

Report to	Governing Body
CCGs applicable to	NHS East Sussex Clinical Commissioning Group
Meeting date	09 December 2020
Report title	Eastbourne Walk in Centre
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Item number	2.1

Recommendation/action required:

It is recommended that the Governing Body:

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

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

Note the consultation findings and how these have informed the Decision-Making Business Case (DMBC) and resulted in the post-consultation proposal.

Note and **approve** additional actions to further mitigate any potential adverse impacts of the post-consultation proposal on groups highlighted in the Equality and Health Inequalities Impact Assessment (EHIA).

Approve the submission of the Governing Body's decision to the East Sussex Health Overview and Scrutiny Committee (HOSC) for consideration.

Executive summary

1. Background and context

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

The draft DMBC builds on the work undertaken when developing the Pre-Consultation

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

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

2. Governance process to date

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

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

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

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

3. Public consultation and how this influenced the proposal

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

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

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

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

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

The final consultation feedback report confirmed that:

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

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

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

4. East Sussex HOSC consultation

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

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

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

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

5. Post-consultation proposal

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

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

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

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

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

provision of town access is important.

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

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

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

6. Impact on patients

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

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

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

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

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

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

7. Additional actions supporting patients and implementation

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

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

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

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

8. GP Registered list

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

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

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

9. Next steps

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

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

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

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

What happens next?

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

Implications

Corporate goals this relates to

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

Financial

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

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

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

Risk, legal and other compliance

- The final consultation feedback report confirms that the CCG

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

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

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

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

The future of Eastbourne Station Health Centre

Decision-making Business Case

Date:	26 th November 2020
Version:	1.1 – FINAL FOR CCG GOVERNING BODY
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1.0 Executive Summary

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

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

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

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

Case for Change – Strategic and Local context

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

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

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

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

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

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

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

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

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

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

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

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

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

Impact of Covid-19 pandemic on local services

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

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

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

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

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

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

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

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

Service development since the PCBC

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

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

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

Public Consultation and Engagement

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

The impact of Covid-19 on the consultation

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

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

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

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

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

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

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

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

Re-launching the consultation

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

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

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

The CCG considered three options:

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

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

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

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

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

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

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

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

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

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

Outcomes of the public consultation

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



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

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

communities and those living with mental health problem

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

Addressing themes from the public consultation and adapting our proposal

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

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

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

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

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

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

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

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

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

Impact of the post-consultation proposal on patients

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

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

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

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

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

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

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

Implementation

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

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

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

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

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

Recommendations

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

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

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

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

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

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

2.0 Introduction

2.1 Who we are

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

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

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

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

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

2.2 Aims of the decision-making business case

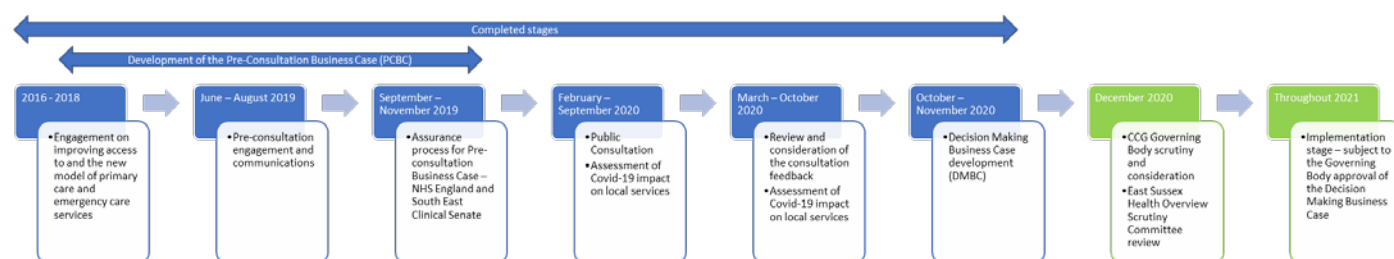
This DMBC sets out the information necessary for our Governing Body to decide on our proposals for the future of ESHC.

