

# Agenda Item 7

 <p><b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i></p>		<p><b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b></p>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

<p>Report to</p> <p>Date:</p> <p>Subject:</p>	<p><b>Health Scrutiny Committee for Lincolnshire</b></p> <p><b>11 October 2017</b></p> <p><b>Lincoln Walk-in-Centre – Decision of Lincolnshire West Clinical Commissioning Group</b></p>
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**Summary:**

On 27 September 2017, Lincolnshire West Clinical Commissioning Group (LWCCG) Governing Body decided: *"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of: university students; children under-five; additional primary care appointments; and access for patients requiring treatment at weekends, to close the Lincoln Walk-in-Centre at the end of the winter period."*

The Committee is requested to consider the next steps.

**Actions Required:**

The Health Scrutiny Committee is recommended: -

(1) To note the decision of the Lincolnshire West Clinical Commissioning Group Governing Body on 27 September 2017 on the Lincoln Walk-in-Centre, which is set out below: -

*"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of:*

- *university students;*
- *children under-five;*
- *additional primary care appointments; and*
- *access for patients requiring treatment at weekends*

*to close the Lincoln Walk-in-Centre at the end of the winter period."*

- (2) To seek updates from the Lincolnshire West Clinical Commissioning Group on 13 December 2017 and 21 February 2018 (following each Governing Body meeting of the CCG) as to the progress made on providing alternatives to the Lincoln Walk-in-Centre, including the four items listed in the Governing Body's decision.
- (3) To seek assurances and evidence as part of the updates that alternatives to the Lincoln Walk-in-Centre are in place, before the Committee will make a decision on whether it can support the closure or decide any other future action.

## **1. Consultation on the Lincoln Walk-in-Centre**

On 12 June 2017, Lincolnshire West Clinical Commissioning Group (LWCCG) launched a consultation on the future of the Lincoln Walk-in-Centre. Initially the closing date for the consultation period was set at 6 August, but was extended by LWCCG to 18 August 2017.

### Content of the Consultation Document

LWCCG stated the following reasons in the consultation document for proposing the closure of the Walk-in-Centre:

- The majority of patients using the Walk-in-Centre can be seen more appropriately by alternative NHS services or by treating conditions themselves through self-care.
- There is a need to ensure NHS resources are being spent in the most effective way.
- There is public confusion about which NHS services to use depending on the condition or treatment required.
- The Walk-in-Centre is not being used by all people in Lincolnshire, creating inequality within the county.

LWCCG also stated in the consultation document that most people who use the Walk-in-Centre are either students and/or patients registered with central Lincoln GP surgeries. Research indicates 95 per cent are discharged following minor treatment or receiving guidance and advice. 50 per cent of these patients received guidance and advice only and would therefore benefit from access to self-care support initiatives. The remaining 50 per cent received 'minor treatment' which includes treatment of minor ailments such as a cold or conjunctivitis which could be treated using over the counter medicines from local pharmacies with a smaller number of patients needing to be seen by their GP.

LWCCG stated that many patients who use the Walk-in-Centre do not need to do so, and can be treated more appropriately elsewhere. There are various reasons for this:

- Real or perceived difficulties in getting an appointment with a GP, and seeing a doctor 'out of hours';
- Some patients don't know their pharmacists have been specifically trained to deal with minor health conditions;
- A lack of awareness that some conditions do not need to be seen by a medical professional and can instead be treated through self-care;
- Patients can currently choose between their GP, the Walk-in-Centre, NHS 111, pharmacies, and self-care support initiatives. Choice is important, but can often be confusing and cause unnecessary duplication in services.

LWCCG also indicated there was a need for the NHS to communicate better with the public about the services on offer. The NHS must make choice and access simple, to ensure that patients are going to the right place, first time.

## **2. Responses to the Consultation**

### Responses from the Public

The report to CCG Governing Body indicated that 2,765 responses were received to the consultation, including formal responses. Of the responses received, 94% did not support the proposal to close the Walk-in-Centre. The reasons given in the consultation responses were summarised as concerns relating to the availability of GP appointments and the potential impact on local A&E and urgent care services.

### Response of the Health Scrutiny Committee to the Consultation

The Health Scrutiny Committee for Lincolnshire formed a working group to consider the detail of the consultation, which met on 14 July and 1 August. The consultation was also considered by the Committee on 19 July 2017. Following these meetings, a response was prepared and submitted on 17 August 2017. The Committee's response is attached at Appendix A to this report.

### Other Official Responses

In accordance with the decision of Lincolnshire County Council on 12 July 2017, Councillor Sue Woolley, the Executive Councillor for Health and Community Engagement, submitted a response to the consultation on 17 August 2017 on behalf of Lincolnshire County Council.

According to the papers submitted to LWCCG's Governing Body, official responses also included submissions by Healthwatch Lincolnshire, Lincoln City Council, Lincolnshire Community Health Services NHS Trust, and United Lincolnshire Hospitals NHS Trust.

### Summary of Key Issues Raised During Consultation

In addition to the 2,765 survey responses received as part of the public consultation, LWCCG spoke to 466 people at 50 engagement events, including the five public meetings organised by LWCCG, pre-planned drop in sessions at various locations,

including the Walk-in-Centre and GP practices, and meetings organised by key stakeholders, such as the Lincoln City Council Neighbourhood Board meetings.

The engagement events gave LWCCG the opportunity to speak face to face to groups of people who were identified as being potentially the most affected by our proposals, such as parents of children under 12, homeless/vulnerable adults, students, and migrant communities. From the events LWCCG was able to get a better understanding of people's view but also explain in more detail some of the key information regarding our proposals.

A brief summary of the key themes reported to LWCCG's governing body is set out below:

### GP Access

There is clearly a real or perceived view that there is significant variation in people's ability to access services at their GP practice. Some people feel they can get appointments when they want them, some don't, some practices offer walk-in-clinics, some don't, some practices offer some form of extended access, some don't, some practices have a higher ratio of GP to patients, others have a lower ratio, and so on and so forth. Many see the Walk-in-Centre as a safety net for when they think they are unable to see someone at their own GP practice in a timely manner. People also have high expectations and a demand for convenience which needs to be managed carefully going forward.

### Alternative Services

A lot of people are confused about what services are available and where to go for help. Similarly to GP practices, there seems to be huge variation in what services and support is being offered at pharmacies. Whilst there has been some really positive feedback on NHS 111, there is clearly a lack of confidence in the service and a lot of work needs to happen to restore people's confidence if we are to expect people to see NHS 111 as a viable alternative to the Walk-in-Centre if it were to close. There was also a lack of awareness of the GP Out of Hours service in Lincoln, and once they knew about it, many people felt reassured that extra support was already available when their own GP practice is closed. A lot of people were already concerned about capacity at A&E and that more pressure would be put on the service if the Walk-in-Centre was to close.

### Self-Care

There is a general lack of knowledge and confidence in people's ability to self-care. Parents with young children no longer feel that advice and support is available since health visitors have become less accessible. Organisations who support homeless people and vulnerable adults feel this cohort of people will simply not be able to self-care. Students, many who are living away from home for the first time need better access to information on how minor illnesses and conditions should be treated, and where to go for advice and support. People who are from migrant communities or people who are deaf, hard of hearing, blind or partially sighted, need information on self-care in more accessible formats, such as easy read and translated versions. Any

education and engagement with stakeholders in relation to self-care must be aligned with and led by the team delivering the self-care strategy for Lincolnshire.

