
Title: **The future of the Thurrock Walk-in service – update on the review and consultation process**

Date: 28 January 2015

Submitted to: CCG Board

Executive summary

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

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 18th 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.

The CCG is now looking to proceed to an eight-week consultation, subject to a decision made by the CCG governing body Board at the meeting this report will be presented at.

The proposed changes are only to the Walk-in service at Thurrock Health Centre, not the GP practice. Increased access to local GPs would be commissioned to cover Saturday and Sunday at four hubs across the area, with local GP services absorbing 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.

The Commissioning Reference Group has been engaged and given the opportunity to feedback on the draft version of the consultation document.

This report includes a consultation plan and stakeholder framework for CCG Board's decision.

Introduction and Background

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. NHS England will be leading a process to re-tender for the registered list in the coming year, as the joint contract expires in September 2015.

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 joint contract expiring in September 2015, this provides 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.

Issues, Options and Analysis of Options

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.

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 the 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 better manage long-term conditions
 - People can use pharmacists or treat themselves for most of the complaints they go to the Walk-in service

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.

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 the 18th November 2014. (A fourth option– to decommission the service and do nothing - was considered by the panel and rejected as an option).

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

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.

Outcome of the scoring panel's assessment process

As a result of the assessment work conducted by the scoring panel which took place on 18th November 2014, option 34, '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 1	Option 2	Option 3
Qualitative	50%	0.16	0.26	0.84
Risk	30%	0.285	0.33	0.42
Finance	20%	0.17	0.2	0.28
Total	100%	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 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.

Consultation

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 above.

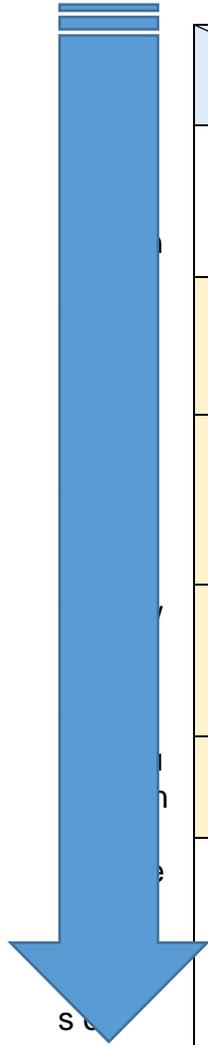
The views on the undertaking of an eight-week consultation (which is the next phase of the process) were received from the HOSC on 13 January 2015.

The views of the Health and Wellbeing Board are being sought through the submission of a report at its meeting on 9 February 2015.

