

Agenda Item 8

**PART 1 MEETING OF THE CASTLE POINT & ROCHFORD CLINICAL
COMMISSIONING GROUP GOVERNING BODY
ON 24 SEPTEMBER 2015**

REVIEW OF URGENT CARE SERVICES AT ST LUKE'S

Submitted by: Robert Shaw, Joint Director Acute Commissioning & Contracting

Prepared by: Paul Ilett, Head of Communication Southend CCG & Claire Routh Head of Communication and PPI Castle Point & Rochford CCG

Status: For Decision

EXECUTIVE SUMMARY

i. Recommendations

Members of the Governing Body are invited to note the outcome of the public consultation and approval of the preferred option.

ii. Overview

This report provides the Governing Body with the outcome of the public consultation and next steps.

ii. Key Issues

- GP Practice at St Luke's – NHS England will continue with the procurement of primary care services and a GP service will remain within the St Luke's ward.
- St Luke's walk in service – The service would close on the 31st March 2016 when the contract with care UK ends.
- The development of a new service at Southend Hospitals NHS Foundation Trust site through the established governance process.

v. Associated Papers

None

GOVERNING BODY MONITORING INFORMATION
<p>Internal governance For approval</p>
<p>Stakeholder and Community Engagement Stakeholder engagement will be part of the development of the strategic commissioning intentions.</p>
<p>Resource Implications Financial implications arising from findings/recommendations, including confirmation that finance has been consulted and a budget identified where necessary</p>
<p>Legal Implications Legal implications arising from findings/recommendations, e.g. Employment Law, Health and Safety Law, Competition Law, Human Rights Act, Data Protection Act, etc. and confirmation provided that legal advice has been sought where necessary.</p>
<p>NHS Constitution This report supports the following NHS Constitution principles:</p> <p>Principle 1: The NHS provides a comprehensive service, available to all Principle 2: Access to NHS services is based on clinical need, not an individual's ability to pay Principle 3: The NHS aspires to the highest standards of excellence and professionalism Principle 4: NHS Services must reflect the needs and preferences of patients, their families and their carers Principle 5: The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. Principle 6: The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources Principle 7: The NHS is accountable to the public, communities and patients that it serves.</p>
<p>Equality and Diversity Implications An initial equality impact assessment has been completed and this report has no impact on equality issues.</p>
<p>Further Information For further information about this report, contact Robert Shaw – Robert.shaw6@nhs.net</p>

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GOVERNING BODY

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1. Introduction

- 1.1 As part of his 2007 Next Stage Review, health minister Lord Darzi announced new investment to develop approximately 150 GP-led health centres. These would open 8am and 8pm seven days a week offering both a listed GP practice and a walk-in service. The walk-in service would be open to any member of the public, including those registered at GP practices elsewhere or those not registered with any GP practice.
- 1.2 Each Primary Care Trust (PCT) was expected to commission at least one GP-led health centre in their area and NHS South East Essex PCT commissioned the St Luke's Health Centre in 2008 as part of this national programme. Although based in St Luke's ward in Southend, the walk-in service continues to serve the entire population previously covered by NHS South East Essex PCT; the borough of Southend as well as the districts of Castle Point and Rochford with a total population of approximately 345,000 people. It also serves any visitors to the area.
- 1.3 The registered GP practice and the walk-in service at the St Luke's Health Centre are currently delivered through a joint contract. The contract expires in March 2016. A new contract for the GP practice is being re-procured by NHS England separately to the walk-in service, whilst the walk-in service has become the responsibility of the CCGs. By separating the contracts, the St Luke's GP Practice will no longer have the same extended opening hours as the walk-in service.
- 1.4 The conclusion of the walk-in contract gave NHS Castle Point and Rochford CCG and NHS Southend CCG an opportunity to review the local health system as a whole and seek the best way to support it, relieving pressure on those parts which are being overused and diverting patients, as appropriate, to other services where there is more capacity. This review included:

- A survey of more than 650 people who used the walk-in service, asking a range of questions about why they attended
- Data from Care UK (which runs the centre) from the past five years
- Data from the hospital's A&E department

1.5 Following a detailed review of how local urgent health services are being used both CCGs agreed at their May Governing Body meetings a preferred option, as follows: *When the current contract for the walk-in service ends, we want to develop a new service and this will be co-located with A&E at Southend Hospital. This new service would focus on those patients who attend A&E with an urgent minor ailment or condition, that can be seen by a GP or nurse. This would free up capacity in A&E for those who need more specialised care.*

1.6 It was agreed with Southend Health Overview and Scrutiny Committee (HOSC) that a 12-week public consultation would be held on this option, and this concluded on Friday 11 September 2015. 152 people responded to the survey. Of those who expressed a view on the preferred option, 61% were in favour and 39% were against.

2. Local Urgent Care Services

2.1 The aim of the urgent care services review was not to consider, in isolation, the merits of the walk-in centre or its location. The review looked across the whole health system in Castle Point, Rochford and Southend-on-Sea to see where there was pressure and capacity. It looked at the different parts of that system, how citizens were using them and whether duplication was drawing money from other services.

2.2 **The Walk-In Service:** This manages an average of 1,681 attendances each month and the majority of these say they attended the walk-in service because their own GP practice was closed or because they felt they were unable to get an appointment. St Luke's registered patients are not included in the walk-in attendance figures. Of those who attend the walk-in service, about 20% are from the Castle Point and Rochford area.

2.3 Data about how the walk-in service has been used for the past five years has been provided by Care UK which runs the service. The majority of attendances at the walk-in service are for minor ailments such as coughs, colds, earaches, stomach and dental complaints.

2.4 Through this data it became clear that the walk-in service has created additional demand; some patients who may have waited to see their own GP, visited a local pharmacist, used an out of hours' service or treated their condition with sensible self-care are now attending the walk-in service instead.

2.5 The majority of patients who use the walk-in service tell us if the walk-in service did not exist they would not have attended A&E but used other services such as the out-of-hours GP service, local pharmacist, NHS 111, their own GP practice or self-care.

2.6 Data provided by Care UK shows that if the walk-in service were to close about 20 additional patients each day say they may attend A&E instead.

2.7 **Accident and Emergency:** Although minimising A&E attendances was not a national objective of the walk-in centres, it was hoped locally that the service would reduce inappropriate attendances at Southend's A&E department, reducing overall pressure on the department. This has not happened, however.

- 2.8 Overall attendances at Southend Hospital's A&E department have continued to grow. This increase is being driven by working age adults during office hours. Patients visiting A&E may have to wait up to *four hours* to be seen. Those with minor ailments who cannot self-care would be better served accessing their local GP or pharmacist.
- 2.9 There is a significant cost to the system in inappropriate attendances at A&E. GP practices are independent contractors and are funded on a "per patient" basis. When patients attend A&E the NHS pays per attendance. When patients attend with conditions that could be seen by their GP or local pharmacist, this means the NHS is essentially paying twice.
- 2.10 As an example, patients registered at St Luke's are the second highest users of the hospital's A&E department, despite their GP practice having the longest opening hours in south east Essex. The cost to NHS Southend CCG of St Luke's registered patients attending A&E is a monthly average of £7,780 (through the national A&E tariff).
- 2.11 **GP Practices:** There are 61 GP practices across Castle Point, Rochford and Southend-on-Sea with 26 part of NHS Castle Point and Rochford CCG and 35 part of NHS Southend CCG. The majority of these practices are fully open during core hours (8am-6.30pm weekdays).
- 2.12 Some patients do complain that GP access remains an issue and a majority of patients using the walk-in service say their own GP practice was either closed or they felt they were unable to get an appointment. Indeed, 86% thought fewer people would use the walk-in service if it was easier to see their own GP.
- 2.13 At a national level it is not thought walk-in services have helped improve patient access to their own GP, with many walk-in patients stating they were referred to the walk-in service by their own GP practice. Many patients using the St Luke's walk-in service say the same. Both CCGs are piloting a number of initiatives to improve patient access to their own GP.
- 2.14 A number of new digital services are being piloted to improve patient access and provide alternatives to booking an appointment at the practices. This includes the Web GP service in CP&R and the Babylon App in Southend-on-Sea. The services appear to have made an impact already, with early indications suggesting (as an example) that the Babylon App is increasing capacity to see patients by up to 30% at participating practices.
- 2.15 Another initiative being piloted by Southend CCG is a stand-alone GP practice to manage the health needs of care home residents. It is hoped this will improve the quality of service to patients from care homes and significantly reduce pressure on the appointment list of other GP practices.
- 2.16 A weekend service is now available in Castle Point and Rochford, offering pre-booked and same day appointments to 19 out of the 26 GP Practices' patients.
- 2.17 **Pharmacists:** Local pharmacists have been identified as a part of the local health system which is currently underused by citizens. They offer a range of services including advice and guidance on many medical conditions including coughs and colds, rashes, aches and pains. Pharmacists are also the only professional group within primary care where there is a surplus.

