

9 February 2015		ITEM: 6
Health and Wellbeing Board		
The future of the Thurrock Walk-in Service		
Wards and communities affected: All	Key Decision: N/A	
Report of: Beata Malinowska, Senior Consultant, NEL CSU – Walk In Service project lead for Thurrock CCG.		
Accountable Head of Service: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG		
Accountable Director: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG		
This report is Public		

Executive Summary

This report outlines the progress of work that Thurrock CCG has conducted so far to facilitate the decision-making process for the future of the walk-in service at Thurrock Health Centre in Grays.

Through a robust engagement and data gathering process, Thurrock CCG has identified three options for the future of the Walk-in Service (WiS):

1. Re-tender for the service on the current specification
2. Re-tender with a new specification for service
3. Decommission the Walk-in Service with a view to fully or partially reinvest in four hubs.

These options were considered and appraised by a selected scoring panel of clinicians, GPs, commissioners, patients and the public on 18 November 2014 (a fourth option was considered – to decommission the service and do nothing, but that was considered by the panel and rejected as an option). The panel scored Option 3 the highest and the CCG has accepted that option: *To decommission the Walk-In Service and fully or partially reinvest in the four hubs*’ as its preferred option, and is looking to proceed to an eight-week consultation period, subject to a decision-making meeting of its governing body on 28 February.

The proposed change is only to the Walk-in Service at Thurrock Health Centre, not the GP practice whose patients will still be able to see their GP there. We have plans to provide increased access to local GPs on Saturdays and Sundays more widely across Thurrock in four existing GP practices (which we are calling

hubs), and local GP services will absorb the rest of the capacity provided at the Walk-in Service.

Whilst the change is not significant, Thurrock CCG recommended an eight-week period of consultation under section 14Z2, Health and Social Care Act 2012, which will see a consultation document produced, a questionnaire for residents to complete, opportunities to discuss the proposals with clinicians, and engagement with people who currently access the Walk-in service.

This recommendation has been supported by the Thurrock Health Overview and Scrutiny Committee which considered the report on 13 January 2015.

This report includes a consultation plan and stakeholder framework for Health and Wellbeing Board members' information.

1. Recommendation(s)

1.1 To note the consultation process, including its duration proposed as an eight-week consultation under section 14Z2, Health and Social Care Act 2012, starting in February 2015.

1.2 To note the public consultation plan attached to this report.

2. Introduction and Background

2.1 Thurrock CCG currently commissions one Walk-in Service based in Thurrock Health Centre, Grays, to serve its population of 158,000. The contractual arrangements for this Walk-in Service are tied with the provision of services for the GP practice registered list which is commissioned by NHS England.

Thurrock Health Centre opened in March 2010 as part of the then national programme which required each Primary Care Trust (PCT) area to open a GP-led Health Centre (GPLHC). Each GPLHC was required to have two core elements:

- A registered list similar to existing GMS and PMS practices, but with extended opening hours, and
- A walk-in service for non-registered patients open 365 days per year from 8am to 8pm.

Following changes to the NHS set out in the Health and Social Care Act 2012, the CCG is now responsible for the walk-in element of the contract at Thurrock Health Centre, whilst NHS England retains responsibility for the GP practice registered list.

Total spend in 2013/14 for the Walk-in Service was £568,539 which is less than the allocated budget of £626,000.

With the Walk-in Service contract expiring in September 2015, this provided the CCG with an opportunity to review the model of care as to whether it is the

most appropriate service for all the people of Thurrock, as well as its overall alignment with CCG and national strategies for both urgent and primary care.

To capitalise on this opportunity, Thurrock CCG has conducted a robust analysis of the current use of, cost of, and patient satisfaction with the walk-in service at Thurrock Health Centre. In addition, local access to primary care and attendance rates at the A&E at Basildon Hospital were also examined to set some context to the landscape in which the Walk-in Service operates.

The approach adopted was designed to collate sufficient amount of relevant data to allow a robust options development process followed by an appraisal conducted by a carefully selected scoring panel. The outcome was to identify and recommend a preferred option for the future of the Walk-in Service.

The methodology employed included a rigorous data collection process, underpinned by qualitative and quantitative data gathering. Both processes highlighted current key issues related to provision of services at the Walk-in which were presented to the scoring panel.

