

1.0 Introduction

HOSC has requested an update on a three service areas within East Sussex that support local access to care including:

- The closure of Eastbourne Station Health Centre and related action to support access to services for local people
- The development of the Hastings Plaza service and;
- The temporary closure of the Crowborough Minor Injury Unit.

A summary update is included below on each of these areas.

2.0 Eastbourne Station Health Centre: background

The Governing Body of NHS East Sussex Clinical Commissioning Group agreed proposals to close the walk-in facility at Eastbourne Station Health Centre (ESHC) and support the registered patients to move to a new surgery (Victoria Medical Centre) at a meeting on 9 December 2020.

The Governing Body members agreed that improvements to local health and care services, and other developments to come, meant that this was the right decision for the local population.

The decision followed a comprehensive review and evaluation of feedback from the public consultation and from other organisations invested in providing care and support services to local people.

In making their decision, the Governing Body considered recent and on-going developments to further improve health services in Eastbourne.

The decision was then endorsed at the East Sussex Health Overview and Scrutiny Committee (HOSC) meeting on the following day (10 December) with clear recommendations to be taken into account as this work progressed.

Since this decision was taken we have continued to work with our local partners to address the detailed recommendations made by HOSC and the feedback we received from the public consultation.

2.1 Implementation

In line with our plans, the ESHC closed on 30 August 2021 and all patients previously registered with ESHC have been successfully transferred to Victoria Medical Centre.

Ahead of the closure, the CCG wrote to the registered patients in July with all the details about this arrangement, and a dedicated telephone number and email address for them to contact if they needed further assistance.

Victoria Medical Centre – a new, purpose-built GP practice which opened on 9 August – is located in Victoria Drive, Eastbourne. As this new facility is further away from the centre of town, a new branch surgery is being opened in the Beacon Centre, which is expected to be ready to start seeing patients this month.

The opening of the permanent branch surgery is later than originally expected due to unforeseen technical difficulties and building supply issues, so we have worked with the GP practice to ensure

there is an interim measure that makes sure there continues to be provision of general practice services in the town centre.

To offer provision in the town centre, as the ESHC closed, patients transferred to VMC who need to be seen face-to-face have the option of attending their appointments at either the main Victoria Medical Centre branch in Victoria Drive, or at its current vaccination service facility in the Beacon Centre. This is located on the ground floor of the Beacon Centre, Eastbourne and is a short-term temporary measure while work is completed at the permanent branch surgery, which will also be located on the ground floor of the Beacon Centre.

During the formal public consultation about the future of ESHC, concerns were raised about the future access to health services for vulnerable groups including homeless people and rough sleepers if the walk-in closed. In response to these concerns we commissioned the Homeless and Rough Sleepers Service (HRSS), which aims to meet the needs of this particular vulnerable group in Eastbourne linking into and working together with other services in Eastbourne and East Sussex designed to support their needs.

This service includes GP and community nurse drop-in clinics, taking place at least once a week. The Rough Sleepers Initiative nurse is, and will remain seconded from East Sussex Healthcare NHS Trust (ESHT) to maintain the links and support to this vulnerable group when they are discharged from hospital. This nurse will be embedded in the new service retaining the collaborative multi-agency model supported by the Ministry of Housing, Communities and Local Government (MHCLG). This service launched in early August 2021 and, from initial feedback and evaluation, is working well.

All of the services highlighted when we began our consultation into the future of Eastbourne Station Health Centre are still available to everyone, even if the means of access may have changed due to the COVID-19 pandemic – often via NHS 111 with a call-back from a service with a pre-arranged appointment time. This includes:

- Patients continue to have access to their GPs, through telephone, video and face-to-face appointments and Improved Access (evening and weekend appointments).
- The Urgent Treatment Centre (UTC) and A&E at Eastbourne District General Hospital continue to accept walk-in patients.
- Community pharmacies are open allowing patients to get their medication both over the counter and prescribed by a clinician.
- The Clinical Assessment Service (CAS) is an enhancement to the existing NHS 111 service. When a person rings 111 they are connected to a health advisor who uses a clinical decision tool called 'NHS Pathways' to understand their symptoms to determine the most appropriate support for them. This could be a referral to another service by a booked appointment, a home visit, advice, or the call being transferred to a clinician. The type of clinician a patient is referred to will depend on the patient need. The skill-mix of CAS includes GPs, paramedics, nurses, mental health professionals, midwives, and pharmacists. If during the call it becomes apparent that the patient needs emergency treatment, NHS 111 CAS can book an ambulance, which will then be dispatched via 999 to the patient.

