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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 24 NOVEMBER 2015 AT 9.30 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056

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### Membership

Councillor John Ferrett (Chair)  
Councillor Phil Smith (Vice-Chair)  
Councillor Jennie Brent  
Councillor Alicia Denny  
Councillor Gemma New  
Councillor Lynne Stagg

Councillor Brian Bayford  
Councillor Gwen Blackett  
Councillor Peter Edgar  
Councillor David Keast  
Councillor Mike Read  
Vacancy, East Hampshire District Council

### Standing Deputies

Councillor Ryan Brent  
Councillor Margaret Foster  
Councillor Aiden Gray  
Councillor Hannah Hockaday

Councillor Lee Hunt  
Councillor Ian Lyon  
Councillor Sandra Stockdale

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(NB This agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

### AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting**

The minutes of the meeting on 3 November will be attached for approval at

the next main meeting on 2 February 2016.

**4 Urgent Care and Walk in Centres (Pages 1 - 64)**

The panel will discuss the Guildhall Walk Consultation Document and the Communications and Engagement plan from Portsmouth Clinical Commissioning Group, which is attached.

the panel will also hear from:

St Mary's Walk in Centre

Paul Fisher, Minor Injuries Unit/ Minor Illnesses Unit Service Manager.

Penny Daniels, Hospital Director.

Dr Deb Jeavans-Fellowes, Operations Manager.

Guildhall Walk Healthcare Centre

Kim Dennis, Service Manager

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

## Public Consultation Document



## NHS services at Guildhall Walk Healthcare Centre

# Health service locations



1



2



3



4



5



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- 1 QA Hospital
- 2 St Mary's Treatment Centre
- 3 Guildhall Walk Healthcare Centre
- 4 John Pounds Centre
- 5 Somerstown Central

# Services you can use when you need NHS help in a hurry

**This document puts forward some proposals that might affect the way we provide walk-in centres for minor injury or minor illness in future. The service will still be available but might, in future, be provided in a different way.**

There are, however, a wide range of services you can use when you need help from the NHS in a hurry, and which may be a better option for you than going to the Emergency Department at Queen Alexandra Hospital.

There are more choices than ever before for people needing urgent – but not emergency – NHS care.

- **NHS 111** – call if you need advice, or if you are unsure what to do regarding a health problem. Open 24 hours a day, every day.
- **GPs** – local GPs offer same-day ‘urgent’ appointments, and run clinics outside normal office hours. Ask for details at your surgery.
- **Pharmacies** – expert advice and medicines, in convenient locations. Most pharmacies now have private consultation areas and many are now running a Pharmacy FIRST scheme that allows people who receive free prescriptions to go straight to their pharmacist to receive treatment, for selected minor ailments, without needing to visit their GP to get a prescription.
- **Out-of-hours GP services** – just because it is the evening or the weekend, doesn’t mean you can’t get a doctor. Call the NHS 111 number.

If you haven’t seen it, our popular handy guide to all the local urgent care options is available on our website [www.portsmouthccg.nhs.uk](http://www.portsmouthccg.nhs.uk) and can be downloaded or printed off.



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This consultation runs until **Friday February 19th 2016** – please ensure we have your comments by then. You can respond either by sending the completed pull-out survey form (see centre pages) to: **Freepost NHS PORTSMOUTH** (you do not need to add any other address details on your envelope as these are not required) or by going online to **[www.portsmouthccg.nhs.uk/guildhallwalk](http://www.portsmouthccg.nhs.uk/guildhallwalk)** and completing the survey there. Thank you for taking part in this consultation.

We will be running a series of drop-in sessions at locations across the city over the consultation period. You can find details on our website: **[www.portsmouthccg.nhs.uk](http://www.portsmouthccg.nhs.uk)**



# Urgent Care: the vision for the future

**In the last decade, urgent care services have changed beyond all recognition.**

In a relatively short period of time, people needing urgent health care – effectively, the times when you need help or advice quickly, but it is not a medical emergency – have seen walk-in centres spring up, GPs start to offer different types of ‘same-day’ clinics or consultations, the introduction of the NHS 111 phone service, and pharmacies extending the support and treatments they offer.

And what is the result of this big expansion in the options available? People still say they can’t see a GP as quickly as they would like, and some still wait longer for emergency care in A&E than they should.

Clearly, the NHS needs to take stock and develop urgent care services which give local people a better service, which is easier to access.

**We want to deliver:**

## > Joined up care

So people get the care they need – all of it, not just some – without being ‘bounced’ to other services, or referred elsewhere, unless absolutely necessary.

## > Simple choices

To make it easy for people to get the health care they need without having to worry about whether they are in the ‘right’ place or not, and to cut down the times that patients are handed over from one service to another.

## > High quality care

Expert staff, backed up by modern equipment and technology, in the best possible premises.

## > Specialist expertise

Strengthening A&E and ambulance services so that they have the skills and capacity to give people high-quality, life-saving care when they are in crisis.

That is what we want to see, and what local people have a right to expect from their NHS. This document will describe in more detail how the local health service believes it can begin to move towards that vision of better urgent care, and how you can contribute to that process.

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## Section 1

# The case for change

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### Introduction

Up and down the country, the last decade has seen a revolution in the way that the NHS cares for people who need speedy treatment or advice, but who do not need emergency care.

Portsmouth is no exception – in 2005 the St Mary's Treatment Centre was opened, then in 2009 Guildhall Walk Healthcare Centre was opened, and in 2013 the Urgent Care Centre was set up at Queen Alexandra (QA) Hospital. Add in the start of NHS Direct, which then became the NHS 111 phone service, changes to the way GPs provide out-of-hours care, and the hours their surgeries open for, and the development of community pharmacies – it is clear that investment has piled in, and choice has been hugely expanded.

The only problem is... none of this seems to have quite worked as it was intended to. Pressure on A&E and GPs is still intense, and growing. People have grown increasingly confused as to which service they should use, and when. Patients end up being shuffled from one place to another, because services have become disjointed.

### So, what now?

In 2016 the local NHS has a chance to look again at how to give local people the best possible urgent care services. During 2016 the contracts for the services currently run from the Guildhall Walk Healthcare Centre – the 'walk-in' service for all local people, and the GP practice which serves its 7,000 registered patients – will expire. The contracts cannot simply be left in place after that point – legally, they must be opened up to competition – and so the local NHS needs to consider how services can be improved.

NHS Portsmouth Clinical Commissioning Group (CCG), the organisation in charge of deciding how to spend more than £290m of NHS funding in the city each year, has already spent many months discussing the future of these services, both with clinicians and local people. As a result of those discussions, a preferred option has been developed:

To move the GP-led 'walk-in' service from its current location at Guildhall Walk, and relocate it so that it sits alongside the existing walk-in service at St Mary's Treatment Centre. This will create a single, enhanced walk-in service at St Mary's that includes both GPs and nurses, which treats both minor injuries and minor illnesses, which is backed up by modern facilities and diagnostic equipment, and which has well-established links with specialist hospital teams and ambulance crews.



In turn, this proposal has implications for those people who are registered as patients at Guildhall Walk – there is a section specifically for this group of people towards the end of the document (on page 27).

This would create a combined facility which would be better than either of the two options currently available – GPs and nurses would work alongside each other, they would have instant access to diagnostics such as x-rays, and instant links with emergency specialists at A&E, in a building which is modern and designed specifically for healthcare.

At the moment, some local people get some of those benefits, some of the time. This proposal is intended to give an improved urgent care service, for everyone, all of the time.

### **Better standards of care**

The preferred option of creating a combined, enhanced walk-in centre at St Mary's Community Health Campus would secure many improvements.

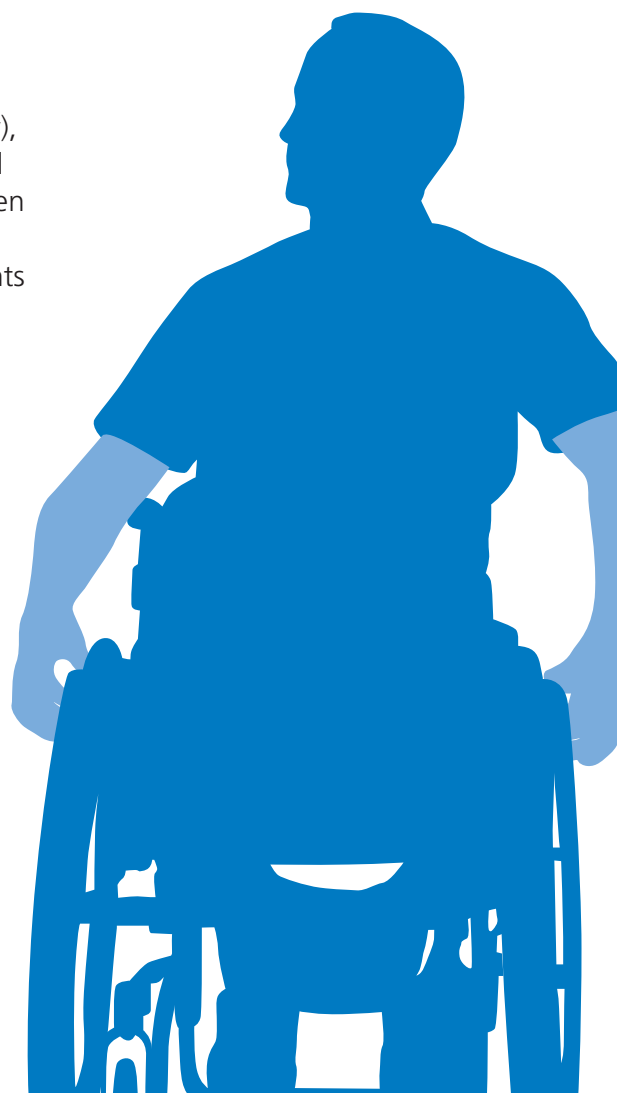
### **Patient care would be better**

Today on Portsea Island there are two walk-in centres for urgent care. Both are good services with real strengths, but both also have limitations.

Guildhall Walk Healthcare Centre is led by GPs, is popular, and is centrally located. But... it has no diagnostic facilities, it is not a centre for minor injuries, the premises are dated and cramped, and ambulance crews do not take patients there as an alternative to A&E at QA.

St Mary's Treatment Centre does have diagnostic facilities (such as X-ray), modern premises, direct links with A&E, staff can treat both injuries and illness, and they can receive patients directly from ambulance crews when appropriate. But... the centre is nurse-led, with no GPs, and so cannot always treat the people who go there, and may even have to turn patients away if their health problem has previously been discussed with a GP.

Bringing the two services together at St Mary's Treatment Centre would give patients all of the benefits offered by the two services, but without the limitations.



### **With a combined, enhanced service at St Mary's:**

- Everyone could be seen by either a GP or nurse, whichever was right for them
- Patients needing X-rays or other diagnostic tests would get the service they needed, on the same site – with no need to be sent elsewhere
- There would be a dedicated service, in a separate area, for children
- When diagnostic checks were needed, the IT systems would allow results to be shared with specialists at QA, instantly
- Nobody would be 'bounced' back to their GP, or another service, because they were in the wrong place – they would get right treatment or advice, then and there
- All walk-in urgent care would be delivered in modern, custom-built premises.

### **Choices would be simpler**

At the moment, people who are worried about their health (or the health of someone they care for) have a wider range of choices than ever before. But this also means that people have to make more complicated decisions about their own care than ever before.

People are effectively being asked to make their own diagnosis, before they can choose which service they need. Today, someone in Portsmouth with a health concern needs to decide whether they need to go to A&E, wait for a GP appointment, contact the out-of-hours GP service, call NHS 111 for advice, visit a pharmacy, treat themselves at home, or head to a walk-in centre.

And if the choice is to go to a walk-in centre, there are further decisions to make. The person must decide whether their problem is 'only' an injury, for example, or whether it could instead be linked to an underlying illness. If it is thought to be simply an injury, that would rule out Guildhall Walk, but if the problem might be linked to an illness or condition then yet another choice is required between the GP-led service at Guildhall Walk, or the nurse-led service at St Mary's.

Nationally, NHS leaders are saying that the system has become too complicated, and locally the ending of the contracts for health services at Guildhall Walk offers the chance to start the process of simplifying the choices that people face.

Making the system simpler isn't just a nice ambition to have – it is fundamentally important. If people find it hard to decide which service to use, the risk is that they simply head to A&E as the default option. It is essential that the NHS does everything it can to relieve pressure on A&E staff so that they can focus on giving their expert care to people in the greatest need, and that means simplifying urgent care services so it is easier for people to make the right choice.

## Resources would be used more effectively

With more of us living into our eighties, nineties and beyond, the NHS needs to use every penny it has wisely, to make sure that people have the care and support they need. Creating a combined, enhanced walk-in service on Portsea Island would allow the local NHS to use the limited resources it has more wisely.

Currently the NHS pays for Guildhall Walk Healthcare Centre to operate from a private, rented building – while at the same time there is plenty of empty space available in city buildings which are owned by the health service. The NHS must consider whether it is right to pay scarce public money to private landlords, when it has modern premises which are not being fully used – moving the walk-in service to St Mary's, and the GP practice to another building, would allow resources to be invested in developing services, instead of paying rent.

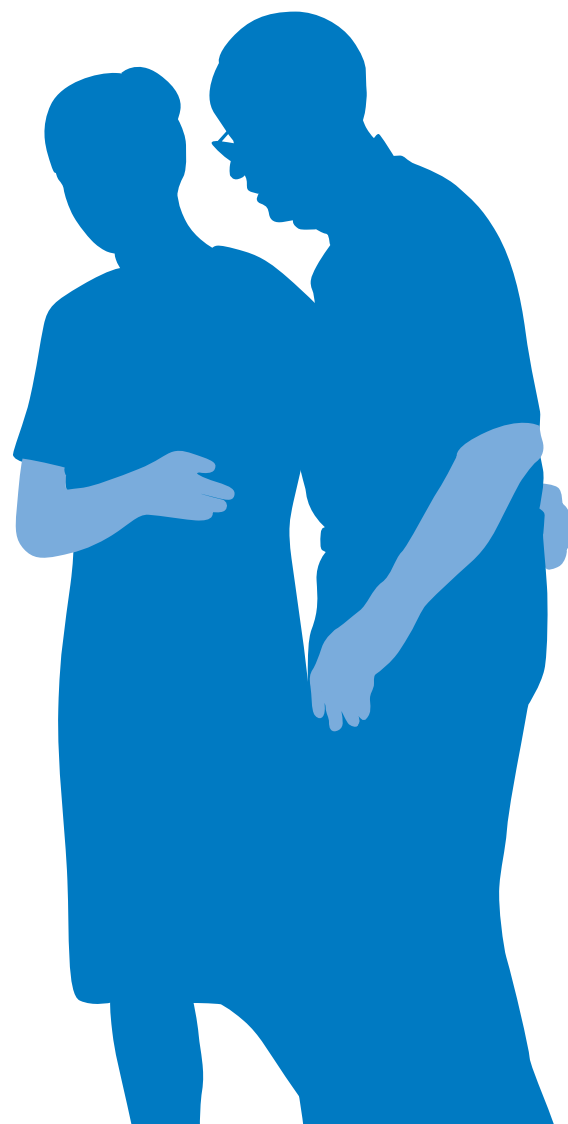
Creating a single, enhanced walk-in service would also allow the local health service to use the scarce supply of doctors and nurses more effectively, and make better use of the modern facilities – such as X-rays – which exist at St Mary's. As the NHS considers how to move towards seven-day services, it is essential to use all available resources as efficiently as possible.

