South East Clinical Senate

Kent, Surrey and Sussex

South East

Clinical

senate

Review of town centre primary care proposals for Eastbourne and Hastings

Final Report

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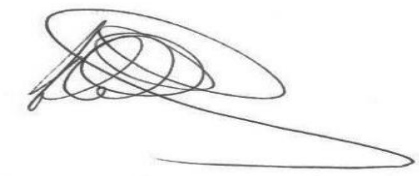
Foreword

In line with the remit of clinical senates, the South East Clinical Senate was asked by the East Sussex CCGs to provide an independent clinical review of their proposals for the future of the walk-in centres (WICs) in Eastbourne and Hastings. For Eastbourne the review was of the draft pre-consultation business case that proposes to close the WIC and re-provide the required care across other elements of the health system in the town in a more integrated and cost-effective way, whilst for Hastings the proposal is for a staged approach to developing an integrated health hub on the site of the WIC at Hastings Station Plaza.

A broad based expert panel was assembled to undertake this review and provide recommendations to the CCG commissioners. I would like to thank all members of the clinical senate panel for giving their time, knowledge and experience in the undertaking of this review. I would also like to thank the East Sussex programme board team for the provision of the materials for this review, for presenting the proposals to the panel, and for the clarifications they have provided.

We hope that this review will help in refining the CCGs' final proposals as they prepare for wider consultation.



Dr Lawrence Goldberg,
South East Clinical Senate Chair

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1. Introduction and context

The two CCGs of East Sussex, Hasting and Rother, and Eastbourne, Hailsham and Seaford, identified the need to develop a consistent networked model for urgent care, that is aligned with the requirements set out in key national documents, including the NHS Long Term Plan and the prior Five Year Forward View. This involves the establishment of urgent treatment centres (UTCs), and the NHS 111 service alongside a Clinical Advisory Service (CAS). There are agreed plans to establish a UTC on the site of the Conquest Hospital in Hastings, and at the Eastbourne District General Hospital.

In parallel, there are major changes being directed nationally to the way primary care and community services are delivered and better integrated, also outlined in the NHS Long Term Plan and the General Practice Forward View. This involves the establishment of Primary Care Networks, improved access, and integrated care hubs, that will ensure patient centred, coordinated and integrated care for the local population and 'fully integrated community-based healthcare'[1].

This context has required the CCGs to review the status of their current 'Walk-In Centres' (WICs). **Whilst there is no standard definition of an NHS WIC, Monitor defined them as 'a site that provides routine and urgent primary care for minor ailments and injuries with no requirement for patients to pre-book an appointment or to be registered at the centre or with any GP practice'**[2].

WICs are classified as type 4 A&Es in the NHS Data Dictionary[3] (though they are far from the normal understanding of A&E) and provide primarily a same day GP-based service to attendees. Current NHS England guidance[4] is that: 'it is expected that 100% of Type 3 & 4 A&E services should either meet the UTC standards, become another alternative non-urgent primary or community based service, or close by December 2019. Any exceptions to achieving this timeframe should be signed off by the Regional Director.'

[1] NHS Long Term Plan. https://www.longtermplan.nhs.uk

[2] Walk-in centre review: final report and recommendations. Section 1.1. Monitor 2014. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

[3] Accident and Emergency department type. NHS data dictionary. https://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/accident_and_emergency_department_type_de.asp?shownav=1

[4] Urgent Treatment Centres – FAQs to support implementation. Acute Care Team, NHS England and Improvement, June 2019. See page 18. https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-faqs.pdf

The Sussex and East Surrey STP is quoted as concluding that, as WICs are primarily providers of primary care rather than urgent care, they are not being developed in to UTCs. Commissioners therefore need to consider the future of their WICs taking account of NHS England guidance as quoted above, and alongside the plans for primary care (same day and more generally).

Both Eastbourne and Hastings have a town centre WIC, and they are developing plans for future alternatives to each WIC. As it is considered likely that these plans would require public consultation, and in line with best practice as outlined in NHS England guidance[5], they have sought an independent clinical review of their proposals to date, prior to the finalisation of any pre-consultation business case (PCBC).

2. The ask of the clinical senate

The initial Terms of Reference (29.5.19) for the South East Clinical Senate review were as follows:

- To review the draft PCBC in advance of its submission to NHSE and NHSI in accordance with the major service change assurance processes.
- As part of their review, the clinical senate has been requested to take the following into account:
    - Evaluate the proposals alongside the case for change and the established assessment criteria for decision making in East Sussex.
    - Provide a narrative that details any recommended mitigations that will support commissioners to finalise the pre-consultation business case.
    - Evaluate the proposals in terms of future services being accessible and continuing to meet the needs of the patient population to ensure any inequality issues are suitably mitigated.

The initial understanding was that there would be a PCBC for each town, which would propose the closure of the WICs at both Eastbourne and Hastings. Whilst this remained the case for Eastbourne, when the papers were submitted to the clinical senate team, the Hastings paper was a proposal that described a transitional arrangement and 'proof of concept' of a way of reconfiguring services at the Station Plaza site. The two separate documents submitted to the clinical senate for their review were titled as follows:

1. A PCBC titled 'Proposed changes to services at Eastbourne Station Health Centre, draft 2.4', dated 25.06.19.
2. A 'Proposal for integrated health hub at Hastings Station Plaza draft 2.1', dated 01.07.19.

[5] Planning, assuring and delivering service change. NHS England 2018. https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

3. The clinical senate's review process

A broad based panel of senior clinicians and professionals was assembled by the clinical senate. Appointed members provided their own time and expertise to the review. The panel membership is listed in appendix 2.1. Great care was taken to avoid conflicts of interest, and those are also shown in appendix 2.2.

The draft Eastbourne PCBC and the Hastings proposal were provided on 25 June 2019 and 1 July 2019 respectively. Supporting documentation was also provided (see appendix 3 for the list of materials provided) and key lines of enquiry (KLOE) were developed (see appendix 4).These documents and the KLOEs were shared with the clinical senate panel, prior to a teleconference pre-meet of the panel, which was conducted one week in advance of the main panel meeting, to orientate the members, discuss the KLOEs and address any questions.

The all-day panel meeting was held on the 10 July 2019. At the morning session members of the East Sussex CCGs' programme board and the Sussex and East Surrey's Urgent and Emergency Care (UEC) lead (see Appendix 2.3 for the presenting team), presented summaries of the two proposals, and took detailed questions from the panel. The afternoon session was for the clinical senate panel alone to consider their response and recommendations. The full agenda for the panel day is shown in appendix 2.4.

The notes from the meeting and comments made were synthesised in to a first draft, which was circulated to the panel for comment. The final draft was then prepared for submission to the programme board for matters of accuracy on 2 August 2019, and for review, comment then sign off by the clinical senate council.

4. Panel comments and recommendations

Both the Eastbourne and Hastings proposals relate to the future and alternatives of the current WICs, and many of the comments made by the clinical senate panel relate to both, depending on the future range of services at each site that is finally agreed. There are in addition town and proposal-specific comments. This feedback is therefore presented in three sections:

1. Comments and recommendations relevant to both proposals.
2. Comments and recommendations relevant mostly to the Eastbourne proposal.
3. Comments and recommendations relevant mostly to the Hastings proposal.

