

**Gracefield Gardens Walk-in Centre:
Report to NHS Lambeth CCG Governing Body 18 January 2017
Plus engagement detail attached as appendices**

Introduction

The Walk-in Centre (WIC) at Gracefield Gardens has been in operation since 2009. It currently operates from 11.00 am – 8.00 pm Monday to Friday and from 8.00 am – 8.00 pm at weekends and Bank Holidays and the patients that use this service are predominantly registered with GP practices in the South West Locality. It is provided by 2 organisations under contract to the CCG, one for the weekday and one for the weekend service. In 2015, Lambeth CCG commissioned the GP Federations to provide extended access hubs which provide some overlap with the WIC. These Hubs deliver appointments bookable through the patient's registered practice, aiming to make on the day appointments available to everyone who want one and hence deliver better access whilst maintaining continuity of care. SELDOC, the weekend WIC provider, has given notice and they will cease to provide the service from 31st March 2017. This was therefore seen to be an opportune time to review primary care access services.

A review of current services was undertaken in September/October 2016 which included the Gracefield Gardens Walk-in Centre (both weekday and weekend services), the Accident and Emergency (A&E) Diversion Scheme that operates from Waterloo Health Centre, the recently commissioned GP Access Hubs and walk-in centres in adjacent boroughs. The methodology that was used to undertake the review included:

- Analysis of utilisation and financial data for the WIC, the Diversion Scheme and GP Access Hubs.
- Interviews with key stakeholders to identify issues with current services and potential improvements.
- Focused patient engagement with service users at the WIC and at the Waterloo Health Centre (WHC) to understand the dynamics of why they have accessed these services and the barriers to using their GP.
- Identification of critical success factors for a future delivery model.
- Engagement with service users to discuss potential options and generate feedback.
- Modelling of the potential activity and financial impact of each option.

A range of options was considered during the review, which were then narrowed down to four. These four options were:

1. **Continue with the WIC as a weekday only service.** Once SELDOC withdraw from providing the weekend service, the WIC would become a weekday only service.

2. **Reprocure the WIC weekend service.** Continue with the current provider of the weekday WIC and tender for a new provider of the weekend service (which could be the weekday provider).
3. **Reprocure both the weekday and weekend WIC service through one provider.** A single procurement process which rules out separating the weekday and weekend providers.
4. **Discontinue the WIC and expand the role of the GP Access Hubs.** Close the WIC and expand the role of the GP Access Hubs to cater for Lambeth patients who might have previously attended the WIC.

The review of primary care access services was presented to a Lambeth CCG Governing Body Seminar on 16th November 2016 with a recommendation that the CCG should pursue option 4 by discontinuing the WIC and expanding the role of the GP Access Hubs with effect from 31st March 2017. At this meeting there was Governing Body consensus to pursue this work around the preferred option (4); however, it was felt that further public engagement was required prior to a formal decision being taken at the Governing Body Meeting in Public on 18th January 2017.

Engagement

On-going engagement in developing primary care 2014-2016

On-going engagement within the CCG has fed into the development of proposals under consideration. Lambeth Patient Participation Group Network and Healthwatch are members of the Community-based Care (formerly Primary Care Programme Board), which has developed and overseen implementation of the CCG's primary care strategy over the last two years. This has included consideration of the policy call from NHS England for new models of primary care that are accessible, proactive and preventive, and the call from citizens and patients for reductions in variation to access across Lambeth.

The CCG has also been informed by the outputs of public meetings jointly run with the PPG Network and Healthwatch during 2014 and 2015 to discuss how the CCG could transform GP services to improve health and quality and reduce inequalities. Patients and citizens called for more consistent and reliable access into primary care, prioritising a planned approach and continuity of care for more vulnerable patients or those with more complex needs, while providing speedier access across a range of locations for others. This informed the development of GP access hubs in Lambeth.

Engagement during review of Primary Care Access Services

The following engagement activities took place during the Primary Care Access Services review over the period September – October 2016:

- Notification to Healthwatch of the intention to undertake the review (13/09)
- Interviews with Walk-in Centre users to gain understanding of the groups using the WIC and their reasons for going to the WIC rather than using other

primary care services – to help shape options (61 interviews completed - 31 during the week and 30 at the weekend).

- Meeting with members of Lambeth PPG Network regarding potential options

Engagement on options

The following objectives were agreed for the engagement that took place over the period November 2016 – January 2017:

1. To share proposals under consideration for the future of the NHS Walk-in Centre at Gracefield Gardens, including the CCG's preferred option.
2. To seek people's views on:
 - Benefits and drawbacks of the options under consideration;
 - Mitigating actions for drawbacks identified;
 - Actions to increase potential benefits ;
 - Optimum channels for communication with Lambeth people on the proposed and final decision.

Target groups

Communications and engagement activity reached target groups, who included:

- Patients registered at Lambeth GP practices;
- Groups who are high users of WIC (predominantly people of working age and people registered at practices in the SW locality);
- Unregistered residents of Lambeth who have previously used the WIC;
- Elected representatives (local authority councillors);
- Lambeth Patient Participation Group Network;
- Healthwatch Lambeth – trustees and / or members;
- Other groups that may be identified during engagement.

Engagement Process

Engagement was undertaken through the following channels:

1. Provision of materials and briefings to key bodies and organisations including Healthwatch, Lambeth PPG Network, Lambeth Council, provider organisations and voluntary and community groups including those identified during the period (e.g. Portuguese, Somali and Polish).
2. Face to face meetings on request with local councillors, including Chairs of Scrutiny Committee, and the Lambeth PPG Network.
3. Publication of news articles, reports and leaflets on the CCG website together with details of how to feed in views.
4. Development of an on-line survey.
5. Face to face patient engagement both during the review and at weekday and weekend drop-in sessions at Gracefield Gardens, where the Walk-in Centre is based.

6. Using the Lambeth GP bulletin to raise awareness of the review with the GP membership and provision of leaflets at surgeries for use by practices with their patient groups.

Feedback

Feedback from contact with approximately 250 individuals, including 77 who responded to the on-line survey, can be summarised as follows:

- Stakeholders including individuals, patient groups and elected representatives of Lambeth residents are able to identify a number of benefits from the preferred option; benefits such as better use of resources, reduction in duplication, greater continuity of care, equality of access and cost-effectiveness are acknowledged.
- The option to continue with hubs and re-procure both weekend and weekday WIC was identified by just under half of people responding to the online survey (33 of 77) as the one that will most help to meet the CCG objectives of ensuring there is similar and straightforward GP access to patients from all parts of Lambeth; to make best use of GP access hubs and to make best use of NHS funds. Of the 24 Lambeth residents who identified this as their preferred option, the majority of these live in Streatham (15 of 24). Comments on the benefits of option three do not describe how this option meets all three of the CCG's objectives.
- A range of concerns were expressed regarding the CCG's preferred option and these include
 - Concerns about the impact of withdrawal of the Walk-in Centre on access to primary care for unregistered patients and vulnerable groups;
 - Concerns about getting GP appointments, including those in hubs, particularly in evenings and weekends; combined with a lack of awareness of GP access hubs;
 - Issues for Streatham residents regarding convenience and availability of other NHS services nearby.
- Some respondents proposed a 'fifth' option including:
 - Discontinuing or reducing access hubs in favour of one (or several) walk-in facilities;
 - Removing the access hub from Gracefield Gardens and keeping the Walk-in Centre at this location;
 - Stopping funding the Sunday hub and providing a walk-in in its place;
 - Keeping access hubs open Monday to Friday and providing a 7-day walk-in service;
 - Reinstating SELDOC appointment system and basing this at Gracefield Gardens;
 - Turning all GP practices into a 'Chambers' model with 24-hour access to GPs with specialisms, pharmacists and nurse practitioners.

- Among those both supporting and expressing reservations about the preferred option, there were detailed comments regarding implementation, focused largely on issues of communication and building greater flexibility into the design and management of access hubs; a number of suggestions around implementation were made including the need for:
 - Easy same day appointment booking at hubs, including in the evenings or at weekends;
 - Assured availability of sufficient appointments at peak times in the hubs;
 - Readily available information for patients regarding the location of hubs, their opening hours and how to make an appointment;
 - Greater flexibility in how hub appointments are managed;
 - Addressing the access needs of unregistered patients - e.g. requiring access hubs to see unregistered patients on a walk-in basis, perhaps with a limited number of slots per day running alongside bookable appointments;
 - Introducing a 'turn up and wait' facility at access hubs for registered patients with urgent care needs.