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

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

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

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



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

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

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

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

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

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

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

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

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

3.0 Case for Change

3.1 Strategic and Local context

The pre-consultation business case set out:

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

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

3.1.1 Strategic and national drivers for change

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

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

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

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

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

3.1.2 Our local response to the national drivers

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

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

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

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

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

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

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

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

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

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

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

3.1.4 Who uses the Eastbourne Station Health Centre and why

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

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

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

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

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

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

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

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

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

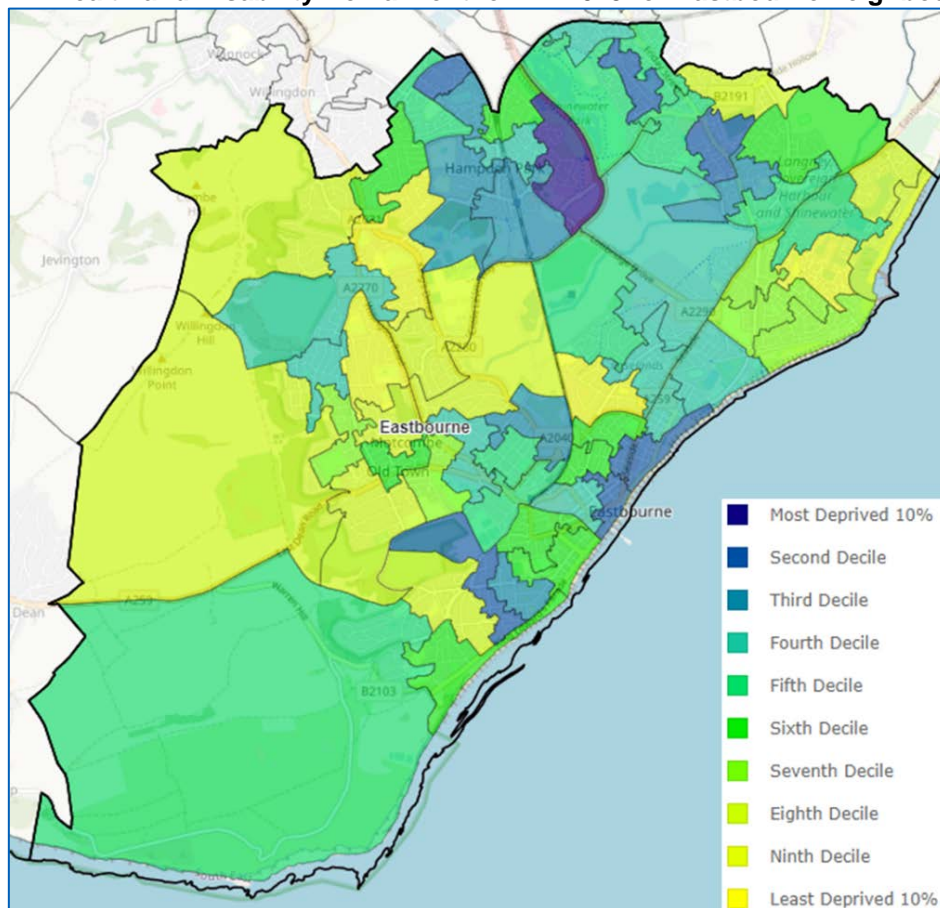
3.2 Local needs and Service changes since PCBC

