from the report, attached as Appendix 1, and make a decision regarding the proposal.

A verbal report will be made to the Panel on 1 October 2015 to inform them of the outcome of the CCG Board meeting.

RECOMMENDATIONS:

That the Panel:

(i) Review the process and outcome of the consultation.

(ii) Note the feedback and the proposed actions being taken in response.

(iii) Consider receiving an update report in April 2016.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Panel has requested a discussion on the proposal and outcome of the consultation.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL

3. **Overview**. NHS Southampton City Clinical Commissioning Group (CCG) conducted a consultation from 15 June to 4 September 2015 proposing to close the walk-in service at Bitterne Health Centre and to re-distribute the current funding to community nursing and community-based care.

4. The proposal was developed as a result of a review of community based nursing provision and urgent care services. Upon reviewing provision for urgent and emergency services however, it has become clear that the nurse-led walk-in service in Bitterne, run by Solent NHS Trust, is not providing cost effective care and duplicates other services available for local residents. It is situated next to GP practices which are extending their opening times and offering nurse-led appointments, and opposite a pharmacy with other pharmacies close by. Furthermore, the service operates at the same time as both the out of hours GP service and the NHS 111 telephone advice service which is available 24 hours a day, seven days a week.

5. During the consultation:

- 1668 responses were received, these includes completed surveys, emails and telephone feedback
- 172 people attended three public meetings
- 1521 people also participated or engaged in focus groups, meetings, public events.

6. **Summary of Views Expressed**. The detailed feedback is in the attached report. It should be noted that strong feelings (both for and against the proposal) emerged during the consultation period. The views can be summarised as follows:

- Many people were worried about stopping a service that is well regarded locally. Some felt that the CCG should be able to fund both the walk-in service and other community services: these people appeared to reject the premise of the consultation questions.
- Some people suggested that the levels of service should be reduced. Examples given were to have the service run on alternate weekends or for shorter periods of time during the week. People also suggested the CCG request a contribution from West Hampshire CCG to pay for those patients from outside the city who access the service.
- Others felt that the CCG had made a strong case that:
    - other more appropriate services were available to people with urgent needs

- the Walk-in Service duplicates these
- the CCG is struggling to fund those services which support the growing number of people with long term health conditions.

- People who felt that the CCG had made its case nevertheless expressed concerns about the themes set out below in section 7. These concerns were mirrored by the HOSP who accepted the CCG proposal and recommended the following:
  - an outline communications plan identifying how the CCG will seek to increase awareness of, and confidence in, alternative provision be presented to the HOSP meeting on 1 October 2015.
  - the CCG to outline their proposals to develop an understanding of how patients currently travel to the Walk-in Service and how to improve access to health services from the east of the city through exploring solutions with bus companies, voluntary transport services and any other alternatives.

7. **Concerns raised and actions being taken**. There were four main areas of concern that require action:

a) Better access to GP services. It was felt that it is difficult to get a GP appointment whilst others were not aware of the services that GP surgeries offer and how to access them. In tandem with these concerns, the issue of people not attending their booked appointments was raised by GP practices. The solutions to improving access to GP services centre on:

- Improved communications by GP practices to highlight:
  i. the types of services (for example, telephone consultations; role of nurses in dealing with minor illness) that are on offer
  ii. the opening times, including extended opening hours
  iii. the methods by which an appointment can be booked (e.g. online booking).
- GP practices to consider the learning from the winter pilot scheme that saw Advanced Nurse Practitioners working in GP surgeries to good effect.
- Education for the public on how to register with a GP; how to book an appointment with a GP surgery and the importance of not missing appointments.

The CCG has developed an action plan for implementation in quarter three 2015. The plan will be presented to HOSP as requested on 1 October 2015.

b) The need to increase awareness of, and confidence in, the

appropriate services for the population.

- The main appropriate services for the people who currently use the Walk-in Service are NHS 111, pharmacies and GP surgeries. There has already been much work done by the CCG on promoting these services (for example, the Think First campaign).

- This work provides a firm foundation for an enhanced communication campaign to improve awareness and understanding of these services to commence in quarter three of this year. To address the needs of many current users of the Walk-in Service, two key areas that the plan will include are: options for young families/parents with young children and availability of emergency contraception. The plan will be presented to the HOSP on 1 October 2015.

- The work done by the CCG during the pharmacy winter pilot scheme on minor ailments has proved to be successful and has been expanded to cover more conditions across more pharmacies.

c) **Access to health services from the east of Southampton.** In addition to the points made around access above, it was noted that the residents of the east of the city feel somewhat disconnected from the rest of Southampton. The main area highlighted was around transport, specifically buses.

- A lack of convenient buses to the rest of the city from the east of Southampton was raised. This issue was highlighted early in the consultation process. It was also an area that was highlighted by the HOSP. The CCG has looked in more detail at this concern.

- The CCG has already conducted a short transport survey of the users of the Walk-in Service. The snapshot survey covered 48 people over three days. 79% drove to the Walk-in Service and 94% had a journey of less than 30 mins.

- With the support of councillors, the CCG met with the City Council Officer who is responsible for buses to better understand the current situation. Given the outcome of the survey, the CCG will consider whether there is a demand for transport to health facilities and how best to ensure that these are provided in the future. A more detailed plan will be taken to the HOSP on 1 October 2015.

- As part of the research, the CCG is also in discussion with Communicare (a voluntary sector group which specialises in transportation) to discuss potential transport solutions should they be required.

d) **Impact on urgent care services.** A number of respondents raised concern that the proposed closure would create pressure on other services. The Emergency Department (ED) at University Hospital

Southampton (UHS) was highlighted in particular. The CCG has discussed potential impact with UHS: they support the proposed closure of the Walk-in Service and it is assessed that the impact on ED will be minimal. This reinforces the requirement to increase awareness of relevant services discussed above.

8. Members are asked to consider the information presented at the meeting and following discussions comment on the report.

RESOURCE IMPLICATIONS

Capital/Revenue

9. None.

Property/Other

10. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

11. 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:

12. None.

POLICY FRAMEWORK IMPLICATIONS

13. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	Southampton CCG Board Paper: Bitterne Walk-In Service Consultation – 30th September 2015
2.	CCG Case for Change (Annex A to CCG report)
3.	Summary of Better Care Southampton plan (Annex B to CCG report)
4.	Overview of NHS England Urgent and Emergency Care Review (Annex C to CCG report)
5.	CCG Consultation Report (Annex D to CCG report)
6.	Think First Campaign 2014 (Annex E to CCG report)
7.	Future communications campaign (Annex F to CCG report)
8.	Report on urgent and emergency care activity for HOSP dated Aug 15 (Annex G to CCG report)
9.	Summary of pharmacy minor ailments scheme (Annex H to CCG report)

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	YES

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at: www.southamptoncityccg.nhs.uk/consultations

	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	

NHS
Southampton City
Clinical Commissioning Group

Southampton City Clinical Commissioning Group Board

Date of meeting	30 September 2015
Agenda Item (number)	**8**

Bitterne Walk in Service Consultation

Topic Area	Getting the Balance Right in Community Based Health Services
Summary of paper and key information	To consider closing the Walk-in Service that operates from the Bitterne Health Centre and to re-distribute the current resource to community nursing and community based care. • The CCG needs to ensure that the services it commissions meet the health needs of the population of Southampton and provide value for money for the taxpayer. There is a growing need for commissioned services to support the increasing population who have one or more long term conditions. • Urgent care services in Southampton have been reshaped over the past two to three or more years. More services are in place than before. The Walk-in Service is seen as duplicating other more appropriate services.

Key/Contentious issues to be considered and any principal risk(s) relating to this paper
 	
(Assurance Framework/Strategic Risk Register reference if appropriate)
	• The CCG has carried out a full consultation to consider the future of the Walk-in Service at Bitterne Health Centre. The CCG fully met and exceeded the legal requirements in order to gain a richer picture of views and concerns.
	• There are strong feelings from the local population in the east of Southampton about the Walk-in Service. Some of this is magnified by a perception that the east of Southampton has fewer services than the part of the city that is west of the River Itchen. The CCG needs to work with the City Council to address such concerns.
	• The key areas of concern highlighted in the feedback centre on:
	  • better access to GP services
	  • the need to increase awareness of the appropriate

	services • the desire for better transport access to the city from east Southampton • concern about additional pressure on other services, in particular the Emergency Department (ED) at University Hospital Southampton (UHS). Assurance Framework • SC004: Delivery of ED performance • SC009: Implementation of the Better Care Southampton plan
Please indicate which meetings this document has already been to, plus outcomes	None
HR Implications (if any)	Solent NHS Trust have made contingency plans to address the HR implications of any decision made by the Governing Body of the CCG
Financial Implications (if any)	• The Walk-in service provided by Solent NHS Trust costs the CCG £1.289m a year including overheads. Through the closure of this service this funding would be redistributed to community nursing and community based care services, those services under significant pressure. • Should the CCG choose not to close this service and redistribute the funding then the CCG would have a gap in its finances. This would mean that other services such as community nursing would have to be reduced with considerable consequences for service users and the staff providing these services. • If the CCG decided to retain both services, then the organisation would be overspending its allocated budget. Such an overspend is a serious matter as it would be a breach of the organisations legal duty under the Health and Social Care Act 2012. The consequence of this would be referral to the Secretary of State for Health for poor financial control and legal directions would be placed onto the CCG to reduce its spending to conform to its allocation.
Public involvement – activity taken or planned	See paper
Equality Impact Assessment required / undertaken	See Appendix 5 to Annex D
Report Author	Peter Horne

(name and job title)	Director of System Delivery
Board Sponsor (GP Board member or Executive Director)	Peter Horne Director of System Delivery
Date of paper	22 September 2015
Actions requested / Recommendations	The Board is requested to: • consider the case presented • agree the actions outlined to address concerns raised in the consultation • accept option 1 from the consultation: to close the Walk-in Service and to reinvest the money into community based nursing services.

Getting the balance right in community-based health services

Introduction

1. The CCG has recently conducted a formal consultation about getting the balance right in community based health services from 15 June to 4 September 2015.

2. The aim of this paper is to report on the consultation and to make recommendations.

3. The paper will cover the following:

    - Background to the consultation proposal.
    - The proposal and case for change.
    - An overview of the consultation plan and implementation.
    - The key findings of the consultation.
    - Other factors for consideration.
    - Summary, conclusion and recommendations.

Background to the Consultation

4. The challenge facing people's health and care in Southampton. Details are at Annex A.

    - The population of the city is growing with a relatively high number of students and young families. There are a growing number of older working adults and people over 75 which is an unusual combination.
    - Many city residents have a long term condition. Around 86,000 people (32% of the population) have an ongoing health condition. Over half of these people have more than one long term condition. This is not a situation that is confined to the elderly, it crosses the age spectrum.
    - The biggest challenge currently facing the NHS in Southampton is how to support the growing number of residents who are living with long term conditions such as diabetes, heart disease or dementia, for which they often need lifelong support to manage their daily lives.

5. It is crucial that the CCG adapts services to ensure we meet the current and future needs of our population giving priority to services which have the biggest health gain. The key to this is Better Care Southampton, a summary of which is at Annex B. Community based nursing services are a vital part of the drive to meet the health needs of the population now and in the future.

6. In tandem with the Better Care Southampton plan, the CCG has invested substantial resources over the past two to three years in providing services to support people with urgent and emergency health issues. We have commissioned new and alternative services for everyone in Southampton who needs something "right now". We have:

    - reshaped urgent care services by implementing NHS 111[1] as the number to call when an urgent (but not emergency) situation arises

[1] 111 is the NHS non-emergency number. It is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones. When people call 111, the service will ask the caller some questions to assess symptoms and then find the right local health

- re-commissioned GP Out of Hours (OOH) services to include a primary care centre as well as home visits. This service which is accessed through NHS 111 provides GP cover at night and over weekends[2]

- commissioned a Minor Injuries Unit at the Royal South Hants Hospital with x-ray facilities for adults and children over the age of two

- worked with pharmacies to offer more access for drop-in advice and support

- supported ambulance crews to treat more people where they find them

- supported GP practices to offer more flexible access through telephone consultations and extended opening hours

- provided better information services so people can quickly understand signs and symptoms and know when and where to seek help.

7. The changes in the urgent care system outlined above also align with national policy and guidance for the future direction of these types of services. The NHS Five Year Forward View explains the need to redesign urgent and emergency care services in England and sets out the new models of care to do so. The Urgent and Emergency Care Review details how these models of care can be achieved and is reflected in the CCG's Clinical Strategy which was published in 2014. A summary of the national guidance is at Annex C.

8. A clinical review of the Walk-in Service at the Bitterne Health Centre was conducted by the CCG in March and April 2014. The review highlighted that:

- the majority of patients receive minimal intervention

- activity at the service is decreasing year on year

- there are alternative services commissioned locally which can provide appropriate management of these patients

- a third of attendances are Hampshire registered patients, although the service is commissioned solely by Southampton City CCG

- 80% of attendances for Southampton City CCG are patients registered with GPs in the south and east (Bitterne) locality

The Proposal

9. The CCG's proposal is to close the Walk-in Service that operates from the Bitterne Health Centre and to re-distribute the current funding to community nursing and community based care.

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service for them. The 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. People can also call 111 through a textphone by calling 18001 111. A confidential interpreter service is available in many languages.

[2] The GP Out of Hours service can be accessed through NHS 111. The service operates from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays. The service is staffed by doctors and nurses who have experience in primary care matters. You will normally be dealt with over the phone. If you need to be seen then you will be asked to visit the primary care centre at the Royal South Hants hospital. If you are housebound, then the doctor will visit you in your home.

10. There is a strong case for change:

- The health needs of the population have changed and there is a requirement for services to cater better for these changes especially for people with long term conditions.

- We must adapt services to meet future needs and give priority to services which have the biggest health gain.

- Urgent care services have evolved since the Walk-in Service was first commissioned in 2003. The Walk-in service now duplicates these other services.

- The CCG has a legal duty to operate within its budget. It must therefore ensure that its funding is allocated to the right health priorities to deliver value for money.

The approach

11. The full details of the planning and implementation of the consultation are in Annex D The key points are:

- The preparation phase included analysis of the relevant data and engagement with local people, clinicians and staff.

- Formulation of the proposal followed the legal requirements to involve and consult. The CCG engaged a number of stakeholders in the development of the format and content of the consultation document. Independent oversight of the development of the proposal was provided by Southampton City Council Health Overview and Scrutiny Panel (HOSP); Healthwatch Southampton; NHS England assurance processes and an independent consultant from Engagement Solutions.

- The approach to the consultation was reviewed and agreed by the HOSP on 24 March 2015. The CCG opted to consult over a full 12 week period. Whilst there was an option for the CCG to consult over a lesser period, it was felt that a 12 week consultation would provide for a richer picture of feedback.

- The engagement was designed to ensure that the proposal could be made available to the widest audience. To support this, different channels of engagement were used to enable maximum participation. The main channels of engagement were formal public meetings, a survey, and focus groups with special interest groups. Further, the CCG supported neighbouring CCGs in their engagement with Hampshire residents on this matter.

Key findings and what we have done/will do about it

12. The detailed feedback from all channels is in Annex D. It is important for the Governing Body to consider the totality of the feedback. It should be noted that strong feelings (both for and against the proposal) emerged during the consultation period:

- Many people were worried about stopping a service that is well regarded locally. Some felt that the CCG should be able to fund both the Walk-in service and other community services: these people appeared to reject the premise of the consultation questions.

- Some people suggested that the levels of service should be reduced. Examples given were to have the service run on alternate weekends or for shorter periods of time during the week. People also suggested the CCG request a contribution from West Hampshire CCG to pay for those patients from outside the city who access the service.

- Others felt that the CCG had made a strong case that:

    i. other more appropriate services were available to people with urgent needs

ii. the Walk-in Service duplicates these

iii. the CCG is struggling to fund those services which support the growing number of people with long term health conditions.

- People who felt that the CCG had made its case nevertheless expressed concerns about the themes set out below in paragraphs 13, 14, 15 and16. These concerns were mirrored by the Southampton City Council HOSP who accepted the CCG proposal and recommended the following:

  i. The Panel were concerned that the lack of awareness and confidence in the alternatives could result in either patients not accessing services when they need them, or alternatively, increasing pressure on the emergency department. The panel requested an outline communications plan identifying how the CCG will seek to increase awareness of, and confidence in, alternative provision be presented to the HOSP meeting on 1 October 2015.

  ii. The Panel would welcome, at the HOSP meeting on 1 October 2015, the CCG to outline their proposals to:

    1. develop an understanding of how patients currently travel to the Walk-in Service

    2. improve access to health services from the east of the city through exploring solutions with bus companies, voluntary transport services and any other alternatives.

13. **Better access to GP services**. Getting better access to GP services was the single biggest issue that was highlighted across the breadth of the consultation. It was felt that it is difficult to get a GP appointment whilst others were not aware of the services that GP surgeries offer and how to access them. In tandem with these concerns, the issue of people not attending their booked appointments was raised by GP practices. The solutions to improving access to GP services centre on:

- Improved communications by GP practices to highlight:

  i. the types of services (for example, telephone consultations; role of nurses in dealing with minor illness) that are on offer

  ii. the opening times, including extended opening hours

  iii. the methods by which an appointment can be booked (e.g. online booking).

- Education for the public on how to register with a GP; how to book an appointment with a GP surgery and the importance of not missing appointments.

The Head of Communications is developing an action plan for implementation in quarter three 2015 to address this issue.

14. **The need to increase awareness of, and confidence in, the appropriate services for the population**.

- The main appropriate services for the people who currently use the Walk-in Service are NHS 111, pharmacies and GP surgeries. There has already been much work done by the CCG on promoting these services (for example, the Think First campaign, a copy of which is at Annex E).

- This work provides a firm foundation for an enhanced communication campaign to improve awareness and understanding of these services to commence in quarter three of this year. To address the needs of many current users of the Walk-in Service, two key areas that the plan will include are: options for young families/parents with young children and availability of emergency contraception. The outline future campaign is at Annex F. The plan will be presented to the HOSP on 1 October 2015.

- In tandem with this, the CCG should ensure that people better understand the role of the GP OOH service and the Minor Injuries Unit and how to access them when required. Key to both of these services is the role that NHS 111 has in signposting people to the right service.

15. **Access to health services from the east of Southampton**. In addition to the points made around access above, it was noted that the residents of the east of the city feel somewhat disconnected from the rest of Southampton. The main area highlighted was around transport, specifically buses.

- A lack of convenient buses to the rest of the city from the east of Southampton was raised. This issue was highlighted early in the consultation process. It was also an area that was highlighted by the HOSP. Whilst not strictly an issue that relates directly to healthcare, the CCG decided to look in more detail at this concern.

- The CCG has already conducted a short transport survey of the users of the Walk-in Service. The snapshot survey covered 48 people over three days. 79% drove to the Walk-in Service and 94% had a journey of less than 30 mins.

- With the support of councillors, the CCG met with the City Council Officer who is responsible for buses to better understand the current situation. Given the outcome of the survey, the CCG will consider whether there is a demand for transport to health facilities and how best to ensure that these are provided in the future. A more detailed plan will be taken to the HOSP on 1 October 2015.

- As part of the research, the CCG is also in discussion with Communicare (a voluntary sector group which specialises in transportation) to discuss potential transport solutions should they be required.

16. **Impact on urgent care services**. A number of respondents raised concern that the proposed closure would create pressure on other services. The Emergency Department (ED) at University Hospital Southampton (UHS) was highlighted in particular. The CCG has discussed potential impact with UHS: they support the proposed closure of the Walk-in Service and it is assessed that the impact on ED will be minimal. This reinforces the requirement to increase awareness of relevant services discussed above.

17. **The role of the Bitterne Health Centre**. A recurring theme in the consultation feedback was that a number of people thought that the Bitterne Health Centre and the Walk-in Service were the same thing. This was particularly pronounced with the older population. This also fed through into the survey responses: 57% of survey respondents were over 60 years old whilst only 7% of people who use the Walk-in Service are over 65 years old. Should the decision be taken to cease the Walk-in Service, there will be a requirement to ensure that the continuing role of the Bitterne Health Centre is emphasised to provide reassurance to the people who use such services.

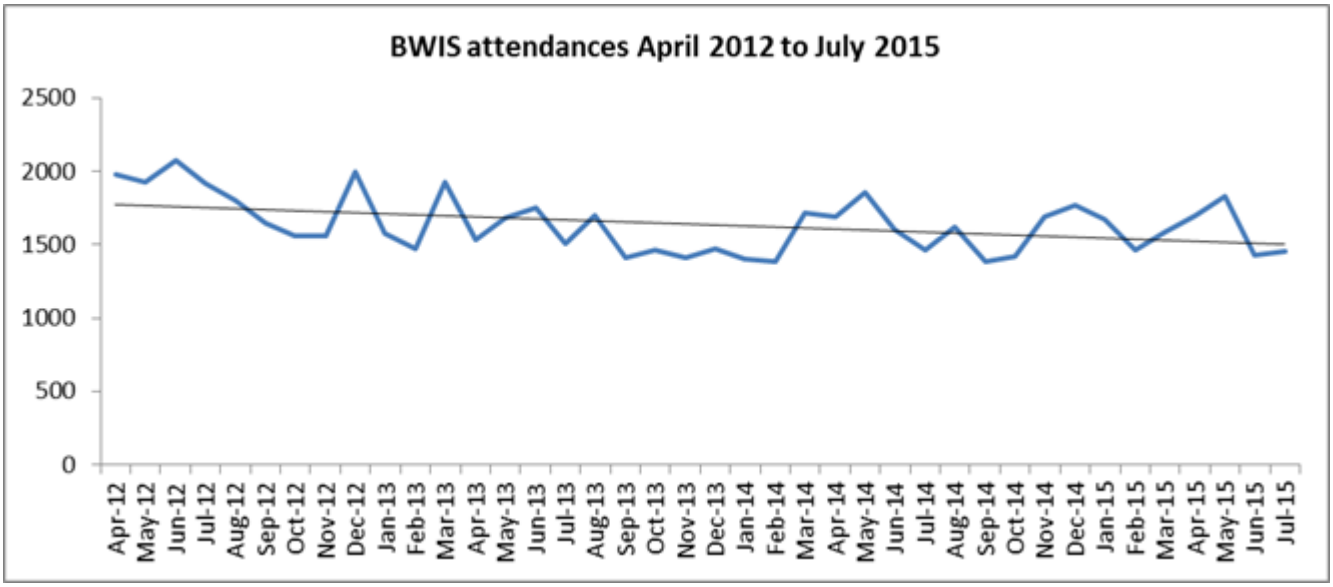
Other factors for consideration

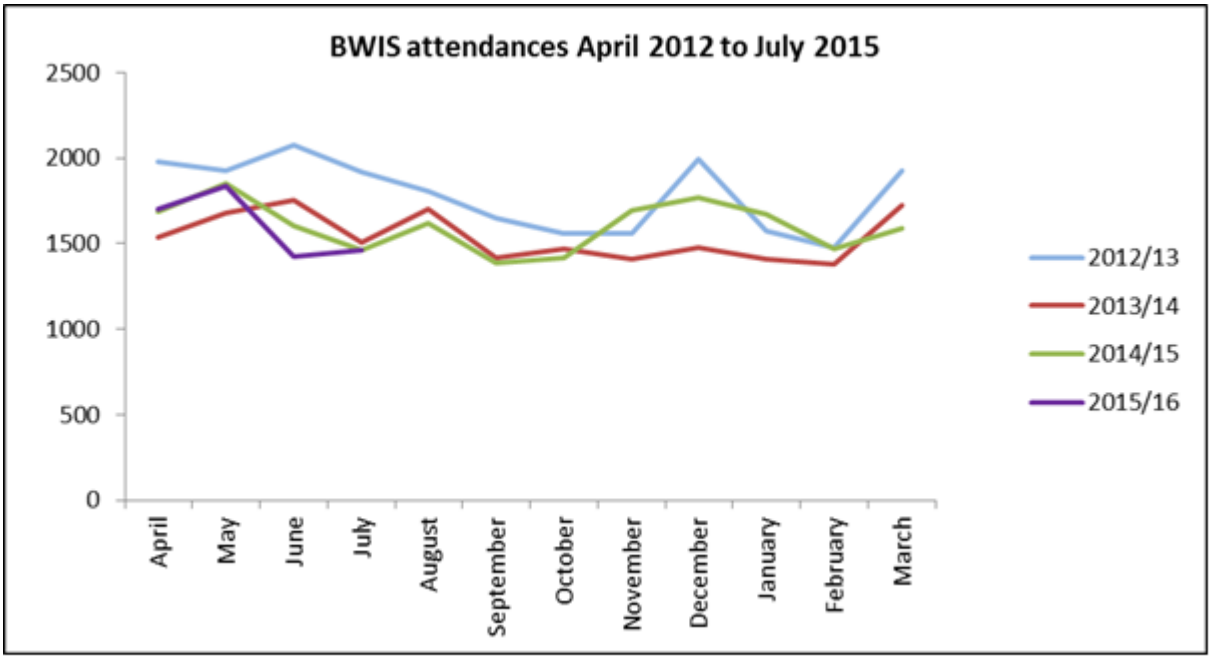
18. **Activity data**

- The CCG was asked by the HOSP to provide an overview of activity across the relevant services to inform deliberations. The report clearly demonstrates that the impact of a

closure can be mitigated through existing services in east Southampton. The report is at Annex G.

- Current activity for the Walk-in Service is as follows:





19. **Winter Pilots 2014/15**. In late 2014/15, the CCG ran pilots to consider the role of pharmacists and the use of advanced nurse practitioners in GP surgeries.

- **Pharmacies**. Work was progressed to develop the role of community pharmacies within the management of minor ailments. This reflects the national guidance and direction of travel. There are a number of conditions which can be appropriately managed with consultation and advice from a pharmacist, thereby reducing pressure on GPs and urgent care services. This has been widely promoted by the CCG through the Think First communications campaign. In January 2015, the CCG launched a pilot pharmacy minor

ailments scheme (Pharmacy First), taking learning from existing schemes in Portsmouth and the Isle of Wight. The pilot ran from mid-January to August 2015, with 12 accredited pharmacies across the city (four in each locality) providing the enhanced service for a small range of common minor ailments. At an interim review in June 2015 it was agreed that the service would be fully commissioned and expanded. The new service commenced on 1 September 2015 with a wider range of conditions covered and more pharmacies providing the service. See Annex H.

- **Advanced nurse practitioners (ANPs) in GP surgeries**. Solent NHS Trust ran a small scheme to consider the role of ANPs in GP surgeries. The qualitative feedback from the participating practices was very positive; the additional skills that the ANPs provided allowed GPs to adjust their work to focus on people with higher or more intense health needs. The pilot was a useful 'proof of concept'; unfortunately the scheme could not be run consistently in quarter four 2014/15 due to the lack of resource.

20. **Getting more people more involved more often**. There is significant learning from the consultation about the way in which the CCG engages with more of the population, more often about developments in health and care in the city.

21. **Finance**. The financial considerations for the CCG are as follows:

- The Walk-in Service provided by Solent NHS Trust costs the CCG £1.289m a year including overheads. Through the closure of this service the funding would be redistributed to community nursing and community-based care services, those services under significant pressure.

- Should the CCG choose not to close this service and redistribute the funding then the CCG would have a gap in its finances. This would mean that other services such as community nursing would have to be reduced with considerable consequences for service users and the staff providing these services.

- If the CCG decided to retain both services, then the organisation would be overspending its allocated budget. Such an overspend is a serious matter as it would be a breach of the organisation's legal duty under the Health and Social Care Act 2012. The consequence of this would be referral to the Secretary of State for Health for poor financial control and legal directions would be placed onto the CCG to reduce its spending to conform to its allocation.

Summary

22. The CCG needs to ensure that the services it commissions meet the health needs of the population of Southampton. There is an increasing need for commissioned services to support the increasing population who have one or more long term conditions.

23. Urgent care services in Southampton have been reshaped over the past two to three years. More appropriate services are in place than before. The Walk-in Service is seen as duplicating other more appropriate services.

24. The CCG has carried out a full consultation to consider the future of the Walk-in Service at Bitterne Health Centre. The CCG fully met and exceeded the legal requirements in order to gain a richer picture of views and concerns. This approach has provided substantial learning for the CCG for the future.

25. There are strong feelings from the local population in the east of Southampton about the Walk-in Service. Some of this is magnified by a perception that the east of Southampton has fewer

services than the part of the city that is west of the River Itchen. The CCG needs to work with the City Council to address such concerns.

26. The key areas of concern highlighted in the feedback centre on: better access to GP services; the need to increase awareness of the appropriate services; the desire for better access to the city from east Southampton; concern about additional pressure on other services, in particular ED at UHS. The CCG has already started to address some of the issues that were raised during the consultation and this provides a firm basis to go further. The main area for the CCG to focus for the future is on a communications and education campaign to:

- improve access to GP services;
- increase awareness of the appropriate services for the population.

27. The option of doing nothing would place the CCG in breach of its legal duties under the Health and Social Care Act 2012.

Conclusion and next steps

28. On balance, it is assessed that the case for change has been made. The consultation period has enabled the CCG to gain feedback on the areas of concern around the proposal.

29. The actions already taken combined with the plans that will be put in place mean that concerns around the closure of the Walk-in Service can be addressed. The key next steps are:

- weekly monitoring of the implementation of plans outlined in paragraphs 13, 14 and 15 with oversight from the Senior Management Team
- development and implementation of a decommissioning plan with Solent NHS Trust should the recommendation be accepted
- close monitoring of the key performance indicators that were highlighted in Annex G in order to ensure that alternative services are being used
- an update report to be provided to the Governing Body six months after the closure of the Walk-in Service

Recommendations

30. The Governing Body is requested to:

- consider the case presented
- agree the actions outlined to address concerns raised in the consultation
- accept option 1 from the consultation: to close the Walk-in Service and to re-distribute the current resource to community nursing and community-based care

Annexes

Annex	Description	Document
A	CCG Case for Change	Annex A - SCCCG The Case for Change
B	Summary of Better Care Southampton plan	Annex B - Better Care presentation to
C	Overview of NHS England Urgent and Emergency Care Review	Annex C - Summary of NHS England Revie
D	CCG Consultation Report	Annex D - Bitterne Consultation Report a
E	Think First Campaign 2014	Annex E - What to know and when to go
F	Future communications campaign	Annex F - Overview of Future Communica
G	Report on urgent and emergency care activity for HOSP dated Aug 15	Annex G - Uncheduled Care Den
H	Summary of pharmacy minor ailments scheme	Annex H - Summary of Pharmacy First min

NHS
Southampton City
Clinical Commissioning Group

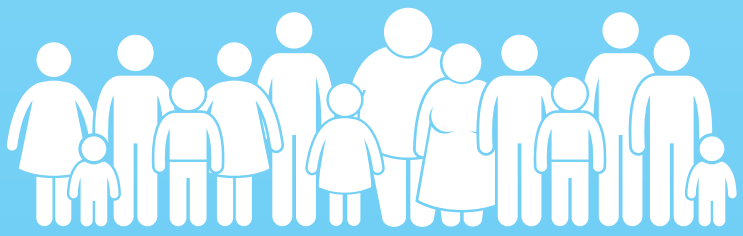
The case for change for health and care in Southampton

Looking at the next five years and beyond

1 Introduction

Southampton City Clinical Commissioning Group (CCG) is the local NHS organisation that buys and plans your health services. Our vision is:

"A healthy Southampton for all"



We are working with our partners to make our vision a reality.

What this document is about?

Locally and nationally the NHS is facing huge challenges. The scale of these challenges mean that there will need to be some changes to the way NHS services in Southampton are run and delivered. The purpose of this document is to set out the 'case for change' explaining what the issues are and why we need to do things differently. We regularly discuss our work and the issues facing the NHS with local people, to get their input when determining our priorities - we will keep talking and listening to get as many views as we can. If you have any questions or feedback after reading this we would love to hear from you, please see details of how to give us your views on page 7.

2 The national picture

The NHS, publicly funded, comprehensive and free at the point of use is the envy of the world and embodies values that are at the heart of our society.

Public satisfaction with the NHS remains strong at 65% (British Social Attitudes Survey)

Looking to the future - In October 2014, NHS England published the national ***Five Year Forward View for the NHS***.
All NHS organisations are working to achieve this. The Forward View identifies three 'gaps':

But we need to do more to keep the NHS we all love in good health in the long term

The three NHS gaps

Health and wellbeing gap

- Bridging this will require a radical upgrade in **prevention**

Care and quality gap

- To resolve we need to redesign services with new ways of doing things that **join up health and social care**

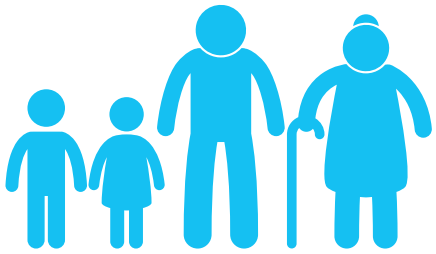
Funding gap

- By 2020 the NHS faces a £30 billion funding gap. The plan is to tackle £22 billion of this by **working more efficiently and changing the way care is delivered**. The Government have committed to funding the remaining £8 billion

3 In our city:

The population is growing:

Increase in birth rate of **35%** in 7 years



20% increase in people under 10 and over 70 years by 2017

- But the type of population in Southampton is quite different to the national average – it is considerably younger. This is largely due to:

the relatively high number of students we attract to the city and...

...recent growth in younger migrant families from Europe

- This large student/younger population brings additional complexities:

many in this age group don't register with a GP so the local NHS doesn't get funding for their care.

national health funding formulas don't allocate a significant spend for young people but locally the 15-34 age group are high users of costly urgent care services.

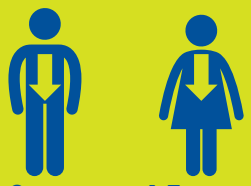
As well as having lots of younger people:

- **We still have growing numbers of older working adults and people over 75** – This is an unusual combination and results in a different type of demand on services than is seen in the rest of England. It means we need to change the way we work to accommodate our changing population.
- **Many city residents have a long term condition** – Around 86,000 people in Southampton, 32% of the population, have an ongoing health condition (such as diabetes, epilepsy, heart disease breathing problems, etc).
- **Over half of these have multiple long term conditions** – when we look at the number of long term conditions across the age groups, we are surprised to see how early in life people are developing multiple problems. This is not a situation confined to the elderly.
- **We are also a city with complex health, social and economic challenges** – levels of teenage pregnancy, GCSE attainment and smoking at time of giving birth are all worse than the England average.

4 Key facts:

Deprivation is higher than average and about **25.9%** children live in poverty.

People die earlier in the most deprived areas of Southampton - men by 8.9 years and women by 4.5 years.



8.9 years **4.5 years**

In Year 6, **20.3%** of children are classified as obese – a higher rate than the national average.

In 2012, a **quarter** of all adults in the city (25.1%) were classified as obese.

The rate of alcohol-specific hospital stays among those under 18 during 2014 was **77.2 per 100,000 population**, worse than the average for England.

The rate of self-harm hospital stays was 348.7 per 100,000 population, worse than the average for England. This is equivalent to **899** stays per year.

The rate of smoking related deaths was 325 per 100,000 population. This set to rise as the estimated levels of adult smoking in Southampton are worse than the England average.

5 The financial position

What we can spend on your health needs

As a CCG, our role is to lead the improvement of health care within the constraints of a budget.
Each year we are delegated money by NHS England to plan and buy health services for people in Southampton. The next few years will present several financial challenges:

- In 2015/16 our financial plans forecast an **overspend of £1.335m**. This is because the amount of money we receive to buy local healthcare is not growing at the same pace as demand.
- As well as this we face another challenge, the NHS now feels some CCGs have been given too much money. CCG budgets were based on those of their predecessor organisations, PCTs but in some cases NHS England think they set budgets at the wrong level, based on a complex funding formula.
- Southampton City CCG is one of the organisations affected and is deemed to be £6.189m 'over-funded'. NHS England aim to reduce the money given to over-funded CCGs over the next few years.
  By 2016/17 we will have **lost around £4.5m.**
- Over-funded CCGs did not receive any of the £1.98bn of additional NHS funds pledged by the Chancellor of the Exchequer in Autumn 2014.
- On top of this, there have been changes to the to the NHS charging or 'tariff' system. Effectively, these changes mean the CCG has to pay more money to care providers for the same services.

We are already planning to make a high level of savings in our budget for 2015/16 - £14 million or 4.7% - this is ambitious and more than we have ever achieved in the past. As a consequence, our finances will continue to be pressured over the coming years and tough choices will need to be made about how to best spend our budget to ensure the best possible care for the people of Southampton.

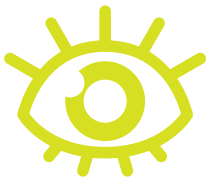
So just how much do things cost?

Your local NHS buys a huge variety of services but most of us don't have any idea how much different care and treatment costs. Below are just a handful of examples:

£100,000 would buy each of the following types of care:

855
A&E Attendances

1,613
Minor Injuries Unit (MIU) attendances

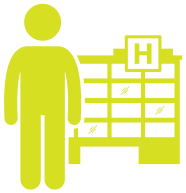


145
Cataract operations

2,222
District Nurse visits

25
IVF courses of treatment

18
Hip replacements



645
Outpatient attendances

654
MRI scans

54
Courses of ante-natal and pregnancy care

Looking closely at these and other costs can be quite an eye opener! Tell us what you think is a priority in your community – your feedback can help us decide how to plan services for the future.

6 So it is all about the money then?

Well, in part:

As can be seen, we have limited funds to deliver better healthcare in Southampton.

Funding for local social care and wider local authority services has also reduced in recent years – both in Southampton and across the rest of the country. The knock on effect of these cuts is inescapable.

We also have a mandatory requirement to balance the books – although challenging, our job is to manage with what we have been given. Our budget is decided centrally by politicians and we are required to have a 1% surplus and spend within our means.

That means closing a gap of some £70 million over the next five years, 14 million per year.

Sounds like a mountain to climb?
Although it is a huge challenge we think it can be done. Our total current annual budget is £300 million - we feel by working more efficiently and effectively we can make savings without compromising quality of care. However, the scale of the challenge is unprecedented and it's clear we have difficult choices ahead.

Financially, health service leaders can only play the hand they are dealt.
Ultimately, whether there is more public money found for health and care is up to politicians and the public. Our job is to manage with what we are given.

7 It's about the pressure on services too

We need to work more effectively to relieve pressure on frontline care if we are to make improvements and keep services safe. We will do this by:

- **Preventing ill-health or health crises** – doing more to get ahead.
- **Relieving pressure on our urgent care services** – which are bearing the brunt of our city's challenges, with the local Emergency Department and hospital and community services stretched to the limit.
- **Improving prevention**, enabling early discharge and improving awareness of current provision so that we can all make wiser choices.

8 And it's about our workforce

- **We are experiencing a crisis in staffing GP surgeries which reflects the national situation** – GP training places are not being filled and the current models of primary care provision do not seem to appeal to a new generation of qualified doctors.
- **Nurses are a finite resource too** – we have had difficulty in recruiting locally and need to look after the nurses we have, being careful not to overload them and to deploy them where they are needed most.
- **What we are doing now won't provide a sustainable future** – traditional approaches to organising care do not factor in these workforce issues and will not be able to cope with the growing and changing demands on health and care.

9 What do the people of Southampton want?

Via feedback and surveys you tell us you need:

- **Improved mental health services** particularly crisis care, out of hours provision, prevention and early intervention
- **Greater support for older people** to remain at home for longer
- **More services closer to home**
- **Faster access to a GP appointment** and longer surgery opening times (including evenings and weekends)
- **Round the clock convenient care** with consultant led teams in hospitals 7 days a week
- **Improved care for the elderly**
- **Increased support for carers**
- **More of a say** in your healthcare
- **More awareness of services in BME communities**
- **Better communication between hospitals, specialist consultants and GPs and the patient**

In order to provide more of what you want we will need to have more open and honest discussions about what are the highest priorities, and what is most needed or effective - as opposed to most convenient.

10 We know change must happen in Southampton…

- **Change in need and complexity means current ways of doing things can't continue** - "traditional care" like the 10 minute GP consultation or the split between primary care (GP and community services) and hospital care are now looking outmoded and unable to meet 21st century health needs.
- **More care close to home is needed** – yet we spend more each year (currently at least 54% of our budget) on hospital care. This also needs to change if we are to spend our money wisely.
- **We need to look at more joined up care** – an integrated approach with the City Council and other community partners will ensure we take a holistic view of all the factors that contribute to health and wellbeing.

11 So what is the solution?

- **Joining up care** - across health, social care and the voluntary sector will be an important part of the solution.
- **A focus on prevention is also key** - social factors such as housing, employment as well as independence, community based support and self-management are as critical as healthcare.
- S**hifting the balance of care is vital** - to cater for modern day health needs more care needs to be provided out of hospital in the community. Much has been made of this over the past 20 years and although there has been some progress the shift needed hasn't happened in practice.
- **A more radical approach is essential** – together with the City Council we have underscored our commitment to joint working by pooling far more money in our joint budgets than the minimum recommended by Government - £132 million over the next three years.
- **Our pooled budget with the City Council** - will be spent differently, with an overall increase of around 15% on community based care. That money needs to come from care currently delivered in hospital.
- **Our Better Care Southampton Plan** - brings together NHS services, social care, GP practices, community health and care, services delivered by hospital staff and voluntary sector support.

This radical change in approach could been seen as high risk- moving care from hospital to community settings is a big change for services, staff and local people. But doing nothing is an even greater risk. We have to make sure this works.

12 More about Better Care Southampton

- As well as joining up services Better Care Southampton aims to :
  1. **Focus on prevention and early intervention**
  2. **Put individuals at the heart of their own care**
  3. **Build community capacity** - to help the voluntary and community sector to play their part.
  4. **Help people to retain and regain their independence**
- **It is a new approach** - focussing on the "whole person" and not treating specific illnesses. This is ultimately more efficient and cost effective because it means that the services provided are what people need and value, not what *we* think is best for them.
- **It will focus on particular patient groups for each year of development** - starting with frail and elderly care in the first year - other areas of care will follow over the coming years.

13 Will Better Care alone solve the problems?

Joining up health and care is a big part of the NHS of the future - but to ensure the sustainability of local health services we must do more. We have some difficult decisions to make, right now, about whether we can afford to keep funding all the services we currently have:

- **We must tackle waste** – local NHS organisations have been working together to drive out waste for several years. However, we know there is scope within the £300 million we spend to be even *more* efficient. We are looking at gaps between services and organisations that create inefficiencies and add costs but don't add value for the patient.
- **We can only spend the money once** - if we choose to carry on spending what we have on services that have limited benefit, even though they may be popular, it means we are choosing not to spend that money on services that may give much greater health benefits.
- **We need to make better choices** - to do the job the public expects, we have to examine the value of everything we currently spend. We are reviewing all the services we buy, and those we don't, to look for opportunities. We will share the evidence we find, but we will also ask you, the people of Southampton, for your views.

14 The need for change in our city – talk to us…

We hope you can now see why health and care in Southampton needs to change and why there are also hard choices to be made:

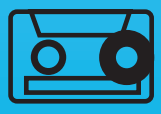
- We know we can't carry on as we are. Part of the change process will include some reorganisation of services.
- Resources are finite; demand is infinite. That means tough choices.
- Priority setting will be key - for every pound we spend on, say, knee replacements, that is a pound we don't have to spend on, say, crisis care for mental health. We want your views and your support to help us make these choices together.

Giving your feedback

Have your say on shaping health and care services and help us plan for the future –
you can give feedback via our website:
www.southamptoncityccg.nhs.uk
or by email **communications@southamptoncityccg.nhs.uk**
or by attending one of our groups or events (listed on our website)

We can provide translations of this document if you need one - just let us know what language you require.
We can also arrange for an interpreter or a version in:

large print or 

or 

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SOUTHAMPTON CITY COUNCIL ®

NHS
Southampton City
Clinical Commissioning Group

Southampton Better Care Plan

July 2015

National Context

- £3.8 billion single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities (Chancellor of the Exchequer announcement 2013)
- To support and accelerate local integration of health and care services through joint commissioning & partnership working
- Facilitate the provision of:
  - more joined up care for patients with complex needs through service transformation
  - increased care in the community
- Help address demographic pressures in adult social care

Nationally set targets

- To reduce **unplanned hospital admissions** - by 2% year on year over the next 5 years (2014 – 2019).
- To reduce **permanent admissions to residential and nursing homes** - by 12.3% in per capita terms over 2014/15 and sustain and improve on this in subsequent years, bringing Southampton in line first with its statistical neighbours and then the national average.
- To reduce **readmissions** by increasing the percentage of older people still at home 91 days post discharge into reablement services - to achieve 90% in 2015/16.
- To reduce **delayed transfers of care** and therefore excess bed days - by 3 per day in 15/16 which equates to an approximate 10% reduction.
- To reduce injuries due to **falls** - by 12.5% by the end of 2014/15 and sustain and improve on this in subsequent years.

Southampton's case for change

- **Increasing older population** - over 65s population due to increase by 11% and the number of people over 85 years from 5400 to 6100 between 2012 and 2019.
- **More people living with two or more long term conditions** - 85% of people 65+ have at least 1 chronic condition and 30% have more than 4; By age 85 this has increased to 93% and 47% respectively (ACG analysis).
- **Loneliness** - 11,283 households consist of older people living alone with increased risk of loneliness and associated poor physical and mental health.
- **Changing expectations** - People are used to expressing far greater choice and control over their needs and aspirations
- **Legislation and reduced resources** – requires a major transformation of services to continue to meet need and deliver requirements of Care Bill

What it can feel like

- People do things to me without asking
- I never know when people are going to turn up or what they are going to do
- I have to repeat myself a lot of times to different people – they don't seem to speak to each other or know what each other is doing
- I don't know who is in charge of my care
- I have never been asked what I want from my care
- I don't feel listened to
- I don't know where to go or who to ask if I need more help when things start to go wrong

We need to respond to the challenge and improve people's experience of care and the outcomes they achieve through transforming the way care is provided locally.

Southampton's approach

- **Individuals at the heart of their own care**
  - Empowered and supported by integrated local services & communities
- **Focus on prevention and early intervention**
  - Integrated risk profiling
  - Proactive person centred planning to target services.
- **Build community capacity**
  - Working with defined neighbourhoods
  - Supporting vulnerable people
- **Help people to retain and regain their independence**

Putting the person at the centre:

- **Person Centred** - individuals will have maximum choice and control through person centred care planning and supported self management of their health and wellbeing
- **Personal control** – service users can decide how the money allocated for their care should be spent
- **You, not your illness** - the approach to care will be holistic and not focussed around diseases or conditions

Key principles:

- **Efficient and consistent** - care planning and assessment may be undertaken by any agency using a common trusted tool
- **Integrated and seamless** - services will be delivered in an integrated way at all levels wherever possible with a focus on local care
- **Round the clock** - out of hospital care will be a 7-days-a-week service and will be consistent both in and out of hours
- **Community-led** – the vast majority of people's needs will be managed in the community by the local cluster teams. Community services will be the first port of call for people seeking help for themselves or others

Southampton's 3 building blocks

Person centred local coordinated care

Person centred approaches harnessing communities and the power of indiviudals in their own health and wellbeing

integrated cluster based health & social care teams

7 day working

proactive assessment/early interventions/rapid response

Increased choice and control through personal (health) budgets

Responsive discharge & reablement - supporting timely discharge and recovery

integrated health & social care reablement service

proactive engagement into communities and local networks of support

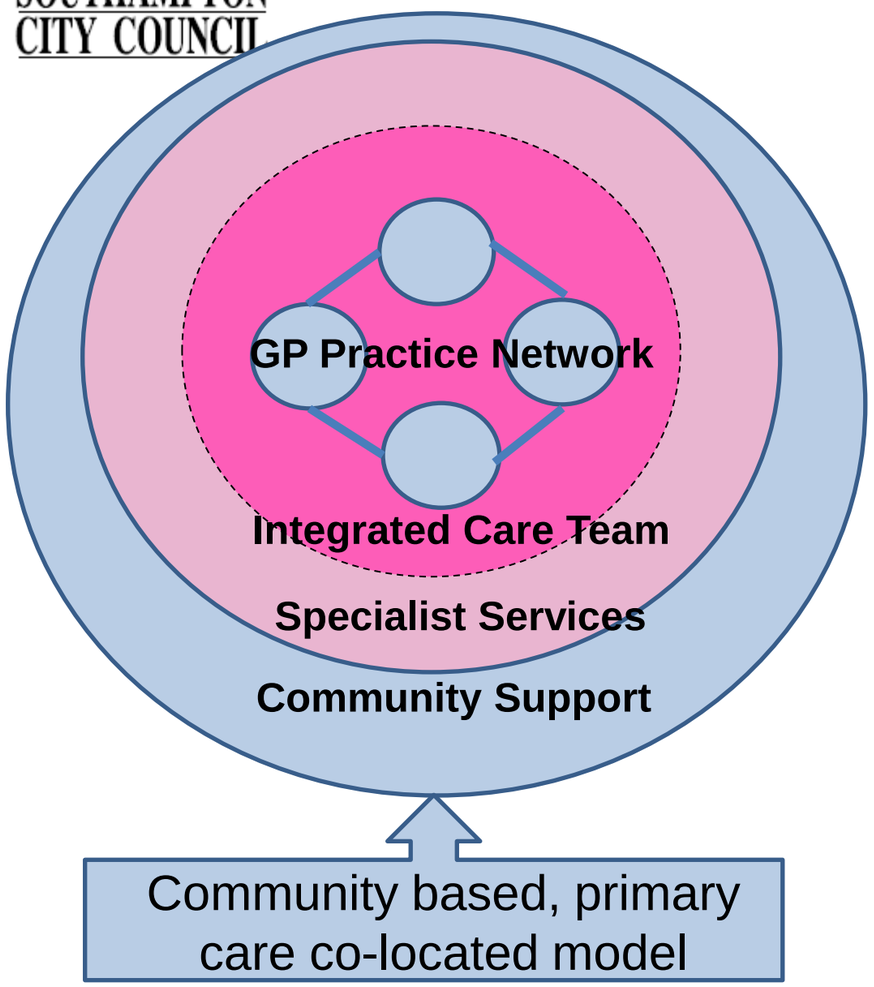
Building capacity

with local communities & services

with individuals, their cares and famillies

with the voluntary and 3rd sector

through robust coproduction, communication and engagement



Our approach:

- Reconfiguration of health, social care, housing into integrated cluster based teams, based on GP practice populations
- Teams to include community nurses, therapists, geriatricians, MH nurses, primary care, social care, housing and voluntary sector
- 7 day working within teams
- Development of a personalised care promoting workforce across all services
- Introduction of a common trusted assessment and planning tool and accountable professional role
- Full integration of mental health into the integrated care model
- Introduction of a single point of access for integrated care

.