### **3. Decision of Lincolnshire West Clinical Commissioning Group**

On 27 September 2017, Lincolnshire West Clinical Commissioning Group Governing Body decided:

*"To continue to implement plans to enhance primary care services and raise awareness of the public as to the alternative provisions available and subject to evidence-based reviews by the Governing Body in November 2017 and January 2018 in the key areas of:*

- *university students;*
- *children under-five;*
- *additional primary care appointments; and*
- *access for patients requiring treatment at weekends*

*to close the Lincoln Walk-in-Centre at the end of the winter period."*

The full decision paper, including all appendices, considered by the Governing Body is available at the following link:

<http://www.lincolnshirewestccg.nhs.uk/library/governing-body-meeting-papers/>

Appended to this report (Appendices B to E) are extracts from the report to the Governing Body. These appendices include the covering report, which summarises the rationale for the decision. Also included are appendices covering the provisions plan and alternatives, which LWCCG is planning to introduce.

Also attached at Appendix E is information on the finance and contract arrangements for the Walk-in-Centre.

### **4. Conclusion**

The Committee is requested to note the decision of the Lincolnshire West Clinical Commissioning Group on 27 September 2017.

The Committee may also wish to seek updates from the Lincolnshire West Clinical Commissioning Group on 13 December 2017 and 21 February 2018 (following each Governing Body meeting of LWCCG) as to the progress made on providing alternatives to the Lincoln Walk-in-Centre, including the four items listed in the Governing Body's decision.

As part of its consideration, the Committee may wish to seek assurances and evidence as part of the updates that alternatives to the Lincoln Walk-in-Centre are in place, before the Committee will make a decision on whether it can support the closure or decide any other future action.

5. Appendices – These are listed below and set out at the end of this report

Appendix A	Response of the Health Scrutiny Committee for Lincolnshire to the Lincoln Walk-in-Centre Consultation – 17 August 2017
Appendix B	Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017: The Lincoln Walk-in Centre: <ul style="list-style-type: none"> <li>• Outcome of the Consultation on Proposed Closure of the Walk-in Centre for Alternative Provision</li> <li>• Recommended Next Steps</li> </ul>
Appendix C	Lincolnshire West Clinical Commissioning Group Provisions Plan ( <i>Appendix 4 of Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017 on The Lincoln Walk-in Centre</i> )
Appendix D	Summary of Extended Hours by Practice - Lincolnshire West Clinical Commissioning Group ( <i>Part 1 of Appendix 6 of Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017 on The Lincoln Walk-in Centre</i> )
Appendix E	Finance and Contract for Lincoln Walk-in-Centre ( <i>Parts 1 and 2 of Appendix 5 of Report to Lincolnshire West Clinical Commissioning Group Governing Body – 27 September 2017 on The Lincoln Walk-in Centre</i> )

6. Background Papers - None

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		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

### LINCOLN WALK-IN-CENTRE - CONSULTATION RESPONSE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

#### Introduction / Basis for Response

The Lincoln Walk-in-Centre is open from 8am to 8pm seven days each week (closed only on Easter and Christmas Days). These opening hours provide a unique level of direct and immediate access to urgent primary care in Lincoln and the surrounding areas of North Kesteven and West Lindsey. During 2016/17 there were 38,424 patient attendances, on average 105 patient attendances at the Walk-in-Centre each day.

#### Alternative Provision

The key principle for the Health Scrutiny Committee for Lincolnshire is that it would like to see equivalent alternative provision, which not only provides the same level of access in terms of opening hours, but also is readily accessible to patients.

In accordance with this key principle, the Health Scrutiny Committee would like to see reassurance on the following points: -

- GP General Accessibility – The Health Scrutiny Committee has concerns on the level of access to GP appointments and would like to be re-assured that local GPs are able to absorb up to 105 additional appointments per day from Walk-in-Centre patients.
- GP Extended Opening Hours – Extending GP opening hours is a national policy initiative, and extended hours have been introduced in other parts of England. The Health Scrutiny Committee would like information on when these extended hours will be introduced in Lincoln and the surrounding area. The Committee understands that GP practices will work collaboratively or in federations to deliver extended hours provision. There is an absence of information on when these services are going to be introduced.
- GP Recruitment and Retention – GP recruitment is both a national and a local issue. Whilst the Health Scrutiny Committee understands that seven GPs will be arriving in the Lincoln area as part of the international recruitment scheme, the impact of the additional GPs can only be measured against the number of vacancies in the Lincoln area.

- 111 Service - The NHS also need to provide some re-assurance with the 111 Service, as previous negative publicity does not inspire confidence in all its users. Without confidence in the advice received from 111, patients are likely to look at alternatives or fail to receive treatment. The NHS continually needs to publicise the 111 Service, for example providing information on how out-of-hours primary care services can be accessed via 111.
- Same-Day GP Appointments for Children - Some parents find it difficult to get same day GP appointments for their children. The Health Scrutiny Committee accepts that training for GP reception staff is being undertaken, to enable them to deal with parents (as well as all other patients) sympathetically. The Committee would like re-assurance that same-day appointments will be available for children, and an indication of the likely implementation date for dedicated access to phone lines providing same day appointments for children.
- Self Care and Pharmacies - The reliance on advice from pharmacists is being promoted, but it might be inconsistent, as there is some evidence that pharmacists are not prepared to give this advice. Furthermore, there is some uncertainty over the future of some pharmacies, as a result of reductions in their level of funding. Consistency of service provision from pharmacists is important.
- Online Advice – Referring patients to advice online is a concern for the Committee. Whilst the content of websites such as NHS Choices ([www.nhs.uk](http://www.nhs.uk)) would be expected to be reliable, patients may stray to other less reliable sites. However, the person-to-person advice and reassurance provided by a clinician is unique and cannot be provided by information on a website. Directing patients to online services has its limits, as patients might decide to seek make use of online prescription services, which is opposed by the CCG.

### Contract Expiry Date

Clarification has been received that the contract between Lincolnshire West CCG and the provider of the Walk-in-Centre service (Lincolnshire Community Health Services NHS Trust) is due to expire on 30 September 2017. The CCG has provided further clarification that this contract can be extended for up to six months. In the event of the CCG deciding to close the Walk-in-Centre, the Health Scrutiny Committee urges that the contract is extended for this six month period, so that equivalent alternative provision is available.

### Increased Impact on Accident and Emergency

The *Frequently Asked Questions* document states that there is no evidence to suggest pressure on A&E will be increased. The Health Scrutiny Committee is not convinced by this statement. For example, Lincoln Walk-in-Centre is less than one mile from the Lincoln County Hospital and its A&E department, and certainly in the short term, patients may simply redirect themselves to Lincoln County A&E. Most of this impact would be expected at weekends when the Walk-in-Centre has the highest attendances.