There has also been feedback from CCG members, Lambeth GPs and other NHS staff, the majority of whom support the preferred option but with some reservation around the Walk-in Centre and hubs meeting different needs and the potential impact on A&E.

Further suggestions on implementation include:

- Demand and capacity in the hubs needs to be proactively managed and kept under review;
- Better integration with SELDOC/NHS 111;
- Hub appointments need to be available same day at weekends;
- Hubs should offer more flexible appointments, including a 'come back later (at specific time) option for people walking in;
- GP reception staff need to be well informed of how to facilitate access to hub appointments and offer these without the patient asking.

CCG Response to options and issues:

Alternative Options

It is not felt that the alternative options suggested through the engagement process offer solutions that would improve access to primary care while maximising the use of available resources for the reasons outlined in the table below:

Alternative proposal	Response
Discontinue or reduce access hubs in favour of one (or several) walk-in facilities	Access Hubs are the means by which we are delivering the national policy of 8am-8pm access to primary care 7-days a week and we believe that having Access Hubs in each of

Remove the access hub from Gracefield Gardens and keep the WIC at this location	the three GP localities in Lambeth provides the right level of service with the widest geographical coverage for the majority of Lambeth residents.
Stop funding the Sunday hub and provide a walk-in service in its place	As a CCG we aim to ensure that all Lambeth residents are able to register with a GP as this ensures that they can benefit from the continuity of care that this system offers. While a WIC serves the preferred route into primary care for a minority, Access Hubs meet the preference of the majority for an appointment at a given time, accessed through their GP practice.
Keep access hubs open just Monday to Friday and provide a 7-day walk-in service	
Reinstate SELDOC appointment system and base this at Gracefield Gardens	Reinstating the SELDOC appointment system would only serve the minority of patients who access primary care in this way and for whom Gracefield Gardens is a convenient location. Moreover, SELDOC has the ability to book patients into the Hubs, one of which is located at Gracefield Gardens.
Turn all GP practices into a 'Chambers' model with 24 hour access to GPs with specialisms, pharmacists and nurse practitioners	Providing this level of access would not be sustainable; moreover, it would reduce access during busier times in order to provide 24 hour coverage.

Issues arising from the closure of the Walk-In Centre

The engagement process has helped to identify a range of issues that would need to be addressed in order that Lambeth patients who might currently choose to use the WIC can easily obtain appointments at the Hubs and not either forgo an appointment to the detriment of their health or seek help through an inappropriate service such as A&E. It would not be in the interests of either patients or the CCG for this to happen. Issues that were raised and the CCG's response to these are shown in the table below:

Issue	Response
Position of unregistered patients, particularly vulnerable groups such as homeless people	We aim to ensure that everyone is registered with a GP as this allows us to offer the best service to Lambeth patients. Both family visitors and unregistered or homeless people can, if they need immediate and necessary treatment, be seen at any Lambeth practice or Hub without an appointment and can be registered on a temporary basis by the practice, according to practices' GMS or PMS contract. Further to this, for homeless people and street sleepers, there are five practices in Lambeth who provide services to this client group, with one also serving a local hostel for homeless people.
People not registered with a GP in Lambeth, including people who are staying with friends/family when they become ill	
Unregistered patients – e.g. homeless people, people who have been de-registered from a GP and can't get one or have decided not to have one (example given of a person who has mental ill health and has a history of violent incidents or threatening behaviour in a	The Health Inclusion Team at Guy's and St Thomas' NHS Trust and the Living Well Network can help support people who might have particular difficulties accessing primary care due to specific needs relating to homelessness or mental ill health; the Health Inclusion Team provides primary care support on a drop in basis at 11 locations in Lambeth including hostels and day centres for homeless people, refugees and people with substance misuse issues. We do strive to ensure that

service)	everyone has access to a GP as a registered patient and there is a scheme to allocate a GP for people who have been deregistered from one GP practice due to violent or threatening behaviour. See also response for homeless people and unregistered patients above.
Working people can have difficulty making appointments in working hours and are worried about the WIC not being an option	Appointments are available at the Access Hubs until 8pm, 7-days a week which is the same as the WIC. There may be a need to review how people can make a same day appointment in the evenings and at weekends so that the system is as responsive as we need it to be.
People with young/school age children are worried about not being able to see a health professional at short notice	Patients with urgent needs are prioritised for appointments within primary care.
Although hubs are in four locations they are not easy to access for all; for some people accessing their nearest hub is only via two buses	Access Hub locations have been tested and adjusted so that accessibility for the majority of Lambeth patients has been maximised; our GP practices would normally prioritise frail or disabled people with urgent need for an appointment in the practice.
Hub access is more difficult for non-English speakers since appointments need to be booked	Making an appointment can be difficult for non-English speakers; however, continuing provision of the WIC to serve this group does not address the underlying issue; moreover, while providing an appointment, this group is not receiving the continuity of care we think is beneficial. This issue needs to be included within future work to increase Hub accessibility.
The main issue is one of demand and supply - if the issue is that people can't get a GP appointment now at their own practice, reducing overall amount of GP slots by removing WIC won't address the capacity problem	While patients may not be able to get an appointment at their own practice, Hub appointments are available at a level that currently exceeds WIC attendances; moreover, we will be commissioning additional Hub appointments at peak times.
There aren't enough appointments available in the hubs to meet demand at peak times at present – this will be worse if there is no WIC	
People don't know how to make an appointment at an access hub.	We want to make sure that accessing appointments is simple and clear for people. The most straightforward way to do this, we believe, is by directing everyone to their GP – who can make a hub appointment if there are none available at the practice. We understand that people are confused and we intend to improve communications to broaden understanding of how the Hubs operate; should the WIC close we will particularly target Gracefield Gardens during the period of transition. We will also work with GP staff to ensure that they are aware of how the hubs operate and can offer hub appointments without the patient having to ask for one.

People in Streatham will be disadvantaged since they live further from and have poorer public transport to hospitals than people in other parts of Lambeth, and they do not have access to services such as the Urgent Care centre at Guy's.	The alternative service to the WIC is a GP, either at a practice or at an Access Hub, one of which is at Gracefield Gardens. Should a patient need to access urgent care, there are also centres at St George's Hospital and the Mayday Hospital (which is accessible directly by bus).
Increased demand on A&E from people who can't get a GP appointment either at their own practice or at a hub	This is a risk that has been identified and one that we would work to mitigate as increased demand at A&E would be a serious issue for the CCG as well as patients and the secondary care providers.
Funding from the Walk-in Centre should be re-used to support primary care by funding either hubs or GP practices to see more patients	Under GP Forward View implementation plans, the CCG is planning further investment in primary care. While savings are not a primary reason for closing the WIC, some savings are expected and these will be reinvested in other health services.

Transition Plan

A robust transition plan will be required to minimise the impact of the closure of the WIC and to maximise access to and use of the Hubs. This plan will include:

- Addressing the needs of patients who are unaware that the WIC has closed and continue to present at Gracefield Gardens:
 - Facilitating the booking of appointments at patient's GP or at a Hub;
 - Facilitating registration;
 - Providing additional appointments at the South West Hub.
- Increasing accessibility to Hub appointments:
 - GP practice reception staff need to be better informed of how to facilitate access to hub appointments and offer these without the patient asking;
 - Better same day appointment booking at hubs, including in the evenings or at weekends;
 - Improved facility during non-staffed hours in a patient's own GP practice to book a same-day/urgent appointment at a Hub (e.g. on a Saturday or Sunday);
 - Assured availability of sufficient appointments at peak times in the hubs.
- Increased patient information required on location, hours and how to make an appointment, including CCG website, NHS Choices and all GP Practice Sites.

In addition, a number of further initiatives to improve Hub accessibility will be explored.

Recommendation

The Governing Body is asked to agree to the recommendation that the CCG implements option 4 of the Primary Care Access Services Review by discontinuing the WIC and expanding the role of the GP Access Hubs with effect from 31st March 2017.

Appendix 1 – Engagement detail – Participants and methods

An overview of numbers of people participating through the various feedback mechanisms is provided in Table 1 below.

