

## The future of Eastbourne Station Health Centre – Decision-making Business Case - Addressing the HOSC Review Board Recommendations

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

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

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<p><b>Praise for accessibility and convenience:</b> Support for keeping the ESHC walk-in service and GP practice open was focused on the ease with which it could be accessed by service users</p>	<p><b>Recommendation 2</b> - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents' understanding of how they can access urgent care in their local communities. Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations, for example:</p> <ul style="list-style-type: none"> <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-</li> </ul>	<ul style="list-style-type: none"> <li>• We have reviewed the potential travel impacts on people using the WIC and those who are registered with the GP list at ESHC.</li> <li>• We do not expect that any patients registered currently at ESHC will have a journey time of longer than 15 to 30 minutes to reach the Victoria Medical Centre, when travelling by public transport or car.</li> <li>• We are not proposing to disperse the ESHC list until Victoria Medical Centre and its associate branch surgery in the town is open. Patients will be able to access primary care services in the town centre.</li> <li>• We are recommending additional actions to be taken to improve access to services:</li> <li>• Within the wider communications and engagement plan, to include communication of transport and travel plans, and access options to alternative services for all patients and visitors, and specifically to patients from vulnerable groups.</li> <li>• To undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes.</li> <li>• To ensure services promote appointment choice to patients to enable them to make an informed choice about their consultation type (remote or face-to-face).</li> <li>• In line with the IUC commissioning programme the NHS 111 CAS successfully launched on 01<sup>st</sup> October 2020 and now includes digital appointment booking ability to other services. Appointment booking into GP practices in-hours is currently being rolled-out and will be in place by end of December 2020. We expect that direct appointment booking into PCIA will be live by the end of December 2020.</li> <li>• The Community Pharmacists Consultation Service (CPCS) is now fully integrated with NHS 111 CAS and Community Pharmacists can receive a digital referral of any nearby patients requiring pharmacist's advice or an urgent prescription.</li> </ul>
<p><b>Travel and access of most concern:</b> The overriding concerns about the proposal to close ESHC were around the impact on travel times and costs, transport, and access to alternative services</p>		

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	<p>face or over a video or phone consultation (subject to current restrictions in place due to Covid-19 that are planned to be lifted in March 2021).</p> <ul style="list-style-type: none"> <li>• Patients can order urgent prescriptions over the phone via 111 and have them delivered to a community pharmacy.</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. The CCG should also encourage GP practices to inform their patients about these changes, for example, by placing advertisements in waiting rooms or on their websites and advising patients when they call their GP practice about accessing 111, for example for an urgent prescription, if it is clinically appropriate to do so.</p>	
<p><b>Potential for impacts on specific groups were raised:</b></p> <p>Potential equality impacts of the proposals focused predominantly on the important issues of access to services, highlighting the needs of people with disabilities, older people,</p>	<p><b>Recommendation 4</b> - The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p>	<ul style="list-style-type: none"> <li>• We have re-assessed our local services and ongoing developments, as well as reviewed information about deprivation areas around Eastbourne.</li> <li>• Patients with complex needs, and those on low incomes and disabilities, will benefit from additional support available in local GP practices and from additional resources currently being recruited to as part of PCN development. These include non-clinical professional who work with people to meet their wellbeing needs.</li> </ul>

