

# Scrutiny Review of the proposal to close Eastbourne Station Health Centre

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

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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

1	<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>
2	<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"> <li>• 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;</li> <li>• 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);</li> <li>• patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy; and</li> <li>• patients with self-care illnesses can now book to see a pharmacist via 111.</li> </ul> <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>
3	<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"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> <li>• 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.</li> </ul>

## 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 29<sup>th</sup> 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 1<sup>st</sup> 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 3<sup>rd</sup> August 2020 for a period of six weeks to 14<sup>th</sup> 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 10<sup>th</sup> 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 9<sup>th</sup> 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.<sup>1</sup>

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.<sup>2</sup>

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 system<sup>3</sup>.

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.<sup>4</sup> This was due to there being a "confusing mix" of walk-in centres, minor injuries units and urgent care centres available in different localities.<sup>5</sup> In response, the report called for the NHS in England to develop a new integrated urgent care (IUC) service by 2018 that included<sup>6</sup>:

- 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

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

<sup>2</sup> Five Year Forward View, NHS England, October 2014

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

<sup>4</sup> Ibid. p.14

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

<sup>6</sup> 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 2006<sup>7</sup>. 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.”<sup>8</sup>

### *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.<sup>9</sup> 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.

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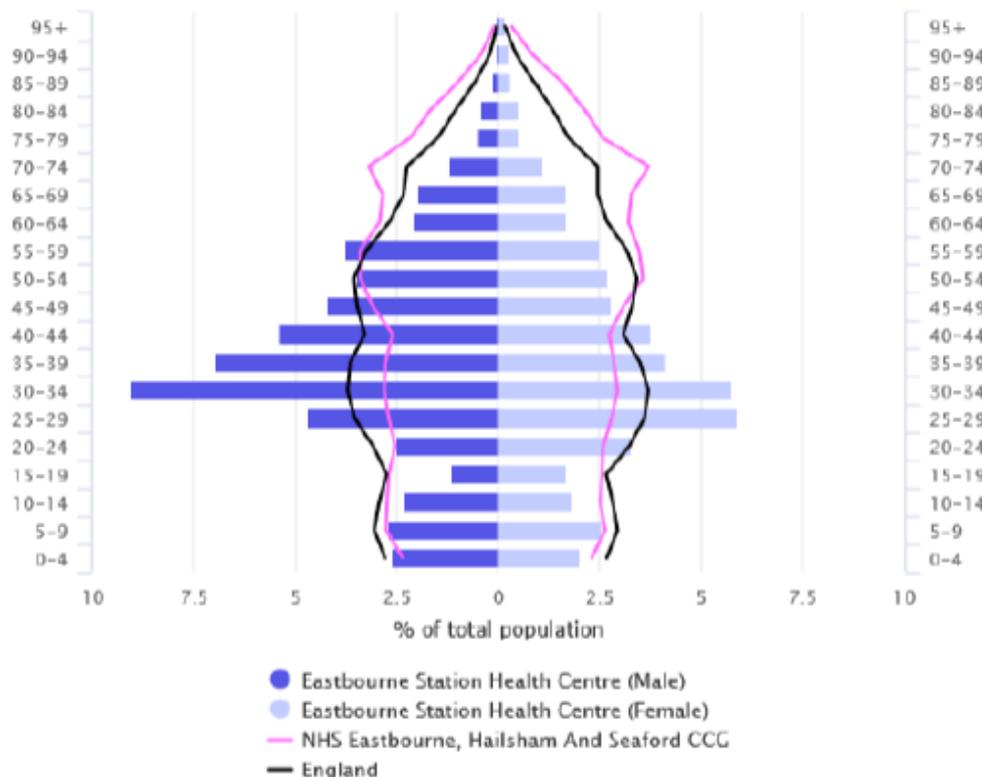
<sup>7</sup> National Health Services Act 2006, Section 14Z8

<sup>8</sup> Handbook to the NHS Constitution for England, Department of Adult Social Care and Health, Updated 28 October 2019