Table 1: WIC feedback by participant and method to 10 Jan 2017

Date	Constituent group	Method	Numbers engaged directly
2 Dec	Elected members - Scrutiny Chairs	Face to face meeting with representatives of CCG	3
8 Dec	Elected member (Streatham, Vice-Chair HWB)	Face to face meeting with representatives of CCG	1
9 Dec	PPG Network trustees and staff	Face to face meeting with representatives of CCG	5
15 Dec	Elected members (Streatham)	Face to face meeting with representatives of CCG	2
19 Dec	Local residents, patients and users Gracefield Gardens	Drop-in session – information stall	150 contacts
19 Dec	NHS / other staff at Gracefield Gardens	Drop-in session – information stall	3
25 Nov- 8 Jan	Lambeth residents Lambeth vol orgs Residents of other boroughs CCG members Lambeth GPs/NHS staff	Online survey	43 Lambeth residents* 2 Lambeth vol orgs 3 residents of other boroughs 4 CCG members 11 'others' (largely GPs) 14 unknown (likely Lambeth residents) (77 total)
5 Dec-16 Jan	Lambeth GPs Elected members Patient group (Healthwatch) Lambeth resident	Email to CCG	1 Lambeth GP practice 3 elected members 1 Healthwatch Lambeth 1 PPG Network 2 Lambeth resident
Running total			246

*A detailed profile of survey respondents from Lambeth is held; the majority of Lambeth resident respondents have a SW16 postcode, are aged 30-49, female and of white British background; the 14 'unknown' appear to be residents of Lambeth

Appendix 2 - Analysis of feedback from engagement

Feedback from engagement was flagged with management and Governing Body leads on an ongoing basis throughout the consultation period, to ensure timely and continuous capture of key themes, and to allow the Governing Body to consider responses.

1. Issues emerging – summary by stakeholder

1.1 Headlines from resident and stakeholder feedback

1.1.1 Political stakeholders, patient groups and a fair number of Lambeth residents identified a number of benefits from the proposal to close the Walk in Centre and increase the use of GP access hubs. Identified benefits included:

- logical and 'sensible' response to the identified priorities
- a better use of resources including GP time
- reduction of duplication or 'slack' in the current system
- cost-effectiveness
- greater continuity of care for patients
- providing similar levels of access to urgent primary care for people from all parts of Lambeth

1.1.2 Among those political stakeholders, patient groups and Lambeth residents both supporting and expressing reservations on the preferred option, there were provisos and suggestions regarding implementing the proposed change and these included:

- readily available information for patients regarding the location of hubs, their opening hours and how to make an appointment
- easy same day appointment booking at hubs, including in the evenings or at weekends
- assured availability of sufficient appointments at peak times in the hubs
- greater flexibility in how hub appointments are managed
- the need to address the access needs of unregistered patients

1.1.3 A sizeable number of Lambeth residents were concerned about the potential withdrawal of a walk in option, for reasons including:

- difficulty getting a hub appointment
- current difficulties getting a GP appointment
- lack of knowledge of how to access hub
- difficulty for working people contacting own GP to make appointment at a hub – some point to the fact that they can't call during their working day and that booking lines are not open outside of 'office hours' – so they feel reliant on the WIC
- concern about the position of and options for unregistered patients, particularly vulnerable groups such as homeless people, if there is no walk-in facility
- convenience of a walk-in facility, especially for people working in Lambeth and in particular in the Streatham area
- reducing access to urgent care for an area poorly served by local hospitals (distance and public transport from Streatham to St George's, King's, Guy's or St Thomas') – creating rather than removing unequal access
- Walk-in seems a good alternative in south Lambeth to UCC at Guy's available to people living in north Lambeth

- concern about potential impact on A&E
- worries about having to take children to A&E for urgent issues, especially at weekends
- usefulness of walk-in for friends and family visiting
- concern that GPs are overloaded and can't absorb additional patients into hubs
- illogicality of removing a well-used service in favour of one that is under-used
- restricting choice

1.1.4 Option three (continue with hubs and reprocur both weekend and weekday WIC) was identified by about half of all survey respondents (33 of 77) including 24 Lambeth residents responding to the online survey as the one that would most help to meet the CCG objectives of ensuring there is similar and straightforward GP access to patients from all parts of Lambeth; to make best use of GP access hubs and to make best use of NHS funds. No comments on the benefits of option three described how this option would meet all three of the CCG's objectives. Comments included: 'maintaining the current system benefits everyone', 'this is very much needed', 'benefit to patients visiting the area'; some comments are more reserved in their support, eg 'ideal but costly', 'in an ideal world the best solution but presumably due to lack of budget not feasible' and 'the option I prefer if there are sufficient funds'.

1.1.5 Some respondents proposed a 'fifth option'. Diverse ideas were put forward for consideration by people who felt that the four options put forward didn't quite offer the solution; views expressed on this included:

- the walk-in model is a good one and is well understood, in contrast to the complex and poorly understood system for booking into access hubs
- access hubs have not 'solved' the problem of getting people same-day appointments
- even if under-used overall, access hubs at peak times do not have capacity to offer appointments when needed
- the prevailing GP model is outdated, ineffective and serves the interests of GPs rather than patients

1.1.6 Suggested alternatives included:

- discontinuing or reducing access hubs in favour of one (or several) walk in facilities
- removing the access hub from Gracefield Gardens and keeping the WIC at this location
- turning all GP practices into a 'Chambers' model with 24 hour access to GPs with specialisms, pharmacists and nurse practitioners
- introducing a 'turn up and wait' facility at access hubs for registered patients with urgent care needs
- requiring access hubs to see unregistered patients on a walk-in basis, perhaps with a limited number of slots per day running alongside bookable appointments

1.1.7 Where people stopped short of proposing a fifth option, or even where people were broadly in support of the proposal to discontinue the walk-in service, there were concerns that access hubs had not provided adequate or easy access to date, and some call for improvements to existing access hubs. In addition to the points made in (2) above, proposed improvements to hub provision related to:

- their configuration and distribution – although hubs are in four locations they are not easy to access for all; for some people accessing their nearest hub is only via two buses;
- information and promotion - awareness about access hubs is low and there is some confusion about the difference between the different types of GP provision available; withdrawal of a walk-in centre would require readily available, accurate and helpful

information on how to access appointments at hubs; some submissions suggest that some relaunching, renaming or rebranding of 'access hubs' might be advisable

- improved facility during non-staffed hours in a patient's own GP practice to book a same-day/urgent appointment at a hub (eg, on a Saturday or Sunday)
- providing increased hub appointments at weekends and evenings/late afternoon, reducing or ceasing to provide other weekday daytime slots

1.2 Feedback from non-Lambeth residents

1.2.1 Three non-Lambeth residents completed the online survey (SW16, SE22 and SE1 postcodes); two expressed concern at the withdrawal of a walk-in service relating to

- lack of adequate weekend healthcare provision
- young patients who do not have a GP due to frequent moving. This person commented 'it would be useful if the NHS in London would finally recognise that patients do not recognise boroughs when it comes to healthcare, it is antiquated and does not serve the population well'

1.2.2 A third respondent supported option four, citing inequity of access and unequal use of the current walk in service across Lambeth as a reason. The benefit of avoiding waste and reducing duplication was given.