## Keeping NHS services on Portsea Island for the long term

Creating a combined, enhanced urgent care facility at St Mary's would reinforce the role of the site as a key, strategic site for the NHS, being a centre for healthcare within the city for years into the future.

In the early 2000s when most hospital services were moved to the new QA 'superhospital' many people – both inside the health service, and outside – fought hard to keep St Mary's as a centre for NHS services and that ambition remains. Hundreds of people already use services at St Mary's each week, and the range of services available there is still being expanded.

In the future, there will be far more NHS services set up in community-based centres - bringing together GPs, home visiting teams, mental health services, diagnostics, therapists and nurses, so that the vast majority of NHS care is available close to people's homes, instead of in major hospitals. These centres would offer patients a far more complete service if they included urgent care services too – whether a walk-in centre, 'rapid response' teams, or GPs offering same-day booked appointments – and St Mary's is a natural choice to be one of these community centres in the future.



## **The wider impact of change**

Moving the GP-led walk-in service from Guildhall Walk to St Mary's appears, on the face of it, to be a relatively simple matter of moving the service about two miles down the road. However, the proposal is not quite that simple.

As well as the walk-in service, there is also a GP practice at Guildhall Walk Healthcare Centre, and the contract for this practice also runs out in 2016. Moving the walk-in service has clear implications for the GP practice, and so the NHS must also make decisions about the service that patients need, and where those services should be.

The CCG will be consulting separately with the 7,000 people, many of them young adults and students, who are registered at Guildhall Walk. That discussion will involve asking about where a new practice should be, the hours it should be open, and the way it should operate – for example, whether patients should have the chance to simply turn up and wait to see a doctor or nurse, or whether they should have to book appointments in the traditional way.

In this process, the CCG must try to strike a balance between securing a good service for the 7,000 people registered at the practice, and being fair to the other 200,000+ people registered with a GP in the city. At the moment, access to GPs and practice nurses is not evenly spread across the city.

GP practices like the Guildhall Walk Healthcare Centre were set up through a national policy, not through local decisions. The way that the government set up the centres means that the local NHS has to pay a premium rate to the practice so it can afford to offer seven-day, 12-hour access to its patients. The other 30 surgeries in the city, however, are funded less generously and so can only offer more traditional opening hours.

In short, the local NHS is paying extra to one practice to provide its 7,000 patients with much better and more convenient access to their GP than can be enjoyed by more than 200,000 residents who are registered at other city practices. The NHS must address that basic unfairness. Ideally, of course, every practice would be able to open seven days a week but that would need dozens of GPs, and millions of pounds – resources which simply do not exist at the current time. The local NHS is talking to city GPs and working to improve access for everyone, not just a small group, in line with the national drive towards seven-day services.

## Section 2

# Improving urgent care: what we have learned

**Over the last 18 months the CCG has sought the views of as many people as possible – both members of the public, and clinicians – to learn more about what people think of the current set-up, how and why they make decisions when they need urgent care, and what changes they think could improve services.**

These views have led the NHS to the position it holds today, that its preferred option to improve urgent care is to combine the city's two walk-in services at the St Mary's site.

### Urgent care – overall messages

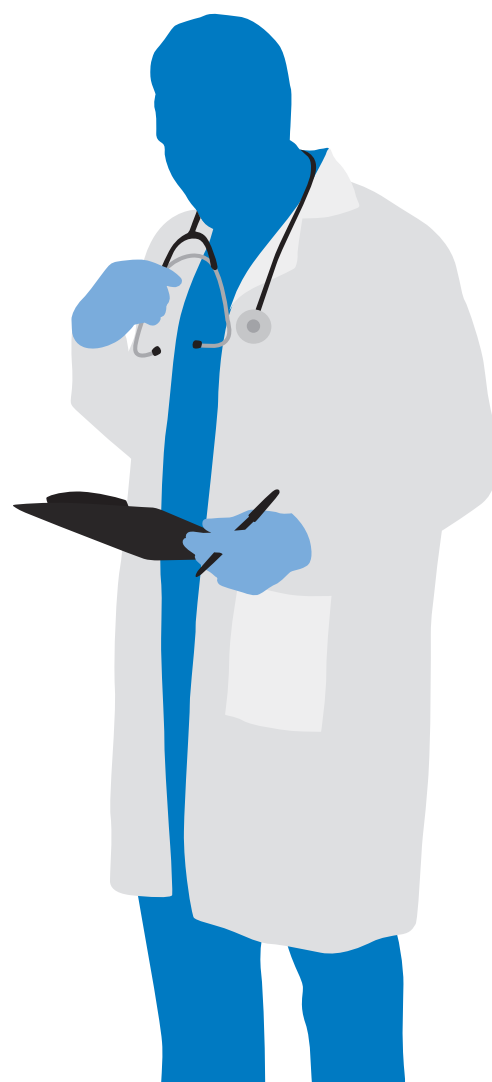
The CCG has carried out three significant surveys focussing on urgent care services, engaging with residents in Portsmouth, Fareham, Gosport, and South Eastern Hampshire. Each survey was different but the intention was to learn more about the decisions people make when they think they need urgent care, why they make those decisions, and how services could be improved.

In terms of urgent care generally, there were several clear themes:

- People are confused. For example, only 25% of city respondents said that they knew the differences between St Mary's Treatment Centre and Guildhall Walk walk-in services – and in reality even fewer still could actually explain the differences correctly
- People are finding it hard to remain well-informed. For example, almost one-third of people don't know that GPs offer same-day appointments
- Being offered simple choices – even if that might mean fewer choices – is felt by many to be a good way of improving the urgent care system
- GPs are the preferred, trusted option for minor illnesses, but for minor injuries people look to walk in facilities
- Location is important, although almost 60% of city survey respondents think travelling up to 3–4 miles between home and a walk-in centre is reasonable.

There was also engagement with GP practices. GPs endorsed the idea of keeping the minor injury walk-in service at St Mary's, but were less convinced that a nurse-led minor illness service on that site is the best solution – a GP-led service at St Mary's, however, was felt to have more value for patients, and to be more effective.

GPs said that they wanted the capacity to care for their own patients in normal working hours, but some had concerns whether current primary care services (by which we mean services delivered by GPs and practice



nurses, in community settings such as local surgeries) were keeping pace with demand. Given that, practices recognised that it was valuable to retain a GP-led walk-in service in the city, because that would help them to meet patient needs until a wider review of primary care found new ways to ensure that patients can access GPs seven days a week in the future.

### Urgent care – specific feedback

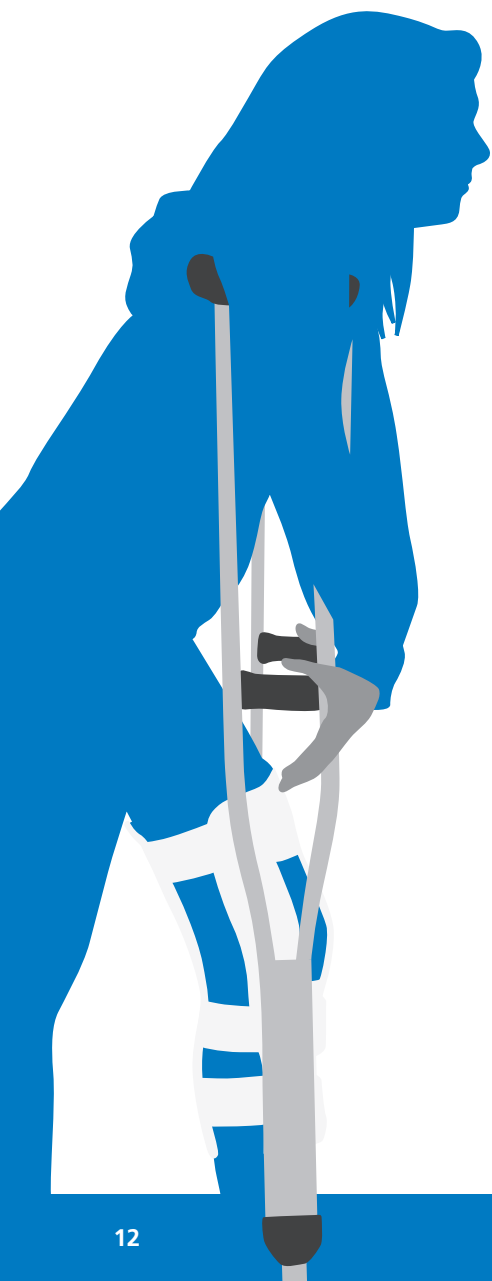
As well as asking for general feedback about urgent care, the CCG has also been asking people what they think about the specific proposal to move the walk-in service from Guildhall Walk to St Mary's. Again, this engagement work produced some clear themes in terms of the feedback received:

- Asked about the most important factors for the NHS to consider when deciding whether to relocate the walk-in service from Guildhall Walk to St Mary's approximately two-thirds of respondents cited the quality of care as the biggest concern, with access also being important to people – 65% highlighted travelling distance, and 58% highlighted the importance of having a service near the city centre. Approximately a third of respondents stated the most important factor was ensuring best possible value for public money, or bringing GPs, nurses and diagnostics together in one place
- When asked for the single most important factor to be considered, access was key – a quarter chose a city centre location as the prime consideration, and a further 22% chose travelling distance
- When asked to raise concerns about the possible move, more than half (55%) expressed doubts that St Mary's had the capacity to cope with the extra activity, 40% feared a reduction in quality, and 39% said they would have further to travel

The CCG also approached the independent Healthwatch Portsmouth to ask whether the organisation could carry out some additional engagement. The conclusions of Healthwatch following its engagement work included:

- There were concerns about access from the western side of the city to St Mary's, and further concerns over the adequacy and affordability of car parking facilities at St Mary's
- Some respondents questioned whether a single facility would have the capacity to respond to current and future demand, and whether that could lead to increased waiting times at St Mary's
- Concerns exist about the quality and range of services that would need to be provided in a combined walk-in facility, including crisis and mental health services.

This initial engagement has allowed the CCG to identify the main questions which people have raised up until this point, in relation to a proposal to create a combined, enhanced walk-in service at St Mary's.



## The questions are:

### “Would there be enough capacity at St Mary’s to cope with a larger service?”

The CCG has sought assurance from the current provider of the service that St Mary’s has the capacity to cope with a larger service – both in terms of physical space, and in terms of staffing levels. On both counts we have received reassurance - confirmation that the building can easily be adapted to provide the additional space required to add more treatment cubicles, and that staffing will be managed flexibly to match the demand.

### “What about public transport to St Mary’s?”

St Mary’s Community Health Campus is a strategic health site on Portsea Island. It houses a number of important health services, not just the Treatment Centre, and hundreds of people already use the site every week for health care. It is accessible, with regular bus services right next to the site throughout the day and at weekends, and people already access the minor injuries service from across the whole city, including the western side. However, the CCG acknowledges there are fewer public transport links than the city centre, and so is seeking advice from Portsmouth City Council regarding the possibility of changes to existing bus services serving the Milton/St Mary’s area, and would seek discussions with transport providers to explore possible options for bus services.

### “Would there be enough car parking at St Mary’s?”

Pay and display car parking facilities are available on site (258 spaces) although clearly the perception is that the car park is regularly very busy, making it difficult for people to park. A proposal has been drawn up by Solent NHS Trust to put a multi-storey car park facility on the site, which would be subject to planning consent, as part of wider plans for the NHS to bring more services together at St Mary’s.

Solent NHS Trust has a Parking Policy that prioritises the parking needs of patients, visitors and staff who need to use a vehicle to perform their duties. Staff working at St Mary’s are currently encouraged to use an additional 60 leased spaces which have recently been made available at the Kingston Prison site, and this is expected to have a positive impact for patients.

Whilst car parking is an important issue it should be noted that the demand for GP-led walk-in services is likely to be greatest on Saturdays, Sundays, and the hours after GPs surgeries are closed. At these times there is significantly less demand for parking spaces at the St Mary’s site.

### “Why propose to take facilities away from the city centre?”

Taking both the GP practice and the walk-in service away from the city centre at the same time would be a major change. Therefore, the preferred option is to keep the GP practice near to the city centre, but located in existing empty NHS space nearby, rather than a privately rented building. There are also other GP practices available in the city centre too, some of which have signalled their ability to register new patients and the area is well served by pharmacies which can offer expert advice on and treatment for a range of minor illnesses. We will further promote the greater use of pharmacies generally, in line with our Pharmacy First scheme.



### **“Won't waiting times increase if all walk-in services are combined at St Mary's?”**

Currently the two walk-in services work to different waiting times targets – at Guildhall Walk patients must be seen within two hours, at St Mary's the target is four hours, although in reality more than two-thirds of patients are actually seen within two hours at St Mary's, and few wait for four hours.

It is the case that a combined service at St Mary's would be monitored against the four-hour target, but the capacity for treating people would be no less than it is today, across two sites. Indeed, integrating the two services should allow more flexible use of the workforce, which may reduce waiting times for patients.

### **“What will students do if the services move?”**

Students will be extended every opportunity to take part in the formal consultation process, as will the University of Portsmouth, which the CCG is aware has plans to expand its centrally-located student accommodation. Plans have been discussed with University representatives – their preference would be to retain a walk-in service in the city centre but they are willing to work with the NHS to ensure students, as a fundamental first step, register with a local GP of their own, and are informed regarding the many options available to them for urgent care.