- 2.18 Most pharmacists in south east Essex are open six days a week with a number offering late-opening and seven-day opening. Both CCGs are working together to promote a better use of local pharmacist and anecdotal evidence suggests there has already been some success with this.
- 2.19 A bid for funding from NHS England in order to take part in the National Clinical Pharmacist Pilot. This would provide additional pharmacists to support GP practices as well as the urgent care system more generally.
- 2.20 **NHS 111:** The NHS 111 service in south east Essex is provided by IC24 Integrated Care. NHS 111 is available 24 hours a day, 365 days a year and calls are free from both landlines and mobile phones. The aim of the service is to assess non-emergency but urgent conditions and direct patients to the correct health service.
- 2.21 The service has proven a useful way to ensure patients access the right health service, rather than simply attending A&E. Local figures for a five-month period (September 2014-January 2015) show just 6.4% of callers to the NHS 111 service were advised to attend A&E whilst 22.6% were advised that they did not need to attend any other health service. The majority (58%) were advised to attend primary or community care which would include their own GP or a pharmacist.
- 2.22 The promotion of the NHS 111 service is a key part of the resilience campaign being undertaken jointly by both CCGs.
- 2.23 **Out-of-hours GP service:** Citizens in south east Essex can access the GP out-of-hours is by phoning NHS 111. If it is established that the caller needs to be seen by primary care then the call will be passed over to the out-of-hours provider. For South Essex the NHS 111 service and out-of-hours are provided by IC24 Integrated Care which has GP out-of-hours bases in Southend, Basildon, Thurrock, Brentwood and Canvey Island.
- 2.24 However, awareness of the GP out-of-hours service needs to improve. The most recent national GP Patient Survey found two in five respondents did not know how to contact an out-of-hours GP service and a quarter had not heard of it. The CCGs will be promoting the out-of-hours service to residents across south east Essex.
- 2.25 **Out-of-hours dental service:** Dental services may also be accessed via NHS 111. A pathways assessment is carried out and whilst out-of-hours dental services are limited, NHS 111 has the details of local availability.
- 2.26 A significant number of calls to NHS 111 and attendances at A&E are due to dental pain/conditions. Although dental services are commissioned by NHS England, it is acknowledged that a review of local capacity needs to be undertaken and the CCGs are currently in talks with NHS England on how this could be done.

3 National Views and Guidance

- 3.1 Nationally, GPs and nurses are increasingly concerned that walk-in services are simply creating extra demand. CCGs across the country are also coming to this conclusion and many walk-in services have either been closed or the service delivered in a different way.
- 3.2 The Royal College of Emergency Medicine states: "Efforts to encourage patients to seek assistance over the phone or to go elsewhere over the past 15 years have not reduced the flow of people to A&E. So we believe the issue should be dealt with by

positioning services where the patient is attending, by co-locating Primary Care facilities with A&E.”

- 3.3 This approach is supported by leading national bodies including the Royal College of Physicians, the Royal College of Surgeons, the NHS Confederation, NHS England and the Department of Health (England).

4 St Luke's - Pre-Consultation

- 4.1 The issue has been of particular relevance to the St Luke's ward where residents have been waiting many years for new GP premises and are, not unexpectedly, protective of the level of service they have been receiving.
- 4.2 A key issue within the ward is the potential loss of the extended opening hours for the registered GP practice at St Luke's Health Centre. The GP practice and the walk-in service are currently delivered through a joint contract. This means St Luke's registered patients have received the same extended opening hours locally (8am to 8pm, seven days a week) as the walk-in service. St Luke's is the only GP practice in south east Essex to have such opening hours.
- 4.3 In order to ensure local stakeholders had the correct information about what was being considered and clear communications channels to those responsible, senior staff from NHS Southend CCG met local stakeholders as follows:
- a. Councillor Brian Ayling, Cllr Paul Van Looy and Cllr Caroline Endersby (the ward councillors)
 - b. The Chair of the Health and Wellbeing Board - Cllr Norman (former) and Cllr Moyies (current)
 - c. Frank Gulley, Father James McCluskey and Janine Speer
 - d. James Duddridge MP and corresponded with Sir David Amess MP
 - e. Lorna Salmon (General Manager of the St Luke's Health Centre)
 - f. May Hamilton (Chair of the St Luke's PPG)
 - g. Sally Carr (Chair of the Patient Participation Group Forum)
 - h. Matt King (Chair of the Patient & Public Engagement & Involvement Steering Group)
- 4.4 By meeting ward councillors and community leaders early on, the senior team from NHS Southend CCG has been able to listen to concerns about potential changes but also to discuss the benefits of the St Luke's GP practice becoming a stand-alone service, such as:
- a. The patient list would be able to grow
 - b. The service would no longer be shared with residents from Castle Point and Rochford
 - c. Without the walk-in service there would be more room in the new premises for additional health services to be delivered locally
 - d. The new GP contract means the practice will be fully open during core hours with extended opening on some evenings. There would also be weekend appointments for three hours on Saturday and three hours on Sunday. This means St Luke's would still offer the longest opening hours in the borough.
- 4.5 Over all local stakeholders in St Luke's responded positively to these meetings and have been kept informed throughout the consultation period.

5 Consultation

- 5.1 A 12-week public consultation on the future of urgent care services was undertaken across south east Essex, concluding on Friday 11 September 2015.
- 5.2 The CCG's promoted the consultation through local media (including BBC Essex, the Echo and the Yellow Advertiser) and social media (Twitter). Information was provided in local practices and health centres and through local groups.
- 5.3 Southend's Patient & Public Engagement & Involvement Steering Group recommended a single-page, easy read version of the consultation document be created to make it quicker for residents to see what was being proposed. This was created and circulated, and can be seen at **Appendix 04**.
- 5.4 Senior staff from NHS Southend CCG attended two Healthwatch Southend public engagement events in St Luke's. Feedback from the first event (in 2014) fed into the development of the consultation document. Feedback from the second is included at **Appendix 05**.
- 5.5 Staff also attended a number of public events attended by thousands of Southend residents to engage directly and hand out surveys and these included the South Essex Homes Community Event, Southend Community Outreach Group annual event, the St Luke's Fun Day and The Big Event in Priory Park
- 5.6 In Castle Point and Rochford, residents were able to attend a number of workshops.
- 5.7 152 surveys were completed (either online or submitted by mail) and comments made through this survey can be found at **Appendix 02**. (Please note the comments shown are verbatim as submitted).
- 5.8 A further five written submissions were made and these are found at **Appendix 03**. As these are not survey responses, they are not included in the analysis of the 152 survey responses. (Please note the comments shown are verbatim as submitted).
- 5.9 One of these written responses followed Southend's People Scrutiny Committee special meeting, and a second followed Castle Point's Wellbeing Policy Scrutiny Committee. Both responses are positive.
- 5.10 Of the 152 survey responses, five were on behalf of local organisations as follows:
- Canewdon Parish Council
 - Concept Care Solutions (Leigh-on-Sea)
 - Multiple Sclerosis Society (South East Essex Branch)
 - Ashingdon Parish Council
 - Rochford & Rayleigh Citizens Advice Bureau
- 5.11 Of those who completed the survey, 15% (23) stated they were either registered with a GP practice in the Castle Point and Rochford CCG area or provided a postcode within that area.
- 5.12 At **Appendix 01** the survey questions about local urgent care services are listed along with the responses. The answers indicate a relatively good awareness locally of the range of urgent care services available and where to seek guidance for minor health conditions.