Southampton City wide services
(more specialist service or where economies of scale require a city wide model)

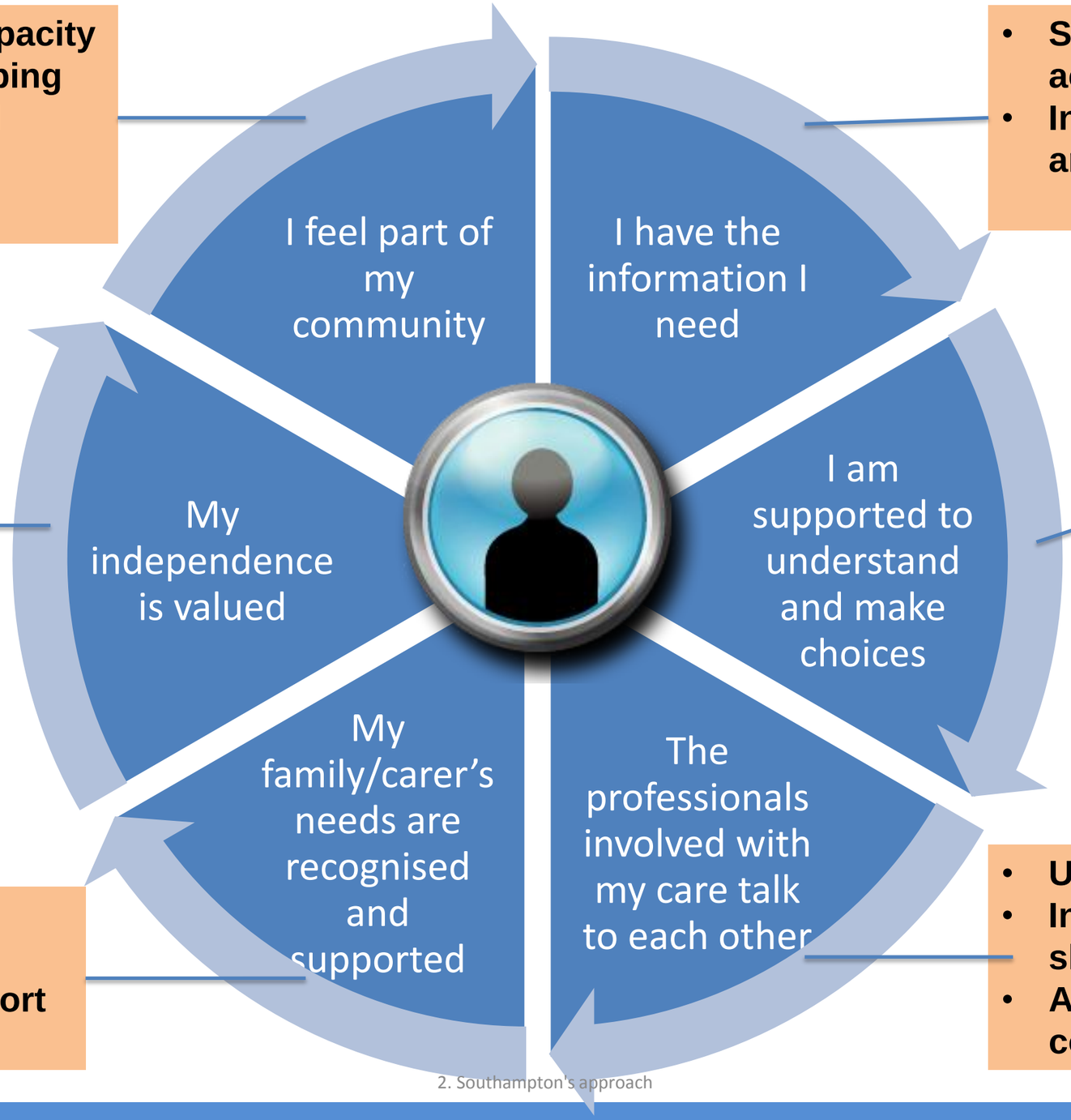
cluster teams | cluster teams | cluster teams | cluster teams | cluster teams | cluster teams

Wrap around Community Support

What difference will it make for people

- **Building community capacity**
- **Care navigator role helping people link in with local community groups**

- **Single integrated point of access**
- **Integrated front door, advice and information service**



- **Stronger reablement ethos across the whole workforce**
- **Proactive discharge planning**
- **Integrated reablement services**
- **Promotion of Self management**
- **Better use of telecare/health**

- **Person centred care plans**
- **People identify their own outcomes**
- **Greater use of personal budget as a direct payment**
- **Cultural shift in public & professionals**

- **Carers assessments**
- **Better access to information and support services for carers**

- **Use of single care plan**
- **Integrated IT and Information sharing**
- **Accountable professional to coordinate care**

National requirement to establish a Pooled Fund

- A must do - from 1 April 2015 Local Authorities and CCGs are required to establish a pooled fund under Section 75 of the NHS Act 2006 for health and social care services.
- Southampton's minimum value = £15.325m revenue and £1.526m capital.

How a pooled fund can help us deliver

- Minimise overlap/gaps in service delivery, increase efficiency, improve value for money and ensure that services are designed to meet the needs of service users.
- Enable faster shared decision making, effective use of resources and economies scale.
- Enable radical redesign of services around the user regardless of whether their needs are mainly social or health.
- Enable greater transparency of spend – governance of a pooled fund requires all budgets to be clearly identified and monitored by both partners.
- Provide greater flexibility to move resources quickly to where they are required to meet need.

And in addition…

- Southampton City has taken a more holistic approach to health and social care and proposes to fund and commission it in that way. The ambition is to encompass all services that fit within the scope of the Better Care model, eventually bringing together approximately £132m into the pooled fund. Approval to proceed with the pooled fund has been given by Health and Wellbeing Board, Full Council and Clinical Commissioning group Governing body
- Southampton's Better Care Plan seeks to achieve a fully integrated model of health and social care. In order to achieve this ambitious transformation, it is considered necessary to bring together all of those health and social care resources associated with this vision and commission services in a fully integrated way, which is focussed on people's outcomes and needs in their entirety, as opposed to their health or social care in isolation.

Progress to date

- Establishment of 6 cluster/locality teams
- Key components of integrated working in place: risk profiling & proactive case management, care coordination & key worker role, single assessment – initially focussing on over 75 population
- Shared Care plans – available on Hampshire Healthcare Record
- Community navigators pilot going live
- Carers assessment and support services commissioned
- Over 75 nurses – piloting 3 models across the city – due for evaluation end of this year

- Workforce development programme – focussing on public sector staff, rolling out to domiciliary care staff
- Integrated Rehabilitation and reablement Service – anticipated to go live this Autumn (pending Cabinet decision and outcome of consultation)
- Additional domiciliary care capacity – new contractual framework gone live April 2015
- Falls liaison service and exercise classes being piloted with Age UK
- Discharge processes under review and new pathways being implemented for Winter 2015

What next

- Single point of access
- Roll out to other client groups, eg. people with learning disabilities, mental health problems, children
- Automated shared care plans
- Continue to embed, evaluate and develop model

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The future of urgent and emergency care

The landscape of urgent and emergency care has changed over the past decade, with many variations on services being made available in addition to the traditional family GP and Emergency Department (ED). The increased range of services and nomenclature has made it confusing for patients to get the right care, in the right place first time. In parallel, the demand on these services has grown significantly.

Growth in demand and changing patterns of disease is set to continue as people live longer with increasingly complex, and often multiple, long-term conditions. The current model is unsustainable and there is need to redesign and tailor services to meet current and future needs. National recognition of these issues has resulted in a comprehensive review being carried out.

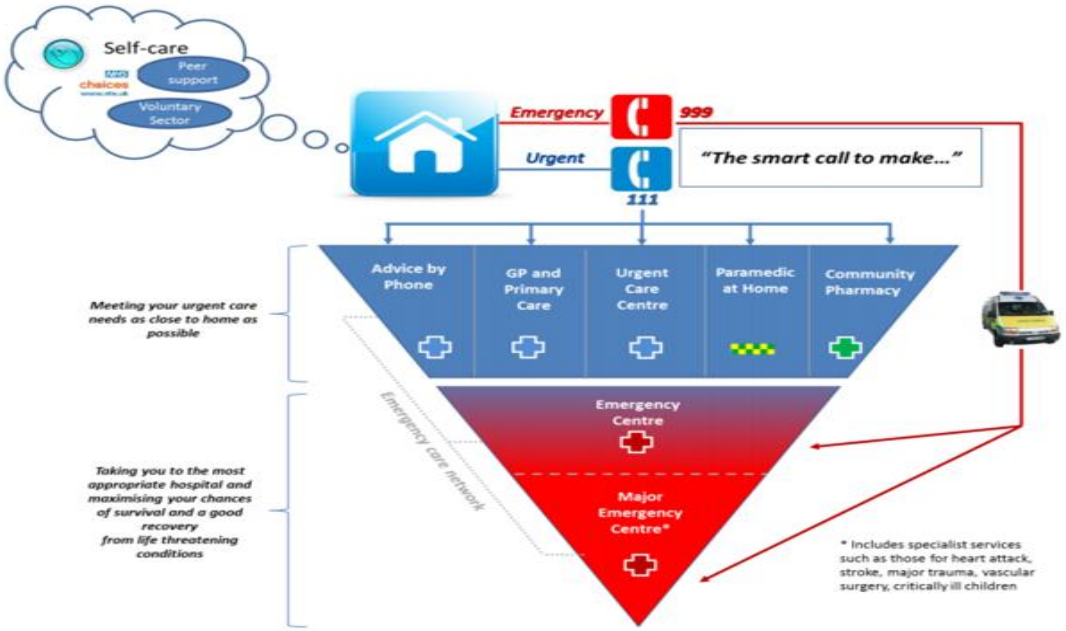
The Keogh/Willets review ('Transforming urgent and emergency care services in England: Urgent and Emergency Care Review End of Phase 1 Report') was published in November 2013, setting out the case for change and proposals for the future of urgent and emergency care in England. This has recently been followed up with a guide for local health and social care communities which was published in August 2015.

The vision is that for those people with urgent but non-life threatening needs there will be responsive, effective and personalised services outside of hospital, delivering care in or as close to people's homes as possible. For those with more serious or life threatening emergency needs, treatment will be available in centres with the very best expertise and facilities in order to reduce risk and maximise chances of survival and a good recovery.

The key principles behind this are to streamline services (see diagram 1) and deliver five key elements of change:

- provide better support for people to self-care – NHS 111, pharmacies
- help people with urgent care needs to get the right advice in the right place, first time – NHS 111
- provide highly responsive urgent care services outside of hospital, other than ED – same day access to GPs, NHS 111, pharmacies
- ensure that those with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery - ED, major trauma centres
- connect urgent and emergency care services so the overall system becomes more than just the sum of its parts – urgent care networks incorporating all urgent care services in primary care, community care and secondary care

Diagram 1: proposed new streamlined system (Keogh Willet phase 1 report)



The starting point is to equip as many people as we can with the skills, knowledge and support needed to self-care. This is by far the most responsive way of meeting people's urgent but non-life threatening care needs. Research shows that where patients are properly informed, empowered and supported they are quite capable of managing many problems themselves. The NHS needs to promote and support self-care and provide readily accessible, reliable advice to help people take responsibility for their own health.

Community pharmacies are currently an under-used resource. Many are now open 100 hours a week with a qualified pharmacist on hand to advise on a wide range of minor illness, medication queries and other problems in the privacy of a consultation room if required. Pharmacies can reduce pressure on general practice and enhance patient safety, thus creating headroom for management of patients with more serious problems elsewhere in the system. There is a need to capitalise on the untapped potential, and convenience, that community pharmacies can offer with their wide range of skills and expertise, close to home.

NHS111 will be the single point of access for non-emergency but urgent care requirements. The 111 service, already well established, will be further strengthened including them having improved access to relevant patient records, history and care plans, increased clinical support and advice and direct booking into primary care.

The majority of urgent care presentations are in general practice. Primary care clinicians have more interactions with patients than any other part of the NHS. Effective and timely responses can avoid unwell adults and children being driven to use emergency departments and other urgent care services. Achieving this is difficult due to rising demand and stretched resources, however practices are able to deliver high quality urgent care by adopting some good-practice principles. These include offering and promoting a range of options for same-day access and extended hours, prioritising (through rapid assessment) urgent home visits and ensuring

continuity of care for certain patient groups (e.g. elderly and vulnerable patients, and those with long-term conditions).

Community healthcare services (such as community nursing, rapid response, early supported discharge) should work with providers to turn urgent care into planned care by developing and range of models which include support for self-management, facilitating connections with voluntary organisations, supporting carers, personalised care and planning, falls prevention, crisis care planning, supporting nursing and residential homes, etc. aligned with the Better Care Fund.

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Getting the balance right in community-based health services

A consultation on the proposal to close the walk-in service at Bitterne Health Centre so we can maintain quality community-based health services in Southampton

Consultation Report
September 2015

Contents

1. Executive summary
2. Pre-consultation engagement with local people and organisations
3. The consultation
4. Responses to the consultation
5. Listening and responding

Appendices

1. Consultation document and feedback form
2. Consultation reach
3. Consultation engagement activity
4. Media coverage log
5. Equality impact assessment
6. Feedback received from organisations
7. Table of feedback from meetings, focus groups, events
8. Frequently asked questions, public meeting reports
9. Table of feedback from emails and letters
10. Map of services

1. Executive summary

NHS Southampton City Clinical Commissioning Group (CCG) conducted a consultation from 15 June to 4 September 2015 proposing to close the walk-in service at Bitterne Health Centre and to re-distribute the current funding to community nursing and community-based care.

The proposal was developed as a result of a review of community based nursing provision and urgent care services. Upon reviewing provision for urgent and emergency services however, it has become clear that the nurse-led walk-in service in Bitterne, run by Solent NHS Trust, is not providing cost effective care and duplicates other services available for local residents. It is situated next to GP practices which are extending their opening times and offering nurse-led appointments, and opposite a pharmacy with other pharmacies close by. Furthermore, the service operates at the same time as both the out of hours GP service and the NHS 111 telephone advice service which is available 24 hours a day, seven days a week.

During the consultation:

- 1668 responses were received, these includes completed surveys, emails and telephone feedback
- 172 people attended three public meetings
- 1497 people also participated or engaged in focus groups, meetings, public events

In view of the feedback and responses received, it is clear that the walk-in service is seen as a valuable resource in the local community.

The results of the consultation and key findings will be presented to the CCG Governing Body meeting on 30 September 2015 to inform the decision-making process in relation to the future of the Bitterne Walk-in service.

2. Pre-consultation engagement and review process

In 2014, Southampton City CCG conducted a pre-consultation engagement process to develop and appraise the options available for the future of the Bitterne walk-in service and the wider primary care services across the area. This included:

- analysis of the walk-in service review data
- engagement with local people
- engagement with clinicians and walk-in service staff.

We conducted a robust analysis of the available data on the current usage and costs of the walk-in service. In addition existing local access to primary care and attendance rates at the Emergency Department and the Minor Injuries Unit were examined to set some context to the landscape in which the walk in service operates.

Engagement with local people, clinicians and walk-in service staff

In advance of the public consultation we asked local people to give their views on local health services and what is important to them. (A detailed summary of the engagement is included in the consultation document)

In order of priority people said that the most important health services to them were:

- seeing a GP quickly when needed
- good services at the hospital
- support to stay independent.

We asked our GPs if they felt that the service reduced demand for appointments at their practice and 82% said no.

Staff at the walk-in service told us that the service was well liked and in their opinion often used by people due to a perceived lack of GP appointments. They also commented that more work needed to be done to promote the alternatives available.

3. The Consultation

3.1 Process and policy overview

NHS bodies have a legal duty to involve and consult in:

- planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specifications
- proposed changes to services which may impact on patients
- the planning of the provision of services
- the development and consideration of proposals for changes in the way those services are provided
- decisions to be made by that body affecting the operation of those services

In addition to our statutory duty, the NHS should also have regard to the guidance published by the Secretary of State, including the four tests for reconfiguration introduced in 2010:

- GP commissioning support
- patient and public engagement
- clinical evidence base
- the need to develop patient choice.

3.2 Materials

The consultation document was produced by the CCG in consultation with a number of key partners and stakeholders. These include Healthwatch Southampton, Solent NHS Trust, GPs and service users. In response to feedback the document was produced in a concise format for ease of reading and included a glossary. The consultation documents along with the feedback form can be found in Appendix 1.

Other materials included:

- press releases
- printed consultation documents
- posters and flyers
- letters to key stakeholders
- articles for newsletters
- social media schedule
- radio and local TV promotion
- consultation information on the CCG website including, frequently asked questions, GP opening times, pharmacy opening times, breakdown of costs
- consultation questionnaire in an on-line survey version
- audio version of document.

3.3 Consultation reach

The consultation was launched on 15 June 2015, for 12 weeks and the deadline for feedback was 4 September 2015. The consultation document and feedback form was widely distributed. Please see **Appendix 2** for details.

In total, 4000 consultation documents were distributed at a number of events, drop-in sessions, meetings and focus groups across the city.

3.4 Consultation activity

To encourage participation we used a variety of consultation and engagement methods, both quantitative and qualitative. These included:

- online survey
- three public meetings
- focus groups
- social media e.g. Facebook, Twitter
- public events
- market stalls
- community group meetings
- publications, newsletters etc
- community events
- drop-in sessions in public buildings, e.g. libraries, places of worship, leisure centre
- voluntary group meetings
- attending support group meetings
- independent focus group
- key stakeholder meetings e.g. HOSP, Health and Wellbeing Board, Target (GP training days), General Assembly, staff meetings
- one to one interviews as requested

Please see **Appendix 3** for full details of activity.

3.5 Online engagement

Throughout the consultation period, 15 June – 4 September 2015, we regularly updated our website, Twitter and Facebook pages about the consultation.

The CCG website

A page was set up on the CCG website, www.southamptoncityccg.nhs.uk, with links from the homepage and news section, with details about the consultation. This contained the consultation document, supporting documents, frequently asked questions (which were regularly updated), link to the online survey, details of events and contact details for any queries.

The consultation page – www.southamptoncityccg.nhs.uk/consultation-on-community-based-health-services was accessed **5,480** times and the consultation document downloaded **690** times.

Twitter

Throughout the consultation we sent out regular tweets from our Twitter page, twitter.com/NHSSotonCityCCG to our followers (7,417 followers as of 14 September 2015) with links to the consultation page of the website encouraging people to find out more and have their say.

We also tweeted live with updates from both public events.

The consultation tweets were shared by local partners including:

- the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Wessex
- Sugarbuddies (a local diabetes peer support group)
- Southampton Cops (Hampshire Police Neighbourhood Policing Teams covering Bitterne, Portswood, Shirley and Central Southampton)
- NHS West Hampshire Clinical Commissioning Group
- Bitternepark.info (a local website for Bitterne)
- Southampton Scene (a Twitter account with local information about Southampton)
- Carers in Southampton
- Action Hampshire
- Southampton Keep our NHS Public
- Southampton City Council Housing Services
- Communities and Improvement Team, Southampton City Council
- Age UK Southampton
- the Southampton Neonatal Unit Family Support and Fundraisers Group
- Mayflower Court Care Home
- Options Wellbeing
- Southampton GP colleagues and colleagues from NHS South, Central and West Commissioning Support Unit
- Public Health
- Alzheimer's Society
- BBC Radio Solent
- A reporter from the Daily Echo.

Facebook

We posted updates to our Facebook page, www.facebook.com/NHSSouthampton, during the consultation. Our Facebook page has 205 likes (as of 14 September 2015).

In total, Facebook statistics show that our seven posts about the consultation reached 743 people.

Media

A complete log of all our media coverage can be found at **Appendix 4.**

3.6 Assurance checks

To ensure that our consultation complied with the government good practice guidelines, we implemented a number of assurance check points throughout the process.

Activity	Date
Formally notified NHS England of our plans for consultation at the Q3 and Q4 2014/15 assurance meetings	28 Nov 2014 30 March 2015
Consultation Strategy presented to the Health Overview and Scrutiny Panel who approved approach	26 March 2015
Meetings held with Healthwatch Southampton who agreed to: a. become a member of the project steering group b. actively promote the consultation in order to ensure as many people's views are heard as possible c. verify the process.	14 May 2015
Progress report to CCG Governing Body incorporated in the Chief Executive Officer Report	27 May 2015
An independent consultant at Engagement Solutions reviewed our preparation and plans for the consultation and confirmed that they were satisfied that we were following due process	8 June 2015

Weekly project meetings monitored our progress throughout the consultation to ensure that we were identifying all consultation opportunities, particularly with seldom heard groups, and responding to questions and requests. A key action was to regularly review the frequently asked questions to ensure that any themes were investigated.	Weekly
Monthly progress reports to NHS England.	Monthly
Assurance check at Southampton City CCG clinical governance meeting	5 August 2015
Progress report to CCG Governing Body incorporated in the Chief Executive Officer Report	29 July 2015
The Health Overview and Scrutiny Panel accepted the proposal subject to the CCG addressing some concerns	12 August 2015
NHS England conducted a formal Stage 2 assurance check.	19 August 2015
Healthwatch strategic group review of feedback and process	10 September 2015
CCG Governing Body meeting in public	30 September 2015
HOSP meeting in public	1 October 2015

3.7 Equality and diversity

An equality impact assessment was undertaken prior to the launch of the consultation. As the consultation progressed the action plan was updated to reflect further risks identified. **(Appendix 5)**

During the consultation we responded to requests to produce the consultation document in audio format, and worked with translators to enable a focus group with Chinese people.

Consultation materials were shared with our Equality and Diversity Reference Group in order to seek views from people from all nine protected characteristics.

4.0 Responses to the consultation

4.1 The consultation in numbers

Method of response	Number of responses
Questionnaires (printed and online)	1617
Letter/email responses	34
Telephone calls	17
Total responses	**1668**

Breakdown of attendance at public meetings:

Venue	Number of people
Christ the King and St Colman Catholic Church Hall, Bitterne	100
Central Hall, St Marys	50
Drummond Centre, Hedge End	22
Total attendees	**172**

A further 1497 people who engaged in focus groups, events, market stalls, meetings etc. (see activity log in **Appendix 3** for more detail)

We also received responses from the following groups and partner organisations (detailed in **Appendix 6**):

- NHS West Hampshire CCG
- University Hospital Southampton NHS Foundation Trust, Chief Executive
- University Hospital Southampton NHS Foundation Trust, Chair
- Solent NHS Trust
- Care UK (providers of the minor injuries service)
- Consult and Challenge
- Southampton Keep our NHS public (SKONP)

4.2 Feedback from the questionnaire

Key facts

- In total 1617 feedback forms were received.
- 1121 of responses were hand written (received either via the post or hand delivered) and 496 were completed online.
- People from under the age of 20 up to the age of 90 took part in the survey.
- We received feedback from people living within all of Southampton's city postcodes as well as those living in neighbouring areas, with around two thirds of respondents living in the SO18 or SO19 areas.
- All main ethnicities were represented in the feedback.

- Two thirds of respondents were female with one third male.
- Overall just over 70% of respondents felt the walk-in service should remain open.
- Around 15% agreed to closure of the service in order to re-invest funding to community based services (the remaining 15% either did not know or chose not to answer the question).
- Additional pressure on the Emergency Department and GPs were cited as the main concerns people had regarding the impacts of closure.

The feedback

The feedback form began by asking respondents with which of the following options they agreed/disagreed:

Option 1 - *To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care.*

Agree	Disagree	Don't know	No response
16%	73%	3%	8%

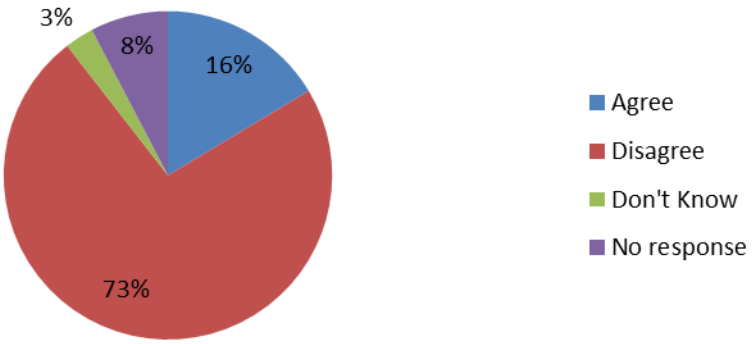
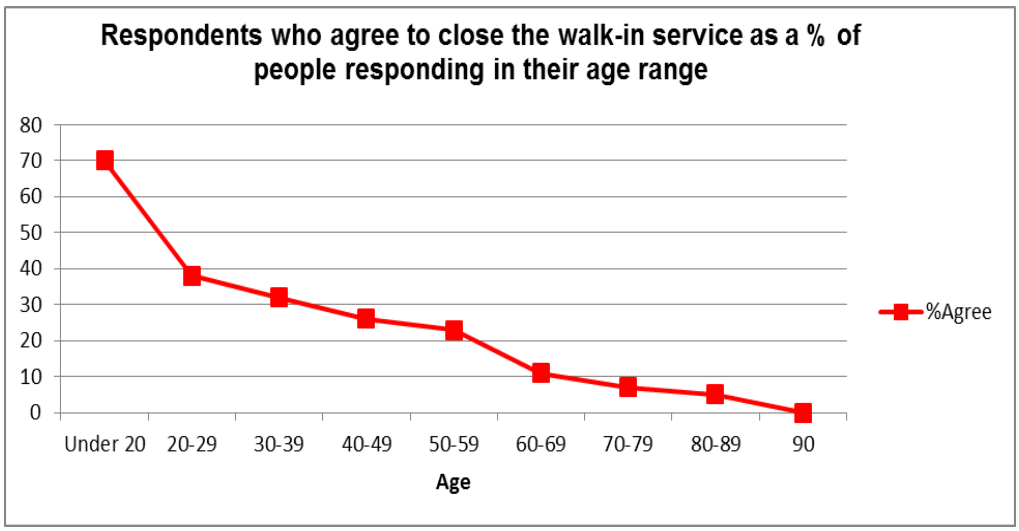


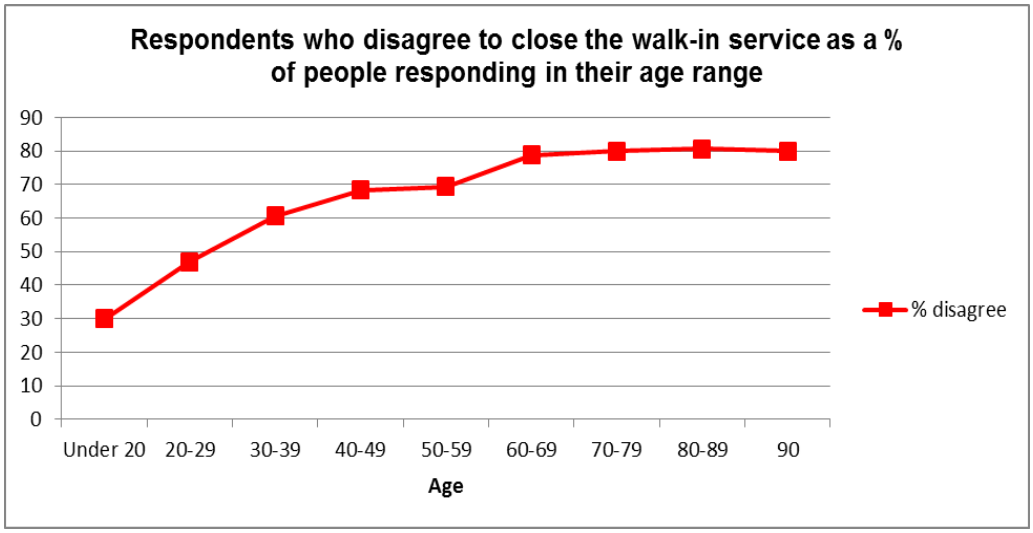
Figure1: To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care

Of the people who agreed with this statement 32% lived in the Bitterne area (postcodes SO18 and SO19), 42% lived elsewhere in the city or surrounding area with 26% providing no postcode.

The data indicates that support for the closure of the walk-in service decreases with age. When we calculate the number of people who support the closure of the service as a percentage of the people within that age group who responded there is a clear trend.



Conversely the number of people who do not support the closure as a percentage of the people within that age group is displayed below.



Option 2 - *To keep the Bitterne walk-in service open at the risk of high priority services such as community based care.*

Agree	Disagree	Don't know	No response
69%	15%	7%	9%

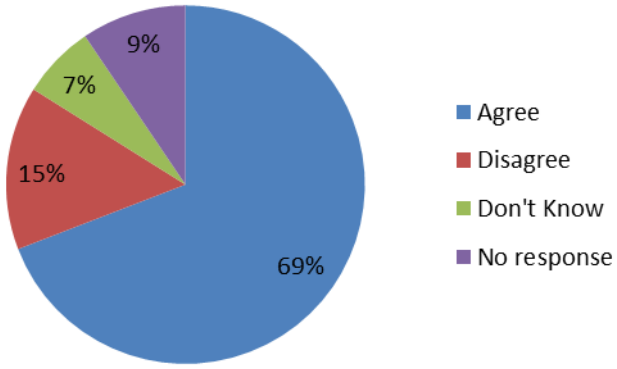
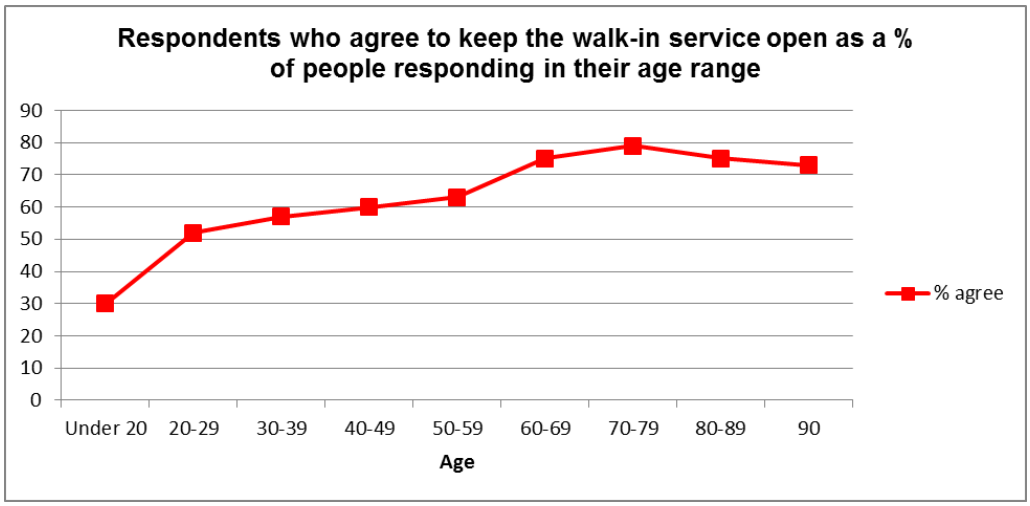
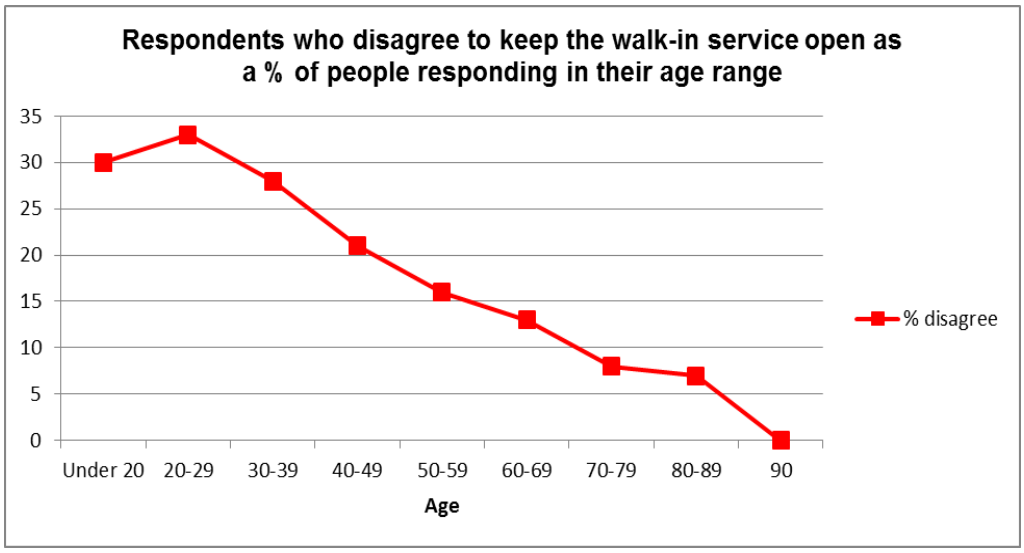


Figure 3: To keep the Bitterne walk-in service open at the risk of high priority services such as community-based care

Once again the data indicates that support for the closure of the walk-in service decreases with age. When we calculate the number of people who agree to keep the walk-in service open as a percentage of the people within that age group we see the trend below.



And conversely,

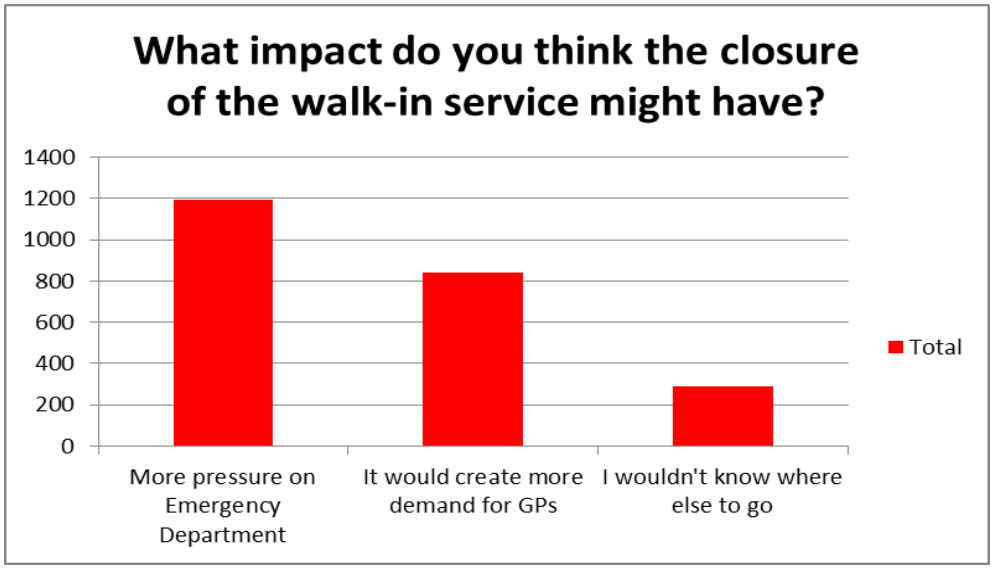


It is important to note that:

- 10 people agreed with both statements
- 70 disagreed with both statements
- 8 people responded to neither option

Impacts of closure

Responses to the tick box section of the feedback form indicated that a significant number of people thought that closing the walk-in service would result in increased pressure on both the Emergency Department and GP services.



These views were supported by the comments we received. These comments fell into a number of themes:

Additional pressure on A&E

The potential to add pressure onto A&E was a theme throughout the comments:

"I feel that the extra pressure put on the Emergency Department by closing the Walk in Centre at Bitterne will compromise the efficiency and level of care that can be offered to all patients. " Female, member of the public

"Concerned about pressure on A&E by something which may be dealt with quite simply and quickly in the walk in centre." Female, member of public, SO19

"A&E are stretched to the limit now; therefore it would create longer waiting times at A&E if everyone who needed medical assistant/advice went there." Female, member of public, SO19

Access to GPs

A recurring theme throughout the feedback, and the one that received the majority of comments, was that more needs to be done to improve access to GP services. There were a variety of views expressed with many people saying that they struggle to obtain an appointment with a GP when they need it:

"GP's services in the area are struggling and often people have to wait 2-3 weeks for non-urgent appointments." Female, member of public, SO19

"It is very often difficult to get a GP appointment quickly so the drop in centre is a great asset." Female, member of public, SO30

"Make it easier to actually get a Dr's appointment, to get an appointment within the same week of having a problem is near on impossible." Female, member of public, SO19

A number of people also suggested that GP appointments should be available in the evenings and weekends:

"GP surgeries open late and weekends." Female, NHS staff member, SO18

"Dedicated GP surgeries open out of hours for minor complaints & walk in patients." Male, member of public, SO19

"Most of us now have to wait 3 weeks for a GP appt [appointment] so if worried are also likely to go to A& E for reassurance." Female, member of public, SO19

Alternative services

A significant number of people commented that, should the walk-in service close, they wouldn't know where else to go.

"What are the general public supposed to do if there is no Bitterne walk-in service? Doctors are unavailable out of hours and people do get sick evenings and week-ends." Female, member of the public, SO19

There was particular emphasis on the availability of services out of hours with many people believing their only option would be to go to A&E:

"I have used the Walk-In centre several times over the past 5 years and have been there with both my daughters at some point as well. All of these visits were outside the time that our GP surgery was open and as a result it is likely we would have ended up at A&E for something that was neither an accident nor an emergency." Male, member of the public, SO19

"I used the centre recently when my 8-yr old daughter cut her finger badly with a kitchen knife. Without the centre our only option would have been a long wait in A&E at the general." Male, NHS staff member

Some people had a good knowledge of the alternative services but encouraged the CCG to improve promotion of these services:

"Advertise pharmacies services, I have found these extremely helpful in the past." Female, member of public, SO15

"Direct people to 111 and educate people on their options. Make sure people know what to look for serious issues and make sure people understand what is routine and can wait. Currently too many people go to A&E that could see a doctor and likewise for walk in centres. The 111 service exists for out of hours issues. If it is something routine then they can book themselves to see their local GP. If it is an emergency then they can be directed to A&E." Male, member of public, SO19

Personal responsibility

A number of people commented on the statistics around the minor illnesses with which most people attended the walk-in service. They urged us to take action to increase people's awareness of the steps to take with such illnesses:

"People need to be educated and take more responsibility for themselves and their health services and be sensible. It would be nice to have it all but appreciate this just isn't possible anymore." Female, member of public, SO16.

"People need to be educated about what is an emergency and what is not." Male, member of public, SO19.

"It is frustrating that people who could self-care turn up and use resources unnecessarily." Female, member of public, SO19.

No impact

Of the 15% of respondents who agreed that the walk-in service should be closed and funding redirected to community based services, many felt that there would be little impact if the service were to close:

"No real impact, just get on with it." Male, member of public, SO18

"*Do not think that there is much impact. People need to understand that you can't do everything for everyone. You have to prioritise the higher need which is not coughs and colds. Have courage to do the right thing for the many in the city who are really ill and need lifelong help."* Male, NHS staff member, SO18.

Reduce costs

Some people suggested that we look again at the finances to see where further savings could be made:

"I would like you to look at running the walk-in more cost effectively. I can't see how it costs £1.4m." Female, member of public, SO18.

"Definitely need to look at running costs - Seems very high!" Female, member of public, SO18

Some also made cost saving suggestions including a reduction in opening hours or adding additional services to make it more cost effective:

"Reduced open hours of the Walk-in centre or only open on alternate evenings." Male, member of public, SO18.

"Keep it open but with an increased range of services and opening times." Male, member of public

"Could the walk in centre offer other services apart from emergency care for example, injections for children, day care centre for disabled, mental health patients and the elderly, this would generate additional income. There must be other income streams that could be investigated to help offset the cost of running the service." Female, member of the public, SO19

A number of respondents discussed the fact that patients from outside the city were not contributing towards the running of the service. They felt that, should West Hampshire CCG contribute, it would become more cost effective for residents in Southampton:

"If 34% of patients are attending from Hants GPs, then you should be approaching West Hampshire CCG to work with them…..to ask for funding." Female, member of public

"Consider charging Hampshire for the number of people who access from just outside the city boundary." Female, member of public, SO19

Confusion remains between the walk-in service and the Health Centre

Confusion remains, however, between the Health Centre as a whole and the walk-in service with a number of people concerned that they will lose other valued services.

"the podiatry service attends there of occasion and one must wonder where that would be held should the centre close. The centre is also home to a variety of other also medical services, all of which would have to be found homes elsewhere." Male, member of the public, SO19.

"Have to go there for my hearing and batteries. If it closes, it means I have to go to the hospital in town." Female, member of the public, SO18.

Facilities on the east of the city

A number of people felt there was a distinct geographical inequality between the services available for those in the east versus those in the central and west areas of Southampton:

"The East side of Southampton is quite poorly served with facilities in many areas especially health services." Female, member of public, SO19

"Eastern side of Southampton very poorly served." Female, member of public, SO18

Transport was mentioned frequently with people commenting on the lack of bus services:

"Poor and irregular bus services are a problem on the east side of Southampton." Female, member of public, SO18

Some even worried that people's lack of access to transport may lead them to not seek medical attention and thus become more unwell:

"*The area has a high percentage of disadvantaged families who may not have transport or the means to travel to other walk in / emergency sites. This may lead to them not seeking treatment appropriately making their condition worse, or calling 999 putting extra strain on the ambulance service."* Female, NHS staff member, SO19

In addition, people were concerned about how the elderly and young children would access care should the service close.

"It can be very difficult for elderly/infirm people to access facilities which are some distance from their homes so it is important that more local services are available to them." Female, member of the public

"In emergencies especially the older people and families with children, it is quite a trek to get to hospitals." Female member of public, SO19

Demographics

Respondents were asked to provide some information about themselves:

Partial postcode	Total
82BN[1]	1
BH24	1
DE21	1
PO15	1
SO13	1
SO14	25
SO15	46
SO16	47
SO17	17
SO18	423
SO19	519
SO21	1
SO22	2
SO30	31
SO31	13
SO40	4
SO45	2
SO50	10
SO51	3
SO52	1
SO53	3
SO58	1
SP52	1
No postcode given	463
Grand Total	**1617**

Overall 58% of responses came from the east of the city with 13% coming from other areas and 29% of people choosing not to provide a postcode.

Gender

Are you?	Total
Female	901
Male	617
No response	99
Grand Total	**1617**

[1] We are aware that this is not a UK partial postcode but have included it for completeness as it was entered as a response to this question

Age

What is your age?	Total
Under 20	10
20-29	66
30-39	152
40-49	190
50-59	242
60-69	348
70-79	379
80-89	165
90	15
Prefer not to answer	5
No response given	45
Grand Total	**1617**

Are you?	Total
A general member of the public	1449
NHS staff member	117
Representing an organisation	25
No response	26
Grand Total	**1617**

What is your ethnicity? (Please select all that apply)	Total
Asian / Asian British: Bangladeshi	1
Asian / Asian British: Chinese	2
Asian / Asian British: Indian	7
Asian / Asian British: Other	1
Asian / Asian British: Pakistani	1
Black / African / Caribbean / Black British: African	21
Black / African / Caribbean / Black British: Caribbean	3
Black / African / Caribbean / Black British: Other	1
Mixed / multiple ethnic groups: Other	7
Mixed / multiple ethnic groups: White and Asian	3
Mixed / multiple ethnic groups: White and Black African	5
Mixed / multiple ethnic groups: White and Black Caribbean	4
Other ethnic group (includes Gipsy, Traveller and Refugee)	6
Prefer not to answer	42
White: English / Welsh / Scottish / Northern Irish / British	1435
White: Irish	9
White: Other	28
No response given	41
Grand Total	**1617**

4.3 The views of those who participated in meetings, public events, focus groups

All views and comments from the meetings, focus groups and public events were recorded and can be found at **Appendix 7**.

The key themes identified were:

- Lack of awareness of alternative services
- Access to GPs and lack of awareness of GP extended hours
- Transport and parking costs

Lack of awareness of GP extended hours and access to GPs

The feedback reflected the frustration of some people at not being able to get GP appointments when they wanted them. Many were unaware that GPs were offering extended hours and Saturday morning appointments, particularly in the east of the city. Many people were also not aware that patients could have telephone consultations – those who had used this service commented that it was excellent. People also questioned why reception staff did not make it clear to patients that they could see any GP not just the GP they were registered with, book appointments online or have a telephone consultation.

Lack of awareness of the other services available when people become unwell

A lack of knowledge about the other urgent care services available was clear. Many people did not know about NHS 111 or the range of advice and support available from that service or that the phone line was free to call. Some people were not aware that there was an out of hours service or that pharmacies offered services like the minor ailments scheme and extended opening hours. This lack of awareness of the range of services in addition to some poor experiences of NHS 111 meant that for some people, the level of confidence in these services was low.

Transport and parking costs

Transport was a key issue for people with many feeling that people on the east side of the city would be disadvantaged if the walk-in service were to close. People were concerned about the cuts to local bus services and the parking costs at the Royal South Hants (RSH) and Southampton General Hospitals.

One person suggested that if the walk-in service had to close people would be less upset if they could have free evening parking at the RSH.

People living on the east of the city also expressed concern about walking in the RSH area at night.

Other Issues

Other issues raised included:

- surprise at the cost of running the services and concern about waste
- concerns about adult social care, respite care, the independent living allowance, domiciliary care, dementia care, mental health services and continuing healthcare
- concern about patients who were not registered with a GP.

Those against the proposal

"You can't give that side of the city a service for 12 years then take it away – I think you should reduce the opening times or the amount of staff there, but not shut it down."

"More people will go to A&E if Bitterne walk-in service closes because there are more buses going to Southampton General than to Bitterne or the RSH."

"There are no other NHS services on the east of the city except the walk-in service".

"It would be difficult for a mum with small children and older children at school to get to the MIU on buses"

"I understand the money from the walk-in service could be put into more community-based health care but I don't think the sort of people who use the walk-in service are the same ones who need care in their homes"

Support for the proposal

"We all know that money is short – if the NHS has to change then we have to be understanding and have faith that the doctors know what they are doing – we have to think how we can look after everyone."

"*It doesn't matter to me whether Bitterne walk-in service closes or not because there has never been a service for adult mental health needs and this is what is*

needed during the times of day and night when services which normal run 'office hours' are shut."

"The trouble is people have become soft. They've been spoiled by years of free care and now they don't know, or just don't think about how to look after themselves."

"With all the other services in place there shouldn't be a problem if the walk-in service was no longer there."

4.4 Feedback from an independent focus group

On the 17 July 2015, Consult and Challenge ran an independent focus group as part of the CCG's consultation. The purpose of this focus group was to give residents of Southampton the opportunity to engage in a balanced discussion about the proposal, and to offer their own opinion on it. Ten residents from across the city took part.

The main themes from the feedback and questions were:

- if all other choices were both available and known about then this would make people more comfortable with the proposal.
- concern that there may be a negative impact on the surgeries in east Southampton
- make the consultation young people and family friendly
- transport
- what considerations would be made to service users outside of Southampton.

Conclusion of the focus group

The walk-in service is seen as a service that is valued by local people, but that it is not seen as cost effective. Participants saw the value of the money being invested in other services, but only if the CCG could guarantee the promotion and provision of all the services they claim are duplicated by the walk-in service.

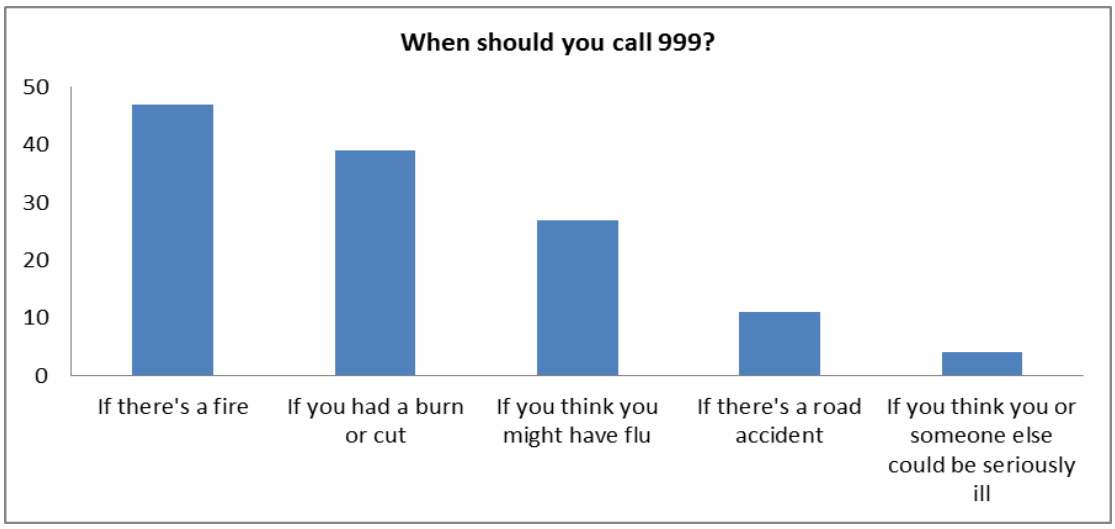
A copy of the full report can be found in **Appendix 6.**

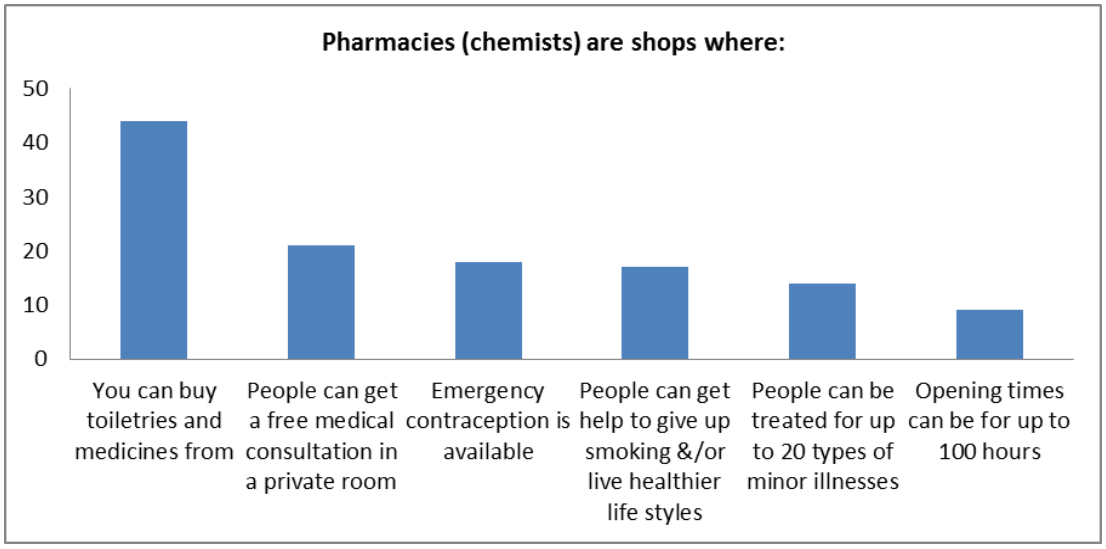
4.5 Feedback from young people

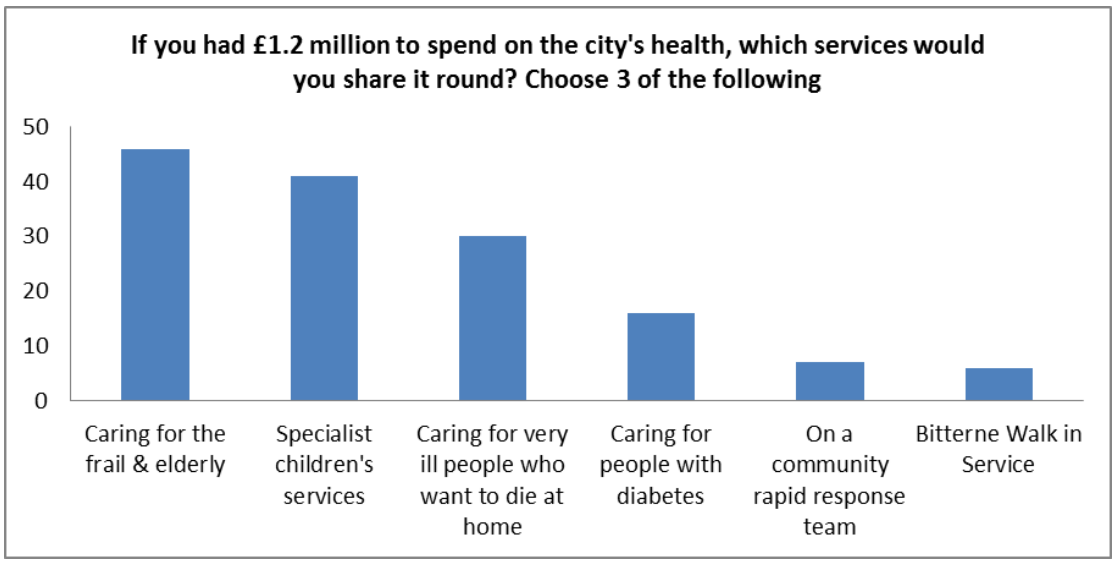
Our engagement with young people took the form of interactive sessions to gauge their knowledge of local services. The graphs below illustrate similarities

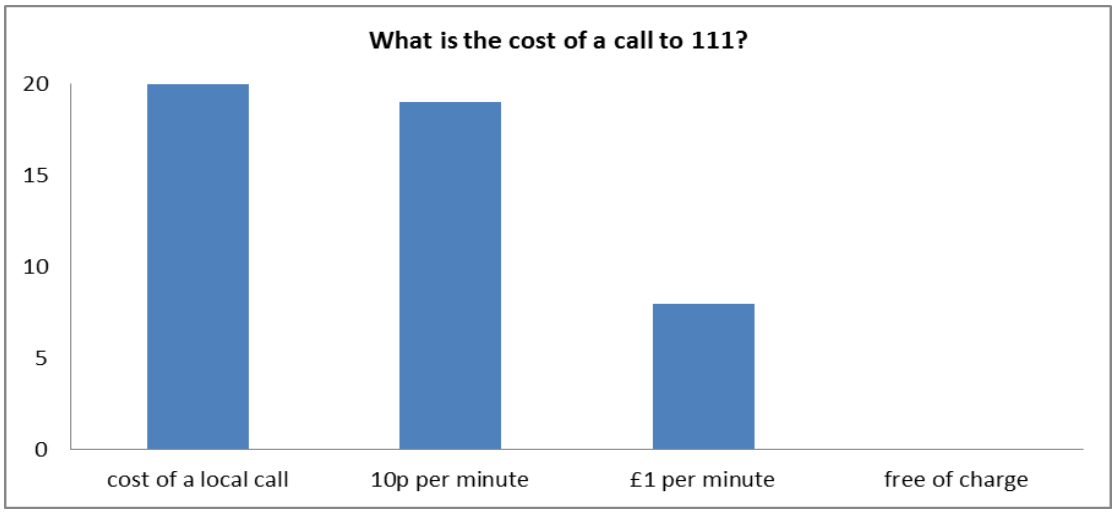
with previous feedback in that there is general lack of awareness of pharmacies and NHS 111.

