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**Dear Lewisham CCG 30th October 2017**

**Subject:** Planned closure of NHS New Cross Walk-in Centre, Waldron Health Centre

**Content:** SLHC response to Lewisham CCG’s reply

We thank Lewisham CCG for your response (16th October) to our letter (28th September) outlining our questions about the proposed closure of the New Cross Walk in Centre (WIC) and for meeting with members of the campaign. While the CCG has addressed some of our points we still think that overall there are important questions remaining.

**Walk-in Centre model:** We accept the point that the “walk-in centre” model of care is not the best way of providing high quality primary care services and that in an ideal world everyone would be registered with a local GP practice and be able to get prompt and effective care there.

**Reality of inadequate primary care resource, poor same day service:** However, we are not in an ideal world and at present GP practices are suffering from inadequate funding and difficulties recruiting staff, both of which make it difficult for them to meet rising demand, especially for immediate care. While the GP Extended Access service (GPEA) in Lewisham Hospital goes some way to meeting extra demand, we know that already *the GPEA service is booking up to three days ahead. So already it is not usually possible to get same day advice there.* ***For certain groups of patients, for example babies and young children, it is important that there is the facility for same day primary care attention.***

**Disadvantaged groups – risks for the homeless and the unregistered:**

There are certain groups who are particularly at risk of losing out from the WIC closure plans in particular homeless people and unregistered people. People are unregistered for many reasons: homelessness, transient or temporary accommodation, language barriers and difficulty understanding the system, fear of address being divulged to the Home Office, chaotic lifestyles which are sometimes due to drug and alcohol problems or mental health problems.

For these, some of the most vulnerable groups in our society*, the Walk-in Centre, though not perfect, at least provided a service and a safety net.* It could refer on those who needed it to A&E and, where appropriate, encourage them to register with the co-located GPs or another GP practice.

We believe that not enough has been done yet to mitigate the risks to these vulnerable groups of closing the WIC before suitable alternatives are in place for those who will be disadvantaged by the closure.

***Recommendation 1:*** *We still believe there are grounds for delaying the closure of the WIC until suitable and improved services are in place for those who need them, easily accessible in time and place.*

***Recommendation 2:*** *These disadvantaged groups will not be able to use the GPEA service – to use the GPEA service a person must already be registered with a Lewisham GP practice. We think the WIC should remain open until adequate plans have been made to meet the needs of these groups of people, if and when the WIC closes.*

**There are other specific points we feel you have not addressed, in addition to the main points above, and replies are under our original headings.**

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| **1 Flawed consultation** |

* ***Our original Q1:*** *Why are you consulting so late? We believe you should re-run the process.*

We note your response on consultation. We feel that you are mainly referring to consultation on your wider primary care strategy. We do not consider that you were consulting in early 2017 specifically on the major service change, the proposal to close the Walk-in Centre.

**Primary Strategy**

The broader CCG Primary Care Strategy points to a different approach to that of concentrating urgent primary care services in Lewisham Hospital, and this could form the basis of alternative plans.

The philosophy of the SEL STP is to provide "the right care at the right time at the right place"; hence the plan to establish four community hubs in Lewisham where people can have access to treatment close to home. The STP claims that providing integrated care at the 4 hubs will be effective in prevention and in improving the general health and wellbeing of the population and thus reducing the pressure on hospital based care. Hence obviating the predicted need for 700 extra hospital beds in SEL.

The Waldron Centre is identified, under the Primary Care Strategy, as one of the four Lewisham hubs, meant to develop and extend this care closer to the community and yet the WIC at the Waldron is proposed for closure. The Lewisham Hospital extended access service was in fact imposed on the CCG by Jeremy Hunt. While the service provides appointments for those unable to be seen at their own GP, it does not replace a well provisioned service which is local for North Lewisham residents.

Surely if the WIC service has inadequacies, you should be building on what it did achieve, and improving access to same-day appointments integrating with primary care practices, not ending that option. You could use the four-hub model as the basis for locally integrated health and care services, including urgent care.

* ***Our original Q2:*** *Did you consult with local GPs in the north of the borough before you made the decision to propose closure? If you did not, then this is also a strong argument that you should re-run the process.*

Your answer to this is that the CCG is a body which includes GP commissioners. *That clearly does not mean you can bypass consultation with the provider arm of GPs* – ie individual GPs and their practices in relevant areas and the LMC. *You have not answered our question on consultation with local GPs.* We are aware that you have met primary care in Deptford on the question of closure of the WIC *since* our meeting *but not prior* to the proposals for consultation.

* ***Our original Q3:*** *Why have you not done an equalities impact assessment prior to making this decision?*

We accept that you did complete an equalities impact assessment. It is good practice to release this with the consultation, not to release it only when asked whether it exists.

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| **2 We cannot accept a cut in current provision when current provision is underfunded, with a high rate of vacancies and under great pressure** |

* ***Our original Q4:*** *Did you consider any alternative plans to replace the WIC service with a better service in the locality? If not, why not?*
* ***Our original Q5:*** *Did you ask local people and local GPs how they would like the service to be reorganised to better suit their needs, and still based in the locality? If not, why not?*

We understand from your response that you consider the GPEA service to be a better way of providing extended access. However, you have not addressed the failure to re-provide for the gap in access for the homeless and unregistered.