- 5.13 The answers also demonstrate an awareness, locally, that pharmacies are not being used enough: 91.54% think “Better use of local pharmacies” would reduce walk-ins, whilst 88.28% think “Better information and awareness of how to self-care at home” would achieve the same. The survey does show a need for the NHS to provide better information to local people on urgent care services and how to use them appropriately.
- 5.14 **The Preferred Option:** Of those who expressed an opinion on the preferred option:
- a. *All respondents who expressed a view:* 61% (75) were in favour and 39% (48) were against
 - b. *CP&R respondents who expressed a view:* 81% (17) were in favour and 19% (4) were against
 - c. *Southend-on-Sea respondents who expressed a view:* 57% (58) were in favour and 43% (44) were against
- 5.15 Of those who responded to the survey, 85 gave comments on the preferred option with 41% (35) of those respondents raising concerns about either the cost of parking at the hospital or the ease of parking. This increases to 45% when looking at comments from only those respondents who were opposed to the preferred option.
- 5.16 Parking at the hospital was the most often mentioned issue in relation to the preferred option and appears to have been a key concern for those who objected to the preferred option. Parking concerns will need to be addressed through the development of a business case.
- 5.17 **St Luke’s Responses:** 127 respondents gave details of their GP practice and of these 16 (11%) were registered at the St Luke’s practice. This is the highest participation of all the GP practices in south east Essex. St Luke’s patients (who expressed an opinion on the preferred option) were more likely to disagree with it, with 4 in favour and 8 against.
- 5.18 However from comments given in the survey it appears some of the St Luke’s respondents believe the GP practice would close should the walk-in service cease to operate from the local health centre. Comments included:
- i. *“St. Luke’s Health Centre is the only GP service in the ward. If you close it all patients in this deprived area will have a significant journey to access basic health care.”*
 - ii. *“If St. Luke’s is your Doctors it will mean a very long travel to get to Southend Hospital. We need our Doctors to stay in the same area.”*
 - iii. *“Those that are in need in the local area will not be able to access the hospital as it is far for those without cars. In addition many elderly residents do not want to ‘bother’ the hospital and so would not go.”*
 - iv. *“My concern is that there will be no GP coverage in St Luke’s without the walk in centre.”*
- 5.19 From this, it would seem there is some misinformation circulating among residents in the area which the CCGs will need to address in order to reassure patients that the GP practice is to remain.
- 5.20 St Luke’s residents were also more likely to raise concerns about how patients, particularly older patients or those with children, would be able to reach the hospital for appointments. Again, this reflects a misunderstanding that the GP service would close should the walk-in service cease to operate from the health centre.

- 5.21 NHS Southend CCG will need to work with the provider, Care UK, to reassure registered patients about the long-term future of the GP practice and to also promote the new opening hours for the practice. The GP practice will still offer appointments seven-days a week and be among the best GP opening times in the borough.

6 Conclusion

- 6.1 For many people in south east Essex, access to their own GP remains an issue. It is clear, however, that the walk-in service has not helped this issue with many walk-in patients saying they were referred to the service by their own GP practice or attended because they assumed their GP would not be able to offer an appointment.
- 6.2 By reviewing the way the walk-in service is used it has also become clear that it has simply created additional activity and is not supporting the local health system in a beneficial way.
- 6.3 Parallel to this, attendances at A&E have continued to rise with many patients presenting with conditions which are inappropriate for a service designed to deal with emergencies.
- 6.4 National guidance is different today to when the walk-in centres were introduced eight years ago, with an emphasis on positioning services where patients are attending, by co-locating Primary Care facilities with A&E.
- 6.5 The walk-in service at St Luke's concludes at the end of March 2016 when the current contract expires. Rather than being recommissioned, a new service should be developed which will be co-located with A&E. The two CCGs should work with Southend University Hospital NHS Foundation Trust (SUHFT) to design this new service. Stakeholders should also be involved in the design of the operational model.
- 6.6 This new service will focus on patient flow and the appropriate use of all urgent care services, ensuring patients access the right care for their needs which will include their own GP, local pharmacist, dentist or even how to self-care. This will reduce pressure on the A&E department and potentially waiting times for those patients who have attended A&E appropriately. The new service should be a pilot from the 1 April 2016 for a year.
- 6.7 Parking at the hospital has been identified as an issue and this will also need to be addressed through the design of the operational model.
- 6.8 GP access will continue to be reviewed across south east Essex with new initiatives – including 'virtual' GP access and the Care Homes pilot – being used to reduce pressure on GP appointments.
- 6.9 Other urgent care services remain underutilised and these are often the services patients should be accessing for minor conditions, such as a local pharmacist or even self-care. In order to better support the local health system and ensure patients are accessing appropriate health services, the CCGs in south east Essex will continue to improve local awareness of the range of available urgent care services.
- 6.10 The contract for the St Luke's GP service is currently being procured and the provider will be announced in January 2016. New premises are also being developed, with the premises and additional local health services for St Luke's being discussed at Southend CCG's March 2016 Governing Body meeting.
- 6.11 The development of a new health centre in St Luke's will be a major boost for the area and allow a popular GP practice to expand its patient list. Importantly, without a co-located walk-in service the only people using the GP practice will be St Luke's

registered patients. This means there will be more room for other health services to be provided from the new premises.

- 6.12 The new St Luke's GP service will still offer seven-day opening with the practice fully open during core hours (8am-6.30pm weekdays) and with some evening extended opening too. It will also offer appointments for three hours on Saturday and three hours on Sunday.
- 6.13 NHS Southend Clinical Commissioning Group will also undertake a more focussed communications campaign in the St Luke's ward to reassure citizens of the long-term future of the GP practice.

7 Recommendation

- 7.1 Governing body members are invited to approve the development of a new service which will be co-located with A&E at Southend Hospital. This new service will focus on those patients who attend A&E with an urgent minor ailment or condition, that can be seen by a GP or nurse. This new service will be operational when the current contract for the walk-in service ends.

APPENDIX 01 - SURVEY RESPONSES

“There are a number of ways that people seek treatment and advice for a minor ailment. Minor ailments include coughs, colds and a sore throat, aches or pains, toothache, a rash or a minor burn or injury. Which of the following are you aware of?”

a.	Self-care at home	94.41%
b.	GP practice	97.86%
c.	Pharmacist	99.31%
d.	Dentist	93.94%
e.	NHS 111	97.83%
f.	Out-of-hours GP service	82.58%
g.	Walk-in service	90.44%
h.	A&E	100.00%

“If you were suffering from a minor ailment, which of the following would you consider?”

a.	Self-care at home	98.45%
b.	GP practice	76.42%
c.	Pharmacist	92.13%
d.	Dentist	73.86%
e.	NHS 111	76.09%
f.	Out-of-hours GP service	48.19%
g.	Walk-in service	76.09%
h.	A&E	22.86%

“About 70% of people who use the walk-service were seeking advice or treatment for a minor ailment. What do you think would reduce such attendances?”

a.	Better information and awareness of how to self-care at home	88.28%
b.	Better use of local pharmacies	91.54%
c.	Better use of NHS 111	65.79%
d.	Make it easier to book an appointment with a GP	85.83%
e.	Better use of the out-of-ours GP service	64.29%

“Our preferred option is Option 3, which is as follows: When the current contract for the walk-in service ends, a new service will be developed and this will be co-located with A&E at Southend Hospital. This new service would focus on those patients who attend A&E with an urgent minor ailment or condition, that can be seen by a GP or nurse. This would free up capacity in A&E for those who need more specialised care. You can view the full discussion document by clicking [here](#). Please let us know if you agree or disagree with this option.”

a.	Agree*	61%
b.	Disagree*	39%

**All respondents who expressed a view*

APPENDIX 02 - SURVEY RESPONSES (COMMENTS) (Please note the comments shown are verbatim as submitted).

About 70% of people who use the walk-service were seeking advice or treatment for a minor ailment. What do you think would reduce such attendances?

1. The larger GP practices in the area are not open late enough and some do not open at all at weekends. This needs to change. All GP surgeries should be open at least for a few hours on a weekend especially for people who work all week and cannot get time off work.
2. Community based education and access to services within the local communities - especially the most deprived areas including St. Luke's ward, where there is still significant 'health inequality' despite the presence of St. Luke's Health Centre. The enhanced services need to incorporate essential outreach and community primary care services, education and entry point.
3. Better promotion of alternatives in GP waiting rooms though TV systems, maybe using a PowerPoint package
4. Sign post - the St Luke's walk-in centre
5. Educate people to minor ailments and emergencies
6. It may not be wise or efficient to aim for reducing or discouraging face to face diagnosis. Ectopic pregnancy and Meningitis are examples where failure in diagnosis results in potentially fatal outcomes and there must be many others linked to general symptoms that even skilled practitioners could miss. Concentrating on reducing attendance at a face to face resource may therefore be counterproductive. I use Apple's FaceTime video system a lot and together with Skype, this could be a more efficient use of everyone's time. Smartphone Health Apps could augment such a service, with attendance in person an option if doubts re diagnosis remain. Speed of response to a call would be important and must at least match the time taken to be triaged at a walk in service.
7. I feel that not being able to book appointments with GP unless you call up on the morning of at 8 o'clock causes a lot of people to use walk in centre.
8. Gp surgeries fill there emergency appointments on a first come first served basis. So if you need an emergency appt after 10 am then there are none left. You then have to wait till 6.30 for emergency gp service when your condition is worse
9. GPs and health workers to put older people in touch with befriending services or groups, as I suspect many minor ailments with older folk are veiled excuses to get out and meet people. For younger ppl health advice and strategy on apps and school.
10. More publicity that a common cold cannot be treated by a doctor.
11. I believe pharmacies should be upgraded to offer more healthcare. Unfortunately, GPs are little more than "drug pushers" and they are not even very good at that. Pharmacists are more knowledgeable and should be able to prescribe drugs. It is a

waste of everybody's time going to a GP and often going to a pharmacist with a prescription does not serve the patient well.