3.2.1 Local health needs

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

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

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

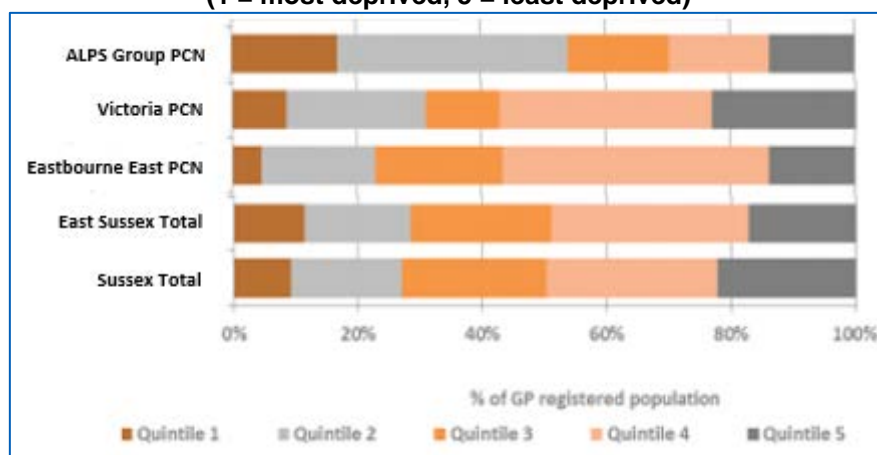


Data source: <http://www.eastsussexinfigures.org.uk/imd2019/imd2019a/atlas.html>

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

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

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



Data source: East Sussex Health and Social Care Plan

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

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

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

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

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

3.2.2 Impact of Covid-19 pandemic on local services

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

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

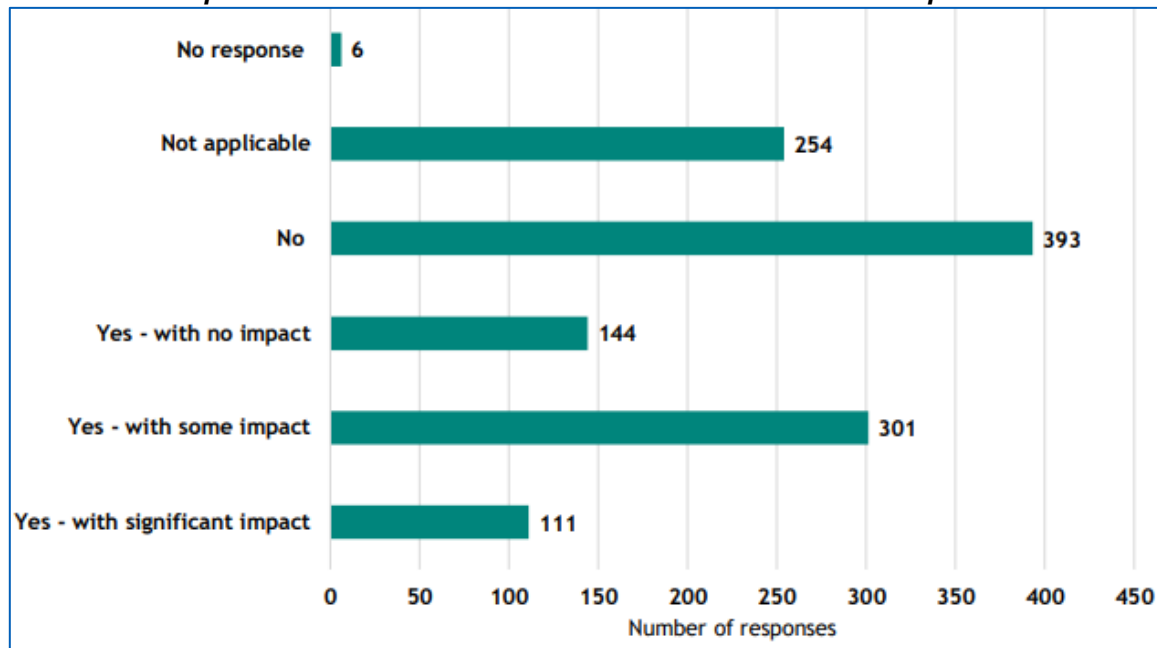
- Services adopted new clinical streaming approaches for patients with suspected or confirmed Covid-19 by separating care pathways into “red” (Covid-19) and “green” (non-Covid-19) pathways – these pathways continue to operate, for example, in local UTCs and A&E departments.
- In line with the NHS guidance,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