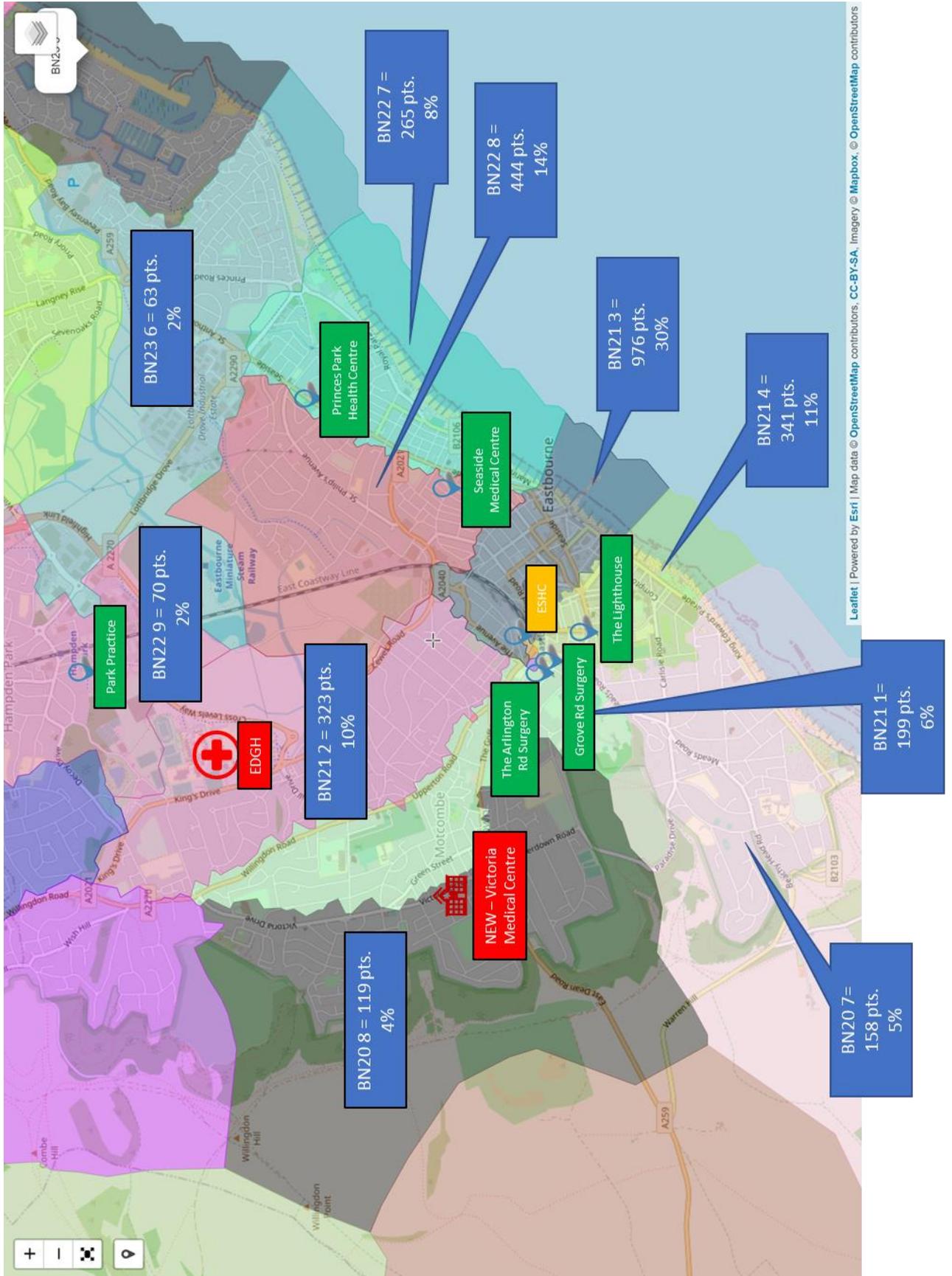
<sup>9</sup> Patients Registered at a GP Practice September 2020, NHS Digital

Indicator	Number	Percentage
<b>Patient list size (raw population, i.e. not weighted)</b>	<b>3312</b>	<b>n/a</b>
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%
<b>TOTAL</b>	<b>3215</b>	<b>100%</b>

<sup>10</sup>

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;<sup>11</sup> and
- 41% of patients registered with the practice live in the two postcode areas closest to the ESHC (BN21 3 and BN21 4).

