

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY, 10 DECEMBER 2020

10.00 AM CC2, COUNTY HALL, LEWES

++Please note that this meeting is taking place remotely++

MEMBERSHIP - East Sussex County Council Members
Councillors Colin Belsey (Chair), Bob Bowdler, Angharad Davies,
Deirdre Earl-Williams, Sarah Osborne, Peter Pragnell (Vice Chair) and
Alan Shuttleworth

District and Borough Council Members
Councillors Councillor Mary Barnes, Rother District Council
Councillor Stephen Gauntlett, Lewes District Council
Councillor Richard Hallett, Wealden District Council
Councillor Amanda Morris, Eastbourne Borough Council
Councillor Mike Turner, Hastings Borough Council

Voluntary Sector Representatives
Geraldine Des Moulins, SpeakUp
Jennifer Twist, SpeakUp

AGENDA

1. **Minutes of the meeting held on 10th September 2020** *(Pages 7 - 18)*
2. **Apologies for absence**
3. **Disclosures of interests**
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. **Urgent items**
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. **Eastbourne Station Health Centre** *(Pages 19 - 198)*
6. **NHS Response to Covid-19 in East Sussex** *(Pages 199 - 214)*
7. **HOSC future work programme** *(Pages 215 - 222)*
8. **Any other items previously notified under agenda item 4**

PHILIP BAKER
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2 December 2020

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Next HOSC meeting: 10am, Thursday, 4 March 2021, County Hall, Lewes

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 10 September 2020

PRESENT:

Councillors Colin Belsey (Chair), Councillors Angharad Davies, Deirdre Earl-Williams, Sarah Osborne, Peter Pragnell, Alan Shuttleworth and Barry Taylor (all East Sussex County Council); Councillors Councillor Mary Barnes (Rother District Council), Councillor Stephen Gauntlett (Lewes District Council), Councillor Amanda Morris (Eastbourne Borough Council), Councillor Mike Turner (Hastings Borough Council), Councillor Ron Reed (Wealden District Council); Geraldine Des Moulins (SpeakUp) and Jennifer Twist (SpeakUp)

WITNESSES:

Jessica Britton, Executive Managing Director, East Sussex CCG
Hugo Luck, Associate Director of Operations, East Sussex CCG
Dr Adrian Bull, Chief Executive, East Sussex Healthcare NHS Trust
Joanne Chadwick-Bell, Chief Operating Officer, East Sussex Healthcare NHS Trust
Darrell Gale, Director of Public Health, East Sussex County Council

LEAD OFFICER:

Harvey Winder, Democratic Services Officer

23. MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2019

23.1 The minutes of the meeting held on 28 November 2019 were agreed as a correct record.

24. APOLOGIES FOR ABSENCE

24.1 The following substitutions were made:

- Cllr Barry Taylor substituted for Cllr Bob Bowdler
- Cllr Ron Reed substituted for Cllr Johanna Howell

25. DISCLOSURES OF INTERESTS

25.1 There were no disclosures of interest.

26. URGENT ITEMS

26.1 There were no urgent items.

27. NHS RESPONSE TO COVID-19 IN EAST SUSSEX

27.1. The Committee considered a report providing an outline of the NHS response to Covid-19 in East Sussex and the ongoing impact on NHS services for East Sussex residents.

27.2. The Committee asked why Covid-19 rates had been so low in Hastings despite the levels of deprivation and Black Asian and Minority Ethnic (BAME) community.

27.3. Darrell Gale, Director of Public Health, said that an investigation into why infection rates were so low in Hastings and Rother was underway. The current hypotheses include that:

- Hastings Borough Council was decisive early on, cancelling some events due to be held in early spring and sending out messages warning people not to come and visit. This meant that people weren't drawn into town before the lockdown began.
- The relative lack of infrastructure between Hastings and Rother and the rest of the country, for example, the poor road and rail links, making the area relatively isolated.
- Poor connectivity within Hastings, such as lack of pavements between North St Leonards, Churchwood and Hollington and the rest of town slowed the spread; and
- The topography of ridges and valleys in Hastings means places like Ore Valley are quite remote from the town centre.

27.4. The Committee asked whether, as cases had begun to rise again, there had been a corresponding increase in hospital admissions

27.5. Joe Chadwick-Bell, Chief Operating Officer at East Sussex Healthcare NHS Trust (ESHT), confirmed that there was one positive Covid-19 case in the Trust and around six 'Treat as Positive' cases – where a person had a negative Covid-19 test but clinically were being treated as a positive case. There were also no patients in the critical care units with Covid-19.

27.6. Darrell Gale said that hospital numbers had started to creep up nationally but had not yet locally. A lot of the increase locally and nationally in positive tests was amongst young people who were asymptomatic, or whose symptoms are so slight that they have what feels like a hangover for a day or two. This is a different cohort of people to that which had been affected during the spring.

27.7. The Committee asked why cases had been low in Lewes District and asked whether it was due to a lack of community testing early on in the outbreak

27.8. Darrell Gale said that initially testing was limited to Pillar 1 (tests in hospitals and care homes) because Pillar 2 (testing in the community via the sites at the Amex stadium and Bexhill) took longer to get up and running. This could explain why the infection rate in Lewes District appeared lower than may have actually been the case, i.e, there could have been a significant population of people who caught the illness early on but would have been fit enough to not need hospitalisation and would also not have been able to be tested in the community. He added that the area does have a high infection rate amongst the elderly in care homes, particularly around Seaford.

27.9. The Committee asked about whether there were plans for further test and trace sites in East Sussex

27.10. Darrell Gale confirmed that there have been national problems in the test and trace programme due to a shortage of lab capacity and the knock-on problems this had caused the public accessing either home tests or the testing sites. Darrell Gale clarified that test and trace is a national programme, meaning it is out of the control of the local Public Health team (PH). The Team is, however, responsible for identifying sites for mobile testing units, which step up for a few days during a local outbreak situation; local walk-in test site; and regional drive-through testing sites. This 'front door' to the testing programme, however, cannot be increased without the lab capacity being available. Darrell Gale said he has received some assurance from the Department of Health and Social Care that there is progress in increasing lab capacity, but it would take four to five weeks to come online.

27.11. Darrell Gale said there are currently two test sites across East and West Sussex for East Sussex residents, but these are in Gatwick and Tangmere and are difficult for East Sussex residents to reach. PH is looking at sites in all five district and boroughs, but it has been incredibly difficult to identify suitable local sites. He has been lobbying the government to recognise the need to run local sites that provide both walk-in and drive-through testing capabilities. He outlined some of the sites the Team had been identifying:

- a replacement for the drive-through regional test site that was located at the Amex Stadium is currently being sought, in conjunction with Brighton & Hove City Council, and Glyndebourne opera house car park or Plumpton Race Course are possible options for this test site.
- The satellite local drive-through test site at Bexhill also needs to be moved from Wainwright car park due to Rother District Council needing the car park back. An alternative site nearby (1-7 Wainwright Road) for a combined walk-in and drive-through site has been identified.
- A local test site is also required in Eastbourne to pick up any issues from the university and to allow access for deprived areas. Devonshire car park in central Eastbourne is being looked at to provide both walk-in and drive-through testing.
- A local test site in Hastings is being looked at and the St Helen's school annex site on the Ridge has been identified, again with both walk-in and drive-through capacity.
- Mobile testing sites used to respond to local outbreaks are being identified in conjunction with all district and borough councils to ensure that when they do need to be established, they are in areas that do not cause local objections. The first mobile test site at the

Stade in Hastings set up by the army during the height of the outbreak, for example, had been put in with no warning and had upset local businesses. He said this scenario should be avoided, although that site could still be used in an emergency.

- Mobile testing sites would also be used in smaller sites across the county partly to pick up local need and providing assurance these areas had not been forgotten.

27.12. The Committee asked for reassurance that all patients being discharged from hospital to care or nursing homes would be tested for Covid-19 in hospital.

27.13. Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group (CCG), confirmed patients are tested prior to discharge and there is additional capacity to support patients who do test positive to Covid-19. These tests were put in place early on during the outbreak to address the risk of discharging patients from hospital to care homes during the pandemic. Joe Chadwick-Bell confirmed all patients discharged from hospital are tested for Covid-19 and tested again after five days if the test is negative.

27.14. The Committee asked what changes and learning there would be in the care home sector to avoid the high number of deaths that occurred earlier in the year

27.15. Jessica Britton confirmed the health and care sector has a role to play in ensuring the safety of people in care and nursing homes. Examples of this extra support commissioned by the CCG included additional infection prevention and control training to care homes; and a locally commissioned service that provides each care home with a nominated GP who provides over the phone and out of hours support.

27.16. Joe Chadwick-Bell added that ESHT – via its role as a provider of community services in Eastbourne and Hastings – has:

- funded and employed link community nurses to provide to care homes either infection control advice, or enhanced clinical support for patients. This is in recognition of the fact that Covid-19 patients require enhanced support in the community due to the long term effects of the illness;
- Established a discharge hub during the initial outbreak, which is still in place, where patients are discharged to out of hospital for assessment before they either go back home or to a care or nursing home; and
- redesigned its patient pathways so that acute medics are now in A&E for those patients who attend with expected Covid-19 symptoms can either be supported and discharged or taken directly to ring-fenced Covid-19 wards.

27.17. Darrell Gale added that the PH has:

- developed a local authority response plan for care homes and the PH has a clinical response team that is in daily contact with care homes;
- Responsibility to escalate arrangements for closing care homes for visits. He said that at the moment the whole of the county was rated green which meant, at the discretion of care home managers, care homes can accept visitors provided social distancing is

upheld and Personal Protective Equipment (PPE), handwashing, etc. is used. If cases increase, visits may be limited; and

- the power to prioritise widespread testing of individual care homes.

27.18. He added that a weekly multi-agency group meets to oversee care homes and consider lessons learned on how they are managing events on the ground.

27.19. The Committee asked whether there were still delays in people receiving elective care at ESHT due the Covid-19 restrictions?

27.20. Joe Chadwick-Bell explained that ESHT suspended routine surgical activity during the initial Covid-19 outbreak. This was partly in response to the availability of PPE, which was needed for staff treating non-elective patients and those in critical care units. National guidance from NHS England also compelled the Trust to stop all routine surgical activity during an initial six-week period of the outbreak. NHS England and the Royal Colleges also issued advice and guidance about which procedures were appropriate to continue and which it would be ok to cease for a short period of time. It was also important during the peak to ensure that patients were only brought into hospital where it was safe to do so. She confirmed that at no point was cancer surgery or chemotherapy services stopped, and urgent surgery was still carried out where there was a clinical need to do so.

27.21. Joe Chadwick-Bell confirmed that all clinical services, including Ear, Nose and Throat (ENT) and gynaecology services, had now been reinstated. Services, however, had not entirely gone back to normal due the hospitals needing more physical space to see the same number of patients in order to adhere to the Covid-19 infection control measures. This means, for example, that gynaecological surgery was not taking place at Eastbourne District General Hospital (EDGH) due to the lack of available space on that hospital.

27.22. In addition, prior to the pandemic, surgical beds were used for both emergency surgery and elective surgery patients, except for orthopaedic surgery beds that are ringfenced. The infection control measures mean that elective surgery patients are now ringfenced from emergency surgery patients and are admitted to the Littlington day-case ward at EDGH and two wards ringfenced at the Conquest Hospital. The Spire facility in Hastings is also used as an additional facility for elective patients.

27.23. The temporary closure of services has resulted in delays to patients' waiting times. ESHT is working through this back log and prioritising patients based on their clinical need. All longer waiting patients were reviewed at a senior level and are in the process of being booked into surgery the moment. Patients are all tested before they come in for elective surgery.

27.24. The Committee asked why patients were not receiving responses when they make Patient Advice and Liaison Service (PALS) complaints to the Trust

27.25. Joe Chadwick-Bell apologised to people if they were not hearing back from PALS. She offered to speak with PALS to see if there were any systemic issues that were resulting in patients not being responded to in a timely manner.

27.26. The Committee asked whether the Trust was planning to continue virtual outpatient appointments in the same number as currently once the pandemic has subsided.

27.27. Joe Chadwick-Bell said that the Trust plans in the future to have an appropriate balance between face to face and virtual outpatient appointments – either by video or phone. It will always be the case, regardless of the Covid-19 restrictions, that some patients will need to come to the hospital sites for their appointment, for example, where they need a physical examination or equipment may be needed such as in the case of ophthalmology. For some patients and conditions, however, a virtual appointment saves them needing to attend the hospital sites, which they find very convenient. Feedback from patients for the virtual outpatient appointments developed during Covid-19 has been very positive.

27.28. It is estimated that, based on national direction, around 25% of first outpatient appointments would be done virtually and 60% of follow-up appointments. She explained there was an eight-week rapid transformation programme to enable this new way of working.

27.29. The Committee asked what services were put in place for rough sleepers and whether they would continue.

27.30. Jessica Britton explained that the CCG had commissioned a Care and Protect service for rough sleepers that remains in place. This is a Locally Commissioned Service that is delivered by local GP practices and was commissioned on the basis of national Bring Them In scheme that required local authorities and the NHS to temporarily house rough sleepers and provide them with appropriate primary medical care. This service is in addition to existing services for rough sleepers such as the Rough Sleepers Initiative (RSI). Darrell Gale added that the Bring them in Scheme was managed by the district and borough councils and has been very successful. The funding has now expired and some hotels that are being used to house rough sleepers have requested their rooms back. The district and boroughs, however, have committed to develop a similar Housing First model for rough sleepers, which works on the assumption that their problems around mental health, addiction and employment can be dealt with most effectively by in the first instance securing accommodation for them.

27.31. The Committee asked about the financial impact of Covid-19 on the NHS in East Sussex.

27.32. Joe Chadwick-Bell said that finance has not been a barrier to ESHT providing its acute and community services during Covid-19 as funding had been provided for the Covid-19 response, for example, the Trust has opened additional wards to comply with infection control measures; and established red and green A&Es that have required additional staff, and therefore costs, albeit some have been redeployed from elsewhere. The Trust is working with the rest of the Integrated Care System (ICS) to determine how funding will work for the rest of the year.

27.33. The Committee asked whether in the event of a future pandemic the hospitals will continue running red and green sites, rather than just close down non-urgent, elective care for a period of time.

27.34. Joe Chadwick-Bell agreed and explained that during the initial wave of Covid-19, the space and staffing from surgery and recovery wards was used to increase critical care space, meaning some services were temporarily halted (midwife led unit at EDGH) or moved off site (chemotherapy to the East Sussex College). Since then, other areas of the hospital have been opened up for critical care use and services moved offsite or paused have returned or resumed. This means patients have been able to receive elective surgery separately from the Covid-19

patients in recent months. The Winter Plan includes the proposal to expand critical care capacity over the winter period whilst also maintaining elective surgery capacity in the event of a further surge in Covid-19. Infection control, however, will remain a challenge in any future surge and may require further reviews of the physical space available for elective beds if critical care capacity needs to be expanded, including potentially moving services off site again. The Trust is also looking to move non-clinical services that do not need to be at an acute hospital off site to make space, for example, community paediatric services.

27.35. The Committee asked whether Covid-19 outbreak could delay any permanent decision on the future of cardiology catheter labs, which were temporarily moved to EDGH during the first outbreak

27.36. Joe Chadwick-Bell said that the intention was to return the services such as the cardiology catheter labs, which were temporarily reconfigured due to Covid-19, back to their pre-Covid configuration, provided the Trust has the physical space available to do so whilst keeping patients safe. The Trust would consult with the HOSC about any proposed permanent future arrangements for the service.

27.37. The Committee RESOLVED to:

1) note the report

2) agree to request a report at its December meeting on the effect of Covid-19 on the health service.

28. EAST SUSSEX HEALTHCARE NHS TRUST (ESHT) FUTURE PLANS

28.1. The Committee considered a report providing an overview of ESHT's future plans.

28.2. The Committee thanked Adrian Bull for his work in improving the Trust since taking over as Chief Executive and wished him well in his retirement.

28.3. Joe Chadwick-Bell updated the Committee on the status of services temporarily reconfigured during the Covid-19 pandemic. She confirmed that:

- chemotherapy and maternity services had moved back on site;
- Ophthalmology outpatient services had been returned to normal to some degree, although not in their entirety due to the lack of physical space due to infection control measures at both EDGH and Conquest Hospital; and
- the Cardiology Cath Labs were re-established on both sites, but only two of three total labs were operating due to workforce challenges.

28.4. The Committee asked why the hospitals would need to be rebuilt rather than renovated.

28.5. Joe Chadwick-Bell said the reason both hospitals are going to be rebuilt on their current locations is because the cost of improving the buildings to a modern standard and resolving the backlog of maintenance of both hospitals is so great it is easier to demolish them and rebuild them from scratch. It will be necessary, however, to continue to provide the existing services on both sites whilst they are rebuilt, so demolition and construction will need to be in stages.

28.6. The Committee asked whether the development of the new hospital buildings would mean there would be further single-siting of services provided over both hospital sites.

28.7. Joe Chadwick-Bell clarified that the Trust does not plan to undertake any reconfiguration of services other than those currently being reviewed, Cardiology and Ophthalmology services. In other words, the redesign of the two hospitals would not result in the reconfiguring of the services provided within them.

28.8. The Committee asked for further details on the proposals around Ophthalmology services

28.9. Joe Chadwick-Bell said that the final model had not yet been decided. Demand for ophthalmology is growing as the population ages and many of the conditions require ongoing treatment for many years, such as regular injections. The service is currently provided across Bexhill, EDGH and Conquest Hospitals. Subject to discussion and consultation, the plan, led by clinicians, is to meet demand and increase the capacity of the existing workforce by bringing their expertise to a single site that would be an eye centre for East Sussex. It would provide a full range of services and include purpose built theatres, diagnostics and outpatients areas built to meet the specification of the clinicians. In addition, ophthalmology services that do not need to be provided by a consultant would be provided in the community.

28.10. The Committee asked what plans Building for our Future included for expanding car parking at the Conquest Hospital.

28.11. Joe Chadwick-Bell said there were no plans for a multi-storey car park, but she would confirm what the plan was. She added that as outpatient model of care changes it would reduce car parking arrangements on both sites due to the greater number of virtual appointments.

28.12. The Committee asked why the Care Quality Commission (CQC) report had rated children's and young people service at the Conquest Hospital as 'requires improvement' in the 'Safe' domain.

28.13. Joe Chadwick-Bell explained that at the time of the inspection there were two looked after children being cared for by the Trust as a place of safety whilst their long term placements were found. These children had very high care needs and feeding requirements and required one to one care. In order to keep the paediatric surgery and paediatric emergency services at the Conquest Hospital running there were times when nursing staff were moved across from EDGH to Conquest Hospital meaning that there were on occasions nursing shortages at the paediatric services at the EDGH. There were also documents not readily available and not stored in a central location, which have now been made available; and paediatric CT Scans, occupational therapy and physiotherapy were also not available seven days per week on both sites.

28.14. The Committee RESOLVED to:

- 1) note the report; and
- 2) request a more detailed briefing on the Building for our Future once more detailed plans are available; and
- 3) Confirm plans for car parking at Conquest Hospital via email.

29. EASTBOURNE STATION HEALTH CENTRE

29.1. The Committee considered a report on the HOSC Review Board's draft report on NHS proposals for the future of the Eastbourne Station Health Centre.

29.2. The Committee asked why health provision should be changed during the pandemic and whether it was possible to conduct an effective public consultation during the pandemic, particularly in reaching vulnerable groups.

29.3. Jessica Britton said it was appropriate for the consultation to be paused in the initial response to the pandemic, but the CCG did not want to curtail the length of it and was keen to restart when it was appropriate to do so. Jessica Britton said that the CCG gave considerable thought to whether it was appropriate to restart the public consultation over the summer and took the view that Covid-19 restrictions are likely to remain in place for the foreseeable future. This meant it was necessary to try and restart normal activities where safe to do so, rather than wait for an undetermined amount of time for things to return to normal. Ahead of restarting, the CCG considered how best it could engage with those vulnerable groups identified in the Equality and Health Impact Assessment who had not already been engaged during the initial consultation period. The CCG also asked the Consultation Institute to review the consultation proposals and identify any gaps in the plan. Jessica Britton confirmed the public consultation outcomes would be independently reviewed and provided to the HOSC (via the Review Board).

29.4. The Committee asked whether there would be sufficient GP practice capacity in the town centre if the Eastbourne Station Health Centre closed and whether this included the capacity in the new Old Town surgery due to become available in the near future.

29.5. Jessica Britton said that the CCG has reviewed GP provision in Eastbourne and had determined that there was a higher proportion of GPs per patient in the town than the national average. She explained that the Clinical Director of the Victoria Primary Care Network (PCN), which covers some of the town centre GP practices, had advised they had managed to recently recruit additional GPs. She added that the Eastbourne Station Health Centre had a small registered patient list and the CCG hoped to be able to provide them with access to the wider integrated primary care services offered at other GP practices.

29.6. Hugo Luck, Deputy Director of Primary and Community Care, East Sussex CCG, added that the Primary Care Networks (PCNs) established in Eastbourne are funded to provide new roles such as pharmacists, paramedics and physiotherapists to whom patients can be referred rather than always going to the GP, where clinically appropriate. This will free up GP time to see patients who need to see them. Dr Paul Deffley, Local Medical Director, East Sussex CCG, said that this new skill mix in primary care is important to meet the growing demand in the sector.

There were also national campaigns to recruit new GPs and entice retired GPs out of retirement. He said his GP practice had recently recruited a first contact physiotherapist who is able to directly see patients with back pain, which frees up the GP to deal with more complex, frail patients. This is an advantage of bigger practices as they are better able to recruit these staff.

29.7. Jessica Britton confirmed that the new surgery under construction in the Old Town involves the merger at the end of October of three town centre practices that have a current registered list of 24,000. The new surgery will have the capacity for up to 30,000 patients and has recruited additional GPs in recent weeks. The new surgery is also planning to open a branch surgery in the town centre and patient choice must play a part. Eastbourne practices are due to receive around £1 million in additional funding for additional healthcare roles under the PCN contract.

29.8. The Committee asked about the support available to patients on the Eastbourne Station Health Centre list should a decision be taken to close it.

29.9. Jessica Britton said that the patients registered at the Eastbourne Station Health Centre were from throughout Eastbourne and the wider area, although a proportion of the patients are town centre residents, meaning there could be a wide range of reasons why people chose to register with that practice. Hugo Luck explained that if the decision is taken to close the Eastbourne Station Health Centre, the CCG has a tried and tested means of engaging with the patients on the registered list. The CCG will ask patients whether they have a preference for a GP practice and will facilitate a transfer to it, if request, including transferring their patient record. He added that if a GP practice has closed their list to new registrations, the CCG will work with the patient and the practice to get the patient into that practice.

29.10. The Committee asked whether any other kind of walk-in provision would be made available in the town centre.

29.11. Jessica Britton said that the new integrated urgent care model is based around people calling a new enhanced NHS 111 service that can book them in to the most appropriate service to meet their need, including a GP practice or the Urgent Treatment Centre (UTC) at the EDGH. Patients are also able to walk-in to the UTC. She added that the Eastbourne Station Health Centre does not currently provide a walk-in facility due to Covid-19 and the need to protect staff and patients. People currently access services there in the first instance by telephone or video triage.

29.12. Jessica Britton said she understood people's anxiety about the proposed closure of a physical building, however, she reiterated that there would be no less GP capacity in Eastbourne. The difference would be a change in how some people access healthcare.

29.13. The Committee asked whether the CCG had produced a Primary Care Needs Assessment

29.14. Jessica Britton explained that the Primary Care Commissioning Committee of the CCG regularly reviews the capacity and performance of the GP practices in East Sussex, including the number of GPs and other health professionals.

29.15. Cllr Alan Shuttleworth said that he did not support the Review Board's recommendations and asked that it to be noted in the minute.

29.16. The Committee RESOLVED to:

- 1) endorse the draft report and recommendations of the HOSC Review Board;
- 2) agree that the Review Board finalises the report after considering the outcome of the public consultation; and
- 3) agree to refer the final report to East Sussex Clinical Commissioning Group for consideration as part of their decision-making process.

30. HOSC FUTURE WORK PROGRAMME

30.1. The Committee considered its work programme

30.2. The Committee RESOLVED to:

- 1) agree the work programme; and
- 2) agree to hold an additional meeting in 2021, if necessary, to ensure outstanding issues are considered by the Committee in a timely manner.

The meeting ended at 12.20 pm.

Councillor Colin Belsey
Chair

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Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 December 2020

By: Assistant Chief Executive

Title: Eastbourne Station Health Centre

Purpose: To consider whether the NHS decision on the future of the Eastbourne Station Health Centre is in the best interest of the health service in East Sussex

RECOMMENDATIONS

The Committee is recommended to consider whether the East Sussex Clinical Commissioning Group's decision as set out in paragraph 2.1 in relation to Eastbourne Station Health Centre is in the best interest of the health service in East Sussex.

1. Background

- 1.1. On 29 March 2018 HOSC considered a report by the local Clinical Commissioning Groups (CCGs) on the proposed closure of the Eastbourne and Hastings Walk-in Centres.
- 1.2. Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area. The HOSC may then make comments in response to the proposals consulted on prior to the CCG's decision.
- 1.3. The Committee resolved that the proposals constituted a 'substantial development or variation to services' requiring formal consultation by the CCGs with HOSC.
- 1.4. The CCGs subsequently revised their proposals and the Committee agreed on 26 September 2019 that the proposals for Hastings no longer constituted a substantial variation to services.
- 1.5. The walk-in centre in Eastbourne is located at the Eastbourne Station Health Centre alongside a GP practice. The CCG proposed to close the walk-in centre and disperse the GP patient list, resulting in the closure of the whole facility.
- 1.6. HOSC established a Review Board to consider the evidence in relation to the proposed closure of the Eastbourne Station Health Centre in detail and prepare a report and any recommendations as the Committee's response to the consultation. The Board comprised Cllrs Belsey, Mrs Barnes, Morris and Turner, and Jennifer Twist; the Review Board elected Cllr Belsey as the Chair.
- 1.7. The Review Board considered a wide range of written and oral evidence from NHS and other witnesses and agreed a draft report and recommendations.
- 1.8. The HOSC agreed on 10th September to endorse the draft report; agreed to allow the Review Board to finalise the report after considering the outcome of the public consultation (which was not completed at the time of the HOSC meeting); and agreed to refer the final report to East Sussex CCG for consideration as part of their decision making process.
- 1.9. The Review Board submitted the final report to the CCG ahead of its Governing Body meeting on 9th December for consideration alongside the outcome of the public consultation and the CCG's Decision Making Business Case (DMBC).

2. Supporting information

NHS Decision

2.1. The East Sussex CCG Governing Body is recommended on the 9th December to:

Approve the post-consultation Decision Making Business Case; specifically to:

- *carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established.*
- *commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients*
- *decommission the WIC function at ESHC*
- *following the list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months)*

2.2. The CCG further proposes to develop a wide-ranging communication and engagement programme, including the recruitment of care navigators.

2.3. The DMBC and its covering report are attached as **appendix 1** to this report. The DMBC provides more detail of the proposed decision and sets out the reasons for taking it. The DMBC also includes a summary of the Equality Health Impact Assessment (EHIA) and Quality Impact Assessment (QIA) (section 7); and the public consultation feedback report (section 4). The [full agenda pack of the East Sussex CCG Governing Body is available on the CCG's website](#) and includes full versions of the EHIA, QIA and consultation report.

2.4. Confirmation as to whether the CCG Governing Body took this decision will be provided to the HOSC verbally on the 10th December.

Response to HOSC's recommendations

2.5. Appendix 2 is the HOSC report submitted to the East Sussex CCG Governing Body for consideration prior to its decision. HOSC's recommendations, all of which have been agreed, are set out in Appendix 3 with responses by the CCG on how they plan to meet each recommendation.

HOSC role in considering NHS decisions

2.6. Health regulations allow a HOSC, once the CCG has taken its decision, to consider whether the decision in relation to the proposed service change is in the best interests of the health service in its area. In reaching the view, the Committee should take into account the evidence gathered during its review and the responses to its recommendations.

2.7. If a HOSC does not consider the decision to be in the best interests of the health service in its area, it has the option to refer the decision to the Secretary of State for Health for review. Any referral may not be made unless a HOSC is satisfied that reasonably practicable steps have been taken to try to reach agreement with the local NHS. Thus, should a HOSC consider that the CCG's decision is not in the best interests of the local health service, it would need to consider whether all possible steps have been taken to reach an agreement, prior to making a referral.

2.8. Any referral that HOSC makes to the Secretary of State *must* be accompanied by, amongst other things:

- an explanation of the reasons for making the referral;
- a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area; and
- an explanation of any steps that the HOSC has taken to try to reach agreement with the CCG.

3. Conclusion and reasons for recommendations

3.1. The Committee is recommended to consider whether the East Sussex CCG's decision in relation to Eastbourne Station Health Centre as set out in paragraph 2.1 is in the best interest of the health service in East Sussex.

3.2. If HOSC determines that the CCG's decisions are not in the best interests of the health service, the Committee will need to consider whether or not to refer the matter to the Secretary of State for Health and to agree the grounds for such a referral. The Committee must consider whether all practicable steps to reach local agreement have been taken before making a referral.

PHILIP BAKER
Assistant Chief Executive

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Report to	Governing Body
CCGs applicable to	NHS East Sussex Clinical Commissioning Group
Meeting date	09 December 2020
Report title	Eastbourne Walk in Centre
Report from	Jessica Britton, Executive Manager Director, NHS East Sussex CCG
Clinical Lead	Dr Paul Deffley, Local Medical Director, NHS East Sussex CCG
Report author	Robert Szymanski, Head of Urgent Care (commissioning), NHS Brighton and Hove CCG and NHS East Sussex CCG
Item number	2.1

Recommendation/action required:
<p>It is recommended that the Governing Body:</p> <p>Approve the post-consultation Decision Making Business Case; specifically to:</p> <ul style="list-style-type: none"> • Carry out a managed dispersal of the Eastbourne Station Health Centre (ESHC) GP list to the new Victoria Medical Centre only once the Centre's branch surgery in Eastbourne town centre has been established. • Commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients. • Decommission the Walk in Centre (WIC) function at ESHC. • Following the list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months). <p>Note the consultation findings and how these have informed the Decision-Making Business Case (DMBC) and resulted in the post-consultation proposal.</p> <p>Note and approve additional actions to further mitigate any potential adverse impacts of the post-consultation proposal on groups highlighted in the Equality and Health Inequalities Impact Assessment (EHIA).</p> <p>Approve the submission of the Governing Body's decision to the East Sussex Health Overview and Scrutiny Committee (HOSC) for consideration.</p>

Executive summary
<p>1. Background and context</p> <p>This DMBC sets out the information necessary for our Governing Body to decide on our proposals for the future of ESHC.</p> <p>The draft DMBC builds on the work undertaken when developing the Pre-Consultation</p>

Business Case (PCBC), which was agreed by NHS Eastbourne Hailsham and Seaford CCG in January 2020. This document summarises the case for change, as outlined in the PCBC, including the national drivers and local context. It describes any new services and how services have changed since the PCBC was written, including the impact of Covid-19, to establish what bearing they have on the case for change.

The DMBC also outlines the consultation and engagement process and addresses the key themes from the public consultation and East Sussex HOSC recommendations. It also details the process undertaken to form our proposals and final recommendations as well as the high-level implementation plans.

2. Governance process to date

The DMBC was submitted to the Sussex CCG's Executive Management Team (EMT) for review and scrutiny.

Although not required as part of the formal assurance process, the public consultation feedback and the DMBC was also shared with NHS England for a post-consultation review and to test our post-consultation proposal.

The DMBC, together with annexes, the Quality Impact Assessment (QIA) and EHIA were submitted to the Primary Care Commissioning Committee (PCCC) for scrutiny and assurance that the post-consultation proposal includes appropriate mitigations for any potential impacts identified by the public consultation feedback and refreshed QIA and EHIA.

The PCCC was also asked to endorse the proposed managed list dispersal of the ESHC GP registered list to Victoria Medical Centre when the new surgery and its branch surgery are open and they have recommended this should the decision be made to approve this DMBC.

3. Public consultation and how this influenced the proposal

Obtaining the views and feedback of the public and of interested parties has always been an important consideration when considering the future of the services at ESHC.

Formal public consultation commenced on 2 February 2020, with the expectation of this closing on 30 April 2020. The advent of Covid-19 and its impact on the CCG's ability to continue the consultation during the first lockdown led to a decision to suspend all face-to-face engagement from 16 March 2020 and to fully suspend the consultation on 1 April 2020. This was done in line with Government guidance and to ensure the health and safety of the public and the CCG staff.

The CCG kept the pause to the consultation under active review and continued to liaise with the East Sussex HOSC throughout this period. At their meeting on 29 July 2020, the Governing Body supported a recommendation to restart the consultation on 4 August 2020. The HOSC also restarted their statutory consultation with the CCG on the proposals at this time. The public consultation formally concluded on 14 September 2020, making the total duration of the consultation 14 weeks.

The CCG appointed Opinion Research Services Ltd. (ORS) to manage the consultation feedback (including responses to the consultation questionnaires but also collating

feedback from consultation activities as well as social media). ORS were also commissioned to independently and faithfully report the consultation outcomes to the CCG so that the final decision-making business case could be developed.

The final consultation feedback report confirmed that:

- The CCG consultation process met the best practice standards for statutory consultation and public engagement process. These were deemed to be “*open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.*”
- The CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process.

ORS’s report identified 10 crosscutting themes from the consultation feedback:

- **Disagreement with the proposal** - There was strong disagreement with the proposal to close ESHC across all of the research strands and stakeholder type.
- **Praise for accessibility and convenience** - Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with which it could be accessed by service users.
- **Travel and access of most concern** - The overriding concerns about the proposal to close ESHC were around the impact on travel times and costs, transport, and access to alternative services.
- **Potential for impacts on specific groups were raised** - Potential equality impacts of the proposals focused predominantly on the important issues of access to services, highlighting the needs of people with disabilities, older people, people on low incomes and those living with Mental Health problem(s).
- **Temporary residents and those without fixed addresses were highlighted** - Other groups identified as being vulnerable to changes were those who are homeless or rough sleeping, as well as temporary residents (i.e. students) and visitors to Eastbourne,
- **Capacity of alternative services was an issue for many** - The number of patients seen each year at the ESHC being sufficient to justify keeping it open, with concerns about increased pressure on other services; misgivings about alternatives to the ESHC; and the capacity of other GP surgeries to take on the ESHC registered patient list,
- **Small minority of agreement** - The small minority who agreed with the proposal cited concerns about the quality of care provided at the ESHC and duplication of services as reasons for doing going ahead with the closure,
- **Some alternatives suggested** - Closing the walk-in service but retaining the GP practice; introducing or extending other support for those with complex needs, as well as rough sleepers and homeless people; relocating the service to a better or cheaper location; and reducing the opening hours to improve sustainability of the service,
- **Communication and education important** - The importance of communication and education about local services, including the alternatives to the walk-in service, was raised across all feedback channels,
- **Criticism of consultation** - The consultation itself was criticised – particularly in the context of the ongoing Covid-19 pandemic and related lockdown measures – with some respondents arguing the proposals themselves should be dropped completely as a result, or that the consultation and decision-making should be delayed.

4. East Sussex HOSC consultation

The East Sussex HOSC considered the proposals set out in the PCBC to be a substantial variation to services, requiring a formal consultation with the Committee. The HOSC established a dedicated HOSC Review Board, which restarted their consultation process at the same time as the CCG public consultation restarted.

The HOSC Review Board completed its interim report at the beginning of September 2020 and submitted this to the East Sussex HOSC where it was formally agreed.

The Review Board has subsequently received the ORS consultation feedback report and finalised the scrutiny review of the CCG proposals on the future of ESHC.

The Review Board's final report has been shared with the CCG to inform the DMBC. This report highlighted the importance of support to homeless communities, access to town centre Primary Care provision, local people being aware of what services are available and how they can access them. It also stressed the importance of informing people about the proposed changes, which should encompass a range of methods, including traditional communications channels, as well as care navigation.

5. Post-consultation proposal

A significant majority of respondents to the public consultation opposed the proposal. The CCG recognises the importance of access to services and has carefully and systematically analysed the consultation outcomes and balanced it with evidence that has been collected since the PCBC and in response to the consultation. This process informed the CCG considerations during the DMBC development process in order to ensure consultation feedback informs final proposals.

The CCG has reviewed each of the public consultation themes to assess their impact upon the proposal as set out in the PCBC. For some of these themes there were no specific recommendations arising that had not been previously considered. Other themes, however, identified further actions that have subsequently been incorporated into the post-consultation proposal. These actions have, broadly, fallen into the following areas:

- Dedicated support for patients on the registered list during the transition a new practice.
- Commissioning of regular drop-in clinics to support vulnerable patient groups (rough sleepers and homeless).
- Commissioning an interim service from the ESHC base whilst the changes take place to provide nursing support and to signpost patients to other services to meet future healthcare needs.
- Development of a wide ranging communications and engagement programme that will promote alternative services, financial support for eligible patients in terms of travel schemes, allow appointment options to give patients informed choice in how they access consultation services (remotely or face to face).

In summary, the post-consultation proposal is as follows:

- **Carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the Centre's branch surgery in Eastbourne town centre has been established. This is in response to people telling us that continued**

provision of town access is important.

- **Commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients.**
- **Decommission the WIC function at ESHC.**
- **Following the registered list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months).**

The CCG is proposing to decommission the WIC function because it is primarily used by local people to access general Primary Care services, and there is a decreasing demand for this service, while there are now more services available, including capacity within Primary Care Improved Access (PCIA) service, offering additional appointments in the evenings and at weekends. There are now new ways of accessing advice from GPs and other primary care professionals via remote consultations (on the phone, online and video). The WIC now offers duplicate services to local people, and our ambition is to offer local people streamlined and holistic care when they have a same-day Primary Care need, accessible via a single point of contact such as NHS 111 Clinical Assessment Service (CAS). In addition, the WIC is not necessarily the best place for many people to receive care and most people who use the WIC are registered with a local GP.

The CCG is proposing to re-allocate patients from the ESHC GP list to the new Victoria Medical Centre. This is because the centre has good capacity to support these patients and a good quality range of services available that people can benefit from. It also enables continued town centre provision through the commitment of the practice to open a branch surgery. Patients can exercise choice in which practice they register with and the CCG will support this as required.

6. Impact on patients

The DMBC identifies the following as benefits to patients because of the post-consultation proposal:

- There will be a reduction in variation of same-day and Urgent Care services, which will make it easier for patients access the most appropriate service - our post-consultation proposal aims to encourage people to contact NHS 111 CAS as their first point of contact. This means that there will be less confusion for patients how and where to access Urgent Care.
- By using NHS 111 CAS patients will be able to have their symptoms assessed and be given appropriate advice and support quickly. When required, they will be able to be booked to the local service that can help them best. This means that there will be reduced need for multiple visits to different services.
- We want to encourage people to register with a GP – this means, for example, that those with complex health needs such as a long-term condition are better supported to manage their condition.
- Our local practices are organised into Primary Care Networks (PCNs) – this means that patients who are registered with a GP will have access to extended and specialist services offered by both GP surgeries and PCNs. This is because groups of practices working together can share specialist staff and knowledge.
- By being able to access care and advice via NHS 111 CAS, or remote consultation in a GP practice, patients may not need to unnecessarily leave the house or pay for travel.

- Patients will be able to access more advice that will support them in self-managed care – either via NHS 111 CAS, remote consultation with their own GP surgery or support from a community pharmacy.
- Rough sleepers and homeless will be able to access dedicated GP and nurse drop-in sessions, and those with complex needs will have access to additional support from social prescribers and mental health practitioners currently being recruited by PCNs.

Following the implementation of the post-consultation proposal (subject to the Governing Body's decision), the following services will continue to be available for patients who require same-day urgent care and support:

- GP surgery in-hours – between 8.30 am until 6.30 pm
- PCIA appointments and extended hours appointments – in the evenings and at weekends.
- Community Pharmacy – including access to urgent prescriptions via NHS 111 and additional services through the Community Pharmacy Consultation Service.
- Urgent Treatment Centre (UTC) – seven days a week, 10 am to 10 pm.
- Accident and Emergency (A&E) department – for emergencies.
- Other options that patients could be signposted to, for example mental health services or services for vulnerable communities.

Many of these services are now available by NHS 111 CAS.

7. Additional actions supporting patients and implementation

In recognition of the importance of supporting patients and local people during the transition, and that provision is made for those patients identified as vulnerable, and those community groups that were highlighted in the EHIA as potentially impacted by the post-consultation proposal, further supporting actions are proposed:

- **The dispersal process will only commence once the Victoria Medical Centre (once opened in Spring 2021) has established its town centre branch surgery.**
This will be supported with the following additional mechanisms:
 - Dedicated drop-in sessions and telephone line for patients and carers to address any questions or concerns.
 - Support to patients not wanting to move to the Victoria Medical Centre to register with another practice of choice in whose catchment area they live.
- **Support services for vulnerable patient groups (rough sleepers and homeless people) are established in the town centre before the closure of ESHC:**
 - Commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients.
 - Ensure links with homeless/rough sleeper services to support ongoing registration of these communities with Primary Care services.
- **In order to ensure that all registered patients have been supported to register with another practice and to allow a significant length of time for all new services (such as NHS 11 CAS and the rough sleepers and homeless group service) to have been established, we will continue to commission the walk in aspect of the service at ESHC for an interim period (likely three to four months).**
 - This will support people during the changes and advise on how to access services to meet their needs.
 - This service will be Nurse-led and will manage the immediate needs of various patient groups; this may include visitors and international students over the

summer period in 2021; and for rough sleepers and homeless people while the drop-in clinics are established. This will support care navigation and ensure our vulnerable groups have support in accessing new services.

- The CCG has assessed the activity at ESHC from July, August and September 2020. We do not know yet what demand will be like in the same period next year. This is because of the Covid-19. We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity.
- **We will develop a wide-ranging communication and engagement programme, including care navigation, that will include:**
 - Information and promotion of the NHS 111 CAS and services that can be accessed by calling 111 (including community pharmacy, GP in-hours, PCIA, UTCs, A&E department); we will ensure our publicity is using various communications channels that reach different age groups as highlighted in our EHIA.
 - Information about transport and travel plans; access options to alternative services for deprived communities, people with disabilities, other vulnerable groups and visitors; and awareness of the non-emergency Patient Transport service and/or the NHS Healthcare Travel Scheme for people eligible for the schemes.
 - information and promotion of appointment options to patients to allow informed choice on their consultation type, including access to face-to-face appointments, telephone, online or video consultations (remote consultations and access); this advice will include information on how to access translation services and also promote interpreting services for those whose English is not the first language and may not be able to communicate in English.
 - Advice and information about what Mental Health services are available across Eastbourne to support patient population in accessing the most appropriate services for their health care needs.
 - Targeted communications specifically aimed at patients from vulnerable groups and other groups that were highlighted in the consultation feedback and our EHIA (such as international students and tourists) provided in ways that best reach their audience; we will do this by working with, for example, with voluntary care organisations, existing services, English language schools (for international students).
 - Work with GP practices to ensure awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs).

8. GP Registered list

When Victoria Medical Centre opens in Spring 2021, this development will create a facility that can cater for 30,000 patients. The three practices have an existing combined registered patient list of 23,265, meaning there is capacity to welcome 6,000 more new patients.

ESHC currently has a registered patient list of just over 3,200, and we propose to move these patients to Victoria Medical Centre. Those patients who do not want to move to Victoria Medical Centre will be able to choose to move to another practice of their choice

at any time (providing they live within the catchment area of that practice). This will still leave a spare capacity of just under 3,000 to support population growth.

9. Next steps

Should the CCG's Governing Body support the post-consultation proposal and approve the DMBC, the proposals will be submitted to the East Sussex HOSC on 10 December 2020 with the indicative implementation plan as follows:

Step / Action	Start Date	Completion Date
Governing Body to consider the DMBC in Public and approve the proposed preferred option.	09 December 2020	09 December 2020
East Sussex HOSC meeting to review the CCG Governing's Body decision.	10 December 2020	10 December 2020
Contract Notice issued to the provider of services at ESHC – subject to the outcome of the CCG Governing Body decision and consideration by East Sussex HOSC	01 January 2021 (start of the notice period)	30 June 2020 (end of the notice period)
Provider engagement with staff affected by the post-consultation proposal	January 2021	March 2021
Service Specification for the GP drop-in sessions for rough sleepers and homeless finalised and procurement route confirmed	10 December 2020	31 December 2020
Service Specification for the short-term service at ESHC finalised (including care navigation service) <i>We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity).</i>	10 December 2020	31 December 2020
Communication programme about proposed changes commences.	01 February 2021	Ongoing
Mobilisation of the GP drop-in sessions for rough sleepers and homeless.	01 January 2021	31 March 2021
Mobilisation of the Victoria Medical Centre.	In progress now	01 April 2021 (expected opening date)
Mobilisation of the Victoria Medical Centre branch surgery.	In progress now	June 2021 (expected opening of the branch surgery)
Dispersal of the ESHC GP list to Victoria Medical Centre.	June 2021	June 2021
WiC is decommissioned.	30 June 2021	30 June 2021

The interim service at ESHC goes live.	01 July 2021	31 October 2021 (end of the interim service)
Check Point 1 - Evaluation of the dispersal process to identify any lessons learnt for future.	01 July 2021	31 July 2021
Check Point 2 - Mid-point review of the interim service.	01 August 2021	31 August 2021
The interim service closes.	31 October 2021	31 October 2021
Check Point 3 – Post-implementation evaluation – including an engagement survey with patients dispersed to Victoria Medical Centre – to identify any lessons learnt and address any concerns and issues that have emerged.	01 November 2021	30 November 2021
Final Evaluation Review and update provided to the CCG Governing Body, East Sussex HOSC and local people (via website).	December 2021	December 2021

Previously considered by [governance/ engagement pathway to date]		
Org./Group/ Name	Date	Outcome
Executive Management Team (EMT)	11 May 2020	<ul style="list-style-type: none"> Consultation update – approved pause to the consultation until the end of May 2020 (previously approved at the end of March 2020).
	1 June 2020	<ul style="list-style-type: none"> Consultation update – approved finalisation of review pending submission of detailed assessment.
	15 June 2020	<ul style="list-style-type: none"> Agreed that the preferred option is to restart the consultation, pending NHS England/Improvement (NHSE/I) approval and Governing Body endorsement.
	26 October 2020	<ul style="list-style-type: none"> Report feeding back on the findings and issues identified within the public consultation.
	23 November 2020	<ul style="list-style-type: none"> The DMBC was submitted to EMT for review.
Governing Body	29 July 2020	<ul style="list-style-type: none"> Endorsed the proposal to restart the public consultation on the future of the ESHC.
East Sussex HOSC	29 October 2020	<ul style="list-style-type: none"> Report feeding back on the findings and issues identified within the public consultation.
EMT	23 November 2020	<ul style="list-style-type: none"> Scrutiny of the DMBC.
NHS England	24 November 2020	<ul style="list-style-type: none"> Post-consultation meeting to share the consultation feedback and test the post-consultation proposal and DMBC.
PCCC	25 November 2020	<ul style="list-style-type: none"> Scrutiny and assurance of the QIA, EHIA and DMBC. Proposal for managed list dispersal endorsed.

What happens next?

- 09 December 2020 – final DMBC submitted to the Governing Body.
- 10 December 2020 – CCG decision submitted to East Sussex HOSC.

Implications

Corporate goals this relates to

- Improved population health outcomes and patient experience.
- Restoring high quality and safe services prioritised to meet clinical needs.

Financial

- Based on the 2019/20 outturn, the total financial impact of the DMBC would be a net full-year reduction of £879k from the committed expenditure for services at ESHC.

Current funding for services at ESHC	Total (£'000s) Full Year
WiC contract (estimated proportion of costs 67%).	838
Registered list (estimated proportion of costs 33%).	412
TOTAL	1,250
Proposal – de-commissioning of WiC – revenue released for re-investment.	(838)
Removal of the Additional Primary Medical Services (APMS) contract for the registered list.	(412)
SUB-TOTAL – revenue savings	(1,250)
Dispersal of the registered list on the typical General Medical Services (GMS) rate (3,215 patients).	289
GP and community nurse drop-in sessions (52 weeks per year) – indicative.	82
NET IMPACT (savings)/cost	(879)

- The principal driver for the business case and its proposal is not to achieve financial savings. Any potential efficiencies would be reviewed with a plan to reinvest in other services that support local people.
- The net financial impact outlined in the table above does not take account of any additional costs or investment in other services that will be made to support the implementation of the proposal, for example:
 - Commissioning of the transitional service for a short period of time.
 - Any activity transfers to other providers (for example, to NHS 111 CAS or UTCs).
- The proposal is considered to be financially low risk by the CCG.

Risk, legal and other compliance

- The final consultation feedback report confirms that the CCG

	<p>consultation process met the best practice standards for statutory consultation and public engagement process.</p> <ul style="list-style-type: none"> • The ORS assessed the consultation process as “open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.” • The ORS report also acknowledges the CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process. • EHIA and QIA have been undertaken as part of ensuring the CCG meets its statutory duties and is able to address any recommendations arising from these. This can be seen in Pack B.
Quality and safety	<ul style="list-style-type: none"> • A Quality Impact Assessment (QIA) for the DMBC has been carried out (and can be seen in Pack B). It highlights that there will be no impact on patient safety because of the closure of the WiC and dispersal of the ESHC GP registered list. This is despite the Covid-19 pandemic, which has changed the way people access health and care services and the need to reduce the risk of infection across local service. In addition, there is a need to ensure that access to services is more streamlined and joined up, increasing the overall patient experience. • There is a small risk that some patients may not access the right service in the initial period after the closure of the WiC. This will be mitigated by the extensive communications and engagement programme, and by commissioning a transitional service at ESHC. This service will include nursing support to manage the immediate needs of various patient groups, and visitors and international students over the summer period in 2021. In addition, we are proposing to commission GP and community Nurse drop-in clinics before the closure of the WiC, which will support the most vulnerable people in our community.

<p>Equality, diversity and health inequalities</p>	<ul style="list-style-type: none"> • The EHIA for the post-consultation proposal has been updated since the PCBC to reflect the learning and actions arising from the consultation and can be found in Pack B. • An assessment of the consultation feedback, and monitoring of the impact of Covid-19 upon local services, has provided no material evidence to substantially vary the Case for Change as set out in the PCBC. • The EHIA review has, however, led to proposal revisions in DMBC. The post-consultation proposal are to be supported by: <ul style="list-style-type: none"> ○ Ensuring that rough sleepers and homeless continue to have access to Primary Care services via regular GP and Nurse drop-in clinics. ○ Supporting healthcare access to low income households and other vulnerable communities: <ul style="list-style-type: none"> ▪ For registered patients, this mean the ability to access a branch surgery within town once the patient list is dispersed. ▪ For all eligible patients, awareness of the non-emergency patient transport service and/or the NHS Healthcare Travel Scheme • Supporting the dispersal of the registered patient list to the Victoria Medical Centre with: <ul style="list-style-type: none"> ○ Drop-in sessions and telephone dedicated line for any arising questions or concerns. ○ Support to patients choosing instead to register with another practice within the area.
<p>Patient and public engagement</p>	<ul style="list-style-type: none"> • ORS, the independent organisation appointed by the CCG to analyse and report on the consultation, made the following statement on the quality and robustness of the consultation process in its final report: <i>“As an established social research practice with experience of analysing and reporting outcomes from public engagements and statutory consultations across the UK, ORS confirms that the formal consultation process undertaken by NHS East Sussex CCG meets the standards laid out above. It was open, accessible and followed ‘good practice’ guidelines in both its scale and the balance of elements used. The CCG took appropriate action to ensure that the potential impacts of the Coronavirus pandemic on the consultation process were appropriately mitigated, including pausing and subsequently extending the consultation period.”</i>
<p>Health and wellbeing</p>	<ul style="list-style-type: none"> • The CCG is proposing to decommission the WiC because most Most people who use the WiC are registered with a local GP, and very often walk-in services do not lead to the optimal response for that person, such as not being able to requests blood tests, or refer onward for specialist investigations. This can contribute to inequalities for our vulnerable populations. We want to make sure that they can get the service they need from their own GP practice.

	<ul style="list-style-type: none"> • By dispersing the ESHC registered list, patients will benefit from an extended range of services available through the bigger practice, including improved access to services supporting immunisation, diabetes, cancer screening or proactive care planning. • There is also a wide range of support services across Eastbourne which in partnership with local primary care provide support to improve health and wellbeing of people. These include: <ul style="list-style-type: none"> ○ Interventions targeting smoking – this is being taken forward by the East Sussex Tobacco Control Partnership together with the East Sussex Smoke-Free Pregnancy Partnership. ○ The East Sussex Healthy Weight Partnership is working local work on targeting obesity. This includes the promotion of physical activity and healthy eating, the Diabetes Prevention Programme, and services supporting effective weight management, for example, specialist weight management services for people severe obesity. ○ The East Sussex Alcohol Partnership supports people to enjoy alcohol in moderation and are also developing plans to introduce Alcohol Care Teams for hospitals with the highest rates of alcohol-dependent admissions.
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Appendices

- Annex - The Future of Eastbourne Station Health Centre – Decision Making Business Case – attached as a separate document
- In Pack B –
 - Equality and Health Inequalities Impact Assessment
 - Quality Impact Assessment

The future of Eastbourne Station Health Centre

Decision-making Business Case

Date:	26 th November 2020
Version:	1.1 – FINAL FOR CCG GOVERNING BODY
Name of originator/ author:	Robert Szymanski, Head of Urgent Care (commissioning) Darren Elliott (Lead Urgent Care Manager) Kate Naylor (Urgent Care Manager)

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1.0 Executive Summary

This Decision-Making Business Case (DMBC) was produced by the East Sussex CCG.

The DMBC is a document which sets out the information necessary for our Governing Body to decide on the proposals for the future of Eastbourne Station Health Centre (ESHC). The DMBC builds on the pre-consultation business case (PCBC), which was agreed by Eastbourne, Hailsham and Seaford (EHS) CCG in January 2020. On 1 April 2020, EHS CCG merged with Hastings and Rother CCG and High Weald Lewes Havens CCG to form the East Sussex CCG.

