

<b>13 January 2015</b>		<b>ITEM: 8</b>
<b>Health and Well-being Overview and Scrutiny Committee</b>		
<b>Future of Thurrock Walk in Centre</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Beata Malinowska, Senior Consultant, NEL CSU – Walk In Centre project lead for Thurrock CCG.		
<b>Accountable Head of Service:</b> Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG		
<b>Accountable Director:</b> Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG		
<b>This report is:</b> Public		

### **Executive Summary**

This report outlines the progress of work that Thurrock CCG has conducted so far to facilitate the process of the decision-making on the future of the Thurrock Walk-in Centre.

Through a robust engagement and data gathering process, Thurrock CCG has identified four options for the future of the Walk-in Centre (WiC):

1. Decommission the Walk In Centre (do nothing)
2. Re-tender for the service on the current specification
3. Re-tender with a new specification for service
4. Decommission the Walk in Centre with a view to fully or partially reinvest in four hubs

These options were considered and appraised by a selected scoring panel of clinicians, GPs, commissioners, patients and the public on 18<sup>th</sup> November 2014, which scored Option 4 the highest. The CCG has accepted option 4: 'To decommission the Walk-In Centre and fully or partially reinvest in the four hubs' as its preferred option, and is looking to proceed to the public consultation.

The proposed changes are only to the Walk-in Centre service at Thurrock Health Centre, not the GP practice. Increased access to local GPs would be commissioned to cover Saturday and Sunday at four hubs across the area, with local GP services absorbing the rest of the capacity provided at the Walk-In Centre service.

Whilst the change is not significant, we recommend an eight-week period of consultation under section 14Z2, Health and Social Care Act 2012, which will see a consultation document produced, a questionnaire for residents to complete,

opportunities to discuss the proposals with clinicians, and engagement with people who currently access the Walk-in Centre service.

This report includes a consultation plan and stakeholder framework for HOSC members' consideration.

## **1. Recommendation(s)**

**1.1 To comment on the consultation process, including its duration proposed as an eight-week consultation under section 14Z2, Health and Social Care Act 2012, starting in February 2015.**

**1.2 To note and comment on the public consultation plan attached to this report.**

## **2. Introduction and Background**

Thurrock CCG currently commissions one Walk-in Centre based in Thurrock Health Centre, Grays, to serve its population of 158,000. The contractual arrangements for this Walk-in Centre are tied with the provision of services for the GP practice registered list which is commissioned by NHS England.

Thurrock Health Centre opened in March 2010 as part of the then national programme which required each Primary Care Trust (PCT) area to open a GP-led Health Centre (GPLHC). Each GPLHC was required to have two core elements:

- A registered list similar to existing GMS and PMS practices, but with extended opening hours, and
- A walk-in service for non-registered patients open 365 days per year from 8am to 8pm.

Following changes to the NHS set out in the Health and Social Care Act 2012, the CCG is now responsible for the Walk-in element of the contract with Thurrock Health Centre, whilst NHS England retains responsibility for the registered list. NHS England will be leading a process to re-tender for the registered list in the coming year, as the joint contract expires in September 2015.

Total spend in 2013/14 for the Walk in Centre was £568,539 which is less than the allocated budget of £626,000.

With the joint contract expiring in September 2015, this provides the CCG with an opportunity to review the model of care, as well as the overall alignment with CCG and national strategies for both urgent and primary care.

To capitalise on this opportunity, Thurrock CCG has conducted a robust analysis of the current use of, cost of, and patient satisfaction with, Thurrock Health Centre. In addition, local access to primary care and attendance rates

at the A&E at Basildon hospital were also examined to set some context to the landscape in which the Walk-in Centre service operates.

The approach adopted was designed to collate sufficient amount of relevant data to allow a robust options development process followed by an appraisal conducted by a carefully selected scoring panel. The outcome was to identify and recommend a preferred option for the future of the Walk-in Centre.

The methodology employed included a rigorous data collection process, underpinned by qualitative and quantitative data gathering. Both processes highlighted current key issues related to the Walk-in Centre service provision which were presented to the scoring panel.