4.1. Comments and recommendations relevant to both proposals.

Re-focusing on the overarching benefits to patients of the proposals

- The proposals as currently presented focus more on the perceived requirement to close the WICs, and the potential financial savings. The reconfiguration of town centre primary care should be seen as delivering more integrated, patient centred care with streamlined signposting to other services, continuity of care, and improved access. This would be enhanced by providing examples of specific patient pathways (and vignettes) for the common types of presentations to WICs, and how such patients would receive their care in the new configuration. This would make the new pathways much clearer, and thereby potentially more acceptable.

- Describing the disadvantages of WICs for patients would help provide a balanced assessment of their role. Such disadvantages include the potential for lack of continuity of care (one off single issue appointments not with their regular GP), and the disconnect from other primary care services that their own surgery is set up to coordinate. In principle it is much better to steer patients to their own primary care system first time.

R1. There should be greater emphasis on showing how newly designed integrated care will improve patient experience, access and quality of care, with less focus on the need for WIC closure and potential financial savings.

How the proposals fit within the national and STP strategic context for primary care and urgent and emergency care

Alignment of the proposals with the STP strategy

- The STP has produced a business plan for the transition year 2019/20[6], and the priorities listed (that potentially relate to the WIC proposals given that these patients have a mixture of urgent and primary care needs) are:
    - Support the development of primary care at scale, improving primary care resilience and improving access to primary care.
    - Build and support the ongoing development of effective integrated primary care networks.
    - Fully implement the STP networked model for integrated Urgent Care, including 111, Clinical Assessment Service and Urgent Treatment Centres.
- In addition, an STP primary care strategy is expected in Q3 of 2019/20, so this is not yet available to determine alignment of the proposals with such a strategy.

R2. Ensure explicit alignment in the business cases with the STP strategy for both primary care and urgent and emergency care.

The role of the primary care networks in the development and agreement of the proposals

- Primary care networks (PCN) will be the cornerstone of integrated primary and community based services within locals areas. They and their clinical directors are now established across England. Within the two proposals, the PCN geographies in the two towns should be made clearer: the two PCNs in Eastbourne (ALPS Group and Eastbourne 3) that cover the population using the WIC, and the single large PCN for the whole of Hastings. In addition, it is very important that these PCNs at least sign off the proposals, for which there currently isn't evidence. If it wasn't for the national deadline for re-designation or closure of WICs of December 2019, it would seem vital to ensure that the PCNs are leading the development and agreement of such proposals with their local stakeholders (particularly as little of the WIC activity is now from out of town).

R3. Ensure the PCNs are fully involved in the development and agreement of the two town centres' proposals.

[6] Sussex and East Surrey STP Transition Year Business Plan 2019/20. https://www.crawleyccg.nhs.uk/_resources/assets/attachment/full/0/476879.pdf

The establishment of urgent treatment centres

- Urgent treatment centres (UTCs) are being established across the country, with a required go live by December 2019. The proposal to establish UTCs on the Eastbourne DGH and the Conquest Hospital sites were approved by the governing bodies in June 2019. It is important for a full understanding of the new urgent and emergency care pathways that the service that the UTCs will provide is made clearer, in a way the public will understand and relate to (such as how the NHS 111/CAS service is described in the PCBC for proposed changes to services at Eastbourne Station Health Centre).

R4. Provide a clearer and more detailed outline of what services the new UTCs will provide.

Local authority engagement

- Local authorities must be involved in developing the proposals, as they have a key role in providing services for many of the patients with complex needs that currently attend the WICs and are fundamental in providing integrated care together with NHS primary and community care services. There is no mention of local authorities at all in the Hastings proposal, and in the Eastbourne proposal there is reference to ongoing engagement, without specifics.

R5. Clear demonstration of the involvement of the local authority in developing the proposals and options should be provided.

Options for the future status of WICs in the two towns

- The closure of WICs is not mandated by NHSE&I. NHS walk-in centres are classified as type 4 A&Es[7]. From NHS England guidance[8], 'it is expected that 100% of Type 3 & 4 services should either meet the UTC standards, become another alternative non-urgent primary or community based service or close by December 2019. Any exceptions to achieving this timeframe should be signed off by the Regional Director.'

- The Sussex and East Surrey STP is quoted (in the Eastbourne PCBC) as concluding that their WICs are primarily providers of primary care (supported by the WICs audit). Therefore, national guidance (see introduction section) suggests that there are two options for the current WICs: to close them or convert them to sites for non-urgent primary/community based services. The CCGs are currently at the pre-consultation engagement stage to inform future options in this context.

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[7] Accident and Emergency department type. NHS data dictionary. https://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/accident_and_emergency_department_type_de.asp?shownav=1

[8] Urgent Treatment Centres – FAQs to support implementation. Acute Care Team, NHS England and Improvement, June 2019. See page 18. https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-faqs.pdf

R6. Given the central location of the two WICs, and the potential for primary and community care hubs in each town centre, it is recommended that the option of such a hub is considered against the option of closure of the WICs in each town.

Fully understanding the types of patients currently using the WICs

- To ensure that the types of patients currently using the WICs, and their needs, would be met in any future arrangements, it is essential to fully understand the nature of this demand. The panel was not satisfied that the audit data provided was sufficient to answer this.
- The audit of WIC utilisation was described in both the Eastbourne and Hastings proposals. It was a retrospective audit, undertaken in Sept 2018, and reviewed all WIC attendances on three days: Saturday 10.2.18, Bank Holiday Monday 2.4.18, and Wednesday 20.6.19.
- A summary of the audit findings for the two WICs, from the details provided (and the presentation slides on the panel day), is shown in the table in figure 1:

Figure 1. Table summarising the audit undertaken of the Eastbourne and Hasting WICs over three different days in 2018.

Audit measure	Eastbourne	Hastings
Annual attendances	15,432	18,867
Average attendance per day	42	52
Place of abode in relation to the WIC	'Most patients lived in the closest post code areas to the WIC'	'Most patients lived in the closest post code areas to the WIC'
Age profile	43% between 26-65	48% between 26-65
Declared disabilities	1.5%	
Living in temporary accommodation	11%	4%
Asylum seekers or no fixed abode	0	0
Vulnerable patients	0	Adults 1%, children 0.5%
Mental health and/or substance misuse	5%	9%
Post-triage review by: GP ANP Nurse HCA	 64% 30% 2% 4%	 70% 24% 3% 2%
Outcome of WIC consultation: Prescription Self Care Referred to A&E Not specified	 65% 21% 3% 11%	

- Also described in the slide presentation, and discussed with the panel, is a 'small but significant' group of patients with 'multiple and complex needs' – many of which relate to social and mental health needs – who use the facilities.

- The panel considered that there was not sufficient analysis to fully understand the nature of the care needs of patients currently using the WICs, and therefore how and where this care would be re-provided in the future new models of integrated care that are being considered.

- Additional information that is required includes:

    - A more detailed breakdown of the age profile.
    - An understanding of how many patients attending are already registered with a GP practice (including those on the same site as the WIC).
    - Why the patients chose to attend the WIC rather than their own GP surgery.
    - Why any unregistered patients had not registered with a GP.
    - How the problem the patient presented with could be re-provided. This could be summarised by considering a range of typical conditions or needs that present to the WICs.

