

November 2015

Equality Impact Assessment – web version

Full assessment form v1 / 2014

Service: URGENT CARE/PRIMARY CARE/GUILDHALL WALK

Title of policy, service, function, project or strategy (new or old):

- Proposal to relocate urgent care walk-in services from Guildhall Walk Healthcare Centre (GHW), Portsmouth.
- Proposal to consider the future of the GP surgery also located at the premises and relocate to another city centre location.

Type of policy, service, function, project or strategy:

Changed

Lead officer

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Introductory information (Optional)

- Currently there are two different types of NHS services delivered at Guildhall Walk Healthcare Centre (GHW) - the site operates as a GP practice serving its registered patients, and also as a GP-led walk-in service for people who present primarily with minor illnesses.
- The contract for both of these services runs out in March 2016, and so decisions are required which will impact both upon primary care, and urgent care, provision in the city.

Step 1 - Make sure you have clear aims and objectives

What is the aim of your policy, service, function, project or strategy?

After undertaking around 18 months of engagement work about urgent care services in general and some more specific work about services at Guildhall Walk Healthcare Centre and St Mary's NHS Treatment Centre, the CCG is conducting, from mid November 2015, a formal public consultation process asking patients and the public for their views on the future of health services currently delivered in Guildhall Walk, Portsmouth.

There are currently two types of service provided at the Guildhall Walk Healthcare Centre – a GP practice, and a walk-in facility – and the contract for both runs out in March 2016. The engagement

work undertaken by the CCG has enabled it to come up with preferred options for the future of both elements of the current service and this forms the basis of the consultation.

For the walk-in service, the CCG is considering an option to move the Guildhall Walk walk-in service from its existing location to St Mary's Treatment Centre. It believes there are sound clinical reasons for doing this and is now keen to hear what people feel are the essential issues which must be considered before a final decision is made.

This option was developed after engagement work by the CCG to understand more about how people use urgent care services, how well they understand them, and what they think the NHS could do to improve them. This work has shown that many people feel the current system has become over-complicated, and that it is not well understood.

There is not yet a preferred approach regarding the GP practice in terms of a future location for the service, although following the engagement process the CCG has recognised the need to retain this GP service in the centre of the city. Its original considerations had been to either maintain it in its current location, move the service, or end the contract and support patients to register with other practices in the area, or near to where they live or work.

Who is the policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Walk in...Beneficial impact on general population: we believe that by integrating two walk in services into one we can create an enhanced walk in facility for people across the whole of Portsmouth, with access to both GPs and nurses (currently St Mary's is only a nurse led facility) and with diagnostic facilities on site too. It will simplify the urgent care options for people to choose from which was an important finding from our initial engagement work which also highlighted that people found it difficult to understand what options were available and when to choose one over another (eg difference between the two walk in facilities.)

Walk in - possible detrimental effect on general population: it is recognised that the GHW walk in centre is a popular facility in a central location and any reduction in available treatment facilities in the city centre could be argued to have a detrimental impact. However enhancing the 'offer' at St Mary's, and maintaining capacity at current levels across the two sites currently, would go some way to reduce this impact. There are concerns over the impact on the homeless population as there is a specific arrangement for GHW to offer services to homeless people so this is an area that is being considered specifically as part of the work being done.

GP practice - possible detrimental impact on population: current registered list size is approximately 6000 with a significant proportion of these university students. These changes would mostly impact on those currently in their first or second year as those in their third year will be on the verge of leaving before any potential changes are implemented. There is a possible detrimental effect on university students as the practice is very close to a large number of student accommodation facilities. However there are other practices nearby that students could register with which, in fact, supplied GP services to students in the days before GHW opened (2009). Patients registered with the practice because it is near home or near their place of work would also have to consider an

alternative practice if a decision was taken not to retain the present location. The CCG has identified possible alternative locations for a practice and is exploring these further.

It should also be noted that there are other GP practices within close proximity to the city centre and a number of pharmacy services too that can offer help and advice for a number of common minor illnesses, many of which are regularly treated at Guildhall Walk.