### **“Why change at all?”** (*“If it 'ain't broke, why fix it?”*)

As explained earlier in this document, the number of urgent care services in Portsmouth has expanded considerably in the last 10 years or so, but without necessarily delivering the results we would all want to see – particularly in terms of reducing pressure on GPs, and A&E. The local NHS now has the opportunity, when the contract for NHS services at Guildhall Walk expires in 2016, to rethink how these walk-in services work as well as aiming to give all patients across the city higher quality, more accessible primary care more generally. In an ideal world everyone would already be able to see a GP seven days a week, but neither the doctors or the funding for that exist at the moment. Instead, the NHS needs to use all the resources it has to begin to work towards that goal. Any proposals for changes are not a reflection on the service, or the staff, at Guildhall Walk – it is widely recognised as a good and popular service, albeit one that would be subject to periodic contract review.

### **“What about the impact on the vulnerable patients?”**

It is recognised that Guildhall Walk Healthcare centre caters for vulnerable patient groups, and the CCG fully accepts that specific arrangements must be made to continue – and in fact improve – the care available. The CCG has already been generously supported by the Salvation Army, and PUSH (helping those with substance misuse problems) to begin to understand the needs of some of these vulnerable groups better, and more detailed engagement work will continue regardless of the outcome of this public consultation. Maintaining a service specifically tailored for these groups is a non-negotiable commitment made by the CCG.



## Section 3

# Improving urgent care: other key factors

### The national context

There is a national consensus that the systems of urgent care which have grown up across the country need revisiting, and that the focus on promoting an ever-widening range of available choices may have gone too far.

The 2014 Urgent and Emergency Care Review set out the need for “co-location of community-based urgent care services in co-ordinated Urgent Care Centres”, as the NHS in Portsmouth is now proposing with the preferred option of a combined walk-in service at St Mary’s Hospital.

The 2014 Review also recommended the development of combined Urgent Care Centres to provide “access to walk-in minor illness and minor injury services” – again, just as is now proposed in Portsmouth. The review also advocated placing these urgent care centres next to hospital facilities, as would be the case at St Mary’s.

These conclusions followed on from the 2013 findings of the NHS medical director Professor Sir Bruce Keogh, in his Phase 1 report into Transforming Urgent and Emergency Care Services in England. His verdict was:

*“Previously we have tried to deal with increasing demand by developing new facilities. Although well-conceived and well-intentioned, these have created additional complexity and confusion, not just for patients but also for those working in the NHS.*

*“Starting from scratch, nobody would design the current array of alternatives and their configuration. A short history of the last 30 years reveals that we have opened ‘walk-in centres’, ‘minor injury units’, ‘urgent care centres’ and a vast range of similarly named facilities that all offer slightly different services, at slightly different times, in different places.*

*“A telephone service, NHS Direct, was introduced in 1998, and last year was replaced by NHS 111. Even the simple task of ringing a GP practice to request an appointment can result in a frustrating assault course on a telephone keypad.*

*“All the public want to know is that if an urgent care problem ever arises, they can access a service that will ensure they get the right care when they need it. They do not want to decide whether they should go to a Minor Injuries Unit, a Walk-In Centre or A&E, or whether they should ring their GP, 111 or 999. We shouldn’t expect people to make informed, rational decisions at a crisis point in their lives: the system should be intuitive, and should help people to make the right decision. We have created a complicated system which in itself has contributed to increasing demand by sending people around various services, confused about who to call and where to go.”*



More recently, at the 2015 Annual NHS Conference, NHS England Chief Executive Simon Stevens stated:

*“We need to redesign the way our urgent care system works. The current system is confusing the public. We have to do a better job of joining it up. We need to simplify the urgent care ‘spaghetti’ so we can manage the demands being placed on us.”*

The CCG would fully endorse the direction of travel nationally, and has developed its preferred option – to bring the city’s two walk-in services together at St Mary’s Treatment Centre – with the national policy direction in mind.

### **The Portsmouth ‘Blueprint’**

The one certainty which always faces the NHS is that change is never far away. With people living longer and longer lives, new treatments being developed, patient expectations rising all the time, and demand growing faster than funding, it is simply not realistic to expect the NHS to continue operating in much the same way as before, and still be able to cope.

In addition to those pressures, there are also real challenges in terms of the workforce. Nationally, and locally, there are shortages of many key staff, including GPs, A&E specialists, and experienced nursing staff.

The answer cannot be ‘more of the same’, and so locally health and social care leaders are developing the Portsmouth Blueprint. This new approach will set out a future which moves away from the traditional model of small-scale, individual GP practices working independently, separate from community and mental health services, and local social care.

Instead, the Blueprint makes the case that primary care must be delivered at a larger scale and that the traditional barriers between primary care, community and mental health care, and social care, must be broken down. In practical terms this will mean the development of primary care ‘hubs’, which physically bring together a far greater range of services, including same-day access to primary care, home-visiting, diagnostics, community beds, and health promotion / wellbeing services. St Mary’s, as a key strategic site for the NHS in Portsmouth, offers an ideal opportunity to be the home of one of these hubs in the future and so an enhanced walk-in service there fits the bigger picture of how care will be delivered closer to people’s homes in the years ahead.

## The options appraisal

The NHS only settled on its preferred option of creating a combined walk-in service at St Mary's after spending approximately 18 months talking to local clinicians, and engaging with local patients, to ensure that any proposed solution was the best possible option for city residents. Clearly, whenever any decision is reached there will be some people who feel disadvantaged by the change and others who feel that they benefit, but the NHS has tried to keep in mind the overriding objective of delivering the best possible service for Portsmouth patients.

In broad terms, the choice came down to the following four options:

### > Option 1

No change - Leave both the walk-in service, and the GP practice, at Guildhall Walk

### > Option 2

Move the walk-in service to St Mary's, retaining the GP surgery at Guildhall Walk

### > Option 3

Move the walk-in service to St Mary's, move the GP surgery to alternative NHS space in city centre

### > Option 4

Move the walk-in service to St Mary's and close the GP surgery

The NHS conducted a formal 'options appraisal' of each of these four alternatives, to see which one should be chosen as the preferred approach, before a period of public consultation was carried out. This process set out the benefits, and the challenges, of each option and you can see a summary of this on pages 18–21.

# Option 1

## No change

---

### **GP-led walk-in activity and GP practice to be delivered from its current location (Guildhall Walk Healthcare Centre)**

#### **Issues**

- Crucially the CCG is required, by law, to open up the contract for the GP service to a competitive procurement process, and so is not able to simply allow the contract to roll on
- Urgent care system remains as complex as now
- Confusion as to the difference between the Guildhall Walk and St Mary's would remain
- Guildhall Walk still has no access to diagnostics, limiting improvements to the quality of patient care
- Could make the situation more complicated. In the last year the CCG has conducted a separate procurement exercise for services across Portsmouth and south east Hampshire – including both planned operations and a nurse-led walk-in service at St Mary's. This contract also included agreeing to fund a GP-led walk-in service in the city, but did not stipulate where that service should go, in advance of public consultation. If that service was located at Guildhall Walk, it would raise the possibility of a GP-led walk-in service run and staffed by one organisation sharing a building with a GP practice run and staffed by an entirely separate group. Alternatively, if the walk-in service was elsewhere in Portsmouth (except St Mary's) then the fragmentation of services would remain.
- Empty space in NHS buildings elsewhere remains unused
- Least financially beneficial, reducing scope to invest in improved access to primary care for all areas of the city, to reduce current unfairness
- More difficult to develop new models of care for urgent and primary care.

#### **Benefits**

- The majority of patients registered at Guildhall Walk live within a one mile radius of the premises. This option would ensure those patients can still access services within close proximity to their residence
- Patients registered at Guildhall Walk will not have to register at another practice within the city
- Students would continue to have direct access to both services and would therefore have a better NHS service than many other residents in Portsmouth
- Access to a walk-in service in a city centre location would be retained.

#### **Annual cost**

- Anticipated cost: £1.42m per year
- Anticipated saving (compared to current costs): £0.15m

# Public consultation: NHS services at Guildhall Walk

You can also respond to the consultation online –  
please visit [www.portsmouthccg.nhs.uk/guildhallwalk](http://www.portsmouthccg.nhs.uk/guildhallwalk)

## Some details about you

All responses are entirely anonymous, but we would like to ask for a few details about you, so we can find out a little more about the people we are hearing from.

### 1. Gender: Are you...

- Female     Male     Prefer not to say

### 2. Age: Are you...

- 24 or under     25–34     35–44  
 45–54     55–64     65–74  
 75 or older

### 3. Where do you live? (postcode areas)

- PO1     PO2     PO3  
 PO4     PO5     PO6  
 PO7–PO11     PO12–PO16  
 Other (please specify)

### 4. Do you have dependent children, or provide care for someone?

- Yes, I have dependent children  
 Yes, I am responsible for caring for a partner / friend / relative  
 Yes, I have dependent children and I am responsible for caring for a partner / friend / relative  
 No

### 5. Do you consider yourself to have a disability?

- Yes     No     Prefer not to say

### 6. If 'yes', please tell us what your disability is.

(You may select as many options as applicable)

- Learning disability / difficulty  
 Long-standing illness  
 Mental health condition

- Physical impairment  
 Sensory impairment  
 Prefer not to say  
 Other (please specify)

### 7. Would you describe your sexuality as:

- Heterosexual     Bisexual  
 Gay man     Lesbian / gay woman  
 Prefer not to say

### 8. Would you describe your ethnic origin as:

- White, British     Any other black background  
 White, Irish     Chinese  
 Any other white background     Mixed: white and black Caribbean  
 Indian     Mixed: white and black African  
 Pakistani     Mixed: white and Asian  
 Bangladeshi     Any other mixed background  
 Any other Asian background  
 Caribbean     Prefer not to say  
 African

### 9. Would you describe your religious beliefs as:

- Buddhism     Christianity     Hinduism  
 Islam     Judaism     Sikhism  
 None / Atheism  
 Prefer not to say  
 Other religious belief (please specify)

**Questions 10 to 13 are for walk-in patients, but if you are a registered patient at Guildhall Walk, you may answer these questions too.**

**Your opinions on the preferred option for NHS walk-in services in Portsmouth.**

The first two questions (10,11) seek to understand what you believe to be the advantages and disadvantages of the preferred option for NHS urgent care walk-in services. The next two (12,13) look at what you think will be the most important things that the NHS must consider when making a decision. The more specific the answer is, the more useful it will be.

- 10. The CCG's preferred option is to relocate the 'walk-in' service from Guildhall Walk to create a combined, enhanced walk-in centre at St Mary's Hospital. What do you think are the potential *benefits* of such a proposal?**

- 11. The CCG's preferred option is to relocate the 'walk-in' service from Guildhall Walk to create a combined, enhanced walk-in centre at St Mary's Hospital. What do you think are the potential *disadvantages* of such a proposal?**

- 12. What do you think are the most important factors for the CCG to consider when deciding whether to create a single, combined walk-in service at St Mary's Treatment Centre?**

- 
13. Are there any *other* factors, not addressed in the consultation document, which you think must be considered by the CCG before any decision is made?

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Continuation space if required



**Questions 14–17 should only be answered by people who are registered as patients at Guildhall Walk Healthcare Centre**

**Your views on the proposed new GP surgery in central Portsmouth.**

These questions are intended to get your views on where a new surgery might be located, and how it might be run.

**14. The preferred option for the future of the GP practice at Guildhall Walk is to open a new practice in another location, near to the city centre, in a building already paid for by the NHS. The most likely options are Somerstown Central, or the John Pounds Centre. Would your preference be:**

- Somerstown Central
- John Pounds Centre
- Don't know / don't mind

**15. To what extent do you agree that a new GP practice should offer its patients a 'walk in and wait' service, rather than relying on booked appointments?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

**16. In terms of the opening hours of a new practice, which two of the following options would be most useful to you personally.**

- Early mornings (Monday–Friday)
- Evenings (Monday–Friday)
- Saturday mornings
- Saturday afternoons
- Sundays

**Other factors to be considered**

This section is intended for you to raise any other issues which you feel are important.

**17. Is there anything else, not covered by the previous questions, that the NHS should consider regarding the preferred option of moving the GP practice away from Guildhall Walk, and into another central location in Portsmouth?**

**Please send your completed survey, by Friday 19th February 2016, to us at:**

Freepost NHS PORTSMOUTH

(You do not need to add any other address details (road, town, postcode) as these are not required.)



## Option 2

# Move walk-in to St Mary's, retain GP surgery at Guildhall Walk

---

### **GP-led walk-in activity provided at St Mary's Treatment Centre, and GP practice delivered from its current location (Guildhall Walk Healthcare Centre)**

#### **Issues**

- Seeking to retain the GP practice at Guildhall Walk would not allow the better use of the empty NHS space within the city and therefore would miss an opportunity to optimise the use of estates already for paid for by the NHS
- Could actually worsen the cost of paying for empty space as the delivery of primary medical care services in isolation, without the provision of a walk-in centre, would create additional empty space within Guildhall Walk, representing poorer value for money
- Patients living on the west side of the city would feel that access to St Mary's is more difficult than to the city centre.

#### **Benefits**

- Simpler urgent care system for patients to navigate and no confusion over which walk-in service to use
- This option would give all walk-in services access to a wider array of diagnostics and tests at St Mary's, improving the quality of patient care
- Patients would no longer be re-directed to the other walk-in centre (or back to their GP) in the city as they had attended the 'wrong' facility
- The majority of patients registered at the Guildhall Walk GP practice live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence
- Patients will not have to register at another practice.

#### **Annual cost**

- Anticipated cost: £1.31m
- Anticipated saving: £0.27m



## Option 3

# Move walk-in to St Mary's and move GP surgery to alternative NHS space in city centre

---

**GP-led walk-in activity provided at St Mary's Treatment Centre, and GP practice delivered from void NHS space within the city (eg Somerstown Central)**

### Issues

- Patients currently registered at Guildhall Walk GP surgery would need to travel to another location within the city centre to receive primary care services
- This may or may not be further for patients to travel (Somerstown Central is between  $\frac{1}{4}$  -  $\frac{1}{2}$  mile from Guildhall Walk)
- Patients living on the west side of the city may find access to St Mary's is more difficult than to the city centre.

### Benefits

- Simpler urgent care system for patients to navigate and no confusion over which walk-in service to use
- This option would give all walk-in services access to diagnostics at St Mary's, improving the quality of patient care
- Patients would no longer be re-directed to the other walk-in centre (or back to their GP) in the city as they had attended the 'wrong' centre
- The majority of patients registered at Guildhall Walk GP practice live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence, albeit not at Guildhall Walk
- Patients will not have to register at another practice.

