

Response from NHS Lewisham Clinical Commissioning Group (CCG) to the concerns raised by the Save the Lewisham Hospital Campaign on the public consultation on the future of the New Cross Walk-in Centre and improving provision and access to primary care.

Q1: Why are you consulting so late? We believe you should re-run the process?

We have embarked on one of the most extensive consultations that the CCG has undertaken to date across the entire borough. We believe that we are delivering against our statutory duty to consult as set out in section 14Z2 of the NHS Act 2006. More so, we believe that we have gone further with comprehensive engagement programme with our public, patients and local authority.

We have ensured that the information on the consultation is accessible on-line and paper copies and have commissioned easy read, audio and Vietnamese versions.

We also recognise that there are different ways of engaging with our local communities. Our engagement programme has consisted of face to face outreach with various groups and the diverse communities in Lewisham. We have met with homeless charities, community development groups, community hubs, children's centres, parents' forums, patient participation groups, faith groups, local ward assemblies and students. We also acknowledge that we have to find more innovative ways of reaching those in our community who do not traditionally engage with processes of this nature or the seldom heard and have visited local businesses – particularly those where we are able to access residents from Black Minority Ethnic backgrounds. We have also been visiting local transport hubs (Catford, Forest Hill and New Cross) and the Lewisham Shopping Centre and we have supported all GP practices to send text messages to their patients on the consultation.

Q2: Did you consult with local GPs in the north of the borough before you made the decision to propose closure?

The CCG is a clinically led organisation and therefore, the proposals are from and have the support of GP commissioners as set out in our constitution¹. We have engaged and consulted with members in 2016 and key stakeholders on our Primary Care Strategy – Developing GP Services, which provided ample opportunities for input and comment on the proposed model of integrated primary and urgent care.

Q3: Why have you not done an equalities impact assessment prior to making this decision?

We have published our Equality Impact Assessment here;
<http://www.lewishamccg.nhs.uk/get-involved/PublishingImages/Pages/Have-your-say-Walk-in-Centre,-New-Cross/Equality%20impact%20Assessment%20The%20future%20of%20the%20NHS%20Walk-in%20Centre%20and%20improving%20provision%20and%20access%20to%20primary%20care.pdf>

Our review has demonstrated that there are patients who might not be registered with a GP and who live in Lewisham. We will be providing additional support at the Waldron Health Centre to help patients get registered with a local GP.

We strongly believe that being registered with a GP is the most clinically beneficial option for patients requiring access to primary care services.

¹ <http://www.lewishamccg.nhs.uk/about-us/our-plans/our%20plans%20site%20docs/NHS%20Lewisham%20CCG%20Constitution%20v7%20April%202017.pdf>

We recognise that there is a homeless population in New Cross and Deptford. We commission two GP practices to provide Enhanced Primary Care for the homeless supporting the local hostels. We are also working with local charities; the local authority and other agencies to agree what additional support might be required for this population and are hosting a multi-agency summit to inform this.

Q4: Did you consider any alternative plans to replace the WIC service with a better service in the locality? If not, why not?

We genuinely believe that improved access to a patient's own GP supported by the GP Extended Access service is the best model. The GP Extended Access service is available 8am – 8pm, 7 days per week and the GPs and nurses have access to patient's medical records. We also recognise that we need to support people to self-care for conditions like sore throats, colds and flu like symptoms that do not need a GP appointment.

We are interested in any other alternative ideas and are gathering and listening to views of all residents, users and stakeholders.

Q5: Did you ask local people and local GPs how they would like the service to be reorganised to better suit their needs, and still based in the locality? If not, why not?

In January and February 2017 we interviewed users of the Walk-in Centre to better understand why they used the service and what the CCG could do to better improve access to primary care.