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

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

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

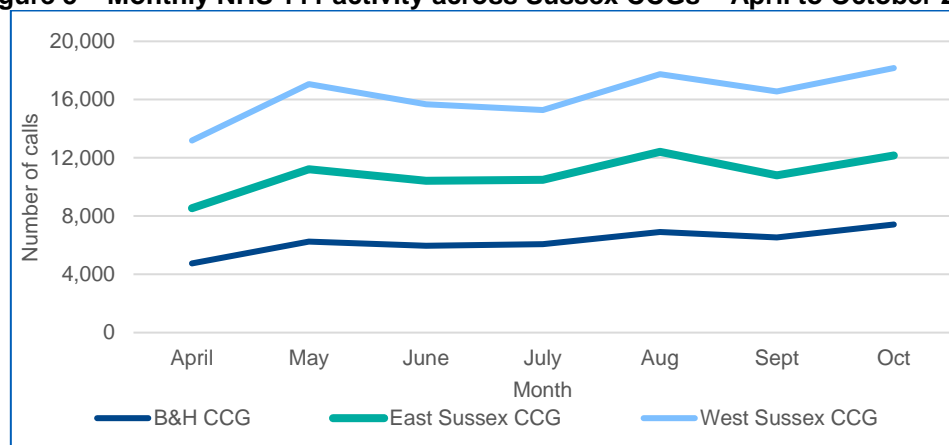
Figure 4 – Responses to the East Sussex Healthwatch survey question: *Have you experienced any changes or disruption to health services or treatment due to the Covid-19 pandemic?*



Impact on NHS 111

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

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



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

Primary Care services

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

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

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

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

Remote consultations

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

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

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

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

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

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

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

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

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

Services supporting Rough Sleepers and homeless

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

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

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

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

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

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

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

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

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

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

3.2.3 Integrated Urgent Care developments since PCBC

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

Sussex Home Visiting Service

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

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

NHS 111 Clinical Assessment Service (CAS)

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

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

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

Digital Appointment Booking / Directly Bookable Appointments

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

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

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

NHS 111 First

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

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

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

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

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

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

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

Directory of Services (DOS) and Service Finder

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

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

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

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

3.2.4 Primary Care developments since PCBC

Victoria Medical Centre

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

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

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

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

Registered lists

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

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

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

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

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

Primary Care Networks (PCNs)

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

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

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

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

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

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

Primary Care Improved Access (PCIA) developments

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

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

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

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

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

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

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

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

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

Community pharmacy developments

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

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

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

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

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

3.2.5 Service changes at Eastbourne Station Health Centre

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

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

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

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

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

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

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

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

Table 6: Walk-in Centre activity per year

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

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

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

In summary, in 2019/20:

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

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

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

Walk-in Centre activity during the Covid-19 period

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

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

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

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

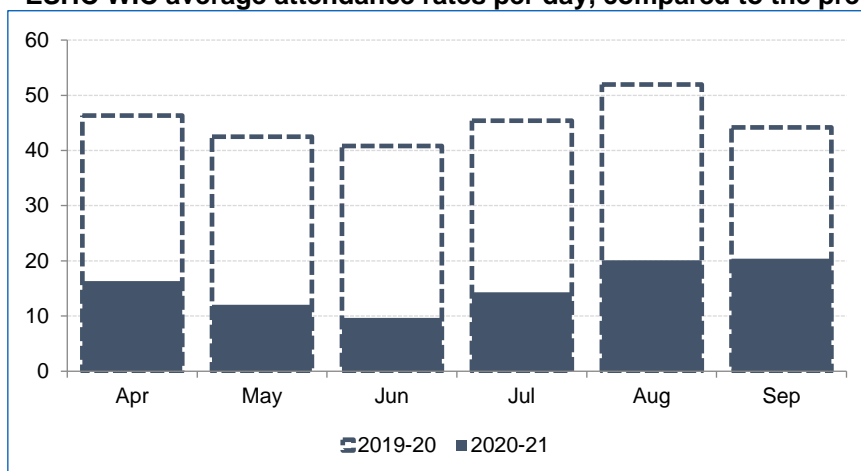
Month	Days	All contacts		Face-to-Face contacts			Remote contacts (Telephone)		
		Total	Average Per Day	Total	Average Per Day	%	Total	Average Per Day	%
July 20	31	444	14	70	2	16%	374	12	84%
August 20	31	623	20	141	5	23%	482	16	77%
September 20	30	610	20	94	3	15%	516	17	85%
TOTAL	92	1,677	18	305	3	18%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

