

## Appendix E - Feedback from scrutiny committees, the Local Medical Committee and Area Forums

### 7.1 Warwickshire Local Medical Committee

**From:** LMC Warwick (NHS SOUTH WARWICKSHIRE CCG) [<mailto:warwick.lmc@nhs.net>]

**Sent:** 28 October 2015 13:24

**To:** Barnett Patricia (05HN) Warwickshire North CCG

**Cc:** Arden Communications (0AA) Arden CSU

**Subject:** Improving urgent care services in North Warwickshire, Nuneaton and Bedworth - reminder to take part online

To Patricia Barnett copy to Arden CSU

Thank you for requesting Warwickshire Local Medical Committees (LMC) views on your consultation document.

It does however appear from the options as set out on page 10 that the CCG has already made its mind up which service they wish to provide and that this is not a true 'consultation'. The dialog appears heavily weighted towards option 1.

The LMC is disappointed that there was no option to try and explore providing services closer to patients homes as per the Governments intention to provide 7 day services in primary care. Given the current workforce crisis the LMC is concerned that adequate staffing levels can be achieved .

However, the LMC acknowledge the difficulties involved in commissioning this service and hope you can find the most effective solution for local people.

Warwickshire LMC

### 7.2 North Warwickshire Borough Council

**Before answering specific questions comprising the consultation, we would like the following points to be considered:-**

- This consultation on the urgent care service should not be seen in isolation it should be seen as an integral part of a strategy to bring services within reach of all parts of the CCG area particularly the rural areas. The council is concerned that a piecemeal approach could add to the perception, justified or not, that there will be a gradual withdrawal of locally available services in the wider CCG area. It is also concerned that such a strategy should also involve NHS England.
- It is disappointing that the formal consultation has confined itself to a binary choice, instead of inviting views on the other ideas, including those set out on pages 6 and 7 of the consultation document but dismissed after and early dialogue with a more restricted audience.

- There is already a GP led urgent care facility at GEH so it would appear that the consultation is actually whether to move from 2 facilities to 1 by closing the Camp Hill centre.
- It is quite logical that there should be a GP led facility at GEH; patients can be triaged at the door and those requiring GP services but not A&E services can be redirected to the GP led service; however, this does NOT replace an Urgent Care service in the community.
- The GEH is difficult to access for many people in the Warwickshire North CCG area. For those with access to a car, parking is limited and expensive; for those without a car, GEH is not located at a bus hub; for most people it is 2 bus journeys and for many in rural North Warwickshire it is 3.
- The bus services are very limited or unavailable 'out of hours' which is when the urgent care service will be most needed.
- The map on the front of the consultation document is useful because it clearly demonstrates that locating services only in the GEH (around the middle of the dark green area) would make it very difficult for many residents to access it, particularly those in North Warwickshire Borough.
- The current service at GEH could be extended to become a true urgent care service where it can be advertised to patients as a GP-led service as an alternative to A&E. It is, however, very unclear from the consultation document what the proposed service at the GEH actually comprises of and specifically what will be provided in addition to what is already there. Neither does it explain how services will be integrated and how patients will be expected to navigate them.
- It is essential that in addition to the current service at GEH there should be an accessible urgent care service in the community.
- If it is decided that, due to the availability of the service at GEH it does not make sense to maintain the service at Camp Hill, it is vital that the implications of taking this service out must be addressed – see below.
- The community urgent care service should be located in existing GP premises or in existing NHS/Council buildings. This point is addressed, but with no real evidence provided at paragraph 3 of page 9 of the consultation document. We would suggest that the evidence should be reviewed, before making a final decision.
- The community urgent care service should be located at a public transport hub, easily accessible from the north of the area such as Atherstone.

**Moving on to specific questions in the consultation:-**

**Q1.**

See the comments above, in addition to the following:-

- If, regrettably, the choice is strictly limited to a binary choice then the urgent care services should remain at the camp hill Walk-in Centre.

**Q2a.**

- The decision should be made in the context of Camp Hill being in the top quintile of deprived areas in England and that North Warwickshire Borough Council has a commitment to work with Nuneaton & Bedworth Borough Council to tackle health inequalities across the CCG area. Reducing access to the health care for the Camp Hill area and the walk-in centre's wider catchment population by withdrawing a service without clear plans for strengthening the primary care there is in danger of directly contradicting this goal, specifically:-
  - See above – this will in effect be the option to move from 2 services to 1.
  - Moving the service to GEH will disenfranchise many people who cannot access it.
  - This will have an adverse effect on the health residents of Camp Hill, Hartshill, etc, and also the wider CCG area because of access issues at the GEH.
  - There are many people in Warwickshire North who will not be able to access the services at GEH, without a car, access is very challenging particularly 'out of hours' and for those with a car, parking is difficult and expensive.
  - The registered patients at Camp Hill cannot access the urgent care services as a walk-in patient; however, the walk-in element of the services at the Camp Hill Health Centre mean that they can access their GPs on site from 8am until 8pm 7 days a week.
  - If the walk-in service were to be moved, although the GP service would remain at Camp Hill the access to those GPs will reduce from 7 days a week to the core hours on 5 days a week.
  - This will have an adverse impact on the people in Camp Hill and surrounding areas who are reluctant to see a GP or who cannot easily access one during core hours.
  - Non-registered patients currently have an urgent care walk-in service in a place with free and adequate car parking. For those with a car or on a bus route for those without a car; this will be taken away.

