

COMMUNITY LEADERSHIP SCRUTINY COMMITTEE

TUESDAY, 1ST AUGUST 2017

Present: Councillor Bob Bushell in the Chair

Councillors Naomi Tweddle (Vice-Chair),
Yvonne Bodger, Kathleen Brothwell, Sue Burke,
Chris Burke, Gill Clayton-Hewson, Thomas Dyer,
Paul Gowen, Jane Loffhagen and Helena Mair

Apologies: None.

4 Welcome and Introductions

The Chair welcomed the following invited external representatives to the meeting:

- Sarah-Jane Mills – NHS Lincolnshire West Clinical Commissioning Group
- Dean Graham – Public Petition Organiser, Change.Org
- Kudzai Muzangaza – Student Union President and Student Petition Organiser
- Sarah Fletcher – Health Watch
- Wesley Shelbourne – Just Lincolnshire
- Kieran Sharrock – Lincolnshire Local Medical Committee
- Mark Hutton – Pharmacist

5 Confirmation of Minutes - 11 July 2017

RESOLVED that the minutes of the meeting held on 11 July 2017 be confirmed.

6 Declarations of Interest

No declarations of interest were received.

7 Terms of Reference

The Chair reminded those present of the Community Leadership Scrutiny Committee's terms of reference. He added that the purpose of this meeting was for the Committee to provide its comments and any recommendations on the proposed closure of the Walk-In Centre at Monks Road in Lincoln.

8 Proposed Closure of the Walk-In Centre on Monks Road

Simon Colburn, Assistant Director (Health and Environment Services):

- a. presented a report which provided the Community Leadership Scrutiny Committee with an opportunity to provide its views and comments on the proposed closure of the Monks Road Walk-In Centre in order for a response to be made to the consultation process being undertaken by the NHS Lincolnshire West Clinical Commissioning Group.
- b. highlighted that the consultation period commenced on 12 June 2017 and was due to run until 18 August 2017.
- c. reported that the Walk-In Centre at Monks Road in Lincoln was established in April 2009 with the intention of providing easier access to health advice, emergency contraception, treatment of minor ailments, infections, injuries, strains and sprains, health promotion and screening.

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- d. reminded members that the Clinical Commissioning Group was responsible for procuring health services for Lincoln. It had a set budget to purchase a range of health services, including facilities such as hospitals and the Walk-In Centre, and made decisions about what local services were available and how they provided value for money.
- e. reported that the Clinical Commissioning Group had carried out a number of reviews since 2014 to understand how people used the Walk-In Centre and accessed services. In 2016 it cost the NHS over £1 million to deliver services from the Walk-In Centre and the Clinical Commissioning Group argued that, with the availability of other services, the Walk-In Centre did not represent value for money.
- f. informed members that the consultation document was appended to the report which set out the rationale behind the proposed closure, the reasons for the closure and the alternative ways of accessing services that would be available.
- g. highlighted that 20 to 24 year olds accounted for the largest percentage of attendees at the Walk-In Centre, with 18% of the total visits in 2016/17. The next largest proportion of users were children aged 0 to 4 years which accounted for 13% of users.

The Chair invited external representatives to make their statements and the following points were noted:

Sarah-Jane Mills – Lincolnshire West Clinical Commissioning Group

- continuity of care through General Practices was the best way to manage ongoing health, so that recurring conditions could be highlighted by GP's which would therefore lead to them being addressed in a more efficient way;
- the national agenda regarding health provision was very different in 2009 when the Walk-In Centre was established;
- much of the drive behind the proposed closure was in the context of moving to a sustainable healthcare system, providing services to all members of the population to improve their health and quality of life;
- the Walk-In Centre, although based in Lincoln, was originally intended to be a facility for the whole of Lincolnshire. Some users did travel from other parts of the county but the majority lived in surrounding areas. 86% of users were registered with GP's;
- the general public were not necessarily aware of the opportunities available to them to access the support or services they required;
- many of the outcomes for patients in visiting the Walk-In Centre resulted in advice, which was often available in alternative places, signposting to other services or the receipt of minor treatments;
- Lincolnshire was unique in that it had the Clinical Assessment Service in place which complemented the 111 service. This meant that anyone using the 111 service could have subsequent access to a professional clinician;
- out of hours services were available in early evenings and weekends throughout the Lincolnshire West Clinical Commissioning Group area, which could be used by people as alternatives to the Walk-In Centre if necessary;
- the consultation process had been very comprehensive, providing valuable opportunities to meet members of the public and numerous focus groups. A significant amount of feedback had been received, together with lots of comments seeking reassurance. The consultation process itself had been extended until 18 August 2017 as the Clinical Commissioning Group's Governing Body was keen that as many people as possible had the opportunity to respond to it in order that all concerns and issues could be taken into account and addressed;
- representatives of the Clinical Commissioning Group would continue to meet with focus groups as part of the consultation process;

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- once the consultation closed on 18 August 2017, the Clinical Commissioning Group would review all of the information and responses gathered, which would be collated and prepared into a report. This report was scheduled for consideration by the Clinical Commissioning Group's public Governing Body on 27 September 2017;
- the Clinical Commissioning Group had already reacted to some of the early feedback received as part of the consultation, with plans being further enriched and developed as a result. An example of this was a recently commissioned new partner for students via the University Primary Care Service, which may be developed further in due course;
- some concerns had been received regarding the decision-making process and what would happen at the end of September with regard to this proposal and any final decision taken. The Governing Body and associated executives would ensure that the full range of options in relation to the Walk-In Centre were set out, that these were deliverable and that there would continue to be close liaison with providers to ensure that this consultation was meaningful.

Dean Graham – Public Petition Organiser, Change.Org

- as a Director of Stonebow Media, the response from his company's readership was overwhelmingly negative regarding the proposed closure of the Walk-in Centre. This led to the creation of the petition, which had received 4,700 signatures;
- people's main concerns were that the well utilised and crucial service was being lost when this was a service originally put in place and designed to provide information, guidance, support and treatment of minor injuries;
- the consultation document set out reasons and statistics, but some elements did not appear to be transparent;
- a reduction of resources, closure of General Practices and staff shortages at Accident and Emergency had led to notices and general advice instructing people to visit the Walk-In Centre to access healthcare services;
- being signposted to a service was not the same as duplicating a service, so the reasoning of duplication to support the proposed closure was questionable;
- 87% of people were registered with GP's, meaning that potentially thousands of people were not who could be losing access to services should the Walk-In Centre close;
- people using the 111 service were being advised to go to the Walk-in Centre;
- Lincolnshire County Council's Health Scrutiny Committee unanimously opposed the proposals;
- a lot of people had indicated that they experienced difficulties in seeing their own GP due to appointments not being available and therefore used to Walk-In Centre to access the services they needed. The Centre provided a service where people were usually seen within an hour.

Kudzai Muzangaza – Student Union President and Student Petition Organiser

- a key issue for students was that the service they received was ad hoc, which was not appropriate for a group of people who were potentially new to the area and seeking independence;
- many students were registered with their GP at their home addresses;
- the Walk-In Centre provided a good service, particularly in relation to the treatment of minor injuries;
- a key concern was that the consultation had been undertaken at a time when hardly any students were in the City. This meant that lots of students were unable to respond to the consultation. Over 1,000 responses to the student petition had still been received, however;
- lots of students could not be seen by GP's or had experienced difficulties in accessing GP services;

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- students were not convinced that alternative resources would be adequate;
- there were lots of language barriers for those international students who did not necessarily understand this country's healthcare system;
- General Practices in the City were closing.