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

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

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

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



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

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

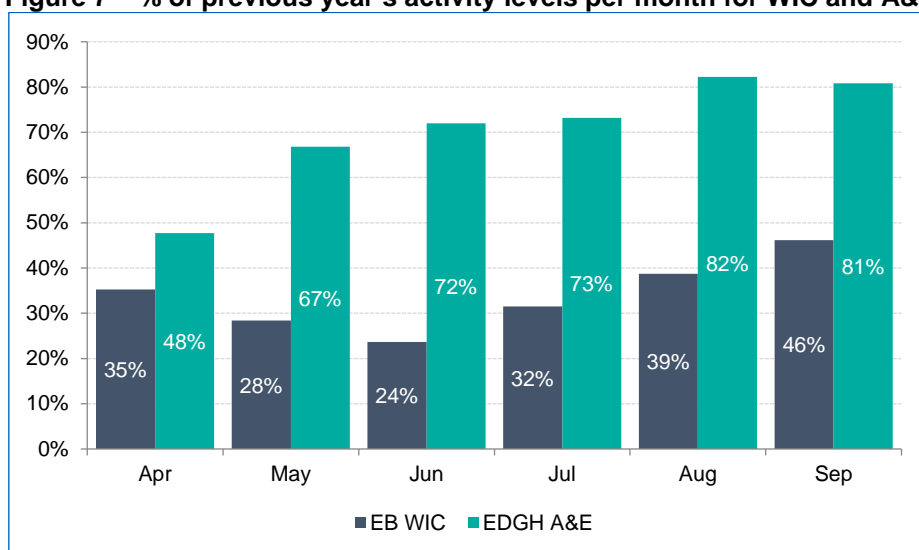
As an example, activity at both services was significantly lower in April 2020. A&E's activity level was 48%, while activity at the WIC was 35% of the previous year's volume.

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

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

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

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



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

Registered patients' activity during Covid-19 period

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

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

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

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

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

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

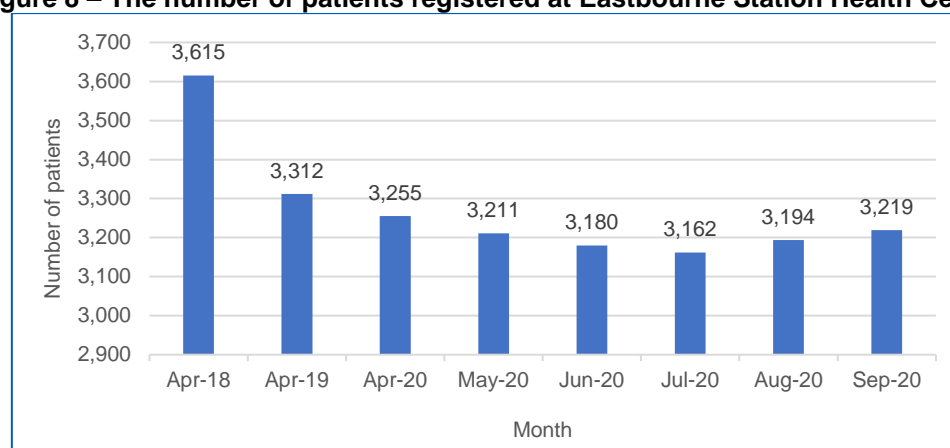
Data Source: IC24 Ltd. activity return. Analysis by Sussex CCGs Commissioning Support Unit.

