

Report to East Sussex Health Overview and Scrutiny Committee: Same day urgent care update

February 2022

1. Introduction

This paper provides an update to the East Sussex Health Overview and Scrutiny Committee on key developments in relation to same day urgent care. This includes:

- An evaluation following the closure of the Eastbourne Walk in Centre and associated GP practice list dispersal
- Information regarding Minor Injury Units and the Hastings Station Plaza primary care-led hub

2. Eastbourne Walk in Centre closure: evaluation

2.1 Background

On 9 December 2020 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).

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

The decision followed a comprehensive review and evaluation of feedback from a formal 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 worked with our local partners to address the detailed recommendations made by HOSC and the feedback we received from the public consultation.

2.2 Implementation

The implementation of plans was previously reported to HOSC in September 2021 and a summary is provided here for context.

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 or joined other practices where appropriate.

Ahead of the closure, the CCG wrote to all registered patients in July with 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 opened in the Beacon Centre and this is being well used by local patients.

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 service 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 in a way that is designed to support their needs. This service includes GP and community nurse drop-in clinics, taking place at least once a week.

All of the services highlighted when we began our consultation into the future of Eastbourne Station Health Centre are still available to everyone – often via NHS 111 with a call-back from a service with a pre-arranged appointment time. This includes the following:

- 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.

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. Further updates (where relevant) have been provided in italics building on the previous update provided to the HOSC.

Table 1. HOSC recommendations

	HOSC Recommendation	CCG Action
1	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	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

	<p>to minimise any loss of available healthcare staff in the local system, and mitigate the impact on staff members themselves.</p>	<p>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>
<p>2</p>	<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 patients when</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 CCG 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 access language support services. The</p>

	<p>they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>	<p>guide was used within ESCH to raise awareness before its closure, and with statutory and voluntary sector partners, local language schools, tourist information centres and the local hospitality industry.</p> <p>Practices also raise awareness of appointments outside of core hours and video and phone consultation opportunities.</p> <p><i>Over the winter period the Keep Sussex Safe communications campaign was launched focusing on supporting people to use health services wisely over the winter period including advice to use pharmacy NHS 111, Urgent Treatment Centres and Minor Injury Units and encouraging people to take up their Covid-19 booster vaccinations. Following this, in mid-January 'Help us to help you' communications were launched focusing on encouraging local people to use the right services for their needs at the right time; save emergency services for saving lives; be patient with staff, they are trying to keep people safe; to get your vaccines to protect yourself against Covid-19 and flu; and to follow public health advice to protect you and others from Covid-19.</i></p>
<p>3</p>	<p>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.</p>	<p>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.</p> <p><i>Since the closure of ESHC, Victoria Medical Centre, supported by the CCG, organised virtual patient engagement events to enable patients previously registered at ESHC the opportunity to meet GPs and staff from the new practice and to find out more about the services available.</i></p> <p><i>Support was offered to patients who chose to move to another practice of their choice (provided they lived within the catchment area).</i></p>

<p>4</p>	<p>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.</p>	<p>This is in place as previously outlined to HOSC.</p> <p>The service includes:</p> <ul style="list-style-type: none"> • GP drop-in clinics specifically for homeless people and rough sleepers for treatment, health checks and signposting/support as appropriate. • Community nurse drop-in clinic and outreach, linking into patient pathways that support appointments, appropriate admissions, patient management and improving hospital discharge processes. • Support, navigation and co-ordination to access primary and secondary health services and to assist with GP registration. This includes triage and assessment, remote support and care continuity at accommodation sites. The service also helps facilitate/maintain necessary inpatient episode(s) of care. • Support to regional services by working with, and complementing, wider homeless and rough sleeping services such as the Rough Sleepers Initiative (RSI).
<p>5</p>	<p>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.</p>	<p>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.</p>
<p>6</p>	<p>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>	<p>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.</p>

		<p><i>As part of its evaluation, the CCG has contacted these services to seek feedback about the impact of the closure on people who visit or stay temporarily in the area, further information about this is included in the evaluation section of this paper.</i></p>
<p>7</p>	<p>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:</p> <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>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 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</p>

		<p>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 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.</p>
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2.3 Evaluation findings

The CCG has evaluated key elements of local services to understand the impact of the changes and test if the measures put in place (including HOSC recommendations) ensured that local people continued to access the care they needed. This evaluation focused in four key areas:

1. Review with key local community organisations that support people who visit the area or are resident on a temporary basis to understand if these groups of local people are experiencing difficulties in accessing services
2. Review of the Homeless and Rough Sleeper service
3. Review of numbers of patients transferred to Victoria Medical Centre and survey of patients of Victoria Medical Centre seeking feedback about the effectiveness of the transition from ESHC to Victoria Medical Centre
4. Review of activity at key NHS urgent care services to understand if this has been impacted by the changes.