2.2 HOSC recommendations

The HOSC made a number of helpful recommendations in response to the CCG's decision with regard to ESHC. The recommendations and how the CCG has ensured each of these has been addressed is included below for information.

Table 1. HOSC recommendations

	HOSC Recommendation	CCG Action
1	<p>The CCG should liaise with the current provider at the appropriate time to understand what opportunities there are for potential employment of the ESHC staff to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.</p>	<p>The CCG initiated and facilitated discussions between the provider of the ESHC service and the GP practice that was accepting the managed list transfer of registered patients to ensure that all staff from ESHC were offered the opportunity to work at the receiving practice. Some staff have transferred, others are remaining with the provider of the ESHC service and being re-deployed within that organisation.</p>
2	<p>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:</p> <ul style="list-style-type: none"> • The enhanced NHS 111-Clinical Assessment Service 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 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 • Patients can order urgent prescriptions over the phone via NHS 111 and have them delivered to a community pharmacy. • Patients with self-care illnesses can now book to see a pharmacist via NHS 111. <p>Publicity about the above options for patients should begin well in advance of any closure of the ESHC 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</p>	<p>A communications campaign to launch NHS 111 First in East Sussex began in October 2020, with staff, stakeholder and public messaging shared in the 'traditional' media, social media, partners websites and newsletters, and on site at our two main hospitals in East Sussex: Eastbourne District General Hospital and The Conquest Hospital in Hastings.</p> <p>The key messages include:</p> <ul style="list-style-type: none"> • If you need urgent medical help, just call NHS 111. They can direct you to the right place and can book a time slot / appointment for services at our Emergency Departments or Urgent Treatment Centre; • By calling 111 first you are making sure you are going to the most appropriate service for your needs – getting the right care in the right place in a more timely way; • If you or someone you know is experiencing a medical emergency, you can still attend the Emergency Department or call 999. <p>This messaging continues to be shared and developed alongside other communications – including our summer 2021 campaign Think Twice. These messages are run continuously to promote access to services such as GP appointments, community pharmacies, mental health support, etc.</p> <p>The CGG developed a signposting guide which is designed to help when having conversations with people about accessing health services in and around Eastbourne. It includes information about primary care, urgent and emergency care, and a wide variety of other support services. The guide includes information on how to access these services, including how to register with a GP practice as a temporary resident and how to</p>

	patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.	access language support services. The guide was used within ESHC to raise awareness before its closure, and with statutory and voluntary sector partners, local language schools, tourist information centres and the local hospitality industry. Practices also raise awareness of appointments outside of core hours and video and phone consultation opportunities.
3	The CCG should engage with Primary Care Networks to encourage them to consult with their Patient Participation Group (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.	The CCG encourages this and most recently attended an additional meeting in July 2021 with the Eastbourne, Hailsham and Seaford PPG Forum to provide an update on the progress of the agreed mitigations and discuss experiences of GP Improved Access. PPG members offered support to disseminate communications to continue to raise awareness.
4	The CCG should investigate the feasibility of commissioning a drop-in clinical service for homeless and rough sleepers in the town centre ahead of the publication of its Decision Making Business Case.	This is in place as outlined in the main body of his report.
5	The CCG should ensure that Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative (RSI) and any other available services. Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community based services.	The CCG has provided information to support signposting throughout the implementation of these plans and as well as people using ESHC being kept informed, this has been shared with a wide variety of stakeholders in line with section 2 of this table.
6	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.	The CCG sign-posting guide includes information about primary care, urgent and emergency care, and a wide variety of other support services. The guide has been shared with local language schools, tourist information centres and the local hospitality industry to enable them to support and inform their respective audiences.
7	If the decision is taken to close ESHC, the CCG should ensure that assistance is provided to help people register at a new GP practice. This includes:	The new Victoria Medical Centre (VMC) premises opened on 9 August 2021 and patients on the ESHC registered list were transferred by a managed list dispersal to the new practice on the