12. Make it clear what conditions the walk in centre is intended for (if not for minor ailments) - most people think that it's a treatment centre for minor ailments that you wouldn't go to A&E with but would visit if you can't access your GP.
13. I believe people want to see a doctor as that will alleviate not only the condition they visit for but also the related anxiety and stress of worrying if it's something more serious. Furthermore, my own experience is that pharmacists can be unapproachable and NHS 111 (and old NHS Direct) always end up saying to the doctor anyway.
14. Better use of pharmacies should include a GP on site to support the pharmacist - many people don't trust a pharmacist as he is not as qualified as a GP. Pharmacies could also have a nurse on site to see patients there. Many people don't like the fact they are discussing their ailment in the shop for all to hear, so a walk-in nurse drop-in appointment in a private area would be ideal. Plus the fact the pharmacies are local. No one wants to go to the hospital through the traffic congestion and parking problems just for a minor ailment - this is why the drop-in centre at St Luke is good.
15. I have used the walk-in service when my condition chest infection, conjunctivitis worsened and pharmacy medication wasn't enough and my GP wouldn't give me an appointment for 2-3 days. It's an excellent service.
16. Push First Aid Courses as a priority at schools, employment, Apprenticeship programmes.
17. I would not consider NHS 111 because there has been too much evidence of poor triage by under-qualified staff. If the NHS wants people to use this service, it MUST be run by fully-trained staff.
18. Appointments which are available days in advance are not much use something which needs immediate attention particularly for small children.
19. Walk-in centres like St Luke's are invaluable. Prompt treatment of minor ailments can minimise deterioration of condition. For example have asthma and can assess my condition very well and know if I need to see a Dr or self treat. My daughter has a chronic bladder condition is the same. More respect can be given to those who have ongoing conditions and know their bodies/symptoms very well.
20. On-line visual consultancy with triage nurse or doctor, using Skype, WebEx or similar
21. Identify problem groups. Better, targeted Comms to problem groups.
22. Most people need and want to talk to someone they can trust face-to-face. Delaying treatment where necessary puts a large burden on the NHS by allowing conditions to become more severe.
23. We need to keep walk-in centre at St Luke's centre as going to A and E is an unnecessary trip and hard to park.
24. People who show up at A&E, or a walk-in with a condition easily treated at home should be better educated in what constitutes a minor ailment

25. I firmly believe that minor ailments should be treated in one of the above options I have agreed with. In particular people should be educated to use self-care at home.
26. NHS 111 needs to be more helpful. Illness can not be governed by the clock. A walk-in centre would be better if it was open 24 hours a day
27. People have to be educated about taking responsibility for their own health and buying what medicines and treatments they can over the counter without just thinking that they can go to their GP/ walk in centre and get something on prescription for free
28. I think the NHS number is a good route to funnel people. I think for parents of small children there are health workers (the people that do the 1 year assessments and fill in the red book etc). That might be a good way to direct babies and toddlers with minor illness or parental concerns. Also information can be provided at nurseries for common symptoms illnesses. Something like a leaflet with photos for reference would be good (eg like what exema might look like all the start of chickenpox) Also is there a specialist place for children? They seem to be ill a lot as they catch all sorts of illnesses particularly in the winter time.
29. Re Booking an appointment online - My own GP practice is exemplary in the way the practice is run. Appointments are prompt and the reception staff are well-trained and helpful. I know others are not so fortunate.
30. IT IS DIFFICULT TO EASILY BOOK AN APPOINTMENT IF ONE CANNOT WIN THE 8 AM LOTTERY. IT IS DIFFICULT AT MOST GP PRACTICES
31. Although pharmacies play an important role my concern is information given may in certain conditions not be the advice that would be one case fits all as in past under certain medication, may be misleading. Once tried to have a prescription for my wife, a chemist suggested something other than what was prescribed due to nil stock (an alternative) on both drugs I declined.
32. MAKE 111 A freepHONE TELEPHONE NUMBER
33. to have a triage nurse to see what they need.
34. Folk don't like discussing personal issues with a 'man in a chemist', I certainly don't. I wouldn't feel 'safe' alone with a male pharmacist of whom I do not know or trust. The 11 services asks so many question which when you are feeling very unwell, it is easier to dial 999
35. Having answered questions 3 / 4 we would have used these first. We have used St Luke's on 3 occasions when the above are not available or appropriate as a walk in for minor treatment to avoid having to go to A&E @ Southend Hospital - leaving them to deal with more important serious emergencies.

Our preferred option is Option 3, which is as follows: When the current contract for the walk-in service ends, a new service will be developed and this will be co-located with A&E at Southend Hospital. This new service would focus on those patients who attend A&E with an urgent minor ailment or condition, that can be seen by a GP or nurse. This would free up capacity in A&E for those who need more specialised care.

1. This is nothing new. This was put forward several years ago to have a triage centre at Southend hospital so patients could be directed to places for appropriate treatment. I was certainly in agreement back then and nothing has changed my mind. The last time I attended A&E I had to wait nearly five hours to be seen by a doctor because of the amount of people waiting in A&E, Most were seen and left before I got to speak to a doctor and it turned out I had an appendicitis.
2. I think it's a good idea but have concerns regarding the lack of parking, the impact on local traffic and the already crowded nature of the hospital.
3. With Option 3, it should be made clear that the walk in GP service remains and we are not simply improving efficiency of handling those attending A&E.
4. This would only work if those who are disabled were able to get to these venues as it is not always possible and they have to contact the ambulance service as there is no other way. I have a relative who lives locally but some don't so this means that this proposal does not stack up.
5. I do agree that this is a more cost effective service which will streamline care, but I feel that this will also create a lot of troubles in the community and within A&E. At present if somebody wishes to see a GP they often cannot get an appointment with their registered GP and therefore use the walk in service. With this no longer, it may result in some becoming unwell (especially the elderly) as the do not want to waste their's and others time at the hospital. For this service to work, the GP service would need to be improved dramatically and a lot of education around health and services available would need to take place.
6. People are misusing both the walk-in service and A&E. It seems the only way to stop this is to let people know they won't necessarily be given access to A&E just because they turn up at the hospital. I once took my husband to A&E on a Saturday evening because he'd cut his leg open and needed stitches - I was shocked at some of the reasons other patients were there. It was particularly galling that we had to wait longer with a genuine urgent need because of people who were there with a sore throat!
7. Brilliant idea my only concern is those gp surgeries who will use it as a fob off to patients they cannot see during the day or where they refuse to have extended opening hours. Also I note some gps work out of hours at present when they could provide a service at there own surgery at less cost. Do we have capacity in gp services to provide a larger out of hours service or is it going to be manned by gps demanding greater rates of pay
8. However the parking crisis around SE Hospital A&E must be resolved before inviting yet more people to attend this central location. Local Out of ours walk in centres are useful in the community. People in Kursaal & Milton wards for example have to travel a long way to attend health services on Prittlewell chase. A Taxi fare that distance

- are not an option for most people, and lack of local care may encourage people to call 999 if they can't get to the Hospital..
9. I believe it is safer for patients to be seen at hospital as they can have confidence in seeing a competent clinician. Unfortunately, the standards and competence at St Luke's is very poor and it should be closed down immediately.
 10. I think it is very important that the doctor on duty has a good understanding of the English language. I'm not sure if the doctor fully understood what I was saying as he prescribed a medicine that I have had a side effect from previously.
 11. Getting an appointment locally with a GP often takes almost superhuman perseverance and the ability to get on the phone early enough, or to queue outside the door, or spend significant periods of time (and cost) just hanging on the phone. This therefore potentially excludes the sick and the vulnerable who may be unable to navigate the system (which may of course be one way of managing demand!)
 12. There are problems with this option. One is physical space at the hospital the other is parking.
 13. Stop wasting money by over prescribing Better communications and talk to other disciplines Have management with some clinical knowledge
 14. My grandmother had a fall and went to St Luke's WIC, the doctor didn't examine her and sent her home and she went up to A&E afterwards to have a head wound glued. I haven't found either St Luke's or 111 particularly helpful when accessing them in the past. It would be great if the GP surgeries had a walk in service for a couple of hours each day where patients could be triaged by a Nurse Practitioner. Also a pharmacist on site would be good to direct people to the most appropriate health professional for their needs. In my experience people have attended the WIC because it's convenient for them. If GP surgeries offered more flexibility I think this would make a big difference.
 15. Southend Hospital is not good for parking - other Centres should be considered and manned by qualified technicians/nurses.
 16. As previously stated, there needs to be an extensive overhaul in the way NHS 111 is organised, with better training given to staff. At present there is little public confidence in the service and too many undesirable outcomes from its use.
 17. parking would be a major issue and this needs to be addressed
 18. I am only aware of the ooh gp service having worked for the local nhs. It is not publicised well enough. In addition a nationwide campaign including tv and internet should be considered to inform the general public how best to use services.
 19. Relieving pressure on A&E is a good objective, but work should continue on "demand managing "trips to A&E / the new walk in centre. Otherwise I am concerned that unnecessary usage of this new walk in facility will mean those in most need have to wait longer. The public must realise which use cases they can self treat / seek advice elsewhere and these Comms must improve to prevent the walk in centre from unnecessary use. Parking must be addressed. More spaces, reasonably priced are required. What about better public transport links out of hours - how could this be achieved? The Trust needs to get better at saying "no" to unnecessary demand for emergency type facilities. Most of the public would support this. We can't afford to accommodate those who should know better.
 20. As part of this option I would hope that reasons for attendance are analysed so that further improvements for patients can be addressed.