- It is also not made clear what it is that members of the public like about their town's WIC and why they would like to preserve it. By understanding this, it will be easier to demonstrate how any new service provision could meet those needs and concerns. This would be part of the 'proof of concept' evaluation for Hastings and could be used equally at Eastbourne.

R7. A more detailed audit of the users of the WICs is required to more fully understand demand, and how it would be best re-provided.

Establish the population need in the two towns, and how the proposals will help address these.

Addressing population health

- The towns' population health needs and health inequalities, and how the proposals would address these, have not been made clear, and it would be better to frame the proposals in this context, rather than focussing on responding to a national directive. There is much good public health data for this (such as through the JSNAA portal[9]), and it would set the proposals in a

[9] East Sussex Joint Strategic Needs and Assets Assessment home page. http://www.eastsussexjsna.org.uk/)

wider and more meaningful context. Reference should also be made to the Healthy Hastings Programme[10], and the proposals shown to be consistent with this initiative.

- The proposals should also be part of an overall commissioning plan that meets the needs of the population and builds a system to address this need.

R8. Provide a stronger case for change based on how the alternatives to the WICs will address the population's health needs and health inequalities.

Future demand and demographic changes

- Without a more detailed understanding of the age and needs profiles of the WIC attendees, it is difficult to predict future demand. For example, although the overall population growth for both towns appears marginal, there is a much larger increase in the elderly population in the coming years, which will have a large impact on the demand for primary care as well as urgent care services. More detail could be provided here.

R9. Provide a more detailed analysis of the age and needs-specific increase in demand for primary care services in the town centres.

Current and future primary care capacity to absorb WIC activity and demographic and demand growth

- The capacity and resilience of primary and community care in each town to cater for current and future demand, whichever future model re-provision of services is introduced, is a fundamental enabler or barrier. It is therefore essential for the proposals to have as much clarity as possible, for the public and the health service, to determine the impact on any changes, specifically any closure or re-definition of the WICs, before they are implemented.

- It would be helpful to provide a summary of the definitions of the various primary care delivery models as this is a confusing area to those outside of this world. This would include what GP surgeries, extended hours DES, and PCEA/PCIA centres provide and when. In the town-specific sections below, we have provided a tabulated example of how this could be summarised, using the data provided to us (see figures 2 and 4).

- Whilst current capacity is easier to analyse, we acknowledge that predicting future capacity is much more complicated, given the many ongoing and upcoming national and local changes to the way out of hospital care is to be organised and provided (e.g. UTCs, NHS 111/CAS, primary care hubs, extended non-medical roles etc.).

[10] The Healthy Hastings Programme. Hastings and Rother CCG. https://www.hastingsandrotherccg.nhs.uk/your-health/healthyhastingsandrother/

- However, understanding the current baseline for primary care capacity is an essential starting point, given that the proposed changes to the WICs, particularly those in Eastbourne where it is proposed to close it, will require alternative capacity as early as December 2019. This detailed more in the Eastbourne and the Hastings sections below, using the data provided in the submitted material.

- Further measures of primary care performance and resilience could be looked at, including GP patient survey ratings[11], vacancy rates (for GPs and other key health professionals), and any other assurance indicators that are routinely collected that might give an up to date and objective perspective. From the GP patient survey, the replies to the questions relating to access and making an appointment (especially questions 18-22) in the two towns could be compared with the national findings[12].

- The availability of slots in GP practice lists, their extended hours, and those available in PCEA centres, needs to take account of where and when the displaced activity from a closed or re-defined WIC will be required. From the WIC audit, much of the total activity is Monday-Friday day time, which PCIA and extended hours slots would not cater for.

R10. A clearer and more accurate picture of current primary care capacity to absorb any displaced activity from the WICs if the proposals are approved, should be provided.

The timing of the proposed changes

- It is important to build in enough time to the milestones timetable to assess and incorporate the outcomes of the consultation process. Currently the time allowed, as set out in both proposals, seems insufficient.

R11. Review the milestones timetable to allow sufficient time to adapt the PCBC to the outcome of public consultation

- Making significant changes to the provision or services in a December, when winter pressures are building and capacity across the system is stretched, is a risk that should be avoided if possible by delaying the implementation of changes.

R12. Consider delaying the proposed changes till after the winter period.

[11] GP Patient Survey website. https://www.gp-patient.co.uk/
[12] GP Patient Survey, Headline findings, Aug 2018. https://gp-patient.co.uk/downloads/archive/2018/Weighted/GPPS%202018%20National%20infographic%20PUBLIC.pdf

Digital (as enabler of different ways of working)

- The digital agenda is key to delivering better, more patient centred and more efficient healthcare in the future. There could be more reference to the plans within East Sussex in this regard, where relevant to the future care of current WIC patients. This would include at least:
    - How electronic patient information will be shared across the range of providers of care.
    - How online consultations (referred to in the proposals) would be delivered, for whom, and when.

R13. Provide more detail on how digital enablers will enhance care for patients in the future, specifically in relation to the types of patients who use WICs.

R14. Reference to, and alignment with, the Sussex and East Surrey's digital strategy, and national steer as in the NHS Long Term Plan, is recommended.

The impact of public engagement and consultation

- Public engagement to date is summarised in tables in both the Eastbourne WIC PCBC and the Hastings proposal (identical tables). The engagement is described as related to what people wanted from their urgent and emergency care and from primary care services (presumably across the whole of East Sussex rather than specific to Eastbourne or Hastings). The one reference to engagement (with the public rather than with professionals) that may be town centre specific (though it is not clear in the way it is described) is the engagement with the 'CCGs' Public Reference Forum' from Sept 2018 onwards. If there has been engagement and views from the town's population about the proposals we are considering here, it would be important to summarise what the messages are, and in what way they have influenced the proposals.

R15. Provide a summary of the views received from the public from engagement to date, and how these have influenced the development of the proposals.

- The PCBC needs to take account of the Gunning principles for public consultation[13], and demonstrate how these are being met. These are summarised as follows:

    1. That consultation must be at a time when proposals are still at a formative stage.
    2. That the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response.
    3. That adequate time is given for consideration and response.
    4. That the product of consultation is conscientiously taken into account when finalising the decision.

R16. Demonstrate that the Gunning principles for public consultation are being met in the proposals.

Workforce

- There needs to be a clearly articulated workforce strategy and plan, that addresses the future demands of city centre primary care and goes beyond the GP workforce. There is otherwise a substantial risk of staff simply moving within the system leading to shortages elsewhere. This applies across the primary and community care nursing workforce, pharmacists, paramedic practitioners/advanced practitioners, and others. Health Education England – KSS has recently produced a draft workforce strategy for the Sussex and East Surrey STP, which will be a core document in progressing this work in East Sussex, but this was not yet available. Whilst a 'Primary care workforce skills matrix' was presented to the panel in the slide set, which is a good summary of some of the potential extended roles of non-GPs, this is not of course a strategy.

- There is a need and opportunity for the development of new roles and skill mixes, which should be more clearly articulated against the forecast need for primary care in the two towns. Training and re-training is a key requirement here, but it was not clear what the plans for this were, even at a high level. For nursing in particular, there are substantial current risks of inadequate pre-registration numbers, reduced CPD funding for training and re-training, and consequent serious challenges to recruitment and retention.