The document provides a summary of the context and of the case for change as outlined in the PCBC. The DMBC also provides an analysis of the feedback received from the public consultation and the consultation with the East Sussex Health and Overview Scrutiny Committee, and an updated post-consultation proposal that has been informed by the feedback received from local people and stakeholders during the consultation process.

A significant majority of respondents to the public consultation opposed the proposal. The CCG recognises the importance of access to services and has carefully and systematically analysed the consultation outcomes and balanced it with evidence that has been collected since the PCBC and in response to the consultation. This process informed the CCG considerations during the DMBC development process in order to ensure consultation feedback informs final proposals.

Case for Change – Strategic and Local context

The 2013 review into urgent and emergency care (UEC) services undertaken by Professor Sir Bruce Keogh and the 2014 Five-Year Forward View (5YFV) identified that there is a complex and fragmented mix of Walk-in Centres (WICs), Minor Injury Units (MIUs) and urgent care centres (UCCs), which are difficult to navigate for people who have urgent and same-day primary care health care needs.

The Keogh's report recommended, and the 5YFV mandated, CCGs to ensure that from December 2019, all urgent care services must conform to a standardised model of Integrated Urgent Care (IUC).

The purpose of the standardised IUC is to bring together a range of services, through the new NHS 111 Clinical Assessment Services (NHS 111 CAS) to provide the public with access to both treatment and clinical advice in the right place and time, and from the right person.

In 2016 the GP Forward View (GPFV) directed CCGs to commission additional Primary Care Improved Access (PCIA) hubs to provide additional and more convenient capacity to better deal with same-day demand for primary care.

The 2019 NHS Long Term Plan (LTP) set out a further ambition to streamline the way urgent and emergency care is delivered by introducing NHS 111 with a multidisciplinary Clinical Assessment Service and Urgent Treatment Centres (UTC). The LTP set out the requirement for NHS 111 CAS to be the main point of contact for bookable appointments across primary, community and acute services.

In response to the strategic directions, we have continued to develop an IUC model comprising the following elements:

- NHS 111 CAS as the main point of access for people who have urgent health or social care needs
- "Bookability" – the ability for NHS 111 and CAS to book an appointment with the appropriate service for those patients who need to be seen face-to-face, including appointments at UTC, a PCIA hub, GP practice or another community service

- UTCs – to provide consistent access to an urgent care service to diagnose and deal with many of the most common ailments for which people often go to Accident and Emergency (A&E) departments

In addition to the above, we commissioned additional Primary Care Improved Access (PCIA) appointments, which are available for patients in the evenings (after 6.30pm) and in the mornings and early afternoons at weekends and bank holidays, including bank holidays.

Following the establishment of these new and additional services, we reviewed our current provision of urgent and same-day primary care services in Eastbourne, including the walk-in centre (WIC) at ESHC. We established that the WIC is used mainly by people to access general primary care services to manage minor ailments, which can often be managed via self-care. We also identified that there are other services available locally that offer support for patients for their urgent and same-day primary care needs. These services include:

- self-care and signposting services (for example, community pharmacies, NHS 111, Health and Social Care Connect)
- primary care - GPs during core hours, Improved Access out-of-hours on weekdays and at weekends (face-to-face, telephone and video consultations), and Primary Care Minor Injury locally commissioned service
- services for people with complex and multiple needs (for example, Rough Sleepers' Initiative, Rapid Rehousing Pathway, High Intensity User service, substance misuse services, drop-in services for patients with mental health issues)
- new IUC services, for example, UTCs and NHS 111 CAS

Based on this review, the PCBC put forward the following proposals:

- to de-commission the Walk-in Centre (WIC) at ESHC (including re-registering the small ESHC GP registered list to other local practices using a managed dispersal process)
- to commission Care Navigation to support people during the two months before the proposed closure to help inform people how to access other services
- to ensure that local services continued to collaborate as they developed (for example via Primary Care Networks (PCNs) to provide the future model of Integrated Urgent Care (IUC) supports people in a holistic and streamlined way, drawing on the relevant service
- to develop a wide-ranging communication and engagement programme to support patient population to make the best choices for their healthcare.

Impact of Covid-19 pandemic on local services

The Covid-19 pandemic has had a profound effect on the delivery of NHS services and the behaviour of people in the way they access healthcare. There have been rapid developments to the operational delivery of services to ensure patients who are Covid-19 positive receive the treatment they need, and at the same time, to protect those who are most at risk and need to access healthcare services. For example:

- Services adopted new clinical streaming approaches for patients with suspected or confirmed Covid-19 by separating care pathways into “red” (Covid-19) and “green” (non-Covid-19) pathways – these pathways continue to operate, for example, in local UTCs and A&E departments.
- In line with the NHS guidance, some primary care services operate a “total triage”/“call-back” system whereby patients are asked to call a dedicated number for initial clinical triage, and then offered appointment (remote or face-to-face) – those patients who are assessed as requiring a face-to-face appointments are offered an appointment with a clinician at a pre-arranged time slot
- Across East Sussex, primary care “hot hubs” have been introduced where patients who are Covid-19 positive can see a GP when needed – the hubs are separate locations from the

existing GP practices to minimise the risk of infection. In Eastbourne, the hot hub is in Hampden Park.

- Services, including GP surgeries, introduced new access methods to provide care and advice via telephone, video or online consultations (remote consultations).
- People requiring face-to-face appointments have been offered pre-arranged time slots, thus further minimising the infection risk by removing the need to spend time in waiting rooms.
- Electronic prescriptions became widely accessible, for example, allowing people to call their GP or NHS 111 to arrange a repeat prescription, which is then electronically transferred to a community pharmacy ready for collection.

In line with NHSE guidance on safely managing appointments during Covid-19, and aligned to other primary care services, ESHC operates a “total triage” process for patients who are registered with the GP list there and for those who would usually use the walk-in centre (WIC). Since the beginning of the pandemic, the operating model at ESHC has been as follows:

- Patients are asked not to enter the premises without having first contacted the service to avoid the risk of spreading infection.
- There is clearly displayed information on the front door to call a dedicated WIC number, NHS 111 CAS or the patient’s local practice.
- GPs or nurses working at the WIC undertake an initial remote triage with the patient. If further consultation is required, the patient is offered a remote consultation via phone, or a face-to-face appointment at a pre-arranged time is agreed

In light of Covid-19, we have re-assessed the local provision and looked at what impact the Covid-19 pandemic has had on local services and how people access them. While there have been changes to the service context in which ESHC operates, and these are described in detail in section 3.2.2, we believe that these changes do not substantively alter the Case for Change set out in the PCBC because:

- All services described in the PCBC continue to be available and it is the means of access that may have changed – often via NHS 111 or a call-back from a service with a pre-arranged appointment time in line with the national guidance and to reduce the risk of infection to staff and patients.
- Patients across the CCG continue to have access to their GPs, including appointments in the evenings and at weekends. Because of Covid-19 the location of the PCIA hub was moved to Hampden Park, with plans to revert to the previous provision from next year.
- UTCs and A&E departments have continued to accept self-presentations (walk-ins), applying “red” and “green” pathways to separate high and low-risk patients, i.e. those with Covid-19 symptoms or diagnosis and those without.
- The swifter roll-out of additional means of accessing services (e.g. telephone and video consultations) and clinical advice via remote consultations, thus enhancing patient choice, while ensuring those patients who need a face-to-face appointment are offered one.

Service development since the PCBC

During the Covid-19 pandemic, we have continued to work with providers to develop local services. The impact of the pandemic has influenced this work. Since the PCBC several service improvements and developments have been achieved, further expanding provision and capacity of same-day and urgent care services. These include:

- Progress of the IUC programme since the PCBC with:
 - The launch of NHS 111 CAS on 1 October 2020
 - Implementation of Digital Appointment Booking/Directing Booking via NHS 111 to local services, including UTCs and in-hours GP surgeries and PCIA appointments
 - Roll-out of NHS 111 First approach allowing patients to be given a pre-arranged appointment slots at A&E departments

- Mobilisation of the Sussex Home Visiting service offering GP home-visits for patients who are unable to attend a clinic
- Developments within primary care, including:
 - The merger of Bolton Road, Green Street and Enys Road surgeries into a single practice, the Victoria Medical Centre, with plans to move to a new facility by Spring 2021
 - Development of plans for the new Victoria Medical Centre to open a branch surgery in Eastbourne town centre
 - Successful recruitment of two new GPs by Green Street surgery, with plans for further two to start in 2021
 - Recruitment plans for new and additional direct clinical care roles in local PCNs under the Additional Roles Reimbursement Scheme (ARRS), which will further increase primary care resilience and capacity
 - Developments in community pharmacy with the introduction of the Community Pharmacists Consultation (CPCS) service, which can now be accessed via NHS 111 CAS

Public Consultation and Engagement

The public consultation relating to the future of Eastbourne Station Health Centre (ESHC) began on 2 February 2020 and was planned to last for 12 weeks and 4 days, ending 30 April 2020. The consultation initially ran for eight weeks, with face-to-face engagement undertaken for most of that period (six weeks and three days) and included a wide range of activities including a focus on groups identified by the Equality Health Impact Assessment (EHIA).

The impact of Covid-19 on the consultation

The onset of Covid-19 necessitated a review of the consultation process to take account of government guidance and the ability of the public to engage in the process. The CCG sought legal advice on the consultation pause as well as further independent advice from the Consultation Institute who advised that postponement should be considered if any of the following factors applied:

- if the issue was not remotely time-sensitive, and there could be an advantage in switching resources to other matters
- if key stakeholders who would reasonably expect significant face-to-face dialogue could be reluctant or have difficulty in responding by alternative (i.e. online) methods
- if key stakeholders fell into high-risk categories and would struggle to access alternative methods
- if there were shortages of staff and other resources which would affect the ability to conduct consultation to appropriate legal and other standards.

In addition, the Consultation Institute recommended that there was a re-examination of the background evidence used in the PCBC and accompanying documents after any pause, to ensure that:

- no additional information had come to light based on using the service differently during Covid-19
- no other information had come to light relating to the use of the service by particular groups that would require consideration in the planning and implementation of the consultation.

As a result of this review and the advice received from the Consultation Institute, the CCG decided to:

- suspend all face-to-face engagement as part of the consultation from 16 March 2020 in line with government guidance to ensure the health and safety of the public and CCG staff (digital platforms continued)

- pause the consultation entirely from 1 April 2020, with information remaining available on the CCG’s website throughout this period with an option for people to continue to feedback should they choose to do so.

The CCG actively and regularly reviewed the decision to pause the consultation, on each occasion carrying out thorough assessments of the situation and the government guidance in place at the time. The CCG also shared the outcomes of these reviews with the East Sussex Health Overview and Scrutiny Committee (HOSC) and the information about the pause was published on the CCG’s website.

Re-launching the consultation

The CCG reviewed the situation again in June 2020, which indicated that having paused for two months and with a changing situation with regard to lockdown measures, the time was now right for a decision to be taken about re-starting the consultation, consistent with the CCG’s statutory duties to its local people and communities. It had become clear that over the course of the previous few months that we needed to adapt to the “new world” in which we are living and that it was likely that precautions such as social distancing would have to be taken for some time. Postponing decisions until things were back to ‘normal’, therefore, was neither a possible nor appropriate option and would lead to uncertainty for local people and the provider of the service. At the same time, the CCG and the local population had adapted to using technology in new ways which had proved very effective.

Before taking any decision, the CCG undertook two key pieces of work:

- a review of the process of the first consultation period, including an assessment of what outstanding engagement remained and how this could be approached, together with any associated risk and mitigations
- a review of the PCBC to understand whether the underlying proposition had been impacted and whether it continued to be valid.

The CCG considered three options:

- Option 1: Curtailment of the consultation and analysis of the responses to date to inform the final recommendation
- Option 2: Restart the consultation during COVID-19, taking any limitations of digital mechanisms and social distancing into account
- Option 3 - Delay the consultation for the foreseeable future

This review indicated that the time was right to consider re-starting the consultation, consistent with the CCG’s statutory duties to its local people and communities. The CCG also submitted the proposal to resume the consultation to East Sussex Health Overview Scrutiny Committee (HOSC). The East Sussex County Council (ESCC) confirmed that its HOSC was able to re-commence its consultation and scrutiny of the proposal. This meant that a continuation of the CCG process would also initiate the continuation of the formal consultation with HOSC via a dedicated HOSC Review Board. Advice was also sought from NHSE/I who confirmed their support for a resumption of the consultation.

Prior to re-launching the consultation, the CCG reviewed existing documents which were revised to include information about the pause of the consultation in light of Covid-19. As in the initial consultation, before the pause due to Covid-19, all documents were translated into the top five foreign languages spoken by the registered patient list at ESHC and the summary, survey and press release were also translated in British Sign Language. Easy Read versions were also produced, and all documents were made widely available both digitally and in hard copy.

Reviews were carried out on consultation responses to date and on the EHIA, as a result of which communities were identified that the CCG might need to specifically reach out to, particularly

within the context of social distancing and associated measures, and activities focused on these groups.

The consultation then restarted on 3 August 2020 and concluded on 14 September 2020.

Following the conclusion of the consultation, Opinion Research Services (ORS) the independent organisation appointed by the CCG to analyse and report on the consultation, made the following statement on the quality and robustness of the consultation process in its final report:

“The key good practice requirements for engagement programmes are that they should:

- Be conducted at a formative stage, before decisions are taken*
- Allow sufficient time for people to participate and respond*
- Provide the public and other stakeholders with enough background information to allow them to consider the issues and any proposals intelligently and critically*
- Be properly taken into consideration before decisions are finally taken.*

As an established social research practice with experience of analysing and reporting outcomes from public engagements and statutory consultations across the UK, ORS confirms that the formal consultation process undertaken by NHS East Sussex CCG meets the standards laid out above. It was open, accessible and followed ‘good practice’ guidelines in both its scale and the balance of elements used. The CCG took appropriate action to ensure that the potential impacts of the Coronavirus pandemic on the consultation process were appropriately mitigated, including pausing and subsequently extending the consultation period.”

Outcomes of the public consultation

The following activities and responses were received as part of the public consultation process:



The final report identified ten overarching themes from the consultation feedback. The full report is available on the CCG website:

- Disagreement with the proposal** - There was strong disagreement with the proposal to close Eastbourne Station Health Centre (ESHC) across all of the research strands and stakeholder type
- Praise for accessibility and convenience of ESHC** - Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with which it could be accessed by service users
- Travel and access of most concern** - The overriding concerns about the proposal to close ESHC were around the impact on travel times and costs, transport, and access to alternative services
- Potential for impacts on specific groups were raised** - Potential equality impacts of the proposals focused predominantly on the important issues of access to services, highlighting the needs of people with disabilities, older people, people on low incomes, people from BAME

communities and those living with mental health problem

- **Temporary residents and those without fixed addresses were highlighted** - Other groups identified as being vulnerable to changes were those who are homeless or rough sleeping, as well as temporary residents (i.e. students) and visitors to Eastbourne
- **Capacity of alternative services was an issue for many** - The number of patients seen each year at the ESHC being sufficient to justify keeping it open, with concerns about increased pressure on other services; misgivings about alternatives to the ESHC; and the capacity of other GP surgeries to take on the ESHC registered patient list
- **Small minority of agreement** - The small minority who agreed with the proposal cited concerns about the quality of care provided at the ESHC and duplication of services as reasons for doing going ahead with the closure
- **Some alternatives to/variations on proposals suggested** - Closing the walk-in service but retaining the GP practice; introducing or extending other support for those with complex needs, as well as rough sleepers and homeless people; relocating the service to a better or cheaper location; and reducing the opening hours to improve sustainability of the service
- **Communication and education important** - The importance of communication and education about local services, including the alternatives to the walk-in service, was raised across all feedback channels
- **Criticism of consultation** - The consultation itself was criticised – particularly in the context of the ongoing Covid-19 pandemic and related lockdown measures – with some respondents arguing the proposals themselves should be dropped completely as a result, or that the consultation and decision-making should be delayed

Addressing themes from the public consultation and adapting our proposal

We have reviewed each of the public consultation themes to assess their impact upon the proposal as set out in the PCBC (this is described in detail in section 5 of the DMBC). For some of these themes there were no specific recommendations arising. Other themes, however, identified further actions that have subsequently been incorporated into the post-consultation proposal.

These actions have, broadly, fallen into the following areas:

- Dedicated support for patients on the registered list during the transition a new practice.
- Commissioning of regular drop-in clinics to support vulnerable patient groups (rough sleepers and homeless) in the town centre.
- Commissioning an interim service from the ESHC base whilst the changes take place to provide nursing support, care navigation and signposting patients to other services to meet future healthcare needs.
- Development of a wide ranging communications and engagement programme (including care navigation) that will promote alternative services, financial support for eligible patients in terms of travel schemes, allow appointment options to give patients informed choice in how they access consultation services (remotely or face to face).

In summary, the post-consultation proposal is as follows:

- **carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established. This is in response to people telling us that continued provision of town access is important**
- **commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients**
- **decommission the WIC function at ESHC**
- **following the list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months)**

We are proposing to decommission the WIC function because it is primarily used by local people to access general primary care services, and there is a decreasing demand for this service, while there are now more services available, including capacity within PCIA service, offering additional appointments in the evenings and at weekends. There are now new ways of accessing advice from GPs and other primary care professionals via remote consultations (on the phone, online and video). The WIC at ESHC also now offers duplicate services to local people, and our ambition is to offer local people streamlined and holistic care when they have a same-day primary care need, accessible via a single point of contact such as NHS 111 CAS. In addition, WIC is not necessarily the best place for many people to receive care and most people who use the WIC are registered with a local GP.

We are proposing to re-allocate patients from the ESHC GP list to the new Victoria Medical Centre. This is because the centre has good capacity to support these patients and a good quality range of services available that people can benefit from. It also enables continued town centre provision through the commitment of the practice to open a branch surgery. Patients can exercise choice in which practice that register with and the CCG will support this as required.

Central to our post-consultation proposal is the ambition for all patients to be seen in the right place/service, at the right time by the right person. Those services are now becoming available via NHS 111 CAS, and include the following:

- Their own GP surgery in-hours – between 8.30 am until 6.30 pm
- Primary Care Improved Access appointments and extended hours appointments – in the evenings and at weekends
- Community Pharmacy – including access to urgent prescriptions via NHS 111 and additional services through the Community Pharmacy Consultation Service
- Urgent Treatment Centre – seven days a week, 10 am to 10 pm
- A&E department – for emergencies
- Other options that patients could be signposted to, for example mental health services or services for vulnerable communities

Impact of the post-consultation proposal on patients

We have identified the following as benefits to patients that our post-consultation deliver:

- There will be a reduction in variation of same-day and urgent care services, which will make it easier for patients access the most appropriate service - our post-consultation proposal aims to encourage people to contact NHS 111 CAS as their first point of contact. This means that there will be less confusion for patients how and where to access urgent care.
- By using NHS 111 CAS patients will be able to have their symptoms assessed and be given appropriate advice and support quickly. When required, they will be able to be booked to the local service that can help them best. This means that there will be reduced need for multiple visits to different services.
- We want to encourage people to register with a GP – this means, for example, that those with complex health needs, for example with a long-term condition, are better supported to manage their condition.
- Our local practices are organised into PCNs – this means that patients who are registered with a GP will have access to extended and specialist services offered by both GP surgeries and PCNs. This is because groups of practices working together can share specialist staff and knowledge.
- By being able to access care and advice via NHS 111 CAS, or remote consultation in a GP practice, patients may not need to unnecessarily leave the house or pay for travel.

- Patients will be able to access more advice that will support them in self-managed care – either via NHS 111 CAS, remote consultation with their own GP surgery or support from a community pharmacy.
- Rough sleepers and homeless will be able to access dedicated GP and nurse drop-in sessions, and those with complex needs will have access to additional support from social prescribers and mental health practitioners currently being recruited by PCNs.

Additional actions in response to the feedback and supporting post-consultation proposal

We recognise the importance of supporting patients and local people during the transition, and that provision is made for those patients identified as vulnerable, and those community groups that were highlighted in the EHIA as potentially impacted by our post-consultation proposal. With these points in mind, we are proposing that:

- **The dispersal process will only commence once the Victoria Medical Centre (once opened in Spring 2021) has established its town centre branch surgery.** This will be supported with the following additional mechanisms:
 - dedicated drop-in sessions and telephone line for patients and carers to address any questions or concerns
 - support to patients not wanting to move to the Victoria Medical Centre to register with another practice of choice in whose catchment area they live
- **Support services for vulnerable patient groups (rough sleepers and homeless people) are established in the town centre before the closure of ESHC.** We are planning to:
 - commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients
 - ensure links with homeless/rough sleeper services to support ongoing registration of these communities with primary care services
- **In order to ensure that all registered patients have been supported to register with another practice and to allow a significant length of time for all new services (such as NHS 11 CAS and the rough sleepers and homeless group service) to have been established, we will continue to commission the walk in aspect of the service at ESHC for an interim period (likely three to four months).**
 - This will support people during the changes and advise on how to access services to meet their needs
 - This service will be nurse-led and will manage the immediate needs of various patient groups; this may include visitors and international students over the summer period in 2021; and for rough sleepers and homeless people while the drop-in clinics are established. This interim service will support care navigation and will ensure our vulnerable groups have support in accessing other services
 - We have assessed the activity at ESHC from July, August and September 2020. We do not know yet what demand will be like in the same period next year. This is because of the Covid-19. We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity
- **We will develop a wide-ranging communication and engagement programme, including care navigation, that will include:**
 - information and promotion of the NHS 111 CAS and services that can be accessed by calling 111 (including community pharmacy, GP in-hours, PCIA, UTCs, A&E department); we will ensure our publicity is using various communications channels that reach different age groups as highlighted in our EHIA
 - information about transport and travel plans; access options to alternative services for deprived communities, people with disabilities, other vulnerable groups and

- visitors; and awareness of the non-emergency patient transport service and/or the NHS Healthcare Travel Scheme for people eligible for the schemes
- information and promotion of appointment options to patients to allow informed choice on their consultation type, including access to face-to-face appointments, telephone, online or video consultations (remote consultations and access); this advice will include information on how to access translation services and also promote interpreting services for those whose English is not the first language and may not be able to communicate in English
- advice and information about what mental health services are available across Eastbourne to support patient population in accessing the most appropriate services for their health care needs
- targeted communications specifically aimed at patients from vulnerable groups and other groups that were highlighted in the consultation feedback and our EHIA (such as international students and tourists) provided in ways that best reach their audience; we will do this by working with, for example, with voluntary care organisations, existing services, English language schools (for international students)
- work with GP practices to increase ensure awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs)

Implementation

At this stage, no decision on the post-consultation proposal has been made.

This DMBC presents the public consultation feedback together with additional information and evidence that were collated as part of this DMBC development and in response to the consultation. The purpose of the DMBC is to enable and support the CCG's Governing Body decision-making process.

Should the CCG's Governing Body support the post-consultation proposal and approve the DMBC, we will take the following steps to implement the decisions:

Step / Action	Start Date	Completion Date
Governing Body (GB) to consider the Decision-Making Business Case in Public and ratify the proposed preferred option	09/12/2020	09/12/2020
East Sussex Health Overview Scrutiny Committee (HOSC) meeting to review the CCG Governing's Body decision	10/12/2020	10/12/20
Transition plan developed and implemented with the incumbent provider (IC24), including for the short-term service - subject to the outcome of the CCG GB decision and consideration by East Sussex HOSC	01/01/2021 (start of the notice period)	30/06/2020 (end of the notice period)
Provider engagement with staff affected by the post-consultation proposal	January 2021	March 2021
Service Specification for the GP drop-in sessions for rough sleepers and homeless finalised and procurement route confirmed	10/12/2020	31/12/2020
Service Specification for the short-term service at ESHC finalised (including care navigation service) <i>We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity)</i>	10/12/2020	31/12/2020
Communication programme about proposed changes commences	01/02/2021	Ongoing
Mobilisation of the GP drop-in sessions for rough sleepers and homeless	01/01/2021	31/03/2021

Step / Action	Start Date	Completion Date
Mobilisation of the Victoria Medical Centre	In progress now	01/04/2021 (expected opening date)
Mobilisation of the Victoria Medical Centre branch surgery	In progress now	June 2021 (expected opening of the branch surgery)
Dispersal of the ESHC GP list to Victoria Medical Centre	June 2021	June 2021
Walk-in Centre is decommissioned	30/06/2021	30/06/2021
The interim service at ESHC goes live	01/07/2021	31/10/2021 (end of the interim service)
Check Point 1 - Evaluation of the dispersal process to identify any lessons learnt for future	01/07/2021	31/07/2021
Check Point 2 - Mid-point review of the interim service	01/08/2021	31/08/2021
The interim service closes	31/10/2021	31/10/2021
Check Point 3 – Post-implementation evaluation – including an engagement survey with patients dispersed to Victoria Medical Centre – to identify any lessons learnt and address any concerns and issues that have emerged	01/11/2021	31/11/2021
Final Evaluation Review and update provided to the CCG Governing Body, East Sussex HOSC and local people (via website)	December 2021	December 2021

Recommendations

The following recommendations are presented to the Governing Body for consideration and approval:

1: Approve the post-consultation Decision Making Business Case; specifically to:

- carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established.
- commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients
- decommission the WIC function at ESHC
- following the list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months)

2: Note the consultation findings and how these have informed the DMBC and resulted in the post-consultation proposal.

3: Note and approve additional actions to further mitigate any potential adverse impacts of the post-consultation proposal on groups highlighted in the EHIA.

4: Approve the submission of the Governing Body's decision to the East Sussex Health Overview and Scrutiny Committee for their consideration.

2.0 Introduction

2.1 Who we are

The East Sussex Clinical Commissioning Group (CCG), along with Brighton and Hove CCG and West Sussex CCG, work closely together as Sussex NHS Commissioners.

Each CCG is responsible for planning, developing, and buying high quality, safe and sustainable health services for local populations.

From 1 April 2020, we formed as the East Sussex CCG, comprising Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG.

We are a membership organisation, made up of 63 GP practices, led by local doctors and health professionals and are responsible for the health and well-being of more than 550,000 people.

We are part of the Sussex Health and Care Partnership (SHCP), which comprises all Sussex-wide CCGs and acute, community and mental health providers.

2.2 Aims of the decision-making business case

This DMBC sets out the information necessary for our Governing Body to decide on our proposals for the future of ESHC.

The DMBC builds on the work undertaken when developing the PCBC, which was agreed by the Eastbourne Hailsham and Seaford CCG in January 2020. This document summarises the case for change, as outlined in the PCBC, including the national drivers and local context. It describes any new services and how services have changed since the PCBC was written, including the impact of Covid-19, to establish what bearing they have on the case for change.

The DMBC also outlines the consultation and engagement process and addresses the key themes from the public consultation and East Sussex Health Overview and Scrutiny Committee (HOSC) recommendations. It also details the process undertaken and additional information and evidence we sought to form our proposals and final recommendations as well as the high-level implementation plans.

Figure 1 below summarises the different stages of the development of our proposal, which we had refined over a period of time through an iterative engagement process with local people and clinicians. This work has resulted in this DMBC.

Figure 1 – Stages of the development of the proposal for Eastbourne Station Health Centre (ESHC)



2.3 From consultation to decision-making - planning, assuring and delivering service change to patients

This DMBC sets out the information necessary for our Governing Body to decide on our proposal for the future of ESHC.

In line with the NHS England guidance on *Planning, Assuring and Delivering Service Changes for Patients* (2018)¹, the Governing Body needs to satisfy itself that the proposals set out in the DMBC meet the statutory duties and responsibilities of the CCG. These duties include:

- ensuring there is early public involvement in planning the service change
- ensuring that the service change has regard to the Joint Strategic Needs Assessment (JSNA) and is in response to the local health need
- assuring the proposed service change satisfies the NHS Four Tests for service reconfiguration
- ensuring there is engagement with the local authority on the proposed service changes
- ensuring full and consistent engagement and consultation with key stakeholders, including the public, patients, clinicians, and other system partners

The table below summarises the actions and work we have undertaken to meet our duties and responsibilities to meet our duties and responsibilities while developing this DMBC.

Table 1: Actions taken to meet the CCG’s duties and responsibilities

Summary of responsibility and duty	How did we meet it?
Ensuring there is early public involvement in planning the service change	<ul style="list-style-type: none"> • Our PCBC proposal was developed on the feedback and outcomes from an extensive engagement programme. The engagement included discussions with patients, local stakeholders, and clinicians. Our pre-consultation engagement process and how we developed our consultation proposal is described in the PCBC, which is available on our website (www.eastsussexccg.nhs.uk).
Ensuring that the service change has regard to the Joint Strategic Needs Assessment (JSNA) and is in response to the local health need	<ul style="list-style-type: none"> • We assessed local health needs for the PCBC and have refreshed this assessment for the DMBC and this is outlined in section 3.2. • We commission a range of services and interventions to address health inequalities and social exclusions and to promote health and wellbeing. We commission these services by working together with local authorities, health and care providers and voluntary sector organisations. These services are summarised in section 3.2.1 and they target the broader health determinants that impact on people’s health and their outcomes. • We have carefully considered the consultation feedback to inform our post-consultation proposal. As part of this process we have gathered new evidence to better understand local services and local needs.
Assuring the proposed service change satisfies the NHS Four Tests for service reconfiguration	<ul style="list-style-type: none"> • Our PCBC went through assurance process with NHS England (NHSE) and additional scrutiny from the South East Clinical Senate. • The DMBC has also gone through the NHSE assurance process prior to the submission to the CCG Governing Body. Section 8.3 presents the evidence of meeting the NHS Four Tests for service reconfiguration. • Our DMBC was reviewed and endorsed by the Executive Management Team of Sussex CCGs, with additional scrutiny undertaken by the Primary Care Commissioning Committee (PCCC) which assured the DMBC, the Quality Impact Assessment and the Equality Health Impact Assessment prior to the submission to the CCG Governing Body. • Although not part of the formal assurance process, we shared the findings of the public consultation and tested our post-consultation proposal with NHSE prior to submission of the DMBC to the CCG Governing Body.

¹ <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

Summary of responsibility and duty	How did we meet it?
Ensuring there is engagement with the local authority on the proposed service changes	<ul style="list-style-type: none"> Throughout the development of PCBC and DMBC we have continued to engage and liaise with the East Sussex Health Overview Scrutiny and its dedicated Review Board. The scrutiny of the Review Board has resulted in several recommendations which were considered when developing this business case. The HOSC Review Board recommendations are summarised in section 4.4, our response to the recommendations is included in Appendix 4, and the full HOSC Review Board report is available on the HOSC website (www.eastsussexgov.uk).
Ensuring full and consistent engagement and consultation with key stakeholders, including the public, patients, clinicians and other system partners	<ul style="list-style-type: none"> We commenced public consultation on 2 February, with the expectation of closing this process on 30 April 2020. Because of Covid-19 we paused the consultation, and after a rigorous review process (informed by legal advice and independent advice from the Consultation Institute), we restarted our consultation on 3 August 2020 and concluded it on 14 September 2020. In total, our consultation lasted 14 weeks. We appointed Opinion Research Services Ltd. (ORS) to independently of the CCG manage the consultation feedback and faithfully report it to the CCG. The ORS report confirmed that our consultation was “<i>open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used</i>”, and that we took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process. We received over 864 valid responses to the consultation questionnaire from a range of stakeholders. In addition to the consultation questionnaire we undertook three public meetings (including two public webinars) and 36 further additional engagement activities with local people, community groups and voluntary sector organisations. Our consultation process is detailed in section 4 of the DMBC. Section 5 outlines how we have considered the consultation feedback.
Ensuring service change proposals address inequalities and fulfil the Public Sector Equality Duty	<ul style="list-style-type: none"> We have completed an Equality Health Impact Assessment for PCBC, which we then updated when we paused and restarted our consultation because of Covid-19. We have also carefully considered the feedback from the public consultation and have updated the EHIA to identify any additional mitigating actions to inform our post-consultation proposal. The summary of EHIA is provided in section 7.1.2. We assessed the impact of the post-consultation proposal on patients and the benefits we believe it will bring to local people.

3.0 Case for Change

3.1 Strategic and Local context

The pre-consultation business case set out:

- the key strategic and national drivers for change for services providing same-day, urgent and emergency care services
- our local response to these national drivers
- what same-day care services are available to local people in Eastbourne
- who uses the Eastbourne Station Health Centre and why

The full PCBC is available on our website (www.eastsussexccg.nhs.uk), with the summary of the strategic context and background presented in the sections below.

3.1.1 Strategic and national drivers for change

The 2013 review into urgent and emergency care (UEC) services undertaken by Professor Sir Bruce Keogh, and the 2014 Five-Year Forward View (5YFV) identified that there is a complex and fragmented mix of Walk-in Centres (WICs), Minor Injury Units (MIUs) and urgent care centres (UCCs), which are difficult to navigate for people who have urgent and same-day primary care health care needs.

The Keogh's report recommended, and the 5YFV mandated, CCGs to ensure that from December 2019 all urgent care services must conform to a standardised model of Integrated Urgent Care (IUC).

The purpose of the standardised IUC is to bring together a range of services, through the new NHS 111 Clinical Assessment Services (NHS 111 CAS) to provide the public with access to both treatment and clinical advice in the right place and time, and from the right person.

In 2016 the GP Forward View (GPFV) directed CCGs to commission additional Primary Care Improved Access (PCIA) hubs to provide additional and more convenient capacity to better deal with same-day demand for primary care.

The 2019 NHS Long Term Plan (LTP) set out a further ambition to streamline the way urgent, and emergency care is delivered by introducing NHS 111 with a multidisciplinary Clinical Assessment Service and Urgent Treatment Centres (UTC). The LTP set out the requirement for NHS 111 CAS to be the main point of contact for bookable appointments across primary, community and acute services.

3.1.2 Our local response to the national drivers

Across Sussex Health and Care Partnership established a transformation programme to implement a networked model for Integrated Urgent Care. Locally, in East Sussex the model includes three clinical elements:

- NHS 111 CAS as the main point of access for people who have urgent health or social care needs
- "Bookability" – the ability for NHS 111 and CAS to book an appointment with the appropriate service for those patients who need to be seen face-to-face, including appointments at UTC, a PCIA hub, GP practice or other community service
- UTCs – to provide consistent access to an urgent care service to diagnose and deal with many of the most common ailments for which people often go to A&E departments

The introduction of the Clinical Assessment Service as part of NHS 111 means that when patients call NHS 111 and need clinical input will speak directly to a clinician who will seek to complete the call there and then without the need to transfer the patient care elsewhere. If, following this clinical assessment on the phone, the clinician feels the patient needs to be seen face-to-face, the CAS team will be able to directly book patients into an appointment at the appropriate service.

In December 2019, UTCs opened at Eastbourne District General Hospital (EDGH) and Conquest Hospital (CQ) in Hastings. The UTCs operate 365 days a year for a minimum of 12 hours. Patients can walk into a UTC or can be booked into the service via NHS 111 CAS. The service provides care for patients who have an urgent care need for their minor illness or injury.

In 2018, the CCG commissioned additional Primary Care Improved Access (PCIA) appointments, which are available for patients in the evenings (after 6.30 pm) and at weekends, including bank holidays. The PCIA appointments are in addition to the “core” GP appointments (i.e. those available Monday to Friday 8 am – 6.30 pm), and can be face-to-face, or accessed via telephone or online. At the PCBC stage, there were up to 2,000 additional Improved Access appointments per month across Eastbourne. The take-up of these appointments was in the region of 80%.

3.1.3 Same-day care services available to local people in Eastbourne

The PCBC established that the walk-in centre (WIC) at Eastbourne Station Health Centre opened in 2009 and was originally commissioned to provide routine and same-day primary care for minor conditions, ailments and injuries and to improve access to primary care.

Since the WIC opened, several new services have been introduced across Eastbourne, and local people have now access to and use the following services to meet their urgent and same-day primary care needs:

Table 2: Other primary and community services available to those who used the WIC based on our audit

<ul style="list-style-type: none"> • Support for self-care and signposting, including: <ul style="list-style-type: none"> ○ Community Pharmacies ○ Online support from the NHS website https://www.nhs.uk/ ○ Health and Social Care Connect (HSCC) ○ NHS 111 including telephone and online support 	<ul style="list-style-type: none"> • These services are available to people when they need support, information, or advice on how best to self-manage their condition or self-care. • NHS online and NHS 111 are available 24-hours per day. • HSCC is available 24 hours per day and is available to adults and can support care and health needs (with the ability to book appointments in selected community services (for example, occupational therapy). • Community pharmacies are vital services that not only support local GP surgeries but can also provide a wide variety of services to patients, including: <ul style="list-style-type: none"> ○ Dispensing of medicine (including repeat prescriptions) ○ Promotion of healthy lifestyles – including advice on healthy eating, stopping smoking and exercise ○ Signposting to other services – providing contact details for additional help if needed from other healthcare professionals, social services or voluntary organisations ○ support for self-management – helping people to look after and care for themselves and their family, including advice on treating minor illnesses or long-term conditions such as arthritis or diabetes and the provision of over-the-counter medicines
<ul style="list-style-type: none"> • Primary Care including: <ul style="list-style-type: none"> ○ GP and other primary care services during core hours, ○ Primary Care Improved Access appointments - face-to-face, 	<ul style="list-style-type: none"> • These services provide day-to-day care for patients with routine and same-day or urgent care needs. • Primary care services, which include GP surgeries, typically operate during core opening hours from 08:00 to 18:30 Monday to Friday.

<p>telephone and online appointments in the evenings and weekends</p> <ul style="list-style-type: none"> ○ Primary Care Minor Injury Services – Locally Commissioned Service ○ WIC services 	<ul style="list-style-type: none"> ● Improved Access appointments are available outside the core opening hours and are available in the evening and at weekends. These appointments are available to all people registered with a GP in East Sussex. ● In addition to IA appointments, local Primary Care Networks (PCNs) offer Extended Hours appointments. These appointments are offered available to patients registered with a GP practice in each of the PCNs. ● A Locally Commissioned Service (LCS) for Minor Injuries is also available in GP surgeries in Eastbourne. Each practice provides the service to its own patients.
<ul style="list-style-type: none"> ● Services for people with complex and multiple needs, including: <ul style="list-style-type: none"> ○ Rough Sleepers' Initiative ○ Rapid Rehousing Pathway ○ High Intensity Users Service ○ Drop-in mental health services for adults ○ iROCK youth mental health drop-in service ○ Community Connectors, a free service for adults experiencing social issues ○ Drug and alcohol recovery services 	<ul style="list-style-type: none"> ● These services provide care and support for people with complex and multiple needs, some of which are not always health related. ● The services operate typically without the need for a booked appointment and often a range of drop-in sessions depending on the need of the patient. The drop-in sessions are usually available in a range of convenient locations throughout the working week (Monday to Friday). ● The services have established links with local GP surgeries and link with multidisciplinary teams to make sure that patient's needs are met.

3.1.4 Who uses the Eastbourne Station Health Centre and why

To help us better understand who uses the services at the ESHC we commissioned an audit of the walk-in centre (WIC) activity. This was undertaken in September 2018 and showed that:

- most people attending lived in the closest postcode areas to the ESHC WIC
- 43% of people attending WIC were aged between 26 and 65
- 1.5% of people attending had declared disabilities
- 11% of people were listed as living in temporary accommodation; all other patients live in permanent housing; none were asylum seekers or of no fixed abode
- no patients who attended the WIC were classed as vulnerable
- people were seen by a range of specialists including GPs, Advanced Nurse Practitioners, Nurses and Healthcare Assistants
- the outcome of the visit for 65% of people was a prescription and for 21% self-care (reflecting a combined total of 86% of the attendances audited): this means that people could be supported in other primary care or community care services, for example, they could be signposted to GP services, PCIA, a community pharmacy or the NHS Community Pharmacist Consultation Service (CPCS) or offered self-care advice
- 5% of people had mental health or substance misuse issues, or a combination of the two;
- 3% of people were referred to the A&E department for urgent treatment

Our audit showed that people who use the WIC could receive a support in an alternative service that is already in place in the local area.

Table 3: Other primary and community services available to those who used the WIC based on our audit

Local services to support people with the following needs	% of patients who used the ESHC WIC for these services
Supported self-care and signposting	21%
Primary care (specifically prescription needs)	65%
Complex and multiple needs	5%
Sub-total for potentially suitable for community-based services	91%
Transferred to Accident and Emergency	3%
Other	6%
Total	100%

In our PCBC we showed that since the establishment of the WIC there is now a range of services that are now available for patients who require support for minor illnesses and injuries.

Table 4: Primary and community services for minor injuries and illnesses

Condition	Walk-In Centre	General Practice	Primary Care Improved Access & Extended Hours	Community Pharmacy	Minor Injuries LCS	Urgent Treatment Centres	NHS 111 Clinical Assessment Service (launched on 1 st Oct 20)
Minor cuts, bruises, burns, strains, insect and animal bites	✓	✓	✓	✓	✓	✓	✓ (advice, onward referrals, direct booking in relevant service)
Stitches, wound and dressing care** (see note below the table)	✓	✓			✓	✓	✓ (advice, onward referrals, direct booking in relevant service)
Prescribing	✓	✓	✓	✓		✓	✓ (can arrange prescription at community pharmacies)
Infections, rashes, hay fever	✓	✓	✓	✓		✓	✓ (advice, onward referrals, direct booking in relevant service)
Stomach aches, vomiting and/or diarrhoea	✓	✓	✓	✓		✓	✓ (advice, onward referrals, and direct booking in relevant service)
Blood pressure checks	✓	✓	✓	✓		✓	
Emergency contraception	✓	✓	✓			✓	

** Patients requiring wound care support for pressure ulcers or diabetic foot ulcers access the advanced wound care service, which is commissioned across the whole of East Sussex.

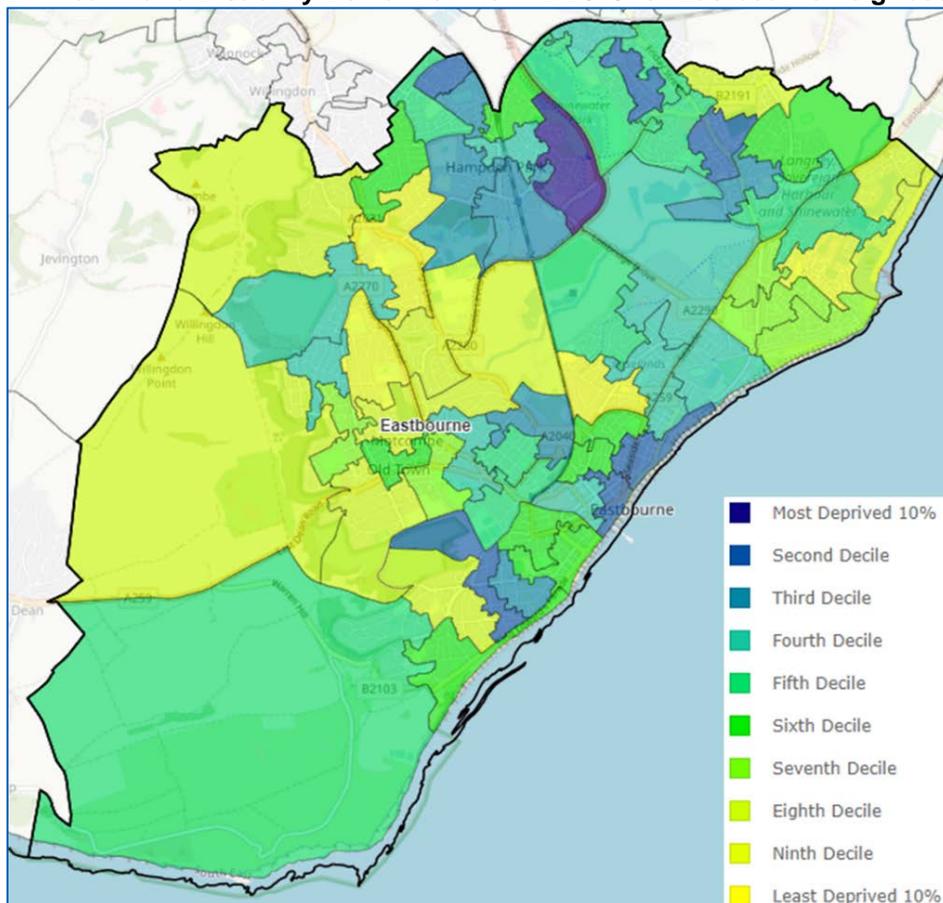
3.2 Local needs and Service changes since PCBC

3.2.1 Local health needs

We have refreshed our deprivation analysis using the 2019 Index of Multiple Deprivation (IMD). This has shown that Eastbourne ranks as 106 out of 317 local authorities (where 1 is the most deprived, and 317 least deprived).

Within the Health and Disability Domain of the IMD, which measures the risk of premature death and the loss of quality of life through poor physical or mental health, Eastbourne neighbourhoods range from the 8th decile (less deprived) to the 2nd decile (more deprived). This is shown in Figure 2.

Figure 2 – Health and Disability Domain of the IMD 2019 for Eastbourne neighbourhoods

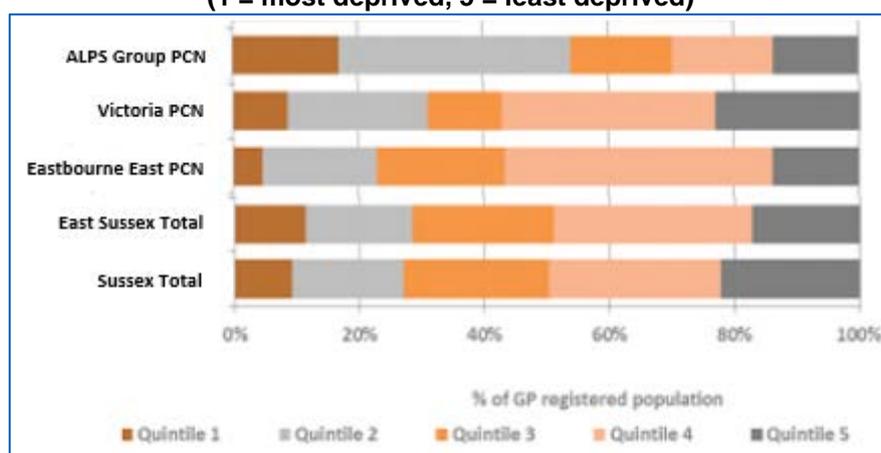


Data source: <http://www.eastsussexinfigures.org.uk/imd2019/imd2019a/atlas.html>

There is a variation in deprivation profiles between Eastbourne PCNs - ALPS Group, Victoria PCN and Eastbourne East PCN². In ALPS Group PCN, approximately 20% of people live in the nationally most deprived quintile, whereas in Eastbourne East PCN this percentage is less than 10%.

² ALPS Group PCN = Grove Road Surgery, Lighthouse Medical Practice, Seaside Medical Centre, Arlington Road Surgery, Park Practice; Victoria PCN = Bolton Road, Green Street, Enys Road (now part of Victoria Medical Centre), Eastbourne Station Health Centre, Eastbourne East PCN = Downlands Medical Centre, Stone Cross Surgery, Sovereign Practice, Manor Park Medical Centre, Harbour Medical Practice

**Figure 3 – Primary Care Networks by national deprivation quintile
(1 = most deprived, 5 = least deprived)**



Data source: East Sussex Health and Social Care Plan

We know that deprivation is often a key factor which leads to health inequalities and poor health outcomes for local people. In addition to health and care services provided by the public sector and the voluntary sector, we work with local partners to commission services and support for local people that address health inequalities, including:

- There are local interventions targeting smoking – this is being taken forward by the East Sussex Tobacco Control Partnership together with the East Sussex Smoke-Free Pregnancy Partnership
- The East Sussex Healthy Weight Partnership is working locally on targeting obesity. This includes the promotion of physical activity and healthy eating, the Diabetes Prevention Programme, and services supporting effective weight management, for example, specialist weight management services for people severe obesity.
- We are working with the East Sussex Alcohol Partnership on supporting people to enjoy alcohol in moderation and are also developing plans to introduce Alcohol Care Teams for hospitals with the highest rates of alcohol-dependent admissions.

While we are yet to fully understand the impact of Covid-19 on deprivation and wider determinants of health, we continue to work with our system partners – East Sussex County Council (ESCC), district and borough councils, voluntary sector organisations, health and care providers – to address the needs of local people and communities. This includes:

- Restoring local primary, community and secondary care services to as near normal pre-Covid-19 levels as possible
- Working with NHS England and PCNs to introduce an enhanced service for the provision of Covid-19 vaccinations
- Further developing PCNs and supporting them to recruit to additional roles under the Additional Roles and Responsibilities Scheme (as set out in section 3.2.4), which will promote further integration of services and extended primary care support available to patients
- Increasing access to appropriate care for those with specific mental health needs by focusing on greater integration of mental health care into local services, including primary and community care
- Engaging with targeted population groups and communities to understand how best to support them
- Commissioning a Locally Commissioned Service to help identify and manage BAME and other vulnerable communities at risk of adverse effects of Covid-19

- Implementing population health management approach to the commissioning and delivery of services – which includes Locally Commissioned Services to enhance focus on prevention and targeted initiatives to manage patients with risk factors around long-term conditions (such as diabetes, high-blood pressure, or respiratory conditions/COPD) or substance and drugs misuse
- Supporting PCNs to deliver their contractual requirements to develop extended access appointments service further, deliver enhanced care in nursing homes, and introduce early cancer diagnosis service

3.2.2 Impact of Covid-19 pandemic on local services

The Covid-19 pandemic has had a profound effect on the delivery of NHS services and the behaviour of people in the way they access healthcare.

There have been rapid developments in the operational delivery of services to ensure patients who are Covid-19 positive receive the treatment they need, and at the same time, to protect those who are most at risk and need to healthcare services. For example:

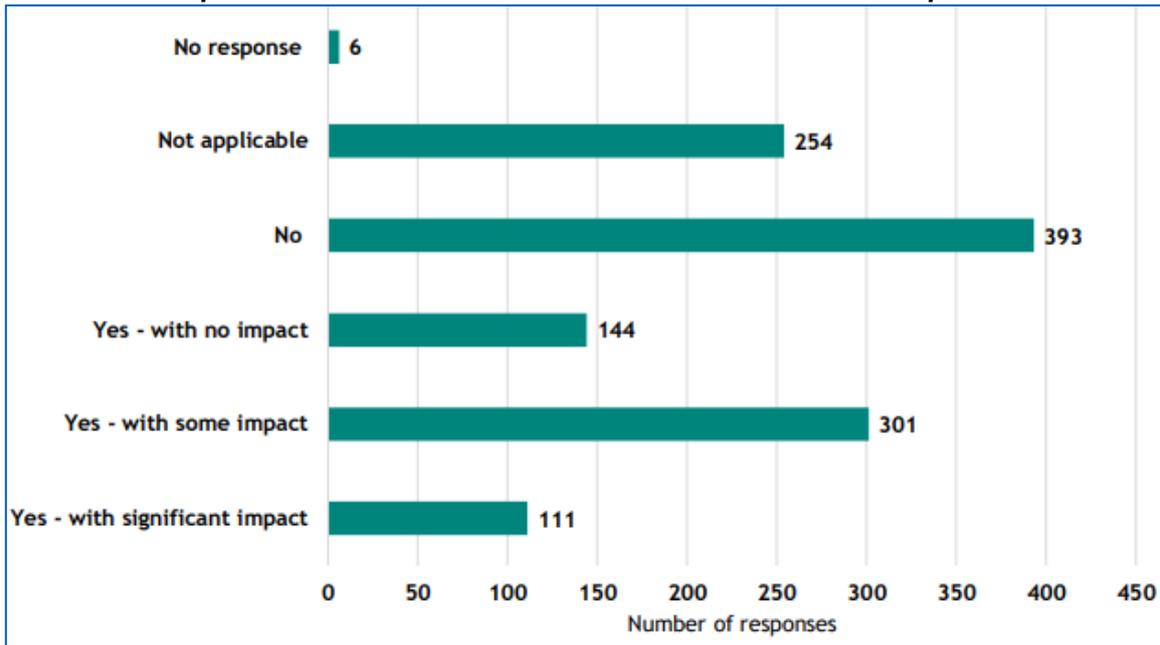
- Services adopted new clinical streaming approaches for patients with suspected or confirmed Covid-19 by separating care pathways into “red” (Covid-19) and “green” (non-Covid-19) pathways – these pathways continue to operate, for example, in local UTCs and A&E departments.
- In line with the NHS guidance, some primary care services operate a “total triage”/“call-back” system whereby patients are asked to call a dedicated number for initial clinical triage, and then offered appointment (remote or face-to-face)
- Across East Sussex, primary care “hot hubs” have been introduced where patients who are Covid-19 positive can see a GP when needed – the hubs are separate locations from the existing GP practices to minimise the risk of infection. In Eastbourne, the hot hub is in Hampden Park.
- Services, including GP surgeries, introduced new access methods to provide care and advice via telephone, video or online consultations (remote consultations).
- People requiring face-to-face appointments have been offered pre-arranged time slots, thus further minimising the infection risk by removing the need to spend time in waiting rooms.
- Electronic prescriptions became widely accessible, for example, allowing people to call their GP or NHS 111 to arrange a repeat prescription, which is then electronically transferred to a community pharmacy ready for collection.

Services at ESHC have been operating a “total triage” since the beginning of the pandemic in line with NHSE guidance on safely managing appointments during Covid-19. Further detail on the way ESHC has been operating is provided in section 3.2.5.

We recognise that some of the changes that have been introduced impacted the way people receive and access treatment. The East Sussex Healthwatch survey on the “Health and Wellbeing during Covid-19”³, undertaken in July 2020, identified that 9% of respondents were significantly impacted by changes they experienced or disruption to health services or treatment due to the pandemic; 25% reported some impact and 44% indicated no impact or no change or disruption experienced.