When asked how they would invest £1.2 million pounds, their priority was frail elderly care with the walk-in service in sixth place.









4.6 Feedback received via telephone calls

18 telephone calls were received in support of keeping the walk-in service open citing difficulty in getting a GP appointment and transport as their main concerns.

One person was keen to discuss ideas for further use of the building to support people who were caring for people with dementia.

4.7 Feedback from public meetings

172 people attended three public meetings, with some people attending all three. Two meetings were hosted by Southampton City CCG and one by West Hampshire CCG.

The Southampton CCG public meetings were chaired independently and commenced with the CCG presenting the proposal and case for change. Consultation documents and supplementary information were also available. There then followed a question and answer session. All the questions and answers were recorded and formed the basis of our frequently asked questions document which developed throughout the consultation. Reports from all the public meetings along with the frequently asked questions document can be found in **Appendix 8**.

Main concerns included:

- issues with the bus services in the city
- access to GP appointments
- an east-west divide in the city
- people are not confident in the alternative provisions in place
- the costs of running the service appear high

4.8 Feedback from emails and letters from the public

A total of 34 emails and letters were received from the public. It was clear from the correspondence that the service is highly valued by people living in the east of the city and some people shared positive experiences they had received from the service. The majority of these correspondents were opposed to the closure of the walk-in service.

The emerging themes were reflective of the feedback from the meetings, focus groups etc.:

- access to GP appointments
- concern about the closure increasing pressure on A&E and the general hospital
- transport
- lack of services on the east.

Three correspondents asked:

Could we delay closure until GP services are sufficiently upgraded to take on multiple roles?

Could closure be delayed until GP open access is improved?

Could we look at other areas of our budget rather than squeezing frontline nursing services?

Those against the proposal said:

"I do not agree that the Bitterne walk-in centre should close, it will put more pressure on the General Hospital."

"I strongly object to the proposed closure of the Bitterne walk-in centre as I have used it a few times and if I had not it would surely have cost the NHS a lot of money by me going to hospital."

"I would like to state that I disagree entirely with the above proposal. I am an Octogenarian living alone in Bitterne and find reassurance in the Bitterne walk-in centre."

Comments of support

"The walk-in service is unaffordable in the current financial climate"

"If closing the walk-in service can fund and care for some specific intervention, then yes it is a good idea"

"It makes so much more sense to focus the effort rather than duplicate it and I firmly believe that the WIS is unnecessary duplication; drawing funding away from essential and over stretched primary care provision"

All letters and email content are detailed in **Appendix 9**.

5 Listening to you

We would like to thank everyone who gave us their views and shared their experiences of health services with us. Many people, particularly those who took part in our focus groups and meetings, have commented that they felt "listened to" and welcomed the opportunity to discuss their concerns.

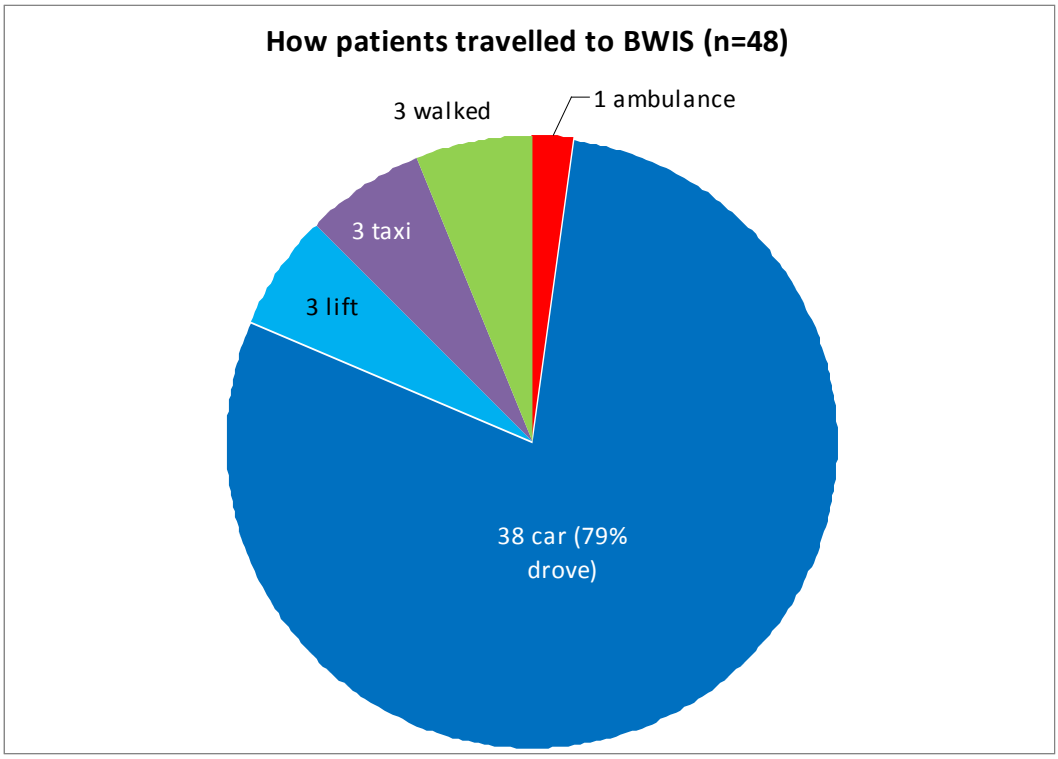
"Carers in Southampton were pleased to welcome Dr. Sue Robinson, Clinical Chair of Southampton City Clinical Commissioning Group and Southampton GP; Peter Horne, SCCCG's Director of System Delivery and Jill Ghanouni, Engagement Officer NHS SCCCG and SCC Public Health, to Cake for Carers, Eastern European Carers Afternoon Tea and the Medwall Court Memory Café to listen to the thoughts of carers and explain the consultation in detail. All the groups gave fantastic feedback which will be added to the consultation and inform the CCG's decision on the future of the Walk in Centre. We would like to thank all the carers who took part for their contributions and the representatives of the CCG for recognising the importance of the views of

the "Silent Army" of carers in our city and giving them the opportunity to have their say. "

We are committed to addressing the concerns which have been highlighted to us during the consultation and below are some of our responses to the main themes.

Transport

We understand that concern about transport is a key issue for people living on the east of the city. In August we conducted a transport survey with 48 patients visiting the walk-in service. The survey was undertaken during two evening sessions and a Saturday morning.



Post code area	Number of people	Percentage
Southampton east	25	52%
Southampton west	5	10%
Southampton central	1	2%
West Hampshire	14	29%
Fareham and Gosport	1	2%
Out of area visitor	2	4%
Total	**48**	

Although our survey showed that the majority of patients travelled to the walk-in service by car we know that people are concerned about the limitations of the local bus services. We met therefore with a representative from Southampton City Council's transport department to discuss the options for improving access to the Royal South Hants Hospital. This discussion was highly productive and provided an insight into the workings of the bus system.

In addition to this we are in discussion with local voluntary organisation Communicare. We are investigating what support they could offer in providing transport to the Royal South Hants Hospital.

We will report the outcome of both these investigations once completed.

Lack of services on the east side of the city

The map in Appendix 10 shows the spread of the GP practices, branch surgeries and pharmacies across Southampton. Whilst there have been a number of practice mergers on the east of the city, the number of buildings still providing healthcare services has remained stable at 16. There are also 17 pharmacies in the east of the city, including one 100 hour pharmacy and three Healthy Living Pharmacies.

In comparison, the west locality has 12 GP practices (including branch surgeries) and 12 pharmacies and the central locality has 15 GP practices (including branch surgeries) and 16 pharmacies. This shows that there is a relatively equal spread of GP practices and pharmacies in all localities in the city. See **Appendix 10** for the detailed map of services.

Lack of awareness of alternative services

It has become apparent throughout the feedback that more work needs to be done to improve awareness of the services available to people when they become unwell. Whilst work is ongoing in this arena, it is clear that efforts need to be improved, irrespective of the consultation decision. We are therefore developing a comprehensive communications plan to enhance the awareness of the available options and increase people's trust and confidence in the support they provide.

Access to GP services

A number of issues have been highlighted about primary care services. Not only do people feel that it is difficult to get an appointment to see a GP but there is also a lack of knowledge about options available. For example we noticed limited

knowledge of telephone consultations, the online appointment booking system or appointments with a nurse practitioner.

The CCG will work with primary care colleagues to address these issues. Plans will include:

- ensuring GP practices communicate extended opening hours to their patients
- training for reception staff so that patients are fully informed about the options available to them
- greater collaboration with other healthcare professionals for example pharmacists
- education for patients about which services to use, registering with a GP and not missing appointments
- a new strategy for the future of primary care which is currently in development with the feedback from the consultation being used to inform the strategy.

NHS
Southampton City
Clinical Commissioning Group

Getting the balance right in community-based health services

A consultation on the proposal to close the walk-in service at Bitterne Health Centre so we can maintain quality community-based health services in Southampton

Have your say

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About this document

This consultation document has been produced by NHS Southampton City Clinical Commissioning Group (CCG) in consultation with a number of key partners and stakeholders.

We would like to thank everyone who has contributed to this document including Healthwatch Southampton, Solent NHS Trust, GPs and service users.

In response to feedback we have produced this document in a concise format for ease of reading. More detailed information and reports are available to support this document on our website www.southamptoncityccg.nhs.uk/consultations

Glossary or unfamiliar words: Words used in this document which have special meaning or may be unfamiliar are defined in the glossary in Appendix B.

Foreword

NHS Southampton City CCG is responsible for making sure that local people get the health services they need. We are allocated a budget to achieve this and must use it to plan and buy services.

We have recently been looking at care provided in the community to ensure we have got the balance of services right. What has become clear is that we need to prioritise developing and maintaining health services for the increasing number of people with long term health problems, many of whom need complex care provided by nurses in the community or at home. We can only spend our money once so to address this challenge we need to look carefully at all of our services.

For these reasons, we are seeking your views on our proposal to close the walk-in service at Bitterne Health Centre to enable us to spend our limited resources where they will have the greatest health impact. Please take a look at the information in this document and send us your thoughts. We look forward to hearing your views.

Dr. Sue Robinson, Clinical Chair

John Richards, Chief Officer

The case for change

The biggest challenge currently facing the NHS in Southampton is how we support the growing number of our residents who are living with long term conditions such as diabetes, heart disease or dementia, for which they often need lifelong support to manage their daily lives.

One of the main services available to support people with such long term health issues is community based nursing. This service supports people within the community so they can live independently at home for as long as possible. The nurses care for people helping to reduce the need for them to go in and out of hospital, and helping them to make the very best of their lives even when recovery is not an expected outcome. Over the last ten years we have seen increasing demand for community based nursing with around a third of the city's population now having a long term condition, over half of whom have multiple conditions.

In June 2014 the Care Quality Commission, the independent regulator of health and adult social care in England, reviewed the community based nursing provision in Southampton and advised NHS Southampton City CCG that the service was in need of improvement. Following a period of intense scrutiny in conjunction with Solent NHS Trust, the arm of the NHS that runs community based nursing in the city, it was decided that the service needed additional funding in order to be able to meet the increased demands placed upon it.

It is crucial that the CCG adapts services to ensure we meet the current and future needs of our population giving priority to services which have the biggest health gain. The CCG therefore needs to source funds to ensure high quality community based nursing is provided now and in the future, and to do so we must reallocate funds from less cost effective services.

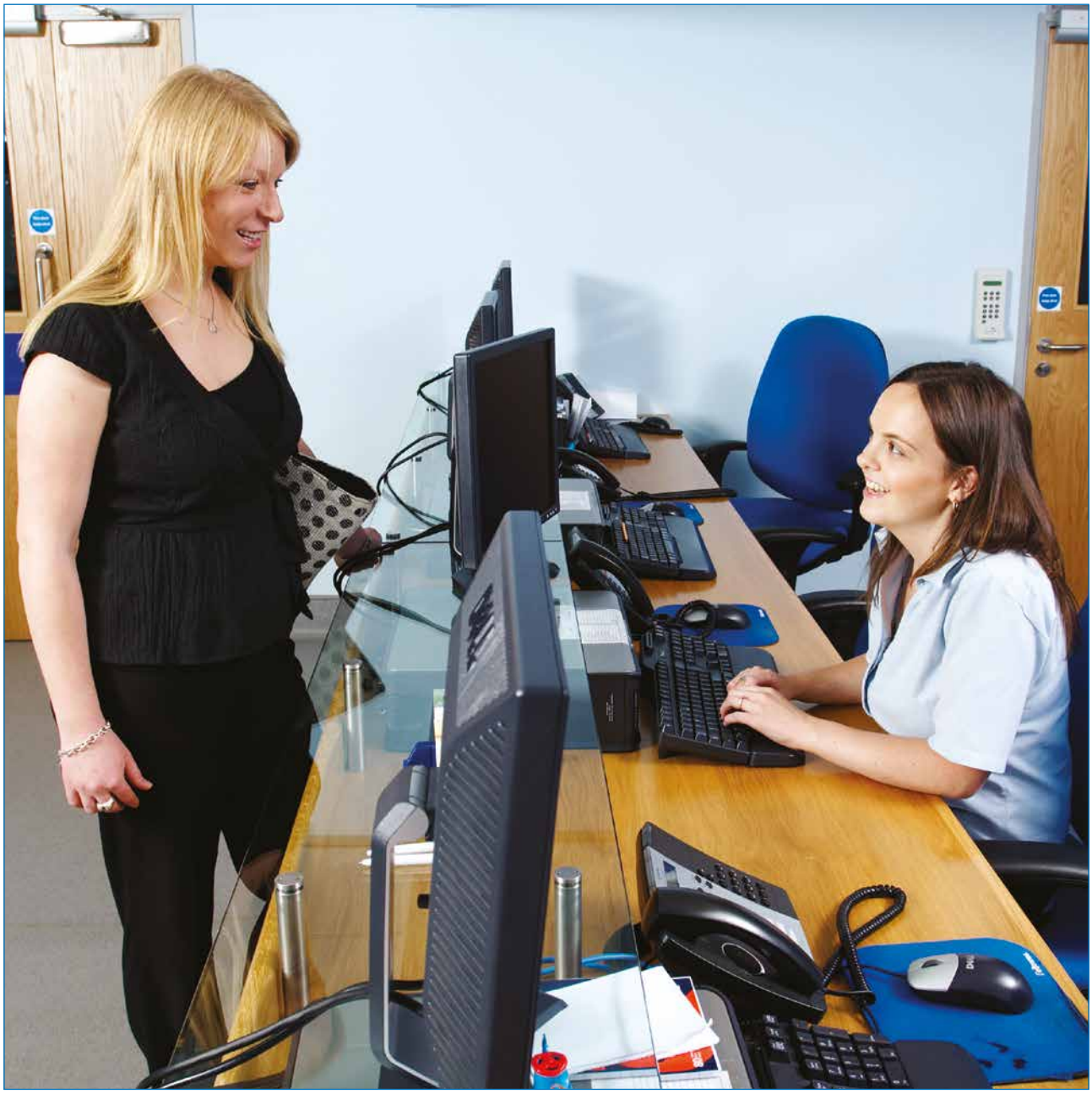
In order to understand the options available the CCG reviewed the health services currently provided throughout the city. Over the last two years we have invested substantial resources in providing services to support people with urgent and emergency health issues. We have commissioned new and alternative services for everyone in Southampton who needs something "right now" whether that be for cough and cold remedies right through to emergencies such as heart attacks. We have:

- reshaped urgent care services by implementing NHS 111 as the number to call when an urgent (but not emergency) situation arises
- re-commissioned GP out of hours services to include a primary care centre as well as home visits
- commissioned a minor injuries unit at the Royal South Hants Hospital with x-ray facilities for adults and children over the age of two
- worked with pharmacies to offer more access for drop-in advice and support
- supported ambulance crews to treat more people where they find them
- supported our GP practices to offer more flexible access with all practices in east Southampton now offer evening and weekend appointments and this is likely to extend even further with the new Prime Minister's Challenge Fund
- provided better information services so people can quickly understand signs and symptoms and know when and where to seek help.

Evidence suggests that increasing numbers of people are now using these services, and as a result, the Emergency Department at Southampton General Hospital has seen a reduction in attendances.

Upon reviewing provision for urgent and emergency services however, it has become clear that the nurse-led walk-in service in Bitterne, run by Solent NHS Trust, is not providing cost effective care and duplicates other services available for local residents. It is situated next to GP practices which are extending their opening times and offering nurse-led appointments and opposite a pharmacy with other pharmacies close by. Furthermore, the service operates at the same time as both the out of hours GP service and the NHS 111 telephone advice service which is available 24 hours a day, seven days a week.

In view of this situation we strongly believe that resources should be allocated more appropriately, to increase and improve care for people suffering from long term debilitating conditions.



Our proposal for future services

Our proposal is about making sure we get the balance right and spend our resources wisely.

Our proposal is to close the Bitterne walk-in service and to re-distribute the current funding to community nursing and community-based care. Bitterne Health Centre will remain unaffected by this proposal and will continue operating as normal. There will be no compulsory redundancies and Solent NHS Trust will look to redeploy staff within Solent services under normal HR procedures.

This proposal is about changing the way we spend money.

Significantly more can be achieved by increasing resources in community services. The consequence of carrying on as we are will mean high priority services such as community-based care will be at risk as we won't have the funds to sustain them to an appropriate level. This could result in more limited services for people with complex needs.

We are therefore consulting on two options:

Option 1 – our preferred option

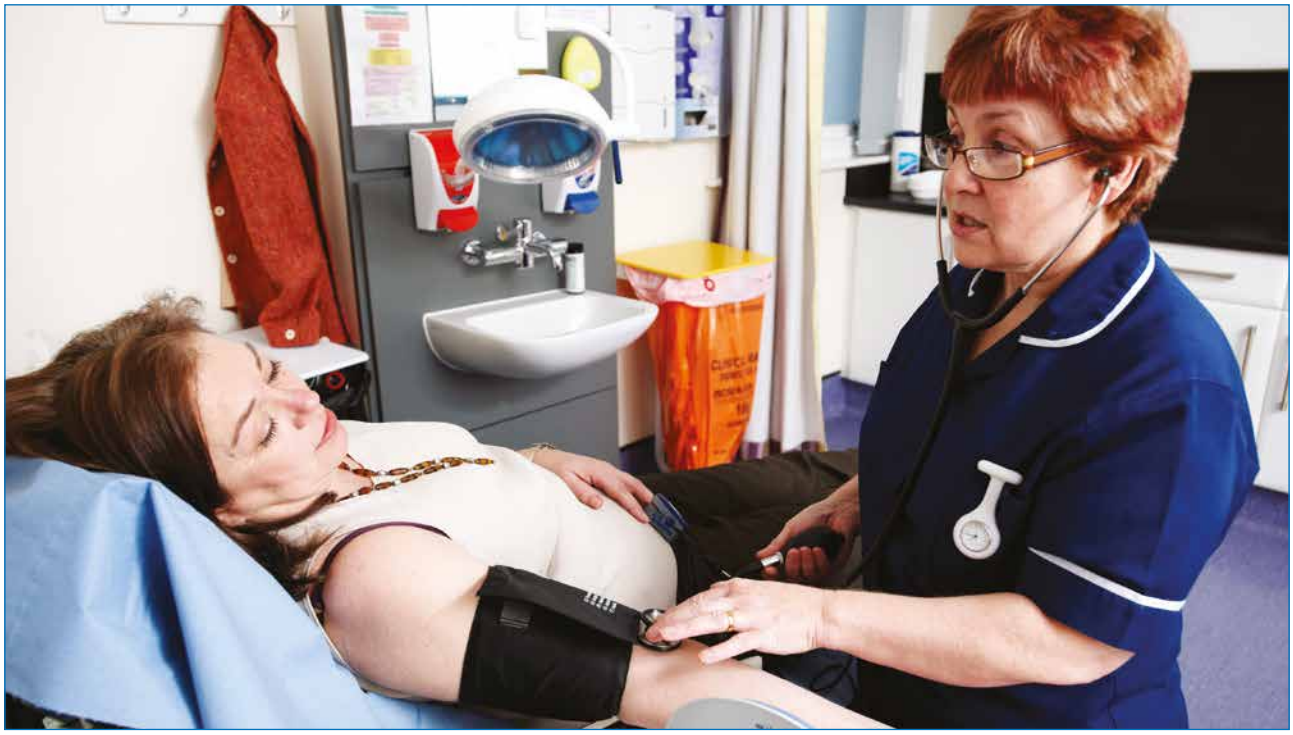
To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community based care.

Option 2

To keep the Bitterne walk-in service open at the risk of high priority services such as community based care.

We are also seeking views on any impacts we need to be aware of along with any alternative suggestions.

You can give us your views on our proposal by using the feedback form in Appendix A.



The current walk-in service

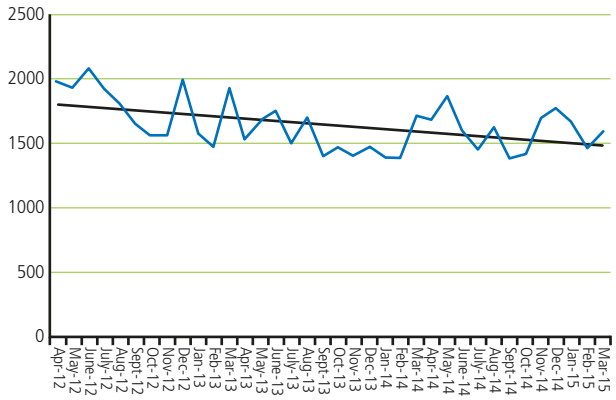
The walk-in service, based in Bitterne Health Centre, was set up over a decade ago in 2003 with two aims - to take pressure off urgent care services (particularly the city's Emergency Department) and to improve access to primary care. The service offers healthcare advice, information and certain types of treatment from specially trained nurses all year round with no appointment necessary.

The service is open from 6.30pm to 9.30pm on weekday evenings and from 8.30am to 9.30pm on weekends and bank holidays.

Who uses the walk-in service and when?

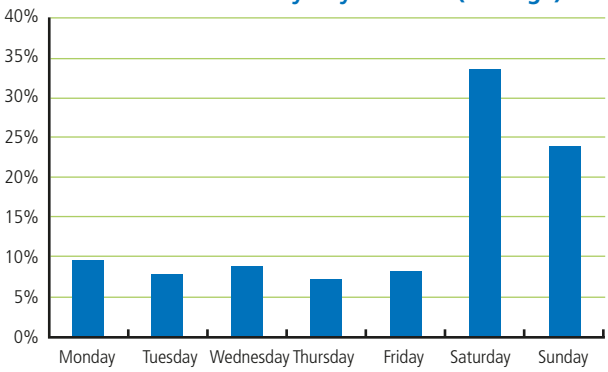
Today, the walk-in service operates mainly as a treatment option for minor conditions. On average, around 1600 people currently use the service each month. People attending fall mainly into the 0-4 or 15-44 age brackets.

BWIS attendances April 2012 to March 2015



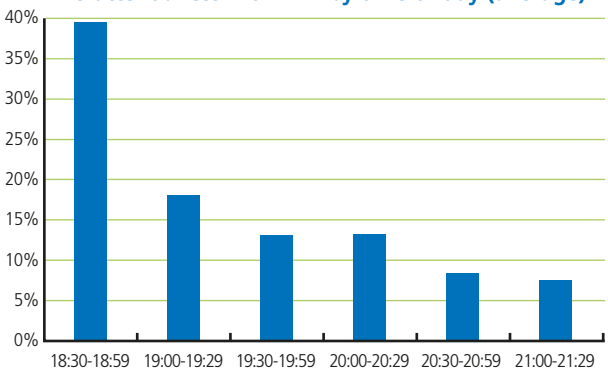
The times throughout the week when people attend the walk in service are shown opposite with most attendances occurring when the service first opens (before 12pm at weekends or 6.30-7.30pm on weekdays).

BWIS* attendances by day of week (average)

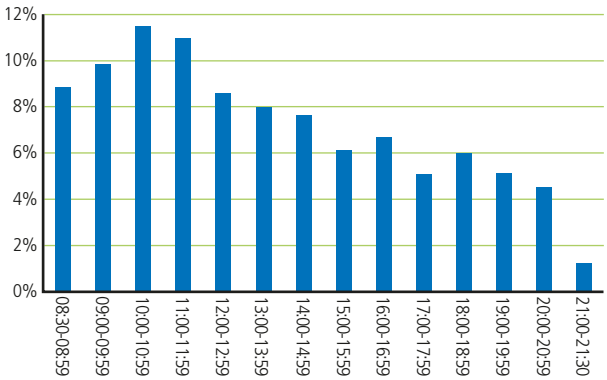


*BWIS – Bitterne walk-in service

BWIS attendances Mon - Fri by time of day (average)



BWIS attendances weekends (average)



Where are the patients from?

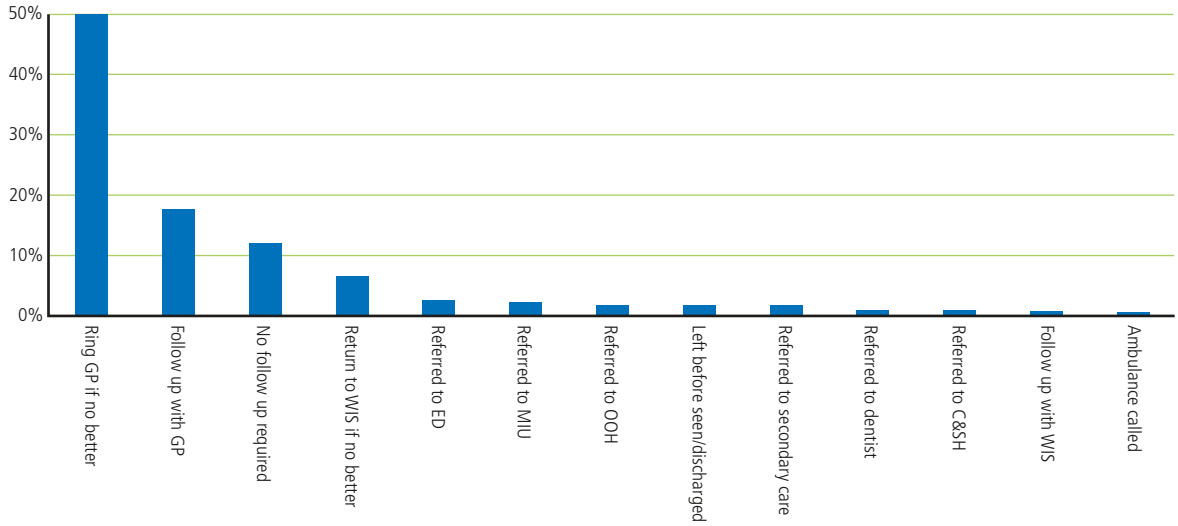
64% of attendances are patients registered with a Southampton GP (34% are registered with Hampshire GPs, 2% have no registered GP). Of those with a Southampton GP, 83% are registered with a doctor in the east of the city, where the Bitterne walk-in service is located.

What are people treated for?

Virtually all people who go to the walk-in service go for what we call primary health care i.e. non-urgent health concerns that do not require specialist or urgent treatment. The majority of people attend with minor conditions which could be dealt with by a pharmacist, NHS 111 or self-care (treatment at home).

- The most common conditions seen at the service are cough and sore throat
- Almost a quarter of patients (24%) require no treatment at all
- 8% require basic medication (e.g. paracetamol pain relief)
- 68% of people visiting the walk-in service are advised to consult their GP either directly after their visit or later if they don't feel better.

Main outcomes of BWIS attendances



*ED – the Emergency Department, also known as A&E
*MIU – the Minor Injuries Unit (located at the Royal South Hants Hospital)
*OOH – Out of hours GP service
*C&SH – Contraception and sexual health services

What our review of the walk-in service told us

In Spring 2014, we carried out a review to see who was using the walk-in service and why[1]. This showed the top two presenting conditions as cough and sore throat and highlighted the impact of the significant changes in the range of other services now available.

The review also demonstrated the walk-in service no longer provides value for money. The current cost of the walk-in service is £1.289m with each attendance costing approximately £67 per patient. This is significantly more than a GP appointment or the alternative urgent care services and is about the same cost as attending the Emergency Department (see table below):

Service	Approx cost
Emergency Department (ED)	£77
Walk-in service (WIS)	£67
Minor Injuries Unit (MIU)	£57
Out of hours (OOH) appointment	£44
GP appointment	£32
Pharmacy	£18
NHS 111	£8

At the same time, feedback also shows that many people are not using either the walk-in service or a GP surgery, but actually both and for the same condition. We are therefore duplicating more cost-effective services and this extra cost is hampering our ability to further improve community-nursing, now and in the future.

Below are some examples of how the money currently spent on the walk-in service could be redeployed through community based services:

Service	Approx cost	Equivalent of 1 walk-in service (WIS) attendance
Dementia assessment	£291	4 WIS attendances = 1 assessment
Diabetes check up	£134	2 WIS attendances = 1 consultant led check up
Asthma nurse appointment	£67	1 WIS attendance = 1 asthma nurse appointment
District nurse home visit	£45	2 WIS attendances = 3 district nurse home visits
Health visitor appointment	£45	2 WIS attendances = 3 health visitor appointments
Blood test	£0.61	1 WIS attendance = 110 blood tests

[1]Much of the data shown on pages 4-6 came from the CCG's *Bitterne Walk-in Service Review*, 2014

What you told us

During the last few months we have undertaken a number of engagement activities, asking people to give their views on local health services, what is important to them and how and where to prioritise services.

Survey results

Our health service survey asked local people what health services were important to them and what their experiences and knowledge of local services were.

Overall 610 people completed the survey. Some of the key findings were:

Which health services are most important to you?

Seeing my GP quickly when needed	68.8%
Good services at the hospital	54.1%
Support to stay independent	52.5%
Walk-in service	37.4%

Do you support the view that it is better for people and their families for care to be provided in the home where possible?

98% of respondents supported this view.

Market stalls at Bitterne Leisure Centre and Central Library

Which of the following services are most important to you?

Seeing my GP quickly when needed	97
Good hospital services	66
Shorter waiting times at A&E	63
Improved care for people with LTCs*	52
Walk-in services	50
Minor Injuries Unit	40
Pharmacies	19
Support to be cared for in own home	13

*LTC – Long term condition

An engagement summary report and table of activity can be found in the supporting consultation information on our website.

The key themes to emerge

A number of themes have emerged from our engagement activity and the key ones in relation to the walk-in service were:

Difficulty getting a GP appointment - people have told us that they use the walk-in service because they don't want to wait for an appointment with their GP. Southampton Primary Care Limited, a federation of 29 GP practices in the city, has been allocated £3m of Prime Minister's Challenge Fund money to establish a pilot to extend and improve access to GP practice care in the city. This project is in the very early planning stages but aims to further improve access to GP services and thus better meet the needs of all patients.

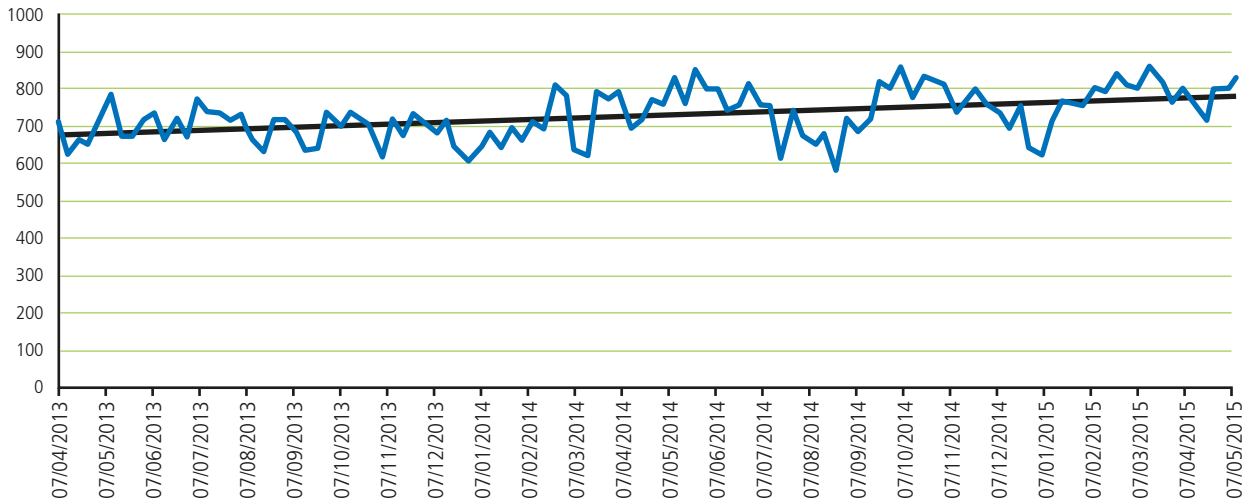
All GP practices in the east of the city offer extended hours – all have Saturday morning appointments and 8 out of 10 offer extended Monday evening surgery.

Don't know where else to go - a number of people said they don't know where else to go if they need medical help. We are taking steps to address this and to ensure awareness of the alternatives, for example we launched our **Think First** campaign in December 2014. The campaign highlighted the full range of urgent and self-care options available across the city and included a door-drop of booklets to every home in Southampton as well as city-wide health roadshows. It is our intention to continue with education and awareness campaigns.

Our work has proved to be successful and we have seen an increase in the use of the Minor Injuries Unit and NHS 111 service throughout Southampton, Hampshire and Portsmouth.

111 calls answered August 2013 to April 2015

Minor Injuries Unit attendances April 2013 to April 2015



What our clinicians told us

Our Clinical Executive Group, which includes city GPs who are on our Governing Body, has been discussing the walk-in service regularly during the past year. They have discussed all aspects of the service including current usage, interventions offered and given their clinical opinion on the merits of the service (balanced against the key health priorities for the city).

Discussions about the service have also taken place at the General Assembly, a meeting attended by a representative of every GP practice across the city. Here, city doctors have been free to air their views about the service.

We have also contacted Southampton GPs asking for their views on the walk-in service.

One of the most notable themes coming out of this engagement was the number of family doctors who felt that the walk-in service had no discernible impact on their workload. When we asked GPs if they felt that the service reduced demand for appointments at their practice, 82% said no.

What staff told us

During our review we met with the staff employed at the walk-in service to obtain their feedback on our proposals.

Staff commented that the service was well liked and in their opinion often used by people due to a perceived lack of GP appointments. This view supports the work that we have been doing with GP practices to extend access to primary care services across the city with appointments now bookable online for all Southampton GP practices.

Staff also commented that more work needed to be done to promote the alternatives available to the walk-in service. As mentioned earlier, the Think First campaign has been addressing this concern throughout the last six months. Promotional material has been distributed to emphasise the key roles pharmacists, the Minor Injuries Unit and NHS 111 can play in supporting urgent health concerns, with this programme of work planned to continue for the foreseeable future.

What would people do if the walk-in service closed?

If the walk-in service closed people would have access to:

Treatment at home with advice from their local pharmacist

Many people who attend the walk-in service don't need to be treated by a nurse or doctor, they could have treated themselves or gone to a pharmacy. Self-care is often the best choice to treat minor illnesses and injuries. A large range of common illnesses and injuries such as coughs and colds, sore-throats, cuts and grazes and stomach upsets, can be treated at home simply with over-the-counter medicines and plenty of rest.

We all know that pharmacists dispense medicines but many people don't know that pharmacists train for five years and are experts in dealing with minor conditions. Local pharmacies offer a wide range of health services that you may not be aware of including a private consulting room, emergency contraception and advice and treatment for a wide range of minor ailments. There are currently four pharmacies in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday). Each has a qualified pharmacist on hand to advise on minor illness, medication queries and other medical problems.

In addition to this standard service offered by all pharmacies, many now offer the 'Pharmacy First Minor Ailments Service' for cough, cold, sore throat, earache, diarrhoea and children with a fever. Patients eligible for free prescriptions can access this service and receive a consultation and any medication required, avoiding waiting for a GP appointment.

Four pharmacies offer a minor ailments service in the east of the city with more intending to offer this service in the future:

- Lloyds, Portsmouth Rd, Woolston
- Day Lewis (by Chessel practice) Sholing
- Sangha, Thornhill Park Rd, Thornhill
- Bitterne Pharmacy, West End Rd, Bitterne.

A GP practice close to where they live

There are 33 GP practices throughout the city with ten in the eastern side. All practices on the east side of the city offer extended opening times with every practice opening on Saturday morning (the walk-in service's busiest time).

Calling NHS 111

NHS 111 is free and available 24 hours a day, seven days a week. Local residents can call 111 when they need urgent medical help or advice, when it isn't a 999 emergency. Callers will have their symptoms assessed, be given advice and directed straightaway to the local service that can help them best, whatever the time of day or night. Calls are free from a mobile or landline.

Frequently asked questions

Throughout our work on reviewing the service a number of queries have been raised. Here we include the most frequently asked questions about the proposed changes.

Q Is this not just about cutting back on services and saving money?

No. Our proposal is about changing the way we spend money. We have finite resources and can only spend our money once so need to ensure that all services avoid duplication and address local health needs.

The resources allocated to the walk-in service would be used to improve services for people with long-term conditions – a health issue affecting a significant proportion of our city.

Q I have heard the NHS is getting a further £8bn - can't you use your share of this to keep the walk-in service open?

Southampton City CCG is deemed to be over 'its target funding' which means we will receive a far smaller share of any additional funding and may not receive any extra money at all.

Q If people are already finding it hard to get to see their GP, won't closing the walk-in service make this even harder as they will be even busier?

We know that many people using the walk-in service are still using their GP surgery. Much work has already taken place to improve access to GPs and we are looking at ways of further improving this. Extended opening of GP practices at weekends, early mornings and early evenings are helping improve access.

Q What will happen to staff who work in the walk-in service?

The walk-in service is run by Solent NHS Trust who also provide community nursing and community-based care in Southampton. There will be no compulsory redundancies and the Trust will look to redeploy staff within Solent services under normal HR procedures.

Q What happens to people who aren't registered with a GP?

It is very important that we get as many people to register with a GP as possible, this would encourage them to use their GP as their first point of contact which is essential if we are to help patients better manage their health and wellbeing. However, if someone hasn't registered, they can call NHS 111 service who will respond to anyone who needs medical help fast. Patients with a minor injury can attend the Minor Injuries Unit at the Royal South Hants Hospital and for minor ailments patients can contact their local pharmacy.

Q People living on the east side of the city have complained of difficulty in accessing public transport services to get to the Minor Injuries Unit and General Hospital . What should they do if the walk-in service closes?

We recognise the concerns over transport. However, many of the alternative service options do not need any transport at all, for example NHS 111 is a telephone service that can be reached from anywhere in the city, there is an extended hours pharmacy in Bitterne town centre and all GP practices in the area offer extended hours services. (Details of practice opening times can be found in the supporting information on our website).

Q Will any of the other services in Bitterne Health Centre be affected?

No, all other services in the health centre will remain open as usual.

Having your say

We want to know what you think and we are keen to hear from as many people as possible. We are making this document available in different formats and languages and will continue to engage with community and voluntary groups to try and involve people whose views are not always heard.

We are also aware that some of the users of the walk-in service live outside the city and we advise these people to contact their local CCG (West Hampshire or Fareham and Gosport) in order to share their views. Details of their contact details can be found in the supporting documents available on our website.

There a number of other ways you can find out more and tell us what you think:

Public meetings and events

You can come and speak to us at public engagement events on:

- **Thursday 9 July 2015, 6.30pm – 8.00pm**
  Christ the King
  St Coleman's Catholic Church Hall,
  Bitterne Road East,
  Bitterne,
  Southampton,
  SO18 5EG

- **Tuesday 28 July 2015, 6.30pm – 8.00pm**
  Central Hall, St Mary's,
  Southampton,
  SO14 1NF

We also plan to have two further public drop-in events where you can come along, ask questions, share your opinions and find out more. In addition, we will have a local health stand at various events across the city during the period of consultation e.g. the annual Mela Festival. Our website will be updated regularly with dates, times and venues.

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please contact us on 02380 296038 or communications@southamptoncityccg.nhs.uk.

Feedback form

Please use the feedback form at the end of this document (Appendix A) to tell us about your views and give your comments. Alternatively you can complete the survey online, write, email or telephone:

Address:
NHS Southampton City CCG
NHS Commissioning HQ
Oakley Road
Millbrook
Southampton
SO16 4GX

Email:
communications@southamptoncityccg.nhs.uk

Telephone:
02380 296038

Online

During the consultation more information will be made available on our website www.southamptoncityccg.nhs.uk/consultations.

Deadline for feedback

The public consultation is running for 12 weeks from 15 June 2015 and the deadline for feedback is 4 September 2015.

What happens next?

It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

What happens to the responses?

During the consultation all the feedback and responses, along with notes of the public meetings, will be collated and analysed.

At the end of the consultation, a report will be produced by Southampton City CCG identifying the themes and issues raised. The report will be presented to the Governing Body of the CCG to inform their decision on how to proceed.

The decision making process

The final decision will be made by Southampton City CCG Governing Body once they have had time to consider the consultation feedback and responses.

The role of the Health Overview and Scrutiny Panel

The way we have developed our proposals and the way we have reached a decision about them is being overseen by Southampton Health Overview and Scrutiny Panel (HOSP) made up of local councillors. We will present our findings to them after the consultation has closed.

The role of Healthwatch

Healthwatch Southampton is a local statutory body with responsibility for ensuring the voice of service users and the public is heard. They cover the same area as the local authority and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSP where they feel it is necessary. In this particular situation they will actively work to promote the consultation in order ensure as many people's views are heard as possible and upon conclusion will verify whether the process was fair.

Feedback form

Our preferred option is option 1- to close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care. With which option do you agree/disagree?

Option 1 - To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care.

☐ Agree ☐ Disagree ☐ Don't know

Option 2 - To keep the Bitterne walk-in service open at the risk of high priority services such as community-based care.

☐ Agree ☐ Disagree ☐ Don't know

We are also seeking views on impacts we need to be aware of and alternative suggestions. If the decision was to move forward with option 1 what are your main concerns?

☐ I think that more people would go to the Emergency Department

☐ I feel it would create more demand for GPs

☐ I wouldn't know where else to go

☐ Other – please explain below:

Please tell us about any other options or ideas you would like us to think about:

About you

We want to make sure that everyone has had a chance to share their views. To make sure this consultation reaches a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself to help us see who has responded.

Are you?

☐ A general member of the public

☐ NHS staff member

☐ Representing an organisation – please state: .....

.....

Please tell us your postcode (first four digits only): .....

Are you? ☐ Male ☐ Female

What is your age? ☐ Under 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90+

What is your ethnic group?

White: ☐ British ☐ Irish ☐ Any other white background

Mixed: ☐ White and black Caribbean ☐ White and black African ☐ White and Asian ☐ Any other mixed background

Asian or Asian British: ☐ Asian Indian ☐ Asian Pakistani ☐ Asian Bangladeshi ☐ Any other Asian background

Black or Black British: ☐ Black African ☐ Black Caribbean ☐ Any other Black background

Other ethnic groups: ☐ Chinese ☐ Other ethnic group ☐ Rather not say

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- Thank you for taking the time to give us your feedback. Please return your form free of charge to:

  Freepost RRYC-AUHZ-EHKE, Southampton City CCG, NHS Commissioning HQ, Oakley Road, Southampton, SO16 4GX - **FAO Communications Team**

  The deadline for responses is 5pm on Friday 4 September 2015

Glossary

Here you can find an explanation of some of the terms used in this and related documents. If there are any terms we have used that are not listed here for which you would like a definition please contact us at communications@southamptoncityccg.nhs.uk.

Care Quality Commission (CQC) – the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high quality care and encourage them to improve.

Clinical Commissioning Group or CCG – the organisation made up of GPs which is responsible for identifying and securing most of the NHS health services for a particular area. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers. Southampton City CCG consists of 33 GP practices and is responsible for commissioning services for the whole of Southampton.

Clinician – someone who provides healthcare and treatment to patients, such as a doctor, nurse, psychiatrist or psychologist.

Commissioning – identifying the health needs of local people and planning and purchasing health services which respond to these needs.

Community services / community-based care – health services delivered in the community in people's homes or care homes.

Emergency department (also known as A&E) – hospital-based service available 24 hours a day, seven days a week for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, heart attack, stroke, complicated fractures that need surgery, and other life-threatening illnesses.

GP – stands for General Practitioner, the doctor based in your local community.

Governing Body – the decision-making group representing the GP membership of Southampton City Clinical Commissioning Group. Our Governing Body is made up of a Clinical Chairperson, an accountable Chief Officer, an accountable Chief Finance Officer, two Lay Members, a Nurse Lead and a Secondary Care Lead.

Healthwatch – provides information to service users, carers and the public about local health and care services and how to find their way around the system. It represents the views and experiences of service users, carers and the public on health and wellbeing boards (see below).

Health and wellbeing board – brings together the local NHS, public health, adult social care and children services to plan how best to meet the needs of local people, and tackle health inequalities. They are hosted by the local authority and members include elected councillors and Healthwatch (see definition above).

Health Overview and Scrutiny Panel (HOSP) – a Southampton City Council committee made up of local councillors who are responsible for monitoring, and if necessary challenging, health plans. They decide whether consultation is needed, depending on the scale of proposed change, and they also agree some other aspects of consultation, such as the length of the consultation period.

Locality (eg east locality) – a geographically defined group of GP practices within the Southampton City CCG area. There are three localities in Southampton which are: east, west and central.

Long term conditions – an ongoing medical condition that cannot be cured, but can be managed by treatment such as medication and other therapies. Examples include diabetes, heart disease and dementia.

Minor injuries unit – a service offering treatment, advice and information for a range of minor injuries. Patients do not need to make an appointment and can just turn up during opening hours which are: Monday-Friday 7.30am-10pm, weekends and bank holidays 8am-10pm (last patient accepted at 9.30pm). For further information on the range of services offered please see www.royalsouthhantsmiu.nhs.uk

Outcomes – the result or visible effect of an event, intervention or process; any change in a person's state of health after a period of treatment, ideally improvement in symptoms or resolution of a problem.

Primary care – services which are the main or first point of contact for the patient, usually GPs and pharmacies.

Prime Minister's Challenge Fund – a national fund to help improve access to general practice and stimulate new ways of providing primary care services.

Secondary care – hospital or specialist care that a patient is referred to by their GP or other primary care provider.

Stakeholder – anyone with an interest in what we do. Stakeholders are individuals, groups or organisations that are affected by the activity of the business.

Urgent care – care delivered outside of a hospital emergency department for example in a minor injuries unit without a scheduled appointment.

24/7 – a service that is available 24 hours a day, seven days a week, all year round.

NHS
Southampton City
Clinical Commissioning Group

NHS Commissioning HQ
Oakley Road
Milbrook
Southampton
SO16 4GX

Email
communications@southamptoncityccg.nhs.uk

Telephone
023 8029 6904

If you would like this document in an alternative format or language please contact us using the details above.