### Annual cost

- Anticipated cost: £1.18m
- Anticipated saving: £0.39m

## Option 4

# Move walk-in to St Mary's and close GP surgery

---

**GP-led walk-in activity provided at St Mary's Treatment Centre, and GP practice delivered from existing practices in the city (decommission Guildhall Walk Healthcare Centre Practice)**

### Issues

- This option would limit the choice available for patients when choosing to register with a GP practice in Portsmouth
- This option may be unwelcome for vulnerable groups of patients who would need to register at another practice within the city, especially if they experience issues around anxiety or general distrust of healthcare providers
- This option may cause concern that patients may not easily be able to register with another practice
- Patients living on the west side of the city may find access to St Mary's is more difficult than to the city centre.

### Benefits

- Simpler urgent care system for patients to navigate and no confusion over which walk-in service to use
- This option would give all walk-in services access to diagnostics at St Mary's, improving the quality of patient care
- Patients would no longer be re-directed to the other walk-in centre (or back to their GP) in the city as they had attended the 'wrong' centre
- This is in line with the CCG's vision to support the development of larger, more sustainable practices.

### Annual cost

- Anticipated cost: £1.22m
- Anticipated saving: £0.35m



## Section 4

# Supporting information

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### How the two walk-in centres compare

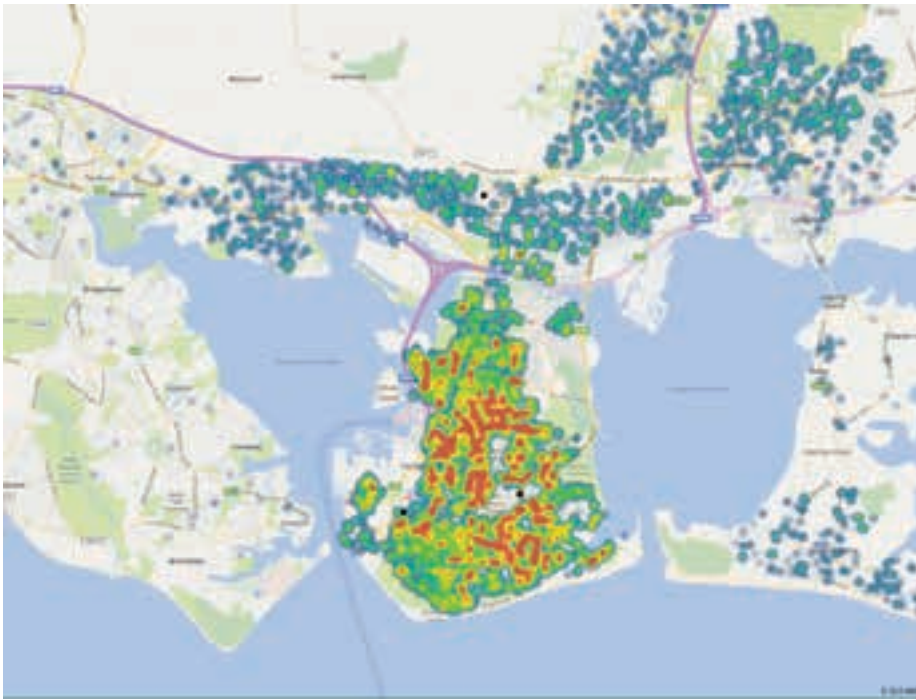
## St Mary's Treatment Centre

Based on 2014/15 data St Mary's sees around 44,500 walk-in attendances a year (minor injuries and minor illnesses); around 31,000 related to patients registered with Portsmouth GP practices, the rest registered with GP practices outside the city. Most (two thirds) attendances are for minor injuries.

The first map opposite indicates the 2014/15 activity for minor injuries linked to patients' home post codes. It demonstrates that the activity is fairly evenly distributed throughout Portsea Island, but considerably fewer visits from patients who live closer to Queen Alexandra Hospital in the north of the city. It also shows that significant numbers of patients living on the western side of the island are currently accessing St Mary's Treatment Centre to receive care for minor injuries.

The second map opposite provides the same information but for minor illness. This shows that fewer people to the west (albeit still notable numbers) access St Mary's for this service, than for minor injuries.



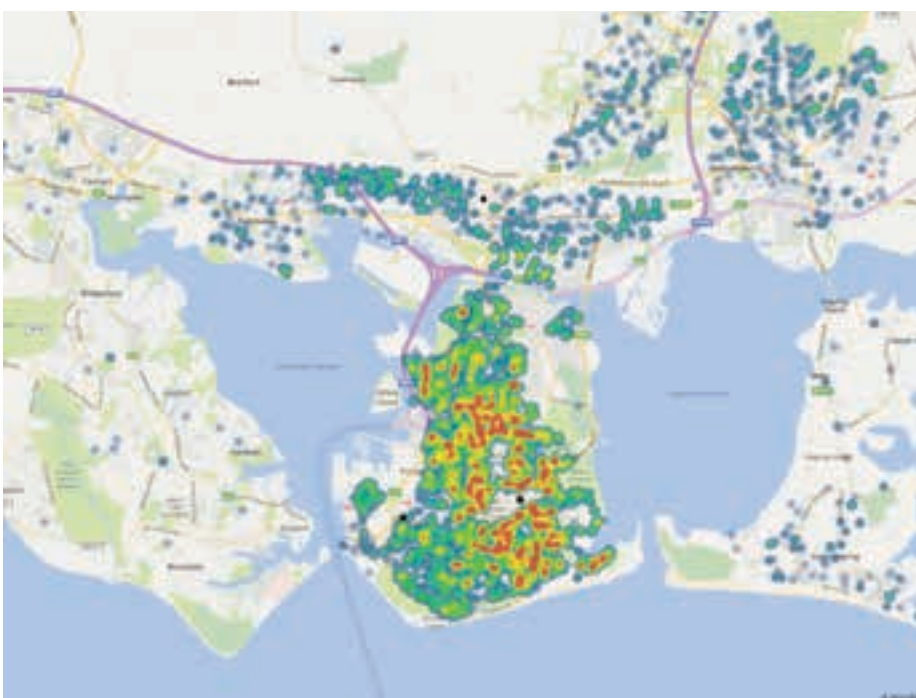


**Activity for minor injuries linked to patients' home post codes**

Activity (Sum)



SCW CSU BI & Analytics Report 1878  
 Data Source: SUS PbR  
 EM / Directly from Care UK  
 ©2015 HERE



**Activity for minor illness linked to patients' home post codes**

Activity (Sum)



SCW CSU BI & Analytics Report 1878  
 Data Source: SUS PbR  
 EM / Directly from Care UK  
 ©2015 HERE

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## Guildhall Walk Healthcare Centre

### Walk in activity

Based on data from 2014/15 (and excluding patients who are registered at Guildhall Walk), there are around 22,500 attendances at the walk-in centre each year. Around 12,500 of these attendances are for patients registered with another GP practice within Portsmouth, while around 10,000 attendances are for patients registered with GP practices outside the city. All attendances are for minor illnesses, with approximately 40% occurring during core GP hours (08:00–18:30, Monday-Friday).

The map below shows the 2014/15 activity for Guildhall Walk, linked to patients' home post codes. It shows that most patients attending the walk-in service live within a mile of the facility.

The table on the next page shows the top 20 conditions reported by patients attending the walk-in centre. Many would be suitable for a nurse-led consultation, or could be managed by pharmacists, rather by a GP (with the associated extra cost for the NHS, and the use of such an expert, and relatively scarce, staff resource).

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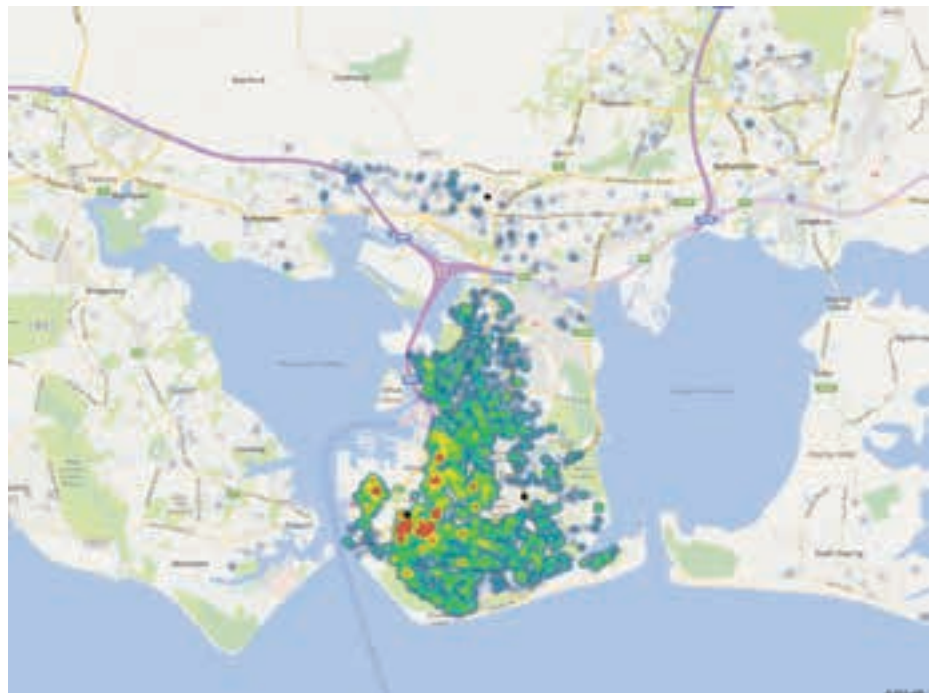
#### Activity for Guildhall Walk, linked to patients' home post codes

Activity (Sum)



Low

High



SCW CSU BI & Analytics Report 1878  
Data Source: SUS PbR  
EM / Directly from Care UK  
©2015 HERE

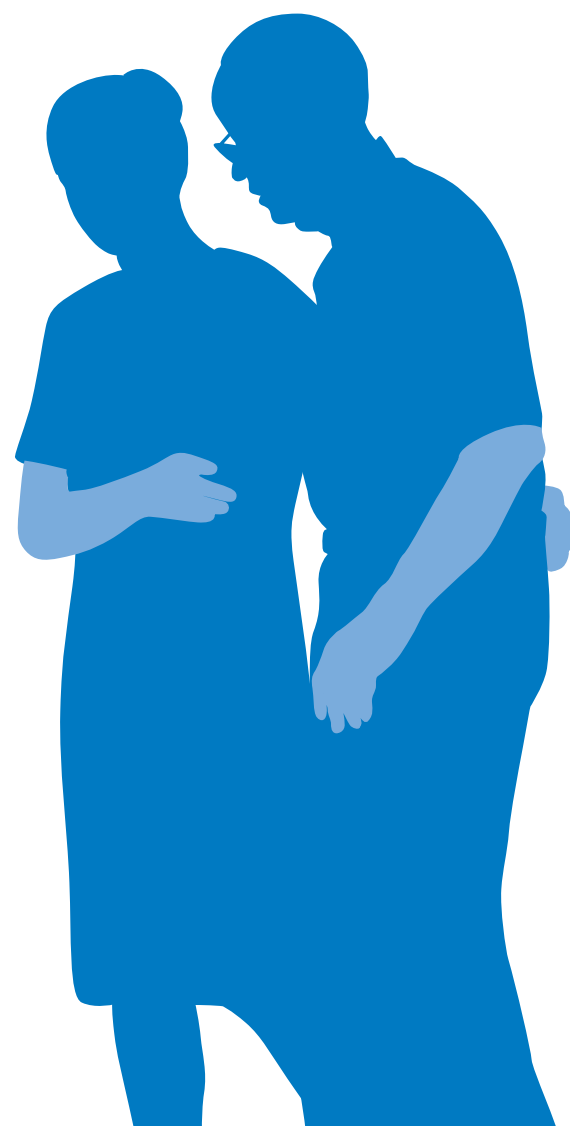
Condition	Count	Percentage
Upper respiratory tract infection	1,187	9%
Acute tonsillitis	713	5%
Skin/subcutaneous infections	695	5%
Lower respiratory tract infection	655	5%
Urinary tract infection	584	4%
Requests for medication	425	3%
Otitis media (middle ear infection)	383	3%
Sore throat	364	3%
Viral infection	318	2%
Cough	307	2%
Otitis externa (outer ear inflammation)	298	2%
Abdominal pain	236	2%
Acute conjunctivitis	219	2%
Cystitis	195	1%
Earache symptoms	188	1%
Advice about treatment given	172	1%
Rash/non-specific skin eruption	165	1%
Disorders of eye and adnexa	161	1%
Backache, unspecified	158	1%
Oral/salivary/jaw diseases	156	1%

Top 20 conditions reported by patients attending the walk-in centre

### Registered patients

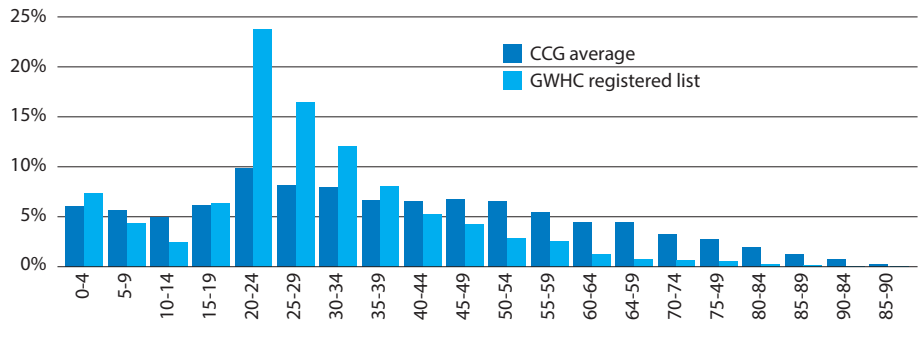
In addition to the walk-in service, Guildhall Walk also provides primary medical care services to a registered list of circa 7,000 patients. It is the only surgery in Portsmouth which is contracted and funded to provide services between 08:00–20:00, 365 days of the year – those extended hours are possible because the centre is funded to run the walk-in service between those same hours each day. This is very convenient for registered patients but that does present an issue with regards to fairness, compared to the services available to the remaining 200,000 registered patients in Portsmouth.

The registered list contains a large proportion of young adults (many of them university students), especially between the ages of 20–34, and relatively few patients aged over 50. The chart overleaf shows how significantly the age characteristics of the list differs from the city as a whole.