What outcomes do you want to achieve?

For walk in the main outcome of the option we are considering would be the relocation of walk in service from GHW to St Mary's TC offering an enhanced service from the consolidated site with no reduction in capacity.

People being better able to understand their urgent care options as a result with increased awareness of the functions of the walk in centre and its role in providing minor injuries and illness services. No detrimental impact on primary care access in Portsmouth as a result of whatever decision is eventually made on the GP practice provision at GHW.

What barriers are there to achieving these outcomes?

Need to have undertaken appropriate consultation and engagement around the proposed changes. Also need to ensure service changes should be able to demonstrate evidence of:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base; and
- support for proposals from clinical commissioners.

People locally are very supportive of the current services provided at GHW and will need to understand the rationale for the changes being proposed.

Step 2 - Collecting your information

What existing information / data do you have? (Local or national data)

NATIONAL DATA

Urgent care is a much debated topic nationally and locally - the movement locally is towards a simpler, more efficient and effective urgent care system which is more easily navigable by the public. This reflects national drivers for change, eg those put forward by the Kings Fund and Sir Bruce Keogh, National Medical Director of NHS England.

LOCAL ENGAGEMENT

Considerable engagement locally has been undertaken to better understand people's usage, attitudes and behaviours towards and perceptions of urgent care services including three major

surveys conducted between January 2014 and February 2015. There have also been ongoing discussions with GPs and Patient Participation Group representatives. Over the summer months a significant amount of focused engagement work was undertaken, with GHW registered patients and people who use the walk in service to better understand their views about the services they use and to explore with them possible alternatives for future provision.

Urgent care services locally have been under considerable scrutiny in terms of the achievement of the A&E four hour wait target. This has included several reviews about demand for services, usage patterns and people's understanding of the available alternatives. Out of this scrutiny have emerged new ways of working, an improvement action plan and developing strategies for urgent and primary care which will set the long term aims and vision for these local health services.

PRACTICE INFORMATION

The practice is located in Guildhall Walk, which is largely occupied by retail and leisure premises, including cafes, public houses as well as office buildings. This road is at the southern end of the heart of the Commercial Centre of the City. The main Portsmouth University Campus is also located in the immediate vicinity. There are areas of high density housing with high levels of deprivation on the periphery of the City Centre. The City has been undertaking regeneration & improvement programmes for all of these localities and supporting facilities. There are good public transport links to the practice because it is within the City Centre. However there is no dedicated patient parking at the surgery, so patients attending the practice by car have to use one of the City Centre public car parks.

The practice is open from 08.00 to 20.00, 365 days per year. In addition to providing General Medical Services walk in and pre-bookable services to the registered patient population, the practice provides a GP led walk in service for unregistered patients and also a service for care of the Homeless and hard to reach population. The service is also currently required to provide health checks to drug and alcohol users. All aspects of the service have proved to be popular with patients and with the local population in general.

PRACTICE POPULATION

The practice population fluctuates between 6000 and 7000 people - there is a slightly more transient element to the population figures perhaps due to the fact that a large proportion of the patient population are students and mature students, due to the proximity the University. There is a high annual turnover of patients due to students starting and completing their courses. As at March 2015 the proportion of patients was:

- Ages 0 -16: 889
- Ages 17-24: 1725
- Ages 25-34: 1675
- Ages 35-44: 782
- Ages 45-54: 428
- Ages 55-64: 236
- Ages 65 + 145

with a roughly equal proportion of male to female (slightly more male) at 3053:2827.