**Q2b.**

- Maintaining the service at Camp Hill will mean registered patients will have extended access to their GPs and on-registered patients will continue to have an accessible urgent care service.
- It will mean the continuation of what has been generally recognised as a very successful service in the heart of one of our most deprived areas.
- There is a general consensus that the centre in its current form has had a very positive impact on the health of Camp Hill residents (both registered and non-registered patients) and also on the health of resident in surrounding areas.

**Q3a.**

- There is significant concern about the capacity at GEH to cope with an extra 6,000 plus patients every year.
- There is already a problem with the car parking capacity and an extra 6,000 people accessing the site will exacerbate this problem.
- Car parking charges at GEH could be seen as a tax on illness.
- Currently the walk-in service is not advertised, it has been described as the 'best kept health secret in Warwickshire North'. People hear about it through the 111 service or through word of mouth.
- The current 6,000 users of the service are likely to increase dramatically (wherever the service is located) once the consultation has finished and the results published.

**Q3b.**

- Keeping the walk-in service at Camp Hill makes the GP services more viable. The GP list is still growing; currently there are only 1.5 permanent GPs it is difficult to imagine how much further this could be reduced in response to losing the walk-in element.
- Further to comments made above, it was understood that the resources associated with the Camp Hill walk-in centre were all going to be transferred to a better urgent care centre at the GEH, but this is unclear from the consultation document, as is the issue of how savings will be made and how much they are expected to be.
- The building at Camp Hill is a fixed asset, at the moment it accommodates the walk-in service; even if this were taken away the building will remain as is with the associated costs.

**Q4.**

- Most people attending the current walk-in service do so because they cannot get an appointment with their GP within a time they think reasonable given their illness. When they access the walk-in service they are asked if they have tried to get an appointment with their GP first, so virtually all will have spoken to their GP surgery before accessing the walk-in service.
- If people know about the Camp Hill centre they access it directly, otherwise they are directed there by the 111 service.
- If they know about neither they are likely to go to A&E.

**Q5.**

- It is recognised that the CCG has made increasing efforts to access community groups to present the consultation and bring people into the discussion.
- It is very disappointing that this final consultation has concentrated on only 2 options (see above), rather than the wider range that were shared with a restricted audience in the earlier consultation.

- The consultation document is somewhat unbalanced in its approach; it clearly favours the Walk-in Centre being moved to the GEH. This is unhelpful as it may appear the decision has already been made.
- The consultation was completely lacking in numbers and detail about who uses the current walk-in centre at Camp Hill, what they present with and whether or not most of these patients could be seen by GPs (if only they were more accessible locally). All other remote populations (eg, Dordon/Polesworth – population 7,000 similar to Camp Hill) have to make do with their GP surgeries but they have decent size practices serving 12,000 people from one site. Clearly this has not been taken into account due to the binary nature of the consultation.
- It was also unclear from consultation meetings whether or not an urgent walk in care centre is yet fully operational at the George Elliot Hospital. Could we please be given some reassurance on that?

**Q6.**

Yes.

Councillor Margaret Bell, Health & Wellbeing Portfolio Holder  
Councillor Jacky Chambers, Shadow Health & Wellbeing Portfolio Holder  
Jerry Hutchinson, Chief Executive  
North Warwickshire Borough Council.

### **7.3 Warwickshire County Council Adult Social Care and Health Overview and Scrutiny Committee**

I have just realised that the formal note of deliberations by the Committee on the Improving Urgent Care Services in North Warwickshire, Nuneaton and Bedworth has not been submitted. Whilst I am mindful both yourself and Jenni were present for the item, I thought the following points would be of help as the Committee's consultation response:

Members raised the following points, comments and concerns:

- Concern about inequality in service provision, particularly the number of GP doctors per capita.
- There were current pressures on the Accident and Emergency (A&E) Services at GEH and if the relocation option was approved this would increase patient numbers by 6000 per annum and exacerbate the situation.
- Parking fees are levied at GEH , but there are no parking fees at Camp Hill.
- It was stated that some residents were not aware of the Camp Hill Walk-in Centre or could not find it easily. This could be addressed by improved signage.
- It was perceived locally that the decision has already been made and that this review is financially driven.
- A member acknowledged the benefits of co-locating urgent care and A&E services together. He felt that this should reduce the number of people that presented at A&E, adding that such service reviews should be based on clinical expertise.
- There was acknowledgement of the consultation undertaken.
- Camp Hill is the fifth highest area in England in deprivation terms. The relocation of the urgent care service to GEH may have other impacts for services currently co-located at Camp Hill. There was a lack of clarity on what the new service at GEH would look like.

