



## **Great Yarmouth and Waveney Clinical Commissioning Group**

HealthEast

### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Greyfriars re-provision of services**

#### **Background**

On 31 March 2016, the contract to provide GP and walk in centre facilities at Greyfriars in Great Yarmouth came to an end. NHS England, who were the commissioners of this service at the time, approved a six month extension to the contract with IMH the current providers.

From 1 April 2016 NHS Great Yarmouth and Waveney CCG took responsibility for devolved commissioning for Primary Care (GP services). The CCG is now responsible for leading the commissioning to re-provide the GP and walk in centre services before the end of the current contract extension 30 September 2016. The CCG has a duty to ensure the people served by Greyfriars receive access to the services they need. The CCG also has a duty to ensure equity of service provision across the Great Yarmouth and Waveney area.

On 26 May 2016 the Governing Body of NHS Great Yarmouth and Waveney CCG agreed to formally approve new models of services for patients following the contract on GP and walk in services at the Greyfriars Walk In Centre in Great Yarmouth ending on 30 September 2016.

The Governing Body approved the following recommendations:

**Proposal one:** Walk in centre: The Governing Body is being asked to agree the following replacement services:

- Enhancement and promotion of the existing 111 service making it the 'smart call' to make.
- Monday to Friday – 8am until 6.30pm. Great Yarmouth and Waveney patients with a primary care need will be directed to their registered GP practice. Out of area patients with a primary care need will also be directed to a nearby GP practice.
- Monday to Friday – 6.30pm until 8pm. Due to the low number of patients attending during this period the CCG proposed that no alternative service be developed. Out of hours primary care is available after 6.30pm for those patients with a minor illness and can be accessed through NHS111 if deemed appropriate. Minor injuries will be directed to alternative services e.g. A&E.
- Saturday, Sunday and Bank Holidays – 8am until 8pm. Patients accessing NHS111 who would have previously attended the walk-in centre with a primary care need will be

directed to the out of hours service for a call back and appointment if deemed appropriate. Under this proposal additional out of hours primary care capacity will be put in place at the Out of Hours base at the James Paget University Hospitals NHS Foundation Trust (JPUH). Because of the high levels of deprivation in the centre of Great Yarmouth and the difficulties some individuals may face in both accessing NHS111 and travel to the out of hours at JPUH this proposal will also include an out of hours outreach service in place in central Great Yarmouth, likely to be within the Greyfriars building.

- Out of area patients will contact NHS111 to be directed to the appropriate service. This will be supported by promotion of the service in tourist areas.

**Proposal two:** Homeless service: A review will be carried out to understand the current provision and also requirements of any future service to this group of patients ensuring equity across Great Yarmouth and Waveney.

**Proposal three:** Special allocation service (this service is for patients who have been removed from a practice list as their behaviour has been either threatening or violent towards staff or patients): The CCG will work with NHS England to be part of the East of England model for SAS services. The CCG will commission a comparable service until a decision is made by NHS England.

**Proposal four:** Promotion of the new service: Agree to fund a year-long campaign to promote the new service to local people and to holiday makers with an emphasis on the enhanced 111 service.

**Proposal five:** Engaging with local people. An engagement process with the public which will inform the implementation process following the ceasing of the contract for the Greyfriars walk in service and GP practice. Specific work will be done as part of this campaign with holiday parks and the tourist board to raise the profile of the 111 service for temporary residents.

The above plans on new service models may be amended by the CCG's Governing Body following the engagement process with local people at their meeting in public on 28 July 2016. But the decision to end the contract on 30 September has already been made.

The Governing Body also noted a decision made by the CCG's Primary Care Commissioning Committee on 18 April 2016 to run a 'managed list dispersal' for the 5,125 registered population of patients at the Greyfriars health centre and agree to engage the practice population.

## **Engagement and legal process**

### **Walk-in services**

The CCG's decision on the future of the Greyfriars contract (covering the four elements of service) has been driven by the fact that it expires at the end of September and cannot be extended again. This is because the CCG cannot extend the current contract beyond its specified term. To do so would be infringing the European Regulations where all contracts must be of a limited, specified, term (i.e. one cannot have a rolling contract, which would be permitted in the private sector), and extending it would open GYW CCG to a legal challenge, under the Public Contract Regulations (2015) and indeed the Procurement, Patient Choice and Competition Regulations (2013), both of which govern NHS procurement. It is also costly and not good value for money. The CCG will be able to make savings which will be reinvested in NHS care in Great Yarmouth and Waveney.

So, with the contract for Greyfriars set to expire at the end of September, the CCG took the decision to re-provide services to adequately cater to the needs of the public currently being met by the walk-in centre, in a more cost-effective way. The CCG provided statistics in support of the rationale behind its proposed alternative provisions. We are confident that our proposals to re-provide services, on which we are currently engaging with local people, are based on robust activity data and are fit for purpose.