21. The primary concern that I have is the difficulty of booking a GP appointment for ongoing care for a particular condition where regular reviews are required. e.g. high blood pressure, high cholesterol or for instance to discuss test results with the Dr who ordered the tests It is extremely difficult to book an advance appointment at Queensway surgery and these types of appointments are not appropriate for emergency same day appointments as continuity of care cannot be obtained.
22. The Parish Council agree with the preferred option but parking facilities would need to be enhanced as parking problems already exist at the hospital.
23. My wife and I were registered at St Luke's, but when it converted to a walk in the service we received as registered patients fell away dramatically. In fact we ended up moving doctors following a disagreement over parking facilities between my wife and a doctor. Simply put, a doctors vehicle blocked in my wife's vehicle and refused to move to allow my wife to leave, resulting in quite an embarrassing confrontation in the reception area with the reception staff. They were disgraceful
24. Only that I am grateful the options have been put in such a clear way - thank you
25. Whilst the proposed solution appears to address the issue of unnecessary visits to A&E access to the hospital may prove problematic i.e. car parking facilities are often inadequate and those people who cannot drive may have problems with public transport particularly as the 'new' service will be 24/7.
26. This is definitely the best option. A 24 hour pharmacy as part of the facility would also be an obvious choice, so that prescriptions can be dispensed immediately and where the patient has a condition that can be treated by that route, they cannot say that can't get to a pharmacy.
27. I think it's a good idea.
28. You're asking for a cultural change. People automatically think if it's a sprained ankle you should go to A&E. Most wouldn't even consider the fact their gp is more qualified than most the drs in A&E. The fact that GPs are over stretched with complying with chronic disease outcomes and targets there isn't the flexibility to get apps quickly at a GP surgery unless you call first thing in the morning.
29. This proposal was put forward 20/10/11 and rejected by Southend-on-Sea Planning Committee. The argument was loss of car parking places. The Macmillan Cancer Centre was built on the proposed site!!
30. For patients in our parish, Southend Hospital is a more convenient location to visit, than the walk in service at St Luke's. We whole heartedly agree with the statement in Q7 option 3.
31. If people could be encouraged to use other options as in Q3, fewer people may attend a walk-in service, wherever situated. However, parking is already a challenge at the hospital site - I think this would need extending as more, say 'up to an hour' slots to avoid traffic/parking chaos. PS This document's presentation is clear, smart and looks very professional!
32. Lots of publicity about where to go rather than A&E. Make people proud of being fit and well and not having to use services, without having people who have to use the services feel guilty. Difficult but important.
33. I do agree that this would be an ideal resolution. a number of concerns do spring to mind; Space - a and e is already crowded...the footfall would increase massively and would need a huge reception area to manage this Staff - the number of staff available would be crucial to maintaining the flow of patients being directed to the right area.mwould this be realistically achievable? Expertise - how would the

- reception staff decide what is best for the patient? Would they be nurses/gps?
Valuable time could be lost in cases where speedy diagnosis is required.
34. I think better promotion of self-care and low to moderate mental health services for those who have many 'minor ailments' may help!
 35. you have to pay for parking at the hospital there should be a free car park for this
 36. Not happy about the location i.e Southend Hospital. I had to attend the hospital for radiotherapy for 38 consecutive days in December 2014 and saw for myself the chaos in Prittlewell Chase with cars queuing to park. All the parking in surrounding streets is residents only. There is insufficient parking at the hospital.
 37. The option albeit a good option is not the best solution. The issue of a 'walk in type' service has been developed in recent years at Southend Hospital A&E and an redesigned 'triage' service. The full front end service was never implemented - this solution enables that to be finally realised through smoke and mirrors & the CCG trying to sell this option as new and cost saving and different - it's not. There needs to be a continued combined but redesigned and co-produced service, registered patients and 'walk ins' running in parallel. The issue is the premises are no longer fit for purpose - overarching all of this is the fact that the local residents / patients need more support, direction, advice and information to access primary care in that locality setting based on the current timetable. Most local residents do not have the wherewithal to determine sound judgement and choices in accessing primary care for minor ailments etc... and moreover they do not usually have the means to travel to the A&E.
 38. I would like the walk in service to be kept at St Lukes
 39. I feel that if the walk service were to move to the hospital not only would you have an influx of people that probably did not use the service previously- creating more traffic at the hospital. Also, it means you are taking a valuable service away from local people who may not have the means to travel to the hospital. The walk centre is a place where parents can take their children knowing that they will be seen fairly quickly without blocking the service for others such as A&E. Rather than trying to move a service to the hospital, why not establish a new one or split the resources? All this proposal will do is encourage people to go to the hospital, even for minor things!
 40. The area is too large for just one walk in center. There should be one in the East of Southend and one in the West or Benfleet.
 41. Although I can see some of the advantages, I am very dubious that co-location is the right option. It is already almost impossible to park at or near the hospital during the day and I fail to see how this will not just add to the problem and cause even more local congestion. The obvious solution would be to build a Primary Care Centre in the east of the town (like the two in Westcliff and the one in Leigh) and incorporate a UCC within it. Offering 24/7 walk-in services at the existing PCCs would also be welcome; they would spread the load across the town and may even lessen the load on A&E.
 42. Consider the local residents who don't have the money to get to A&E. Put on a direct bus service to A&E. This includes the old and young, people who have several children.
 43. Those that are in need in the local area will not be able to access the hospital as it is far for those without cars. In addition many elderly residents do not want to 'bother' the hospital and so would not go.

44. Patients make think while going to the walk in center they may as well just go into a & e causing more problems. Also parking is a major issue, where are you supposed to park if the drop in centre is moved to Southend hospital?
45. It's a long way to go if you are an elderly person without a car or a Parent with children without a car. I can also see how difficult it would be for a disabled person without transport to get to the hospital. At St. Luke's it is central to the people living around it
46. I really value the walk-in service as it is local for many people and has good parking facilities for the not so mobile. Also it would have shorter waiting times due to being local.
47. a LOCAL drop in centre is ideal,not at SOS Hospital- or use pharmacies and provide private areas for confidential discusssions witha nurse or GP on site.
48. My concern is that there will be no GP coverage in St Lukes without the walk in centre. I am also concerned that for the elderly - there are a lot in the local vicinity to St Lukes that getting to the hopsital will be impractical due to the fact there is poor public transport to take them to the hospital. Another concern is the pressure this will put on A and E which already has horrendous waiting times for patients (as someone who regularly takes guests there on a friday and saturday evening) and will put a greater pressure on parking which already annoys residents.
49. In the 'case for change' point 3 is wrong. It is registered patients not walk-ins using A&E. My concern is that the walk-in service will diminish if it is co-located at the hospital. There is no free parking and even paid parking is even under pressure. I would be less likely to use it if it was at the hospital, The thought of going there and having to wait ages, like you do for A&E is enough to stop anyone using it. At its current location parking is free and the waiting time is often shorter than it would be at my regular GP surgery. It is not in the best interests of the public to move it to the hospital. There is no reason why you couldn't stream people coming to A&E anyway, but leave the general drop-in service co-located with the GP surgery.
50. The hospital has a ridiculous payment system for parking which would dissuade people from attending. 3 hours is too long, there would need to be a shorter period option. Access to hospital parking is also restricted and at times full up. Personally I don't think the hospital is the right location for such a centre. GP Surgeries are local to communities. There are many already there. Facilities are there but they are not manned 24 hours. If these could be manned efficiently with even just a nurse and an on-call GP many minor issues cold be dealt with effectively using existing facilities with just minor on-cost for heat and light etc. Parking is easy and often free. The hospital and surrounding community is busy enough already.
51. Although i think it is a good idea to separate the urgent and non urgent cases at southend hospital, hopefully to free up the waiting time, I think a walk in centre elsewhere with adequate parking space would be better.
52. The local walk in service provides for a community that needs care and advice on the doorstep not a bus/car ride. The walk in service provides for all ages, abilities and life styles.
53. Southend Hospital is overcrowded, parking is poor and expensive. As an existing entity, there could also be problems with targets, lack of clarity with budgets, other interdepartmental political issues etc. As a patient at Southend who over a prolonged period was shuffled from one department to another, one waiting list to another, presumably one budget to another, one government target to another, I