The Committee would also like to refer to the publicity campaign launched by United Lincolnshire Hospitals NHS Trust on the weekend of 29-30 July, which in effect discouraged people from attending A&E at Lincoln County Hospital. The Committee believes that if the Walk-in-Centre had been closed during this weekend, it would have exacerbated the position at A&E.

### Financial Assessment

The first question in the *Frequently Asked Questions*, issued as part of the consultation, relates to finances and the need for the CCG to save £16.5 million in order to balance its budget for 2017/18. Closing the Walk-in-Centre could save approximately £1 million. The Committee has received some information on the tariffs that would apply to an attendance at Lincoln County Hospital, which are significantly higher than the cost for each patient attendance at the Walk-in-Centre.

### Urgent Care – What Does the Public Understand?

There needs to be clarity on the names used by the NHS for its services, for example: 'urgent care facilities' and 'minor injury units', as well as clear guidance on how to access them.

The Committee also notes that NHS England indicated in March 2017 in the *Next Steps on the NHS - Five Year Forward View* that it expects newly designated 'urgent treatment centres' to be open twelve hours a day, seven days a week. The centres would offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine. NHS England anticipates around 150 designated urgent treatment centres, offering appointments that are bookable through 111 as well as GP referral, operating by the spring of 2018.

### Consultation Content

The Committee acknowledges that the CCG has held a series of drop-in events and has extended the consultation period from 6 August to 18 August, making it a ten week consultation period in total. The Health Scrutiny Committee notes that the CCG has stated that it is taking account of all the comments received and is grateful to the CCG for attending two meetings to provide additional information to the Committee's members.

However, a key problem with the consultation has been the availability of information; and its format. For example, the *Frequently Asked Questions* document has not been available on the CCG's website. For many people accessing only the website, the only source of information on the consultation is the consultation document itself. The Committee does not believe that this has been adequate. The Committee would like to have seen a publicly-available document along the lines of a business case or a 'case for change' document, with more details for those, not just the Committee, who may wish to seek additional information.

The Committee's working group, which has been considering the details, also received additional information on 28 July 2017, which included a detailed

breakdown of attendances. It has not been helpful that important information was not prepared or available until three weeks before the consultation deadline.

### Role of GPs

GPs have a role in educating patients on what services are available for urgent primary care, both at their own surgeries or elsewhere, for example via 111. This would build the confidence of patients in the services available and potentially reduce demand, when alternatives are available, on the A&E service.

### Decision Making and Conclusion

The Committee anticipates that the decision by the CCG will be made at its governing body on 27 September 2017. The Committee would expect the CCG's decision to be reported to the Health Scrutiny Committee on 11 October 2017. The Committee would like to see a full rationale for any decision taken by the CCG.

The Health Scrutiny Committee opposes the proposed closure of the Lincoln Walk-in-Centre, on the basis that the Committee is not convinced that there is evidence of plans for alternative provision. The Committee would like to see seamless replacement alternatives for the services provided at the Walk-in-Centre, which would allow equivalent and available access to urgent primary care. The Committee believes that the contract for the Walk-in-Centre should be extended until such time that equivalent alternative provision is in place; and it may be necessary for a transition period, during which alternative provision is established and promoted, and patients become confident in alternative provision. This could lead to the potential for reducing the opening hours of the Walk-in-Centre, for example to weekends only.

The Committee would like to reiterate its view that the matter may need to be referred to the Secretary of State for Health.

**Councillor Carl Macey**  
**Chairman of the Health Scrutiny Committee for Lincolnshire**  
**17 August 2017**

#### Note on the Health Scrutiny Committee for Lincolnshire

Lincolnshire County Council has delegated its health scrutiny functions, as set out in section 244 of the National Health Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to the Health Scrutiny Committee for Lincolnshire.

There are 16 members of the Health Scrutiny Committee for Lincolnshire. Eight of these are Lincolnshire County Councillors. Seven are Lincolnshire District Councillors, representing each of the seven district council areas in Lincolnshire. One member of the Committee represents Healthwatch Lincolnshire.



## LINCOLNSHIRE WEST CCG GOVERNING BODY

DATE OF MEETING	Wednesday 27 September 2017				
TITLE	The Lincoln Walk-in Centre <ul style="list-style-type: none"> <li>• Outcome of the consultation on proposed closure of the Walk-in Centre for alternative provision</li> <li>• Recommended next steps</li> </ul>				
FOR (please tick)	Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Information
EXECUTIVE LEAD AND JOB TITLE	Wendy Martin, Executive Lead Nurse / Midwife & Quality				
AUTHOR AND JOB TITLE	Lisa Foyster, Project Manager				

### Executive Summary

The Five Year Forward view confirms that a strengthened version of general practice is essential to the wider sustainability of the NHS. The General Practice Forward View (GPFV), published in April 2016, detailed a programme of investment and reform that will enhance primary care services and improve access so that patients receive care that reflects their individual need. This improved GP services provision provides extended access to appointments, use of technology to provide e-consultations and easier access to advice and guidance. In addition, Lincolnshire West CCG has commissioned a comprehensive out of hours service and a nationally commended Clinical Assessment Services (CAS). The CAS is provided by local clinicians who complete a clinical assessment and then provide advice or arrange access to treatment for patients calling NHS 111.

The Walk-in Centre (WIC) on Monks Road was established in 2009. Since this time primary care and urgent care services have developed and primary care provision in the Lincoln city area is more stable. The utilisation of this service was reviewed by Public Health in 2016. Following the analysis of a range of data, the review identified that the use of the WIC was probably largely driven by convenience rather than by needs in the user population that could not be met from other mainstream services.

The utilisation review was refreshed using attendance data for the last two years. This analysis was consistent with the findings outlined in the 2016 Public Health review.

In addition, the CCG gathered further data with regards the capacity of primary care and urgent care services that might experience an increase in demand should the decision be made to close the service.

The analysis of Lincoln Walk-in Centre attendance data suggested that there are a number of groups of the population who may be impacted by any changes to the existing model. These groups include:

- Attendees who live in the area immediately surrounding the Walk-in Centre who are registered at a local practice.
- Students from University of Lincoln, who are either registered with local practices or elsewhere, including Chinese students (low in number but a higher proportion of the ethnic minority mix in Lincolnshire).

- Children under 5.
- Unregistered (homeless <0.5%, tourists and eastern Europeans unfamiliar with the NHS systems).

These groups are not using the Lincoln Walk-in Centre for illness that is beyond the scope of primary care services and could have been treated and/or triaged through general practice.

The Governing Body considered the future of the WIC should be reviewed in order to determine which of the following options would best meet the needs of all the residents within the Lincolnshire West area.

1. Do nothing – re-procure a like for like service
2. Close the service
3. Revise the service specification and re-procure the service
4. Continue to implement plans to enhance primary care services with a view to closing the Walk-in Centre at the end of the winter period

There have been 2765 responders to the consultation survey and approximately 50 engagement and consultation events, reaching 466 people.

Every survey response and comment received has been analysed. There were 10 key themes that emerged from these responses. The main concerns related to access to GP appointments and concern regarding the impact on local A&E and urgent care services.

