

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	UPDATE ON "GETTING THE BALANCE RIGHT IN COMMUNITY-BASED HEALTH SERVICES"		
DATE OF DECISION:	30 JUNE 2016		
REPORT OF:	DIRECTOR OF SYSTEM DELIVERY - NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This report provides a review of both quantitative and qualitative data on the impact of closing the service and an update on progress on the actions that were agreed by the Southampton City CCG Governing Body and Health Overview and Scrutiny Panel (HOSP).			
RECOMMENDATIONS: That the Panel:			
	(i)	Note the progress on decommissioning of the Bitterne Walk in Service (BWIS) and consider the information presented at the meeting and following discussions comment on the report.	
	(ii)	Note that the recommendations around the closure of the service, that were the responsibility of the CCG to enact, have been completed.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	The Health Overview and Scrutiny Panel has requested regular updates on the impact and implementation of the closure of the Walk-In Service.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	Not applicable.		
DETAIL (Including consultation carried out)			
	Overview		
3.	Following a public consultation in the summer 2015, the CCG, on 31st October 2015, decommissioned the Walk-in Service at Bitterne Health Centre (BWIS), provided by Solent NHS Trust. Funding for the service has remained with Solent and transferred to the community nursing service line, as set out in the case for change		
4.	As part of the decision making of the Governing Body, the following actions were identified: <ul style="list-style-type: none"> • Develop a clear plan with the GP Federation and other primary care 		

	<p>providers to improve GP access. This will also inform the primary care strategy.</p> <ul style="list-style-type: none"> • Increase public awareness on urgent and emergency care services as a priority • Develop and implement a detailed communication plan • Develop and implement reporting mechanisms to review both quantitative and qualitative impacts of closing the service.
5.	<p>Subsequent to the decision by the Governing Body, Southampton City Health Overview and Scrutiny Panel (HOSP) accepted the decision and made the following monitoring recommendations:</p> <ul style="list-style-type: none"> • Circulate the draft Urgent and Emergency Communication Plan to the Panel for comment. This action is complete. • Circulate response times and key performance information relating to the NHS 111 and GP out of hours services to the Panel. This action is complete. • Consider the proposal for a community hub on the east side of Southampton at a future meeting of the Panel, if the scheme progresses. This action lies with Southampton City Council. • Provide data reports for the Panel to scrutinise the impact and implementation of the closure of the BWIS at each HOSP meeting until the Panel informs the CCG that the information is no longer required. This action is in progress. <p>All the above recommendations have been enacted by the CCG where it is their responsibility so to do.</p>
	<p>Communications and Engagement</p>
6.	<p>Communications and engagement has continued throughout the last six months with particular emphasis on supporting local people to manage common winter and spring conditions such as coughs, colds and hay fever. Messaging included top tips to treat symptoms along with the promotion of the relevant services. Information was disseminated via:</p> <ul style="list-style-type: none"> • social media (Twitter and Facebook): we sent around 155 messages on Twitter over this period with each message being seen on average 646 times, we posted 44 times on Facebook and these posts reached around 26,760 people • press releases, including articles regarding pharmacies and online access to GP appointment booking and repeat prescription ordering were covered by the Daily Echo • ongoing radio advertising aimed at 15-40 year olds over the winter period directing people to their local pharmacy and NHS 111 • Solent NHS Trust and Southern Health NHS Foundation Trust, who have provided all their front line staff with a supply of NHS 111 wallet cards to hand out during patient consultations • posters advertising NHS 111, pharmacies and online services were distributed to practices, pharmacies, libraries, schools and nurseries throughout the city • BBC Radio Solent's Big Cuppa event at the Guildhall to reduce isolation • public engagement events at community centres, children's centres and Sikh and Hindu temples • community groups such as Black Heritage and Priory Road Luncheon

	<p>Club.</p> <p>The urgent and emergency communications plan continues to form part of the CCG's business as usual.</p>
7.	<p>A separate communications plan has been developed to improve access to GPs. This is intended to provide a firm platform for the delivery of the overarching strategy for primary care which is part of Better Care Southampton plan. The communications plan will be supported by both the CCG and NHS England and will involve practices advertising their services on their websites, in their newsletters, via social media and on a face to face basis. In conjunction with this the CCG has:</p> <ul style="list-style-type: none"> • provided practices with a comprehensive communications and marketing support including an upcoming social media workshop. • disseminated messages throughout our wide ranging network of schools, nurseries, major employers, community and voluntary groups via a variety of channels. • worked with local media to promote the benefits of online access. • attended local community events to encourage people to register for online appointment booking. <p>Baseline data has been recorded on a per practice basis and we will measure ongoing progress.</p>
	<p>Monitoring the Impact</p>
8.	<p>The qualitative impact is monitored through the CCGs normal monitoring mechanism. We have used a range of methods to enable people to give us feedback about their personal experiences of health services since the closure of the Bitterne walk-in service. The methods we have used are as follows:</p> <ul style="list-style-type: none"> • Patient Experience/Complaints Service • Two roadshows/market stands in Bitterne precinct • Website, social media and mailbox • Surveys • Service user forums such as: <ul style="list-style-type: none"> Patients' Forum, Equality Reference Group, Communications and Engagement Group, Consult and Challenge • Group interviews with: <ul style="list-style-type: none"> Thornhill Health & Wellbeing Network (THAWN) Together Reducing Isolation Project (TRIP) SO18 Big Local Health & Wellbeing sub committee Sure Start East Lunch club, St.Denys Southampton Women's Forum • Health watch • The media.
	<p>Qualitative feedback received</p>