- have serious reservations about this service being swallowed up into what is an already complex management problem.
54. Option 3 has been considered before (in the days of the PCT) and rejected. I and my wife have both used St. Lukes on a number of occasions over the years and have been able to get access to treatment and medication that otherwise would not have been possible unless we had turned up at A & E. Co-locating at the hospital sounds right in principle, but the lack of parking at the hospital is already a serious problem for anyone attending outpatients or A & E and shutting the walk in centre down will only exacerbate this. I also believe there were issues over clinical responsibility in the event of 'incidents' with a co-located facility - for instance who is responsible if someone is told to see their own GP on Monday and then collapses with a Heart attack - the triage nurse, the 'walk in' bit of the co-located service or the hospital management.
 55. you have not explained how this will link with the extended opening for GP practices. you talk about separate commissioners for the walk in centre and the GP Practice but the NHSE co commissioning model would change this. you do not provide any facts you support the statement that this would reduce people with urgent minor ailments going to A&E - how many patients is that during the hours spoken about?
 56. St. Luke's Health Centre is not just a walk-in centre, it's the best GP practice in Southend. It's the only practice (that I'm aware of) that you can actually get to see a doctor when you are ill, not have to make an appointment for a weeks time. This is vital to many patients. Delays can enable conditions to worsen, and almost invariably increase patient stress with it's own detrimental health effects. St. Luke's Health Centre is the only GP service in the ward. If you close it all patients in this deprived area will have a significant journey to access basic health care. Do not shut St. Luke's, use it as an example of how to provide the best service in difficult circumstances in an efficient manner. It should be duplicated at A&E not replaced. Do not tear out one of the last community focused services in the ward.
 57. I would sooner that there were more walk in centres strategically placed around the Southend and surrounding areas, whilst it may take some of the burden off A&E there are other issues to consider ie parking & transport networks which are already inadequate.
 58. Stupid idea, keep the walk in clinics, they are brilliant.
 59. Walk in centre is one of the good services that works. Keep it up. Dont wind it up DO NOT "co-locate" it in Southend hospital because: 1. Psychologically you are still going to a hospital not a walk in centre 2. Parking is a big issue at hospital, when unwell, people want peace of mind that they can park nearby without having to find change and pay for parking. When you attend walk in centre, you dont know how long you are going to be and having to pre judge parking time is a headache
 60. Putting this service at A&E is just Gate Keeping The existing walk in service has a place in this area, where GP appointments are hard to come by
 61. There is a need for a Walk in centre to be more local than the Hospital, Simply because of Parking Facilities and the needs of a lot of people who would find it difficult to get there.
 62. Area at Southend Hospital is already too congested. Extra people arriving there will exasperate the already chaotic parking arrangements. This will make it difficult for true emergencies to gain access. In addition, how could you possibly locate an additional facility within the already crowded premises of the Hospital without

- reducing existing vital services? Is the proposal a mechanism for closing the cancer unit? The emphasis should be on better education of self-care at home and on providing a 24 hour walk-in service at a local GP surgery away from the hospital.
63. We need a walk-in service, but NOT based at Southend Hospital. It is already impossible to park near or in the Hospital, so adding to the problem by patients and staff for a walk-in centre turning up as well is madness. A walk-in centre should be based up to a mile away from the Hospital in an existing building (with a car park), or else build a nice new modern walk-in centre (we are a wealthy nation).
 64. From the point of arriving at Southend A&E bus services stop at 7pm. The elderly who don't drive, young mum and dad with unwell children find it very hard to get to the hospital. St Luke's is one of the poorer areas of Southend.
 65. I agree that a walk in centre would be a good idea along A&E but I think there should also be other walk in clinics throughout the area to make it easier to attend and to take the focus away from the hospital.
 66. Walk in centre is needed where it is not further away. There are a lot of elderly residents and disabled residents who would struggle to go further than Pantile Health Centre.
 67. I don't like only being given option 3! People who are reluctant to go to A&E due to distance/parking/previous bad experience ie long waits are unlikely to make use of this new service based at A&E - I worry people will be put off seeking help.
 68. I totally disagree that the walk-in service should be relocated to A&E at Southend Hospital and find the prospect of it being located there very alarming. The whole area around Southend Hospital is unacceptably congested, the car park is often full with queues of cars waiting to go in. The hospital and surrounding area is already full to capacity and cannot cope with more patients/visitors. We are told to keep away at peak, usually bank holiday, times. There are often red or black alerts in place. If people with minor ailments added to congestion, total breakdown would ensue. It is nonsense to even consider it. The walk-in centre should remain in the east of Southend well away from the Hospital which is to the west of the town. It would serve primarily the residents of the eastern side, including those of the St Luke's ward. Statistics show that there are more patients per doctor in the east of Southend, particularly here in Shoeburyness where there are very nearly a third more than the national average. It would ease the burden on those doctors struggling with the greater number of patients. To have St Luke's Walk-In Centre in Temple Sutton School would be ideal, there being greater car parking capacity there.
 69. Walk in service at St Lukes is perfectly adequate
 70. Severe/ MAJOR lack of parking at Southend Hospital and surrounding streets. Severe lack of resources at Southend Hospital. FUNDING, Southend did not get funding from the Primeministers challenge fund unlike Rochford and Castle Point who will have resources to provide a real alternative.
 71. As far as St. Luke's area is concerned this option is too far away, inconvenient for families with children, and will be an added expense for those with financial difficulties.
 72. Need more gps open evenings and weekends like st lukes. Need to educate people so they are not going to the doctors for coughs and colds. Perhaps educate more parents about when a gps visit is necessary.
 73. Over the years St Luke's ward was reported to be a poor area for ill health etc and as such it was over the years been totally neglected other than the portacabin, which

has served the residents well. Other areas in borough have taken priority. Only recently with our current councillors has been brought to the front. And yes I was at the Ferndale Church where last meetings took place. My concerns of walk-in centre at hospital patients may be moved back and forwards from A&E and walk-in centre and would take more time. If walk-in centre away from hospital patients would be seen and possibly advised if urgent care was needed. The other main concern is the big issue of PARKING which is costly and of course there is not really enough off street as on street parking. I would add staff as said at Ferndale Church meeting have difficulty in parking. Another issue I understand the pain clinic beside hospital is resident parking only. I think this highlights the issue.

74. Having to go to Southend hospital site is like paying to see a doctor, because there is the parking cost, otherwise I would agree with option 3. Southend hospital needs to make its parking fee by the hour, rather than a fixed 3 hour charge, it is a rip off. At Basildon hospital, blue badge holders can park for free!
75. As stated in Q5 feel a centre for minor treatment away from the congestion / parking of Southend A&E is a better option on a 24hr / 365 basis - and given the geography / current provision of emergency treatment available in West Rochford / West Castle Point & allowing the current / future population needs of these districts. It would also appear residents in St Lukes need a dedicated GP Practice for their own needs.
76. The Parish Council disagree with the preferred option and would prefer a localised service
77. Parking and also paying for parking at the hospital is an issue. I would be unhappy at having to pay for parking for a Gp or nurse consultation. Other than that integration with a & e is a welcome option
78. If St. Luke's is your Doctors it will mean a very long travel to get to Southend Hospital. We need our Doctors to stay in the same area. Many of St Lukes patients are elderly or are single parents on benefits and can not afford or travel to the Hospital. Our Doctors are very good and know their patients, whereas a Hospital Doctor will not know you.
79. What is UCC? The abbreviation is used through the document but never defined. The aspiration of a co-located walk-in centre is great but there would surely be a lot of work around buildings suitability and staffing before that could even get off the ground as an idea. How will you work with the hospital to develop a plan to extend premises and undergo extension work in the already cramped site? Has the hospital agreed the plan? In addition the paper talks about using the diagnostic tools available to the A&E department - that would presumably increase the current waiting time for x-rays, scans and blood tests as it would increase, not reduce, the number of patients receiving diagnostic tests at the hospital as a walk-in attendance rather than a pre-booked appointment. Where is the money coming from to plan, build and staff this new service? How will it affect parking, which is already very limited in and around the hospital site? What are the knock-on effects to ancillary staff such as cleaners and security staff of additional patients within the hospital and its grounds?
80. I would strongly agree if it wasn't for the obvious disadvantages of lack of space for such a facility at the hospital and the lack of parking available. It may be called a walk in centre but as it's meant to cover all of Southend and its adjacent area 24 hours a day the only valid option for most people will be to visit it by car, if they can find someone to take them or Taxi if they can afford it. Either way it would be good to