Sarah Fletcher – Lincolnshire Health Watch

- a number of patients had contacted Lincolnshire Health Watch regarding healthcare provision and concerns in respect of the proposed closure;
- Lincolnshire Health Watch had undertaken some work on the impact on patients as a result of General Practices closing and the Walk-In Centre had provided services to those patients affected;
- it was concerning that access to General Practices was becoming more and more difficult, with any closure having an impact;
- the current staff shortages at A&E alongside the proposed closure of the Walk-In Centre was concerning;
- the Clinical Commissioning Group and Scrutiny Committee should look into robust provision for all patients before any decision on the closure of the Walk-In Centre was made;
- if the Walk-In Centre closed there would be no other similar provision in the county;
- the Walk-In Centre was so successful that there should be more Centres in the county;
- Lincolnshire Health Watch was aware of and understood the financial constraints on the healthcare system;
- if there was a need for better GP provision then the Clinical Commissioning Group should be looking into what this meant for patients;
- from a patient's perspective a better consultation process was required to enable consideration of the true impact of closing the Walk-In Centre and what the consequences on all health services would be, particularly General Practices and A&E.

Wesley Shelbourne – Just Lincolnshire

- people who were seldom heard needed a voice;
- there was no 'easy read' version of the consultation document, which limited those able to understand and respond to the consultation;
- it would be worth seeing a cost-benefit analysis of the £1 million figure quoted in terms of the cost of the Walk-In Centre alongside any savings it generated as a result of deflecting patients from other services;
- the Clinical Commissioning Group had acknowledged that there was a legal duty under the public sector equality duty to do an analysis of the equality assessment of such a decision, which was alluded to. It was very important that a full Equality Impact Assessment was carried out across the board, rather than assuming people would know what those few associated sentences at the end of the consultation document meant. Anyone without the professional knowledge to understand what this part of the consultation referred to would consider it meaningless;
- the alternatives suggested were rather threadbare and would need to be more robust if implemented;
- recent advice from A&E was that people should not attend unless it was necessary;
- people had experienced difficulties in getting appointments with their GP's;
- General Practices were closing locally;
- there was a case for more Walk-In Centres to be introduced across the county.

Kieran Sharrock – Lincolnshire Local Medical Committee

- the Lincolnshire Local Medical Committee had considered the proposal and its conclusions were that it felt the Centre should stay open. It could, however, understand the reasons why the Clinical Commissioning Group was proposing its closure;
- the funding used for the Centre needed to be used for alternative service provision;
- 14% of people without a GP needed to be registered with a GP;
- General Practices were barely surviving and were finding it difficult to recruit staff;
- patients needed to be encouraged to self-manage better. GP's got frustrated by those who did not necessarily need to see a GP, or those who wanted assistance when they did not need it. Education on self-care was therefore vital;
- funding should also be used for signposting. Clinical assessment services through 111 gave advice and either addressed the issue or signposted people;
- closure of the Walk-In Centre would disadvantage patients, particularly those not registered. The funding saved as a result of any closure should be investing in supporting these people, as well as local practices, more self-care and more signposting to other service provision;
- the University surgery opened at 7.30 am, making the point that services needed commissioning in a different way to make them fit for purpose;
- re-investing the money saved as a result of closing the Walk-In Centre was very important.

Mark Hutton – Pharmacist

- the Walk-In Centre was an accessible place, when GP services were not necessarily accessible. People were able to go along to the Walk-In Centre, and be seen, when unable to get an appointment with their GP;
- the Walk-In Centre catered for the needs of people beyond clinical expertise of pharmacists and nurses;
- there was notification on the radio today that people should only access A&E if it was absolutely necessary, with limited staff at both Lincoln and Grantham hospitals;
- the Walk-In Centre was located in Lincoln which made sense as the most densely populated area of the county;
- it would be beneficial to have Walk-In Centres elsewhere in the county;
- there were no definite plans for replacement services should the Walk-In Centre close;
- there were better options for making efficiency savings open to the Clinical Commissioning Group than closing the Walk-In Centre.