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<p>people on low incomes and those living with mental health problem</p>		<ul style="list-style-type: none"> <li>• We have identified further services that are now available locally to support people with mental health and other complex issues. All of these services are part of a network of support which enables people to manage and maintain their mental health and wellbeing.</li> <li>• We will also: <ul style="list-style-type: none"> <li>○ include mental health services in the communications and engagement plan to support the Eastbourne patient population to access the most appropriate service for their health care needs.</li> <li>○ include communication of transport and travel plans, and access options to alternative services for deprived communities, disabilities, and other vulnerable groups.</li> <li>○ undertake additional communication to ensure that people who are eligible for non-emergency patient transport service and/or the NHS Healthcare Travel Scheme are aware of the schemes.</li> </ul> </li> <li>• We have refreshed our EHIA before we restarted the public consultation and for the DMBC. This helped us identify additional actions to support groups with protected characteristics which may be impacted by our proposal.</li> </ul>
<p><b>Temporary residents and those without fixed addresses were highlighted:</b></p> <p>Other groups identified as being vulnerable to changes were those who are homeless or rough sleeping, as well as temporary residents (i.e. students) and visitors to Eastbourne</p>	<p><b>Recommendation 4</b> - The Board recommends that if a decision is taken to close the Eastbourne Station Health Centre, the CCG should commission a drop-in clinical service for homeless and rough sleepers in the town centre.</p> <p><b>Recommendation 5</b> - The Board recommends that the CCG ensures that if the decision is taken to close the Eastbourne Station Health Centre, the Care Navigators employed to assist people target any homeless and rough sleepers and advise them of the Rough Sleepers Initiative and any other available</p>	<p><b>Rough Sleepers and Homeless</b></p> <ul style="list-style-type: none"> <li>• We have worked with the RSI to better understand the needs of rough sleepers and identify potential service models to support this cohort. We are committed to providing appropriate town centre service for rough sleepers in Eastbourne and providing support to mitigate against the impact of the closer of the ESHC.</li> <li>• We are planning to commission a dedicated service in the town centre for rough sleepers, to help break down existing barriers and increase accessibility to mainstream health services. The service will include: <ul style="list-style-type: none"> <li>○ At least weekly GP drop-in clinic specifically for rough sleepers and homeless, and access to outreach services that would support rough sleepers to seek medical attention when needed.</li> <li>○ Community nurses supporting rough sleepers and providing the link to patient pathways including supporting appropriate admissions, patient management and improving discharge processes for these individuals.</li> </ul> </li> </ul>

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	<p>services. Care Navigators should also ensure they focus on other vulnerable groups such as people living in temporary accommodation, young carers, or those with English as a second language to ensure they understand the new Integrated Urgent Care system and are confident they can access it. They should also be in a position to use social prescribing to help ensure vulnerable groups are supported to access non-clinical support from community-based services.</p> <p><b>Recommendation 6</b> - The Board recommends that if the decision is taken to close the Eastbourne Station Health Centre, the CCG should contact language schools and ensure that they are aware they should advise their students to use 111 as the first point of contact if they feel ill.</p> <ul style="list-style-type: none"> <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.</li> </ul> <p><b>Recommendation 7</b> - 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>• In preparation for the registered list dispersal, we will: <ul style="list-style-type: none"> <li>○ Work with the RSI and Victoria Medical Centre to ensure that homeless patients registered at ESHC are all registered at the new surgery or at an alternative practice of their choice.</li> <li>○ Ensure that the RSI can register rough sleepers and homeless at alternative town centre practices in the future. In addition, in the Eastbourne area, the Salvation Army has agreed that people with no fixed address can register using the Salvation Army address to receive correspondence on their behalf. If this is not possible, a practice can also use the practice's own address to register the patient.</li> <li>○ Work closely with the RSI and other voluntary and community services to ensure that information about the RSI and the GP drop-in session and how to access them is distributed to all the places where rough sleepers might go to e.g. GP practices, community pharmacies, the hospital, Eastbourne Borough Council and other local community and voluntary services.</li> </ul> </li> <li>• We are also proposing to commission a short-term service at ESHC to provide support to vulnerable groups, including rough sleepers and homeless, and alert them to other services which will support them in the future. This short-term service will include nursing support to manage immediate care needs of people while the GP drop-in sessions are embedding, while also offering care navigation and sign-posting to the new service for rough sleepers and homeless.</li> </ul> <p><b>International students, visitors, and tourists</b></p> <ul style="list-style-type: none"> <li>• We engaged with local tourist and hospitality industry. We provided leaflets and consultation documents to Eastbourne Tourist Information Centre, promoted the consultation on social media pages, and local tourist portal VisitEastbourne. We also undertook a focused engagement at Eastbourne Open Air market.</li> <li>• We investigated the process they need to follow to access healthcare in the UK. In the UK, all international students are eligible for NHS treatment after paying an annual healthcare surcharge. Those students who are planning in the UK for less than six months do not need to pay the surcharge.</li> </ul>

