

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**

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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%

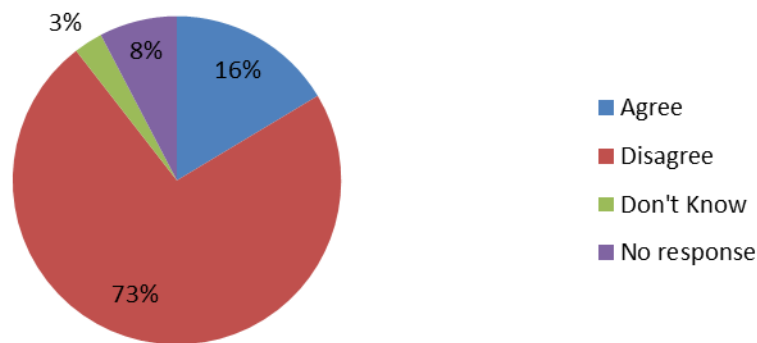
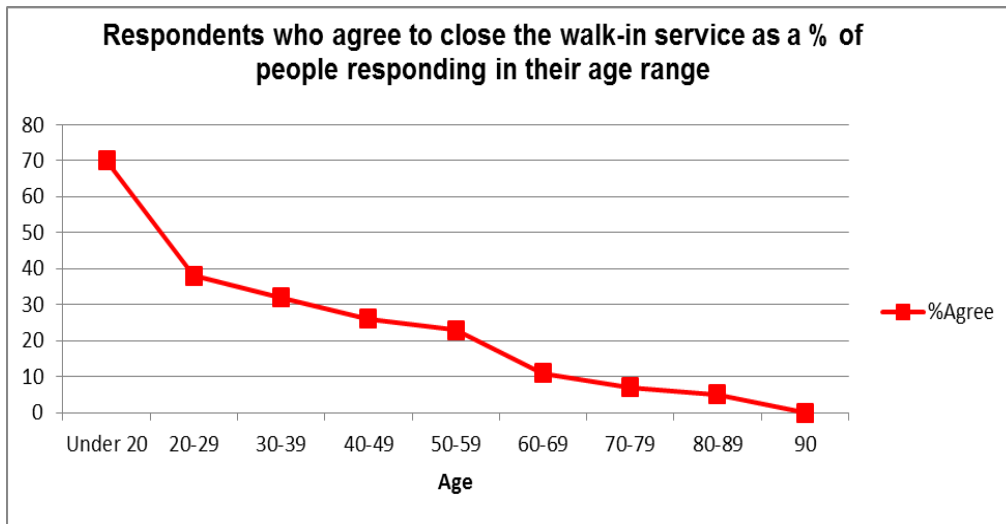


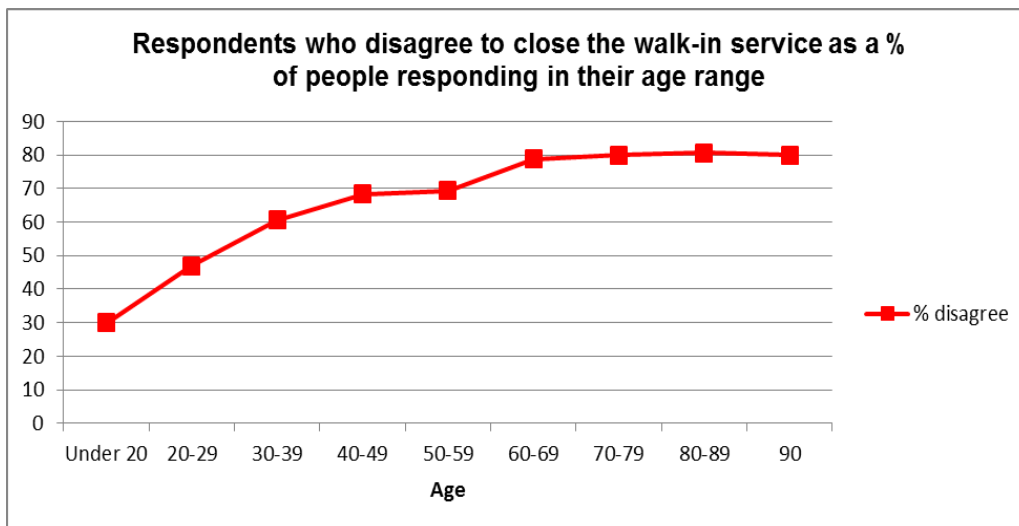
Figure1: To close the walk-in service at Bitterne and re-distribute the current funding to community nursing and community-based care

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%

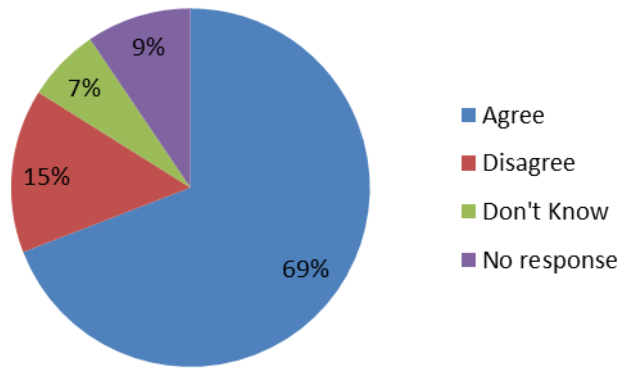
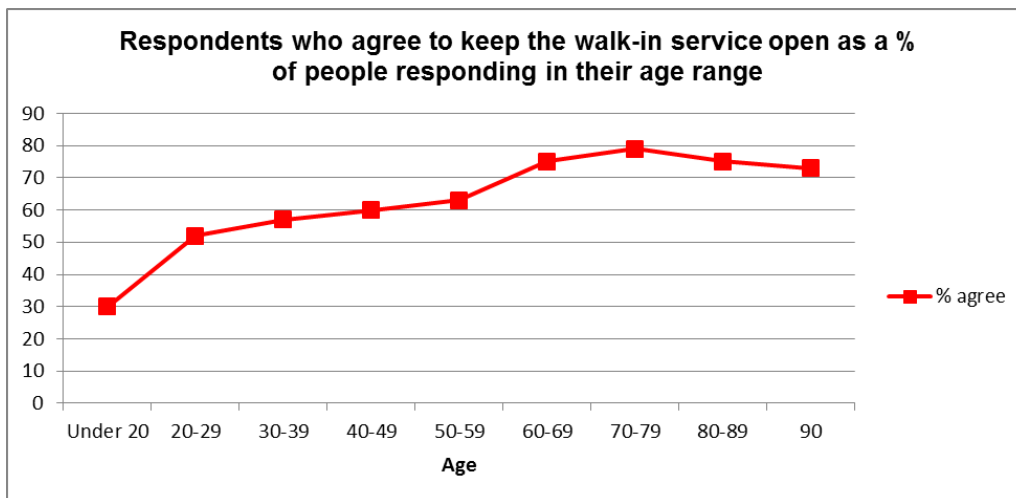
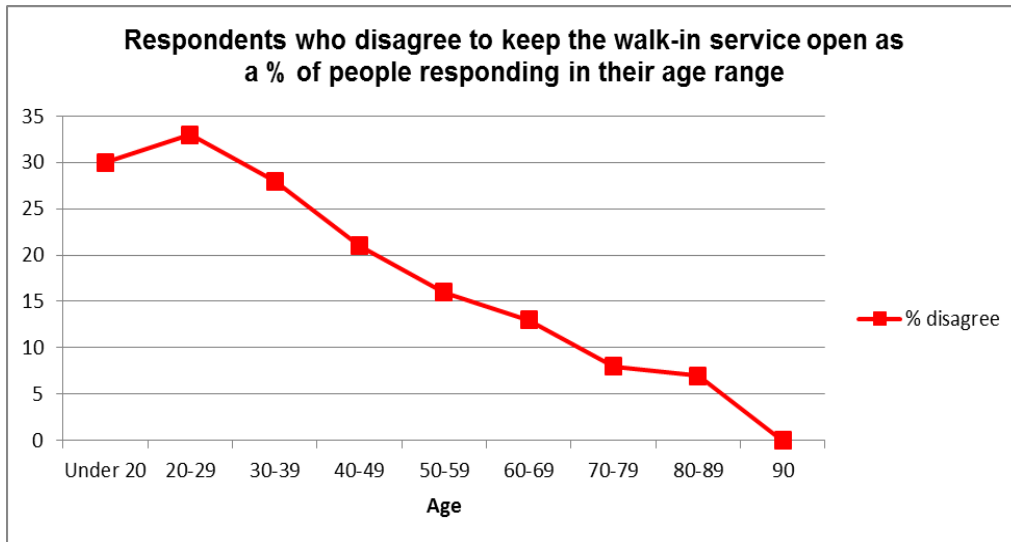