Appendices to the report

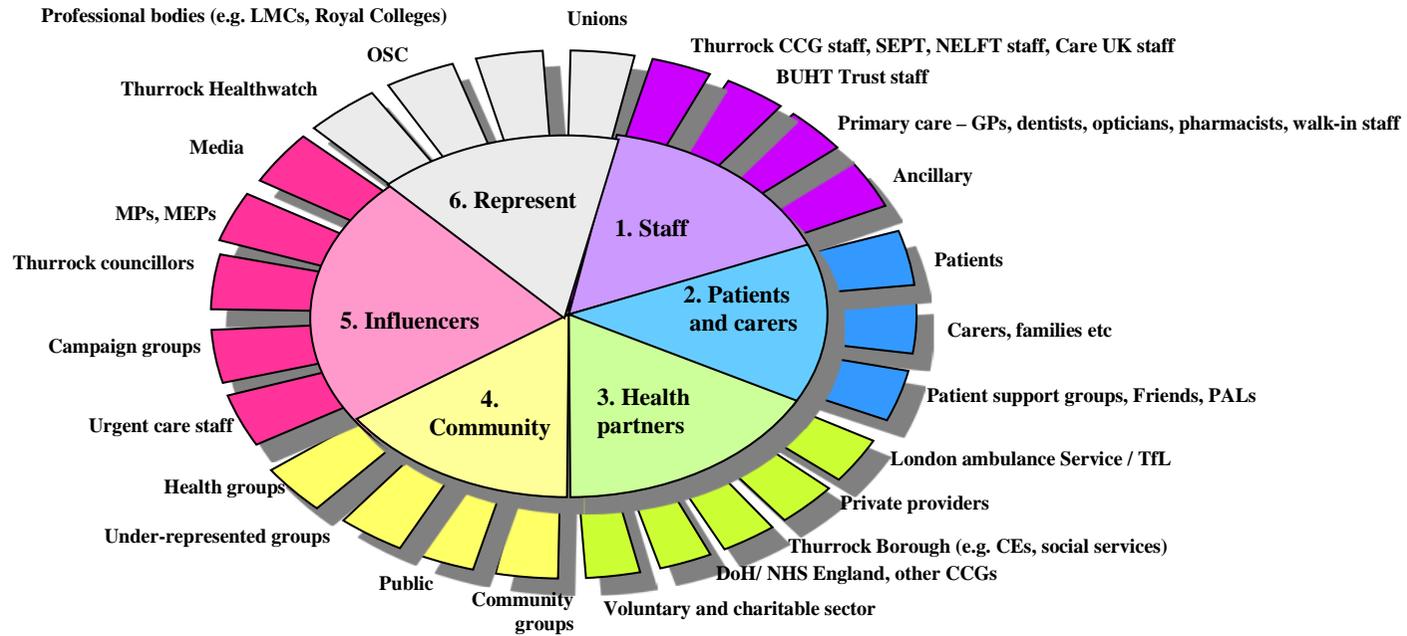
- Consultation plan and stakeholder framework

Appendix - Consultation plan and stakeholder framework



Audience Month	Staff	Patients and carers	Health partners	Community	Influencers	Representatives
January	Prepare for the consultation; develop necessary documents, collate contact details; plan and book appropriate meetings and events as per stakeholder activities in the report's Appendix.					
Start of the consultation: Monday 2nd February 2015 Uploading the consultation document on the Thurrock CCG's website along with the feedback questionnaire						
February	<i>Communications and engagement activities as detailed below</i>					
March	<i>Communications and engagement activities as detailed below</i>					
Close of the consultation: Tuesday 24th March 2015						
April	<i>Purdah</i>					

Thurrock CCG. It is based on the understanding that staff work in collaboration to avoid duplication of effort; and to ensure the most effective use of professional resources.



Audience	Communication objectives	Communication activities	Timescale	Who
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<p>1. NHS staff, internal stakeholders e.g:</p> <p>Includes:</p> <ul style="list-style-type: none"> • College Health group • Thurrock Walk-in Service • Thurrock CCG • North East London Foundation Trust staff • SEPT staff • BUHT staff • EEAST staff • Care UK staff • GPs • GP practice managers and staff • SEEDs • Other Clinical Commissioning Groups • Community pharmacists • Other staff working at the same location • NEL CSU 	<ul style="list-style-type: none"> • to develop NHS staff as potential ambassadors and drivers for change • to ensure awareness of the aims of the consultation • to ask staff their views in order to inform our understanding and to improve and develop the proposals • to enable staff to understand the impact of any proposals on their roles or professional groups, and what it means for them – and help allay any fears about their jobs and future careers 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website • Make formal proposal document available • Produce information for staff briefings and articles in stakeholders newsletters • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>End of consultation</p>	<p>Comms/ Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms / GPs</p> <p>Comms/Prog office</p>
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Audience	Communication objectives	Communication activities	Timescale	Who
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<p>2. Patients/carers</p> <p>Includes:</p> <ul style="list-style-type: none"> patients/carers with experience of walk-in services patients using the location to access other services (e.g. GP patients) people with a long-term conditions people with mental health problems or dementia PALS and Friends patient groups carers of patients 	<ul style="list-style-type: none"> to ensure awareness of the aims of the consultation and ask people to respond to the consultation to explain the benefits and issues around quality, equalities, travel, patient pathways to be open and create understanding to provide reassurance of the NHS commitment to clinical quality and patient care to encourage informed debate to understand the needs of patients to help prevent ill health and improve the health of residents 	<ul style="list-style-type: none"> Develop proposals in partnership Draft letters/emails to keep informed Emails and links to consultation website make formal proposal document available Public drop-in event for Thurrock-based patients and carers Media releases Leaflet door drop Newspaper advertising Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>As above</p> <p>End consultation</p>	<p>Comms/Prog Office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms / GPs and Programme office</p> <p>Comms /Prog office</p>
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Audience	Communication objectives	Communication activities	Timescale	Who
<p>3. Health and related partners Includes:</p> <ul style="list-style-type: none"> • Dept of Health; NHS England; other CCGs – in particular Basildon and Brentwood • Health and Wellbeing Board • Thurrock Council • London Ambulance Service • local partnerships; groups/boards • private providers • Voluntary groups – especially associated with the locations 	<ul style="list-style-type: none"> • as section 2, plus: • to ensure any impacts on health partners are fully explored • to utilise specialist knowledge of issues and opportunities • to ensure synergy with partners' developments and announcements 	<ul style="list-style-type: none"> • Develop proposals in partnership • Draft letters/emails to keep informed • produce information for staff briefings and articles in stakeholders newsletters • emails and links to consultation website • encourage local organisations to create and publicise a link from their website home page to website and include information in their publications • Communicate to all following decision 	<p>Ongoing Start of consultation and throughout consultation</p> <p>As above</p> <p>End consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms /Prog office</p>