- have a dropoff point uncluttered by emergency vehicles unlike the hospital at the moment. St Lukes has the same disadvantage so far as transport is concerned
81. I have concerns about what will happen to patients with minor ailments (not injuries) if Option 3 goes ahead. If GP practices do not pick up the slack then the treatment pathways for those people is limited. Also with Option 3 and the Hub system the flexibility of walk in appointments for people with minor ailments may be lost.
 82. There are issues around parking at the hospital for those coming by car. St Lukes as far as I am aware was an incredibly well used service in an area of high vulnerability where travel costs need to be factored in. A&E is a resource that needs to be targeted for those that really require the service I agree, but an accessible service for all in Southend is important
 83. as long as This did not exclude registered patients at St Luke's, as we already run a walk in clinic and can't get booked appointments for w/e's.
 84. We partly agree with this proposals but have some serious concerns regarding the relocation proposal mainly in relation to the existing hospital infrastructure. It is unclear how additional parking and space could be made on the already overcrowded hospital site - particularly to accommodate the existing A & E and additional walk in patients that the proposal would result in. We would be extremely concerned if it were the case to accommodate the proposals other crucial hospital services were relocated out of area or closed. In addition, we have concerns about the costs of hospital parking for those who may not be able to afford to pay (as we understand it St Luke's doesn't charge for parking currently). We appreciate the guidelines regarding urgent care but wonder if any other alternatives to those suggested in the consultation document have been considered, for example, whether there are any alternative sites more suitable in terms of space (for example, along Fossetts Farm). If residents were made sufficiently aware of the alternative clinic, the ease of access and the services it offered it may be that this would reduce the burden on A&E sufficiently. Also it would appear that there would be a case here for extending the opening hours of the walk in clinic above and beyond those currently offered (but not necessarily the 24 hours a day, 365 days a year that A & E is open). Alternatively whether there was any outreach options for a new site so that those attending the walk in clinic with urgent conditions could be transferred to Southend Hospital quickly and easily. It seems contrary to the message that people should try to avoid burdening the NHS as much as possible by relying on alternative methods in cases of minor ailments, to then direct them to an overcrowded NHS hospital which would lack the ability to accommodate that number of additional people. However, the benefits associated with 24 hour care are obvious and in principle we would not be against the proposal if the above issues could be resolved satisfactorily, although it is extremely unclear at present how this would be achieved.
 85. I would think that using the A&E would just clog things up more. I have waited in Southend A&E for over four hours from 12 at night, then walked out and went to Basildon.

APPENDIX 03: WRITTEN SUBMISSION

Letter, 13 July

I recently received by email your Public Discussion Document “Planning the Future of Urgent Care Services in Southend” and would make the following two observations.

The increase in the patient list at St Luke’s Health Centre

You state that the GP practice within St Luke’s Health Centre has increased its patient list from 1,600 to 6,250 in five years. As there has been no significant development or increase in population within this area during the five years, where were the additional 4,650 patients previously registered?

The site of the walk-in service

The positioning of the walk-in service at Southend Hospital would appear on the surface to make sense and would be accessible to those within the Southend Borough. Additionally, the services provided at the Centre would be more closely allied to those at A&E than to a GP practice.

However, the catchment area of Southend Hospital is not limited to the Southend Borough but includes the districts of Rochford and Castle Point.

If the Government’s policy is to centralise the walk-in service, which is supposed to cover “the entire population previously covered by NHS South East Essex PCT”, then obviously the east of Southend is not an appropriate site. But, neither is Southend Hospital for those living, for instance, at Canvey. Would a separate facility be available in this and other outlying areas of South East Essex?

Email, 17 July

“One of the big issues re using pharmacists is that you may be seen by a male, alone in a small room, and be expected to allow him to examine you. We have already had one misbehaving pharmacist on Canvey and I would never allow myself to be alone with any pharmacist, I just don’t feel comfortable with them.”

Email, 10 September

Good Afternoon, I write on behalf of **Castle Point Council's Cabinet member for Health and Wellbeing, Cllr Dick, and the Chairman and members of the Wellbeing Policy and Scrutiny Committee**, to present the Council's comments on your consultation document on the future of St. Luke's Walk-in service in Southend and urgent care services in south east Essex. The Wellbeing Policy Scrutiny Committee met on 8 September 2015 to consider the consultation paper, at the request of the Council's Cabinet. Following consideration, the consensus view was to support Option 3. The Council recognises the benefits that this will deliver and the ability for capacity to be increased in A & E as the new service focuses on patients with urgent minor ailments or conditions. The Council will continue its wellbeing scrutiny work in developing service-level health promotion activities to assist the CCG in providing health services.

Email, 26 August

As I was Chair of the PCT when the St Luke's Walk in centre was set up you will not be surprised to read that I am very disappointed to see that the plan is now to close it. Of course I do fully accept that the centre was not in the ideal location to serve the whole town, and I said so at the time. Equally I accept that it is an additional expenditure within primary care and money has never been so tight, but I do not believe the projected savings will be realised. My reasons for opposing the closure and the provision of a different model on the hospital site are as follows:

- I have personally use the facility on about five occasions during a weekend, bank holiday or evening when I could see no other appropriate alternative available to me or my family. It has been a lifeline on those occasions. Every other service is triaged by some distant voice on the telephone - expensive, time-consuming, and frustrating and often just plain wrong.
- There may be many entirely understandable reasons why waiting for a GP appointment may not be acceptable or desirable. It may be that you are the sole carer and need immediate care to enable you to continue, or it may be that you are due to fly on holiday the next day or it may be that you cannot get an appointment at your surgery in the foreseeable future and so on.
- It is quite wrong to say that the service was set up to keep people out of A and E. It therefore should not be judged by that criteria. It was set up to provide a more flexible option for people desiring clinical advice quickly.
- A service set up at the front door of A and E which sounds rather like a traffic policeman, turning people back if deemed inappropriate, will not replace a community facility, any more than the out of hours does sited in the same place. If it did work it will put further pressure on an already overused site. If you really felt it desirable to bring out of hours and walk in together then it should be cited in the community and not act as a triage for A and E.
- If this goes ahead I believe there will be more pressure on practices and people will feel less able to get the care they need. It will be those with work or caring responsibilities who will suffer the most.
- I do understand the financial imperatives, but I believe that the savings will be illusory as individuals in need put further pressure on practices or the rest of the system where ever they can.

To sum up I see it as a closure of an excellent service there to serve patients at a time of need. People despite being in real need often do not use out of hours and they will not use this, because it will be seen as the hospital and not primary care. I believe it will be a real loss for patients.

Letter, 11 September

The People Scrutiny Committee, Southend. The Scrutiny Committee held a special meeting on Monday 7th September 2015 to consider the Urgent Care Services Consultation. Ms Craig gave a detailed presentation on a number of issues, including specifically the urgent care services consultation. The Committee asked a number of questions which were fully responded to.

Views on the preferred option 3 – i.e. that when the current contract for the walk-in service at St Lukes ends, a new service will be developed and be co-located with A&E at Southend Hospital.

The Committee had the following comments:

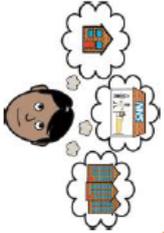
- a. Parking at the hospital – ease of parking and cost – the extra patients attending A&E will place additional strain on residents / local roads. There needs to be radical solution – the example of the ‘Park and Ride’ at Canterbury was mentioned by one Councillor.
- b. Recognise that the new service will be open 24 hours day, 365 days a year which is an improvement on the current provision, but the proposed waiting time will be 4 hour standard rather than the current 2 hour standard at St Lukes which is a concern.
- c. Clarify that new service is for people attending A&E who do not have a ‘major condition’ who can be seen by GP or nurse.
- d. Local pharmacies are an excellent and often underused resource. At the hospital, consider if an independent pharmacy company could be located at hospital.
- e. The layout internally of the urgent care centre needs to allow for privacy and dignity of patients.
- f. Staffing numbers – hope the new service will give resilience.
- g. Booking a GP appointment whilst at new service – welcome this ambition.
- h. Need media campaign / education programme about change. Also need to promote use of other alternatives available, such as NHS 111 and out of hours services.

Planning the future of urgent care services in Southend-on-Sea

What's the issue?

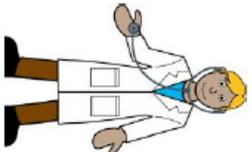
We are looking at the way urgent care services are used in Southend, including:

- your GP
- the A&E department at the hospital
- the walk-in service currently at St Luke's Health Centre in Southend.



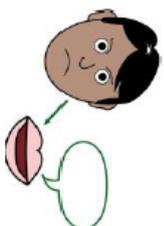
Why?