The main driver of patients choosing to use the Walk-in Centre was being unable to get an appointment with their own practice. However, a significant number of patients perceived that they would be unlikely to get an appointment and therefore, went directly to the Walk-in Centre without contacting their own GP. This is supported by the national GP Patient Survey, where it is clear that in Lewisham the difficulty patients experience is getting through over the phone to their local GP practice and this fuels the overall dissatisfaction rates. However, once patients do get through the satisfaction rates increase with regard to getting an appointment. In our local survey, 82% of Walk-in Centre patients surveyed also indicated that they would consider using a service that offered a bookable appointment if their own GP did not have appointments available.

In January 2017, we commissioned Healthwatch Lewisham to deliver engagement activities with seldom heard groups in Lewisham. This engagement was commissioned to support a future model of Primary Care Extended Access, organised around the needs of patients and local populations. We wanted to seek the direct views and experiences of the following groups:

- People from Black African and Caribbean backgrounds
- People with a learning disability
- People with a physical or sensory disability
- People with mental health issues
- People living in areas of deprivation

The recommendations were used to develop the GP Extended Access service, which commenced in April 2017 and included in the Equality Impact Assessment.

We are exploring different ways to support patients to contact their practice including Online Services (booking appointments and ordering repeat prescriptions) and the use of eConsultations (video appointments).

We have also provided additional funding for 8 GP practices (including 4 practices located in north of the borough) to support specific improvements in telephone services.

There are already a number of ways for patients to access support and care, including:

- (i) through their own GP practice;
- (ii) Out of hours GP service;
- (iii) Integrated Urgent Care (formerly NHS 111);
- (iv) the Urgent Care Centre located at the University Hospital Lewisham;
- (v) the Primary Care Assessment service (GP located in the Urgent Care Centre) also located at the same site;
- (vi) High street pharmacies;
- (vii) GP Extended Access service also located at the University Hospital Lewisham;
- (viii) Self-management

Q6:	How many patients and episodes of care are managed at the WIC and how will the nursing care provided at the WIC be replaced?
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The episodes of care are stated in all the consultation documentation. The GP Extended Access service provides appointments with nurses who are able to access patients' medical records, which enables continuity of care.

The GP Extended Access service provides care for wound management and from November 2017 we will be providing an additional 1,000 nurse appointments and in 2018 this will increase to 2,600 additional bookable nurse appointments.

Each year Lewisham CCG invests an 'additional premium payment' of £3.2M to GP practices providing core services to patients. The CCG agreed in May 2017 with the Local Lewisham Medical Committee and the London-wide Medical Committee (which represents GPs) to continue to include payment for wound dressings (post-operative wound care and sutra removal). Therefore, patients in Lewisham requiring wound dressing care will also be able to access this service from their local GP practices.

Q7:	Will children under 5 be seen at the GP extended hours facility and will there be a walk-in service for children under 5?
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Children under 5 will be seen at the GP Extended Access service from November 2017.

Q8:	Why are you planning to close the walk-in centre in the middle of winter, at the same time as closing the Hurley practice in the Waldron?
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The contract expires at the end of the year after a two-year extension.

The CCG has a robust Winter Plan which has been submitted to NHS England. Our plans also include providing additional GP appointments over the winter period. However, it is important that we support our population to access the right services and many patients accessing GP appointments at the Walk-in Centre, for colds and sore throats, could be better supported to self-care and use alternative services. We will be supporting the national winter campaigns, in addition to developing a more bespoke message for the north of the borough.

We are keen to work with the Save the Lewisham Hospital Campaign on how best we support residents in the north of the borough to better access the right care at the right time.

More information about the GP Extended Access service is located here;
<http://www.lewishamccg.nhs.uk/GPEA>

We would also encourage those who have not already responded to the consultation to do so; <http://www.lewishamccg.nhs.uk/get-involved/Pages/Have-your-say-Walk-in-Centre,-New-Cross.aspx>

ENDS

Notes to Editor

NHS Lewisham Clinical Commissioning Group is the statutory organisation responsible for commissioning the majority of the hospital, community and mental health services for Lewisham residents.

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