<ul style="list-style-type: none"> • Ensure Care Navigators and letters to patients advise that the local practice they have been allocated will have a full range of primary care services available. • Ensure Care Navigators and any letters to patients explain patient choice and that people may choose a practice in the town centre or nearby to where they live. • 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 the homeless patients registered at ESHC are all registered at new practices elsewhere in the town centre. • Ensure that the Care and Protect service and RSI can register homeless and rough sleepers at alternative town centre practices in the future. 	<p>27 August 2021. ESHC closed at 8 p.m. on Monday 30 August. VMC also has a branch surgery in the Beacon Shopping Centre in central Eastbourne.</p> <p>A letter to ESHC registered patients was sent out on the 21 July 2021. This included information on the dispersal of the registered list to VMC, how patients could access support via a dedicated CCG telephone number and, if desired, move to a different practice. Information and dates for a series of patient meetings with the team from VMC were also shared. These meetings were attended by over 250 patients. The events were led by GPs and other practice staff and were supported by members of the CCG.</p> <p>The CCG attended key forums including Eastbourne Access Group, Eastbourne Disability Group and East Sussex Seniors Association to update on progress, and to provide information on new services such as the branch surgery in the Beacon Shopping Centre.</p> <p>The CCG has set up a dedicated page on the Engagement HQ website to include all relevant information about the closure of ESHC and the dispersal of the registered list and this page will be regularly updated. Links to this page have been provided to key stakeholders and included in patient letters.</p> <p>The homeless and rough sleeper service incorporates functions previously carried out by the Care and Protect service.</p> <p>Homeless and rough sleepers who were registered at Eastbourne Station Health Centre automatically transferred to Victoria Medical Centre when Eastbourne Station Health Centre closed down. For any patients not wanting to transfer to Victoria Medical Centre they were free to register at another local GP practice. The Primary Care team at the CCG are on hand to support any patient who is seeking to register with an alternative GP practice.</p> <p>The homeless and rough sleeper provider is unable to register patients as it is not a GP practice, however it can encourage and direct homeless and rough sleepers to practices in</p>
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		Eastbourne with whom they can register. The provider has been informed that if the patient faces any barriers to registration then the Primary Care team at the CCG are on hand to support any patient requiring registration with a GP practice.
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3.0 Hastings Station Plaza

The CCG previously proposed to develop and test a primary care led hub (PCLH) at Hastings Station Plaza from 1 December 2019 for a maximum period of 16 months. During this time, it was intended the CCG would finalise the service specification, the clinical model and formally commission the future hub to become operational from April 2021.

The proposal outlined our plans to develop and test a primary care led hub at Hastings Station Plaza, which best meets the care needs of local people, building on the previous WIC service and that through working with local people and stakeholders to test out revised opening hours and a new, more integrated model of care that takes into account the range of enhanced services that have been introduced since the establishment of the WIC (for example NHS 111 CAS, or Primary Care Improved Access which is already in place). This proposal follows a Proof of Concept framework that has been developed across the Sussex Health and Care Partnership to allow CCGs to develop services with local people, stakeholders and providers. During the testing phase, we began to test out our proposals, bringing together a wide body of patients, clinicians and other stakeholders to understand how our revised opening hours and clinical model is meeting the needs of local people and impacting on local services and to use this insight, alongside our knowledge of a local need and the development of local services, to inform our future service specification.

Since this work began, we have had to pause the testing stage as our local system has responded to the Covid-19 pandemic and ensure consistency of service provision available for local people. We continued to offer a service at Hastings Station Plaza 7 days a week, including bank holidays (08.00 – 18.30 Monday to Friday and 08.00 – 20.00 at weekends). This offers treatment for conditions such as wound care, skin complaints, minor illnesses and infections, signposting and navigating people to local services and supporting people to register with a local GP. The testing work is now restarting.

We have undertaken an Equality Health Impact Assessment for the Proof of Concept service which identified three vulnerable patient groups: Veterans, Single parent families, Homeless and Rough sleepers. The CCG, provider and other key stakeholders are working together to develop new care pathways that meet the health needs of these groups as well as the needs of our wider community. Further engagement is planned for September to establish links and foster integration with local stakeholders. With the easing of lock down restrictions and in line with the CCGs commitment, we plan to trial dedicated clinics (for at least one of the vulnerable patient groups initially), working closely with agencies supporting them. This will feed into a wider design with the aim of finalising a specification for the service by winter 2021. In the meantime, the current service offer remains in place and we will continue to update HOSC on progress.

4.0 Crowborough Minor Injury Unit

System partners recently took the decision to temporarily close Crowborough Minor Injuries Unit (MIU) from Sunday 15 August for an estimated period of eight weeks. This has been communicated

widely. This decision was taken because of the extreme pressure that healthcare services are currently facing in Sussex, and in particular the challenges around the adequate safe staffing of services. The closure of Crowborough MIU has enabled staff to be redeployed to the Uckfield MIU and Lewes Urgent Treatment Centre (UTC), ensuring that people are still able to access urgent treatment in the local community. Patients who are seeking help with minor injuries are being encouraged to call NHS 111 first, where trained clinical staff will be able to advise which service is most appropriate for them. No other services at Crowborough War Memorial Hospital are affected by this. The CCG will ensure HOSC is updated as this reopens.