

 City of Westminster	Adults & Health Policy & Scrutiny Committee
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Title:	Update Report from Healthwatch Westminster
Report of:	Christine Vigars - Chair of Healthwatch CWL
Cabinet Member Portfolio:	Cabinet Member for Adults Social Services & Health
Wards Involved:	All
Policy Context:	City for Choice
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1. Executive Summary

1.1 This report is to provide an update on recent work undertaken by Healthwatch in Westminster and also to notify the Committee about health and care matters and concerns that we have heard from talking to patients and the public.

2. Update on Healthwatch Central West London (Healthwatch CWL) work activity in Westminster

2.1 Healthwatch CWL has two focused projects in Westminster, identified through consultation with local people – how well care coordination is working for people with long-term health conditions in the borough, including how user experience is informing evaluation of the service; and ensuring that service users are fully included in planned changes to mental health day provision in Westminster.

2.2. Care coordination for people with long-term health conditions

2.2.1 Recommendations following this work are currently being looked at by the project group and will be made available in January 2018.

3.3 Mental health day provision

3.3.1 Healthwatch CWL has shared learning from the process of changing mental health day opportunities with commissioners looking at day opportunities for people with dementia and with mental health needs in Kensington and Chelsea and Hammersmith and Fulham.

3.4 Projects for 2018-2019

3.4.1 Healthwatch CWL is currently in the process of planning project focus for the coming year.

4. North West London CCGs governance structure

4.1 At the North West London CCGs' Governing Body meeting in public, 28th September 2017 a paper was presented that set out further developments in collaborative working for the eight CCGs in North West London. Following this, H&F CCG asked for comments on whether there would be an impact for local people and how well the developments would support local engagement. Healthwatch CWL provided a written response, which has been sent to Hammersmith and Fulham CCG; Central London CCG; and West London CCG.

4.2 The implication of the changes and the structure of the governance of the NWL CCG affects all CCGs in North West London, including Central London CCG, West London CCG and H&F CCG.

4.3 Healthwatch CWL believes more clarity is needed on what processes are being put in place to ensure that local people in all communities across the eight CCG areas are properly consulted about proposed changes in a timely manner and with appropriate time to respond. In addition, each local area needs information on how the joint committee of the NWL CCG will ensure that local people from all areas across the eight CCGs are aware of at what level decisions are being made regarding each proposed change and therefore know how, and to whom, to express any concerns.

4.4 In response to our questions about routes for local people to influence commissioning intentions at NW London level, and how local people will be able to scrutinise and hold commissioners and providers to account at the collaborative level, NWL CCG have brought together a task and finish group to examine and advise on local and STP level engagement. This group includes Healthwatch. An initial meeting to discuss objectives and timeframes for the group was held on 4th January 2018.

4.5 NWL CCG have drafted a response to the questions submitted by Healthwatch; this is currently waiting sign off by Clare Parker.

5. Issues arising locally

5.1 Soho Square GP Practice

5.1.1 Healthwatch CWL continues to raise concerns about the process in which the proposed changes by LivingCare Medical Services (LCMS) in regard to Soho Square GP Practice have been presented implemented and generally communicated.

5.1.2 Particular concerns include:

- LCMS has not engaged with patients in a clear or timely manner and this has resulted in misunderstandings and confusion about what will be changing. There has been a lack of details regarding the impending changes; i.e. while the provider has said that a telephone triage will be brought in, no details of the cost of implications to patients has been provided or clarified.
- The provider has not followed the stipulation of sections 14Z2 of the Health and Social Care Act 2012 which stipulates that CCGs "must make arrangements to secure that individuals to whom the services are being or may be provided are involved... b) in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them".
- The provider had not carried out any Impact Assessment – Equality or Quality – and therefore does not have any evidence on how these changes would be beneficial to patients who have different levels of vulnerability.
- The provider has not offered an analysis of existing service and system, and how the proposal for change will improve on this.
- The provider has not given detailed assurance that the changes, especially the telephony system, will work for the varying level of ability that exists amongst the patients, including the frail, elderly and those unable to use new technologies as well as those that are able to.
- The provider has not provided evidences that choice and personal care will remain vital components in the new system.
- The provider has offered to install Language Line (LL) and this is welcomed. However, this has not been explained in detail to patients, the majority of whom do not know what it is, means and how it can impact on their confidentiality.
- Patients want the choice of having access to face-to-face appointments with their GP and want a reassurance that this will remain so.

- The provider has not been clear on whether the entire booking system and consultation will be handled through the telephone triage, although this seems to be the proposal. If so, this raises a question as to whether this Surgery is actually local or Virtual. More clarity is needed on this aspect.
- The provider has given detail of how many doctors' hours for face-to-face consultation there will be in the new system.