One of the key documents that guided the approach and methodology employed for this process was Monitor's "Walk-in Centre Review" report (February 2014). This report sets out best practice for conducting such reviews, including the following key considerations for commissioners when developing and assessing options for the future of Walk-in Services:

1. Patient need
2. Transparency in decision-making and procurement
3. Integration of services
4. Managing conflicts of interest
5. Ensuring transparency in decision-making.

These considerations were applied by Thurrock CCG throughout the process of identifying and assessing options for the future of its Walk-in Service.

3. Issues, Options and Analysis of Options

3.1 Data underpinning the options appraisal process

To enhance the understanding of the current Walk-in Service provision, both qualitative and quantitative data on the current use, cost and patient satisfaction with the walk-in service was collected and analysed. The data was sought to gain the understanding of the following dimensions:

- Strategic alignment with relation to patient need
- Patient need data including:
 - Who uses the Walk-In Service?
 - Why do our patients attend the Walk-In Service?
- Impact of the Walk-In Service on usage of other services including:

- Use of A&E
- Use of out of hours' services
- Use of the Minor Injuries Unit
- Summary of quantitative analysis of usage
- Patient survey
- GP patient survey
- Practice capacity survey.

The data covers the financial year 2013/14. The table demonstrates total attendances and indicates that most patients who attend the Thurrock walk-in service come from Grays. This data does not include the attendances from patients who are also registered at the GP practice at Thurrock Health Centre which account for approximately 723 further attendances per month, which over the year would mean another 8,400 attendances by patients local to Grays.

Total attendances by locality for 2013/14 (Thurrock registered patients only)

Locality	Total
Corringham	571
Grays	8,094
South Ockendon	4,264
Tilbury	4,668
Grand Total	17,597

3.2 Key findings and issues

- We need to make sure we provide the right services in the right place for the people of Thurrock
 - At the moment, it is mainly people from Grays and Tilbury who use the walk-in service
- We need to ensure value for money given our limited resources
 - The current walk-in service duplicates services
 - We need to make services more efficient and use the money we've got more appropriately
- We need to promote resilient communities and self-management
 - People use the service because they find it convenient; they don't want to wait for an appointment with their GP, they want reassurance, or they don't know where else to go
 - People should use their GP as their first point of contact which is essential if we are to help patients keep healthier and manage long-term conditions better
 - People can use pharmacists or treat themselves for most of the complaints they go to the Walk-in Service

3.3 Engagement process leading to the development of options

In advance of the development of the options appraisal process, a comprehensive engagement plan was drawn up and the CCG Commissioning Reference Group was consulted to identify any gaps.

The purpose of this engagement was twofold; to ensure the CCG met its obligation for transparency and secondly to enable the development of options for this options appraisal process.

The engagement process included the opinions sought from the following groups:

- Healthwatch Thurrock
- Thurrock Council for Voluntary Service
- Thurrock Council Health Overview and Scrutiny Committee
- South West Essex System Resilience Group
- Basildon and Thurrock University Hospitals NHS Foundation Trust
- North East London NHS Foundation Trust
- South Essex Emergency Doctors Surgeries
- Thurrock GPs through the CCG Clinical Engagement Group and visits to GPs in their practices
- Thurrock CCG's Commissioning Reference Group
- Thurrock CCG's Primary Care Development Working Group
- Thurrock CCG's Annual General Meeting
- Thurrock Health and Care: working together for a better future – public engagement event.

When we have been discussing possible changes to the walk-in service, people have told us that the three things they are most concerned about are:

1. the **need for greater access to primary care** in Thurrock,
2. that the **walk-in service does not provide a borough-wide service**, and
3. that while the four GP 'hubs' would **provide more access to GPs across Thurrock**, they would be open for fewer hours than the walk-in service.

3.3 Options development process

As a result of the engagement process, the following options were identified:

1. Re-tender for the service on the current specification
2. Re-tender with a new specification for service
3. Decommission the Walk-in Service with a view to fully or partially reinvest in four hubs.

These options with the relevant underpinning data available were presented to the options appraisal scoring panel on 18 November 2014. (A fourth option–

to decommission the service and do nothing - was considered by the panel and rejected as an option).