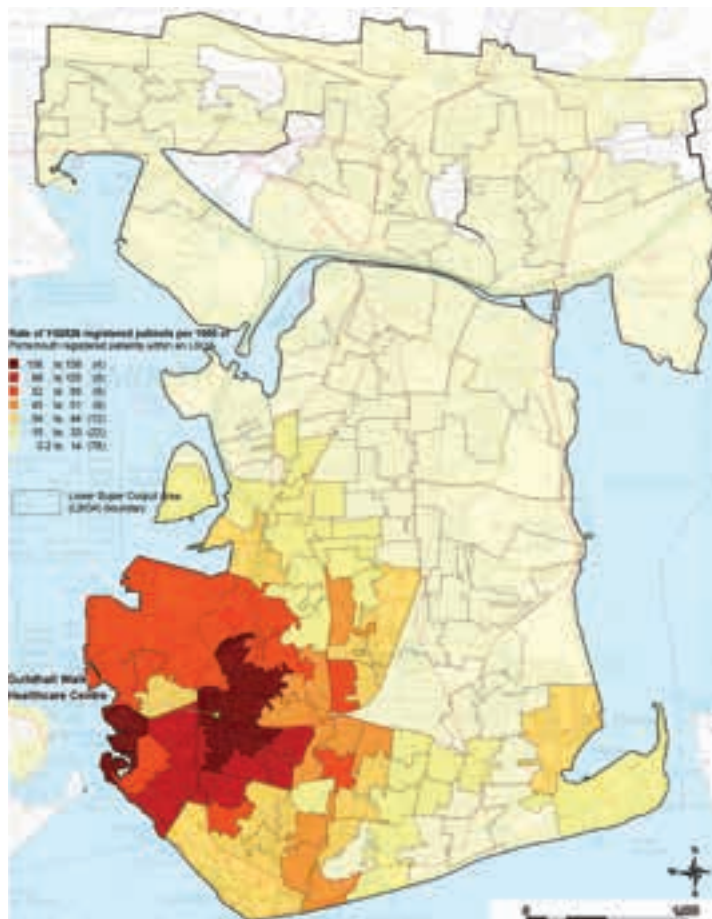


**Age distribution comparison:  
GWHC and CCG average**



The map below shows where patients registered at Guildhall Walk live. As would be expected the majority of patients live within a mile of the premises, although the vast majority of patients living near the healthcare centre are registered with other practices within the city – most patients living in Charles Dickens and St Thomas wards (where the practice is located) are registered with other practices.

**Population density, Guildhall Walk  
Healthcare registered patients  
as at April 2015**



Crude rate of practice registrations per 1,000 of Portsmouth registered patients within an LSOA.  
Source: Numbers of patients registered at a GP practice, Health & Social Care Information Centre  
© Crown Copyright and database right 2015. Ordnance Survey 100019971.  
Contains National Statistics data



## Section 5

# The future of the GP practice

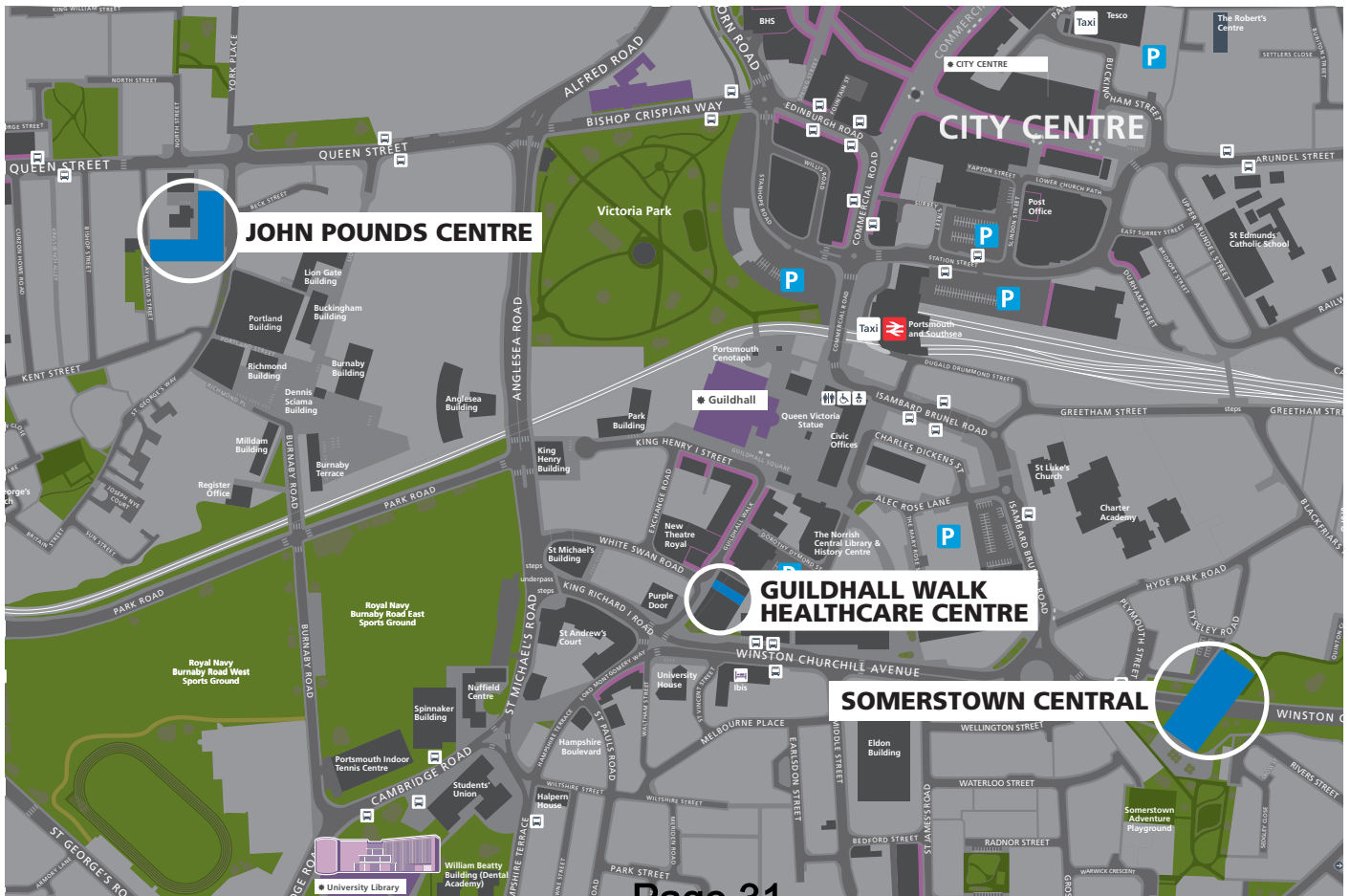
This section (5) is only relevant to those people who are registered as patients at Guildhall Walk Healthcare Centre

### Introduction

NHS Portsmouth Clinical Commissioning Group (CCG) is reviewing the future of NHS services currently provided at Guildhall Walk Healthcare Centre. That review includes not only the 'walk-in' minor illness service for people not registered as patients there, but also the future of the GP practice itself.

The contract for both of these services ends in 2016. The CCG does not have the option of simply letting those contracts continue – it is legally obliged to begin an open competition (called a procurement process) to allow other potential providers to bid to take the services over, and a failure to do that would be against the law.

Therefore, decisions must be made about the future of the GP practice where you, and approximately 7,000 other people, are registered.



## Background

In 2009 Guildhall Walk Healthcare Centre was opened. It was a 'Darzi centre' – part of a national drive to open up 'walk-in' centres for people who were not registered with a GP practice of their own.

In Portsmouth, this walk-in centre was also combined with a GP practice, which was given extra freedoms to be able to register patients from across the local region – not just the immediate surrounding area. The company running the practice was also contracted to offer 'open access', so that registered patients did not always have to book appointments in advance, but could simply turn up and wait to see a GP if that suited them better.

Given all of these differences, the funding for the healthcare centre has always been different from other GP practices in the city. Essentially the local NHS gives the company which runs the practice more money, per patient, than it gives to any of the other city surgeries to reflect the different services it has to provide – most notably that it must provide a walk-in service from 8am-8pm every day.

The result is that the 7,000 patients at the Guildhall Walk GP practice enjoy far better access to GPs and nurses than can be provided by all other practices for the other 200,000+ city residents. That means that the registered patients at Guildhall Walk get a very convenient service, but this comes at a cost to the wider local NHS, which funds the enhanced service.

The healthcare centre is also specifically funded by the local NHS to provide a dedicated service for some vulnerable groups of patients, such as people who are homeless, or who have problems with drugs or alcohol.

## Reasons for change

As explained on page 27, the CCG cannot simply leave the contracts for health services at Guildhall Walk in place – that is not legally possible.

So, the end of those contracts gives the local NHS an opportunity to see whether improvements can be made to services, and whether resources can be used more effectively. When making decisions about the future of the GP practice at Guildhall Walk, the NHS must consider the following:

**Seven-day access for all:** there is a national drive to move primary care services (although not necessarily every individual GP surgery) towards a seven-day service. That will take a great deal of resources – both in terms of money, and skilled workforce – and the CCG will need to make the resources available in the city go far further than is the case now if this ambition is to be achieved.

**Fairness:** the CCG acts on behalf of everyone in the city, and must give everyone equal opportunity to access the NHS services that we all pay for. The NHS, with its limited resources, cannot justify a situation where it is using its overstretched budgets to fund one group of people to get better access to treatment than others.

**Effective use of public money:** The NHS, like all parts of the public sector, has a duty to use its resources as effectively as possible, for the benefit of all local residents. Currently, the NHS is paying rent to the private sector owners of the Guildhall Walk site – at a time when there are significant amounts of empty space in centrally-located buildings which are already being paid for by the local health service. The starting assumption must be that such a situation should only carry on if there are overriding reasons to do so.

**Strategic direction:** It is widely accepted both locally and nationally that primary care services in the future must be delivered at a larger scale than has traditionally been the case in the past. The shortage of new doctors choosing General Practice as a career, the shift of services out of big hospitals and into the community, the need to join together primary care with community teams, the expectation of seven-day opening – all of these factors combine to suggest that practices will need to work together to provide a larger-scale service to their patients.

### Preferred option

The CCG has already been asking for views about the future of the GP practice at Guildhall Walk. A series of conversations has been held with local clinicians, and also with key organisations such as the University of Portsmouth, Portsmouth City Council, and the Salvation Army.

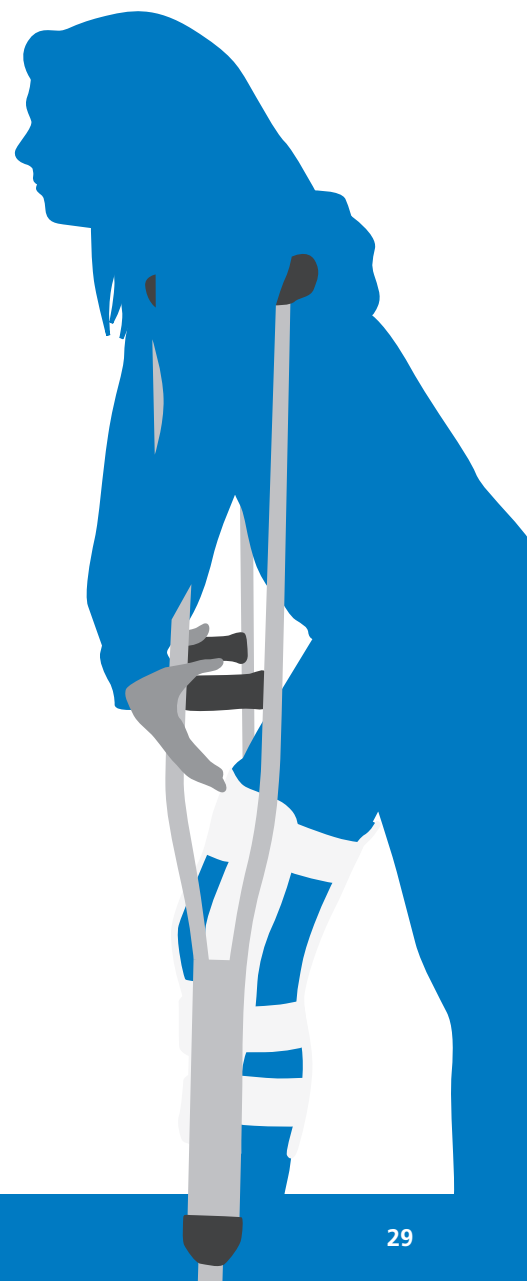
Over the summer a questionnaire was also sent to people registered at the practice to get an initial sense of what was most important to them about their GP service, and what they would want from any future service.

The feedback from these sources, regarding the future of the GP practice, highlighted several distinct themes:

- A concern for the future of services for vulnerable groups
- Questions regarding the impact on students, especially those living in the city centre
- A real appreciation of the longer opening hours, and the ‘open’ access which allows registered patients to walk in and wait, rather than having to book an appointment in advance
- Concerns over whether a practice in an alternative location would be accessible to people living near the city centre.

The feedback from local GPs suggested that there may be sufficient capacity to simply end the contract for the GP practice at Guildhall Walk, and allow the 7,000 patients to register elsewhere – some practices suggested they could take on significant numbers of new patients, others said that they could not register any more. However, there were also widespread concerns amongst the profession regarding the capacity of GP services, both now and especially in the future.

That feedback was then considered alongside the CCG’s four considerations outlined above (seven-day access, fairness, use of public money, and strategic direction).



As a result of all of these factors the CCG produced a preferred option, and this document is asking for your feedback before any final decision is made.

The preferred option is:

**Registered patients would still all have their own, dedicated practice but it would no longer be at Guildhall Walk – instead patients would be registered at a new practice, in a building already funded by the NHS and near the city centre. The most likely options are the new Somerstown Central, or the John Pounds Centre. All patients, of course, would still retain the right to register at another practice if they wished to do so.**

It is important to note that the option of simply letting the contract for the GP practice end, without a replacement, is no longer being considered. This is in response to the feedback received – partly because of concerns over the amount of primary care capacity there is in the city (and, indeed, the city centre), and partly because of concerns that such a decision could cause real upheaval as 7,000 people all sought to find a new practice at the same time.

Patients should also note, however, that the preferred approach does not propose a practice which would have the same 8am–8pm opening hours as Guildhall Walk does at present, for some of the reasons outlined earlier in this document – notably, the need to give all residents across the city an equal service, the need to use scarce funding carefully, and the need to devote all possible resources to extending GP access to everyone in the city, not just a small number. The CCG would, however, seek to agree a new contract which offered some extended opening hours to registered patients, recognising that one of the reasons that people chose to be patients at Guildhall Walk in the first place was the availability of evening and weekend appointments.