- Independent prescribing is seen as a very important competency for a variety of non-medical staff in various of the new roles (including nurses, paramedics and physiotherapists), and this requires more emphasis, and an ambition to train key staff up.

R17. Articulate better the workforce strategy for primary care in East Sussex that recognises the challenges and opportunities for delivering the new models of primary and community care.

[13] The Gunning principles for public consultation. From the Consultation Institute: https://www.consultationinstitute.org/the-gunning-principles-implications/

4.2 Eastbourne specific comments and recommendations

Primary care capacity in Eastbourne to absorb the WIC work

- There is reference throughout the PCBC to the fact that following potential closure of the WIC, other components of the urgent, primary and community care services would cater for the displaced workload. This is of most relevance with regard to primary and community services. The case to support this assertion would benefit from more detailed data on the current and future likely capacity of the various providers of care. In figure 2, the relevant capacity as described in the PCBC is summarised to provide an at-a-glance overview of the system's current capacity.

- How much additional capacity is required in primary care depends on the awareness, efficacy and patient usage of the NHS 111/CAS service, and patient behaviour (such as using the UTC or A&E as a default for same day assessment). It also depends on the timing of the additional capacity required (which, based on the WIC audit, spreads across the seven day week, and includes day time as well as evenings).

- Community based health, mental health and social services capacity is also relevant in managing the range of patients currently using the WICs (as found in the audit) and reference to capacity within these sectors, and how they would be accessed in the future model of care, would benefit from more detail.

R18. An overview of the range of primary and community services that is currently available, and how their capacity will manage the likely increased demand from closure of the WIC, should be better summarised.

Figure 2. Eastbourne town: Summary of current capacity within primary care

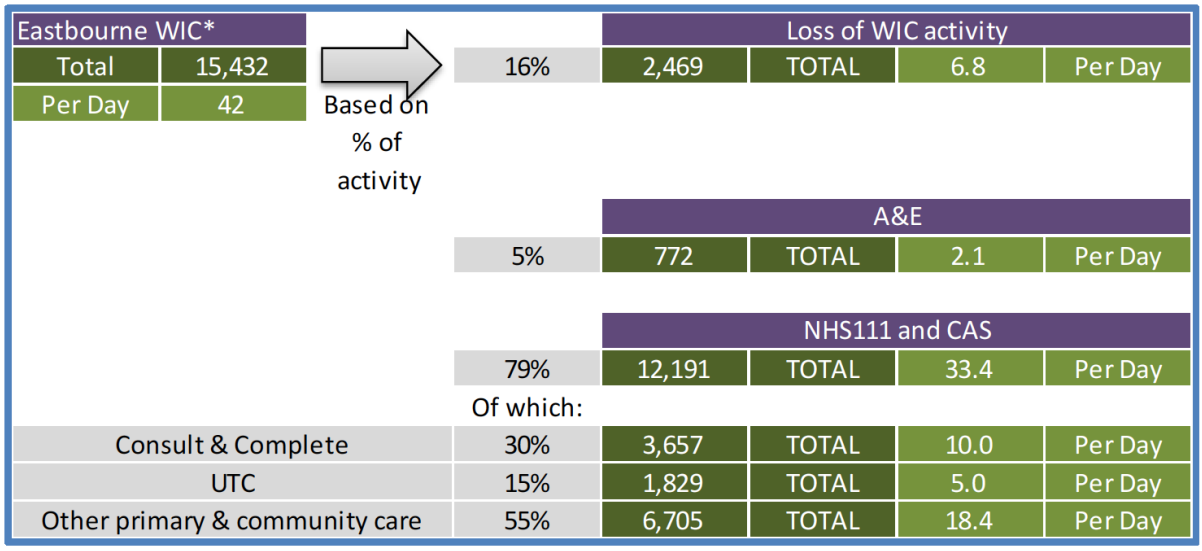
Data extracted from the PCBC 'Proposed changes to services at Eastbourne Station Health Centre'.

Place delivering primary care	Current	Future
ESHC WIC (IC24)	42 attendances/day (average), 15,432 attendances/year. Total number of individual patients not reported.	Close
ESHC GP practice (IC24)	Current list size = 3387	? remains viable if WIC contract lost
GP practices in the vicinity of the WIC: 3 within 0.5 miles 2 within 0.5-1.5 miles	All lists reported open, but one has requested a 12 month list closure (from 1.8.19). *N.B. Available additional capacity within these practices with current GPs in place not provided.* Open 08:00-18:30. How many offer extended hours from the surgery premises?	21% of GPs aged 55+. Is assumption that all future vacancies from retirement will be filled?
PCIA (primary care improved access) hubs (run by the GP federation) (from Oct 2018): – Eastbourne 1 (at Park Practice (2 miles from WIC) – Eastbourne 2 (at Harbour Medical Practice (4 miles from WIC) – Lighthouse Practice (0.5 miles from WIC, Mondays only)	520 appointment per month. Mon-Fri 18:30-20:30 Saturday 08:00-12:00 Sun and BHs 09:00-13:00 Utilisation rates of available slots (see PCBC appendix 1): Eastbourne 1: 78% Eastbourne 2: 89% (NB most free slots are currently on Sundays and Mondays – see PCBC fig 10.	Do the PCIAs continue or expand?
Primary Care Networks – ALPS Group PCN – Eastbourne 3 PCN	-	PCN extended hours DES.? to be based at current PCIA sites? Is additional capacity required?
Minor injuries	Every GP practice through current DES	? to continue in each GP practice

Review of modelled activity flows following WIC closure

- There is a detailed analysis of how it is anticipated that the WIC activity will be alternatively provided following its closure. This is shown below in figure 3.

Figure 3. Activity flows following WIC closure – full year effect (from PCBC fig 12).



- The projection that there would be a 16% natural reduction in usage if the WIC was not available, is derived from the Nuffield Trust report[14]. It should be noted that in the Monitor review of WICs, their patient surveys found that only 8% of patients would stay at home or self care[15].

- Using the assumption that of the remaining balance, 5% of the demand would go straight to A&E (though it is not clear how this percentage is arrived at), the rest (79%) 'will be handled by NHS 111 /CAS'. This is an assumption that is difficult to justify, at least until the NHS 111/CAS service (being implemented in July 2019) and its impact on reducing demand for other services has been evaluated. It is to be expected that initially at least a significant proportion of this 79% will use conventional primary care facilities, A&E or the new UTC.

- An estimate of the additional demand for mental health consultations arising from the 111/CAS triage should be made, to understand any increased demand from direct referral to mental health services that avoids the need for pre-assessment by a GP. The audit quotes that 5% of the Eastbourne WIC patients had mental health and/or substance misuse issues.

[14] Rosen R (2014) "Meeting need or fueling demand? Improved access to primary care and supply-induced demand". Nuffield Trust and NHS England. https://www.nuffieldtrust.org.uk/files/2017-01/meeting-need-or-fuelling-demand-web-final.pdf

[15] Patient survey results. See page 40, Walk-In Centre final report. Monitor 2014. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

- 55% are estimated to be triaged to 'Other primary and community care'. It is important that this amalgamated group is broken down, to better understand which primary and community care services they would be referred to. Otherwise it is not possible to assess the impact on those services, and the capacity required to receive these referrals.