Appendix 2 - Distribution of consultation documents

Task/activity	Stakeholders	Distribution method	Reach
Launch consultation online as per communications plan	Public	Online	5,503 hits on consultation page
Send consultation materials to membership database	Public, representatives from local/interested organisations	Email and post	1,068 people
Send consultation materials to all stakeholders	Councillors, NHS Trusts, local organisations, MPs, provider organisations	Email	3 MPs 25 councillors 3 provider organisations 142 voluntary group reps
Consultation materials sent to all GP practices and pharmacies in Southampton	GPs, practice staff and pharmacists.	Email and post	32 surgeries 45 pharmacies
Consultation posters sent to churches	Church leaders	Post	8 churches
South Central Ambulance Service newsletter	Public	Email	3,000 people
Solent NHS Trust membership	Public	Email	1,300 people
Local schools	Public - local families	Email	29 schools in east Southampton
Healthwatch website and membership	Public	Email and website	540 members 2000 hits per month on website
Carers in Southampton newsletter and website	Carers	Website and email	359 people

NHS Fareham and Gosport CCG website, newsletter and Globe newspaper	Public in Fareham and Gosport area	Website	171 hits on consultation page of website
NHS West Hampshire CCG newsletter, website and Twitter account	Public in West Hampshire area	Online and email	63 hits on consultation page of website
GP Portal (internal site for GP practices in the city)	GPs and primary care staff	Online	1,000 people
Equality and Diversity Reference Group	Local representatives from nine protected characteristics	Email	30 people
Third Age Centre newsletter	Public - multi ethnic and intergenerational	Newsletter, email, Facebook and Twitter	450 people
101 Unity Radio	Public - ethnic communities	Radio broadcast	70,000 people
Awaaz community newsletter	Public - ethnic communities	Eletter	1,000 people
SOS Polonia	Public - Polish community	Email	No statistics
EU welcome	Public - Eastern European community	Email	No statistics
Over 75’s nursing teams	Public - older people	Email	40 people
Choices Advocacy	Learning disabilities	Consultation materials	No statistics

Appendix 3 – Consultation engagement activity

Task/activity	Stakeholders	Attendees	Date
Newtown Residents Association meeting	Inner-city residents	17	16.06.15
Southampton Women's Forum meeting	Female representatives of multi-cultural organisations	8	16.06.15
Consult and Challenge group (focus group)	Physical and learning disability service users	29	17.06.15
Communications and Engagement Reference Group	Service users, voluntary organisations	28	17.06.15
Consult and Challenge - briefing for focus group	Physical and learning disability service users	6	17.06.15
Health event, Central Baptist Church, Devonshire Rd	Mental health service users	27	24.06.15
Diabetes Wellness Day Event, Grand Harbour Hotel	Service users	32	27.06.15
Market Stand – Bitterne market	East public	54	01.07.15
Bitterne Leisure Centre stand (am)	East public	51	04.07.15
Bitterne Library (pm)	East public	35	04.07.15
Multi-ethnic places of worship	Sikh community	230	05.07.15
TARGET meeting	GPs, practice staff	170	08.07.15
Practice Managers workshop	Practice staff	8	09.07.15
Public meeting Bitterne – Christ the King Church Hall	Public	100	09.07.15
Stand at Mela festival, Hoglands Park, Southampton	Public – Multi ethnic communities	47	11.07.15
Asian Wellbeing group	Sikh health and wellbeing sub committee	8	12.07.15

St Marys Church meeting	Public	55	12.07.15
Community Solutions Group	Community organisations	34	13.07.15
THAWN Thornhill Health and wellbeing network meeting	Mental health service users, people with dementia and carers, older people	18	13.07.15
Mount Pleasant Junior School Governors meeting	City family and academic representatives	9	14.07.15
Sure Start Children's Centre	Parents of toddlers	32	14.07.15
St. Denys Priory Road Lunch Club	Mostly retired African-Caribbean	27	15.07.15
East Locality	GPs and practice staff	10	16.07.15
Consult and Challenge focus group	Physical and learning disability service users, public	10	17.07.15
Solent NHS Trust staff meeting	Walk-in service staff	No statistics available	20.07.15
Patients Forum	Patient representatives	10	21.07.15
Southampton Women's Forum 2	Seldom Heard	10	21.07.15
City of Sanctuary Meeting (evening)	Refugees and asylum seekers support group	9	21.07.15
TRIP Together reducing isolation project (Woolston, St.Denys, Bitterne) meeting	Isolated people in the East	19	22.07.15
Public meeting St Marys - Central Hall, Southampton	Public	50	28.07.15
Hindu temple	Public (Hindu)	30	02.08.15
Central Library stand	Public	42	04.08.15
Medina Mosque	Public (Muslim)	50	07.08.15
Black Heritage focus group	African Caribbean	13	05.08.15

Southampton Sight focus group	Visually impaired	9	05.08.15
Lordshill Library	Public	17	06.08.15
Pensioners Forum	Pensioners	26	10.08.15
Chinese Association drop-in centre Northam meeting	Seldom Heard	40	12.08.15
NHS West Hampshire CCG meeting in Hedge End	NHS West Hampshire CCG patients	22	13.08.15
Multi-cultural park event	Multi-cultural communities	35	16.08.15
Health and Wellbeing Board	Health and Wellbeing Board members	9	19.08.15
SVS and Older Persons Forum members workshop	Older persons and voluntary organisation reps	10	20.08.15
Age UK/Dementia Awareness	Older people/dementia	3	21.08.15
Newtown Residents Association	Inner-city residents	19	22.08.15
Carers and families group – Freemantle	Carers	6	27.08.15
Carers Afternoon Tea Group	East European carers	8	28.08.15
The Ascension Centre – open surgery Bitterne	East public	9	28.08.15
Young People Community Fun Day	Young people	47	28.08.15
Gambia Society meeting	Public (BME)	17	30.08.15
Bitterne Market 2	East public	53	02.09.15
Thornhill Memory Cafe	East carers	15	01.09.15
Patients Forum	Patient reps	6	01.09.15
Disability roadshow	Service users including learning disability	12	01.09.15
Comms and Engagement Reference Group	Service users, voluntary organisations	28	02.09.15

APPENDIX 4

Log of media coverage – Bitterne walk-in service consultation

Media	Link/content	Statement provided?	Date
Royston Smith Facebook page	https://www.facebook.com/roystonsmithsoton?fref=nf	CCG not asked for comment.	15 June 2015
Bitternepark.info	http://bitternepark.info/index.php?option=com_content&view=article&id=2733:ccg-consults-over-bitterne-walk-in-centre-closure-plan&catid=1:local-news&Itemid=59	CCG not asked for comment.	16 June 2015
Daily Echo	http://www.dailyecho.co.uk/news/district/southampton/13335310.Walk_in_centre_closure_plans_brought_back_to_life/?ref=mac	Press release sent and verbal conversation with journalist in response to following questions: Why is this happening now? When will the centre close if it does? Do we have the finance information on the cost of running the centre? Our response (over the phone): The public consultation will run from 15 June – 4 September 2015, following the agreement at the meeting of the city's Health Overview and Scrutiny Panel (HOSP) that we would start the public consultation after the General Election. We have launched this in June to ensure local people and our partners have the opportunity to give feedback before the summer holiday period. Findings of the consultation will be presented to our Governing Body at their	16 June 2015

Log of media coverage – Bitterne walk-in service consultation

		September meeting and a decision made following this. This will then be discussed with the HOSP in October.	
Capital FM Breakfast Show	Mention on breakfast show http://www.capitalfm.com/southcoast/	Press release sent but CCG not asked for further comment.	17 June 2015
BBC Radio Solent	Mention on breakfast show	Press release sent but CCG not asked for further comment.	17 June 2015
BBC News Hampshire	http://www.bbc.co.uk/news/uk-england-hampshire-33153256	Press release sent but CCG not asked for further comment.	17 June 2015
Daily Echo	http://www.dailyecho.co.uk/news/13358625.Second_campaign_to_save_NHS_walk_in_centre_centre/	CCG not asked for comment.	29 June 2015
Daily Echo	http://www.dailyecho.co.uk/news/13367932.Future_of_city_walk_in_centre_to_be_debated/	CCG not asked for comment.	3 July 2015
That's Solent TV	Interview with Dr Mark Kelsey about the consultation which was shown on the That's Solent TV Freeview Channel and is on their YouTube channel - https://www.youtube.com/watch?v=FutoxjF2bpM	Contacted the CCG requesting a statement, which was provided and then requested to film at the public event on 9 July. We offered them a pre-recorded interview with one of GPs as wasn't appropriate for filming to take place at the meeting with members of the public present.	8 July 2015
Daily Echo	http://www.dailyecho.co.uk/news/13379796.Meeting_on_fresh_plans_for_walk_in_centre/	CCG not asked for comment.	9 July 2015

Log of media coverage – Bitterne walk-in service consultation

Daily Echo	http://www.dailyecho.co.uk/news/13381467.Major_turnout_for_consultation_meeting_with_residents_battling_to_save_Southampton_walk_in_centre/	Reporter attended the meeting but did not speak to a CCG representative.	9 July 2015
Daily Echo	http://www.dailyecho.co.uk/news/13408868.On_march_to_save_Walk_in_Centre/	CCG not asked for comment.	13 July 2015
Daily Echo	Article following public meeting (in printed version only).	Reporter attended the meeting but did not speak to a CCG representative.	29 July 2015
Daily Echo	http://www.dailyecho.co.uk/news/13524674.___Apply_pressure____over_walk_in_centre_plans/	Contacted for a quote about the policy for NHS West Hampshire CCG patients who attend the walk-in service. Statement provided by West Hampshire.	2 August 2015
Daily Echo	Reader letter published (printed version only) urging people to have their say about keeping the walk-in service open.	CCG not asked for comment.	5 August2015
Daily Echo	http://www.dailyecho.co.uk/news/13598555.City_health_chiefs_told_to__leave_walk_in_centre_alone_/ Article published following public meeting held by NHS West Hampshire CCG.	CCG not asked for comment.	15 August 2015
Daily Echo	http://www.dailyecho.co.uk/news/13639261.Councillors_to_lead_fight_against_closure_of_Southampton_health_centre/	CCG not asked for comment.	2 September 2015

Appendix 5 - EQUALITY IMPACT ANALYSIS (EIA) FORM

Policy/Project/Function	Getting the balance right in community-based health services. Consultation on the proposal to close the walk-in service at Bitterne Health Centre in order to maintain quality community-based health services in Southampton.
Date of Analysis	28.10.14 Updated action plan 01.07.15 Updated action plan 02.09.15
Analysis completed by: **Name and Department** **Email and contact details**	Dawn Buck Head of Stakeholder engagement & Patient Experience Dawn.buck@southamptoncityccg.nhs.uk
What are the aims or intended outcomes of the Policy/Project or Function?	Community based services are one of the main forms of support for people with long term conditions, people with disabilities and end of life needs. We need to adapt to ensure we meet the current and future needs of our population and this requires additional investment.
Are there any other policies related to this as part of the analysis?	Bitterne Walk-in service review Better Care – a Healthy Southampton for all, 5 year strategy JSNA Southampton CCG Clinical Commissioning 5 year strategy

1. SCREENING

Protected Characteristic	Will this policy have a positive effect? Yes or No	Will this policy have a negative effect? Yes or No	What is the evidence?
Age	Yes	Possible negative effect on 0 – 4 yr olds and elderly	See full assessment page 11
Disability	Yes		
Marital status/ Civil Partnership	Yes		
Pregnancy and Maternity	Yes		
Race	Yes		
Religion or Belief	Yes		
Sex	Yes		
Sexual Orientation	Yes		
Transgender people	Yes		

Retain this information for evidence

2. LOCAL POPULATION PROFILE/DEMOGRAPHY

<table>
<tr><td>Overall Population Of Southampton</td><td>239,428</td></tr>
<tr><td>Age Profile</td><td>
<table>
<tr><th></th><th>Total</th><th>Percentage</th></tr>
<tr><td>All ages</td><td>239,428</td><td></td></tr>
<tr><td>0-4</td><td>15,910</td><td>6.6</td></tr>
<tr><td>5-15</td><td>26,169</td><td>10.9</td></tr>
<tr><td>16-17</td><td>4,974</td><td>2.1</td></tr>
<tr><td>18-24</td><td>40,783</td><td>17.0</td></tr>
<tr><td>25-34</td><td>40,246</td><td>16.8</td></tr>
<tr><td>35-44</td><td>30,068</td><td>12.6</td></tr>
<tr><td>45-54</td><td>27,971</td><td>11.7</td></tr>
<tr><td>55-64</td><td>21,586</td><td>9.0</td></tr>
<tr><td>65-74</td><td>16,310</td><td>6.8</td></tr>
<tr><td>75-84</td><td>10,643</td><td>4.4</td></tr>
<tr><td>85-89</td><td>3,062</td><td>1.3</td></tr>
<tr><td>90+</td><td>1,706</td><td>0.7</td></tr>
</table>
</td></tr>
<tr><td>Disability Profile</td><td>38,399</td></tr>
</table>

Marital /Civil Partnership Status profile

Marital Status	Number	Percentage
Single (never married or never registered a same-sex civil partnership)	88,491	45.3
Married	72,324	37.0
In a registered same-sex civil partnership	416	0.2
Separated (but still legally married or still legally in a same-sex civil partnership)	5,141	2.6
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	17,827	9.1
Source: Office for National Statistics, 2011 Census		

Pregnancy/Maternity Profile

In 2011 there were 3,520 maternities to Southampton females resulting in 3,550 live births.
In 2011/12 47.2% of babies were being fully or partially breastfed at their 6-8 week check.

Race Profile

Ethnic Group	Number	Percentage
All people	236,882	
White (English/Welsh/Scottish/Northern Irish/British)	183,980	77.7
White (Irish)	1,746	0.7
White (Gypsy/Irish Traveller)	341	0.1
White (Other)	17,461	7.4
Mixed (White and Black Caribbean)	1,678	0.7
Mixed (White and Black African)	941	0.4
Mixed (White and Asian)	1,796	0.8
Mixed (Other Mixed)	1,263	0.5
Asian/Asian British (Indian)	6,742	2.8
Asian/Asian British (Pakistani)	3,019	1.3
Asian/Asian British (Bangladeshi)	1,401	0.6
Asian/Asian British (Chinese)	3,449	1.5
Asian/Asian British (Other Asian)	5,281	2.2
Black/Black British (African)	3,508	1.5
Black/Black British (Caribbean)	1,132	0.5
Black/Black British (Other Black)	427	0.2
Other Ethnic Group (Arab)	1,312	0.6
Other Ethnic Group (Other)	1,405	0.6

Source: Office of National Statistics 2011 Census

<table>
<tr><td>Religion/Belief Profile</td><td>
<table>
<tr><th>Religion</th><th>Number of people</th><th>Percentage</th></tr>
<tr><td>Christian</td><td>122,018</td><td>51.5</td></tr>
<tr><td>Buddhist</td><td>1,331</td><td>0.6</td></tr>
<tr><td>Hindu</td><td>2,482</td><td>1.0</td></tr>
<tr><td>Jewish</td><td>254</td><td>0.1</td></tr>
<tr><td>Muslim</td><td>9,903</td><td>4.2</td></tr>
<tr><td>Sikh</td><td>3,476</td><td>1.5</td></tr>
<tr><td>Other religions</td><td>1,329</td><td>0.6</td></tr>
<tr><td>No religion</td><td>79,379</td><td>33.5</td></tr>
<tr><td>Religion not stated</td><td>16,710</td><td>7.1</td></tr>
<tr><td colspan="3">Source: Office for National Statistics, 2011 Census</td></tr>
</table>
</td></tr>
<tr><td>Sex Profile</td><td>Male 121,234
Female 118,195</td></tr>
<tr><td>Sexual Orientation Profile</td><td>Data from the Integrated Household Survey in 2010/11 found 1% of adults surveyed identified themselves as gay or lesbian and a further 0.5% identified themselves as bisexual. In Southampton this would equate to 1,970 gay or lesbian adults and 990 bisexual adults. The survey found a larger proportion of men stating they were gay (1.3%) compared to women (0.6%).</td></tr>
<tr><td>Transgender Profile</td><td>There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000. This equates to an estimated 50 people in Southampton</td></tr>
</table>

3. AVAILABLE EQUALITY DATA AND INFORMATION

Is Equality Information/Data available in relation to the implementation of this Policy/Project/Function? This is internal or external information/data which may indicate how the different Equality Groups may be affected by this policy/project /function	Please Tick; **Yes** ☐√ **No** ☐ BWIC Review Complaints/Patient Experience Provider patient experience data
List any Consultations which have been undertaken with Service Users, Carers, Public, Employees, Unions in the development and implementation of this Policy/Project/Function	BWIC Review included patient survey Key stakeholders consulted include, MPs, Councillors, chair of Health &Wellbeing Board, GPs, Solent staff, Healthwatch, Carers Strategic group On-line views and comments ED survey Urgent Care survey AGM workshop
Promoting Inclusion and Cohesion: How does this Policy/Project/Function contribute towards the organisations aims to promote Equality, Diversity and Human Rights and Elimination of Discrimination?	One of our specific goals is Making it Fairer – Tackling Inequalities. This project would enable us to redeploy resources from the east to distribute across the whole city. E.g. central Southampton has capacity issues with community nursing. We are committed to listening to local people, gathering their feedback on their experiences of local services and acting upon it. We have developed a systematic and embedded approach to insight gathering and engagement and involvement work via our You Said-We-did Framework.

4. ASSESSMENT

What impact will the implementation of this Policy/Project/Function have on the Equality Groups as defined by the Equality Act 2010?

Equality Groups	No Impact	Positive Impact	Negative Impact	Evidence of impact and /or justification for a *Genuine De*termining *Reason* exists
Age		√	√	This proposal will support elderly people, particularly those with long term conditions to live independently in their own homes. Transport to other services maybe an issue for elderly people and mums with young children.
Disability Mental or Physical or Sensory	√			
Marital or Civil Partnership Status		√		This proposal will support the most vulnerable families in the city.
Pregnancy and Maternity	√			
Race	√			

All racial groups				
Religion or Belief All faiths or no faith	√			
Sex Women and Men	√			
Sexual Orientation	√			
Trans-gender	√			

5. ACTION PLANNING

As a result of the assessment what actions are proposed to reduce or remove any risks of adverse/negative outcomes identified for service users, carers, public, employees who share the 9 protected Characteristics of the Equality Act 2010?

Identified Risk	Action Recommended	Completion Date	Review Date	Responsible Manager + Contact details
1. Patients in the East of the city not being aware of alternative services	Robust communications campaign to signpost people to alternative services.	Ongoing	Ongoing	Head of Communications
2. Lack of confidence in local pharmacists and lack of awareness of what pharmacies can offer	Engage with pharmacies, particularly in the East of the city to ensure that patients are encouraged to use their services.	September 2015	December 2015	Quality Team Medicines Management Team

3. Patients unable to access local emergency contraception	Engage with pharmacies on the East of the city to ensure they are able to offer this service and to promote the service.	July 2015	December 2015	Senior Commissioning Manager/Meds Management team
4. Patients in the East experience issues with transport, particularly elderly people	Explore solutions with bus companies and SCC Explore solutions with voluntary transport services.	August 2015	December 2015	Director of System Delivery Head of Stakeholder Engagement
5. Homeless people Refugees and asylum seekers	Our figures show that only 3% of people using the walk-in service in Bitterne are not registered with a GP, this includes but is not limited to homeless people. Specialist care for homeless people in Southampton is also available through the Homeless Healthcare Team, provided by Solent NHS Trust. If people are not registered with a GP they can still access the alternative services available at the same time as the walk-in service such as NHS111, the Minor Injuries Unit and local pharmacies therefore we will ensure there is a robust	Ongoing	Ongoing	Communications Team

	communications campaign to signpost people to alternative services.			
6. **Mums with young children, particularly 0 – 4 yr olds**	Robust communications campaign to signpost people to alternative services. Promotion of minor ailments service with pharmacies. Re-print of childhealth booklets.	Ongoing Ongoing December	Ongoing Ongoing January	Communications Pharmacies

6. RATING of FINDINGS

Analysis Rating			**Green**	

Green If the policy/project/ function does not appear to have any adverse effects on people who share any of the 9 *Protected Characteristics then* no further actions are recommended at this stage.	**The policy can be published with the EIA.** Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date.	Where the policy/project/ function does not appear to have any adverse effects on people who share any of the 9 *Protected Characteristics then* no further actions need to be taken at this stage.

7. Summary

Brief Summary/Any Comments:

The EIA has been undertaken by Dawn Buck, Head of Stakeholder Engagement, the Patient Experience Service Manager and a Senior commissioning lead.

The EIA found that there would be no negative impact on people protected under the equality act (2010)

To mitigate against any unintended discrimination and to promote and support improved access and a reduction to inequalities, some risks have been identified together with an action plan which it is considered will address those risks.

Responsible Manager

Name	Job Title	E-Mail/ Telephone	Date
Dawn Buck	Head of Stakeholder Engagement & Patient Experience	Dawn.buck@southamptoncityccg.nhs.uk	1 July, 2015.

Approval and Sign Off

Name	Job Title	E-Mail/ Telephone	Date
John Richards	Chief Executive		1 July, 2015

Independent Focus Group Report:
Bitterne Walk-In Service – Potential Closure

Introduction

On the 17th of July Consult & Challenge ran an independent focus group as part of the Southampton City Clinical Commissioning Group's overall consultation strategy on their proposal to close the Bitterne Walk-In Service (BWIS). The purpose of this focus group was to give residents of Southampton the opportunity to engage in a sensible, orderly, level-headed and balanced discussion about the proposal, and to offer their own opinion on it.

Promotion and Advertising

Details of the focus group were advertised through social media including Twitter and Facebook. The group was also advertised by SCCG on their website. Consult & Challenge promoted the event through their email contacts and posters were displayed in both the Bitterne Library and the Bitterne Health Centre from where the Walk-In Service is run.

Attendance and Attendance Management

One resident who wanted to attend the group was a member of a pressure-group and asked Consult & Challenge to hand out their own response to the consultation, and also to have copies to hand out at the focus group. Because of this request and because there were other individuals from various other groups in the city, C&C had to lay down firm guidelines to all interested parties, ensuring that they did not attempt to sway people's independent opinions.

Attendance

Attendance at the focus group was good, with 10 residents from across the city taking part. Also in attendance were 2 Hampshire residents who are linked to Consult & Challenge and who acted as note takers and independent observers. The meeting was chaired by Will Rosie, Consult & Challenge's Facilitator.

In the second half of the meeting, the group were joined by SCCG Representatives John Richards (CEO), Dr Mark Kelsey (Deputy Chairperson of SCCG) and Dawn Buck (Head of Stakeholder Engagement)

Location
The focus group was run at the Unity 12 building on Rose Road in central Southampton and was considered an ideal venue due to its central location in the city.

Structure of the Focus Group
1. Introductions and Housekeeping
2. Declaration of Conflicts of Interest
3. Presentation of the Proposal
4. General Discussion
5. Q&A with the Southampton Clinical Commissioning Group Representatives
6. Feedback Completion

Main Points
The meeting was opened with introductions, declaration of conflicts of interest and a description of what Consult & Challenge was. Although there were members from several groups present, the only conflict of interest was declared by one resident who was a member of Southampton Keep Our NHS Public (a group that is in opposition to the proposal to close the Walk-In Service).

Whilst the intention was to show the CCG's PowerPoint presentation, and then enter into a general discussion, it became apparent that attendees were more comfortable in asking questions and raising relevant points as each slide was presented. Upon reflection this was a very effective way of collecting ideas and giving everyone the chance to speak and share their views.

The Question and Answer session with the CCG representatives went well, and questions were answered in a straightforward and honest way.

The biggest concerns that arose from residents were around the increase in burdens that could occur if the Walk-In Service were to close. This included, among other things, an increase of pressure on GP surgeries.

Concern was raised that the % stats around GP appointments were potentially misleading and clarification was sought on the following;

1. Did the statistical data represent what the patients thought, or staff?
2. Could the 16% of negative responses be located in just one area of the city (namely the East)

It was stated that the stats were collected directly from the patients themselves. The CCG do have the statistical breakdown to answer question 2, and will forward them to Consult & Challenge for dissemination.

A question was raised concerning the 'new services' that have been implemented since the walk-in service was commissioned. The question was, 'Why are the CCG stating that the NHS 111 service is new, when it was just replacing the NHS Direct service?'
The CCG explained that NHS Direct was merely an advice service and was not able to do what the new 111 service can do. NHS 111 can give advice, make GP appointments, provide both GP call back and call-out services and contact emergency services. If is far more effective than NHS Direct. The stats for NHS 111 were provided for residents to examine.

It was agreed that C&C would take part in an 'Enter and View' of the 111 service in Otterbourne

Information on Pharmacies was also presented and the extended role they had was explained. It was suggested that pharmacies near to the BWIS should be encouraged to open for longer hours in order to cater for residents affected by the possible closure of the service.

The suggestion was also made by participants, that the BWIS could be turned into a smaller MIU (Minor Injuries Unit)

It was also suggested that education of the city's residents about the different services was very much needed.

C&C asked Dr Kelsey if pharmacists were feeling 'put upon' regarding the extra pressure of having to provide a consultation service. Dr. Kelsey explained that pharmacists have been really positive about providing this service and have indicated that they want to do more of it.

Feedback
The most poignant and strongest feedback included

1. 'The general feedback from the focus group was that, if all the other choices were both available and known about, then this would make people more comfortable with the proposal being made by the CCG' – G. Wade, Observer and Hampshire resident.

2. Immediately following the meeting Consult & Challenge sent an email out to all the participants asking for feedback on the focus group and how it was run. The following is the only response from an attendee;

'Dear Will, I am sorry I had to leave before the end of the meeting on Friday, I had an appointment at 1pm. I did enjoy the meeting. It was chaired very well and I felt very comfortable asking questions etc. It was a fair discussion, everyone who had a point to make was encouraged to do so. Members of CCG, gave straight forward answers to the best of their ability. Ideally it would best if the centre could remain open, but situation being as it is, I feel that they have done everything possible to reduce potential risks and provide safe alternatives. I would be happy to attend another focus group. Many Thanks, Mary.

3. The geography of GP surgeries. In the East of the city, it appears that there are fewer surgeries than in the other parts of the city. There is concern that if the Walk-In Service were to be discontinued, then there will be a negative impact on the surgeries that are located on that side of the city.

4. There was a concern about making the consultation 'young people and family friendly', as the times of the meetings did not appear conducive to them having their say.

5. A concern that was discussed significantly was around the issue of transport. Public transport to the Minor Injuries Unit at the RSH, as well as to the Adelaide Centre from the East of the city is a problem. Bus routes and timetables are obstructive when it comes to ease of travel to these places, and it was considered essential for positive progress to be

made in this area in order to support people, who may otherwise use the Walk-In Service.

6. Concerns were raised about what would happen to those users of the Walk-In Service who reside in Hampshire but who either travel across the border to use the Walk-In Service, or who work/study in the city and use it as they would any other city service. As over a third of the people accessing the Walk-In Service travel from Hampshire, attendees wanted to know what considerations are made for them, and how the proposal would affect them.

Conclusion

Consult & Challenge were very pleased with the way the focus group worked, and we are delighted to have been a part of the consultation process. To all intents and purposes the group achieved what it was meant to, and provided a platform for local people to have their say in a level-headed and balanced way. Overall, the opinion of the group was as stated in Point 1 of the feedback section. The walk-in-service is seen as a service that is valued by local people, but that it is not seen as cost effective. Participants saw the value of the money being invested in other services, but **only** if the CCG could guarantee the promotion and provision of all the services they claim are duplicated by the Walk-In-Service.

Will Rosie
On behalf of Consult & Challenge

St Mary's NHS Treatment Centre

Milton Road
Portsmouth
Hants
PO3 6DW

Tel: 0333 200 1822
Fax: 0333 200 1823
www.stmarystreatmentcentre.nhs.uk

Private & Confidential
Lucie Lleshi
Senior Commissioning Manager, System Delivery
NHS Southampton City Clinical Commissioning Group
Telephone: 02380296080
Mobile: 07768 327374
Secure Email: lucie.lleshi@nhs.net

04th September 2015

Dear Lucie,

Just to let you know we would be happy to support the consultation proposal for Bitterne Walk in Centre and my assumptions are that we could expect another ten patients per day which we are very comfortable with.

Please keep me posted as to how things are progressing and if you need any support with anything please let me know.

Yours sincerely
For and on behalf of Care UK

Penny Daniels
Hospital Director

NHS
West Hampshire
Clinical Commissioning Group

Headquarters
Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB

Tel: 023 8062 7444
Direct line: 023 8062 7869

4 September 2015

John Richards
Chief Officer
Southampton City Clinical Commissioning Group

Dear John

Bitterne Walk in service

I am writing to confirm the support of West Hampshire Clinical Commissioning Group for the closure of the Bitterne walk in service as proposed by Southampton City Clinical Commissioning Group.

We have held a public meeting for residents of west Hampshire who may be affected by the proposed closure and we have shared our findings from this meeting with you. This feedback will be included in the results of your consultation.

We support the case for closure as set out in your consultation document and agree that walk in centres are not the best use of resources and duplicate other services. West Hampshire CCG does not commission walk in centres for this reason.

Yours sincerely

Heather Hauschild (Mrs)
Chief Officer

Appendix A

Feedback form

Our preferred option is option 1- to close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care.

With which option do you agree/disagree?

Option 1 - To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care.

X Agree ☐ Disagree ☐ Don't know

Option 2 - To keep the Bitterne walk-in service open at the risk of high priority services such as community-based care.

☐ Agree X Disagree ☐ Don't know

We are also seeking views on impacts we need to be aware of and alternative suggestions. If the decision was to move forward with option 1 what are your main concerns?

- ☐ I think that more people would go to the Emergency Department
- ☐ I feel it would create more demand for GPs
- ☐ I wouldn't know where else to go
- ☐ X Other – please explain below:

There is a concern that patients will not be aware of the alternative out-of-hours options available to them, and it is therefore important that this is accompanied with a good communication plan. Specifically, patients in the east of the city will feel that they are losing a much valued community asset and so specific communication about their alternatives is required.

The staff who work in the walk in service are highly qualified, valued individuals and there is a concern that this skill set will be lost from Southampton. Solent are working hard to retain as many of the staff as possible through this time of uncertainty, and for the future, should the service close.

The demand for high quality community based case is increasing, and while the funding made available from the walk in service will make a significant difference to Southampton services, it will not resolve the future resourcing gap in perpetuity.

Please tell us about any other options or ideas you would like us to think about:

Solent recognise that the walk in service is highly valued by our patients and has provided an excellent service to the people of Southampton and Hampshire. However, there are alternative options for the patients who access the service (self-care, pharmacies, OOH GPs, WIC, A&E) and the NHS cannot afford to provide duplicate services. In these constrained financial times, it is necessary to make difficult choices, and in that spirit, Solent NHS Trust supports the CCG's recommendation to close the walk in service and re-invest the money in community based care.

About you

We want to make sure that everyone has had a chance to share their views. To make sure this consultation reaches a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself to help us see who has responded.

Are you

☐ A general member of the public

☐ NHS staff member

X Representing an organisation – please state: ……Solent NHS Trust……
……

Please tell us your postcode (first four digits only): ……..

Are you? ☐ Male X Female

What is your age?

☐Under 20 ☐20-29 ☐30-39 X40-49 ☐ 50-59 ☐60-69

☐ 70-79 ☐ 80-89 ☐ 90+

What is your ethnic group?

White: XBritish ☐Irish ☐Any other white background

Mixed: ☐White and black Caribbean ☐White and black African

☐White and Asian ☐Any other mixed background

Asian or Asian British: ☐Asian Indian ☐Asian Pakistani

☐Asian Bangladeshi ☐Any other Asian background

Black or Black British: ☐Black African ☐Black Caribbean

☐Any other Black background

Other ethnic groups: ☐Chinese ☐Other ethnic group

☐Rather not say

Thank you for taking the time to give us your feedback. Please return your form free of charge to:

Freepost RRYC-AUHZ-EHKE, Southampton City CCG, NHS Commissioning HQ, Oakley Road, Southampton, SO16 4GX - FAO **Communications Team**

The deadline for responses is 5pm on Friday 4 September 2015

APPENDIX 6

University Hospital Southampton NHS
NHS Foundation Trust

Chief Executive's Office
Trust HQ
Ground Floor, Trust Management Offices, Mailpoint 18
Southampton General Hospital
Tremona Road
Southampton SO16 6YD
Tel: 023 8120 6173

Our Ref: JH/tb

19th June 2015

John Richards,
Chief Officer,
Southampton City CCG,
Oakley Road, Southampton.
SO16 4GX

Dear John,

Thank you for sharing the consultation document on the closure of the Bitterne Walk in Centre. I have taken the opportunity to discuss this with colleagues at UHSFT and wanted to share our thoughts.

We are very mindful of the arguments you have put forward and this service now overlaps or duplicates other services provided within the city.

We have reviewed any impact this may have on ED and we do not believe it will impact significantly on patients attending the ED in Southampton. We are pleased that you will be re-investing this money in improved community services for patients.

Obviously we would ask that you continue to vigorously promote and commission the alternative services for this population, so that people on the east of Southampton are not disadvantaged.

With best wishes.

Yours sincerely,

Fiona Dalton,
Chief Executive.

ccs
Jane Hayward, Director of Transformation and Improvement
Alison Ayres, Director of Communications
Mike Murphy, Director of Strategy

SOUTHAMPTON NHS NOT FOR SALE

Keep our NHS public

Response to the Southampton Clinical Commissioning Group Consultation on "Getting the balance right in community-based health services"

JULY 2015

Introduction

Southampton Keep Our NHS Public (SKONP) welcomes the opportunity to comment on the Southampton City CCG's proposal to close the Bitterne Walk in Centre (BWIC). In our judgement there are a number of areas where the consultation paper is light on detail or evidence to support its proposal. We have therefore identified a number of questions and issues arising from the paper which need further clarification. At this point therefore we comment where possible but reserve the right to make further comment and submission during the process as necessary.

The CCG make the point that they can only spend the financial resources available once and any funding removed from BWIC will be used to support improved community nursing provision, which is seen as a higher clinical priority. For the avoidance of doubt: SKONP is supportive of the development of community-based services for local people with long-term conditions and recognises the importance of according this a high priority in Southampton. Equally, we can be persuaded that service change and development will sometimes mean that the right thing to do is to replace a current service provision. We would expect however that the new service to be at least as good in terms of meeting patients' needs and ensuring the health of the local NHS, by which we mean the ability of the various NHS Trusts, CCGs and other agencies to work together constructively to produce the best possible health outcomes.

However we would take issue with the premise implied in the title of the consultation paper that the proposal is about "getting the balance right", since the options on offer (in reality only one) do not provide that balance. We comment further on the adequacy of the process in "A Note on Consultation" below.

Funding

We can understand that NHS managers operating with a finite budget have difficult choices to make about allocating resources to clinical priorities; we do not dispute that community nursing should be accorded a high priority. Since the CCG and the Solent NHS Trust have not "opened the books" we do not have a clear picture of the financial state of those organisations, or the options which could be explored to maintain the BWIC and improve community nursing without cutting services. We do not infer from the consultation paper and such evidence as it provides that BWIC has no clinical value; indeed if this were the case it would raise some serious questions about why the CGC/Solent NHS Trust and their predecessors have continued to maintain, operate and finance the Centre for about 12 years. We also understand, although this was perhaps clearer in the previous consultation

exercise, that the CCG had some issues about the BWIC treating patients across "boundaries" from Hampshire CCG areas for which they do not receive funding - a fair point.

We need to make it clear however that SKONP exists to support the principle of a public health service free at point of use and accessible to all, funded by general taxation and accountable to the public. In terms of funding available to the NHS, even allowing for any considerable gap between what is needed and what is allocated, we would draw attention to another reality. The CCG, like its counterparts elsewhere, is obliged to commit extensive resources, human and financial, to operating a market in healthcare, and these are resources which should be devoted to frontline healthcare. Nationally the costs of regulating and administering the market created are huge: conservative estimates made by the Centre for Health and Public Interest put the annual cost of the internal market at £4.5 billion, with NHS campaigners putting the figure in the range of £10-30 billion. In line with most medical and expert opinion, a highly critical report from the King's Fund think-tank in 2015 has concluded that the previous Coalition's Government's health changes were "damaging and distracting", and had probably contributed to the current crises in the NHS. It has been estimated that in Southampton over £16 million was wasted on an NHS reorganisation that no one wanted and which isn't working.

Administration costs have risen from 5% of the NHS budget in 1979 to over 14% in 2010. The UK spent around 8.9% of GDP on healthcare in 2012, whereas the US, with its insurance-based system, spent 16.2%, based on OECD research. In a 2014 survey, 65% of CCG leaders said that they had incurred extra costs related to commissioning NHS services. There is little evidence that introducing competitive markets in healthcare increases quality or efficiency. Evidence shows that contracting out NHS services - cleaning, facilities management, GP 'out of hours' services, treatment centres, clinical services, shared services and IT - has often had a negative effect on the quality of patient care.

As regards the treatment of patients from "out of area", SKONP like all those who use NHS facilities has only a peripheral interest in where the boundaries of individual organisations are drawn. We are more concerned with ensuring that people can access services which meet their needs. However it is true that, since its formation, the NHS has been funded on the basis of meeting the needs of a defined local population. If patients from outside the Southampton CCG area are using the BWIC they are doing so to access local NHS services, not to avoid costs to their own CCG. If neighbouring CCGs are not making a contribution to the costs of running the BWIC in respect of their own populations, then they should.

It is not clear from the latest consultation paper whether there is a refusal by other CCGs to provide funding; we assume this is the case. However since it is claimed that 34% of the WIC's patients come from outside Southampton whilst the Solent NHS Trust official website for BWIC claims the "service is open to patients registered with a Southampton GP only" the position seems confused. We understand that patients from the Fareham area –mainly the Locksheath, Whitely and Brook Lane GP practices - account for 5.5% of BWIC attendances, that is nearly 1000 attendances a year, with the bulk of other "out of area attendances" coming from Eastleigh Southern Parishes like West End, Hedge End, Burseldon and Netley. Certainly if other CCG areas were contributing to the care their residents receive from the BWIC then this would have a significant effect on running costs. However it is not clear how this would affect the CCG's desire to close BWIC.

Equally importantly in relation to neighbouring areas, the consultation paper has very little to say about the effects of the closure of BWIC on services in other areas, what alternative services will be in place in those areas, and what the impact of any closure will be on GP and A&E (Accident and Emergency) services used by patients in those areas. This is a rather parochial view. We accept the administrative convenience of NHS boundaries but also expect to see more joined-up, system-wide approaches to working together where there is a shared reliance on services. We suspect that the current NHS culture, in which commissioners and NHS Trusts act as separate "business units," actively works against this kind of co-operation.

As the consultation paper is unclear on this point SKONP will seek to explore with neighbouring CCGs the extent to which they are prepared to make or have made a contribution to the running costs of BWIC and also to establish their own estimates of the effects of closure on their services and other services which may impact on Southampton, such as, for example as the Southampton General Hospital Accident and Emergency Department.

Do WICs Have Value?

WICs were introduced to improve access to care and to fit around patients' busy lifestyles. In 2013 a national survey of almost 2,000 patients found that almost half had used WICs because they had been unable to get a suitable appointment to see a GP, or believed they would struggle to do so. One in five said they would otherwise have gone to A&E. This of course not only benefitted the patient but was cost effective for the health system as a whole because it reduced pressure on A&E and GP services.

Since 2010 a number of WICs have closed nationally due to financial pressures and in some cases because they were seen as "too popular" with patients. NHS commissioners claimed they were generating excess demand for services and were forcing them to pay twice for patients. This was because the system for distributing funding is partly based on the number of patients per GP practice. Commissioners claimed that they were paying twice for a patient who used a WIC while also being registered with a family doctor. In 2013 Monitor the health service regulator, said that the payment system should be reformed because it discouraged commissioners from using the WIC model and did not give GPs an incentive to improve the efficiency of their own service. Another factor contributing to the national trend may be, as SKONP suggests in its *People's Plan*, that although Walk -In Centres were invented to get around primary care intransigence, they have been systematically killed off by General Practice as they are a threat to its business income.

Monitor expressed concern about the increasing closure of NHS Walk-In Centres. It said there was a danger that closures could leave some patients unable to access GP care, particularly those unable to register with a surgery, as well as low-income working families and high-risk socially excluded groups such as homeless people, refugees and drug addicts.

Monitor's research found that nearly two-thirds of patients who attended walk-in centres were already registered with a GP. Of these, just over a fifth said they had contacted their GP practice beforehand but were unable to get an appointment. A further 24% said they did not even bother to contact their GP because they anticipated there would be no convenient appointments available.

Asked where they would have gone if the centre had not been available, one in five patients said they would have visited the nearest A&E, raising the prospect that the closures will increase pressure on already-stretched hospital emergency services.

Catherine Davies, Monitor's executive director of co-operation and competition in 2013, said: "We've been told that one in five people would choose to go to an accident and emergency department if the walk-in centre wasn't there for them. While it is for commissioners to decide whether to keep a walk-in centre open, we need to make sure that the needs of patients are fully considered before decisions are taken."

We would dispute whether, in the less than two years since this analysis was made, the situation has improved in relation to pressure on A&E services or the likely reduction in GP capacity to meet patient needs. The Local Medical Committee in 2014 predicted that GP services in Wessex would soon face a workforce crisis that could undermine patient care across the region, with fewer GPs,

resulting in fewer appointments available, with longer waits to see a GP and some practices facing closure. We are not convinced by the CCG's claim that they have secured access to additional services which will both meet the needs of patients who currently use the BWIC and prevent pressures on other parts of the health system.

The CCG's Analysis

In terms of the information provided about BWIC usage we are not sure what interpretation the CCG have made of the figures presented, nor what conclusions they have drawn from them. It would appear that the 83% of BWIC users who have a Southampton GP come from the east of the City where the Centre is located. This would suggest that it is both popular and well supported in an area of the City not overprovided with health services. We would suggest that these figures and the times and days when the public are accessing the Centre are reflective of demand or convenience: after work for example or during working hours when other services may not be readily available. Feedback from the public indicates that they place a high priority on being able to see a GP quickly when needed. If this is correct, and we are sure it is, how do the additional appointments offered by local GP surgeries correlate with the peak period of demand at BWIC: for instance, Sunday is the second busiest day but are there any GP surgeries on Sunday?

We note the figures for the number of patients requiring no treatment (24%), basic medication (8%) and those advised to consult their GP directly after their visit or later (68%) but what does this tell us? That BWIC is doing the job it was set up for in seeing people with a health concern promptly whilst reducing pressure on GPs and A&E. Yes, some people may not have needed treatment or not have needed GP intervention, but how were they to know that? Advising people to consult their GP directly after their visit or later seems like sensible standard advice, sometimes given in A&E departments. It doesn't mean that they did not have a health need.

Much is made of the number of patients presenting at the centre with coughs and sore throats and a debate can be held as to whether treating these conditions at a WIC is cost effective. It is worth noting that a number of WICs across the country advertise that they are set up to deal with these types of complaint and presumably the local health system has made the calculation that this is more cost effective than patients presenting at other services. Again the BWIC official website, run by Solent NHS Trust, is clear that staff at the Centre will not "syringe ears, dress ulcers or X ray" it does not convey any clear message that colds and sore throats are more appropriately dealt with elsewhere. It also needs to be remembered that the symptoms of a cough or sore throat can also

point to a more serious underlying medical condition or in themselves be more serious to certain groups.

Costs per Patient

The consultation paper quotes figures from its previous Bitterne Walk in Centre Service Review 2014 to demonstrate that BWIC is not cost effective with each attendance assessed as costing £67 compared with say £77 for an A&E or £32 for a GP appointment. There are several points to be made on this.

Firstly if the figures are correct is this the only measure that matters? WICs were established to remove pressure and costs from GP and A&E services, not just to be the cheapest alternative on one measure. Indeed if we were to solely apply this yardstick then a call to NHS 111 would seem the best bet of all at only £8 a time but, as we say elsewhere, there are real quality concerns about this service. There seems to be no recognition that BWIC contributes to the overall health of the local NHS by relieving pressure on other services and providing more appropriate treatments.

Secondly, how reliable are the figures? To take one example, a health visitor appointment is shown by the CCG as costing £45, however the authoritative Unit Costs of Health and Social Care 2014 published by PSSRU show the mean average cost for a face-to-face contact in health visiting services from 2013/2014 was £51, with an interquartile range of £42 to £57. A cost of £32 for a GP appointment looks reasonable, but we have seen a range of figures quoted for the cost of such appointments including £45. Is £32 the actual figure for each of the 33 GP practices in Southampton or just the 10 on the east of the City, or is it an average? - If so what is the range? We are not sure how the figures have been arrived at, the consultation paper is short on detail: is it based on total costs of the service in question divided by the number of appointments or some other methodology? We find it hard to credit that each of the separate and distinct businesses that make up the GP practices can deliver an appointment at the same cost.

Thirdly, is the CCG comparing like with like in looking at costs, assuming, in the absence of detail, that the methodology is roughly to take total costs of the service in question and divide by the number of appointments? Some service costs like heating and lighting will be constant whatever the patient numbers but the more patients seen the lower the cost per appointment.

It is reasonable to assume that all or most GP practices are operating at full capacity. We hope this is the case with the MIU as the NHS is paying a private company large sums of money for the service. Where BWIC differs from other services is that there has been a conscious policy to promote alternatives and to reduce its capacity going back to the severe cuts in service levels by the

Southampton City PCT in 2011, with some predictable results. In contrast SKONP believes that the alternative approach of investing in BWIC, ensuring it was used to its full capacity, and of course developing and improving how it fits into the local health system and securing commitment to funding on that basis, would have been the cost effective and right approach.

Alternatives

One of the main difficulties with the consultation paper is the lack of real detail or evidence of modelling the effects of a BWIC closure of other parts of the NHS. We have GP anecdotes; we are told that "feedback" shows that "many" people use both BWIC and their GP for the same condition [at the same point?]. We are told that more people could use the pharmacist or 111 - how many? If the CCG has conducted a review of BWIC, (which is not the consultation paper), what are its quantified assumptions about where patients will go and the ability of the system to cope with this? We have already made the point that the CCG needs to be able to evidence working with other CCGs to understand the impact of closure.

Extension of GP opening hours

SKONP welcomes any extension to GP opening hours in the east of the City, or elsewhere, but the consultation paper and supporting documentation raise as many questions as they answer on whether this is intended to meet the increased demand if the BWIC is closed. Firstly, to what extent are the two (potential) developments connected? We assume that the CCG did not secure funding for additional GP services on the basis that the BWIC would close, since that is still a matter for consultation. It appears that the funding comes from a government initiative to increase access to GPs and would be in place whether BWIC closes or not.

The consultation paper is vague about what additional GP services are now being offered. We understand that there are two problems with increasing GP services: firstly, funding and secondly, finding the GPs to cover the services. On the operating assumption that the funding is there, what about the services? Are the additional GP opening hours fully staffed with the full complement of clinicians and support staff, as would be the case on a normal weekday opening, or are a limited or slightly augmented staff group being stretched over longer opening hours? How many additional GP appointments are available? It would appear that the additional opening is not full day, being in most cases extended Saturday morning and Monday evening sessions. What is the clinical staff mix available on the extended opening days and how does this compare with services available at BWIC on corresponding days? If the additional GP sessions are indeed intended to compensate to some extent for the closure of BWIC at its busiest time, said by the CCG to be the weekend, why are GP

services, with one exception, only opening on Saturdays and Mondays? Is Sunday no longer part of the likely weekend demand period? The benefit of a WIC is in the title: you can walk in when there is a need. Evidently this facility is not available for 7 days a week in the proposed new model of services on the east of the City; nor, we assume, can any patient present for treatment at any surgery, but only where they are registered

There is a major logical failure in the CCG's case for closure of BWIC in relation to GP practices. On the one hand it argues that BWIC is treating very minor ailments that could be treated elsewhere by pharmacists: for example, it quotes GPs from across the City (why not just in the area affected?) to the effect that BWIC has "no discernible impact on their workload". If this is the case, why do we need the extra GP sessions? Is it because BWIC will close, or is it because of the national phenomenon of increased pressure on GP services in areas with or without WICs and the changes to the population's health (a topic which features in the opening paragraph of the consultation paper) or both?.

SKONP is not convinced that Southampton is uniquely placed to solve the crisis which is repeated across the country in relation to GP recruitment and retention, the maintenance of services and meeting the changing health needs of a growing population. Neither are we convinced that workable solutions to the problem are being developed by government. Therefore SKONP believes there is a strong case for retaining BWIC, increasing its opening hours and expanding the range of services it can offer as part of a coherent approach to reducing pressure on GPs and delivering primary care in the City.

The Minor Injuries Unit (MIU)

The Minor Injuries Unit (MIU) at the Royal South Hants Hospital is mentioned in passing, more briefly than in the previous consultation exercise, as a potential destination for some of the current users of the WIC. As the MIU is run by a private company (Care UK badged as a NHS "franchise") what are the contractual implications of any additional workload? Is there spare capacity or is the MIU already fully utilised? Can more patients be accommodated within the existing contract and pricing or are there additional cost assumptions? If so have the CCG allowed for this? What is the cost involved? During last year's consultation the CCG suggested that "activity figures suggest that up to 20% of the current BWIC activity (those presenting with minor injuries, including bites) could appropriately be treated by the MIU at the RSH." On the latest figures this would be a further 320 patients a month for the MIU or 3840 a year. Will the CCG pay the MIU for attendances where it considers that other alternatives should be used?

111

Another option suggested by the consultation paper is a greater effort to promote and direct patients to the 111 NHS advice telephone number. However there are real concerns about how effective this service is compared to the clinician-staffed NHS Direct service that it replaced. It has been described as a "cheap sticking plaster". The CCG will surely be aware of the research undertaken by the BMA on the impact of 111 on urgent and unscheduled care services. This suggested that the number of calls referred through to GP services has gone up considerably between autumn 2013 and autumn 2014.

Separate figures also suggested a sharp drop in the percentage of calls where patients had been given safe "self-care" advice over the phone rather than being referred to NHS services. The analysis by the BMA of NHS England's statistics on NHS 111 found:

- In one year, the number of calls referred to GP services from NHS 111 was over 5 million compared to fewer than 3 million total referrals in the three previous years since its inception in August 2010.
- The number of calls referred to A&E services from NHS 111 was over 718,461 compared to under 375,000 total referrals in the three previous years.
- Figures from the Primary Care Foundation estimate that the number of calls designated as "self-care" - where patients can safely treat their condition after advice from a call handler - may have also declined from 48% in 2012 down to an average of just 15%.

The BMA and its GP Committee have been concerned that the total number of calls to NHS 111 could have added considerably to existing patient demand and make the following points:-

- It is critical that a full root and branch national review of the impact of NHS 111 on the whole unscheduled care system takes place – this should be fully evidenced by an independent research body and should include data on the other routes by which patients access care services, i.e. calls to GP practices, calls to 999, attendances at A&E, attendances at walk-in centres (whether referred or not) etc.
- Bearing in mind the inadequate investment in general practice services and the shortages within the GP workforce, are patients calling NHS 111 as a second resort following a failed attempt to book an appointment with their GP?, or out of hours, when GP surgery is closed? –as in some surgeries, 111 is the suggested out of hours recourse.

- BMA members continue to report examples where referrals from NHS 111 are inappropriate too. Are scripts used by non-medically trained call handlers causing risk-averse behaviour and resulting in inappropriate referrals?
- At a time when NHS resources are so stretched, the public and clinicians need to be assured that NHS 111 is efficiently integrated with the whole unscheduled care system.

It would appear to SKONP in the light of both expert opinion and patient experience (and current national press investigation, which has triggered an independent investigation of behalf of South Central Ambulance Service, which covers Hampshire) that 111 does not offer an effective alternative to local people who have a pressing health need. If anything, it can act as an additional "gatekeeper" delaying or possibly deterring treatment but not significantly reducing any burdens on the system. If the Southampton CCG has been able to customise the local 111 system to ensure that it can act in a way that is "efficiently integrated with the whole unscheduled care system" then this is not evidenced in the consultation paper.