Figure 3: To keep the Bitterne walk-in service open at the risk of high priority services such as community-based care

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,

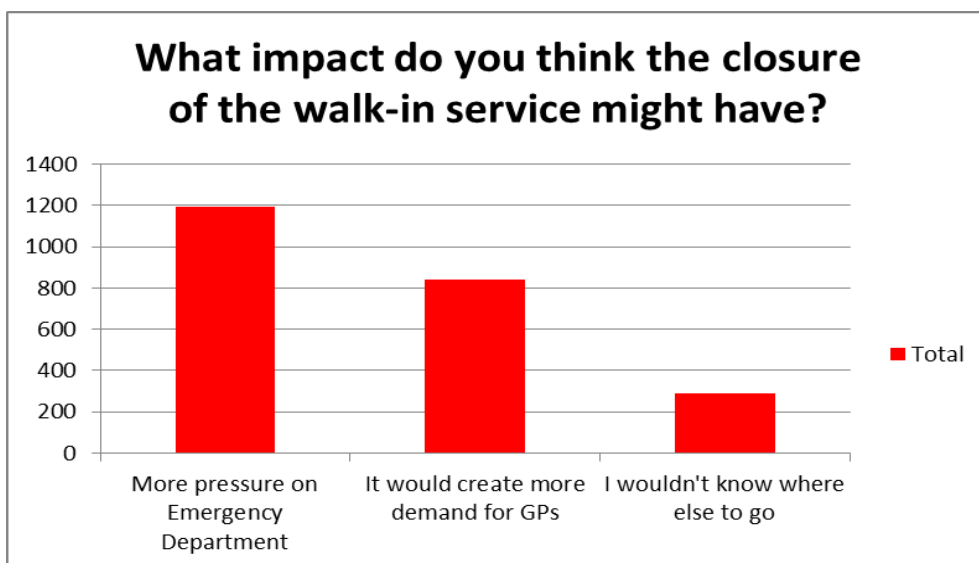


It is important to note that:

- 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 Gypsy, 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.

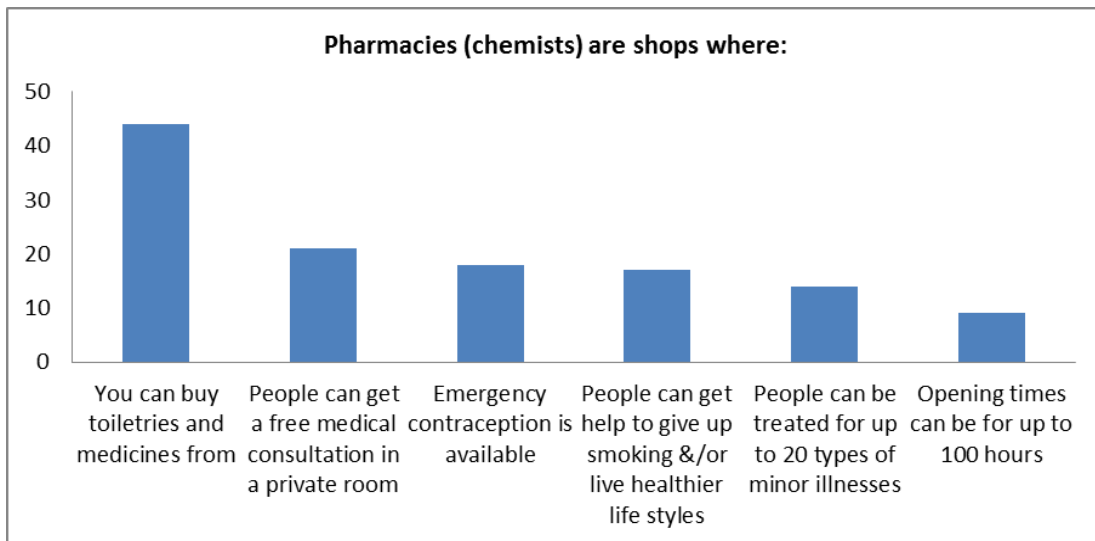
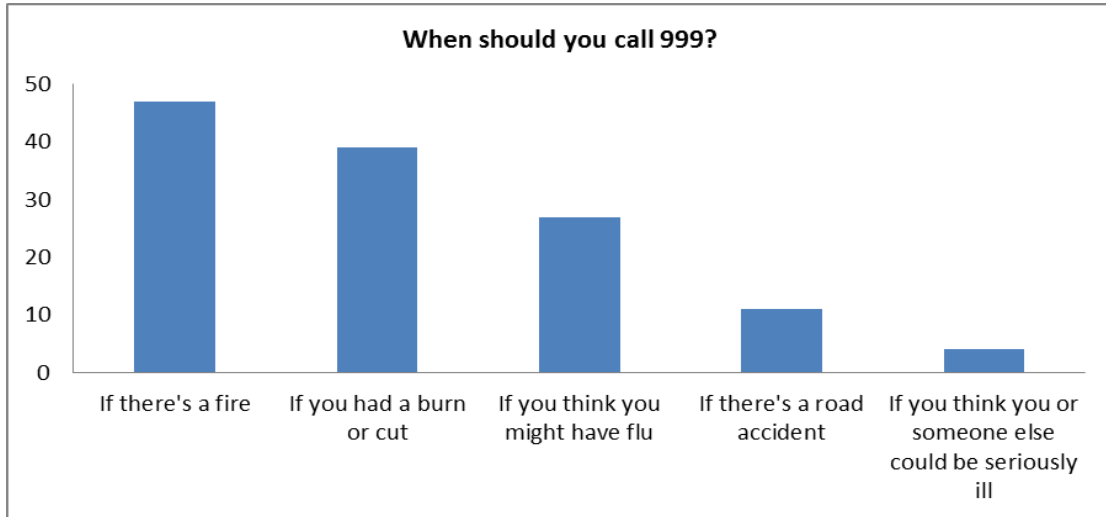
A copy of the full report can be found in **Appendix 6**.