R19. The projection that 79% of current WIC patients would use the 111/CAS service is over-optimistic, and the implications on other services of a lower take up should be planned for.

R20. There should be a more detailed understanding of which 'other primary and community care' services patients would be triaged to in the absence of the WIC.

Assessing the impact of the temporary closure of the WIC in 2018

- The WIC centre was closed for nearly two months (Aug-Oct 2018) due to flooding. The PCBC looked at the consequences of this on A&E activity and saw little increase in demand compared with the previous year. It was concluded that 'this potentially demonstrates that patients were able to resolve their health needs by accessing other local services rather than attending A&E'. The panel considered that this was not a robust assumption, as there is no evidence for the impact on those other services during this period. It is conceivable that the condition of some patients who could not access the WIC deteriorated (whether physical or mental health) as they could not or did not access an alternative service. The overall effect on health for that population is therefore uncertain. In addition, even a small number of additional patients attending A&E would not be detected in the overall attendee numbers displayed in the graph.

R21. More evidence of the impact of the WIC two month closure in 2018 beyond A&E attendances should be provided, if available.

Patient travel to alternative providers

- The PCBC provides the details of distances and public transport travel times to the GP practices and PCIA hubs within the vicinity of the WIC. This demonstrates that there are numerous alternative locations and practices for patients to attend if the WIC is closed. Their ability to use these alternatives of course depends on the practices having the capacity to see these patients, and this should be made clearer.

- Although the distances and access times to the PCIAs seem acceptable, the extra capacity these provide is out of hours and on weekends, and would not cater for the large number of WIC patients who attend (based on the audit) day time Monday-Friday.

- The UTC, along with the A&E department, will be located at Eastbourne DGH, which is 1.5 miles from the WIC (though the bus journey times to it are not provided). The more relevant distance is that from the patient's home to the DGH, which will be highly variable according to the place

of abode. Information about travel times (by car and public transport) from various locations in the town, would be instructive.

R22. The capacity of primary care facilities should be aligned with the anticipated increased demand from the WIC closure.

R23. Journey times to Eastbourne DGH should be provided.

Community pharmacy

- The provision of advice and care (such as medicines related issues, and management and triage of minor ailments) to a proportion of the current WIC patients will be a key component of the new model of care. Therefore, there should be a fuller outline of the staffing and skills capacity within community pharmacy to expand this aspect of their work.

R24. Provide more detail on the plans for community pharmacy to take on some of the displaced WIC work.

The impact on the IC24 registered list at Eastbourne Station Health Centre

- IC24 holds the 'Alternative Provider Medical Services' contract for the WIC together with the registered GP practice on the same site (which has a current list size of 3387). The current contract is due to expire in March 2020. There is a risk that if the WIC closes, the viability of the IC24 business case for maintaining the GP registered practice at Eastbourne Station is undermined. This is not sufficiently acknowledged as a risk.

R25. Assess the risk of the registered GP practice list run by IC24 closing as a result of the WIC closure, and its impact.

The process for decision making on the options

- The PCBC provides two options: close the WIC or keep it open. In section 2.4 it lists options appraisal criteria and associated weighting scores. Yet the stated plan is for the CCGs, following closure of the public consultation, to 'establish a panel to review all the available evidence and any new and relevant information received during the consultation periods to inform the final decision on the preferred option.' It is also stated that 'each of the priority domains will have further, more detailed sub-criteria, which will be developed during the consultation period'.

- There are two significant issues with this: 1) It is not stated how the evaluation criteria and weighting scores were arrived at; and 2) how the preferred option as stated in the PCBC of closing the WIC was arrived at.

R26. Reconsider how the proposed evaluation process for choosing the best option should be presented in the PCBC, and how the currently preferred option should be justified.

4.3 Hastings specific comments and recommendations

- In contrast to the proposals for Eastbourne (which supports closing the WIC), that for Hastings proposes a 'Proof of Concept' (PoC) 'integrated health hub' (IHH). Such a hub would be consistent with NHS England guidance (referred to in section 4.1) as an option for current WICs to become 'another alternative non-urgent primary or community based service' rather than to close it. This IHH would be developed and implemented between December 2019 and April 2021. The specification and clinical pathways for this IHH has not yet been developed, which makes specific recommendations by the panel harder. However there are a number of themes that warranted comment and clarification, as set out below.

The outline model for the integrated health hub

- Five principles for the design of this IHH have been agreed by the Station Plaza Provider Group (composed of the Station Practice, IC24 and Integrated Family Healthcare), and are listed in section 5 (page 11) of the submitted proposal. There were a number of elements of this that were not clear to the panel:
    - What is 'open access capacity', that is distinct from the ability to 'walk-in' as an unregistered patient as currently? Is this just a name change, or is there a substantive difference?
    - The hub is described as needing to offer a 'single point of access and interface with NHS 111 and CAS to book appointments'. Is this for appointments after a walk-in assessment? What does 'single point of access' mean here?
    - 'There should be consolidated and simplified extended hours access for the local population.' Is there any more detail about how this might be achieved?

R27. More clearly describe what 'open access capacity' means in terms of types of patients who could access the service, and how it differs from the current walk-in service.

R28. Provide a more detailed and clearer outline of what design for the IHH will be the 'proof of concept'.

Developing the proposals for the integrated health hub

- A three stage approach is proposed for the development of the IHH[16]:
    - Stage 1 (from Dec 2019): Testing the viability of 'open access capacity'
    - Stage 2 (from Dec 2019): Developing and testing the integrated model, and procurement and mobilization of the model.
    - Stage 3 Go live (from April 2021).
- It is good to see the planned wider stakeholder engagement in the developing plans, and presumably close coordination with the newly establish PCN.
- There is an opportunity to develop the estate of the HSP building for an exciting and innovative hub and entry point to a wide range of physical, mental and social care services, and for delivering coordinated and integrated care for the town. At present the outline is too vague and intangible. There is merit in further developing more detailed proposals and ambitions for this site.

R29. The timeline for the three stage process should be reviewed, to ensure there is sufficient time to develop more concrete proposals, evaluate them, before agreeing and commissioning the long term vision for the HSP site.

- The term 'proof of concept' (PoC) is referenced against the STP plans for testing new models of care. An outline of the other proposals that fall within these developments would be helpful. Importantly, there are a range of integrated hubs that were set up and tested in the national vanguard programme. There is no reference to the lessons already learnt from these, and how they would be incorporated in to the PoC model for the IHH.

R30. Use the lessons learnt from the national vanguard programme in developing the initial Proof of Concept proposals for the integrated health hub.

The status of the Hastings Station Plaza building

- The panel was not aware of the contractual status of the HSP building, and what the long term commitments to it are. If it is under a PFI arrangement, or other long term commitment, then there is a strong case for maximising the use of the building for providing a hub that delivers the new models of care and services that are envisaged.

R31. Clarify the status of the Hastings Station Plaza estate.

[16] A re-definition of the three stage process was provided by the CCGs following review of the clinical senate's draft report, and is included here.