The ethnic make up of the practice population is as follows:

- White British 2809; White Irish 11;
- White Gypsy/irish traveller 1; Other white 1693;
- White and black Caribbean 12; White and black African 15;
- White and Asian 12; Other mixed 186; Indian 140; Pakistani 7;
- Bangladeshi 18; Chinese 111; Other Asian 32; African 67;
- Caribbean 20; Other black 92; Arab 130; (refused 522)

Figures for June 2014 suggest the practice also had a registered population of the following at risk groups:

- Homeless patients; 312
- Drugs misusers; 204
- Alcohol misusers; 249

A 'scattergram' (produced in 2014) is available that shows where patients registered with the practice live (the practice boundary is coterminous with the city boundary); Not surprisingly, although the practice will register patients living anywhere in the City, the majority of the patient population lives within a 2 mile radius of the Guildhall Walk Practice along the southern & western sides of Portsea Island.

ABOUT THE LOCAL AREA

Given the above, four wards account for the majority of the practice population - Charles Dickens, St Thomas, St Jude and Central Southsea. JSNA profiles for the wards are mixed but there are significant areas of concern in some areas. Overall population figures across the four wards are higher in the 16-24 age group which may reflect the significant student population in the area. Over 65 population is below national average in each of the four wards. Proportion of population from BME background ranges from 14 - 24% across the four wards and the proportion of people not able to speak English well or at all varies from 1% to 3%. Deprivation indices for Charles Dickens and St Thomas are significantly worse than England although not significantly different for St Jude and Central Southsea. Long term unemployment is a significant factor for an above average proportion of the population in Charles Dickens and St Thomas. Charles Dickens also has a significant proportion of the population (8.3%) in bad or very bad health and higher than national average percentage of people with a long term illness or disability (21%).

WALK IN INFORMATION

A large proportion of the patients that attend are registered with GP practices in Portsmouth and South Eastern Hampshire. Other patients that use the service are tourists visiting the City who could be seen by other practices as temporary residents. There are also students who attend the Surgery because they do not wish to register locally out of loyalty to their home GP, however agreement has been made with the practice to tell patients that they must register with the practice if they attend on more than one occasion. The practice sees around 20,000 walk in patients a year, of which a third are from outside the city.

Walk-In Centre Activity

Detailed below is an overview of the demand for WIC provision within Portsmouth City and an indication as to who utilises these services.

St Mary's Treatment Centre

There are currently circa 44,000 attendances at STMC WIC per annum; around 31,000 of these attendances are for patients registered with GP practices within Portsmouth, while around 13,000 attendances are for patients registered with GP practices outside of Portsmouth. Approximately 2/3 of the attendances are for minor injuries, whilst 1/3 are minor illness related.

Guildhall Walk Healthcare Centre

Excluding patients registered at GHWC, there are circa 20,000 attendances at GWHC WIC per annum; around 13,500 of these attendances are for patients registered with another GP practice within Portsmouth, while around 6,500 attendances are for patients registered with GP practices outside of Portsmouth. All of these attendances are for minor illnesses (as the GWHC WIC does not treat minor injuries). Approximately 45% of these occur during core GP hours (08:00-18:30, Monday-Friday).

LOCAL AVAILABILITY OF ALTERNATIVE SERVICES

Current Configuration of Urgent and Primary Care Services

Detailed below is an overview of services currently commissioned within Portsmouth that meet the population's urgent care and primary care needs, and serves to highlight how patients can access a variety of care.

Urgent Care

Presently there are two separate WICs located within the city. One WIC is located at SMTC and manages both minor injuries and minor illness; this is a nurse-led service open from 07:30-22:00 Monday-Friday, and 08:00-22:00 at weekends and Bank Holidays. Another WIC is located at GWHC and manages minor illnesses only; this is a GP-led service (with support from nurses) open from 08:00-20:00 365 days a year.

There is also an Urgent Care Centre located at Queen Alexandra hospital which manages both minor injuries and minor illnesses; this is a GP-led service (with support from nurses). In addition to these services the NHS 111 telephone service also provides signposting to services and advice to patients who have an urgent care need.

Primary Care

As at August 2015 NHS Portsmouth CCG currently has around 23 member GP practices operating out of 31 sites across the city. In addition to their core opening hours (08:00-18:30, Monday-Friday), 22 member practices also offer patients extended access through additional clinics either in the early morning (before 08:00) or late evening (after 18:30) during weekdays, or through additional clinics on Saturdays; this is dependent on patient preference within individual surgeries.