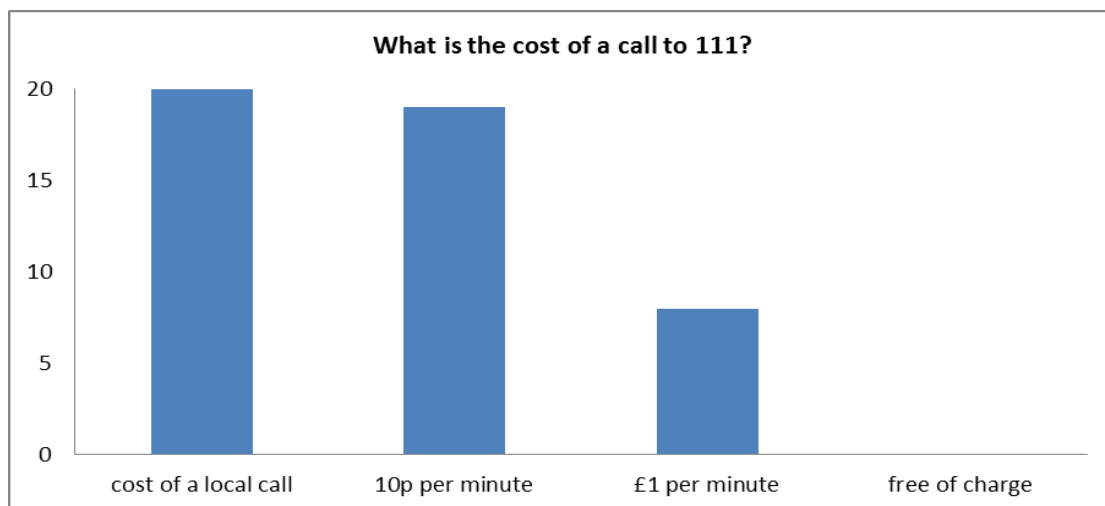
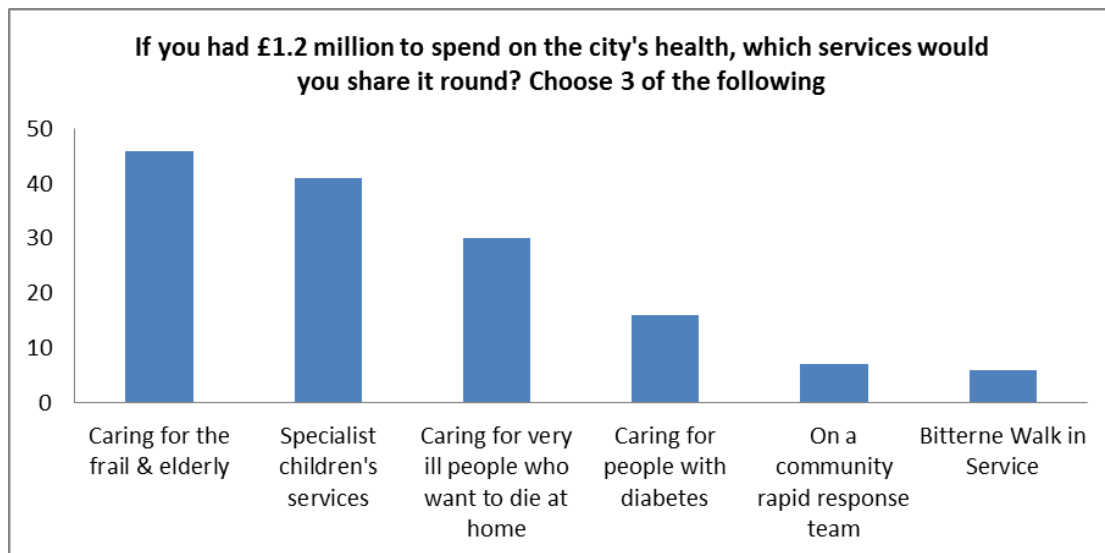
4.5 Feedback from young people

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.

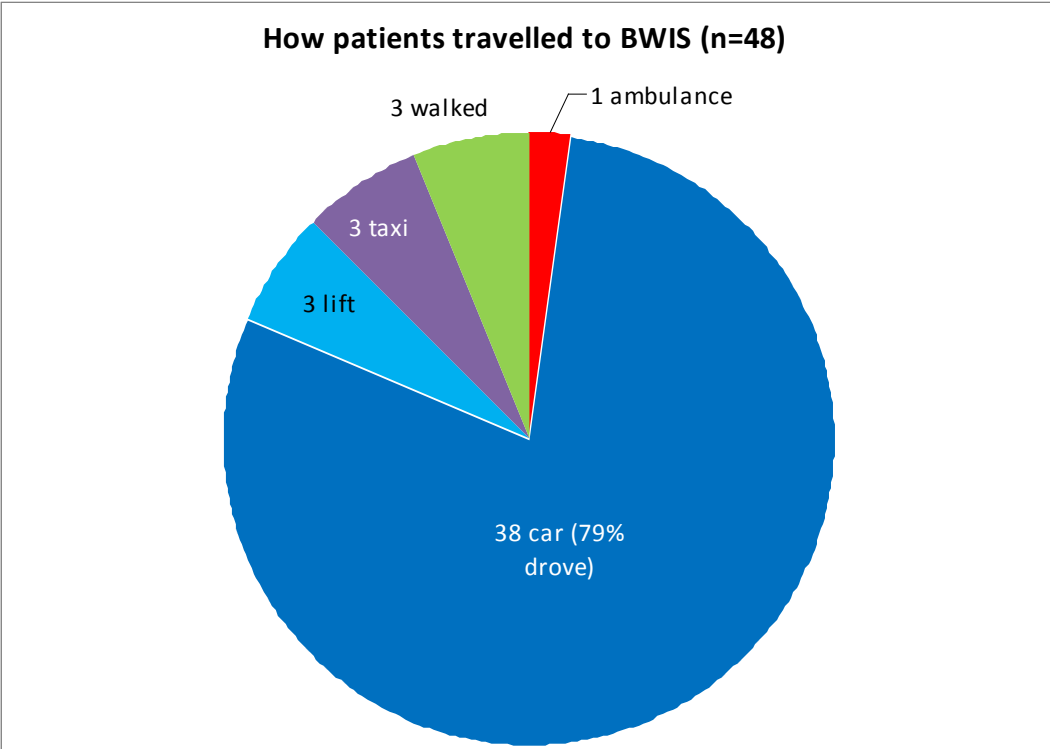
“Carers in Southampton were pleased to welcome Dr. Sue Robinson, Clinical Chair of Southampton City Clinical Commissioning Group and Southampton GP; Peter Horne, SCCC’s Director of System Delivery and Jill Ghanouni, Engagement Officer NHS SCCC and SCC Public Health, to Cake for Carers, Eastern European 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.