Primary care capacity

- The proposal document describes pressures on capacity within primary care services, partly resulting from the closure of the Cornwallis Practice two years ago, requiring dispersal of their 17,000 patients to other practices. There is also a low ratio of GPs per 100,000 population across the CCG of 48 compared with the national average of 58. It is stated that a number of practices currently have closed or capped lists. A summary of the primary care capacity in and out of hours, using the information provided in the proposal, is shown in figure 4.

- This apparent capacity constraint is therefore a significant challenge for the town's health system if the WIC with its 19,000 attendances per year was closed or its activity reduced, as there would need to be confidence that the workload could be re-provided elsewhere. As presented in the Eastbourne PCBC, much of the activity could be triaged and managed by NHS 111/CAS, but regardless there would undoubtedly be a large impact on other GP surgeries within the town.

- A phased approach to the implementation of any changes is therefore appropriate, which is recognised in the three stage approach between December 2019 and April 2021 that is being proposed.

R32. Ensure there is a clear understanding of the capacity of primary care to re-provide care if the WIC service is reduced, changed or closed.

Figure 4. Hastings town: Summary of current capacity within primary care

Data extracted from the PCBC 'Proposed changes to services at Eastbourne Station Health Centre'

Place delivering primary care	Current	Future
Hasting Station Plaza WIC (IC24)	52 attendances/day average (62/day on weekends) ~19,000 attendances/year. Total number of individual patients per annum not reported.	Change to 'open access capacity'
Hastings GP Led Health Centre (IC24) – based at Station Plaza	Current list size = 3323	? remains viable if WIC contract lost or changed, or contracted hours shortened
Station Practice GP Surgery	Current list size ~ 15,000	Continue? Expand?
7 other GP practices within one mile of HSP.	PCBC states 'A number of practices have capped or closed lists'. *Currently not clear what additional capacity is available within these practices.*	Low ratio of GPs /100,000 population: 48 for H&R CCG vs England average 58. What is the potential to recruit more to increase capacity?
PCIA (primary care improved access) hubs (run by the GP federation Integrated Family Health): Only one in Hastings, based at HSP. Four others in CCG (? not in Hastings)	270 appointments (60 hours) per month. Current appointment utilization rate 86% (across CCG); rate for the HSP PCIA not given.	Does the HSP PCIA expand capacity?
Primary Care Network: one for the whole of Hastings and St Leonard's	-	PCN extended hours DES.? to be based at current PCIA sites?
Minor injuries	Every GP practice through current DES	? to continue in each GP practice

The impact on the IC24 registered list at Hastings Station Plaza

- IC24 holds the (Alternative Provider Medical Services) contract for the WIC together with the registered GP practice on the same site, with a current list size of 3323.The current contract is due to expire in March 2020. There is a risk that if the WIC closes, the viability of the IC24 business case for maintaining the GP registered practice at HSP is undermined. This is not sufficiently acknowledged as a risk.

R33. Assess the risk of the registered GP practice list run by IC24 closing as a result of the WIC closure or reconfiguration.

Providing for the needs of the current WIC patients

- There is repeated reference to a group of patients using the WIC that are described as those with 'multiple and complex needs'. These patients are not more clearly defined. It is also not clear that such patients make the case for maintenance of the WIC. Presumably these are patients with co-morbidities (physical and mental) and social care needs (but this is speculative). Their interests would seem much better served by ensuring they are wherever possible registered with a GP surgery, and are directed to their surgery for their care, as this would be the best way of ensuring the range of services they need can be readily accessed and coordinated, and that continuity of care is provided.

- For other patients, we would presume that their care could be re-provided in the ways described in the Eastbourne PCBC.

R34. More clearly define the patient group with 'multiple and complex needs' and consider how their future care would be best re-provided.

- Although there is greater deprivation in Hastings compared with Eastbourne, it is not clear why this drives the ongoing need for a WIC function rather than ensuring patients in this category are registered with, and use, their own GP.

R35. Provide a justification for maintaining a re-badged WIC in Hastings but not in Eastbourne.

- Social prescribing will be an alternative for some of the WIC patients, as part of future holistic wrap services in primary care and the community, as outlined by the Hastings Community Network[17]. This service should be listed as one of the potential functions of the IHH.

[17] Social Prescribing: connecting to the right support across Hastings and St Leonards. Hastings Community Network, Jan 2019.
https://hastingsvoluntaryaction.org.uk/sites/default/files/attachments/FINAL%20SLIDES%20HCN%20Jan%202019.pdf

Access and travel

- The distance from the current WIC to the Conquest Hospital, where the new UTC will be sited along with the A&E department, is around 2 miles. For those with urgent needs who need a same day assessment in one of these facilities, there needs to be a clearer understanding of how patients might access them, especially if they do not have access to a car or are too unwell to take public transport. A potential patient transport service to take patients from HSP to the hospital (who aren't sick enough to need an ambulance) could be considered.

R36. More work on describing how patients needing same day assessment would get to the UTC based at the Conquest Hospital from the town centre.

5. Conclusion and summary

There is a strong case for reviewing the status of the current walk-in centres in Eastbourne and Hastings, as has been undertaken by the East Sussex CCGs. This has been driven both by a national requirement to close them or reconfigure them to become sites for non-urgent primary or community care, or more importantly a justifiable opportunity to re-consider how the patients currently attending the walk-in centres could have their care provided in a more integrated way within the evolving new models of primary and community care, that provides the best use of available resources.

Whilst the proposals to date for the Eastbourne and the Hastings WICs are quite different (a PCBC advocating closure of the Eastbourne WIC at Eastbourne Station Health Centre, and an outline proposal ('proof of concept'), for developing an integrated health hub at Hastings Station Plaza), it is important for the commissioners to demonstrate a consistent approach across both (even if the conclusions reached are different). This review provides recommendations to support that approach, alongside specific comments and recommendations pertinent to each proposal.

Of particular importance and relevance to the local populations is to provide additional focus on the needs of the town centre populations, and how any proposals for change will benefit patient care and population health. The audit of the WIC activity undertaken does not give a full enough picture to understand those needs. The development and agreement of such proposals must involve the new primary care networks and their clinical directors, local authorities and social care, mental health and community services, given the commitment to delivering truly integrated patient care.

WICs clearly provide additional primary care capacity within both towns, and any closure or reduction in activity requires alternative means of meeting the needs of these patients (in relation to their health issues, and ready access to care). There are well known pressures on GP surgeries and many aspects of the primary and community care workforce across the country and in East Sussex specifically, and the proposals must make much more clearly and credibly how and when the need for alternative provision of care for WIC patients will be met. The ability of the current GP surgeries, PCIA hubs, community pharmacies and other providers to meet the demand should be realistically assessed, with more supporting data.

Finally, on a more strategic level, there are major changes now taking place in primary care as driven by the GP Forward View and the NHS Long Term Plan, and in East Sussex as elsewhere, a comprehensive plan to deliver integrated care that involves all relevant services needs to be developed, and changes to the delivery of care coordinated and aligned with this over-arching programme. This is acknowledged in the three stage developmental approach for the Hasting's WIC, though the suggested timeline of completion by April 2021 may need review (along with more clarity about what the distinction between 'open access capacity' and the current walk-in

service is required). The Hastings proposals need a clearer vision and ambition at this stage, as currently it is very unclear what the final desired state is, and more work is recommended on this with stakeholders.