1.3 Feedback from CCG members / Lambeth GPs / other NHS staff

1.3.1 Of the 16 responses from GPs in Lambeth, the majority supported option four, giving as their reason that

- it is cost effective, avoids duplication and saves money
- it is 'sensible'
- it makes access simpler and less confusing overall
- it would ensure people have a registered GP
- it supports continuity for patient – enabling follow-up by practices of patients seen in hubs
- patients would rather be seen at a hub than the WIC
- the Walk in Centre is costly as capacity needs to meet highest surge on demands; better to have planned appointments in hubs
- the Walk in Centre is superfluous
- the CCG does not recover full costs for providing a walk in service to residents of other boroughs

1.3.2 There were some reservations and these related to

- WICs and hubs offering different provision to meet different needs
- the possibility that withdrawal of a walk in facility might lead to increased use of A&E

1.3.3 A small number of GPs identified potential benefits in retaining a walk-in service and these benefits included

- ease of access for non-English speakers since appointments do not need to be booked
- a provision that could prevent people from going to A&E while GPs are closed, eg at weekend
- an option for unregistered patients

- 1.3.4 If the decision was to retain the Walk-in Centre one practice felt that there should not be an access hub on the same site.
- 1.3.5 Three respondents proposed alternative options:
- not to fund either a walk in or hubs but alternatively to increase funding to individual GP practices, where most patients want to be seen
 - take away the hub, keep the walk in centre
 - to stop funding the Sunday hub and to provide a walk-in service in its place
- 1.3.6 In order for the preferred option to work, GPs and other NHS staff pointed to a number of provisos and considerations
- hubs need to be able to accommodate all the demand from the current walk in service as well as the patients referred from SELDOC out of hours service
 - demand and capacity in the hubs needs to be proactively managed and kept under review
 - the need to cater for unregistered patients including those with no fixed address or in temporary accommodation
 - integration with demand on/from NHS 111 and SELDOC; reserve some appointments for SELDOC; have 111 book directly into hubs
 - hub appointments need to be available same day at weekends
 - hubs should offer more flexible appointments, including a 'come back later (at specific time) option for people walking in
 - funding from the Walk in Centre should be re-used to support primary care by funding either hubs or GP practices to see more patients
 - GP reception staff need to be well informed of how to facilitate access to hub appointments and offer these without the patient asking
 - GP reception staff need to deal sensitively and supportively in offering vulnerable patients hub appointments – specific group mentioned is teen mums, who may become angry or upset due to anxiety about getting urgent appointment

1.4 Feedback from survey respondents who did not provide personal profile data

From the content it could be concluded that most of these responses appeared to be from people who live in the local area.

- 1.4.1 There was some support for option four, principally as the most simple option
- 1.4.2 Concerns about a possible complete withdrawal of a walk-in facility were expressed by several respondents for reasons including
- making waits (wherever they might be) as short as possible for people with a sick child
 - lack of service for people not registered with a GP
- 1.4.3 There was particular concern about being able to see a GP at the weekend, whichever option is pursued; this seemed most of concern to parents of small children but was mentioned by others also
- 1.4.3 Two respondents offered alternative proposals:
- to keep access hubs open just Monday to Friday and to provide a 7-day Walk-in service
 - to reinstate SELDOC appointment system and base this at Gracefield Gardens

Appendix 3 - Benefits and drawbacks identified by options and stakeholder

Option 1 – continue to provide access hubs, use WIC for weekday only

Stakeholders	Benefits (grouped by theme)	Drawbacks (grouped by theme)
Lambeth residents and vcs	Useful for seeing GP after work without appointment – difficult to make appointment with own GP as line only open office hours Useful for when no appointments available at surgery or at hub WIC useful weekdays as difficult to get same day GP appointment (have to ring when on school run and not possible)	WIC less useful weekdays than weekends, esp for children; No benefit – we need weekend walk in access; the only use we have of the walk in is at weekends; I mostly use the (WIC) service at weekends Will drive people to A&E Restricts access to GP services [for some] for marginal cost savings Overall reduction in number of GP slots available? No benefit for people across whole of Lambeth Main problem seems to be the long wait-times and the difficulty people experience getting an appt at their own GP surgery. Anything that reduces the overall number of appts available in Streatham area will make this problem worse Prevents development of hubs in other parts of Lambeth
Residents of other boroughs		Unequal service across Lambeth Waste and duplication
Lambeth CCG members and GPs		No additional benefit Not cost effective – duplication of weekday service that draws money away from GP practices/core services Pointless Confusing for patients – dual system running in one building

Option 2 – continue to provide access hubs – use WIC for weekend only

Stakeholders	Benefits (grouped by theme)	Drawbacks (grouped by theme)
Lambeth residents and vcs	Weekend walkin needed to keep strain off A&Es Best option if hubs won't provide weekend services (currently don't)	I mainly use WIC after work during week Doesn't solve problem of empty GP access hubs Will there be enough GP appointments during the week?

	A blessing with small children at weekends; Our only option with minor health issues with our kids Weekend is when many people need immediate, urgent access to GP	Main problem seems to be the long wait-times and the difficulty people experience getting an appointment at their own GP surgery. So anything that reduces the overall number of appointments available in Streatham area will just make this problem worse Not affordable
Residents of other boroughs		WIC offers no benefit for North Lambeth residents
Lambeth CCG members and GPs	Ease of access especially for non-English speakers since appointments do not need to be booked Walk In Centre weekend service may stop people going to A&E while GP surgeries are closed	No additional benefit Not cost effective – duplication of weekend service; draws resources away from our patients’ needs; waste of money; may take money away from core GP services Pointless Confusing for patients – dual system running in one building

Option 3 – continue to provide access hubs and reprocur both weekend and weekday WIC

Stakeholders	Benefits (grouped by theme)	Drawbacks (grouped by theme)
Lambeth residents and vcs	Vital 7 days; the WIC is the only way I can ever get to see a doctor when I need one Keeping people out of A&E Ideal but costly; ideal; my preference if affordable; Able to see GP without appointment; great service for people who cannot get appointment with their GP WIC Invaluable when Ventolin suddenly runs out WIC benefit for people visiting the area [assume WIC] Vital for the young working population of Streatham, which has poor public transport connections to hospitals	Presumably would be v costly; not affordable With no WIC I would have to go to A&E If the same location houses both an Access Hub and walk-in centre then it is obviously a waste of resource
Residents of other boroughs	WICs offer a service for people who don’t necessarily need to see a GP at all	WIC offers no benefit for North Lambeth residents
Lambeth CCG members and	Walk In Centre weekend service may stop people going to A&E while GP surgeries are closed	Not cost effective Pointless

GPs	Need to relieve pressure on A&Es	Confusing for patients – dual system running in one building Duplication May take funding away from core GP services
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Option 4 – discontinue WIC, continue to provide access hubs

Stakeholders	Benefits	Drawbacks
Lambeth residents and vcs	<p>Less confusing</p> <p>Gives more equitable access across the borough</p> <p>Seems better to have multiple centres than just one, but again, it's not clear what the difference in service provision is between a walk in centre and a GP hub</p> <p>Most cost effective; limits duplication; I have used the walk in centre for myself and my family but I didn't actually know about the GP access hub facility</p> <p>I would be happy with this option if I knew where my hub is, how to make an appointment and if the hub is open 8-8 Monday to Sunday</p> <p>Possibly if more appointments available at Access Hubs then more flexibility on how those appointments are managed (for example telephone triage, or local doctors used)</p> <p>In theory a sensible option but in reality sometimes especially at Gracefield Gardens it can be just as hard to get a GP access hub appointment</p> <p>Option 4 is clear simple for residents/patients and provides a clear alternative if your GP is full, however it only works providing you can get an appointment within 48hrs at a hub (be it your closest one or the next nearest)</p> <p>Continuity of care: Lambeth Access Hubs or SELDOC can provide better care for local patients as they have more information available</p>	<p>Main problem seems to be the long wait-times and the difficulty people experience getting an appointment at their own GP surgery. So anything that reduces the overall number of appointments available in Streatham area will just make this problem worse</p> <p>Poor transport links from Streatham to urgent care centres and hospitals</p> <p>In theory a sensible option but in reality sometimes especially at Gracefield Gardens it can be just as hard to get a GP access hub appointment;</p> <p>GP access hubs provide poor service and it can be hard to get an appointment, particularly when urgent. This option would increase traffic to the already busy A&E</p> <p>Don't think the hub service will fully work. You will always have peak times when there are no appointments</p> <p>Bad if hubs don't provide weekend access</p> <p>Not a logical approach to discontinue the walk in centre when it is being more used than GP access hubs</p> <p>Tapering off of open access model not in public interest and serves GPs' interests</p>

	If this offers the same or better service, great	
Residents of other boroughs	Avoids waste and duplication Provides equal access across the borough	Not all people have a GP Removal of facility for people in other parts of London
Lambeth CCG members and GPs	Most cost effective Saves money Avoids duplication; Access hubs are continuing - the walk in clinic is relatively superfluous Makes access simpler and less confusing help with access and demand helps with continuity of care - notes shared with GP practice and follow up appointments can be booked in advance which is useful for GP practices to help manage demand of patients who need to be seen at weekend accessing hubs via GP will help ensure people have a registered GP Better flexible access without having to queue for a WI service for hours	patients that use the Walk in Centre without an appointment, or patients that are unregistered may end up at A&E as the hubs are for bookable appointments only GP practices are currently struggling with patient demand as it is. Cutting one of them will put more pressure on them and A&E services