<sup>10</sup> Presentation of key findings from the consultation and update to the East Sussex HOSC Review Board, East Sussex CCG, 29 October 2020

<sup>11</sup> The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020

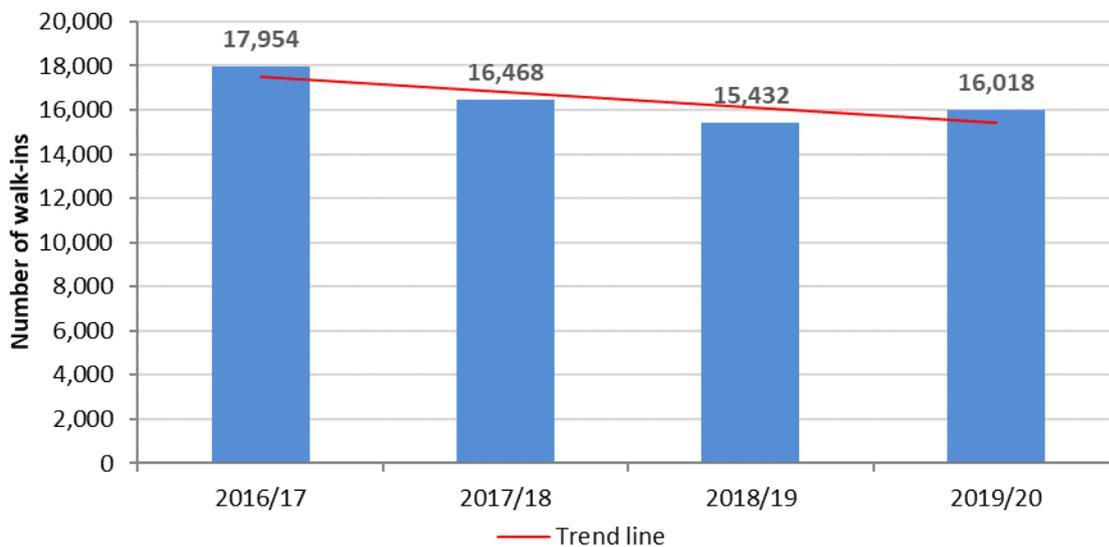
32. IC24 claimed that, although the population was young, about one third of patients were living in a deprived area, were young carers, had a substance misuse problem, or were homeless or in temporary accommodation. IC24 also highlighted that one third of patients have English as a second language.

**Walk-in Centre (WIC)**

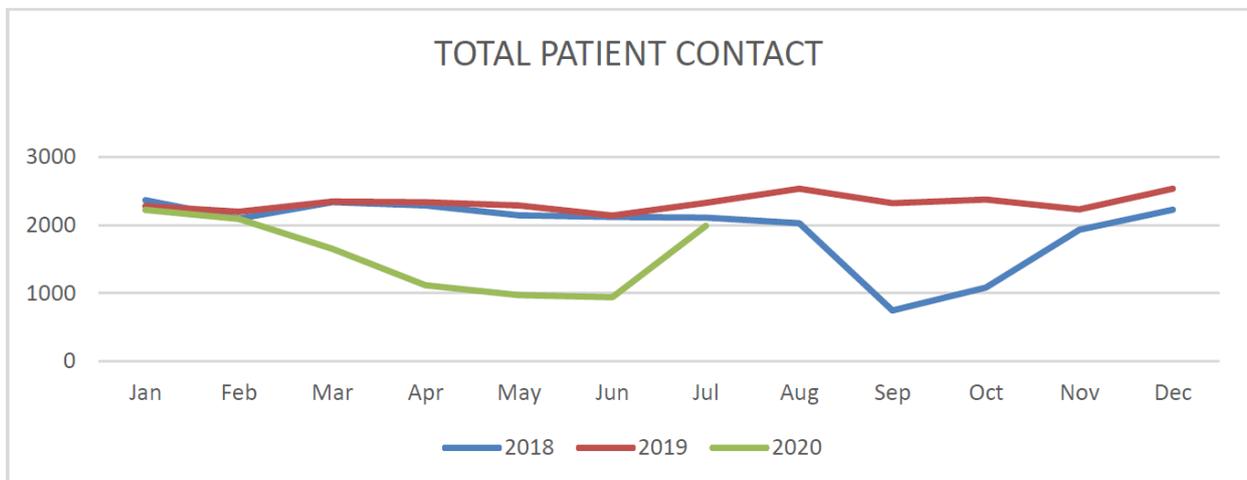
33. The Eastbourne WIC operates from 8:00am to 8:00pm (with reduced hours on Christmas Day), seven days a week, 52 weeks a year. The WIC is a GP-led service that is open to any member of the public, including those registered elsewhere, or those not registered with any GP practice.