For Eastbourne the closure of the WIC in December 2019 is in the context of the CCGs' 'draft operational plan for 2019/20', but this document was not available to validate the alignment of the closure with developments in capacity elsewhere. Ensuring the WIC plans are fully integrated with the over-arching primary care system and its capacity is vital, along with a clear, patient-focused narrative for the changes.

6. Appendices

Appendix 1. Recommendations

Number Ref.	Recommendations
General themes	
Re-focusing on the overarching benefits to patients of the proposal	
R1.	There should be greater emphasis on showing how newly designed integrated care will improve the patient experience, access and quality of care, with less focus on the need for WIC closure and potential financial savings.
How the proposals fit within the national and STP strategic context for primary and urgent and emergency care	
Alignment of the proposals with the STP strategy	
R2.	Ensure explicit alignment in the business cases with the STP strategy for both primary care and urgent and emergency care.
The role of primary care networks in the development and agreement of the proposals	
R3.	Ensure the PCNs are fully involved in the development and agreement of the two town centre's proposals.
The establishment of urgent treatment centres	
R4.	Provide a clearer and more detailed outline of what services the new UTCs will provide.
Local authority engagement	
R5.	Clear demonstration of the involvement of the local authority in developing the proposals and options should be provided.
Options for the future status of the WICs in the two towns	
R6.	Given the central location of the two WICs, and the potential for primary and community care hubs in each town centre, it is recommended that the option of such a hub is considered against the option of closure of the WICs in each town.

Fully understand the types of patients currently using the WICs	
R7.	A more detailed audit of the users of the WICs is required to more fully understand demand, and how it would be best re-provided.
Establish the population need in the two towns, and how the proposals will help address theses.	
Addressing population health	
R8.	Provide a stronger case for change based on how the alternatives to the WICs will address the population's health needs and health inequalities.
Future demand and demographic changes	
R9.	Provide a more detailed analysis of the age and needs-specific increase in demand for primary care services in the town centres.
Current and future primary care capacity to absorb WIC activity and demographic and demand growth	
R10.	A clearer and more accurate picture of current primary care capacity to absorb any displaced activity from the WICs if the proposals are approved, should be provided.
The timing of the proposed changes	
R11.	Review the milestones timetable to allow sufficient time to adapt the PCBC to the outcome of public consultation.
R12.	Consider delaying the proposed changes till after the winter period.
Digital (as enabler of different ways of working)	
R13.	Provide more detail on how digital enablers will enhance care for patients in the future, specifically in relation to the types of patient who uses the WICs.
R14.	Reference to, and alignment with, the Sussex and East Surrey's digital strategy, and national steer as in the Long Term Plan, is recommended.
The impact of public engagement and consultation	
R15.	Provide a summary of the views received from the public from engagement to date, and how these have influenced the development of the proposals.
R16.	Demonstrate that the Gunning principles for public consultation are being met in the proposals.
Workforce	
R17.	Articulate better the workforce strategy for primary care in East Sussex that recognises the challenges and opportunities for delivering the new models of primary and community care.

Eastbourne specific comments and recommendations	
Primary care capacity in Eastbourne to absorb the WIC work	
R18.	An overview of the range of primary and community services that is currently available, and how their capacity will manage the likely increased demand from the closure of the WIC, should be better summarised.
Review of modelled activity flows following WIC closure	
R19.	The projection that 79% of current WIC patients would use the 111/CAS service is over optimistic, and the implications on other services of a lower take up should be planned for.
R20.	There should be a more detailed understanding of which 'other primary and community care' services patients would be triaged to in the absence of the WIC.
Assessing the impact of the temporary closure of the WIC in 2018	
R21.	More evidence of the impact of the WIC two month closure in 2018 beyond A&E attendance should be provided, if available.
Patient travel to alternative providers	
R22.	The capacity of primary care facilities should be aligned with the anticipated increased demand from the WIC closure.
R23.	Journey times to Eastbourne DGH should be provided.
Community pharmacy	
R24.	Provide more detail on the plans for community pharmacy to take on some of the displaced WIC work.
The impact on IC24 registered list at Eastbourne Station Health Centre	
R25.	Assess the risk of the registered GP practice list run by IC24 closing as a result of the WIC closure, and its impact.
The process for decision making on the options	
R26.	Reconsider how the proposed evaluation process for choosing the best option should be presented in the PCBC, and how the currently preferred option should be justified.

Hastings specific comments and recommendations	
The outline model for the integrated health hub	
R27.	More clearly describe what 'open access capacity' means in terms of types of patients who could access the service, and how it differs from the current walk-in service.
R28.	Provide a more detailed and clearer outline of what design for the IHH will be the 'proof of concept'.
Developing the proposals for the IHH	
R29.	The timeline for the three stage process should be reviewed, to ensure there is sufficient time to develop more concrete proposals, evaluate them, before agreeing and commissioning the long term vision for the HSP site.
R30.	Use the lessons learnt from the national vanguard programme in developing the initial Proof of Concept proposals for the integrated health hub.
The status of the HSP building	
R31.	Clarify the status of the Hastings Station Plaza estate
Primary care capacity	
R32.	Ensure there is a clear understanding of the capacity of primary care to re-provide care if the WIC service is reduced, changed or closed.
The impact on the IC24 registered list at Hastings Station Plaza	
R33.	Assess the risk of the registered GP practice list run by IC24 closing as a result of the WIC closure or reconfiguration.
Providing for the needs of the current WIC patients	
R34.	More clearly define the patient group with 'multiple and complex needs' and consider how their future care would be best re-provided.
R35.	Provide a justification for maintaining a re-badged WIC in Hastings but not in Eastbourne.
Access and travel	
R36.	More work on describing how patients needing same day assessment would get to the UTC based at the Conquest Hospital from the town centre.

Appendix 2. Expert Review Group membership, declarations of interest and agenda

2.1 Expert Review Panel membership

Name	Job Title
Lawrence Goldberg (Panel Chair)	South East Clinical Senate Chair Consultant Nephrologist Brighton and Sussex University Hospitals NHS Trust.
Gerrie Adler	Director of Strategic Transformation Dartford Gravesham and Swanley Clinical Commissioning Group
Amanda Allen	Clinical Director of Therapies Maidstone and Tunbridge Wells NHS Trust
Mandy Assin	Consultant Psychiatrist Specialist Older Adults' Mental Health Service Sussex Partnership NHS Trust
Alison Barnett	South East Centre Director Public Health England South East
Michael Bosch	GP at Smallfield Surgery Smallfield Surrey
May Bullen	Patient and Public Engagement
Andy Collen	Medicines and Prescribing Project Lead Advanced Paramedic (Urgent & Emergency Care)
Hilary Diack	Head of Primary and Community Care Education Health Education England (Kent Surrey Sussex)
Janice Duff	Interim Head of Older People and Physical Disability Adult Social Care & Health Kent County Council
Peter Green	GP CCG Collaborative Representative Kent & Medway
Michael Keen	Chief Executive Officer Kent Local Pharmaceutical Committee
Hugh McIntyre	Acute Geriatrician East Sussex Healthcare
Liz Mouland	Chief Nurse and Director of Clinical Standards First Community Surrey
Ali Parsons	Associate Director South East Clinical Senate (Kent Surrey Sussex)
Charlotte Roberts	Senior Programme Manager at Kent Surrey Sussex Academic Health Science Network
James Thallon	Medical Directorate NHS England GP and Partner at Acle Medical Practice Norfolk