One of the key documents that guided the approach and methodology employed for this process was the Monitor Walk-in Centre Review paper (February 2014). This review paper sets out best practice for conducting such reviews, including the following key considerations for commissioners when developing and assessing options for the future of Walk-in Centres:

1. Patient need
2. Transparency in decision making and procurement
3. Integration of services
4. Managing conflicts of interest
5. Ensuring transparency in decision-making.

These considerations were applied by Thurrock CCG throughout the process of identifying and assessing options for the future of its Walk-in Centre.

### **3. Issues, Options and Analysis of Options**

#### **3.1 Data underpinning the options appraisal process**

To enhance the understanding of the current Walk-in Centre service provision, both qualitative and quantitative data on the current use, cost and patient satisfaction with the Thurrock Health Centre was collected and analysed. The data was sought to gain the understanding of the following dimensions:

- Strategic alignment with relation to patient need
- Patient need data including:
  - Who uses the Walk-In Centre?
  - Why do our patients attend the Walk-In Centre?
- Impact of the Walk-In Centre on usage of other services including:
  - Use of A&E
  - Use of out of hours' services
  - Use of the Minor Injuries Unit
  - Summary of quantitative analysis of usage
- Patient survey
- GP patient survey

- Practice capacity survey.

### 3.2 Engagement process leading to the development of options

In advance of the development of the options appraisal process, a comprehensive engagement plan was drawn up and the CCG Engagement Group was consulted to identify any gaps.

The purpose of this engagement was twofold; to ensure the CCG met its obligation for transparency and secondly to enable the development of options for this options appraisal process.

The engagement process included the opinions sought from the following groups:

- Primary Care Development Working Group (PCDWG)
- Healthwatch
- Council for Voluntary Service - Thurrock
- Commissioning Reference Group
- Thurrock CCG Annual General Meeting
- Local Councillors briefings
- System Resilience Group
- Submissions from partners – Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH), North East London NHS Foundation Trust (NELFT), South Essex Emergency Doctors (SEEDs)
- Clinical engagement through the Clinical Engagement Group and practice visits.

Overall, the most common themes identified from patients, patient groups and local councillors, were:

- the need for greater access to primary care in Thurrock,
- the lack of equity of a single service based in Grays, and
- the possibility of several centres albeit with reduced hours from the current hours of the Walk-in Centre.

### 3.3 Options development process

As a result of the engagement process, the following options were identified:

1. Decommission the Walk-in Centre
2. Re-tender for the service on the current specification
3. Re-tender with a new specification for service
4. Decommission the Walk-in Centre with a view to fully or partially reinvest in four hubs.

These options with the relevant underpinning data available were presented to the options appraisal scoring panel on the 18<sup>th</sup> November 2014.

### 3.4 Assessment process

The Primary Care Development Working Group (PCDWG) developed and agreed a scoring criteria to enable an objective view of the options presented:

Criteria	Weighting	Maximum score possible
Qualitative	50%	1
Risk	30%	0.6
Finance	20%	0.4
Total	100%	2

### 3.5 Scoring panel

The PCDWG also nominated the following members for the scoring panel, as follows:

Name	Role	Attended on 18 <sup>th</sup> November 2014 Y/N
Dr Raja	GP – CCG Board Member	Y
Dr Deshpande	GP – CCG Chair	Y
Femi Otukoya	CCG Finance	N
Len Green	Lay member for patient and public engagement	Y
Kim James	Healthwatch	N
Mark Tebbs	CCG Commissioner for Integrated Care	Y
Les Billingham	Local Authority, Lead for Adults	Y

It was noted that a possible conflict of interest may exist for the GP members of the panel, who may be seen to benefit from the decisions made, even if indirectly, as providers of future primary care services.

However, it is important to point out that GP panel members were taking part in the scoring process in their capacity as clinical experts. Therefore, this possible conflict of interest was noted at the PCDWG and the decision taken that to retain them as members of the panel as clinical input and local clinical knowledge held by CCG Board member GPs were very important and needed to for the evaluation purposes.