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**



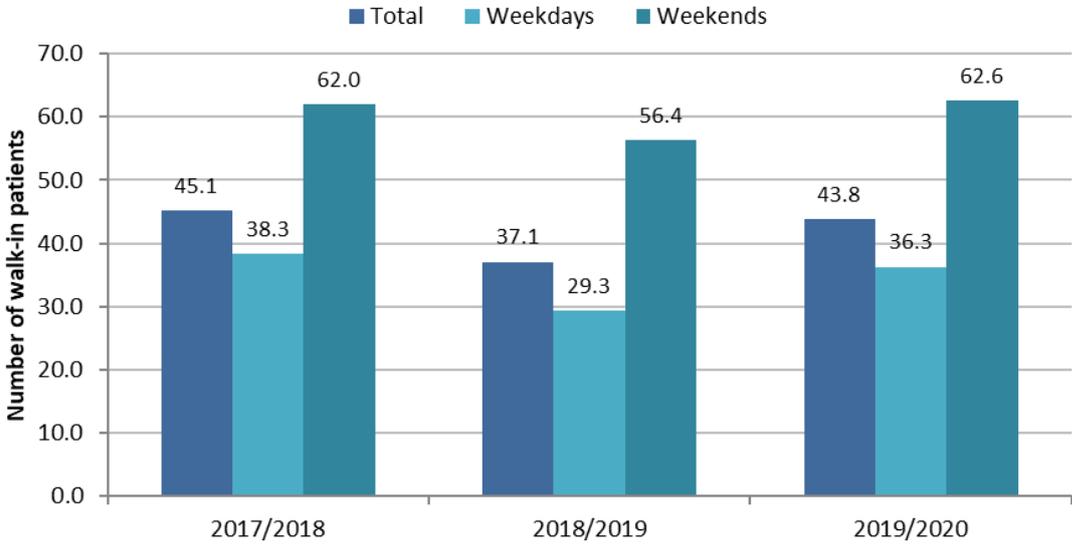
35. IC24 provided the Board with its own data showing usage for the past three years of both walk-in and registered patients.



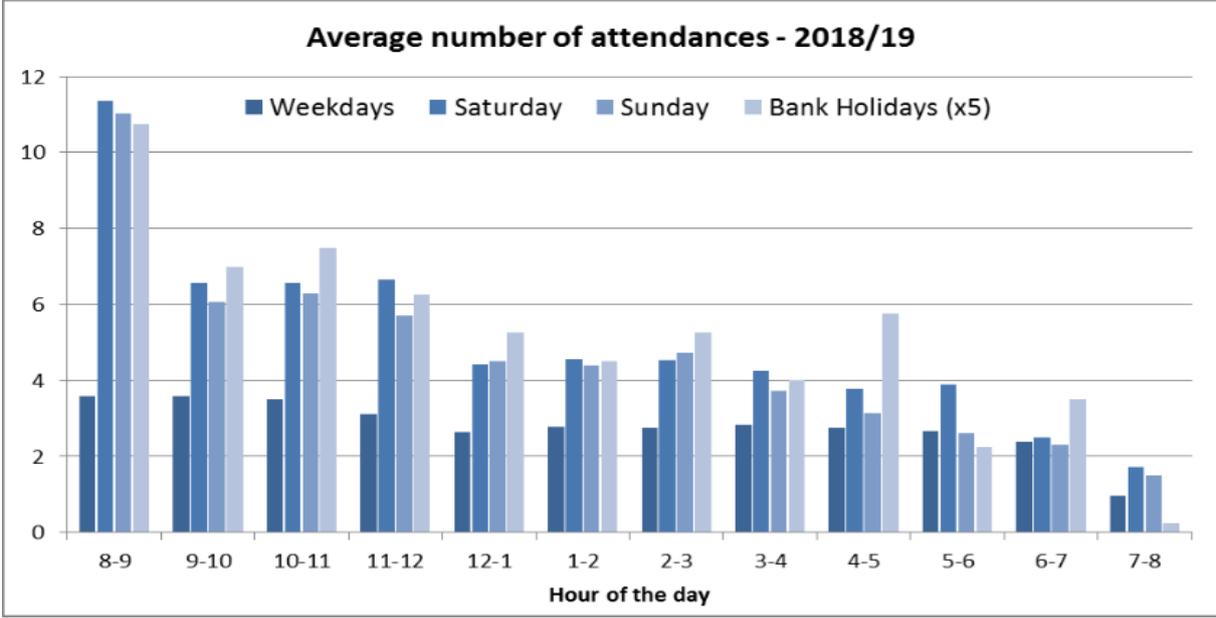
36. The Board heard from IC24 that the two dips in the graph are due to the flooding of the ESHC in September 2018 and the impact of the Covid-19 pandemic during April and May 2020, respectively.