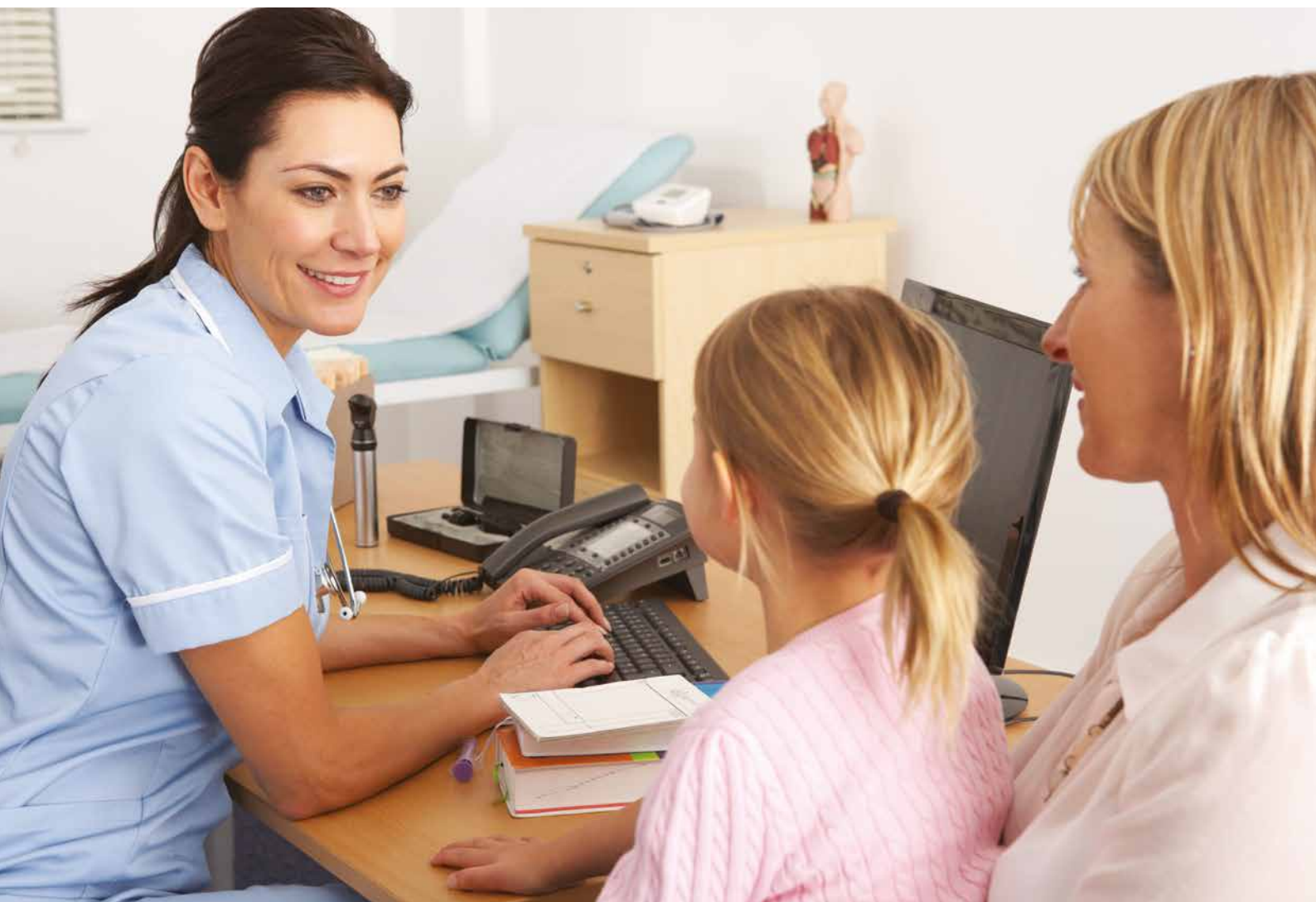
The CCG will work with primary care colleagues to address these issues. Plans will include:

- 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.

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:

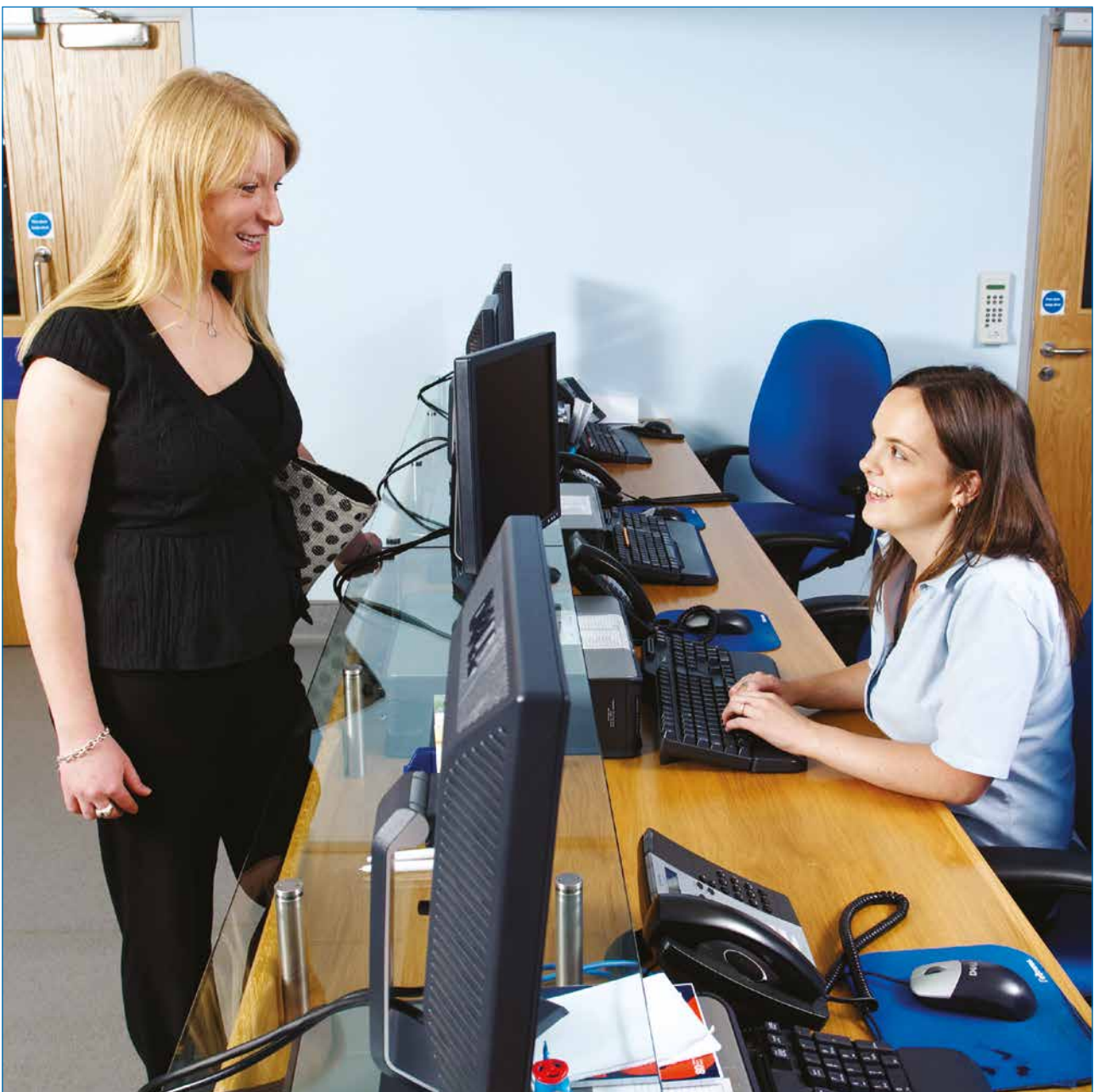
- reshaped urgent care services by implementing NHS 111 as the number to call when an urgent (but not emergency) situation arises
- re-commissioned GP out of hours services to include a primary care centre as well as home visits
- commissioned a minor injuries unit at the Royal South Hants Hospital with 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