### 3.6 Outcome of the scoring panel's assessment process

As a result of the assessment work conducted by the scoring panel which took place on 18<sup>th</sup> November 2014, option 4, 'Decommission the Walk-In Centre with a view to fully or partially reinvest in four hubs' gained a total of 1.54 points which constituted the highest score out of all four assessed

options. Option 3 “Re-tender with a new specification for service scored second highest”.

Total Scores	Weighting	Option 1	Option 2	Option 3	Option 4
Qualitative	50%	0.04	0.16	0.26	0.84
Risk	30%	0.12	0.285	0.33	0.42
Finance	20%	0.2	0.17	0.2	0.28
<b>Total</b>	<b>100%</b>	<b>0.36</b>	<b>0.615</b>	<b>0.79</b>	<b>1.54</b>

### Thurrock CCG position

The scoring panel identified a preferred option: *Decommission the Walk-in Centre with a view to fully or partially reinvest in four hubs.*

The outcome, along with the underpinning engagement and data evidence, was presented at the CCG’s Finance and Performance Committee on 19 November.

The Thurrock CCG Governing Body met on 26 November and agreed in principle to go out to public consultation, subject to discussion by the HOSC at its meeting on 13 January 2015.

#### 4. Reasons for Recommendation

Given the wide ranging engagement process that has been adhered to on an ongoing basis by the Thurrock CCG, the HOSC is asked to comment on the consultation process, including its duration as an eight-week consultation, under section 14Z2, Health and Social Care Act 2012, starting in February 2015,

In addition, the HOSC is asked to note the consultation plan which is to be delivered during the public consultation period.

#### 5. Consultation (including Overview and Scrutiny, if applicable)

Engagement has already been undertaken in developing the options for the future of the Walk-in Centre, and included the opinions sought from the following groups:

- Primary Care Development Working Group (PCDWG)
- Healthwatch
- Council for Voluntary Service - Thurrock
- Commissioning Reference Group
- Thurrock CCG Annual General Meeting
- Local Councillors briefings
- System Resilience Group

- Submissions from partners – BTUH, NELFT, SEEDs
- Clinical engagement through Clinical Engagement Group and practice visits

The views on the public consultation which is the next phase of the process are now being sought from the HOSC through the submission of this report.

## **6. Impact on corporate policies, priorities, performance and community impact**

The process of identifying options for the future of the Walk-in Centre services conducted by Thurrock CCG aligns with the Council's priority of improving health and well-being of the population.

## **7. Implications**

### **7.1 Financial**

- Implications verified by: N/A
- There are no financial implications for the public consultation.
- The costs for each of the identified options for the future of the Walk-In Centre services were considered by the scoring panel in the process of identifying its preferred option.

### **7.2 Legal**

- Implications verified by: N/A
- There are no legal implications.

### **7.3 Diversity and Equality**

- Implications verified by: N/A
- A separate Equality Impact Assessment will be developed for the launch of the public consultation.

### **7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

- N/A

## **8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):**

- None

## **9. Appendices to the report**

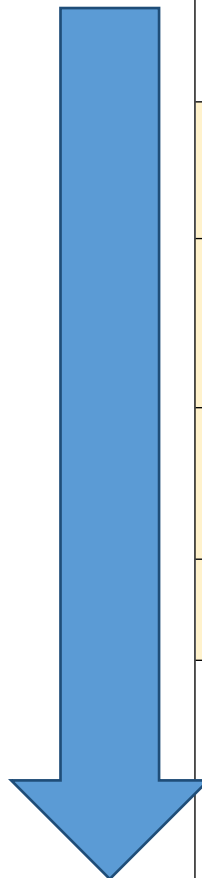
- Public consultation plan and stakeholder framework

### **Report Author:**

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Senior Consultant - NEL CSU on behalf of Thurrock CCG