³ <https://healthwatcheastsussex.co.uk/wp-content/uploads/2020/07/HWES-COVID-19-Survey-2020-Results-10.7.20.pdf>

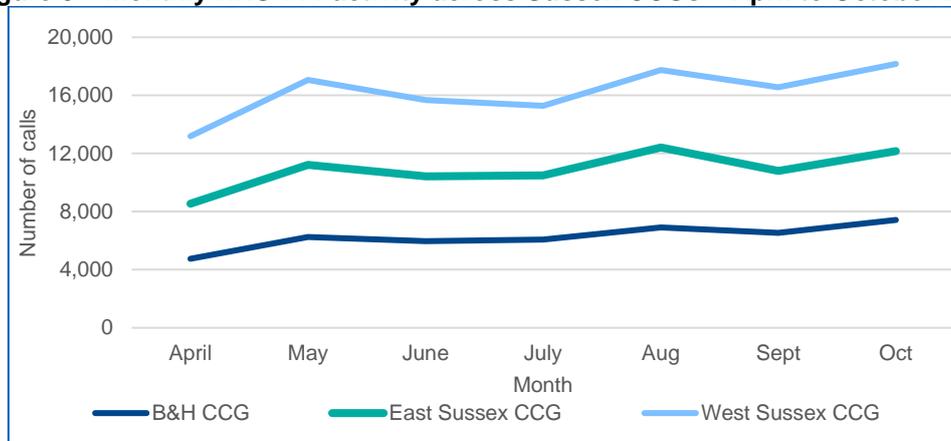
Figure 4 – Responses to the East Sussex Healthwatch survey question: *Have you experienced any changes or disruption to health services or treatment due to the Covid-19 pandemic?*



Impact on NHS 111

The introduction of the national lockdown in March 2020 to control the spread of Covid-19 has meant that more people have become aware of NHS 111 and NHS 111 Online. These services have become the default entry points for many people who need advice or urgent care support. This is evidenced by the increasing usage of NHS 111 as shown in the chart below.

Figure 5 – Monthly NHS 111 activity across Sussex CCGs – April to October 2020



Because of the pandemic, the launch of NHS 111 Clinical Assessment Service (CAS) was postponed until October 2020, when the service was successfully implemented. This is described in more detail in section 3.2.3 on page 23.

Primary Care services

Since the beginning of the pandemic, the primary care operating model has resulted in rapid changes and transformation. We have seen an increase in joint working between practices through the Primary Care Networks, the introduction of additional capacity for Covid-19 symptomatic patients at the “hot hub” in Hampden Park, and roll-out of remote consultations (which are described in more detail in the next section).

The “hot hub” at Hampden Park was set up in response to the national direction, and it aims to minimise the risk of infection and also provide a dedicated facility for those patients who require primary care but are Covid-19 symptomatic. The facilities at the hub provided additional provision where practices were unable to introduce “red” and “green” zones for patients.

Because of reduced demand on all services in the initial stages of the pandemic, the PCIA appointments were also temporarily moved to the hub. This ensured the best and most effective use of the workforce.

Patients have access to face-to-face and remote consultations at the hub, and it will remain operational until at least the end of March 2021. At that point, we expect the PCIA provision to return to the previous locations, which in Eastbourne it was Park Practice and Harbour Medical Practice.

Remote consultations

Because of Covid-19 more people have started using remote consultation via phone or video and receiving updates via text messages. This has enabled them to stay informed and connected with, for example, their GP surgery.

Across Eastbourne, all practices offer online and video consultation. An online consultation is a consultation that includes communication via messaging between a patient and a health professional, for example, with the use of a text messaging system on a mobile phone, a secure chat function on a computer, or another dedicated application. A video consultation involves a patient seeing a health professional on the screen. Both online and video consultations are a form of remote consultations and are delivered in real-time.

In addition to online and video consultation, patients can also access a service in the evenings and at weekends via a dedicated mobile application. This service is available during the core opening hours of GP surgeries (between 8.30 am and 6.30 pm) as well as during the PCIA and extended hours appointments (after 6.30 pm in the evenings on weekdays and mornings and early afternoons at weekends) This allows them to have a consultation with a GP who will have access to their full medical records.

Although the national Covid-19 guidance urged providers to deliver as much care as possible remotely, patients have continued to have access to a face-to-face appointment when clinically indicated and required in local services.

The previously referenced East Sussex Healthwatch survey⁴ identified that out of 210 people who have used a video-link or mobile app to access health or care services:

- 43% of respondents (91) felt their needs were met, and that they would be happy to use it as the main means of accessing healthcare
- 34% of respondents (71) felt their needs were met, but they would prefer to see someone face-to-face in the future
- 12% of respondents (26) felt their needs were not met, and they would not wish to access care via remote methods
- 11% of respondents (22) neither liked nor disliked accessing care using remote methods

While the above results do not represent a statistically representative sample, they provide some reassurance that patients can continue to access expert care and advice in a safe way not only throughout the pandemic but also beyond. Remote consultations also expand patient choice and the way they can access a range of additional healthcare services which have been introduced

⁴ <https://healthwatcheastsussex.co.uk/wp-content/uploads/2020/07/HWES-COVID-19-Survey-2020-Results-10.7.20.pdf>

locally since the establishment of WIC in 2009. For example, patients can now access a GP or other primary care professional not only face-to-face but also via phone, online or video.

Services supporting Rough Sleepers and homeless

The Covid-19 pandemic has created new challenges for people who are rough sleeping (when there is no proper accommodation at night) or homeless (usually someone with no fixed address, but for example in temporary housing).

At the beginning of pandemic, the number of verified rough sleepers remained low. Since lockdown measures have begun to be eased in July 2020, there has been an increase in the number of people rough sleeping. It is estimated that:

- There are currently 33 people continuing to rough sleep across East Sussex.
- There are also 141 former rough sleepers living in emergency accommodation in East Sussex. The emergency accommodation is provided by East Sussex County Council (ESCC).

Covid-19 has led to an increase in households placed in emergency accommodation. At the end of September 2020, East Sussex had 550 households placed in emergency accommodation, of which 209 (38%) were from Eastbourne. Brighton & Hove City Council (BHCC) also placed at least 195 households in Eastbourne in Lewes. East Sussex local authorities also place households in emergency accommodation out of the county, for example in north Kent.

Local services supporting rough sleepers have continued to operate throughout the pandemic across the whole of East Sussex with support from health, social care and voluntary and community sector organisations. To minimise the risk of infection spread, some services had to change the way the support was provided in the initial stages of pandemic. Although all services continued to accept referrals from health care professionals.

The Rough Sleepers Initiative (RSI) applied the national best practice of “triage – assess – cohort” to protect rough sleepers and homeless from Covid-19. Those people who were identified as symptomatic (displaying Covid-19 symptoms) and those at increased risk of severe illness from Covid-19 were accommodated in appropriate care facilities with dedicated clinical support. All rooms were single to comply with social distancing and infection control measures.

We commissioned local GP federations in Eastbourne and Hastings to provide a “Care & Protect” service to provide additional clinical support for rough sleepers and homeless. This service includes:

- Triage and assessment, remote support, and care continuity at accommodation sites in East Sussex where rough sleepers and homeless were offered accommodation by the local authority.
- Overseeing medical care for accommodated residents – which is the “Care” element of the service aimed at those who are Covid-19 symptomatic.
- Daily monitoring of accommodated residents – which is the “Protect” element of the service aimed at those individuals who are asymptomatic (not showing Covid-19 symptoms) but are at an increased risk of severe illness due to Covid-19.
- Supporting rough sleepers and homeless with registration at GP practices to ensure they have access to a GP and range of services offered by GP practices.
- Piloting GP drop-in clinics for rough sleepers and homeless in the community setting – this started in September 2020.

The “Care & Protect” service has ensured that those who are most vulnerable in in our community could access health and support and minimise the risk of adverse effects of Covid-19 on them. We

are now gathering more information about the number of people supported and the impact the service had on them, which will inform our future commissioning intentions.

3.2.3 Integrated Urgent Care developments since PCBC

Since the PCBC, and during the Covid-19 pandemic, we have continued to work with providers to develop local services. The impact of the pandemic has influenced this work to ensure it supports keeping people safe while maintaining their access to the most appropriate healthcare to meet their needs. Since April 2020, we have implemented the following service improvements:

Sussex Home Visiting Service

In line with the IUC programme, Sussex CCGs commissioned a new Sussex-wide Home Visiting Service (HVS) in April 2020. The service offers a GP home visit for those patients who are house-bound and unable to attend a hospital or another service.

The HVS operates overnight from 6.30 pm until 8 am during the week, and 24 hours a day at weekends and bank holidays. It can be accessed by calling NHS 111 CAS, which is described below.

NHS 111 Clinical Assessment Service (CAS)

Because of the pandemic the launch of the NHS 111 CAS was postponed by six months to October 2020, when it successfully launched across the whole of Sussex and Kent.

When a patient rings 111 they will be connected to a health advisor who uses a clinical decision tool called “NHS Pathways” to understand the symptoms being presented by the patient. This helps the advisor to determine the most appropriate support for them. This could be a referral to another service by a booked appointment, a home visit, advice, or the call being transferred to a clinician. The type of a clinician a patient is referred to will depend on the patient need. The skill-mix of CAS includes GPs, paramedics, nurses, mental health professionals, midwives, and pharmacists.

If during the call it becomes apparent that the patient needs emergency treatment, NHS 111 CAS can book an ambulance, which will then be dispatched via 999 to the patient.

Digital Appointment Booking / Directly Bookable Appointments

Directly bookable appointments are a key factor in allowing patients to be seen by the most appropriate health professional when required, while maintaining social distancing and improving the management of patient flow into services.

In many instances, the enhanced NHS 111 CAS will be able to manage patients' needs without onward referral. If, after assessment, patients require a further consultation, they will be referred onto the most appropriate service by direct booking wherever possible. This might be to:

- **Urgent Treatment Centres** – all UTCs in East Sussex can now receive appointments booked via NHS 111 CAS. This reduces patient waiting time within the hospital.
- **GP practices** – in-hours bookable appointments are currently being rolled-out across all 174 GP practices in Sussex, with the aim to have this facility within all practices by the end of December 2020
- **Primary Care Improved Access** – appointment booking into PCIA will be live by the end of December 2020

NHS 111 First

As part of the learning from the pandemic, and in response to the national mandate from NHS England, we successfully launched NHS 111 First programme across East Sussex at both Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings in October 2020.

NHS 111 First is an extension to the existing IUC services accessed through NHS 111 and aims to encourage the use of NHS 111, NHS 111 Online and telephony as the primary means to access urgent health care but with a more prominent public facing message – “NHS 111 First”.

As a primary driver, NHS111 First focusses on preventing nosocomial (hospital acquired) infection by ensuring patients who do not need to attend emergency departments are directed elsewhere (by digital referral / direct booking wherever possible), avoiding overcrowding in our A&Es and ensuring patients receive the right care in the right place.

It is important to note that NHS 111 First does not:

- replace 999 calls which should always be used for life-threatening emergencies such as a suspected heart attack or stroke
- remove a patient’s ability to walk into a UTC or A&E without a booking.

Over the next 12 months, additional acute and emergency pathways will be added to the scope of NHS 111 First allowing patients to be booked directly to a wider range of services and avoiding waiting time in A&E. These will include, for example:

- **Direct appointments to Same Day Emergency Care Services (SDEC)** – these services are sometimes known as Ambulatory Emergency Care (AEC) services. They provide emergency care to patients without a hospital admission. SDEC services usually include a special assessment area where patients with many common conditions, for example, headaches, deep vein thrombosis or cellulitis, can benefit from rapid access to the right treatment.
- **Surgical Ambulatory Clinics / Surgical Assessment Unit (SAU)** – these units are emergency units where patients are assessed for emergency surgical admission. When a patient is admitted to a SAU, it does not mean that they will need immediate surgical care. It means that a doctor feels the patient may have a surgical cause for the presenting problem.
- **“Hot Clinics”** – these are usually consultant-led outpatient clinics offering rapid access to many medical and surgical assessments. Some of the “hot clinics” may include respiratory, cardiology, neurology, or care for the elderly clinics.

Directory of Services (DOS) and Service Finder

Directory of Services (DOS) and Service Finder are important search tools used by clinicians which make it easier for them to find reliable information about other services. Both have continued to be developed as part of improvements to IUC services across Sussex.

DOS is a central directory that is integrated with the “NHS Pathways” tool used by NHS 111 CAS. DOS provides real-time information about available healthcare services across all care settings – primary, community and secondary care – that are available to support a patient as close to a patient’s location as possible.

Service Finder is aimed at clinicians working in different settings and can be used in a GP surgery, a community service, or an outpatient clinic. Service Finder gives clinicians information to help signpost patients to available services that best meet their needs.

Both tools enable patients to be directed to the most appropriate available service to meet their healthcare needs in the most timely way.

3.2.4 Primary Care developments since PCBC

Victoria Medical Centre

One of the most significant changes in primary care in Eastbourne for several years is the building of a brand-new facility – Victoria Medical Centre. The new centre will provide a new home for the Bolton Road, Green Street and Enys Road surgeries, which formally merged in October 2020 to form a single new practice.

We expect the new facility which will house the Victoria Medical Centre to open by Spring 2021. At this point, the three above practices will relocate to the new Medical Centre. This practice currently has 23,265 patients and the practice will have the capacity to support 30,000 patients. It will provide improved services and be better placed to attract new staff to replace retiring GPs and nurses.

In addition, Victoria Medical Centre has developed plans for a branch surgery in Eastbourne town centre for those patients who would still prefer town centre services. New patients joining the practice would also be able to make use of the town centre facility.

The merger into a bigger practice helped Green Street to recruit two new GP partners, and two further GPs are set to join the practice next year. These additional GPs will work alongside the existing GPs and primary care staff in the new medical facility and in the planned branch surgery.

Registered lists

In Eastbourne, there is currently one GP practice with a closed list (Grove Road Surgery) and three with capped lists (Arlington Road, Park Practice and the Lighthouse Practice).

Grove Road Surgery requested a temporary list closure for six months from October 2020 to enable it to complete the recruitment of another GP for the practice.

The capped list at Park Practice means that although the practice does not accept new registrations now, the CCG can still allocate patients to the practice. If a patient would like to be registered with a practice which has a capped list (assuming they live within the practice boundary):

- They can telephone or email the CCG Primary Care Team – 0300 0131 4425 / sxccg.qpallocations@nhs.net
- A member of the team will respond within three working days to discuss their options
- They will then be asked to fill a registration form and return it to the Primary Care Team
- The Primary Care Team will then notify the practice, and the person would then register in the usual way

All other practices in Eastbourne town centre, which previously had capped or closed lists, have re-opened their lists following the merger into the Victoria Medical Centre.

Primary Care Networks (PCNs)

PCNs are groups of GP practices working together at scale to meet the needs of local populations. This way of working will improve the resilience of GP practices and primary care capacity. It also has the potential to benefit patients by extending the range of services available to them. By working together, GP practices are able to attract specialist skills and improve access to wider and more specialist services (for example, first contact physiotherapists or specialist diabetes nurses). In a similar way to bigger practices, by working together as PCNs they can manage demand better, thus further improving patient access.

Locally, all three Eastbourne PCNs will benefit from additional investment to recruit to additional roles under the Additional Roles Reimbursement Scheme (ARRS). The additional investment into

the direct patient care roles under the ARRS, practices are creating multi-skilled and multi-professional times and are also able to review their workload and focus GP time on complex cases in most need of their input. The plans for enhancing the primary care workforce in Eastbourne currently include the following roles, which will be phased in, from 2020-2023:

Table 5: Eastbourne PCNs' recruitment plans for additional clinical roles in 2020 - 2023

	ALPS 20/21	ALPS 21/22/23	Victoria 20/21	Victoria 21/22/23	Eastbourne East 20/21	Eastbourne East 21/22/23
	Grove Rd, Lighthouse Medical Practice, Seaside Medical Centre, Arlington Rd, Park Practice		Victoria Medical Centre (Bolton Rd, Green Street, Enys Rd), Eastbourne Station Health Centre		Downlands Medical Centre, Stone Cross Surgery, Sovereign Practice, Manor Park Medical Centre, Harbour Medical Practice	
Clinical pharmacists	6		2	1	4	1
Social prescribers	1		1		1	1
First contact physios	1	1	1		2	2
Physician associates	2	1				
Pharmacy technicians	1	1	1			
Occupational therapists				1		
Dietitians						
Podiatrists	2					
Health & wellbeing coaches				1	1	
Care co-ordinators	2		1		1	
Nurse associates	1		1			
Mental health practitioners		3		1		2
Paramedics		2		2		2

As part of the DMBC development, we have assessed the current number of patients per each permanent Full-Time Equivalent (FTE) GP in Eastbourne. As of November 2020, there are 64.5 FTE qualified permanent GPs across Eastbourne – this number excludes locum staff, GP registrars and other training posts. This equals 2,130 patients per each permanent FTE GP, which is more favourable when compared to the national average for the exact same GP group of 2,287 patients per FTE.

Primary Care Improved Access (PCIA) developments

Primary Care Improved Access (PCIA) was first introduced as part of the General Practice Forward View (GPFV). This service offers additional appointments in the evenings and at weekends and is available for all people registered with a GP practice across East Sussex.

PCIA provides a minimum of 30 minutes of appointments per 1,000 population per week. This means that a minimum of 290 extra appointments per week are available for Eastbourne practices and patients. The current utilisation of the PCIA appointments is at approximately 56%, which

means that there is spare capacity. This has been gradually increasing since the easing of the lockdown restriction in July 2020.

Prior to the start of the Covid-19 pandemic, the PCIA appointments were delivered from two hubs in Eastbourne: Park Practice and Harbour Medical Practice. At present, the PCIA is delivered from a single hub at Hampden Park.

In addition to the PCIA, all Eastbourne PCNs provide additional extended hours appointments in the early mornings and evenings. These appointments are available to patients registered with a GP practice in each of the PCNs.

As a minimum, the following additional capacity has been made available in each of the local PCNs:

- ALPS Primary Care Network = 117 additional appointments per week
- Victoria Primary Care Network = 54 additional appointments per week
- Eastbourne East Primary Care Network = 105 additional appointments per week

In line with the NHS Long Term Plan, we are now working with GP surgeries to bring together the PCIA and extended hours services. This will mean that local GPs and PCNs can design a service that fits better the needs and demands of their populations, with access being within a locality rather than at another hub some distance away. This will also mean that there is a consistent offer of evening and weekend appointments for each of the PCNs, making it easier for patients to navigate different services.

We expect that these changes will be fully implemented from April 2021 in line with the NHS England timetable and requirements.

Community pharmacy developments

As part of the integration of urgent care services, NHSE and NHS Improvement (NHSI) launched the NHS Community Pharmacist Consultation Service (CPCS) in 2019, with the aim of providing convenient treatment that is closer to where patients live.

Phase one of CPCS gave patients the choice of a remote or face-to-face consultation with a pharmacist, after prior assessment by an NHS 111 advisor. This successful stage of the rollout is now being followed up with the addition of referrals from both NHS 111 and GP practices for lower acuity conditions.

Community Pharmacists can receive a digital referral of any nearby patients requiring pharmacist advice and treatment for a range of minor illnesses, or for an urgent supply of a previously prescribed medicine (although urgent prescription referrals from GP practices are not part of this service). Pharmacists can arrange onward referrals for patients if these are required.

Participation in CPCS is an advance service within the current pharmacy contract with NHSE, meaning many pharmacists within Eastbourne already offer this service. The list of the community pharmacies within the scheme as of October is included in Appendix 1. If the pharmacist is unable, such as when they are on leave, the CPCS is suspended at that pharmacy for the duration of the absence to ensure that only trained staff provide the service. In such instances, patients would continue to receive support from or be directed to the next nearest pharmacy to meet their needs.

Since the service launched, there has been an average of 10,500 patient engagements nationally each week. These are instances where patients might otherwise have contacted a GP and can now provide patients with more timely, appropriate, healthcare.

3.2.5 Service changes at Eastbourne Station Health Centre

In response to the Covid-19 pandemic, and in line with NHSE guidance on safely managing appointments⁵, ESHC introduced a “total triage” process for patients who are registered with the GP list there and for those who would usually use the walk-in centre (WIC).

The objective of the “total triage” is to protect patients and staff from the risk of infection, and at ESHC, as in other services, it has operated since the beginning of the pandemic as follows:

- Patients are asked not to enter the premises without having first contacted the service to avoid the risk of spreading infection.
- There is clearly displayed information on the front door to call a dedicated WIC number, NHS 111 CAS or the patient’s local practice.
- GPs or nurses working at the WIC undertake an initial remote triage with the patient. If further consultation is required, the patient is offered a remote consultation via phone, or a face-to-face appointment at a pre-arranged time is agreed.

The above process is consistent with how other primary care and GP surgeries operate during the pandemic.

Walk-in Centre activity for April 2019 to March 2020 (pre-Covid-19)

The PCBC established that the activity at ESHC had seen a 14% reduction in walk-in centre (WIC) between 2016/17 and 2018/19 - from 17,954 attendances per year to 15,432 attendances per year.

We now have access to full-year activity numbers for 2019/20, which covered the period between April 2019 and March 2020, as well as a most recent activity until September 2020.

In 2019/20, the WIC activity increased marginally in comparison with the previous year with 16,018 attendances, although the WIC activity continues to show a downward trend since 2016/17.

Table 6: Walk-in Centre activity per year

Year	Total	Days	Per day
2016/17	17,954	365	49.2
2017/18	16,468	365	45.1
2018/19	15,432	365	42.3
2019/20	16,018	366	43.8

2019/20	Total	Days	Per day
Apr to Feb 2019/20	15,209	335	45.4
Mar-20**	809	31	26.1

***Note: the 2019/20 figures include a slightly lower number of walk-ins in March 2020, likely due to Covid-19
Data Source: IC24 activity return*

In summary, in 2019/20:

- The average number of patients per day was 44 – 36 on weekdays and 67 at weekends and bank holidays.
- This is an increase in comparison to the previous year. It should be noted that the 2018/19 activity numbers included estimated activity for September and October 2018 when the WIC was closed due to flooding.

⁵ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0098-total-triage-blueprint-september-2020-v3.pdf>

- The busiest times remained in the mornings until 12 noon during weekdays and non-working days (weekends and bank holidays).

Walk-in Centre activity during the Covid-19 period

For this DMBC, we have used activity data between July and September 2020. Because of the significant fall in activity across all providers at the beginning of the pandemic the data between April and June 2020 is not included in the summary below. Instead, the July to September 2020 period has been used because it covers the period after the first national lockdown restrictions were eased.

The July to September 2020 data, shown in Table 7, for WIC shows that:

- The average number of patient contacts per day was 18 (17 per working day and 25 per non-working/weekend day)
- 82% of patient contacts are managed remotely on the phone without the need for a face-to-face appointment. This equals an average of three face-to-face contacts per day.
- The busiest times are now 3 pm, and then 12 pm and 1 pm.

Table 7: Eastbourne Station Health Centre – walk-in patient activity per type of contact

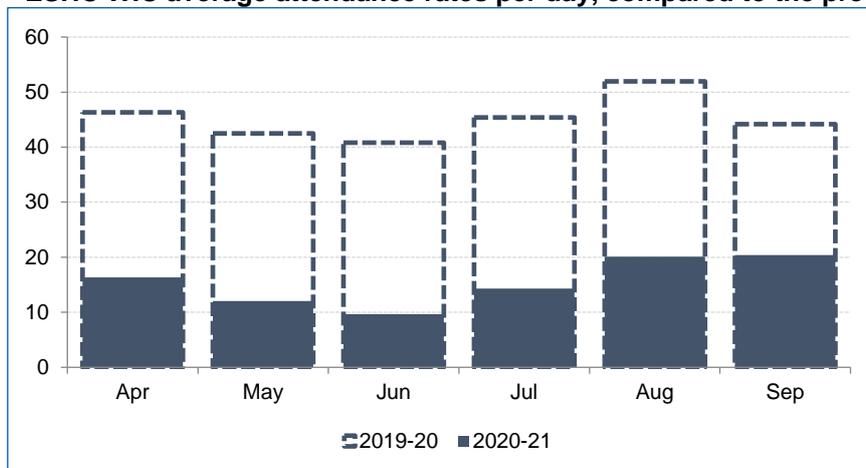
Month	Days	All contacts		Face-to-Face contacts			Remote contacts (Telephone)		
		Total	Average Per Day	Total	Average Per Day	%	Total	Average Per Day	%
July 20	31	444	14	70	2	16%	374	12	84%
August 20	31	623	20	141	5	23%	482	16	77%
September 20	30	610	20	94	3	15%	516	17	85%
TOTAL	92	1,677	18	305	3	18%	1,372	15	82%

Data Source: IC24 Ltd. activity return. Analysis by Sussex CCGs Commissioning Support Unit.

Appendix 2 includes further detail about the WIC usage between July and September 2020.

In common with other healthcare services, the pandemic and national lockdown in spring 2020 affected the demand levels of the WIC. The graph in Figure 6 shows the average number of patients attending per day between April and September 2020 as compared to the numbers for 2019.

Figure 6 – ESHC WIC average attendance rates per day, compared to the previous year



Data Source: IC24 Ltd. activity return. Analysis by Sussex CCGs Commissioning Support Unit.

Using WIC patient contact data, it is possible to compare the proportion of patients attending both A&E at EDGH and Eastbourne walk-in centre for April to September 2020 against the same period for 2019 (Figure 7).

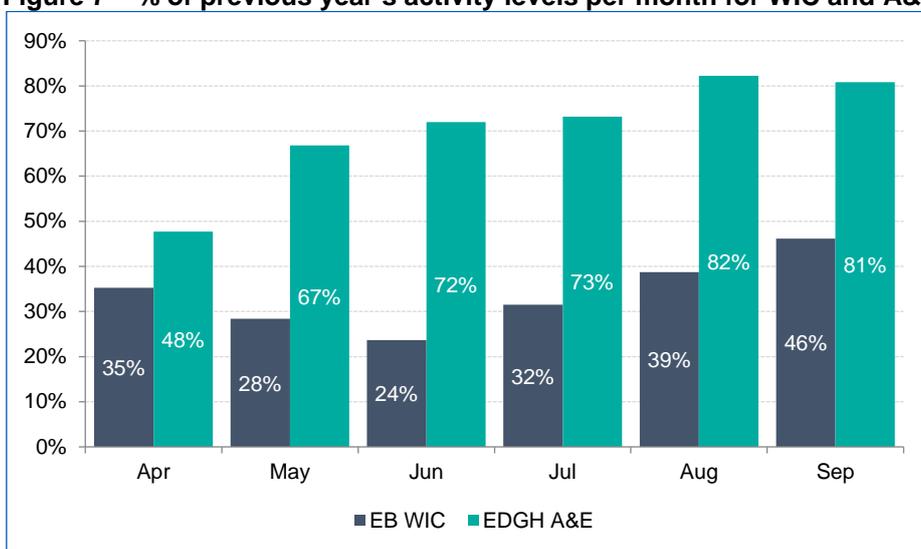
As an example, activity at both services was significantly lower in April 2020. A&E's activity level was 48%, while activity at the WIC was 35% of the previous year's volume.

During subsequent months, attendances at EDGH's A&E have increased, with both August and September 2020 attaining over 80% of the volumes seen in 2019.

Similarly, when restrictions eased in June 2020, GP practices across Sussex began to see activity levels return to 'near normal', even with alternative methods of access (i.e. calling before attending).

In comparison, the rate of recovery of Eastbourne walk-in centre has been much slower. Their reduction in contacts continued to decline to June (equating to 24% of 2019 activity levels). By September, activity was less than 50% of that of the previous year.

Figure 7 – % of previous year's activity levels per month for WIC and A&E



Data Source: IC24 Ltd. activity return. Analysis by Sussex CCGs Commissioning Support Unit.

Registered patients' activity during Covid-19 period

The provider of the ESHC service, Integrated Care 24 Limited (IC24 Ltd.), has provided additional information about activity numbers for patients registered with their GP list. This information was not available at the PCBC stage and has now provided further insight into the usage of the service.

Similar to the WIC activity, we have looked at the registered patients' activity data for July and September 2020. Any data before this period would distort the activity numbers because of the fall in demand for services in the first stages of the pandemic between April and June 2020.

The July to September 2020 data, shown in table 8, for registered patients shows that:

- The average number of patient contacts is 48 per day (53 on weekdays and 34 at weekends)
- 70% of patient contacts are managed remotely on the phone without the need for a face-to-face appointment. This equals 34 remote and 14 face-to-face contacts per day.
- The busiest times are 12 pm and 1 pm.

Table 8: Eastbourne Station Health Centre – walk-in patient activity per type of contact

Month	Days	All contacts		Face-to-Face contacts			Remote contacts (Telephone)		
		Total	Per Day	Total	Per Day	%	Total	Per Day	%
July 20	31	1,544	50	413	13	27%	1,131	36	73%
August 20	31	1,491	48	462	15	31%	1,029	33	69%
September 20	30	1,350	45	423	14	31%	927	31	69%
TOTAL	92	4,385	48	1,298	14	30%	3,087	34	70%

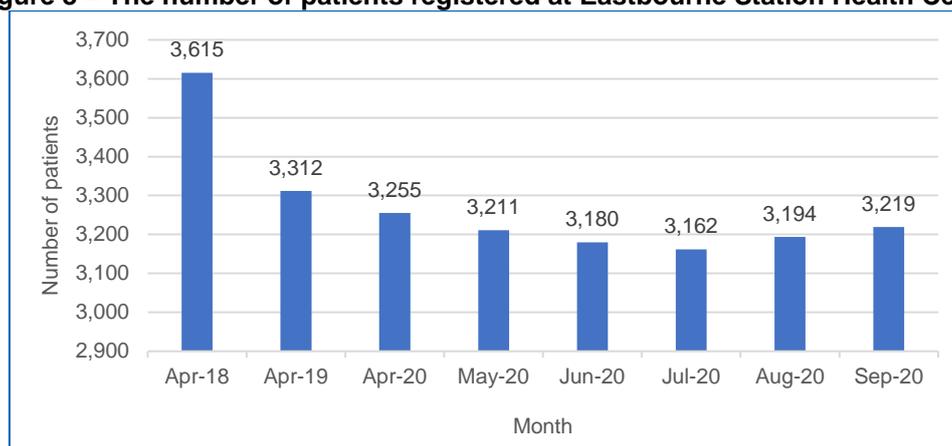
Data Source: IC24 Ltd. activity return. Analysis by Sussex CCGs Commissioning Support Unit.

Appendix 2 includes further detail about the usage of the service by patients registered at ESHC.

The size of the registered list at ESHC

The PCBC and DMBC already established that ESHC serves a small list of registered patients. As of September 2020, the raw list, which is the number of individual patients registered with the practice, is 3,219 patients (Figure 8). The list size is the smallest of all GP lists across Eastbourne, and it has reduced by 3% in comparison to April 2019. The list size has remained stable since the beginning of the pandemic.

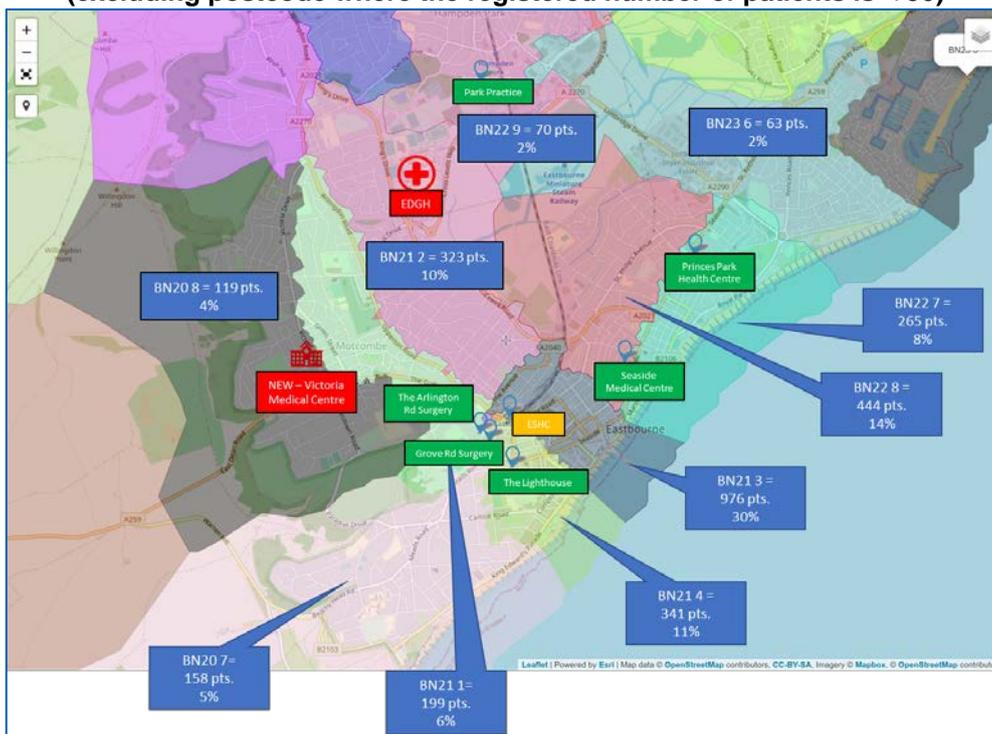
Figure 8 – The number of patients registered at Eastbourne Station Health Centre



Data Source: NHS Digital

To gain further insight into the ESHC registered list services, we have analysed where people registered at ESHC live (Figure 9). We used postcode boundaries to help us with the analysis, which showed that 44% of patients on the list live in postcodes BN21 3 and BN22 8, with the remainder spread across the whole of Eastbourne borough. This information shows that people who are registered with ESHC live not only in the town centre but all over Eastbourne.

Figure 9 – The number of patients registered at Eastbourne Station Health Centre per postcode boundary (excluding postcode where the registered number of patients is < 50)



Appendix 3 includes further detail about all postcode boundaries for patients registered at ESHC.

3.3 Impact of the Covid-19 and changes to local services since the PCBC on our proposals

In the PCBC, we undertook a comprehensive assessment of the key strategic drivers for change, we reviewed the existing services at ESHC, and the availability of other services, which were established since the walk-in centre and its associated registered list were commissioned.

In the DMBC, we have re-assessed the local provision and looked at what impact the Covid-19 pandemic had on local services and how people access them.

We recognise that the pandemic forced a sudden, and sometimes reactive, change in the way we live, and health and care services function. This sudden change has meant that both staff and patients have adapted to the new ways of working and accessing care during this demanding time. While there have been changes to the service context in which ESHC operates, we believe that these changes do not substantively change the Case for Change set out in the PCBC because:

- All services described in the PCBC continue to be available and it is the means of access that may have changed – often via NHS 111 or a call-back from a service with a pre-arranged appointment time in line with the national guidance and to reduce the risk of infection to staff and patients.
- Patients across the CCG continue to have access to their GPs, including appointments in the evenings and at weekends. Because of Covid-19, the location of the PCIA hub was moved to Hampden Park, with plans to revert to the previous provision from next year.
- UTCs and A&E departments have continued to accept self-presentations (walk-ins), applying “red” and “green” pathways to separate high and low-risk patients, i.e. those with Covid-19 symptoms or diagnosis and those without.
- The IUC programme has progressed significantly since the PCBC with:
 - The launch of NHS 111 CAS on 1 October 2020

- Implementation of Digital Appointment Booking/Directing Booking via NHS 111 to local services, including UTCs and in-hours GP surgeries and PCIA appointments.
- Roll-out of NHS 111 First approach allowing patients to be given a pre-arranged appointment slots at A&E departments
- Mobilisation of the Sussex Home Visiting service offering GP home-visits for patients who are unable to attend a clinic.
- The swifter roll-out of additional means of accessing services and clinical advice via remote consultations, thus enhancing patient choice, while ensuring those patients who need a face-to-face appointment are offered one.

We acknowledge that different patient groups have been impacted differently by the pandemic and by some of the changes that have been implemented because of Covid-19. It is a new illness, and a full understanding of its implications on people, our way of living, and on care services will require extensive research, which is already underway nationally and internationally led by reputable research organisations. We have assessed, however, that the original Case for Change remains valid given the range of other services available and the different ways these can be accessed.

4 Public Consultation and Engagement

The public consultation relating to the future of the ESHC began on 2 February 2020 and was planned to last for 12 weeks and 4 days, ending 30 April 2020. The consultation followed the PCBC, which set out the following proposals:

- to de-commission the Walk-in Centre (WIC) at ESHC (including re-registering the small ESHC GP registered list and patients to other local practices using a managed dispersal process)
- to commission Care Navigation to support people who might continue to go to ESHC for two months before the proposed closure
- to ensure that local services continued to collaborate as they developed (for example via Primary Care Networks (PCNs) to provide the future model of Integrated Urgent Care (IUC) supports people in a holistic and streamlined way, drawing on the relevant service
- to develop a wide-ranging communication and engagement programme to support patient population to make the best choices for their healthcare

4.1 Summary of Public Consultation activity pre-Covid-19

Building on the pre-consultation engagement that informed the PCBC, the consultation initially ran for eight weeks, with face-to-face engagement undertaken for most of that period (six weeks and three days). The CCG's Public Involvement Team coordinated a roadshow, going into the local community to reach people, which included:

- stands at Eastbourne Library (during "Rhyme Time to engage with parents with young children), Hampden Park Library and the Beacon during the week and at weekends
- visiting several town centre GP practices, including ESHC to speak with patients in the waiting rooms
- joining the Healthwatch walking tour in areas of deprivation around Eastbourne, stopping to speak with the public and local businesses
- a walking tour of Eastbourne town centre, stopping at other walk-in services such as Sexual Health and the Podiatry clinic, visiting retail shops and local businesses

To seek the views of marginalised communities as highlighted in the Equality and Health Inequalities Impact Assessment (EHIA) the team also arranged and undertook the following activities:

- Matthew25 drop-in (homeless and rough sleepers)
- Sanctuary Café drop-in (refugees)
- Two Care for the Carers groups (carers)
- Eastbourne Cultural Involvement Group (Black, Asian and Minority Ethnic (BAME))
- Celebration event market stall and presentation (BAME)
- Rough sleepers Initiative (homeless)
- Blue Van Veterans drop-in (veterans)

One public event was held in an area of deprivation but was poorly attended.

Regular updates on the consultation process were provided at:

- the East Sussex Communications and Engagement Steering Group
- Eastbourne Hailsham and Seaford Patient Participation Group
- Learning Disability Partnership Board
- Autism Partnership Board
- Eastbourne GP Locality meeting

The consultation document was available to view on the CCG website with a link to the survey which was hosted by an independent organisation - Opinion Research Services (ORS). Leaflets were produced that included a QR code (a code that can be scanned by a smartphone) to enable easy access to the consultation document and survey for those with smart devices. The webpage, consultation document and survey were publicised through digital communications, including:

- Eastbourne Voluntary Action group (3VA) newsletter
- East Sussex Health and Care newsletter
- Southdown EZine
- Local Voices

Paper copies of the consultation document and leaflets were available from:

- ESHC
- the walk-in sexual health clinic
- other town centre GP practice waiting rooms
- Eastbourne and Hampden Park libraries
- Eastbourne Tourist Information
- several coffee shops and bars around Eastbourne town centre

The consultation document was summarised and, with the survey, translated into the top five most frequently spoken community languages, as well as British Sign Language (BSL), easy read and large print.

All materials and plans were scrutinised by the CCG's Communications and Engagement Oversight Group with representation from Healthwatch, Eastbourne Council and the heads of Primary Care and Urgent Care. This group provided assurance that the consultation process was robust, and that any gaps in engagement or communications were noted and acted upon.

4.2 Responding to Covid-19

In response to COVID-19 and its impact on the ability of the CCG to continue with its consultation plan, the CCG decided to:

- suspend all face-to-face engagement as part of the consultation from 16 March 2020 in line with government guidance relating to COVID-19 to ensure the health and safety of the public and CCG staff (digital platforms continued)
- pause the consultation fully from 1 April 2020, with information remaining available on the CCG's website throughout this period with an option for people to continue to feedback should they choose to do so

Advice was sought from the Consultation Institute (tCI), a specialist body that provides advice and guidance relating to statutory sector public consultation. The Consultation Institute advised that postponement should be considered if any of the following factors applied:

- if the issue was not remotely time sensitive, and there could be an advantage in switching resources to other matters
- if key stakeholders would reasonably expect significant face-to-face dialogue could be reluctant or have difficulty in responding by alternative (i.e. online) methods
- if key stakeholders fell into high risk categories and would struggle to access alternative methods
- if there were shortages of staff and other resources which would affect the ability to conduct consultation to appropriate legal and other standards

In addition, the Consultation Institute recommended that there was a re-examination of the background evidence used in the PCBC and accompanying documents after any pause, to ensure that:

- no additional information had come to light based on using the service differently during COVID-19
- no other information had come to light relating to the use of the service by particular groups that would require consideration in the planning and implementation of the consultation.

Planned engagement which was cancelled because of this decision included:

- two further events planned in April 2020, one to be held in during the evening and one on a Saturday, with high sign up levels
- visits to several local schools at school pick up (parents with young children)
- Shinewater North Langney Neighbourhood Partnership meeting (people living in areas of deprivation)
- Devonshire Children Centre- parents with young children
- Blind Society Open Day- Blind people
- Deaf Space Café - Deaf people
- East Sussex Seniors Association - ageing population
- EF campus - foreign students
- Staff canteen at East Sussex Healthcare NHS Trust (ESHT) - working-age people
- East Sussex College - young people
- Young person's group - LGBTQ+ (lesbian, gay, bisexual, transgender, questioning and plus)

The CCG kept the decision to pause the consultation under active review, with formal review taking place at the end of April and at the end of May 2020. On both occasions, following a thorough assessment of the situation and in line with relevant government guidance in place at the time, decisions were taken to continue with the pause. The outcomes of these reviews were shared with the East Sussex Health Overview and Scrutiny Committee (HOSC) and the information about the pause was published on the CCG's website.

4.2.1 Re-launching the public consultation

The CCG reviewed the situation again in June 2020, which indicated that having paused for two months and with a changing situation with regard to lockdown measures, the time was now right for a decision to be taken about re-starting the consultation, consistent with the CCG's statutory duties to its local people and communities. It had become clear that over the course of the last few months that we need to adapt to the "new world" in which we are living and that it was likely that precautions such as social distancing would have to be taken for some time. Postponing decisions until things were back to 'normal', therefore, was neither a possible nor appropriate option and would lead to uncertainty for local people and the provider of the service. At the same time, the CCG and the local population had adapted to using technology in new ways which had proved very effective.

To thoroughly assess options, the CCG undertook two key pieces of work:

- a review of the process of the first consultation period, including responses and outputs: this included an assessment of what outstanding engagement remained and how this could be approached, together with any associated risk and mitigations
- a review of the PCBC to understand whether the underlying proposition had been impacted and whether it continued to be valid.

At this stage, the CCG considered three options, explained below with their implications:

- **Option 1: Curtailment of the consultation and analysis of the responses to date to inform the final recommendation**
 - The Consultation Institute advised that curtailment or cancellation of an ongoing consultation should only occur after serious consideration. Legally, while account would be taken of the pandemic and the pressures it brought to bear on public bodies, it would be unlikely to result in acceptance of disregard of the legal requirements. There was also the risk that curtailment would result in key stakeholders, whose voices needed to be heard, being unreasonably denied an opportunity to participate, and potentially some stakeholders getting a better hearing than others. This would result in bias in feedback
- **Option 2: Restart the consultation during COVID-19, taking any limitations of digital mechanisms and social distancing into account**
 - This would require robust planning and a revised delivery plan, to include traditional engagement methods, digital activities and third sector commissioned activity to gather information from the seldom-heard communities highlighted in the reviewed EHIA. The Consultation Institute provided guidance on digital engagement through webinars and live Q+A sessions, which would be applied to the consultation. By recommencing the public consultation within the suggested timeframes, the available data would still be within the two years, as noted in Gunning Principle 2, and the CCG would update information for the public with the most recent data available.
- **Option 3 - Delay the consultation for the foreseeable future**
 - This would significantly delay any decision-making and would require the CCG to complete a new audit of activity as the data would exceed the two-year standard. Depending on the length of the pause, and the contrasts in new data, the public consultation process could be required to start from the beginning, incurring further costs and resource and a level of uncertainty to the public and the service that could be destabilising. The aim of the consultation was to enable the CCG to provide the best possible care for local people, and the significant time period that a restart would result in could impact on quality of service and mean a potential loss of opportunity to progress the CCG's model of IUC in this area.

This review indicated that the time was right to consider re-starting the consultation, consistent with the CCG's statutory duties to its local people and communities. In addition, the CCG put forward the resumption of the consultation to East Sussex Health Overview Scrutiny Committee (HOSC). The East Sussex County Council (ESCC) confirmed that its HOSC was able to re-commence its consultation and scrutiny of the proposal. This meant that a continuation of the CCG process would also initiate the continuation of the formal consultation with HOSC via a dedicated HOSC Review Board. Advice was also sought from NHSE/I who confirmed their support for a resumption of the consultation.

Following this review the CCG concluded that:

- the case for change had not been materially altered by the pause or the context of COVID-19 and the remainder of the consultation could be undertaken using different methodology
- there were some potential engagement opportunities that could not be fully maximised due to COVID-19 but this was balanced with the impact to missed quality opportunities and potential continued service destabilisation and uncertainty should the pause to the process continue.

4.2.2 Preparation for the re-launch of the consultation

Ahead of the resumption of the public consultation, the Communications and Public Involvement Task and Finish Group reviewed the existing documents and press releases. The revised summary (including information about the pause of the consultation in light of COVID-19) and the survey were translated into the top five foreign languages spoken by the registered patient list at Eastbourne Station Health Centre and paper copies of the translations were sent to the centre. The summary, survey and press release were also translated into British Sign Language (BSL). An Easy Read version remained available online and via post.

The CCG had previously commissioned Opinion Research Services (ORS) to undertake independent analysis of the consultation responses to date. ORS produced an interim report with the results from 347 survey responses. Equality data was analysed in the report, and gaps in responses for the survey were noted as:

- Under 25s
- Muslim community (makes up 1.5% of Eastbourne population)

The EHIA was reviewed in order to take account of any changes since the consultation was paused and to explore which communities the CCG might need to specifically reach out to, particularly within the context of social distancing and associated measures. Following this review the following groups were identified as being under-represented and at risk of not having opportunities to take part in the consultation, and mitigations were put in place during the final six weeks of the consultation:

Table 9: Eastbourne Station Health Centre – walk-in patient activity per type of contact

Key populations	Engagement activity
Parents of young children	<ul style="list-style-type: none"> • Paid-for advertising on Facebook to encourage parents to take part in the survey and promotion of the public events • Posts on the Mum, Dad and Tots Facebook page to encourage survey completion • Approached parents with young children at Eastbourne Open Air Market and supported them to take part in the survey
People with sensory disabilities	<ul style="list-style-type: none"> • DeafCOG (local d/Deaf led organisation) briefed and utilized their community leads to promote the BSL summary and survey • Approached Eastbourne Blind Society to promote the consultation
People living in areas of deprivation local to the ESHC	<ul style="list-style-type: none"> • Local foodbanks agreed to include the consultation leaflet in every food parcel • Updated lead of Community Hub bulletin and consultation was promoted • Contacted Langney Neighbourhood Watch to promote consultation in place of attending Shinewater North Langney Neighbourhood Partnership meeting which had not resumed
Young people (student age and up to 25)	<ul style="list-style-type: none"> • Paid for advertising on Facebook to encourage young people to take part in the survey and promotion of the public events • Approached YMCA for support to promote the consultation • Attended virtual Youth Advisory Group for I-Rock (mental health walk in) to promote consultation and discuss how we could engage with their clients
Faith groups – focus on Muslim groups (as above)	<ul style="list-style-type: none"> • Approached Eastbourne Islamic Centre and offered to send leaflets • Approached East Sussex Interfaith forum to present and request support to reach these groups • Attended virtual Eastbourne Cultural Involvement Group and promoted consultation and survey
Tourists (out of area)	<ul style="list-style-type: none"> • Contacted Eastbourne Hospitality and asked for support with promotion of consultation • Spoke with five groups of tourists at Eastbourne Open Air Market and recorded their views • Posted regular updates on the Visit Eastbourne Facebook page, promoting the consultation and link to the survey
International students	<ul style="list-style-type: none"> • Contacted three International Language schools to ask for support - one was closed until 2021, the two further schools did not respond

In addition to the focused involvement with the groups identified above, the team organised and ran two digital public events; one during the evening and one at the weekend to enable as many people to attend as possible. The events were publicised through social media, EngagementHQ (the ICS online engagement platform) and through the local newspaper.

The events included a brief presentation providing information about the proposal and a Question and Answer session with a panel of NHS clinical and non-clinical leads. A total of 15 members of the public attended the meetings.

Members of the Public Involvement Team also attended the Eastbourne open-air market in person (with appropriate risk assessments having been completed) to encourage members of the public to take part in the survey. The team spoke to over 60 groups of people, including tourists, commuters and parents with young children and supported 29 people to complete the survey.

Undertaking the final six weeks of the public consultation required thought and planning on new ways to reach people, as well as using more traditional mechanisms such as post and telephone to inform and give the public sufficient opportunity to take part in the consultation.

New mechanisms included utilising food banks to distribute leaflets, approaching local Neighbourhood Watch groups and using existing relationships with community pharmacy leads to disseminate information to local pharmacies.

4.3 Feedback from the public consultation

The public consultation closed on Monday 14 September 2020. We appointed ORS to manage the consultation feedback, including responses to the consultation questionnaires and collating feedback from consultation activities as well as other sources, such as social media.

The ORS was also commissioned to report the consultation outcomes independently and faithfully to the CCG so that this DMBC could be developed.

The ORS has produced the consultation feedback report together with an indication of the overall balance of opinions on the proposal initially set out in the PCBC.

Following the conclusion of the consultation, Opinion Research Services (ORS) the independent organisation appointed by the CCG to analyse and report on the consultation, made the following statement on the quality and robustness of the consultation process in its final report:

“The key good practice requirements for engagement programmes are that they should:

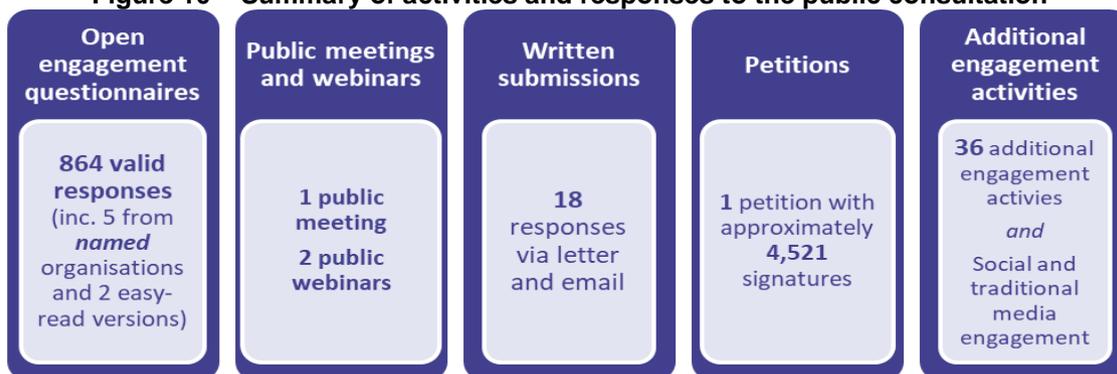
- *Be conducted at a formative stage, before decisions are taken*
- *Allow sufficient time for people to participate and respond*
- *Provide the public and other stakeholders with enough background information to allow them to consider the issues and any proposals intelligently and critically*
- *Be properly taken into consideration before decisions are finally taken.*

As an established social research practice with experience of analysing and reporting outcomes from public engagements and statutory consultations across the UK, ORS confirms that the formal consultation process undertaken by NHS East Sussex CCG meets the standards laid out above. It was open, accessible and followed ‘good practice’ guidelines in both its scale and the balance of elements used. The CCG took appropriate action to ensure that the potential impacts of the Coronavirus pandemic on the consultation process were appropriately mitigated, including pausing and subsequently extending the consultation period.”

A full consultation feedback report is available on our website (www.eastsussexccg.nhs.uk).

The consultation received the following levels or response:

Figure 10 – Summary of activities and responses to the public consultation



Overall, 58% of respondents to the questionnaire were within the working-age adult cohort (18 to 65 years), and 42% above 65 years. A summary of the respondents' demographics (age and gender) is outlined in the table below. The full ORS report (available on our website) presents a more detailed analysis of the responders based on other socio-demographic characteristics.

Figure 11 – Overview of the key demographic background of respondents to the consultation

Characteristic		All responses		Eastbourne LA population estimate, aged 18+ years ⁴ (2019)	
		Number of Responses	% of Valid Responses	Number of occurrences	% of population
BY AGE	Under 35	70	10%	18,828	23%
	35 to 44	75	11%	11,919	14%
	45 to 54	111	16%	13,786	17%
	55 to 64	143	21%	12,932	16%
	65 to 74	201	29%	12,915	16%
	75 or over	86	13%	12,805	15%
	Total valid responses	686	100%	83,185	100%
<i>Not known</i>	171	-	-	-	
BY GENDER	Male	259	37%	39,800	48%
	Female	429	62%	43,385	52%
	Other	3	*	-	-
	Total valid responses	691	100%	83,185	100%
<i>Not known</i>	166	-	-	-	

4.3.1 Crosscutting themes

When reviewing the feedback across all consultation methods and strands, we have noted the following crosscutting themes:

- Disagreement with the proposal** - There was strong disagreement with the proposal to close Eastbourne Station Health Centre (ESHC) across all the research strands and stakeholder types
- Praise for accessibility and convenience of ESHC** - Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with which it could be accessed by service users
- Travel and access of most concern** - The overriding concerns about the proposal to close ESHC were around the impact on travel times and costs, transport, and access to alternative services
- Potential for impacts on specific groups were raised** - Potential equality impacts of the

proposals focused predominantly on the important issues of access to services, highlighting the needs of people with disabilities, older people, people on low incomes, people from BAME communities and those living with mental health problem

5. **Temporary residents and those without fixed addresses were highlighted** - Other groups identified as being vulnerable to changes were those who are homeless or rough sleeping, as well as temporary residents (i.e. students) and visitors to Eastbourne
6. **Capacity of alternative services was an issue for many** - The number of patients seen each year at the ESHC being sufficient to justify keeping it open, with concerns about increased pressure on other services; misgivings about alternatives to the ESHC; and the capacity of other GP surgeries to take on the ESHC registered patient list
7. **Small minority of agreement** - The small minority who agreed with the proposal cited concerns about the quality of care provided at the ESHC and duplication of services as reasons for doing going ahead with the closure
8. **Some alternatives to/variations on proposals suggested** - Closing the walk-in service but retaining the GP practice; introducing or extending other support for those with complex needs, as well as rough sleepers and homeless people; relocating the service to a better or cheaper location; and reducing the opening hours to improve sustainability of the service
9. **Communication and education important** - The importance of communication and education about local services, including the alternatives to the walk-in service, was raised across all feedback channels
10. **Criticism of consultation** - The consultation itself was criticised – particularly in the context of the ongoing Covid-19 pandemic and related lockdown measures – with some respondents arguing the proposals themselves should be dropped completely as a result, or that the consultation and decision-making should be delayed

4.4 Engagement with East Sussex Health Overview Scrutiny Committee

As part of the PCBC development, we continued to engage and liaise with the East Sussex Health Overview Scrutiny Committee (HOSC). The HOSC is a committee of elected councillors and voluntary sector representative that independently scrutinise and check on healthcare services in East Sussex.