Audience	Communication objectives	Communication activities	Timescale	Who
<p>4. Community</p> <ul style="list-style-type: none"> • public • community groups e.g. schools, faith communities and leaders, residents associations, • traditionally excluded groups • health groups 	<ul style="list-style-type: none"> • as section 2, plus: • to build trust in the Trust and the NHS as effective caretakers of the health of local population • for the community to understand how the NHS works and the services on offer • to understand the needs of residents 	<ul style="list-style-type: none"> • develop proposals in partnership • Draft letters/emails to keep informed • emails and links to consultation website • make formal proposal document available media releases • Leaflet door drop • Newspaper advertising • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>As above</p> <p>Throughout consultation</p> <p>Start and end of consultation</p> <p>End of consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms/GPs and Prog office</p> <p>Comms</p> <p>Comms/Prog office</p>

Audience	Communication objectives	Communication activities	Timescale	Who
5. Influencers <ul style="list-style-type: none"> • MPs • Media • Councillors 	<ul style="list-style-type: none"> • as section 2, plus: • to listen to their views • to facilitate influencers in providing reliable information to constituents 	<ul style="list-style-type: none"> • develop proposals in partnership • Draft letters/emails to keep informed • distribute copies of proposals, but face-to-face meetings are key for this audience: one-to-one meetings or roundtable discussions • media releases • press advertisements • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Start and end of consultation</p> <p>Start and end of consultation</p> <p>End of consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms</p> <p>Comms /Prog office</p>

Audience	Communication objectives	Communication activities	Timescale	Who
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<p>6. Representatives</p> <ul style="list-style-type: none"> • HOSCs • Local Medical Committees • Thurrock Healthwatch • Unions • professional bodies / royal colleges 	<ul style="list-style-type: none"> • as section 2, plus: • to provide information as required under the NHS Act (OSCs) • receive independent endorsement for proposals and thereby reassure relevant audiences • to receive critical challenge and objective examination 	<ul style="list-style-type: none"> • develop proposals in partnership where appropriate • distribute proposals, but face-to-face meetings are key for this audience • presentations • respond to OSC/ submission • Communicate to all following decision 	<p>Ongoing</p> <p>Start of consultation and throughout consultation</p> <p>Ongoing</p> <p>TBA</p> <p>Start and end of consultation</p>	<p>Comms/Prog office</p> <p>Comms</p> <p>Programme office</p> <p>Comms/Prog office</p> <p>Comms/Prog office</p>
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