The CCG has reviewed the concerns raised within these 10 key themes and is confident that services are in place to support the majority of patients who use the Walk-in Centre. In addition to our existing primary care improvement plans, initiatives to strengthen service provision for university students, children under 5, additional primary care appointments and patients requiring treatment at weekends have been accelerated.

Given the evidence that the Clinical Assessment Service has reduced the number of people attending A&E for minor illness, it is anticipated that the increase in demand at A & E associated to the closure of the walk in centre would be minimal.

**Recommendation**

The CCG is confident that the needs of patients attending the Walk-in Centre can be met by mainstream primary care services, but given A&E performance and that we are entering the winter period, when the demand for urgent care services increases, the CCG considers that in the interest of patient assurance the timing of any closure should be deferred.

Subject to review in November and January of progress of the actions identified to strengthen primary care services in the key areas e.g. university students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends, the Governing Body is asked to support Option 4 – “Continue to implement plans to enhance primary care services with a view to closing the Walk-in Centre at the end of the winter period.”

**PATIENT, PUBLIC AND STAKEHOLDER INVOLVEMENT**

Yes (Details Below)	X	Not Applicable	

Listening to the patient voice is of paramount importance to the CCG. Section 242 of the Health and Social Care Act 2006 places a statutory duty on NHS organisations to involve patients and members of the public in the planning and provision of services; proposals for changes in the way services are provided and decisions affecting the operation of those services. Any significant service change of NHS services must demonstrate that an open and transparent process for engagement and consultation has been undertaken.

The CCG's process of consultation and engagement on the future of delivery of services from the Lincoln Walk-in Centre (WIC) began in 2014 with a service utilisation review, member general practice survey and patient survey of attendees of the WIC. In 2016 and 2017 there have been further utilisation reviews of use of the WIC.

Following the Governing Body decision in March 2017, the CCG prepared to complete a full public consultation on the proposed closure of the WIC and proposals for alternative provision. This consultation was delayed by over a month because of the general election but commenced on the 12<sup>th</sup> June 2017. The consultation period was extended by 10 days following feedback from stakeholders that the foreign national population, who were assessed as being high users of the Walk-in Centre, were unable to access information due to a delay in the publication of consultation information in other languages. The consultation ended on the 18<sup>th</sup> August 2017.

During the 10 weeks, the CCG received 2765 completed surveys and formal responses from the Lincolnshire public, health and care partners and key stakeholders. During the consultation we met with 466 people at more than 50 events including with the public, public organisations and bodies, third sector, patients and patient groups.

The respondent rate to the survey is **1.2%** of LWCCG patient population and **0.35%** of Lincolnshire CCGs' patient population. The outcome of the survey responses has been a majority, 94%, not supporting the proposal to close the WIC. The primary reasons given were concerns relating to access to GP appointments and the potential impact on local A&E and urgent care services.

6% of respondents agreed with the proposed closure. 6% of those who did not support the proposal to close qualified this with a statement that they would support closure if the alternatives and strengthened primary care services were in place.

Every survey response and comment received has been analysed. There were 10 key themes that emerged from these responses. A document outlining these 10 key themes includes further detail of specific concerns raised.

Actions to mitigate these concerns have been developed and are outlined in the supporting documentation.

#### LINK TO BOARD ASSURANCE FRAMEWORK/RISK REGISTER & DELIVERY OF KEY OBJECTIVES

PC2 Seven Day Primary Care Provision; PC3 Primary Care Workload; OP Stakeholder Engagement in CCG Strategic Plans; F2 Delivery of the STP; F6 Financial Balance

#### WHY IS THE GOVERNING BODY BEING ASKED TO CONSIDER THIS (PURPOSE)?

Following thorough consideration of the utilisation and effectiveness of the Lincoln Walk in Centre (WIC) a decision was reached by the Governing Body in March 2017 to fully consult with stakeholders and the public on alternative provision to the service provided by the Walk-in Centre.

Key determinants of the decision to consult on the proposed closure and alternative provision were:

***Improving Healthcare, Improving Health***

- Ensuring access to clinically effective unscheduled primary care delivered in the most appropriate setting.
- The outcome of surveys, pre-consultation engagement and utilisation reviews of the WIC.
- Alignment with the Lincolnshire Sustainability and Transformation Partnership, STP (2016).
- Alignment with the GP Five Year Forward View, the national direction for urgent care provision and the CCG Primary Care Strategy.
- A requirement to provide the most cost-effective NHS care provision in a financially challenged health economy with a requirement to restrict inappropriate demand in order to be sustainable. (ref: STP 2016)

The Governing Body is now required to consider the outcome of the public consultation and all other supporting evidence both previously considered and attached to reach conclusion on the next steps for care provision from the Lincoln Walk-in Centre.

#### WHAT WILL NEED TO BE CONSIDERED IN MAKING A DECISION/DISCUSSION OR GIVING INFORMATION?

The Governing Body will need to consider :

- The information provided as part of the stage 1 review.
- The responses from the formal consultation and engagement events.
- Additional information provided with regards capacity and access to local GP appointments.
- Refreshed equality impact assessment and whether the needs of identified vulnerable have been addressed.
- The resilience of the urgent care service at Lincoln County and whether changes to the Walk-in Centre provision will negatively impact on this service.
- Actions identified to strengthen primary care services in the key areas e.g. university students, children under 5, additional primary care appointments and access for patients requiring treatment at weekends.
- The timing of any major service change, given A&E performance and that we are entering the winter period.
- The financial sustainability of health care provision and whether the impact of continuing to invest in the Walk-in Centre service represents best value when considering the CCG's responsibility to get the best possible outcomes for the entire population.

EQUALITY AND DIVERSITY IMPACT	Yes (Details Below)	X	Not Applicable	
Utilisation Reviews x 3 plus Full Equality Impact Assessment Undertaken before and during public consultation				
HEALTH INEQUALITIES IMPACT	Yes (Details Below)	x	Not Applicable	X
Full consideration of Health Inequalities via utilisation reviews and impact assessments				
SERVICE DELIVERY IMPACT	Yes (Details Below)	X	Not Applicable	X

The Walk-in Centre treats minor illness. Ensuring good accessibility to general practice provision for routine appointments and for more urgent same day access is central to effective healthcare provision.

The main population using this service are patients registered with central Lincoln General Practices. The recommendation is that service provision for practices in the city centre is refreshed and extended to accommodate patients who are currently accessing the Walk-in Centre. On average this is approximately 3-10 additional appointments per practice per day.

To ensure unregistered patients in Lincoln city centre (e.g. homeless patients (<0.5%) and out of county visitors) are able to access appropriate primary care provision.