The Chair invited members of the Community Leadership Scrutiny Committee to pose any questions to Sarah-Jane Mills of the NHS Lincolnshire West Clinical Commissioning Group. The following questions and answers were therefore noted:

Question

How would the proposed closure affect the homeless and what alternative services would be provided for them?

Response

As part of the consultation the Clinical Commissioning Group had been working with the Nomad Trust to see how the service could be enhanced for those people to mitigate the loss of the Centre and encourage those who were very poorly to build a relationship with the health service in a different way. This would not be replacing the service provided by the Nomad Trust but would enhance it by providing clinical, expert advice within a more appropriate environment for those people.

Question

If the response to the consultation was overwhelmingly negative regarding the proposal to close the Walk-In Centre, would this result in a decision not to close it?

Response

An assurance was given that every single comment would be considered, in full, with the Governing Body at its meeting on 27 September 2017 considering all of the options to ensure that people's healthcare needs were met. A full range of options would include keeping the Centre open and the Governing Body's final decision would be informed by the information received as part of the consultation process.

Question

Had an Equality Impact Assessment been undertaken?

Response

An Equality Impact Assessment had been completed, which would be further revised on the basis of feedback received throughout the consultation.

By way of clarity with regard to registration, it was noted that 86% of people using the Walk-In Centre were registered with GP's in Lincoln. 10% of users were registered with GP's outside of the county and only 3.3% of people who used the Walk-In Centre had not registered with a GP anywhere.

Question

Many of the proposals to support the closure of the Walk-In Centre were aspirational. Given the fact that the NHS was already in crisis and debt, taking into account the closure of General Practices, frequent use of locums and the shortage of A&E staff, would the closure of the Walk-In Centre add to this and deny people with access to healthcare? The Centre had been incredibly successful and provided a good service, thereby making the case for it being inequitable somewhat questionable.

Response

The NHS was currently struggling under the level of demand. It was therefore very important that, as a whole society, people engaged in the discussions around the provision of healthcare services. Within this dialogue consideration needed to be given to resources and how best to use them. The best option in this respect was through General Practices, which was the area where the level of investment needed to be maximised in order to reverse the current position. At the moment the direction of travel was to be drawn to the acute hospital which, increasingly, was struggling to cope with demand. The Clinical Commissioning Group had a Sustainable Transformational Plan to evidence how it could reverse the flow to hospital. This also demonstrated a need to strengthen General Practices and build the infrastructure to help people access self-care.

Question

The prospect of seven days a week, 8am to 8pm GP access was not likely to happen soon. Was it therefore premature to consider closing the Walk-In Centre before such a service was available?

Response

An assurance was given that this was a meaningful consultation and that all information and feedback would be considered. It was noted that people could currently access and obtain healthcare 24 hours a day seven days a week.

Question

How many members sat on the Governing Body?

Response

There were thirteen voting members on the Governing Body.

Question

Was there an argument to say that there would be value for money in retaining use of the Walk-In Centre? The Centre played a very important role and did save lives. Would it be premature and dangerous to close the Centre without adequate provisions in place?

Response

As a Clinical Commissioning Group one of the things reviewed was value for money and whether public resources were being used appropriately. In terms of this consultation, the Governing Body would want to assure itself that whatever decision it made, all of these issues were managed and risks mitigated.

For clarity, it was noted that A&E and other healthcare support mechanisms would continue to signpost people to use the Walk-In Centre as it was currently a facility in use, reiterating that the outcome of the consultation had not been pre-empted.

Question

Clarity was sought regarding services for students.

Response

Students were not necessarily registering with General Practices in the City so they needed to be encouraged to register with a local practice, which was considered the best way to access healthcare services for individuals. It was noted, however, that any student was entitled to access any General Practice service without the need to register if they required healthcare, but it would always be recommended to register.

Question

Where would people go to access the emergency contraception service offered by the Walk-In Centre if it closed and they were unable to get an appointment with their GP? If there was no other access, other than via Pharmacies which incurred cost implications for contraception, this could affect young and socially disadvantaged people.

