

# Southampton City Clinical Commissioning Group Board

<b>Date of meeting</b>	30 September 2015
<b>Agenda Item (number)</b>	<b>8</b>

## **Bitterne Walk in Service Consultation**

<b>Topic Area</b>	Getting the Balance Right in Community Based Health Services
<b>Summary of paper and key information</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Key/Contentious issues to be considered and any principal risk(s) relating to this paper</b></p> <p>(Assurance Framework/Strategic Risk Register reference if appropriate)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The key areas of concern highlighted in the feedback centre on:             <ul style="list-style-type: none"> <li>• better access to GP services</li> <li>• the need to increase awareness of the appropriate</li> </ul> </li> </ul>

	<p>services</p> <ul style="list-style-type: none"> <li>• the desire for better transport access to the city from east Southampton</li> <li>• concern about additional pressure on other services, in particular the Emergency Department (ED) at University Hospital Southampton (UHS).</li> </ul> <p>Assurance Framework</p> <ul style="list-style-type: none"> <li>• SC004: Delivery of ED performance</li> <li>• SC009: Implementation of the Better Care Southampton plan</li> </ul>
<b>Please indicate which meetings this document has already been to, plus outcomes</b>	None
<b>HR Implications (if any)</b>	Solent NHS Trust have made contingency plans to address the HR implications of any decision made by the Governing Body of the CCG
<b>Financial Implications (if any)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Public involvement – activity taken or planned</b>	See paper
<b>Equality Impact Assessment required / undertaken</b>	See Appendix 5 to Annex D
<b>Report Author</b>	Peter Horne

<b>(name and job title)</b>	Director of System Delivery
<b>Board Sponsor (GP Board member or Executive Director)</b>	Peter Horne Director of System Delivery
<b>Date of paper</b>	22 September 2015
<b>Actions requested / Recommendations</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>• consider the case presented</li> <li>• agree the actions outlined to address concerns raised in the consultation</li> <li>• accept option 1 from the consultation: to close the Walk-in Service and to reinvest the money into community based nursing services.</li> </ul>

## 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<sup>1</sup> as the number to call when an urgent (but not emergency) situation arises

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<sup>1</sup> 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<sup>2</sup>
  - 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.

<sup>2</sup> 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 and 16. 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**