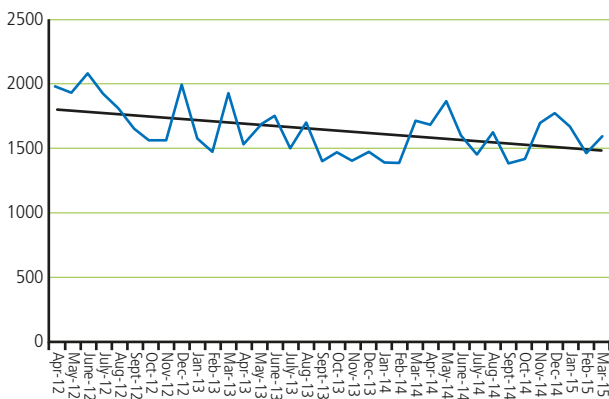
The walk-in service, based in Bitterne Health Centre, was set up over a decade ago in 2003 with two aims - to take pressure off urgent care services (particularly the city's Emergency Department) and to improve access to primary care. The service offers healthcare advice, information and certain types 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?

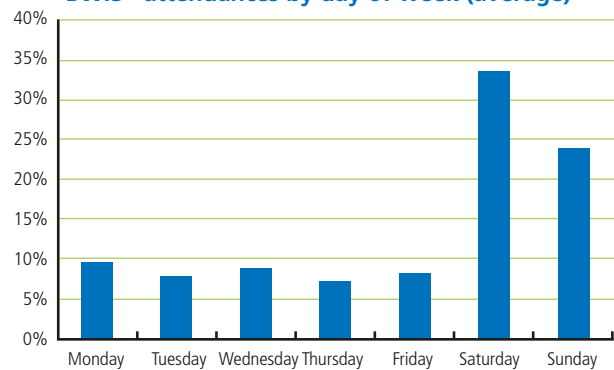
Today, the walk-in service operates mainly as a treatment option for minor conditions. On average, around 1600 people currently use the service each month. People attending fall mainly into the 0-4 or 15-44 age brackets.

BWIS attendances April 2012 to March 2015



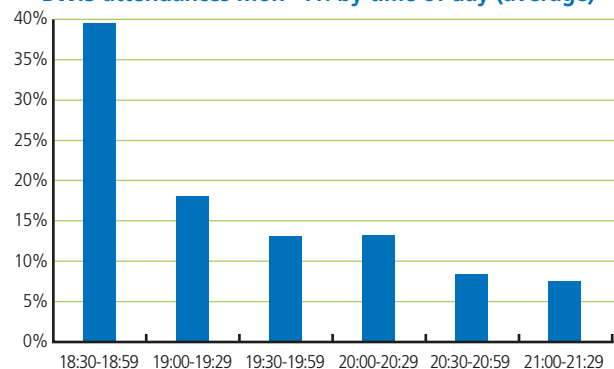
The times throughout the week when people attend the walk in service are shown opposite with most attendances occurring when the service first opens (before 12pm at weekends or 6.30-7.30pm on weekdays).

BWIS* attendances by day of week (average)

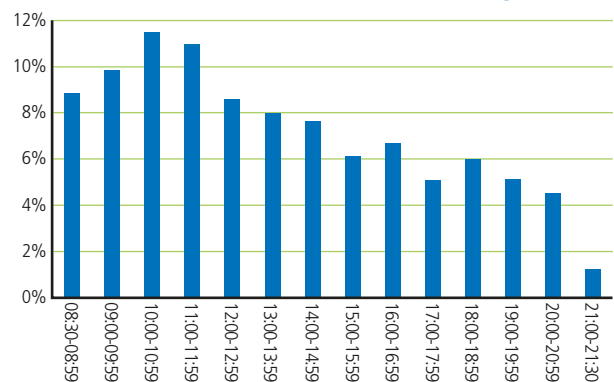


*BWIS – Bitterne walk-in service

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.

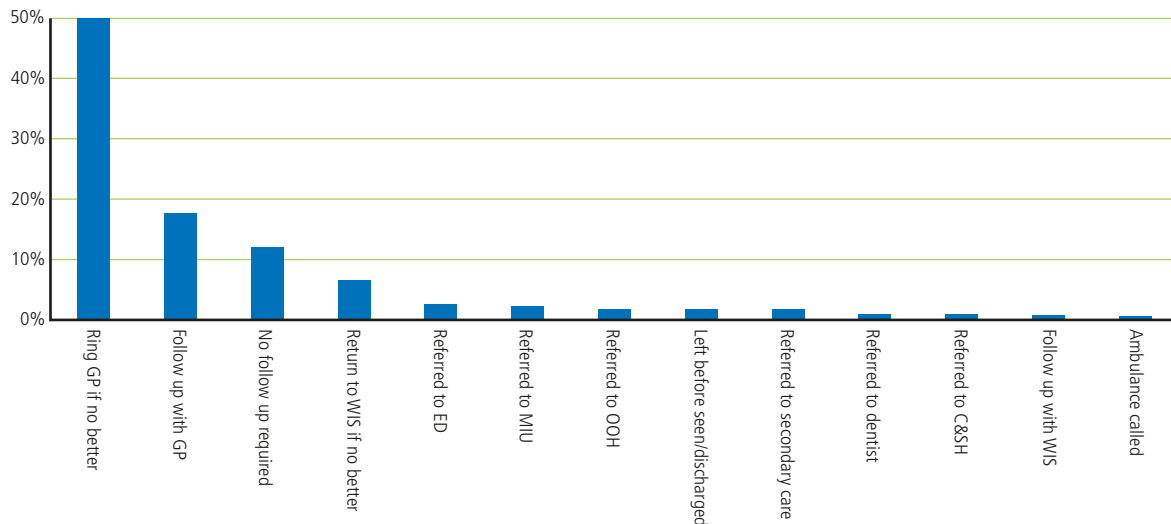
What are people treated for?

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 why¹. 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):

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.