When we published the PCBC in January 2020, we commenced a consultation on the proposals with HOSC. HOSC considered our proposals to be a substantial change to services and established a Review Board to carry out a detailed review of our proposals.

Because of Covid-19, the work of the HOSC Review Board was paused for a short period of time. When we restarted our consultation on 3 August 2020, the HOSC Review Board also restarted their consultation process with the CCG and other local stakeholders.

The HOSC Review Board has now completed their report on the proposal, which several recommendations, which are summarised in the Table 10 below. The full HOSC Review Board report is available on the HOSC website (www.eastsussex.gov.uk).

Table 10: East Sussex HOSC Review Board recommendations

No.	HOSC Review Board recommendation
1	If a decision is taken to close the Eastbourne Station Health Centre, the East Sussex Clinical Commissioning Group (CCG) should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the Eastbourne Station Health Centre staff to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.
2	The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities.

No.	HOSC Review Board recommendation
	<p>Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:</p> <ul style="list-style-type: none"> • The enhanced NHS 111-Clinical Assessment Service (CAS) that includes where appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the Urgent Treatment Centre (UTC), their local General Practice (GP), a Primary Care Improved Access Hub (PCIA) or a community pharmacy. • If people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a (PCIA) hub, or potentially their own GP practice both face-to-face or over a video or phone consultation (subject to current restrictions in place due to Covid-19 that are planned to be lifted in March 2021). • Patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy. • Patients with self-care illnesses can now book to see a pharmacist via 111. <p>Publicity about the above options for patients should begin well in advance of any closure of the Eastbourne Station Health Centre to ensure people are aware of the new services available to them. The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>
3	<p>The Review Board recommends that the CCG should engage with Primary Care Networks (PCNs) to encourage them to consult with their Patient Participation Group, if they have not done so already, to find out what extended hours services patients would find most helpful, if current utilisation is low.</p>
4	<p>The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p>
5	<p>The Board recommends that the CCG ensures that if the decision is taken to close the Eastbourne Station Health Centre, the Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative and any other available services.</p> <p>Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community-based services.</p>
6	<p>The Board recommends that if the decision is taken to close the Eastbourne Station Health Centre, the CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.</p>
7	<p>If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:</p> <ul style="list-style-type: none"> • Ensure that both Care Navigators and letters to patients who have been allocated the Victoria Medical Centre explain that it will have a full range of primary care services available and that there is a proposal to open a branch surgery in the town centre, which will provide alternative primary care access for patients of the practice living in the town centre. • Ensure that both Care Navigators and letters to explain patient choice and that people who do not wish to be allocated to the Victoria Medical Centre and its proposed branch surgery may choose an alternative practice nearby to where they live, provided they live within the practice's boundary. • Ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a preferred practice where it has a patient cap in place. • Ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre. • Ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices.

5 Addressing themes from the public consultation

We recognise that a significant majority of respondents to the public consultation oppose the proposal. The CCG recognises the importance of access to services and has carefully and systematically analysed the consultation outcomes and balanced it with evidence that has been collected since the PCBC and in response to the consultation. This process informed the CCG considerations during the DMBC development process in order to ensure consultation feedback informs final proposals.

In this part of the DMBC we seek to outline how for each of the crosscutting themes we have listened to the feedback, and what work we have undertaken to enable us to understand the issues raised by respondents. This structured approach assisted our considerations and informed our post-consultation proposal, which has been adapted in response to the consultation feedback. Our post-consultation proposal is described in section 6.

We have excluded Crosscutting Theme 7 from this chapter. This theme highlighted a small minority of respondents who agreed with the proposal.

5.1 Crosscutting Theme 1 - Disagreement with the proposal

Evidence previously considered

In the PCBC we have reviewed the provision of same-day primary care services in Eastbourne, including the WIC at ESHC. Our analysis at the time showed that people mainly use the centre to access general primary care services that are now available in other services. These services include GP surgeries, but also new and additional services that have been commissioned and established since ESHC was set up, such as:

- Self-care and signposting services – for example, NHS 111 CAS, community pharmacies, Health and Social Care Connect
- Primary care – for example, GPs during core hours, additional Primary Care Improved Access in the evenings and at weekends offering face-to-face and remote consultations, or Primary Care Minor Injury locally commissioned service
- Integrated Urgent Care services – for example, NHS 111 CAS, UTCs as well as capability to digitally book appointments to other services

New evidence from the consultation

Feedback from the consultation highlighted strong feelings about the proposal and public's concern about the potential changes to and impact on local services should the WIC be closed, and the GP registered list dispersed to a local practice. However, this feedback did not suggest any new material evidence that would markedly change the initial PCBC proposal.

How we have listened and the impact of new evidence on decision-making

Considering the consultation feedback and the changes resulting from the Covid-19 pandemic, we have re-assessed local services to ensure our Case for Change still stands.

While we acknowledge that the pandemic resulted in changes to local services and the way people access services, the Case for Change continues to be valid because:

- All services described in the PCBC continue to be available and it is the means of access that may have changed – often via NHS 111 or a call-back from a service with a pre-arranged appointment time in line with the national guidance and to reduce the risk of infection to staff and patients.

- Patients across the CCG continue to have access to their GPs, including appointments in the evenings and at weekends. Because of Covid-19 the location of the PCIA hub was moved to Hampden Park, but there are plans to revert to the previous provision from next year.
- UTCs and A&E departments have continued to accept self-presentations (walk-ins), applying “red” and “green” pathways to separate high and low-risk patients, i.e. those with Covid-19 symptoms or diagnosis and those without.
- The IUC programme has progressed significantly since the PCBC with:
 - The launch of NHS 111 CAS on 1 October 2020
 - Implementation of Digital Appointment Booking/Directing Booking via NHS 111 to local services, including UTCs and in-hours GP surgeries and PCIA appointments.
 - Roll-out of NHS 111 First approach allowing patients to be given a pre-arranged appointment slots at A&E departments
 - Mobilisation of the Sussex Home Visiting service offering GP home-visits for patients who are unable to attend a clinic.
- The swifter roll-out of additional means of accessing services and clinical advice via remote consultations, thus enhancing patient choice, while ensuring those patients who need a face-to-face appointment are offered one.

5.2 Crosscutting Themes 2 and 3 - Praise for accessibility and convenience of ESHC; and Travel and access

Evidence previously considered

In the PCBC, we assessed the travel impact of closing the WIC at ESHC and the accessibility of other services around Eastbourne. The East Sussex Joint Strategic Needs Assessment (JSNA) shows that about 90% of households in Eastbourne can access a GP practice within 15 minutes by public transport or walking. We also established that there is a range of other services and facilities which are located near ESHC and which are easily accessible by car or public transport, including local GP practices, PCIA hubs or UTC.

In the PCBC we also established that the WIC regularly treats patients for conditions that could be managed by a GP or a nurse in a surgery, or in other services, such as community pharmacy or even via NHS 111.

The PCBC also indicated that some patients might be eligible for non-emergency patient transport service (PTS), which is available across the whole of East Sussex.

New evidence from the consultation

Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with which it could be accessed by service users. One of the overriding concerns raised in the consultation feedback was around the impact and travel times and costs, transport, and access to alternative services.

Respondents raised concerns that other services, for example at Eastbourne DGH, are less accessible. The feedback also highlighted the accessibility of alternative GP services in the town centre after the re-location of some GP surgeries moving away from the town centre. A particular concern related to the travel distance to other healthcare facilities and increasing need for healthcare related to the pandemic.

Potential adverse impact on certain population groups, such as the elderly and those with disabilities were also highlighted.

How we have listened and the impact of new evidence on decision-making

Developments in the IUC programme have come online over the last year, including an expansion to the Clinical Advice Service in NHS 111 on 1 October 2020. This has increased access as a patient gets to speak to a clinician compared to previously. NHS 111 CAS can also now refer patients to community pharmacies or to PCIA appointments. In addition, patient access has been extended with the increased uptake of remote consultations, which are now more widely available in addition to face-to-face appointments in many of healthcare services.

Listening to the consultation feedback, we have reviewed the potential travel impacts on people using the WIC and those who are registered with the GP list at ESHC, should they need to access the UTC at Eastbourne DGH or the main surgery of Victoria Medical Centre.

The UTC is accessible via a range of bus routes from the town centre. These start at Gildredge Road (2 minutes' walk from Eastbourne Train Station where ESHC is located). The longest journey time takes between 15 to 20 minutes. The average travel time by car takes between 5 and 10 minutes.

As we described earlier in the case, a new GP surgery – Victoria Medical Centre - is planned in the old town area of Eastbourne. The new centre will provide a new home for the Bolton Road, Green Street and Enys Road surgeries, which will re-locate to the new surgery building when it opens by Spring 2021.

Victoria Medical Centre is also planning to open a branch surgery in the town centre, with patients being able to attend appointments at either of the locations. We would not disperse the ESHC registered list until Victoria Medical Centre's town centre branch is open. We have, however, undertaken a travel analysis to the Victoria Medical Centre to help us better understand potential travel implications, should people choose to use the main surgery, rather than the branch surgery in the town centre.

The main Victoria Medical Centre will be located 1.7 miles away from ESHC. The journey between these two points would take (one average):

- 8 minutes in a car
- 30 minutes on foot
- 7 – 10 minutes on the bus (depending on the time of day and traffic)

The main surgery will be served by bus routed 1 and 1A in peak hours and route 4 off-peak.

Bus route 1/1A leaves Eastbourne town centre at Gildredge Road every 10 minutes and stops close to the Victoria Medical Centre, and Downside adjacent to Central Avenue (2-3 minutes to the new surgery). The return journey leaves Old Town, adjacent to Albert Parade close to the new surgery and arrives in the town centre at Terminus Road, with the same journey length and frequency.

Bus route 4 provides an off-peak service every half an hour.

We do not expect that any patients registered currently at ESHC will have a journey time of longer than 15 to 30 minutes to reach the Victoria Medical Centre when travelling by public transport or car. The table below shows the percentage of patients currently at ESHC and the postcode area of their home address, outlining travel times to Victoria Medical Centre (using Google Maps to help assess travel times⁶).

⁶ The travel analysis should be treated a snapshot of the average journey time, and individuals may therefore experience different travel durations.

Table 11: Travel time analysis between ESHC and Victoria Medical Centre

Postcode boundary	Patient count	%% of Total	Average travel time in a car to Victoria Medical Centre	Average time to walk to Victoria medical Centre
BN21 3	976	30%	11 minutes	35 minutes
BN22 8	444	14%	10 minutes	45 minutes
BN21 4	341	11%	8 minutes	40 minutes
BN21 2	323	10%	7 minutes	25 minutes
BN22 7	265	8%	9 minutes	47 minutes
BN21 1	199	6%	4 minutes	10 minutes
BN20 7	158	5%	7 minutes	35 minutes
BN20 8	119	4%	5 minutes	21 minutes
BN22 9	70	2%	7 minutes	43 minutes
BN23 6	63	2%	14 minutes	64 minutes

Our audit of the ESHC activity undertaken for the PCBC showed that 1.5% of WIC attendees had a declared disability. Most people who are on ESHC registered list are working-age adults between 16 and 64 years. This represents approximately 60% of the list size. We expect all patient groups who choose to travel to the main Victoria Medical Centre can access public transport in the same way. It will be important to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of these schemes and use them to mitigate any potential impacts of costs and accessibility of accessing GP services at Victoria Medical Centre, or other same-day urgent care services in other parts of town. The new Victoria Medical Centre will also be in a purpose-built facility with improved access to people with disabilities, including dedicated disabled parking.

The recent adoption of remote consultations (phone, video or online) further increased the accessibility of healthcare services. Remote consultations offer quick, convenient and secure way of accessing advice and care from a GP practice. While many consultations can be completed remotely, we know that some patients may require a face-to-face appointment or may not feel comfortable with using this approach. All local services allow people to have access to face-to-face consultations when required and appropriate.

Maintaining access to services is important for both groups of patients – those use the walk-in centre functions and those who are registered with ESHC. All patients continue to have access to a wider range of other services, which are now becoming available via NHS 111 CAS. These include:

- Their own GP surgery in-hours – between 8.30 am until 6.30 pm
- Primary Care Improved Access appointments and extended hours appointments – in the evenings and at weekends
- Community Pharmacy
- Urgent Treatment Centre -seven day a week, 10 am to 10 pm
- A&E department – for emergencies, 24 hours per day

Those patients who are registered with ESHC would have access to services at both the main Victoria Medical Centre and its branch surgery in town centre. We would not disperse the ESHC registered list until Victoria Medical Centre's branch surgery is open.

Recommendation

- **Only disperse the registered list once the Victoria Medical Centre's branch surgery in Eastbourne town centre is open.**

5.3 Crosscutting Theme 4 - Potential for impacts on specific groups

Evidence previously considered

The impact of the proposal on people with protected characteristics and vulnerable communities was considered as part of the EHIA for the PCBC. Activity data from the ESHC (2018) showed that 1.5% of attendees had a declared disability and 5% had mental health issues, substance misuse issues or a combination of the two. The EHIA and PCBC acknowledged that this could be an under-representation given the low numbers reported.

The PCBC also established that the WIC is not commissioned to provide services for people with mental health conditions, and those who require specialist support are signposted to other services providing mental health advice and support in Eastbourne.

New evidence from the consultation

One of the key concerns highlighted in the consultation related to concerns regarding the potential impact on vulnerable individuals and groups with protected characteristics. The key concerns related to the loss of local services, and the potential challenges of travelling to other services or accessing other services. The groups most frequently mentioned in the consultation included those with disabilities, older people, people on low incomes, and those living with mental health needs. In addition, the needs of BAME communities were highlighted.

How we have listened and the impact of new evidence on decision-making

In response to the consultation feedback, we have re-assessed our local services and ongoing developments, as well as reviewed information about deprivation areas around Eastbourne.

Together with local PCNs, we have recently established a Locally Commissioned Service that is aimed specifically at BAME and other vulnerable communities at risk of adverse effects of Covid-19.

Patients with complex needs, and those on low incomes and disabilities, will benefit from additional support available in local GP practices and from additional resources currently being recruited to as part of PCN development. For example, Eastbourne PCNs are planning to recruit a minimum of four social prescribers and six mental health practitioners over the next three years. Social prescribers (sometimes described as link workers) are non-clinical professionals who work with people to meet their wellbeing needs.

Following the consultation, we undertook further analysis of local services available to people with complex needs. We have identified that in addition to the NHS 111 CAS, which includes mental health clinicians, there are now further services across Eastbourne available for people with complex issues, including mental health:

- **24/7 Single Point of Access** -The Sussex Mental Healthline is available 24/7 to provide immediate mental health support and triage for people in Sussex. The service can refer to local urgent care services where an urgent face-to-face response is required.
- **Drop-in Mental Health Services for Adults** - Drop-in mental health services for adults aged 16 and over are available Monday-Friday in Eastbourne town centre at Southdown Wellbeing Centre, Saffrons Road, Eastbourne. The majority of support is currently being provided by telephone or via online platforms (due to Covid-19), although when required face to face support can be arranged.

- **Community Connectors** - a free service, for adults aged 16 and over, experiencing social issues that are impacting on their mental, emotional and physical health and wellbeing. The service is available at walk-in clinics at Seaside Medical Practice and Lighthouse Medical Practice. Patients' complete self-referral forms in reception and a Community Navigator then contacts them to offer an appointment in a weekly clinic.
- **Staying Well** - The Staying Well Space is an out of hours (evenings and weekends) mental health crisis prevention service, provided by Southdown Housing at Eastbourne Wellbeing Centre. Open 7 days a week, the service provides recovery-focused support to help people to manage their mental health, stay well and prevent crisis.
- **Crisis Resolution Home Treatment (CRHT)** - additional investment has been made to CHRT services which will enable patients to receive increased intensity of treatment where it is required, for example, two visits per day if needed.
- **Urgent Care Lounges** - provided at Eastbourne DGH and Hasting Conquest Hospital. Both facilities are open 24/7 staffed by registered mental health practitioners. The facilities are currently undergoing refurbishment and once work is complete, expected July 2021, they will be known as Havens in line with other sites in Sussex.
- **A&E Mental Health Liaison** - Mental Health professionals, are available to assess patients who present in ED in Eastbourne and Hastings. These services have recently received additional investment to be available 24/7.
- **Police Street Triage** - East Sussex benefits from mental health nurses working alongside dedicated police officers in evenings and weekends who respond to 999 calls where there is a mental health need.
- **Rough Sleepers Initiative (RSI)** – Approximately 65% of rough sleepers also experience a mental health condition. The holistic service provided by RSI includes the provision of mental health community support officers that help rough sleepers to access suitable services to meet their needs.

The above services are part of a network of mental health support, which enable people to manage and maintain their mental health and wellbeing. People with mental health conditions need access to specialist services that ESHC does not provide.

We believe that the greater integration of mental health services within primary care, where additional support from social prescribers will be available, is likely to have a disproportionately positive impact upon those from greater areas of deprivation.

Our audit of the ESHC activity undertaken for the PCBC showed that 1.5% of WIC attendees had a declared disability. We also know that people over the age of 65 make up approximately 13% of the ESHC registered list. Based on our travel analysis, which is presented in section 5.2, we believe that these communities will be able to access other services by public transport in the same way as the general population. For those patients who are registered on the GP list at ESHC, and who we are proposing to re-allocate to the Victoria Medical Centre, we do not expect them to have a journey time of longer than 15 to 30 minutes if they choose to attend the new centre location. In addition, Victoria Medical Centre is also planning to open a branch surgery in the town centre, with patients being able to attend appointments at either of the locations. We would not disperse the ESHC registered list until Victoria Medical Centre's branch is open.

Recommendation

We understand that it is important to ensure appropriate access for services for people from deprived communities, disabilities, or other vulnerable groups:

- **Only disperse the registered list once the Victoria Medical Centre's branch surgery in Eastbourne town centre is open.**

- To commission a GP and community drop-in clinics to support vulnerable patient groups (rough sleepers and homeless people) prior to the closure of the WIC.
- To continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months).

5.4 Crosscutting theme 5 - Temporary residents and those without fixed address

5.5.1 Rough Sleepers and Homeless

Evidence previously considered

The impact on temporary residents and those without fixed address was considered as part of the Equality Health Impact Assessment (EHIA) undertaken for the PCBC. The EHIA identified that ESHC services may be the preferred resource for rough sleepers and those who are in temporary accommodation because of its central location and its walk-in function. The EHIA process identified that this group of people may experience a negative impact from the decision to implement the PCBC proposal.

Both the PCBC and the supporting EHIA also identified that there are several organisations providing support for those who rough sleep or are homeless in Eastbourne, for example the Rough Sleepers Initiative (RSI), Salvation Army or Matthew25. All these organisations assist this community of people in accessing primary and urgent care services.

New evidence from the consultation

A key theme highlighted in the public consultation feedback regarded the needs of rough sleepers and homeless and the impact on this group if ESHC were to close. Rough sleepers and homeless were identified as being vulnerable to changes to services.

The Rough Sleepers Initiative (RSI) service indicated that this cohort includes individuals with multiple complex needs, such as those who may have suffered abuse and have Post Traumatic Stress Disorder (PTSD); have problems maintaining housing; and may have spent time in prison. Some in this cohort have learning disabilities; 65% have mental health issues, and more than 90% have substance misuse issues. Their mortality rate is also high, and their life expectancy is often in their 40s. Rough sleepers also tend to mistrust healthcare professionals and are unlikely to fill out forms, or attend arranged appointments; they tend to leave chronic and acute conditions until emergency support is required, meaning A&E attendances and hospital admissions are necessary.

As part of the local response to Covid-19, we commissioned a Care & Protect service to support rough sleepers and homeless across East Sussex. The service includes supporting rough sleepers with registration at GP practices to ensure they have access to a GP and range of services offered by GP practices, triage and assessment for Covid-19 positive patients, remote clinical support and care continuity at accommodation sites where rough sleepers have been offered accommodation; and supporting rough sleepers and homeless discharges from the hospital. Although the Care & Protect service is a temporary measure put in place due to the global pandemic, and it has already provided useful lessons and ideas about a more sustainable solution to meet the needs of rough sleepers if the ESHC were to close.

How we have listened and the impact of new evidence on decision-making

The CCG recognises the need to put in place suitable services to support rough sleepers if walk-in provision at ESHC were to close. Therefore, as highlighted by the consultation feedback, we have

worked with the RSI to understand the needs of rough sleepers better and identify potential service models to support this cohort. We are committed to providing appropriate town centre service for rough sleepers in Eastbourne and providing support to mitigate against the impact of the closure of the ESHC.

Rough sleepers often find it hard to access health services and are less likely to be registered with a GP practice, so the walk-in facility at ESHC provides a service accessible for rough sleepers. A key argument against closing the WIC is that rough sleepers find alternative services, such as the UTC at Eastbourne DGH challenging to access due to its location and the travel required to get there.

In response to the consultation feedback, and to reduce the impact on rough sleepers of closing the WIC, we will co-design and develop a model of care that provides inclusive, flexible and integrated service provision for rough sleepers. A dedicated service in the town centre will be commissioned for rough sleepers, to help break down existing barriers and increase accessibility to mainstream health services. The service will include:

- At least weekly GP drop-in clinic specifically for rough sleepers and homeless, and access to outreach services that would support rough sleepers to seek medical attention when needed.
- Community nurses supporting rough sleepers and providing the link to patient pathways including supporting appropriate admissions, patient management and improving discharge processes for these individuals.

Our indicative proposal is based on our work with the Rough Sleepers Initiative service. We continue to work with them to help us design the detailed service model. We want the new service for rough sleepers to be in place before the closure of the WIC.

There is a small group of rough sleepers and homeless who are registered with the ESHC GP practice. Registration with a GP ensures that rough sleeping and homeless patients have better and more consistent access to manage their primary care needs. The received feedback indicated that in the event of ESHC closing and its GP list being dispersed, the registered rough sleepers would not use the GP practice they are allocated to if it is not in the town centre. To mitigate against this, there are plans for the new Victoria Medical Centre (which has the capacity to take on additional patients) to open a branch surgery in the town centre, so anyone who wishes to access primary care in the town centre will be able to do so. In addition, to the usual support provided to patients to register with a new practice, rough sleepers will also receive additional support to register with an alternative GP practice of their choice. In preparation for the registered list dispersal, we will:

- Work with the RSI and Victoria Medical Centre to ensure that homeless patients registered at ESHC are all registered at the new surgery or at an alternative practice of their choice.
- Ensure that the RSI can register rough sleepers and homeless people at alternative town centre practices in the future. In addition, in the Eastbourne area, the Salvation Army has agreed that people with no fixed address can register using the Salvation Army address to receive correspondence on their behalf. If this is not possible, a practice can also use the practice's own address to register the patient.
- Work closely with the RSI and other voluntary and community services to ensure that information about the RSI and the GP drop-in session and how to access them is distributed to all the places where rough sleepers might go to e.g. GP practices, community pharmacies, the hospital, Eastbourne Borough Council and other local community and voluntary services.

Recommendation

Following the consultation, we further understand the importance of ensuring people from vulnerable groups have access to care services that meets their needs. Having listened to the consultation feedback we are proposing:

- To commission at least weekly GP drop-in clinics and community nurse clinics specifically for rough sleepers and homeless to ensure they have access to service meeting their medical and nursing needs.
- To continue to commission the walk-in aspect of the service at ESHC for an interim period (likely three to four months).

5.5.1 International students, visitors, and tourists

Evidence previously considered

In the PCBC, we undertook an Equality Health and Impact Assessment (EHIA) which indicated that some groups of patients from transient populations, including international students, tourists, and visitors, may have difficulty in accessing primary care services. This would have a potentially adverse impact on them in the event of the closure of the walk-in function at ESHC. The available data also showed that in the financial year 2018/19 16% of WIC attendances were classified as Out of Area patients.

New evidence from consultation

Respondents to the consultation expressed concern that temporary residents, such as students or visitors to Eastbourne would be adversely affected in terms of accessibility of services.

Respondents raised concerns that the WIC at ESHC is required to accommodate the large transient population to Eastbourne, and potential closure of the service will result in additional pressures in local A&E departments.

Concerns were also raised that international students will not be able to access primary care services should the ESHC close.

How we have listened and the impact of new evidence on decision-making

Throughout the consultation process, we engaged with local tourist and hospitality industry. We provided leaflets and consultation documents to Eastbourne Tourist Information Centre promoted the consultation on social media pages, and local tourist portal VisitEastbourne. We also undertook a focused engagement at Eastbourne Open Air market.

The feedback from this engagement indicated that there was a general lack of awareness of the walk-in function at ESHC in 75% of conversations. Those who engaged in the conversation indicated that if their health need were urgent, they would use the internet to search for the closest A&E department. For non-urgent needs, they would go to a pharmacy.

As a CCG, we do not hold information about out-of-area patients attending A&E departments. To help us better understand if visitors and tourists increase pressure on A&E, we looked into seasonal trends of the A&E activity. This has shown that there are no material increases in demand for A&E during peak holiday times.

In response to concerns regarding international students, we approached local foreign language schools to seek their views on the proposal – although this engagement was less successful because most language schools were closed due to the current pandemic.

To gain a better understanding of what NHS services international students can access, we investigated the process they need to follow to access healthcare in the UK. In the UK, all

international students are eligible for NHS treatment after paying an annual healthcare surcharge. Those students who are planning to be in the UK for less than six months do not need to pay the surcharge.⁷

International students can access free NHS treatments in primary care, for example, in a GP practice, where they can register as an NHS patient or as a temporary patient. A temporary patient is when the patient is in the area for more than 24 hours and less than three months. To register with a GP, international students should provide a letter from the institution they are studying at as proof that they are a student, their passport, and another relevant immigration document. Those international students who have a long-term condition, and plan to stay longer in the UK should register with a GP so that they could receive suitable support and care for their condition.

International students can also access NHS 111 CAS. For people for whom English is not their first language, NHS 111 CAS offers translation services.

We have identified 11 English language schools in Eastbourne using the term “English language schools in Eastbourne” on Google Search (date of search 11th November 2020). Four of the schools were located within one mile of the ESHC, with the remainder further away. One school was within one mile of the UTCs at Eastbourne DGH. All schools were in proximity (less than a mile) to a GP practice. Many short-term international language students stay with host families all over the borough.

Services that are available for international students also include the UTC and A&E department (for emergencies) at Eastbourne DGH. Both services can be accessed as a “walk-in” and with a booked appointment via NHS 111 CAS.

Arriving in a new country can be stressful for international students and focusing on access to healthcare may not be their top priority. We acknowledge we may have been more limited in our contact with this community due to Covid-19 and we will ensure we work with the English language schools to share communications on how their students can access healthcare.

Recommendation

While we are confident that there are suitable services for visitors and international students in Eastbourne, all of which can now be accessed via NHS 111 CAS as the first point of contact, the consultation feedback highlighted the need to enhance their knowledge of what services are available and how to access them. Based on this, we are proposing:

- **Following the dispersal of the list, to continue to commission the walk-in aspect of the service at ESHC for an interim period (likely three to four months)**
- **Include targeted publicity and information to English language school about services available for international students**

5.6 Crosscutting theme 6 - Capacity of alternative services

Evidence previously considered

In the PCBC we described our assumptions of what may happen in the event of the WIC closing and the ESHC GP list being dispersed. We based our activity modelling on research and academic studies into the impact of NHS 111 CAS on patient flow, review of the Eastbourne WIC activity as well as feedback and outcomes of the discussions with local clinicians about capacity available in local services, including primary care.

⁷ <https://www.gov.uk/healthcare-immigration-application/how-much-pay>

The PCBC established that there is sufficient capacity available in local services. Our “worst-case” activity modelling scenario indicated that the maximum number of patients that would potentially be redirected to other services would be 37 per day, which would equate to seven patients per practice per day for the practices closest to the ESHC location. This scenario assumed no impact from the NHS 111 CAS and spare capacity in additional primary care appointments in the evenings and at weekends (PCIA service).

At the PCBC stage, we also undertook a review of patient lists at surrounding GP practices which showed that there was sufficient capacity to undertake the managed dispersal process of the ESHC GP patient list. Our analysis at the time showed that there was an increase in the overall primary care workforce, with a growth in the number of GPs, Advanced Nurse Practitioners (ANPs) and Practice Nurses.

New evidence from the consultation

We have received many questions about the capacity of local services, and in particular primary care in Eastbourne town centre, during the consultation. There were comments made that changes to ESHC would lead to a significant increase in demand in GP surgeries and A&E departments, which would not have the capacity to cope. A further concern that was highlighted in the consultation was about workforce capacity in primary care.

Respondents to the consultation also voiced their concerns around NHS 111 capacity and poor experience they have received. Concerns were also raised about the potential closure impacting on A&E department at Eastbourne DGH.

How we have listened and the impact of new evidence on decision-making

Capacity within GP surgeries – list sizes

We understand the importance of being able to access primary care and GP surgeries to local people and organisations, and we are confident that capacity in local services can continue to serve the town’s growing population with high-quality health care, both now and in the future.

We acknowledge that primary care has its challenges and pressures, which is the case not only in Eastbourne but right across Sussex and the entire country. However, primary care has been changing and developing, improving services and accessibility for local people.

Local services, including GPs and practice staff, have never stopped working throughout the Covid-19 pandemic. The lessons learned and new practices adopted during this period will continue to serve local people well in the future, offering even more ways to access care from doctors, and the other health care professionals that are increasingly working in our local practices.

For the DMBC, we have reviewed the current capacity within local primary care and GP surgeries. We investigated the size of the GP registered lists and which of the surgeries are accepting patients. Currently, in Eastbourne, there is one GP practice with a closed list (Grove Road Surgery) and three with capped lists (Arlington Road, Park Practice and the Lighthouse Practice). Grove Road Surgery requested a temporary list closure for six months from October 2020 to enable it to complete the recruitment of another GP for the practice.

Since the PCBC, one of the biggest changes to primary care in Eastbourne is the building of a brand-new facility – Victoria Medical Centre. It will provide a new home for the Bolton Road, Green Street and Enys Road surgeries, which have merged to form a single practice. When it opens in Spring 2021, this development will create a facility that can cater for 30,000 patients. The three practices have an existing combined registered patient list of 23,265, meaning there is spare capacity to welcome 6,000 more new patients.

We acknowledge that Victoria Medical Centre is outside the core town centre area and that the three surgeries that have merged to move to the new facility will mean there will be fewer physical GP practices close to the town centre. That is why Victoria Medical Centre is planning to open a branch surgery in the town centre, with patients being able to attend appointments at either of the locations. We expect the branch surgery to operate during the usual opening hours of Monday to Friday. The surgery will provide both GP and practice nurse appointments, and other services could also be made available in response to local need and demand. We would not disperse the ESHC registered list until Victoria Medical Centre's branch is open.

ESHC currently has a registered patient list of just over 3,200, and we intend to move these patients to Victoria Medical Centre. Those patients who do not want to move to Victoria Medical Centre will be able to choose to move to another practice of their choice at any time (providing they live within the catchment area of that practice). If all the patients from ESHC do move to Victoria Medical Centre, it will still leave remaining capacity for just under 3,000 patients thus providing capacity to accommodate population growth.

The CCG has experience in managing re-allocation of patients to other practices. The CCG would offer several drop-in sessions for patients and their carers to respond to any questions or concerns they might have and to support them to register with an alternative practice if they wished. All patients would be provided with details of a dedicated phone line where they would be able to speak to a member of the CCG's Primary Care Team who could assist them if they were unable to attend one of the drop-in sessions.

The CCG can also allocate patients to practices with a capped list, and any patients who would like to move to a practice with a capped list will be supported by the CCG. The process of allocating patients to a practice with a capped list has been described in section 3.2.4.

Capacity within GP surgeries – workforce

Eastbourne now has three Primary Care Networks (PCNs), which are groups of practices working together to build on core primary care services and focus even more closely on the needs of local patients. This means that practices can share resources, expertise, and best practice to ensure that the people they serve receive the right care. Clinicians describe this as a change from reactively providing appointments to proactively caring for people and communities

As part of the DMBC development, we also investigated the current workforce within primary care. At present, there are 64.5 FTE qualified permanent GPs across Eastbourne. This equals 2,130 patients per each permanent FTE GP (excluding locum staff, GP registrars and other training posts). The national average for the exact same GP group is 2,287 patients per FTE.

In addition to the above, the development of the Victoria Medical Centre helped Green Street surgery to recruit two new GP partners, and two further ones are set to join the new practice next year.

NHSE has provided new investment to develop PCNS, and all local practices are also recruiting multidisciplinary teams, providing a mix of GPs, nurses, pharmacists, physiotherapists, or paramedic practitioners. The make-up and size of these teams will differ depending on the size of the practice list and the needs of the people registered at the practice. For example, practices that have a high number of patients with long term conditions who take lots of different medications may recruit more pharmacists; and practices that have a large number of house bound patients may recruit more paramedic practitioners to do home visits.

Additional primary care appointments

Additional appointments are also available to patients outside of core practice opening hours in the mornings, evenings and weekends, seven days a week. These additional appointments are delivered through the PCIA appointments and through the Extended Hours appointments which are provided by all PCNs. Across Eastbourne, PCIA provides a minimum of 290 extra appointments per week (based on a minimum of 30 minutes of appointments per 1,000 of the population). This is delivered through a combination of face-to-face and remote consultations. Because of Covid-19, the PCIA appointments are delivered from a single hub at Hampden Park, and there are plans to revert to the previous provision closer to the town centre from April 2021. PCIA appointments are available for all Eastbourne practices and patients.

Extended hours appointments are provided in each PCN, and across the two PCNs in Eastbourne town centre (ALPS PCN and Victoria PCN) there are 171 additional appointments per week. These appointments are available to patients registered with a GP practice in each of the PCNs.

NHS 111 CAS and Integrated Urgent Care services

The CAS service which launched on 1 October 2020 has extended the capacity within the NHS 111 service. Historically, there is an increase in call volumes in the evenings and at weekends but also a difference in the types of calls that are received. Therefore, the combined capacity of NHS 111 CAS comprises of a skill-mix of clinicians that is matched to the demand. For example, the total number of clinicians for the early hours on a Monday could be ten and then go up to 30 in the early evening and typically in this early evening period the skill mix would be five GPs, one dentist, one midwife, three urgent care practitioners, two pharmacists, one mental health practitioner and 13 clinical advisors.

Our PCBC assumed that around 30% of calls to NHS 111 CAS can be “consulted and closed” – without the need for onward referral to another services. The service has only recently launched, and we are not yet able to confirm if our assumption was correct. However, the most recent evidence from the WIC, which changed its operating model during the Covid-19 pandemic in line with other walk-in and primary care services to “total triage”, is that up to 80% of patients are currently being managed remotely via phone consultation. This has not resulted in a spike in related A&E activity, and the WIC activity has not returned to pre-pandemic levels. This is despite other services reaching activity levels close to those seen last year.

Recommendation

The feedback from consultation emphasises the need for sufficient primary care capacity in the town centre. Taking this into account, and on the basis of additional evidence around capacity in alternative services available locally, the following recommendations are put forward:

- **Only disperse the registered list once the Victoria Medical Centre’s branch surgery in Eastbourne town centre is open.**
- **To continue to commission the walk-in aspect of the service at ESHC for an interim period (likely three to four months).**
- **Work with local GP surgeries, through PCNs and their Patient Participation Groups (PPGs) to ensure awareness and inform patients about the availability of other services, such as PCIA, extended hours or Community Pharmacy Consultation Service**

5.7 Crosscutting theme 8 - Alternative options

Evidence previously considered

In the PCBC we have looked at other options which considered the following:

- retention of the WIC, either “as is” or through a variation in opening hours
- in recognition of the duplication of services in Eastbourne, consideration was given to changing or decommissioning any of the duplicate services, for example, PCIA
- the possibility of co-locating a range of other services with the WIC at ESHC to create a “care hub” was also considered.

New evidence from the consultation

The feedback from the consultation indicates respondents felt there could be other options, which are evening and weekends appointments from GP practices, closing the WIC but retaining the surgery for registered patients, changing the WIC hours to evenings and weekends only; expanding/enhancing the WIC to become a centre for wellbeing; and raising awareness of the service to increase usage.

How we have listened and the impact of new evidence on decision-making

We have re-assessed the proposal set out in the PCBC and checked the other services that have launched since the PCBC to see how they align with the new evidence from the consultation. Evening and weekend appointments with GP practices are already in place with PCIA and extended hours. NHS 111 CAS is already able to book appointments requiring face-to-face consultation in both the UTC and GP practice settings. PCIA will join these services in December 2020.

Providing the WIC across reduced hours in the evenings and at weekends would continue to duplicate the services offered by both PCIA, UTC and NHS 111 CAS. The new contract with community pharmacists also allows easier patient access to pharmacist advice and treatment for a range of minor illnesses in close to home locations.

It is not possible to expand or develop the existing ESHC into another service such as a wellbeing centre due to estates constraints.

ESHC, and its walk-in function, has previously been subject to direct promotion and the publicity arising from the public consultation has increased awareness of the service’s existence to people both in and outside Eastbourne. Despite this, activity levels show a reducing trend. Unlike other healthcare services, activity levels within the WIC remained low following the easing of restrictions in July from the first national Covid-19 lockdown. This could indicate that many previous users of the service are having their healthcare needs met elsewhere.

The evidence provided from the consultation identified the need for robust support to a small group of vulnerable patients, including rough sleepers and homeless and those with complex needs. We are now working with local stakeholders, including the Rough Sleepers Initiative, the East Sussex Covid-19 Homeless Operations Group, and providers of the interim Care & Protect service (described in section 3.2.2) to identify how best to address this, including the commissioning of dedicated GP drop-in sessions, which is one of the recommendations resulting from this DMBC.

Recommendation

Having considered the consultation feedback, we accept that supporting patient access in a town centre is important to local people and communities. We will therefore ensure that the Victoria Medical Centre’s branch surgery is in place prior to dispersing patients and decommissioning the WIC at ESHC.

5.8 Crosscutting theme 9 - Communication and education

Evidence previously considered

Between June and August 2019, before we launched our consultation into the future of ESHC, we engaged with local people to listen to their experiences of, and feedback on, the walk-in service at ESHC and the other healthcare services they might use. We also conducted a survey, online and face-to-face, which took place from 16-31 August 2019.

One of the main themes that came out of this early engagement was the importance of clear communication about what local services are available and how people can access them. People told us that they would be more likely to use the range of services that are available if:

- There was information in the local press or ads on social media, etc.
- They had clear information on how to access them
- There was more information available via GP practices, including GP receptionists telling local people about them

In response to the insight gained from our pre-consultation engagement, the CCG committed to developing a communications and engagement programme to help people know what local services are available, where they are located, when they are available, and how to access them. This was outlined in our public consultation document.

New evidence from the consultation

The consultation feedback highlighted the importance of communication and education about local services, including alternatives to the WIC. Respondents indicated that they would like to be informed about different services and how to access them via different communication channels and methods. Some feedback was received, which indicated that people are not always aware of new services and what they can do for them, for example, UTCs.

How we have listened and the impact of new evidence on decision-making

Plans are already in place to conduct a targeted communication over the proposals set out in the PCBC and DMBC. The two themes we are working to address in response to the feedback we have received, before and during the consultation period:

Access to services

- Responds to insight that people are unsure of what services are available and how to access them safely
- Provides information on what is open and how services are working
- Aims to encourage people to access services in the right way, to reduce people not attending appointments
- Aims to manage expectations and provide realistic information about services restoration in light of COVID-19
- Aims to take a thematic approach to key areas of insight and feedback. This will include a week-by-week spotlight on certain areas including:
 - Primary care
 - Cancer
 - Dementia

Get the right help at the right time

- Aims to raise awareness of NHS 111, in particular the enhancements to NHS 111 with the CAS and direct booking
- Aims to encourage people to call 111 first, before accessing any urgent services

- Aims to reduce the number of walk ins to Emergency Departments (ED) and Accident & Emergency (A&E), and increase the number of people who call 111 first
- Aims to promote local services including GP, pharmacy and out of hours arrangements

We will use several channels for communication and engagement of this campaign:

Table 12: Overview of communications channels for the communications and engagement campaign

Partner owned channels	Websites, intranets, social media channels, newsletters, magazines
Face-to-face through Business As Usual contact with residents / patients	NHS, adult social care, children’s services, fire and rescue, district and boroughs, community and voluntary groups, Healthwatch
Posters and leaflets	Community pharmacies, GP practices, community centres, job centres, English language schools
Media (not paid)	Press releases, reactive statements, offers of filming/discussion opportunities where possible
Media buying	Web advertisements, social media ads, radio (pan Sussex), newspaper digital ads (pan Sussex)
Community and voluntary	Voluntary Care Sector organisations, parish councils, residents’ groups, community websites and social media groups
Attendance at forums	GP Membership locality meetings, Patient Participation Group networks

5.9 Crosscutting theme 10 - Criticism of consultation

Obtaining the views and feedback of the public and of interested parties has always been an important consideration when considering the further of the services at ESHC.

Formal public consultation commenced on 2 February 2020, with the expectation of this closing on 30 April 2020. The advent of Covid-19 and its impact on the CCG’s ability to continue the consultation during the first lockdown led to a decision to suspend all face-to-face engagement from 16 March 2020 and to fully suspend the consultation on 1 April 2020. This was done in line with government guidance and to ensure the health and safety of the public and the CCG staff.

The CCG kept the hiatus of the consultation under active review and continued to liaise with the East Sussex Health Overview Scrutiny Committee (HOSC) throughout this period. At their meeting on 29 July 2020, the Governing Body supported a recommendation to restart the consultation on 3 August 2020. The HOSC also restarted their statutory consultation on the proposals at this time. The public consultation formally concluded on 14 September 2020, making the total duration of the consultation 14 weeks.

The CCG appointed Opinion Research Services Ltd. (ORS) to manage the consultation feedback (including responses to the consultation questionnaires but also collating feedback from consultation activities as well as social media). ORS were also commissioned to report the consultation outcomes independently and faithfully to the CCG so that the final decision-making business case could be developed.

The final consultation feedback report confirmed that:

- The CCG consultation process met the best practice standards for statutory consultation and public engagement process. These were deemed to be “*open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.*”
- The CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process.

5.10 Addressing recommendations of the East Sussex HOSC Review Board

Our engagement with the East Sussex HOSC has resulted in several recommendations, which are set out in section 4.4. of this DMBC.

Feedback and recommendations for the HOSC Review Board highlighted several concerns which have also been emphasised in the feedback from the public consultation. We have matched the crosscutting themes from the public consultation with the recommendations from the HOSC Review Board and outlined it in a tabular form for ease of reference in Appendix 4.

The key themes emphasised in the HOSC Review Board recommendations centre around accessibility and knowledge of local services. The HOSC Review Board highlighted the importance of local people being aware of what services are available and how they can access them. The members of the HOSC Review Board also stressed the importance of informing people about the proposed changes, which should encompass a range of methods, including traditional communications channels, as well as care navigation. Recognising the importance of informing people of their choice and increasing their awareness of other services, we will build the HOSC Review Board's feedback into our targeted communications over the DMBC. We are proposing our communication and engagement, including care navigation, cover additional areas, such as:

- information and promotion of the NHS 111 CAS and services that can be accessed by calling 111 (including community pharmacy, GP in-hours, PCIA, UTCs, A&E department); we will ensure our publicity is using various communications channels that reach different age groups as highlighted in our EHIA
- information and promotion of appointment options to patients to allow informed choice on their consultation type, including access to face-to-face appointments, telephone, online or video consultations (remote consultations and access); this advice will include information on how to access translation services and also promote interpreting services for those whose English is not the first language and may not be able to communicate in English
- advice and information about what mental health services are available across Eastbourne to support patient population in accessing the most appropriate services for their health care needs
- targeted work and liaison with English language schools to help them raise international students' awareness of what and how they can access healthcare services
- working with primary care Patient Participation Groups (PPGs) to improve information sharing about other services, such as PCIA or extended access

In addition, the Board members emphasised the need to support vulnerable people and ensuring suitable health care provision is in place for the rough sleeping and homeless community across Eastbourne. This concern was also highlighted in the public consultation feedback, and we are proposing to:

- To commission at least weekly GP drop-in clinics and community nurse clinics in the town centre specifically for rough sleepers and homeless to ensure they have access to service meeting their medical and nursing needs.
- To continue to commission the walk-in aspect of the service at ESHC for an interim period (likely three to four months).

One of the recommendations from the HOSC Review Board highlighted the importance of minimising any loss of available healthcare staff in the local system were the proposal implemented, and the WIC closed and ESHC GP registered list dispersed. As a CCG, we are not able to directly influence the recruitment decisions of local providers. We can confirm that as local services develop and additional roles are recruited to, for example in PCNs, there would be opportunities for the current staff to work in other services, including primary and community care, which would avoid losing key skills and valued experience in the locality. We should note it is the

responsibility of individual providers, for example, GP practices, to recruit staff they feel is required to support their services and the needs of their patients.

6.0 The proposal post-consultation

6.1 Overview of the post-consultation proposal

In the PCBC we set out a proposal:

- to de-commission the WIC at ESHC, including re-registering the small ESHC GP registered list and patients to other local practices using a managed dispersal process
- to commission Care Navigation to support people who might continue to go to ESHC for two months before the proposed closure
- to ensure that local services continue to collaborate as they develop (for example, via PCNs to provide the future model of Integrated Urgent Care that supports people in a holistic and streamlined way, drawing on the relevant service
- to develop a wide-ranging communication and engagement programme to support patient population to make the best choices for their healthcare

We have now assessed the feedback from the consultation and the additional evidence we have gathered for the DMBC, such as how developments within the wider healthcare system have enhanced the local services. Much feedback focused on primary care provision in the town centre and we have reviewed this provision informed by the feedback. As such, we have adapted our proposal to:

- **carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established.**
- **commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients**
- **decommission the WIC function at ESHC**
- **following the list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months)**

We are proposing to decommission the WIC function because it is mainly used by local people to access general primary care services, and there is a decreasing demand for this service, while there are now more services available, including capacity within PCIA service, offering additional appointments in the evenings and at weekends. In addition to this, there are now new ways of accessing advice from GPs and other primary care professionals via remote consultations (on the phone, online and video). The WIC at ESHC also now offers duplicate services to local people, and our ambition is to offer local people a streamlined and holistic care when they have a same-day primary care need, accessible via a single point of contact via NHS 111 CAS, which will reduce the number of times patients gets passed from one service to another.

We are proposing to re-allocate patients from the ESHC GP list to the new Victoria Medical Centre. This is because the centre has good capacity to support these patients and a good quality range of services available that people can benefit from. It also enables continued town centre provision through the commitment of the practice to open a branch surgery in the town centre. Patients can exercise choice in which practice they register with and the CCG will support this as required. By being registered with a bigger practice, patients will benefit from an extended range of services available through the bigger practice, including improved access to services supporting immunisation, diabetes, cancer screening or proactive care planning. It is also easier for bigger practices to attract and retain specialist skills, which will expand patient's access to a wider set of specialist services (for example, first contact physiotherapists offering MSK expertise to registered patients). Patients should also benefit from improved access because it usually is easier for a bigger practice to manage demand, for example, by splitting routine care from urgent care.

6.2 Actions supporting post-consultation proposal

We recognise the importance of supporting patients and local people during the transition and that provision is made for those patients identified as being vulnerable, and those community groups that were highlighted in the EHIA as potentially impacted by the transition. With these points in mind, we are recommending that:

- **The dispersal process will only commence once the Victoria Medical Centre (once opened in Spring 2021) has established its town centre branch surgery.** This will be supported with the following additional mechanisms:
 - dedicated drop-in sessions and telephone line for patients and carers to address any questions or concerns
 - support to patients not wanting to move to the Victoria Medical Centre to register with another practice of choice in whose catchment area they live
- **Support services for vulnerable patient groups (rough sleepers and homeless people) are established in the town centre before the closure of ESHC.** We are planning to:
 - commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients
 - ensure links with homeless/rough sleeper services to support ongoing registration of these communities with primary care services
- **In order to ensure that all registered patients have been supported to register with another practice and to allow a significant length of time for all new services (such as NHS 11 CAS and the rough sleepers and homeless group service) to have been established, we will continue to commission the walk in aspect of the service at ESHC for an interim period (likely three to four months).**
 - This will support people during the changes and advise on how to access services to meet their needs
 - This service will be nurse-led and will manage the immediate needs of various patient groups; this may include visitors and international students over the summer period in 2021; and for rough sleepers and homeless people while the drop-in clinics are established. This interim service will support care navigation and will ensure our vulnerable groups have support in accessing other services
 - We have assessed the activity at ESHC from July, August and September 2020. We do not know yet what demand will be like in the same period next year. This is because of the Covid-19. We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity
- **We will develop a wide-ranging communication and engagement programme, including care navigation, that will include:**
 - information and promotion of the NHS 111 CAS and services that can be accessed by calling 111 (including community pharmacy, GP in-hours, PCIA, UTCs, A&E department); we will ensure our publicity is using various communications channels that reach different age groups as highlighted in our EHIA
 - information about transport and travel plans; access options to alternative services for deprived communities, disabilities, other vulnerable groups and visitors; and awareness of the non-emergency patient transport service and/or the NHS Healthcare Travel Scheme for people eligible for the schemes
 - information and promotion of appointment options to patients to allow informed choice on their consultation type, including access to face-to-face appointments, telephone, online or video consultations (remote consultations and access); this advice will include information on how to access translation services and also

- promote interpreting services for those whose English is not the first language and may not be able to communicate in English
- advice and information about what mental health services are available across Eastbourne to support patient population in accessing the most appropriate services for their health care needs
 - targeted communications specifically aimed at patients from vulnerable groups and other groups that were highlighted in the consultation feedback and our EHIA (such as international students and tourists) provided in ways that best reach their audience; we will do this by working with, for example, with voluntary care organisations, existing services, English language schools (for international students)
 - work with GP practices to increase their understanding of patient choice and awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs)

7.0 Assessing the implications of the post-consultation proposal

7.1 Impact of the post-consultation proposal on patients

Patient stories

In the PCBC, we have provided examples of patient stories which showed the experience that people have now and how these would be different if we were to close the WIC and disperse the ESHC GP list to a local practice. These stories remain relevant to the post-consultation proposal, which is set out in the previous section.

The story on the next page – for Mike - illustrates this experience.

Expected benefits for patients

We also expect that our proposal will deliver the following benefits:

- There will be a reduction in variation of same-day and urgent care services, which will make it easier for patients access the most appropriate service - our post-consultation proposal aims to encourage people to contact NHS 111 CAS as their first point of contact. This means that there will be less confusion for patients how and where to access urgent care.
- By using NHS 111 CAS patients will be able to have their symptoms assessed and be given appropriate advice and support quickly. When required, they will be able to be booked to the local service that can help them best. This means that there will be reduced need for multiple visits to different services.
- We want to encourage people to register with a GP – this means, for example, that those with complex health needs, for example with a long-term condition, are better supported to manage their condition.
- Our local practices are organised into PCNs – this means that patients who are registered with a GP will have access to extended and specialist services offered by both GP surgeries and PCNs. This is because groups of practices working together can share specialist staff and knowledge.
- By being able to access care and advice via NHS 111 CAS, or remote consultation in a GP practice, patients may not need to unnecessarily leave the house or pay for travel.
- Patients will be able to access more advice that will support them in self-managed care – either via NHS 111 CAS, remote consultation with their own GP surgery or support from a community pharmacy.
- Rough sleepers and homeless will be able to access dedicated GP and nurse drop-in sessions, and those with complex needs will have access to additional support from social prescribers and mental health practitioners currently being recruited by PCNs.

Where will people get care and support if ESHC closes?

Central to our post-consultation proposal is the ambition for all patients to be seen in the right place, at the right time by the right person. Those service are now becoming available via NHS 111 CAS, and include the following:

- Their own GP surgery in-hours – between 8.30 am until 6.30 pm
- Primary Care Improved Access appointments and extended hours appointments – in the evenings and at weekends
- Community Pharmacy – including access to urgent prescriptions via NHS 111 and additional services through the Community Pharmacy Consultation Service
- Urgent Treatment Centre – seven days a week, 10 am to 10 pm
- A&E department – for emergencies

- Other options that patients could be signposted to, for example mental health services or services for vulnerable communities, such as GP and nurse drop-in sessions for rough sleepers and homeless.

The patient	What's their problem?	What would they do now?	What would they do in the future?	Why would this be better for them?	How would we help them?
<p>Mike is 35 and lives in Polegate. He's registered with a GP in Polegate. He commutes to work in Eastbourne every day.</p> <p><i>The biggest group of people who use the WIC – 43% - are working age adults like Mike.</i></p> <p><i>For 21% of people who use the WIC the outcome is that they are given advice on how to look after themselves.</i></p>	<p>It's 7.30 a.m. on Monday morning and Mike's on his way to work. He's had a sore throat for three days and is feeling a bit under the weather. Mike considered making an appointment with his GP, but this would mean taking time off work and he doesn't want to do that.</p>	<p>Mike decides to go to the WIC and wait until it opens at 8 a.m. so that he can see a doctor.</p>	<p>Mike's choices: Mike could call NHS 111, which is available 24 hours a day, 7 days a week. NHS 111 would provide Mike with all the advice he needed on how to look after himself. If they thought Mike needed to see a doctor, they would make him an appointment with a PCIA hub for the next evening or arrange for him to have a video or phone consultation with a PCIA doctor. Mike could also get clinically safe and easily accessible information from NHS 111 online which is available 24 hours a day. Mike could also visit a community pharmacy near where he works for over-the-counter medication and advice from the pharmacist, a qualified health professional.</p>	<p>By calling NHS 111, using NHS 111 online or visiting a community pharmacist Mike would get the advice he needed quickly and, if necessary, the medication he needed quickly and easily from the pharmacy.</p> <p>If Mike called NHS 111 and they decided that he needed to see a doctor, he would get an appointment the same day so he wouldn't have to take time off work or waste time waiting several hours to see someone.</p>	<p>We would carry out a communications and engagement programme to ensure that Mike had all the information he needed to help him make the right choices about his healthcare.</p> <p>We would ensure that information was easily available at key contact points for commuters such as Eastbourne Station and other community locations such as post offices and libraries.</p>

7.1.1 Quality Impact Assessment

We have completed a Quality Impact Assessment (QIA) for the DMBC. This is provided in Annex 1. It highlights that there will be no impact on patient safety because of the closure of the WIC and dispersal of the ESHC GP registered list. This is despite the Covid-19 pandemic, which has changed the way people access health and care services and the need to reduce the risk of infection across local service. In addition, there is a need to ensure that access to services is more streamlined and joined up, increasing the overall patient experience.