The CCG is now keen to hear the views of registered patients about the service that a new practice should offer – in terms of the way that appointments are made available, the opening hours, and where it should be located. We would also like to give people another chance to raise any issues they feel are important, to ensure that every issue has been considered, before decisions are taken.

## Section 6

# Summary, and how you get involved

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### Summary

This document has set out how, in the last 10 years, the system of urgent care in Portsmouth has become significantly more complicated as the number of available choices has expanded rapidly – but how this expansion of choice has not succeeded in reducing pressure on A&E, or on GPs, and how services have become increasingly fragmented and hard to understand.

It has also explained how the contracts for both the walk-in service, and the GP practice, at Guildhall Walk run out in 2016, and that these contracts cannot just be allowed to keep running past that date. The NHS, in other words, is obliged to look again at how urgent care services work in the city, and to look for ways of securing better care for city residents.

The local NHS has already been involved in extensive discussions with local clinicians, and has been gathering the views of local people over an 18-month period. The feedback received during that period, allied to the 'big picture' priorities of the local NHS to create much stronger centres for community-based care in the future, has led to the identification of a preferred option for the way ahead: the relocation of the walk-in service from Guildhall Walk to St Mary's, creating a combined, enhanced walk-in centre giving residents a better, simpler, more efficient service.

### Getting involved

NHS Portsmouth CCG wants to hear from anyone who feels they would like to contribute to this process. To that end, the CCG is now conducting a formal public consultation process, and inviting people to submit their views on the preferred option for improving walk-in services in the city. You can find a pull-out response form in the centre pages of this document.

*(As stated earlier in the document, there is a separate set of questions specifically aimed at the people who are registered patients at the Guildhall Walk Healthcare Centre, regarding their views about a proposal to set up a new GP practice for them in nearby NHS premises. Similarly, there is another, separate process regarding the vulnerable groups – especially those who are homeless, or who misuse drugs or alcohol – who are registered at Guildhall Walk).*

The CCG would particularly like to know if there are any issues, which have not yet been considered, which you feel should have an influence on the decision which must ultimately be made regarding walk-in services.



The CCG would also like to know which aspects of the preferred option for walk-in services, as set out in this document, you believe will help to improve services in the city, and which aspects you believe will have a negative impact. This feedback will help to ensure that any and all important factors are considered before a decision is made.

We are asking you to respond to the four questions below and these are included in the pull-out response form in the centre pages of this document.

### > Question 1:

The CCG's preferred option for urgent care is to move the walk-in service from Guildhall Walk to create a combined, enhanced walk-in centre at St Mary's. What do you think are the potential *benefits* of such a decision?

### > Question 2:

The CCG's preferred option for urgent care is to move the walk-in service from Guildhall Walk to create a combined, enhanced walk-in centre at St Mary's. What do you think are the potential *disadvantages* of such a decision?

### > Question 3:

What do you think are the most important factors for the CCG to consider when deciding whether to create a single, combined walk-in service at St Mary's Treatment Centre?

### > Question 4:

Are there any *other* factors, not considered in the consultation document, which you think must be considered by the CCG before any decision is made?

In addition we are asking patients currently registered with the GP practice at Guildhall Walk a series of questions. These can also be found in the pull-out section in the centre pages of this document.

If you would like to comment on the proposals in this document please do so:

- Online at [www.portsmouthccg.nhs.uk/guildhallwalk](http://www.portsmouthccg.nhs.uk/guildhallwalk)
- By completing the form in the centre pages of this document and sending it to us at: **Freepost NHS PORTSMOUTH** (You do not need to add any other address details (road, town, postcode) as these are not required.)

Either way, please ensure we have your completed responses by Friday 19th February 2016.

# Glossary

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## **A&E**

Accident and Emergency Department, often referred to now as the Emergency Department or ED

## **A&E Four Hour Target**

A nationally set target requiring 95% patients attending an A&E department to be seen, treated, admitted or discharged in under four hours.

## **CCG**

Clinical Commissioning Group or CCG – the NHS organisation led by GPs which is responsible for identifying and securing most of the health services for a particular area. Locally, NHS Portsmouth CCG is responsible for deciding what services their local residents need, including those relating to urgent care, from the NHS and plans and buys these services with public money from the most appropriate providers.

## **Clinician**

General term used to describe someone who is qualified to provide healthcare and treatment to patients, such as a doctor, nurse, therapist or psychiatrist.

## **Commissioning**

Identifying the health needs of local people and planning and purchasing health services which respond to these needs

## **Community services/community-based care**

Health services delivered in the community in people's homes or care homes

## **Darzi Centre**

Term used to describe walk-in centres such as Guildhall Walk which were set up as a result of plans put forward by Lord Darzi in his Next Stage Review of the NHS (2008).

## **Diagnostics**

Tests including scans and X rays that are used by clinicians to help understand an illness or the extent of an injury.

## **ED**

Emergency Department (see A&E above)

## **Governing Board/Governing Body**

All CCGs are required to have a Governing Body and locally we refer to ours as a Governing Board. This is the executive team that is responsible for making decisions about commissioning plans – the NHS Portsmouth CCG Governing Board meets regularly in public.

## **GP**

General Practitioner – a family doctor working from a surgery.

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*We understand that not everybody will be familiar with all the terms used in this document and hope that this glossary might help explain some of them. If anything is still unclear please let us know at [enquiries@portsmouthccg.nhs.uk](mailto:enquiries@portsmouthccg.nhs.uk)*



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### **Health and Wellbeing Board**

A forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

### **Healthwatch Portsmouth**

An organisation that provides information to service users, carers and the public about local health and care services and how to find their way around the system. It represents the views and experiences of service users, carers and the public on health and wellbeing boards (see above).

### **NHS 111**

NHS 111 is a non-emergency phone number that people can use when they urgently need medical help or advice but it's not a life-threatening situation.

### **NHS Five Year Forward View**

The NHS Five Year Forward View, published in October 2014, sets out a vision for the future of the NHS. It articulates why change is needed, and how we can achieve it, defining the actions required at local and national level to support delivery.

### **Pharmacy First**

A new scheme in Portsmouth that allows people who receive free prescriptions to go straight to their pharmacist to receive treatment, for selected minor ailments, without needing to visit their GP to get a prescription.

### **Primary care**

Services which are the main or first point of contact with the NHS for a patient, usually GPs and pharmacies.

### **QA/Queen Alexandra Hospital**

Portsmouth's main hospital which runs the Emergency Department (A&E, sometimes referred to as ED).

### **Urgent care**

Urgent care is the phrase we use to describe NHS services that can assist people when they need help in a hurry but do not need the Emergency Department (A&E). Urgent care services include NHS 111, the walk-in services at Guildhall Walk and St Mary's and same day GP appointments.

### **Urgent care centre**

A service operating alongside A&E that assesses patients who present with an illness or injury and directs them to the most appropriate source of help for their condition.

### **Walk in centre/walk in service**

NHS services that can be used by members of the public without the need for an appointment.





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You can get this NHS information  
in large print, Braille, audio or in  
another language by calling  
023 9268 4513.

# Guildhall Walk Healthcare Centre: **Formal consultation – engagement plan**

## **1 Background**

The Guildhall Walk Healthcare Centre was opened in 2009, as part of the national drive to create ‘Darzi Centres’ to extend the choices available to patients.

The centre currently has a registered list of around 7,000 people, and demographic characteristics that make it slightly different from a typical GP practice – for example, there is a significant proportion of University students, approximately 1,000 under-19s and only around 150 people aged over 65. The practice also offers a service for approximately 140 people who are registered homeless. The facility not only offers a conventional GP service to registered patients, it also provides a GP-led ‘walk-in’ service as well and this element in particular relates to the delivery of urgent care services in the city.

The contract for services provided at Guildhall Walk ends in March 2016, and so decisions are required which may impact both upon primary care, and urgent care, provision in Portsmouth. At the same time proposals are being developed that look at the future strategic development of models of care for both urgent and primary care which makes this an opportune time to review the future of this particular service.

## **2 Urgent care/primary care – the local context**

Over the past decade or so, the provision of urgent care options has extended in response to both national and local policy. As well as the Emergency Department (ED), city residents can access two nurse-led walk-in services – one for minor injuries, one for minor illnesses – at St Mary’s Hospital Treatment Centre, the GP-led walk-in service for minor illness (but not injuries) at Guildhall Walk, a primary care-led Urgent Care Centre at Queen Alexandra Hospital, the 111 phone helpline service (incorporating the out-of-hours GP service), and pharmacies and GP practices offering extended access. All city practices also offer some ‘same day’ appointments.

## HOSP November 2015

Despite the expansion of choice, there has been no clear gain in terms of the impact on ED. Attendances at ED are rising less quickly than in many other areas, but they are still rising, and performance against the national four-hour access target remains too low. More importantly, the engagement work we have already undertaken indicates that local people find the current system difficult to navigate effectively.

Meanwhile the development of the Portsmouth 'blueprint' for health and care, which looks at how services can work in a more integrated way in future to transform out of hospital care means that there is a need to rethink how some services are currently delivered. And, alongside this, the local health system has developed an urgent care strategy locally to look at how services can best be provided in future in a way that manages local demand and expectation in line with the development of national thinking around urgent and emergency services.

The ending of the current contract for services at Guildhall Walk offers an opportunity to look again at the complex urgent care landscape in the city, and identify whether, with the transformation agenda that is beginning to emerge locally, there are more appropriate ways of delivering services in future.

### 3 Engagement and consultation

The CCG is operating a three phase approach to its engagement work with the local people over decisions relating to urgent care.

<b>Phase 1</b>	General engagement work to shape thinking (in this case on urgent care)	Started January 2014 – May 2015
<b>Phase 2</b>	Public engagement on the options around the future of GW	1 <sup>st</sup> June 2015 – 31 <sup>st</sup> August 2015
<b>Phase 3</b>	Formal consultation with HOSP and, if HOSP require it, further public consultation.	12 week consultation (taking account of Christmas)

#### Phase 1 GENERAL ENGAGEMENT – key findings



Over the last 18 months the CCG has conducted extensive engagement activities with the general public, patient representatives, and clinicians, to better understand how people make decisions about urgent care, and how a more effective system could be delivered.

## HOSP November 2015

The full results of our engagement activity can be found attached above, and include a week-long Under Pressure campaign with The News, a survey of more than 800 people in the summer of 2014, and a survey with Wave105 in early 2015. The CCG has also gathered more qualitative feedback from representatives of the patient groups aligned to each GP practice. Some recurring messages from public and patients were:

- Confusion. Most people do not know, for example, the differences between the walk-in facilities at St Mary's, and Guildhall Walk. Feedback suggests patients would prefer a simpler system, even if it meant fewer choices being available.
- Poorly informed. For example, a notable minority (30%) do not know that GPs offer same-day appointments, and awareness of 111 remains too low.
- Evolving preferences. Most people still want to see a GP for minor illnesses, however a large majority now see a walk-in service as the default choice for minor injuries.

Conversations have also been held with city GPs, over a period of time. Initially the key messages from the clinicians were:

- Support for a minor injury walk-in service at St Mary's, adjacent to diagnostic services, but concern regarding the current nurse-led minor illness service there (primarily regarding the perception that notable numbers of patients there are subsequently referred elsewhere)
- Some preference expressed by primary care professionals to have capacity to deal with own patients in-hours. But... concerns over in-hours capacity, and how to meet patient expectations
- Practices recognise the current ongoing need for a GP led walk-in service in the city to manage demand

More recently the CCG has spoken again with GPs from across the city, regarding urgent care and walk-in services. The feedback suggested:

- Support for a simplified system, with walk-in services on Portsea Island brought together into a single location
- Support for a model of walk-in care which combines both GPs and nurses, rather than having separate 'GP-led' and 'nurse-led' services

### Phase 2 FOCUSED ENGAGEMENT GHW – key findings

Between June 2015 and the end of August the CCG engaged with local people and interested parties on both the future of the walk in centre at Guildhall Walk and the GP practice and its associated registered list.

Again, this engagement work produced some clear themes in terms of the feedback received:

- Asked about the most important factors for the NHS to consider when deciding whether to relocate the walk-in service from Guildhall Walk to St Mary's approximately two-thirds of respondents cited the quality of care as the biggest concern, with access also being important to people – 65% highlighted travelling distance, and 58% highlighted the importance of having a service near the city centre. Approximately a third of respondents stated the most important factor was ensuring best possible value for public money, or bringing GPs, nurses and diagnostics together in one place
- When asked for the *single* most important factor to be considered, access was key – a quarter choosing a city centre location as the prime consideration, and a further 22% choosing travelling distance
- When asked to set out their concerns about the possible move, more than half (55%) expressed doubts that St Mary's had the capacity to cope with the extra activity, 40% feared a reduction in quality, and 39% said they would have further to travel.

The CCG also approached the independent HealthWatch Portsmouth to ask whether the organisation could carry out some additional engagement. The conclusions of HealthWatch following its engagement work included:

- There were concerns about access from the western side of the city to St Mary's, and further concerns over the adequacy and affordability of car parking facilities at St Mary's
- Some respondents questioned whether a single facility would have the capacity to respond to current and future demand, and whether that could lead to increased waiting times at St Mary's
- Concerns exist about the quality and range of services that would need to be provided in a combined walk-in facility, including crisis and mental health services.

### Phase 3 FORMAL CONSULTATION

We anticipate a formal consultation phase will start in November 2015, as a result of discussions in September with the CCG Governing Board and the Portsmouth Health Overview and Scrutiny Panel. The duration of this formal phase will be three months and will allow additional time to cover the Christmas/New Year process). The formal consultation will explain the rationale for the proposal being put forward by the CCG including consideration of options for the future of Guildhall Walk as both a GP practice and a walk-in facility. A consultation document will be produced, together with a summary version and a Q+A sheet amongst other materials. These will need to be made available in different formats. The consultation will seek people's views on the proposal being put forward and will include a specific set of questions for patients registered with the GP practice, as opposed to those who use the facility on a walk-in basis.

A variety of approaches will be utilised for the process involving face to face, meetings, drop in events, web and digital media solutions, traditional media and others. An Equality Impact Assessment has been undertaken for this scheme and will be updated in line with the formal consultation process.