3.4 Assessment process

The Primary Care Development Working Group (PCDWG) developed and agreed a scoring criteria to enable an objective view of the options presented:

Criteria	Weighting	Maximum score possible
Qualitative	50%	1
Risk	30%	0.6
Finance	20%	0.4
Total	100%	2

3.5 Scoring panel

The PCDWG also nominated the following members for the scoring panel, as follows:

Name	Role	Attended on 18 th November 2014 Y/N
Dr Raja	GP – CCG Board Member	Y
Dr Deshpande	GP – CCG Chair	Y
Femi Otukoya	CCG Finance	N
Len Green	Lay member for patient and public engagement	Y
Kim James	Healthwatch Thurrock	N
Mark Tebbs	CCG Commissioner for Integrated Care	Y
Les Billingham	Local Authority, Lead for Adults	Y

It was noted that a possible conflict of interest may exist for the GP members of the panel, who could be seen to benefit from the decisions made, even if indirectly, as providers of future primary care services.

However, it is important to point out that GP panel members were taking part in the scoring process in their capacity as clinical experts. Therefore, this possible conflict of interest was noted at the PCDWG and the decision taken that to retain them as members of the panel as clinical input and local clinical knowledge held by CCG Board member GPs was very important and needed for the evaluation purposes.

3.6 Outcome of the scoring panel's assessment process

As a result of the assessment work conducted by the scoring panel which took place on 18 November 2014, option 3, *'Decommission the Walk-In*

Service with a view to fully or partially reinvest in four hubs’ gained a total of 1.54 points which constituted the highest score out of all four assessed options. Option 3 “Re-tender with a new specification for service scored second highest”.

Total Scores	Weighting	Option 1¹	Option 2	Option 3	Option 4
Qualitative	50%	0.04	0.16	0.26	0.84
Risk	30%	0.12	0.285	0.33	0.42
Finance	20%	0.2	0.17	0.2	0.28
Total	100%	0.36	0.615	0.79	1.54

Thurrock CCG position

The scoring panel identified a preferred option: *Decommission the Walk-in Service with a view to fully or partially reinvest in four hubs*.

The outcome, along with the underpinning engagement and data evidence, was presented at the CCG’s Finance and Performance Committee on 19 November.

The Thurrock CCG Governing Body met on 26 November and agreed in principle to go out to consultation, subject to discussion by the HOSC.

The case for change along with the consultation approach were presented and discussed at the HOSC meeting on 13 January 2015. The HOSC supported an eight-week consultation, under section 14Z2, Health and Social Care Act 2012, starting on 2 February 2015 and noted the consultation plan.

4. Reasons for Recommendation

- 4.1 Given the wide ranging engagement process that has been adhered to on an ongoing basis by Thurrock CCG and with the HOSC’s support, the Health and Wellbeing Board is asked to note the consultation process, including its duration as an eight-week consultation, under section 14Z2, Health and Social Care Act 2012, starting on 2 February 2015,

In addition, the Health and Wellbeing Board is asked to note the consultation plan which is to be delivered during the consultation period.

5. Consultation (including Overview and Scrutiny, if applicable)

¹ Option 1 – To decommission the service and do nothing - was considered by the panel and rejected as an option.

- 5.1 Engagement has already been undertaken in developing the options for the future of the Walk-in Service, and included the opinions sought from, but not limited to, the groups listed at 3.2.

The views on the undertaking of an eight-week consultation (which is the next phase of the process) were received from the HOSC on 13 January 2015.

The views of the Health and Wellbeing Board are now being sought through the submission of this report.

The views of the wider public including patients, patient representatives and groups, CVS and other community groups will be encouraged during the period of the consultation.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The process of identifying options for the future of the Walk-in service conducted by Thurrock CCG aligns with the Council's priority of improving health and wellbeing of the population.

7. Implications

7.1 Financial

Implications verified by: Kay Goodacre
Interim Finance Manager
Kgoodacre@thurrock.gov.uk

Financial Implications are contained within the body of the report.

7.2 Legal

Implications verified by: Dawn Pelle
Legal and Democratic Services
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There are no legal implications.

7.3 Diversity and Equality

Implications verified by: Rebecca Price
Community Development Officer
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An Equality Impact Assessment has been developed for the launch of the consultation – nothing to add at this time.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

9. **Appendices to the report**

- Consultation plan and stakeholder framework

Report Author:

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NEL CSU on behalf of Thurrock CCG