Response

This question, and associated comments, was welcomed and would be taken into further consideration.

Question

28,000 unique people used the Walk-In Centre in 2016/17 without the need for an appointment and by turning up on the day. How would General Practices realistically be able to see that many additional patients, all on the same day?

Response

Children under 12 could be seen at any General Practice on an urgent basis. The Clinical Commissioning Group was also looking at making it easier for parents to access General Practice surgeries for their children in general.

When breaking down the 28,000 people and spreading them amongst General Practices then there was only, on average, two additional appointments per day for practices. The issue was not always in relation to same day access but more around routine appointments within a slightly longer timeframe, allowing people to plan around their working day or other commitments.

The Clinical Commissioning Group was seeking to invest in General Practices, in terms of financial investment but also in terms of investing in and developing teams of people. Vacancies for GP's were reducing and there had been improvements in recruitment to other members of the workforce. It was now necessary to look at how everyone worked together better and there were examples at some foundations in Lincolnshire where this had been successful.

Question

Would savings be reinvested and what were the timescales associated with any potential closure?

Response

As a Clinical Commissioning Group it was clear that funding from the next financial year would be focussed on the provision of planned appointments. Patients already had access throughout the week to a range of services, including the out of hours service, 111 and the clinical assessment service. In terms of enhancing the service it was proposed that extended provision for planned appointments would be fully implemented by the end of 2018. People were also unaware that GP appointments could be booked online, with the majority of practices also offering offer extended hours.

There was a deficit in Lincolnshire so it was vital to use healthcare resources more widely. The Clinical Commissioning Group would be investing in community and primary care services as part of its Sustainability and Transformation Plan.

Question

What was meant by reference to phasing?

Response

The final report to be considered by the Governing Body would include a range of options and whichever option the Governing Body decided to implement would be introduced with the necessary transition and phasing as part of a managed change. It was reiterated that the feedback received as part of this consultation would inform all of the options put before the Governing Body at its meeting on 27 September 2017.

Comment

Lots of people had expressed concerns regarding same day access, with the only difference being considered as part of the proposal being to increase access to planning appointments.

Response

The overwhelming feedback received to date highlighted that it was very difficult to access GP appointments and as a consequence they were accessing the Walk-In Centre because access was easier and more convenient. It was therefore necessary to have the right balance of routine appointments and same day appointments.

GP's had indicated that the additional demand on their surgeries as a result of the Walk-In Centre closing could be absorbed, but that it was very clear that the way of accessing General Practices was not working for people at the moment. This was the most fundamental point that people had made so far in response to the consultation. Some arrangements were already in place to address this, such as online bookings, which people did not necessarily know about. It was noted that a full evaluation of this issue would be undertaken.

Question

There was emphasis in the proposal on planned appointments, but how would this impact other aspects of the health service?

Response

There would be a knock on effect with A&E, for example, and the Clinical Commissioning Group would need to work closely with A&E about how to manage that. Primary care streaming was a national initiative and anyone passing through it would be directed to the correct place depending upon what services they required.

A key aspect of healthcare provision was to help people understand what services were available to them and increase awareness.

Comment

Online bookings could only be made ten days in advance.

Response

It was important, as part of this process, to understand the types of appointments that were needed. Practices had increased same day appointments, in a number of cases, where there was not a same day need. In other cases there were examples of planning appointments being booked which people then no longer required but did not cancel, resulting in a wasted appointment. These types of issues needed to be taken into consideration as part of developing options, taking into account comments received as part of the consultation.

Question

Have staff at the Walk-In Centre been consulted?

Response

All staff at the Walk-In Centre had been consulted on an informal basis. Should the Governing Body decide to close or change the working practice of the Centre, a more formal consultation with staff would be undertaken at the relevant time.

The Chair took this opportunity to thank external representatives for their contributions.

9 Break

The Community Leadership Scrutiny Committee adjourned at this stage of the proceedings.