9.	<ul style="list-style-type: none"> • Patient Experience/Complaints Service - We have not received any complaints about the closure of the service. We have received two enquiries through the patient experience service asking about the availability of the monitoring data. • Email - We have received one email from a patient in Eastleigh who had gone to the walk-in service and did not know it had closed and was concerned. This patient was referred to West Hampshire CCG as she was a registered patient in Eastleigh. • Roadshows - A total of 149 face to face contacts were made during two roadshows in Bitterne precinct. Patient experience leaflets were distributed to everyone to provide the opportunity to share a personal experience. No-one said that they had been personally affected by the closure but there were three comments about the service: <ul style="list-style-type: none"> ○ “instead of closing down BWIS, more should be opened instead to take the pressure of A&E” ○ “now that BWIS is closed there is nothing on this side of the city” ○ “You used to be seen quite quickly at the BWIS” <p>Some people were not aware of GP practice extended hours and 12 people had not heard of NHS 111</p> • Group interviews - All participants said that there had been no immediate effect on them or their family by not having access to the BWIS. Two participants had used the MIU for incidences for which they would have previously gone to the walk-in service. • Service user forums - All our service user forums provide opportunities for people to share patient experiences of local health services. Apart from individual service users we also have representatives of voluntary and community groups who are active in their local community. No-one has reported a negative effect following the closure with one group representative and health watch representative commenting: <p style="margin-left: 40px;"><i>“We have heard of no negative incidents since the closure of Bitterne Walk in Centre, the people we have spoken to have said that they have either been telephoning 111, or use the Minor Injury Unit at the Royal South Hants hospital. We have just had a couple of people say that they miss the centre being there, but that is all.”</i></p> • Health watch - Health watch has not reported any individual complaints to us. They have however enquired about the six month monitoring data – a copy of which will be made available to them. • Social media and media - Since November 2015 we have received one enquiry via twitter and one from a local journalist, both enquiries asking for information about the monitoring report.
	<p>Qualitative Surveys</p>
10.	<p>In early 2016 we carried out a survey to understand local people’s experience of booking an appointment at their GP practice:</p> <ul style="list-style-type: none"> • Availability of appointments. When asked if patients had witnessed any improvements in the waiting time for a GP appointment over the last six months 39% of people said it had stayed the same, whilst 57% of people thought it had deteriorated. Further investigation of this issue with GP practices revealed that an average of 6300

appointments were missed every month. Making use of these missed appointments would reduce the waiting times for other patients. The CCG therefore launched a promotional campaign, in collaboration with the Daily Echo, to encourage local people to cancel their unwanted appointments. The evaluation of this campaign will be available at the end of July 2016.

- **Online Access.** The survey results went on to detail how 64% of respondents had registered for online appointment booking with a further 14% believing that online registration would help them to access their GP.
- Overall, in terms of access, people were happy with the range of options available for appointment booking making suggestions to improve the current situation which included adding more appointments to the online system and allowing family members to have linked accounts. They were however still disappointed at how long they needed to wait to access GP services.
- The results of the surveys will also inform the commissioning arrangements for extended access to primary care. We intend to continue working closely with practices over the coming months to ensure that patients are aware of the available appointments and how to access them, making use of online systems where appropriate.
- In addition to this work we also undertook a survey to understand people's knowledge of urgent care services in the city and asked respondents what services they would use in a variety of situations.
- We undertook this survey during November and December 2015 and repeated it in June 2016. The initial survey received 57 responses and the second 465.
- The biggest shift in attitude over the six month period were the actions people would take if they became unwell and needed help straight away. When asked who they would contact first in 2015 44% of people said either A&E or 999. In June 2016 this figure had fallen to 9%.
- In 2015 44% of people said that their GP would be their first port of call if they became unwell however in June this number had increased to just over 75%.
- It was however disappointing to see that self-care and pharmacy received little recognition as viable options when people become unwell.
- When moving on to discuss what people would do if they experienced a minor injury, in June 42% said they would visit the Minor Injury Unit (MIU) at the Royal South Hants Hospital, this had fallen from 53% in 2015.
- A further 20% noted that they would visit a walk in centre; this could potentially refer to the MIU, as some people mentioned the 'walk in centre at the Royal South Hants'. Conversely, it could infer a lack of knowledge of the closure of the walk-in service at Bitterne.
- We also asked people where they would go if they or a family member was experiencing a mental health crisis. Whilst 60% said GP, 14% said they didn't know what they would do, with only 9% of respondents mentioning NHS 111 in relation to a mental health crisis. This demonstrates that more work is needed to promote the mental health support available in the city.