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

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

¹Much 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 -

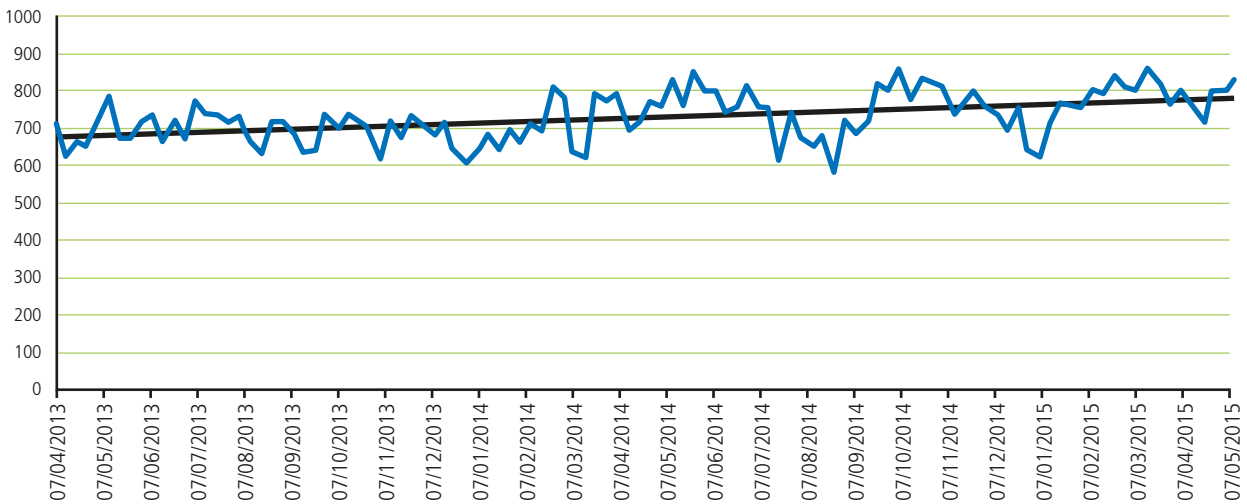
a number of people said they don't know where else to go if they need medical help. We are taking steps to address this and to ensure awareness of the alternatives, for example we launched our **Think First** campaign in December 2014. The campaign highlighted the full range of urgent and self-care options 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

● 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

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	<p>Press release sent and verbal conversation with journalist in response to following questions:</p> <p>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?</p> <p>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.</p> <p>We have launched this in June to ensure local people and our partners have the opportunity to give feedback before the summer holiday period.</p> <p>Findings of the consultation will be presented to our Governing Body at their</p>	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_camp_aign_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 August 2015
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

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

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

Religion/Belief Profile	<table border="1"> <thead> <tr> <th data-bbox="600 220 1160 304">Religion</th> <th data-bbox="1160 220 1377 304">Number of people</th> <th data-bbox="1377 220 1594 304">Percentage</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 304 1160 355">Christian</td> <td data-bbox="1160 304 1377 355">122,018</td> <td data-bbox="1377 304 1594 355">51.5</td> </tr> <tr> <td data-bbox="600 355 1160 406">Buddhist</td> <td data-bbox="1160 355 1377 406">1,331</td> <td data-bbox="1377 355 1594 406">0.6</td> </tr> <tr> <td data-bbox="600 406 1160 458">Hindu</td> <td data-bbox="1160 406 1377 458">2,482</td> <td data-bbox="1377 406 1594 458">1.0</td> </tr> <tr> <td data-bbox="600 458 1160 509">Jewish</td> <td data-bbox="1160 458 1377 509">254</td> <td data-bbox="1377 458 1594 509">0.1</td> </tr> <tr> <td data-bbox="600 509 1160 560">Muslim</td> <td data-bbox="1160 509 1377 560">9,903</td> <td data-bbox="1377 509 1594 560">4.2</td> </tr> <tr> <td data-bbox="600 560 1160 611">Sikh</td> <td data-bbox="1160 560 1377 611">3,476</td> <td data-bbox="1377 560 1594 611">1.5</td> </tr> <tr> <td data-bbox="600 611 1160 662">Other religions</td> <td data-bbox="1160 611 1377 662">1,329</td> <td data-bbox="1377 611 1594 662">0.6</td> </tr> <tr> <td data-bbox="600 662 1160 713">No religion</td> <td data-bbox="1160 662 1377 713">79,379</td> <td data-bbox="1377 662 1594 713">33.5</td> </tr> <tr> <td data-bbox="600 713 1160 764">Religion not stated</td> <td data-bbox="1160 713 1377 764">16,710</td> <td data-bbox="1377 713 1594 764">7.1</td> </tr> <tr> <td colspan="3" data-bbox="600 764 1594 790">Source: Office for National Statistics, 2011 Census</td> </tr> </tbody> </table>	Religion	Number of people	Percentage	Christian	122,018	51.5	Buddhist	1,331	0.6	Hindu	2,482	1.0	Jewish	254	0.1	Muslim	9,903	4.2	Sikh	3,476	1.5	Other religions	1,329	0.6	No religion	79,379	33.5	Religion not stated	16,710	7.1	Source: Office for National Statistics, 2011 Census		
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Sex Profile	Male 121,234 Female 118,195																																	
Sexual Orientation Profile	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%).																																	
Transgender Profile	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																																	

3. AVAILABLE EQUALITY DATA AND INFORMATION

<p>Is Equality Information/Data available in relation to the implementation of this Policy/Project/Function?</p> <p>This is internal or external information/data which may indicate how the different Equality Groups may be affected by this policy/project /function</p>	<p>Please Tick;</p> <p>Yes <input checked="" type="checkbox"/> ✓</p> <p>No <input type="checkbox"/></p> <p>BWIC Review Complaints/Patient Experience Provider patient experience data</p>
<p>List any Consultations which have been undertaken with Service Users, Carers, Public, Employees, Unions in the development and implementation of this Policy/Project/Function</p>	<p>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</p>
<p>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?</p>	<p>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.</p>

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 <i>Genuine Determining Reason</i> 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
<p>1. Patients in the East of the city not being aware of alternative services</p>	<p>Robust communications campaign to signpost people to alternative services.</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Head of Communications</p>
<p>2. Lack of confidence in local pharmacists and lack of awareness of what pharmacies can offer</p>	<p>Engage with pharmacies, particularly in the East of the city to ensure that patients are encouraged to use their services.</p>	<p>September 2015</p>	<p>December 2015</p>	<p>Quality Team Medicines Management Team</p>

<p>3. Patients unable to access local emergency contraception</p>	<p>Engage with pharmacies on the East of the city to ensure they are able to offer this service and to promote the service.</p>	<p>July 2015</p>	<p>December 2015</p>	<p>Senior Commissioning Manager/Meds Management team</p>
<p>4. Patients in the East experience issues with transport, particularly elderly people</p>	<p>Explore solutions with bus companies and SCC Explore solutions with voluntary transport services.</p>	<p>August 2015</p>	<p>December 2015</p>	<p>Director of System Delivery Head of Stakeholder Engagement</p>
<p>5. Homeless people Refugees and asylum seekers</p>	<p>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.</p> <p>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</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Communications Team</p>

	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.	Ongoing	Ongoing	Communications
	Promotion of minor ailments service with pharmacies.	Ongoing	Ongoing	Pharmacies
	Re-print of childhealth booklets.	December	January	

6. RATING of FINDINGS

Analysis Rating			Green
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<p><b style="color: green;">Green</p> <p>If the policy/project/ function does not appear to have any adverse effects on people who share any of the 9 <i>Protected Characteristics</i> then no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date.</p>	<p>Where the policy/project/ function does not appear to have any adverse effects on people who share any of the 9 <i>Protected Characteristics</i> then no further actions need to be taken at this stage.</p>
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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. It 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

Private & Confidential

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

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

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

A handwritten signature in black ink, appearing to read "Penny Daniels".