Increased use of pharmacy services

The consultation paper suggests that "many" patients who use BWIC could self- medicate or be treated by a local pharmacist, possibly in one of the four pharmacies offering a minor ailments service.

One of the options mentioned is the pharmacy at the Adelaide Centre in Millbrook. Although we welcome any efforts to make better use of the expensive and underused Adelaide Centre, we doubt whether many residents on the east of the City will make the long journey.

It may well be that increased use of pharmacies, particularly those offering a minor ailments service may relieve some of the pressure on local GP services and indeed on BWIC in relation to coughs and sore throat treatment - if that is indeed the problem and there is no underlying major health problem of current flu or similar epidemic which might require onward referral to a GP. If this is the right thing to do, and it works (see below), then it can easily be argued that BWIC can focus on offering more pressing treatments in the east of the City. Indeed this is one of the messages from the NHS England Guidance on Community Pharmacy (November 2014) which states "Community pharmacy can provide NHS funded, over-the-counter medicines to low income groups to help them self-care to free up GP, walk-in-centre and out of hours appointments".

Neither the CCG nor Solent NHS Trust are passive observers of their own fate; the NHS has run BWIC for 12 years and if they did not think they had the treatment mix right this should have been addressed some time ago and not when financial pressures on the NHS have become acute,

Think First Campaign

The consultation paper places some emphasis on the CCG's Think First Campaign established to promote awareness of the alternatives available to BWIC and probably intended to supply evidence to strengthen the case for its closure. This campaign has run for the last six months. The evaluation of Think First should provide a useful set of data on how effective some of the major alternatives offered to BWIC have been in reducing demand since the scheme was introduced, and should provide a firm basis for calculating where demand will go in future. However this consultation paper provides none of this information; indeed from the CCG's website it appears that the public were first asked for feedback in April this year. Given the heavy promotion of Think First the fact that in June the CCG were citing a figure of 1600 patients a month demonstrates to us (regardless of whether the Think First campaign had an impact or not, which is not clear) that there is a continuing demand for BWIC's services.

Geography

One of the reasons people like WICs is that they are convenient and readily accessible; this is undoubtedly the case for those who live on the east of the City (and in neighbouring areas) who do not view the area as overprovided with NHS services. Should BWIC increase reliance not just on GPs, but on the MIU or A&E, (and the paper does not convince us that this will *not* happen), this will affect both convenience and accessibility, especially for those who rely on public transport. There are several possibilities here: one, that people will undertake the inconvenience of travelling to other treatment options for conditions which are more appropriately treated in a WIC; two, that they will use a local GP if available thus increasing pressure that WICs were set up to reduce; or lastly, that some people who need it won't get the treatment they need.

Patient and Public Engagement (PPE)

The consultation paper and the additional paper on Patient and Public Engagement (PPE) present some interesting information about which services are most important to patients. Seeing a GP or shorter waiting times at A&E score higher than either BWIC or the MIU - no surprises there. What is more important, we feel, is what apparently was not asked: namely(a) do you believe that closing

BWIC is more likely to ensure better access to a GP or shorter waits at A&E? and (b) if BWIC closes where are you likely to go instead: GP, A&E, 111, the MIU, the pharmacist? These questions and the answers would allow for a better assessment of the likely impact of closing BWIC, rather than some of the wishful thinking in the consultation paper.

Another problem with the PPE is the lack of any detailed demographic analysis of the client base of BWIC users, are they male, female, in employment (and thus a WIC appointment may suit them better) have they access to a GP, why do they use the WIC, are they able to travel , are they prepared to travel to any alternative? etc. To take a few examples of why this matters: a CAB report in 2014 highlighted the fact that people aged 18-34 are more than twice as likely to go to A&E or an NHS walk-in centre when they can't see a GP compared with older age groups, but one in eight (13%) younger adults did not get any professional help for a health problem when they were unable to see their GP. This suggested that WICs do have a role for this group. Secondly, based on the figures in the consultation paper, nearly 400 people who use the WIC are not registered with a GP. Where will they go if they cannot easily access a walk in service? Finally the consultation paper indicates that a high proportion of people who attend fall into the 0-4 age bracket so users are parents taking a baby or infant to the BWIC and in pressing need of help and reassurance. It is very much more difficult and time consuming to take a child to the MIU or A&E and an infant's health can deteriorate very fast and people will be concerned they may have to wait several days for a GP appointment.

Staffing

We of course welcome the commitment that there will be no compulsory redundancies should BWIC close, as we believe all members of the NHS Team have important skills which need to be retained. However without knowing details of the current skill mix can we assume that all the staff in question can be offered employment in the proposed new community-based nursing service? Staff pay alone accounts for over 75% of the direct costs of the service. If staff are given employment in other areas (outside of community nursing) or feel obliged to accept voluntary redundancy does this not have an impact on the ability "to redistribute the current funding to community nursing and community based care" which the CCG are relying on?

Funding available for new services and the future of the BWIC Building

On first reading it appears that the CCG proposal is to apply all the funding currently allocated to BWIC to any new service it wishes to establish: approximately £1289,000. However this is not in fact

the case since there are a number of indirect costs which the paper clearly states "are planned to fall, but will not be released for reinvestment should the service close. We would plan to reuse the building space released for other NHS services, recovering the associated building depreciation cost from these services which in the medium term would then release further savings as a result of any closure". Some idea of the savings expectations for the "medium term" would of course be helpful.

On the future use of the building, since one of the concerns about the BWIC closure is the lack of NHS services in the east of the City, and as presumably there are no plans to add yet more empty capacity to the NHS estate, it would be helpful to get some clarification of what use (clinical or non-clinical) the CCG and Solent NHS Trust are planning for the building. Will there be an NHS clinical service available at the times BWIC now operates? Can we assume that this would constitute more capacity for the health centre which shares the premises. If so what will the capacity be used for?

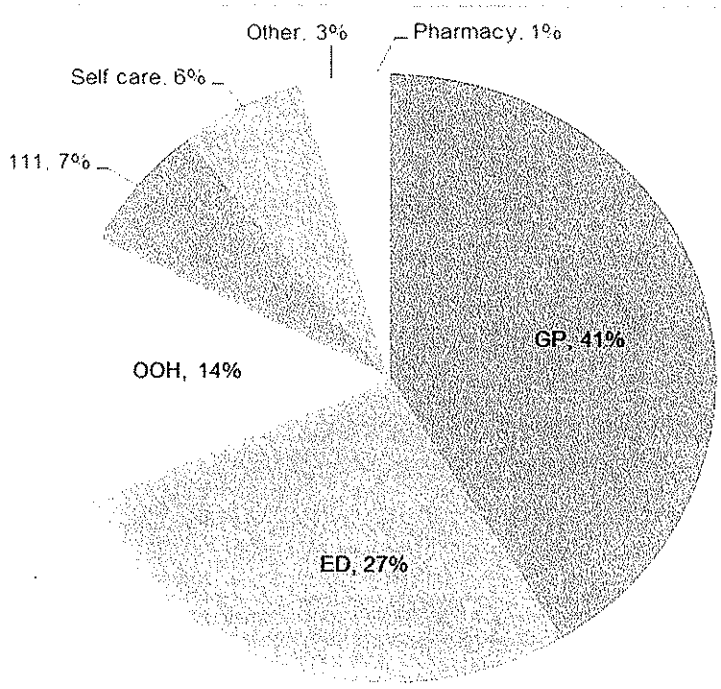
Why we are unable to support the current proposal.

To support the CCG's proposal to close BWIC three important conditions would have to be met to satisfy SKONP that the development was in the best interests of patients and the wider NHS. We do not think these are met and are consequently unable to support the current proposal.

Firstly, we would need to be convinced that the redirection of funding to improved community nursing services was the best thing to do. We have no difficulty in supporting additional community-based nursing services and recognizing their importance and priority. We should therefore welcome some information about the current gap between what is available and what will be provided if the service is developed. However it must said that in promoting this as the best option, the CCG has singularly failed to communicate a clear vision of what the new service would be like or how it would better serve patients. We assume that some planning has been done but this has not been shared through the consultation. It is unclear how soon the service will be in place after BWIC closes, or how it will be staffed - we understand there are longstanding difficulties in recruiting community nurses in Southampton (Health Visitors and District Nurses) - what services it will provide, how it will interface with primary care services and social care services run by Southampton City Council and others and how future changes to these services will impact on community nursing. Where do any released funds go: to the CCG or to NHS Trusts? Will any new community service be provided by a local NHS Trust automatically or will the provision of the service be subject to commissioning and contracting, with attendant overheads? Is there a commitment to ensure that any community nursing service will be exclusively provided by the NHS?

Secondly, we would need to be convinced that the alternatives to the BWIC service, which the CCG itself feels obliged to offer, are good enough to provide for patient needs. Of this, for reasons outlined above, we have some doubts. The benefits of some of the options appear speculative at best and it is unclear to what extent the CCG has planned for the impact of the BWIC closure (something it wanted to pilot last year) or has plans in place to coordinate its response to varying kinds of demand produced by any closure.

Thirdly, we would need to see compelling evidence that the closure of BWIC can be managed without producing additional pressure on the NHS, including GP practices which already face significant problems in maintaining long term sustainability and recruitment. We see no clear modelling on numbers and impact in this paper. This is in contrast with information presented during the previous consultation where, based on patients response the CCG produced a chart illustrating "Where would patients go if they didn't attend the WIC?" which we reproduce below



This does not suggest that 111, pharmacies or self-care are likely to have much of an impact, but that on the CCG's figures, were BWIC to close, then each month/year an additional 656/7872 patients will present to their GPs, if they can, an additional 432/5184 will present at A and E and a further 224/2688 will contact the OOH service.

In short we are not convinced that plugging one hole in a leaking boat by making another hole elsewhere is a sound approach.

We are concerned about the level of vagueness about the impact of the closure on neighbouring CCG areas and the knock-on effects this may have for other services, particularly A&E. The paper states that "evidence suggests that increasing numbers of people are using [alternatives to BWIC] and as a result, the Emergency Department at Southampton General Hospital has seen a reduction in attendances". A list is also provided of measures implemented to provide "new and alternative services for everyone in Southampton who needs something right now" whether they are for cough and cold remedies right through to emergencies such as heart attacks. These measures have been provided in addition to BWIC, which is averaging, we are told, 1600 patients a month. This would suggest that demand would not be met without BWIC.

On relieving pressure on A&E the evidence is not presented, but it must be said that this is hard to square with press reports and staff experience. To take one example: in January 2015 it was reported that waiting times in A&E in Southampton had fallen well below government targets to reduce waiting with fewer than 80% of patients being seen within four hours. Dr Mark Porter, British Medical Association council chair, was quoted in the Daily Echo as saying "The latest figures from Southampton General Hospital highlight the unprecedented levels of pressure that the NHS is currently under. Staff are working flat out but the system is struggling to cope with the sheer number of patients coming through the door. Growing pressure on services throughout the year means hospitals such as Southampton, have no spare capacity to deal with the winter spike in demand. So patients are enduring delays in their treatment, and the NHS finds itself running just to stand still." Bearing in mind that WICs were created to alleviate pressure on A&E departments and given the already stretched capacity of local A&E, SKONP has difficulty in accepting that closing BWIC will have no impact. As we would assume that the Southampton CCG has discussed the impact of closure in depth with University Hospitals Southampton NHS Foundation Trust we are surprised to find no statement in support of the proposal from UHS in the paper.

We are also surprised that while the website supporting the consultation directs those who live outside the City and wish to comment on the proposal to do so via the West Hampshire and Fareham and Gosport CCGs, there is no indication in the paper of those CCGs' attitude towards the proposal or their assessment of its impact.

Is there an Alternative?

SKONP's approach does not seek to oppose the proposal for the sake of negativity but to actively promote the case for BWIC as part of the solution to some of the serious problems faced locally by the NHS. If we thought that the CCG had got the approach right and that it offered the best overall solution, we would support it, but this is not our conclusion.

This is not to say, as we have made clear, that we do not support an improved and extended development of community nurse provision. If anything we would question why this has not been higher on the agenda to date, obviously its introduction has not been delayed because of CCG commitment to maintaining BWIC.

However we reject the way in which the consultation poses a limited either/or approach on this issue offering only one, unacceptable, alternative involving risk to high priority services and so potentially favouring the first option. This is reminiscent of the Southampton City PCT's approach to consultation on cutting BWIC services in 2011 which offered a choice between two levels of cuts when the public were in favour of retaining the service.

Obviously some of the big issues around the funding and direction of the NHS have to be resolved by a different approach at a national level but we feel there are options and alternatives around BWIC which can and should be explored and debated if a broad view of what is needed in Southampton's Health services is taken.

SKONP believes there is a strong case for retaining BWIC, increasing its opening hours and expanding the range of services it can offer, as part of a coherent approach to reducing pressure on local A &E, GPs and delivering primary care. This will involve developing some level of commitment and support across a number of City and neighbouring NHS organisations to recognise the value of what BWIC offers (now and if its potential is fully developed) in reducing service pressures and allowing them to concentrate on what they do best. To do this requires some changes in approach, not least NHS organisations and interests talking to each other about how they mutually support developments which contribute to a common interest. This won't happen overnight, but retention of the asset that BWIC represents provides a basis on which to build for the future. If the equivalent amount of time, effort and resource which has been devoted to hastening BWIC's closure is applied to providing it with a viable future then this will not only help with local pressures but will command the kind of public support that the current proposal significantly lacks.

A Note on Consultation

Regardless of the merits of the issue under discussion the current consultation highlights some of the real concerns that SKONP has about how the NHS consults with local people. There appears to be a common formula, so this is not primarily a criticism of Southampton CCG. Some key features emerge. There is in reality only one option on offer: closure of BWIC. The "second option" wouldn't pass muster with the Electoral Reform Society as a question; the consultation period appears to be the minimum which could be offered and the extent of consultation amounts to the CCG gathering up responses and then taking its own decision. This looks like a done deal. Opportunities for consultation in person are few and appear to be mostly forums for the CCG to explain its intentions. The consultation paper is extremely weak in communicating a vision of any new community nursing services. Nor does it convince readers on the basis of evidence and evaluation that there are realistic alternatives to BWIC which will not place additional burdens on either GP services or local A&E. A glaring deficiency in the paper is the lack of any system-wide analysis of the impact of the closure of BWIC on services in other CCGs or on the UHS A&E. No account is even given to expression of the views of other organisations. To be clear, this is not a unique criticism of the CCG but reflects the "separate business unit" mind-set which is the flavour of the month in the NHS and which militates against effective cooperation crosses the health system.

As we have said in *Do No Harm*: *The People's NHS & Social Care Delivery Plan for Southampton*, most City people don't feel they have any real say about the future of their services. Information about health and social care services should be made more honest, relevant and straightforward. There should be an acceptance that the mere passage of information is not consultation. Real consultation affords an opportunity to influence decisions and is best conducted when some attention has been given to alternatives before decisions have taken their final form.

We believe that the Health and Social Care authorities should go further than the bare minimum they are required to do. They should instead work with the public and representative organisations in the City (including staff and service users) to establish an agreed Charter on how service change and development will be approached, and this Charter should be publicly audited on an annual basis.

Appendix 7 - Feedback from events, market stalls, focus groups and meetings

Event	Stakeholders	Comments/feedback
Central Baptist Church	Mental health service users	Several already used Minor Injuries Unit (MIU) and were not particularly concerned about the walk-in service (WIS). We're not aware of GP extended hours. Often use pharmacy for a lot of items as NHS prescriptions are so expensive. The GP telephone consultation service is excellent and if more people used this is might free up appointments.
UHS League of Friends meeting	League of Friends volunteers	Transport to A&E would be an issue if it closed. Thought the proposal meant the closure of the whole health centre and its services.
Diabetes wellness event	Users of diabetes services, carers	People were surprised at the variety of help available through 111. Many people thought the whole centre was closing.
Bitterne Market 1	General public	Concerns were raised about adult social care, respite care and the independent living allowance. Complaints were raised about domiciliary care and wastage due to replicated aids. Many people were not aware of evening opening times at GP practice in Bitterne. Buses to the Royal South Hants (RSH) from Bitterne stop at the football stadium and people are not keen to walk from there in the dark. Clarity needed on GP appointment systems. Some people said that it should be kept but when asked if they had used it they said no. One lady was not concerned about the walk-in service but was

		unhappy with our Continuing Healthcare processes. People were glad to talk through their concerns. People were not confident in pharmacies as an alternative. Surprise at the cost of the running of the service, concerns about waste particularly on medicines. Some people had not heard of the out of hours service or 111.
Bitterne Leisure Centre	General public	Most people felt that the service should remain open because they believed they could not get a GP appointment. People did not know that their GP practice offered extended opening hours – particularly Bath Lodge. People queried why they had to be registered with a named GP when they could see any GP in their practice. This caused confusion if they were advised by another health professional to see "their" GP and consequently then had to wait for up to three weeks to see them. Some people felt that services were not joined up e.g. referrals from GP to University Hospital Southampton NHS Foundation Trust.
Bitterne Library	General public	People registered with Bath Lodge were not aware of later evening appointments. Two people raised concerns about the 111 service.
Priory road Lunch club	Residents of Harefield, Newtown, Shirley, Bitterne, St.Denys, Sholing, Peartee and Thornhill	One person didn't know about the Minor Injuries Unit. One person didn't know that the Shirley walk-in had closed. 6 people had used 111 but didn't like the service because of the time it took to answer questions, took a long time to call back, answering the questions was stressful. Some people didn't know that you could speak to a pharmacist 'for free' and didn't realise that the consulting room in the pharmacy was for members of the public.

		People didn't know if their GP surgery offered late or Saturday appointments. It would be difficult for a Mum with small children and older children at school to get to the MIU on buses. "We all know that money is short – if the NHS has to change then we have be understanding and have faith that the doctors know what they are doing – we have to think how we can look after everyone". "You can't give that side of the city a service for 12 years then take it away – I think you should reduce the opening times or the amount of staff there, but not shut it down". "I understand that the money from the WIS could be put into more community based health care but I don't think the sort of people who use the WIS are the same ones who need care in their homes". "Unless you live near it, you can't reach the WIS if you are ill and don't drive so it won't make any difference to me if it stays open of if it shuts". "If the WIS has to close at least make people feel less upset by giving them free evening car parking". "The trouble is people have become soft. They've been spoiled by years of free care and now they don't know, or just don't think about, how to look after themselves". "If you charged people for missing appointments, they'd only do it once". "People need teaching. Young people need to learn to cook properly to keep themselves well and parents shouldn't buy junk food which makes their kids sick". "I live in Shirley and if I need an appointment I go to the MIU so the WIS doesn't matter to me personally, but I feel bad for the people who live that side. It's harder to get to the MIU by bus from there.

		“If the WIS is to close then how about bringing back some of the services to other places that have been stopped, e.g. blood tests at the RSH, podiatry services” ”Maybe we need to pay the GPs more to work at the weekends”.
Thornhill Health & Wellbeing Network	Members are from Thornhill, Bitterne, Woolston, golden Grove and Sholing	“It doesn’t matter to me whether WIS closes or not because there has never been a service for adult mental health needs and this is what is needed during the times of day and night when services which normally run ‘office hours’ are shut”. “More people will go to A&E if the WIS closes because there are more buses going to the Southampton General Hospital (SGH) than to Bitterne or the RSH”. “There’s no bus that gets you near enough to the RSH if you find it difficult to walk”. “Parking costs in the RSH car park and all other hospital places are shocking”. Four members expressed lack of confidence in 111, one did not know that 111 was free to phone. Many members attending wanted to praise Pepys Avenue surgery – there is no difficulty in getting an appointment and the reception staff are very kind and helpful. Almost everyone attending praised Lloyds Pharmacy in Hinkler Road. Many had asked for help and advice from the pharmacist and had been very well cared for. People were relieved that that the health centre itself was not closing.
Together Reducing Isolation Project (TRIP)	Members are from Bitterne, Thornhill, Woolston, Weston, Sholing and Harefield	“People from outside Southampton should not be allowed to use the WIS – or if they do then their CCG’s should pay” “I wouldn’t go to the MIU because it feels intimidating walking in that area”. “111 was very helpful to me”.

		"There are appointments available a bit earlier and later at our GP surgery but the receptionist say they are for people who work". "If you can see any GP why are you asked who your doctor is when you try to get an appointment?". "To keep the BWIC open it would be helpful to the nurses and the patients if social care and mental health shared the building with them. A lot of the problems people have to do with their health in the evenings and weekends are about their mental health or difficulties in reaching social care workers and if they had a base they could reach them at, like the WIS, things would run a lot more smoothly".
Consult and Challenge	Service user network meeting	"It is difficult to get across to the RSH at night – could we turn the BWIS into an MIU?". "Everyone should receive a book on minor ailments". "There should be a poster in the WIS with information about extended GP opening hours". One member shared a positive personal experience at Shirley walk-in centre. "Patients must apply pressure to GP's to offer extended appointments – however this must be balanced – how do we mitigate against surgeries being open and patients not turning up?". "Should people be penalised if they don't turn up for appointments?".
Communications and Engagement reference group	Service users, voluntary organisations, Healthwatch, Patients Forum, SKONP, PPG Chair	Do we have evidence that there was no impact to patients when the Shirley walk-in centre closed? 2% of people are not registered with a GP – important for the CCG to address this. Important to satisfy the people that this consultation is genuine.

		Is there capacity for other services on that site? The Prime Minister's challenge fund project will be important for Bitterne. The glossary is really helpful. There is lack of confidence in 111 – we need to promote this locally. One member reported a positive experience of 111. We need to ensure that people understand the issue of equality One member commented that it made sense to close the service but were we prepared for the backlash? People like the freedom to walk in – could we encourage other services to offer walk-in convenience. Clarity need about what the money is spent on.
Central Library	General public	"How come London can manage to join all its health services up, yet none of the services in Southampton can?" "The CCG should organise lessons for senior citizens to learn how to use a computer so they can on line. Nowadays just about everything is accessible on line and it would be a great help to older people to be able to book appointments". "There is no point in promoting the MIU, with all SCC cuts there won't be buses to get there".
Southampton Sight	Visually impaired people	Some members said that they knew of people who had used the service for more serious conditions than coughs and colds There was a lot of interest in 111 as a 'one stop service' – this is particularly helpful for visually impaired people and members were also impressed that they could speak with clinically qualified people. Most members asked why we haven't been advertising and promoting 111 enough. Members were pleased that we had produced audio versions of

		the consultation document. The consensus was that we should be more upbeat about our consultation and we should be highlighting to people the excellent NHS services already in place i.e. 111, the MIU, Out of Hours and the expanding role of pharmacies. People were sceptical about more GP appointments being available. Receptionists don't explain that they can see any GP. Only two members knew about telephone consultations. Members asked why, once registered as visually impaired or blind, this doesn't flag up to all services which they are referred to. Members continue to receive small print letters from hospital even though they have requested telephone calls to advise of appointments. "don't get sucked into being negative". "put more energy into letting the public know your successes and how many people are helped through all the different types of NHS services available – find new PR people that can highlight the positive!". Getting to the MIU or OOH during the weekend or evening was simply not an option for people who can't drive and can't afford expensive taxis.
Older Persons Forum	Older people, rep from Healthwatch	Greater understanding of the case for change. People understood that resources need to be targeted where most needed and beneficial. Unaware of the extra GP appointments now available and all that the pharmacies can now offer. A couple had had negative experiences from 111 in the past but they didn't realise how much 111 could do in terms of speaking to medically qualified people, getting an out of hours

		appointments and that the calls were free. They felt more encouraged to use the service again after the session. People not registered with a GP would be more affected by the possible closure and the CCG need to make other services more accessible as a result. What happens to those that do not have an address?
The Gambia society	Public (bme)	It's a shame that an NHS service has to close. Why were they being consulted, none of them used the service. "Everyone's views will determine what happens next – in essence the WIS is not cost effective, by closing the service they will be able to distribute resources to other services to make them more efficient".
Community solutions group	Community dev.workers, voluntary orgs	Could we ensure that we engage with bme communities. Transport will be an issue. Will there be GPs available for same day appointments.
Memory café,Thornhill	Carers and service users	People were relieved that the whole health centre was not closing. Unaware of the alternative services. Transport was raised as an issue generally. People who were caring for someone with dementia were reluctant to see anyone other than their own GP. Could Bitterne Health Centre accommodate some of the skills and services available at Moorgreen. One member felt that the WIS should be closed because on 2 occasions she had waited for 2 hours but was sent away anyway as there was no-one available to help – she went on to get effective help from 111 and a rapid appointment at the RSH. One member felt that the rooms at Bitterne Health Centre

		should be set aside for those with dementia and their carers as a drop in 1 or 2 days per week so that they could learn about self-care. One member commented that 111 was a good service but people don't know about it. Some people had been referred to the WIS by the pharmacies. Will there be an appeal process if people are not happy with the decision?
Pensioners Forum	Public, older people	There are no other NHS services on the East of the city except the walk-in service. Bus services are being cancelled and taxis are too expensive so it's not possible for people without cars who need out of hours attention to get to the MIU. Why aren't over 75 nurses available city wide? Will alternative transport services be put in place in time – if the WIS closes? What's the point of having community matrons – why are they necessary, surely if money is the object all you really need are community nurses. The 111 service directs people to the WIS so where should be go if this is said to us. Why aren't GPs and pharmacies advertising all they can do? How can people be expected to know that there are more appointments available or that pharmacies can offer all these extra services if they don't advertise? If you close WIS where else can we go for blood tests? Could the CCG reimburse people's bus fares to the MIU? Won't this increase attendance at A&E. What about the £8 bullion input? 111 can't be expected to be as good as one to one contact with a health professional. Is money being wasted on translating these documents – if

		people want to have a say they should learn English. The media has been responsible for whipping up negativity around the consultation – these are clearly difficult times and instead of encouraging people to be controversial, citizens should get together to be more supportive of the good things the NHS has already done and is doing for Southampton. People need to be educated not to misuse dialling 111 in the same way that they need to be taught about not phoning 999 unnecessarily. Two attendees, who have come to all consultation events we have held so far, and who are proactive in getting petitions signed to keep WIS open, were there and challenged on all the same points they have previously challenged on. One disputed that we had done anything more than a couple of public meetings which weren't 'time friendly' for families and working people, that no meetings for younger people had been offered and that if other meetings had occurred, we had not advertised them. Both stated it was a disingenuous consultation, that commercial companies such as Care UK, were exploiting the NHS the questionnaire was unfair and that the decision to close WIS had already been made.
Bitterne market 2	Public	Most people knew about the consultation. Lack of confidence that pharmacies and 111 could help in the same way as the WIS. The MIU is hard to reach if you don't have a car and they only deal with injuries.

NHS
Southampton City
Clinical Commissioning Group

Frequently asked questions

Throughout our work on reviewing the walk-in service a number of queries have been raised. Here we include the most frequently asked questions about the proposed changes and we will continue to update these on our website.

Q. Is this not just about cutting back on services and saving money?

No. Our proposal is about changing the way we spend money. We have finite resources and can only spend our money once so need to ensure that all services avoid duplication and address local health needs.

The resources allocated to the walk-in service would be used to improve services for people with long-term conditions – a health issue affecting a significant proportion of our city.

Q. Will any of the other services in Bitterne Health Centre be affected?

No, all other services in the health centre will remain open as usual.

Q. What will happen to staff who work at the walk-in service?

The walk-in service is run by Solent NHS Trust who also provide community nursing and community-based care in Southampton. There will be no compulsory redundancies and the Trust will look to redeploy staff within Solent services under normal HR procedures.

Q. Has the decision already been made?

No, the final decision will be made by Southampton City CCG Governing Body once they have had time to consider the consultation feedback and responses.

During the consultation all the feedback and responses, along with notes of the public meetings, will be collated and analysed.

At the end of the consultation, a report will be produced by Southampton City CCG identifying the themes and issues raised. The report will be presented to the Governing Body of the CCG to inform their decision on how to proceed.

Q. What are community based nursing services that the additional funding would be used to support?

Some of the community nursing and community-based services that could benefit from this increased funding include, but are not limited to, the following:

- District nurses – nurses who visit people in their own homes or in residential care homes, providing care for patients and supporting family members. District nurses also have a teaching and support role, working with patients to enable them to care for themselves or with family members teaching them how to give care to their relatives.

- Community matrons - highly experienced senior nurses who work closely with patients in the community to provide, plan and organise their care. They mainly work with those with serious long term or complex range of conditions in their own home or community settings.

- Community rapid response teams – multi-disciplinary teams who work to reduce hospital admissions and assist with hospital discharge by assessing patients in their own homes or a care home, particularly where the persons need for care and support is urgent.

- Over 75 nurses – nurses who provide care and support at home and in GP practices to people over 75 to support making the best of their health and where needed support planning for current and future health and care needs.

Below are some examples of how the money currently spent on the walk-in service could be redeployed through community based services:

Service	Approx. cost	Equivalent of 1 walk-in service (WIS) attendance
Dementia assessment	£291	4 WIS attendances = 1 assessment
Diabetes check up	£134	2 WIS attendances = 1 consultant led check up
Asthma nurse appointment	£67	1 WIS attendance = 1 asthma nurse appointment
District nurse home visit	£45	2 WIS attendances = 3 district nurse home visits
Health visitor appointment	£45	2 WIS attendances = 3 health visitor appointments

Q. I have heard the NHS is getting a further £8bn - can't you use your share of this to keep the walk-in service open?

Southampton City CCG is deemed to be over its' target funding' which means we will receive a far smaller share of any additional funding and may not receive any extra money at all.

Q. Can't you make cuts elsewhere in the NHS?

As part of our ongoing commissioning process we continually review health services in the city to ensure we are meeting patients' needs whilst making the best use of the available money we are allocated by the Government.

The walk-in service was identified, as part of our ongoing review of services, as not providing value for money and duplicating other services now available to local people. Any proposed reduction in services would be subject to public consultation just like we are doing here with the walk-in service. To make investments in one area can often require difficult decisions regarding the removal of another.

We need to spend tax payers money as wisely as we can, if the NHS nationally or locally received the level of funding to meet the rising pressures, then investments into additional community services would be easy, however with funding not rising with demand the CCG needs to ensure it spends its budget as effectively as we can. This is why we are consulting on the difficult decision of closing the walk-in service to release funds to deploy into our community services, the services that look after the most vulnerable in our city.

Q. Can the walk-in service be run more cheaply? Previously you quoted £1.4M now it is 1.2M, can you provide some clarity?

The current cost of the walk-in service is £1.289m with each attendance costing approximately £67 per patient.

As with all NHS services, we are constantly working to ensure the greatest value for money and over the last few years Solent NHS Trust, who runs the walk-in service, has been able to identify savings to reduce the overall cost of their services, for example through reducing the cost of their building costs. Even with these reductions in cost the service still does not provide good value for money when compared with the costs of visiting an alternative service (see page 10 of the consultation).

A full breakdown of the annual costs of running the walk-in service is also available on our website.

Q. If people are already finding it hard to get to see their GP, won't closing the walk-in service make this even harder as they will be even busier?

We know that many people using the walk-in service are still using their GP surgery. Much work has already taken place to improve access to GPs and we are looking at ways of further improving this. Extended opening of GP practices at weekends, early mornings and early evenings are helping improve access.

There are 33 GP practices in the city with 10 in the east, closest to the walk in centre. All practices on the east side of the city offer extended opening times in evenings and on Saturday mornings throughout the month – full opening time details are available in the supporting information on our website.

Southampton Primary Care Limited, a federation of 29 GP practices in the city, has also been allocated £3m of Prime Minister's Challenge Fund money to establish a pilot to extend and improve access to GP practice care in the city. This project is in the very early planning stages but aims to further improve access to GP services and thus better meet the needs of all patients.

Q. Won't the closure mean more people go to the Emergency Department?

Whilst the walk-in service was originally set up in 2003 to reduce pressure on the Emergency Department and GP practices, evidence suggests that the way the service is used has changed and it now duplicates other services available to local residents.

Today, the walk-in service operates mainly as a treatment option for minor conditions that do not require specialist or urgent treatment and which could have been dealt with by a local pharmacist, the NHS 111 telephone helpline or self-care (treatment at home).

During the lifetime of the walk-in service the range and type of urgent care options in Southampton has changed – services like the expanded Minor Injuries Unit and NHS 111 have been introduced along with extended hours at GP surgeries and pharmacies (including pharmacies that are open 100 hours per week).

Evidence also suggests that increasing numbers of people are now using these services and, as a result, the Emergency Department at Southampton General Hospital has seen a reduction in attendances.

Q. People living on the east side of the city have complained of difficulty in accessing public transport services to get to the Minor Injuries Unit and General Hospital . What should they do if the walk-in service closes?

We recognise the concerns over transport. However, many of the alternative service options d*o not* need any transport at all, for example NHS 111 is a free telephone service that can be reached from anywhere in the city, there is an extended hours pharmacy in Bitterne town centre and all GP practices in the area offer extended hours services (details of practice and pharmacy opening times can be found in the supporting information on our website).

There are also a number of bus routes into the city centre from the east of the city, one of which goes to the Royal South Hants Hospital (where the Minor Injuries Unit is located) and two which go to Southampton General Hospital. These run frequently, 7 days a week. Route 7 (operated by First in Hampshire) stops outside the Royal South Hants Hospital on St Marys Road and Southampton General Hospital is serviced by routes 3 and 12 (operated by First in Hampshire).

For information on buses in the city visit www.discoversouthampton.co.uk/visit/travelling-to-southampton/bus-services.

Q. What happens to people who aren't registered with a GP?

It is very important that we get as many people to register with a GP as possible, this would encourage them to use their GP as their first point of contact which is essential if we are to help patients better manage their health and wellbeing. However, if someone hasn't registered, they can call NHS 111 service who will respond to anyone who needs medical help fast. Patients with a minor injury can attend the Minor Injuries Unit at the Royal South Hants Hospital and for minor ailments patients can contact their local pharmacy.

Q. The city is being given £3 million from the Prime Minister's Challenge Fund, can't you use this?

In order to run the NHS the Government apportions funding to different parts of the health service so that they can manage and pay for the areas for which they are responsible. The Prime Minister's Challenge Fund is new national money which is separate from the money the CCG receives to commission health services for the population. The funding has been allocated to Southampton Primary Care Ltd, a group made up of 29 GP practices in the city to provide extended and enhanced GP services. Although the CCG supported the bid, Southampton Primary Care Ltd will be delivering the services.

The additional funding is excellent news for improving GP access in the city and we have been working with Southampton Primary Care Ltd as they implement these plans.

Q. What alternatives are you proposing, and how will we know where else to go?

There are a number of alternatives to visiting the walk-in service.

Many of the symptoms with which people attend the service can be treated at home with advice from your local pharmacist. Pharmacists have at least five years training, have private consultation rooms and you don't need to make an appointment.

People can also visit their GP practice. All the practices in the east of the city now offer extended opening hours (see supporting document on our website for further information) with opening hours due to increase further due to the Prime Minister's Challenge Fund.

For all minor injuries such as sprains, strains, minor burns, cuts and grazes people can visit the Minor Injuries Unit at the Royal South Hants Hospital http://www.royalsouthhantsmiu.nhs.uk/ which also has x-ray facilities for people over two years of age.

If you need urgent medical help or advice and aren't sure where to go then you can call 111. NHS 111 is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones. A team of fully trained call handlers, supported by nurses and paramedics, will assess your symptoms, offer advice and direct you straightaway to the local service that can best help. They can arrange an out of hours GP or dentist appointment or even send an ambulance if necessary.

NHS111 is provided by our local ambulance service, South Central Ambulance Service, from their call centre based near Winchester.

For more information regarding the alternatives to the walk-in service including addresses, opening hours and services offered please see our supporting documents.

Q. Don't you just get sent back to your GP if you call 111?

Figures show that from August 2013 – March 2015 the NHS 111 team (covering Southampton, Hampshire,

and Portsmouth) answered an average of 38,176 calls per month, with 54% of these callers recommended to contact or visit primary or community care. This includes visiting an out of hours GP or being advised to contact your own GP but also pharmacists, dentists and sexual health clinics etc.

Q. How long will I need to wait for someone to answer when I call 111? Are clinicians available for advice?

The NHS 111 service has targets for calls to be answered within 60 seconds (this should be 95%) – in May 2015 the local 111 service answered 97% of calls within 60 seconds.

NHS 111 call handlers include medically trained staff, such as qualified nurses and paramedics. They take calls when an assessment requires their skills and experience. Call handlers are highly trained in symptom recognition. If it is felt that a medical professional is needed, then a caller will either be transferred to them for a more in-depth assessment or will be called back within a timeframe according to clinical need.

Q. Won't there be an increased pressure on emergency vehicles?

As the walk-in service is primarily used for minor illnesses, and not emergencies, we do not foresee an impact on emergency vehicles being called out.

Ambulance services in Southampton are provided by South Central Ambulance Service who also have community/staff first responders that are trained to respond to calls in the local community.

For a medical emergency, if someone is seriously ill or injured and their life is at risk, always call 999 immediately. For example if someone has:

- lost consciousness
- fits that are not stopping and is in an acute confused state
- persistent, severe crushing chest pain
- breathing difficulties
- severe bleeding that can't be stopped

If you or someone else is having a heart attack or stroke, call 999 immediately. Every second counts with these conditions.

Q. Walk-in services are convenient for those who work full time and can't take time off during the day, what alternatives will be available in the city?

Over the last two years we have invested substantial resources in providing services to support people with urgent and emergency health issues. We have commissioned new and alternative services for everyone in Southampton who needs something "right now" whether that be for cough and cold remedies right through to emergencies such as heart attacks. We have:

- reshaped urgent care services by implementing NHS 111 as the number to call when an urgent (but not emergency) situation arises
- re-commissioned GP out of hours services to include a primary care centre as well as home visits
- commissioned a minor injuries unit at the Royal South Hants Hospital with x-ray facilities for adults and children over the age of two
- worked with pharmacies to offer more access for drop-in advice and support
- supported ambulance crews to treat more people where they find them
- supported our GP practices to offer more flexible access with all practices in east Southampton now offer evening and weekend appointments and this is likely to extend even further with the new Prime Minister's Challenge Fund
- provided better information services so people can quickly understand signs and symptoms and know when and where to seek help.

With common problems, such as coughs and colds, aches, pains and rashes, a pharmacist can suggest the best remedies or treatments to suit you, so there is no need to book a GP appointment.

There are currently four pharmacies in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday).

Q. Will more out of hour GP appointments be made available?

All the practices in the east of the city now offer extended opening hours (see supporting document on our website for full details) with access to GPs due to increase with the introduction of the Prime Minister's Challenge Fund.

Urgent GP appointments out of hours can also be accessed by calling 111. If you have an urgent health issue between 6.30pm and 8.00am on a weekday or over a weekend or bank holiday, you can ring NHS 111 who can arrange an out of hours GP appointment if necessary.

Q. Do pharmacies have a patient confidentiality agreement?

Pharmacies are required to comply with a set of legal requirements, which includes assessment on confidentiality, data protection and information security. More information can be found online at http://psnc.org.uk/contract-it/essential-service-clinical-governance/

You can talk to your pharmacist in confidence, even about the most personal symptoms, and you don't need to make an appointment. Most pharmacists now have private consultation areas and it's possible to walk into any community pharmacy and ask to speak with the pharmacist. They may be able to spend some time with you straight away or offer you an appointment for a consultation. Discussions with your pharmacist can take place either in person or by phone.

Q. Can the Minor Injuries Unit be expanded to help with minor ailments?

The best place to go for advice and treatment for a minor ailment, such as a cough, cold or sore throat, is to a local pharmacy which may even be closer to home. Many pharmacies in the city are also open on evenings and weekends, with four in Southampton that are open 100 hours a week, two in the city centre, one at the Adelaide Centre in Millbrook, and one in Bitterne (Bitterne Pharmacy, West End Road, open 7am to 10.30pm Monday to Saturday and 10am to 5pm on Sunday). Each has a qualified pharmacist on hand to advise on minor illness, medication queries and other medical problems.

If you are unsure and need some extra support, you can call 111 for advice 24 hours a day, 365 days a year.

Q. Will you increase education to support people on the alternative services in the city and to treat minor ailments at home?

A number of people have told us that they don't know where else to go if they need medical help. We are taking steps to address this and to ensure awareness of the alternatives, launching our **Think First** campaign in December 2014. The campaign highlighted the full range of urgent and self-care options available across the city and included a door-drop of booklets to every home in Southampton as well as city-wide health roadshows. It is our intention to continue with education and awareness campaigns.

Our work has proved to be successful and we have seen an increase in the use of the Minor Injuries Unit and NHS 111 service throughout Southampton, Hampshire and Portsmouth.

Q. I use the walk-in service for emergency contraception. Where should I go if it closes?

Emergency contraception (the morning after pill) can be purchased from any pharmacy for £23 or obtained free of charge from the following pharmacies in Southampton (and free Chlamydia screening packs). Full details of the pharmacies are available in the supporting documents on our website - you are advised to contact the pharmacy first to ensure a trained pharmacist is available.

- Bassil Chemist, Bedford Place, City Centre
- Boots, Above Bar Street, City Centre
- Boots, West Quay Retail Park, City Centre
- Boots, High Street, Shirley
- Boots, The Broadway, Midanbury
- Boots, Burgess Road, Swaythling
- Day Lewis, Portswood Road, Portswood
- Highfield Pharmacy, University Road, Swaythling
- Lloyds Pharmacy, Dean Road, Bitterne
- Pharmacy Direct, Weston Lane, Weston
- Pharmacy Direct, Shirley Road, Shirley
- Regents Park Pharmacy, Regents Park Road, Shirley
- Sangha Pharmacy, Thornhill Park Road, Thornhill
- Spiralstone, Brintons Road, St Mary's
- Sunak Pharmacy, Burgess Road, Bassett
- Superdrug, Bitterne Road, Bitterne
- Superdrug, Victoria Road, Woolston
- Telephone House, High Street, City Centre

Q. I use the walk-in service for wound dressing. Where should I go if it closes?

Wound dressing management should be undertaken at the patient's registered GP practice. Each practice has a practice nurse who can do this during surgery hours. If it is essential that a dressing is changed over the weekend, Southampton GPs can book their patients into the wound dressing clinic at the Minor Injuries Unit at the Royal South Hants Hospital. In an out of hours emergency, patients may attend the Minor Injuries Unit for wound dressing.

Q. Where will I go for my blood tests?

Blood tests are not currently available at the walk-in service but can be arranged at your GP practice

Q. Will the closure increase pressure on the health visiting service, as the majority of contacts are under 5 years old?

Health visitors work with families of young children to help increase understanding of how to manage minor illnesses, and are in an ideal position to respond to common health concerns and discuss management of conditions. This includes helping parents to understand the services available in the city and those available in the evening and on the weekend.

Q. What options will be available for parents of young children who currently use the centre?

Many of the symptoms with which people attend the service can be treated at home with advice from your local pharmacy. Pharmacists can offer expert advice and treatment for illnesses such as coughs and colds, aches, pains and rashes.

Most pharmacies now have a private consultation room and you don't need to make an appointment. A pharmacist can also advise if you need to need to visit your GP.

For minor injuries such as sprains, strains, minor burns, cuts and grazes, the Minor Injuries Unit at the Royal South Hants Hospital is open from 7.30am – 10pm Monday – Friday and 8.00am – 10.00pm on weekends and bank holidays. There are also x-ray facilities for adults and children over two years of age - http://www.royalsouthhantsmiu.nhs.uk.

If you need urgent medical help or advice and aren't sure where to go, or need some reassurance then you can call 111.

Q. Is this consultation relevant to me if I live in the west or central areas of the city?

This is a city-wide consultation. Our proposal is to close the Bitterne walk-in service and to re-distribute the current funding to community nursing and community-based care across Southampton, so we want all city residents to have the opportunity to have their say.

Q. Who wrote this consultation?

The consultation document has been produced by NHS Southampton City Clinical Commissioning Group (CCG) in consultation with a number of key partners and stakeholders.

Contributors include Healthwatch Southampton, Solent NHS Trust, GPs and service users.

Q. How much has running this consultation cost?

The cost of running the consultation is less than £5,000. This has been spent on producing consultation materials, postage and venue hire for the public events etc. to make sure we can reach as many local people as possible and that we provide a number of ways for people to have their say.

Q. Who did you survey during your pre-engagement?

Our local health services survey started at our winter health roadshows in the city in January. The survey was answered by over 600 local residents and was promoted on our website, through our social media channels (Twitter and Facebook), shared at engagement events with the community and some responses came via the People's Panel which is a joint initiative between Southampton City Council and the CCG.

In addition to the survey we ran a number of focus groups and held meetings with local service users.

Q. Do you have any information on usage of the walk-in service before the opening hours were reduced in 2010?

Since the CCG formed in April 2013, the walk-in centre has operated from 6.30pm – 9.30pm on weekday evenings and from 8.30am – 9.30pm on weekends and bank holidays. The decision to reduce the hours was made by the preceding organisation, Southampton City Primary Care Trust, so unfortunately we do not hold this data.

CCGs were unable to hold or have any data prior to 1 April 2013, due to legal restrictions on data ownership.

Q. Do you charge patients from other CCG areas who use the walk-in service?

64% of attendances to the walk-in service are patients registered with a Southampton GP, 34% are registered with Hampshire GPs and 2% have no registered GP. NHS services are taxpayer funded and free at the point of use. We do not charge patients to use these services nor are we able to under the rules we operate within.

Q. Can you move the walk-in service to another building, perhaps the building at Moorgreen Hospital or a local library?

This consultation is not focused on the location of the service but the fact that the service itself does not represent good value for money and duplicates other existing services. These facts would be the same wherever the service was located.

Q. Can savings be made by fining patients for misuse of services, for example not attending a GP appointment?

There are a variety of reasons why people are unable to attend a pre-booked appointment but there are a number of ways that GP practices are working to make cancelling appointments easier, such as reminder text messages and the option to cancel online, so these can be freed for those needing to urgently see a doctor.

Although we have seen comments made by Jeremy Hunt, the Secretary of State for Health, around the possibilities of charging for patients for not attending appointments this would require a change in law to be implemented.

Q. Could local GPs help fund the walk-in service?

During our review of the walk-in service, we found that that many people are not using either the walk-in service *or* a GP surgery, but actually *both* and for the same condition. We are therefore duplicating more cost-effective services and this extra cost is hampering our ability to further improve community based nursing, now and in the future.

Following a survey of Southampton GPs, one of the most notable themes was the number of family doctors who felt that the walk-in service had no discernible impact on their workload. When we asked GPs if they felt that the service reduced demand for appointments at their practice, 82% said no.

Q. Are you liaising with West Hampshire CCG to ensure that their GP surgeries offer extended opening hours in the areas close to the walk-in service?

Throughout the consultation we have worked with local CCGs, who have patients who use the service, and they have plans in place to support their patients.

Contact details for our neighbouring CCGs are available as part of the supporting documents on our website.

Q. Can you reduce the hours the service is run to save costs?

Currently the walk-in service is open from 6.30pm to 9.30pm on weekday evenings and from 8.30am to 9.30pm on weekends and bank holidays.

Most attendances at the walk-in service occur when it first opens (before 12pm at weekends or 6.30-7.30pm on weekdays).

If opening hours were reduced the service would still be open at the same time as, and duplicating, other services so it wouldn't provide good value for money.

Local services available at the same time as the walk-in service include the NHS111 telephone helpline, the Minor Injuries Unit at the Royal South Hants Hospital, extended hours at GP practices and local pharmacies.

A full breakdown of annual costs of the service is available as one of the supporting documents on our website.

Q. How are the number of GP practices in the city calculated? With all the new housing developments being built in the east of the city, won't this increase demand at local GP practices?

We work together with NHS England and our local GP practices to ensure that there is enough capacity to serve our patients. There are 33 GP practices throughout the city with ten in the eastern side. In addition to the ten practices there are also five branch surgeries ensuring that there is local access to GPs throughout the area.

GPs work in practices as part of a team, which includes nurses, healthcare assistants, practice managers, receptionists and other staff. Practices will ensure that they have enough staff to treat their registered patients.

You can register with a GP practice of your choice, as long as you live within its catchment area and it is accepting new patients. From January 2015, all GP practices in England can also register new patients who live outside their practice boundary area.

This means that you are able to register with practices in more convenient locations, such as a practice near your work. If the practice has no capacity at the time, or feels it is not clinically appropriate or practical for you to be registered further away from home, then they may advise you to register at your local practice. The practice will explain their reason for doing this.

All practices on the east side of the city offer extended opening times in the evening and on Saturday mornings throughout the month.

Q. Can anyone book an appointment during the extended GP opening hours?

Extended GP opening hours (offering early morning, evening and weekend appointments) are designed to improve access to GP appointments for those who work full time and cannot take time off during the week, offering more flexibility. This varies between practices but generally extended hours are for routine, pre-booked appointments – practice reception staff will be able to advise. These additional routine appointments also free up appointments during the week for patients with more urgent health needs.

If you have an urgent health issue when your GP surgery is closed, you can ring NHS 111 who can arrange a local out of hours GP appointment if required or direct you to the most appropriate service.

Bitterne walk in service public meeting Hedge End

The west Hampshire led meeting was held in the Drummond Centre in Hedge End on Thursday 13 August at 6.30pm.

32 people signed in as attendees, of these 10 said they were registered to Southampton GP practices, one to a practice in Lancashire and 19 to practices in the west Hampshire area. A reporter from the Daily Echo was also present and one person who did not say where they were registered.

– Q&A

Q We have been campaigning for years to keep the WIS open, yet you are determined to close it. Patients will be sent to RSH – what happens if Care UK goes bust?

A There are safeguards in place in case of service failure for any reason, another provider would be asked to step in as an emergency measure until an alternative service could be secured. The staff and buildings would still be there.

Q Is the proposed closure just down to costs? If you have an injury and are bleeding you can't go to a pharmacy, the closest A&E departments are in Winchester, Southampton and Portsmouth. There are 4000 new homes planned in the area with an aging demographic. These people can't get to Southampton easily. With Moorgreen being developed can we have a WIC there?

A If you had severe bleeding you should call an ambulance, a less severe injury should go to a minor injuries unit. Experience shows that if there is a WIS people will use it because it is convenient. We work closely with the council around proposed population growth. We have negotiated land to be set aside at Moorgreen to allow for an extension of the West End GP practice. We want to put more services at Moorgreen; we have retained the adjacent field for potential expansion in the future.

Statement: It seems you are going to close one centre to open another, that doesn't make sense

Statement: Money spent on foreign national locums

Statement: Hospitals can't cope, GPs are oversubscribed, and 1000s of new people are coming into the area. We need the centre now more than ever.

Statement: This is purely a financial decision – you can't get an appointment at the GP, A&E is always full. The WIS alleviates pressure on both.

A We want to support GPs to deliver a seven day service and develop local services.

The NHS 111 service has increased in calls from 38000 a month to 48000. Patients say they find it really useful. Life threatening conditions will have immediate referral to an ambulance. 111 can also refer to pharmacists and the out of hours GP service.

Pharmacists are experts on drugs and medication, they can support minor ailments and patch up minor injuries or refer on to the appropriate service, a GP or A&E.