FINANCIAL IMPLICATIONS	Yes (Details Below)	X	Not Applicable	
See financial considerations				
Approved by Rob Croot/Emma Frost				
QIPP IMPLICATIONS	Yes (Details Below)	X	Not Applicable	
<p>Quality implications: improved continuity of care provider if Walk-in Centre patients attend their own GP Practices for Primary Care provision including urgent, same day appointments.</p> <p>Potential cost savings as a result of no longer needing to deliver additional non-essential NHS services from the Walk-in Centre.</p>				
HR IMPLICATIONS	Yes (Details Below)	X	Not Applicable	
<p>If the decision is to close the Walk-in Centre, current Lincolnshire Community Health Service staff working at the Walk in Centre will need to be re-deployed elsewhere within the NHS e.g. to staff existing urgent care/ OOH provision, extended routine Primary Care services or telephony Clinical Assessment Services. LCHS have confirmed that there are vacancies to accommodate all staff currently employed at the Walk-in Centre.</p>				
LEGAL CONSIDERATIONS	Yes (Details Below)	x	Not Applicable	
<p>The requirement for open and transparent consultation particularly with groups of patients/members of the public likely to be most affected by the service change.</p> <p>The Equality Act.</p> <p>Contractual considerations with the current provider who will need to comply with employment legislation.</p>				
<b>KEYWORDS FOR INDEXING PURPOSES</b>				
Lincoln Walk in Centre General Practice Consultation Primary Care Strategy Lincolnshire Sustainability and Transformation Plan				
<b>ATTACHMENTS</b>				
Appendices 1 - 7				
<b>ADDITIONAL READING/REFERENCE</b>				
Please refer to Appendix 7  LWCCG Primary Care Strategy GP Five Year Forward View Lincolnshire Sustainability & Transformation Plan				
<b>FURTHER INFORMATION (DETAILS TO INCLUDE OFFICE TELEPHONE CONTACT DETAILS)</b>				
Wendy Martin Executive Lead Nurse / Midwife & Quality Tel: 01522 51335501522 513355				

***Improving Healthcare, Improving Health***

## Lincoln Walk-In Centre Consultation 2017 PROVISIONS PLAN

EXISTING, NEW, IMPROVED & ENHANCED SERVICES		DESCRIPTION	CURRENT STATUS
<b>1. GP Appointments and Access</b>			
1.1	GP Optimisation	Reduce GP admin time; create up to 6 GP appointment per day	Planned; Timescale TBC
1.2	Access to Routine Appointments	Skype (pilot at University Practice), e-consultation (Diabetes pilot)	Pilots in progress
1.3	Extending clinical skills in PC team	Includes Utilising community pharmacists for medical issues; nurse led minor injury clinics	Planned with one federation with funding, more planned
1.4	Care Navigation Training	Ensure practices are signposting patients to the most appropriate help and support. Could free up appointments by avoiding unnecessary ones.	Planned
1.5	Promoting the availability and use of online booking	See Comms and Engagement plans	Ongoing
1.6	Practice development	Development and sharing and best practice models	Planned
1.7	Repeat and Urgent Prescriptions		In place
1.8	Treatment Room Service	Practices are commissioned to provide a treatment room service which includes treatment for wound care. Potential to develop further local integrated services via Neighbourhood Team Model.	Planned; Further development TBC
1.9	City Centre Provision	Refresh GP boundaries to take account of changes in demographics, local demand and service capacity	Planned
1.9	Existing GP Surgery Extended Hours	Detailed provided in Appendix 6	In place
2.0	8-8 - 7 days a week	GP Surgery: Hub: Group of Hubs	Planned Apr-18 - Apr-19
2.1	Comms and Engagement Plans		Ongoing
<b>2. Urgent Primary Care / GP Out of Hours</b>			
2.1	OOH demand stocktake	Stock take capacity and demand in GP OOH and PCS	From Nov-17 to Apr-18
2.2	GP Out of Hours Service	Provides Urgent medical care outside normal GP hours (evenings, weekends and bank holiday)	In place
2.3	Urgent Care Streaming Service at A&E	Primary Care Streaming at A&E to divert patients with primary care needs to GP led service	Planned
<b>3. University of Lincoln Practice Plans</b>			
3.1	Additional capacity	Plans to develop the GP practice premises, Skype and drop-in opportunities	In development
3.2	Clinic in Bishop Grosseteste	Deliver services at BGU campus	In development

<b>EXISTING, NEW, IMPROVED &amp; ENHANCED SERVICES</b>		<b>DESCRIPTION</b>	<b>CURRENT STATUS</b>
	University		
3.3	Comms and Engagement Plans	Including Freshers week proactive campaign to encourage register with a GP and self-care information at University and Lincoln College	Ongoing
<b>4. Clinical Advice and GP Access for Children</b>			
4.1	Triage Arrangements	Ensure triage arrangement for Same day access for Children (and Urgent)	In place
4.2	Clinical Assessment Service (via 111)	Current service capacity with paediatric resources	In place
4.3	Children's Centres	Local hubs for family support; health visitors appointments	Planned
<b>5. Emergency Contraception</b>			
5.1	Access to Emergency Contraception	GP's, The Lincoln Sexual Health Clinic, Pharmacies, and via 111 (CAS and OOH))	In place
<b>6. 111/Clinical Assessment Service</b>			
6.1	Current Capacity to direct to urgent, routine or advice and guidance	Current service capacity with additional capacity available, supporting admission and attendance avoidance	In place
6.2	Mental Health Single Point of Access	Implemented Apr 17 allows patients dialing 111 with Mental Health need to quickly access a Mental Health practitioner	In place
6.3	NHS Urgent Medical Supply Advanced Services (NUMSAS)	Urgent Repeat prescriptions	Roll out in progress
6.4	Online access	111 online access via portal from Dec-17	Planned
<b>7. Federation Led Community Clinic</b>			
7.1	Violent Patients	Opportunity to link the services provided at Nomad Trust with Primary Care	In development
7.2	Community Clinic for Homeless	Enable "homeless patients" and those supported by local third sector to better access primary care	In development
<b>8. Neighbourhood Teams</b>			
8.1	Neighbourhood Teams	NT at each (4) localities including community nurses, mental health professionals and clinical pharmacy	Roll out in progress
8.2	Attendance avoidance schemes	Including Home First; EMAS Pathfinder & See and Treat capability; CAS (Care Home Support - Advanced Care Planning; Star 6 and Pharmacist and Consultant Geriatrician support	In Progress
<b>9. Community Pharmacy</b>			
9.1	CAS (Via 111)	Community pharmacy supports CAS (via 111). See NUMSAS above	In place
9.2	PGD's	For minor ailments - impetigo, ear infections	In development

	<b>EXISTING, NEW, IMPROVED &amp; ENHANCED SERVICES</b>	<b>DESCRIPTION</b>	<b>CURRENT STATUS</b>
9.3	Comms and Engagement Plans	and uncomplicated	Ongoing
10. Self-care Education and Engagement			
10.1	Comms Plans	using media, GP practices; social media channels; targeting high users, vulnerable	Ongoing
10.2	Engagement Plans	Including social prescribing; making every contact count (MECC); targeting high users, vulnerable	Ongoing

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**PROVISION 1 : ROUTINE GP APPOINTMENTS**

We are utilising funding through the GP forward view to release capacity in primary care for more appointments. Some examples are:

- Skype consultations (currently piloted with the University practice)
- E-consultations (being piloted for Diabetes)
- Workflow Optimisation – this aims to reduce GP admin time and in an average practice can reduce GP admin time from 1 hour per day per GP to 10 minutes
- Care navigation training at every practice– this will enable practices to signpost patients to the most appropriate help/support and could free up appointments by avoiding unnecessary ones
- Extending clinical skill mix in the primary care team – e.g. utilising community pharmacists to deal with medication issues. One federation has been successful in obtaining funding for this and other federations are also looking at this.
- Promoting the availability and use of online booking