- Information was sought about the new service provider, whether this was likely to be part of GEH, a separate provider, or possibly a private sector provider. Service integration difficulties were a further concern.
- Walk-in services should be fully accessible to the whole area they covered. A member considered there was a lack of awareness of the services provided amongst residents that did not live in Camp Hill. These residents used the GEH instead.
- It was questioned if customer satisfaction was monitored.

It is noted that some of the points above were answered as part of the debate, specifically:

- If the consultation outcome supported relocation to GEH, then a different service would be commissioned. This would benefit both A&E and urgent care services through using a single site, which was better resourced in staffing terms.
- The financial pressures on the NHS were well documented, but this review was about human resources being targeted to give the best value for money, providing a service offer with the right services in the right location.

It was clarified that the existing GP services at Camp Hill would not be affected.

- Decisions regarding the future provider, if the service did transfer to GEH were not yet being progressed. Examples were quoted of similar service reviews elsewhere and the differing approaches taken. An undertaking was given to keep the Committee informed as this review progressed and details became more certain.
- There was no intention to remove other services, such as smoking cessation support that were currently located at Camp Hill.

The Chair wishes to emphasise the need for the Committee to be kept informed of progress with this review and no doubt you will keep me informed of developments, so we can programme further briefings / reports as required.

Paul Spencer

Senior Democratic Services Officer  
Law and Governance  
Resources Group  
Warwickshire County Council

## **7.4 Nuneaton and Bedworth Housing, Health & Communities Overview & Scrutiny Panel, October 15 2015 at 5pm**

Please see below update / feedback from the HOSC for the engagement / consultation record.

The issues raised were generally as anticipated :

- Concerns re deprived community having reduced access if GEH option implemented
- Concerns re travel – bus routes
- Concerns re cost of car parking and pressure on space
- Concerns that consultation was not just a tick box exercise

- Assurance that we were using a range of communication methods including social media to reach diverse population.
- The youth council reps were at the meeting – presenting on their work, They have a youth forum which meets monthly with reps for Nuneaton and Bedworth – and a local forum meeting – so I suggested we would send consultation documents to the group so we can capture the 16 -25 age group. They are also interested in working with us on CAMH's discussions and also Health Champion roles – I think they may be interested in promoting one thing campaign perhaps to their parents ? ?

Actions arising :

We need to understand the bus routes times and costs for those post codes using Walkin but also the implications re bus travel to camp hill ie check the travel needs assessment is comprehensive and we understand what its telling us

Connect with the youth forum in Nuneaton as another forum to get engagement – off set the fact that the PGF forum is predominantly older people.

Ensure we capture the range of engagement we are undertaking and log all activity to provide audit trail – need to ensure that we have maximised social media platforms

### **7.5 Area Forum North, 19 November, St Nicholas Church and Community Hall, Baddesley Ensor, Atherstone, Warwickshire CV9 2BQ**

- Walk in provision / extended hours in North Warwickshire – neither option seen as addressing access issue for this area. It was suggested that other premises could have been considered as a location more appropriate for people from this area
- Parking and Transport concerns.
- Issue re staffing implications included work force transfer and residual impact on GP practice at Camp Hill
- Impact on A&E, for example would the relocation impact on increased activity at A&E and do we have the workforce available to appropriately respond to relocation of the activity.
- General concerns re primary care capacity – lack of extended hours particularly at week ends

### **7.6 Area Forum South, 1 December, Arley & St Michaels Community Room, CV7 8HA**

- 17 People
- 1 used CH WIC and had already completed survey.  
A presentation was made to this forum but there was no time to gather verbal feedback so those attending were encouraged to complete and submit questionnaires.

### **7.7 Area Forum East, 10 December, Michael Drayton Community School, CV10 0SZ**

- GEH described as unhygienic.

- GEH has been so appalling a patient discharged himself.
- Hartshill is proposing a new healthcare centre which would be an ideal location for a WIC.
- Atherstone bus ticket costs £6.90 return to GEH and if by car you have to pay parking charges and would have difficulty finding spaces.
- Alleged that during an assembly over 500 children had raised their hands to say they had used Camp Hill WIC.
- The camp hill WIC was described as “the best kept secret”.
- Increasing access to health services particularly in rural North Warwickshire is needed.
- There is a lack of information on GEH services/hours if the WIC is relocated.
- Appropriate to have a WIC at GEH but this should not replace the CH WIC.
- Concern regarding access for those in Kingsbury.

**7.8 Area Forum West, 26 November, Piccadilly Community Hall, Perryman Drive, Piccadilly B78 2EP**

- Stay as it is. Time and money and difficult to get to GE.
- Reg patients can't use walk-in.
- Mis-info that GP service closing resident Forum, Camp Hill – are aware this is not true and have changed mis-info.
- GE would be too far away. Walk-in services should be close.
- Make walk in services available everywhere, Camp Hill, GE, Bedworth, etc.
- Go to schools and educate them on urgent care.