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	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>International students can also use the UTC and A&amp;E department (for emergencies) at Eastbourne DGH. Both services can be accessed as a “walk-in” and with a booked appointment via NHS 111 CAS.</li> <li>While we are confident that there are suitable services for visitors and international students in Eastbourne, all of which can now be accessed via NHS 111 CAS as the first point of contact, we are also proposing: <ul style="list-style-type: none"> <li>To commission a short-term service at ESHC which will include nursing support to manage immediate care needs of visitors and international students over the summer period, while also offering care navigation and sign-posting to other Integrated Urgent Care services available in Eastbourne.</li> <li>We will ensure that we will work with the English language schools to share communications on how their students can access healthcare.</li> </ul> </li> </ul>
<p><b>Capacity of alternative services was an issue for many:</b></p> <p>The number of patients seen each year at the ESHC being sufficient to justify keeping it open, with concerns about increased pressure on other services; misgivings about alternatives to the ESHC; and the capacity of other GP surgeries to take on the ESHC registered patient list.</p>	<p><b>Recommendation 2</b> - The Review Board recommends that, if the decision is taken to close the Eastbourne Station Health Centre, the communications and engagement plan for Integrated Urgent Care (IUC) must help improve residents’ understanding of how they can access urgent care in their local communities. Communications should focus on the benefits of the new service to patients and should therefore emphasise the wider variety of booked appointments and the potential additional convenience of telephone and video consultations.</p> <p><b>Recommendation 7</b> - If the decision is taken to close the Eastbourne Station Health Centre, the CCG should ensure that assistance is</p>	<ul style="list-style-type: none"> <li>Patients will continue to be able to access the following services, many of which are now accessible via NHS 111: <ul style="list-style-type: none"> <li>Their own GP surgery in-hours – between 8.30 am until 6.30 pm</li> <li>Primary Care Improved Access appointments and extended hours appointments – in the evenings and at weekends</li> <li>Community Pharmacy – including access to urgent prescriptions via NHS 111 and additional services through the Community Pharmacy Consultation Service</li> <li>Urgent Treatment Centre – seven days a week, 10 am to 10 pm</li> <li>A&amp;E department – for emergencies</li> <li>Other options that patients could be signposted to, for example mental health services or services for vulnerable communities</li> </ul> </li> <li>We have reviewed the current capacity within local primary care and GP surgeries and investigated the size of the GP registered lists and which of the surgeries are accepting patients.</li> <li>A new Victoria Medical Centre will provide a new home for the Bolton Road, Green Street and Enys Road surgeries, which have merged to form a single practice. When it opens in Spring 2021, this development will create a facility that can cater for 30,000 patients. The three practices have an existing combined registered patient list of 24,000 meaning there is spare capacity to welcome 6,000 more new patients.</li> </ul>