2.3.1 Review with key local community organisations that support people who visit the area or who are resident on a temporary basis to understand if these groups of local people are experiencing difficulties in accessing services

To ascertain whether the closure of ESHC has impacted upon the communities of Eastbourne who may be visiting the area or who are resident on a temporary basis, the CCG's Communication and Public Involvement Team liaised with hospitality companies, language schools and Tourist information for any feedback they may have on the closure of Eastbourne Station Health Centre.

The CCG has not received any feedback about increases in queries from people visiting the area or staying temporarily. Of particular note, the tourist information service confirmed that they have not received any walk-in queries; they do receive email and social media queries following which their staff signpost local people to available local services (as their staff are aware of these services). One of the language schools reported that they remain closed due to Covid-19 and requested information be provided in English and translated versions (Right Care, Right Place leaflet) for future use, which has been taken into account.

2.3.2 Review of the Homeless and Rough Sleeper service

The Homeless and Rough Sleeper Service was commissioned and commenced on 2nd August 2021 serving local Homeless and Rough Sleeper communities from Eastbourne town centre and, once it is operational, the Rough Sleeper Initiative mobile bus. Regular monitoring of the service is in place. Following mobilisation, the service has been growing (with a weekly average number of patient contacts of 22 during January 2022.) Patients (who are registered with a wide range of local GPs within Eastbourne and beyond) have accessed the service through telephone and face-to-face mechanisms. Where patients are not already registered with a GP the service has been successful in arranging new GP registrations. Both men and women have been supported by the service across a wide range of ages and increasing diversity in line with the growing range of locations that the service now reaches in to. Outcomes for patients following contact with the service include prescribing, mental health referrals, blood tests, A&E referrals, referral to routine hospital services and arranging primary care treatment.

2.3.3 Review of numbers of patients transferred to Victoria Medical Centre and survey of patients of Victoria Medical Centre seeking feedback about the effectiveness of the transition from ESHC to Victoria Medical Centre

At the time of the closure of ESHC (30 August 2021) 2,956 patients transferred to the Victoria Medical Centre. Victoria Medical Centre had a patient list in July of 23,728; in October this figure was 26,834, reflecting an increase of 3,106. Most of this increase will have arisen from those patients moving from ESHC and remaining with Victoria Medical Centre after the three month period from closure, as well as other patients choosing to join this practice.

Victoria Medical Centre were due to survey their patients in December 2021 to obtain feedback on the how effective the transition from ESHC had been. Unfortunately, this has been delayed due to resources being redirected to support the Covid-19 vaccination programme. The survey is now running throughout February and the outcomes will be reviewed following this.

Within the survey, Victoria Medical Centre are asking for feedback on:

- Which practice location within the group patients have contacted since transferring to Victoria Medical Centre and how they found the service
- Their experiences when contacting Victoria Medical Centre
- How well patients feel the transfer from ESHC went for them and whether anything could have been done better.

As of 7 February 2022, 77 people had responded to the survey.

It is recognised that there had been difficulties reported by local people in accessing Victoria Medical Centre by telephone following the merger of previous GP practices into the new Victoria Medical Centre. There were some difficulties that Victoria Medical Centre experienced as they established their new surgery, and we acknowledge that this has made accessing services difficult for patients at times. The CCG continues to work closely with Victoria Medical Centre to ensure the issues are addressed, and actions have been taken to improve matters for patients.

As soon as this issue was identified, Victoria Medical Centre urgently brought in extra resource to provide support in dealing with in-coming calls quickly; the practice also reviewed its telephone system and made further improvements, all with the aim of providing quicker and easier telephone access for its patients. Current data from the new telephone system shows that the average call waiting time has reduced significantly on a monthly basis and in December 2021 was 7.55 minutes, with 15 minutes at 8.30-9.00am and 5 minutes at other times of day. The practice also releases a number of appointments online which patients can book directly without calling the practice via the NHS app. The CCG will continue to work with the practice team at Victoria Medical Centre to ensure the improvements made to date continue to provide good access for patients.