**Appendix - Consultation plan and stakeholder framework**



Audience Month	Staff	Patients and carers	Health partners	Community	Influencers	Representatives
January	Prepare for the public consultation; develop necessary documents, collate contact details; plan and book appropriate meetings and events as per stakeholder activities in Appendix 2.					
<p><b>Proposed start of the public consultation: Monday 2<sup>nd</sup> February 2015</b></p> <p>Uploading the public consultation document on the Thurrock CCG's website along with the feedback questionnaire</p>						
February	<i>Communications and engagement activities as detailed below</i>					
March	<i>Communications and engagement activities as detailed below</i>					
<p><b>Proposed close of the public consultation: Tuesday 24<sup>th</sup> March 2015</b></p>						
April	<i>Purdah</i>					



Audience	Communication objectives	Communication activities	Timescale	Who
<p><b>1. NHS staff, internal stakeholders e.g:</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• College Health group</li> <li>• Thurrock Walk-in Centre</li> <li>• Thurrock CCG</li> <li>• North East London Foundation Trust staff</li> <li>• SEPT staff</li> <li>• BUHT staff</li> <li>• EEAST staff</li> <li>• Care UK staff</li> <li>• GPs</li> <li>• GP practice managers and staff</li> <li>• SEEDs</li> <li>• Other Clinical Commissioning Groups</li> <li>• Community pharmacists</li> <li>• Other staff working at the same location</li> <li>• NEL CSU</li> </ul>	<ul style="list-style-type: none"> <li>• to develop NHS staff as potential ambassadors and drivers for change</li> <li>• to ensure awareness of the aims of the consultation</li> <li>• to ask staff their views in order to inform our understanding and to improve and develop the proposals</li> <li>• to enable staff to understand the impact of any proposals on their roles or professional groups, and what it means for them – and help allay any fears about their jobs and future careers</li> </ul>	<ul style="list-style-type: none"> <li>• Develop proposals in partnership</li> <li>• Draft letters/emails to keep informed</li> <li>• Emails and links to consultation website</li> <li>• Make formal proposal document available</li> <li>• Produce information for staff briefings and articles in stakeholders newsletters</li> <li>• Communicate to all following decision</li> </ul>	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>End of consultation</p>	<p>Comms/ Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms / GPs</p> <p>Comms/Prog office</p>

<b>Audience</b>	<b>Communication objectives</b>	<b>Communication activities</b>	<b>Timescale</b>	<b>Who</b>
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<p><b>2. Patients/carers</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>patients/carers with experience of walk-in services</li> <li>patients using the location to access other services (e.g. GP patients)</li> <li>people with a long-term conditions</li> <li>people with mental health problems or dementia</li> <li>PALS and Friends</li> <li>patient groups</li> <li>carers of patients</li> </ul>	<ul style="list-style-type: none"> <li>to ensure awareness of the aims of the consultation and ask people to respond to the consultation</li> <li>to explain the benefits and issues around quality, equalities, travel, patient pathways</li> <li>to be open and create understanding</li> <li>to provide reassurance of the NHS commitment to clinical quality and patient care</li> <li>to encourage informed debate</li> <li>to understand the needs of patients</li> <li>to help prevent ill health and improve the health of residents</li> </ul>	<ul style="list-style-type: none"> <li>Develop proposals in partnership</li> <li>Draft letters/emails to keep informed</li> <li>Emails and links to consultation website</li> <li>make formal proposal document available</li> <li>Public drop-in event for Thurrock-based patients and carers</li> <li>Media releases</li> <li>Leaflet door drop</li> <li>Newspaper advertising</li> <li>Communicate to all following decision</li> </ul>	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>End consultation</p>	<p>Comms/Prog Office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms / GPs and Programme office</p> <p>Comms /Prog office</p>
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Audience	Communication objectives	Communication activities	Timescale	Who
<p><b>3. Health and related partners</b> Includes:</p> <ul style="list-style-type: none"> <li>• Dept of Health; NHS England; other CCGs – in particular Basildon and Brentwood</li> <li>• Health and Wellbeing Board</li> <li>• Thurrock Council</li> <li>• London Ambulance Service</li> <li>• local partnerships; groups/boards</li> <li>• private providers</li> <li>• Voluntary groups – especially associated with the locations</li> </ul>	<ul style="list-style-type: none"> <li>• as section 2, plus:</li> <li>• to ensure any impacts on health partners are fully explored</li> <li>• to utilise specialist knowledge of issues and opportunities</li> <li>• to ensure synergy with partners' developments and announcements</li> </ul>	<ul style="list-style-type: none"> <li>• Develop proposals in partnership</li> <li>• Draft letters/emails to keep informed</li> <li>• produce information for staff briefings and articles in stakeholders newsletters</li> <li>• emails and links to consultation website</li> <li>• encourage local organisations to create and publicise a link from their website home page to website and include information in their publications</li> <li>• Communicate to all following decision</li> </ul>	<p>Ongoing Start of consultation and throughout consultation</p> <p>As above</p> <p>End consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms /Prog office</p>