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

The size of the registered list at ESHC

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

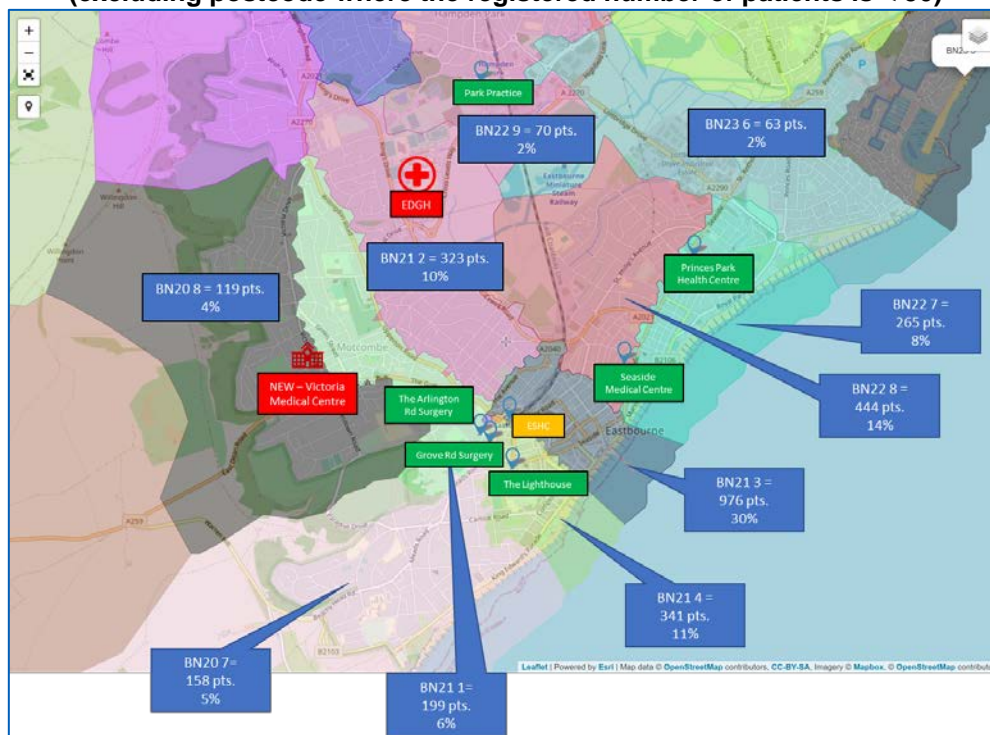
Figure 8 – The number of patients registered at Eastbourne Station Health Centre



Data Source: NHS Digital

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

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



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

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

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

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

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

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

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

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

4 Public Consultation and Engagement

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

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

4.1 Summary of Public Consultation activity pre-Covid-19

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

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

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

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

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

Regular updates on the consultation process were provided at:

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

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

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

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

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

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

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

4.2 Responding to Covid-19

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

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

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

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

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

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

Planned engagement which was cancelled because of this decision included:

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

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

4.2.1 Re-launching the public consultation

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

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

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

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

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

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

Following this review the CCG concluded that:

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

4.2.2 Preparation for the re-launch of the consultation

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

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

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

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

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

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

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

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

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

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

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

4.3 Feedback from the public consultation

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

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

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

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

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

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

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

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

The consultation received the following levels or response:

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



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

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

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

4.3.1 Crosscutting themes

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

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

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

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

4.4 Engagement with East Sussex Health Overview Scrutiny Committee

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

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

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

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

Table 10: East Sussex HOSC Review Board recommendations

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

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

5 Addressing themes from the public consultation

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

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

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

5.1 Crosscutting Theme 1 - Disagreement with the proposal

Evidence previously considered

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

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

New evidence from the consultation

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

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

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

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

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

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

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

Evidence previously considered

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

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

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

New evidence from the consultation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recommendation

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

5.3 Crosscutting Theme 4 - Potential for impacts on specific groups

Evidence previously considered

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

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

New evidence from the consultation

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

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

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

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

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

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

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

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

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

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

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

Recommendation

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

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

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

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

5.5.1 Rough Sleepers and Homeless

Evidence previously considered

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

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

New evidence from the consultation

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

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

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

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

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

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

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

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

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

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

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

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

Recommendation

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

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

5.5.1 International students, visitors, and tourists

Evidence previously considered

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

New evidence from consultation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recommendation

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

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

5.6 Crosscutting theme 6 - Capacity of alternative services

Evidence previously considered

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

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

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

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

New evidence from the consultation

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

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

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

Capacity within GP surgeries – list sizes

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

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

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

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

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

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

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

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

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

Capacity within GP surgeries – workforce

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

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

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

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

Additional primary care appointments

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

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

NHS 111 CAS and Integrated Urgent Care services

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

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

Recommendation

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

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

5.7 Crosscutting theme 8 - Alternative options

Evidence previously considered

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

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

New evidence from the consultation

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

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

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

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

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

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

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

Recommendation

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

5.8 Crosscutting theme 9 - Communication and education

Evidence previously considered

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

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

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

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

New evidence from the consultation

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

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

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

Access to services

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

Get the right help at the right time

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

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

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

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

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

5.9 Crosscutting theme 10 - Criticism of consultation

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

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

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

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

The final consultation feedback report confirmed that:

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

5.10 Addressing recommendations of the East Sussex HOSC Review Board

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

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

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

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

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

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

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

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

6.0 The proposal post-consultation

6.1 Overview of the post-consultation proposal

In the PCBC we set out a proposal:

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

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

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

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

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

6.2 Actions supporting post-consultation proposal

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

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

promote interpreting services for those whose English is not the first language and may not be able to communicate in English

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

7.0 Assessing the implications of the post-consultation proposal

7.1 Impact of the post-consultation proposal on patients

Patient stories

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

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

Expected benefits for patients

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

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

Where will people get care and support if ESHC closes?

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

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

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

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

7.1.1 Quality Impact Assessment

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

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

In summary, the QIA specifically highlights the following:

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

7.1.2 Equality Health Impact Assessment

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

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

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

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

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

The table below sets out a summary of the EHIA.

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

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

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

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

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

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

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

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

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

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

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

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

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

7.3 Impact of the post-consultation proposal on activity flows

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

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

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

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

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

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

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

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

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

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

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

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

7.4 Financial impact of the post-consultation proposal

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

Table 13: Financial impact of the proposal

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

The financial impact is based on the following assumptions:

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

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

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

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

8.0 Assurance

8.1 Clinical Senate

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

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

8.2 Reconfiguration: The Four Tests

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

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

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

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

Table 15: NHS Four Tests

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

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

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

8.3 NHS England assurance

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

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

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

8.4 CCG statutory duties

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

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

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

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

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

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

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

9 Decision-making process

9.1 Overview of the process

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

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

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

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

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

9.2 Recommendations for decision making

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

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

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

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

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

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

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

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

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

10 Implementation

10.1 Approach to governance

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

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

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

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

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

10.3 Outline of the implementation timetable

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

Table 16: Post-consultation proposal implementation timetable

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

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

10.3 Post-Project Evaluation Reviews

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

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

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

10.4 Risk Management

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

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

11 Conclusions

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

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

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

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

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

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

Appendices

Appendix 1 –Community Pharmacy Consultation Service in Eastbourne

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

Data source: NHS England (October 2020)