GWHC is unique in that it is the only surgery in Portsmouth contracted to provide access to their registered patients between 08:00-20:00, 365 days of the year. This was stipulated in their APMS contract when it was first awarded in 2009 and they are paid more per patient than a practice with normal core opening hours to reflect this. All member practices also offer same day access for patients with urgent primary care needs.

In addition to in-hours GP service provision (08:00-18:30), Portsmouth patients also have access to an out-of-hours GP service between 18:30-08:00 on weekdays, and 24 hours a day at weekends and on bank holidays. Access to GP Out of hours is determined on the outcome of clinical pathways operated by NHS 111.

Pharmacies are another important access point to primary care within Portsmouth city; currently all 41 pharmacies within Portsmouth are commissioned to deliver at least one enhanced service with many providing multiple enhanced services. There are pharmacies close by to other local GP practices and one within walking distance of the St Marys Treatment Centre. Many pharmacies in Portsmouth are adopting the Pharmacy First scheme that offers support with medicines and treatments for patients on low incomes and benefits or those with young children. A number of patients who sought help for minor illnesses at GHW could alternatively have sought help from a local pharmacy had they been aware of this service.

Other local GP practices

The majority of GP surgeries and branch surgeries in Portsmouth are within a 2 mile radius of Guildhall Walk Healthcare Centre and the practices located nearest to the surgery are;

University Practice - 0.18 miles from Guildhall Walk Health Centre

- John Pounds Medical Centre - 0.37 miles to the west of the Guildhall Walk Health Centre.
- Somerstown Health Centre/Somerstown Hub - 0.42 miles to the south east of Guildhall Walk.
- Southsea Medical Centre - located 0.55 miles from Guildhall Walk.

Discussions with practices locally and across the city offered a mixed view of capacity at the engagement phase - some suggested they had capacity to take on additional patients should the GHW centre practice contract not be renewed, some would not have capacity and others might be able to take some extra patients but not a significant proportion of the list.

Using your existing data, what does it tell you?

URGENT CARE

Over the last 18 months the CCG has conducted a series of engagement activities with the general public, patient representatives, and clinicians, to better understand the reasons lying behind the way people access urgent care, and thus to get a better sense of how a more effective, more efficient system can be delivered.

Urgent care – overall messages

The CCG has carried out three significant surveys focusing on urgent care services, engaging with residents in Portsmouth, Fareham, Gosport, and South Eastern Hampshire. Each survey was slightly different but they were designed to find out how people behaved, and why, when they needed urgent care, and how they thought care 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 over the ability of 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.

(More details about the public engagement work which has taken place is available at www.portsmouthccg.nhs.uk)

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 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.

Analysis of health profile data for the area around GHW suggests:

There are health and deprivation concerns that are significantly worse than the rest of the country, particularly in two wards which means demand for services will be significant and ability to travel possibly more of an issue. However St Mary's Treatment Centre is well served by local public transport, albeit the north/south bus routes are more prevalent than those going east/west. There are also GP practices in the immediate area with capacity to take on additional patients should the need arise. Any decision to move walk in services from GHW to St Mary's would also have an impact on the 6500 people who use the service although are not Portsmouth residents. This might affect accessibility for them, although it is worth noting that St Mary's walk in centre is also currently used by some 13,500 non-Portsmouth residents a year which suggests that the site is well positioned for those coming from out of the city.

OTHER ISSUES

GHW currently provides contracted services for Portsmouth's homeless community. Although the CCG has no plans to withdraw this service it may need to be relocated and discussions have been held with the Salvation Army who have offered to support engagement with this population group. More will be undertaken during the consultation phase.