Penny Daniels
Hospital Director



**West Hampshire
Clinical Commissioning Group**

4 September 2015

John Richards
Chief Officer
Southampton City Clinical Commissioning Group

Headquarters
Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB

Tel: 023 8062 7444
Direct line: 023 8062 7869

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

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:

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 care 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

Representing an organisation – please state:Solent NHS Trust.....

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

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

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.

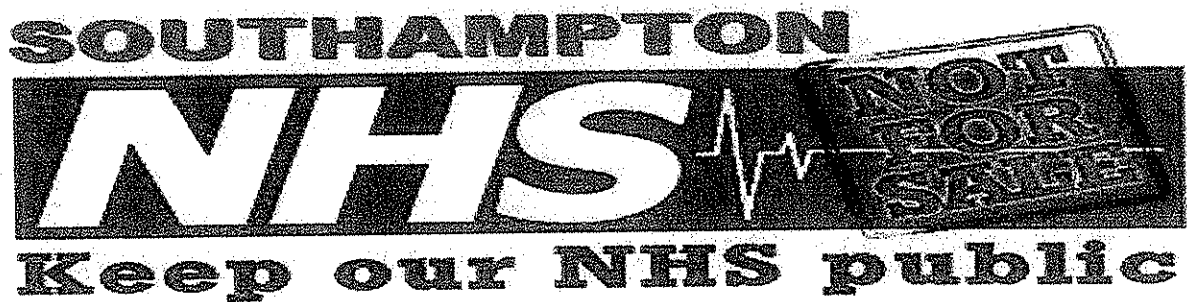
With best wishes.

Yours sincerely,



**Fiona Dalton,
Chief Executive.**

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



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 CCG/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?

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?

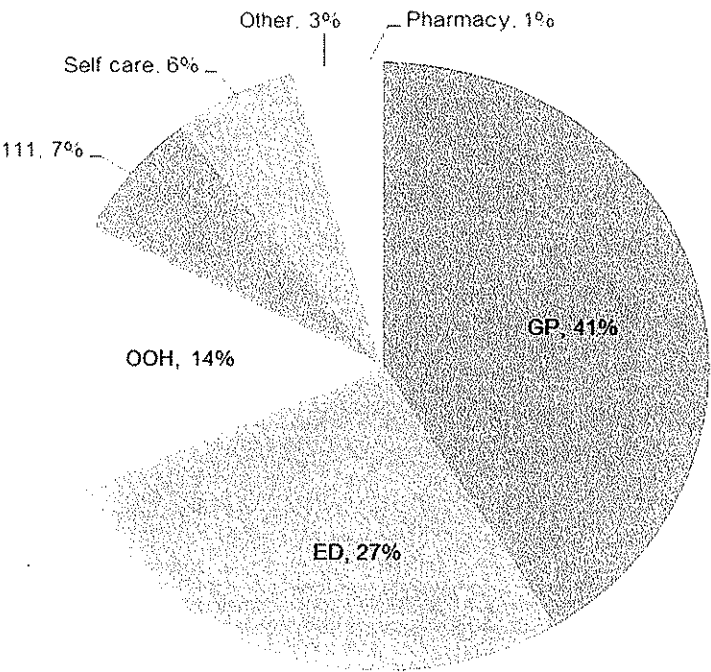
Why we are unable to support the current proposal.

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 be 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 across 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	<p>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 it might free up appointments.</p>
UHS League of Friends meeting	League of Friends volunteers	<p>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.</p>
Diabetes wellness event	Users of diabetes services, carers	<p>People were surprised at the variety of help available through 111. Many people thought the whole centre was closing.</p>
Bitterne Market 1	General public	<p>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</p>

		<p>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.</p>
Bitterne Leisure Centre	General public	<p>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.</p>
Bitterne Library	General public	<p>People registered with Bath Lodge were not aware of later evening appointments. Two people raised concerns about the 111 service.</p>
Priory road Lunch club	Residents of Harefield, Newtown, Shirley, Bitterne, St.Denys, Sholing, Peartee and Thornhill	<p>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.</p>

		<p>People didn't know if their GP surgery offered late or Saturday appointments.</p> <p>It would be difficult for a Mum with small children and older children at school to get to the MIU on buses.</p> <p>"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".</p> <p>"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".</p> <p>"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".</p> <p>"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 or if it shuts".</p> <p>"If the WIS has to close at least make people feel less upset by giving them free evening car parking".</p> <p>"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".</p> <p>"If you charged people for missing appointments, they'd only do it once".</p> <p>"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".</p> <p>"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.</p>
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<p>Thornhill Health & Wellbeing Network</p>	<p>Members are from Thornhill, Bitterne, Woolston, golden Grove and Sholing</p>	<p>"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".</p> <p>"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".</p> <p>"There's no bus that gets you near enough to the RSH if you find it difficult to walk".</p> <p>"Parking costs in the RSH car park and all other hospital places are shocking".</p> <p>Four members expressed lack of confidence in 111, one did not know that 111 was free to phone.</p> <p>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.</p> <p>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.</p> <p>People were relieved that that the health centre itself was not closing.</p>
<p>Together Reducing Isolation Project (TRIP)</p>	<p>Members are from Bitterne, Thornhill, Woolston, Weston, Sholing and Harefield</p>	<p>"People from outside Southampton should not be allowed to use the WIS – or if they do then their CCG's should pay"</p> <p>"I wouldn't go to the MIU because it feels intimidating walking in that area".</p> <p>"111 was very helpful to me".</p>

		<p>“There are appointments available a bit earlier and later at our GP surgery but the receptionist say they are for people who work”.</p> <p>“If you can see any GP why are you asked who your doctor is when you try to get an appointment?”.</p> <p>“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”.</p>
Consult and Challenge	Service user network meeting	<p>“It is difficult to get across to the RSH at night – could we turn the BWIS into an MIU?”.</p> <p>“Everyone should receive a book on minor ailments”.</p> <p>“There should be a poster in the WIS with information about extended GP opening hours”.</p> <p>One member shared a positive personal experience at Shirley walk-in centre.</p> <p>“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?”.</p> <p>“Should people be penalised if they don’t turn up for appointments?”.</p>
Communications and Engagement reference group	Service users, voluntary organisations, Healthwatch, Patients Forum, SKONP, PPG Chair	<p>Do we have evidence that there was no impact to patients when the Shirley walk-in centre closed?</p> <p>2% of people are not registered with a GP – important for the CCG to address this.</p> <p>Important to satisfy the people that this consultation is genuine.</p>

		<p>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.</p>
Central Library	General public	<p>“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”.</p>
Southampton Sight	Visually impaired people	<p>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</p>

		<p>the consultation document.</p> <p>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.</p> <p>People were sceptical about more GP appointments being available. Receptionists don't explain that they can see any GP.</p> <p>Only two members knew about telephone consultations.</p> <p>Members asked why, once registered as visually impaired or blind, this doesn't flag up to all services which they are referred to.</p> <p>Members continue to receive small print letters from hospital even though they have requested telephone calls to advise of appointments.</p> <p>"don't get sucked into being negative".</p> <p>"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!".</p> <p>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.</p>
Older Persons Forum	Older people, rep from Healthwatch	<p>Greater understanding of the case for change.</p> <p>People understood that resources need to be targeted where most needed and beneficial.</p> <p>Unaware of the extra GP appointments now available and all that the pharmacies can now offer.</p> <p>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</p>