5.1.3 LCMS have been asked by the CCG to provide a Practice Plan outlining the changes. This was due on the 21st December and Healthwatch expects this to be made available to both ourselves and the PPG at Soho Square Practice.

5.1.4 Healthwatch CWL is in the process of preparing a list of recommendations for improved patient engagement around the changes and how information can be shared with patients and the wider community.

6. Half Penny Steps NHS GP practice

6.1 West London CCG commissioned a piece of work from Healthwatch regarding 'Walk in' provision at Half Penny Steps NHS GP practice on Harrow Road. The project concluded in December 2017; a full report will be available. The summary findings of this engagement questionnaire are as follows. A total of 315 people were engaged over a 2-month period from 1st October 2017 – 30th November 2017.

- The HPS Walk in Service provides services primarily to those from working age population (57% were 34 years old or younger), single people (54%), young families (29%), and those who are not registered with a GP /not residents in Kensington & Chelsea and Queen's Park and Paddington (30%).
- There were more women engaged (67%) than men, perhaps due to high proportion of young families.
- There was a reduction in walk in appointments with the new providers implementing organizational changes over the 2-month period.
- 39% of participants were referred to the Service by their GP practice or NHS 111.
- The majority of participants visited the walk-in centre with urgent issues.
- The most popular reasons cited for using this rather than another service, was non-availability of GP appointment, not being registered with GP locally or being a visitor, and convenience.

- Only 22% supported the proposal. Reasons cited were efficiency of new services, better waiting times, GP access and availability of more GPs, and patient record access at the GP Extended Hours hubs.
- The main reasons for not supporting (53%) or being unsure about the relocation (23%) were convenience, i.e. local services and accessibility, satisfaction with and importance of the HPS Walk in Service, difficulties of disadvantaged or fragile people. There was also criticism of other services, i.e. organizational or transport issues at St Charles.
- Many people were familiar with Accident & Emergency and NHS 111, even before the briefing and provision of information from the team. These were also the services that most people used within the last 12 months, followed by Urgent Care Centres.
- Many people said that they would use many alternative services in the future, depending on the circumstances and the situation. The highest proportions of people, having gained an understanding of the alternative services would use the Urgent Care Centres and the Extended Hours GP Hubs or practices.
- Interesting socio-demographic and illness differences were identified between weekend and weekday visitors, these may affect the development and usage of other urgent care services.

6.2.1 Conclusions and suggestions from this engagement work needs to bear in mind that participants were much younger than the general population of the area; there were also more females than males. People from all ethnic groups, sometimes with interpreting being offered by their siblings, relatives and friends, were engaged; however, nobody filled the questionnaire in other than English language. Although, there were very few responses from the engagement outside the HPS Health Centre, people with various conditions and circumstances, including learning difficulties and mental health issues were engaged.

6.2.2 Who will be affected by this work?

- Patients/carers visiting Half Penny Steps Walk in Centre (this includes all those from disadvantage groups)
- Those users who are not registered with a GP locally /not residents in the area.
- GP Practices in the QPP area – who will no longer be able to refer to the Walk in Centre, but instead can support patients to access out of hours services.
- The Extended Hours GP Hubs or practices.

- The Urgent Care Centres in acute providers – will be able to redirect patients, when appropriate, to primary care with the availability of weekend and early and late appointments.
- 6.2.3 During the past 12 months, very few people used the extended hours hubs and practices (6%) or GP out of hours (8%). However, following the provision of information from the Healthwatch volunteers, more people would use the GP Extended Hours Hub or practices services (23%). Main reasons for supporting the proposal was the availability of GP appointments, improved efficiency of services and access to patient records.
- 6.2.4 Lack of information about alternative services to the Walk-In Service, affected the responses. Thus respondents were unclear how the Extended Hours GP Hubs or practices will improve health outcomes and patient experience (EQIA Goals/Outcomes). Indeed there were criticisms for St Charles, including provision (e.g. X-ray service) and clarity of the different services (e.g. Extended Hours Hubs vs Urgent Care Centre) that were provided from participants of this engagement.
- 6.2.5 Further consideration should also be given to the availability of the Extended Hours GP Hub Appointments and referrals from NHS 111, especially taking into account the low number of referrals to the Walk-In Service from NHS 111.
- 6.2.6 Several suggestions were highlighted for existing urgent care services and the development of new ones. Some of these suggestions are for services in general, other are about GP services and others about Walk in, Extended Hours GP Hubs / Spokes and other new services.

7. Charing Cross Hospital

- 7.1 Healthwatch CWL conducted outreach survey work to collect people's experiences of using Charing Cross Hospital and their views on its future. In total, 218 surveys were collected over four days: Friday 17th, Tuesday 21st, Wednesday 22nd and Thursday 23rd November 2017. Surveys found that people want more information and involvement in the future of Charing Cross Hospital. The full report is currently being compiled.

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