There is a small risk that some patients may not access the right service in the initial period after the closure of the WIC. This will be mitigated by the extensive communications and engagement programme, and by commissioning an interim service at ESHC. This service will include nursing support to manage the immediate needs of various patient groups, and visitors and international students over the summer period in 2021. In addition, we are proposing to commission GP and community nurse drop-in clinics before the closure of the WIC, which will support the rough sleeping and homeless population who are one of the most vulnerable people in our community.

In summary, the QIA specifically highlights the following:

- The closure of the WIC would have no adverse impact on patient safety. The full range of primary and community services would continue to be available to patients locally. To ensure patients are supported to access these services, we will implement a short-term service, including Care Navigation. The function would be delivered by suitably trained staff who would provide advice on what services are available locally and how to access them. The navigators would also work in partnership with patients to ensure they had all relevant information about other services and, if necessary, would make appointments with or referrals to those services. This approach ensures our vulnerable groups have support in accessing new services.
- Data shows that most patients are using the WIC to access primary care services, which are provided elsewhere by general practice, PCIA, community pharmacy.
- NHS 111 CAS which went live in October 2020, will support patients to access the care most appropriate for their needs. NHS 111 CAS will also be able to book appointments within GP practices, PCIA and arrange prescriptions at local community pharmacies.
- There is also a UTC located at the EDGH which provides access to urgent care for a minimum of 12 hours per day, seven days a week, and 52 weeks a year. Patients will be able to use NHS 111 CAS to arrange appointments in the UTC.
- Patients dispersed to Victoria Medical Centre, including those who are vulnerable and/or homeless, will be supported by during the re-allocation process. Patients will be supported to register in a practice of their choice if they wish to.
- Those people who are not registered with a GP will be supported to register at the Victoria Medical Centre (or a practice of their choice). By being registered with a practice they will benefit from an extended range of services available in GP surgeries, including specialist advice and care, access to immunisation, or screening services.

7.1.2 Equality Health Impact Assessment

The Equality Health Impact Assessment (EHIA) for the post-consultation proposal has been updated since the PCBC to reflect the learning and actions arising from the consultation.

An assessment of the consultation feedback, and monitoring of the impact of Covid-19 upon local services, has provided no material evidence to substantially vary the Case for Change as set out in the PCBC. The rationale for this is set out in section 6 and in the EHIA, which is provided in Annex 2.

The consultation feedback has, however, helped us to identify specific areas where the proposal could have a negative impact. We have, therefore, refined it so that included the development of mitigations to address these.

Whilst the proposal changes are detailed fully elsewhere in the DMBC, the feedback received, and subsequent review of the EHIA has, in summary, led to proposal revisions that will:

- **Ensure that rough sleepers and homeless continue to have access to primary care services** via regular GP and nurse drop-in clinics
- **Support healthcare access to low income households and other vulnerable communities:**
 - for registered patients, this means the ability to access a branch surgery within town once the patient list is dispersed
 - for all eligible patients, awareness of the non-emergency patient transport service and/or the NHS Healthcare Travel Scheme
- **Support the dispersal of the registered patient list to the Victoria Medical Centre with**
 - drop-in sessions and telephone dedicated line for any arising questions or concerns
 - support to patients choosing instead to register with another practice within the area

The table below page sets out a summary of the EHIA.

Table 12: Summary of the Equality Health Impact Assessment for DMBC

Protected Characteristic	EHIA	Proposed Action to mitigate any negative impacts against all protected characteristics	Proposed Action to mitigate any negative impacts on specific groups with protected characteristics
Race	The impact should be neutral apart from the potential initial uncertainty on how to access alternative services. The service changes could also be more confusing for people with English as a second language.	<p>Commission a short-term service at ESHC, which will include nursing support to manage the immediate needs of population during the change.</p> <p>The short-term service will support local people in accessing the services they need – via dedicated care navigation and signposting. The service will also support people to register with a GP practice so that they could benefit from more holistic and enhanced care.</p> <p>Implement communications to make people aware of the changes, including targeted marketing where relevant.</p> <p>Monitor and evaluate services informed by local feedback to understand any issues that arise and develop relevant action in response.</p>	<p>Ensure Care Navigation includes information in community languages on how to access translation and interpreting for services that are already commissioned.</p> <p>Promote interpreting services to local same-day primary care services and to local communities.</p> <p>Ensure communications materials inform people that NHS 111 CAS is also available to people whose English is not first language.</p> <p>Make communications about service changes available in community languages.</p> <p>Increase awareness for staff in local services about Black, Asian and Minority Ethnic needs through service contracts.</p>
Sex	There should be no negative impact apart from the potential initial uncertainty on how to access alternative services.		

Protected Characteristic	EHIA	Proposed Action to mitigate any negative impacts against all protected characteristics	Proposed Action to mitigate any negative impacts on specific groups with protected characteristics
Gender reassignment	There should be no negative impact apart from the potential initial uncertainty of whether alternative services meet their needs and operate Trans inclusive policies and practices.	Communications and marketing information about the proposal to include communication of transport and travel plans to other services.	Recommend trans awareness training for primary and urgent care services that would constitute alternatives to the WIC. Develop a mechanism to engage with trans patients in Eastbourne
Age	The biggest group of people who attend the WIC are aged between 26 and 65 years of age. It is considered that there might be positive impact on younger parents and commuters as they would use alternatives such as NHS 111 which would provide advice and be able to book appointments: there is evening and weekend access through PCIA and the introduction of online options. Face-to-face appointments would be easily accessible for all age groups through effective triaging, signposting and range of options.	Support those patients who do not want to move to the Victoria Medical Centre to register with another practice of their choice, providing they live within the catchment area of that practice. Undertake the dispersal process when the Victoria Medical Centre and its associated branch surgery is open (currently planned for Spring 2021).	Publicity about NHS 111 CAS and other services (PCIA, UTCs,) to be targeted at younger people, young parents and older people through appropriate channels such as the VCS, local colleges and local parent groups. Target communications about service changes to young people Undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes. Ensure services promote appointment choice to patients to enable them to make an informed choice about their consultation type (remote consultations or face-to-face)
Religion and belief	There should be no negative impact apart from the potential initial uncertainty on how to access alternative services. Cultural barriers could result in some people feeling other services are not appropriate for them.		
Disability	There should be no negative impact apart from the potential initial uncertainty on how to access alternative services. Pre-engagement indicated that for some patients with Autism/hearing impairments, the WIC was preferred as it avoided the need for phone and internet booking.		Support GP practices to understand the need for reasonable adjustments for patients with learning and other disabilities. Provide clear information meeting the NHS Accessible Standards about the range of services available, particularly the UTC, and on the closure of

Protected Characteristic	EHIA	Proposed Action to mitigate any negative impacts against all protected characteristics	Proposed Action to mitigate any negative impacts on specific groups with protected characteristics
			<p>the Eastbourne WIC should this go ahead and distribute through channels such as local VCS.</p> <p>Ensure services promote appointment choice to patients to enable them to make an informed choice about their consultation type (remote consultations or face-to-face)</p>
Sexual Orientation	There should be no negative impact apart from the potential uncertainty of whether alternative services meet their needs and operate inclusive policies and practices.		Recommend LGB awareness training for primary and urgent care services that would constitute alternatives to the WIC.
Marriage or civil partnership	There should be no negative impact apart from the potential initial uncertainty on how to access alternative services		
Pregnancy and maternity	There should be no negative impact apart from the potential initial uncertainty on how to access alternative services.		
Social deprivation	The impact on the current population would be primarily due to travel to other services, and the way other services can be accessed, for example via non-face-to-face NHS 111 CAS or NHS 111 online.		<p>Commission at least weekly GP drop-in clinics and community nurse clinics specifically for rough sleepers and homeless to ensure they have access to service meeting their medical and nursing needs.</p> <p>Ensure the short-term service include nursing support to manage immediate care needs of people while the GP drop-in sessions are embedding, while also offering care navigation and sign-posting to the new service for rough sleepers and homeless.</p>
Transient population (e.g. visitors)	Some people might have difficulty in accessing primary care services, although alternatives such as UTC, NHS 111 CAS and NHS 111 online would be available.		<p>In addition, the enhanced role of NHS 111 as part of streamlined local services will support transient populations as this is national number and national digital services that can be accessed irrespective of where people live.</p> <p>Ensure that the communications targeted at international students includes information about the importance to register with a</p>

Protected Characteristic	EHIA	Proposed Action to mitigate any negative impacts against all protected characteristics	Proposed Action to mitigate any negative impacts on specific groups with protected characteristics
			GP when they have a long-term condition.
Community cohesion	There might be a negative impact on the localities around the WIC which are amongst the most deprived in the area.		<p>Commission a short-term service at ESHC, which will include nursing support to manage the immediate needs of population during the change.</p> <p>We will only disperse the list once the Victoria Medica Centre's branch surgery is in place.</p> <p>The short-term service will support local people in accessing the services they need – via dedicated care navigation and signposting. The service will also support people to register with a GP practice so that they could benefit from more holistic and enhanced care.</p>

7.2 Impact of the post-consultation proposal on local health need and health inequalities

We have undertaken a summary analysis of the post-consultation proposal on our duty to reduce inequalities with respect to access health services and achieve improved outcomes from health services.

We believe that the impact of the proposal on local health need, outcomes and health inequalities will be better because:

- Most people who use the WIC are registered with a local GP, and very often walk-in services do not lead to the optimal response for that person, such as not being able to request blood tests, or refer onward for specialist investigation. This can contribute to inequalities and poorer health outcomes for our vulnerable populations. We want to make sure that people can get the service they need from their own GP, and we will support people to register with a GP to get the service they need.
- We want to ensure our system for same-day and urgent care service is as simple for patients as possible – our post-consultation proposal promotes streamlined access via NHS 111 CAS which will reduce the number of times patients get passed from one service to another.
- Patients will also benefit from an extended range of services available through the bigger practice, including improved access to services supporting immunisation, diabetes, cancer screening or proactive care planning.

We recognise that this is a change in the way current services are provided around Eastbourne and that further actions are needed to ensure that we continually address health inequalities and outcomes. Our actions will include:

- Before we implement the interim service at ESHC, we will assess local need and demand and ensure it meets the needs of local people. We will make sure that the service includes

suitable nursing and care navigation support to help people access those services that are most appropriate to their needs. We will ensure that they have all relevant information about the service, and how to access them, and if necessary, make necessary appointments.

- We will continue to review the needs of groups highlighted in our EHIA for DMBC and monitor the impact of the post-consultation proposal on them.
- We will assess the impact of the interim services we have commissioned in response to Covid-19 (for example, “Care & Protect” service or a Locally Commissioned Service for BAME population) to help us design and commission appropriate services locally to improve health outcomes and reduce health inequalities.
- We will continue to work with local partners – including local authorities, voluntary sector organisations and established services (for example, Rough Sleepers Initiative) to determine whether any additional services should be commissioned locally to target health inequalities.
- We are already supporting the development of local PCNs and continue to do so. The PCNs will bring several community teams to work together for the benefit of local people. It will improve both proactive services (such as prevention programmes) and reactive services (such as management of long-term conditions) for local people.

7.3 Impact of the post-consultation proposal on activity flows

For the PCBC, we had undertaken activity modelling, which was based on several informed assumptions in relation to changing patient behaviours and the available capacity within emerging or developing services across the wider health economy. There has been no material change in these assumptions, and they are that:

- 16% of WIC activity will be lost because patients would choose to self-manage rather than go to another service.
- NHS 111 CAS is the main access point for people with same-day primary care needs – in line with the IUC strategy.
- 30% of calls managed via NHS 111 CAS is resolved on the telephone through “Consult and Complete” – which means that patients are provided with appropriate advice and support on the phone.

The advent of Covid-19 saw a significant reduction in how patients engaged with many services during the first national lockdown. Most of these services are now seeing a return to near-normal levels of face to face activity. We have not observed this in the WIC activity. In addition to continuing the previous trend of reducing levels of activity, the WIC continues to manage most of its daily interactions remotely by telephone (82% of contacts between July and September 2020).

The average number of face-to-face patients seen per day has not exceeded 18 between the months of July to September 2020 (as shown in section 3.2.5). This activity could easily be absorbed into the other services available in Eastbourne that would be appropriate to manage their needs (e.g. pharmacies for prescriptions or Primary Care Improved Access and the UTC for anyone needing a face-to-face same-day consultation).

Of the patients registered at ESHC, 45 to 50, on average, have contact with the service each day. 70% of these are via remote telephone consultation. The Victoria Medical Centre are employing two new full-time clinicians who would be able to manage both the proportion requiring face-to-face consultation and those issues that can be resolved by telephone.

As most contacts for both WIC and registered patients are managed via telephone consultation, these could be resolved by the new NHS 111 CAS through “Consult and Complete”.

Sensitivity analyses within the PCBC indicated scenarios with either 15% or 30% of WIC patients who called NHS 111 being managed via the CAS “Consult and Complete”. The expectations at that time were also that around another 50% of WIC patients would utilise NHS111 CAS but require onward referral to another service.

The PCBC used activity information from 2018/19 (15,432 for the year) and, assuming the lowest level of NHS 111 CAS’s ability to manage only 15% of patients through “Consult and Complete”, it would leave 85% (13,117) needing the support of other services or self-management. This averages at 35.9 patients per day not managed by “Consult and Complete”.

The evidence for July to September 2020 for both the WIC patients and the registered patients would indicate that over 65% of each patient cohort could have their healthcare issues resolved by NHS 111 CAS’s “Consult and Complete”. For the WIC patients, and based on activity for 2019/20 (16,018 in total), this would leave 35% of patients (5,606) needing to self-manage, be redirected to A&E or to receive an onward referral from NHS111/CAS. This averages 15.3 patients per day not managed by “Consult and Complete”.

The PCBC indicated that services across the healthcare system would have sufficient capacity to manage the care needs of the patients as set out within the modelling scenarios. If these revised figures above hold true, the increase in demand upon other services to manage these patients would be lessened. Although the proportion of patients managed through “Consult and Complete” is higher, the proportion of onward referrals is reduced.

We are confident that local services have the capacity to manage and absorb ESHC should it return to the pre-Covid-19 levels, and we undertook extensive activity modelling in our PCBC. Nonetheless, we recognise that it is possible that the actual impact of the DMBC may be different to our assumptions. As we committed to in our pre-consultation case:

- If there were more activity and demand for primary and community care services than anticipated, we would continue to work with GP practices, PCNs, PCIA providers and local community providers and community pharmacies to understand the reasons for the activity and agree relevant action. This might include commissioning additional primary care and community care capacity to meet the need.
- If the utilisation of the new NHS 111 CAS was lower than predicted, or fewer patients are supported through the “Consult and Complete” pathway, we would work with the provider and local stakeholders to improve the awareness of the service and build the confidence of our patients in the service. We would do this through an extensive communications and engagement programme.
- If there was more activity at A&E than anticipated, we would continue to work with our local acute trust to understand the reasons for this activity and agree relevant action. This might include implementation of additional clinical pathways and capacity within the UTC at EDGH.

7.4 Financial impact of the post-consultation proposal

Based on the 2019/20 outturn, the total financial impact of the DMBC would be a net full-year reduction of £879 000 from the committed expenditure for services at ESHC.

Table 13: Financial impact of the proposal

Current funding for services at Eastbourne Station Health Centre	Total (£'000s) Full Year
WIC contract (estimated proportion of costs 67%)	838
Registered list (estimated proportion of costs 33%)	412
TOTAL	1,250
Proposal – de-commissioning of WIC – revenue released for re-investment	(838)
Removal of the Additional Primary Medical Services (APMS) contract for the registered list	(412)
SUB-TOTAL – revenue savings	(1,250)
Dispersal of the registered list on the typical GMS rate (3,215 patients)	289
GP and community nurse drop-in sessions (52 weeks per year) - indicative	82
NET IMPACT (savings)/cost	(879)

The financial impact is based on the following assumptions:

- The proposal assumes the ESHC is de-commissioned, which releases the committed expenditure.
- The GP registered list is dispersed using the top rate of the usual average GMS rate per patient (GMS rates are usually between £80 and £90 per patient per annum).
- Indicative costs for the GP and community nurse drop-in sessions for 52 weeks per year, which includes prescribing costs and overheads, such as clinical room hire. We are working with local services, including Rough Sleepers Initiative, to develop the model, which will then be fully costed prior to the commissioning and implementation.

At the PCBC stage, we established that the principal driver for our proposal is not to achieve financial savings. The net financial impact outlined in the table above does not take account of any additional costs or investment in other services that will be made to support the implementation of the proposal, for example:

- commissioning of the short-term service for a short period of time
- commissioning of additional GP drop-in sessions to support rough sleepers and homeless
- any activity transfers to other providers (for example, to NHS 111 CAS or UTCs)

As the funding always follows the patients, and the funding from the existing ESHC contract would be available to support the developments, we consider the post-consultation proposal to be a low risk to the CCG.

8.0 Assurance

8.1 Clinical Senate

Our initial proposals were submitted to the South East Clinical Senate to undertake an independent clinical review in Summer 2019. At that point, we asked the Clinical Senate to assess the evidence we gathered to develop the PCBC. The Clinical Senate undertook a detailed review of our proposal, together with the wider proposals around IUC services.

The Clinical Senate review resulted in nine recommendations which related specifically to the pre-consultation proposal and were addressed in the PCBC. The Clinical Senate recommendations are available on our website.

8.2 Reconfiguration: The Four Tests

In 2010, the Government introduced the “four tests” for service changes. The tests require any NHS organisations considering a change of service to be able to demonstrate evidence of:

- strong public and patient engagement
- consistency with the current and prospective need for patient choice
- a clear, clinical evidence base
- support for proposals from clinical commissioners.

A further test was introduced in 2017 that covers any proposals that significantly reduce hospital bed numbers. This test does not apply to this DMBC.

The table below outlines the national tests together with the evidence considered for the PCBC and DMBC.

Table 15: NHS Four Tests

National Criteria / Test	Pre-Consultation supporting evidence	Post-consultation supporting evidence
Strong public and patient engagement	<ul style="list-style-type: none"> • Extensive public engagement on the East Sussex urgent and primary care services to understand what matters most to local people when using services – we have used the outcomes of this feedback to shape our plans for IUC services, Primary Care Improved Services, and we have also considered the views while developing this PCBC. • In 2017/18 engagement with Patient Participation Groups (PPGs) to seek feedback on patient pathways. • Regular communications with our stakeholder GPs via newsletters and locality meetings. • Shared our vision (March 2018) for IUC and our initial proposals with Eastbourne District Council and other key stakeholders including MPs, Councillors, NHS providers, ESCC and local community and voluntary sector organisations. • Engagement on what is important to local people about urgent care services following cessation of NHS 111 CAS re-procurement in summer 2018. 	<ul style="list-style-type: none"> • Extensive public consultation on the PCBC • Independently prepared consultation report confirmed that the consultation process met the best practice standards for statutory consultation and public engagement process. • The consultation process assessed as “open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.” • The consultation report acknowledges that the CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process. • Liaison with the East Sussex HOSC throughout the duration of the consultation. • EHIA updated at the pause of the consultation and then refreshed at the restart of the consultation identifying any mitigating actions for vulnerable communities and people with protected characteristics.

National Criteria / Test	Pre-Consultation supporting evidence	Post-consultation supporting evidence
	<ul style="list-style-type: none"> As part of SHCP engaged with patients and the public in discussions to help shape services via the “Big Health Conversation” and “Shaping Health and Care” events. CCGs actively engaged in the “Our Health and Care... Our Future” engagement programme launched across all CCGs to build on the previous conversations and to help identify priority areas, opportunities in response to the NHS LTP. Pre-consultation engagement and communications programme June to August 2019. As part of the pre-consultation engagement surveys were made available to stakeholders to provide views on the WIC. These were made available online and through face-to-face interviews at the WIC and The Beacon Shopping Centre in Eastbourne. A range of stakeholder meetings with discussions at local forums, Patient Participation Groups, etc. 	<ul style="list-style-type: none"> EHIA updated for the DMBC proposal and in response to the consultation feedback, which identified additional mitigations for groups and communities highlighted as potentially impacted by the proposal.
Consistency with current and prospective need for patient choice	<ul style="list-style-type: none"> The proposal supports patient choice by promoting other alternative services, such as PCIA, community pharmacy, NHS 111 CAS etc. The current configuration of services, with WIC duplicating some of the other provisions, means that patients are often seen in an inappropriate place or by not by the right professional, which means that patients need to be often referred to other services. The proposal aims to simplify the current system by providing better support and advice through NHS 111 and CAS. This would reduce the current duplication of services and would result in fewer handoffs. People would get the right care in the right place, the first time. The proposal proposes to introduce Care Navigation to provide support to patients during the transition period on how to access alternative services and seek advice that is most suited to their needs. Patients would continue to be able to walk into other services, including A&E and the UTC at EDGH. The proposed managed dispersal of patients on the associated ESHC registered list would consider patient choice. 	<ul style="list-style-type: none"> Refreshed review and assessment of local services supporting primary and same-day urgent care services. Analysis of capacity within GP surgeries in and around Eastbourne town centre. The post-consultation proposal setting out the plan to disperse the ESHC GP registered list to a local practice acknowledges patient choice and that patients will be supported to move to a different practice of their choice. The post-consultation proposal recommends dispersal of the ESHC GP only when the Victoria Medical Centre and its associated branch surgery are opened. Refreshed travel time analysis for services in and around the town centre. The post-consultation proposal suggests commissioning of a short-term service at ESHC to provide support to local people during the changes to the current service and alert them to other service which will support them in the future. This includes providing support for transient population (international students, visitors and students). Post-consultation proposal recommends commissioning of GP drop-in sessions to support vulnerable people (rough sleepers and homeless)
Clear, clinical evidence base.	<ul style="list-style-type: none"> The proposal is aligned to the national and Sussex-wide model of care. 	<ul style="list-style-type: none"> Proposal continues to be aligned to the national model for IUC, including the alignment with NHS 111 First.

National Criteria / Test	Pre-Consultation supporting evidence	Post-consultation supporting evidence
	<ul style="list-style-type: none"> The proposal was generated based on national requirements and research studies, including examples of WIC activity provision and its impact on other services when it ceases. The proposal was generated after review of other local services and their availability to provide the right care to local people. Extensive data reviews and analysis of existing WIC provision and usage have been undertaken. An audit was undertaken to confirm what type of activity is delivered at WIC. Analysis of other local services was undertaken including what services are available locally to patients. Common themes from the engagement to date were identified and used to formulate this proposal and the case for change Ongoing discussions and engagement with NHS England Clinical Senate to review and assure the appropriateness of the proposal. The outcomes of this review are outlined in Section 13.1. GP members and the CCG Governing Body have been part of our engagement programme that has informed this proposal 	<ul style="list-style-type: none"> Crosscutting themes from the public consultation and the HOSC Review Board identified and mapped. This helped with the identification of additional recommendations and mitigating actions for any potential adverse impacts of the post-consultation proposal. Updated analysis of data at ESHC pre-Covid-19 and during Covid-19. Update review of what local services are now available and how they changed because of Covid-19. CCG Medical Director has been part of the post-consultation proposal development providing clinical leadership and challenge.
Support for proposal from clinical commissioners	<ul style="list-style-type: none"> There is a GP clinical lead as part of the team developing this proposal. Regular communications with our member GPs via newsletters and GP locality meetings to ensure full awareness of proposals and enable any feedback to shape the proposal. Specific engagement with practices local to the WIC to ensure any issues have been addressed Monthly updates provided to the Local A&E Delivery Board, which comprises all system partners and providers. The feedback from the clinical senate has informed the proposal. The proposal is aligned to the wider-SHCP wide strategy. 	<ul style="list-style-type: none"> CCG Medical Director has been part of the post-consultation proposal development providing clinical leadership and challenge. Consultation and engagement with local clinicians throughout the consultation process. Regular updates at the East Sussex A&E Delivery Board.

8.3 NHS England assurance

Our proposals set out in the PCBC went through the formal NHS England (NHSE) assurance process in 2018. This enabled us to present the case to the Governing Body and then commence the public consultation. We engaged NHSE throughout the consultation process and kept them informed about the consultation pause and about the consultation restart.

Although not required as part of the formal assurance process, we shared the findings of the public consultation, our DMBC and tested our post-consultation proposal with NHSE on 24th November 2020. This approach has provided us with further confidence that we had undertaken a

robust and transparent process when developing the DMBC. We accommodated their feedback and advice was accommodated in our final post-consultation proposal.

8.4 CCG statutory duties

As this proposal has developed, the CCG had remained mindful of our statutory duties in relation to consulting with local communities, reducing health inequalities, improving health outcomes, and promoting integration.

Part of the consultation documentation included Patient Experience Stories. These were developed at the PCBC stage with support from clinicians and Healthwatch and provided shared as part of our consultation to show scenarios of where patients with identified protected characteristics would be able to access healthcare services in future.

As well as being used as a mechanism to assure local people and communities of where we had already identified inequalities and were already planning to address these, the stories prompted people to identify other potential areas where they felt inequalities might arise from the proposal.

The consultation itself was paused until the first Covid-19 lockdown ended so that people could contribute to the discussions once safe engagement was again possible. Before we relaunched the consultation, we sought legal advice and additional advice from the Consultation Institute to help us ensure our consultation is undertaken in a meaningful way. We also reviewed our EHIA before we restarted the consultation process in August.

The feedback from the consultation was thoroughly assessed and the identified concerns around inequalities fed into revisions of our EHIA and our QIA documentation. Both assessments are provided as Annexes to this DMBC with a summary provided in sections 7.1.1 and 7.1.2. The mitigations shown in those documents, then informed a review of the overall proposal of the scheme to incorporate elements that would address the concerns with targeted service improvements, such as the planned drop-in clinics for rough sleepers and homeless. Section 7.2. provides a further assurance and description of the impact of our post-consultation proposal on our duty to reduce health inequalities and improve health outcomes.

Our governance process, which has included ongoing engagement from HOSC and NHS England, has helped to make sure the CCG are considering the most appropriate solutions to address the concerns that have been raised.

The CCG's approach to service integration, which has a strong focus on utilising NHS 111 CAS as a primary mechanism for accessing healthcare, enables us to ensure the proposed new services will complement our current offer and reduce potential inequalities. As with all other services, the effectiveness of the services we intend to commission will be monitored and reviewed to ensure they best meet patients' needs.

9 Decision-making process

9.1 Overview of the process

This DMBC is intended to support the CCG's Governing Body in making decision about the future of services at Eastbourne Station Health Centre.

Throughout the development of the PCBC and DMBC, we have been through a process to:

- collate and review the findings of the pre-consultation engagement to inform the PCBC
- scrutinise the findings of the pre-consultation engagement to consider PCBC proposal, including alternative options and the rationale for not progressing them to the consultation stage
- undertake a structured review of our PCBC proposal via the South East Clinical Senate, which identified further recommendation for the PCBC proposal
- collate and review the findings of the public consultation on the PCBC proposal
- scrutinise the consultation feedback and identification area for further evidence development and assessment
- understand how the consultation feedback and the additional evidence in this DMBC change the original proposal into a post-consultation proposal

The CCG Governing Body members will now consider a range of information provided in the DMBC, together with additional evidence provided with the case, to enable a balanced approach to decision-making.

At this stage, no decision on the post-consultation proposal has been made.

9.2 Recommendations for decision making

Considering all the feedback received from the consultation and further information and evidence gathered for this DMBC, we are proposing the CCG Governing Body supports the following recommendations:

- 1: Approve** the post-consultation Decision Making Business Case; specifically to:
 - carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established.
 - commission GP and community nurse drop-in clinics (at least weekly) in the town centre to meet the medical and nursing needs of rough sleepers and homeless patients
 - decommission the WIC function at ESHC
 - following the list dispersal, continue to commission the walk-in aspect of the service at ESHC for a short period (likely three to four months)
- 2: Note** the consultation findings and how these have informed the DMBC and resulted in the post-consultation proposal.
- 3: Note and approve** additional actions to further mitigate any potential adverse impacts of the post-consultation proposal on groups highlighted in the EHIA.
- 4: Approve** the submission of the Governing Body's decision to the East Sussex Health Overview and Scrutiny Committee for their consideration.

We recognise the importance of supporting patients and local people during the transition, and that provision is made for those patients identified as vulnerable, and those community groups that were highlighted in the EHIA as potentially impacted by our post-consultation proposal. With these points in mind, we are proposing that:

- **The dispersal process will only commence once the Victoria Medical Centre (once opened in Spring 2021) has established its town centre branch surgery.** This will be supported with the following additional mechanisms:
 - dedicated drop-in sessions and telephone line for patients and carers to address any questions or concerns
 - support to patients not wanting to move to the Victoria Medical Centre to register with another practice of choice in whose catchment area they live
- **Support services for vulnerable patient groups (rough sleepers and homeless people) are established in the town centre before the closure of ESHC.** We are planning to:
 - commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients
 - ensure links with homeless/rough sleeper services to support ongoing registration of these communities with primary care services
- **In order to ensure that all registered patients have been supported to register with another practice and to allow a significant length of time for all new services (such as NHS 11 CAS and the rough sleepers and homeless group service) to have been established, we will continue to commission the walk in aspect of the service at ESHC for an interim period (likely three to four months).**
 - This will support people during the changes and advise on how to access services to meet their needs
 - This service will be nurse-led and will manage the immediate needs of various patient groups; this may include visitors and international students over the summer period in 2021; and for rough sleepers and homeless people while the drop-in clinics are established. This interim service will support care navigation and will ensure our vulnerable groups have support in accessing other services
 - We have assessed the activity at ESHC from July, August and September 2020. We do not know yet what demand will be like in the same period next year. This is because of the Covid-19. We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity
- **We will develop a wide-ranging communication and engagement programme, including care navigation, that will include:**
 - information and promotion of the NHS 111 CAS and services that can be accessed by calling 111 (including community pharmacy, GP in-hours, PCIA, UTCs, A&E department); we will ensure our publicity is using various communications channels that reach different age groups as highlighted in our EHIA
 - information about transport and travel plans; access options to alternative services for deprived communities, disabilities, other vulnerable groups and visitors; and awareness of the non-emergency patient transport service and/or the NHS Healthcare Travel Scheme for people eligible for the schemes
 - information and promotion of appointment options to patients to allow informed choice on their consultation type, including access to face-to-face appointments, telephone, online or video consultations (remote consultations and access); this advice will include information on how to access translation services and also promote interpreting services for those whose English is not the first language and may not be able to communicate in English

- advice and information about what mental health services are available across Eastbourne to support patient population in accessing the most appropriate services for their health care needs
- targeted communications specifically aimed at patients from vulnerable groups and other groups that were highlighted in the consultation feedback and our EHIA (such as international students and tourists) provided in ways that best reach their audience; we will do this by working with, for example, with voluntary care organisations, existing services, English language schools (for international students)
- work with GP practices to ensure awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs)

10 Implementation

10.1 Approach to governance

This DMBC is a technical document to support the CCG's Governing Body decision-making process. This DMBC presents the public consultation feedback together with additional information and evidence that were collated as part of DMBC development and in response to the consultation.

At this stage, no decision on the post-consultation proposal has been made.

Once a decision has been made on the post-consultation proposal and its recommendations, we will proceed to develop a detailed programme of work, including any relevant service specifications and business cases to commission any new services to enable the delivery of the post-consultation proposal.

If the post-consultation proposal is approved by the CCG Governing Body, the oversight for the delivery of the implementation will be undertaken by the East Sussex Integrated Urgent Care Steering Board. The Board was set up in April 2020 and meets monthly to oversee urgent care service developments across East Sussex. The Board is chaired by the East Sussex CCG Managing Director. The Board includes representation from the East Sussex Healthwatch.

The Board will report directly to the CCG's Governing Body on the implementation progress. A Project Group will also be established to support the implementation of the post-consultation proposal. It will report directly to the Board.

10.3 Outline of the implementation timetable

Should the CCG's Governing Body support the post-consultation proposal and approve the DMBC, we will take the following steps to implement the decisions:

Table 16: Post-consultation proposal implementation timetable

Step / Action	Start Date	Completion Date
Governing Body (GB) to consider the Decision-Making Business Case in Public and ratify the proposed preferred option	09/12/2020	09/12/2020
East Sussex Health Overview Scrutiny Committee (HOSC) meeting to review the CCG Governing's Body decision	10/12/2020	10/12/20
Transition plan developed and implemented with the incumbent provider (IC24), including for the short-term service - subject to the outcome of the CCG GB decision and consideration by East Sussex HOSC	01/01/2021 (start of the notice period)	30/06/2020 (end of the notice period)
Provider engagement with staff affected by the post-consultation proposal	January 2021	March 2021
Service Specification for the GP drop-in sessions for rough sleepers and homeless finalised and procurement route confirmed	10/12/2020	31/12/2020
Service Specification for the short-term service at ESHC finalised (including care navigation service) <i>We will assess demand for this short-term service at the point of change and ensure our operating model and opening hours are consistent with the projected activity)</i>	10/12/2020	31/12/2020
Communication programme about proposed changes commences	01/02/2021	Ongoing
Mobilisation of the GP drop-in sessions for rough sleepers and homeless	01/01/2021	31/03/2021

Step / Action	Start Date	Completion Date
Mobilisation of the Victoria Medical Centre	In progress now	01/04/2021 (expected opening date)
Mobilisation of the Victoria Medical Centre branch surgery	In progress now	June 2021 (expected opening of the branch surgery)
Dispersal of the ESHC GP list to Victoria Medical Centre	June 2021	June 2021
Walk-in Centre is decommissioned	30/06/2021	30/06/2021
The interim service at ESHC goes live	01/07/2021	31/10/2021 (end of the interim service)
Check Point 1 - Evaluation of the Dispersal Process to identify any lessons learnt for future	01/07/2021	31/07/2021
Check Point 2 - Mid-point review of the interim service	01/08/2021	31/08/2021
The interim service closes	31/10/2021	31/10/2021
Check Point 3 – Post-implementation evaluation – including an engagement survey with patients dispersed to Victoria Medical Centre – to identify any lessons learnt and address any concerns and issues that have emerged	01/11/2021	31/11/2021
Final Evaluation Review and update provided to the CCG Governing Body, East Sussex HOSC and local people (via website)	December 2021	December 2021

10.3 Post-Project Evaluation Reviews

It is important to ensure that we continually engage with local people and communities about the impact of our post-consultation proposal. This will help us understand any emerging risks, implement any mitigating actions quickly and identify any lessons for future service developments.

We are proposing to have several review sessions (Check Points) at different stages of the implementation timetable:

- The 1st Check Point will follow the managed dispersal of ESHC GP registered patients to Victoria Medical Centre.
- The 2nd Check Point will be a mid-point review, which will focus on the short-term service at ESHC and how effective the care navigation and signposting is. We will aim to identify any lessons learnt to inform any potential changes to our communication and engagement programme.
- The 3rd Check Point will include the post-implementation engagement survey with patients dispersed to Victoria Medical Centre. This will help us identify any lessons learnt and address any concerns and issues that may have emerged.
- The Final Evaluation Review – we will share the final evaluation review with the CCG Governing Body, East Sussex HOSC and local people

10.4 Risk Management

As a CCG we already have in place a risk management process that facilitates effective recognition and management of risks. All risks are recorded on a central risk register, and they are regularly reviewed and monitored and escalated to the CCG Governing Body when appropriate. New risks are added to the central risk register as they are identified.

The East Sussex Integrated Urgent Care Steering Board will take responsibility for managing risks.

11 Conclusions

In this DMBC, we have described the strategic context and drivers for our initial PCBC proposal. For this DMBC, we have assessed the impact of Covid-19 on local services and considered public consultation feedback.

The consultation feedback was a valuable input into our understanding of what matters to people most and highlighted several priority areas for patients and the public. The consultation also initiated a further assessment of the impact of our PCBC proposal on people.

We have been able to identify several crosscutting themes from the consultation. From these, the underlying concerns were about ensuring local access to services and supporting those groups and communities which are vulnerable. We have explored these areas carefully and gathered additional information and evidence for the case. This allowed us to adapt our proposal in a way that, we believe, protects the most vulnerable people, while also ensures people have access to the service that meets their needs best.

The DMBC recommends closure of the WIC at ESHC and the dispersal of its associated GP list to Victoria Medical Centre in Eastbourne. We recognise, however, that it is important to support people during the transition and we have identified several actions that we will do to mitigate against any adverse impacts of our proposal:

- We will commission support services for vulnerable patients from the rough sleeping and homeless community prior to the closure of the WIC.
- We also plan to commission a short-term service at ESHC, which will ensure groups highlighted in our EHIA and in the consultation feedback have support in accessing new services and are also supported to register with a GP.
- We will not disperse the ESHC list until the new Victoria Medical Centre, and its branch surgery are open.

If the DMBC is supported by the Governing Body, we will implement the proposal over the coming months. During this time we will continue to work with local people and seek their views on how we can best support them, and we will clearly communicate about changes, existing services, new services and how to access them.

Appendices

Appendix 1 –Community Pharmacy Consultation Service in Eastbourne

Community Pharmacy	Address	Postcode
OSBON MEDICALS LIMITED	116-118 CAVENDISH PLACE	BN21 3TZ
WAREMOSS LIMITED	8 ALBERT PARADE	BN21 1SD
WAREMOSS LIMITED	187 VICTORIA DRIVE	BN20 8QJ
WAREMOSS LIMITED	46 MEADS STREET	BN20 7RG
WAREMOSS LIMITED	1-2 ORCHARD PARADE	BN20 9PL
A.E. PHARMA LIMITED	11 GRAND HOTEL BUILDINGS	BN21 4EJ
DAY LEWIS PLC	10 FRESHWATER SQ	BN22 0PS
ARLINGTON ROAD HEALTHCARE LLP	ARLINGTON RD MED PRACTICE	BN21 1DH
BOOTS UK LIMITED	UNITS 2A & 2B	BN23 6JH
BOOTS UK LIMITED	C/O WAITROSE	BN21 1HR
BOOTS UK LIMITED	53 GROVE ROAD	BN21 4TX
BOOTS UK LIMITED	PRINCES PARK HEALTH CTR	BN22 7PG
BOOTS UK LIMITED	15 EASTBOURNE ARNDALE CNT	BN21 3NL
BOOTS UK LIMITED	72 KINGFISHER DRIVE	BN23 7RT
LLOYDS PHARMACY LTD	THE PHARMACY DEPARTMENT	BN22 9PW
LLOYDS PHARMACY LTD	EASTBOURNE PARK PCC	BN22 9PQ
ASDA STORES LTD	CRUMBLES HARBOUR VILLAGE	BN23 6JH
TESCO STORES LIMITED	BRASSEY PARADE	BN22 9NG
A & S SHILLAM LIMITED	82 SEASIDE	BN22 7QP

Data source: NHS England (October 2020)

Appendix 2 – ESHC activity overview – July to September 2020

Walk-in centre activity

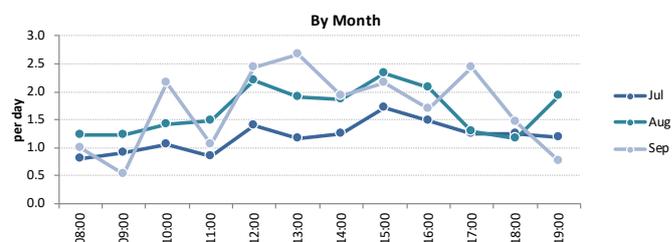
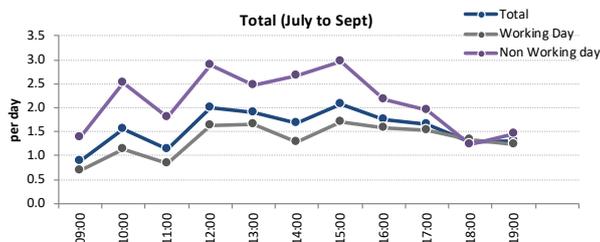
Walk In Patients

Rate per day higher on non working days

Month	Any Type of Contact		Face to Face		Telephone	
	Total	Per Day	Total	Per Day	Total	Per Day
Jul	444	14.3	269	11.7	175	21.9
Aug	623	20.1	343	17.2	280	25.5
Sep	610	20.3	381	17.3	229	28.6

Totals Per Day

Month	Total	Peak Hours: 15:00 then 12/13:00											
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00
Jul	14.3	0.8	0.9	1.1	0.8	1.4	1.2	1.3	1.7	1.5	1.3	1.3	1.2
Aug	20.1	1.2	1.2	1.4	1.5	2.2	1.9	1.9	2.3	2.1	1.3	1.2	1.9
Sep	20.3	1.0	0.5	2.2	1.1	2.4	2.7	1.9	2.2	1.7	2.4	1.5	0.8
Total	18.2	1.0	0.9	1.5	1.1	2.0	1.9	1.7	2.1	1.8	1.7	1.3	1.3
Working Day	15.3	0.7	0.7	1.1	0.8	1.6	1.7	1.3	1.7	1.6	1.5	1.3	1.2
Non Working day	25.3	1.8	1.4	2.5	1.8	2.9	2.5	2.7	3.0	2.2	2.0	1.2	1.4



Walk In Patients

Month	Days	Any Type of Contact		
		Total	Per Day	Change from Prev
July	31	444	14	
August	31	623	20	
September	30	610	20	

Month	Face to Face		
	Total	Per Day	Change from Prev
July	70	2	
August	141	5	
September	94	3	

Month	Telephone		
	Total	Per Day	Change from Prev
July	374	12	
August	482	16	
September	516	17	

Month	% Telephone	Change from Prev Month
July	84%	
August	77%	
September	85%	

ESHC GP Registered Patients activity

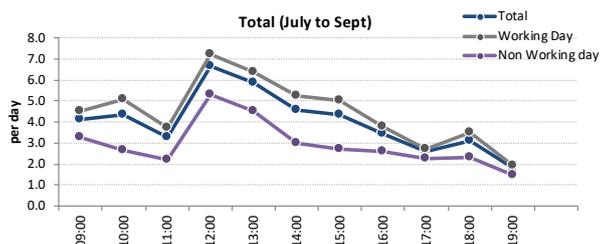
Registered Patients

Rate per day higher on working days

Month	Any Type of Contact		Face to Face		Telephone	
	Total	Per Day	Total	Per Day	Total	Per Day
Jul	1,544	49.8	1,237	53.8	307	38.4
Aug	1,491	48.1	1,078	53.9	413	37.5
Sep	1,350	45.0	1,131	51.4	219	27.4

Totals Per Day

Month	Total	Peak Hours: 12-13:00											
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00
Jul	49.8	4.0	4.2	4.3	3.9	7.2	5.6	5.2	3.7	3.7	3.0	3.9	1.0
Aug	48.1	3.5	4.1	4.0	3.8	6.4	5.7	5.4	4.5	3.7	2.5	3.0	1.5
Sep	45.0	2.9	4.2	4.8	2.1	6.5	6.3	3.2	4.8	2.9	2.2	2.4	2.9
Total	47.7	3.5	4.1	4.4	3.3	6.7	5.8	4.6	4.3	3.4	2.6	3.1	1.8
Working Day	53.0	3.9	4.5	5.1	3.7	7.2	6.4	5.3	5.0	3.8	2.7	3.5	1.9
Non Working day	34.8	2.5	3.3	2.6	2.2	5.3	4.5	3.0	2.7	2.6	2.3	2.3	1.5



Registered Patients

Month	Days	Any Type of Contact		
		Total	Per Day	Change from Prev
July	31	1,544	50	
August	31	1,491	48	
September	30	1,350	45	

Month	Face to Face		
	Total	Per Day	Change from Prev
July	413	13	
August	462	15	
September	423	14	

Month	Telephone		
	Total	Per Day	Change from Prev
July	1,131	36	
August	1,029	33	
September	927	31	

Month	% Telephone	Change from Prev Month
July	73%	
August	69%	
September	69%	

Data source: IC24 Ltd. activity return

Appendix 3 – Number of patients registered at ESHC per postcode boundary

Postcode boundary	Patient count	%% of Total
BN21 3	976	30%
BN22 8	444	14%
BN21 4	341	11%
BN21 2	323	10%
BN22 7	265	8%
BN21 1	199	6%
BN20 7	158	5%
BN20 8	119	4%
BN22 9	70	2%
BN23 6	63	2%
BN23 7	46	1%
BN22 0	42	1%
BN23 5	39	1%
BN23 8	34	1%
BN20 9	21	1%
BN24 6	12	0%
BN26 6	12	0%
Other Postcodes boundaries cumulative (individually <10)	51	2%
TOTAL	3215	100%

Data source: NHS Digital (October 2020)

Appendix 4 – Addressing the HOSC Review Board Recommendations

Table 12: Summary of crosscutting themes from the public consultation, HOSC Review Board recommendations

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
Not applicable	Recommendation 1 - If a decision is taken to close the Eastbourne Station Health Centre, the East Sussex Clinical Commissioning Group (CCG) should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the Eastbourne Station Health Centre staff to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.	<ul style="list-style-type: none"> We can confirm that as local services develop and additional roles are recruited to, for example in PCNs, there would be opportunities for the current staff to work in other services, including primary and community care, which would avoid losing key skills and valued experience in the locality. We should note it is the responsibility of individual providers, for example GP practices, to recruit staff they feel is required to support their services and the needs of their patients.
<p>Disagreement with the proposal: There was strong disagreement with the proposal to close Eastbourne Station Health Centre (ESHC) across all of the research strands and stakeholder type</p>	Not applicable	<p>We acknowledge that a significant majority of respondents to the public consultation oppose the proposal. The CCG recognises the importance of access to services and has carefully and systematically analysed the consultation outcomes and balanced it with evidence that has been collected since the PCBC and in response to the consultation. This process informed the CCG considerations during the DMBC development process in order to ensure consultation feedback informs final proposals.</p> <ul style="list-style-type: none"> We have carefully considered the consultation feedback and changes to local services resulting from the Covid-19 pandemic We acknowledge that the pandemic resulted in changes to local services and the way people access service. The context in which the services at ESHC operate has also changed. However, all services outlined in the PCBC, and new additional services established since the PCBC (such as developments in Integrated Urgent Care) mean that the original Case for Change remains valid.
<p>Praise for accessibility and convenience: Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with</p>	Recommendation 2 - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and	<ul style="list-style-type: none"> We have reviewed the potential travel impacts on people using the WIC and those who are registered with the GP list at ESHC.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>which it could be accessed by service users</p> <p>Travel and access of most concern: The overriding concerns about the proposal to close ESHC were around the impact on travel times and costs, transport, and access to alternative services</p>	<p>engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities.</p> <p>Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:</p> <ul style="list-style-type: none"> • The enhanced NHS 111-Clinical Assessment Service (CAS) that includes where appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the Urgent Treatment Centre (UTC), their local General Practice (GP), a Primary Care Improved Access Hub (PCIA) or a community pharmacy. • If people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a (PCIA) hub, or potentially their own GP practice both face-to-face or over a video or phone consultation (subject to current restrictions in place due to Covid-19 that are planned to be lifted in March 2021). • Patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy. 	<ul style="list-style-type: none"> • We do not expect that any patients registered currently at ESHC will have a journey time of longer than 15 to 30 minutes to reach the Victoria Medical Centre, when travelling by public transport or car. • We are not proposing to disperse the ESHC list until Victoria Medical Centre and its associate branch surgery in the town is open. Patients will be able to access primary care services in the town centre. • We are recommending additional actions to be taken to improve access to services: • Within the wider communications and engagement plan, to include communication of transport and travel plans, and access options to alternative services for all patients and visitors, and specifically to patients from vulnerable groups. • To undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes. • To ensure services promote appointment choice to patients to enable them to make an informed choice about their consultation type (remote or face-to-face). • In line with the IUC commissioning programme the NHS 111 CAS successfully launched on 01st October 2020 and now includes digital appointment booking ability to other services. Appointment booking into GP practices in-hours is currently being rolled-out and will be in place by end of December 2020. We expect that direct appointment booking into PCIA will be live by the end of December 2020. • The Community Pharmacists Consultation Service (CPCS) is now fully integrated with NHS 111 CAS and Community Pharmacists can receive a digital referral of any nearby patients requiring pharmacist's advice or an urgent prescription.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<ul style="list-style-type: none"> Patients with self-care illnesses can now book to see a pharmacist via 111. <p>Publicity about the above options for patients should begin well in advance of any closure of the Eastbourne Station Health Centre to ensure people are aware of the new services available to them. The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>	
<p>Potential for impacts on specific groups were raised:</p> <p>Potential equality impacts of the proposals focused predominantly on the important issues of access to services, highlighting the needs of people with disabilities, older people, people on low incomes and those living with mental health problem</p>	<p>Recommendation 4 - The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p>	<ul style="list-style-type: none"> We have re-assessed our local services and ongoing developments, as well as reviewed information about deprivation areas around Eastbourne. Patients with complex needs, and those on low incomes and disabilities, will benefit from additional support available in local GP practices and from additional resources currently being recruited to as part of PCN development. These include non-clinical professional who work with people to meet their wellbeing needs. We have identified further services that are now available locally to support people with mental health and other complex issues. All of these services are part of a network of support which enables people to manage and maintain their mental health and wellbeing. We will also: <ul style="list-style-type: none"> include mental health services in the communications and engagement plan to support the Eastbourne patient population to access the most appropriate service for their health care needs. include communication of transport and travel plans, and access options to alternative services for deprived communities, disabilities, and other vulnerable groups. undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
		<ul style="list-style-type: none"> We have refreshed our EHIA before we restarted the public consultation and for the DMBC. This helped us identify additional actions to support groups with protected characteristics which may be impacted by our proposal.
<p>Temporary residents and those without fixed addresses were highlighted:</p> <p>Other groups identified as being vulnerable to changes were those who are homeless or rough sleeping, as well as temporary residents (i.e. students) and visitors to Eastbourne</p>	<p>Recommendation 4 - The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p> <p>Recommendation 5 - The Board recommends that the CCG ensures that if the decision is taken to close the Eastbourne Station Health Centre, the Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative and any other available services. Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community-based services.</p> <p>Recommendation 6 - The Board recommends that if the decision is taken to close the Eastbourne Station Health Centre, the CCG should contact language schools and ensure that they are aware they should advise their</p>	<p>Rough Sleepers and Homeless</p> <ul style="list-style-type: none"> We have worked with the RSI to better understand the needs of rough sleepers and identify potential service models to support this cohort. We are committed to providing appropriate town centre service for rough sleepers in Eastbourne and providing support to mitigate against the impact of the closer of the ESHC. We are planning to commission a dedicated service in the town centre for rough sleepers, to help break down existing barriers and increase accessibility to mainstream health services. The service will include: <ul style="list-style-type: none"> At least weekly GP drop-in clinic specifically for rough sleepers and homeless, and access to outreach services that would support rough sleepers to seek medical attention when needed. Community nurses supporting rough sleepers and providing the link to patient pathways including supporting appropriate admissions, patient management and improving discharge processes for these individuals. In preparation for the registered list dispersal, we will: <ul style="list-style-type: none"> Work with the RSI and Victoria Medical Centre to ensure that homeless patients registered at ESHC are all registered at the new surgery or at an alternative practice of their choice. Ensure that the RSI can register rough sleepers and homeless at alternative town centre practices in the future. In addition, in the Eastbourne area, the Salvation Army has agreed that people with no fixed address can register using the Salvation Army address to receive correspondence on their behalf. If this is not possible, a practice can also use the practice's own address to register the patient. Work closely with the RSI and other voluntary and community services to ensure that information about the RSI and the GP drop-in session and how to access them is distributed to all the places where rough sleepers might go to e.g. GP practices, community pharmacies, the hospital, Eastbourne Borough Council and other local community and voluntary services. We are also proposing to commission a short-term service at ESHC to provide support to vulnerable groups, including rough sleepers and homeless, and alert them to other services which will support them in the

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<p>students to use 111 as the first point of contact if they feel ill.</p> <ul style="list-style-type: none"> Ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre. <p>Recommendation 7 - If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:</p> <ul style="list-style-type: none"> Ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices 	<p>future. This short-term service will include nursing support to manage immediate care needs of people while the GP drop-in sessions are embedding, while also offering care navigation and sign-posting to the new service for rough sleepers and homeless.</p> <p>International students, visitors, and tourists</p> <ul style="list-style-type: none"> We engaged with local tourist and hospitality industry. We provided leaflets and consultation documents to Eastbourne Tourist Information Centre, promoted the consultation on social media pages, and local tourist portal VisitEastbourne. We also undertook a focused engagement at Eastbourne Open Air market. We investigated the process they need to follow to access healthcare in the UK. In the UK, all international students are eligible for NHS treatment after paying an annual healthcare surcharge. Those students who are planning in the UK for less than six months do not need to pay the surcharge. International students can also use the UTC and A&E department (for emergencies) at Eastbourne DGH. Both services can be accessed as a “walk-in” and with a booked appointment via NHS 111 CAS. While we are confident that there are suitable services for visitors and international students in Eastbourne, all of which can now be accessed via NHS 111 CAS as the first point of contact, we are also proposing: <ul style="list-style-type: none"> To commission a short-term service at ESHC which will include nursing support to manage immediate care needs of visitors and international students over the summer period, while also offering care navigation and sign-posting to other Integrated Urgent Care services available in Eastbourne. We will ensure that we will work with the English language schools to share communications on how their students can access healthcare.
<p>Capacity of alternative services was an issue for many:</p> <p>The number of patients seen each year at the ESHC being sufficient to justify keeping it open, with concerns about increased pressure on other services; misgivings about alternatives to the ESHC; and the capacity of other GP</p>	<p>Recommendation 2 - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents’ understanding of how they can access urgent care in their local communities.</p>	<ul style="list-style-type: none"> Patients will continue to be able to access the following services, many of which are now accessible via NHS 111: <ul style="list-style-type: none"> Their own GP surgery in-hours – between 8.30 am until 6.30 pm Primary Care Improved Access appointments and extended hours appointments – in the evenings and at weekends Community Pharmacy – including access to urgent prescriptions via NHS 111 and additional services through the Community Pharmacy Consultation Service Urgent Treatment Centre – seven days a week, 10 am to 10 pm A&E department – for emergencies

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>surgeries to take on the ESHC registered patient list.</p>	<p>Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations.</p> <p>Recommendation 7 - If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:</p> <ul style="list-style-type: none"> • Ensure that both Care Navigators and letters to patients who have been allocated the Victoria Medical Centre explain that it will have a full range of primary care services available and that there is a proposal to open a branch surgery in the town centre, which will provide alternative primary care access for patients of the practice living in the town centre. • Ensure that both Care Navigators and letters to explain patient choice and that people who do not wish to be allocated to the Victoria Medical Centre and its proposed branch surgery may choose an alternative practice nearby to where they live, provided they live within the practice's boundary. • Ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a 	<ul style="list-style-type: none"> ○ Other options that patients could be signposted to, for example mental health services or services for vulnerable communities • We have reviewed the current capacity within local primary care and GP surgeries and investigated the size of the GP registered lists and which of the surgeries are accepting patients. • A new Victoria Medical Centre will provide a new home for the Bolton Road, Green Street and Enys Road surgeries, which have merged to form a single practice. When it opens in Spring 2021, this development will create a facility that can cater for 30,000 patients. The three practices have an existing combined registered patient list of 24,000 meaning there is spare capacity to welcome 6,000 more new patients. • We acknowledge that Victoria Medical Centre is outside the core town centre area, and that the three surgeries that have merged to move to the new facility will mean there will be fewer physical GP practices in the town centre. That is why Victoria Medical Centre is planning to open a branch surgery in the town centre, with patients being able to attend appointments at either of the locations. • We confirmed that ESHC currently has a registered patient list of just over 3,200 and we intend to move these patients to Victoria Medical Centre. Those patients who do not want to move to Victoria Medical Centre will be able to choose to move to another practice of their choice at any time (providing they live within the catchment area of that practice). If all the patients from ESHC do move to Victoria Medical Centre it will still leave a spare capacity of just under 3,000. • We also assessed the current workforce within primary care. At present there are 64.5 FTE qualified permanent GPs across Eastbourne. This equals 2,130 patients per each permanent FTE GP (excluding locum staff, GP registrars and other training posts). We confirmed that the development of the Victoria Medical Centre helped Green Street surgery to recruit two new GP partners, with two further ones set to join the new practice next year. • We identified additional roles which will further expand capacity and multidisciplinary teams within GP surgeries. These are being recruited as part of the PCN development. • Taking this into account, and on the basis of additional evidence around capacity in alternative services available locally, the following recommendations are put forward: <ul style="list-style-type: none"> ○ carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established. This is in response

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<p>preferred practice where it has a patient cap in place.</p> <ul style="list-style-type: none"> Ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre. Ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices. 	<p>to people telling us that continued provision of town access is important</p> <ul style="list-style-type: none"> commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients continue to commission the walk-in aspect of the service at ESHC for a short period (likely three months) <ul style="list-style-type: none"> The CCG has experience in managing re-allocation of patients to other practices. The CCG would offer several drop-in sessions for patients and their carers to respond to any questions or concerns they might have and to support them to register with an alternative practice if they wished. All patients would be provided with details of a dedicated phone line where they would be able to speak to a member of the CCG's Primary Care Team who could assist them if they were unable to attend one of the drop-in sessions. The CCG can also allocate patients to practices with a capped list, and any patients who would like to move to a practice with a capped list will be supported by the CCG. We will work with GP practices to increase their understanding of patient choice and awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs)
<p>Some alternatives suggested: Closing the walk-in service but retaining the GP practice; introducing or extending other support for those with complex needs, as well as rough sleepers and homeless people; relocating the service to a better or cheaper location; and reducing the opening hours to improve the sustainability of the service</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> We have re-assessed the proposal set out in the PCBC and checked the other services that have launched since the PCBC to see how they align with the new evidence from the consultation. Evening and weekend appointments with GP practices are already in place with PCIA and extended hours. NHS 111 CAS is already able to book appointments requiring face-to-face consultation in both the UTC and GP practice settings. PCIA will join these services in December 2020. Providing the WIC across reduced hours in the evenings and at weekends would continue to duplicate the services offered by both PCIA, UTC and NHS 111 CAS. The new contract with community pharmacists also allows easier patient access to pharmacist advice and treatment for a range of minor illnesses in close to home locations. It is not possible to expand or develop the existing ESHC into another service such as a wellbeing centre due to estates constraints.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
		<ul style="list-style-type: none"> The publicity arising from the public consultation has increased awareness of the service's existence to people both in and outside Eastbourne. Despite this, activity levels have reduced year on year and continue to do so. Unlike other healthcare services, activity levels within the WIC remained low following the easing of restrictions in July from the first national Covid-19 lockdown.
<p>Communication and education important: The importance of communication and education about local services, including the alternatives to the walk-in service, was raised across all feedback channels.</p>	<p>Recommendation 2 - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities.</p> <p>Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations.</p>	<ul style="list-style-type: none"> The two themes we are working to address in response to the feedback we have received, before and during the consultation period: <p>Access to services</p> <ul style="list-style-type: none"> Responds to insight that people are unsure of what services are available and how to access them safely Provides information on what is open and how services are working Aims to encourage people to access services in the right way, to reduce people not attending appointments Aims to manage expectations and provide realistic information about services restoration in light of COVID-19 Aims to take a thematic approach to key areas of insight and feedback. This will include a week-by-week spotlight on certain areas including: <ul style="list-style-type: none"> Primary care Cancer Dementia <p>Get the right help at the right time</p> <ul style="list-style-type: none"> Aims to raise awareness of NHS 111, in particular the enhancements to NHS 111 with the CAS and direct booking Aims to encourage people to call 111 first, before accessing any urgent services Aims to reduce the number of walk ins to Emergency Departments (ED) and Accident & Emergency (A&E), and increase the number of people who call 111 first Aims to promote local services including GP, pharmacy and out of hours arrangements <ul style="list-style-type: none"> We will use several channels for communication and engagement of this campaign including face-to-face contracts, social media, attendance at meetings and forums, posters and leaflets, communication via media

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>Criticism of consultation: The consultation itself was criticised – particularly in the context of the ongoing Covid-19 pandemic and related lockdown measures – with some respondents arguing the proposals themselves should be dropped completely as a result, or that the consultation and decision-making should be delayed</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> • The ORS report confirms that the CCG consultation process met the best practice standards for statutory consultation and public engagement process. • The ORS assessed the consultation process as “open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.” • The ORS report also acknowledges the CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process.