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.<sup>12</sup>



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.<sup>13</sup>

<sup>12</sup> Urgent Treatment Centres and walk-in centres developments – Informal progress update to the HOSC Review Board, EHS CCG, 26 July 2019

<sup>13</sup> The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020, Appendix 4

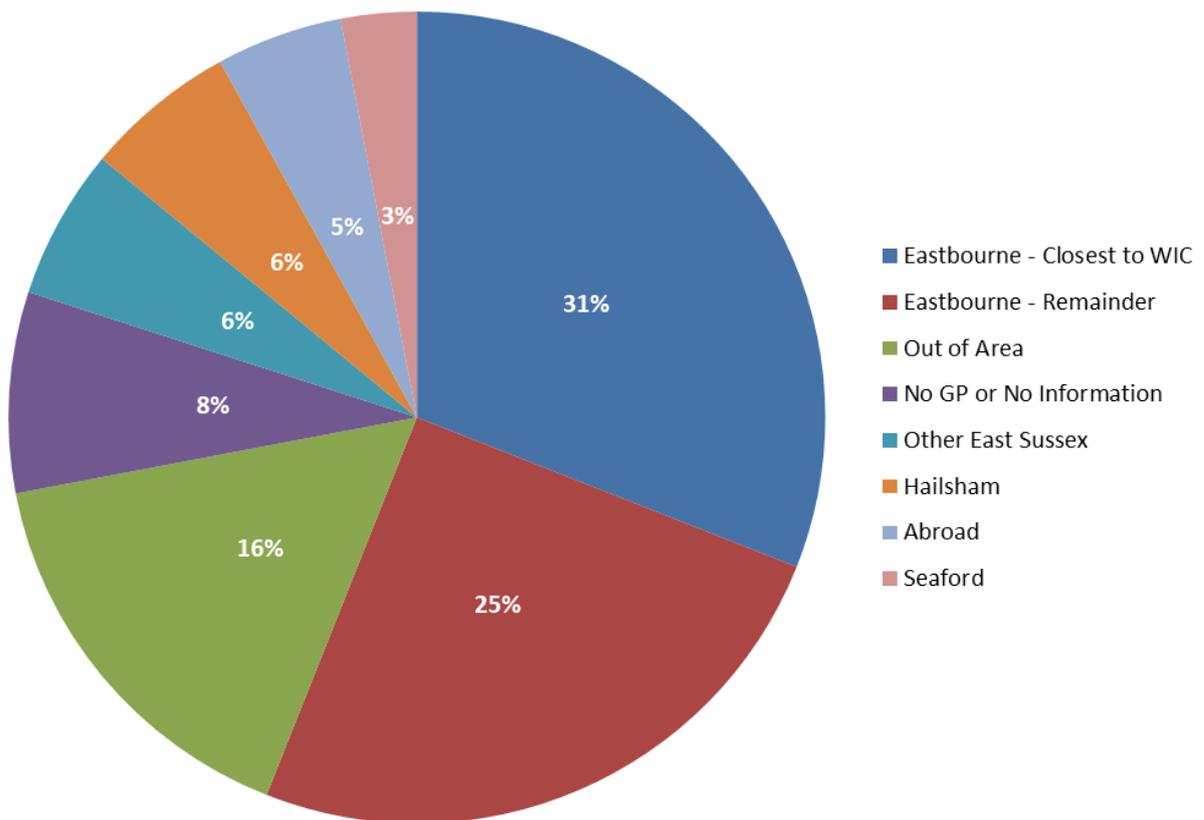
40. The Board heard from the CCG that personal data of patients using the WIC is not recorded like it is with GP practice patients. This includes their home address, age, gender, protected characteristics, and whether they have multiple and complex health needs. The CCG attempted to understand activity 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.