2.2. Declarations of Interest

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Gerrie Adler	None	None	None	None
Amanda Allen	None	None	None	None
Mandy Assin	None	None	None	None
Alison Barnett	None	None	None	None
Michael Bosch	None	None	None	None
May Bullen	None	None	None	None
Andy Collen	None	None	None	None
Hilary Diack	None	None	None	None
Janice Duff	None	None	None	None
Lawrence Goldberg	None	None	None	None
Peter Green	None	None	None	None
Michael Keen	None	None	None	None
Hugh McIntyre	None	None	Trust or CCG might benefit	None
Liz Mouland	None	None	None	None
Ali Parsons	None	None	None	None
Charlotte Roberts	None	None	None	None
James Thallon	None	None	None	None

2.3 Attendees at the Clinical Senate Panel Review meeting 10/07/19

Name	Job Title
Jessica Britton	Managing Director for Eastbourne, Hailsham and Seaford and Hastings & Rother Clinical Commissioning Groups Programme SRO
Maggie Keating	Urgent and Emergency Care Programme Director Sussex and East Surrey STP
Dr Susan Rae	Clinical Lead for Urgent Care for Eastbourne, Hailsham and Seaford and Hastings & Rother Clinical Commissioning Groups
Robert Szymanski	Head of Urgent Care and Programme Lead for Transformation Eastbourne Hailsham and Seaford & Hastings & Rother Clinical Commissioning Groups

2.4 Expert Review Group Agenda: 10th July 2019

South East Clinical Senate (Kent, Surrey and Sussex)
Review:
East Sussex Better Together proposals for town centre primary care
10 July 2019, 10.00am-4.30pm
(Please note: Registration from 9.30 Clinical Senate Panel Pre meet 10.00-10.30am)

Venue details:

Crowne Plaza London Gatwick Hotel, Langley Drive, Crawley RH11 7SX

Item	Time	Item	Lead
1.	9.30	**Arrival, registration and refreshments.**	
2.	10.00	**South East Clinical Senate Expert Review Panel pre-meet.**	**LG**
	10.30	East Sussex STP (SES) and CCG members to join the meeting	
3.	10.30	**Introduction, context and approach to the review.**	**LG**
4.	10.35	**South East Clinical Senate Review: East Sussex Better Together proposals for town centre primary care.** Presentation from the STP/CCGs team, summarising the overarching strategic approach, C4C, purpose of the proposed reconfigurations.	**MK**
5.	10.45	**Discussion between the clinical senate panel and the STP/CCG team, relating to the strategic approach and overarching themes (Q&A).**	**LG**
6.	11.10	**Proposed changes to Services at Eastbourne Station Health Centre** **Presentation and discussion.** Criteria used for options shortlisting and summary of options. Review of the proposed clinical model and pathways. **Presentation followed by Q&A.**	
7.	12.10	**Proposal for establishing an integrated health hub at Hastings Station Plaza.** **Presentation and discussion.** Development of an 'integrated health hub': Proof of Concept. Review of approach and the proposed clinical model and pathways. **Presentation followed by Q&A.** **There will be a 10 minute coffee break from (approx.)12.10-12.20.**	
	1.00	**Close of joint meeting and lunch**	
8.	1.45	**Clinical senate review panel only:** Panel discussion, conclusions and agree on main recommendations. **There will be a 10 minute coffee break from (approx.) 3.15 - 3.25.**	**LG**
9.	4.15	**Summing up, next steps.**	**LG**
10.	4.30	**Meeting close.**	**LG**

Appendix 3. Supporting documentation provided to Expert Review Panel

Document Name	
1.	Summary Timeline and Proposals for options development for the PCBC for services at Eastbourne Station Health Centre
2.	Sussex and East Surrey Clinical Commissioning Groups presentation
3.	Eastbourne • Draft PCBC • Draft EHIA • Initial QIA
4.	Hastings • Draft proposals for integrated health hub • Draft EHIA
Additional Resources	
5.	Hastings Medical Practice and Walk-In Centre CQC report
6.	NHS National Strategy and Policies • Urgent Treatment Centres • Integrated Urgent Care • NHS Long Term Plan • GP Forward View • The State of Care in Urgent Primary Care Services
7.	East Sussex better Together Strategies • SES STP Strategic Message • Sussex and East Surrey Integrated Urgent Care Clinical Model • East Sussex Better Together Improving Urgent Care
8.	Maps • Map of Eastbourne • Map of Hastings
9.	PCN • BMA PCN Handbook • Primary Care Networks explained (Kings Fund) • Network Contract Direct Enhanced Service
10.	Raw Data • Eastbourne WIC activity • Hastings WIC activity

Appendix 4. Key Lines of Enquiry (KLOEs)

Strategic
Is there a clear and consistent strategy and rationale that underpins the proposals across the two sites?
How will the PCNs relate to these plans?
Public health and prevention
Do the proposals address the identified health inequalities and unmet need?
Demographics and demand modelling
Are the future demographic changes of the local population adequately mapped over the medium term (5+ years)?
Will primary care have the capacity to meet the additional demands following the proposed changes/closure of the WICs?
What is the impact of the WIC closure on other providers, e.g. community, GPs, mental health services, UTC, acute trust, AHP and pharmacy.
Clinical quality
Are the future patient pathways for patients currently using WIC, clear, robust, deliverable and sustainable?
Do the proposals explain how the changes would integrate with other plans and services including primary care, 111, and integrated urgent care more widely?
What is the likely impact on the quality and experience of patient care from withdrawing patient walk-in centres?
Workforce requirements and challenges
Is there a clear and demonstrated understanding of the future available workforce in both towns?
Is there evidence of sufficient workforce to deliver the proposed model across the geography? Is there a strategy to address his?
Has the impact on training of NHS professionals and meeting curriculum requirements been taken into account?
Travel and access.
What is the likely impact on patient care from withdrawing patient walk-in centres: • Travel • Access to other health and care services.

Appendix 5. Glossary

A&E	Accident and Emergency
APMS	Alternative Provider Medical Service
CAS	Clinical Assessment Service
CPD	Continuing Professional Development
DES	Direct Enhanced Service
ED	Emergency Department
EHIIA	Equality and Health Inequality Impact Assessment
ESBT	East Sussex Better Together
ESH CCG	Eastbourne, Hailsham and Seaford clinical commissioning group
ESHT	East Sussex Healthcare NHS Trust
GB	Governing Body
HOSC	Health Overviews Scrutiny Committee
HR CCG	Hastings and Rother clinical commissioning group
IA	Improved Access
ICH	Integrated Care Hub
IMD Score	Index of Multiple Depravation
IUC	Integrated Urgent Care
LCS	Locally Commissioned Service
OOH	Out of Hours
PCBC	Pre Consultation Business case
PCN	Primary Care Network
PCEA	Primary Care Extended Access
PCIA	Primary Care Improved Access
SDHC	Southdowns Health and Care
STP	Sustainability and Transformation Partnership
UTC	Urgent Treatment Centre
WIC	Walk-in Centre