Glossary

5YFV	NHS Five Year Forward View
A&E	Accident & Emergency (Emergency Department)
ARRS	Additional Roles Reimbursement Scheme
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CSU	Commissioning Support Unit
DAB	Digital Appointment Booking
DES	Directed Enhanced Service
DMBC	Decision-making Business Case
DOS	Directory of Services
ED	Emergency Department (Accident & Emergency)
ESCC	East Sussex County Council
EHIA	Equality Health Impact Assessment
EHS	Eastbourne, Hailsham and Seaford
EDGH	Eastbourne District General Hospital
ESHT	East Sussex Healthcare NHS Trust
ESHC	Eastbourne Station Health Centre
FTE	Full Time Equivalent
GB	Governing Body
GPFFYFV	GP Five-Year Forward View
LTP	NHS Long Term Plan
HCA	Health Care Assistant
HSCC	Health and Social Care Connect
HOSC	Health Overview Scrutiny Committee
HIU	High Intensity User Service
IC24	Integrated Care 24 - the current out of hours GP service provider.
IUC	Integrated Urgent Care
NHSE	NHS England
MELE	Membership Engagement and Learning Event
OOH	Out of hours (i.e. after 6.30pm on a weekday and all day on Saturday and Sunday)
ORS	Opinion Research Services Limited
PCBC	Pre-consultation Business Case
PCIA	Primary Care Improved Access (i.e. primary care appointments available after 6.30pm on a weekday and on Saturdays and Sundays)
PCN	Primary Care Network
PPG	Patient Participation Group
QIA	Quality Impact Assessment
SES	Sussex and East Surrey Strategic Transformation Programme
SECAMB	South East Coast Ambulance Service
SHCP	Sussex and Health Care Partnership
tCI	The Consultation Institute
UTC	Urgent Treatment Centre
WIC	Walk-in Centre

Scrutiny Review of the proposal to close Eastbourne Station Health Centre

Report by the Health Overview and
Scrutiny Committee (HOSC) Review
Board

Councillor Colin Belsey (Chair)

Councillor Mary Barnes (District representative)

Councillor Amanda Morris (Borough representative)

Councillor Mike Turner (Borough representative)

Jennifer Twist (Community and voluntary sector representative)

November 2020

Health Overview and Scrutiny Committee (HOSC) – 10 September 2020

The report of the Scrutiny Review of the proposed closure of Eastbourne Station Health Centre

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Recommendations

<p>1</p>	<p>If a decision is taken to close the Eastbourne Station Health Centre, the East Sussex Clinical Commissioning Group (CCG) should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the Eastbourne Station Health Centre staff to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.</p>
<p>2</p>	<p>The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities.</p> <p>Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:</p> <ul style="list-style-type: none"> • the enhanced NHS 111-Clinical Assessment Service (CAS) that includes where appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the Urgent Treatment Centre (UTC), their local General Practice (GP), a Primary Care Improved Access Hub (PCIA) or a community pharmacy; • if people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a (PCIA) hub, or potentially their own GP practice both face-to-face or over a video or phone consultation (subject to current restrictions in place due to Covid-19 that are planned to be lifted in March 2021); • patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy; and • patients with self-care illnesses can now book to see a pharmacist via 111. <p>Publicity about the above options for patients should begin well in advance of any closure of the Eastbourne Station Health Centre to ensure people are aware of the new services available to them.</p> <p>The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>
<p>3</p>	<p>The Review Board recommends that the CCG should engage with Primary Care Networks to encourage them to consult with their Patient Participation Group, if they have not done so already, to find out what extended hours services patients would find most helpful, if current utilisation is low.</p>

4	<p>The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p>
5	<p>The Board recommends that the CCG ensures that if the decision is taken to close the Eastbourne Station Health Centre, the Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative and any other available services.</p> <p>Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community based services.</p>
6	<p>The Board recommends that if the decision is taken to close the Eastbourne Station Health Centre, the CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.</p>
7	<p>If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:</p> <ul style="list-style-type: none"> • ensure that both Care Navigators and letters to patients who have been allocated the Victoria Medical Centre explain that it will have a full range of primary care services available and that there is a proposal to open a branch surgery in the town centre, which will provide alternative primary care access for patients of the practice living in the town centre; • ensure that both Care Navigators and letters to explain patient choice and that people who do not wish to be allocated to the Victoria Medical Centre and its proposed branch surgery may choose an alternative practice nearby to where they live, provided they live within the practice's boundary; • ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a preferred practice where it has a patient cap in place; • ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre; and • ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices.

Background

1. Eastbourne Station Health Centre (ESHC) was opened at Eastbourne Station in November 2009. The facility contains a walk-in centre (WIC) – which provides primary and urgent care services to patients without an appointment – and a GP practice with a list of 3,219 patients (as of September 2020).
2. Urgent care services are healthcare services that provide the diagnosis and treatment of non-emergency, minor injuries or illnesses that ideally need to be seen on the same day, such as strains and sprains, ear and throat infections and feverish illnesses.
3. NHS England has in recent years raised concerns that many people are using Accident & Emergency Department (A&E) for non-emergency healthcare when they should be using urgent care or same-day primary care services. A key factor driving this trend, according to data compiled by NHS England, appears to be a widespread confusion amongst the public about the array of urgent care services available that leads individuals to conclude that A&E seems like their only option. In response, NHS England has required local Clinical Commissioning Groups (CCGs) to develop a new integrated urgent care system in their local area comprising primarily of Urgent Treatment Centres (UTCs); an enhanced NHS 111 service; and evening and weekend GP appointments.
4. The proposals developed by the CCGs in East Sussex for an integrated urgent care service in the county were presented to the East Sussex Health Overview and Scrutiny Committee (HOSC) in March 2018. The CCGs proposed to open UTCs at both the Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings. The plans also called for the closure of the walk-in centres at ESHC and Hastings Station Plaza, respectively, on the grounds that they would contain duplicate services once the new integrated urgent care service was in place.
5. The HOSC agreed that the proposal to close the walk-in centres constituted a substantial variation to services, requiring formal consultation with the Committee under health legislation. Before a CCG's Governing Body takes its decision, a HOSC may submit a report and recommendations in relation to the proposals for the Governing Body to consider alongside its final decision-making business case (DMBC). The HOSC then considers whether a CCG's decision is in the best interests of the health service for the residents of the local area.
6. At its 29th March 2018 meeting, HOSC established a Review Board to carry out a detailed review of the proposals and produce a report and recommendations on behalf of the Committee. The Review Board comprised Cllrs Colin Belsey, Mary Barnes, Amanda Morris and Mike Turner and Jennifer Twist (community and voluntary sector representative). The Review Board elected Cllr Belsey as the Chair.
7. The CCGs subsequently paused the process in June 2018 and revised their proposals over the following months. The revised proposals recommended the conversion of the Hastings Station Plaza to a nurse-led integrated primary care hub. However, having reviewed the evidence available, the CCGs concluded it would proceed with the proposed closure of the ESHC.
8. HOSC agreed on 26 September 2019 that the proposals to convert Hastings Station Plaza to an integrated primary care hub no longer constituted a substantial variation to services, meaning they no longer formed part of the Board's remit.
9. The proposal to close the ESHC was put out to public consultation by Eastbourne, Hailsham and Seaford (EHS) CCG in February 2020. EHS CCG merged with High Weald Lewes and Havens and Hastings & Rother CCGs on 1st April 2020 to form the East Sussex CCG, which is now the responsible body for the process.

10. The consultation was paused due to the Covid-19 pandemic in April but recommenced on 3rd August 2020 for a period of six weeks to 14th September 2020.

11. The Review Board carried out the majority of its review during August 2020 and submitted an initial draft of its report and recommendations to the HOSC meeting on 10th September 2020.

12. The HOSC agreed to endorse the initial draft of the report at its meeting and delegated power to the Review Board to finalise the report following consideration of the outcomes of the public consultation, which were not available at the time.

13. This report sets out the evidence the Board considered, along with its conclusions and recommendations, and will be submitted to the CCG for consideration at its Governing Body meeting on 9th December 2020.

Context for the proposals

Plans for integrated urgent care nationally

14. NHS walk-in centres began opening in England in January 2000 and more than 230 had opened across the country by 2010. The aim of walk-in centres was to improve patients' access to primary care, modernise the NHS to be more responsive to patients' busy lifestyles, and offer patients more choice.¹

15. There is no standard definition of a walk-in centre or the services they offer. Typically, they:

- provide routine and urgent primary care for minor conditions, ailments, and injuries;
- have no requirement for patients to pre-book an appointment, or to be registered at the centre, or with any GP practice;
- are open for longer hours than the typical GP practice, including after normal working hours and on weekends; and
- are often open at a convenient location for people who commute for work, such as at a train station or in a town centre.

16. Between 2010 and 2013, 50 walk-in centres were decommissioned and largely replaced by urgent care centres co-located at hospital A&E departments. Monitor, the NHS regulator that is now part of NHS England, was tasked with carrying out a review of walk-in centres in 2013.

17. Following the review, NHS England set out in its Five Year Forward View, published in October 2014, the need over the next five years for urgent and emergency care services to be redesigned and integrated to ensure there was a consistent service across England.²

18. The Next Steps on the NHS Five Year Forward View, published by NHS England in March 2017, highlighted that some hospital A&Es were struggling to cope with rising demand in part because up to 3 million of the 23 million A&E visitors in 2016/17 could have had their needs addressed in other parts of the urgent care system³.

19. The report identified that one of the reasons for people turning to A&E when they did not need to was because it seemed like their best or only option.⁴ This was due to there being a "confusing mix" of walk-in centres, minor injuries units and urgent care centres available in different localities.⁵ In response, the report called for the NHS in England to develop a new integrated urgent care (IUC) service by 2018 that included⁶:

- an enhanced NHS 111 service with the ability to book people into urgent face to face appointments and provide a proportion of callers with advice from a clinician via a Clinical Assessment Service (CAS);
- evening and weekend General Practitioner (GP) appointments available to 100% of the public; and

¹ Walk-in centre review: final report and recommendations, Monitor, February 2014, p.4

² Five Year Forward View, NHS England, October 2014

³ The Next Steps on the NHS Five Year Forward View, March 2017, p.14

⁴ Ibid. p.14

⁵ Urgent Treatment Centres – Principles and Standards, NHS England, July 2017. p.4

⁶ Ibid. p.15

- Urgent Treatment Centres (UTCs) with a core set of care standards that included being open 12 hours a day, seven days a week; be GP-led; include diagnostic facilities such as an X-ray machine; and have bookable appointments through 111.

20. The NHS Long Term Plan, published in January 2019, set out the progress so far in developing the IUC model and included a pledge to begin delivering 111-CAS from the 2019/2020 financial year and to fully implement the UTC model by Autumn 2020.

21. The Long Term Plan also set out the requirement for neighbouring GP practices to agree to establish Primary Care Networks (PCNs) covering 30,000-50,000 patients. PCNs are required to provide additional services in return for dedicated additional funding from their local CCG. These additional services include extended hours appointments on weekends and evenings from all practices within the PCN. The Plan also required NHS 111 to be able to refer patients to community pharmacies for consultation, where appropriate.

22. CCGs must have regard to any guidance on commissioning published by NHS England, under the National Health Services Act 2006⁷. Principle 6 of the NHS Constitution also commits the NHS to “providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.”⁸

Comments

23. The Review Board agrees with the principle that patients should not attend hospital A&E Departments when other more appropriate options are available. The Board is also mindful that there is a clear, national drive towards the creation of a new, integrated urgent care model and the specification for this model is quite prescriptive.

Eastbourne Station Health Centre (ESHC)

24. The ESHC is located inside Eastbourne Station. It is a relatively small location and the Centre employs approximately 16 clinical and non-clinical staff across both a walk-in centre (WIC) and a GP practice. On a typical day, there may be two doctors, one or two nurses, and around three admin staff working on site across both services.

25. ESHC is run by Integrated Care 24 (IC24) – a social enterprise providing urgent care services – and was opened in November 2009. The contract between the CCG and IC24 for the service was initially for five years but has subsequently been renewed on an annual basis.

GP Practice

26. The contract for the ESHC is an Alternative Provider Medical Services (APMS) contract and does not include the full range of services provided by a GP Practice on a General Medical Service (GMS) contract. Although the APMS contract does mean that both the GP practice and Eastbourne Walk-in Centre are open for longer hours.

27. The number of patients registered at the practice has declined from 3,625 in April 2018 to 3,219 in September 2020.⁹ IC24 informed the Board that the patient list had been closed for some time but had recently been reopened. The Board saw evidence that patient numbers had increased slightly by 57 between July and September 2020

28. The number of people on the patient list with multiple or complex health needs as of April 2019 (where most recent figures are available) is shown in the table below.

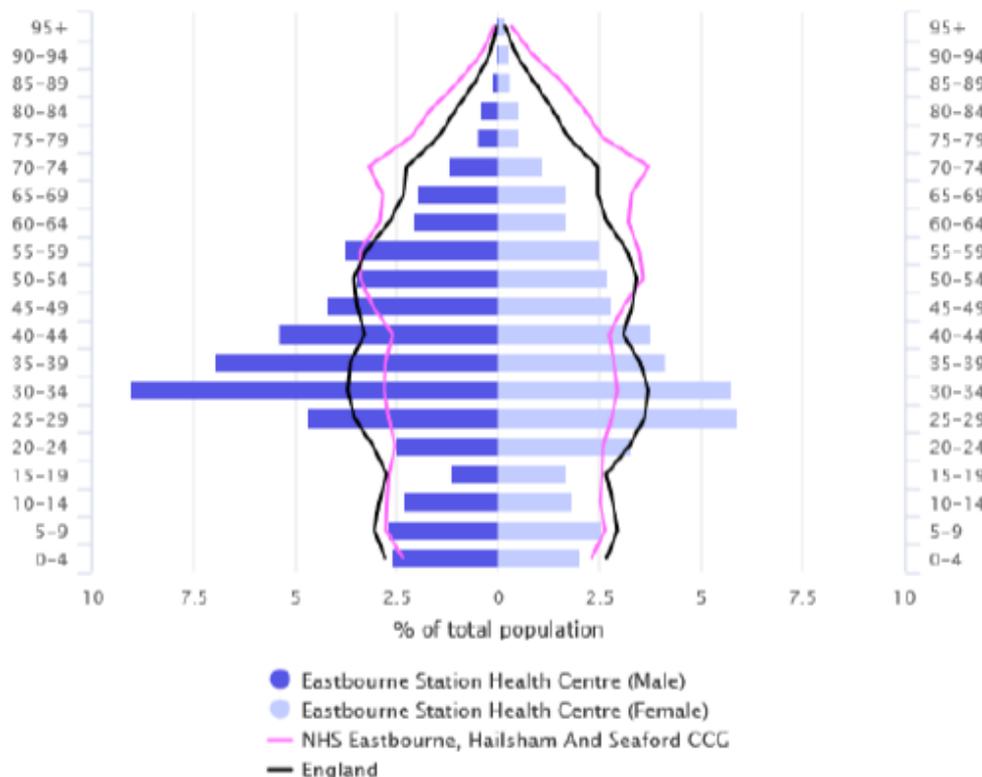
⁷ National Health Services Act 2006, Section 14Z8

⁸ Handbook to the NHS Constitution for England, Department of Adult Social Care and Health, Updated 28 October 2019

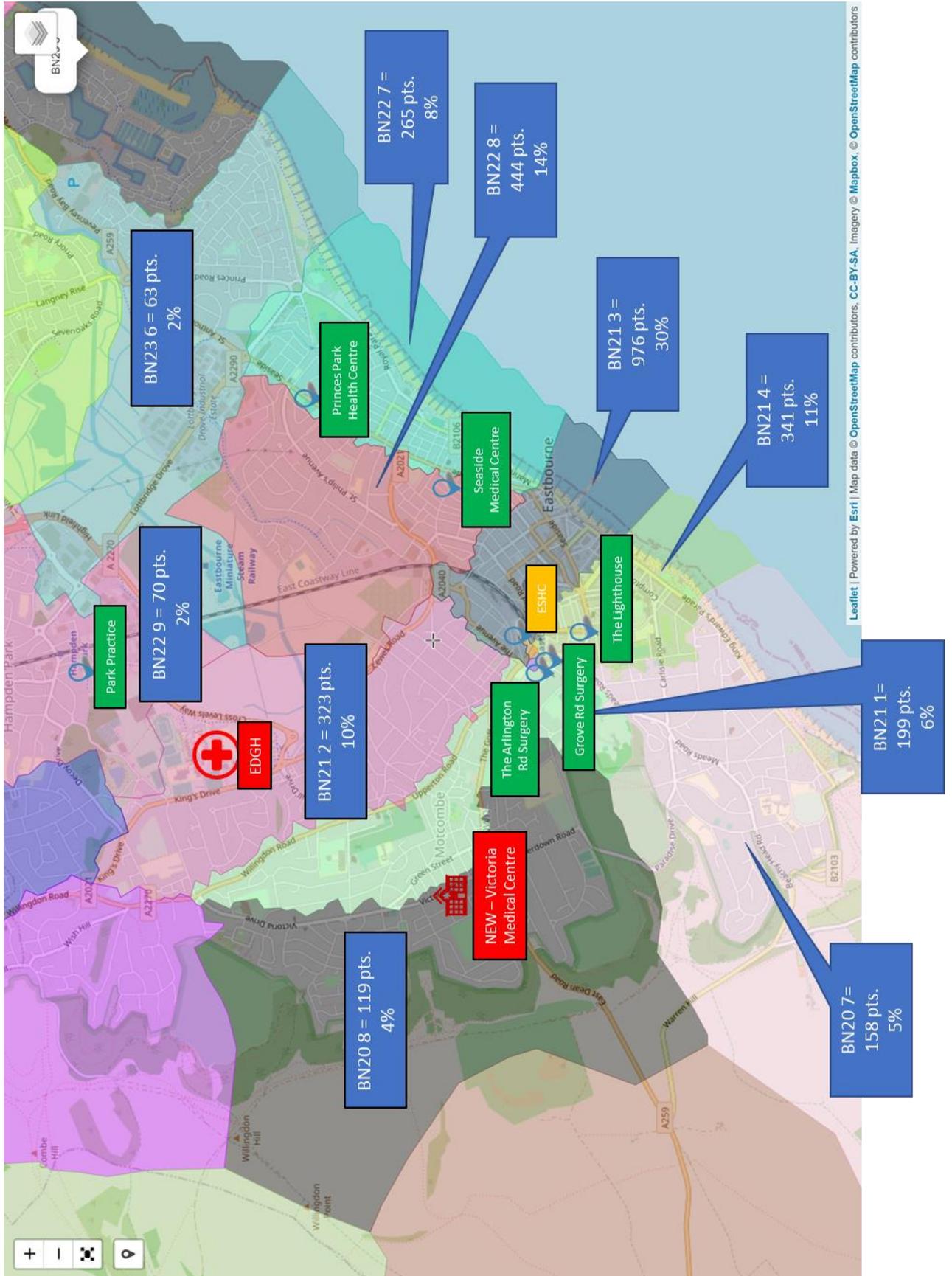
⁹ Patients Registered at a GP Practice September 2020, NHS Digital

Indicator	Number	Percentage
Patient list size (raw population, i.e. not weighted)	3312	n/a
Number for whom English is not their first language	1265	38.2%
Registered Homeless patients (not including those sofa surfing etc)	18	0.5%
Coded Diagnosis of personality disorder	55	1.7%
Coded diagnosis of mental or depression	83	2.5%
Number of registered children on child protection	21	0.6%
Number of carers	47	1.4%
Number recorded as having a disability	249	7.5%
Coded diagnosis of substance misuse	102	3.1%
Coded diagnosis of having learning disabilities	5	0.2%
Coded diagnosis of Asthma	129	3.9%
Coded diagnosis of COPD	64	1.9%
Coded diagnosis of Cancer	40	1.2%
Coded diagnosis of CHD	44	1.3%
Coded diagnosis of Diabetes	98	3.0%
Coded diagnosis of Stroke/ TIA	28	0.8%
Coded diagnosis of CKD	28	0.8%
Coded diagnosis of Heart Failure	16	0.5%

29. The age and sex bands of the GP list is shown in the graph below.



30. The map and table below shows the distribution of the ESHC registered population by postcode.



Leaflet | Powered by Esri | Map data © OpenStreetMap contributors, CC-BY-SA, Imagery © Mapbox, © OpenStreetMap contributors

Postcode boundary	Patient count	%% of Total
BN21 3	976	30%
BN22 8	444	14%
BN21 4	341	11%
BN21 2	323	10%
BN22 7	265	8%
BN21 1	199	6%
BN20 7	158	5%
BN20 8	119	4%
BN22 9	70	2%
BN23 6	63	2%
BN23 7	46	1%
BN22 0	42	1%
BN23 5	39	1%
BN23 8	34	1%
BN20 9	21	1%
BN24 6	12	0%
BN26 6	12	0%
Other Postcodes boundaries cumulative (individually <10)	51	2%
TOTAL	3215	100%

¹⁰

31. According to the CCG, this data shows that:

- there is a relatively low number of patients with multiple or complex health needs and long-term conditions registered with the practice;
- in comparison to other practices in Eastbourne, the current registered list is disproportionately made up of working age adults, i.e., those aged 18 to 64 years make up to 58% of the registered list;¹¹ and
- 41% of patients registered with the practice live in the two postcode areas closest to the ESHC (BN21 3 and BN21 4).

¹⁰ Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020

¹¹ The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020

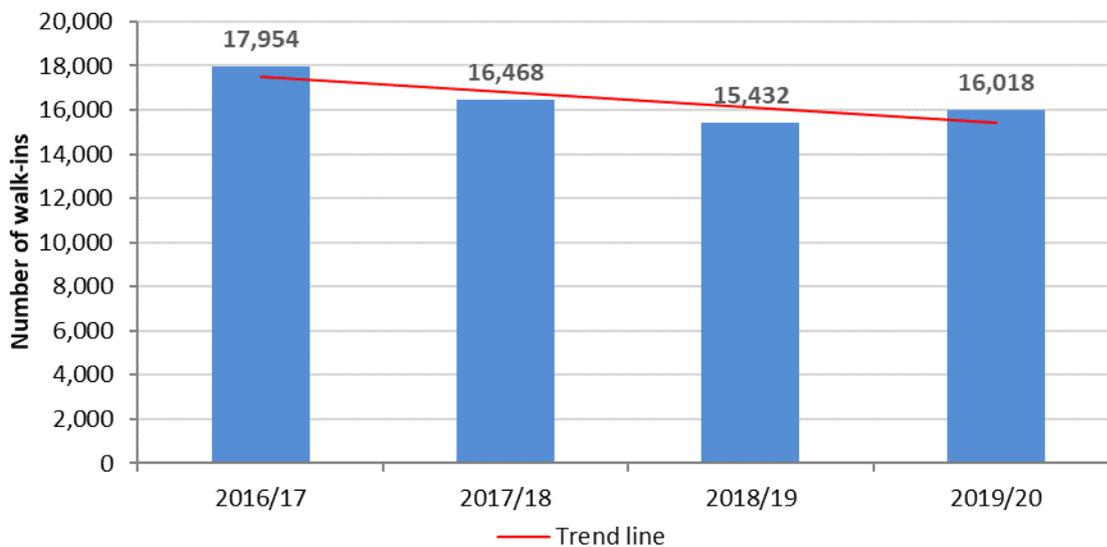
32. IC24 claimed that, although the population was young, about one third of patients were living in a deprived area, were young carers, had a substance misuse problem, or were homeless or in temporary accommodation. IC24 also highlighted that one third of patients have English as a second language.

Walk-in Centre (WIC)

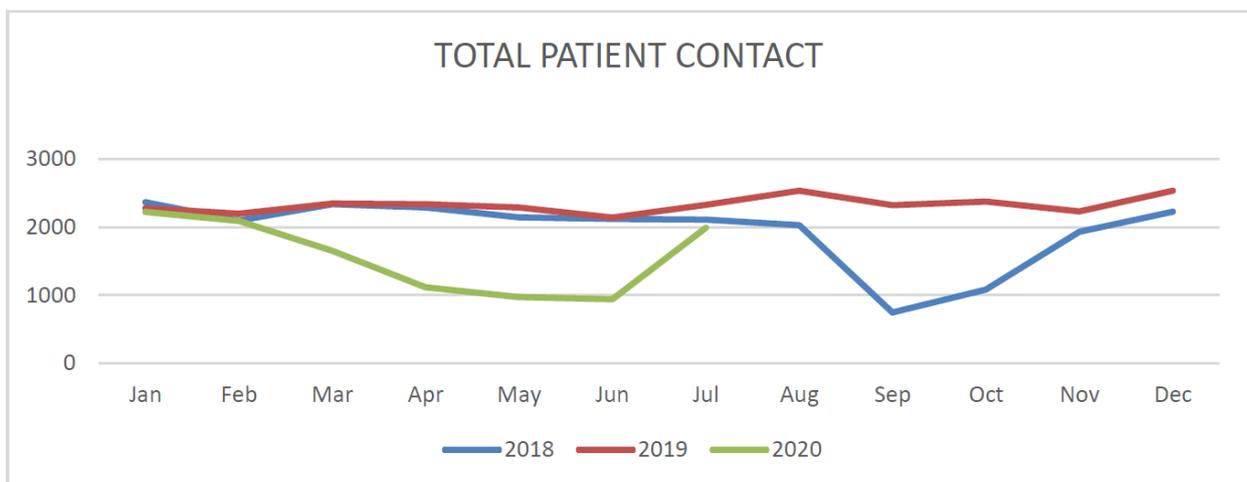
33. The Eastbourne WIC operates from 8:00am to 8:00pm (with reduced hours on Christmas Day), seven days a week, 52 weeks a year. The WIC is a GP-led service that is open to any member of the public, including those registered elsewhere, or those not registered with any GP practice.

34. The Board was provided with WIC usage data from 2016/17 to 2019/20. The usage data shows a continued decline in the use of the WIC, albeit with a small increase for 2019/20.

Eastbourne WIC activity per financial year



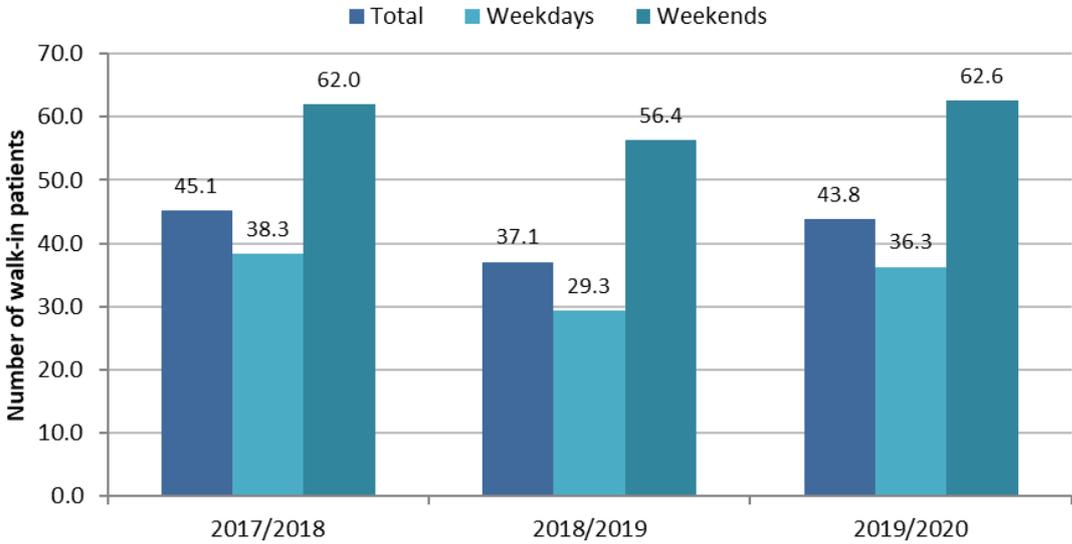
35. IC24 provided the Board with its own data showing usage for the past three years of both walk-in and registered patients.



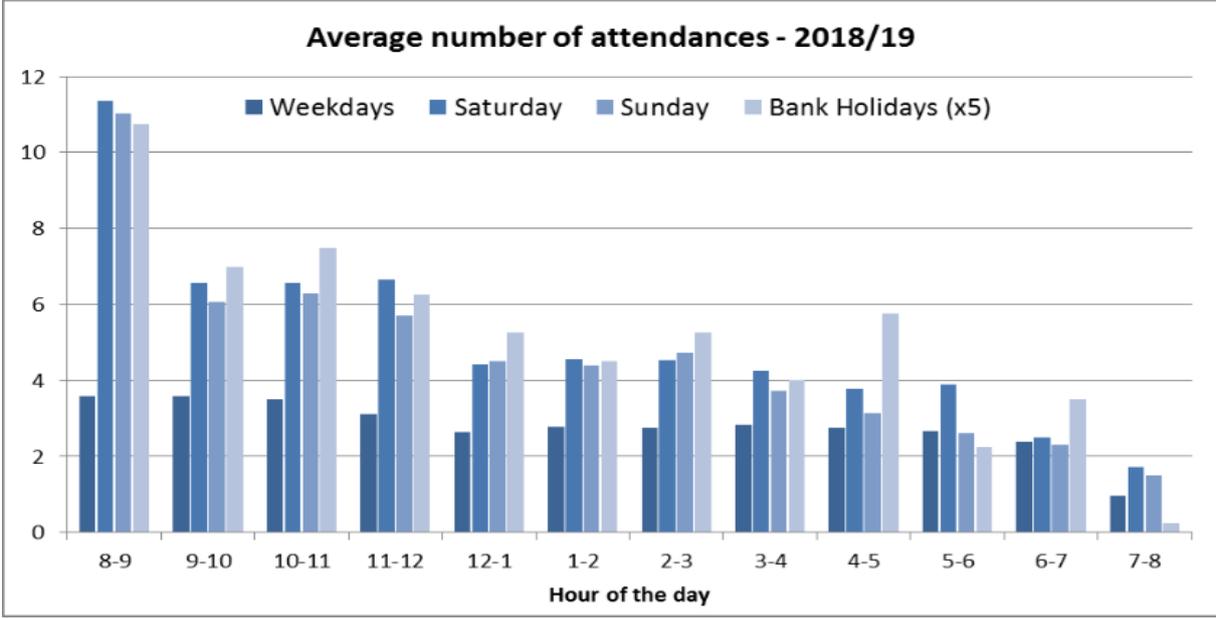
36. The Board heard from IC24 that the two dips in the graph are due to the flooding of the ESHC in September 2018 and the impact of the Covid-19 pandemic during April and May 2020, respectively.

37. The CCG provided the Board with average use per day data for the three years prior to Covid-19 showing the WIC is more used by residents at weekends than weekdays. This also shows an increase in usage at both weekdays and weekends between 18/19 and 19/20 but overall decline since 2017/18.

Eastbourne WIC activity : Average Per Day



38. The Board saw the following graph showing the hour of the day people attend the WIC.¹²



39. According to the CCG, the most common prescription during 2018/19 was for antibacterial drugs, with 3,570 prescriptions issued out of a total of more than 9,200.¹³

¹² Urgent Treatment Centres and walk-in centres developments – Informal progress update to the HOSC Review Board, EHS CCG, 26 July 2019

¹³ The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020, Appendix 4

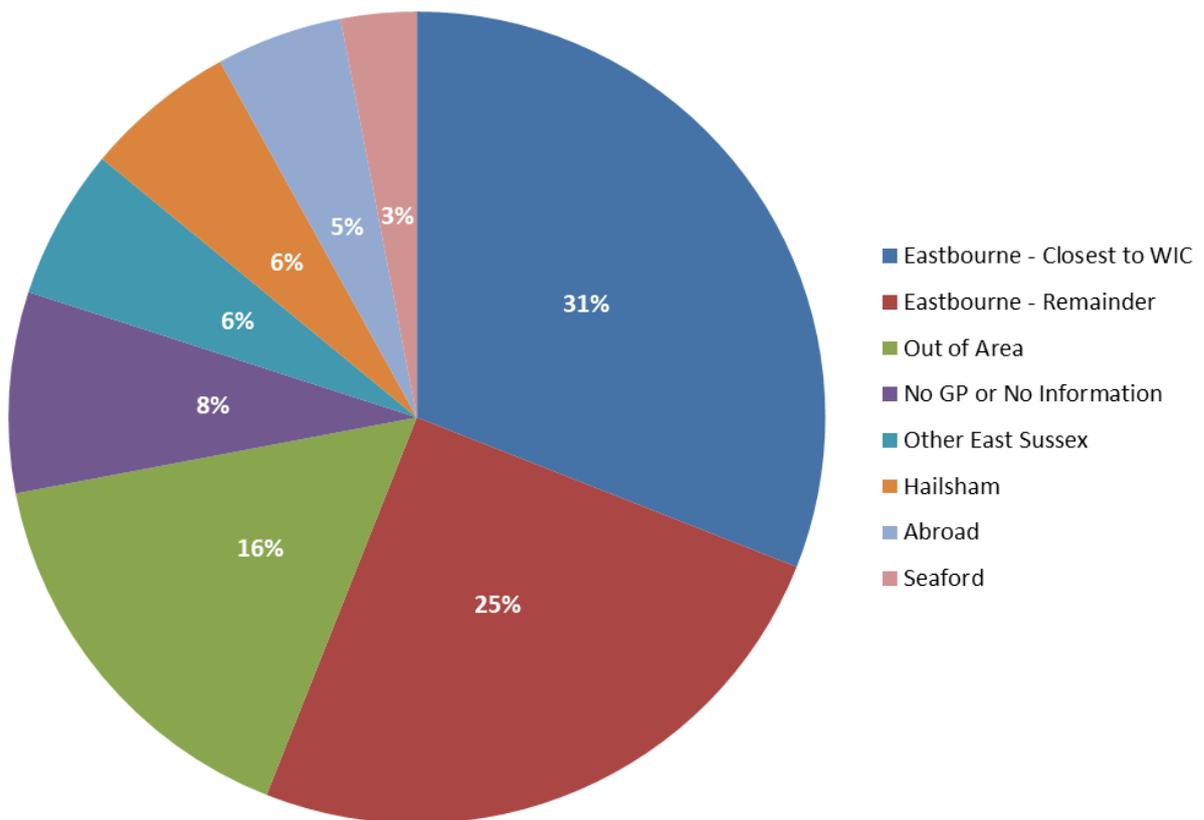
40. The Board heard from the CCG that personal data of patients using the WIC is not recorded like it is with GP practice patients. This includes their home address, age, gender, protected characteristics, and whether they have multiple and complex health needs. The CCG attempted to understand activity at the WIC by carrying out a clinical audit of the Eastbourne WIC over three days in September 2018. The Board saw evidence from the CCG that:

- over half of patients attending lived in the closest postcode areas to the WIC;
- most patients attending the WIC (43%) were aged between 26 and 65;
- 1.5% of people attending had declared disabilities;
- 11% of patients in Eastbourne were listed as living in temporary accommodation and none were asylum seekers or of no fixed abode;
- all patients were classed as non-vulnerable;
- 5% of patients at Eastbourne had mental health or substance misuse issues, or a combination of the two; and
- the outcome of the visit for 65% of patients was a prescription and for 21% it was self-care. 3% of patients were referred to the A&E department for emergency treatment.

41. The clinical audit showed that after triage, 64% of patients were seen by a GP, 30% by an Advanced Nurse Practitioner (ANP), 2% by a nurse, and 4% by a Health Care Assistant.

42. The pie chart below shows activity per GP locality and shows that, according to the audit:

- 56% of users of the WIC were registered at a GP practice in Eastbourne and 31% of those were from GP practices closest to the ESHC;
- 16% of patients were from out of the area; and
- 8% of contacts were with patients who do not have a GP practice, or the details of the registered practice were not recorded.



43. South East Coast Ambulance NHS Foundation Trust (SECAmb) estimates that prior to the Covid-19 outbreak, the NHS 111 service referred around 170 patients per month to the WIC.

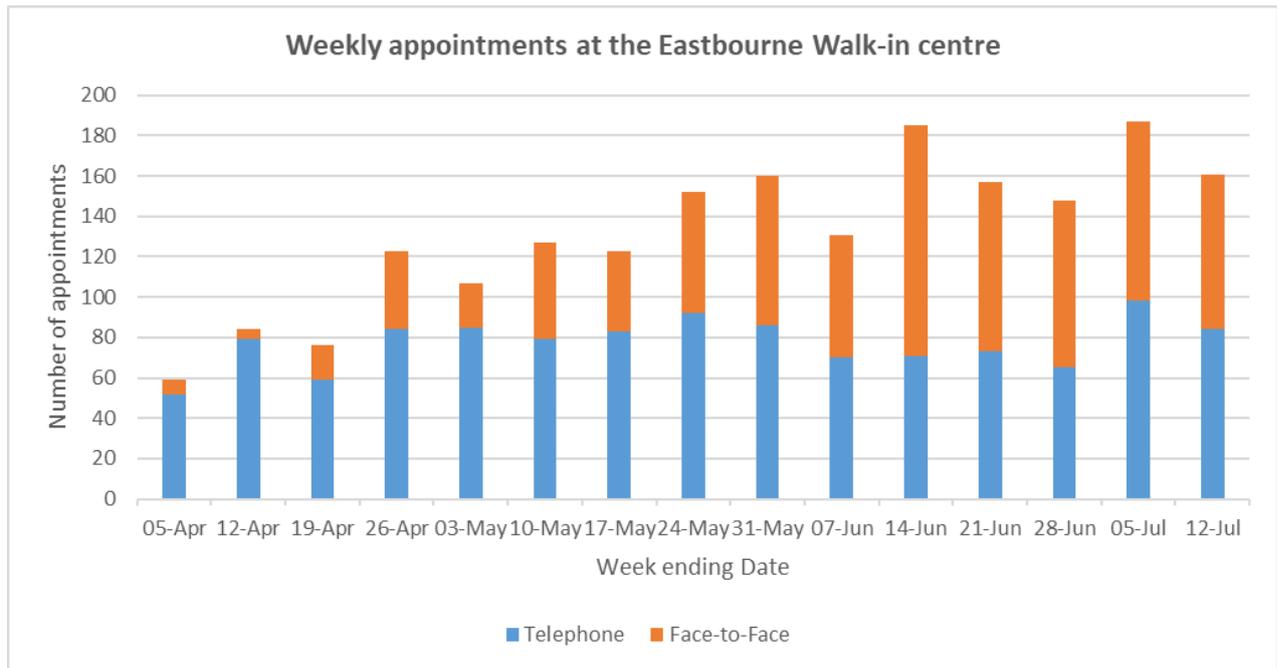
Usage during COVID-19

44. The Board heard that national guidance on accessing primary care services introduced during the Covid-19 pandemic and still in place has changed how patients access the ESHC. Patients are currently not able to use the facility as a “walk-in” service and instead:

- registered patients are remotely triaged by telephone or video call. If they require a face-to-face appointment, they are then offered a pre-arranged time slot with a GP or a nurse; and
- walk-in patients are triaged by telephone or video consultation and booked subsequent face-to-face appointments with a GP or nurse.

45. The Board saw evidence from the CCG that the activity at the WIC reduced in comparison to the pre-Covid-19 period during April and May. The data also shows that usage had increased during June and July.

46. The CCG provided the following graph to illustrate usage.



47. Overall average figures during this period for both the WIC and GP practice were:

- 132 all contacts per week (an average of 19 per day);
- 77 telephone appointments; and
- 55 face-to-face appointments.

48. The majority of face-to-face appointments were undertaken by a practice nurse, with an average of 79% per week compared to 21% by GPs (compared to 64% seen by a GP prior to Covid-19). IC24 said that many patients prefer the telephone contact.

49. IC24 told the Board in August that usage was close to pre-Covid-19 levels, with 1,870 contacts across both the WIC and GP practice up to 27th August. This included 110 patients at the WIC who were not registered with a practice and 111 who were attending from out of the area. IC24 also told the Board that they are seeing an increase in patients who claim they cannot be seen at their local practice. The Board heard alternative evidence from SECamb that referrals by NHS 111 were down to 44 for the month from a pre-Covid-19 level of 170 per month.

50. The Board saw subsequent data for the period July-September 2020 that shows WIC activity has increased slightly since the initial lockdown but is currently around half the pre-Covid-19 levels. There is an average of 17 working day and 25 non-working day contacts per day and 82% of these patient contacts are managed remotely on the telephone.

51. Registered patient activity at the ESHC between July and September is on average 48 per day and 70% of contacts are managed over the telephone.¹⁴

Comments

52. The Board notes that people have not been able to use the WIC as a direct walk-in facility since lockdown began in March due to the NHS England guidance. Numbers of users of the service, according to the CCG data up to September 2020, remains at around half the number of patients using the WIC compared to before the lockdown. Individuals who wish to

¹⁴ Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020

use the ESHC, both as registered patients or WIC users, have since March been accessing healthcare initially by telephone or video triage. Some have then received a face-to-face appointment at a pre-arranged time slot if it is clinically appropriate to do so.

The East Sussex CCG’s proposals on the future of the Eastbourne Station Health Centre

53. The Board has heard from the CCG that it believes the Eastbourne WIC service is now duplicated by several new and additional services that form part of the new integrated urgent care model (IUC) and have been established since the WIC opened in 2009. This includes but is not limited to UTCs, NHS 111 CAS, extended access to GP services, and community pharmacy services.

54. The CCG Pre-Consultation Business Case (PCBC) estimates that all users of the Eastbourne WIC, based on the clinical audit in 2018, could have their needs met elsewhere in the health system. 91% of whom would be managed by either the new IUC services, GP practices or other community-based services.

55. This is shown in the table below.

Local services to support people with the following needs	% of patients who used the ESHC WIC for these services
Supported self-care and signposting	21%
Primary care (specifically prescription needs)	65%
Complex and multiple needs	5%
Sub-total for potentially suitable for community-based services	91%
Transferred to Accident and Emergency	3%
Other	6%
Total	100%

56. The CCG has further illustrated this point by showing services provided by the WIC would be provided elsewhere in the healthcare system.

Condition	Available now							Later in the year
	Walk-In Centre	General Practice	Primary Care Improved Access & Extended Hours	Community Pharmacy	Minor Injuries LCS	NHS 111	Urgent Treatment Centre	NHS111 Clinical Assessment Service
Minor cuts, bruises, burns, strains, insect and animal bites	✓	✓	✓	✓	✓	✓ (advice, onward referrals)	✓	✓ (clinical advice to min. 40% of calls, onward referrals, direct booking in relevant service) (future developments include implementation of online consultations via NHS111 CAS)
Stitches, wound and dressing care	✓	✓			✓		✓	
Prescribing	✓	✓	✓	✓			✓	
Infections, rashes, hay fever	✓	✓	✓	✓			✓	
Stomach aches, vomiting and/or diarrhoea	✓	✓	✓	✓			✓	
Blood pressure checks	✓	✓	✓	✓			✓	
Emergency contraception	✓	✓	✓				✓	

15

¹⁵ The Future of Eastbourne Station Health Centre – Informal progress update to the HOSC Review Board. East Sussex CCG, 24 July 2020

57. The CCG is therefore proposing to:
- decommission the existing WIC service at ESHC; and
 - disperse the GP list at the ESHC amongst local GP practices.
58. The CCG also plans to:
- commission Care Navigators to support people who may continue to go to the ESHC for a two-month period prior to closure; and
 - develop a wide-ranging communications and engagement programme to support the patient population to make the best choices for their healthcare”.¹⁶
59. The Board heard from the CCG it had assessed the impact of the Covid-19 outbreak on local services and concluded that, while the way in which people access services at the ESHC has changed (for example via remote consultations), there has been no material change to the original proposal set out in the PCBC.

Funding

60. The CCG has said achieving financial savings is not a principle driver of the proposals. Value for money is a consideration, however, as the NHS Constitution requires the CCG to get best value for money for the services it provides. The CCG has indicated an annual saving of £665k if the ESHC were to close. The breakdown is provided in the table below taken from the PCBC.

Current funding for services at Eastbourne Station Health Centre	Total (£'000s) Full Year
WIC contract	773
Registered list	390
TOTAL	1,163
Proposal – de-commissioning of WIC – revenue released for re-investment	(773)
Removal of the APMS contract for the registered list	(390)
SUB-TOTAL – revenue savings	(1,163)
Dispersal of the registered list on the typical GMS rate	298
Patients redirected to A&E (772)	59
NHS 111 CAS patients redirected to UTC (1,829)	141
SUB-TOTAL – revenue costs	498
NET IMPACT (savings)/cost	(665)

61. The Board heard from the CCG that the net savings from the closure of the WIC could be made available for reinvestment in other services to support the needs of local people. The funding for the GP list, which is about a third of the total funding allocation to the ESHC, will follow patients. This means the GP practices they register for would receive the additional funding.

Impact on staff at the WIC

62. The CCG indicates in its PCBC that “there would be opportunities for the current staff to work in other services, including primary care and community care services. As local PCNs

¹⁶ The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020, p.6

develop and implement their workforce plans there may be additional opportunities for the existing staff, which would help avoid losing key skills and valued experience in the locality”.¹⁷

63. ESHC employs locum GPs, rather than partnered or salaried GPs, who already work flexibly and would presumably find locum work in other facilities. As for the remaining staff, the CCG advised that as services in Eastbourne continue to develop, for example, additional roles are created and recruited to for the PCNs (see paragraph 183) and the UTC hires additional nursing staff (see paragraph 94), there should be opportunities for the current staff to work in other services. Although, the Board heard from IC24 that it would not be able to offer staff at the ESHC alternative employment in Eastbourne.

64. The CCG advised that it is the responsibility of other practices to recruit the staff they feel are required and that the CCG is not able to directly influence the recruitment decisions of local providers. The CCG is happy, however, to facilitate these discussions to minimise any loss of available healthcare staff. The Board understands that because a decision has not yet been made about the future of the ESHC it is too early to say for certain what will happen to staff.

Comment

65. The Board believes that staff shortages are a national issue in the healthcare sector. If a decision is taken to close the ESHC, there should be no overall loss of healthcare staff to the local system and the closure should have a minimal impact on the staff working there.

Public consultation

66. The CCG undertook a public consultation on its proposals initially starting in February 2020. It ran for six weeks before pausing due to the outbreak of Covid-19. The consultation then recommenced on 3rd August and ran until 14th September. The total consultation duration was 14 weeks.

67. The public consultation received 864 valid responses to the questionnaire, including five from named organisations. It also received 18 written submissions; responses from one public meeting, two online webinars, and 36 additional engagement activities; and a petition of approximately 4,521 signatures from Save the NHS Campaign.¹⁸

68. Opinion Research Services conducted an independent analysis of the consultation and stated in its findings that the consultation was “open, accessible and fair to all people and organisations in Eastbourne and the surrounding area and conforms with ‘good practice’ in both its scale and the balance of elements used. The consultation was also proportional to the importance of the issues”.¹⁹

69. There was a very strong level of disagreement to the proposals from respondents to the public consultation, with 90% of respondents indicating they either tended to disagree or strongly disagreed.²⁰ The Board heard from the CCG that the level of disagreement was not unusual for a proposal that involved the closure of a service.

Recommendation 1

If a decision is taken to close the Eastbourne Station Health Centre, the CCG should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the Eastbourne Station Health Centre staff to

¹⁷ Ibid., p.39

¹⁸ The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020., p.14

¹⁹ Ibid, p.15

²⁰ Ibid., p.13

minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.

Review Board's examination of the proposals

70. The Board has examined the CCG's proposals to close the WIC at the ESHC and disperse the GP patient list by looking at the following areas:

- whether alternative proposals were viable;
- whether the WIC is a duplicate of services available as part of the new integrated urgent care system;
- whether services will be in place to assist homeless and other vulnerable groups if the WIC closes; and
- whether the ESHC GP list can be successfully dispersed into the nearby GP practices.

Were alternative proposals viable?