Audience	Communication objectives	Communication activities	Timescale	Who
<p><b>4. Community</b></p> <ul style="list-style-type: none"> <li>• public</li> <li>• community groups e.g. schools, faith communities and leaders, residents associations,</li> <li>• traditionally excluded groups</li> <li>• health groups</li> </ul>	<ul style="list-style-type: none"> <li>• as section 2, plus:</li> <li>• to build trust in the Trust and the NHS as effective caretakers of the health of local population</li> <li>• for the community to understand how the NHS works and the services on offer</li> <li>• to understand the needs of residents</li> </ul>	<ul style="list-style-type: none"> <li>• develop proposals in partnership</li> <li>• Draft letters/emails to keep informed</li> <li>• emails and links to consultation website</li> <li>• make formal proposal document available media releases</li> <li>• Leaflet door drop</li> <li>• Newspaper advertising</li> <li>• Communicate to all following decision</li> </ul>	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>Throughout consultation</p> <p>Start and end of consultation</p> <p>End of consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms/GPs and Prog office</p> <p>Comms</p> <p>Comms/Prog office</p>

Audience	Communication objectives	Communication activities	Timescale	Who
<b>5. Influencers</b> <ul style="list-style-type: none"> <li>• MPs</li> <li>• Media</li> <li>• Councillors</li> </ul>	<ul style="list-style-type: none"> <li>• as section 2, plus:</li> <li>• to listen to their views</li> <li>• to facilitate influencers in providing reliable information to constituents</li> </ul>	<ul style="list-style-type: none"> <li>• develop proposals in partnership</li> <li>• Draft letters/emails to keep informed</li> <li>• distribute copies of proposals, but face-to-face meetings are key for this audience: one-to-one meetings or roundtable discussions</li> <li>• media releases</li> <li>• press advertisements</li> <li>• Communicate to all following decision</li> </ul>	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Start and end of consultation</p> <p>Start and end of consultation</p> <p>End of consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms /Prog office</p>

Audience	Communication objectives	Communication activities	Timescale	Who
<p><b>6. Representatives</b></p> <ul style="list-style-type: none"> <li>• HOSCs</li> <li>• Local Medical Committees</li> <li>• Thurrock Healthwatch</li> <li>• Unions</li> <li>• professional bodies / royal colleges</li> </ul>	<ul style="list-style-type: none"> <li>• as section 2, plus:</li> <li>• to provide information as required under the NHS Act (OSCs)</li> <li>• receive independent endorsement for proposals and thereby reassure relevant audiences</li> <li>• to receive critical challenge and objective examination</li> </ul>	<ul style="list-style-type: none"> <li>• develop proposals in partnership where appropriate</li> <li>• distribute proposals, but face-to-face meetings are key for this audience</li> <li>• presentations</li> <li>• respond to OSC/ submission</li> <li>• Communicate to all following decision</li> </ul>	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Ongoing</p> <p>TBA</p> <p>Start and end of consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Programme office</p> <p>Comms/Prog office</p> <p>Comms/Prog office</p>

## Stakeholder framework

This stakeholder framework details the communications and engagement responsibilities of Thurrock CCG. It is based on the understanding that staff work in collaboration to avoid duplication of effort; and to ensure the most effective use of professional resources.