Resource development plans include:

- International recruitment for GP's
- A new course has started at the University in the last 2 years for Advanced Care Practitioner training at Lincoln University. Course has been adapted to ensure training individuals suited to new models of care delivery. Now need to ensure continuous stream of experienced nurses undertaking this training to include non-medical prescribing module.
- There are also several new courses starting at the University this year and next to ensure we are training staff in Lincolnshire and then more likely to stay in Lincolnshire. These courses include Paramedic Training, Midwifery Training, Children's Nurse Training, etc.
- Make better use of the GP Multi-disciplinary team including Clinical Pharmacists. Latter have already started to work within Practices. E.g. nurse led minor illness clinics.
- Most practices are commissioned to provide a treatment room service which includes treatment for wound care. Wound care is also provided by the Community Nursing Service. Potential for further development of local integrated services via the Neighbourhood Team models.
- Practice development – sharing best practice models.
- Repeat & Urgent Prescriptions are available from GP Practices

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Several GP Practices offer currently extended GP hours and will continue to do so – see Appendix 6.1 of list of GP extended hours.

GP Extended Hours – recurrent funding is available from 17/18 from national funding streams. This could be delivered on a population basis either through GP surgeries, a hub (group of GP surgeries) or Group of Hubs. The LW CCG has to have 100% population access to services 8am - 8pm Monday – Sunday by March 2019 as per national 5 year GP forward view. Our planned roll-out from April 2018.

Review of primary care capacity for residents in the Monks road area would consider the benefit of refreshing GP practice boundaries to take account of changes in demographics, local demand and available capacity.

**PROVISION 2 : URGENT PRIMARY CARE / GP OUT OF HOURS**

**GP Out of Hours Service (NB. Service already in place)**

This service is provided by Lincolnshire Community Health Services. It provides urgent medical care outside normal GP hours, which is during evenings, weekends and bank holidays.

The Out of Hours Service is accessed by calling 111, which is the national recommended route for accessing urgent medical care. 111 is the number to call when medical help is required urgently, but it is not an emergency. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand.

In Lincolnshire the Out of Hours Service is provided from bases in Lincoln, Gainsborough, Grantham, Boston, Louth, Skegness and Spalding. The Out of Hours Service also provides for home visiting where this is indicated by the clinical need.

If the walk in centre were to close the capacity of the OOH provision at weekends would be reviewed to ensure that there are the facilities to support any additional demand that is assessed as requiring face to face treatment by the Clinical Assessment Service

The 111 service will be the back-up to filter and re-direct any patient requiring non-urgent Primary Care. The Lincolnshire Clinical Assessment Service also provides additional filter and clinical management into this 111 process.

**Urgent Care Streaming Service at Accident and Emergency (A&E)**

**(NB. New service to be in place by 1 November 2017)**

From October 2017 if patients present to Accident and Emergency with a perceived A&E need, which is actually a Primary Care need, they will be streamed into an Urgent Care Service. This service will provide the treatment required but will also give education on the more appropriate routes into Primary Care provision for subsequent presentations. The advice to patients continues to be that they should not be presenting to A&E unless their condition is a true accident or emergency.

Only 3% of patients currently using the Lincoln WIC have an actual A&E need and are diverted on to A&E.

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With a continued communication campaign about the inappropriateness of A&E for anything other than life threatening conditions and serious injury the numbers of current WIC users that would be expected to use A&E instead if the WIC was closed is therefore minimal. Based on the evidence provided by Monitor (2014) the capacity modelling for the new urgent care streaming service included the need to accommodate an additional 20 - 30 patients who might use A & E if the walk in centre was not available. Whilst this is not based on actual impact it reflects the worse case scenario described in the Monitor report.

### PROVISION 3 : UNIVERSITY OF LINCOLN PRACTICE PLANS

There is convenient student access to GP practices close to Lincoln College and Lincoln University. Anyone can register with the Lincoln University Practice provided they reside within the practice boundary. You also don't have to be a university student to register at their practice. Students from Lincoln College can also register there, as can non students. The University GP practice is run by a provider judged outstanding by the CQC and it works closely with the adjacent student wellbeing centre.

The University practice currently offers extended hours DES and has ongoing initiatives to enhance their services including: working closely with the adjacent Student Wellbeing Centre, providing travel and workplace medicals, contraceptive services and self-care education initiatives.

LWCCG are currently developing a plan with the University practice for services to students to be delivered at the Bishop Grosseteste University campus. This could be as a branch or a specific clinic and will depend on the demand identified during development of this initiative.

Extended hours including Skype consultations and drop-in opportunities.

Fresher's week and ongoing promotion to encourage students to register with a GP.

### PROVISION 4 : CHILDREN'S CLINICAL ADVICE AND GP ACCESS

Urgent Primary Care Provision for children is already in place through GP same day access, NHS 111 and the Lincolnshire CAS and through the GP Out of Hours Service.

All GP Practices have provided assurance that parents with children who have an urgent primary healthcare need will be given a same day appointment. As back-up to this, parents also have the option to ring NHS 111 where advice, guidance and treatment can be provided by the CAS, including referral on to other services where indicated.

Children's Centres are also currently under further development to ensure they are the local hubs for family support, children's health advice, health visitor appointments and signposting to other appropriate health and social care services.

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**PROVISION 5 : EMERGENCY CONTRACEPTION**

Emergency contraception is also available from all General Practices, the Lincoln Sexual Health Clinic and many pharmacies and via CAS and OOHs. It is available free of charge to all who qualify for free prescriptions. Notably there are at least three pharmacies in the centre of Lincoln that provide emergency contraception seven days a week (Lloyds, Boots, Co-op). Therefore if the WIC is closed, emergency contraception will still be readily available through many other avenues.

**PROVISION 6 : LINCOLNSHIRE CLINICAL ASSESSMENT SERVICE**

**SERVICE NHS 111 (NB. New Service Provider and already in place)**

NHS 111 was launched in Lincolnshire in 2010 and has been in operation since that time. It is a free-to-call [single non-emergency number](#) medical [helpline](#) operating in England and Scotland. The service is part of each country's [National Health Service](#). The service is available 24 hours a day, every day of the year and is intended for 'urgent but not life-threatening' health issues and complements the long-established [999 emergency telephone number](#) for more serious matters.

There is a continued national drive to have NHS 111 as the route into urgent care provision. This is sensible because it ensures the appropriate telephone triage of calls to the right service and reduces unnecessary NHS demand. 111 was actually introduced in order to prevent public confusion about which healthcare service to access and when.

111 is the number to call if a patient needs urgent medical advice or treatment in and out of hours but the health issue is not serious enough to attend accident and emergency. General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service. So the national 111 service is very important for helping people access the right care and treatment for their needs at times when the traditional routes such as GP surgeries are closed.

We have had a new provider for the NHS 111 Service in Lincolnshire since October 2016: Derbyshire Health United (DHU). DHU provides NHS 111 services across the East Midlands region. The calls picked up through this service are subject to regular clinical audit, demonstrating a consistently good quality of response to calls answered.