Q West Hampshire should pay for its part as some Eastleigh area patients use the service. In a recent survey 799 patients in the Eastleigh southern parishes said they wanted a walk in service. The WIS at Bitterne is used for changing dressings

Q A night support worker for the homeless found the NHS 111 service inadequate and has to call an ambulance. Savings from the closure of the service would be wiped out by the extra cost of 999 calls.

A Homeless – SCCCG commissions services for the vulnerable and homeless – offered to discuss in more detail outside the meeting with SCCCG commissioners

A We have to make difficult choices about what services we invest in; we prioritise the needs of our community.

Statement It is difficult to get to the Royal South Hants by public transport

A SCCCG is looking at transport issues with the voluntary sector and bus companies.

Statement I can't get an appointment at my GP practice

A We want to improve access to GPs by changing the way GP practices work. GPs lose a lot of time because people don't attend appointments and don't cancel them. It is easier to make appointments and cancel them now online. GP appointments can be a week or more away but every practice keeps back a number of appointments each day as urgent.

Q You say not many people need treatment who attend the WIS but a large amount is spent on medication, how is that?

Q Quoted Five year forward view and Keogh report which say there should be more community clinics

Statement: It's all about money – just dumping the problem on the NHS – need to save money in the system, pay nurses a bit more and save on agency nurses

A Nurses may have prescribed drugs when patients could have gone to their GP, dressings are also part of the pharmacy budget

Nurses pay is set nationally and it is not within our power to change that. Demand for services is increasing year on year and we need to make the best use of our nurses. We should put more expert nurses in GP surgeries. The WIS is only open three hours a day, so it is hard to recruit and retain nurses.

Q A local councillor suggested if the WIS were properly staffed it could take the pressure off hospitals. There could also be increased pressure as a result of the proposed changes in Dorset

Q Most people seem to be from Southampton, what do you want to get from this meeting for the people of west Hampshire?

A We hope to get the views of local residents. It is inevitable that people from outside west Hampshire would come to the meeting. We want to reassure people of west Hampshire that their needs will be met.

A There is pressure on A&E in Southampton but UHS supports the proposed closure of the WIS. Numbers attending A&E have been going down over the past two years due to increased use of the minor injuries unit and NHS 111 and improved access to primary care. Community services are working better together.

Q What happens after this meeting, who will have the final say?

A Ultimately it is up to Southampton City CCG, WHCCG will take a view on the proposal taking into account the views of our patients and feed this into SCCCG.

Getting the balance right in community-based health services

Consultation public meeting

Central Hall – 28 July 2015

Present

Independent Chair:	Matt Stevens
NHS Southampton City CCG:	John Richards, Chief Executive Officer
	James Rimmer, Deputy Chief Executive Officer
	Stephanie Ramsey, Chief Nurse
	Dr Sue Robinson, Clinical Chair and GP
	Dr Mark Kelsey, Deputy Clinical Chair and GP
	Dawn Buck, Head of Engagement
Solent NHS Trust:	Sue Harriman, Chief Executive Officer
NHS West Hampshire CCG:	Inger Hebden, Director of Commissioning, Long Term Conditions and Community

Following an introduction from Matt Stevens, James Rimmer, John Richards and Sue Robinson gave a presentation regarding the consultation and the alternative services available to support people when they became unwell. The meeting then opened to the public for questions.

Questions

Q. Is it possible to reduce to number of hours that the walk-in service is open? We also need to ensure efficiency. Could you close the Minor Injuries Unit (MIU) run by Care UK?

A. There is a challenge that if you reduce the opening hours of the walk-in service that you would not be able to get staff to work such short hours.

The centre must have a certain number of staff to ensure it is safe and able to deal with anything that arises. From a staff point of view we need to ensure that we can attract people who want to work these hours.

With regards to the MIU, this is a different kind of service which is available to people with an urgent injury care need. The MIU service has x-ray and diagnostic facilities.

This isn't all about money, it's also about what the CCG believes to be a duplication of services. There is always room for running services more efficiently but when you run services at off peak times it does cost more money to run.

Q. How many people on panel live on the east side of the city, and have they used the walk in centre themselves?

A. With regards to the panel living on the east side of the city, James Rimmer, Deputy Chief Executive Officer, has lived on the east for 12 years and recently moved but has used the walk-in service. Stephanie Ramsey, Chief Nurse, also lives in the east of the city.

Q. A member of the public raised a scenario where they had a rash on the lower right leg. They called NHS 111 and were told to visit the walk-in service. If this wasn't there then where would they go?

A. The CCG do realise how much the service is valued. If someone has something like a rash then it is worth ringing NHS 111 to gain advice first. If 111 feel that person needs to see a doctor out of hours they will organise this. The walk-in service has limited prescribing capabilities and is a nurse led service. The service mainly deals with coughs, colds and sore throats. Going to the walk-in service with a more serious condition could lead to a delay in getting the more serious treatment needed.

Q. If the walk-in service if not broken then why do you need to fix it?

A. The CCG are not stating that the service is broken and not arguing that in a perfect world it's a service the CCG want to close. The CCG are in circumstances where they cannot keep the service open. We have to look at services that can be cut to ensure we provide ones that achieve the greatest health gain.

Q. There is an issue with buses in the city, it takes too long to get to the Royal South Hants (RSH) and not everyone has cars.

A. Buses are something that the CCG are looking at with Southampton City Council to understand the impact; we have received a lot of feedback on this subject and it is being explored.

Q. There is an issue with buses as people will not be able to get to the RSH or the General Hospital. Without the walk in-service, people on the east side of the city will be isolated. I have a brilliant doctor with a fab service however my wife who needs an appointment in Woolston with her GP can wait up to three weeks for an appointment. Need to ensure that people are using the service efficiently.

A. The dilemma is that a walk-in service is what it says and anybody should be able to walk in. If we were to stop allowing people to walk-in then it changes the nature of the service. There are real problems around public transport across the city, however from a health point of view there are only certain things we can do. We need to try to make sure we reduce the need for people to get out of their homes to go and see someone. It is advisable for people to talk to health professionals over the phone. There are also local highly trained pharmacists who have consulting rooms already in place.

   If you need to wait for a GP appointment for that long then it is an issue and the CCG needs to know. Every practice will see someone on the same day if there are urgent medical needs. One of our major initiatives currently in development is Better Care Southampton which is about building resilience as a city and working together as a community rather than in silos. We need to bolster community services and also help people feel confident in managing their conditions themselves to strengthen communities across the city.

Q. Taking into consideration the community we have built and worked on together. There is a line across the river between east and west. I would like to see the city come together.

A. The issue around east and west divide is painful to hear and as a small city we don't need more issues to drive the divide. The CCG are not setting out to make it worse, we want to make it better. We do understand that people on the east of the city feel as though these things are done in an

unfair way and it is not just about the walk-in service. There is currently only one walk-in service and it happens to be on the east of the city.

Q. This is the third time the public have had to argue to keep the service open, why don't you get it? There is not a lot of provision on the east and it is quite clear we need it. It is not fair our service will be sacrificed to provide funding elsewhere. If money is tight but we are directing people to Care UK (MIU) who are private, why are you paying these people? How much is the Care UK contract costing us when NHS resources are being closed down?

A. The MIU contract is a national price and the CCG pay the same if it is an NHS or private provider, it is around about £60 per attendance. The information is publically available on the CCG website.

Q. Statement - There have been many issues that have been talked about and some issues can be debated by the people on the panel and people in audience. One thing that nobody can debate is the record of the bus services in the evening and Sundays. Any alternatives suggested i.e. going to RSH or pharmacy, pharmacists depend on bus services. One of best reasons to not close the service is because there will not be a satisfactory set of buses in place.

Q. Royston Smith - there is a good point about the buses, talking to Southampton City Council about the buses doesn't fly. With regards to duplication, you mentioned that the Minor Injuries Unit doesn't do same thing as the walk-in service. For the divide between east and west, there are twice as many GP surgeries in the west as in the east. The consultation uses the word 'risk of high priority services' - you are asking people to choose between one thing and another. You could start to charge Eastleigh CCG 20% of the resource their patients take from you. If you have 1,000 people respond, who say don't close it and you do then you will never be trusted again.

A. The MIU does not duplicate what other services do such as pharmacies. In terms of GP surgeries a third of GP practices are in east, but some practices, are much bigger in east than in the west.

People do not see pharmacists as a place to go however it is not just about providing medicines, they can assess if something is an emergency or refer to a GP.

There is a recurring theme about the consultation that people do not like the choice the CCG is putting across in consultation document. The reality is that it is the choice we believe we are faced with. Ultimately it will be a choice the CCG has to make and we take the rap for. There is an alternative to closing the whole services which is to go back to where we have been in the past and will involve degrading other services provided.

Inger Hebden from West Hampshire CCG responded re West Hampshire patients using the walk-in service - A lot of consideration went into the primary care model that West Hampshire CCG wanted. In Hampshire different decisions were made and West Hampshire CCG wanted to improve services and access to primary care. The CCG has never commissioned a walk-in service and if we were to go with a walk in centre model then we would need to make cuts to other services across Hampshire.

Something important we have changed is the introduction of the NHS 111 service which we acknowledge has not had a good reputation nationally. In this part of the city hwoever we have had a good 111 service, which is headed up by South Central Ambulance Services (SCAS) with

clinicians to answer questions. This expertise was not available under the old arrangements with NHS Direct.

Q. In the pack it says 34% living outside of the city goes to the walk-in service. You have to go to those patients and speak to them, how they would feel about it being closed? I always ring NHS 111 who advise using the walk-in service and I can't get an appointment to see my GP.

A. All practices in the east do offer extended opening hours. There is also a new Prime Minister's Challenge Fund (PMCF) which is starting in Southampton that will look at services running 8am – 8pm seven days a week and be run by local GPs. The first centre will open in the east which will increase access to GPs and nurse appointments.

There is a consultation meeting in Hedge End, which will cover what the consultation means to west Hampshire patients and GP surgeries offering evening and weekend appointments.

Shelly Noble from NHS 111 also provided an answer – The NHS 111 service is provided from our emergency control centre just outside Winchester. It is staffed by clinicians, paramedics, nurses and also call handlers. It is 111's job to listen to what patients have to say and appoint the most appropriate care in the most appropriate timeframe. The out of hours GP service (OOH) is a separately run service however we take the details and pass on to OOH. We ask a lot of questions however this is to ensure that we provide a safe service. At the moment we do have the ability to direct people to the walk-in service however we also do have the opportunity to signpost to other places as we have lots of links with the community, mental health services, pharmacies etc. There is a directory of services which is always reviewed to ensure that we signpost people to the most appropriate and nearest service.

Q. What are the combined salaries of the people on the panel? How much is the consultation costing? If you put all that money together you could keep the walk-in service open. Some people haven't got the price of a bus?

A. All the Executive Directors salaries are published in our Annual Report available on the CCG website. For the cost of the consultation, it's around £3,000 which is used to ensure we share the consultation with local people. If the CCG spent no money then how do we demonstrate we have consulted with the public?

Q. I would like to compliment the CCG on a thorough report with a lot of statistics behind it. On page 7, it relates to cost, which is £67 per person for the walk-in service and GP appointments cost £32 per person. If the walk-in service is open 13 hours on a Saturday and Sunday and evenings this totals 41 hours a week. However GP surgeries must be open much more and at a much bigger cost. I find it hard to believe that it will be cost effective to close the walk-in service?

A. It is difficult to breakdown the cost of a GP practice; however a breakdown of the costs for appointments at each of the urgent care services is available on the CCG website.

Q. Councillor from Peartree - we speak to a lot of people telling us they don't want the walk-in service to close. We are not confident in the alternative provisions in place. What work are you doing with GPs to demonstrate an increase in opening hours? If you want to close it you have to demonstrate acceptable provision to counteract that.

A. The CCG are working with GPs to increase access. GPs are very cost effective and a lot of people who visit the walk-in service then also visit their GP. We really struggle with looking after frail and elderly patients and spend a lot of time trying to sort out care with the services to support us. GPs

are able to see people with a medical need on the same day. There is now a much greater emphasis on not admitting people to hospital. The CCG feel confident about the alternatives in place.

Q. In the survey conducted could you publish the age bracket of people affected with transport issues?

Q. Closing the facility in the long run will not be cost effective. I had concussion and was told to go to walk-in service by NHS 111. Conditions in east could become worse.

Q. Councillor Payne – my family used walk-in service on several occasions. It is usually very busy, it is convenient and people have confidence in the centre and the services it discharges. The quality of care is good. The reason our family go there is that the local GP surgery can't see us and we want to get better and go back to work. If your GP cannot see you and the walk-in service is not there where can you get a prescription to get better?

A. Sue Harriman, Chief Executive Officer of Solent NHS Trust - Thank you everyone for the kind words about the services and dedication of nurses. There have been lots of comments about efficiency of the service. There was an issue at the beginning of the year with recruitment, trying to retain staff can be difficult. It can also be an expensive service to recruit to as you need very senior specialist nurses. We have great pride in the service and its staff and we need to use those specialist nurses differently to help people. We would love to have an endless pot of money but we are supporting the change. Staff are very excited about the opportunity to work with other services.

Q. Dr Bruce Hoghton – I am a local GP working in a system that is really struggling. Recruitment is a problem in all sectors. If we don't make difficult decisions like closing the walk-in service, we can't start to look at investing money in the really sick people. The real need is the people who are struggling with long term conditions and disease at home and their needs are not being met terribly well because resources are not around. What will you do if we don't make this difficult decision about choice in this way?

A. Talking about making difficult decisions, we need to make more investment in the really sick people who are not often heard in these discussions. These people are not often in the position to come to meetings like this, and people with life limiting conditions are the silent voice in this debate. We wish we had a bottomless pit of money to commission these services. It is a long term trend that we need to spend more money to provide more healthcare as people live longer who are suffering with long term conditions later in life.

Matt Stevens thanked people for attending and providing valuable feedback and closed the meeting.

Getting the balance right in community-based health services

Consultation public meeting

Christ the King and St Colman Catholic Church Hall – 9 July 2015

Present

Independent Chair:	Matt Stevens
NHS Southampton City CCG:	James Rimmer, Deputy Chief Executive Officer
	Stephanie Ramsey, Chief Nurse
	Peter Horne, Director of System Delivery
	Dr Sue Robinson, Clinical Chair and GP
	Dr Mark Kelsey, Deputy Clinical Chair and GP
	Dawn Buck, Head of Engagement
Solent NHS Trust:	Alex Whitfield, Chief Operating Officer
NHS West Hampshire CCG:	Rachael King, Associate Director of Community and Primary Care Service

Following an introduction from Matt Stevens, James Rimmer and Stephanie Ramsey gave a presentation regarding the consultation and the alternative services available to support people when they became unwell. The meeting then opened to the public for questions.

Questions

Q. With only ten GP practices in the east, how is the east best served?

A. It's not always about a GP. For example, practice nurses are a valuable asset to provide the right service for minor ailments and conditions. GPs look at patients with complex needs and conditions. In fact, an advanced nurse practitioner has recently been recruited to work with patients in Bath Lodge Surgery.

GPs are dedicated to looking after their patient population, however the role of a GP is very different now as surgeries didn't used to have practice nurses. GPs are now looking after more frail and elderly people with long term conditions. There has been improved access across the city on how care is provided. There are clinical pharmacists and also patients do feel more comfortable looking after their own minor conditions with support.

It is important to ensure that appointments are being attended or cancelled.

Q. What about families with young children, how are they expected to attend a consultation meeting that takes place at 6:30pm?

A. (Question was initially misunderstood and the following answer was given). The NHS 111 service provides information, assurance and advice, and will direct patients to the appropriate service. The extended opening hours for GP surgeries will enable people to access GP appointments.

This meeting is only one of a series of events over the next three months and lots of work has also taken place prior to the consultation. There are focus groups with key user groups including Sure Start (for families with young children), seldom heard individuals and also the Pensioners Forum. Work is taking place to ensure all the different users of this service and also community based nursing services are engaged with.

Q. My GP works two days a week, and I have to wait weeks for an appointment. The service at the Walk-in Centre is always available and is often better than my GP. Transport access is also an issue?

A. Work is taking place to research the issues around transport and we have added current bus service details to the frequently asked questions on our website. The point was taken that there is an issue around access and transport to the Royal South Hants Hospital.

Q. Question from Mike Marx, the Socialist Party – The Socialist Party have been campaigning to save the walk in centre and it may have well closed earlier if they hadn't campaigned. If this is a meeting of democracy then why not have a vote to save the walk in centre not?

A. This is not a decision making meeting it is a consultation meeting.

Q. Statement from Richard from the Bath Lodge Centre – I am pleased to see our Member of Parliament at the meeting and would be interested if he had any questions or comments.

A. People were reminded that they must stick to asking questions.

Q. Why are we having this consultation when it is only recently that we fought to keep it open?

A. The Overview and Scrutiny Panel asked that the CCG undertook a full consultation in relation to the proposal.

The CCG want to go out and obtain feedback from people. So far there have been over 1000 written responses and the results will be published in the final report. When the decision is made during our September Board meeting people will be able to come and hear those discussions.

Q. I would like to know more about the CCG and how the members are elected.

A. The CCG is an NHS organisation, with all GP practices in the city being voting members. It is clinically led and there are six GP Board members within a management team. There is no public election for the members.

Councillors do scrutinise and examine what the CCG does and how it does it.

Q. Question from Freda, Thornhill Park – how easy is it for older people to access the Royal South Hants Hospital as it is a longer drive. You are talking about services to help people at home, however the elderly often want to go out not just stay in. Trying to get a doctor is impossible and if I call NHS 111 I am told to get an ambulance. My husband had a heart attack driving to hospital. The Walk-in Centre is on the east side and all other hospitals are on the west of the city. The Walk-in Centre is useful for the elderly and children.

A. The CCG do understand the strength of feeling about the walk in service. If people have a life threatening illness or injury then they should call 999.

GP access is an area which we are working with local practices on. The GP surgeries need to communicate their opening times to patients. There is currently a pilot in the east of the city which is run by GPs to provide access in the evenings and weekends.

Q. Question from Jeff, Townhill Park - The CCG receive £302m and the Walk-in Service costs £1.2m, I would like to see a breakdown of that cost, if you split it down further it is £25,000 a week, meaning it costs around £605 an hour. Instead of closing the service, why don't you streamline it, if you think it's unreasonable or not working then get it sorted. Make sure people don't come for colds and flu etc.

A. It isn't a financial decision in that sense. Last year the cost of running the service was £1.4 million and work is always taking place to try to cut and reduce cost. There is a full breakdown of costs available on the consultation website. £620,000 of the overall cost is clinical staff salary. In terms of being more cost effective it is difficult as we need a minimum number of staff on site including qualified nurses who can write prescriptions. It would be hard to reduce costs much further.

Q. I don't understand the politics of the NHS. I understand this whole thing comes under Solent NHS Trust and we are only speaking about patients from Bitterne. I live in West End which is part of West Hampshire CCG and I feel neglected. Can you give an explanation why we don't care about access to services if you don't live in the city?

A. West Hampshire CCG is supportive of the approach of the consultation and patients from outside the city do access the service. There is a local event to go through the services and which will explain the other alternatives. West Hampshire CCG would encourage people to feedback to this consultation.

Q. Understanding this is a consultation and that the decision hasn't been made. We have spent 45 minutes listening to members of the CCG convincing people to close it. You also brought up the alternatives services. My question is around the two options and I would like to suggest a third option, to have adequate community

services and keep the Walk-in Service open. Also the leaflets of alternative options do not contain the walk in service as an option.

A. The leaflets went out last year. We would like nothing more than to keep the service open however there is not enough money. We have worked with Healthwatch, who are an independent body, to produce the options outlined in the consultation document.

Q. Question from Nick Chaffey who stood as a candidate in the local elections - I am in favour of keeping the Walk-in Centre open. At the consultation [the general election] on 7 May the candidates committed to find the money and to keep the Walk-in Centre open. The Walk-in Centre is a valued service in the community and in five years of trying to close the service, it hasn't succeeded and also GP access hasn't improved. I understand that there are agency staff used in the service as you got rid of permanent staff and are now spending NHS money on agencies. You are telling us this evening, instead of going to see GPs that you are advising people to go to an unqualified pharmacist and unqualified people at NHS 111.

A. We know how much people value the service at the Walk-in Service, but we would like people to understand how health care has changed. Pharmacists are trained to answer questions and not just give out pills. Nurses provide a lot more health care than they ever used to and can also prescribe and diagnose.

It is not true that NHS 111 is not qualified or safe.

Q. Question from Malcolm Wilson, Bitterne – This is poor management by the CCG. If you look at the figures, it's only run by nurses and it costs £321 an hour for clinical staff, this is down to mismanagement.

A. NHS pay terms and conditions are set nationally and we have to follow them. There has been use of agency staff in the past, however, as of July there are no agency shifts and recruitment has been made to permanent or bank staff.

Q. Is the consultation document correct or biased to close the Walk-in Service?

A. The chair stated that this question did not need answering.

Q. Question from a resident of Bitterne Park – I have a son with asthma, although he requires medical intervention, since age three I didn't need to use the walk in service once. NHS 111 advised me to go to the Royal South Hants Hospital and also a GP came to my home.

How many people in the area do we pay for versus the other catchment areas, also how much does it cost for a Walk-in Centre appointment compared to the other options?

A. Roughly one third of Walk-in Service patients come from outside of Southampton, two thirds from Southampton with the majority coming from the east of the city.

In terms of costs of the service, these are outlined in the consultation document. It costs the following:

- Walk-in Service - £67
- Emergency Department - £77
- Minor Injuries Unit - £57
- Out of hours - £44
- GP - £32
- Pharmacy - £18
- NHS 111 - £8 per call

Q. Question from Royston Smith, Ward Councillor, and Member of Parliament - It can't be underestimated for the east of the city to have a facility on this side and you can't justify it with services on the west. There was never a campaign to find the money and keep it open only to keep it open. Consultations are rarely trusted, this one has a major flaw it relates to questions one and two, and it doesn't say do you want it to close? Last point, if 100% of people fill in the feedback and say they do not want it to close, it's a clear steer, and then what will you do?

A. It will be up to the Board to answer that question.

Q. Question from Rowena Davis, Bitterne Park – where would we go and what would we do if we didn't like the decision the CCG makes? Also how are 16 – 24 year olds involved in this consultation? They are important as they lack access to transport and also health service awareness is lowest in that age group?

A. There are a number of events happening, including with the YMCA, students and young people group. The consultation is across the city, and the CCG will pick up with the student body from the University.

All feedback is taken seriously and is currently coming from a wide range of sources. Any decision made by the CCG can be scrutinised by the Overview and Scrutiny Panel.

Q. Question from Dot Smith, Bitterne – this relates to the priority between community nursing and the Walk-in Service. My question is, are there doctors in this room and what would their answers be if there was poll across the city asking all the doctors in the area about the Walk-in Centre closing?

A. This question was answered by Dr Paula Hunt. Paula is a GP in Weston Lane Surgery and a local resident with three children.

As a resident I have attended the Minor Injuries Unit and I am patient at a local surgery. I don't have a problem getting an appointment with my GP as they do a triage service.

The workload for GPs has gone up and up, however if someone wants an urgent appointment, then we call them back. More medical students are being trained. I am often filing letters from Walk-in Service and Minor Injuries Unit with the end point being that they had coughs and colds etc. This is why NHS 111 is there, they are helpful especially for the people who are worried and not necessarily very sick.

Matt Stevens thanked everyone for their questions and closed the meeting.

Appendix 9 - feedback and comments received by email and letter

I would be grateful if you would add my name to the petition to save the walk-in service at Bitterne. I feel that this is an essential service especially now when the Dr.'s Surgery's are NOT open 7 days a week and A&E is always so busy with probably more serious needs.
I do not agree that the Bitterne walk in centre should close, it will put more pressure on the general hospital. It is so difficult to get a doctors appointment this side of the water and closing this walk in will cause people to have no where to go. Reduce the management level in the nhs and you will be able to fund this, you could reduce it by at least 4 levels.
I wish to add my name to the growing number of people in support of keeping Bitterne Walk In Centre open. My family and I have used this wonderful facility on a number of occasions and been treated very well. How do you think elderly people and people with very young children who only have access to public transport are going to get to the RSH Walk in Centre when they probably only live a few minutes from Bitterne? I can't believe anybody is contemplating closing this great facility!
Thank you for your offer in "The Eye" to contribute to the discussions about the Bitterne Walk In Centre. I believe that it is unaffordable in the current financial climate, and should therefore be closed.
I have attended BWIC on three occasions, all of which were at the weekend. On two of these visits the waiting room was heaving showing this service is very popular when GP practices are closed. Each of my visits were with suspected infections which may require antibiotics - not warranting taking up A & E time. If this facility were not available I would have had to suffer until the Monday (provided my symptoms didn't get too serious) and then had to take the Monday off work to attend my local GP. I estimate there would be a proportion of people attending who would just go to A & E. I strongly support this facility remaining open. If you do decide to close it, you should look at the symptoms of people attending and provide a general list of which alternative to use when GP surgeries are closed.

I am a mid 70s OAP living in Bitterne. The BWC is essential to Bitterne residents due to transport difficulties in attending the General (Gen), Adelaide Centre (AC) & Royal S Hants (RSH) plus lack of alternative facilities in Southampton East. Southampton West has direct bus services to Gen & AC and even has a direct bus service to the RSH whereas there is no direct service from Bitterne to the RSH & AC and from early Sep 2015 there will be no direct service to the Gen. There is little prospect of a direct service being re-introduced. I know people say it is easy to change buses in the City Centre and I would tend to agree on a summer's day but it is not much fun hunting down and waiting for the connecting service on a dank November day especially when you are unwell. Taxi fares are prohibitively expensive for an OAP(and others). The BWC is convenient to us and on bus routes The problem is seen by a nurse who will know whether the problem is minor or whether GP action is required instead of a 111 voice which could lead to the patient misunderstanding any advice given. A small extension to GP hours is a poor substitute and not sufficient to warrant the closure especially as the GP service could be anywhere and probably off a bus route in the evenings. The BWC is efficient, centralised in the Bitterne area yet you plan to close it without any practical alternative facility in this area. The BWC is not broken, it does not need fixing and it certainly does not need closing.
Earlier this year I fell and used my arms to save myself, also hitting my chin. Within a couple of hours my left arm became swollen and sore. I did not know what I had done but rang my GP surgery. A panic stricken voice at the other end said that there was nothing they could do and I should visit the Minor Injuries Unit at St. Mary's. Very helpful. I had no idea how to get there; i.e. what bus to catch or where the unit was when I got there. Fortunately I could afford a taxi to get me there and the driver knew where to take me. Many people of my age - 77 - who live on their own cannot afford that option. I caught a bus back to Bitterne after being diagnosed with a fractured arm. I thought I received good treatment at the M.I. Unit but had a 2 week wait for an appt. at the fracture clinic by which time I was well and truly covered in black bruising. What is not clear, as one family found out, is that the M.I. Unit only deals with arms and legs. Anything to do with the torso has to be dealt with at A&E. I don't think that this is common knowledge. Had I gone to the Walk-in-Centre I feel sure that I would have been given more helpful information than I received from my doctor's surgery. In my experience they are more 'clued' up.
Dear Royston Thank you for giving us the opportunity to comment on the proposed "temporary" closure of Bitterne Health Centre.

Being a retired community nurse (Val) I can also fully agree with the need to supplement community nursing during the winter period. Unfortunately this sounds very much like robbing Peter to pay Paul. It would be interesting to know the usage of the centre and how much publicity has gone into diverting people from A and E to the centre. Closing the centre would surely put more pressure on our A and E department. Our daughter in law has recently left A and E as a nurse partially due to increasing pressure and stress. We feel the centre budget would be stretched too thinly if spread across city nursing services rather than being utilised in one specialised and much needed area. The centre is not only used by Bitterness residents. We have an elderly aunt who lives in Portswood (equidistant from A and E and the centre) who has used the centre instead of visiting A and E. We also feel sure that once closed it will never reopen. The CCG really need to look in other areas within the budget rather than once again squeezing front line nursing services that impact on the care and quality of life of patients. Unfortunately we feel that our views will not make any difference but as always we appreciate your continuing communication about local matters of concern to local residents.
Having read your consultation document I have the following questions: 1) it is stated that the GP surgeries open Saturday's mine Bitterness Park opens 1 in 4. Therefore I would like to know which surgeries open every Saturday? 2) I would also like to know who owns the building and if the council what is the proposed use should the walk in centre close? 3) The minor injury unit at the Royal opens at 7.30pm. Will the opening hours for this unit, if the walk in closes, change to 6.30pm to cover the lost hours?

4) If a patient uses the walk in centre does the GP pay for their patients visit? I would appreciate a reply before tonight's consultation meeting.
I wish to protest strongly against closure of the centre. The western side of Southampton is served by the General Hospital. Central is served by the South Hants. If you take away the Walk In Centre in Bitterne. What will we have. Nothing Longer surgery hours won't work. I have phoned mine every day for the past three days asking for an appointment at either surgery any time, with any doctor. What could they offer me? Nothing. So think again and do the right thing.
Dear Mr Rimmer, I attended the walk in centre meeting at Central Hall on 28th July and we spoke after the meeting regarding annual costs for the BWIC. You have forwarded a copy of the summary costs (attached) and it seems that some of the elements require further explanation as they appear to be excessive, and the correct decision cannot be arrived at if the base information is suspect. The reasons for concern are as follows: The Walk in Centre is open 41 hours per week. 41 hrs per week x 52 weeks is 2,132 years per annum. Taking each item in turn, I would ask you to respond to the following: Clinical pay - £617,085 so divided by 2,132 is £289/hr. Seems on the high side, but I imagine that there is an element of shift work/overtime to be paid for, but how many clinical staff are on duty? Non clinical pay - £129,885 is £65/hr, and negligence insurance - £1,600. Both perhaps not unreasonable. I do not understand the high level of fixed costs; for solely the BWIC and only the space occupied by it within the building they

seem excessive.
Estates £22,800.
IT £37,600.
Direct overhead eg HR £76,900.
Depreciation and 3.5% interest £179,940.
Indirect allocated overhead £120,192.
This totals £437,432 - for just the BWIC facility, excluding wages?
Just what are these costs, and what % depreciation is applied as they seem totally out of scale with the facility?

The final query I have is the cost for medication £102,998. This does not appear to withstand scrutiny.
This equates to £2,000 per 41 hour week, so £50 for every hour it is open, and £5.36 for each person seen (your report says 19,200 people per annum).
Taken in line with your report, this does not make any sense.
Your report says **'most common conditions...are cough/sore throat'**.....and..... **'24% require no treatment'**.....and **'8% require basic medication e.g. paracetamol'**.....and .....**'68% advised.....consult GP'**.

So, using your own data, if there is only basic medication issued to 8% of the customers; 19,200 x 8% is 1,536 people, at 40p per pack of 16 Paracetamol tablets = £600.

If I need a painkiller I buy it at a supermarket or chemist, like most people, so what on earth is £102,000 being spent on? Even adding a modest sum for bandages/strapping/other first aid etc., it seems impossible to get to the cost of £50 for each and every hour it is open.

As you are a public sector organisation, this falls under the jurisdiction of FOO requests, I would therefore ask you to advise me what the medication costs include for, in order to arrive at £102,998, and to further comment on the £437,432 query above. A breakdown of those costs would be useful.

Thanking you in anticipation.

I write to you as a local councillor for the Peartree Ward on the East side of the City.

One of the issue that is regularly raised by many residents is the lack of a direct bus service to the RSH from Bitterne and Sholing.

Would you be open to discussing with First Bus for example the possibility of running a direct service to the RSH For example first bus number 9 runs through Sholing, Thornhill and Bitterne. This could be an opportunity to discuss with First Bus if they would consider extending the route from the City Centre to cover the RSH. This could be considered for a trial period so that if the BWIC is closed then residents on the East Side do have a direct bus service to the RSH and therefore the MIU. I am happy to discuss this further and arrange meetings with First Bus if required.
I wish to state my absolute disgust at the threat to close Bittern Walk in Center. Many people use this vital service & was designed to free up the major hospitals in the general area. We all know, to our cost & health that all major hospitals are on red alert most of the time now & to "centralise" the service, because that is what it will probably happen,defeats the whole object of the original plan!! How can you possibly expect people to believe that by closing these centers make it easier for people to be seen quicker? As usual, the motions are going through for you to say that "the people were informed " when we all know that the plans & decisions are probably already decided. My vote to close this center is a great big NO, NO, NO. Leave it alone & look after the public health before cost.
I have just read your consultation document and found it very biased towards closure not a balanced or true representation of the service offered. Was it written by the head of community based medical practitioners? The report states that people should use NHS 111 or a pharmacist, nine time out of ten 111 say see your GP. According to you the same as the walk in centre this not progress. People who talk to pharmacist in public would not disclose their symptoms. Does a pharmacist have a patient confidentiality agreement? GP services are not available easily on the east side of Southampton with long waiting times at the surgery and getting an appointment to see your own doctor. In your report it states that 1600 people use the walk in centre a month and most of them are registered in the east of the city and 83 percent use the service, so it is needed. 68 percent advised to see their GP is this not the same as NHS 111 or is it the staff at the walk in centre are not adequately trained. The running cost was 1.4M now it is 1.2M which is it?

With the hours it is open the staff see a patient every 6 minutes which is better then time allocated to each patient at a GP surgery. By closing the walk in centre it will add £123,200 per month to the accident and emergency budget. The examples of community based visits is not strictly true with a blood test only costing 0.61p. It would cost that in transport cost just to get the nurse to the location. Survey results 610 people were these people targeted and community based? The GPs are bound to say it has no effect if 68 percent are advised to see their GP. The staff have told you that the service is needed so it is needed. 33 GP practices opening Saturday mornings and one late evening. Why not Sunday and every evening as well? What you should be doing is expanding the service at Bitterne walk in centre by recruiting better qualified staff or even GPs, and expanding the hours to every day. You would find that more people would use it and this would truly reduce pressure and funds from GPs practices and A&E. My GP was based in Bitterne medical centre before it became a walk in centre. I had to use transport to get to my new surgery in Theobold road Bitterne park. Will it move back if the walk in centre closes?
I strongly object to the proposed closure of the Bitterne walk-in centre as I have used it a few times, and if I had not, it would have surely have cost the NHS a lot of money by me going to hospital, as they were able to diagnose and treat an illness that I had quite recently, quite quickly, thus saving the NHS the extra cost of admitting me to hospital.
Further to reading your consultation document on the proposed closure of Bitterne WIC, please could you share with me your statistics on usage and uptake of service for the period **before** the decision was taken to reduce the operating hours of the unit to evenings and weekends only. Please could you also quantify how the retention of the facility will risk other services, and identify the financial background to this statement (assuming it is a financial deficit that is forcing the closure).

My husband and I are both deeply concerned about the proposal (yet again) to close the important health facility. Our family has used it on numerous occasions during the years since it opened for various reasons. Most notably, the centre provided exemplary service when our son was diagnosed as having a metal splinter embedded in his eye. I understand that the RSH now has some facilities similar to those provided at Bitterne, and I accept that GP out-of-hours services may at some point be improved, but until that time the loss of the Bitterne Health Centre would mean a longer trip and more anxious delay for many parents and older people. We urge the Commissioning Group to at least delay closure until the GP services are sufficiently upgraded to take on the multiple roles fulfilled by the Heath Centre.
I am contacting you, as clinical chair of HOSP, and on behalf of Southampton Keep OurNHS Public (SKONP), to raise some concerns about the consultation process being organised by Southampton CCG on the closure of Bitterne Walk in Centre (BWIC) which we have raised with Healthwatch (please see email below) and which we would also wish the HOSP to consider when discussing the consultation process.
Please accept my support of keeping the Bitterne walk in centre open for friends and family use within East of River Itchen. Staff are so friendly and helpful with quick immediate advice on illness/injury. It is so difficult to get a doctors appointment at our Thorold Road Doctors Surgery as and when immediate response is required.
If closing the W.I. centre (Bitterne) can lead + care for some general minor intervention than YES TxT about idea

Dear Sir or Madam

I cannot believe you are thinking of closing the Billeine Health Centre. My feet are so bad, I need them for so many things. I live in Hedge. The general hospital is so big & so far away, we need a college hospital for all our needs. Batley + 7 Wards & Hedge End, Hamble west-end Billeine +.

All my family in Ilkeston, Solihull Birmingham, have got their smaller hospitals to go to.

I hope you will think again about closing Billeine walk in Centre as its very available to alot of people.

PLEASE THINK AGAIN ABOUT
BITTERNE HEALTH CENTRE.
I DO NOT WANT TO SEE IT CL
MY HUSBAND HAS USED IT. SH
I GET MY HEARING AID
BATTERYIES THERE AS MU
HUSBAND CAN ONLY TAKE ME
THERE ON A FRIDAY WHEN
TIS FINNISHES WORK 12-OCLOCK
DO I WOUND BE HOST WITHOU
BITTERNE HEALTH CENTRE
AS WOUND ANOY OF PEOPL
THISSIDE OF THE CITY
THE PHARMASEY NEXY TO MY
SURGERY CHASSER PRACTIC
SULLIVAN RD WOVND

I am returning herewith the Feedback Form concerning the proposed closure of the Bitterne Walk-In Centre.

I am so incensed about the biased wording used in the Feedback Form – which if it is to have any relevance should be completely neutral – that I am compelled to write to you.

Option 2 intends to engender a sense of shame in anyone who ticks the 'Agree' box as those who do indicate that they wish to be party to risking high priority services such as community-based care. I am disgusted that the health and wellbeing of those who chose to use the Walk-in Centre should be seen as less important than community-based care or any other vital service.

Previously, I have made my views very clear on the necessity for keeping the Walk-in Centre open so that all who need to use such a facility can do so. The long queues every day make it very clear that it is a vital service. I consider community-based care a vital service and I also consider a Walk-in Centre a vital service.

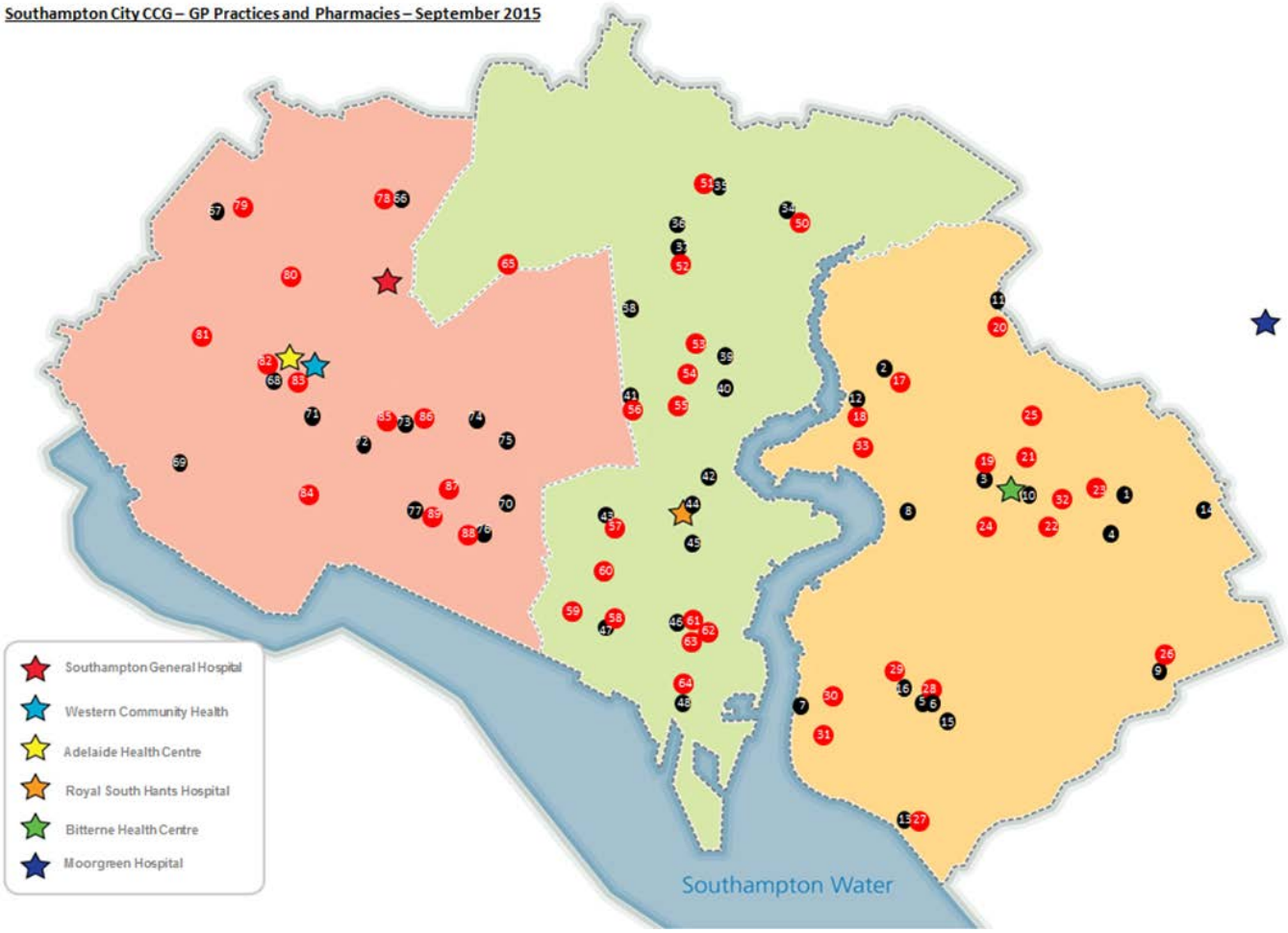
Your organisation should be investigating ways to ensure that everyone's needs are met – within budget constraints – and aiming for greater efficiency.

On a personal level, when I cannot get an appointment with my doctor within any time-frame and cannot travel to Accident and Emergency at the General Hospital where am I supposed to go when I need immediate medical treatment?

I would like to state that I disagree entirely with the above proposal. I am an Octogenarian living alone in Bitterne and find reassurance in the Bitterne Walk-in Centre being available if/when I require its services. I am sure the majority of Local Residents feel the same.
UKIP Southampton Itchen would like the decision on closure of the Walk In Centre to be at least delayed until General Practitioner (GP) open access and weekend access is improved, particularly in the Bath Lodge surgery which shares the same building as the walk in centre, and serves the local community, and those GPs practices which serve Thornhill. Bath Lodge currently has no open access appointments, long waiting times (which the practice is trying to address) and very limited weekend opening. It has allowed appointments to be made throughout the day and offers home visits for the very ill, but this is not enough to replace the service provided by the Walk In Centre which allows the possibility of a prescription at short notice. It should also be delayed until Better Care has been established successfully for at least the projected two years of implementation. All public projects should be carefully implemented, and a plan should not be taken as a success prior to completion. UKIP Southampton Itchen do not necessarily oppose the integration of health and social care, but in the context of it being cited as a major reason for closing the Walk In Centre, the plan deserves some discussion (see below).
I would like it put on record that I object to the closure of the Centre having used it and know of people who have its been easier for us this this side of the water.
I am writing to express my disappointment at the proposed closure of the bitterness walk in centre.it is the only form of medical health that is open week end and evenings this side of Southampton .it takes over 45 minuets to travel across to the general hospital where you sit up to 4 hours to see any one and to try and get to see your own Gp is a joke up to two weeks wait for a routin appointment you could die whilst waiting .I am strongly against it closing and feel it could be developed further to offer more service

to the residents that live on this side of Southampton .i know we have the walk in at the royal south haunts but that can take up to fourth minuets yo get to then you have to try to park and it's in such a nice area !
It makes so much more sense to focus the effort rather than duplicate it and I firmly believe that the WIC is unnecessary duplication; drawing funding away from essential and over stretched primary care provision.
Being a person who has used the service for many years, I have found it invaluable when surgery's have closed, or one cannot get an appointment to see ones own Dr. for weeks some times. I feel it not only relieves the 111 call no. which I found far from satisfactory and waited many hours for someone to turn up. On one occasion when my husband was still alive I had reason to call 111 the Dr. arrived eventually and immediately started smoking in the bedroom and turned to my husband to offer him one, I won't repeat what remark my husband gave! obviously from a different culture. I personally have had occasion to use the centre many times or alternatively go to A&E which, is already over burdened, one reason people result to it having not been able to get any satisfaction from other sources, The centre at least would be able to treat one or direct one to what one should do, or, prescribe temporary help till seeing ones own Dr. Surely this takes a lot of pressure off all the other services, particularly over week-ends. I have on one occasion been sent to hospital by ambulance from there. With respect to the elderly, in winter people will not turn out to go to the South Hants,(where I believe there is a walk-in centre,) from Bitterne and surrounding areas in possible cold and stormy weather, and in the dark, plus not having transport available, therefore use 111 or A&E which is already overloaded, and asked not to use if possible. I cannot express enough why the Centre should stay open, only to say it has been invaluable to me and is always well used.

Appendix 10 - Map of services



East locality – GP practices

1. Ladies Walk (Midanbury)
2. Ladies Walk (Thornhill)
3. West End Road (Bitterne)
4. West End Road (Pepys Avenue)
5. Woolston Lodge
6. Canute
7. Spitfire Court
8. Chessel (Chessel Avenue)
9. Chessel (Sullivan Road)
10. Bath Lodge
11. Townhill
12. Bitterne Park
13. Weston Lane
14. Harefield
15. The Old Fire Station
16. St Peters

Central locality – GP practices

34. Stoneham Lane
35. Burgess Road
36. University Health
37. Highfield Health
38. Mulberry
39. St Denys
40. Portswood Solent
41. Alma Medical Centre
42. Newtown Clinic
43. Walnut Tree
44. Homeless Health
45. Nicholstown
46. St Marys
47. Bargate
48. Telephone House

West locality - GP practices

66. Lordshill
67. Aldermoor
68. Adelaide
69. Cheviot
70. Shirley Avenue
71. Brook house
72. Regents Park
73. Victor Street
74. Raymond Road
75. Hill Lane
76. Atherley House
77. Grove

East locality – Pharmacies

17. Superdrug (Bitterne)
18. Boots (Bitterne Park)
19. Bitterne Pharmacy
20. Lloyds (Townhill)
21. Lloyds (Dean Road)
22. Bestway (was Co-op, Thornhill)
23. Sangha Pharmacy
24. Sainsbury Pharmacy
25. Boots (West End Road)
26. Day Lewis (Sholing)
27. Pharmacy Direct (Weston Lane)
28. Lloyds (66a Portsmouth Rd)
29. Lloyds (49 Portsmouth Rd)
30. Superdrug (Woolston)
31. Boots (Woolston)

32. Pharmacy Direct (Commercial St)
33. Boots (Midanbry)

Central locality – Pharmacies

50. Lloyds (Swaythling)
51. Boots (Burgess Road)
52. Highfield Pharmacy
53. Day Lewis (195 Portswood Rd)
54. Boots (Portswood)
55. Day Lewis (241 Portswood Rd)
56. Pharmacy Direct (Gordon Av)
57. Bassil Pharmacy
58. Boots (Above Bar)
59. Boots (West Quay)
60. Asda Pharmacy
61. Lloyds (St Marys)
62. SK Roy
63. Spiralstone
64. Telephone House
65. Bassett Pharmacy

West locality – Pharmacies

78. Lloyds (Lordshill)
79. Day Lewis (Lordswood)
80. SY Nam
81. Millbrook
82. Adelaide
83. Tesco
84. Regents Park
85. Lloyds (Shirley)
86. Lloyds (St James)
87. Boots (Shirley)
88. Pharmacy Direct (Shirley)
89. Lloyds (Grove Road)

Think first

Information on services in Southampton

What to know... and when to go

Your handy guide to everyday health services you might need quickly

CALL 111 when it's less urgent than 999

www.nhs.uk

Think first

There's plenty you can do yourself

Many everyday illnesses and injuries such as coughs, colds, minor burns, stings, diarrhoea and sickness bugs can be best and most quickly treated at home.

Your first aid kit

- bandages
- plasters
- thermometer
- antiseptic
- tweezers
- eyewash solution
- sterile dressings
- medical tape

Need advice?

Your local pharmacy can also advise on what you need to look after yourself and your family at home

What should a well stocked medicine cabinet look like?

It is really important to have the right medicines at hand so you can treat yourself without delay. Keeping commonly needed medicines at home will help you **be prepared**.

Hot kids

Top Tips

- Fevers are quite common in young children and are usually mild.
- Digital thermometers are quick to use, accurate and easily obtained from your pharmacy.
- To help reduce a fever use child friendly paracetamol, and encourage your child to drink clear fluids.
- If your child is hot, it may help to remove some but not all of their clothing.
- Do not wrap them up in extra clothing or blankets.
- Trust your instinct as a parent - contact your GP if the problem persists.

Safety first

Top Tips

- Keep all medicines in a safe place and well out of the reach of children
- Always follow the directions on medicine packets and information leaflets and never take more than the stated dose
- Medicines have use-by dates and should be checked regularly to make sure that they are still in date.
- If a medicine is past its use-by date, don't use it or throw it away. Take it to your pharmacy, where it can be disposed of safely.

Think first

Ask your pharmacist

Your local pharmacy gives instant access the health specialist on your high street.

Pharmacists are highly trained and should be your first port of call for minor ailments which will allow your GP to deal with other health issues.

5 Years of specialist training

Expert knowledge and advice on medicines & remedies

Expert knowledge of other health services that can help you

Consulting room in every pharmacy **just ask**

Emergency contraception

Appointments NOT NEEDED just walk-in

If you need a pharmacy out of hours there are many pharmacies in the city that are open for extended times. This includes four pharmacies that are open for 100 hours per week – two in the city centre, one in Millbrook and one in Bitterne.

To find your nearest pharmacy and to check out opening times visit: **www.nhs.uk**. Go to the Services near you section select pharmacies and enter your postcode.

Think first

What are my options?

A guide to local services

NHS 111

If you need medical help or advice and aren't sure where to go, call 111 first.

NHS 111 is available 24 hours a day, 365 days a year and calls are free from landlines and mobile phones.

When you call 111, they will ask you some questions to assess your symptoms and then find the right local health service for you. The 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics.

You can also call 111 through a textphone by calling 18001 111. A confidential interpreter service is available in many languages. Just mention the language you require when the NHS 111 operator answers your call.

Find out more at: **www.nhs.uk/111**

Minor Injuries Unit

The local Minor Injuries Unit (MIU) has a team of specially trained nurses to treat minor injuries such as minor burns, sprains and strains, minor head injuries, insect and animal bites and broken bones – an X-ray facility is also available for arms and legs (for patients over 2 years).

You don't need an appointment, just turn up between: Monday-Friday 7.30am-10.00pm, weekends and Bank Holidays 8.00am-10.00pm (last patient accepted at 9.30pm).

The local MIU is at: The Royal South Hants Hospital (signposted as RSH MIU): Level B, Brintons Terrace, Southampton SO14 0YG

Find out more in this booklet or visit: **www.southamptontreatmentcentre.nhs.uk/minor-injury-unit**

Your local pharmacy

Your local pharmacist can offer expert advice on common health problems and minor illnesses such as colds, skin conditions and allergies and could save you a trip to your GP. Pharmacists can also advice on what to keep in your medicine cabinet to look after yourself and your family at home. There are often pharmacies in larger supermarkets and many are open late.