CCG's rationale for no alternative options

71. The CCG initially proposed to close the walk-in centres in both Eastbourne and Hastings. Following a period of further engagement in 2019 and review of the proposals for both sites, however, the CCG decided against the closure of the Hastings Station Plaza walk-in centre and instead agreed to establish it as a primary care-led hub. This facility encourages people to attend booked appointments and supports people to register with a GP but retains an Advanced Nurse Practitioner (ANP)-led walk-in facility.

72. The CCG's justification for retaining the service included:

- there had been consistent increased in demand for WIC services in Hastings since 2016/17;
- there is a small but significant group of patients in Hastings with multiple and complex needs who struggle to navigate healthcare services and who, therefore, access their healthcare through the WIC;
- Hastings Station Plaza is a dedicated healthcare facility that already accommodates a range of services and which has room for expansion; and
- General practice in Hastings is rated highly by local people but is under a great deal of pressure.²¹

73. The CCG meanwhile decided to continue with the proposal to close the ESHC. The CCG considered several other possibilities for the future of the site prior to consulting solely on its closure but concluded that none were viable for progression to the public consultation stage. These included:

- retain current WIC provision, i.e., a "do nothing" option;
- reduce WIC operating hours (for example 8:00 to 18:30 or others);
- expand service provision at the WIC (for instance after 20:00);
- de-commission duplicate services, for example, Primary Care Improved Access (PCIA); and

²¹ Urgent Care in East Sussex report to HOSC, EHS CCG, 26 September 2019

- develop the WIC into a primary care integrated hub, as in Hastings.
74. The CCG's rationale for not progressing any of these to the consultation stage included:
- the current system is too complicated and many services are duplicated;
 - the needs of the small group of vulnerable patients who use the WIC can be supported and resolved by other local services such as the Rough Sleepers Initiative, mental health and substance misuse services;
 - the current ESHC premises are not suitable for further expansion and would not support the delivery of integrated care or have space for the PCN multidisciplinary teams;
 - increasing opening hours could lead to further shift in activity from general practice and the PCIA impacting system resilience and moving people away from the full primary care system, meaning they do not benefit from additional and enhanced services that are available in GP Practices but not at ESHC; and
 - PCIA and NHS 111 CAS are nationally mandated and recently commissioned services²².

Alternative proposals

75. The public consultation document asked respondents "are there any other options you think we should consider?". Responses included:

- closing the WIC and retaining the ESHC as a GP practice for registered patients;
- opening more walk-in centres;
- reducing the WIC's opening hours to evenings and weekends only to make it more sustainable;
- relocating the service somewhere else; and
- enhancing and expanding the role of the ESHC.²³

76. The Board heard evidence from IC24 that, whilst it agreed it was important for the CCG to review the services it commissions, the ESHC still provided an important role that the provider felt could be improved further:

- IC24 has demonstrated that it is a flexible provider, supporting and working collaboratively with the wider health system, for example, when the Eastbourne District General Hospital (EDGH) declares a black alert, IC24 offers to take more patients at the Eastbourne WIC;
- to free up funding, IC24 would be prepared to convert from a WIC to an ANP-led walk-in service that works with the onsite GPs within the practice; and
- ESHC has capacity to expand because only 16 of a potential 23 staff members are in post, however, IC24 has found it difficult to expand and invest in the service, as it has been on a rolling contract since its original five-year contract ended.

77. The Board spoke with the Save the NHS Campaign Group, who took the view that the WIC should remain open because it is central and is open to anyone, including visitors, who cannot access their own GP when they need to.

²²The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020, appendix 5

²³ The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.42-43

78. Finally, the Board heard that a Healthwatch survey on patients’ experience of Covid-19 between April and June 2020 had received 2,200 responses, of which none related to the ESHC.

Comments

79. The Board does not object to the decision by the CCG to only consult on the proposed closure of the ESHC rather than offer alternative options. The Board also notes that there is a strong belief from the current provider and the respondents to the public consultation that the Eastbourne WIC is still a valuable service that should be retained.

Is the WIC duplicated by the new Integrated Urgent Care system?

80. The CCG argues that the new IUC system – which includes the UTC, NHS 111-CAS, extended GP access, and pharmacy consultations – provides comprehensive access to urgent and same-day primary care services for residents, meaning that the ESHC is now a duplicate service.

81. The CCG produced modelling to demonstrate that there will be sufficient capacity available in the system should the ESHC close, based on the ambition to use the new NHS 111 CAS service as the main entry point for people who need same-day care. This modelling has been reviewed in response to feedback from the South East Clinical Senate.²⁴

Assumptions	Total WIC activity 15,432 per year (as per PCBC)	
	Resulting activity	
	Per day	Per year
• 16% of current activity to self-management	7	2,469
• 5% redirected to A&E	2	772
• 79% to NHS 111 of which:	33	12,191
○ 15% Consult and Complete via NHS 111/CAS	5	1,829
○ 30% redirected to UTC	10	3,657
○ 55% redirected to other primary care services	18	6,705

82. The Review Board has spoken at length with the CCG and with other witnesses about the capacity of these services locally to provide support for patients currently using the WIC.

²⁴ CCG response to the South East Clinical Senate recommendations, 24 July 2020

Eastbourne Urgent Treatment Centre (UTC)

83. NHS England required all CCGs to develop UTCs within their local area. It described UTCs as “community and primary care facilities providing access to urgent care for a local population.”

84. NHS England set out 27 minimum standards for a UTC including:

- should be open for at least 12 hours a day seven days a week, including bank holidays;
- should provide both pre-booked same day and “walk-in” appointments that can be electronically booked by other services such as NHS 111;
- pre-booked appointments should be seen within 30 minutes of the agreed time;
- must include treatment of minor illness and injury, including wound closure and the management of minor head and eye injuries;
- diagnostics and plain x-ray facilities are desirable;
- should be able to issue prescriptions; and
- staff should be able to access an up-to-date electronic patient care record.²⁵

85. NHS England did not prescribe where UTCs should be located but required CCGs to review current provision of their existing urgent care facilities against these standards and make a plan for each existing facility²⁶.

86. The SHCP agreed a strategic approach to establishing UTCs in Sussex which included co-locating them either with existing A&E departments, or at existing community hospitals.²⁷

87. The CCGs in East Sussex agreed that the location of UTCs for the Eastbourne and Hastings area should be at the hospital sites. The Board was informed this was to reduce the pressure on A&E departments by providing urgent care to people who arrive in A&E but can be seen and treated by a GP or ANP, and to ensure that the additional services UTCs must provide, such as diagnostics, can be safely and sustainably staffed.

88. UTCs were opened at the Eastbourne District General Hospital (EDGH) and Conquest Hospital on 1 December 2019, replacing the existing GP-led Primary Care Streaming Services via a contract variation. The Minor Injuries Unit at the Victoria Hospital in Lewes was upgraded to a UTC following refurbishment in April 2020.

89. The specifications of the UTC at the EDGH includes:

- open 365 days per year from 10am to 10pm;
- co-located within the A&E, with walk-in patients being triaged to either the Emergency Department or the UTC if appropriate for their care;
- has access to key patient information, such as the Summary Care Record, other local care records, care/crisis plans, and key patient flags;
- provides electronic prescriptions via the NHS Electronic Prescription Service; and

²⁵ Urgent Treatment Centres – Principles and Standards, NHS England, July 2017. p.7-10

²⁶ Ibid. P.6

²⁷ Urgent Care in East Sussex report to HOSC, EHS CCG, 26 September 2019

- is a GP-led service with an Emergency Nurse Practitioner (ENP). Two ENP are on site 7:30am-10:00pm, one GP is on site 10:00am-10:00pm Monday-Thursday and two GPs Friday-Sunday.²⁸

90. As of August 2020, the UTC is treating around 94% of patients within 2 hours of arrival²⁹.

91. The CCG modelling indicates that the closure of the ESHC will result in an additional 10 patients per day being redirected to the UTC. This is because relatively few of the patient contacts at the WIC are for urgent care needs. The modelling also shows that they would be booked into an appointment by the NHS 111 service rather than walk-in, although patients can still walk into A&E and be triaged to the UTC.

92. The CCG also claimed that there was no clear correlation with growth in A&E activity or other services during the two-month closure in September 2018 of the ESHC due to flooding.³⁰

93. The Board heard from East Sussex Healthcare NHS Trust (ESHT), the provider of the UTC, that having reviewed the evidence of the PCBC it supported the CCG's proposals. The Trust does not anticipate much additional work coming through to A&E and the UTC due to the very small number of patients using the WIC who require urgent or emergency care.

94. ESHT said that the A&E and UTC currently see 200-250 patients per day, so an increase of 10 would be around 4-5% of activity. The Trust is also looking to recruit to the UTC a further 2-3 GPs and 5-7 nurses. Realistically these will be locum GPs.

95. The location of the UTC is, according to Google Maps, 33 minutes' walk from the ESHC (1.7 miles) and is accessible from the town centre via the LOOP, 1A, 51, 54, 56, and 98 buses. Bus tickets cost £2.90. A taxi is approximately £8-10 return from the town centre.

96. The Board heard several concerns about the location of the UTC compared to that of the ESHC:

- Healthwatch expressed concern that some buses to the EDGH have poor access for prams or wheelchairs, although acknowledged the hospital site would be more convenient for some patients;
- Save the NHS Campaign Group and three written statements to the Board raised concerns about the distance of the UTC from the town centre and the difficulty in reaching it for walk-in patients who rely on public transport; and
- some respondents to the public consultation raised travel to the UTC as an issue for those reliant on public transport; the homeless and rough sleepers; and refugees and migrants.³¹

Comments

97. The Board observes that ESHT is supportive of the CCG proposals and is confident it can provide for the additional capacity to its UTC if the ESHC closes.

98. The Board also notes that the UTC can provide more services to patients than the WIC, such as diagnostics and x-rays, and for a longer period during the day. The UTC staff can

²⁸ *ibid*

²⁹ ESHT Trust Board report, 6th October 2020, p.75

³⁰ Urgent Treatment Centres and walk-in centres developments – Informal progress update to the HOSC Review Board, EHS CCG, 26 July 2019

³¹ The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.38 & 54

potentially more easily triage patients to the A&E, for the very small number of patients who that would apply to.

99. The Review Board agrees that additional travel times may be necessary for some people, although the majority of buses from the town centre travel past the EDGH on their route to other parts of the town. The Board notes that the number of patients who may have to travel to the UTC is around 10 per day, although some of these may live closer to the hospital than the town centre. Furthermore, they should have the ability to book themselves into the UTC via NHS 111 at a specific slot and be seen within 30 minutes of that time.

NHS 111

100. NHS 111 is a non-emergency medical helpline operating 24 hours a day, seven days a week. NHS 111 was launched in April 2013 and is provided across England by a variety of different organisations. 111 is staffed by fully trained, non-clinical Health Advisors. SECamb provides the 111 service across the Kent, Medway and Sussex area.

101. Following concern that up to 80% of all calls to NHS 111 resulted in signposting to a different NHS service, NHS England published a new service specification for NHS 111 that required CCGs to recommission 111 to include a Clinical Assessment Service (CAS) that moves the service from an 'assess and refer' model to one of 'consult and complete' and is able to offer the following to patients:³²

- consultation with a clinician over the telephone;
- direct booking into a face-to-face service where necessary (for example, GP practice or UTC);
- electronic prescriptions;
- access to the patient's record; and
- self-help information delivered to the patient.³³

102. NHS England said this would mean in future "as many clinically appropriate calls to NHS 111 as possible should be closed following consultation with an appropriate clinician, negating the need for onward secondary care referral or additional signposting".³⁴

103. The contract for the new 111 CAS service was awarded to SECamb across the Kent, Medway and Sussex area. The contract was due to go live on 1st April 2020 but was postponed by six months due to the need to prioritise a response to the Covid-19 pandemic. The new service went live on 1st October 2020.

104. The Board understands that the unprecedented demand on NHS 111 during the Covid-19 pandemic means that the NHS 111 CAS service will need to be expanded further to accommodate the expected demand from a new Think NHS 111 First initiative that is in the process of being rolled out.

105. The Board was informed by the CCG and SECamb that people who call the NHS 111 CAS will be able to receive 24/7 access to clinical advice and treatment over the phone from a healthcare professional if needed. Patients needing to see someone face to face will be given an appointment into the right service, at a time and place that is best suited to their clinical need and based on where they are, which may include a same day appointment if appropriate. The Board heard how this will be achieved:

³² Integrated Urgent Care Service Specification, NHS England, August 2017, p12.

³³ Ibid. p.14

³⁴ Ibid. p13.

- 111 staff are co-located with 999 staff at the SECamb control centre in Crawley, which enables the 111 service to benefit from the additional clinical input of 999 teams;
- the CAS will include paramedics, ANPs, specialist nurses (including mental health clinicians), pharmacists and some GPs within its workforce;
- the service specification for the CAS will require that 40% of calls made to 111 receive clinical advice the first time they call, with this percentage increasing over time;
- 111-CAS clinicians will be able to access a patient's care record via GP Connect;
- 111 will be able to arrange urgent prescriptions over the phone and send these directly to pharmacies;
- 111 will be able to book patients into appointments at GP practices, the UTC or in PCIA clinics;
- ESHT is piloting the NHS 111 First initiative that enables people who contact 111 to book an A&E appointment;
- patients who speak with the CAS may be provided with a home visit from the new Out of Hours Home Visiting Service if there is a clinical need. This service is a GP-led multi-disciplinary team comprising of GPs, Paramedic Practitioners, ANPs and Prescribers provided by IC24 since 1st April 2020. The Home visiting service runs from 6:30pm to 8:00am on weekdays and all day at weekends and bank holidays;
- the Home Visiting service Key Performance Indicators (KPIs) include that 95% of patients receive a face-to-face consultation within their home residence within the specified period: 1hr (emergency), 2hrs (urgent), and 6hrs (non-urgent); and
- 111 Health Advisors may send an ambulance to a patient if the NHS Pathways triage system indicates one should.

106. The Board questioned whether replacing initial face to face assessments with over the phone contact is a risk if patients cannot describe their symptoms accurately. SECamb said it cannot guarantee the new 111-CAS will get diagnosis right 100% of the time and acknowledged that there is a possibility a face to face appointment may identify more serious underlying issues better than over the phone. However, the Board also heard that the 111 service is risk averse and that a conveyance rate of patients to hospital by ambulance of approximately 50% following a telephone consultation is evidence of its cautious approach. The new service will enable Health Advisors to invite in staff from the CAS onto the call to assist with a diagnosis. Patients who are advised to self-care will also be advised to call back to 111 if they feel worse, in the same way that patients who see a doctor and are advised to self-care at home and call back if they need to.

107. The CCG claims that, based on modelling, 79% of patients currently using the WIC will be triaged via 111 to other services. This amounts to 33 patients per day, including five who will speak with a health professional in the CAS.

108. The Board heard from SECamb that it has analysed the CCG's estimated activity levels and said it is difficult to say for certain whether the modelling is accurate and whether usage of the 111 will be as high as predicted. This is because it is not clear whether as many of the young, active users of the WIC will choose to access healthcare via 111 rather than self-care. Nevertheless, SECamb believes it has the capacity to meet the estimated demand of around 80% of the WIC's current activity as set out in the PCBC.

109. The Board is aware of concerns that NHS 111 has had a relatively poor public perception over the years, for example:

- Save the NHS Campaign Group members told the Board that 95% of the people they had spoken to on the high street had said they were very dissatisfied with the 111 service and most said they are aware of it but would rather not use the 111 service; and
- according to many of the respondents to the public consultation, the NHS 111 service was “not considered an acceptable alternative and was criticised for being inaccessible; reasons given included patients being left on hold for long periods of time, and communication over the phone or online being difficult or impossible for some older people and those with complex needs or disabilities”.³⁵

110. The Board heard evidence that this public perception could be improving and may continue to improve, for example:

- the CCG claims the Covid-19 pandemic has improved people’s views of NHS 111, given its central role as a contact point for patients trying to access the NHS;
- SECAMB believes that the planned NHS 111 First national campaign is likely to build public confidence in NHS 111 by making them aware they will be able to speak with a clinician – via the CAS – should they have the clinical need;
- a key component of the SHCP’s winter plan will be to advertise the availability of the new 111-CAS; and
- the CCG is working to reach those who do not access normal media to make them aware of it and has said local GP practices will be promoting the 111 service.

Comments

111. The Board heard that the new NHS 111-CAS successfully launched on 1st October 2020 and will have sufficient capacity to absorb the additional patients from the Eastbourne WIC should a decision be made to close that facility. The fact that 79% of all capacity of the Eastbourne WIC is expected to go via NHS 111 in future and the centrality of the service to the SHCP’s winter plan, however, means that 111 is clearly vital to the new IUC model.

112. The Review Board is satisfied that the new 111-CAS has the ability to book patients into same-day UTC or GP appointments and issue urgent prescriptions electronically, which is an alternative way of accessing healthcare for many patients currently using the Eastbourne WIC. This could potentially be a convenient way for patients to access care in the future.

113. The Board agrees, however, that 111 has an image problem built up during its time as a more limited signposting service. Some people, therefore, could still be reluctant to use it as a first point of contact for urgent care, either because they are not aware of its expanded role, or they have had a previous bad experience. Extensive communications locally, as well as nationally, are clearly vital to raise awareness of the new services that launched on 1st October 2020.

Extended access to GP services

Primary Care Improved Access (PCIA)

114. In the General Practice Forward View (2016), NHS England placed the requirement on CCGs to commission evening and weekend GP appointments for residents because “public

³⁵ The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.7

satisfaction with general practice remains high, but increasingly, we are seeing patients reporting more difficulty in accessing services”.³⁶

115. In return for additional funding, CCGs were required to commission a service by 1 October 2018 that provided access to additional pre-bookable and same day appointments to GP services on weekday evenings (after 6.30pm) and on both Saturdays and Sundays, amounting to up to 45 minutes consultation capacity per 1000 population.³⁷

116. CCGs were permitted to commission this extended access from Primary Care Improved Access (PCIA) hubs rather than at each individual GP practice.

117. There are two PCIA hubs in Eastbourne: Park Practice (located 2.6 miles from the ESHC and Harbour Medical Practice (3.3 miles from the ESHC) which provide 100% coverage for Eastbourne.³⁸ The GP Federation, South Downs Health and Care, provides the hubs.

118. The PCIA hubs are open Monday- Friday 6:30-8:30pm; Saturday 8:00am-12noon; Sunday 9:00am-1:00pm and Bank Holidays 9:00am-1:00pm. Patients can access them via their own GP or via NHS 111. According to the CCG, the PCIA hubs offer:

- at least 290 face to face appointments per week in Eastbourne;
- an average of 1,151 telephone consultations as additional primary care appointments each month (equivalent to over 13,800 over a year) across Eastbourne, Hailsham and Seaford; and
- a video consultation service offering 800 appointments per month that will gradually replace the telephone conversations. It is available for slightly different hours of Monday to Friday between 16:00 and 20:00, and at weekends and bank holidays between 08:00 and 16:00.

119. In response to Covid-19, a primary care ‘Hot Site’ was established at Hampden Park which will remain open until March 2021. The site consolidated the usual PCIA capacity and also offers dedicated service to assess and treat patients with Covid-19 symptoms that may present in general practice. The intention is to return to normal provision at the Park Practice and Harbour Medical Practice from next year when the Hot Site is scheduled to finish operating in March 2021.

120. From the ESHC, the Park Practice PCIA hub can be accessed via the 51, 1A, 55, and 55A bus routes. The CCG estimates the journey time is between 23 and 38 minutes, depending on the route. The approximate cost of a single bus ticket is £2.90. Park Practice can also be accessed by car, with an approximate journey time of 15 minutes. Free parking is available at Park Practice.

121. The Harbour Medical Practice PCIA hub is served by the Loop, The Wave 99, and the 5 with the CCG estimating journey times of between 22 and 38 minutes. The approximate cost of a single bus ticket is £2.90. Harbour Medical Practice can also be accessed by car, with an approximate journey time of 20 minutes. Free parking is available at Harbour Medical Practice. The CCG estimates the approximate cost of a taxi one-way to both destinations is £6.

Primary Care Extended Hours Access

122. The contract specification for the new PCN Directed Enhanced Services (DES) contract, published in 2019, included a requirement for PCNs to establish Extended Hours Access

³⁶ General Practice Forward View, NHS England, April 2016, p. 47

³⁷ NHS Operational Planning and Contracting Guidance 2017-2019, NHS England and NHS Improvement, September 2016

³⁸ Urgent Care in East Sussex report to HOSC, EHS CCG, 26 September 2019

separately to the PCIA service, from 1 July 2019. This new service includes the requirement of additional clinical sessions outside of PCN member practices core hours to all registered patients within the PCN, equating to a minimum of 30 minutes per 1,000 registered patients per week.³⁹

123. The PCIA service and the extended hours element of the DES are due to merge to a single contract by April 2021 with combined ringfenced funding.⁴⁰

124. Extended Hours DES appointments are in addition to the PCIA capacity and are offered at a practice to its own patients only. These appointments are usually available between 7:00am-8:00am in the morning, 6:30pm-8:00pm on weekdays, and 8:00am-1:00pm on Saturdays across the three PCNs in Eastbourne. Capacity is as follows:

- ALPS Primary Care Network = 117 additional appointments per week;
- Victoria Primary Care Network = 54 additional appointments per week; and
- Eastbourne East Primary Care Network = 105 additional appointments per week.⁴¹

Spare capacity

125. Total additional face to face capacity in Eastbourne across all extended hours GP appointments in Eastbourne is approximately 566 appointments per week.

126. The Board saw evidence from the CCG that there is spare capacity in PCIA face-to-face appointments. Based on the latest available data for November 2019:

- across the two Eastbourne hubs, the take-up of appointments at the point of booking was 91%, and the actual take-up (as some people did not attend) was 80%;
- the take-up of weekday evening appointment slots at the point of booking was 87% and the actual take-up was 79%; and
- the take-up of weekend appointment slots at the point of booking was 97% and the actual take-up was 82%.

127. The Board heard from the Victoria PCN that it had run weekend extended access appointments but patients had not attended in sufficient numbers to justify continuing to run them. The PCN then engaged with the GP practices' Patient Participation Groups (PPG) to find out which days and times patients would prefer. In response, the PCN is now offering additional appointment from 7:00am-8:00am on a Tuesday morning and Tuesday late evenings on alternating weeks.

128. The Board heard that each GP Practice in the ALPS Group PCN provides their own share of the contracted hours at their own premises to their own patients. These appointments are generally fairly well utilised, however, the number of patients using the ESHC when dispersed across practices in Eastbourne was not of concern.

129. The Board saw other anecdotal evidence that people either still struggle to access extended access appointments, or are unaware they are available:

- Save the NHS Campaign Group told the Board that residents were aware of the extended access services but had not been able to get appointments when needed;

³⁹ Network Contract Directed Enhanced Service, NHS England and NHS Improvement, March 2020, p.24

⁴⁰ Ibid., p38

⁴¹ Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020

- some respondents to the consultation thought the WIC alone offered evening and weekend appointments; some believed out of hours appointments existed elsewhere but were very limited; and some wanted to see all GP surgeries offer weekend and evening appointments before any closure of the WIC;⁴²
- the CCG's Medical Director informed the Board the number one complaint he receives as a GP is that the GP practice is not open on Saturday, even though it has been for some time; and
- the CCG's PCBC includes comments from public engagement relating to the extended access requesting more information about the service should be made available and include clear instructions about how patients access the service and its benefits.

Comments

130. The Board notes that there are PCIA hubs in Eastbourne and extended hours appointments provided by all three PCNs. According to figures from the CCG, appointments for the PCIA are underused and people did not attend weekend extended access appointments when they were available at the Victoria PCN, despite claims from some that appointments are not available. This suggests there may be a lack of understanding about the option to use PCIA or extended hours appointment locally. The Board thinks that any communications and engagement planned for later in the year must include details about how to access the PCIA hubs or extended hours appointments provided in individual GP practices through the PCNs.

131. The example provided by the Victoria PCN shows it would be beneficial for the CCG to encourage PCNs to consult with their PPG, if they have not done so already, to find out what extended hours services patients would find most helpful if current utilisation is low.

Community Pharmacy services

132. The NHS Long Term Plan envisaged an enhanced role for the community pharmacies, including for managing self-care, and the ability for NHS 111 to book patients into pharmacy consultations.

133. Self-care is recommended when you have a minor condition which does not normally need medical care (from a doctor or nurse) or any treatment in order to get better, such as coughs and colds, sprains and strains, and sore throats. Pharmacists are trained to provide advice on self-care or sell over the counter medicine to relieve symptoms.

134. NHS England launched The NHS Community Pharmacist Consultation Service (CPCS) in October 2019. The CPCS offers patients the option of having a face-to-face consultation with a pharmacist following an initial assessment by an NHS 111 call handler. The Pharmacist can provide the patient with advice and treatment for a range of minor illnesses or for an urgent supply of a previously prescribed medicine. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.⁴³

135. Around 21% of patients using the WIC do so for reasons that are categorised as self-care. The CCG estimates 16% of WIC users will be able to self-care instead of attending the WIC in the future, this amounts to seven patients per day. SECAMB confirmed prescriptions ordered over 111 will be sent directly to a pharmacy.

136. Across Eastbourne there are 23 community pharmacies, including pharmacies within supermarkets. There several in the town centre including Furness Road, Grove Road, Arlington

⁴² The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.32 & 41

⁴³ Advanced Service Specification – NHS Community Pharmacist Consultation Service, NHS England and NHS Improvement, October 2019

Road and the Arndale Centre (within a short distance from Eastbourne Station). The pharmacies are open Monday to Saturday 9am to 6pm as a minimum, with additional coverage on Sundays and bank holidays. Some pharmacies in Eastbourne have signed up to the CPCS service.

Comments

137. The Review Board understands that the pharmacies can potentially play a useful role in repeat prescriptions and self-care of patients. The NHS CPCS is new, however, and should be advertised extensively along with other elements of the new integrated urgent care service.

Public desire to be informed about available services

138. The public consultation asked respondents how the CCG can keep them and other local people informed about the range of services that are available and how to access them. 689 of the 852 respondents answered this question and seven in ten of those who responded said that they would prefer to be kept informed online and via social media, while more than half selected local newspapers/radio (56%) and displays/info in GP surgeries and hospitals (also 56%). Some attendees of the CCG-run public events and drop-in sessions also stated that they knew very little about UTCs and the services they provide. Opinion Research Services concluded “this suggests that more publicity and awareness raising is needed around it, which may also help in reassuring residents about the possible closure of the ESHC”.⁴⁴

139. The CCG has said that it will commission a fully comprehensive communications and engagement plan for the new IUC system across the Sussex Health and Care Partnership (SHCP) to ensure consistent messaging for patients and the public. In addition, engagement activities will be conducted at a local level and communications will be tailored to local communities.⁴⁵

Comment

140. The Board believes there is clear evidence from the public consultation that the public wishes to be informed about the new urgent care services available to them. The respondents identify GP practices as one of the key places where advertisements should be displayed, but patients’ first contact with a GP practice is often over the phone. The Board believes, therefore, that GP practices should also be encouraged by the CCG to advise patients of alternative urgent care services over the phone if they are unable to get an appointment on the same day, and if it is clinically appropriate to do so.

Recommendation 2:

The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care must help improve residents’ understanding of how they can access urgent care in their local communities.

Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:

⁴⁴ The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.10

⁴⁵ Urgent Care in East Sussex report to HOSC, EHS CCG, 26 September 2019

- the enhanced NHS 111-Clinical Assessment Service (CAS) that includes if appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the UTC, their local GP, a Primary Care Improved Access Hub (PCIA) or a community pharmacy;
- if people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a (PCIA) hub, or potentially their own GP practice both face-to-face or over a video or phone consultation (subject to current restrictions in place due to Covid-19 that are planned to be lifted in March 2021);
- patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy; and
- patients with self-care illnesses can now book to see a pharmacist via 111.

Publicity about the above options for patients should begin well in advance of any closure of the Eastbourne Station Health Centre to ensure people are aware of the new services available to them.

The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.

Recommendation 3:

The Review Board recommends that the East Sussex Clinical Commissioning Group (CCG) should engage with Primary Care Networks to encourage them to consult with their Patient Participation Group, if they have not done so already, to find out what extended hours services patients would find most helpful, if current utilisation is low.

What would the impact be of the closure of the Eastbourne Station Health Centre on vulnerable groups?

141. The Board was keen to understand the impact of the proposal to close the walk-in element of the ESHC on vulnerable groups who might use it but may find it difficult to access healthcare via other means.

Homeless and rough sleepers

142. The CCG's Equalities Health Impact Assessment (EHIA) identifies a potential negative impact from the closure of the ESHC on homeless and rough sleepers, as the WIC may be a preferred resource for rough sleepers and those in temporary accommodation.

143. The respondents to the public consultation also raised concerns about the impact of the closure of the WIC on homeless and rough sleepers. Of the 780 respondents who provided comments to the question "to what extent do you agree or disagree with our preferred option to close the ESHC as we have outlined?", 6% included comments raising concerns about access for homeless people.⁴⁶

144. The Board heard from the Rough Sleepers Initiative (RSI) that the cohort of people eligible for their support have multiple complex needs and includes individuals who:

- have suffered abuse and have Post Traumatic Stress Disorder (PTSD);
- have problems maintaining housing;
- often have spent time in prison;
- may have learning disabilities, mental health issues (in 65% of case), and substance misuse issues (in 90% of cases); and
- have a high mortality rate and life expectancy in their 40s.

145. The cohort also tend to mistrust healthcare professionals and are unlikely to fill out forms, or attend arranged appointments. They tend to leave chronic and acute conditions until emergency support is required meaning frequent A&E use is recorded. It is also unlikely that rough sleepers and homeless individuals with complex needs will attend the UTC due to the location and travel required to get there.

146. The Board explored the extent to which homeless and rough sleepers currently use the WIC and saw the following evidence:

- the CCG's clinical audit in September 2018 saw no homeless or rough sleepers attend the service during the three days;
- the RSI currently records GP appointments but not attendance at a walk-in service;
- the CCG lists 18 homeless patients on the GP list at the ESHC and identifies that roughly a third of WIC users are already registered with a town centre GP practice; and
- Healthwatch spoke with 25 rough sleepers overnight, with the assistance of homeless charities, and heard the WIC described as a "life-saving service".

147. The Board did gain a clearer understanding of the use of the ESHC as a GP practice for the homeless and rough sleepers, and this is discussed in the next section.

148. The CCG identifies in its EHIA that it is mitigating the impact of the closure on the homeless population by engaging with the RSI to understand the impact on homeless and those

⁴⁶ Ibid, p31

in temporary accommodation. The CCG has explained how it will help homeless people and rough sleepers get in contact with the RSI if the WIC closes. This would include:

- the Care Navigators being in place before closure to help people access the RSI and other voluntary and community services who could offer further assistance; and
- working closely with the RSI and other voluntary and community services to ensure that information about the RSI and how to access it was distributed to all the places where homeless service users might go to such as GP practices, community pharmacies, NHS 111, Eastbourne District General Hospital, Eastbourne Borough Council and local community services.

149. The Board heard that the RSI:

- is commissioned in East Sussex by the five district and borough councils and is funded by the Ministry of Housing Communities and Local Government (MHCLG) until March 2021;
- is a multidisciplinary team covering the county and comprising two psychiatric nurses, two band 7 nurses, two mental health community support officers, a social worker, a housing specialist and a substance misuse specialist; it is also in the process of recruiting a clinical psychologist;
- works with entrenched rough sleepers with multiple complex needs and currently has 39 open cases in Eastbourne; and
- is designed to improve rough sleepers' ability to gain access to services including statutory support services, temporary accommodation, and long-term housing solutions.

150. The RSI is a holistic service, but its nurses provide medical assistance to rough sleepers in the following ways:

- attend the RSI Outreach and Street Engagement sessions which allows members of the team to provide specialist targeted support to rough sleepers;
- attend drop-in sessions run by Matthew 25 on Monday morning, or the Salvation Army on Monday-Friday from 10:00am-4:00pm and Friday afternoon;
- help rough sleepers register with a local GP and encourage appropriate appointments with the GP; and
- prevent missed GP appointments by cancelling, rescheduling or accompanying a patient to an appointment.

151. The CCG also highlighted other medical services available to homeless and rough sleepers in Eastbourne:

- the Salvation Army has a small room they use once month for a voluntary GP drop-in service, although it is not fully equipped; and
- there is a new Care & Protect service commissioned by the CCG in June 2020 to provide accommodation and medical support to rough sleepers across East Sussex during the Covid-19 pandemic. It is provided by the South Down Health and Care GP federation and includes medical support such as:
 - supporting rough sleepers with registration at GP practices;
 - connecting accommodated residents with their registered practice;
 - triage and assessment, remote support and care continuity at accommodation sites where rough sleepers have been offered accommodation; and
 - supporting homeless discharges from the hospital.

152. The Board saw evidence from three organisations (Healthwatch, Fulfilling Lives South East, and IC24) that there was a wider cohort of people who are homeless but who would not be eligible for support from the RSI as they are not verified rough sleepers. The Board heard from these organisations that the WIC was likely to be the only service they would use.

153. Healthwatch explained to the Board that the vast majority of homeless people in temporary accommodation or sofa surfing would not be eligible for support from the RSI as they are not verified as homeless. This cohort are not regular users of GP services and will use the WIC if they use anything at all. This is because they often have chaotic lifestyle and problems with accessing appointments. If they cannot get to the WIC, patients in this group will just go to A&E. The Fulfilling Lives South East organisation's submission to the public consultation also referred to a cohort of patients that it supports who would not receive support from the RSI but who have multiple and complex needs and who find it difficult to access conventional, appointment-based, GP services. Fulfilling Lives opposed the closure of the ESHC on the grounds that:

- the WIC offers flexible system which better meets the needs of its clients;
- its central location makes it easier to access;
- alternative services do not meet the needs of its clients; and
- it can take a long time for clients to build a relationship with healthcare providers and any disruption can break that individual's relationship with all primary healthcare.⁴⁷

154. The Board heard the claim from IC24, the provider of the ESHC, that it has built up expertise on how to look after this cohort of people with multiple and complex needs and considers looking after them its speciality. This includes 64 patients on the GP list who are either homeless or in temporary accommodation, which they say masks the true figure as many do not like to say they are in that position. IC24 is concerned these people will disengage with primary care and end up using A&E.

155. The CCG set out in its PCBC other services available for people with multiple and complex needs in Eastbourne, including:

- Rapid Rehousing Pathway;
- High Intensity Users Service;
- Drop-in mental health services for adults;
- iROCK youth mental health drop-in service;
- Community Connectors, a free service for adults experiencing social issues; and
- Drug and alcohol recovery services.

156. The Board heard recommendations about how homeless and rough sleepers should be supported if the WIC closes:

- in discussions with the Board, the RSI recommended that if the WIC closed then there should be a replacement medical drop-in clinic in the town centre; and

⁴⁷ Ibid, p.88

- Fulfilling Lives recommended in their consultation response if the ESHC were to close, consideration should be made for “a new primary healthcare approach such as the Arch Health Care in Brighton to meet the health needs of this client group.”⁴⁸

157. The Board asked the CCG about the feasibility of an additional service in the town centre for homeless and rough sleepers in the event of the decision to close the ESHC. The CCG said it is in the process of understanding what services need to be put in place to enable easy access to services for the homeless community. The CCG’s DMBC will include a proposal for how to support this population and the timescales for when additional support would be in place. The Board understands this includes the potential for medical drop-ins to be embedded within existing community provision in the town centre area.

Other vulnerable groups

158. The Board heard evidence of other vulnerable groups potentially affected by the proposals. This evidence included:

- the CCG’s EHIA identifies a potential negative outcome for lower income households, as there are a number of areas of deprivation around the ESHC. 41% of those on the GP list at the ESHC are from the two nearest postcodes and 31% of usage of the WIC is from local residents, according to the clinical audit;
- the EHIA identifies the closures as having a negative impact on community cohesion, as those who live nearby are the most common users;⁴⁹
- Healthwatch argued that the WIC’s close proximity to shops, restaurants, libraries and other local amenities means the WIC benefits those who are busy and on low incomes, such as single mothers, because they may attend the town centre to complete multiple errands including visiting the WIC;
- respondents to the public consultation raised concerns about certain groups such as the elderly, disabled, and low income groups living in the Devonshire ward – who currently find it easy to access a town centre service – having difficulties accessing alternative services outside the town centre and not on the Eastbourne wheelchair route. Between 8-12% of comments in response to each of the consultation questions included this as a theme; and ⁵⁰
- Save the NHS Campaign Group told the Board that local language schools rely on the WIC to ensure safety of foreign students who come to learn English. The schools advise students attending that if they feel ill, they should go to the WIC. One of the language schools responded to the public consultation and said it relied heavily on the WIC as its students cannot register with a GP.⁵¹

159. The CCG provided evidence of how it will address these concerns:

- the CCG will employ Care Navigators in the two months prior to the closure to provide people attending the ESHC with advice about alternative services;
- the new IUC services will help mitigate any impact on lower income households by providing accessible alternatives to the WIC, i.e., the ability to contact NHS 111 over the

⁴⁸ Ibid, p.47-9

⁴⁹ Extended Equality and Health Inequalities Impact Assessment (EHIA), East Sussex CCG, 2020, p.119-130

⁵⁰ Ibid. p.32, p.37

⁵¹ The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.41

phone to order a repeat prescription; speak to a healthcare professional; or book a GP or UTC appointment; rather than physically attend the WIC;

- international students can register with a GP practice as a temporary resident, use NHS 111 and also UTC if appropriate (either as a walk-in or via NHS 111 booked appointments); and
- NHS 111 offers translation services, via a national language line, for those people whose English is not the first language and who find it difficult to communicate in English. NHS 111 also offers webcam and video facility for people who use British Sign Language.

160. Social prescribing is also available to residents in Eastbourne. Social prescribing involves referring people to a range of local, non-clinical services, typically provided by voluntary and community sector (VCS) organisations, that can help improve their health and emotional wellbeing. Social prescribing has been provided in East Sussex in recent years by several VCS organisations including Southdown, Care for the Carers, Age UK East Sussex and SCDA. PCNs are now required as part of their nationally mandated contract to provide social prescribing for their patients and receive funding to employ a social prescribing Link Worker.

161. NHS guidance for the employment of Link Workers states that PCNs should work in partnership with existing social prescribing schemes to avoid duplication and maximise outcomes for patients. A new integrated East Sussex Social Prescribing Referral Pathway is being developed to help people access social prescribing in a consistent way.

Comments

162. The witnesses the Board spoke with made it clear that homeless people and rough sleepers are unlikely to access walk-in appointments outside of the town centre and are likely to leave any medical complaint until it becomes an emergency. According to some of the witnesses, the definition of homeless is wider than just those who are registered as rough sleepers and eligible for support from RSI, as it includes people who have multiple and complex needs and are often living in temporary accommodation or sofa surfing. The CCG is looking at what service provision should remain for this cohort in the town centre if the WIC is to close and will set out its plans in its DMBC.

Recommendation 4

The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.

163. The Board believes that the RSI and other services available to the homeless and rough sleepers are very valuable. It is important that, if a decision is taken to close the ESHC, Care Navigators present at the ESHC ensure that any homeless or rough sleepers are made aware of the services available to them.

164. There are also other vulnerable groups using the WIC, such as young carers, those in temporary accommodation, and those who have English as a second language. Care Navigators need to ensure they are made aware of the new IUC model and any other services that may benefit them, such as the iRock youth mental health drop-in service.

165. Vulnerable patients may have additional needs to healthcare and social prescribing may help them to access community-based support to maintain their health and wellbeing. Care Navigators should make use of the East Sussex Social Prescribing Pathway to refer patients to community-based preventative services.

Recommendation 5

The Board recommends that the CCG ensures that if the decision is taken to close the Eastbourne Station Health Centre, the Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative and any other available services.

Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to ensure vulnerable groups are supported to access non clinical support from community based services.

166. The CCG explained that international students can register with a GP practice as a temporary resident and NHS 111 also offers translation services. International students can also access UTC – either accessible via NHS 111 or as a walk-in patient. At least one of the English language schools in Eastbourne, however, has expressed concern about international students not being able to access primary medical care if the WIC is to close. The CCG needs to reassure the language schools that their students will still be able to access primary medical care.

Recommendation 6

The Board recommends that if the decision is taken to close the Eastbourne Station Health Centre, the CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.

Do other GP practices have the capacity to absorb the patient list?

167. The proposed closure of the ESHC will involve the dispersal of the Centre's patient list to other GP practices in Eastbourne and the surrounding area.

168. The Board understands that the capacity of the town centre GP practices to absorb the patient list is one of the main concerns people have about the CCG's proposals. For example:

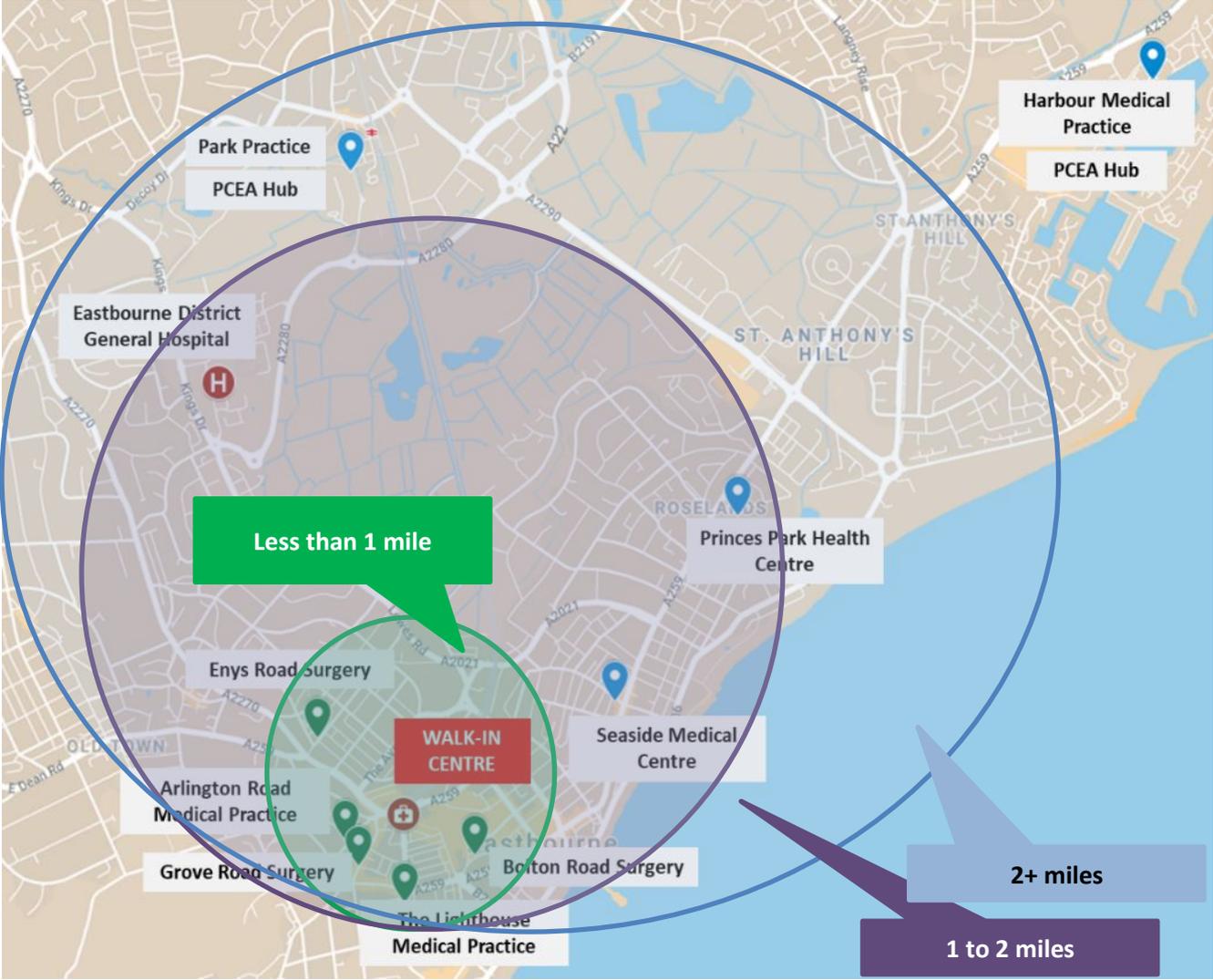
- a number of concerns have been raised in the local media, including by the local MP, about the lack of capacity of the Eastbourne town centre GP practices, particularly in light of the expected growth in housing in the town centre;
- one of the most common themes amongst the comments by respondents to all the questions in the public consultation was "concerns about GP access/GPs overstretched"; and⁵²
- IC24 claimed in its public consultation submission it did not believe that GP practices in Eastbourne have the capacity to absorb its registered list particularly in the town centre.⁵³

169. ESHC has a patient list that is currently 3,219 and the majority live in the area surrounding the practice. The practice is part of the Victoria PCN along with Green Street, Enys Road and Bolton Road practices.

⁵² Ibid, p31, 36, 40

⁵³ Ibid, p.89

170. According to the East Sussex Joint Strategic Needs and Assets Assessment (JSNAA), about 90% of households in Eastbourne can access a GP practice within 15 minutes by public transport or walking. The Five GP practices within 0.5-mile distance from the ESHC are marked in green on the map below.



Capacity of other GP lists

171. Green Street, Enys Road and Bolton Road applied to the CCG to formally merge into a single GP practice called Victoria Medical Centre. There is a large purpose-built medical facility under construction in the Old Town area of Eastbourne to house this newly merged practice that is due to open in April 2021 (Old Town is at the bottom left of the map above). It will be able to accommodate up to 30,000 patients, will have 50 car parking spaces on site, easy access to the ground floor, large clinical rooms, and two operating suites. The PCN confirmed wound care will be provided via the nine nurses rooms on the ground floor and two operating suites.

The Victoria PCN recognises that some patients who use its town centre practices may have mobility issues and find it difficult to attend the Old Town Practice. The PCN is in discussion with the CCG to find a location in the town centre for a branch surgery. The Board understands this is a work in progress and still being explored, but that it is expected to be in place by the time of the closure of the ESHC, should a decision be taken to close it.

172. The Registered list of ESHC includes residents throughout Eastbourne, although 41% live in the two wards closest to the ESHC. If a decision was made to close the ESHC, the CCG told the Board it would likely allocate all of the patients on the ESHC list to Victoria Medical Centre, with support being offered to people to register in a practice of their choice – subject to them living within the practice’s boundaries – if they are not happy with the allocation. The Clinical Director of the Victoria PCN confirmed it would not be a problem to absorb the patient list at the ESHC in the event that it closed, as the current patient list of the three merging practices is 24,000, the GP list of the ESHC is 3,219, and the capacity of the Victoria Medical Centre is 30,000.

173. If the ESHC were to close, the creation of the Victoria Medical Centre will leave, in addition to the branch surgery, Grove Road Surgery, Arlington Road Medical Practice and The Lighthouse Medical Practice available in the town centre. The Clinical Director of the ALPS Group PCN, which covers these other town centre practices, confirmed they could take some additional spaces, however, a large number of patients would put a lot of pressure on them.

174. The CCG told the Board it would expect most patients in the town centre area to want to continue to access care within the town centre and that the branch surgery for the Victoria Medical Centre would enable them to do this. This would mean it is unlikely a significant number would want to join the ALPS Group PCN practices, although they have the right to under Patient Choice provided they live within these practices’ boundaries.

175. In response to concerns several practices have a closed list, the CCG confirmed the only practice with a closed list is Bolton Road, which will reopen when it formally merges with Enys Road and Green Street in October 2020. Some practices may have a capped list, but if a practice has a capped list, the CCG can still allocate patients to the practice via their Allocations team.

176. The Board understands that the funding for GP practice follows the patient. This means the GP practices taking on the dispersed list would receive the additional funding for each patient. The CCG has indicated the rate is usually between £80 and £90 per patient per annum for a GMS and estimates a total of £298k of annual funding will follow the patients⁵⁴.

GPs and professional healthcare workforce

177. The ability to recruit sufficient GPs has been a concern in recent years, both nationally and locally.

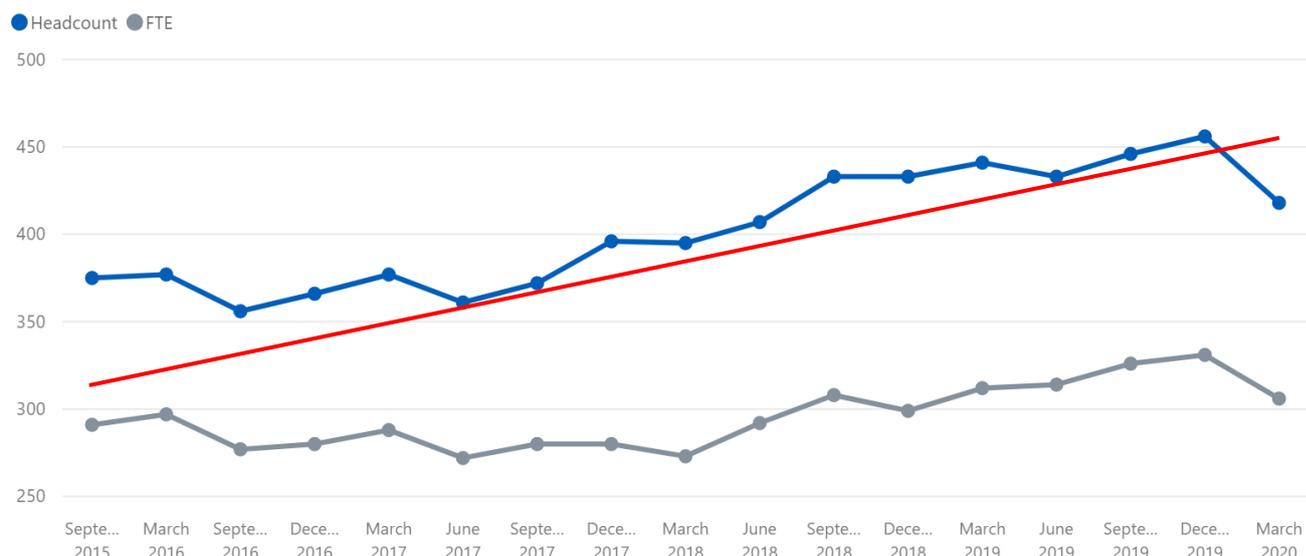
178. The Board saw evidence, however, that the current GP to patient ratio in Eastbourne is above the national average. There are 64.5 FTE qualified permanent GPs across Eastbourne which equals 2,130 patients per each permanent FTE GP (excluding locum staff, GP registrars and other training posts). The national average for the same GP group is 2,287 patients per FTE.⁵⁵

179. The Board also heard that the Victoria Medical Centre has successfully recruited two new GPs and is in the process of recruiting a further two. The Clinical Director of the Victoria PCN claimed they had been able to recruit these GPs because the new practice was going to be an attractive place to work.

180. The graph below provided by the CCG shows the growth in GPs across the whole of East Sussex over the past five years up to March 2020.

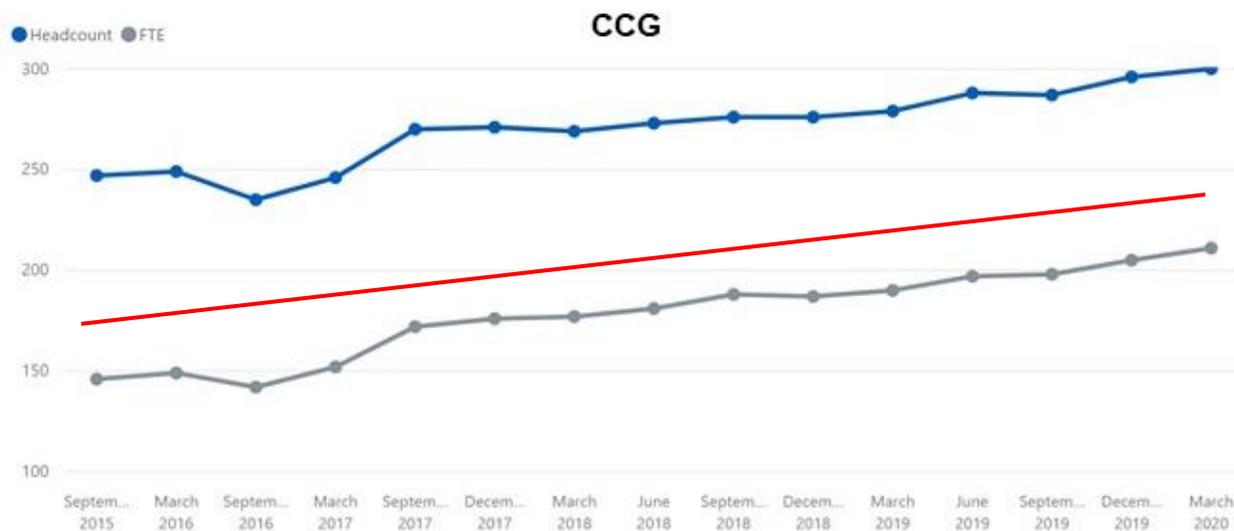
⁵⁴ The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020. p.48

⁵⁵ Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020



181. The Board heard how GP practices are also creating additional capacity by employing Direct Patient Care staff such as ANPs, to see patients with less complex needs. The Board heard from the CCG’s Medical Director that GPs see value in ANPs taking on an element of their workload and freeing them up to look after more complex patients. It also allows for potentially more rapid 15-minute appointments for more straightforward cases undertaken by an ANP or pharmacist, creating extra capacity.

182. The graph below provided by the CCG shows the growth in the number of Direct Patient Care staff in GP practices in East Sussex between 2015 and March 2020.



183. The PCN contracts provide dedicated, full funding for additional Direct Patient Care staff for GP practices such as physiotherapists, paramedics, pharmacists and social prescribers (but not ANPs). The CCG has said that the Victoria and ALPS Group PCNs will receive £600k in funding for these Direct Patient Care staff via the additional roles reimbursement scheme (ARRS)⁵⁶ The ALPS Group PCN has indicated in its three-year workforce plan it will recruit 24

⁵⁶ The Future of Eastbourne Station Health Centre – Informal progress update to the HOSC Review Board. East Sussex CCG, 24 July 2020

Direct Patient Care staff by 2023 and the Victoria PCN plans to recruit 13 additional staff by 2023 across their constituent GP practices. Further details can be seen in the table below.⁵⁷

	ALPS 20/21	ALPS 21/22/23	Victoria 20/21	Victoria 21/22/23	East 20/21	East 21/22/23
Clinical pharmacists	6		2	1	4	1
Social prescribers	1		1		1	1
First contact physios	1	1	1		2	2
Physician associates	2	1				
Pharmacy technicians	1	1	1			
Occupational therapists				1		
Dietitians						
Podiatrists	2					
Health & wellbeing coaches				1	1	
Care co-ordinators	2		1		1	
Nurse associates			1			
Mental health practitioners		3		1		2
Paramedics		2		2		2

184. The CCG's Medical Director explained that the employment of physiotherapists has proven highly advantageous for patients with musculoskeletal issues and who no longer need to wait 10 weeks for a hospital outpatient appointment. The use of video or phone consultations has also been growing in recent years and increased dramatically during the Covid-19 pandemic.