Appendix 2 – ESHC activity overview – July to September 2020

Walk-in centre activity

Walk In Patients

Rate per day higher on non working days

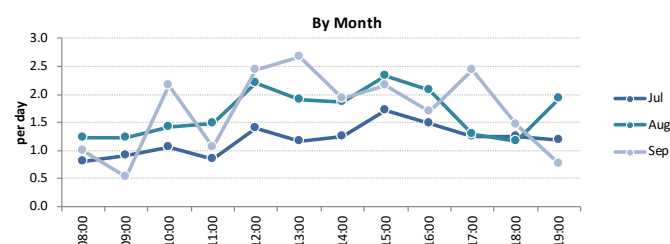
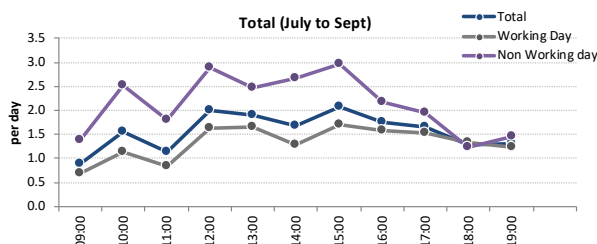
Month	Total	Per Day	Working Day	Per Day	Non Working Day	Per Day
Jul	444	14.3	269	11.7	175	21.9
Aug	623	20.1	343	17.2	280	25.5
Sep	610	20.3	381	17.3	229	28.6

Totals Per Day

Peak Hours: 15:00 then 12/13:00

Top 2 hours highlighted red

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



Walk In Patients

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

Face to Face		
Total	Per Day	Change from Prev
70	2	
141	5	
94	3	

Telephone		
Total	Per Day	Change from Prev
374	12	
482	16	
516	17	

% Telephone	Change from Prev Month
84%	
77%	
85%	

ESHC GP Registered Patients activity

Registered Patients

Rate per day higher on working days

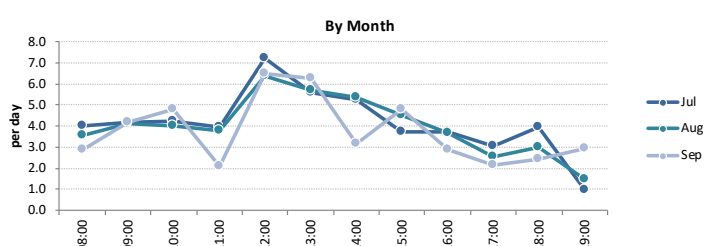
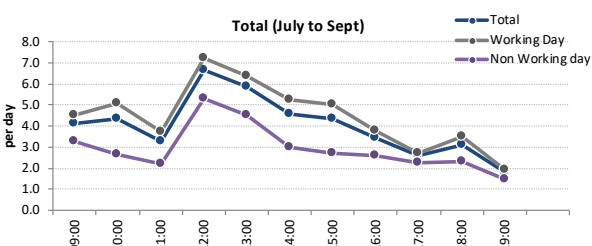
Month	Total	Per Day	Working Day	Per Day	Non Working Day	Per Day
Jul	1,544	49.8	1,237	53.8	307	38.4
Aug	1,491	48.1	1,078	53.9	413	37.5
Sep	1,350	45.0	1,131	51.4	219	27.4

Totals Per Day

Peak Hours 12-13:00

Top 2 hours highlighted red

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



Registered Patients

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

Face to Face		
Total	Per Day	Change from Prev
413	13	
462	15	
423	14	

Telephone		
Total	Per Day	Change from Prev
1,131	36	
1,029	33	
927	31	

% Telephone	Change from Prev Month
73%	
69%	
69%	

Data source: IC24 Ltd. activity return

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

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

Data source: NHS Digital (October 2020)

Appendix 4 – Addressing the HOSC Review Board Recommendations

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

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

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

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

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

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

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

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

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

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

Glossary

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