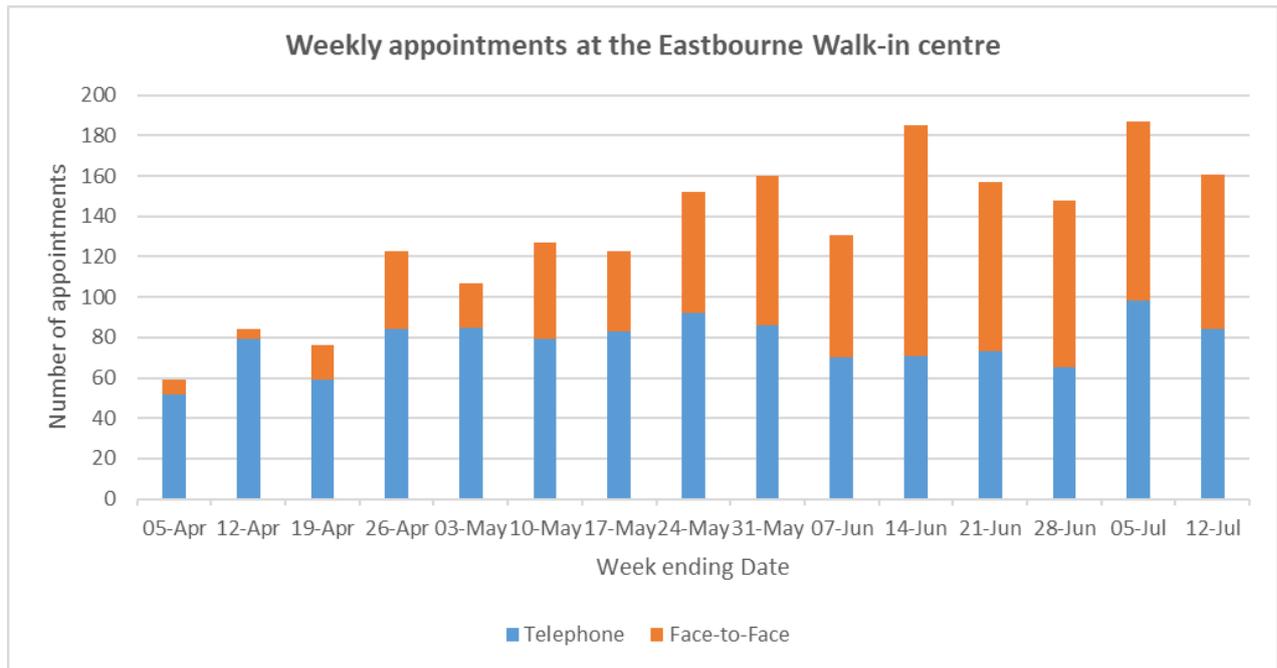
#### *Usage during COVID-19*

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 27<sup>th</sup> 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.<sup>14</sup>

### 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

<sup>14</sup> 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%
<b>Sub-total for potentially suitable for community-based services</b>	<b>91%</b>
Transferred to Accident and Emergency	3%
Other	6%
<b>Total</b>	<b>100%</b>

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	✓	✓	✓				✓	

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<sup>15</sup> 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”.<sup>16</sup>

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
<b>TOTAL</b>	<b>1,163</b>
Proposal – de-commissioning of WIC – revenue released for re-investment	(773)
Removal of the APMS contract for the registered list	(390)
<b>SUB-TOTAL – revenue savings</b>	<b>(1,163)</b>
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
<b>SUB-TOTAL – revenue costs</b>	<b>498</b>
<b>NET IMPACT (savings)/cost</b>	<b>(665)</b>

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

<sup>16</sup> 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”.<sup>17</sup>

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 3<sup>rd</sup> August and ran until 14<sup>th</sup> 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.<sup>18</sup>

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”.<sup>19</sup>

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.<sup>20</sup> 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**

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<sup>17</sup> Ibid., p.39

<sup>18</sup> The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020., p.14

<sup>19</sup> Ibid, p.15

<sup>20</sup> 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.<sup>21</sup>

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

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<sup>21</sup> 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 services<sup>22</sup>.

### 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.<sup>23</sup>

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.

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<sup>22</sup>The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020, appendix 5

<sup>23</sup> 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.<sup>24</sup>

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.

<sup>24</sup> 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.<sup>25</sup>

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 facility<sup>26</sup>.