Student population: there is a high proportion of students registered with the Practice at any one time. Of these it is estimated that around one third will leave the practice as they reach the end of their course in 2016, and so should not experience any significant detrimental impact as the changes will happen towards the end of their university stay. Use of the walk in centre is known to be a reason why some people register with the Practice; moving the walk in element should still mean it is accessible and students have a bus service that currently operates between the Langstone and City Centre campuses that stops within walking distance of St Marys Treatment Centre. Work is underway with the university to promote services available to students, including pharmacies, so they understand what options they have, and to encourage them to register with a GP locally.

Step 3 - Now you need to consult!

Who have you consulted with?

The surveys identified above have enabled us to obtain the general views about urgent care of around 2000 people in the Portsmouth and SE Hampshire area (and nearly 4000 in all) In addition to this we received the views of 345 patients registered at the practice about the proposals that specifically related to GHW, and from 493 people who responded to our specific survey about the walk-in proposals. The Salvation Army and PUSH provided us with reports following their engagement with homeless people and drug and alcohol service users respectively.

Carers networks have also been contacted specifically to seek their views. GP commissioning leads from each practice, the Portsmouth Patient Participation group network and the Health Overview and Scrutiny Panel have also been involved. Briefings have also been sent to the Portsmouth Healthwatch and local MPs. Meetings with Portsmouth University have taken place to discuss proposals and they have supported us in getting information out to students who may be users of GHW. Data on protected characteristics has been collected with two of the surveys, together with care responsibilities and information about health status.

Healthwatch Portsmouth has undertaken some independent engagement about the proposals and with some specific focus group work with some of the protected characteristic groups as identified below and a report produced.

If you haven't consulted yet please list who you are going to consult with

The CCG will be contacting a wide range of stakeholders as a result of the formal consultation process and this information is available in the CCG's communications and engagement plan for this project.

Please give examples of how you have or are going to consult with specific groups or communities e.g. meetings, surveys

Outlined above in terms of engagement to date.

Consultation activity moving forward will include a variety of approaches will be utilised including face to face, meetings, drop in events, web and digital media solutions, traditional media and others.

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.

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.

Step 4 - What's the impact?

Is there an impact on some groups in the community? (think about race, gender, disability, age, transgender, religion or belief, sexual orientation, pregnancy and maternity and other socially excluded communities or groups)

Generic information that covers all equality strands (Optional)

- Change in location of walk in centre - may have adverse impact for some but beneficial impact for others.
- Change to future location of GP practice - as above

- Improvement/expansion of available services at St Mary's Treatment Centre (eg becomes GP as well as nurse led) with broader range of practitioners and access to a wider range of diagnostic facilities
- The St Mary's Health Campus also provides a range of other services in a well used site including maternity, physiotherapy, sexual health services and others - some of which offer self referral or walk in options as well. Services on site link closely with those provided at Queen Alexandra Hospital.

Ethnicity or race

- As Generic above
- People living in or near Portsmouth City Centre would potentially have further to travel, or more difficulty in travelling, to access walk in services for minor illness. The current GHW service is located in an area where the proportion of population from BME background ranges from 14 - 24% across the four closest wards and the proportion of people not able to speak English well or at all varies from 1% to 3%.
- Guildhall Walk is recognised by some local communities as meeting their needs for access to health services and is promoted within the community as such.
- People may find it more problematic to travel from the centre of the city to St Mary's so it will be important to widely publicise the range of different treatment options available for minor illness, including pharmacies and encourage people to register with a GP and not rely on walk-in services.
- The CCG will seek meetings with local bus service providers to explore feasibility of additional bus services.

Gender including transgender

- As Generic above
- People living in or near Portsmouth City Centre would potentially have further to travel to access walk in services for minor illness.
- Do not envisage significant impact for this population group.