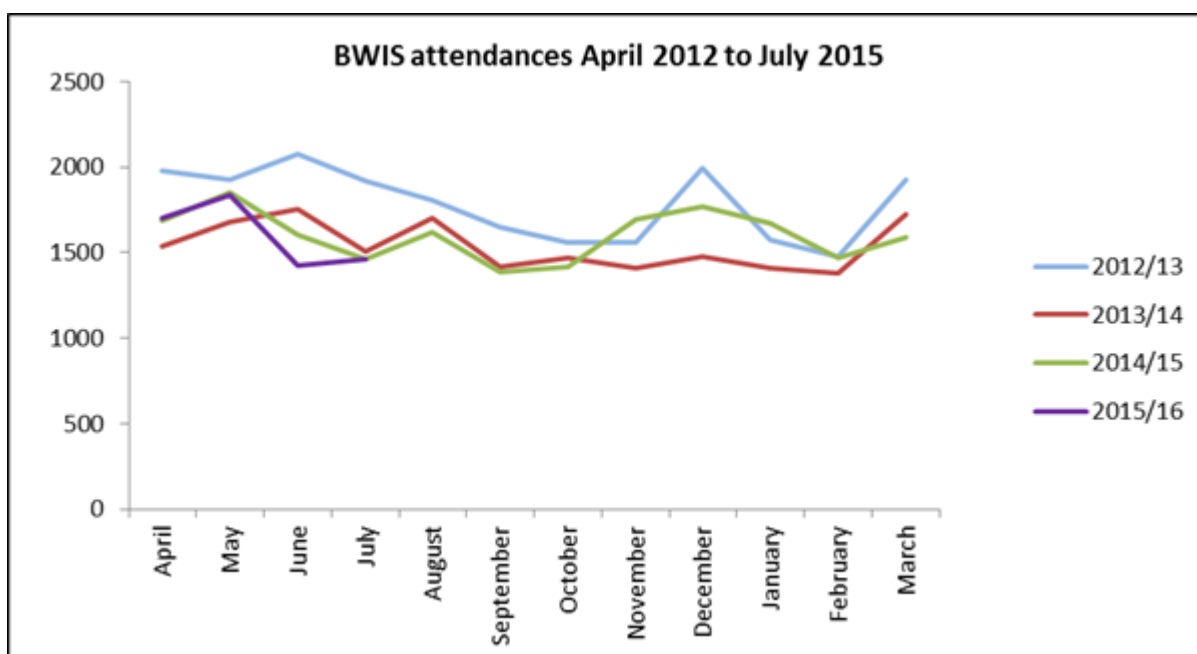
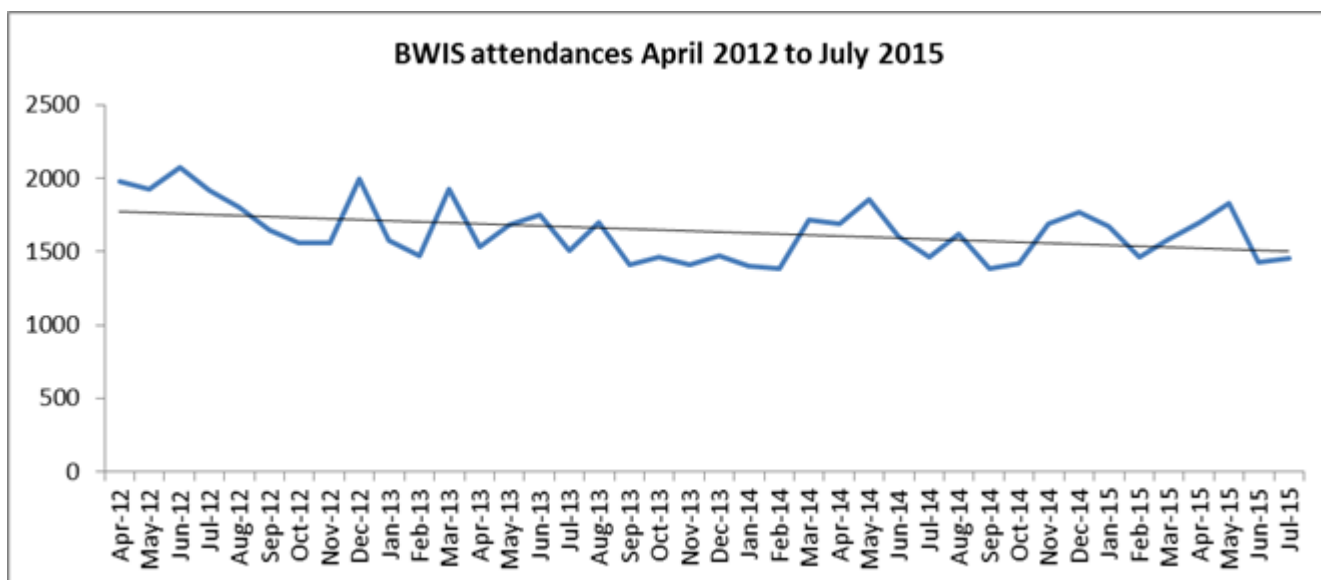
18. **Activity data**

- 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 Review
D	CCG Consultation Report	 Annex D - Bitterne Consultation Report
E	Think First Campaign 2014	 Annex E - What to know and when to go
F	Future communications campaign	 Annex F - Overview of Future Communications
G	Report on urgent and emergency care activity for HOSP dated Aug 15	 Annex G - Unscheduled Care Der
H	Summary of pharmacy minor ailments scheme	 Annex H - Summary of Pharmacy First min