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.<sup>27</sup>

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

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<sup>25</sup> Urgent Treatment Centres – Principles and Standards, NHS England, July 2017. p.7-10

<sup>26</sup> Ibid. P.6

<sup>27</sup> 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.<sup>28</sup>

90. As of August 2020, the UTC is treating around 94% of patients within 2 hours of arrival<sup>29</sup>.

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.<sup>30</sup>

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.<sup>31</sup>

### *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

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<sup>28</sup> *ibid*

<sup>29</sup> ESHT Trust Board report, 6<sup>th</sup> October 2020, p.75

<sup>30</sup> Urgent Treatment Centres and walk-in centres developments – Informal progress update to the HOSC Review Board, EHS CCG, 26 July 2019

<sup>31</sup> 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:<sup>32</sup>

- 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.<sup>33</sup>

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".<sup>34</sup>

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 1<sup>st</sup> 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 1<sup>st</sup> 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:

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<sup>32</sup> Integrated Urgent Care Service Specification, NHS England, August 2017, p12.

<sup>33</sup> Ibid. p.14

<sup>34</sup> 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 1<sup>st</sup> 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”.<sup>35</sup>

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 1<sup>st</sup> 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 1<sup>st</sup> 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

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<sup>35</sup> 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”.<sup>36</sup>

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.<sup>37</sup>

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.<sup>38</sup> 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

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<sup>36</sup> General Practice Forward View, NHS England, April 2016, p. 47

<sup>37</sup> NHS Operational Planning and Contracting Guidance 2017-2019, NHS England and NHS Improvement, September 2016

<sup>38</sup> 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.<sup>39</sup>

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.<sup>40</sup>

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.<sup>41</sup>

### *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;

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<sup>39</sup> Network Contract Directed Enhanced Service, NHS England and NHS Improvement, March 2020, p.24

<sup>40</sup> Ibid., p38

<sup>41</sup> 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;<sup>42</sup>
- 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.<sup>43</sup>

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

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<sup>42</sup> The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.32 & 41

<sup>43</sup> 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”.<sup>44</sup>

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.<sup>45</sup>

### *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:**

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<sup>44</sup> The Future of Eastbourne Station Health Centre Public Consultation Feedback Report, Opinion Research Services, October 2020, p.10

<sup>45</sup> 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.<sup>46</sup>

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

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<sup>46</sup> 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.<sup>47</sup>

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

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<sup>47</sup> 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.”<sup>48</sup>

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;<sup>49</sup>
- 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 <sup>50</sup>
- 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.<sup>51</sup>

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

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<sup>48</sup> Ibid, p.47-9

<sup>49</sup> Extended Equality and Health Inequalities Impact Assessment (EHIA), East Sussex CCG, 2020, p.119-130

<sup>50</sup> Ibid. p.32, p.37

<sup>51</sup> 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"; and<sup>52</sup>
- 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.<sup>53</sup>

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.

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<sup>52</sup> Ibid, p31, 36, 40

<sup>53</sup> 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 patients<sup>54</sup>.

### **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.<sup>55</sup>

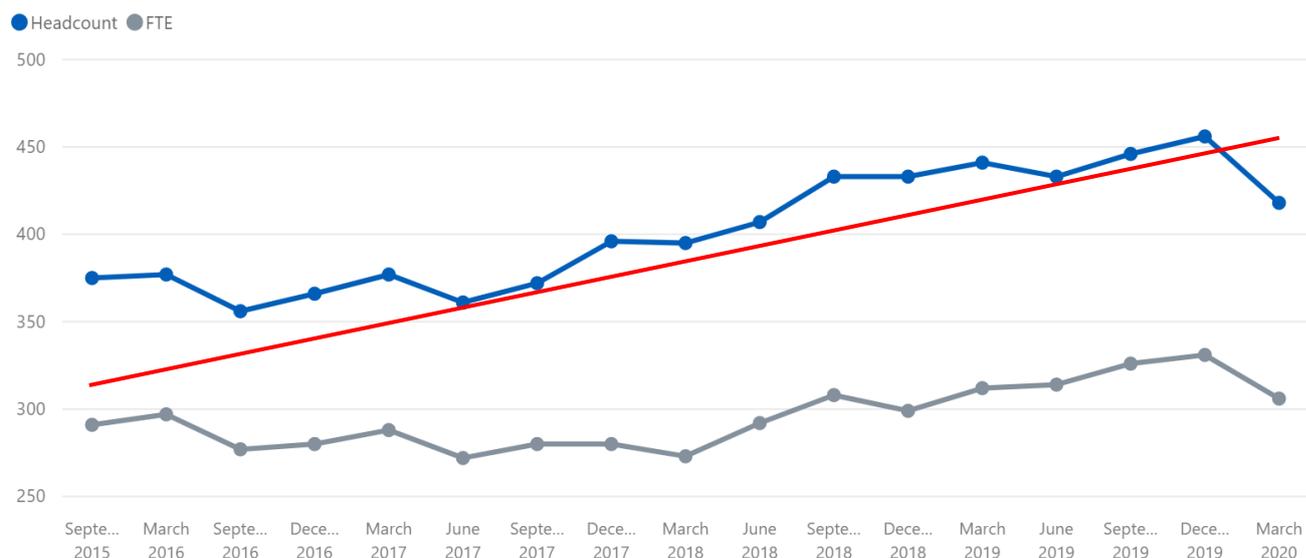
179. The Board also heard that the Victoria Medical Centre has successfully recruited two new GPs and is in the process of recruiting a further two. The Clinical Director of the Victoria PCN claimed they had been able to recruit these GPs because the new practice was going to be an attractive place to 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.