Age

- As Generic above
- People living in or near Portsmouth City Centre would potentially have further to travel to access walk in services for minor illness.
- Registered patient list at GHW for over 65s is not substantial in comparison to overall list size, nor is the proportion of 65+ age group in the four closest wards but it is recognised that there may be additional accessibility impact on this group and change would have an impact.
- Retaining a GP practice in the centre of the city will be helpful and again publicity about alternative urgent care services and discussions about additional bus routes will be beneficial. Support with understanding implications of any relocation of GP practice will need to be considered including clear and accessible information.
- Public consultation - important to raise awareness, provide alternatives to online survey for feedback (letter to registered patients included information about how to access a hard copy

of service and FREEPOST response); carers networks contacted for support with raising awareness about the survey, drop-in sessions in convenient locations (eg Portsmouth Central Library, community centres).

Disability

- As Generic above
- People living in or near Portsmouth City Centre would potentially have further to travel or more difficulty in travelling to access walk in services for minor illness.
- Retaining a GP practice in the centre of the city will be helpful and again publicity about alternative urgent care services and discussions about additional bus routes will be beneficial. Support with understanding implications of any relocation of GP practice will need to be considered including clear and accessible information.
- Public consultation - important to raise awareness, provide alternatives to online survey for feedback (letter to registered patients included information about how to access a hard copy of service and FREEPOST response); carers networks contacted for support with raising awareness about the survey, drop-in sessions in convenient locations (eg Portsmouth Central Library, community centres).

Religion or belief

- As Generic above
- People living in or near Portsmouth City Centre would potentially have further to travel to access walk in services for minor illness. There may be some instances where religious beliefs need to be considered in patient's choice of male or female practitioner. A broader cohort of staff in one place may therefore be beneficial.

Sexual orientation

- As Generic above
- People living in or near Portsmouth City Centre would potentially have further to travel to access walk in services for minor illness. There may be some instances where sexual orientation needs to be considered in patient's choice of male or female practitioner. A broader cohort of staff in one place may therefore be beneficial. St Mary's Health Campus also currently houses a range of sexual health services.

Pregnancy and maternity

- As generic above
- People living in or near Portsmouth City Centre would potentially have further to travel to access walk in services for minor illness.
- A range of maternity services are based at St Mary's treatment centre which may be advantageous in some circumstances.

Other socially excluded groups or communities e.g. carers, areas of deprivation, low literacy skills

- Homeless population - specific engagement has been undertaken already but as part of the formal consultation process we will approach specific groups to see how we can work with them to seek people's views
- University students - working with university to assess health needs of student population; we will also work with the University's communications and welfare teams to explore appropriate and effective ways of seeking student views on the proposals
- Learning disability clients - we will approach Solent NHS Trust to consider the needs of people with a learning disability and the impact of these proposals on them. This will include some work on developing easy read materials for the formal consultation phase.

During the engagement phase we worked specifically with Healthwatch Portsmouth to seek views from people from a range of backgrounds. This resulted in an informative and very useful report the findings of which have been fed into the development of our options appraisals and consultation document.

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.

Health Impact

Have you referred to the Joint Needs Assessment (<http://protohub.net/jsna/portsmouth-jsna/>) to identify any associated health and well-being needs?

Yes

What are the health impacts, positive and / or negative? For example, is there a positive impact on enabling healthier lifestyles or promoting positive mental health? Could it prevent spread of infection or disease? Will it reduce any inequalities in health and well-being experienced by some localities, groups, ages etc? On the other hand, could it restrict opportunities for health and well-being?

Ward health profiles have been considered, particularly Charles Dickens, St Thomas and Central Southsea where access to walk in services may have a potential impact if services are sited at St Mary's. There are significant areas of deprivation and low income households in the area which means that people may be reliant on public transport or may find travel opportunities more difficult. That said, we are confident that the clinical argument for bringing walk-in services together for

minor injury and minor illness, with both GP and nurse practitioners, in a purpose designed building with access to a range of diagnostic facilities is a strong one and presents the opportunity to both provide a service with better outcomes and simplify the urgent care system for patients as well.

Health inequalities are strongly associated with deprivation and income inequalities in the city. Have you referred to Portsmouth's Tackling Poverty Needs Assessment and strategy (available on the JSNA website above), which identifies those groups or geographical areas that are vulnerable to poverty? Does this have a disproportionately negative impact, on any of these groups and if so how? Are there any positive impacts?, if so what are they?