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	<p>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.</li> </ul>	<ul style="list-style-type: none"> <li>• We acknowledge that Victoria Medical Centre is outside the core town centre area, and that the three surgeries that have merged to move to the new facility will mean there will be fewer physical GP practices in the town centre. That is why Victoria Medical Centre is planning to open a branch surgery in the town centre, with patients being able to attend appointments at either of the locations.</li> <li>• We confirmed that ESHC currently has a registered patient list of just over 3,200 and we intend to move these patients to Victoria Medical Centre. Those patients who do not want to move to Victoria Medical Centre will be able to choose to move to another practice of their choice at any time (providing they live within the catchment area of that practice). If all the patients from ESHC do move to Victoria Medical Centre it will still leave a spare capacity of just under 3,000.</li> <li>• We also assessed the current workforce within primary care. At present there are 64.5 FTE qualified permanent GPs across Eastbourne. This equals 2,130 patients per each permanent FTE GP (excluding locum staff, GP registrars and other training posts). We confirmed that the development of the Victoria Medical Centre helped Green Street surgery to recruit two new GP partners, with two further ones set to join the new practice next year.</li> <li>• We identified additional roles which will further expand capacity and multidisciplinary teams within GP surgeries. These are being recruited as part of the PCN development.</li> <li>• Taking this into account, and on the basis of additional evidence around capacity in alternative services available locally, the following recommendations are put forward: <ul style="list-style-type: none"> <li>○ carry out a managed dispersal of the ESHC GP list to the new Victoria Medical Centre only once the centre's branch surgery in Eastbourne town centre has been established. This is in response to people telling us that continued provision of town access is important</li> <li>○ commission GP and community nurse drop-in clinics (at least weekly) to meet the medical and nursing needs of rough sleepers and homeless patients</li> <li>○ continue to commission the walk-in aspect of the service at ESHC for a short period (likely three months)</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>The CCG has experience in managing re-allocation of patients to other practices. The CCG would offer several drop-in sessions for patients and their carers to respond to any questions or concerns they might have and to support them to register with an alternative practice if they wished. All patients would be provided with details of a dedicated phone line where they would be able to speak to a member of the CCG's Primary Care Team who could assist them if they were unable to attend one of the drop-in sessions.</li> <li>The CCG can also allocate patients to practices with a capped list, and any patients who would like to move to a practice with a capped list will be supported by the CCG.</li> <li>We will work with GP practices to increase their understanding of patient choice and awareness of other services (such as PCIA, extended hours, NHS 111 CAS, Community Pharmacy Service, UTCs) that are available to local people so that they could sign-post people and provide information and advice about other services available locally; we will do this by liaising with PCNs and their Patient Participation Groups (PPGs)</li> </ul>
<p><b>Some alternatives suggested:</b> Closing the walk-in service but retaining the GP practice; introducing or extending other support for those with complex needs, as well as rough sleepers and homeless people; relocating the service to a better or cheaper location; and reducing the opening hours to improve the sustainability of the service</p>	Not applicable	<ul style="list-style-type: none"> <li>We have re-assessed the proposal set out in the PCBC and checked the other services that have launched since the PCBC to see how they align with the new evidence from the consultation.</li> <li>Evening and weekend appointments with GP practices are already in place with PCIA and extended hours. NHS 111 CAS is already able to book appointments requiring face-to-face consultation in both the UTC and GP practice settings. PCIA will join these services in December 2020.</li> <li>Providing the WIC across reduced hours in the evenings and at weekends would continue to duplicate the services offered by both PCIA, UTC and NHS 111 CAS. The new contract with community pharmacists also allows easier patient access to pharmacist advice and treatment for a range of minor illnesses in close to home locations.</li> <li>It is not possible to expand or develop the existing ESHC into another service such as a wellbeing centre due to estates constraints.</li> <li>The publicity arising from the public consultation has increased awareness of the service's existence to people both in and outside Eastbourne. Despite this, activity levels have reduced year on year and continue to do so. Unlike other healthcare services, activity levels</li> </ul>

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

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<p>particularly in the context of the ongoing Covid-19 pandemic and related lockdown measures – with some respondents arguing the proposals themselves should be dropped completely as a result, or that the consultation and decision-making should be delayed</p>		<p>engagement process.</p> <ul style="list-style-type: none"> <li>• The ORS assessed the consultation process as “open, accessible and following ‘good practice’ guidelines in both the scale and the balance of elements used.”</li> <li>• The ORS report also acknowledges the CCG took appropriate action to ensure any potential impacts of the current pandemic were mitigated before restarting the consultation and while undertaking the consultation process.</li> </ul>