The objectives for the communications work in support of this consultation are to ensure the CCG meets its statutory duty for public participation including the involvement of the public, patients and carers in planning of commissioning arrangements and any proposed changes to services which may impact on patients. In particular we need to:

- **Raise awareness:** ensure that everyone who wants to be is aware of the consultation and the reasons for it happening;
- **Improve understanding:** ensure that people understand the reasons for the consultation, the proposals being considered and the specific elements that apply to them (eg there will be a difference in the feedback we are seeking between patients registered at GHW and those who use it as a walk-in facility);
- **Encourage participation:** ensure that everyone who wants to is able to participate in the consultation, wherever possible in a way that best suits them;
- **Offer reassurance:** help people understand why their views are important, even if we are putting forward a preferred option, in the shaping of an overall proposal.
- **Provide information:** this consultation offers us the opportunity to remind people of the wide range of services available to them when they need NHS help in a hurry, some of which may be acceptable alternatives to using a walk-in service.



## HOSP November 2015

A wide range of stakeholders will need to be involved in the formal phase of the consultation, many of whom have already shared their views as part of the engagement work we have been undertaking. It will therefore be important to acknowledge this when we approach them for help with this stage of the process.

The table that follows identifies the stakeholders that will need to be involved and sets out the means by which we will seek their input. In many cases the early stages of the consultation process will need to be used to work with different organisations to find out how best to engage with different client groups – some advice has been sought from Healthwatch on this, which has been appreciated.

Healthwatch Portsmouth is an independent organisation helping local people have their say about how health and social care services are provided in the city. It has fed back recommendations to help the CCG engage with local people over Guildhall Walk and will continue to do so throughout the consultation process. It may also independently analyse the responses the CCG receives. If anyone feels the CCG are not providing enough information for them to be able to give a response, they should in the first instance contact the CCG. If this query is not resolved, Portsmouth residents can then contact Healthwatch Portsmouth on 02393 977079 or at [info@healthwatchportsmouth.co.uk](mailto:info@healthwatchportsmouth.co.uk).

### Proposed key stakeholder list for formal consultation process.

This list is not exhaustive and may well be added to as the process unfolds – it does, however, represent our thoughts important stakeholders to consult with during this process.

	Stakeholder		Media/method
	<b>GUILDHALL WALK HEALTHCARE CENTRE</b>		
<b>1</b>	<b>Portsmouth Health Limited</b>	Current service provider (via Care UK)	<ul style="list-style-type: none"><li>• Regular meetings with service lead</li><li>• Consultation document and request formal response</li></ul>
<b>2</b>	<b>GHW Practice Staff</b>	Staff affected directly by proposals	<ul style="list-style-type: none"><li>• Service lead to dictate who best to lead this and how it will be done</li></ul>
<b>3</b>	<b>GHW Practice patients (registered list)</b>	Patients affected directly by proposals	<ul style="list-style-type: none"><li>• Letter to every patient with link to formal consultation document and</li></ul>

	Stakeholder		Media/method
			<p>explanation of process; feedback invited (specific questions to those on registered list)</p> <ul style="list-style-type: none"> <li>• Consider need to text reminders at launch, midway through and towards end of process)</li> <li>• Posters/summaries in Centre</li> <li>• Work with practice manager to identify best possible approaches</li> </ul>
	<b>LOCAL NHS ORGANISATIONS AND BODIES</b>		
4	<b>NHS England (Wessex)</b>	Key partner and NHS Gateway review requirements	<ul style="list-style-type: none"> <li>• Regular meetings re assurance process</li> <li>• Consultation document and request formal response</li> <li>• Regular updates through usual monitoring channels</li> <li>• Specific email to primary care/pharmacy leads to request dissemination of consultation information</li> </ul>
5	<b>Local GPs</b>	CCG members and links to walk-in services	<ul style="list-style-type: none"> <li>• Email to each senior partner/commissioning lead and practice manager with link to consultation document and requesting response</li> <li>• Regular news item on PIP</li> <li>• TARGET sessions update</li> <li>• GP Commissioning event updates</li> </ul>

	Stakeholder		Media/method
6	Portsmouth Hospitals NHS Trust Board	Key partner/urgent care system provider	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> <li>• Posters/summaries in A&amp;E?</li> </ul>
7	Portsmouth Hospitals NHS Trust staff	Interested party	<ul style="list-style-type: none"> <li>• Syndicated article for newsletters/intranet containing link to consultation document and how to respond</li> </ul>
8	Solent NHS Trust Board	Key partner/urgent care system provider	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> </ul>
9	Solent NHS Trust staff	Interested party	<ul style="list-style-type: none"> <li>• Syndicated article for newsletters/intranet containing link to consultation document and how to respond</li> </ul>
10	Care UK/St Marys NHS Treatment Centre	Key partner/urgent care system provider/affected by walk-in proposals	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> <li>• Posters/summaries in Centre</li> <li>• Syndicated article for newsletters/intranet containing link to consultation document</li> </ul>
11	NHS Fareham and Gosport CCG	Key partner/urgent care system	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> <li>• Syndicated article for newsletters containing link to consultation document</li> </ul>
12	NHS South Eastern Hampshire CCG	Key partner/urgent care system	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> </ul>

	Stakeholder		Media/method
			<ul style="list-style-type: none"> <li>• Syndicated article for newsletters containing link to consultation document</li> </ul>
13	South Central Ambulance Service	Key partner/urgent care system provider	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> <li>• Syndicated article for newsletters containing link to consultation document</li> </ul>
	<b>ELECTED MEMBERS</b>		
14	Local MPs	Key stakeholder	<ul style="list-style-type: none"> <li>• Consultation document and request formal response</li> <li>• Offer update meeting</li> </ul>
15	Portsmouth City Council Councillors	Key stakeholder	<ul style="list-style-type: none"> <li>• Direct contact with PCC councillors in closest wards</li> <li>• Consultation document and invite response</li> <li>• Members Information Service updates</li> </ul>
	<b>PATIENTS GROUPS</b>		
16	Guildhall Walk Patient Participation Group	Patient group – directly affected by proposals	<ul style="list-style-type: none"> <li>• Send consultation document to chair and request formal response</li> <li>• Meeting – agree with practice how best to take forward</li> </ul>

	Stakeholder		Media/method
17	Portsmouth PPG Network	Wider patient group – key stakeholder	<ul style="list-style-type: none"> <li>Email with link to consultation document</li> <li>Update at network meetings</li> </ul>
18	Solent NHS Trust members	Wider patient group – interested parties	<ul style="list-style-type: none"> <li>Email with link to consultation document and invitation to respond</li> </ul>
19	Portsmouth Hospitals NHS Trust members	Wider patient group – interested parties	<ul style="list-style-type: none"> <li>Email with link to consultation document and invitation to respond</li> <li>Seek publicity through PHT Facebook page</li> </ul>
20	Portsmouth CCG Healthy Discussions Group (online forum)	Wider patient group – key stakeholder	<ul style="list-style-type: none"> <li>Email with link to consultation and invitation to respond</li> </ul>
21	PUSH	Patient group – directly affected by proposals	<ul style="list-style-type: none"> <li>Explore scope for PUSH to support consultation phase with more 1:1 work with clients (as engagement phase)</li> <li>There are other groups who may also be able to help here but PUSH were helpful in engagement phase.</li> </ul>
22	Solent Learning Disability Service	Links into LD patients affected by proposal – support with ‘easy read’ materials	<ul style="list-style-type: none"> <li>Work with Solent NHS trust and to their easy read guidelines to produce appropriate materials and share with clients</li> </ul>
	<b>ORGANISATIONS DIRECTLY AFFECTED</b>		
23	Portsmouth University students and staff	High volume users of service – directly affected	<ul style="list-style-type: none"> <li>Approach University for support in disseminating information to students and staff – via Comms and Welfare</li> </ul>

	Stakeholder		Media/method
			<ul style="list-style-type: none"> <li>Teams</li> <li>? specific drop-in event(s) at University</li> </ul>
24	Portsmouth University Students Union	High volume users of service – directly affected	<ul style="list-style-type: none"> <li>As above – newsletters, posters etc</li> </ul>
25	?University Language School/foreign students	Potential high volume users of service – directly affected	<ul style="list-style-type: none"> <li>As 23</li> </ul>
26	Lalys pharmacy	Neighbouring pharmacy – affected by proposal/impact on service/alternative minor illness service provider	<ul style="list-style-type: none"> <li>Consultation document and invite response</li> <li>Update meeting with owner on progress if required</li> </ul>
27	Guildhall Walk businesses	Potential users of service – affected by proposal	<ul style="list-style-type: none"> <li>Door drop posters and summaries</li> </ul>
28	Portsmouth Central Library	Potential users of service, signpost to service	<ul style="list-style-type: none"> <li>Venue for drop-in events or information stands?</li> <li>Posters and summaries</li> </ul>
29	Portsmouth City Council staff	Potential high volume users of service – directly affected	<ul style="list-style-type: none"> <li>Syndicated article for newsletters/intranet containing link to consultation document and how to respond</li> </ul>
30	PCC Housing Team	Signpost to service, affected by proposal	<ul style="list-style-type: none"> <li>Seek advice from PCC executive team on most appropriate approach</li> </ul>
	<b>MONITORING BODIES</b>		
31	Portsmouth Health Overview and Scrutiny	Monitoring of process – directly affected. Key	<ul style="list-style-type: none"> <li>Consultation document and request formal response</li> </ul>

	Stakeholder		Media/method
	Panel	stakeholder	<ul style="list-style-type: none"> <li>Regular updates at meetings</li> <li>Informal meetings and briefings as required</li> </ul>
32	Healthwatch Portsmouth	Independent advice and analysis – key stakeholder and link to patient groups	<ul style="list-style-type: none"> <li>Advice and guidance on processes</li> <li>Approach for support with consultation with specific groups</li> <li>Consultation document and request formal response</li> </ul>
33	Hampshire HASC	Monitoring of process – directly affected. Key stakeholder	<ul style="list-style-type: none"> <li>Consultation document and request formal response</li> <li>Regular updates at meetings</li> <li>Informal meetings and briefings as required</li> </ul>
	<b>OTHER PARTNERS</b>		
34	Portsmouth City Council executive	Key stakeholder	<ul style="list-style-type: none"> <li>Consultation document and request formal response</li> </ul>
35	PCC Director of Public Health and team	Key stakeholder – interest in homeless service provision	<ul style="list-style-type: none"> <li>Consultation document and request formal response</li> <li>Consider any further homeless people needs analysis work</li> </ul>
36	Portsmouth Health and Wellbeing Board	Key stakeholder	<ul style="list-style-type: none"> <li>Consultation document and request formal response</li> <li>Attendance/update at meetings as required</li> </ul>



	Stakeholder		Media/method
37	<b>Salvation Army (Homeless population)</b>	Support for engagement with homeless service users	<ul style="list-style-type: none"> <li>Explore scope for SA to support consultation phase with more focus group work with clients (as engagement phase)</li> </ul>
38	<b>Local pharmacies</b>	Alternative service providers	<ul style="list-style-type: none"> <li>Posters and summaries</li> <li>Formal approach via NHS England</li> </ul>
39	<b>Local neighbourhood forums</b>	Interested parties/affected by proposals (inc Portsea Action Group.)	<ul style="list-style-type: none"> <li>Work with PCC to identify most appropriate means of disseminating information</li> </ul>
	<b>VOLUNTARY/COMMUNITY SECTOR ORGANISATIONS (including but not restricted to...)</b>		
40	Groups and organisations including but not restricted to: Two Saints PRENO MIND Headway Off the Record Alzheimers Society <b>AGE UK</b> <b>Red Cross (inc their drop-ins and cross cultural men’s group),</b>	Information disseminators	<ul style="list-style-type: none"> <li>Email link to consultation document and request share with members</li> <li>Request information about how best to engage further with them if they wish</li> <li>Use of PCC Voluntary Sector Newsletter to share messages</li> </ul>

	Stakeholder		Media/method
	<p><b>Portsmouth Foyer</b>  <b>Roberts Centre</b>                      Learning Links (Work Programme and Families Moving Forward projects),                      Action Portsmouth,                      Parent &amp; Carers Board and different faith groups.</p>		
41	<b>Portsmouth Disability Forum</b>	Key stakeholder - Information disseminators	<ul style="list-style-type: none"> <li>• Email link to consultation document and request share with members</li> <li>• Posters/summaries to Sorrell Centre</li> <li>• Seek advice from PDF on most appropriate means of providing information</li> <li>• Use of Health Café for drop in session?</li> </ul>
42	<b>Pompey Pensioners</b>	Information disseminators	<ul style="list-style-type: none"> <li>• Email link to consultation document and request share with members</li> </ul>
43	<b>Carers Networks</b>	Information disseminators	<ul style="list-style-type: none"> <li>• Email link to consultation document and request share with members</li> </ul>
	<b>GENERAL PUBLIC</b>		
44	<b>Walk-in users of the centre</b>	Patients directly affected by proposals	<ul style="list-style-type: none"> <li>• Posters and summaries in GHW – information about how to comment</li> <li>• Information for GHW website</li> </ul>

	Stakeholder		Media/method
45	Walk-in users at St Mary’s Treatment Centre	Patients indirectly affected by proposals	<ul style="list-style-type: none"> <li>• Posters and summaries in SMTC – information about how to comment</li> <li>• Information for Care UK website</li> </ul>
46	General public	<p>Interested party</p> <p>Drop in events arranged for Cascades Shopping Centre</p> <p>Portsmouth Central Library (static display stands and information/feedback forms) plus series of drop-in events. Library is in Guildhall Square so useful as a focal point.</p> <p>We are seeking advice from Healthwatch on other means of promoting the consultation to public audiences and this will continue throughout the process.</p>	<ul style="list-style-type: none"> <li>• Media and social/digital media promotion</li> <li>• Posters and summaries in key locations</li> <li>• Regular reminders</li> <li>• Series of public drop-in events and market stalls – focused on city centre locations primarily.</li> <li>• Voluntary sector newsletter</li> <li>• Partner newsletters, including NHS Providers, PCC, Healthwatch, Action Portsmouth</li> <li>• Seek partner support in promoting awareness</li> <li>• ?Life Channel screens</li> <li>• ?Information to local schools/churches/drop in centres etc</li> <li>• Talk to Care UK about what can be undertaken at St Mary’s Treatment Centre eg tours/drop in (nb active care facility working long hours) or video/virtual tours</li> </ul>
47	38 Degrees Patient Body	Interested party (petition)	<ul style="list-style-type: none"> <li>• Email link to consultation document and request share with members</li> </ul>