The CCG considers that given the ending of the contract and the proposals to re-provide services that the changes are not significant enough to require a formal public consultation. Instead, we are working with local people through public meetings and other fora and gaining specific views via an on line questionnaire which is now available on our website [www.greatyarmouthandwaveneyccg.nhs.uk](http://www.greatyarmouthandwaveneyccg.nhs.uk). Those views will hopefully help us adapt the detail of our plans so that we design the service for public convenience. We will use these to inform the final model of new service provision at a meeting of the CCG Governing Body in public on 28 July 2016.

The extent of walk-in centre closures occurring across the country over the past five years led to a review by Monitor, published in February 2014. The review looked at walk-in centre usage and attempted to determine the reasons behind closures. The review, entitled "Walk-in centre review: final report and recommendations" is available online here [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283778/WalkInCentreFinalReportFeb14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf)

The review looked in detail at the use of walk-in centres and provided a breakdown of commonly heard reasons behind closures. It also set out "factors for commissioners to consider when deciding whether to continue to procure walk-in centre services". The CCG reviewed this document and had already carried out recommendations such as developing a needs assessment and that we are following best practice by developing plans for how local GP practices and other existing services will absorb any additional demand resulting from the closure of the walk-in centre and that we are delivering information on those proposals to the public in a manner which is transparent and accurate.

The advice from our solicitors Mills and Reeves is that: 'having reviewed the proposals paper provided to us by the CCG we are reassured that the CCG appears to have followed best practice insofar as it is able to given existing deadlines'.

Throughout the process we have been engaging with the James Paget University Hospitals NHS Foundation Trust through the Urgent Care Board. We have agreed to support this process with increased out of hours provision and a move to better facilities in the surgical outpatients unit next to the present location and are in the process of agreeing a streaming process. This will enable not just any Greyfriars patients, but others who need primary care and not A&E treatment.

## **Registered patients**

Prior to the Primary Care Commissioning Committee making their decision, some engagement work was undertaken with local practices. Feedback from local GP practices was that their preferred option was for a managed list dispersal to practice indicating they had the capacity to take on the additional 5,125 patients.

Affected patients have already been written to in June 2016 to make them aware that the contract will end in September and that they will be transferred to an alternative GP surgery in Great Yarmouth. Some patients have already tried to re-register with different GP practices in

the Great Yarmouth area and the letter emphasises that there is no need to do this at the moment because the Greyfriars service will continue to see patients until the end of September and there will be an automatic transfer to another practice then.

The CCG will write to all Greyfriars patients in August to let everyone know which GP practice they will be allocated to from the end of September onwards. Patients have been informed that if they are not happy with the GP practice they have been allocated to, they will be able to register with another practice of their choice, if that practice is accepting new patients.

### Public feedback

Two engagement events have been held with the public on Monday 13 June with around 60 people attending the events in total. A questionnaire has been made available online and in paper versions in local surgeries with translated versions in seven different languages for patients who require it. The questionnaire will close on 6 July 2016 at 9am and will then be analysed before being presented at the Governing Body meeting in public on 27 July 2016.

### Greyfriars building

We are working as part of these planned changes with NHS Property Services to find alternative uses for the current Greyfriars building. We are hoping that East Norfolk Medical Practice and others will expand into it to provide the new services. The Pharmacy will see no significant change in business as the bulk of their prescriptions come from the registered lists of the practices in the building and those patients will predominantly remain. We have also had discussions about relocating the pharmacy into the building because it is currently in a temporary building which was designed to be a short term arrangement only.

We hope through time to develop the services available there further so that it can become a hub for health and other services in the centre of Great Yarmouth, this has been discussed with Great Yarmouth Borough Council.

### Walk-in data

#### Greyfriars Walk-in Centre – Data: April 2014 to March 2015

	Great Yarmouth and Waveney Residents	Temporary Residents	Total
<b>Weekday Attendances - between 8am and 7pm – average per day</b> (excluding Greyfriars patients)	12	13	25
<b>Weekday Attendances – between 7pm and 8pm – average per day</b> (excluding Greyfriars patients)	2	1	3

<b>Weekend Attendances - between 8am and 8pm – average per day</b> (excluding Greyfriars patients)	42	15	57
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The above averages cover a full year; please note there are fluctuations in activity throughout the year e.g. increases during summer months.

These figures are supplied to us and NHS England by the current contract holders, a company called IMH (previously Malling). Whilst IMH initially disputed these numbers they are the numbers that they have charged for and it is highly unlikely that a commercial company would deliberately undercharge. So we believe they are not an understatement. We have worked closely with IMH since the numbers were published and are confident that we agree they are correct.

### **Next steps**

At their meeting in public on 28 July the Governing Body will receive a full report on all the public feedback from the questionnaire and public meetings as well as complaints and PALS information. This will provide the Governing Body with the public views so that the final model of the alternative provision can be amended to take the public views into account if appropriate.

Following this meeting the CCG will be working alongside 111, GP practices, James Paget University Hospital and IMH to implement the new services in time for the contract to cease at the end of September.

### **Lorraine Rollo**

Head of Communications and Engagement

30 June 2016