Appendix 4

Engagement activity detail – stakeholder meetings/ face to face

Date	Stakeholder	Who/how many	How feedback given	Feedback	Follow up	Notes
2 Dec 16	Scrutiny chairs	Ed Davie, Matt Parr, Robert Hill, Elaine Carter	Face to face meeting with CCG Chair and Director	Proposals seem sensible with expansion of hubs and if hubs have capacity; issue of communication and awareness of hubs? Somali, Polish and Portuguese communities increasingly numerous in Streatham	Trigger template plus email link to CCG website to all ward councilors – EC and CF both Check communication and engagement channels for communities identified	All ward councilors emailed both by LBL and CCG (5/12) Identified Polish storytelling session in Streatham library and emailed contact at Stockwell Partnership (5/12) Identified Lambeth-wide Somali organisation and made contact with Lambeth Somali Community Association (5/12) Emailed Portuguese LCN contact list (7/12)
5 Dec 16	Elected member	Cllr Jane Pickard	Email to CCG	Would like to know more, Knights Hill residents may use the WIC	Offer meeting	Briefing with CCG chair arranged for 8 Dec
8 Dec	Elected member	Cllr Jane Pickard	Face to face meeting with CCG Chair	Covered all questions	None indicated	
9	Lambeth PPG	Four	Face to face	See full notes. Key points	Article for PPG	

Dec	Network	trustees: Chair and three PPG Network trustees, plus staff member	meeting at PPG Network office (WIC project lead and engagement lead officer)	<ol style="list-style-type: none"> 1. Improved/ increased information and extensive communication needed whichever option – access confusing at present, with low awareness of hubs; includes GP practices 2. Can an element of walk in be retained somewhere in the system? walk in is a good concept that people understand 3. Access issues for unregistered patients 	newsletter issue date 13-15 Dec – update message to answer some of questions arising (completed); WIC info stall or CCG speaker at PPG Network AGM 25 Jan (confirmed)	
15 Dec	Streatham ward councillors	Cllr Mo Seedat, Cllr John Kazantzis	Face to face, CCG Director of Primary Care	Proposals explained, no significant concerns or further questions		
19 Dec, 7 Jan	Users of Gracefield Gardens	People using WIC, other NHS or Council services	Stall in lobby	<p>See notes.</p> <ul style="list-style-type: none"> • Concern re loss of walk-in option, restricting choice and convenience; • Concern this might drive people to A&E if hub system doesn't meet need for same day and uncomplicated access • Considerable number of 'neutral' responses and responses indicating acceptability of proposals 		
19 Dec	Staff at Gracefield	Staff working at GG	Stall in lobby	<ul style="list-style-type: none"> • Qu re effect on teen parents (FNP clients); could there be 		

	Gardens			<p>opportunities for improvements in access for this group?</p> <ul style="list-style-type: none"> • Qu re impact on homeless people (clients of health Inclusion Team); Telephone triage system is already a barrier to GP appointments for this group. Are there opportunities for improvements in access for this group? • Staff working with Lambeth patients/residents use the WIC to avoid having to take time off work for GP appts closer to home 		
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Appendix 5: Email feedback detail

Date	Stakeholder	Feedback	Notes/follow-up
5 Dec	LA Councillor Pickard (Streatham councilor)	<p>Gracefield Gardens is a new building ... had understood it was purpose-built, with its use as a health centre part of the purpose.</p> <p>Consultation should clarify where the hubs are in Lambeth and to what extent they are a substitute for a walk-in centre for those with no GP.</p> <p>The problem with hubs is that they cannot book specialist appointments and are rather impersonal, so end up further distancing patients from individual GPs who know them.</p> <p>Knight's Hill residents are among those who use Gracefield Gardens.</p>	Briefing meeting offered and held w CCG Chair 8 Dec; no further follow-up
12 Dec	Brockwell Park Surgery	<p>Walk in centres and access hubs are different propositions that meet different needs. We have very few patients who use the walk in but it is an option for those not registered or people who feel they must see a doctor at short notice where the clinical urgency is low. Hub appointments, by contrast, are not usually available the same day in our experience and can't be booked on the day at weekends.</p> <p>This change would mean there is no walk in provision for Lambeth patients and would no doubt increase A&E footfall.</p>	Acknowledgement email sent and concerns addressed in GB deliberations
19 Dec	Family Nurse Partnership	<p>Concerned about the number of vulnerable people in Lambeth who are not registered with a GP, those who do not have a fixed address, and those who are unable to meet the requirements of registering with a GP. The FNP have worked with clients recently who do not speak English, and have moved into temporary accommodation, and did not have the necessary documents to prove they lived at that address, they had a daughter who was advanced in pregnancy and we had difficulty getting her antenatal care transferred to a local hospital as she did not have a GP.</p>	Brief email exchange referring to conversation with FNP colleague at WIC drop-in session and offer to follow up in New Year esp re reception staff communication with FNP clients around availability of appointments

		<p>The walk in centre provides a service for all of these more vulnerable people and the GP hub will not replace this.</p> <p>FNP staff based at Gracefield Gardens have been very pleased to have the walk in service available for them, as they live a considerable distance from work and their own GPs, it saves them taking time away from work to see the GP.</p>	
19 Dec	Healthwatch Lambeth	<p>Healthwatch would like to ask if there are plans for providing appointments to people who are not registered with a GP in Lambeth, including people who may be staying with friends at the time when they become ill. In addition, we are particularly concerned about people who are homeless and not registered as we are aware of the growing number of street sleepers in the borough. If the hubs are not able to provide primary care for these people, can you let us know what you will be advising people in these situations to do if they need health care.</p>	Individual response sent from AMC/MG (see appendix 6)
20 Dec	Patient registered at Lambeth GP practice	<p>As a user of Manor Health Centre and the GP walk-in centre, I wanted to let you know that the receptionists at Manor Health Centre have never advised me that there is a GP access hub, but have told me about the walk-in centre. When I have searched online for a walk- in centre in a recent emergency, I have found no reference to or mention of GP access hubs. Where is the information? The walk-in centre is pretty dreadful in terms of the wait time but at least I know where it is.</p>	Issue to be addressed in transition plan
10 Jan	Lambeth resident and active member of patient participation group at GP practice	<p>Having read the helpful summary review ...I fully concur adoption of Option 4 subject only to the caveats and safeguards noted below.</p> <p>It may be worth recalling that the concept of a Walk In Centre at Gracefield Gardens arose primarily from concerns about the high number of patients turning to A&E as a ready alternative to GPs and was seen as means for reducing those numbers: a slightly different approach from that driving the more recent thinking around GP Access Hubs, albeit ultimately broadly similar in effect. A lot of money was thrown at getting it off the ground; and, in my view, it has always been</p>	

		<p>questionable whether it ever truly provided value for money.</p> <p>With the advent and development of GP Access Hubs, it certainly makes sense to consider alternatives BUT without sacrificing the all-important objective of ensuring so far as reasonably practicable (which includes economic considerations) that GP services should be available to patients when needed, including weekends: but recognising that (a) GP resources are not infinite (b) patients ought to be prepared to be reasonably flexible whenever their circumstances and medical condition permit and not expect appointments simply to suit their social calendar.</p> <p>...below are the comments made by Lambeth PPG Network in relation to required safeguards. I fully concur and endorse the passages highlighted BUT would observe additionally:</p> <ul style="list-style-type: none"> (i) Means for accessing GP Hubs should be expanded and simplified so that, as well as (or instead of) routing thru one's own GP practice, the chosen Hub(s) can be contacted directly throughout the hours for which they are operational and appointments booked directly (with any required notification to the patient's regular practice being a task for the Hub participant practice). In principle this ought to pose no greater a challenge to most patients than making their way to Gracefield Gardens: and in some cases, may be easier. (ii) Awareness and signposting of the GP Access Hub facility ought to be significantly increased: with full details widely available - in leaflet and electronic form, including regular display of information on GP surgery TV screens and with leaflets available perhaps thru pharmacies and local libraries as well as GP practices and medical centres throughout the borough at which patient services are provided similarly to Gracefield: e.g. Whittington, West Norwood, Tulse Hill. 	
16 Jan	Lambeth PPG Network	A high level of concern was raised by Board members [in our	Discussion by GB members