When a patient rings 111, the call picked up by a trained health advisor, who is often not a clinician but is supported by a team of clinicians. The health advisor will take the caller through a series of questions to determine what the best service is for that patient's needs. The algorithm of questions has been carefully designed by expert clinicians and is called NHS Pathways. This ensures navigation to the most appropriate level of care, supported by a comprehensive Directory of Services. For non-English speaking patients there is also a translation service that supports 111.

From this initial call, if a patient needs to speak to a clinician the health advisor will arrange for this by either transferring the call (warm transfer) directly over to a clinician or will arrange for a clinician to call the patient back in a time frame suitable to the clinical urgency. In Lincolnshire the clinical response is provided by the Lincolnshire Clinical Assessment Service (CAS – see CAS information).

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In addition to telephoning 111 there is also the intention for the public to have access to an online 111 service from December 2017. There are already pilots of this new service underway across the country. Using an established national website, patients will be able to type in their concern, answer relevant questions and then receive advice on which service to access and when. There will also be the ability for the patient to access a clinician for advice if the response to the questions (a public version of NHS pathways) indicates this to be necessary.

### **Lincolnshire Clinical Assessment Service (NB. New service already in place)**

The Lincolnshire Clinical Assessment Service (CAS) has been fully operational since April 2017. It is an Alliance arrangement between Lincolnshire Community Health Services and East Midlands Ambulance which provides clinical assessment into 111 calls. When someone calls 111 and the health advisor picking up the initial call concludes the caller needs clinical advice and/or treatment, the call is re-directed to this service. The CAS is staffed by Lincolnshire Clinicians who will give health advice, arrange treatment if needed or refer the patient on to another required service. CAS calls are also subject to regular clinical audit and also demonstrate good quality clinical care provision. Both NHS 111 and the supporting CAS are able to arrange ambulance dispatches through EMAS when this is indicated.

Supplementary to NHS 111 and the Lincolnshire Clinical Assessment Service are two new initiatives that are now in place:

### **NHS Urgent Medical Supply Advanced Service (NUMSAS) (NB. New service already in place)**

Urgent Repeat Prescriptions are now available through the NHS Urgent Medical Supply Advanced Service (NUMSAS). This service integrates with the NHS 111 service and CAS to manage requests from patients for urgent medicine supply. At least 50 pharmacies are signed up to provide this service in Lincolnshire.

### **Mental Health Single Point of Access (NB. New service already in place)**

Also integrated with NHS 111 and CAS is this new Mental Health service which was implemented as part of the CAS in April 2017. It allows patients dialling 111 with a Mental Health rather than Physical Health Need to quickly be put through to a Mental Health Practitioner who is best placed to give Mental Health advice and treatment, with capability to refer on to other Mental Health Services.

### **PROVISION 7 : FEDERATION BASED ACCESS TO HEALTHCARE FOR THE HOMELESS**

The CCG is working with local community groups in the third sector including the Nomad trust, YMCA, Framework, P3, and Addaction and local communities where there tend to be high numbers of unregistered patients to give information about this consultation and how to access primary care.

We currently have a Violent Patient Scheme which requires review. This is currently delivered by Ingham Surgery however a number of patients on the scheme are

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homeless and city centre based so access is limiting. We are looking at the services provided by the Nomad Trust and whether we can link Primary Care into this.

**PROVISION 8 : COMMUNITY& NEIGHBOURHOOD TEAMS AT 4 LOCALITIES**

**Neighbourhood Teams (NB. New way of working to improve patient care)**

Across Lincolnshire groups of GP Practices are working together with community health and social care partners as Neighbourhood Teams to deliver more integrated care for the population of patients that they serve. Typically the Neighbourhood Teams serve patient populations of between 30,000 to 50,000.

One of the priorities for the neighbourhood teams is to ensure the most vulnerable patients in their patient population have robust care plans and an integrated team of professionals supporting and providing care. This team will act quickly to give the most appropriate help and support if the patient's condition deteriorates. The continued development of these neighbourhood services have positive implications for reducing urgent care need for vulnerable patients. This approach reduces urgent care presentations in general, but should specifically reduce frequent attenders accessing urgent care services or same day access services such as the Walk-in Centre. However it should be noted that from CQUIN (quality improvement) work in 2016/17 it was not noted that the Walk-in Centre had frequent attenders with frailty or mental health conditions. Frequent attenders are patients that are regularly visiting urgent or emergency healthcare services, suggesting potentially poor control of their underlying medical or mental health condition.

All 4 LWCCG GP localities will commence initial delivery to this model through their federations from the autumn. (BCF Neighbourhood Team funding (2017) & extended access funding (2018)).

Neighbourhood Teams will include community nurses, mental health professionals and clinical pharmacists.

Other Community Admission support initiatives include: Home First, EMAS Pathfinder & See & Treat capability; CAS; Care Home support including as relates to Advanced Care Planning. Further support to Care Homes being rolled out from September through the Star 6 project & Pharmacist & Consultant Geriatrician support directly into Care Homes

**PROVISION 9 : COMMUNITY PHARMACY**

Pharmacists are keen to ensure all local pharmacies are viewed by the public as mini walk-in centres where health advice and treatment for minor illnesses and injuries can be accessed. This is being promoted by the CCG Communications campaign. The CCG will also work with the Local Pharmaceutical Committee to establish what other processes can be put in place by December 2017 to ensure patients can access as much minor illness / treatment support from their pharmacies as is available. This may include additional Patient Group Directives for uncomplicated urinary tract infections, eye and ear infections and impetigo.

The Clinical Assessment Service (CAS) (accessed via 111) and the GP OOHs service can also arrange for urgent and repeat prescriptions see 111/CAS provision detail on NUMSAS.

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**PROVISION 10 : SELF CARE EDUCATION & ENGAGEMENTS**

The CCG is actively promoting key information regarding self-care across its social media channels and website, reaching a total audience of 50,000 people to date. These include signposting to the NHS Choices website Health A-Z topics pages for information on how to treat specific minor illnesses and condition. A recent publication of the CCG's "Your Health" magazine was dedicated to self-care, with 1000 copies of the magazine distributed across GP practices, pharmacies, libraries, and other venues accessed by the general public. There has also been publicity on local radio from senior members of the CCG giving advice on where to go for support, and when it is appropriate to access specific services. The CCG also actively supports GP practices and their respective Patient Participation Groups to promote self-care within each practice, including encouraging patients to contact Lincs2Advice who are able to signpost people to a wide range of local support services, as well as take part in the wide range of Public Health initiatives currently available.

Going forward to CCG will be actively contributing towards the self-care strategy for Lincolnshire, and supporting other healthcare partner organisations across the county to develop a wide range of self-care information, education and promotional materials, and engagement events to speak directly to patients and the public about how as a local population we can all improve our ability to self-care and support others in doing so.

Other self-care initiatives include social prescribing and Making Every Contact Count.

Social prescribing is about enabling General practitioners, community nurses and other primary care professionals to be able to refer people directly into a full range of non clinical services. In Lincolnshire the ability to do this is being expanded but there are already several initiatives with the following a few examples: eg. to enable referral to smoking cessation support; weight management groups; exercise and rehabilitation support groups; peer support cafes for specific conditions like dementia for example.