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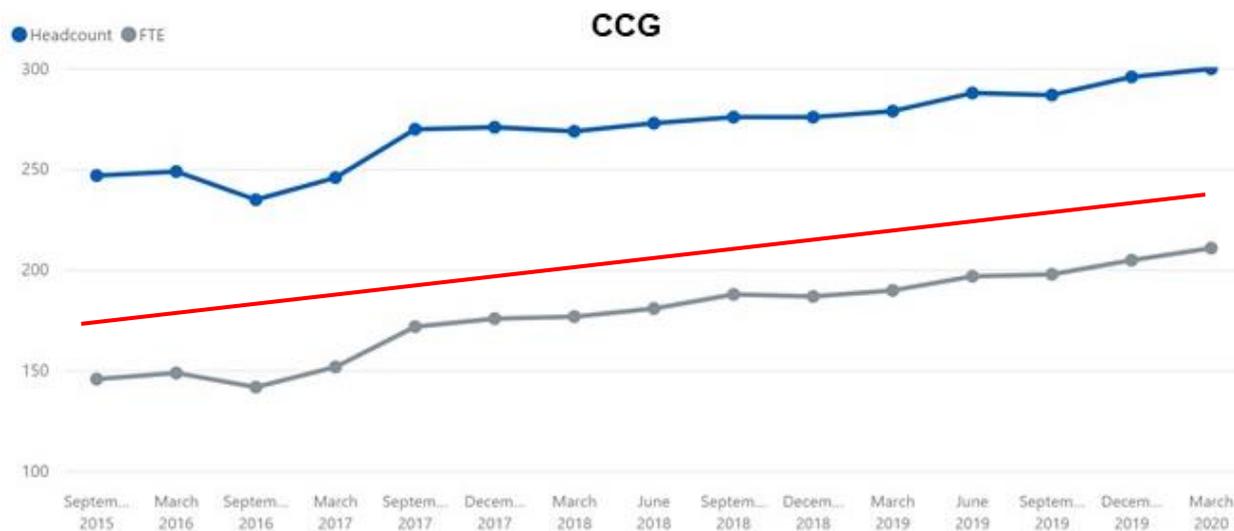
<sup>54</sup> The Future of Eastbourne Station Health Centre Pre-Consultation Business Case (PCBC), EHS CCG, 29 January 2020. p.48

<sup>55</sup> 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)<sup>56</sup> The ALPS Group PCN has indicated in its three-year workforce plan it will recruit 24

<sup>56</sup> 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.<sup>57</sup>

	ALPS 20/21	ALPS 21/22/23	Victoria 20/21	Victoria 21/22/23	East 20/21	East 21/22/23
<b>Clinical pharmacists</b>	6		2	1	4	1
<b>Social prescribers</b>	1		1		1	1
<b>First contact physios</b>	1	1	1		2	2
<b>Physician associates</b>	2	1				
<b>Pharmacy technicians</b>	1	1	1			
<b>Occupational therapists</b>				1		
<b>Dietitians</b>						
<b>Podiatrists</b>	2					
<b>Health &amp; wellbeing coaches</b>				1	1	
<b>Care co-ordinators</b>	2		1		1	
<b>Nurse associates</b>			1			
<b>Mental health practitioners</b>		3		1		2
<b>Paramedics</b>		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

<sup>57</sup> 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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