	<ul style="list-style-type: none"> • We proceeded to prompt respondents as to their awareness of the various urgent health services in the city and were encouraged to see that in June 2016 everyone responding had either heard of or used their GP practice, local pharmacy or A&E. There was however, little recognition of the minor ailments service which offers free medicines for a range of minor health issues, to anyone who receives free prescriptions. • Only half of respondents had heard of community mental health services, supporting the evidence in the previous question that more work is needed in this arena. • Finally, when asked if they had any comments around the provision of urgent health care in Southampton, 250 people responded in the June survey. Of these comments, approximately 10% related to the closure of walk-in services such as Bitterne and Shirley as well as requests for more walk-in services. This tied in with around 20% of the comments which referred to a lack of GP access in the city. These comments detailed both long waits for appointments as well as a perceived lack of evening and weekend surgeries. • People also commented that more information was needed as to the availability of services with 8% of people particularly referencing a lack of mental health support or understanding of how to access it.
	<p>Quantitative Impact</p>
11.	<p>The BWIS closure impact monitoring data pack for June (based mainly on April data) can be found at Appendix 1. This data pack is refreshed monthly and forms part of the CCG routine performance monitoring. The data at 6 months post-closure shows:</p> <ul style="list-style-type: none"> • There has been no significant negative impact on other urgent care services. • There has been no significant variance/demonstrable change in the behaviour of East locality patients where not anticipated. • The MIU has seen the biggest increase in activity from East locality patients. This was expected (actively promoted as an alternative, along with pharmacies and 111), planned for and managed. • A seasonal trend of activity increase in all services with patients from all areas, with demand particularly high in March 2016 (this winter's flu season came later and with a higher rate of flu-like illness than in previous years). • While numbers of patients accessing urgent care services increased over winter (across the board) the % proportion of those from the East locality has not increased significantly with the exception of the MIU (expected). • The majority of Southampton patients (>900 per month) previously attending the BWIS have not attended MIU or ED since the BWIS has closed.
	<p>Community Nursing Service</p>
12.	<p>The community nursing service received additional investment in 2014/15 in recognition of significant workload pressures which has been sustained through the BWIS funding bringing the establishment up to 101.5 WTE. The investment made into the service has provided a 6.2% increase in direct visits to patients and carers between 2014/15 and 2015/16 (and a 33.8%</p>

increase in overall service user contacts, including non face to face contacts). During 2014/15, 116,677 contacts were recorded; this increased to 156,137 contacts during 2015/16. Some of these contacts can also be attributed to a change in workforce configuration, but the increased investment has boosted the capacity of the service as it faces increasing demand due to an ageing population with increased complexity of need.

13. The data for the community nursing service is also monitored monthly. The profile of alert status for the community nurses is shown below. This reporting is incorporated into the data pack at Appendix 1 and illustrates that there has been a significant reduction since November 2015 in the occurrences when the service is on black alert (i.e. service failing as a result of insufficient capacity to meet demand). There has been a corresponding slight increase in the occurrences when the service is at green status. It should be noted however that the service continues to be frequently on red (under severe pressure) and amber (under moderate pressure) alert, partly as a result of increasing numbers and complexity amongst the city's older people population and partly owing to difficulties in recruitment.

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Black	15%	70%	63%	70%	68%	20%		0%	5%	5%	5%	5%
Red	34%	6.0%	23%	2%	9%	14%		26%	43%	55%	38%	45%
Amber	26%	2%	2%	2%	4%	8%		42%	43%	20%	57%	4%
Green	9%	0%	0%	1%	3%	5%		5%	9%	15%	0%	10%
Data not available	16%	22%	12%	25%	16%	53%		27%	0%	5%	0%	0%

14. Commissioners are continuing to work with the provider to closely monitor performance and promote the development of resilient sustainable working practices, embedding best practice such as that set out in the NHSE Framework for Commissioning Community Nursing. A new vision for Community Nursing in the city has been developed within the context of the city's Better Care programme, based around the 6 local primary care clusters, which has had strong engagement from Solent NHS Trust, other NHS Trust providers, the City Council, Primary Care, voluntary sector and local people and a project group has been set up to implement this in 2016/17. This work is covering a range of aspects such as effective workload management, embedding approaches to self-care and person centred commissioning, workforce planning to meet current and future needs, leadership and governance, driving up quality and use of technology.

15. Members are asked to consider the information presented at the meeting and following discussions comment on the report.

RESOURCE IMPLICATIONS

Capital/Revenue

16. None.

Property/Other

17. None.

LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report:</u>		
18.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
<u>Other Legal Implications:</u>		
19.	None	
POLICY FRAMEWORK IMPLICATIONS		
20.	None	
KEY DECISION		No
WARDS/COMMUNITIES AFFECTED:		None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Bitterne Walk-in Service (BWIS) closure impact monitoring Data available at June 2016	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		Yes
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		No
Other Background Documents		
Equality Impact Assessment and Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	