You can find local pharmacy and opening hours in the services near you section at: **www.nhs.uk** (select pharmacies and enter your postcode)

Looking after yourself at home

Many common minor illnesses and injuries can be treated at home.

Information is provided in this booklet and lots of helpful tips are available on the NHS Choices website at: **www.nhs.uk**.

You can also visit your local pharmacy for advice on how to be prepared to look after yourself and your family at home.

Your GP practice

GP stands for 'General Practitioner' - they look after the health of people in their local community and deal with a whole range of health problems.

You need to be registered to get an appointment without delay. If you are not already registered, the NHS Choices website (www.nhs.uk) can help you find a GP surgery near you – visit the Services near you section, select GPs then enter your postcode.

Your GP can treat both physical and mental health problems and can help you manage long term conditions. If you need to be referred to a specialist, your GP will arrange this.

Most GP practices also offer advice on smoking and diet, run clinics, give vaccinations and carry out simple surgical operations.

For medical help or advice when your GP practice is closed, call 111 first and they will find the right local health service for you.

Emergency Department

Emergency Departments should only be used in a critical or life threatening situation.

They provide emergency care for people who show the symptoms of serious illness or are badly injured. If you suspect an injury is serious go straight to the Emergency Department or dial 999 and ask for an ambulance.

Phone first

NHS 111

If you need medical help or advice and aren't sure where to go, call 111 first.

What to know

- Dialling 111 is a fast and easy way to get the right medical help, whatever the time. The service is available 24 hours a day, 365 days a year.
- Calls are free from landlines and mobile phones.
- The 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics.
- 111 advisers will find the right health service for you by asking questions to assess your symptoms.
- 111 is the number to call for GP out of hours services.

CALL 111

when it's less urgent than 999

Need a dentist?

You can also call 111 if you need urgent dental advice out of hours or are not registered with a dentist.

Top Tips

When to go

Call 111 if

- you need medical help fast, but it's not a 999 emergency
- you need health information or guidance about what to do next
- you don't know who to call or don't have a GP to call
- you think you need to go to Emergency Department or need another NHS urgent care service
- you think you need to see a GP out of hours

NHS 111 will give you advice or book you an appointment if needed. If they think you need an ambulance they will arrange for one to be sent to you.

If you have difficulties communicating use the 111 textphone – call **18001 111**.

111 also offers a confidential interpreter service available in many languages. Just let your operator know which language you require.

Find out more at: **www.nhs.uk/111**

Do you know about your Minor Injuries Unit?

Southampton's Minor Injuries Unit (MIU) is at the Royal South Hants Hospital (RSH). Led by skilled nurses it offers treatment, advice and information on a range of minor injuries.

What to know

The Minor Injuries Unit can help you if you have a problem which is not serious or life threatening. You don't need an appointment - just turn up. It is generally a much faster option than Emergency Department with the majority of people being seen in under an hour (of course, you may wait longer if it is busy). The Unit is staffed by highly skilled nurse practitioners who offer treatment, advice and information. The Unit at the RSH also has onsite X-ray facilities for adults and children over 2 years. It is open Monday-Friday 7.30am-10.00pm, weekends and Bank Holidays 8.00am-10.00pm (last patient accepted at 9.30pm).

When to go

The MIU can treat:

- minor burns
- sprains and strains
- minor eye injuries
- wound infections
- minor head injuries
- insect and animal bites
- broken bones to arms, lower leg and feet
- minor injuries to back, shoulder and chest

The MIU can also:

- remove splinters
- plaster broken limbs
- stitch and close wounds
- dress minor wounds, cuts and grazes
- remove foreign bodies from ears, noses etc
- X-ray arms and legs (patients over 2 years)

When not to go

MIUs are unable to help with:

- serious medical emergencies posing an immediate threat to a person's health or life
- serious head injury or loss of consciousness
- accidental or deliberate overdose of drugs
- severe allergic reaction
- severe blood loss

For these conditions, you should go to your local Emergency Department, or dial 999.

Find the Minor Injuries Unit:

The Royal South Hants Hospital (signposted as RSH MIU): Level B, Brintons Terrace, Southampton SO14 0YG

For more details visit: www.southamptontreatmentcentre.nhs.uk/minor-injury-unit

We hope you find this guide useful.

All feedback, comments or suggestions are welcomed

email: **communications@southamptoncityccg.nhs.uk**

call us on: **023 8029 6038**

or tweet us: **@NHSSotonCityCCG**

For further information:

- NHS Choices – Information on how to register with a GP and on conditions, treatments, local services and healthy living: **www.nhs.uk**

Tell us about your experience of NHS services:

- Southampton City CCG Patient Experience Service
  phone: **023 8029 6066**

  email: **SOCCG.patientexperienceservice@nhs.net**

We can provide translations of this document if you need one - just let us know what language you require.
We can also arrange for an interpreter or a version in:

large print or 

or 

Please contact
NHS Southampton City Clinical Commissioning Group
Communications Team

023 8029 6038

communications@southamptoncityccg.nhs.uk

Overview of Future Communications Campaign to raise awareness of urgent care services in Southampton City

The communications campaign aimed at raising people's awareness of the services available to them when they become unwell will take place across the city and target a variety of audiences. Local qualitative and quantitative research indicates that people attend the walk-in service for minor illnesses because it is accessible and convenient. People use the service when they need reassurance, outside of standard GP opening hours for minor illness/injury which they do not deem serious enough to attend the Emergency Department. Furthermore, evidence suggests people use the service due to a perceived lack of GP appointments.

The communications plan must therefore address the following issues:

- a lack of awareness of the services available and how to access them
- a lack of confidence in those services
- a lack of awareness of how to manage minor illness, such as coughs and colds, at home
- the need for reassurance when a person or their family member becomes unwell.

In order to do that we must:

- enhance patients' confidence and engagement in their health care
- ensure patients have the information and support to make informed choices about their health care
- increase positive awareness and understanding of the right services to use for the right health concerns
- promote the convenience of services such as NHS 111 (available 24 hours a day, seven days a week, call free of charge) and pharmacists (some are open 100 hours per week and many offer the new minor ailments service)
- enhance people's trust in the services by explain the training staff receive along with their experience in relevant disciplines (NHS 111 has a dedicated mental health practitioner and midwife to answer related calls, pharmacists receive five years training and are able to offer private consultations without the need for an appointment on a rage of minor illnesses)
- work with GP practices to promote extended hours appointments, the variety of ways to book appointments (e.g. online) and the variety of services available e.g. telephone and nurse appointments
- educate people on ways to manage a minor illness at home, along with the signs which indicate they should seek medical advice.

The primary groups of people we aim to reach with this work are:

- parents/carers of young children (the main users of the walk-in service)
- young adults
- working age adults who use the service for its ease of access outside standard GP opening hours
- older people, who although relatively low users of the walk-in service have demonstrated, through consultation feedback, that communications around urgent care services in the city have not reached them.

Throughout the work we also aim to reach the following groups in order to disseminate our messages:

- Pharmacies
- GP practices
- Health visitors
- Providers including University Hospital Southampton, community service providers and South Central Ambulance Service
- Southampton City Council
- CCG staff
- Media
- Voluntary sector and organisations
- Large employers within the city

The ways in which we will do this are:

- through local engagement events such as University Freshers' fairs, parent and toddler groups, faith groups, focus groups and through our voluntary sector partners
- via social media, disseminating messages via Twitter and Facebook and obtaining advertising space where necessary
- via our website promoting the services available
- via the press by releasing timely articles regarding both services and information regarding the self-management of seasonal minor illness
- via our internal and external newsletters
- by supporting GPs to promote NHS 111 as the gateway to out of hours services
- by supporting the national NHS England 'Stay well this winter' marketing campaign which provides the frail elderly with advice and support on keeping healthy over the winter period
- local business forums such as the Chamber of Commerce

Unscheduled Care Demand Southampton City

Note the detail provided here is for patients registered with a Southampton GP practice, unless otherwise stated.

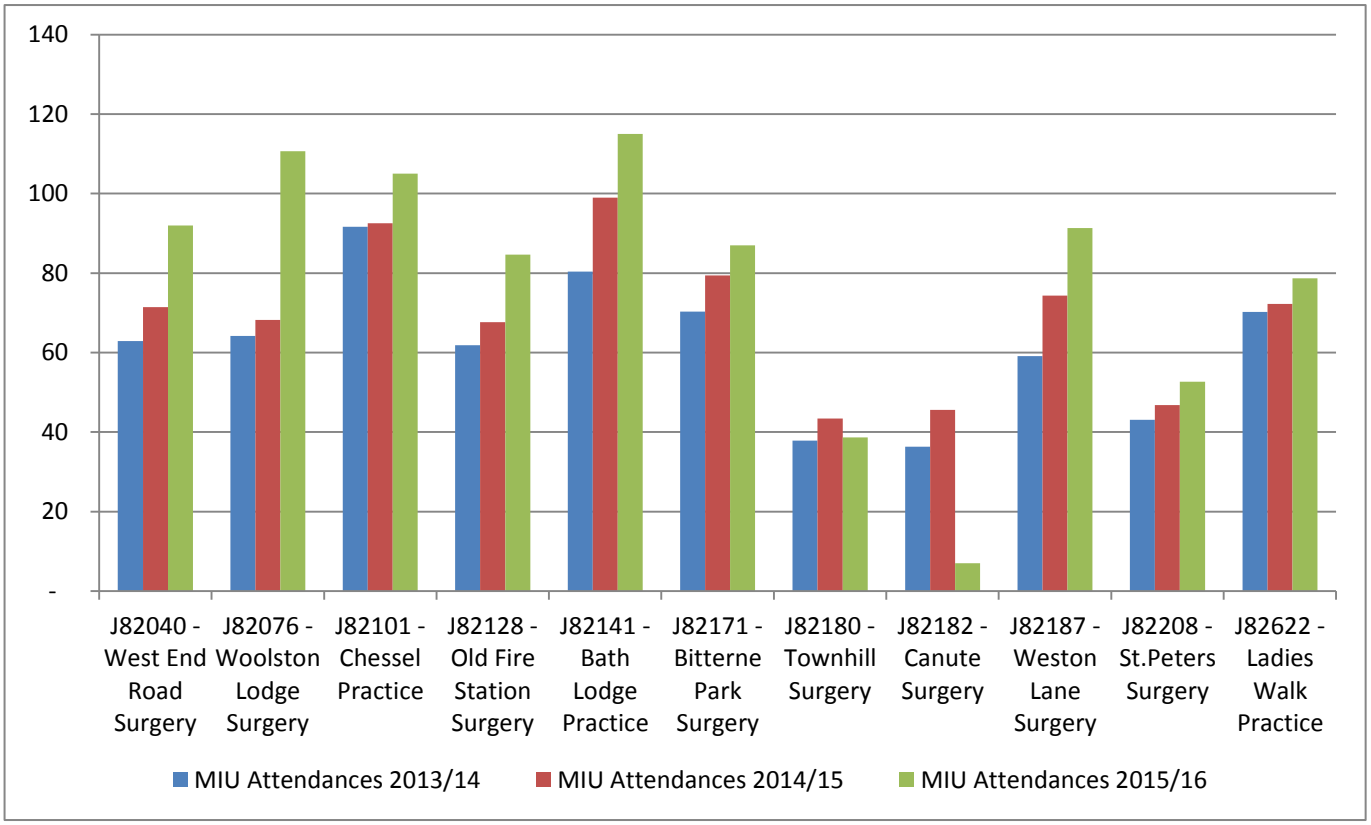
MIU

In 2012/13, the MIU at the RSH was run by Solent NHS Trust In January 2013 as part of a winter pilot it was agreed that the centre would open for longer and extended diagnostics would be available with the service being provided by Southampton University Hospitals NHS Foundation Trust. In August 2014 Care UK were awarded the contract to provide the MIU at the RSH with further enhanced diagnostics.

The service provided by Solent NHS Trust saw 1,994 patients on average a month, the current service is seeing 2,400 patients a month on average, a 20% increase.

Of the 27,916 Southampton city attendances at the MIU in 2014/15, 8,762 patients from the east of the city attended, 32% of the attendances. The east of the City has 35% of the total registered population of the city, 95,795 of the 270,636.

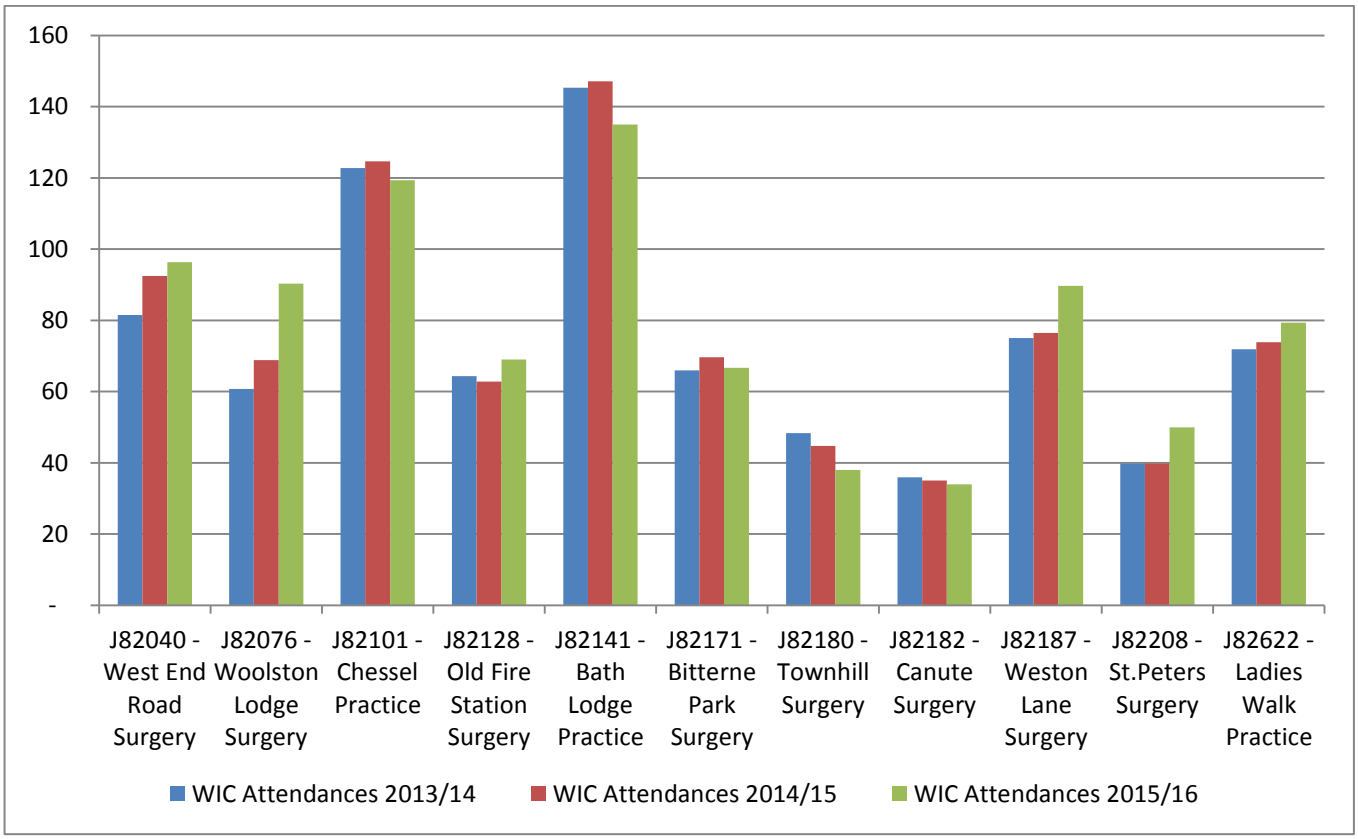
The table below shows the MIU attendances from east practices, in 2013/14 on average 660 east patients a month attend the MIU, in 2015/16 this has risen by 27% to 840 a month in 2015/16.



BWIS

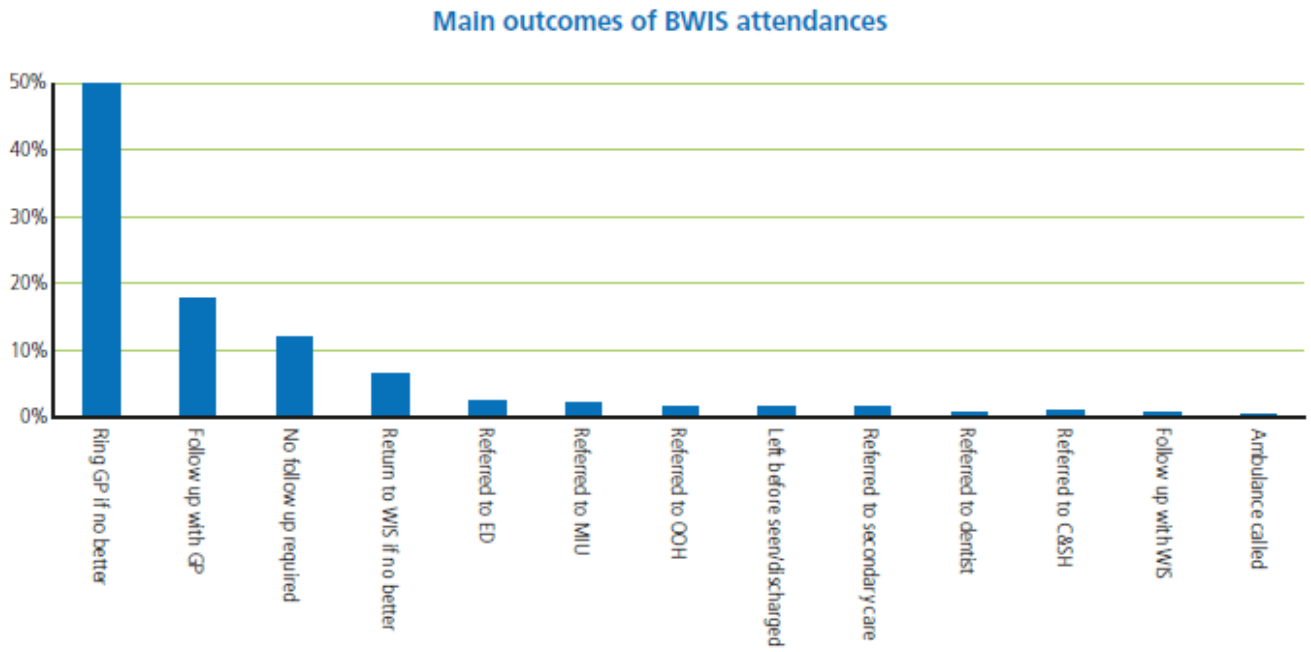
In 2012/13 the Walk In Service at Bitterne Health Centre saw on average 1,179 Southampton patient's a month. In 2013/14 this fell to 1,000. During 2014/15, attendances rose slightly to 1,039. In 2015/16 1,058 on average attended for the first 3 months of the year. Between 2012/13 and 2015/16 the monthly average attendance has fallen by 10%.

In 2015/16, an average of 843 patients registered on the east side of the city attend each month. The table below showing the split by practice.



Bath Lodge GP practice and Chessel GP Practice account for the most attendances by GP practice. On average 135 Bath Lodge a month will go to the WIS, 1.18% of their total practice list size of 12,452. On average 119 Chessel patients attend the WIS each month, 0.96% of the total registered list size of 12,965.

The table below is taken from the consultation and shows the main outcomes of BWIS attendances.



If we use the split of the 135 average attendees at the WIS for Bath Lodge patients it suggests the yellow boxes are those that are likely to need to see a GP, around 78 on average a month. Although for those told to 'see their GP already if no better', we estimate 25% of these individuals will have seen their GP, leaving around 61 patients on average a month needing to see a GP at Bath Lodge, this assumes they don't call 111 or GP Out Of Hours Service (via 111). Across a month, this equates to 15 people per week or 3 per day.

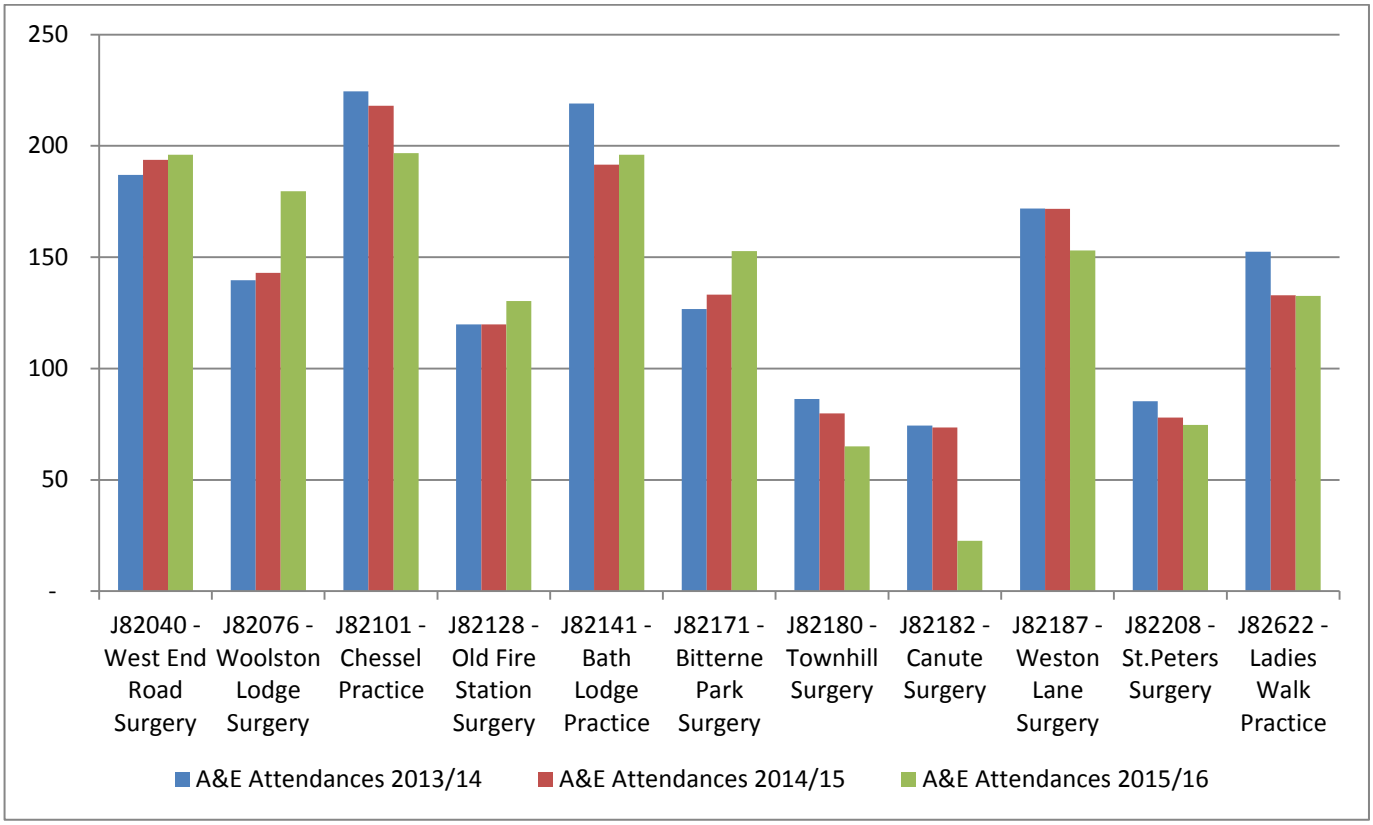
Bath Lodge currently sees 228 patients a day, so 3 extra attendances would be the equivalent of a 1.3% increase in demand. Currently 4 hours (or 24 appointments) a week of GP clinical time is lost with patients not attending for their appointments.

Ring for GP if no better	50.00%	68	*A proportion will have gone to their GP*
Follow up with GP	19.00%	26	Will be in GP numbers already
No follow up required	11.00%	15	Could use 111 / Pharmacy
return to WIS	7.00%	9	
Referred to ED	3.00%	4	In ED numbers
Referred to MIU	3.00%	4	In MIU numbers
Referred to OOH	2.00%	3	In OOH Numbers
Left before discharged	2.00%	3	N/A
Referred to secondary care	1.00%	1	In secondary care numbers
Referred to dentist	0.50%	1	In dental numbers
Referred to C&SH	0.50%	1	In C&SH numbers
Ambulance called	0.50%	1	In 999 numbers
Follow up with WIS	0.50%	1	
	100.00%	**135**	

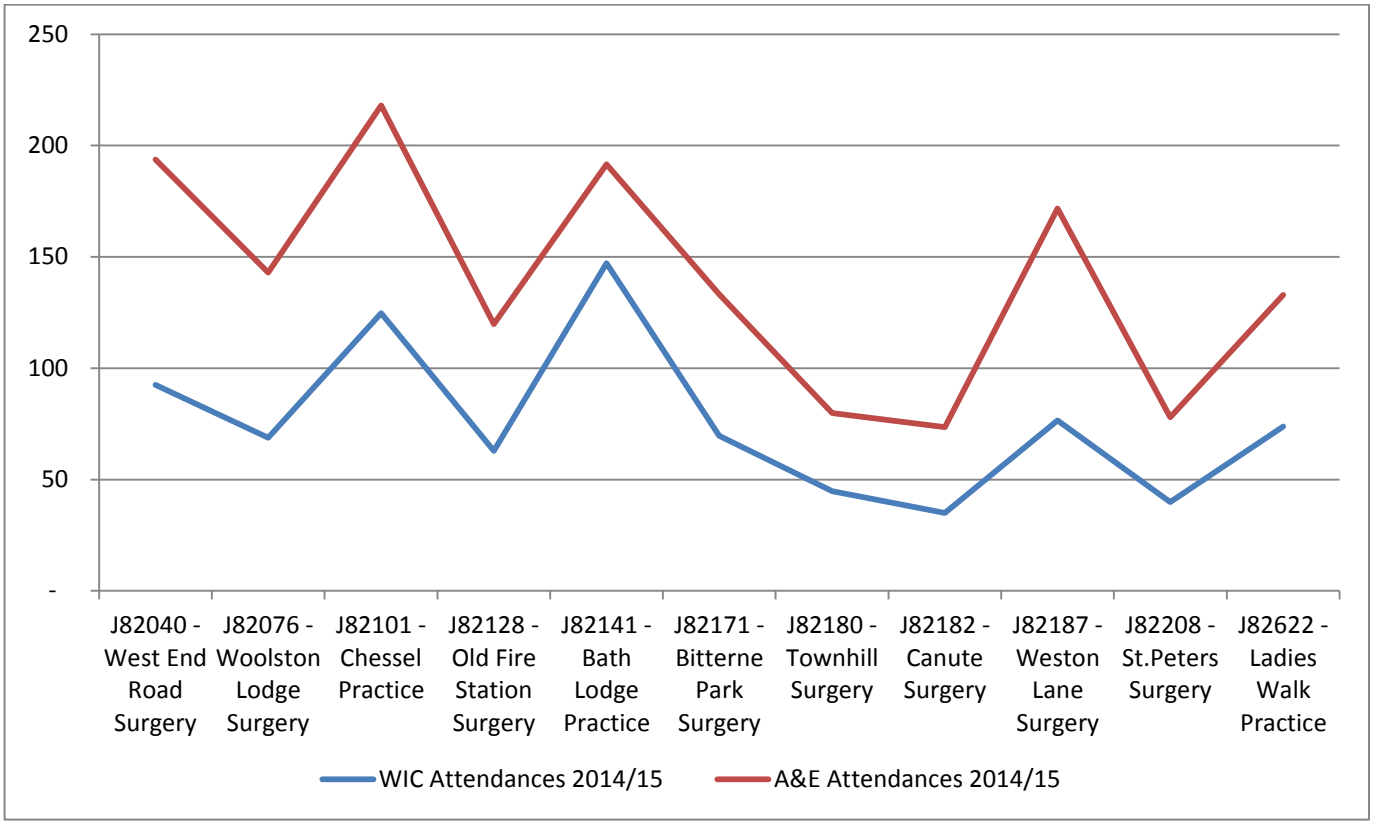
ED

In 2013/14, 4,505 patients a month on average attended the ED department, in 2015/16 this has fallen by 4% to 4,323. The national trend being a 5% increase between 2013/14 and 2014/15.

In 2015/16, on average 1,499 patients registered on the east of the city will attend A&E, around 35% of the total attendances, recognising the population of the East of the City account for 35% of the total city. The table below shows the makeup by east GP practice.



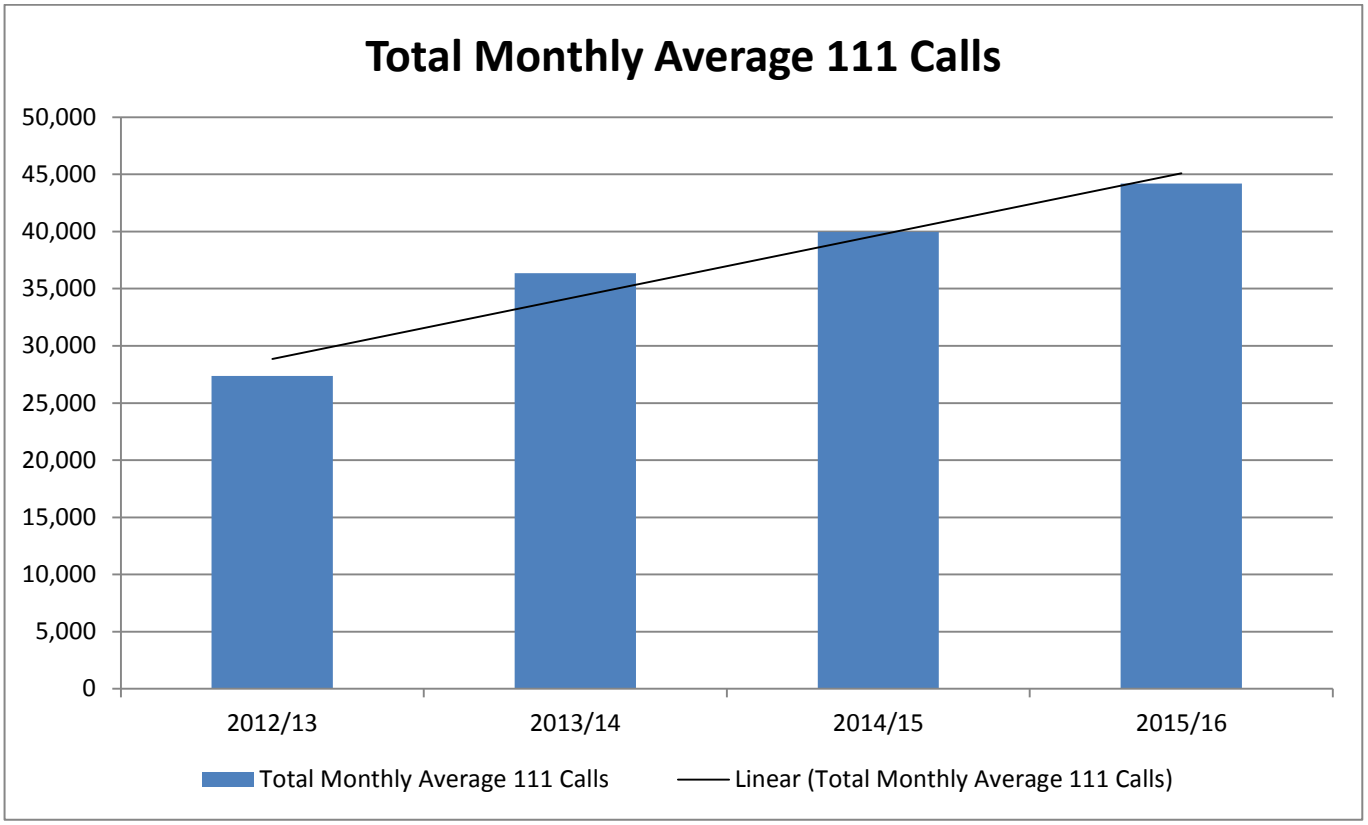
The table below shows for the East Southampton GP Practices those that are higher users of the WIC are also high users of A&E.



111

111 will receive 44,202 calls a month on average during 2015/16. When the service started in October 2012 it received 14,346 calls. This is across Southampton, Portsmouth and Hampshire, it is not possible to split this down to Southampton patients only however around 16% of callers are expected to be Southampton residents and this percentage is used within this analysis.

The table below shows the increase in average 111 calls since 2012/13.

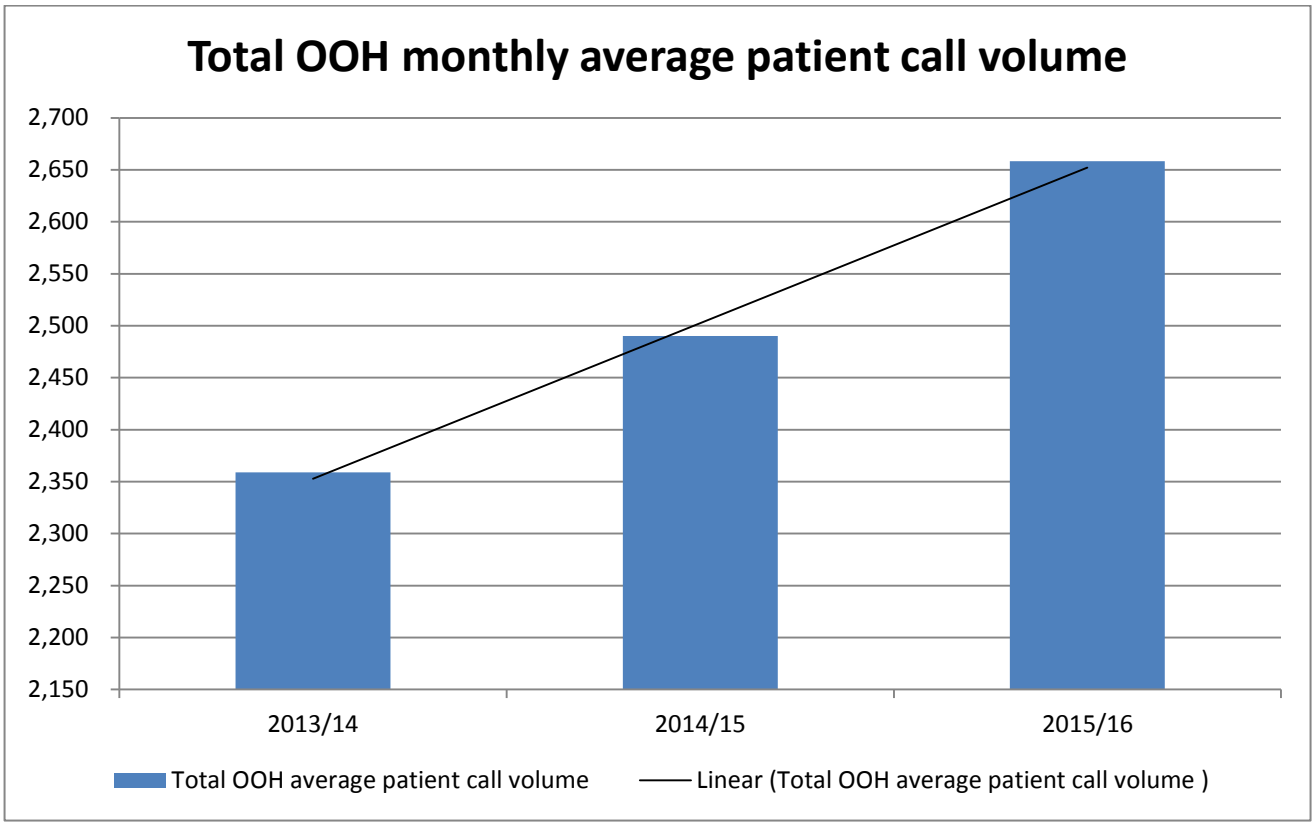


In 2014/15, 111 received 479,569 calls and 58 complaints in total.

Out Of Hours Service

Across Southampton, Portsmouth and Hampshire the GP Out Of Hours service dealt with 185,990 calls from July 14 to June 15, of this they received 80 complaints. The OOH service is contacted via 111.

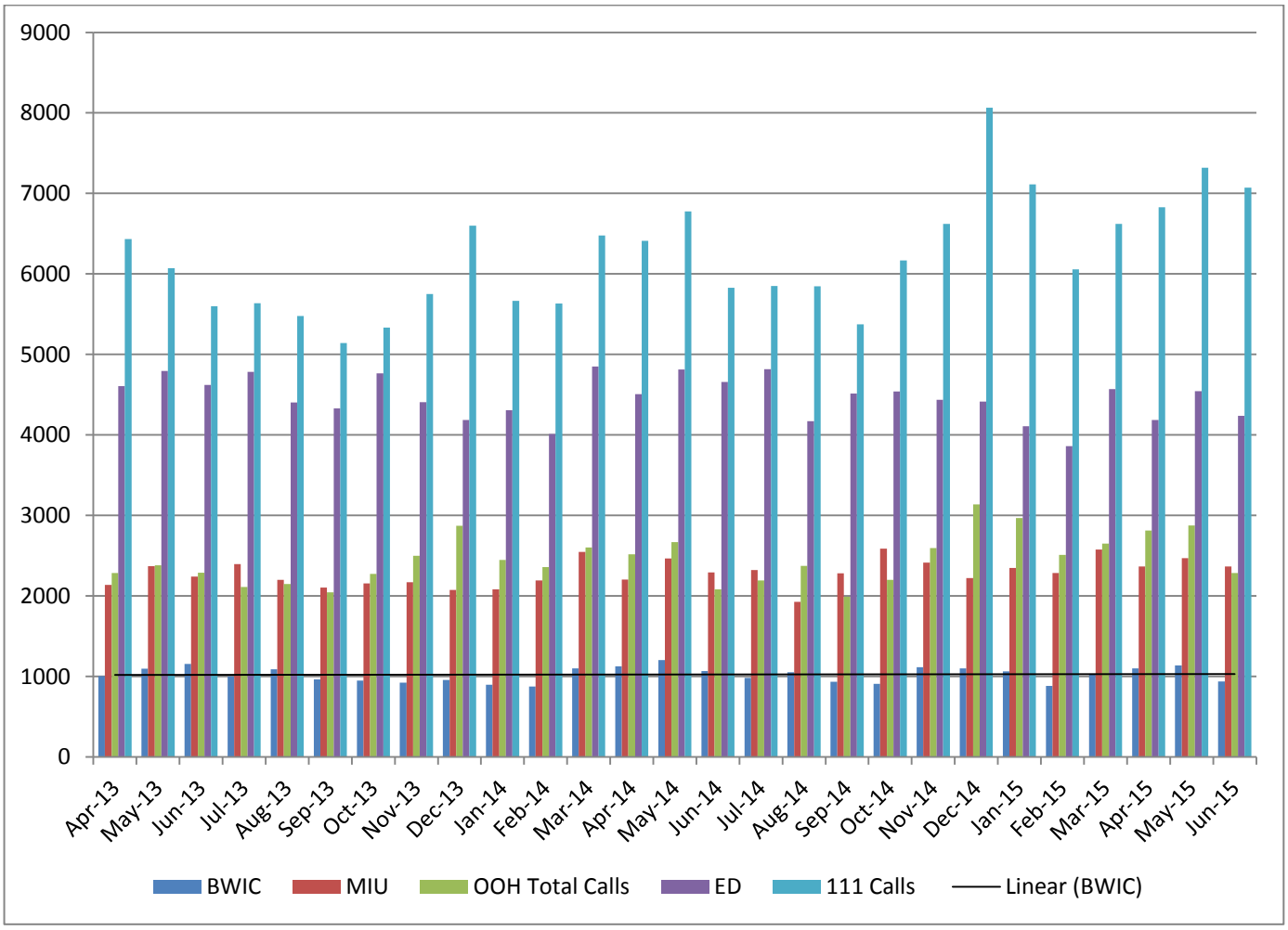
For Southampton the chart below shows an increase from 2,359 calls a month on average to 2,658. An increase of 13%.



On average in 2014/15 the GP Out Of Hours service dealt with 2,490 patients a month, of which 15% would receive a home visit, 30% an appointment with an out of hours GP and 51% received telephone advice.

	2014/15	
Total OOH average patient call volume	2,490	
Referred To ED	56	2%
999	31	1%
GP Home Visits	383	15%
GP Out of Hours Appointment	749	30%
Advice Given	1,272	51%

The table below shows the split since April 2013 of the urgent care options across Southampton.



Pharmacy First minor ailments scheme

Minor ailments are defined as common, self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions impacts significantly upon GP and urgent care services' workload. Community Pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments.

Pharmacists are qualified, highly skilled experts in medicines and remedies, with at least 4 years specialist training. They are able to advise on a wide range of minor ailments and conditions, and can offer the privacy of a consultation room if required.

The Pharmacy First minor ailments scheme is an enhancement on the standard service offered by all pharmacies to all patients. In addition to a consultation, advice and sale of over the counter medicines, Pharmacy First offers eligible patients a consultation and supply of required medication, free of charge.

The aim of Pharmacy First is to improve primary care capacity by reducing practice workload in relation to minor ailments and promote self-care through pharmacies.

The CCG launched the Pharmacy First pilot in January 2015, funded through winter monies. The pilot ran for 8 months, covering a small range of minor ailments which present commonly at GP practices and urgent care services and can be safely managed through self-care with patient education, advice and medicine that does not require a prescription.

Patients are eligible for Pharmacy First in Southampton if they:

- are registered with a Southampton City CCG GP
- are eligible for free prescriptions
- have one of conditions covered by the service
- would have otherwise gone to their GP or presented at an urgent care service

As part of the service, patients receive a consultation and are provided with advice and a supply of medicine if required, from an agreed formulary. The cost to the CCG is £4 plus the cost of the medicine provided - a total average cost of around £6.20 per patient.

During the pilot, the service was provided by 12 accredited pharmacies across the city (4 in each locality) for 4 conditions; upper respiratory tract infections (cough, cold, earache), sore throat, paediatric fever and diarrhoea. While initial uptake has been slow (expected, based on feedback from other areas) we have seen an encouraging spread of activity across the city. Upon review of the pilot in June, it was agreed that the CCG would fully commission the service, expanding it to cover more conditions with more pharmacies offering the service.

The new service commenced on 1st September, with an additional 20 conditions. To date, a total of 17 accredited pharmacies are providing the service, with many more due to come on board shortly. By December, we aim to have at least 75% of the pharmacies in Southampton (34 out of 45) providing the service.

There is an ongoing communications programme promoting Pharmacy First. In September, every infant, junior and primary school in the city were provided with information to cascade to parents and a leaflet for every child's book bag. Senior schools were provided with information to put on to their websites. Information and leaflets have been given to Sure Start centres, Family Nurse Practitioners and Health Visitors. We are also targeting the other patient groups who are eligible for free prescriptions, and providing GP practices and urgent care services such as the Minor Injuries Unit with leaflets and posters.

Information about the scheme can be found on the CCG website
http://www.southamptoncityccg.nhs.uk/search/text-content/pharmacy-first-for-minor-ailments-668

Conditions covered:

- Upper respiratory tract infection (cough, cold, ear ache)
- Sore throat
- Diarrhoea
- Paediatric fever
- Constipation
- Head lice
- Dyspepsia
- Insect bites and stings
- Mouth ulcers
- Haemorrhoids
- Nappy rash
- Allergic rhinitis/Hay fever
- Vaginal thrush
- Oral thrush adult
- Minor burns and scalds
- Conjunctivitis
- Headache
- Earwax
- Musculoskeletal pain & soft tissue injury
- Paediatric teething
- Athletes' foot
- Cold sores
- Threadworm
- Contact dermatitis

Accredited pharmacies at 17th September:

- Bassil Chemist, Bedford Place (central)
- Bitterne Pharmacy, West End Road (East – 100 hour pharmacy)
- Boots The Chemist Above Bar (central)
- Boots The Chemist Portswood (central)
- Boots The Chemist Shirley (west)
- Day Lewis, Portswood Road (central)
- Day Lewis Chemist Lordswood (west)
- Day Lewis Chemist Sholing (east)
- Highfield Pharmacy, University Road (central)
- Lloyds Pharmacy, Dean Road, Bitterne (east)
- Lloyds Pharmacy, Grove Road, Shirley (west)
- Lloyds Pharmacy, Portsmouth Road, Woolston (east)
- Pharmacy Direct, Commercial Street, Bitterne (east)
- Pharmacy Direct, Shirley Road (west)
- Sangha Pharmacy, Thornhill Park Road (east)
- Telephone House Pharmacy, High Street (central)
- Tesco Pharmacy, Millbrook (west)

Activity to date:

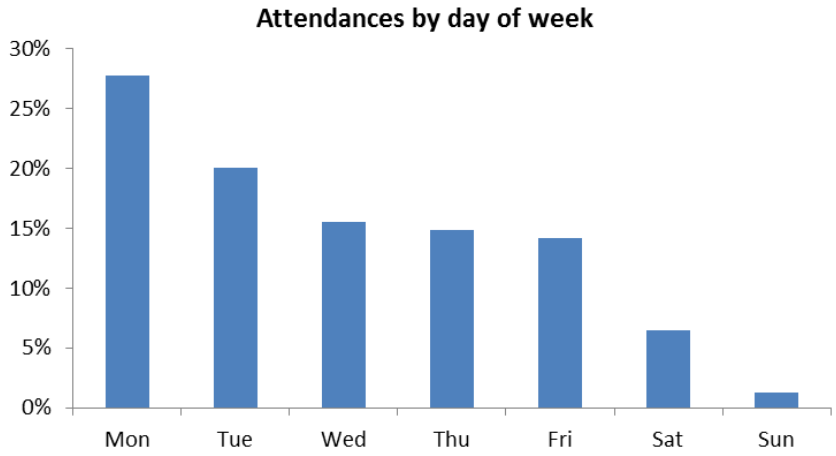
At 17th September, a total of 155 patients have accessed the service. During the pilot period, there was an average of 4 patients per week. This has risen to an average of 10 patients per week since the 1st of September when the expanded service was launched.

Of these 155 patients, only 4 have been advised to go and see their GP, 3 for a routine appointment and 1 as an urgent. Patients who are onwardly referred are provided with a referral slip detailing the reason for this and any advice/medicine provided.

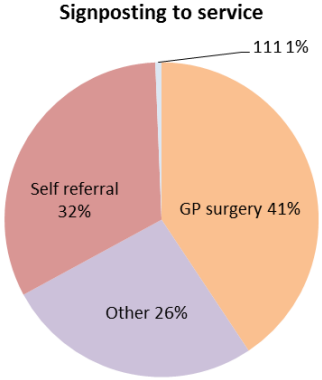
96% of patients using the service have been given advise and a supply of medication from the formulary. The remaining 4% received advice only.

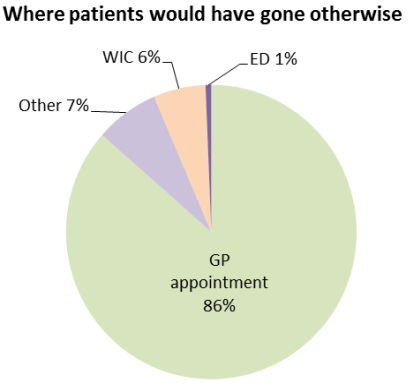
85% of patients are under 16 years of age. The majority of these children have been in attendance, which assures us that the service is not being abused.

Monday is the most popular day for accessing the service

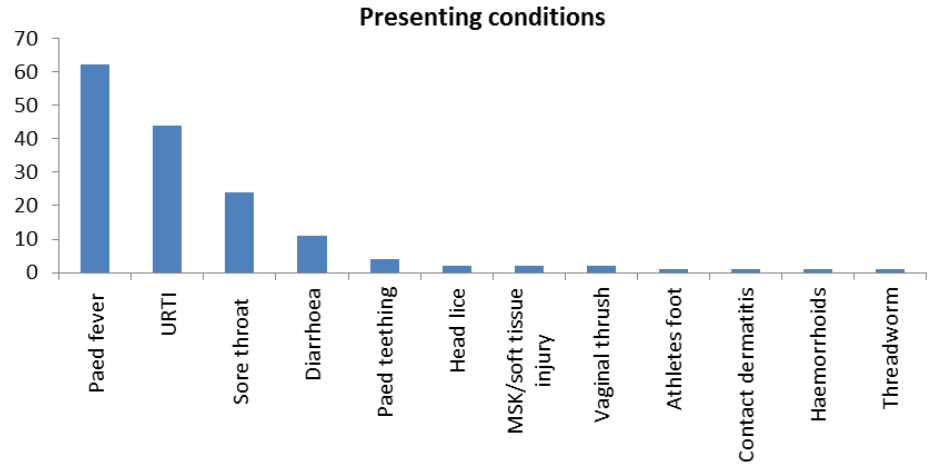


Initially, most patients were being signposted to the service by their GP surgery. Over time, we have seen more patients finding out about the service through our communications campaign and self-referring, or being signposted by other services/healthcare professionals. The majority of patients say they would have taken a GP appointment had the service not been available.

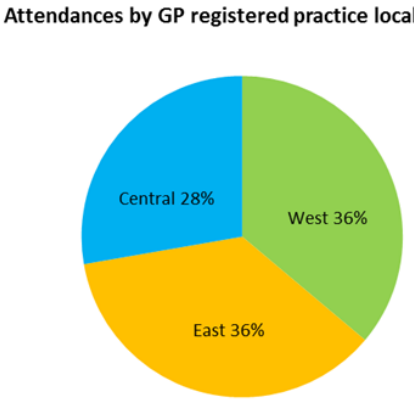


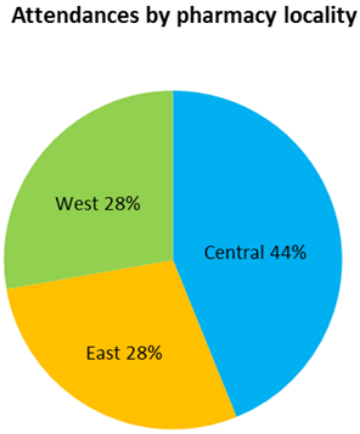


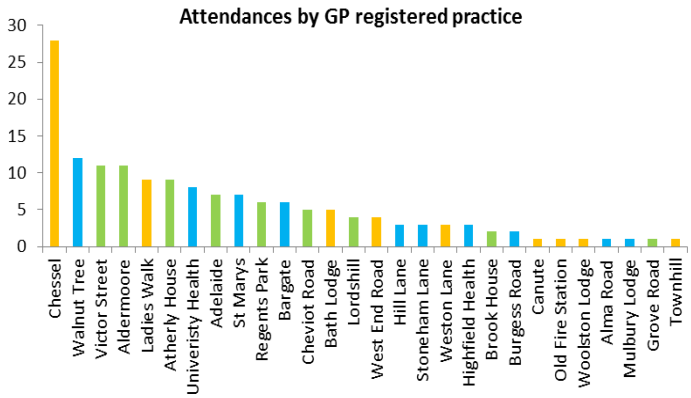
The main presenting conditions are currently paediatric fever, upper respiratory tract infections (URTI – cough, cold, ear ache) and sore throat, which were the original conditions covered. Since the service expanded on 1st September, we have already seen several of the newly covered ailments present.