185. The Victoria PCN Clinical Director said that the increase in the use of video and phone consultations has been "remarkable" during Covid-19. The Board heard patients have been able to join both video and phone consultations surprisingly easily, including the older population. Patients are asked to come to follow up physical appointments where necessary, such as if a dermatology issue is not clear. Patients have been very positive and find them far more convenient as they can no longer need to drop their normal life to come to a GP practice and

⁵⁷ Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020

can instead go into a private room in their own home. The Clinical Director reported that there have been no complaints from any patients.

186. IC24 said that they have the ambition to expand their service and staffing levels but have received only annual contract extensions in recent years, which the Board heard makes recruitment difficult. The CCG advised that a GP practice delivering both GMS contract services and those required as part of the PCN contract has access to a range of additional clinical and non-clinical staff recruited via the ARRS in order to provide a wider range of support to patients. ESHC is still a member of the Victoria PCN so they could benefit from ARRS staff, but the current ESHC premises are constrained and the volume of activity lower in comparison to other primary care services. The CCG said this means that patients are not able to fully benefit from the services offered by a larger primary care team.

Contacting patients

187. The CCG told the Board that it recognises that it can feel counterintuitive and unsettling for patients to be transferred from the GP practice they are familiar with to a new practice, but the CCG is confident they will be transferred to more integrated practice with a wider range of services available to them that will be beneficial to their outcomes.

188. The CCG has what it considers to be a tried and tested means of carrying out a dispersal of a patient list that would be employed if a decision is taken to close the ESHC. This includes:

- writing to patients advising them of the new GP practice they have been assigned to;
- facilitating their transfer to the new practice, including moving their patient record; and
- if requested, assisting a patient join a GP practice if it has capped its list to new registrations.

189. In addition to its standard process, the CCG has also committed to:

- recruiting Care Navigators two months prior to closure who will be present at the ESHC and will be able to advise both walk-in and GP practice patients at the site; and
- engaging with GP Patient Participation Groups to ensure they are aware of the decision.

Assistance to homeless and rough sleepers

190. The CCG identifies 18 patients on the ESHC GP list who are registered as homeless or rough sleepers. The RSI facilitated 51 new GP registrations for rough sleepers between October 2018 and December 2019 across Eastbourne. The Care & Protect service also supports homeless and rough sleepers to register at local practices across Eastbourne. Both services may have registered homeless and rough sleepers at the ESHC.

191. The Board heard from the RSI concern that if the ESHC is closed and its GP list is dispersed then there is a high chance that rough sleepers will not use the GP practice they are allocated if it is not in the town centre.

192. In response to concerns about homeless patients not being registered in the town centre, the Board heard that:

- the Care & Protect service supports homeless and rough sleepers to register at any local practice across Eastbourne;

- the CCG has said if the ESHC were to close, the homeless and rough sleepers registered there would be supported in the same way to re-register at alternative practices;
- the local Salvation Army has agreed that people with no fixed address are able to register using the Salvation Army address to receive correspondence on their behalf, which is in the town centre;
- the Victoria PCN has capacity to take on homeless patients; and
- the ALPS Group PCN has many patients registered at the Seaside Health Centre already and there is no reason why this cannot continue. They are registered at all other practices in the ALPS PCN area too.

Comments

193. The Board notes the increased capacity and funding of the GP practices within the Victoria PCN and assurance from the PCN's Clinical Director that the practices have sufficient capacity to absorb the list, as well as the additional recruitment of GPs achieved in recent months. The new Victoria Medical Centre practice in Old Town also appears to be well equipped, provide a full range of services, be reasonably accessible, and potentially well staffed by the time it opens next year. The CCG has informed the Review Board that all patients on the ESHC patient list are likely to be offered the Victoria Medical Centre as their allocated GP practice.

194. The expectation that the Victoria Medical Centre will include a branch surgery in the town centre is also welcome and could appeal to those on the ESHC patient list who live in the town centre. The CCG advised this is expected to be in place by the time of the closure of the ESHC, should a decision be taken to close it. The CCG should ensure it helps find a suitable location for the branch surgery as soon as is practicable to make sure that this is the case.

195. The Board would expect there to be proactive assistance offered to those on the GP list who need help finding a new GP practice if they are not satisfied with the Victoria Medical Centre. The Board notes that there is a large percentage of patients (38%) who do not have English as a first language and would expect the necessary additional assistance is provided for this group; as well as for homeless patients; and any other disadvantaged people who may need additional assistance, such as those on lower incomes and from more deprived areas. This support should come from both written communications and the Care Navigators. The Board notes that the CCG has provided assurance that assistance is provided to patients who are being dispersed to join a GP practice even if it has a capped list.

196. The CCG should liaise with the GP Federations and RSI, who provide a GP registration assistance to homeless and rough sleepers, to ensure it is clear where homeless patients will be registered in the future, including those currently registered at the ESHC. Ideally these should be GP practices in the town centre.

Recommendation 7

If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:

- **ensure that both Care Navigators and letters to patients who have been allocated the Victoria Medical Centre explain that it will have a full range of primary care services available and that there is a proposal to open a branch surgery in the town centre, which will provide alternative primary care access for patients of the practice living in the town centre;**

- ensure that both Care Navigators and letters to explain patient choice and that people who do not wish to be allocated to the Victoria Medical Centre and its proposed branch surgery may choose an alternative practice nearby to where they live, provided they live within the practice's boundary;
- ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a preferred practice where it has a patient cap in place;
- ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre; and
- ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices.

Appendix 1

Review Board meeting dates

The Review Board met on 9 May and 29 May 2018 to consider the initial proposals and speak with witnesses. Following the pause and subsequent review of proposals by the CCGs in June 2018, HOSC also agreed to pause the work of the Review Board own review. HOSC recommenced the Review Board in 27 September 2018 and received further updates from the CCG on 7 March and 26 July 2019, whilst the CCG continued to redevelop its plans. It then met on 23 January 2020 to restart its review process just ahead of the commencement of the CCG's public consultation on the revised proposals. Further planned meetings were postponed, however, due to the Covid-19 outbreak and pause of the CCG's public consultation. Once the CCG proposed to restart the public consultation, the Review Board restarted its own process and met again on 24 July, 26 August, 28 August and 3 September 2020. The Review Board met for a final time on 29 October 2020 to consider the outcomes of the public consultation and updated information from the CCG.

Witnesses

East Sussex Clinical Commissioning Group (CCG)

Jessica Britton, Executive Managing Director

Niki Cartwright, Interim Director of Commissioning

Dr Paul Deffley, Medical Director

Tom Gurney, Executive Director of Communications, People and Public Involvement

Dr Susan Rae, Urgent Care Clinical Lead and GP

Sally Smith, Director of Primary and Community Care

Rob Szymanski, Head of Urgent Care

Integrated Care 24 (IC24)

Mariann Cleverley, Head of Primary Care

Dr John Rowan, Medical Services Director

East Sussex Healthcare NHS Trust (ESHT)

Richard Milner, Director of Strategy Improvement and Innovation

South East Coast Ambulance NHS Foundation Trust (SECAmb)

Ray Savage, Strategy and Partnerships Manager (Kent & Medway, East Sussex)

Healthwatch

John Routledge, Executive Director

Rough Sleepers Initiative

Rebecca Jackson, RSI Co-ordinator

East Sussex Save the NHS Campaign

Lucette Davies

Ann Newton

Victoria PCN

Dr Mark Gaffney – Clinical Director

ALPS Group PCN

Dr Anneliese Keightley, Clinical Director

List of documents considered by the Review Board

Reports to HOSC

East Sussex Better Together Urgent Care Redesign report to HOSC, Eastbourne, Hailsham and Seaford (EHS) CCG, 29 March 2018
Urgent Care in East Sussex report to HOSC, EHS CCG, 26 September 2019

Additional documents provided to Review Board

Urgent Treatment Centres and walk-in centres developments – Informal progress update to the HOSC Review Board, EHS CCG, 26 July 2019
The Future of Eastbourne Station Health Centre – Informal progress update to the HOSC Review Board, EHS CCG, 23 January 2020
The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020
Review for town centre primary care proposals in Eastbourne and Hastings, South East Clinical Senate, 2 August 2019
CCG response to the South East Clinical Senate recommendations, 24 July 2020
The Future of Eastbourne Station Health Centre – Informal progress update to the HOSC Review Board. East Sussex CCG, 24 July 2020
<i>“Caroline Ansell MP: Have your say on future of walk-in health centre”</i> , Eastbourne Herald, 30 July 2020
<i>“Protests restart over planned closure of Eastbourne health Centre”</i> , Eastbourne Herald, 19 August 2020

Written submissions from three members of the public in response to request for comments, 26 August 2020
Petition Against the Closure of the GP Walk-In Centre at Eastbourne Station, <i>East Sussex Save the NHS Campaign</i>
Survey on the Proposal to Close our GP Walk-In Centre at Eastbourne Station, <i>East Sussex Save the NHS Campaign</i>
Community Nursing Key Performance Indicators (KPIs), Rough Sleepers Initiative
Rough Sleeping Initiative 2020-2021 summary, Rough Sleepers Initiative
Eastbourne Station Health Centre, IC24, 28 August 2020
The future of Eastbourne Station Health Centre – additional documents and evidence provided to the East Sussex HOSC Review Board, East Sussex CCG, 28 August 2020
Extended Equality and Health Inequalities Impact Assessment (EHIIA), East Sussex CCG, 2020
The future of Eastbourne Station Health Centre public consultation, East Sussex CCG, 23 January 2020
Eastbourne Station Health Centre Consultation Updated Delivery Plan July 2020, East Sussex CCG, 25 August 2020
ESHT Front Door Model 2020, East Sussex Healthcare NHS Trust (ESHT)
ESHT Trust Board papers, 6 October 2020
Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020
The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020.

National documents referenced in the report

National Health Services Act 2006
Handbook to the NHS Constitution for England, Department of Adult Social Care and Health
Walk-in centre review: final report and recommendations, Monitor, February 2014
Five Year Forward View, NHS England, October 2014

General Practice Forward View, NHS England, April 2016
NHS Operational Planning and Contracting Guidance 2017-2019, NHS England and NHS Improvement, September 2016
Next Steps on the NHS Five Year Forward View, NHS England, March 2017
Integrated Urgent Care Service Specification, NHS England, August 2017
Urgent Treatment Centres – Principles and Standards, NHS England, July 2017
The NHS Long Term Plan, NHS England, January 2019
Advanced Service Specification – NHS Community Pharmacist Consultation Service, NHS England and NHS Improvement, October 2019
Network Contract Directed Enhanced Service, NHS England and NHS Improvement, March 2020
Patients Registered at a GP Practice September 2020, NHS Digital

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The future of Eastbourne Station Health Centre – Decision-making Business Case - Addressing the HOSC Review Board Recommendations

Table 12: Summary of crosscutting themes from the public consultation, HOSC Review Board recommendations

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
Not applicable	<p>Recommendation 1 - If a decision is taken to close the Eastbourne Station Health Centre, the East Sussex Clinical Commissioning Group (CCG) should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the Eastbourne Station Health Centre staff to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.</p>	<ul style="list-style-type: none"> • We can confirm that as local services develop and additional roles are recruited to, for example in PCNs, there would be opportunities for the current staff to work in other services, including primary and community care, which would avoid losing key skills and valued experience in the locality. • We should note it is the responsibility of individual providers, for example GP practices, to recruit staff they feel is required to support their services and the needs of their patients.
<p>Disagreement with the proposal: There was strong disagreement with the proposal to close Eastbourne Station Health Centre (ESHC) across all of the research strands and stakeholder type</p>	Not applicable	<p>We acknowledge that a significant majority of respondents to the public consultation oppose the proposal. The CCG recognises the importance of access to services and has carefully and systematically analysed the consultation outcomes and balanced it with evidence that has been collected since the PCBC and in response to the consultation. This process informed the CCG considerations during the DMBC development process in order to ensure consultation feedback informs final proposals.</p> <ul style="list-style-type: none"> • We have carefully considered the consultation feedback and changes to local services resulting from the Covid-19 pandemic • We acknowledge that the pandemic resulted in changes to local services and the way people access service. The context in which the services at ESHC operate has also changed. However, all services outlined in the PCBC, and new additional services established since the PCBC (such as developments in Integrated Urgent Care) mean that the original Case for Change remains valid.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>Praise for accessibility and convenience: Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with which it could be accessed by service users</p>	<p>Recommendation 2 - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities. Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:</p> <ul style="list-style-type: none"> • The enhanced NHS 111-Clinical Assessment Service (CAS) that includes where appropriate the ability to speak to a clinician via NHS 111 for initial medical advice and book a same day face-to-face appointment at either the Urgent Treatment Centre (UTC), their local General Practice (GP), a Primary Care Improved Access Hub (PCIA) or a community pharmacy. • If people cannot attend a GP appointment during core hours, they have the option of attending early morning, evening and weekend appointments at a (PCIA) hub, or potentially their own GP practice both face-to- 	<ul style="list-style-type: none"> • We have reviewed the potential travel impacts on people using the WIC and those who are registered with the GP list at ESHC. • We do not expect that any patients registered currently at ESHC will have a journey time of longer than 15 to 30 minutes to reach the Victoria Medical Centre, when travelling by public transport or car. • We are not proposing to disperse the ESHC list until Victoria Medical Centre and its associate branch surgery in the town is open. Patients will be able to access primary care services in the town centre. • We are recommending additional actions to be taken to improve access to services: • Within the wider communications and engagement plan, to include communication of transport and travel plans, and access options to alternative services for all patients and visitors, and specifically to patients from vulnerable groups. • To undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes. • To ensure services promote appointment choice to patients to enable them to make an informed choice about their consultation type (remote or face-to-face). • In line with the IUC commissioning programme the NHS 111 CAS successfully launched on 01st October 2020 and now includes digital appointment booking ability to other services. Appointment booking into GP practices in-hours is currently being rolled-out and will be in place by end of December 2020. We expect that direct appointment booking into PCIA will be live by the end of December 2020. • The Community Pharmacists Consultation Service (CPCS) is now fully integrated with NHS 111 CAS and Community Pharmacists can receive a digital referral of any nearby patients requiring pharmacist's advice or an urgent prescription.
<p>Travel and access of most concern: The overriding concerns about the proposal to close ESHC were around the impact on travel times and costs, transport, and access to alternative services</p>		

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<p>face or over a video or phone consultation (subject to current restrictions in place due to Covid-19 that are planned to be lifted in March 2021).</p> <ul style="list-style-type: none"> • Patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy. • Patients with self-care illnesses can now book to see a pharmacist via 111. <p>Publicity about the above options for patients should begin well in advance of any closure of the Eastbourne Station Health Centre to ensure people are aware of the new services available to them. The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>	
<p>Potential for impacts on specific groups were raised:</p> <p>Potential equality impacts of the proposals focused predominantly on the important issues of access to services, highlighting the needs of people with disabilities, older people,</p>	<p>Recommendation 4 - The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p>	<ul style="list-style-type: none"> • We have re-assessed our local services and ongoing developments, as well as reviewed information about deprivation areas around Eastbourne. • Patients with complex needs, and those on low incomes and disabilities, will benefit from additional support available in local GP practices and from additional resources currently being recruited to as part of PCN development. These include non-clinical professional who work with people to meet their wellbeing needs.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>people on low incomes and those living with mental health problem</p>		<ul style="list-style-type: none"> • We have identified further services that are now available locally to support people with mental health and other complex issues. All of these services are part of a network of support which enables people to manage and maintain their mental health and wellbeing. • We will also: <ul style="list-style-type: none"> ○ include mental health services in the communications and engagement plan to support the Eastbourne patient population to access the most appropriate service for their health care needs. ○ include communication of transport and travel plans, and access options to alternative services for deprived communities, disabilities, and other vulnerable groups. ○ undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes. • We have refreshed our EHIA before we restarted the public consultation and for the DMBC. This helped us identify additional actions to support groups with protected characteristics which may be impacted by our proposal.
<p>Temporary residents and those without fixed addresses were highlighted:</p> <p>Other groups identified as being vulnerable to changes were those who are homeless or rough sleeping, as well as temporary residents (i.e. students) and visitors to Eastbourne</p>	<p>Recommendation 4 - The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p> <p>Recommendation 5 - The Board recommends that the CCG ensures that if the decision is taken to close the Eastbourne Station Health Centre, the Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative and any other available</p>	<p>Rough Sleepers and Homeless</p> <ul style="list-style-type: none"> • We have worked with the RSI to better understand the needs of rough sleepers and identify potential service models to support this cohort. We are committed to providing appropriate town centre service for rough sleepers in Eastbourne and providing support to mitigate against the impact of the closer of the ESHC. • We are planning to commission a dedicated service in the town centre for rough sleepers, to help break down existing barriers and increase accessibility to mainstream health services. The service will include: <ul style="list-style-type: none"> ○ At least weekly GP drop-in clinic specifically for rough sleepers and homeless, and access to outreach services that would support rough sleepers to seek medical attention when needed. ○ Community nurses supporting rough sleepers and providing the link to patient pathways including supporting appropriate admissions, patient management and improving discharge processes for these individuals.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<p>services. Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community-based services.</p> <p>Recommendation 6 - The Board recommends that if the decision is taken to close the Eastbourne Station Health Centre, the CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.</p> <ul style="list-style-type: none"> • Ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre. <p>Recommendation 7 - If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:</p>	<ul style="list-style-type: none"> • In preparation for the registered list dispersal, we will: <ul style="list-style-type: none"> ○ Work with the RSI and Victoria Medical Centre to ensure that homeless patients registered at ESHC are all registered at the new surgery or at an alternative practice of their choice. ○ Ensure that the RSI can register rough sleepers and homeless at alternative town centre practices in the future. In addition, in the Eastbourne area, the Salvation Army has agreed that people with no fixed address can register using the Salvation Army address to receive correspondence on their behalf. If this is not possible, a practice can also use the practice's own address to register the patient. ○ Work closely with the RSI and other voluntary and community services to ensure that information about the RSI and the GP drop-in session and how to access them is distributed to all the places where rough sleepers might go to e.g. GP practices, community pharmacies, the hospital, Eastbourne Borough Council and other local community and voluntary services. • We are also proposing to commission a short-term service at ESHC to provide support to vulnerable groups, including rough sleepers and homeless, and alert them to other services which will support them in the future. This short-term service will include nursing support to manage immediate care needs of people while the GP drop-in sessions are embedding, while also offering care navigation and sign-posting to the new service for rough sleepers and homeless. <p>International students, visitors, and tourists</p> <ul style="list-style-type: none"> • We engaged with local tourist and hospitality industry. We provided leaflets and consultation documents to Eastbourne Tourist Information Centre, promoted the consultation on social media pages, and local tourist portal VisitEastbourne. We also undertook a focused engagement at Eastbourne Open Air market. • We investigated the process they need to follow to access healthcare in the UK. In the UK, all international students are eligible for NHS treatment after paying an annual healthcare surcharge. Those students who are planning in the UK for less than six months do not need to pay the surcharge.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<ul style="list-style-type: none"> Ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices. 	<ul style="list-style-type: none"> International students can also use the UTC and A&E department (for emergencies) at Eastbourne DGH. Both services can be accessed as a “walk-in” and with a booked appointment via NHS 111 CAS. While we are confident that there are suitable services for visitors and international students in Eastbourne, all of which can now be accessed via NHS 111 CAS as the first point of contact, we are also proposing: <ul style="list-style-type: none"> To commission a short-term service at ESHC which will include nursing support to manage immediate care needs of visitors and international students over the summer period, while also offering care navigation and sign-posting to other Integrated Urgent Care services available in Eastbourne. We will ensure that we will work with the English language schools to share communications on how their students can access healthcare.
<p>Capacity of alternative services was an issue for many:</p> <p>The number of patients seen each year at the ESHC being sufficient to justify keeping it open, with concerns about increased pressure on other services; misgivings about alternatives to the ESHC; and the capacity of other GP surgeries to take on the ESHC registered patient list.</p>	<p>Recommendation 2 - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents’ understanding of how they can access urgent care in their local communities. Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations.</p> <p>Recommendation 7 - If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is</p>	<ul style="list-style-type: none"> Patients will continue to be able to access the following services, many of which are now accessible via NHS 111: <ul style="list-style-type: none"> Their own GP surgery in-hours – between 8.30 am until 6.30 pm Primary Care Improved Access appointments and extended hours appointments – in the evenings and at weekends Community Pharmacy – including access to urgent prescriptions via NHS 111 and additional services through the Community Pharmacy Consultation Service Urgent Treatment Centre – seven days a week, 10 am to 10 pm A&E department – for emergencies Other options that patients could be signposted to, for example mental health services or services for vulnerable communities We have reviewed the current capacity within local primary care and GP surgeries and investigated the size of the GP registered lists and which of the surgeries are accepting patients. A new Victoria Medical Centre will provide a new home for the Bolton Road, Green Street and Enys Road surgeries, which have merged to form a single practice. When it opens in Spring 2021, this development will create a facility that can cater for 30,000 patients. The three practices have an existing combined registered patient list of 24,000 meaning there is spare capacity to welcome 6,000 more new patients.

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<p>provided to help people register at a new GP practice. This includes:</p> <ul style="list-style-type: none"> • Ensure that both Care Navigators and letters to patients who have been allocated the Victoria Medical Centre explain that it will have a full range of primary care services available and that there is a proposal to open a branch surgery in the town centre, which will provide alternative primary care access for patients of the practice living in the town centre. • Ensure that both Care Navigators and letters to explain patient choice and that people who do not wish to be allocated to the Victoria Medical Centre and its proposed branch surgery may choose an alternative practice nearby to where they live, provided they live within the practice's boundary. • Ensure the CCG Allocations team is able to assist with the potential influx of contact from patients registering at new practices and can help patients register at a preferred practice where it has a patient cap in place. • Ensure that any homeless or rough sleepers who are currently registered at the Eastbourne Station Health Centre are all registered at new practices elsewhere in the town centre. 	<ul style="list-style-type: none"> • We acknowledge that Victoria Medical Centre is outside the core town centre area, and that the three surgeries that have merged to move to the new facility will mean there will be fewer physical GP practices in the town centre. That is why Victoria Medical Centre is planning to open a branch surgery in the town centre, with patients being able to attend appointments at either of the locations. • We confirmed that ESHC currently has a registered patient list of just over 3,200 and we intend to move these patients to Victoria Medical Centre. Those patients who do not want to move to Victoria Medical Centre will be able to choose to move to another practice of their choice at any time (providing they live within the catchment area of that practice). If all the patients from ESHC do move to Victoria Medical Centre it will still leave a spare capacity of just under 3,000. • We also assessed the current workforce within primary care. At present there are 64.5 FTE qualified permanent GPs across Eastbourne. This equals 2,130 patients per each permanent FTE GP (excluding locum staff, GP registrars and other training posts). We confirmed that the development of the Victoria Medical Centre helped Green Street surgery to recruit two new GP partners, with two further ones set to join the new practice next year. • We identified additional roles which will further expand capacity and multidisciplinary teams within GP surgeries. These are being recruited as part of the PCN development. • Taking this into account, and on the basis of additional evidence around capacity in alternative services available locally, the following recommendations are put forward: <ul style="list-style-type: none"> ○ carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established. This is in response to people telling us that continued provision of town access is important ○ commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients ○ continue to commission the walk-in aspect of the service at ESHC for a short period (likely three months)

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
	<ul style="list-style-type: none"> Ensure that services supporting rough sleepers and homeless, including the Rough Sleepers Initiative, are able to register homeless and rough sleepers at alternative town centre practices. 	<ul style="list-style-type: none"> The CCG has experience in managing re-allocation of patients to other practices. The CCG would offer several drop-in sessions for patients and their carers to respond to any questions or concerns they might have and to support them to register with an alternative practice if they wished. All patients would be provided with details of a dedicated phone line where they would be able to speak to a member of the CCG's Primary Care Team who could assist them if they were unable to attend one of the drop-in sessions. The CCG can also allocate patients to practices with a capped list, and any patients who would like to move to a practice with a capped list will be supported by the CCG. We will work with GP practices to increase their understanding of patient choice and awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs)
<p>Some alternatives suggested: Closing the walk-in service but retaining the GP practice; introducing or extending other support for those with complex needs, as well as rough sleepers and homeless people; relocating the service to a better or cheaper location; and reducing the opening hours to improve the sustainability of the service</p>	Not applicable	<ul style="list-style-type: none"> We have re-assessed the proposal set out in the PCBC and checked the other services that have launched since the PCBC to see how they align with the new evidence from the consultation. Evening and weekend appointments with GP practices are already in place with PCIA and extended hours. NHS 111 CAS is already able to book appointments requiring face-to-face consultation in both the UTC and GP practice settings. PCIA will join these services in December 2020. Providing the WIC across reduced hours in the evenings and at weekends would continue to duplicate the services offered by both PCIA, UTC and NHS 111 CAS. The new contract with community pharmacists also allows easier patient access to pharmacist advice and treatment for a range of minor illnesses in close to home locations. It is not possible to expand or develop the existing ESHC into another service such as a wellbeing centre due to estates constraints. The publicity arising from the public consultation has increased awareness of the service's existence to people both in and outside Eastbourne. Despite this, activity levels have reduced year on year and continue to do so. Unlike other healthcare services, activity levels

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>Communication and education important: The importance of communication and education about local services, including the alternatives to the walk-in service, was raised across all feedback channels.</p>	<p>Recommendation 2 - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities.</p> <p>Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations.</p>	<p>within the WIC remained low following the easing of restrictions in July from the first national Covid-19 lockdown.</p> <ul style="list-style-type: none"> The two themes we are working to address in response to the feedback we have received, before and during the consultation period: <p>Access to services</p> <ul style="list-style-type: none"> Responds to insight that people are unsure of what services are available and how to access them safely Provides information on what is open and how services are working Aims to encourage people to access services in the right way, to reduce people not attending appointments Aims to manage expectations and provide realistic information about services restoration in light of COVID-19 Aims to take a thematic approach to key areas of insight and feedback. This will include a week-by-week spotlight on certain areas including: <ul style="list-style-type: none"> Primary care Cancer Dementia <p>Get the right help at the right time</p> <ul style="list-style-type: none"> Aims to raise awareness of NHS 111, in particular the enhancements to NHS 111 with the CAS and direct booking Aims to encourage people to call 111 first, before accessing any urgent services Aims to reduce the number of walk ins to Emergency Departments (ED) and Accident & Emergency (A&E), and increase the number of people who call 111 first Aims to promote local services including GP, pharmacy and out of hours arrangements We will use several channels for communication and engagement of this campaign including face-to-face contracts, social media, attendance at meetings and forums, posters and leaflets, communication via media
<p>Criticism of consultation: The consultation itself was criticised –</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> The ORS report confirms that the CCG consultation process met the best practice standards for statutory consultation and public

Consultation Crosscutting Theme	HOSC Recommendation	What we have done and what we are recommending
<p>particularly in the context of the ongoing Covid-19 pandemic and related lockdown measures – with some respondents arguing the proposals themselves should be dropped completely as a result, or that the consultation and decision-making should be delayed</p>		<p>engagement process.</p> <ul style="list-style-type: none"> • The ORS assessed the consultation process as “open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.” • The ORS report also acknowledges the CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process.

Agenda Item 6.

Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 December 2020

By: Assistant Chief Executive

Title: NHS Response to Covid-19 in East Sussex

Purpose: To consider the NHS response to Covid-19 in East Sussex and the ongoing impact on NHS services for East Sussex residents

RECOMMENDATIONS

The Committee is recommended to:

- 1) consider and comment on the report; and**
 - 2) agree to a further report on Covid-19 response at a future meeting.**
-

1. Background

1.1. The outbreak of Covid-19 earlier in the year led to many drastic changes to the health service across the country in order to contain and respond to the spread of the virus.

1.2. The HOSC considered a report on the NHS initial response to Covid-19 at its meeting on 10th September setting out the impact of the virus on residents in East Sussex and the healthcare system, and the NHS response.

1.3. The Committee agreed that, with a second wave likely, the NHS should provide a further update at its 10th December meeting in order to understand how the NHS is coping with the rise in Covid-19 whilst continuing to maintain elective services.

1.4. The report from East Sussex CCG, attached as appendix 1, contains a summary of the NHS response to Covid-19 in East Sussex, it includes:

- The impact of COVID-19 on the East Sussex population
- How the NHS has worked together to manage its response, including maintenance and restoration of critical NHS services
- The impact of COVID-19 on East Sussex Black, Asian and Minority Ethnic (BAME) communities and health workers, and actions that the NHS is taking.
- The NHS winter plan including capacity for COVID-19 and seasonal demand (for example flu)
- East Sussex plans for COVID-19 immunisation
- The financial implications for the NHS.

2. Conclusion and reasons for recommendations

2.1 HOSC is recommended to consider and comment on the report and consider whether a further update is necessary.

PHILIP BAKER
Assistant Chief Executive

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East Sussex HOSC

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Health response to the Covid-19 pandemic

November 2020

Introduction

- We continue to work collaboratively across health and social care partners to manage our response to the COVID-19 pandemic and our approach has delivered benefits for the population of East Sussex.
- Deaths per 100,000 in the county are currently 51.3 (as at 29th November) significantly lower than the average across England, with some parts of the county (e.g. Hastings) among the lowest death rates in the entire country to date.
- This update builds on the previous report to HOSC and provides a summary overview from an NHS perspective.
- These slides set out:
 1. The impact of COVID-19 on our population
 2. How we have worked together to manage our response, including maintenance and restoration of critical NHS services
 3. The impact of COVID-19 on our BAME communities and health workers, and actions that we are taking.
 4. Our winter plan including capacity for COVID-19 and seasonal demand (for example flu)
 5. East Sussex plans for COVID-19 immunisation
 6. The financial implications for the NHS.

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Summary of Covid-19 impact in East Sussex

- As at 20th November 2020 there have been **5,323 confirmed cases of COVID-19** in East Sussex.
- Overall, East Sussex has experienced **lower levels of confirmed cases than the national average**, and this is the case for each of the five District and Borough Councils within the county.
- **Wealden, Eastbourne and Rother currently have the highest rates** within the county, with Lewes and Hastings the lowest.
- The **rate of COVID-19 cases is 955.3 per 100,000** compared to **2471.2** per 100,000 for England
- East Sussex is **ranked 144 out of 149 Local Authorities** for COVID-19 cases, where 1 is the highest number of cases
- East Sussex has been **consistently significantly lower than the national position** with a 2-week delay on national trends. **During November new cases have increased significantly**
- As at 13th November there have been **416 deaths** from COVID-19
- **Wealden (139) and Lewes (123) have the highest number of deaths** from COVID-19, and Hastings has the lowest (11).
- In East Sussex, **Lewes has the highest age-standardised death rate** at 73.9 per 100,000 population.
- As at 13th Nov there have been **227 COVID-19 related deaths in hospitals**, 55% of all COVID-19 deaths.
- As at 13th Nov there have been **164 COVID-19 related deaths in care homes**, 39% of all COVID-19 deaths
- During the first wave **non-elective admissions dropped to half the level of previous years. This has since recovered** and in November activity slightly above historical levels for this time of the year
- During the first wave **A&E Attendances dropped to 40% of normal levels. This has mostly recovered since**, November remains 10-20% lower than historical levels for this time of the year
- In the latest week (w/e 15th Nov), **non-face to face Out Patient (OP) attendances accounts for 31.2% of all OP attendances** at ESHT.

Responding to the Covid-19 pandemic in East Sussex - summary

- In March we adapted our existing Health and Social Care System governance to deliver the emergency response across East Sussex Clinical Commissioning Group (CCG), Adult Social Care and Health (ASC&H), East Sussex Healthcare NHS Trust (ESHT), Sussex Partnership Foundation NHS Trust (SPFT), Sussex Community Foundation NHS Trust (SCFT) and the local Voluntary and Community Sector
- We continue to hold regular OPEX calls to manage the local system operational response, with escalation of risks to weekly Senior Responsible Officer calls, and monthly wider senior leadership calls to support system agreement and coordination of response plans, covering:
 - Continuing to streamline hospital discharge pathways and liaison across physical and mental health to ensure local people are supported throughout their clinical journey
 - Additional bedded capacity secured for patients medically ready for discharge from hospital
 - Enhanced access to primary care for homeless people, rough sleepers and asylum seekers
- ESHT has introduced red and green ward configuration to manage patients on its acute sites, to maintain safe patient flow for both elective and urgent care. ESHT has also utilised independent sector capacity at the Spire Hospital (Conquest site), Horder Centre and Benenden Hospital for a range of outpatient, elective surgical and diagnostic procedures.
- In response to the pandemic, local health services moved quickly to change clinical pathways where appropriate to allow for virtual activity, introducing telephone and video clinics for patients.
- The system works in partnership (through various lines of communication including social media) to encourage patients to access healthcare and reassure people that it is safe to do so

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Urgent and emergency services

- All services have been maintained throughout
- There has been substantial adaptation of facilities to accommodate infection prevention and control measures
- **Urgent Care Activity** is gradually recovering, Emergency Admissions have returned to previous levels but A&E Attendances are at around 80-90% of normal levels for this time of the year. Utilisation of Improved access was at 80% for October.
- **NHS111-CAS** launched on 1 October. NHS 111 First, including directly bookable appointments to A&E, went live across Sussex on 01 December (ESHT was a pilot site for this going live in October).
- General and Acute **Bed Occupancy** is expected to return to previous levels, and maintaining capacity to cope with Covid-19 surge as part of winter planning

Restoration and recovery progress

- Sussex wide **Service Finder** rolled out providing access to the Directory of Services to ambulance crews allowing them to identify appropriate services for referral
- **GP Oversight role established in NHS111**, supported by video consultation technology, to increase 'consult and complete' outcomes
- Accelerated programme to **improve ambulance handovers** in place between ESHT and SECAMB
- Sussex wide **communications and engagement campaign** to promote NHS111 & Online as first point of contact.

Stroke and Cardiovascular disease services

- Stroke services have continued throughout and Cardiac, Heart Attacks, PCW, PPCI, Urgent Arrhythmia services, severe heart failure/valve disease services are fully functioning.

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Elective, diagnostic and Cancer services

- **Outpatient** follow up capacity has been restored to pre-COVID-19 levels in several specialities; significant use of virtual and non-face-to-face outpatient new and follow up appointments
- The Sussex system has seen recent increases in all elective care and in Independent Sector activity levels
- **CT and MRI services** have been restored to pre-COVID-19 levels and diagnostic activity increasing across all areas
- At the time writing there are challenges in the restoration of endoscopy services which we are working with system partners to address
- Steady increase in 2 week wait referrals for **cancer**; backlog in 62 day breaches across Sussex is decreasing; extra support in place for GP surgeries to help high-risk late presenters in areas of health inequality.

Restoration and recovery progress

- Patient/public engagement planned to inform ongoing delivery, in particular digital delivery where appropriate
- The system is working together as **Sussex Acute Collaborative Network** to restore services including improvements driven by speciality and pathway level plans
- Range of work underway to restore endoscopy service, including alternative treatment availability where appropriate
- The system has seen an increase in **cancer** referrals to pre-COVID-19 levels and plans to meet this level of demand throughout the remainder of the year, and we are planning on the basis of restoring cancer treatments to pre-COVID-19 levels.

Mental Health

- Improved mental health response services
 - Access to urgent mental health care via 111
 - Increasing the number of Mental Health Liaison Teams delivering core 24 services
 - Implementation of enhanced crisis alternative services, including Crisis Cafes, Street Triage, Urgent Care Lounges
 - Targeted funding secured to support suicide prevention across Sussex
 - Targeted funding to enhance rough sleeping and asylum seeker services in East Sussex
- Recruitment is underway for services that will improve access to Children and Young People (CYP) Eating Disorder services.

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Restoration and recovery progress

- Fluctuating referral levels (due to COVID) is putting pressure on urgent and emergency provision and will impact on anticipated activity for **Improved Access to Psychological Therapies (IAPT)**, a system wide recovery plan has been developed
- Primary Care (Locally Commissioned Service) for **Physical Health Checks for Severe Mental Illness** was suspended as part of the COVID response in line with national guidance; a recovery plan has been developed.
- Aspects of services to improve **dementia diagnosis rates** were paused as part of the COVID response; a recovery plan has been developed.

Primary care

Since the last report, whilst continuing to achieve the ambitions set out in the NHSE/I Phase 3 requirements letter and continuing to support people to access timely primary care services, NHS England have now launched:

- **General Practice Covid Capacity Expansion Fund – Sussex allocation £4.6m to address 7 priority goals:**
 - increasing GP numbers and capacity
 - supporting the establishment of Covid oximetry at home model
 - first steps at identifying and supporting patients with long Covid
 - continuing to support clinically extremely vulnerable patients and maintain the shielded list
 - address backlog of appointments including for chronic disease management and routine vaccinations and immunisations
 - inequalities, make significant progress on Learning Disability Health Checks, expectation to reach the target of 67% by March 2021
 - potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely
- **Indicative Enhanced Service Specification: COVID-19 vaccination programme 2020/21**
- **Sussex wide communications campaign aimed at informing the public how services are working and how people can access services safely, and promotes self-care, from beginning of November.**

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Primary care - our key achievements and key areas in our work plan are:

- **Covid-19 Mass vaccination:** Primary Care has been asked to support the delivery of the national mass vaccination programme. We have established a primary care cell to oversee the delivery of primary care responsibilities and are working with GPs and other community providers to deliver the aims of this ambitious programme. This ensures close working with key partners across the system to ensure effective delivery of mass vaccination for the East Sussex population.
- **Flu immunisation:** practices are working hard to deliver the target of 75% of all cohorts vaccinated. We are confident that the 65 years and over will be achieved. As of 22 November, 74.9% of this cohort have been vaccinated (a further 5% have declined the offer). Rates for other at risk groups, though far in excess of last year, are slightly less, between 40-50%. The CCG is working with practices and issuing targeted communications to patients to help ensure all who are eligible, take up the offer.
- **Restoration of activity:** A full Restoration and Recovery programme is in place, prioritising the clinically vulnerable and frail. East Sussex practices have been resourced to deliver a model of care that ensures patients and staff safety is paramount. The pandemic has necessitated the fast tracking of online and other digital options for patients to access primary care. However, throughout the pandemic and during this restoration phase, if a face to face appointment is clinically necessary, this is offered.
- **Learning disabilities:** The numbers of annual health checks being offered to people with learning disabilities in Sussex is below target. Action includes investing in a health facilitation team to reduce variation across Sussex; a communications campaign for patients and carers; and the agreement of an improvement trajectory to hit target in April 2021.
- A number of new **Locally Commissioned Services (LCS)** have been introduced to provide additional health and care to support people, these include: **Black Asian and Minority Ethnic (BAME) patients**; **additional support for Care Homes**; the **specialist primary care and protect and support for homeless people** providing proactive medical care; and **home visits for shielded patients**
- **High Risk patients:** we have collaboratively created standard operating procedures [SOP] bringing together best practice and clinical guidance to support people living with long term conditions. These have been launched and supported with clinical webinars when published. SOPs include guidance to manage people during the current pandemic who are living with Diabetes, COPD and Serious Mental illness (SMI). In addition to these we have also created a Heart Failure pathway that will be shared nationally once published.

Responding to the impact on Black, Asian and Minority Ethnic (BAME) communities and workforce

Sussex BAME Disparity Response Programme

- Completed evaluation of **BAME Community Research** completed in Hastings – findings shared with East Sussex Health and Care Partnership Board with several recommendations for local action planning
- Contributing to the **longer-term plan** for addressing identified **Racial and Health Inequalities** by working with the local authority through local partnerships (via Health and Wellbeing Boards and Local Enterprise Partnerships)
- Working with partners and communities to address **maternity inequalities** – offering additional consultations and specialist support to BAME pregnant women.
- Successful NHSE/I **Health Equality Partnership Bid** to focus on **health inequalities in Diabetes Care**
- Working with the Mental Health Collaborative Network to address **Mental Health inequalities**
- Developing **inclusive campaigns** to encourage greater uptake of the **Covid-19 advice measures and flu vaccinations**
- Monitoring the **BAME locally commissioned service (LCS)** coverage and deliverables within GP practices
- Programme closely aligned to Population Health Management (PHM) programme - involved in the 22 week PHM programme recently commenced across Sussex
- Facilitating the development of a standard method of assessing and reporting **Equality Health Impact Assessments (EHIA)** to ensure gaps in service provision are addressed
- **Culturally relevant health messaging** for disease prevention and long term condition management programmes focussed on **mental health, diabetes, hypertension, asthma and obesity.**
- Supporting community participatory research to understand social, cultural, structural, economic and religious determinants of health inequalities across Sussex. Currently working with Sussex Partnership Foundation NHS Trust on a NHS Charities funded project around **BAME Mental Health Service User experience**
- Working with Department for Work and Pensions (DWP) and exploring the use of **Health and Care System anchor institutions** as a response to the **employment challenges in areas of high deprivation with food and fuel poverty** impacting on health outcomes for some communities
- Prioritisation of staff health and wellbeing, **COVID-19 risk assessments** have been a pivotal tool in identifying staff at risk; enabling necessary **workplace adjustments to be put in place.**
- System-wide BAME disparities workshops held to engage with staff across Sussex
- Established the Sussex Turning the Tide Transformation Oversight Board – governance and assurance

Plans for winter

The East Sussex Local A&E Delivery Board (LAEDB) Winter Plan was developed and submitted in line with NHSE requirements. This included consideration of:

- Expected [impact of both Covid-19 and winter surge](#)
- Maintenance and delivery of [restoration and recovery](#) trajectories including elective care
- Continuation of good Covid-19 related practice to enable patients to [access services safely and protect staff](#), whilst also preparing for and responding to localised Covid-19 outbreaks or a wider national wave
- Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, and support to [quickly and safely discharge patients from NHS hospitals](#) through to March 2021 through the hospital discharge programme and in collaboration with local authorities; this includes [ensuring sufficient capacity for discharge and support for patients](#)
- Deliver a very [significantly expanded seasonal flu vaccination programme](#)
- [Expanding the 111 First offer](#)
- Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
- Continue to make full use of the [NHS Volunteer Responders](#) scheme

In addition to these requirements, a Sussex ICS [Escalation Framework](#) has been agreed across all Local A&E Delivery Boards (LAEDB). Implementation is in progress to enable escalation based on early warning indicators including those related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people.

Recognising the increased pressure on the system with Covid-19 on top of normal winter pressures, we are working collaboratively across the system; exploring [mutual aid and partnership working](#). In addition to the promotion of the use of NHS 111 first, we have adapted our approach to serve demand and would anticipate similar levels of pressure to that of last year.

There has been a [good uptake of the flu vaccine across communities and NHS staff, including ESHT staff with 82% of front line staff having the vaccine.](#)

COVID-19 vaccination programme

- The national objective is to vaccinate the whole adult population in cohorts based on clinical priority.
- NHS asked to be ready to vaccinate high priority groups once an approved vaccine is available.
- The NHS will be delivering the vaccine in four main ways:
 - Roving service visiting people who are unable to visit a site including care homes
 - NHS providers vaccinating staff
 - Community vaccination centres including primary care facilities, retail, community facility or portacabin, set up to deliver
 - Large scale vaccination centres such as sports and conference venues set up for high volumes of people
- In each ICS/STP there is a lead provider which will be responsible for coordinating the delivery of this programme. They will work closely with other local organisations, including primary care providers, to achieve this.
- Priority for the vaccine is determined by the Joint Committee on Vaccination and Immunisation.
- A recruitment drive is taking place nationally to attract experienced vaccinators working for NHS trusts and other employers to be among the first asked to help deliver the vaccine. More vaccinators will be needed in the longer term and Department for Health and Social Care recently consulted on temporary changes to legislation allowing a wider group of clinical staff to become vaccinators.
- National communications will be launched and delivered locally to make clear the process for the public and staff.

- In months 1-6 of the national response to COVID-19 CCGs and NHS Providers were retrospectively allocated resources. CCGs have been provided with allocations for months 7-12 and continuing block payments to providers. Plans have been developed for the last 6 months of the year.
- NHS organisations are required to breakeven. East Sussex CCG submitted a plan for a deficit of £6,978k and will need to identify mitigations to improve the position. A deficit would be repayable in 21/22.

Contracting between NHS organisations continues to be suspended and notified block payments will continue for the remainder of the financial year. New contracting arrangements will be re-introduced in 21/22.

- Further information across health and social care will be provided in forthcoming HOSC reports to update on progress as a system.

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Report to: East Sussex Health Overview and Scrutiny Committee (HOSC)

Date of meeting: 10 December 2020

By: Assistant Chief Executive

Title: Work Programme

Purpose: To agree the Committee's work programme

RECOMMENDATIONS

The Committee is recommended to:

- 1) agree the updated work programme at appendix 1;
 - 2) agree to appoint two members to the Brighton & Sussex University Hospital NHS Trust (BSUH) working group; and
 - 3) Identity any specific issues to be raised with NHS organisations through HOSC Working Groups.
-

1 Background

1.1 The work programme contains the proposed agenda items for future HOSC meetings and is included on the agenda for each committee meeting.

1.2 This report also provides an update on other work going on outside the Committee's main meetings.

2. Supporting information

2.1. The work programme is attached as **appendix 1** to this report. It contains the proposed agenda items for the upcoming HOSC meetings, as well as other HOSC work going on outside of the formal meetings, including the joint HOSC sub-groups. The updated work programme will be published online following this meeting. A link to the work programme is available on the [HOSC webpages](#).

2.2. Due to the Covid-19 pandemic, a number of items in the work programme have been delayed, however, most now have assigned dates.

HOSC Working Groups

2.3. Both active Joint HOSC sub-groups have three representatives from East Sussex HOSC. The two joint HOSC sub-groups have been set up to scrutinise the following Trusts:

Brighton & Sussex University Hospitals NHS Trust (BSUH)

- A joint sub-group with West Sussex and Brighton and Hove HOSCs. It was set up originally to scrutinise BSUH's response to the findings of recent CQC inspections and the Trust's wider performance and quality improvement plans, however, the Trust is now rated good by the CQC and Members agreed to change the focus of the working group to horizon-scanning, and identifying new initiatives and issues. Meets approximately twice per year. Membership: Cllrs Belsey. There are currently two vacancies.

Sussex Partnership NHS Foundation Trust (SPFT)

- A joint Sussex HOSCs sub-group set up originally to scrutinise SPFT's response to the findings of CQC inspections and the Trust's wider quality improvement plan. The Trust is

now rated as good by the CQC so the Members have agreed to reduce the frequency of meetings and change the focus of the working group to horizon-scanning, and identifying new initiatives and issues. Meets approximately twice per year. Membership: Cllrs Belsey, Pragnell and Osborne.

3 Conclusion and reasons for recommendations

3.1 The work programme sets out HOSC's work both during formal meetings and outside of them. The committee is asked to consider and agree the updated work programme.

3.2 HOSC members are also invited to request that HOSC sub-group representatives raise any specific identified issues with the relevant NHS organisations at future sub-group meetings.

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Health Overview and Scrutiny Committee – Work Programme

Current Scrutiny Reviews		
Title of Review	Detail	Proposed Completion Date
Eastbourne Station Health Centre	<p>Proposals to consult on the closure of Eastbourne Station Health Centre were agreed by the Clinical Commissioning Groups' (CCG) Governing Bodies on 29 January 2020. The public consultation was paused during the pandemic but resumed following the East Sussex CCG Governing Body meeting on 29 July. HOSC has previously agreed that these proposals constitute a 'substantial variation in service' requiring CCGs to consult formally with the committee.</p> <p>A HOSC Review Board has been established to lead the review of the proposals on behalf of the main Committee. The draft report of the Review Board was considered at the 10 September 2020 meeting and the CCG decision will be considered by the Committee at the 10 December 2020 meeting.</p> <p>Membership: Cllrs Belsey (Chair), Turner, Barnes, Morris and Jennifer Twist</p>	December 2020

Initial Scoping Reviews

Subject area for initial scoping	Detail	Proposed Dates
Sussex Joint Health Overview and Scrutiny Committee (JHOSC)	<p>A JHOSC is in the process of being established to consider potential future substantial variations in service (SViS) resulting from both the Clinically Effective Commissioning (CEC) programme and the Sussex Health and Care Partnership, although no specific SViS have yet been confirmed.</p> <p>The JHOSC is expected to be established by each of the relevant local authorities ahead of consideration of any SViS. The East Sussex HOSC approved its establishment in November 2018.</p> <p>Membership: Cllrs Belsey, Pragnell and Osborne and Geraldine Des Moulins</p>	Ongoing

List of Suggested Potential Future Scrutiny Review Topics

Suggested Topic	Detail

Scrutiny Reference Groups		
Reference Group Title	Subject Area	Meetings Dates
Brighton & Sussex University Hospitals (BSUH) NHS Trust HOSC working group	<p>A joint Sussex HOSCs working group to scrutinise the BSUH response to the findings of Care Quality Commission (CQC) inspections and the Trust's wider improvement plan.</p> <p>*an update was provided on BSUH at the most recent Sussex Health and Care Partnership HOSC working group</p> <p>Membership: Cllrs Belsey and two vacancies</p>	<p>Last meeting: 9 September 2020*</p> <p>Next meeting: TBC 2021</p>
Sussex Partnership NHS Foundation Trust (SPFT) HOSC working group	<p>Regular meetings with SPFT and other Sussex HOSCs to consider the Trust's response to CQC inspection findings and other mental health issues, including ongoing reconfiguration of dementia inpatient beds in East Sussex.</p> <p>Membership: Cllrs Belsey, Pragnell and Osborne</p>	<p>Last meeting: 27 September 2019</p> <p>Next meeting: TBC 2021</p>
The Sussex Health and Care Partnership (SHCP) HOSC working group	<p>Regular liaison meetings of Sussex HOSC Chairs with SHCP leaders to update on progress and discuss current issues. Wider regional HOSC meetings may also take place on the same day from time to time.</p> <p>The group has met monthly during the Covid-19 pandemic and other HOSC members have been given the opportunity to submit written questions to the Chief Executive of the Sussex CCGs ahead of each meeting.</p> <p>Membership: HOSC Chair (Cllr Belsey) and Vice Chair (Cllr Pragnell) and officer</p>	<p>Last meeting: 20 November 2020</p> <p>Next meeting: 15 January 2021</p>
Reports for Information		
Subject Area	Detail	Proposed Date
Future Car parking arrangements at Conquest Hospital	Confirmation from ESHT about the planned car parking arrangements at the Conquest Hospital under the Building for our Future programme	Late 2020

Training and Development		
Title of Training/Briefing	Detail	Proposed Date
New Member induction	Induction sessions with new Members of the Committee. Potential group induction of any new Members following 2021 elections.	As required
Joint training sessions	Joint training sessions with neighbouring HOSCs on health related issues.	TBC
Building for Our Future	A briefing on the Building for Our Future plans for the redevelopment of Eastbourne District General Hospital (EDGH), Conquest Hospital and Bexhill Hospital developed by East Sussex Healthcare NHS Trust (ESHT)	TBC 2021

Future Committee Agenda Items		Author
4 March 2021		
Mental Health Inpatient redesign in East Sussex	To consider Sussex Partnership NHS Foundation Trust's plans to develop inpatient mental health services in East Sussex. <i>Note: Timing is dependent on NHS decision making process</i>	Representative of Sussex Partnership NHS Foundation Trust (SPFT)
Primary Care Led Hub (PCLH)	To consider an update on the development of the service at Hastings Station Plaza to date.	Representatives of the East Sussex CCG
NHS 111 update	To provide an update on the implementation of the new NHS 111 Clinical Assessment Service (CAS) due to go live from 1 October 2020.	Representatives of lead CCG & provider (SECamb/IC24)
South East Coast Ambulance NHS Foundation Trust (SECamb) transformation plans	To consider an update on the implementation of SECamb's plans to develop a new model of care, including the use of non-emergency transport and enhanced hear and treat services. To also include plans to improve hospital handover times.	Representatives of SECamb
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
10th June 2021		
Transition Services	A report on the work of East Sussex Healthcare NHS Trust (ESHT) Transition Group for patients transitioning from Children's to Adult's services	Representatives of ESHT
Cancer care services	To consider an update on the performance of the East Sussex CCG and NHS Trusts on their cancer care targets.	Representatives of the East Sussex CCG & provider hospital trusts

Sussex-wide review of emotional health and wellbeing support for children and young people	To consider the work done in response to the Foundations for Our Future report produced following a Sussex-wide review of emotional health and wellbeing support for children and young people.	Representative of East Sussex CCGs
Committee Work Programme	To manage the committee's programme of work including matters relating to ongoing reviews, initial scoping reviews, future scrutiny topics, reference groups, training and development matters and reports for information.	Democratic Services Officer
Items to be scheduled – dates TBC		
Cardiology	A report on the case for change for Cardiology services at East Sussex Healthcare NHS Trust (ESHT) <i>Note: provisional dependent on CCGs' plans</i>	Representatives of East Sussex CCG & ESHT
Ophthalmology	A report on the case for change for ophthalmology services at ESHT <i>Note: provisional dependent on CCGs' plans</i>	Representatives of East Sussex CCG & ESHT
Patient Transport Service	To consider proposals to recommission the Patient Transport Service (PTS) and to consider the outcome of the Healthwatch PTS survey. <i>Note: provisional dependent on CCGs' plans</i>	Representatives of lead CCG and Healthwatch
Implementation of Kent and Medway Stroke review	To consider the implementation of the Hyper Acute Stroke Units (HASUs) in Kent and Medway and progress of rehabilitation services in the High Weald area. <i>Note: Timing is dependent on NHS implementation process</i>	Representatives of East Sussex CCG/Kent and Medway CCG
Primary Care Networks (PCNs) and future of primary care	A report on the performance of PCNs and the future plans for primary care in East Sussex	Representatives of ESHT/PCNs