We hoped the walk-in service at St Luke's Health Centre would make it easier for people in Southend to see their own GP, as well as reducing the number of people going to A&E with minor conditions.



Has it done that?

No. Patients in Southend still tell us they are not happy with the amount of access they have to their own GP. The number of people going to A&E with minor conditions has also continued to increase.



What are you suggesting?

When the current contract for the walk-in service ends we want to develop a new service co-located with A&E at Southend Hospital. Patients would be treated or redirected to the appropriate health service.



Would people be turned away from A&E?

Not if A&E is the right place for them. But they might be seen by a GP or nurse at the co-located service instead, or be referred back to their own GP or pharmacist. Or they might be advised how to care for themselves at home.



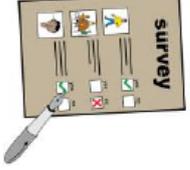
What do you hope this new service will achieve?

We plan to use the new service to reduce pressure on A&E by making sure patients are seen at the right place. We will continue our work to improve access to GPs in Southend.



What can I do to help?

We really want to know what you think. You can read our discussion document on our website www.southendccg.nhs.uk or go straight to the online survey at www.surveymonkey.com/r/SouthEastEssex



Paper versions available on request from sccg.communications@nhs.net

Southend
Clinical Commissioning Group

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APPENDIX 05 – HEALTHWATCH SOUTHEND PUBLIC MEETING MINUTES

Questions and Answers:

Q – I am worried that only people in the St Luke's ward are being talked to about the walk-in centre, is this right?

A – No, we're consulting with all local areas including Castle Point and Rochford CCG and all areas of Southend, not just St Luke's ward.

Q – I can't get an appointment in a local surgery so I use the walk-in, will this be addressed?

A – I'm sorry about your experience, GPs are an independent business and don't work for the NHS, the CCG can facilitate a meeting with your local surgery to address concerns and will be addressing it across the board in other surgeries.

Q – I'm a local resident and I've been hearing from walk-ins that they're told unless you're registered at St Luke's you can't use it?

A – No, that's not correct.

Q – St Luke's is a deprived ward, if some of the people using the walk-in will now need to get to Southend Hospital instead there are no direct buses there, two are needed, and none on a Sunday or after 7pm?

A – That's why the new practice we're looking to build should have longer hours and be easily accessible so you should only need A&E in an absolute emergency.

Q – How big a footprint will the new building need and how much will it cost?

A – It will have 10,000 patients, I can't say the footprint yet or the cost but yes it will be a lot of money and you will have a very nice medical centre. We can't be specific until we know exactly what services will be sitting in it.

[comment from the audience] I have full praise for the St Luke's staff but I worry about parking if it moves to St Luke's church with staff and patients trying to park there?

(CCG noted the comment)

Q – Re convenient times to see your GP, 8am – 6.30pm isn't good enough for working people?

A – We accept that sometimes the availability of doctors isn't good enough, we are working on that. The new St Luke's practice will be open at weekends.

Q – You say about 1680 patients use the walk-in a month, does that include patients registered at St Luke's as in the evening registered patients have to use the walk-in?

A – No, that shouldn't include registered patients. There are two separate systems, one for registered patients and one for walk-ins. The surgery is open the same hours as the walk-in, it's just in the evenings there are no bookable appointments so a registered patient would need to sit and wait for the next free appointment but they are not actually counted as a walk-in patient.

Q – Rochford and Castle Point have 19 practices doing evening appointments but Southend doesn't, when the walk-in centre closes where will everyone go?

A – Rochford and Castle Point, and ourselves [Southend CCG], put in a bid for extra funding, they were successful and we weren't so they can open their hubs for longer hours. We did a trial opening the medical centre on weekends a bit like a second walk-in centre, we advertised it constantly, but it was hardly used and we had doctors just sitting waiting for people. Decisions have to be made based on need and that was taken into account. Some of our GP practices do offer evening appointments through NHS England's extended hours scheme.

Q – Re the extra funding, why did they get it and not us?

A – We're separate organisations; they had a lot of GPs who wanted to try it. We have different priorities to them, we have over 100 care homes in South-end, the residents are very vulnerable and making sure they're looked after is a priority. Rochford and Castle Point has fewer care homes. We have now managed to secure funding for GP facilities specifically for vulnerable people so this will help people in care homes get appointments which will in turn free up appointments in all our surgeries.

Q – I live in Wakering, originally this walk-in centre was there for the whole of South East Essex, if you're closing it where will those 1680 who aren't St Luke's residents go? And if it moves to the hospital what about parking?

A – We're not proposing a new urgent care centre – neither Southend or Castle Point and Rochford are suggesting that, there's not enough space at the hospital for one and at three to four million pounds to build it's too much, we'd rather use that elsewhere. We're stating people go to A&E anyway, there are different ways of accessing A&E, through reception, through the fracture clinic, and through the hospital's out of hours GP, we're suggesting a redesigned more efficient service for A&E to make it easier for people. Also our local GPs give out more antibiotics than anywhere else in England, our doctors are trying to explain to patients that antibiotics often aren't necessary and will become less and less effective because of over-prescribing, and so if people don't get given antibiotics by their GP they will often then try at A&E, we need to address this. Also we're seeing a trend nationwide that if the walk-in centre is closed, as in Chelmsford, a third of people didn't use an alternative. People admit to us they only use walk-ins because they're handy, not necessarily because their problem is urgent. A large portion of the 1680 will not need another service.

Q – Will the [St. Luke's] GP surgery still be open in March when the walk-in goes? Will the patient cap be lifted?

A – Yes the cap will be lifted then and the GP surgery will remain open.

there for expansion, and potentially parking on Bournemouth road could be changed or a one way system could be added, various options are there. It is our priority that this new surgery is built within the ward, there are limited choices, and there will be pros and cons.

Q – I'm a pharmacist, we often pick up people before they get as far as A&E, I'm concerned about parking at the hospital if it gets busier, and if the new surgery gets a pharmacy connected with it smaller pharmacies will close down. Where are the pharmacies in all this? We deal with minor ailments.

A – You're right, pharmacists are often our best provider of emergency care, open long hours and really well trained. We want to work with the pharmacists; we have staff shortages everywhere except with pharmacists so we should be using their skills.

[comment from the audience] – I understand concerns but I think it's a great thing to happen, we've got people giving us dates on when things will happen, we've been asking for this for so long it's wonderful for the CCG to be talking to us and taking an interest in what we say, we should be celebrating this and thank them as it is going to happen.

[comment from the audience] We were promised a health centre many years ago, it would be nice for it to go in the school grounds and would be great to have all different services in one place for older people.

Q – I don't understand why the GPs in Castle Point got extra funding?

A – Castle Point applied to the Prime Minister's Challenge Fund which was an extra pot of money to bid for, a board was set up to evaluate bids, the Southend CCG's bid was declined, Castle Point and Rochford's was successful, it was out of Southend's control.

[comment from CCG] – Regarding access to GPs, from our CCG's perspective we are working on a number of projects – not just in St Luke's – lots of different schemes to initiate

in the near future. Our local care homes will have a dedicated GP service releasing pressure on all the other surgeries, and we're looking at technology such as live web GP appointments which should make getting appointments easier, and we'll make more use of pharmacies.

Q – At Queensway how many people don't turn up for appointments?

A – We don't hold this information for individual practices but nationally it is approximately three to four percent don't turn up.

Q – We've been left behind in this ward, there is a high illness rate, I want to see what's being said tonight come to fruition; we want improvements now with parking problems, etc.

A – Costs are a factor, we want to explore potential different sizes depending on if other small local practices want to share the facilities and if so we'll need a bigger building, and on the plus size that would give you more choice – we want to hear your opinions on our survey.

[comment from the audience] - Thanks to Healthwatch for arranging this. I'd like to say to everyone here that every doctor's surgery has a PPG [Patient Participation Group] so tell them what you think, you can get involved with them if you want a say in your practice. The CCG listens to us which didn't used to happen, use this chance now to say what you think.

Q – Will smaller practices be forced to move in to the new health centre?

A – No, it's just a suggestion but some have already approached us.

[comment from the audience] - A big challenge is parking, local taxpayer's money has already been spent on this and parking at the hospital must be addressed, there should be a transport plan.

Above questions were all asked during the meeting – below are a couple of comments and a question passed over at the end of the meeting:

Q – Are we short of doctors?

A – We are aware there are capacity issues with regards to GP appointments in Southend and are working on this issue. We are doing this, however, by taking a 'whole system' approach. For instance, one way to alleviate pressure on GP appointments in the borough would be a better use of pharmacies where there is still significant capacity.

Comment – You can't ask doctors to work a seven day week they will become ill themselves

Comment – There should be a penalty fee for doctors of the patients who use the walk-in service if their own doctor's is closed or too busy to see them.