**The closure could be a cut dressed up as a service improvement**

Closure of the WIC will represent a net withdrawal of primary care resource from one of the most deprived areas of the borough. It appears to many local people that closing the WIC is a service cut, driven by the need to make financial savings.

Can the CCG demonstrate to us that this is not a cut driven by the need to make savings and that all the resources currently used in the WIC will be deployed to provide equivalent or better services for people in the north of the borough?

Does the CCG have the resources to fill the gaps for the groups who will be most affected by the WIC closure: people on very low incomes, homeless, unregistered patients, children needing to be seen urgently, wound dressing for the numbers needed per year, in appropriate locations?

**Walk-in facility still needed**The GP extended access Centre at Lewisham Hospital is not ‘closer to the community’ in North Lewisham and does not offer walk-in access to unregistered patients, patients seeking urgent GP appointments (the wait time at the Lewisham Extended hours GP service is now 2-3 days), or people with ill children.
People will go to A&E, putting on greater pressure.

**We would like to be assured that the WIC will not close before there is:**

* Recognition that the financial and physical provision will be **in place**, before the WIC closes to meet the demand for urgent (same day) care and advice in the north of the borough, especially for children and vulnerable groups such as homeless people.
* Adequate provision for urgent primary care for unregistered patients, because they will not be able to use the GPEA service at Lewisham Hospital.

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| 1. **Specific service risks**
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**Nursing care needs**

* ***Our original******Q6:*** *How many patients and episodes of care are managed at the WIC and how will the nursing care provided at the WIC be replaced?*

Thank you for your answers including your plan to re-provide nursing activity at the GPEA and your statement that Lewisham primary care already gets £3.2m in ‘additional premium payments’ for ‘core services to patients’.

We hope we can agree that primary care is underfunded and overstretched: what you are describing is the status quo. Under the proposal, nursing care will be removed from the WIC and north of the borough. So, this is a service deficit to primary care in North Lewisham. And to repeat the point, nurse care to unregistered and homeless patients is not replaced by what you have said.

***Specific further questions:***

* *How will the extra demand for wound care created by closure of the WIC be met, both in the north Lewisham locality and in the new GPEA service?*
* *Can the CCG tell us how many episodes of wound care the WIC provides each year and how many nurse appointments will be available in the GPEA service for wound care, and if they will adequately cover the demand for wound care arising from WIC closure?*
* *Will a local nursing service for wound care be provided in North Lewisham for those who will struggle either physically or financially to travel to Lewisham Hospital for their wound care, and those who need wound dressings done at weekends and bank holidays when most GP practices are closed?*

**Children**

* ***Our original******Q7:*** *Will children under 5 be seen at the GP extended hours facility and will there be a walk-in service for children under 5?*

Thank you for confirming that the GPEA will see children under five. However, as you know they will not be allowed to see children under five from homeless or unregistered families. *Where will they go other than to the Urgent Care Centre or A&E?* If this is incorrect, please do clarify.

**Winter**

* ***Our original******Q8:*** *Why are you planning to close the walk-in centre in the middle of winter, at the same time as closing the Hurley practice in the Waldron?*

Thank you for your response regarding the timing of the closure mid-Winter. We still feel this is a risk-ridden time to make such a change in service reconfiguration, leaving precious little time for the public to become familiar with options and the pathway they should take (from formal announcement after the end of consultation to the change timed for end of December).

**Monitoring of the new reconfigured services**

Many patients complain of not being offered appointments for the Lewisham extended GP access service at their GP practices; knowledge about the service is still patchy. But waiting time for urgent appointments is already 2-3 days at the GPEA service.

**New questions on monitoring:**

* *How will you monitor the demand and supply and of doctors’ and nurses’ appointments at the Lewisham extended access facility to ensure there are sufficient?*
* *Will you consider a walk-in element for this service?*
* *How will you monitor the effectiveness of the GPEA and new configuration at meeting the needs of unregistered patients, vulnerable and marginalised groups?*
* *How will you monitor the effectiveness of the GPEA service to see people who need urgent same day appointments?*
* *How will you monitor the impact of closure of the WIC on A&E attendances?*

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| **CONCLUSION** |

***Recommendation 1:*** *We still believe there are grounds for delaying the closure of the WIC until suitable and improved services are in place for those who need them, easily accessible in time and place.*

***Recommendation 2:*** *These disadvantaged groups will not be able to use the GPEA service – to use the GPEA service a person must already be registered with a Lewisham GP practice. We think the WIC should remain open until adequate plans have been made to meet the needs of these groups of people, if and when the WIC closes.*

**Further questions:**

We would be grateful for your response in answers to the questions above, including those on nursing care and monitoring of the proposed change once implemented.

We urge the CCG not to close the WIC until and unless there are satisfactory plans in place to meet the needs of those who will lose out from that closure. The CCG must be able to assure the public that the alternatives proposed are not only adequate to those needs but an improvement. There should be full and proper consultation on any alternative proposals. Until those conditions are satisfied the WIC closure plans should be deferred.

Yours sincerely

**Olivia O’Sullivan, Secretary on behalf of SLHC**