In tandem and symbiotic to this many health workers across healthcare providers have been receiving training in Making Every Contact Count for the last 4 years. The latter is an initiative which is set to continue, that encourages and trains health professionals undertaking any consultation with a patient for a specific issue to also give advice on health promotion and ill health prevention, with specific guidance on how patients can access lifestyle support.

General Health advice can also be accessed through 111 and advice on which health service is needed and how to access that service

## SUMMARY OF EXTENDED HOURS BY PRACTICE

PracticeName	Address1	Town	Postcode	EnhancedService	Session	Minimum Hours Required	Hours Provided (Plan)
Portland Medical Practice	60 Portland Street	Lincoln	LN5 7LB	Extended Hours Access Scheme 16/17	Mon 1830 - 1910	4h30	4h30
					Thur 1830 - 2025		
Navenby Cliff Villages Surgery	Grantham Road	Navenby	LN5 0JJ	Extended Hours Access Scheme 16/17	Tue 1830 - 2030	4h	4h
Lindum Medical Practice	1 Cabourne Court	Lincoln	LN2 2JP	Extended Hours Access Scheme 16/17	Mon 1830 - 2015	4h15	4h30
					Tue 0730 - 0800		
					Sat 0930 - 1115		
Boultham Park Medical Practice	Boultham Park Road	Lincoln	LN6 7SS	Extended Hours Access Scheme 16/17	Sat 0800 - 1245	4h45	4h45
Cleveland Surgery	Vanessa Drive	Gainsborough	DN21 2UQ	Extended Hours Access Scheme 16/17	Thur 1830 - 2015	5h	5h15
Richmond Medical Centre	Moor Lane	North Hykeham	LN6 9AY	Extended Hours Access Scheme 16/17	Mon 1830 - 1945	4h30	5h15
Nettleham Medical Practice	14 Lodge Lane	Nettleham	LN2 2RS	Extended Hours Access Scheme 16/17	Thur 1830 - 2000	5h45	5h
					Sat 0900 - 1200		
Welton Family Health Centre	4 Cliff Road	Welton	LN2 3JH	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	4h45	5h30
					Wed 1830 - 1900		
Woodland Medical Practice	Jasmin Road	Lincoln	LN6 0QQ	Extended Hours Access Scheme 16/17	Wed 1830 - 2030	3h45	4h
The Heath Surgery	London Road	Bracebridge Heath	LN4 2LA	Extended Hours Access Scheme 16/17	Wed 1830 - 2000	3h	3h
The Ingham Surgery	Lincoln Road	Ingham	LN1 2XF	Extended Hours Access Scheme 16/17	Tue 1830 - 1900	1h45	2h
					Wed 0730 - 0800		
The Surgery	School Lane	Washingborough	LN4 1BN	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	3h30	4h30
Newark Road Surgery	501A Newark Road	Lincoln	LN6 8RT	Extended Hours Access Scheme 16/17	Wed 0630 - 0800	3h45	5h
					Fri 0700 - 0800		
Cliff House Medical Practice	32 Burton Road	Lincoln	LN1 3LJ	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	2h45	3h
Brant Road Surgery	291 Brant Road	Lincoln	LN5 9AB	Extended Hours Access Scheme 16/17	Tue 1830 - 2000	3h30	3h30
					Wed 1830 - 2000		
Birchwood Medical Practice	Jasmin Road	Lincoln	LN6 0QQ	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	4h45	5h
					Wed 0700 - 0800		
Bassingham Surgery	20 Torgate Lane	Bassingham	LN5 9HF	Extended Hours Access Scheme 16/17	Mon 1830 - 2000	3h	4h30
Brayford Medical Practice	Newland Health Centre	Lincoln	LN1 1XP	Extended Hours Access Scheme 16/17	Wed 0700 - 0800	3h15	3h30
					Wed 1830 - 2100		
The Witham Practice	Newland Health Centre	Lincoln	LN1 1XP	Extended Hours Access Scheme 16/17	Mon 0730 - 0750	1h	1h20
					Wed 0730 - 0750		
					Thur 0730 - 0750		
					Fri 0730 - 0750		
University Health Centre	Lincoln University	Lincoln	LN6 7GA	Extended Hours Access Scheme 16/17	Mon 0730 - 0800	3h45	3h45
					Tue 0730 - 0800		
					Wed 0730 - 0800		
					Thur 0730 - 0800		
					Thur 1830 - 1945		
					Fri 0730 - 0800		

## FINANCE AND CONTRACT

### Financial Assessment

The full cost to Lincolnshire is £1,094,089. The cost is apportioned to the 4 Lincolnshire CCGs on an activity basis, which results in LWCCG funding £1,026,953 (93.9%) of the contract. These costs include the following, Staff costs, accommodation costs, and other costs. The Lincoln Walk in Centre provides convenient same day access to primary care services, which are predominantly nurse led.

The CCG has delegated authority for the co-commissioning of primary care services. However, the scope of this delegated authority does not include responsibility for the GP national contract, (GMS & PMS) which remains a national NHSE matter.

The national GP contract requires GP Surgeries to provide primary care services, including same day access for urgent conditions, to all patients registered with them. Thus, there is a fundamental duplication with the services offered by the Walk in Centre.

The CCG has limited financial resources and is significantly challenged financially, in the same way as most NHS organisations nationally. The CCG has a statutory duty to commission the best value healthcare services for the population that it serves, but without exceeding the annual financial allocation that it receives.

In order to fulfil this duty, the CCG must tackle any and all inefficiency in services that it commissions. The national GP contract may not be flexed locally, as such the CCG must address the duplicated service currently provided by the Lincoln Walk in Centre (which it alone is responsible for).

Whilst the principal rationale for consulting on a potential closure of the Lincoln Walk in Centre is a clinical one, including the ability for the local health system to resource duplicated services, there is a financial imperative for the CCG to secure the best value for every £1 that it invests for the benefit of the population of Western Lincolnshire.

### LCCHS Contract Arrangements

The current contract for the Walk in Centre held between NHS Lincolnshire West CCG and Lincolnshire Community Services NHS Trust (LCCHS) commenced on 1 July 2016 and expires on 30 September 2017. The contract value (15 months) is £1,367.6k.

In discussion with the CCG, LCCHS have provided their agreement to have in place a new contract commencing on 1 October 2017 on substantially the same terms and conditions as the current contract. Contract documentation is currently being developed in readiness for signature with the new contract duration consistent with the expected timing of implementation of planned developments providing alternative services for patient who would otherwise access services at the Walk in Centre: for example extended primary care access.

The premises occupied by the Walk in Centre service are leased by LCCHS with the lease ending on 16 March 2021. LCCHS have flagged to the CCG a number of issues associated with a potential exit of the premises prior to March 2021 including the commitment to pay the lease costs and dilapidation charges to the landlord at estimated values of £171k and £75k respectively. Whilst the CCG has stated to LCCHS that it is unable to underwrite any costs associated with the lease, the CCG will work constructively with LCCHS to explore options for the premises on any vacation by the Walk in Centre service that occurs between now and the date of the end of the lease.

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