		<p>appointments and that the calls were free. They felt more encouraged to use the service again after the session.</p> <p>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.</p> <p>What happens to those that do not have an address?</p>
The Gambia society	Public (bme)	<p>It's a shame that an NHS service has to close. Why were they being consulted, none of them used the service.</p> <p>"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".</p>
Community solutions group	Community dev.workers, voluntary orgs	<p>Could we ensure that we engage with bme communities.</p> <p>Transport will be an issue.</p> <p>Will there be GPs available for same day appointments.</p>
Memory café,Thornhill	Carers and service users	<p>People were relieved that the whole health centre was not closing.</p> <p>Unaware of the alternative services.</p> <p>Transport was raised as an issue generally.</p> <p>People who were caring for someone with dementia were reluctant to see anyone other than their own GP.</p> <p>Could Bitterne Health Centre accommodate some of the skills and services available at Moorgreen.</p> <p>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.</p> <p>One member felt that the rooms at Bitterne Health Centre</p>

		<p>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.</p> <p>One member commented that 111 was a good service but people don't know about it.</p> <p>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?</p>
Pensioners Forum	Public, older people	<p>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.</p> <p>Why aren't over 75 nurses available city wide?</p> <p>Will alternative transport services be put in place in time – if the WIS closes?</p> <p>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.</p> <p>The 111 service directs people to the WIS so where should be go if this is said to us.</p> <p>Why aren't GPs and pharmacies advertising all they can do?</p> <p>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?</p> <p>If you close WIS where else can we go for blood tests?</p> <p>Could the CCG reimburse people's bus fares to the MIU?</p> <p>Won't this increase attendance at A&E.</p> <p>What about the £8 billion input?</p> <p>111 can't be expected to be as good as one to one contact with a health professional.</p> <p>Is money being wasted on translating these documents – if</p>

		<p>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.</p>
Bitterne market 2	Public	<p>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.</p>

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 do *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 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 SCCC.

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 is 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 however 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 Houghton – 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. $41 \text{ hrs per week} \times 52 \text{ weeks}$ 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; $19,200 \times 8\%$ 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 than 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
in emergency intervention than YES text around 10/20/21

Dear Sir or Madam

I can't believe your thinking
of closing the Bitterne 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
Baker + 7 there is Hedge-End, Hambro
west-end Bitterne &.

All my family is in Leewardon, Solihull
Birmingham, have got their smaller
hospitals to go to

I hope you will think again about
closing Bitterne 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. CH
MY HUSBAND HAS USED IT. SHE
I GET MY HEARING AID
BATTERIES THERE AS MY
HUSBAND CAN ONLY TAKE ME
THERE ON A FRIDAY WHEN
THE FINISHES WORK 12-O'CLOCK
DO I WOULD BE LOST WITHOUT
BITTERNE HEALTH CENTRE
AS WOULD A LOT OF PEOPLE
THISIDE OF THE CITY
THE PHARMACY NEXT TO MY
SURGERY CHASSEL PRACTICE
SULLIVAN RD WOULD

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 !

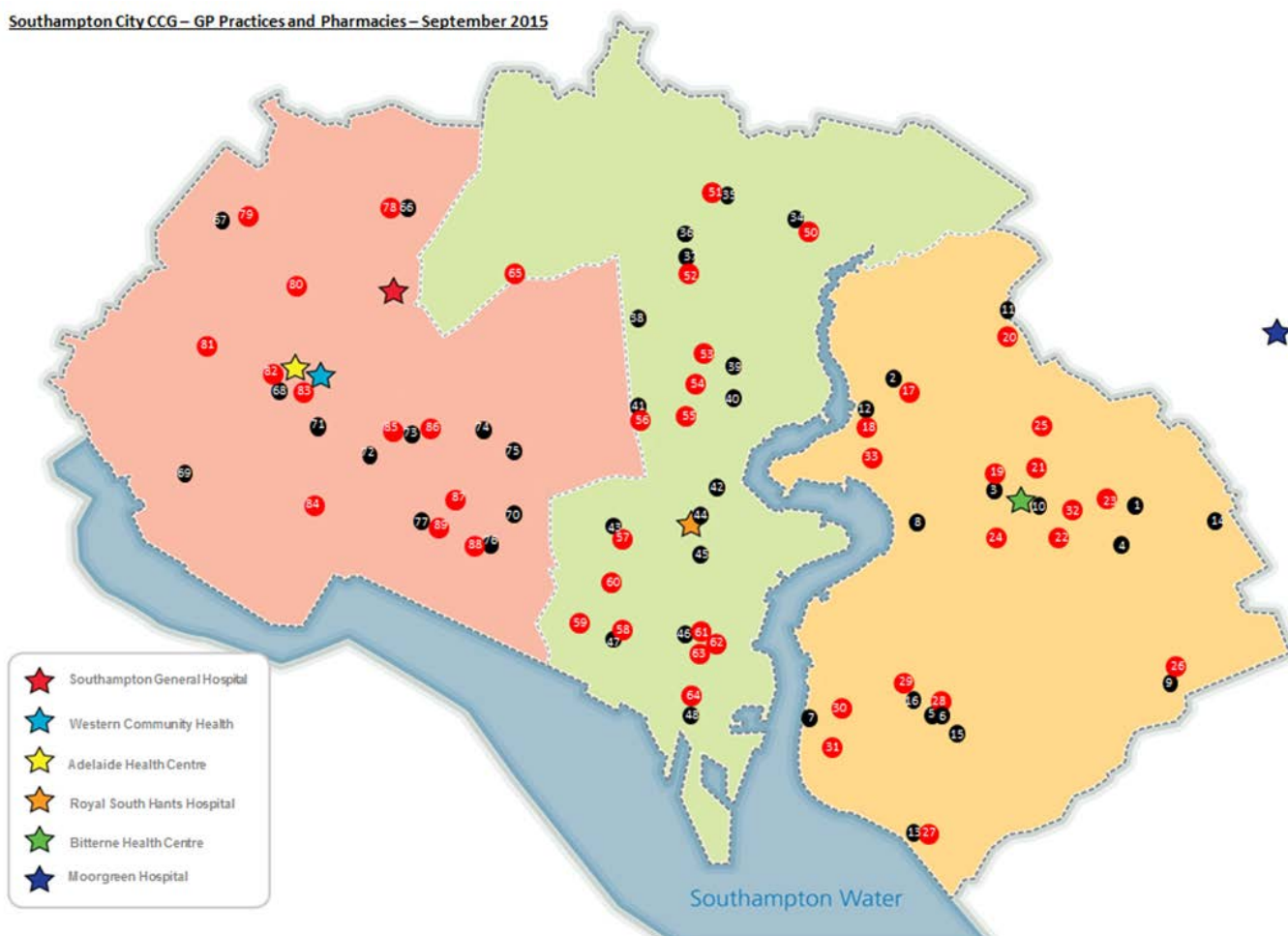
It makes so much more sense to focus the effort rather than duplicate it and I firmly believe that the WIC is unnecessary duplication; drawing funding away from essential and over stretched primary care provision.

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

Southampton City CCG – GP Practices and Pharmacies – September 2015



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)