		<p>meeting], and we don't think that the CCG has answered this. For example, people who are homeless, with mental health issues, substance abuse, whose languages are not English or those leading chaotic lives (i.e. those who might not be registered and likely to attend the Walk-in); the solution given around get them to register is not really a solution. By not catering for those in this position leads to further health inequalities. Having looked on the website we have not been able to see an equality impact analysis on this and likely mitigation?</p> <p>As we discussed the need for clear communication and information on accessing the hubs, if our preferred recommendation is to through this will need to be high priority; there is still confusion over accessing the hubs, so this will be crucial, particularly to those leading chaotic lives – how will this be achieved? The LPPGN can play a small part in this, but the CCG will need to have a major comms strategy for this that is more than leaflets and posters in the GP and other health facilities.</p> <p>Any cuts that impact on the public, and any cuts with equalities implications should have PUBLIC Consultation and that we should have genuine consultation with genuine feedback.</p>	<p>before GB meeting and extensive discussion at public forum ; follow-up to send PPG Network copy of letter sent to Healthwatch which answers concerns re homeless people and other groups who may struggle with accessing appointments; issues addressed in GB paper for decision and to continue as part of transition plan</p>
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**Appendix 6: Feedback detail from Drop-in session at Gracefield Gardens – stall in lobby.
Information leaflets, summary report, survey, winter comms materials incl Health Help Now cards.**

Date	Stakeholders	Feedback	Notes
19 Dec 2016 (Monday, 10am-2pm)	Visitors to Gracefield Gardens, some staff Interactions with approx. 100 people Conversations recorded for 15		
	Local resident, male, visiting own GP	Never used access hubs or WIC but felt WIC should be available for people working in the area	
	Croydon resident (Norbury), female, attending for blood test	Never used WIC but her GP in Norbury (Croydon) says you can go to Streatham if she doesn't have an appointment; not concerned - her GP would tell her if the WIC wasn't there any more	
	ERR staff member (local healthcare professional)	Gave information so she can tell her patients; was keen to have Health Help Now cards for carers – 'anything to avoid admission's good'	
	Lambeth resident, female, from north Lambeth	concerned, despite reassurance to the contrary, that decision had already been made; WIC should not close, people need the ability to turn up when they need to; having to make an appointment adds another layer of complexity	
	Older Lambeth resident, female	people need to be able to just turn up for an appointment; people won't use the hubs instead	
	Family Nurse Partnership staff member	Her clients (teen mums/pregnant teens) have a GP because she makes sure they do; they are 'not the easiest' to interact with for services as they can have less well developed social skills and additional anxieties around their babies' health (esp urgent cases) may mean they become (or appear) rude or 'fly off the handle' if, for example, they can't get to see a GP when they need (eg baby has a rash); they could benefit from hubs rather than WIC for continuity of care reasons BUT access would have to be easy when they phone so that they don't hear 'no, we don't have any appointments left today', but 'yes, I can offer you an appointment today at xx place, or xx place'. They are reliant on really good sensitive and facilitative communication from reception staff, who may need additional training; her clients might be interested in offering their feedback	Contact details taken to follow up in New Year

		and views to support the development of suitable training / understanding for reception staff in GP practices.	
	Staff member at Gracefield Gardens	People from out of area (including her family and staff at Gracefield Gardens) use the WIC; having to make an appointment will put people off using the hubs and people will go to A&E instead	
	Young mum, Lambeth resident, registered at another GP practice	Believes the WIC should stay open, as a lot of people won't use the hub system properly	
	90 year-old woman	Good to make sure there aren't appointments which are not being used but thinks the WIC probably makes it easy for people to see a GP	
	Patient at GP practice at Gracefield Gardens	Don't close the WIC	
	Older woman	There aren't enough activities for older people (exercise classes, social activities etc)	
	Staff member with health inclusion team based at Gracefield Gardens	Works with homeless people, concerned they have issues at present accessing GP appointments; telephone triage system is problematic, costs people money to hold on phone; the team holds a case load of several hundred people because of difficulties accessing primary care; not sure how many of her clients use the WIC but wonders whether people might lose out if there is not the facility for homeless people to access GP appointments without booking	Informed that team manager of HIT has been emailed with details of proposals; will raise discussion with team for poss follow-up
	Older woman, registered with Streatham Hill GP practice	Closing WIC might have detrimental effect on vulnerable people including older people who don't have a phone and can't phone for an appointment	
7 Jan 2017 (Saturday, 10am-2pm)	Visitors to Gracefield Gardens, some staff Interactions with approx. 65 people Conversations recorded for 19 people	In conversation with 38 people including 23 WIC, 7 Hub, 5 for GP appointments and 3 health care professionals. The concept of the Hubs was explained. Many people had an initial negative reaction to the proposal to close the WIC; however, a high proportion became more supportive once the Hub concept was explained and they had their questions answered.	
	Woman in 30s	Actually visiting has GP. Initial reaction was 'don't close the WIC' but seemed	

		more accepting once the Hubs had been explained.
	Man in 60s	Hub patient. Very impressed. Xmas diversion from GSTT to South Lambeth Road. Was then sent back to GSTT but very happy with the concept of having an initial appointment at a set time in SLR rather than waiting in A&E
	Young Male	Users the WIC as it is convenient. Need to keep a walk in component.
	Man in 40s	Worried that without the WIC he wouldn't be able to get to see a GP in an emergency
	Man in 60s	Thinks that Hub locations should have good parking. Was given a Hub appointment with a nurse but then was called back to be told that it was cancelled
	Woman in 30s	Hub Appointment. Felt that it was a really good service – didn't expect to get an appointment on a Saturday.
	Man in 40s	Initial reaction was that it was wrong to close the WIC as it was the only way that he could get to see a GP. On probing it transpired that he was a Hub patient.
	Couple in 30s	WIC users. Have not used the Hubs yet even though closer to them. Though the WIC is easier option, but would welcome using the hubs instead.
	Woman in 20s	Out of area patient from Reading. 1 st time using hubs, was concerned where to go if WIC wasn't open.
	Woman in 50s	Crown Dale registered. Prefers WIC to the Hubs as 'spur of the moment' illness
	Man in 50s	WIC user. Registered at Exchange. Hasn't used the hubs but ok with closure if

		hubs are still an option
	Man in 50s	Used WIC x3. Great service. Doesn't think there wouldn't be a difference in user experience if he was to use the hubs instead.
	Man in 40s with young daughter	Booked in to the Hub from Lambeth Road, happy with experiences so far. Would be ok with WIC closing.
	Man in 40s	Would be upset if WIC closed however happy if Hub remained in Gracefield Gardens.
	Woman in 40s with young children	Had to used WIC as deregistered from practice without reason. Not aware of Hubs and has been told by receptionists to use A&E if no appointments available. Registered at Edith.
	Woman in 20s	Registered at practice in WIC, has not been informed about hubs so uses the WIC. Would be happy to use hubs instead of WIC.
	Man in 30s	Doesn't use WIC or hubs, no feedback.
	Woman in 30s with young child	WIC user. Registered at Palace road, not heard of hubs but prefers the idea to the WIC.
	Woman in 20s	First time WIC user. Likes the ideas of Hubs.

Appendix 7: Meeting with trustees of Lambeth PPG Network to discuss Walk in Centre review and proposals 9/12/16

For CCG: Senior Primary Care Transformation Manager , Engagement and Equalities Manager

For LPPG Network: four trustees plus one staff member

The LPPGN policy sub-group had met on 8 Dec and fed their thinking and questions into this meeting.