	Stakeholder		Media/method
	<b>MEDIA</b>		
48	<b>The News</b>	Key stakeholder/interested party/information disseminator	<ul style="list-style-type: none"> <li>• Proactive and reactive work as usual</li> <li>• Briefings and updates as required</li> </ul>
49	<b>BBC South/Solent</b>	Interested party/information disseminator	<ul style="list-style-type: none"> <li>• Proactive and reactive work as usual</li> <li>• Briefings and updates as required</li> </ul>
50	<b>Express FM/Wave 105FM</b>	Key stakeholder/interested party/information disseminator/Previous partner with winter urgent care campaign/engagement – scope for follow up activity	<ul style="list-style-type: none"> <li>• Proactive and reactive work as usual</li> <li>• Briefings and updates as required</li> </ul>
51	<b>Meridian TV</b>	Interested party/information disseminator	<ul style="list-style-type: none"> <li>• Proactive and reactive work as usual</li> <li>• Briefings and updates as required</li> </ul>
	<b>DIGITAL/SOCIAL MEDIA</b>		
52	<b>PCCG twitter followers</b>	Support tool for promoting consultation	<ul style="list-style-type: none"> <li>• Programme of regular tweets to raise awareness and promote involvement</li> <li>• Seek support from partners re retweets</li> </ul>
53	<b>Urgent Care Pompey Facebook</b>	Support tool for promoting consultation	<ul style="list-style-type: none"> <li>• Regular posts on FB site with occasional purchase of ‘boost’ advertising</li> <li>• Consider development of video content</li> </ul>
54	<b>Portsmouth CCG website</b>	Support tool for promoting consultation	<ul style="list-style-type: none"> <li>• Focal point for digital content but link closely with Twitter and Facebook activity</li> <li>• Banner from homepage for duration of consultation</li> </ul>

	Stakeholder		Media/method
			<ul style="list-style-type: none"> <li>• Blog activity?</li> <li>• Regular updates</li> <li>• Consider development of video content</li> </ul>
55	Information for partner websites/social media pages	Support tool for promoting consultation	<ul style="list-style-type: none"> <li>• Approach NHS, community and public sector partners for support with posting and signposting information</li> <li>• Syndicated article for web updates containing link to consultation document and how to respond</li> </ul>

#### 4 Main communications tools and approaches

As the table above indicates a range of different approaches and media will be used to ensure that all stakeholders, as well as service users and members of the public are aware of the consultation and have the opportunity to participate.

These can be grouped into three key categories as outlined below but it will also be important to seek advice directly from harder to reach groups on how best to consult with their members specifically and may involve interpreters, focus groups, or routes through community leaders (as opposed to surveys only.)

Approach		Cost? Y/N	£
<b>WRITTEN COMMUNICATIONS</b>			
Consultation document, summary and supporting materials	Available to all	Y	
Letters to patients	Registered patients at GHW - making them aware of the consultation and inviting them to participate directly	Y	
Text/email reminders	Registered patients at GHW, partner organisations	Y (text)	
Posters	General availability – to raise awareness of consultation	Y	

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Approach		Cost? Y/N	£
Syndicated articles	General availability – launch and reminders	N	
Regular updates for publication online (see digital below)	General availability – reminders	N	
Media releases	Local media outlets – raise awareness/launch/reminders	N	
<b>FACE TO FACE/EVENTS</b>			
FTF meetings	MPs, GHW/pharmacy staff, HOSP updates, GHW PPG	N	
GP TARGET	Local GPs	N	
GP commissioning evening	Local GPs	N	
PPG network	Patient representatives	N	
Focus groups	Explore opportunities to follow up on engagement activity conducted through partner organisations - eg Healthwatch, Salvation Army, PUSH – as trusted, independent voices.	Y	
Drop in events	Run a series across the city – majority focused in Guildhall/city centre area but also aim for specific University sessions and one at St Mary's	Y	
HOSP meetings		N	
CCG GB meetings		N	
Offers to attend partner meetings		N	
<b>DIGITAL/SOCIAL MEDIA</b>			
CCG website	Focal point for information	N	
PIP	Local GP extranet	N	
PCC Members Information Service	Online service for PCC local councillors	N	
CCG Healthy Discussions Group	Small online patient reference group	N	
PHT/Solent members	Update email	?	
Social media (CCG Twitter account, Urgent Care Pompey FB)		Y (FB boost)	
Partners social media		N	

## 5 Key messages

## HOSP November 2015

The CCG will need a set of consistent, clear messages that it will want to promote at the time that the consultation is launched, and as the process continues. These may need to be refined and adapted as the consultation unfolds.

### Around the process:

- We are consulting on preferred options established following an extensive period of engagement.
- Engagement can make a difference - the views of local people have already contributed to the way we have drawn together our preferred options and we would encourage everyone who wants to participate to have their say.
- We need to ensure that people understand the nature of this consultation process – that we are consulting on a preferred option and seeking their views on this and providing an opportunity to highlight views on the proposal and share concerns and considerations.

### Around our vision for urgent care

We want to deliver:

- Joined up care. So people get the care they need – all of it, not just some – without being ‘bounced’ to other services, or referred elsewhere, unless absolutely necessary.
- Simple choices. To make it easy for people to get the care they need without having to worry about whether they are in the ‘right’ place or not, and to cut down the times that patients are handed over from one service to another.
- High quality care. Expert staff, backed up by modern equipment and technology, in the best possible premises.
- Specialist expertise. Strengthening A&E and ambulance services so that they have the skills and capacity to give people high-quality, life-saving care when they are in crisis.

### Around the reasons for change:

- The local urgent care system has become confusing. Both nationally and locally there is a recognition that the NHS needs to give people simple, clear choices about where to go for urgent care. In turn, simpler choices can help people to make better choices about where to get care.
- Over the past decade, the city has developed a system of access to primary care which is not equal across the whole population. A relatively small number of people (7,000 registered patients, including a significant percentage of students residing in Portsmouth during term-time only) have



seven-day access to their GP at Guildhall Walk, funded by local NHS funds – those funds do not benefit the rest of the 200,000 registered patients in the city. That said, the service as it stands is highly valued by those who use it, both as a walk-in facility and as registered patients.

- The NHS must spend public money wisely: currently it is paying money to rent space in some locations, such as the Somerstown Hub, and the John Pounds Centre, which is un(der)used. This exercise is not driven by cost saving but there is scope to save some element of expenditure that could then be used in other services.

### Around the benefits of change:

The preferred option of creating a combined, enhanced walk-in centre at St Mary's Hospital would secure many improvements. We would seek to explain the benefits through the use of four key phrases:

**Patient care would be better**

**Choices would be simpler**

**Resources would be used more effectively**

**It helps keep NHS services located on Portsea Island for the long term**

## 6 Communications and Engagement Risks

Communications and engagement risks will be identified through the appropriate risk management process for this overall project. A risk analysis is available on request.

## 7 Evaluation of feedback

It will be important to ensure that we can demonstrate that analysis of all feedback received has been conducted independently. Initial discussions have been held with Healthwatch Portsmouth to seek their support with this, either working with them directly or through a third party organisation recommended by them. Further discussions will be undertaken once the format of the consultation document, and its constituent questions, are confirmed.

## Public consultation – summary document

# The future of the GP practice at Guildhall Walk Healthcare Centre

In 2016 the contract for the GP practice at Guildhall Walk Healthcare Centre is due to run out. Such contracts cannot legally just be left in place indefinitely, and so NHS Portsmouth Clinical Commissioning Group (CCG) must consider the future of the services at Guildhall Walk - both the 'walk-in' service there, and the GP practice.

### So what do we want to do?



As we are contractually obliged to look again at the services at Guildhall Walk, we want to see whether positive changes can be made, particularly when thinking about our wider healthcare plans for the city.

Discussions have been underway for some time with local clinicians and organisations such as the University of Portsmouth, and patients who use the GP practice at Guildhall Walk were asked for their initial views in the summer.

### Our proposal for the future

As a result of the feedback received, we are proposing that:

- Registered patients would still all have their own, dedicated practice but it would no longer be at Guildhall Walk.
- Instead patients would be registered at a new practice, in a building already funded by the NHS and near the city centre.
- The most likely options are the new Somerstown Central, or the John Pounds Centre.

### How we developed this proposal

The proposal to move patients to a new practice, no longer at Guildhall Walk, has been shaped by feedback received so far. Your feedback highlighted:

- Concerns that the practice would be closed down
- That patients value the long opening hours, and the 'walk in and wait' appointments
- Concerns about getting to a practice, if it was located somewhere else
- Concerns over the future of services for vulnerable groups, and for students



### Your feedback so far has helped us shape the proposal and means that:

- We have rejected an earlier option to simply let the GP practice contract end, without being replaced. That may have been possible, but it wasn't right for patients
- 'Walk in and wait' appointments will be offered by the new practice
- The new practice will have the longest-possible opening hours (although we cannot keep funding a single practice to offer a seven-day, 8am-8pm service)
- The new practice will be near the city centre
- A dedicated service for vulnerable groups will continue
- We are talking with the Portsmouth University about how best to support students.

### What we want to achieve

When the Guildhall Walk contracts end in 2016, the CCG wants to secure:

**Seven-day access for all:** Ideally, everyone would have seven-day access to GPs now, but that would need dozens of doctors and millions of pounds – neither of which exist today. To achieve this goal we must improve access for the whole city (not just one practice).

**Fairness:** the NHS must be for everyone – the CCG is currently paying a premium rate so that one group of people (7,000 Guildhall Walk patients) have better access to GPs than the other 200,000 city residents. That is a basic unfairness.

**Effective use of resources:** We effectively 'double pay' for premises – we rent the Guildhall Walk building from private landlords, while space in public-sector city buildings is unused.

**GP services which are built to last:** GP services must change, anyway. Fewer doctors are becoming GPs, more services are moving out of large hospitals, and people expect to see a GP seven days a week. So, practices must work together, at a larger scale, to survive.

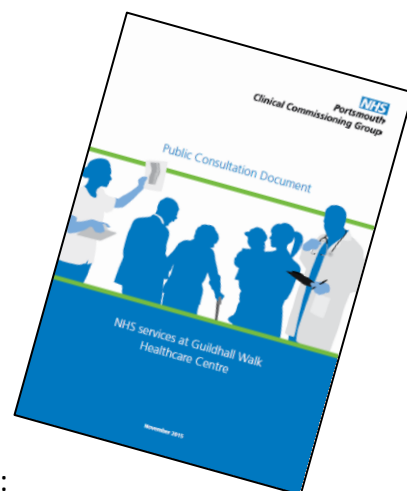
### Find out more

This is only short summary of the proposal to relocate the current GP practice and create a single, enhanced walk-in service at St Mary's Treatment Centre. Our full consultation document is on our website.

### Get involved

If you are registered at Guildhall Walk we would like your views on the proposed new practice, and any other matters you feel are important, before decisions are taken. This consultation runs for three months, so you have until **Friday 19<sup>th</sup> February 2016**, to tell us your views, either by:

- Completing the questionnaire which is being posted to you as a practice patient and returning it to **Freepost NHS PORTSMOUTH**.
- Visiting [www.portsmouthccg.nhs.uk/guildhallwalk](http://www.portsmouthccg.nhs.uk/guildhallwalk) to find out more and to access the online questionnaire.



## Public consultation – summary document

# NHS services at Guildhall Walk Healthcare Centre

We want to bring together the two NHS walk-in services which currently operate at Guildhall Walk and at St Mary's Treatment Centre. We want to create a single, enhanced walk-in centre for the city, based at St Mary's, with doctors, nurses and diagnostic facilities all in one place.

### Why we want to do this

**The current system isn't working.** The local NHS has invested massively in new services to try to ease pressure on GP services and A&E, but problems persist.

**People are confused.** For example, the local NHS asked more than 300 city residents whether they could explain the differences between the walk-in services at Guildhall Walk, and St Mary's. Only 25% said they could. Similarly, only one-third of the sample knew that GPs offer 'same day' access to those who need it. If services are complicated, it is hard for people to make the right choice.



**There is a national drive to simplify services.** It's not just Portsmouth looking to change. Nationally, the NHS has recognised that it must give people clearer choices.

**Effective use of public funds.** Public money pays for two separate walk-in centres, two miles apart, to offer similar services – the NHS must consider whether that makes sense. We also pay rent to private landlords to use the Guildhall Walk building, when there is spare space in other buildings which are funded by the NHS – that money could be spent on services, not rent.

### So what do we want to do?

We want to create an urgent care system where:

- All patients using 'walk-in' services can see a GP or a nurse – whichever is right for them. That is not the case now.
- All patients at walk-in services have direct access to diagnostics such as X-rays. That is not the case now.
- Patients are not sent away or referred elsewhere, unless medically essential. That is not the case now.
- All walk-in services are delivered in modern, purpose-built facilities. That is not the case now.



## Why change now?

The contracts held by the private company which provides NHS services at Guildhall Walk run out in 2016. It is not possible for the NHS to simply leave those contracts in place and so decisions are needed now.

## Benefits of change

**Better care.** A single walk-in centre would keep the strengths of the services at both St Mary's and Guildhall Walk, but get rid of most of the limitations. The new centre would mean that all (not just some) walk-in patients could:

- See either a GP or a nurse, whichever is right for them
- Have diagnostic tests such as X-rays (and get the results) there and then, not be referred elsewhere
- Be treated by staff with direct access to specialist expertise at QA Hospital.

**A simpler system.** Today, people have numerous choices for urgent care – 'same-day' GP appointments, pharmacists, the NHS 111 service, a nurse-led walk-in service, a GP-led walk-in service, and A&E for emergencies. Creating a single, combined walk-in service would start to simplify that complicated system.

**A more efficient system.** A single centre would mean the NHS no longer pays for two similar, but entirely separate, walk-in services within two miles of each other. The staff would also be able to work more effectively as a single team, and services would not be duplicated.

## Find out more

This is only short summary of the proposal to create a single, enhanced walk-in service at St Mary's Treatment Centre. For more detail go to [www.portsmouthccg.nhs.uk/guildhallwalk](http://www.portsmouthccg.nhs.uk/guildhallwalk)

## Get involved

This consultation runs for three months and we would like to hear your views. Please tell us, by **Friday 19<sup>th</sup> February 2016**, either by:

- Visiting [www.portsmouthccg.nhs.uk/guildhallwalk](http://www.portsmouthccg.nhs.uk/guildhallwalk) and responding on line – you can also find lots more information about our proposals there.
- Or completing the printed survey contained within the full consultation document, which can be found in many public buildings in Portsmouth, or from our website. You can return it to **Freepost NHS PORTSMOUTH**.