2.3.4 Review of activity at key NHS urgent care services to understand if this has been impacted by the changes

Attendances at Eastbourne District General Hospital A&E and Urgent Treatment Centre and calls to NHS 111 have been reviewed to understand if there has been any impact on these services following the closure of ESHC. A&E attendances have remained stable and have been marginally lower during September, October and November 2021 than during the four months preceding the closure (with the exception of August where there was reduced activity that was experienced Sussex wide). Similarly, the pattern of calls to NHS 111 remained stable following the closure of ESHC. This is in line with the modelling undertaken in developing proposals where the level of activity could be supported by the service provision in place.

3. Information regarding Minor Injury Units and the Hastings Station Plaza primary care-led hub

3.1 Minor Injuries Units

During 2022/23 we will be working collaboratively to continue to ensure that local people have access to Integrated Urgent Care services that meets their needs. As set out in the Sussex and place-based plans, our goal is to ensure patients receive the most appropriate care in the most appropriate setting. Improved access to effective out of hospital care, including primary care services forms part of this. Focus for our future services continues to be towards supporting primary care by meeting the patient's needs closer to home, alongside opportunities for integration with other health and care services across our community.

The Minor Injuries Unit (MIU) at Crowborough War Memorial Hospital reopened on Monday 14 February 2022 following a temporary closure, which was discussed at the previous HOSC meeting. The unit, run by Sussex Community NHS Foundation Trust, had been temporarily closed since August 2021, when staff were redeployed to help the NHS respond to significant pressures across the local area.

With high levels of need, increased people requiring hospital admission and high and unpredictable sickness rates across the health and care workforce, this short-term measure allowed the NHS to continue to offer minor injuries services for local people at two out of three community hospitals in East Sussex.

3.2 Hastings Primary Care Led Hub

Following previous presentations to HOSC and the establishment of a Proof of Concept service at Hastings Station Plaza replacing the previous Walk-in-Centre, the CCG has worked with local stakeholders to develop the service specification for the Hastings Primary Care Led Hub (to be provided from Hastings Station Plaza) building on learning from the Hastings Proof of Concept service which ends on 31 July 2022.

The new service that will commence on 1 August 2022, ensuring that the primary care needs of local patients, primarily key vulnerable groups, are met and fully supported now and in the future, complementing services provided by general practice and local community services.

The new service model includes “**Outreach nursing and GP clinic provisions**” for delivering a responsive service that meets the needs of key vulnerable patient groups enhancing the previous service. The core offer of the new service is detailed as follows:

1. Tailored operating times for drop-in services based on previous patterns of service usage.
2. Service led by Advanced Nurse Practitioners (ANPs) and appropriate Health Care Professionals working within an in-reach and out-reach model that is aligned across and collaborates with primary care.
3. GP Drop-in Clinics operating a minimum of eight hours a week over 2 or more sessions for patients who need treatment for acute illnesses, general health checks and support to seek medical attention when needed.
4. Advising and supporting patients who present without booked appointments on how to access other, more appropriate primary care services based on their need, either via NHS 111 Clinical Assessment Service or their own registered GP; if required, people will be seen by a health professional when they present.
5. Provision of information and support to people who use drop-in facilities to improve their knowledge of the co-ordinated range of services that are available to them. Where appropriate the service will work with the patient’s registered practice and/or the appropriate service to coordinate this support.
6. Offer a multi-disciplinary approach to the care of unregistered and vulnerable patients.
7. Development of new care pathways focused on wellness, signposting, care navigation and multi-agency delivery. There will be a strong focus on integration with other providers including voluntary and community sector providers to help secure future a shift from treatment to health promotion and the prevention of ill-health for local people.



Overall, the new model will ensure patients get the right care, first time as well as integrating with other services supporting these groups to ensure that there is better co-ordination of their care. The service will link closely with other organisations (including the voluntary sector, general health services, substance misuse services, adult social care services and housing) to ensure a multi-disciplinary approach to care. This will promote a collaborative, whole system approach to prevention, health assessment and interventions that support this transient, vulnerable population – often with complex needs.