A copy of these notes sent to PPG Network following meeting

PPG Network comment or question	Discussion	Notes/follow-up
St George's: have you thought about whether people would go there instead of to a hub if they couldn't get a walk-in? wouldn't that be more expensive?	A: we obviously want people not to go to A&E and to be able to get appropriate primary care access where that is needed; St George's A&E wouldn't be an appropriate alternative, not just because of cost but because people would be using a resource that is designed for emergencies... and they'd have to wait too long. We have considered potential costs as part of the review and we have estimated that for it to be more expensive for the CCG it would mean that 40% of the WIC users would need to be going to an A&E department (including St George's) or another WIC	
If you do keep the WIC the hub reception at Gracefield Gardens needs to be clearer and more dignified for people arriving. It's Confusing for people, not knowing where to go, being passed from one desk to another etc currently, plus unsatisfactory waiting experience, v cramped.	Noted – this would be passed onto the providers as feedback	
There would need to be some element of walk in retained, however that might be offered. The concept is a good one still – it's simple, people understand it. In contrast, hubs (the idea, the word), and accessing them (only by appointment, via your own	Noted	

<p>GP, if you have one) is complex and hard to grasp</p>		
<p>The logic of access hubs is good: they mop up a certain category of people who can't get an appointment at their GP; but they don't suit all (eg older people, those with mobility difficulties who would struggle with a journey to a hub or those who'd want to be seen by their own GP)</p>	<p>Noted; the purpose of the hubs was to create additional capacity in primary care; this would help people who need continuity of care, who rely more heavily on their GP – eg frail older people, to be guaranteed that they could see their GP in a planned way at their regular surgery; this would also create a system of faster access for people who might need to access GP in a less planned way and who are prepared to travel a short distance. Less than 6% of hub attendees are over 65, and very few over 50s attend the WIC.</p>	
<p>The hubs are not all 'accessible' ... eg for Hurley patients, either a walk across Kennington Park or two buses to nearest hub)</p>	<p>The location of the hubs hasn't been part of this review; none of the options would either solve or make worse this issue for some patients, since the WIC is in the same building as one of the hubs. The accessibility of the hubs is something we feel is important, however, and we will bear this feedback in mind in our discussions with the GP federations, who run the hubs.</p>	
<p>People don't know about the hubs</p>	<p>The hubs have not been widely promoted to patients and the general public to date, since they offer booked appointments via a patient's own GP practice. Patients are not able to book themselves into a hub directly. We did promote the increased availability of GP appointments through the hubs at the Lambeth Country Show this year, and we have ongoing discussions with patient groups about the hubs. The decision about the future of the Walk in Centre will</p>	

	mean that refreshed and more energetic communications are needed across all stakeholders regarding how to access GP appointments	
Practices (reception staff) either don't know about or don't want to promote the hubs – patients often have to ask – this practice would need to change if more use is to be made of the hubs ... after CCG comment about – you'd need to put it in the contracts not just raise awareness or provide training and leave it to practices	Yes, clearly a campaign to raise awareness of hubs and provide training for practice staff would be needed;	
Most patients want a drop-in of some sort in their own practice; some practices do offer this, eg Lambeth Walk, Stockwell, Paxton Green; practices in the North possibly offer this because the WIC is too far away; how this effective 'walk-in' is offered is inconsistent – eg Stockwell from 3pm every day, you just turn up and queue, while at Lambeth Walk patients can go the surgery first thing in the morning and wait to be seen.	Interesting points; these practices have developed different ways of responding to their patients' needs; the CCG has worked with groups of practices in each of our three localities to create consistency in the way that appointments are offered in each of the access hubs, but we don't regulate the arrangements for individual GP practices and we can see this could be confusing for patients	
Unregistered patients eg newcomers to Lambeth	Fast-track registration is one of the ideas we've discussed and would wish to develop further, subject to the decision in January	
Would it be possible for there to be some length of 'grace period' so that, for a certain length of time after you introduce changes, people can be seen as a walk-in?	We do have time between the CCG's decision in January and possible withdrawal of the walk in service in April to advise people of changes forthcoming and to support GP registration, but we can look in more detail about how best to deal with unregistered patients from April onwards if the decision to close the walk in goes ahead	

<p>Equality analysis done?</p>	<p>We have looked at detailed data on who is using the Walk in Centre and this showed certain age groups and people living in SW of Lambeth making the most use of the service; we are continuing to gather further information about the impact of each option on different groups, and so our analysis is ongoing and this conversation is contributing; we've already followed up on suggestions by councillors to link with Somali, Polish and Portuguese networks to make sure they are aware of our proposals and plans</p>	
<p>Portuguese speakers get a 'Rolls Royce service' from the NHS locally, with the amount of effort invested in making sure this community knows how to access NHS appropriately</p>	<p>Portuguese speakers make up a significant proportion of Lambeth's population and we know from previous studies and engagement that people from this community have struggled to know where to go for the best advice and treatment. One of the reasons for setting up community health development sessions for the Portuguese community was because we were seeing very many Portuguese people in A&E who could have been seen in primary care. We were concerned that they were not getting the most appropriate service and also of course because the use of A&E for primary care issues is costly.</p>	
<p>People from other boroughs who are not registered with Lambeth GPs</p>	<p>We are in communication with neighbouring areas including CCGs; the use of the Hubs by non-Lambeth patients is being trialled as part of the CCG's Winter planning (through the provision of additional hub appointments for patients diverted from A&E departments).</p>	
<p>Unregistered patients – eg homeless people, people who have</p>	<p>The CCG is keen to ensure that people are able to</p>	<p>Send RMC info on the health</p>

<p>been deregistered from a GP and can't get one or have decided not to have one (example given of a person who has mental ill health and has a history of violent incidents or threatening behaviour in a service)</p>	<p>register with a GP, both for the patients' benefit (continuity of care, access to onward referrals etc) and to enable the CCG to plan services that will meet people's needs more closely, especially for more vulnerable groups. We have flagged that we will need to develop some sort of fast track registration process for people who do not have a GP; and we need to continue to work to ensure that vulnerable patients can access appropriate primary care support ; our colleagues in the (GSTT) Health Inclusion Team and the Living Well Network can help; the Health Inclusion Team provides primary care support on a drop in basis at 11 locations in Lambeth including hostels and day centres for homeless people, refugees and people with substance misuse issues; we have no evidence currently to say these groups of people are using the WIC in any numbers but we will continue to discuss with colleagues how we can address health issues and provide services that are readily accessible for groups that might be disadvantaged because of issues relating to mental health or homelessness – this is part of our ongoing equalities analysis of our proposals</p>	<p>Inclusion Team (completed)</p>
<p>One person got in touch with the PPG Network to say they were worried about health services going from Gracefield Gardens – the patient uses the centre for blood tests</p>	<p>Other NHS services in the building are not part of the review and will remain, including blood testing services and other clinics provided by GSTT community health; the two GP practices that are based in the building (Streatham High and the Exchange Surgery) are not part of this review and will</p>	<p>CCG asked that PPG Network advise them of all questions they are asked so that these can be addressed in communications to patients and Lambeth people; CCG</p>

	<p>remain; one of the GP access hubs is based at Gracefield Gardens and it is proposed that this too will remain, with increased hours.</p> <p>The CCG will need to make sure that people are clear about the scope of the review- will adapt communications accordingly. Can consider putting FAQ piece on website</p>	<p>will adapt message for PPG Network newsletter – to go out 13-15 December.</p>
<p>PPG Network AGM 25 January – would CCG like to share information about the WIC following CCG Governing Body meeting on 18 January (5.30/6pm tbc)</p>	<p>CCG would very much like the opportunity to have a presence (possibly an information stand?) at the PPG Network AGM – thanks for the offer.</p>	

Appendix 8 – Response to question from Healthwatch Lambeth

Adrian McLachlan
Chair
NHS Lambeth CCG
1 Lower Marsh
SE1 7NT

Catherine Pearson
Chief Executive
Healthwatch Lambeth
First Floor, 336 Brixton Road
London SW9 7AA

21 December 2016

Dear Catherine

Re: review of Lambeth NHS Walk in Centre at Gracefield Gardens

Thank you for considering the CCG's proposals for the future of the Walk in Centre and for giving us the opportunity to respond to questions from Healthwatch.

You asked:

Healthwatch would like to ask if there are plans for providing appointments to people who are not registered with a GP in Lambeth, including people who may be staying with friends at the time when they become ill. In addition, we are particularly concerned about people who are homeless and not registered as we are aware of the growing number of street sleepers in the borough. If the hubs are not able to provide primary care for these people, can you let us know what you will be advising people in these situations to do if they need health care.

In response, we would like to reassure you about continued provision for both of these groups to access GP services under all of the proposals currently under consideration, including the CCG's preferred option of discontinuing the Walk in Centre and increasing use of the access hubs.