10 Summary

In considering the Lincolnshire West Clinical Commissioning Group's consultation into the proposed closure of the Walk-In Centre, the Community Leadership Scrutiny Committee agreed to submit the following response to the Council's Portfolio Holder for Recreational Services and Health for his consideration.

Responding to the consultation question '*do you think the reasons given for why we are consulting on the Walk-In Centre are clear?*', the Committee put forward the following comments:

Members were concerned about the reasons outlined in the proposal and thought that they were not clear enough.

Members did not feel that the Equality Impact Assessment had been properly carried out in that it was only a work in progress, had not been made clear to the public and should have been readily available at the start of the consultation.

In response to the consultation question '*did you know that children under 12 can get an assessment on the same day at their own GP surgery if it is clinically appropriate to do so?*', the Committee put forward the following comments:

Members were aware of this, however, they were concerned that members of the public did not know this provision was available to them.

The Committee agreed upon general responses to the consultation document and expressed concerns about the following:

- individual members of the Committee had received an overwhelming public response that people did not support the proposal to close the Walk-In Centre;
- it was clear that lots of people experienced difficulties in getting an appointment with their GP on the same day;

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- closure of the Walk-In Centre would mean losing immediacy of access to face to face services;
- there was a shortage of GP's currently and there would be a gap in provision if the Walk-In Centre closed;
- the alternative provision of Pharmacies was of limited assistance due to their restricted skill set to provide clinical treatment;
- much of the proposal was aspirational as the NHS was already in a position of crisis and debt, especially when taking into account recent closures of GP surgeries, frequent use of locums and a serious shortage in A&E staff. This already contributed to a pressure on services and closure of the Walk-In Centre would contribute even further to this pressure;
- people who were vulnerable, such as the homeless and those with mental health issues, were likely to be disadvantaged should the Walk-In Centre close;
- young and vulnerable people would be disadvantaged as a result of the Walk-In Centre closing in respect of access to sexual health services, particularly free emergency contraception. With regard to emergency contraception, some patients appreciated confidential advice and treatment away from the 'family' GP;
- it was difficult to accept that there would be no more than an average of two more appointments a day in General Practices as a result of the closure of the Walk-In Centre. There did not appear to be adequate evidence to support this assumption;
- the closure of the Walk-In Centre would deny many patients access to healthcare;
- the Walk-In Centre had been incredibly successful;
- there may be a case for exploring whether there could be more Walk-In Centres across the county;
- there were specific concerns regarding student access to healthcare services, particularly overseas students, should the Walk-In Centre be closed
- the timing of the consultation, particularly during the summer when students were away from the City;
- the 111 service was not a face to face service, so was not an alternative to the Walk-In Centre;
- the need for significantly greater levels of education in order that people properly understood and were made aware of existing services
- 25% of people in the city were unable to access online services, so any push to online services would result in limited access to a significant proportion of residents;
- provision of the Walk-In Centre in Lincoln was being perceived as delivering an inequitable service across the rest of the county.

The Committee was reassured by the Clinical Commissioning Group comment's at this meeting that it regarding the consultation as meaningful, with this sentiment being noted. Members were also reassured by the following:

- the ambition of the health service was to improve access to GP services in the future;
- it was intended that there would be more education and awareness of access to different healthcare services;
- there was a pro-active approach towards encouraging students to register with a GP in the area to ensure that they had regular access to healthcare services;
- the range of clinicians and trained staff would be increased in General Practices;
- further evaluation of routine appointments and same day appointments would be undertaken.

Despite these assurances, however, the Community Leadership Scrutiny Committee felt that, in view of the fact that the above measures were not yet in place, closure of the Walk-In Centre was premature at this stage. Whilst accepting the need to make financial savings, members did not accept that it should limit access to healthcare. The Committee felt that there had not been enough work carried out on robust alternative services and was therefore of the view that the Walk-In Centre should remain open until such services were available and a further review carried out.