As previous question. St Mary's is an accessible site, known to Portsmouth residents with good public transport access and is already the location of the minor injuries treatment centre and a range of other well used health services. There are regular bus routes from the city centre to Milton Road area, even though these are not as frequent as many north/south routes. The CCG will seek to explore with local bus service providers whether there is a possibility to put on additional bus services.

Step 5 - What are the differences?

Are any groups affected in a different way to others as a result of your policy, service, function, project or strategy?

Generally not - issues as outlined in step 4 above

Does your policy, service, function, project or strategy either directly or indirectly discriminate?

No.

If you are either directly or indirectly discriminating, how are you going to change this or mitigate the negative impact?

A range of potential impacts have been identified, either with the consultation process or the proposals themselves. These include:

Awareness/accessibility of consultation:

Communications and engagement plan has been shared with Healthwatch and NHS England for comment/advice. Plan seeks to ensure sufficient publicity to capture a wide range of views and a number of drop-in sessions are planned in a wide range of accessible venues. Consultation documents will be made available in digital and hard copy form, and summary/easy read versions

too. Community groups will be approached with a view to seeking how best to engage with them over these proposals. This will be in addition to the broad media, social media and stakeholder promotion already planned.

Key issues arising from engagement phase

1) 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.

2) 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 significant numbers of people who live on the western side. However, the CCG acknowledges there are fewer public transport links than to 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 highlight the concerns being raised, and to explore possible options for bus services.

3) 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 also has a Parking Policy which prioritises the parking needs of patients, visitors and those staff who need to use a vehicle to perform their duties. Staff working at St Mary's are now encouraged to use an additional 60 leased spaces which have just 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.

4) 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. The preferred option proposes keeping the GP practice within the city centre, but operating from 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.

5) 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 working with the NHS to explore other options to help students stay healthy, and access treatment and advice when necessary. As a fundamental first step the University is working with the NHS to ensure that more students register with a local GP of their own, and are informed regarding the many options available to them for urgent care.

6) 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.

7) What about people who we risk excluding from the consultation process?

We will endeavour to ensure that we:

- seek support from most appropriate local support organisations to generate feedback and work with them to understand how best to engage with them
- seek advice from Healthwatch for opinion/expertise on best means of initial approach
- look at opportunities to commission specific pieces of work from local experts - as per model of pre-engagement with Salvation Army (homeless people), PUSH (drug and alcohol service users).

8) What other alternative services are available?

We will ensure that as part of the consultation process we remind people from all backgrounds of the urgent care options available to them when they need NHS help in a hurry. We will:

- Use the opportunity of high profile consultation to promote availability of alternative local services
- Continue to promote alternative services through Urgent Care Guide and other promotional materials in keeping with usual winter campaign activity

9) People may think questions are loaded to support a particular view or response...

- We will seek independent views on consultation document from Healthwatch and Portsmouth HOSP members re clarity of consultation and whether questions are appropriate
- Questions will be geared towards open text/narrative responses wherever possible

10) People may feel that their views have not been taken into account when the decision is made...

We will:

- Ensure independent analysis of consultation feedback (there may be scope to explore whether Healthwatch can provide support with this)
- Clear and transparent decision making process that includes how feedback has been considered
- Consultation document will highlight where feedback from pre-engagement has already been utilised and will also outline expectations of the consultation process

Step 6 - Make a recommendation based on steps 2 – 5

If you are in a position to make a recommendation to change or introduce the policy, service, project or strategy clearly show how it was decided on:

Proposals currently under consultation. This will form the next stage of our EIA process.

What changes or benefits have been highlighted as a result of your consultation?

Formal consultation process will take place from 16 November – 19 February

If you are not in a position to go ahead what actions are you going to take?

Question to be answered post-consultation

How are you going to review the policy, service, project or strategy, how often and who will be responsible?

Question to be answered post-consultation