General Practices are under a duty to provide emergency or immediately necessary treatment, where clinically necessary, irrespective of residence (or homeless status), registration status, nationality or immigration status. The Standard Operating Principles for Primary Medical Care (General Practice) set this out in detail and you can see these here: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf>. This should be accessible on the same basis as for registered patients. Therefore, this provision should be accessible via the hubs if capacity at individual practices is stretched.

In relation to your question, then, this means that:

1. both family visitors and unregistered homeless people can, if they need immediate and necessary treatment, they can be seen at any Lambeth

practice or hub without an appointment, according to practices' GMS or PMS contract

2. if a patient (including family visitors who are registered elsewhere or who are not registered) presents at a practice during practice opening times, for immediate and necessary treatment, they should normally be registered on a temporary basis by the practice. This would not affect their permanent registration at their main practice, if they are a registered patient.

In addition to these provisions, as part of our winter planning, work is taking place to make hub appointments available to non-Lambeth patients. From our perspective, this sets a precedent and provides a new model that we can build upon.

We have begun discussions with Lambeth GP federations about providing appointments for non-registered patients in order to ensure that, if the Walk in Centre closes, the routes into the hubs are made easier and clearer for patients who might otherwise have attended the Walk in Centre.

Further to this, for homeless people, we have five practices in Lambeth who provide services to this client group, with one also serving a local hostel for homeless people. We may need to review this with NHS England who currently manage these contracts to ensure the capacity commissioned reflects current and expected need.

In terms of street sleepers, the above applies but it is probably also worth noting that by improving hub accessibility, we will be improving access for patients across the whole of Lambeth rather than maintaining the status quo where patients within a more limited geographical area (within 1.5 miles of Gracefield Gardens) benefit from an enhanced service offer.

Finally, I would add that the London Homeless Health Programme, chaired by Adrian, has this week launched a health access card, jointly with Groundswell and Healthwatch, and 10,000 of these are being distributed through a range of London agencies to homeless people, to support registration with general practice. There is also a training course for frontline practice staff coming very shortly.

I do hope that this answers your questions and addresses any concerns, but if there are any further matters you would like to raise with us, I would be pleased to meet with you to cover these in more detail.

With thanks for your input into our deliberations.

Yours



Adrian McLachlan
Chair



Martin Godfrey
Clinical lead for primary care

Appendix 9: Engagement Action Plan and rolling action log

Engagement activity	To take place	Prep action	Who	By when	Completed
Scrutiny briefing	Nov	Finalise & send trigger template	RF/CF/AP	25 Nov	25 Nov
	Dec	Arrange date for early Dec	CF	Completed	17 Nov
	Dec	Hold face-to-face meeting with Scrutiny chairs (AP/AMC to attend); Cllrs Davie, Hill, Parr attended for Scrutiny	CF	2 Dec	2 Dec
Brief and engage Lambeth ward members	Early Dec	Email briefing incl trigger template to all Lambeth ward councilors, post-briefing with Scrutiny chairs	CF	5 Dec	5 Dec
	Dec	Arrange with Scrutiny lead officer for briefing and trigger template to go via Council mail to all ward councilors	CF	2 Dec	2 Dec agreed
	Early Dec	Face to face briefing for Streatham councilors as required	CF/AP	16 Dec	13 Dec
Healthwatch	Nov	Send trigger template	AP/CF	25 Nov	25 Nov
		Newspiece for HW mailout/newsletter	SW/CF		5 Dec
	Dec	Request meeting with trustees/members for Nov/Dec	CF	25 Nov 7 Dec	No response
	Dec	Request any feedback from HW members, trustees or contacts to feed into GB telecom 21 Dec	CF	19 Dec	Email request sent 13 Dec,
PPG Network meeting	Nov	Send trigger template	AP/CF	25 Nov	25 Nov
	Early Dec	Arrange date to meet trustees	CF	25 Nov	5 Dec
	Early Dec	Hold meeting with PPG Network trustees	RF/CF	9 Dec	9 Dec
	Early Dec	Newspiece for PPG Network newsletter	CF	13 Dec	13 Dec
Drop-in sessions at WIC	Dec/Jan	Agree dates with venue and CCG staffing – 1 midweek, one weekend	RF/CF	25 Nov	19 Dec 7 Jan

Engagement activity	To take place	Prep action	Who	By when	Completed
		Agree CCG staffing	RF/CF	30 Nov	Completed
		Prepare materials– leaflet Summary (8 page) document PDF version of questionnaire any additional winter comms – Health Help Now / winter campaign	SW SW CF	30 Nov “ “ 16 Dec 16 Dec	All completed
Communications for engagement	Nov 2016	Prepare news and ‘how to give your views’ content for CCG website (see comms plan)	SW	25 Nov	25 Nov 1 st news pub’d
Online, post routes	Nov-Jan	Set up and publish email inbox for enquiries or responses on CCG website (with news item)	CF	25Nov	25 Nov
	Nov-Jan	Agree and publish postal address for enquiries or responses (on CCG website)	CF	25 Nov	25 Nov
	Nov-Jan	Design and launch online survey on CCG website	CF	29 Nov	29 Nov
	Nov-Dec	Send link to survey and web content to PPG Network Request PPG Network insert news item in pre-Xmas newsletter	CF	29 Nov	29 Nov
	By early Dec	Send link to survey and web content to Healthwatch for use on website and in ebulletin	CF/SW		5 Dec
		news article send and promote to ‘Get involved’ list	CF	30 Nov	5 Dec
		news article send and promote to Lambeth VCS	SW/CF		5 Dec
		Encourage GPs to promote with patients – article in GP bulletin with link to online survey + PDF copy of survey	SW	30 Nov	Completed
		Encourage Portuguese groups to respond – getinvolved email to N LCN Portuguese group list	CF		7 Dec
		Raise awareness with Somali community in Streatham – email to Lambeth Somali org -	CF		5 Dec Follow up targeted

Engagement activity	To take place	Prep action	Who	By when	Completed
		follow up with offer of meeting			email 14 Dec
		Raise awareness with Polish residents in Streatham – email to Polish library session contact as part of general mailing Follow-up email offering leaflets or to drop into library at session time (9 or 30 Dec)	CF		5 Dec Follow up targeted email sent to SP and Lambeth libraries 7/12
		Information to LPPG Network AGM	CF/RF		
Public forum	18 Jan 2017	Allow additional time in session to update people on feedback received and to describe how this has influenced thinking re recommendation to GB	CF/UD/AMC	16 Dec	Session moved to earlier time with added 30 mins
Communications following decision	Jan-March	Prep materials and channels to include posters, newsletter and press articles	SW		To be developed
		Communicate via channels (stakeholder groups) used for engagement Nov-Jan	comms/CF		To be developed

Appendix 10: materials to support engagement and methods for distribution and promotion

Materials for engagement and communication have included

- 10-page summary of proposals in Plain English
- full report on the WIC review and proposals, written in Plain English
- online questionnaire including an equalities monitoring template; also available in printed format
- Tweets to raise awareness and encourage feedback via the CCG website
- briefing notes for elected members, Healthwatch, PPG Network trustees

Methods of communication and distribution of engagement materials:

- the CCG's website is being used to post news and information on the Walk in Centre Review. It pulls together the full range of resources we have developed to inform people; it also describes and signposts people to ways in which they can share their views, and links to the online survey
- existing CCG stakeholder circulation lists have been used to ensure both widespread and targeted dissemination of messages relating to the Walk in Centre review; the circulation has included local councillors, local authority and NHS Trust Chief Executives and communications leads, Healthwatch, patient groups and networks, neighbourhood forums and voluntary and community sector forums and networks;
- information has been included in the GP bulletin to support GP practices in conversations with their Patient Participation Groups (PPGs); practices are also receiving leaflets and paper copies of the survey to have available for their patients;
- local organisations with a web presence, ebulletins and virtual or actual newsletters and online forums were asked to link to the CCG's website (eg, Healthwatch Lambeth sent news article to 900 contacts and published article in December ebulletin, PPG Network published article in Xmas newsletter; Lambeth Green Party added link to 'getinvolved' page in online blog)
- Tweets
- Face-to-face briefings with local elected members
- Meetings with patient groups (PPG Network trustees)