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**Dear Lewisham CCG**

**Re: the planned closure of the NHS Walk-in Centre, New Cross based at Waldron Health Centre**

Thank you for requesting our views on the proposed closure of the New Cross Walk-in Centre (WIC). We are writing to express our opposition to your plans to close the Walk-in Centre, to complain about the consultation process and to ask that you re-run it.

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| **1 Flawed consultation** |

The consultation process is fatally flawed because actions have been taken which indicate that a decision has clearly already been made; and the timeframe for a final decision in November, when the contract ends 31st December means that redundancy planning has already inevitably begun for staff in the WIC.

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

As far as we are aware from speaking to NHS staff, GPs including North Lewisham GPs, were not consulted prior to public consultation. We cannot understand how that would be the case, especially in the context of the seriously overworked primary care services in Lewisham and neighbouring CCG areas with significant numbers of unfilled vacancies and clear signs of strain in the system, with patients finding it more difficult to get GP appointments.

This practice undermines the statutory process of consultation. Consultations should not be done in a perfunctory way just to tick a box. They should be done in the formative stages of plans for service change, fulfilling the government guidance on consultations. The following is a quote from that guidance:

*“Do not consult for the sake of it. Take consultation responses into account when taking policy forward. Consult about policies or implementation plans when the development of the policies or plans is at a formative stage. Do not ask questions about issues on which you already have a final view.”*

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492132/20160111_Consultation_principles_final.pdf>

***Q2: Did you consult with local GPs in the north of the borough before you made the decision to propose closure? If you did not, then this is also a strong argument that you should re-run the process.***

The rationale for setting up the WIC included aims to serve hard-to reach groups including those who have not registered with an NHS GP. **We do not see in your plans the assessment of risk for these groups using the WIC and the realistic alternative provision**. For example, vulnerable patients not registered with a GP will not be allowed to attend the primary care provision you point to, based at Lewisham Hospital – only registered patients can be booked into that provision as this is outlined currently. This should have been part of the consultation process with GPs, using the findings of a Health Equalities Impact Assessment to inform GPs in these discussions.

We suspect that you don’t know who the 20% unregistered patients using the WIC really are and what their needs are. Assumptions are being made about those people that may not be correct and they could be very vulnerable groups of people who will not be able to access the GP service in Lewisham hospital.

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

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| **2 We cannot accept a cut in current provision when current provision is underfunded, with a high rate of vacancies and under great pressure** |

We recognise Lewisham CCG’s financial pressures from governmental underfunding but cannot agree to a closure of a service without clear, accessible and safe alternatives.

A service based in Lewisham Hospital is not a suitable replacement for a local service in the North of the borough. It is less convenient and accessible *primary care* for patients.

Whatever the arguments against the WIC model of care, it is still meeting the needs of some groups of people whose needs may not be met by the new service in Lewisham Hospital and patients unable to access appointments at their local GP due to pressure on practices.

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

***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?***

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| **3 Specific service risks** |

**NURSING:** A major part of the Walk-in Centre’s role is to provide nursing care – in particular, wound dressings. The consultation should share how many episodes of care the WIC nurses provide; and how and where your proposal will fully re-provide for this need – at the GP extended hours service? Local practices do not have the nursing capacity to replace this loss themselves.

***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?***

**CHILDREN UNDER FIVE:** If there is no walk-in service for children under 5, parents are more likely to take them to A&E when they become unwell. With the extreme pressures on local GPs, the WIC has been providing some extra capacity – there are no clearly stated plan to replace it.

***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?***

**WINTER PRESSURES:** One risk comes with total predictability: the NHS will be under its most extreme pressure during these winter months. We cannot think of a worse time to destabilise local services. Don’t you think this will cause problems in the middle of winter?

***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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| **CONCLUSION** |

The decision to close the WIC looks to us that it was driven by a need to shift resources from a local service to a central one to comply with Department of Health demands based on Jeremy Hunt’s diktat about 8am-8pm GP services, and not by a genuine appraisal of the strengths and weaknesses of a current local service in order to replace it with a better local service.

However, we believe Lewisham CCG should not cut current provision without replacing it with at least as good, safe and accessible a service alternative – and better is sorely needed.

* **The Save Lewisham hospital campaign is recommending that people take part in the consultation.**
* We reject the Walk-in Centre closure decision because of the way the consultation has been done and call on the CCG to go back to the drawing board and do it better next time.
* We ask that local people and primary care staff are given a chance to contribute to different ideas about how to re-provide a local service, the better to meet the needs of local people.
* We ask that our questions 1-8 are responded to

Thank you for inviting our comments

Yours sincerely

**Olivia O’Sullivan, Secretary, SLHC**