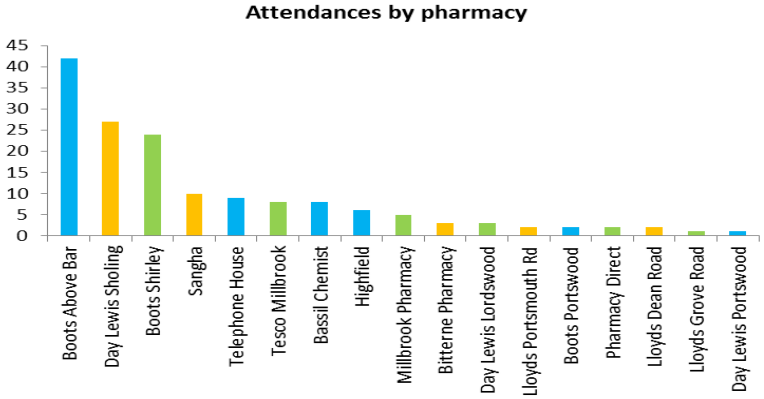


There is a fairly even split of patients from across the city using the service, although more choose to go a pharmacy in town. One of the benefits of this service to patients is the convenience of being able to access a service that is close to home, work, school, GP, etc.









DECISION-MAKER:		**HEALTH OVERVIEW AND SCRUTINY PANEL**		
SUBJECT:		EMERGENCY DEPARTMENT PERFORMANCE		
DATE OF DECISION:		1 OCTOBER 2015		
REPORT OF:		CHIEF EXECUTIVE, UNIVERSITY HOSPITAL SOUTHAMPTON		
CONTACT DETAILS				
AUTHOR:	**Name:**	Jane Hayward	**Tel:**	023 8079 6241
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Director	**Name:**	Fiona Dalton, Chief Executive UHS	**Tel:**	023 8077 7222
	E-mail:	fiona.dalton@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None.

BRIEF SUMMARY

The University Hospital Southampton Foundation Trust will update the Panel on the latest Emergency Department performance.

RECOMMENDATIONS:

(i) That the Panel notes the report and following discussions agree any issues that may need to be brought forward to a future HOSP meeting.

REASONS FOR REPORT RECOMMENDATIONS

1. At the request of the Chair of the Panel.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. Attached as Appendix 1 is an update on emergency flow within University Hospital Southampton. The Panel are requested to note the good progress that has been made within the hospital and in the health system to manage urgent and emergency patients.

4. The most recent Emergency Department performance will be made available at the meeting. This will be set in context against the national picture.

RESOURCE IMPLICATIONS

Capital/Revenue

5. None

Property/Other

6. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. The powers and duties of health scrutiny are set out in the Local Government and Public Involvement in Health Act 2003.

Other Legal Implications:

7. None.

POLICY FRAMEWORK IMPLICATIONS

8. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All Wards.

SUPPORTING DOCUMENTATION

Appendices

1.	Update on Emergency Flow in University Hospital Southampton

Documents In Members' Rooms

	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

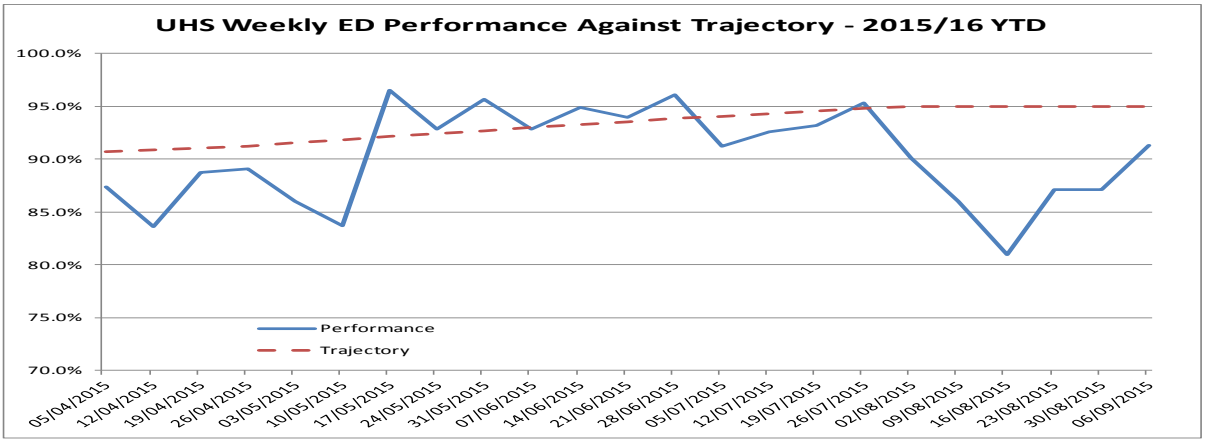
	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Update on Emergency Flow in University Hospital Southampton

Southampton City Council Health Overview and Scrutiny Committee

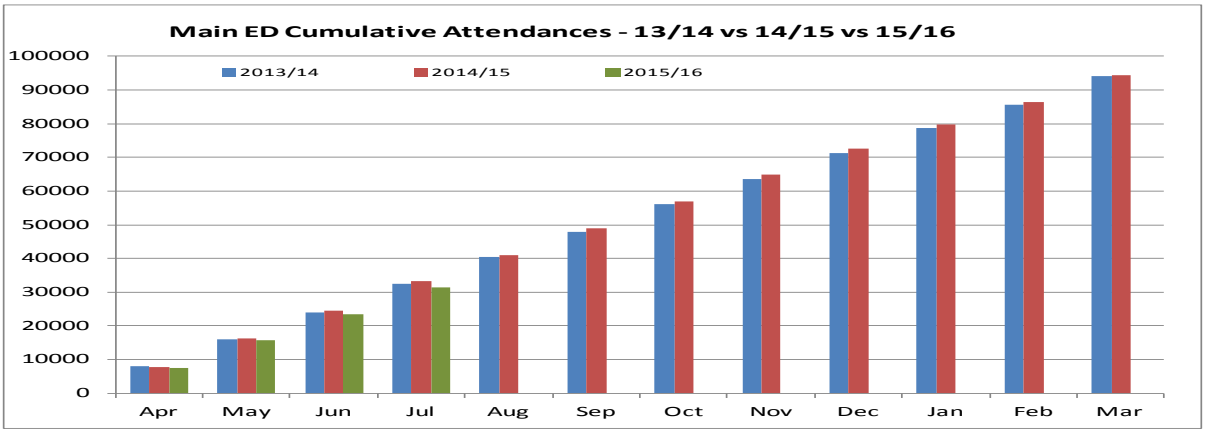
This is the first update to this Committee on this subject since the Committee was reformed. In the last six months good progress has been made on the emergency flow and during periods in June and July the target was met in some weeks and almost compliant in others. Members will recall that the national target is 95% of the patients who attend the Emergency Department (ED) have to be admitted to a ward or discharged home within 4 hours. This means the patient's ED treatment has been started and completed in this time. This is for Adults and Children as well as patients in the Eye Hospital.

This good performance was not sustained in August but the position has been recovered in September. The Trust was **94.01%** in the week ending 20th September.



What has made the difference and what has changed?

Firstly the number of patients attending the ED has stabilised, in previous years there has been a year on year increase and we are no longer seeing this trend. This is really good news as alternative services are in place to meet patient's needs as an emergency. However this can mean that the patients who need to be seen in the ED are more complex or more elderly.



UHS and Southampton CCG have been working through a plan for improvement. This is called a remedial action plan and is a contractual agreement we have in place within the NHS. Based on the rules in the NHS national contract the Trust is penalised for not meeting the target, this is £265,000 year to date and the Trust is also fined if actions are not met within the timescales (£8k per action).

The action plan has a number of elements but in brief the plans include:

- Improvement in the doctor and nurse staffing levels and skills in the ED
- Improvement in psychiatrist support for patients attending the ED
- Improvement in the processes within ED
- New IT systems being implemented to support the care of patients and the flow through the Hospital
- Implementation of the move towards more 7 day services
- Creation of out of Hospital beds including beds in local nursing homes for use of Hospital patients
- Improved flows out of the Hospital for patients who need ongoing support when they get home or need interim support in another bed or who need ongoing support i.e. a bed in a nursing home (collectively known as transfers of care or delayed transfers of care if this is not in place within 3 working days)

This last element is discussed further in another paper for this Committee.

In summary good progress has been made within the Hospital and in the health system to manage urgent and emergency patients. We know to maintain this through the Winter, when patients are generally more unwell or unwell for longer, we need to ensure that patients leave the Hospital as soon as they are able. We remain very committed to meeting this target as it is good for patients but also good for staff morale and safety in the department.

As a parting thought we do measure patient satisfaction in the ED and last month (July) our ED was in the top 30 in the Country.

DECISION-MAKER:		**HEALTH OVERVIEW AND SCRUTINY PANEL**		
SUBJECT:		UPDATE ON DISCHARGES FROM UNIVERSITY HOSPITAL SOUTHAMPTON		
DATE OF DECISION:		1st OCTOBER 2015		
REPORT OF:		CHIEF EXECUTIVE, UNIVERSITY HOSPITAL SOUTHAMPTON AND THE ACTING DIRECTOR OF ADULT SOCIAL CARE, SOUTHAMPTON CITY COUNCIL		
CONTACT DETAILS				
AUTHORS:	**Name:**	Jane Hayward Mark Howell	**Tel:**	023 8079 6241 023 8083 2743
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Director	**Name:**	Mark Howell, Acting Director of Adult Social Care, SCC Fiona Dalton, Chief Executive UHS	**Tel:**	023 8083 2743 023 8077 7222
	E-mail:	fiona.dalton@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The University Hospital Southampton Foundation Trust and the Acting Director of Adult Social Care at Southampton City Council will update the committee on progress being made reducing complex discharges in the Hospital.

RECOMMENDATIONS:

(i) The Panel is asked to note the positive work which has been undertaken across the system since HOSP last considered this matter and the improvements which have been made.

(ii) The Panel is asked to support the move to achieve 13 per day as this will allow more operations to be performed this winter and better access from the emergency department for those patients needing beds.

(iii) The Panel is asked to review progress against the action plan in three months' time.

REASONS FOR REPORT RECOMMENDATIONS

1. At the request of the Chair of the Panel.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. Following a meeting between the Chair of the Health Overview and Scrutiny Panel (HOSP) and the Chair and Chief Executive of University Hospital

Southampton NHS Foundation Trust in June 2015, the Panel Chair agreed to include a discussion on delayed transfer of care on the 1 October 2015 HOSP agenda.

4. Attached as Appendix 1 is an update on discharges from University Hospital Southampton that identifies the current position and the steps that are being taken to improve performance across the system. The Panel are requested to note the progress that has been made and to review progress in early 2016.

RESOURCE IMPLICATIONS

Capital/Revenue

5. None

Property/Other

6. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. The powers and duties of health scrutiny are set out in the Local Government and Public Involvement in Health Act 2003.

Other Legal Implications:

8. None

POLICY FRAMEWORK IMPLICATIONS

9. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	ALL

SUPPORTING DOCUMENTATION

Appendices

1.	Update on discharges from University Hospital Southampton

Documents In Members' Rooms

	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	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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Update on Discharges from University Hospital Southampton

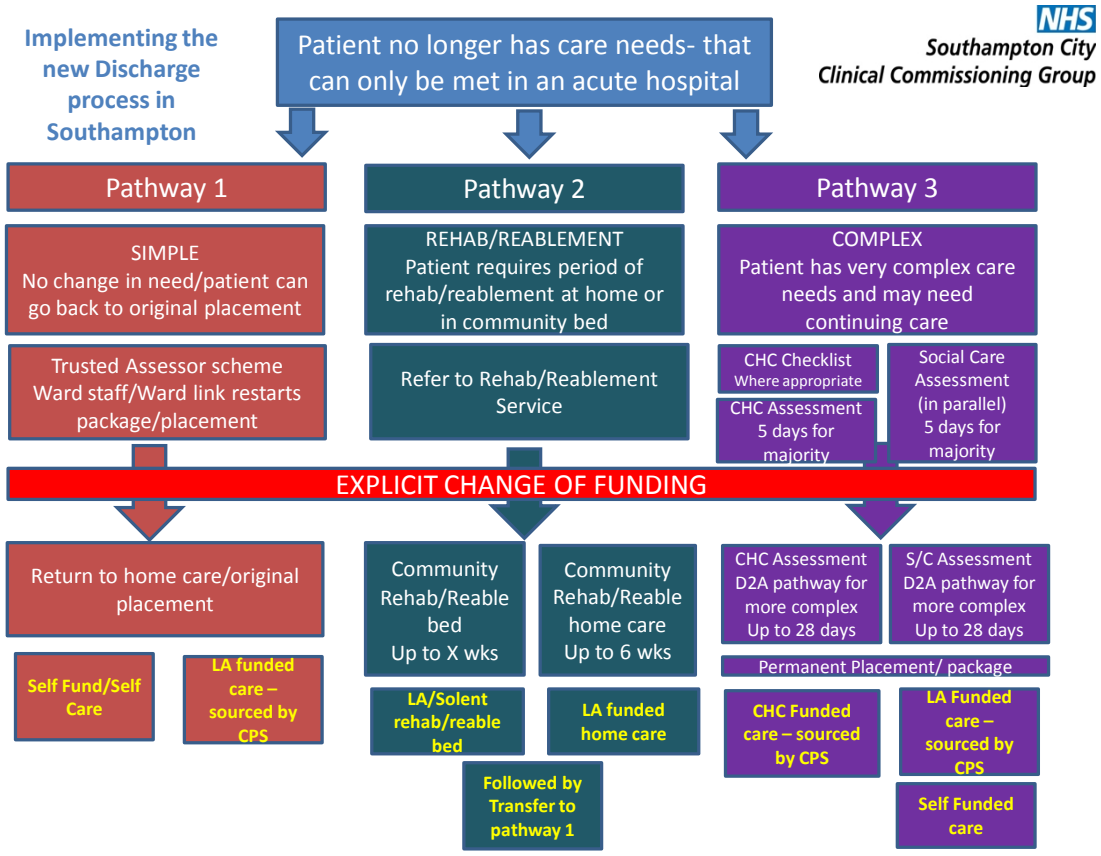
Southampton City Council Health Overview and Scrutiny Panel

Every day approximately 10% of the patients discharged from University Hospitals Southampton need some kind of further support to enable them to go home, be transferred to an interim bed or moved permanently to a residential or nursing home. The other 90% go home with normal levels of support from their GP or the district nursing team. This 10% translates into about 20 patients a day being discharged with ongoing support; half of these are Southampton residents. Currently about 180 patients (out of 1,000) from Southampton and Hampshire are somewhere in this process and just under half of these will have been waiting for more than three days for this transfer to occur. These patients may be in any of the three pathways shown below and not all will have or require social services input.

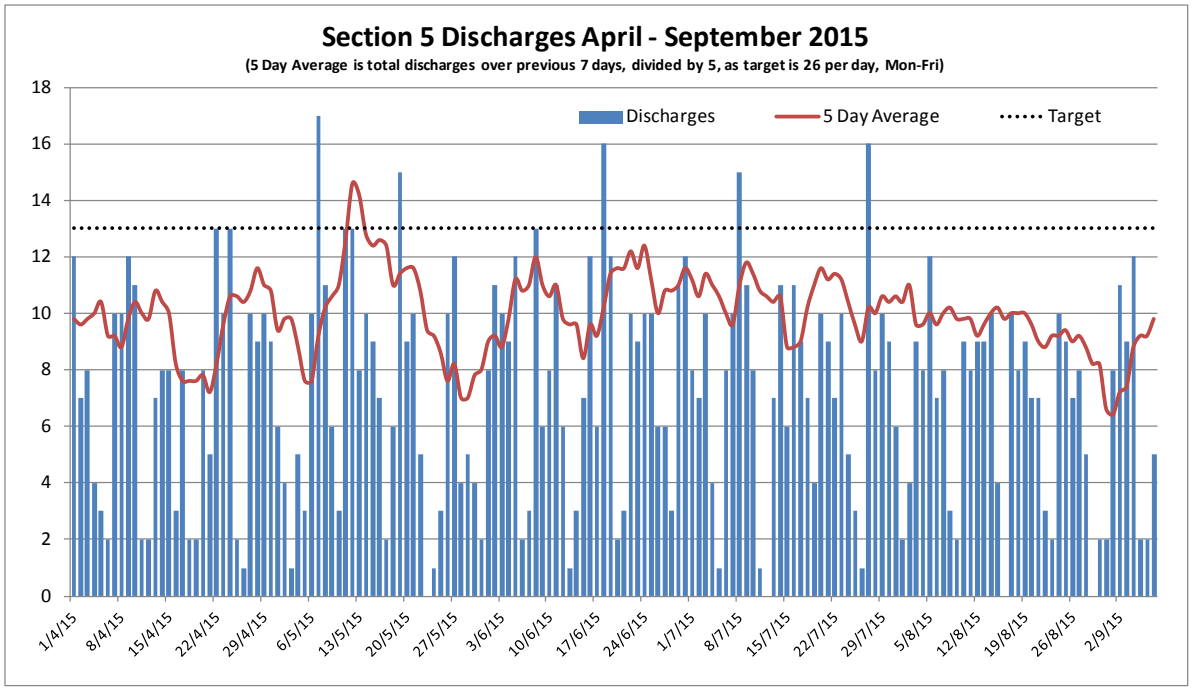
In an effort to reduce the overall numbers of patients waiting for discharge to be arranged the Hampshire and Southampton health and social care systems have committed to increase the number of these discharges from 20 to 26 per day (13 for Southampton residents).

If the health and social care system can deliver this it will make a real difference to patient care. Not only to the patients who are transferring to other care settings but to the patients who cannot be admitted for their elective surgery and for the patients waiting for admission in the emergency department. The Hospital runs at over 98% occupancy so every extra patient that transfers really counts.

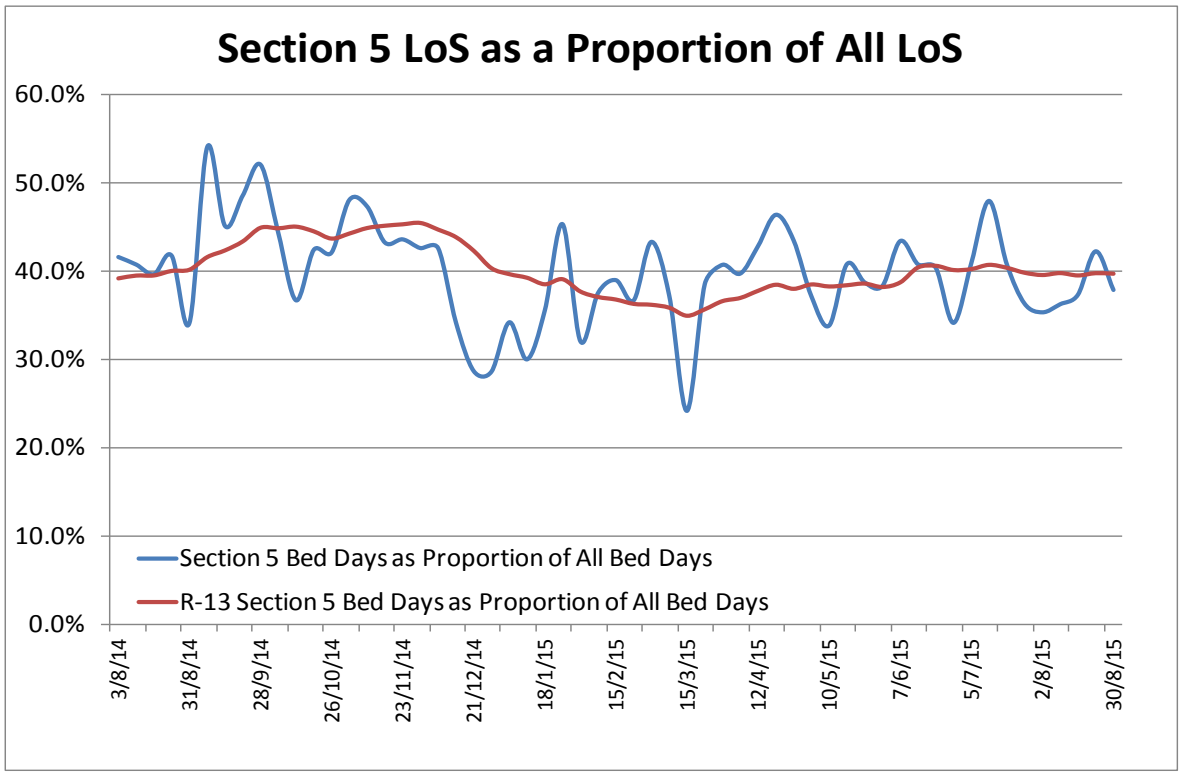
The possible pathways for discharge from Hospital are shown below:



The actual number of discharges against the 13 per day for Southampton patients are shown below, the 13 per day has not been met since May 2015:



Based on the current information fed into our systems the time taken to transfer a patient from an acute hospital bed is just over 10 days on average from the time they are declared medically fit. This can extend a patients stay by 40%. The table below, which includes an analysis of all delays, generated by all causes, this includes awaiting Continuing Health Care Assessments (CHC) and delays associated with Family choice. This demonstrates some of the fluctuations in the process which our teams are jointly teams working on to improve and shorten.



Over the last few months a lot of work has been undertaken to improve the flow of patients in across the system for the City. The system has been working together to reduce the time the patient spends in Hospital for three reasons:

a) There is significant evidence that patients physically deteriorate whilst in Hospital resulting in a loss of physical functioning, independence and quality of life; this may mean that an individual's care needs are higher when they leave Hospital increasing costs for the individual or the state.
b) Often these patients become unwell again during a Hospital stay if this is prolonged
c) Other patients with acute health care needs cannot access Hospital services in a timely manner

The process to discharge this group of patients may be considered in four steps:

- – identify there is a need and what type of care is suitable - assessment
- – agree who is paying for any ongoing care – self, NHS or Social Services
- – organise the care for this patient and agree the price - self, NHS or Social Services
- – transfer the patient when the care is available

The people involved in these decisions will include the patient, the family, the doctors, nurses and therapists, the social care team, the commissioners of services (the payer) and the provider of the services. For some patients this decision is relatively simple, for others very complex.

Examples of each pathway is set out below:

Pathway 1 – these are patients that after a short illness or injury can return to their normal place of residence with the same level of support that is currently in place. This can range from care at home

or care in a nursing home paid for by Adult social care, the patient or the CCG. If everyone agrees the care needs haven't changed (including the provider of that care) then the patient can return. At the moment the social care team are involved in making these assessments, particularly for care package restarts, in the future this role will be shared across heath and social care through trusted assessment.

Pathway 2 – the Hospital recommends a short period of physical rehabilitation in the Community beds at the Royal South Hants Hospital for a patient with a broken limb or with other rehab needs after a fall. This will help the patient become stronger and more mobile to achieve as much independence as possible when they return home. People involved are the patient, family, Hospital team (mainly therapy led), Solent community provider team who will assess the patient for suitability and Solent team who deliver the care. In this instance there is no discussion about funding as health pay for this care. This is fairly simple pathway and patients normally transfer out of an SGH bed within 1-2 days. This is a real improvement and Solent should be congratulated for their efforts.

Pathway 3a**–** The Hospital, patients and family feels the patient has some additional needs that need to be supported so they can return home. It is decided some ongoing personal care would be helpful which can vary from once a day to four times a day with up to two carers at each visit to help move and support the patient. The patient has to be financially assessed as personal care is not covered by the health budget and social care can only pay if the patient in unable to pay for themselves. Once the financial assessment is complete a domiciliary care organisation is organised (from the new framework) who may accept the patient on a written referral or may want to assess the patient to ensure they can meet their needs. Once agreed the care package will commence once they are sure they can meet the patients care needs every day. This is currently taking an average of 3.9 days to commence once a care provider has been chosen (July 15 figures, down from 7.4 days in April). This is a significant improvement and SCC and the Integrated Commissioning Unit should be congratulated.

Pathway 3b – Working with the Patient and the Family it is decided that the patient can no longer safely live in their previous accommodation (this may be their home, a residential home or a nursing home who can longer meet the patients care needs) and therefore needs a new care home on leaving Hospital. These are the most complex patients who take the longest to assess to determine who should pay for care and to find new placements for. Normally this pathway accounts for 30 patients per month from Southampton and usually involves in-depth clinical and financial assessment. The patient and family then need to select somewhere to live that is convenient and affordable to the payer. The new care provider will themselves assess and must accept them which is often not straightforward. Once a care provider is found they will set a timescale for when they will accept the patient. These pathways run into weeks and months; self funding patients are generally the most straightforward and patients eligible for CHC funding (who are by their nature the most complex patients) take the longest.

The work undertaken by the local system to improve each of these pathways is in four parts:

a) **break down the barriers between Health and Social Care** to create one service to reduce duplication of services (there are a number of examples of this including from creating one manager for the Hospital discharge Bureau to proposals to merge social care and health provision for patients who need reablement)

b) **increase care for patients at home to reduce the chance of an admission to Hospital**, this includes the creation of teams of health and social care staff who work in localities within Southampton to ensure good, joined up, health and social care on an everyday basis and increased care when the patient is more unwell working, anticipatory care planning with shared IT records to navigate through the health and social care and present Hospital admission

c) **encourage people to maintain their independence** either through targeted interventions (reducing falls through an exercise programme or support to help stay physically and mentally active.)

d) **Following Hospital admission ensure the care needs assessment and placement processes are as simple as possible and the capacity is available** to ensure the patient is home as soon as possible – the rest of this paper focuses on this element as a, b, and c are covered in the Better Care Fund Plan

The Assessment and Placement Process

The Hospital, CCG and the Adult Social Care team are working very hard to try and provide assessment and placement for up to 200 patients at any one time of which Southampton residents make up 50%. This is an ever changing list of names with c20 new patients added each day to the list of people who need support on discharge or to be transferred to another care provider. One member of staff described this as 'running to stand still'.

A number of things are happening to improve this:

1) The introduction of trusted assessment to share the burden of the work across health and social care and reduce duplication

2) UHS has invested in new staff (12) to increase its capacity to complete assessments and coordinate care from an early stage in admission and to support both health and social care teams

3) both Health and Social Care are creating links to the wards in the Hospital to identify and support patients earlier on the journey rather than starting this intervention when the patient in medically fit

4) The system has jointly agreed a new manager for the service has been appointed

5) The Hospital IT system is being enhanced to make it more user friendly and compliant with the 2014 Care Act

6) There is a refreshed Choice Policy which sets out clear expectations for patients and families on the choice of future care being agreed between the leaders within the integrated discharge bureau

7) Improved and quicker access to Domiciliary Care Packages, including complex packages

8) SCC continues to invest in Social work capacity in the Hospital Discharge Team through placement of locums

9) Despite the finical pressures faced by the Council SCC is not allowing finance to be an issue in delaying a discharge

10) The rehab and Reablement plan recently approved by SCC's Cabinet for detailed public will continue to develop this model, and phase three of the overall plan will look at simplifying the discharge pathway

11) Southampton City Council are currently working with our partners, including UHS to explore different models to reduce all DToCs, and reducing excess bed days

12) Southampton City Council continues to fund additional locum staff to support the team, and offers an enhanced service over seven days. We have increased our staff ratio over the weekend. This includes, in E.D, AMU and the discharge bureau itself.

Available Capacity

Capacity to accept these transfers of care can be an issue. The supply can be limited by workforce or market forces or the care provision does not meet the patients needs.

Six things are happening to improve this:

a) The new domiciliary care framework is increasing the coordination and availability of carers with a reduction from 7.4 days for a care package to start to 3.9 days in July 2015. There is still more to do in this area especially for patients who need the most complex care packages.
b) Increasing social services and health's ability to respond to patients who need short term support (rehabilitation and reablement) through the proposed integration of services
c) Increased support to nursing homes to ensure high quality care is available and ensure homes are able to accept new residents in a timely manner
d) Introducing and encouraging 7 day working for Hospital staff, Social Care staff, contracted providers and directly run services. Discharges are highest in the week and drop at the weekend; this should even out and increase the flow.
e) The Hospital has introduced discharge to assess pathways this for some patients using its own domiciliary care provider and, assisted by SCC a social worker, which means that more timely and accurate assessments can be made in the patient's home. This has been introduced as a pilot and has been very effective.
f) The use of bridging services, both the Hospital and Council provide these services until the domiciliary care provider is available to pick up that care. The need to make use of this sort of service will diminish as the new approach to Domiciliary Care continues to deliver benefits for the whole system.

Conclusion

Safe and timely discharges remain our priority, as a system we will continue to work with our commissioning colleagues to ensure that Nursing, Residential and Domiciliary care is provided and available in a timely fashion and together we will ensure that health and social care work in partnership with these providers to facilitate a smooth discharge and handover of care. It is fundamental that these services are in place and that discharges are not put on hold while care is being sourced. Good progress in a number of areas and some pathways for patients in Southampton

are significantly better. The actions in place within the action plans as outlined will start to address some of the other changes needed within the next three months as the winter approaches.

However the Panel should be aware there remain significant risks and concerns in the short and medium term.

In the short term it is important to note that the Council's Social Care budget is currently projected to be overspent by £ 2.9 m which, amongst other factors, is being driven in meeting the needs of the older population. Additionally, the Hospital is overspent by a predicted £9.6m and is failing to reduce the length of stay for patients. Moving to 13 per day would help reduce this impact as more beds would be released.

In the long term the population being looked after is ageing data analysed by the Hospital Discharge team for instance suggests that. on average, patients are two years older now before nursing home/ social services care is required) and becoming more dependent; the strategy of keeping increasingly dependent older people at home, whilst supported, is likely to result in increased hospital readmissions and a frailer hospital population needing recurrent social input . This dependency means we have to design care services that are able to meet the needs of patients which especially includes ensuring the availability of complex care packages at home (2 carers visiting four times per day and overnight care) and ensuring the availability of nursing home placements which are able to fully meet the very complex needs of the population who eventually cannot be managed at home; including those with challenging dementia, and respiratory needs plus 1:1 care.

There is also a significant workforce risk in the short and medium term. Care workers and Nursing staff are in short supply. Southampton has been better than other areas in Hampshire at recruiting staff but this may not last. It is therefore vitally important that we continue to focus on making every contact count (reducing unnecessary overlap and duplication) and making these roles as attractive and as rewarding as possible.

Recommendations

1. The Panel is asked to note the positive work which has been undertaken across the system since HOSP last considered this matter and the improvements which have been made.
2. The Panel is asked to support the move to achieve 13 per day as this will allow more operations to be performed this winter and better access from the emergency department for those patients needing beds.
3. The Panel is asked to review progress against the action plan in three months time.

DECISION-MAKER:		**HEALTH OVERVIEW AND SCRUTINY PANEL**		
SUBJECT:		ADULT SOCIAL CARE: KEY PERFORMANCE INDICATORS		
DATE OF DECISION:		1 OCTOBER 2015		
REPORT OF:		ACTING DIRECTOR OF ADULT SOCIAL CARE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Paul Juan**	**Tel:**	**023 8083 2530**
	E-mail:	**paul.juan@southampton.gov.uk**		
Director	**Name:**	**Mark Howell**	**Tel:**	**023 8083 2743**
	E-mail:	**mark.howell@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY

This report outlines performance in Adult Social Care between April and August 2015, using the twelve key indicators previously agreed by the Health Overview and Scrutiny Panel.

RECOMMENDATIONS:

(i) Note performance between April and August 2015 against the twelve key indicators for Adult Social Care.

(ii) Consider and agree whether there are any recommendations that the Panel wishes to make in respect of matters arising from this report.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Panel agreed on 26 March 2015 that it would receive performance updates from Adult Social Care.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable.

DETAIL (Including consultation carried out)

3. Performance against the twelve key indicators for Adult Social Care for April to August 2015 is set out in Appendix 1. Performance figures for each month are given, with a Red, Amber or Green rating based on the latest available data.

4. A key objective for Adult Social Care is to enable individuals to live independently with the appropriate care and support and this has been consistently achieved for almost 80% of people in each of the five months, exceeding the target of 70%.

5. The Adult Social Care pathway was revised in April 2014 to ensure that, whenever appropriate, individuals would receive tailored support from the

reablement teams to help them to achieve their short term goals and to maximise their ability to safely live independently without ongoing care and support. The proportion of individuals not requiring care and support following this initial period of reablement is increasing and reached 58.6% in August. The proposals for an integrated, multi-disciplinary Reablement Service, as approved by Cabinet and currently subject to consultation, are designed to consolidate and build on this success.

6. The percentage of individuals receiving a direct payment, another priority for 2015/16, has gradually increased. A further increase is expected following Cabinet's recent decision to restructure the Council's directly-provided day services. Individuals are being supported to take up a direct payment so that they have additional choice and control over how their eligible social care needs are met. Appendix 2 demonstrates the increase in the number of individuals between January and August 2015.

7. The number of Adult Social Care enquires resolved at first contact is very close to the target for this year (70%) and further changes underway to the Single Point of Access (SPA) Team along with increasing use of the Southampton Information Directory (SID) will help to ensure this is achieved.

8. Adult Social Care's performance in ensuring that all individuals receiving a package of care and support receive a timely review of their needs is a concern. The data show that only 36% of individuals have received a review in the last year. The actual figure is considered to be higher than this, as the report produced by the social care case management system requires reviews to be recorded in a certain way. An urgent project is underway to ensure that reviews are recorded correctly, which is expected to give a more accurate view of performance against this indicator. A verbal update will be given at the meeting.

9. In any case, significant progress has been made in tackling a backlog of reviews, in particular for individuals with a learning disability. A dedicated team of experienced social work practitioners ensured that reviews of 245 individuals using directly-provided day services were completed by July 2015 to inform a Cabinet decision on the future of these services. These reviews will be incorporated in the data for the second quarter.

10. The Care Act 2014 recommends that reviews are "proportionate" and a successful trial of carrying out telephone reviews where appropriate was conducted in August and this is now being rolled out. Other actions being taken to improve performance in this area include a restructure of two social work teams to ensure closer alignment with GP clusters and the planned implementation of additional steps to protect the review function from competing demands on the teams to support individuals in crisis or safeguarding situations.

11. The safeguarding indicators (numbers 10 and 11) link to the work of the Local Safeguarding Adults Board, which is reporting separately.

12. A full update on transfers of care (number 12) is a separate item on this evening's agenda.

RESOURCE IMPLICATIONS

Capital/Revenue

13. None.

Property/Other

14. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. Not applicable.

Other Legal Implications:

16. Not applicable.

POLICY FRAMEWORK IMPLICATIONS

17. These performance indicators are aligned to the following priorities set out in the Council Strategy 2014-2017:

- Prevention and early intervention • Protecting vulnerable people
- A sustainable Council

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All Wards

SUPPORTING DOCUMENTATION

Appendices

1.	Adult Social Care, key performance indicators April - August 2015
2	Number of people in receipt of a Direct Payment April – July 2015

Documents In Members' Rooms

	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out?	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	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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Appendix 1 – **Adult Social Care, key performance indicators April-August 2015**

No	Indicator	Target 2015_16	April 2015	May 2015	June 2015	July 2015	Aug 2015	RAG
1	Percentage of people with eligible social care needs supported to live independently	≥70%	79.5	79.8	79.9	79.9	79.4	Green
2	Percentage of people not requiring on-going care and support after receiving reablement	≥50%	54.0	47.4	46.4	56.3	58.6	Green
3	Number of permanent admissions of older people (over 65) to residential/nursing care homes	≤21	25	33	29	31	20	Green
4	Percentage of people re-referred to the Hospital Discharge Team after referral within the previous 91 days	≤60%	17.9	14.6	13.4	13.6	13.3	Green
5	Percentage of SID self-assessment forms not passed onto SPA (individuals receive information or are signposted)	≥80%				90.0	89.5	Green
6	Percentage of Adult Social Care enquiries resolved at first contact	≥70%	63.5	61.7	67.8	63.2	69.8	Amber
7	Direct payments as a percentage of all eligible service users (ADASS definition)	≥25%	17.3	17.5	16.9	18.3	18.2	Amber
8	Percentage of people who use our services who find it easy to obtain info. about services that meet their needs	>70%	67.6					Amber
9	Percentage of people receiving long term care and support who have received a review during the past year	≥50%	39.1	38.2	37.1	37.2	36.0	Red
10	Number of Adult safeguarding enquiries received	No target	70	84	110	102	107	-
11	Percentage of people with three or more safeguarding enquiries in a year	No target	14.5	12.2	10.9	12.6	10.6	-
12	Number of Delayed Transfers of Care per month, where the delay is more than 72 hours - social care patients only	No target	13	15	26	9		-

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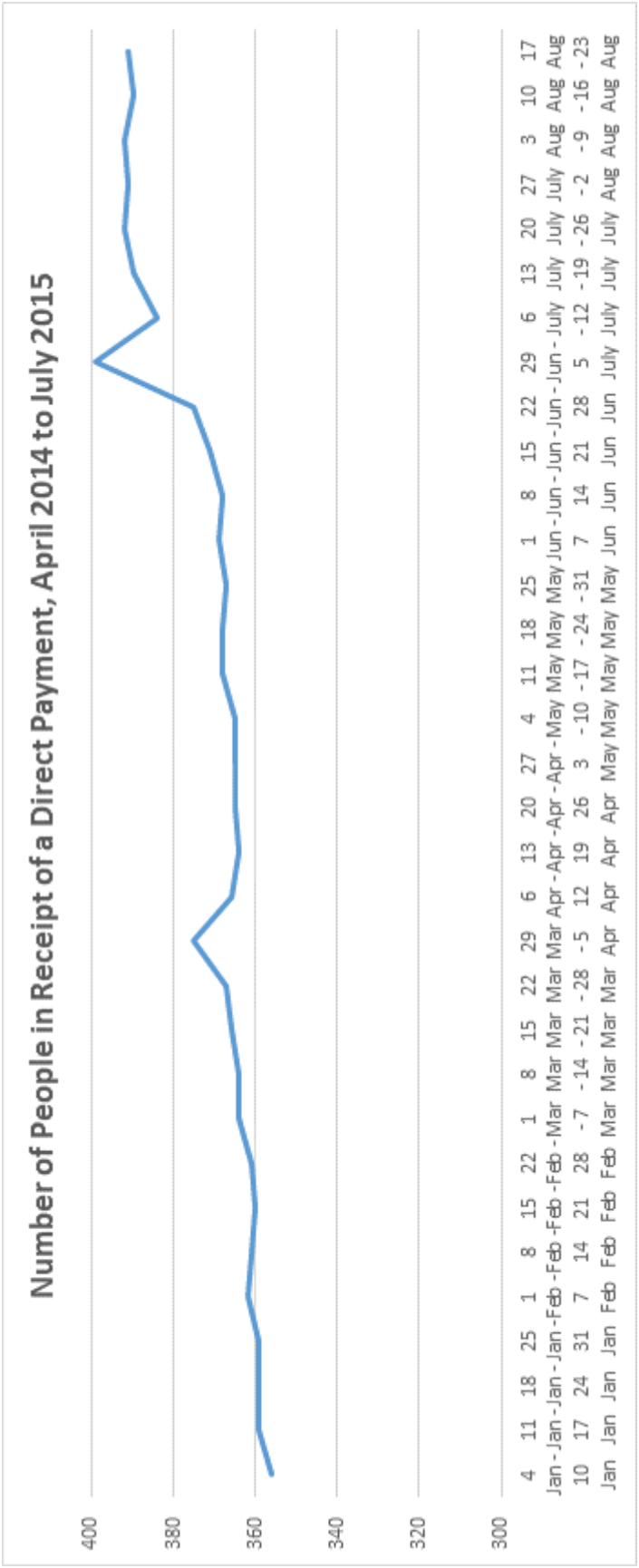
Appendix 2:


Number of People in Receipt of a Direct Payment, April 2014 to July 2015
400
380
360
340
320
300
4 Jan 10 Jan
11 Jan 17 Jan
18 Jan 24 Jan
25 Jan 31 Jan
1 Feb 7 Feb
8 Feb 14 Feb
15 Feb 21 Feb
22 Feb 28 Feb
1 Mar 7 Mar
8 Mar 14 Mar
15 Mar 21 Mar
22 Mar 28 Mar
29 Mar 5 Apr
6 Apr 12 Apr
13 Apr 19 Apr
20 Apr 26 Apr
27 Apr 3 May
4 May 10 May
11 May 17 May
18 May 24 May
25 May 31 May
1 Jun 7 Jun
8 Jun 14 Jun
15 Jun 21 Jun
22 Jun 28 Jun
29 Jun 5 July
6 July 12 July
13 July 19 July
20 July 26 July
27 July 2 Aug
3 Aug 9 Aug
10 Aug 16 Aug
17 Aug 23 Aug

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DECISION-MAKER:		**HEALTH OVERVIEW AND SCRUTINY PANEL**		
SUBJECT:		HEALTH AND WELLBEING BOARD REVIEW		
DATE OF DECISION:		1 OCTOBER 2015		
REPORT OF:		ASSISTANT CHIEF EXECUTIVE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**DOROTA GOBLE**	**Tel:**	**023 8083 3317**
	E-mail:	**dorota.goble@southampton.gov.uk**		
Director	**Name:**	**SUKI SITARAM**	**Tel:**	**023 8083 2060**
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
A review of the Health and Wellbeing Board is currently being undertaken by a Task and Finish Group. Recommendations will be considered by Full Council in November 2015. This report outlines the scope and remit of the review, and seeks the views of the Health and Overview Scrutiny Panel (HOSP).

RECOMMENDATIONS:		
	(i)	That the Health Overview and Scrutiny Panel provides their views to inform the Health and Wellbeing Board Review.

REASONS FOR REPORT RECOMMENDATIONS	
1.	The Health Overview and Scrutiny Panel and Health and Wellbeing Board have a clear relationship with distinct roles as set out in a joint protocol agreed with Southampton Healthwatch. As a key stakeholder in the Health and Wellbeing Board's future, it is important the views of HOSP feed into the recommendations arising from the review.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None

DETAIL (Including consultation carried out)	
3.	The Health and Wellbeing Board (HWBB) has developed from shadow to formal status over the last 3 years and is now a well-established partnership. Since its inception, the landscape for local government and the health sector has changed dramatically. Therefore, a need was identified to review the current arrangements, to ensure the HWBB is future proof and fit for purpose, so that it can make strategic health decisions for the city in response to the needs of the local population now and in the future.
4.	A Task and Finish Group was therefore established with the mandate to: • Review the purpose, remit and composition of the HWBB and identify key relationships with other strategic partnerships • Consider how the HWBB can work and link more effectively with key agencies and partnerships to meet the short and long term challenges and changes anticipated in both local government and the health

	environment • Review the HWBB's relationships with residents and other stakeholders and consider how its engagement with these groups can be clarified and enhanced. The Terms of Reference for the HWBB Review are attached at Appendix 1.
5.	The Task and Finish group has met to consider the following topics: • Core purpose and membership • Establishing a strategic work programme • Engaging with others. The intention is to report early recommendations to the HWBB's informal meeting on 14th October 2015, with final recommendations being submitted to Full Council in November 2015. Subject to agreement by Full Council, recommendations will be implemented from December 2015.
6.	The HOSP is a key stakeholder of the HWBB and it is important that the Panel has the opportunity to input into this review. There is also a need to ensure that any proposed changes to the HWBB continue to support the roles of the HWBB and HOSP, so the Panel can hold the Executive and providers to account and enable the Panel to scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. To achieve this, it is important that their roles remain clear and distinct.
7.	The HOSP is requested to provide feedback in light of their experience, particularly in terms of what works and can be improved, in relation to the issues covered in the Terms of Reference.
8.	The Panel's comments will feed into the report and recommendations of the review to be reported to Cabinet and Full Council on 17th and 18th November 2015 respectively, for implementation in December 2015.
RESOURCE IMPLICATIONS	
Capital/Revenue	
9.	None.
Property/Other	
10.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
11.	The Health and Social Care Act 2012 established Health and Wellbeing Boards as a statutory committee of the Council. As such they are subject to scrutiny, which for health matters is the responsibility of the HOSP.
Other Legal Implications:	
12.	None.
POLICY FRAMEWORK IMPLICATIONS	
13.	None.

KEY DECISION?	No	
WARDS/COMMUNITIES AFFECTED:	All	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Health and Wellbeing Board Review: Terms of Reference	
Documents In Members' Rooms		
1.	None.	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**		
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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Health and Wellbeing Board Review

Terms of Reference

Aim

1. To make recommendations for making the Health and Wellbeing Board future proof and fit for purpose so that it can make strategic health decisions for the city in response to the needs of the local population now and in the future.

Purpose

2. The purpose is to:
    a. Review the purpose, remit and composition of the Health and Wellbeing Board and identify key relationships with other strategic partnerships.

    b. Consider how the Health and Wellbeing Board can work and link more effectively with key agencies and partnerships to meet the short and long-term challenges and changes anticipated in both local government and the health environment.

    c. Review the Health and Wellbeing Board's relationship with residents and other stakeholders and consider how its engagement with these groups can be clarified and enhanced.

Objectives

3. The objectives are to:
    a. Review the Health and Wellbeing Board's core purpose and ensure that it can make executive decisions.
    b. Review its membership so that the Health and Wellbeing Board can make strategic and sustainable health decisions for the city.
    c. Assess achievements of the Health and Wellbeing Board against priorities for health in the city and identify any gaps and opportunities for the future.
    d. Consider best practice, potential opportunities, challenges and strategic direction for the future of the Health and Wellbeing Board.
    e. Establish a strategic work programme for the Board based on the health priorities for the city.
    f. Examine the relationships with key partners and other partnership boards and stakeholders and determine where these need to be maintained, changed and enhanced.
    g. Review and clarify the role of the Health and Wellbeing Board in relation to other panels, groups and boards which have a health related remit. In particular, to clarify the different roles between the executive function of the Health and Wellbeing Board and the scrutiny function of the Health Overview and Scrutiny Panel (HOSP).
    h. Develop and implement a communication plan for the Review and the Health and Wellbeing Board's future work programme.
    i. Consider and make recommendations on the following:
        - What the protocol is for executive decisions.
        - Who the core members of the Board are, and how this may be expanded to consult / take advice from non-executive stakeholders.
        - How the Board can engage more effectively with residents, patient groups, providers and other stakeholders in an effective and meaningful way.
        - How to ensure that executive decisions are evidence based and impacts monitored.

- How to establish an effective performance management framework for the Board.

Membership of the Task and Finish Group

4. The Group will comprise:
   - Cllr Shields, Chair of the Health and Wellbeing Board
   - Suki Sitaram, Assistant Chief Executive (Chair)
   - Andrew Mortimore, Director of Public Health
   - John Richards, Chief Executive of Southampton City Clinical Commissioning Group
   - Beccy Willis, Head of Business, CCG
   - Emma Lewis, Strategy Unit Manager
   - Dorota Goble, Partnerships Manager

5. Other stakeholders will be invited to attend for specific topics or consulted for the purpose of providing additional intelligence and/or advice to the Group. These may include: members of the HWB, the Chair of HOSP and HealthWatch.

6. The Group will also refer to other national best practice examples and resources for its review including The King's Fund and the Local Government Association.

Frequency of meetings

7. The Group will aim to conclude the Review over 3 meetings between August and September 2015.

Outline of the Review

8. The meetings will aim to cover the following:

Meeting 1	**Core purpose and membership:** Review and establish the core purpose and members of the HWB. Examine the Board's relationship with key partners, HWB sub groups and other boards / panels and groups.
Meeting 2	**Establishing a strategic work programme:** Assessing the future changes and what the Board will achieve. Outline the key strategic decisions for the Board over the short / medium and long term.
Meeting 3	**Engaging with others:** Consider how the Board can engage more effectively with residents and other stakeholders, including HealthWatch, HOSP, and providers in the city.

Accountability and reporting

9. The Group will report its early recommendations to the Health and Wellbeing Board's informal meeting on the 14th October 2015. The final draft recommendations from the Review will be submitted to the 14th November Full Council and will, subject to any subsequent changes at the meeting, be implemented from December 2015.

10. The timetable for the Review and reporting of recommendations will be:

July 2015	Outline and agree scope, Terms of Reference and Communications Plan
September 2015	
2nd September	Meeting 1: Core purpose and membership
9th September	Meeting 2: Establish a strategic work programme, consultation with other stakeholders, as appropriate
17th September	Meeting 3: Engaging with others
October 2015	1st HOSP
	14th Health and Wellbeing Board

	20th	CMT/CCG
	27th	Cabinet/CMT
November 2015	5th	Southampton Connect
	TBC	CCG Board
	17th	Cabinet
	18th	Report final draft recommendations to Full Council
December 2015	Implement changes to the Health and Wellbeing Board	

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:		1 OCTOBER 2015		
REPORT OF:		HEAD OF LEGAL AND DEMOCRATIC SERVICES		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**mark.pirnie@southampton.gov.uk**		
Director	**Name:**	**Dawn Baxendale**	**Tel:**	**023 8083 2966**
	E-mail:	**Dawn.baxendale@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
None.

BRIEF SUMMARY

This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

RECOMMENDATION:

(i) That the Panel considers the responses to recommendations from previous meetings and provides feedback.

REASON FOR REPORT RECOMMENDATIONS

1. To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel. It also contains summaries of any action taken in response to the recommendations.

4. The progress status for each recommendation is indicated and if the Health Overview and Scrutiny Panel confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the Health Overview and Scrutiny Panel.

RESOURCE IMPLICATIONS

Capital/Revenue

5. None.

Property/Other

6. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

Other Legal Implications:

8. None

POLICY FRAMEWORK IMPLICATIONS

9. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report

SUPPORTING DOCUMENTATION

Appendices

1.	Monitoring Scrutiny Recommendations – 1st October 2015

Documents In Members' Rooms

1.	None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	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	

Health Overview and Scrutiny Panel: Monitoring Recommendations

Scrutiny Monitoring – 1st October 2015

Date	Title	Action proposed	Action Taken	Progress Status
23/07/15	Bitterne Walk-In Services	1) That the HOSP give consideration to the issues raised at the scrutiny meeting and prepare and submit a response to the CCG consultation in advance of the 4 September 2015 deadline.	A formal response from the HOSP was sent to the CCG on 14th August 2015.	Completed
23/07/15	Local Safeguarding Adults Board – Annual report	1) That consideration is given to providing appropriate training to elected members on the role of the LSAB.	Training is currently being arranged for Elected Members.	In progress
		2) That the final version of the 2014/15 LSAB Annual Report is circulated to the Panel.	Final version circulated to the HOSP on 2nd September 2015.	Completed
		3) That the implications associated with implementing the Care Act are considered at a future HOSP meeting.	The Care Act will be included on a HOSP agenda in 15/16.	
10/09/15 (OSMC)	Update on the Closure of Woodside Lodge and the Restructure of Day and Respite Services	1) That the HOSP continues to have oversight of the performance of Adult Social Care with regards to undertaking timely assessments.	To be scrutinised when considering quarterly performance reports of Adult Social Care.	
10/09/15 (OSMC)	Consultation on Proposals for an Integrated Service for Crisis Response, Rehabilitation, Reablement and Hospital Discharge	1) That HOSP formally respond the consultation following the briefing offered by the Cabinet Member for Health and Adult Social Care.		

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